

Using Evaluation to Improve Programs

STRATEGIC PLANNING



Evaluation Technical Assistance

www.cdc.gov/healthyyouth/evaluation



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CDC’s Division of Adolescent and School Health (DASH) funds state, territorial, and local education agencies, and tribal governments to improve the health and well being of youth and prepare them to be healthy adults. This kit provides these funded partners guidance and tools for developing and using a strategic plan.



Introduction

A strategic plan is a document that describes a program's strengths, weaknesses, opportunities, and threats, and outlines strategies and directions for the five years of the cooperative agreement. It is a program planning tool that provides a blueprint to strengthen program activities, address areas for improvement, and move the program forward to new accomplishments.

This kit describes the content of a strategic plan and a process to develop one. The kit includes:

Part 1—What is strategic planning?
An overview of the process.

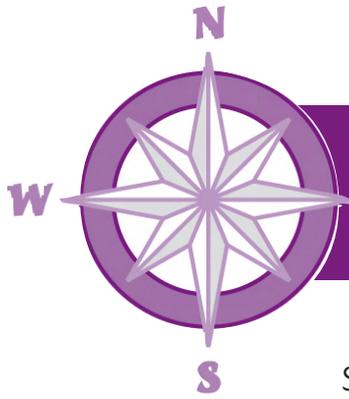
Part 2—What is in a strategic plan?
A strategic plan outline.

Part 3—How do I complete my strategic plan? Six steps in strategic planning.

Part 4—Can you help me plan strategically? Strategic planning tools.

Part 5—Glossary of selected strategic planning terms.

Part 6—References for strategic planning resources.



Part One: What is Strategic Planning?

Strategic planning is a process that results in decisions and actions to guide what your program is, what it does, and why it does it (Bryson, 2004). Strategic planning is a practical process to help you adapt products, services, and activities to the needs of the population your program serves. The benefits of strategic planning include improved program performance, use of resources, understanding of program context, decision making, stakeholder communication, and political support for your program (Bryson, 2004; Office for Victims of Crime).



An Overview of the Process

Through your application for DASH funding, you already initiated the planning of your school health program. Through the strategic planning process, you will expand on initial planning by using data to systematically examine where your program is now, where it could be, and the best path for getting there. The product will be a strategic plan that outlines how your program will achieve its goals during the five-year funding period. This plan will inform the content of your annual workplans, including activities, staff resources, and evaluation measures necessary to accomplish program goal(s) for a particular year. In general, your program will use the same strategic plan throughout the cooperative agreement. However, a strategic plan is a living document, and you may need to adjust it as your program unfolds and as indicated by evaluation findings.

Strategic planning includes six steps:

- 1.** Prepare
- 2.** Assess
- 3.** Create
- 4.** Communicate
- 5.** Implement
- 6.** Evaluate

The following is a brief summary of each step. Part 3 of this kit explains each step in more detail.

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STEP 1: PREPARE

The Prepare step lays a foundation for the strategic planning process by establishing the purposes of the plan; identifying stakeholders; determining what information, roles, and resources are necessary for the process; and developing the timeline for it. The products of the Prepare step are the formation of a strategic planning workgroup and the identification of data needed to inform the strategic planning process.

STEP 2: ASSESS

The Assess step is the process through which the strategic planning workgroup reviews and analyzes program-related data so the program can allocate resources and services in the most strategic way. In the Assess step you determine where the program currently is. The product of the Assess step is an analysis of program Strengths, Weaknesses, Opportunities, and Threats (SWOTs) based on the data review.

STEP 3: CREATE

In the Create step, you will develop and write the five-year strategic plan. The strategic planning workgroup reviews the SWOT analysis and uses the findings to identify and prioritize strategies that the program intends to implement during the five-year cooperative agreement. You will then revise your program logic model and align your annual workplan with the prioritized strategies and the timeline to implement them. The main product of the Create step is the written strategic plan. We suggest that you include these sections in your strategic plan: (1) executive summary; (2) stakeholder list; (3) data sources list;

(4) SWOT analysis; (5) program strategies; (6) revised five-year program logic model; (7) aligned annual workplan; (8) communication process; (9) implementation process (including an implementation timeline); and (10) evaluation process. (Part 2 of this kit describes the strategic plan in more detail.)

After you create the strategic plan, the next steps are to communicate, implement, and evaluate it.

STEP 4: COMMUNICATE

The Communicate step involves sharing information about the strategic plan in ways that make the plan understandable and useful to stakeholders. The products of the Communicate step are the communication messages and products you disseminate each year about your strategic plan, including its creation, implementation, and evaluation.

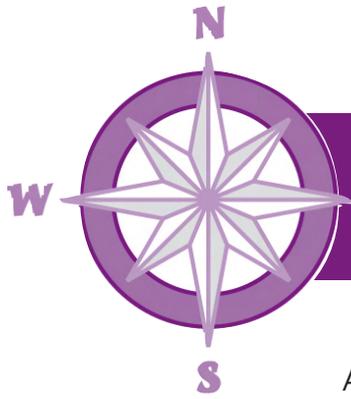
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STEP 5: IMPLEMENT

In the Implement step, the strategies in your strategic plan are put into action as outlined in the strategic plan implementation timeline. The product of the Implement step is the completion of activities in annual workplans, as reflected in the achievement of SMART objectives. You document implementation of your strategic plan in program progress reports, through the *Indicators for School Health Programs*, and the School Level Impact Measures (SLIMs).

STEP 6: EVALUATE

In the Evaluate step, you evaluate your implementation of the strategic plan and your program activities. Your program develops evaluation questions and collects data to inform the annual workplan for the coming year. Evaluation data are used to monitor how the five-year strategic plan is progressing. The products of the Evaluate step are evaluation findings, summaries of how the strategic plan is progressing, and description of changes to program activities based on evaluation findings.



Part Two: What is a Strategic Plan?

A strategic plan is a document that describes your program's strengths, weaknesses, opportunities, and threats (SWOT) and outlines strategies and directions for the five years of your cooperative agreement. A strategic plan is the product of a systematic planning process, which is explained in this part of the kit.



A Strategic Plan Outline

EXECUTIVE SUMMARY (1 page)

- a) Brief description of your strategic planning process including who is involved.
- b) Summary of findings from the SWOT analysis based on your assessment of internal and external data related to your program. Internal data describe the current status of your program and how it operates. External data describe the population your program serves and the environment in which it operates.
- c) List of the strategies your program has selected to reach its five-year goals. A program strategy is the means or broad approach by which a program will achieve its goals.
- d) Brief description of the processes your program will use to implement, communicate, and evaluate the strategic plan.

STAKEHOLDER LIST (1 page)

- a) List of stakeholders, including name, job title, organization, and contact information. Stakeholders are individuals or organizations that are invested in the program and the results of program activities, and have a stake in what will be done with the results.
- b) Description of the role that each stakeholder has in developing or implementing the strategic plan.

DATA SOURCES LIST (1 page)

- a) List of sources for internal data related to your program, such as the *Indicators for School Health Programs* and the DASH Program Inventory. The Program Inventory provides a snapshot of what your program currently is doing related to four program components: (1) program management and staffing, (2) program planning and monitoring, (3) professional development and technical assistance, and (4) partnerships.
- b) List of sources for external data related to your program, such as your Youth Risk Behavior Survey (YRBS) and School Health Profiles.

SWOT ANALYSIS (1-2 pages)

A summary of your program's strengths, weaknesses, opportunities, and threats based on the analysis of internal and external data related to your program.

PROGRAM STRATEGIES (1 page)

- a) Description of the strategies that your program will use to achieve its five-year goals.
- b) The rationale for each strategy that your program has selected.
- c) A strategic plan implementation timeline indicating the year(s) of the cooperative agreement that your program will implement each strategy.

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REVISED FIVE-YEAR PROGRAM LOGIC MODEL (1 page)

Logic model revised to align with the five-year program goals and the strategies your program has selected to reach these goals. A logic model is a pictorial diagram that shows the relationship between your program components and desired health outcomes. (For more information on logic models, consult the DASH Evaluation Tutorials at <http://www.cdc.gov/HealthyYouth/evaluation/resources.htm>.)

ALIGNED ANNUAL WORKPLAN (multiple pages)

Align your annual workplan with your program goals, strategies, implementation timeline, and logic model. For each goal in your workplan, indicate the strategy your program will use to reach that goal. For each objective in your workplan, identify (if applicable) the *Indicators for School Health Programs* that will document progress toward achieving that objective and the School Level Impact Measure (SLIM) that the objective addresses. You can use the current DASH Workplan Template to complete this task.

COMMUNICATION PROCESS (1 page)

- a) List of communication messages and products that you will disseminate (e.g., strategic plan, evaluation findings).
- b) List of individuals who will receive each product.
- c) Description of how you will communicate each message. This includes the

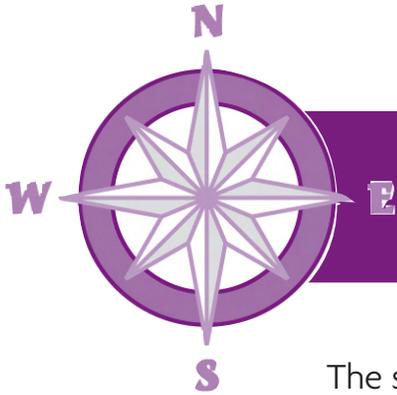
communication format (the actual layout of the communication you will use such as a report or brochure) and the communication channel (the route of communication you will use such as oral presentation or webcast).

IMPLEMENTATION PROCESS (1 page)

- a) Designated times (e.g., semi-annually) for reviewing whether the program is implementing the strategies according to the strategic plan implementation timeline.
- b) Description of how you will use the strategic plan to monitor implementation of the annual workplan and to develop future workplans.

EVALUATION PROCESS (1 page)

- a) List of data that you will collect to evaluate implementation of the strategic plan (e.g., policies, technical assistance logs, training registrations).
- b) Timeline for collecting evaluation data.
- c) Description of how you will use evaluation data to monitor implementation of the strategic plan, develop future workplans, and improve program activities on an annual basis.
- d) Description of how you will use evaluation data to assess your five-year strategic plan at the end of the funding cycle.



Part Three: How Do I Complete My Strategic Plan?

The strategic planning process includes six steps that you can use to develop, implement, and evaluate your strategic plan:

1. Prepare
2. Assess
3. Create
4. Communicate
5. Implement
6. Evaluate

(The source for the six-step model and some of the information presented for each step is the Strategic Planning Kit published by the Office for Victims of Crime, U.S. Department of Justice <https://www.ovcttac.gov/taResources/stratplan.cfm>). This part of the Strategic Planning Kit for School Health Programs explains these steps, and provides guidance for completing them. We also refer to tools that are contained in Part 4 of this kit that can help you with the strategic planning process.



Six Steps in Strategic Planning

STEP 1: PREPARE

In the Prepare step, you lay a foundation for strategic planning by determining the purposes of the plan; identifying stakeholders to include in the process (stakeholders are individuals or organizations that are invested in the program and the results of program activities, and that have a stake in what will be done with the results); determining what information, roles, and resources are necessary for the process; and developing the timeline for it. You also identify sources for data that describe the internal status and external environment of your program. At the end of the Prepare step, you should have: (1) established the purpose of your strategic plan, (2) formed a workgroup, and (3) identified the data you need to inform the planning process.

To prepare for the strategic planning process, the program coordinator and program staff should meet and discuss the following questions:

- What is the **purpose** of our strategic planning efforts?
- What is the **timeline** for the strategic planning process? When will we hold meetings? When do we need to complete the plan?
- What **resources** do we have for the strategic planning process (e.g., meeting space, computers you use to take minutes, or food)? What resources do we lack, and how can we obtain them?

- What **internal and external data** do we have that can inform the process?



You can use the **Data Sources Matrix** tool to help you with this task. You may have already gathered some of these data in preparation for your application for DASH funding.

Internal Data

Internal data describe the current status of your DASH-funded program and how it operates.



A major source of internal data is the **DASH Program Inventory**.

This inventory provides a snapshot of what your program currently is doing related to four program components: (1) program management and staffing, (2) program planning and monitoring, (3) professional development and technical

At the end of the PREPARE step, you should have:

- ✓ Established the purpose of your strategic plan,
- ✓ Formed a strategic planning workgroup, and
- ✓ Identified the data you need to inform the strategic planning process.

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assistance, and (4) partnerships. Other internal data sources include technical reviews from your DASH Project Officer, data you report in your *Indicators for School Health Programs*, program evaluation data, program descriptions, and client satisfaction questionnaires.

External Data

External data describe the population that your program serves and the environment (social, epidemiologic, educational, administrative, policy) in which your DASH-funded program operates. Sources for external data include your state health department (vital statistics and epidemiological data), the U.S. census, policy documents, your state or local department of education, external partner questionnaires, and your YRBS and School Health Profiles.

Next, identify the individuals and organizations that are stakeholders in your program's strategic plan.



You can use the **Identifying Stakeholders Worksheet** to help you with this task. Stakeholders include:

- Program participants—those that the program serves or affects, such as youth, parents and guardians, school faculty and staff, and community members;
- Strategic plan implementers—those who will drive the program operations described in the strategic plan, such as program coordinators, program staff, education and health agency administrators, members of the training cadre, contractors, and volunteers;
- Intended users of the strategic plan—those partners who can influence or help to implement strategies identified in your strategic plan, including external and internal partners. External partners are agencies, organizations, and groups outside your own agency with which you collaborate or associate to further the goals of your project and may include non-governmental organizations, health departments, institutions of higher education, and community groups. You may have already identified external partners in your application for DASH funding. Internal partners are related departments, divisions, or regional units and may include cross-division school health committees.

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After you identify the stakeholders in your program's strategic plan, choose the stakeholders who should participate in the planning process. A general guideline is to involve at least one representative from each of the three stakeholder groups (program participants, strategic plan implementers, and users). Other factors to consider include whether the person has specialized knowledge or experience, is needed for plan credibility, or is necessary for plan implementation. Also consider who might be most critical of the strategic plan and whether there is a benefit to including them in the planning process. Note that some stakeholders may be involved in all aspects of the strategic plan, including its creation, communication, implementation, and evaluation, while other stakeholders may be less involved, depending on how their interests relate to the program.

Invite the stakeholders to participate in a strategic planning workgroup. Your invitation should explain the purpose of strategic planning, the overall program goal, expectations of participants, the planning timeline, and the number of meetings. Also explain to stakeholders why their participation is important and the benefits of strategic planning to the program as well as their own interests.

Now that you have formed a strategic planning workgroup, hold the first strategic planning meeting.

At this meeting:

- Review the purpose of the strategic planning process and expected timeline. Ask workgroup members questions such as:
 - What do they perceive as the purpose of the DASH-funded program and what are their concerns about it?
 - What do they know about strategic planning?
 - What are their expectations about participating in the strategic planning process, and what are their concerns, with regard to participating?
- Determine who in the workgroup could serve in the following roles:
 - **Convener**—the individual who schedules strategic planning meetings, sets the agenda, sends notification and reminders to participants, opens the meetings, holds participants accountable, and reports progress.
 - **Facilitator**—the individual who monitors the progress of strategic planning meetings, asks questions, and provides pieces of information to move participants forward in the process.

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- **Writer**—the individual who synthesizes ideas generated in meetings and writes each section of the strategic plan document. Ideally, the writer should draft each section soon after the relevant meeting and distribute it to the strategic planning workgroup for editing. Different individuals can divide the writing for the different sections of the plan.
- **Advisor** (optional)—Individuals outside of the strategic planning workgroup with experience or expertise in strategic planning who observe the process and provide advice on discussions and products. An outside consultant from a private company or university could serve this role, but it is optional because your workgroup may not have ready access to these individuals or need their expertise.
- **Reviewer**—Individuals outside of the strategic planning workgroup who can review and edit the strategic plan and provide feedback.
 - Review the list of internal and external data sources that will inform the strategic planning process, and ask workgroup members to identify other information that the workgroup might be able to use.

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STEP 2: ASSESS

In the Assess step, you review and analyze internal and external data related to your program. At the end of the Assess step, you should have completed an analysis of the internal and external environment of your program by conducting an analysis of your agency's strengths, weaknesses, opportunities, and threats (SWOTs). This SWOT analysis will help you develop the strategies that your program will implement to achieve its goals.

A SWOT analysis is a scan of the internal and external environment of a program identifying strengths and weaknesses that are internal to your program, and opportunities and threats external to your program in the environment in which it operates. It is a useful tool for reducing a large amount of data into a more manageable profile of your school health program, and it provides a framework for identifying the issues that affect your strategic plan. (Source: NetMBA Business Knowledge Center, <http://www.netmba.com/strategy/swot/>)

- Program strengths are elements internal to your school health program that facilitate reaching your program goals. For example, a fully staffed team for your school health program is a strength.
- Program weaknesses are elements internal to your school health program that are barriers to reaching your program goals. An example of a program weakness is a training cadre that is not large enough to

At the end of the ASSESS step, you should have:

- ✓ Completed an analysis of the internal and external environment of your program by conducting an analysis of your agency's strengths, weaknesses, opportunities, and threats (SWOTs).

train all physical education (PE) educators on the PE curricula used in the state.

- Program opportunities are aspects of the external environment in which your school health program operates that facilitate reaching program goals. Opportunities are not just positive aspects of the environment, but they can also be the chance to address program gaps and initiate new activities. For example, an opportunity might be that most school districts in your state have at least a part-time position dedicated to coordinated school health programs, providing the opportunity to implement nutrition programs. Another example is that less than 50% of districts and schools in your state use HIV prevention materials that are aligned with state or national standards, suggesting the need for technical assistance and an opportunity for curriculum improvement.

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- Program threats are aspects of the external environment in which your school health program operates that are (or could be) barriers to reaching program goals. For example, a threat might be unfavorable parental attitudes toward required physical education and health education courses for secondary school students as documented in a statewide questionnaire.

A SWOT analysis depends on thorough internal and external assessments related to your program. With an internal assessment, you analyze your program's position, performance, problems, and potential. With an external assessment, you analyze the forces that affect the environment in which your program functions. With your program staff and others in your strategic planning workgroup, review the internal and external program data you gathered as part of the strategic planning Prepare step.

- Use the data from your DASH Program Inventory, other internal data, and the experiences of program staff and your strategic planning workgroup to generate a list of program strengths and weaknesses for the following components: (1) program management and staffing, (2) program planning and monitoring, (3) professional development and technical assistance, and (4) partnerships. You can use an “other”

category to list strengths and weaknesses that do not relate directly to one of the four program components (e.g., funding diversification). You should consider both program resources and program processes, such as service delivery.



You can use the **SWOT Worksheet for School Health Programs** to record your work.

- Use your external data and the experiences of program staff and your strategic planning workgroup to generate a list of opportunities that your program can build upon to influence the health and educational outcomes of young people. Also identify the external threats to your program work based on the external data. You can use the **SWOT Worksheet for School Health Programs** to record your work.

After you conduct your SWOT analysis, the next step is to use your findings to identify program strategies. This process occurs in the Create step of strategic planning.

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STEP 3: CREATE

In the Create step, your strategic planning workgroup develops the elements of the strategic plan and writes the document describing the strategic plan. At the end of the Create step you should have: (1) prioritized program strategies, (2) a revised five-year program logic model, (3) an aligned annual workplan, (4) a communication process, (5) an implementation process, (6) an evaluation process, and (7) a document describing the completed strategic plan.

To create your strategic plan, convene your strategic planning workgroup and distribute the following materials:

- Application for DASH funding
- List of the five-year program goals
- SWOT analysis findings
- Five-year program logic model
- Year 1 workplan
- Outline of the strategic plan (described in Part 2 of this kit)
- Chart paper and markers

Developing the Elements of the Strategic Plan

Prioritized Program Strategies

Generating program strategies is key to creating your strategic plan. It involves examining the findings from the SWOT analysis of your DASH-funded program, reviewing and finalizing your five-year program goals based on the SWOTs, identifying strategies to help

your program achieve each goal, and prioritizing these strategies. The following is a process for generating program strategies.

- List each of your five-year program goals in your application for DASH funding on a separate piece of chart paper. A five-year goal (also known as a workplan goal) is a broad statement of program purpose that describes the expected long-term effects of a program. An example of a five-year goal is “to decrease risk behaviors associated with HIV infection among students within the school district through the use of HIV-prevention curricula.”
 - Identify in each goal statement: (a) the program’s effect in reducing a

At the end of the CREATE step, you should have:

- ✓ Prioritized program strategies
- ✓ A revised five-year program logic model
- ✓ An aligned annual workplan
- ✓ A communication process
- ✓ An implementation process
- ✓ An evaluation process
- ✓ A document describing the completed strategic plan

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health problem (e.g., to decrease risk behaviors associated with HIV infection) and (b) the target population that will be affected (e.g., students within the school district). (You might need to rewrite your goal statements to complete this activity.



For more information on writing goals, consult the CDC DASH Evaluation Tutorials at <http://www.cdc.gov/HealthyYouth/evaluation/resources.htm>.

- Under each goal, list the SWOTs that relate to the program effect and target population. Some SWOTs may apply to more than one goal, and some SWOTs may not apply to any goal specifically. You should list the SWOTs that do not apply to a goal on a separate sheet of chart paper for later consideration.
- For each goal, consider whether the SWOTs help or hinder your program's ability to achieve the goal.



You can use the tool for **Program Goal Review Using SWOT Analysis** to help you with this process. After you have reviewed each goal in relation to the SWOTs, finalize your program goals. For simplicity, include only the program effect and target population in the goal and make

sure that they are less specific than objectives. Note that based on the SWOTs related to each goal and the SWOTs that do not relate to a current program goal, you may decide to not address a particular goal, or you may decide to add a goal that was not in your application for DASH funding. **(It is important to consult with your Project Officer concerning any changes to the five-year program goals in your application for DASH funding, especially if you decide to add or delete goals.)**

- For each goal, list possible strategies that would help you achieve that goal. A strategy is the means or broad approach by which a program will achieve its goals. The Funding Opportunity Announcement (CDC-RFA-DP08-801) and the DASH Program Inventory describe strategies that school health programs should use; however, you may propose additional strategies. An example of a strategy for achieving the goal of “decreased risk behaviors associated with HIV infection by students within the school district” is to “form a community partnership that advocates for HIV-prevention education in schools.” Useful strategies capitalize

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on program strengths or opportunities and increase a program's ability to reach its goals.



You can use the **Program Strategy Checklist** to help you write useful program strategies.

- Assign a priority ranking to each strategy based on how well it will: (1) help your program achieve its goals; (2) enhance program strengths or opportunities; and (3) reduce the influences of program weaknesses or threats or their influences. For each strategy, consider the following:
 - Size and seriousness of the health problem that the strategy addresses
 - Degree to which others are not addressing the health problem
 - Likelihood that the strategy will affect the health problem
 - Availability of resources (both financial and human) necessary to implement the strategy
 - Community readiness for the strategy
 - Logical order of strategy implementation in relation to other proposed strategies

After considering these criteria, decide whether the effort required to implement a program strategy is low or high and whether achieving the goal would have a low or high effect on the health problem your program

is addressing. Use this information to finalize the priority rankings for your strategies. For example, a strategy that requires low effort to produce a high effect would have a higher priority ranking than a strategy that requires high effort to produce a low effect.

Implementation Process

After you identify program strategies, you need to determine the process for implementing them. The strategic plan and annual workplan together lay out the strategies you will implement, the five-year timeline for implementing the strategies, and how that will occur through annual program activities.

- Create a list of your final 5-year workplan goals. Under each goal, indicate the strategy(s) that you will use to address the goal based on the priority rankings that you assigned to the strategies. You should also use these rankings to decide in which year of the five-year cooperative agreement you will implement each program strategy and indicate that year on a timeline (e.g., a list of the program goals, the strategies that correspond to each goal, and the year in which each strategy will be implemented).
- Describe the process you will use for implementing the strategic plan. The process should include:
 - Designated times (e.g., semi-annually) for reviewing the timeline. You may need to remind program staff and stakeholders who are implementing

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parts of the strategic plan what they are responsible for and to provide support for them. You should discuss whether the strategies are still useful and determine if you are implementing the strategies according to the timeline.

- Description of how you will use the strategic plan to monitor your annual workplan and to develop future workplans.

Revised Program Logic Model and Aligned Annual Workplan

Now that you have solidified your program goals and identified strategies for reaching those goals, revise your 5-year program logic model and align your annual workplan.

- Revise your logic model to include the program strategies you selected. Consider how to determine whether a strategy has the desired effect and how this can be expressed as a measurable output or outcome in your program logic model.
- Align your annual workplan with your program goals, strategies, timeline, and logic model.



You can use the current **DASH Workplan Template** to complete this task.



- As described in the **Program Strategy Checklist**, a strategy connects logically to the program

goal in your workplan and is broader than a program objective and a program activity. This means that the objectives and activities in your annual workplan should be based on the strategies you have selected to reach your program goals. If the goal is to “decrease risk behaviors associated with HIV infection among students within the school district,” and the strategy is to “form a community partnership that advocates for HIV-prevention education in schools,” then the objective and activities should concern this partnership. An objective might be the following: “By February 28, 2009, convene four meetings of a new community partnership group for HIV-prevention education in schools.” The activities to achieve this objective might include creating criteria for identifying partnership members, recruiting the members, convening the meetings, etc.

- Consult the timeline for your strategic plan. You may need to include in your workplan the development of new program resources to implement future strategies.
- For each objective in your workplan, identify (if applicable) the *DASH Indicators for School Health Programs* that will measure that objective.

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Specifying the *Indicators* in your workplan will help you track and submit this information, as required by your DASH cooperative agreement.

- **In consultation with your Project Officer**, identify the School Level Impact Measures (SLIMs) that your workplan addresses. If you do not have an objective that addresses a SLIM, revise an objective or write a new objective. You can add workplan activities that address completion of School Health Profiles or another survey to collect data that measure the SLIM.
- **Discuss all changes to your Year One workplan with your Project Officer.**

Communication Process

Identify how you will communicate your strategic plan to program stakeholders. Communication involves sharing information about your school health program in ways that make it understandable and useful to stakeholders. You can do this by using a variety of communication formats and channels. A communication format is the actual layout of the communication you will use, such as reports, brochures, one-page descriptions, newsletters, executive summaries, slides, and fact sheets. A communication channel is the route of communication you will use, such as oral presentations, videos, emails, webcasts, news releases, and phone conferences. Both the formats and channels should take into account the needs of

different audiences, the type of information you wish to provide, and its purpose.



For more information on communication, consult DASH Evaluation Brief No. 9 at <http://www.cdc.gov/HealthyYouth/evaluation/resources.htm>

- The process for communicating about your strategic plan should identify:
 - Who you will communicate your strategic plan to;
 - What you will communicate about (e.g., strategic plan, meeting notes, evaluation findings, annual workplans);
 - How you will communicate (i.e., the communication format and channel).



You can use the **Communication Matrix** tool to help you develop your communication process.

Evaluation Process

Identify how you will evaluate the strategic plan. Your evaluation should assess the extent to which you have made progress in implementing program strategies and achieving SMART objectives.

Your evaluation data should include the types that are summarized in *Indicators*, SLIMs, and other reports that will help inform the progress of your school health program.



You can consult the **DASH Program Evaluation Expectations** to guide your data collection activities.

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The DASH evaluation website describes these expectations and provides many evaluation resources (<http://www.cdc.gov/HealthyYouth/evaluation/index.htm>).

- Develop a timeline for collecting data. Many types of data can be collected only at certain times, for example, follow-up data on training events. A timeline can help you avoid missed opportunities for data collection.



You can use the **Data Collection Framework** to help you plan data collection activities.

- Describe the process for reviewing annual evaluation data to monitor implementation of the strategic plan, develop future workplans, and improve program activities. In general, your program will use the same strategic plan throughout the five-year cooperative agreement. However, you may need to adjust the strategic plan implementation timeline and other aspects of your strategic plan based on program evaluation findings.
- Describe how you will evaluate your five-year strategic plan at the end of the funding cycle.

Writing the Strategic Plan

Throughout the strategic planning process, the designated writers should write and share each complete section of the strategic plan with workgroup members.

The designated writers should collect documentation from the Prepare, Assess, and Create steps to write the strategic plan. Do not wait until the end of the process to complete the writing because workgroup members might forget details. As a result, they may feel that the process is complete and they no longer have to provide input. In turn, workgroup members should provide feedback to the writers in a timely and ongoing fashion.

Share the entire strategic plan with workgroup members and your Project Officer for review prior to submitting the final version to DASH.

PROGRAM STRATEGIC PLANNING KIT EVALUATION for school health programs

STEP 4: COMMUNICATE

In the Communicate step, you share your strategic plan and related program documents and products (e.g., workplan, evaluation findings) with program stakeholders. Communication occurs throughout the five years of the cooperative agreement. As a result of completing the Communicate step, you will have various communication messages and products that you disseminate each year to inform stakeholders about your strategic plan.

Review the communication process you developed for your strategic plan and consider how you will put this process into action.

What Information About the Strategic Plan Should You Communicate?

The type of information you decide to communicate depends on your audience; their needs, time, and ability to understand the information; and the intended uses. Types of information that you can communicate to various audiences include strategies outlined in your strategic plan; activities outlined in your annual workplans; a pictorial diagram of your program as depicted by your logic model; accomplishments as reflected in your program progress reports; and program strengths and gaps as identified through program evaluation. For example, you might communicate program strengths and weaknesses through the *Indicators for School Health Programs (Indicators)*, which describe the extent to which you have reached the groups (e.g., participants, schools, districts, external partners, and

At the end of the COMMUNICATE step, you should have:

- ✓ Various communication messages and products that you disseminate each year to inform stakeholders about your strategic plan.

regional support units) you intended to reach in disseminating materials or providing professional development events

How Will You Communicate?

You can make information available and usable to various audiences through a wide variety of formats and channels.

- A format refers to the actual layout for communicating the information, such as reports, brochures, one-page descriptions, newsletters, executive summaries, slides, and fact sheets.
- A communication channel is the route of communication you will use, such as oral presentations, videos, emails, webcasts, news releases, and phone conferences.
- Both the formats and channels should take into account the needs of different audiences, the type of information you wish to provide, and its purpose. For example, parents might prefer short letters, flyers, or briefings at parent nights; legislators might prefer a one-page summary or a brief slide presentation; funders may want a multi-page report.

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To Whom Should You Communicate?

To identify the audiences for your various communications, review the stakeholders in your strategic plan (e.g., project officers, program staff, partners) and the communication process you developed when you created the strategic plan. Consider if there are additional audiences you should communicate with (e.g., parents, directors of other agencies, policymakers, state legislators).

When designing communication formats and channels, you should answer the following questions for all the audiences your program intends to reach:

- What do your audiences need to know and what are their interests related to the strategic plan (e.g., progress in program implementation or program outcomes such as increased knowledge)?
- What do you hope to gain by disseminating program information to these audiences (e.g., to justify the existence of the program, to leverage additional funding)?
- How will you communicate about the ongoing program (e.g., briefings at board meetings, progress reports, oral presentations)?
- How will you communicate about the program upon its completion (e.g., final written report with a summary, videos, slide presentations)?

When designing the content of your communications, consider the intended purpose, such as:

- To identify stakeholders' contributions to the strategic plan and its implementation;
- To create positive publicity and support that can make the program more competitive in acquiring financial and other resources;
- To inform stakeholders about youth and adolescent health issues and strategies to address them;
- To influence change in programs, policies, or practices.

Design communications based on the needs of your different audiences, including their time and ability to understand the information. Determine which audiences need what information, for example:

- Teachers need to know how much time and effort they need to put into a new curriculum;
- Parents need to know what their children will experience if they participate in the program;
- Principals need to know how the program will benefit the students and the school;
- Partners need to know what was accomplished with their resources.

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Consider the timing of your program communications.

- Share the strategic plan with your stakeholders soon after it is completed.
- Share progress reports on implementation and achievements of major milestones of the plan throughout the cooperative agreement, especially with your Project Officer.
- Use special events or critical junctures in your program as opportunities for communication. Examples include PTA and parent conferences; press conferences and other media events; presentations at state, regional, or national conferences; or events that relate to the issues you are addressing (e.g., release of survey results on the population your program is targeting).



You can use the **Program Communication Tracking Tool** to

help you organize your program communications and ensure that you are communicating with your audiences in a timely and appropriate manner.



For more information on communication, consult CDC DASH Evaluation Brief No. 9 at <http://www.cdc.gov/HealthyYouth/evaluation/resources.htm>

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STEP 5: IMPLEMENT

In the Implement step of the strategic planning process, you put into action the strategies your program identified to achieve its five-year goals. Implementation occurs throughout the five years of the cooperative agreement. As a result of completing the Implement step, your program will have accomplished the strategies outlined in the strategic plan and the various workplan activities associated with these strategies.

Each year, insure that all assigned staff and program partners have the resources they need to complete their workplan activities and the four program components in the Program Inventory (i.e., program management and staffing, program planning and monitoring, professional development events and technical assistance, and partnerships). You can use the Program Inventory to identify needs for additional resources. You should consider whether you have the following:

- Sufficient funding
- Appropriate levels of staffing
- Appropriate office facilities
- Necessary computer hardware/software and other equipment.

Provide program staff and other implementers of the strategic plan the professional development they need to accomplish what they are being asked to do.

- Monitor their work for gaps in knowledge or skills, and provide supplementary professional development, if needed.
- Provide guiding materials related to the program funding area, for example, Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People (<http://www.cdc.gov/MMWR/preview/mmwrhtml/00046823.htm>) and Coordinated School Health Programs—eight components of a coordinated school health program (<http://www.cdc.gov/HealthyYouth/CSHP/index.htm>).

Establish organized and consistent operating procedures related to strategic plan implementation (e.g., program meetings, communication protocols, data collection tools).

At the end of the IMPLEMENT step:

- ✓ Your program will have accomplished the strategies outlined in the strategic plan and the various workplan activities associated with these strategies.

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Follow the implementation process you developed for the strategic plan.

- Regularly review the strategic plan timeline. It may be necessary to adjust the timeline or the scope of strategy implementation. For example you might need to implement professional development in Year 3 instead of Year 4, or provide professional development for just school nurses instead of all health educators. Remember to discuss any changes to the strategic plan or workplan with your Project Officer.
- Remind program staff and stakeholders about their responsibilities for implementing parts of the strategic plan.

PROGRAM STRATEGIC PLANNING KIT EVALUATION for school health programs

STEP 6: EVALUATE

In the Evaluate step, you collect and analyze data about the progress your program has made in implementing the strategies in your strategic plan, and the extent to which you achieved the SMART objectives in annual workplans. Your program uses this evaluation data to improve program implementation and activities in current and future workplans. Evaluation occurs throughout the five years of the cooperative agreement. As a result of completing the Evaluate step, you will have evaluation findings on how the strategic plan is progressing each year and descriptions of planned program improvements based on evaluation findings. At the end of your cooperative agreement, you should have a summary of overall progress in implementing the five-year strategic plan based on the annual evaluation data you collected.

DASH expects that funded partners will describe their programs (through a strategic plan and annual workplans), document what happened in their programs, and use evaluation findings to improve their programs. Programs that have met these three expectations can consider conducting more in-depth evaluations, such as examining the quality of the activities in which the program is engaged or assessing what happened as a result of program activities.



For more information on DASH's evaluation expectations, consult the DASH Program Evaluation website (<http://www.cdc.gov/HealthyYouth/evaluation/index.htm>).

At the end of the EVALUATE step, you should have:

- ✓ A summary of overall progress in implementing the five-year strategic plan based on the annual evaluation data you collected.

Review the evaluation process you developed for your strategic plan. This process identified the data that you will collect, the timeline for collecting evaluation data, and how the program will use evaluation data for program improvement.



You can use the **Data Collection Framework** each year to help you review the information your program needs, and the measures, sources, and methods for collecting this information. At a minimum, your program will need to collect data on how well the program (and the strategic plan) has been implemented, including who, what, when, where, and how program activities were accomplished. This type of data collection is called process evaluation.

Plan for data collection well in advance of when data collection begins.

- Develop procedures for collecting the information you need. DASH expects funded partners to designate a person responsible for ensuring that process evaluation data are recorded in a

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systematic and planned fashion. Process evaluation data, such as the *Indicators for School Health Programs*, include data on the distribution of materials, and the provision of professional development and individualized technical assistance on policy, curricula, student assessment, and environmental initiatives..

- Identify or develop instruments to collect the data you need (e.g., technical assistance logs, questionnaires). Develop standardized forms to record process evaluation data for different program activities (e.g., professional development events).

Determine how your program will organize and store evaluation data. A database can provide a centralized location for data storage, including the *Indicators for School Health Programs*. A database will enable your program to analyze and use data for program improvement throughout program implementation. A database need not be complex; a simple spreadsheet can serve the purpose of data storage.

Review the evaluation data you have collected by asking questions such as the following:

- Were the data collected systematically and according to the data collection plan? If not, why not?
- Did the program follow the strategic plan, including the implementation, communication and evaluation of the plan? If not, why not? What actions do you need to take to get the program back on track?

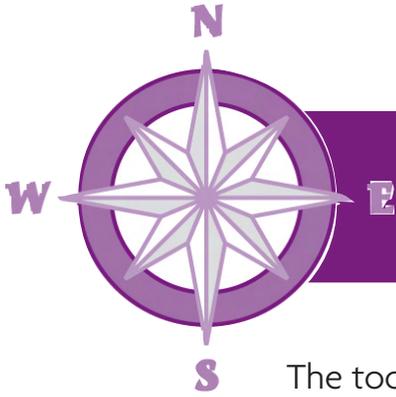
- Did the program achieve the SMART objectives in the workplan? For example:
 - To what degree did the program reach target audiences?
 - Were the program activities implemented as planned? If not, why not?
 - What fiscal, logistical, staffing, or political issues impeded or facilitated workplan implementation?
- What do the data indicate about the program and ways to improve it?
- Does the strategic plan need to be changed to reflect changes in your program or your program's environment?

Keep in mind that you should only answer questions for which you have collected data, so it is important to identify in advance the information you need and the data you will collect.

Share evaluation data with your Project Officer, program staff, and other stakeholders to provide a picture of what the program has accomplished in the past year.



Consult the **DASH evaluation website** for evaluation resources, including handbooks, briefs, guides, tutorials, tools, and information on how to obtain evaluation technical assistance (<http://www.cdc.gov/HealthyYouth/evaluation/resources.htm>).



Part Four: Can You Help Me Plan Strategically?

The tools contained in this part of the Strategic Planning Kit include worksheets, checklists, and tables which you can use to complete the steps in the planning process.



Data Sources Matrix: Internal Data Sources

Internal data describe the current status of your DASH-funded program and how it operates.

Source	What the Source Describes	Content	Examples of Findings
DASH PROGRAM INVENTORY	Current program operations and activities	<ul style="list-style-type: none"> • Program management and staffing • Program planning • Professional development and technical assistance • Partnerships 	<ul style="list-style-type: none"> • Program fully staffed with qualified personnel • Objectives to provide professional development (PD) and technical assistance (TA) included in workplan • Program has strong partnerships with internal and external partners • Program has SMART objectives and logic model
TECHNICAL REVIEW REPORT FROM DASH PROJECT OFFICER	Current status of program	<ul style="list-style-type: none"> • Program strengths and weaknesses 	<ul style="list-style-type: none"> • Need for SMART objectives • Need for updated logic model
INDICATORS FOR SCHOOL HEALTH PROGRAMS	Program activities, development, and implementation	<ul style="list-style-type: none"> • Policies • Curricula and instruction • Assessment of student performance • Health promotion and environmental approaches • External collaboration and partnership activities • Targeted priority populations • Project planning 	<ul style="list-style-type: none"> • Total number of participants • Number of schools reached directly • Number of districts reached directly • Number of internal and external partners reached directly
PROFESSIONAL DEVELOPMENT EVENT DATABASE REPORTS	Professional development events	<ul style="list-style-type: none"> • Amount/number of professional development events 	<ul style="list-style-type: none"> • Number of teachers trained • Number of schools reached by professional development event • Number of participants
TECHNICAL ASSISTANCE (TA) LOGS	TA provided to program clients	<ul style="list-style-type: none"> • Amount/number of TA events provided (who, what, when) 	<ul style="list-style-type: none"> • Number of teachers provided TA • Number of districts provided TA • Number of TA contacts per school
WEBSITE HITS COUNTER	Website use and document downloads	<ul style="list-style-type: none"> • Webpage use • Downloads 	<ul style="list-style-type: none"> • Number of new visitors per month • Number of downloads per resource per month
DOCUMENTS	Program efforts	<ul style="list-style-type: none"> • Signed memoranda of understanding • Meeting minutes 	<ul style="list-style-type: none"> • Agreements developed with external partners • Recommendation submitted to governor in letter from partnership • Curriculum developed
PROFESSIONAL DEVELOPMENT EVENT EVALUATION REPORTS	Participant feedback on professional development events	<ul style="list-style-type: none"> • Participant satisfaction • Increase/decrease in knowledge, confidence, skills 	<ul style="list-style-type: none"> • Degree of change in knowledge/attitudes/skills of participants • Percent of participants reporting an increase in knowledge/skills/attitudes • Use of materials or skills emphasized in professional development event
PROGRAM EVALUATION REPORTS	Evaluation of program efforts	<ul style="list-style-type: none"> • Curriculum implementation studies • Needs assessments • Coalition evaluations • Success stories 	<ul style="list-style-type: none"> • Percent of schools implementing curriculum • Reported needs of schools/educators • Satisfaction of partners with joint efforts
PROGRAM DESCRIPTIONS	Brochures or pamphlets describing program	<ul style="list-style-type: none"> • Program marketing materials 	<ul style="list-style-type: none"> • Number of brochures distributed to partners • Number of pamphlets distributed to legislators • Number of opportunities to market program (e.g., conference session/poster presentations, in-services presentations, media releases, board meetings)

Data Sources Matrix: External Data Sources

External data describe the population your DASH-funded program serves and the environment in which it operates.

Source	What the Source Describes	Content	Examples of Findings
SCHOOL HEALTH PROFILES http://www.cdc.gov/healthyyouth/profiles/index.htm	Health policies and activities in secondary schools	<ul style="list-style-type: none"> • School health education requirements and content • Physical education requirements • Asthma management activities • Competitive foods practices and policies • Family and community involvement • School health policies 	<ul style="list-style-type: none"> • Percent of high schools with a physical education requirement • Percent of schools with a written policy that protects the rights of students or staff with HIV infection or AIDS • Percent of schools with healthy foods in vending machines
YOUTH RISK BEHAVIOR SURVEY (YRBS) http://www.cdc.gov/yrbs	Health risk behaviors of high school students	<ul style="list-style-type: none"> • Unintentional injuries and violence • Tobacco use • Alcohol and other drug use • Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection • Unhealthy dietary behaviors • Physical inactivity 	<ul style="list-style-type: none"> • Prevalence of high school students who participated in recommended level of physical activity during the past 7 days • Prevalence of 9th, 10th, 11th, and 12th grade students who used tobacco products during the past 30 days
VITAL STATISTICS AND EPIDEMIOLOGICAL DATA FROM STATE AND LOCAL HEALTH DEPARTMENTS	Vital life events of state and local populations	<ul style="list-style-type: none"> • Births • Deaths • Abortions • Marriages • Divorces • # of cases of a condition or disease 	<ul style="list-style-type: none"> • Birth rate in a county (to forecast growth) • Child/adolescent mortality rate • Teen pregnancy rate • HIV/AIDS prevalence • Other sexually transmitted infections prevalence
U.S. CENSUS http://www.census.org	Population characteristics	<ul style="list-style-type: none"> • Social characteristics • Economic characteristics • Housing characteristics 	<ul style="list-style-type: none"> • Percent of homes where a language other than English is spoken • Percent of families below the poverty level • Race and ethnicity characteristics • Education level • Family structure
NATIONAL ASSOCIATION OF STATE BOARDS OF EDUCATION (NASBE) STATE POLICY DATABASE http://www.nasbe.org/healthy_schools/state_policy.htm	Searchable state-level database of written school health policies	<ul style="list-style-type: none"> • Legal codes, rules, standards • Administrative orders, mandates, resolutions • Other means of exercising authority 	<ul style="list-style-type: none"> • State health education mandates • State HIV, STD, and pregnancy prevention education mandates
STATE DEPARTMENTS OF EDUCATION	State, county, district, school, and grade level statistics	<ul style="list-style-type: none"> • Race/ethnicity/gender of students • Free and/or reduced lunch rates • Student-teacher ratios • Title 1 status of schools • Graduation statistics • Dropout statistics • Suspension/expulsion statistics • Attendance information • Academic performance assessment 	<ul style="list-style-type: none"> • Percent of students on free and reduced school lunch • Percent of students by race/ethnicity/gender • Percent of schools not meeting adequate yearly progress • Dropout and graduation rates
STATE AND LOCAL LEVEL HEALTH SURVEYS (E.G., YOUTH TOBACCO SURVEY, COMMUNITIES THAT CARE SURVEY)	State and local-level health-related knowledge, attitudes, skills, and behaviors of students, other groups of youth, parents, and community groups	<ul style="list-style-type: none"> • Various health and health risk attitudes and behaviors of students and parents • Depends on survey focus 	<ul style="list-style-type: none"> • Percent of middle school students reporting current use of any tobacco product • Percent of students who report their family has clear rules about alcohol and drug use • Percent of students reporting using drugs in last 30 days • Percent of students who feel safe at school • Percent of parents who approve of HIV prevention education in schools

Identifying Stakeholders Worksheet

This worksheet can help you identify the individuals and organizations that are stakeholders in your program's strategic plan. Stakeholders are individuals or organizations that are invested in the program and the results of program activities, and have a stake in what will be done with the results. Stakeholders in your strategic plan include individuals and/or organizations from three categories:

1. **Program participants**—those that your program serves or affects, such as youth, parents and guardians, school faculty and staff, and community members;
2. **Strategic plan implementers**—those who will drive the program operations described in your strategic plan, such as program coordinators, program staff, education and health agency administrators, members of the training cadre, contractors, and volunteers; and
3. **Intended users of the strategic plan**— those partners who can influence or help to implement strategies identified in your strategic plan, including external and internal partners. External partners are agencies, organizations, and groups outside your own agency with which you collaborate or associate to further the goals of your project and may include non-governmental organizations, health departments, institutions of higher education, and community groups. You may have already identified external partners in your application for DASH funding. Internal partners are related departments, divisions, or regional units and may include cross-division school health committees.

Instructions: With your program team (i.e., program coordinator and program staff), identify stakeholders for each of the categories listed in the table. Note that the categories are not mutually exclusive, and some stakeholders may appear in more than one row. You also should identify whether to invite stakeholders to join the strategic planning workgroup and the role each stakeholder has, if any, in the strategic planning process. Possible roles include:

- **Convener**—the individual who schedules strategic planning meetings, sets the agenda, sends notification and reminders to participants, opens the meetings, holds participants accountable, and reports progress
- **Facilitator**—the individual who monitors the progress of strategic planning meetings, asks questions, and provides pieces of information to move participants forward in the process
- **Writer**—the individual who synthesizes ideas generated in meetings and writes each section of the strategic plan document
- **Advisor** (optional)—individuals outside of the strategic planning workgroup with experience or expertise in strategic planning who observe the process and provide advice on discussions and products
- **Reviewers**—individuals outside of the strategic planning workgroup who can review and edit the strategic plan and provide feedback

Depending on the size of your program team and specific program circumstances, you may provide this worksheet to team members to complete in advance and then facilitate a meeting to finalize answers. Another option is to complete the worksheet together at a team meeting. Write each of the three stakeholder categories on a separate sheet of flip chart paper and ask team members to fill out the three categories. A team member can then facilitate a discussion to complete the worksheet. Note that you may have already identified external partners in your application for DASH funding. You should refer to it as needed.

Review your worksheet at the first meeting of the strategic planning workgroup and make revisions as needed. Refer to the worksheet throughout the strategic planning process to remind you of the stakeholders in your strategic plan, including during its implementation and evaluation.

Identifying Stakeholders Worksheet

Stakeholder Categories	Stakeholder List List the stakeholders in the strategic plan (name, organization, and contact information).	Strategic Planning Workgroup Indicate whether the stakeholder will be invited to join the workgroup.	Stakeholder Role Identify the role of the stakeholder, if any, in the strategic planning process.
PROGRAM PARTICIPANTS (e.g., youth, parents, teachers, community members)			
STRATEGIC PLAN IMPLEMENTERS (e.g., program staff, agency administrators, contractors)			
INTENDED USERS OF THE STRATEGIC PLAN (e.g., health departments, community groups, school health committees)			

SWOT Worksheet for School Health Programs

A SWOT analysis is a scan of the internal and external environment of your program. It is used to identify strengths and weaknesses that are internal to your program and opportunities and threats external to your program in the environment in which it operates. It is a useful tool for reducing a large amount of data into a more manageable profile of your school health program, and it provides a framework for identifying the issues that impact your strategic plan.

Instructions: Your program staff and strategic planning workgroup should review the internal program data you identified as part of your strategic planning process. *Internal data* describe the current status of your program and how it operates. With an internal assessment, you analyze your program's position, performance, problems, and potential. (Consult the Data Sources Matrix tool in the Strategic Planning Kit for School Health Programs for a list of internal data sources.) An important source of internal data is the DASH Program Inventory, which provides a snapshot of what your program currently is doing related to the following program components:

- *Program management* (the qualifications and skills of program staff to conduct activities under the cooperative agreement) and *staffing* (the establishment of positions required under the cooperative agreement).
- *Program planning* (the process of choosing activities and identifying appropriate individuals to involve in your activities) and *monitoring* (tracking your program activities).
- *Professional development* (the systematic process used to strengthen the professional knowledge, skills, and attitudes of those who serve youth to improve the health, education and well-being of youth) and *technical assistance* (tailored guidance to meet the specific needs of a site or sites through collaborative communication between a specialist and a site(s)).
- *Partnerships* (a group of individuals or organizations working together to address common goals).

Based on what your internal data indicate, generate and record in the SWOT Analysis: Internal Assessment Table below a list of program strengths and weaknesses.

- *Strengths* are elements internal to your school health program that facilitate reaching your program goals.
- *Weaknesses* are elements internal to your school health program that are barriers to reaching your program goals.
- Group the strengths and weaknesses based on the program components in the Program Inventory. Use the *Other* category to record any strengths and weaknesses that do not relate directly to one of the four defined program components (e.g., funding diversification).

Review the external program data you identified as part of your strategic planning. *External data* describe the population your program serves and the environment in which it operates. With an external assessment, you analyze the forces that affect the environment in which your program functions. (Consult the Data Sources Matrix tool in the Strategic Planning Kit for School Health Programs for a list of external data sources.)

Based on what the external data indicate, generate and record in the SWOT Analysis: External Assessment Table below a list of program opportunities and threats.

- *Opportunities* are aspects of the external environment that facilitate reaching program goals. Opportunities are not just positive aspects of the environment but can also be the chance to address program gaps and initiate new activities.
- *Threats* are aspects of the external environment that are barriers or potential barriers to reaching program goals.
- Group the opportunities and threats using the same components that you used to group strengths and weaknesses. Use the *Other* category to record opportunities and threats that do not relate directly to one of the four defined components (e.g., youth populations at disproportionate risk for disease, policies that could influence program implementation).
- When you have finished the SWOT analysis, review the findings, revise them if needed, and finalize the table. You will use the findings from your SWOT analysis to complete your strategic plan.

SWOT Analysis: Internal Assessment Table

Program Component	Program Strengths	Program Weaknesses
PROGRAM MANAGEMENT AND STAFFING	(e.g., fully staffed team)	(e.g., limited professional development opportunities for staff)
PROGRAM PLANNING AND MONITORING	(e.g., newly revamped tracking system in place to document technical assistance activities)	(e.g., lack of staff skills in collecting and analyzing data for program planning)
PROFESSIONAL DEVELOPMENT EVENTS AND TECHNICAL ASSISTANCE	(e.g., our distance learning capabilities)	(e.g., training cadre too small)
PARTNERSHIPS	(e.g., program participation in regional school health coordinating council)	(e.g., no working relationship with department of education assessment unit)
OTHER	(e.g., recent recognition by department of education commissioner for our program work)	(e.g., insufficient work space and storage)

SWOT Analysis: External Assessment Table

Program Component	Program Opportunities	Program Threats
PROGRAM MANAGEMENT AND STAFFING	(e.g., staff dedicated to health education coordination in most school districts)	(e.g., state hiring freeze so unable to fully staff program)
PROGRAM PLANNING AND MONITORING	(e.g., collaboration with university faculty who are consulting on program evaluation)	(e.g., resistance of schools in state to participate in YRBS- Youth Risk Behavior Survey)
PROFESSIONAL DEVELOPMENT EVENTS AND TECHNICAL ASSISTANCE	(e.g., use of standards-aligned HIV prevention materials in less than 50% of districts and schools suggesting need for technical assistance)	(e.g., limited number of teacher release days)
PARTNERSHIPS	(e.g., new leadership within the community planning group for HIV prevention)	(e.g., historically negative relationship between two key partners)
OTHER	(e.g., lower rates of condom use reported by Hispanic female teens on YRBS suggesting need for targeted intervention)	(e.g., unfavorable parental attitudes toward required physical education courses in middle schools)

Program Goal Review Using SWOT Analysis

The purpose of this worksheet is to help you determine whether your school health program is addressing goals that reflect your program's strengths, weaknesses, opportunities, and threats (SWOTs). *Strengths* are elements internal to your school health program that facilitate reaching your program goals. *Weaknesses* are elements internal to your school health program that are barriers to reaching your program goals. Opportunities are aspects of the external environment that facilitate reaching program goals. *Opportunities* are not just positive aspects of the environment but can also be the chance to address program gaps and initiate new activities. *Threats* are aspects of the external environment that are barriers or potential barriers to reaching program goals.

Instructions: A program goal is a broad statement of program purpose that describes the expected long-term effects of a program. Goals should address the program's effect in reducing a health problem (e.g., HIV, obesity, tobacco-use prevention) and identify the target population to be affected (e.g., middle school students, school districts, health education teachers). List each of the five-year program goals in your application for DASH funding on a separate piece of chart paper. For simplicity, include only the program effect and target population in the goal (e.g., to decrease risk behaviors associated with HIV infection among students within the school district).

Under each goal, list the SWOTs that relate to the program effect and target population. List the SWOTs that do not apply to any goal on a separate sheet of chart paper. Later you might decide to write a new goal to address these SWOTs.

With your program staff and your strategic planning workgroup, review the SWOTs for each goal. Consider the following questions to help you with this process.

- Will our internal program strengths help us accomplish this goal?
- Will our internal program weaknesses hinder us from achieving this goal?
- Can our program overcome internal weaknesses to achieve this goal?
- Does this goal address the needs of the population we serve?
- Do we have partnerships that can help our program achieve this goal?
- Are others in the community addressing this goal?
- Are there policy issues that hinder our program's ability to achieve this goal?
- Are there political or other external issues that decrease stakeholder support for this goal?
- Are there future external opportunities that might influence our program's ability to achieve this goal?
- Are there additional populations in need—particularly youth that are disproportionately affected by disease—that this goal does not serve?
- Is program sustainability promoted or hindered by this goal?

After you review each goal using these questions and the SWOTs, finalize your program goals. Depending on the question and how you answered it, you may decide to revise the goal, delete it, or write a new goal. It is important to consult with your Project Officer concerning any changes to the five-year program goals in your application for DASH funding, especially if you decide to add or delete goals.

Program Strategy Checklist

The purpose of this checklist is to help you assess whether your program has useful strategies for achieving your school health program's five-year goals. You can use this checklist when developing your strategic plan, which is the document that describes your program's strengths, weaknesses, opportunities, and threats (SWOTs) and outlines strategies and future directions.

A program strategy is the means or broad approach by which a program will achieve its goals. Useful strategies capitalize on program strengths or opportunities, or reduce the influence of program weaknesses or threats. Program *strengths* are elements internal to your school health program that facilitate reaching your program goals. Program *opportunities* are aspects of the external environment that facilitate reaching program goals. Opportunities are not just positive aspects of the environment but can also be the chance to address program gaps and initiate new activities. Program *weaknesses* are elements internal to your school health program that are barriers to reaching your program goals. Program *threats* are aspects of the external environment that are barriers or potential barriers to reaching program goals. You should examine a SWOT analysis of your program prior to completing this strategy checklist.

Criteria to assess each program strategy	Yes	No
1. Is it expressed in a declarative statement that starts with a verb?		
2. Does it describe a single program action and the object of the action?		
3. Does it connect logically to the program goal?		
4. Is it broader than a program objective?		
5. Is it broader than a workplan activity?		
6. Do data indicate the need for the strategy?		
7. Does the strategy do one or more of the following? <ul style="list-style-type: none"> • build on program strengths • reduce the influence of program weaknesses • build on program opportunities • reduce the influence of program threats 		

After assessing each program strategy for the criteria in the table, examine those strategies that received one or more answers of "No," and consider how to revise them. Some strategies may simply need re-writing, for example, to describe a single program action. Other strategies may need to be deleted and replaced. For example, a strategy for which data do not indicate a need should be replaced with a strategy that does address a need. Having useful strategies will make your strategic plan a more helpful tool for annual program planning.

The following example indicates two useful program strategies for addressing a program goal. Each strategy has an objective and corresponding activities.

Program goal: To decrease risk behaviors associated with HIV infection among students within the school district.

Program strategy 1: Form a community partnership that advocates for HIV-prevention education in schools.

Objective: By February 28, 2009, convene four meetings of a new community partnership group for HIV-prevention education in schools.

Activities: Create criteria for identifying partnership members, recruit the members, convene the meetings, and document the meetings.

Program strategy 2: Provide professional development on HIV-prevention education to district health educators.

Objective: By February 28, 2009, conduct two one-day workshops on HIV-prevention education for at least 90% of health educators in the district, including teachers, school nurses, and school counselors.

Activities: Recruit the trainers, design the workshops, market the workshops, implement the workshops, evaluate the workshops, and provide follow-up support to workshop participants.

Communication Matrix

Communication involves sharing information about your school health program in ways that make it understandable and useful to stakeholders. You can do this by using a variety of communication formats and channels. A communication format is the actual layout of the communication you will use, such as reports, brochures, one-page descriptions, newsletters, executive summaries, slides, and fact sheets. A communication channel is the route of communication you will use, such as oral presentations, videos, emails, webcasts, news releases, and phone conferences. Both the formats and channels should take into account the needs of different audiences, the type of information you wish to provide, and the purpose of the communication. You can use the following matrix to help you plan your communication process.

What Do You Want to Communicate?	To Whom Do You Want to Communicate?	How Do You Want to Communicate?	
		Format(s)	Channel(s)
<i>Example: Strategies included in plan</i>	<ul style="list-style-type: none"> • <i>Project Officer</i> • <i>Program staff and implementers</i> • <i>Community partner organizations</i> • <i>State health department</i> 	<ul style="list-style-type: none"> • <i>Strategic plan document</i> • <i>Strategic plan document</i> • <i>Executive summary</i> • <i>Slides</i> 	<ul style="list-style-type: none"> • <i>Email, phone conference</i> • <i>Email, in-person meeting</i> • <i>Webcast</i> • <i>In-person oral presentation</i>

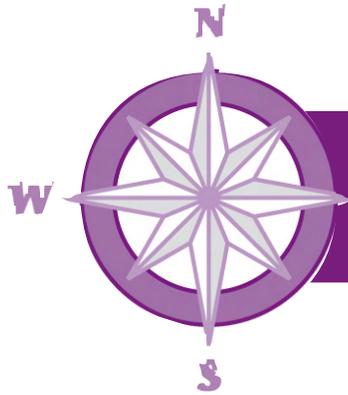
Program Communication Tracking Tool

Communication involves sharing information about your school health program in ways that make it understandable and useful to stakeholders. This tool can help you track communications with your various audiences, including the communication format(s) (the layout of the communication, such as newsletters) and the communication channel(s) (the route of communication, such as oral presentations), audience feedback on the communication message, and next steps you need to take in response.

Communication	Date	Audience(s)	Communication Format(s)	Communication Channel(s)	Audience Feedback and Next Steps
Example: Annual Progress Report	2/28/09	<ul style="list-style-type: none"> • <i>Project Officer</i> 	<ul style="list-style-type: none"> • <i>Written report</i> 	<ul style="list-style-type: none"> • <i>Email, phone call</i> 	<ul style="list-style-type: none"> • Clarify workplan progress and submit revised workplan by 4/1. • Devote more time to Objective 2. Draft proposed activities to present to program staff. • Work is progressing adequately. No next step needed.
	3/15/09	<ul style="list-style-type: none"> • <i>Program staff</i> 	<ul style="list-style-type: none"> • <i>Slides</i> 	<ul style="list-style-type: none"> • <i>Oral presentation</i> 	
	4/1/09	<ul style="list-style-type: none"> • <i>School health councils</i> 	<ul style="list-style-type: none"> • <i>Written summary, slides</i> 	<ul style="list-style-type: none"> • <i>Webcast</i> 	

Data Collection Framework

Evaluation Question <i>What do you want to know? What information do you need?</i>	Indicator <i>How will you know? What observable measure(s) will you use?</i>	Data Source <i>From what or from whom will you obtain the information?</i>	Data Collection Method <i>How will you gather the information?</i>	Data Collection Timeline <i>When will you gather the information?</i>
<p><i>Example:</i> What is the impact of teacher curriculum trainings?</p>	<ul style="list-style-type: none"> • Participants' perceived confidence to teach the curriculum • Participants' skills in teaching the curriculum 	<p>Training participants</p> <p>Curriculum coordinator</p>	<p>Questionnaire</p> <p>Classroom observation of teachers</p>	<p>June 2008</p> <p>Sept 2008</p>



Part Five: Glossary



Glossary

Activities – Things that the program is doing. These can be processes, tools, events, and actions intended to be a part of program implementation.

Advisor – Individuals outside of the strategic planning workgroup with experience or expertise in strategic planning who observe the process and provide advice on discussions and products. An outside consultant from a private company or university could serve this role, but it is optional because your workgroup may not have ready access to these individuals or need their expertise.

Assess – A step in strategic planning in which the strategic planning workgroup reviews and analyzes program-related data so the program can allocate resources and services in the most strategic way. In the Assess step you determine where the program currently is. The product of the Assess step is an analysis of program strengths, weaknesses, opportunities, and threats (SWOTs) based on the data review.

Communicate – A step in strategic planning that involves sharing information about the strategic plan in ways that make the plan understandable and useful to stakeholders. The products of the Communicate step are the communication messages and products you disseminate each year about your strategic plan, including its creation, implementation, and evaluation.

Communication channel – A route of communication such as a news conference or posters.

Communication format – The actual layout of the communication you will use, such as reports, brochures,

one-page descriptions, newsletters, executive summaries, slides, and fact sheets.

Convener – The individual who schedules strategic planning meetings, sets the agenda, sends notification and reminders to participants, opens the meetings, holds participants accountable, and reports progress.

Create – A step in strategic planning in which you develop and write the five-year strategic plan. The strategic planning workgroup reviews the SWOT analysis and uses the findings to identify and prioritize strategies that the program intends to implement during the five-year cooperative agreement.

DASH program evaluation expectations – Expectations by DASH that, as a funded partner, you will: (1) describe, understand, and plan your program; (2) document what happened in your program; (3) improve your program; and (4) conduct more in-depth evaluation.

Evaluate – A step in strategic planning in which you evaluate your implementation of the strategic plan and your program activities. Your program develops evaluation questions and collects data to inform the annual workplan for the coming year.

Evaluation – The process of determining the merit, worth, and value of things. There are two parts to evaluation: (1) data gathering, and (2) collecting, clarifying, and verifying relevant values and standards.

External data – Data describing the population that your program serves and the environment in which your program operates.

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External partners – Agencies, organizations, and groups outside your own agency with which you collaborate or associate to further the goals of your project.

Facilitator – The individual who monitors the progress of the strategic planning meetings, asks questions, and when applicable, provides pieces of information to move participants forward in the process.

Implement – The step in strategic planning in which strategies in your strategic plan are put into action as outlined in the strategic plan implementation timeline. The product of the Implement step is the completion of activities in annual workplans, as reflected in the achievement of SMART objectives.

Implementation – To put into effect or accomplish strategies, plans, policies, or activities related to DASH-funded programs.

Implementation timeline – A timeline indicating the year(s) of the cooperative agreement that your program will implement each strategy in your strategic plan.

Indicators – Data that are specific, observable, and measurable that quantify progress made toward a specific output or outcome (<http://www.cdc.gov/healthyyouth/evaluation/indicators-facts.htm>).

Indicators for School Health Programs – A common set of measures for reporting annual progress and providing CDC/DASH with a common data set that can be used to report national program progress. The *Indicators* summarize process evaluation data that describe basic program activities such as distribution of materials and provision of professional development

and individualized technical assistance on policy, curricula, student assessment, and environmental initiatives.

Inputs – Resources available to operate a program including staff, organizations, communities, and finances.

Internal data – Data describing the current status of your DASH-funded program and how it operates. A major source of internal data is the DASH Program Inventory.

Monitoring – Tracking your program activities.

Outcome evaluation – Evaluation undertaken to determine if the effects of changes ascribed to a program (e.g., changes in systems, collaborations, policies, knowledge, attitudes, or behavior among administrators, teachers, school staff, community members, or youth) are associated with program activities.

Outcomes – Intended outcomes or specific changes that are direct results of program activities. These include changes in knowledge, attitudes, skills, and behaviors. These can be considered in three time blocks as short-, intermediate-, and long-term effects.

Outputs – The amount of product and/or service that the program intends to provide. These include specific types, levels, and targets of services to be delivered by the program.

Overall program goal – Overall mission or purpose of the program often expressed in terms of morbidity and mortality. The overall program goal is the goal indicated in the five-year program logic model.

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Partnerships – A group of individuals or organizations working together to address common goals. Partnerships involve a relationship of mutual respect, coordination of administrative responsibility, establishment of reciprocal roles, shared participation in decision-making, mutual accountability, and transparency.

Prepare – The step in strategic planning in which you lay a foundation for the strategic planning process by establishing the purposes of the strategic plan; identifying stakeholders; determining what information, roles, and resources are necessary for the strategic planning process; and, developing the timeline for strategic planning through which a program lays a foundation for a strategic planning process.

Process evaluation – Collecting data on how well the program (and the strategic plan) has been implemented, including who, what, when, where, and how program activities were accomplished.

Professional development event – A set of skill-building processes and activities designed to assist targeted groups of participants in mastering specific learning objectives. Such events are delivered in an adequate time span (at least 3 hours) and may include curriculum and other training, workshops, and on-line or distance learning courses.

Program – A multifaceted approach to decrease health risk behaviors that may include a combination of strategies such as one-on-one interventions, policy and climate changes, advocacy, peer interventions, mentoring programs, youth asset development, and outreach.

Program goal – A broad statement of program purpose that describes the expected long-term effects of a program. Goals should address the program's effect in reducing a health problem (e.g., HIV, obesity, tobacco-use prevention) and identify the target population to be affected (e.g., middle school students, school districts, health education teachers).

Program Inventory - A tool that provides a snapshot of what your program currently is doing related to four program components: (1) program management and staffing, (2) program planning and monitoring, (3) professional development and technical assistance, and (4) partnerships.

Program management – The qualifications and skills of program staff to conduct activities under the cooperative agreement.

Program opportunities – Aspects of the external environment in which your school health program operates that facilitate reaching program goals. Opportunities are not just positive aspects of the environment but can also be the chance to address program gaps and initiate new activities.

Program planning – The process of choosing activities and identifying appropriate individuals to involve in your activities.

Program staffing – The establishment of positions required under the cooperative agreement.

Program strengths – Elements internal to your school health program that facilitate reaching your program goals.

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Program threats – Aspects of the external environment in which your school health program operates that are barriers to reaching program goals.

Program weaknesses – Elements internal to your school health program that are barriers to reaching your program goals.

Protocol – The procedure for conducting a particular task.

Reviewer – Individuals outside of the strategic planning workgroup who can review and edit the strategic plan and provide feedback.

School Health Profiles – A biennial survey conducted by state and local education and health agencies among middle/junior and senior high school principals and lead health education teachers. Profiles monitors the current status of: school health education requirements and content; physical education requirements; asthma management activities; food service; competitive foods practices and policies; family and community involvement in school health programs; school health policies on HIV and AIDS prevention, tobacco-use prevention, violence prevention, and physical activity.

School level impact measure (SLIM) – SLIMs were developed by DASH, based on CDC scientific guidance documents, to measure the percentage of schools in a state or community that are implementing CDC's recommended practices to address critical health problems faced by children and adolescents.

SMART objectives – Objectives are statements that describe program results to be achieved and how they will be achieved. *Specific* objectives include *who* will be targeted and *what* will be accomplished. *Measurable* objectives include *how much* change is expected, specifically enough that achievement of the objective can be measured through counting or documenting change. *Achievable* objectives can be realistically accomplished given your program's existing resources and constraints. *Realistic* objectives address the scope of the health problem and propose reasonable programmatic steps. *Time-phased* objectives provide a timeline indicating when the objective will be met.

Stakeholder – Stakeholders are individuals or organizations that are invested in the program and the results of program activities, and have a stake in what will be done with the results.

Strategic plan – A document that describes a program's strengths, weaknesses, opportunities, and threats, and outlines strategies and directions for the five years of the cooperative agreement. It is a program-planning tool that provides a blueprint to strengthen program activities, address areas for improvement, and move the program forward to new accomplishments.

Strategic planning – A process that results in decisions and actions to guide what your program is, what it does, and why it does it.

Strategic planning workgroup – Program stakeholders who choose to participate in a group process to create the program's strategic plan.

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Strategy – The means or broad approach by which a program will achieve its goals.

SWOT analysis – A scan of the internal and external environment of a program identifying strengths and weaknesses that are internal to your program and opportunities and threats external to your program in the environment in which it operates.

Target population(s) – Group of individuals with specific characteristics that will receive the program or intervention.

Technical assistance – Tailored guidance to meet the specific needs of a site or sites through collaborative communication between a specialist and the site(s). Assistance takes into account site-specific circumstances and culture and can be provided through phone, mail, email, Internet, or in-person meetings.

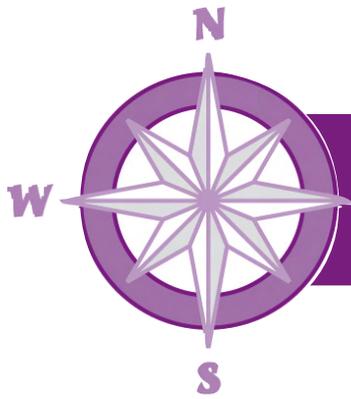
Workplan – The CDC/DASH workplan provides a concise, easy-to-read overview of your goals, objectives, measures, activities, timeline, and those responsible for making the program happen. It is usually developed every fiscal year.

Workplan objective – A statement describing the results to be achieved and the manner in which these results will be achieved. Objectives should be SMART.

Writer – The individual who synthesizes ideas generated in meetings and writes each section of the strategic plan document.

Youth disproportionately affected – Populations of youth for whom the incidence, prevalence, mortality, and burden of disease and other related adverse health conditions, many of which result from health-related behaviors that are established during childhood and adolescence, are greater than in a comparison population. Populations can be defined by race or ethnicity, gender, education or income, disability, geographic location (i.e., rural or urban), or sexual orientation.

Youth Risk Behavior Survey (YRBS) – Monitors six categories of priority health risk behaviors among youth and young adults, including behavior that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV; unhealthy dietary behavior; and physical inactivity. In addition, the YRBS measures general health status and the prevalence of overweight and asthma that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. YRBSs are conducted by state, territorial, and local health and education agencies.



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