



Workplans: A Program Management Tool

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Step 2: Describing the Program



Workplans: A Program Management Tool

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CDC is responsible to Congress and other stakeholders for the overall performance of the Oral Health Infrastructure Development Program. To have the intended impact, CDC and its grantees need to establish program outcomes and communicate effectively regarding progress toward those outcomes. Through requests for applications, policies, publications, meetings, trainings, and performance indicators, CDC keeps grantees aware of the national program's progress and priorities. Grantees, through data reporting, progress reports, site visits, and continuation or competitive applications, keep CDC apprised of their individual program needs, priorities, and progress. The workplan (and logic model from Step 2b), when used by the grantee as presented in this self-study material, serves as a planning and management tool and as an important communication tool with CDC.

In your role as project investigator, the workplan development process is designed to aid in planning an informed course of action guided by the national program logic model and based on individual program needs and resources. The self-study materials that follow provide a detailed description of the planning process, applied through hypothetical case examples. Guided by the self-study, programs can create a workplan that is consistent with the mission of the national plan.

This manual was created for infrastructure development grantee use. For further information, contact René Lavinghouze, MA, evaluation scientist at Rlavinghouze@cdc.gov.

Our thanks to The National Breast and Cervical Cancer Early Detection Program for allowing us to use their workplan workbook as a guide for the development of this workbook for state oral health programs

How to Use this Packet

This Self-Study Packet is intended to guide you through the process of developing a workplan. The materials in this packet are organized so that you can focus on what is relevant to your learning needs. Designing a workplan is intended to make the job of managing your program more efficient and effective. It is suggested that you complete Step 2B: Logic Models from the Evaluation Guidelines before developing your workplans.

Upon reviewing this packet, you may feel that you are already familiar with the concepts of a workplan because you have worked with them in the past. However, please recognize that many different program management models exist, and this packet is designed to help you work with the model used within the Division of Oral Health.

Tip: As with logic model construction, many of the steps for the development of a workplan are iterative and may be referenced in a non-linear fashion.

Case Study

We have designed a hypothetical oral health program as a case study. The case paints a picture of an Oral Health Infrastructure Development program. Although every detail is not included, the case study provides enough information to start to sketch a workplan. This case study will be referred to throughout the Self-Study Packet, and it will serve as the basis for the workplan examples. As you work through the packet, try to think of examples of goals, measures of success and objectives.

Tip Sheets

The tip sheets are designed to aid in the development of a workplan that is performance based. As you work through the Self-Study Packet, pay particular attention to those tip sheets that cover content with which you are unfamiliar. For example, if you are unclear about terminology used in the workplan, refer to Tip Sheet #11, Glossary of Terms. If you are unclear about how to develop measures of success, see Tip Sheet #5, Developing Measures of Success. If you need help with writing objectives that are more specific, see Tip Sheet #6, Writing Effective Objectives.

Tip Sheets At A Glance

Tip Sheets	How will this help me?
#1 Workplan Benefits: Why Use a Workplan?	Provides an explanation for using the workplan.
#2 Instructions for Developing a Workplan	Provides step-by-step guidance on developing a workplan.
#3 Getting Started	Includes information for staff to review before their program workplan is developed. It may help to focus and begin with a common understanding of staff responsibilities.
#4 Developing Goals	Offers guidance on developing well-written, appropriate, overall goals.
#5 Developing Measures of Success	Describes what measures of success are, why they are useful, and a process for their development. Includes examples.
#6 Writing Effective Objectives	Provides guidance on writing objectives that are specific, measurable, and reasonable. Includes examples.
#7 Developing Appropriate Activities	Provides guidance to ensure that activities will lead to achievement of goals and objectives.
#8 Using Data to Assess Progress	Describes the importance of data in developing a workplan. Offers examples of information relevant to Oral Health Infrastructure Development.
#9 Writing a Progress Report	Describes what a progress report is and why it is useful.
#10 Sample Oral Health Infrastructure Development Workplan	Provides an example, based on the case study, using the workplan template.
#11 Glossary of Terms	Defines terms related to workplans.

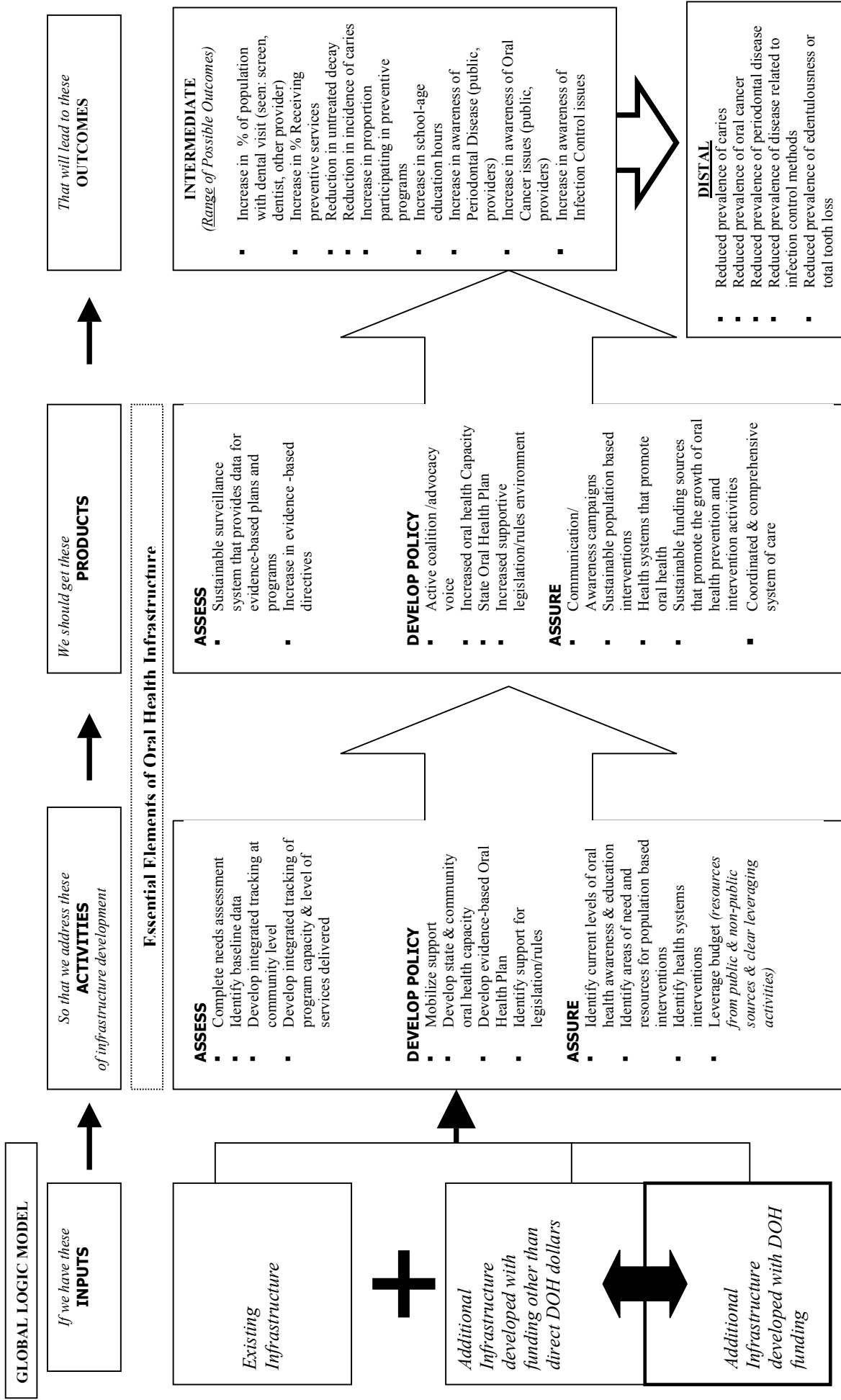
Case Study

New State has received Oral Health Infrastructure Development dollars from the CDC in order to enhance its current state capacity to address and meet the oral health needs of their population. Currently, New State has a full-time Dental Director with no other staff, a small government-appointed oral health steering group; support for fluoridation in 62% of the population on public water supplies, and a school dental sealant program that serves approximately 20% of those with the greatest need. Currently, New State does not have a written State Oral Health Plan or a comprehensive surveillance system that gathers community-level indicators. Recently, legislation was passed that mandated but did not fund dental screenings for all public school children. There are several small, individual efforts across the state to provide referrals and some dental services to children in need but there are no efforts to meet the needs of infants, adults or the aging population of New State.

Based on the Association of State and Territorial Dental Directors (ASTDD) (1999) model for Oral Health Infrastructure Development, New State applied for cooperative agreement grant funds to add a Program Manager, Program Assistant, Epidemiologist, and a Fluoridation Coordinator to their Oral Health Unit. New State plans to create an oral health advocacy coalition and to develop a comprehensive surveillance system so that the state can promote evidence-based programs and develop an evidence-based State Oral Health Plan. Additionally, New State needs the oral health surveillance system to address future funding plans, and MCH block grant requirements and help the state track "Healthy People 2010" goals. New State would like to be able to use the surveillance system to track caries, periodontal disease, oral cancer, and compliance with infection control measures for all populations (infants, children, adults, and the aging).

A New State overall logic model follows.

New State Overall Logic Model



**Tip Sheet #1:
Workplan Benefits:
Why Use a Workplan**

Goals for This Year		Measures of Success:		
Objectives	Activities Planned to Achieve this Objective	Data	Timeframe for Assessing Progress	Team Members Responsible

Management of public health programs can be difficult, especially if the proper tools are not available. A workplan, in conjunction with a logic model, can be a solution to many of the challenges encountered in managing multifaceted programs. A workplan is a tool that not only benefits the program that uses it, but also makes staff members' jobs easier.

What is a workplan?

A workplan is a program management tool that provides direction and guidance for the overall program as well as each program component (eg, professional education, public education and outreach, and management). It is designed to be used for program planning, implementation, and monitoring progress toward reaching program goals.

What are the parts of a workplan?

A workplan has eight recommended components:

- Goals
- Measures of Success
- Measurable Objectives
- Activities
- Data
- Timeframe for Assessing Progress
- Team Members Responsible
- Progress Report

Each workplan component will be discussed in detail in the Self-Study Packet and at the workshop. However, it is clear just by looking at the list of components that a workplan can serve as a blueprint for program management. Because a workplan should be tailored to a specific program, the particular format or structure of a workplan is not essential. Rather, the workplan should be in a format that works best for the program. All the workplan components (listed as bullets above) should be present.

What can a workplan do for an Oral Health Infrastructure Development program?

A workplan can make grant application or reapplication much easier. In many cases, a workplan may be required in your grant application or reapplication. It also can make a program more efficient and effective.

A workplan can make a program more *efficient* because it:

- Assists the program director or manager in succinctly stating the goals and objectives of each component and how those goals and objectives serve to address the program's logic model,
- Helps staff responsible for different program components determine priorities for planning,
- Establishes a consistent structure for ongoing technical assistance,
- Links to the program budget,
- Provides a template for organizing and monitoring the program implementation process,
- Provides a mechanism for making revisions that address progress and deficiencies, and
- Assists programs with training key staff members to plan, implement, monitor progress, and assess program activities.

A workplan can make a program more *effective* because it

- Streamlines evaluation and helps participants know *what* will be evaluated and *how*,
- Establishes program accountability over time, and
- Acts as a guide, in conjunction with the program logic model, for staff by helping them understand program goals and objectives, and contributes to the achievement of the desired outcomes.

Use of a workplan can help a program stay organized and focused. The staff and program benefit as well as the constituents they serve. Using a workplan allows staff to become active participants in the program planning process, boosting staff morale, proactivity, and investment in the program, and making it more effective for the intended audience.

**Tip Sheet #2:
Instructions for
Developing a Workplan**

Goals for This Year		Measures of Success:		
Objectives	Activities Planned to Achieve this Objective	Data	Timeframe for Assessing Progress	Team Members Responsible

Developing a workplan is intended to be a **team** effort, with leadership and guidance provided by the program director (State Dental Director). This team approach helps create a sense of responsibility and investment in the program for everyone.

Specifics as to how this process takes place will probably depend on what phase of the application/continuation cycle a particular program is in. For example, prior to the end of a program’s 5-year funding cycle, it may be appropriate to use a group process (including coalition members) to brainstorm the direction of the program as part of the reapplication and workplan development process. If a program is submitting an annual continuation application workplan template, the process could be simplified but would still include reviewing the overall goals, objectives, and activities and updating them as needed.

If a program at any stage of the application cycle has received feedback (either from an internal or external source) that suggests its management of a specific program component could be improved, developing or revising a workplan may be necessary. This would also be true if the program global logic model were to change. All workplan changes should be documented as program history. Ideally, the tip sheets in this Self-Study Packet can be used as reference tools when drafting a workplan.

A performance-based workplan is composed of eight recommended components thus guiding you through the process step-by-step.

- ◆ Goals
- ◆ Measures of Success (for goals)
- ◆ Measurable Objectives
- ◆ Activities
- ◆ Data
- ◆ Timeframe for Assessing Progress
- ◆ Team Members Responsible
- ◆ Progress Report

Step 1

Review Tip Sheet #3, Getting Started, with your staff before developing your workplan. When initiating the development of a workplan, it is always a good

idea to identify and bring together key staff members and stakeholders for a brainstorming meeting. During this meeting, participants should engage in a discussion about the program's overall strengths and areas needing improvement (refer to logic model). They should also consider the challenges that the program may face over the next year. This process can lead to the creation of a brief summary of the program that can be referred to in conjunction with the overall Logic model. The purpose of each program component and relevant data should be reviewed during this step as well so that important information can be incorporated into the program summary. Completion of these items should allow for the discussion of issues and concerns as well as help team members begin to focus the direction of their program.

Note: *This is the same advice given for creating a program logic model – an excellent reason for having all stakeholders involved from the beginning.*

Step 2

Once everyone has a common understanding of the status of the program and the purpose of each program component and relevant data have been reviewed in light of the overall logic model, begin to develop overall goals for this year. First, ask, "What activities from the logic model are we trying to accomplish this year? What gaps in our overall program performance should we address? What data and theory support this goal (refer to logic model)? If we reach this goal, do we believe it will contribute to outcomes listed in our logic model?" Once these questions are answered, write the overall goals. See Tip Sheet #4, Developing Goals.

Step 3

Develop measures of success for goals. To begin, ask, "How will we know if our program has achieved this goal? What would it take to convince us (and our stakeholders) that our program has achieved the outcomes described in our logic model?" For some goals, CDC National performance indicators may serve as a benchmark to aim for and may be the measure of success. See Tip Sheet #5, Developing Measures of Success.

Step 4

Develop objectives. Begin this process by asking, "What 'big steps' do we need to take to achieve the goals? Where do we need to focus? Why? Does this move us toward the overall goal? Is this a reasonable next step? Is this step clearly measurable?" Then write what you will do this year to reach the goal stated in Step 2. Refer often to your overall logic model and your activity-specific logic models. You most likely will be able to answer the above questions from the information you gathered for your activity-specific logic models. For example, if one of your stated activities was to establish a coalition, the specific activities required to create an active coalition should be found in your activity-

specific logic model: Coalition Building. The workplan adds the dimensions of time, person(s) responsible, and measures of success. See Tip Sheet #6, Writing Effective Objectives, for guidance on developing objectives.

Review all objectives to determine whether you have covered all the steps required to achieve your goal. Refer to your overall logic model. Also, be sure to review measures of success in relation to the objectives to ensure you have captured the main priorities in your measures of success.

Step 5

Develop activities to meet the objectives. Begin by asking, "To meet the objectives, what action is needed? What else might work? Do we have the resources to do this? What possible barriers do we need to address?" Then write a list of the activities to undertake. See Tip Sheet #7, Developing Appropriate Activities.

Step 6

Identify data to evaluate progress. To begin, ask, "What main data sources will be useful in evaluating this? What other data might be useful? What information will we need to determine our success in reaching our goal? Is it feasible to obtain the data needed to adequately measure the success of this activity? What technical assistance might we need from CDC or an outside evaluator?" See Tip Sheet #8, Using Data to Assess Progress.

Step 7

Identify timeframes for assessing progress on a regular basis. Begin by asking, "What activities need to come first? When do we plan to have this finished?" Then write dates (eg, by month, quarter) for assessing progress. Timeframes should include regularly scheduled, periodic check-in points for assessing progress in addition to start and end dates. Include time needed to obtain evaluation data.

Step 8

Identify team members and stakeholders responsible for specific tasks within each activity.

Step 9

At periodic intervals over the year, review your workplan. Decide whether revisions are needed, and make the appropriate changes. The review process should be coordinated with your CDC Project Officer. When reviewing, ask, "Is our workplan moving our program toward the goal of establishing oral health infrastructure that will be sustainable beyond CDC funding?" Try to focus on the activities that will contribute to your most important goals.

Step 10

Develop a progress report describing significant accomplishments to date, major problems encountered, strategies for problem solving, and workplan revisions needed. Your CDC Project Officer and CDC Evaluation Specialist will be able to provide technical assistance with this activity. Once the workplan is established, use this section as a way to document lessons learned. This practice may be helpful in guiding future workplan revisions. When completing this portion of the workplan, ask, “Do we have a way to know if objectives are being met? Are we tracking progress appropriately? What do we need to report on our progress report? Is there anything we need to be doing differently? Are we addressing the issue of sustainability beyond the funding cycle adequately?” See Tip Sheet #9, Writing a Progress Report.

Remember...

The workplan document is flexible and fluid. It is a management tool that should be used on a regular basis in conjunction with your overall and activity-specific logic models to help programs stay on track, make decisions, plan for sustainability, and operate efficiently and effectively. Documentation of changes and barriers encountered serve to assist future program managers in their development of oral health infrastructure.

Tip: Actual progress reports required by CDC may include additional information not addressed in this workbook. However, progress reports have been designed to include at least all of the information addressed in this workbook.

Tip Sheet #3: Getting Started

This tip sheet provides information for the program staff and stakeholders to review before developing their program workplan. It may help everyone focus and begin with a common understanding of staff and stakeholder responsibilities.

Purpose of Each Program Component

The descriptions below serve as succinct explanations of the role and function of each component of Infrastructure Development. The descriptions are meant to provide focus and check assumptions for all staff and stakeholders before developing the program's workplan. Staff and stakeholders are encouraged to examine their program's specific needs and resources and tailor these descriptions appropriately.

Coalitions and Partnerships

The purpose of coalitions and partnerships is to facilitate infrastructure building for advocacy, prevention, disparity reduction and intervention by enhancing public education resources and professional education opportunities as well as supporting legislation and policy development that promote oral health. Coalitions and partnerships are important to the statewide program through their ongoing support of quality care standards.

Management

The purpose of management is to create, implement, and sustain an Oral Health Unit that is in accordance with the established guidelines of ASTDD and CDC. Management includes the development of a comprehensive, coordinated, effective and efficient program that is realistic and appropriately staffed, given time, budget, and state context constraints.

Public Education and Outreach

The purpose of public education and outreach is to inform individuals of their need for oral health prevention programs. Numerous surveys have indicated that one of the reasons individuals do not seek oral health prevention services is that they do not perceive the need even when need is present.

Population-Based Interventions

The Task Force on Community Preventive Services strongly recommends community water fluoridation and school-based or school-linked sealant delivery programs for prevention and control of dental caries (MMWR, Nov 30, 2001, [50]). However, the Task Force made no recommendations either for or against population-based interventions for early detection of precancers and cancers. The recommended interventions should be implemented in the combination appropriate to accomplish evidence-based oral health objectives.

Implementation plans should consider community-level data, state and local laws and regulations, resource availability, and infrastructure status, as well as economic information.

Professional Education

The purpose of professional education activities is to increase health care providers' knowledge, attitudes and behaviors, ultimately resulting in more of the intended audience being appropriately served. Professional education includes training that enables professionals to perform their jobs competently, identifying resources and needs, and promoting systems of health care delivery that provide positive clinical outcomes.

State Plan

A state plan is a systematic, evidence based strategy to address the burden of oral disease across the life span in a particular state. A comprehensive plan should adequately address oral health across the life span and periodically be updated, as new data is made available. Stakeholders responsible for implementation of the individual aspects of the plan should be identified appropriately.

Surveillance and Evaluation

Surveillance is the ongoing systematic collection, analysis and interpretation of health data essential to planning, implementing, and evaluating public health practice, closely integrated with timely dissemination of these data to those who need to know. Surveillance data should be used in program planning and evaluation as well as in the development and revision of a State Oral Health Plan.

Program evaluation is the systematic assessment of the operation and outcomes of a program, compared with a set of explicit or implicit standards, as a means of contributing to the improvement of the program. The purpose of program evaluation is to monitor and improve the quality and efficiency of a program's operations as well as to provide a best practices tool kit for other infrastructure development endeavors.

Reviewing Relevant Data

It is important for your program to review its past successes and goals before developing its workplan. When staff and stakeholders have a clear picture of what has been accomplished and what issues require attention, it makes the development of a workplan easier. A clear and succinct logic model that includes existing infrastructure, and other infrastructure development activities and resources as well as current activities should provide an overall snapshot of your program's history and proposed direction.

Data used during your review can come from a variety of sources. Some of these include:

- Minimum Data Elements (MDEs)
(See Tip Sheet #8 for more information on MDEs)
- State Behavioral Risk Factor Surveillance System (BRFSS)
(See Tip Sheet #8 for more information on BRFSS)
- Census data
- Cancer Information Service
- Tracking data
- Focus groups
- Provider associations
- Surgeon General's Oral Health Report
- "Healthy People 2010" objectives
- MCH Block grant needs
- Oral Health Indicators for NOHSS
- PRAMS/YRBS
- WFRS

Some questions that may be helpful to keep in mind as you review are:

- What are the gaps in our infrastructure based on the ASTDD model?
- Are we serving the target populations that we should serve?
- Where are the gaps in our overall program performance?
- What areas of our program are successful?
- What areas of our program need improvement?

**Tip Sheet #4
Developing Goals**

Goals for This Year		Measures of Success:		
Objectives	Activities Planned to Achieve this Objective	Data	Timeframe for Assessing Progress	Team Members Responsible

This tip sheet shows how to critically review and assess goals. Developing clear, well-written, and achievable goals and objectives that are related to a program’s mission can be challenging.

A goal is a general, big-picture statement of an outcome a program intends to accomplish to fulfill its mission. The goal should be written so that the desired outcome is clear. Goal statements are generally synonymous with the global outcomes included in your Overall logic model and might even have a corresponding activity specific logic model (eg, depicting all the activities and outcomes related to developing a coordinated, linked surveillance system).

Goals, measures of success, and objectives are the foundation of infrastructure development, program planning and evaluation processes. However, determining the focus of a program’s goals can be a challenge. *Oral Health in America: A Report of the Surgeon General* (2000); the Healthy People 2010 objectives; the ASTDD Infrastructure Development Guidelines (1999); the ASTDD Guidelines for State and Territorial Oral Health Programs (1997); the CDC Public Health’s Infrastructure status report (1999); The CDC Framework for Program Evaluation in Public Health (1999); and the CDC Framework for Evaluating Surveillance Systems (1999) are recommended as resources for focusing program goals.

Case Study Example

Goal: To have an integrated, comprehensive Oral Health Surveillance System that can track data at the community-level.

To assess whether this example is appropriate, based on the case study, ask the following questions:

- Is this a general statement of the expected results of a program or program component during the year? ___ Yes ___ No
- Does it describe the desired outcome the program intends to accomplish? ___ Yes ___ No
- Is it clearly written? That is, do you understand what the desired outcome is? ___ Yes ___ No
- Is it supported by theory and data review? ___ Yes ___ No
- Is this goal appropriate given program’s present situation? ___ Yes ___ No
- Is this goal reflected in the Overall Logic Model? ___ Yes ___ No

This goal appears to meet all the criteria and is appropriate given what we know from the case study. Some other goals may have come to mind as you read through the case study. These goals may include:

- Develop an evidenced-based State Oral Health Plan
- Construct an Oral Health Unit adequately staffed to meet expanding infrastructure development activities
- Support a broad-based oral health advocacy coalition

It is easier to develop the remainder of the workplan components when goals meet all of the criteria and are appropriate, given a program's needs, resources, intended audience, etc.

**Tip Sheet #5
Developing Measures
of Success**

Goals for This Year		Measures of Success:		
Objectives	Activities Planned to Achieve this Objective	Data	Timeframe for Assessing Progress	Team Members Responsible

A measure of success is a standard that a program sets for itself to measure progress in achieving program goals. Because goals are broad, multiple measures of success may be required to fully assess progress toward a particular goal.

When developing a workplan, it is important to start with the big-picture – your logic model. Developing goal statements and measures of success is a key step in articulating this overall picture. While goals are general statements of what your program should accomplish, measures of success are indicators of progress toward a goal.

When writing measures of success for each goal make sure they are measurable, meaning they should contain a numeric value or an observable behavior. They should be significant and truly gauge success in meeting the goal. Furthermore, when determining how high to aim your measure of success, use benchmarks or standards.

Those staff members and stakeholders involved in the workplan development process can determine measures of success for your program’s goals by identifying specific, observable accomplishments or changes that tell whether or not the program is moving toward the goal. The following questions may help in developing measures of success:

- How will we know if our program has achieved this goal?
- What connects this measure of success to this goal?
- What would it take to convince me that our program has achieved this goal?
- Is the measure significant (or a priority) outcome?
- Is it feasible to collect the data for the proposed measure of success?

Outcome Evaluation Questions

Outcome Evaluation Questions go beyond “was the product produced?” They ask, “did the program produce the desired outcomes”? Was the program audience the intended audience? Did the program reduce disparities? Were data used to direct evidence-driven programs? Were data used to develop the State Oral Health Plan and/or direct funding to those most in need?

The logic model provides the ***theory-link*** between



Outcome Evaluation Questions are complements to the stated Measures of Success that generally measure the success of the product.

Case Study Example

Goal: Develop an integrated, comprehensive Oral Health Surveillance System that can track data at the community-level.

Measure of Success: 1) All available data sources are linked, 2) gaps in data are assessed, 3) methods to eliminate gaps in data have been identified, 4) community indicators are established, 5) method to assess error rate in data is established and implemented, 6) all minimum data elements are accounted for.

Outcome Evaluation Questions: Are data readily available in a usable format? Are there gaps in the data? Are data used to plan evidence-driven programs and to develop/revise the State Oral Health Plan? Are the data used to direct funds to reduce disparities?

To assess whether this example is appropriate, based on the case study, ask the following questions:

- Can we quantify or observe this measure? Yes No
- Is it feasible to collect the data required to measure or observe this? Yes No
- Does the measure provide us with a reasonable indication that the goal is being reached? Yes No
- Is the measure a significant or priority outcome? Yes No

**Tip Sheet #6:
Writing Effective
Objectives**

Goals for This Year		Measures of Success:		
Objectives	Activities Planned to Achieve this Objective	Data	Timeframe for Assessing Progress	Team Members Responsible

Objectives state the big-steps a program will take to attain its goal. Think of a list of objectives as steps toward your overall goal. While programs may have common goals, the objectives to meet those goals should reflect the unique situation of each program. They can be used to determine a program’s status at any given point in time, and they can be measured during the project period.

While objectives, like goals, are based on theory and data, they are more specific than goals. Specific objectives generally are not contained in the overall logic model but might be included in the appropriate activity-specific logic model. Goals tend to be broad and general, and often do not include a timeframe. However, objectives should be **S.M.A.R.T.:**

- ◆ **Specific** – can identify who, what, and where
- ◆ **Measurable** – can identify how many
- ◆ **Achievable** – can be attained
- ◆ **Realistic** – can be attained given time and resources available
- ◆ **Timeframed** – can identify when.

Within this framework, each objective should not include more than one expectation, using precise terms that do not leave room for misinterpretation. When properly stated, an objective is a guide to the following:

- Specific content to be addressed
- Specific behavioral changes desired
- Selection of activities most likely to achieve a desired outcome or goal
- What to evaluate

Objectives delineate how a goal will be achieved. They should include action verbs. Consider using the following action verbs when developing objectives for your workplan.

Sample Action Verbs Used in Writing Effective Objectives

Discuss	Choose	Identify	Define
List	Match	Diagram	Present
Compare	Indicate	Contrast	Increase
State	Determine	Select	Perform
Differentiate	Explain	Summarize	Collect
Classify	Categorize	Apply	Revise
Plan	Illustrate	Develop	Show
Use	Prepare	Demonstrate	Name
Create	Practice	Write	Document

Case Study Example

Goal: Develop an integrated, comprehensive Oral Health Surveillance system that can track data at the community-level.

Measure of Success: 1) All available data sources are linked, 2) gaps in data are assessed, 3) methods to eliminate gaps in data have been identified, 4) community indicators are established, 5) method to assess error rate in data established and implemented, 6) all minimum data elements are accounted for.

Outcome Evaluation Questions: Does the data adequately address stated needs? Are the data used to plan evidence-driven programs, and to develop/revise the State Oral Health Plan? Are the data used to direct funds to reduce disparity?

Objective: Program Manager will develop an integrated (linked) comprehensive surveillance system that tracks community-level data, program services delivered and meet all minimum data element requirements by the end of the first fiscal year.

To assess whether this example is appropriate, based on the case study, ask the following questions:

Is the objective specific? That is, does it state who will do what and where?	___ Yes	___ No
Is the objective measurable? That is, does it state how many?	___ Yes	___ No
Is the objective achievable?	___ Yes	___ No
Is the objective realistic? That is, can it be attained within the specified time period using available technology and resources?	___ Yes	___ No
Is the objective time framed? That is, does it state when?	___ Yes	___ No
Is the objective related to the goal?	___ Yes	___ No
Is the objective supported by data and theory (refer to logic model)?	___ Yes	___ No

Objectives serve as the foundation for activities. That is, once an objective is determined, activities have to be identified that will lead to achieving the objectives. The next tip sheet offers guidance on selecting or developing activities.

**Tip Sheet #7:
Developing Appropriate
Activities**

Goals for This Year		Measures of Success:		
Objectives	Activities Planned to Achieve this Objective	Data	Timeframe for Assessing Progress	Team Members Responsible

Activities are means to an end, not ends in themselves. The purpose of activities is to provide a means of meeting the program’s objectives. Activities are what a program does, or its specific tasks, to meet its objectives and ultimately fulfill its goal. Examples include educating the legislature about the importance of community water fluoridation or using school nurses to enroll students for oral health screening and training health professionals about placement of dental sealants.

To determine which activities would be most appropriate to accomplish a given objective, consider the following sources.

Data. Data collected through some type of assessment, such as a community analysis, can be used to determine which activities may be most successful. Not only can this information help you determine which activities you should implement, it also can help you to fine-tune those activities so they are truly tailored to your intended audience or your program’s present situation. Information from focus groups, surveys, interviews, and observations all can be used to help determine your program’s activities.

When planning activities for your intended audience, remember that every activity must be responsive to the unique cultural issues and needs of the target group. Some types of assessment or data review, such as a community needs assessment, will help identify what some of the critical issues are within a specific community or audience so that they are considered during the planning and implementation process.

Experience. The collective wisdom of a program’s staff and stakeholders is a valuable resource. When a team effort is used to develop objectives, stakeholders have an opportunity to devise and discuss activities that might lead to achieving a specific objective. Talk to staff at other programs. Tell them what you are planning to do, and ask them to describe their evaluation component. Use their lessons learned to guide your activity development. The Division of Oral Health at CDC strongly encourages you to communicate and share ideas with other states. We will make every effort to facilitate communication and the sharing of ideas.

When planning activities, keep in mind that another programs' success with a particular activity will not guarantee it will be successful for you. As previously discussed, remember to always keep your intended audience or your unique health care system in mind when planning and implementing an activity.

Community members and other experts. Ideas for activities can be generated in many different ways. You can conduct focus groups or interviews with members of the intended audience, or you can conduct key informant interviews. Another option is to consult an individual or group of individuals who are known to have expertise in a certain area of interest. For example, you could talk with an evaluation expert at a local university, or discuss possible activities with a professional consultant.

Individuals responsible for developing or selecting activities must be able to justify why a particular activity would help achieve a specific objective. Some questions to ask include:

- Has it worked before? (eg, sealants and fluoridation)
- Do the data and theory support the idea? (eg, areas of disparity)
- Does the literature support the idea? (eg, CDC MMWR, Recommendations and Reports, November 30, 2001, Vol. 50)
- Did members of the intended audience tell you they thought it would work? (eg, school-based program)
- Does the program's current status warrant such an activity? (eg, surveillance – rate of caries incidence)

**Tip Sheet #8:
Using Data to
Assess Progress**

Goals for This Year		Measures of Success:		
Objectives	Activities Planned to Achieve this Objective	Data	Timeframe for Assessing Progress	Team Members Responsible

Once goals have been established and objectives developed, to support the objectives, data need to be identified. Data identified at this stage consist of information that can be used to assess program activities or outcomes. This information can be obtained by a variety of methods from different sources. For example, programs can collect community level data as part of a needs assessment. Examples of this type of assessment include:

- Participants completing a quiz during a training
- Coalition members completing a satisfaction and level of participation survey
- Collecting Minimum Data Elements (MDEs) to assess the timeliness and adequacy of follow-ups
- Conducting focus groups to determine barriers to participating in screening
- Telephone surveys to determine provider response to literature distributed
- Follow-up meetings with legislators to determine level of knowledge after receiving program literature

Programs also can obtain data from information that has already been collected for another purpose. For example,

- Medical claims data can provide information about the cost of services
- School screening data can provide information about the use of screening and subsequent dental visits
- U.S. Census data can provide population characteristics

Data Sources

Data sources are simply places where data exist. The main state-based data sources for oral health are:

- Community needs assessments
- MCH block grant
- Oral health indicators for the National Oral Health Surveillance System
- Youth Risk Behavior Surveillance
- Cancer registries
- School oral health programs
- Dental school records
- Behavioral Risk Factor Surveillance System

These are examples of information that is already collected and may be available for your state. Other examples include public records, data collected by private clinics and public health clinics, data collected by collaborators or other organizations in the community.

Minimum Data Elements (MDEs)

The MDEs are a set of data elements developed by CDC to ensure the consistent assessment of state infrastructure development activities. These are the data items that are necessary at a minimum for the programs and CDC to assess the progress of activities implemented. Program managers are encouraged to collect additional data for local program management purposes.

Cancer Registries

A cancer registry is a surveillance system that manages the collection, storage, analysis and interpretation of data about persons with cancer, usually covering a hospital or group of hospitals. A population-based cancer registry collects data from many hospitals in a defined geographic area and can show incidence trends for cancer at different sites over time or among population subdivisions. Examples of cancer registries include the National Program of Cancer Registries (NPCR) and Surveillance, Epidemiology, and End Results (SEER).

Examples of Other Relevant Data Sources for Oral Health Infrastructure Development		
Vital records	Provider surveys or interviews	Staff surveys and interviews
Track media	Training materials	Medical claims data
Focus groups	Logs	Surveys of intended audience
Observation	Telephone polls	Coalition member surveys

Once all the sources are identified, you are ready to obtain the data. After data have been gathered from these sources, you should determine what data are still needed and develop a plan that includes:

- Finding or creating data collection instruments to gather the specific data required,
- Developing procedures for how the instruments will be used, and
- Pretesting instruments before use.

Using Data Collection Methods

Always review data that you have access to *before* collecting new data. This practice is not only time saving and cost efficient, but also can help to focus future data collection efforts.

When gaps are identified between the information the program has and the specific information needed, it may be necessary for the Oral Health Unit to collect its own data.

For this purpose, there are essentially two categories of data collection methods: quantitative and qualitative.

Quantitative approaches typically answer “how many.” They gather what is known as “hard data” – scores, ratings, or counts. This type of information can be collected by methods such as surveys and knowledge examinations. Typically, quantitative methods use standard measures, and data collected can be aggregated.

Qualitative approaches, on the other hand, are more open-ended and examine “why.” They gather what is known as “soft data” or descriptions. This type of information can be collected by methods such as focus groups, case studies, and observations. Qualitative approaches typically describe behaviors in depth. Qualitative approaches are more descriptive, and the population studied is not statistically representative by design; therefore, data usually cannot be generalized to a larger population.

When designing this aspect of your workplan, include data collection methods that measure “how many” and “why.” This is key to obtaining a complete picture of what is happening at a given point in time.

The choice of a data collection method may represent a trade-off between costs, response rate, time required to obtain the data, and other factors. As you consider what data collection methods to use, it is helpful to keep the following questions in mind:

- Is the data collection method feasible and not overly expensive? Is there a less time-consuming or less expensive way to collect this information?
- Is this data collection necessary for program operations, evaluation, or reporting requirements?
- Will the resulting data be credible to those outside the program who are likely to look at the information?

- Are the resources and expertise available to analyze data correctly and promptly?

Selected techniques for gathering evidence

- Written survey (eg handout, telephone, fax, mail, e-mail, or Internet);
- Personal interview (eg individual or group; structured, semistructured, or conversational);
- Observation;
- Document analysis;
- Case study;
- Group assessment (eg brainstorming or nominal group [ie, a structured group process conducted to elicit and rank priorities, set goals, or identify problems]);
- Role play, dramatization;
- Expert or peer review;
- Portfolio review;
- Testimonials;
- Semantic differentials, paired comparisons, similarity or dissimilarity tests;
- Hypothetical scenarios;
- Storytelling;
- Geographical mapping;
- Concept mapping;
- Pile sorting (ie, a technique that allows respondents to freely categorize items, revealing how they perceive the structure of a domain);
- Free-listing (ie, a technique to elicit a complete list of all items in a cultural domain);
- Social network diagramming;
- Simulation, modeling;
- Debriefing sessions;
- Cost accounting;
- Photography, drawing, art, videography;
- Diaries or journals; and
- Logs, activity forms, registries.

Adapted from: a) Taylor-Powell E, Rossing B, Geran J. Evaluating collaboratives: reaching the potential. Madison, WI: University of Wisconsin Cooperative Extension, 1998; b) Phillips JJ. Handbook of training evaluation and measurement methods. 3rd ed. Houston, TX: Gulf Publishing Company, 1997; c) Weller SC. Systematic data collection. Thousand Oaks, CA: Sage Publications, Inc. 1988; and d) Trochim WMK. Introduction to concept mapping for planning and evaluation. Available at <http://trochim.human.cornell.edu/research/epp1/epp1.htm>. Accessed July 1999. As portrayed in the CDC Program Evaluation Framework

Gathering credible evidence

Definition

Compiling information that stakeholders perceive as trustworthy and `relevant for answering their questions. Such evidence can be experimental or observational, qualitative or quantitative, or it can include a mixture of methods. Adequate data might be available and easily accessed, or it might need to be defined and new data collected. Whether a body of evidence is credible to stakeholders depends on such factors as how the questions were posed, sources of information, conditions of data collection, reliability of measurement, validity of interpretations, and quality control procedures.

Role

Enhances the evaluation's utility and accuracy; guides the scope and selection of information and gives priority to the most defensible information sources; promotes the collection of valid, reliable, and systematic information that is the foundation of any effective evaluation.

Example Activities

- Choosing indicators that meaningfully address evaluation questions,
- Describing fully the attributes of information sources and the rationale for their selection,
- Establishing clear procedures and training staff to collect high-quality information,
- Monitoring periodically the quality of information obtained and taking practical steps to improve quality,
- Estimating in advance the amount of information required or establishing criteria for deciding when to stop collecting data in situations where an iterative or evolving process is used, and
- Safeguarding the confidentiality of information and information sources.

Adapted from Joint Committee on Standards for Educational Evaluation. Program evaluation standards: how to assess evaluations of educational programs. 2nd ed. Thousand Oaks, CA: Sage Publications, 1994. As portrayed in the CDC Program Evaluation Framework

Selected sources of standards for judging program performance

- Needs of participants,
- Community values, expectations, norms,
- Degree of participation,
- Program objectives,
- Program protocols and procedures,
- Expected performance, forecasts, estimates,
- Feasibility,
- Sustainability,
- Absence of harms,
- Targets or fixed criteria of performance,
- Change in performance over time,
- Performance by previous or similar programs,
- Performance by a control or comparison group,
- Resource efficiency,
- Professional standards,
- Mandates, policies, statutes, regulations, laws,
- Judgments by reference groups (eg, participants, staff, experts, and funding officials),
- Institutional goals,
- Political ideology,
- Social equity,
- Political will, and
- Human rights.

Adapted from: a) Patton MQ. Utilization-focused evaluation: the new century text. 3rd ed. Thousand Oaks, CA: Sage Publications, 1997; b) Scriven M. Minimalist theory of evaluation: the least theory that practice requires. *American Journal of Evaluation* 1998;19(1):57-70; c) McKenzie JF. Planning, implementing, and evaluating health promotion programs: a primer. New York, NY: Macmillan Publishing Company, 1993; d) Joint Committee on Standards for Educational Evaluation. Program evaluation standards: how to assess evaluations of educational programs. 2nd ed. Thousand Oaks, CA: Sage Publications, 1994; and e) Gostin L, Mann JM. Towards the development of a human rights impact assessment for the formulation and evaluation of public health policies. *Health and Human Rights* 1994;1:59-80.

Accessed July 1999. As portrayed in the CDC Program Evaluation Framework

Case Study Example

Goal: Develop an integrated, comprehensive Oral Health Surveillance System that can track data at the community-level.

Measure of Success: 1) All available data sources are linked, 2) gaps in data are assessed, 3) methods to eliminate gaps in data have been identified, 4) community indicators are established, 5) method to assess error rate in data established and implemented, 6) have accounted for all minimum data elements.

Outcome Evaluation Questions: Does the data adequately address stated needs? Are the data used to plan evidence driven programs and to develop/revise the State Oral Health Plan? Are the data used to direct funds to reduce disparity?

Objective: Program Manager will develop an integrated (linked) comprehensive surveillance system that tracks community-level data, and program services delivered and meets all minimum data element requirements by the end of the first fiscal year.

Activities: Program Manager and Program Assistant will do the following before submission of the surveillance system:

- Link all available data sources based on needs assessment analysis
- Assess gaps in data for minimum data element requirements and community-level indicator capability
- Develop plan to eliminate gaps in data that have been identified
- Test data system by running a dummy data set to establish error rate and logic checks
- Review the data entry procedures and detail where safeguards exist and where they are missing
- Cross-check a sample of completed provider forms with available data sources
- Complete first year surveillance report

Data: MDEs
Medicaid Claim Records
BRFSS
NOHSS
Community oral health needs assessment
School oral health screening program data

To assess whether this example is appropriate, based on the case study, ask the following questions:

- Is this data collection necessary for program operations and/or evaluation – reporting? ___ Yes ___ No
- Are these choices reasonable based on the goal, measures of success, objectives and activities? ___ Yes ___ No
- Are there gaps in the data needed for program planning, evaluation and/or reporting? ___ Yes ___ No

Significant Accomplishments to Date
Major Problems Encountered
Strategies for Problem solving
Workplan Revisions Needed

Tip Sheet #9: Writing a Progress Report

The final component of a workplan is the progress report, which allows you to check program progress and assess your workplan. The progress report can help to identify areas that need improvement and to determine workplan revisions that may be necessary to further the program's mission. The progress report can serve as a guide to help determine what worked in the past and what did not as well as areas where you might need technical assistance.

The progress report also can be used as a communication tool with your CDC Project Officer or internally with staff and stakeholders. For example, it can help staff problem-solve in difficult situations because previous successful problem-solving strategies have been documented.

The progress report used in the workplan template is intended to be similar to the progress report required in your notice of grant award. Therefore, it not only helps with program planning, but it also is something that you are already doing!

The progress report has four elements:

- Significant accomplishments to date
- Major problems encountered
- Strategies for problem solving
- Workplan revisions needed

Assessing progress by using these elements will make it easier to incorporate changes in the current workplan because the information is easy to refer to and well organized.

Tip Sheet #10: Sample Oral Health Infrastructure Workplan
(based on case study)

Goal	Measures of Success 1) All available data sources are linked, 2) gaps in data are assessed, 3) methods to eliminate gaps in data have been identified, 4) community indicators are established, 5) method to assess error rate in data established and implemented, 6) all minimum data elements are accounted for. Outcome Evaluation Questions: Do the data provide adequately address stated needs? Are the data used to plan evidence driven program and to develop/revise the State Oral Health Plan? Are the data used to direct funds to reduce disparity?			
Objectives	Activities/Steps	Data/Evaluation	Timeframe for Assessing Progress	Team Members Responsible
Program Manager will develop an integrated (linked) comprehensive surveillance system that tracks community-level data, and program services delivered and meets all minimum data element requirements by the end of the first fiscal year.	<ul style="list-style-type: none"> ▪ Link all available data sources based on needs assessment analysis ▪ Assess gaps in data for minimum data element requirements and community-level indicator capability ▪ Develop plan to eliminate gaps in data that have been identified ▪ Test data system by running a dummy data set to establish error rate and logic checks ▪ Review the data entry procedures and detail where safeguards exist and where they are missing ▪ Cross-check a sample of completed provider forms with available data sources 	MDEs Medicaid Claim Records BRFS NOHSS Community oral health needs assessment School oral health screening program data	End of first fiscal year	Program Manager Program Assistant

Tip Sheet #11: Glossary of Terms*

Goals are general, big-picture statements of outcomes a program intends to accomplish to fulfill its mission.	Measures of Success are standards that a program sets for itself to measure progress in achieving program goals. Measures of success should be significant and truly gauge success in attaining the goal. They should contain a numeric value or observable behavior.			
Objectives	Activities/Steps	Data/Evaluation	Timeframe for Assessing Progress	Team Members Responsible
State the big-steps a program will take to attain its goal. These can be used to determine a program's status at any given point in time, and can be measured during the project period. Objectives should be: S. M. A. R. T. that is, ➤ specific (can identify who, what, and where) ➤ measurable (can identify how many by when) ➤ achievable (can be attained) ➤ realistic (can be attained given time and resources available) ➤ time framed (can identify when) They should not include more than one expectation.	These are what a program does or the specific tasks to meet its objectives and ultimately fulfill its goal. Examples include educating the public about the importance of dental sealants for prevention of tooth decay through distributing printed materials, using outreach workers to enroll children for oral screenings, and training health professionals about screening technology.	These are pieces of information that can be used to assess program activities or outcomes. This information can be obtained from the Minimum Data Elements (MDEs), cancer registries (eg, National Program of Cancer Registries; and Surveillance, Epidemiology, and End Results or SEER), and Behavioral Risk Factor Surveillance System (BRFSS). Assessment data is more focused and typically answers the question did the activity contribute significantly to the desired outcome? Provide the evidence for the conclusion. Determine which components of the activity contributed to the desired outcome and which did not.		

*As used in this document