

IDM Best Practices Road Map for Coaches

*a guide to using the Interactive Domain Model (IDM)
for better health*

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NOTES

- ◆ “IDM” is an abbreviation for Interactive Domain Model.
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USING THE IDM COACH'S ROAD MAP

The IDM Coach's Road Map outlines a series of modules designed to help coaches lead groups through all or parts of the IDM Framework. Completing the exercises for each module will familiarize participants with the concepts of the IDM and result in a rough first draft of the Framework. The Road Map's modules and exercises are based on a number of workshops conducted with pilot site participants and at conferences over a period of several years.

Modules at a glance

The table below provides a brief overview for each module.

Module and major goal	Module description	Module placement notes
1. Introduce Best Practices <i>To understand the range of best practices approaches and the implications of differences.</i>	In this module participants share experiences and feelings related to best practices, explore a range of best practices perspectives, and identify potential benefits and risks.	This module, by giving an overview of best practices in general, provides a context for understanding IDM best practices in the next module.
2. Understand IDM Best Practices <i>To introduce the IDM's basic concepts and its operational framework.</i>	This module familiarizes participants with the ideas underlying the IDM Framework and the structure of the Framework itself.	This module provides the basis for deciding whether to continue with the modules.
3. Lay Groundwork to Work Through the Framework <i>To put in place the prerequisites for successfully working through the IDM Framework.</i>	At the beginning of this module participants decide whether to work through the Framework. If they agree, by the end of this module participants will have identified strengths and challenges, objectives, and terms of reference to assist them with the Framework.	Laying a solid groundwork before conducting the remaining modules will prevent or minimize a number of challenges down the road.
4. Tell Story of Current Situation <i>To describe what is currently happening with the initiative.</i>	Participants develop a first draft of the <i>second column</i> of the Framework (Step 1's "current situation"). This module introduces group members to all parts of the initiative, its participants, activities, context, and underpinning pieces. It also identifies areas where relationships between pieces of the initiative are logical and areas which require clarification.	This module is placed immediately after the first three modules to take account of participants' eagerness to jump into the Framework. It starts participants off with an area they know a lot about (i.e. what is currently happening).
5. Review Health Promotion Concepts <i>To discuss key concepts.</i>	Participants clarify key concepts (ranging from health to empowerment), identify similarities and differences in how different participants understand key concepts, and identify how to reach a working consensus for key concepts.	If participants are reflective and do not get frustrated talking about ideas, this module could be placed directly after Module 3.

Module and major goal	Description	Placement notes
6. Develop General Guiding Principles and Criteria <i>To identify guiding principles and concrete criteria for the initiative.</i>	Participants develop a first draft of the <i>first column</i> of the Framework (Step 1's "principles and criteria"). This module, along with Module 4 (Review Health Promotion Concepts), helps ensure a common and deeper understanding of health promotion among participants.	This module occurs <i>after</i> Module 4 (which addresses second column) as most participants find it easiest to work from the specific to the general and with the concrete not the abstract.
7. Paint Picture of Ideal <i>To list what would be ideal for the selected issue and situation.</i>	Participants develop a first draft of the <i>third column</i> of the Framework (Step 1's "picture of the ideal"). Participants identify what each sub-domain would look like for an initiative if consistent with guiding principles and criteria.	This module occurs after Modules 4 and 6 (drafts of first two Framework columns) as its content draws on results from those modules.
8. Develop Action/Evaluation Plan <i>To begin development of an action/evaluation plan.</i>	Participants make a first draft of <i>Step 2</i> of the IDM Framework. They identify objectives, and who will do what, when, how, and with what in order to achieve these objectives. They also identify key evaluation questions, and sources and methods to answer these questions.	This module occurs after Module 7 ("paint picture of the ideal" column) as its content draws heavily on results from that module.
9. Document Implementation of Plan <i>To discuss the why and how of documentation.</i>	Participants identify reasons for documentation, resources required to document, and the best ways to document.	If lack of documentation is an issue for an initiative, place this module after Module 3.
10. Revise Plan <i>To develop a schedule for revising the current plan.</i>	Participants identify how to continue ongoing revisions to their plans in order to maintain continuous improvement in the initiative.	Modules 9 and 10, less demanding than other modules, provide a breather before Module 11.
11. Make Practice Consistent with Other Domains <i>To identify how to incorporate underpinnings and understanding of the environment into practice.</i>	For each underpinning and understanding of the environment sub-domain, participants develop a logic model which contains objectives to put into practice.	For particularly energetic or enthusiastic participants, place this module after Module 8.

Using modules and exercises flexibly

The modules are presented as guidelines only. Coaches are encouraged to change the order of modules according to the needs of the group, and choose only those exercises in each module necessary to meet the group's objectives. Modify modules and exercises to best suit each individual initiative.

Resources

Resources for coaches and/or participants include the following.

- ◆ The **IDM Best Practices website** at <www.idmbestpractices.ca> contains information and a comprehensive set of resources related to the IDM approach to best practices which provide useful background for facilitating the exercises that follow. The website also contains many resources related to best practices in general.
- ◆ Companion website **Best Practices in Health Promotion** at <<http://www.bestpractices-healthpromotion.com>> also contains extensive resources.
- ◆ For French language IDM resources, go to <www.opc.on.ca/francais/nosprogrammes/centre/projets/meilleurespratiques.htm>
- ◆ The **IDM Manual** sections contain useful information: *Basics*; *Using the IDM Framework*; *Suggested Guidelines*; *Evidence Framework* (a step-by-step process for research/evaluation to identify evidence); *Research and Evaluation*; and *Reports on Using the IDM*. To obtain an electronic version of the Manual go to <www.idmbestpractices.ca>. The Manual contains material that can be used as handouts for participants.
- ◆ The **IDM Computer Program** provides assistance in working through the Framework. For example, right click on each “box” of the computer Framework for a list of guiding questions and a checklist of points to remember. Download it from <www.idmbestpractices.ca>. In addition to helping coaches gain a deeper understanding of the Framework, the computer program can be used in group work with an LCD projector which projects comments as they are typed into the Framework onto a wall or screen.
- ◆ Large size **posters** of the Model and Framework help participants maintain an overview of what they are working on and provide quick reference throughout exercises. (Note: Do not post these posters until after Exercise 10.)
- ◆ **Flipcharts** and markers for exercises are always useful.
- ◆ **Index cards** are used in some of the exercises. Exercises 4, 21 and 25 require blank index cards. Exercise 7 requires index cards labelled with underpinning statements (one colour) and practice implications (another colour). Exercise 21 requires, in addition to blank index cards, index cards labelled with each IDM sub-domain.
- ◆ **Stickers** are required for Exercise 23.
- ◆ The initiative's **documents**, ranging from mission statements to evaluation reports, will be invaluable.

Requirements for coaches

Coaches can be internal or external to the initiative. It is assumed that coaches will be familiar with IDM concepts and using the Framework in practice. At a minimum, they will have a strong health promotion background. They will also have read the **IDM Manual** and the article **The Interactive Domain Model of Best Practices in Health Promotion**, and used the **IDM Computer Program** to work through their own Framework. (These resources are all available from <www.idmbestpractices.ca>.)

Tips for coaches

Following are a number of tips for facilitating workshops:

- ◆ establish mutually agreeable guidelines at the beginning, for example regarding:
 - confidentiality
 - the decision-making process
 - respectful interactions
- ◆ clarify goals as required
- ◆ clarify discussion points as required
- ◆ keep the discussion focused and on track
- ◆ probe with questions as required
- ◆ make sure everyone has a chance to participate
- ◆ be sensitive to gender and cultural differences
- ◆ try to maintain a supportive environment
- ◆ be aware of both verbal and nonverbal messages
- ◆ encourage the group to find its own answers rather than imposing answers
- ◆ acknowledge and draw on participants own experiences, knowledge, skills, and wisdom
- ◆ focus on content that is meaningful to participants and to which they can relate

In addition, ensure that:

- ◆ “key learning points” are understood during module sessions
- ◆ someone is responsible for taking notes during module sessions
- ◆ someone is responsible for writing up and distributing the results of module sessions
- ◆ there is a schedule for the sessions

Time

Timing for completion of each module will vary, depending on the needs and wishes of participants. For example, a module will take longer to complete if all exercises in a module are selected. Amount of time for each exercise will also vary according to participants' needs and wishes. Often more than one exercise can be completed in a session.

For some modules, follow up is important, and will require individuals, pairs or small groups to work on completing specific tasks after a module or exercise session, with results to be reviewed later by the whole group.

In general, a half day session is better than a full day session, weekly sessions are better than monthly sessions, and just about any time is better than a Friday afternoon. The longer the time between sessions, the more important it is to review previous sessions at the beginning of the new session. It is important to include a break in any session that lasts longer than two hours.

A schedule prepared in advance helps ensure participants will have set aside time to participate

Space

A good space for conducting the modules is one that has:

- ◆ enough room for large group activities and breakout spaces for small group activities
- ◆ comfortable seating
- ◆ adequate lighting
- ◆ low noise level
- ◆ good temperature and air quality

Number of participants

About 25 to 30 large group members provides enough participants to carry out the small group work. Some small group work will be carried out in pairs, but more often four to six participants is a good number for a small group. It is, however, possible to work with smaller or larger numbers of participants by making some modifications to the exercises. The ideal number of participants for focus groups in Exercise 7 is 8 to 12.

MODULE 1: INTRODUCE BEST PRACTICES

In this module, participants are introduced to best practices in general. They share best practices' experience and attitudes, and identify the range in approaches and potential risks and benefits.

Key learning points

- Criteria for best practices vary according to perspective (e.g. a researcher might have a different definition than an administrator).
- Potential risks and benefits will vary according to which best practices definition is chosen.
- People may not identify what they are doing as “best practices” even though by some definitions it is.

Exercise 1: Share best practices experiences.

exercise objectives

- ◆ to help participants get to know each other better
- ◆ to identify the range of participants' best practices experiences
- ◆ to allow participants the opportunity to express their feelings about their experiences

Note: Be prepared in some cases for strong reactions to the idea of best practices.

large group

Each participant briefly describes any “best practices” experiences they have had.

examples of prompts for describing best practices experiences

- who was involved
- what was the purpose
- what was the result
- what did participants like best and least about the experience

Exercise 2: Criteria resulting from different perspectives.

exercise objectives

- ◆ to understand that there are a number of different best practices approaches
- ◆ to understand that a difference in approach will result in differences in practice (as illustrated by different criteria)

Note: It may be necessary to discuss what the term “criteria” means.

small groups

From the point of view of the perspective assigned to them — e.g. community members, health promotion practitioners, government, funders, academics, private sector — each group lists criteria for deciding what is or isn’t best practices.

examples of responses re. “best practices” criteria for programs/services

See *Workshopping a best practices approach to health promotion* (on <www.idmbestpractices.ca>) for more examples of best practices criteria.

- *community members*: relevant and accessible to community members
- *health promotion practitioners*: culturally sensitive to participants
- *government funders*: provides positive image to electorate
- *NGO funders*: evidence based
- *academics*: theory based
- *private sector*: provides a profit
- *criterion common to most groups*: effective and/or efficient

large group

Participants compare the different lists of criteria.

examples of large group discussion questions

- What are the similarities and differences across the range of perspectives?
- What are the practice implications of different sets of criteria?
- How common is it to do work that falls into a “best practices” approach without explicitly defining it as such?

Exercise 3: Benefits and risks, fears and hopes.

exercise objectives

- ◆ to allow participants the opportunity to express their hopes and fears about best practices
- ◆ to understand that there is a positive and negative potential with best practices approaches
- ◆ to understand that the potential benefits and risks will vary according to the approach

small groups

Half the groups list potential benefits of a best practices approach and half the groups list potential risks. Alternatively, each small group draws a picture of their hopes for best practices and a picture of their fears concerning best practices.

examples of responses re. benefits and risks

- *benefits*: greater likelihood of achieving goals; increased credibility; increased learning
- *risks*: reduced flexibility at local level; cost-cutting excuse; reduced creativity

large group

Participants share their lists and discuss.

examples of large group discussion questions

- Which is greater: the potential for benefits or for risks?
- In what ways will the risks and benefits vary according to the type of approach?

MODULE 2: UNDERSTAND IDM BEST PRACTICES

This module introduces the IDM's basic concepts and its operational framework. It has three components.

Key learning points

- When people make decisions they generally consider a variety of factors that fall into the domains and sub-domains of the IDM. These factors include values, theories, beliefs, evidence, and environmental influences (ranging from funding to policies).
- Decision categories, or the IDM domains and sub-domains, are interactive and there is a strong relationship between them.
- Practice is best when decision categories, or IDM domains and sub-domains, are all consistent with each other.

2a. Introduce the Interactive Domain Model

In this component of Module 2, participants create the model and then explain it.

Exercise 4: Create the Model.

exercise objectives

- ◆ to identify from participants' own experiences the factors that influence decisions
- ◆ to identify in which ways the decision-making model participants construct is similar and dissimilar to the IDM

small groups

Participants in each small group list on index cards the factors that they think influence how decisions are made, either as individuals or as teams. They then post the index cards on the wall.

examples of factors

- government policies
- how much money is available
- skill levels
- statistics
- how people are feeling (sad, happy)
- importance of empowerment
- wishes of the community
- journal articles
- political will
- stages of change
- organization's mission/vision statement

large group

Participants cluster the index cards into themes. The coach relates these themes to the major categories of the IDM, indicating similarities and differences. The coach also relates the categories to the IDM definition of best practices.

example of comparison to IDM

IDM factors are bolded, participant examples are italicized.

- **values:** *importance of empowerment*
- **theories/beliefs:** *stages of change*
- **evidence:** *statistics; journal articles*
- **organizational environment:** *how much money is available; skill levels; how people are feeling (sad, happy); organization's mission/vision statement*
- **health/social environment:** *government policies; how much money is available; wishes of the community; political will*

Exercise 5: Explore concepts used in the Model.

exercise objectives

- ◆ to draw on participants' own knowledge to explain the IDM

small groups

Each group prepares a five minute presentation on a different topic related to one of the model's concepts. In this exercise, participants provide the lecturing rather than the coach. If the number of participants is small, divide into pairs or give groups more than one topic to prepare.

examples of topics

- what are values and why is it important to consider them in practice
- what are examples of health promotion theories and beliefs and what use are they to practice
- what kind of evidence should be acceptable in health promotion and why is evidence necessary for making practice decisions
- what would an analysis of organizational issues include and how would such an analysis improve practice
- what would an analysis of health/social issues include and how would such an analysis improve practice
- what does research/evaluation involve and why is it necessary for making practice decisions

large group

Small groups make their presentations to the large group. Large group discussion includes clarification questions to small groups and comments.

Exercise 6: Explore dimensions of evidence.

exercise objectives

- ◆ to draw on participants' own knowledge to explore issues related to evidence

Note: Include this exercise if a deeper exploration of evidence is desired than will result from the previous exercise (which is designed to achieve only a brief overview of evidence). Or, delay conducting this exercise till Module 7 (on guiding principles); results of this exercise will provide a set of guidelines for using evidence.

small groups

Each group prepares a five minute presentation on an assigned topic (different from other groups' topics) related to different aspects of using evidence in practice. If the number of participants is small, divide into pairs or give groups more than one topic to prepare.

examples of presentation topics

- What is evidence? What are the different methods for collecting evidence?
- What are the characteristics of "high quality evidence" that can be applied with confidence to practice decisions?
- What are the potential sources of information and how will evidence vary if different sources are used?
- What steps are involved in identifying evidence when making practice decisions?
- Why is or isn't it important to have evidence related to our own situation and/or other situations?
- What are the five best pieces of advice for any group who wants to identify evidence for use in making practice decisions?

large group

Each small group gives their presentation. Large group comments and asks questions.

2b. Explore links between sub-domains

In this component of Module 2, participants gain a deeper understanding of how sub-domains relate to each other.

Note: Exercise 7 is the basic exercise for an initial understanding of links between sub-domains. Other exercises in Module 2b (Exercises 8-12) are also important but can be conducted later. For an impatient group which greatly prefers actively “doing” to reflection, consider placing these supplementary exercises directly before or after Module 5, or directly before Module 11.

Exercise 7: Relate implications of values, theories and evidence to practice.

exercise objectives

- ◆ to understand that practice will change according to the nature of the underpinning it is based on

individuals

Distribute to each participant one card labelled with either an “underpinning” or a “practice implication.” (Put underpinnings on one colour card and practice implications on another colour card. Make sure there is a matching practice implication for every underpinning card.) Simple and obvious practice implications work best. If there is an uneven number of participants, two participants can share one card.

examples of card statements

For more examples, see table on page 46 of the IDM Manual section *Using the IDM Framework*.

- value/goal underpinning: cooperation
practice implication: work in partnership with others (e.g. share information and resources, collaborate on initiatives etc.), use a consensus-based decision making process
- value/goal underpinning: competition
practice implication: work independently without partners, control information and resources, use a decision making process based on competing power interests
- theory/belief underpinning: experts with formal credentials know best concerning identification and solution of issues
practice implication: base practice decisions on recommendations of professionals and academics
- theory/belief underpinning: ordinary people are experts in their own right and should play a major role in identification and solution of issues affecting them
practice implication: fully include non-professional and non-academic community members in practice choices
- evidence underpinning: evidence includes results from a broad range of sources
practice implication: program choices based on a broad range of sources
- evidence underpinning: evidence includes only results from controlled studies
practice implication: program choices based only on information from controlled studies

pairs

Each participant searches for another participant with the matching card. Participants end up in pairs, with one underpinning card and one practice card. Pairs discuss their cards to explore the implications of underpinnings for practice.

examples of discussion questions for pairs

- What is the link between the two cards in your pair?
- Think up a statement opposite to the underpinnings card. How would this change the matching practice card?
- Why is or isn't it important to make links between underpinnings (e.g. values, theories, evidence) and practice?
- How common is it for an initiative's stated underpinning to differ from the underpinning that is actually driving practice? (e.g. the stated value is "innovation"; the value in practice is "avoid risks")

large group

Pairs report back to the large group on the results of their discussion. Large group discussion includes clarification questions to small groups and comments.

Exercise 8: Identify tensions between values and evidence.

exercise objectives

- ◆ to explore tensions between values and evidence

pairs

Each pair discusses the relationships between values, evidence and decision making with respect to a health-related issue they are involved with.

examples of discussion questions

- What role have values played in your decisions about this issue?
- What role has evidence played in your decisions about this issue?
- What examples do you have of situations where you found tension or conflict between values and evidence when making decisions?
- What methods did or didn't work in resolving any tensions?

large group

Pairs report back to the large group. The large group identifies general themes from the results, and discusses ways to prevent tensions between evidence and values in decision making from occurring.

Exercise 9: Explore relationship between values, evidence and ethics-based practice.

exercise objectives

- ◆ to understand how a difference in values will affect the nature of evidence and practice decisions

Note: For the sake of making a point in a clear manner, this exercise presents simple scenarios where values internal to an initiative are assumed not to compete. The next exercise involves more complex scenarios.

small groups

Give each group two scenarios regarding a breast cancer initiative. In Scenario 1, the values are health, effectiveness of programs, and social justice. In Scenario 2, the values are health, effectiveness of programs, and economic efficiency. Participants develop the ethics-based practice objectives that would follow from each scenario's set of values. (Ethics are defined here as the translation of values into practice.) They then develop the nature of the evidence that would follow from each scenario's set of values (the key research question, methods, how the evidence would be used, who would make decisions about evidence).

large group

Small groups present a comparison of the two scenarios' ethics-based practice objectives and the nature of the evidence. Large group discusses.

example of differences in scenarios

	Scenario 1	Scenario 2
values	<ul style="list-style-type: none"> • health • effectiveness of programs • social justice 	<ul style="list-style-type: none"> • health • effectiveness of programs • economic efficiency
ethics-based practice objectives	<ul style="list-style-type: none"> • to do no harm • to develop a comprehensive strategy that will effectively reduce the risk of breast cancer, and provide effective treatment and health enhancement for those with breast cancer, among all sectors of the population • to involve major stakeholders in the decision-making process in a meaningful and appropriate way • to make specific efforts to increase supports, and reduce barriers, for disadvantaged groups 	<ul style="list-style-type: none"> • to do no harm • to develop & implement a breast cancer strategy that effectively addresses the needs of the maximum population at minimum cost • to ensure knowledgeable experts make the decisions
nature of evidence: the question	<ul style="list-style-type: none"> • how do we ensure that women of all backgrounds have equitable access to effective prevention, health enhancement, treatment? 	<ul style="list-style-type: none"> • which prevention, treatment and health enhancement strategies will be effective for the largest number of people at the least cost?
nature of evidence: methods	<ul style="list-style-type: none"> • various, depending on the situation 	<ul style="list-style-type: none"> • cost-effectiveness analysis
nature of evidence: use	<ul style="list-style-type: none"> • to reduce breast cancer for all women regardless of background by employing mechanisms that reflect social justice principles 	<ul style="list-style-type: none"> • to reduce costs; to reach as many people as possible within a framework of minimal cost
nature of evidence: who decides	<ul style="list-style-type: none"> • major stakeholders, especially people most directly affected (i.e. those who have breast cancer, or are at high risk) 	<ul style="list-style-type: none"> • people knowledgeable about cost effectiveness

Exercise 10: Explore tension between values, evidence and ethics-based practice.

exercise objectives

- ◆ to understand the complexity of following an ethics-based practice, such as when one value competes with another

small groups

Each group is given a different scenario which demands an ethical practice choice, between one value and another or between a value and conflicting evidence. Groups identify reasons why they would make one choice rather than another, or if there is a third alternative that is not presented.

example of scenario

For more examples of scenarios, see pages 42-45 in The IDM Manual section *Using the IDM Framework*.

- A community group values community participation in decision-making regarding programming very highly. However, a recent study presents evidence indicating that sometimes community participation may have harmful effects. Upon examining the methodology that produced the evidence, it appears that the basic question and the methods used were appropriate and of high quality.

The resulting tension is between a deeply felt value and sound evidence that refutes this value.

Ethically speaking, should the evidence that community participation is harmful in some cases take precedence over the value of community participation, or should the value take precedence over the evidence?

large group

Each small group describes their scenario and explains the rationale for their choice. Large group discusses issues related to tension between values, evidence and ethics-based practice.

examples of discussion questions

- Is there a common theme in the way small groups made their choices?
- Was it easy or hard to make the choices?
- What insights are there into tension between values, evidence and ethics-based practice?
- Is there any way to prevent conflicts, either between values or between values and evidence?

Exercise 11: Relate concept of social determinants of health to practice.

exercise objectives

- ◆ to become more familiar with the idea of the social determinants of health in relation to active practice
- ◆ to recognize the potential for gaps between the concept of the social determinants of health and practice activities
- ◆ to identify ways to increase matches between activities and determinants

small groups

Have half the groups identify the major social determinants of health. The other groups identify a list of activities designed to address health and social issues.

large group

Participants compare the two lists, identifying matches and gaps between activities and determinants.

examples of discussion questions

- How common is it in practice to find matches between activities and determinants?
- How common is it in practice to find gaps between activities and determinants?
- Which environmental factors support matches and which support gaps?
- What can be done to increase matches between activities and determinants?

Exercise 12: Link research/evaluation to other practice sub-domains.

exercise objectives

- ◆ to identify potential risks and benefits from research/evaluation to other aspects of practice (i.e. program implementation or policy making)
- ◆ to provide an opportunity for participants to express their feelings and thoughts about research/evaluation

small groups

Present participants with a scenario where an organization, which currently does not focus much on formal research/evaluation, is considering a request to allocate more time and resources to gathering and using research/evaluation results at all levels. Divide participants into small groups. Half the groups brainstorm reasons why the request should be granted. The other groups brainstorm reasons why the request should be denied.

large group

Groups report back to the large group on the results of their brainstorming. Large group discusses the results.

examples of discussion questions

- What about research/evaluation makes people feel enthusiastic? unenthusiastic?
- Is it easier to come up with reasons for or against increasing time and resources for research/evaluation?
- What validity or weight should be given to each “pro” and “con”?
- Do the potential benefits of research/evaluation outweigh the potential negatives?
- What can be done to prevent the potential negatives?
- What are the roles for research/evaluation at different levels in the organization? (e.g. front line, managerial, board)

2c. Become familiar with IDM Framework

In this component of Module 2, participants are introduced to an overview of the operational framework and a trial run with a hands-on application of it.

Exercise 13: Review Framework.

exercise objectives

- ◆ to become familiar with the structure of the IDM Framework

individuals or pairs

Each individual or pair examines a copy of the IDM Framework and answers a set of questions designed to increase familiarity and critical insights.

examples of questions regarding IDM Framework

- Which parts are familiar to you? [e.g., from other frameworks or planning processes]
- Which are unfamiliar?
- What new ideas or perceptions does the Framework trigger for you?
- Which aspects of the Framework are unclear?
- In what ways would you like to modify it?
- What are the Framework's strengths?

large group

Individuals or pairs present their responses. Large group discusses the responses. Participants and coach clarify parts that are unclear.

Exercise 14: Apply Framework.

exercise objectives

- ◆ to become familiar enough with the Framework to be able to apply it in practice

small groups

Provide each small group with a brief description of a hypothetical initiative's current practice regarding a health-related issue. Participants extract the explicit and implicit information from this description and place in the relevant boxes of the Framework's Step 1.

large group

Small groups present results. Large group discusses.

example of hypothetical initiative's current practice

- A project to decrease the rate of diabetes among Aboriginal people has been going for three months. Its steering committee is composed of the project coordinator, Aboriginal community members, and staff of several organizations whose mandates relate to diabetes or Aboriginal issues. Decisions are made by consensus. They have adopted a community organization approach. They are funded by a three year grant from Health Canada.
- The table below illustrates how participants might fill out Step 1 of the Framework. **Explicit** information is in bold font and *implicit* information is italicized. (Note: the table presents what could be accomplished in approximately 30 minutes by people unfamiliar with the IDM.)

Step 1: Prepare Foundation for Action re. selected issue			
	health promotion criteria & guiding principles	current situation • <i>where are we now?</i>	picture of ideal situation • <i>where do we want to go?</i>
UNDERPINNINGS			
values	<ul style="list-style-type: none"> • <i>health</i> • <i>community participation</i> • <i>empowerment</i> • <i>equity</i> 	<ul style="list-style-type: none"> • <i>health of Aboriginal people</i> • <i>community participation which includes Aboriginal community members, agencies which are concerned about diabetes</i> • <i>empowerment in the form of consensus decision making and community organization</i> • <i>equity in the form of lessening the health gap between Aboriginal people and others with respect to diabetes</i> 	<ul style="list-style-type: none"> • <i>to have these values reflected in the project's processes, activities and strategies</i>
goals		<ul style="list-style-type: none"> • to decrease the rate of diabetes among Aboriginal people 	<ul style="list-style-type: none"> • <i>to have this goal reflected in the project's processes, activities and strategies</i>
ethics			
theories			
beliefs	<ul style="list-style-type: none"> • <i>participation by the people most directly affected by an issue will lead to more effective and longer-lasting outcomes</i> 	<ul style="list-style-type: none"> • <i>participation by Aboriginal community members will lead to more effective and longer-lasting outcomes</i> 	<ul style="list-style-type: none"> • <i>to have this belief reflected in the project's processes, activities and strategies</i>
evidence			<ul style="list-style-type: none"> • <i>to identify the evidence related to the issue</i>
UNDERSTANDING OF ENVIRONMENT			
vision (organizational)		<ul style="list-style-type: none"> • <i>to have an organization whose decisions are based on the values of participation and empowerment by including major stakeholders (Aboriginal members, relevant agencies) in decisions and by using a consensus approach to decision making</i> 	<ul style="list-style-type: none"> • <i>to have this vision reflected in the project's processes, activities and strategies</i>
vision (health)		<ul style="list-style-type: none"> • <i>no diabetes among Aboriginal people</i> 	<ul style="list-style-type: none"> • <i>to have this vision reflected in the project's processes, activities and strategies</i>

Step 1: Prepare Foundation for Action re. selected issue			
	health promotion criteria & guiding principles	current situation	picture of ideal situation
analysis (organizational)	<ul style="list-style-type: none"> identify who makes decisions, how decisions are made, resources, challenges 	<ul style="list-style-type: none"> where are we now? steering committee composed of: project coordinator, Aboriginal community members, staff of several organizations whose mandates relate to diabetes or Aboriginal issues decision making process: consensus funder: Health Canada resources: funding for three years possible challenge: different agendas for the funder and the project 	<ul style="list-style-type: none"> where do we want to go? to identify more resources to address the possible challenge in a constructive way
analysis (health)	<ul style="list-style-type: none"> identify the selected issue, effective strategies 	<ul style="list-style-type: none"> selected issue: diabetes among Aboriginal people effective strategies: <ul style="list-style-type: none"> community organization (which actively involves Aboriginal community members) participation by other key stakeholders (e.g. agencies whose mandates relate to diabetes or Aboriginal issues) 	<ul style="list-style-type: none"> to identify the best way to do community organization in a participatory and empowering way
PRACTICE			
processes/activities			
address issues (organizational)			
address issues (health)		<ul style="list-style-type: none"> strategy: community organization 	<ul style="list-style-type: none"> to carry out community organization in a way that follows the principles identified in the health analysis
conduct research/evaluation			

MODULE 3: LAY GROUNDWORK TO USE THE FRAMEWORK

This module puts in place the prerequisites for successfully working through the IDM Framework. It contains four components.

Key learning points

- An initiative has a number of resources at its disposal.
- Objectives are important and need to be measurable.
- Guidelines can be put in place at the beginning of a project to make the process easier.

3a. Decide about working through IDM Framework

In this first component of Module 3, participants decide, now that they have some familiarity with the IDM and its operational framework, whether they want to put time into continuing with the modules and working through the IDM Framework.

Exercise 15: Degree of commitment to exploring IDM approach.

exercise objectives

- ◆ to allow participants the opportunity to accept or decline a commitment to explore the IDM approach to best practices

large group

Each participant states in turn whether they think it is a good idea for the group to explore the possibility of adopting the IDM approach to best practices, stating why or why not. The group comes to a consensus about whether to proceed or not.

If participants decide potential benefits will outweigh potential benefits, move on to the next component. If not, postpone modules until there is more interest.

3b. Identify strengths and challenges

This component of the module discusses the strengths and challenges of the group in undertaking a best practices approach. Identifying strengths and challenges helps develop objectives. It also helps the coach choose the best processes to use and which topics to emphasize. Use a combination of brief survey questions, focus group discussion, quick document review, and observation to identify the following:

- ◆ the extent to which the group has already identified and defined values, goals, and ethics, theories and beliefs, evidence, and understanding of the environment
- ◆ learning styles of participants
- ◆ participants' confidence levels regarding their understanding of health promotion
- ◆ the range of participants' perspectives (e.g. do some come from a clinical perspective and others from a non-clinical perspective, are some paid staff and others volunteers, are some managers and others front-line workers, do some like to talk about concepts where others prefer to get out and "do")
- ◆ resources (e.g. level of support from upper management, people with experience using the IDM or other best practices approaches, specific skills such as using logic models or defining values, equipment such as computers)
- ◆ challenges (e.g. time pressures, lack of experience with research and evaluation, low morale, uncomfortable group dynamics)

Exercise 16: Review documents.

exercise objectives

- ◆ to assess the extent to which the content of the sub-domains (values etc.) are already identified and defined
- ◆ to identify existing material which can be drawn on during the process of working through the IDM Framework

document review

The coach or a participant reviews the initiative's major documents, such as organization charts, annual reports, vision and mission statements, evaluations, logic models, and funding proposals, for information relevant to the IDM approach to best practices.

examples of what to look for

- descriptions of values, goals, and ethics
- descriptions of theories and beliefs
- the nature of the evidence which has been used in decision making (e.g. which sources, content, collection methods)
- how the initiative understands the environment (e.g. are strengths or needs emphasized, is the analysis restricted to the role of individuals or does it include broad socio-political elements, is the organizational context considered as well as the health and social context)
- descriptions of the current environmental context (e.g. regarding resources, challenges, activities, processes, internal and external relationships)

Exercise 17: Survey participants.

exercise objectives

- ◆ to gain an understanding of where participants are at regarding knowledge of health promotion and learning styles and preferences

survey

Each participant answers a set of questions. The facilitator collates the responses.

examples of survey questions

- My "job title" is: _____
- Regarding health promotion, I have (tick one):
 - ___ no knowledge
 - ___ a little knowledge
 - ___ some knowledge
 - ___ a great deal of knowledge
- I learn best by (tick one):
 - ___ listening to lectures
 - ___ discussion
 - ___ reading articles or books
 - ___ actively trying things out
- Regarding models, tables and flow charts (tick one):
 - ___ I find them helpful
 - ___ I don't find them helpful
- I am more comfortable with (tick one):
 - ___ concepts
 - ___ concrete situations
- Regarding reflection time (tick one):
 - ___ I enjoy it
 - ___ I get impatient
- I prefer to (tick one):
 - ___ work with a group
 - ___ work on my own

Exercise 18: Identify needs and capacities.

exercise objectives

- ◆ to identify the factors that are already in place to support participants in their work
- ◆ to identify what more is needed to support them in their work
- ◆ to identify challenges that need to be addressed

focus group

Participants discuss the issues which impact on the quality of their individual and collective work. If the number of participants is large, consider a series of focus groups.

example of focus group questions

- What resources are readily available to support you in your work?
- Which resources would you like to see more of or strengthened?
- Of the challenges you face in your work, which would you most like to see addressed?

3c. Develop objectives and indicators

In Module 3's third component, participants develop objectives and related indicators for participating in the IDM Framework. Defining objectives supports a more focused approach to participating in Road Map exercises, assists to regularly evaluate what is working well and what to do differently to get better results, familiarizes participants with planning and evaluation methods (which often involve developing objectives and indicators), and encourages participants to define for themselves what they want from the modules.

Exercise 19: Develop objectives and indicators.

exercise objectives

- ◆ to identify group objectives for participating in the IDM Framework
- ◆ to identify related indicators and measurement methods
- ◆ optional: to identify individual objectives, indicators and measurement methods

large group

This part of the exercise is optional. For groups unfamiliar with developing objectives and indicators, conduct a discussion covering topics such as the role of objectives, the large variation in types of objectives, why objectives need to be measurable, what does a measurable objective look like, and the nature of indicators.

individuals

Each participant lists group objectives for working through the Framework. For each objective, participants identify one or more indicators which will indicate whether the objective has been reached. For each indicator, participants identify the method that will measure it at different points in the process. If participants wish, they can also list individual objectives.

large group

Based on results of responses, the coach works with the group to: reach a consensus regarding group objectives, ensure objectives are specific and relevant, check that indicators can be used to measure objectives, and identify how objectives will be reached.

examples of group and individual objectives

	group	individual
objective 1	<ul style="list-style-type: none"> • To apply in practice research results on a specific topic. 	<ul style="list-style-type: none"> • To know how to do a literature search.
<i>indicator</i>	<ul style="list-style-type: none"> • Processes or activities change when new information is received from research results. 	<ul style="list-style-type: none"> • Participants are familiar with the tasks required to do a literature search.
<i>measurement method</i>	<ul style="list-style-type: none"> • Identify the difference in the initiative after the application of the research results compared to before the application; compare the new ways of doing processes or activities to the research results for consistency. 	<ul style="list-style-type: none"> • At the end of working through the Framework, participants tick off which tasks they are now familiar with that they weren't before (such as knowledge of where to find data bases and how to use key words).
objective 2	<ul style="list-style-type: none"> • To develop a common understanding of health promotion. 	<ul style="list-style-type: none"> • To increase understanding of health promotion.
<i>indicator</i>	<ul style="list-style-type: none"> • Participants agree to the same definition of health promotion. 	<ul style="list-style-type: none"> • Increase in ability to describe health promotion definitions, values, beliefs, strategies, strengths, and challenges.
<i>measurement method</i>	<ul style="list-style-type: none"> • Compare range of participants' definitions at beginning and end of modules, as identified in questionnaires or focus groups. 	<ul style="list-style-type: none"> • Compare participants' survey responses at beginning, middle, end of modules; participant focus group.
other examples of objectives	<ul style="list-style-type: none"> • To plan a program that builds on values, theories, evidence. • To evaluate whether practice is consistent with values, theories, evidence. • To make the team stronger. • To improve communication. • To make better decisions and policies. 	<ul style="list-style-type: none"> • To increase awareness of tools useful for supporting best practices. • To increase clarity regarding values and how they relate to practice.

3d. Establish terms of reference

In this component of Module 3, participants develop terms of reference to guide them as they work together on the IDM Framework. Terms of reference are important to establish commonly agreed upon expectations and mechanisms for building on strengths and avoiding pitfalls. It is recommended that terms of reference include a schedule for completing the modules.

Exercise 20: Establish terms of reference.

exercise objectives

- ◆ to develop a terms of reference

large group

Participants decide which basic categories to include in the terms of reference. The specifics for each category are then developed by the group as a whole or delegated to one or more group members for eventual revision and approval by the whole group.

example of what terms of references might include

- criteria for who can participate in the group (a specific team? anyone who wants to join?)
- the group's overall purpose
- specific tasks the group will undertake
- roles and responsibilities of group members (will there be a facilitator? a recorder? a process observer? a time keeper? an information gatherer? a scheduler?)
- how decisions will be made
- processes for addressing differences
- frequency of meetings
- guidelines for behaviour
- principles the group will follow in making decisions
- a schedule, listing when participants will come together to go through each module or module component, how long each session will last and where participants will meet

MODULE 4: TELL STORY OF CURRENT SITUATION

In Module 4 group members describe what is currently happening with their initiative. This introduces group members to all parts of the initiative, its participants, activities, context, and underpinning pieces such as values, theories and evidence. It also identifies areas where more clarification is required. Completion of Module 4 results in a first draft of the second column of the Framework (Step 1's "current situation").

Extra time will likely be required after completion of this module to "finalize" the second column. Plan to have individuals, pairs or small groups work on completing a second draft after the module session, with results to be reviewed later by the whole group.

Information can be extracted from the results of this Module for the first and third columns (guiding principles/criteria, and picture of the ideal).

Key learning points

- The Framework is flexible. It does not have to be completed in a fixed order.
- Some pieces of the current situation will fit in more than one box of the Framework.
- Information for the Framework can be retrieved in a "story" fashion; it does not have to be extracted linearly.

Note: Exercise 21 is the key exercise for drafting the current column. However, Exercises 22, 23 and 24 are critical to include if more depth, understanding and/or consensus is required around values, analysis of the environment, and practice. If necessary, simple discussion exercises can also be developed to identify more detail for sub-domains not specifically included in this set of exercises (i.e. goals/ethics, theories/beliefs, evidence, and vision of the environment). Exercise 25 is strongly recommended.

Exercise 21: Prepare draft for “current” column of IDM Framework.

exercise objectives

- ◆ to gather information about an initiative’s current situation
- ◆ to prepare first draft of “current” column of IDM Framework
- ◆ to increase participants’ skill levels for filling in the Framework

groups of four

Each group selects a “story teller,” interviewer, recorder, and Framework facilitator. The interviewer asks the story teller a series of questions related to the initiative. The recorder writes the main points of the story teller’s responses onto index cards, a separate card for each point. The Framework facilitator helps the group organize the index cards into the appropriate sub-domain categories of the IDM Framework “current” column (column 2 of IDM Framework). Each group places their index cards under the appropriate sub-domain headings which the coach has posted on the wall.

examples of interview questions

Suggestions are in italics for placing in the Framework information from story teller's responses.

- What is the **issue** you are addressing?
identification of the issue goes in analysis of environment [either organizational or health environment depending on the issue]
- Why is it a **priority**?
expect answers to fall into several Framework rows, e.g. values, theories, evidence, analysis of environment
- What is your **goal** with respect to this issue? (i.e. what end result do you have in mind)
responses go in goals
- **How** are you trying to achieve this goal? (i.e. what activities, processes & strategies are you using)
activities, processes and strategies go in practice: address issue [either address organizational issue or address health issue]
- **Why** are you using these particular activities, processes, strategies?
expect answers to fall into several Framework rows, i.e.:
values (e.g. "this activity is empowering; empowerment is important to us")
ethics (e.g. "any other way of doing it might have been harmful")
theories (e.g. "we were using the Stages of Change model")
beliefs (e.g. "this is what the community members suggested and we believe the community knows what is best")
evidence (e.g. "another organization got excellent results using this strategy")
vision of environment (e.g. "we want a world with a high quality of life")
analysis of the environment (e.g. "what we're doing is designed to specifically address the factors which we have identified as influencing our issue")
- **Who** are your key stakeholders? (i.e. who is affected by the issue, who is involved in addressing it, etc.)
responses go in analysis of environment
- What is the **role** of each key stakeholder?
responses go in analysis of environment
- What **resources/capacities** do you have to draw on? (e.g. funding sources, skills, commitment, knowledge, other organizations, etc.)
responses go in analysis of environment

- What would you like **more** of? (e.g. more organizational support, knowledge, skills, interagency cooperation, political will, etc.)
responses go in analysis of environment
- What are the **results** so far? (i.e. impacts, outcomes, changes)
results of any sort go in evidence
- What methods do you use to **identify results**? (e.g. informal observation, formal evaluation, literature reviews, client feedback)
methods for identifying results go in evaluation

large group

Participants remove duplicate cards and rearrange others if necessary. This represents the first draft of the “current” column. Large group discusses results and notes which issues might require further action (e.g. because of differences in opinion or incomplete information).

examples of discussion questions

- How similar were results?
- Did different groups put similar points in different spots in the Framework?
- If yes, does it matter? Which spot makes most sense? Or, do the points belong in all the spots?
- Are there points that some groups included and others didn't?
- If yes, are the points important and should be included?
- Are there contradictory points? (e.g. opposing values)
- If yes, what should be done about them? Is it enough to note a difference in opinion, or is it necessary to work towards a consensus?
- Which parts of are incomplete because not enough information is available?

follow up

A small working group prepares a second draft of the “current situation” column to take back to the large group by drawing on:

- the index cards and notes from the large group discussion for Exercise 21
- results from Exercises 22, 23 and 24 below if these exercises are included in module activities
- results from Exercise 25
- results from reviewing the documents identified in Module 3's Exercise 16
- results from Module 6 (guiding principles can be used as a checklist for current content)

Points can be entered into the IDM computer program, into a table in a word processing program, or under the main Framework headings in a non-table format.

Exercise 22: List current activities.

exercise objectives

- ◆ to list the initiative's current projects and activities

small groups

Divide participants into three groups. One group lists projects and activities related to the initiative's selected health/social issue. The second group lists projects and activities related to the organization. The third group lists research and evaluation projects and activities.

large group

Small groups report back to the large group. Participants identify omissions in each list.

Exercise 23: Identify and define values.

exercise objectives

- ◆ to explore a group set of defined values (if one does not already exist)

large group

Participants brainstorm values which they list on flip charts. Each participant then votes on their top three priority values by putting a sticker beside each of their three choices. Results are tallied to identify the large group's priority list of values.

examples of discussion questions

- What makes some values more of a priority than others?
- In which situations might one value "trump" another?

follow up

Results of the discussion will be useful for Module 6. If values are not yet defined, definitions can be developed in Module 5.

Exercise 24: Develop an analysis of the environment.

exercise objectives

- ◆ to describe the current analysis of the environment

small groups

One group makes a list and/or draws a picture of the environment as it relates to a selected organizational issue. The second group does the same for a selected health/social issue.

example of prompts for lists or pictures

- Who is affected and/or involved in the issue and in what ways?
- What direct and underlying factors influence the issue?
- What can be done to address the issue, and who should do this?
- What resources are there to draw on in addressing the issue?
- What challenges might be faced?

large group

Each group explains their list or picture to the other group. Large group asks clarifying questions and offers suggestions for adding to the lists or pictures.

Exercise 25: Develop a program logic model.

exercise objectives

- ◆ to identify the links and gaps between program pieces
- ◆ to make links more logical if necessary

small groups

Assign each group a different piece of the initiative and a different coloured marker. Provide relevant documents for quick reference. Groups list on index cards details for their assigned piece, which they post on the wall.

examples of initiative pieces and details

- key stakeholders' roles and relationships to each other
- *outcome* activities designed to achieve the initiative's goals (e.g. informational bulletin for initiative's priority population on topics of interest to them, outreach visits to members of the priority population)
- objectives and indicators for *short-term* outcomes that the initiative hopes to achieve regarding its priority population
- objectives and indicators for *long-term* outcomes that the initiative hopes to achieve regarding its priority population
- the overall goals the initiative hopes to achieve
- *process* activities designed to support the initiative's work (e.g. informational bulletin for staff containing organizational news, staff meetings to make decisions about a program)
- objectives and indicators for processes which sustain the initiative's functioning such as decision making, communication, relationship building

large group

Small groups report on the details for their assigned piece. The large group arranges the index cards to show relationships between pieces. The large group discusses the "logic" between the pieces. They revise activities or objectives as required to make the links more logical. (If there is not enough time in the session to allow completion of this task, have a small working group use the index cards as the basis for a draft logic model to present to the large group at a later point.)

examples of discussion questions

- Is there at least one outcome activity for every outcome objective listed?
- Are there any outcome activities that do not have a corresponding outcome objective?
- Is it clear who is responsible for which activities?
- Will indicators give a good idea of whether objectives have been reached? Are they measurable?
- Do process activities give adequate support to the organization for carrying out outcome activities?
- Will outcome objectives, if achieved, result in goals being reached?

MODULE 5: REVIEW HEALTH PROMOTION CONCEPTS

Module 5 helps clarify key concepts for participants. It also helps identify similarities and differences in how different participants understand key concepts, and how to reach a working consensus for each key concept.

Key concepts include:

- ◆ health
- ◆ health promotion, public health, population health, population health promotion
- ◆ best practices
- ◆ determinants of health
- ◆ evidence
- ◆ research, evaluation
- ◆ equity
- ◆ empowerment
- ◆ values not already listed above

Key learning points

- Individuals in the same group sometimes understand the same term or concept very differently from each other.
- An assumption that everyone understands every relevant concept in the same way may cause confusion and less than effective practice.
- It is important to come to some kind of agreement about how to define key concepts, or identify how to work around differences.

Exercise 26: Discuss role of key concepts in practice.

exercise objectives

- ◆ to understand the role of key concepts in practice
- ◆ to identify methods for addressing differences regarding key concepts

large group

Participants discuss the role of key concepts in their work and issues related to key concepts.

examples of discussion questions

- What role do key concepts have in practice?
- Is it important to define key concepts? Why or why not?
- Is it important to identify similarities and differences in understandings of key concepts? Why or why not?
- Why might there be differences in understandings?
- Is it necessary to have 100 percent agreement on the meaning of each concept? Why or why not?
- How can a working consensus be reached on key concepts in order to move forward?

Exercise 27: Discuss meaning of health promotion.

exercise objectives

- ◆ to gain a sense of how fellow participants understand health promotion
- ◆ to gain a deeper understanding of health promotion

large group

Each participant answers, in turn: What does health promotion (or public health, population health, or population health promotion) mean to you? Or: What do you do in your work that is health promotion (or public health etc.)? The group discusses the responses, looking for common themes and differences.

Exercise 28: Develop group definitions of other key concepts.

exercise objectives

- ◆ to gain a deeper understanding of each key concept
- ◆ to develop a group definition of each key concept

individually

Participants write down their definitions of key concepts. [Alternatively, in large group each participant in turn could state their definition of a selected key concept.]

small groups

Each small group is assigned a different concept. Participants review the list of individual definitions and discuss similarities and differences between them, then formulate a group definition for that concept.

large group

Small groups present their definitions to the large group and discuss. Participants are then provided with established definitions, for example from the World Health Organization. Participants compare their definitions to the formal definitions, noting similarities and differences. They then refine a working definition for their initiative.

examples of definitions

- *health*: “The extent to which an individual or group is able, on the one hand, to realize aspirations and to satisfy needs and, on the other hand, to change or cope with the environment.” (WHO European Region, 1984)
- *health promotion*: “The process of enabling people and communities to increase control over factors that influence their health, and thereby to improve their health.” (Adapted from Ottawa Charter for Health Promotion, 1986)
- *determinants of health*: “Those factors which contribute to the health of populations or individuals in those populations.” (Health Canada, 1997)

MODULE 6: DEVELOP GENERAL GUIDELINES

In Module 6 participants identify guiding principles and concrete criteria for their initiative. Completion of Module 6 results in a first draft of the first column of the Framework (Step 1's principles and criteria). Extra time will likely be required after completion of this module to "finalize" this first column.

This module, along with Module 5 (Review Health Promotion Concepts), helps ensure a common and deeper understanding of health promotion among all participants.

Information can be extracted from the results of this module for the second and third columns (current situation, and picture of the ideal).

Key learning points

- Once general guiding principles and criteria are developed they are transferable to any number of issues and situations.

Exercise 29: Prepare draft for “guiding principles” column of IDM Framework.

exercise objectives

- ◆ to develop health promotion guiding principles

small groups

Assign each of six groups a different set of sub-domains: (1) values, goals, ethics; (2) theories, concepts, beliefs; (3) evidence; (4) vision of the organization’s environment, vision of the environment for the health or social issue; (5) analysis of the organization’s environment, analysis of the health or social issue; (6) processes, activities and strategies. Each group decides which method to use to develop the principles and criteria for their particular set of sub-domains.

examples of methods for developing principles and criteria

- start from scratch
- modify relevant pieces from the completed “current” column
- modify list below of suggested guidelines for the relevant sub-domains: cross out, add on, and/or revise what is already there

excerpt from The IDM Manual section *Suggested Guidelines*:

Each health promotion initiative should:

- identify and define the key health promotion guidelines for each sub-domain at individual, team, and organizational levels
- identify and constructively address areas of agreement and difference related to each sub-domain’s guidelines
- review and update regularly key guidelines of each sub-domain to ensure that they are still appropriate, relevant, and integrated into all aspects of the initiative
- ensure consistency amongst all the domains and sub-domains

Our health promotion values include:

- health: optimal health for all
- social justice: equity re. the fair distribution of resources; respect for diversity
- power sharing: reduction of power differentials; individual and community empowerment; participation by relevant stakeholders in decision making, partnerships, etc.; individual and community capacity development
- the environment: ecological respect & sensitivity
- enrichment of individual and community life: authenticity; creativity; critical reflection; joy; meaningfulness; social connection

Our health promotion **goal** is to increase overall levels of:

- health and well-being of communities and individuals
- social justice
- power sharing
- ecological respect & sensitivity
- enriched individual and community life

Our health promotion **ethical principles** include that we will:

- aim to benefit rather than harm
- think of the consequences of any action re. whom/what might be harmed or benefited
- have an explicit decision-making rationale that is consistent with identified values in cases of conflict (i.e., if what would benefit one might harm another)
- recognize competing ethical considerations and to try to judge these openly, critically and fairly
- always consider whether any action is the best one (i.e. be constantly reflective and critical)
- put principles above self-interest

Theories/concepts used in health promotion for us to draw on include: (extracted from Theory in a Nutshell, Nutbeam & Harris)

- individual: health belief model; theory of reasoned action (Ajzen & Fishbein); transtheoretical stages of change model (Prochaska & DiClemente); social learning theory (Bandura)
- community: community mobilisation (a combination of “locality development”, “social planning”, and “social action”); diffusion of innovation theory (Rogers)
- communication: communication-behaviour change (McGuire); social marketing; intersectoral action model
- organization: organizational change (Goodman et al.)
- public policy: ecological framework (Milio); determinants of policy making model (De Leeuw); indicators of policy-making process (Ziglio)

Our health promotion underlying **beliefs and assumptions** include:

- health: is positive, holistic, multi-level, and strongly influenced by the “determinants” of health
- how society works: there is a strong interplay between social system/structures and the individual. One is not more formative than the other; while structures have a tremendous impact on individuals, individuals contribute to maintaining and changing structures
- how to achieve social change: the prerequisites for lasting substantial change are: a critical mass of people who share a common vision/goal; belief that fundamental

- change can occur; recognition that change will occur only through an intersectoral effort
- human nature: collectively, people have the innate capacity to identify and resolve the issues facing them
- role of self-interest: ultimately, our true self-interest lies: in working co-operatively, sharing with each other, and supporting each other

Regarding **evidence** we should:

- derive evidence from sources that include all key stakeholders and relevant key informants
- draw evidence from sources internal and external to the particular initiative
- include in our evidence results/outcomes related to past and current practice
- base evidence on data collected by using a combination of quantitative and qualitative methods
- ensure that evidence is high quality (e.g. based on accurate data, produced by methods appropriate to the question)
- ensure that evidence is appropriate to the specific issue, setting, etc.
- ensure that evidence includes the relationship between results/outcomes and processes

Our health promotion **vision of our environment** includes:

- clearly defined roles and responsibilities, policies, processes, procedures
- respect for individuals, groups and the ecosystem
- power acknowledged and shared as much as possible in order to reduce power differentials
- adequate resources (including time), and appropriate, effective, and efficient use of available resources
- ongoing evaluation, reflection and learning
- good physical and psychological working and living conditions

analysis of organizational and health-related issues should identify:

- priority issues
- which priority issue to address immediately
- relationship of selected issue to health and/or to the organization
- the environments within which the selected issue exists with respect to: social, political, and economic systems and structures; psychological and physical conditions
- the etiology of the selected issue
- existing/potential capacities and challenges related to influencing the selected issue
- ways to make use of/enhance current/potential strengths and ways to use strengths to address current/potential challenges
- ways to positively influence the selected issue

We should ensure that our **processes and activities/strategies**:

- enhance health
- are as effective and efficient as possible
- empower
- build capacity
- strengthen relationships
- promote participation
- respect differences
- are flexible
- involve as much as possible, in appropriate ways, all key stakeholders
- are revised on an ongoing basis according to reflection/evaluation results

We should use **strategies**:

- in combination with other strategies
- that are multi-level (i.e. addressing individuals, immediate environments, and social structures)
- that are revised on an ongoing basis according to changing circumstances and research and evaluation results

large group

Each small group reports on the principles and criteria it has developed for its set of sub-domains, followed by large group discussion. Taken together, the small group reports make up the first draft of the “guiding principles” column.

follow up

A small working group prepares a second draft of the “guiding principles” column to take back to the large group. The second draft can draw on results from: Exercises 5 and 6 in Module 2, all exercises in Module 4, and this exercise.

MODULE 7: PAINT PICTURE OF IDEAL

In Module 7, participants list the elements that would be ideal for their selected issue and situation. Completion of Module 7 results in a first draft of the third column of the Framework (Step 1's "picture of the ideal"). This column represents what each sub-domain would look like for the specific initiative if it were consistent with general guiding principles and criteria. Extra time will likely be required after completion of this module to "finalize" this third column.

**Key
learning
points**

- A picture of the ideal can provide a strong impetus for positive action and a clear picture of where to go next.

Exercise 30: Prepare draft for “ideal” column of IDM Framework.

exercise objectives

- ◆ to develop a picture of the ideal

small groups

Assign each small group a different sub-domain. Participants “paint a picture of the ideal” for that sub-domain; that is, they identify the direction they want to go in future for that sub-domain. To do this they take account of general guiding principles and criteria, current resources/capacities, and current concerns/challenges.

examples of questions to “paint a picture of the ideal”

- When comparing column 1 (guiding principles/criteria) to column 2 (current situation), what matches and is important to maintain?
- When comparing column 1 (guiding principles/criteria) to column 2 (current situation), what is missing from column 2 and is important to have?
- What resources/capacities are listed in column 2 (current situation) that are important to maintain and/or enhance?
- What is listed in column 2 (current situation) as the initiative needing more of?
- What concerns or challenges are listed in column 2 (current situation) that it is important to address?
- If pieces necessary to completing the picture of the ideal situation are missing, who should do what, and when, to attain the missing pieces?

large group

Each small group reports on the picture of the ideal it has developed for its sub-domain, followed by large group discussion. An important question for large discussion is: Why is it necessary to have a picture of the ideal? Taken together, the small group reports make up the first draft of the “picture of the ideal” column.

follow up

A small working group prepares a second draft of the “picture of the ideal” column to take back to the large group.

MODULE 8: DEVELOP ACTION/EVALUATION PLAN

Module 8 familiarizes participants with Step 2 of the IDM Framework, which involves making an action/evaluation plan. The “action” part of the plan involves identifying objectives and tasks to meet the objectives. The “evaluation” part of the plan involves identifying indicators which will indicate whether objectives are met, key questions about the initiative, and sources and methods to answer these questions. The plan involves, for both action and evaluation parts, identification of resources, challenges, who will do what, and when they will do it. Extra time will likely be required after completion of this module to “finalize” this column of the Framework.

Key learning points

- It is important to develop plans for evaluation, along with plans for activities, right from the start of an initiative.

Exercise 31: Prepare draft for Step 2 (action/evaluation plan) of IDM Framework.

exercise objectives

- ◆ to develop a draft action/evaluation plan

large group

The large group discusses the question: **Why is it necessary to develop plans for evaluation right from the start of an initiative?**

small groups

Assign each small group a different sub-domain. Participants develop an action/evaluation plan for that sub-domain by answering a set of questions or filling in a chart.

examples of questions to develop an action/evaluation plan

- What points listed in “picture of the ideal” (column 3) are priorities?
- What objectives can be developed which would lead to the priority points listed in “picture of the ideal” becoming a reality?
- What indicators will tell whether an objective is met?
- What tasks are required to meet each objective?
- What are the priority questions for an initiative’s processes and outcomes?
- What are the best sources and methods for answering these questions?
- What tasks are needed to collect, analyze, summarize/synthesize data, report on results?
- What resources are or could be available to assist in implementation and evaluation activities?
- What challenges require addressing to assist implementation and evaluation?
- Who will do what and when will they do it to carry out the tasks designed to meet objectives, answer evaluation questions, obtain and use resources, and address challenges?

example of chart to develop an action/evaluation plan

<i>action/ evalua- tion focus</i>	objectives (what are we aiming for?)	indicators (how do we know if our objectives are met?)	tasks (what do we do to meet our objectives?)	resources (what do we need to complete our tasks?)	time frames (how much time do we need; when do we start and stop?)	human resources & responsibilities (who does which tasks?)
<i>to address issue</i>						
<i>to obtain/ use resources</i>						
<i>to reduce challeng es</i>						
<i>to evaluate</i>						

large group

Each small group reports on the plan it has developed for its sub-domain, followed by large group discussion. Taken together, the small group reports make up the first draft of the Framework's action/evaluation plan.

follow up

A small working group prepares a second draft of the plan to take back to the large group.

MODULE 9: DOCUMENT IMPLEMENTATION OF PLAN

In Module 9, participants identify reasons for documentation, required resources, and best ways to document.

**Key
learning
points**

- Documentation is important for reflection and evaluation.
- There are a number of different ways to document.

Exercise 32: Explore documentation issues.

exercise objectives

- ◆ to understand why it is important to document
- ◆ to identify who is responsible for documentation
- ◆ to identify required resources
- ◆ to identify which documentation methods are best for the group

small groups

Divide participants into four groups. Group 1 brainstorms reasons why documentation is important. Group 2 lists resources currently available to help in documenting. Group 3 lists what further resources are required to help in documenting and how these resources might be acquired. Group 4 reviews the evaluation plan and lists details regarding the best methods for documenting the initiative's activities and processes, including who does which tasks when, and for documenting the results of these activities and results.

examples of specific methods of documenting

- daily logs or journals
- weekly information sharing meetings where minutes are taken
- forms
- regular interview sessions
- videotaping
- regular reports
- writing down answers to specific sets of questions on a regular basis
- ticking off checklists

large group

Small groups give their reports. Large group identifies the steps they will undertake to document the implementation of their action/evaluation plan.

MODULE 10: REVISE PLAN

In Module 10 participants identify how the ongoing cycle will continue in order to maintain continuous improvement in their initiative. Extra time will likely be required after completion of this module to “finalize” this third column.

Key learning points

- It is important to revise plans on an ongoing basis in order to improve practice.

Exercise 33: Update IDM Framework and continue the cycle.

exercise objectives

- ◆ to develop a schedule for updating the Framework on an ongoing basis

large group

Participants develop a schedule for revisiting and updating the Framework in order to revise their action/evaluation plan. This task can be delegated to a committee who will report back to the large group.

examples of questions to take into account in developing a schedule

- Who should be involved in which parts of updating and revision?
- Do some parts require more frequent updating and revision than others?
- When will the relevant information/evidence necessary for updating and revision be available for each part?

MODULE 11: MAKE PRACTICE CONSISTENT WITH OTHER DOMAINS

In Module 11, participants relate their underpinnings and understanding of the environment to their practice. Extra time will likely be required after completion of this module to “finalize” the IDM logic models.

Key learning points

- Ensuring that practice is consistent with its underpinnings and understanding of the environment is the basis of the IDM definition of best practices.
- Measurable objectives are necessary to identify whether underpinnings and understanding of the environment are incorporated into practice.

Exercise 34: Develop domain logic models.

exercise objectives

- ◆ to identify objectives and indicators which will assist participants to assess whether practice is consistent with underpinnings and understanding of the environment

small groups

Assign each group a different sub-domain from underpinnings and understanding of the environment. The first task for each group is to develop a set of objectives that reflects the contents of these sub-domains in each of the practice sub-domains. The second task is to develop measurable indicators for each objective. In the third part of this exercise, each group switches its results with another group and edits the objectives and indicators it has received. Each pair of groups then discusses the suggested revisions.

examples of domain logic models

- practice-values
- practice-theory
- practice-evidence
- practice-analysis of the environment

large group

Small groups present their results. Members of the large group comment, ask questions, and discuss. Two important large group discussion questions are: How do these logic models relate to the IDM definition of best practices? What is the point of having logic models with measurable objectives linking practice to other domains?

follow up

A small working group prepares a second draft of the logic models to take back to the large group.

example of practice-values logic model

For the full version of the example below and the logic model it is based on go to www.idmbestpractices.ca.

VALUES					
	health	social justice	power sharing	physical environment	enrichment of individual & community life
<p>practice sub-domain:</p> <p>address organizational issues</p>	<p>to balance work and other parts of life</p> <ul style="list-style-type: none"> • maximum 7 hours a day • computer breaks every 2 hours • at least one full day off a week <p>to address stressful issues</p> <ul style="list-style-type: none"> • stressful issues identified • attempts made to address stressful issues <p>to have a health enhancing work environment</p> <ul style="list-style-type: none"> • lighting good • seating good • air quality good • temperature comfortable • noise levels low <p>to have healthy work relationships</p> <ul style="list-style-type: none"> • regular opportunities for constructive feedback • colleagues treated with respect • support provided • help requested when needed 	<p>to reduce inequities</p> <ul style="list-style-type: none"> • wage differentials identified • wage differentials reduced 	<p>to work in a non-authoritarian way</p> <ul style="list-style-type: none"> • current power distribution identified • ways identified to increase power sharing • consensus approach to decision making used • everyone affected by a decision included in decision making process • what people said judged on intrinsic worth not on status etc. of speaker <p>to share information</p> <ul style="list-style-type: none"> • relevant information shared appropriately • communication clear <p>to build on strengths and build capacities</p> <ul style="list-style-type: none"> • strengths/capacities identified of every major person involved • strengths/capacities considered in planning • knowledge, skills and expertise shared whenever useful 	<p>to recycle, reuse and conserve resources</p> <ul style="list-style-type: none"> • recycled paper, printer cartridges, etc. • turned off lights and equipment when not in use • walked, bicycled or used public transportation majority of time (rather than used cars) <p>to not pollute</p> <ul style="list-style-type: none"> • toxic chemicals and other pollutants avoided or disposed in as safe a way as possible 	<p>to support authenticity</p> <ul style="list-style-type: none"> • stayed true to values in behaviours and activities • people accepted as they are <p>to support creativity</p> <ul style="list-style-type: none"> • new ways of doing things which might be better identified • issues examined from variety of perspectives and viewpoints <p>to be critically reflective</p> <ul style="list-style-type: none"> • activities and behaviours regularly reflected on by considering their impact and how to increase positive impact <p>to encourage joy</p> <ul style="list-style-type: none"> • joy recognized as important element of work • positive emotions such as pride in work acknowledged <p>to encourage social connectedness</p> <ul style="list-style-type: none"> • how each person contributes to the initiative identified • list of people's social needs developed • social needs addressed

VALUES					
	health	social justice	power sharing	respect of physical environment	enrichment of individual & community life
<p><i>practice sub-domain:</i></p> <p>address health/ social issues</p>	<p>to engage only in initiatives that are health enhancing and/or illness preventing</p> <ul style="list-style-type: none"> each initiative assessed according to theory and/or evidence for its health enhancing or illness preventing potential only health enhancing or illness preventing initiatives undertaken 	<p>to engage in initiatives that increase social justice</p> <ul style="list-style-type: none"> strategies designed to reduce size of economic gap between richest and poorest or to ameliorate effects of low income acceptance of diversity 	<p>to engage in initiatives that increase power sharing</p> <ul style="list-style-type: none"> analysis developed of power structure and processes strategies designed to make decision making processes more inclusive of those currently excluded strategies designed to increase knowledge and skills for individuals/groups who would benefit from them 	<p>to engage in initiatives that improve/do not harm the physical environment</p> <ul style="list-style-type: none"> awareness of what is harmful or beneficial to physical environment strategies designed to improve/not harm physical environment 	<p>to enhance support of:</p> <p>authenticity</p> <ul style="list-style-type: none"> acceptance of individual and group differences <p>creativity</p> <ul style="list-style-type: none"> new ideas considered <p>critical reflection</p> <ul style="list-style-type: none"> regular forums for people to discuss issues <p>joy</p> <ul style="list-style-type: none"> opportunities provided for people to express joy <p>social connectedness</p> <ul style="list-style-type: none"> resources set aside for celebrations
<p><i>practice sub-domain:</i></p> <p>conduct research/ evaluation</p>	<p>to answer research/evaluation questions re. health</p> <ul style="list-style-type: none"> health-related questions identified activities carried out to answer questions questions answered 	<p>to answer research/evaluation questions re. inequities</p> <ul style="list-style-type: none"> questions re. social justice identified activities carried out to answer questions questions answered 	<p>to answer research/evaluation questions re. power sharing</p> <ul style="list-style-type: none"> power-related questions identified activities carried out to answer questions questions answered 	<p>to answer research/evaluation questions re. physical environment</p> <ul style="list-style-type: none"> questions related to the physical environment identified activities carried out to answer questions questions answered 	<p>to answer research/evaluation questions re. enrichment of individual and community life</p> <ul style="list-style-type: none"> questions related to the social environment identified activities carried out to answer questions questions answered

FEEDBACK FORM

Return completed form to Barbara Kahan:

email: <bkahan@sasktel.net>; *mail:* Box 33029, Cathedral P.O., Regina, SK S4T 7X2, Canada

1. What did you like best about the Coach's Road Map?

2. What did you like least about the Coach's Road Map?

3. Which modules did you use? Please circle:
■ 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ 6 ■ 7 ■ 8 ■ 9 ■ 10 ■ 11
a. Of the modules you used, which were most useful (with "a" being *most* useful)?
(a) _____; (b) _____; (c) _____; (d) others: _____
b. Of the modules you used, which were least useful (with "a" being *least* useful)?
(a) _____; (b) _____; (c) _____; (d) others: _____

4. Which exercises did you use? Please circle:
■ 1 ■ 2 ■ 3 ■ 4 ■ 5 ■ 6 ■ 7 ■ 8 ■ 9 ■ 10 ■ 11 ■ 12 ■ 13 ■ 14 ■ 15 ■ 16 ■ 17 ■ 18
■ 19 ■ 20 ■ 21 ■ 22 ■ 23 ■ 24 ■ 25 ■ 26 ■ 27 ■ 28 ■ 29 ■ 30 ■ 31 ■ 32 ■ 33 ■ 34
a. Of the exercises you used, which were most useful (with "a" being *most* useful)?
(a) _____; (b) _____; (c) _____; (d) others: _____
b. Of the exercises you used, which were least useful (with "a" being *least* useful)?
(a) _____; (b) _____; (c) _____; (d) others: _____

5. What suggestions do you have for improving:
 - a. the Coach's Road Map over all
 - b. the modules
 - c. and/or the exercises?