

# An Introduction to Program Development as a Foundation for Grant Writing

## LEARNING OBJECTIVES

By the end of this chapter, the reader will be able to complete the following:

1. Describe program development within occupational therapy practice.
2. Analyze theoretical approaches to community-based practice in occupational therapy.
3. Distinguish different types of grants utilized in community-based program development.
4. Evaluate the role occupational therapy practitioners can play in program development and grant writing.

## Overview

This chapter provides an introduction to program development for occupational therapy practitioners. Grant proposals are simply a description of a program that is being proposed to address a problem or need; therefore, occupational therapy practitioners must have skills in program development to write successful grant proposals. This chapter outlines the basics of program development and how it integrates with writing grant proposals.

## Key Terms

- Community assessment
- Enabling factors
- Evaluation plan
- Goal
- Impact evaluation
- Implementation plan
- Institutional review board (IRB)
- Mission statement
- Objective
- Outcome evaluation
- PRECEDE-PROCEED Model
- Predisposing factors
- Process evaluation
- Program development
- Reinforcing factors

## Introduction

Community practice is exciting because of its innovative and creative nature. Practice in community settings is challenging secondary to the many dynamics and constant change of the community context. Most community practice in occupational therapy is founded on program development models that provide a framework for consistent and solid practice. Program development and grant writing go hand in hand. Most grant proposals require the same components included in various models of program development. Therefore, prior to writing a grant proposal to support a program, occupational therapy practitioners must understand program development.

For many occupational therapy practitioners, the ability to develop a community program is innate because the process is not much different from the process used to design and implement treatment plans in traditional practice settings (Brownson, 2001). **Program development** incorporates many skills that occupational therapy practitioners already implement on a daily basis, including assessing needs, developing goals, facilitating intervention, and discharge planning. In program development, instead of focusing on the individual client, the practitioner focuses on groups or populations by applying the concepts of treatment planning to a larger context.

Program development can occur in any context of occupational therapy practice. However, program development has particular relevance to community practice and grant writing. In community settings, occupational therapy practice is focused on health promotion and education (Scaffa, 2001; Timmreck, 2003). By their nature, most community interventions focus on populations or groups of people (Edberg, 2007). Grants require a focus on developing a program that affects a problem or need among a group of people (Holtzclaw, Kenner, & Walden, 2009). All of these factors imply a relationship between program development and grant writing: Occupational therapy practitioners must have skills in program development to be successful in writing grant proposals to implement programs that are relevant and can effect changes in health behaviors in community settings.

## Where Does the Occupational Therapy Practitioner Begin?

Community practice in occupational therapy begins with a program idea or recognition of a health issue that must be addressed (Fazio, 2008). Occupational therapy practitioners and community members might identify a need that represents either a gap in services or an issue that has gone unaddressed. Or perhaps the occupational therapy practitioner notices an issue while practicing in the traditional clinical setting and devises a program that can address the need in the community. For example, the practitioner may notice that many older adults are admitted to rehabilitation for hip fractures secondary to a fall. Questions begin to arise: How could occupational therapy prevent falls in older adults? What services could be

**FIGURE 2-1 GRANT WRITING IS NESTED BOTH WITHIN PROGRAM DEVELOPMENT AND OCCUPATIONAL THERAPY PRACTICE.**



provided to help older adults prevent falls? What could an occupational therapy practitioner do here?

These questions lead the practitioner to explore the problem. What resources or programs address fall prevention in the community? How many older adults actually fall every year in the community? After discovering the staggering statistics and lack of programs addressing the problem, the occupational therapy practitioner starts to casually ask older adults how they fell and listens for the details. A trend starts to emerge in the reasons why older adults fall, and the practitioner begins to think about environmental modification and how this problem could be addressed through home safety assessments. Thus, the program idea is born.

**LET'S STOP AND THINK**

Think about a need or a problem you have noticed in your own community. Ask yourself the following questions: How could occupational therapy prevent this problem? What services could be provided to help address this problem? What could an occupational therapy practitioner do here?

An idea for community practice can develop as simply as in the preceding example, or it can grow from the community, which seeks an expert in occupation to facilitate healthy behavior change (Edberg, 2007). When an idea emerges like this, it leads the occupational therapy practitioner toward community practice, program development, and grant writing. Some practitioners have skills in these areas already, whereas others need to develop them.

The challenge in community practice is to translate the idea into a meaningful, successful community program. In a sense, community practice is a journey. The journey for each practitioner is different, with different obstacles and successes. Yet all journeys begin the same way, with a single step—an idea that then progresses to program development to transform the idea into reality.

## Program Development

Occupational therapy practitioners can follow program development models as a guide to developing a program and grant proposal. Multiple models for program development exist both within and outside the occupational therapy literature (Braveman, 2001; Fazio, 2008; Brownson, 2001; Timmreck, 2003; Edberg, 2007). Program development models consist of a process for planning, developing, implementing, and evaluating an effective health program.

## Preplanning

Developing a program requires organization and a forward-thinking approach, and it really begins with preplanning (Brownson, 2001; Edberg, 2007; Timmerick, 2003). Prior to developing the infrastructure for the program, occupational therapy practitioners need to engage in a preplanning process. Preplanning does not

have to be complicated or detailed but should lay out the initial ideas and steps to achieve the overall program goal. It focuses on what will be accomplished through the program, resources needed, and the process required to achieve program success (Brownson, 2001).

During preplanning, the occupational therapy practitioner evaluates the possibility and feasibility of an idea. Program development related to health promotion focuses on human behaviors and changing those behaviors for overall health and well-being of individuals and groups (Edberg, 2007). The complexity of health behaviors should be considered prior to engaging in program development. Occupational therapy practitioners need to consider the willingness of a community or group to change and the factors facilitating or impeding that change. Health behav-

**BEST PRACTICE HINT**

Initial preplanning does not have to be complicated or formal, but can be a simple brainstorming session about the problem or need and its impact on the community.

**TABLE 2-1 QUESTIONS TO ASK IN THE PLANNING STAGE**

- What is the dominant community need(s)?
- Why should the need(s) be addressed?
- Does the community identify the proposed need(s) as important?
- Is the community ready to address the need(s)?
- What resources are required to address the need(s)?
- Who will help address the need(s)?
- What factors will impede meeting the need(s)?

**TABLE 2-2 PREPLANNING STAGE EXAMPLE: FALL PREVENTION**

What is the dominant community need(s)?	<ul style="list-style-type: none"> <li>• Older adults are experiencing falls, causing issues with quality of life and raising healthcare costs.</li> </ul>
Why should the need(s) be addressed?	<ul style="list-style-type: none"> <li>• Many falls may be preventable if community members are made aware.</li> <li>• Reducing falls reduces costs and increases quality of life for community members.</li> </ul>
Does the community identify the proposed need(s) as important?	<ul style="list-style-type: none"> <li>• The local older adult network has identified fall prevention as an important issue to address.</li> </ul>
Is the community ready to address the need(s)?	<ul style="list-style-type: none"> <li>• More formal assessment is needed to answer this question.</li> </ul>
What resources are needed to address the need(s)?	<ul style="list-style-type: none"> <li>• Funding</li> <li>• Programs to address the risk factors</li> <li>• Education of community members</li> </ul>
Who will help address the need(s)?	<ul style="list-style-type: none"> <li>• An interprofessional team including occupational therapy can address the need.</li> </ul>
What factors will impede meeting the need(s)?	<ul style="list-style-type: none"> <li>• Lack of buy-in by community members</li> <li>• Lack of funding</li> </ul>

iors are influenced by individual factors, sociocultural factors, socioeconomic factors, political factors, and environmental factors (Edberg, 2007). People constantly interact with all of these aspects, which affect health choices and behaviors.

Developing a program is an intense and lofty process, and the occupational therapy practitioner should take time to thoroughly identify the issue or need that the program will address and consider the factors that will help the program be successful or that will be constant challenges. Worksheets at the end of this chapter can assist with initial program planning.

## The Steps to Program Development

Program development is the vehicle for community practice in occupational therapy (Brownson, 2001). Program development includes planning, development of an intervention, and evaluation (Brownson, 2001). It is the “systematic efforts to achieve preplanned objectives such as changes in knowledge, attitudes, skills, and behaviors to maintain or improve function and/or health” (Brownson, 2001, p. 96).

This section discusses two models for program development to provide occupational therapy practitioners a foundation from which to understand program development from multiple perspectives. The first program development model was created by Grossman and Bortone (1986) and applied by Brent Braveman (2001) to occupational therapy practice in community settings. The second program development model is the PRECEDE-PROCEED Model, which is one of the best-known models in program development and can easily be applied in occupational therapy community practice.

### *Models of Program Development*

Braveman (2001) applied the program development model developed by Grossman and Bortone (1986) to occupational therapy in community practice. This model includes four basic steps: (1) needs assessment, (2) program planning, (3) program implementation, and (4) program evaluation.

#### **Needs Assessment**

A needs assessment is simply an assessment of needs. In a clinical setting, occupational therapists conduct needs assessments on individual clients every day using the evaluation process. According to the Occupational Therapy Practice Framework (OTPF) (AOTA, 2008), evaluation focuses on “finding out what the client wants and needs to do, determining what the client can do and has done, and identifying those factors that act as supports or barriers to health and participation” (p. 649).

In a needs assessment for a group or community, the concept of the evaluation process is the same as stated earlier except that it has a broader focus. Regarding community needs assessment, the preceding OTPF statement would be reworded to state that evaluation focuses on finding out what the community or group wants and needs to do, determining what the community or group can do and has done, and identifying those factors that act as supports or barriers to health and participation.

According to Brownson (2001), a needs assessment is a “systematic set of procedures that serves to identify and describe specific areas of need and available resources in a given population” (p. 101). Needs assessments explore gaps in services and should also focus on exploration of resources that exist within a community (Timmreck, 2003). The purpose of a needs assessment is to gather information that will support the program and assist in establishing program goals (Brownson, 2001). Needs assessments can be done both formally and informally and are an essential component of the program development process (Timmreck, 2003).

In traditional practice settings, assessments are completed through chart reviews, patient interviews, and the initial evaluation process. In a **community assessment**, the occupational therapy practitioner explores the needs of the community related to health and wellness. Data and health statistics make a case for the importance of the program, and in grant funding they help the grant writer justify why the program is important enough to fund. Data collected in a needs assessment paint the picture of the community and build a foundation on which a program to address the identified needs can be built.

A needs assessment for a community includes demographic data and epidemiological data on the general health status of the community and its members. Data of this nature focus on both health and social indicators (Timmreck, 2003). Demographic data include information such as the average age of community members, gender, race, and socioeconomic status. Epidemiological data include health trends in a community. For example, if an occupational therapy practitioner plans to develop a program for fall prevention for older adults, the practitioner would collect data related to trends in falls such as the incidence and prevalence of falls, the impact of falls (for example, number of hospitalizations), and the social repercussions of falls (for example, anxiety felt by older adults, costs incurred by the health-care industry secondary to falls, etc.).

Demographic and epidemiological data related to a community are not difficult to find. The Office of Minority Health, a division of the Department of Health and Human Services, provides information on national health trends among racial and ethnic groups. Practitioners can explore local and state health departments for health and social data. This information is usually readily available on health department websites. Sometimes community agencies have such data on file. Many nonprofits publish annual reports that include this sort of information about the population they serve.

If no accurate demographic or epidemiological information on the community exists, occupational therapy practitioners need to develop their own method for assessing needs, such as conducting surveys or interviews (Brownson, 2001; Timmreck, 2003). In most cases, grant proposals and program development will not require extensive surveys and the development of simple survey tools is



#### BEST PRACTICE HINT

Ask local public health experts at the local health department or university to help you gather epidemiological data and health statistics.

adequate. However, extensive experience in research and a background in public health are most likely needed to gather conclusive epidemiological data. Consulting a public healthcare provider may prove beneficial in this case. Creative approaches and exploring local resources can facilitate this process. One strategy is to seek students in a public health program to assist in the needs assessment. Many students are required to conduct community projects to practice assessment skills.

Requests for proposals (RFPs) for a grant may require a needs assessment to be conducted as part of the program. RFPs may be very specific about what information to include in the needs assessment. In such cases, the grant writer must follow the grant guidelines and assess what is required. Most grants allow existing data to be used, but some may have specific guidelines for data use, such as specifying sources. Some aspects of needs assessments are outside of the model outlined by Grossman and Bortone (1986). A community assessment should focus on needs, strengths, and capacity of the community (Brownson, 2001). Assessing for capacity is very important in community practice to address chronic health issues and community health issues. In underserved communities where needs are high, a program must focus on community strengths to provide a basis for the program. For example, a community may hold strong cultural beliefs and be very collective when someone is ill. This is a strength that can be a great foundation for a community program for dealing with chronic illness. Programs based on cultural nuances will be more successful than those that neglect the community's culture. Because community needs assessments do not focus only on needs, hereafter needs assessments are referred to as community assessments.

### BEST PRACTICE HINT

Collect multiple types of data and information to help the grant writer tell the "story" of the community and its needs and capacities. A community assessment that includes multiple types of data can enhance any grant proposal.

Community assessments should include quantitative health data as well as the lived experience of the community collected using qualitative data methods. Strategies for collecting these data include case studies, interviews of community members, and focus groups of community members (Brownson, 2001; Timmreck, 2003). Including narrative in the executive report of the community assessment ties the story and lived experience

to the assessment results. This information can be crucial when seeking outside funding or reporting to external funders. Furthermore, these data tell a story that can be useful for multiple reasons, including advocacy and raising funds from private donors.

The results of any type of assessment, whether quantitative or qualitative in nature, should be shared with the community. Practitioners can draft an executive report of these data and then share it with community members. When conducting any kind of data collection or analysis in a community, occupational therapy practitioners should recognize that the community owns the data and the data should be shared with the community for their benefit and use.



Prior to conducting any sort of community assessment, occupational therapy practitioners need to contact the local **institutional review board (IRB)** when applicable. An IRB is a panel of professionals and lay people that examines the safety of research conducted in clinical and community settings (Holtzclaw, Kerner, & Walden, 2009). Usually, academic institutions and hospitals have IRBs. Sometimes community organizations have IRBs that review local research projects. Individuals on the IRB are trained in research methods and the ethics of research. Approval from the IRB is not necessary if the data being collected derive from existing sources, for example, census data. Occupational therapy practitioners who plan on developing a survey or holding focus groups should seek IRB approval.

Community assessments are key to the success of community programs. Community assessments should be conducted to gather the community's perspective on needs and strengths. As the program begins to take shape, practitioners should refer back to the community assessment results to stay on track and develop a program that matches the community needs.

## Program Planning

The program planning piece of the Grossman and Bortone (1986) model outlines multiple components including defining a focus, adopting a theoretical perspective, establishing goals and objectives, and developing referrals. This section discusses each component and applies it to community occupational therapy practice.

After the community assessment is complete, program development enters the planning stage. Planning the program should never be an isolated process; collaboration with the community is essential (Edberg, 2007). The occupational therapy practitioner needs time to draft or brainstorm ideas related to occupation but should always work with community members to ensure that these ideas mesh with community members' ideas. This activity aligns with Grossman and Bortone's (1986) first step of "defining a focus," which includes the prioritization of ideas. The community assessment will reveal a pattern of needs and provide the opportunity to identify which needs are priorities to the community.

Programs must have a focus to target and address community needs appropriately. A program should not attempt to be the answer to everything for everyone. Programs that attempt to address too much can confuse community members and strain program implementers. Programs that fail to address needs as promised can be damaging and promote distrust by community members (Kretzmann & McKnight, 1997).

As in traditional clinical practice, occupational therapy practitioners in community practice need to identify a frame of reference to guide their practice, the second task in Grossman and Bortone's (1986) program planning process. The frame of reference does not necessarily have to come from the

### BEST PRACTICE HINT

If a program idea is in development, run the idea by community members to get a feel for buy-in and interest. This can be done formally through focus groups or town hall meetings or informally through networking.



field of occupational therapy. As discussed in Chapter 1, community-based practice and community-built practice provide frameworks for community practice, but many other theoretical frameworks based on community work in other disciplines can also guide occupational therapy practice. See Chapter 1 for a list of frames of references that can apply to community practice.

Adopting a frame of reference is not only important to program development and sound practice but also to grant writing. Many RFPs require a strong background and justification for a program. A strong frame of reference can assist in building a program's case. Some grantors require potential grantees to identify the frame of reference that guides the program and provide literature to support the use of the chosen frame of reference.

Grossman and Bortone (1986) recommend developing goals and objectives as the third part of the planning process in program development. Goals and objectives are necessary, and practitioners might find benefit in also developing a mission statement and vision statement as part of the planning process.

Companies and organizations use mission statements to guide employees in an overall plan and to make consumers aware of the purpose of the company. Yet the

#### LET'S STOP AND THINK

Identify some frames of reference discussed in Chapter 1 that might apply to one of your ideas for community program development.

concept of a mission statement goes beyond simply educating workers and consumers and acts as the driving force or motivation behind decisions, actions, and the development of the entity. A **mission statement** is a written statement that “contains detailed information about the overall direction and purpose of the organization” (Timmreck, 2003, p. 31). Mission statements are not the same as goals because mission statements are not necessarily quantifiable (Timmreck, 2003).

Mission statements align with the concept of occupation, which is defined as “goal-directed pursuits that typically extend over time, have meaning to the performance, and involve multiple tasks” (Christiansen et al., 2005, p. 548). To create a mission statement, practitioners must focus on personal values, personal motivation, and what makes people get out of bed every day.

Mission statements are meant to embody the following:

- Purpose
- Personal values
- Future direction

Mission statements should also represent values of the program or organization (Timmreck, 2003). **Process Worksheet 2-4** at the end of this chapter provides assistance in developing and evaluating a mission statement.

Occupational therapy practitioners are familiar with goal and objective writing related to client treatment planning, but writing goals and objectives for a program can pose a challenge. Instead of focusing on the patient or client, in program development the goals and objectives are based on the program and the proposed out-

TABLE 2-3 DEVELOPING A MISSION STATEMENT

Do some research.	Find mission statements of organizations that you admire or that you think are easy to understand.
Avoid emptiness.	Write a mission statement that encompasses personal and professional values. You should feel passionate about your mission, and that passion should be articulated to others through the mission statement.
Keep it short.	Mission statements should be brief snapshots to give others some insight into the purpose of the organization or program.
Write well.	Mission statements should be free of grammatical and syntax errors. These small issues can distract readers from understanding the mission. Write the mission statement in a clear and concise manner to make it easy to grasp.
Ask others.	Seek advice and feedback on the mission statement from peers and community members.
Do not settle.	A mission statement can be revised as the program evolves. Eventually, settle on a mission statement for sustainability.
Represent the program.	Ensure that the mission statement represents the services the program will provide.

Source: Voltz-Doll, J. D. (2008). Professional development: Growing as an occupational therapist. *Advance for Occupational Therapy Practitioners*, 24(5), 41–42.

comes of the program. In program development, a **goal** is defined as “a statement of a quantifiable desired future state or condition” (Timmreck, 2003). Goals are long term and future oriented (Brownson, 2001). **Objectives** facilitate goals being met and are measurable, short term, and usually contain a timeline for completion (Brownson, 2001; Timmreck, 2003). Goals and objectives are different but complement one another. Goals focus on general outcomes whereas objectives are specific and targeted toward the general goal. Goals do not have to be measurable but must indicate a tangible outcome.

Goals and objectives should plan for the following: program priorities, program outcomes, community priorities, and the evaluation plan. All goals and objectives should be related to the priorities of the program and tie in with all aspects of the program or grant. A program may have many outcomes, but it should have a defined focus and the outcomes of the program should be prioritized. Too many goals and objectives can make a program appear incoherent and disconnected and

pose challenges to successful completion. Goals and objectives need to be outcomes based and measurable because this is crucial for evaluation and demonstrating the value of the program.

Goals and objectives should also be developed with the targeted population in mind and should be community-centered. They should align with community needs and wants to ensure that they can be successfully met. This concept follows

the occupational therapy principle of client-centered practice applied to a program model (Brownson, 2001). Goals and objectives in a community-centered model facilitate community buy-in and program success.

Practitioners can write program objectives using a variety of approaches, but all program objectives should contain the following three components:

- Behavioral statement
- Measurement of performance
- Condition statement

Another approach to drafting program objectives is the ABCD approach, as shown in **Table 2-4**.

Well-written objectives can also follow the rubric of SMART:

S = Specific

M = Measurable

A = Attainable

R = Relevant

T = Timely

All of these approaches provide frameworks for drafting program objectives that are measurable and relevant.

Program goals and objectives need to be clear, concise, and accomplishable in an adequate time frame (Timmreck, 2003). This is especially true when developing a program in congruence with a grant proposal. Multiple individuals read grant proposals, and each individual needs to understand the program goals and objectives to buy in and support it.

Another essential component of program planning is to identify programmatic roles. In the planning stage, who will fill program roles and accomplish responsibilities need not be identified in detail, but practitioners should consider the potential roles and responsibilities required to make the program a success. Timelines and collaboration should also be discussed and preliminarily identified.

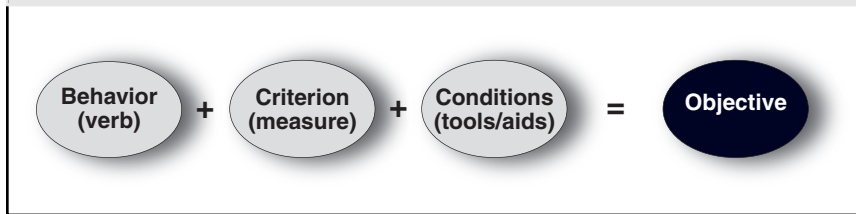
The next step in program planning is to establish referrals (Braveman, 2001; Grossman & Bortone, 1986). A key aspect of successful program implementation

### BEST PRACTICE HINT

A typical grant proposal should have no more than three to five goals to be effective.

### BEST PRACTICE HINT

Multiple approaches to writing goals exist. Choose the approach that fits best with the program you are developing and the grant proposal requirements.

**FIGURE 2-2 PROGRAM OBJECTIVE****TABLE 2-4 COMPONENTS OF A LEARNING OBJECTIVE: THE ABCD MODEL**

A = Audience	Who is the learner? Required for each learning objective
B = Behavior	Action verb Should follow hierarchical development (Bloom's Taxonomy)
C = Condition	Qualifier of the objective
D = Degree	Indicates acceptable level of achievement

is the recruitment of participants to the program. Obviously, without individuals using the program, the program will fail; therefore, participant recruitment and retention must be considered in the planning process. Practitioners must develop protocols and roles for each person involved in the program (Braveman, 2001). They outline how people will come to use or benefit from the program. When the program provides a service, the referral process identifies how people will be recruited to the program. Requirements or stipulations for admission to the program must be identified.

In some cases, this step may require developing a marketing plan to identify methods of recruitment. The marketing plan may be referred to as a community awareness campaign depending on the program and target audience. Whatever the title, practitioners need to consider the marketing of services during the planning stage. They should consider all necessary venues and use community resources such as partners, advisory boards, coalitions, and community members or participants. The marketing plan should take into account the services being provided, who will benefit from these services, and who needs to know about the services (Braveman, 2001). For example, a nonprofit that offers a health equipment recycling program provides used health equipment to individuals in need. The main

**BEST PRACTICE HINT**

If you are uncomfortable or unsure about marketing, find marketing experts or students in marketing to aid in the marketing process.

marketing targets of this program are social workers, physical therapy practitioners, and occupational therapy practitioners. These individuals refer many clients who cannot receive health equipment through insurance and can be a successful target audience for the program. Marketing and creating community awareness should be thoughtful processes because without customers the program will not succeed.

### Program Implementation

When all the components of the program are planned out and fully designed, implementation can finally take place (Timmreck, 2003). At this point in program development, the program services are offered to those in need and the program will continue to grow and change.

Occupational therapy practitioners should develop an implementation plan to identify specifically how implementation will occur. According to Brownson (2001), an **implementation plan** “spells out the details of the program and specifies who is responsible for each procedure and activity” (p. 115). The details of who, what, when, where, and how for the program need to be finalized in the implementation plan (Brownson, 2001). As mentioned earlier, during the planning stages, specific individuals might not yet be in place, but when it is time for implementation, all staff should be identified and assigned clear roles and responsibilities.

Program implementation must be planned to stay on track and ensure that activities are completed (Timmreck, 2003). Many organizations now use strategic planning for program implementation. Strategic planning is a common method, and the program can hire facilitators with expertise in strategic planning to assist with the process.

Implementation planning should be completed in a group environment to promote communication among team members, especially if the program or project is new. Implementation planning provides an opportunity to clarify who will do what and when it will be done. Creating a document that outlines program activities ensures that all team members stay on track, communication flows smoothly, and the program goals and objectives are completed in an efficient manner. Implementation planning also allows the program team to plan and anticipate challenges in a proactive manner, which can affect program success (Timmreck, 2003).

Most grants require an implementation plan; however, implementation plans should not be limited to include only activities funded by a grant, especially if the program reaches outside the grant funding. The grant RFP will outline the requirements of the implementation plan. If one is not required, practitioners should still develop an implementation plan to ensure that program implementation goes smoothly and team members are informed about all activities and timelines.

## Program Evaluation

All programs require an **evaluation plan**. Evaluation plans measure the effectiveness of a program (Brownson, 2001; Grossman & Bortone, 1986; Braveman, 2001). In an evaluation plan, practitioners must consider the design being used and the data to be collected. Evaluation plans demonstrate the outcomes of the program and should be designed to target the program's outcomes. Evaluation plans also help the program team be aware of their progress and the impact of the program. With this information, the team can modify processes if goals and objectives are not reached appropriately or in a timely manner.

Evaluation planning should be done consistently and should occur throughout the life of a program. Evaluation plans should not be used only when a grant proposal requires one because they are valuable in all programs and are truly necessary to implement an effective and thorough program. Evaluation planning will be discussed in detail in Chapter 10.

## *The PRECEDE-PROCEED Model*

The **PRECEDE-PROCEED Model** is an approach to program development that entails both “a process of assessment and planning before putting a program in place (PRECEDE), followed by implementation and evaluation of the program (PROCEED)” (Edberg, 2007, p. 80). The model follows an ecological approach and comprehensively provides a structured framework for program development and implementation (Green & Kreuter, 1999). The purpose of the model is to help practitioners understand the complexity of a health problem and to focus on addressing the targeted need. The model is community focused.

The PRECEDE-PROCEED Model occurs in phases, moving from a broad focus to a narrow focus. The following subsections discuss each phase of the model and apply it to occupational therapy community practice.

### Phase 1: Social Assessment and Situational Analysis

The purpose of the social assessment and situational analysis phase is to identify the community need or problem. In this phase, practitioners explore quality-of-life and social factors that affect health in a community. Practitioners can collect this information in multiple ways including talking to community leaders, arranging focus groups, exploring public health data, and mapping assets (Spence, 2002).

For example, in a community-based fall prevention program for older adults, in this phase, the practitioner would talk to older adults about how their lives have been affected by falls. The practitioner would see the impact on quality of life and the negative consequences of older adults not being able to age in place.

#### LET'S STOP AND THINK

Brainstorm ways in which you could engage in social assessment and situational analysis in a community occupational therapy role.

### Phase 2: Epidemiologic Assessment

The epidemiologic assessment phase focuses on the extent of the health problem in the community. In this phase, practitioners explore who is affected by the health condition, how extensively the health condition permeates the community, and what trends surround the health condition (Edberg, 2007). Types of epidemiologic data collected during this phase include prevalence, incidence, and mortality rates. Practitioners can pull data from reliable sources such as the National Center for Health Statistics and the Centers for Disease Control and Prevention.

In the fall prevention program example, in this phase, the occupational therapy practitioner begins to explore the number of falls in older adults as reported by the Centers for Disease Control and Prevention and tries to gauge the prevalence of the problem. Other epidemiologic data such as healthcare costs and impact on perceived quality of life could also be explored here.

### Phase 3: Behavioral and Environmental Assessment

In the behavioral and environmental assessment phase, practitioners identify risk factors related to behavior and environment. Behavioral risk factors relate specifically to people whereas environmental risk factors relate to external conditions.

At this stage, the occupational therapy practitioner in the example identifies which behaviors including judgment and decision making of older adults increase their falls. The practitioner would also identify the causes of falls such as throw rugs or improper assistive device use.

### Phase 4: Educational and Ecological Assessment

The educational and ecological assessment explores which approaches can be used to effect behavioral change. Green and Kreuter (1999) identify several approaches to use in this phase including analysis of predisposing factors, enabling factors, and reinforcing factors. **Predisposing factors** are a group's knowledge, attitudes, beliefs, values, and perceptions. **Enabling factors** are the skills, resources, and barriers that either facilitate or inhibit a behavior. **Reinforcing factors** are the rewards people receive for engaging in a particular behavior.

During this phase, the occupational therapy practitioner conducts a focus group with older adults who have experienced a recent fall to explore their beliefs about why they have fallen, the value of aging in place, and the impact of the fear of falling. The practitioner also identifies issues of accessibility as a barrier to fall prevention and discusses quality of life for those who are able to prevent a fall.

### Phase 5: Administrative and Policy Assessment

The administrative and policy assessment explores the support and infrastructure required to make the program a success. Supports and infrastructure include funding, established policies and procedures, and community involvement. During this phase, the focus is on the budget, space, timeline, and personnel. This phase is very practical and detailed.



In the example, the occupational therapy practitioner decides to develop a program around fall prevention through home safety modification and universal design. The practitioner begins to draft a program budget, explore reimbursement, develop policies and procedures, and find office space.

### Phase 6: Implementation

In the implementation phase, the program is ready to implement with everything in place to make the program a success.

The occupational therapy practitioner begins working with older adult clients on home modification and developing spaces following universal design principles.

### Phases 7–9: Evaluation

Phases 7 through 9 are grouped together because they all focus on program evaluation. Phase 7 focuses on **process evaluation**, which identifies whether the program was implemented as planned, goals were met, and the need was addressed. In other words, this phase looks at the quality of the program and whether the program meets established goals. Phase 8 focuses on **impact evaluation**, which explores the short-term impact or changes made by the program. Examples include changes in knowledge about a particular health topic. Phase 9 focuses on **outcome evaluation**, which explores the long-term impact of the program by identifying behavioral change, improved quality of life, and impact on the community need.

In these phases, the occupational therapy practitioner implements the evaluation plan for the fall prevention program, exploring how many people have been served, assessing knowledge about falls in older adults, and identifying whether falls have decreased secondary to the interventions.

The PRECEDE-PROCEED Model provides a comprehensive ecological approach to program development that occupational therapy practitioners can use in community practice settings to develop an efficient and effective health program. The model identifies specific phases for both development and implementation of a program.

#### BEST PRACTICE HINT

Choose a program development model to follow, especially as a novice, to aid in ensuring that all the steps for developing a successful program are included.



## Program Development and Grant Writing

As previously mentioned, program development and grant writing cannot be separated. Although grant proposals do not require all the components of program development, they include some. Therefore, these two processes integrate nicely, and learning one can aid in learning the other. In community practice, program development and grant writing are key skills required of occupational therapy practitioners. Rarely are community programs fully supported without external funding. Even if occupational therapy practitioners do not have to write grant proposals to support services, they undoubtedly will be part of the grant writing process by

compiling data for a needs assessment or engaging in part of the evaluation process. Therefore, community practitioners must be informed about the grant process and act as an asset to a program or project in the community. Understanding both program development and grant writing can lay a foundation for community practice and beyond.

## Conclusion

It is essential to remember that a grant proposal is the description of a community program and that program development principles are used to draft the grant proposal. By following the approaches to program development described in this chapter, practitioners can implement comprehensive community-centered programs that meet community needs and build on community capacity. Occupational therapy practitioners working in community settings can use their program development skills to draft successful grant proposals to support community practice.

## Glossary

**Community assessment (needs assessment)** Finding out what the community or group wants and needs to do, determining what the community or group can do and has done, and identifying those factors that act as supports or barriers to health and participation

**Enabling factors** The skills, resources, and barriers that either facilitate or inhibit a behavior

**Evaluation plan** A plan to measure the effectiveness of a program

**Goal** “A statement of a quantifiable desired future state or condition” (Timmreck, 2003)

**Impact evaluation** Explores the short-term impact or changes made by the program

**Implementation plan** A plan that “spells out the details of the program and specifies who is responsible for each procedure and activity” (Brownson, 2001, p. 115)

**Institutional review board (IRB)** A panel of professionals and lay people who examine the safety of research being conducted both in clinical and community settings

**Mission statement** A written statement that “contains detailed information about the overall direction and purpose of the organization” (Timmreck, 2003, p. 31)

**Objective** An action or plan that facilitates goals being met and that is measurable, short term, and usually contains a timeline for completion

**Outcome evaluation** Explores the long-term impact of the program to identify behavior change, improved quality of life, and impact on the community need

**PRECEDE-PROCEED Model** An approach to program development that entails both “a process of assessment and planning before putting a program in place (PRECEDE), followed by implementation and evaluation of the program (PROCEED)” (Edberg, 2007, p. 80)

**Predisposing factors** A group’s knowledge, attitudes, beliefs, values, and perceptions

**Process evaluation** Identifies whether the program was implemented as planned, goals were met, and the need was addressed

**Program development** Development of a program to meet or address a need or problem

**Reinforcing factors** The rewards people receive for engaging in a particular behavior

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PROCESS WORKSHEET 2-1 **PROGRAM PREPLANNING**

Instructions: Identify a community need and analyze its potential for program development.

Community Need: \_\_\_\_\_

What is the dominant community need(s)?	
Why should the need(s) be addressed?	
Does the community identify the proposed need(s) as important?	
Is the community ready to address the need(s)?	
What resources are needed to address the need(s)?	
Who will help address the need(s)?	
What factors will impede meeting the need(s)?	

**PROCESS WORKSHEET 2-2 PLANNING FOR THE PROGRAM**

Instructions: Prior to initiating formal program development, the occupational therapy practitioner must do some initial planning. This worksheet serves as tool for that planning process.

In each area, brainstorm what resources are needed to lead to the success of the program.

Area of Need	Resources Needed
Staff/Collaborators	
Funding	
Time	
Space/Facilities	
Experts/Consultants	
Advertising/Marketing	
Stakeholders	

PROCESS WORKSHEET 2-3 **EVALUATING HEALTH BEHAVIORS**

Instructions: Identify the health behavior to be addressed by the program idea brainstormed in Process Worksheet 2-1. Evaluate the factors affecting this health behavior. For each factor, identify how it affects the community or group for whom the program would be implemented. These factors demonstrate what will facilitate or inhibit health behavior change.

Factor	Community Profile
Health knowledge	
Biological factors (for example, genetics)	
Family structure	
Culture	
Social supports	
Socioeconomic status	
Education level	
Healthcare access	
Social stressors	
Health coverage	
Community health practices	
Environmental conditions	
Transportation	
Other: _____	
Other: _____	

**PROCESS WORKSHEET 2-4 EVALUATING THE MISSION STATEMENT**

After drafting the mission statement, step back and evaluate it. This worksheet will aid in the review process.

A mission statement should represent values of the program or organization. Analyze your mission statement using the following questions.

1. What core values does the mission statement represent?
  
  
  
  
  
  
  
  
  
  
2. Are these core values evident in the mission statement?
  
  
  
  
  
  
  
  
  
  
3. What future direction does this mission statement indicate for the program?
  
  
  
  
  
  
  
  
  
  
4. Do I feel inspired by this mission statement? Why or why not?
  
  
  
  
  
  
  
  
  
  
5. Other thoughts or comments:

PROCESS WORKSHEET 2-5 **DEVELOPING A MARKETING PLAN**

Instructions: Complete the worksheet to develop a marketing plan for the program or project.

What services will the organization provide?	Who will be served (i.e., who will benefit from the services)?	Who needs to know about the services (i.e., who will refer to the program)?

Once you determine the above, move on to this section:

What is the basic message that you would like to send to this market in regard to your service?	What is the best way of contacting your projected market (i.e., media, print, collaboration, community partners, etc.)?	Identify chosen methods along with who will complete them and the date for completion.



PROCESS WORKSHEET 2-6 **PROGRAM IMPLEMENTATION PLAN**

Instructions: Complete the following table to develop a program implementation plan.

Goal	Objectives	Activities	Team Member	Timeline

