

CMT Program Plan Template 2017

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Program Plan: Dental Screening (example)

- 1. Background/Context, Description of Situation:** Community Matters is currently providing information and prevention programs to St. James Town residents who are at risk of diabetes, cancer and cardio vascular disease under its Healthy Living in St. James Town initiative. These programs include culturally appropriate screening in a community context. This document proposes to add the issue of oral health to the project providing similar approaches and information to those at risk.
- 2. Best Research and Best Practices (policy and program descriptions and manuals)**

Relevant Article	Findings	Implications for Program (good evaluation, design etc)

- 3. A Program description:** A series of educational information and education workshops and screenings provided in a variety of locations by International Educated Dentists and other local Community Assistants. The program will provide oral health information including access to affordable local oral health care and a variety of supports including, where necessary accompaniment.

B. Program Objective/Hypothesis: To provide basic dental screening and follow up support for residents of St. James Town community.

C. Target Population: Residents of St. James Town

1. Based on the community input and Best Research review
2. Based on the hypothesis

D. Program Outcomes:

Access

1. Short Term: St. James Town residents will have access to dental screening and local resources and support to improve their oral health

Knowledge:

2. Medium Term: St. James Town residents will demonstrate knowledge of the risk factor for poor oral health

Support:

3. Medium Term: St. James Town residents will perceive that there is dental screening and supportive follow up within the community to address the risk factor of poor oral health

Participation:

4. Long Term: St. James Town residents will consistently demonstrate good oral health habits to mitigate the risk of poor oral health.

E. Program Outputs:

1. A Foreign Trained dental professional from the St. James Town community will provide weekly screening clinics for the community
2. A culturally appropriate dental screening process will be established
3. A list of current affordable, culturally appropriate resources will be created and maintained
4. A variety of media will be used to develop Oral Health messages for the community
5. A system of routine follow up for each person screened will be developed and implemented
6. Evaluation Report

F. Potential Program Partners:

1. Cancer Care Ontario
2. George Brown College
3. University of Toronto
4. Regent Park Health Centre

G. Annual Benchmarks/ Program Metrics:

- | | |
|--|-------|
| 1. Number of Foreign Trained Dentists who lead the project | 2 |
| 2. Number of screening clinics provided | 40 |
| 3. Number of residents screened each year | 300 |
| 4. Minimum number of media message tools developed annually | 4 |
| 5. Number of residents who demonstrate knowledge of the risk factors to oral health | 300 |
| 6. Number of residents will perceive that there is dental screening and supportive follow up within the community to address the risk factor of poor oral health | 300 |
| 7. Number of residents reached with oral health dental messages | 12000 |

4. Work Plan:

Program: _____

Community Assistant: _____

<u>Benchmark</u>	<u>Item</u>	<u>Person</u>	<u>Date</u>
New HP participants (Silver) / month			
Program Specific Bench marks			
Example for Binita: Health Bus Cervical Cancer visits/yr.			
Screenings			
Screening on Bus			
Screening Direct to family Dr			
Mammograms per year			
CanRisk Assessments (Diabetes/ H&S /year			

5. .Program Curriculum

Program/Training Background	
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Program/Training Name:	
Capacity:	# of people:
Length:	# sessions # hours each
Logistics:	Dates: Time: Location:
Description:	
Learning Objectives:	
Who Should Attend:	
Other Considerations:	
Pre-Work:	

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Workshop Preparation Checklist Cont.

Flip Charts

Handouts

Session 1

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Session 1

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Session 2

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Session 2

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Session 3

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Session 3

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Session 4

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Session 4

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Session 5

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Session 5

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(Add in content and methods for each of the program modules) EXAMPLE:

Timing	Process / Content / Outputs	Method and Materials	Resp.
10mins	<p><u>Upfront Activities:</u> Welcoming , establishing the rules of the group and pre test</p>	<p>Pretest</p>	
10mins	<p>Ice breaker activity Introduce yourself and share one positive thing you did today(one thing you are happy about today)</p>	<p>Use the circle</p>	
30 mins	<p>Stress awareness Engaging the audience in identifying types of stress, symptoms of stress etc...</p>	<p>Power point presentation</p>	
15mins	<p>discussion</p>	<p>One participant will teach the group how to make cookies will bake it @</p>	
5mins	<p>what is next</p>	<p>the office together</p>	
20mins	<p>cooking and socializing activity</p>	<p>Aicha agreed to introduce a healthy soup recipe.</p>	
<u>Outputs from this section:</u>		<u>Prep Upcoming</u>	

7. Evaluation : Goals, Pre and Post test, Workshop evaluation, Attendance

NAME: _____ PROGRAM _____	
My personal goal for this program is:	
My rating of my goal: Before the session	1 2 3 4 5 6 7
After the session	1 2 3 4 5 6 7
	Poor Excellent

Self-Evaluation Questions PRETEST Please answer the questions below so you and Community Matters understand what you learned.	Rating Scale 1- 7						
	Do Not Agree						Strongly Agree
My overall health is good.	1	2	3	4	5	6	7
I am physically active.	1	2	3	4	5	6	7
My level of stress is good.	1	2	3	4	5	6	7
In general I am in a good mood.	1	2	3	4	5	6	7
I am socially active.	1	2	3	4	5	6	7
I can get help from friends, family and neighbours when needed.	1	2	3	4	5	6	7
In an average week I often visit or stop to chat with my neighbours or friends.	1	2	3	4	5	6	7
I am comfortable talking in a group.	1	2	3	4	5	6	7
I understand Canadian Culture (small talk, weather, school system)	1	2	3	4	5	6	7
I know how to live a healthy lifestyle.	1	2	3	4	5	6	7

I am satisfied with my life.	1	2	3	4	5	6	7
<i>Please answer once the program ends:</i>							
I will continue to connect with friends and family once the class is over.	1	2	3	4	5	6	7

POST TEST Ask the same questions at the end of the sessions

6

Your feedback is very important to us. Please answer the questions below so we can improve our program!

WORKSHOP FEEDBACK		Rating Scale 1- 7						
		Do Not Agree			Strongly Agree			
I learned what I came to learn.		1	2	3	4	5	6	7
There was a balance between listening and doing in the workshop.		1	2	3	4	5	6	7
The number and length of each session was just right.		1	2	3	4	5	6	7
The materials (slides and handouts) were good quality.	N/A	1	2	3	4	5	6	7
The instructor was well prepared.		1	2	3	4	5	6	7
The instructor covered the material clearly and kept me interested.		1	2	3	4	5	6	7
The instructor was able to answer my questions.		1	2	3	4	5	6	7
I met someone from a different culture and will try to stay in touch.		1	2	3	4	5	6	7

I would recommend this workshop to others.	1	2	3	4	5	6	7
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What feedback do you have for us? (for example, what was most helpful?, what knowledge or skills will you continue to use?, and what changes would you recommend?)

THANKS FOR YOUR FEEDBACK!



Attendance

Program Name:		Program information							
		Day:				Time:			
Program Facilitator's Name:		Program Facilitator's contact information:							
Participant Name	Participant Phone #	Date							



Healthy Living Program Benchmarks

	Self Help						Nutrition				Exercise					
	Spa	Life Through Art	Stress Management	Heart and Stroke/Diabetes	Seniors Connections	Meditation	Nutrition	FH	Healthy Foods	Swimming	Active Families	Yoga	Walking/Stair	Bollywood Belly/Zumba	Volleyball	Dental
Evidence of Community Need																
Best Research/Hypothesis																4
Target Group																5
Workplan					X											5
Program Description/Flyer	flyer															5
Staffing-skills,volunteers																2
Curriculum																3
Use of Media	PP															3
Evaluation: pre and post	x															6
Partners																4
Database and reporting																5



COMMUNITY MATTERS TORONTO

neighbours helping neighbours

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