RESEARCH

The Assessment, Development, Assurance Pharmacist's Tool (ADAPT) for Ensuring Quality Implementation of Health Promotion Programs

Hoai-An Truong, PharmD, MPH,^a Catherine R. Taylor, PharmD,^b MPH Candidate, and Natalie A. DiPietro, PharmD, MPH^b

^aSchool of Pharmacy, University of Maryland, Baltimore

^bRaabe College of Pharmacy, Ohio Northern University, Ada*

Submitted February 28, 2011; accepted August 20, 2011; published February 10, 2012.

Objective. To develop and validate the Assessment, Development, Assurance Pharmacist's Tool (ADAPT), an instrument for pharmacists and student pharmacists to use in developing and implementing health promotion programs.

Methods. The 36-item ADAPT instrument was developed using the framework of public health's 3 core functions (assessment, policy development, and assurance) and 10 essential services. The tool's content and usage was assessed and conducted through peer-review and initial validity testing processes.

Results. Over 20 faculty members, preceptors, and student pharmacists at 5 institutions involved in planning and implementing health promotion initiatives reviewed the instrument and conducted validity testing. The instrument took approximately 15 minutes to complete and the findings resulted in changes and improvements to elements of the programs evaluated.

Conclusion. The ADAPT instrument fills a need to more effectively plan, develop, implement, and evaluate pharmacist-directed public health programs that are evidence-based, high-quality, and compliant with laws and regulations and facilitates documentation of pharmacists' contributions to public health.

Keywords: health promotion, service-learning, introductory pharmacy practice experience, advanced pharmacy practice experience, assessment, quality assurance, public health

INTRODUCTION

The profession of pharmacy continues to evolve from product-oriented to patient-centered practice with opportunities emerging for population-based interventions. In response, pharmacists and student pharmacists are more involved in public health activities, including service learning and community outreach projects during introductory and advance practice experiences (IPPEs and APPEs) and extracurricular programs. These expanded roles for pharmacists and student pharmacists in public health have been recognized from within and beyond the profession, including pharmacy academicians and practitioners, pharmacy and public health professional organizations, and patients.¹⁻⁶

Corresponding Author: Hoai-An Truong, PharmD, AE-C, MPH, Assistant Director of Experiential Learning, Assistant Professor, School of Pharmacy, University of Maryland, 20 North Pine St., Suite 730B, Baltimore, MD 21201. Tel: 410-706-3462. Fax: 410-706-0988. E-mail: htruong@rx.umaryland.edu

*Dr. Taylor's affiliation at the time this research was conducted. Dr. Taylor is now attending the School of Public Health, Boston University.

Pharmacists have continued to be among the most trusted⁴ and accessible^{1,3-5} healthcare professionals. Patients have become more aware of pharmacists' expertise in prescription drug use as well as in areas such as health and wellness, self-care, and immunizations. In fall 2010, all 50 states allowed pharmacists to administer the influenza vaccination⁷ and many professional organizations and pharmacy employers are encouraging pharmacists to provide blood pressure screening, diabetes screening, and other wellness screenings for their patients. Colleges and schools of pharmacy have also encouraged student pharmacists to complete public health IPPEs and APPEs.⁸⁻⁹ Additionally, the Association for Prevention Teaching and Research's Healthy People Curriculum Taskforce has encouraged students from all health professional disciplines to be trained in clinical prevention and population health, as well as participate in service-learning or outreach activities that will impact public health priorities.¹⁰

The Joint Commission of Pharmacy Practitioners has encouraged pharmacists to be prepared for careers that include health promotion and disease prevention.² The Accreditation Council for Pharmacy Education has set standards and guidelines for colleges and schools of

pharmacy to prepare student pharmacists to design and implement evidence-based patient-centered outreach programs that include health promotion.⁸ Many organizations have also called for increased pharmacists' education and involvement in public health through statements such as the Center for Advancement of Pharmaceutical Education (CAPE) educational outcomes⁹ and position statements from the American Pharmacists Association (APhA),³ American Society of Health-Systems Pharmacists (ASHP),⁶ and American Public Health Association (APHA).¹

Pharmacists and student pharmacists have begun to address the challenges and demands to develop and implement public health programs in their communities.^{1,4-6} However, to our knowledge, there are no current standards or instruments for pharmacists and student pharmacists to use when planning, implementing, and evaluating health promotion programs. Although there are tools available for evaluation of parts of a program (eg, assessing the program following implementation), there is no comprehensive tool available for use from the initial planning to final evaluation of a public health intervention or activity. As a result, some programs may be incomplete or may inadvertently result in diminished effectiveness. The purpose of this article is to describe the development, framework, and components of a comprehensive instrument for pharmacists and student pharmacists to use to systematically plan and implement health promotion programs and to present the preliminary findings from use of the tool by student pharmacists, preceptors, and faculty members. We anticipated that the Assessment, Development, Assurance Pharmacist's Tool (ADAPT) would provide pharmacists and student pharmacists with guidance that would ensure the creation of high-quality health promotion programs and interventions.

METHODS

The ADAPT instrument was developed based on the framework of the 3 core functions and 10 essential services of public health^{11,12} as defined by the Institute of Medicine and Centers for Disease Control and Prevention (CDC), respectively (Figure 1). To ensure a comprehensive instrument, documents from reputable and authoritative sources on public health such as the CDC, APhA, and Association of Schools of Public Health were searched for essential components that should be included. Specifically, key components of widely used health behavior theories and models were included in the assessment instrument to guide the development of health promotion programs.¹³ For example, section 9b of the tool serves as a checklist for program planners to ensure that the program contains appropriate information (as identified through

the Health Belief Model) on the perceived susceptibility and perceived severity of the condition; benefits to taking action; overcoming barriers through assistance and correcting of misinformation; cues to action; and self-efficacy.¹³ In addition, position statements from professional organizations such as the APhA and ASHP regarding pharmacists and public health, cultural competency considerations, and health promotion resources were reviewed.^{1-6,9-10,12-13,14-17} Legal and regulatory issues surrounding patient-focused or population-based activities were considered in the development of the instrument. With the goal being for the instrument to be used for planning prior to implementing a health promotion activity, during implementation, and after completion of the program, the tool was intended to ensure development of the highest quality programs that would have the greatest impact on the targeted patients or population.

Development of the ADAPT Instrument

The ADAPT instrument (Appendix 1) consists of 36 items categorized into 3 major sections, assessment, (policy) development, and assurance, which correspond to the 3 core functions of public health (Figure 1). Additionally, each major section contains components of the 10 essential services of public health as defined by the CDC.

The first section of ADAPT on assessment consists of 7 items or questions related to the first 2 public health essential services: (1) monitoring health status to identify and solve community health problems; and (2) diagnosing and investigating health problems and health hazards in the community. Key fundamentals for these 2 areas include conducting needs assessment or consulting with

Figure 1. Three core functions and 10 essential services of public health as defined by the Institute of Medicine (IOM) and Centers for Disease Control and Prevention (CDC).^{11,12}

community stakeholders, identifying and prioritizing health risks or problems of a community based on health statistics or literature searches, considering demographics and determinants of health of the target population, recruiting a program intervention or implementation team, and selecting a target population and health risk or problem that is relevant and for which intervention is needed.

The second section on (policy) development contains 9 attributes pertinent to the next 3 public health essential services: (3) inform, educate, and empower, people about health issues; (4) mobilize community partnerships to identify and solve health problems; and (5) develop policies and plans that support individual and community health efforts. Main components for these areas include developing the program's mission, goals, and objectives to address the identified health issue as well as designing or adapting educational strategies and materials based on credible resources with appropriate information (eg, risk factors, preventive measures, signs and symptoms, cues for actions, resources for follow-up, written materials, etc) and targeted toward the specific patient population. Other important elements include arranging for appropriate equipment and supplies; securing partnerships and support among community members and stakeholders; aligning program with current public health goals, policies, and priorities regarding the identified health issue; and considering the program's potential for development of policy, legislation, grants, and/or other funding, as well as its potential to sustain improvements to public health.

The third section on assurance consists of 20 questions related to the remaining 5 essential public health services: (6) enforce laws and regulations that protect health and ensure safety, (7) link people to needed personal health services and ensure the provision of health care when otherwise unavailable, (8) ensure competent workforce, (9) evaluate effectiveness, accessibility, and quality of personal and population-based health services, and (10) research for new insights and innovative solutions to health problems. The main elements for these essential services include ensuring legal compliance with federal and state regulations (ie, scope of practice for pharmacists, interns, or students; training, licensure or certification requirements; liability insurance; standard procedures or protocols; confidentiality or privacy issues; informed consent or waiver with institutional review board approval if required; Clinical Laboratory Improvement Amendment (CLIA) waiver; Occupational Safety and Health Administration (OSHA) training, and providing appropriate educational strategies and resources as well as linking access to use of health resources (eg, patients' health literacy levels, providers' culturally and linguistically

competence, etc). Another key component is ensuring that the program implementation team has the appropriate training or credentials; is trained to conduct the intervention, interpret the results of screenings or tests, and provide/conduct triage if applicable; and understands procedures and protocols for program implementation.

The instrument's third section on assurance also has items addressing program evaluation for effectiveness, accessibility, and quality of health services (item 9 above) as well as research (item 10). The program should be based on health behavior theories or models, evidence-based medicine, and/or best practices and have established goals and objectives with reasonable and measurable outcomes. As mentioned previously, the program content, language, and delivery should be appropriate based on the target population demographics and health literacy level, and a standard tool for cultural competence (eg, US Department of Health and Human Services Office of Minority Health – National Standards and Culturally and Linguistically Appropriate Services) should be used as necessary. Finally, consistent with any program planning and implementation, the assurance section leads program planners to arrange for appropriate and reasonable assessment or evaluation plan, mechanism for participant feedback (eg, participant satisfaction survey instrument), and tool for documentation or record of the number of participants impacted by the program based on specific metrics (eg, number of participants educated, screened, and referred as well as demographics, etc) to improve future programs. It is also recommended that there is an analysis of the impact of the program for evaluation and improvement of interventions as well as consideration about potential to conduct research in the arena of public health. If so, program planners are strongly encouraged to pursue this opportunity and to follow appropriate steps (eg, institutional review board approval) for research.

Development of Instructions and Initial Validity Testing

The instructions for using the ADAPT instrument state that participants should complete the checklist by selecting yes, no, or not applicable in response to each of the 36 items. Answering yes to all 36 questions or items indicates effective program planning and implementation. The user is instructed that "not applicable" should only be used in response to items not pertinent to a specific program. A no response for a particular item indicates that program planners should resolve the issue before instituting the intervention. Furthermore, the instrument includes a suggestion that the program be reviewed by program planners before implementation and at least annually thereafter to ensure that current information and current

guidelines for evidence-based medicine were incorporated into the program.

A brief list of definitions were added to the instructions section to assist users with the completion of the ADAPT instrument. For instance, within the instrument, the term *participant* refers to patients or a specific population for whom a public health program or intervention is being targeted, planned, and implemented to improve their well-being. The term *program* refers to a public health activity or intervention intended to improve the health of a targeted patient population. The term *program planners* refers to student pharmacists and faculty advisors or preceptors developing or supervising a *program* as defined above.

After the instrument was developed, peer-review and initial validity testing were conducted. First, the content of the instrument was peer-reviewed by faculty members at colleges and schools of pharmacy and public health including those that advise students involved in outreach activities and direct experiential learning programs, and by practicing pharmacists who precept students in IPPEs and APPEs. Additionally, student pharmacists reviewed and pilot tested the instrument by using it to evaluate existing or new extracurricular or experiential health promotion programs. Feedback from the faculty members, pharmacists, and student pharmacists was collected on a standardized form to assess the length of time taken to use the tool and changes made, if any, to improve their program as a result of using the tool. The forms also provided the reviewer an opportunity to comment on any aspect of the instrument, including whether it was easy to use, clear and understandable, and relevant.

RESULTS

More than 20 faculty members, preceptors, and student pharmacists at 5 institutions participated in the peer-review and initial validity testing processes for a variety of programs in which the instrument was used in planning and implementing health promotion initiatives. Based on responses from the initial validity testing of the ADAPT instrument, the average length of time for completion of the tool was 15 minutes.

Suggestions from faculty members and pharmacists resulted in changes to the instructions section and the wording of a few of the items to improve clarity. Reviewers were also surveyed about potential uses for the instrument and their responses included that ADAPT could be useful in service-learning or extracurricular activities; IPPEs; APPEs; and to ensure continuity of a project between 2 or more students at an experiential site.

Members of 2 student professional organizations used the tool to review their programs which focused on

educating and/or screening members of the community for the following conditions: asthma, osteoporosis, dyslipidemia, hypertension, and diabetes. One experiential program at an APPE site that was assessed with ADAPT involved the planning and implementation of a program to raise awareness and educate about human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS). Finally, the ADAPT instrument was pilot tested for the development, implementation, and evaluation of the Maryland Vote & Vax initiative. This student-led initiative provided influenza vaccines to a clinic held next to a polling site on Election Day 2010.

The students indicated that the tool was helpful and easy-to-use. All students who used the tool to evaluate their existing program indicated that they would make changes to the planning and implementation of their program based on the review. Changes to be implemented included creating a mission statement and writing a plan of action; improving documentation of the program and logistics to ensure better continuity of the project; and confirming student participants were trained in OSHA standards. The tool also allowed student pharmacists to capture metrics associated with their programs; for example, the students documented that the Maryland Vote & Vax initiative resulted in the vaccinations of 153 individuals, 42 of whom had never received the influenza vaccine before.

One student pharmacist commented that the instrument could be used as a checklist with the names of the persons responsible for completing each task and the timeline for completion. Another student pharmacist commented that the instrument provided important considerations that the student may not have thought about previously.

The student pharmacists did indicate that some of the terminology, especially as it related to public health terms or concepts, was unclear or unfamiliar to them; however, faculty members who reviewed the rubric did not raise those concerns.

DISCUSSION

The ADAPT instrument is a comprehensive assessment and planning tool designed to help pharmacists, faculty advisors, preceptors, and student pharmacists systematically plan and implement public health interventions or programs during IPPEs, APPEs, service learning, or community outreach activities. Recommendations and resources are provided within the instrument for planning and implementation of those activities.

When searching the literature for reports on similar comprehensive instruments available for use by pharmacists or student pharmacists, few relevant studies were

found. However, 2 articles were useful in guiding the development of this comprehensive assessment instrument. Wang and colleagues reported a need for better evaluation of public health interventions. Their article focuses on the applicability and transferability of health promotion activities from one setting to another and provides a guide for adoption of effective, published programs into additional settings.¹⁸ The authors call attention to political, social, and financial considerations that may vary among communities. McDonnell and colleagues developed a tool to measure the effectiveness of a program after implementation.¹⁴ The authors targeted groups in 7 different countries that had published reports about successfully implementing a health promotion intervention. Additionally, they distributed a standardized evaluation questionnaire based on evidence in the literature that the program planners could use to assess the appropriateness and adequateness of training of healthcare workers involved, assess the infrastructure surrounding the programs, and identify the presence of community support to help them reevaluate their program. Based on the results of the questionnaire, the planners were able to determine whether their program met the criterion of a successful program or if improvement was needed. Some of these components used in the McDonnell and colleagues questionnaire were modified to fit the framework of the comprehensive ADAPT instrument, which was designed specifically to be used by pharmacists and student pharmacists.

As with any standard or validated instrument, there are limitations. Through the development and validation processes of the ADAPT instrument, it became apparent that some recommendations were general or might be considered not applicable by some program planners. However, this comes from the nature of the instrument, ie, every statement may not apply to every health promotion program because of differences in state laws (eg, intern's license), scope of practice regulations (eg, immunizations and CLIA waiver for point-of-care testing), differences in college or school policies (eg, legal issues or liability insurance), and/or the recommendation may simply be outside the scope of the program. Regardless, it is the authors' intent for the instrument to be comprehensive and for all criteria to be met to the best of the program planner's ability.

Other limitations of the ADAPT instrument may include potential resistance from the program planners to modify parts of established programs that the ADAPT finds to be inadequate. In these situations, program planners for existing or established health promotion programs should consider using the ADAPT instrument as part of their quality improvement process.

Although student pharmacists were unfamiliar with some of the terms used in the ADAPT instrument, faculty pharmacists and preceptors did not report having this problem. Therefore, student pharmacists should use this instrument under the direction and guidance of a faculty advisor or preceptor until they become familiar with the public health terms.

CONCLUSION

The ADAPT instrument was designed to facilitate the planning and implementation of pharmacist-directed health promotion initiatives. The ADAPT instrument can be used during IPPEs and APPEs; for ensuring continuity of projects between 2 students at a practice experience site; and in activities related to service-learning or extra-curricular organizations. ADAPT fills a need for a comprehensive, easy-to-use instrument that can be used by pharmacy faculty members, preceptors, and student pharmacists incorporating health promotion activities in those settings. In addition to being a thorough assessment instrument integrating the 3 core functions and 10 essential services of public health, the ADAPT instrument provides an application and resource to address pharmacy educational outcomes and accreditation standards pertinent to public health. The authors anticipate that this instrument will be beneficial to pharmacists in planning, developing, and implementing high-quality, evidence-based, well-planned pharmacist-directed health promotion programs. As pharmacists and student pharmacists continue to assume active roles in public health activities, instruments such as ADAPT are important to ensure high quality health promotion programs that meet the needs of patients and populations and maintain compliance with laws and regulations. Finally, the authors anticipate that the ADAPT instrument will promote and further the documentation of pharmacists' contributions to address national health goals and improve the health of society.

ACKNOWLEDGEMENTS

The development of the ADAPT instrument abstract was accepted and presented previously during a poster session at the American Association of Colleges of Pharmacy (AACP) Annual Meeting in Seattle, WA, in July 2010.

The authors acknowledge the following student pharmacists, faculty advisors, and preceptors who assisted in the peer-review and initial validity testing processes of the ADAPT instrument: Lauren Anderson, PharmD candidate; Lauren B. Angelo, PharmD, MBA, Assistant Professor; Robert S. Beardsley, PhD, RPh, Professor and Vice Chair of Education; Cynthia J. Boyle, PharmD, Associate Professor and Director of Experiential Education;

Tracy Carlson, RPh, preceptor and pharmacist-in-charge at Rays Pharmacy and Wellness, Lima, OH; Christina J. Dang, PharmD candidate; Janet E. Dudley, PharmD candidate; Jack E. Fincham, PhD, RPh, Professor of Pharmacy Practice and Administration; Margaret Hayes, MS, Director of Strategic Initiatives and Director of Student Educational Services and Outreach; Renee M. Johnson, MPH, PhD, Assistant Professor; Cherokee Layson-Wolf, PharmD, CGP, Associate Professor; Kimberly Lehrfeld, RPh, preceptor and pharmacist at Chase-Brexton Health Services Clinic, Baltimore, MD; Andrea McMunn, PharmD candidate; Bethany Murphy, PharmD, PGY1-Resident, ONU HealthWise; Patricia Partelero, PharmD, Associate Professor of Pharmacy Practice and Director of Experiential Education; Brittany Ray, PharmD candidate; Michael Rush, PharmD, CDE, preceptor and Director of ONU HealthWise; Kristen Finley Sobota, PharmD, BCPS, Assistant Professor of Pharmacy Practice and Director of Outreach Programming; Andrea Stan, PharmD candidate; Kristen Thatcher, PharmD candidate; Sheryl Thedford, PharmD candidate; Neal Vasist, PharmD candidate; Chai (James) Wang, PharmD candidate; and Katie Westgerdes, PharmD candidate.

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Appendix 1. The ADAPT instrument for ensuring quality implementation of a health Promotion program.

Assessment, Development, Assurance: Pharmacist's Tool (ADAPT)

Truong HA, Taylor CR, DiPietro NA

This comprehensive and validated assessment instrument is based on the framework of 3 core functions of public health, including assessment, (policy) development, and assurance (Institute of Medicine) and 10 essential public health services (Centers for Disease Control and Prevention). The ADAPT instrument's 15-minute, 36-item checklist aims to assist pharmacists, faculty advisors, preceptors, and student pharmacists to systematically plan and implement health promotion activities during Introductory Pharmacy Practice Experiences (IPPEs), Advanced Pharmacy Practice Experiences (APPEs), and service learning or community outreach programs. Recommendations and resources are also provided for effective and quality health programs.

Please complete the assessment instrument by selecting "Yes," "No," or "Not Applicable (N/A)" for each item below. To ensure effective and quality health promotion program planning and implementation, all items should be checked as "Yes" prior to or during the planning stage of the program. "Not Applicable" ("N/A") may be utilized for items not pertinent to program. If "No" is selected for a particular item, program planners should resolve the issue before instituting the intervention. The program should be reviewed prior to implementation and at least annually thereafter to ensure that the latest information and evidence-based public health is incorporated into the intervention.

Definitions for assistance with the completion of this assessment tool:

"Participant" refers to patients or a population for whom a "program" is being targeted or planned for improving public health.

"Program" refers to a public health activity or intervention aiming at improving the health of a targeted population.

"Program planners" refer to student pharmacists and faculty advisors or preceptors developing or supervising a "program" as defined above.

Proposed Health Promotion Program Name: _____ **Date:** _____ **Program Planner(s):** _____

Assessment	Yes	No	N/A
Monitor health status to identify and solve community health problems.			
1. Program planners have completed or identified at least one of the following: a. A needs assessment or consultation with community members and stakeholders to identify health status, including risks or problems, of a community b. Health risks or problems (e.g. environment, hazards, etc.) present in a community c. Health statistics, literature searches, etc. which demonstrate the need for an intervention.	☐	☐	☐
2. Program planners have identified and prioritized a health risk or problem for intervention in a specific population.	☐	☐	☐
3. Program planners have identified and recruited committed members for the program implementation team.	☐	☐	☐
Diagnose and investigate health problems and health hazards in the community			
4. The specific or target population has been identified. ²	☐	☐	☐
5. The selected health risk or problem in the target population is relevant or has timely need for intervention.	☐	☐	☐
6. Demographics (e.g. age, educational level, health literacy, cultural aspects, religious beliefs, etc.) of the target population are identified.	☐	☐	☐
7. Determinants of health (e.g. socioeconomic status; possible disparities due to patient age, gender, and culture; other factors affecting health status) of the target population are identified.	☐	☐	☐

(Policy) Development			
Inform, educate, and empower people about health issues.			
	Yes	No	N/A
8. The program includes a mission statement, goals, and objectives to inform, educate and empower the target population about the specific health issue.	☐	☐	☐
9. Program planners have appropriate materials (e.g. written materials) for the program including:	☐	☐	☐
a. Materials obtained from a credible source (e.g. American Heart Association, American Diabetes Association, American Public Health Association, etc.) that are appropriately created for the identified participants and aligned with the goals for the program.			
b. Materials that are developed by program planners contain the following information as appropriate. ¹⁻³			
i. Introduction to the disease state, medical condition, or health maintenance issue (e.g. immunizations)	☐	☐	☐
ii. Natural history of disease (explanation or timeline of disease state progression) and risks for complications	☐	☐	☐
iii. Modifiable and non-modifiable risk factors (e.g. lifestyle changes, family history)	☐	☐	☐
iv. Preventive measures of health risks or problems	☐	☐	☐
v. Signs and Symptoms	☐	☐	☐
vi. How to react to positive signs and symptoms	☐	☐	☐
• When to seek immediate medical attention (i.e. call 9-1-1)			
• When to see a healthcare professional			
• When to self-treat			
vii. How to properly use home testing and monitoring devices (e.g. blood glucose monitor, automatic blood pressure cuff, etc.) and interpret results or take action on results.	☐	☐	☐
viii. Non-pharmacologic (e.g. lifestyle modifications) and/or pharmacologic treatment options.	☐	☐	☐
ix. Available resources for follow-up actions.	☐	☐	☐
c. Written materials appear in a large, clear, easy-to-read format.	☐	☐	☐
d. Pictures or diagrams complement the written materials in the program. ²	☐	☐	☐
e. Materials do not contain medical jargon (e.g. hypertension, hyperlipidemia, etc) and “Do Not Use” terms or abbreviations (e.g. qd, once, etc.). ²	☐	☐	☐
f. All abbreviations/symbols (e.g. HTN, BG, MAP, etc.) are defined and explained throughout the program.	☐	☐	☐
10. Program planners have appropriate medical supplies (e.g. stethoscope, blood pressure cuffs, glucometers, etc.) or funding available to address the identified health risk or problem.	☐	☐	☐
11. Program planners have arranged for appropriate audio-visual or other equipment necessary for program implementation (e.g. laptops, screen projector, internet, tables or chairs).	☐	☐	☐
Mobilize community partnerships to identify and solve health problems.			
12. It is anticipated that the community members and stakeholders will receive or accept the program (i.e. age appropriate, culturally appropriate etc.). ²	☐	☐	☐
13. Involvement of the target population has been sought via promotional materials, advertising, etc. ²	☐	☐	☐
Develop policies and plans that support individual and community health efforts.			
14. The program addresses or supports current national, state, or local priorities or initiatives or public or private organizations.	☐	☐	☐

15. The program has a mission or supports the mission of the institution or organization (e.g. college or school of pharmacy, state association, agencies, etc.) to improve public health.	☐	☐	☐
16. Program planners should consider whether the program has potential for: a. Policy development and/or legislation to improve community's health. b. Funding/grants to improve community's health. c. Sustainability to improve community's health. <i>If so, program planners are strongly encouraged to pursue these opportunities.</i>			
Assurance	Yes	No	N/A
Enforce laws and regulations that protect health and ensure safety.			
17. The program is legally permitted by and compliant with state/federal regulations.	☐	☐	☐
a. The program operates within the state's scope of practice for pharmacists, student pharmacists, or pharmacy interns.	☐	☐	☐
i. Program team members have a valid pharmacy intern's license as required.	☐	☐	☐
ii. Licensed pharmacist(s) will be present during implementation team training and at the time of the program.	☐	☐	☐
b. Team members have appropriate certifications (e.g., BLS/CPR, immunization) as required.	☐	☐	☐
c. Team members have appropriate liability insurance as required.	☐	☐	☐
d. The program has standard procedures or protocols (e.g. standing orders for immunization) as required.	☐	☐	☐
e. The program is organized in a way that will ensure the privacy of all participants and will avoid HIPAA violations.	☐	☐	☐
18. The program provides informed consent/waiver forms for participants.	☐	☐	☐
19. The program has received institutional review board (IRB) approval if required.	☐	☐	☐
20. The program team members or participants may be exposed to bodily fluids. (If yes, go to item #20a; if no, go to item #21.)	☐	☐	☐
a. All laboratory tests to be used are waived under the Clinical Laboratory Improvement Amendment (CLIA).	☐	☐	☐
b. OSHA blood borne pathogen training has been completed by all members of the program team.	☐	☐	☐
Link people to needed personal health services and assure the provision of health care when otherwise unavailable.			
21. The health literacy level of the target population will be considered when developing and implementing the program.*	☐	☐	☐
22. Program planners consult resources for patient health literacy education.*	☐	☐	☐
23. Program planners will provide written results (i.e. forms with results of screenings or tests) for participants to take and share with personal healthcare professional(s).	☐	☐	☐
24. Program planners provide referral resources and encourage utilization of those by participants for follow-up actions (e.g. how to access to healthcare professionals, clinics, medication assistance programs, and other health resources)	☐	☐	☐
Assure Competent Workforce.			
25. The program implementation team is trained to deliver the program to the target population. ^{1,2}	☐	☐	☐
26. The program implementation team is trained to interpret results of screenings or tests and triage as appropriate.	☐	☐	☐
27. The program implementation team has clear and well-documented procedures or protocols to deliver the program.	☐	☐	☐
Evaluate effectiveness, accessibility, and quality of personal and population-based health services.			
28. The program is based on health behavior theories or models, evidence based medicine, and/or best practice ²	☐	☐	☐

29. The program has established goals and objectives with reasonable and measurable outcomes. ¹	☐	☐	☐
30. The program content, language, and delivery is appropriate based on the target population demographics and health literacy level.	☐	☐	☐
31. The program considers a standard tool for ensuring cultural competence (e.g. US DHHS Office of Minority Health – National Standards on Culturally and Linguistically Appropriate Services (CLAS) ⁴) to include at least some components of the following where applicable or necessary: a. Offers and provides language assistance services, including bilingual staff/interpreter services at no cost for patient. b. Provide to patients in their preferred language both verbal and written notice informing them of their right to receive language assistance. c. Ensure the competence of the language assistance provided. d. Make available easily understood patient-related materials and post signage in the predominant languages of the service area.	☐	☐	☐
32. The program has an appropriate and reasonable assessment or evaluation plan (e.g. meeting the needs of the target population, appropriate settings, effective communications, etc.) after implementation. ^{1,2} Future iterations of the program should be revised based on evaluations.	☐	☐	☐
33. Program includes mechanism for participant feedback (e.g. satisfaction survey) to improve future program based on feedback.	☐	☐	☐
34. Program implementation team has tools to document or record the number of people impacted by the program based on specific metrics (e.g. number of participants educated, number of participants screened, number of participants referred, participant demographics, etc.)	☐	☐	☐
Research for new insights and innovative solutions to health problems.			
35. Analysis of the impact of the program for evaluation and improvement of future initiatives (e.g. number of participants educated, screened, and/or referred; participant demographics, etc.) occurs after the program.	☐	☐	☐
36. Consider whether the program has potential for public health research. <i>If so, program planners are strongly encouraged to pursue opportunity and follow appropriate steps (e.g. IRB approval, etc.)</i>			

Proposed Health Promotion Program Name: _____ **Date:** _____ **Program Planner(s):** _____

Comments/Notes: _____

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*For items/questions 21 and 22, available resources/tools for assessing health literacy may include the U.S. Department of Education National Assessment of Adult Literacy (NAAL) Health Component section, "Teach-Back" education method, or prime questions for patient counseling. Additional resources may include American Medical Association Foundation "Health Literacy Toolkit," Health Resources and Services Administration "Unified Health Communication 101: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency," Institute for Healthcare Advancement's Health Education Literacy Program (HELP).

References

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