

# Analyzing Problems and Goals



Community Tool Box



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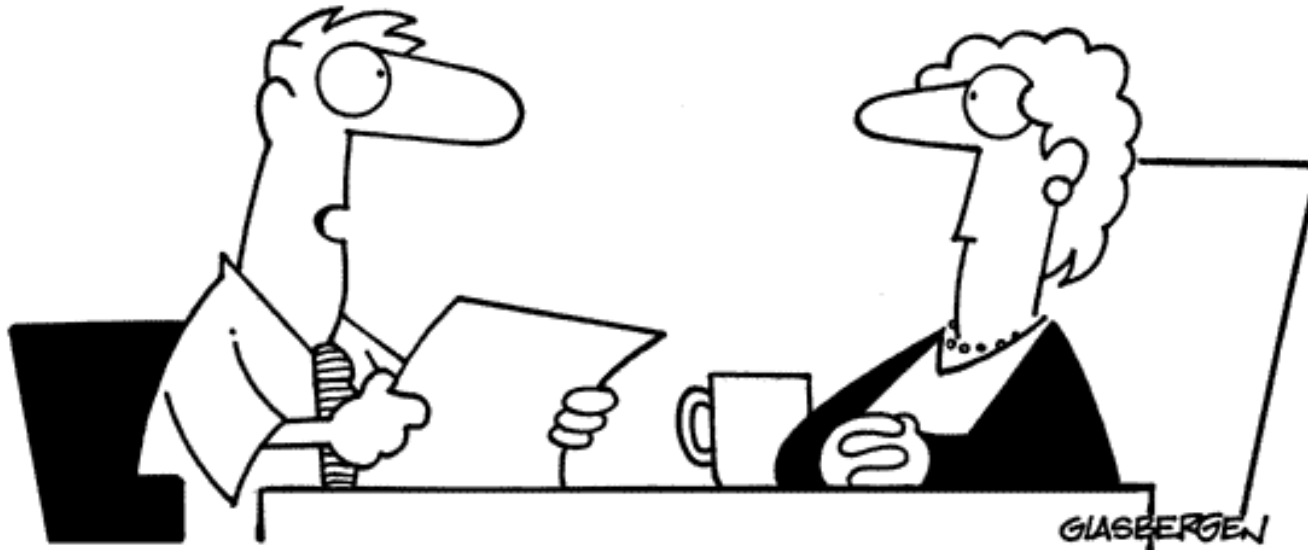
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# Learning Objectives

- Learn strategies for analyzing problems or goals
- Understand personal and environmental factors
- Learn how to identify targets and agents of change





**“As you suggested, I made a list of my professional goals:**  
**1) Make Ed stop blowing his nose when I’m on the phone.**  
**2) Convince Cheryl and Sandra to wear less perfume.**  
**3) Get to the break room faster when I smell popcorn....”**



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# Naming and Framing Problems and Goals

## Some Socially Important Problems and Goals:

- Alcohol and drug abuse
- Child health and development
- Crime, violence and public safety
- Cultural respect
- Disabilities and independent living
- Education and literacy
- Environmental protection
- Health issues
- HIV/AIDS





# A Behavioral View of Societal Problems and Goals

- Behavior [What behaviors contribute to the problem or goal?]
- Environment [What environmental conditions affect important behaviors?]
- Outcome [What important population-level outcomes result from widespread behavior and related conditions?]



# Analyzing Problems and Goals

- Analysis: to loosen; to break up
- Breaking up a problem into manageable chunks
- Naming and framing it so we can do something about it



# Overview of Analyzing a Problem or Goal

- Identify the priority issues to be addressed
- State the problem or goal to be addressed (naming and framing)
- Analyze
- Identify personal and environmental factors that (may) contribute
- Identify targets and agents of change
- Generate potential solutions



# Community Problem

Gap between what is and what should be for conditions and behaviors that matter to communities

## Attributes

- Frequency
- Duration
- Scope
- Severity
- Social Importance
- Perception



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# Justifying Priority Issues

## Collect and use good information

- Determine what you already know
- Decide what's missing
- Gather information
- Name and frame the problem or goal



# State (Frame) the Problem or Goal

- Lack of or too few of a POSITIVE condition
- Presence of or too much of a NEGATIVE condition
- OR, Both, if different constituencies respond to different framing



## DIALOGUE:

Name a problem that people don't believe they can do much about.

Does the naming and framing of this problem contribute to a sense of powerlessness?



# Example Framings of a Problem Statement

- The problem is that too few neighborhood youth are graduating from high school (lack of positive condition)
- The problem is that too many youth are dropping out of school (presence of negative condition)





# Example HIV/AIDS Naming and Framing

- Problem Statement #1 (poor):  
“ HIV/AIDS is a plague upon our people.”
- Problem Statement #2 (better):  
“The problem is that HIV/AIDS affects many of our people.”
- Problem statement #3 (best)  
“The problem is that too many adults are having sex with multiple partners and are doing so without using condoms with a resulting increase in HIV/AIDS among our people.”



## *Activity—Naming and Framing...*

- In pairs or small groups, name and frame the issues important to your community
- Justify the issue to the partner or group (i.e., frequency, duration, scope, severity, social importance)
- (as needed) Reframe the issue to reflect the community's concerns



“Human progress is neither automatic nor inevitable... This is no time for apathy or complacency. This is a time for vigorous and positive action.”

***Martin Luther King, Jr.***



# Analyzing the Problem or Goal

Why analyze?

- To identify or clarify the problem or goal
- To understand potential causes
- To determine barriers and resources
- To identify promising solutions
- To maintain involvement in the effort

# When to analyze?

- Problem not defined
- Too little is known
- To find causes
- People are jumping to conclusions
- To identify actions or collaborators



**DIALOGUE:** Consider a problem or goal important to your community. Is it time to analyze this issue? Why?



# Steps to take in analysis

1. Ask questions to identify key behaviors, actors, and their consequences
  - What behaviors of whom contribute?
  - Who is affected?
  - How many people are affected, and how?
  - When and where did this first occur?



## Case Example: Heart Disease in Kansas City, Missouri

- Walking trips have decreased more than 40% since 1977.
- Walking and biking by children has declined by 40% since 1977.
- Only 20.2% of Missouri adults engage in regular physical activity
- Only 20.7% of Missouri adults consumed 5 or more servings of fruits of vegetables.





## DIALOGUE: For your community, consider:

- What behaviors of whom contribute to the problem?
- Who is affected?
- How many people are affected and how?
- When and where did this first occur?



2. Analyze “root causes” to identify the conditions or behaviors and related interventions



**REFLECTION/DIALOGUE:** What key behaviors of whom did this analysis help you to see? What environmental conditions? **How could you use this information to identify parts of an intervention?**



### 3. Identify restraining and driving forces by conducting a Force Field Analysis (i.e. SWOT)

- Human resources
- Physical environment
- Financial resources
- Activities and capabilities
- Demographics
- Economic conditions
- Societal trends



- **ACTIVITY:** For your situation, identify some restraining forces, some driving forces, and implications for promising interventions.
- **REFLECTION/DIALOGUE:** What does this analysis help you to see? How might you use it to plan an intervention?



# Identifying Personal and Environmental Factors

- Factors – Some General Principles
  - Multiple and interrelated factors affect multiple and interrelated outcomes
  - Not all factors or determinants are equally important
  - More risk factors = greater likelihood for the problem (unhealthy behavior)
  - More protective factors = greater likelihood for the goal (healthy behavior)



# Personal and Environmental Factors

## Personal Factors

- Aspects of the individual or group that affect behavior or outcomes (e.g., knowledge and skill)

## Environmental Factors

- Aspects of the social and physical environment that affect the behavior or outcomes of a group of people (e.g., social support, approval, access and opportunities)

# Personal Factors

## Knowledge and Skill

- Knowledge
- Beliefs
- Skills
- Education and training

## Experience and History

- Experience
- Cultural norms and practices
- Social status, history, etc.





# Personal Factors

## Biology / Genetics

- Type and degree of existing health
- Cognitive, mental or physical ability
- Chronic illness
- Gender and age
- Genetic predisposition



# Environmental Factors

## Support and Services:

- Availability and continuity of social support and ties
- Availability of appropriate services
- Availability of resources



# Environmental Factors

## Access, Barriers and Opportunities

- Physical access and barriers
- Communication access and barriers
- Competing requirements for participation

## Consequences of Efforts

- Social approval and disapproval
- Incentives and disincentives
- Time costs and delays



# Environmental Factors

## Policies and Living Conditions

- Policies
- Financial barriers and resources
- Exposure to hazards
- Living conditions
- Poverty and disparities in income and social status



**DIALOGUE:** Case example: What are the environmental factors that contribute to risk for heart disease and related behaviors?



# Selecting Factors to Be Addressed

Ask:

- Does it strongly influence the issue?
- Can it be changed?
- Can it be used to:
  - Target those most at risk (most benefit)
  - Identify elements of the intervention



**ACTIVITY:** Consider what factors affect your problem of interest

- Identify personal factors (e.g., knowledge and skills, etc.)
- Identify environmental factors (e.g., support and services, etc.)

**DIALOGUE:** For your issue, what specific personal and environmental factors should be addressed? How would you refine your analysis?



# Identifying Personal and Environmental Factors

PROBLEM OR GOAL:		
TYPE OF FACTOR:	SPECIFIC FACTORS:	HOW IT CONTRIBUTES TO THE PROBLEM/ GOAL:
Personal	1. Knowledge and Skills:	
	2. Experience and History:	
	3. Biology and Genetics:	
Environmental	4. Support and Services:	
	5. Access, Barriers, and Opportunities:	
	6. Consequences of Efforts:	
	7. Policies and Broader Conditions:	



# How to Identify Targets or Agents of Change

Identify potential targets of change

- Who is at risk or directly experiences the problem?
- Who contributes to the problem by their actions or inaction?



## Identify potential targets of change (cont.)

- Other factors affecting your choice Targeted efforts with those with multiple risk factors
  - Universal efforts to reach large numbers of those at some risk
  - Targeting those who are “ready”
  - Including those whose actions or inaction contribute to the problem



## Identify potential agents of change

- Who has the power to make change?
- Who has the time, resources and interest?
- Who has the needed relationships?
- Who among the targets could aid the effort?



# Consider Other Individuals or Groups

- What organizations would be good partners?
- Did we engage all parts of the community?
- Who could best engage them?
- Were all community sectors involved?
- Who could best engage them?



# Generating and Choosing Solutions

## Overview

- Deciding to address the problem or goal
- Generating and evaluating solutions
- Making a decision



# Considerations in Deciding Whether to Solve the Problem or Achieve the Goal

- Importance
- Feasibility
- Potential fit
- Unintended consequences



**DIALOGUE:** Consider a potential solution for your issue. How well does it meet these criteria?



# Generating Solutions

- Review evidence for what works, and under what conditions
- Ask people for suggestions
- Group and individual brainstorming
- Individual brainstorming
- Relating and charting solutions





# Relating Solutions and Intervention Strategies to Specific Factors

## Some Intervention Strategies

- Providing Information and Enhancing Skills
- Enhancing Services and Support
- Modifying Access, Barriers, and Opportunities
- Modifying Consequences
- Modifying Policies and Broader Conditions



# Ask These Questions About Solution Elements

- Is it effective?
- Is it practical to implement?
- Is there capacity to implement it effectively?
- Does the solution fit the values and accepted practices of those involved?
- Are the benefits likely to outweigh the costs?
- Modify solutions as appropriate



# Making a Decision: If Consensus Cannot Be Reached, Try Another Strategy

- A well-respected person (small group) decides
- Input is gathered from experts for an individual or group to use to decide
- Vote, with the majority deciding
- Have members assign ranks to all solutions
- Decide not to decide, defer
- After decision, solicit feedback



“If the only tool you have is a hammer,  
you tend to treat everything as if it  
were a nail.”

***Abraham Maslow***

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# Putting It All Together

## Creating a Plan for Analysis

- Review the Steps
- Apply what you learned to your situation



# Critiquing the Plan for Analysis

- Clarity
- Completeness
- Appropriateness
- Likelihood of contributing to the goal



A rose by any other name...

A word cloud on a black background featuring various terms related to impact measurement. The words are arranged in a cluster, with 'outcome' being the largest and most central. Other prominent words include 'indicator', 'process', 'impact', 'objective', 'goal', 'Measurable', and 'SMART'. Smaller words include 'quantitative', 'behavioral', 'measurement', 'relevant', 'qualitative', 'Time-bound', 'achievable', and 'learning'. The words are in different colors, including white, light green, purple, and red.

objective  
goal  
quantitative  
behavioral  
SMART  
measurement  
outcome  
Measurable  
relevant  
qualitative  
Time-bound  
achievable  
learning  
indicator  
process  
impact

# Learner's Will

by the end of today's presentation you will...

- Understand the relationship between goals and objectives statements.
- Understand the difference between process (implementation) and outcome (impact) objectives and know how to write SMART objectives
- Beware of common pitfalls in writing goals, objectives and indicators



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# Why Set Goals



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# Why State the Objectives?

*If you don't know where you're going, how are you gonna' know when you get there?*

—Yogi Berra



# Mission

States the purpose and values of the organization. Describes why action should be taken. Meant to inspire us.

# Vision Statement



# Goals

State the overarching hoped-for-effect of the program.  
Describe what should change.



# Objectives

Describe what should change for whom by when and where.



# Indicators

Actual Measures



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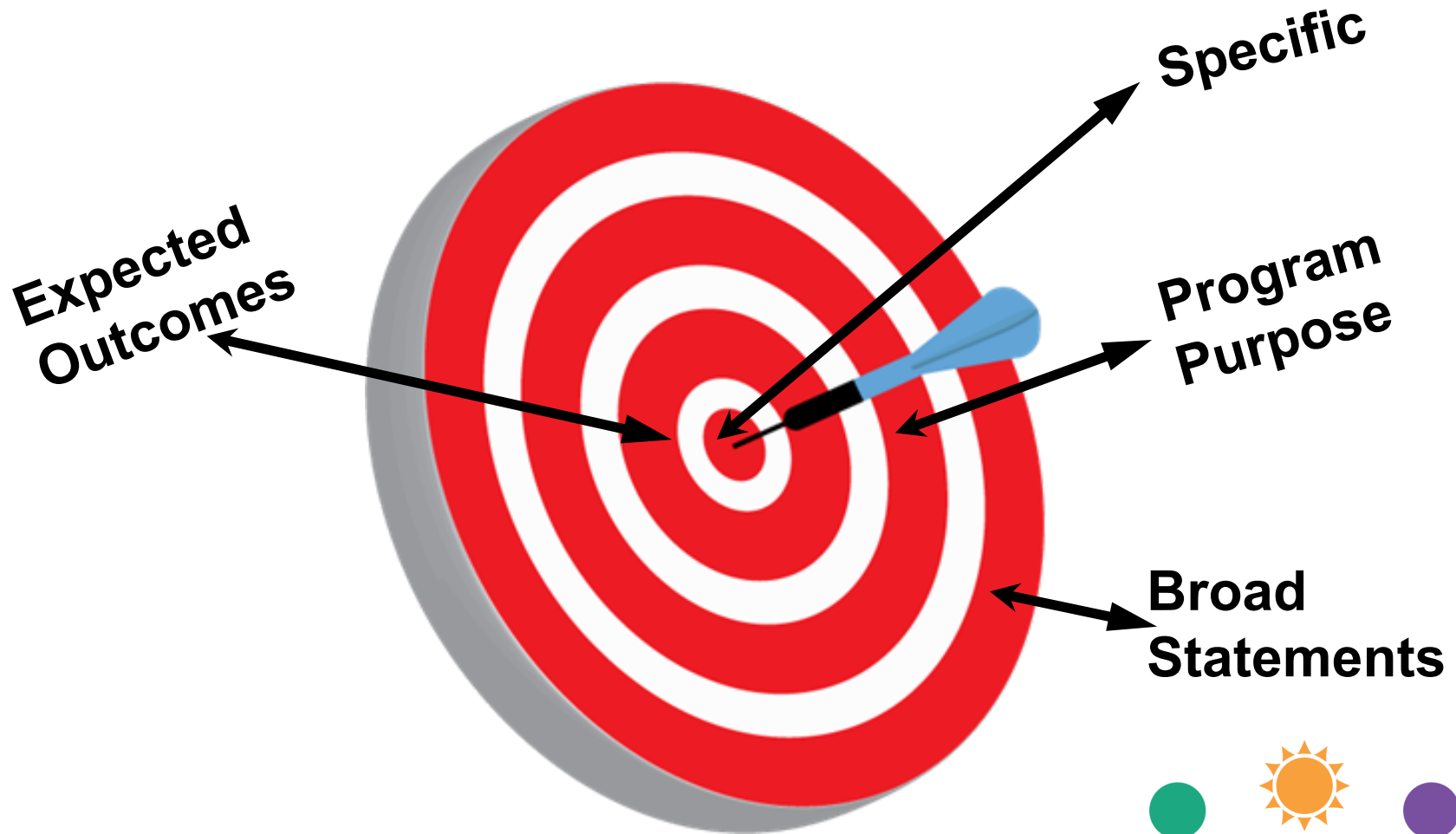


## Indicators

Actual Measures



# Program Goals



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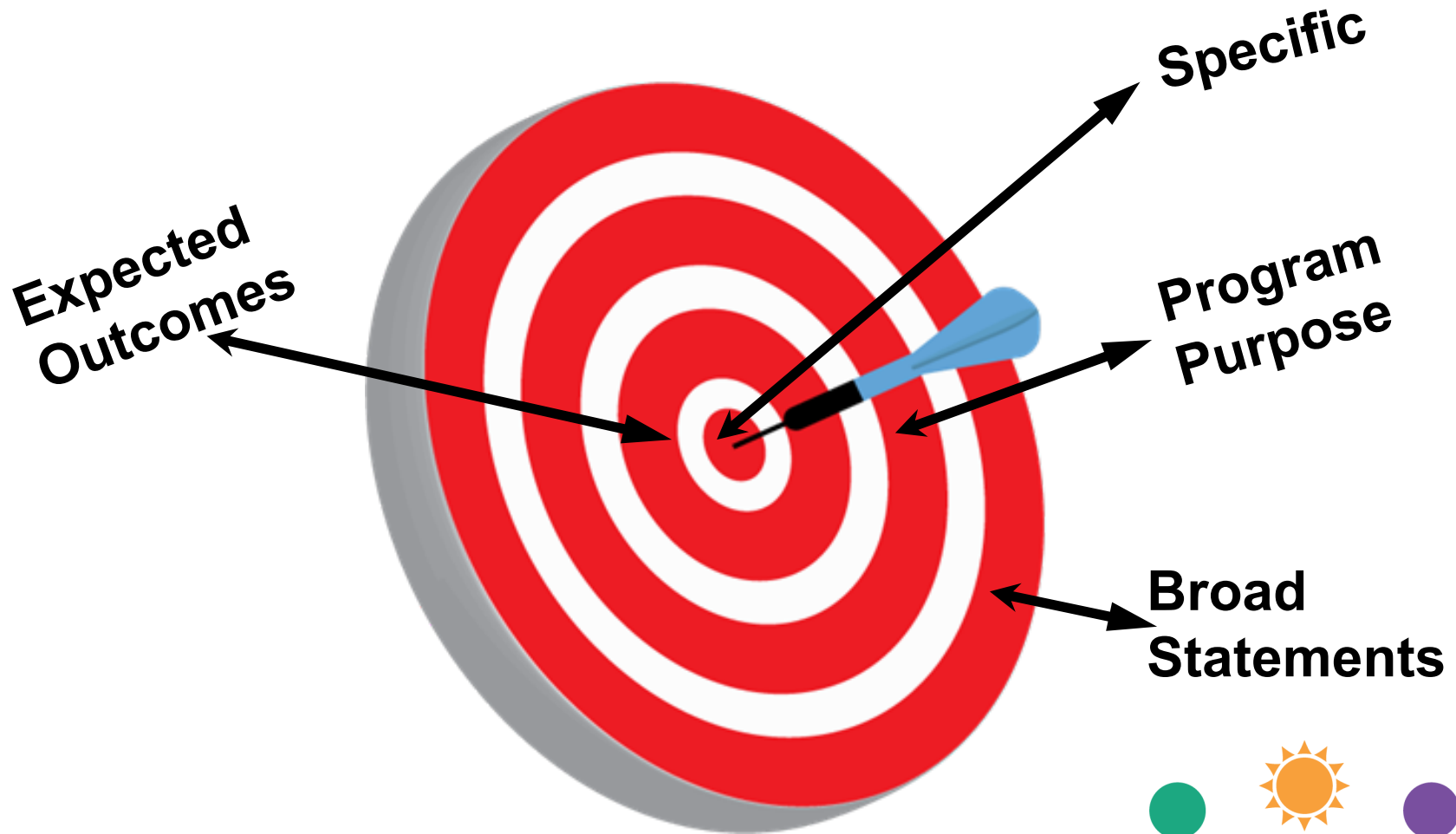
# To (do something) + (among whom) + (where)

- To improve the heart health of women between the ages of 40 and 65 in the city of Little Rock.
- To reduce smoking among college freshman at University of Arkansas at Pine Bluff.





# Program Goals



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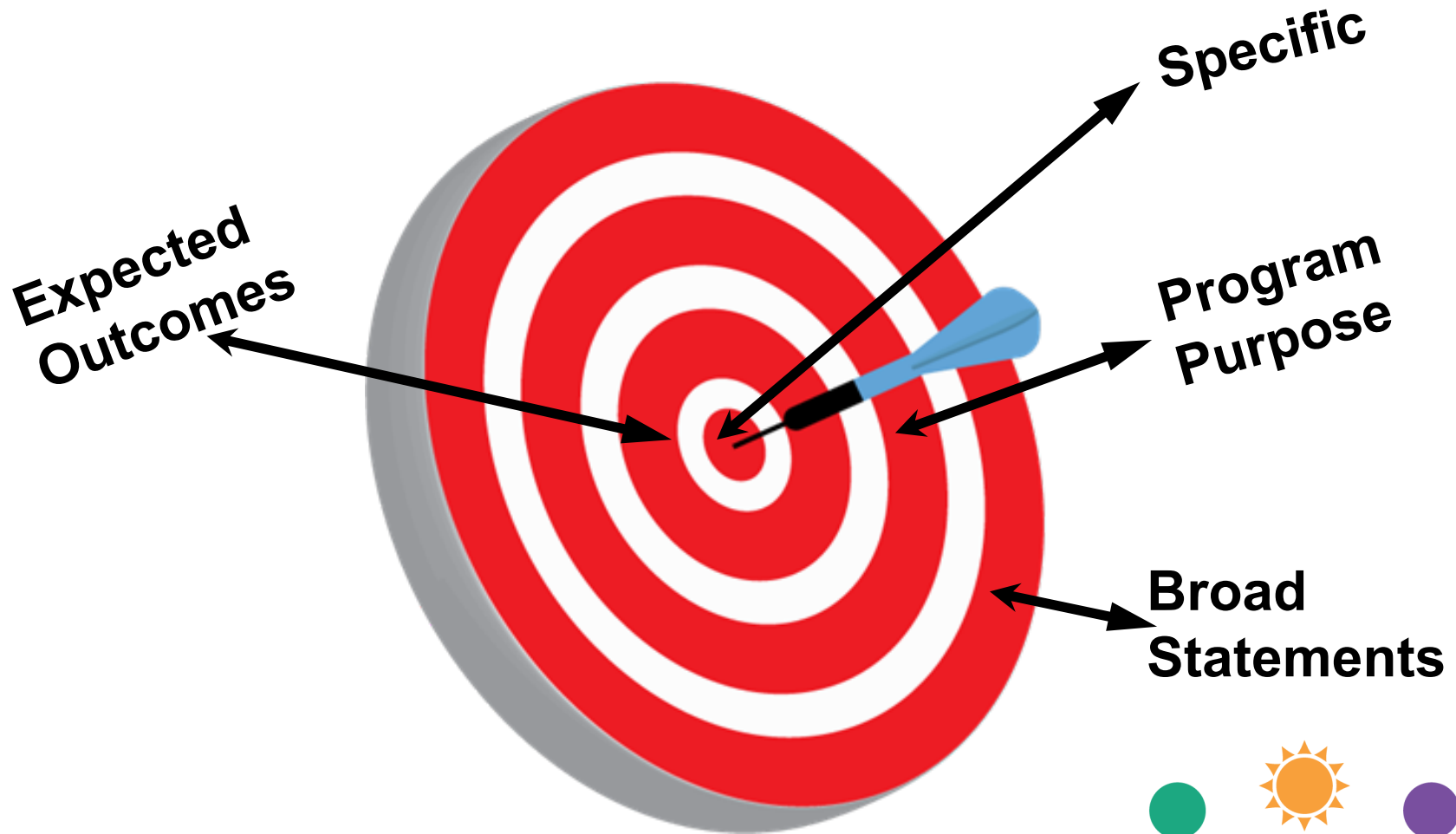
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# Program Goals



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# How Good is This Goal?

What is missing from this goal? “To increase knowledge about sexual and reproductive health in Mexico.”

- ☐ Not a Broad statement
- ☐ Not clear Program Purpose
- ☐ Not clear Expected Effects
- ☐ Not Specific
- ☐ It's good just the way it is



# How Good is This Goal?

What is missing from this goal? “To change accepted norms in society.”

- ☐ Not a Broad statement
- ☐ Not clear Program Purpose
- ☐ Not clear Expected Effects
- ☐ Not Specific
- ☐ It's good just the way it is



# Why State the Objectives?



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# **WARNING**

**ALWAYS ANCHOR GOAL.**

**Unsecured goal can fall over  
causing serious injury or death.**

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# Mission

# Vision Statement

States the purpose and values of the organization. Describes why action should be taken. Meant to inspire us.



## Goals

State the overarching hoped-for-effect of the program.  
Describe what should change.



## Objectives

Describe what should change for whom by when and where.



## Indicators

Actual Measures





# Stating the Objectives

- Define or reaffirm your vision and mission statements
- Determine the changes to be made
- Collect baseline (pre-intervention) data on the issues to be addressed
- Set the objectives for your initiative

**DIALOGUE:** Why might the Ivanhoe Neighborhood Council set objectives?





# Objectives



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# Types of Objectives



Process  
Objectives

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# Types of Objectives



Outcome  
Objectives

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# Goal: To decrease suicide among Texarkana teens

## **Objective 1:**

By the end of the 2018 school year, program staff will teach a 12 session suicide prevention curriculum to at least 6 classrooms at each of the 2 identified middle and high school students in Texarkana.

## **Objective 2:**

By the end of the 2018 school year, program staff will have developed and distributed a suicide prevention resource guide to at least 20 teachers of the 2 identified schools in Texarkana.



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# Goal: To decrease suicides among Texarkana teens

## **Objective 3:**

At the end of the 2018 school year, at least 80% of teachers who have contact with program staff will report increased knowledge of suicide prevention strategies and available resources.

## **Objective 4:**

At the end of the 12-week curriculum, at least 80% of the student participants will demonstrate improved knowledge about suicide prevention.



# SMART+C: Some Attributes of Objectives

**Specific** (what exactly are we going to do, with or for whom?)

**Measurable** (is it measurable & can WE measure it?)

**Achievable** (can we get it done in the time frame in this political climate/with this amount of money?)

**Relevant** (will this objective lead to the goal)

**Timed** (when will we accomplish this objective)

**Challenging** (requiring extraordinary effort)



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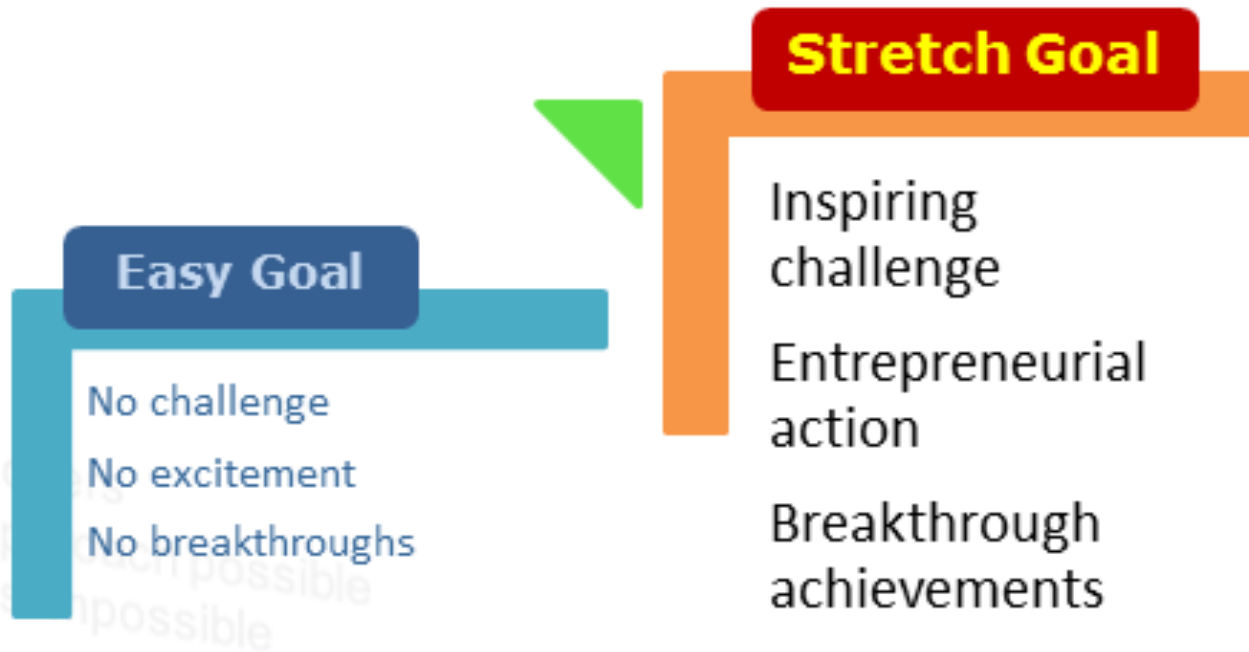
**HAVE GOALS SO  
BIG, YOU FEEL  
UNCOMFORTABLE  
TELLING SMALL  
MINDED PEOPLE.**

@ARVINSWORLD



# Stretch Goals

*Stretch your goals,  
and your goals will stretch you!*



1000ventures



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# Who What Where When How Much

## Process Objectives

Program Staff      do something (#)      with some target(#)      by some date

Who                      What (how much)      Where (how much)      When

Program staff will teach a 12-session suicide prevention curriculum to at least 6 classrooms at each of the 2 identified middle and high school students in Texarkana by the end of the 2018 school year, .



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# Who What Where When How Much

## Outcome Objectives

Participant (#)                      change in some way (#)                      by some date

Who/where (how much)              What (how much)              When

At the end of the 12-week curriculum, at least 80% of the student participants will demonstrate improved knowledge about suicide prevention and depression.



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# Outcome Objectives

When	How much	Who	Change what	Outcomes
By ...	quantity	of the	will...	what... noun
date	how many	clients	increase	ability to.. ~~
# weeks	what %	individuals	decrease	skills for... ~~
# sessions		children	maintain	knowledge of... ~~
# age Who		older persons	reduce	confidence... ~~
		neighborhoods	improve	likelihood of... ~~
		agencies	develop	incidence of... ~~
		families	ensure	understanding... ~~



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# Quick Quiz

What is this objective missing? “By end of year 2, staff will have trained 75% of health ed teachers in the school district on the chosen health ed curriculum.”

*Please select all that apply*

- ☐ Not specific
- ☐ Not measurable
- ☐ Not relevant/realistic
- ☐ Not Time-Bound
- ☐ It's good just the way it is



# Quick Quiz

What is this objective missing? “Increase the number of work sites that adopt heart-healthy insurance options.”

*Please select all that apply*

- ☐ Not specific
- ☐ Not measurable
- ☐ Not relevant/realistic
- ☐ Not Time-Bound
- ☐ It's good just the way it is



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# Quick Quiz

What is this objective missing? “Train physicians on clinical practice guidelines.”

*Please select all that apply*

- ☐ Not specific
- ☐ Not measurable
- ☐ Not relevant/realistic
- ☐ Not Time-Bound
- ☐ It's good just the way it is





# Common Mistakes

Combining process and  
outcome objectives



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# Common Mistakes



From January 2018 until July 2018, program staff will conduct weekly outreach at afterschool program sites to improve nutrition and healthy eating knowledge levels of children and their parents.



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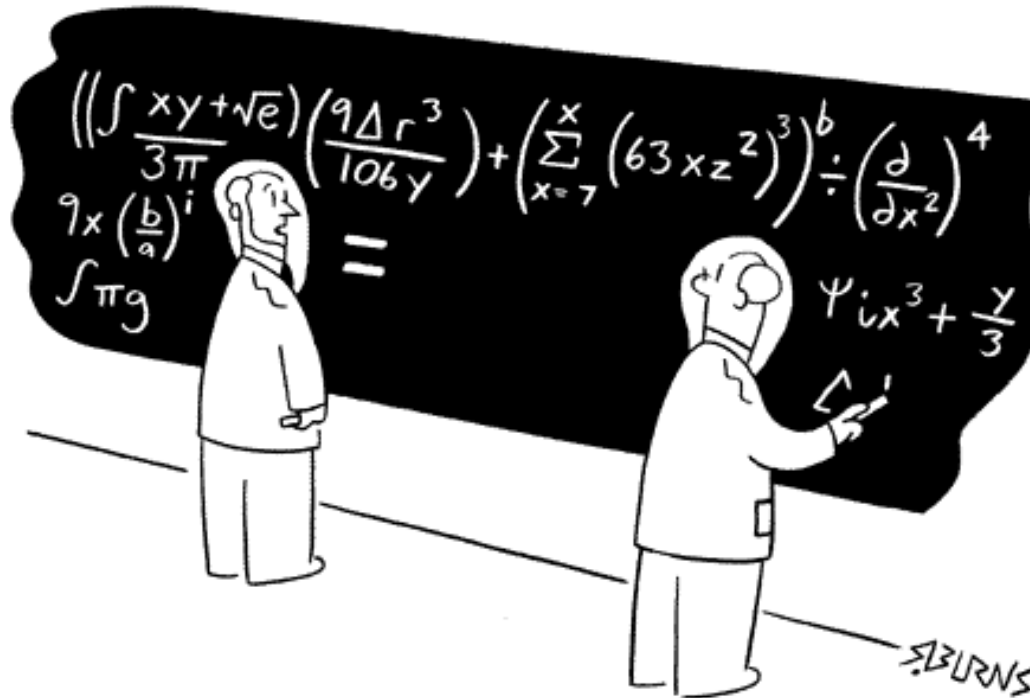
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# Common Mistakes: % change

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"What's the square root of infinity again?"



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# Common Mistakes: % change

Participants will have at least an 80% increase in knowledge by the end of the class.

Parents will improve their communication skill by 75%.



# Common Mistakes: % change

80% of participants will increase their knowledge by the end of the class.

75% of parents will improve their communication skills.



# Common Mistakes



News of the vague



Parents in the parenting groups will communicate better with their children.



80% of parents will demonstrate increased use of verbal warnings with their children.





# Common Mistakes



Too Specific, miss the point  
(including indicator/measurement in the objective itself)



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# Common Mistakes

By the end of the 12 session intervention, 80% of program participants will be able to correctly list at least 4 risk factors for suicide, identify and list at least 3 warning signs against suicide, identify and list 3 protective factors for suicide, list at least 5 strategies for prevention and how to use them, name 2 resources that an individual can access for suicide prevention services, explain treatment options regarding suicide, and will be able to host at least one suicide prevention awareness event for family, friends or the community.



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# Common Mistakes

Objective: By the end of the 12 week session, 80% of participants will have increased knowledge of suicide prevention.

Indicators:

Can list at least 4 risk factors for suicide

Can list at least 3 warning signs of suicide

Can list at least 3 protective factors against suicide

Can name 2 places they can go for suicide prevention services

Can explain treatment options regarding suicide

Able to host at least one suicide prevention awareness event



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# Common Mistakes



Too Specific, miss the point  
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# Objectives



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# Common Mistakes

Objective: By the end of the 12 week session, 80% of participants will have increased knowledge of suicide prevention.

Indicators:

Can list at least 4 risk factors for suicide

Can list at least 3 warning signs of suicide

Can list at least 3 protective factors against suicide

Can name 2 places they can go for suicide prevention services

Can explain treatment options regarding suicide

Able to host at least one suicide prevention awareness event



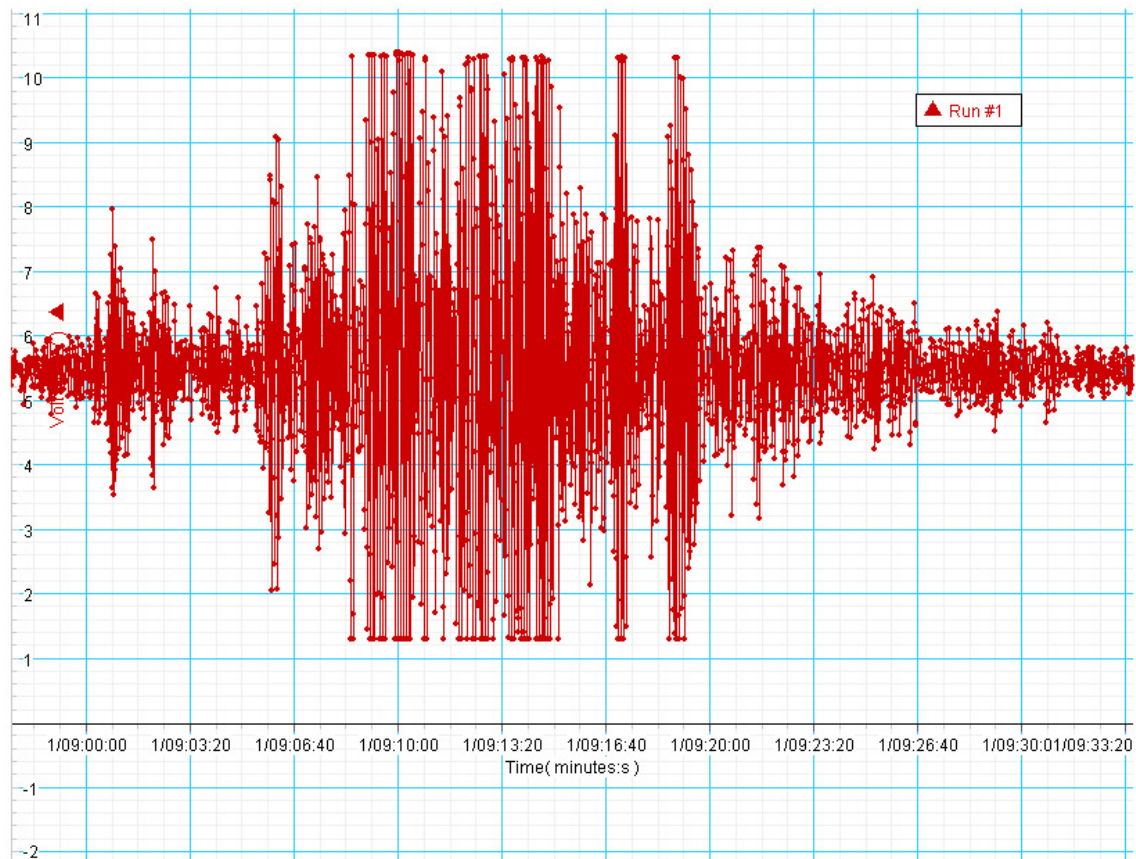
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# Indicators



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Actual Measures



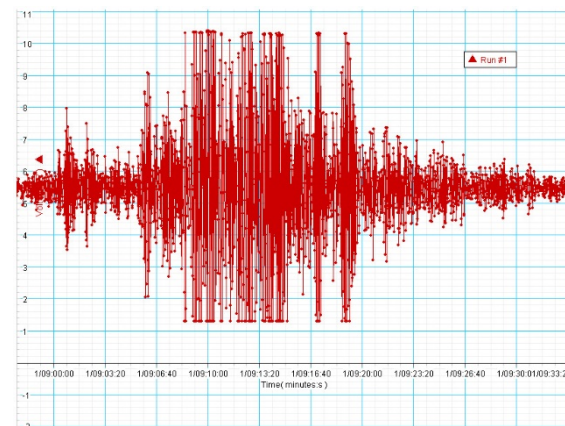
**Goals: show us where we are going**



**Objectives: the stepping stones along the way**



**Indicators: the actual measurements**



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# Objectives

- How much of what you hope to accomplish by when
- Example objectives
  - By 2019, screenings of high-risk adults will increase by 30%. (Process or Implementation)
  - By 2022, the percentage of 15-19 year old youth reporting use of alcohol in the past 30 days will decrease by 20%. (Behavior)
  - By 2030, the rate of pregnancy among girls ages 14-19 will decrease by 15%. (Outcome)





# Small Group Exercise: Developing Measurable Objectives

**25 minutes**

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## Small Group Exercise: *Developing Measurable Objectives*

- For your community effort, describe **how much** of what the initiative is going to accomplish **by when**.
- State the Objectives:
  - By \_\_, the number of people receiving services will increase by \_\_(#/%). (process/implementation)
  - By \_\_, the (number/rate) of \_\_ will (increase/decrease) by \_\_(#/%). (behavior)
  - By \_\_, the (number/rate) of \_\_ will (increase/decrease) by \_\_(#/%). (population-level outcomes)
- Critique your objectives based on attributes (SMART+C)
- If time/appropriate, invite a critique from another group.



# Mission

States the purpose and values of the organization. Describes why action should be taken. Meant to inspire us.

# Vision Statement



# Goals

State the overarching hoped-for-effect of the program.  
Describe what should change.



# Objectives

Describe what should change for whom by when and where.

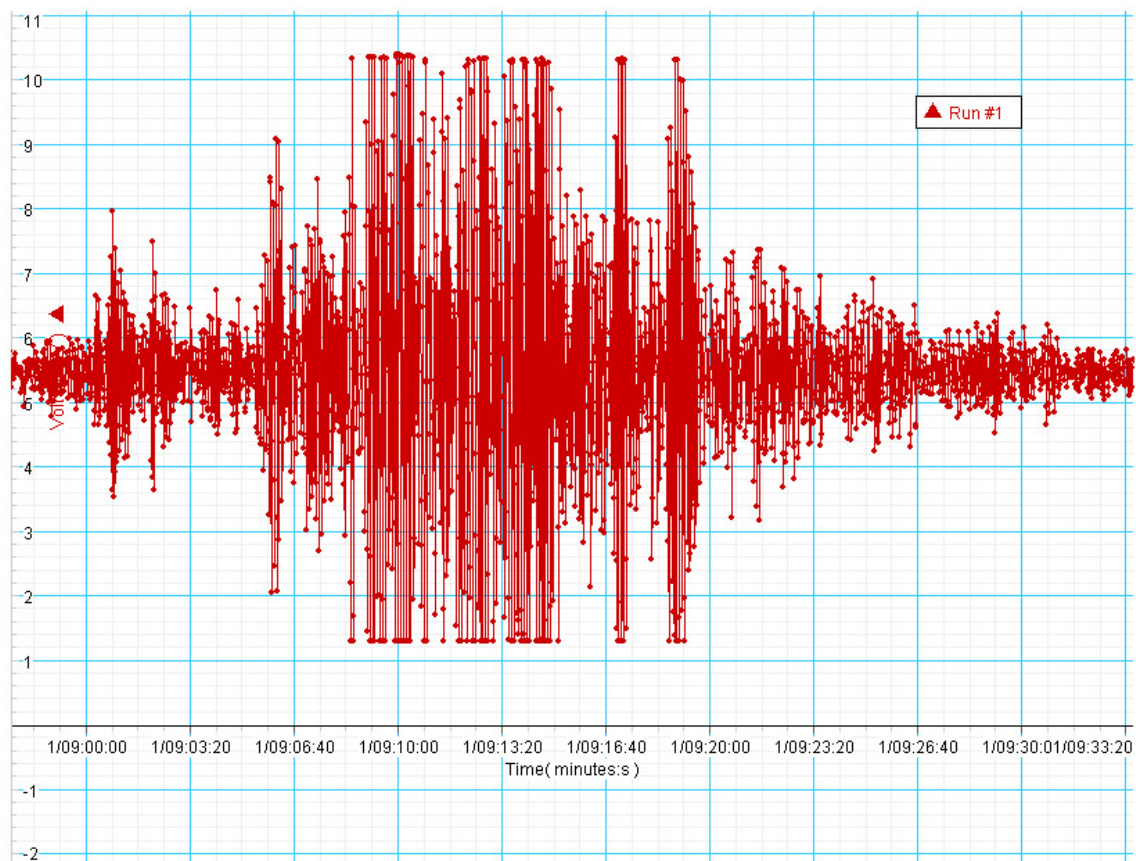


# Indicators

Actual Measures



# Indicators



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# Indicators

## Getting to Know Health Indicators Video

<https://www.youtube.com/watch?v=hxPUSluTJcM>

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# What is a health indicator?

Something that can be used to help **measure and communicate** about whether we are reaching our goal. Indicators represent good ideas about **what things matter** and they lead to desired results. We use indicators to **track** how things are changing over time, measure how we **compare** with our neighbors or similar communities, **test** how we stack up against ideal goals, and **monitor** how different parts of our communities are doing compared to one another.



# Indicators

- Indicators are **measurable** information to determine if a program is implementing their program as expected and achieving their outcomes.
- Indicators help us **understand what happened or changed** or help us to ask further questions about these changes happened.
- Strong Indicators can be **quantitative or qualitative** and are apart of the evaluation plan.



# Why indicators matter

Indicators are useful because they anchor the conversation. Once people agree on what counts how to measure progress towards goals, indicators help the community keep itself on track so it can know when to celebrate successes.





# what we look for

- Indicators that are **easy** to get, use and understand
- Indicators that are **geographically specific** and are **measured repeatedly over time**
- Indicators that give us information about **access** to insurance and services
- Indicators that measure **individual health and community activity** and capacity
- Indicators that give us **information about other sectors** that affect health such as education and economic development



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# Categories of Indicators

- Here are three big and most common categories of indicators:
- Input Indicators
- Process Indicators
- Outcome Indicators



# Input Indicators

Measure the contributions necessary to enable the program to be implemented (e.g. funding, staff, key partners, infrastructure).



# Process Indicators



Measure the program's activities and outputs (direct products/deliverables of the activities). Together, measures of activities and outputs indicate whether the program is being implemented as planned



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# Outcome Indicators

Measure whether the program is achieving the expected effects/changes in the **short, intermediate and long-term**.

Some programs refer to their longest-term/most distal outcome indicators as **impact indicators**.



# Outcomes Indicators

## Short Term

**What the short term results are ...**

- Learning
- Awareness
- Skills
- Opinions
- Aspirations
- Motivations

## Med. Term

**What the medium term results are ...**

- Action
- Behavior
- Practice
- Decision making
- Policies
- Social Action

## Long Term

**What the long term results are ...**

- Conditions
- Social
- Economic
- Civic
- Environmental



# More about indicators

- **Indicator data...** the actual measurements that make up an indicator
- **Indicator sets...** indicators that are grouped together because they are related in some way or come from the same source.
- **Indicator collections** bring together indicators from many different sources
- **Indicator resources...** where you can get your indicator data



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# Where do health indicators come from?

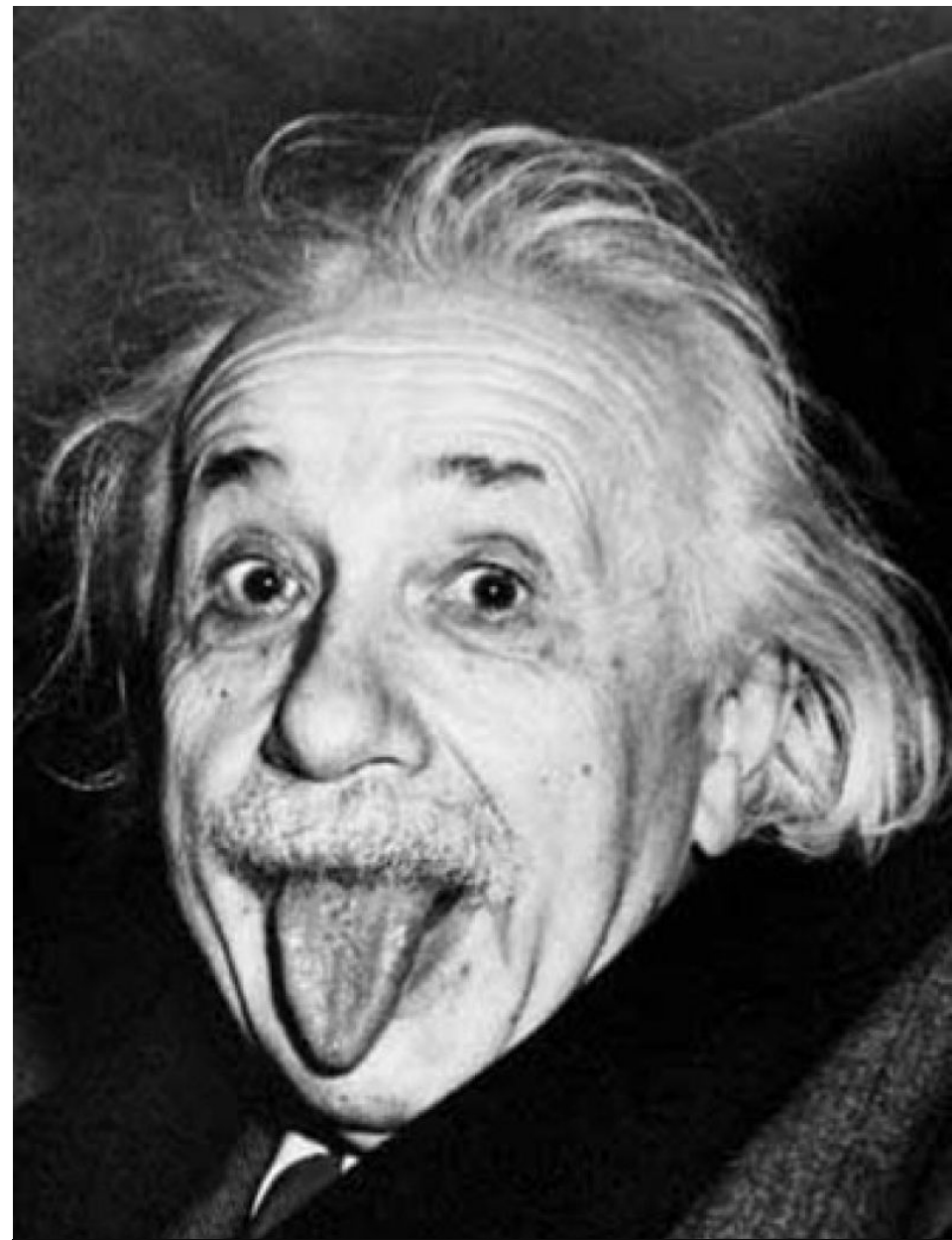
- Health indicators are **collected a variety of ways**, at different times, from different geographic areas using methods and for a variety of reasons. Understanding where the numbers came from and why and how they were collected can help you decide which indicators to use. There are advantages to each of the ways data are collected.
- Strong Indicators can be **quantitative or qualitative** and are apart of the evaluation plan.





**“... NOT EVERYTHING THAT  
CAN BE COUNTED COUNTS, AND  
NOT EVERYTHING THAT COUNTS  
CAN BE COUNTED.”**

Albert Einstein



Not everything that can be counted  
counts, and not everything that counts can  
be counted.

# Where do health indicators come from?

- **Quantitative data** refers to information that can be put in numbers: how many, how much, how long. It includes counts, measurements, rankings and estimates.
- **Qualitative or descriptive data** capture complex situations where reducing to a number can lose too much information. They can be pictures, stories and interviews. They are NOT data about quality.



# More about indicators

- Commonly used health indicators capture information about health and the things that contribute to health.
- **Population health** indicators measure things related to an entire defined group of people or sample of individuals within a group
- **Health care indicators**, which measure what happens to people who actually access the health system.



# Types of indicators and data sources

- **Health Status...** *How people are and why they are sick?*  
Ex: Morbidity (sickness), mortality (death) data
- **Health Behavior...** *Habits around things like food, drink, exercise, risky behavior and social connection.*  
Ex: Morbidity (sickness), mortality (death) data
- **Health care...** *What kind of care and how much care people use, how they pay for care, what it costs and where and how they get it.*  
Ex: Insurance claims, hospital discharge data



# Types of indicators and data sources

- **Health care resources...** *Availability and characteristics of doctors, hospitals and other health care resources for the community.*

Ex: Area Resource Files, quality scorecards

- **Health Policy...** *Community factors and policies intended to keep people healthy—*

Ex: *healthy—for example, tobacco use policies, nutritional school lunch menus and walking clubs*

- **Other Community Factors...** *aka social determinants of health*

Ex: Census data on income, education and employment



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# Examples of community-level indicators

- Health
  - Wellness promotion and health maintenance
  - Disease and injury prevention.
  - Detecting and addressing health issues unique to the community.
  - Providing health services to all who need them.



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# Examples of community-level indicators

- Human services and education
  - Human services aimed at children and youth
  - Emergency and similar services
  - “Second-level” human services
  - Education



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# Examples of community-level indicators

- Community Development
  - Economic
  - Social/demographic
  - Cultural
- Public Safety
- The environment





# Indicators

**What are Community Health Indicators Video**

<https://www.youtube.com/watch?v=Yn5Lc-j4eU4>

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# Questions to consider for all indicators

- How has this indicator been changing? Is it getting better or worse?
- How does your county compare on this indicator to other communities (counties, the state, the nation)?
- Do trends seem reflective of the age profile of the county? Of the racial/ethnic diversity of the county? Of the poverty rates in the county? Of other factors?



# Final Considerations

- When selecting indicators, programs should keep in mind that some indicators will be more **time-consuming and costly** than others to collect and analyze.
- You should **consider using existing data sources** if possible (e.g., census, existing surveys, surveillance) and if not available then factor in the burden needed to collect each indicator before requiring collection.
- **Strong indicators** are simple, precise, and measurable. In addition, some programs aspire to indicators that are **‘SMART’**: Specific, measurable, attainable, relevant, and timely.



# Indicators

- Measuring Quality
- <https://www.youtube.com/watch?v=QexTk38euzY>



# Group Exercise Indicators

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*always be a*

GOAL  
DIGGER