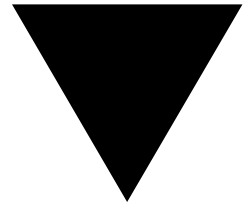


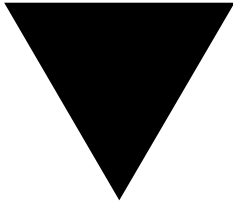
II. Determine Health Priorities and Write Goals & Objectives

Priorities, Goals & Objectives



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**Priorities, Goals
& Objectives**



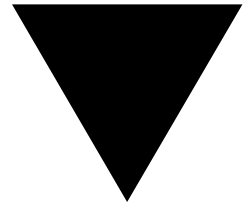
Overview

As noted on pages 21-24 of *Moving to the Future: Developing Community-Based Nutrition Services*, your agency or organization may have already established priorities, goals, and objectives that are nutrition-related. If so, use them to guide the development of your nutrition intervention. If priorities, goals, and objectives have not been established, develop your own using the worksheets in this chapter.

There are many approaches to determining and writing priorities, goals, and objectives. This workbook and training manual focuses on a single approach that is directly linked to work done in the previous chapter on community assessment.

Prioritizing Health Problems

Setting
Priorities



This worksheet can be used to identify priorities among all health problems and/or among the nutrition-related health problems. Reproduce this form for each problem identified in the "Community Assessment" chapter, pages 15, 27, 33, 35, 37, 39, and 41. (This worksheet is not based on scientific data, but is intended to serve as a guide in determining priorities.)

Step 1: Define the problem: _____

(A concise statement that describes the problem and who and how many it affects.)

Step 2: In the table below, rate the importance of the problem with specific criteria, using estimates. (These estimates are based on your knowledge of the community and the health data obtained in your needs assessment process.)

Note: If you have completed less than two of the activities listed in **a, b,** and **c** below, multiply your response to the one you have completed by two.

	Score
<p>a. Media coverage of the problem</p> <ul style="list-style-type: none"> • If the media coverage of the problem has been high, both in frequency and in audience reached, enter a 3. • If the media coverage of the problem has been moderate, enter a 2. • If the media coverage of the problem has been low or not at all, enter a 1. 	
<p>b. Focus group results</p> <ul style="list-style-type: none"> • If the focus group results indicate this problem to be very serious, enter a 3. • If the focus group results indicate this problem to be moderately serious, enter a 2. • If the focus group results indicate this is a minor problem or not a problem at all, enter a 1. 	
<p>c. Community opinion results</p> <ul style="list-style-type: none"> • If the community perceives this problem as serious, enter a 3. • If the community perceives this problem as moderate but not requiring immediate action, enter a 2. • If the community perceives the problem to be minor or feel no sense of urgency in addressing it, enter a 1. 	
<p>d. Severity (degree to which the problem limits life choices)</p> <ul style="list-style-type: none"> • If the problem severely limits life choices, enter a 3. • If the problem moderately limits life choices, enter a 2. • If the problem mildly limits life choices, enter a 1. 	



Prioritizing Health Problems (cont'd.)	
Score	
	<p>e. Number of at-risk persons actually affected by the problem (How prevalent is the disease for the specific age group?)</p> <ul style="list-style-type: none"> • If this is one of the most prevalent problems in the age group, enter a 3. • If the problem is less prevalent in the specific age group, but is still a problem, enter a 2. • If relatively few people are affected, enter a 1.
	<p>f. Economic burden to the community (lost productivity, high health care costs). Also consider leading causes of hospitalization and cost data collected during the community assessment.</p> <ul style="list-style-type: none"> • If the economic burden of this problem is high, enter a 3. • If the economic burden of this problem is moderate, enter a 2. • If the economic burden of this problem is relatively low, enter a 1.
	<p>g. Amount of premature death (YPLL)</p> <ul style="list-style-type: none"> • If this problem leads to many premature deaths in the community (a high YPLL), enter a 3. • If it leads to a moderate number of premature death, enter a 2. • If it leads to relatively few or no known premature deaths, enter a 1.
	<p>h. Preventability (effective means to prevent the problem)</p> <ul style="list-style-type: none"> • If the problem can be prevented from occurring, enter a 3. • If the problem cannot be prevented but can be detected early and stopped, enter a 2. • If the problem cannot be prevented and cannot be detected before it becomes a problem, enter a 1.
	<p>i. Effectiveness of interventions already available in the community (the more effective the intervention available, the lower the score)</p> <ul style="list-style-type: none"> • If no effective intervention is available, enter a 3. • If somewhat effective interventions are available, enter a 2. • If effective, well attended interventions are available for the community, enter a 1.
	<p>Step 3: Total the score for each problem and use these totals to rank the importance of the problem</p> <p>← Total Score</p>

Adapted, in part, from Minnesota State Dept. of Health's *Guide for Community Health Planning*, 1988.



Determining Goals

Use this table to develop health and/or nutrition goals. Write out goals for each of the problems you identified on the previous page

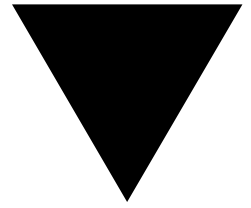
Priority Health Problem (from list on page 59)	What is the ultimate end to improving this problem? (Do not use words from the health problem.)	Rephrase the answer from previous column, making it a positive statement.
e.g. obesity	better overall health decreased likelihood of developing chronic disease	To bring the community's rate of obesity in line with the Healthy People 2000 goals. OR To improve the health of overweight individuals.

Keep your organization's local goals and/or state and national goals in mind as you complete this table. A closer match to any of these goals shows consistency and may help your plan get funding and/or support from colleagues and supervisors.

Also, remember that several nutrition goals may be relevant to a health priority.

Essentials for Writing Objectives

Writing Objectives



In this publication the terms "priorities," "goals," and "objectives," are used. The terminology used to describe the same ideas varies among organizations. It is important to know and understand the terminology used by your agency and to adapt the concepts presented in this chapter accordingly.

Throughout the United States, citizens, clients, and customers are demanding better results from public and private organizations, including health organizations. Recognizing the importance of this trend, managers are developing methods for linking departmental activities to outcomes, and organization leaders are holding them accountable. That is, we have moved from counting brochures distributed at a clinic to monitoring rates of heart disease, and our organizations are holding us accountable to these improved outcomes. In fact, funding for programs, services, and staff positions may be directly tied to results produced.

In addition to this shift from process-oriented objectives to outcome-oriented, the objectives must be relevant, achievable, and measurable. It is essential to establish clear expectations of the improved conditions to be achieved by a program or service in the given time period. The guidelines below will help you write concise objectives that are outcome oriented.

Guidelines for writing objectives

Each objective should include the following components and respond to the subsequent questions:

- **Action** — What activities will be undertaken?
- **Target population** — Who will benefit from these activities?
- **Measurement** — How will success be evaluated?
- **Timeline** — Over what period of time will objectives be met?

Objectives should also be:

- stated in terms of expected results;
- tangible and recognizable;
- stated in numerical terms with present status and status to be achieved; and
- linked to greater health, education, or quality of life outcomes.

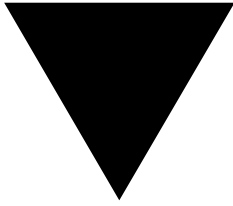
Type of objectives are discussed on pages 22-23 of *Moving to the Future: Developing Community-Based Nutrition Services*.

Examples

The following examples of nutrition objectives are drawn from the nutrition education plan of an actual district in a state. Shortly after the nutrition objectives were written, the state health and education agencies jointly released a report advocating the specific goals and objectives the agencies were seeking to achieve with respect to children and families. These goals and objectives would be used to determine program priorities, new program development, and program funding in the future.

The following illustrates how the nutrition agency might adapt its objectives so that they are more appropriately linked to the state's new goals. The revised objectives are still outcome-oriented, but now they state how important the nutrition outcome is to the state's goals.

**Writing
Objectives**



**State Goal #1:
Children succeeding in school.**

Original Objective #1:

By September 30, 1997, increase nutrition activities district-wide by implementing the state's paraprofessional training program.

Revised Objective #1:

To help children become ready to learn so that they may succeed in school, District 4 will implement a nutrition education campaign encouraging children and adolescents to eat healthy breakfasts by September 30, 1997. The campaign will involve paraprofessionals and utilize the state's paraprofessional training program.

**State Goal #2:
Healthy Children.**

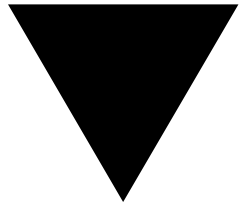
Original Objective #2 (nutrition education plan):

By September 30, 1997, the prevalence of overweight infants and children will be reduced from 9.3 percent to the state's average of 8.5 percent.

Revised Objective #2:

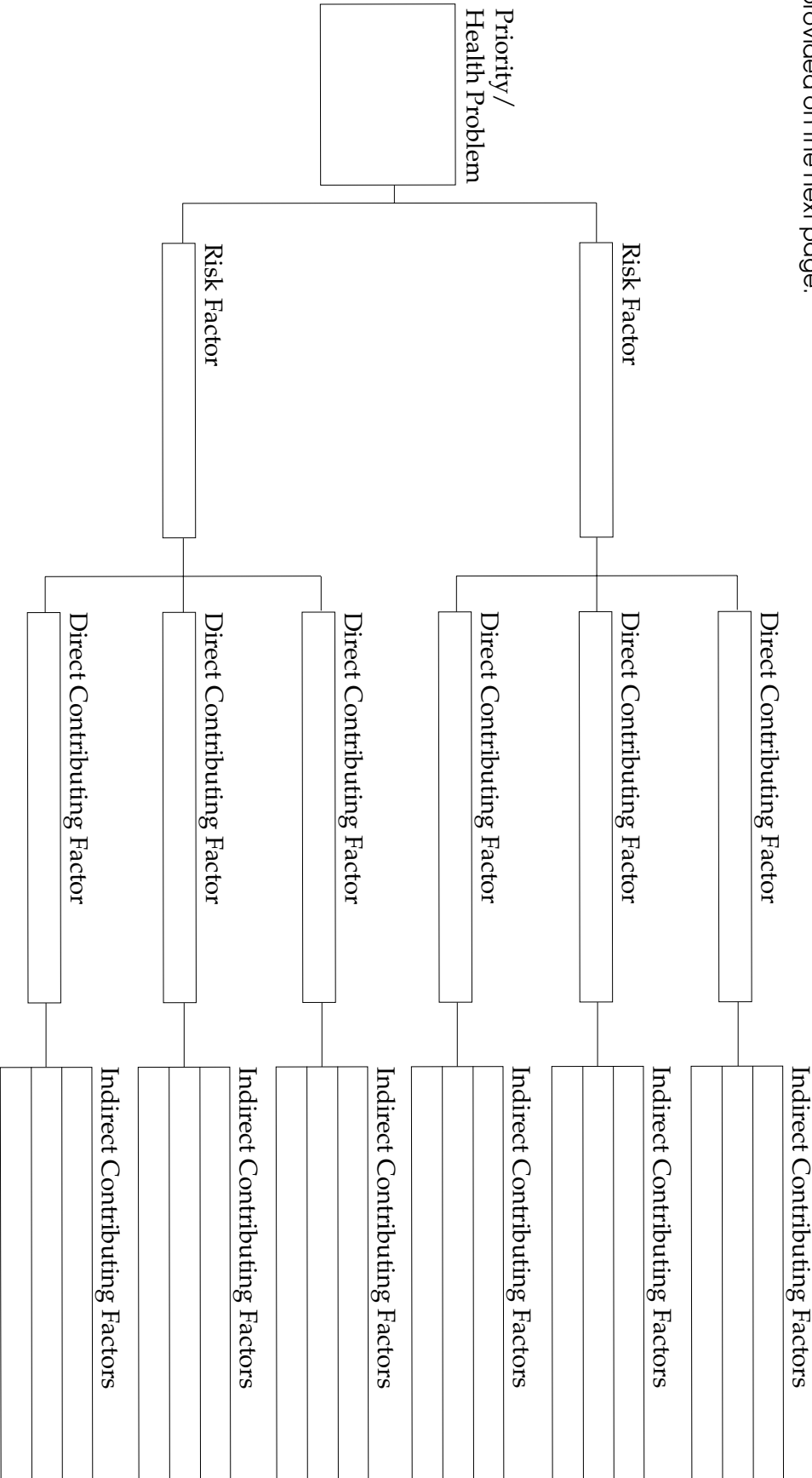
To improve the health of children living in our state, District 4 will work to reduce the prevalence of overweight infants and children in its jurisdiction from 9.3 percent to the state's average of 8.5 percent.

Writing Objectives

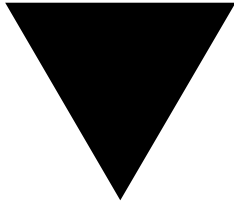


Health Problem Analysis Worksheet

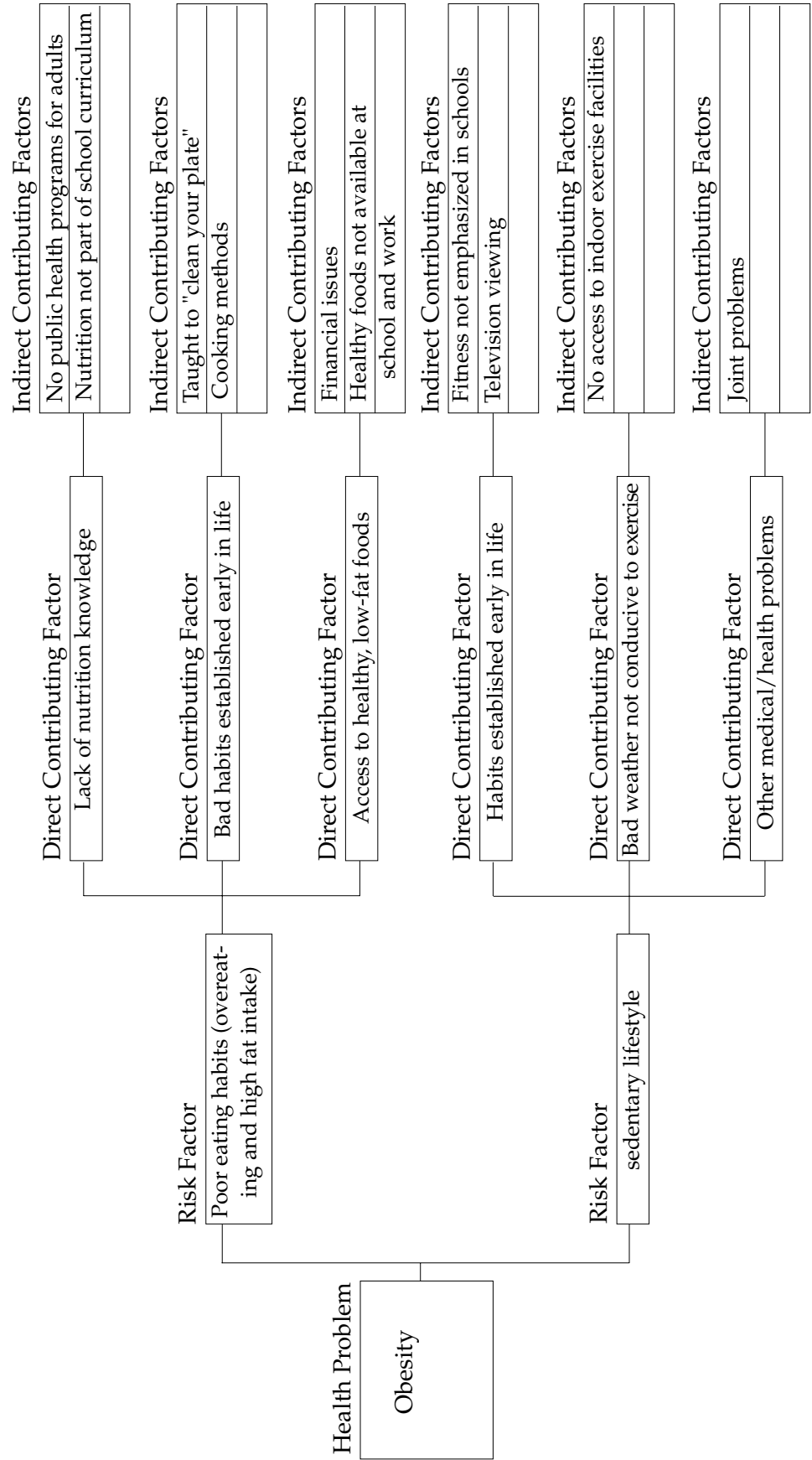
This worksheet guides you through the process of determining the factors that influence health problems. Reproduce this form for each of the top priorities listed on page 59. You will use these factors on page 65 to write your objectives. A completed sample worksheet is provided on the next page.



Writing Objectives

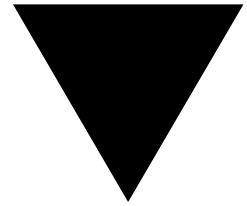


Sample Health Problem Analysis Worksheet



Writing Objectives

Writing Objectives



Following the guidelines for writing objectives on page 61, complete this worksheet. The content of your objectives should be based on the information (risk factors and direct and indirect contributing factors) you filled in the Health Problem Analysis Worksheet. Reproduce this form for each Health Problem Analysis Worksheet.

In the left column, record information on the current status of the health problem. (This information was collected in the assessment chapter, and can include perceived needs and health and nutrition data.) In the right column, articulate what can be done to improve the current situation. These are your objectives. Do they meet the criteria listed on page 61? A completed sample worksheet is provided on the next page.

GOAL:	
Current Status	Desired (future) Status
Health Problem:	Health-Related Outcome Objective:*
Risk Factor(s) (may be many):	Impact or Outcome Objective(s):*
Direct or Indirect Contributing Factors (may be many):	Process, Structure, or Impact Objective(s):*
Infrastructure or Support Needed:	Process and/or Structure Objective(s):*

*See page 23 in *Moving to the Future: Developing Community-Based Nutrition Services* for a description of different types of objectives.

Adapted from APEXPH, 1991.



SAMPLE WRITING OBJECTIVES	
Current Status	Desired (future) Status
<p>Health Problem:</p> <ul style="list-style-type: none"> • 32 percent of adults in the community are obese, compared to an overall obesity rate of 27.4 for the entire state. 	<p>Health-Related Outcome Objective:</p> <ul style="list-style-type: none"> • Within five years, obesity among adults will be reduced to no more than 30 percent.
<p>Risk Factor(s) (may be many):</p> <ul style="list-style-type: none"> • Poor nutrition • Sedentary lifestyle 	<p>Impact or Outcome Objective(s):</p> <ul style="list-style-type: none"> • Eighty percent of obese adults enrolled in the program will demonstrate ability to choose a diet with 30 percent or less calories from fat.
<p>Direct or Indirect Contributing Factors (may be many):</p> <ul style="list-style-type: none"> • Lack of knowledge; no educational programs • Habits established early in life • Lack of access to healthy foods and exercise facilities 	<p>Process, Structure, or Impact Objective(s):</p> <ul style="list-style-type: none"> • Increase knowledge of healthy food choices among adults by 10 percent (based on pre- and post-testing scores) by July 1, 1998. • The Obesity Reduction Project will assist two worksites, one high school, and two middle schools in the community in establishing an environment conducive to maintaining healthy weight and an active lifestyle.
<p>Infrastructure or Support Needed:</p> <ul style="list-style-type: none"> • Public health nutritionist staff position 	<p>Process or Structure Objective(s):</p> <ul style="list-style-type: none"> • Within six months, one full-time public health nutritionist, one half-time nutrition educator, and one full time clerk will be hired to staff the Obesity Reduction Project. • Within one year, a nutrition/weight loss program for adults will be implemented at the Linn County Health Department.

Summary Page

Priorities, Goals
& Objectives



Now take a few minutes to summarize your goals and objectives. Reproduce this page to accommodate all of your priorities. You will refer to this information when you complete the "Priorities, Goals & Objectives" portion of the section entitled "The Nutrition Plan."

Priority: _____

Goal: ▶ _____

Objectives: ▶ _____

 ▶ _____

 ▶ _____

Goal: ▶ _____

Objectives: ▶ _____

 ▶ _____

 ▶ _____

Goal: ▶ _____

Objectives: ▶ _____

 ▶ _____

 ▶ _____

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