

The Action Cycle At-A-Glance

The Action Cycle links three activities — Planning, Implementation, and Evaluation. Each of these activities builds upon the others in a continuous and interactive manner.

While the Action Cycle is the final phase of MAPP, it is by no means the “end” of the process. During this phase, the efforts of the previous phases begin to produce results, as the local public health system develops and implements an action plan for addressing priority goals and objectives. This is also one of the most challenging phases, as it may be difficult to sustain the process and continue implementation over time.

Recommended Participants and Roles:

- ?? The MAPP Committee — oversees the Action Cycle.
- ?? Subcommittees (and specific organizations where relevant) — oversee specific strategies and elements of the Action Cycle.
- ?? Broad community participation — community residents and organizations not already involved should be recruited to participate in planning, implementation, and evaluation activities. The broader the participation, the more likely the process will be sustained.

A Step-by-Step Overview of the Action Cycle:

Planning

1. Organize for action by convening the necessary participants, establishing an oversight committee for implementation activities, and preparing for implementation.
2. Develop realistic and measurable objectives related to each strategic goal and establish accountability by identifying responsible parties.
3. Develop action plans aimed at achieving the outcome objectives and addressing the selected strategies.

Implementation

4. Review action plans for opportunities for coordinating and combining resources for maximum efficiency and effectiveness.
5. Implement and monitor the progress of the action plans.

Evaluation

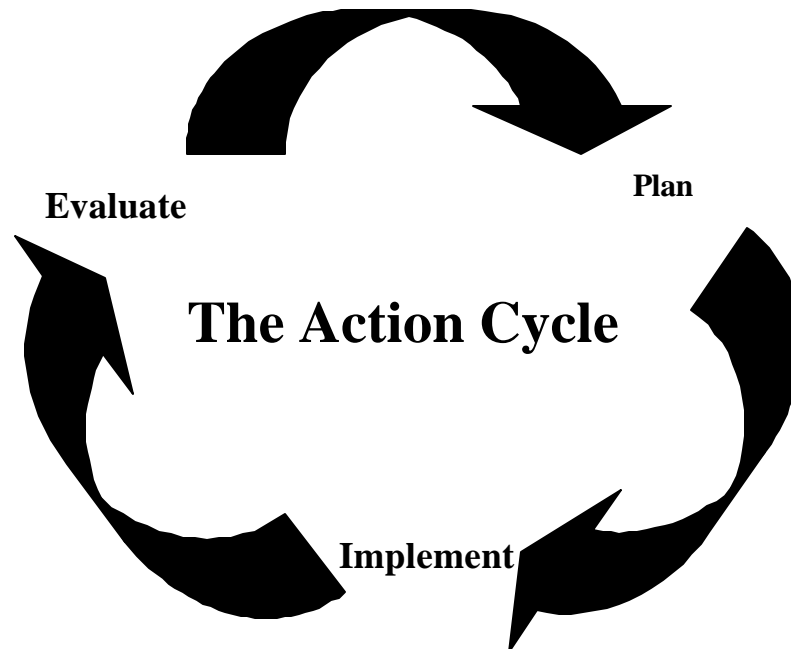
6. Prepare for evaluation by engaging stakeholders and describing the activities to be evaluated.
7. Focus the evaluation design by selecting evaluation questions, the process for answering these questions, the methodology and plan for carrying out the evaluation, and a strategy for reporting results.
8. Gather credible evidence that answers the evaluation questions. Justify the conclusions.
9. Ensure that the results of the evaluation are used and shared with others. Celebrate the successes of the process.

The Action Cycle

MAPP's Action Cycle

The Action Cycle links three activities— Planning, Implementation, and Evaluation. Each of these activities builds upon the others in a continuous and interactive manner.

Figure 1



The Action Cycle can be a very satisfying phase, as the efforts of the previous phases begin to produce results through the implementation of the action plan. This is also a challenging phase, as it requires substantial effort to sustain the process and continue implementation over time.

The strategies identified in the previous phase form the foundation for the Action Cycle. Clear strategic goals are another important element. Crisply articulated goals will not only fuel the activities of practical work plans, but will also prompt accountability and evaluation. For the local public health system, such accountability will depend on the specific objectives and components of a workplan agreed upon by the necessary participants.

The evaluation component of the Action Cycle answers the following fundamental questions: “With the implementation of activity X, what was accomplished?” and “How does that compare what we said we would accomplish?” In essence, these lead to four questions of practical utility:¹

¹ Centers for Disease Control and Prevention and the University of Texas – Houston School of Public Health. Practical Evaluation of Public Health Programs. 1999

1. What have you done?
2. How well have you done it?
3. How much have you done?
4. How effective have you been?

There are two focal points to MAPP evaluation activities: evaluation of the overall process and evaluation of each strategy and action plan. Both evaluations should rely on objective parameters (e.g., facts and figures), but should also accommodate subjective value judgements. This interplay between objective and subjective aspects provides the MAPP Committee with an opportunity for a well-balanced evaluation process.

The Action Cycle can be summarized as follows:

Planning — Determining what will be done, who will do it, and how it will be done.

Implementation — Carrying out the activities identified in the planning stage.

Evaluation — Determining what has been accomplished.

The cycle repeats itself, offering a sustainable method for the community to build upon accomplishments and position itself for even greater achievements.

How to Conduct the Action Cycle

The Action Cycle is a continuous process. Each step is likely to be an ongoing activity that keeps the process alive and sustainable.

Planning for Action

Through dialogue and consensus, MAPP participants will have already selected a limited number of high priority goals and strategies. These goals and strategies provide grounding, direction, and a sense of unifying purpose to the Action Cycle.

In planning for implementation, participants must be clear about what is being done, by whom, and with what measurable result. Measurable objectives are indicators of what is expected from the effort. In MAPP, measurable objectives take on an increasing degree of detailed specificity as the implementation steps proceed. Care should be taken to ensure that measurable objectives:

- are valid and reliable,
- are directly associated with the achievement of the strategy,
- link performance to the expected improvement,
- tighten rather than diffuse accountability,
- are responsive to changes in expected results, and
- provide timely feedback at a reasonable cost.

Step 1 – Organize for action

The first step in this phase is organizing for action. During this step, participants address the following questions:

- ~~✍~~ Are the right people included? Who are they?
- ~~✍~~ What should the structure be for facilitating accountability?
- ~~✍~~ What committees should be convened?

Participants in the Action Cycle should include the participants, organizations, and groups that will play a key role in implementing and evaluating the strategies. The selection of strategies in the previous phase may have identified necessary players who have, thus far, not been participants. Careful thought should be given to who needs to be included in each strategy and these participants should be recruited. In addition, because organizations will be asked to devote their resources to the action plans that are developed, this step should involve individuals who can make budgetary or broad policy commitments for their agencies, groups, or coalitions.

The MAPP Committee should also give careful thought to how implementation activities will be overseen. While specific organizations or groups will be accountable for each objective, there should also be an entity responsible for ensuring that the MAPP process is sustained. Several options may be considered:

- 1) Have the MAPP Committee, as a whole, play this role.
- 2) Establish a subcommittee to oversee the three components of the Action Cycle.
- 3) Establish a subcommittee to oversee implementation, while a separate subcommittee oversees evaluation.

The committee overseeing implementation -- the Implementation Subcommittee -- oversees the function of assuring sustainable implementation by addressing the following questions:

- ?? What do we expect from the leaders of this process in terms of commitment, presence, coordination, etc.?
- ?? What kinds of communication mechanisms need to be in place among participants (including quality, frequency, breadth, depth)?
- ?? What products should result from evaluation and monitoring activities (e.g., evaluation model, reports, recognition, etc.)?

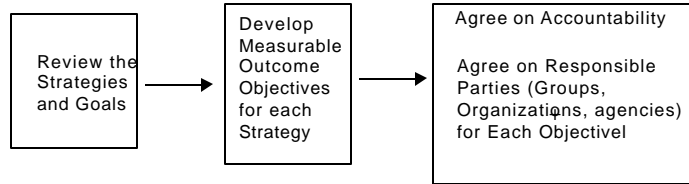
The Implementation Subcommittee also considers how work will be completed and how connections will be made throughout the planning and implementation process. To undertake the following steps, MAPP recommends that participants form small subcommittees around each goal and its selected strategies. Include appropriate representatives and key implementers in the relevant groups. The small groups develop objectives and establish accountability, and then bring recommendations back to the MAPP Committee for refinement.

Step 2 – Develop objectives and establish accountability

For successful implementation, it is important to know where you are headed, who has agreed to be responsible for getting you there, and how you are going to get there. To accomplish this, MAPP participants should develop a measurable outcome objective or set of outcome objectives for each identified strategy. The small groups then agree on accountability for each objective. The recommended sequence for this step is shown in Figure 2 below.

Figure 2

Step 2. Develop Objectives and Establish Accountability



Revisit the analysis of strategic issues and the results of the strategy selection to determine the appropriate objectives. After objectives are developed, an agreement should be reached about who will be accountable. One of the most common failings in collaborative planning is ambiguity about who is responsible for what. Achieving consensus on accountability through dialogue goes a long way toward building the foundation for sustainable implementation. Because there may be several outcome objectives associated with each strategic goal and strategy, it is likely that there will be a number of agencies, groups, and organizations committed to each. If more than one group is committed to a specific outcome objective, efforts should be made to identify those with primary responsibilities and those with supportive roles.

As suggested earlier, this step is most easily accomplished by forming small subcommittees around each goal and its selected strategies. Using brainstorming processes and dialogue, develop the objectives and identify a plan for accountability. The small groups then bring their recommendations back to the MAPP Committee for discussion. Periodic discussions among all participants are useful in identifying linkages, addressing gaps, and ensuring that the small groups are working effectively.

Once accountability for each objective is identified, each participating organization should individually identify how the goals, strategies, and outcome objectives can be incorporated into their organizational mission statements and plans. This helps to ensure that the strategies developed are institutionalized throughout the local public health system and that each organization is more effectively addressing the identified goals and priorities of the community.

Step 3 – Develop action plans

The outcome objectives must now be translated into specific action plans and activities to be carried out by the accountable MAPP participants. Action planning will help to determine specific activities, implementers, timeframes, and needed resources. Action plans may be organization-specific or may call for collective action from a number of organizations.

Continuing the example of accessible health care from the previous phase, an action plan might read:

Goal: All persons living in our community will have access to high-quality, affordable health care.

Strategy: Develop the capacity to provide culturally and linguistically appropriate services.

Outcome Objective: By 2010, increase to 50 percent the proportion of health care providers serving the community that are culturally and linguistically-competent.

LPHS Action Plan Process Objective (collective action plan overseen by the LHD)

1. Create an incentive program to attract minority health professionals to the area.
2. Establish a program to train the existing workforce in specified languages.

Hospital Action Plan Process Objective-

1. Improve interpreter services available to clients through the hiring of bilingual providers or through subscription to a telephone assistance language line (i.e., AT&T Language Line).

Each outcome objective may generate a number of specific impact and process objectives that will direct the development of activities in the workplan. The Tip Sheet — Description of Terms Used in Objective-Setting describes the different types of objectives that may be related to a strategic goal.

The agencies, organizations, or groups who have agreed to be responsible and accountable for specific outcome objectives should develop the impact and process objectives and assign specific tasks for developing a workplan and budget for the activities. There are many program planning models available to assist the participants in the process of developing specific action plans. The planning model described in *APEXPH* is a helpful resource that uses the same terminology as MAPP. Other program planning models may be used as well.

Implementation

With agreed-upon priority goals, related outcome objectives and a system of accountability, and the appropriate action plans, the participants in MAPP are ready to achieve results –improvement in the health status of the community and in the performance of the local public health system.

Step 4 — Review action plans for opportunities for coordination

After individual and collective action plans have been developed, the MAPP Committee should review them to identify common or duplicative activities and seek ways to combine or coordinate the use of limited community resources.

This activity can be conducted in a large meeting setting where all of the goals, objectives, and action plans are presented and discussed. At that same meeting, the implementation plan (strategies, objectives, accountability) should be reviewed so that all participants understand their role in the implementation of the MAPP plan. Through discussion and presentation of the various components of the MAPP action plan, opportunities to coordinate and collaborate will emerge. A brief review of the four MAPP Assessments may also be useful for exploring assets, strengths, and opportunities.

Identification of opportunities to coordinate should not end here. As activities are implemented, accountable parties should continue to look for opportunities to connect to other action plans or build upon available resources.

Step 5 —Implement and monitor action plans

All MAPP participants should be involved in implementing a minimum of one strategy. MAPP participants should regularly consider whether other organizations or individuals should be brought on board to more effectively implement the strategies. Consider including consumers of the strategy — such as clients, community residents, or members of targeted subpopulations — to ensure that action plans are appropriately and effectively implemented. Key leaders should also be recruited, including elected officials, faith leaders, key community representatives, etc.

Each participating organization’s staff should be well informed about the process and the action plans that are being implemented. This helps to ensure that the implementation activities are institutionalized at all levels within the organizations.

The broad community should be made aware of the strategic goals that are being addressed. For such a process to be successful, community residents must be aware of the prioritized issues and the actions that are being taken to correct them. In this way, community residents can better take responsibility for improving the health of their community. Media, such as newspapers, newsletters, radio, and television, should be used to educate the community about the strategies and the progress that is being made on an ongoing basis. See the [Tip Sheet-Engaging the Media](#) for suggestions.

The Implementation Subcommittee plays an especially important role in ensuring that implementation moves forward. The subcommittee should maintain contact with each action plan leader to ensure that activities are ongoing and that barriers are being addressed.

Evaluation

Evaluating the implementation of strategies and assessing what was accomplished is an important piece of the Action Cycle. The steps below are based upon a framework developed by the Centers for Disease Control and Prevention Evaluation Working Group. The CDC Evaluation steps have been adapted for inclusion in MAPP. Other evaluation frameworks may be used with equal success.

Two types of evaluation should occur:

- ?? **Evaluation of the entire MAPP Process** – The implementation of MAPP should be evaluated to identify areas or activities that worked well and those that didn’t. Such an evaluation provides useful input for designing and implementing a second round of the MAPP process or for other community-driven processes.
- ?? **Evaluation of each strategy** – The strategies, goals, and action plans should each be assessed and evaluated. Evaluation of each of these pieces provides important results that can be used for improving and refining action plans, thus ensuring that the resources used are well targeted.

Before embarking upon an evaluation process, it is important to understand the elements of an effective evaluation. These include:

- ?? **Utility** – The evaluation should be useful to the individuals and communities involved in the activity being implemented.
- ?? **Feasibility** – The evaluation should be realistic, prudent, diplomatic, and frugal. Use existing resources and expertise.
- ?? **Propriety** – Evaluation activities should be ethical and legal and conform to community standards, thereby adhering to community understanding of acceptability.
- ?? **Accuracy** – Evaluation results should reveal and convey technically accurate information. If the results are questionable or the data gathered are inaccurate, the evaluation is of little value to the local public health system.

Step 6 – Prepare for evaluation activities

This step addresses the first two steps in the CDC Evaluation Framework: engage stakeholders and describe the program. Because of the progress made during the planning and implementing components of the Action Cycle, much of the work in preparation for evaluation has been completed.

When preparing for evaluation, consider the following:

?? ***Who needs to be involved?*** MAPP recommends that a subcommittee oversee the evaluation activities. This role may be carried out by the subcommittee convened in the Organize for Action step or by a separate evaluation subcommittee. The subcommittee should consider other stakeholders that should be involved. These may include individuals who manage or work on the activity being implemented, or people who will be affected by its implementation.

?? ***What is being evaluated?***

?? ***Strategies*** - Evaluation participants should identify and describe the activity or strategy being evaluated. This entails revisiting and understanding the goals, strategies, and action plans being implemented, as well as the components of the vision that connect to each strategy.

?? ***Entire MAPP Process*** - The subcommittee should frame the evaluation of the entire MAPP process. Evaluation of MAPP should address issues such as level of community engagement, comprehensiveness of participation, and results and activities from each phase of MAPP. The indicators of success, outcomes from each MAPP phase, and shared vision and common values are useful here.

Step 7 – Focus the evaluation design

After engaging stakeholders and describing the activity, the next step is to focus the evaluation design. At this stage, the evaluation team should select: the questions that the evaluation will answer, the process for answering these questions, the methodology to be used in collecting answers, a plan for carrying out the evaluation activities, and a strategy for reporting the results of the evaluation. Input from the entire evaluation team ensures that this process is not a burden to any one individual and that the evaluation meets the needs of all participants in the process. Common questions include:

- ✍ How well was the activity performed?
- ✍ How effective was the activity?
- ✍ How well did the activity meet our stated goals (i.e., the shared community vision)?
- ✍ What could be changed to improve the activity next time?

It is important that the questions related to the activity have a measurable outcome. (Example: “By how much did morbidity decline after the activity was implemented?” or “Do our strategies connect to every element described in our shared vision?”) These concrete measures, assessed before and after the activity was implemented, become the solid evidence necessary to a valid evaluation.

Step 8 – Gather credible evidence and justify conclusions

The next step is to collect data about the activity in order to answer the evaluation questions using credible evidence and then justify the conclusions. Gathering credible evidence means using trustworthy, acceptable information to answer the evaluation questions. Information may come from a variety of sources, including participants, community health indicators, and other sources of data that demonstrate what happened after the implementation of the activity.

Having credible data to evaluate the activity, the evaluation team must decide what the data demonstrate about the implementation of the activity. Did the activity do what it set out to do? How effective was it?

Information collected in the “gathering” step should be used to justify the evaluation team’s conclusions. Without justification, the results of the evaluation may be questioned, undermining the entire evaluation process. Justification also means that recommendations and implications of the evaluation are based on an analysis of the data gathered, not just the team’s opinions or feelings about how the activity was implemented.

Step 9 – Share lessons learned and celebrate successes

Results of the evaluation then must be used and shared with others. Nothing is more frustrating than shelving evaluation results that could improve an existing process, or help create new strategies and activities.

The importance of positive thinking and the momentum it fosters cannot be underestimated in sustaining successes. Reward participants for their hard work. Recognize volunteers and develop a resource pool of people who can be called upon to help out. Use frequent, on-going, and creative approaches to celebrate successes and recognize the efforts of the community. Celebrating the process will not only have a great impact on sustaining the process and ensuring that results continue to be achieved, but will also have long term benefits for the community and public health system as a whole.

The Action Cycle Chicago, IL Vignette

Following the development of 20 strategies and the completion of the strategic plan, the Chicago Partnership prepared for implementation. At its December 1999 meeting, members agreed to begin implementation with a focus on two strategies viewed as fundamental to strengthening the public health system: 1) the development of a network of community-based coalitions, and 2) the creation of a coordinated citywide policy agenda for public health in Chicago. While no formal prioritization process was used, the decision for this initial focus was influenced by a couple of factors. First, in a highly diverse city the size of Chicago, it was not possible for the Chicago Partnership to be truly representative of all communities; the partnership believed that additional community participation was essential and that an organized structure for sustaining this participation was needed. Additionally, the partnership had submitted a funding request to the Kellogg Foundation to initiate work on this strategy. The second area of focus — the policy agenda — was selected, in part, because it represented an area where most partners have an investment and stake and because the work could be done with no additional resources — an important consideration.

To organize for this work, the partnership established two committees: the Committee on Community Partnerships and the Policy Committee. At the initial meeting of each committee, members identified and discussed additional organizations and/or individuals whose participation was considered important to the success of the effort. For example, citywide and other large agencies with resources in multiple communities (such as the city's workforce development office and a community health ministry) were invited to serve on the Committee on Community Partnerships. Policy representatives from a range of agencies, including labor and adolescent health, were invited to serve on the Policy Committee. With membership expanded, the efforts of each committee are currently focused on the development of more specific action plans, including committee member assignments and timelines.

A third committee, the Implementation Committee, comprised solely of formal partnership members, was convened to consider the feasibility of the 18 strategies not being addressed. At the initial meetings, members rated the strategies on levels of need and feasibility and are in the process of making recommendations to the partnership as to where effort should be placed next.

Two additional committees will be formed by the end of the year. A Coordinating Committee will consider the operations of the partnership, including membership issues and the work of the various committees. A working group will also be formed to promote the partnership and its strategic plan.

The project planner at the Department of Public Health staffs the committees. Additional in-kind staff support is provided to the Policy Committee by the department's director of policy and legislative affairs.

Evaluation activities, at this point, consist of monitoring implementation of strategies. It is anticipated that evaluation plans will need to be developed separately as each strategy is addressed.

Implementing Strategies Peoria City-County, IL Vignette

The Peoria City-County (IL) Health Department (PCCHD) serves a total population of approximately 130,000. PCCHD has been active in both a community planning process (using IPLAN) and an organizational strategic planning process. Using the results of the organizational strategic planning process, PCCHD has been implementing strategies through an interdisciplinary staff team approach since 1997.

The strategic planning participants included a committee of senior management and board of health members. It was not until after the strategic plan was finalized that other participants were brought in to assist in implementing the strategies. Implementation was approached in a tiered fashion. During the first year of implementation, “strategic initiative groups” were convened for each strategy. Strategic initiative groups are cross-disciplinary, voluntary teams including division directors and other senior management. The initiative groups gave continual updates to the board and helped to set the stage for approaching implementation. During the second year, middle managers became involved in the coordination role for each initiative group. Select middle managers were also added to the oversight committee for the process. Most recently, other staff throughout the health department have been invited to participate in the strategic initiative groups. Individuals are able to rotate on and off each group so that there is some fluidity to membership, but also consistency.

During the 3rd and most recent year, PCCHD has been most active in implementing strategies. Each strategic initiative group was responsible for designing the actions needed and carrying them out. Implementation has occurred through a variety of manners. For example, the teen pregnancy / smoking initiative group developed a campaign to promote awareness. To plan how to best promote awareness, they administered a questionnaire for clinic clients about smoking. Using the results of the questionnaire, they developed a referral system.

Discussions with PCCHD staff indicate that there is a greater sense of pride in jobs. In addition, staff feel more empowered to take initiative, there is greater energy throughout all levels of the agency, and more resource-sharing and cross-disciplinary work is occurring. Staff also indicated that, due to the cross-disciplinary nature of the teams and the strategy issues, they have a better understanding of what other divisions do in PCCHD. PCCHD staff also feel better connected to the community and their clients, and are therefore more effective at their jobs. For example, environmental health staff are now integrating more education into their regulatory duties. This helps businesses better understand the rationale behind regulations and helps them understand the role of PCCHD.

A cross-disciplinary and team approach to implementation has been very effective for PCCHD. Implementation has helped to educate staff, build connections both internally and externally, and improve the effectiveness of the health department.

Evaluating Strategies St. Louis County, MO Vignette

The St. Louis County Department of Health (SLCDOH) serves a large urban and suburban geographic area surrounding the city of St. Louis. The county consists of 524 square miles of land, approximately one million persons, 92 municipalities, and 24 school districts. In 1997, SLCDOH embarked on the “In-Partnership” process to assist in more accurately and effectively assessing and serving the communities in the area. A collaborative community health planning process with the Jennings community and an internal core functions based training process, which included ongoing collaborative activities with distinct communities in the county, were implemented. To support and improve both of these coordinated efforts, SLCDOH integrated an evaluation plan into the process to measure core functions implementation.

To evaluate the success of the initiative and the achievement of the project’s goals, an Advisory and Evaluation Team was created. The Advisory and Evaluation Team was comprised of one Grant Oversight Committee member (this committee was formed to oversee the entire project), local experts, and representatives from the St. Louis University School of Public Health, Washington University, the University of Missouri-St. Louis, the SLCDOH Advisory Board, and the University of Missouri Columbia School of Nursing. Members of the Advisory and Evaluation Team assisted in the design of the In-Partnership model from the outset; therefore, they were familiar with and involved in the process from the beginning.

The Advisory and Evaluation Team assisted SLCDOH staff team in the development of program outcomes that will evaluate the effectiveness of the pilot In-Partnership Project. The Advisory and Evaluation Team was also formed to make recommendations that will enhance the success of the pilot program and can be used to replicate the pilot program in other communities.

Representatives from the St. Louis University School of Public Health assisted the Grant Oversight Committee in designing surveys to evaluate the community coalition’s effectiveness and to evaluate DOH staff activities and attitudes related to community-oriented core public health functions. Additionally, through a concurrent metropolitan-wide initiative sponsored by a collaboration of regional interests, SLCDOH has been linked to the HealthCare Forum’s Accelerating Community Transformation project. Through this project, it will be participating in an effort to share results and measure outcomes at the community level.

St. Louis County’s experiences present a good model for integrating evaluation from the initiation of the project design. St. Louis County accomplished this by forming a broad-based evaluation team, including the team in the design of the process, and focusing on identifying outcomes while the process was under way. By doing this, St Louis County will be able to obtain valuable data through its evaluation, which can be ultimately used to improve community health outcomes.

Celebrating Success and Sustaining the Process Miller County, GA Vignette

Located in the southwestern corner of Georgia, Miller County is a small rural county with a population of approximately 6,000 residents. In 1997, a coalition of community organizations and representatives embarked on a community strategic planning process. Throughout the process, successes and progress were celebrated. The coalition recognized the importance of celebration in sustaining energy, creating momentum, and building community spirit.

The Miller County coalition began each monthly meeting and periodic strategic planning retreat with a celebration of the progress made to date. This kept community spirit and energy high, especially at times when little progress seemed to be occurring or when obstacles presented themselves. At the beginning of one of the retreats, the Hospital Authority chairperson boldly proclaimed that the hospital would have closed had this community process not occurred.

The media was also used to celebrate the successes of the process and to give periodic updates to the community at large. The health official, the hospital chairperson, and the editor of the local paper (all of whom served on the community coalition) played key roles in ensuring that frequent, positive articles appeared in the local paper. The closest large newspaper, which serves the city of Albany, also published several articles about the process. Finally, the story of a local physician's terminal illness and her quest for a successor was featured in several large newspapers nationwide, including papers in New York and Chicago.

Contributions to the strategic planning process testified to the strong community spirit that developed throughout this process. Multiple community leaders gave enormous amounts of in-kind support. The community pledged tax support in order to support the process and keep the hospital open; this was a direct outcome of the community-wide recognition of the problem and the attempts at finding solutions.

Several other activities attest to the success of the community's collaboration. The hospital, which previously had been unwilling to take external suggestions, agreed to extensive board development activities and aggressive in-house changes to address its financial needs. The coalition also established the "Brother David Ebersole Health Care Fund" which celebrates the life of a retired minister whose philosophy was "it's not what you get out of life that counts, it's what you are able to give."

Miller County's strong community spirit was also instrumental in other community-driven initiatives. Swamp Gravy, a local theatre production featuring local stories and legends, has been nationally recognized and has been performed in forums such as Washington's John F. Kennedy Center. The community also financed and developed a state-of-the-art golf course. After its opening, a tournament was held that raised over \$10,000 for the hospital.

Miller County recognized the importance of celebrating successes as a way to maintain community spirit and energy. The success of a community strategic planning process is dependent upon this community energy and spirit. Celebrating successes, even if they seem minor, is vital to overcoming the obstacles that often stand in a community's way.

Tip Sheet — Description of Terms Used in Objective-Setting

Outcome Objective – The level to which a health or LPHS problem *should* be reduced within a specified time period.

1. Long Term
2. Realistic
3. Measurable

Outcome objectives should relate directly to strategic goals. These are statements about *how much* and *when* the program should affect the health or LPHS problem.

The desired outcome objective is the quantitative measurement of the health or systems problem at some future date and is something that the program can and should accomplish.

Example: By 2010, reported rubella incidence in the United States will be less than 500 cases per year.

Impact Objectives – The level to which a direct determinant or risk factor is expected to be reduced within a specified time period.

1. Intermediate (1-5 years)
2. Realistic
3. Measurable

Impact objectives relate directly to risk factors or determinants of the health or LPHS problem. These are statements about *how much* and *when* the program should affect the determinant.

Impact objectives are quantitative measurements of determinants at some future date.

Example: 90 percent of the school age children in the United States will have been immunized against rubella by December 31, 2005.

Process Objective – Action statements aimed at affecting one or more of the contributing factors that influence the level of risk factors and determinants.

1. Short term (usually one year)
2. Realistic
3. Measurable

Example: Increase the proportion of school districts that are effectively enforcing the school entry immunization law from 75 percent to 90 percent by October 31, 2002.