



Cedar Valley United Way

Application Handbook

2010/2011

Goal: Describe the goal of the program. The goal should be participant-focused-a broad statement of intended change which identifies the target population.

Theory: Explain the theory about why the program's approach will work.

Target Population: Describe the population of clients that will be served. List specifics as to why they should be a participant as well as a definition of the participant (family, individual, agency, etc...).

Inputs: List the inputs- i.e. the resources, people, skills, knowledge and tools being used to deliver services. A program uses *inputs* to support *strategies*. **List the number of unduplicated participants.**

Strategies: List the strategies- i.e. Activities, services, process; things done to, for, or with the target population intended to lead to the desired change.

Outputs: List the outputs- i.e. the product of the activity, service or process; How many clients will be served? How many types and units of service (staff hours, trainings, etc.) will be delivered? List the minimum and maximum number of participants that are needed. List the quantitative measures of intended outputs.

Short-term Outcome(s): List the short-term benefits expected in the participant. Most short-term outcomes focus on changes in knowledge, attitude or skills in the participant, and usually are address in a specific timeframe.

Indicators: List the indicators that will be used to measure the changes/benefits in the participant. Use the indicators to quantitatively describe the program's intended measurable results.

Mid-Term Outcome(s): List the mid-term benefits expected from the participants. Most mid-term outcomes focus on changes in behavior, practice or decisions in the participants, based on earlier acquisition of knowledge.

Indicators: List the indicators that will be used to measure the changes/benefits in the participant. Use the indicators to quantitatively describe the program's intended measurable results.

Long-Term Outcome(s): List the long-term benefits expected from the participants. Most long-term outcomes focus on changes in condition or altered status in the participants, based on earlier changed in behavior.

Indicators: List the indicators that will be used to measure the changes/benefits in the participant. Use the indicators to quantitatively describe the program's intended measurable results.

1. GOAL

Describe the Goal. The Goal is a broad statement of the desired condition of well being for a particular group. Make the Goal:

- Participant-focused, and
- Describe the intended change for your participant.

Example: Working poor individuals and families living in the Cedar Valley will build their financial assets and become financially independent.

2. Theory

A well-constructed program theory points toward a program's eventual effectiveness. The theory should:

- Illustrate how the program will function,
- Explain why the agency has chosen their particular strategies in working with their clients, and
- Clarify what the program expects to achieve.

Tell us why the strategies that are employed in the program will lead to client benefits/successes. Cite research that supports the theory.

Example: The ABC Public Policy identified key effects of welfare-reform as part of a Community Needs Assessment, in which the major issues identified were: Childcare, Transportation, Job Training and Placement, Food and Shelter. The XYZ Program tackles the major barriers working poor individuals and families face in becoming self sufficient by collaborating with an array of service agencies in order to provide a comprehensive approach that responds to all of the major issues associated with the working poor and welfare reform. By addressing all the key barriers working poor families face in achieving and maintaining employment, participants increase their chances of successfully earning a living wage, reducing their debt and building financial assets.

3. Target Population

- Describe the potential participants to be served. Tell about the following components:
- Age group of program targets
- Description of population (i.e. gender, race, ability, etc)
- Unique characteristics of the target population (i.e. needs, risk factors, barriers, etc)
- Geographic location or community of focus of program targets

Example: The target population is working individuals and families making under \$20,000 and living in the Cedar Valley who are not eligible to receive food stamp benefits.

It is important to note: The Target Population section closely ties into other sections of the logic model, such as the Strategies and the Outcomes. Utilize the Target Population section to clearly describe the participant that this program is serving. Who is walking

through the door? What barriers do they face? What are their unique characteristics? If the target population is clearly described, then the strategies that are used with them to move toward the desired outcomes will make more sense. And some of the outcomes that are listed may very well be participants overcoming barriers as they move towards success.

4. INPUTS

List all of the inputs to the program. Inputs are resources needed for operation of the program, such as:

- Staff
- Program Participants
- Money
- Equipment
- Time
- Technology
- Volunteers
- Funders
- Partners
- Additional Agency Resource
- Location
- Other Items

Agencies can define inputs as thoroughly as necessary to clearly convey the resources needed to successfully run the program.

Examples:

- 3 MSW staff to provide crisis counseling and clinical assessments to participants
- Volunteers to provide one-on-one mentoring services to youth
- 123 Agency provides participant referrals to our program
- 987 Agency provides permanent affordable housing for participants who exit the program
- 2 vans to provide transportation services for participants to job interview and field trips
- Commercial kitchen facilities to train participants in all aspects of being a chef using real-life environment and equipment
- LMNOP Foundation provides match funding up to \$25,000 annually

5. STRATEGIES

Strategies are the activities, processes or events undertaken with the inputs. They are not services a program provides for its participants to fulfill its purpose. List all of the strategies utilized by the agency to achieve the intended outcomes. Measurements (indicator percentages or output numbers served) are not given in this section.

Examples:

- Provide homeless families with 3 meals per day
- Provide 3-hour job training seminars 4 times per week
- Educate the public about signs of child abuse through Public Service Announcements
- Counsel pregnant women on proper nutrition
- Create mentoring relationships between program youth and adult volunteers

6. OUTPUTS

Outputs are the direct results of program strategies and activities/processes/events. They are usually described in terms of size and scope of the service or products delivered or produced by the program. They indicate whether or not a program was delivered to target population at the intended “dose.” Strategies may have more than one type of output-make sure all outputs are listed.

Examples:

- 50 classes on financial literacy completed
- 10 meetings held
- 5,000 brochures distributed
- 1,000 counseling hours delivered
- 700 participants attended financial literacy workshops

OUTPUTS

What We Do-Activities	Who We Reach-Participation
<p>Number of:</p> <ul style="list-style-type: none"> • Workshops • Counseling Sessions • Facilitation • Product Development • Meals Served • Trainings • Conferences • Media 	<p>Number of:</p> <ul style="list-style-type: none"> • Participants • Agencies • Users <p>*Unduplicated Client Information</p>

7-9. OUTCOMES

Outcomes are specific statements of the desired changes in the lives of a particular group (the target population). Outcome levels are short-term, mid-term and long-term.

Keep in mind:

- All of the outcomes relate to the participant(s) listed in the **target population**
- All of the outcomes relate to the program’s components listed in the **strategies**
- All of the outcomes state significant changes in or desirable benefits to be achieved by the **target population**
- All of the outcomes are **stated positively** and are **appropriate** for the target population
- All of the outcomes follow a **logical progression** (if...then)

What are the changes/benefits for participants, agencies and/or communities?

There are different levels of outcome measurements. Utilize the following table to create appropriate level outcomes. Most participants progress through most programs, changing/benefiting in the following manner: knowledge→behavior→condition; however, you may find that in the program, participants changes/benefits follow a slightly different order.

Short-term Outcomes	Mid-term Outcomes	Long-term Outcomes
Changes in: Learning Awareness Knowledge Attitudes Skills Opinion Aspirations Motivation	Changes in: Action Behavior Practice Decisions Policies Social Action	Changes in: Conditions Human Economic Civic Environment

A	Short-term: Young men in the program increase knowledge and skills needed for their desired employment. Mid-term: Young men utilize knowledge and skills acquired to pursue career goal. Long-term: Young men retain employment.
B	Short-term: Teens increase knowledge of prenatal nutrition and health guidelines. Mid-term: Teens maintain proper nutrition and health guidelines. Long-term: Teens deliver healthy babies.

Questions to ask when developing Outcomes:

- Do these outcomes capture what the program aims to get done?
- Are we comfortable basing an evaluation of our effectiveness on these outcomes?
- Are there other things we should look at instead of these outcomes?
- Have we identified the population to be affected?

Outcomes are Participant-focused, not Process-focused. Here are examples of each:

Participant-focused Outcomes	Process-focused Outcomes
<ul style="list-style-type: none"> • Seniors increase their involvement in social activities • Families use communication skills to improve family functioning • Children demonstrate progress towards physical developments • Parents learn information regarding family health, economics, and technology • Community councils expand their membership of committed members • Youth will identify appropriate drug and alcohol attitudes and behaviors 	<ul style="list-style-type: none"> • To make social activities available to senior citizens • To deliver 1,600 hours of counseling • To provide day care to 125 disadvantage children • To teach 24 parenting education classes • To recruit community members • To promote the dangers of drugs and alcohol

Composing Outcome Statements:

When describing **child or parent outcomes** it is important to state them in this format:
(Defined set of children or parents)
(Desired change/benefit/attainment for the group of children or parents)

Example Outcomes:

- Children in families enrolled in WIC in the Cedar Valley will be fully immunized.
- Students in the RAY Music Program for at least 3 months will have improved music skills on their instruments.
- Increase the number of Hispanic youth under the age of 18 in the Cedar Valley that are enrolled in HAWK-I.

Composing Community Outcomes Statements:

When describing **community changes** it is best to state them in this format:

(Defined community system, organization, environment, etc.)

(Desired change/improvement for that system, organization, environment, etc.)

Example Community Changes:

- The Iowa child health insurance program makes the HAWK-I application form and instructions available in Spanish.
- ABC College will establish a tutoring program at EFG Middle School for students failing in math or science.
- Teachers employed by childcare providers serving working poor families will know how to use curricula and teaching techniques designed to increase cognitive and social skills.

7a-9a. INDICATORS

Indicators are the specific items of information that track a program’s success on outcomes. Indicators are the measures selected as markers of success. They are often used as the starting point for designing the data collection and reporting strategies.

Indicators are specific, observable, measurable characteristics or changes that represent achievement of the outcome. Indicators are what is observed, measured, assessed or monitored in participants or systems to learn if the outcome has been achieved. They are what the program will use to “count successes”. They are not the outcome itself, or the specific measurement method, instrument or tool used.

You are **not** required to list a measureable indicator with each and every outcome listed. You only need to list the key indicators you plan on monitoring and measuring. The key indicators you choose should be the most meaningful ones that enable you to test your theory and show your programs overall success. Some outcomes are fairly easy to observe and measure, such as graduating from high school or getting a job. Many outcomes, however, are not concrete enough to measure directly.

Outcome indicators must be observable and measurable. If a condition is not observed and measurable, it may relate to the outcome, but it is not useful as an indicator. Indicators also must be unambiguous. Terms such as “substantial”, “acceptable”, and “adequate” (e.g., “Participants demonstrate substantial improvement”) that are subject to interpretation are not sufficiently specific.

Examples of Outcomes and Indicators

- Outcome:** Participating students succeed in school.
- Indicator 1:** 70 of the participating students (78%) will pass all their core subjects.
- Indicator 2:** 60 of the participating students (67%) will advance to the next grade level.
- Outcome:** Job training graduates become gainfully employed.

Indicator 1: 53 of the graduates (69%) will secure full-time employment.

Indicator 2: 40 of the employed graduates (77%) will remain employed for at least 6 months.

Outcome: Parents read to their preschoolers more often.

Indicator 1: 280 parents (80%) will read to their preschoolers everyday for a minimum of 30 minutes per day during the fall 2008 semester.

Indicators include specific and measureable data relevant to the program outcomes.

Useful indicators are SMART

- Specific
- Measureable
- Attainable
- Relevant
- Time-bound

Additional characteristics of good indicators.

- **Valid**-indicator actually measures what it is supposed to measure
- **Reliable**-the results are about the same when the measure is repeated
- **Feasible/Practical**-can be used in the agency setting given limits of time, money, staff, qualifications
- **Easily understood**
- **Accessible**
- **Affordable**

Reminder:

- All of the indicators are **clearly linked** to and **measure progress** toward the associated outcome.
- Each indicator is stated with a **target number and target percentage** of the total population that is expected to achieve the outcome.
- All the indicators are based on the **target population**.
- All the indicators will **measure some aspect** of the outcomes they are attached to.

References and Resources

Logic Model Development Guide, W.K. Kellogg Foundation, 2004

W.K. Kellogg Foundation Web site: <http://www.wkkf.org>

Measuring program outcomes: A practical approach, United Way of America, 1996

United Way of America web site: <http://www.unitedway.org/outcomes/contents.htm>

Glossary of Selected Terms

Inputs are resources a program uses to achieve program objectives. Inputs are materials that the program takes in and then processes to produce the results desired by the program. Examples are staff, volunteers, facilities, equipment, curricula, and money. A program uses *inputs* to support *strategies*.

Strategies are what a program does with its inputs, how it goes about transforming them into products. Strategies are the types of services the program provides to fulfill its mission. Examples are sheltering homeless families, educating the public about signs of child abuse, and providing adult mentors for youth. Program *strategies* result in *outputs*.

Outputs are tangible products of a program's strategies and activities, such as the number of meals provided, classes taught, brochures distributed, or participants served. Another term for "outputs" is "units of service." Outputs are frequently misunderstood to indicate success of a program. A program's *outputs* should produce desired *outcomes* for the program's participants.

Outcomes are benefits for participants during or after their involvement with a program. Outcomes may relate to knowledge, skills, attitudes, values, behavior, condition, or status. Examples of outcomes include greater knowledge of nutritional needs, improved reading skills, more effective responses to conflict, getting a job, and having greater financial stability.

There are various "levels" of outcomes, with initial outcomes leading to longer-term ones. Outcomes are usually specified in terms of:

- a) learning, including enhancements to knowledge, understanding/perceptions/attitudes, and behaviors (short-term)
- b) skills (behaviors to accomplish results, or capabilities) (mid-term)
- c) conditions (increased security, stability, pride, etc.) (long-term)

Indicators are the specific items of information that track a program's success. They describe observable, measurable characteristics or changes that represent achievement of an outcome. For example, a program whose desired outcomes is that participants pursue healthy lifestyle could define "health lifestyle" as not smoking; maintaining a recommended weight, blood pressure, and cholesterol level; getting at least two hours of exercise each week; and wearing seat belts consistently. The number and percent of program participants who demonstrate these behaviors is an indicator of how well the program is doing with respect to the outcome.

Outcome targets are numerical objectives for a program's level of achievement on its outcomes. After a program has had experience with measuring outcomes, it can use its findings to set targets for the number and percentage of participants expected to achieve desired outcomes in the next reporting period. It also can set targets for the amount of change it expects participants to experience.

Benchmarks are performance data that are used for comparative purposes. A program can use its own data as a baseline benchmark against which to compare future performance. It also can use data from another program as a benchmark. In the latter case, the other program often is chosen because it is exemplary and its data are used as a target to strive for, rather than a baseline.

Source: Measuring Program Outcomes; A Practical Approach © Copyright 1996 United Way of America

Advanced Training Client-Based Outcomes

What are Outcomes?

Outcomes are specific statements of the desired changes in the lives of a particular group (the target population).

- All of the outcomes relate to the clients listed in the target population
- All of the outcomes relate to the program’s components listed in the strategies
- All of the outcomes state significant changes in or desirable benefits to be achieved by the target population
- All of the outcomes are stated positively and are appropriate for the target population
- All of the outcomes follow a logical progression (if...then)

Short-term Outcomes	Mid-term Outcomes	Long-term Outcomes
Changes in: Learning Awareness Knowledge Attitudes Skills Opinion Aspirations Motivation	Changes in: Action Behavior Practice Decisions Policies Social Action	Changes in: Conditions Human Economic Civic Environment

Outcomes should be written client-focused and should follow a logical progression. The table above shows how client benefit as they progress through most programs. The table below gives examples of both client-focused outcomes and process-focused outcomes.

Client-focused Outcomes	Process-focused Outcomes
<ul style="list-style-type: none"> • Seniors increase their involvement in social activities • Families use communication skills to improve family functioning. • Children demonstrate progress towards physical developments • Parents learn information regarding family health, economics, and technology • Community councils expand their membership of committed members • Youth will identify appropriate drug and alcohol safety attitudes and behaviors 	<ul style="list-style-type: none"> • To make social activities available to senior citizens. • To deliver 1,600 hours of counseling • To provide day care to 125 disadvantage children • To teach 24 parenting education classes • To recruit community members • To promote the dangers of drugs and alcohol

Advanced Training Client-Based Outcomes

There are a variety of common misconstructions when creating outcomes. One of them is to mistake an Output for an Outcome.

Outputs speak to the delivery of service units and to the participation levels of clients served. Below is a table outlining the functions of outputs.

What we do-Activities	Who we reach-Participation
Number of: <ul style="list-style-type: none"> • Workshops • Counseling sessions • Facilitation • Product development • Meals served • Trainings • Conferences • Media 	Number of: <ul style="list-style-type: none"> • Participants • Clients • Customers • Users <p style="text-align: center;"><i>*Unduplicated Client Information</i></p>

Below is a table that differentiates Outputs and Outcomes.

- Outputs focus on the number of activities delivered and the number of clients served.
- Outcomes focus on the change occurring in the client.

Program Example	Outputs (amount of work) might be...	Intended outcomes (results of the work) might be...
Comprehensive child care	<ul style="list-style-type: none"> • Number of children registered • number of days of care 	<ul style="list-style-type: none"> • Children exhibit age-appropriate social skills • Children are ready for kindergarten
Treatment for youth abusing drugs and alcohol	<ul style="list-style-type: none"> • Number of counseling sessions conducted • Number of youth completing treatment 	<ul style="list-style-type: none"> • Participating youth know the risks of substance abuse • Participants remain clean and sober for 6 months
Congregate meals for seniors	<ul style="list-style-type: none"> • Number of seniors enrolled • Number of meals served 	<ul style="list-style-type: none"> • Seniors eat at least one nutritious meal each day • Seniors interact socially with their peers

Advanced Training Client-Based Outcomes

Indicators vs. Outcomes

Additionally, it is common to have indicators submitted as outcomes. Indicators are what measure the outcomes. Indicators track a program's success.

- All of the indicators are **clearly linked** to **measure progress** towards the associated outcome.
- Each indicator is stated with a **target number and target percentage** of the total population that is expected to achieve the outcome.
- All the indicators are based on the **target population**.
- All the indicators are **observable** and will **measure some aspect** of the outcomes they are attached to.

Below are examples of outcomes and their associated indicators.

Outcome: Participating students succeed in school.

Indicator 1: The # and % of participating students who pass all of their core subjects.

Indicator 2: The # and % of participating students who advance to the next grade.

Outcome: Job training graduates become gainfully employed.

Indicator 1: The # and % of graduates who secure full-time employment.

Indicator 2: The # and % of employed graduates who are still employed after six month.

Outcome: Parents read to their preschoolers more often.

Indicator: The # and % of parents who read to their preschoolers everyday for a minimum of 30 minutes per day.

Figuring out Your Outcomes

Questions to ask yourself...

- What do we want to be true of participants because of their involvement with our program?
- What do we want to be able to say about them?
- If we succeed (or don't) with a participant, what has changed (or hasn't)?
- If we carry out these strategies, then what do participants believe, know, have, or do as a result? And what benefit or change flows from that?

Even More Questions...

- Why do you provide the services that you do? What do you intend to accomplish?
- What do other say is the value of your program?
- When you provide your services, what is the first change you expect to see happen for the participant?
- If that initial change occurs, then what will it lead to?
- Why do you want the change to happen?

Process-Focused Examples

Participant-Focused Examples

Students are assigned an individual tutor and attend classes on a regular schedule to receive basic language training that includes reading, writing and speaking ability.	Students demonstrate an increased knowledge of basic language skills.
Students are taught the fundamental concepts from beginner levels.	Students are prepared to enter kindergarten.
Participating senior citizen will have an enhanced quality of life.	Seniors will increase their social interactions.
Senior Citizens will gain new knowledge.	Senior Citizens will demonstrate knowledge of the food pyramid.
For 80% of the 10 individuals with disabilities to have developed a long-term meaningful relationship with a community member with similar interests and for the individual to be more active in the community.	Participants with disabilities will have the opportunity to socialize with peers.
For 80% of the participating volunteers to be community members who promote the agency's mission in the community through activities with people with disabilities and donations to the agency and like organizations.	Volunteers increase sensitivity regarding the needs of the disabled community.
For the volunteer to develop an increased sensitivity, appreciation and acceptance for people with disabilities through at least one community activity per month with an individual with a disability.	Volunteers develop increased sensitivity, appreciation and acceptance for people with disabilities.
To introduce the volunteer to the individual with a disability.	The individual with a disability will demonstrate increased involvement in the community.
Youth participants will be more likely to avoid drugs and alcohol, make ethical decisions, treat others with respect, and will have more self-confidence than youth how do not participate in this program.	Youth participants increase their knowledge of dangerous and harmful effects of drug and alcohol.
Youth participants will participate in more after-school activities, will present positive attitudes about their country, and will show significant improvements in academic areas.	Youth participants will achieve passing grades in school.
Daily homework completed.	Students enhance academic performance.
One hot meal daily; Three meals/snacks at summer program; Receive new pair of shoes annually and a new backpack and school supplies.	Children will have supplies and nutrition.
Enroll in appropriate adult education program.	Adult enrollees will demonstrate skills in CPR upon completion of training.
Enroll in citizenship class and completes INS application.	Participants regularly attend citizenship classes.
Enroll in financial or health literacy workshops.	Participants learn financial and health information and skills. (could be split into two)
To provide a "safe haven" for individuals in crisis and emerging needs.	Individuals will have a stable environment in order to develop self-reliance skills.
Afford individuals with prompt courteous, competent assistance for immediate stabilization of symptoms.	SMI adults in crisis are stabilized.
Program staff assists seniors with accessing additional services as needed.	Seniors will access additional services as needed.
Increased opportunities and avenues for civic engagement.	Individuals increase their participation in civic activities.

Process-Focused Examples

Participant-Focused Examples

Increased opportunities and avenues for positive use of time.	Participants will become aware of opportunities for positive use of time.
Increased opportunities and avenues for positive self-expression.	Clients are able to positively express themselves.
Expectations for growth.	Preschoolers meet developmental milestones in 5 domains.
A safe out-of-home environment.	Participants will have a greater sense of personal safety.
An understanding of boundaries.	Participants increase their ability to set healthy boundaries.
Positive out of home activities.	Participants demonstrate knowledge of positive recreational activities.
75% of participants will increase their quality of life and family stability by obtaining and maintaining employment in excess of 365 days.	Participants will increase their quality of life and family stability.
Caregiver attends support groups and training opportunities.	Caregivers of Alzheimer patients will learn needed skills to improve the oral health of the patients.
Caregiver receives resource guide, referrals, individual counseling sessions and respite from care giving duties.	Caregivers remain in a care giving role.
Participants attend support groups and individual counseling sessions.	Participants improve their ability to cope.
Participant transported to and from the center.	Seniors will have opportunities for socialization.
Participant provided nutritious meals and structured programs at the center.	Participants will eat at least one nutritional meal a day.
Proper assessment of client's job readiness.	Seniors in high school will learn skills to be job ready.
Within two months a family has been provided with a treatment plan.	Families are actively involved in planning of their treatment.
After 12 months in the program, 95% of mothers will have taken parenting classes.	Mothers learn positive parenting skills.
To link participants with job training.	Participants will acquire necessary skills to become gainfully employed.
Clients are provided assistance with completion and filing of forms.	Low income clients obtain stable, affordable housing.
All clients will receive a full medical assessment.	Clients will identify and access needed medical services.
Increase self sufficiency of adult residents.	Adult residents become self sufficient.
Empower families to live independent, violence free lives.	Parents learn information about options to prevent family violence.
Clients are given the knowledge and reassurance that they have the means to maintain their independence and socialization in life.	Clients have an increased knowledge of independence and socialization skills.
Better follow up care facilitated by a medical professional familiar with the developmentally disabled person.	Developmentally disabled populations will have a better quality of life.
Fewer medication errors.	Assisted living residents have controlled blood pressure levels because of fewer medication errors due to staff training.
We make seniors aware of health care trends and issues.	Seniors are able to identify healthcare trends or issues.

Advanced Training Developing Indicators

Selecting Outcomes You Want to Measure

Pick the fewest number of outcomes that, as a group, will yield information for three key purposes...

1. **Assure that you are achieving meaningful benefits for the intended beneficiaries--** Which outcomes are the most important for program participants to achieve? Which are central to the gains participants care about?
2. **Communicate the value of your program to key audiences—**Which outcomes do key audiences, including funders, care about? Which resonate most strongly with your various stakeholders? Which best tell your story?
3. **Guide program managers and staff in increasing the effectiveness of your program--**Which outcomes will be the most helpful in indentifying where the program is or is not, being successful? Which will show that key links in the “if...then...” chain is working or is breaking down?

Effective Indicators are **SMART**

- ✓ Specific
- ✓ Measureable
- ✓ Attainable
- ✓ Relevant
- ✓ Time-bound

Common Misconstructions when Writing Indicators

Vague Indicators

- Job Promotions
- **Can be written as:** 50 clients (64%) will receive job promotions within 3-months of completing the course.

Not Written Measurably

- Able to converse better
- **Can be written as:** 42 ESL graduates (91%) will demonstrate improved English language conversation skills based on pre/post testing.

Listing Measurement Documents

- Attendance Forms
- **Can be written as:** 33 students (67%) will have perfect attendance during the fall 2008 semester.

Listing Measurement Plan

- Review of test scores
- **Can be written as:** 75 students (85%) will pass all of their core subject final exams.

Listing Outputs or Strategies (process-focused)

- Participants attend all 10 workshops
- **Can be written as:** 45 clients (74%) who attend all 10 workshops will demonstrate improved credit score ratings.
- Six trainings are offered during the year
- **Can be written as:** 123 training participants (90%) will show increased knowledge of the subject based on pre/post testing.

Listing Outcomes

- Participants change behaviors and make healthier choices.
- **Can be written as:** 58 participants (89%) show improved nutritional intake at the 3 – month re-assessment

Not Associated to Outcome

- Homework assignment completed (for measuring self confidence)
- **Can be written as:** 12 students (72%) who complete the leadership training course will self-report improved self-confidence.

Participant Indicator Examples

Vague Indicators	SMART Indicators
Job Promotions	20 (75%) of ESL students who are already employed are promoted within 6 months.
Able to converse better with tutors.	50 students (75%) will demonstrate improved scores between pre-post oral exams in one year.
Attendance forms.	40 students (60%) will have perfect attendance during the fall 2008 session. 35 students (95%) will advance to the next grade level by the end of the school year.
Feedback from students on daily functions such as shopping and banking.	50 students (75%) will self-report verbal interactions with community merchants 3 times weekly for 3 months.
Attendance forms.	90% of 100 students assigned individual tutors attend basic language class 80% of the fall semester.
Test results from level to level.	75 students (75%) will increase test scores by completion of course.
Homework assignments completed.	During the 2008 school year 26 GED students of those completing homework assignments report greater self confidence.
Participants increase knowledge and skills needed to change attitudes about family dynamics.	100 participants (95%) will have a passing score on the wellness test based on pre/post tests.
Frequency of each volunteer and participant activity	45 participants (85%) attend at least one community activity per month with a volunteer. 41 participants (90%) who attended 3 month/3 outings will self-report improved communications and social skills.
Number of volunteers who seek information and enroll in the program.	25 (50%) of recruited volunteers will enroll in the program within one month of initial contact.
Participants understand civic process and become active participants.	5,000 (75%) of individuals who enroll in citizenship class complete INS application within 1 month.
Individuals successfully complete financial or health literacy workshops.	Of the 1,000 adult family members attending "family night" 100 (10%) will enroll in either financial or health literacy workshops.
Consistent employment retention and earning gains.	80 individuals (60%) will remain employed for at least 6 consecutive months.
Participant is living in rental housing or own home within two years of project entry.	80 % of 100 participants will obtain affordable housing within two years of project entry.
Participants matched with a mentor continue to interact with the mentor on a regular basis after six months of being matched.	75% of 100 participants are matched with mentors gain and maintain employment for 6 months. 50 participants (50%) who are matched with mentors report improved ability to handle job related stress.
25 young adults enrolled.	15 participants (75%) in job readiness program will gain job skills as measured by pre/post test.
60% of participants meet one-on-one with case manager at least twice monthly.	100 participants (60%) will complete a resume and job skills inventory within 3 months.
100% of the families who request it will receive post-employment retention services.	40 families (80%) in the program will be employed for at least 6 months.
100% of the families will receive follow-up services related to employment for a minimum of 6 months.	100 (75%) of families who received follow-up services will self-report either obtaining, maintaining, or upgrading their employment within 3 months.

Participant Indicator Examples continued

Vague Indicators	SMART Indicators
Youth will practice effective communication and conflict resolution skills.	65% of participating youth will demonstrate, via role playing, effective communication skills in the area of conflict resolution within 1 month.
Case notes of program staff; nurse practitioner's progress notes; achievement of goals on family plan.	50 children (50%) participating in the family plan program will experience fewer episodes requiring ED care over a one year period.
Staff receives verbal confirmation that parents understand all steps to obtain services desired.	80% of 100 participating parents report an understanding of steps required to obtain services by end of training session.
Job retention--remain in a job for a minimum of one-year	50 working poor participants (45%) will achieve skills needed for livable wage job within a 2 year period.
Complete life skills and job readiness training.	Within 3 month of completing a program in a follow up survey, 50 clients (60%) will report they are employed full time and receive employee benefits.
Complete initial employment plan.	90 participants (90%) complete and sign their job development activity plan within 2 weeks of enrollment.
Address barrier to employment.	75% of 100 program participants will gain and/or improve computer skills based on pre-post tests.
Low crime rates.	Crime rates in specific neighborhoods will be reduced by 5% within one year.
Community Involvement.	100 community members will participate in block watch once a quarter.
All programs are delivered in a safe environment.	75% of 100 program recipients self-report programs delivered in a safe environment by the end of the fiscal year.
Clients sign in daily; 25% of clients participate 3 times a week.	75% of clients who participate in 3 groups per week will self report increased social interaction.
Participant prepares budget.	60 clients (90%) will prepare and present a monthly budget within 60 days.
Clients report an improvement of their attendance in job/school.	60 clients (80%) attend job/school 5 or more days in a quarter, according to attendance records.
Number of hours of respite care that is provided to families.	15 or 70% of families report increase in hours of respite care over a 3-month period.
60 children visited the library a total of 437 times.	60 children (80%) visiting the library will participate in a weekly story time during the school year.
An eviction notice or a utility disconnection is satisfied, and the families remain safe in the homes.	75% of families will satisfy an eviction notice or utility disconnection and remain in their home for the following 6 months.
Birth parent counselor uses verbal confirmation and assessment of body language to determine anxiety level of birth parent.	75% of 100 birth parents demonstrate decreased anxiety after 6 sessions with counselor.
# of completed assessments.	100 individuals/families (75%) will identify and prioritize issues as indicated on a self-assessment survey.
Individuals gain knowledge as a result of attendance at health classes as evidenced by class surveys.	After attendance of 5 classes 80% of participants will report increased ability to manage their ability to manage their chronic disease.
Individuals gain knowledge as a result of attendance at pre-natal classes.	35 women (75%) attending pre-natal classes demonstrate increased knowledge of health pregnancy practices based on pre-post testing. 27 women (80%) delivered babies with no complications.

Example Outcomes and Indicators for Various Programs

These are **illustrative examples only**. Programs need to identify their own outcomes and indicators, matched to and based on their own experiences and missions and the input of their staff, volunteers, participants, and others.

Type of Program	Outcome	Indicator (s)
Smoking cessation class	Participants stop smoking.	<ul style="list-style-type: none"> • Number and percent of participants who report that they have quit smoking by the end of the course • Number and percent of participants who have not relapsed six months after program completion
Information and referral program	Callers access services to which they are referred to about which they are given information.	<ul style="list-style-type: none"> • Number and percent of community agencies that report an increase in new participants who came to their agency as a result of a call to the information and referral hotline • Number and percent of community agencies that indicate these referrals are appropriate
Tutorial program for 6th grade students	Students' academic performance improves.	<ul style="list-style-type: none"> • Number and percent of participants who earn better grades in the grading period following completion of the program than in the grading period immediately preceding enrollment in the program
English-as-a-second-language instruction	Participants become proficient in English.	<ul style="list-style-type: none"> • Number and percent of participants who demonstrate increases in ability to read, write and speak English by the end of the course
Counseling for parents indentified as at risk for child abuse or neglect	Risk factors decrease. No confirmed incidents of child abuse or neglect.	<ul style="list-style-type: none"> • Number and percent of participating families whom DHS records report no confirmed child abuse or neglect during 12 months following program completion
Employee assistance program	Employees with drug and/or alcohol problems are rehabilitated and do not lose their jobs.	<ul style="list-style-type: none"> • Number and percent of program participants who are gainfully employed at the same company 6 months after intake

Example Outcomes and Indicators for Various Programs

Type of Program	Outcome	Indicator (s)
Homemaking Services	The home environment is healthy, clean, and safe. Participants stay in their own home and are not referred to a nursing home.	<ul style="list-style-type: none"> • Number and percent of participants whose home environment is rated clean and safe by a trained observer • Number of local nursing homes who report that applications from younger and healthier citizens are declining (indicating that persons who in the past would have been referred to a nursing home now stay at home longer)
Prenatal care program	Pregnant women follow the advice of the nutritionist.	<ul style="list-style-type: none"> • Number and percent of women who take recommended vitamin supplements and consume recommended amounts of calcium
Shelter and counseling for runaway youth	Family is reunified whenever possible; otherwise, youths are in stable alternative housing.	<ul style="list-style-type: none"> • Number and percent of youth who return home • Number and percent of youth placed in alternative living arrangements who are in that arrangement 6 months later unless they have been reunified or emancipated
Camping	Children expand skills in areas of interest to them.	<ul style="list-style-type: none"> • Number and percent of campers that identify two or more skills they have learned at camp
Family planning for teen mothers	Teen mothers have no second pregnancies until they have completed high school and have the personal, family, and financial resources to support another child.	<ul style="list-style-type: none"> • Number and percent of teen mothers who comply with family planning visits • Number and percent of teen mothers using a recommended form of birth control • Number and percent of teen mothers who do not have repeat pregnancies prior to graduation • Number and percent of teen mothers who, at the time of next pregnancy, are high school graduates, are married, and do not need public assistance to provide for their children

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Hints as to What Are and Are Not Outcomes

Here are some program components that agencies sometimes have trouble classifying as activities, outputs, or outcomes. These hints provide general guidelines and point out when exceptions may be appropriate.

- **Recruiting and training staff and volunteers, purchasing or upgrading equipment, and various support and maintenance activities.** These are internal program operations intended to improve the quality of program inputs. The number of staff recruited, number of volunteers trained, and amount of equipment purchased, etc, indicate the volume of these internal operations. However, the operations do not represent benefits for changes in participants, and thus are not outcomes.
- **Number of participants served.** This information related to the volume of work accomplished. In most cases, volume of service is an output. It tells nothing about whether participants benefited from the service and therefore is not usually an outcome.

In public education programs, where the program aims to encourage citizens to seek a service, such as cancer screening, the fact that citizens become aware of the importance of the service and seek it out reflects a change in knowledge or attitudes and behavior resulting from the program. Thus, the number of citizens who are motivated to seek a service by a public education program is an outcome of that program.

- **Participant satisfaction.** Most often, whether a participant is satisfied or not with various aspects of a program (e.g. courteousness of staff, timeliness of follow-up) does not indicate whether the participant's condition has substantively improved as a result of the service. Thus, participant satisfaction generally is not an outcome.

In rare instances, participant satisfaction may be part of the series of changes a participant experiences in achieving a successful outcome. For example, if an individual's willingness to continue with long-term counseling is critical to the program's success and satisfaction is a key determinant of continuation, then satisfaction may be a necessary, although not sufficient, outcome. In programs whose purpose is to meet participant's basic needs, such as food kitchens and homeless shelters, it may be nearly impossible to track participants far enough beyond the immediate delivery of service to identify outcomes beyond being fed and sheltered. In these cases, the program may have to settle for participant satisfaction as the closest approximation of an outcome it can measure.

Special Problems with Hard-To Measure Outcomes

Some characteristics of programs or their participants present special challenges in measuring outcomes. Problematic situations are discussed below.

- **Participants are anonymous, so the program cannot follow up on the outcomes for those participants.** For programs such as hotlines and information and referral programs, it may not be feasible to measure longer-term outcomes. For these programs, the extents to which the desired longer-term outcomes have been achieved (such as preventing suicides or other harmful behavior by the caller) are difficult or impossible to assess because the calls are usually anonymous. Follow-up with participants or obtaining any further information about them this is usually not possible. Surrogate, intermediate outcome indicators will likely need to be used. Consider attempting to ask a brief set of end-of-call questions such as “Did you get the information you wanted? Can you tell me what you will do next about this problem?”

Another option is to ask callers if they have called before, and, if so, to ask them to rate their previous experience using a few basic questions, such as “Was the information you received accurate? Were you able to get the assistance you needed from the referral you were given?”

Another option is for the program to have a second, independent person listen in on a sample of calls and evaluate the assistance made by the hotline personnel. This process also would provide the program an opportunity to identify the training needs of personnel.

A referral service might arrange for agencies to which they make referrals to ask incoming participants how they learned of the agency, and then to report to the referral service the number and type of participants the referral agency had generated, and whether they were appropriate.

- **The assistance is very short-term.** Programs such as disaster assistance and emergency food, shelter, and utility assistance provide immediate and short-term assistance to participants. In effect, the mere provision of these services can be said to be an important outcome, and for some programs their sole purpose. In these cases, the program outcomes may equal the outputs; the amount of service and the number of people helped.
- **One or more major outcomes of the program cannot be expected for many years, so that tracking and follow-up of those participants is not feasible.** The long range effects probably can only feasibly be examined in special, ad hoc studies due to the cost and difficulty. However, intermediate outcomes usually can be expected and should be tracked. For example, a substance abuse treatment program could determine if the participant is substance free both at the end of the program and say, one year later. The program probably cannot determine if the participant is substance free for the rest of his or her life. Similarly youth development programs may find it infeasible to track their participants to adulthood to determine if they are productive, contributing members of society, but they can track intermediate outcomes such as increased school performance, positive peer interaction, or participation in community and civic activities.

Special Problems with Hard-To Measure Outcomes

- **Participants may not give reliable responses because they are involved in substance abuse or are physically unable to answer for themselves.** Prior research shows that well-conducted interview with clearly guaranteed anonymity appear to be able to obtain candid answers to questions about drug use and even criminal activity. For programs where participants are unable to provide feedback for themselves, feedback from appropriate relatives or friends might be used.
- **The outcomes sought may appear to be too intangible to measure in any systematic way.** Usually, some aspect of the outcome can be measured, although it may require using qualitative data (things that are not numeric) or creating proxies or surrogates for the outcomes itself. For example, a youth development program may seek to “build character.” On the surface this may seem very intangible, but through a combination of expert judgment and qualitative observations, an indicator could be created. A panel of leaders from diverse segments of the community, for example, could come together to develop a checklist of “attributes of sound character” and to identify observable behaviors associated with each attribute. Providers then could use these materials to develop a rating system for reviewing youth’s behavior or assessing statements youth might be asked to write about how they had achieved the outcome.
- **Activities are aimed at influencing community leaders to take action on the part of a particular issue or group, such as advocacy or community action programs.** With these programs, there generally are longer-term outcomes such as passing or defeating legislation, creating or enforcing policies, or starting or stopping behavior of corporations or institutions in the community. Certainly, these agencies should track their success or lack of it on these outcomes. But the intermediate outcomes of these agencies may look very much like the activities or outputs of other agencies. Because their purpose is to influence others, the generation of activity on behalf of a cause, such as introduction of legislation, scheduling a public hearing on enforcement of a policy, letters generated to members of Congress, or the number of people attending a rally or event, is appropriately considered intermediate outcomes for such programs.
- **Activities are aimed at the whole community, rather than at a particular, limited set of participants.** These would be such things as public education programs intended to improve the quality of life of citizen, such as a smoking prevention or other wellness campaign. The longer-term outcomes would be changes in behavior by the program’s target population. Generally, these can be tracked by publicly available data on the problem or issue being addressed, such as death from lung cancer or drunk driving, collected before and for a period after the information program began. However, these longer-term outcomes may take quite a while to occur, data are not always available in a timely way, and intervening forces may counteract any gains the program might have made. One way to deal with concerns about lack of timely information is to identify intermediate outcomes such as increased awareness and knowledge and track them via some type of community survey. An even better way to collect data on self-reporting behavior changes such as reduced smoking, reduced drinking and driving, or increased breast self-exams, since there is a strong research link between those behaviors and the longer-term outcome of a lower rate of death. To deal with counteracting forces in the community, outcome data from a community survey can be broken out by those who saw the programs. Information and those that did not, thus attributing outcomes more directly to the program.

Special Problems with Hard-To Measure Outcomes

- **Activities provide support to other agencies/programs rather than direct assistance to individuals.** These include management assistance programs, volunteer placement programs, and capacity-building activities. For these programs, the recipient agencies' view of the usefulness and helpfulness of the support may be the initial outcome. The intermediate outcomes would be related to a change in the knowledge and behavior of the agencies assisted. A longer-term outcome could be improved effectiveness of the recipient agency. It will probably be impossible to create a numerical outcome indicator for improved effectiveness, but a qualitative measure, such as the recipient agency's ability to state at least one way the service made their organization more effective within a year of service, could be developed.
- **Programs are trying to prevent a negative event from ever occurring.** Programs that are trying to prevent something from happening, such as child abuse, teen pregnancy, or teen drug use, face special challenges. For programs that provide prevention services directly to participants (as opposed to the general public, which was discussed previously), the program can conduct follow-up surveys of a least a sample of participants several months or more after services have ended to determine the number that did and did not experience the negative event the program was trying to prevent.

In the case of prevention programs, comparisons can be made between the participant group and a comparable group from the general public to determine if the participants' outcomes are better than would otherwise be expected.

Program whose outcomes are not expected to occur until years after delivery of the service face special additional challenges addressed earlier in this section. In this case, because the program may not be able to track the longer-term outcomes, it may be necessary to use intermediate outcome measures as surrogates of the longer-term outcome. Particularly in the case of prevention programs, it is important to have strong theoretical links between the initial and intermediate outcomes and the longer-term outcome, which is the absence of whatever the program is trying to prevent. These theoretical links may already have been proven by impact research studies (e.g. we know that receipt of a polio vaccine prevents polio); they may emerge in exploratory research (girls who do not become pregnant as teens are involved in significantly more supervised activities after school than girls who do get pregnant); or they may be so intuitively strong that most would accept them on face value (youth who increase school attendance can be assumed to be less likely to drop out of school).