

**CHAPTER 1:**  
**INTRODUCTION: LINKING GOALS TO OUTCOMES**

**Key Chapter Topics:**

Oregon's goals

Connecting goals to actions and outcomes

Community needs, aspirations, and resources

Contextual factors

Indicators of progress

Example: Oregon Healthy Start



CHAPTER 1:

INTRODUCTION: LINKING GOALS TO OUTCOMES

Oregon's Goals

Oregon will develop the best future for its people if we share a common vision, develop strategies to achieve this vision, and track our progress toward this vision. Thus, the Oregon Commission on Children and Families and Oregon's 36 county commissions have focused on five critical goals to improve the well-being of Oregon's children, youth, and families. These goals can help to focus government, private, and other community efforts.

Oregon's goals for children, youth, families, and communities are:

- Strong, Nurturing Families
- Healthy, Thriving Children
- Positive Youth Development
- Educational Progress and Success
- Caring Communities and Systems

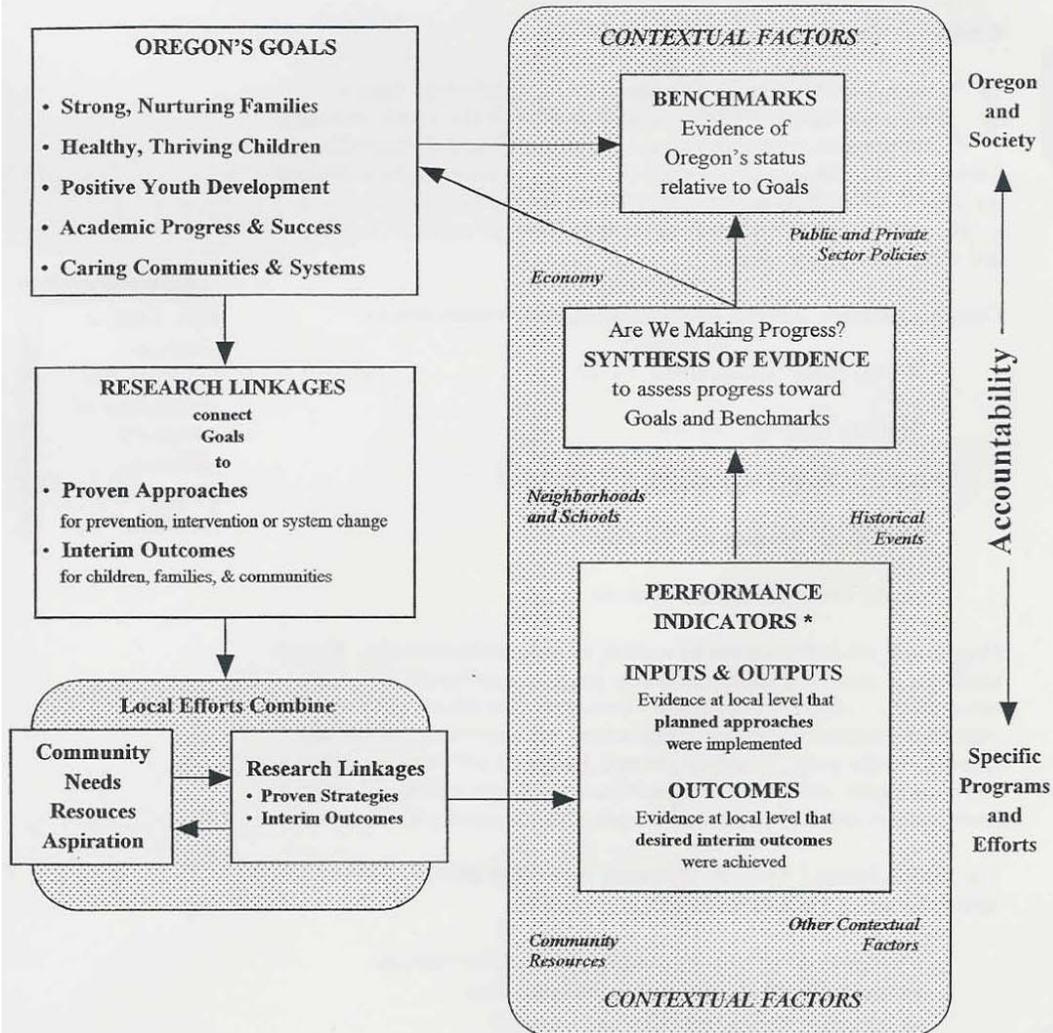
**Five critical goals to improve the well-being of Oregon's children, youth, and families.**

Oregon will reach these goals by making steady, deliberate steps - through hundreds of small and large community programs, collaborations, and other efforts. Indicators of progress - from statewide Benchmarks to individual program performance indicators - are essential to guide each step toward our goals. Carefully planned, built on a solid empirical base, and consistently evaluated, these multiple community efforts will create a more positive environment for all Oregon children, youth, and families.

The model (Figure 1-1) on the following page illustrates the relationships among Oregon's wellness goals and:

- Research on proven approaches and interim outcomes
- Community needs, aspirations, and resources
- Contextual factors that influence outcomes
- Indicators of progress and accountability
  - Benchmark Indicators
  - Performance Indicators
  - Performance Measures

Figure 1-1.  
Oregon's Goals for Children, Youth, and Families



\* Note that numerous terms have been used to describe inputs, outputs, and outcomes. Other terms include:  
**Inputs:** resources, money, in-kind, space, staff, time, expenditures  
**Outputs:** activities, process objectives, program processes or services, action steps, independent variables, strategies  
**Outcomes:** results, measurable objectives, outcome objectives, dependent variables

## Research Linkages: Connecting Goals to Actions and Outcomes

Research can inform our efforts to improve the well-being of Oregon's children, youth, families, and communities. Specifically research can help to:

- establish realistic short-term or interim outcomes that will move us toward our long-term goals;
- identify prevention, intervention, and other approaches that are proven to be effective in reaching desired outcomes and goals;
- define risk and other characteristics of persons who might benefit from support, thus helping communities to target prevention and intervention strategies.

In short, research can guide the development and evaluation of specific prevention and intervention efforts by revealing realistic, interim outcomes and proven approaches that will lead to long term goals. As new knowledge is gained, our ability to use research findings to guide programs will grow.

Research has limitations, however. Because human development and behavior are so complicated, research is just beginning to unravel the many factors that lead to positive, or negative, outcomes for children, youth, families, and communities. Sometimes studies provide conflicting findings. Other times, the individuals who were included in a study aren't really like those in another community. Perhaps the questions asked aren't *exactly* what we need to know. Most importantly, everyday we learn more through new research. Because of these limitations, research can *inform* but not fully *dictate* prevention and intervention efforts.

To be included in this guide, research had to repeatedly and reliably:

- demonstrate a strong connection between desired goals and measurable, interim outcomes for children, youth, families, and communities;
- clarify policies, programs, and other approaches that are proven to lead to the desired goals and interim outcomes.

This research provides critical information about achieving Oregon's goals through realistic interim outcomes and approaches that are proven to be effective to reach these outcomes.

**Research can reveal realistic, interim outcomes and proven approaches that will lead to our long term goals.**

**Research must be meshed with the needs, aspirations, and resources of individual communities.**

### **Community Needs, Aspirations, and Resources**

To create locally appropriate strategies and outcomes, research must be meshed with the needs, aspirations, and resources of individual communities. Communities can build on reliable research findings to:

- guide the local assessment of needs and resources;
- establish measurable interim outcomes for local prevention and intervention efforts;
- focus prevention and intervention efforts on strategic activities with the greatest potential payoff.

In addition to building on empirically proven approaches and measurable interim outcomes, effective community planning must (Bogenschneider, 1996):

- address important local needs, aspirations, and resources;
- involve the target audience in planning, design, implementation, and evaluation;
- respond to cultural, gender, regional, and socio-economic diversity;
- create a comprehensive, responsive, and sustainable support system for children, youth, and families.

**Social, political, economic, and physical environments strongly influence the success of any program.**

Effective community planning will result in successful local strategies that improve the well-being of Oregon's children, youth, families, and communities.

### **Contextual Factors**

In this era of accountability, it is important to acknowledge that social, political, economic, and physical environments strongly influence the success of any program. For example, in times of high unemployment potentially effective youth employment program may fail to achieve its intended outcomes. Terrible weather can reduce participation in a planned series of classes. Contextual factors can include:

- national, state, and local economic conditions;

- public policies including taxation, health and human services funding, laws and regulations, and other policies that affect families;
- private sector policies including “family-friendly” workplaces, health care and other employment benefits, philanthropy and corporate giving, and other policies;
- community, neighborhood and school environments;
- historical events that affect awareness of and support for children, youth, and family issues;
- other media, popular culture, and factors or events.

These and other major contextual factors influence prevention and intervention efforts and must be acknowledged when planning, conducting, and evaluating program efforts.

### **Indicators of Progress**

Once empirically sound, locally appropriate prevention and intervention efforts are underway, it is critical to monitor and evaluate these efforts. Two types of data or information can be used to assess the success of these local efforts and their contribution to the achievement of Oregon's goals:

- Oregon Benchmarks - aggregate social indicators such as statewide or county-wide rates of family poverty and juvenile crime
- Performance Indicators - data or information on *individual* program or system change efforts and outcomes.

Each type of indicator is discussed briefly below.

**Oregon Benchmarks.** Originally adopted in the early 1990's, Oregon Benchmarks rely on aggregated state (and in some cases regional, county, or local) data to provide a “picture” of Oregon’s status relative to its various goals.

In 1994, under the broad goal of "Nurturing Families, Thriving Children" Oregon identified several Benchmark indicators, including statewide rates of child abuse, teenage pregnancy and parenthood, domestic violence, family poverty, and readiness to learn at entrance to kindergarten (Oregon Progress Board, 1994).



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## *Introduction*

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In December 1996, Oregon reaffirmed its Benchmark process (Oregon Progress Board, 1997). Although the total number of Benchmarks was reduced from over 250 to 100, several Benchmarks were retained as critical indicators of well-being for Oregon children, youth, and families. Among these Benchmarks are rates of:

- child abuse and neglect
- teen pregnancy
- juvenile crime
- tobacco, alcohol and drug use among 8th graders
- achievement in reading and math skills
- high school completion
- available, affordable child care
- family poverty.

It is important to remember that *these and other Benchmarks are indicators of our status relative to our goals* - Benchmarks are not the goals themselves. Thus, the focus of OCCF and local CCF efforts is not solely on reaching these Oregon Benchmarks, but rather on achieving the broader goals of healthy children, positive youth development, academic achievement for all children and youth, nurturing families, and caring communities.

For some of these goals, clear or powerful Benchmarks have not been identified. For others, the Benchmarks capture a minimum standard but not the fully desired goal. For example, rates of child maltreatment are critically important but do not fully capture the goal of nurturing families. Thus, to more fully assess progress toward Oregon's goals, Benchmarks must be combined with performance indicators and other evidence of progress toward well-being for children, youth, and families.

**Performance indicators should be linked by research to Oregon's goals and Benchmarks.**

**Performance indicators.** Performance indicators define the resources, activities, products, participants, and outcomes of specific program or system change efforts. Performance indicators for all programs and system change efforts should be linked by reliable research to Oregon's wellness goals and Benchmarks. Only then can these efforts contribute to achieving these goals and Benchmarks.

There are three categories of performance indicators - input, output, and outcome. (See Note at end of Chapter.) All are important; each provides vital, unique information about a program or other effort.

- **Inputs** - what resources are invested in the effort?

For example, what resources (staff, skills, money, materials, and others) are allocated and used in the effort?

- **Outputs** - what is done? How many people are served in what ways?

For example, what activities are conducted - educational workshops? support groups? individual counseling? other activities?

What products are created and distributed - newsletters? public awareness campaigns or media events? other products?

How long and how frequent are the activities?

How many people participate? What is the intended participant group or audience?

- **Outcomes** - what will result from the effort? What are desired circumstances, knowledge, skills, attitudes, or behaviors *among participants*?

For example, will:

risk factors for poor outcomes (such as teen pregnancy or alcohol abuse) decrease?

protective factors (such as positive relationships or social support) increase?

circumstances or status (such as being homelessness, unemployed, dropped out, or a gang member) change?

participants demonstrate positive behavior during and after the program –did teens not get pregnant, stay off drugs and alcohol, make academic progress? did parents demonstrate positive parenting skills and create enriching home learning environments?

**There are three categories of program performance indicators—input (what is invested), output (what is done?), and outcome (what results?).**

**Performance outcomes define the intermediate or interim steps needed to achieve our goals...**

For system change efforts, outcomes describe results or changes in how services or other support for families are developed and delivered.

- Will services institute more “family friendly” policies and procedures?
- Will resources be more effectively leveraged?
- Will the public and private resources allocated to efforts expand?
- Will more, and more diverse, citizens and agencies participate?
- Will an effective referral system be established to meet individual needs?

***Performance targets can further define the inputs, outputs, and outcomes of both program and system change efforts.***

Performance outcomes should be strongly and empirically connected to wellness goals and Benchmarks. Such outcomes define the intermediate or interim steps needed to achieve these goals and Benchmarks.

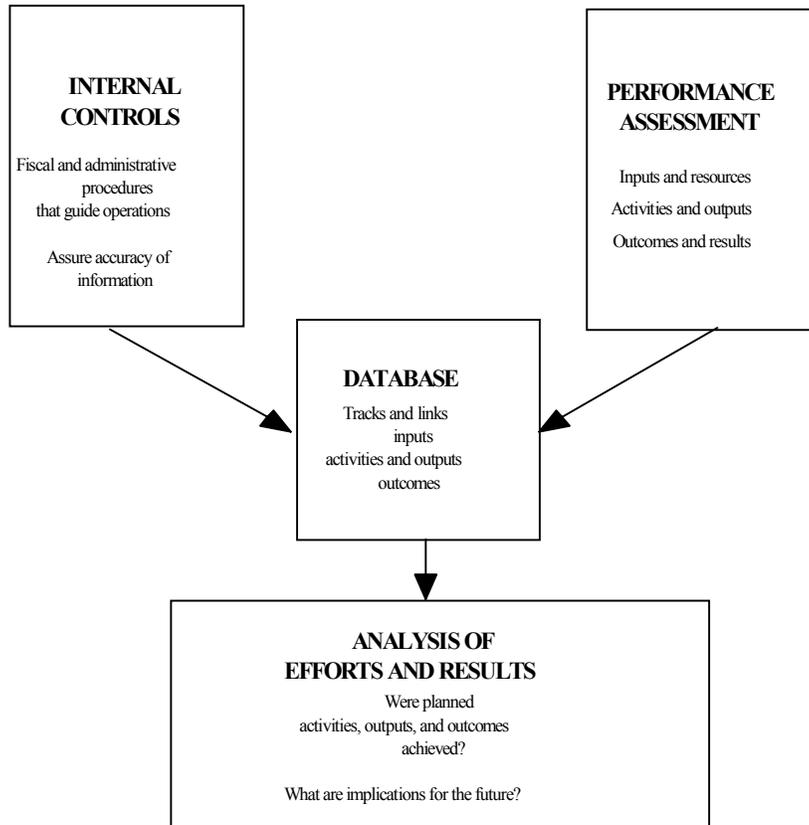
[Figure 1-2 summarizes examples of inputs, outputs, and outcomes and their relationships to goals, benchmarks, research, and performance measures.]

**Input, output, and outcome targets.** Typically programs state specific targets to quantify inputs, outputs, and outcomes. *Targets are especially important to quantify output and outcomes.* For example, a teen sexuality education and peer support program may set targets to quantify exactly what activities the program will do with whom (outputs) and what is the intended result (outcome):

- 50 high-risk girls will participate in a year-long, weekly sexuality education and peer support program (output target);
- as a result, at least 90% will avoid pregnancy through abstention or reliable use of contraception (outcome target).

Stating targets enables programs to more fully monitor their activities and outcomes.

Figure 1-2.  
Accountability and Performance Measurement Component



**Performance measures are evidence of inputs, outputs, and outcomes.**

**Performance measures.** Most programs track their inputs, outputs, and outcomes by using a variety of performance measures as evidence. Performance measures are visible or verifiable evidence of inputs, outputs, and outcomes. For example, performance measures can include:

- Program records such as attendance sheets, case files, activity logs, other records.
- Agency records such as Services for Children and Families maltreatment records, juvenile court files, or others.
- School records such as attendance records, grades, behavioral referral, incidents, and others.
- Crime records such as local rates of juvenile offenses or citations for sales to minors, or others.
- Census records such as local poverty rates.
- Vital statistic records such as teen birth and abortion rates, infant mortality or others.
- Surveys, scales, tests, or other sources of information collected from participants, staff, collaborators, or others to describe inputs, outputs, or outcomes.
- Evidence collected through focus groups, interviews, video-tapes, observations, or other techniques.

**As programs move to measure outcomes, it is important to continue to measure inputs and outputs as well.**

The range of performance measures is enormous. Specific measures should be selected based on an assessment of what will provide *accurate* information in a *feasible, respectful* manner. Building Results: Measurement of Outcomes will describe some potential measures in greater detail (available summer 1997).

Input, output, and outcome measures provide essential information about the nature, scope, and results of prevention and intervention efforts. As programs move to more fully measure outcomes, it is important to continue to measure inputs and outputs as well. Results or outcomes make little sense without an understanding of the resources (inputs) and activities (outputs) that lead to these outcomes. Without knowing the resources (inputs) and activities (outputs) of a program, knowledge of the program outcomes is less meaningful.

**Limitations of Benchmark data.** Often it is not possible to directly use Benchmark data to measure the outcomes of an individual program. Aggregate Benchmark data *cannot* be used to assess the outcomes of *individual* programs when:

- the program serves only part of the population included in the Benchmark data

For example, a very successful program that reduces delinquency among 100 at-risk teens is not likely to result in improvement in state or county-wide Benchmarks on juvenile crime.

- confidentiality or other issues limit identifying program participants in the aggregated Benchmark data

For example, a child abuse prevention program serves 500 families in a large county but confidentiality policies limit identifying individual families records on confirmed cases of child abuse or neglect.

- Benchmark data are collected or reported for periods of time that are inappropriate to evaluating a program.

For example, the percentage of children entering kindergarten “ready-to-learn” is an Oregon Benchmark. A parent education program may work with parents of infants and toddlers to increase the numbers of these children who will be ready for kindergarten. The staff cannot, however, wait for these children to enter kindergarten in three to five years to determine the program’s effectiveness.

**Outcomes, Benchmarks, and goals.** When Benchmark data cannot be used directly to measure program outcomes, these outcomes can still be related to Benchmarks and wellness goals. To do this, programs can:

- Define at *least* one outcome in the same term as Benchmarks.
- Define 2 or 3 interim performance outcomes that are strongly related to the desired goal and/or Benchmark.

**When Benchmark data cannot be used to assess a program’s outcomes, outcomes can still be related to Benchmarks and wellness goals.**

When program outcomes are clearly connected to state Benchmarks and goals, it is easier to see and assess the program's contribution to achievement of those Benchmarks and goals:

- A community program seeks to reduce juvenile crime (an important Oregon Benchmark). This program tracks juvenile crime among its participants using records or program participants' self reports.

**When outcomes are strongly related to longer-term goals and Benchmarks, the achievement of these outcomes is evidence of progress toward those goals and**

All programs should also define and measure some outcomes in terms of behaviors that are reliably related to Benchmarks and goals:

- A program aimed at reducing juvenile crime could measure interim outcomes such as commitment to school, attendance, behavioral referral, and grades. These outcomes are *highly* related to both eventual graduation and juvenile crime prevention (Dryfoos, 1990).
- An education program for parents of toddlers seeks to improve the readiness for kindergarten (an Oregon Benchmark). This program could measure as interim outcomes both parents' behavior (creating a stimulating home learning environment) and toddler's abilities (pre-literacy skills) because these parental behaviors and toddlers' abilities are *strongly* related to readiness for school at age 5.

When program outcomes are strongly and empirically related to Oregon's longer-term wellness goals and Benchmarks, the achievement of these outcomes is evidence of progress toward those goals and Benchmarks.

Throughout this guide, research is used to identify interim outcomes that are strongly associated with progress toward Oregon's Benchmarks and goals for children, youth, families, and communities.

**Are we making progress?** Taken together, performance indicators, statewide and local Benchmark data, and other community indicators can reveal our progress toward our long-term statewide goals. For example, as we move toward positive youth development for all Oregon youth, we should see evidence of:

- increased community opportunities for youth;
- more effective family support and supervision;
- increased social skills and academic progress.

**Improvements in many interim outcomes will occur before reductions in teen pregnancy, juvenile crime, or other Benchmarks.**

Improvements in these interim outcomes will occur before statewide reductions in teen pregnancy, juvenile crime, or other Benchmarks.

*Interim outcomes define the intermediate (or interim) steps on the road to achieving Oregon's goals and Benchmarks.* Tracking these interim outcomes will inform us of where we are relative to Oregon's goals and Benchmarks. Knowing this will allow for mid-course corrections and targeting resources into the most effective strategies.

**Summary: From Goals to Outcomes**

Oregon is committed to achieving important wellness goals for our children, youth, families and communities. These goals are:

- Strong, Nurturing Families
- Healthy, Thriving Children
- Positive Youth Development
- Educational Progress and Success
- Caring Communities and Systems



***Multiple community efforts will create a more positive environment for all Oregon children, youth, and families.***

Oregon will reach these goals by making steady, deliberate steps - through hundreds of small and large community programs, collaborations, and other efforts. Indicators of progress - from statewide Benchmarks to performance indicators - are essential to guide each step toward our goals. Carefully planned, built on a solid empirical base, and consistently evaluated, these multiple community efforts will create a more positive environment for all Oregon children, youth, and families.

## **From Goals to Outcomes: Oregon's Healthy Start Effort**

Oregon's wellness goals and Benchmarks are linked to the outputs and outcomes of Oregon's Healthy Start Program.

### **OREGON'S HEALTHY START PROGRAM OUTPUTS**

In 12 Oregon counties, Healthy Start offers support to all families with newly born children, targeting first-birth families. During FY 1995-96, almost 80 percent (7,506) of first-birth families in the 12 counties were reached. All families are screened for characteristics that may put them at risk for poor child or family outcomes, including child maltreatment.

About two-thirds of the families have few, if any, risk characteristics and are offered basic, short-term support services. These services include a telephone call or home visit to provide information on child development and community resources.

Families assessed to be at-risk for poor outcomes are eligible for longer-term intensive support. In FY 95-96 about 25 percent (1,712) of families served by Healthy Start received intensive support including weekly home visitation by paraprofessionals, parent support and education, and referrals to needed community services.

These higher risk families experienced many stresses. For example, among families at higher risk for poor outcomes:

- 83% experience multiple crises;
- 73% have personal or social problems, such as substance abuse;
- 78% are single parents (primarily mothers);
- 67% of the parents have a childhood history of abuse or neglect;
- 51% report monthly incomes of \$650 or less; and
- 30% are 17 years old or younger.

**Oregon's Healthy Start (continued)**

**OREGON'S HEALTHY START  
PROGRAM OUTCOMES**

Among higher risk families who participated for at least 12 months intensive services, Healthy Start has made progress toward Oregon's wellness goals and Benchmarks.

**WELLNESS GOAL: Healthy, Thriving Children**

**Benchmark: Children will be ready for school at kindergarten age.**

**Among higher risk families who receive Healthy Start support:**

- More than 90% of babies are developing normally; all babies whose development is outside the normal range have been referred for intervention services.
- 78% consistently engage in positive parent-child interactions.
- 59% create well *above average* learning environments for their young children compared to only 25% of the general population.
- 65% read to their children at least 3 times a week - a strong predictor of academic readiness and success.

**Benchmark: Families are linked to health care providers.**

**Benchmark: Children are immunized.**

**Among higher risk families who receive Health Start support:**

- 97% of children and 89% of parents are linked with a primary health care provider.
- 85% never use emergency room services for routine care.
- 90% of babies are up-to-date with immunizations in comparison to 71% of Oregon's two-year-olds.

**Oregon's Healthy Start (continued)**

**WELLNESS GOAL: Strong, Nurturing Families**

**Benchmark: Maltreatment is reduced.**

**Among higher risk families who receive Healthy Start support:**

- Risk of child maltreatment is reduced.

After 12 months of Healthy Start intensive support, higher risk families experience reductions in several risk factors, including chaotic lifestyles, untreated substance abuse or mental health problems, and the use of harsh punishment.

- Quality of family life is improved.

After receiving 12 months of intensive service 60 percent of higher risk families report that their needs for housing, food, and other basic resources are almost always met.

- Parenting practices are positive.

Over 62 percent of higher risk families demonstrate consistently positive family functioning, including providing nurturing care for their children.

- Actual rates of maltreatment are lower than for national rates for similar high risk families.

Among higher risk families who participate in Healthy Start's intensive home visitation, the rates of child maltreatment are 27/1,000 compared to national rates of 54 to 75/1,000 for high risk families.

[For more information about Healthy Start and other approaches to nurturing families, thriving children, and child maltreatment, see Chapter 3, 4, and 5.]

**NOTE:** In this document, performance indicators are referred to as inputs, outputs, and outcomes. These terms were selected to parallel terms used in planning and evaluation models used by the Oregon Department of Human Resources Community Partnership Teams and the United Way of America. By using the same terms, the OCCF hopes to clarify local planning and evaluation efforts and to facilitate collaboration.

Other terms that have been used to describe inputs, outputs, and outcomes are numerous. These other terms include:

- Inputs: resources, money, in-kind, space, staff, time, expenditures, others.
- Outputs: activities, process objectives, program processes or services, action steps, independent variables, strategies, others.
- Outcomes: results, measurable objectives, outcome objectives, dependent variables, others.

For further information see:

Bjornsen, L. (1997). Managing Results: Outcomes and Continuous Improvement. Salem, OR: Oregon Department of Human Resources, Community Partnership Team.

United Way of America. (1996). Measuring Program Outcomes: A Practical Approach. Alexandria, VA: United Way of America. [Item #0989, UWA, 701 North Fairfax Street, Alexandria, VA 22314-2045. (703) 836-7100.]

