Step 2
Goals & Outcomes

Contents

Tip sheet

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Focus question

What are the goals and desired outcomes for our teen pregnancy
prevention program?

Step 2 Goals & Outcomes gets specific about tangible goals and desired
outcomes for your program. In Step 1 you chose the top priorities to address
with your program and identified the priority population to serve. Step 2 helps

you decide what you want to accomplish and identify behaviors that the program will address in your participants.

We begin this step by discussing **logic models** in general and the **Behaviors-Determinants-Interventions** Logic Model (BDI logic model) in particular. We return to the BDI logic model in upcoming Promoting Science-based Approaches using Getting to Outcomes (PSBA-GTO-TPP) steps. Then we use the results of your Step 1 needs and resources assessment to identify which of the four key behaviors associated with pregnancy prevention and 11 determinants (i.e., risk and protective factors) your programs will address. Identifying the key behaviors and determinants early on makes it easier to stay focused on your desired outcomes later. Also, capturing this information concisely in a logic model gives you a powerful tool for communicating your vision, your plans, and your program.

Take note

Step 2 helps you to lay the groundwork for showing the logic behind your program and, later, for linking specific program activities to desired outcomes.

Materials

- Completed Step 1 **Resource Assessment** and **Priority Needs Filter** tools

- Copies of the Step 2 **BDI Logic Model** and **SMART Desired Outcomes** tools located on the http://www.cdc.gov/teenpregnancy/index.htm.

- Any additional information you gathered about potential participants in the assessment phase that may help you focus in on key behaviors and determinants

- Extra copies as needed of the tip sheet **Determinants Most Easily Changed by a Prevention Program** located on p. 2-11

Step 2 Checklist

Whether you're planning a new program or improving an existing program, you'll complete four main tasks before proceeding to Step 3.

☐ Develop clear health goals

☐ Select behaviors and determinants to address with your program

☐ Develop a clear set of SMART desired outcomes statements[1] focused on the behaviors and determinants

☐ Summarize and document all your work in a **BDI logic model** and in the **SMART Desired Outcomes** tool

FYN Starts Step 2

The FYN work group identified goals and desired outcomes that they wanted to see achieved among their youth participants. The work group started with a few initial thoughts, which helped to clarify some of their evaluation challenges.

Health goal: Reduce teen pregnancy rates in the local school district

Desired outcomes: Delay initiation of sex and increase use of condoms and other contraception

Protective determinants: Increase knowledge about preventing pregnancy, HIV, and STIs. Increase self-efficacy in the use of condoms and contraception.

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[1] SMART statements articulate strong desired outcomes structured on five essential components. They are Specific, Measurable, Achievable, Realistic, and Time-bound.

Reasons for specifying goals and desired outcomes

Articulating clear goals and desired outcomes for your program keeps the entire work group headed in the same direction. Therefore, your efforts in Step 2, describing the desired impact of programming, will aid the processes involved in completing upcoming GTO steps. They will help you develop a plan that defines specific programs. A strong plan also helps you to identify and clearly explain **activities** that you can measure and evaluate. In the course of completing Step 2 you will:

Express in detail what you want to accomplish

Describe your program's desired impact

Define specific programs and activities

Suggest evaluation methods for measuring program impact

Key point

Clearly defined goals and outcomes are essential to science-based programming. They contribute to a strong plan with measurable components.

Information to get you started

Logic models provide a means of visualizing a program, initiative, or intervention that is being developed in response to a problem. The model depicts logical relationships among resources committed, activities performed, and results accrued. It shows how your program is supposed to work, by connecting a string of "if…then" statements. For example, if you get adequate amounts of sleep, then you will feel more energetic and alert during the day.

Whether you use flow charts, maps, or tables, a logic model provides a snapshot of the process you are using to accomplish something. It depicts program inputs (resources) that contribute to certain activities that involve identifiable outputs all leading to specific desired outcomes. Typically, logic models flow left-to-right, although you complete them from right to left.

Inputs	Program Activities	Outputs	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes or Impact
· Program staff · Funds · Building & rooms · Vans · Program curriculum · Program equipment	· Field trips · Role plays · Focus groups · Lectures · Home visits · Clinic visits	· Number of attendees · Brochures · Flyers · Reports · Evaluation summaries · Number of program activities completed	· Change in participant knowledge	· Change in participant attitudes or skills	· Change in participant behaviors

BDI Logic Models

The logic model that we prefer and that we use in this guide is called the *Behaviors-Determinants-Intervention (BDI)* logic model. The BDI model forms a clear path by linking goals, behaviors, determinants that influence behaviors and are amenable to change, and **interventions** (activities). Again, you develop BDI logic models from right to left, and then you read them from left to right.

Health goal to be achieved

Behaviors to be changed

Determinants amenable to change

Interventions influencing determinants

It's a fact

BDI logic models were developed for use in teen pregnancy and STI/HIV prevention. They clearly show the connection between your health goal for reducing and preventing teen pregnancy and program activities for changing the identified behaviors.

FYN's simple BDI logic model

Here is the simple BDI logic model that our fictional FYN program created. (While this example includes some intervention activities, you won't actually finalize interventions until Step 6 Plan.) If you are looking at a color print, notice that the colored elements identifying the four components in this example correspond to the same components in the basic model.

Intervention Activities	Determinants	Behaviors	Health Goal
· Large group discussion of HIV/ STI/Pregnancy · AIDS Jeopardy · Role play decision-making skills	· Increase knowledge of HIV/ STI/ Pregnancy · Increase self-efficacy for using condoms	· Delay initiation of sex · Increase use of condoms	· Reduce teen pregnancy rates high school-aged youth in zip code 98765

Online

Learn more about BDI Logic Models from ETR Associates:

www.recapp.etr.org/recapp/documents/BDILOGICMODEL20030924.pdf

http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.professionalcreditshome

How to develop goals & outcomes

Developing goals and desired outcomes using the BDI logic model involves a process to complete three of the four sections of the model. The final task is to re-state the selected determinants as measurable outcomes.

1. Select a health goal.

2. Identify behaviors affecting the goal, and choose specific ones to change.

3. Select determinants linked to the chosen behaviors.

4. Develop clear desired outcomes statements.

You should look at your priority needs from Step 1 to help with this process. You will use the information you gather later in Steps 3-5 to help you identify possible interventions and activities that may affect the determinants you select for change. Now you are focusing on the health goal, behaviors, and determinants as these form the foundation for strong programs and selecting the best possible strategies to achieve these goals and outcomes.
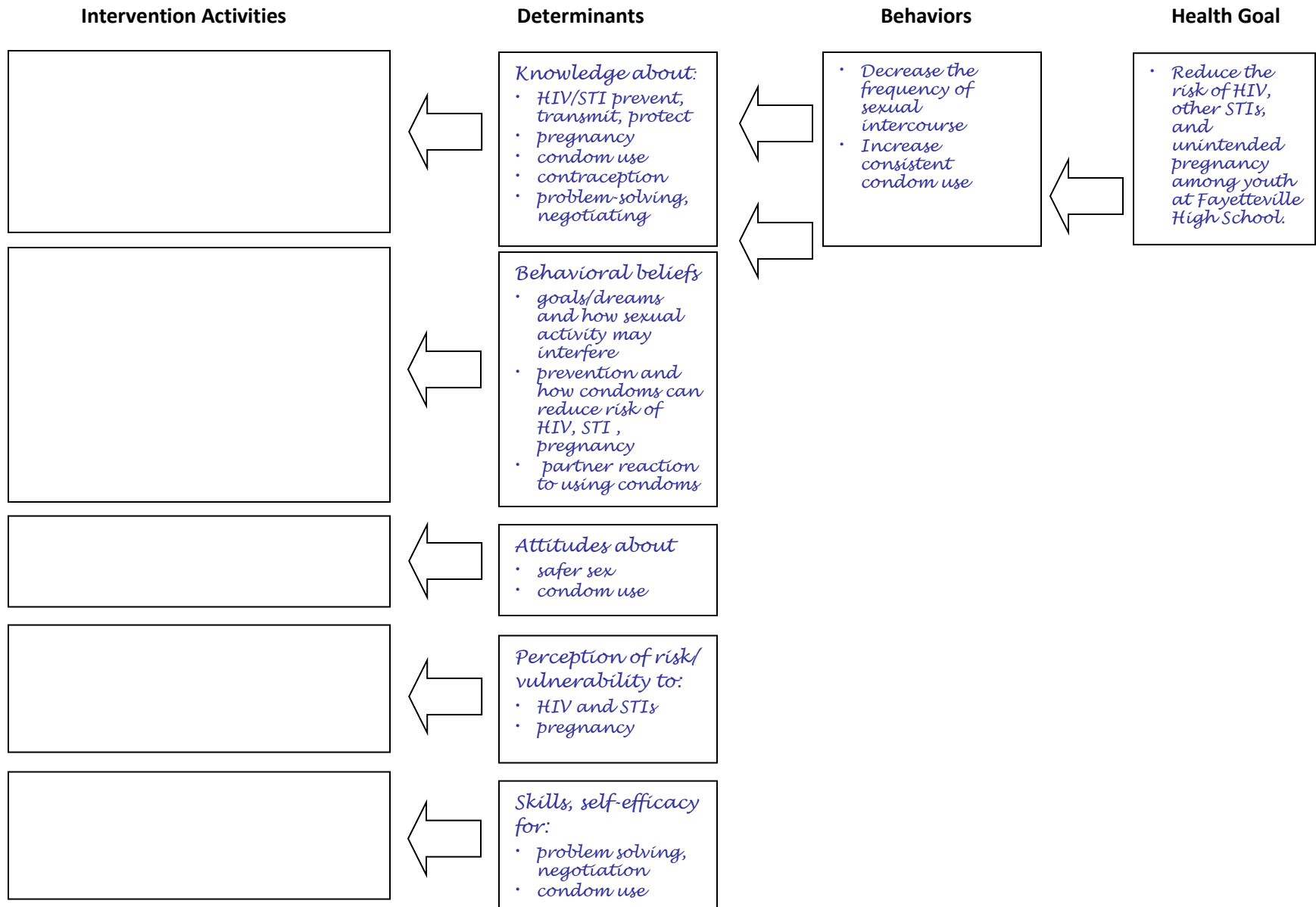
e.g.   **FYN uses the BDI Logic Model tool**

FYN used the BDI Logic Model tool to create a more detailed logic model shown on the following page. The tool condenses material onto one page, which FYN entered on several sheets as they worked through the goal and outcome development process. Intervention activities will be identified later when FYN works on Step 6, Plan.

e.g. **BDI Logic Model Tool**

Intervention Activities	Determinants	Behaviors	Health Goal

Determinants

Knowledge about:
- *HIV/STI prevent, transmit, protect*
- *pregnancy*
- *condom use*
- *contraception*
- *problem-solving, negotiating*

Behavioral beliefs
- *goals/dreams and how sexual activity may interfere*
- *prevention and how condoms can reduce risk of HIV, STI , pregnancy*
- *partner reaction to using condoms*

Attitudes about
- *safer sex*
- *condom use*

Perception of risk/ vulnerability to:
- *HIV and STIs*
- *pregnancy*

Skills, self-efficacy for:
- *problem solving, negotiation*
- *condom use*

Behaviors
- *Decrease the frequency of sexual intercourse*
- *Increase consistent condom use*

Health Goal
- *Reduce the risk of HIV, other STIs, and unintended pregnancy among youth at Fayetteville High School.*

Tool

Find the **BDI Logic Model** and instructions for using it in the Step 2 folder on the CDC Teen Pregnancy website.

1. Select a health goal.

A goal indicates the direction your program will take and describes the impact you hope to have. Your goals should be built upon priorities you identified in Step 1. Be sure that they're consistent with your organization's mission as well as achievable given the resources you have. Here are some examples:

- Reduce teen pregnancy rates for 13- to 18-year-olds in King County.

- Reduce birth rates among 17- to 19-year-old Atlanta mothers in foster care.

- Reduce the pregnancy rates of El Paso teens newly immigrated to the U.S.

- Increase condom use among sexually active teen males in the Madison County Juvenile Assistance program.

Once you have determined your health goal, enter it in the column marked *Health Goal* on your **BDI Logic Model**.

Key point

It is not necessary to have a lot of goals. Keeping to one or two clear goals will help you stay focused.

2. Identify behaviors affecting the goal

Now you're ready to start precisely describing the behaviors you hope your program will change. Behaviors resulting in teen pregnancy and HIV/STI are linked primarily to unprotected sex. So, you should focus your work on two or three of these four behaviors:

1. Delayed initiation of sex (abstinence)

2. Reduced frequency of sex (or return to abstinence)

3. Consistent contraception use

4. Consistent condom use

Based on the data and resource assessments you did in Step 1, you are choosing the specific behavior or combination of behaviors that reflect the biggest concerns you and your community have about teen pregnancy. To keep it manageable, focus only on one or two of these behaviors rather than all of them. To help decide which ones to consider, ask yourself:

Which behaviors have the greatest impact and constitute the biggest problems among the teenaged youth we serve?

Given our resources, which behaviors can we realistically affect?

Given our community values and political climate, which behaviors are the most feasible to address?

Once you have identified behaviors that affect your health goal, write them in the column marked *Behaviors* on the **BDI Logic Model** tool.

3. Select determinants

Now you're ready to move on to the next part of your logic model: identifying determinants linked to the behaviors you've chosen. These could be knowledge, skills, attitudes, behaviors, or others. For example, if the behavior you aim to change is to increase condom use, then you include determinants linked to condom use, such as knowing how to correctly use condoms and having the skills to negotiate using them.

We suggest you start by reviewing the **Priority Needs Filter** from Step 1. While you are reviewing these determinants, also consider the list of determinants that Kirby, et al, (2005) believe most teen pregnancy and STI prevention programs have the greatest possibility of changing. The **Determinants Mostly Easily Changed by a Prevention Program** tip sheet derives from the longer **Risk and Protective Factors** tip sheet found in the Step 1 chapter.

Tip sheet ahead

Kirby, et al, (2005) narrowed a long list of risk and protective factors to **Determinants Mostly Easily Changed by a Prevention Program**

Online

You can search Kirby et al. for determinants, causal relationships, and factors most readily changed.
www.thenationalcampaign.org/sites/default/files/resource-primary-download/protective_factors_full.pdf

⭐ Determinants Most Easily Changed by Prevention Programs

Legend: + denotes a protective factor; – denotes a risk factor; +/- denotes a factor can sometimes act as a protective factor and sometimes as a risk factor.

Determinant

+	Older age of first voluntary sex
–	Greater frequency of sex
–	Having a new sexual relationship
–	Greater number of sexual partners
+	Discussing sexual risks with partner
+	Discussing pregnancy and STD prevention with partner
+	Previous effective use of condoms or contraception
–	Previous pregnancy or impregnation
–	History of recent STD
–	More permissive attitudes toward premarital sex
–	Perceiving more personal and social benefits (than costs) of having sex
+	Greater feelings of guilt about possibly having sex
+	Taking a virginity pledge
+	Greater perceived male responsibility for pregnancy prevention
+	Stronger beliefs that condoms do not reduce sexual pleasure
+	Greater value of partner appreciation of condom use
+	More positive attitudes towards condoms & other forms of contraception
+	More perceived benefits and/or fewer costs & barriers to using condoms
+	Greater self-efficacy to demand condom use
+	Greater self-efficacy to use condoms or other forms of contraception
+	Greater motivation to use condoms or other forms of contraception
+	Greater intention to use condoms
+	Greater perceived negative consequences of pregnancy
+	Greater motivation to avoid pregnancy, HIV and other STD
–	Permissive values about sex
–	Sexually active peers
+	Positive peer norms or support for condom or contraceptive use
+	Peer use of condoms
–	Peers' pro-childbearing attitudes or behavior
+	Greater parent/child communication about sex & condoms or contraception, especially before youth initiates sex

Source: Kirby, D., Lepore, G., & Ryan, J. (2005). *Sexual risk and protective factors: Factors affecting teen sexual behavior, pregnancy, childbearing and sexually transmitted disease: Which are important? Which can you change?* Washington, DC: National Campaign to Prevent Teen Pregnancy

Once you have identified individual determinants that influence the chosen behaviors and that you can change, list them in the Determinant column on the **BDI Logic Model**. The specific determinants to be addressed will guide program design and selection. Additionally, identifying the behaviors and determinants will help you to draft SMART desired outcomes statements, that is, specific desired outcomes using the SMART approach.

Note

You can use the BDI logic model to help train staff. The better they understand the links between goals, behaviors, determinants, and desired outcomes, the more effective they can be in delivering the interventions. Better yet, involve the staff in the process.

4. Develop desired outcomes statements

Defining desired outcomes using **SMART** statements will help you describe the purpose of your effort and guide the work group's decisions regarding program approaches. SMART statements will also focus evaluation efforts described later in Step 7 and Step 8.

The desired outcomes of your program should focus on both the behaviors and determinants of behavior that you selected when developing your BDI logic model. The next step is making these behaviors and determinants into desired outcomes statements using the SMART method.

Specific	Decide what will change and for whom.
Measurable	Identify measurable desired outcomes and the amount of change the program will produce.
Achievable	Choose achievable desired outcomes.
Realistic	Choose realistic desired outcomes given your resources.
Time bound	Set a date when you expect to observe the desired outcomes.

Online

Kirby, et al, created a matrix of factors affecting teen sexual behavior, pregnancy, childbearing, and HIV/STI. You can search it for determinants, causal relationships, and factors most readily changed. **www.thenationalcampaign.org/sites/default/files/resource-primary-download/protective_factors_full.pdf**

Tool

Find the **SMART Desired Outcomes** tool at http://www.cdc.gov/teenpregnancy/index.htm. The FYN example illustrates its use.

Rather than merely describe an activity, it is important to write SMART desired outcomes statements that clearly articulate the behaviors and determinants you want to change and the amount you want them to change in your priority population.

> **Weak**: to engender positive attitudes about contraceptives

The weak statement vaguely describes a positive outcome. It does not describe the outcome using measurable or limiting criteria.

> **Strong**: to increase the frequency of condom use from 20% to 30% in 12 months among youth aged 16-18 in the Henderson School District.

The strong example focuses on a measurable behavioral change in a specific period of time among students ages 16-18. It reflects all elements of SMART.

Bear in mind that knowledge and attitudinal determinants can be easier and take less time to change than skills-based determinants. That's simply because skill takes practice. As a result, it usually takes more time to see behavior changes than knowledge changes, and the behavior changes may not be as great in magnitude as, for example, a 60% increase in knowledge may be associated with a 20% change in behavior.

Key point

Write desired outcomes statements that include the amount of change you want to achieve.

Here are some strong desired outcomes statements using common determinants:

- Over the next two months at Clayton County High School, increase students' basic knowledge about HIV transmission from 70% to 90%.

- Over the next three months, increase by 25% the number youth attending the Holy Cross after-school program who have talked to their parents or a trusted adult about abstinence.

- In 12 months, increase from 12% to 20% the consistent use of effective contraception among sexually active youth in the *Making Proud Choices!* program.

Save it

File your **BDI Logic Model**, **SMART Desired Outcomes**; whatever you produce in Step 2. Keep them handy; you'll need them for Step 3.

FYN defines SMART Desired Outcomes

FYN gave each work group member multiple copies of the blank tool in order to work on all the behaviors and determinants everyone identified.

e.g. SMART Desired Outcomes

	Behavior or Determinant		Measurable Evidence Statement
1	*Behavior: Decrease frequency of sexual intercourse*		<u>1</u>a. *Increase knowledge of HIV/STI prevention, transmission, and protection by 20%, according to post-exposure surveys.*
	Desired Outcome		<u>1</u>b. *Increase knowledge of pregnancy among teens by 20%....*
S	*Decrease participant frequency of sexual intercourse.*		
M	*Down 15%*		<u>1</u>c. *Increase problem-solving/negotiation by 20%...*
A	*Yes*		
R	*Yes*		<u>1</u>d.
T	*End of program*		*Increase by 30% the belief that sexual involvement may hinder one's goals & dreams for education and career....*
			<u>1</u>e. *Increase problem-solving/negotiation skills and self-efficacy by 25%...*
	Behavior or Determinant		**Measurable Evidence Statement**
2	*Increase consistent condom use*		<u>2</u>a. *Increase knowledge of condom use by 20% per post-exposure surveys*
	Desired Outcome		<u>2</u>b.
S	*Increased, consistent, and correct condom use among participants*		*Increase knowledge of contraceptive methods by 60% per post-exposure surveys*
M	*Knowledge up 20%*		<u>2</u>c.

A	Yes	*Increase prevention beliefs —condoms can reduce the risk of HIV, STIs, and pregnancy—by 30% per post-exposure surveys*
R	Yes	**2d.**
T	End of program	*Increase positive attitudes about safer sex and condoms, by 30% according to post-exposure surveys*

Applying Step 2 when you already have a program

Even if you have already selected a program to implement or have been running one for a while, use the tools provided in this chapter to help you review your program's goals and outcomes and explain the logic of your program. If you do not have written goals or a program logic model, develop them. The process may confirm your direction or illuminate areas that need clarification. Try some of the following ideas.

Start new conversations. Convene a work group, staff group, or subcommittee for a discussion about your program's goals and outcomes using copies of the tools from this step to help you think about your work.

Review and revise your existing goals and desired outcomes. Use the information in this step to review your program's health goals and desired outcomes to see if they need to be clarified or fine-tuned. (You may have called them objectives in other projects; desired outcomes and objectives mean the same thing here). Revise desired outcomes statements using the **SMART Desired Outcomes** tool.

Create a BDI logic model. Even if you are already running a teen pregnancy prevention program in your community, it is important to describe how you think the program works. If you do not have a BDI logic model, review the information on logic models in this step and follow the process to develop one for your current program.

CQI and sustainability at this stage

You're already practicing continuous quality improvement by fine-tuning your work as you go. Moving through the next series of steps in the PSBA-GTO-TPP process, you'll further refine your goals and outcome statements as you collect important information about the best strategies or programs to use to accomplish your goals, assess whether your choices fit with your participants and your organization, and assess your capacity to do everything you're planning. What you learn now will make it easier later to compare results with expectations by evaluating your process and outcomes.

Because we encourage you to identify goals and outcomes early, your work will become increasingly strong and more focused as you move forward, thus improving your chances of successfully reaching goals and outcomes. One of the most important ways to sustain your work is to achieve success. This close connection, reinforced by science, *fit*, and adequate *capacities*, contributes to the potential sustainability of your work.

Key point

Making sure there's a close connection between your identified needs and your goals and outcomes raises your chance of success.

Lessons learned

Later on in Step 9 CQI, you'll consider whether you need to adjust targeted behaviors and determinants or refine your goals. In Step 10 Sustainability, you'll consider ways to strengthen the alignment between your program and the needs of your participants and to adjust your work to changes in the larger community context.

Right now, here are some questions you can use to help you think about lessons learned during the development of your goals and outcomes that will help you later on.

How hard was it to come up with goals and outcome statements?

Consider revisiting your needs and priorities to become more focused. In addition, you may need to learn more about the population with whom you would like to work.

Does it seem clear that our desired outcomes will result in meeting the needs of the youth in our community?

Studies suggest that, regardless of your organization's capacity to support the continued implementation of a program, it will not be sustainable unless it meets the needs of your participants (Johnson et al., 2004).

Does our logic model make sense?

Not everyone is comfortable developing or using logic models. Once completed and submitted as required e.g. funding or other stakeholder reports, logic models sometimes end up unused. Think of ways to make it easy to understand and explain. A logic model can be a very useful internal tool for your board, staff, and participants as well as a good external communications tool to show funders, community members, and other stakeholders how you plan to reach desired outcomes. Like many other aspects of your PSBA-GTO-TPP work, your logic model should be a living document, with periodic assessments and updates.

Save it

Keep taking notes about your findings. Make sure everything is safely stored in that folder or binder.

Getting ready for Step 3

Step 3
Best Practices

All the information you have developed so far should be collected in your BDI logic model and the **SMART Desired Outcomes Statement Tool**. You now have some of the most compelling chapters of your program's story completed and in hand.

It's time to use this material to help develop and revise more planning and implementation details. The next three PSBA-GTO-TPP steps work well as a unit to lead you through exploring and selecting the best science-based approaches to use to:

- **Achieve** your goals and desired outcomes.

- **Assist** in reviewing your program choices for the best fit with your community.

- **Make sure** you have the organizational capacity you need to actually deliver your chosen activities.