Love is the best gift you can give a child.

COMMUNITY PARTNERSHIPS FOR HEALTHY CHILDREN – AN INITIATIVE OF SIERRA HEALTH FOUNDATION

WE DID IT OURSELVES

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AN EVALUATION GUIDE BOOK

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Chapter 2.
Outcomes: Putting the Dream into Words

Identifying the outcomes you are trying to achieve is critical to your planning process and your evaluation design. This chapter will introduce the concept of outcomes and talk about the differences between child, family, and community outcomes.

What is an outcome?
An outcome is a result. It is how you will know you’ve accomplished what you intended to accomplish for children and their families. An outcome statement is your dream for children and families and your community put into words.

For example, these are outcome statements:
- Children will be safe from abuse and neglect in their homes.
- Children will be immunized.
- Parents will recognize normal child development and respond appropriately.
- The community will provide accessible health care.

Why measure outcomes?
One of the most important reasons to measure outcomes is to allow your collaborative to identify its successes and to adjust its strategies if need be.

- If you don’t measure results, you can’t tell success from failure.
- If you can’t see success, you can’t learn from it.
- If you can’t recognize failure, you can’t correct it.
- If you can demonstrate results, you can win public support.*

If you have completed the exercises in Phase II of the We Did It Ourselves: A Guide Book to Improve the Well-Being of Children Through Community Development, you may have already identified one or more child or family issues of concern to your community. You also may have developed a vision statement. This is a good motivator, but usually won’t provide sufficient focus for your day-to-day work. A precise statement of the specific results you are seeking for children and families, i.e., your outcomes, should help you plan your next steps. Exhibit 2-1 further discusses the importance of outcomes.

Exhibit 2-1
How a Focus on Outcomes Can Help*

A clearly understood, shared definition of the outcomes your group is trying to achieve and continuous monitoring of results can help you to:

1. **Keep your eyes on the prize.** Your purpose is to help children and families experience specific, positive changes in their lives, not just to provide more units of service or different types of services.

2. **Provide the rationale for collaboration.** A commitment to particular outcomes that are meaningful for each of the stakeholders provides a strong basis for continuing to work together.

3. **Manage day-to-day efforts.** With a clear focus on a defined set of goals, even when things get hectic or overwhelming, every one still will be able to go back to basic purposes and give the same answer to the question, “Now what was it we are trying to do here?”

4. **Increase your effectiveness.** Tracking your progress toward specific outcomes makes it much more likely that you will actually make a difference for families, because you’ll know whether and when you need to make course corrections in order to reach your goals.

5. **Improve your accountability to diverse groups.** Detailed knowledge of the results you are (or are not) achieving with families from diverse backgrounds helps you tailor your efforts more effectively to their needs.

6. **Increase participant satisfaction.** Following up to validate and document success allows participants the reward of knowing they are making a difference.

7. **Increase your credibility.** Being able to point to documented results gives you credibility with funders and constituents who want to know whether they’ve been getting their money’s worth.

8. **Advocate for change in the system.** Documented knowledge about what is and is not working in current systems for children and families provides a credible rationale for fundamental changes in how the system works.

Exhibit 2-2
Relationship between Community, Family, and Child Outcomes
What is a community outcome?
The outer circle of Exhibit 2-2 contains some of the concepts related to communities. They are not all the aspects of community one could possibly consider; you might include other words, such as ‘library’ or ‘environment.’ Some of the words describe services; others are adjectives that describe a community. What these words in the outer circle have in common is that they are all aspects of a community that have the potential to positively or negatively affect families’ ability to raise healthy children. These are community level-outcomes.

“Systems outcome” is a phrase that often appears in the literature. It is a type of community outcome that refers to an outcome for a health care system, for social services, or for the integration of services. These types of outcomes belong in the outer circle.

What is a family outcome?
The middle circle shows aspects of families. Again, this list is not all-inclusive. Some of the words describe families; some are aspects of family functioning; some relate to knowledge. The unifying theme is that they are all aspects that can potentially affect families’ capacity to raise healthy children. They are family-level outcomes.

What is a child outcome?
The inner circle contains aspects of the health and well-being of children. In developing your vision statement, you may have talked about your vision of a healthy child, and those concepts belong here. When you talk about what you want for children, you are talking about child outcomes.

Are child and family outcomes important?
Child and family outcomes are very important because they help you focus your work on not just making communities better but on making life better for children and families as well.

Looking at child and family outcomes in addition to community outcomes is a relatively new way of thinking. For many years, in areas such as health care or social services, questions about accomplishment have been answered by looking at how many services were provided or how many clients were served. For example, to report on the success of a parenting program, program developers would report on the number of parents who participated in the program. These are important numbers to collect. The most important question, however, is not “Was the service delivered?” but rather “Did it have the intended effect?” A program or service or activity in the community is a means to an end. It is important to look at whether the end was really achieved. Child and family outcomes are important because they let you know whether you have been successful where it matters most: with children and families.

By putting your dreams for children and families into words, you are making a statement about what you intend to achieve. These statements will:
- Allow everyone involved to share an understanding of what your organization is trying to do for children and families.
- Allow your organization to hold itself accountable for what it sets out to do for children and families. If you never set a target, you can never reach it (or miss it).
- Allow your organization to present its successes with children and families to the community at large and seek additional support from other funding agents in the future.

Can some of our community outcomes be strategies?
Yes. If you change anything in the outer circle, you are changing the community in hopes that the change will affect families and children. By beginning a program, providing a service, or increasing access to resources, by strengthening your community in any way, you are changing the community.

Why not just look at community outcomes?
A change in the community is not the ultimate result that you are shooting for. You want to ultimately improve the lives of children and families. It is not enough to just seek to change your community. For one thing, the change in the community might not affect families the way you expect. For example, providing mobile health care in a van may sound like a great idea, but what if nobody uses it? You’ve changed the community, but not the lives of children and families.

Which comes first, outcomes or strategies?
Child and family outcomes! First you want to decide how you want children and families to be, and then you can decide how to get there. Remember, improving the health and well-being of children is the goal or result. Strategies are a means to an end.
Worksheet 1: 
Types of Outcome

Purpose: (1) To clarify the difference between child, family, and community outcomes and (2) to connect the idea of your outcome to your community’s issue(s).

Think about one of your community’s issues. What are child-level outcomes related to this issue? What are family outcomes? Community outcomes? Write a word or two related to each in the appropriate circle.

Is the difference between the three types of outcomes clear?

Could you put something in each circle?
Why write outcome statements?
The next step is to turn your outcome concepts into statements. The words in the circles imply ideas, but they don’t articulate exactly what you want to see happening for your children, families, and communities. Outcomes are written as statements so that you can describe the specific results that you are seeking for your children, families, and communities.

Do we have to have child, family, and community outcome statements?
You will want to have at least child or family outcome statements. For most issues, it will make sense to develop both. If, for some reason, you don’t want to develop child statements, it should be crystal clear how your family outcomes relate to children.

Community-level outcomes round out the picture. Some community outcomes are strategies and some are value statements. For example, “Our community will have a recreation center” is a community outcome that is a strategy. An example of a community outcome that is a value statement is “Our community will not tolerate alcohol abuse.”

You need to write your child and family outcome statements before you develop your strategies. Some of your community-level outcomes can also be written before your strategies. (“Our community will not tolerate alcohol abuse.”) Community-level outcomes that reflect strategies will need to be written afterwards.

How do we write outcome statements?
Outcomes are written as statements. Think about your issue(s). What are the changes you would like to see occurring in children, families and communities related to your issue(s)?

Child outcome statements should start with a phrase like “Children will be....” Family outcomes should start with a phrase like “Families will be...” (This is important in order to avoid a tendency to turn community-level outcomes into child or family outcomes. For example, any statements about “families will have services...” are really community outcomes.) Community-level outcomes should begin with the phrases “Our community will be...” or “Our community will have...” or “Our community will provide....”

What are some examples of child, family, and community outcome statements?
- Children will be physically healthy.
- Children will be well nourished.
- Children will be adequately sheltered.
- Children will be born healthy.
- Children will be immunized.
- Children will not be abused by their parents.
- Children will be free from neglect in their homes.
- Children will be safe in their homes from unintentional injury.
- Children will be safe in out-of-home care.
- Children will be free from violence in their neighborhood.
- Children will be successful in school.
- Children will be ready to learn.

- Families will be socially supported.
- Families will be knowledgeable about appropriate parenting.
- Families will be free from substance abuse.
- Families will be involved in their children’s school.
- Families will be economically secure.

- Our community will provide recreational opportunities for families with young children.
- Our community will respect and value our ethnic diversity.

How broad should the outcome statement be?
Outcomes should be a precise statement of the specific results you are seeking for children, families, and communities. The outcome statement should communicate exactly what you intend to achieve. It should be clear enough that your community can readily understand what you mean. Ideally, it should be specific enough for someone to see the ultimate end result. You want to avoid having a lot of very broad outcome statements or just one very narrow outcome statement.

If your outcome statement is broad, the indicators (to be discussed in Chapter 3) you choose will need to serve as further clarification. For example, if your outcome is “Children will be safe,” it is unclear whether your focus is child abuse, unintentional injuries in the home, or violence on the streets. Yet there may be a reason your community wants this wording. The indicators or measurements of your outcome will need to clarify what kind of safety is the focus.
What is a “good” outcome statement?

Here are a few criteria:
1. The community can get behind it.
2. It is clear enough that your community can readily understand it. It is specific and unambiguous.
3. The statement is simple and straightforward.
4. Child and family outcome statements start with the phrase “Children will be...” or “Families will be....”
5. The outcome statement relates to your issue.
6. It relates directly to the health and well-being of children.

What approach should we use to begin writing outcome statements?

There are several approaches to writing outcome statements. How you want to develop your outcomes depends on what will work in your community and in your organization. Ultimately, the statements will have to have widespread support (this is also called “validation”) in your community, but that doesn’t mean everyone has to be involved in the first draft. Here are three possible approaches:

1. The single-person approach. A single individual develops a set of outcome statements from the selected issue and takes them to the larger group for discussion and approval and reworking as necessary. The group’s version is then taken to the community for approval.

2. The work group or task force approach. A small group of people volunteer to work on issues related to outcomes, indicators, and evaluation. This group’s first task would be developing a set of outcome statements from the selected issue. This group would take their work back to the larger group for discussion and approval and subsequently to the community.

3. The whole-group approach. The entire group would develop outcome statements based on the selected issue. The whole group would take its work to the community for approval. This approach may work fine if your group works efficiently together on these kinds of tasks. If your group has a tendency to go off in a lot of directions, it could take a long time to craft a few statements.

We recommend the middle approach, a work group, but you need to select the approach that will work best for your group. As your group works through this process, those involved need to learn the technical skills involved in evaluation design and data collection. Since these skills tend to build on one another, it is helpful and likely to be more productive if the same small group of people work on evaluation in the months ahead. The single-person approach would also work; however, this means “putting all your eggs in one basket.” If that person leaves your group, there won’t be backup expertise in your organization to build on.

After you decide whether a single person, a small group, or the entire group will be developing statements, we suggest you begin by thinking about the issue(s) that your community has selected. Brainstorm any number of child and family outcomes that follow from that issue. Remember the rule that always applies in brainstorming: Don’t let your creativity be constrained. The goal is to think broadly but also think only about your issue. If this process generates more outcome statements than you need or want to deal with, then prioritize using the criteria we have suggested above to get down to a workable set.

How many child and family outcomes should we have?

There is no right or wrong answer to this question. Some communities will have ten child and family outcomes, some will have only one; some will choose to specify many long-term outcomes, others will choose to narrow their focus. A few questions to ask yourselves are:

- Do you choose to state all of the child and family outcomes you would ever wish to achieve, or do you prefer to currently narrow your focus?
- How many child and family outcomes do you want to be held accountable for – to yourself and to the community?
- Would you and your community be satisfied if you achieved these changes for children and families and nothing more?
EXAMPLES FROM REAL LIFE:
Using Community Assessment Data to Develop Child and Family Outcomes

While gathering information to assess the strengths and needs of their community, members of the newly formed Tuolumne YES Partnership were shocked to learn that the rate of child abuse reports in their county, 145 per 1,000, was almost twice the statewide average of 76 per 1,000. Worse, California already possessed the highest rate of any state in the nation. Members also learned that a striking 99% of all cases handled by the Child Protective Services agency in their community were drug and/or alcohol related. Based on a thoughtful analysis of these and other statistics, the Tuolumne YES Partnership concluded that substance abuse and child abuse had reached epidemic proportions in their community. To affect child abuse, they would have to address substance abuse, which was identified as an underlying cause of child abuse and as detrimental to so many areas of their children’s lives.

Energized by the strength of their analysis and the clarity of their focus, members of the partnership went to work at crafting a vision of what they hoped to attain for the children and families of their community. This vision is the basis for the Tuolumne YES Partnership’s outcome statements:

- Children will be safe in their homes free from violence, abuse, and neglect.
- Children will be born healthy and drug and alcohol free.
- Children will be physically healthy.
- Families will enjoy healthy and positive lifestyles.
- Our community will have healthy attitudes and practices regarding the use and abuse of alcohol, tobacco, and other drugs.

Three years after the partnership adopted these outcome statements and began to implement strategies (aimed at changing community norms that fostered substance abuse, focusing on prevention, and creating support systems and treatment options for parents), the rate of child abuse reports in the Tuolumne YES Partnership dropped from 145 to 121 per 1,000. This is an encouraging sign that Tuolumne YES Partnership’s analysis of child abuse in their community and their strategic response are on target.
Worksheet 2: Writing Child and Family Outcome Statements

Hopefully, your group has selected issue(s) to focus on. The next step is to map or link your issue(s) to child and family outcomes. Remember, outcomes are results; they are how you will know you’ve accomplished what you intended to accomplish. They are the dream put into words.

1. Write one of your issues below.
   Issue:

2. Now write one or more child or family outcome statements for the issue written above in the space provided.
   Child Outcomes (Children will be...):

   Family Outcomes (Families will be...):

3. Examine the outcomes according to the criteria:
   Can the community get behind it?
   - Is it clear enough that community members can readily understand it? Is it specific and unambiguous?
   - Is the statement simple and straightforward?
   - Does the statement start with "Children will be..." or "Families will be..."?
   - Do the outcomes relate to your issue?
   - Are these outcomes for children or their families?
Chapter 3.
Indicators: Looking for Evidence

You have written a set of outcome statements for children, families, or both. You may also have written outcome statements for your community. Now it’s time to identify ways to know whether you’ve achieved those outcomes. The way you’ll know is with indicators.

What is an indicator?
An indicator is the piece of information that measures whether outcomes are being achieved. In other words, indicators are evidence that will allow the collaborative to track change or progress. For example, if your issue is child abuse and your child outcome is “Children will be safe from abuse in their homes,” then a possible piece of evidence you might look at would be the change in the number of reported incidents of child abuse and neglect. By looking at indicators, you will be able to know whether you have achieved your outcome.

Some examples of indicators include:

- The rate of immunizations is an indicator of the outcome “Children will be physically healthy.”
- School attendance rates are an indicator of the outcome “Children will be successful in school.”
- The percentage of normal-weight births is an indicator of the outcome “Children will be born healthy.”
- The percentage of parents who volunteer in classrooms is an indicator of the outcome “Families will be involved in their children’s school.”

Why are indicators important?
The indicators you choose will be very important because they will tell you what your work and energy have accomplished for children and families.

How should we go about identifying indicators?
Going from outcomes to indicators is very similar to going from issue to outcomes. Look at each outcome statement you have written and brainstorm what would constitute evidence to the community that the collaborative has made a difference in this outcome.

Again, the rules of brainstorming apply. Think creatively and don’t reject anything that is logically linked to the outcome. Once you have generated a set of possibilities, go back and apply the criteria below to narrow the list or to refine the wording to turn a weak indicator into a good indicator. The feasibility criterion may require some additional research in your community. You may need to investigate whether or not anyone in the community collects the data you want. If not, can you develop and implement a way to collect the data? If you find yourself in the enviable position of having too many good indicators, pick what you consider to be the best ones.

What is a “good” indicator?
Here are a few criteria:

1. The indicator is clearly related to the outcome and is a measurement of the outcome. It is the most direct evidence you can get for this outcome. This is the point where having very specific outcomes is helpful. If your outcome is not specific, then your indicators will need to clarify it. For example, if your outcome is simply “children will be safe,” you will need to discuss and decide whether the indicators should focus on child abuse, unintentional injuries in the home, or violence on the streets or more than one of these things.

2. Indicators usually contain a statistic, a number (e.g., a percentage, an average, a total), something to track to see whether it goes up or down.

3. State whether you want to see an increase or decrease. Some rates are ambiguous and thus may not be good indicators to track. For example, if you are looking at mental health referrals, do you want them to increase or decrease? The same question could be asked about children in special education or rates of free and reduced-price lunch. You can use these kinds of indicators, but be clear on what direction you want them to move in.

4. The wording of an indicator should suggest how you are going to measure the outcome. There are many ways to measure outcomes, with various methods of collecting data, such as conducting door-to-door surveys, administering tests, and reviewing administrative (already existing) data. These methods will be discussed in detail in Part II of this Guide.

5. A measurement of something that is not a problem in your community is not likely to show a change for the better. For example, why track rates of school suspensions if the rate has been zero for the past five years?
6. Things that occur in very small numbers are not good indicators because an increase of a few incidences will look like a large percentage increase. For example, an increase in infant deaths from 1 to 2 translates to a 100% increase.

7. It is feasible for you to get the data. You may not have access to some data, and some data may require more resources to collect them than are feasible.

8. If you are using data collected by an agency, the data should be available for your community. Child abuse statistics for the county are not very useful if your group is focusing on a single town or neighborhood.

What are some examples of well-written indicators?

Indicators should be written as statements that address the criteria for good indicators. For example, “test scores” is a poorly worded indicator statement. Test scores on what? What will you do with test scores? An improved version is “An increase (states direction) in the average score (number) on the Iowa Test of Basic Skills given at the end of second grade (method of measurement).” Similarly, “improved parent knowledge” is a poorly worded indicator, whereas “An increase (direction) in the average score (number) on the Parent Knowledge of Child Development Assessment (method of measurement)” is much more precise.

How many indicators do we need?

We strongly encourage you to pick at least two indicators for each outcome and even more if possible. Why? Because there may be an error in the data or a problem with one of the indicators, so it is better to have more measures.

Also, outcomes are usually quite complex and cannot be measured by just one number. If you have lots of indicators, you will need to prioritize which indicators you will collect, based on your resources.

What is a baseline?

The baseline is where you start, where things are now before your collaborative begins its efforts to better your community. The base year is the year for which you will start collecting the information specified in your indicators.

What are baseline data?

Baseline data are the measures for each of your indicators for a base year. The following statement is an example of baseline data:

In October 1998, 35% of second-graders screened in the Pineville Elementary School District had healthy teeth and required no follow-up dental treatment.

In this example, the baseline for second-graders screened in the Pineville Elementary School District needing no follow-up dental treatment was 35%. The base year was 1998.

Baseline data provide a way to tell where you are in relation to the outcomes you intend to accomplish before you take any actions or implement your strategies. The goal is to make a positive change from your baseline for a particular indicator. In the example above, the goal will be to have more than 35% of second-graders pass their dental screening in subsequent years.

Why do we need to have baseline data?

To the extent that it is possible, you want to be able to show that what you are doing in the community had an effect. Tracking the outcome before, during, and after you have implemented your strategies will show you and the community just how successful you were at achieving your desired outcomes.

How do we collect baseline data?

Many of you may have some data that could serve as a baseline from information you already have collected for a community assessment or funding proposal, or from another community-related document. Now that you are focusing on a specific issue and have identified outcomes, you might find that you need more information about some of the outcomes. You might find that you want to collect or assemble additional data from new sources. If the data you need are not already being collected somewhere else, you will need to consider how you will collect the original data yourselves. (Data collection techniques will be covered in Chapter 9.)

When do we begin to collect baseline data?

As soon as possible. This way you know where the outcome stands before you begin your efforts to improve the lives of children and families. Over the next several years, you will take the same measurements again and again to see what kind of difference the collaborative has made.

If the indicator is administrative data, or data that someone else collects, you may be able to go back a decade or so to illustrate your baseline. This is called trend data because it allows you to see how the indicator has changed in the most recent past. For example, has your community experienced an increase in the number of child
Worksheet 3: Outcomes to Indicators

1. Write one of your child or family outcomes in the space below.
   Outcome:

2. Now brainstorm and write some indicators or pieces of evidence that will let you know whether you’ve achieved the outcome or accomplished the result you intended to accomplish.

3. How would you measure each of these indicators?

4. State the direction for each indicator. (Do you want to see an increase or a decrease?)
Worksheet 3:  
Outcomes to Indicators (continued)

5. State the statistic (e.g., percentage, average, total) for each indicator.

6. Write the complete indicator statement for each indicator.

7. Examine the indicators according to the criteria:
   - Is the indicator clearly related to the outcome? Does the indicator measure the outcome?
     - Is it the most direct evidence?
   - Does it contain a number (a percentage, an average, a total, etc.)?
   - Is the direction stated?
   - Is the method of measurement clearly stated?
   - Does the indicator occur in large enough numbers?
   - Can you get the data?
   - Are the data available at the level of your community?
abuse and neglect reports over the last 10 years? Trend data can answer this question. If you can get it, trend data are very powerful.

If you need to collect your own data, you will have a baseline starting as soon as you can collect it. Measure the indicators as soon as you can, as far in front of implementation as possible. As the years pass and you collect or compile more data, you will produce trend data for each of your indicators.

Your base year may not be the same for each indicator, depending on whether the information was collected for a particular year or when you are able to collect it directly. The important thing is that your collaborative has information for each indicator for at least one point in time before beginning to implement its strategies.

Exhibits 3-1 illustrates trend data using two types of baseline data. The first graph, “Number of Licensed Child Care Slots,” is an example of how trend data can look. This graph shows that the number of slots has been increasing since 1980. But in 1995, when the collaborative began implementing its strategy to increase the availability of child care, the number increased at a faster rate than before implementation. Without the data from before 1995, you do not appreciate how the increase in child care slots accelerated after the collaborative began its work. The second graph, “Number of Slots in High-Quality Child Care,” illustrates data collected from 1995. These data had to be collected by the collaborative since there were no data on child care quality available before 1995.
Exhibit 3-1
Indicator - Existing Data
Number of Licensed Child Care Slots

Exhibit 3-1
Indicator - New Data
Number of Slots in High-Quality Child Care
EXAMPLES FROM REAL LIFE:
Selecting Indicators for Which Data Are Available for Your Community

Through a series of community forums and assessments, the El Norte Children’s Collaborative chose to focus on the issue of violence prevention. After brainstorming and lots of discussion, the members of the El Norte collaborative identified a wide span of outcomes and indicators related to this issue. They included “Children ages 0-8 will be free from abusive environments” to “Families will be free from substance abuse.” Next, collaborative members developed indicators for these outcomes using the same process of collaborative brainstorming. Their indicators included the number of child emergency response calls according to CPS statistics and the number of arrests for drugs and alcohol. Many of the indicators were based on administrative data collected by traditional county-wide agencies and were available at the county level only, not for specific communities. Members knew that these data existed because they had been assembled when applying for the original grant and other grants.

Originally, El Norte had been a county-wide collaborative. For a county-wide collaborative, these data may have worked just fine. However, like a number of other collaboratives in the Community Partnerships for Healthy Children Initiative, the collaborative found it was too large a task to effect change on such a large geographic scale and decided to focus instead on three individual communities. After this decision, it quickly became clear that the indicators were unsatisfactory. Could activities within three small communities be expected to improve indicators that measured change for an entire county? Perhaps, if the results in those communities were dramatic enough, but not likely.

The El Norte Children’s Collaborative experienced firsthand the importance of selecting indicators for which data are available for the same (or roughly the same) geographic span as your collaborative. Obtaining community-based data is difficult in many communities. The level at which administrative data are collected varies for different measures of child outcomes, and there is a scarcity of good data on child outcomes at the community level. Sometimes you may have to settle for a measure that covers a somewhat different geographic area than your collaborative, sometimes you may need to collect the data yourself, and sometimes you may decide that, for now, this indicator is not workable given the limitations of available data and of your own resources. Like El Norte, the challenge you face is to find multiple measures of outcomes that are meaningful and valuable for your community. Undoubtedly, this task requires commitment, ingenuity, and resources.