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## KEEPING ON TRACK

### Setting Useful Goals for Community-Based Prevention

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ACQUISITIONS



## FORWARD

This volume, ***Keeping on Track: Setting Useful Goals for Community-Based Prevention***, and its four companions

**Building a Successful Task Force for Prevention Planning**  
**Community Action Guide: Controlling Billboards in Your Neighborhood**  
**Connections for Prevention:**  
**Networking Strategies for Alcohol Abuse Prevention Planning**  
**Working with Clergy and Congregations for Alcohol Problem Prevention**

comprise part of the final report of contract DADP-A-0134-7 between the California Health Research Foundation, its subcontractor Evaluation, Management and Training (EMT) Group, Inc., and the California Department of Alcohol and Drug Programs (DADP). Together these manuals comprise a basic reference source for those interested in developing, implementing or assessing community-based prevention programs.

The project involved two separate evaluations of community prevention efforts. One assessment examined six community-based prevention planning projects and was initiated during the final months of the two-year contract that each of the six organizations had with DADP. The second evaluation examined the start-up operations of two prevention programs, one in a Black community, the other in a Latino community. We were able to monitor and assess these two programs throughout their entire grant period.

The accepted way of presenting research findings is usually through the final report. However, because of the richness and usefulness of the information collected and the need to ensure its widespread availability to the field, CHRFD/EMT, with DADP encouragement, developed these manuals as the best way to report our findings.



## Chapter One

# ALCOHOL: COMMUNITY PROBLEM AND COMMUNITY SOLUTIONS

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## Chapter One

# ALCOHOL: COMMUNITY PROBLEM AND COMMUNITY SOLUTIONS

This booklet is for people who are concerned about alcohol problems in their community and who want to join forces with other concerned people to do something about these problems. The readers of this booklet may represent a variety of organizations and positions. They may be:

- *Volunteers* in community organizations that focus on alcohol problems such as Mothers Against Drunk Driving (MADD);
- *Employees* of public health organizations or social service agencies that grapple with the ravages of alcohol on a daily basis;
- *Members* of churches, service organizations, or other groups that seek to improve the quality of life for members of their community;
- *Parents* who are concerned about the threat of alcohol among youth; or simply
- *Citizens* who care about their friends and neighbors and want to work to improve their community.

Whatever their particular position, they all desire changes in their communities and a reduction of the problems associated with individual, cultural, and social abuse of alcohol.

This booklet is not about people struggling alone to cope with alcohol problems; it is about people working together to help each other. It is about the effective organization of efforts to prevent alcohol problems before they occur.

In particular, this booklet will help prevention organizations *set and use goals* for their prevention efforts. Setting clear goals and working consistently toward them is one of the oldest principles of effective organization. Unfortunately, experience reveals that it is also one of the most frequently violated. This booklet will help your organization to practice effective goal-setting and will convince you that the benefits can more than justify the effort.

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More specifically, the following chapters will do the following:

- Demonstrate the benefits that an effective goal-setting procedure will bring to community prevention. These benefits include a) more effective targeting and coordination of prevention efforts, b) strengthened commitment among organizational members, c) improved selection of prevention strategies and activities that will work to accomplish your purposes, d) improved ability to gain resources and support, and e) enhanced ability to assess and improve progress toward prevention goals.
- Identify and describe a three-step process for setting goals, identifying program activities appropriate to reaching goals, and developing procedures for keeping your organization on track in realistically achieving those goals.
- Identify and describe ways in which you can comfortably incorporate goal-setting into your organization. Successful goal-setting must be adapted to the unique purposes, circumstances, and personnel of your prevention effort.

## **COMMUNITY PREVENTION: A CURRENT EVENT**

Ten years ago, a booklet on setting goals for preventing community alcohol problems would have gone largely unread. Relatively few people were seriously concerned about preventing problems with alcohol or other drugs that had not yet become obvious. Today, however, traditional acceptance and unconcern about alcohol problems is changing. Communities across the nation are recognizing that alcohol has a pervasive presence in their homes, in their recreation, and in their work places. The magnitude of the problem is increasingly recognized, and there is widespread interest in the search for solutions.

### **THE PROBLEM**

The awakening to alcohol as a community problem has not come easily. The evidence is so devastating that one wonders how it has been so successfully ignored. While statistics cannot capture the depth of individual suffering attributable to alcohol abuse, the figures portray an enormous toll. Each year in the United States, alcohol contributes directly to:

- Approximately 38,000 deaths from automobile and other alcohol-related accidents;

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- Over 9,000 deaths from cirrhosis of the liver;
  - About 12,000 murders and another 8,000 suicides; and
  - Thousands of birth defects, and many more thousands of injuries.

In California, the risk posed by alcohol is heightened. Over three fourths (78 percent) of California adults report drinking sometimes, compared to two thirds (67 percent) of all Americans. California youth use alcohol early and at high rates. Fifty-eight percent of California youth report having their first drink by age 12; 85 percent report alcohol use by age 16. Two thirds have been intoxicated by age 16. Teen drinking produces tragic results. More than half of all fatal crashes by drivers under 21 involve alcohol.

The figures may vary from community to community, but the great magnitude of the problem does not disappear. Alcohol use saps the vitality of individual and community life, and too often ends in death.

## A SOLUTION

Traditional approaches to addressing alcohol problems focus on treating the alcoholic or the person who has already experienced a serious problem with drinking. Recent attention to alcohol problems has added a more forward-looking approach. Community prevention focuses on altering the conditions that contribute to drinking problems *before* the damage has been done. To arrest the development of alcohol problems, community prevention efforts use a variety of strategies that go well beyond the treatment of individual drinking problems. Prevention efforts focus more attention on the "drinking environment" -- the social pressures that support and encourage drinking -- and seeks to combat the effects of this environment in two major ways.

First, community prevention helps individuals to strengthen their abilities to recognize and resist the environmental pressures to drink irresponsibly. Second, community prevention seeks to change the environmental conditions that encourage and enable problematic drinking. To pursue these purposes, community prevention draws on a mixed bag of activities, including the following.

- *Awareness and education* training seeks to increase knowledge and sensitivity concerning the problems of alcohol. These activities may target adults or youth and are conveniently applicable in school or other collective institutional settings.

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- *Life skills development* involves activities designed to strengthen coping and success skills that may help avert alcohol problems. Skills may include communication, decision making, refusal, problem solving, critical thinking, and self-esteem. Services aimed at these immediate objectives may be delivered through a variety of mechanisms such as classroom training, individual counseling, peer counseling, or support groups.
  - *Alternative activities* strategies seek to provide locations and events that provide positive, alcohol-free opportunities for youth to achieve personal and social rewards that may stem social choices involving alcohol. Teen centers, alcohol-free clubs, or special events are examples.
  - *Training of impactors* seeks to strengthen the skills of teachers, parents, or other persons who are in important positions to influence attitudes and behaviors related to alcohol abuse. These strategies carry the potential of reaching a large segment of the population in a cost-effective way.
  - *Community awareness* strategies seek to alter the knowledge, sensitivity, and practices in the community that create an accepting or encouraging environment for alcohol use. Specific activities in this area may involve community events (e.g., awareness days), media releases, or presentations at organized events (e.g., church groups, PTOs).
  - *Social change* strategies seek to change legal or social arrangements to decrease the opportunities for alcohol abuse and to improve policies that combat it. Strategies may be aimed at public policy (e.g., pursuit of laws banning sale of alcohol and gasoline in the same location) or at the practices of other institutions (e.g., petitioning billboard companies to limit use of billboards glamorizing alcohol use).

As innovative services that seek to prevent rather than respond to alcohol problems, community prevention programs are typically organized and administered very differently than traditional alcohol service programs. To effectively provide the multiple services necessary to meet community prevention needs, prevention workers involve the community itself in their efforts. If prevention efforts are to be more than temporary, communities must mobilize their own commitment and resources.

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- Community prevention is responsive to the unique local problems of alcohol abuse *as experienced by the members of the community the program is serving*. The alcohol-related problems targeted by the program are those problems perceived and defined by the community itself.
  - Community prevention *uses the resources of the community* to deliver and support services. Community prevention seeks to empower the community to sustain the improvements achieved through the program.

## THE NEED FOR DIRECTION

Responsiveness to immediate community problems, a willingness to use the community's own resources, and flexibility in finding appropriate strategies are the strengths of community prevention efforts. This openness and participation can also be a liability if activities become too fragmented, change too frequently, or work at cross-purposes. The many options facing community prevention programs make clear direction and coordination of efforts particularly important to their efforts. The following chapter identifies the ways in which goal-setting can help establish and maintain clear direction for prevention programs.



## Chapter Two

### HOW GOAL-SETTING CAN HELP



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## Chapter Two

### HOW GOAL-SETTING CAN HELP

As an organizer, worker, or volunteer in a community prevention program, "making things happen" is a constant concern. Prevention means changing established and accepted attitudes and behavior, and this is never easy. Accordingly, prevention workers can be impatient with planning, evaluation, or other administrative activities. Although the resistance to goal-setting is understandable, it is also counter-productive. A little time spent in clearly establishing program direction can bring significant benefits to prevention programs.

### WHY GOAL-SETTING OFTEN IS AVOIDED

If they are to seriously invest in goal-setting, prevention workers must be convinced it is worth the effort. Frequently they are not. The reasons that goal-setting is resisted include the following:

- *Initiation from Outside the Program.* Many times funding agencies or other outside organizations require or request that prevention programs provide formal statements of goals. Requests for proposals or funding applications routinely require that applicants include written statements of program goals. If a grant or contract carries a requirement that a program be evaluated, outside evaluators routinely want goal statements as a starting point to determine whether a program is succeeding. Statements of goals are a routine part of statements of purpose that define a program to interested parties in the community. People outside the program seem to place importance on goal statements for defining a program.
- *Different Goals for Different Uses.* Goal-setting can seem to be a never-ending process that must be accomplished anew for each request. For example, evaluators are typically interested in statements of goals regarding the differences your program will make in individual behaviors or social conditions outside your program; funding agencies may want annual goals; program administrators may be more interested in goals concerning the amount of work that will be accomplished by the program in a year. It may seem that everyone has a different meaning in mind when they ask about program goals.

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- ***An Extraordinary Procedure.*** For most community prevention programs, goal-setting is a task that must be accomplished in response to specific demands. It is not an expected and ordinary procedure that is part of administering the program and is, therefore, seen as a diversion -- a distraction from getting things done. It is a very low priority.
  - ***Unrealistic.*** Finally, establishing formal statements of goals for your program may seem unrealistic -- a "pie in the sky" activity that does not apply to the real world of prevention workers. Goals seem to presume a stable, predictable world. In reality, prevention staff cope with the unexpected and must be able to change directions as opportunities (or barriers) arise.

In each of the above cases, prevention workers will see goal-setting as an imposed chore that serves purposes other than their own. This perception leaves them in a confused position. If goals are set to demonstrate enthusiasm and good intentions, the incentive is to "set your sights high" -- to trumpet the good things you want to accomplish in the program. However, if goals are to be used by an outside evaluator as a standard by which to measure the success or failure of your program, the incentive is to "set your sights low" -- to set a mark that can probably be exceeded, thus demonstrating success.

The problem in either case is that the goals are being set to create an impression. The consideration is "how will this look" to some outside party. In such situations, goal-setting becomes a game that distracts and frustrates prevention workers concerned with doing something about alcohol problems. If busy prevention workers are to take ownership of the goal-setting process, the benefits for their prevention efforts must be made clear.

## **WHY GOAL-SETTING SHOULD NOT BE AVOIDED**

If goal-setting is to help make your prevention efforts a success, the primary purpose must be internal to your organization. The criteria for setting goals must be to provide useful guides to action and useful information concerning progress (or lack of progress) in achieving goals. Goal-setting that focuses on the shared and explicit purposes of your prevention program can have real benefits, including the following:

- ***Commitment and Morale.*** Goals and objectives help to make program intentions shared and explicit. The focus on intention -- on what the program wants to accomplish -- makes goal-setting an important exercise for energizing the spirit and commitment of program workers. Goal-setting stimulates discussion of the changes prevention workers want to see in the community and helps build or renew a shared vision of an improved community environment.

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- ***Problem Resolution.*** As program managers and staff discuss program intentions, differences of opinion will arise. Goal-setting provides an opportunity for discussing, negotiating, and resolving differences of opinion or understanding. The process can improve program implementation through identifying potential disagreements that can be resolved before they become serious.
  - ***Direction and Coordination.*** Goal-setting also plays an important role in keeping your program "on track." Well-developed goals provide guides to coordinating the different activities in an organization and focusing them on common outcomes.
  - ***Identifying the Need for Change.*** Goals also provide a benchmark for evaluating whether your program is going where you want it to, and they help guide decisions to improve your organizational "aim." Goals are not "set in concrete", and understanding where you are trying to go is important for knowing when you need to change direction.
  - ***Community Relations.*** As prevention workers produce more explicit statements of their own programs, they can become better advocates before other audiences. The ability to clearly and realistically articulate what a program is doing and why is a great advantage. This ability to "explain" a program and provide evidence of what it is doing is a powerful tool for demonstrating accountability, attracting funding, and improving public relations.

These benefits and more can follow from a commitment to developing and using a goal-setting procedure in your community prevention organization. The task for the remainder of this booklet is to demonstrate how a useful goal-setting procedure can be established.

## **BASIC REQUIREMENTS FOR USEFUL GOAL SETTING**

Setting goals is a waste of time if it is not done properly. To serve as a real guide to program decisions, goal-setting procedures must have the following characteristics.

- Useful goal-setting must be *realistic* -- it must incorporate resource limitations in goal-setting procedures. Timelines are an important consideration in setting realistic goals -- achievable plans must allow time for all the preliminary activities required to deliver services and realize effects. Dollars, staff, and other program resources also place clear boundaries on what a program can realistically accomplish.

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- Useful goal-setting must be *reasonable*. Planning for achievable goals means identifying the steps that will be taken to achieve those goals and the reasons that these activities will be expected to lead to the desired results. Reasonable goal-setting means that planned activities have a demonstrable relationship to the changes the program is intended to produce.
  - Useful goal-setting must be *focused*. While goals may be statements of general intent, they must be applied to specific target populations and they must be linked to specific activities. Community-based programs must choose among the many plausible approaches to service. Goals provide a basis for making these choices.

Goal-setting is useless if it simply produces a formal statement of general intentions that sit on a shelf gathering dust. Goals are the first step in a dynamic process of action, review, and modification that constitutes a useful goal-setting procedure. This procedure is the glue that cements program intention, program actions, and information that can help strengthen performance.

## **THE GOAL-SETTING PROCESS – AN OVERVIEW**

The process of goal-setting is cyclical. Intentions are set, put into action, and revised based on the results of previous actions or on changing conditions. Goals that remain mere intentions without being translated into positive steps are not part of this dynamic process. This booklet outlines a three-step process for setting meaningful and realistic goals that lead to action. Identifying goals themselves is the first component of the process. Action lines and objectives are the second and third components. They provide the necessary tools to link goals to concrete activities carried out by your prevention organization. These steps in the goal-setting process are summarized below.

### **Goals**

Goals are broad statements of program intent that build shared purpose and provide direction. Goals are developed in two major areas of program purpose.

**Outcome Goals** identify changes in the community, or in individuals within the community, that program activities are expected to produce. These changes may be eventual reductions in alcohol-related problems, or more immediate changes in behavior or attitudes that are necessary to reduce problems. Achieving these goals is the best demonstration that your program is a success.

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Action Goals identify what the program will *do* to accomplish changes in individual behavior or community conditions. These actions will encompass the purposeful program work that is directed toward accomplishing outcome goals. This work will include education and training programs, group and individual counseling, community events, media campaigns, or other activities that constitute the program effort. Success in achieving action goals does not mean that success in outcome goals will necessarily follow, but it does represent the essential first step.

## **Action Lines**

Action lines are a simple way to represent how your program's action goals and outcome goals "work together" in your prevention efforts. Action lines establish the expected sequence of actions and outcomes in your program -- what results are expected to follow what actions and when. While goals represent milestones on the way to program success, the action line shows how you get from one milestone to the next. As a simple map of your program, the action line will help to understand where you are in putting your program into effect and how far you have to go.

## **Objectives**

Goals and action lines point the way for your program; they do not state precisely how to get there. Objectives provide standards for how many persons will be impacted, exactly what forms the effects will take, and just what services will be provided by the program. An objective is much more precise than a goal. A well-stated objective leaves little doubt about what is expected to happen, when it will be accomplished, and how it might be measured. Objectives do four important things for program planning and management. First, objectives clarify the meaning of goals by stating exactly what will be done or what will result when they are reached. Second, objectives link goals to program resources -- to how much can be reasonably expected given program size, skills, and funding. Third, objectives provide more concrete direction for planning activities. Finally, objectives provide specific expectations for evaluating how well your program is doing in progressing towards success.

These three steps -- identifying action and outcome goals, developing action lines linking action and outcome goals, and making goals more concrete through identifying objectives - - provide an important foundation for management decisions and the development of feedback on program progress. The next three chapters provide a more specific discussion of how to accomplish these planning steps.



## **Chapter Three**

**GOALS: BUILDING  
SHARED DIRECTION**

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## Chapter Three

### GOALS: BUILDING SHARED DIRECTION

Goal-setting is a process for clarifying your vision of a more desirable community and for devising ways of making that vision a reality. As a starting point for thinking about program goals, it can be helpful to think about what your community would look like in a few years if your program were a "success." How would you know if you had actually accomplished your purposes?

For example, a conversation about where a youth-focused prevention program is heading might produce the following visions of how the program would change the future.

- Youth in the community would have a variety of fun and interesting alcohol-free social activities from which to choose. They would not be considered "out of it" if they were involved in these activities.
- People in the community -- youth, parents, and people generally -- would be more aware of alcohol and drug problems. They would not ignore unhealthy pressures to drink or sweep alcohol problems under the rug.
- The community would have a thriving Teen Center for youth that have no "healthy" place to go for social activities. On Saturday nights, the place would be "busting at the seams."
- Prevention curriculum would be a standard part of the classroom experience for all school kids, from elementary through high school. The curriculum would help them develop self-esteem and confidence in coping with many of life decisions -- including their decisions about alcohol and drugs.
- Young children in homes with parents who abuse alcohol and other drugs would have help in overcoming the emotional damage that perpetuates the cycle of alcoholism and chemical dependence. The next generation will have a better chance.

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These statements are the kinds of "wishes" that people concerned about prevention share. They are also common sense indications of goals -- broad statements of things that prevention workers would like to accomplish. The wish that there be a thriving teen center, for instance, implies the goal of establishing that center. However, as individual statements of general intention, these wishes are not necessarily useful guides to action -- they may remain *merely* a wish list.

To be useful for program guidance, goal statements must provide meaningful guidelines for making choices about program resources and activities. In other words, they cannot be so general that almost any prevention activity could contribute to them. To be useful, intentions must be linked to actions. The process of goal-setting helps us do just that -- to link our wishes to action, to steps we can take in the right direction.

The first step in this process is to divide wishes -- or program goals -- into statements about what the program will *do* and statements about changes in the community that will *result* from what the program does. For instance, some of the wishes in the above list refer to activities that can be carried out through a program -- establishing a teen center or provide educational curricula in schools. These are *action goals*. They refer to what the program will *do* to improve the community.

Other statements refer to changes in society -- changes to which a program might contribute. Increasing social activities that are free of alcohol and other drugs, increasing awareness of alcohol problems, and reducing the level of alcohol and drug problems are examples of indicators of success in changing social conditions outside a program. These statements focus on changes that will occur *as a result* of program activities. These are *outcome goals*.

Both action and outcome goals are necessary to a complete and useful goal-setting process. Outcome goals link program efforts to the larger community. However, if goal statements are limited to desired changes outside the program, they do not provide very specific guidance for these day-to-day decisions. Program managers live in a world of day-to-day decisions about what activities to emphasize, how to assign personnel time, where to allocate resources, etc. Accordingly, program people must think in terms of the activities they intend to accomplish in the program -- the work they plan to do. Action goals concerning what the program will do are a necessary step to achieving outcome success. The process of setting outcome and action goals will be addressed in greater detail below.

## **OUTCOME GOALS**

The following questions must be addressed to clearly establish outcome goals for your program:

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- Whom are we trying to affect? Who is the target population for program activities, and why was this target selected?
  - What changes in individual behavior and attitudes, or in community conditions, do we want to accomplish in our program? What effects do we expect to have on the target population? These questions provide a basis for establishing outcome goals. Questions appropriate to action goals will be discussed in a subsequent section.

## Whom Are We Trying to Affect?

Prevention means avoiding problems that may occur if preventive action is not taken. Thus the potential target for prevention programs is vast -- anyone who has not yet experienced the behavioral problem being addressed! For some program strategies, a broad target population is appropriate. Programs which are targeted on multiple media campaigns to alter the "social acceptability" of substance abuse in the community, for example, may want to reach a broad spectrum of the population.

Nevertheless, the need for prevention services is not uniformly spread across the population. Certain age, occupational, or other social groupings are much more "at risk" than others. Furthermore, the types of prevention strategies and materials that are well-suited to one group may be inappropriate for another. Appropriate targeting of prevention efforts is a key issue for effective prevention programs. One important way to improve the effectiveness of prevention programs may be to focus attention on persons in high-risk situations.

Despite the importance of targeting clientele for clear program direction, many programs do not know specifically whom they are trying to reach or whether their program strategies are appropriate for program clientele. The lack of clear goals regarding program participants has had several consequences for prevention efforts.

- *Age.* Evaluations of prevention programs revealed that most programs do not specifically identify target populations, and those that do most commonly target the general group "school children." Appropriate prevention programming, however, varies by grade level. Specifying the age group(s) targeted by a program is important to clear program direction.
- *Underserved Populations.* Studies of prevention efforts nationwide suggest that the bulk of existing prevention activity serves largely white populations and that many minority groups are receiving little or no attention. Disabled populations may also be underserved by existing efforts. Program planners

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should specify ethnic, racial, or other special characteristics of their target groups when appropriate.

- **Populations at Risk.** Individuals may be at greater risk of substance abuse because of a variety of circumstances. For example, transitional periods (e.g., entering the job market, retirement, divorce) may increase risks of abuse; or certain occupational groupings may be at greater risk. If services are to target any populations perceived to be at special risk, the target should be clearly specified. In the process of specifying the target population, program managers and staff should consider the *reasons* for targeting. Is there evidence of unmet needs for prevention services in the population? Are particular prevention approaches necessary for reaching this population (e.g., culturally appropriate material)? Clear understanding of a program's target population, and the rationale behind it, is an essential starting point for planning and evaluating prevention strategies and objectives. When target populations are focused, they should be clearly identified in program goal statements.

## What Are We Trying to Accomplish?

The core questions addressed in setting outcome goals focus on what the program is trying to accomplish. There is a strong reason for this focus -- people commit themselves to working in prevention programs *because* they expect their efforts to help reduce substance abuse problems. The ultimate purposes of the programs, the reasons for which they are working, must be defined through the beneficial effects they are intended to produce.

Prevention programs are intended to deter problems that may occur in the future. The long-term intended results of these programs involve the anticipated *reduction* of undesirable conditions. Battling these future problems provides the cohesive purpose that runs through efforts to prevent abuse of alcohol and other drugs. However, it is difficult, if not impossible, to design programs that *directly* accomplish these purposes.

Programs engage in strategies that are intended to affect people's knowledge, attitudes, or behavior in the hopes that these changes will in turn reduce future abuse. Similarly, programs may want to change community conditions concerning availability and acceptance of alcohol and other drugs because it is hoped that these improvements will reduce problems of abuse. These intended positive changes in individuals and their environment are the more immediate focus of prevention strategies.

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For purposes of planning and goal-setting, it is important to distinguish between the immediate positive results that you intend the program to achieve, and the eventual reduction of problems related to abuse. The following sub-sections discuss the role of each type of outcome in the goal-setting process.

### ***Eventual Outcomes***

Ultimately, the reason for providing prevention services is to reduce the extent of alcohol or drug abuse that would have occurred without the service. The long-term goals of a prevention program aimed at junior high school students may be to reduce the numbers of students who engage in drug experimentation, and eventually to reduce the number who use and abuse drugs. Examples of long-term goals might include:

- A reduction in alcohol-related traffic fatalities among teen-age youth.
- A reduction in the number of targeted youth that experience problem drinking in five years.
- A reduction in the number of community fatalities attributable to cirrhosis.
- A reduction in broken homes attributable to alcoholism.

Long-term goals are central to the reasons for prevention programs. However, as we have noted, it is extraordinarily difficult to devise program strategies that address these problems directly. While program planners may sincerely hope and believe, for instance, that their program will reduce drinking and, thereby, reduce drunken driving and the fatalities it causes, the link between the program and reduced fatalities is long and uncertain.

This does not mean that program managers can or should ignore long-term objectives in the planning process -- they do play an important role. First, eventual reduction of health, legal, emotional, family, and other problems related to abuse of alcohol or other drugs is the catalyst that brings people and resources to prevention programs. It is important to affirm these shared purposes as a cohesive bond that provides the rationale for program activities. A clear commitment to eventual goals provides an umbrella under which specific decisions about program activities can be worked out.

Second, the specification of long-term goals begins to funnel program activities -- to give the program its own meaning and focus. Some problems will be more pressing within certain target populations, and eventual goals can begin to focus program purpose in appropriate directions. For example, avoiding the repetitive cycle of family alcoholism may be an

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eventual outcome for a prevention program for young children in a community with very high rates of alcoholism. Discussion and agreement on eventual outcomes will also help forge agreement on issues such as the meaning of alcohol-related "problems". For example, what uses of alcohol are "responsible" -- if any. In sum, discussion and articulation of eventual goals helps clarify understanding of program intent and commitment.

Finally, a clear understanding of eventual goals provides a context in which to determine what "immediate results" are appropriate for the program. For example, assume that the primary long-term concern in a program is a reduction in alcohol-related traffic fatalities. The link between educational or skill building programs that increase denial skills for teenagers may produce the immediate result of reducing alcohol use among some members of the target population, but the eventual link to reduced traffic fatalities is tenuous. The program may be effective only in the portion of the target population that is not prone to drinking and driving; fatalities may be largely attributable to other factors not affected by the program -- and so on.

If reducing alcohol-related traffic fatalities is truly a prime eventual goal of the program (as opposed to a possible positive spinoff), a different prevention strategy might provide a more effective link to the outcome. The role of immediate outcomes as a bridge to eventual goals is discussed in the following section.

### ***Immediate Outcomes***

Prevention services involve training, counseling, information dissemination, or other activities that are designed to produce positive changes in knowledge, attitudes, skills, or community conditions. These immediate outcomes are desirable because those who work in prevention believe they will build behaviors that help people avoid developing drinking problems. Learning ways to say "no" to peers is important for youth, for example, because it may help them avoid harmful behaviors.

Immediate outcomes are the direct results of program activities. They are changes that are believed to eventually reduce problems related to alcohol or other drugs. Examples may include:

- Increased knowledge about the effects of alcohol on perception, motor skills, or health.
- Increased knowledge of skills for resisting peer influence.
- Increased parental skills in discussing substance abuse issues in the family.

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- Increased family discussion of substance abuse issues.
  - Reading of materials distributed to program participants.
  - State or local legislation regarding availability of alcohol in service stations, ordinances forbidding sale of liquor by minors, or other objectives of policy strategies.

Generally, immediate results are related to the effectiveness of a program in accomplishing educational, attitudinal, or policy changes that are the direct product of exposure to program services. Attaining these immediate goals does not guarantee that alcohol problems will be reduced, but they do represent important "first steps" that are necessary to carry out your program purpose. Immediate outcomes play a critical part in defining and understanding your program purpose.

First, immediate outcomes define the "route" that your program efforts must travel if alcohol problems are to be reduced. In a real sense, they express program assumptions and beliefs about factors that contribute to alcohol problems and how these problems can be reduced. A program that teaches refusal skills assumes that peer pressure and the "need to belong" are important factors contributing to experimentation and use. A program focusing on "self-esteem" and emotional adjustment expresses a belief that personal insecurity is a contributing factor in the abuse of alcohol and other drugs. A program that teaches young children to recognize that they are not responsible for parental alcohol problems is recognizing the importance of family dynamics in alcohol problems, and so on. Discussing and identifying immediate outcomes is a mechanism for coming to clear, shared understandings of just how a program will achieve its eventual purposes.

Second, immediate outcomes provide a clear focus for assessing whether program activities are "working." In reality, program workers will never have the opportunity to observe whether most of their participants develop alcohol or drug problems later in life. However, they *can* observe or produce information on whether participants are learning new skills, whether the community changes practices concerning alcohol availability, or whether other immediate results are being achieved.

In terms of immediate relevance for program activities, immediate outcome goals are central. They provide practical guidance for program decisions. It is much more useful to have information about immediate events that you are pretty certain are related to your program services than to have information about distant events that you may or may not be directly affecting.

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## **ACTION GOALS**

In order to achieve immediate results and long-term outcomes, programs undertake a variety of activities. A program that is seeking to improve parental skills in discussing drug use with their children, for instance, may provide a series of evening training sessions. The first chapter of this booklet identifies six categories of prevention strategy that are implemented through distinctive activities.

These program activities and services constitute the major day-to-day focus of program decisions. Making arrangements for training sessions, getting materials printed, networking with other organizations -- these daily activities and services constitute the primary responsibilities of program managers and workers. It follows that program managers are occupied most immediately with the work that is being carried out in the program. When they think of goals, program workers often focus on these immediate activities. Action goals are statements of intention with respect to the activities that a program will accomplish.

For planning and management purposes, implementation goals provide a crucial link between outcomes and daily decisions. The administrative decisions of program managers are related most clearly to using resources and making decisions concerning what work will be done in the program. In the most concrete sense, what the program will *do* will be stated through action goals. Decision makers have control over what will be done in terms of activities; they have less control over producing outcomes.

### **What Will We Do?**

Action goals are central to the planning of program service strategies. The central question is "what will we do to achieve our immediate and eventual outcome goals?" Making action goals explicit involves identifying program commitments for different types of services. Decision makers must determine what strategies are most appropriate for accomplishing their objectives with the resources that are available to their program. The mix of activities and degree of emphasis on individual awareness and education, training of impactors, community awareness, or other strategies must be considered.

Identifying action goals also means making explicit the major activities and services planned for the program. If education and awareness is the planned activity, will the activity be delivered through the schools? through other organizations such as churches or youth clubs? What will be the curriculum? Similar questions will arise for other strategies. Will community awareness be raised through billboards? community awareness days? The point is clear. Identifying implementation goals means making concrete decisions among a great range of possible strategies and activities.

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Action goals are the beginning point for a long process of decisions leading to service delivery. As a beginning point, action goals will remain relatively general. The purpose is to establish direction, not to resolve detailed administrative decisions. Nevertheless, action goals must be sufficiently specific to identify the following:

- Action goals should clearly indicate the activity being implemented and its strategic relationship to prevention. For example, a goal of "providing peer counseling for teens" is not sufficient. "Providing peer counseling to high-risk youth to reinforce refusal skills and values clarification" is better.
- Action goals should clearly indicate the delivery system for planned services. The above goal might be restated "providing teen club-sponsored peer counseling to high risk youth to reinforce refusal skills and values clarification" to clarify the location and responsibility for service delivery.

Action goals should be specified for each major set of activities or services anticipated in your prevention program. Together, these goals will provide a comprehensive statement of the total set of activities you currently plan to undertake in your program. Considering these goals as a whole is important to determining whether these anticipated activities are realistic – a topic considered in greater detail in the discussion of objectives in Chapter 5.

## **GOAL STATEMENTS – CONCLUDING COMMENTS**

This chapter has established a general framework for setting program goals. This framework will help you to set your sight clearly on long-term improvements in your community, to identify the immediate changes you want to accomplish in order to get there, and to define the activities you will undertake to bring about change. In actual application, however, this framework will produce distinctive sets of action and outcome goals for each local program that uses it.

Variation in local goal-setting procedures will occur in several ways. First, the content of outcome and action goals will vary according to the perceived needs of the community and the strategies your program adopts to meet these needs. The following goal statements represent the possible result of goal-setting meetings in two local programs.

These brief goal statements provide a skeletal description of the purposes and activities of two hypothetical local programs. The goal statements reflect differing mixes of targets, purposes, and strategies in the two programs. Shady Grove community prevention, for instance, utilizes "life skills development" and "training of impactors" strategies; Woodville utilizes "life skills development" and "positive alternative activities" as strategies for achieving its purposes.

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The hypothetical statements for these programs are relatively general. They do not include great detail regarding purposes or activities, but each line in these goal statements provides a starting point for greater elaboration of meaning and specific, concrete events and actions. At this level, the goal statement represents a beginning point that requires much greater detail to come to fruition. However, this beginning point has great importance for ensuring that what follows is coherent and feasible and has a reasonable chance for bringing success.

Well-constructed goal statements establish a clear focus for program efforts. It follows that goal statements should be relatively simple. A goal-setting session that produces a large number of eventual and immediate goals is a red flag for a program that lacks consensus and clear purpose. The greater the diversity and lack of coordination among the components of a goal statement, the less focus in the program and the greater the potential for program dissension and failure. The following chapter presents a procedure for assessing and increasing the coherence in goal statements.

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**Example 1**  
**SHADY GROVE COMMUNITY PREVENTION PROGRAM**

**Target Population:** Whom are we trying to affect?

- School children in grades 4 through 8 throughout the community of Shady Grove.

**Outcome Goals:** What are we trying to accomplish?

*Eventual Outcomes:*

- Reduced experimentation with drugs and alcohol during the adolescent years and young adulthood for youth in the program.
- Reduced school dropouts, traffic accidents, and health problems related to drug and alcohol use for youth in the program.
- Reduced alcoholism and drug addiction for youth in the program.

*Immediate Outcomes:*

- Increased knowledge concerning the nature of alcohol and other drugs and the social and health dangers they pose.
- Increased understanding of how peer pressure, social pressure, and coercion can make youth victims of alcohol and drug use.
- Increased social skills for making positive choices, including skills for resisting peer pressure and increased ability to make positive personal choices.
- Increased positive choices concerning use of time and energy.

**Action Goals:** What will we do?

- Establish and maintain a cooperative relationship with the Shady Grove Superintendent of Schools Office, School Board members, and Parent Teachers Organizations in the schools. Gain and maintain support for the use of \_\_\_\_\_ curriculum in district elementary schools.
- Organize and conduct training sessions to train all Shady Grove 4-7 grade teachers in the \_\_\_\_\_ curriculum for appropriate grades.
- Organize and conduct annual "Say No to Drugs" assemblies in all district elementary schools.
- Participate in the statewide "prevention professionals" association and monitor ideas and information for effective prevention activities in elementary schools.

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## Example 2 WOODVILLE HIGH RISK YOUTH PROGRAM

**Target Population:** Whom are we trying to affect?

- High risk youth (ages 10 to 16) in the new immigrant community of Woodville.
- Ten- to 16-year-olds in Woodville Schools who are in family environments in which substance abuse is a problem.

**Outcome Goals:** What are we trying to accomplish?

*Eventual Outcomes:*

- To reduce the negative effects of family substance abuse on the achievement and personal development of children in those families.
- To reduce the incidence of drug and alcohol use among high risk immigrant youth in Woodville.

*Immediate Outcomes:*

- To improve family awareness of drug/alcohol use as a family problem, including a) awareness of pressures and consequences of use among pre-adolescents and adolescents; b) awareness of the various roles in the abusing family (e.g., co-dependence, children of alcoholics/addicts); and c) skills in improving family communications, interrelations, and support.
- To provide positive, drug-free, recreational and social interaction for high risk youth in the target community. To provide positive adult role models and a continuing supportive social environment.
- To create a more positive and responsible neighborhood environment regarding alcohol and drug acceptance. Targeted changes would include reducing visible alcohol advertising and use, reducing the opportunities for drug solicitation and sales, etc.

**Action Goals:** What will we do?

- Organize and convene parents' groups to provide education and training on addiction as a family disease.
- Initiate and maintain a Teen Center within the immigrant neighborhood to provide relevant and appealing drug-free activities for youth.
- Organize and maintain a group of volunteer adults to work with youth individually and in organized groups.
- Organize and implement a community campaign to reduce the acceptance and support of alcohol and drugs in the immigrant neighborhood.

## Chapter Four

### **ACTION LINES: LINKING ACTIVITIES AND OUTCOMES**

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## Chapter Four

### **ACTION LINES: LINKING ACTIVITIES AND OUTCOMES**

Action goals, immediate outcomes, and eventual outcomes are not independent sets of events. The purpose of including these elements in the planning process is to coordinate them, to adopt and implement strategies that have a reasonable relation to accomplishing intended outcomes. To ensure that there is a clear linkage between planned activities and outcomes, action lines can be drawn showing the expected relations between action goals, immediate outcome goals, and eventual outcome goals.

By providing an explicit statement of the expected progressive links between program actions, immediate outcomes, and eventual outcomes, the action line provides a basis for determining whether the activities undertaken in the program are having their expected effects. If earlier goals in the action line are not achieved, then subsequent steps and outcomes cannot be expected to occur.

Constructing action lines involves two questions.

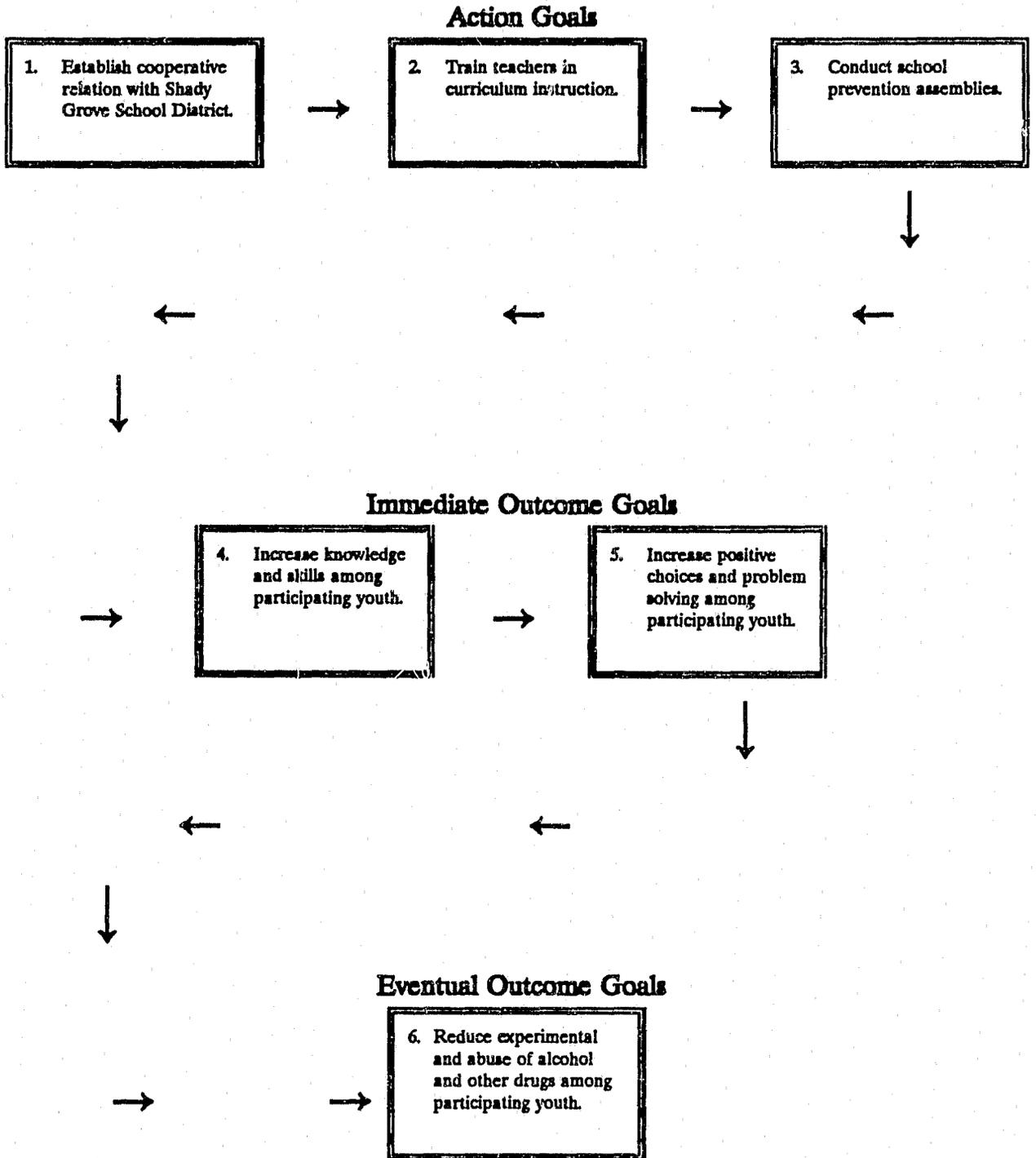
- What activities must precede others in our action goals? What immediate and eventual outcomes do we expect to follow directly from program activities?
- Why have we selected the particular prevention strategies we are planning to use? Can we realistically expect to meet program goals given the activities we have planned?

Methods for answering each question are used to construct action lines.

### **CONSTRUCTING ACTION LINES**

Action lines provide a simplified diagram of the expected links between action and outcome goals. Figure 1 presents a possible action line for the Shady Grove Community Prevention Program that was introduced in Chapter Three.

**FIGURE 1**  
**Action Line for Shady Grove Community Prevention**



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The Shady Grove example is not complex, but it provides a skeletal definition of a sequence of intended events that could make up a focused local prevention effort. The Shady Grove example does show how constructing an action line can clarify the sequence of events expected to follow program actions and the reasoning behind these expectations.

## **SEQUENCING ACTIONS AND OUTCOMES**

An action line graphically depicts the order in which events are expected to occur in the program -- what comes before what? As depicted in Figure 1, this means generally that accomplishment of action goals will precede immediate outcomes, which in turn will precede eventual outcomes. Within these general groupings, the more detailed sequencing of actions or events can serve several purposes.

For one thing, it can help distinguish between circumstances in which sequencing is very important, and circumstances in which it is not. For example, in Shady Grove it is clear that cooperative relations with the school district will be necessary *before* teacher training can be undertaken. Without district cooperation, the community organization will not have access to the faculty. On the other hand, there is not a compelling reason that teacher training would have to precede student assemblies that are organized by members of the community organization. It may be desirable to have teachers informed and "on board" before the assemblies, but it would not be absolutely necessary.

This type of distinction can help plan activities and allocate effort. Intensive effort should not go into preparing trainings prior to ensuring that they will actually be conducted. On the other hand, if training lagged behind schedule, program efforts in organizing and conducting assemblies would not necessarily be curtailed.

Establishing sequence in an action line can also be useful in identifying important steps in the sequence that may have been overlooked or underemphasized. In the Shady Grove example, program goals included providing training for teachers so they could present a prevention curriculum in schools. This approach presumes that the teachers will then actually include the curriculum in their classrooms. Indeed, this step is absolutely necessary if the link between program training efforts and the expected immediate outcomes are to be achieved. Even though teacher presentation is outside the direct actions of the program, its critical role in the complete chain of events envisioned for the program should not be assumed.

Establishing program sequence is also useful as a guide to assessing how well you are doing in accomplishing program goals. To the extent that the action line indicates those activities or events that must precede others, it can help indicate the appropriate focus of efforts to

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assess program progress and make improvements. Simply put, if activities or immediate outcomes at one point in the line are falling short of expectations, it is not reasonable to expect success at points farther down the line. Similarly, if program staff is unsure about the degree to which goals are being achieved at some point on the line, assessment efforts should be focused at that point before conclusions are reached about how well the program is doing on goals farther down the line.

The Shady Grove program provides an example of how an action line can clarify sequencing of a relatively simple program that focuses on a small number of prevention activities. Frequently, actual programs will be more complex, and will require more complex action lines to represent simultaneous activities, multiple immediate objectives, or complimentary activities designed to strengthen immediate outcomes through different approaches or "paths." Figure 2 presents an example of a more complex action line that represents the Woodville High Risk Youth Program.

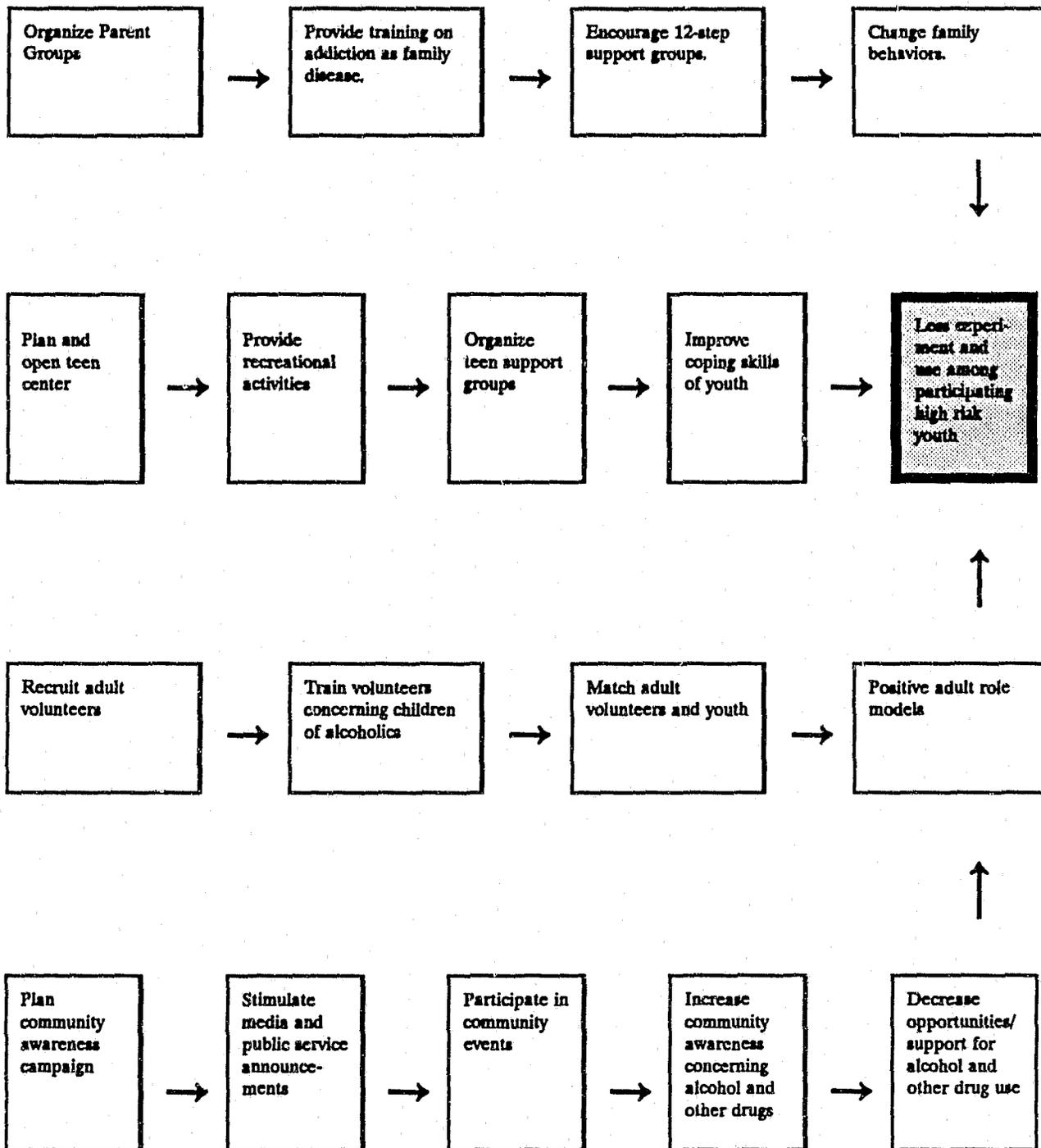
The Woodville example portrays a complex prevention effort that utilizes several prevention approaches simultaneously. Education, awareness, and skill building are used to change family behavior through parenting groups; a community awareness effort is simultaneously launched to alter community acceptance and support of the use of alcohol or other drugs; a teen center is opened to provide positive alternative activities; and volunteer adults are trained to serve as positive role models and adult support. The action line also clarifies the expectation that adult role models and positive alternatives will work together to reinforce coping skills as an immediate outcome for youth.

In more complex programs, the sequencing and interactions between activities and outcomes can be particularly important for directing program efforts, and assessing program effects. In more complex programs, efforts at coordinating related activities may be more necessary. Similarly, gaps in program strategy may be less obvious in multi-faceted programs. Consideration of the Woodville action line, for instance, may raise concerns about the lack of emphasis on direct skills training or counseling for the high risk participants. The action line can be useful in simply and clearly portraying the sequence of major activities and events anticipated for the program.

## **CLARIFYING PROGRAM PURPOSE AND REASONING**

Another use of action lines is to make underlying program assumptions or reasonings more explicit. The sequence of actions and events represent an expectation that later actions will build on or reinforce earlier actions, that program actions will produce the intended immediate outcomes, and that these changes will in turn contribute to strengthening eventual outcomes. By clearly laying out these expected links, the action line can guide an assessment of just how well founded the chain of expected events really is.

**FIGURE 2**  
**Action Line for Woodville High Risk Youth Program**



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In the planning process, program managers and staff should ask "why would we expect this particular program strategy to achieve our immediate and long-term objectives?" Designing an effective program involves developing a clear *set of reasons* for selecting the particular program activities that will be undertaken. One approach to clarifying these reasons is to think through the expectations that particular actions will lead to the immediate or eventual outcomes intended in a program. For each set of links in the action line, the following questions should be posed:

- Are there reasons and evidence that these actions have been effective in accomplishing our program goals in other drug or alcohol prevention programs?
- Are there reasons and evidence that these actions (e.g., peer support, refusal skills) have been effective in other areas of prevention (e.g., delinquency prevention)?
- What are the specific assumptions that underlie our expectation that these particular services are appropriate for our program goals? (For education programs, the assumption may be that greater knowledge will deter abuse; for peer support programs, the assumption may be that refusal skills require peer support; and so on.) Are there reasons and evidence to support these assumptions? How well founded are they?
- Are there reasons and evidence that these actions, and the ways in which we will carry them out, are effective for the specific target population of our program?
- Are these actions particularly suited to the skills and resources that are available in our program? For example, a program with excellent access to volunteers may want to adopt strategies that are suitable to utilizing their efforts. A program with severely limited resources will have to choose strategies that are "low cost".
- Have we considered alternative strategies? What are they? Are there reasons and evidence to believe that the strategies we have chosen are more appropriate to our goals?

The time and resources available for considering and answering these questions will depend on the circumstances of individual programs. However, an effort in posing and answering these questions may go a long way toward producing program strategies that are well thought through. Evidence for answering these questions can come from a systematic search

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of studies and written materials, or from inquiries to experts or other programs. Additional considerations include a program's past, in the particular nature of the program's target population, and in the nature of the program's resources. Most importantly, the questions help program workers to consider, discuss, and reach agreement on just how and why they expect their efforts to help improve their communities.

Posing these questions will help to make program philosophies and assumptions explicit. This open consideration of program reasoning will carry strong advantages. First, it may lead to modification of planned program activities when reasons or evidence are not strong. Second, it will allow program representatives to more clearly articulate program strengths to funding agencies, the public, potential volunteer contributors, and potential participants (e.g., school districts). Finally, a clearly articulated program rationale will point to the specific aspects of program activity that are the appropriate targets of further evaluation.

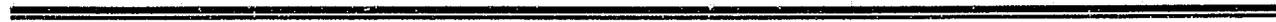
Drawing action lines is an activity that is typically omitted from discussion of program goals. This can be unfortunate because action lines are an important device to ensure that goal-setting procedures are thorough and clearly thought through. As emphasized earlier in this discussion, goals are not helpful or productive if they are unrealistic or divorced from concrete program capabilities and intentions. Spending time thinking about and discussing action lines will help make goal-setting realistic and useful and will contribute greatly to a clear understanding of how a program is expected to work.



## Chapter Five

### **OBJECTIVES: MAKING INTENTIONS REALISTIC**

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## Chapter Five

### OBJECTIVES: MAKING INTENTIONS REALISTIC

The first steps of the goal-setting process -- goals and action lines -- are necessary to set the direction of your program and to develop a soundly-reasoned basis for the actions you plan to take. As statements of general intention, however, goals and action lines do not provide a concrete and explicit basis for taking action or assessing progress. For example, an action line that links "parenting training sessions for parents of teenagers" to "increased knowledge and application of techniques for family discussion of alcohol use" does not provide any specific guidance concerning how many training sessions would occur, how long they would be, how many people would attend, or what their content would be. Similarly, the statements do not explicitly indicate what would be considered an increase in knowledge and application, or how you would know if it had occurred. The third step in the goal-setting process -- setting objectives -- answers these questions.

### SETTING OBJECTIVES: A PRACTICAL EXERCISE

Program managers and staff may feel pressure to "over promise" the amount of services they will provide -- but *unrealistic objectives do not contribute to effective program management*. If work plans are not feasible, they cannot serve as guides to action -- they simply become irrelevant. Actual accomplishments cannot be measured against unrealistic objectives because they do not provide a reasonable yardstick for comparison.

Simply defined, objectives are statements that translate goals into specific indications of numbers of time-specific events or observable outcomes. As with goals, objectives can be divided into action objectives and outcome objectives. Each makes a unique contribution to effective planning and evaluation of program activities.

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## **ACTION OBJECTIVES**

Complete and specific objectives for action goals are a key to ensuring that program plans are realistic. Action objectives specify the amount and kinds of work that will be carried out in the organization to meet action goals. They must be developed in the context of available dollars, person hours, skills, and other organizational resources. Immediate questions that should be addressed in setting action goals are "how many training sessions will we provide?" and "how many parents do we want to train in each session?" These are questions related to *effort* and, more specifically, to the *amount* of work the program will undertake.

Planning the amount of different services to be provided (numbers of media spots to be run, number of pamphlets to be distributed, number of training sessions to be provided, etc.) are basic to program planning. Examples of action objectives may include:

- Provide eight weekly, half-hour training sessions to 20 seventh grade classrooms.
- Contact 30 tavern owners and solicit their participation in a program to send intoxicated patrons home by cab.
- Design, print, and distribute 5,000 pamphlets announcing evening alcohol awareness programs.
- Organize ten "drug and alcohol free" special events for high school students.

The potential usefulness of these kinds of statements for making program planning realistic is clear. Numbers of sessions, numbers of pamphlets, numbers of persons contacted, and other counts of specific actions and events provide a concrete basis for comparing intentions with the realities of program resources.

Setting action objectives also helps clarify the sequencing and priority of goals in the action line. Early in the life of a project, or at the initiation of some expansion of program activity, many action goals relate to building the organization's capability for providing services. Finding space for new parent trainings, hiring new staff, recruiting and training volunteers can be necessary action goals to prepare for actually delivering services. These kinds of objectives are sometimes referred to as "process" or "administrative" objectives. They are necessary to delivering prevention services, but enthusiastic workers often underestimate the effort needed to complete them in their hurry to plan actual service delivery.

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Carefully constructed objectives will help ensure that adequate time and effort are allowed for these necessary start up activities. Failure to recognize the effort necessary for process objectives leads to frustration because programs end up way behind in service delivery before they get started.

## **OUTCOME OBJECTIVES**

Outcome objectives specifically indicate concrete events that are expected to be produced to change community conditions regarding alcohol use. Outcome objectives may be stated in different ways, but they must be clear in indicating what the concrete and measurable change in the community will be. Examples might include:

- Students attending the prevention training will demonstrate an increase in self-reported use of refusal skills.
- A minimum of 100 youth per month will attend alcohol-free social activities.
- The number of school expulsions for alcohol use will decrease for the academic year in which training is instituted.

Outcome objectives do not provide a direct indicator of realistic work objectives. They do provide a concrete indication of projected success that can produce a basis for feedback on the degree of progress toward program intentions. Like action objectives, this feedback provides an indication of the need to modify or enhance intended program results.

Throughout this discussion, goal-setting has been described and recommended as a cyclical ongoing process rather than a one time exercise. By making intentions and expectations specific, objectives play an important role in this cyclical process. When intentions are clear and specific it is possible to evaluate the extent to which they are being realized. This information, in turn, can be used to intensify, discontinue, or modify program activities to improve success in accomplishing program intentions.

In sum, objectives are critical for linking intentions to concrete activities. The following statement of objectives, for example, specify the training goal declared for the Shady Grove Community Prevention Program.

**Goal:** Organize and conduct training sessions to train all Shady Grove grade 4-7 teachers in the X-Y-Z curriculum for appropriate grades.

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**Objective 1:** Make initial presentations explaining program at faculty meetings in all five elementary schools by October 1.

**Objective 2:** Conduct training sessions in series of three weekly meetings at each school (total 15 sessions) by November 15.

**Objective 3:** Demonstrate and confirm understanding and support of curriculum through role play and evaluation sessions held in each school during the week of November 17.

Together, the interplay of goals, action lines, and objectives provide a framework to help keep prevention workers realistic and on track. Goals help them articulate their aspirations and concerns for the community; objectives help them target and apply their efforts in a positive and realistic way.

## **Chapter Six**

# **MAKING GOAL-SETTING PART OF YOUR PREVENTION EFFORTS**

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### MAKING GOAL-SETTING PART OF YOUR PREVENTION EFFORTS

Goal-setting is a process that can be adapted to the size and resources of any community prevention program. Small organizations cannot spend the time and effort on collecting information, assessing options, and preparing written planning and evaluation documents that a large organization can. However, they will still benefit from engaging in goal-setting activities appropriate to their organizational capacity.

#### GOAL-SETTING: A PRACTICAL TOOL

This final chapter discusses the ways in which you can make goal-setting an integral part of your organization. The process must be adapted to your particular situation, but effective goal-setting will share certain basic characteristics in all organizations.

- Effective goal-setting is a *continuous process* of making intentions specific, clearly identifying the activities appropriate to achieving those intentions, reviewing activities and intentions in light of changing need and achievements, and appropriately modifying intentions and activities.
- Effective goal-setting is a *participative process* that involves the collective input of organizational participants, particularly at the stages of initiation and review.
- Effective goal-setting is an *informed process* -- an important decision-making process that requires information and analysis at important points. The results of goal-setting can be no better than the thought and data that inform them.

Each of these requirements of effective goal-setting in your organization will be elaborated in the following sections.

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## **A CONTINUOUS PROCESS**

One of the strong advantages of community-based prevention is its flexibility and responsiveness to the needs and desires of the community. This responsiveness is crucial. It helps ensure that program efforts are "in tune" with current community concerns and perceptions -- a critical issue for programs that are seeking to build ownership of prevention efforts in the community itself. Flexibility also allows the program to take advantage of important opportunities for support and service that arise in the community. Flexibility is a valuable tool.

However, responsiveness and flexibility can be a disadvantage if they preclude focus on program goals that require concerted and sustained effort. Goals in community programs cannot be cast in stone, but they must provide a framework for organizing and focusing program effort. The need to balance responsiveness and purposeful direction requires a periodic process of reviewing and revising goals and objectives. Goal-setting must be a dynamic and continuing process, not a massive one time effort that is completed and filed away for future reference. The activities that contribute to goal-setting must become a regular and expected part of community prevention.

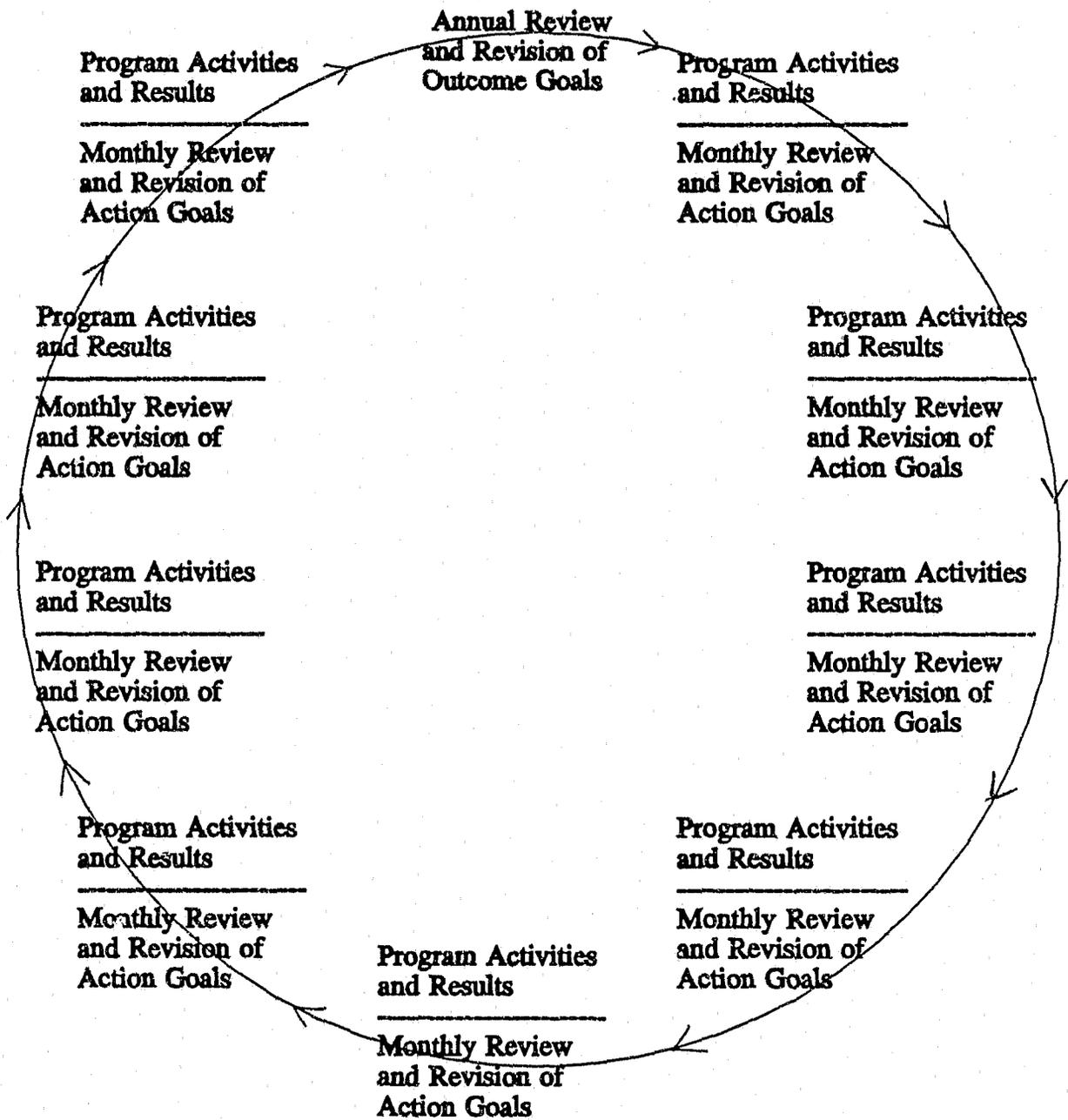
The cyclical stages of goal-setting are depicted in Figure 3. It is important to establish standard and regular points in organizational procedures for the necessary information collection, deliberation and decisions in the process. Existing procedures for annual budget preparation are for the formal written revision of goals and objectives, but an annual review is not sufficient to make goals and objectives part of your organization's normal operating procedures.

Action objectives provide a concrete plan for program activities, and regular monthly review of progress toward action goals is appropriate. Results of regular reviews of specific objectives provide feedback for less frequent review and modification of goals. The specific mechanisms for accomplishing this review and feedback will vary according to the size and resources of your organization. Mechanisms may vary from regular quantified reports on progress to personal notes on the results of monthly reviews. The important point is that the review be regular and that it provide input to periodic review of general intent.

## **A PARTICIPATORY PROCESS**

The goal-setting process requires the participation of program decision makers and staff if goals are to be accepted and used as real guides to program action. The steps discussed in the preceding chapters will provide real program direction only if they are initiated and accepted in a participative, open process. Goals developed in isolation are formal statements that will not come to life in program actions.

**FIGURE 3**  
**Goal Setting and Revision:**  
**A Cyclical Process**



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Participation should be most open and inclusive at the level of setting and revising program intent -- outcome and action goals. If program workers are to take ownership of shared program goals they must participate in setting them. An open participative process will have several characteristics.

First, though many of the questions to be answered in setting goals and objectives seem straightforward, the answers will not be obvious. Different members of the program staff may come up with different answers to the same question; they will have different conceptions of what the program should achieve and how it should be achieved. Some program workers may want to emphasize individual skills to resist alcohol and drug use, for instance. Others may believe it is necessary to emphasize change in the environmental conditions that support and accept abuse.

In many instances, program managers and staff probably have not thought about the program in the exact terms of these questions. In other instances, the answers are complex -- requiring careful reflection and possibly considering information that has not previously been considered. To make participative discussion of goals effective, it is important that the process of group deliberation be appropriately structured. Information on program progress during a previous year, for instance, should be provided in a form that can be understood and considered by everyone in the goal discussion. In other words, preferences should be formed and expressed with full and shared information about program progress and changes in the environment.

## **AN INFORMED PROCESS**

An effective goal-setting process provides a structure for the useful application of organizational information to decisions. While it is important to involve a broad range of program staff in a process of determining program direction and intent, the specific generation and application of information in the goal-setting process is best accomplished by smaller groups of persons, or by an individual. Objectives, for example, should be proposed by staff who can work closely with information on time, money, and other organization resources to be sure that proposed objectives are doable. Similarly the assessment of progress toward objectives should be accomplished in focused meetings or by staff closest to the activities relevant to particular objectives. Documentation of these specific results provide input to larger discussion of program intent. If these detailed discussions and analyses take place in large groups, diversion and disagreement are the likely outcome.

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## **GOAL-SETTING: ONE PATH TO MORE EFFECTIVE PREVENTION**

The process outlined in this booklet is, in the final analysis, a simple application of common sense. If you want to take a journey, it is necessary to first identify your objective. The more alternative routes and the less time and resources you have to complete the journey, the more important it is to plan your route carefully. Similarly, if you want to ensure your arrival, it is necessary to periodically check your position en route. The goal-setting process provides the same sense of direction, purpose, and effectiveness for prevention efforts. Yet goal-setting need not be complex and expensive. The few principles identified here can go a long way to keeping your prevention efforts on track.