



Setting Targets for Objectives

The logo for Healthy People 2020, featuring the text "Healthy People 2020" inside a stylized black oval shape.

Many public health professionals struggle with setting achievable, realistic targets for outcome, performance, and process objectives. The tips below focus primarily on setting targets for health outcomes and performance.

Using Peer Communities

You can set targets by comparing your community with others like it. Age and poverty distribution and population size and diversity may define peer communities. The following may be used to describe one's peers: typical values for a specific objective, means or medians, or the variation among peers.

Visit the Public Health Foundation Web site for more information on the Community Health Status Indicators Project, which is using this strategy: <http://www.phf.org/chsi/index.htm>.

Setting Targets for Process Objectives

Setting measurable targets for process objectives requires judgment and is not an exact science. To set process targets, planners should consider the current status (baseline), seek stakeholder input on the desired level of improvement, and make a realistic assessment of what can be accomplished.

Using Performance Measures

Performance measurement responds to the need to ensure efficient and effective use of resources, particularly financial resources (*Prevention Report*, Winter 1997). It links the use of resources with health improvements and the accountability of individual partners. Performance measures can be incorporated within or based on Healthy People objectives. Please see the following pages for a detailed description of setting performance measures.



Setting Performance Measures Step by Step

These examples are from the state of Maryland's Healthy Maryland 2000.

Step	Example	Ask
1. Relate the performance measure to an important national, state, or local health priority area.	Maryland has undertaken work related to the national health objective to reduce coronary heart disease deaths to no more than 100 per 100,000 people.	What national, state, or local health priority will our plan address?
2. Measure a result that can be achieved in 5 years or less.	Maryland has identified an achievable result that is linked scientifically to the Healthy People 2000 Heart Disease and Stroke priority area: Increase the proportion of people who engage in light to moderate physical activity to at least 30 percent of the population.	How will we measure our progress? Can a change be measured in 5 years or less?
3. Ensure that the result is meaningful to a wide audience of partners.	Target partners are essentially all Marylanders, with an emphasis on school-aged children and people at high risk for diseases and medical conditions associated with physical inactivity (for example, persons with hypertension and high cholesterol). Partners include principals, teachers, students, parent-teacher associations, the state education department, state and local health and recreational agencies, public health and medical professionals, and others.	Who are all the potential partners that have a stake in this health issue?



Step	Example	Ask
<p>4. Define the strategy that will be used to reach a result.</p>	<p>The state of Maryland has selected four strategies:</p> <ol style="list-style-type: none"> 1. Implement a combination of strategies that include consumer education and skills development, health assessment, professional training, and environmental changes. 2. Reinforce risk reduction messages and promote programs and policies in schools, worksites, faith communities, and other settings. 3. Focus on youth and families so that healthy habits are started early and nurtured in the family. 4. Use a health promotion approach tailored to reach diverse ethnic and socioeconomic groups. 	<p>What strategies will be effective for addressing this health issue?</p> <p>Do we have the resources to implement these strategies?</p>



Step	Example	Ask
<p>5. Define the accountable entities.</p>	<p>The accountable entities depend on the strategies selected and the way in which a particular community is organized. For Maryland's strategy 2, these entities include schools, worksites, and community centers. For example, the Cecil County Public Schools have agreed to be accountable for specific tasks related to strategy 2 and are working in partnership with the Cecil County Health Department to offer healthy lifestyle programs to elementary school children. The programs, such as the Heart Challenge Course, bring teachers and food service workers together to promote healthy eating habits and physical fitness through educational games, classroom projects, and other activities that appeal to children.</p>	<p>Who is responsible for implementing the different activities in each strategy?</p>
<p>6. Draft measures that meet statistical requirements for validity and reliability and have an existing source of data.</p>	<p>In consultation with biostatisticians and epidemiologists, organizations can draft measures that are statistically sound. One of Maryland's performance measures might be "Increase to 30 percent the proportion of students in each Cecil County elementary school who engage in light to moderate physical activity for 30 minutes or longer every school day by participating in school physical fitness activities."</p>	<p>What is our objective? Is it specific, measurable, achievable, realistic, and time-phased (SMART)?</p> <p>Is there an existing data source for our measure?</p>



Sources

Adapted from *Healthy People 2010 Toolkit: A Field Guide to Health Planning*. Developed by the Public Health Foundation, under contract with the Office of Disease Prevention and Health Promotion, Office of Public Health and Science, U.S. Department of Health and Human Services (pp. 93–98).

U.S. Department of Health and Human Services. Improving the Nation's Health With Performance Measurement. *Prevention Report*, 12(1): 1–5, 1997.
<http://odphp.osophs.dhhs.gov/pubs/prevrpt/archives/97winfoc.HTM>.

