OBJECTIVES WITH FOCUS

A Pick-List of Sample Objectives for Effective Implementation

Action Cycle® 2015 County Health Rankings and Roadmaps
OBJECTIVES WITH FOCUS
A Pick-List of Sample Objectives for Effective Implementation

Background

This tool fits within the community health improvement cycle at the “Choose Effective Policies and Programs” stage (see the diagram of the Action Cycle on the cover page). A coalition at this stage typically meets regularly and has engaged members from a large cross section of the community. The team has already assessed community needs and resources, analyzed root causes, and defined its goals. It is time to plan for action. An essential part of developing an implementation plan is selecting effective strategies that fit coalition goals and the community. These strategies can be expressed as performance objectives to meet your goals. A good objective is SMART: specific, measurable, appropriate, realistic, and time-determined. This document provides sample objectives for priority areas frequently chosen by local communities: Mental Health, Oral Health, and Physical Activity and Nutrition. Sample objectives from additional priority areas may be added in future versions of this tool. For sample objectives that address alcohol misuse, please see the companion document Pick List of Alcohol-Related Strategies, available in the Table of Resources under the “Resources by Stage” tab at www.wicommunityhealth.org.

The sample objectives in this document were developed by subject matter experts (see Acknowledgements below) and draw on the evidence base for effective strategies. While a variety of sources are cited for the evidence base, many of the sample objectives cite the What Works for Health guide. Definitions for that rating system are listed at the end of this document.

The samples provided here are performance objectives: they measure activity, not impact. Your implementation and evaluation plans should include impact (outcome) measures as well. For example, if your goal is to reduce obesity, a related impact objective might be: “By (date), reduce by 10% the percentage of adults in ABC Geographic Area that report a BMI of 30 or more (Baseline: 35%; Goal: 31.5%; Wisconsin average: 29%; Data Source: BRFSS).”

Adapt the sample performance objectives in this document to fit your local conditions. Consider:

- What are your goals? A goal is a broad and high-level statement of general purpose to guide planning around an issue. It is focused on the end result of the work. Example: Improve the oral health of residents in ABC Geographic Area.

- What is the best target group for your community? Are certain sub-groups or neighborhoods more affected? More ready for change?

1 For assistance with these and other stages of community health improvement, we suggest the following resources:

- The Wisconsin Guidebook on Improving the Health of Local Communities, available in the Table of Resources under the “Resources by Stage” tab at www.wicommunityhealth.org
- The County Health Rankings and Roadmaps Action Center
• What amount of change is reasonable for the community? What resources are you able to leverage to have a maximum impact? Set your targets at an ambitious but reasonable level.

• Consider short, medium, and long-term performance objectives with benchmarks for each interval. For example, by 20XX (one year from now), XX number of municipalities in County ABC will adopt policy Y. By 20XX (three years from now), that number will be increased to XX, and by 20XX (five years from now), to XX municipalities.

In addition to goals and objectives, your plan for action will include specific action steps with accountabilities, deadlines and resources needed. Progress updates can include measurement of these activities. Examples include:

• Activities: number of meetings with policymakers; number of town hall meetings held.

• Participation: number of participants; frequency of participation.

• Communication: number of media stories, letters to the editor, or op-eds about your efforts; number of people on your email or mailing list; number of messages sent using email or mailing list.²

Additional Resources

For further guidance on writing, selecting and refining your objectives and fitting them into any overall strategy for health improvement, visit the Table of Resources at www.wicommunityhealth.org to download these tools:

• The checklists for “Choose Effective Policies and Programs” and “Act on What’s Important” in the Wisconsin Guidebook on Improving the Health of Local Communities

• Template Implementation Plan: A Tool for Focused, Collaborative, Effective Action

The County Health Rankings and Roadmaps Action Center also provides information on writing strong objectives. This information is included in both the Choose Effective Policies and Programs and Act on What’s Important phases of the Action Cycle.

Visit the Wisconsin Division of Public Health CHIPP website for links to local health departments and their community health assessments and plans. The University of Wisconsin Population Health Institute also supports a site that allows users to identify organizations and communities that have a particular priority area (e.g., access to health, excessive alcohol consumption, nutrition, etc.): www.improvingwihealth.org.

To jump to the list of objectives for a particular topic area below, click on these links:

• Mental Health
• Oral Health
• Physical Activity and Nutrition

² County Health Rankings: http://www.countyhealthrankings.org/roadmaps/action-center/evaluate-actions#activity-1907
Mental Health

General resources for Wisconsin coalitions include:
- Mental Health America of Wisconsin
- The Office of Children’s Mental Health
- Fostering Futures

Mental Health: Community Setting

By (date), ## of service providers, agencies, schools, and county systems will have been trained in and begun implementation of the principles of Trauma-Informed Care.

Description: Trauma-informed care is a strengths-based service delivery approach "that is grounded in an understanding of and responsiveness to the impact of trauma; that emphasizes physical, psychological, and emotional safety for both providers and survivors; that creates opportunities for survivors to rebuild a sense of control and empowerment." (Hopper, Bassuk, & Olivet, 2010, p.82). Trauma-informed organizations work to eliminate policies and practices that might traumatize and re-traumatize its clients and employees. Organizations develop policies and practices that promote safety, trust, transparency, collaboration, mutuality, empowerment, and choice among staff members and people seeking help. Organizations achieve this through a careful process that includes input from a range of stakeholders, including people who have survived trauma in their lives.

Evidence Base:
- National Registry of Effective Prevention Programs
- National Child Traumatic Stress Network
- Model Programs Guide (Office of Juvenile Justice and Delinquency Prevention
- Evidence Based Practices for Children Exposed to Violence

Implementation Tools:
- The Office of Children’s Mental Health
- Fostering Futures
- Wisconsin Department of Public Instruction: Creating Trauma-Sensitive Schools
- ACEs Too High (ACE= Adverse Childhood Experience)
- ACEs Connection
Suicide & Depression: School Setting

By (date), ## of schools will have implemented Signs of Suicide (SOS) Prevention Projects.

Description: The SOS Signs of Suicide Program is a 2-day secondary school-based intervention that includes screening and education. Students learn how to identify the symptoms of depression and suicidality in themselves and their peers and encourages help-seeking behaviors through the ACT® Technique (Acknowledge, Care, Tell). Students are also screened for depression and suicide risk and referred for professional help as indicated.

Evidence Base: • The National Registry of Evidence-Based Programs and Practices established by the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, has identified Signs of Suicide (SOS) Prevention Projects as a recommended evidence-based strategy to address suicide risk in schools for adolescents aged 13-17 years old.
• The research shows that the intervention was effective for Black or African American, Hispanic or Latino and White youth. SOS Screening available in Spanish.

Implementation Tools: Screening for Mental Health: youth products page

Suicide & Depression: Community Setting

By (date), ## community members (e.g., adults who work with the elderly and youth, law enforcement, and armed services personnel) will be trained to recognize the signs of depression and suicide and refer people to resources.

Description: Gatekeeper programs, such as Question, Persuade and Refer (QPR) for Suicide Prevention, train community members to recognize signs of depression and suicide and refer to resources.

Evidence Base: The National Prevention Strategy includes a recommendation for communities to implement efforts including gatekeeper programs to help identify people at risk for suicide and to refer to services.

Implementation Tools: QPR Institute
Suicide & Depression: Health and Behavioral Health Care Settings

By (date), ## health and behavioral health care systems will be trained in and implement the strategies of Zero Suicide.

Description: Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems and is also a specific set of strategies and tools. The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. A project of Education Development Center's Suicide Prevention Resource Center (SPRC), Zero Suicide is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA). A Zero Suicide Academy is currently hosted annually by Mental Health America of Wisconsin’s Prevent Suicide Wisconsin initiative.

Evidence Base: Zero Suicide is a key concept of the 2012 National Strategy for Suicide Prevention, a priority of the National Action Alliance for Suicide Prevention (Action Alliance), and is suggested by the Joint Commission [formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), see Sentinel Event Alert 56: Detecting and treating suicide ideation in all settings].

Implementation Tools:  
- Zero Suicide Toolkit (Suicide Prevention Resource Center)  
- Prevent Suicide Wisconsin

Depression in Children: Health Care Setting

By (date), increase to ## the number of primary care providers who screen adolescents (12-18 years of age) for depression.

Description: Screening of adolescents (12–18 years of age) for depression is recommended when systems are in place to ensure accurate diagnosis, psychotherapy (e.g., cognitive-behavioral, interpersonal), and follow-up.

Evidence Base: The United States Preventive Services Task Force has made this recommendation as a cost-effective approach to reducing depression.

Implementation Tools:  
- Patient Health Questionnaire for Adolescents [PHQ-A]  
- Beck Depression Inventory (BDI-II, for ages 13-80)
Tobacco Use in People with Mental Disorders: Community Setting

By (date), increase to ## the number of mental health providers in the county that routinely include tobacco cessation interventions.

Description: Provider reminder systems for tobacco cessation include efforts to identify clients who use tobacco products and to prompt providers to discuss and/or advise clients about quitting. People living with mental illness are about twice as likely to smoke as others.

Evidence Base:
- “Health care provider reminder systems: tobacco cessation” received a rating of “scientifically supported” by What Works for Health.
- The research shows that there is strong evidence that provider reminder systems improve quit rates (Abrams 2010). Reminders and training encourage health care providers to conduct brief tobacco interventions (Freund 2009, Pbert 2006), which then help patients quit smoking (Abrams 2010).
- The US Department of Health and Human Services recommends providers use the 5 As (Ask, Advise, Assess, Assist, and Arrange) to identify smokers ready to quit, equip them with quitting tools, and arrange follow-up treatment (USDHHS 2008). Many training and reminder systems lead providers to ask about smoking, but not necessarily to connect patients with quitting resources (Freund 2009, Boyle 2010) or arrange follow-up (Cochrane-Lancaster 2008).
- Some studies indicate that White patients are more likely to be screened and counseled than minority patients (Sonnenfeld 2009, Cokkinides 2008).
- People who live with mental illness have substantial quit rates, almost as high as those without mental illness. [NAMI (National Alliance on Mental Illness)]
- All individuals with mental health disorders should be asked if they are smokers and advised to quit. All identified smokers should have smoking cessation integrated into their overall treatment plan. (Tobacco Cessation Leadership Network of the Oregon Health & Science University Smoking Cessation Center)

Implementation Tools: Treating Tobacco Use and Dependence
Oral Health

General resources for Wisconsin coalitions include:
- Wisconsin Department of Health Services: Oral Health Program

Oral Health: Community Setting

By (date), ## of public water supplies will fluoridate their water at the optimal level.

Evidence Base:
- “Community water fluoridation” received a rating of “scientifically supported” by *What Works for Health.*
- Community Water Fluoridation is recommended by *The Guide to Community Preventive Services*
- Community Water Fluoridation is recognized as a best practice approach by the Association of State and Territorial Dental Directors (ASTDD)

Implementation Tools: *Use of Fluoride: Community Water Fluoridation*

Oral Health: School Setting

By (date), ## of schools will be participating in a dental sealant program.

Evidence Base:
- “School dental programs” received a rating of “scientifically supported” by *What Works for Health.*
- School-based or school-linked sealant delivery programs are recommended by *The Guide to Community Preventive Services*
- School-based dental sealant programs are recognized as a best practice approach by the Association of State and Territorial Dental Directors (ASTDD)

Implementation Tools: *School-Based Dental Sealant Programs*

Oral Health: School Setting

By (date), ## of schools will be participating in a fluoride mouth rinse program.

Evidence Base:
- “School dental programs” received a rating of “scientifically supported” by *What Works for Health.*
• School-based fluoride mouth rinse programs are recognized as a best practice approach by the Association of State and Territorial Dental Directors (ASTDD)

Implementation Tools: Use of Fluoride: School-Based Fluoride Mouth rinse and Supplement Programs

Oral Health: Clinical Setting

By (date), XX% of primary care providers will be applying fluoride varnish.

Evidence Base: Fluoride varnish is recognized as an evidence-based approach by the Association of State and Territorial Dental Directors (ASTDD)

Implementation Tools: Fluoride Varnish: an Evidence-Based Approach
Physical Activity and Nutrition

Note: All sources for the evidence base for this topic are listed at the end of the section.

General resources for Wisconsin coalitions include:
- Health Tide

Physical Activity: Early Care and Education Setting

By (date), XX% of early care and education providers will provide opportunities for at least 60 minutes of teacher-led physical activity.

Evidence Base:
- HEAL, MAPPS, IOM
- What Works for Health rates “physically active classrooms” and “nutrition and physical activity interventions in preschool and child care” as “scientifically supported.”

Implementation Tools: DHS Early Childhood Initiatives: Active Early, What Works in Early Care and Education, Assessment Tools

Physical Activity: School Setting

By (date), XX% of schools will provide opportunities for at least 60 minutes of physical activity before, during and after the school day for all school-age children.

Evidence Base:
- TAH, HEAL, RWJF
- What Works for Health rates enhanced/expanded school-based physical education as “scientifically supported.”

Implementation Tools: Wisconsin Department of Public Instruction: Active Schools Toolkit

Physical Activity: Community Setting

By (date), XX% of municipalities will have adopted at least one active transportation initiative such as Safe Routes to School or Complete Streets.

Evidence Base:
- CDC, TAH, HEAL, MAPPS, NC, IOM
- What Works for Health rates this strategy as “scientifically supported.”

Implementation Tools:
- DHS: Active Community Environments Toolkit
- National Complete Streets Coalition: fact sheets, model policies
Physical Activity: Community Setting

By (date), increase the number of Joint Use Agreements between schools, communities, parks & recreation, and other organizations with recreational facilities to increase access to public and community facilities for physical activity.

Evidence Base: CDC, RCS, HEAL, WWFH, NC, RWJF, IOM

Implementation Tools:
• Model Joint Use Agreements (Change Lab Solutions)
• Model Open Use Policy for Wisconsin School Districts (Change Lab Solutions)

Physical Activity Disparities: Community Setting

By (date), increase to ## the number of community facilities offering physical activity opportunities that are welcoming for people with low incomes.

Description: Enhancing access to places for physical activity involves changes to local environments (e.g., creating walking trails), building exercise facilities, providing access to existing nearby facilities, and reducing the cost of opportunities for physical activity. Increased access is typically achieved in a particular community through a multi-component strategy that includes training or education for participants.

Evidence Base:
• The National Prevention Strategy promotes active living strategies including access to places for physical activity that are safe, accessible, and affordable.
• *What Works for Health* rates this practice as “scientifically supported.”
  • There is strong evidence that improving access to places for physical activity increases physical activity and improves physical fitness (*The Guide to Community Preventive Services*, Wolch 2011). Access itself is also strongly associated with high levels of physical activity (Brownson 2006).
  • Efforts to increase access to places for physical activity are recommended by the National Coalition for Promoting Physical Activity (NCPPA), WIPAN-Communities, WIPAN-Worksites, the Robert Wood Johnson Foundation (ALR (Active Living Research) – Disparities 2011), the CDC (CDC-Khan 2009), the Center for Excellence in Training and Research Translation (CETRT-Physical Activity 2007), and the Institute of Medicine (IOM-Parker 2009).
  • Those with higher socio-economic status have been shown to have greater access to physical activity centers than individuals of lower socio-economic status; increasing access to facilities for all can decrease disparities in physical activity (Gordon-Larsen 2006).
  • Mayo Clinic cites that research on anxiety, depression and exercise shows that the psychological and physical benefits of exercise can help reduce anxiety and improve mood. The links between anxiety, depression and exercise aren't entirely clear — but working out can definitely help one
relax and make one feel better. Exercise may also help keep anxiety and depression from coming back once one is feeling better.

Implementation Tools: Recommendations to Increase Physical Activity in Communities (The Guide to Community Preventive Services, page 5)

[Note: Please see also Mental Health objectives.]

### Nutrition: Early Care and Education Setting

By (date), XX% of group (and/or family/in-home) childcare providers will be participating in the Child and Adult Care Food Program (CACFP) and have adopted CACFP meal pattern nutrition standards.

Evidence Base: CDC, IOM

Implementation Tools: USDA Child and Adult Care Food Program

### Nutrition: School Setting

By (date), XX% of schools will meet performance-based standards to receive the $0.06 in additional federal meal reimbursement through the Healthy, Hunger Free Kids Act of 2010.

Evidence Base: HEAL, WWFH, USDA National School Lunch Program

Implementation Tools: Healthy, Hunger Free Kids Act (USDA)

### Nutrition: School Setting

By (date), XX# school districts will be participating in a comprehensive Farm to School Program.

Evidence Base:
- CDC, HEAL, MAPPS, RWJF
- What Works for Health rates this strategy as effective based on “some evidence.”

Implementation Tools:
- Farm to School Toolkit (University of Wisconsin- Madison)
- National Farm to School Network
- Wisconsin Farm to School (WI Department of Agriculture, Trade, and Consumer Protection)
Nutrition: School Setting

By (date) XX% of middle and high schools will **not** offer sugar-sweetened beverages or less-healthy competitive foods.

**Evidence Base:**
- CDC, RCS, IOM
- *What Works for Health* rates this strategy as effective based on “some evidence.”

**Implementation Tools:**
- IOM: Nutrition Standards for Foods in Schools – Leading the way toward healthier youth
- CDC: Competitive Foods

---

Nutrition: Community Setting

By (date), increase to XX# the number of sites (farmers’ markets, community supported agriculture sites, community gardens) providing access to affordable fruits and vegetables.

**Evidence Base:**
- CDC, RCS, WWFH, RWJF, IOM
- *What Works for Health* rates this strategy as effective based on “some evidence.”

**Implementation Tools:**
- Got Access? A guide for improving fruit and vegetable access in Wisconsin communities: Fruit and Vegetable Access (DHS)
- SNAP (EBT) Benefits at Farmers’ Markets

---

Nutrition: Community Setting

By (date), increase to XX# the number of restaurants and food stores implementing strategies to support healthy eating.

**Evidence Base:**
- CDC, RCS, TAH, WWFH, RWJF, IOM
- *What Works for Health* rates this strategy as effective based on “some evidence.”

**Implementation Tools:**
- Food System Initiatives: includes toolkits for grocery stores and restaurants (DHS)
Breastfeeding: Community Setting

By (date), XX# of organizations will actively provide education and programs that support breastfeeding initiation, exclusivity and duration.

Evidence Base: CDC, CDC BF, MAPPS, NC

Implementation Tools: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies

Breastfeeding: Early Care and Education Setting

By (date), XX% of early care and education providers will have adopted the Ten Steps to Breastfeeding-Friendly Child Care Centers

Evidence Base: CDC BF

Implementation Tools: 10 Steps Resource Kit

Breastfeeding: Health Care Setting

By (date), XX# of hospitals and clinics will implement evidence-based guidelines for quality maternity care practices that are fully supporting of breastfeeding initiation, duration and exclusivity.

Evidence Base: CDC, CDC BF, NC

Implementation Tools: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies: Maternity Care Practices

Community-Wide: Worksite Setting

By (date), XX# of worksites will participate in a community-wide worksite wellness initiative

Evidence Base: CG

Implementation Tools: • Wisconsin Worksite Wellness Resource Kit (DHS) • What Works in Worksites (DHS)
Wellness: School Setting

By (date) ## schools will have a designated school wellness committee with diverse representation from school staff, parents, and community members.

Evidence Base:  
- CDC  
- National Association for Nutrition & Activity Model School Wellness Policies

Implementation Tools: School Wellness Committee Toolkit

Partnerships: Health Care

By (date), ## of hospitals and clinics will have a high level representative as an active participant in the local nutrition and physical activity coalition.

Evidence Base: CDC

Community-Wide: Academic Participation

By (date), ## academic faculty from an institution of higher learning will actively participate in the local nutrition and physical activity coalition.

Evidence Base: CDC
Physical Activity & Nutrition: Evidence Base Key:

CDC = Centers for Disease Control and Prevention Strategies Guides 2010

CDC BF = CDC Guide to Breastfeeding Interventions
http://www.cdc.gov/breastfeeding/resources/guide.htm

CG = Community Guide to Preventive Services
http://www.thecommunityguide.org/index.html

HEAL = Healthy Eating Active Living Convergence Partnership: Prevention Institute Promising Strategies for Creating Healthy Eating & Active Living Environments

IOM = Institute of Medicine: Local Government Actions to Prevent Childhood Obesity. Report Brief, September 2009

MAPPS = Media, Access, Promotion, Price and Social Support intervention strategies for Communities Putting Prevention to Work (CPPW grants)

NC = North Carolina Center of Excellence for Training and Research Translation
http://www.center-trt.org/index.cfm

RCS = Recommended Community Strategies and Measurements to Prevent Obesity in the United States, MMWR Recommendations and Reports, July 24, 2009
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm

RWJF = Robert Wood Johnson Foundation, Leadership for Healthy Communities: Advancing Policies to Support Healthy Eating and Active Living – Action Strategies Toolkit
http://www.rwjf.org/pr/product.jsp?id=42514

TAH = Trust for America’s Health: F as in Fat Report 2009
http://healthyamericans.org/reports/obesity2009

WWFH = UW-Madison School of Medicine and Public Health: What Works For Health? Policies and Programs to Improve Wisconsin’s Health, 2010
http://whatworksforhealth.wisc.edu/
What Works for Health Definitions

The evidence base for many of the sample objectives in this document comes from *What Works for Health: Policies and Programs to Improve Wisconsin’s Health*, produced by the University of Wisconsin Population Health Institute. Each strategy reviewed by *What Works for Health* is assigned an evidence rating based on the quantity, quality, and findings of relevant research, including the results of scientific study and the observations of unbiased experts. *What Works for Health* ratings include:

- **Scientifically Supported**: Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

- **Some Evidence**: Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.

- **Expert Opinion**: Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects.

- **Insufficient Evidence**: Strategies with this rating have limited research documenting effects. These strategies need further research, often with stronger designs, to confirm effects.

- **Mixed Evidence**: Strategies with this rating have been tested more than once and results are inconsistent or trend negative; further research is needed to confirm effects.

- **Evidence of Ineffectiveness**: Strategies with this rating are not good investments. These strategies have been tested in many robust studies with consistently negative and sometimes harmful results.

Acknowledgements

The core content of the sample objectives in this document were originally (Summer 2012) provided by subject matter experts in the related fields. We appreciate their expertise and collaboration with us in this important work. Our thanks go to:

- Joyce Allen, Director, Bureau of Prevention Treatment and Recovery, Division of Mental Health & Substance Abuse Services, Wisconsin Department of Health Services
- Chronic Disease Prevention Division staff, Marathon County Health Department
- Nutrition, Physical Activity and Obesity Program staff, Division of Public Health, Wisconsin Department of Health Services
- Melissa Olson, Oral Health Epidemiologist/Evaluator, Oral Health Program, Division of Public Health, Wisconsin Department of Health Services
- Margaret Schmelzer, State Health Plan Director, Director of Public Health Nursing and Health Policy, Division of Public Health, Wisconsin Department of Health Services