



# OUTCOMES MADE SIMPLE PART II



building the model

40 min.



### one

- 200 students
- 100 mentors
- 2 to 1 mentoring, 2x a week, 1 hour
- Group activity 1x per month
- Parent meeting 1x per month

### two

- 500 households
- 1,000 harvest food boxes
- Nutrition class 1x per month
- Meal Prep calls 1x per month

### three

- 50 students
- 1 to 1 tutoring
- Tutoring 2x per week for 1 hour
- Accelerate Online Learning System daily

### four

- 8,000 website visitors
- 20,000 media impressions
- 400 youth
- 100 parents/caregivers
- Annual conference
- Public awareness campaign



## ***Assignment***

- 1. List six program inputs.**
- 2. List program activities.**
- 3. List a minimum of four outputs.**
- 4. Identify two short-term outcomes.**
- 5. Identify two intermediate outcomes.**
- 6. Identify one long-term outcome.**



# building the model

Inputs				
Activities	Outputs	Short-term	Intermediate	Long-Term

**The purpose of an indicator is to help you know whether an outcome has been achieved.**

**The specific observable, measurable  
characteristic or change that will  
represent the achievement of the  
outcome**

**The specific statistic(s) (e.g. number and percent attaining outcome) the program will calculate to summarize its level of achievement.**



## Education

# and % of students graduating high school on time.

# and % of third grade students reading at grade level.

# and % of adult demonstrate improved study skills.

# and % of minority students achieve technical certificate or college degree.



## Health

# and % of infants achieve 12 month developmental milestones.

# and % of adults maintain sobriety for one year.

# and % of diabetics who reduce medication intake due to diet.

# and % of households increase the number of fresh fruits and vegetables consumed per week.



## Income

# and % of households establish emergency fund.

# and % of underemployed individuals attain liveable wage job.

# and % of households become first time homebuyers.

# and % of individuals improve credit score to 600 or more.





building the model

<b>Inputs</b>			
MSW Program Director 10 Parent Coaches Parenting Class Curriculum Funding			
<b>Activities</b>	<b>Outputs</b>	<b>Short-term</b>	<b>Indicator</b>
Program provides parenting classes on prenatal through infant nutrition, development, safety and care taking delivered in high schools twice a week for one hour to teen mothers from 3 months to one year after delivery of child.	250 teens 72 parenting classes	Teens are knowledgeable of prenatal nutrition and health guidelines.	30% (75 out of 250) of program participants will be able to identify food items that are good sources of major dietary requirements.



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building the model

## *Assignment*

**Identify one target and indicator for each outcome on your logic model.**

**QuickFacts**

[What's New & FAQs >](#)

**East Chicago city, Indiana; United States**

QuickFacts provides statistics for all states and counties, and for cities and towns with a *population of 5,000 or more*.




**Table**




<b>Population estimates, July 1, 2018, (V2018)</b>	27,930	327,167,434
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**PEOPLE**

**Population**

<b>Population estimates, July 1, 2018, (V2018)</b>	27,930	327,167,434
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Population estimates base, April 1, 2010, (V2018)	29,698	308,758,105
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Population, percent change - April 1, 2010 (estimates base) to July 1, 2018, (V2018)	-6.0%	6.0%
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Population, Census, April 1, 2010	29,698	308,745,538
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**Age and Sex**

Persons under 5 years, percent	7.0%	6.4%
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Is this page helpful?

THE ANNIE E. CASEY FOUNDATION

# KIDS COUNT DATA CENTER



BY LOCATION

BY TOPIC

BY CHARACTERISTIC

PUBLICATIONS

DATA BOOK

HELP

ABOUT

## LOCATIONS

Indiana ▼

Show indicators with data:

- For Indiana
- By County
- By School District
- By City
- By Congressional District (at Large)
- By Congressional District (109th-112th Congress)

## TOPICS

DATA PROVIDED BY:

- ▲ National KIDS COUNT
- Indiana Youth Institute

## Demographics Indicators

### BASIC DEMOGRAPHICS

- ▲ Child population by gender

### INDICATORS BY AGE GROUP

- Child population by age group
- Young adult population

## 2017 Overall County Food Insecurity in Indiana, Marion County

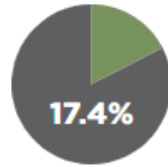


FOOD INSECURE PEOPLE IN MARION COUNTY

**163,410**



FOOD INSECURITY RATE IN MARION COUNTY



ESTIMATED PROGRAM ELIGIBILITY AMONG FOOD INSECURE PEOPLE IN MARION COUNTY



- 22% Above Other Nutrition Program threshold of 185% poverty
- 16% Between 130%-185% poverty
- 63% Below SNAP threshold 130% poverty

AVERAGE MEAL COST

**\$2.76**

ANNUAL FOOD BUDGET SHORTFALL

**\$76,832,000**

Feeding America has published the Map the Meal Gap project since 2011, thanks to the generous support of [The Howard G. Buffett Foundation](#), [Nielsen](#), and the [Conagra Brands Foundation](#), to learn more about the face of hunger at the local level.

You can learn more about [how we got the map data](#), read our [full report and briefs](#), and access [data tables](#) by county and congressional district for each state.

HOW WE GOT THE MAP DATA

FOOD INSECURITY REPORT AND BRIEFS

STATE DATA TABLES


What is food insecurity and what does it look like in America?


How is program eligibility determined?

What is the safety net for people who are food insecure?

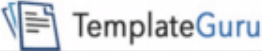
How do you calculate the dollars needed and the meal costs?

# ASSETS & OPPORTUNITY INITIATIVE








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3. Get Your Templates



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- 2 | View PDF (Free) [To View PDF, Download Here DocsPDFConverter](#)
- 3 | View PDF - Start Here [View PDF Files Instantly With ViewPDF. Open Your PDF Files Now! ViewPDF.io](#)

**The Assets & Opportunity Initiative leverages the power of household financial security data, the experiences of asset-building practitioners, and the influence of advocates and policymakers to raise awareness of asset-building issues and improve programs and policies that help low- and moderate-income families build financial security.**





## Home Page

The Healthy Communities Assessment Tool (HCAT) ranks each city neighborhood on more than 40 social, economic, and physical factors important to community health. Users can examine how their own neighborhood performs on each factor and compare neighborhoods on their overall ranking of core indicators from the Healthy Communities Index (HCI).



Find a Neighborhood



Explore Neighborhood Rankings



Explore Indicators and Domains



## Data & Stats by Topic

- [Alcohol Use](#)
- [Arthritis](#)
- [Asthma](#)
- [Autism Spectrum Disorder \(ASD\)](#)
- [Birth Defects](#)
- [Births & Natality](#)
- [Blood Disorders](#)
- [Breastfeeding](#)
- [Cancer](#)
- [Chronic Diseases](#)
- [Chronic Kidney Disease](#)
- [Deaths & Mortality](#)
- [Diabetes](#)
- [Environmental Health](#)
- [Genomics](#)
- [Heart Disease](#)
- [Healthy Aging](#)
- [Immunizations](#)
- [Injuries & Violence \(WISQARS\)](#)
- [Life Expectancy](#)
- [Lyme Disease](#)
- [Oral Health](#)
- [Overweight & Obesity](#)
- [Physical Activity](#)
- [Reproductive Health](#)
- [Smoking & Tobacco](#)
- [STDs](#)
- [Tuberculosis \(TB\)](#)



METHOD	ADVANTAGES	DISADVANTAGES
<b>Surveys</b>	<ul style="list-style-type: none"> <li>▪ Anonymous completion possible</li> <li>▪ Can administer to groups of people at the same time</li> <li>▪ Can be efficient and cost effective</li> </ul>	<ul style="list-style-type: none"> <li>▪ Forced choices may miss certain responses from participants</li> <li>▪ Wording may bias responses</li> <li>▪ Impersonal</li> </ul>
<b>Interviews (individual/ in-depth)</b>	<ul style="list-style-type: none"> <li>▪ Can build rapport with participant</li> <li>▪ Can prove to get additional information</li> <li>▪ Can get breadth or depth of information</li> </ul>	<ul style="list-style-type: none"> <li>▪ Time consuming</li> <li>▪ Expensive</li> <li>▪ Interviewing styles and wording may affect responses</li> </ul>
<b>Focus Groups</b>	<ul style="list-style-type: none"> <li>▪ Can get common impressions quickly</li> <li>▪ Can be an efficient way to get breadth and depth of information in a short time frame</li> </ul>	<ul style="list-style-type: none"> <li>▪ Need experienced facilitator</li> <li>▪ Can be difficult and costly to schedule a group of 6-8 people</li> <li>▪ Time consuming to analyze responses</li> </ul>
<b>Observation</b>	<ul style="list-style-type: none"> <li>▪ Can view program operations as they occur</li> </ul>	<ul style="list-style-type: none"> <li>▪ Difficult to interpret observed behaviors</li> <li>▪ May influence behaviors of program participants</li> <li>▪ May be expensive and time consuming to record each individual event</li> </ul>
<b>Document Review</b>	<ul style="list-style-type: none"> <li>▪ Can document historical information about your program</li> <li>▪ Does not interrupt program routine</li> <li>▪ Information already exists</li> </ul>	<ul style="list-style-type: none"> <li>▪ May be time consuming</li> <li>▪ Available information may be incomplete</li> <li>▪ Gathering information is dependent on quality of records kept</li> </ul>

# evaluation plan

## Short – Term Outcomes

Outcome	Indicator	Data Collection Method	Time Frame	Person Responsible
Teens are knowledgeable of prenatal nutrition and health guidelines.	30% (75 out of 250) of teens will be able to identify food items that are good sources of major dietary requirements.	Participating teens will receive a self-administered survey.	Survey administered after first six months of the program.	RN Instructor administers the survey and compiles results.

## Intermediate Outcomes

Outcome	Indicator	Data Collection Method	Time Frame	Person Responsible
Teens follow proper nutrition and health guidelines.	15% (37 out of 250) of teens within proper ranges for prenatal weight gain.	Teens will participate in weekly weigh-ins performed at their school.	1x per week throughout the program year.	MSW Program Manager will facilitate and record weigh-in results.
	10% (25 out of 250) of teens take a prenatal vitamin each day	Teens will submit "Healthy Baby" checklist daily to RN Instructor.	1x per day throughout the program year.	RN Instructor will distribute, collect and tabulate results from daily "Healthy Baby" checklists.
Teens deliver healthy babies.	30% (75 out of 100) newborns weigh at least 5.5 pounds and score 7 or above on Apgar scale	Teens will be required to submit hospital birth records.	Teens required to submit birth records within two weeks of birth.	RN Instructor is responsible for collecting birth records from teens.

## Long-Term Outcomes

Outcome	Indicator	Data Collection Method	Time Frame	Person Responsible
This program does not have a long-term outcome.				



quiz

## *Assignment*

1. Create a logic model.
2. Create an evaluation plan.

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r e s o u r c e s

***[Sparkachangenow.com/incaa](https://sparkachangenow.com/incaa)***