

# IV DETERMINE HEALTH PRIORITIES and WRITE GOALS & OBJECTIVES

The next step in developing a nutrition program is analyzing the information gathered in the assessment phase to determine what needs to be accomplished. First, determine the community's health priorities, then write goals and objectives to achieve the priorities.

## **PRIORITIES**

A community assessment, especially a thorough one, yields lots of data and may point to many community health problems. However, to improve the community's health status the health and nutrition plans must be focused. Determining which health problems to address can be exhausting and disappointing if few nutrition-related priorities are identified. Be an advocate for nutrition, but also be aware that other issues may be priorities.

Some agencies and organizations have a formal process for identifying priorities. If a formal process does not exist, these tips can help determine the health priorities upon which to build the nutrition intervention.

- If a health plan already exists, select the nutrition-related health priorities.
- Work with the health planning team and advocate nutrition priorities in the context of all community health problems.
- Address health problems as articulated by community members and leaders. This can help ensure the success of current and future interventions.
- Determine how large the problem is in terms of the number of people affected or number of deaths attributed to the health problem. Also consider how large the problem will get without intervention.

## Determine Health Priorities and Write Goals & Objectives

- Assess the seriousness of the nutrition-related health problem, including social disruption and economic loss to individuals and society.
- Determine whether the intervention is cost effective.
- Consider the political support available to address the priority.
- Compare the magnitude of the health problem with available resources.

**If objectives are measurable and are adhered to during the implementation phase, monitoring and evaluation is less challenging.**

Once the health priorities have been determined, goals and objectives are written to address the nutrition-related priorities. For example, if “reducing infant mortality rates” is a top priority of the community health plan, the nutrition goal could be to “reduce infant mortality rates by improving the nutritional status of women of child-bearing age.”

### GOALS

Goals are generalizations stated as guiding aspirations or desired changes for the future, such as “reducing heart disease in the community.” Goals give a general direction for the focus of the nutrition plan. In most cases, goals will already have been established in the community health plan and can be tailored to nutrition. For example, if “reducing heart disease” is a top goal with the health plan, a goal for the nutrition program might be “reduce heart disease by improving the food habits of the community.” However, in some cases, serious health problems may have been identified in the community assessment by the nutrition intervention planner that are not given high priority by the health plan. In such cases, it may be beneficial to justify goals that differ from those outlined in the health plan.

### OBJECTIVES

In accordance with the nutrition goals, develop nutrition objectives. These are specific, measurable actions to be reached by a deadline.<sup>1</sup> Objectives must be measurable to focus the intervention and to monitor and evaluate the intervention. An example of a measurable nutrition objective is “each nutritionist will spend 480 hours this year educating families with three- to four-year old children on preventing low iron status.” This is a process and structure objective.

This and other types of objectives are listed below.

**Outcome objectives** are measurable changes in the attitudes, behavior, knowledge, or nutritional or health status of the population. Outcome objectives may be subdivided into health-related or end-result objectives (e.g. decrease morbidity or mortality, etc.) and impact or intermediate objectives (increase breastfeeding rates to 50 percent at hospital discharge or reduce dietary fat intake to 30 percent of calories).

**Process objectives** are specific activities to be carried out by health and nutrition workers. They are likely to be regulated by standardized policies and procedures.

**Structure objectives** set targets for budget, staff, facilities, equipment, space, and other resources necessary to carry out the processes that achieve the desired outcomes.<sup>2</sup>

The three types of objectives are hierarchical in that the structural objectives make possible the processes that lead to the successful outcomes that address the overall goals. Thus, given a budget of \$50,000 (a structure objective), nutrition staff propose to counsel 500 overweight patients on eating habits in one year (process objective), with the expected result that 50 of these patients will achieve normal weight (outcome objective), in order to decrease their risk of heart disease.

Objectives should:

- 1) state desired results, such as "decrease prevalence of overweight in the population by one percent;"
- 2) use numerical targets such as "decrease overweight by ten percent" or "counsel 500 patients;"
- 3) identify a target date for completion, such as "within two years" or by a specific date; and
- 4) be achievable with available resources.

The following examples are not acceptable objectives because they lack a deadline and/or numerical information:

- Improve nutrition services in the state.
- Provide training for 200 nurses.

Guidance for writing objectives is available in *Healthy Communities 2000: Model Standards (Healthy Communities 2000)*,<sup>3</sup> *Designing and Managing Problems. An Effectiveness-Based*

*Approach*,<sup>4</sup> *Nutrition in the Community: The Art of Delivering Services*,<sup>5</sup> and *Nutrition in Public Health*.<sup>6</sup> Objectives in the community health plan community may have been developed using the guidelines in *Healthy Communities 2000*, or health planners may have adapted existing national guidelines from the *Healthy People 2000* report. In either case, review the overall health plan's objectives to ensure the nutrition objectives conform.

Resources may not be sufficient to adequately address all of the nutrition goals and objectives. Nutrition program planners may need to prioritize again following the tips described previously in this chapter. A well-focused intervention may be more effective than several weak interventions.

### References

1. Kaufman, M. (Ed.). (1990). *Nutrition in Public Health: A Handbook for Developing Programs and Services*. Rockville, MD: Aspen Publishers, Inc. p. 284.
2. Ibid. p. 287.
3. American Public Health Association. (1991). *Healthy Communities 2000: Model Standards*. (3rd ed.). Washington, DC: American Public Health Association.
4. Kettner, P.M., R.M. Moroney, and L.L. Martin. (1990). *Designing and Managing Problems. An Effectiveness-Based Approach*. Newbury Park, CA: Sage Publications.
5. Frankle, R.T. and A.L. Owen. (1993). *Nutrition in the Community: The Art of Delivering Services*. (3rd ed.). St. Louis, MO: Mosby-Year Book, Inc.
6. Kaufman, M. (Ed.). (1990). *Nutrition in Public Health: A Handbook for Developing Programs and Services*. Rockville, MD: Aspen Publishers, Inc.