Spark
CONSULTING GROUP

TARGETS AND INDICATORS

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FOUNDATIONS OF EAST CHICAGO

JULY 23

BACK TO BASICS: IN-PERSON CLASS

- Pre-Assessment
- Post Assessment
- PowerPoint
- Workbook

ONLINE

BACK TO BASICS

- Pre-Assessment
- Post Assessment
- PowerPoint
- Workbook

program logic model

Inputs		
MSW Program Manager	Funding	10 volunteers
RN Instructor	Infant Care Curriculum	

Activities	Outputs	Short-term	Intermediate	Long-Term
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** pregnant teens attend program. **72** parenting classes provided.	Teens are knowledgeable of prenatal nutrition and health guidelines.	Teens follow proper nutrition and health guidelines. Teens deliver healthy babies.	Babies achieve appropriate 12 month milestones for physical, motor, verbal and social development.
		Teens are knowledgeable of proper care, feeding and social interaction with infants.	Teens provide proper care, feeding, and social interaction to their babies.	

program logic model

INPUTS

Resources dedicated to or consumed by the program.

e.g.
- money
- staff and staff time
- volunteers and volunteer time
- facilities
- equipment and supplies

Constraints
- Laws
- Regulations
- Funders' requirements

ACTIVITIES

What the program does with its inputs to fulfill its mission.

e.g.
- feed and shelter homeless families
- provide job training
- educate the public about signs of child abuse
- counsel pregnant women
- create mentoring relationships for youth

OUTPUTS

The direct products of program activities.

e.g.
- # classes taught
- # counseling sessions conducted
- # educational materials distributed
- # hours of service delivered
- # participants served

OUTCOMES

Benefits for participants during and after program activities.

e.g.
- new knowledge
- Increased skills
- changed attitudes or values
- modified behavior
- improved condition
- Altered status

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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.

outcome indicators

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

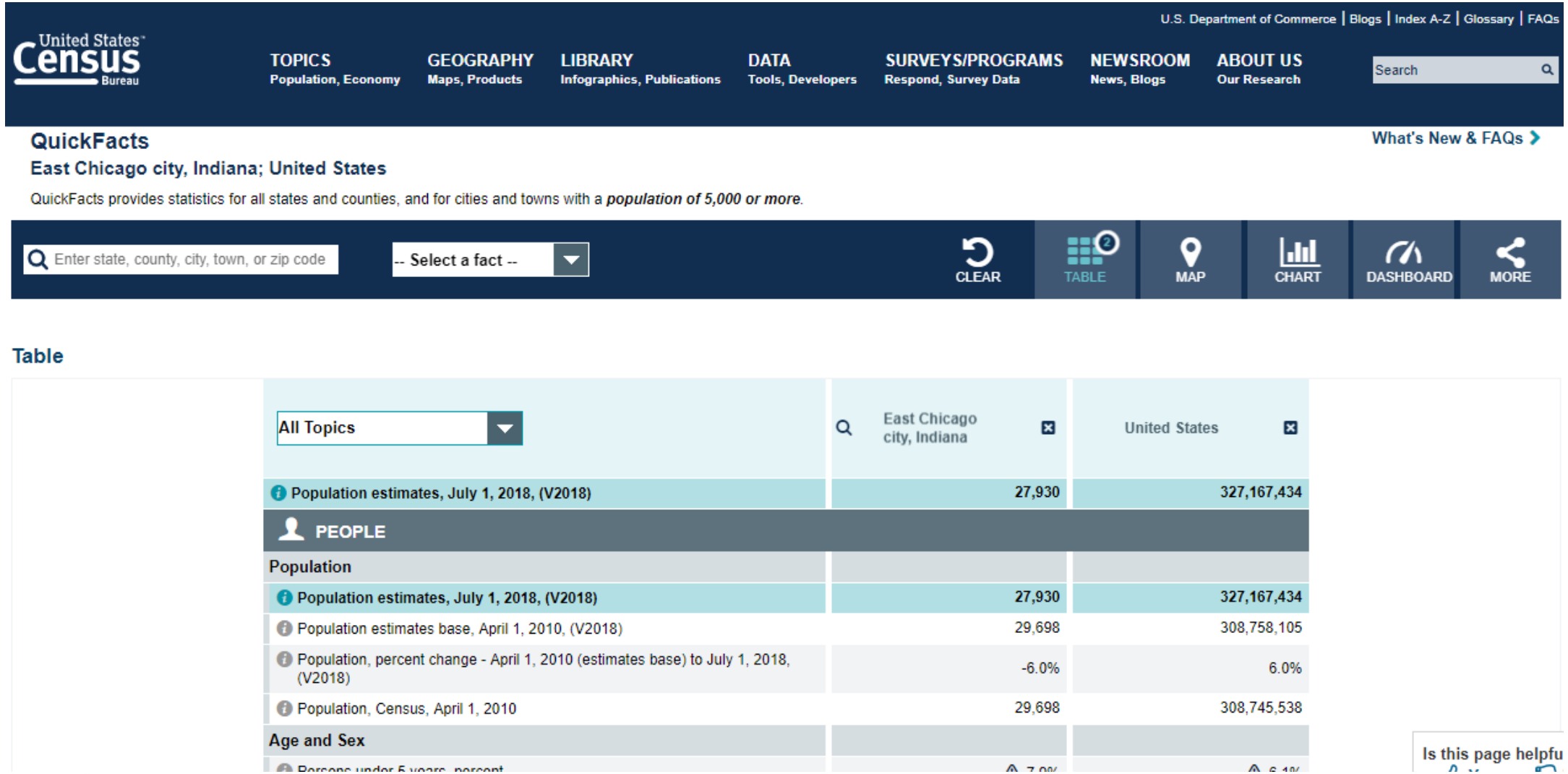
Inputs
MSW Program Director 10 Parent Coaches Parenting Class Curriculum Funding

Activities	Outputs	Short-term	Indicator
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.

Assignment

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

data sources



data sources

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

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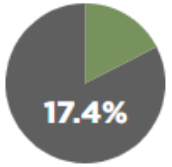
data sources

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?

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data sources

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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)

data collection

METHOD	ADVANTAGES	DISADVANTAGES
Surveys	• Anonymous completion possible • Can administer to groups of people at the same time • Can be efficient and cost effective	• Forced choices may miss certain responses from participants • Wording may bias responses • Impersonal
Interviews (individual/ in-depth)	• Can build rapport with participant • Can prove to get additional information • Can get breadth or depth of information	• Time consuming • Expensive • Interviewing styles and wording may affect responses
Focus Groups	• Can get common impressions quickly • Can be an efficient way to get breadth and depth of information in a short time frame	• Need experienced facilitator • Can be difficult and costly to schedule a group of 6–8 people • Time consuming to analyze responses
Observation	• Can view program operations as they occur	• Difficult to interpret observed behaviors • May influence behaviors of program participants • May be expensive and time consuming to record each individual event
Document Review	• Can document historical information about your program • Does not interrupt program routine • Information already exists	• May be time consuming • Available information may be incomplete • Gathering information is dependent on quality of records kept

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.				