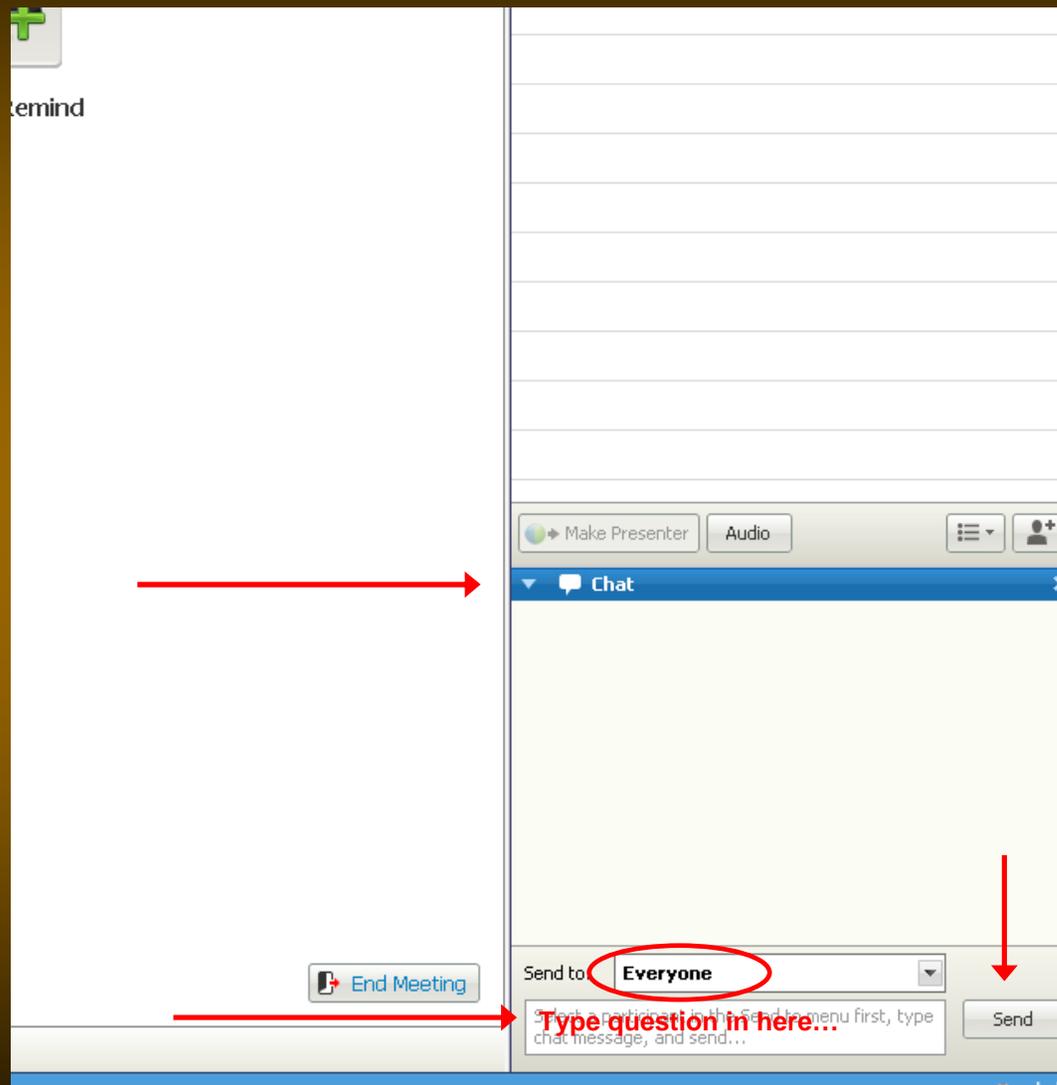


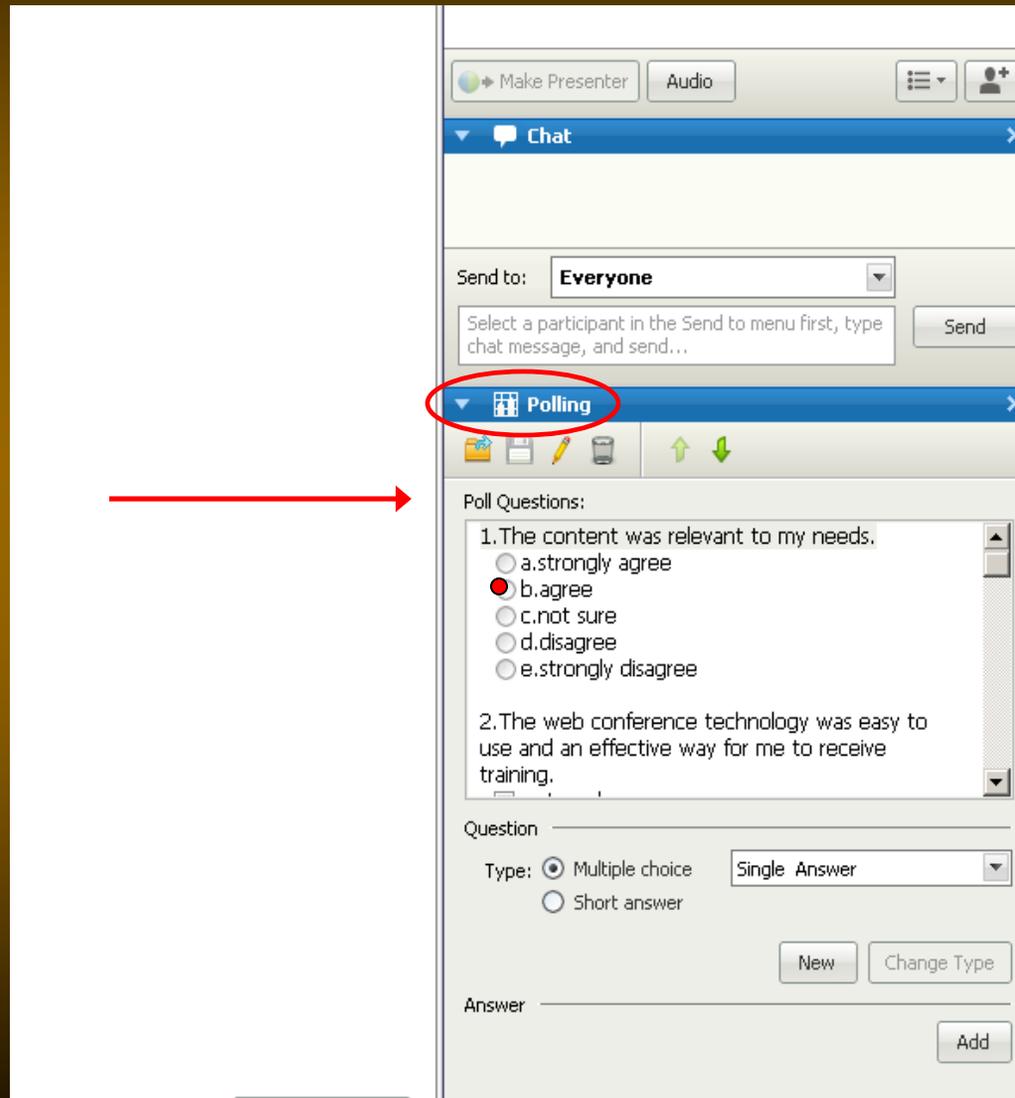
SMART Objectives & Logic Modeling

HIV Prevention Section
Bureau of HIV/AIDS

Typing a Question in the Chat Box



Completing the Webinar Evaluation (opened at end of webinar)



The screenshot displays a webinar control interface. At the top, there are buttons for 'Make Presenter' and 'Audio'. Below these is a 'Chat' window, which is currently empty. Underneath the chat is a 'Send to:' dropdown menu set to 'Everyone', with a 'Send' button to its right. A text box below the dropdown contains the instruction: 'Select a participant in the Send to menu first, type chat message, and send...'. The 'Polling' section is highlighted with a red circle and a red arrow pointing to it from the left. The 'Polling' section includes a toolbar with icons for a folder, a document, a pencil, a mobile phone, and up/down arrows. Below the toolbar, the 'Poll Questions:' section is visible, containing two questions:

1. The content was relevant to my needs.
 - a. strongly agree
 - b. agree
 - c. not sure
 - d. disagree
 - e. strongly disagree
2. The web conference technology was easy to use and an effective way for me to receive training.

Below the questions, there is a 'Question' section with a 'Type:' dropdown menu. The 'Multiple choice' option is selected, and the dropdown is set to 'Single Answer'. There are 'New' and 'Change Type' buttons. At the bottom, there is an 'Answer' section with an 'Add' button.

SMART Objectives



Goals vs. Objectives

- Goals:
 - Broad statements that explain what the program is ultimately trying to achieve
 - Provide the “why” or reasoning behind a task
 - Set long-term direction
 - Achieved when the objectives are fully met
- Objectives:
 - Provide *specific* targets toward goals
 - Are *measurable* and use action verbs to describe what needs to be done
 - Provide guidelines for how a goal can be accomplished

Goals vs. Objectives

- Sample Goal:
 - There will be no disproportionate disparity in the number of new infections among black MSM when compared to those among white MSM.
- Sample Objectives:
 - By December 2013, 100 high-risk black MSM will successfully complete the six sessions of the intervention 3MV.
 - By December, 2013, there will be a 10% increase in the number of black MSM that report readiness to use condoms during anal sex (as reported from the KAB Survey* pre and post the full cycle of 3MV).

* KAB Survey = Knowledge, Attitudes & Beliefs (KAB) Survey given to 3MV participants at beginning and completion of a full 3MV cycle.

Goals vs. Objectives

- Objectives and action steps are used to bridge the gap between where we are (current situation) and where we want to be (vision and goal).

SMART Objectives



Specific

- Is the outcome precise?
 - State what you want to achieve.
 - State your specific audience.
 - Be concrete.
 - Use action words.
 - Use outcomes stated in numbers, percentages, scientific outcome, frequency, etc.

SMART

Measurable

- Can we measure it?
 - Describe what is going to be achieved in quantitative terms
 - “We will serve 90% of the affected population.”
- This is one of the most important considerations
 - By making sure that it is measurable, you will know that you met your objective because there is evidence

SMART

Attainable

- Can this actually be accomplished?
 - Your objectives must be realistic based on the timeframe, money available, resources etc.
 - Be sure to assess the potential limitations to determine if the objective is attainable

SMART

Relevant

- Do the objectives lead to the program goal?
 - The achievements must be meaningful to the organization and related to the goals.
 - Know that the data is being used to reach the set goals.

SMART

Time-Bound

- Do you have a specific time in which you want to achieve your objective?
 - It must be stated clearly when the objective will be attained.

SMART

Sample SMART Objectives

- By the end of a 3MV cycle, 90% of intervention participants will have an increase in knowledge about transmission of HIV and STDs.
- By the end of a 3MV cycle, 25% of intervention participants will have an increase in intention to use condoms regularly during anal sex.
- By the end of the project period, 25% of intervention participants will have an increase in requesting/obtaining HIV testing services.

Logic Modeling



In Simple Terms, What is a Logic Model?

- A map (diagram) that usually outlines a path to a desired result
- A graphic that illustrates a series of cause-and-effect relationships

What a logic model is NOT...

1. It is not **reality**. It is a simple model that represents program **intention**.
2. It is not complete. It does not display many cultural, social, and environmental **factors that influence** process and outcomes outside the program
3. Does not prove **causal attribution** of the intervention to the change
4. It is not a Theory of Change. But it relies on a **social or behavioral theory** or other theory of change
5. Doesn't address: ***Are we doing the right thing?***

Everyday Logic Model

OUCH!

**H
E
A
D
A
C
H
E**

Get pills



Take pills



Headache gone; Return to work

Why Use a Logic Model?

- **It's a tool to promote understanding of:**
 - **Where we are**
 - Defines the issue of interest
 - **Where we want to be**
 - Clearly establishes the intended outcomes
 - **How we get there**
 - Outlines the program components and the sequence of activities

Why Use a Logic Model?

- It's results-based; focuses on accountability
- Describes the intended outcomes
 - Immediate (short-term)
 - Intermediate (medium-range)
 - Long-term/Impact

Why Use a Logic Model?

- It's a tool that visually organizes a program to help:
 - Secure funding (by clearly presenting a strong program design and goals)
 - Facilitate buy-in, commitment, and understanding among staff and community partners

Why Use a Logic Model?

- It's a tool used to describe the effectiveness of a program
 - Describes the implementation of a program (e.g., program components, sequence of activities)
 - Describes outcomes (e.g., goals, objectives, and impact)

Why Use a Logic Model?

- It's a vital tool for promoting program planning, quality assurance, and quality improvement
 - Keeps a focus on what you originally intended to do and accomplish
 - Promotes ongoing assessment
 - Facilitates course correction

Logic Models Show a Chain of “What If... Then” Relationships

For example,

- **What if** we identify and invest time, money, and other resources...
 - **Then** we faithfully implement a 3MV program.
- **What if** 200 high-risk gay, bisexual, and other MSM complete the program...
 - **Then** these men will have the necessary knowledge and skills to reduce their risk for HIV/STD infection.
- **What if** these men change behaviors that put them at risk...
 - **Then** the HIV infection rate among the target population will decrease.

Logic Model: Simple Form

Certain resources are needed to operate the program

If you have access to them, **then** you can use them to accomplish your planned activities

If you accomplish your planned activities, **then** you hopefully deliver the amount of product or service that you intended

If you accomplish your planned activities to the extent you intended, **then** your participants will benefit in certain ways

If these benefits to participants are achieved, **then** certain changes in organizations, communities, or systems might be expected to occur

**Resources/
Inputs**

Activities

Outputs

Outcomes

Impact

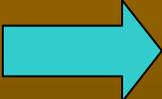
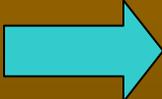


Monitoring & Evaluation



Definition of a Logic Model

- A logic model is a graphic representation of a project that illustrates a sequence of cause-and-effect relationships

INPUTS  **OUTPUTS**  **OUTCOMES**

Components of a Logic Model:

Inputs

- **Inputs = resources that are invested**
 - Time
 - Money
 - Community Partnerships
 - Equipment
 - Personnel
 - Facilities

Components of a Logic Model:

Outputs

- **Outputs = activities (what happens with the resources)**
 - Outreach
 - Recruitment
 - Intervention sessions, cycles
 - Education
 - Skills building
- **In addition, outputs = whom we reach**
 - Target population
 - Program participants
 - Community at large

Programs with Face-to-Face Contact

SHORT	MEDIUM	LONG-TERM
<p data-bbox="176 527 718 649">Changes in: [Head, heart, and gut]</p> <ul data-bbox="176 730 630 1177" style="list-style-type: none">• Awareness• Knowledge• Attitudes• Opinion• Aspirations• Motivation• Behavioral intent	<p data-bbox="768 527 1087 649">Changes in: [Actions]</p> <ul data-bbox="768 730 1008 844" style="list-style-type: none">• Behavior• Skills	<p data-bbox="1383 527 1703 649">Changes in: [Well-being]</p> <ul data-bbox="1383 730 1900 1177" style="list-style-type: none">• Health• Education• Financial stability• Relationships (including with offspring)• Legal condition• Addiction condition

Components of a Logic Model:

Immediate (Short-Term) Outcomes

- Immediate outcomes = results occurring immediately following program completion/exposure
 - Changes in:
 - Knowledge
 - Skills
 - Attitudes
 - Awareness
 - Beliefs
 - Motivation/Intentions to change risk behaviors

Components of a Logic Model:

Intermediate (Medium-Range) Outcomes

- **Intermediate outcomes = results occurring or maintained at least several months (3-6 mos.) following program completion/exposure**
 - **Changes in:**
 - Behaviors
 - Practices/Procedures
 - Community Outlook

Components of a Logic Model:

Long-Term Outcomes

- Long-term outcomes = results occurring or maintained many months or even years (9 mos., 1-2 yrs.) following program completion/exposure
 - Changes in:
 - Community Norms
 - Social environment
 - Health conditions
 - Political environment
 - Economic situation
 - Health indicators

Sample Logic Model- Many Men, Many Voices (3MV)

Statement of Problem: What is needed to implement the *Many Men, Many Voices (3MV)* HIV & STD prevention intervention program? How does this intervention work?

Planned Resources/Inputs →	Work* Activities →	Outputs →	Intended Results Immediate, Intermediate & Long-term Outcomes
<p><i>Resources needed to operate your program and conduct activities</i></p> <ul style="list-style-type: none"> • Knowledge of and skills related to the intervention, group facilitation, program planning, prevention theory & science, sexually transmitted infections, and the target population, etc. • Existing data • Funding • Staff • Trainings • Intervention Box with materials like the intervention manual, the implementation planning tool, posters and flyers for recruitment, budget worksheet. • Technical assistance (planning, tailoring/adaptation, evaluation) • Space to run group sessions • Agency commitment • Community partners like the population at risk and population in need of intervention services, support from agency, health department and community leaders. 	<p><i>To address problem or asset, activities conducted</i></p> <ul style="list-style-type: none"> • Schedule 3MV group intervention consisting of 6 - 7 sessions See <u>core elements</u> and tasks and activities listed on the <u>agency planning tool</u> for conducting the 3MV intervention • Educate clients about risks and sensitize clients to risk • Develop risk reduction strategies in group • Coach participants regarding capacity for change • Train participants in partner selection, communication and negotiation • Provide support and relapse prevention 	<p><i>As a result of activities conducted, evidence of service delivery, examples:</i></p> <ul style="list-style-type: none"> • Six or seven (3) hour group sessions conducted • STD and HIV knowledge increased, risk information conveyed, perception of risk enhanced, options for risk reduction selected, risk reduction skills built. • Written Implementation plan, tailored to target population, including measureable program objectives • Written process/procedures to integrate 3MV into flow of agency services and programs • Written 3MV recruitment process • Evaluation plan including tools, evaluation data, data analyses, and summary reports with interpretation • Documentation of regular program monitoring and program improvement in accordance with monitoring plan • <u>Example program monitoring (program objectives met) and process evaluation indicators, examples :</u> • % of planned # of clients recruited/approached for 3MV in [timeframe] • % of planned # 3MV sessions held in [timeframe] • % of planned # of participants in each 3MV sessions in [timeframe] • % of planned # of participants in [timeframe] • % of planned # of 3MV participants who satisfy target population characteristics [risk group or demographics] in [timeframe] 	<p><i>As a result of outputs (service delivery), expected changes in target population in specified period(s) of time</i></p> <p><u>Immediate Outcomes</u> (e.g., immediately after intervention, within 1-2 weeks of intervention)</p> <p>Knowledge, skills and attitudes, examples:</p> <ul style="list-style-type: none"> • Increase in # participants' about transmission of HIV and STDs by % in [timeframe] • Increase in # participants' knowledge about risk reduction for HIV and STDs by % in [timeframe] • Increase % participants able to realistically assess their personal risk for HIV/STDs in [timeframe] • Increase % of participants' intention to obtain condoms in [timeframe] • Increase % of participants' intention to use condoms regularly in [timeframe] • [Insert site or program specific outcomes] <p><u>Intermediate Outcomes</u> (e.g., 1, 3, or 6 months after intervention)</p> <p>Behavior impacted, examples:</p> <ul style="list-style-type: none"> • Decrease in % of participants' repeat STD infections in [timeframe] • Increase in % of participants' requesting/ obtaining HIV/STD testing services in [timeframe] (optional) • [Insert site or program specific outcomes] <p><u>Long-term Outcomes</u> (e.g., 6, 9, or 12 months after intervention)</p> <p>Long term changes in knowledge, skills and behaviors, examples:</p> <ul style="list-style-type: none"> • Increase % of participants' regular use condoms in [timeframe] • Decrease in % of participants' repeat STD infections in [timeframe] • Increase in % of participants' requesting/ obtaining HIV/STD testing services in [timeframe] (optional) • [Insert site or program specific impact]

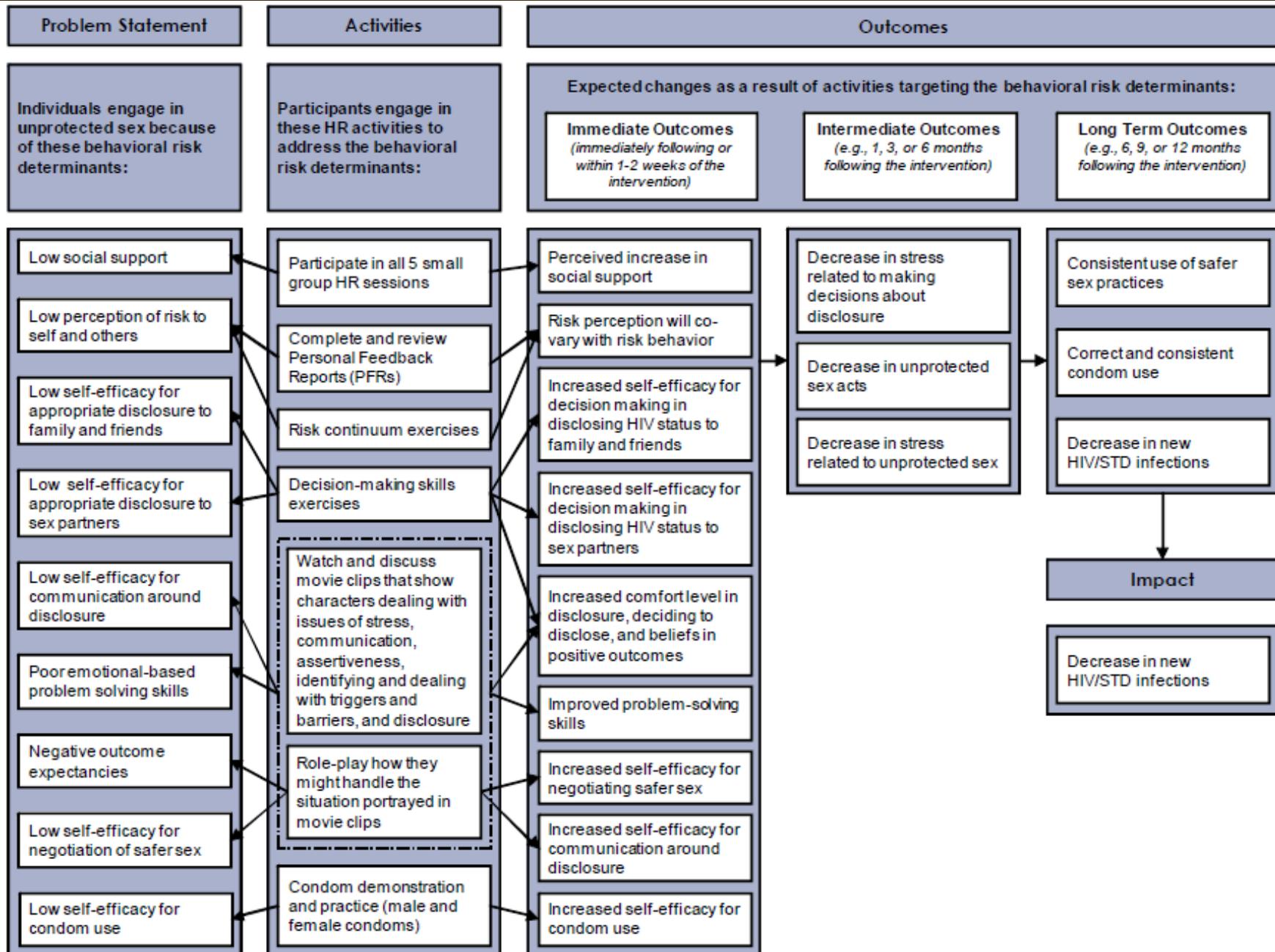
Social Marketing Programs

SHORT	MEDIUM	LONG-TERM
Changes in: <ul style="list-style-type: none">• Awareness of campaign• Understanding of message	Changes in: <ul style="list-style-type: none">• Attitudes• Opinion• Aspirations• Motivation• Behavioral intent	Changes in: <ul style="list-style-type: none">• Behaviors• Group norms • Health• Education• Financial stability• Relationships (including with offspring)• Legal condition• Addiction condition

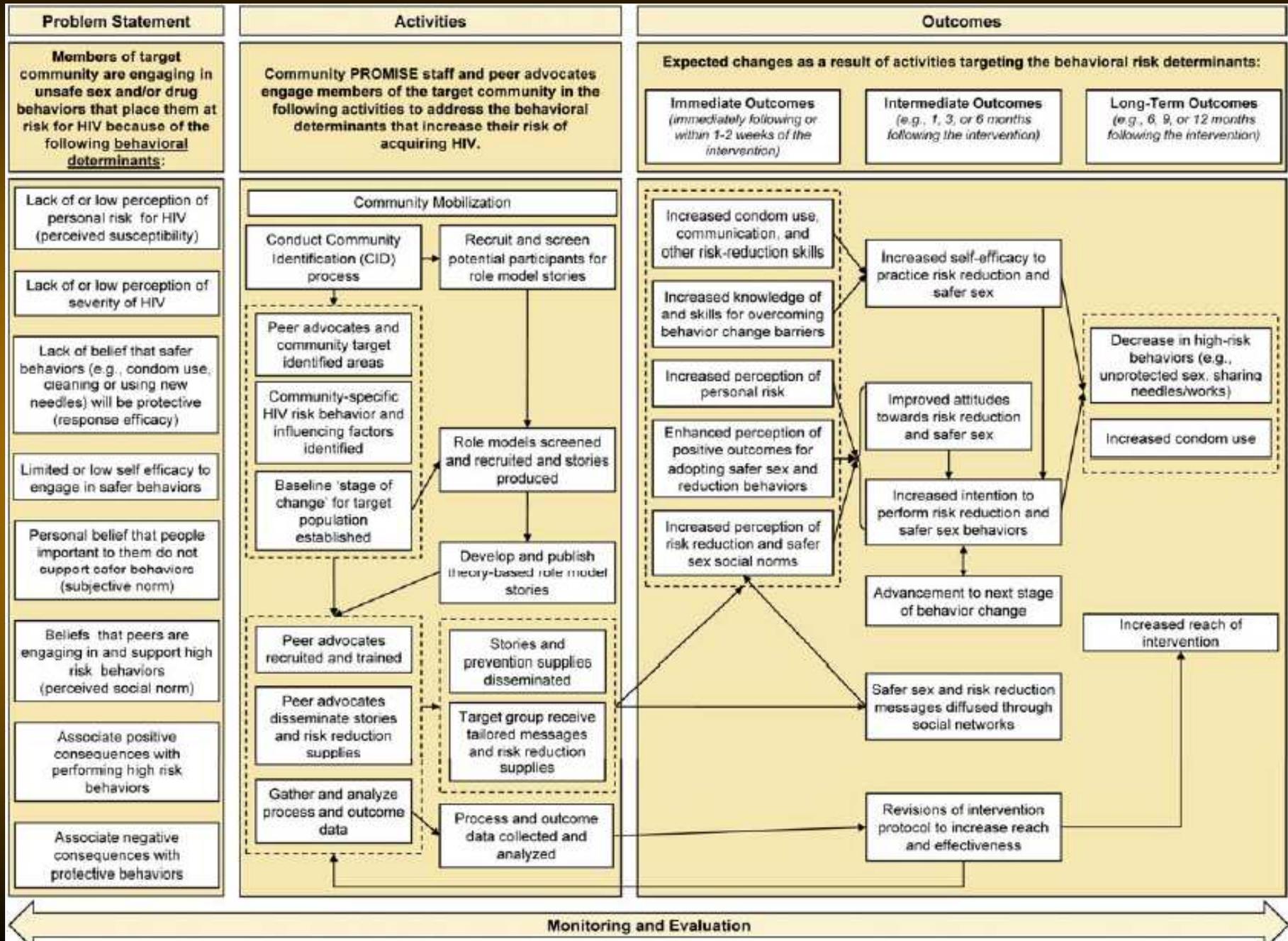
Policy and Advocacy Programs

SHORT	MEDIUM	LONG-TERM
<ul style="list-style-type: none">• Media contacts• Messages and materials developed• Coalition developed	<ul style="list-style-type: none">• Media reps come to our org for back story• Media coverage of issues• Coalition builds capacity and skills	<ul style="list-style-type: none">• Regulations or laws passed and enforced

Sample Logic Model- Healthy Relationships



Sample Logic Model- Community PROMISE



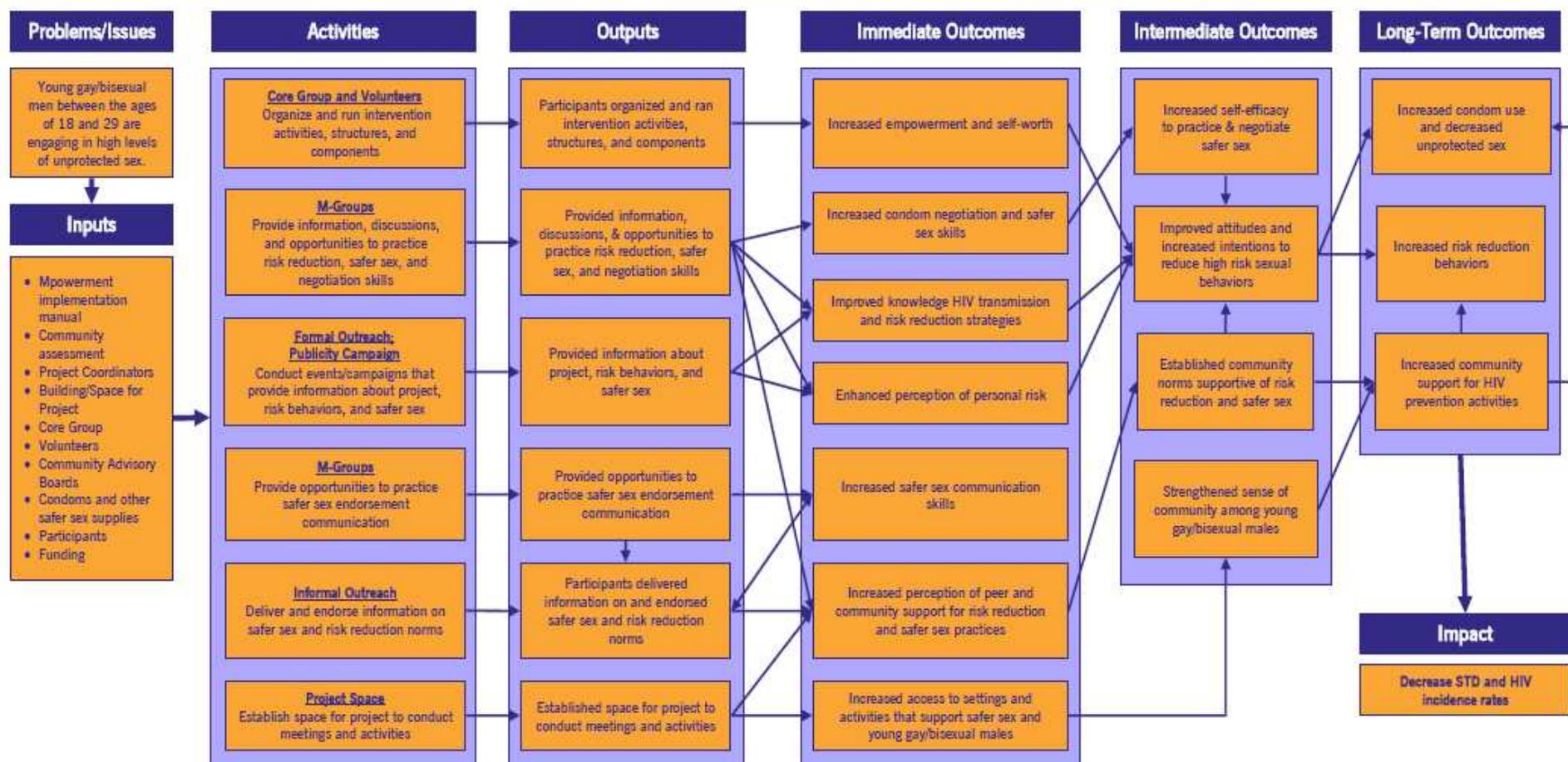
Sample Logic Model- Mpowerment

Assumptions:

- Young gay/bisexual men engage in high sexual risk-taking because they:
- Are exploring their sexuality
 - Are not part of a constituency with power and influence
 - Feel disenfranchised because of their age and their sexual orientation/preference
 - Have peer norms around taking sexual risks

Assumptions:

- Young gay/bisexual men are more likely to adopt a behavior if they:
- Perceive the behavior to be acceptable by their peers
 - Have a positive sense of power and self worth
 - Are actively involved in finding and implementing solutions to their problems
 - Receive messages about sex and sexuality that are positive
 - Can meet in safe settings in which they can express their identities, find support and band together
 - Are involved in a process of diffusion of ideas through informal communication and peer modeling within interpersonal networks
 - Are involved in a multi-level approach
- Social concerns – such as how to meet and have fun with others – are highly motivating for young men, and can be a useful focus of HIV interventions.



Selecting Prevention Activities Using Logic Modeling



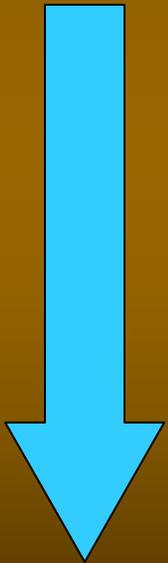
There are six steps involved in constructing a theory-based logic model:

1. Identify the problem or issue statement
2. Conduct a community needs assessment
3. Identify the desired results of prevention activities
4. Identify the factors that influence behavior change
5. Identify strategies that will address the factors that influence behavior
6. Describe the assumptions behind why your program will work in your community

Developing a Program/Logic Model

A Practical Tip: Work Backwards

- Consider the following questions:
 - A. What is the current issue that you would like to impact?
 - B. What are the causes of this issue?
 - C. What change would you like to occur with this issue?
 - D. What behaviors have to change (communal or individual)?
 - E. What knowledge, skills, policies, or procedures must change in order to change these behaviors?
 - F. How can we promote or implement these changes?
 - G. What resources are needed to accomplish these tasks?



Assumptions:

Why will your approach be effective?

- Helps agencies clearly explain to funders **HOW** and **WHY** they feel strategies will work in their community
- Can be based on:
 - Experience working with target population/community
 - Trend data/statistics
 - Peer-reviewed publications/research literature

Community Need/Assets:

What needs or assets led you to address the problem statement?

- Community assessments provide a systematic process for identifying population needs and priorities
- Community assessment data should be used to make a strong case for addressing problem statement
- Provides more specific data on target population and their activities

Community assessments help agencies identify:

- Target populations/subgroups
- Needs and assets of a community
- Where, when, and how to reach target population
- Risk behaviors and factors
- Behavioral determinants

The following are resources and methods that can be used for community assessment:

- Community Planning Data
- Census Data
- Epidemiologic profiles/data
- Focus Groups
- Key Informant Interviews
- Surveys
- Community Mapping

Desired Results: (Outputs, Outcomes, and Impacts)

What do you want to accomplish?

- Immediate outcomes: Immediate results of the activities
 - Increased knowledge and skills, increased perception of HIV risk, increased condom use self efficacy, increased intention to change risk behaviors
- Intermediate outcomes: Results that occur some time after the activity is completed
 - Increased condom use
- Impact: Long term results of activities over time
 - Decreased HIV rates

Influential Factors:

What factors could influence behavior change in your target population?

- Explain why individuals engage in risky behaviors
- Can be barriers or supporters of behavior change
- To reduce behaviors associated with the problems statements, prevention activities have to address influencing factors

Examples of Influential Factors:

- Multiple sex partners, unprotected sex
- Mental health issues
- Prevalence of HIV in a community
- Internet dating, partner seeking
- Poverty
- Substance abuse/use
- Demographic characteristics
- Low self efficacy (e.g., condom use, negotiation skills)

Strategies/Interventions:

What activities will address the influential factors linked to the behavior(s) responsible for the problem statement?

- Research prevention activities and evidence-based interventions that have been identified to address the problems, behaviors, influential factors, and have the same outcomes that you have identified
- Select the most appropriate strategy for your agency that is in line with the identified needs of the target population

The Hope AIDS Project's Organize and Match Information Tool

	Population ↓	HIV Transmission Behavior ↓	Behavioral Determinants of HIV Transmission Behavior ↓	Population "Readiness" ↓	Agency "Readiness" ↓
Information Collected	Black gay men with a history of STDs	Unprotected anal sex	Low self-efficacy for condom use; low-self-efficacy for condom negotiation; low perception of risk; poor communication skills; lack of knowledge about how HIV/STDs interact; low or no social support; rejection from family, friends, and religious community	Will take part in activities that happen online or on the weekend; will not come to the agency because it is known as "the clinic;" will take part in activities where they can interact with men who "get down" or "are in the life."	Experience working with the Black community and with Black gay men; limited experience implementing HIV behavior change interventions; strong community partnerships; has space to conduct meetings and provide interventions; has office and computer equipment.
Interventions That Address These Things	<i>d-up!</i> <i>Mpowerment</i> , <i>Popular Opinion Leader RESPECT</i> <i>Many Men, Many Voices Healthy Relationships</i> <i>VOICES/VOCES</i> <i>Community PROMISE</i>	<i>d-up!</i> <i>Many Men, Many Voices Healthy Relationships</i> <i>VOICES/VOCES</i>	<i>d-up!</i> <i>Many Men, Many Voices Healthy Relationships</i> <i>VOICES/VOCES</i>	<i>d-up!</i> <i>Many Men, Many Voices Healthy Relationships</i> <i>VOICES/VOCES</i>	<i>d-up!</i> (not sure if we have the resources or capacity) <i>Many Men, Many Voices Healthy Relationships</i> <i>VOICES/VOCES</i>
Rationale for Interventions Listed	All interventions were designed for and/or tested with men who have sex with men.	We learned our population's HIV transmission behavior is unprotected anal intercourse. These interventions all address this HIV transmission behavior in some way. Some of them also cover the relationship between HIV and STDs, which is important for our population. This is why this list is shorter.	We list only the interventions that best address our population's most common reasons for engaging in risk behavior. This is why this list is shorter.	These interventions match our population's readiness. The interventions listed look like they have activities we can modify to meet our population's needs.	These interventions seem to best match our agency's capacity. We have experience working with the Black community and with Black gay men. We also have experience with STDs. The one that would be a "stretch" for us is <i>d-up!</i> This is a community level intervention. We do not have a lot of experience with this type of intervention.

The Hope AIDS Project's Assessing Interventions Tool for *Many Men, Many Voices*

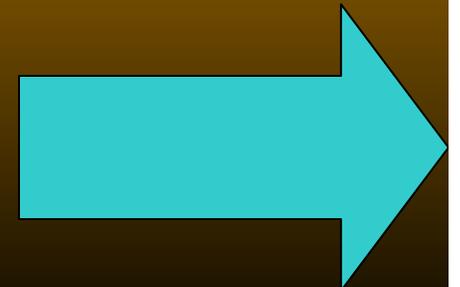
Intervention Name and Brief Description: *Many Men, Many Voices* is an intervention to prevent HIV and STDs among Black men who have sex with men. It addresses factors that influence behaviors of Black men who have sex with men including cultural, social and religious norms; interactions between HIV and STDs; sexual relationship dynamics; and social influences that racism and homophobia have on HIV risk behavior. This individual level intervention is delivered to small groups of men who have sex with men.

	Original Intervention	Your Population	Match or Adapt
Population	Gay men of color; men who have sex with men, bisexual men (including men who do not self identify as gay)	Black gay men who have sex with men with a history of STDs	Was the intervention designed for your population? Yes No Describe what changes you may need to make so that it is a better fit.
HIV Transmission Behavior	Unprotected sex, specifically unprotected anal intercourse	Unprotected anal intercourse	Was the intervention designed to change the HIV risk behavior in your population? Yes No Describe what changes you may need to make so that it is a better fit.
Behavioral Determinants	Intentions and skills to use condoms; interactions between HIV and other STDs; sexual relationship dynamics; attitudes and coping with cultural, social and religious norms; and the social influences that racism and homophobia have on HIV risk behaviors	Low self-efficacy for condom use and condom negotiation; low or no social support; rejection from family, friends and religious community	Was the intervention designed to change the behavioral determinants of HIV transmission behavior in your population? Yes No Describe what changes you may need to make so that it is a better fit.
Population Readiness		Will participate in activities that happen online or on the weekend; will not come to the agency because it is known as "the clinic;" will take part in activities where they can interact with men who "get down" or "are in the life"	Was the intervention designed for and tested with your population? Yes No Describe what changes you may need to make so that it is a better fit. We will need to adapt activities to have the sessions take place at a site to be determined during a weekend retreat, and not at the agency's clinic during the week.
Agency Readiness and Resource Requirements	Knowledge of and skills related to the intervention: group facilitation; STDs; 2 facilitators, one of whom is a Black gay man; space to run group sessions; community partners like the population at risk/in need of intervention services; agency administrator to supervise facilitators; TV/ VCR; outreach materials	Experience working with the Black community and with Black gay men; limited experience implementing HIV behavior change interventions; strong community partnerships; has space to conduct meetings and provide interventions; has office and computer equipment	Do you have the time, resources, staff and funds? Yes No Describe what you need to implement the intervention. We have the time and skills, but some of our staff will need training on group facilitation. We will also need to find space for holding a weekend retreat.



Webinar Evaluation

- Before you leave the webinar, please take a moment to complete the evaluation in the polling section (to the right of your screen)
- Your feedback is extremely important to us and will help improve on current and future trainings
- The more feedback the better!



Resources

High Impact Prevention: CDC's Approach to Reducing HIV Infections in the United States

<http://www.cdc.gov/hiv/strategy/>

Monitoring & Evaluation, FL HIV Prevention Section Website

http://www.preventhivflorida.org/Data_Eval/Monitoring_Evaluation.html

The Adaptation Guide: Adapting HIV Behavior Change Interventions for Gay and Bisexual Latino and Black Men (CDC, 2010)

http://www.effectiveinterventions.org/Libraries/General_Docs/CS218684_CDC_Adapt_Guide_v1.sflb.a.shx

Effective Interventions Website (CDC)

<http://www.effectiveinterventions.org/en/Home.aspx>

W.K. Kellogg Foundation Logic Model Development Guide

<http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx>

FL HIV Prevention Section Website (slides from today's webinar will be available here, under **Resources & Materials**) <http://www.preventhivflorida.org/>

FL Bureau of HIV/AIDS & Hepatitis Website

<http://www.floridaaids.org/>

Questions/Comments



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