

## **Setting Target Levels for Objectives**

Target setting requires knowledge of the current health status of the community and what's achievable and striking a balance between a challenge and no challenge in do-ability. In this activity one will make a judgement based on others examples and accomplishments and what resources one's own community can tap to find and implement an effective intervention. One strategy is to examine at each method's target and opt for the next best target. Sometimes a target may be to not change, which will ultimately be an improvement during a time of increase (e.g., AIDS/HIV prevalence).

Listed below are target setting options, in order of ease:

- Use an absolute percentage to indicate a “reasonable” change over the period. For example, an absolute decline of 1% of the current level adds to 10% over the decade. Be careful to calculate the % for the numbers from the beginning of the decade or it will be a compounded percentage achieved (as below).
- Use a compounded percentage to both indicate a “reasonable” change over the period but one which becomes less than the absolute. For instance, a decline of 1% each year from the previous year over the period of a decade is actually 9.6%  $(1-(.99)^9)$  and not 10% as above. Reverse this calculation to obtain the annual percentage change if you have a total that you'd like to achieve by the end of the decade (see the toolkit).
- Use the current U.S. rate as the challenge point. This works when the state or community rate is worse than the U.S. rate and within a distance achievable. This works when the jurisdiction is deemed “like the U.S.” or average in some way.
- Use the median values of one's peers. The Community Health Status Indicators (CHSI) Project has generated 88 peer groupings of counties that share similar characteristics. These characteristics include factors that are thought to influence community-level health. This target works when the U.S. rate is too high or too low for the type of jurisdiction. For instance, southern states tend to have more poverty and so to compare health outcomes to the U.S. rate is too much of a challenge.
- Adopt the Healthy People 2010 targets for the indicators. When the jurisdiction cannot decide and when its current levels are similar to the U.S., the actual Healthy People targets may be very appropriate as well as ready and easy to use.
- Calculate the “better than the best” (used in Healthy People 2010)—setting a target better than the current status of the best population group in the state.
- Calculate the “best of the best” (Allison 1999)—benchmarking against the top 10% in any area of the U.S.
- Calculate what's achievable based on clinical or community trials. For instance, breast and colon cancer deaths can be reduced by 30-40% of the peak in breast cancer in the mid 1980's and by the same amount in colon cancer today. Consideration needs to be made in how quickly intervention (in this case, screening) will affect the death rate and how effectively the intervention will be launched in the community.