

CHAPTER 1

Contemporary Issues in Human Service Program Planning and Administration

CHAPTER OVERVIEW

The purpose of this chapter is to introduce:

- The major governmental and other initiatives that have prompted the need for program planning
- The relationship between the logic model and program planning
- How agencies and community-wide networks relate to each other in addressing social problems
- The steps that are involved in effectiveness-based program planning
- The elements of a program that are critical to measuring effectiveness

The following topics are covered in this chapter:

- The Era of Accountability
- Designing for Monitoring, Performance Measurement, and Program Evaluation
- The Logic Model
- Community Focus
- The Issue of Effectiveness
- Assessing an Existing Program
- What Is Effectiveness-Based Program Planning?
- Using Effectiveness Principles to Understand Existing Programs
 - Defining Programs
 - Assessing Diverse Populations
 - Problem Analysis
 - Needs Assessment

- Selecting a Strategy and Establishing Objectives
- Program Design
- Data Requirements for Performance Measurement
- Monitoring and Using Information Technology
- Program Evaluation
- Budgeting
- Implementation Considerations
- Summary
- Review Questions

THE ERA OF ACCOUNTABILITY

When it comes to planning, funding, and implementing human service programs at the federal, state, and local levels, times have changed dramatically over the last few decades. Since the concepts of accountability, measuring results, and cost-benefit analysis have emerged over the past few decades, human services have been brought under a good deal more scrutiny (Hatry, 2010). Instead of funding for service delivery, the focus shifted to funding for results and return on investment.

The Government Performance and Results Act (GPRA) of 1993 (Public Law No. 103-62; Office of Management and Budget, 1993), reaffirmed by the GPRA Modernization Act of 2010 (Public Law 111-352), has become a major driver of performance accountability at the federal level (Hatry, 2014). GPRA requires federal departments and agencies to annually report their performance to the president and Congress. A second driver of performance accountability at the federal level is the performance contracting requirements of the Federal Acquisition Regulation (FAR). The FAR represents the formal contracting policies and procedures of the federal government. The FAR requires that “all federal service contracts (including human service contracts) be *performance based* to the maximum extent possible” (FAR, 2015).

At the state and local government levels, two major drivers of performance accountability are the reporting initiative of the Governmental Accounting Standards Board (GASB) and the performance measurement requirements imposed by governors and legislatures. GASB sets financial and reporting standards for state and local governments. GASB has long advocated that state and local governments adopt performance accountability systems that track and report on the outputs, quality, and outcomes of government programs. GASB (1993) calls its recommended performance accountability system service efforts and accomplishments (SEA) reporting. Private sector funding organizations, such as foundations and the United Way (1996), have also adopted performance accountability systems. Most nonprofit human service agencies that receive government, foundation, or United Way funding through grants and contracts have likewise adopted performance accountability systems in order to satisfy the reporting requirements of their funders (United Way, 2003).

In 2013 the federal Office of Management and Budget (OMB) issued new regulations governing federal grants (Martin, 2013). The new regulations require that, in order to receive federal funding in the future, grant recipients must specify *performance and outcome measures*. Additionally, some grant recipients may be paid for achieving performance expectations and results, not activities, and these must be certified in writing (U.S. Government Printing Office, 2015). If monitored and enforced, the new regulations will essentially require that the steps we describe in the following chapters be standard expectations in order to receive federal funding for human service programs. These requirements may create a tension between what the funding source expects and what the local program hopes to accomplish, so in creating data collection systems it is important to consider as many perspectives (e.g., client, staff, management, board, community interests) on the definition of effectiveness as possible.

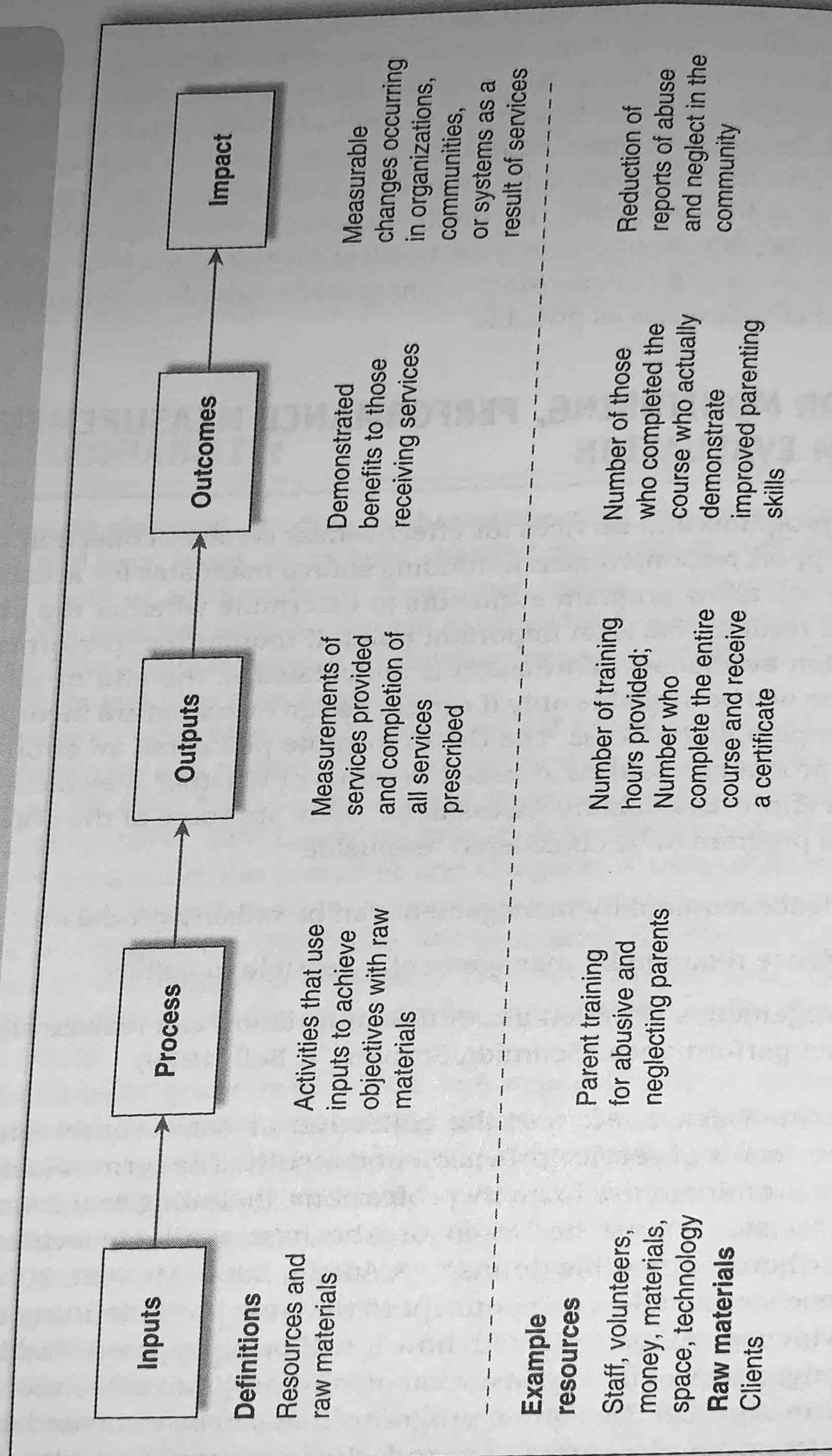
DESIGNING FOR MONITORING, PERFORMANCE MEASUREMENT, AND PROGRAM EVALUATION

Designing programs and services for effectiveness involves collection of the kinds of data that will support responsiveness to funding source mandates for accountability and at the same time will allow program evaluators to determine whether the programs are getting the desired results. This is an important point. If monitoring, performance measurement, and program evaluation information is anticipated at the end of service provision, this information will be available only if certain design elements are incorporated at the beginning of the planning process. The Urban Institute pioneered an effort to establish criteria by which programs could be assessed in terms of whether they could be evaluated. They called this effort "Evaluability Assessment." Here are some of the criteria they specified in order for a program to be considered "evaluable":

- Evidence required by management can be reliably produced.
- Evidence required by management is feasible to collect.
- Management's intended use of the information can realistically be expected to affect performance. (Schmidt, Scanlon, & Bell, 1979)

The term *evidence* refers to the collection of data around specified variables that define the details of service provision and results. The term *evidence-based practice* has come into prominent use in many professions, including social work, to emphasize that clinical decisions must be based on the best available evidence from systematic research wherever possible (Johnson & Austin, 2006; McNeill, 2006). Management's use of evidence simply takes this concept to the next level, defining the parameters within which evidence will be collected, how it will be aggregated, and how it will be used for monitoring, performance measurement, and program evaluation. One thing should be made perfectly clear: Designing programs that can be evaluated means collecting quantified data on service provision and client response. It also requires that data be captured in a spreadsheet or database format to facilitate analysis. Only when data are

Figure 1.1 The Logic Model



displayed in some way that permits comparisons can the program planner or analyst begin to understand what works and what doesn't.

THE LOGIC MODEL

As discussed above, government programs were focused for so many years on *process* or *provision of services* that it has become a long and arduous process to shift the conceptual framework to one that emphasizes *outcomes* and *results*. A framework that has been very influential and helpful in understanding the basic concepts associated with effectiveness-based planning is the logic model. Introduced in the 1960s and 1970s, it was intended to shorten what was then a very cumbersome process of evaluating federally funded programs (Wholey, 1983, 1994). The widespread adoption of the concepts was given a significant boost by the United Way of America's publication *Measuring Program Outcomes* in 1996. The logic model borrows concepts from systems theory to create and build upon a foundation in a way that helps to see the relationships between and among the resources invested, the services provided, and the results achieved.

Effectiveness-based program planning uses *program* as the unit of analysis. The value of the logic model is that it permits us to depict the sequence or flow of events that identifies program resources, matches resources to needs, quantifies the service process, tracks completion of the service process, and measures results. The sequence is depicted in Figure 1.1.

This model allows the planner to see the rational flow of addressing a problem and applying a process, while maintaining a focus on the purpose of the entire effort: effecting positive changes in the lives of clients and reducing the size and scope of a problem in a community. Definitions and applications of inputs, process, outputs, outcomes, and impact will be addressed throughout this book to emphasize the importance of understanding the logical, conceptual flow of the program-planning process. While many examples will be provided, it is important to remember that when applied, the principles should be used as guiding concepts and not as a rigid formula.

COMMUNITY FOCUS

One result of the emphasis on accountability has been to shift the focus from what an agency is providing and accomplishing to what happens to a target population within a community as a result of having received a particular set of services. Most problems addressed by human service programs are community problems, such as children in need of a safe environment, homeless people in need of shelter and rehabilitation, victims of crime and violence in need of protection, family breakdown, addictions, and others. Over the past few decades there has also been an increasing recognition that meeting the needs of various ethnic and special populations, including African Americans, Asian Americans, Latino Americans, Native Americans, gays, lesbians, bisexual and transgendered people, low socioeconomic-status people, and other special

populations may require adaptations. Research findings on success with these populations are limited, and requirements for outcome-oriented approaches have the potential to begin to meet the need for more complete findings (U.S. Department of Health and Human Services, 2001).

The kinds of problems brought to human service agencies are so complex that it is unlikely that services from just one agency can ever have a significant and measurable impact on an entire community. For this reason, funding sources have learned that they must put resources (primarily money) into a community with the expectation that a number of agencies will collaborate in addressing the problem in the interest of achieving a more comprehensive impact.

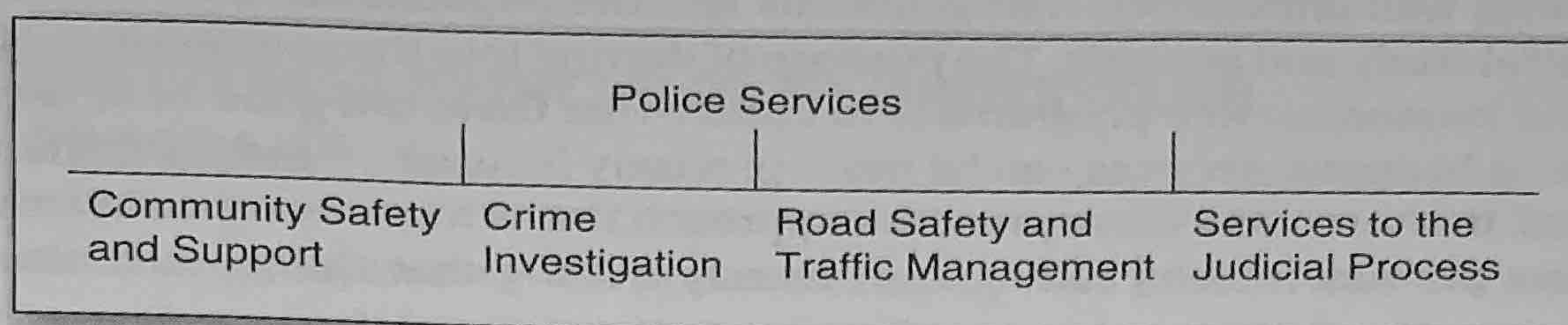
This community-wide focus means that early in the planning and proposal writing stages of a program, planners need to study the problem and identify the characteristics of the target population. Characteristics should anticipate data elements that will be needed to answer questions that may arise about the effectiveness of the program. In the following chapters we will examine in great detail the many developmental phases a program must go through and the many elements that need to be included if it is to be considered effectiveness-based. We will also attempt to illustrate how agency information systems and agency budgets can be structured in a way that allows them to fit into a larger community system, thus enabling state- and community-level organizations to measure the impact on the problem.

Basic to all program monitoring, performance measurement, and evaluation is the need for appropriate information technology support in terms of computer hardware, software, and expertise capable of tracking clients and generating program reports. Yet to achieve the full benefits of effectiveness-based program planning, there must be a strong commitment from the top and throughout the staff that evaluation of effectiveness is critical to the success of any client service program and that evaluation data will be used to initiate continuous quality improvement in the program as it becomes clear that changes are needed.

THE ISSUE OF EFFECTIVENESS

Both efficiency and effectiveness have become major considerations in human service program and agency administration. *Efficiency* can be defined as the volume of service a program provides in relation to its costs (how much service is the agency getting for its dollar?). *Effectiveness* refers to the achievement of client outcomes (quality-of-life changes) as the result of receiving services (how much better off are clients as a result of having received this service?). Measuring outputs and outcomes requires that service providers track such factors as the amount of service a client received, whether the client completed the program or dropped out, and how much the client improved between entry into and exit from the program.

The term *program* also has some very specific meanings. A program is defined as a prearranged set of activities designed to achieve a stated set of goals and objectives (Netting, Kettner, & McMurtry, in press). This is an important and sometimes elusive concept for a newcomer to the profession to grasp. All measurement relies on first defining the

Figure 1.2 Organizational Chart Displaying Programs

elements that will go into program construction. If there is an expectation that stated *objectives* will be met and that monitoring, performance measurement, and/or evaluation will take place at some point, then an agency must plan in advance to establish goals and objectives and to provide clear definitions of services to be provided and results expected (all, of course, in writing). Client requests for help must be categorized in some way, after which clients are directed into services that offer the best possibility of meeting their needs and resolving their problems.

The Commonwealth of Australia has done a particularly good job of applying the concept of effectiveness-based program planning for government-sponsored services. For example, in defining police services, rather than simply operating under the generic heading of crime-fighting, law enforcement efforts are broken down into four areas or programs: (1) community safety and support, (2) crime investigation, (3) road safety and traffic management, and (4) services to the judicial process (Steering Committee for the Review of Government Service Provision, 2006). The point is that services need to be categorized, defined, matched to client need, and delivered to determine whether they have been successful. Data collection systems are closely tied to program definitions. When programs have been conceptualized and have a set of goals and objectives that they are expected to achieve, then they ought to have visibility on the organizational chart, as depicted in Figure 1.2, and have staff and resources assigned to them.

Programs may be staffed by specialists who work exclusively with a defined population or problem, or staff responsibilities may cut across more than one program. The important issue is that client data must be associated with specific programs and services so that valid and reliable measures are produced.

ASSESSING AN EXISTING PROGRAM

In this opening chapter we will attempt to illustrate that designing effective programs requires a careful, detailed thought process that begins with an understanding of a social problem and ends with analysis of data on effectiveness. Chapters 2 through 6 will focus on assessing and understanding problems and needs. Chapters 7 through 9 will present a step-by-step process on writing goals and objectives, designing programs, and collecting and using data for analysis of efficiency and effectiveness. Chapters 10 through 13 will explain alternative budgeting and evaluation systems.

The tasks and processes of program development that will be proposed are by their very nature complex, simply because social, family, and personal problems are complex and sometimes well entrenched. The problems and the populations to be served will require thoughtful study and analysis. The purpose of delving into the complexities of social problems and human service programs is to ensure that there is a good fit of service to need. When this happens, services can be more precisely focused on getting the kinds of results intended. In short, it is a more proactive approach that is more assertive in ensuring service providers produce results rather than merely hoping that things turn out well for the client.

Perhaps in the same way that an understanding of the law is of critical importance to a practicing attorney or an understanding of the body is important to a physician, so an understanding of social problems and programs is central to the practice of social work planning and administration. This understanding will require that old assumptions be challenged and new approaches to serving clients be implemented as we learn more about effectiveness. In a sense, we will be proposing that programs go through periodic checkups, including data analysis, use of benchmarks, and comparison to best practices and the results they are achieving. These indicators should be helpful in determining a program's continuing effectiveness and relevance in a changing environment. Failure to convert to these types of data and information becomes much like competing in an athletic competition without keeping score.

WHAT IS EFFECTIVENESS-BASED PROGRAM PLANNING?

The idea of conducting periodic checkups is, in essence, what effectiveness-based program planning is all about. Designing effective programs requires that social service professionals develop a thoroughly researched understanding about social problems, people in need, and human services. A commitment to effectiveness requires the collection of new kinds of data—data that will provide information about client conditions at entry into and exit from services, thereby making clear the impact of services on problems. This approach will make clear what is working and where changes in programs are needed so that services provided do more of the things that help and fewer of the things that do not. The system is designed to be useful for both direct service and management purposes.

Effectiveness-based program planning involves taking a program through a series of steps designed (1) to produce a clear understanding and definition of the problem to be addressed, (2) to measure client problem type and severity at entry, (3) to provide a relevant intervention, (4) to measure client problem type and severity at exit, and (5) to examine selected indicators in a follow-up study to determine short- and long-range outcomes. The purpose of all of these activities is to provide a basis for continual improvement of services to clients and to provide a common database for both clinical and administrative staff for analysis and decision making about program changes. This way, instead of asking clinicians to fill out forms useful only for completing management reports, clinical staff can record data useful for understanding the progress of

their clients and, at the same time, provide data and information necessary to good program management.

USING EFFECTIVENESS PRINCIPLES TO UNDERSTAND EXISTING PROGRAMS

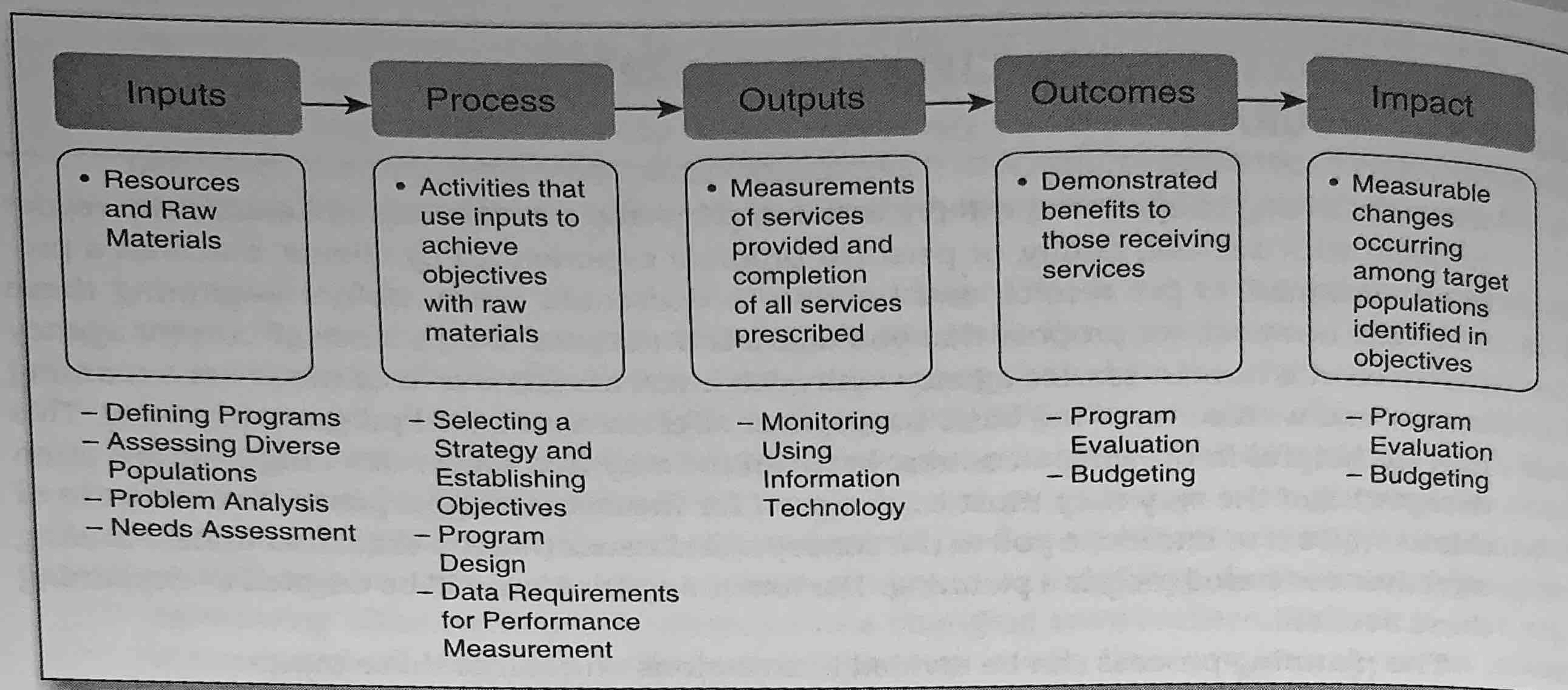
In the following chapters we will present a step-by-step process that will enable the reader to begin with a social, family, or personal problem experienced by clients, end with a program designed to get results, and be able to document them. Before beginning these chapters, however, we propose that you take a few minutes to take stock of current agency practices in a human service agency with which you are familiar as a means of becoming acquainted with some of the basic concepts of effectiveness-based program planning. This may be helpful in drawing a contrast between the way human service programs are often designed and the way they must be designed for measurement purposes. The purpose of this exercise is to introduce you to the concepts and issues that are critical to understanding effectiveness-based program planning. The remaining chapters will be devoted to explaining these in detail.

The planning process can be divided into sections on each of these topics:

- Defining programs
- Assessing diverse populations
- Problem analysis
- Needs assessment
- Selecting a strategy and establishing objectives
- Program design
- Data requirements for performance measurement
- Monitoring and using information technology
- Program evaluation
- Budgeting

It should be evident at this point that each step of the planning process corresponds, in a way, to the sequence depicted in the Logic Model. Figure 1.3 illustrates these relationships. Note how much of the planning process is devoted to understanding and analyzing program inputs. If this part of the process is approached methodically, the rest should flow logically, as will be explained in the following chapters.

A program assessment instrument is provided online at study.sagepub.com/kettner5e. This instrument is designed to provide a quick overview of a program's strong and weak areas. The program-planning model discussed is designed for those programs that provide a direct service to clients. It is not applicable for support programs such as fund-raising, lobbying, and advocacy.

Figure 1.3 The Logic Model Applied to the Planning Process

Defining Programs

An important first step in program planning is to be sure that the program is clearly defined. Services may be organized into programs that offer a specialized set of services to a defined population (e.g., detox, family counseling, employment services). Others may be designed in a way that all clients come through a common intake point and are systematically assigned to case managers who have room in their caseloads rather than to specialists. This is an important distinction in applying the principles of effectiveness-based program planning and one of the first elements of design that need to be assessed. The online questions on defining programs are intended to encourage you to think through where your agency stands on its definition and specialization of programs.

Assessing Diverse Populations

A surgeon general's report published in 2001 identifies a number of disparities in mental health care for racial and ethnic minorities: (1) minorities have less access to services and are therefore less likely to receive needed services, (2) minorities often receive a poorer quality of mental health care, and (3) minorities are underrepresented in mental health research (U.S. Department of Health and Human Services, 2001). There is ample evidence that these disparities also apply to a wide range of health and human services to minority groups and other special populations (Lam & Sue, 2008). As states and communities attempt to address these disparities, program planners will need to take steps to ensure that programs and services are designed in a way that is inclusive and meets the needs of all populations.

Furthermore, many of the counseling professions have established standards that require that their members be inclusive and culturally competent in the provision of counseling and other services (Calley, 2011). While it is usually premature at this point to try to narrow down and define specific populations to be served, it is not too early to ensure that the complete range of possible target populations is taken into consideration in assessing needs. The online questions on assessing diverse populations should help to sensitize planners to all of the populations that are represented in the community so that they will be included in assessments and in planning for services.

Problem Analysis

In Chapters 2 and 3, we deal with the need for a thorough understanding of the theoretical underpinnings and the etiology (cause-and-effect relationships) of the problem(s) the program is intended to address. Sound practice requires that programs be based on a thorough study and analysis of the problem, but that is not always the case. Programs are sometimes planned and funded for political or ideological reasons without regard for the facts or the realities of the situation. However, as we hope to demonstrate, those programs that have the greatest probability of success will be those that develop a clear understanding of the type, size, and scope of the problem as well as its relevant historical highlights, theory, research findings, and etiology.

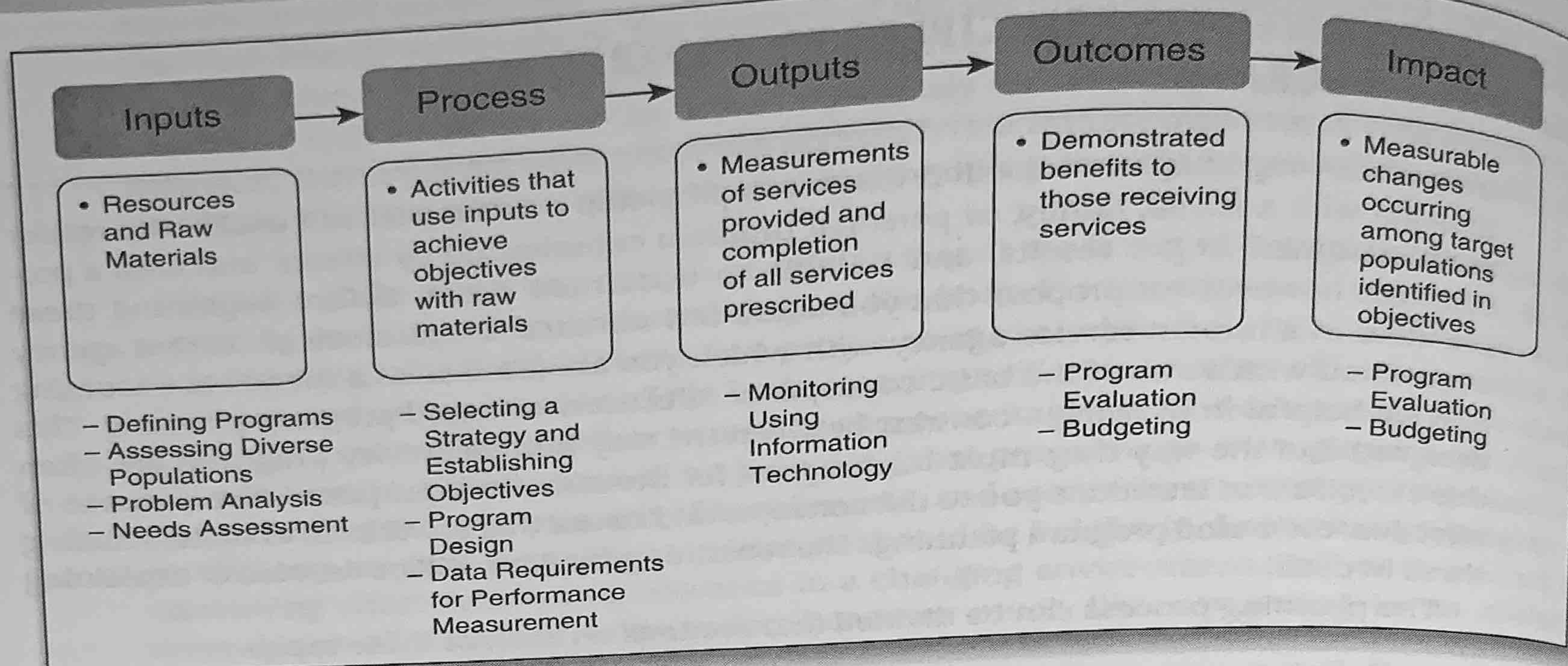
For example, if a program is to be designed to treat drug users, it would be important to understand that people use drugs for different reasons, and treatment must be carefully tied to these reasons. Prescription drug abusers, junior high school kids experimenting with marijuana, and street gang members selling and using methamphetamines, for example, each need to be understood in context. Program planners, therefore, must set out to discover how many of each type are in the community, their reasons for using drugs, where they live, and how severe their problems are. Ethnic minority and other special populations also need to be identified and etiology examined to determine whether there are different factors that contribute to the problem or need. This approach provides a solid foundation on which to build an effective and precisely targeted program or intervention. Online questions on problem analysis are designed to help understand the extent to which a given program is incorporating background information into its understanding of the problem.

Needs Assessment

When someone is experiencing a problem, that individual has a need. Sometimes the need is obvious: Someone who is homeless needs a home; someone who is unemployed needs a job. At other times the need is more subtle and more difficult to meet—for example, the need for a permanent and loving relationship with a nurturing parent substitute, the need for a mentor to help build self-confidence, or the need to learn a work ethic in order to succeed in employment.

Accuracy and skill in matching needs to services comes from thorough study of the problem. Once you are comfortable that you have an understanding of need, it is time to turn to techniques of needs assessment. There are four different perspectives from which we look at need: *normative need* (as defined by experts in the field), *perceived need* (as seen

Figure 1.3 The Logic Model Applied to the Planning Process



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by those experiencing the need), *expressed need* (from those who seek out services), and *relative need* (needs and resources in one geographic area compared with needs and resources in another; Bradshaw, 1972). The online questions on needs assessment will help you understand each of these perspectives on need and think through the extent to which your programs have taken these perspectives into account.

Selecting a Strategy and Establishing Objectives

Once the problem analysis and the needs assessment have been completed, it is time to begin to think about a strategy for reducing or eliminating the problem by meeting the identified needs. This involves a number of steps. By this point in the program-planning process, we are well grounded in history, theory, research, and etiology of the problem and population and are in a position to propose an appropriate intervention. This involves proposing one or more program hypotheses—statements about what outcomes are expected if a person with the problems we have defined receives appropriate service(s). Program hypotheses, then, provide a framework for the development of precisely stated goals, objectives, and activities. The online questions should help in assessing your understanding of a program's underlying assumptions and expectations, and the fit of need to the proposed services.

Program Design

It is one thing to understand a need; it is quite another matter to design an intervention that will meet that need. Research in the field has made it clear that certain problems will respond better to certain, more precise interventions (e.g., Abreu, Consoli, & Cypers, 2008; Morris, 2008; Weaver, 2008). The purpose of the program design phase is to put together that service or combination of services that appears to have the best possible chance of achieving the program's objectives. Program design involves careful consideration of the resources needed to address the needs of clients and attention to the ways in which these resources will be organized. It is a critical point in the planning and management of programs.

If we simply consolidate a great deal of program design under the heading of "casework," we leave decisions about client assessment, service provision, service completion, and outcome assessment to the professional judgment of each caseworker. When this happens, it becomes difficult to establish precise objectives, to examine program effectiveness, and to modify program design in the interest of improving services to clients. On the other hand, bringing precision to each element of program design allows for constant examination and constructive program change as data and information about effectiveness become available to guide our refinements. The online questions should help you assess the level of precision achieved in specifying the elements of your program design.

Data Requirements for Performance Measurement

Data collection is the *sine qua non* of effectiveness-based program planning. All the effort put into the development of a program hypothesis, goals and objectives, and

design will mean little if the correct data are not collected, aggregated, analyzed, reported, and used to make adjustments in the next cycle of services. Data collection systems must be designed to (1) answer questions about meeting community need, (2) identify diverse populations, (3) measure how much each has been helped, (4) measure the achievement of outputs and outcomes, and (5) calculate the costs associated with process, output, and outcomes. Principles associated with performance measurement should be understood before attempting to design an information system. The online questions may be useful in understanding the data requirements of effectiveness-based program planning.

Monitoring and Using Information Technology

Once program data elements have been designed and implemented in accordance with the guidelines established for effectiveness-based program planning, they can be collected, processed, and aggregated in a manner that informs both clinical staff and administrators. Programs can be said to meet objectives and to bring about positive changes in clients' lives only if the data generated from the program provision process can support such statements.

In contemporary human service agency and program management, computerized data management is absolutely essential. Narrative case recording is useful for individual case analysis, planning, supervision, and documentation, but it is of very little use for purposes of measuring effectiveness. In effectiveness-based program planning, we propose a client data system that is capable of producing data and information about the progress of clients throughout each episode of service and the effects of these services at termination and follow-up. This information, we believe, should be used by all levels of staff, each from its own perspective. The online questions may be useful in assessing the strengths and weaknesses of an existing monitoring system.

Program Evaluation

One of the most exciting features of effectiveness-based program planning is that it produces information that informs staff about how successful the program was in relation to expectations as expressed in objectives. How many abusing and neglecting parents completed parent training? How many can demonstrate improved parenting skills? How many have stopped abusing and neglecting and are progressing toward more effective relationships with their children? How effective are these methods across all ethnic populations? This information can bring together direct service staff, supervisors, managers, administrators, and board members around a common set of concerns and interests. It is always more satisfying to be able to say, at the end of a program year, "We helped 75% of our clients master at least 10 techniques of effective parenting" than simply to be able to say "We provided services to 100 abusing and neglecting families." Furthermore, the database produced can provide the raw material for an ongoing research and development function within the agency, a function usually reserved for only the wealthiest organizations. The online questionnaire explores whether various methods of evaluating human service programs are currently being used.

Budgeting

All programs and services depend on funding for their start-up and continuation, and for many funding sources there are no guarantees that the same level of support will continue year after year. It is, therefore, in the interests of clients and staff to ensure that the best possible results are being achieved for the lowest possible cost. A well-designed budgeting system is capable of generating important and valuable information for use in making program changes in the interest of providing better quality services for clients at a lower cost.

Unfortunately, many budgets in human service agencies reflect only categories for which dollars are to be spent. These are called line-item budgets. In effectiveness-based program planning, we propose—instead of or in addition to this simplistic type of budgeting—methods for calculating costs for items such as provision of a unit of service (e.g., an hour of counseling), completion of the full complement of prescribed services by one client (e.g., 10 parent-training sessions), achievement of a measurable outcome by one client (e.g., improved parenting skills), and achievement of a program objective (e.g., at least a 50% reduction in child abuse reports on those who complete the class).

For example, by costing out services, we may learn that it costs \$1,500 per trainee to complete a training program. However, if we also find that there is a 50% dropout rate, the cost then doubles to \$3,000 per “graduate.” These kinds of calculations help staff keep focused on using resources in a way that steers clients in the direction that offers them the best possible chance of success at the lowest cost. These types of calculations should ultimately lead to more cost-effective and cost-efficient operation of human service programs.

The online questions should help in assessing the strengths and weaknesses of your current budgeting system. These questions are intended to provide a very general overview of a particular program in terms of its fit with the principles of effectiveness-based program planning.

The following chapters are intended to explain each of the phases of effectiveness-based program planning in detail. As you proceed through these chapters we encourage you to think through and apply the concepts to a specific program. While the most ideal application of these principles is in designing new programs, you may also find that existing programs can be converted with careful attention to the details of each phase of the planning process.

IMPLEMENTATION CONSIDERATIONS

We try in this book to make the case for performance measurement, monitoring, program evaluation, and precise forms of budgeting. We will cite many federal, state, and local mandates as well as ongoing efforts to develop and use these types of data collection and reporting. As the planning process evolves, it will be clear that what is being presented in this book and the requirements generally associated with this topic can be time-consuming and expensive. Carillo (2005) found that management information is greatly underutilized in human service agencies, and Hatry (2012, p. 23) suggests that, “overall, the feasibility of undertaking full, in-depth program evaluations in more than a very small percentage of

HSOs [human service organizations] is unlikely." He cites several reasons for this, including questions about the validity and reliability of data, compatibility between outcome measurement data and program evaluation data, and the quality and comparability of data across all levels of government and private agencies. That is not to say, however, that effectiveness-based planning is not important or that steps can't be taken or progress made toward the goal of monitoring and measuring program performance.

Of critical importance is the culture and mind-set of the agency, including a commitment from the top administrators to entry-level workers to the collection and use of data to help clients resolve problems in the most effective and efficient way. Enough has been said about the need for leadership in developing performance management systems that we feel safe in stating that, without strong direction from the top, there is little chance that the necessary conversions can be successful (see, e.g., Packard & Beinecke, 2012).

Another important issue is the amount of and resources (including funding, computer hardware and software, technology consultation, etc.) available to the thousands of small, independent human service agencies around the country and the world. While it may be feasible for large federal, state, county, and private agencies with extensive and specialized staffs to undertake a conversion to the kind of performance measurement, monitoring, and program evaluation that we describe, many agencies do not have these resources or capacity.

Often these small agencies are serving in highly specialized areas with underserved populations and meeting a critical need. Some even avoid applying to funding sources because of the requirements associated with performance measurement and program evaluation.

If the commitment is there from board, executive, middle management, and staff, many agencies have demonstrated that strategies can be developed through the use of volunteers, interns, existing staff, consultants, and other resources, dividing the process into three phases: preplanning, defining, and implementing. Not all phases require the same resources. Smaller agencies with limited resources may be able to make the necessary changes without a great up-front investment, embarking on a pre-planning effort and postponing expenses such as outside consultants until they achieve the staff readiness and have the resources to complete the process.

SUMMARY

Planning programs designed to achieve results is a very complex process. For human service professionals who have, for many decades, built programs around *process*, working with the concepts of *results* or *outcomes* requires some radical shifts in thinking. Yet it is completely understandable why various levels of government, the United Way, and other grant and contracting organizations need to be able to calculate the value of investments in programs in terms of results. Fortunately, the logic model provides a clear flow of phases in the program development process, so that if it is carefully operationalized and followed, program planners will be able to measure results, costs, and other important indicators. This chapter attempts to lay out the steps in that process and to define the elements critical

to measurement. An online questionnaire is designed to guide the program planner through the various phases of effectiveness-based program planning as applied to an existing program.

This analysis is intended to introduce the phases and the concepts, with the understanding that each step in the process will be covered in more detail in a later chapter.

REVIEW QUESTIONS

1. What are the critical differences between the old focus on process in human services and the more recent focus on outcomes? Why are all levels of government concerned about this?
2. How does the logic model help in understanding and applying the elements of effectiveness-based program planning?
3. Define and give examples of efficiency and effectiveness in relation to a particular program of service with which you are familiar.
4. Why is it important to identify target populations as part of the planning process?
5. Identify some measurable outcome indicators for a program or service with which you are familiar.

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Understanding Social Problems

CHAPTER OVERVIEW

The purpose of this chapter is to explain:

- The importance of carefully thinking through the social problem(s) to be addressed
- Common mistakes that have been made in the past in defining social problems
- A more productive way of defining social problems
- How standards are used in defining problems
- How a social problem can be better understood and more clearly defined by answering a series of questions about the problem and the population affected

The following topics are covered in this chapter:

- Addressing Social Problems
- Stating Problems as Solutions
 - The Limitations of This Approach
- The Need for a New Approach
- Identifying a Social Condition
- Defining Problems
 - Social Problems and Standards
- Frameworks for Problem Analysis
- Summary
- Review Questions

ADDRESSING SOCIAL PROBLEMS

Most social programs are justified on the basis of one intention: to address identified social problems, which become translated into the needs of a target or client population. Once implemented, programs often drift from their initial focus and are adjusted to meet the demands of agency and staff. Nevertheless, in their original design, it is important that programs develop a clear focus on client need and that the extent to which it is met becomes the barometer for measurement of program integrity and effectiveness.

This is the bottom line for social service programs because we cannot use profit or loss as the measure of the success or failure of a program. Though considerations of profit and loss are important in business, in the social services we need to go beyond these and give primary consideration to meeting client need in a way that is cost-efficient and cost-effective. In the following pages, we explain how one develops an understanding of a social problem in a way that makes explicit the relationship of problem, client need, and program.

Problem analysis and needs assessment can be viewed as the first of a number of related activities that, in sum, constitute the planning process. Such a process, according to this perspective, would also include the formulation of a policy framework expressed in goals and objectives; the selection and implementation of a particular intervention or program; the calculation of resources needed to implement the program; and the management of monitoring, evaluation, and feedback procedures.

These activities often require the participation of many, including professionals familiar with the problem, administrators familiar with service capabilities, consumers or potential clients who have experienced the problem firsthand, and others knowledgeable and influential in this area of concern. We will frequently refer to this group as *program planners*.

Most human service professionals, at one time or another during their careers, serve in the role of program planner. Perhaps in some large, well-funded agencies there are professionals specifically designated as planners. For the most part, however, planners in human service agencies are those involved in the direct provision of services, supervisors, or administrators who have a special assignment to develop a program plan and who draw on a variety of people for their special talents and perspectives.

An orderly, systematic approach to program planning suggests that planners begin by asking: What is the problem? What are its facets, and what are its causes? What are the characteristics of those who can be defined as having the problem? How many people are affected? Can they be located geographically? Effectiveness-based planning presumes that needs can be responded to if, and only if, such questions can be answered. Pursuing answers to these questions appears at first glance to be both logical and necessary. In a typical agency, however, both the phases of the process and the questions asked are often likely to be ignored or treated in a perfunctory fashion. Why might this be so?

STATING PROBLEMS AS SOLUTIONS

The answer might be found in the following scenario. Whether it resembles your experience or not, it describes an all-too-common occurrence in many communities. A planning agency concerned with the problems and unmet needs of women who have

been abused (e.g., an interagency coalition on domestic violence) brings together representatives of all agencies offering services to these women. The convener hopes that the process will not only identify these problems and needs but also provide the basis for establishing priorities and a blueprint for long-range planning. After introductions are made and the purpose of the meeting is stated, each participant is asked to share with the group his or her perceptions of problems, needs, and priorities.

The first person, a program manager for a shelter, describes that agency's programs and the number of women and children it serves and concludes that, on the basis of these data, there is a pressing need for many more beds. The next person at the table, a social worker from a local counseling agency, speaks of the large numbers of women who are in need of individual and group counseling. She concludes with a plea that priority be given to recruiting and training social workers to more effectively work with this target population. A third person, a nursing supervisor in the county hospital, points out that many of these women are brought to the emergency room by police officers who know very little about how their initial contact can have a positive or, in many cases, a negative effect. She suggests that the plan give some priority to a series of training sessions. The next person, a representative from child protective services, speaks of the tragedy the children experience, even if they only observe the violence, and their need for specialized therapists. As the meeting progresses, a case for additional legal services is articulated by the representative of the county's legal aid services and for job training by the local employment agency center. At the end of the process, the facilitator thanks the members and promises to draft a report based on their "planning."

Many planning efforts are initiated with the implicit assumption that the problems are fully understood and their solutions known. In fact, the problems are frequently stated in terms of solutions and are often qualified by the word *more*, as in "more physicians" (or nurses, social workers, counselors, day care facilities, hospital beds, or training slots). The common denominator to this approach, regardless of the problem in the community or the target population, is a strong belief that the major problem is basically a lack of resources. We know what to do and would be able to solve most, if not all, problems if we had sufficient resources.

The Limitations of This Approach

Additional resources are not necessarily always the solution. Times change, conditions change, people change, and problems change. The assumption that "business as usual" with additional resources is what is needed may well prove to be faulty and risks taking program planning in an unproductive direction. A fresh analysis of condition and problem may well lead to a number of different interventions or programs.

Commitment to business as usual is certainly understandable. As human service professionals, we have come to believe in the efficacy of our profession and therefore advocate for an increase in numbers. But these services tend to take on lives of their own, thereby reducing the potential for flexible approaches to problem solving and inhibiting efforts to initiate change through experimentation.

The emphasis on planning is too often on organizational survival or program maintenance and expansion. Administrators who are responsible for the management of programs often structure their agencies in such a way that the purpose of the organization

becomes defined as the sum total of the services provided. Staff members tend to view potential clients in terms of those services the staff are in a position to offer. The elderly, for example, are often grouped into those "needing" homemaker services, meals on wheels, institutional care, and other services. Likewise, persons with mental disabilities may be seen as those who "require" institutional care, special education, training, and other services. Such views may continue long after these approaches have outlived their relevance for these groups. Consider the following real-life example of resistance to change.

A few years ago, a newly appointed executive director of a well-established private agency offering direct services to families by highly qualified therapists wanted to try a new program—one that would complement existing efforts. The new initiative would focus on families providing care to family members with severe disabilities. Rather than assuming that these families would want counseling, the plan was to ask what services they saw as potentially helpful to them as the caregivers. They would then be given these services, and eventually the agency would be able to determine which service or mix of services enabled the caregivers to continue. The therapists supported the program until they were told that they would not carry out the initial assessment but that non-therapists would screen families and match them to services. The program was never implemented since it was seen as a threat to the professionals who were concerned that families would not identify counseling as a high priority.

Whatever the system, this labeling has the potential to begin at intake and to continue throughout the client's contact with the agency. All too often, services that were initially introduced as "possible" mechanisms to assist people in need quickly become the "only" way to do things. Services initially developed and seen as potentially beneficial for certain people with particular needs take on a life of their own and are rarely questioned. There is a universal tendency when we approach planning with a focus on the existing service delivery system to emphasize management aspects—the efficiency of our system. We rarely step back and examine the purposes of these services or question their effectiveness.

Looking only at existing programs and services usually results in maintaining the status quo, and the process generally discourages experimentation. Change, when it does occur, offers minor modifications to the existing system. The problem with this approach, however, is that although the system has grown exponentially over the past 30 to 35 years, and although expenditures have mushroomed, many of the social problems that these expenditures were to alleviate remain unchanged. The persistence of serious problems despite monumental financial efforts has brought renewed pressure for experimentation with new processes and changes in the existing system. The expectation that resources will continually expand to meet need as defined in the existing system is not realistic.

The critical considerations in developing an understanding of a social problem, then, are these:

- Problem analysis should be seen as the first of a series of related activities in the planning process.

- Problem analysis initially should focus on understanding the problem—not on generating the solutions.
- Problem analysis should involve a fresh look at issues, free of assumptions about services.

THE NEED FOR A NEW APPROACH

These pressures, in part, have stimulated a growing recognition that there must be a better way to understand and address problems. The need for data to justify predetermined service-planning decisions is being replaced by a need for data that will lead to a clearer understanding of social problems and will help in identifying the most effective directions for planning decisions. This, in part, has been the impetus for developing a model for effectiveness-based program planning.

Current decision making is not, and probably will never be, a purely technical process removed from the political environment. This does not mean, however, that decisions should not be influenced by sound technical analysis. Attempts need to be introduced that establish more rational decision-making processes that take into account both the political and the technical.

The appropriate first activity, then, is problem analysis and the assessment of need. It is one that seeks to stimulate independence from the status quo by focusing on the problems and needs of people rather than on the existing network of human service programs. Figure 3.1 illustrates the differences between the business-as-usual approach and planning based on current problems and needs. This activity begins with the recognition of a social condition.

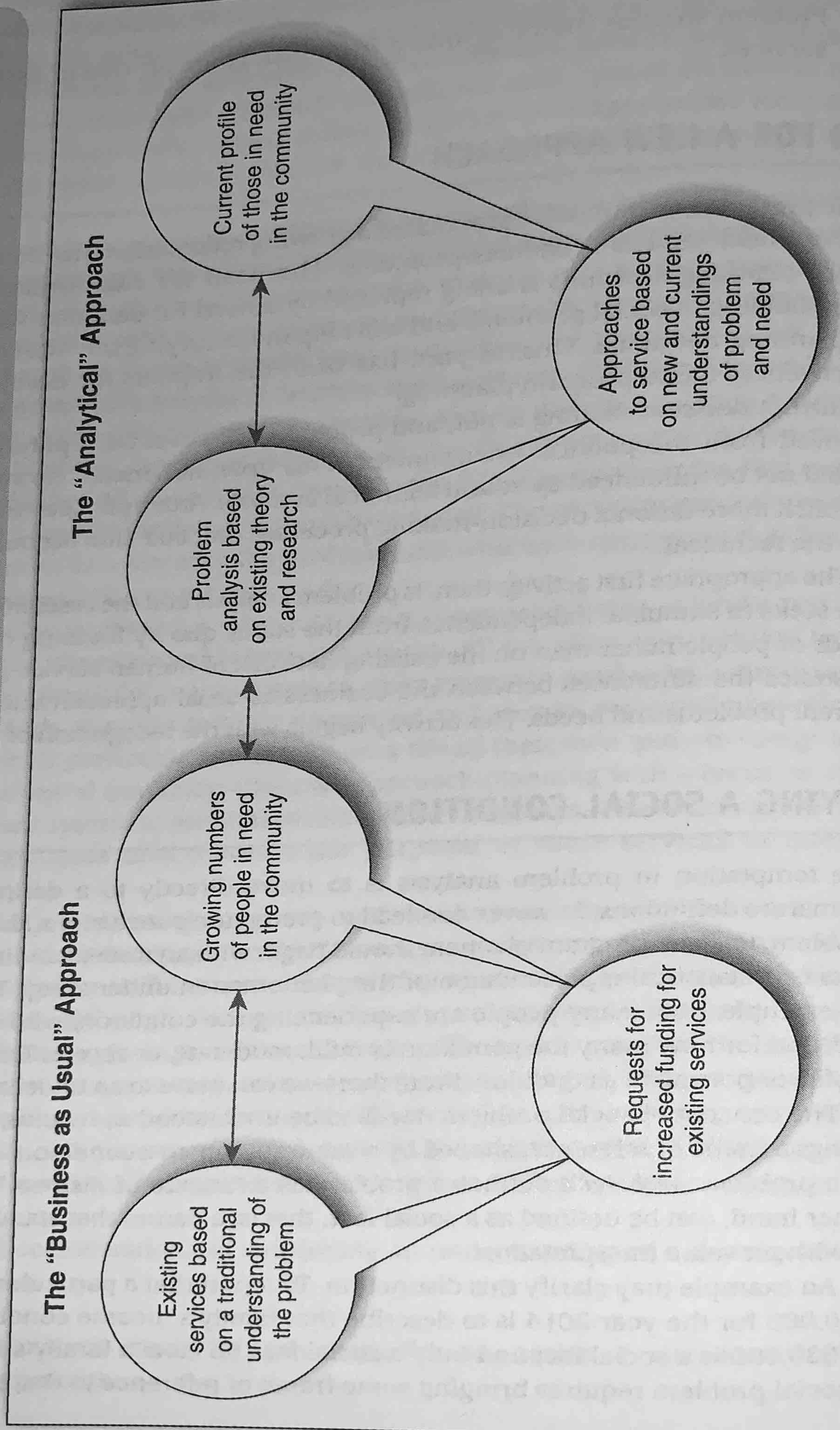
IDENTIFYING A SOCIAL CONDITION

The temptation in problem analysis is to move directly to a definition of a problem. Premature definitions, however, can lead to premature conclusions about the nature of the problem. Instead, program planners should begin with an understanding of a condition: the facts or a statistical representation of the phenomenon under study. The facts may tell us, for example, how many people are experiencing the condition; who they are; where they live; and for how many the condition is mild, moderate, or severe. This begins to present a profile or portrait of a condition. From there we can move to an understanding of a problem.

The concept of social problem needs to be understood as relative, in that an individual brings a frame of reference, shaped by a value system, to a condition and labels a condition as a problem. *Webster's* defines a problem as a "source of distress." A condition, on the other hand, can be defined as a social fact, that is, a datum that stands independently and is without value interpretation.

An example may clarify this distinction. To report that a particular family's income was \$20,000 for the year 2014 is to describe that family's income condition only. An income of \$20,000 is a social fact and only a social fact. To label a family's income of \$20,000 as a social problem requires bringing some frame of reference to that social fact.

Figure 3.1 A Comparison of Two Approaches to Problem Analysis



DEFINING PROBLEMS

A problem that is inadequately defined is not likely to be solved. Conversely, a problem that is well defined may be dealt with successfully, assuming that adequate resources are made available and appropriate services are provided. Still, it must be understood that problem analysis is by nature more an art than a science. If it were a science, there would be only one approach to it, and no matter how many program planners were involved in this phase, collectively or individually, the analysis, grounded in objective methods, would always result in the same conclusion.

As part of a graduate course on community planning, students were required to visit a neighborhood (each team of four students was given a map of certain census tracts) and carry out the following activities:

- First, they were asked to walk through their neighborhood and report (individual, not team reports) what they saw and what they could conclude about the neighborhood.
- Second, they were asked to analyze the neighborhood using census data.
- Third, they interviewed staff at social service agencies offering services to residents, asking staff to describe the neighborhoods from their experiences.

We found that perceptions of the whole changed as more information became available. This was to be expected. But we also found that the reports from the first assignment based on observation only found tremendous variation even among team members. For example, one student saw poverty based on housing conditions, while another saw a strong, safe neighborhood based on the large number of children playing on the streets and adults talking with their neighbors.

Although it involves a good deal of creative activity, problem analysis still has its foundation in an orderly approach based on proven principles. What we find, however, is that different program planners can assess the same situation and produce quite different analyses insofar as each planner shapes the problem in terms of his or her background, training, experience, and values.

Scientific objectivity in the analysis of a community's problems would be, in fact, an unrealistic and possibly undesirable goal. It would be unrealistic in the same way that social science has recognized that true objectivity in science is not possible. It would be undesirable, moreover, in that existing attempts to translate this "scientific objectivity" tend to result in the application of dominant values under the guise of neutrality when labeling a situation as a "problem."

Social Problems and Standards

One way to move from fact to problem is to bring some standard to assessing the individual situation. If the family with the \$20,000 income in 2014 was made up of four or more members, they would be defined as living below the federally defined poverty level with

that income in that year ("Annual Update of the Health and Human Services Poverty Guidelines," 2011). A family of four was judged to be poor if its income fell below \$23,850. If, on the other hand, the family was made up of a parent and a child, or two parents and no children, the income of \$20,000 in 2014 would place it above the poverty level. A family of two was considered to be poor if its income was less than \$15,730. The fact of the income has not changed, only the size of the family and, thus, the label that applies to that level of income. The *standard* by which we determine whether a particular family is poor, or living in poverty, is a *judgment* that there is a level of income under which a family of a particular size cannot meet basic needs.

A second way of looking at this labeling of an income level (a social fact) as constituting poverty (a social problem) is to go beyond the absolute definition, using an income figure and demonstrating how poverty is related to a number of other conditions that have been labeled as problems, such as ill health, poor school performance, substandard housing, dependence on welfare, and teen pregnancy.

Conditions become problems when they are judged by someone or some group to be negative, harmful, or pathological. Furthermore, whereas one individual or group may label a condition to be a social problem, another individual or group may argue the opposite. One group may describe the existing housing stock in a neighborhood as substandard because the social facts or conditions fall below the published standards (the federal definition of *substandard* encompasses various aspects of plumbing, heating, electricity, and space as it relates to overcrowding). Another group may look on that same housing and draw a different conclusion; in fact, that housing may be viewed by the homeless as superior to their existing situation. A third group may feel that if the owners (assuming they are absentee owners) were required to upgrade the housing, they might raise the rents to the point that some low-income families might find themselves forced to vacate.

Given varying perspectives on social conditions, therefore, it is critical that all views be taken into account during the planning process. To do otherwise opens up the possibility of an incomplete analysis and the probability of future political backlash during the implementation phase.

In summary, in problem analysis it is important to remember the following:

- The first point of focus is conditions or social facts.
- Conditions become problems when they are judged to be negative, harmful, or pathological.
- It is important to know who is judging the condition as a problem and why.

FRAMEWORKS FOR PROBLEM ANALYSIS

The framework used in this book generates a number of questions as guides in this phase of the planning process. In general, they deal with the nature of the situation, the social values being threatened, the extent to which the situation is recognized, the

scale of the problem, and the etiology of the problem. These concerns can be reduced to the questions listed below:

1. What is the nature of the situation or condition?

In pursuing an answer to this first question, program planners need to collect facts and impressions from as many different individuals and groups as possible—including service providers, community leaders, and those affected by the problem—to ensure that all perspectives are considered and that the problem is not labeled prematurely. If, for example, we are concerned with the increase in the incidence of domestic violence, we will want to collect information not just from human service professionals but also from others who are affected—for example, the abused women and their children, community leaders, police, and clergy.

2. How are the terms being defined?

One of the reasons that many planning efforts either terminate prematurely or result in ineffectual programs is that the problem is not clearly understood in the same way by all who participate in the planning. For example, the planning effort might be concerned with the problem of unemployment in the community. The term *unemployment*, however, may refer only to those actively looking for work or may include “discouraged jobseekers” and the “underemployed,” that is, those working part-time or fewer than 50 weeks each year. Similarly, terms such as *child abuse*, *domestic violence*, and *homelessness* would need to be defined. Common understandings must be achieved on all terms so that there is a shared definition of the problem and the target population.

3. What are the characteristics of those experiencing the condition?

This question closely follows the previous question. In answering it, we are able to describe those experiencing the problem in sociodemographic terms. Who are they, and what do they look like? If the planners are concerned with the domestic violence problem, for example, and have achieved agreement on their definitions, their next task will be to describe who these women are. In most communities, we are likely to find that many different subpopulations make up this group. They cannot be thought of as a single homogeneous group. A percentage is likely to be families with young children, another group will probably have psychological problems, and still another will be individuals with substance abuse problems. Without these data, the planning effort is likely to produce programs and services that may be appropriate to only one or a few of the subgroups experiencing the problem of domestic violence.

4. What is the scale and distribution of the condition?

This question addresses the need to estimate the numbers affected and the spatial distribution of the condition under study. These data provide two figures: (a) an estimate of the numbers, which is important for deriving some notion of the level of effort needed to deal with the condition, and (b) the distribution of the condition, whether it is concentrated in specific geographic areas or spread out. This might give program planners some beginning direction in terms of intervention strategies.

5. What social values are being threatened by the existence of the condition?

There is a need to explore, to the extent possible, how people in the community would respond to the presence of the condition if they knew that it existed. For example, how would the general community react if the situation involved the number of abused women and their children? Would people be concerned enough with the safety of these families that they would be willing to make it a high priority for the city or county in terms of resource allocation? Would they support the position that anyone who is being abused needs protection and assistance to achieve a stable life for themselves and their children? Perspectives of community people, community leaders, the media, and various special interest groups are important for later use in determining whether this particular condition will be seen as a problem that should be addressed.

6. How widely is the condition recognized?

It is valuable to have some idea of potential community support for later action. Furthermore, if the situation is not widely recognized, there may be a need for community education before an intervention can be implemented. If the condition is known only to some professionals or agencies and those who have experienced it, it is unreasonable to expect the larger community to respond favorably to a request for support. The problems of homelessness and AIDS demonstrate this point. In the early 1980s, few people were concerned with these problems; many saw them as both small in scale and involving narrowly defined populations. Community action occurred only when the general public and community leaders became more aware of and knowledgeable about these conditions. Such is the case for domestic violence as more and more people recognize it as a growing problem.

7. Who defines the condition as a problem?

A corollary of this is the question: Who would support and who would oppose resolution of the condition? It should be apparent that problem analysis in a planning context is different from problem analysis in a traditional research framework. It includes an analysis not only of who, what, and where but also of the political environment. This assessment of the readiness to deal with the problem and to commit resources to its resolution is an important part of problem analysis.

In any situation, there is likely to be one group of people who define the condition as a problem, another who have no opinion, and still another who oppose any resolution or change in the situation. When facing demands to improve substandard housing, for example, those opposing change may include landlords and others who are benefiting from the status quo.

A recent example of this conflict is this country's response to the immigration of tens of thousands of children from Central America. While one group wanted to help the children, others physically stopped the buses carrying the children to processing centers and wanted them deported immediately. Whenever money is involved, which includes almost all areas of social services, there is likely to be competition for scarce resources and therefore opposition.

Whatever the situation, it is critical to identify these possible opposing forces. To do otherwise could result in failure during later stages of the planning and implementation processes. Force field analysis offers one strategy to carry out this task (for discussions of this strategy, see Netting, Kettner, & McMurtry, in press).

8. *What is the etiology of the problem?*

This question raises concerns that are the most critical part of these frameworks—the need to identify the cause(s) of the problem. Some interventions that target the causes of the problem will result in positive outcomes; others may not.

Typically, etiology emerges from a review of the theoretical and research literature on the topic and from an understanding of the history and development of the problem. The epidemiological model can be helpful in determining etiology. An epidemiological approach hypothesizes the existence of causal chains and assumes that if a link in that chain can be altered or broken, the problem can be dealt with, at least with partial success.

Two classic examples are found in the literature on communicable diseases: response to a cholera outbreak in the 19th century and the yellow fever campaign of the early 20th century. In the first case, John Snow, a physician, noticed that those who contracted cholera in London were likely to have used water from a single source: the Broad Street pump. The epidemic abated after the source was sealed and closed (Summers, 1989). In the second example, Walter Reed and his associates found that yellow fever existed only when three essentials were present: a human to contract the disease, a mosquito to carry the disease, and a swamp to breed the mosquitoes. Assuming a causal chain, efforts were initiated to eradicate the breeding grounds, and the incidence of yellow fever was dramatically reduced. More recently, epidemiological thinking has helped us better understand current communicable and infectious diseases such as sexually transmitted diseases and AIDS.

Although the model has been less successful in dealing with multicausal problems and problems that do not involve infection, it has great value as a framework for understanding the etiology of social problems. Cloward, Ohlin, and Piven (1959) incorporated this approach in their proposal dealing with juvenile delinquency. They hypothesized that delinquent behavior resulted from “blocked opportunity” and that “blocks” included a nonresponsive educational system, an inaccessible health care system, discrimination, poverty, and substandard housing. Their intervention, then, focused on removing these blocks. However, unlike the above communicable and infectious disease examples, to use this approach on social problems is to rely on correlations, associations, and probabilities between intervention and outcomes and not cause and effect in the classic sense. In the classic sense, cause and effect requires that the presence of one factor *always* produces another event, and without the first, the second will not exist. For example, we say that smoking causes lung cancer, yet not all people who smoke get lung cancer and others who do not smoke get lung cancer.

Some risks may have to be taken in speculating about etiology in multicausal social problems. The amount of knowledge and information program planners have about the problem will have a major influence on the accuracy and validity of their common understandings of cause and effect. Reaching agreement is extremely important in that it is around these common understandings of cause and effect that interventions are designed.

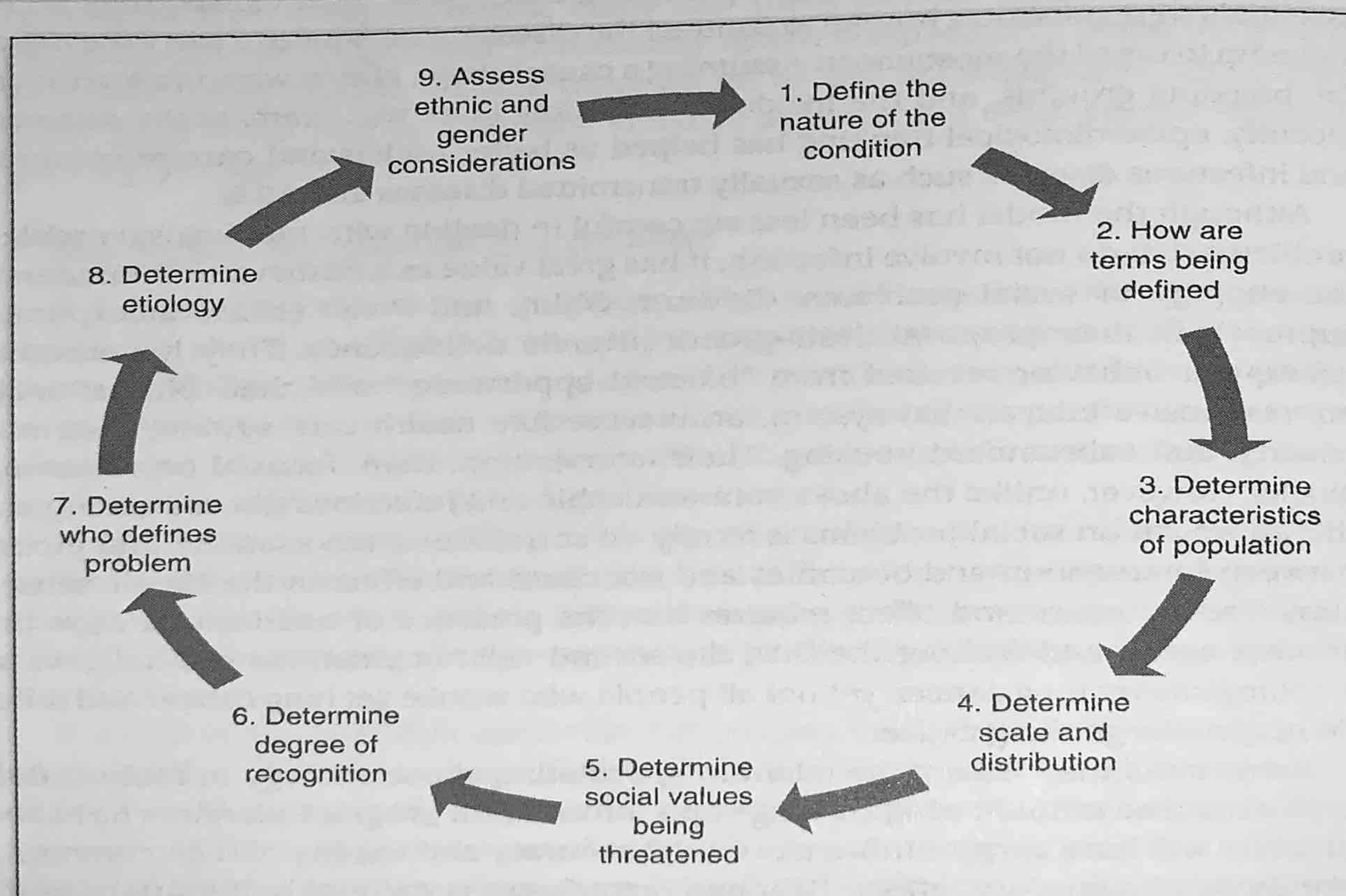
9. Are there ethnic and gender considerations?

Although not a part of the early analytical frameworks, this question has taken on a new significance in the past few years. As the bodies of literature on culture and gender grow, it is important that program planners be aware of the ways in which the problem and the proposed intervention will affect and be affected by ethnic and gender considerations.

Though the general intervention may be the same for many different groups, the way the intervention is packaged is shaped by these considerations. Several authors have developed feminist and ethnic-sensitive interventions (see, e.g., Anderson & Carter, 2003; Appleby & Colon, 2007; Cross, Bazron, Dennis, & Isaacs, 1989; Lecca, Quervalu, Nunes, & Gonzales, 1998; Locke, 1992; Weil, Gamble, & Williams, 1998). Where programs will affect and be affected by these populations, this literature should be explored.

In summary, it should be apparent that problem analysis in a planning context is different from problem analysis in a traditional research framework. It includes not only an analysis of the who, what, and where issues but also an analysis of the political environment, an assessment of a community's readiness to deal with the problem, and a measure of the resources the community is willing to commit to its solution. Finally, it is critical that

Figure 3.2 Framework for Problem Analysis



program planners understand history, theory, and research related to the problem so that cause-and-effect relationships can be hypothesized and areas of need for gender and ethnic sensitivity can be identified. Figure 3.2 depicts the foregoing nine questions that make up the framework for problem analysis.

SUMMARY

In this chapter we discussed the real importance of *not* underestimating the importance of spending a considerable amount of time in defining the problem you hope to (re)solve. All too often, program developers jump to solutions that tend to strengthen the existing system, whether this assumption is valid or not. More often than not, additional resources to maintain current practices do not reflect a realistic understanding of the problem we are hoping to address. Instead, we argue the value of initially focusing on the problem, not the solution.

A number of approaches are discussed, approaches that encourage the planner to develop a more comprehensive understanding of the problem, an understanding that shapes the intervention. These approaches help us refine our understanding of the target population and the possible factors that are related to the problem's existence. The next two chapters outline various conceptual frameworks and methodologies to define the target population.

REVIEW QUESTIONS

1. What are the major problems in defining problems as a lack of resources?
2. How does a social condition differ from a social problem?
3. In what ways is the introduction of standards useful for defining problems?
4. What is the unique contribution of epidemiology in the analysis of problems?
5. In what ways is a problem analysis process both technical and political?

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