Goal: A goal is a general statement of intent or purpose. Each goal should support your vision statement. A goal is a long-term result you hope to achieve from the sum of your prevention activities. For example, “a drug and alcohol free Reno.”

Impacts: Measure whether you have achieved your goal. Generally impacts cannot be measured by local programs because they often take years to produce and require a more rigorous level of evaluation.

Indicators: Are signals that let you know you have achieved your outcome. An indicator is a substitute measure for a concept that is not directly observable or measurable, e.g. prejudice, or substance abuse. For example if you wanted to measure an outcome of “increased school bonding”, an indicator of that might be “increased school attendance or improvement in GPA, reduction in suspensions, etc.”

Logic Model: A framework that shows the relationship between the program’s ultimate aim (its long-term outcomes) and the strategies and activities it is using to get there. The logic model summarizes the key elements of your program, reveals the rationale behind your approach, articulates your intended outcomes and how they can be measured, and shows the cause and effect relationship between your program and your intended outcomes.

Objective: Measurable statements of the expected changes in risks, assets, policies or other underlying conditions as pressed in the Theory of Change. An objective should include a time frame, the desired change, the degree of that change and who will change as a result of the intervention. For example, “by June 30, 2005, 60 9th graders at Drake High School will have an increased perception of AOD risk and a decrease in their use of alcohol.” Or, by June 4, 2006, three communities in X County will have adopted a “juvenile party ordinance designed to decrease minor arrests for being under the influence”.

Outcome: Outcomes are the changes that occur in the target population and are the results of your intervention. Outcomes are broken into three categories:

- Short-term/immediate outcomes. These outcomes generally measure whether the program has been implemented as intended.
- Intermediate outcomes. Generally measure changes in risk and protective factors, e.g. improvements in communication, peer resistance, or critical thinking skills
- Long-term outcomes: Measure changes in ATOD indicators, e.g. increased perception of risk of ATOD use, decreased availability of alcohol, etc.
**Problem/Need Statement:** Based on analyses of ATOD problem or indicator data, it reflects local conditions that contribute to the problems identified by the data. For example, if DUI rates are much higher than statewide rates or the rates in similar counties, the problem statement might also reflect the local conditions that produce this program. You might determine that DUI rates in your county are high because local bars are over serving customers. The problem statement should also reflect the problems you have chosen to work on after reviewing all of the ATOD problem data and prioritizing which of the problems you are going to address with limited resources.

**Target Population:** The group that will benefit from the intervention and will exhibit the desired changes.

**Theory of Change:** Should reflect the essential or core elements of your intervention. It indicates a path or string of strategies that if implemented as designed should produce the desired outcomes. A Theory of Change should reflect the science-based evidence of your proposed intervention (the research behind why the program works).