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Discovering Community Assets: Master of Public Health Culminating Experience

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Abstract

The Sonoma County Department of Health Services, through Cradle to Career, promotes collective impact around educational attainment and workforce development, and has become a leader in developing a framework for community schools. The first step in developing a community schools model is to understand and inventory what is already going on in the community. This process, known more formally as asset mapping, is a participatory process focused on documenting the strengths and resources of a community. The collaborative nature of the process helps to promote community involvement and build community cohesion. In order to assist schools wanting to begin an asset mapping process, the Department of Health Services sought to develop a toolkit for community asset mapping. The following paper is a summary on a 300-hour fieldwork experience at the Department of Health Services specific to understanding asset mapping and developing a guide for communities and schools wanting to discover their assets.

Discovering Community Assets:

Master of Public Health Culminating Experience

There are two paths typically used to explore solutions and make decisions in a community. The first path, which is used more often, highlights the needs, deficits and problems within a community to drive solutions. The high use of needs assessments and tertiary care reflects a journey down this path. In contrast, the second path focuses on assets, emphasizing the existing strengths of individuals, organizations, and communities as a way to mobilize and build community capacity for action. Taking an asset approach allows communities to redefine their truth, and serves as a way to help community members take an active role in developing solutions. When community members become involved in and lead the process from beginning to end, they are able to take ownership of the process and build community cohesion.

This paper will provide an introduction to asset mapping as a method for discovering community assets, and a summary of 300 hours of fieldwork experience completed at the Sonoma County Department of Health Services as a culminating experience for the University of San Francisco's Master of Public Health program.

Background

Agency Information

The Health Policy Planning and Evaluation (HPPE) Division of the Sonoma County Department of Health Services facilitates and supports the data collection, data analysis, program management and evaluation, and policy development services for the department. Additionally, HPPE staffs the County's Health Action initiative, a countywide framework for promoting community engagement and good health. Health Action's vision is that by the year 2020, Sonoma County is the healthiest county. In commitment to this vision, Health Action identified

ten goals that contribute to a healthy community. In the 2013-2016 action plan, Health Action acknowledged that to make meaningful change it was important to narrow in on a few key priority areas. Health Action chose educational attainment, health care improvement, and economic security as its three focus areas.

Leveraging the existing momentum in Sonoma County around educational attainment, Cradle to Career works to connect all segments of the education pipeline to improve education outcomes and workforce development. Since its launch in 2012, Cradle to Career has worked to advance the vision of Health Action, specific to the goal that every youth graduates from high school on time. Working jointly with local school districts, the Department of Health Services, through Cradle to Career, has become a leader in building community schools, a strategy of coordinating resources and services around a school. By building partnerships and establishing supports for children and families, the goal is to revolutionize schools into centers that benefit students, families, and the surrounding community. This work, along with other work within the Department of Health Services, has led to the creation of the department's Schools Partnership group. The overarching goal of the Schools Partnership is to develop an internal system of coordinated and aligned strategies, resources, and services working toward building a place-based community schools model.   In order to advance the goals of Health Action, Cradle to Career and the Schools Partnership, the fieldwork experience was directed at creating an asset mapping toolkit for schools interested in developing a community school.

Literature

Community-based participatory research (CBPR) is a collaborative approach to research that emphasizes community involvement in all aspects of research, from conception to dissemination of results (Burns et al., 2012). This approach allows community members to

contribute their knowledge to the process, generating more effective solutions and improving community health. With its roots in CPBR, asset mapping is a participatory process that involves identifying and documenting the tangible and intangible resources of a community, focusing on strengths rather than areas of improvement (Burns et al., 2012). Additionally, asset mapping is an initial step in building a community school, as it allows schools to discover the assets and strengths within the community and foster partnerships (National Centers for Community Schools, 2011). Through this process, communities and schools can redefine their community, focusing and building on the strengths that already exist. Asset mapping can also be used as a process for strategic planning, community development, and organizational development (Fuller et al., n.d.).

Participatory asset mapping promotes community involvement and participation, and has the potential to build community cohesion and empowerment. In a participatory asset mapping process, communities must first start with identifying the research questions and selecting the geographic boundaries of the community (Burns et al., 2012). Additionally, it is helpful for communities to describe the history and demographic makeup of the community to provide a context within which to collect and interpret the data (University of Kansas, 2013). There are various methods and processes which communities can implement, such as interviews, focus groups, community-engaged mapping, photovoice, etc., to gather data about the strengths and assets of the community (Burns et al., 2012; University of Kansas, 2013; Rotary International, n.d.). Once the data is collected, communities will undertake quantitative and qualitative data analysis methods to understand and interpret the findings (University of Kansas, 2013). By understanding the strengths of a community, asset mapping helps to identify and increase

capacity within that community to build and expand on existing strengths (Kretzmann & McKnight, 1993).

The assets themselves may be persons, physical structures, natural resources, institutions, businesses, services or information organizations (Brighter Futures Together, n.d.). When collecting and documenting assets, communities may ask specific questions to uncover the assets at different levels (Community Outreach of Our United Villages, n.d.). In addition, the methods chosen may be tailored to gather the information of interest.

A key facet of participatory asset mapping is that community members are involved in and drive the process (Allen et al, 2002). From start to finish, the level of community engagement will affect the significance of the results. Higher levels of community engagement, while more time consuming and costly, will produce richer data (Council on Competitiveness, 2008). The level of asset mapping chosen should reflect on the overall goals of the community. At the most basic level, an asset map includes an inventory of resources in a defined community and available secondary data sources (Council on Competitiveness, 2008). Once data from secondary sources are collected and a preliminary list of resources is identified, the list should be circulated to desired stakeholders for input. Once vetted, this list can be used to track changes over time. The next level of asset mapping incorporates the secondary data collected from Level 1 and adds some primary data collection (Council on Competitiveness, 2008). The primary data collection is typically in the form of surveys, but may also include interviews and listening sessions. This level of asset mapping provides a broader picture of community assets than Level 1; however, requires less community engagement than Level 3. The comprehensive assessment is the most involved level of asset mapping. It involves teams going out into the community and having individuals identify what is important about the surrounding areas (Council on

Competitiveness, 2008). The focus is on capturing different stakeholders' perspectives of assets in the community and the relationship between the assets, which generally occurs through community walks, photovoice and focus groups. This level provides the richest amount of information about the community and involves the highest degree of community engagement.

Dissemination is a vital consideration because it is the way the community and stakeholders will gain information about the asset mapping process and the results (University of Kansas, 2013). A clear dissemination strategy can also mobilize communities for action. As results are disseminated to the community, specific next steps will begin to surface. Within the community schools framework, understanding the assets and strengths that already exist within a community help direct resources to meet the needs of that community (National Center for Community Schools, 2011). As such, a process that was inclusive of the different viewpoints of community members will lead to a community school that is responsive to the diverse needs. When community members work together to create an inventory of assets, they are able to develop a vision of the future, and leverage resources to support actions to achieve this vision.

Implementation

The intention of the fieldwork experience at the Sonoma County Department of Health Services was to explore the field of asset mapping and develop a toolkit that would aide Sonoma County schools in taking on an asset mapping project. At the outset of the project, four primary goals and 18 objectives were identified. The four goals were as follows:

1. Increase individual knowledge of community asset mapping, data collecting, and analysis
2. Establish connections and build relationships with project staff

3. Develop standard policies and procedures for community asset mapping in Sonoma County that can be replicated by other schools, school districts, and/or community-based organizations

4. Create asset maps

Within each of these goals, learning objectives were established to support the overarching goal. Similarly, the activities listed in the learning contract stipulated the specific steps necessary to meet each objective.

The beginning of the fieldwork experience focused heavily on goal 1, increasing knowledge, as this project involved many novel concepts and ideas. The remainder of the fieldwork experience focused on developing standard polices and procedures for asset mapping. As the project began to take shape, some of the learning objectives took a slightly different turn than originally outlined. Specifically, goal four was removed from the learning contract, as the timing made it impossible to collect any primary data. An updated learning contract is included in the appendices.

Based of the premise that research should be a collaborative process and should seek to engage community members in all aspects of the process, from the development of the research questions to the interpretation of results, the asset mapping toolkit provides a step-by-step guide for engaging community members. Each chapter of the toolkit describes a specific stage of the process. Beginning with the planning phase, the toolkit walks the reader through how to engage stakeholders and narrow in on the project scope. The following section of the toolkit synthesizes a variety of methods, ranging in the level of community engagement required. The next section explains how to analyze the data collected from the previous section and interpret the findings.

After which, information is included on how to disseminate the results and develop

recommendations. The toolkit ends with additional resources and example final products.

   The methods detailed in the asset mapping toolkit reflect the knowledge base around

community-based participatory research. Within the toolkit, communities are not only

introduced to preliminary steps for community engagement, but also the methods to implement

to uncover a community's strengths and assets. In most cases, the methods are primarily kept

vague to allow communities to tailor them to their own individual needs. For instance, although

the toolkit was originally intended to be for schools beginning to implement a community

schools model, it was expanded and generalized to be applicable to other organizations and

entities. As such, communities who carry out an asset mapping process are able to include

elements of advocacy, health education, and policy development into the methods,

interpretations and dissemination where desired.

Findings

   Creating a toolkit for schools to use to implement an asset mapping project proved to be

more difficult than originally intended. Specifically, since the fieldwork experience was slated

to occur over summer and schools are out of session from the beginning of June through the end

of August, obtaining any input from school administration, teachers, and students on the

development of the toolkit was nearly impossible.   As a result, the toolkit ended up being more

general. While viewed as a set back at first, the general nature of the toolkit allows it to be more

applicable to a range of audiences, including community-based organizations, schools, and other

formal and informal groups.

   Without direct input from schools, additional feedback was garnered from the

Department of Health Services Schools Partnership group and other stakeholders. Additionally,

the results of the toolkit and fieldwork experience were presented to the Schools Partnership group. Comments from the group reflected a consensus that the toolkit both accurately and concisely captured the information that schools and organizations needed to begin an asset mapping project.

Since the asset mapping toolkit was identified as a specific outcome for the Schools Partnership group and the project aligns to the goals and vision of both Cradle to Career and Health Action, the project is likely to be sustainable. At this point, the Department of Health Services does not have funding or resources to dedicate to support schools in starting an asset mapping project; however, the Department should be able to offer in-kind technical assistance if needed. Additionally, Cradle to Career staff is currently working with two schools in Sonoma County, Cook Middle School and El Verano School, on developing a community schools model. Cradle to Career staff will support these two schools as they being an asset mapping process.

Health Action supports regional chapters of stakeholders in advancing the mission and vision of Health Action in specific communities. These chapter groups have voiced an interest in not only receiving the toolkit, but also starting an asset mapping project in their respective communities. Additionally, to increase the sustainability of the project, Cradle to Career staff will work with other Department of Health Services staff on existing photovoice projects and trainings. By working together on these projects and trainings, Department of Health Services can expand the reach of their work.

Public Health Significance

Overall, this project reflects a shift in thinking. Traditionally, in many fields, public health included, solutions are framed around combatting needs and deficits. Instead of starting with the problem, an asset approach seeks to first identify the strengths of individuals,

organizations and communities. This shift suggests a move away from needs assessments to a strength-based and empowerment approach.

Additionally, the use of community-based participatory research, and specifically asset mapping, highlights the importance of the social, economic, and political factors in public health. Each of the methods that are used in asset mapping can be tailored to describe these factors. When engaged in the research process, community members are able to take ownership and co-create a vision for the future. This is an important facet within public health, as most programs fail to incorporate community members and those affected by a problem in the process to develop solutions for said problem.   In many cases, community members know the community and the problem on a deeper level and can provide added insight that may beyond the scope of an outside researcher. In addition to the methods and implementation of asset mapping, community members should also be involved in analyzing the data. Data analysis for asset mapping emphasizes both qualitative and quantitative research methods. By utilizing both types of research methods, public health professionals are able to add more meaning to the data that one method of analysis can provide alone.

Finally, asset mapping can serve as a catalyst for building relationships. Increasingly, public health professionals are committed to working on cross-sector projects. The goal of asset mapping is to identify the various strengths and assets in the community, and then leverage and expand those strengths and assets to improve the health of community members. Connecting different services can not only help organizations more effectively coordinate care, but can also help individuals navigate care.

As stated previously, working with schools over the summer proved to be challenging. In the future, a project designed to gather input from specific stakeholders will acknowledge the

timelines of others. Community engagement is an essential component of asset mapping and

community-based participatory research. Future public health interventions should continue to

utilize the lessons learned from this project and find new methods for engaging community

members. Traditionally, research has put a divide between the role of the researcher or public

health professional and community members; however, it is becoming increasingly important to

incorporate community members throughout the research process. In order to address health

disparities, public health professionals need to learn about the social, political, and economic

factors that impede good health directly from the source. By co-creating solutions and

leveraging the strengths and assets that already exist within a community, public health

professionals can propel communities forward rather than holding some community members

back.

In any case, the public health field must work to incorporate the diverse perspectives and

voices into all strategies and interventions. Asset mapping provides an avenue for community

members to be involved in the research process; however, it is not the only time community

members should be engaged in public health activities. Community members can provide useful

insight into health issues within the community and context surrounding the problems.

Competencies Addressed

The learning objectives completed through the 300 hours of fieldwork helped to

contribute to the achievement of University of San Francisco's Master of Public Health

competencies, in addition to core knowledge areas and cross-cutting values. Specifically, the

fieldwork experience provided opportunities to describe the proper statistical tools to assess

community needs, utilize both quantitative and qualitative methods, apply theoretical constructs

of social change and evidence-based principles, and develop public health strategies reflective of

the diverse cultural values of the communities being served, among other competencies. Throughout the fieldwork experience, all activities afforded the opportunity to demonstrate leadership abilities and apply ethical, moral and legal principles to public health practice.

Since the crux of the project was focused on learning and exploring a method for community assessment, the core knowledge areas and cross-cutting values obtained relate to statistics, program planning, and evaluation. Quantitative and qualitative analysis methods and the specific statistical tests are highlighted in the toolkit. Although epidemiological methods are not called out directly in the toolkit, the principles from epidemiology can be applied to the data collection, analysis and dissemination stages. Additionally, the project as a whole contributes to the social and behavioral sciences core knowledge area by taking a strengths-based approach and look at the social, behavioral, and cultural factors in a community. Concepts within the environmental health core knowledge area, such as environmental justice, surface when looking at the community structure and describing the context and environment in which people live, work and play.

The opportunity to deepen the cross-cutting values was interspersed throughout the project. Researching different asset mapping projects and developing the toolkit helped to build the cross-cutting value of program planning. By walking communities through the program planning process, the toolkit itself serves as a lens or framework for communities to develop their own asset mapping project. Moreover, since the project is framed around a strength-based approach, the toolkit supports the diverse social and cultural backgrounds of community members. Throughout the toolkit, language is included to highlight the importance of diverse perspectives, a direct representation of the diversity and culture cross-cutting value. Additionally, systems thinking can be observed throughout the fieldwork experience. The entire

toolkit is a reflection of the dynamic relationships between individuals, communities, organizations and environments.

In terms of communication and relationship building, there were ample opportunities to develop the cross-cutting values of leadership and professionalism. Working for a governmental organization requires employees to be a steward for the community and act in a way that demonstrates accountability and professionalism. It was important to continual promote high standards of personal and organizational integrity. Additionally, in developing the asset mapping toolkit there were numerous occasions to demonstrate team building, conflict management and negotiation skills. Together, the asset mapping workgroup was able to navigate difficult situations and develop alternative strategies.

The fieldwork experience was largely a collaborative process. Working with a team was essential for building relationships, expanding the knowledge of group members, and problem-solving. In addition, since the project focused on developing a comprehensive toolkit, the research behind it included on a broad range of the USF MPH program competencies, core knowledge areas, and cross-cutting values. Similarly, the toolkit was able to draw from concepts and interventions learned in USF MPH program coursework, specifically, Biostatistics and Communicating for Healthy Behavior and Social Change.

Conclusion

Overall, the fieldwork experience sufficiently symbolized a culmination to the USF MPH program. The experience proved to be useful for building relationships with key stakeholders and advancing the public health knowledge on a fairly novel concept, asset mapping. At times, managing the workload and overcoming specific barriers proved to be challenging. However, knowing that the final product will be used by a wide variety of audiences is extremely fulfilling.

Before beginning the project, the public health significance was not as clear, because there was not a strong data analysis component or a specific intervention. Over time, the project proved to be extremely useful, not only professionally, but personally as well. Without the expertise of the preceptor and core project staff, the fieldwork experience would not have had as much merit. Being able to bounce ideas and gain knowledge from project partners was invaluable. In summation, the fieldwork experience at the Sonoma County Department of Health Services served as a valuable learning experience in public health practice.

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Appendices

Learning Contract

Student: Megan Sirna
Agency and Department/Division/Program: Sonoma County Department of Health Services, Health Policy Planning and Evaluation (HPPE) Division
Preceptor: Kristin White, Epidemiologist
Dates of Placement: March 31st-August 27th

Goal 1: Increase my knowledge base of community asset mapping, data collection, and analysis.				
Objective 1: Demonstrate an understanding of community asset mapping.				
Activities	**Timeline**	**Anticipated Hours**	**Person(s) responsible**	**Deliverables**
Read relevant literature and reports on community asset mapping, participatory asset mapping, and needs assessments.	March 31-August 27	20	Megan	List of literature read
Watch relevant videos on community asset mapping, participatory asset mapping, and needs assessments.	March 31-August 27	.5	Megan	List of videos watched
Communicate with partners about the asset mapping project	March 31-August 27	.5	Megan	Description of project conveyed to partners
Participate in meetings, as necessary, to enhance understanding of asset mapping, data collection and analysis.	March 31-August 27	9	Megan	Notes from meetings
Objective 2: Conduct a literature review including relevant literature on approaches to community asset mapping, participatory asset mapping, and needs assessments.				
Activities	**Timeline**	**Anticipated Hours**	**Person(s) responsible**	**Deliverables**
Complete a literature review using literature from Objective 1.	March 31-April 7	20	Megan	5-10 page literature review

Total Anticipated Hours for Goal 1: 50

Goal 2: Establish connections and build relationships with project staff.				
Objective 1: Establish weekly communication with preceptor.				
Activities	**Timeline**	**Anticipated Hours**	**Person(s) responsible**	**Deliverables**
Meet in-person or have phone communications with preceptor weekly	March 31-August 22	21	Megan and Kristin	Notes and action steps from meetings
Communicate with preceptor via email for immediate issues or to discuss deliverables	March 31-August 22	1	Megan and Kristin	Notes from email communication
Objective 2: Establish biweekly communication with project staff.				
Activities	**Timeline**	**Anticipated Hours**	**Person(s) responsible**	**Deliverables**
Attend bimonthly team meetings	March 31-August 22	15	Megan, Kristin, Steve, Bethany and Kellie	Notes and action steps from meetings
Communicate with team via email for immediate issues or to discuss deliverables	March 31-August 22	1	Megan, Kristin, Steve, Bethany and Kellie	Notes from email communication

Total Anticipated Hours for Goal 2: 38

Goal 3: Develop standard policies and procedures for community asset mapping in Sonoma County that can be replicated by other schools, school districts, and/or community-based organizations.				
Objective 1: Develop research questions to be answered through asset mapping.				
Activities	**Timeline**	**Anticipated Hours**	**Person(s) responsible**	**Deliverables**
Meet with staff at pilot site (Cook Middle School) to discuss project goals and the school's priorities and interests	April 28-May 12	6	Megan, Kellie, and Bethany	List of priorities for Cook Middle School
Use priorities to develop research questions	May 12-May 16	1	Megan	List of research questions
Objective 2: Identify the roles and responsibilities of key partners.				
Activities	**Timeline**	**Anticipated Hours**	**Person(s) responsible**	**Deliverables**
Meet with staff at pilot site (Cook Middle School) to discuss staff capacity for engaging in asset mapping.	April 28-May 12	(Included in Goal 3, Objective 1)	Megan, Kellie and Bethany	Notes from meeting with staff regarding staff capacity
Outline roles and responsibilities of key partners and stakeholders	May 12-May 18	1	Megan	Document outlining roles and responsibilities
Objective 3: Conduct a literature review of community assets and strengths linked to the research questions and outcomes.				
Activities	**Timeline**	**Anticipated Hours**	**Person(s) responsible**	**Deliverables**
Research community assets and strengths that have evidence supporting a link to the research questions and outcomes.	March 31-April 7	5	Megan	List of research and relevant literature on community assets related to research questions
Compile research and literature into a summary of key community assets and strengths to measure to answer the research questions.	April 7-April 11	(Included in Goal 1, Objective 2)	Megan	Summary of relevant literature

Objective 4: Create a list of common definitions.				
Activities	**Timeline**	**Anticipated Hours**	**Person(s) responsible**	**Deliverables**
List terms commonly used in the research and literature	March 31-April 7	2	Megan	List of terms commonly referred to
Research definitions for terms identified in list above	April 7-April 11	4	Megan	List of definitions for each of the terms
Send out list of definitions to team members and key stakeholders to vet	April 11-April 25	.5	Megan	List of definitions vetted by stakeholders
Revise list of definitions as necessary based on stakeholder feedback	April 28-May 9	2	Megan	Revised list of common definitions
Objective 5: Identify data already collected and reported on at the Department of Health Services.				
Activities	**Timeline**	**Anticipated Hours**	**Person(s) responsible**	**Deliverables**
Communicate with Epidemiologists and Data Analysts at DHS to identify what secondary data is already collected	March 31-April 7	2	Megan and Kristin	List of data already collected
Determine what data is useful to the asset mapping project	April 7-28	4	Megan and Kristin	List of data already collected that is relevant to asset mapping
Objective 6: Conduct a literature review of tools and methodology commonly used to measure the identified community assets.				
Activities	**Timeline**	**Anticipated Hours**	**Person(s) responsible**	**Deliverables**
Research tools and methodologies commonly used to measure community assets	April 28-May 9	5	Megan	List of tools and methodologies commonly used to measure community assets
Summarize the research on commonly used tools and methodologies	April 28-May 9	2	Megan	Summary of relevant tools and methodologies
Make recommendations for best tools and methodologies identified through research	May 9-May 12	1	Megan, Kristin, Steve, Kellie and Bethany	Recommendations of tools and methodologies to use in Sonoma County

Objective 7: Develop tools.				
Activities	**Timeline**	**Anticipated Hours**	**Person(s) responsible**	**Deliverables**
Using inventory of what data and information we have from Objective 5, make a list of information that is missing	May 19-May 23	2	Megan	List of information needed but do not currently collect
Develop tools to address information missing and research questions	May 23-June 6	10	Megan	Tools to collect data needed
Test and revise tools, as necessary	May 10-19	10	Megan	Tools tested and revised
Objective 8: Develop procedures for a common approach to asset mapping.				
Activities	**Timeline**	**Anticipated Hours**	**Person(s) responsible**	**Deliverables**
Using literature review from Goal 1, Objective 2, identify steps necessary for asset mapping	May 23-May 30	5	Megan	List of steps of asset mapping
Using literature review from Goal 1, Objective 2, describe processes for each step identified above	May 30-June 6	5	Megan	Description of each step
Develop a comprehensive procedures manual for asset mapping in Sonoma County	June 6-August 10	100	Megan	Asset mapping procedures manual
Send out manual for feedback and review	August 10-August 17	.5	Megan	Feedback from stakeholders
Revise manual, as necessary	August 17-August 22	2	Megan	Revised manual
Objective 9: Develop data entry templates for selected tools and assets.				
Activities	**Timeline**	**Anticipated Hours**	**Person(s) responsible**	**Deliverables**
Using tools and methodologies selected in Goal 3, Objective 5, and understanding of pilot school capacity, develop data entry templates	June 6-July 10	10	Megan	Data entry templates for each selected tool

Objective 10: Develop protocol for data collection and data entry.				
Activities	**Timeline**	**Anticipated Hours**	**Person(s) responsible**	**Deliverables**
Research best practices for data collection and data entry	May 30-June 6	5	Megan	List of best practices for data collection and data entry
Summarize literature on data collection and data entry best practices	June 6-June 15	5	Megan	Summary of best practices for data collection and data entry
Use summary to develop protocol for data collection and data entry	June 15-June 30	5	Megan	Protocol for data collection and data entry
Objective 11: Develop standards for data analysis.				
Activities	**Timeline**	**Anticipated Hours**	**Person(s) responsible**	**Deliverables**
Research best practices of data analysis for asset mapping	May 30-June 6	5	Megan and Stephen	List of best practices for asset mapping
Generate list of commonly used data analysis methods for asset mapping	May 30-June 6	2	Megan and Stephen	List of commonly used methods
Use best practices to develop standards for data analysis	June 6-July 10	10	Megan	Standards for data analysis

Total Anticipated Hours for Goal 3: 212
Total Anticipated Fieldwork Hours: 300

DISCOVERING COMMUNITY ASSETS

Timeline

	Mar 30-Apr 5	Apr 6-Ap 12	Apr 12-Apr 19	Apr 20-Apr 26	Apr 27-May 3	May 4-May 10	May 10-May 17	May 18-May 24	May 25-May 31	June 1-June 7	June 7-June 14	June 15-June 21	June 22-June 28	June 29-July 5	July 6-July 12	July 13-July 19	July 20-July 26	July 27-Aug 2	Aug 3-9	Aug 10-Aug 16	Aug 17-Aug 23
Goal 1, Obj 1	●———	———	———	———	———	———	———	———	———	———	———	———	———	———	———	———	———	———	———	———	●
Goal 1, Obj 2	●——— ●																				
Goal 2, Obj 1	●———	———	———	———	———	———	———	———	———	———	———	———	———	———	———	———	———	———	———	———	●
Goal 2, Obj 2	●———	———	———	———	———	———	———	———	———	———	———	———	———	———	———	———	———	———	———	———	●
Goal 3, Obj 1					●———	———	●														
Goal 3, Obj 2					●———	———	●														
Goal 3, Obj 3	●———	——— ●																			
Goal 3, Obj 4	●———	———	———	———	———	●															
Goal 3, Obj 5	●———	———	———	———	●																
Goal 3, Obj 6					●———	———	●														
Goal 3, Obj 7								●———	———	———	———	———	———	———	●						
Goal 3, Obj 8								●———	———	———	———	———	———	———	———	———	———	———	———	———	●
Goal 3, Obj 9					●———	———	———	———	———	———	———	———	———	———	●						
Goal 3, Obj 10									●———	———	———	———	———	———	———	———	●				
Goal 3, Obj 11									●———	———	———	———	———	———	●						