NCACH Population Health Workgroup Logic Model_Draftv.1

Program Title: Children's Diabetes Prevention Program: Walk the Walk! Talk the Talk! Call the Doc! Date: 7/21/2015

Draft Goal: To generate personal awareness, self-efficacy and environmental support for a pilot group of children ages 6 – 11 around the disease prevention strategies of physical activity, healthy food choices, and regular medical check-ups.

Inputs	Strategies	Reach	Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
To accomplish our strategies, we will need:	To make improvements or address existing health problems, we will:	Our strategies target the following audience(s):	Once accomplished, we expect to produce the following evidence or service delivery:	Expected changes in 1 – 3 years: (often related to learning)	Expected changes in 4 – 6 years: (often related to actions)	Expected changes in 7 - 10 years: (often related to conditions)
Workgroup participation ACH Governing Board support (serve as champion for workgroup) Time Amerigroup support Teacher/school staff support Local teen leaders and/or Community Health Workers as instructors/class support Spanish-language instructors Marketing messages and materials to promote program Meaningful participation incentives (e.g., farmers market vouchers, FINI grant Safeway vouchers) Demographic and baseline knowledge data of program participants Funding for class materials (e.g., classroom props, printing, incentives) Potential partnerships with regional medical/dental agencies, food distribution sites, farmers markets	As a program pilot, target two (2) low income / high Hispanic enrollment school populations. Contact for interest: • Mission View Elementary, Wenatchee • Rock Island Elementary, Rock Island Offer classes as a voluntary educational activity in existing After School Programs Recruit local teens for program support and provide train-the-trainer instruction Provide 6 week, instructor-led Walk-the-Walk curricula at two interested schools Incorporate language-appropriate take-home materials to involve families (e.g., quizzes, fact sheets, activity sheets, recipes) When possible, tie program marketing and rollout to other scheduled events (school health fairs and community events) to create program awareness and generate interest Partner w/ medical/dental providers to provide	Children ages 6 – 11 years Parents / caregivers making decisions in food/ beverage selection, preparation and portioning, and activity oversight Teens (peripheral target in role of modeling and teaching) Teacher/school staff	# of target children who participate # of target parents/ caregivers who participate Direct feedback (short quiz) from children and parents/ caregivers at end of each session and at program conclusion Post-program school staff feedback Conduct a timed follow-up evaluation tool • Include select MyPlate indicators and measurements. • Assess knowledge retention • Assess behavioral changes • Assess program reach was the information shared with family and friends beyond the participant or parent/ caregiver? Replicable, scalable, modifiable program for similar target audiences	Select MyPlate Metrics Personal & Interpersonal Factors: • Awareness, knowledge of MyPlate and Dietary Guidelines for Americans (DGA) • Self-efficacy to choose a healthy diet for self, for household members Environmental Setting Factors: • School exposure of MyPlate • School exposure of key program messages Self-efficacy to increase activity levels		
	incentives to children who complete a medical visit					

Population Health Workgroup Logic Model

Draft_v.1

Planning and Progress Quality Criteria

Criteria			No	Revisions
1	A variety of audiences are taken into consideration when specifying credible outputs, outcomes, and impacts.			
2	Target participants and/or partners are described and quantified as outputs (e.g., 100 teachers from 5 rural high schools).			
3	Events, products, or services listed are described as outputs in terms of a treatment or dose (e.g., 30 farmers will participate in at least 3 sessions of the program; curriculum will be distributed to at least 12 agencies).			
4	The intensity of the intervention or treatment is appropriate for the type of participant targeted (e.g., higher risk participants warrant higher intensities).			
5	The duration of the intervention or treatment is appropriate for the type of participant targeted (e.g., higher risk participants warrant longer duration).			
6	Outcomes reflect reasonable, progressive steps that participants can make toward longer-term results.			
7	Outcomes address awareness, attitudes, perceptions, knowledge, skills, and/ or behavior of participants.			
8	Outcomes are within the scope of the program's control or sphere of reasonable influence.			
9	It seems fair or reasonable to hold the program accountable for the outcomes specified.			
10	The outcomes are specific, measurable, action-oriented, realistic, and timed (SMART objectives).			
11	The outcomes are written as change statements (e.g., things increase, decrease, or stay the same).			
12	The outcomes are achievable within the funding and reporting periods specified.			
13	The impact, as specified, is not beyond the scope of the program to achieve.			
14				
15				