

NCACH Population Health Workgroup Logic Model_Draftv.2

Program Title: Children's Diabetes Prevention Program: *Walk the Walk! Talk the Talk! Call the Doc!*

Date: 7/29/2015

Draft Goal: To generate personal awareness, self-efficacy and environmental support for a pilot group of up to 50 children **ages 6 – 11** around the disease prevention strategies of physical activity, healthy food choices, and regular medical and dental 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)
<ul style="list-style-type: none"> Workgroup participation ACH Governing Board support (serve as champion for workgroup) Timeline Amerigroup support of materials and curriculum instruction Principal / Teacher / School staff support Students and/or Community Health Workers as instructors/class support Spanish-language instructors Marketing messages (e.g., 1 page letter of introduction w/ program overview, project goal, parental consent form) and materials to promote program Meaningful participation incentives (e.g., farmers market vouchers, FINI grant Safeway vouchers, oral care products). Amerigroup materials require 2 week advance ordering; oral care products available). 	<p>As a program pilot, target two (2) low income / high Hispanic enrollment school populations. Contact for interest:</p> <ul style="list-style-type: none"> Mission View Elementary, Wenatchee Rock Island Elementary, Rock Island <p>Offer classes as a voluntary educational activity in existing After School Programs</p> <p>Recruit local students (high school, health occupations, dental, nursing, nursing assistants) for program support. Provide train-the-trainer instruction</p> <p>Offer instructor-led, 6-week curricula (1 session/week), to two interested schools; provide program at one or both accepting schools</p> <p>Incorporate language-appropriate take-home materials to involve families (e.g., quizzes, fact sheets, activity sheets, recipes)</p> <p>When possible, tie program marketing and rollout to other scheduled school events (Mission View: 8/28, Rock Island: 8/29) or</p>	<ul style="list-style-type: none"> Children ages 6 – 11 years Parents / caregivers making decisions in food/ beverage selection, preparation and portioning, and activity oversight Students as teachers (peripheral target in role of modeling and teaching) Teacher/school staff 	<p># of target children who participate</p> <p># of target children who complete 6 week program</p> <p># of target parents/ caregivers who complete post-program survey</p> <p># of target children who connect with a medical provider or dentist post program</p> <p>Direct feedback (short quiz) from children and parents/ caregivers at end of each session and at program conclusion</p> <p>Post-program school staff feedback</p> <p>Conduct a timed follow-up:</p> <ul style="list-style-type: none"> Develop a 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 	<p>Select MyPlate Metrics</p> <p>Personal & Interpersonal Factors:</p> <ul style="list-style-type: none"> Awareness, knowledge of MyPlate and Dietary Guidelines for Americans (DGA) Self-efficacy to choose a healthy diet for self, for household members <p>Environmental Setting Factors:</p> <ul style="list-style-type: none"> School exposure of MyPlate School exposure of key program messages <p>Self-efficacy to increase activity levels</p>		

<ul style="list-style-type: none"> • Demographic and baseline knowledge data of program participants • Funding for class materials (e.g., classroom props, print materials, t-shirt, incentives, pedometer) est. at approx. \$8.00/participant. • Potential partnerships with regional medical/dental agencies, food distribution sites, farmers markets • Participant and parent/caregiver pre- and post-survey development • 	<p>community events to create program awareness and generate interest</p> <p>Partner w/ medical/dental providers to provide incentives to children who complete a medical visit. Orient high-volume providers to the program and provide participant incentives.</p>		<p>participant or parent/caregiver?</p> <p>Replicable, scalable, modifiable program for similar target audiences</p>			
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Planning and Progress Quality Criteria

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