

NCACH Population Health Workgroup Logic Model_v.3

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

Date: 8/6/2015

Goal: To generate personal awareness, self-efficacy, and environmental/situational support for a pilot group of 50 children ages 6 – 11 around the diabetes-prevention strategies of physical activity, healthy food choices, diabetes disease awareness, 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 NCACH Governing Board support (serve as champion/support agency for PH workgroup) Timeline Materials and curriculum preparation Train-the Trainer instruction Principal / Teacher / School staff support Workgroup members, college/high school students, and/or Community Health Workers as instructors/class support Spanish-language instructors Marketing messages (e.g., 1 page introductory letter 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). Materials require 	<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, medical assistants) for program support. Provide train-the-trainer instruction</p> <p>Offer instructor-led, 7-week curricula (2 sessions/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,</p>	<ul style="list-style-type: none"> Children ages 6 – 11 years (target 6 – 8 year old learners) 25 students max. per class 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 	<ul style="list-style-type: none"> # of target children who participate # of target children who complete 6 week program # of target parents/ caregivers who complete post-program survey # of target children who connect with a medical provider or dentist post program <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>Timed follow-up data:</p> <ul style="list-style-type: none"> Develop a follow-up evaluation tool Use select MyPlate indicators and measurements. Assess knowledge retention post program Assess behavioral changes post program Assess program reach (environmental/situational support) - was the information shared with family and friends beyond 	<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 to MyPlate School exposure to key program messages <p>Self-efficacy to increase activity levels</p>		

<p>2 week advance ordering; oral care products available).</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>Rock Island: 8/29) or 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.</p> <p>Schedule 1 instructor, 1 support person, and 1 program observer/evaluator per class.</p>		<p>the participant or parent/ caregiver? How was information or food recommendations used in the home or other food selection opportunities?</p> <p>Replicable, scalable, modifiable program for similar target audiences</p>			
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