

## Introduction and background

This logic model displays the Flex Program theory of change at three levels. The purpose of the Flex Program is to improve the health of rural people by supporting **performance improvement** in **critical access hospitals, rural emergency medical service agencies, and rural health systems of care**. System-level performance improvement includes facilitating networking and regional organization of rural health services.

The **Overall Summary** shows the overall integration of Flex components and how state activities and national partner activities work together.

The **National Level** logic model highlights the activities and outputs of the national Flex partners and federal staff.

The **State Level** logic model focuses on the activities of the state Flex programs to highlight the ways that state Flex programs work with rural stakeholders, critical access hospitals, EMS agencies, and rural communities.

This logic model is a systematic and visual presentation of the relationships among Flex resources, activities, and the results we hope to see.

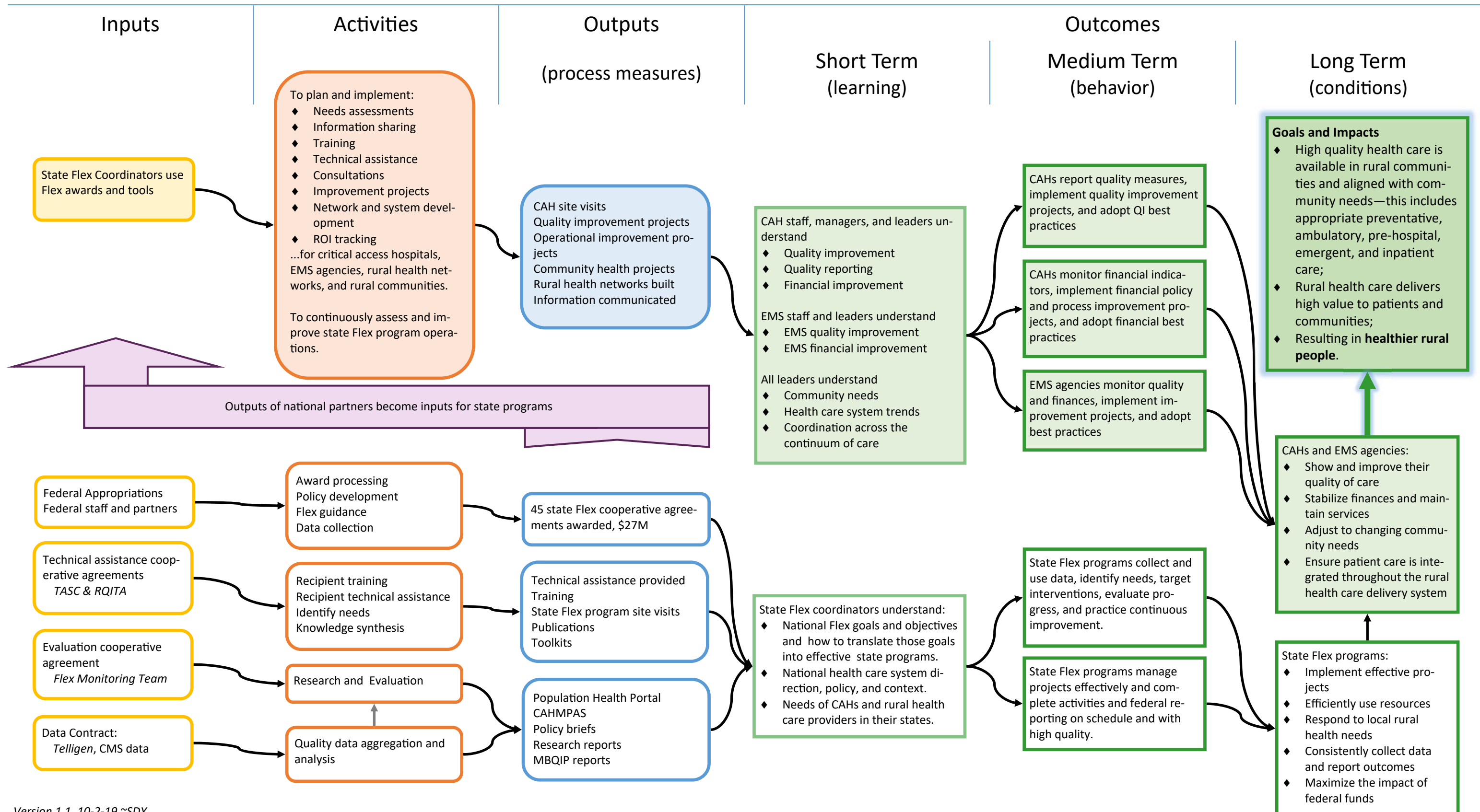
We will use this logic model as a communication tool to clarify program strategy and build common understanding by all Flex stakeholders about the relationship between Flex actions and the outcomes and impacts we all seek.

*Version 1.1, updated October 2, 2019*

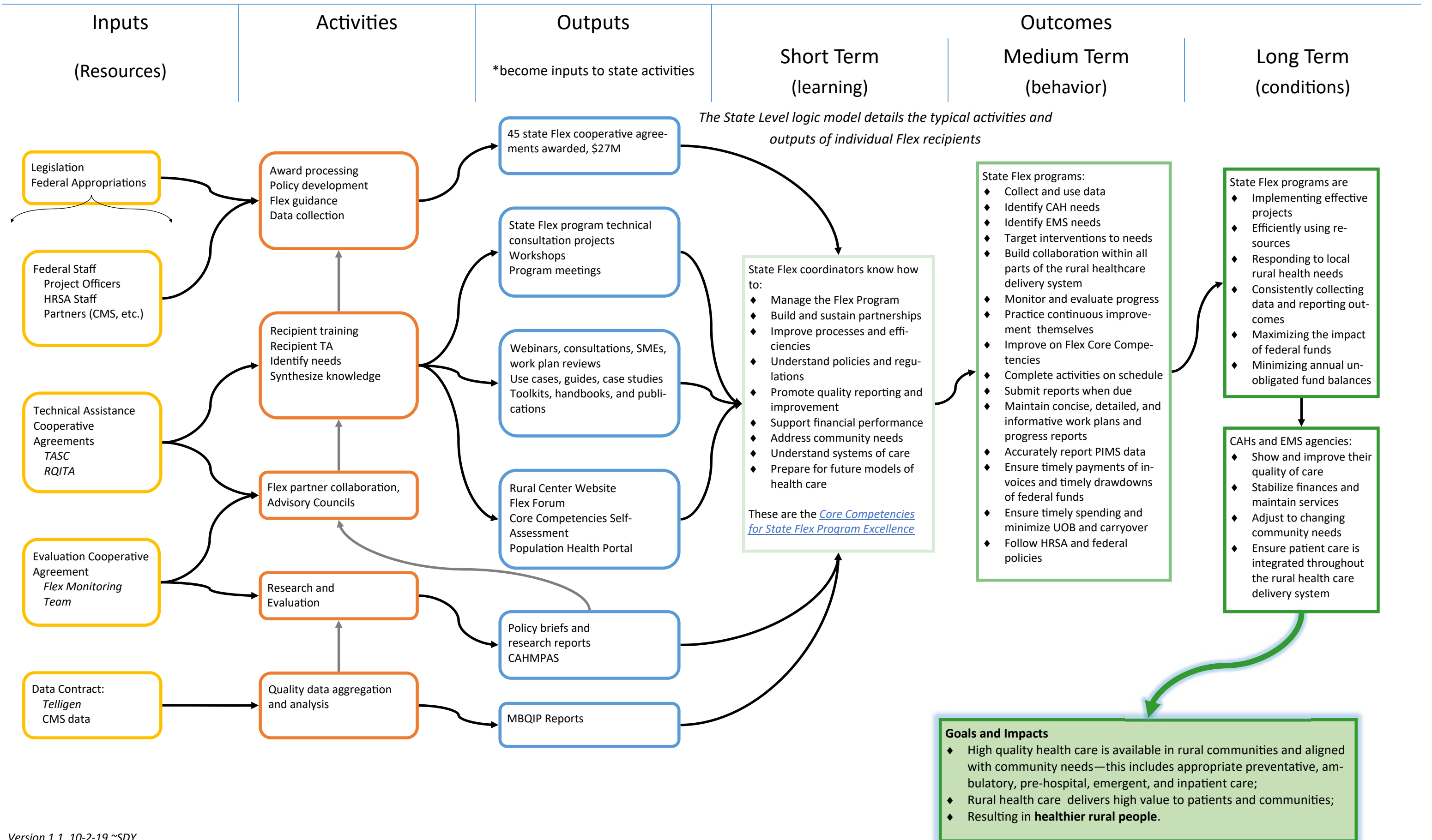
## Flex Program Logic Model—Overall Summary

**Need:** Rural people have less access to health care and shorter life expectancies than urban residents.

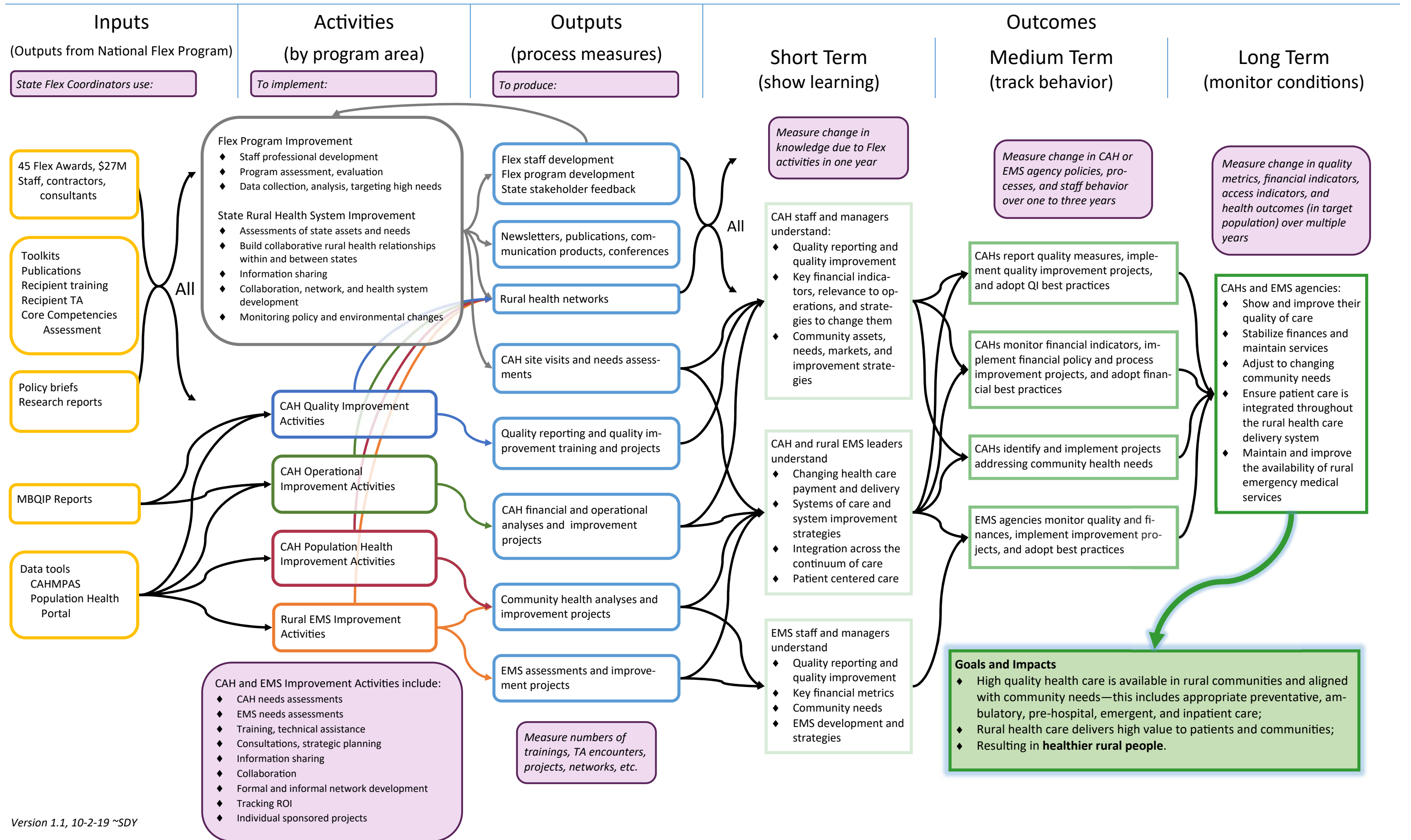
**Goal:** Ensure access to health care services and improve people’s health in rural communities.



### Flex Program Logic Model—National Level



### Flex Program Logic Model—State Level



## Flex Program Logic Model—Measure Framework

*This measure framework provides additional details about what kinds of data measure different outcomes and when and how data should be collected to monitor outcomes and show changes.*

Type of Measure	Output	Short Term Learning Outcome	Medium Term Behavior Change Outcome	Long Term Conditions Outcome	Impact
<b>Definition</b>	Counts the number of products produced from an activity. States use this type of measure to monitor progress on activities. <b>Of the number of planned events, how many were completed?</b>	Measures knowledge increase as a result of the activity. Did the activity have <b>an immediate effect on the participants' knowledge?</b> This could mean a pre-test and a post-test or some other method.	Measures changes in hospital/EMS agency policy, processes or staff behavior. <b>Did the increase in knowledge effect hospital/EMS agency policy, processes or staff behavior over the course of the year?</b> Could be as simple as asking the hospital or EMS agency policy processes or staff behavior changed from this activity.	Measures changes in quality of care, financial stability. <b>Did the changes in policy, processes or staff behavior result in changes in quality or financial metrics over the three-year project period?</b>	High quality health care is available in rural communities and aligned with community needs. Rural health care delivers high value to patients and communities. Healthier rural people. <b>Did the change in conditions influence patient outcomes over the long term?</b>
<b>When to measure</b>	Flex Coordinators continuously measure as activities and products are completed	Before and after an activity and reported in yearly progress reports	Measured a few weeks or months after the activity ends and reported in yearly progress reports	Continuously collected and reported, discuss in Competing Continuation Application.	Long term trend analysis, state Flex programs are not required to report this (but bonus points if you can link Flex activities to patient outcomes)
<b>When to expect change</b>		Immediately after the activity is completed	Within the one year budget period	Within the three-year project period	5+ years