Defining Focus and Measuring Performance: Logic Models Are Your Friends

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What if I was only doing things because they are fun?
What if I was not actually accomplishing anything?
Getting to "no"
Nobody understands my program
A Logic Model Is...

- A depiction of a program showing what the program will do and what it is to accomplish.
- A series of “if-then” relationships that, if implemented as intended, lead to the desired outcomes.
- The core of program planning and evaluation.
- It is a framework for describing the relationships between investments, activities, and results.
- It provides a common approach for integrating planning, implementation, evaluation and reporting.

- Univ of Wisconsin- Extension, Cooperative Extension, Program Development and Evaluation
Getting Started

Problem statement – this can come from the funding announcement or from your program plan.

Goal – a general, big-picture statement of desired results. It can be tailored to the grant or come from your own planning.
Defining the Situation: Critical first step in logic model development

What **problematic** condition exists that demands a **programmatic** response?
- Why does it exist?
- For whom does it exist?
- Who has a stake in the problem?
- What can be changed?

If incorrectly understood and diagnosed, everything that flows from it will be wrong.

Review research, evidence, knowledge-base

**Traps:**
- Assuming we know cause: symptoms vs. root causes.
- Framing a problem as a need where need is actually a program or service. “Communities need leadership training” Precludes discussion of nature of the problem: what is the problem? Whose problem? Leads one to value provision of the service as the result – is the service provided or not?

- Univ of Wisconsin- Extension, Cooperative Extension, Program Development
Start from the finish

- Long term outcome – measurable change
- What can you do?
- Unique role? Expertise? Leadership? No one else is doing it?
- What are your assumptions?
- What are the external factors?
Primary Care Office Program Logic Model

**Inputs**

People:
- .30 FTE Section Administrator
- 1.0 FTE Workforce Program Manager
- .15 FTE Workforce Coordinator
- .20 FTE Executive Secretary

Resources:
- Contract w/Bi-State Primary Care Association
- Contract w/JSI-CHI

**Outputs**

Activities
- Conduct a statewide analysis of unmet needs, disparities and health workforce issues, including information from the rural health plan and critical access hospitals' community needs assessments
- Coordinate and oversee the HPSA and MUA/P designation process
- Develop a database to capture and assess NH data on all primary care providers
- Contract with NH recruitment center to collect vacancy data
- Evaluate the NHSC site applications
- Coordination of the J1 visa program/NIW
- Coordination of state loan repayment program
- Participation in other groups in state to provide workforce expertise
- Develop a plan with strategies to meet the needs regarding primary care workforce
- Serve as the state expert on primary care access

**Outcomes**

Short
- Identify the need for primary care services statewide
- Identification of areas eligible for federal programs that require a designation
- Develop a database to capture and assess NH data on all primary care providers
- Contract with NH recruitment center to collect vacancy data
- Evaluate the NHSC site applications
- Coordination of the J1 visa program/NIW
- Coordination of state loan repayment program
- Participation in other groups in state to provide workforce expertise
- Develop a plan with strategies to meet the needs regarding primary care workforce
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Medium
- Identify the workforce needs within the needs assessment
- Attract providers to work in the areas we need them
- Identify trends in workforce and evaluate the success of programs
- Increase the success of recruitment efforts
- Increase number of NHSC sites
- Increase in number of providers
- Increased number of Obligated Health Professionals
- Increased ability of other groups to address workforce needs
- Increase in knowledge among stakeholders and providers
- Increase ability for stakeholders to take action to meet needs

Long
- Address the workforce needs through increasing the supply of providers, improving recruitment, improving retention within those areas of need.
- Increased level of knowledge of national and state entities in workforce development, health, etc.
- Identification of system leverage points
- Increase in knowledge among stakeholders and providers
- Increase ability for stakeholders to take action to meet needs

Increase in the proportion of persons with a usual primary care provider
EXAMPLE – State Office of Rural Health Logic Model

Funder requirements: Collect and Disseminate Information, Coordinate Rural Health Activities, Provide Technical Assistance

### Inputs
- **People:**
  - 35 FTE
  - Section Administrator
  - .15 FTE
  - Executive Secretary
  - .05 FTE
  - Workforce Coordinator

- **Resources:**
  - Future contract w/vendor(s)
  - Current contract w/JSI-CHI

### Outputs

#### Activities
- Distribute pertinent information on funding opportunities, research etc.
- Support of the NH Health Professions Data Center
- Make NH rural data available by Public Health Region
- Attend the NRHA annual meeting
- Creation of Rural Health Clinic technical assistance network based on needs assessment results.
- Rural Veterans court diversion program – support peer-to-peer training, and military culture training for court personnel in dealing with justice involved veterans in rural areas in order to address any mental health needs
- Fund the creation of a Clinical Placement Program (CPP) to be a conduit between clinical sites & training programs to improve the clinical placement experience, while building a transparent structure that can prioritize students most apt to meet identified workforce needs in NH

### Process Measures

#### Outcomes

**Short**
- # of emails and of people on listserv lists
- Creation of a database for collected information
- Rural PHR data will be updated every time NH health outcomes data is released or updated
- Attendance of at least one staff member
- Creation of RHC TA network to include at least 50% of the NH RHCs
- # of trainings and increased capacity for court and justice staff to understand mental health issues in the context of military culture
- 75% of training program participants rate the placement experience as either "excellent" or "very good"
- 75% of the clinical site program participants rate the placement experience as either "excellent" or "very good"

**Medium**
- Rural health system is informed and able to act on priority areas
- Identify trends in workforce and evaluate the success of programs
- Rural community based organizations and the general public have a broader grasp of issues and opportunities.

**Long**
- Increase access to quality health services for rural populations
- Increase in system sustainability to meet the health needs of rural communities
- Address the workforce needs through increasing the supply of providers, improving recruitment, improving retention within those areas of need.
- Improvements in the priority areas
Logic Model Benefits

• Provides a common language
• Helps us differentiate between “what we do” and “results” --- outcomes
• Increases understanding about program
• Guides and helps focus work
• Leads to improved planning and management
• Increases intentionality and purpose
• Provides coherence across complex tasks, diverse environments
Continued

- Enhances teamwork
- Guides prioritization and allocation of resources
- Motivates staff
- Helps to identify important variables to measure; use evaluation resources wisely
- Increases resources, opportunities, recognition
- Supports replication

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NH State Office of Rural Health & Primary Care

Access
- Rural Health Clinic Technical Assistance Network
- Critical Access Hospitals (CAH) Technical Assistance
- Supporting statewide systems of care for trauma, STEMI and stroke
- Integrating local health care services including oral health care
- Statewide primary care needs assessment that identifies the key barriers to access health care for these communities
- Supporting community needs assessments in rural communities
- Advisory for Northeast Telehealth Resource Center
- Support rural veterans initiatives

Quality Improvement
- Supporting effective clinical practices in Critical Access Hospitals by increasing staff capacity to engage in QI (IHI Expeditions, IHI Open School, certifications)
- Supporting effective clinical practices in Rural Health Clinics
- Supporting use of trauma registry in Critical Access Hospitals
- Supporting ICD -10 conversion in small rural hospitals

Sustainability
- Collecting and disseminating information to rural health stakeholders
- Federal and State Policy Information
- Coordinating rural health resources and activities statewide
- Participating in strengthening State, local and Federal partnerships
- Technical assistance for applying for funding (FORHP, etc)
- Financial improvement support for Critical Access Hospitals
- Operational improvement support for Critical Access Hospitals
- Monitor financial indicators on primary care contracts with Maternal & Child Health Section

Workforce
- Health Professional Shortage Area Designations
- State Loan Repayment Program
- Technical assistance for National Health Service Corps (NHSC) & J1 Visa Waiver Programs
- Regular communication with the Area Health Education Centers
- DHHS Commissioner proxy - Workforce Investment Board
- DHHS Designee - Legislative Commission on Primary Care Workforce Issues
- Contract with the NH Recruitment Center for recruitment & retention initiatives with rural safety net providers
- Clinical Placement Program
- NH Health Professions Data Center – provider capacity survey and analysis
Conclusion

You are probably already carrying a logic model around in your head.

Logic models are flexible

Being comfortable with naming your assumptions is good practice for ensuring that your organization is constantly learning and growing.

http://www.fracturedatlas.org/site/blog/2012/06/28/in-defense-of-logic-models/
Questions?

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