Defining Focus and Measuring Performance: Logic Models Are Your Friends

Alisa Druzba August 7, 2014



ogic Model for_____ Problem statement: Goal: Outputs

Effectiveness Measures Inputs **Outcomes** Short Activities Medium Long People: Participation: Resources: Information: **Assumptions Acronym Key External Factors** NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs for all NH Department of Health & Human Services

My Epiphany!

- 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 De-



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?



among

stakeholders

and providers

Inputs

Outputs Activities

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 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 Medium Long Identify the workforce Identify the Increase in need for primary needs within the the care services needs assessment proportion statewide of persons Identification of with a usual areas eligible primary Attract providers to for federal work in the areas we programs that care require a need them provider designation Address the workforce needs Identify trends through Inform the in workforce and evaluate development of a NH increasing the the success of primary care workforce supply of programs plan providers. improving Increase the recruitment. success of recruitment improving efforts retention within those areas of Increased number of Increase need. number of **Obligated Health** NHSC sites Professionals Increase in number of providers Increased level Increased ability of of knowledge of national and other groups to address workforce state entities in workforce needs development, health, etc. Identification of system leverage points Increase in Increase ability for knowledge stakeholders to take

NH DIVISION OF

Public Health Services
Improving health, preventing disease, reducing costs for all
NH Department of Health & Human Services

action to meet needs

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

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""

Short Outcomes 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.

Build/strengthen partnerships and gather information to further the goals of SORH.

Increased capacity for Rural Health Clinic staff

Increase in the number of rural veterans who are receiving community based health interventions instead of criminal placements

Attract providers to work in the areas we need them

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

Improved health outcomes in rural populations

Long



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

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



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.

Fractured Atlas Blog, "In Defense of Logic Models" http://www.fracturedatlas.org/site/blog/2012/06/28/in-defense-of-logic-models/



Questions?

Alisa Druzba, MA
Section Administrator
Rural Health & Primary Care Section
New Hampshire Division of Public Health Services
603-271-5934
Email: adruzba@dhhs.state.nh.us

