

Sharing AHEC Logic Models Online Discussion

AHEC Competing Grant Applications February 15, 2012

Moderator:

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Health Resources and Services Administration (HRSA)
Bureau of Health Professions (BHPr)
**Division of Public Health and Interdisciplinary
Education (DPHIE)**
Area Health Education Center (AHEC) Branch
AHEC Training and Consultation Center (A-TrACC)

Discussion Goal – Objectives

Every AHEC application will include a logic model that **meets the Guidance requirements** and communicates effectively to grant reviewers.

Obj.: Discuss **issues** related to developing **logic models** for the AHEC FOA (Funding Opportunity Announcement)

Obj.: Demonstrate a **variety of logic model** formats and styles

FOA (Funding Opportunity Announcement)

New and Competing Continuation.

Announcement Number: HRSA-12-013; CFDA No. 93.824 (ID) &, CFDA No. 93.824 (POSME)

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3) The applicant's **proposed strategy to address the identified health workforce** problem/issue. The extent to which:

- The approach is based upon a resolution of the identified factors which contribute to the workforce problem/issue;
- The factors which impact the workforce problem/issue are described, e.g. **via logic model**; and
- The proposed strategy represents an evidence-based approach.

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EVALUATION AND TECHNICAL SUPPORT CAPACITY

Program evaluation will demonstrate if the program is functioning according to program purpose and objectives. Applicants must present an evaluation plan that at a minimum addresses the following elements:.....

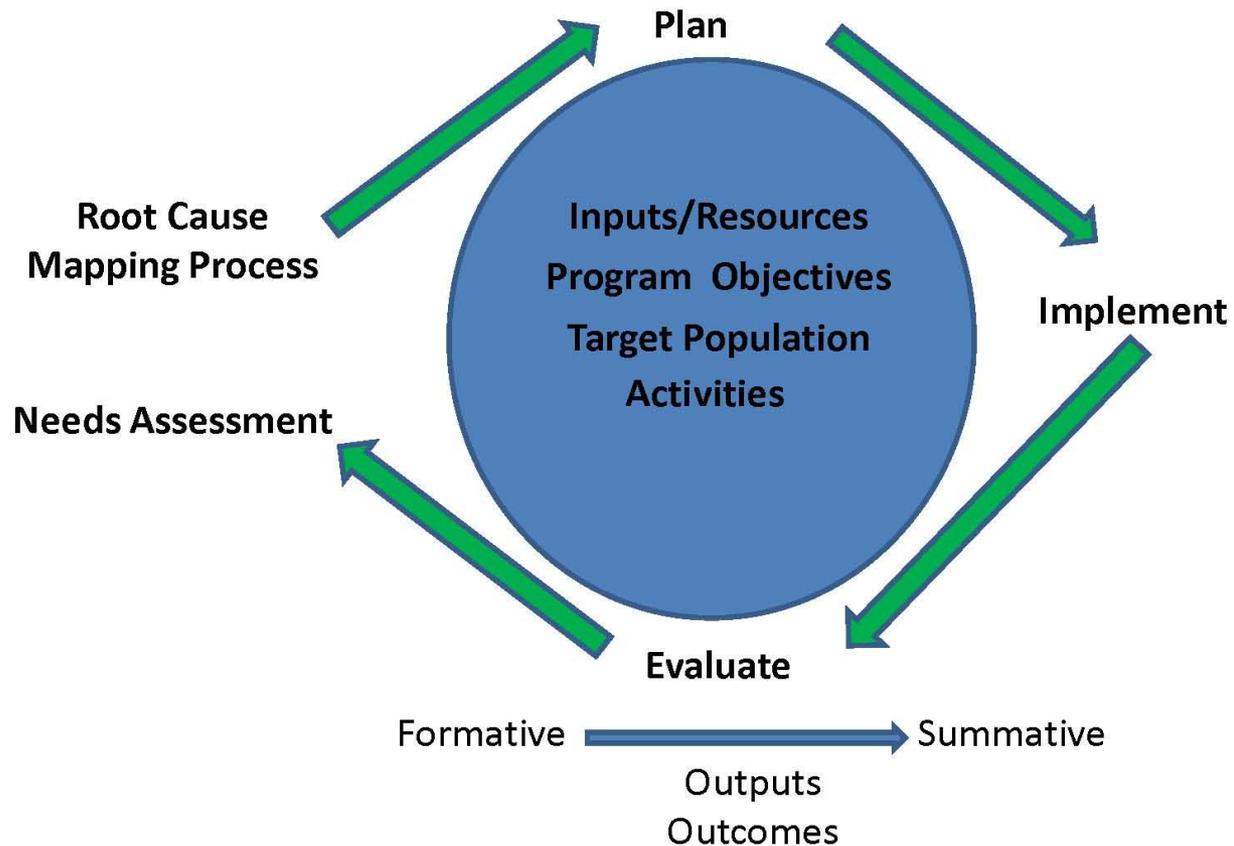
- Logic Model: demonstrate the relationship among resources, activities, outputs, target population, short-and long-term outcomes;**

Logic Model – Where does it fit in planning?

Strategic Planning

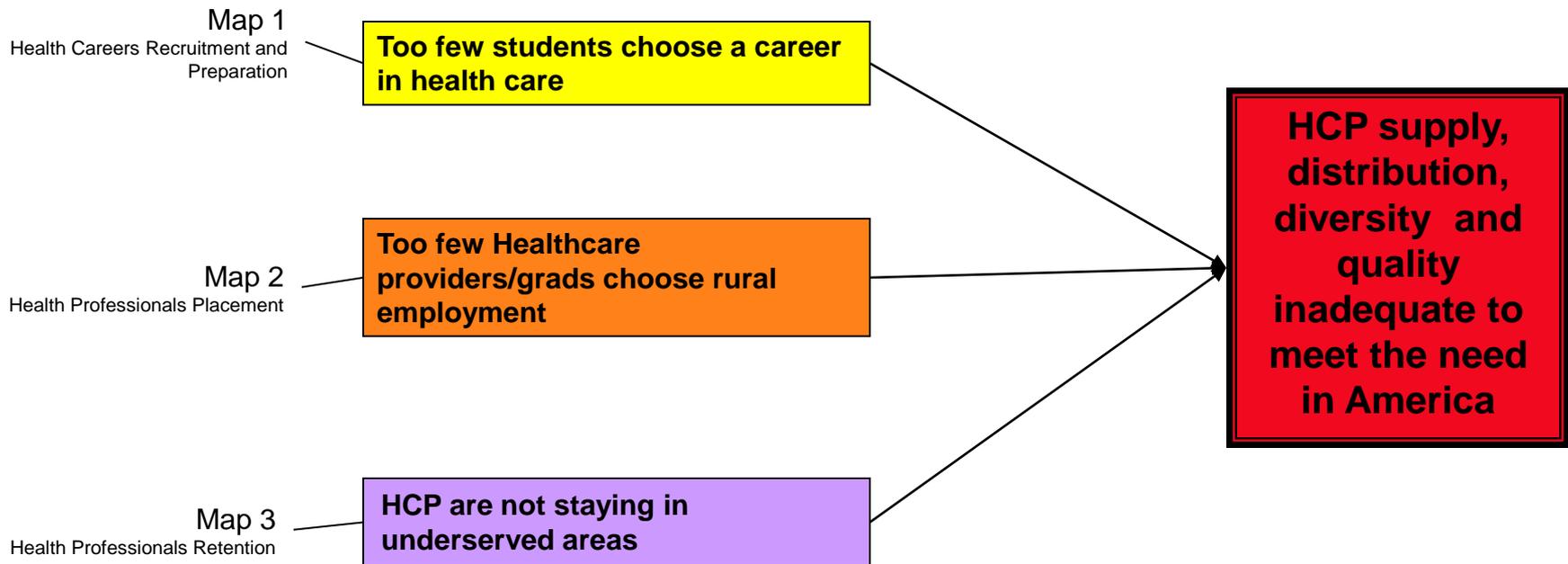
- ▶ Needs Assessment and Root Cause Analysis
 - ▶ Plan
 - ▶ Implement
 - ▶ Evaluate
- ▶ A logic Model provides a common approach for integrating the Strategic Plan components and a visual framework/road map for the relationship between the components of the Plan.

Logic Models: A Sequential Process for Program Planning



AHEC Root Cause/Logic Model Maps: Barriers to Health Workforce Development

NAO-CORE 3-13-06 Revised 2-7-11



Not Recommended as the logic model for AHEC grant application

NAO CORE

Outcomes Measures and Protocols Summary

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PRE-PROFESSIONAL PROGRAM PARTICIPANTS:

Number of AHEC pre-professional program participants who increased their **knowledge of health careers**. (Short-term Outcome)

Number of AHEC pre-professional program participants who declared their **intention to pursue a health careers**. (Short-term Outcome)

Number of AHEC pre-professional program participants who **matriculated into health professions training** programs during the reporting year. (Intermediate-term Outcome)

Number of former AHEC pre-professional participants who **completed health professions training** programs during the reporting year. (Long-term Outcome)

Number of former AHEC pre-professional participants who began **practicing in an underserved area** during the reporting year. (Long-term Outcome)

STUDENTS IN AHEC SPONSORED HEALTH PROFESSIONS TRAINING ROTATIONS

Number of medical student participants in AHEC training rotations who began **primary care residencies** during the reporting year. (Intermediate-term Outcome)

Number of AHEC sponsored training rotation participants in the reporting year who declared an **intention to provide care to underserved populations**. (Intermediate-term Outcome)

Number of former AHEC sponsored training rotation participants who **began practicing in an underserved area** during the reporting year. (Long-term Outcome)

HEALTH PROFESSIONALS/PRACTITIONERS IN AHEC PROGRAMS

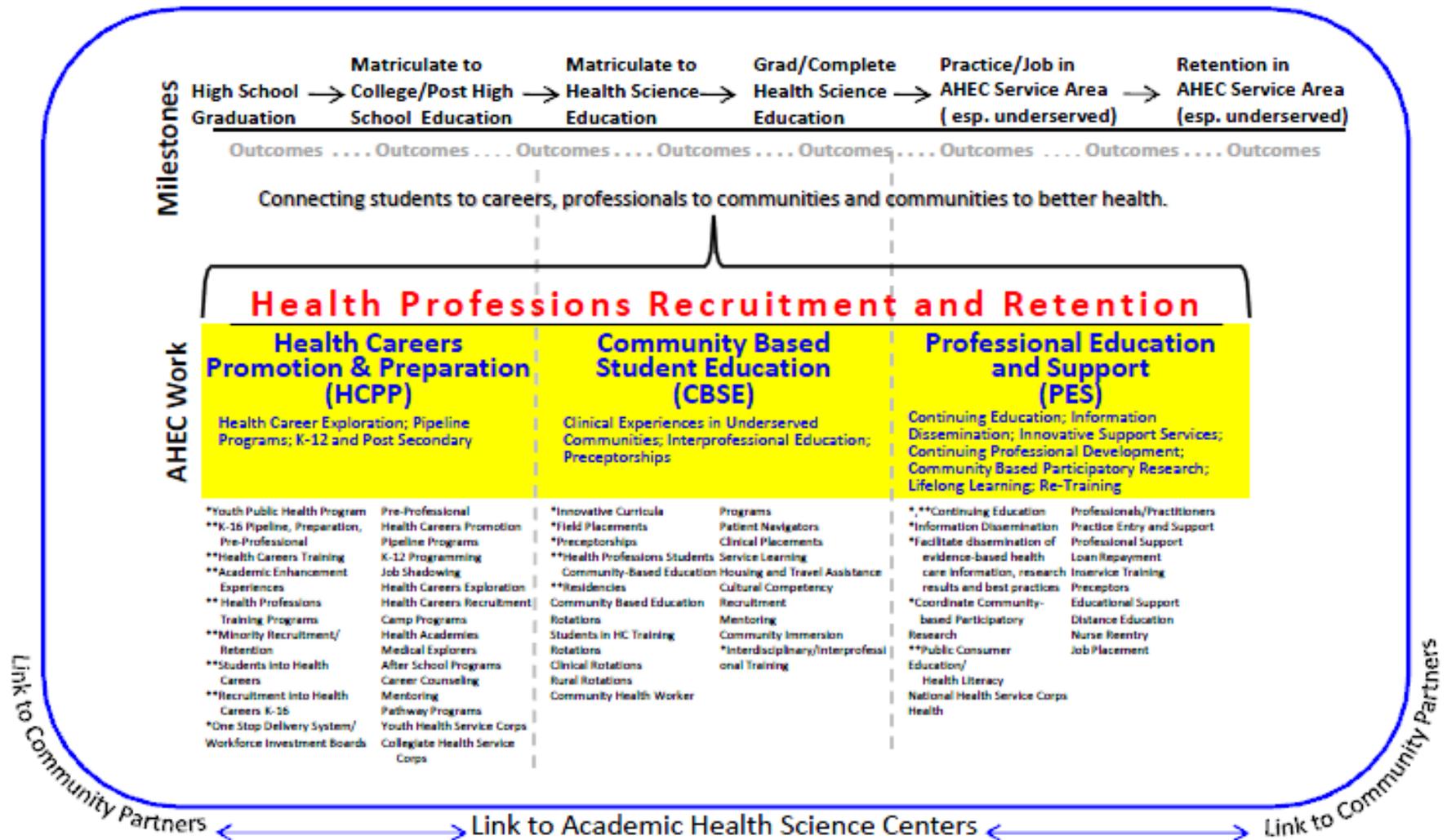
Number of health professionals AHEC program participants in the reporting year who **began practice in underserved areas**. (Long-term Outcome)

Number of health professionals who declared the AHEC CE program contributed to **retaining their license or certification**. (Intermediate-term Outcome)

Not Recommended as the logic model for AHEC grant application

AHEC Health Workforce Development Continuum

Reducing health disparities by improving the supply, diversity, distribution and quality of the nation's health care workforce.



Not Recommended as the logic model for AHEC grant application

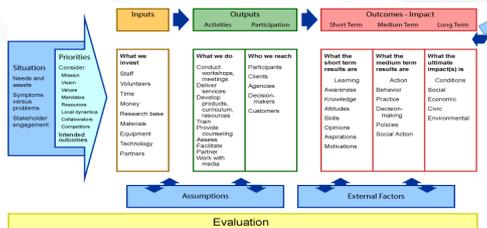
AHEC is a national community-based network that improves the health of communities through health workforce development based upon community need.

*Language from 2010 Authorization
** Language from BHP Report

Logic Model Examples

Templates

Wisconsin

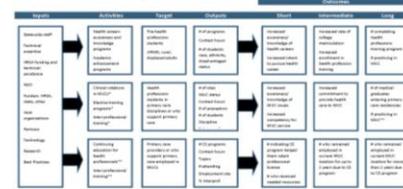


Kellogg

RESOURCES	ACTIVITIES	OUTPUTS	SHORT- & LONG-TERM OUTCOMES	IMPACT
In order to accomplish our set of activities we will need the following:	In order to address our problem or asset we will accomplish the following activities:	We expect that once accomplished these activities will produce the following evidence or service delivery:	We expect that if accomplished these activities will lead to the following changes in 1-3 then 4-6 years:	We expect that if accomplished these activities will lead to the following changes in 7-10 years:

AHEC Program/Center Models

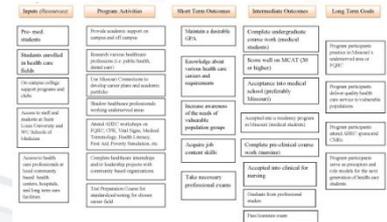
Indiana



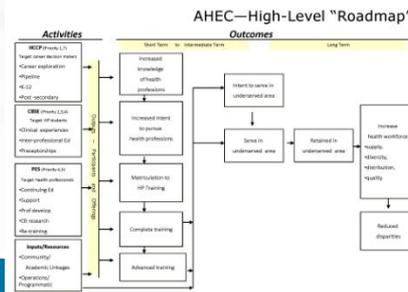
New Jersey

Topic	Inputs/Activities	Intermediate Outcomes	Short-Term Outcomes	Medium-Term Outcomes	Long-Term Outcomes
Academic Programs	Academic Programs, Industry Programs, Community Programs, Government Programs, Non-Profit Programs, etc.	Academic Outcomes, Industry Outcomes, Community Outcomes, Government Outcomes, Non-Profit Outcomes, etc.	Academic Outcomes, Industry Outcomes, Community Outcomes, Government Outcomes, Non-Profit Outcomes, etc.	Academic Outcomes, Industry Outcomes, Community Outcomes, Government Outcomes, Non-Profit Outcomes, etc.	Academic Outcomes, Industry Outcomes, Community Outcomes, Government Outcomes, Non-Profit Outcomes, etc.

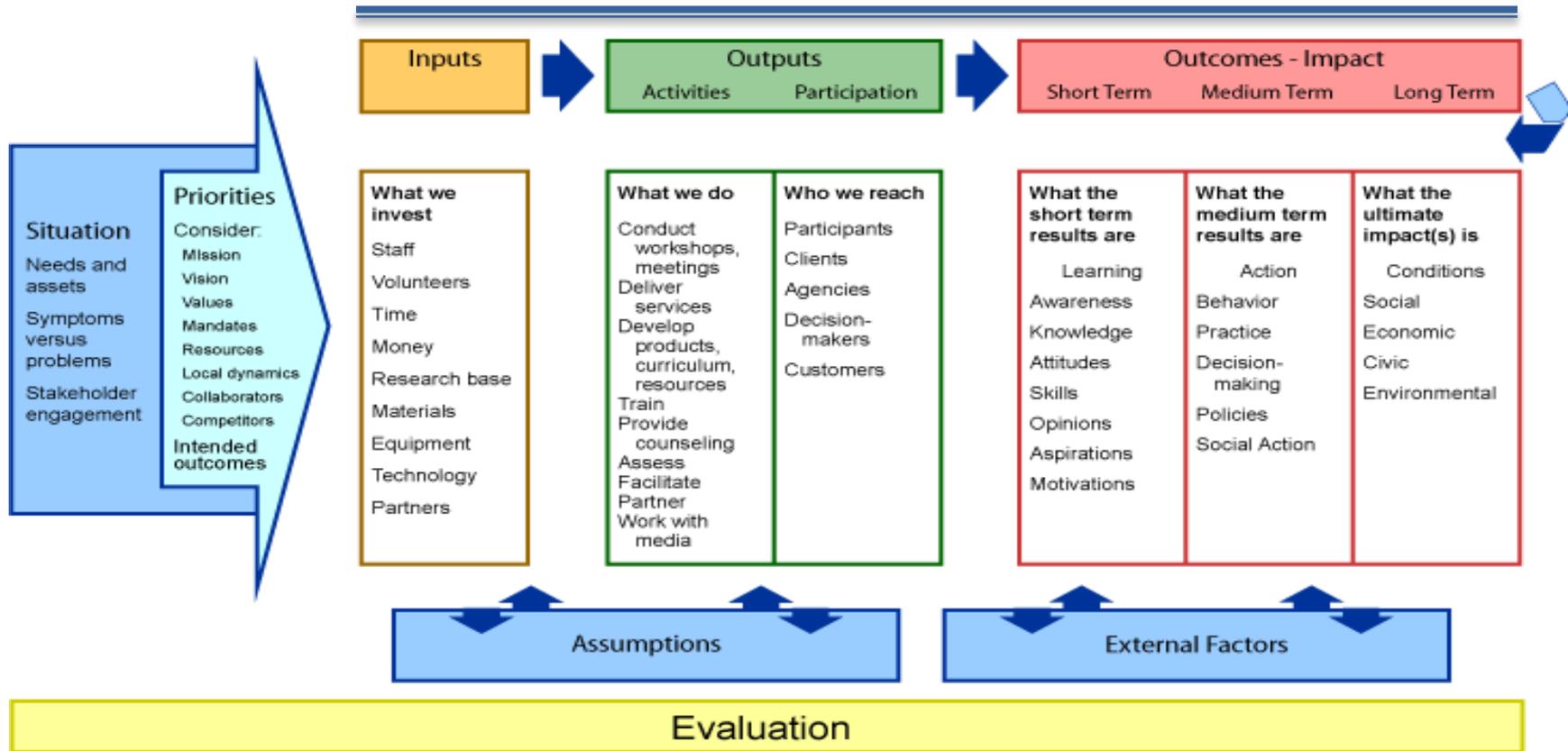
East Central Missouri



CDC - Chapel



Program Action – Logic Model



From the University of Wisconsin Extension Program Development and Evaluation October 2010
<http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html> 12/15/2012

Recommend add words from FOA
Inputs/Resources and Participation/Target Population

W.K. Kellogg Foundation Logic Model Development Guide

Program Implementation Template

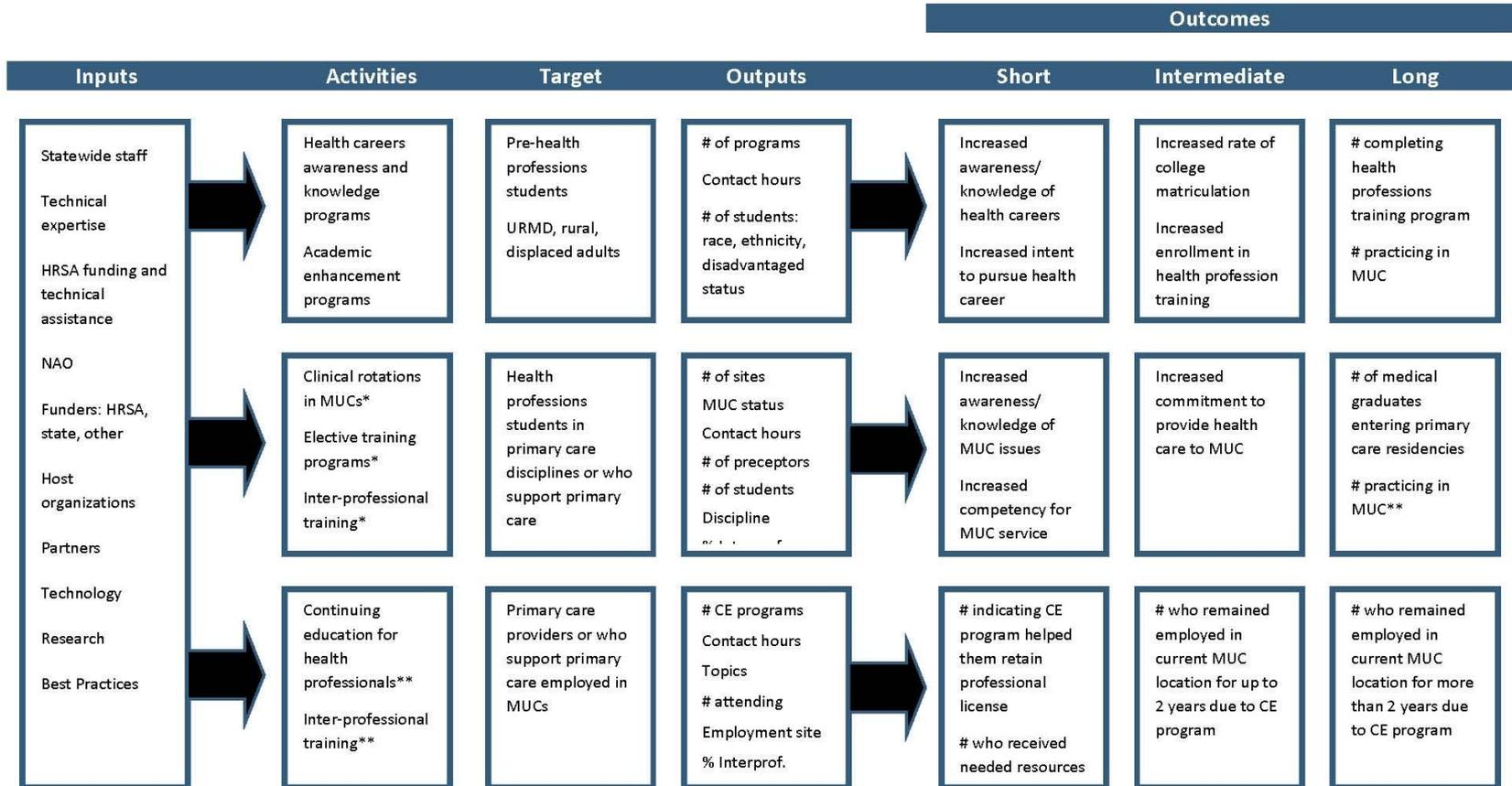
RESOURCES	ACTIVITIES	OUTPUTS	SHORT- & LONG-TERM OUTCOMES	IMPACT
In order to accomplish our set of activities we will need the following:	In order to address our problem or asset we will accomplish the following activities:	We expect that once accomplished these activities will produce the following evidence or service delivery:	We expect that if accomplished these activities will lead to the following changes in 1–3 then 4–6 years:	We expect that if accomplished these activities will lead to the following changes in 7–10 years:

From <http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx> , 01/05/12

**Recommend add “Target Population”
and separate short and long term outcomes.**

Indiana AHEC Network Logic Model

Below you will find a copy of Indiana AHEC's logic model. The purpose of the logical model is to display the sequence of activities that describe what the program will do and how those activities are linked with our outcome results.



* Students entering health professions training programs in Indiana AHEC service areas may have access to AHEC supported clinical training programs.

** Graduates from health professions training programs employed in Indiana AHEC service areas may have access to AHEC supported continuing education programs.

NJ AHEC LOGIC MODEL

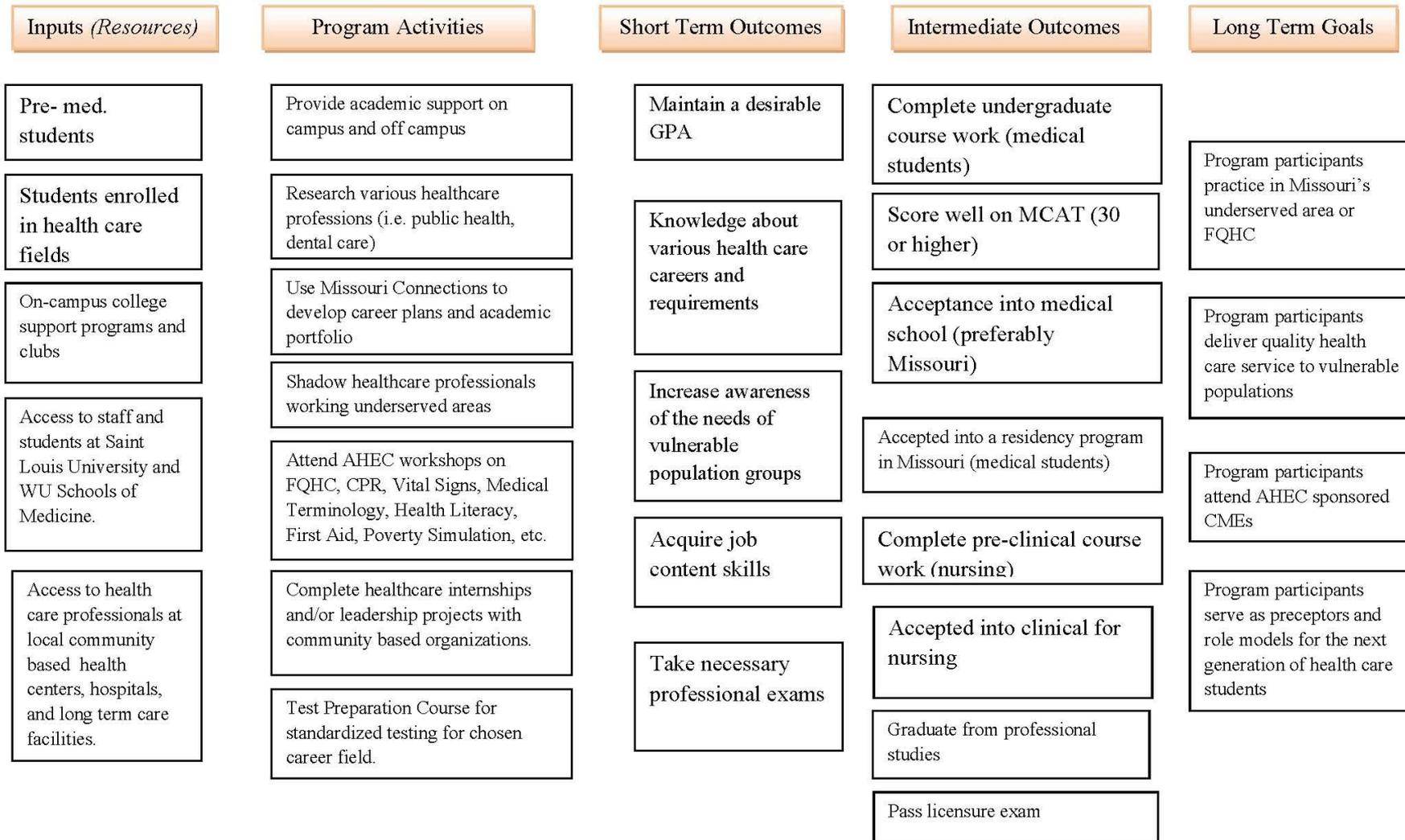
Needs	Inputs/ Resources	Activities/Target Populations	Outputs (Process)	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
<p>-Increase supply, distribution, diversity, quality of the health professions workforce in underserved areas</p> <p>-Reduce health disparities, address unmet health needs, and chronic disease through population health</p> <p>-Additional preceptorship sites to accommodate growth in class size</p> <p>- Interprofessional training opportunities</p> <p>-Innovative strategies for next grant cycle</p>	<p>Funding (HRSA grant, SOM match)</p> <p>Staff</p> <p>Time</p> <p>Leveraged resources (from other grants supporting AHEC mission)</p> <p>Materials (e.g., USPSTF Guidelines)</p> <p>Equipment</p> <p>Technology</p>	<p>-Recruit minorities into health careers by providing information about health professions careers through KIHIC, HOSA, SEARCH</p> <p>-Conduct CE and other interprofessional training</p> <p>-Train CHWs, WIBs, employers</p> <p>-Identify preceptorship sites, establish linkages</p> <p>-Provide CSL rotations in underserved areas</p> <p>-Identify/deliver community-based health promotion intervention projects through CIPC</p> <p>-Develop/implement innovative curriculum to support community-based participatory research</p> <p>-Disseminate outcomes through presentations, publications</p> <p>- NJ AHEC Advisory Board guides decision-making</p>	<p><i>(Who we reach)</i></p> <p># of sites</p> <p># of programs</p> <p># CE programss</p> <p># contact hours</p> <p># trained</p> <p>Students (K-12)</p> <p>Health professions students</p> <p>Families</p> <p>Health professions trainees</p> <p>Clients in underserved communities</p> <p>Agencies</p> <p>Employers</p> <p>Academic centers</p> <p>Decision makers</p>	<p><i>(Impact)</i></p> <p># reporting positive changes in:</p> <p>-Awareness</p> <p>-Perceptions</p> <p>-Knowledge, skills, attitudes (KSAs)</p> <p>-Competencies</p> <p>-Intent to change practice</p> <p>-Behaviors (self-reported or observed)</p> <p>-Intent to pursue health career</p> <p># of trainings, programs or projects completed</p> <p># of agencies addressed</p> <p># of participants reached/participating</p> <p>-Participant satisfaction measures</p> <p># acquiring CE for licensure renewal</p>	<p>Increased enrollment in health professions training programs</p> <p>Increase in expressed commitment to provide health care in underserved communities</p> <p>Self-reported behavior change in practice settings in MUCs</p> <p>Increased linkages with NHSC sites</p> <p># CE recipients remaining in MUC for ≤ 2 yrs.</p>	<p><i>(Impact on populations addressed)</i></p> <p># graduating from health professions training programs</p> <p># medical graduates entering Family Medicine/Primary Care Residency</p> <p># practicing in MUCs</p> <p># registered CE recipients remaining in MUCs > 2 yrs.</p> <p># agencies changing hiring practices by hiring CHWs</p> <p># community members reporting positive behavior changes for health promotion or chronic disease management</p> <p># national presentations or peer-reviewed articles</p> <p>Strategic Plan evolves based on changing needs/ongoing input</p>

Submitted by Elyse Perweiler, Director New Jersey AHEC, 856/566-7082,

East Central Missouri AHEC
 Subcontractor for Saint Louis University Dept. of Family and Community Medicine in St. Louis, Missouri

Target population: College students who have a desire to become healthcare professionals in underserved areas in Missouri

Program Dates: June 1, 2011 to June 30, 2012



AHEC—High-Level “Roadmap”

Activities

HCPP (Priority 1,7)
Target: career decision makers

- Career exploration
- Pipeline
- K-12
- Post -secondary

CBSE (Priority 2,3,4)
Target :HP students

- Clinical experiences
- Inter-professional Ed
- Preceptorships

PES (Priority 4,5)
Target: health professionals

- Continuing Ed
- Support
- Prof develop
- CB research
- Re-training

Inputs/Resources

- Community/
Academic Linkages
- Operations/
Programmatic

Outputs - Participants and Offerings

Short Term to Intermediate Term

Long Term

Increased knowledge of health professions

Increased intent to pursue health professions

Matriculation to HP Training

Complete training

Advanced training

Intent to serve in underserved area

Serve in underserved area

Retained in underserved area

Increase health workforce

- supply,
- diversity,
- distribution,
- quality

Reduced disparities

Logic Model Follow-Up Discussion

Tuesday, Jan. 10, Noon–1 PM Eastern

<http://a-tracc.adobeconnect.com/discussion206d/>

Conference Number: 1-877-366-0711

Participants Code: 78923394#

HRSA Contact

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HRSA Grantee Technical Assistance

A-TrACC