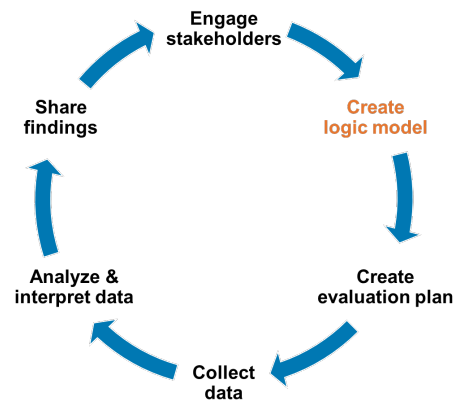


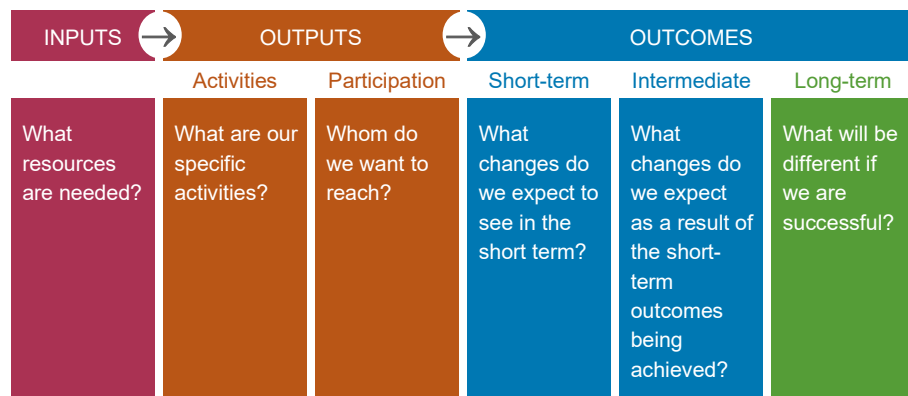
## Creating a logic model

This tool is part of an evaluation toolkit called Measuring What Matters. It includes information about how to complete this essential step of evaluation, including templates and a case study example of how a typical community organization – *HealthConnect* – might complete this step for their community health worker program.



### What is a logic model?

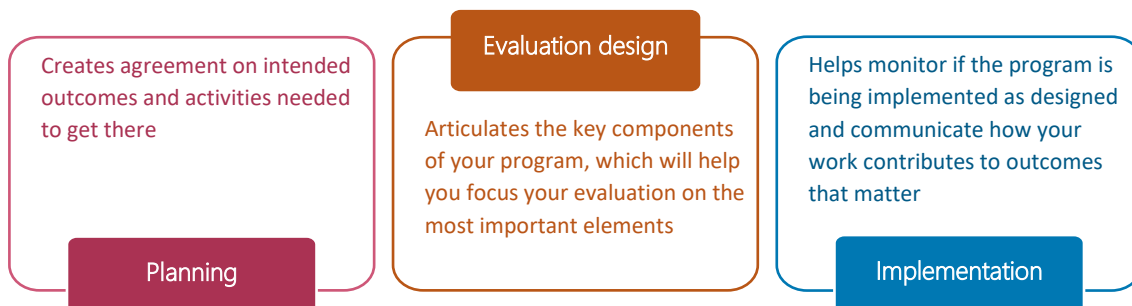
A logic model provides a visual diagram of your program all on one page. It shows your outcomes—the changes you hope to achieve—and the inputs and activities necessary to get there. The most important part of developing the logic model is the conversations and agreements that it helps to facilitate about the program’s components and intended outcomes. We’ve provided a basic template you can use as a starting point. Feel free to adapt it to make it a tool that works for you and your stakeholders.



### Why use a logic model?

Having a logic model makes it more likely that stakeholders agree on what you’re doing, what it will take to carry-out activities and what changes you expect to see as a result. It is used in the evaluation to help you focus on the key elements of your program.

A logic model is useful throughout the lifecycle of your program.



Logic models are not static documents. They should change over time as programs evolve, new best practices are identified, or data become available for program improvements. For longer term programs, logic models should be reviewed and updated at least annually.

## Logic model checklist

Describing your program with a logic model is the foundation of a successful evaluation. Use the items in this checklist to ensure you've followed these key steps.

- ☐ Did you review the basic framework of the program, including its mission, goals, objectives, and activities?

Creating a logic model starts by having a conversation with your stakeholders about the key building blocks of the program and changes that they want to see. Sometimes grant applications or strategic plans can be useful resources for the conversation. It can be helpful to start logic model development by walking through a set of questions that guide your conversations with stakeholders. Check out the Conversation Guide included on page 5.

- ☐ Have you identified the resources, activities and participation for your logic model?

A logic model is a visual description of your program that shows the relationships between what you invest and what you hope to achieve. There are many different logic model templates available; we've provided a basic template you can use as a starting point. Feel free to adapt it to make it work for you and your stakeholders.

Inputs are the resources needed to support the program and may include: key organizational resources like program staff, funding, specific facilities/equipment, as well as partnerships with other organizations or experts.

Activities are what you do in your program and are usually described in action verbs, such as "assess," "create," "provide," "monitor," "develop," "educate," "train." It's helpful to start by brainstorming all the activities and then grouping them into key categories.

Participation is the people who will participate in or be reached by those activities. This should be the target audience for your activities, not the people/groups delivering them. Ask yourself: whom do we need to reach for these activities to be successful?

- ☐ Have you identified the right time frame to measure the outcomes of your program?

Often people think of short-term outcomes as changes that happen in less than one year, intermediate as 2-5 years, and long-term as more than 5 years, however, your time frame may vary depending on the life of your program. What time frame should you consider for your evaluation?

## □ Have you identified the outcomes? What do you want to see as a result of your actions?

The most important thing in developing outcomes is that they build on the activities and each other in a stepwise manner. By creating this logical progression, you can visually display progress toward your long-term goals. You may not be able to measure the long-term outcomes for a while, but by measuring short-term and intermediate outcomes, you are able to demonstrate progress towards the goal you care about.

Short-term outcomes are changes you expect to see fairly quickly as a result of your program's activities

Intermediate outcomes are often related to actions—e.g., changes in participants' behaviors due to increased knowledge and changed attitudes.

Long-term outcomes are changes you expect to see in the later stages of your program, or even after the program is over

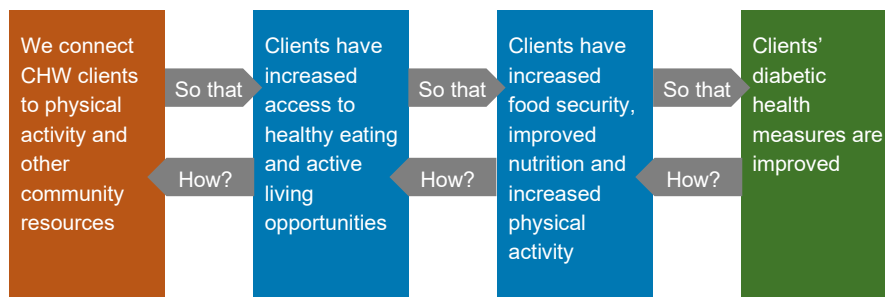
**Outcomes build on each other.** Make sure each set of outcomes aren't just “more of the same” over a longer time frame. They should build on each other to further measure the impact of your activities.

*Example:* A common mistake is to develop a short-term outcome of serving 100 people and then simply adding to the number of people who will be reached for longer term outcomes. Instead, consider the impact you expect your work to have with those 100 people over a longer time frame. For example, how will their behavior have changed?

## □ Did you test the logic of your logic model?

A logic model can work in both directions. If you start from the left side, you can talk about how you are including specific inputs and activities “so that” you can achieve short and long-term changes that are the goal of your program.

Testing the logic of a logic model for *Health Connect*, a community health worker (CHW) program that connects low-income diabetic residents to health-promoting community



Once you have a draft of the logic model, it's important to test it by walking backwards starting with the outcomes and asking a series of “how?” questions. In the example above, the Health Connect program will improve diabetic health outcomes as a long-term outcome. How? By increasing physical activity and healthy eating and so on. The logic worked!

□ Did you review the logic model with key stakeholders to ensure you have a mutual understanding of the program's elements?

The most important part of developing the logic model is the conversations and agreements that it helps facilitate. When you share it with stakeholders, some questions to ask are:

- Are there additional resources being used that are not reflected in the "inputs" column?
- Do the activities listed represent your understanding of what is being carried out?
- Are the participants you listed the people you believe to be reached through the activities?
- Are the outcomes what you expect to see as a result? Are the outcomes reasonable to expect given the level of investment and activities?

□ Did you use the Conversation Guide and Logic Model Template?

Use the Conversation Guide to talk with your key stakeholders and start describing your program. Once you are on your way, you can use the information from your stakeholder conversation to fill in the logic model template so that you have a visual guide for your work and a way to communicate about your program with others.

Then take a look at the logic model that the *Health Connect* program team created with their stakeholders. They broke out some of their key program components into different groups of activities and participants so that they could understand how these key elements fit together. That helped them to understand what kinds of outcomes would be important to track.

The Center for Community Health and Evaluation designs and evaluates health-related programs and initiatives throughout the United States.



CCHE's *Measuring What Matters* curriculum is informed by the following resources:

- [Centers for Disease Control and Prevention: A Framework for Program Evaluation](#)
- [University of Wisconsin–Extension: Program Development and Evaluation](#)
- [Northwest Center for Public Health Practice: Data Collection for Program Evaluation \[online course\]](#)

## CONVERSATION GUIDE

Use the following questions to start a conversation about a program or set of activities that you are interested in evaluating. Your responses do not need to include all your organization or coalition's programs and activities.

What is the problem we are trying to solve or issue we are trying to address?

What specific activities will we undertake (e.g., convenings, press releases, training, direct services, advocacy, etc.) in order to address the problem or issue?

For each of the activities identified above, whom are we trying to reach?

What resources are needed to successfully complete the activities identified? (e.g., time, talent, technology, information, money, community partnerships, etc.)

What changes do we expect to see as a result of our activities? (The timeframe below for short, intermediate and long-term changes is only a suggestion. Use what makes sense for your program!)

What changes do we expect to see in the short term? (e.g., 1 year)

What changes do we expect as a result of short-term outcomes being achieved? (e.g., intermediate, 2-5 years)

What will be different if we are successful in the long term? (e.g., 5+ years)

What is the context in which our program takes place? Are there any factors that might influence its outcome that we should keep in mind?

## Logic model template

Inputs	Outputs		Outcomes		
	Activities	Participation	Short-term	Intermediate	Long-term
What resources are needed to implement the activities?	What specific activities will you undertake?	Whom are you trying to reach through your activities?	What changes do you expect to see in the short term. (e.g., < 1 year)?	What changes do you expect to see as a result of achieving the short-term outcomes (e.g., 2-5 years)?	What will be different if you are successful (e.g., in > 5 years)?
•	•	•	•	•	•

## Case Study: *HealthConnect* completes the logic model template

*HealthConnect* is a community health worker (CHW) program that connects low-income diabetic residents to health-promoting community resources.

Inputs	Outputs		Outcomes		
	Activities	Participation	Short-term	Intermediate	Long-term
What resources are needed to implement the activities?	What specific activities will you undertake?	Whom are you trying to reach through your activities?	What changes do you expect to see in the short term?	What changes do you expect as a result of short-term outcomes?	What will be different if you are successful?
<p>CHW &amp; Staff time</p> <p><b>Partner funding:</b> food bank, community center, health dept.</p> <p><b>Technology</b> (e.g., referral system to track CHW clients)</p> <p><b>Info / resources</b> (e.g., health education materials, community resource lists)</p> <p><b>Internal processes</b> (workflow / forms for tracking client progress)</p> <p><b>CHW training</b> (skill development, diabetes knowledge)</p> <p><b>Facilities</b> (community center, clinics, food bank)</p>	<p><b>Program infrastructure</b></p> <ul style="list-style-type: none"> <li>Promote CHW program</li> <li>Develop &amp; implement referral processes between key partners</li> </ul> <p><b>Client services</b></p> <ul style="list-style-type: none"> <li>Enroll clients in assistance programs</li> <li>Collaboratively develop goals and action plans for self-management</li> <li>Connect clients with programs at key partners &amp; referrals to other social services (e.g., housing)</li> <li>Provide information ways increase healthy eating &amp; physical activity</li> <li>Follow-up and support clients achieving self-management goals</li> </ul>	<p><b>Residents:</b></p> <p>Low-income residents with diabetes, focusing on those with poor access to food, health care and/or opportunities to be physically active</p> <p><b>CHW partners:</b></p> <p>Health department clinic providers</p> <p>Food bank staff</p> <p>Community center staff</p>	<p>Increased awareness &amp; utilization of CHW by low-income residents with diabetes</p> <p>Improved referral processes &amp; linkages between key partners</p> <p>Increased referrals to other social services &amp; enrollment in assistance</p> <p>Establishment of self-management goals and action plan</p> <p>Increased awareness of opportunities to increase physical activity</p> <p>Increased participation in self-management activities (e.g., healthy eating, physical activity, regular primary care visits)</p>	<p>Increased food security</p> <p>Improved health behaviors, i.e.,</p> <p>Increased healthy eating (fruit and veggie consumption)</p> <p>Increased physical activity</p> <p>Increased number of clients with a medical home</p> <p>Decrease in unmet social service needs</p> <p>Progress toward or achievement of self-management goals</p>	<p>Improved diabetic health measures</p> <p>Decreased diabetic complications</p> <p>Increased quality of life</p>