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*at the Centre for Health Promotion  
University of Toronto*

# Logic Models Workbook

Version 6.1 August 21, 2001

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## **The Health Communication Unit (THCU)**

at the Centre for Health Promotion

University of Toronto

100 College Street, Room 213

The Banting Institute

Toronto, Ontario

M5G-1L5

Tel: (416) 978-0522

Fax: (416) 971-2443

E-mail: [hc.unit@utoronto.ca](mailto:hc.unit@utoronto.ca)

<http://www.thcu.ca>

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## **Disclaimer**

The Health Communication Unit and its resources and services are funded by the Ontario Ministry of Health and Long Term Care. The opinions and conclusions expressed in this document are those of the author(s) and no official endorsement by the Ministry of Health is intended or should be inferred.

## **Acknowledgments**

THCU would like to acknowledge Brian Hyndman, Larry Hershfield and Jodi Thesenvitz as the authors of this resource. We would also like to acknowledge John Dwyer for his logic model workshop content, which has, in part, been incorporated into this resource.

v.6.1

August 21, 2001

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# Introduction

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The following workbook has been developed by The Health Communication Unit (THCU) at the University of Toronto. Using a four-step approach, this workbook provides an overview of key concepts and methods to assist health promotion practitioners in the development of program logic models.

## What is a Logic Model?

A **logic model** is a diagrammatic representation of a program (Rush and Ogborne, 1991). A logic model provides a graphic depiction of the relationship between the main strategies of a program and associated goals, objectives, population(s) of interest, indicators and resources.

## Why are Logic Models Useful?

Logic models are a useful way of helping stakeholders understand the overall structure and function of a program (i.e., the "big picture"). As such, logic models are a useful resource for program planning and evaluation.

A well-developed logic model is like a useful road map: it defines boundaries, highlights important features, and shows clearly marked "pathways".

### *Logic Models Support Program Planning*

Logic models are a valuable resource for program planning. Specifically, logic models contribute to effective program planning by:

- demonstrating how a program's strategies contribute to the achievement of intended goals and objectives;
- identifying gaps and inconsistencies within a program, such as objectives that are not being met, or activities that are not contributing to specific objectives;
- providing an effective communication tool that helps new stakeholders or potential sponsors to understand a program;
- involving stakeholders in program planning (through the collective development of a logic model); and
- building a common understanding of what a program is all about and how the parts fit together.

## *Logic Models Support Program Evaluation*

Logic models also guide the development of program evaluations:

- By matching activities with associated objectives and indicators of success, logic models provide a useful blueprint or template for evaluation design.
- Logic models also serve as a resource for evaluability assessment, the process of determining if a program is ready to be evaluated. For example, a program may not be ready for evaluation if there is no clear relationship between its activities and objectives.
- Logic models can aid in the identification of success indicators, which are critical for program evaluation.
- By showing program sponsors how specific program activities contribute to the achievement of program goals and objectives, logic models are a useful way of demonstrating accountability to program sponsors.
- Logic models can be a useful starting point for engaging stakeholders in participatory evaluations.

### **When should a logic model be developed?**

Given their multi-purpose nature, logic models can be developed at different stages of the program planning and implementation process:

- Logic models can be developed early in the planning process to serve as a resource for initial visioning and priority setting exercises.
- Logic models can be developed later in the planning process to validate draft goals and objectives or to assess the "fit" between program objectives and proposed strategies.
- Logic models can be developed during the implementation of a program to assess the "evaluability" of a program, or to develop a visual diagram explaining the program for ease of communication.

## What Do Logic Models Look Like?

Logic models are usually depicted in chart form, with lines or arrows delineating the relationship between key program features (activities, objectives, population(s) of interest). To provide an effective "blueprint" for understanding a program, **logic models are most effective when they are printed on a single page.**

There is no standard format for logic models; they vary depending on the nature of the program and the needs and preferences of its stakeholders. The format and complexity of a logic model can also vary according to its intended purpose.

The following example of a logic model was developed by The Health Communication Unit. It contains features commonly found in logic models depicting health promotion programs. The following sections of this workbook outline the steps for developing program logic models that follow this format.

**Generic Program Logic Model**

Goal			
Population(s) of Interest			
Short-term Objectives			
Short-term Indicators			
Long-term Objectives			
Long-term Indicators			
Strategies			
Activities			
Process Indicators			
Available Resources			

## **What is the Process for Developing a Logic Model?**

This workbook outlines a four-step process for developing logic models. The steps include:

1. Prepare to develop your logic model (project management).
2. Develop and/or assemble the necessary information for logic model.
3. Create the logic model.
4. Review and revise the logic model.



# Step 1

## Prepare to Develop Your Logic Model

---

Step one is essentially project management. You, the logic model developer, must manage a number of elements throughout all the stages of logic model development, including:

- meaningful participation of key stakeholders;
- time;
- money and other resources;
- data-gathering and interpretation; and
- decision-making.

If these elements are ignored or not managed well, problems are likely to occur.

- Participation is critical to getting the best results – a lack of participation can lead to decisions being overruled, delayed, challenged or questioned by internal or external stakeholders.
- Poor decisions may result if the information you base your decisions on is misleading, weak, or incomplete.

In the following section, we discuss each of these key elements in more detail. Worksheet 1 in Appendix B is designed to accompany this step.

### **Meaningful Participation of Key Stakeholders**

Much has been written about the importance of stakeholder participation in the process of developing health promotion programs. These insights should be carefully reflected upon. From the outset, the logic model developer must identify key stakeholders (e.g. the project team, funders, community partners, etc.). Then, you must consider roles (who will be informed, make decisions, provide information, or provide hands-on support). Early in the process, be sure to answer the following questions related to stakeholder involvement.

- What stakeholders (participants, staff, funders...) are connected to your program?
- Who should work with you to develop the logic model?
- Who needs to review and comment on the model after it is developed?

It is important to note that comprehensive, well-developed logic models are a product of "**collective brainstorming**" by key program stakeholders. Here are some suggestions for working with stakeholders to generate ideas about the content and format of your logic model:

- Ask participants to share their vision of, or experiences with, the program (i.e., their ideas about program goals, objectives and key strategies). A recorder, or recorders, can transcribe the ideas onto flip charts or post-it notes, which can be mounted on the wall. Participants can then work to identify linkages between their ideas.
- Divide participants into small, task-focused groups (4-5 each). Each group is responsible for working on a different part of the program. Group members work together to identify the objectives, population(s) of interest, indicators, and resources associated with their strategy. This method can be particularly effective with larger programs where a core team of staff is responsible for a particular strategy. Existing documentation about the program (reports, etc.) could be a useful starting point for this exercise.

## **Time**

Though worthwhile in terms of getting stakeholder buy-in, it is important to note that participatory logic model development, as described above, can take longer than when key stakeholders are not consulted. In addition, the participatory ideals of health promotion planning can, and often do, conflict with political and cost issues.

## **Money and Other Resources**

Assessing your resources means considering funds available to you, as well as allocated staff, time, equipment and space. It also includes in-kind contributions from partners.

## **Data Gathering and Interpretation**

In preparation for logic model development, it is important to explore what sources of information are available to you, at the outset. Consider:

- What sources of information are available to help you create a program logic model? For example, funding proposals, workplans, previous logic models, etc.
- Are there people who have had previous experience with the program for which you will be developing the logic model? Can you involve them in the process?

## **Decision Making**

Before beginning work on any project, including the development of logic models, it is important to clarify the decision-making process. When project coordinators or other stakeholders are unclear about the decision-making process it can cause conflict, confusion and unnecessary backtracking. Consider, for example:

- Who has decision-making power, in what areas?
- How will decisions be made? Will it be by consensus or voting?
- What other information will affect final decisions?

# Step 2

## Develop or Assemble Information

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Step two involves collecting the information needed to fill in your logic model. Information must be collected on your:

- goal;
- population/s of interest;
- short and long-term objectives and indicators;
- strategies;
- activities and process indicators; and
- available resources.

Information about these elements or levels may already be available in a visual or narrative format, such as in a funding proposal, workplan or operational plan. If you have not yet made decisions about these elements, we recommend that you refer to our “Introduction to Health Promotion Planning Workbook” which will guide you through a strategic process for identifying and/or clarifying them.

The following section describes each of the above elements of a logic model. Worksheet 2 in Appendix B is designed to accompany this step.

### **Goal**

A program goal statement summarizes the ultimate direction or desired achievement of a program. Most health promotion programs have a single goal, but more complex programs may have several goals. Examples of program goals include:

- "All people of reproductive age achieve and maintain optimum reproductive health."
- "To ensure that economically disadvantaged mothers have access to safe, affordable, nutritious food."
- People in Natureville will acknowledge and celebrate their own sexuality, and accept and respect the diversity of sexual expression.
- Low-income women in InnerCity will gain the knowledge, skills and resources necessary to prepare nutritious food for themselves and their families.

## Populations of Interest

Population(s) of interest refer to the group(s) served by a program. For each goal, you may have different populations of interest, such as:

- clients or consumers of services (e.g., parents under 20 years of age; or low-income, sole support mothers);
- key stakeholders/decision-makers (e.g., community agency representatives, organizational leaders, politicians); or
- secondary population of interest (e.g., parents of parents under 20 years of age, informal community leaders).

## Objectives and Indicators (Short and Long Term)

### *Objectives*

An **objective** is a brief statement specifying the desired impact, or effect, of a health promotion program (i.e., how much of what should happen to whom by when).

### **Good program objectives:**

- are aligned with the overall goal;
- describe an outcome that is realistic, and for which you will be held accountable;
- describe a change (e.g. uses words like increase, decrease) rather than an action step;
- identify a specific population of interest;
- are strategic priorities (i.e. are a good fit between needs, capacities and your mandate); and
- are SMART objectives:
  - Specific (clear and precise);
  - Measurable (amenable to evaluation);
  - Appropriate (consistent with purpose/goal of program);
  - Reasonable (i.e., realistic); and
  - Timed (specific time frame provided for achievement of objective).

## *Indicators*

An **indicator** is a variable that can be measured in some way. For the purposes of program planning and evaluation, indicators are used as benchmarks, or proxy measures, to assess the extent to which objectives have been met. Matching objectives to associated indicators in a logic model helps to ensure the availability of relevant data sources for program evaluation.

### *Matching Indicators to Objectives*

The following is a helpful way of thinking about the development of objectives and indicators, and their relationship to one another:

- Think of a general direction or change that your program is trying to bring about (objective).
- Now think of a unit of measurement that represents, or assesses, that direction or change (indicator).
- Set a specific target/benchmark specifying the amount of general direction or change you can realistically expect.

### *Levels of Objectives and Indicators*

#### **Short-Term**

Whether an objective is short or long-term is relative to the length of time needed to achieve the program goal. As a general rule of thumb, the time frame for short-term objectives can be as short as 2-3 months, or up to 2 years. The time frame for the achievement of long-term objectives is usually 2-5 years.

**Short-term objectives** specify the short-term, or intermediate, results that need to occur to bring about sustainable long-term changes. For example, changes in knowledge need to take place to bring about long-term changes in health-related behaviours, or decision makers need to support a healthy public policy before it can be implemented. Please note that short-term objectives are different from activities (i.e., the actions needed to achieve the objectives).

**Short-term indicators** measure the direct impact of a program on the population of interest. When selecting indicators for short-term objectives, it is important to ensure that the necessary data are available.

Here are some examples of short-term objectives and associated indicators:

<b>Short Term Objective</b>	<b>Short-Term Outcome Indicators</b>
<p>At the end of the first year of the program, 90% of teen mothers in Natureville will know where to get birth control for free.</p>	<ul style="list-style-type: none"> <li>➤ # of teens in teen moms' support groups know where to get birth control for free</li> <li>➤ # of teen moms attending Family Resource Centre activities can identify where to get birth control for free</li> <li>➤ % of teen moms who agree that other teen mom acquaintances also know where to get free birth control</li> </ul>
<p>By the end of the first year, 80% of participating parents will have increased access to affordable, nutritious food through participation the community kitchen program and the bulk-buying club</p>	<ul style="list-style-type: none"> <li>➤ # of participating parents reporting decreased reliance on foodbank</li> <li>➤ foodbank utilization statistics</li> <li>➤ # of program participants taking part in collective meal preparation through community kitchens and the bulk buying program</li> <li>➤ % of participating parents who agree that other participants have increased access to affordable, nutritious food</li> </ul>

## Long-Term

**Long-term objectives** specify the outcomes or changes needed to achieve program goals, such as the reduction in the incidence of a health problem, or improvements in health status resulting from the implementation of a healthy public policy or environmental supports. **Long-term indicators** provide direct or indirect measures of these intended outcomes.

When developing long-term objectives and indicators, it's important to remember that the collection of long-term outcome data can be more time and resource intensive than the collection of shorter-term, intermediate data. In many cases, programs may not have the capacity to directly collect long-term outcome data, and may have to rely on data sources available from other organizations, such as health units or social planning councils, to ascertain the program's effect over a period of years.

Here are some examples of long-term program objectives and associated indicators:

Long-Term Objective	Long-Term Outcome Indicators
By the end of the third year, the incidence of teen pregnancies in Natureville will decline by 50 %.	<ul style="list-style-type: none"><li>➤ decrease in use of teen pregnancy services</li><li>➤ decrease in teen pregnancy admissions to community hospitals, birthing centres</li><li>➤ self-report data from organizational gatekeepers (e.g., Family Resource Centre workers)</li></ul>
To reduce the incidence of social and developmental problems associated with poor child nutrition in Innerscity by 2002.	<ul style="list-style-type: none"><li>➤ self-report data from teachers at Innerscity schools</li><li>➤ Innerscity school records (e.g, absenteeism)</li><li>➤ self-report data from participating parents (e.g., improvements in child's behaviour, attention span)</li><li>➤ improvements noted in standardized tests measuring social and cognitive development of children</li></ul>

**Remember:** The collection of indicator data requires time and resources. Be realistic. Do not try to measure everything!



## Strategies

Strategies refer to major groups of activities that will help you achieve your objectives, and your overall goal. Examples of strategies include:

- Communication
- Education
- Community Development
- Organizational Development
- Policy Change
- Advocacy

The identification of program strategies can be a time-consuming process. Key challenges include:

- overcoming the tendency to focus on YOUR strategies instead of the entire range of program strategies;
- thinking mainly of educational strategies;
- trying to capture precise "titles" early on.

Here are some tips for overcoming these challenges and identifying concise program strategies:

- make sure your program goals and objectives are well-developed;
- think of the broad spectrum of health promotion strategies (i.e., address education, policy and environmental support);
- refer to key health promotion frameworks, such as the *Ottawa Charter* (please see examples on next page);
- brainstorm the key program elements with your stakeholder group;
- build support and get buy-in from other stakeholders;
- incorporate health promotion theory, research and practice;

## Examples of Key Health Promotion Frameworks

### *Ottawa Charter Actions*

Build healthy public policy  
Create supportive environments  
Strengthen community action  
Develop personal skills  
Reorient health services

### *Metro Toronto District Health Council*

#### *Strategies*

Counseling and skill development  
Education  
Social marketing  
Self-help/mutual support  
Community mobilization and development  
Healthy public policy

### *Centre for Health Promotion Logic Model*

Education  
Health communication  
Organizational development  
Community development  
Policy development  
Advocacy  
Intersectoral collaboration  
Research

Remember: You will be revisiting and revising the logic model as you proceed. Nothing has to be carved in stone. It's a living, evolving logic model!

## Activities and Process Indicators

**Activities** describe the specific ways that the strategy will be applied. They are the specific actions to be taken within a certain time period. In a logic model, activities usually appear as one or two word descriptions of steps taken to operationalize strategies. For example:

Strategy: Education

Activities: workshops, interactive website, distance education course, etc.

Strategy: Policy Change

Activities: meetings with city counselors, letters to the editor, petition, etc.

**Process/activity indicators** are developed to track and monitor the implementation of program activities. These indicators can measure the quantity, duration and efficiency of program activities. Examples of process indicators include:

- X # of clinics and social service agencies will have the "Parenting as a Teen" promotional brochure on display.
- X % of Innercity parents will be taking part in community kitchen programs.

## **Available Resources**

Logic models often contain a line linking program, objectives, indicators and activities to the resources available for program implementation. This provides an important "reality check" for program planning.

Answering the following questions will help to determine your available resources for each component and set of activities.

- What resources do you have already (human, physical, financial)?
- Do you have the resources you need?
- Where can you/your organization get access to additional resources?
- Does your program (logic model) need to be revised to reflect available resources?

# Step 3

## Create the Logic Model

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As previously mentioned, there are many different ways to design a logic model. They may vary in:

- scope of logic model (how much they cover);
- the number of levels included;
- the description of levels included;
- the direction of information flow;
- the amount of text; and
- the visual layout.

Each of these variables is discussed, in turn, below.

### **Scope of Logic Model**

It can be difficult to decide how much information to include in a logic model. For example, should a logic model cover just a select number of related activities, perhaps associated with only one audience? Or should it include everything that is being done to tackle a broad issue such as homelessness? Should it include only programmatic objectives and activities intended to directly influence health? Or should it also cover non-programmatic activities such as research, fundraising and evaluation?

Any answer to the above questions may be correct. When making these decisions, it is important to consult with key stakeholders. A logic model will not be an effective planning and evaluation tool if it is not meaningful, useful and relevant for key program stakeholders.

For example, a logic model designed for communication purposes (i.e., showing the "big picture" to stakeholders) may not be as detailed or complex as a logic model designed for evaluation purposes. Complex, multi-component programs may require the development of separate logic models for each program component or activity.

## Number of Levels

The logic model we have discussed in this workbook includes many ‘levels’ (goal, population of interest, long and short term objectives and indicators, strategies, activities, process indicators and resources). Often logic models include only some of these levels. For example,

- some logic models do not include goals,
- some may choose not to detail resources, and
- sometimes indicators and objectives are combined.

As with the amount covered in a logic model, these decisions should be determined by considering what is most functional for those who will be using the logic model.

## Description of Levels

There is no standard set of terminology for a logic model (i.e., 'naming the rows of boxes'). Table 1 links the terms used in THCU's logic model format with commonly used alternatives.

**Table 1.0 Alternative Logic Model Terms**

Term used in THCU workbook	Alternatives
Goal	Purpose Mission
Population of Interest	Target Group Priority Group Audience Community of Interest Foci
Objectives	Outcomes Impacts Effects
Indicator	Benchmarks Criteria for Success
Strategies	Components Initiative Intervention
Activities	Process Objectives Implementation Objectives Outputs
Resources	Budget Assets Inputs

Regardless of the terms you choose for the various levels of your own logic model, you need to ensure that:

- you have reached a common agreement/understanding on terminology with all key stakeholder groups; and
- you are consistent in your application of these terms to describe and depict your program.

## **Direction of Information Flow**

THCU's logic model flows from top to bottom, starting with goals and objectives and moving down to strategies and activities that will create those changes. This model generally reflects an evaluator bias. Other options include starting with resources at the top and moving down toward objectives and an overall goal (programmer bias); or moving from left to right starting with either resources or long-term objectives.

## **Amount of Text**

The amount of text included in a logic model can vary greatly between logic models. It can be sparse and in point form, or highly detailed. Again, this is a matter of preference and the function the logic model is designed to serve.

## **Visual Layout**

As with all other variables discussed above, there are many ways to approach visuals and overall layout. This is a highly subjective issue, but an important one as good visual design can greatly enhance the understandability of a logic model. Unfortunately, poor layout, or extraneous visuals can add clutter and create confusion.

Some software options for creating a logic model include: Visio, Excel, Microsoft Project and Corel Draw. They can also be created in any word processor using tables, but this can be more difficult to manage than the above listed options.

Worksheet 3 in Appendix B is designed to accompany this step.

# Step 4

## Review and Revise the Logic Model

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At this stage, we recommend that you:

1. Review
2. Present and discuss with stakeholders
3. Revise
4. Take Action

Your logic model should be assessed in three different ways:

- for completeness;
- for presentation; and
- for logic.

### Review for Completeness

Your review for completeness should focus on answering the following questions, and perhaps other questions that your team identifies as important:

- Have you included all appropriate levels?
- Have you included all relevant populations of interest?
- Have you identified short and long-term objectives?
- Are the objectives clear and measurable?
- Are your major activities listed under an appropriate strategy?
- Are indicators included for objectives and activities?
- Do the indicators get at what you need to know in order to determine if program objectives have been met?
- Do your strategies reflect a range of programming efforts delivered to the identified population(s) of interest?
- Have you identified a wide range of resources, including financial, personnel as well as in-kind contributions?
- Have you addressed all key stakeholder concerns and questions (i.e. will they be satisfied?)
- Other



## **Review for Logic**

The review for logic focuses on the arrows, or direction of information flow. Consider:

- Will the short-term objectives lead to the long-term objectives?
- Have you chosen the most logical set of strategies?
- Are the activities appropriate for the population of interest?
- Are the chosen activities likely to result in meeting the short-term objectives?
- Are your resources sufficient to drive strategies and activities?
- Other

## **Review for Presentation**

When reviewing the presentation of the logic model, consider the following design elements.

- Are there too many boxes on the page?
- Is it easy to follow the arrows and flow of logic?
- Is there enough white space?
- Are the levels in an order that is useful for you and your stakeholders?
- Is the model user-friendly and easy to follow?
- Other

Worksheet series 4 in Appendix B is designed to accompany this step.

## References

Dwyer, John (1996) "Applying program logic model in program planning and evaluation." *Public Health and Epidemiology Report Ontario*. 7 (2), 38-46.

McEwan, K.L., and Bigelow. D.A. (1997) "Using a logic model to focus health services on population health goals." *The Canadian Journal of Program Evaluation*. 12 (1), 167-174.

Rush, B., and Ogborne, A. (1991) "Program logic models: expanding their role and structure for program planning and evaluation." *The Canadian Journal of Program Evaluation*. 6 (1), 95-106.

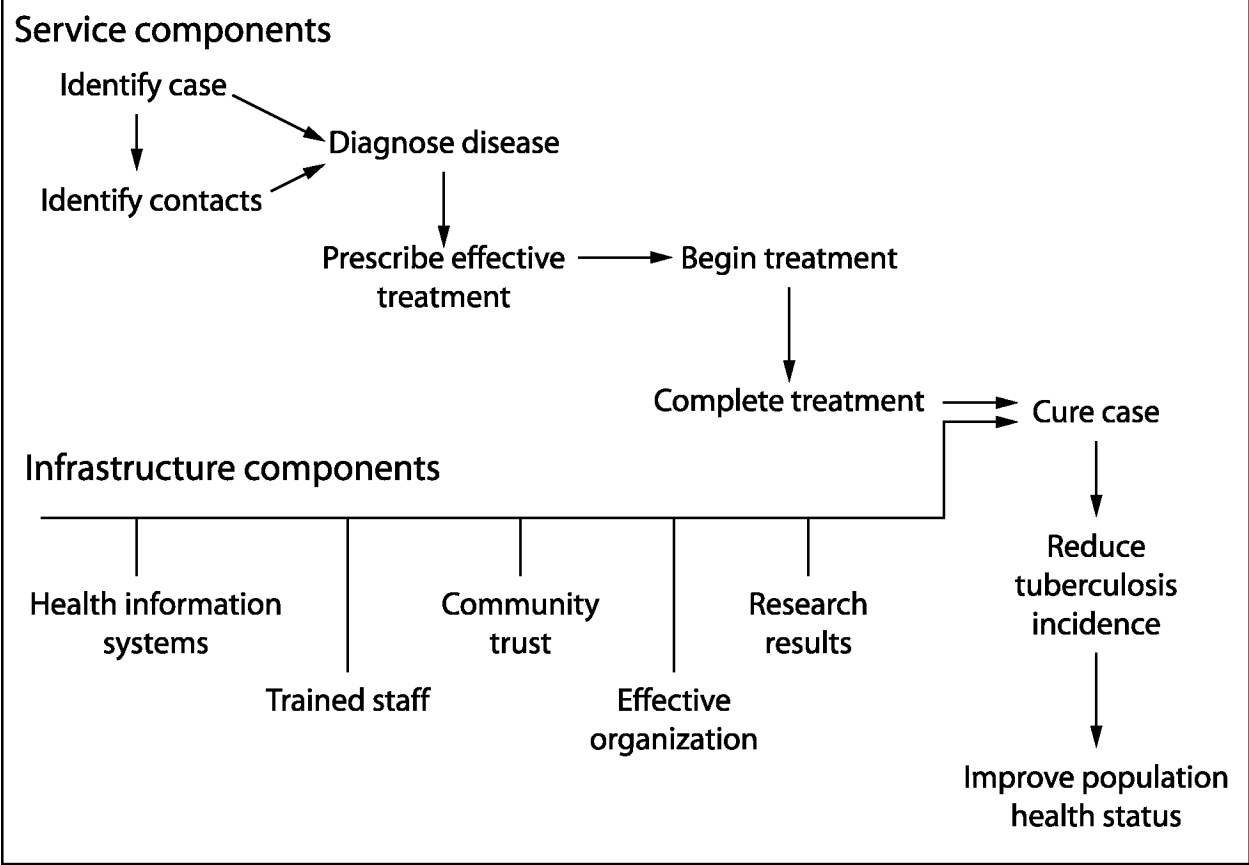
Smith, M.F. (1989) *Evaluability Assessment: A Practical Approach*. Norwell, MA: Academic Publishers.

Wholey, J.S. (1983) *Evaluation and Effective Public Management*. Toronto: Little Brown.

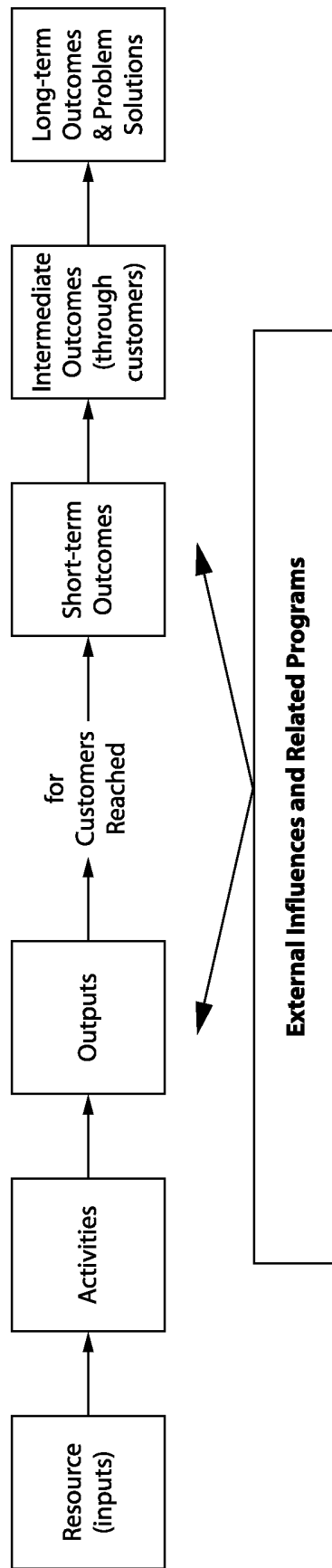
# Appendix A

## Sample Logic Models for Health Promotion Programs

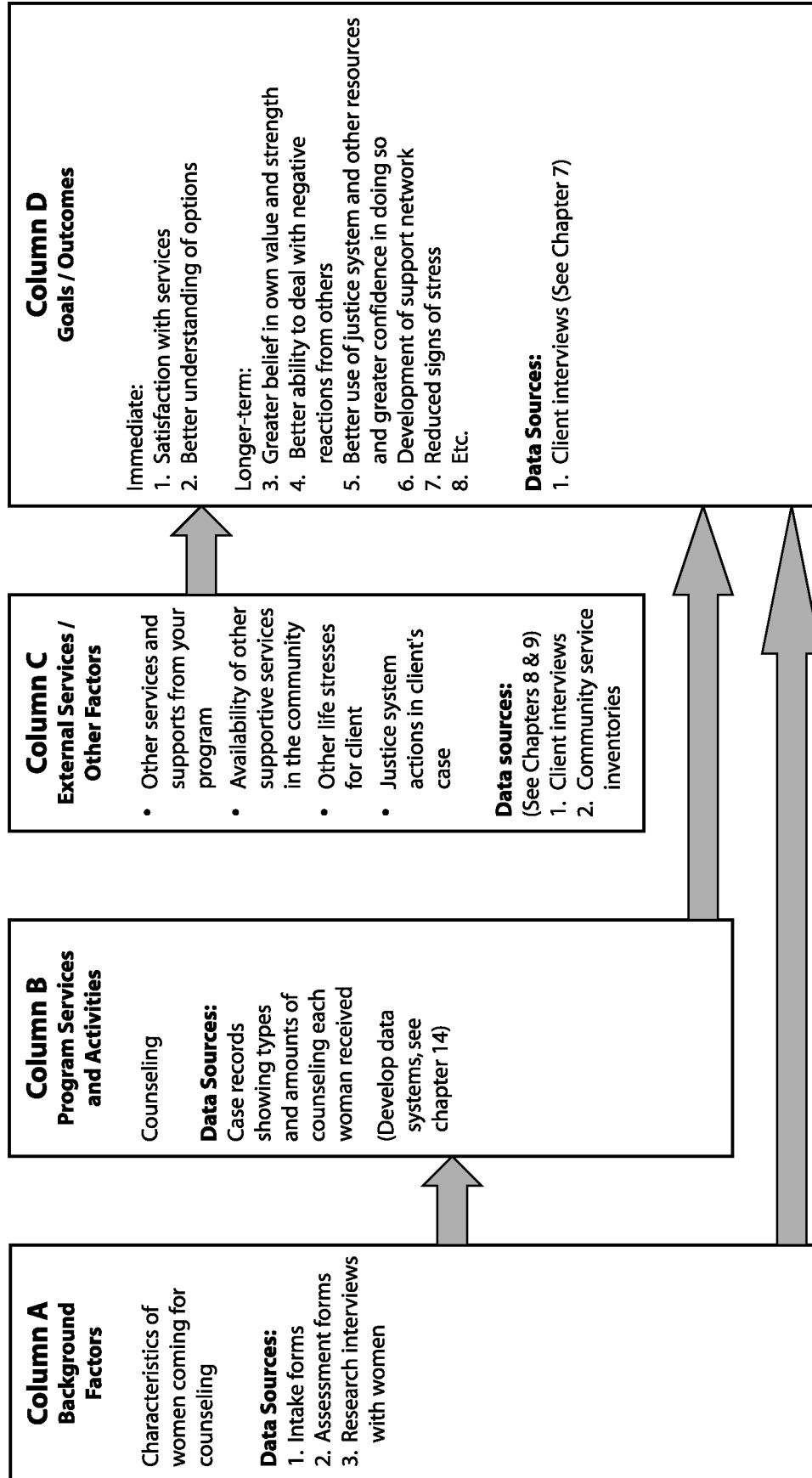
*Logic model for a tuberculosis control program*

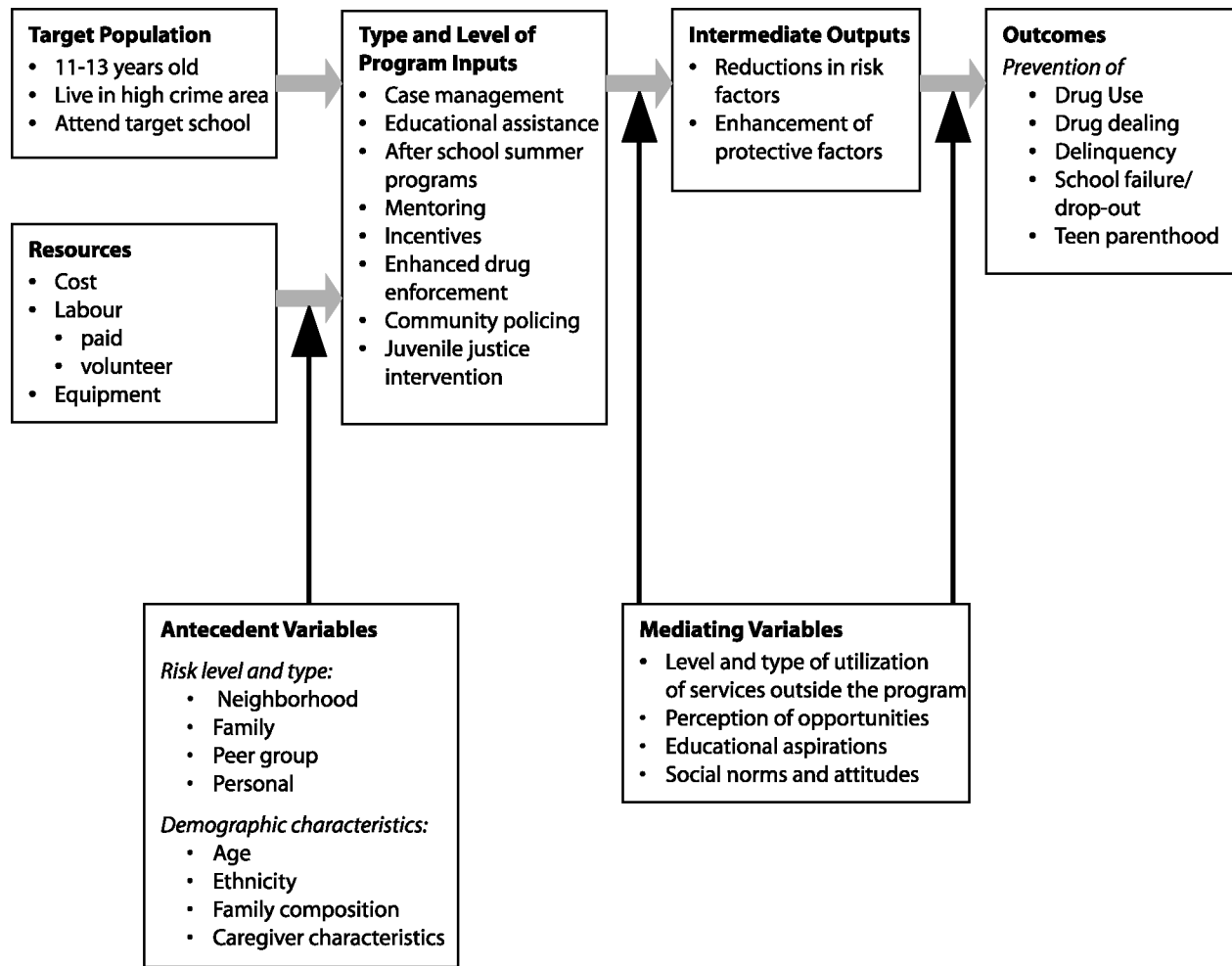


*Elements of the Logic Model*

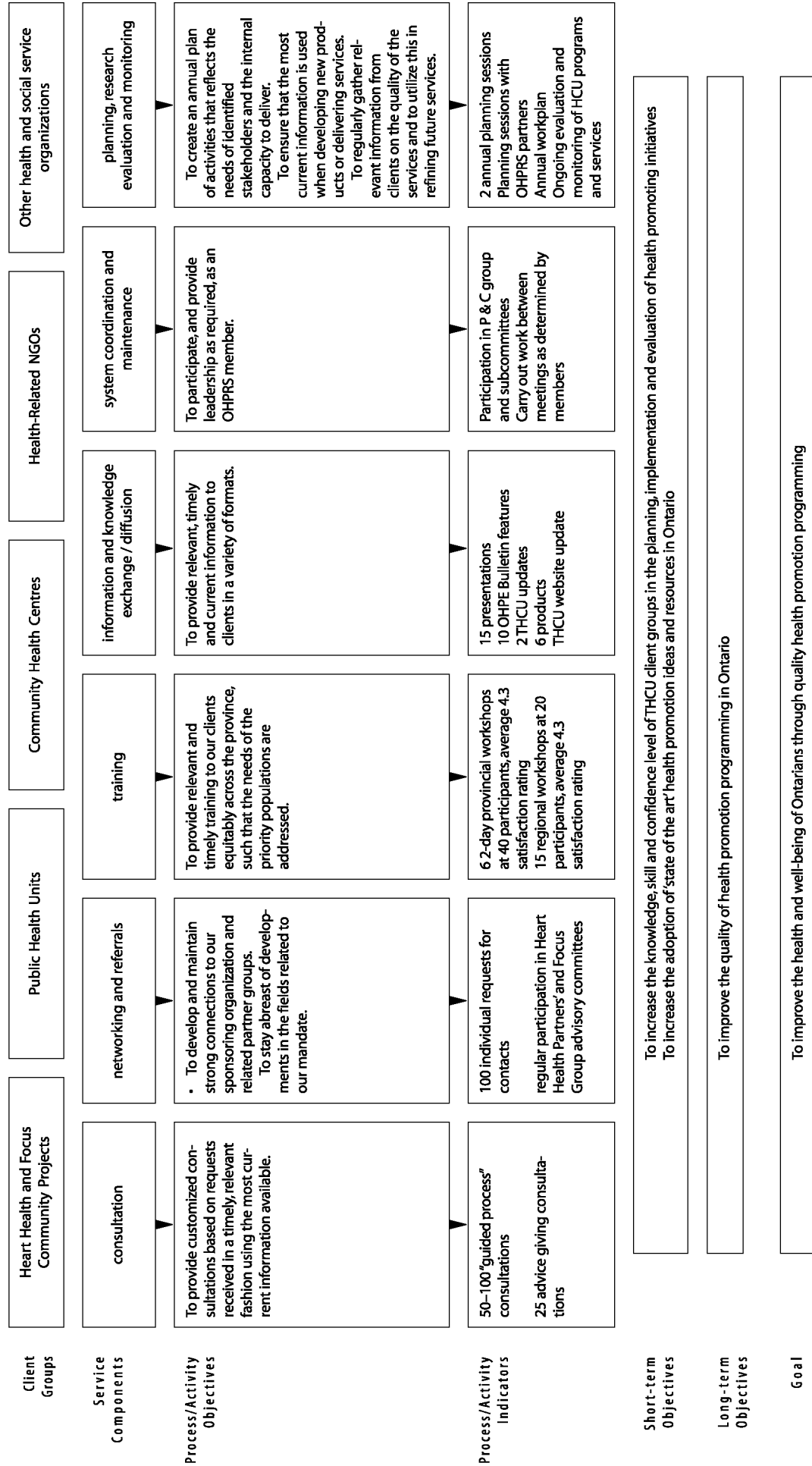


**Exhibit LM.1  
COUNSELING SERVICES**





# The Health Communication Unit Logic Model





## Heart Health Logic Model Example #1 (Part 1)

Components	Policy Development
<b>Activities</b>	<p style="text-align: center;">↓</p> <ul style="list-style-type: none"> <li>• Liaise &amp; provide consultation to school councils</li> <li>• QDPE (i.e. not punishing a child to stay in at recess or to skip Phy. Ed. Class)</li> <li>• Opening of community facilities (school &amp; office municipal sites in the summer).</li> <li>• Encourage activity breaks in restaurants, workplaces, schools, and arenas (i.e. Workplaces to allow for 20 minute breaks with 10 minutes of exercise)</li> <li>• Letter writing to restaurants (i.e. McDonalds re: Meal deals with juice instead of pop, salads instead of fries, make available more non-smoking seating).</li> <li>• Health Unit Position statements on tobacco, nutrition, and physical activity to all target groups</li> <li>• Heart Healthy food should be served at all workshops, conferences etc.</li> <li>• Encourage policies at worksites regarding smoke-free workshops, healthy snacks &amp; fitness breaks.</li> <li>• Health Unit be a role model (ie. Worksite policies) to capture intent of health education (set examples by providing)</li> </ul>
<b>Target Groups</b>	<p style="text-align: center;">↓</p> <ul style="list-style-type: none"> <li>• Schools, school councils, School boards</li> <li>• Municipalities</li> <li>• Workplaces</li> <li>• Restaurants</li> <li>• Small businesses</li> <li>• Organization</li> </ul>
<b>Short Term Outcomes</b>	<ul style="list-style-type: none"> <li>• Increased visibility of heart health project</li> <li>• News conferences outlining Health Unit position on 3 major risk factors</li> </ul>
<b>Long Term Outcomes</b>	<ul style="list-style-type: none"> <li>• Increase access to preventative health services</li> <li>• Increase daily physical activity, healthy eating &amp; smoke free environment</li> <li>• Reduce mortality due to CVD</li> </ul>

## Heart Health Logic Model Example#1 (Part 2)

Environment	Advocacy
<ul style="list-style-type: none"> <li>• Support provincial initiatives on heart healthy choices in restaurants (i.e. lower fat menu items, nutritious choices, non-smoking section, food safety)</li> <li>• Set examples by providing heart healthy food and refreshments at workshops and conferences</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage staff at PHU to be role models in Heart Healthy behaviour for the communities.</li> <li>• Advise community members to write letters to facilitate others to speak out for heart healthy practices &amp; environments (i.e. restaurant patrons to comment on their bill)</li> <li>• Attend city council or town hall meetings at regular intervals to promote public health</li> <li>• Become a board member on related committees on behalf of the PHU</li> <li>• Educate politicians on the determinants of health</li> </ul>
<ul style="list-style-type: none"> <li>• Restaurants</li> <li>• PHU staff</li> </ul>	<ul style="list-style-type: none"> <li>• Community members</li> <li>• City Council / City Hall</li> <li>• Board / committees</li> <li>• Opinion leaders</li> <li>• Individuals in positions to effect change community-wide</li> <li>• Management at workplaces</li> </ul>
<ul style="list-style-type: none"> <li>• Increase visibility for restaurants offering heart healthy choices</li> <li>• Increased awareness &amp; focus on homes &amp; worksites as related to environment health hazards (i.e. Second hand smoke &amp; availability of healthy food choices (women as gatekeeper of kitchen)</li> <li>• Increased availability of heart healthy snacks in public places, worksites (vending machines)</li> </ul>	<ul style="list-style-type: none"> <li>• Increased support from politicians &amp; board members on the issues relating to heart health</li> <li>• Increased visibility in community in particular municipal council meetings</li> <li>• Increased participation by staff on school councils.</li> </ul>

## Heart Health Logic Model Example #2 (Part 1)

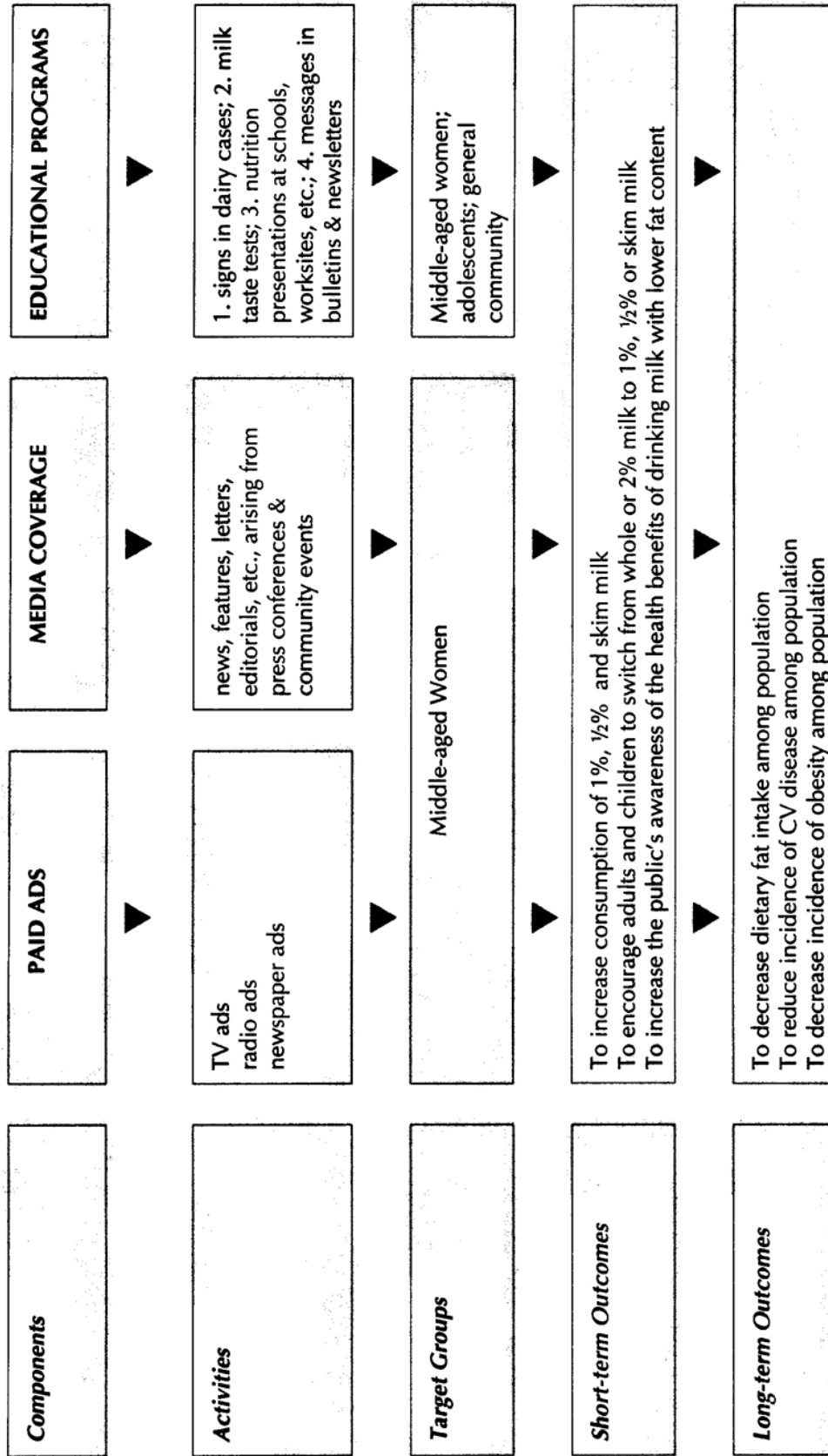
### Heart Health Program Logic Model

Components	Social Marketing	Health Education
↓	↓	↓
<b>Activities</b>  <b>Staff skill development</b>	<ul style="list-style-type: none"> <li>• District wide media campaigns</li> <li>• Newspaper articles</li> <li>• Radio Ads</li> <li>• Bill boards</li> <li>• Hold press conferences to promote nutrition, tobacco-free and physical activity</li> <li>• Educate the media with press conferences and news releases</li> <li>• Educate ourselves first on components of social marketing</li> <li>• staff to continue to upgrade &amp; update on public health issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Resource Development</li> <li>• Access resources from Heart &amp; Stroke</li> <li>• Creation of Additional resources (i.e. heart health pamphlet with all 3 components &amp; information on how to access programs)</li> <li>• Access resources from other health units (i.e Best practices)</li> <li>• Target age and gender specific pamphlets (i.e. children, teens, men, women, seniors)</li> <li>• Channels to schools, workplace, community, physicians' offices.</li> <li>• Health fairs - schools, workplaces, community</li> <li>• Displays that generate interest, promote awareness, increase visibility of services &amp; staff</li> <li>• All presentations should include the 3 components (i.e. classes on health weights, smoking cessation , strength training)</li> <li>• Workplace presentations</li> <li>• Supermarket tours</li> <li>• Cholesterol / Heart Health fairs</li> <li>• Walks (i.e. Mother &amp; daughter walks, Jingle Bells Walk)</li> <li>• Give out prizes that promote physical fitness (i.e. passes for ice skating, bowling, Ski Runners, Kamiskotia, 1 day gym passes, certificates for running shoes.</li> </ul>
<b>Target Groups</b>	<ul style="list-style-type: none"> <li>• General Population</li> <li>• PHU staff</li> <li>• Community</li> </ul>	<ul style="list-style-type: none"> <li>• Schools / Workplaces</li> <li>• Small Businesses / Community</li> <li>• Media / Politicians</li> <li>• General population</li> <li>• Children / Teens</li> <li>• Men / Women / Seniors</li> </ul>
<b>Short Term Outcome</b>	<ul style="list-style-type: none"> <li>• Increased awareness of the negative impact of tobacco use</li> <li>• Increased awareness of benefits of physical activity, "Makes you feel good."</li> <li>• Increased awareness of positive impact of eating more vegetables and fruits</li> <li>• Increased awareness of the benefits of healthy weight.</li> <li>• Increase awareness of the Heart Health Network</li> </ul>	<ul style="list-style-type: none"> <li>• Increased knowledge of link between fat and cholesterol intake on heart health</li> <li>• Increased knowledge of the negative impact of tobacco use</li> <li>• Increased knowledge of benefits of physical activity</li> <li>• Increased knowledge of positive impact of eating more vegetables &amp; fruit</li> <li>• Increased knowledge of negative impact of being overweight.</li> </ul>

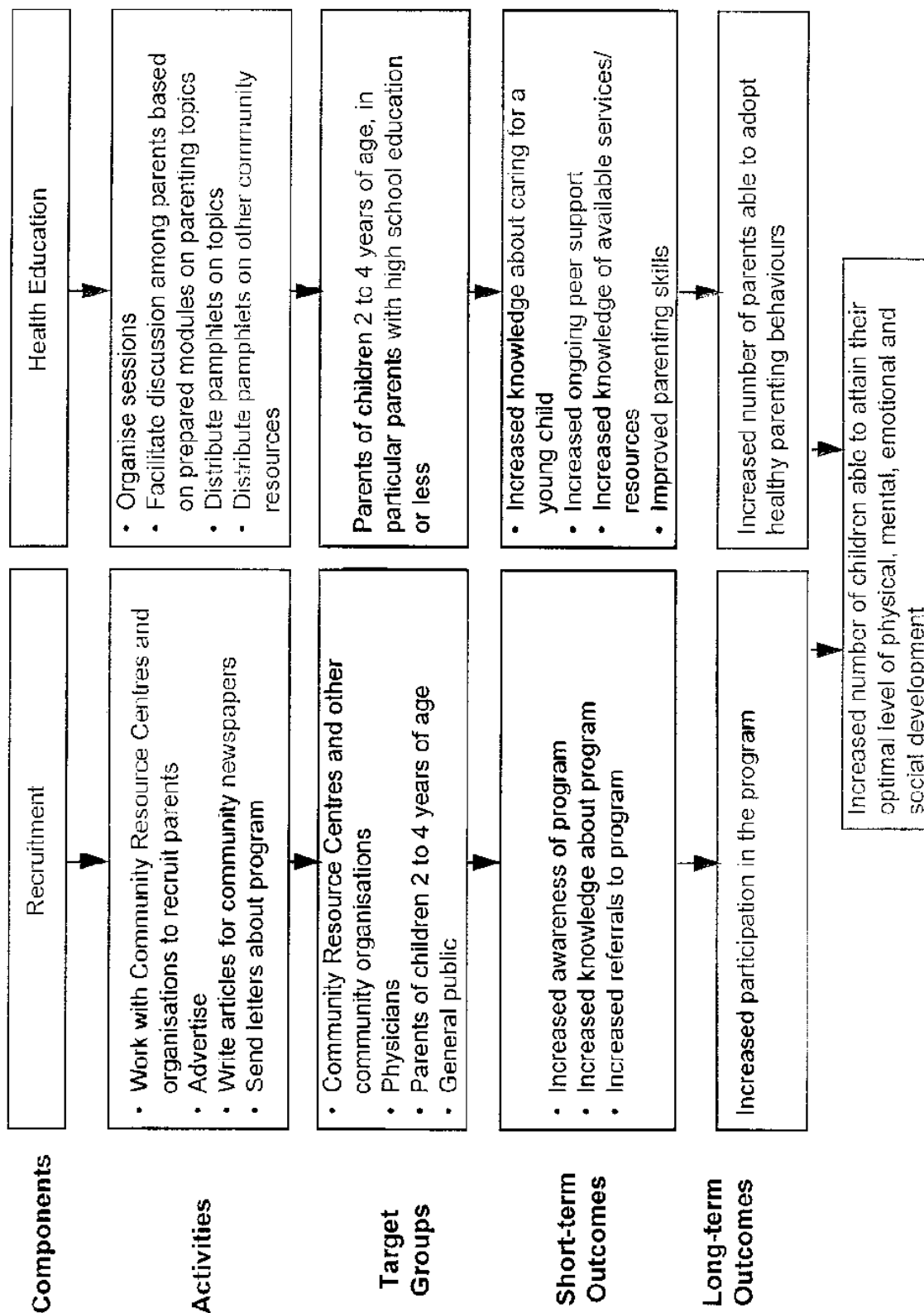
## Heart Health Logic Model Example #2 (Part 2)

Community mobilisation/Partnerships	
⇓	↓
<ul style="list-style-type: none"> <li>• Linkages with CPNP, breakfast programs</li> <li>• Recruit local partners - schools, workplaces, senior centres, YMCA, recreation department, support groups, Aboriginal groups, city council members, city hall, and interested individuals, grocery stores.</li> <li>• Partner with existing agencies promoting tobacco free living, healthy eating and physical activity.</li> </ul>	<ul style="list-style-type: none"> <li>• Assist other community agencies in the promotion of their programs related to heart health</li> <li>• Invite workplaces and individuals interested in heart health to an open forum to develop linkages</li> <li>• Work closer with inspection department &amp; community partners on tobacco issue</li> <li>• Develop partnerships with schools/school board - invite students to plan events, win prizes, become peer educators</li> </ul>
<ul style="list-style-type: none"> <li>• Community agencies</li> <li>• Health professionals</li> <li>• Individuals</li> <li>• Businesses</li> </ul>	<ul style="list-style-type: none"> <li>• Community agencies</li> <li>• Workplaces</li> <li>• Restaurants</li> <li>• General population</li> <li>• Media</li> </ul>
<ul style="list-style-type: none"> <li>• increased awareness of needs in community relating to heart health</li> <li>• increased sharing of resources between partners</li> <li>• Strengthened links between partners with common interest and goals.</li> </ul>	<ul style="list-style-type: none"> <li>• increased participation in heart health activities</li> <li>• increased linkages between health promotion &amp; health protection on tobacco issues</li> <li>• increased health unit visibility on the issues related to heart health.</li> </ul>

# LOGIC MODEL



## Parenting Program Logic Model



## LOGIC MODEL FOR THE PREVENTION OF TEEN PREGNANCY (Part 1)

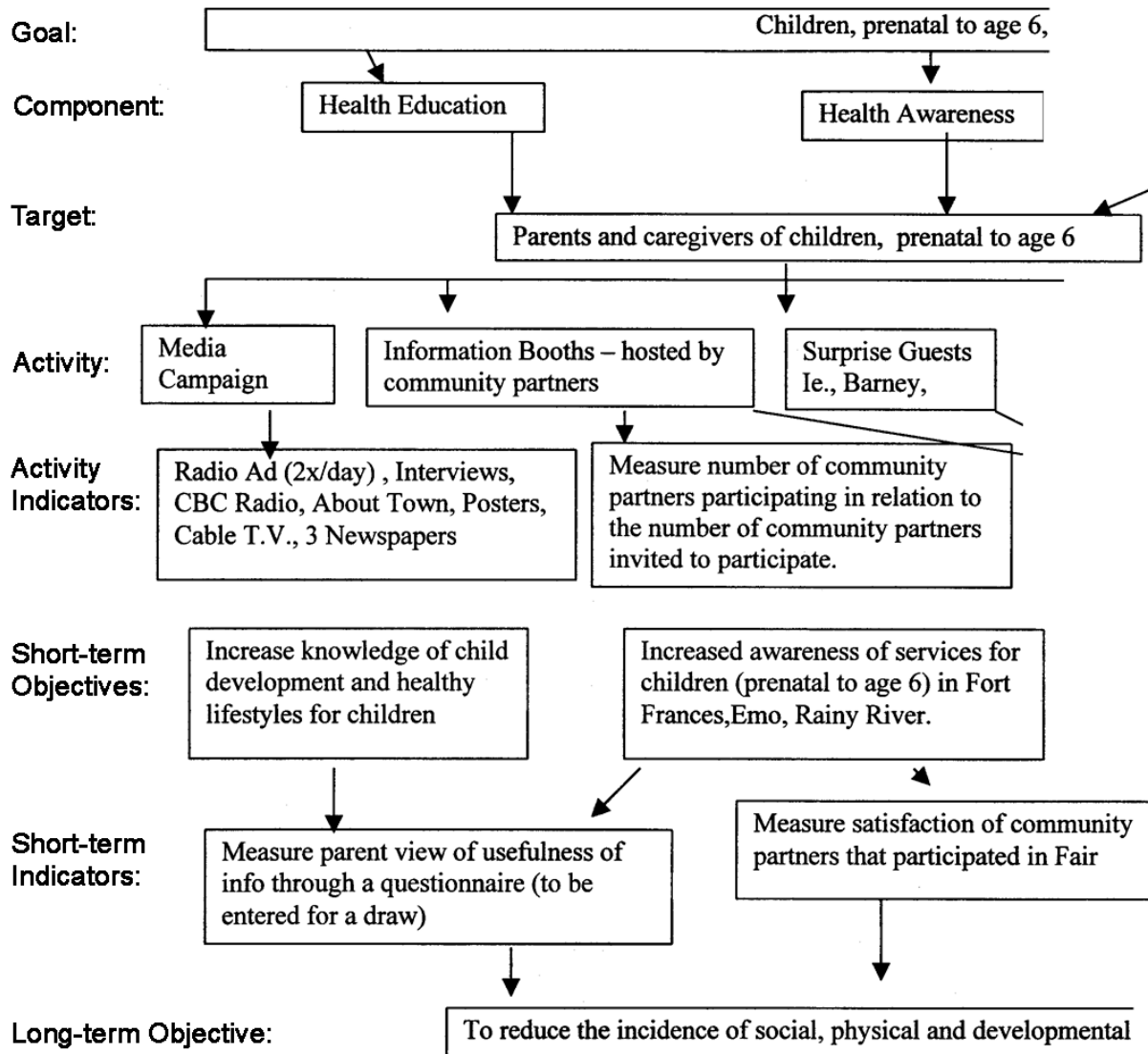
Components	Teacher Education & Update	Health Education
↓		↓
<b>Activities</b>	Teacher workshop to ensure that a minimum of three hours of sexual health education is provided for students in grades 7-9 and includes as a minimum the topics outlined in the MHPSG.	Health fairs, workshops, displays, pamphlets, media campaign.
<b>Target Groups</b>	Teachers of grade 7-9 students.	Grade 7-9 students, sexually active teens, youth workers, MD's, nurses, teachers, parents.
<b>Short-term Outcomes</b>	<ul style="list-style-type: none"> <li>-Increased teacher comfort level with sexual health education content.</li> <li>-Increased teacher knowledge base of sexual health content.</li> <li>-Increased teacher awareness of sexual health educational and clinical resources.</li> </ul>	<ul style="list-style-type: none"> <li>-Increased knowledge of birth control methods including abstinence and ECP.</li> <li>-Effective use of communication strategies to promote healthy relationships and negotiate safer sex.</li> <li>-Increased awareness of sexual health education and clinical resources.</li> </ul>
<b>Long-term Outcomes</b>	<ul style="list-style-type: none"> <li>-Improved comprehensive sexual health curriculum and improved curriculum implementation assessed annually.</li> <li>-Increase to 80% the number of teachers providing a minimum of 3 hours of quality sexual health education to grade 7-9 students by increasing the comfort level, knowledge base and awareness of resources.</li> <li>-Decreased incidence of teen (15-19 years) pregnancies to 40 per 1,000 population by the year 2005.</li> </ul>	<ul style="list-style-type: none"> <li>-Increased use of birth control methods including abstinence and ECP.</li> <li>-Decreased incidence of teen (15-19 years) pregnancies to 40 per 1,000 population by the year 2005.</li> </ul>

## LOGIC MODEL FOR THE PREVENTION OF TEEN PREGNANCY (Part 2)

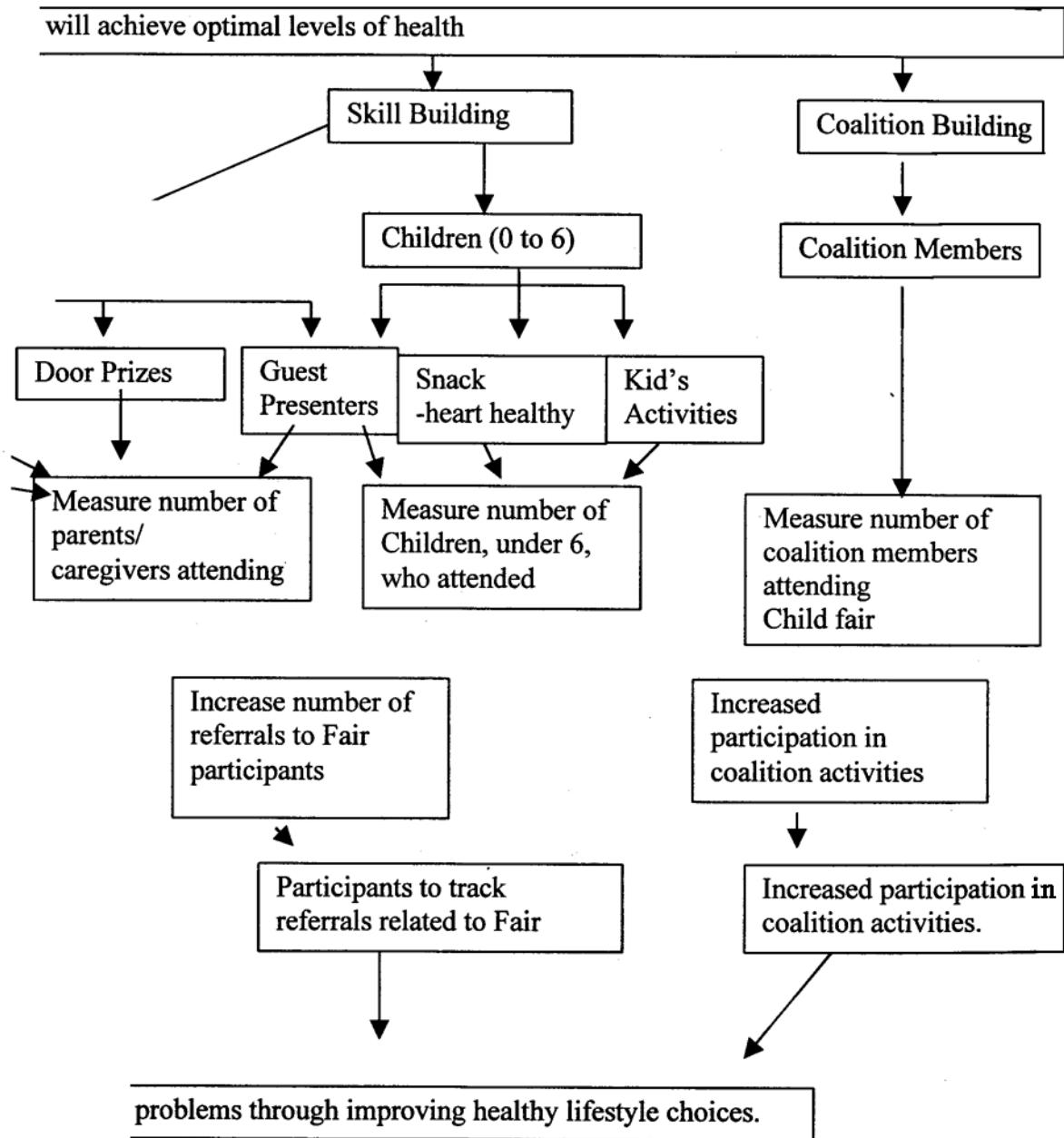
Marketing & Recruitment		Screen, assess, counsel refer	Professional Development
↓		↓	↓
Orientation of grade 9 students to PHU services at the high school by sexual health educators, increased awareness of PHU services in grades 7-9 through the distribution of pamphlets, newsletters, workshops.	Workshop.	-PHU sexual health clinic 4X week in Timmins, 1X week in satellite offices. -Doctor's based clinic 1X week in Timmins. -Sexual health high school clinics in area high schools. -Storefront clinics at other locations where accessibility to PHU is limited for teens.	Counselling experience in family planning options, professional seminars/workshops.
Grade 7-9 students	Secretaries and front line personnel.	Sexually active teens 12-19 years of age.	Nurses, physicians, nurse practitioners, medical students, post RN nursing students.
-Increased awareness of PHU services. -Increased use of PHU services.	-Increase in comfort level and non-judgmental attitudes in dealing with teen clients. -Teen friendly PHU services.	-Increased use of clinic services. -Increased use of reliable birth control methods including abstinence and ECP.	-Increase availability of training and education in sexual health for professionals. -Enhance knowledge base, skills, and proficiency of health professionals in promoting sexual health.
Decreased incidence of teen (15-19 yrs.) pregnancies to 40 per 1,000 population by the year 2005.		Decreased incidence of teen (15-19 yrs.) pregnancies to 40 per 1,000 population by the year 2005.	-To become a sexual health learning/training center for health professionals in the North. -To maintain and improve practice standards for sexual health practice in our area. -Decreased incidence of teen (15-19 yrs.) pregnancies to 40 per 1,000 population by the year 2005.



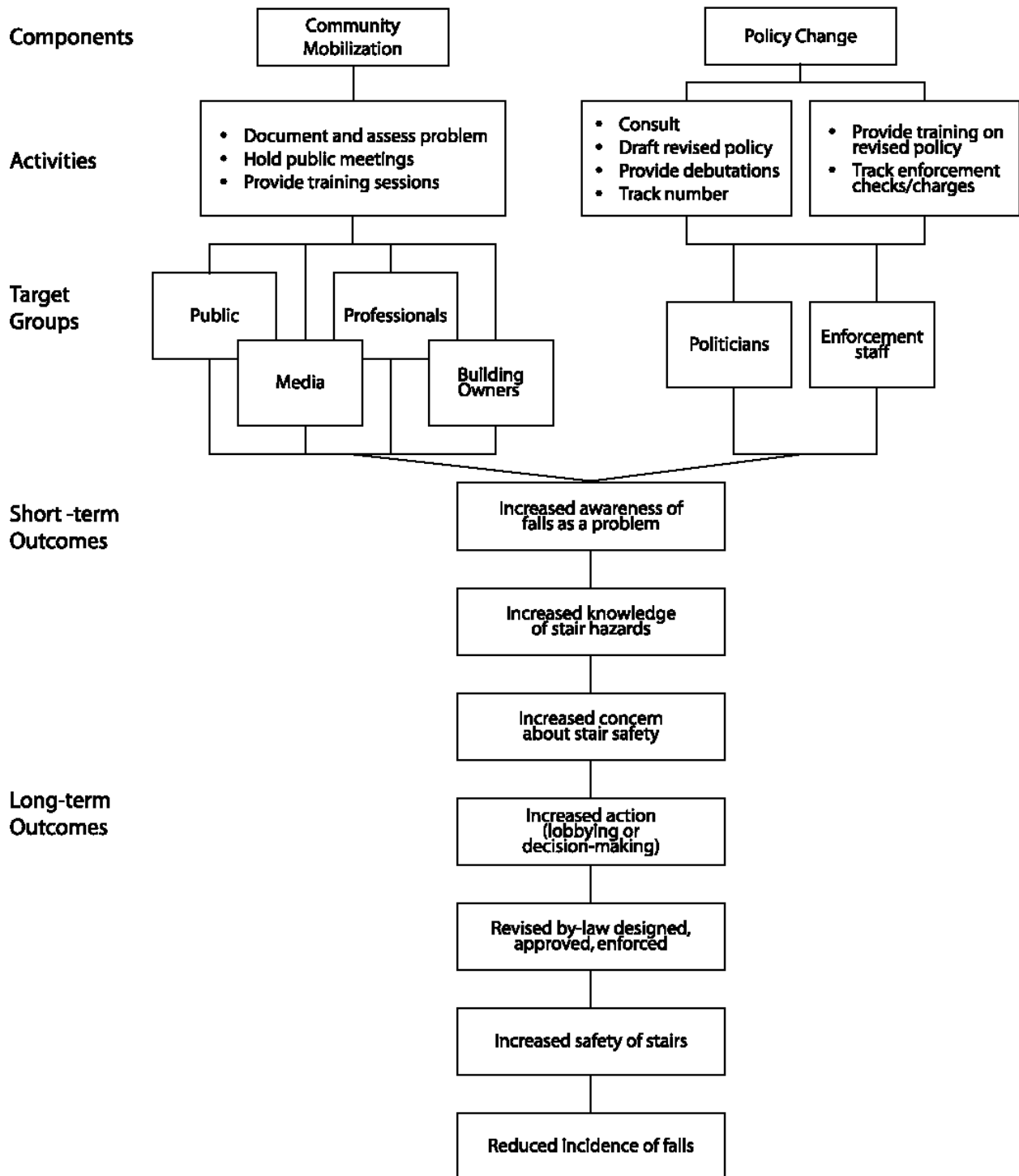
**Prenatal Logic Model Example (Part 1)**



## Prenatal Logic Model Example (Part 2)



### Sample Logic Model for Fall Prevention Program



# Appendix B

## Logic Model Development Worksheets

# Step 1 Worksheet

## Prepare to Develop a Logic Model

### *Stakeholder Participation*

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What stakeholders are connected to your program?

Who should work with you to develop the model?

Who needs to review and comment on the model after it is drafted?

### *Data Collection and Interpretation*

---

What sources of information are available to help you create a program logic model? For example, funding proposals, workplans, previous logic models, etc.

Are there people who have had previous experience with the program for which you will be developing the logic model? Can you involve them in the process?

## Step 2.1 Worksheet

### Develop and/or Assemble Information: Goal and Population(s) of Interest

*State the goal:*

---

*Population(s) of Interest:*

---

Is there one focus population ?

Yes. It is \_\_\_\_\_  No



List all relevant populations of interest for your goal.

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# Step 2.2 Worksheet

## Develop or Assemble Information: Short -Term Objectives and Indicators

Short-Term Objectives	Associated Short-Term Indicators

## Step 2.3 Worksheet

### Develop or Assemble Information: Long -Term Objectives and Indicators

Long-Term Objectives	Associated Long-Term Indicators



## Step 2.4 Worksheet

### Develop or Assemble Information: Program Strategies

*Brainstorm possible strategies and check the boxes next to the ones you select:*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Step 2.5 Worksheet

### Develop or Assemble Information: Activities and Process Indicators

*For each strategy selected in previous worksheet, list activities and process indicators.*

Strategies	Activities	Process Indicators

## Step 2.6 Worksheet

### Develop or Assemble Information: Identify Available Resources

Type of Resource	Amount Required	Amount Available
<b>Personnel/Human:</b>		
<b>Physical:</b>		
<b>Financial:</b>		
<b>Other:</b> (e.g., in-kind contribution)		

# Step 3 Worksheet

## Create the Logic Model

Goal			
Population(s) of Interest			
Short-term Objectives			
Short-term Indicators			
Long-term Objectives			
Long-term Indicators			
Strategies			
Activities			
Process Indicators			
Available Resources			

## Step 4.1 Worksheet

### Review and Revise the Logic Model: Completeness

- Have you included all appropriate levels?
  
- Have you included all relevant populations of interest?
  
- Have you identified short and long-term objectives?
  
- Are the objectives clear and measurable?
  
- Are your major activities listed under an appropriate strategy?
  
- Are indicators included for objectives and activities?
  
- Do the indicators get at what you need to know in order to determine if program objectives have been met?
  
- Do your strategies reflect a range of programming efforts delivered to the identified population(s) of interest?
  
- Have you identified a wide range of resources, including financial, personnel as well as in-kind contributions?
  
- Have you addressed all key stakeholder concerns and questions (i.e. will they be satisfied?)
  
- Other

## **Step 4.2 Worksheet**

### **Review and Revise the Logic Model: Logic**

- Will the short-term objectives lead to the long-term objectives?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
- Have you chosen the most logical set of strategies?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
- Are the activities appropriate for the population of interest?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
- Are the chosen activities likely to result in meeting the short-term objectives?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
- Are your resources sufficient to drive strategies and activities?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
- Other

