Indian Health Service
National Health Promotion /Disease Prevention Council
Logic Model

Situations

Chronic Disease

Mortality/Morbidity

Injuries (intentional/ unintentional.

Low Birth weight

Substance Abuse

Violence

Priorities

Resources
Policies
Best/Promising Practices
Partnership
Collaboration
Coalitions

Inputs → **Outputs** (Activities, Participation) → **Outcomes—Impacts** (Short Term, Medium Term, Long Term)

What we invest

HP/DP Policy Advisory Committee

Area HP/DP and IP Coordinators

Grant funds

Partners

Special Diabetes Program

Staff

Time

What we do	Who we reach
IHS Areas/Local	
Conduct community needs assessments and assist I/T/U in developing wellness plans.	Community partners/members
Develop national/regional/local campaigns	Community partners
Advocate for prevention funds	Tribal leaders/Area Directors
Establish Partners (federal, academia, corporation, non-profit)	New partners
Share resources, best/promising practices, and training with I/T/U	I/T/U
Support website clearinghouse and tools	I/T/U
Promote Healthy Native Communities Fellowship and Just Move It (JMI)	Community/organizational partners
Develop a wellness audit and assist with RPMS health reminders	Community members/staff
Partner w/ Epi Centers for data collection and analysis	Tribal/Epi staff
Headquarters	
* Develop a HP/DP business plan integrating the Area plans. * Develop a position paper to present to the Director's Executive Council * Develop and implement HP/DP standards for Federal employees	I/T/U leaders DEC, IHS Councils, PAC, IHS staff

Short term results	Medium term results	Long term results
IHS Areas/Local		
I/T/U to identify and prioritize local needs.	Local communities to develop and implement action plans to address needs	Increase community capacity
Increase the awareness of the benefits of healthy behaviors	Community members to report behavior changes	Indicators shows reduction of risk factors
Motivate I/T/U to focus on HP/DP	Increase funds to support HP	Maintain support for HP
Partners to support training, material, supplies for I/T/U	I/T/U use new knowledge and skills	Evidence of increase performance.
I/T/U understand the importance of using effective clinical and community strategies	I/T/U implement effective strategies.	Maintaining effective practices
I/T/U access clearinghouse and tools	I/T/U accessing and using tools from clearinghouse	I/T/U accessing and using tools from clearinghouse
Recruit and train 15 teams	Fellows are using new skills and tools.	Enhance community capacity to address local needs.
Increase clients' knowledge on healthy behavior and importance of preventive screenings	Client's reporting behavior change and participating in preventive screenings.	Increase number of clients who are up-to-date on preventive screenings
Interface with Epi staff	Area/local data are accessible	Data are used to develop and monitor health plans.
Headquarters		

Assumptions:

Ability to conduct training and needs assessment
Individuals who are trained will use new ideas and tools to make changes
Individuals will go in for preventive screenings as recommended

External Factors

WIC Reauthorization,

Evaluations

Government Performance Reporting Account (GPRA), Clinical Reporting System (CRS), Behavioral Risk Surveillance Survey (BRSS), Resource Patient Management System (RPMS),