

## **Evaluation Briefs**

No. 10 | January 2007

# Aligning Logic Models and the *Indicators for School Health Programs*

This *Brief* defines and explains the relationship between logic models (LMs) and the DASH *Indicators for School Health Programs* (referred to as the *Indicators*). The different ways in which *Indicators* can be linked to LM outputs and short-term outcomes is addressed, along with what to consider in selecting which *Indicators* to report. Finally, this *Brief* provides a list of relevant resources to assist in constructing and using LMs and the *Indicators*.

#### **Logic Models**

A logic model is a pictorial diagram that shows the relationship between your program components and activities and desired health outcomes. A logic model provides your program staff, collaborators, stakeholders, and evaluators with a picture of your program, how it operates, and what it intends to accomplish. It is a planning tool that can describe your entire program or a particular program component or initiative.

The left-hand side of a logic model shows the process components (i.e., inputs, activities, and outputs) that correspond to the actions you plan for your program. The right-hand side of a logic model depicts the short-term, intermediate, and long-term outcomes of your program. For more information on the structure of logic models, see *Evaluation Brief No. 2* on *Logic Models*.

Developing a logic model is a process in which program staff, program participants, and other stakeholders are brought together to explore the intended outcomes of your program and how your activities will achieve them. For more information on how to develop logic models, see *Evaluation Brief No. 8* on *Developing Your Logic Model*.

#### Indicators for School Health Programs

Indicators for School Health Programs provide some DASH funded partners (state and local education agencies) with a common set of measures to document their programs' activities, development, and implementation.

The following topic areas are common to both HIV Prevention and Coordinated School Health Program (CSHP) *Indicators:* policy; curricula and instruction; assessment of student performance; external collaboration; project planning; and other information and activities. The following topic areas are exclusive to CSHP *Indicators*: joint activities of the state education agency and state health agency; activities of the CSHP statewide coalition; targeting youth disproportionately affected by chronic disease; and health promotion programs and environmental approaches. For the HIV Prevention Indicators, targeting priority populations is an exclusive topic area. Within all the topic areas, data are collected on distribution of materials, professional development events, and individualized technical assistance.

### Aligning your Logic Model and the *Indicators*

The *Indicators* can be linked to logic model outputs and short-term outcomes in a number of different ways.





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Review the outputs and short-term outcomes in your program logic model, taking into account the topics you are addressing, the kinds of activities in which you are engaged, and those whom you are reaching.

- <u>Topics</u>. Some logic model outputs and shortterm outcomes may match *Indicators* topics such as policy, curricula and instruction, assessment of student performance, external collaboration, project planning, and other information and activities. Specific questions on *Indicators* are likely to match those outputs and outcomes.
- Activities. The *Indicators* require that information be gathered for certain kinds of activities. Some activities relevant to the *Indicators* include the following: developing and distributing materials, providing professional development, and providing individual technical assistance. The outputs and short-term outcomes that correspond to those activities can be matched to *Indicators* questions.
- Those you are reaching. To collect information on those activities relevant to the *Indicators*, you should keep track of participants in various ways, such as numbers of participants in professional development events and the number of schools, districts, regional support units, and external partners reached. Some questions ask how many organizations you "reach directly," including schools, districts, external partners, and regional support units. In answering these questions, you should only report contact with the organization once per topic and activity, regardless of how many times you reach them throughout the budget period.

For example, you may have developed a logic model that included outputs and short-term outcomes on model policies, policy standards, or other policy materials regarding HIV prevention activities in schools. Looking under policy in the *Indicators*, a number of items ask about policy activities, including developing and distributing policy materials. Several items measure the distribution of policies, including the following: the number of schools reached directly; the number of hits on the web site (if applicable); or the number of listservs, Internet mailing lists, or discussion boards used.

You need to identify the item numbers of the *Indicators* question(s) that apply to your policy outputs and short-term outcomes.

If none of the *Indicators* is applicable, you should determine another appropriate measure to ensure you are monitoring your progress. You also can include this information with your annual submission of the *Indicators*, by including a report at the end of the *Indicators* questionnaire where you are asked to provide other general information. You should, however, align your evaluation with the DASH *Indicators* to the greatest extent possible.

#### *Indicators* Resources

The Indicators are located in one of three DASH Questionnaires: a) Indicators for School Health Programs: HIV Prevention State Education Agencies; b) Indicators for School Health Programs: HIV Prevention Local Education Agencies; and c) Indicators for School Health Programs: to Support Coordinated School Health Programs (CSHPs) and to Address Physical Activity, Nutrition, and Tobacco-use (PANT). These are available online through use of a personal password at http://apps.nccd.cdc.gov/DASH WebSurvey/Login.aspx.).

For a copy of "Indicators for Evaluating School Asthma Programs and Logic Model for Planning & Evaluating LEA Efforts to Help Schools Address Asthma," contact ert@cdc.gov.

#### **Logic Model Resources**

Centers for Disease Control and Prevention. *Logic Model Basics*. Division of Adolescent and School Health website; 2004. Available at: <a href="http://www.cdc.gov/healthyyouth/evaluation/pdf/logic-model-basics.pdf">http://www.cdc.gov/healthyyouth/evaluation/pdf/logic-model-basics.pdf</a>. 2004. Accessed May 24, 2006.

W.K. Kellogg Foundation. *Logic model development guide*. Battle Creek, MI: W.K. Kellogg Foundation; 2004. Available at:

www.wkkf.org/default.aspx?tabid=101&CID=281&CatID=281&ItemID=2813669&NID=20&Languag eID=0. Accessed May 24, 2006.

For further information or assistance, contact the Evaluation Research Team at <a href="mailto:ert@cdc.gov">ert@cdc.gov</a>. You also can contact us via our website: <a href="mailto:http://www.cdc.gov/healthyyouth/evaluation/index.htm">http://www.cdc.gov/healthyyouth/evaluation/index.htm</a>.