Flex Program Logic Model – Population Health

Inputs *Resources needed to do the work*	Activities *Strategic processes or actions*	Outputs *Direct products, tools, and/or services*	Outcomes *Improvements that will drive impact*	Impact *End goals*
• Flex Funding • Partnerships • Contractors, Consultants • FORHP funded TA providers • -TASC, FMT, RQITA • Tools and Resources	3.1 Support CAHs identifying community and resource needs and assets.	• CAHs complete Population Health Readiness assessment and share results. • State Flex programs offer Community Health Needs Assessment (CHNA) training. • State Flex programs track CHNA completion and information for population health cohort planning as well as the related strategy plans identifying needs that will be met. • Number and percent of CAHs identifying community and resource needs and assets.	• Build capacity of CAHs to achieve measurable improvements in the health outcomes of their communities • Number and percent of CAHs implementing plans to address identified priority community needs (identify by type of plan/activity implemented) • Number and percent of CAHs demonstrating improvement on relevant population health measures (based on projects implemented and identified priority needs) • Number and percent of CAHs addressing social determinants of health (SDOH) and health equity issues in their communities	• High quality health care is available in rural communities and aligned with community needs and assets—this includes appropriate preventative, ambulatory, pre-hospital, emergent, and inpatient care; • Rural health care delivers high value to patients and communities; • Resulting in healthier rural people. • CAHs are engaged in addressing the SDOH and health equity issues in their communities. • CAH outpatient clinics demonstrate improvements on relevant quality and performance measures.
	3.2 Assist CAHs to build strategies to prioritize and address unmet needs of the community	• Share resources and tools to inform community health action planning for a cohort of CAHs. • Facilitate the process for CAHs to create action plans that prioritize and address population health needs through workshops, conferences, CAH network meetings, etc. • Provide training and TA on interventions to address priority needs identified by CAH CHNAs • Provide training and TA on strategies to address common rural chronic health issues • Evaluate adoption/progress of community action plans through the Recommendation Adoption Process (RAP) • Number and percent of CAHs participating in building strategies to prioritize and address unmet needs of the community.		

	3.3 Assist CAHs to engage with community stakeholders and public health experts and address specific health needs	• Identify and partner with stakeholders in the development of community health programs and activities.
		• Provide training and TA on best practices to support collaboration and community engagement
		• Facilitate ongoing collaboration between CAHs and other community stakeholders such as schools, public health departments, civic groups, social service organizations, and other stakeholders.
		• Provide funding for subject matter experts to aid in topic-specific adoption of strategies such as care coordination, telehealth implementation, identifying social determinants of health, accessing behavioral health, and chronic care management.
		• Number and percent of CAHs engaging with community stakeholders and public health experts and addressing specific health needs.
		• Example projects:
		  ○ Healthy Rural Hometown Initiative – 5 leading causes of death
		  ○ Behavioral Health (mental health and substance abuse)
		  ○ Public Health, Wellness, and Social Determinants of Health		

*Logic model components and descriptions adapted from Watson, D., Broemeling, A. M., Reid, R. J., & Black, C. (2004). A results-based logic model for primary health care: laying an evidence-based foundation to guide performance measurement, monitoring and evaluation. University of British Columbia, Centre for Health Services and Policy Research; and Watson, D. E., Broemeling, A. M., & Wong, S. T. (2009). A results-based logic model for primary healthcare: a conceptual foundation for population-based information systems. *Healthcare Policy*, *5*(Spec No), 33.

Contextual factors influencing the program include social, cultural, political, policy, legislative/regulatory, economic and physical environments for each program area