Programmatic Logic Model: Healthy Start of Southern Oregon

Inputs

- Strong Backbone Organization - HCCSO
- Partnerships w/ 3 Public Health Agencies, 3 FQHCs
- Staffing for Admin, Monitoring, Evaluation
- Trained, certified Community Health Workers & Nurse Supervisors
- Contracted Data Analyst, Project Evaluator
- Engagement of leaders of multiple community sectors
- Participation of priority populations
- Technical Assistance, Training, Capacity building

Activities / Outputs

Improve Women's Health
* Identify hi-risk pregnant, IC, Preconception women
* Outreach/enroll in ACA
* Link to medical home
* Coordinate Risk Assessment
* Case Management
* Promote/Track Clinical Preventive Svcs (PNC, ICC, FP)
* Reproductive Life Plan

→ Outputs:
* 90 % w/ health insurance
* 100% w/ medical home
* 500 receiving case mgmt
* 500 receiving clinical preventive services (prenatal care, ICC, FP, Reproductive life planning)

Promote Quality Services
* Linkages/Service Coordination w/ mental & behavioral health
* Health Ed/Promotion (SS/SUIDS (Breastfeeding, Immunizations, FASD, FP, smoking cessation)
* Staff training & supervision
* Standard Curricula/ interventions

→ Outputs:
* 100% IBH referrals (if indicated)
* 100% receiving Health Ed services (Breastfeeding, FASD, Immunizations, SS/SUIDS, FP, smoking cessation)
* 100% of staff receive training & monitoring
* Evidence-based curricula

Family Resilience
* Depression Screening
* Developmental Screening
* Support Trauma-informed care
* Promote father involvement,
* Parent Education

→ Outputs:
* 100% screenings w/ referrals (for ACE, IPV depression, child development)
* Trauma-informed care
* 120 fathers involved
* 100% receive parent ed

Collective Impact
* Develop & Use Collective Impact Network
* Develop common agenda
* Conduct mutually reinforcing activities
* Shared measurement system

→ Outputs:
* Perinatal & Early Childhood Collective Impact Network (PECIN)
* Strategic Plan, common agenda
* Regional Health Equity Coalition
* So Oregon Perinatal Task Force
* Community Preconception Health Campaign

Quality Improvement, Monitoring, Evaluation
* Ongoing QI Activities
* Data Collection,
* Participation in FIMR,

→ Outputs:
* Annual QI plan
* Community Data Collection & Measurement system
* Annual Evaluation Plan
* FIMR

Outcomes

Improved Women's Health
⇑ early entry to PNC
⇑ # w/ medical home
⇑ use of FP/LARC
⇑ Rate/duration of Breastfeeding
⇑ # w/ Health insurance
⇓ tobacco, alcohol, drug use

Improved Infant/child Health
⇑ Developmental Screening
⇑ Well-child visits, immunization
⇓ IMR, LBW, pre-term births

Improved Family Health
⇑ Birth spacing,
⇑ father involvement,
⇑ parenting skills, safe home
⇓High-risk behavior related to IPV, depression, Mental Health

Improved Community Health & Early Childhood Systems
⇑ access to health care
⇑ service coordination
⇑ systems integration
⇑ multi-sector collaboration
⇑ community engagement
⇑ competence/diversity of work force
⇑ cultural competence

Goals/ Impact

- **Reduced Health Disparities**
- **Reduced Infant Mortality Disparities**
- **Improved Perinatal Health Outcomes**

Assumptions:
* Investing in Life Course approaches produces a lifelong return on investment
* Parents want a healthy baby
* Parents want & will take appropriate steps to achieve a healthy birth outcome
* Providers & Communities value the goals of the project and will work to achieve them