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| **LOGIC MODEL** |

*The purpose of the program is to expand access to no-cost health care screenings or services for the general public facilitated by nonprofit entities.*

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| **Needs** | **Inputs** | **Activities** | **Outputs** | **Short Term Outcomes****(Quarterly Reports)** | **Intermediate Outcomes****(1 year/Completion)** | **Long Term Outcomes****(5-year plan)** |
| ***Who will benefit from the free screening programs?*** | ***Tools, procedures, staff, etc. necessary to create a new or expanded free screening program?*** | ***What are the activities that may create the necessary change?*** | ***What are the immediate “outputs”? Quantitative (number) or procedural.***  | ***What are the short term outcomes or results? Quantitative and qualitative reporting will be required.***  | ***What is one Intermediate term outcome or result? Quantitative and qualitative reporting required.***  | ***What is one long term outcome or result? This visionary goal will be qualitative.***  |
| There are not enough free screening programs in our Florida communities.Identify population, demographics and geographic area. *Choose one or multiple screening types and clearly identify them in your program design for your new or expanded free screening program.*  | * Increased staff
* Increased program infrastructure
* Coordination
* Monitoring/Tracking Tools
* Community Engagement
* Community Partners
* Health System Partners
* Educational Materials
* Promotional Materials
* Bi-directional Referral agreements
* Reporting system
* Clinical review and oversight
* Strategies to address access barriers
 | New or Expanded free screening programs with integrated clinical oversight. Before screening: Outreach to clients, targeted support and education to access and understandscreening services. After screening: Referral and follow-up to ensure positive health outcomes.  | * New or Expanded free and reduced cost screening programs
* Expanded staff capacity
* Expanded community partnerships
* Expanded Clinical partnerships
* New or expanded Educational Materials
* New or expanded Promotional Materials
* Targeted Marketing campaigns
 | Increased free screening opportunities are available. Quantitative Report: Expanded capacity for screenings whether daily/weekly or total number (for screening events). Increased bi-directional referrals. Narrative report: Increased awareness,Increased knowledge of screening necessity (Education). Follow-up efforts to track and support patients after the screening takes place and communicate with referral physician  | Increased screening rates for the targeted screening type. Report on the total number of screenings taking place. Reports will be summative submitted quarterly and at the conclusion of the project with the final report. See the appendix (Definitions) for additional detail about the total screening number.\*\*\* Report on the total number of referrals quarterly. See appendix for definitions for referral.  | Decreased morbidity and mortality from preventable disease and disability factors addressed by eleven (11) screening types as follows: 1. Hearing.
2. Vision.
3. Dental.
4. Cancer.
5. Diabetes.
6. Renal disease.
7. Chronic obstructive pulmonary disease.
8. Hypertension.
9. Heart disease.
10. Stroke.
11. Scoliosis.
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***\*\*\*See the appendix for additional detail about the total screening number reporting. Screening client data does not need to be unduplicated counts.***