Evaluation of Health Care-Community Engagement Efforts to Address Obesity: A Sample Logic Model

INPUTS



HEALTHCARE

- Pediatric primary care centers, providers, and staff
- Pediatric weight management programs in communities or clinics
- · EHR & Health IT systems
- Leadership and community benefit offices

COMMUNITIES/ ORGANIZATIONS

- Weight management programs and other resources
- · Faith-based groups
- · Food policy councils
- · Safe Routes to School
- Nonprofit organizations

STATE AND OTHER PARTNERS

- Medicaid and Medicare
 offices
- Education offices, including early care and education
- · Parks and Recreation
- Women, Infants, and Children Program
- Supplemental Nutrition
 Assistance Program

STRATEGIES & ACTIVITIES



IMPLEMENTATION ACTIVITIES OR INTERVENTIONS

Settings:

- Schools
- · Early care and education
- · Community-based organizations
- Health care

Target populations:

- · Child/adolescent & family
- · Parent/caregiver
- Communities
- Provider
- Mobilize, advocate & engage across sectors
- Develop & advance partnerships

POLICY

- Identify & promote adoption of key policies that support or complement activities and interventions
- Collaborate w/stakeholders
 & change agents to
 implement policies

SHORT-TERM OUTCOMES



1-3 YEARS

INDIVIDUAL/FAMILY

- Access to unhealthy options
- Access to healthy options
- Access to care
- Participation in prevention programs
- 1 Improved linkage with health care system/providers
- Engagement & communication across
- Awareness & understanding of healthy behaviors
- Opportunities for shared meals and physical activity

PROVIDER/HEALTH CARE SYSTEM

- Provider knowledge & skills
- Provision & availability of prevention
 programs

COMMUNITY/BUILT ENVIRONMENT

- ♠ Community awareness & knowledge
- Self-efficacy among community members
- Provision & availability of prevention programs
- Collaboration between community and health care settings

POLICY

- Knowledge of policies supporting
 healthier choices among change agents
- Adoption of policies

INTERMEDIATE OUTCOMES

3-5 YEARS

INDIVIDUAL/FAMILY

- Physical activity
- Families making healthier routine choices
- ↑ Healthy eating —
 fruit/veggie consumption
- 1 Improved overall diet
- Improved family cohesion
- Self-management of healthier choices and related comorbidities

PROVIDER/HEALTH CARE SYSTEM

- ↑ Child/adolescent & family engagement
- Delivery of quality care

COMMUNITY/BUILT ENVIRONMENT

Policy and environmental supports

LONG-TERM OUTCOMES

5+ YEARS

- Improved biometric & health measures (e.g., behavior change, diabetes, and asthma comorbidities)
- Parental/care-giver wellness & work productivity
- Quality of life
- ↓ Obesity prevalence
- Health care costs

 (direct obesity,
 comorbidity costs;
 emergency room visits)
- ✓ Individual body mass index (BMI)

CONTEXTUAL FACTORS

Integration and collaboration across sectors (i.e., degree to which different community groups have worked together and with health care organizations and the degree to which state partners have collaborated)

Primary care and weight management program environments (i.e., affiliations, organizational structures, payment structures, community investment—oriented leadership, and missions)

Community resources (e.g., availability of social services, linkages between health care and public health programs)

This logic model presents activities and outcomes of community engagement interventions designed to address childhood obesity. This can be modified based on the specific goals of an intervention