

Addressing a Community Health Problem Using the Logic Model

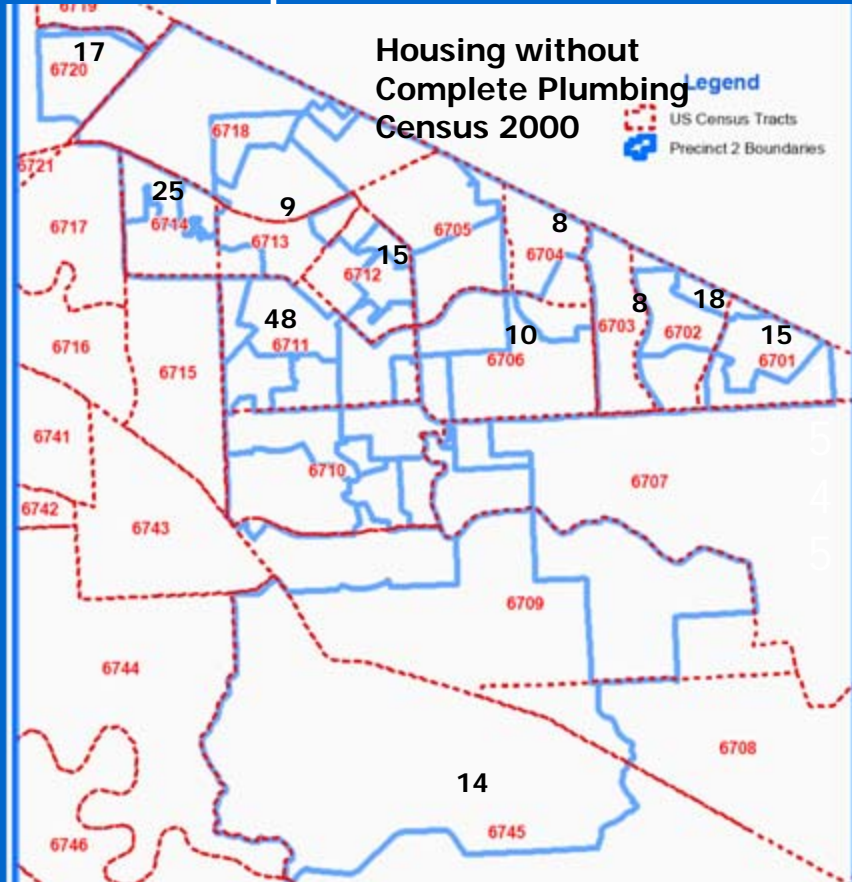
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Health Problem in FBC Precinct 2

- 297 cases of Hepatitis A reported between 1992-1999 in FBC (~34 cases/year).
- Half of all the cases occurred in children <14 years-old (75% Hispanic).
- In 2004, eight out of nine cases occurred in the precinct and surrounding zip codes.
- Inconsistent reporting and discrepancies in numbers.
- Individual, rather than collaborative approach.

On-site sewage facilities and lack of municipal water in some unincorporated areas are suspected to be a potential cause.



FB Co. Ratio of HA cases per OSSF 297/14,629

Montgomery Co. Ratio 104/45,436

Intervention

- **Goal:** To establish a health coalition of stakeholders
- **Objectives:**
 - Immunization program for all school-aged children in FBC against hepatitis A.
 - Educational programs about Hepatitis A and its prevention.
 - Advocacy for policy change.

Intervention Criteria (Issel)

- Technologically feasible
- Health gains will result from intervention
- Politically feasible
- Addresses societal priorities
- Manipulability
- Reasonable cost

Program Planning

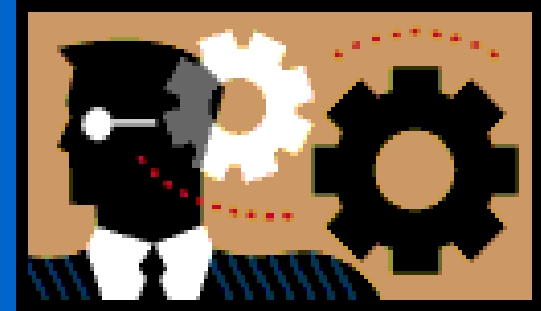
- A. Problem or Issue
- B. Community Needs/Assets
- C. Desired Results
- D. Influential Factors
- E. Strategies
- D. Assumptions

Assumptions

- Community will be receptive.
- Partners and elected officials will be receptive and supportive.
- Collaboration is the most effective way to address the problem.
- Immunization of school children and education of citizens will decrease # cases.
- Education of OSSF owners will decrease the number of maintenance violations.
- vaccination and health education programs are cost-effective.

Program Implementation

- Resources
 - Funding, partners, staff
- Activities
 - Develop partnerships
 - Plan budget/funding strategy
 - Prepare inventory, define stakeholders
 - Develop program strategy and evaluation
 - Promote program
 - Deliver program
 - Evaluate and adjust program



Program Outputs

- 8 Meetings with partners/Y2
- 6 Supportive partners/Y2
- 200 Children immunized/Y2
- 10 courses taught/Y2
- 1000 Educational brochures distributed/Y2
- 10 Reports /Y2 (4 quarterly, 2 annual)

Short and Long Term Outcomes

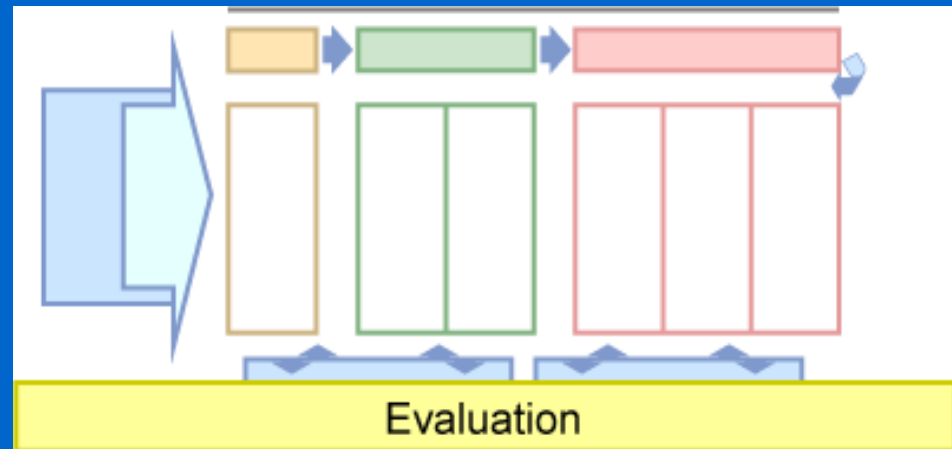
- Community support.
- School-aged children immunized against Hepatitis A.
- Increased knowledge about disease among citizens.
- A link between OSSF violations and education program.
- Improved case reporting.
- Trained OSSF owners and decrease # violations.

Impact of the Program

- Better surveillance and case reporting.
- A law requiring immunization for hepatitis A in schools.
- School-aged children immunized against hepatitis A.
- Decrease of hepatitis A cases by 25%.
- Increased number of households with compliant OSSF units.
- A long-term collaborative to address other health issues in Precinct 2.

Program Evaluation

- Focus areas
 - Relationships
 - Capacity
 - Implementation
 - Outcome
- Audiences
 - Partners
 - Funders
 - Staff
 - Citizens



Areas of Evaluation

- Program planning and recruitment of partners
- Program components
 - Immunizations
 - Educational programs
 - Distribution of brochures
 - Advocating policy change
 - Program promotion
- Cost-benefit analysis
- Budget
- Quality Assurance
 - Participants satisfaction
 - Community satisfaction

Indicators

- Name and # of sites providing vaccines and educational programs.
- Number of Hepatitis A cases reported to FBC Health Department.
- Comparison of number of cases with prior years.
- A law requiring immunizations for Hepatitis A among school-aged children in FBC.
- An ordinance for mandatory educational program for OSSF maintenance violators.

Indicators of Effectiveness and Quality

- Satisfaction among partners.
- Staff credentials.
- Annual budget report.
- Quarterly and annual reports.
- Cost-effectiveness analysis.
- Number of PSA (radio, TV) and newspaper articles.
- Testimony before legislative bodies.

Conclusion

- The Logic Model

