

7.2 EVALUATING PEER PROGRAMS: INTRODUCTION TO LOGIC MODELS



"It may be a model, Captain, but it's highly illogical."

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[Logic Models: What are they and why would anyone besides Mr. Spock care?](#) on <http://www.fieldstoneAlliance.org>

Many public service programs rely on logic models for program planning. Logic models are particularly useful for focusing evaluation activities and identifying program indicators to be measured, because they present a systematic, graphic representation of program resources, activities, and outcomes, and articulate the intended links among these program components.

While the visual scheme of a logic model may vary, it will always contain the following core components:

Inputs are the resources necessary to undertake program activities. Inputs are primarily material and human resources; non-material factors that enhance a program's ability to fulfill its goals may also be included in resources. Examples of non-material inputs include public support for a program from a Ryan White Planning Council or consumer advisory board; long-standing referral networks that facilitate case management; or a series of public presentations to build support for a new initiative.

Activities include the necessary steps of all phases of program implementation and the types of services provided. Hiring processes and the establishment of community partnerships are crucial activities in early phases of program development, as are providing adequate training and supervision of staff. Service-provision activities include conducting education and outreach, building relationships with social services agencies, referring at-risk individuals to HIV counseling and testing, and holding support groups on HIV care and treatment and positive living. Collecting data about program objectives, disseminating program results, and expanding the funding base are more significant activities during the evaluation phase of a mature program.

Outputs are the direct results of program activities, such as services delivered or tasks completed, which provide evidence of service delivery to the target audience as intended. Outputs may also be evidence of program development or structure, such as number of people hired, trained and supervised.

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Outcomes are specific, measurable changes that are linked to program activities and outputs. Such changes may occur in knowledge, skills, or behaviors of a program’s target population. Outcomes are often measured as:

- Short-term, occurring within 1 to 3 months of program activities.
- Intermediate, occurring within 6 months to a year.
- Long-term, manifesting over the duration of program activities.

Outcomes reflect a program’s objectives.

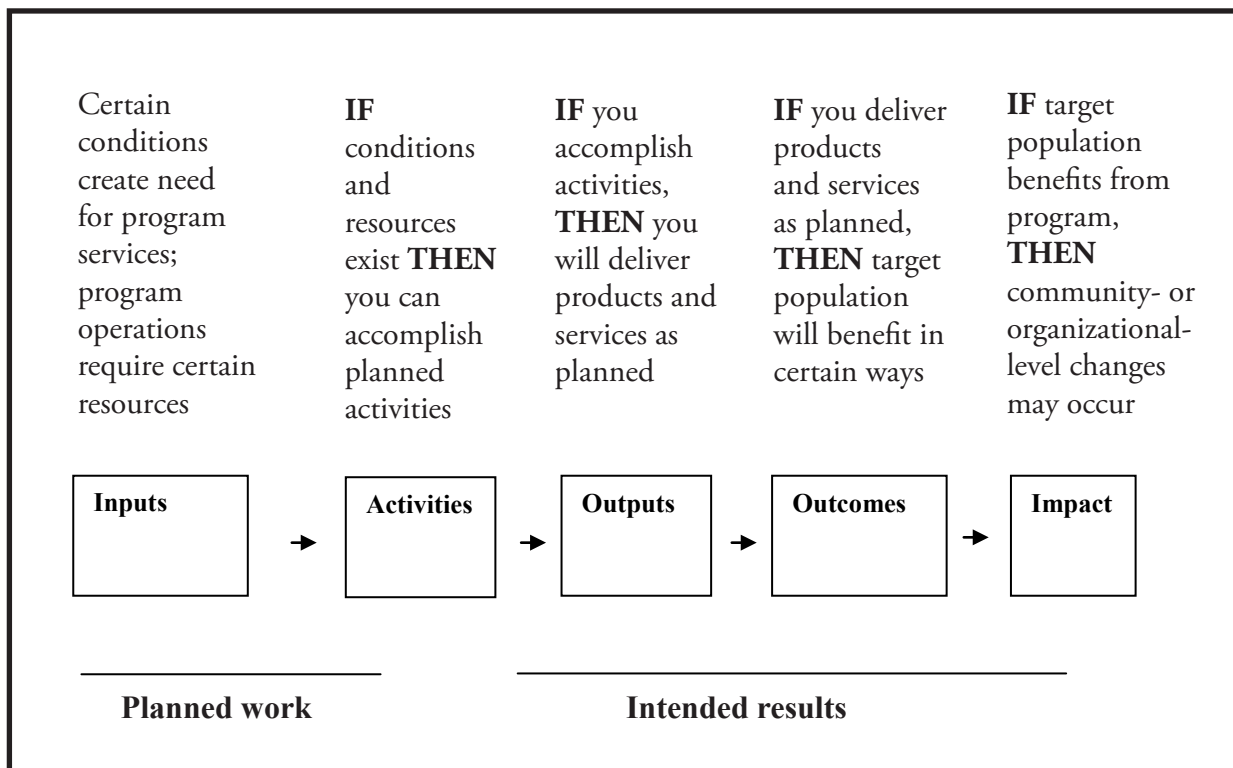
Impact is closely related to a program’s ultimate goal, and identifies broad-ranging, fundamental changes linked to program efforts. Impact is felt only after short- and long-term outcomes have

taken effect and may be dependent on factors beyond program outcomes or objectives.

The W.K. Kellogg Foundation describes the logic model as a series of “if – then” statements that map the intended road from program efforts to program results.

Process Evaluation and Logic Models

Creating a logic model helps inform and map out your program’s evaluation plan by more clearly defining the goals, outcomes, and indicators of your program. Logic models create a link between outcomes evaluation and process or implementation evaluation. Process or implementation evaluations are used to document and assess the intended links between components



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Adapted from W.K. Kellogg Foundation, *Logic Model Development Guide* (Battle Creek, MI, 2004), p. 3

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of the logic model, and to help refine the list of indicators created during the outcomes evaluation. Process or implementation evaluation uses the logic model to assess:

- How resources are invested in activities.
- How activities result in outputs.
- How outputs promote intended short- and long-term outcomes.

Information generated by process-evaluation efforts highlights where the intended links among program components are weak or broken.

Below is a sample logic model for a clinic who wanted to implement a peer program to improve client engagement in care and adherence to HIV treatment.

Logic Model of the Smith County Service Program

Inputs	Activities	Outputs	Initial Outcomes	Intermediate Outcomes	Long-term Outcomes
Program space and supplies	Build relationships w/ community partners	Effective community partnerships	Increased testing opportunities	Reduced barriers to testing & care	Reduction in unmet need
Prevention educators and outreach workers	Conduct outreach & community education activities	Prevention education activities	At-risk ind'ls receive HRT		
Clinic staff	Refer at-risk ind'ls for counseling & testing	Referrals made	At-risk ind'ls use program services	Increased proportion of HIV-positive ind'ls within target area engaged in care	Improved HIV medical outcomes
Case management team	Identify lost-to-follow-up clinic pts. for outreach efforts		Clients linked to case management		
	Provide case mgt for entry & re-entry into care	Follow-up services provided	At-risk ind'ls access medical & social services		
Peers	Facilitate support groups	Support groups held	Support group participants experience changes in knowledge & perceived social support	Support group participants experience changes in quality of life	Reduced experience of HIV-related stigma & discrimination
Evaluation team	Collect data related to program activities and outcomes	Program evaluation data collected	Program monitors activities	Program assesses outcomes toward stated outcomes or objectives	Evaluation of program success in meeting stated outcomes or program objectives

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► FOR MORE INFORMATION

Additional Evaluation Sections

- Evaluating peer programs: Introduction
- 7.1 Choosing the outcomes to measure
- 7.2 Logic models for peer programs
- 7.3 Data collection methods
- 7.4 Analyzing and disseminating evaluation results
- 7.5 Evaluation and Resource planning
- 7.6 Human subjects protection and evaluation

Resources

- Sample forms for documenting peer work
- Logic Model Brainstorm (The Lotus Project)
- HIV primary care quality assurance program summary (Kansas City Free Health Clinic)
- Process evaluation plan (People to People)
- HIV patient satisfaction survey-English and Spanish (Kansas City Free Health Clinic)
- Treatment adherence survey (Kansas City Free Health Clinic)
- Communicating and reporting plan (Kansas City Free Health Clinic)
- Focus group guidelines (Kansas City Free Health Clinic)
- Peer focus group guide (Massachusetts Department of Public Health)
- Example of a qualitative study design and interview guide
- Additional evaluation resources and websites
- Validated evaluation instruments

This section is part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev