APPENDIX

Public Health Outreach Program Logic Model

Logic Model columns

Objectives: for each program component
Resources:
Activities/Process:
Project Management Milestones for Year 3:
Outputs: Services or programs delivered, produced or implemented.
Immediate Outcomes: Short-term changes in awareness and knowledge by clients.
Long Range Outcomes: Generally longer range behavioral changes in clients related to the outcome objective and program goal.

The Year 3 program outlined in the Public Health Outreach Program Logic Model represents a minimum level to be reached by all RMLs. Any RML may go farther than this model describes if resources and opportunities permit.

Program Outcome Objectives

1. Increase links to NLM resources on public health agency websites.

[1] "Public health agency" refers to state health departments and other large scale public health agencies, rather than to local health agencies. Other than state health departments, these might include Public Health Training Centers, Public Health Preparedness Centers, and Centers for Public Health Practice. These centers usually have statewide, and sometimes region wide, roles. RMLs may extend this model to local health agencies, such as large metropolitan health departments, at their discretion, but are not required to do so in Year 3.

[2] The plan for promoting NLM resource links to be added to state agency websites will vary and should be developed in collaboration with key state agency contact(s). Steps to promote the NLM resource might include:

> Identify existing links and develop recommended locations for link(s) to NLM resources on agency websites.

> Identify and develop agency contact(s) with decision making responsibilities about website content.

> Send promotional materials about appropriate NLM resources to agency contact with a request to consider linking to them, including suggested link locations.

Make follow-up agency contacts to confirm promotional materials were received, to confirm whether links have been made, and to discuss any questions or issues about adding the links.

2. Improve skills in use of NLM resources by public health professionals.

[3] It is expected that the bulk of the subgroup's work will be accomplished via e-mail and conference call. However, a 2-day meeting during the year may be necessary.

[4] The training package developed must be competency-based in order to meet workforce training and performance needs. [Refer to the core competencies developed by the Council on Linkages Between Academia and Public Health Practice at http://www.trainingfinder.org/competencies/list.htm.]

(A priority for some time following the activities and outputs indicated for Year 3 will be to transform the training package into web-based modules for distance learning applications.)

3. Increase relationships and collaboration among public health agencies and health science libraries.

[5] The activities outlined under this program objective for Year 3 are actually preliminary to developing collaborations with public health agencies. These activities are designed to establish baseline information for access to library services by state health department staff. This information will enable NN/LM librarians to understand the nature of the library service networks available, and how NN/LM services can be coordinated with these.

[6] The following questions can be used as a guide:

a) Does the state health department have a library that provides service department-wide?
b) Are there unit libraries that provide service to only certain units of the health department? If so, which units have access to this service? Describe service.
c) If there is no health department library, or not all health department staff have access to professional library service, does the state library provide service to health department staff? If yes, describe service and use.
d) Does an academic health science library provide service to state health department staff? If yes, describe service and use.
e) In the opinion of the key contact/informants, if there is access to library service (internal or external), are state health department staff aware of this and how is it used?
f) Include other observations regarding access to or use of library services by state health department staff.

g) Note gaps in library services at the state health department level. In what ways can the NN/LM help to fill those gaps?
h) Does the state health department have a coordinating role—particularly in training, continuing educations, and library service—with local public health agencies/staff? If yes, identify opportunities for training and/or referral and partnerships for the NN/LM?