Kentucky Coordinated School Health Interagency Logic Model*

INPUTS

Funds
DPH & KDE

Staff
DPH & KDE

Federal, State, Local and Administrative Policies
- Section 504 of the Rehabilitation Act of 1973 (Section 504)
- The Americans with Disabilities Act of 1990 (ADA)
- The Individuals with Disabilities Education Act (IDEA)
- Competitive Food Law
- Federal Tobacco Leg.
- Pro Children's Act
- Confidentiality for Teens
- Title VI
- NSBA
- Child Nutrition and WIC Reauthorization Act of 2004 (Public Law 108-265)

Technical Assistance & Collaboration
Long list – see narrative

Professional development
National conferences
Web based training
Conference calls
Continuing education
State level trainings
Distance learning
Self study

ACTIVITIES

Monitor health behaviors, school policies and programs.

Develop reports (YRBS, Indicators, etc) addressing nutrition, tobacco, etc.; behaviors; policies; and programs.

Build and enhance effective partnership within CSH Interagency Committee and with schools and communities.

Continue to develop shared resources and networking between KDPH & KDE programs.

Identify model CSHP policies and recommend to policy makers.

Implement and evaluate CSHP policy changes.

Provide resources, technical support and networking opportunities for local agencies (schools, communities, and local HDs) to promote and implement CDC's eight-component CSH model.

Implement evidence-based strategies through the LHD planning process.

Develop evaluation system for evaluating and improving activities of the CSH Interagency Committee (KDPH and KDE workgroup).

OUTPUTS

Reports disseminated
Indicators: Q24 and Q25.

Partnership with five school districts.

Partnership with three communities.
Indicators: Q25.

One CSHP resource guide for KDE and KDPH programs disseminated.
Indicators: Q6-13 (Part A), Q16A, and Q25.

Two model CSHP policies identified.

One model CSHP policy approved and disseminated by policy makers.
Indicators: Q6A-D.

Two CSHP resources for local agencies developed.
Indicators: Q6-13 (Part A), Q16A, and Q25.

Evidence-based strategies implemented.
Indicators: Q25.

Evaluation system established.
Indicators: Q25.

SHORT-TERM EFFECTS & OUTCOMES

Seventy-five % of stakeholders utilize and reference accurate data in their reporting.

Five % increase in number of communities and schools that collaborate with CSH Interagency committee.

Staff of CSHP programs at KDE and KDPH can list each others' respective programs and activities.

Model CSHP policy aligns with existing CSHP-related policies and programs in 20% of school districts.

Ten % increase in number of schools and school districts that are developing and implementing CDC's 8-component CSH model each year.

Ten % increase in number of schools/school districts that implement evidence-based strategies each year.

CSHP staff use the evaluation system to report to CSH Interagency Committee.

INTERMEDIATE EFFECTS & OUTCOMES

Data resources for grants, program reports, burden documents, etc.

Partnerships established between CSH Interagency Committee, schools, and communities.

Adoption of new CSHP techniques by KDE and KDPH.

Fifty % of school districts able to adopt CSHP policies and programs.

Sustained implementation of the CDC eight-component CSH model in 50% of school districts.

Improve the working and efficiency of the CSH Interagency Committee.

LONG-TERM EFFECTS & OUTCOMES

Integrated, enhanced surveillance systems.

Sustainable overall partnership between and among CSH Interagency Committee, schools, and communities.

Comprehensive and integrated resource network between KDE and KDPH.

All school districts have implemented CSHP policies.

All school districts have sustained implementation of the CDC eight-component CSH model.

Enhanced and efficient CSH Interagency Committee.

GOAL

Decreased incidence and prevalence of chronic diseases, HIV, and STDs among school-age youth.

Data source to document accomplishment

- MOUs
- Meeting minutes and reports
- Policy and planning documents

- MOUs
- Attendance records for CSH meetings
- Policy statements/program descriptions
- District quarterly/annual reports
- System records

* This logic model is based on the Kentucky CSHP Interagency Logic Model