The Oral Health Equity Logic Model User's Guide

IN BRIEF

Organizations interested in advancing oral health equity typically have a clear vision for their desired impact, yet may not have a precise notion of the steps necessary to achieve their goals. Logic models offer a valuable tool for anticipating the activities, resources, and partnerships necessary to improve the equity of oral health programs. This user's guide, made possible by the DentaQuest Foundation, outlines a stepwise approach to completing a logic model for oral health equity work.

Advancing oral health equity hinges on effective strategies to identify and target disparate populations to address the social determinants — particularly those resulting from historic disadvantage — that contribute to inequity. Logic models can be useful for organizing strategies, allowing organizations to visualize the sequence of events and the constellation of resources required to effect large-scale change.

Based on tools developed by Sage Publications,[1] the Annie E. Casey Foundation,[2] and King County, Washington,[3] this *Oral Health Equity Logic Model User's Guide* was developed by the Center for Health Care Strategies to help stakeholders in designing logic models to improve the equitable impact of oral health programs in a given state, region, or other locale. Each section is dedicated to one component of the logic model — **resources**, **activities**, **outputs**, **outcomes**, and **impact**. The approach provides guidance for each step of building a logic model, including:

1. Identifying the **impact** that one or more strategies is intended to produce.
2. Describing the sequence of **outcomes** (or changes) that will demonstrate progress toward impact.
3. Describing all the **activities** necessary to generate these outcomes.
4. Identifying the **resources/inputs** needed to execute the activities.
5. Determining the tangible **outputs** that will result from completion of activities.

Starting with the target program results, organizations can "reverse-engineer" a logic model — working backward from outlining the outcomes and impact, and then specifying the necessary strategies (resources, activities, and outputs) to accomplish those results *(see Figure 1 below)*.

Figure 1 - Steps in Creating a Logic Model
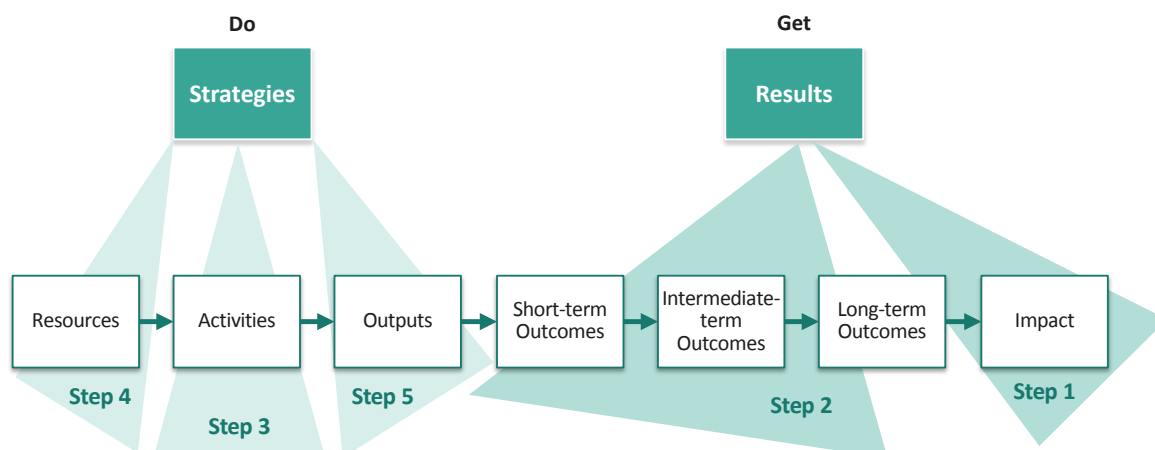
Source: The Logic Model Guidebook[4]

Step 1: Impact

Identify the impact the organization seeks to achieve.

The first step is to identify the impact your organization intends to have through its oral health program. Oral health impact is the ultimate change an organization, community, or other system wants to achieve to alleviate oral health inequity. Making the intended impact often requires years of effort and different strategies from multiple stakeholders. In this step, use available data to pinpoint an oral health disparity, then create an action-oriented impact objective aimed at reducing that disparity.

Example

Data from the 2010 Behavioral Risk Factor Surveillance System (BRFSS) show a disparity in dental service utilization among Californians. Seventy-four percent of white Californians had a dental visit in the past year, compared to 56 percent of Hispanic Californians. An action-oriented impact to reduce this oral health disparity would be "Increase the percentage of Hispanic Californians who have had at least one annual dental visit over a 12-month period." Achieving this impact will require engaging numerous strategies, stakeholders, and resources.

RESOURCES	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES	IMPACT
						Increase the percentage of Hispanic Californians who have had at least one annual dental visit over a 12-month period

Questions to Consider

- Which specific populations may be affected, intentionally or coincidentally, and how? For example:
  - » Special populations, e.g., people living with HIV or intellectual/physical disabilities. For example, individuals who are physically disabled may need access to specialized transportation to appointments to accommodate their physical needs, and that transportation may be variably or insufficiently available. Your organization may work specifically to ensure the availability and awareness of these options — through culturally and linguistically appropriate strategies — among these individuals and their caregivers.
  - » Geography, e.g., communities/neighborhoods, cities, counties, states, rural areas. For example, some areas of a state may have an especially high percentage of Hispanic residents but there may be few Spanish-speaking oral health providers. Particular efforts to strengthen the availability of translation services and oral health literacy in these communities would be very beneficial to the target population.
- Which social determinants of oral health equity will your program impact? Effective strategies to address oral health disparities consider influencing social determinants of health at the root of the problem, e.g., dental care access, oral health literacy, socioeconomic status, available transportation, and physical environment.
- Is mitigating these social factors critical for addressing the needs of the targeted population?

Step 2: Outcomes

Describe the sequence of outcomes (or changes) that will demonstrate progress toward impact.

Map the sequence of outcomes to advance progress toward the desired impact. Outcomes are the changes (effects) that result directly from program activities and can be categorized by time span, e.g., short-term (e.g., under three years), intermediate-term (e.g., four to six years), and long-term (e.g., seven to 10 years) outcomes. Considering the influencing factors from Step 1, determine the changes that should take place.

Example

In California, a major factor influencing oral health disparities is language access, meaning that translation and interpretation policies must be in place to address inequities. Institutionally biased practices that do not require or promote translation services create a barrier to services for residents with limited English proficiency. Reducing language barriers might be a long-term outcome to achieve the impact "Increase the number of Hispanic Californians who have had at least one annual dental visit." An increased number of dental settings that offer language services and implementation of inclusive institutional practices could be intermediate-term outcomes to reducing language barriers.

RESOURCES	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES	IMPACT
			■ Raised awareness of the need for language services ■ Recruited multilingual staff	Increased number of dental settings that offer language services	Reduced language barriers to dental services	Increase the percentage of Hispanic Californians who have had at least one annual dental visit over a 12-month period

Questions to Consider

- What is the order of outcomes you expect to see? Bearing in mind that progress toward equity is rarely linear, think about which outcomes are dependent on others.
  - » What are the short-, intermediate- and long-term outcomes that will lead to achieving the desired impact?
- How will these outcomes narrow or close the oral health disparity?
- What are possible unintended consequences for other populations?
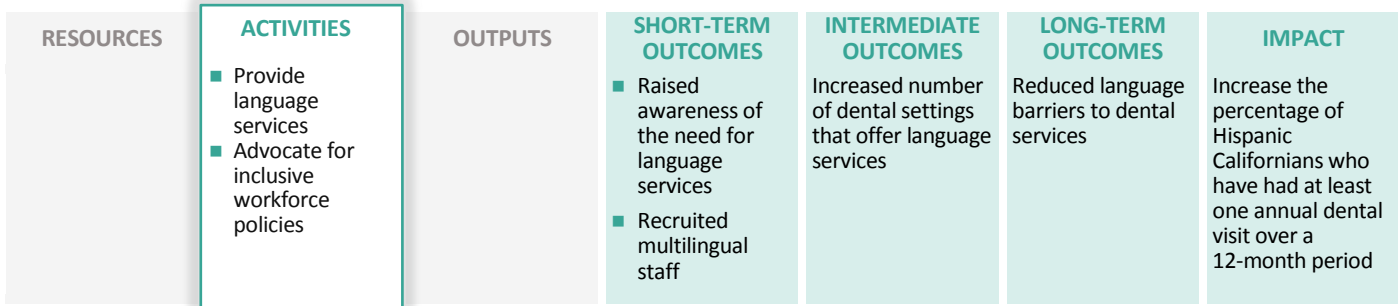
Step 3: Activities

Describe all the activities necessary to generate the identified outcomes.

Create a list of activities that the program will conduct to produce the desired outcomes. Activities, or interventions, are the specific actions executed by a program. Each activity in the list should directly contribute to at least one outcome. Develop targeted interventions, thinking through the impact on oral health disparities, outcomes from these activities, and possible levels of bias that contribute to the disparity:

- **Structural** – bias across institutions and society, e.g., racially or ethnically concentrated neighborhoods, lack of diversity in leadership;
- **Institutional** – bias within institutions, e.g., discriminatory practices and policies, including those that, when put into practice, unintentionally and systematically penalize or exclude a group;
- **Interpersonal** – bias between individuals, e.g., conscious or unconscious stereotyping;
- **Internal** – bias within individuals, e.g., low self-esteem and self-perception.

Example

To improve the availability of language services, local organizations might consider holding focus groups with the targeted population to learn their perspective and implementing interventions such as providing language access services to a dental practice through volunteers or direct staffing. However, institutional bias affecting workforce policies and practices could undermine the success of those efforts; advocacy efforts to address such policies and practices, e.g., a local campaign, to raise awareness and build will, is another potential activity.

RESOURCES	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES	IMPACT
	■ Provide language services ■ Advocate for inclusive workforce policies		■ Raised awareness of the need for language services ■ Recruited multilingual staff	Increased number of dental settings that offer language services	Reduced language barriers to dental services	Increase the percentage of Hispanic Californians who have had at least one annual dental visit over a 12-month period

Questions to Consider

- Which levels of bias do you need to address (for reference, see Annie E. Casey's *Race Forward*[5] framework on justice)?
- What activities are necessary to address these biases and achieve the intended outcomes?
- How will these activities be perceived by the targeted population?
- What activities can your organization conduct to minimize any unintended negative consequences of your efforts?
- How can your organization solicit feedback from the targeted population, e.g., surveys, focus groups, town hall meetings, community outreach events?

Step 4: Resources

Identify the resources/inputs needed to execute the activities.

Specify the resources, or inputs, your organization needs in order to execute the activities. They include any combination of workforce, financial, organizational, community, or system resources.

Example

State or local dental organizations with access to dental providers, such as the California Dental Association, would be useful resources for disseminating information about language services. Advocacy groups invested in the well-being of the target population, such as the Latino Coalition for a Healthy California, can also be a resource to leverage. Sources of funding such as state/local foundations or federal grants may be good sources of financial resources.

RESOURCES	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES	IMPACT
■ California Dental Association ■ Latino Coalition for a Healthy California	■ Provide language services ■ Advocate for inclusive workforce policies		■ Raised awareness of the need for language services ■ Recruited multilingual staff	Increased number of dental settings that offer language services	Reduced language barriers to dental services	Increase the percentage of Hispanic Californians who have had at least one annual dental visit over a 12-month period

Questions to Consider

■ Which members of the targeted population will you engage to provide feedback on potential strategies and interventions?

■ What community resources are available to leverage? Consider all groups with an interest in oral health equity and the social determinants of equity named in Step 1.
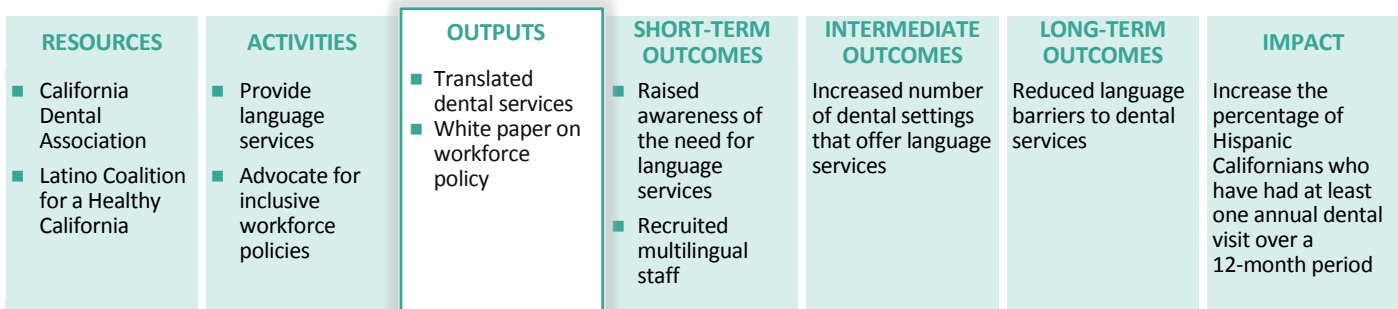
Step 5: Outputs

Determine the tangible outputs that will result from completion of activities.

List the outputs your organization will create through its activities to have an effect (outcome) on the targeted population. Outputs are the products of the program activities that can be quantified or qualified.

Example

The program produces translated dental services to patients through its language services. Advocacy activities yield materials for dissemination such as a white paper or technical assistance toolkit.

RESOURCES	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES	IMPACT
▪ California Dental Association ▪ Latino Coalition for a Healthy California	▪ Provide language services ▪ Advocate for inclusive workforce policies	▪ Translated dental services ▪ White paper on workforce policy	▪ Raised awareness of the need for language services ▪ Recruited multilingual staff	Increased number of dental settings that offer language services	Reduced language barriers to dental services	Increase the percentage of Hispanic Californians who have had at least one annual dental visit over a 12-month period

Questions to Consider

- How can outputs be measured to track progress toward outcomes and impact?
- What are the steps will you take to assess that your activities are taking place as intended, and how will you identify necessary "real-time" adjustments?

ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. It works with state and federal agencies, health plans, providers, and consumer groups to develop innovative programs that better serve people with complex and high-cost health care needs. For more information, visit www.chcs.org.

ENDNOTES

[1] Sage Publications (2013). The Logic Model Guide Book "Creating Program Logic Models."
Available at: http://www.sagepub.com/sites/default/files/upm-binaries/23938_Chapter_3___Creating_Program_Logic_Models.pdf.

[2] Annie E. Casey Foundation (2006). "Race Matters: Racial Equity Impact Analysis."
Available at: http://www.aecf.org/resources/race-matters-racial-equity-impact-analysis/.

[3] King County Executive Office (2010). "King County Equity Impact Review Tool."
Available at: http://www.kingcounty.gov/elected/executive/equity-social-justice/tools-resources.aspx.

[4] Sage Publications (2013). The Logic Model Guide Book "Creating Program Logic Models."
Available at: http://www.sagepub.com/sites/default/files/upm-binaries/23938_Chapter_3___Creating_Program_Logic_Models.pdf.

[5] Annie E. Casey Foundation (2006). "Race Matters: Racial Equity Impact Analysis."
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