

PHIG TTA Logic Model

| INPUTS | ACTIVITIES | OUTPUTS | OUTCOMES | IMPACT |
|--|---|--|---|---|
| Funding from PHIG | Planning Strategic planning Develop and tailor TTA resources to contexts/recipients, proactively and responsively | Resources such as webinars and toolkits | TTA Outcomes Knowledge & Learning • Increased knowledge of TTA available offerings/support • Increased knowledge around the FPHS • Increased peer sharing of recommended policies, processes, and programs | Strengthened Capacity of Health Departments |
| Human Resources & Expertise Network of Subject Matter Experts (SMEs), subcontractors, sub-partners | Coordination PHIG Evaluation Peer Networking Coordination across NPs and TA providers TA Triage and Proactive TA workgroup Peer networks | Provision of relevant/timely TTA to publicly funded health departments | Relationship & Trust Building • Increased trust in TA providers • Increased recipient outreach to TA providers Use & Dissemination | Enhanced preparedness for future public health emergencies |
| Infrastructure • Access to resources (e.g., readiness assessments, cost | TTA Provision & Implementation • Provide timely TTA to the satisfaction of recipients | High satisfaction with TA from | Increased utilization of TTA services by recipients Appropriate recipient progress toward PHIG outcomes | Increased Trust in PH by the public |
| assessments, workforce calculators, etc.) •PHIVE platform | • Identify (proactive) and disseminate (responsive) TTA products to a broader audience | recipients and health departments | Strategy Outcomes Workforce Improved policies and mechanisms for recruitment, hiring, and staffing Strengthened leadership capabilities in the public health workforce | Increased Sustainability of Health Department Infrastructure |
| Coordination Mechanisms Access to resources (e.g., readiness assessments, cost assessments, workforce calculators, etc.) PHIVE platform | Develop Standard Operating Procedures (SOPs) Ensure linkages between evaluation data and TTA implementation(proactive and responsive) | Utilization of best practice tools and resources provided during delivery of TTA | Improved employee satisfaction ratings Establishment of a workforce pipeline program Foundational Capabilities Increased readiness for accreditation Increased adoption of Foundational Capabilities Development of organizational culture focusing on Foundational Capabilities in health departments | Development of sustainable partnerships |
| Existing Knowledge Base | Collect data and analyze themes across responsive TTA requests and proactive TTA Identify implementation barriers and successful peer practices Evaluate outcomes of TTA intervention | CQI-focused data available: Monthly PHIVE data, Recipient Survey, PHIVE satisfaction survey, etc. | Data Modernization • Increased DMI capacity • State and local interoperability, including data-sharing mechanisms, particularly for tribes. | Accreditation achieved by all PHIG recipients |

Assumptions

•Sustainability of grant activities beyond 5-year PHIG grant •Publicly funded health departments willingness and interest in receiving training and technical assistance