# Community Health
## Community and Economic Development Logic Model

### Inputs
- CEDIK Faculty and Staff (Davis, Kahl, Nall)
- Local health networks/coalitions
- Kentucky Office of Rural Health
- Kentucky Hospital Association
- Local Health Departments

### Activities
- Community-based trainings for networks and coalitions
- Agent in-service trainings on working with coalitions
- Hospital Leadership trainings
- Arts in Healthcare Community Forums
- Listening Sessions
- Board Development training

### Participation
- Integration across program areas: FCS
- Action Team Members: M. Nall
- D. Parrett
- L. Harned
- L. Workman
- A. Davis
- Community Partners

### Outputs
- Participation

### Situation
- Promoting ways to improve access to healthcare services with the goal of sustaining services in rural Kentucky.

### Assumptions/Resources
- **State led**: Coalition/Network building, Arts in Healthcare partner with Arts agents, Hospital Leadership Series, Board Development training.
- **Agent training**: Data profiles, grant writing

### Initial Outcomes (KOSA)
- Increase Agent awareness of opportunities and challenges working with new and established health networks in state.
- Evaluation resources: Community Forums, Listening Sessions, number of new, formal collaborations created, number of established coalitions/networks coached, lessons learned from agents

### Intermediate Outcomes (Practice Change)
- Health Networks and coalitions are strengthened through training, education and increased community engagement. Increased knowledge and utilization of local health services by rural residents.

### Long Term Outcomes (SEEC)
- Improve access to quality and affordable health care for all Kentuckians; Sustain needed healthcare services in rural communities through strengthened partnerships.

### National Indicators and Agent Metrics
- Number of new health organizations created
- Number of participating agencies
- Number of activities initiated by coalition
- Funding dollars received by coalition