

First Things First Logic Model Health Prevention Services

Processes

Outcomes

1. Strategies

2. Activities

3. Key Outputs

4. Short-term Outcomes

5. Intermediate-term Outcomes

6. Long-term Outcomes

- 1.1 *Oral Health
- 1.2 Prenatal Outreach
- 1.3 Developmental and Sensory Screening
- 1.4 Injury Prevention
- 1.5 Comprehensive Preventative Health Programs
- 1.6 * Nutrition, Physical Activity and Obesity Prevention

- 2.1 Screening by dental hygienists or other qualified health professionals; fluoride varnish application; distribution of oral health information to parents; referrals to dentists.
- 2.2 Provides outreach and education to pregnant women and their families; links pregnant women to sources of prenatal care.
- 2.3 Provides screening for developmental and sensory delays.
- 2.4 Provides parents and child care staff education on the importance of health and injury prevention.
- 2.5 Builds a coalition of health education programs to establish a comprehensive health education system and provide community-based health trainings to young children and their families.
- 2.6 Provides health education focused on obesity prevention to children, families and early care and education professionals.

- 3.1 Number of children receiving oral health screening and fluoride varnishes applied; number of participating adults and early care providers receiving training on oral health.
- 3.2 Number of clients (pregnant/postnatal women) receiving home visitation and community based education
- 3.3 Number of children screened for developmental delays, vision, and hearing screenings.
- 3.4 Number of adults and early care providers receiving training on health and injury prevention.
- 3.5 Number of children and families receiving health prevention education.
- 3.6 Number of children and families receiving training focused on healthy eating, activity, and obesity prevention.

- 4.1 Increased numbers of children receiving oral health screening; increased knowledge about dental homes.
- 4.2 Increased use of prenatal care and needed supports for healthy pregnancy and births.
- 4.3 Increased rates of appropriate screening and referrals for children.
- 4.4 Families and early care providers have information and supports on child health and injury prevention.
- 4.5 Increased access to information and preventative practices to a wider population base.
- 4.6 Families and early care providers have information and supports on healthy eating, activity, and obesity prevention.

- 5.1 Increased numbers of children engaged in regular oral health care and receiving timely oral health care from a dental care home.
- 5.2 Improved birth outcomes.
- 5.3 Increased rates of appropriate screening and referrals for children.
- 5.4 Increased safe practices related to injuries and health care prevention.
- 5.5 Increased knowledge related to the need for prevention services at parent and community level.
- 5.6 Improved exercise, eating, and wellness activities for young children and families.

- 6.1 Increased availability and usage of dental homes; decreased dental caries in young children.
- 6.2 Improved health for all children.
- 6.3 Children with developmental and adaptive delays are identified earlier and receive appropriate support and care; reduced duplication of services.
- 6.4 Decreased number of children who are injured – intentionally or unintentionally.
- 6.5 Improved health for all children.
- 6.6 Decrease in childhood obesity, diabetes and other related health issues.

Assumptions: Early, consistent preventive care reduces long term health problems and maximizes health of children.

Context: There are existing health prevention activities occurring within the state, some require specific emphasis to meet the gaps in services for young children.