

# Workshop Materials

## Program logic

### Measuring impact using

### Framework to Assess the Impact from Translational health research (FAIT)

Project name: \_\_\_\_\_

*During this workshop please consider:*

1. What is the perspective of the impact assessment?
2. Study design – is there a control group, pre-post design, step-wedged design?
3. What is the issue you are trying to address with your research?
4. What does your research aim to do? (and will this address the issue?)
5. What is the cost of implementing your research?
6. What activities will be undertaken? (i.e. what would be different to what would have happened anyway?)
7. What are the anticipated outputs from those activities?
8. Who will be involved? Who will use the outputs? Is it consumers? Clinicians? other services?
9. If the outputs/programs are used, what impacts do you anticipate? What benefits to the end user?

*And, remember planning for your impact analysis at the start makes it easier and cheaper to collect the data you need*

The following section is a worksheet that you can use to design your own program logic. Use the questions below to fill in each section. When you have finished you have the raw material to load onto a spreadsheet which can function as your Program Logic Model. There are other models around so check them out and select something that you are comfortable with.

## NEED

1. You need to clearly articulate the need for your research
2. Is there baseline data/existing literature/evidence about the problem being addressed by this research?
3. The affected populations: who is it affecting?
4. What is the nature of the issue/problem : growing disease burden, ineffective treatment, human suffering, disability, gap in knowledge, lack of services
5. What is the magnitude and impact of this issue- what proportion of people are affected? How severely are they being affected? What about their families, the economy etc?
6. How severe is the problem? Is it life-threatening, serious, moderate?
7. Considering the above, is there a case for considering this problem a priority?

## AIMS

Some issues / questions to consider:

1. Review the need for your research – the issue it is hoping to resolve. The aims should relate to this need and help to address the need/issue.
2. Do the aims clearly articulate what your research hopes to achieve? Ideally, if it achieves those aims it should resolve the issue within the footprint of your research
3. Include any assumptions here...e.g. the research needs to ensure that people enrolling in the program are Indigenous or have been previously diagnosed with Type 2 Diabetes” so this needs to be explicitly recognized.
4. If your research outputs can be translated then that should always be an aim, as should improving the health and wellbeing of those targeted by your research.

## ACTIVITIES

Some issues or questions to consider

1. Review your aims. The activities you list here should directly relate to the stated aims.
2. For example, within the first month, an activity may be to develop a detailed project plan for your research
3. Think about research design. Make sure you have some way of proving (evidence) what has changed as a result of your research. A control, before and after scenario, step-wedged design?
4. Engagement with stakeholders is an activity and it is critical to the success of any research. With whom will engagement occur? When will (did) this happen? Engagements should take place as soon as possible, preferably in the design of the research and its implementation to ensure its potential for impact is maximized.
5. If applicable, for each activity, nominate the month / year it will be undertaken. Note that some functions will be ‘ongoing’.
6. Think about developing some process metrics so you can collect evidence that an activity has occurred. It could also include a ‘target’ for example, expected number of people recruited to the physical activity trail per quarter.

## USERS/STAKEHOLDERS

1. Refer to your aims and a clear description of your activities
2. Consider who your users/stakeholders are and list them here.
3. The definition of a user/stakeholder is broad. It includes all those both upstream and downstream who are likely to be impacted or are critical to the implementation of your research. It might include clinicians, other non-health professionals, management who might need to approve the purchase of necessary materials (e.g. software) for your research to work.
4. Already addressed under Activities, but have you already engaged with your end users? Yes / No. If ‘no’ this engagement should be a priority as it could potentially help with the design or improvement of your research. Evidence suggests that early

engagement with stakeholders is an important factor in the success of your research and in generating the impact you would like.

## **OUTPUTS**

1. For every listed activity, there should be an output or sometimes the output is a result of several activities. It is best to list all anticipated outputs so you can help keep the project on track.
2. At the end of each output, try to nominate the estimated time when it will be produced (month). As with all research projects, there are bound to be unanticipated delays and these schedules can be adjusted accordingly, noting the reason for the hold-up.
3. E.g. If the activity was to: “Engage with clinicians about how the intervention is going” the output might be a summary of their expectations versus their actual experiences or a summary of the barriers they face. This could be a one off record or repeated several times throughout the trial period.
4. Outputs for other activities could be: i) refined implementation process ii) a simple flowchart documenting the new patient pathway so everyone is clear including patients/families; iii) better tools for capturing patient outcomes / experiences iv) training program to increase staff skills .

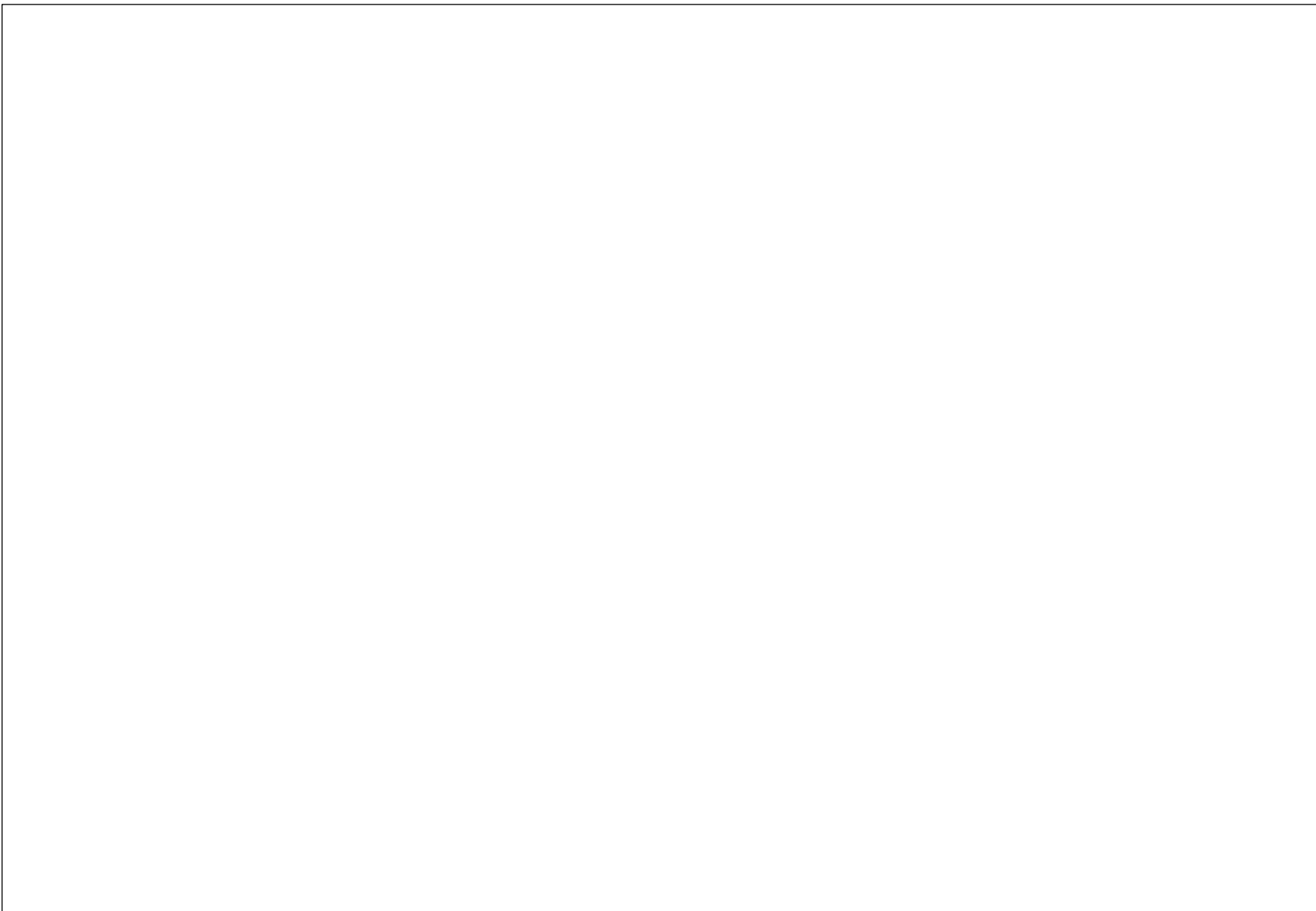
## **CONSEQUENCES/ BENEFITS/IMPACTS**

1. Refer to your listed program activities, outputs and users.
2. Conceptually, if your research works as you envisaged, what benefit might be generated? Be specific. For patients it might be some outcome measure and experience. Is wellbeing a potential impact? How would you measure that?
3. Consequences/benefits/impacts can be grouped under broad domains. They include:
  - Knowledge (e.g. clinicians aware of the importance of exercise as a management strategy for patients with Type 2 diabetes);
  - Clinical improvement (e.g. new assessment protocols and follow-up for Indigenous patients with Type 2 Diabetes);
  - Community benefits (e.g. reduced number of patients requiring insulin, improved wellbeing);
  - Legislation & policy (e.g. new regime incorporated into Diabetes Guidelines);
  - Economic (e.g. reduced waste from reduced hospitalisation).

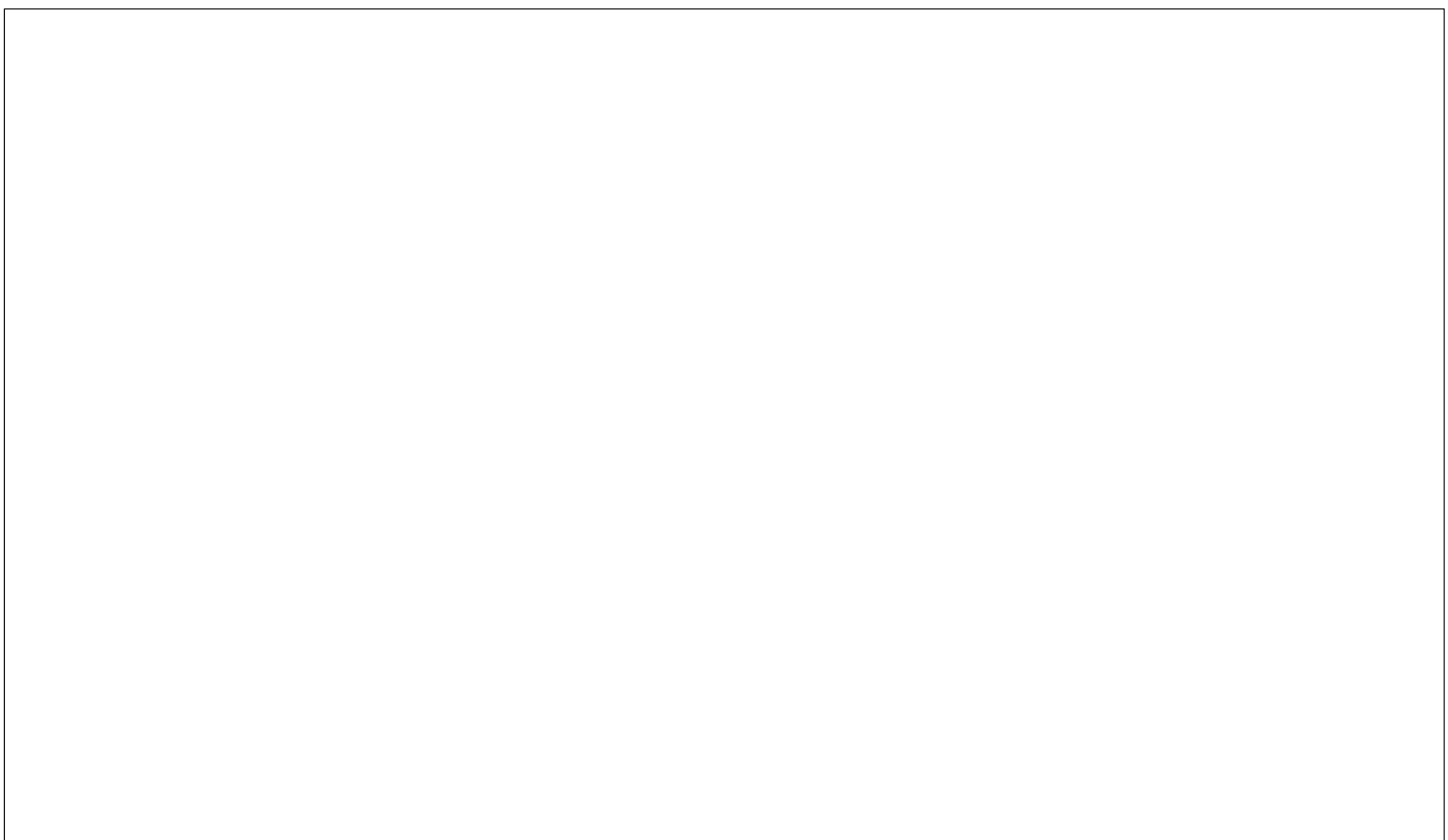
At the end of this process, you should have a better idea of the types of data you will need to collect for both the Payback and the Economic analysis to be undertaken and for you to justify why your research has or has not worked.

Good luck.

# NEED/EVIDENCE FOR YOUR RESEARCH

A large, empty rectangular box with a thin black border, intended for the user to write down their research needs and evidence.

# KEY STAKEHOLDERS/USERS

A large, empty rectangular box with a thin black border, intended for the user to list and describe their key stakeholders and users.

# AIM

# ACTIVITIES

# OUTPUTS

# IMPACTS

# AIM

# ACTIVITIES

# OUTPUTS

# IMPACTS

# AIM

# ACTIVITIES

# OUTPUTS

# IMPACTS

# AIM

# ACTIVITIES

# OUTPUTS

# IMPACTS