

Logic Model: National Organization of State Offices of Rural Health (NOSORH) for National Organizations for State and Local Officials (NOSOLO)

Inputs	Outputs			Outcomes	
	Activities	Target Audience	Deliverables	Short-Term (1 year or less)	Long-Term (3 years)
NOSORH staff PCO National Committee NOSORH partners: <ul style="list-style-type: none"> • Varela (policy) • ACU (shortage designation, building health workforce) • NORC (public health & primary care integration) • 3R Net (workforce, recruitment & retention) Office of Planning, Analysis and Evaluation (OPAE) resources Health Resources and Services Administration (HRSA) funding TruServ	Assess capacity Offer training meetings and webinars Create learning communities Provide technical assistance Policy and program analysis Provide data analysis Exchange information Coordinate educational resources Evaluate program activities	Community-based health care organizations – FQHCs, hospitals and clinics Health care professionals and students State Offices of Rural Health (SORHs) Primary Care Offices (PCOs)	Assessments of PCO and SORH operational and partnership capacities Documentation and sharing best practices of PCO Information dissemination and sharing tools Scan reports of state and federal policy and program issues Program and policy fact sheets Updated and new toolkits for introduction to PCO, workforce development, public health & primary care intervention	Increased collaboration between PCOs and SORHs to improve health workforce, address policy changes, integrate public health & primary care Improved technical assistance and coordination with HRSA Better data reporting Enhanced technical assistance on the development of Pre-defined Rational Service Area (PRSA) Plan Implementation of new designation software	Increased recruitment and retention of health care professionals PCO national performance assessed Strengths/Weaknesses of PCO determined PCO program performance improved Understand value of PCOs through state expenditures Increased exchange of information between state and federal agencies resulting in implementation of best practices by PCOs and SORHs

Assumptions: PCOs are unique and key stakeholders in building collaboration to improve public health and primary care integration, grow an appropriate workforce for underserved communities and support the implementation of the ACA.

Building collaborative activities with PCOs, SORHs and their state partners will grow their impact and increase the efficiency of HRSA funding investments.

A cooperative agreement with the OPAE and NOSORH will enhance information sharing and performance of PCO and SORH/PCO/state partner activities.

Additional resources will allow NOSORH to increase collaboration between SORHs and PCOs.