

Program Logic Models

A program logic model illustrates how activities lead to outputs and then to outcomes, forming a logical flow of impact from the program's initiation through to its completion.

Why do we need program logic?

Program logic models show the pathway from project initiation to impact. They provide a clear process from what is invested to what is delivered to the outcomes achieved.

A program logic is more than a diagram; it is a way to:

- **Clarify structure and purpose**

Define what the project is trying to achieve and how success will be measured.

- **Guide implementation**

Provide a roadmap for activities to make it easier to stay focused and on track.

- **Engage stakeholders**

Communicate your project's approach and value clearly to funders, partners, and end-users.

- **Support evaluation**

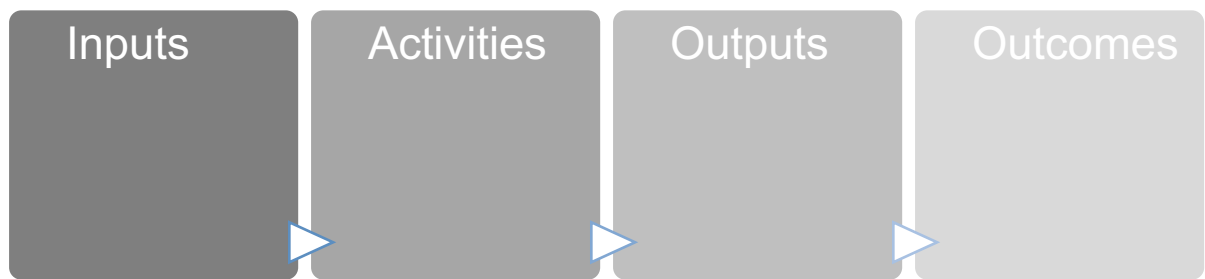
Demonstrate outcomes and impact to strengthen accountability and future funding opportunities.

- **Assist reporting**

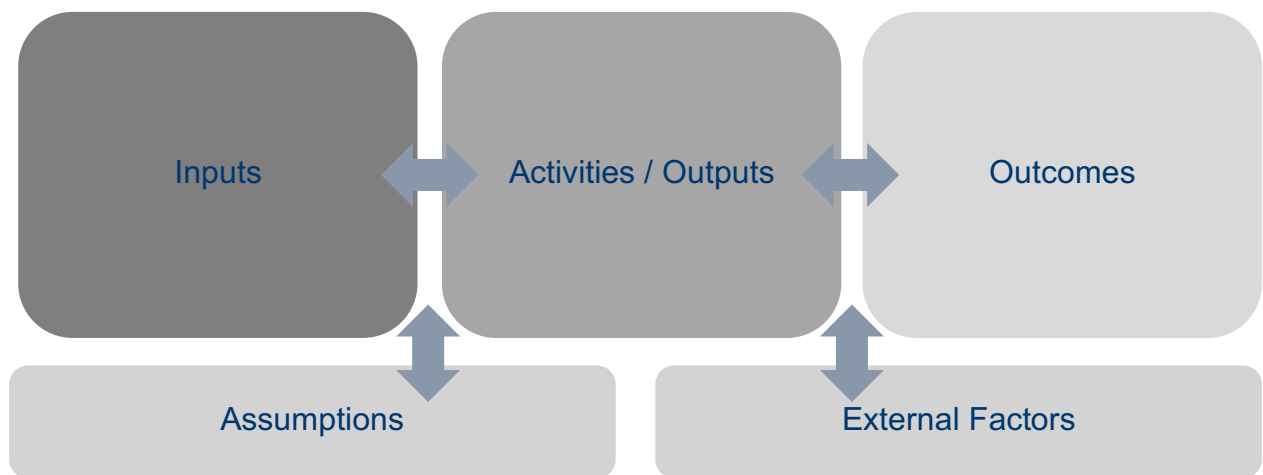
Create a structure to discuss the project plan and scope and provide a clear explanation of how the project contributed to its results.

What does a program logic model look like?

Program logic models take various forms, from simple, linear structures...



To complex models that show relationships between elements.



Work with your TRIP mentor to choose the model that best suits your needs and create a program logic that incorporates the elements of your design.

Elements of the program logic model

Each element of a program logic model plays a necessary role in ensuring effective transfer of research evidence into practice.

Element	Question to ask before you start	Function	Example	Note
Problem Statement	What is the health issue?	Defines the key health issue or service gap the program aims to address, based on empirical evidence. A clear problem statement establishes the program's relevance and informs assumptions about need and stakeholder readiness (Nilsén, 2015; Clark et al., 2022).		Use existing literature, prevalence data, stakeholder interviews, etc.
Target Population	Who is the target group?	Specifies the demographic and health characteristics of the intended group. Assumptions often concern participants' existing knowledge, resources, and motivation to change, aligning with behaviour change models such as COM-B (Barker et al., 2016).	<i>Patients, staff, project team, leaders, external partners</i>	Consider demographic characteristics, service, and geographical location. This will help tailor health interventions to be culturally and contextually relevant.
Inputs	What resources are needed?	Outlines the human, financial, and material resources required. Effective implementation strategies hinge on having adequate support (Dubois & Levesque, 2020; Dobbins et al., 2018).	<i>Funding, staff, materials, partnerships, and technology needed for the project.</i>	Organisational capacity to commit resources can act as a barrier or enabler. Confirm resource availability and address potential gaps.
Activities	What intervention and implementation strategies will be delivered?	Details the specific evidence-informed strategies designed to address the problem. The planning phase must account for evidence that supports chosen activity types to ensure alignment with expected outcomes.	<i>Health education workshops, screening programs, vaccination campaigns, etc.</i>	Assign realistic timelines to guide planning, delivery, and evaluation.

Element	Question to ask before you start	Function	Example	Note
Outputs	What products or services will be provided?	Identifies immediate, measurable products of activities (e.g., number of sessions, resources distributed). Outputs assess whether the program is being delivered as planned.	<i>Number of health education sessions conducted, number of individuals screened.</i>	Establish clear metrics to measure delivery, track progress, and impact. Ensure outputs directly align with the implementation strategies (activities).
Outcomes	What are the short-term, intermediate, and long-term health impacts?	Specifies short- to medium-term effects of the program relating to behaviour change or health improvements within the target population such as shifts in knowledge, behaviours, or health status. Long-term impacts include system-level changes, policy shifts, or improvements in public health indicators (Turner et al., 2023; Johnston et al., 2023).	<i>Increased knowledge (short-term), increased service uptake (intermediate), improved population health outcomes (long-term).</i>	Define expected changes at short-, medium- and long-term levels.
Assumptions	What are we relying on for this project to work as planned?	Labels underlying beliefs about conditions necessary for program success. Assumptions should be evidence-based and consider the broader contextual factors that influence both implementation and engagement (Li et al., 2018; Atkins et al., 2017).	<i>Patients will have the time and motivation to attend education sessions; management will support the project for its duration.</i>	Test your project assumptions with further questions: Is there evidence? Do research, guidelines, data or past projects support this belief? Is it within our control? Can the team influence it, or is it an external factor? What could go wrong? How would the project be affected if the assumption doesn't hold?

Element	Question to ask before you start	Function	Example	Note
External Factors	What conditions or influences outside our control could help or hinder the success of this project?	Identifies broader contextual influences that can affect the success of the intervention. These can either facilitate or hinder the implementation and overall effectiveness of the intervention. Recognising and integrating external factors into program logic ensures interventions are context-specific, adaptable, and positioned for greater effectiveness, evaluation and sustainability (Baumbusch et al., 2018; Sethi et al., 2019).	<i>Policies, regulations, funding mechanisms, leadership/support from external organisations, competing priorities, resource availability, collaborations.</i>	Identify external influences to tailor interventions, overcome barriers and ensure effective outcomes.

A note about assumptions and behaviour change

Assumptions in program logic define the conditions required for change to occur. They are often closely tied to behaviour change theories, such as the COM-B framework (Capability, Opportunity, Motivation, Behaviour). Well-articulated assumptions strengthen the link between program design and behaviour change by clarifying what is needed for participants to adopt new behaviours:

Capability – the skills and knowledge required

Opportunity – the environmental and social supports available

Motivation – the internal drivers that encourage engagement

For example, if an intervention assumes that a community can understand dietary guidance, this assumption must be supported by evidence, such as demographic health data and literacy levels (Marcos et al., 2025). Where assumptions are not validated, interventions risk mis-implementation (Hawkes et al., 2021).

Aligning behaviour change techniques with evidence-based assumptions ensures program strategies are realistic and appropriately targeted. Embedding models such as COM-B within program logic helps confirm that assumptions underpinning the theory of change are robust, context-specific, and capable of translating into meaningful health improvements in the target population.

Logic Model Tips and Tricks

- While a program logic model may appear linear, in practice the flow between activities, outputs, and outcomes is dynamic, with feedback loops created through adaptation, learning, and monitoring.
- Use templates (e.g., the QH-TRIP Program Logic template) or tools (e.g., Microsoft Visio, Lucidchart, PowerPoint) to support a clear, structured design.
- Keep the model simple and easy for stakeholders to understand.
- Complement the program logic with an Implementation Plan that describes the implementation process for health professionals and stakeholders.
- Involve stakeholders in reviewing the model to ensure accuracy and relevance.
- Revise the model based on feedback to align with the health issues and stakeholder expectations.
- Regularly monitor timelines and track progress against outputs and outcomes.
- Plan for evaluation from the start.
- Evaluate the program at conclusion, assessing:
 - Process evaluation** – to review implementation quality.
 - Impact evaluation** – to measure health outcomes.
- Document key successes, challenges, and lessons learned.
- For more information about developing program logic, see:
<https://www.health.nsw.gov.au/research/Publications/developing-program-logic.pdf>

Further reading: Implementation Research Logic Models



[HIV Implementation Science Coordination Initiative: Implementation Research Logic Model](#)



Smith, J.D., Li, D.H., & Rafferty, M.R. (2020). The Implementation Research Logic Model: a method for planning, executing, reporting, and synthesizing implementation projects. *Implementation Science*, 15, 84. <https://doi.org/10.1186/s13012-020-01041-8>

Glossary of Terms

Inputs	Resources needed to address the problem
➤ Stakeholders	Individuals/groups involved in or affected by the project <i>e.g. patients, staff, project team, leaders, external partners</i>
➤ Internal Factors/ ➤ Organisational Context	Features within the organisation that influence implementation <i>e.g. culture and readiness, leadership support, infrastructure, resources, policies and procedures</i>
➤ Implementation process	Strategies to facilitate the intervention <i>e.g. strategies, structures and mechanisms to facilitate the 'thing'</i>
➤ Intervention/Innovation Characteristics	Key features of the intervention being implemented <i>e.g. evidence strength and quality, advantages/disadvantages, adaptability, complexity, compatibility.</i>
➤ System-Level Factors	Broader healthcare system elements that affect implementation <i>e.g. policy directives, professional guidelines, financing, performance targets, strategic alignment, partnerships.</i>
➤ Diverse service contexts	Variations in local settings, populations or service environments <i>e.g. equity and access for rural/remote contexts, Aboriginal and Torres Strait Islander health, priority populations.</i>
Activities	Intervention and implementation strategies used to address the problem
Outputs	Products/services to be delivered
Outcomes	The intended impacts from the activities
➤ Short-term outcomes	Early change you hope to see <i>e.g. increased knowledge, confidence, skills, routines</i>
➤ Intermediate outcomes	Change you hope to see once the intervention has been in place for several months <i>e.g. adherence to medication regimen, reduced waiting times, increased collaboration between services</i>
➤ Long-term outcomes	Lasting changes in health outcomes or system performance you expect to achieve over time <i>e.g. reduced readmission rates, improved population-level screening rates, improved survival and quality of life measures</i>
Assumptions	Conditions you are relying on for change to occur <i>e.g. patients will attend education sessions; staff will have time and motivation to adopt guidelines; technology will support data collection; leadership will support the project over its duration</i>
External Factors	Conditions outside the project's control that may influence success <i>e.g. policy, regulatory frameworks, socioeconomic conditions, community characteristics</i>

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