PBERN Logic Model:	Planning -	Implementation	Evaluation	- Improvement
Aims	Input	Output	Short-Term Outcomes (3-5 years) – UH3	Long-Term Outcomes (>5 years)
 SA1 (UG3/UH3) Recruit consortium members to conduct health equity research. Patient/Community Adv. Bd (PCAB) Work with the Coordinating Center SA2 (UG3/UH3) Engage communities, patients, primary care practices. Community-designed health awareness and promotion efforts SA3 (UG3/UH3) Training in cultural competency Skills in health services research Methodology support: biostatistics, data science and survey design. SA4* (UH3) Administer and support pilot project program and rapid cycle vouchers for health care equity. SA5* (UH3) Eacilitate integration of Electronic Health Record (EHR) SA6* (UH3) Continuous assessment Share data, and research findings with consortia and community. Recommend successful interventions with state agencies, public health depts and local organizations. 	 UG3/UH3 grant funds NCCU RCMI NCCU Student Health Cross disciplinary teams Partner Organizations (NCAFCC, NCCHCA, Duke Univ, UNC-CH) PBRN support through NCNC Advisory Committees. (PCAB, EAC) Coordinating Center Partnering Clinics Community-based organizations Implicit bias training modules Experts in data science and health Services research 30+ potential health services research OG+ potential health services researchers for pilot and RCV funding opportunities Consultation and grant review NIMHD program evaluation Experts in Data Integration and Analytics Community Advocates Evaluators Coordinated feedback and communication processes Evaluation design plan 	 Functional Admin Core for governance of consortium MOUs with consortium members Regulatory protocols: SMART IRBs, data use agreements Training in implicit bias, health services equity research Part of NC Network Consortium of NC PBRNs. Expertise / collaboration/ by partner organizations and other PBRNs Two pilot projects 15 Rapid Cycle Vouchers Preliminary data generated Ancillary PBERN activities Professional development activities Monthly seminars Participation by >50 investigators Inter and Intra-institutional support network with new collaborations Community Engagement and outreach to community A robust patient and community- network Evaluation/ data collection tools 	 Participation in research by 25 primary care members of consortium Implement Common data elements EHR integration for 15 + Clinics 3 (year 3), 5 (year 3), and 10 (year 5) publications (based on previous experience) Acknowledgment of UG3/UH3 in ALL supported publications and presentations 2 R01/U01/SC1/SC2 grants funded Establish as Equity focused PBRN 70% of participating clinic/researcher report: increased prof. skills development attend seminars/workshops increased interest in equity focused health services Research increase in connectivity, partnership with faculty at partnership institutions and high level of satisfaction with program Cross-institutional and community partnerships through practice/agreements Synergy with NCCU RCMI and Coordinating Center Health services outreach in community Dissemination of findings Engage State agencies for policy changes Register at AHRQ as a PBRN 	 Health equity focused disease- agnostic research in consortia Equity lens to NC PBRNs A healthy consortium to lead and conduct observational and pragmatic clinical trials to improve healthcare for racial/ethnic minority and underserved. Community-Informed healthcare interventions A Collaborative multi- university/organizational PBERN composed of successful extramurally funded researchers that address health disparity at Intersecting domains of biological and sociocultural influence at individual to societal levels. Diversify/advance HD research Sustained Community- Engagement to build community resiliency, community-informed healthcare and improve health outcomes *UH3 Phase (years 3-5)