

Overarching Logic Model: Treating Tobacco Addiction

Outcomes-Impact

Inputs

Activities

Reach

Short

Medium

Long

Coalition members

Time

Funding

Partners
• Local
• Regional
• State
• National

Research and best practices

Local media outlets

Existing cessation resources

Establish baselines

Strategically recruit coalition members and supporters

Build relationships with community

Identify or develop educational pieces for specific audiences

Conduct presentations, workshops, and training

Advocate for and assist with implementation of resources, policies and benefits

Promote cessation resources, policies and benefits

Schools/Colleges
Community-based organizations
Local government
Worksites

Tobacco users
• Adults
• Youth
• Populations with tobacco-related health disparities

Influential peers/others

Health care community

Increased understanding of:
• Potential cost savings of decreased tobacco use
• How resources, policies and benefits support quit attempts
• Availability of cessation resources and benefits

Increased skills in the implementation of cessation resources, policies and benefits

Increased commitment to promote and/or implement cessation resources, policies and benefits

Increased knowledge of availability and accessibility of cessation resources and benefits

Increased understanding of the advantages of Clinical Practice Guideline implementation

Improved skills in the implementation of the Clinical Practice Guideline

Increased commitment to implement the Clinical Practice Guideline

Increased # of new or improved cessation resources, policies and benefits

Increased linkages between community cessation resources, policies and benefits

Increased use of cessation resources and benefits

Increased # of quit attempts

Increased # of providers and systems that implement the Clinical Practice Guideline

Increased # of individuals from populations with tobacco-related health disparities who successfully quit using tobacco

Increased # of adults who successfully quit using tobacco

Increased # of youth who successfully quit using tobacco

Reduced tobacco-related morbidity and mortality

Also see: Treating Tobacco Addiction in Adults sub logic model
Treating Tobacco Addiction in Youth sub logic model
SF Worksite sub logic model

Narrative: Treating tobacco addiction Logic model

This logic model shows an overall picture of how coalitions can assist in the treatment of tobacco addiction, and how the community goal – more individuals quitting tobacco use – is expected to be achieved. It shows the expected interconnections of inputs, outputs (what the coalition does and who it targets), and outcomes (what is expected to be achieved).

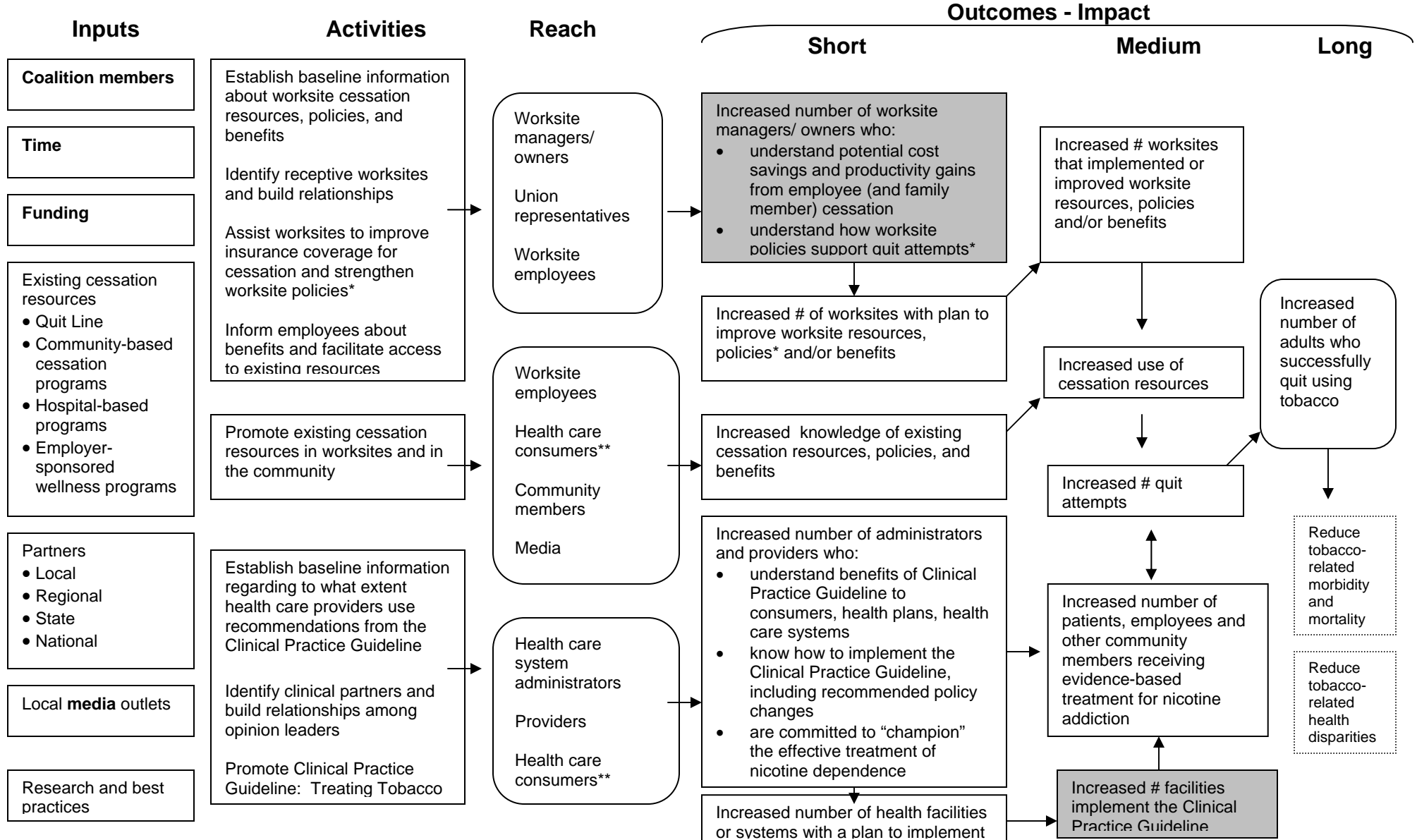
To enable the achievement of the desired goal, a coalition invests resources (Inputs). These include a variety of human and material resources such as coalition members, funding, community partners including youth, media outlets, and existing research and best practices. These inputs make it possible to conduct activities (Activities) targeted to specific people and groups in the community (Reach) who then could be expected to achieve the desired outcomes (Short, Medium, Long-term Outcomes).

The inputs, activities and targeted individuals and groups in this logic model link to the three main outcome goals. In the first cluster, individuals and groups targeted by the activities are the schools/colleges, community-based organizations, local government, and worksites. As a result, short-term outcomes are expected including increased understanding of the potential cost savings of decreased tobacco use, how resources, policies and benefits within their own organizations can support quit attempts, and what resources and benefits are available in the community. In turn, this increased understanding and continued support from the coalition can lead to increased skills in implementation of best practice cessation resources, policies and benefits, and increased commitment to make changes to support cessation within their own organization. These are depicted as short-term outcomes on the logic model, and lead to two medium-term outcomes of an increased number of new or improved cessation resources/policies/benefits, and increased linkages between these within the community. The medium-term outcomes in this first cluster then link to the medium-term outcomes in the second cluster: increased use of cessation resources and benefits, and an increased number of quit attempts.

The second cluster of targeted groups includes tobacco users (adults, youth, and individuals from populations disparately burdened by tobacco), their peers and anyone influential in the individual's life. The logic model suggests that if these individuals are impacted by the listed activities, then they would be expected to have increased knowledge of the availability and accessibility of cessation resources and benefits within their community. These are listed as short-term outcomes on the logic model. These short-term outcomes link to the medium-term outcomes that include increased use of cessation resources/benefits and increased quit attempts. This medium term outcome links to our long-term goal of increased individuals who successfully quit using tobacco.

The third targeted group in this logic model is the healthcare community. It is suggested that if the healthcare community is influenced by the listed activities, then they would be expected to have an increased understanding of the advantages of implementing the Clinical Practice Guideline, and increased skills and commitment in how to implement the Guideline. It is anticipated that these short-term outcomes will lead to the medium-term outcome of increased implementation of the Clinical Practice Guideline. The third cluster of short and medium-term outcomes again lead to increased quit attempts and ultimately to increased numbers of individuals who successfully quit using tobacco.

Logic Model for Treating Tobacco Addiction in Adults



*Voluntary smoke free worksite policies

**Includes medically uninsured and underinsured

*** Examples: Feedback/recognition to providers, placing a nicotine treatment pharmaceutical on formulary

Narrative: Treating Tobacco Addiction in Adults Logic Model

This logic model shows the expected interconnections of inputs, outputs (activities and reach) and outcomes. It displays how the community goal – more adults successfully quitting tobacco use – is expected to be achieved. There are three main areas for achieving this goal: 1) increased number of worksites with improved resources, policies and/or benefits; 2) increased use of cessation resources; and 3) increased implementation of the Clinical Practice Guideline. These medium term outcomes are all expected to lead to increased quit attempts by adults that will lead to the ultimate outcome –increased number of adults who successfully quit using tobacco

At the left side of the logic model, a coalition invests resources (Inputs) in order to engage in a variety of activities (Activities) targeted to specific people and groups in the community (Reach) who then can be expected to achieve the desired outcomes (Short, Medium, Long-term Outcomes).

The activities in this logic model cluster by target group and by the three main outcome areas. In the first cluster, the four listed activities are directed to worksite managers and owners, union representatives, and worksite employees. If we successfully complete the listed activities, then these worksite managers and owners would be expected to show increased understand of: a) potential cost savings and productivity gains from employee and family member cessation, b) how worksite policies support quit attempts, and c) availability of cessation resources and benefits. These are expected to lead to increased planning to improve worksite resources, policies, and/or benefits. These short-term outcomes link to the medium-term outcomes that include increased number of number of worksites with improved worksite policies, resources and benefits. This is expected to lead to greater use of services and thus increased quit attempts.

The second cluster of activities is focused on worksite employees, healthcare consumers, community members and the media. The logic model indicates that if we successfully engage in the activity of promoting existing cessation resources, then the individuals/groups would be expected to have increased knowledge of existing cessation resources, policies and benefits. This short-term outcome links to the medium-term outcomes that include increased use of cessation resources and increased quit attempts. This medium term outcome links to the long-term goal of increased numbers of adults who successfully quit using tobacco.

The third cluster of activities is directed at health care system administrators, health care providers, and health care consumers. As a result of the activities, the logic model suggests that there will be a) increased understanding of the benefits of the Clinical Practice Guideline; b) increased skill to implement the Clinical Practice Guideline; and 3) increased intent to implement the Guideline. These short-term outcomes link to the medium term outcomes of increased implementation of the Clinical Practice Guideline and increased number of patients, employees, and other community members receiving evidence-based treatment for nicotine addiction. These medium-term outcomes lead to the outcome of increased number of adults who attempt and then successfully quit using tobacco.

