Overarching Logic Model: Treating Tobacco Addiction

Inputs
- Coalition members
- Time
- Funding
- Partners
  - Local
  - Regional
  - State
  - National
- Research and best practices
- Local media outlets
- Existing cessation resources

Activities
- 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

Outputs
- Schools/Colleges
- Community-based organizations
- Local government Worksites
- Tobacco users
  - Adults
  - Youth
  - Populations with tobacco-related health disparities
- Influential peers/other
- Health care community

Reach
- 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

Outcomes-Impact
- Short
  - Increased understanding of the advantages of Clinical Practice Guideline implementation
  - Increased commitment to implement the Clinical Practice Guideline
  - Increased number of new or improved cessation resources, policies and benefits
  - Increased linkage between community cessation resources, policies and benefits
  - Increased use of cessation resources and benefits
  - Increased quit attempts
  - Increased number of individuals from populations with tobacco-related health disparities who successfully quit using tobacco
  - Increased number of adults who successfully quit using tobacco

- Medium
  - Increased number of new or improved cessation resources, policies and benefits
  - Increased linkage between community cessation resources, policies and benefits
  - Increased use of cessation resources and benefits
  - Increased number of individuals from populations with tobacco-related health disparities who successfully quit using tobacco

- Long
  - Increased number of adults who successfully quit using tobacco
  - Increased number of youth who successfully quit using tobacco
  - Reduced tobacco-related morbidity and mortality
BASIC LOGIC MODEL

INPUTS → OUTPUTS → IMPACT
BASIC LOGIC MODEL

INPUTS → OUTPUTS → SHORT

MEDIUM

LONG
If part of your program included a training program for staff, would an outcome like “80% of staff will exhibit a greater knowledge of cessation resources and a greater willingness to connect clients to these resources?” be an “output” or an “impact”?
STRENGTHS
WEAKNESSES
OPPORTUNITIES
THREATS

SWOT ANALYSIS
STRENGTHS, WEAKNESSES AND OPPORTUNITIES

STRENGTHS

WEAKNESSES & OPPORTUNITIES

INCREASED KNOWLEDGE OF RESOURCES

INCREASED # OF QUIT ATTEMPTS

INCREASED # OF SUCCESSFUL QUITS
BASIC FLOW

STRENGTHS → WEAKNESSES & OPPORTUNITIES

- INCREASED KNOWLEDGE OF RESOURCES
- INCREASED # OF QUIT ATTEMPTS
- INCREASED # OF SUCCESSFUL QUITS
STRENGTHS
Common Inputs

- Coalition Members (e.g., Wellness Committee)
- Time
- Funding
- Existing Cessation Resources
  - Ashline
  - Community-based cessation
  - Hospital-based programs
  - Employer-Sponsored wellness programs
- Partners
  - Local
  - Regional
  - State
  - National
- Local Media Outlets
- Research and Best Practices
**BASIC LOGIC MODEL**

- **STRENGTHS**
- **WEAKNESSES & OPPORTUNITIES**

- INCREASED KNOWLEDGE OF RESOURCES
- INCREASED # OF QUIT ATTEMPTS
- INCREASED # OF SUCCESSFUL QUITS
WEAKNESSES
Common Weaknesses

- Staff are very busy
- Staff have more imminent priorities (e.g., stabilizing agitated admissions)
- Staff are not trained in cessation best practices
- Staff smoke
- Local culture emphasizes “liberty” and “free will”
- EHR does not support cessation related data entry
- No buy-in from leadership
- Clients will rebel
- Other businesses in our building support or encourage smoking
- We don’t have access to pharmacotherapy
- Funding
Data

• How do you quantify reach?
  • Numbers
  • Rates

• Can you measure sustainability?
  • Don’t measure contacts, measure *commitments*
  • Measure formalities (e.g., coalition membership(s), appointments)
  • Measure proactive outreach

• Use *benchmarks* to gauge success
Predicting your Impact

- POS Advertising: 15%
- Services: 60%
- Price: 25%

Quit Attempts: 15% + 60% + 25%
Predicting your Impact

- Affordability: 50%
- Availability: 25%
- Technical Skills: 25%
- Services: 60%
- Quit Attempts: 60%
Predicting your Impact

\[
\begin{align*}
0.25 & \times 0.6 \\
& = 0.15
\end{align*}
\]
Predicting your Impact

In the past 12 months, did you go 24 hours without using tobacco with the purposes of quitting?

\[ 65 + 65(0.15) = 74.75 \]
Planning for Sustainability

Do you have the contact information for your Community of Practice peers?

Are you (or your organization) a member of any coalitions, work groups, or task forces where tobacco should be brought up

Cultivate making and getting referrals from community members

Don’t buy media; earn it

Fight for improvements in the process