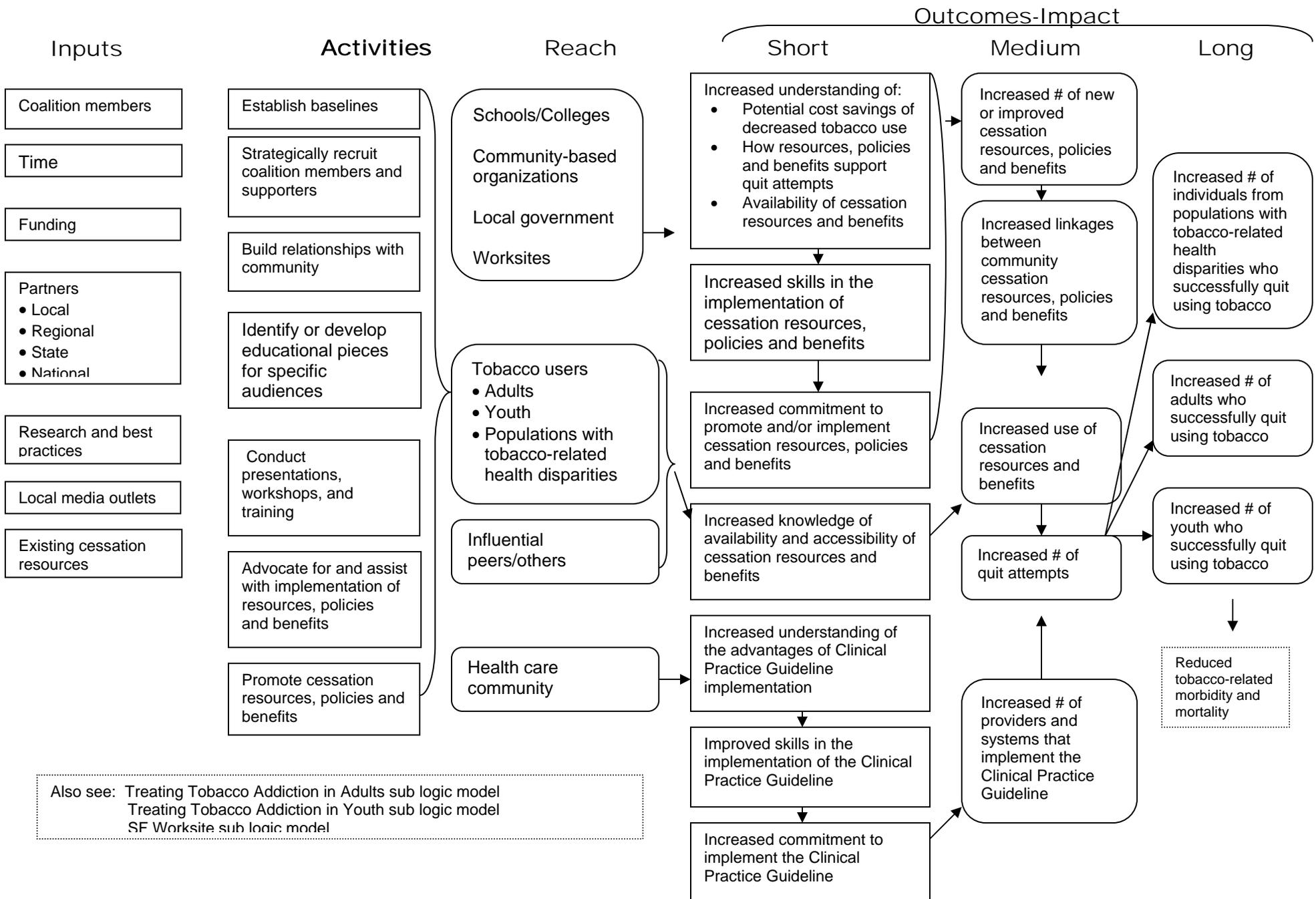


Overarching Logic Model: Treating Tobacco Addiction



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).

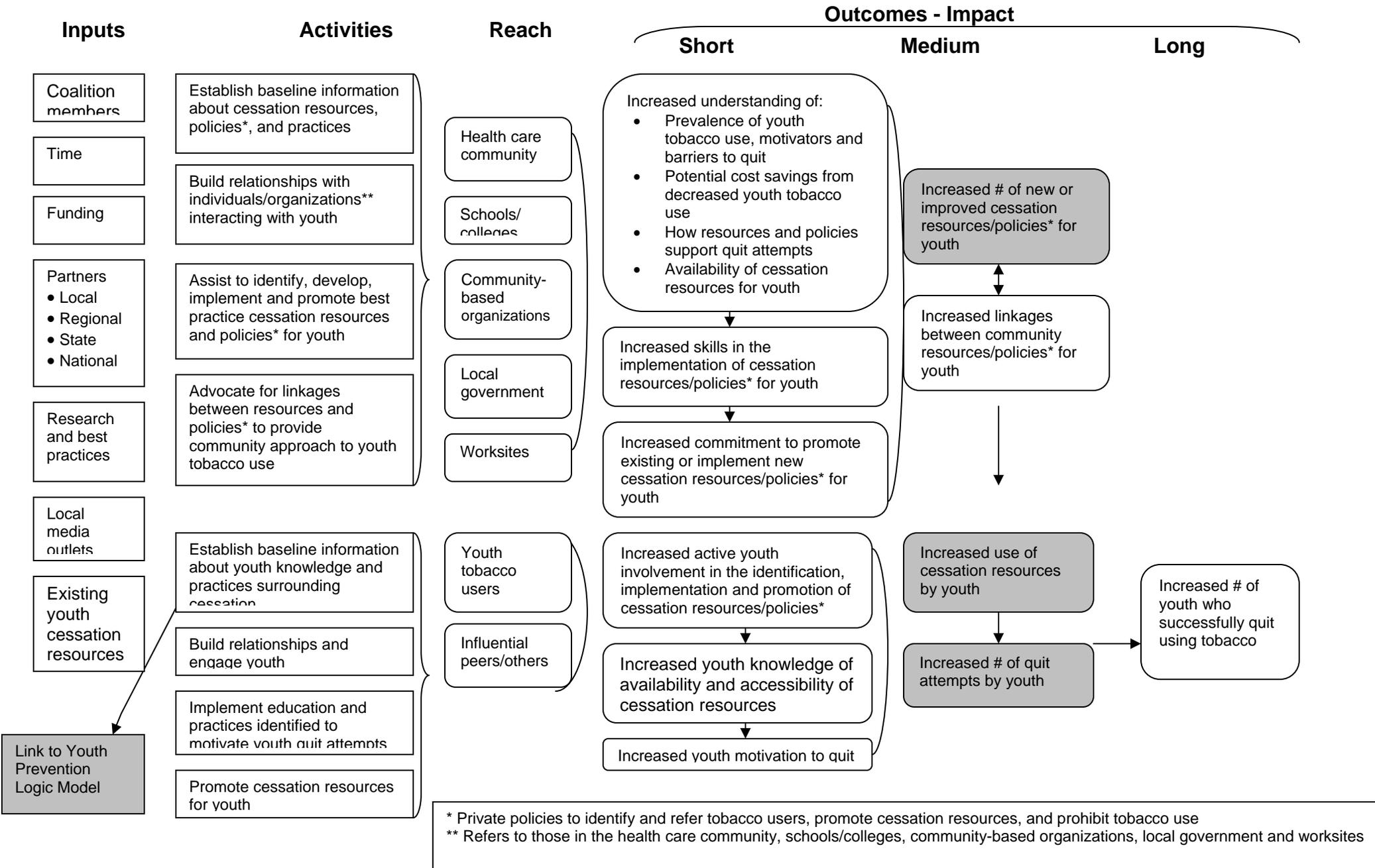
To enable the achievement of the desired goal, a coalition invests resources (Inputs). These include a variety of human and material resources such as coalition members, funding, community partners including youth, media outlets, and existing research and best practices. These inputs make it possible 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.

Treating Tobacco Addiction in Youth Logic Model



Treating tobacco addiction in youth logic model

This logic model shows one component of strategies to treat tobacco addiction – assisting youth to successfully quit tobacco use. 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, we need to invest 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 allow us 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).

There are two main areas of focus in this logic model as indicated by the brackets separating two clusters of action. In the first cluster, the four listed activities are directed at the healthcare community, schools/colleges, community-based organizations, local government, and worksites interacting with youth. If we successfully complete these listed activities, then the targeted individuals would be expected to show increased understanding of a) the prevalence of youth tobacco use, motivators and barriers to quit, b) potential cost savings from decreased youth tobacco use, and c) availability of best practice cessation resources for youth. The increased understanding of the problem and possible solutions, along with continued support and education from the coalition can be expected to lead to increased skills in the implementation of cessation resources and policies for youth. The increased knowledge and skills ultimately lead into increased commitment by the individuals and organizations to promote existing or implement new cessation resources and policies that conform with recommendations in the research to support youth in their quit process. These items are indicated as short-term outcomes on the logic model. In turn, these short-term outcomes link to the medium-term outcomes that include increased number of new or improved cessation resources and policies; and increased linkages between community resources and policies to allow for a community approach in assisting youth quit attempts. This theory of change links these medium-term outcomes to those in the bottom cluster: increased use of cessation resources and quit attempts by youth, and ultimately to long-term outcome of increased numbers of youth who successfully quit tobacco use.

The second cluster of activities is focused on youth tobacco users, their peers and anyone influential in the youth's life. The logic model indicates that if we successfully engage in the four listed activities, then we can expect increased active involvement of youth in the identification, implementation and promotion of best practice cessation resources and policies. Having youth be a part of this process, we can anticipate that our efforts will be successful in increasing youth knowledge of what community cessation resources are available and how to access them. By educating youth about tobacco use, involving them in the process of making cessation resources more available, and ensuring that youth who want to quit know where to go to get help, we can expect to see increased youth motivation to quit. This short-term outcome of increased motivation links to the medium-term outcomes of increased use of cessation resources and increased quit attempts by youth. We can anticipate that the more

quit attempts are made by youth, the higher the number of youth who successfully quit tobacco use.

NOTE: This logic model is not focused on youth access restrictions, social norm change, tobacco prevention, or the adoption of smoke-free public policies. Those aspects of a comprehensive community-based tobacco program are addressed in the Youth Prevention logic model and the SF Environments logic model, which complement this logic model. This logic model focuses on making best practice cessation resources available to youth, while changing private policies to promote their use. The assumption is that other policy and community-wide initiatives are in place that are assisting in changing social norms and tobacco acceptance among youth.