BEHAVIORAL HEALTH Engineering

STRATEGIC PREVENTION FRAMEWORK LOGIC MODEL TEMPLATE & WORKSHEET

TALKING POINTS: *The accompanying logic model Activity Sheet & template is intended to help coalitions / workgroups / providers craft a logic model and how to work through the process of developing a logic model. This logic model is not intended to encompass all possible intervening variables, strategies, or steps, but is designed to provide useful examples to the thought process of working through a logic model.*

1. Logic models should visually display the connections between needs, strategies, expected outcomes, and data.
2. Logic models assist the prevention field in choosing relevant and effective strategies by first understanding the prevalence and patterns of substance abuse problems and the factors that contribute to them.
3. A logic model lays out a theory of change. A theory of change indicates what specific changes the group wants to see in the world, and how and why a group expects its actions to lead to those changes.
4. This template stresses the importance of gathering data throughout the logic model development, while also noting that the rigor of the data source is flexible. Coalitions and providers must work from left to right based on available data in order to complete an individual logic model progression appropriately.
5. A variety of data sources can be employed in the development of a logic model (national, state, regional, county or local data indicators, community and school surveys, local program pre/post tests, focus groups, key leader interviews/surveys, resource scan reports, etc.)
6. Capacity building strategies are ongoing and should be identified throughout the Strategic Prevention Framework (SPF) process in order to impact and enhance community readiness. Community readiness is the capacity of a community to implement programs, policies, and practices that are designed to reduce the likelihood of substance use. (***Capacity building strategies do not require outcome evaluation measures, only process measures need to be identified***.)
7. Prioritization of target problem areas, intervening variables, and strategy decisions is a necessity within the logic model development framework, considering the limited prevention funding, sustainability of outcomes, and available resources to address identified target priorities.
8. Cultural competency is also a central issue within logic models and must be addressed appropriately throughout the logic model progression.

LOGIC MODEL STEPS (DEFINITIONS OF TERMINOLOGY AND *QUESTIONS FOR SMALL GROUP ACTIVITY*)

SUBSTANCE-RELATED CONSEQUENCES/PROBLEM AREA & SUPPORTING DATA

Definition: The effects of use, misuse, and abuse of a substance on quality of life (including health, mortality, crime, dependence, accidents, and potential life lost.

Task: Identify the substance-related consequence/problem area, as well as the data from local, regional, or state sources that illustrate that the substance-related consequence/problem area chosen is a significant issue.

Example: Consequence – Alcohol Traffic Crash Deaths – Between 2001-2006, there were 268 alcohol-related traffic crash deaths in Detroit.

➕ ***Ask the coalition/workgroup: What is the prioritized substance-related consequence / problem area in your community that is a chosen area of focus?***

CONSUMPTION PATTERNS DATA

Definition: The way in which individuals and groups drink, smoke, and use other drugs is linked to particular substance-related consequences/problem areas.

Task: Identify the substance(s) that are being abused and to what degree (prevalence, use patterns, etc) in relation to the consequence or problem area identified, as well as the source of data.

Example: Youth and Adult 30 day Use of Alcohol, Youth and Adult Binge Drinking rates, etc.

➕ ***Ask the coalition/workgroup: What are the substance(s) that are being abused and to what degree (prevalence, use patterns, etc.) in relation to the consequence / problem area identified above?***

INTERVENING VARIABLES

Definition: Factors that have been identified as being strongly related to and influence the occurrence and magnitude of substance use and related risk behaviors and their consequences. These factors may have positive or negative influence and they include: access and availability, enforcement and adjudication, social norms, promotion, laws and policies, mediating resources, and other risk and protective factor categories.

Social Norms	Informal expectations, standards, attitudes, or values regarding the acceptability or unacceptability of certain behaviors, including substance use associated with the perception of family, and community, cultural, and peer attitudes and behaviors.
Laws and Policies	Formal legislation, rules, policies, procedural guidelines, MOUs, or codes of conduct which relate to any of the other variables.
Social Availability	Obtaining ATODs through social sources like friends, family, or relatives and their residences. Social availability also includes a variety of social, sporting, entertainment, recreational, and cultural events, practices, and activities.
Retail Availability	The accessibility of ATODs and associated paraphernalia from retail sources.
Enforcement and Adjudication	Includes the enforcement of the rules, laws, and policies surrounding substance abuse and its consequences, as well as the public perception of such and how likely people are to believe they will get caught and receive consequences for violations.
Promotion	Attempts to increase the attractiveness, sales, and use of ATODs. It can include precisely targeted advertising and other media representing excessive, illegal, and/or unsafe use, as well as sponsorship of events that do so.
Mediating Resources	Other situations within the community which may affect intervening variables, negatively or positively (e.g. recent crash deaths receiving media attention, national or state campaigns regarding underage drinking)

Task: Identify and list the variables you have selected to target in relationship to your identified consequence and consumption patterns.

Example: Consequence/Problem Area = Alcohol-related Traffic Crash Deaths, Intervening Variable = Enforcement and Adjudication, Laws and Policies, Social Norms, and Retail Availability are priotized.

🞣 ***Ask the coalition/workgroup: What intervening variables contribute to the consequences and consumption patterns you wish to change?***

CONTRIBUTING FACTORS AND SUPPORTING DATA

Definition: The specific issues in a community that comprise an Intervening Variable. They are identified through focus groups, surveys, observation, and other data gathering processes and are the key link to the identification of programs, policies and practices that the prevention system will address.

Task: Identify the specific Risk and Protective/Causal Factors involving the intervening variable and the overall consequence or problem area. This step requires the identification of actual data indicators that speak to the risk and protective/causal factors. Ideally, the first step is to prioritize existing contributing factor data and then represent it in a brief problem statement within the logic model progression. Attempting to draft brief problem statements without or prior to identifying the supportive data will lend itself to poorly written problem statements that are not supported by valid or reliable data.

🞣 ***Ask the coalition/workgroup: What does the local data (county indicators, focus groups, key leader interviews, etc) speak to regarding retail availability or laws and policies or social norms in your community? State the issue as a brief problem statement within the logic model.***

STRATEGIES

Definition: Program, policy, or practice that addresses factors strongly related to and influencing the occurrence and magnitude of substance use and related risk behaviors and their consequences.

Task: Identify a specific and comprehensive strategy that will be implemented to address the contributing factor(s) (i.e. baseline compliance checks). May be capacity building in nature or an actual evidence-based program, policy, or practice. The strategy must also speak to scope and sequence of each strategy chosen (i.e. number of key leader interviews, duration of media campaign, percentage or number of vendors to receive compliance checks, number of FTOP classes conducted, etc.).

🞣 ***Ask the coalition/workgroup: What strategies, related to the contributing factors, can positively impact the intervening variables?***

EVALUATION MEASURES

Task: Review data used in identifying the overall consequence/problem area, as well as contributing factors for potential use as evaluation measures and ask the following questions.
1. Are data reliable, valid, and appropriate to measure change over time?
2. Are data collected regularly (at least one more time during project period)?
3. Are data readily available and accessible?
4. Consider other data options for measurement and ask the same questions.

Process Evaluation Measures document program implementation and include the visible products of a completed strategy (i.e. programmatic year-end outcome evaluation report, key leader narrative report, action plan, etc.). Process measures also speak to what extent was the program/strategy implemented as planned – by utilizing a fidelity assessment throughout the planned activity.

Behavioral Outcome Evaluation Measures document the effects that you expect to achieve after the evidence-based program, policy, or practice is implemented. This includes immediate, intermediate, and long-term outcomes. The source of evaluation data to collect must also be included within this section. Capacity building strategies do not require behavioral outcome measures to be identified and/or measured.

Immediate Outcomes: The immediate strategy effects that you expect to achieve in the year following (i.e. lowering retail access, increasing compliance rates, increase in perceived risk of use, etc.).

Intermediate Outcomes: The intermediate effects (2-3 years after a strategy) can duplicate those listed for either the immediate or long-term outcomes of the program, policy, or practice.

Long-term Outcomes: The long-term (4-5 years after a strategy) or ultimate effects of the strategy (i.e. reducing alcohol-related traffic deaths or underage drinking rates, etc.).

Other Considerations:
The overall design should answer the following questions:
1. Did we implement our strategies as planned?
2. Was there a change in the contributing factors we were targeting?
3. Was the primary problem reduced?
4. What other community conditions should we monitor that may also influence the outcomes?

Special Note: Outcome evaluation is a comprehensive process utilizing multiple approaches to best measure change. The completion of a separate Evaluation Plan that identifies methods of gathering data, data collection and reporting timelines, as well as ideal target rates and specific process measures will provide additional guidance in evaluating and documenting your intended outcomes over time.

> 🞣 *Ask the coalition/workgroup: How will you best measure change (consider Immediate, Intermediate, and Long-term outcomes)? The answer to these questions is the basis of an evaluation plan.*

Logic Model: Connecting Priority Need to Strategies and Evaluation Measures

Substance-Related Consequences / Problem Area & Supporting Data	Consumption Patterns Data	Intervening Variables	Contributing Factors and Supporting Data (risk and protective factors)	Strategies	Process Measures (Products)	Behavioral Outcome Evaluation Measures (Immediate, Intermediate, & Longterm) (Behavioral Outcomes)	

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Substance-Related Consequences / Problem Area & Supporting Data	Consumption Patterns Data	Intervening Variables	Contributing Factors & Supporting Data (i.e. Risk and Protective Factors)	Strategies	Process Measures (Products)	Behavioral Outcome Evaluation Measures (Immediate, Intermediate, & Longterm)		
Consequence/ problem area data should align with the consequence-related goal areas outlined in the Strategic Prevention Plan. These goal areas include (1) alcohol involved traffic crashes, injuries, and fatalities, (2) tobacco-related death, and (3) Prescription and over-the-counter drug poisonings and deaths.	Consumption pattern supporting data should refer to use patterns of the target group (i.e. adults, youth). This type of data should include 30-day use of alcohol/tobacco data, binge drinking data, heavy smoking data, etc.	Intervening variables can be labeled as social norms, laws and policies, social availability, retail availabiility, enforcement and adjudication, promotion, or mediating resources. For definitions of each intervening variable category, please refer to the logic model guidance document. Intervening variables can also be capacity building in nature.	Contributing factors are identified risk and protective factors that influence consumption patterns, attitudes, perception, etc. Examples of contributing factors are: (1) parental perception of youth use of substances, (2) youth perception of peer substance use, (3) lack of enforcement of school substance use policies, (4) High alcohol/tobacco sale numbers to youth, etc.	Strategies are evidence or research-based programs, policies, or practices that address factors related to and influencing the occurrence and magnitude of substance use and related risk behaviors and their consequences. Strategies included in logic models should also reflect the scope and duration of identified strategies (i.e. numbers served/classes offered, etc) There are six primary categories for evidence-based interventions in substance abuse prevention. These include information dissemination, education, alternatives, problem ID and referral, community-based process, and environmental. For definitions and examples of these categories, please refer to the logic model guidance document.	Process measures refer to the products of a strategy. Information included in this section should refer to summary reports produced, number of materials produced, narrative reports, key leader interview findings, etc. Physical products!	**IMMEDIATE OUTCOMES** The immediate strategy effects that you expect to achieve in the year following (i.e. lowering retail access, increasing compliance rates, increase in perceived risk of use, etc.).	**INTER - MEDIATE OUTCOMES** The intermediate effects (2-3 years after a strategy) can duplicate those listed for either the immediate or long-term outcomes of the program, policy, or practice.	**LONGTERM OUTCOMES** The long-term (4-5 years after a strategy) or ultimate effects of the strategy (i.e. reducing alcohol-related traffic deaths or underage drinking rates, etc.).