

Logic Model: Connecting Priority Need to Strategies and Evaluation Measures-ISAP Adult use and parental involvement in youth use Workgroup 2010

Substance-Related Consequences / Problem Area & Supporting Data	Consumption Patterns & Supporting Data	Intervening Variables	Contributing Factors & Supporting Data	Strategies	Process Measures	Evaluation Measures (Immediate, Intermediate, & Long-term)		
Adult alcohol use and parental involvement in youth alcohol and drug use is unacceptable in Ingham County	A gap exists between the number of individuals needing treatment and those actually seeking treatment. Treatment is needed for 48,745 adults in Ingham County and only approximately 1,860 are in treatment.	Capacity	There is a lack of protocol for clinics and physicians to "ask and refer" to substance abuse treatment services, and a lack of recovery-oriented systems in place in Ingham County for reducing recidivism.	Provide focus groups for services providers and consumers of services to identify issues with treatment and referral protocol (CM)	Report produced and recommendations made to key stakeholders and funders for model protocol and referral standards in Ingham County.	N/A	N/A	N/A
			In Ingham County, 78.8% of adults do not binge drink on a regular basis. Of the 21.2% that do, they do so at a rate that is higher than the state average of 17.5% and higher than the U.S. average of 15.4%	Address lack of adult outpatient treatment-counseling services limited unless facing drastic measures like suicide or hospitalization (ENV)	A CME program will be provided to health care professionals along with local referral and resource information for the providers. The training will utilize the NIAA Clinical Online Brief Screening and Intervention Training Guide and Drink Less/Live More materials.	N/A	N/A	N/A
	The percentage of adults in Ingham County who are heavy drinkers (10.4) is nearly one and one half times that of the tri-county area (7.5) and more than twice the percentage of the state (4.9)	Procedures and Policy	Key leader interviews indicate a lack of substance abuse policies and practices in employee handbooks for medium and small companies in Ingham County.	Engage small businesses in the inclusion of written substance abuse practices, policies and procedures in their employee handbook. (ENV)	Results of employer protocol for dealing with substance abuse in the workplace will be reported to ISAP and action plan developed.	Increased companies in Ingham County with best practice procedures in place for dealing with substance abuse on the job	X businesses in Ingham County adapt substance abuse policies for inclusion in employee handbooks	Reduction in substance -abuse related terminations by employers in Ingham County as indicated by focus groups
			Parental substance abuse was identified in 34 percent of substantiated child abuse and neglect cases in Ingham County	Educate public on lack of treatment resources and encourage advocacy. Provide education around enabling in families and parents enabling children (ID)	Adult Workgroup, PPS and ICHD will continue to train health care providers in all 14 Ingham County Health Department Clinics to identify, and refer patients with alcohol, tobacco and drug abuse problems.	all 14 ICHD clinics trained in referral processes and protocol	Recommendations from Provider/consumer focus groups implemented in X clinics county wide	X% of Ingham County private and public health clinics utilize best practice referral protocol
			Nearly 90% of Ingham county adults do not binge drink on a regular basis	Implement a social norm campaign targeted toward parents and adult users that "most of us don't" (ID)	Market saturation and focus groups	Focus groups pre and post campaign utilized for evaluation	Increased market saturation in Ingham County by X	Change in percentage of binge drinking and

SPF-SIG Logic Model Template Guidance Document

Talking Points - The accompanying logic model is designed to provide an example to assist your coalition in walking 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. This template stresses the importance of gathering data throughout the logic model development, while also noting that the rigor of the data
a. A variety of data sources can be employed in the development of the logic model (national, state, regional, county or local data indicators, community / school surveys, local program pre/post tests, focus groups, key leader interviews, resource scan reports, etc.)
4. Capacity building strategies are ongoing and should be identified throughout the Strategic Prevention Framework 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
5. Outcome, process or system outcome measures may be included in the data evaluation section (i.e. evaluation for media campaign strategy should include process as well as outcome measures whereas developing a county implementation plan / agency action plan / or problem area logic model may include only process / system outcome measures.
6. Prioritization of target problem areas, intervening variables, and strategy decisions is a necessity within the logic model framework considering the limited prevention funding, sustainability of outcomes, and available resources to address identified target priorities.
7. Cultural competency is also a central issue within logic models and must be addressed appropriately throughout the logic model progression.

Logic Model Steps - Including Definitions of Terms

SUBSTANCE-RELATED CONSEQUENCES / PROBLEM AREA & SUPPORTING DATA

Identify the data from local, regional or state sources that shows that the substance-related problem area is a significant issue.

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

Resources ~

1. <http://www.michigantrafficcrashfacts.org/> (MI ARTCD data)

2. <http://www.cdc.gov/HealthyYouth/yrbs/index.htm> (CDC site – national data: Data on “youth risk behavior surveillance” and other relevant epidemiological topics; a great information site).
3. <http://oas.samhsa.gov/drugs.cfm> (national data on various types of drug use); also at this site, go to:
4. http://www.michigan.gov/mde/0,1607,7-140-28753_38684_29233_44681---,00.html (MIPHY)
5. http://www.michigan.gov/mde/0,1607,7-140-28753_38684_29233_41316---,00.html (Michigan YRBS)
6. <http://quickfacts.census.gov/qfd/states/26/26077.html> (Census information per county)

CONSUMPTION PATTERNS

Identify the substance(s) that are being abused in relation to the consequence or problem area

Definition: The way in which people drink, smoke, and use drugs is linked to particular substance-related consequences.

INTERVENING VARIABLES

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

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.


Example: Consequence / Problem Area – Alcohol Related Traffic Crash Deaths – Intervening Variables: Access and Availability of substances; Promotion of substances; Social norms regarding use; and Enforcement of existing laws.

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

CONTRIBUTING FACTORS & SUPPORTING DATA

Identify the specific Risk and Protective / Causal Factors involving the intervening variable and the overall consequence or problem area. This step also requires the identification of specific data indicators that speak to the risk and protective / casual factors.

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.

 *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?

STRATEGIES

Identify a specific comprehensive strategy that will be implemented to address the contributing factor(s) -- e.g., compliance checks.

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.

Resource Links ~

[The Companion Piece for Strategy Development, ODCP 2008](#)

<http://www.thecommunityguide.org> This is the home page for a CDC resource that lists expert reviews of various literature and recommendations for evidenced based programs and policies. Three specific areas identified on the home page are alcohol, tobacco, and motor vehicle.

Primary Federal Strategies and Associated Evidence-based Programs:

There are six federal prevention strategies as defined by the Center for Substance Abuse Prevention. All prevention services can be categorized under one of the six federal prevention strategies. The six federal strategies are as follows:

1. Information Dissemination: This strategy provides information about the nature and extent of drug use, abuse, and addiction and the effects on individuals, families and communities. It also provides information of available prevention programs and services. The dissemination of information is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of

Clearinghouses and other information resource centers

Resource directories

Media campaigns

Brochures

Radio and television public service announcements

Speaking engagements involving information sharing

Health fairs

2. Education: This strategy involves two-way communication and is distinguished from merely disseminating information by the fact that it's based on an interaction between the educator and the participants. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, and critical analysis (e.g., of media messages). Examples of methods used for this strategy include the following:

Classroom and small group discussions

Parenting and family management classes

Peer leader and peer helper programs

Education Programs for youth groups

Groups for children of substance abusers

3. Alternatives: This strategy provides for the participation of target populations in activities that exclude drug use. The assumption is that because constructive and healthy activities offset the attraction to drugs, or otherwise meet the needs usually filled by drugs, then the population would avoid using drugs. Examples of methods used for this strategy include:

Drug-free social and recreational activities

Drug-free dances and parties

Youth and adult leadership activities

Community drop-in centers

Mentoring programs

4. Problem Identification and Referral: This strategy aims to identify those who have indulged in the illegal use of drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if an individual is in the need of treatment. Examples of the methods used for this strategy include the following:

Driving while intoxicated education programs

Employee assistance programs

Student assistance programs

5. Community-Based Process: This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for drug abuse disorders. Activities in this strategy include organizing, planning, enhancing the efficiency and effectiveness of service implementation, building coalitions, and networking. Examples of methods used for this strategy include the following:

Community and volunteer training (e.g., neighborhood action training, training of key people within the system)

Systematic planning

Multi-agency coordination and collaboration

Accessing service and funding

Community team building


6. Environmental: This strategy seeks to establish or change community standards, codes, policies, and attitudes, thereby influencing the incidence and prevalence of drug abuse in the general population. Examples of methods used for this strategy include the following:

The establishment and review of drug policies in schools

Technical assistance to communities to maximize local enforcement procedures governing the availability and distribution of drugs

The review and modification of alcohol and tobacco advertising practices

Product pricing strategies

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

EVALUATION MEASURES

Review data used in identifying the 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

The overall evaluation 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 an 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, and also include them in the development of an evaluation plan?