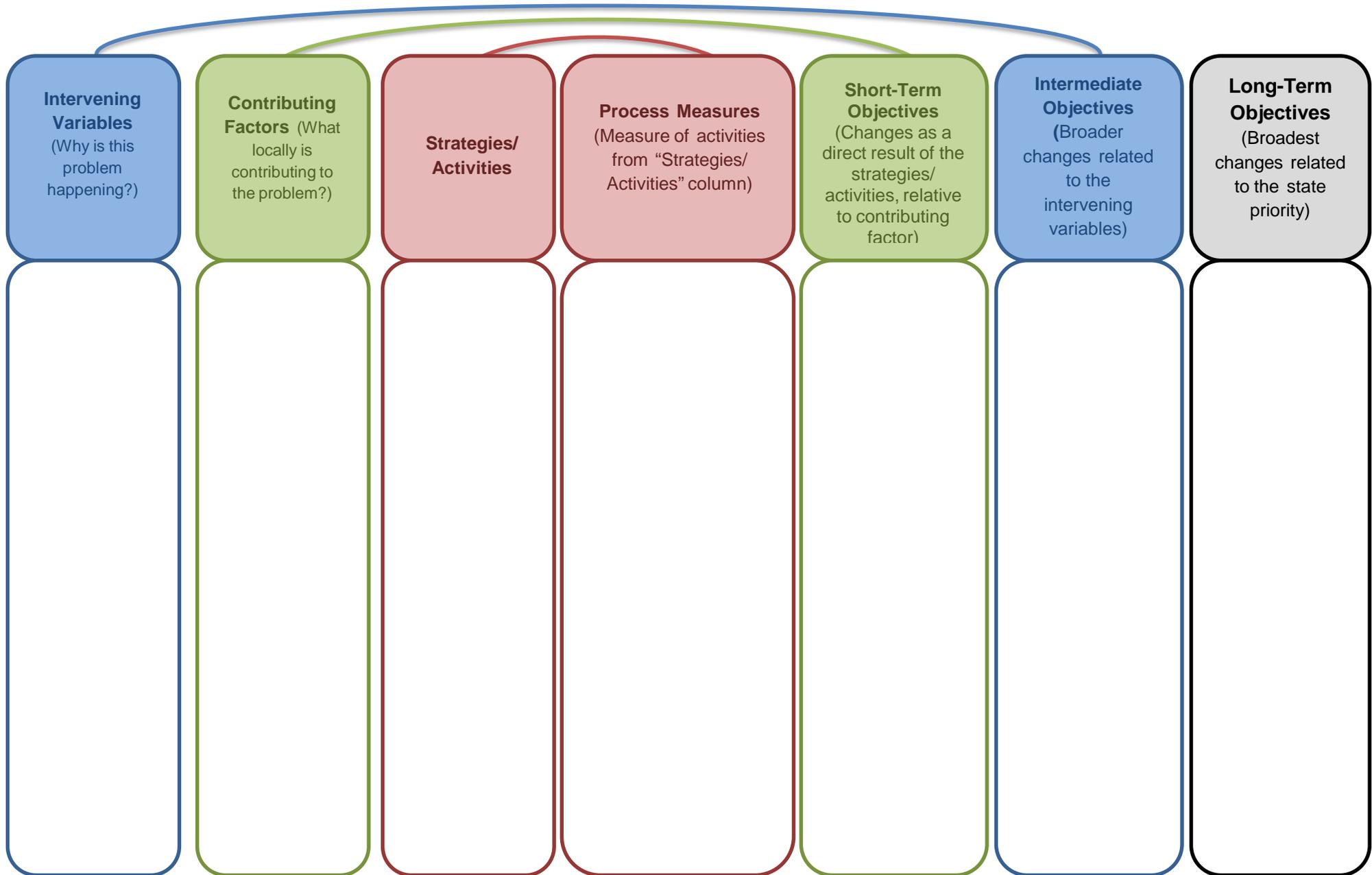


# Logic Model



## Planning the Process Evaluation

Below are some guiding questions on selecting measures for various components of the process evaluation. For each component, you should also consider tools/resources required. These would include: how you will collect, store, process, analyze, and disseminate information about participation, relevance of messaging, exposure, and fidelity; and how you will use this information when interpreting your outcomes.

Components	Sample Guiding Questions for Selecting Process Measures
<b>Counts / Tracking</b>	<ul style="list-style-type: none"><li>• Participation: Who participated (numbers and key demographics) in strategy planning and/or in strategy delivery? Who was affected by/participated in the strategy (numbers and key demographics, particularly for the identified target population)? Who dropped out/refused participation (#'s and key demographics, particularly for the target population)?</li><li>• Relevance of messaging: How did the target population feel about the message/training (e.g., satisfaction, utility)?</li><li>• Exposure: How many unique strategies/communications (e.g., venues, views, hits, airings, sessions) occurred? How long were strategies/communications (e.g., length of session, length of media communication)? How many and what type of strategies/communications were delivered? What was the timeframe for delivery (e.g., over the span of 1 month, 3 months, etc.)? What additional communications/strategies were occurring at the same time?</li></ul>
<b>Fidelity</b>	<ul style="list-style-type: none"><li>• Were there changes to the content of the activity/communication/strategy? (e.g., revising materials, changing the essential message)</li><li>• Were there changes to the design of the activity/communication/strategy? (e.g., skipping a step, changing the amount of time for an activity)</li><li>• Were there changes to the target population/participants? (e.g., changes in group composition for an activity, application of a strategy in a different population than has been used in the past)</li><li>• Were there changes in the facilitator/trainer/strategy leader? (e.g., changes in the qualifications of a person delivering a message; was there uniform training for the facilitators/trainers/strategy leaders?)</li></ul>

## Outcome Evaluation

The table below can be used to more specifically document the outcomes listed in a logic model. These include: the outcome(s) that will be measured; how they will be measured; how often they will be measured; and, who the participants will be. For each outcome, you should also consider tools/resources required. These would include: who will participate in collecting, storing, processing, analyzing, and disseminating information; how the information be will disseminated; and, to whom, when, and for what purpose it will be disseminated.

Goal Addressed	Objective	Measure (including time)	Participants	Tools/Resources Required
<b>Short-Term Outcomes (~2 months; Changes as a direct result of the strategies/ activities, relative to the contributing factor)</b>				
<b>Intermediate Outcomes (~12 months; Broader changes related to the intervening variables)</b>				
<b>Long-Term Outcomes (~24 months; Broadest changes related to the state priority)</b>				

## Logic Model Sample

### **Intervening Variables**

(Why is this problem happening?)

Retail access: Opioids are seen as easy to obtain for young adults in MD.

### **Contributing Factors**

(What locally is contributing to the problem?)

Providers lack understanding about safe prescribing practices, particularly for opioids.

### **Strategies/Activities**

Develop/deliver an evidence-based training for providers on safe prescribing practices (with a focus on opioids). Provide a forum for booster sessions or discussion

### **Process Measures**

(Measure of activities from "Strategies/Activities" column)

Types and numbers of sectors trained  
Numbers of training and number of hours  
Number of providers trained  
Fidelity to training design, content, and method of delivery  
Number and type of post-training communications  
Audiences (number and sector) receiving post-training communications

### **Short-Term Objectives**

(Changes as a direct result of the strategies/activities, relative

By (date), providers will report increased knowledge on safe prescribing practices by X%, from \_\_\_ to \_\_\_, as measured by local survey data

### **Intermediate Objectives**

(Broader changes related to the intervening variables)

Within X years of program implementation, there will be a decrease in the availability of opioids for young adults by X amount, from \_\_\_ to \_\_\_, as indicated by PDMP data

### **Long-Term Objectives**

(Broadest changes related to the state priority)

By the end of the program, self-reported young adults non-medical use of opioids in Maryland will be reduced by X% (from \_\_\_ to \_\_\_), as indicated by YRBS data

## Outcome Evaluation Table Sample

Goal Addressed	Objective	Measure (including time interval)	Participants	Tools/Resources Required
<b>Short-Term Outcomes (~2 months; Changes as a direct result of the strategies/ activities, relative to the contributing factor)</b>				
Improve provider understanding about safe prescribing practices for opioids. (From “contributing factor “column)	By (date), providers will report increased knowledge on safe prescribing by X% from __ to __, as measured by local survey data.	Pre/Post-test on safe prescribing practices. To be administered prior to the intervention and in follow-up.	Providers who attend sponsored training on safe prescribing practices.	__ will collect, store, process, analyze and disseminate the information.
<b>Intermediate Outcomes (~12 months; Broader changes related to the intervening variables)</b>				
Opioids are less available for young adults in Maryland. (From “Intervening Variables” column)	Within X years of program implementation, there will be a decrease in the availability of opioids for young adults by X amount, from __ to __, as indicated by PDMP data	Analysis of community-level data on access to opioids for young adults from electronic health records, PDMP data. Analysis of data prior to program, 3 months post-program, 6 months post-program, and 12 months post-program	Random sample of young adults living in X communities	__ will collect, store, process, analyze and disseminate the information.
<b>Long-Term Outcomes (~24 months; Broadest changes related to the state priority)</b>				
Reduced non-medical use of opioids for young adults. (From overarching “State Priority” example)	By the end of the program, self-reported young adults non-medical use of opioids in Maryland will be reduced by X% (from __ to __) , as indicated by YRBS data	State data on nonmedical use of opioids for young adults, obtained from YRBS	Residents of MD	__ will collect, store, process, analyze and disseminate the information.