LOGICAL FRAMEWORK EXAMPLE

Purpose
To help build an evaluation framework it is helpful to develop an ‘outcomes roadmap’ (or logic model). This sets out the underlying logic of your thinking about how the intervention will work to change people’s behaviour in different ways over time. The outcomes you identify can then be translated into key performance indicators and appropriate methods of measurement identified.

Logic models convey not only the activities that comprise the intervention, but the link between those components and the outcomes. Over time, evaluation, research, and day to day experiences will deepen the understanding of what does and does not work, and the model will change and develop further.

Logic models set out how different parts of your plan work together:

- **Inputs: assets/resources**
  (The help and resources can you draw on and mobilise)

- **Activities**
  (What needs to be done to generate the desired outcomes)

- **Reach: audience**
  (Who these activities are targeted at – primary and secondary audiences)

- **Desired outcomes – short, medium & long term**
  (From these outcomes you will able to determine appropriate key performance indicators and methods for measuring them)

How to use or apply
You can use this example as a basis for developing a logical framework appropriate for your social marketing project.
**Logic Model for Treating Tobacco Addiction in Adults**

**Inputs**
- Coalition members
- Time
- Funding
- Existing cessation resources
  - Quit Line
  - Community-based cessation programs
  - Hospital-based programs
  - Employer-sponsored wellness programs
- Partners
  - Local
  - Regional
  - State
  - National
- Local media outlets
- Research and best practices

**Activities**
- Establish baseline information about worksite cessation resources, policies, and benefits
- Identify receptive worksites and build relationships
- Assist worksites to improve insurance coverage for cessation and strengthen worksite policies*
- Inform employees about benefits and facilitate access to existing resources
- Promote existing cessation resources in worksites and in the community
- Establish baseline information regarding to what extent health care providers use recommendations from the Clinical Practice Guideline
- Identify clinical partners and build relationships among opinion leaders
- Promote Clinical Practice Guideline: Treating Tobacco

**Reach**
- Worksite managers/owners
- Union representatives
- Worksite employees
- Health care consumers**
- Community members
- Media
- Health care system administrators
- Providers
- Health care consumers**

**Outcomes - Impact**

**Short**
- Increased number of worksite managers/owners who:
  - understand potential cost savings and productivity gains from employee (and family member) cessation
  - understand how worksite policies support quit attempts*

**Medium**
- Increased # of worksites with plan to improve worksite resources, policies and/or benefits
- Increased use of cessation resources
- Increased knowledge of existing cessation resources, policies, and benefits
- Increased # quit attempts
- Reduced tobacco-related morbidity and mortality
- Increased number of patients, employees and other community members receiving evidence-based treatment for nicotine addiction
- Increased facilities implement the Clinical Practice Guideline

**Long**
- Increased number of adults who successfully quit using tobacco
- Reduced tobacco-related health disparities
- Increased number of health facilities or systems with a plan to implement

*Voluntary smoke free worksite policies
**Includes medically uninsured and underinsured
*** Examples: Feedback/Recognition to providers, placing a nicotine treatment pharmaceutical on formulary

UW-Extension-Cooperative Extension, Local evaluation project. DRAFT, Fall 2003

**Source(s)/Reference(s)**
- [www.thensmc.com](http://www.thensmc.com)
- [www.uwex.edu/ces/pdande/evaluation](http://www.uwex.edu/ces/pdande/evaluation)