

## Examples of Local-level Logic Models for Addressing Behavioral Health Disparities

This resource contains three examples of logic models that prevention practitioners can use to think through their process for addressing behavioral health disparities at the community level. Each example addresses a different type of disparity, and includes the community's related substance use problem; factors that contribute to the problem; activities to address the problem; and short-, intermediate-, and long-term outcomes.

### 1. SAMPLE LOGIC MODEL TO ADDRESS AN AGE-BASED GEOGRAPHIC HEALTH DISPARITY

Problem	Contributing Factor	Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Increase fatal and nonfatal opioid overdoses in rural areas of the county (with a significantly higher rates among older adults)	<ul style="list-style-type: none"> <li>▪ Increased aging population in rural areas, with younger generation moving to cities</li> <li>▪ Low levels of knowledge among rural first responders about signs of overdose</li> <li>▪ Lack of access to naloxone</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provide training to first responders on identifying signs of overdose</li> <li>▪ Distribute naloxone to trained first responders</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase in number of first responders who are trained in overdose risk factors, recognition, and response</li> <li>▪ Increase in naloxone distributed to trained first responders with access to refills</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase in number of first responders appropriately identifying and responding to overdose</li> <li>▪ Increase in naloxone use by first responders for people showing signs of overdose</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reduction in number of nonfatal overdoses in rural areas of the county</li> <li>▪ Reduction in number of fatal overdoses in rural areas of the county</li> </ul>

**SAMHSA'S CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGIES**

<b>Problem</b>	<b>Contributing Factor</b>	<b>Activities</b>	<b>Short-Term Outcomes</b>	<b>Intermediate Outcomes</b>	<b>Long-Term Outcomes</b>
Increase fatal and nonfatal opioid overdoses in rural areas of the county (with a significantly higher rates among older adults)	<ul style="list-style-type: none"> <li>▪ Increased access to prescription pain medications due to the high number of prescriptions written in the county (many of which are written for older adults with complex health needs)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Implement social marketing campaign at local senior centers, post offices, and other appropriate locations encouraging older adults to dispose of unwanted medications</li> <li>▪ Implement social marketing campaign targeting prescribers that encourages them to educate patients about the dangers of misuse</li> </ul>	<ul style="list-style-type: none"> <li>▪ Social marketing campaign materials with adequate reach and dose among targeted populations (e.g., seniors, prescribers)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase in the number of prescription drugs properly disposal of</li> <li>▪ Increase in number of prescribers educating patients about misuse</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reduced disparity between fatal and non-fatal overdose rates among older adults and the general population</li> </ul>

Developed under the Substance Abuse and Mental Health Services Administration's Center for the Application of Prevention Technologies task order. Reference #HHSS283201200024I/HHSS28342002T. For training use only.

2. SAMPLE LOGIC MODEL TO ADDRESS A RACIAL/ETHNIC HEALTH DISPARITY

Problem	Contributing Factor	Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Increase in binge drinking among high school youth (with a significantly higher increases among 2 <sup>nd</sup> generation Latino high school youth)	<ul style="list-style-type: none"> <li>▪ High school youth report low perception of harm relating to alcohol use</li> <li>▪ Latino high school youth report less school connectedness and having fewer trusted adults to talk to at school</li> </ul>	<ul style="list-style-type: none"> <li>▪ Two social marketing campaigns focusing on alcohol perception of harm: one targeting the general population and one designed for Latino students</li> <li>▪ School district implements curriculum to promote positive school climate</li> </ul>	<ul style="list-style-type: none"> <li>▪ Social marketing campaign materials reach targeted populations</li> <li>▪ School district implements all sessions of curriculum as designed</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase in alcohol perception of harm among general high school population</li> <li>▪ Increase in self-reported feelings of school connectedness among 2<sup>nd</sup> generation Latino students</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reduction in binge drinking behavior among high school youth overall</li> <li>▪ Reduction in binge drinking behavior among 2<sup>nd</sup> generation Latino high school youth</li> </ul>

3. SAMPLE LOGIC MODEL TO ADDRESS A SEXUAL ORIENTATION-BASED HEALTH DISPARITY

Problem	Contributing Factor	Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<p>Increase in marijuana use among high school students</p> <p>Higher than average rates of marijuana use among high school students identifying as bisexual</p>	<ul style="list-style-type: none"> <li>▪ Students reporting a low number of negative expectations related to marijuana use</li> <li>▪ Students reporting they use marijuana to relieve stress, with bisexual students reporting greater than average levels of stress</li> </ul>	<ul style="list-style-type: none"> <li>▪ Implement mandatory educational workshops for all students on risks of marijuana use</li> <li>▪ Require all students that break school marijuana policies to participate in a minimum of two Brief Motivational Interviewing (BMI) sessions</li> <li>▪ Offer Mindfulness Based Stress Reduction (MSBR) curriculum to all students</li> </ul>	<ul style="list-style-type: none"> <li>▪ Educational workshops are implemented and a majority of students attend</li> <li>▪ Multiple school staff are trained annually to deliver BMI</li> <li>▪ MBSR curriculum implemented and open to all students</li> <li>▪ Guidance staff trained to provide resources and support to bisexual students</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase in number of negative expectations relating to marijuana use identified by students</li> <li>▪ Increase in number of students reporting engaging in healthy behaviors to relieve stress</li> <li>▪ Reduced disparity between average stress levels among students identifying as bisexual, as well as those identifying as heterosexual, gay, or lesbian</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reduction in marijuana use among high school students</li> <li>▪ Reduced disparity between marijuana use rates among students identifying as bisexual and those identifying as heterosexual, gay, or lesbian</li> </ul>

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Problem	Contributing Factor	Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<p>Increase in marijuana use among high school students</p> <p>Higher than average rates of marijuana use among high school students identifying as bisexual</p>		<ul style="list-style-type: none"> <li>▪ Partner with school guidance counselors to provide tailored Mindfulness-Based Stress Reduction and Brief Motivational Interviewing sessions to bisexual students afterschool in a safe setting</li> </ul>			