

# Logic Model and Evaluation Plan

## Alcohol Abuse Prevention

### Primary Goal

Reduce proportion of students high risk / binge drinking \*

### Secondary Goals

#### Reduce

1. Deaths, injuries, sexual assault due to drinking
2. Alcohol abuse impediments to learning

#### Increase

1. Receipt of information by students about alcohol abuse prevention \*
2. Adherence to policies by faculty and staff for requirements of sale and serving of alcohol
3. Use of protective drinking behaviors
4. Recognition and Intervention of high risk drinking
5. Voicing of concern about other student's drinking
6. High risk drinker accountability

### By providing

1. Coordinated comprehensive evidence-based integrated interventions with multiple complementary components
2. Advocacy for second-hand drinking victims
3. Support services to help at-risk drinkers

\* Healthy People 2010 Healthy Campus 2010 National health goals and objectives

Adapted from Cal Poly Pomona Violence Against Women Grant Goals and Evaluation Protocols



### California State University Guiding Principles

1. Provide safe & secure environment
2. Encourage health & wellness
3. Promote healthy choices
4. Enforce laws & policies
5. Encourage Good Samaritan behavior
6. Provide support & treatment
7. Involve students in all steps
8. Focus on campus & community
9. Use social norms & peer education

## Logic Model

Program Name: Alcohol Abuse Prevention

Implementation		Outcomes			
Inputs	Activities / Processes	Outputs	Short-Term	Intermediate	Long-Term
<p><b>Money</b></p> <p><b>Staff</b></p> <p><b>Transportation</b></p> <p><b>Space</b> (capital and rental: office)</p> <p><b>Equipment</b> (nondisposable items: computers, copiers)</p> <p><b>Supplies</b> (disposable items: paper, pens)</p> <p><b>Information Guidelines</b>  Standards for operation developed by a formal process incorporating the best scientific evidence of effectiveness with expert opinion.</p>	<p><b>Services and Goods</b></p> <p><u>Social Marketing</u> using behavior change theories and models</p> <p><u>Educational Materials</u> course materials for staff training sessions and student education</p> <p><u>Promotional Items</u> whistles, pins, give aways, key chains</p> <p><u>Passive Information</u> pamphlets, literature, information sheets</p> <p><u>Victim Advocacy and Support Services</u> for 2<sup>nd</sup> hand drinkers and abusive drinkers</p> <p><u>Events</u></p>	<p><b>Direct Outputs</b></p> <p>Number of items produced, specific services or goods provided and produced by the program such as:</p> <p><u>Number of</u> whistles, pins pamphlets, literature handed out, classes, training session, victim advocacy, support services; each type of student (male, female Greek, married, etc.) and employee</p>	<p><b>Effects of Direct Outputs</b></p> <p>Knowledge, intentions, satisfaction, importance</p>	<p><b>“Immunized”</b></p> <p>Behavior change, actual use of protective behaviors, key chain, Good Samaritan behavior, advocacy, support, skills, knowledge</p>	<p><b>Ultimate Effect or Outcome</b></p> <p>Measurable Objectives</p> <p>Increased the receipt of information about alcohol abuse prevention</p> <p>Reduced the proportion of students doing high risk / binge drinking</p> <p>Reduced alcohol related deaths</p>



Indicators (Data)	Data Source	Data Collection Method	Data Collection Tool	Data Collection Frequency / Schedule	Sample Size
<b>Activities / Processes</b>  Classes / Presentations  Training of Staff    Meetings  Promotional items and Literature  NIH Protocols	Office records showing program requests, presenter(s) attendance, topics, mode of delivery, curriculum(s) with references  Meeting Minutes  Invoices and current counts  Protocols	Staff complete forms	Paper / Excel Worksheets	Each request, class, training, meeting. Summary of above plus other items quarterly, semi-annually or annually	All activities and items

<b>Indicators (Data)</b>	<b>Data Source</b>	<b>Data Collection Method</b>	<b>Data Collection Tool</b>	<b>Data Collection Frequency / Schedule</b>	<b>Sample Size</b>
<b>Outcomes</b>					
<b>Direct</b> Number of: Classes Training sessions Meetings	Office and instructor records	Instructor and staff complete forms	Paper / Excel Worksheets	Quarterly, semi-annually or annually	All attending
<b>Short-term</b> # and % changing knowledge, intention, agree with importance, satisfaction	Pre- / Post-class and program surveys	Participant completes questionnaires	Paper / Excel Worksheets	Quarterly, semi-annually or annually	At least 85% at beginning of class complete pre- and post-surveys
<b>Intermediate</b> Use of skill, services, uninterrupted study and sleep, taking care of drunk students, dropouts / disenrollment, referral to specialists	Surveys and interviews weeks or months later of participants and population	Staff conduct phone, mail or online interviews and surveys	Questionnaires and surveys	Quarterly, semi-annually or annually	Statistically appropriate sample or Graduated Project Evaluation by funding

<p>Long-term</p> <p>Increase the receipt of information about alcohol abuse prevention</p> <p>Reduced the proportion of students doing high risk / binge drinking</p> <p>Reduced alcohol related deaths</p>	<p>Community database</p> <p>Receipt of information, high risk binge drinking and functional status – overall academic success &amp; health (physical and psychosocial dimensions of daily living), general health)</p>	<p>Random representative sample</p>	<p>National College Health Assessment, Core Alcohol Survey, campus crime statistics</p>	<p>Every 2 years CSU Recommendation</p> <p>Every 3 years Healthy People 2010 and Healthy Campus 2010 Objectives</p>	<p>&gt;/=800 CPP students</p>
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**References**

Veney, James., A. Kaluzny. *Evaluation & Decision making for Health Services*. Health Administration Press, Chicago. 1998.  
 Sample Size Calculator. Creative Research Systems. Online: <http://www.surveysystem.com/sscalc.htm> .

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 Logic Model and Program Guide.doc, 4/21/2002