

CDC-RFA-20-2001 Logic Model: National and State Tobacco Control Program.

Inputs: CDC funding, training, technical assistance, and consultation on evidence-based strategies and activities, surveillance and epidemiology, and program evaluation

Evidence-Based Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Components 1: National Tobacco Control Program (State Based)			
<p><u>State and Community Interventions</u></p> <p>Engage communities, partners, and coalitions, and community-based organizations to strengthen capacity, and to coordinate and collaborate across programs, agencies, and stakeholder groups</p> <p>Inform and educate leaders, decision makers and the public</p> <p>Implement evidence-based, culturally appropriate state/ community interventions to prevent tobacco use, reduce SHS exposure, promote quitting, and reduce tobacco related disparities</p>	<p>Increased public-private partnerships addressing tobacco control, tobacco-related disparities, and health equity</p> <p>Increased public and decision-maker awareness and knowledge of the dangers of tobacco use, effective tobacco control interventions, and social norm change</p> <p>Increased evidence-based strategies and activities to decrease access to tobacco products, reduce exposure to SHS, promote quitting, and reduce tobacco-related disparities</p>	<p>Decreased exposure to tobacco marketing and access to tobacco products**</p> <p>Decreased youth susceptibility to experimentation with tobacco products, including e-cigarettes and other emerging tobacco products</p> <p>Increased implementation of tobacco control policies, including comprehensive smokefree policies*</p> <p>Increased price of tobacco products</p>	<p>Decreased initiation of tobacco use among youth and young adults</p> <p>Decreased exposure to SHS</p> <p>Decreased tobacco use and dependence among adults and youth</p>
<p><u>Mass-Reach Health Communications Interventions</u></p> <p>Plan, implement, and evaluate communications interventions, and support media engagement efforts</p> <p>Expand, leverage, and localize CDC media campaigns and resources</p>	<p>Increased health communication interventions and messages to reach general and populations experiencing tobacco-related disparities**</p> <p>Increased health care system changes to promote and support tobacco use and dependence treatment**</p>	<p>Increased use of evidence-based quit support services</p> <p>Increased quit attempts and attempts using evidence-based tobacco use and dependence treatment services</p> <p>Increased successful cessation among people who use tobacco</p>	<p>Decreased tobacco-related disparities</p>

<p><u>Tobacco Use and Dependence Treatment Interventions</u></p> <p>Promote health systems change, including referrals to state quitlines</p> <p>Educate private and public insurers and employers on the benefits of barrier-free coverage and treatments</p> <p>Promote use of covered tobacco use dependence treatments to increase use</p>	<p>Increased access to and awareness of barrier-free coverage of evidence-based tobacco use and dependence treatments**</p> <p>Increased capacity to collect, analyze, and disseminate data related to tobacco-related disparities and health equity</p>	<p>Increased implementation and reach of evidence-based, culturally appropriate strategies and activities to reduce tobacco-related disparities*</p> <p>Increased development of innovative and/or promising practices that contribute to the tobacco control evidence-base</p>	
<p><u>Surveillance and Evaluation</u></p> <p>Maintain and enhance systems to collect, evaluate, analyze, and disseminate state and community-specific data</p> <p>Use surveillance and evaluation data to inform public health action, and evaluate progress in reducing tobacco use and tobacco-related disparities</p>	<p>Increased or maintained infrastructure and capacity to support a state-based tobacco control program</p>		
<p><u>Infrastructure, Administration and Management</u></p> <p>Develop and maintain an infrastructure aligned with the five core components of the Component Model of Infrastructure</p> <p>Award and monitor sub recipient contracts and grants, and provide training and technical assistance</p> <p>Develop and maintain a fiscal management system</p>			

Component 2: Commercial Tobacco Use and Dependence Treatment Support System

Evidence-Based Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<p>Improve quitline infrastructure to streamline intake, enhance services, absorb increases in demand, and accept e-referrals</p>	<p>Optimized quitline intake**</p>	<p>Increased number of insurers and employers that provide or reimburse for tobacco use and dependence treatment services, including the quitline**</p>	
<p>Enhance quitline sustainability by increasing partnerships to diversify funding and working with private/public insurers and employers to provide or reimburse the cost of barrier-free quit support services</p>	<p>Increased public and private partnerships to ensure availability of high quality quit support services, including the quitline</p> <p>Increased quitline funding from diverse sources for tobacco use and dependence treatment resources</p>	<p>Increase use and reach of evidence-based quit support services, including the quitline, and use of digital technologies, such as texting, apps, and chat.*</p>	<p>Decreased tobacco use and dependence among adults and youth</p>
<p>Expand implementation and reach of evidence-based tobacco use dependence treatment services, including quitline services</p>	<p>Increased availability of culturally appropriate evidence-based quit support services, such as the quitline and the use of digital-based technologies, such as texting, apps, web, and chat</p>	<p>Increased quit attempts and attempts using evidence-based tobacco use and dependence treatment services</p>	<p>Decreased disparities in tobacco cessation and tobacco use and dependence</p>
<p>Conduct assessments of tobacco use and dependence disparities and develop an action plan to address identified disparities; transfer calls to culturally appropriate quitlines (Asian Smokers' Quitline, 1-855-DEJELO-YA, 1-855-QUIT-VET)</p>	<p>Increased awareness of quit support services among people who use tobacco **</p>	<p>Increased successful cessation among people who use tobacco</p>	
<p>Conduct strategic efforts to increase awareness of quit support services to providers, tobacco users, and populations experiencing tobacco-related disparities (e.g., Medicaid) using culturally-</p>	<p>Increased quitline referrals from health systems that serve populations experiencing tobacco use and dependence disparities (i.e., Medicaid)</p>	<p>Decreased disparities in use of quit support services/treatments among populations experiencing tobacco-related disparities*</p>	

<p>appropriate protocols, channels, and messages to increase quitlines use and referrals</p>	<p>Increased intention to quit</p>		
<p>Evaluate quit support services and monitor the reach of services delivered, including digital-based technologies, and submit data to the National Quitline Data Warehouse</p>			

Bold indicates period of performance outcome.

*The recipient is required to report on all Tier 1 performance outcomes.

** For Tier 2 performance outcomes, the recipient will report only on the performance outcomes for strategies and activities implemented by the recipient that are intended to achieve the related outcome.