Disclaimer: The activities in this document are intended for example purposes only. The actual activities implemented as part of TB program evaluation should be identified by state or local TB program officials in collaboration with other stakeholders. The example provided here is not intended to be applied directly to any specific TB program.

A logic model illustrates the association between your program’s resources, activities, and intended outcomes. Logic models can:

- Vary in size and complexity
- Focus on a specific aspect of your TB program, such as a single evaluation question or objective, or encompass the entire program
- Be used to develop evaluation plans
- Be revised and updated to reflect changes in activities, new evidence, and lessons learned

Logic models are useful tools for program planning and evaluation because they:

- Guide staff in thinking about and evaluating their program
- Identify assumptions and potential challenges
- Assist in identifying intended programmatic outcomes
- Organize, connect, and identify gaps in evaluation efforts

Thinking of a logic model as a series of if . . . then statements will be helpful. The following graphic was designed to illustrate the idea of using if . . . then statements in developing a logic model for your program. The source content for the graphic and accompanying logic model component definitions are adapted from CDC’s Division for Heart Disease and Stroke Prevention’s comprehensive guidance on developing a logic model.
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Thinking of Logic Models as a Series of *If . . . Then* Statements

<table>
<thead>
<tr>
<th>Resources/Inputs</th>
<th>Activities</th>
<th>Output</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Certain resources are needed to operate your program</strong></td>
<td><strong>If you have access to them, then you can use them to accomplish your planned activities</strong></td>
<td><strong>If you accomplish your planned activities, then you will hopefully deliver the services that you intended</strong></td>
<td><strong>If you accomplish your planned activities to the extent you intended, then your participants will benefit in certain ways</strong></td>
</tr>
</tbody>
</table>

*Adapted from*: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention (https://www.cdc.gov/dhdsp/evaluation_resources/guides/logic_model.htm).

Logic Model Component Definitions

- **Inputs** are the **resources** (dollars, staffing, and materials) that go into a program or intervention — **what we invest**.
- **Activities** are events undertaken by the program or partners to produce desired outcomes — **what we do**.
- **Outputs** are the direct, tangible results of activities — **what we get**.
- **Outcomes** are the desired results of the program — **what we achieve**.
  - Short-term outcomes are the immediate effects of the program or intervention activities.
  - Intermediate outcomes are the intended effects that occur over the midterm of the project period.
  - Long-term outcomes refer to the desired program results.

*Adapted from*: CDC Division for Heart Disease and Stroke Prevention Evaluation Guide: Developing and Using a Logic Model.
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The following logic model example accompanies the evaluation plan for *Completion of Treatment for Tuberculosis Disease by Using Incentives and Enablers*. Other ways to structure a logic model can also be used. CDC’s Program Performance and Evaluation Office provides additional examples of simple and complex logic models and checklists for developing them.

Logic Model Example: Completion of Treatment for Tuberculosis Disease by Using Incentives and Enablers*

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Short-Term Outcomes (%)</th>
<th>Intermediate-Term Outcomes (%)</th>
<th>Long-Term Outcomes (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding to support bus passes or extended clinic hours</td>
<td>Provide incentives to patients</td>
<td>Decrease in patients who experience transportation and scheduling barriers</td>
<td>Increase in patients with missed doses of in-person DOT</td>
<td>Increase in patients completing TB treatment</td>
</tr>
<tr>
<td>Adequate staffing to conduct activities</td>
<td>Extend hours for in-patient DOT</td>
<td>Patients who come to clinic during extended hours</td>
<td>Patients trained on strategies for following up after missed appointments</td>
<td></td>
</tr>
<tr>
<td>Support from management for conducting activities, including extended clinic hours</td>
<td>Train staff on strategies for following up after missed appointments</td>
<td>Staff trained on strategies for following up after missed appointments</td>
<td>Patients who arrive at the clinic for in-person DOT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Follow up same day after missed appointments</td>
<td>Patients who miss visits and are rescheduled within 24 hours</td>
<td>Patients who miss visits and are rescheduled within 24 hours</td>
<td></td>
</tr>
</tbody>
</table>

Abbreviations: DOT, directly observed therapy; TB, tuberculosis.

* See *Completion of Treatment for Tuberculosis Disease by Using Incentives and Enablers* for the accompanying program evaluation plan example.