

# HIPM Tools: Tobacco Control

## 1. Introduction

This paper presents an outcomes framework developed as part of the Health Improvement Performance Management (HIPM) Review. The Review was commissioned by Scottish Government and supports the National Performance Framework (NPF) and the introduction of Single Outcome Agreements (SOAs) with local government and their partners. As part of the Review, NHS Health Scotland is developing outcomes frameworks in a number of health topic areas to:

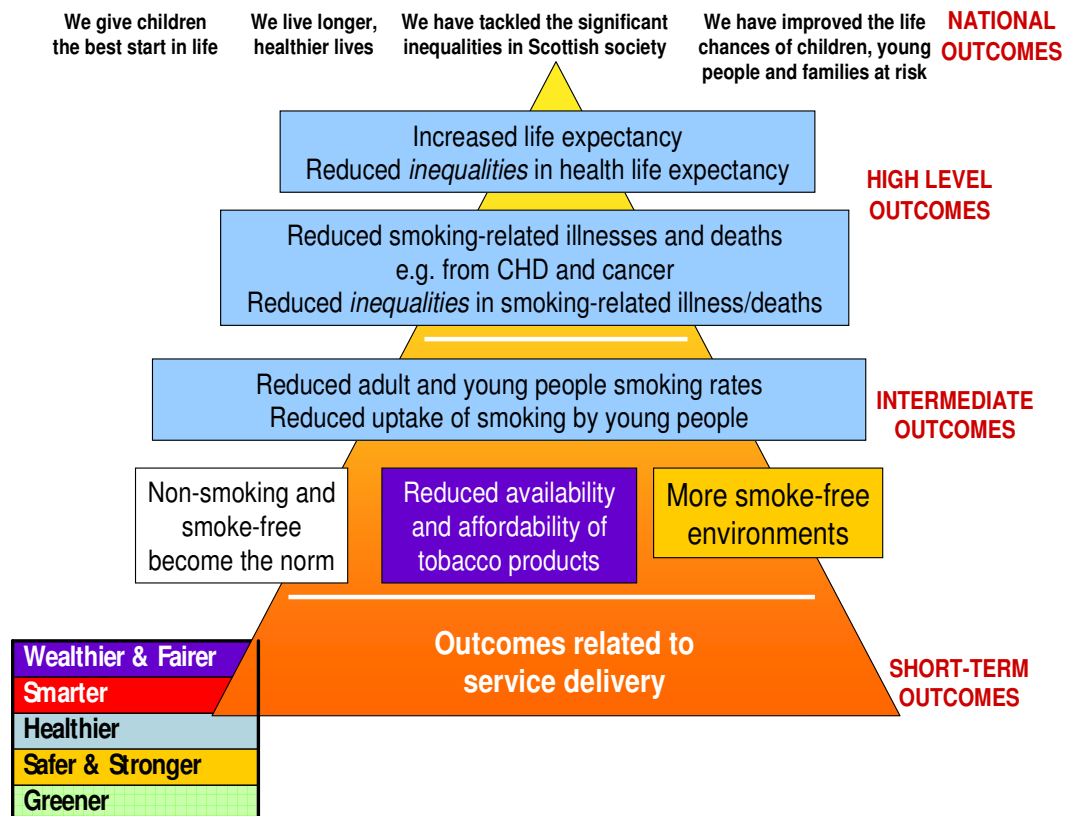
- encourage and support dialogue between community planning partners about shared outcomes and their respective contributions to them
- support outcome-focused planning of cross-sectoral activities to improve health
- provide a basis for monitoring and evaluating the outcomes of health improvement strategies
- to underpin local performance management arrangements for health improvement.

The outcomes framework in this paper has been developed in relation to tobacco control. We will be doing further work on the framework to support national work on tobacco control.

## 2. Outcomes frameworks

The framework presented here is based on the **outcomes triangle** illustrated below.

### Outcomes Triangle – Tobacco Control



The top half of the diagram contains **long-term** and **intermediate outcomes** i.e. outcomes 'above the water line' in the language of the SOA guidance. The measures used to assess and publicly report performance within the NPF (the National Indicators and the Menu of Local Outcome Indicators developed by the Improvement Service to support the SOA process) are typically set at this level.

**Long-term** or **high-level outcomes** are concerned with indicators of population health. Some relate to general health outcomes such as healthy life expectancy, others relate to specific smoking-related diseases, such as Coronary Heart Disease (CHD) or cancer. **Intermediate outcomes** are changes in the 'determinants' of these high-level long-term outcomes. These may be:

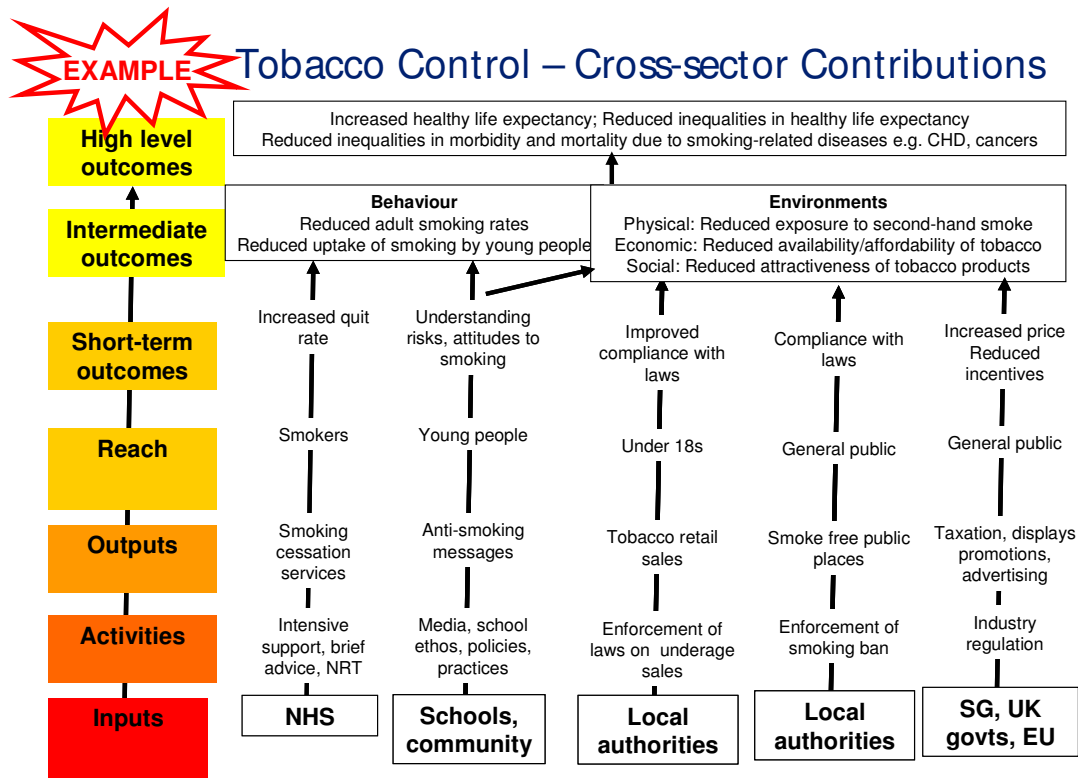
- individual health behaviours, such as the uptake and frequency of smoking
- the social, economic and physical environments that shape these behaviours
- aspects of the environment with direct health consequences such as exposure to environmental tobacco smoke.

At these levels, outcomes reflect the combined results of actions, programmes and services provided by statutory bodies, voluntary organisations and partnerships. They are outcomes of whole system performance combining unique and collaborative contributions of these different partners.

The **short-term outcomes** are the more immediate results of service delivery 'below the water line' and reflect the contributions of specific organisations, partnerships, services or programmes. As such, they are more appropriate for the performance management processes within service delivery organisations that are required to underpin the SOAs.

The HIPM tools can help to identify these short-term outcomes and associated indicators on the basis of good evidence of effectiveness, or at least a plausible 'performance story', linking activities (defined in terms of inputs, processes and outputs) to short-term, intermediate and high-level outcomes.

The links between the levels of the diagram and the key contributions of different sectors to achieving the long-term or high-level outcomes can be illustrated using **multiple result chains**. An example of a multiple results chain is given below.



The outcomes triangles and multiple results chains can be used to summarise the most important contributions that planning partners make to health improvement and highlight the areas in which to focus performance management and develop performance measures. They are based on logic models, which are a way of ‘mapping out’ the contributions of different partners and the associated short-term, intermediate and long-term outcomes.

### 3. Logic models

Logic modelling is a useful tool for modelling the complex causal pathways that influence exposure to risk factors such as tobacco smoke and the associated ill-health. The models are informed by up-to-date evidence of the effectiveness of interventions to improve health, where this is available, or plausible links between inputs, activities and outcomes where evidence is limited.

The logic models presented in this paper are built around the four key components of Scotland’s tobacco control strategy “A Breath of Fresh Air for Scotland” (2004). These are:

1. *Smoking Prevention & Education* - preventing initiation into smoking in young people, as further outlined in the Smoking Prevention Action Plan (2008)
2. *Protection & Controls*, as further outlined in the Smoking Prevention Action Plan (2008)
3. *Smoking Cessation* - promoting quitting in adults (particularly those from deprived groups), pregnant women and young people, as also outlined in the Smoking

Cessation Guidelines for Scotland (NHS Health Scotland & ASH Scotland, 2004), and updated in May 2007 (although elements of the latter document have been superseded by the NHS Health Scotland Commentary on NICE Guidance for smoking cessation services)

4. *Second-hand Smoke* – eliminating public exposure to secondhand smoke through the smoke-free legislation (Smoking, Health and Social Care (Scotland) Act 2005) that banned smoking in enclosed public places, enacted on 26 March 2006.

The strategy components are set out in four logic models that outline the proposed causal pathways that link inputs and activities/outputs with expected outcomes. Logic model 1 is a strategic model giving an overview of the key components of Scotland's tobacco control strategy. The model sets out the long-term and intermediate outcomes of the strategy. Three further logic models (Models 2-4) then set out the activities and expected short term outcomes of the three different components of the strategy:

- prevention (including protection and control measures)
- smoking cessation
- reducing exposure to second hand smoke (also including protection and control measures).

The models are based on the United States Centre for Disease Control and Prevention's (CDC) publication, *Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programmes* (CDC, May 2005). An earlier version of the framework (NHS Health Scotland, July 2005) has been revised to incorporate recent policies and up-to-date UK evidence.

#### **4. Evidence**

The outcome components in each of the original CDC models are based on evidence that implementing the interventions or activities shown is likely to lead to the linked outcomes at the next level of the model. Summaries of this evidence and the key references are provided in the CDC publication. Additional up-to-date evidence has been used to adapt the CDC models.

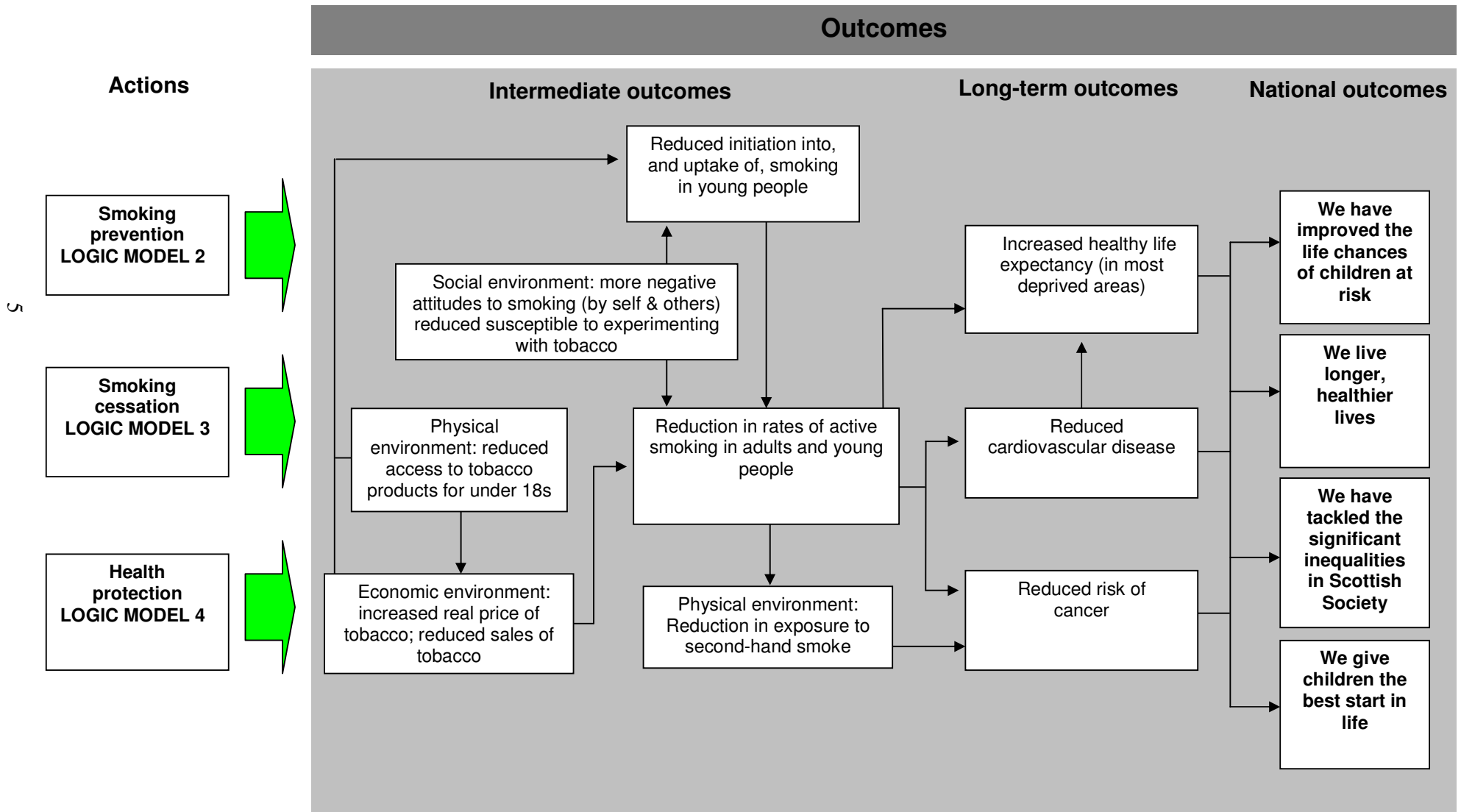
#### **5. Further work on evidence and outcome indicators**

We are currently developing these tools to make explicit the links between the logic models presented and the evidence used to adapt the CDC models.

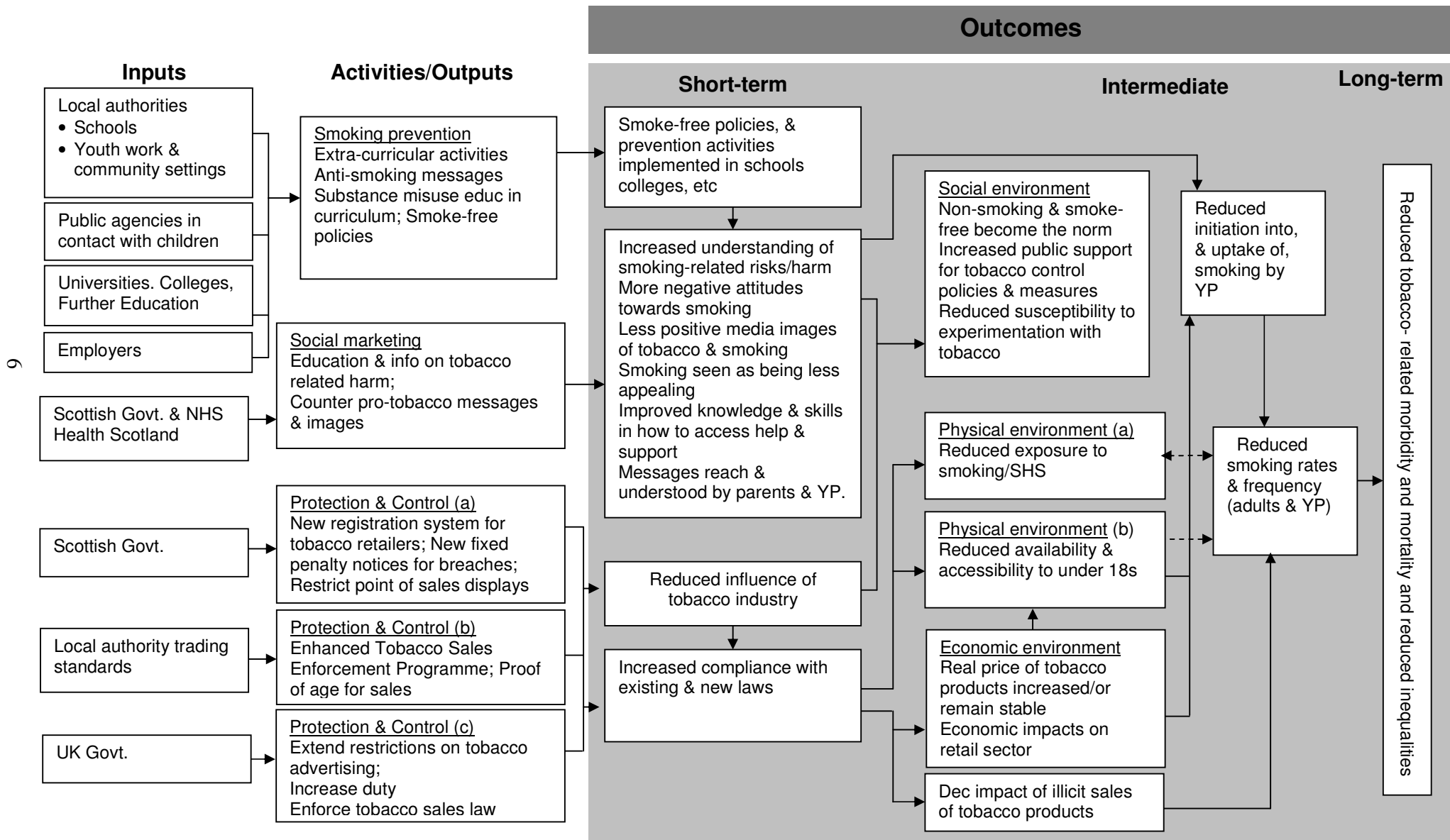
For each of the outcomes in each of the logic models, we are also doing work to identify potential outcome indicators, which will be presented in a series of tables, together with potential data sources.

This will be made available on this website in due course.

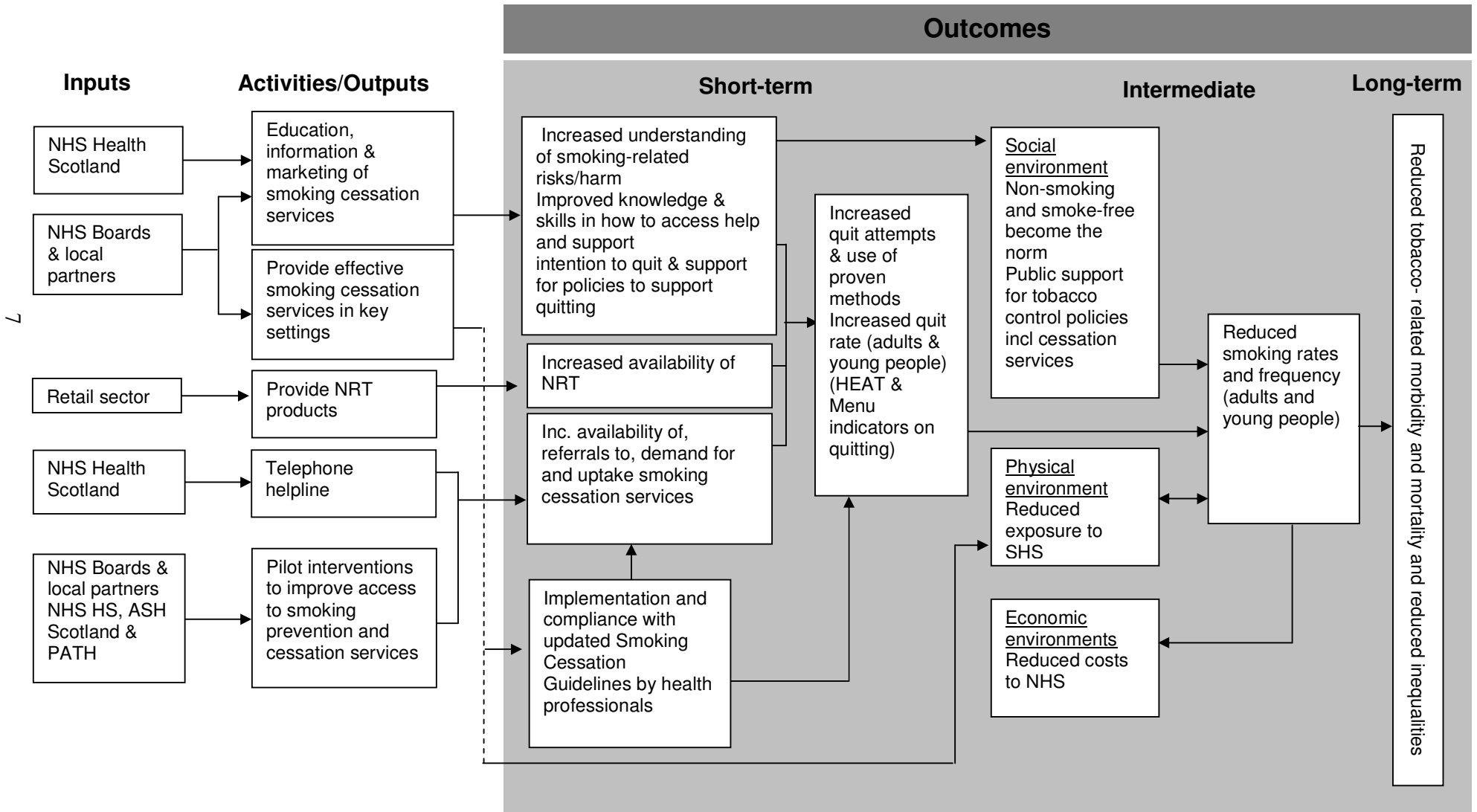
**LOGIC MODEL 1: TOBACCO CONTROL - STRATEGIC LEVEL**



**LOGIC MODEL 2: SMOKING PREVENTION -Reduced initiation into and uptake of smoking among young people**



**LOGIC MODEL 3: SMOKING CESSATION- Reduced Rates & Frequency of Active Smoking in Adults & Young People**



**LOGIC MODEL 4: HEALTH PROTECTION - Reducing Exposure to Second Hand Smoke (SHS)**

