Region IV Infertility Prevention Project **LOGIC MODEL** *(Revised and adopted October 9, 2009)*

| **CDC IPP Priorities** 2009 CSPS Application | **ACTIVITIES, INTERVENTIONS, STRATEGIES** that are designed to bring about desired outcomes | **SHORT/INTERMEDIATE TERM OUTCOMES** for which our program is directly accountable though there tend to be more influences | **EVALULATION AND MONITORING** to assess Effectiveness of Strategies |
|---|---|---|---|
| **A. Increase CT Screening Coverage Among Females <26** | (A/B) 1. Identify areas of high CT/GC prevalence and increase screening in those areas (target areas) | 1. Increase the # of CT/GC cases identified within the target area | 1. Monitor changes in CT/GC Prevalence and morbidity data from target area |
| | (A/B)2. Identify community stakeholders in target areas | 2. Increase awareness/ buy-in in target area | |
| **B. Ensure CT/GC health equity** | (A/B/D) 3. Develop academic detailing materials and plan to educate private providers on CT/GC tx options and development of resistance and importance of reporting in target area | 3. Increase identification of GC and increase reporting from private sector | 2/3. Monitor increases in GC cases reported from private sector in target area |
| **C. Ensure health equity for CT/GC in AI/AN Communities** | (C) 4. Build institutional and community partnerships to address AI/AN health disparities in defined communities | 4. Identification of areas for improvement | 4. Structured semi-annual evaluation by 3 IPP partners |
| **D. Laboratory Technology is Cost Effective Sensitive and Specific** | (D/F) 5. Ensure timely receipt of CT/GC laboratory results to facilitate treatment within 14 days of specimen collection | 5. Decrease duplication of effort, foster relationships internally/externally and gather information to foster improvement. Increase identification of CT/GC | 5. Review and report at regional meetings to assess progress. Submission of semi-annual reports to IPP. Morbidity reports |
| **E. CT/GC Surveillance and Prevalence Monitoring** | (D/F) 6. Laboratories will implement revised laboratory guidelines | 6. Cost effective – save money and increase ability to conduct more tests, faster reporting and treatment | 6. Evaluate annual savings. Evaluate changes in repeat testing volume over time |
| | (E) 7. Standardize definition of Site Type (clinic) within prevalence monitoring database region-wide | 7. Better quality data and increase ability to evaluate data by Site Type | 7. Monitor changes in standardization of Site Type in Prevalence Monitoring and Clinic Reference File |
| **F Timely Treatment for Index Patients and Their partners** | (A/E) 8. Monitor CT/GC screening coverage in high CT/GC prevalence areas | 8. Increase ability to target improvement efforts to increase CT/GC screening coverage | 8. Evaluate Title X FPAR and CT/GC screening coverage data |

**LONG TERM OUTCOMES** to which our program contributes along with other programs, factors, etc.

⇨ **Morbidity among STDs which contribute to Infertility**

⇨ **CT/GC Disparities**

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