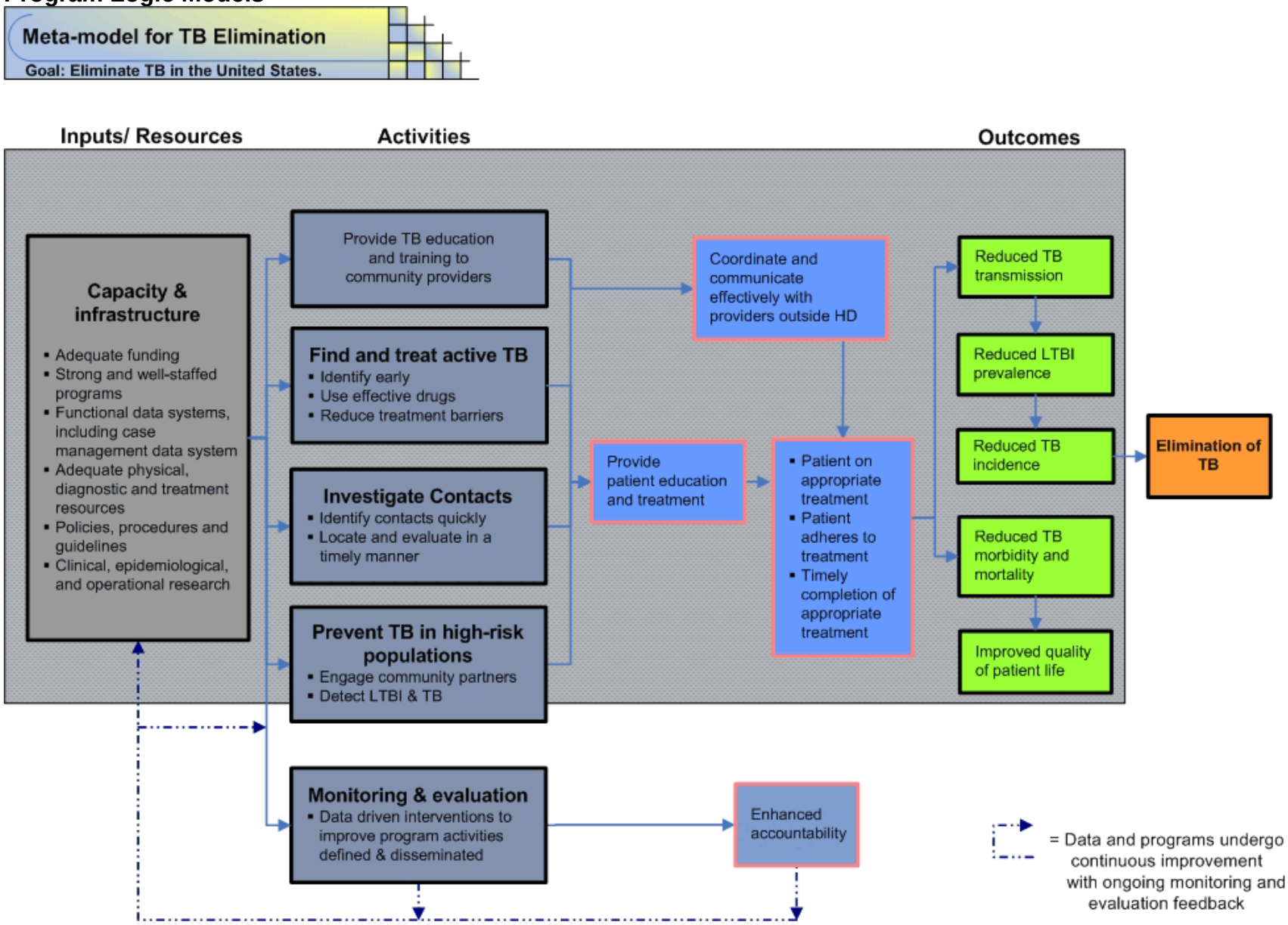
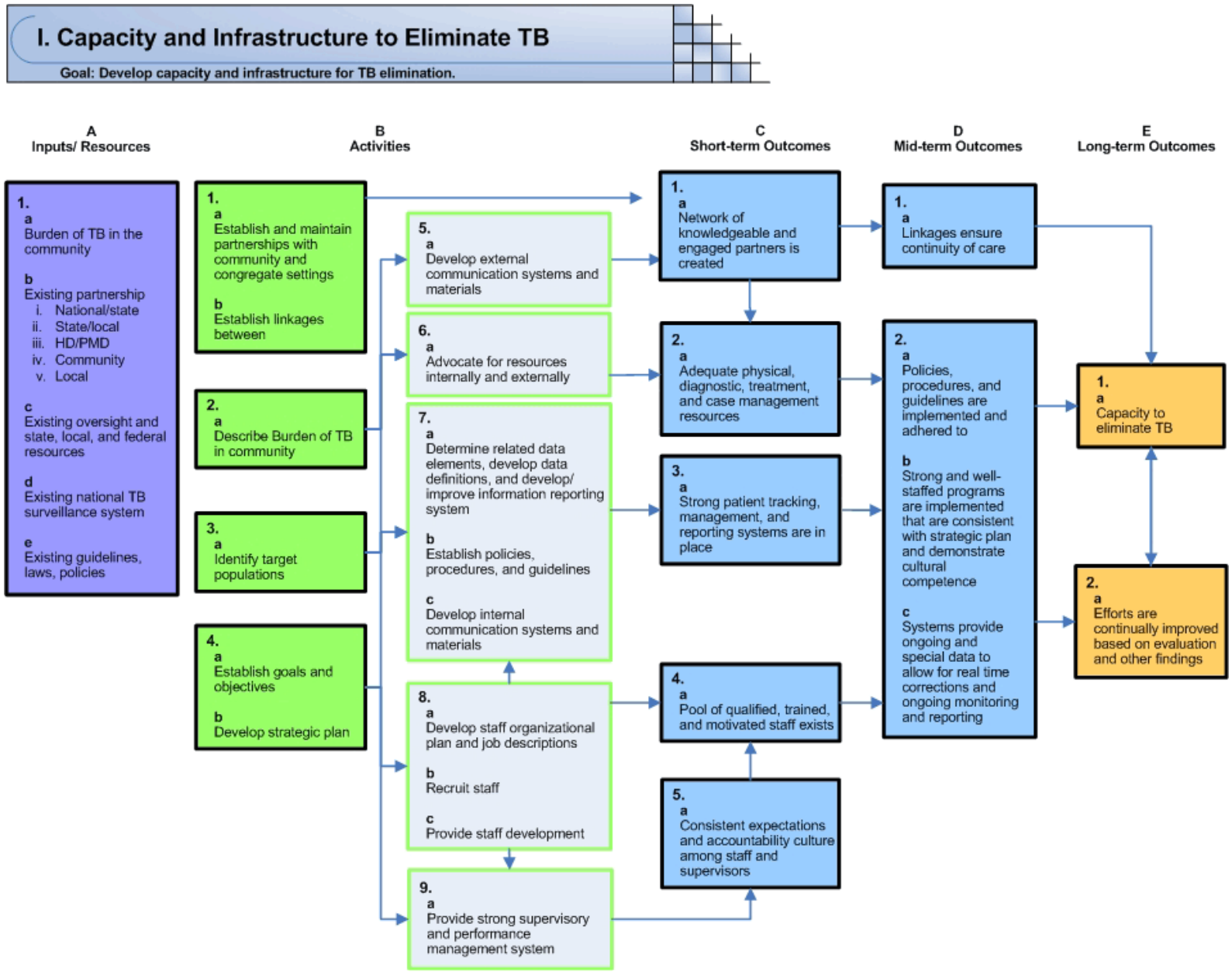
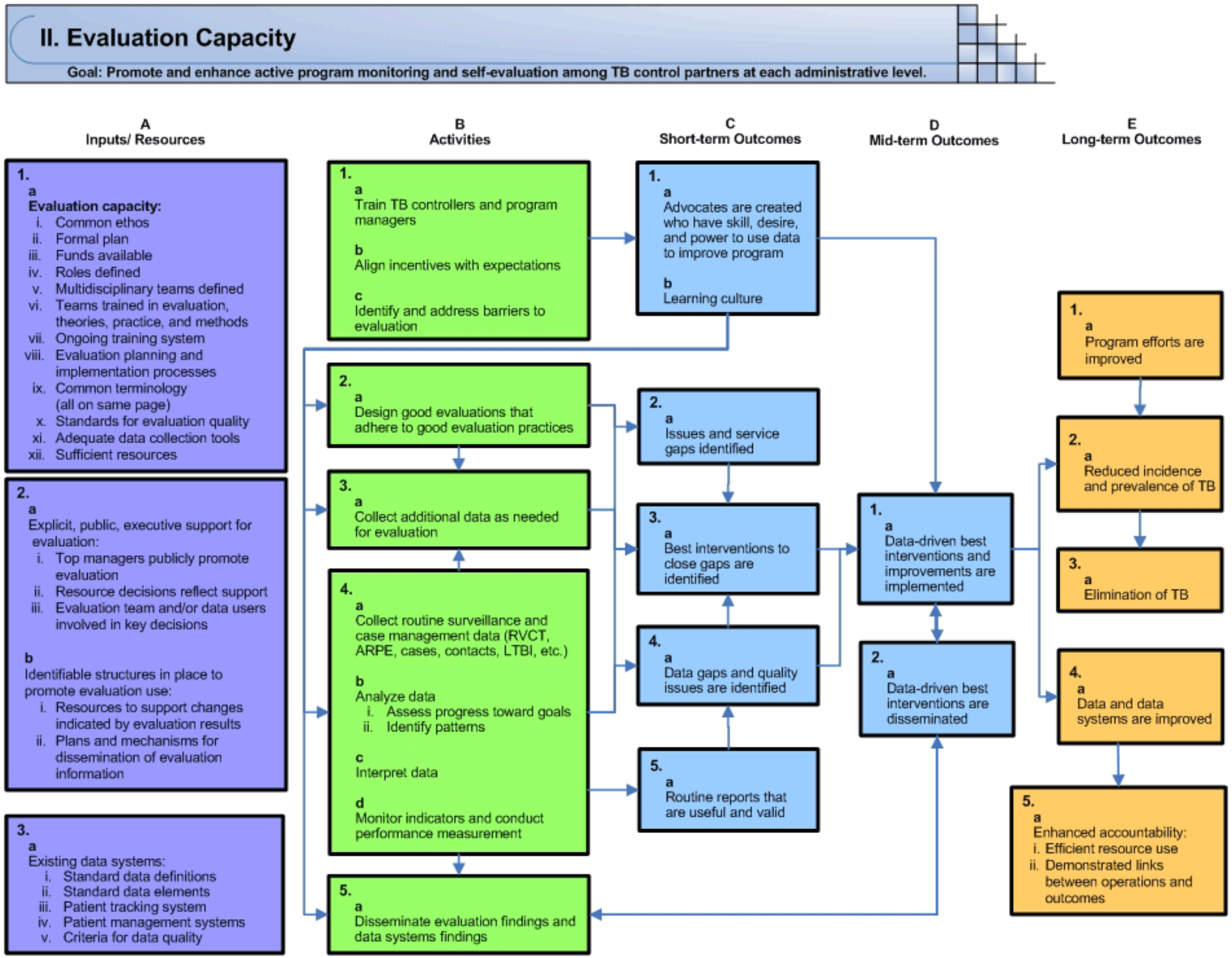
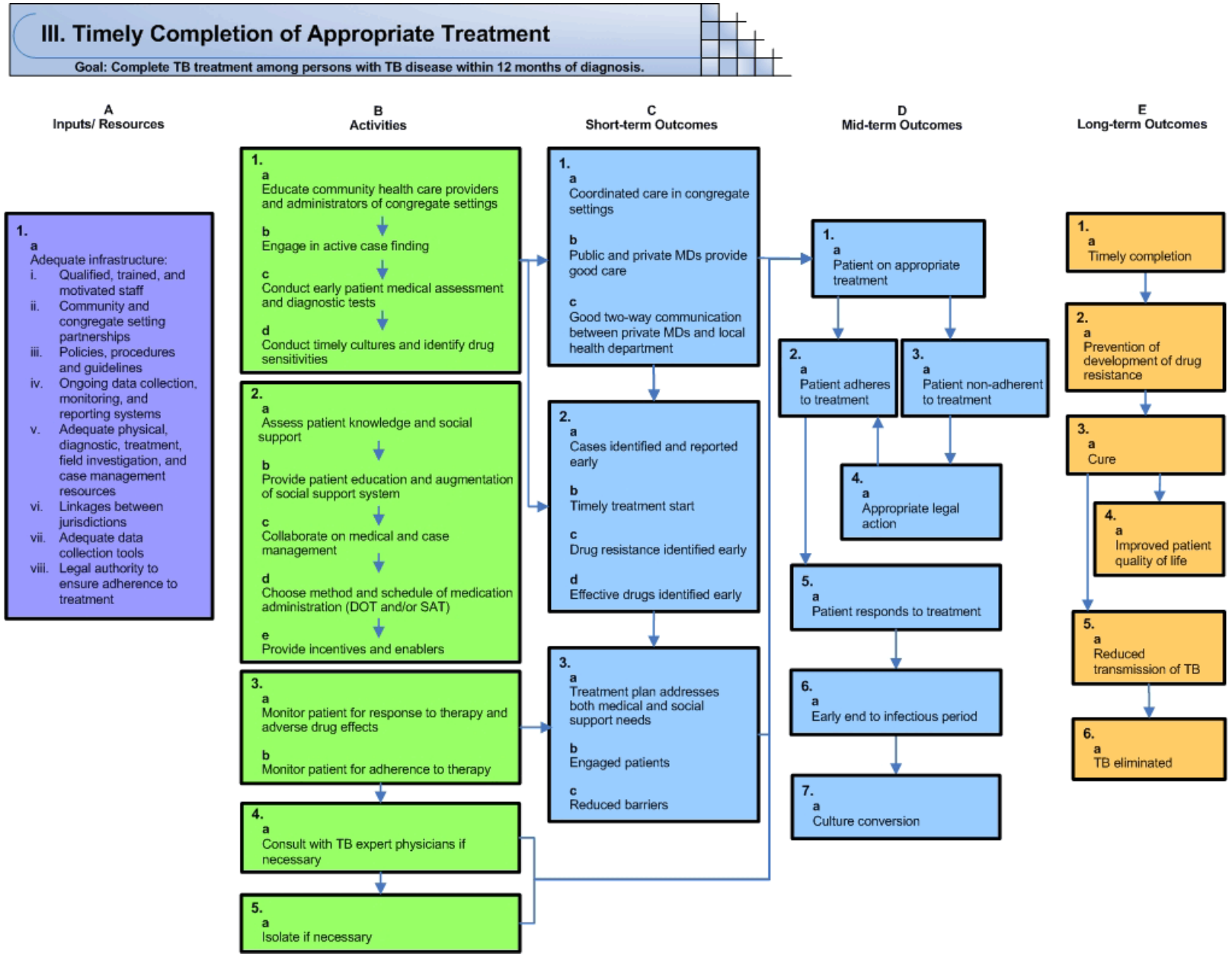
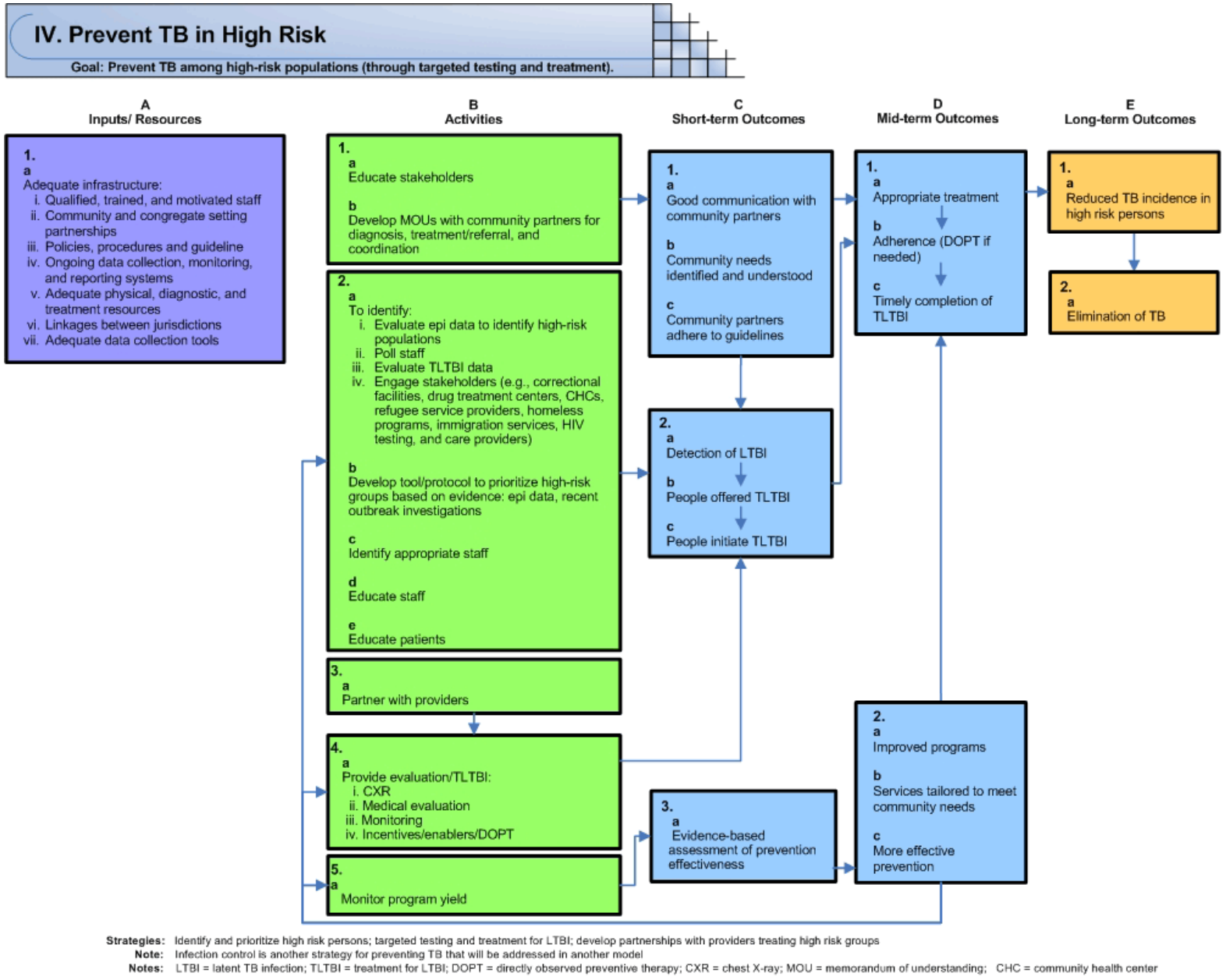
## Program Logic Models



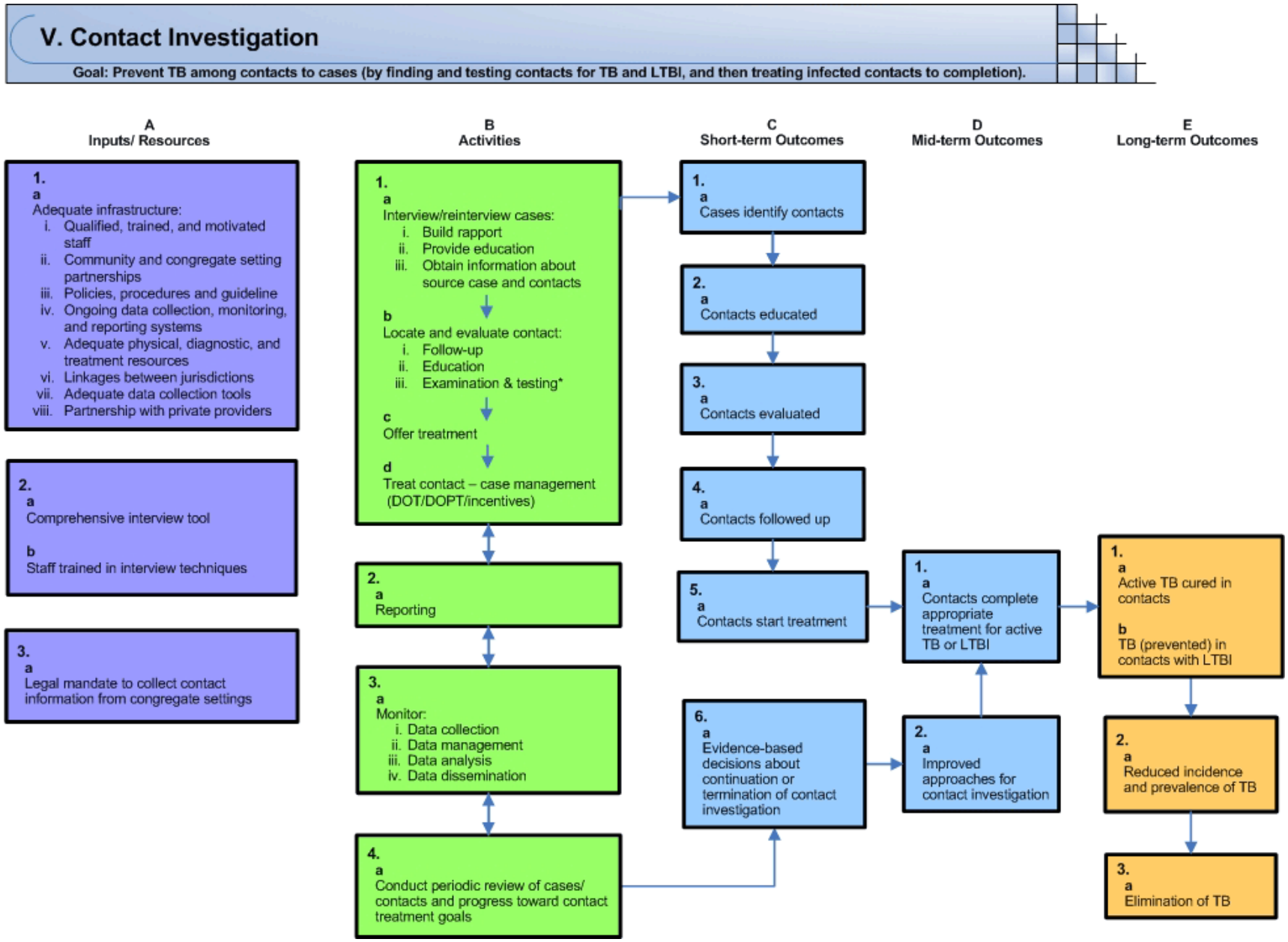

I. Capacity and Infrastructure to Eliminate TB
Goal: Develop capacity and infrastructure for TB elimination.
A
Inputs/ Resources
B
Activities
C
Short-term Outcomes
D
Mid-term Outcomes
E
Long-term Outcomes
1.
a
Burden of TB in the community
b
Existing partnership
i. National/state
ii. State/local
iii. HD/PMD
iv. Community
v. Local
c
Existing oversight and state, local, and federal resources
d
Existing national TB surveillance system
e
Existing guidelines, laws, policies
1.
a
Establish and maintain partnerships with community and congregate settings
b
Establish linkages between
2.
a
Describe Burden of TB in community
3.
a
Identify target populations
4.
a
Establish goals and objectives
b
Develop strategic plan
5.
a
Develop external communication systems and materials
6.
a
Advocate for resources internally and externally
7.
a
Determine related data elements, develop data definitions, and develop/ improve information reporting system
b
Establish policies, procedures, and guidelines
c
Develop internal communication systems and materials
8.
a
Develop staff organizational plan and job descriptions
b
Recruit staff
c
Provide staff development
9.
a
Provide strong supervisory and performance management system
1.
a
Network of knowledgeable and engaged partners is created
2.
a
Adequate physical, diagnostic, treatment, and case management resources
3.
a
Strong patient tracking, management, and reporting systems are in place
4.
a
Pool of qualified, trained, and motivated staff exists
5.
a
Consistent expectations and accountability culture among staff and supervisors
1.
a
Linkages ensure continuity of care
2.
a
Policies, procedures, and guidelines are implemented and adhered to
b
Strong and well-staffed programs are implemented that are consistent with strategic plan and demonstrate cultural competence
c
Systems provide ongoing and special data to allow for real time corrections and ongoing monitoring and reporting
1.
a
Capacity to eliminate TB
2.
a
Efforts are continually improved based on evaluation and other findings


II. Evaluation Capacity
Goal: Promote and enhance active program monitoring and self-evaluation among TB control partners at each administrative level.
A
Inputs/ Resources
B
Activities
C
Short-term Outcomes
D
Mid-term Outcomes
E
Long-term Outcomes
1. a Evaluation capacity: i. Common ethos ii. Formal plan iii. Funds available iv. Roles defined v. Multidisciplinary teams defined vi. Teams trained in evaluation, theories, practice, and methods vii. Ongoing training system viii. Evaluation planning and implementation processes ix. Common terminology (all on same page) x. Standards for evaluation quality xi. Adequate data collection tools xii. Sufficient resources
2. a Explicit, public, executive support for evaluation: i. Top managers publicly promote evaluation ii. Resource decisions reflect support iii. Evaluation team and/or data users involved in key decisions
b Identifiable structures in place to promote evaluation use: i. Resources to support changes indicated by evaluation results ii. Plans and mechanisms for dissemination of evaluation information
3. a Existing data systems: i. Standard data definitions ii. Standard data elements iii. Patient tracking system iv. Patient management systems v. Criteria for data quality
1. a Train TB controllers and program managers
b Align incentives with expectations
c Identify and address barriers to evaluation
2. a Design good evaluations that adhere to good evaluation practices
3. a Collect additional data as needed for evaluation
4. a Collect routine surveillance and case management data (RVCT, ARPE, cases, contacts, LTBI, etc.)
b Analyze data i. Assess progress toward goals ii. Identify patterns
c Interpret data
d Monitor indicators and conduct performance measurement
5. a Disseminate evaluation findings and data systems findings
1. a Advocates are created who have skill, desire, and power to use data to improve program
b Learning culture
2. a Issues and service gaps identified
3. a Best interventions to close gaps are identified
4. a Data gaps and quality issues are identified
5. a Routine reports that are useful and valid
1. a Data-driven best interventions and improvements are implemented
2. a Data-driven best interventions are disseminated
1. a Program efforts are improved
2. a Reduced incidence and prevalence of TB
3. a Elimination of TB
4. a Data and data systems are improved
5. a Enhanced accountability: i. Efficient resource use ii. Demonstrated links between operations and outcomes


III. Timely Completion of Appropriate Treatment
Goal: Complete TB treatment among persons with TB disease within 12 months of diagnosis.
A
Inputs/ Resources
B
Activities
C
Short-term Outcomes
D
Mid-term Outcomes
E
Long-term Outcomes
1. a Adequate infrastructure: i. Qualified, trained, and motivated staff ii. Community and congregate setting partnerships iii. Policies, procedures and guidelines iv. Ongoing data collection, monitoring, and reporting systems v. Adequate physical, diagnostic, treatment, field investigation, and case management resources vi. Linkages between jurisdictions vii. Adequate data collection tools viii. Legal authority to ensure adherence to treatment
1. a Educate community health care providers and administrators of congregate settings b Engage in active case finding c Conduct early patient medical assessment and diagnostic tests d Conduct timely cultures and identify drug sensitivities
2. a Assess patient knowledge and social support b Provide patient education and augmentation of social support system c Collaborate on medical and case management d Choose method and schedule of medication administration (DOT and/or SAT) e Provide incentives and enablers
3. a Monitor patient for response to therapy and adverse drug effects b Monitor patient for adherence to therapy
4. a Consult with TB expert physicians if necessary
5. a Isolate if necessary
1. a Coordinated care in congregate settings b Public and private MDs provide good care c Good two-way communication between private MDs and local health department
2. a Cases identified and reported early b Timely treatment start c Drug resistance identified early d Effective drugs identified early
3. a Treatment plan addresses both medical and social support needs b Engaged patients c Reduced barriers
1. a Patient on appropriate treatment
2. a Patient adheres to treatment
3. a Patient non-adherent to treatment
4. a Appropriate legal action
5. a Patient responds to treatment
6. a Early end to infectious period
7. a Culture conversion
1. a Timely completion
2. a Prevention of development of drug resistance
3. a Cure
4. a Improved patient quality of life
5. a Reduced transmission of TB
6. a TB eliminated




**Strategies:** Identify and prioritize high risk persons; targeted testing and treatment for LTBI; develop partnerships with providers treating high risk groups
**Note:** Infection control is another strategy for preventing TB that will be addressed in another model
**Notes:** LTBI = latent TB infection; TLTBI = treatment for LTBI; DOPT = directly observed preventive therapy; CXR = chest X-ray; MOU = memorandum of understanding; CHC = community health center


V. Contact Investigation
Goal: Prevent TB among contacts to cases (by finding and testing contacts for TB and LTBI, and then treating infected contacts to completion).
A
Inputs/ Resources
B
Activities
C
Short-term Outcomes
D
Mid-term Outcomes
E
Long-term Outcomes
1. a Adequate infrastructure: i. Qualified, trained, and motivated staff ii. Community and congregate setting partnerships iii. Policies, procedures and guideline iv. Ongoing data collection, monitoring, and reporting systems v. Adequate physical, diagnostic, and treatment resources vi. Linkages between jurisdictions vii. Adequate data collection tools viii. Partnership with private providers
2. a Comprehensive interview tool b Staff trained in interview techniques
3. a Legal mandate to collect contact information from congregate settings
1. a Interview/reinterview cases: i. Build rapport ii. Provide education iii. Obtain information about source case and contacts b Locate and evaluate contact: i. Follow-up ii. Education iii. Examination & testing* c Offer treatment d Treat contact – case management (DOT/DOPT/incentives)
2. a Reporting
3. a Monitor: i. Data collection ii. Data management iii. Data analysis iv. Data dissemination
4. a Conduct periodic review of cases/ contacts and progress toward contact treatment goals
1. a Cases identify contacts
2. a Contacts educated
3. a Contacts evaluated
4. a Contacts followed up
5. a Contacts start treatment
6. a Evidence-based decisions about continuation or termination of contact investigation
1. a Contacts complete appropriate treatment for active TB or LTBI
2. a Improved approaches for contact investigation
1. a Active TB cured in contacts b TB (prevented) in contacts with LTBI
2. a Reduced incidence and prevalence of TB
3. a Elimination of TB