

Logic Model

Pedagogy/ Enabling Factors	Implementation	Interim Goals	Long-Term Goals
Effective use of Motivational Interviewing during every patient interaction + OARS, Spirit of MI, Change Talk, The Four Processes	MI training and follow up with coaching so that RN can facilitate MI based conversation	Increased Use of Contraception	Reduction of Rapid Repeat Teen Pregnancy
Personalized access + Transportation available if needed	One-on-one sessions/home visitation in order to assist patient in achieving birth control goals	Increased Use of Long-Acting Reversible Contraceptives (LARC)	Reduction of Rapid Repeat Teen Births
At least 12 monthly phone calls/ home visits + 18 months is preferred	Social worker or RN-led referrals to community resources as needed. Familiarity and systems in place to assist with health care/health insurance enrollment as needed	Increased Adherence to Contraceptive Regimens	
Edinburgh Postnatal Depression Scale (EPDS)	RN as nurse educator (experience in Women's Health preferred)		
Abuse Assessment Screen and HITS modified for adolescents	System in place to assist with transportation: program van, bus passes, or cab passes		
Ask client pros and cons of birth control	Create a relationship with a licensed healthcare provider who provides LARCs or hire a provider and establish a clinic		
Content	Home delivery of Depo		
Efficacy-based contraceptive counseling—use Guttmacher Chart to show most effective to least effective	Birth control sample bags		
STI protection and dual protection	ETR Contraceptive Educational Brochure; Nurse Educator Flow Sheet in attachments		
Birth spacing (18 months from birth to conception)			
Common myths about birth control			