

Colorado Maternal and Child Health Program

Pregnancy-Related Depression (PRD) Logic Model

Overarching Goal: Reduce stigma associated with maternal mental health throughout Colorado to increase the number of women identified

INPUTS	STRATEGIES	OUTPUTS	SHORT-TERM OUTCOMES	MEDIUM-TERM OUTCOMES	LONG-TERM OUTCOMES
			Accomplished in 6 months - 1 yr	Accomplished in 1-3 yrs.	Accomplished in 3-5 yrs.
Existing efforts around PRD Population-based data (PRAMS, BRFSS, CDPHE data, etc) Local MCH Funding MCH Needs Assessment FY16-20 Community mental/behavioral health organizations All providers that serve women during the pregnancy and postpartum periods CDPHE staff	Strategy 1: Implement cross-sector use of consistent public awareness messaging among community providers & organizations	Number of community-based providers & organizations targeted to promote PRD messages	PRD messaging disseminated & promoted w/in public health programs & among community providers & organizations that share common goals	Increased number of community targeted providers & organizations promoting PRD messaging	Increased number of pregnant & postpartum women seeking help through campaign resources
	Strategy 2A: Collaborate with community partners to coordinate PRD screening, referral, & treatment across local systems	Multi-disciplinary community collaborative established	Increased number of community partners who are willing to address PRD with women & their support systems	Increased number of women are screened for PRD	Local referral network for treatment of PRD is coordinated
	Strategy 2B: Strengthen local referral networks for providers to address PRD	Referral resources are researched & identified to strengthen the referral network	Providers have an understanding of how to navigate referral networks	Increased number of women with PRD symptoms referred for treatment	
	Strategy 3: Strengthen provider* competencies to more adequately address PRD in the community	Training plan developed to address competency needs	Information dissemination & training for providers and/or hospitals	Targeted providers adopt competencies into practice	Targeted providers routinely address PRD through standard screening & referral to treatment

* Provider refers to a variety of health professionals who work with pregnant and postpartum women (ex: physician, home visitor, pharmacists, therapists)



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