CDC's Colorectal Cancer Control Program: Logic Model

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CDC Activities

- Collaborate with Federal partners and participate in national partnerships
- Support program integration with other chronic disease programs
- Collaborate with relevant CDC programs (e.g., CCC, NPCR NBCCEDP, WISEWOMAN)
- Provide funding to grantees
- Provide technical assistance and training to grantees
- Conduct research, monitoring, and evaluation, including economic analyses
- Data management
- Surveillance
- Policy development

Grantee Activities

- Support program integration (e.g., NBCCEDP, WISEWOMAN, NPCR)
- Collaborate with CCC Coalition
- Build and maintain partnerships for systems change and policy development

- Engage in public awareness activities ★ (e.g., small media campaigns)
- Promote patient reminder systems ★
- Promote provider reminder systems ★
- Promote use of provider assessment and feedback systems ★
- Reduce structural barriers ★ (e.g., patient navigation)
- Promote USPSTF CRC screening guidelines
- Promote USMSTF CRC surveillance guidelines
- Promote quality assurance standards for CRC screening
- Promote increased access to CRC screening, diagnostics, and treatment
- Provide CRC screening and diagnostics to underserved populations

Short-Term Outcomes

1. Stronger and more effective partnerships to leverage change for increased screening
2. Increased adoption of quality standards for CRC screening by health systems or individual providers
3. Increased provider knowledge about USPSTF and USMSTF guidelines for CRC screening and surveillance, respectively
4. Increased provider knowledge and improved attitudes about the importance of CRC screening
5. Increased adoption of patient and provider reminder systems by health care systems
6. Increased knowledge and improved attitudes about need for CRC screening among the population
7. Reduced patient barriers to CRC screening
8. New legislative policies and system changes to support access to CRC screening
9. Increased provider recommendation to patient for CRC screening
10. Increased patient self-efficacy for CRC screening
11. Increased access to CRC screening, including for underserved populations
12. Increased patient adherence to CRC screening recommendation and test/prep guidelines
13. Increased intention by patient to be screened
14. Increased appropriate CRC screening, rescreening, and surveillance, including for underserved populations

Intermediate Outcomes

15. Increased detection of early-stage CRC
16. Increased timely diagnostic completion
17. Increased CRC prevention via polypectomy
18. Decreased disparities in CRC screening
19. Decreased late-stage CRC disease
20. Increased timely CRC treatment initiation

Long-Term Outcomes

21. Decreased CRC mortality
22. Decreased CRC incidence
23. Decreased disparities in CRC incidence and mortality

Acronyms:
- **CCC:** Comprehensive Cancer Control
- **CRC:** Colorectal cancer
- **NBCCEDP:** National Breast and Cervical Cancer Early Detection Program
- **NPCR:** National Program of Cancer Registries
- **USMSTF:** United States Multi-Society Task Force
- **USPSTF:** United States Preventive Services Task Force
- **WISEWOMAN:** Well-Integrated Screening and Evaluation for Women Across the Nation

★ Strategy recommended by *Guide to Community Preventive Services* for increasing colorectal cancer screening by FOBT (http://www.thecommunityguide.org/cancer/index.html)

Contextual Factors: resources, health care access, under- and uninsured, unemployment, endoscopic capacity, geography, cultural beliefs, CRC-related policies, other CRC screening resources

Program Monitoring and Evaluation