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CDC's Colorectal Cancer Control Program: Logic Model

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 recommen-dation to patient for CRC screening
10. Increased intention by patient to be screened
11. Increased access to CRC screening, including for underserved populations
12. Increased patient adherence to CRC screening recommen-dation and test/prep guidelines
13. Increased appropriate CRC screening, rescreening, and surveillance, including for underserved populations

Intermediate Outcomes

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

Long-Term Outcomes

20. Decreased CRC mortality
21. Decreased CRC incidence
22. 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