National Comprehensive Cancer Control Program Logic Model with CCC Priorities

**PROMOTE HEALTH EQUITY AS IT RELATES TO CANCER CONTROL**
Partner with representatives of disparate populations • Identify and monitor health disparities • Implement EBIs and promising practices to address disparities

**INPUTS** (Grantee Resources)
- CCC National Partnership
- CCC Coalitions & Chronic Disease Partners
- Staffing
- Funding
- CDC Resources
  - CCC Building Blocks
  - Program Evaluation & Education Capacity Building
  - Communication & Training
  - Public Health Translation Research
  - Technical Assistance
- Evidence Base
  - MAPPS
  - USPSTF
  - AHRQ
  - The Community Guide
  - MMWR
  - Best Practices for Comprehensive TCPs
  - Cochrane Reviews
  - NCI PDQ
  - IOM Reviews
  - RTI-Pubs
  - PubMed & other systematic reviews
  - Individual peer-reviewed published intervention

**GRANTEE ACTIVITIES**
**OUTPUTS** (Grantee Products)
- Manage CCC program and funding effectively
  - Dedicated staff with expertise needed to implement CCC Priorities
  - Implementation and coordination of communication plan
  - Responsiveness to CCC fiscal and program reporting requirements
  - Number/types of training and TA participated in and offered to staff and partners

- Assess burden and conduct surveillance
  - Burden assessed; report completed, disseminated to partners
  - Burden report used to develop/update/revise plan

- Assemble, support, collaborate with, and sustain CCC coalition
  - Partnership assessment conducted
  - Partnership recruitment and retention strategy in place
  - Partnership utilizes expertise of members to facilitate change around the CCC Priorities
  - Active participation; Shared & leveraged resources

**SHORT-TERM OUTCOMES**
- Policy Changes
  - New/enhanced prevention policies (tobacco, alcohol, tanning)
  - Improved reimbursement/health plan coverage

- Community Changes
  - Increased environmental supports for prevention
  - New/enhanced school, worksite, adult & child care policies to support cancer prevention and screening activities
  - Increased evidence-based lifestyle & survivorship programs

- Health Care System Changes
  - Improved community linkages
  - Increased self-management support through survivorship model
  - Improved systems to support quality screening
  - Increased patient navigation & case management services

- Provider Changes
  - Improved knowledge & attitudes about clinical preventive & cancer care guidelines

- Individual Changes
  - Improved knowledge and attitudes about cancer prevention & screening

**INTERMEDIATE OUTCOMES**
- Improved utilization of evidence-based lifestyle programs, clinical preventive services, cancer care & survivorship supports
- Improved delivery of clinical preventive services & cancer care

**LONG-TERM OUTCOMES**
- Risk Reduction:
  - Decreased tobacco, alcohol use & UV exposure, increased HPV & HBV vaccination and physical activity and improved diet
  - Increased early detection
  - Improved survivorship practices

**IMPLICATION**

**DEMONSTRATE OUTCOMES THROUGH EVALUATION TO IMPROVE PROGRAMS**
Evaluation plans developed & implemented • Rigorous evaluation of promising practices

Notes: 1Logic model is a revision of the CCC logic model that was published in Cancer Causes and Control (2005) 16 (Suppl. I): 3-14 and reflects the current state of the NCCCP. 2NCCCP grantee activities are aligned with recipient activities described in DP12-1205 Component 2. The model assumes a highly coordinated approach to CCC program implementation per DP12-1205 Component 1. 3Assess the burden and conduct surveillance is done in collaboration/coordination with DP 12-1205 Component 4. 4Support service delivery & utilization of clinical preventive services, including patient navigation is done in collaboration/coordination with DP12-1205 Component 3. 5Priorities 1-4 are in alignment with current NCCDPHP Priority Domains.
National Comprehensive Cancer Control Program (NCCCP) Logic Model with CCC Priorities

Promote Health Equity As It Relates to Cancer Control (Priority 5)

- Partner with representatives of disparate populations
- Identify and monitor health disparities
- Implement evidence-based interventions (EBIs) and promising practices to address disparities

Inputs (Grantee Resources)

- CCC National Partnership
- CCC coalitions and chronic disease partners
- Staffing
- Funding
- CDC resources
  - CCC building blocks
  - Program evaluation and evaluation capacity building
  - Communication and training
  - Public health translation research
  - Technical assistance
- Evidence Base
  - Media, Access, Point of decision information, Price, and Social support/services (MAPPS)
  - United States Preventive Services Task Force
  - Agency for Healthcare Research and Quality
  - The Community Guide
  - *Morbidity and Mortality Weekly Report*
  - Best practices for comprehensive tobacco control programs
  - Cochrane reviews
  - National Cancer Institute Physician Data Query
  - Institute of Medicine reviews
  - Research-tested intervention programs
  - PubMed and other systematic reviews
  - Individual peer-reviewed published intervention

Grantee Activities with Outputs (Grantee Products)

- Manage CCC program and funding effectively
  - Dedicated staff with expertise needed to implement CCC priorities
  - Implementation and coordination of communication plan
  - Responsiveness to CDC fiscal and program reporting requirements
  - Number and types of trainings and technical assistance participated in and offered to staff and partners

- Assess burden and conduct surveillance in collaboration with CDC’s National Program of Cancer Registries
  - Burden assessed; report completed and disseminated to partners
  - Burden report used to develop, update, and revise plan

- Assemble, support, collaborate with, and sustain CCC coalition
  - Partnership assessment conducted
  - Partnership recruitment and retention strategy in place
  - Partnership uses expertise of members to facilitate change around the CCC priorities
  - Active participation; shared and leveraged resources

- Create and implement CCC plans using EBIs and promising practices, focusing on CCC priorities 1–4**
  - Emphasize primary prevention
  - In collaboration with CDC’s National Breast and Cervical Cancer Early Detection Program and Colorectal Cancer Control Program, support screening provisions, service delivery, and use of clinical preventive services, including patient navigation
  - Promote survivorship as a model of chronic disease self management
  - Implement policy, systems, and environmental changes
Plan links to chronic programs and address NCCCP priorities
- Number and types of EBIs; reach, and adoption
- Policy agenda drafted and activated

Short-Term Outcomes

- Policy changes
  - New or enhanced prevention policies (tobacco, alcohol, tanning)
  - Improved reimbursement and health plan coverage

- Community changes
  - Increased environmental supports for prevention
  - New or enhanced school, worksite, adult and child care policies to support cancer prevention and screening activities
  - Increased evidence-based lifestyle and survivorship programs

- Health care system changes
  - Improved community linkages
  - Increased self-management support through survivorship model
  - Improved systems to support quality screening
  - Increased patient navigation and case management services

- Provider changes
  - Improved knowledge and attitudes about clinical preventive and cancer care guidelines

- Individual changes
  - Improved knowledge and attitudes about cancer prevention and screening

Intermediate Outcomes

- Improved access to care and evidence-based lifestyle and survivorship support systems to increase healthy living and enhance quality of life for survivors
- Increased use of evidence-based lifestyle programs, clinical preventive services, cancer care, and survivorship
- Improved delivery of clinical preventive services and cancer care

Long-Term Outcomes

- Risk reduction: Decreased tobacco, alcohol use, and exposure to ultraviolet radiation; increased human papillomavirus and Hepatitis B virus vaccination and physical activity; improved diet
- Increased early detection
- Improved survivorship practices

Impact

- Prevent cancer and recurrence
- Decreased cancer incidence
- Increased quality of life
- Reduced disparities
- Decreased morbidity
- Reduced costs associated with cancer
- Decreased mortality

Demonstrate Outcomes Through Evaluation to Improve Programs (Priority 6)

- Evaluation plans developed and implemented
- Rigorous evaluation of promising practices

Notes

*Logic model is a revision of the CCC logic model that was published in Cancer Causes and Control (2005) 16 (Suppl. I): 3–14 and reflects the current state of the NCCCP.
Alignment with NCCDPHP priority domains.

†NCCCP grantee activities are aligned with recipient activities described in DP12-1205 Component 2. The model assumes a highly coordinated approach to CCC program implementation per DP12-1205 Component 1.

§Assess the burden and conduct surveillance is done in collaboration and coordination with DP 12-1205 Component 4.

¶Support service delivery and use of clinical preventive services, including patient navigation, is done in collaboration and coordination with DP12-1205 Component 3.

‡Priorities 1–4 are in alignment with current NCCDPHP priority domains.