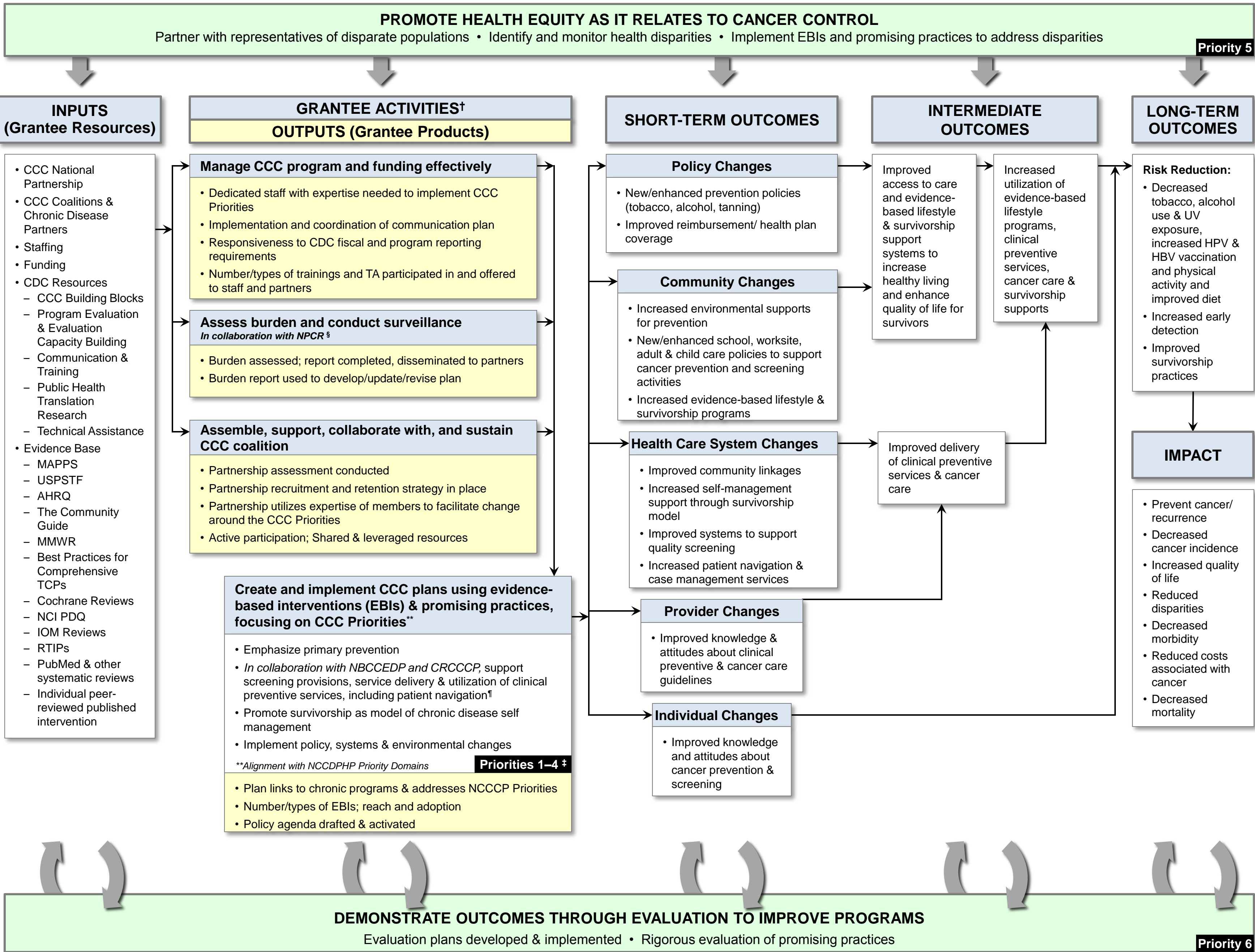


National Comprehensive Cancer Control Program Logic Model with CCC Priorities*



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. | †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/coordination with DP 12-1205 Component 4. | ¶Support service delivery & utilization of clinical preventive services, including patient navigation is done in collaboration/coordination with DP12-1205 Component 3. | ‡Priorities 1-4 are in alignment with current NCCDPP 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.