

CDC-NOFO-DP22-2202 Logic Model: National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Logic Model

STRATEGIES AND ACTIVITIES

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CANCER DATA AND SURVEILLANCE.

- Use state and local data to identify and describe the population who is eligible for the program. Prioritize populations disproportionately burdened by breast or cervical cancer (i.e., populations of focus) for service delivery.

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SUPPORT PARTNERSHIPS FOR CANCER CONTROL AND PREVENTION.

- Work with the cancer coalition, Colorectal Cancer Control Program (CRCCP), National Comprehensive Cancer Control Program (NCCCP), National Program of Cancer Registries (NPCR) and other organizations to help set breast and cervical cancer screening and health equity goals within cancer control plans.
- Serve on the cancer coalition.
- Collaborate with community-based organizations to increase screening among populations of focus.
- Collaborate with other chronic disease and public health programs to disseminate information to women served across programs.
- Collaborate with cancer programs, including other NBCCEDP-funded programs, to maximize screening access and share lessons learned.

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DELIVER BREAST AND CERVICAL CANCER SCREENING.

- Set annual and 5-year service delivery projections for breast and cervical cancer.
- Establish and maintain a screening delivery system to provide breast and cervical cancer screening and diagnostic services to program-eligible women. Prioritize populations that experience higher mortality and late-stage cancer.
- Conduct outreach to identify program-eligible women and connect them to screening and diagnostic services in partner clinics.
- Engage local partners and community health workers to identify women in need of support to access services and monitor through screening completion.
- Provide patient navigation to women who receive NBCCEDP-paid clinical services.
- Provide patient navigation to women who meet some NBCCEDP eligibility requirements whose clinical services are paid by other sources. (OPTIONAL)
- Partner with organizations to link program-eligible women to other needed health, community, and social services.
- Establish formal partnerships with organizations that show expertise in and access to populations of focus.
- Collaborate with organizations with expertise in providing technical assistance to clinics.
- Conduct ongoing quality improvement for timely and appropriate screening and follow-up services.
- Collect and report minimum data element (MDE) records for all women receiving NBCCEDP-paid services.

IMPLEMENT EVIDENCE-BASED INTERVENTIONS.

- Work with partner clinics that provide NBCCEDP-paid clinical services to implement evidence-based interventions (EBIs).
- Identify an EBI champion in each partner clinic.
- Provide ongoing technical assistance to support EBI implementation, adaptation, and data monitoring.
- Collect and report baseline and annual clinic-level data.

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PROGRAM MONITORING AND EVALUATION.

- Participate in CDC-led monitoring, evaluation, and dissemination efforts.
- Develop an evaluation plan.
- Evaluate processes and outcomes.
- Establish and maintain MDE systems to collect and report patient data.
- Monitor, report, and use MDE and clinic-level data.
- Submit annual evaluation reports to describe program monitoring, effectiveness, and use of findings.
- Share evaluation findings with appropriate partners.

OUTCOMES

SHORT-TERM OUTCOMES

- Increased access to breast and cervical cancer screening among program-eligible women, prioritizing populations of focus.
- Increased partnerships with clinics serving women with lower income.
- Increased access to health/community/social services among program-eligible women through partnerships.
- Increased use of data to inform program planning and improvement.
- Increased EBI implementation to improve screening within partner clinics.
- Improved provider knowledge of breast and cervical cancer screening recommendations and diagnostic guidelines.
- Improved effectiveness of outreach to populations experiencing health inequities for breast and cervical cancer.

INTERMEDIATE-TERM OUTCOMES

- Increased number of women receiving NBCCEDP-paid screening and follow-up services.
- Increased number of women served who experience higher mortality and late-stage cancer.
- Increased early detection of breast and cervical cancer.
- Increased adherence to timely diagnostic follow-up.
- Increased timely cancer treatment referral.
- Increased clinic-level breast and cervical cancer screening rates in partner screening clinics.
- Increased utilization of needed health, community, and social services among program-eligible women.
- Decreased inequities in screening and follow-up services among populations of focus.

LONG-TERM OUTCOMES

- Decreased cancer incidence, morbidity, and mortality.
- Reduced cancer disparities.

