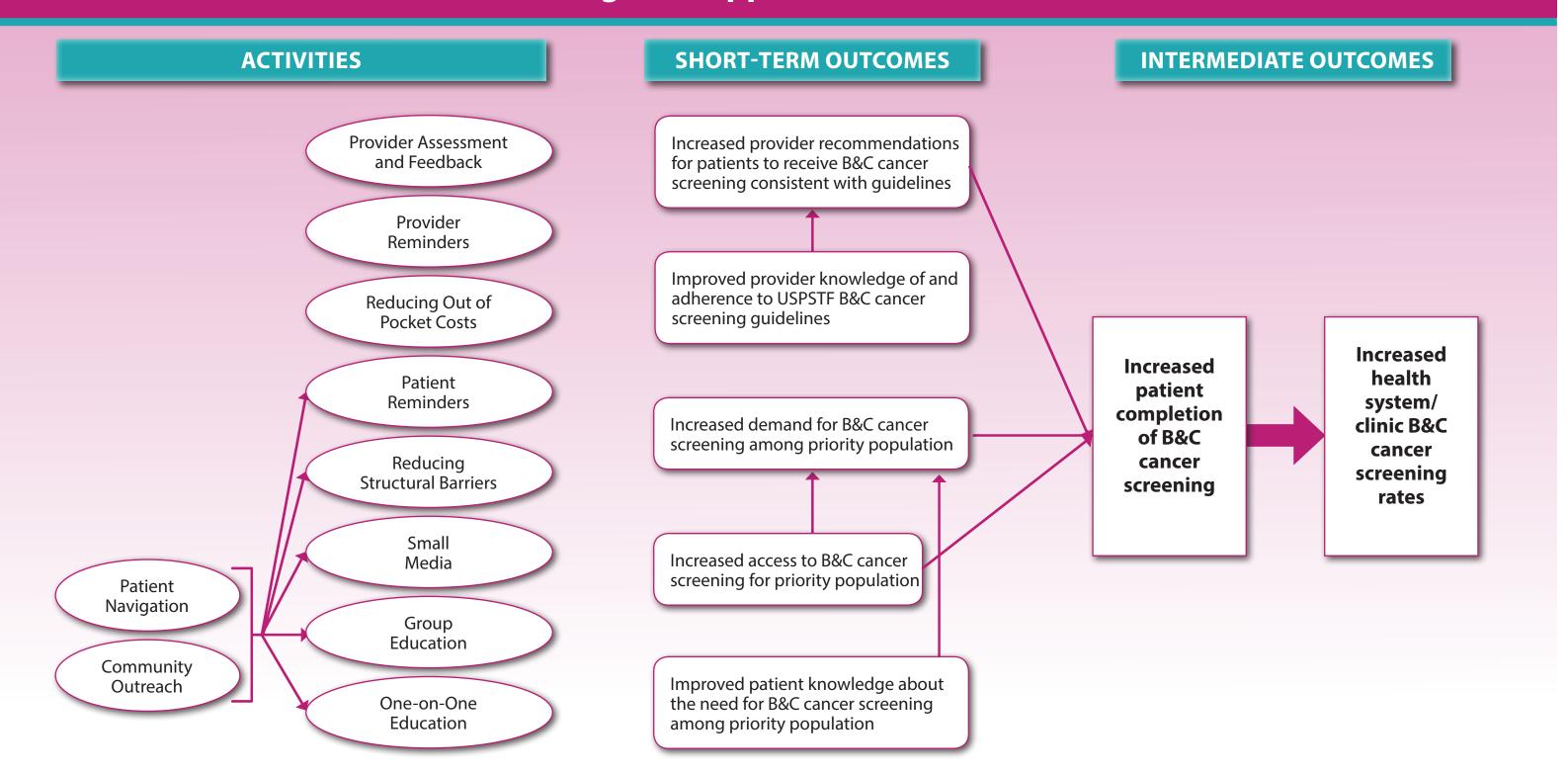
NBCCEDP Meta-Logic Model of Priority Evidence-based Strategies and Program Supported Activities



Definitions/Abbreviations

USPSTF = United States Preventive Services Task Force **EMR** = Electronic Medical Records MIYO = "Make It Your Own" www.miyoworks.org Research-tested messages and designs for health communications materials



Provider Assessment and Feedback for the NBCCEDP - Logic Model

EVIDENCE-BASED STRATEGY

ACTIVITIES

Identify and recruit partners to implement provider assessment and feedback systems

Obtain annual rates of B&C cancer screening

Educate providers* on USPSTF B&C cancer screening guidelines

Implement system to monitor provider performance in offering and delivering appropriate B&C cancer screening (ASSESSMENT)

Implement system to inform providers at regular intervals about their performance (FEEDBACK)

OUTPUTS

Appropriate partners recruited to implement provider assessment

and feedback systems

to CDC

Accurate rates of B&C cancer

screening obtained according

to CDC guidance and reported

Targeted providers educated

on USPSTF B&C cancer

screening guidelines

SHORT-TERM OUTCOMES

Increased implementation of provider assessment and feedback systems among health systems/clinics within grantee service area

Increased number of primary care clinics with accurate B&C cancer screening rates

Improved provider knowledge of and adherence to USPSTF B&C cancer screening guidelines Moderating factors: • Structural barriers (

 Structural barriers (e.g., lack of provider referral for screening)

INTERMEDIATE OUTCOMES

 Organizational barriers (e.g., limited IT or EMR system)

- Patient barriers (e.g., fear, cost)
- Limited capacity for:
 - Colposcopy

Moderating factors:

Mammography

Provider assessment and feedback system implemented with timely distribution of accurate feedback reports to primary care providers Increased provider recommendations for patients to receive B&C cancer screening consistent with guidelines

Increased patient completion of B&C cancer screening

Increased health system/clinic B&C cancer screening rates

Monitoring and Evaluation by Grantee

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USPSTF = United States Preventive Services Task Force
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Research-tested messages and designs for health
communications materials

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PN = Patient Navigation
CHWs = Community Health Workers



 $^{{\}it *The term "providers" refers to any/all clinical staff involved in implementation/use of the provider assessment and feedback system.}$

Provider Reminders for the NBCCEDP – Logic Model

EVIDENCE-BASED STRATEGY

ACTIVITIES

Identify and recruit partners to implement provider reminder systems

Obtain annual rates of B&C cancer screening

Assess current records management process and select provider reminder method

Educate providers* on USPSTF **B&C** cancer screening guidelines

Implement provider reminder system (e.g., flag medical charts, adapt EMR system)

OUTPUTS

Appropriate partners recruited to implement provider reminder systems

Accurate rates of B&C cancer screening obtained according to CDC guidance and reported to CDC

Provider reminder method selected consistent with assessment findings

Targeted providers educated on USPSTF B&C cancer screening guidelines

B&C cancer screening reminders consistent with guidelines delivered to primary care providers

SHORT-TERM OUTCOMES

Increased implementation of provider reminder systems among health systems/clinics within grantee service area

Increased number of primary care clinics with accurate B&C cancer screening rates

Improved provider knowledge of and adherence to USPSTF B&C cancer screening guidelines

Increased provider recommendations for patients to receive B&C cancer screening consistent with guidelines

Increased patient completion of B&C cancer screening

INTERMEDIATE OUTCOMES

Moderating factors:

• Organizational barriers (e.g., limited IT or EMR system)

Moderating factors:

- Structural barriers (e.g., lack of provider referral for screening)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
 - Colposcopy
 - Mammography

Increased health system/clinic **B&C** cancer screening rates

Monitoring and Evaluation by Grantee

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The term "providers" refers to any/all clinical staff involved in implementation/use of the **provider reminders**.



Reducing Out of Pocket Costs for the NBCCEDP – Logic Model

EVIDENCE-BASED STRATEGY

ACTIVITIES

Identify and recruit partners to reduce out of pocket costs

Obtain annual rates of B&C cancer screening

Identify priority population and conduct assessment to identify out of pocket costs impeding access to B&C cancer screening

Implement at least one of the following strategies:

- Reimburse clinical services/ co-pays
- Pay for/reimburse other expenses incurred in order to obtain screening (e.g., childcare, parking, transportation)

OUTPUTS

Appropriate partners recruited to implement provider reminder systems

Accurate rates of B&C cancer screening obtained according to CDC guidance and reported to CDC

Priority population identified and strategy to reduce out of pocket costs selected consistent with assessment findings (e.g. co-pay reimbursement, voucher for transportation, \$ or reimbursement for childcare)

SHORT-TERM OUTCOMES

Reduced out of pocket costs for **B&C** cancer screening among priority population

Increased number of primary care clinics with accurate B&C cancer screening rates

Increased access to B&C cancer screening for priority population

Increased patient completion of B&C cancer screening

Moderating factors:

• Structural barriers (e.g., lack of provider referral for screening)

INTERMEDIATE OUTCOMES

- Patient barriers (e.g., fear, cost)
- Limited capacity for:
 - Colposcopy
 - Mammography

Increased health system/clinic **B&C** cancer screening rates

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Patient Reminders for the NBCCEDP - Logic Model

EVIDENCE-BASED STRATEGY

ACTIVITIES

Identify and recruit partners to implement patient reminder systems

Obtain annual rates of B&C cancer screening

Assess current records management process and select patient reminder method

Educate implementers* on USPSTF B&C cancer screening guidelines

Implement patient reminder system (e.g., postcards, letters)

OUTPUTS

Appropriate partners recruited to implement patient reminder systems

Accurate rates of B&C cancer screening obtained according to CDC guidance and reported to CDC

Patient reminder method selected consistent with assessment findings

Targeted implementers educated on USPSTF B&C cancer screening guidelines

B&C cancer screening reminders consistent with guidelines delivered to patients

SHORT-TERM OUTCOMES

Increased implementation of patient reminder systems among health systems/clinics within grantee service area

Increased number of primary care clinics with accurate B&C cancer screening rates

INTERMEDIATE OUTCOMES

Moderating factors:

• Organizational barriers (e.g., limited IT or EMR system)

Moderating factors:

- Structural barriers (e.g., lack of provider referral for screening)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
 - Colposcopy
 - Mammography

Increased demand for B&C screening among priority population

Increased patient completion of B&C cancer screening

Increased health system/clinic **B&C** cancer screening rates

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^{*}The term 'implementers' refers to any/all staff involved in implementation/use of the patient reminder system.

Reducing Structural Barriers for the NBCCEDP – Logic Model

EVIDENCE-BASED STRATEGY

ACTIVITIES

Identify and recruit partners to reduce structural barriers

Obtain annual rates of B&C cancer screening

Identify priority population and conduct assessment to identify out of pocket costs impeding access to B&C cancer screening

Implement at least one of the following strategies:

- Offer cancer screening services in alternative/ non-clinical settings
- Reduce time or distance between service delivery settings and priority population
- Modify hours of service to meet patient needs
- Eliminate or simplify administrative procedures
- Eliminate or reduce obstacles (e.g., dependent care, transportation, language)

OUTPUTS

Appropriate partners recruited to

reduce structural barriers

Accurate rates of B&C cancer

screening obtained according

to CDC guidance and reported

Priority population identified and

strategy to reduce barriers

selected consistent with

assessment findings

to CDC

SHORT-TERM OUTCOMES

Reduced out of pocket costs for **B&C** cancer screening among priority population

Increased number of primary care clinics with accurate B&C cancer screening rates

Moderating factors:

• Structural barriers (e.g., lack of provider referral for screening)

INTERMEDIATE OUTCOMES

- Patient barriers (e.g., fear, cost)
- Limited capacity for:
 - Colposcopy
 - Mammography

Outputs dependent on strategy selected (Example: "breast cancer screening services offered in alternative/non-clinical settings appropriate for priority population")

Increased access to **B&C** cancer screening for priority population

Increased patient completion of B&C cancer screening

Increased health system/clinic **B&C** cancer screening rates

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Small Media for the NBCCEDP- Logic Model

EVIDENCE-BASED STRATEGY

ACTIVITIES

Identify and recruit partners to implement small media

Obtain annual rates of B&C cancer screening

Identify priority population and conduct assessment to inform small media messaging and distribution channels

Identify/customize small media materials with tested messages (MIYO)*

Distribute small media materials

OUTPUTS

SHORT-TERM OUTCOMES

INTERMEDIATE OUTCOMES

Appropriate partners recruited to implement small media

Accurate rates of B&C cancer screening obtained according to CDC guidance and reported to CDC

Priority population identified, small media messaging selected, and distribution channels specified consistent with assessment findings

Small media materials customized for and delivered to individuals in the priority population

Increased distribution of small media within grantee service area

Increased number of primary care clinics with accurate B&C cancer screening rates

Improved knowledge about B&C cancer screening among priority population

Increased demand for B&C cancer screening among priority population

Increased patient completion of B&C cancer screening

Moderating factors:

- Structural barriers (e.g., lack of provider referral for screening)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
 - Colposcopy
 - Mammography

Increased health system/clinic **B&C** cancer screening rates

Monitoring and Evaluation by Grantee

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^{*}CDC recommends use of scientifically tested messages (MIYO) or, if grantee is developing original materials, that adequate message testing be conducted.

Group Education for the NBCCEDP- Logic Model

EVIDENCE-BASED STRATEGY

ACTIVITIES

Identify and recruit partners to implement group education

Obtain annual rates of B&C cancer screening

Identify priority population and conduct assessment to inform content and format of group education

Identify/customize small media materials

Train individuals delivering group education sessions

Conduct group education sessions

OUTPUTS

Appropriate partners recruited to

implement group education

Accurate rates of B&C cancer

screening obtained according

to CDC guidance and reported

Priority population identified,

with assessment findings

Individuals delivering Group

Group education sessions

priority population

customized for and delivered to

Education appropriately trained

group education content selected,

and format specified consistent

to CDC

SHORT-TERM OUTCOMES

Increased occurrence of group education sessions within grantee service area

Increased number of primary care clinics with accurate B&C cancer screening rates

Improved knowledge about B&C cancer screening among priority population

Increased demand for B&C cancer screening among priority population

Increased patient completion of B&C cancer screening

INTERMEDIATE OUTCOMES

Moderating factors:

- Structural barriers (e.g., lack of provider referral for screening)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
 - Colposcopy
 - Mammography

Increased health system/clinic **B&C** cancer screening rates

Monitoring and Evaluation by Grantee

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^{*}See also logic model Small Media for the NBCCEDP.

One on One Education for the NBCCEDP- Logic Model

EVIDENCE-BASED STRATEGY

ACTIVITIES

Identify and recruit partners to implement one on one education

Obtain annual rates of B&C cancer screening

Identify priority population and conduct assessment to inform content and format of one on one education

Identify/customize small media materials*

Train individuals delivering one on one education sessions

Conduct one on one education sessions

OUTPUTS

Appropriate partners recruited to implement one on one education

Accurate rates of B&C cancer screening obtained according to CDC guidance and reported to CDC

Priority population identified, one on one education content selected, and format specified consistent with assessment findings

Individuals delivering one on one education appropriately trained

One on one education sessions customized for and delivered to priority population

SHORT-TERM OUTCOMES

Increased occurrence of one on one education sessions within grantee service area

Increased number of primary care clinics with accurate B&C cancer screening rates

Improved knowledge about B&C cancer screening among priority population

Increased demand for B&C cancer screening among priority population

Increased patient completion of B&C cancer screening

INTERMEDIATE OUTCOMES

Moderating factors:

- Structural barriers (e.g., lack of provider referral for screening)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
 - Colposcopy
 - Mammography

Increased health system/clinic **B&C** cancer screening rates

Monitoring and Evaluation by Grantee

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Patient Navigation (PN) for the NBCCEDP - Logic Model

PROGRAM SUPPORTED ACTIVITY

ACTIVITIES

Identify and recruit partners to implement PN

Obtain annual rates of B&C cancer screening

Train navigators on necessary topics (e.g., PN role, cancer screening)

Navigator responsibilities:

- Enroll patients from priority population in PN
- Assess patient barriers to B&C cancer screening/diagnostics
- Provide culturally competent health education and social support**
- Facilitate resolution of patient barriers
- Conduct patient tracking and follow-up
- Ensure patients and primary care providers receive screening/ diagnostics results

OUTPUTS

Appropriate partners recruited to implement PN

Accurate rates of B&C cancer screening obtained according to CDC guidance and reported to CDC

Navigators appropriately trained

Barriers assessed and resolved for priority population and individuals within that population

Patients educated on B&C cancer screening and/or diagnostic procedures

Patients tracked effectively, timely reminders delivered, and screening results given to patients and primary care providers in a timely manner **SHORT-TERM OUTCOMES**

Increased implementation of PN programs among clinics/health systems/other sites within grantee service area

Increased number of primary care clinics with accurate B&C cancer screening rates

Increased access to B&C cancer screening for priority population Improved knowledge of B&C cancer screening among priority population

Increased patient completion of B&C cancer screening

Increased patient understanding of screening results and necessary follow-up

Increased provision of screening results and necessary follow-up to primary care provider

INTERMEDIATE OUTCOMES

Moderating factors:

- Structural barriers (e.g., lack of provider referral for screening)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
 - Colposcopy
 - Mammography

Increased health system/clinic B&C cancer screening rates

*NBCCEDP Policies Manual for PN Policy

**See also logic models for One on One and Group Education for the NBCCEDP

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Disease Prevention and Health Promotion

Community Outreach for the NBCCEDP – Logic Model

PROGRAM SUPPORTED ACTIVITY

ACTIVITIES

Identify and recruit partners for linking community members from the priority population to partner clinics

Obtain annual rates of B&C cancer screening

Train staff responsible for community outreach on relevant topics (e.g., role, cancer screening)

Outreach staff responsibilities:

- Identify priority population in the community
- Provide culturally competent health education and social support*
- Help reduce participants' barriers to accessing clinical services
- Link/Connect participants to partner clinics** for B&C cancer screening
- Track participants from community through screening completion

OUTPUTS

Appropriate partners recruited

Accurate rates of B&C cancer

screening obtained according

to CDC guidance and reported

CHWs and other staff responsible

for community outreach

appropriately trained

within that population

cancer screening and/or

diagnostic procedures

health system/clinics

Participants educated on B&C

to CDC

SHORT-TERM OUTCOMES

Increased implementation of PN programs among clinics/health systems/other sites within grantee service area

Increased number of primary care clinics with accurate B&C cancer screening rates

Barriers assessed and resolved for priority population and individuals

Increased access to B&C cancer screening for priority population

Increased knowledge of B&C cancer screening among priority population

Increased patient completion of B&C cancer screening

INTERMEDIATE OUTCOMES

Moderating factors:

- Structural barriers (e.g., lack of provider referral for screening)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
 - Colposcopy
 - Mammography

Community members linked to Incre

Participants tracked effectively and timely reminders delivered

Increased health system/clinic B&C cancer screening rates

Monitoring and Evaluation by Grantee

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^{*}See also logic models for One on One and Group Education for the NBCCEDP

^{**}When possible, link patients to clinics where BCCEDP programs are in place