Grantee Strategies and Activities

Strategy 1: Program Collaboration
- Collaborate with NCCCP, NPCR, and other chronic disease programs that serve the priority population or communities.
- Collaborate with NCCCP to establish a programmatic advisory board.

Strategy 2: External Partnerships
- Establish formal agreements with health systems/clinics to provide patient support services, health system changes, and/or provider-focused activities.
- Establish formal agreements with community-based and faith-based organizations to access hard to reach populations.

Strategy 3: Cancer Data and Surveillance
- Use data to identify and describe priority populations and/or communities of need for breast and cervical cancer screening.
- Establish and maintain MDE systems for patient surveillance.
- Conduct linkage of diagnosed women with state cancer registry.

Strategy 4: Environmental Approaches for Sustainable Cancer Control
- Work with employers to inform development of wellness policies that promote screening and healthy behavior.
- Work with community organizations to include education programs that reduce risk for breast and cervical cancer in their community outreach activities.

Strategy 5: Community-Clinical Linkage to Aid Patient Support
- Use community- or clinic-based health workers, lay advisors, or health educators for community outreach and referral to medical homes.
- Provide patient navigation services to identify and address barriers to facilitate access to appropriate breast and cervical cancer screening and follow-up.

Strategy 6: Health System Changes and Provider-Focused Activities
- Conduct assessment of partner health systems, including breast and cervical cancer screening rates, data functionality, process flow, and use of EBIs.
- Implement provider education, quality assurance, and quality improvement and ensure continuous quality improvement by implementing provider assessment and feedback systems (EBI).
- Implement health systems changes to increase breast and cervical cancer screening:
  - Health information technology or electronic health record improvements
  - Patient reminder systems (EBI)
  - Provider reminder systems (EBI)
  - Reduce structural barriers (EBI)
- Provide appropriate quality screening, diagnostic follow-up, and treatment referral services to uninsured and underinsured NBCCEDP-eligible women.

Strategy 7: Program Monitoring and Evaluation
- Develop an evaluation plan based on program-identified strategies.
- Establish and maintain a data reporting system to collect required clinical data to monitor and track patient-level clinical care to ensure quality services.
- Report required clinic-level data to CDC to monitor effectiveness and implementation of interventions.
- Monitor breast and cervical cancer screening rates, data use, and process flow in clinic settings.

Program Management
- Hire and retain qualified program staff to accomplish program goals.
- Develop and maintain a fiscal system that tracks and monitors program expenditures.
- Identify and retain medical professionals to provide NBCCEDP clinical consultations.
- Participate in required CDC meetings.

Short-Term Outcomes
- Established health system and community partnerships that support increased breast and cervical cancer screening
- Knowledge and capacity for breast and cervical cancer prevention and screening among priority populations
- Access to health care and preventive services among priority populations
- Policies and systems that promote healthy lifestyle behaviors and support high-quality breast and cervical cancer screening
- Multiple evidence-based interventions in place that support improved provider practices and health systems to support high-quality breast and cervical cancer screening
- Data systems for measurement and use of patient and health system data
- High quality staff, clinical consultants, and providers

Intermediate Outcomes
- Increased appropriate breast and cervical cancer screening, rescreening, and surveillance among priority populations
- Increased use of evidence-based lifestyle programs, clinical preventive services, and cancer care
- Improved delivery of clinical preventive services and cancer care
- Increased health-seeking and healthy lifestyle behaviors to reduce cancer risk
- Enhanced data-based decision-making regarding B/C cancer screening

Long-Term Outcomes
- Reduced breast and cervical cancer morbidity and mortality
- Reduced disparities in breast and cervical cancer incidence and mortality
**Definitions/Abbreviations**

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

- Provider Assessment and Feedback  
- Provider Reminders  
- Reducing Out of Pocket Costs  
- Provider Reminders  
- Reducing Structural Barriers  
- Small Media  
- Group Education  
- One-on-One Education  
- Patient Navigation  
- Community Outreach

**SHORT-TERM OUTCOMES**

- Increased provider recommendations for patients to receive B&C cancer screening consistent with guidelines  
- Improved provider knowledge of and adherence to USPSTF B&C cancer screening guidelines  
- Increased demand for B&C cancer screening among priority population  
- Increased access to B&C cancer screening for priority population  
- Improved patient knowledge about the need for B&C cancer screening among priority population

**INTERMEDIATE OUTCOMES**

- Increased patient completion of B&C cancer screening  
- Increased health system/clinic B&C cancer screening rates
**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
- Accurate rates of B&C cancer screening obtained according to CDC guidance and reported to CDC
- Targeted providers educated on USPSTF B&C cancer screening guidelines
- Provider assessment and feedback system implemented with timely distribution of accurate feedback reports to primary care providers

**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
- Increased provider recommendations for patients to receive B&C cancer screening consistent with guidelines
- Increased patient completion of B&C cancer screening

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

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- MIYO = “Make It Your Own” www.miyoworks.org
- Research-tested messages and designs for health communications materials
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- PN = Patient Navigation
- CHWs = Community Health Workers

*The term “providers” refers to any/all clinical staff involved in implementation/use of the provider assessment and feedback system.

**Moderating factors:**
- Organizational barriers (e.g., limited IT or EMR system)
- Structural barriers (e.g., lack of provider referral for screening)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
  - Colposcopy
  - Mammography

**Monitoring and Evaluation by Grantee**
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
- Increased health system/clinic B&C cancer screening rates

Moderating factors:
- Organizational barriers (e.g., limited IT or EMR system)
- Structural barriers (e.g., lack of provider referral for screening)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
  - Colposcopy
  - Mammography

Definitions/Abbreviations
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The term “providers” refers to any/all clinical staff involved in implementation/use of the provider reminders.

Monitoring and Evaluation by Grantee

August 2017
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

INTERMEDIATE OUTCOMES
- Increased health system/clinic B&C cancer screening rates

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

Monitoring and Evaluation by Grantee
**Definitions/Abbreviations**

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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

1. Identify and recruit partners to reduce structural barriers
2. Obtain annual rates of B&C cancer screening
3. Identify priority population and conduct assessment to identify out of pocket costs impeding access to B&C cancer screening
4. 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

1. Appropriate partners recruited to reduce structural barriers
2. Accurate rates of B&C cancer screening obtained according to CDC guidance and reported to CDC
3. Priority population identified and strategy to reduce barriers selected consistent with assessment findings
4. Outputs dependent on strategy selected (Example: “breast cancer screening services offered in alternative/non-clinical settings appropriate for priority population”)

SHORT-TERM OUTCOMES

1. Reduced out of pocket costs for B&C cancer screening among priority population
2. Increased number of primary care clinics with accurate B&C cancer screening rates
3. Reduced out of pocket costs for B&C cancer screening among priority population
4. Increased access to B&C cancer screening for priority population
5. Increased patient completion of B&C cancer screening

INTERMEDIATE OUTCOMES

1. Increased health system/clinic B&C cancer screening rates

Definitions/Abbreviations

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

Monitoring and Evaluation by Grantee
**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
- 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

### SHORT-TERM OUTCOMES
- 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

### INTERMEDIATE OUTCOMES
- Increased health system/clinic B&C cancer screening rates

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

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Monitoring and Evaluation by Grantee
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**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 to CDC
- Priority population identified, group education content selected, and format specified consistent with assessment findings
- Individuals delivering Group Education appropriately trained
- Group education sessions customized for and delivered to priority population

**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**

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

**Moderating factors:**

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

*See also logic model Small Media for the NBCCEDP.*
One on One Education for the NBCCEDP– Logic Model

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

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

Definitions/Abbreviations
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*See also logic model Small Media for the NBCCEDP.
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)

**Definitions/Abbreviations**

<table>
<thead>
<tr>
<th>USPSTF</th>
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<td>CHWs</td>
<td>Community Health Workers</td>
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**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
- 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**

- Increased health system/clinic B&C cancer screening rates
- 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)
- Patient barriers (e.g., fear, cost)
- Limited capacity for:
  - Colposcopy
  - Mammography

*NBCCEDP Policies Manual for PN Policy

**See also logic models for One on One and Group Education for the NBCCEDP
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 to CDC
- CHWs and other staff responsible for community outreach appropriately trained
- Barriers assessed and resolved for priority population and individuals within that population
- Participants educated on B&C cancer screening and/or diagnostic procedures
- Community members linked to health system/clinics
- Participants tracked effectively and timely reminders delivered

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
- Increased knowledge of B&C cancer screening among priority population
- Increased patient completion of B&C cancer screening

INTERMEDIATE OUTCOMES
- Increased health system/clinic B&C cancer screening rates

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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