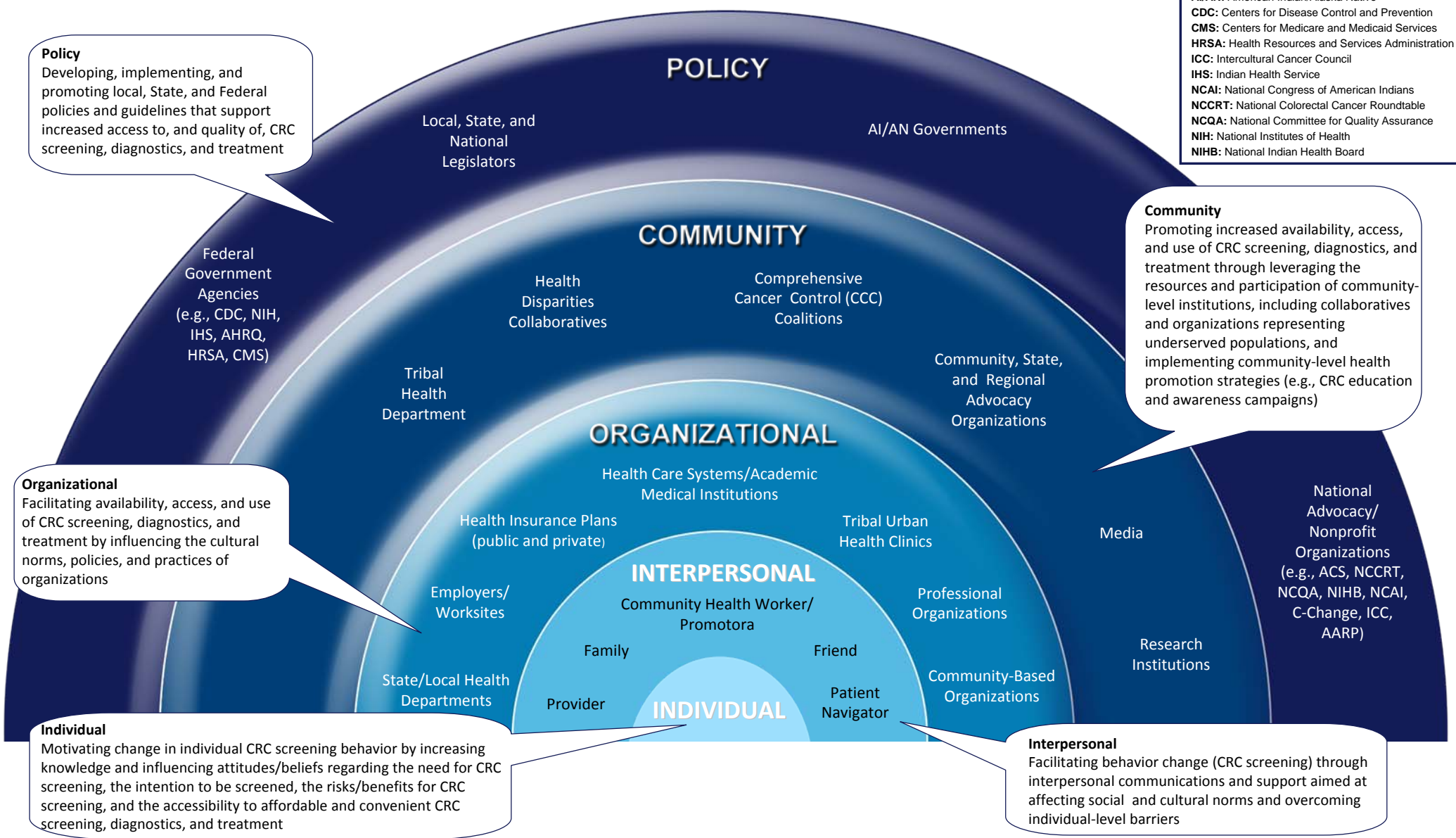


CDC's Colorectal Cancer Control Program: A Social Ecological Model*

- AARP:** American Association of Retired Persons
- ACS:** American Cancer Society
- AHRQ:** Agency for Healthcare Research and Quality
- AI/AN:** American Indian/Alaska Native
- CDC:** Centers for Disease Control and Prevention
- CMS:** Centers for Medicare and Medicaid Services
- HRSA:** Health Resources and Services Administration
- ICC:** Intercultural Cancer Council
- IHS:** Indian Health Service
- NCAI:** National Congress of American Indians
- NCCRT:** National Colorectal Cancer Roundtable
- NCQA:** National Committee for Quality Assurance
- NIH:** National Institutes of Health
- NIHB:** National Indian Health Board



Policy
Developing, implementing, and promoting local, State, and Federal policies and guidelines that support increased access to, and quality of, CRC screening, diagnostics, and treatment

Community
Promoting increased availability, access, and use of CRC screening, diagnostics, and treatment through leveraging the resources and participation of community-level institutions, including collaboratives and organizations representing underserved populations, and implementing community-level health promotion strategies (e.g., CRC education and awareness campaigns)

Organizational
Facilitating availability, access, and use of CRC screening, diagnostics, and treatment by influencing the cultural norms, policies, and practices of organizations

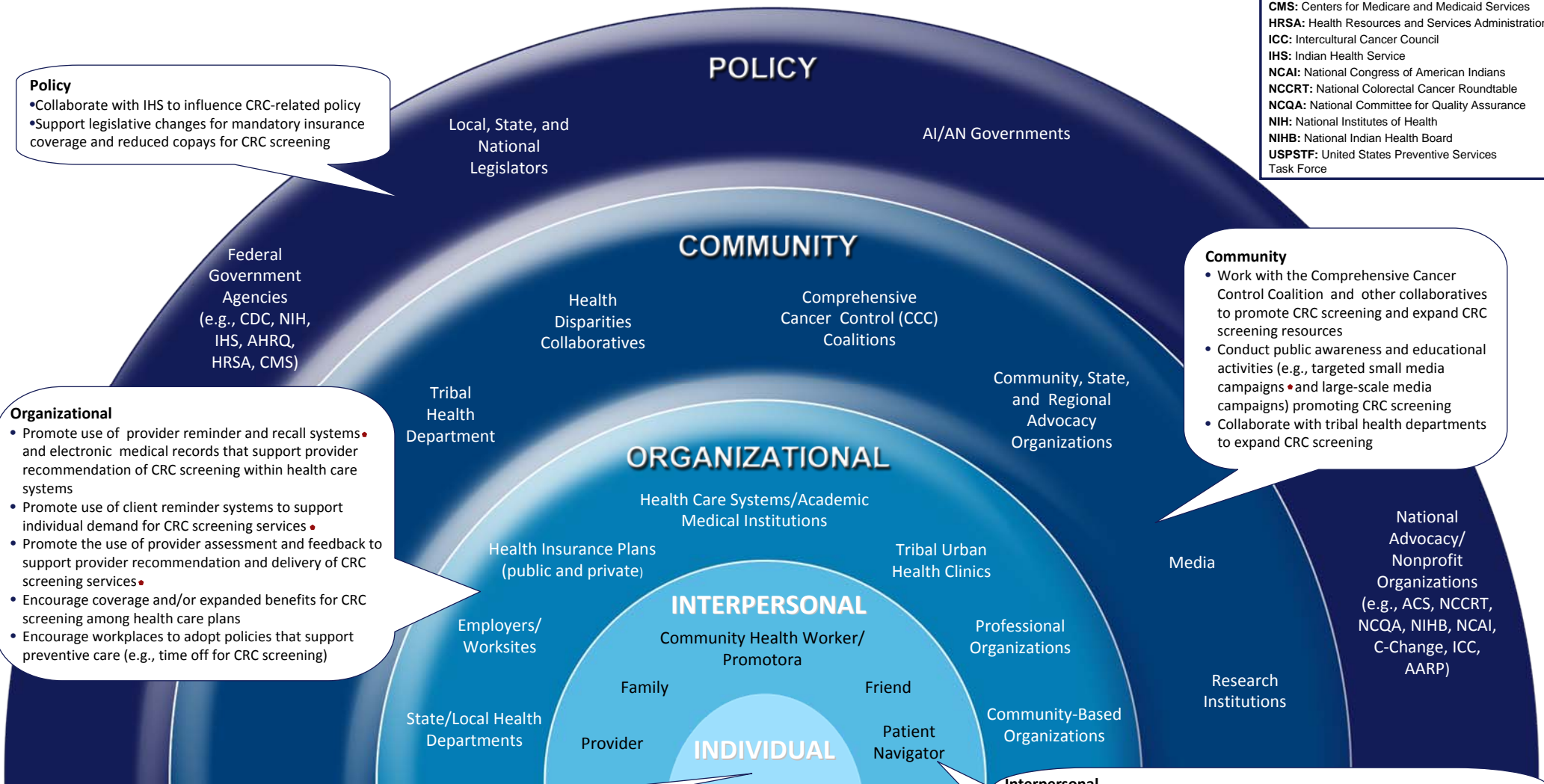
Individual
Motivating change in individual CRC screening behavior by increasing knowledge and influencing attitudes/beliefs regarding the need for CRC screening, the intention to be screened, the risks/benefits for CRC screening, and the accessibility to affordable and convenient CRC screening, diagnostics, and treatment

Interpersonal
Facilitating behavior change (CRC screening) through interpersonal communications and support aimed at affecting social and cultural norms and overcoming individual-level barriers

*Some groups may fit within multiple levels of this model.

Examples of Possible Grantee Activities by Level of the Social Ecological Model

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NIHB: National Indian Health Board
USPSTF: United States Preventive Services Task Force



Policy

- Collaborate with IHS to influence CRC-related policy
- Support legislative changes for mandatory insurance coverage and reduced copays for CRC screening

Community

- Work with the Comprehensive Cancer Control Coalition and other collaboratives to promote CRC screening and expand CRC screening resources
- Conduct public awareness and educational activities (e.g., targeted small media campaigns and large-scale media campaigns) promoting CRC screening
- Collaborate with tribal health departments to expand CRC screening

Organizational

- Promote use of provider reminder and recall systems and electronic medical records that support provider recommendation of CRC screening within health care systems
- Promote use of client reminder systems to support individual demand for CRC screening services
- Promote the use of provider assessment and feedback to support provider recommendation and delivery of CRC screening services
- Encourage coverage and/or expanded benefits for CRC screening among health care plans
- Encourage workplaces to adopt policies that support preventive care (e.g., time off for CRC screening)

Individual

- Provide quality, appropriate CRC screening and surveillance to those recommended for CRC screening
- Ensure timely initiation of treatment for persons diagnosed with cancer

Interpersonal

- Ensure provider recommendation for screening according to USPSTF guidelines
- Use patient navigation to reduce structural barriers and facilitate adherence to CRC screening
- Use community health workers/promotoras to provide education about CRC screening