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

*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

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

**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

**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

---

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
USPSTF: United States Preventive Services Task Force