ALLIANCE FAITH-BASED INITIATIVE LOGIC MODEL STRATEGIES/ ACTIVITIES **OUTPUTS SHORT-TERM OUTCOMES INPUTS** FUNDING Number of external STRATEGY: EXTERNAL Overall changes in individual behavior, knowledge, and partnerships/Number of PARTNERSHIP attitudes related to cancer new partnerships • Chester Healthcare Activity 1: Develop and maintain external partnership and collaboration Foundation • Number and types of • Activity 2: Maintain relationship with Private Donations resources given to church existing churches and recruit new coordinators for local churches EXTERNAL distribution each month screenings PARTNERSHIP STRATEGY: EDUCATE CHURCH Development of • USC School of Public MEMBERS ON THE AVAILABLE quidelines and skills for the church pastor and SCREENING RESOURCES Local area churches church coordinators to Activity 1: Increase participants • SC DHEC BCN successfully complete the knowledge on cancer related program Program resources in SC Number of Activity 2: Pastor encourages members/partcipants LOCAL CHURCHES congregants to follow USPSTF attending cancer related screening guidelines - Link health to Church pastor programs, activities, and scripture Church coordinators

Number of

church

educational/informative

activities planned by the

coordinator/committee

Ongoing evaluation

Development of

quantitative and

and pre/posttest

meetins and support

qualitative evaluation

methods such as surveys,

key formant interviews,

Church members

STRATEGY: PROVIDE **EDUCATIONAL ACTIVITIES FOR** MEMBERS OF THE CHURCH

Activity 3: Promote messages through

church media

 Activity: Educate participants about various cancer topics each month through guest speakers, Alliance cancer presentation, etc.

STRATEGY: PROGRAM MONITORING AND EVALUTION

 Activity: Develop evaluation plan and methods

- Improved knowledge of resources regarding cancer prevention and cancer
- Improved knowledge about various types of cancers
- Increased/improved access to cancer screenings

INTERMEDIATE OUTCOMES

- Increased number of cancer screenings and rescreening rates among priority populations
- Increased/Improved access to cancer screenings (healthcare providers, mobile units, etc.

LONG-TERM OUTCOMES

- · Decreased cancer mortality and morbidity rates in South Carolina rural areas
- Reduce disparities/costs associated with cancer

