

# Overview of the Logic Model

National  
Alliance for  
Caregiving

Cancer  
Caregiving  
COLLABORATIVE



## VISION

The vision of the Collaborative, otherwise referred to as its North Star, is to champion systemic change that ensures cancer caregivers receive the equitable support, training, and financial relief they deserve.

The [Cancer Caregiving Collaborative](#) (Collaborative) was established in July 2024 to connect stakeholders across the cancer and caregiving continuums in efforts to address the unmet needs of cancer caregivers. The next several months were dedicated to creating a logic model to help guide the Collaborative's work over the next several years.

The governance of the Collaborative includes an Executive Committee, comprised of seven individuals, and a Steering Committee, which includes diverse stakeholders across the cancer and caregiving continuum including patient advocacy, research, health systems, drug development, and family caregivers. Collaborative work is organized and conducted by the National Alliance for Caregiving Programs Department.

## Problem

An estimated 19 million cancer survivors rely on family caregivers for multiple forms of support throughout their cancer experience.<sup>1</sup> Caregiving for individuals with serious illness is an often underrecognized and invisible experience. Together with cancer survivors, caregivers make key medical decisions, perform hands-on clinical care tasks, coordinate complex medication regimens, and provide countless hours to support their care recipients. At the same time, the illness and treatment experiences associated with cancer often challenge caregivers' mental health, financial wellbeing, and employment stability. Caregivers report multiple challenges with respect to coping with their care responsibilities. According to *Cancer Caregiving in the U.S. 2016*, cancer caregivers face heightened emotional distress, challenges to their physical health, and financial hardship, often at higher rates than other caregivers.<sup>2</sup> At the same time, their needs are under-recognized, and they experience inconsistent support from the health care system and society at large.<sup>2</sup>



## CORE PRIORITIES

The Collaborative decided to focus on two core priorities integral to the cancer caregiving experience and with potential for both leverage and meaningful change:

1

### Healthcare Integration:

Champion the equitable integration of family caregivers into cancer care teams by optimizing reimbursement pathways to increase access to high quality training, educational resources, and support services.

2

### Financial Support:

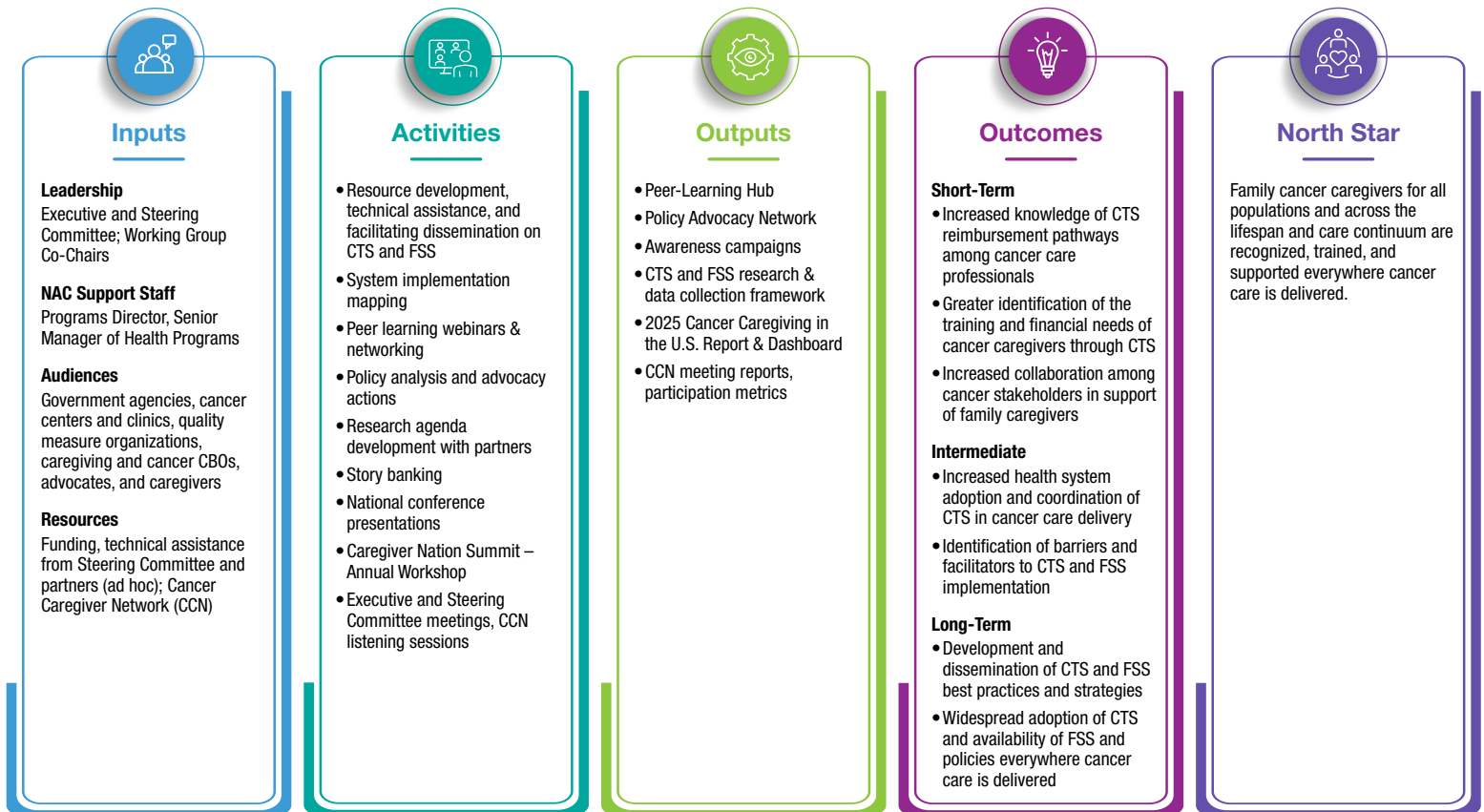
Address the financial toxicity of cancer caregiving by advocating for smart and equitable economic policies.

<sup>1</sup>Siegel, R.L., Giaquinto, A.N. and Jemal, A. (2024) *Cancer Statistics, 2024*. *CA: A Cancer Journal for Clinicians*, 74, 12-49. <https://doi.org/10.3322/caac.21820>

<sup>2</sup>National Alliance for Caregiving (2016) *Cancer Caregiving in the U.S.: An intense, episodic, and challenging care experience*. Accessed February 5, 2025, from [https://www.caregiving.org/wp-content/uploads/2020/05/CancerCaregivingReport\\_FINAL\\_June-17-2016.pdf](https://www.caregiving.org/wp-content/uploads/2020/05/CancerCaregivingReport_FINAL_June-17-2016.pdf)

## LOGIC MODEL

## Core Priorities: Healthcare Integration and Financial Support

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CTS: caregiver training services FSS: financial support services

## Definitions

We define caregiver training and supports **caregiver training services (CTS)** as comprehensive education, training, psychosocial support, and information and referral resource linkages for caregivers. We view the Center for Medicare and Medicaid Services' (CMS) allowance for caregiver training as part of the Physician Fee Schedule to be one pathway for providing training and to some degree support to caregivers directly.

We define **financial support services (FSS)** broadly as policies, practices and programs that provide financial assistance to family caregivers alongside their care recipients and that promote financial stability throughout the lives of family caregivers.

We define the **Cancer Caregiver Network (CCN)** as a NAC facilitated network of cancer caregivers with lived experience. The purpose of the CCN will be to engage directly with cancer caregivers and to provide ongoing opportunities for input to the Collaborative's logic model as well as informational support aligned with the Collaborative's mission and core priorities. The CCN will host listening sessions to solicit feedback to ensure that the Collaborative strategies center current caregiver needs.

## Description of the Logic Model Components

We used a classical logic model approach, focusing on the operational components of leadership, activities, outputs and outcomes. The model was first developed in April 2024, and several rounds of feedback solicitation were conducted with the Executive and Steering Committees for refinement and improvement.



### INPUTS

Inputs are described as the resources invested into the program. The Collaborative's inputs are comprised of the following:

- **Leadership:** Executive and Steering Committee; Working Group Co-Chairs
- **NAC Support Staff:** Programs Director, Senior Manager of Health Programs
- **Resources:** Funding, technical assistance from Steering Committee and partners (ad hoc); Cancer Caregiver Network (CCN)
- **Audiences:** Government agencies (e.g. the National Cancer Institute and other NIH institutes, the Centers for Medicare & Medicaid Services (CMS), the Patient-Centered Outcomes Research Institute (PCORI), and the Food and Drug Administration (FDA), cancer centers and outpatient oncology clinics, cancer care quality measure organizations, caregiving and cancer support organizations, advocates (both organizations and individuals), and caregivers and individuals with cancer.



### ACTIVITIES

Activities are defined as the actions taken to implement a program. The Collaborative's activities include the following:

- **Resource development, technical assistance, and dissemination of caregiver training services (CTS) and financial support services (FSS).**
  - Resources will range in topics related to the two core priorities as well as the application across different healthcare specialties, including palliative care, rehabilitation and supportive care, and social work.
  - A bimonthly newsletter can be generated from the NAC Collaborative staff and overseen by the Executive Committee to include activities updates.
- **System implementation mapping:** System implementation mapping, for both core priorities, is an activity that can be used to map how caregivers can be formally identified by the healthcare system, assessed with respect to capacity, readiness, and any areas of distress, and provided and/or referred to services in cancer care delivery settings.
  - A clinical workflow investigation of how caregivers are identified, assessed, and provided and referred to support services can be conducted across cancer care delivery settings.
  - A review of state cancer control plans across the county can be conducted across states to examine references to caregivers/caregiving as well as provide suggestions for how caregivers may be included in future plan iterations.
  - A survey of cancer care delivery settings can be conducted to measure awareness, readiness, and any utilization (planned and/or implemented) of Medicare's CTS billing codes and financial support service for caregivers.
- **Peer learning webinars & networking**
  - The Collaborative can facilitate regular peer-to-peer learning opportunities via webinar, allowing stakeholders to share best practices, challenges, and innovative solutions to improve CTS and FSS support for cancer caregivers.

- **Policy analysis and advocacy actions**
  - NAC can call for public comment opportunities through CMS, Administration for Community Living (ACL), and the entities leading the National Strategy for Family Caregiving. NAC can share these calls with the Collaborative members.
- **Research agenda development with partners.** Priority areas for research include (but are not limited to and warrant further development with funding agencies).
  - An inventory of quality measures relevant for cancer caregiver delivery (e.g. Cancer CAHPS [Consumer Assessment of Healthcare Providers and Settings] can be conducted to determine existing measures for cancer caregiver quality measurement and identify gaps for developing new quality measures.
  - Cost effectiveness analysis of existing efficacious interventions to improve cancer caregiver outcomes and provide incremental cost-effectiveness ratios of effectiveness to total health system costs.
  - Surveys of reports on availability of CTS and FSS that also target caregivers across cancer care delivery settings.
- **Story banking**
  - NAC can collect cancer caregiving stories to highlight the vital roles family caregivers play in cancer care delivery. This initiative can gather diverse narratives using rigorous qualitative interview and documentary methods, emphasizing the experiences of cancer caregivers from varied social, economic, and cultural backgrounds.
- **National conference presentations**
  - Collaborative members can create and present on caregiver integration and financial support services in cancer care delivery at national conferences. Collaboration and co-authorship across investigators represented in the Collaborative will be fostered.
- **Caregiver Nation Summit – Annual Workshop**
  - An annual workshop focusing on increasing awareness about the Collaborative’s current efforts and sharing projects/collaborations related to the two core priorities (care integration and financial relief) is planned and can be continued annually.
- **Executive and Steering Committee meetings and CCN meetings**
  - Ongoing meetings to engage Executive and Steering Committee members can be conducted to chart the progress and direction of the Collaborative.



## OUTPUTS

Outputs are the direct products of program activities. The Collaborative’s outputs include the following:

- **Creation of a Peer Learning Hub for providers, practitioners, and caregivers**
  - The Hub can be created and provide a repository of curated guides, toolkits, and policy briefs.
- **Research and Data Collection Framework with partners**
  - A framework detailing research and data collection priorities for cancer caregiving research can be created with the Collaborative and partners, to include funding agencies, researchers, practitioners, policymakers, advocates, caregivers and care recipients.
- **Policy Advocacy Network**
  - A learning and advocacy network can as part of the Collaborative can mobilized and coordinated to provide Network members multiple opportunities, including peer-learning webinars and public comment opportunities and sign-on letters supporting cancer caregiver CTS and FSS.

- **Awareness campaigns**
  - Awareness campaigns can be designed to develop multimodal advocacy materials and strategies based on cancer caregiving facts and cancer caregiver stories collected.
  - CNN listening sessions tailored to various audiences, including researchers, healthcare providers, and policymakers can be created as part of awareness campaigns.
- **2025 Cancer Caregiving in the U.S. Report & Dashboard**
  - NAC can develop and release a Cancer Caregiving in the US Report using Caregiving in the US 2025 data. This report will add to analyses conducted in 2016 using 2015 Caregiving in the U.S. data and allow the opportunity for trend analysis.
- **CCN meeting reports, participation metrics**
  - NAC can track participation and engagement of the CCN over time to learn from the experiences of cancer caregivers and inform the Collaborative's work on the core priorities.



## OUTCOMES

Outcomes are the direct products of program activities. The Collaborative's outcomes include the following:

- **Short-Term (1-2 years):**
  - Increased awareness and knowledge of CTS reimbursement pathways among cancer care professionals
  - Greater identification of the training and financial needs of cancer caregivers through caregiver training services
  - Increased awareness and knowledge of cancer caregiver FSS needs among cancer care professionals
  - Increased collaboration among cancer stakeholders in support of family caregivers
- **Intermediate (3-5 years):**
  - Increased health system adoption and coordination of CTS in cancer care delivery
  - Identification of barriers and facilitators to CTS and FSS implementation
- **Long term (6-10 years):**
  - Development and dissemination of CTS and FSS best practices and strategies
  - Widespread adoption of CTS and availability of FSS and policies everywhere cancer care is delivered.

## Conclusion

The Collaborative Logic Model has been developed by NAC and Collaborative partners to provide a roadmap of inputs, activities, outputs, and outcomes over the next decade to champion the needs of cancer caregivers. Ongoing input will be solicited to continue to strengthen the Collaborative's strategic planning.



### About the National Alliance for Caregiving

Since 1996, the National Alliance for Caregiving (NAC) has been a catalyst for change, transforming how the United States recognizes, supports, and values our 53 million family caregivers providing complex care. Through our nationally recognized research and our advocacy for the first-ever National Strategy to Support Family Caregivers, we drive the policy, system, and culture change needed to make family caregivers a national priority. With more than 50 members, we build partnerships across aging, disability, healthcare, philanthropy, and the private sector to make caregiving more sustainable, equitable, and dignified.