

Kentucky Cancer Consortium **Policy Evaluation Plan** September 2013 - September 2014

Policy Partnership/PARTNERSHIP: Related to the Affordable Care Act (ACA) and Cancer Team-
pg. 2

Policy Strategy/PROGRAM: Related to Barriers to Colon Cancer Screening
pg. 8

Policy Strategy/PROGRAM: Related to Smoke-Free Kentucky Efforts
pg. 18

References: pg. 25
Appendix A: pg. 26
Appendix B: pg. 27
Appendix C: pg. 28

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Kentucky Cancer Consortium Policy Evaluation Plan
September 2013- September 2014
Policy Partnership/PARTNERSHIP Section

Context for the Evaluation

Step 1: Engage Stakeholders

Step 2: Describe the Program

Step 3: Focus the Evaluation Design

Step 4: Gather Credible Evidence

Step 5: Justify Conclusions

Step 6: Ensure Use and Share Lessons Learned

Evaluation of the Affordable Care Act and Cancer Team: Examining the Affordable Care Act (ACA) and Cancer Team and its Partnership-related Outcomes

Context for the Evaluation

The Affordable Care Act (ACA) and Cancer Team began in the fall of 2013, after several members of this team actively participated and completed the Kentucky Cancer Consortium (KCC)'s most recent Resource Plan. Staff and stakeholders discovered that many of the same people on the Resource Plan team continued to discuss the need for understanding ACA and its relationship to cancer and this team was formed. The team is focused on understanding ACA and its implications for cancer prevention and early detection in Kentucky. The focus areas of the team include: colon cancer, lung cancer, smoking cessation, breast cancer and cervical cancer. This effort is working to advance Policy/System/Environmental Changes in all areas, particularly for colon cancer screening as related to this effort. The audiences being considered are the uninsured, insured, cancer survivors, healthcare professionals and/or Consortium partner organizations and small businesses and worksites.

Steps 1: Engage Stakeholders

The evaluation focus was based on the Partnership Evaluation conducted in 2012-2013 with Shared Use Agreements. Since that effort went well, the team decided to do something similar for the ACA and Cancer Team. In preparation for this evaluation, questions were drafted for the key informant interviews based on experiences with the Shared Use Agreements.

Evaluation Stakeholders: ACA and Cancer Team

Primary Intended Users of the Evaluation: KCC Staff for partnership improvement and CDC to understand how partnerships and policy work together.

Step 2: Describe the Policy Partnership

The ACA and Cancer Team was formed in the Fall of 2013 and includes 41 partners from public, non-profit, government, insurance and other entities. The team meets in person quarterly in connection with the overall Consortium meeting and through webinar/conference call in between meetings to continue implementation efforts. As mentioned in the Context, many of the team members previously participated on our Resource Plan team helping develop the latest KCC Resource Plan that defines the resources needed to implement priority areas of the Cancer Action Plan, the same focus areas for this ACA and Cancer Team.

Step 3: Focus the Evaluation Design

Activity You Plan to Evaluate: Partnership related to ACA and Cancer Team

Focus the Evaluation Design: Key informant interviews with ACA and Cancer Team Members

Step 4: Gather Credible Evidence

KCC lead on this evaluation project, Dr. Jennifer Redmond Knight, discussed the request for information with the ACA and Cancer Team during the July 2014 meeting. A follow-up email was sent to the membership of this Team that asked them related questions. Email responses were used as evidence.

Steps 3-5 of the CDC Evaluation Framework

Objective: Policy Partnership/PARTNERSHIP Section: Evaluation of the Affordable Care Act and Cancer Team-- Examining the Affordable Care Act (ACA) and Cancer Team and its Partnership-related Outcomes					
Evaluation Questions	Indicators	Data collection			Data Analysis
		Source	Method	Timing	
<p>1) <u>Outcome:</u> What are the benefits of your participation/efforts in the KCC ACA and Cancer Team?</p>	<p>Policy Partnership Questionnaire: <i>Can you identify the specific benefits of your participation in the KCC ACA/Cancer Team for advancing ACA and its relationship to cancer prevention & early detection efforts?</i></p>	ACA and Cancer Team	Key Informant Interviews with ACA and Cancer Team	July 2014	Record any observations or statements made by ACA and Cancer Team; Categorize responses
<p>2). <u>Outcome:</u> Have ACA/Cancer Team partners met a new partner(s) through their membership on this Team? Have they worked on specific projects with this new partner(s) as a result of participation in the ACA and Cancer Team?</p>	<p><i>Did you meet a new partner through your membership on this ACA/Cancer Team? Did you work on a specific project together after meeting?</i></p>	ACA and Cancer Team	Key Informant Interviews with ACA and Cancer Team	July 2014	Record any observations or statements made by ACA and Cancer Team; Categorize responses

Step 5: Justify Conclusions

1). Evaluation Question: What are the benefits of your participation/efforts in the KCC- ACA and Cancer Team?

Indicator Question: *Can you identify the specific benefits of your participation in the KCC- ACA/Cancer Team for advancing ACA and its relationship to cancer prevention & early detection efforts?*

Answer(s): Some of the responses to this question include:

- Networking with team members
- Developing new collegial relationships
- Becoming familiar with other organizations' experiences with ACA and how it has impacted individuals and healthcare on a local level
- Learning how ACA will impact areas of cancer prevention and control efforts outside of expertise
- Providing educational benefits to staff and nurse navigators
- Receiving up-to-date information
- Being included in approaches to educational materials for patients
- Having educational resources for patients on cancer screening
- Having an "cheat sheet" for health care providers on the benefits of ACA and cancer prevention
- Staying current with other related activities and changes happening at a state and national level
- Encouraging to be at the table with like-minded partners

2). Evaluation Question: Have ACA/Cancer Team partners met a new partner(s) through their membership on this Team? Have they worked on specific projects with this new partner(s) as a result of participation in the ACA and Cancer Team?

Indicator Question: *Did you meet a new partner through your membership on this ACA/Cancer Team? Did you work on a specific project together after meeting?*

Answer(s): Some of the responses to this question include:

- Partnership and project between Kentucky Cancer Program and Kentucky Women's Cancer Screening program to educate contracted providers and other providers on low-income qualifications for women through ACA. Providers were informed of eligibility and misinformation was corrected.
- Kentucky Colon Cancer Screening Program and Kentucky Women's Cancer Screening Program realized there were similar questions, concerns and work to be done regarding defining underinsured and providing assistance to these individuals through both programs

- Humana and KentuckyOneHealth discussed quality issues related to new low dose CT lung cancer screening
- Met several new colleagues and invited to speak at two new organizations. Created opportunities for collaboration on project development
- Have not yet worked on a project but know that if I needed assistance, I could reach out to other team members. Now part of advisory team for another grant and included members of this team on a new grant.

See Appendix A on page 26 to view a summary of the evaluation question answers.

Step 6: Ensure Use and Share Lessons Learned

Communication/Dissemination Plan:

KCC staff sent an email to the ACA and Cancer Team highlighting the themes identified through participation on the ACA and Cancer Team. KCC staff will keep this information to make decisions about future partnerships and benefits of participating with KCC teams

Evaluation Activities Staffing Plan

Staff Member and Partners	Activities
Jessica Jones	Assisted with drafting and adapting questions from Shared Use Agreements
Jennifer Redmond Knight	Finalize Questions, conducted key informant interviews through email questions, analyzed results, developed evaluation report, shared results with the ACA and Cancer Team
ACA and Cancer Team	Provided responses to the key questions

Additional Notes:

PARTNERSHIP Evaluation as it relates to the Cancer Action Plan and Logic Model:

PARTNERSHIP: This is a required evaluation component of the “Demonstrating the Capacity of Comprehensive Cancer Control Programs to Implement Policy and Environmental Cancer Control Interventions” grant. Our funder, the Centers for Disease Control and Prevention (CDC), defines the “PARTNERSHIP” as the “the quality, contributions, and impacts of [our] CCC coalition” (pg. 21)¹.

This evaluation sought to measure the benefits of participation on the KCC-ACA and Cancer Team and outcomes of new partnerships that occurred as a result of participation on this Team.

Policy Agenda: The Policy Agenda, [Targeting Cancer in Kentucky](#), provides an outline for priority policy initiatives of the Kentucky Cancer Consortium. These initiatives include:

- Kentucky will enact a comprehensive state-wide smoke-free law according to the Fundamentals of Smoke-Free workplaces.
- Increase access to colon cancer screening by reducing PSE barriers for patients in Kentucky.
- Increase the utilization of share use agreements with Kentucky schools to provide communities with more opportunities to increase physical activity.

Cancer Action Plan: The [Cancer Action Plan](#) or CAP is the blueprint document for comprehensive cancer prevention and control in Kentucky². It was developed in collaboration and input with the Kentucky Cancer Consortium (KCC) staff and KCC partner organizations. The Cancer Action plan addresses the areas of Prevention; Screening and Early Detection; Treatment and Care; and Quality of Life. Each of these CAP sections relate to health insurance coverage and the Affordable Care Act (ACA).

Kentucky Cancer Consortium Logic Model: The KCC logic model outlines the process of achieving outputs which leads to short-term, intermediate, and long-term outcomes attainment (See Appendix B, page 27). Through implementation of CAP activities and supportive administrative activities, outcomes will be achieved. All outcomes delineated in the logic model come directly or indirectly from the CAP activities.

**Kentucky Cancer Consortium, Policy Evaluation Plan
September 2013- September 2014**

Policy Strategy/PROGRAM: Related to Barriers to Colon Cancer Screening

Context for the Evaluation

Step 1: Engage Stakeholders

Step 2: Describe the Program

Step 3: Focus the Evaluation Design

Step 4: Gather Credible Evidence

Step 5: Justify Conclusions

Step 6: Ensure Use and Share Lessons Learned

Evaluation of a Policy Strategy's Implementation: Identifying Key System-Level Barriers related to Colon Cancer Screening through Implementation and Analysis of the Kentucky Colon Cancer Screening Program (KCCSP) Survey

Context for the Evaluation

Colorectal cancer (CRC) is a public health issue both nationally and in Kentucky, despite there being effective screening modalities available^{3,4}. According to the Kentucky Cancer Consortium (KCC)'s "Colorectal Cancer in Kentucky-A Snapshot", even with increases in screening rates, the state "continued to have the highest colorectal cancer incidence rate in the U.S" from 2007-2011 compared to all other states⁵. In 2011, over 2,600 individuals were diagnosed with CRC with over 800 individuals dying from the disease creating a huge burden on the state⁵. The unequivocal importance of screening/early detection and diagnosis is well-established: the 5-year survival rate for CRC is more than 90% when found early⁵.

Increasing colorectal cancer screening rates has historically been a priority initiative of the KCC with over nine state-wide organizations indicating this was a priority organizational activity in 2012, noted in the 2012-2013 KCC annual evaluation plan⁶. Kentucky has made tremendous progress in increasing CRC screening rates utilizing sigmoidoscopy/colonoscopy modalities, progressing from 34.7% in 1999 eligible individuals being screened (49th in the nation) to 65.9% in 2012 (28th)⁵.

When examining the data further regarding who is screened for CRC in Kentucky, noted disparities emerge. Consistent with the

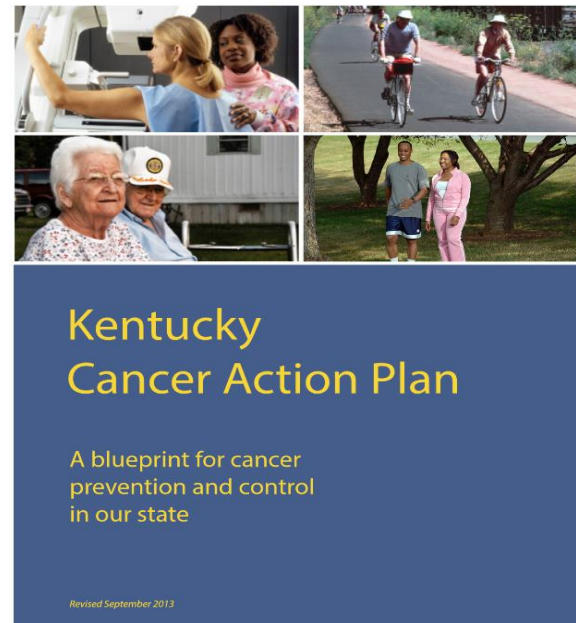
national trend, those with the lowest educational attainment (i.e., having less than a high school education or GED) are the “least likely to receive a colorectal cancer screening (blood stool test or sigmoidoscopy/colonoscopy)” and therefore are at greater risk of death from this disease^{5,7}.

In 2008, as a result of partner organizations educating state-level decision makers, the Kentucky General Assembly established a state-wide colon cancer screening program³. The purpose of the Kentucky Colon Cancer Screening Program (KCCSP) included³:

- 1) Increasing colon cancer screening rates;
- 2) Reducing morbidity and mortality from colon cancer; and
- 3) Reducing the cost of treatment colon cancer among citizens of the Commonwealth

These principles are aligned with the KCC’s Cancer Action Plan (CAP)’s goal and objectives. To view Kentucky’s CAP, visit the [KCC webpage](#).

Kentucky’s Cancer Action Plan (CAP): Colon Cancer	
Goal: Reduce incidence and mortality from colon cancer through prevention and early detection	Objective: By 2018, increase colon cancer screening among adults ages 50 and older from 72.3% (2012 KYBRFS) to 80%. {Note: this corresponds to the new national campaign initiated by the National Colorectal Cancer Roundtable targeting 80% in the U.S. by 2018.
	Objective: By 2018, increase colon cancer screening among adults ages 50 and older who have not completed high school from 62.2% (2012 KYBRFS) to 70%.
	Objective: By 2018, decrease colon cancer incidence from 53.76 per 100,000 people in Kentucky (2010 KCR) to 50 per 100,000 people in Kentucky.



In addition, a priority policy initiative of the KCC’s [Policy Agenda](#) includes increasing access to colon cancer screening by reducing policy/systems/environmental (PSE) barriers.

In order to assist the KCCSP and the KCC in reaching their organizational goals and objectives related to CRC screening, it was determined necessary to first identify key systems-level barriers which prevent Kentuckians from obtaining a screening or hinder them from obtaining a screening through the KCCSP.

Step 1: Engage Stakeholders

The Kentucky Colon Cancer Screening Program (KCCSP) has a very strong group of committed organizations working with them and funded sites. In addition to the complementary efforts of these supporting organizations, KCCSP conducts their own organizational strategies of education and outreach to increase colon cancer screening in Kentucky. This group, the KCCSP Advisory Group, meets once a month and is focused on effective implementation of the colon cancer screening program as well as assessing quality and outcomes measures.

As the KCCSP is state funded and the result of a novel private-public partnership with the Kentucky Cancer Foundation for funding, there was a high level of interest in this program. Many organizations throughout Kentucky and at all levels of government were interested in the results of the program.

Evaluation Stakeholders include:

- Centers for Disease Control and Prevention (CDC)- KCC's funder of this evaluation project
- Kentucky Cancer Consortium partner organizations
- Kentucky Colon Cancer Screening Program Staff and staff at the 10 KCCSP-funded sites
- Kentucky Colon Cancer Screening Program Advisory Committee members (also Primary Intended Users)
- Local and District Health Departments located throughout Kentucky, either implementing or considering applying for implementation funds from the program
- Local hospitals located throughout Kentucky, either implementing or considering applying for implementation funds from the program
- Members of the Kentucky Legislature, Senate and House of Representatives
- Executive Branch members of Kentucky

Partners/Primary Intended Users who developed the survey:



Primary Intended Users include:

Members of the KCCSP Advisory Committee	
American Cancer Society	Kentucky Cancer Registry
Baird Government Solutions	Kentucky Dept. for Public Health: Colon Cancer Screening Program and Chronic Disease Branch
Colon Cancer Survivor	Kinkead & Stilz, PLLC
Colon Cancer Prevention Project	Lake Cumberland District Health Dept.
Department of Medicaid Services (Kentucky)	Pike County Health Dept.
Kentucky African-Americans Against Cancer	Representatives
Kentucky Cancer Consortium	Senator
Kentucky Cancer Foundation	University of Kentucky-Markey Cancer Center
Kentucky Hospital Association	University of Kentucky-Rural Cancer Prevention Center
Kentucky Cancer Link	University of Louisville-Brown Cancer Center
Kentucky Cancer Program	Veterans Administration Medical Center

Step 2: Describe the Policy Strategy


See “Context for the Evaluation” beginning on page 8 for more information on the policy strategy related to identifying key systems-level barriers to CRC screening in Kentucky.

Step 3: Focus the Evaluation Design

Focus of the Evaluation Design:

In the summer of 2013, a small group of partner organizations was convened by KCC staff to develop survey questions to be asked of the KCCSP's 10-funded sites' personnel. The focus of the survey was to gather information from these sites as to what policy/systems/environmental barriers they and their patients were encountering as well as identifying facilitating factors of successful CRC screening through the program.

The survey, entitled "*Kentucky Colon Cancer Screening Program (KCCSP): Lessons Learned from our First Year, December 2013*" was intended to supplement data that was already being collected from the program administrators, the Kentucky Dept. for Public Health- Colon Cancer Screening Program. In addition, in 2012 the KCC and partners with KDPH advocated and were successful in having a state-added question added to the 2012 KY BRFSS which provided additional information regarding colon cancer screening barriers. The data and results have been reported in a manuscript created in partnership with KCC and its partners with anticipated publication in Spring 2015.

KY BRFSS (Behavioral Risk Factor Surveillance Survey): 2012 State-Added Question	
	<p>What is the most important reason you have never had a Sigmoidoscopy or Colonoscopy? KY State Added Question (N=2,283)</p> <p>19 Possible answers were combined into four categories:</p> <ul style="list-style-type: none">• Attitudes and beliefs• Health care provider and systems barriers• Cost• Other

Activity to be evaluated:

A survey was created and implemented, focusing on gathering information related to:

- How the KCCSP program was implemented during its first year
- Barriers to CRC screening that were encountered or noted by KCCSP staff as they attempted to navigate individuals through the CRC screening process

Due to the length of this report, a copy of the survey was not included but is available upon request the KCC evaluator, Jessica Jones at jjones@kycancerc.org.

Step 4: Gather Credible Evidence

Once the survey questions were finalized, an online survey was created in REDCap in September 2013. REDCap (Research Electronic Data Capture) is a “secure, web-based application designed exclusively to support data capture”^{8,9}. This program is free to use for all employees of the University of Kentucky which allows KCC staff to assist our partners in survey implementation.

The survey was launched on October 8, 2014 with data collection occurring until early December with periodic reminders being sent to those who had responded to the survey. The target population for completing the survey was all staff at the 10 funded sites.

Steps 3-4 of the CDC Evaluation Framework

Objective: Policy Strategy/PROGRAM Section: Identifying Key System-Level Barriers related to Colon Cancer Screening through Implementation and Analysis of the Kentucky Colon Cancer Screening Program (KCCSP) Survey					
Evaluation Question	Indicator(s)	Data collection			Data Analysis
		Source	Method	Timing	
<ul style="list-style-type: none"> • <u>Outcome Evaluation (First-Year):</u> What are the systems-level barriers experienced by the Kentucky Colon Cancer Screening Program (KCCSP) in its first year? 	<p>Upon examining the survey as a whole, identifying which key systems-level barriers stand out as being problematic for patients in accessing colon cancer screenings through the KCCSP.</p>	<p><u>Survey:</u> <i>Kentucky Colon Cancer Screening Program (KCCSP): Lessons Learned from Our First Year</i></p>	<p>Email electronic survey link to staff/respondents at KCCSP-funded sites for them to complete</p>	<ul style="list-style-type: none"> • October 2013 	<ul style="list-style-type: none"> • Frequencies/ Percentages • Categorize barriers based upon frequencies/ percentages that staff/respondents note as problematic

Step 5: Justify Conclusions

Evaluation Question: What are the systems-level barriers experienced by the Kentucky Colon Cancer Screening Program (KCCSP) in its first year?

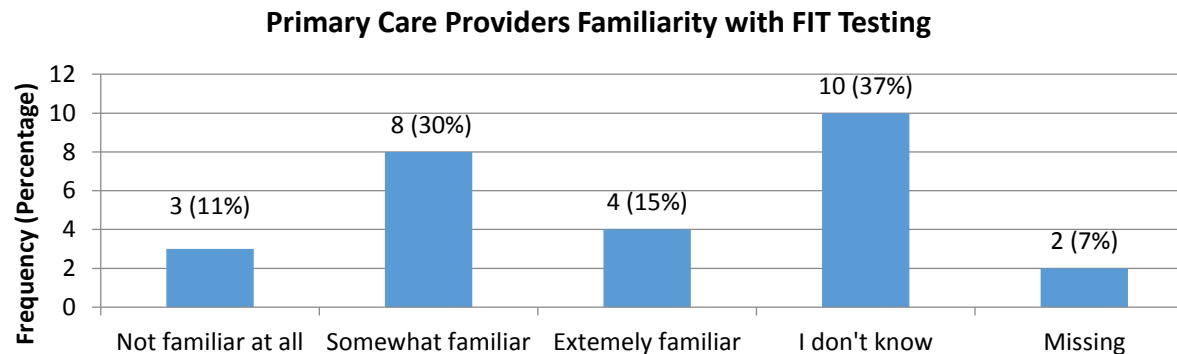
Results:

There were a number of systems-levels barriers identified through analyzing the survey data. These included:

- 1) Primary Care Provider (PCP) and Gastroenterology (GI) Provider education regarding FIT testing (data presented below)
- 2) Patient transportation issues
- 3) Locating treatment providers or community partners to partner with KCCSP funded sites in order to cover the treatment costs of a KCCSP patient when found to have colon cancer.

Indicator Questions

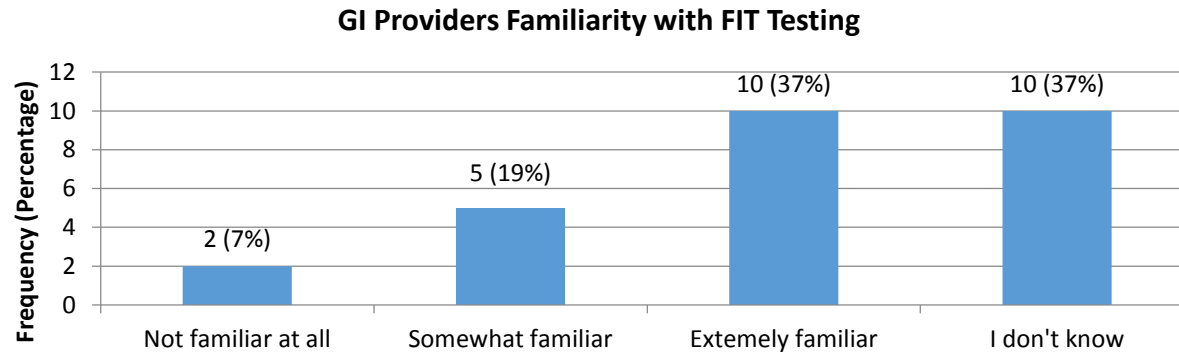
Are the primary care providers you contract with for the KCCSP program familiar with the FIT test?



Answer:

Respondents indicated that primary care physicians (PCPs) needed more education with FIT testing, with 10 (37%) responding they didn't know PCPs familiarity with the test and eight (30%) reporting they were "somewhat familiar".

Are GI providers you contract with for the KCCSP program familiar with the FIT test?



Answer:

Respondents reported GI providers being more familiar with FIT testing (“extremely familiar”: n=10, 37%), but still reported “I don’t know” to a large degree (n=10, 37%).

Notes:

In addition to the evaluation question, other useful information emerged from the data including individual psychological barriers related to fear. The importance of a personalized relationship in completing a colon cancer screening was demonstrated with the most effective way that FIT tests were completed being noted through “face to face” communication (n=19, 70%).

Step 6: Ensure Use and Share Lessons Learned

A meeting was held to discuss the draft report of “*Kentucky Colon Cancer Screening Program (KCCSP): Lessons Learned from Our First Year, January 2014*” with primary intended users of the survey. Edits were clarified and made as needed as well as discussing the results and action steps as a result of the data.

Dissemination Methods

Copies of the report were provided to all primary intended users to disseminate through their networks. These included the KCCSP funded sites as well as the KCCSP- Advisory Committee.

In addition, due to the interest in this project, a manuscript is currently being developed.

Action Steps

Almost immediately upon receiving a copy of the report, KCCSP staff and partners (including the KCC staff) began planning on how to address systems-level barriers noted in the report. This included planning and hosting an educational forum geared towards PCPs and GI physicians. The forum took place on May 21, 2014 and included an expert in FIT testing, Dr. James Allison, MD, FACP to speak on the efficacy and implementation of FIT testing.

Evaluation Activities and Staffing Plan

Staff Member and Partners	Activities
Jessica Jones	<ul style="list-style-type: none">Entered survey into REDCap; Analyzed data; Drafted final report
Jennifer Redmond Knight	<ul style="list-style-type: none">Worked with Primary Intended Users (KCCSP-Advisory Committee members) and the KDPH-Colon Cancer Screening Program staff to develop questions; presented the draft report to Primary Intended Users and Stakeholders
Kentucky Dept. for Public Health-Colon Cancer Screening Program	<ul style="list-style-type: none">Provided questions for the survey; Provided ongoing feedback throughout the project; Sent the survey link to KCCSP funded sites (the target population) and promoted the survey

Additional Notes:

PROGRAM: This is a required program evaluation component of the “Demonstrating the Capacity of Comprehensive Cancer Control Programs to Implement Policy and Environmental Cancer Control Interventions” grant. Our funder, the Centers for Disease Control and Prevention (CDC), defines the “Program” as “the extent to which interventions outlined in your Comprehensive Cancer Control action plan are executed and yield intended results” (pg. 21)¹.

This evaluation sought to identify key systems-level barriers related to colon cancer screening through the KCCSP program.

Policy Agenda: The Policy Agenda, [Targeting Cancer in Kentucky](#), provides an outline for priority policy initiatives of the Kentucky Cancer Consortium. These initiatives include:

- Kentucky will enact a comprehensive state-wide smoke-free law according to the Fundamentals of Smoke-Free workplaces.
- Increase access to colon cancer screening by reducing PSE barriers for patients in Kentucky.

- Increase the utilization of share use agreements with Kentucky schools to provide communities with more opportunities to increase physical activity.

Cancer Action Plan: The [Cancer Action Plan](#) or CAP is the blueprint document for comprehensive cancer prevention and control in Kentucky². It was developed in collaboration and input with the Kentucky Cancer Consortium (KCC) staff and KCC partner organizations. The Cancer Action Plan addresses the areas of Screening and Early Detection of colon cancer, providing strategies intended to increase colon cancer screening rates.

Kentucky Cancer Consortium Logic Model: The KCC logic model outlines the process of achieving outputs which leads to short-term, intermediate, and long-term outcomes attainment (See Appendix B, pg. 27). Through implementation of Policy Agenda and CAP activities and supportive administrative activities, outcomes will be achieved. All outcomes delineated in the logic model come directly or indirectly from the Policy Agenda or CAP activities.

Policy Strategy/PROGRAM: Related to Smoke-Free Kentucky Efforts

Context for the Evaluation

Step 1: Engage Stakeholders

Step 2: Describe the Policy Strategy/Program

Step 3: Focus the Evaluation Design

Step 4: Gather Credible Evidence

Step 5: Justify Conclusions

Step 6: Ensure Use and Share Lessons Learned

Evaluation of a Policy Strategy's Implementation: Measuring Key Outcomes Secondary to Dissemination of Air Quality Reports

Context for the Evaluation

Increasing the percentage of Kentuckians covered by smoke-free policies is a priority for our 1017 grant and is included in our Policy Agenda. The first city to pass a smoke-free policy in Kentucky was Lexington in 2003. There are now 23 communities who have comprehensive smoke-free policies. Currently 32% of the population is protected from secondhand smoke.

One tactic that has been shown in practice to increase smoke-free policies includes air quality studies (AQ) which provide local communities with local data. Often, it is the local AQ data that is key in educating policy makers about the dangers of secondhand smoke (SHS), both at the local and state level. The Kentucky Center for Smoke-free Policy (KCSP) within the University Of Kentucky College Of Nursing administers air quality testing. Dr. Ellen Hahn directs the Center and has several published articles regarding the efficacy of Air Quality Studies in promoting policy change, <http://www.mc.uky.edu/TobaccoPolicy/ResearchProduct/AirQuality.htm>. This link also contains all of the AQ reports from around Kentucky, including the reports funded by the 1017 grant.

The KCC provided supplemental funding to the KCSP in order to conduct local air quality tests with the expectation that they will be used by local Boards of Health in Kentucky to promote local smoke-free ordinances. This evaluation report presents the results of this funded project.

Steps 1: Engage Stakeholders

Evaluation Stakeholders Include:

- American Cancer Society, Cancer Action Network
- American Heart Association
- American Lung Association
- Kentucky Coordinated School Health
- Kentucky Youth Advocates

Primary Intended Users of the Evaluation Include:

- Kentucky Center for Smoke-Free Policy
- Smoke-Free Kentucky

Step 2: Describe the Policy Strategy/Program

Out of the 9 communities that have been funded by KCC for AQ, three of the communities have held press events releasing the local AQ data and four are in the planning phase of an event. Local events educate and inform local citizens and decision makers about the dangers of SHS in their communities. These events also reach the state-level decision makers, which is a good way to educate state policy makers on the dangers of SHS in their local communities as well as raise the level of knowledge. Two events in particular this past Fall 2014 included the local and state message of the benefits of increasing the percent of Kentuckians covered by smoke-free policies in order to improve health.

AQ Data Collection

Air testing for fine particulates (PM) is an investigative tool used to characterize the nature and extent of contaminants in air and to determine whether contaminant sources affect indoor air quality. KCSP also uses direct observations of smokers inside venues monitored for air quality. They select workplaces to confirm levels of air quality and also compliance with any existing smoke-free policies. KCSP asks trained data collectors to identify workplaces where smoking is allowed for data collection. Typically, the venues should not be smoke-free unless for a post-law study. The venues are to remain confidential as to maintain the integrity of the research and to keep the focus on the indoor air quality of the venues and to avoid any focus being placed on individual businesses as that is not the intent of the testing.

Monitors used

TSI SIDEPAK™ AM510 Personal Aerosol Monitors provide quality monitoring studies conducted by the Clean Indoor Air Partnership laboratory. The SIDEPAK™ AM510 Personal Aerosol Monitor is a rugged, lightweight, belt mounted laser photometer. It is compact and quiet, minimizing interference and participant discomfort. The built-in sampling pump is compatible with a wide variety of size-selective inlet conditioners for participant breathing zone or area measurements. The AM510 personal aerosol monitor's easy-to-read display shows the data in both real-time aerosol mass concentration and 8-hour time-weighted average (TWA). With its convenient data logging and long battery life, the monitor is also ideal for extended sampling.

Step 3: Focus the Evaluation Design

Focus of the Evaluation Design: Measuring key outcomes of Air Quality (AQ) reports

Activity You Plan to Evaluate: Key outcomes as a result of Air Quality (AQ) reports being released

Step 4: Gather Credible Evidence

The Policy Director frequently attends the Kentucky Center for Smoke-free Policy (KCSP) weekly meetings. In these meetings air quality is discussed. Communities are chosen to have AQ testing based on several factors (including readiness, interest, strategic location, etc.) and this is discussed ongoing with the KCSP group. This group is comprised of the director, Dr. Ellen Hahn, AQ specialists, Technical Assistance Advisors and a representative from KDPH and Smoke-free KY.

Once AQ has been collected, discussions continue on how to best disseminate results (i.e., press event or press release) and how to get the most media coverage from the event. The individual communities are also very involved in the planning and releasing of AQ and events. The KCSP provides the report and technical assistance, but the local community educators tailor the release and events to fit their individual communities. Information is gathered about the reach of the AQ and subsequent events through discussions with the local educators and their corresponding technical assistant advisors.

Steps 4-5: Methods Matrix of the CDC Evaluation Framework

Focus: Policy Strategy/PROGRAM Section: Evaluation of a Policy Strategy's Implementation-- Measuring Key Outcomes Secondary to Dissemination of Air Quality Reports					
Evaluation Questions	Indicator(s)	Data collection			Data Analysis
		Source	Method	Timing	
<ul style="list-style-type: none"> Outcomes: What key things happened in smoking communities after results of air quality studies were released? 	Qualitative and Quantitative Reports: <ul style="list-style-type: none"> Verbal and written reports provided by Kentucky Center for Smoke-Free Policy (KCSP) Team Members & Technical Assistance advisors Verbal and written reports provided by local-Level Air Quality & Smoke-Free Kentucky (SFKY) Leadership Team Members 	<ul style="list-style-type: none"> KCSP Meetings/ Records/ Reports SFKY Meetings/ Records/ Reports 	<ul style="list-style-type: none"> Record or abstract data from KCSP meetings/ records/ reports Record or abstract data from SFKY meetings/ records/ reports 	<ul style="list-style-type: none"> August 2014 August 2014 	<ul style="list-style-type: none"> Categorize information provided by KCSP staff Categorize information provided by SFKY leadership team members

Step 5: Justify Conclusions

When this evaluation report was initially created, it was thought that there would be information that could be gathered in 2013-2014 regarding the outcomes that occurred in communities after an Air Quality report was released which KCC had funded. Outcome information, related to “what happened after an Air Quality study was released?”, is unavailable at this time. As a result, “process” information has been collected and reported (See Appendix C on page 28 for details). This information on the process of implementing air quality studies as well as the report’s dissemination illustrates the challenging aspects of this strategy. Partnership and leadership at local health departments/Boards of Health are essential in order to implement air quality studies as well as to promote and educate decision makers on their results.

Answer to Evaluation Questions	Indicator(s)	Notes
<ul style="list-style-type: none"> • <u>Outcomes:</u> What key things happened in smoking communities after results of air quality studies were released? 	<ul style="list-style-type: none"> • How many AQ studies have been analyzed and a report generated? <ul style="list-style-type: none"> ○ 5 reports generated and 2 in the review phase • How many AQ studies have resulted in a press event and or media attention? <ul style="list-style-type: none"> ○ There have been 3 press events and 4 are in the planning phase • What happened after an air quality study was released? Or what happened after a press event was held? <ul style="list-style-type: none"> ○ No information available at this time. 	<p>Two communities selected for AQ testing had technical difficulties. One has retested and the report is in review. For the second community, new testers are being identified. Another community selected is in the process of identifying testers to be trained.</p>

Step 6: Ensure Use and Share Lessons Learned

Communication/Dissemination Plan

All reports are generated based upon analysis of local data and given to the community. Generally press events are held to educate and inform the community of the results. Once the results have been released locally, the results are put on the Kentucky Center for Smoke-free Policy website. Smoke-free Kentucky uses the results across the state to educate and inform state policy makers. The reports are used widely at the local and state level.

Action Steps:

KCC will continue to monitor outcomes of Air Quality Reports of its funded sites for the Policy Evaluation Plan for 2014-2015.

Evaluation Activities Staffing Plan

Staff Members and Partners/Evaluation Committee Members	Activities
Amanda Buchar: Air Quality Specialist, Kentucky Center for Smoke-Free Policy	Conducts trainings for communities on how to collect data for Air Quality Reports. Provides input into communities selected. Provides technical assistance to communities.
Jessica Jones: Research and Evaluation Coordinator, Kentucky Cancer Consortium	Assisted with creation of this evaluation plan component and provided technical assistance to the Health Policy Director.
Heather Robertson: Air Quality Specialist, Kentucky Center for Smoke-Free Policy	Provides input into communities selected.

Kristian Wagner , Health Policy Director, Kentucky Cancer Consortium	Provides input into communities selected.
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Additional Notes:

Policy Strategy/PROGRAM Evaluation as it relates to the Cancer Action Plan and Logic Model:

PROGRAM: This is a required program evaluation component of the “Demonstrating the Capacity of Comprehensive Cancer Control Programs to Implement Policy and Environmental Cancer Control Interventions” grant. Our funder, the Centers for Disease Control and Prevention (CDC), defines the “Program” as “the extent to which interventions outlined in your Comprehensive Cancer Control action plan are executed and yield intended results” (pg. 21)¹.

This evaluation sought to measure the outputs of local air quality reports.

Policy Agenda: The Policy Agenda, [Targeting Cancer in Kentucky](#), provides an outline for priority policy initiatives of the Kentucky Cancer Consortium. These initiatives include:

- Kentucky will enact a comprehensive state-wide smoke-free law according to the Fundamentals of Smoke-Free workplaces.
- Increase access to colon cancer screening by reducing PSE barriers for patients in Kentucky.
- Increase the utilization of share use agreements with Kentucky schools to provide communities with more opportunities to increase physical activity.

Cancer Action Plan: The [Cancer Action Plan](#) or CAP is the blueprint document for comprehensive cancer prevention and control in Kentucky². It was developed in collaboration and input with the Kentucky Cancer Consortium (KCC) staff and KCC partner organizations. The Cancer Action Plan addresses the areas of Prevention and Tobacco for environmental tobacco smoke, providing strategies intended to reduce exposure of Kentuckians to secondhand smoke by promoting smoke-free policies.

Kentucky Cancer Consortium Logic Model: The KCC logic model outlines the process of achieving outputs which leads to short-term, intermediate, and long-term outcomes attainment (See Appendix B, pg. 27). Through implementation of Policy Agenda and CAP activities and supportive administrative activities, outcomes will be achieved. All outcomes delineated in the logic model come directly or indirectly from the Policy Agenda or CAP activities.

References:

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4. Centers for Disease Control and Prevention. Vital Signs: Colorectal Cancer Screening Test Use — United States, 2012. 2012. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6244a4.htm?s_cid=mm6244a4_w. Accessed February 13, 2014.
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7. Jemal A, Siegel RL, Ma J, et al. Inequalities in Premature Death From Colorectal Cancer by State. *J Clin Oncol*. 2014;JCO.2014.58.7519. doi:10.1200/JCO.2014.58.7519.
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Appendix A

Summary Highlights of ACA and Cancer Team Partnership Evaluation: Thursday, December 11, 2014

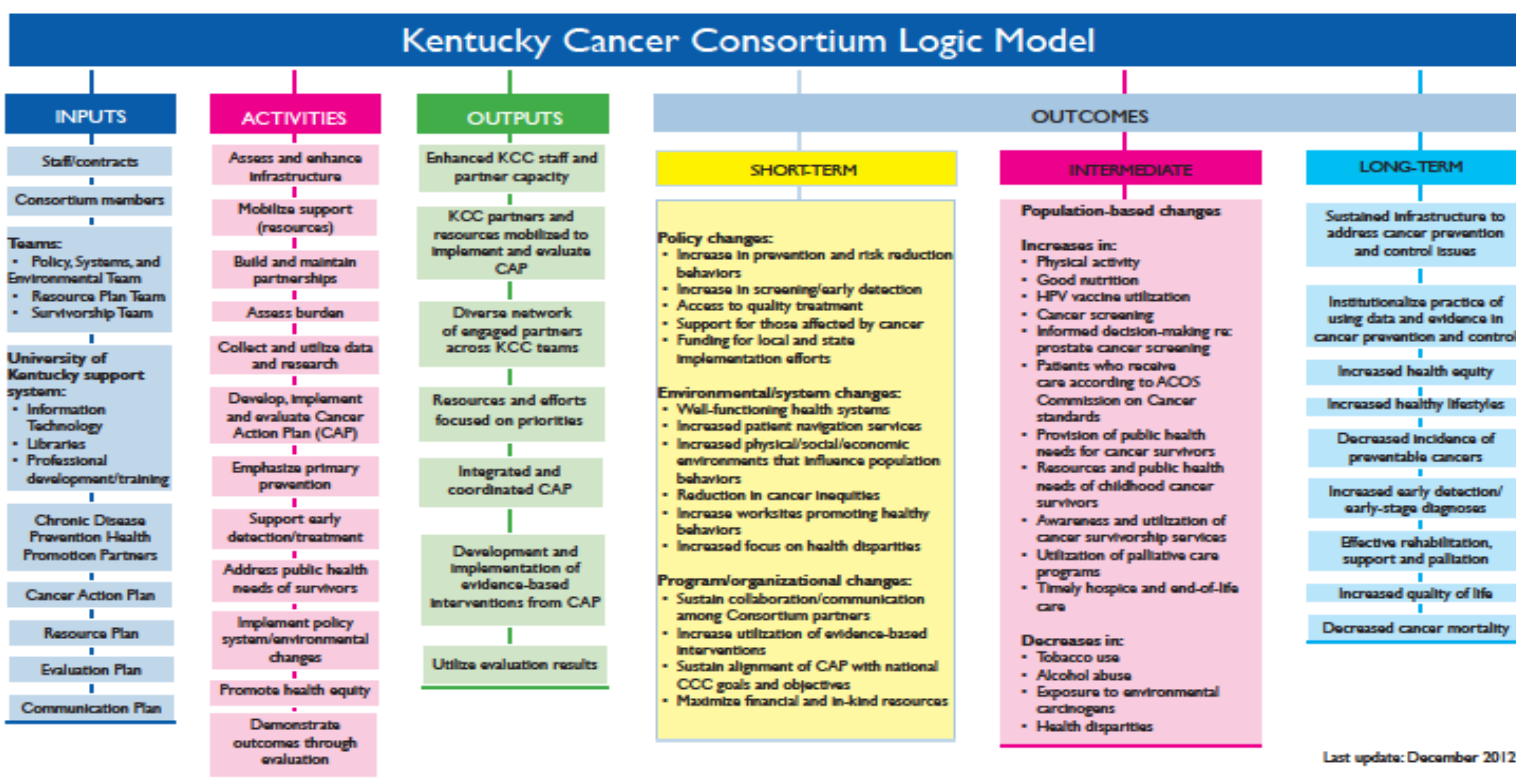
Benefits of participating on ACA and Cancer Team

- Networking
- Developing new relationships
- Understanding how other organizations are responding to ACA
- Learning how ACA will impact areas of cancer prevention and control outside areas of expertise
- Provides educational opportunities to staff
- Staying up-to-date with information on a state and national level
- Participating in developing educational materials for providers and public
- Having resources related to ACA and Cancer for providers and the public
- Encouraged to be working toward the same outcome and participate with like-minded partners

New partnerships and specific projects as a result of participating on ACA and Cancer Team

- Kentucky Cancer Program (KCP) and Kentucky Women's Cancer Screening Program (KWCSPP) are working together on a project to educate contracted providers (through KWCSPP) on qualifications and eligibility for women through ACA
- Kentucky Colon Cancer Screening Program and Kentucky Women's Cancer Screening Program realized they had similar questions, concern and work needed on addressing underinsured
- Humana and KentuckyOneHealth increased discussions on quality issues related to new low dose CT scans and lung cancer screening
- Invited to speak with other organizations on ACA and Cancer Team
- Including ACA and Cancer Team members on new grant
- Know that the ACA and Cancer Team members will be available to assist with future projects.

Appendix B



Appendix C: Air Quality Report

**Air Quality Testing Report
for Sites Funded by the Kentucky Cancer Consortium
September 30, 2013 – September 29, 2014
Created by Amanda Buchar, Kentucky Center for Smoke-Free Policy**

Report	County where Air Quality Study was conducted & Notes
1	Pike County: Initially, air quality data were collected in Pike County workplaces from 9/11/13-10/22/13. The air quality machine was returned on 11/1/14, and a piece of the machine appeared to missing. Later information revealed that the machine had been dropped and the proper impactor broken. After thorough investigation, it was determined that the data were not accurate and could not be used.
2	Pike County: The second attempt of collecting air quality data encountered additional difficulties. The original data collectors' work responsibilities had changed, so new testers were identified in order to redo data collection in Pike County. Data collectors from the University of Pikeville were identified and recruited in the spring of 2014, and due to previous errors in venue selection, new data collection sites were chosen which included Pikeville, the county seat for Pike County. Air quality training took place on 6/4/14, and the data collection period ran from 6/5/14-7/17/14. A draft report was created comparing the County and Pikeville's workplaces, including those with and without a smoke-free policy, which is awaiting Clean Indoor Air Partnership (CIAP) review.
3	Montgomery County: Air quality data were collected from 9/27/13-10/17/13 in Montgomery County workplaces. A draft report of the results was created and distributed, and the Health Department planned to use the data to help pass a Board of Health Smoke-free Regulation. However with the Kentucky Supreme Court's ruling that the Bullitt County Board of Health was not authorized to pass a smoke-free regulation, Montgomery County had to change their plans. The Kentucky Center for Smoke-Free Policy, Air Quality Data Coordinator attended the health department's Community Health Improvement Plan release in order to advertise for a possible press event, and this was well received by the community. The Coordinator also assisted the Montgomery County Health Department in planning and preparing for an air quality press event at a Healthy Communities meeting by sending press packet handouts, press release templates, guidelines for speakers, and sample speeches.
4	Lincoln County: Air quality data were collected from 10/6/13-10/28/13 in Lincoln County workplaces. A draft report was completed and distributed to the community on 4/10/14. A location and speakers have been identified for a future press event, and the Health Department Director has been given materials to help prepare for this data release.

5	Boyd County: Data collectors from Boyd County were trained to collect air quality data on 10/31/13, and the collection period was from 3/27/14-3/29/14. Upon return of the air quality machine, observational data was found to be incomplete, and quantitative data was incorrectly collected. Attempts have been made to secure new data collectors in Boyd County.
6	Greenup County: Data collectors from Greenup County were trained to collect air quality data on 10/31/13, and the collection period was from 11/21/13-4/3/14. A draft report was distributed to the community for review on 6/9/14. Plans for a press event to release the data are in progress, with a possible location at an Interagency Council Meeting.
7	Barren County: Data collectors from Barren County were trained to collect air quality data on 7/15/14, and the collection period was from 7/29/14-10/5/14. Data were collected in Glasgow workplaces that are covered by a smoke-free policy, and Barren County workplaces that are not covered by a smoke-free policy, and results will be compared. A draft report has been completed and is currently awaiting Clean Indoor Air Partnership (CIAP) review.
8	Marion County: We are currently trying to recruit and identify air quality data collectors in Marion County. The regional Health Department did not want to risk the health of their employees, and no one in the local coalition was able to volunteer. Some possible volunteers from the Smoke-free Bardstown/Nelson County Coalition have offered to collect data, and we are currently coordinating possible training dates. A volunteer from the local hospital identified possible venues for data collection.
9	Elliott and Lawrence Counties: Elliott & Lawrence County air quality results were presented at a press conference on 10/8/13 attended by state and local policymakers as well as about 30 others (advocates and Chamber of Commerce members). Press was present and conference remarks were published by the <i>Daily Independent</i> . WSAZ TV (Huntington) also covered the event, providing coverage in far Eastern Kentucky. Note: due to the small population size, Elliott and Lawrence counties had their air quality studies conducted together.