

Kentucky Cancer Consortium- Comprehensive Cancer Control (CCC) Evaluation Plan Draft July 2018 – June 2019

The following is the evaluation plan draft for CCC July 2018-2019 using the Comprehensive Cancer Control Branch Program Evaluation Toolkit and the CDC Evaluation Framework as a guide for the evaluation plan and report.

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

PARTNERSHIP: *quality, contributions and impacts of the Kentucky Cancer Consortium: p. 3*

PROGRAM: *extent to which interventions in our Kentucky Cancer Action Plan are executed and yield intended results p. 6*

PLAN: *quality and implementation of the Kentucky Cancer Action plan p. 10*

KCC Evaluation Stakeholders

Amanda Bucher, University of Kentucky BREATHE and Kentucky Center for Smoke-free Policy

Debra Armstrong, Kentucky Cancer Program

Devon McFadden, Kentucky Department for Public Health, Division of Prevention and Quality Improvement

Elizabeth Holtsclaw, American Cancer Society

Elizabeth Westbrook, Kentucky Cancer Program

Maria Gomez, University of Kentucky College of Nursing, Health Disparities

Stephanie Boone, University of Louisville School of Public Health and Brown Cancer Center

Vivian Lasley-Bibbs, Kentucky Department for Public Health, Office of Health Equity

KCC Staff

Jennifer Redmond Knight, DrPH, KCC Co-Investigator

Katie Bathje, MA, LPCC, KCC Program Director

Kristian Wagner, MS, RD, LD, KCC Health Policy Director

Context for the Evaluation

The Kentucky Cancer Consortium has an annual evaluation plan that looks at three components “partnership, program and plan” in accordance with the Comprehensive Cancer Control Branch Program Evaluation Toolkit. The Partnership section assesses quality, contributions and impacts of the Kentucky Cancer Consortium. The Program section assesses the extent to which interventions in our Kentucky Cancer Action Plan are executed and yield intended results and the Plan section assess quality and implementation of the Kentucky Cancer Action Plan. This year’s partnership evaluation focuses on identify training needs and interests as well as results from training evaluations conducted throughout the year. The program section focuses on evaluating the dissemination and impact of a multi-component community-based effort to increase colorectal cancer screening community events, mailed FIT kits, “talking audio cards” and patient navigation. The plan section focuses on identifying which organizations that are part of the KCC Lung Cancer Network are implementing tobacco treatment efforts (Cancer Action Plan Tobacco Prevention section) as well as better understanding the types of interventions and audiences being reached.

PARTNERSHIP Section

Quality, contributions and impacts of the Kentucky Cancer Consortium

Step 1: Engage Stakeholders

In order to develop this evaluation plan, KCC staff discusses potential areas that they recommend evaluating more in depth as part of the Kentucky Cancer Consortium based on current priority areas. After the evaluation plan is drafted, KCC’s lead evaluator engages KCC members who have shown an interest in evaluation as well as who are actively engaged in the area that is being evaluated to participate in reviewing, refining and making recommendations for what is evaluated. Overall, evaluation stakeholders represent academia, government and non-profit organizations from diverse areas of interest. For a list of the evaluation stakeholders who will

participate in this evaluation plan, please see page 2 of this report. These evaluation stakeholders review current evaluation plan drafts, make recommendations on selecting focus areas, design and dissemination of results. This happens via email and conference call/webinar discussions. As part of our work with the CDC required Cancer Leadership Team (Kentucky Cancer Consortium, Kentucky Women’s Cancer Screening Program, Kentucky Cancer Registry, Kentucky BRFSS and the Kentucky Department for Public Health Chronic Disease Branch), we have discussed the need to better understand training and technical assistance needs for our KCC members and partners and will work with them on the development and implementation of the survey as well as post-implementation evaluation efforts.

Step 2: Describe the Program

The Kentucky Cancer Consortium has KCC members (70+) (statewide/multi-regional organizations) and KCC Partners (500+) (includes KCC members + local/regional partners interested in staying connected to KCC). There are also teams and networks that are part of KCC (Lung Cancer Network, Colon Cancer Committee, Radon Coalition, Evaluation Team). These teams and networks are included as part of the KCC partners list. This list is derived from our bi-weekly “Wednesday’s Word” email newsletter distribution list. KCC staff review the email list periodically to ensure that new members, partners and those representing teams and networks are all included in this “KCC partner” list. We will use this list to identify the best methods for providing technical assistance and training related to the Cancer Action Plan. We have heard anecdotally that our members and partners have had difficulty traveling to meetings (and our Summit) and are trying to determine the best way to connect with them. In addition, once we determine the training and technical assistance needs, we will develop opportunities during the year and conduct brief evaluations to determine whether they are meeting the needs or whether they need to be tailored. This *Partnership* section of the evaluation plan will look at both the preferred methods as well as evaluation after implementing preferred methods.

Steps 3-4 Focus Evaluation Design and Gather Credible Evidence

Objective: "PARTNERSHIP" Evaluation Section:

Topics: Assessing training and technical assistance efforts related to Cancer Action Plan

Evaluation Questions	Indicator(s)	Data collection			Data Analysis
		Source	Method	Timing	
<ul style="list-style-type: none"> • What are the best methods for addressing technical assistance and training for KCC partners overall (500+) • Did this "training/webinar/meeting, etc." meet your expectations? • How satisfied were you with the discussion and speakers for (<i>insert topic</i>) • After attending this "training/webinar/meeting, etc.", how satisfied are you with your ability to apply (<i>insert topic</i>) to your organization?" • What topics would you like to see addressed in future "training/webinar/meeting, etc.?" • What did you like about this "training/webinar/meeting, etc.?" • What would you like to see changed about this "training/webinar/meeting, etc.?" 	<ul style="list-style-type: none"> • Webinars, in-person meetings, fact sheets, Wednesday's word newsletter, online CEUs, other) • Yes/No • Satisfaction scale (Very satisfied, satisfied, Neutral, Unsatisfied, Very unsatisfied) • Open-ended questions with room for comments and suggestions 	<ul style="list-style-type: none"> • KCC partners • Those participating in trainings, webinars, meetings, etc. as determined based on preferred methods and those who respond to the post-event surveys 	<ul style="list-style-type: none"> • Electronic Surveys 	<p>October 2018</p> <p>Throughout the FY -</p>	<ul style="list-style-type: none"> • Counts • Frequencies • Percentages • Qualitative information about recommended methods • Qualitative information and themes based on preferred topics, what worked well and what could be improved.

--	--	--	--	--	--

Step 5: Justify Conclusions

Evaluation Questions	Indicators

Step 6: Ensure Use and Share Lessons Learned

KCC staff will review the survey results to inform development/implementation or coordination of technical assistance and training opportunities. KCC staff will also review the evaluation results after the training and technical assistance efforts to determine what worked well, ways to improve, future topics, etc. The information will be organized in a user-friendly evaluation brief to share with KCC partners.

PROGRAM Section

Extent to which interventions in our Kentucky Cancer Action Plan are executed and yield intended results

Step 1: Engage Stakeholders

In order to develop this evaluation plan, KCC staff discusses potential areas that they recommend evaluating more in depth as part of the Kentucky Cancer Consortium based on current priority areas. After the evaluation plan is drafted, KCC’s lead evaluator engages KCC members who have shown an interest in evaluation as well as who are actively engaged in the area that is being evaluated to participate in reviewing, refining and making

recommendations for what is evaluated. Overall, evaluation stakeholders represent academia, government and non-profit organizations from diverse areas of interest. For a list of the evaluation stakeholders who will participate in this evaluation plan, please see page 2 of this report. These evaluation stakeholders review current evaluation plan drafts, make recommendations on selecting focus areas, design and dissemination of results. This happens via email and conference call/webinar discussions. For this *program* section, the intended users are the Kentucky Colon Cancer Committee members as well as those participating in the specific intervention. This will inform future interventions and expanded efforts related to increasing colon cancer screening, particularly among those with low-literacy levels in Kentucky. Overall, evaluation stakeholders represent academia, government and non-profit organizations from diverse areas of interest. For a list of the evaluation stakeholders who will participate in this evaluation plan, please see page 2 of this report. These evaluation stakeholders review current evaluation plan drafts, make recommendations on selecting focus areas, design and dissemination of results. This happens via email and conference call/webinar discussions.

Step 2: Describe the Program

More than 16 years, one of the focus areas for KCC has been implementing strategies related to increasing colon cancer screening. KCC convenes a Kentucky Colon Cancer Committee and promotes coordination and collaboration among member organizations. During this year's action plan, KCC is coordinating a multi-component effort to increase FIT testing for colorectal cancer screening addressing both community-clinical linkages and health systems changes. A new resource that has been developed is an audio "talking card" that can accompany FIT test kits to help Kentuckians, particularly those with low-literacy levels, have the support needed to successfully complete their FIT tests. The effort is being coordinated by KCC in partnership with the Kentucky Cancer Program (screening/awareness events), the Markey Cancer Center (FIT Kits), the Kentucky CancerLink (patient navigation services) and the American Cancer Society (audio "talking cards"). There will be at least four community-clinical linkage events in counties with high rates of colorectal cancer (3 in Eastern KY and 1 in Western KY). Those at risk for colorectal cancer who participate in the event and meet eligibility requirements

will receive a mailed FIT Kit, “talking audio card” and self-addressed stamped postcard with an opportunity to provide feedback. The evaluation will examine both the impact of the audio card implementation as well as lessons learned from the collaboration of multiple partners in implementing a multi-component intervention. This is related to our LIDS PPO: Decrease the rate of colorectal cancer mortality rate from 17.6 to 14 by June 2022 and AO (for those who need a colonoscopy): Increase the percent of ever had a sigmoidoscopy or colonoscopy from 71.70% to 80% by June 2019. We hope that in the future there will be a LIDS indicator that aligns with the current BRFSS and USPSTF guidelines (Up-to-date with colorectal cancer screening) so that it will better align with our efforts to reach Kentuckians with any of the evidence-based screenings for colorectal cancer (provide the FIT and the colonoscopy options).

Steps 3-4 Focus Evaluation Design and Gather Credible Evidence

Objective: “PROGRAM” Evaluation Section:					
Topic: Implementation and lessons learned from an innovative multi-component, multi-partner colorectal cancer screening effort in four counties in Kentucky.					
Evaluation Questions	Indicator(s)	Data collection			Data Analysis
		Source	Method	Timing	

<ul style="list-style-type: none"> • How many participants in the events showed an interest in colorectal cancer screening? (Individual events and aggregated) (KCP) • How many participants who showed an interest were eligible for colorectal cancer screening (age, not been screened previously, etc.)? (Ky CancerLink – intake form) • After receiving their FIT, audio talking card and self-addressed postcard, How many returned the self-addressed stamped postcard? What was their feedback? What did we learn from these clients? (KCC/KY CancerLink) • How many eligible participants who received a FIT test completed their FIT test? (Ky CancerLink) Note: All eligible participants will receive a FIT test. • How many eligible participants who completed their FIT test reported that the talking “audio” card helped them successfully complete their test kit? (Interview w/KY CancerLink) • How many of the eligible participants who completed the FIT kits have primary care providers? Insurance? (Intake form?) • How did the completed FIT kit information get communicated to their primary care providers? (Fax – Ky Cancer Link?) 	<ul style="list-style-type: none"> • Participants participating • Participants eligible • Participants agreeing to be screened • Participants completing screening • Participants reporting the use of the talking card as helpful in completing screening • Reporting of results to primary care providers • Reporting of results to insurance companies • Barriers re: primary care and solutions 	<ul style="list-style-type: none"> • Kentucky Cancer Program East and West • Kentucky CancerLink • Markey Cancer Center • American Cancer Society • Kentucky Cancer Consortium 	<ul style="list-style-type: none"> • Worksheet to utilize for each event • Key informant interviews • Postcard 	<ul style="list-style-type: none"> • September 2018- June 2019 	<ul style="list-style-type: none"> • Counts, frequencies, percentages • Methods for communicating to primary care and insurance • Barriers (themes) and solutions (themes) • Worked well (themes) and could be improved (themes)
---	---	---	---	---	--

<ul style="list-style-type: none"> • How did the completed FIT kit information get communicated to their insurance companies? (Fax?) • What barriers were encountered in communicating information to primary care providers? Insurance companies? (Key informant interviews w/Ky Cancer Link) • How were they overcome? Primary care providers? Insurance companies? (Key informant interviews) • What worked well during the intervention (from perspective of each partner) (Key informant interviews?) • What could have been improved during the intervention (from perspective of each partner) Key informant interviews? • Others?? 	<ul style="list-style-type: none"> • Barriers re: insurance and solutions • Lessons learned from partners participating in intervention 				
--	---	--	--	--	--

Step 5: Justify Conclusions

Evaluation Questions	Indicators
	○

Step 6: Ensure Use and Share Lessons Learned

KCC staff will develop the worksheets, conduct the key informant interviews and provide the data analysis. They will communicate the results to the participating partners as well as the KCC Colon Cancer Committee. They will work with these groups on the best way for disseminating this information, including evaluation briefs, white papers and/or manuscripts.

PLAN Section

Quality and implementation of the Kentucky Cancer Action plan

Step 1: Engage Stakeholders

In order to develop this evaluation plan, KCC staff discusses potential areas that they recommend evaluating more in depth as part of the Kentucky Cancer Consortium based on current priority areas. After the evaluation plan is drafted, KCC's lead evaluator engages KCC members who have shown an interest in evaluation as well as who are actively engaged in the area that is being evaluated to participate in reviewing, refining and making recommendations for what is evaluated. Overall, evaluation stakeholders represent academia, government and non-profit organizations from diverse areas of interest. For a list of the evaluation stakeholders who will participate in this overall evaluation plan, please see page 2 of this report. These evaluation stakeholders review current evaluation plan drafts, make recommendations on selecting focus areas, design and dissemination of results. For this *plan* section, the intended users are the KCC Lung Cancer Network members who are implementing tobacco treatment efforts in Kentucky.

Step 2: Describe the Program

KCC maintains the Kentucky Cancer Action Plan (CAP) and revises the CAP on a rolling basis. One of the priority sections of the Cancer Action Plan relates to "Tobacco Prevention." The Goal area is: *Reduce the incidence and mortality rates of tobacco-related cancers in all populations*. The related objective connected to this evaluation is:

Reduce the percentage of adults who are current smokers from 28.3% to 17% by 2020. During a meeting in June 2018 as well as through individual conversations with KCC Lung Cancer Network members, we discovered that there are many different organizations working on tobacco treatment efforts and strategies from the Cancer Action Plan but no one knows who is doing what in each area. KCC staff tried to identify other partners who may be collecting this information and discovered that no one is currently organizing this information in a way that can be shared broadly among stakeholders. This *Plan* section of the evaluation plan will focus on better understanding who is doing what related to tobacco treatment in Kentucky in order to improve coordination, collaboration, reduce duplication, identify gaps and promote and maximize efforts of partner organizations. This is related to our LIDS PPO: Decrease the lung cancer mortality rate from 70 per 100,000 to 63 per 100,000 by June 2022 and our LIDS AO: Decrease the percentage of adults who are current smokers from 24.5% to 23.5% by June 2019.

Steps 3-4 Focus Evaluation Design and Gather Credible Evidence

Objective: “PLAN” Evaluation Section:					
Topic: KCC Lung Cancer Network members working on tobacco treatment efforts that relate to the Cancer Action Plan objective <i>Reduce the percentage of adults who are current smokers from 28.3% to 17% by 2020</i>					
Evaluation Questions	Indicator(s)	Data collection			Data Analysis
		Source	Method	Timing	

<ul style="list-style-type: none"> • How many KCC Lung Cancer Network members reported working on adult tobacco treatment efforts? • What are the organizations who are providing tobacco treatment efforts? • What target audience(s) are being reached by tobacco treatment efforts by each organization • What types of interventions are being implemented by these organizations? • How can we improve coordination of these tobacco treatment efforts? • What gaps exist for tobacco treatment efforts? • What is needed to further advance evidence-based tobacco treatment efforts various audiences? Consumers, health care professionals/systems, workplaces, policymakers, other? 	<ul style="list-style-type: none"> • Organization name • Audiences being reached with tobacco control • Types of interventions being implemented • Current levels of coordination • Discussion of gaps and needs to advance efforts 	<p>KCC Lung Cancer Network Members</p>	<p>Electronic Survey</p> <p>Webinar meetings</p> <p>Key informant interviews</p>	<ul style="list-style-type: none"> • July 2018 • November 2018 • Jan-March 2019 	<ul style="list-style-type: none"> • Frequencies • Names of organizations • Table of information by organization/type of audience/intervention • Qualitative data and themes from key informant interviews
---	--	--	--	--	--

Step 5: Justify Conclusions

Evaluation Questions	Indicators

Step 6: Ensure Use and Share Lessons Learned

KCC staff will develop a resource that organizes the information learned from KCC Lung Cancer Network members working on tobacco treatment analyzed by audience and type of intervention. This will be shared with KCC Lung Cancer Network members via email and during webinar meetings. This will inform next steps for tobacco control and may result in sub-teams as part of the Lung Cancer Network focusing on audiences that need to be reached. This will also be used to improve coordination and communication re: efforts and find additional ways to promote the work of KCC Lung Cancer Network members working to reduce the *Reduce the percentage of adults who are current smokers from 28.3% to 17% by 2020*. KCC Lung Cancer Network members may also have other ideas and suggestions for ways to disseminate and use this information.