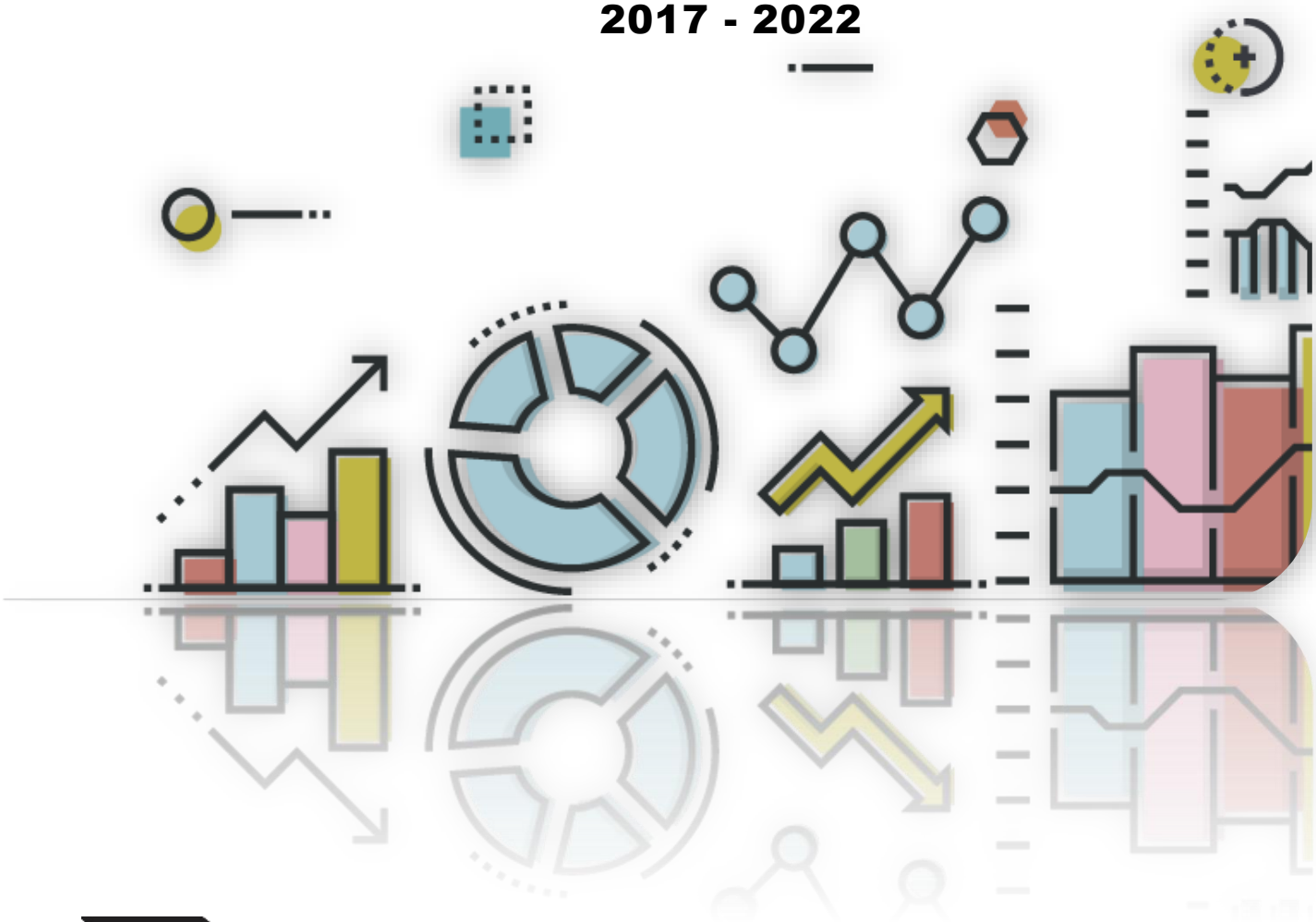
# Program Evaluation

## 5-Year Plan
## 2017 - 2022



## Missouri Comprehensive Cancer Control Program

June 2018

## Program Overview

Comprehensive Cancer Control is a process through which communities and partner organizations pool resources to reduce the burden of cancer. These combined efforts help to:

- reduce cancer risk;
- find cancers early;
- improve treatment; and
- improve the quality of life of cancer survivors.

The Centers for Disease Control and Prevention (CDC) started the National Comprehensive Cancer Control Program (NCCCP) to assist states, tribes and territories to form coalitions to fight cancer. These coalitions analyze and review data to determine the greatest cancer-related needs in their area and develop and carryout cancer plans to meet those needs.

The Missouri Comprehensive Cancer Control Program (CCCP) is a member of the Missouri Cancer Consortium (MCC). As of June 2018, the CCCP consists of 82 individual members, 61 organizations plus 10 additional Missouri Department of Health and Senior Services' (DHSS) partners: Show Me Healthy Women (SMHW), Comprehensive Tobacco Control Program (CTCP), Office of Epidemiology (OOE), Bureau of Immunization, Healthy Indoor Environments' Radon Program, Bureau of Community Health and Wellness, Senior and Disability Services, Community Health Services and Initiatives, Cancer and Chronic Disease Control, and Epidemiology for Public Health Practice.

In 2017, MCC established four priority workgroups, Colorectal Cancer (CRC), Human Papilloma Virus (HPV), Access to Care, and Survivorship, to begin implementing the Missouri Cancer Action Plan (MCAP) 2016-2020.

The mission of the MCC is to reduce the human and economic burden of cancer on Missourians through the promotion of collaborative, innovative and effective programs and policies. The CCCP plan includes activities that:

- foster environment, policy, and system changes that encourage and assist people to live a healthy lifestyle and reduce risk behaviors.
- promote cancer screenings.
- increase access to good cancer care.
- improve the quality of life of cancer survivors.

The CCCP logic model is included as Attachment 1.

## Implementation

- The CCCP continues to focus on increasing the capacity, effectiveness and sustainability of the MCC. The Membership Committee continues to re-engage existing members/organizations and recruit new members to achieve geographical and specialty diversity. The Communication and Outreach Committee launched a web site (www.cancernmo.org) and an online presence with Facebook and Twitter. These tools will help the workgroups and others to deliver their messages to a larger audience.

- The CCCP manager, MCC leaders, OOE staff and the Office of Public Information (OPI) worked together to publish *The Burden of Cancer in Missouri, A Comprehensive Analysis and Plan 2016-2020*, which includes the MCAP. It is located on the DHSS web site at http://health.mo.gov/living/healthcondiseases/chronic/cancer/.

- A major focus during the five-year project period (2017-2022) is implementing seven selected priority objectives annually. The CCCP is working with MCC leadership, workgroups and/or chronic disease partners to implement the seven priority objectives that include:

  **1.** Develop a targeted education campaign to increase tobacco cessation among high tobacco users and disparate populations.

  In Year 1, CCCP and CTCP worked with a media company to do market research targeting Medicaid health care providers and smokers who are Medicaid recipients, and then provide creative development for campaign activation. The research and media campaign will be shared with partners recruited from the Missouri Department of Social Services' MO HealthNet (Medicaid) Division (managed care, pharmacy, behavioral health); Missouri Department of Mental Health's (DMH) Community Mental Health Center Healthcare Home Program; MO HealthNet managed care providers; representatives of Tobacco Free Missouri and other health system representatives. These entities will review and help to disseminate final campaign materials and develop additional interventions to promote tobacco cessation among high tobacco users and disparate populations in Missouri. The MCC membership includes organizations that represent disparate populations and health care systems in Missouri. Their input and collaboration will be sought for ensuring campaign materials are culturally relevant and to improve distribution and reach to the appropriate communities.

  **2.** Decrease MO HealthNet (Medicaid) enrollees smoking prevalence.

  The CCCP and CTCP will continue to collaborate with DSS MO HealthNet (Medicaid) Division (managed care, pharmacy, and behavioral health) to expand opportunities to increase the awareness and utilization of smoking cessation services and benefits among enrollees and providers. These efforts will also reduce client out-of-pocket costs by increasing utilization of the MO HealthNet smoking cessation services and benefits. Interventions include expanding or updating tobacco cessation benefit information on current Medicaid communication efforts – on-line and in print – for enrollees and providers; distributing a flyer (electronically and in print) highlighting cessation benefits and the Quitline to providers and to locations where this population frequents; working

with managed care agencies to encourage promotion of the tobacco cessation benefits; and small media development and distribution.

3. Increase Missourians age 50 and older who have had a colonoscopy in the last 10 years by reducing structural barriers to increase community access to cancer screening services.

   The CCCP will work with and support the activity of the MCC Colorectal Cancer workgroup. This group will be working with the Southeast Missouri Cancer Control Coalition (SECCC) and other partners (Center for Local Public Health Services, Bureau of Senior Programs Area Agencies on Aging and Centers for Independent Living) in the region to identify structural barriers to screening as well as solutions to such barriers. The goal is to create and implement strategies to help health systems and patients overcome those barriers. The MCC CRC workgroup is chaired by a Missouri Primary Care Association (MPCA) staff person. This collaboration will tie into Community Health Worker training and screening referrals relevant to the work with the Federally Qualified Health Centers (FQHCs). The American Cancer Society (ACS) will provide technical assistance, print materials and training as needed and the OOE will provide the data to set baseline and follow-up to determine the change in the percentage of Missourians 50 years and older who receive CRC screenings.

4. Increase formal partnerships with MO FQHCs from 0-16 that support increased CRC screening by June 2022.

   The CCCP will contract with the MPCA and four of its 29 member FQHCs to increase CRC screening rates in the adult populations that they serve. CCCP will work with the MPCA, FQHCs and MCC CRC workgroup to assemble key stakeholders in southeast Missouri to overcome barriers to screening and work to create and implement strategies to help health systems and patients overcome barriers. MPCA practice coaches will use provider assessment and feedback systems, and initiate or improve the use of provider and patient reminders to improve CRC screening rates. The MCC CRC workgroup, the MCC Communication workgroup and other partners will help identify ways to reach target populations in the Southeast region which in turn will help MPCA, CCCP and ACS as they work together to access the types and reach of small media needed to increase the knowledge level for the target population about the importance of CRC screening. CRC cancer rates are highest and chronic disease risk factors are most prevalent in the southeast region of Missouri.

5. Develop up to three interventions to improve DHSS cancer prevention and control programs or activities derived from the DHSS environmental scan and gap analysis by promoting policy changes that support addressing cancer as a long-term chronic disease.

   The OOE, as part of the policy, system and environmental (PSE) activities in collaboration with the CCCP, conducted an environmental scan and gap analysis of 43 DHSS programs and activities that contribute to cancer prevention and control. The gap analysis involved development of a template, and a questionnaire to collect information from the DHSS programs specifically on activities related to cancer control. Information from the environmental scan and gap analysis will be used to identify and promote policy and

program changes within the Department to improve efforts to promote the primary prevention of cancer, support early detection efforts, address the needs of cancer survivors and promote health equity. A workgroup will be convened to identify opportunities for collaboration between programs and develop interventions and strategies to fill the gaps. The CCCP will engage experts and specialists among the MCC to provide guidance for filling the gaps at the DHSS.

**6.** Increase the percent of cancer survivors receiving information or a written self-care plan by educating health care providers about cancer survivorship issues from diagnosis through long-term treatment effects and end-of-life care.

The CCCP will also support the MCC Survivorship workgroup in their activities to implement the MCAP. One such activity is the partnership with the Center for Practical Bioethics and major medical centers to host end of life training events. CCCP will work with the Center for Practical Bioethics and the MCC Survivorship workgroup to partner with a major Missouri medical center to offer a "Serious Illness Conversations" workshop to clinicians as an introduction to the Serious Illness Care Program developed by Ariadne Labs in conjunction with Dana Farber, Brigham and Women's Hospital.

The CCCP will work with the OOE to set baselines as well as follow-up to track if there is any increase in the percentage of cancer survivors receiving information or a written self-care plan.

**7.** Promote health equity**:** Develop, test, maintain and promote patient navigation or case management programs that facilitate optimum care.

The CCCP will collaborate with Missouri Actions to Prevent Chronic Disease and Control Risk Factors (MAP) to ensure that the Community Health Worker (CHW) training program incorporates supplemental training specific to cancer as a chronic disease. MAP has worked with community colleges throughout Missouri to develop and teach the core CHW curriculum. MAP is also working with health systems in Missouri to place the newly trained CHWs. CCCP will partner with one of Missouri's public health schools to develop or identify existing on-line cancer specific supplemental training modules for CHWs. Promoting the cancer training modules will overlap with CCCP work with FQHCs and the ACS related to cancer screening. The CCCP will engage experts and specialists among MCC members to inform development of the cancer modules or modify existing modules and to promote the use of the training modules within the health systems they are a part of.

These are broad objectives for the five-year project period, however selected interventions will be implemented and evaluated annually.

## Publications / Reports

- Campaign to Increase Breast and Cervical Cancer Screening in McDonald County, Missouri: Evaluation Report – **Presentation to MCC set for October 2018, web site release August 2018**

- Colorectal Cancer and Tobacco Use Pilot Project in St. Francois County, Missouri: Evaluation Report - **Presentation to MCC October 2017, web site release August 2018**

- Women Diagnosed with Breast or Cervical Cancer Participating in Mo HealthNet: The CCCP, working with OOE, Missouri Cancer Registry (MCR), SMHW, Office of Social and Economic Data Analysis (OSEDA) and MO HealthNet, will continue to publish information on women participating in MO HealthNet (Medicaid) diagnosed with breast or cervical cancer including differences in the stage of diagnoses, the time interval between diagnosis and treatment and receipt of guideline-recommended treatments between African Americans and Caucasian and between rural and urban residents, and cost data – **Breast Cancer Treatment and Health Care Expenditures by Stage at Diagnosis among MO HealthNet Beneficiaries in Missouri, 2008-2012 data analysis and manuscript completed being submitted to *Preventing Chronic* Disease; and Cervical Cancer Treatment Cost by Stage at Diagnosis – in final stages of data analysis for manuscript**

- *Missouri Cancer Action Plan* – Progress is being made to achieve the objectives outlined in Missouri's Cancer Action Plan. **Ongoing**

- Data Request for 5-Year Rate Change: Incidence and Mortality for 18 Missouri counties including Holt, Nodaway, Andrew, Buchanan, Platte, Clinton, Clay, Ray, Carroll, Jackson, Lafayette, Cass, Johnson, Bates, Henry, Vernon, Barton and Jasper – **Completed and sent to requester May 9, 2018**

- Carter County Radon Follow-up Initiative: **Letters sent to residents in homes with elevated radon levels to assess remediation or barriers to remediation, summary write-up in progress**

- Risk Factors, Preventive Practices and Health Care Among Breast Cancer Survivors, 2016 Update: – **data analysis complete and manuscript in progress**

- Year 1 Evaluation Report: The Comprehensive Cancer Control Program Evaluation Report outlines the work completed in year 1 of the five-year project period. This report will be produced at the end of year one – **Completed and will be distributed to CDC September 2018**

- MCC Satisfaction Survey: Trend analysis – **Completed and set to be presented to MCC in October 2018**

- Missouri Department of Health and Senior Services' Cancer Control Environmental Scan: An Internal Assessment for Missouri Comprehensive Cancer Control Program – **Completed and distributed to participating programs in December 2017, web site release August 2018. Evaluations will be posted https://health.mo.gov/living/healthcondiseases/chronic/cancer/**

## Unique Factors Affecting the Success of CCCP Efforts

Throughout the previous grant period (2012-2017) turnover among MCC leadership and in the CCCP was a challenge for achieving continuity and progress. There were two new CCCP managers during the period. One started in February 2013 and the most previous in October 2014. In addition, new administrative support staff came onboard in November 2014 and again in March 2017. The 0.5 full-time equivalent (FTE) policy, system, and environment (PSE) staff position was vacant from July 2014 to June 2016. The cooperative agreement evaluator served as the 0.5 PSE FTE until 2017 when CCCP received approval and funding to increase the position to 1.0 FTE. CCCP is currently seeking a candidate to fill the vacancy by September 2018.

Turnover occurred in key MCC leadership as officers moved to new positions outside of the cancer control community, leaving a vacuum in the 2013-2015 grant years that continued until new leaders were recruited in January 2016.

Strong, effective and sustainable MCC leadership is essential to advancing the program. It is also important to have staff continuity in the CCCP. This is especially true for a MCC that is not a 501c3 and does not have funding or staff, and a program with only one staff person facilitating the activities of the MCC.

The MCC has had strong and effective leaders since January 2016 and the previous CCCP manager was in the position for three years. This combination fostered a new energy and vitality among MCC members that is evident in the 2017-2018 activities and accomplishments:

- The Nominating Committee recruited new and engaged officers that were elected for two-year terms beginning January 2018.

- The Chair and Chair-elect work closely with the CCCP manager to offer relevant and engaging programming at the quarterly MCC meetings.

- Four priority workgroups were established to begin implementing the MCAP - Colorectal Cancer (CRC), Human Papilloma Virus (HPV), Access to Care and Survivorship.

- The Membership Committee worked to reengage existing members/organizations and recruit new members to achieve geographical and specialty diversity.

- As of June 2018, the MCC includes 82 individual members, 61 organizations represented, plus 10 DHSS partner programs.

- The Communication and Outreach Committee developed the MCC web site and a social media presence with Facebook and Twitter, as well as a new MCC logo, letterhead and other materials. These tools are available to help MCC workgroups create plans to communicate a persuasive health communication message to the target population.

- The MCC bylaws were amended to add a Medical Advisory Committee to engage health professionals to guide and advise MCC leadership, when needed.

- The June 2018 MCC Satisfaction Survey completed by 23 members (down from 44 in 2017 and up from 18 members in 2016), indicates a high level of contentment among members.

- The first year of the five-year project period included a significant increase in funding to expand programs and the addition of full-time PSE staff person.

- A new CCCP manager joined the Bureau of Cancer and Chronic Disease Control in mid- June 2018.

# Stakeholders (CCCP)

## Identifying Stakeholders

Table 1 identifies individuals or groups who have an investment in the evaluation, each stakeholder's evaluation interest and who will use evaluation results.

**Table 1. Missouri Comprehensive Cancer Control Program Stakeholders and Evaluation Interest**

| Evaluation Stakeholders | What Do Stakeholders Want to Know? |
|---|---|
| CDC | As the funder, CDC wants to know if the CCCP is managing the program efficiently and effectively in the following categories:<br>• Program Management<br>• Fiscal Management<br>• Utilizing Cancer Surveillance Data<br>• Collaborating with other health department programs to reduce the burden of cancer<br>• Collaborating with partners in the MCC<br>• Leadership Team accomplishments<br>• Program outcomes, evaluation findings and lessons learned<br>• Status of the state cancer plan |
| Missouri Cancer Consortium* | The MCC would like to know how their efforts to promote collaborative, innovative, and effective programs and policies impact the human and economic burden of cancer on Missourians. |
| DHSS Chronic Disease Prevention and Management Programs | The programs want to know Missouri-specific data to address the state's most pressing issues regarding cancer awareness education, prevention, screening, early detection, treatment, and help for cancer survivors. |
| DHSS Office of Epidemiology | OOE staff are interested in knowing the effectiveness of the interventions and overall program and disseminating this information to stakeholders. |

*The Missouri Cancer Consortium (MCC) is a statewide group made up of individual health-care professionals, health-care organizations, academic and medical institutions, public health agencies and community based groups that collaborate to share their expertise, resources and experience to address cancer in Missouri.

## Engaging Stakeholders

Table 2 is a list of CCCP stakeholders and how and when they will be engaged in the program evaluation considering each stakeholder's area of expertise, interests and availability.

**Table 2. Missouri Comprehensive Cancer Control Program Stakeholders Engagement**

| Evaluation Stakeholders | How to Engage Stakeholders | When to Engage Stakeholders |
|---|---|---|
| CDC | CCCP will engage CDC in:<br>• Telephone calls – periodic<br>• E-mails (as needed)<br>• Face-to-face meetings (site visits) - annually<br>• National Conferences<br>• Written correspondence / reports (as needed) | CCCP will engage with CDC:<br>• Throughout evaluation planning<br>• Review and provide feedback on program and individual evaluation plans<br>• Disseminate and use findings to improve state programs<br>• Leadership Team |
| Missouri Cancer Consortium | CCCP will engage the MCC in:<br>• Telephone calls (as needed)<br>• E-mails (as needed)<br>• Face-to-face meetings (quarterly)<br>• Conference calls/webinars<br>• Written Correspondence (as needed)<br>• Participation in workgroups | CCCP will engage with the MCC:<br>• During quarterly meetings<br>• As a participant in working committees and with the MCC Executive Committee<br>• During all phases of the evaluation process<br>• To disseminate findings (reports, data, presentations, web-based systems) and other relevant information<br>• During the development and implementation of the Missouri Cancer Action Plan |
| DHSS Chronic Disease Prevention and Management Programs | CCCP will engage DHSS chronic disease program partners in:<br>• Telephone calls<br>• E-mails (daily)<br>• Face-to-face meetings<br>• Written correspondence (as needed)<br>• Program collaboration<br>• Planning meetings | CCCP will engage DHSS chronic disease program partners:<br>• Provide feedback on all aspects of evaluation<br>• Monitor progress toward program goals and objectives<br>• Focused Quality improvement<br>• To coordinate cross-program media efforts |
| DHSS Office of Epidemiology | CCCP will engage DHSS' Office of Epidemiology in:<br>• Telephone calls (as needed)<br>• E-mails (daily)<br>• Face-to-face meetings<br>• Written correspondence (as needed)<br>• Planning meetings | CCCP will engage DHSS' Office of Epidemiology:<br>• Throughout the evaluation process (planning, research questions, defining indicators, standardizing tools and processes, data gathering, analysis, and report generation)<br>• To Provide feedback on all aspects of evaluation<br>• To Collect and review data and data sources<br>• To Maintain and enhance surveillance systems |

# Evaluation

Table 3 demonstrates how evaluation works to identify promising practices, document milestones and accomplishments, and provide information for quality improvement efforts and future program direction.

**Table 3. Missouri Comprehensive Cancer Control Program Design and Methods Matrix**

| Focus | Evaluation Questions | Indicators | Data Sources | Data Collection Methods | Data Collection Timing | Data Analysis |
|---|---|---|---|---|---|---|
| **Partnership** | | | | | | |
| **Increase the capacity, effectiveness and sustainability of the MCC.**<br><br>**The MCC has a membership of 82 individual members from 61 different organizations plus 10 DHSS program partners as of June 2018.**<br><br>**The MCC meets on a quarterly basis and participates in the implementation of the Missouri Cancer Action Plan.** | Is there a strong and effective MCC partnership?<br><br>Are MCC members engaged in the work of the partnership?<br><br>Are workgroups actively implementing the MCAP?<br><br>Is the MCC membership growing in membership and diversity of representation?<br><br>What factors are affecting (positively or negatively) partnership capacity and sustainability? | Number of Members<br><br>Number of individuals and partners participating in the activities of the MCC.<br><br>Diversity of representation<br><br>Member participation in quarterly meetings<br><br>Participation and effectiveness of workgroups and committees<br><br># of workgroup activities planned and implemented<br><br>Contributions by members toward the MCAP goals and objectives<br><br>MCC function and impact | Conference call and meeting minutes<br><br>MCC member and committee/ workgroup activity reports<br><br>Membership analysis results<br><br>MCC member roster<br><br>Record of workgroup accomplishments<br><br>MCC Satisfaction Survey results | Meeting minutes recording member participation (member meeting, committee meeting, project planning, etc.) and accomplishments<br><br>Member participation tracking spreadsheet<br><br>Bi-annual activity reports from MCC members and/or committees/ workgroups<br><br>CCCP record of activities and accomplishments with MCC workgroups and committees<br><br>MCC Satisfaction Survey | Quarterly MCC meetings<br><br>Committee/ workgroup meetings held as needed<br><br>Update member roster as needed<br><br>Update tracking spreadsheet weekly<br><br>Bi-annual reports<br><br>Ongoing<br><br>Yr 2 – 4th quarter | Change in number of members/ organizations and diversity of representation<br><br>Meeting participation<br><br>Number of active workgroups and member participation<br><br>Summary of MCC activities and accomplishments through workgroups and committees in collaboration with the CCCP<br><br>Members satisfaction |

| Focus | Evaluation Questions | Indicators | Data Sources | Data Collection Methods | Data Collection Timing | Data Analysis |
|---|---|---|---|---|---|---|
| **Program** | | | | | | |
| **CCCP and CTCP will work with a media campaign company to do market research targeting Medicaid health care providers and Medicaid recipients who are current smokers to increase utilization of smoking cessation health care benefits.** | How was the target population determined?<br><br>How was the market research conducted?<br><br>What was the result of the market research? (e.g., focus groups, surveys, etc.)<br><br>Are the themes creative and innovative?<br><br>What messages and media strategies were recommended and implemented? | Number of MO Medicaid health providers<br><br>Percentage of MO Medicaid recipients who are smokers<br><br>Evidence-based media activities to increase tobacco cessation<br><br>Number of intervention strategies selected<br><br>Campaign developed and implemented | Description of Medicaid providers reached<br><br>Information on focus group/survey recruitment process<br><br>Reports and records of media contractors<br><br>MO HealthNet administrative claims data | Request process, reports and records of media contractors including market research and media implemented<br><br>Request MO HealthNet administrative claims data | 2017 – 2022 | Qualitative and quantitative analysis of market research<br><br>Essential themes defined<br><br>Media implemented<br><br>Number of MO HealthNet recipients utilizing tobacco cessation services |
| **CCCP will collaborate with CTCP, MO HealthNet, and other health systems partners to decrease MO HealthNet (Medicaid) enrollees smoking prevalence** | Was collaboration productive?<br><br>How many health systems partners were involved?<br><br>Was there an increase in the utilization of tobacco cessation health care benefits or reduction in out-of-pocket costs for cessation medications only, cessation counseling only, or both?<br><br>Did the reminders include providers' education?<br><br>What materials/strategies were adapted by MO HealthNet or their managed care partners? | Collaboration process and meetings<br><br>Number of interventions used<br><br>Number of enrollees that participated in either medications only, or counseling only or both | Record of meetings<br><br>BRFSS for base line data<br><br>Administrative claims data from MO HealthNet<br><br>Missouri Quitline data | Program records meeting notes<br><br>Request MO HealthNet records of all activities carried out<br><br>Request MO HealthNet claims data | Annual | Collaboration activities<br><br>Number of calls to Quitline<br><br>Trends in utilization of cessation services<br><br>Prevalence of current smoking among MO HealthNet enrollees |

| Focus | Evaluation Questions | Indicators | Data Sources | Data Collection Methods | Data Collection Timing | Data Analysis |
|---|---|---|---|---|---|---|
| **Plan (Missouri Cancer Action Plan)** | | | | | | |
| **CCCP will collaborate with MCC Colorectal Cancer (CRC) workgroup, and other partners to increase Missourians 50 and older who have a colonoscopy in the last 10 years in southeast Missouri.** | Was collaboration productive?<br><br>How many partners participated?<br><br>What were the structural barriers to screening identified?<br><br>What strategies were created and implemented to help health systems and patients overcome the barriers?<br><br>What was the result of implementing the selected strategies? | Collaboration process and meetings<br><br>Number of participating partners<br><br># of structural barriers identified<br><br># of strategies created<br><br># of strategies implemented<br><br># of barriers reduced | BRFSS<br><br>Record of meetings and partner participation<br><br>Record of strategies identified and implemented | Program records meeting notes<br><br>Program records strategies identified and implemented<br><br>Request data from MCC CRC workgroup<br><br>Use data from FQHCs participating in CRC project below | Ongoing.<br><br>Periodically as barriers are identified<br><br>Periodically as strategies are created and implemented | Partners and collaboration process<br><br># of structural barriers identified<br><br># of strategies created and implemented<br><br>Analyze MCC CRC workgroup administrative data |

| Focus | Evaluation Questions | Indicators | Data Sources | Data Collection Methods | Data Collection Timing | Data Analysis |
|---|---|---|---|---|---|---|
| **Plan (Missouri Cancer Action Plan)** | | | | | | |
| **Solidify formal partnerships with up to four MO FQHC's that support increasing CRC screening rates by 3% by June 2020.**<br><br>**Provider assessment and feedback to increase service delivery by health care providers.**<br><br>**Provider reminder and recall system to increase delivery by health care providers.**<br><br>**Small media to increase community demand for cancer screening services.**<br><br>**Client reminders to increase community demand for cancer screening services.** | How many formal partnerships were established with MO FQHC's (via MO Primary Care Association [MPCA] contract)?<br><br>What geographic area or counties?<br><br>How were providers assessed and feedback provided?<br><br>Did MPCA practice coaches use provider assessment and feedback to increase service delivery by health care providers?<br><br>Did MPCA practice coaches/FQHCs initiate or improve the use of provider reminder and feedback systems to improve screening rates?<br><br>What types of small media were utilized?<br><br>What ways to reach the target populations in the region were identified?<br><br>Did MPCA practice coaches/FQHCs initiate or improve the use of patient's reminders to improve screening rates?<br><br>Did MPCA practice coaches inventory structural barriers as perceived by FQHC staff and patient? | # of formal partners<br><br>Method of assessment and feedback utilized<br><br>Implementation of provider reminders and recall system<br><br># or types of small media utilized<br><br># or kinds of ways to reach the target populations<br><br># or types of patient reminders used initiated or improved<br><br>Barriers identified<br><br># of strategies developed<br><br>Improved screening rates<br><br>Types of technical assistance provided by partners<br><br>Types and or number of trainings provided | MOUs / Contracts<br><br>Systems used for gathering provider assessment and feedback<br><br>System changes<br><br>Small media used and distribution methods<br><br>Program records<br><br>Survey results<br><br>Program records<br><br>MPCA DVRS data<br><br>Cancer Screening Improvement Project Tracking Form (quarterly report) | Quarterly report for each participating FQHC - Cancer Screening Improvement Project Tracking Form.<br><br>Program records and meeting notes.<br><br>MPCA DRVS data<br><br>EHR systems | Ongoing for project | Review of formal agreement deliverables, outcomes, and Cancer Screening Improvement Project Tracking Form<br><br>Interventions implemented<br><br>Prevalence of CRC screening among participating FQHCs<br><br>Prevalence of CRC screening among all 29 Missouri FQHCs |

| Focus | Evaluation Questions | Indicators | Data Sources | Data Collection Methods | Data Collection Timing | Data Analysis |
|---|---|---|---|---|---|---|
| **Plan (Missouri Cancer Action Plan)** | | | | | | |
| **Reducing structural barriers to increase community access to cancer screening services.** | Did MPCA practice coaches develop strategies to overcome the barriers identified?<br><br>Did CRC screening rates increase in the participating FQHCs and all FQHCs? | | | | | |

| Focus | Evaluation Questions | Indicators | Data Sources | Data Collection Methods | Data Collection Timing | Data Analysis |
|---|---|---|---|---|---|---|
| **Increase the percent of cancer survivors receiving information or a written Survivorship Care Plan (SCP) – from 69.1% in 2014 to 78% by June 2020** | Did CCCP in collaboration with MAP develop or identify existing on-line training modules to address cancer survivorship issues and other cancer specific topics for CHWs? | On-line training for CHWs developed or identified | Program records; training modules | Program files | Annual | Modules developed or identified. |
| | Did CCCP participate in the planning of a MAP conference for CHWs by providing a speaker to address cancer survivorship issues and introduce the new survivorship training module if available? | Conference speaker identified and Letter of Agreement executed | Conference materials | | | |
| | Did CCCP collaborate with Center for Practical Bioethics and a Missouri medical center to offer a "Serious Illness Conversations" workshop for providers? | Workshop presented at a Missouri Medical Center | Workshop feedback form | Request post workshop survey | Following the workshop | Results of feedback form |
| | How well did providers receive the Serious Illness Conversations workshop? | Satisfied or very satisfied with the workshop | BRFSS – Cancer survivorship module | Telephone survey | | Frequency and prevalence of written survivorship care plan received by cancer survivors |

| Focus | Evaluation Questions | Indicators | Data Sources | Data Collection Methods | Data Collection Timing | Data Analysis |
|---|---|---|---|---|---|---|
| **Policy** | | | | | | |
| **Develop up to three interventions to improve DHSS cancer prevention and control program or activities derived from the DHSS environmental scan and gap analysis by June 2019.** | What gaps were identified by the DHSS environmental scan and gap analysis?<br><br>Was a workgroup convened to identify opportunities for collaboration between programs and to develop interventions and strategies to fill the gaps?<br><br>What gaps were chosen to be addressed and what progress was made to improve efforts to promote the primary prevention of cancer, support early detection efforts, address the needs of cancer survivors and promote health equity?<br><br>Were the strategies implemented?<br><br>What actions were taken by programs to address the gaps identified in the scan? | # of programs included in scan<br><br># and/or types of gaps identified<br><br>Types of contributions to cancer prevention and control<br><br>Workgroup meetings, decisions and plans for policy change<br><br># and/or types of strategies implemented<br><br># Policy changes identified and promoted | Environmental scan and gap analysis<br><br>Workgroup meeting notes and plans<br><br>Record of policy changes achieved | Follow-up survey with DHSS programs | Throughout project | Frequencies and gap analysis<br><br>Report on policy changes achieved and their potential impact |
| **Develop a white paper on prostate cancer by June 29, 2019** | What are the current screening recommendations for prostate cancer?<br><br>What is the prevalence of prostate cancer screening in MO?<br><br>What are the latest advances in prostate cancer prevention and screening? | White paper completed | US Preventive Services Task Force<br><br>BRFSS<br>MCLS<br><br>Scientific literature | Feedback from MCC members | Throughout project | Prevalence of screening and 95% confidence intervals |

## Dissemination of Results and Utilization

Table 4 showcases how the evaluation results will be distributed to the target audiences.

**Table 4. Missouri Comprehensive Cancer Control Program Results and Use Circulation**

| Audience | Format and Outlet for Sharing Findings | Timeline | Responsible Person |
|---|---|---|---|
| MCC Members/Leaders, CDC, and DHSS and other Chronic Disease Programs | Share the Evaluation Report at routine meetings and on DHSS web site<br>• CRC and Tobacco (St. Francois)<br>• Breast Cancer (McDonald)<br><br>Share the results of the MCC Partnership evaluation – progress and sustainability<br><br>Provide update on evaluation plan and results of other evaluations as they become available | October 2017<br>October 2018<br><br>Ongoing<br><br>September 2017 – June 2022 | Melissa Hope<br>Philomina Gwanfogbe<br><br>Laura Kliethermes<br><br>Laura Kliethermes |
| All Missourians | Disseminate the new 2016-2020 MCAP with updated burden data. MCAP is posted on the program's web site and copies are available to MCC members. | Ongoing | Laura Kliethermes |
| NCCCP and others | Share the Evaluation Report at routine meetings, on DHSS web site, program manager conference calls; success story, etc.<br>• CRC and Tobacco (St. Francois)<br>• Breast Cancer (McDonald) | October 2017<br>October 2018 | Melissa Hope<br>Philomina Gwanfogbe |
| CDC | E-mail copy of evaluation reports to Project Officer<br><br>Include survey result summary in the annual report | September 2018 | Laura Kliethermes |

## Checklist for Ensuring Utilization of Evaluation Results

√ Share and discuss results at routine meetings, web sites, conference calls, email, etc.
√ Discuss prioritization of recommendations for program improvement with stakeholders
√ Discuss operationalization of recommendations for program improvement with stakeholders
√ Discuss ways stakeholders can apply evaluation findings to improve their organizational practices or interventions
√ Include evaluation results and points of discussion in stakeholder meeting notes
√ Review evaluation findings and recommendations in regularly scheduled staff meetings
√ Identify action steps staff members can take to implement recommendations
√ Identify a program staff member to coordinate, document and monitor efforts to implement improvement recommendations

## Future Evaluations

In the next grant year, Missouri's Comprehensive Cancer Control Program plans to address initiatives focused on:

- Increasing colorectal cancer screening rates by developing an impact plan with private and public sector partners and health care professionals across the state, and preparing and distributing a no cost public relations campaign;
- Improving lung cancer screening rates through tobacco cessation and radon testing awareness efforts;
- Improving reporting for the Missouri Cancer Registry specifically on leukemia, lymphoma, breast and prostate cancers;
- Enhancing HPV immunization rates through the development and execution of an engagement plan; and
- Improving prostate cancer screening decision making and survivorship by releasing no cost public relations campaign messaging.

## V. Logic Model - Missouri Comprehensive Cancer Control Program

Attachment 1 is Overall Goal/Purpose of Program: To improve the health of persons in all populations with and at risk for cancer.

**Attachment 1. Logic Model**

IMPACT

| Resources / Inputs | Activities | Target Population | Outputs | Increased cancer control knowledge<br>**Short Term Outcomes** | Decreased morbidity Reduced Disparities<br>**Intermediate Outcomes** | Increased QoL Decreased mortality<br>**Long Term Outcomes** |
|---|---|---|---|---|---|---|
| ▪ Funding<br>▪ Missouri Cancer Consortium (MCC)<br>▪ Partners – federal, statewide, regional, and community coalitions<br>▪ Evidenced-based models and programs<br>▪ Centers for Disease Control and Prevention (CDC)<br>▪ Missouri Cancer Registry (MCR)<br>▪ Evaluation Plan<br>▪ Dept. of Health and Senior Services (DHSS) programs<br>▪ DHSS Office of Epidemiology<br>▪ Leadership Team | ▪ Educate the public and providers about appropriate cancer screenings<br>▪ Evaluate current activities and outcomes<br>▪ Compile progress report of the 2016-2020 MO Cancer Action Plan (MCAP)<br>▪ Utilize surveillance data to target activities and interventions<br>▪ Build and maintain partnerships<br>▪ Implement the MCAP:<br>✓ Facilitate development of MCC executive committee, committees and workgroups<br>✓ Support workgroup and committee activities<br>▪ Integrate CCCP activities with other DHSS chronic disease prevention programs<br>▪ Encourage Policy, System and Environmental (PSE) changes to achieve sustainable results<br>▪ Collaborate with CTCP & MO HealthNet to increase utilization of smoking cessation services<br>▪ Develop up to three interventions to improve DHSS cancer prevention and control programs or activities derived from the DHSS environmental scan and gap analysis.<br>▪ Develop or identify existing CHW training modules<br>▪ Evaluate and disseminate findings of St. Francois and McDonald Co. pilot projects<br>▪ Distribute / release tobacco cessation media campaign | ▪ Missouri citizens<br>▪ At-risk populations<br>▪ Internal and external partners<br>▪ Health care providers and systems<br>▪ Policy makers<br>▪ Community groups and organizations<br>▪ Employers, worksites<br>▪ MCC members or potential members | ▪ Number of screening opportunities<br>▪ Number of MCC partner organizations<br>▪ Number of MCC active participants, workgroups and committees<br>▪ MCC activities implementing the MCAP<br>▪ Cancer education activity<br>▪ Complete action plan progress report<br>▪ Tobacco cessation media plan and activities<br>▪ Three interventions developed to address cancer control gaps<br>▪ Activities or changes that increase utilization of smoking cessation services among MO HealthNet participants<br>▪ Contract with MPCA to partner with FQHCs<br>▪ An evaluation plan that is used to enhance program operation<br>▪ Utilize evaluation findings to improve the program<br>▪ Disseminate evaluation report of the McDonald county project and disseminate findings of the pilot projects | ▪ Increase public and provider awareness of smoking risks and cessation services<br>▪ Increase public and provider awareness and delivery of cancer screenings needed and health benefits<br>▪ Increase knowledge of specific barriers to cancer services<br>▪ Increase health care provider knowledge of cancer detection, management, services and survivorship issues<br>▪ Maintain and create new partnerships<br>▪ Increase MCC membership and participation in the implementation of the MCAP<br>▪ Four FQHCs enroll in partnership to increase cancer screening<br>▪ Majority attending satisfied or very satisfied with serious illness workshop<br>▪ Increase knowledge of DHSS cancer control gaps<br>▪ Improve CHW knowledge of cancer screening and survivorship issues | ▪ Reduce the smoking prevalence among Missourians<br>▪ Increase MCC capacity, sustainability and effectiveness<br>▪ Publish and distribute *The Burden of Cancer in Missouri* (2016-2020)<br>▪ Cancer screening baselines established for participating FQHCs<br>▪ Increase the percentage of Missourians age 50 and older who ever had a flexible sigmoidoscopy or colonoscopy<br>▪ Improve DHSS efforts to promote the primary prevention of cancer, support early detection efforts, address the needs of cancer survivors and promote health equity. | ▪ Reduce hospitalizations<br>▪ Reduce health care costs<br>▪ Reduce barriers to health services<br>▪ Increase early stage diagnosis<br>▪ Improved quality of life of cancer survivors<br>↓<br>**Ultimate Outcomes**<br>▪ Reduced deaths due to cancer<br>▪ Reduced incidence of cancers<br>▪ Decreased late stage cancers<br>▪ Decreased lost productivity and other costs<br>▪ Eliminate disparities in cancer |
| External Factors | Economy; funding availability and requirements; change in national, state and local leaders and priorities; emerging health care issues; technology and technology costs; cost and access to medical care and pharmaceuticals; Medicaid and other insurance coverage; state and federal regulations; public fears; and current societal norms regarding health and lifestyle behaviors. | | | | | |