

A systematic approach for program evaluation: National evaluation of the National Cancer Institute Community Networks Program

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Overview

- Background on CNP
- Evaluation cycle adapted to CNP
- Steps in evaluation
- Findings from Years 1 and 2
- Lessons learned

Background

- Purpose: Reduce cancer health disparities among racial and ethnic minorities and underserved populations through community-based participatory education, research, and training
- Follow-on to Special Populations Network (2000-2005)
- \$95 million over 5 years
- 25 cooperative agreement awards
- 3 cumulative program phases, each with specific goal and objectives

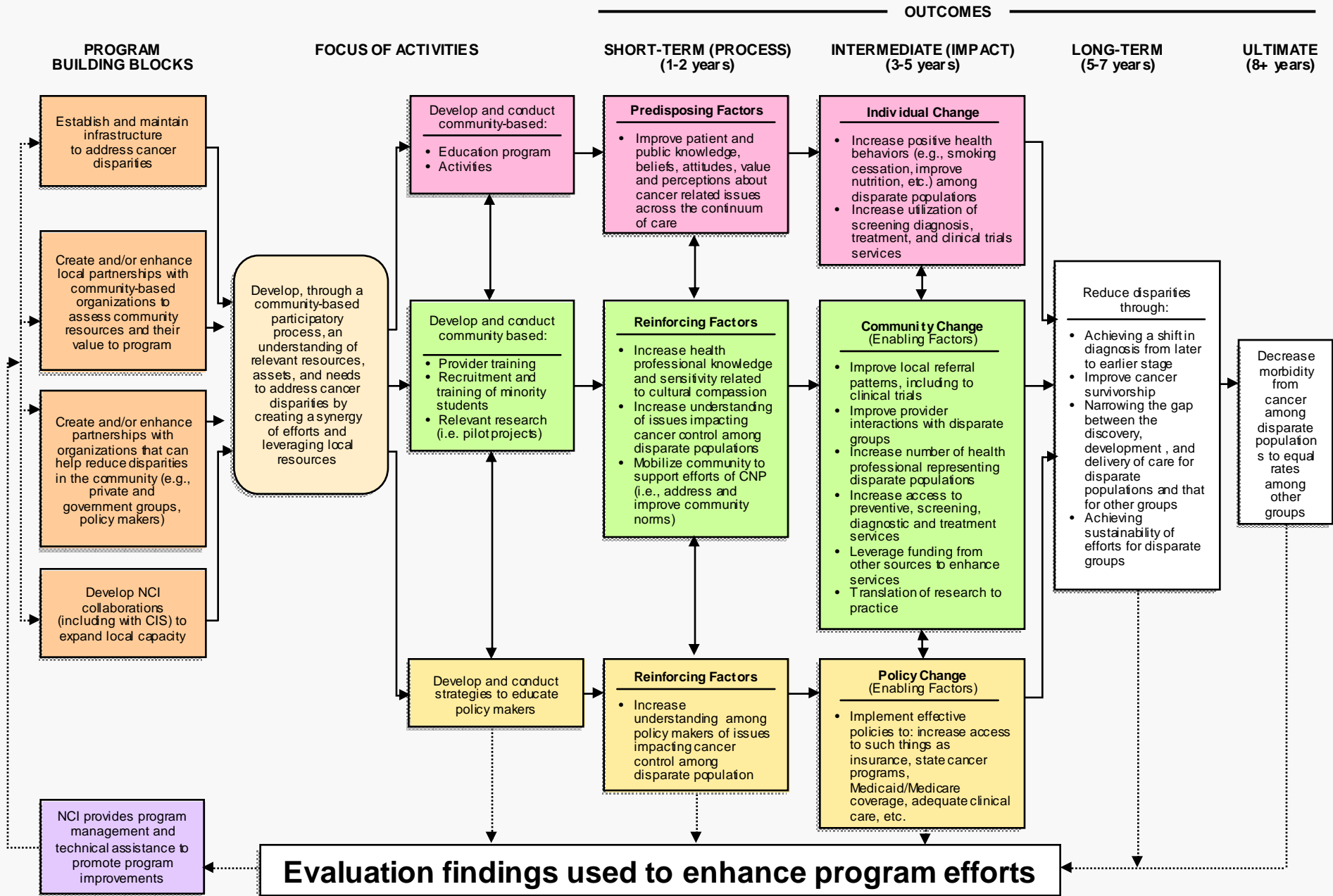
Goals

- Phase I: Develop and increase capacity building to support community-based participatory education, research, and training to reduce cancer health disparities
- Phase II: Develop community-based participatory research and training programs to reduce cancer health disparities
- Phase III: Establish credibility and sustainability of CNP activities that reduce cancer health disparities

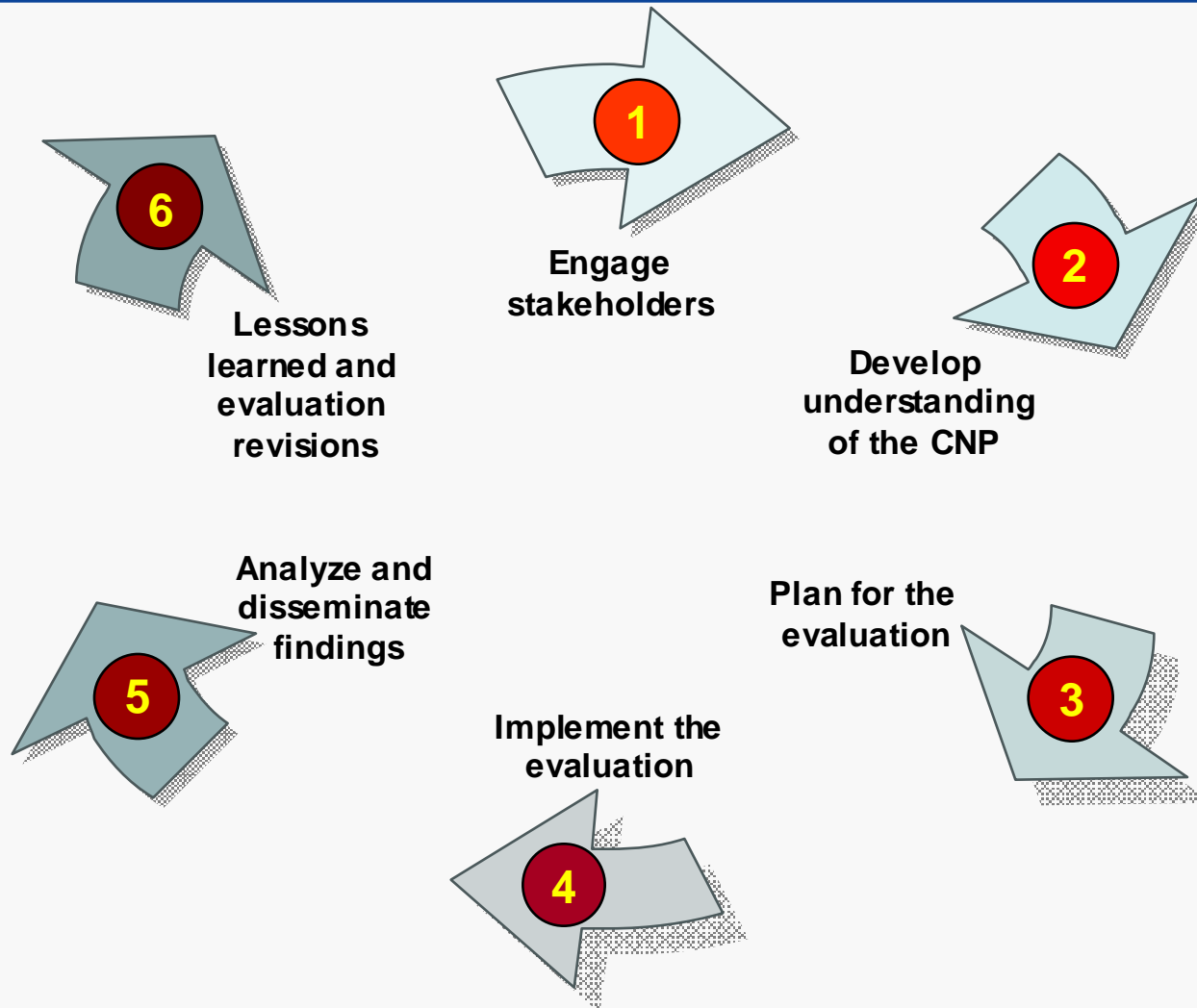
Technical Approach

- Framed by conceptual framework developed by CRCHD during feasibility study
- Anchored by goals and objectives defined in RFA for CNP
- Methodology based on triangulation of quantitative and qualitative findings
- Providing data to inform and support CRCHD programmatic decisions

CNP Conceptual Framework



CNP National Evaluation Cycle



Adapted from CDC. Framework for program evaluation in public health. MMWR 1999;48(No. RR-11).

1. Engage Stakeholders

- Key stakeholders
 - CNP PIs and program staff
 - NCI CRCHD CNP Program Directors
- Participatory approach throughout design and implementation of evaluation
- All data collection tools are vetted through CNPs
- Collaborate closely with CNP national evaluation team at CRCHD

2. Develop Understanding of CNP

- Reviewed literature on cancer health disparities
- Extensive discussions with CRCHD to gain full understanding of RFA goals and objectives
- Reviewed CNP grant applications and additional grantee materials
- Abstracted key information about each CNP into database

3. Plan for the Evaluation

- Designed evaluation to measure achievement of RFA goals and objectives
- Developed logic models for each CNP Phase
 - Link Phase goal and objectives to activities, outputs, and outcomes
- Identified core data elements to measure achievement of objectives
- Developed data collection tools
- Developed Web-based data collection tool
- Obtained CNP PI and local evaluator input

Logic Model Sample

Goals and Objectives	Activities	Outputs	Outcomes	Variables
Phase I Goal: To develop and increase capacity building to support community-based participatory education, research, and training to reduce cancer health disparities.				
<ul style="list-style-type: none"> • Create partnerships with communities experiencing cancer health disparities and with organizations working to reduce cancer disparities in these communities 	<ul style="list-style-type: none"> • Identify/form partnerships with non-clinical community-based organizations 	<ul style="list-style-type: none"> • Data on partnerships formed 	<ul style="list-style-type: none"> • Successful partnership synergy 	<ul style="list-style-type: none"> • Type of agreement signed • Services provided by partner
<ul style="list-style-type: none"> • Increase utilization of beneficial interventions to reduce cancer health disparities 	<ul style="list-style-type: none"> • Conduct cancer education activities to increase utilization of evidence-based interventions 	<ul style="list-style-type: none"> • Data on education activities conducted 	<ul style="list-style-type: none"> • Improvement in community's knowledge, attitudes, beliefs about cancer health disparities 	<ul style="list-style-type: none"> • Type of activity • Topic of activity • Location of activity
Phase II Goal: Develop community-based participatory research and training programs to reduce cancer health disparities.				
<ul style="list-style-type: none"> • Perform the full spectrum of community-based participatory research to reduce cancer health disparities 	<ul style="list-style-type: none"> • Conduct community-based participatory research 	<ul style="list-style-type: none"> • Data on community intervention research projects implemented 	<ul style="list-style-type: none"> • Increased use of beneficial interventions by community members 	<ul style="list-style-type: none"> • Type of screening intervention implemented • Screening rates at baseline and followup

4. Implement the Evaluation

- Collect data every 6 months through Web-based tool
- Provide training and technical assistance as needed
- Collect qualitative data through telephone interviews with CNPs and planned site visits
- Develop second phase of analysis plan
 - Focus on linking predisposing factors (interventions) to explain observed changes in intermediate outcomes

5. Analyze and Disseminate Findings

- Extensive data cleaning
 - Followup with CNPs to revise responses, as needed
- Descriptive analyses
- Analysis by funding level of CNP
 - Group 1: \$1 - \$1.4 million
 - Group 2: \$700,000 - \$950,000
 - Group 3: \$350,000 - \$520,000
- Selected analyses by former Special Population Network (SPN) vs. non-SPN
- Comparison of Year 1 and Year 2 findings
- Thematic analysis for qualitative interview data
- Disseminate findings through reports, presentations

Sample of Year 2 Findings

- Community Advisory Groups
- Community partners (clinical and non-clinical)
- Research conducted
- Publications
- Determinants of disparities

Community Advisory Groups Convened

Grouping	Number of CNPs	Number of CAGs	Number of Organizations Total	Mean
Total	21	64	690	11
<i>Funding level</i>				
Group 1	5	32	234	7
Group 2	6	8	113	14
Group 3	10	24	343	14

Non-Clinical Partnerships Established

Grouping	Number of CNPs	Number of Non - Clinical Partners	
		Total	Mean
Total	25	949	40
<i>Funding level</i>			
Group 1	6	602	100
Group 2	8	149	19
Group 3	11	198	18

Clinical Partnerships Established

Type of Service	Total (n=25 CNPs)	
	N	% ¹
Number of partners	268	100
<i>Primary prevention</i>		
Smoking cessation	84	31
Hepatitis B vaccination	70	26
Diet management programs	82	31
Exercise management programs	71	26
Other	52	19
<i>Secondary prevention</i>		
Breast cancer screening	191	71
Colorectal cancer screening	148	55
Prostate cancer screening	139	52
Cervical cancer screening	165	62
Other	49	18
<i>Treatment</i>	106	40

¹Totals sum to more than 100%, because CNPs could report more than one service provided by each partner.

Needs Assessments and Educational Activities

Types of Studies/Activities	No. of CNPs	No. Studies/Activities
Needs Assessment Studies	23	42
<i>Primary Need Identified</i>		
Information/education		27
Language–specific information/services		14
Culturally– specific information/services		17
Financial support		15
Overcoming physical barriers		16
System access assistance		14
Geographic access assistance		14
Logistical assistance		15
Other		20
Educational Activities	25	5,277

Intervention Research Studies

Types of Studies	No. of CNPs	No. of Studies
Intervention Research Studies	13	253
<i>Primary Prevention Practices</i>		
Smoking Cessation	7	17
Diet/Nutrition	2	2
Physical Activity	2	2
Hepatitis B Vaccination	2	7
<i>Cancer Screening</i>		
Mammography	11	37
Clinical Breast Exam	7	22
Pap Smear	5	27
HPV DNA	2	7
PSA	7	50
Digital Rectal Exam	5	32
Fecal Occult Blood Testing	9	22
Sigmoidoscopy	4	4
Colonoscopy	8	24
<i>Treatment/Survivorship</i>		
Patient Navigation for Treatment	4	4
Cancer Survivorship Support Groups	5	5
Other	2	2

Publications

Grouping	Number of CNPs	Total Publications
Total	16	1,186
<i>Funding Level</i>		
Group 1	4	776
Group 2	7	235
Group 3	5	175

Determinants of Disparities

Level/Determinant of Disparities	Sample Solutions
Individual Level	
Lack of knowledge on cancer and cancer risks	Educational sessions at health fairs
Community Level	
Need for training of community leaders about cancer in their communities	Cancer 101 train -the-trainer sessions
Health Care System Level	
Lack of communication tools to relay cancer related messages	PSA development and dissemination

6. Lessons Learned and Evaluation Revisions

- Local CNP level challenges of collecting baseline data
 - Restructure CRCHD request to intervention effectiveness data collection
 - Continue engaging CNPs in discussion on local-level data collection
- Defining measures for reducing cancer health disparities
 - Refocus on determinants of disparities and solutions to address these
- Local CNP labor effort required to collect and submit data for national evaluation
 - Continue seeking input from CNPs to facilitate data reporting
 - Continuously improve Web-based data collection tools
 - Move to continuous data submission option

Continuing the Evaluation Cycle:

1. Engage National Evaluation Stakeholders

- Key stakeholders
 - NCI CRCHD CNP Program Directors
 - CNP PIs and program staff
 - CNP community partners
 - Regional and Community Advisory Group members
- New levels of stakeholders
 - NIH stakeholders
 - CRCHD expanding its partnerships across NCI and NIH
 - Other ICs working on disparities research

Acknowledgements

- CNP PIs, evaluators and other staff
- CNP community partners
- CRCHD CNP Program Directors
- CSR CNP National Evaluation staff

Thank You
