HOW TO EVALUATE ACTIVITIES TO INCREASE CRC SCREENING AND AWARENESS: 
EVALUATION TOOLKIT

JUNE 27TH, 2017
2:00 PM ET
Purpose of Today’s Webinar

• Review the 7 steps to program evaluation
• Learn about new updates to NCCRT’s evaluation toolkit, *How to Evaluate Activities to Increase CRC Screening and Awareness*, including how to evaluate provider-focused, policy change and systems change interventions
• Preview new case studies, tools and templates
• Q&A

nccrt.org/Evaluation-Toolkit
Presenters

- **Cheryl Holm-Hansen, PhD**  
  Senior Research Manager, Wilder Research

- **Amanda Hane, MS, MA**  
  Research Associate, Wilder Research

- **Heather Dacus, DO, MPH**  
  Director, Bureau of Cancer Prevention and Control (BCPC), New York State Department of Health

- **Heather M. Brandt, PhD, CHES**  
  Associate Professor, Health Promotion, Education, & Behavior, University of South Carolina, Arnold School of Public Health

- **Andrea (Andi) Dwyer**  
  The Colorado School of Public Health, University of Colorado Cancer Center; NCCRT Steering Committee/Evaluation & Measurement Task Group Co-Chair
Acknowledgements

- This toolkit was developed with support from CDC Cooperative Agreement Number U50/DP001863 and updated with support by CDC Cooperative Agreement Number 1U38DP004969-02 and -03. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention (CDC).

- We would like to thank the members of National Colorectal Cancer Roundtable (NCCRT) and the professionals within the colorectal cancer community who provided invaluable insight and careful review in the development of this toolkit.
## Acknowledgements

<table>
<thead>
<tr>
<th>Tamar Wallace</th>
<th>Sepheen Byron</th>
<th>Caroline Powers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kara Riehman</td>
<td>Matt Allison</td>
<td>Mark Pochapin</td>
</tr>
<tr>
<td>Amy DeGroff</td>
<td>Kate Mahler</td>
<td>Robert Smith</td>
</tr>
<tr>
<td>Djenaba Joseph</td>
<td>Heather Brandt</td>
<td>Emily Bell</td>
</tr>
<tr>
<td>Angela Moore</td>
<td>Ann Zauber</td>
<td>Lindsey Enewold</td>
</tr>
<tr>
<td>Laura Makaroff</td>
<td>Heather Dacus</td>
<td>Aubrey Villalobos</td>
</tr>
<tr>
<td>Sue Lin</td>
<td>Suzanne Kuon</td>
<td>Kanako Kashima</td>
</tr>
<tr>
<td>Carrie Klabunde</td>
<td>Gina O’Sullivan</td>
<td>Shannon Pray</td>
</tr>
<tr>
<td>Mary Barton</td>
<td>Citseko Staples</td>
<td>Andi Dwyer</td>
</tr>
</tbody>
</table>
Wilder Research – a division of the Amherst H. Wilder Foundation

**Mission:** To improve the lives of individuals, families, and communities through social research and program evaluation

- Cheryl Holm-Hansen, PhD
- Amanda Hane, MS, MA
Evaluation Toolkit

- Evaluation toolkit: a comprehensive overview of how to conduct an evaluation
- Includes:
  - sample tools
  - worksheets
  - tips
  - resources
  - case studies
  - cultural considerations
Who is the toolkit for?

Types of programs:
- Client reminders
- Client incentives
- One-on-one education
- Group education
- Small media

New this year:
- Provider assessment and feedback interventions
- Provider reminder and recall systems
- Mass and social media
- Policy, systems, and environmental changes
Evaluation Toolkit update: PSE changes

Focus on policy, systems, and environmental (PSE) changes

<table>
<thead>
<tr>
<th>Policy</th>
<th>Systems</th>
<th>Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in laws, ordinances, and regulations, or organizational rules, mandates, or practices.</td>
<td>Change that impacts all aspects of an organization, institution, or system.</td>
<td>Simple or complex changes to the physical environment.</td>
</tr>
</tbody>
</table>
Datasets for tracking screening rates, including:

- BRFSS
- HEDIS
- Medicare
- NHIS
- UDS
Evaluation Toolkit update: case studies

PSE interventions

- Pennsylvania Family Physicians Grand Rounds training
- Ohio Colorectal Cancer Screening Improvement systems change initiative
- Regulatory improvements under the Patient Protection and Affordable Care Act
- New York Department of Health paid time off for cancer screening

Program interventions

- St. Joseph’s Church group education and small media campaign
- Bayshore Medical Clinic reminder calls
Tips on evaluating social and mass media campaigns, including guidance on:

- Forming evaluation questions
- Using data collection and tracking tools
- Measuring satisfaction
Phases of evaluation

1. Collect the information
2. Create tools for gathering information
3. Design your evaluation
4. Prioritize what you need to know
5. Describe and map your program
6. Use and share the information
Sample programs

- Northside Medical Clinic: Tracking screening rates
- Metropolitan Colon Cancer Collaborative: Small media campaign
- The Wellness Clinic: One-on-one educational sessions
### Sample Programs

<table>
<thead>
<tr>
<th>Example 1: Northside Medical Clinic</th>
<th>Example 2: Metropolitan Colon Cancer Collaborative</th>
<th>Example 3: The Wellness Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Northside Medical Clinic is a community-based clinic with 15 practicing physicians. They have joined a nationwide effort to increase the rates at which they screen adults for colorectal cancer. The clinic does not use electronic medical records, and they do not have a consistent system of tracking who is eligible for screening, how often physicians discuss screening with patients, or how often people actually get screened.</td>
<td>The Metropolitan Colon Cancer Collaborative, an advocacy group, develops and distributes brochures and other written information to promote colorectal cancer screening. Their target audience is the African-American community. Every five years, the Collaborative engages in a strategic planning process to identify community needs, assess the impact of their materials, and establish future priorities.</td>
<td>The Wellness Clinic, a hospital-based medical clinic, has been identifying individuals who should begin screening for colorectal cancer (based on their age or other risk factors) and conducting one-on-one educational sessions during other types of appointments. Their goal is to increase the percentage of patients who get screened. The staff already know that one-on-one education should help increase knowledge and awareness. However, their clinic manager and board of directors are not convinced. They</td>
</tr>
</tbody>
</table>
Step 1: Describe and map your program

- What activities will you be implementing?
- What do you expect to happen?
- How will the activities lead to the intended results or benefits?
# worksheets and tips

## Logic Model Worksheet

<table>
<thead>
<tr>
<th>Activity</th>
<th>Inputs</th>
<th>Outputs</th>
<th>Short-term outcomes (changes in knowledge, attitudes)</th>
<th>Intermediate outcomes (changes in behaviors or practices)</th>
<th>Long-term outcome/Overall Impact</th>
</tr>
</thead>
</table>

## Tips

### Building a logic model

**Overview:** A logic model can be a useful tool for illustrating your program’s underlying theory. This section describes the four steps to creating a high-quality logic model. Several challenges to logic model development, as well as potential solutions, are also presented.

### Steps in creating a logic model

1. **Review and clarify the links between activities and outcomes**

   When you developed a program theory, you spelled out the major services that you provide and the intended benefits of those services. Review this list and make sure the connections between each activity and its outcomes are clear and logical.

   Consider the order in which results should occur. What would be the first changes experienced by participants? How would these initial changes promote other, more long-term changes? Hint: Behavior change is rarely the first result. People usually need to change their knowledge, attitudes, or skills before they start to change behavior. Likewise, moving farther down the line, community change usually cannot occur until enough individuals (or the right individuals) change their behavior or practices. In other words, people are not likely to pursue CRC screening unless they first know about the recommended screening guidelines and understand its importance.
Case studies: Paid time off policy

**INPUTS**
- Staff
- Expertise
- Partners
- Contractors from county health departments
- Toolkits
- Training materials

**ACTIVITIES**
- Educational events and media
- Health Department contractor meetings with community influencers
- Health Department contractor meetings with municipal decision makers

**OUTPUTS**
- # of educational events
- # of people reached through educational events
- Amount of earned media generated
- # of meetings
- # of community influencers reached
- # of decision makers reached

**SHORT-TERM OUTCOMES**
- Community members, including workers and community influencers, increase their knowledge about and support for paid leave for cancer screening

**INTERMEDIATE OUTCOMES**
- Workers use the paid leave policy to receive recommended colorectal and other cancer screenings

**LONG-TERM OUTCOMES**
- Cancer screening rates among workers increase
- Cancer incidence and mortality decrease

**Municipal officials and decision makers increase their knowledge about and support for paid leave for cancer screening**
- Municipal officials and decision makers commit to adopting the paid leave policy
- Paid leave policies for cancer screening are adopted by municipalities
Step 2: Prioritize what you need to know

- Outcome
- Process
- Satisfaction
**2.5 Engaging stakeholders in your evaluation**

**OVERVIEW.** An important early stage in selecting a program or designing an evaluation is to identify individuals or groups who have an interest in your program, will be interested in the evaluation, and might have a role in using the results. Stakeholders concerned with colorectal cancer prevention may include program staff, current and potential funders, health care providers, county health workers, patients, advocacy groups, community members, insurers, and others. These stakeholders are all concerned about what changes because of your efforts and can provide great input on prioritizing your evaluation questions. This section provides some recommendations for prioritizing stakeholder groups and engaging them in the evaluation process.

**PRIORITIZE STAKEHOLDER GROUPS**

Typically, a program or initiative has multiple stakeholders that are interested in different evaluation issues. Since it may not be possible to adequately meet the information needs of all of your stakeholders, it is important to carefully prioritize among these groups. Take time to consider the following questions:

- Are there groups, such as funders or a Board of Directors, to which you have a contractual obligation to provide evaluation information? If so, what are you required to provide?

- Is there information that you would like to receive from participants, such as descriptions of the benefits of services, recommendations for program enhancements, or clarification of their needs?

- Are there significant decisions facing your program in terms of the nature or amount of services that can be provided? If so, is there any information that would be helpful in making these decisions?

- Are there groups that can be helpful in ensuring program continuation or expansion? Do you need to solicit funding from new sources to meet your programming goals? What
Step 3: Design your evaluation

- Assess your resources
  - Budget
  - Internal capacity
  - Staff time
- Select a strategy for gathering information
Worksheets and tips

Worksheet

4.5 Assessing organization capacity

OVERVIEW: An important early step in conducting an evaluation is to assess your agency’s readiness, to help you design an evaluation that aligns with your existing capacity, and to help you prioritize areas where you need to build your capacity in order to conduct a meaningful evaluation. This worksheet can be used to identify the existing evaluation capacity of your organization and to identify areas for improvement.

1. Who is currently responsible for overseeing program evaluation?

2. What resistance, if any, have your agency experienced from staff when conducting evaluations? What resistance, if any, from clients?

3. How do you distribute evaluation findings? Who sees the findings and obtains a copy of the findings?

Tips

2.6 Creating an evaluation budget

OVERVIEW: Evaluation does not need to be expensive, but it does take time and money to plan an evaluation, collect the right information, and use the results to strengthen your organization. This section of the toolkit describes things to include in an evaluation budget, and outlines some personal strategies for reducing costs.

DEVELOP AN EVALUATION BUDGET

A commonly recommended starting point is to allocate 10 percent of the total program budget to evaluation. This includes the time and the staff needed to complete the evaluation. If this amount of money is not available for evaluation, some practical tips for working on a shoestring budget. However, budgets that are inadequate for evaluation might lead to evaluations that are less comprehensive or of lower quality. Weigh your options carefully before deciding a reasonable budget is not possible.

Until you actually design your evaluation, your specific resource needs will be rough estimates. However, you need to start somewhere in thinking about your budget and other available resources in order to design an evaluation that is feasible. The most common evaluation costs include:

- Salary and benefits for program staff who might be involved with the evaluation.
- Travel expenses. Think about the amount of time each staff person will spend on evaluation sites.
- Incentives for evaluation participants, like food or gifts cards.
- Communication tools. This includes costs like postage, telephone, Internet access, and so on.
- Printing and duplication. You will need to budget money to prepare and print surveys, reports, or other documents.
Data collection sources

**Primary data sources**
- Information collected specifically for your evaluation
  - Surveys
  - Interviews
  - Focus groups
  - Case studies
  - Medical record review or chart audit

**Secondary data sources**
- Data that have already been collected
  - Medical records review or chart audit
  - Existing datasets
    - BRFSS
    - HEDIS
    - Medicare claims data
    - NHIS
    - UDS
**Screening resources: BRFSS**

### Behavioral Risk Factor Surveillance System (BRFSS)

<table>
<thead>
<tr>
<th>Description of database, including source of the data and population</th>
<th>BRFSS is an annual, state-based, random-digit-dialed telephone survey of the civilian, non-institutionalized adult population age ≥18 years. The survey collects information on health risk behaviors, preventive health practices, and health care access in the U.S. State health departments use in-house interviewers or contract with call centers or universities to administer BRFSS continuously throughout the year. People with landlines and those with cellular telephones are included. BRFSS surveys more than 400,000 people each year, making it a large and robust data source. Learn more at <a href="http://www.cdc.gov/brfss/about/index.htm">http://www.cdc.gov/brfss/about/index.htm</a>. The survey has three “parts”: 1) the standardized core, which is fielded in every state, 2) optional modules, which states have the option to field, and 3) state added questions. Questions about CRC screening test use are only asked of adults age ≥50 years. The questions about CRC screening are considered rotating core questions and are routinely asked only in even years (2012, 2014, etc.). States have the option of adding these questions in the odd years, however, there is a cost to this option.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How colorectal cancer screening rates are assessed in the dataset</td>
<td>The survey includes questions about whether the respondent has had an FOBT, a sigmoidoscopy, and/or a colonoscopy. Those respondents who say that they have had one of these tests are asked when it occurred (within the past year, past 2 years, past 3 years, past 5 years, past 10 years, or more than 10 years ago). A statistical brief on cancer screening questions is available and provides additional information about the questions and variable calculations. <a href="http://www.cdc.gov/brfss/data_documentation/PDF/2014_BRFSS-statistical-brief_cancer.pdf">http://www.cdc.gov/brfss/data_documentation/PDF/2014_BRFSS-statistical-brief_cancer.pdf</a>. The brief includes instructions for calculating key variables, such as the percentage of adults age 50-75 who reported an FOBT within the past 1 year, and the percentage of adults age 50-75 who reported a colonoscopy within the past 10 years. There is also an “up-to-date” screening status, defined as the percentage of adults age 50-75 who reported FOBT within 1 year or sigmoidoscopy within 5 years with FOBT within 3 years, or colonoscopy within 10 years.</td>
</tr>
<tr>
<td>Frequency of data collection, data lag and reporting</td>
<td>Data are collected on an ongoing basis, but reported annually. Since CRC is a rotating core question, this means that nationwide and state-by-state CRC screening rates are available in odd numbered years (2013, 2015, 2017). Data are usually released in the summer for the prior year’s results.</td>
</tr>
</tbody>
</table>
Step 4: Identify or develop data collection instruments or questions

- Develop your data collection materials
  - Surveys
  - Interviews
  - Focus groups
  - Case studies
  - Chart audits

- Identify existing data collection instruments
  - Screening rate resources
  - Core Questions
  - Toolkit sample instruments

NEW!
Sample tools and tips

Example 2: Metropolitan Colon Cancer Collaborative focus group protocol

First, I would like to go around the room and give each of you the opportunity to briefly introduce yourselves. Please tell us your first name and how you learned about the work of the Collaborative.

Once again, your personal information will not be shared and your answers will be confidential.

We would like for you to take a look at these written materials.

What is your first impression of them?

What do you feel is the main message?

Are the materials understandable? [PROBE: If no, what could make them more easily understandable to you?] audience?

Who do you think is the target audience? What about the materials made you believe that is the target you? How could the materials be improved?

Where would be the best place to distribute the materials in order to reach your target audience?

Tips

2.10 Writing good surveys

OVERVIEW: This section provides some suggestions to consider if you are going to write your own surveys. It describes some issues to consider when deciding to use a survey, as well as detailed recommendations for how to write clear and effective survey questions.

WHEN TO CONSIDER USING A SURVEY

Surveys allow you to gather information from people in a written form, such as paper-and-pencil or online questionnaires (as opposed to interviews, which are completed in-person or over the telephone). Compared to other data collection approaches, surveys are relatively easy to conduct and allow you to gather information from a large group of people in a cost-effective way. However, a survey may not be your best choice if:

- You want information from people who have limited literacy skills.
- You need in-depth information about people’s experiences or perspectives.
- You want to interact with your respondents, by clarifying questions or providing them with information.
- You only need to gather information from a few people.
Step 5: Collect the information

- Developing a data collection plan
  - When to collect data and how often
  - Staffing
  - Participants
  - Budget implications
Worksheets, tips, and samples

### Sample

#### 3.1 Consent form

**OVERVIEW:** In some cases, you may need to have participants indicate that they have consented to participate in the evaluation. This section provides a sample consent form that can be used to obtain permission to complete brief surveys before and after patients receive one-on-one education, and to participate in a follow-up conversation by telephone three months later.

Dear Participant,

The Wellness Clinic is working on an initiative to increase the percent of patients screened for colorectal cancer. The clinic staff is conducting an educational program to improve patients' knowledge of screening options and willingness to be screened.

The clinic staff will ask you to complete a survey before and after the educational program. The survey will ask questions about your knowledge of colorectal cancer screening and perceptions of the staff who met with you today. The survey is also designed to assess changes in your knowledge and perceptions after the educational program.

Please note the following:
- All information collected through this project will be kept confidential.
- Participation is completely voluntary. Your decision to participate or decline will have no affect on the services that you receive from the clinic.
- Your permission is valid for the duration of the project.
- Privacy Practices for more information.
- No specific information will be provided to any third party that receives information from this project.
- When information is sent to a third party, the third party that receives it and may no longer be identifiable.

The sample consent form is available in Appendix 3.1 section.

### Tips

#### 2.13 Conducting focus groups

**OVERVIEW:** Focus groups are interviews conducted with a small number of people simultaneously. Focus groups also allow you to generate insights based on the interactions among participants. Many of the recommendations for conducting interviews also apply to focus groups. However, there are some additional things to consider when conducting a focus group. This section provides some tips for conducting an effective focus group.

**CONDUCTING A FOCUS GROUP**

- If possible, find someone trained in group facilitation to conduct the focus group.
- Keep the number of questions reasonable -- you can generally expect to thoroughly address 5-7 questions during a 1.5 hour focus group. Have an established protocol and be upfront with participants about the content of the group.
- Make it easy for people to participate by providing transportation and refreshments, as appropriate.
- Establish ground rules to ensure that participants stay focused and respect the privacy of others.
- Select a location that is comfortable and familiar to participants.
- Provide clear expectations for participation.
- Use open-ended questions to encourage participation and discussion.
- Encourage participants to share their thoughts and ideas.
- Allow time for discussion and reflection.
- Take detailed notes during the focus group.
- Use focus group results to inform the evaluation process.

### Worksheet

#### 4.6 Data collection plan

**OVERVIEW:** Once you have identified your key evaluation questions, you need to develop a plan for gathering the required information. This section provides a sample data collection plan to help you align your needed information with a data collection approach.

Review the list of the outcome goals that you rated as most important to include in the evaluation design. In the first column, make a list of all the information that you will need to collect in your evaluation plan to address these outcome goals. In the second column, identify a potential data collection strategy (e.g., program records, other secondary data sources, questionnaires, interviews, observational data, etc.). In the third column, identify a potential data source for this information (e.g., medical records, participant, staff, etc.). In the fourth column, propose a plan for collecting the information, including the procedure to be used and the timing of the data collection.

<table>
<thead>
<tr>
<th>Information to be collected</th>
<th>Data collection strategy</th>
<th>Data source</th>
<th>Data collection procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample: Participant feelings about media campaign</td>
<td>Focus groups</td>
<td>Community members</td>
<td>Will recruit participants at local community center, ideally would like to have three focus groups of 7 people each</td>
</tr>
</tbody>
</table>
Step 6: Organize and analyze the information

- Organize your information effectively
- Analyze and identify key findings
- Interpret results
- Consider implications
2.16 Entering and managing data

OVERVIEW: Data entry is often thought of as a time-consuming process, but there are steps you can take to make the process more efficient. You will save time in the long run if you take time upfront to prepare for data entry. This section provides some general steps to help you get started.

ENTERING DATA

- Assign an ID number to each form or survey to be entered, and write the number at the top of each survey. These can be numbers such as 1, 2, 3, 4, but each number should be used only once, even across different batches of surveys. This will make it much easier to go back and re-enter data if you realize you have made a mistake. In some instances, like surveys that you collect on a recurring basis from the same people (such as doctors), you may wish to assign one ID for each respondent. You will need to maintain a master list that you can reference for assigning and tracking these ID numbers in the future.

- Schedule a large enough block of time to enter an entire batch of data at once. The time needed for this will vary depending on the length of the survey and the number of participants, but it is best to enter all of the information at the same time if possible. This will minimize the chance that you enter the same survey twice or forget to enter any remaining surveys.

- Before you begin entering the data, take time to go through each completed survey and identify questionable responses. By taking time upfront to identify potential problem areas, you can make consistent decisions about what you plan to enter in each situation.
Step 7: Use and share the information

1. Collect the information
2. Create tools for gathering information
3. Design your evaluation
4. Prioritize what you need to know
5. Describe and map your program
6. Sort and analyze the information
7. Use and share the information
Step 7: Use and share the information

- What outcomes showed the highest success rates? What parts of the intervention do you think contributed most to these outcomes?
- Did the program or policy change impact the people it was intended to?
- What challenges emerged during the implementation of the evaluation plan? How might the evaluation design be revised to mitigate these challenges?
Worksheets and tips

2.18 Writing the report

OVERVIEW: Once your evaluation data are collected and analyzed, you will usually want to prepare a report of the findings. This section provides a sample outline for an evaluation report, and provides tips for organizing and summarizing your information.

SAMPLE REPORT OUTLINE

No one approach fits all written evaluation reports. Remember to tailor the report to your audience. Most reports should include, at a minimum, the Who, What, Where, When, Why and How of the evaluation. How you present that information, and the level of detail and technicality, will depend on your audience. The following outline provides a common framework for presenting evaluation results.

Report example

I. Executive summary
II. Program background
   a. Participants (who)
   b. History
III. Review of evaluation questions (what)
   a. Goals of evaluation (why)
   b. List questions and why each was addressed
IV. Methods (when, where, and how)
   a. Evaluation design
   b. Participant criteria
   c. Data collection approaches
   d. Data analysis procedures
V. Strengths and limitations of methods

4.7 Identifying research implications

OVERVIEW: The main value of evaluation comes when you have the results and can use them to improve or expand services, inform education and advocacy efforts, etc. This worksheet can be used to help you identify key findings, implications, and recommendations using what you learned from your evaluation.

<table>
<thead>
<tr>
<th>Resource Question</th>
<th>Evaluation</th>
<th>Findings</th>
<th>Implications</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do we want to know?</td>
<td>What was done?</td>
<td>What was learned?</td>
<td>What does this mean?</td>
<td>Where do we go from here?</td>
</tr>
</tbody>
</table>

4.8 Action plan

OVERVIEW: The most important outcome of any evaluation is putting findings into action. This worksheet can be used to create a plan for action, using the results from your evaluation.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Finding</th>
<th>Follow-up action</th>
<th>Person responsible</th>
<th>Targeted completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To access materials

- nccrt.org/Evaluation-Toolkit
Additional Resources

- Webinars (available at nccrt.wpengine.com/webinars/)
  - Colorectal Cancer Screening Data Sets
  - Evaluating Systems Change focused on Colorectal Cancer Screening
  - Evaluating Social Media

  - Guidance on Evaluating 80% by 2018 Messaging
Evaluating A Policy Change Intervention
Heather Dacus, DO, MPH
NYS Department of Health

Many thanks to Gina O’Sullivan, MPH & Suzanne Kuon, MS - NYSDOH

August 16, 2017
From 2013-2015, the NYSDOH funded the **Broome County** and **Schenectady County Health Departments** to implement three cancer prevention policy interventions.

1. **Paid Time Off Project Objective**: By September 2015, at least one municipality in each county will expand paid time off policies for their employees to include colorectal and cervical cancer screening.
Paid Time Off for Cancer Screening

• Policy and environmental change interventions can promote health and support healthy behaviors.

• Lack of paid time off is a potential barrier to obtaining recommended cancer screenings.

• Existing NYS law provides public employees with 4 hours of time off for breast cancer screening.

• Local municipalities can expand on existing state law to include paid time off for other cancer screenings (e.g., colorectal cancer).

Peipins LA, Soman A, Berkowitz Z, White MC. The lack of paid sick leave as a barrier to cancer screening and medical care-seeking: results from the National Health Interview Survey. BMC Public Health 2012;12(1):520
Policy Change Process and Community Outcomes

- Public and decision maker education
- Awareness and beliefs about the issue change
- Support for policy increases
- Policy adopted
- Health behaviors change
- Health outcomes improve

Activities to Build Community Support

- Mobilizing and Empowering Communities
- Educating and Engaging Communities
- Engaging Organizational Decision Makers
- Educating Government Decision Makers

Community Supportive of Policy Change
Process Measures

What activities support policy implementation?
- # of community education events
- amount of media generated

What progress has been made towards the policy change goal?
- # of sites where policy work initiated
- # of sites where decision maker supports policy change

What facilitators and barriers were encountered?
- factors effecting implementation of specific strategies or activities
Community Education Outcome Measure

To what extent do residents living in each county support the policy?

• % of adult residents who support or strongly support the policy

Contractors used findings as part of their education and mobilization efforts in working with government and organizational decision-makers.
Short-Term Outcome Measures

How many sites adopted a paid time off policy for screening?
- # of sites adopting formal policy
- Employee demographic characteristics

How many people are affected by the policy?
- # of individuals employed at site
- Approximate % of workforce over age 40

How has the policy impacted employee screening behavior?
- # of individuals using paid leave benefit
Data Sources

- Monthly and quarterly reports
- Monthly TA phone calls
- Program records
- Telephone survey (Siena College Research Institute)
- Payroll, personnel or human resources records
Pilot Project Results – Paid Time Off

• By 9/2015: One municipality in each county adopted and implemented an expanded time off policy for employees to obtain CRC screening. Potential reach: 3,500

• Payroll data in one county (policy expanded in Dec. 2013) showed the use of the paid leave policy tripling from Jan to Dec. 2014.

• Project has been expanded to 28 contractors statewide, and involves all employer types, not just municipalities.
Use and Dissemination

- Monitoring Progress
- Planning Future Programs
- Demonstrating Impact
Advice to Communities

Heather M. Brandt, PhD, CHES
Associate Dean for Professional Development, Graduate School
Associate Professor, Arnold School of Public Health
Public Health Director, Center for Colon Cancer Research
University of South Carolina

hbrandt@sc.edu
Evaluation in Community Settings

• Not always an evaluation expert on the team
• Not always evaluation experience on the team
• Not always a priority
• Not always planned for at the beginning
• Not always about numbers

The NCCRT Evaluation Toolkit can help! And, so can a few basic pieces of advice to simplify the process!
Advice for Communities on Tracking Colorectal Cancer Screening Progress

Initial steps:

• Document who is part of your efforts. Who is on your team?
• Identify data available to you. What data exist? What data are needed?
• Select a measure (or more than one). What do you want to know?
• Take stock of past work in your community. What has been done in the past?

Initial steps are to determine a baseline or a starting point for your activities. In order to know what you have achieved, you have to know where you started.
Advice for Communities on Tracking Colorectal Cancer Screening Progress

How do you know if you reached the next level?
• Use process measures to monitor your progress. How many people are engaged?
• Track the CRC screening rate (or other measures). Have you made a difference?
• Consider that it may take time to see changes in CRC screening and other measures.
• Make sure to share your progress to keep people engaged.

Did you make a difference? Yes or no? Why or why not? These are the key questions you want to be able to answer.
Patient Navigation
Sample Tools:

Courtesy of
The Colorado Colorectal Cancer Screening Program
This survey is to see how well Patient Navigators are helping clinic patients with the colorectal cancer screening process of a colonoscopy. You may have received help from a Patient Navigator during your colorectal cancer screening process. A Patient Navigator could have been any clinic staff member who assisted with any of these steps:

- Education of prep for colonoscopy
- Reminders for appointments
- Finding appointments
- Finding transportation
- Finding a person to call for any questions you may have had or if you were diagnosed with cancer
- Setting appointments
- Finding someone to go with you to the appointment
- Providing a person to call for any questions you may have had or if you were diagnosed with cancer
- Finding someone to go with you to the appointment

Did you get in contact with the Patient Navigator for Colorectal Cancer Screening?

☐ I received a brochure in the mail
☐ My doctor told me about it
☐ Someone at the clinic called me
☐ I saw a TV/ radio/ newspaper ad
☐ Other ______________________________

How useful was Patient Navigator with assisting in the following associated with Colorectal Cancer screening? Please circle one:

- Very Good
- Good
- Fair
- Poor
- N/A

a) Explaining about Colorectal Cancer Prevention

b) Explaining the need for Colorectal Cancer screening

c) Scheduling your screening appointment

d) Explaining the screening procedure

e) Helping you prepare for the screening procedure

f) Understanding the importance of preparing

h) Finding someone for supportive care after exam

i) Who to contact if diagnosed with cancer or adverse effect

Did you have problems with any of the following while getting your colorectal cancer screen (colonoscopy)?

☐ Finding transportation to and from your screening appointment

☐ Getting time off from work for your screening appointment

☐ Being able to pay for the screening procedure

☐ Waiting a long time for your screening appointment

☐ Finding someone to go to your appointment with you

Did the Patient Navigators do to help with the issues above?

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Were the results of your screening exam given to you in an acceptable amount of time?  
☐ Yes  ☐ No  ☐ Don’t know

Did Patient Navigator contact you to help you understand your results after your exam?  
☐ Yes  ☐ No  ☐ Don’t know

Do you need to have a follow-up exam?  
☐ Yes  ☐ No  ☐ Don’t know
Encuesta de Satisfacción de los Pacientes
Programa de Detección del Cáncer de Colon y Recto en Colorado

Esta encuesta es para ver qué tan bien los guías de pacientes están ayudando a los pacientes de la clínica con el proceso de las colonoscopias para la detección del cáncer de colon y recto. Quizás recibió ayuda de un guía de pacientes durante el proceso de detección del cáncer de colon. Un guía de pacientes podría haber sido cualquier empleado de la clínica quien le ayudó con cualquiera de estos pasos:

- Educación sobre la preparación para una colonoscopia
- Encontrando transporte
- Proporcionando a una persona para llamarla por cualquier duda que usted haya tenido, o si fue diagnosticado/a con cáncer.

1) ¿Cómo se puso en contacto con el guía de pacientes para la detección del cáncer de colon y recto?

- Recibí un folleto por correo
- Mi médico me informo
- Un empleado de la clínica me llamó
- Vi un anuncio en la televisión/radio/periódico
- Otro ______________________________

2) ¿Qué tan útil fue el guía de pacientes con la ayuda de las siguientes cosas relacionadas con la detección del cáncer de colon? Haga un círculo:

<table>
<thead>
<tr>
<th>Muy Bien</th>
<th>Bien</th>
<th>Justo</th>
<th>Mal</th>
<th>Muy Mal</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

a) Explicando la prevención del cáncer de colon y recto
b) Explicando la necesidad de detección del cáncer de colon
c) Programando su cita para su examen de colon y recto
d) Explicando el proceso de detección
e) Ayudándolo/a a prepararse para el procedimiento
f) A entender la importancia de la preparación
g) Encontrar a alguien para cuidarlo/a después del examen
h) A quien contactar si se le diagnosticó con cáncer o un efecto adverso

3) ¿Ha tenido problemas con cualquiera de las siguientes acciones durante el proceso de su examen del cáncer de colon y recto (colonoscopia)?

| a) Encontrar transporte para la ida y regreso de la cita de su examen | Sí | No |
| b) Conseguir permiso en su trabajo para la cita | Sí | No |
| c) Poder pagar el procedimiento de detección | Sí | No |
| d) Esperar demasiado tiempo para su cita | Sí | No |
| e) Encontrar a alguien para ir con usted a la cita | Sí | No |

4) ¿Qué hizo el guía de pacientes para ayudarlo/a con las preguntas antes mencionadas?

5) ¿Recibió los resultados de su examen en un tiempo aceptable?  Sí   No   No se

6) ¿El guía de pacientes le ayudó a entender los resultados después de su examen?  Sí   No   No se

7) ¿Usted necesitó un siguiente examen?  Sí   No   No se

8) ¿El guía de pacientes le ayudó entender cuando debería tener su siguiente examen?  Sí   No   No se
# Sample Outcome Data Collection Form

<table>
<thead>
<tr>
<th>Month</th>
<th>Total # Clients Navigated by Clinic for CRC</th>
<th>Family History</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># CCSP Eligible Clients Navigated</td>
<td>No Known Family Hx</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
<td>First Degree History of Adenomatous Polyps</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>First Degree History of Colon Cancer</td>
</tr>
<tr>
<td>Age</td>
<td>&lt;50</td>
<td>Adequate</td>
</tr>
<tr>
<td></td>
<td>Not Adequate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>50-65</td>
<td>Not Reported</td>
</tr>
<tr>
<td></td>
<td>66+</td>
<td>Cecum Reached</td>
</tr>
<tr>
<td>Race/Eth</td>
<td>African American</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Hispanic</td>
<td>Not Reported</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>Clients with an adenoma removed</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>Clients with cancer detected</td>
</tr>
<tr>
<td>Payer Source?</td>
<td>Medicaid</td>
<td>Appointment Kept</td>
</tr>
<tr>
<td></td>
<td>Medicare</td>
<td>Appointment Not Kept (No Show)</td>
</tr>
<tr>
<td></td>
<td>Private Insurance</td>
<td>Referrals</td>
</tr>
<tr>
<td></td>
<td>Uninsured</td>
<td># Referred to WWC or CHHS</td>
</tr>
<tr>
<td>Screen Reason</td>
<td>Surveillance</td>
<td># Referred to CCSP from WWC or CHHS</td>
</tr>
<tr>
<td></td>
<td>Symptomatic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Follow-Up to FIT/FOBT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Screening Only (Asymptomatic)</td>
<td></td>
</tr>
</tbody>
</table>
PREVIEW: Paying for Colorectal Cancer Screening Navigation Toolkit

Lead Developer:
Andrea (Andi) Dwyer
Co-Director:
Colorado Colorectal Screening Program
Steering Committee Member NCCRT
The University of Colorado Cancer Center
Where Can You Find THE Paying for Colorectal Cancer Screening Navigation Toolkit

• Microsite Supported by University of Colorado
  • [http://pntoolkitresources.weebly.com/](http://pntoolkitresources.weebly.com/)

• The Toolkit is formatted in initial draft in PDF Format
• Save To Your Device, Active Links
• Print Out
• Evaluate!!! PLEASE!
Paying for Patient Navigation
It’s About Sustainability
The Toolkit is divided into distinct chapters. These chapters are based on the specific focus areas that are most central to paying for and sustaining colorectal cancer screening patient navigation.

Contents:

01 Introduction
  - General Introduction
  - Definition of Patient Navigation
  - Contents and Audience of Toolkit
  - How To Use The Toolkit
  - Patient Navigation as a Model
  - Development of the Toolkit

Chapter 1 Sustainability Framework
  - Goals, Objectives
  - Background
  - Sustainability Central Tenants

Chapter 2 Evidence Base for Colorectal Cancer Screening Navigation
  - Background
  - Sources of Evidence
  - Patient Navigation Promoting Equal Health Opportunities for All
  - Priority Population for Colorectal Cancer Screening Patient Navigation
  - The role and Scope of Colorectal Screening Patient Navigation

Chapter 3 Local, Regional and State Colorectal Screening Patient Navigation Programs
  - Goal Objectives
  - Background
  - Programs
    - New York City
    - Colorado
    - New Hampshire
    - Alaska
    - South Carolina

Chapter 4 Payment Approaches for Colorectal Cancer Screening Patient Navigation
  - Goals and Objectives
  - Background
  - National Agencies and Foundations for Funding
  - Health Care Insurers Affordable Care Act
  - Medicaid Coding and Billing Beyond the Affordable Care Act

Chapter 5 Quality and Accreditation Standards for Colorectal Cancer Screening Patient Navigation
  - Goal Objectives
  - Background
  - Accrediting Organizations
  - Non-Accrediting Organizations
  - Cancer Center Accreditation Initiatives

Chapter 6 Economic Analysis and Making the Business Case for Colorectal Cancer Screening Patient Navigation
  - Goal Objectives
  - Background
  - Critical Questions and Considerations
  - Cost Analysis Review
  - Stakeholders in Cost Analyses
  - Measurement and Need for High Cost Analyses
  - Measuring Intangibles to Society and Systems
  - Partnering for Cost Analysis

Chapter 7 Policy Standards for Colorectal Cancer Screening Patient Navigation
  - Goal Objectives
  - Contextual Policy Background
  - Federal and National Strategies
  - Recommendations for State and Territories
  - Additional Policy Considerations
    - Institutions and Organizational Policy
    - Advocacy
    - Colorectal Cancer Screening and Policy Work—Applying the Principles

Chapter 8 Evaluation of Colorectal Cancer Screening Patient Navigation
  - Goal Objectives
  - Background
  - Overview of Colorectal Cancer Screening Navigation Measures, Variables, Data Collection and Source Information
  - Benchmarks for Success
  - Colorectal Cancer Screening Data Metric Tools

Chapter 9 Closing and Supplemental Resources
## Chapter 8: How Will You Know If You Are Successful and How to Make the Case for Future Funding

<table>
<thead>
<tr>
<th>Navigation Measure</th>
<th>Variables to measure</th>
<th>Stakeholders in Data Collection</th>
<th>Source Information and Tools</th>
</tr>
</thead>
</table>
| No show rates               | Number of scheduled colonoscopy or sigmoidoscopy appointments per month that patients do not show up or attend (or per year)/total number scheduled | • Schedulers  
• Medical Records/EMRs  
• IT professionals  
• Navigators  
• Providers | Battaglia et al (2011)                                                                 |
| Bowel Preparation Quality   | Quality Index at time of colonoscopy from endoscopy reports                           | • GI Providers  
• IT professionals  
• Navigators | Johnson et al (2014)                                                                 |
| Successful Exam Completion  | Number of exams completed/total number of exams started                               | • GI Providers  
• IT Professionals | Battaglia et al (2011)                                                                 |
| Patient Satisfaction with Navigation | Mean of summary score                                                                       | • Patient Navigators  
• Quality Improvement Teams  
• Schedulers or Medical Assistants (to administer tool) | Jean-Pierre et al (2012)                  |
| Timeliness                  | Mean time between abnormal test result and resolution (diagnosis or follow-up recommendations) | • Providers  
• Pathology labs  
• IT professionals | Rex et al (2015)                                                                 |

Chapter 1: Data - Key to sustainability  
Chapter 2: Data to contribute to evidence  
Chapter 3: To sustain programs must evaluate  
Chapter 4: Must monitor data for grants and also many payment approaches  
Chapter 5: Data is all used for quality and accreditation  
Chapter 6: Cost analysis must have evaluation data  
Chapter 7: Policy, organizational and legislative rely on data to make the case
PRESENTED BY:

Amanda Hane
Wilder Research
www.wilderresearch.org

DIRECT ANY QUESTIONS TO:

Mary Doroshenk
National Colorectal Cancer Roundtable
mdoroshenk@cancer.org
www.nccrt.org
Thank You!

- Cheryl Holm-Hansen
- Amanda Hane
- Heather Dacus
- Heather M. Brandt
- Andrea (Andi) Dwyer
- NCCRT Evaluation & Measurement Task Group
- The many contributors who helped in these efforts!
Upcoming Webinars

Thursday, July 27th, 1:00pm ET
Links of Care Update

Registration:
nccrt.org/webinar-LOC-update
Get Connected

To follow NCCRT on social media:

Twitter: @NCCRTnews (use #80by2018)
Facebook: www.facebook.com/coloncancerroundtable

For more information contact:

nccrt@cancer.org