

Evaluation and Measurement Task Group





Task Group Co-Chairs

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Charge

The charge of this task group is to promote and support evaluation of Roundtable and Roundtable member efforts and increase the use of evidence-based initiatives that can increase CRC screening awareness and/or utilization.



Task Group Themes

- Support 80% by 2018 evaluation efforts by providing tools, training, and expertise
- Create web repository of evaluation resources
- Conduct ongoing evaluation of 80% by 2018 efforts
- Promote measurement, tracking, and improvement by recognizing success



FY17 Project Plan (Nov. 2016)

- ❑ Finalize 80% by 2018 Evaluation Grid
- ❑ Continue 80% by 2018 Overall Campaign Evaluation Efforts
- ❑ Create evaluation learning collaborative
- ❑ Promote updated Evaluation Toolkit
- ❑ Finalize tool offering guidance on evaluating NCCRT-developed tested messages (for evaluation and communications toolkits)
- ❑ Continue to host evaluation webinars on advanced topics, relevant to 80% by 2018 efforts.
- ❑ Launch web repository of evaluation resources (possibly broader)



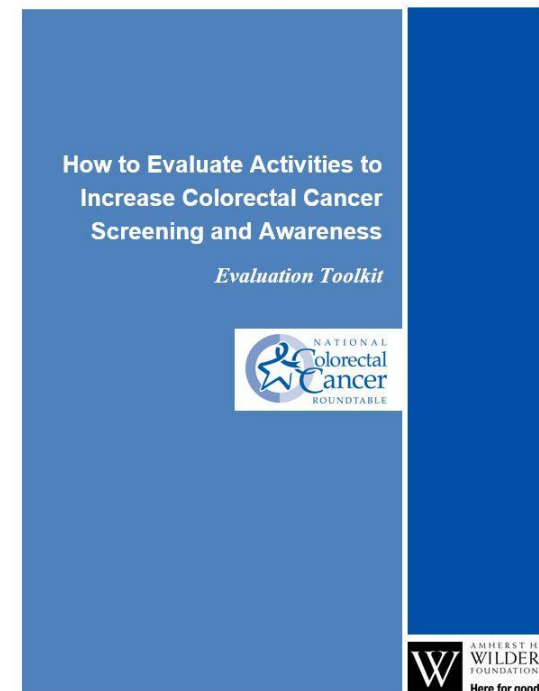
FY17 Accomplishments

- Updated CRC Screening Evaluation Toolkit
- Created new brief on how to evaluate 80% by 2018 recommended messages
- Launched new NCCRT Resource center
- Launched 3rd annual partner survey on 80% by 2018 effort (through ACS Statistics and Evaluation Center)
- Implemented 2nd year of “National Achievement Award” program to capture and recognize success (in concert with Public Awareness Task Group)

Updated Evaluation Toolkit Released



- Released during June 27th, 2017 webinar
- Provides a comprehensive overview of how to conduct an evaluation
- Includes:
 - sample tools
 - worksheets
 - tips
 - resources
 - case studies
 - cultural considerations



<http://nc crt.org/resource/evaluation-toolkit-update-june-27-2017/>

Includes Expanded Focus on PSE



New focus on policy, systems, and environmental (PSE) changes

Policy

Change in laws, ordinances, and regulations, or organizational rules, mandates, or practices.

Systems

Change that impacts all aspects of an organization, institution, or system.

Environment

Simple or complex changes to the physical environment.

Includes CRC Screening Dataset Briefs

NEW!

Briefs providing overviews of major datasets for tracking screening rates, including:

- ❑ BRFSS
- ❑ HEDIS
- ❑ Medicare
- ❑ NHIS
- ❑ UDS

Behavioral Risk Factor Surveillance System (BRFSS)

Description of database, including source of the data and population	<p>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 http://www.cdc.gov/brfss/about/index.htm.</p> <p>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.</p>
How colorectal cancer screening rates are assessed in the dataset	<p>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).</p> <p>A statistical brief on cancer screening questions is available and provides additional information about the questions and variable calculations (http://www.cdc.gov/BRFSS/data_documentation/PDF/2014_BRFSS-statistical-brief_cancer.pdf). 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.</p>
Frequency of data collection, data lag and reporting	<p>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.</p>

Includes Evaluation Advice for Communities

NEW!

- Document who is in your coalition
- Identify data that are available
- Select a measure
- Take stock of previous activity
- Use process measures
- Track the measure(s) you have selected
- Communicate about progress
- Celebrate and say thank you!

Resources

5.2 Advice for communities on tracking colorectal cancer screening progress

OVERVIEW: The following tip sheet was developed by NCCRT to provide guidance to communities participating in 80% by 2018 efforts about how to track the progress of their community or coalition efforts to support screening.

The important thing is to pick what you are going to measure, disclose your limitations, track your progress over time, and course correct as necessary. It may also be worth setting process goals to assess your progress in the short term, and documenting CRC incidence and mortality rates to assess your progress over the long term.

When launching a community-wide effort to support colorectal cancer (CRC) screening, it is important to assess your starting point and document your progress. Having said that, it is not always easy for communities to know where to start in this initial assessment. Here are some tips provided by the NCCRT's 80% by 2018 Evaluation and Measurement subgroup on how to get started and things to consider.

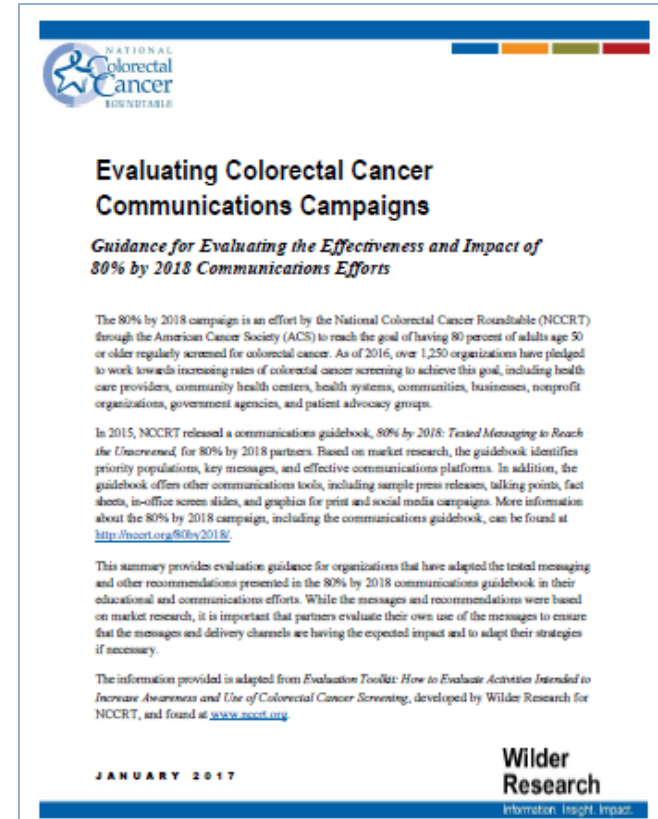
Initial steps:

- Document who is in your coalition of stakeholders. Some natural partners might be:
 - The American Cancer Society, a comprehensive cancer coalition, state or local health departments, a primary care association, hospitals or other large practices, payers, physicians, employers, Quality Improvement Organizations (QIOs), schools of public health, cancer centers, Federally Qualified Health Centers (FQHCs), or individual champions, such as community leaders, gastroenterologists, and survivors.
 - *Tip: Consider establishing regular meetings (e.g., quarterly, bi-annually) or other formal communication channels, to update stakeholders on progress.*

Released New brief on Evaluating 80% by 2018 Communications Efforts



- Released on February 9th webinar
- Covers:
 - ▣ Why evaluate previously tested messages
 - ▣ What questions to ask
 - ▣ Types of evaluation
 - ▣ Sample evaluation questions
 - ▣ How to collect the information
 - ▣ What to do with the findings



<http://nc crt.org/resource/asian-americans-companion-guide-2017-communications-updates-webinar/>

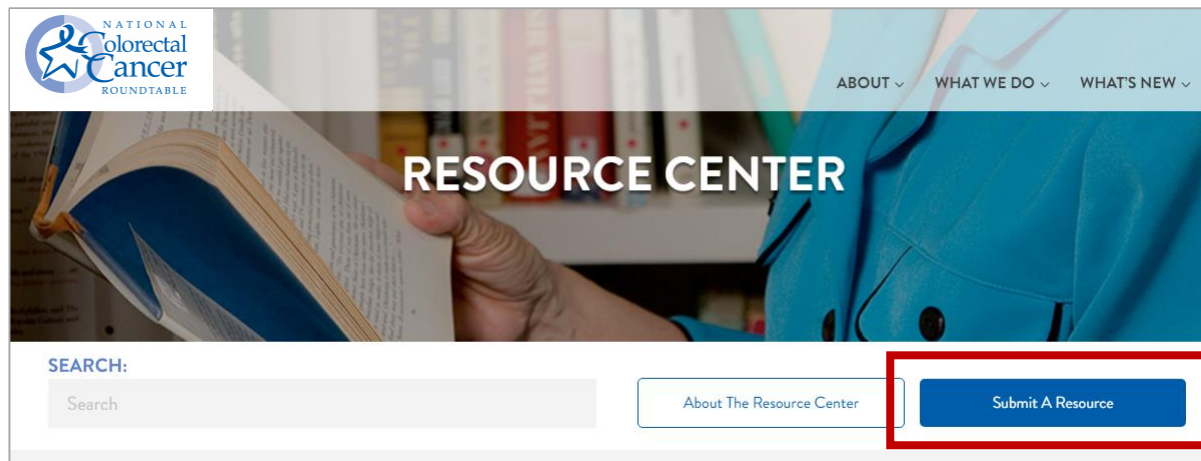
Launched New Resource Center on Oct. 2nd

- All the tools you need are all in one place.
- Highlights when accompanying evaluation tools are available.

The screenshot displays the National Colorectal Cancer Roundtable Resource Center website. The header features the organization's logo on the left, a search bar, and navigation links for 'ABOUT', 'WHAT WE DO', 'WHAT'S NEW', 'RESOURCE CENTER', and 'GET INVOLVED'. The main banner area shows a person reading a book with the text 'RESOURCE CENTER' overlaid. Below the banner, there is a search section with a search bar and buttons for 'About The Resource Center' and 'Submit A Resource'. A 'FILTER AND SORT' section on the left allows users to sort by 'Alphabetically' or 'Newest Added' and filter resources by 'NCCRT', '80% by 2018', 'Signature Tools', and 'External Partner'. The main content area shows three search results, including a webinar update from July 27, 2017, and a new review of population-based programs for colorectal cancer screening.

New Resource Center

Do you have something that will help all of us?
Submit it to the resource center!



Closed 2017 80% by 2018 Partner Survey

Purpose:

1. Better understand how organizations are promoting colorectal cancer screening and
2. Inform how the NCCRT can better support those efforts.

Participants: 100+ NCCRT members 1,000+ pledged partners

Methodology: 15-minute survey administered online, in a web-based format

Incentive: Option to enter a drawing for a \$100 Amazon gift card

Programmed and conducted by Kara Riehman and Deborah Driscoll of the American Cancer Society Statistics & Evaluation Center.

80% by 2018 Partner Survey – Background

1st annual survey – Open 10/14 to 11/3, 2015

- 151 responses (24% response rate)
- Survey invitation + 2 reminder emails

2nd annual survey – Open 8/29 to 9/19, 2016

- 270 responses (21% response rate)
- Survey invitation + 3 reminder emails + advance email to partners + outreach to ACS staff

3rd annual survey – Open 9/12 to 10/10, 2017

- 259 responses
- Survey invitation + 3 reminder emails + outreach to ACS staff

While we intend to explore opportunities to increase the response rate, we've been told 20% is a typical response rate for online surveys.

80% by 2018 National Achievement Awards Program

- **Grand Prize:** Advocate Illinois Masonic Medical Center

- Increased screening from 25% to 70% in three years!

- **Honorees:**

96 Nominations Received!

- C. L. Brumback Primary Care Clinics
- Candace Henley of the Blue Hat Foundation
- Great Plains Quality Innovation Network
- Surgery on Sunday Louisville, Inc.
- The Veterans Health Administration



FY18 Projects

- Continue with 80% by 2018 evaluation through partner survey and by monitoring long term screening trends.
- Continue with 80% by 2018 Achievement Awards.
- Commissioned midway evaluation of 80% by 2018 (Emory plus advisory group)
- Longer term plans to publish qualitative report on 80% by 2018 in spring (need advisory group)
- Paper on CRC screening rates of FQHCs that have signed the 80% by 2018 pledge (need advisory group)



Key Points of Discussion:

- Continuation of Manuscripts and Advisory Members
- Promote/disseminate of Materials and Tools
- Making Products 'Come To Life': Updates, One Pagers and You Tube
- Continue work of 80% by 2018 Success Campaign
- Fun and Funky New Ideas: Helping NCCRT Evaluate-Products and TF Work



Gaps/Needs:

1. Continuation of Manuscripts and Advisory Members:

- ❑ Advisory members for upcoming manuscripts and inclusion of case study/applied examples.

Gaps/Needs:

2. Promote/disseminate of Materials and Tools

- Pledge Signers
- NCCRT Members
- CDC and Clearing House Mechanisms
- Targeted outreach to organizations (including in their newsletters)
- Comp Cancer Programs
- Cancer coalitions
- ASTHO
- NACCHO
- APH Affiliates

3. Making Information Come to Life:

- Update fact sheets/create tip sheets (1 pagers)
- Webinars that describe how toolkit has been used and post on YouTube (“quick snapshots”)
- As updating, keep in mind that users of the toolkit will be at all levels in knowledge/how to design and implement evaluations. (i.e. Basic to advanced users)

Gaps/needs:



4. Better Infuse the 80% by 2018 Successes in All Our Work

- (see item 1-3), strategically consider this good work and how the story is told and integrated.



Opportunities/FY19 NCCRT projects:

- Fuse all of the needs/resources to help continue on with the work noted.
- Pull in the 'Right People' for evaluation and manuscript work.

Support other Task Forces in Evaluation Efforts

- Assess need and interest of the TF about what are their evaluation needs
- Meet Task Forces 'where they are for support'.
- Create a common evaluation strategy to evaluate all of the Toolkits which support the Task Forces



Immediate Next Steps:

Continuation of Manuscripts and Advisory Member and Dissemination Strategy

- Identify a possible supplement or special issues journal to showcase several of NCCRT manuscripts
- Review current drafts of manuscripts and examine next manuscripts to publish, or a series (FQHC, etc..)
- Disseminate what we have as are resource and use feedback from assessments to inform our 'new and improved'



Parking lot issues:



Advisory Groups/Volunteers:

Members are to email

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