

***California Tribal Comprehensive Cancer Control Program (CTCCCP)***

**Evaluation Report**

**SEPTEMBER 2019**



***Produced by:***

***California Tribal Epidemiology Center***

***California Rural Indian Health Board, Inc.***

***1020 Sundown Way***

***Roseville, CA 95661***

***PH 916-929-9761***

***FX 916-929-78246***

**Overview**

Over the course of Year 2 of the CTCCCP grant, eight Tribal Health Programs (THPs) conducted evidence-based interventions (EBIs) within their communities. In total, 12 EBIs were conducted over the course of this project year. In addition to these interventions, THPs were tasked with collecting information for the California Tribal Comprehensive Cancer Control Plan. This evaluation report addresses the questions outlined in the revised 2018-19 evaluation plan and will be used to help guide future decisions of the CTCCCP grant as well as in making future revisions to the California Tribal Comprehensive Cancer Control Plan. Each evaluation question is addressed with three underlying focuses: programming, planning, and creating partnerships. These focuses discuss the development of the California Tribal Comprehensive Cancer Control Plan and the process of engaging THPs and stakeholders of all levels. The CRIHB team plans to utilize the responses from these questions to imrpove the CTCCCP for the 2019-20 grant year.

**Evaluation Questions**

**Focus:** Program, *California Tribal Comprehensive Cancer Control Program*

**Evaluation Question:** Which EBIs included in the CTCCCP work plan were implemented?

**Status:** In total, 43 individual EBIs, covering all four program areas were successfully implemented by THPs throughout Year 2. Figure 1 depicts the total number of EBIs conducted in both Years 1 and 2. It is clear from the chart that THPs had a notable increase in EBI implementation. Utilizing feedback from THPs, collected through site visits and progress reports, the CRIHB team was able to better assist THPs in picking and implementing EBIs. This process has shown to have had a clear success in the overall number and variety of EBIs completed. Below Figure 1. is a list of the 4 most frequent EBIs implemented at THPs between 2018-2019.

Most Frequent EBIS Implemented at THPs Between 2018-19:

* **EBI 6:** Signage for Healthy vs. Less Healthy items to improve healthy behavior
* **EBI 1:** Multicomponent interventions to increase tobacco cessation
* **EBI 10:** Establish and/or disseminate guidelines that support quality and timely service provisions to cancer survivors
* **EBI 13:** Use of linguistically and culturally appropriate health education materials to promote health equity

When broken down by Program Strategies (PS), strategy 1 shows the highest number of total EBIs implemented (21), followed by PS 4 (8), and lastly PS 2/PS 3 (7,7 respectively).

* PS-1 Emphasize Primary Prevention of Cancer
* PS-2 Facilitate Screening and Early Detection of Cancer
* PS-3 Improve Cancer Survivors’ Quality of Life
* PS-4 Promote Health Equity as it Relates to Cancer Control

**Challenge(s)/Proposed Change(s):** N/A

**Evaluation Question:** Did each THP establish data for site-specific library of indicators and data sources (LIDS)?

**Status:** THPs were responsible for providing baseline inclusion criteria detailed in the program LIDS. Four of the eight THPs were able to provide this data using clinic electronic health records and surveys. The CTCCCP staff assisted THPs in collecting this data by 1) providing Tribal Behavioral and Risk Factor Survey (BRFS) conducted in 2015 by the California Tribal Epidemiology Center (CTEC) and 2) by providing assistance from CRIHB’s Health Systems Development Department to extrapolate baseline figures.

**Challenge(s)/Proposed Change(s):** A major challenge in Year 2 for compiling this data was that THP staff did not have the capacity to gather this information on their own. Additionally, THPs used various different health record systems, making it difficult to provide trainings on all platforms. In comparison between Year 1 and 2, there has been a clear increase in THP capacity to compile baseline LIDS data. The CTCCCP team plans on hosting trainings in Year 3 to prepare THP staff who have not been able to provide this baseline information. This will include trainings and support provided by the CRIHB Health Systems Development department and by utilizing data collected from the 2017 CTEC California Tribal Behavior Risk Factor Survey.

**Evaluation Question:** Did each THP obtain their goal for their selected EBI?

**Status:** Seven out of eight THPs completed their goals for their selected EBIs. This showed a clear increase from Year 1. Using periodical reporting and site visits, the CTCCCP team found that:

* 100% of THPs reported a better understanding of how to implement EBIs,
* 100% of THPs reported a positive experience working with CRIHB staff, and
* 87.5% of THPs felt that the CTCCCP was meeting the needs of their community.

The CTCCCP team plans to host more trainings to help THP staff increase their capacity in EBI implementation and reporting. These trainings will focus on EBI selection, implementation, baseline identification, and reporting.

**Challenge(s)/Proposed Change(s):** Due to staff turnover, some THPs reported difficulty maintain EBI goals. The CTCCCP team will continue to provide trainings and site visits to better understand gaps within individual THPs and provide corresponding technical assistance and trainings.

**Evaluation Question:** What were the successes and barriers to EBI implementation?

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| --- | --- |
| **Successes** | **Barriers** |
| * THP staff showed greater understanding of EBI implementation
* Widespread social media projects in community
* Networking and project partners
* Visibility to all patients
* Knowledge of program within community
 | * Staff turnover
 |

**Challenge(s)/Proposed Change(s):** THPs have shown increased capacities in abilities to implement EBIs throughout Year 2. The CRIHB team will continue to provide guidance and ongoing support to THPs to enhance EBI implementation.

**Evaluation Question:** What type of technical assistance was identified and provided to each THP?

**Status:** Notifications were sent to THPs regarding technical assistance needs surrounding programming and evaluation needs. The Health Education Specialist II and Program Evaluator both independently reached out to THPs providing technical assistance covering topics such as: program evaluation/reporting, program implementation, EBI-related trainings, and work plan development. In total, 16 technical assistance requests were completed in Year 2. The CTCCCP team will continue to provide technical assistance to all eight THPs in Year 3.

**Challenge(s)/Proposed Change(s):** The technical assistance requests increased from Year 1 to Year 2. The CTCCCP team plans on holding a kick-off meeting to both assess the needs and provide support to THPs for Year 3. The CTCCCP team will continue to monitor the TA requests incoming throughout Year 3 to best serve the needs of the THPs.

**Focus:** Plan, California Tribal Comprehensive Cancer Control Plan, 2018-2028

**Evaluation Question:** How were stakeholders engaged to develop the CTCCC plan?

**Status:** Stakeholders were engaged through meetings, webinars, and site visits to develop the CTCCC plan. In total, 37 participants across two in-person meetings and three tele-meetings provided input. This was a large increase in comparison to Year 2. The CTCCCP team will continue to engage stakeholders and coalition members to gain a larger contribution to the development of the CTCCC plan.

**Challenge(s)/Proposed Change(s):** NA

**Evaluation Question:** What progress was made on achieving the Tribal Comprehensive Cancer Control Plan?

**Status:** The CTCCC plan will be finalized by the end of program Year 2. Meetings were held throughout Year 2 to develop the material needed for the cancer plan. Upon the compilation of this information, a CTCCC plan draft was developed. This plan was then shared in August 2019 with the coalition to garner feedback.

**Challenge(s)/Proposed Change(s):** The CTCCCP team will continue to develop the cancer plan utilizing feedback from all stakeholders, in particular the cancer coalition. This will be an ongoing process to best assess any gaps within the plan and to enhance drafts.

**Evaluation Question:** How are stakeholders utilizing the Tribal Comprehensive Cancer Control Plan?

**Status:** No plan has been disseminated as of date, therefore no stakeholders are utilizing the Tribal Comprehensive Cancer Control Plan.

**Challenge(s)/Proposed Change(s):** THPs, coalition members, and stakeholders will all be engaged in Year 3 of the grant in order to finalize the CTCCC plan. Upon completion of the CTCCC Plan, the plan will be disseminated to all stakeholders involved with this grant.

**Focus:** Partnership: *CTCCCP Cancer Coalition*

**Evaluation Question:** What have been some of the successes and barriers in initiating and maintaining the coalition?

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| --- | --- |
| **Successes** | **Barriers** |
| * Consistent and periodic meetings with engaging topics for the cancer coalition.
* A combination of both in-person and tele-meetings used to engage the cancer coalition.
 | * No major barriers to report.
 |

**Challenge(s)/Proposed Change(s):** NA

**Evaluation Question:** What is the membership composition gaps?

**Status:** The CTCCCP team used the feedback surveys to better understand the effectiveness of the cancer coalition. Results show that 83.3% of coalition members found no gaps within the group.

**Challenge(s)/Proposed Change(s):** This upcoming year, the CTCCCP team will be evaluating the composition of the coalition using the developed cancer plan. This will be done by examining the 2018-19 cancer plan and any finding gaps. The CTCCCP team will subsequently seek out individuals who will be able to provide insight to these gaps to further develop an enhanced comprehensive cancer plan.

**Evaluation Question:** Are members satisfied with the work of the coalition?

**Status:** The CTCCCP team used the feedback surveys to better understand the effectiveness of the cancer coalition. Results show that: 83.3% of survey respondents had a positive experience when working with the cancer coalition, 100% of survey respondents found the work of the cancer coalition to be successful, and 100% of survey respondents were satisfied with their engagement this year in the cancer coalition.

**Challenge(s)/Proposed Change(s):** The CTCCCP team will continue compiling survey results throughout all coalition meetings to better understand the needs of the cancer coalition.

**Evaluation Question:** Did the coalition implement activities to support identified priorities?

**Status:** THPs convened meetings to identify priorities within their communities as well as training needs. Coalition members, such as CRIHB staff, have been engaged and provided baseline data to THPs. Additionally, coalition activities were developed to continue to create the California Tribal Comprehensive Cancer Control Plan. Additional coalition members such as the American Cancer Society and California Comprehensive Cancer Control Program have been engaged to help complete the California Tribal Comprehensive Cancer Control Plan.

**Challenge(s)/Proposed Change(s):** Coalition engagement was much more successful in Year 2 of this program. The CTCCCP team will continue to engage the coalition to help identify ongoing priorities in comprehensive cancer control in Tribal communities.

**Evaluation Question:** Did coalition members complete assigned activities?

**Status:** Coalition members contributed to activities which helped develop the CTCCCP grant. This included two in-person meetings as well as three additional tele-meetings to develop the cancer plan. These members included a variety of members from across California, including the California Department of Public Health, American Cancer Society, CRIHB, CTEC, and Tribe/Tribal organizations. CRIHB staff was utilized to help establish baseline data utilizing EHR records from respective THPs. Next, CTEC was able to provide data sources to help complete assigned activities. Coalition members from the American Cancer Society and California Department of Public Health contributed resources to help develop the Tribal Comprehensive Cancer Control Plan.

**Challenge(s)/Proposed Change(s):** The CTCCCP team will continue to engage the cancer coalition to further develop the California Comprehensive Cancer Control Plan. This will be done with ongoing engagement and feedback collected from future meetings regarding revisions.