



Evaluation and Health Equity in Comprehensive Cancer Control

Comprehensive Cancer Control National Partnership Event
December 14, 2021 4pm

Trina Pyron, MA
Public Health Advisor

Angela Moore, DrPH, MPH
Lead Public Health Advisor



Overview

- I. Program Planning, Implementation, Monitoring, and Evaluation
- II. Inclusion of Health Equity in Partnerships, Program Planning, and Implementation
- III. HE-focused Evaluation
- IV. Conclusion and Key Takeaways
- V. Moving Your Coalition Forward





Partners are integral to planning cancer prevention and control initiatives, implementation, and evaluation.



EVALUATION USE

Make midcourse corrections and leverage strengths.

IMPORTANCE OF ONGOING MONITORING AND EVALUATION

Track program processes, resource utilization, and outcomes.

PROGRESS CHECKS (ONGOING IMPLEMENTATION)

Progress checks to ensure attainment of benchmarks must be done.

BEGIN BUILDING (EARLY IMPLEMENTATION)

Logic models are a useful tool to describe what the program will look like and the intended outcomes associated with the program.

BUILDING A FOUNDATION (PLANNING PHASE)

Program infrastructure such as staff, program partners, funding, interventions, and SMART objectives are developed.

Definitions

- A **Goal** is a statement that explains what the program wishes to accomplish. It sets the fundamental, long-range direction.
- **Objectives** break the goal down into smaller parts that provide specific, measurable actions by which the goal can be accomplished
- Goals and objectives are often used to describe the primary work of Coalitions: **to build and maintain the coalition** and to **create and implement the statewide cancer plan**

Build and Maintain the Coalition

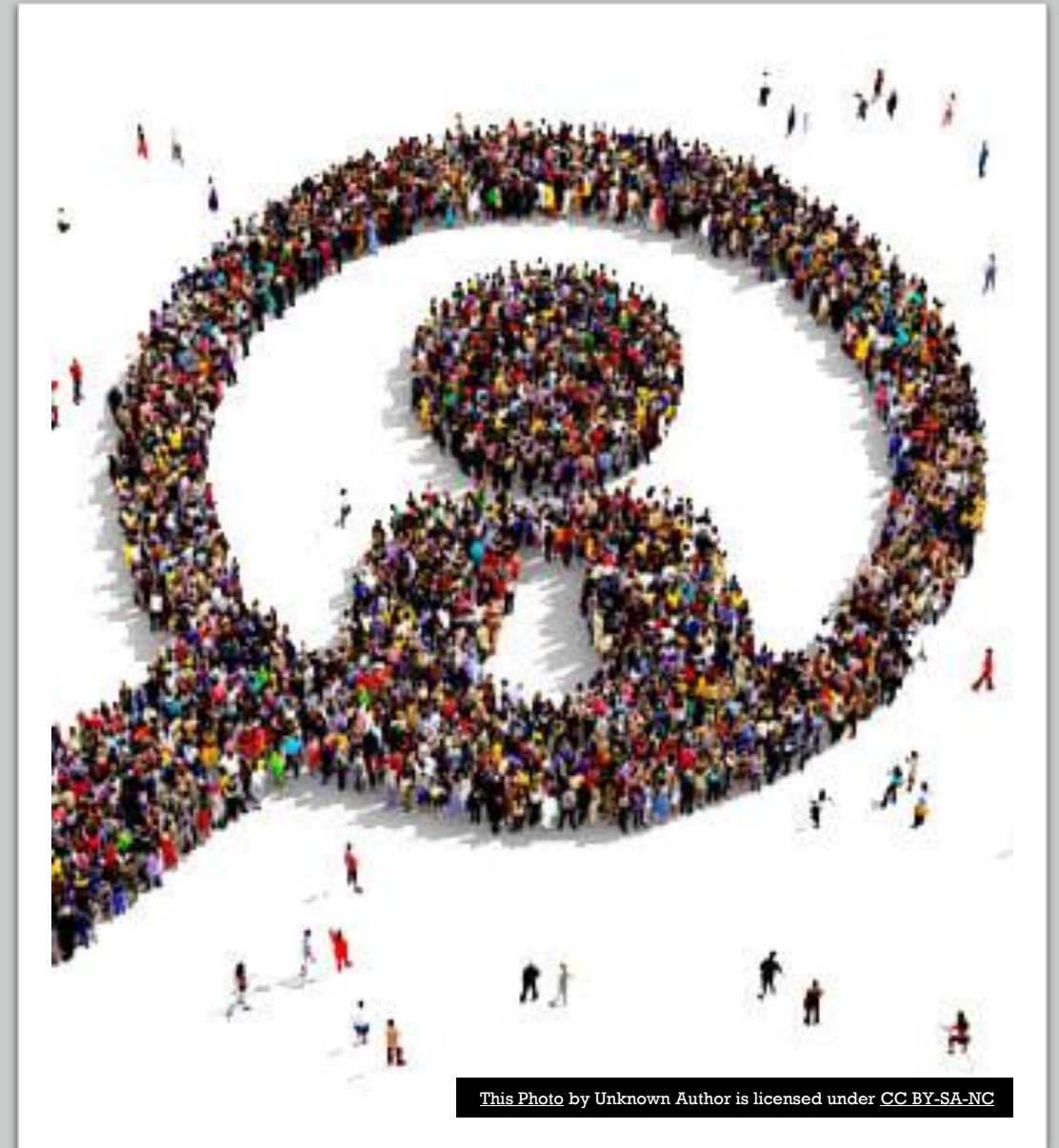
- Objectives can be found in Coalition documents that describe “Who we are”:
 - Strategic planning documents
 - PR documents
 - Websites
- Examples from the South Carolina Cancer Plan:
 - Increase membership by engaging a broad and diverse range of local, regional, and state partners as well as to include organizations with a focus on the reduction of health disparities. Progress towards this goal will be assessed using the Alliance’s database of partners.
 - Increase participation by, and the number of, active workgroup members who work to develop, implement, and evaluate the Cancer Plan. Progress towards this goal will be assessed using the attendance and partner section of Alliance meeting notes, to better understand average participation.
 - Evaluate and review each objective in the Cancer Plan annually to determine progress and make modifications, as necessary. Progress towards this goal will be assessed through document updates and recommendations.

Create & Implement the Cancer Plan

- **Objectives can be found in Coalition documents that describe “What we do”:**
 - Cancer plan priority areas
 - Evaluation plan
- **Examples from the South Carolina Cancer Plan**
- By December 31, 2021, increase from 34 percent for females and from 21 percent for males to 50 percent the percentage of 13-17-year-olds in South Carolina who complete the HPV vaccine series. (Data Source: The NIS-TEEN dataset, a National Immunization Survey of 13-17-year-old teens)
- By December 31, 2021, determine the proportion of women with abnormal mammogram results who receive appropriate follow-up care (i.e., diagnostic mammogram) within 3 months of the index mammogram. (Data Sources: BCN (for the eligible SC population), State Health Plan claims, Medicaid and Medicare claims.)
- Increase knowledge and awareness of national cancer care standards and guidelines among multidisciplinary South Carolina healthcare providers. (Data Sources: SCCA, ACoS/CoC, and NCCN)

From SMART to SMARTIE

- We improve SMART objectives and transform them into SMARTIE objectives by adding Inclusion and Equity.
- **Inclusion** is an opportunity to bring traditionally excluded individuals and groups into processes, activities, decisions and policy making in a way that shares power. While **diversity is about who is present** at the table, **inclusion is about who is empowered** to make decisions or participate in a meaningful way.
- **Equity** means including an element of fairness or justice to address systemic injustice, inequity or oppression.



This Photo by Unknown Author is licensed under CC BY-SA-NC

Partnership Types







- External partners: Individuals or organizations that make up the coalition, such as nongovernmental and professional organizations, and academia.
- Internal partners: Programs and entities within the health department, such as NCCCP- funded programs, chronic disease programs, immunization programs, and other surveillance programs.
- Nontraditional partners: Organizations or individuals without a health-related mission, such as business owners, transportation agencies, advocacy groups, or other governmental or nongovernmental organizations that are not typically part of the coalition.



Health Equity and Inclusion in Partnerships

- Inclusive partnerships bring together a diverse array of stakeholders to engage in authentic, collaborative experiences and co-design community-centered solutions to complex and challenging issues caused and upheld by systemic oppression.

Spectrum of Inclusive Partnerships

ROLES	 LISTEN	 INFORM	 CONSULT	 INVOLVE	 COLLABORATE	 EMPOWER
STAKEHOLDER PARTICIPATION GOAL	To provide stakeholders space and time to be heard.	To provide stakeholders balanced and objective information to assist them in understanding the problem, alternatives, opportunities, and/or solutions.	To obtain stakeholder feedback on analysis, alternatives, and/or decisions. To provide an opportunity for the stakeholders to contribute their perspectives.	To work directly with stakeholders throughout the process to ensure that stakeholder concerns and aspirations are consistently understood and considered.	To partner with stakeholders in each aspect of the decision, including developing alternative solutions and identifying the preferred solution.	To place final decision-making in the hands of the stakeholders.
PROMISE TO THE STAKEHOLDER	We will listen to your concerns with the intention of understanding and not only to reply.	We will keep you informed.	We will keep you informed, listen to and acknowledge your concerns and aspirations, and provide feedback on how public input influenced the decision. We will seek your feedback on drafts and proposals.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will work together with you to formulate and prioritize solutions, as well as incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.
EXAMPLES	<ul style="list-style-type: none"> • Constructivist listening • Listening to learn 	<ul style="list-style-type: none"> • Fact sheets • Websites • Newsletters 	<ul style="list-style-type: none"> • Town hall meetings • Focus groups • Surveys 	<ul style="list-style-type: none"> • Workshops • Deliberate polling 	<ul style="list-style-type: none"> • Steering committees • Participatory decision-making 	<ul style="list-style-type: none"> • Votes • Delegated decisions • Consensus
NOTES	<p>Diversity and inclusion drive the spectrum of inclusive partnerships. Diversity adds value to all decision-making processes. Practicing inclusive partnerships requires progress on liberatory thinking. By managing privilege and bias, liberatory thinkers disrupt historical ways of engaging stakeholders.</p> <p>Adapted from IAP2 International Federation 2018 Spectrum of Public Participation – (CPS Equity Framework, p. 30-31)</p>					

SMARTIE Infographic

From SMART to SMARTIE Objectives

Setting SMARTIE objectives can help you think about how to ensure your goals are equitable and inclusive. Advancing health equity is a key component of public health programs.



SMARTIE

CDC defines health equity as “a state in which every person has the opportunity to attain their highest level of health.”² The US Department of Health and Human Services stated, “Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.”³

Inclusion

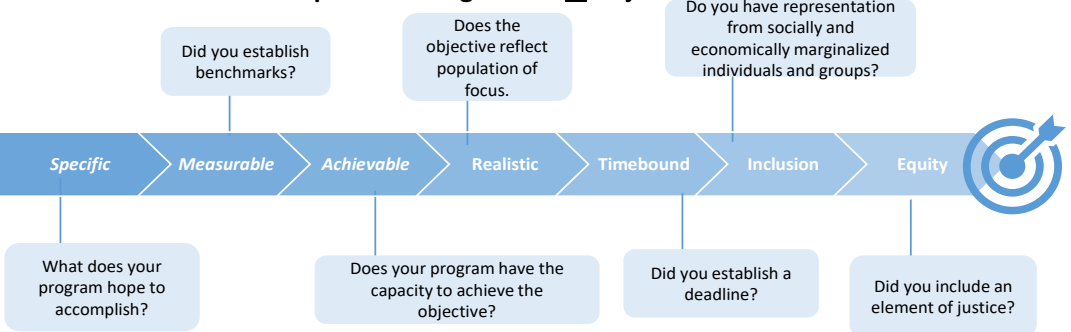
Is “an opportunity to bring traditionally excluded individuals and groups into processes, activities, decisions and policy-making in a way that shares power.”¹

Equity

Means “including an element of fairness or justice to address systemic injustice, inequity or oppression.”¹

Including SMARTIE goals from the beginning of planning can also demonstrate how your program is using burden data to help high-need populations in your region and strengthen collaborative efforts across the program with partners from under-resourced communities.

Tips for Writing SMARTIE Objectives

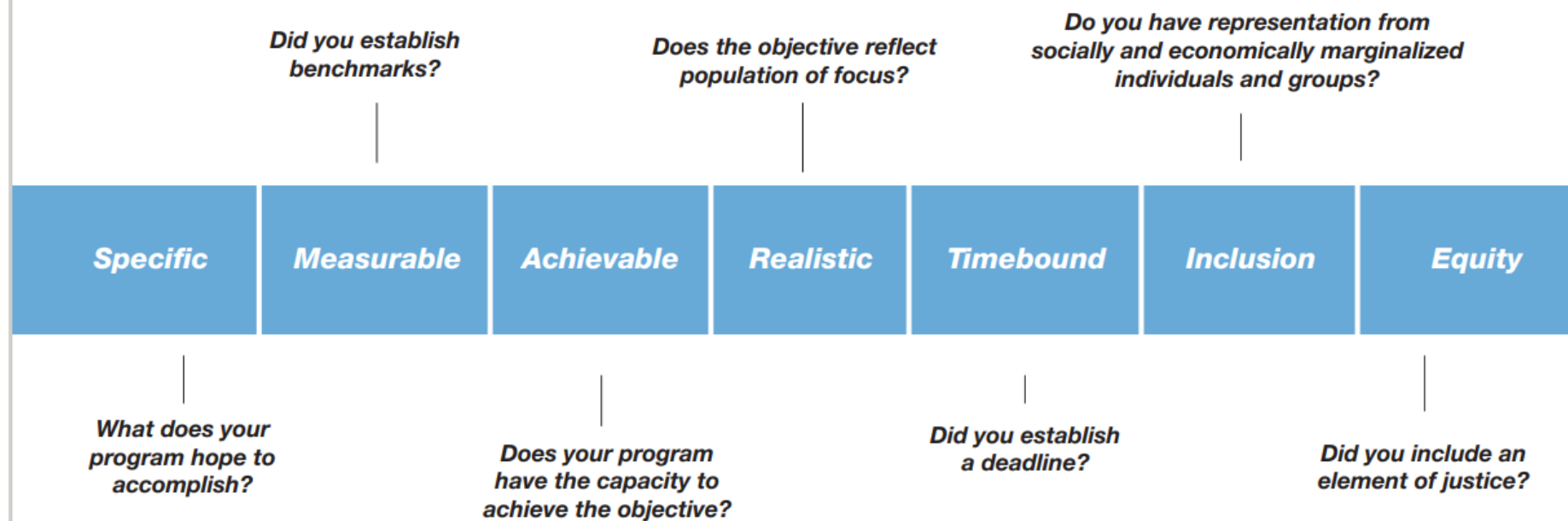


Example of a SMARTIE objective

Decrease the rate of breast cancer mortality among women from 40 to 38 by June 2022. → Decrease the rate of breast cancer mortality from 50 to 45 among African American women by June 2022.

SMARTIE Infographic

Tips for Writing SMARTIE Objectives



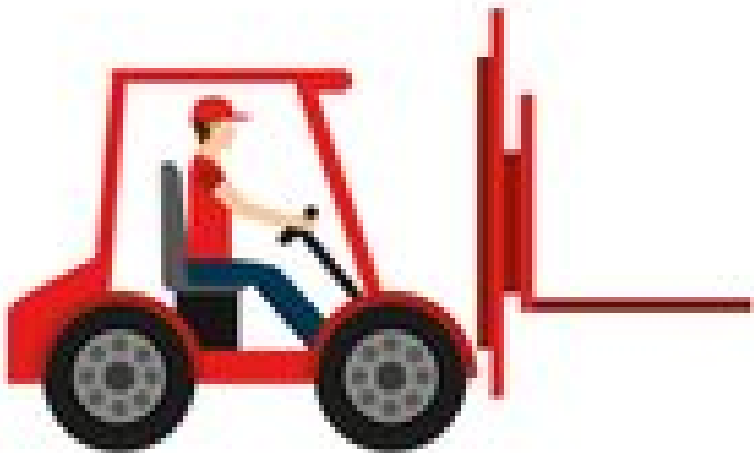
From SMART Objective to SMARTIE Objective

Example of a SMARTIE Objective

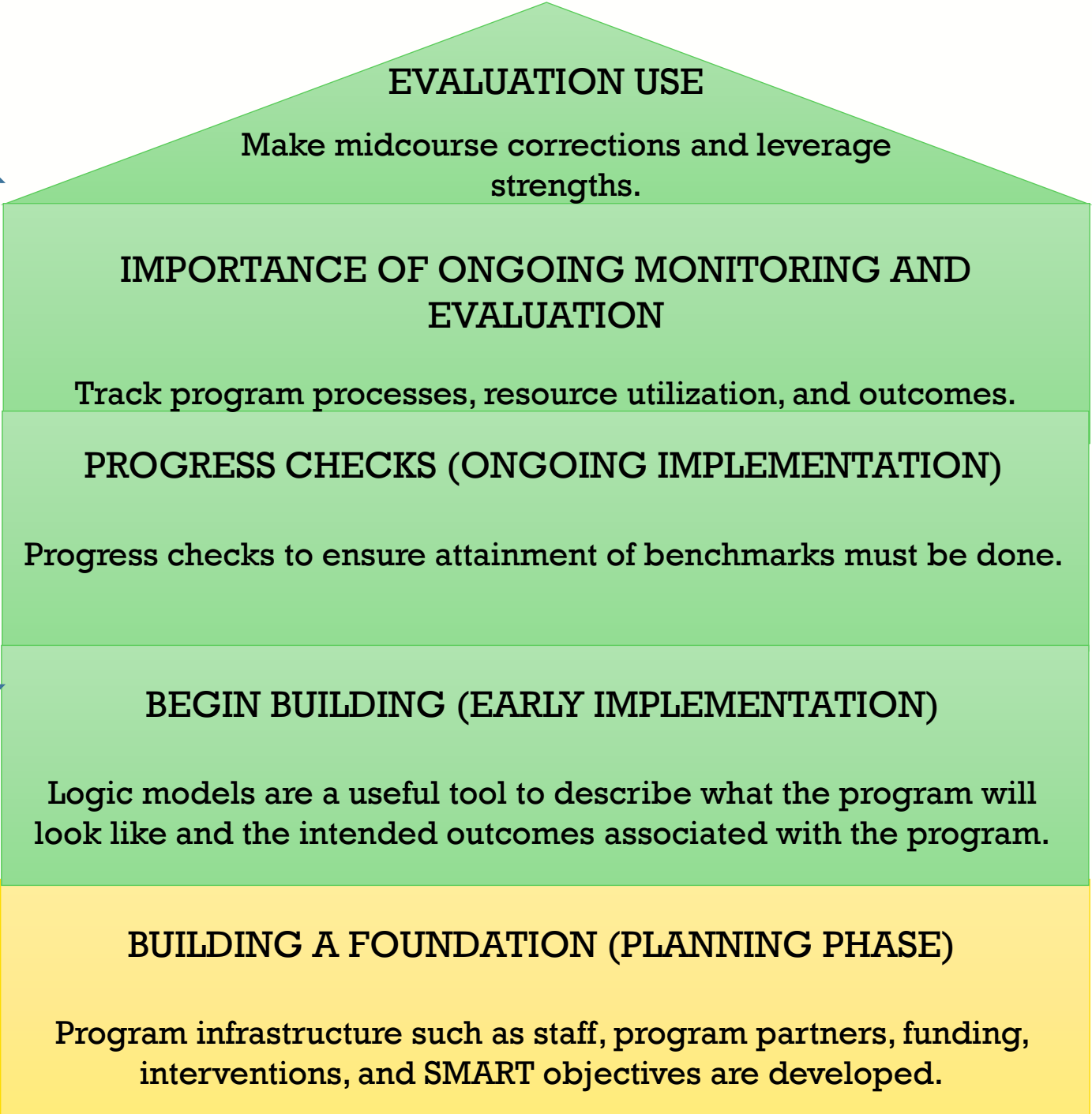
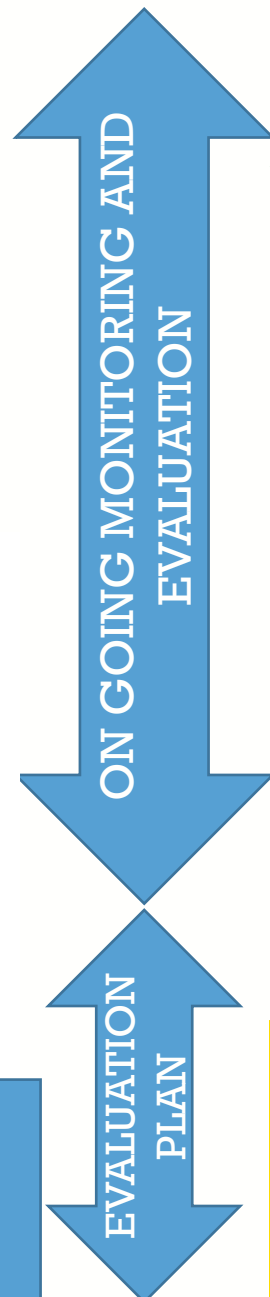
Decrease the rate of breast cancer mortality among women from 40 to 38 by June 2022.



Decrease the rate of breast cancer mortality from 50 to 45 among African American women by June 2022.



Partners are integral to planning cancer prevention and control initiatives, implementation, and evaluation.



EVALUATION USE

Make midcourse corrections and leverage strengths.

IMPORTANCE OF ONGOING MONITORING AND EVALUATION

Track program processes, resource utilization, and outcomes.

PROGRESS CHECKS (ONGOING IMPLEMENTATION)

Progress checks to ensure attainment of benchmarks must be done.

BEGIN BUILDING (EARLY IMPLEMENTATION)

Logic models are a useful tool to describe what the program will look like and the intended outcomes associated with the program.

BUILDING A FOUNDATION (PLANNING PHASE)

Program infrastructure such as staff, program partners, funding, interventions, and SMART objectives are developed.

Why Evaluate Initiatives Using a Health Equity Lens?

- Without a **focus** on health equity, effects of your initiative and its impact on health inequities may go unexplored and unnoticed.
- Nuances and complexities of the initiative, including how it was implemented, under what circumstances was the initiative conducted, and who was impacted **can be missed**.
- For coalitions committed to addressing health equity, **it is important to know whether health inequities have decreased, increased, or remained the same due to your efforts**.



How to Address Health Equity in Evaluation: A Tale of Two Frameworks

- Centers for Disease Control and Prevention's Framework for Evaluation in Public Health
- RE-AIM



Centers for Disease Control and Prevention's Framework for Evaluation in Public Health



Applying a Health Equity Lens to the CDC Evaluation Framework



1. Engage Stakeholder



Welcome a diverse group of partners to the table, especially community members who are experiencing health inequities, and include them in every step of the evaluation



2. Develop Program Description



Develop a logic model that documents your health-equity related initiatives and further clarifies the intended outcome of the work on health equity.



3. Focus the Evaluation



Incorporate health equity into your evaluation question and design. Consider questions that ask what has worked, for whom, and under what circumstances. Make sure indicators measure whether the intervention reached the priority population.

Applying a Health Equity Lens to the CDC Evaluation Framework



4. Gather Credible Evidence



Ensure data collection methods collect information on populations experiencing inequities. Choose relevant variables such as income, race, education level, zip code. Develop a sampling frame that ensures inclusion of participants



5. Justify Conclusion



As you are analyzing and interpreting the data, recognize the cultural implications of your findings and enlist the aid of partners from your community to fully understand the findings.



6. Disseminate and Share Lessons Learned



Contribute to the evidence base regardless of whether your findings are seen positive or negative. Build capacity and increase awareness among the community the initiative was originally intended for and share findings with recommendations and discussion of next steps.







Additional Considerations



- ✓ Reframe or create new evaluation questions to better understand the effect of the initiative on health inequities.
- ✓ Modify the sampling plan to ensure that health equity evaluation questions are properly addressed.
- ✓ Identify and follow processes that are culturally appropriate, especially as it relates to data collection.
- ✓ Ensure that the analysis plan determines: What worked? For whom? Under what conditions?
- ✓ Conduct process evaluation to understand factors that influence the outcomes of the coalition's efforts on underserved communities.
- ✓ Conduct outcome evaluation to determine differential effects across population groups.
- ✓ Express the findings of the evaluation in clear plain language and make a commitment to sharing the findings with all concerned parties regardless of whether the findings are positive or negative.

An Example from Communities Putting Prevention to Work

The Boston Public Health Commission led efforts to reduce obesity and tobacco use in their communities. They used the CDC Evaluation Framework in Public Health to measure the impact of their health equity efforts by:

-  Developed evaluation questions to measure the impact of their efforts on observed health inequities.
-  Collected data on subgroups experiencing health inequities for all of their initiatives.
-  Increased sample size for the CPPW Behavioral Risk Factor Surveillance System in order to ensure sufficient power to assess neighborhood-level changes over time.
-  Assured that their analysis plan assessed the impact of selected strategies, particularly those effects that can be observed across population groups.
-  Conducted performance monitoring to identify areas where additional efforts may be needed to enhance intervention effects in underserved communities.
-  Used evaluation findings to make mid-course adjustments and enhanced their ability to contribute to the evidence-base regarding the influence of their initiative on advancing health equity.

Reach, Effectiveness, Adooption,
Implementation, and Maintenance



Using RE-AIM to Plan, Implement, and Evaluate Health Equity Initiatives



Reach



- Account for and address potential access issues (e.g. transportation, hours of operation, etc.).
- Seek to understand why members of underserved populations can or can not participate.

- Measure participation rates among eligible participants.
- Determine factors related to participation and nonparticipation.



Effectiveness



- Tailor intervention to the population of focus and ensure that materials are culturally appropriate.
- Understand contextual factors that may influence the results of the initiative. Analyze results by subgroups that experience health inequities.

- Measure short-term outcomes of the initiative by demographic characteristics (e.g. race/ethnicity, education-level, place of residence, insurance status, etc.)

Using RE-AIM to Plan, Implement, and Evaluate Health Equity Initiatives



Adoption

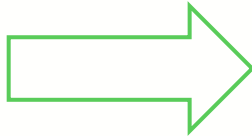


- Gain staff buy-in for the initiative.
- Use community health workers or community gatekeepers.
- Be pragmatic and implement what is feasible.

- Measure characteristics of participating settings and individuals assisting with the initiative.
- Identify factors for participation and non-participation.



Implementation



- Provision of training and technical assistance to staff.
- Minimize resources and costs

- Track program costs.
- Measure completion rate.



Maintenance



- Assess long-term results across subgroups.
- Develop a sustainability plan for the initiative.
- Develop tools to facilitate long-term program monitoring and evaluation.

Continue conducting assessments, including social environment characteristics that either support or threaten sustainability.

An Example from Be Fit Be Well

- ✿ Be Fit and Be Well was mostly conducted by phone and the internet to increase accessibility to eligible participants.
- 🎯 Self-monitoring, health behavior recommendations were tailored to the individual, and culturally appropriate materials were used.
- ⚙️ The intervention was designed with staff for buy-in and used community health workers.
- 🏠 User-friendly interfaces were developed, program participants had a choice of which intervention modality they used, and trained community health workers to provide telephone-based health coaching.
- ✂️ Materials were archived so that participants could have access after the intervention ended.

Conclusion and Takeaways



Proper program and evaluation planning must be done in parallel. The foundation for a good health equity initiative is one in which a diverse group of partners incorporate inclusion and equity into their program plan.



Inclusive partnerships support and assure planning and implementation of health equity initiative.



Long-standing evaluation and implementation science frameworks can be used to facilitate the evaluation of your health equity initiatives.



Once developed, the plan must be implemented and evaluated through a health equity lens.



Move Your Coalition Forward

Use the tools and references presented here to inform revisions to your Cancer Plan and evaluation plan to assure that a health equity approach is being used.

Resources

- CPS Equity Framework: Spectrum of Inclusive Partnerships: [CPS Equity Spectrum of Inclusive Partnerships - Equity Toolkit](#)
- National Comprehensive Cancer Control SMARTIE Tool: From SMART to SMARTIE Objectives: [From SMART to SMARTIE Objectives \(cdc.gov\)](#)
- Addressing Health Equity in Evaluation Efforts: [A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease; Section 1: Addressing Health Equity in Evaluation Efforts \(cdc.gov\)](#)
- Practical Strategies for Cultural Competent Evaluation: [Practical Strategies for Culturally Competent Evaluation \(cdc.gov\)](#)

References

1. Centers for Disease Control and Prevention. Practical Strategies for Culturally Competent Evaluation. Atlanta, GA: US Dept of Health and Human Services; 2014.
2. Kwan BM, McGinnes HL, Ory MG, Estabrooks PA, Waxmonsky JA, Glasgow RE. RE-AIM in the real world: use of the RE-AIM framework for program planning and evaluation in clinical and community settings. *Frontiers in public health*. 2019 Nov 22;7:345.
3. Glasgow RE, Askew S, Purcell P, Levine E, Warner ET, Stange KC, Colditz GA, Bennett GG. Use of RE-AIM to address health inequities: Application in a low-income community health center-based weight loss and hypertension self-management program. *Translational behavioral medicine*. 2013 Jun 1;3(2):200-10.
4. Ward M, Schulz AJ, Israel BA, Rice K, Martenies SE, Markarian E. A conceptual framework for evaluating health equity promotion within community-based participatory research partnerships. *Eval Program Plann*. 2018 Oct;70:25-34. doi: 10.1016/j.evalprogplan.2018.04.014. Epub 2018 Apr 30. PMID: 29894902; PMCID: PMC6077092.