

Arizona Comprehensive Cancer Control Program

Annual Evaluation Report

September 2018



Arizona Comprehensive Cancer Control Program Annual Evaluation Report - September 2018

Submitted to:

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About LeCroy & Milligan Associates:

Founded in 1991, LeCroy & Milligan Associates, Inc. is a consulting firm specializing in social services and education program evaluation and training that is comprehensive, research-driven and useful. Our goal is to provide effective program evaluation and training that enables stakeholders to document outcomes, provide accountability, and engage in continuous program improvement. With central offices located in Tucson, Arizona, LeCroy & Milligan Associates has worked at the local, state and national level with a broad spectrum of social services, criminal justice, education and behavioral health programs.

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Introduction and Background

The Centers for Disease Control and Prevention (CDC) identifies the National Comprehensive Cancer Control Program (NCCCCP) as “developing and providing an integrated and coordinated approach to reduce the incidence, morbidity, and mortality of cancer through prevention, early detection, treatment, rehabilitation, and palliation.” The Arizona Comprehensive Cancer Control Program is based out of the Arizona Department of Health Services (ADHS), Cancer Prevention and Control Programs, and supports the Arizona Cancer Coalition (ACC), the statewide comprehensive cancer control coalition. The Comprehensive Cancer Control Program is funded by the CDC’s *Cancer Prevention and Control Program for State, Territorial and Tribal Organizations* from 6/30/2017 - 6/29/2022. This evaluation report covers the first Fiscal Year (FY1) of grant funding, from 6/30/2017 - 6/29/2018.

Evaluation Purpose

The Arizona Comprehensive Cancer Control Program is charged with accomplishing systems level changes to create sustainable impact on cancer prevention, detection, and care. LeCroy & Milligan Associates is the external evaluator contracted by ADHS to perform a comprehensive evaluation of the Arizona Comprehensive Cancer Control Program across the three Ps, in accordance with the *Evaluation Plan*:

- **Partnerships:** the quality, contributions, and impacts of the Arizona Cancer Coalition (ACC).
- **Plan:** the quality and implementation of the statewide *Arizona Cancer Control Plan*, which serves as a foundation for the ACC.
- **Program:** the extent to which interventions outlined in the Arizona Comprehensive Cancer Control Action Plan (ACCC Action Plan) are executed and yield intended results.

The **process evaluation** assesses whether the Comprehensive Cancer Control Program has been implemented as intended, and why or why not. The **outcome evaluation** assesses whether or not the Comprehensive Cancer Control Program is making progress on the short, immediate, and long-term outcomes it is intended to yield. This plan is aligned with the CDC Framework for Program Evaluation in Public Health (CDC, 2010), including the six steps and four standards (see Exhibit 1).

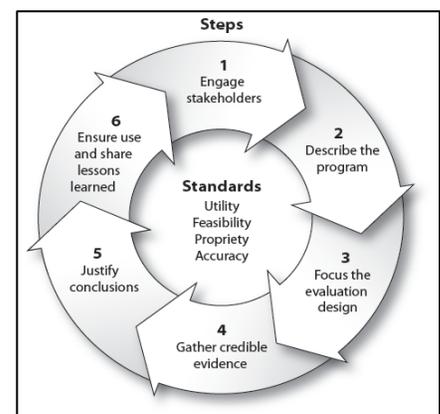


Exhibit 1. CDC Framework for Program Evaluation in Public Health



Program Description

Arizona Comprehensive Cancer Control Program

The Arizona Comprehensive Cancer Control Program currently operates out of ADHS Bureau of Tobacco and Chronic Disease, Office of Cancer Prevention and Control, which provides the opportunity for collaborating, supporting, and promoting other cancer prevention services at a direct service level and from a policy, systems, and environmental change level. The goal of Arizona's Comp. Cancer Program is to reduce the burden of cancer in Arizona through three main functions:

1. Maintain a comprehensive cancer control coalition – the ACC;
2. Assess the burden of cancer in our state and determine priorities for interventions; and
3. Develop and implement a statewide comprehensive cancer control plan.

Appendix A shows the Arizona Comprehensive Cancer Control Program Logic Model. This Logic Model shows the program inputs/resources, major activities, and the anticipated outputs and outcomes of the program.

The Arizona Cancer Coalition

The ACC is a coalition of cancer control leaders from throughout the state of Arizona who share the vision of reducing Arizona's cancer burden. These leaders include members of state, county, local, and tribal **government; non-profit organizations** (cancer patient advocacy, education, and research organizations, philanthropic and advisory organizations); the **health care sector** (private, public, and non-profit clinics, hospitals, cancer treatment centers, and hospice); the **private sector** (insurance, pharmaceutical, and health care advisory/quality assurance agencies); and **cancer survivors** and their advocates. The goals of the ACC are:

- 1) Writing and implementing the *Arizona Cancer Control Plan* through the ACC and its Work Groups;
- 2) Recruiting, retaining, and mobilizing a broad membership comprised of partners from throughout Arizona: health care professionals, cancer survivors, researchers, legislators, public health representatives, caregivers, volunteers, and community-based organizations;
- 3) Recruiting, retaining, and nominating Work Group leaders from coalition members holding leadership, decision-making, and influential positions within their organizations across sectors, e.g. hospital directors, public sector office chief;
- 4) Developing the leadership and action-planning capacity within each ACC Work Group; and
- 5) Increasing ACC activity across the major regions in Arizona (north, central, and south).



Stage of Development

The Arizona Comprehensive Cancer Control Program continues to build on the foundation set during the previous years of funding. The ACC is writing the *Arizona Cancer Control Plan 2019–2023* to reduce the burden of cancer in Arizona. The ACC has also undergone natural leadership changes over time, with the recruitment of new Coalition and Work Group Chairs. Given these changes, the Comp. Cancer Program is in the planning stage of development, which involves applying the building blocks to develop a revised comprehensive cancer control plan. ADHS will continue to partner with member organizations of the ACC to implement evidence-based policy, systems, and environmental change strategies enabling communities to enhance their impact on cancer. The *Arizona Cancer Control Plan* will be updated and rewritten during FY2 of this grant’s funding cycle. This plan will focus on several essential goals including policy, prevention, early detection, treatment, and quality of life, which will drive the efforts of the ACC Work Groups.



Evaluation Design and Methods

The evaluation of the Arizona Comprehensive Cancer Control Program is developmental, and as such, the evaluation plan evolves as the program implementation progresses, new stakeholders emerge, and partnerships are strengthened. Exhibits 2-4 display the evaluation questions, indicators, data sources, collection strategies, and timing of evaluation activities for FY1, for each of the three Ps.

Partnerships

The ACC is a statewide coalition of cancer control leaders dedicated to the mission of reducing the cancer burden in Arizona. Members include public-sector representatives, members of the public, non-profit organizations, health, medical, and business communities, the research community, cancer survivors, and advocates. Exhibit 2 outlines the evaluation questions, indicators, and data sources and collection strategies for evaluating the quality, contributions, and impacts of the ACC partnership.

Exhibit 2. Evaluating ACC Partnerships

Evaluation Question	Indicator(s)	Data Source(s)	Data Collection Method(s)	Timing
To what extent are community partners engaged in the ACC and Work Groups?	Members regularly ACC and Work Group meetings.	Meeting attendance records; minutes	Review of attendance records and minutes	Ongoing, as meetings are scheduled
To what extent are community partners satisfied with the ACC and Work Groups?	Partners report satisfaction with ACC and Work Group Meetings. Partners give the ACC improved ratings compared to baseline survey data.	Meeting Effectiveness Survey Coordination/ Collaboration Survey	Surveys distributed at ACC Meetings; Annual ACC Member Survey	Annually, as meetings are scheduled
What partners are represented in the ACC and what are membership gaps? How are members recruited and engaged to fill gaps?	Number and types of sectors represented. Representativeness of key organizations. Member recruitment and engagement.	ACC and Work Group Membership rosters	Gap analysis of member data	Ongoing data collection from members; Annual analysis of data
To what extent do Work Group Chairs feel supported by ADHS leaders?	Work Group Chairs report feeling supported by ADHS leaders.	Work Group Chairs	Interviews with Work Group Chairs	Annually



Plan

Exhibit 3 outlines the evaluation questions, indicators, and data sources and collection strategies for evaluating the quality and implementation of the *Arizona Cancer Control Plan*.

Exhibit 3. Evaluating the *Arizona Cancer Control Plan*

Evaluation Question	Indicator(s)	Data Source(s)	Data Collection Method(s)	Timing
To what extent is the <i>Arizona Cancer Control Plan</i> revised to address the burden of cancer in Arizona?	A revised <i>Arizona Cancer Control Plan</i> is developed.	Revised <i>Arizona Cancer Control Plan</i> documentation	Review of <i>Arizona Cancer Control Plan</i> documentation	Ongoing
To what extent does the ACC and Work Groups action plans align with the <i>Arizona Cancer Control Plan</i> ? To what extent are aligned action plans accomplished?	Number of <i>Arizona Cancer Control Plan</i> objectives integrated into action plans. Number and type of aligned activities accomplished.	<i>Arizona Cancer Control Plan</i> documentation; action plans; ADHS quarterly updates; Work Group minutes and reports	Alignment crosswalk of the <i>Arizona Cancer Control Plan</i> with action plans; review documentation of action plan accomplishments; Interviews.	Quarterly – Sept, Dec, Mar, June

Program

Arizona’s Comp. Cancer Program has developed the state cancer plan and is tasked with facilitating its implementation. This task is done in collaboration with the ACC and its Work Groups. To accomplish implementation of this plan, the Comp. Cancer Program develops an annual ACCC Action Plan, as required by the CDC. This action plan outlines specific Program Period Objectives, Annual Objectives, and Activities. Additionally, the ACC Work Groups have developed annual action plans to support implementation of the state cancer plan. Exhibit 4 outlines the evaluation questions, indicators, and data sources and collection strategies for evaluating the plan.



Exhibit 4. Evaluating the Arizona Comp. Cancer Statewide Action Plan

Evaluation Question	Indicator(s)	Data Source(s)	Data Collection Method(s)	Timing
What are the results of the CCC Action Plan? What annual objectives were met and what activities were successfully implemented?	Number and description of action plan items achieved.	Work Group minutes and reports; action plans; ADHS quarterly updates; AZ Cancer Registry data	Quarterly data collection; review of action plans, minutes, and reports	Quarterly – Sept, Dec, Mar, June
What factors facilitated objectives and activities that were successful?	Success factors identified	ACC Steering Committee	Stakeholder Interviews; Member Surveys	Semi-Annually – January and June
What was learned from objectives and activities that were not successful?	Lessons learned identified	ACC Steering Committee	Stakeholder Interviews; Member Surveys	Semi-Annually – January and June
What Project Period Objectives (PPOs) are on track for completion?	PPOs on track for completion	ADHS PPO documentation	Data aggregation	Semi-Annually – January and June
What are barriers to PPO completion?	Barriers identified	ACC Steering Committee	Stakeholder Interviews	Semi-Annually – January and June
<u>Focus area:</u> What survivorship supports are increased through the ACC Quality of Life Work Group action plan, specifically the BAG IT survivorship support and advocacy program? What impact do these supports have on survivors?	Number of individuals receiving BAG IT materials, as distributed to survivors by contracted clinics; Survivorship website analytics data; Positive patient feedback received on usefulness of resources.	Quality of Life Work Group partner activities; BAG IT distribution data from contracted clinics; BAG IT recipients; Survivorship Website analytics data.	Receipt of BAG IT distribution data from contracted clinics; paper/online survey of BAG IT recipients through contracted clinics; interviews with recipients who agree to additional follow-up; analysis of Survivorship Website analytics data.	Semi-Annually – January and June
<u>Focus area:</u> To what extent does the CCC support the Hopi Tribe in developing a Hopi Cancer Profile and Hopi Cancer Control Plan?	Process and products developed for Hopi Cancer Control; Hopi staff perspectives and satisfaction	ACC Leadership; ITCA; Hopi Cancer Support Services	Product and document reviews; Stakeholder interviews; Stakeholder surveys	Semi-Annually – January and June
<u>Focus area:</u> What media campaign efforts are utilized by Bureau of Tobacco and Chronic Disease to link tobacco use to cancer? What is the long-term impact of these efforts on cancer incidence rates?	Number and types of media campaigns produced; number and types of partner engagement strategies used; campaign metrics; change in lung cancer incidence rates.	ACC Leadership; Bureau media campaign leadership; campaign metrics; Arizona Cancer Registry data	Product and document reviews; data aggregation; Stakeholder interviews	Semi-Annually – January and June



Findings

Partnerships

This section reviews the evaluation findings for the Partnership evaluation questions.

Partnership Evaluation Question:

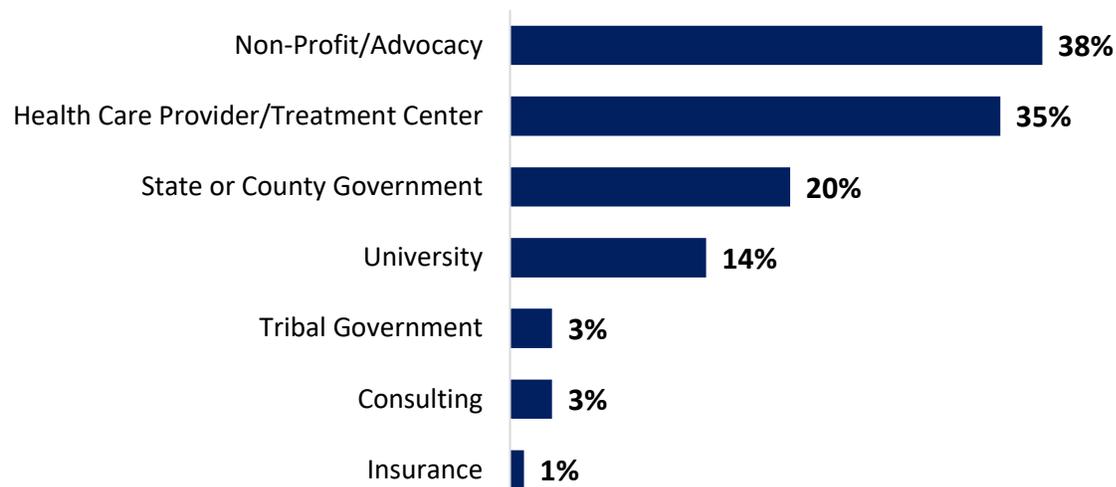
To what extent are community partners engaged in the ACC and Work Groups?

Indicator: Members regularly attend annual ACC meetings.

Result:

The Arizona Cancer Coalition (ACC) held its Annual Meeting and Biden Community Cancer Event on 9/21/2018, in collaboration with the national Biden Cancer Summit. A total of 74 people attended this event, including 26 (35%) returning members who were affiliated with the ACC in a previous year and 48 (65%) new members who were recruited in FY1. The bar chart below shows the sectors that were represented at this event. Respondents could select more than one sector (e.g., a University Cancer Center is both a treatment center and a university), so the total does not equal 100%.

Sectors Represented at the 2018 ACC Annual Meeting and Biden Community Cancer Event



Partnership Evaluation Question:

To what extent are community partners engaged in the ACC and Work Groups?

A total of 34 attendees completed the Partner Survey distributed at the end of the ACC Annual Meeting. Respondents indicated the various ways in which they are involved with the ACC.

- 100% attend events, trainings, and summits hosted by the ACC
- 53% attend ACC Work Group meetings
- 35% utilize resources developed by the ACC (e.g., Cancer Survivorship Website, Cancer Profiles)
- 35% utilize Arizona Cancer Registry data to inform their practices
- 29% collaborate with the ACC on projects or events

Indicator: Members regularly attend Work Group meetings.

Result:

Work Group meeting minutes provided data on Work Group affiliation and attendance. ACC Work Groups have met bi-annually, quarterly, or monthly. Meetings are held in person with conference calling capabilities or by conference call. Meeting invitations and agendas are emailed to all affiliated members prior to the meeting and meeting minutes are distributed post the meeting. Work Group attendance numbers include:

- Prevention and Early Detection Work Group - 14 to 16 members
- Policy Work Group – 6 to 11 members
- Treatment Work Group – 3 to 6 members
- Quality of Life/Survivorship Work Group – 3 to 12 members
- Smoke-Free Housing Work Group – 6 to 12 members
- Children’s Cancer Work Group – 3 to 12 members



**Partnership Evaluation Question:
To what extent are community partners satisfied with the ACC and Work Groups?**

Indicator: Partners report satisfaction with ACC and Work Group Meetings. Partners give the ACC improved ratings compared to baseline survey data.

Result:
Work Group members have reported during Work Group meetings that the meetings are useful, informative, and relevant to their work. Benefits to members of participating in the ACC include: networking/building relationships; resource and information-sharing; work group planning, activities, and discussions; collaborating with colleagues; learning about the ACC and cancer priorities in AZ; collaborative goal-setting; and learning about cancer-related policy efforts.

ACC Meeting and Work Group Effectiveness Measures	% Agreed/ Strongly Agreed (N=34)
The meeting purpose and goals were clearly defined.	97%
The meeting was well paced; topics were not rushed and we did not spend too much time on any topic.	97%
Attendees had adequate time to network with others.	94%
Attending this meeting was relevant to my work.	100%
Attending this meeting was a good use of my time.	100%
The meeting facility met our needs.	97%
I left the meeting with a sense of accomplishment and feeling of progress.	100%
Work Group discussions were professional and respectful. All opinions were valued.	100%
I felt my voice was heard during the Work Group session.	100%
The Work Group session was well-facilitated	100%
The people needed to make decisions participated in the Work Group session.	90%
The Work Group developed an Action Plan for 2018-19.	94%
I know how my organization will support this Work Group in 2018-19.	94%
I plan to continue participating in this Work Group.	100%



Partnership Evaluation Question: To what extent are community partners satisfied with the ACC and Work Groups?	
ACC Effectiveness Measure	% Good to Excellent Rating (N=27)
Fostering respect, trust, inclusiveness, and openness among members of the ACC.	100%
Creating an environment where differences of opinion can be voiced.	100%
Utilizing partners to support cancer control and prevention activities.	100%
Coordinating communication among partners.	100%
Supporting Work Groups to carry out their Action Plans.	100%
Recruiting diverse people and organizations to join the ACC.	96%

Partnership Evaluation Question: What partners are represented in the ACC and what are membership gaps?
Indicator: Number and types of sectors represented; representativeness of key organizations
<p>Result:</p> <p>The Following sectors and organizations are represented in the ACC. The Comprehensive Cancer Control leadership team continues to maintain a database of members. The evaluation team will annually review this data to track changes in membership over time.</p> <ul style="list-style-type: none"> • 36 entities and 119 individuals represent the Health Care Sector. The number of individuals from each agency ranges from 1 to 31. A total of 31 people are from the University of Arizona Cancer Center, and 12 people each are from the Mayo Clinic (various locations) and Arizona Oncology, Biltmore Cancer Center. • 30 organizations and 60 individuals represent the Non-Profit Sector. The number of individuals from non-profits ranges from 1 to 10; 10 are from the American Cancer Society – Cancer Action Network and 7 are from the Cancer Support Community. • 13 public entities and 45 individuals represent the County or State Government Agencies, or Tribal Sector. Excluding ADHS with 28 individuals, the number of individuals from public sector organizations ranges from 1 to 3; 3 are from the Arizona Health Care Cost Containment System (the state’s Medicaid program), and 2 people each are from the Navajo National BCCP Program, Phoenix Indian Medical Center, and Pima County Health Department. The Arizona Comp. Cancer Program has long-standing partnerships with the Hopi Tribe, Navajo Nation, and Tohono O’odham Nation. Newer tribal partnerships include the Gila River Indian Community and the San Carlos Apache Nation. • 12 organizations and 24 individuals represent the Private Sector. The number of individuals from each organization ranges from 1 to 6; 6 are from BlueCross BlueShield of Arizona and 3 each are from Health Net of Arizona, Inc. and Novartis Pharmaceuticals Corporation.



Partnership Evaluation Question: How are members recruited and engaged to fill gaps?

Indicator: Member recruitment and engagement strategies.

Result:

In FY1, the Arizona Comprehensive Cancer Control Program leadership team continually maintained and recruited ACC membership and leadership.

ACC General Membership Recruitment and Engagement

65% (n=48) of meeting attendees at the ACC Annual Meeting and Biden Community Cancer Event were new members recruited in FY1, who had no prior affiliation with the ACC. New members were recruited from largely from health care providers and the non-profit sector, representing the following:

- American Cancer Society - Cancer Action Network
- Arizona Oncology, Biltmore Cancer Center
- Cancer Support Community
- American Lung Association
- Mayo Clinic
- Bag It!
- Banner University Medical Center Phoenix
- Cancer Survivors Circle of Strength of Arizona
- Arizona Medical Association
- Cancer Treatment Centers of America
- Children's Cancer Network
- Ironwood Cancer & Research Centers
- Mountain Park Health Center
- Navajo Nation BCCP Program
- Phoenix Children's Hospital
- SandRose LLC
- Tuba City Regional Health Care Corporation

ACC Leadership Recruitment and Engagement

The Arizona Comprehensive Cancer Control Program effectively **recruited and engaged** the following new members to serve in ACC leadership positions.

Arizona Cancer Coalition Chair: William G. Cance, MD, is the [Deputy Director at the University of Arizona Cancer Center](#), leading the efforts in Phoenix at the UA Cancer Center at Dignity Health St. Joseph's Hospital and Medical Center. Dr. Cance is a fellowship-trained surgical oncologist who treats patients with complex gastrointestinal and endocrine cancers. He has a particular focus on the diagnosis and treatment of thyroid and parathyroid diseases, including thyroid cancer.



**Partnership Evaluation Question:
How are members recruited and engaged to fill gaps?**

Prevention and Early Detection Work Group Co-Chairs: David Duggan, Ph.D., is a leading scientist and market/technical analyst with 25 years of scientific expertise and nearly a decade of experience advising equity management firms on many of the leading genomics and personalized medicine companies. As a scientist, he served as Director of Population Genetics Laboratory, Director of High Throughput Genotyping Technology Center, and [Associate Professor of Genetic Basis of Human Disease Division at the Translational Genomics Research Institute \(TGen\)](#). He also holds an adjunct faculty appointment with the Mayo Clinic in the Genetic Epidemiology and Risk Assessment Division. Matt Jewett is the Associate Director of Grants at [Mountain Park Health Center](#). In this position, he manages and has oversight of \$15 million of federal, state/local, and private grants at a non-profit community health center with eight clinics and 80,000 patients. He oversees AHCCCS (Medicaid) and Health Insurance Marketplace procedures and oversees research collaborations with Mayo Clinic.

Treatment Work Group Chair: Abhinav Chandra, MD, serves as the Medical Director of [Yuma Regional Medical Center Cancer Center](#). Dr. Chandra's clinical areas of interests include: solid and hematological malignancies, lung cancer, gynecological malignancies, hematological malignancies, and benign hematological disorders.

Quality of Life/Survivorship Chair: Sandi Perez, PhD, MS is the owner of SandRose, LLC, a coaching and consulting business working with healthcare and nonprofit charitable organizations. Her work focuses on the management, governance, planning, and programmatic impact of philanthropic, social service, medical, dental, and behavioral health organizations striving to create and address challenging social issues. Services include executive coaching, consulting, board development, and planning. For more than 30 years, Sandi has worked in and with a variety of tax-exempt, for-profit, and American Indian Tribal organizations. During the past two decades, her work has been in philanthropy and grant making, first with a community foundation, then a healthcare conversion foundation, venture philanthropy giving circle, and finally a corporate foundation.

Children's Cancer Co-Chairs: Patti Luttrell, RN, MS is the Executive Director of the [Children's Cancer Network](#). As a member of the team who built Children's Cancer Network from the ground up, Patti has experience in pediatric nursing, nursing management, program development, and nursing education. Established in 2004, Children's Cancer Network strives to support children and families throughout their cancer journey with programs designed to provide financial assistance, promote education, encourage healthy lifestyles, build self-esteem, and create awareness of the issues they face related to childhood cancer. Alexandra M. Walsh, MD, MSPH is the Director of Long Term Follow Up Clinic for Pediatric Cancer Survivors at [Phoenix Children's Hospital Center for Cancer and Blood Disorders](#) and a Board-Certified Pediatric Hematology/Oncology Physician. She attended and graduated from Ohio State University College of Medicine in 2002, having over 16 years of diverse experience, especially in Hematology/Oncology. She is affiliated with many hospitals including Phoenix Children's Hospital and she also cooperates with other doctors and physicians in medical groups.

Smoke-Free Housing Chair: Laurie Thomas is at the ADHS Bureau of Tobacco and Chronic Disease. She manages public relations and marketing activities for adult cessation projects and outreach activities for the ASHLine.



Partnership Evaluation Question:
How are members recruited and engaged to fill gaps?

The Arizona Comprehensive Cancer Control Program leadership team **maintained** the following Work Group Chairs.

Policy Work Group Chair: Brian Hummell is the Arizona Government Relations Director for the [American Cancer Society Cancer Action Network](#). He has been an active ACC member and Policy Work Group Chair since 2011.

Cancer Surveillance & Data Chair: Georgia Yee is Office Chief of Health Registries at the Arizona Department of Health Services. She has been an active ACC member and collaborates with the ACC to produce data reports that drive the work on the ACC.

Partnership Evaluation Question:
To what extent do Work Group Chairs feel supported by ADHS leaders?

Indicator: Work Group Chairs report feeling supported by ADHS leaders.

Result:

Work Group Chairs are supported by ADHS leaders in several key ways:

- Recruiting and retaining Work Group Chairs.
- Engaging Chairs at least quarterly at Steering Committee meetings to learn about updates and help brainstorm project areas.
- Supporting Chairs with Work Group member engagement by reaching out directly to hard-to-engage members and strategizing ways to engage members to more regularly attend meetings.
- Providing Chairs with an opportunity to hold a facilitated breakout session during ACC membership meetings.
- Providing Chairs with meeting note-taking support through the use of ADHS' external evaluator, LeCroy & Milligan Associates.
- Supporting Chairs who wish to resign with succession planning and recruiting of replacement Chairs.



Plan

This section reviews the evaluation findings for the Plan evaluation question.

Plan Evaluation Question: To what extent is the Arizona Cancer Control Plan revised to address the burden of cancer in Arizona?
Indicator: A revised Arizona Cancer Control Plan is developed.
Result: The Arizona Comprehensive Cancer Control Program continues to build on the foundation set during the previous years of funding. The Comprehensive Cancer Control Program and the ACC is in the process of updating and writing the <i>Arizona Cancer Control Plan 2019–2023</i> to reduce the burden of cancer in Arizona. It is anticipated that this updated plan will be completed in FY2.

Plan Evaluation Question: To what extent does the ACC and Work Groups action plans align with the Arizona Cancer Control Plan? To what extent are aligned action plans accomplished?
Indicator: Number of <i>Arizona Cancer Control Plan</i> objectives integrated into action plans. Number and type of aligned activities accomplished.
Result: The ACC leadership and Work Groups are tasked with developing the revised <i>Arizona Cancer Control Plan 2019–2023</i> in FY2. The Work Groups will align their action plans with the <i>Arizona Cancer Control Plan 2019–2023</i> .



Program

This section reviews the evaluation findings for the Program evaluation questions.

Program Evaluation Questions:
What are the results of the Comp. Cancer Action Plan?
What annual objectives were met and what activities were successfully implemented?
What Project Period Objectives are on track are on track for completion?

Indicator: PPOs on track for completion.

PPO	Annual Objective	Not Yet Started	In Progress	Met
Increase the percent of women with positive screening results who are referred for genetic counseling from 34.6% to 38.1% by June 29, 2021.	Determine the percent of women receiving genetic counseling or testing in two Arizona health care systems by June 2018.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Increase the rate of HPV Immunization to 80% (80% achieving completed immunization series status) by 2021, for Arizonans 13 to 15 years of age.	Increase the rate of HPV Immunization in Arizona by 10% per program year.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
In Arizona decrease the lung cancer rate from 55.1 per 100,000 to 50.0 per 100,000 by June 2021.	Implement and pass legislation limiting minor's access to tobacco products by raising the legal age of purchase and possession to 21.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Arizona will pass legislation restricting access to tanning beds to individuals eighteen and older by June 2021.	A policy initiative will be submitted to the health committees of the legislature in the 2018 legislative session.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Increase the rate of women 40 and older who have had a mammogram in the previous 2 years to 81.1% by June 2021.	Increase the breast cancer screening rates in Arizona's women 40 and older by 5% per year, each year up to June 2021.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Arizona's FQHCs and Health Plans will adopt a library of evidence-based initiatives to increase the screening rates for all screenable cancers. Their library will include a minimum of 4 evidence-based strategies by June 29, 2021.	FQHCs and Health Plans currently working with ADHS Cancer Prevention and Control will expand their use of evidence-based strategies from 1 to 2 by June 29, 2018.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Increase the proportion of Arizona's men who have discussed the advantages and disadvantages of the prostate-specific antigen (PSA) test to screen for prostate cancer with their health care provider to support informed decision-making by 2% each year over 5 years of the grant period.	Six of Arizona's health plans will determine a method for tracking preventive visits for males 40 and older by June 29, 2018.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Increase the proportion of Arizona's cancer patients being provided access to social or emotional support immediately following diagnosis and throughout their survivorship over the five years of the grant period.	All women diagnosed with breast or cervical cancer through the Well Woman HealthCheck Program will receive information supporting their access to Cancer Support Community resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Increase the percentage of Arizona's newly diagnosed cancer patients receiving BagIt! by 20% by June 29, 2022.	Increase the percentage of Arizona's newly diagnosed cancer patients receiving BagIt! by 5% by June 29, 2018.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Increase the number of Arizona's newly diagnosed cancer patients participating in <i>Livestrong at the YMCA</i> by 20% per year for the five years of the grant period.	Increase the number of Arizona's newly diagnosed cancer patients participating in <i>Livestrong at the YMCA</i> by 5% by June 29, 2018.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Increase access to survivorship support for smoking cancer patients using ASHLine services to help them quit smoking.	Increase the percent of cancer patients using ASHLine support receiving survivorship support by 5% per year.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Program Evaluation Questions:
What are the results of the Comp. Cancer Action Plan?
What annual objectives were met and what activities were successfully implemented?
What Project Period Objectives are on track are on track for completion?

Indicator: PPOs on track for completion.

PPO	Annual Objective	Not Yet Started	In Progress	Met
Decrease the rate of late stage breast cancer diagnosis for African American, Hispanic and Native American Women by 10% by June 2021.	Increase the number of annual documents tracking this specific population's breast cancer incidence, mortality and histology to one per year through June 2022.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Increase the knowledge of cancer burden, set priorities targeted for action and complete a Hopi Cancer Control Plan with related stakeholder group and work plans.	Create a cancer burden analysis for the Hopi by June 2018.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Increase percent of Arizona's cancer patients having access to clinical trials by 25% by June 29, 2022.	Using Arizona Cancer Registry data, determine the percent of cancer patients accessing clinical trials by June 29, 2018	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Program Evaluation Questions:
What factors facilitated objectives and activities that were successful?
What was learned from the objectives and activities that were not successful?

Indicator: Success factors and Lessons Learned

Result:

ACC key stakeholders reported several factors as having facilitated ACC successes in FY1. Many of their comments identified effective collaboration strategies as being a key such factor.

- ADHS effectively recruited new ACC and Work Group Chairs.
- Collaboration efforts and commitment from partners.
- Providing members with a larger view of the state's cancer resources, strength and weaknesses, and to provide input into the ACC's focus areas.
- Working together to develop priorities and to share information about cancer data.
- Meeting individuals and organizations that members may not have known otherwise.
- Providing a forum for networking with others, making connections, and informing members regarding cancer registry data. Networking has helped members connect with others in the community who are facing similar challenges.
- Partnership and leveraging the resources of those partners.
- Connecting ACC workgroups with people already working in areas of interest.
- Creating a trusting and sharing environment.
- Having strong leadership that is respected by the community.
- Having leadership in the coalition that truly believes in and demonstrates collaboration.
- Long term relationships provide the necessary support and flexibility needed for success when challenges are faced.



**Program Evaluation Question:
What barriers to accomplishing the project period objectives have been identified?**

Indicator: Barriers

Result:

ACC members and key stakeholders identified a range of barriers to accomplishing objectives, with numerous comments mentioning a lack of time and/or support resources, and competition among private health care organizations:

- Limited time for ACC work groups to meet frequently.
- Turnover and recruitment of Work Group Chairs.
- Difficulty re-engaging Work Group members after a new Chair is identified.
- Competing priorities of private health care organizations limits their willingness and/or capacity to collaborate with one another.
- Competition between health care organizations.
- Time, everyone is understaffed!



Program Evaluation Question:

What survivorship supports are increased through the ACC Quality of Life Work Group action plan?

Indicator: Intervention Outcomes

Result:

The ACC Quality of Life/Survivorship Work Group accomplished the task of building a website for Arizona cancer survivors, caregivers, and health care providers to provide them with resources and information for improving and enhancing their quality of life. The website is available at: <https://www.azdhs.gov/prevention/tobacco-chronic-disease/cancer-prevention-control/cancer-survivors/index.php>. ACC members participated in reviewing and revising the website content, including the University of Arizona Cancer Center, the University of Arizona College of Nursing, and several cancer survivor advocacy organizations.

The website provides information on: Cancer Survivorship Care Plans for providers and survivors, including example plans that may be downloaded; links to resources for survivors, caregivers, and healthcare providers; and information about the ACC.



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Health and Wellness for All Arizonans

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Cancer Survivors

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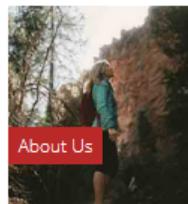
Survivorship Care Plans

Create a plan to connect your oncology and primary care providers.



Resources

Resources for cancer survivors, caregivers and healthcare providers.



About Us

The purpose of this site and AZ Cancer Coalition's Quality of Life Committee.



Contact Us

Share your questions and comments with us.

Thank you for visiting the Arizona Cancer Survivor's web site. This is a place where cancer survivors and caregivers in Arizona can easily find resources and information that will improve and enhance their quality of life.

This site also serves as a platform to spread the word about the benefits and importance of Survivorship Care Plans, both for survivors and healthcare providers.

The evaluation team will continue to evaluate this focus area in FY2, focusing on surveying the women of the Well-Woman HealthCheck Program who are diagnosed with breast or cervical cancer and received a [Bag-It](#) Bag.



Program Evaluation Question:

To what extent does the CCC support the Hopi Tribe in developing a Hopi Cancer Profile and Hopi Cancer Control Plan?

Indicator: Intervention Outcomes

Result:

The Arizona Comprehensive Cancer Control Program completed the initial phase of developing the Hopi Cancer Profile, including meeting with key stakeholders, helping to determine their needs, and establishing boundaries on the research. The Hopi Cancer Profile data document was produced at the end of FY1 and shared with the Hopi Tribe. This document is not yet publicly available. The Comprehensive Cancer Control Program is working to make this document more user friendly, with less text and a user-friendly layout. The Arizona Comprehensive Cancer Control Program will continue to support the Hopi Tribe in identifying partners to begin development of the Hopi Cancer Control Plan. Comprehensive Cancer Control staff met with the Hopi Tribe several times in 2018 to provide technical assistance regarding the fundamentals of cancer control. Several meetings covered the following: the elements of implementing a cancer coalition, the Nine Habits of Successful Cancer Coalitions, cancer data how it is collected and what it means and the review of the Hopi specific cancer data. At this time the Hopi Cancer Data is being reformatted to meet the needs of stakeholders. As this focus area is still in progress, the evaluation team will continue to evaluate this area in FY2.

Program Evaluation Question:

What media campaign efforts are utilized by Bureau of Tobacco and Chronic Disease to link tobacco use to cancer? What is the long-term impact of these efforts on cancer incidence rates?

Indicator: Intervention Outcomes

Result:

Within the ADHS Bureau of Tobacco and Chronic Disease, the [Tobacco Free Arizona](#) initiative has been generating awareness across Arizona about the risks linked with tobacco use and secondhand smoke, including cancer, and resources and services available to Arizonans quit. This media campaign includes radio advertisements, television commercials, and online social media. ADHS BTCD Tobacco Free Arizona Media Campaigns include the following:

- [Project Quit](#) is a new initiative developed in partnership with the Arizona Smokers' Helpline (ASHLine) to showcase the tobacco quit process. One of the more difficult addictions to break, a successful tobacco quitter can make, on average, 10 unsuccessful attempts to finally kick the habit. Prior ASHLine marketing efforts have focused on services provided by the ASHLine and/or the personal story of real tobacco quitters. Project Quit married these two efforts showcasing the quit process while the audience a behind-the-scenes look at how the ASHLine interfaces with its clients.



- The [CIGNAL](#) is Arizona's tobacco youth cessation effort aimed at teens and young adults ages 15-24 through Arizona Students Taking a New Direction (STAND). This age group has been a glaring gap in services nationally as youth prevention focuses on minors 17 and under and evidence-based tobacco quitlines, such as the ASHLine, are traditionally geared towards adults 35-54.

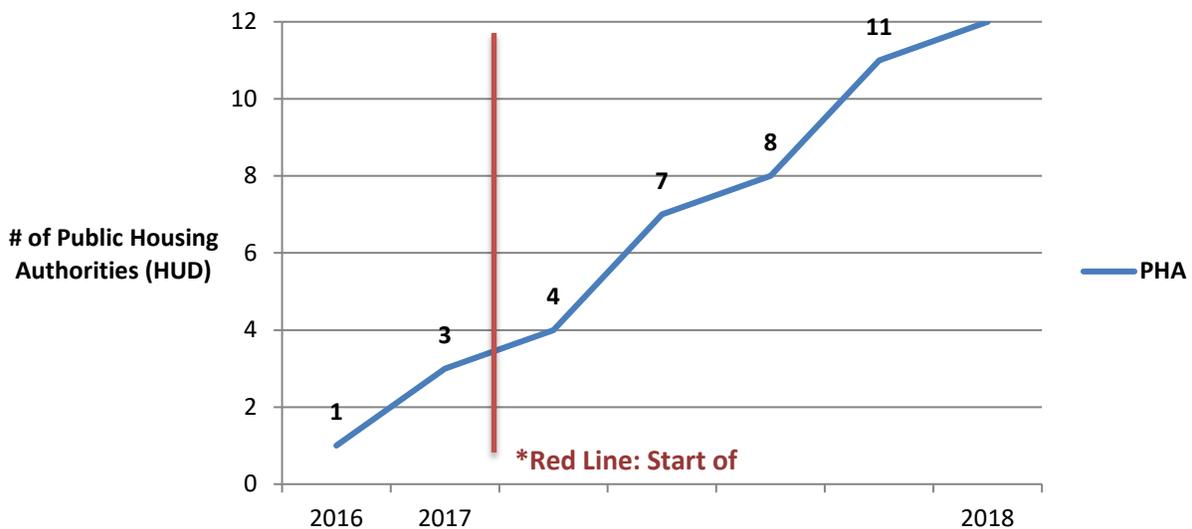
Additionally, ADHS Office of Environmental Health's Smoke-Free Arizona initiative helps enforce the Smoke-Free Arizona legislation. View the [2018 Smoke-Free Arizona Annual Report](#) for more information about the Arizona legislation and initiatives.

Additionally, the Arizona Comprehensive Cancer Control Program has established a Smoke-Free Housing Work Group that is working with all 12 Public Housing Agencies (PHAs) in Arizona to implement the U.S. Department of Housing and Urban Development (HUD) rule that requires all PHAs to implement a smoke-free policy by July 30, 2018. HUD's rule is a continuation of its formal encouragement of the adoption of smoke-free policies in public housing, multifamily housing, and mixed-income housing. Smoke-Free Housing Work Group has partnered with [Arizona Smoke-Free Living](#) to produce toolkits, educational resources, information, and templates for property managers and residents regarding HUDs smoke-free policy.

Preliminary Outcomes of the Smoke-Free Housing Work Group

Through the support of American Lung Association and HUD regional office, this Work Group has been able to capture measures to demonstrate the impact the Work Group has had on advancing the smoke-free efforts in Arizona. The red lines on the graphs represent the point when the Work Group formed.

All 12 PHAs in Arizona Implemented a Smoke-Free Policy Before July 30, 2018



Program Evaluation Question:

What media campaign efforts are utilized by Bureau of Tobacco and Chronic Disease to link tobacco use to cancer? What is the long-term impact of these efforts on cancer incidence rates?

The unique partnership of this Work Group anticipated the needs of the 12 PHAs by providing training, presentations, signage, and technical support, which enabled an earlier adoption and implementation of HUD's requirements. It is important to acknowledge that two of the PHAs had implemented smoke-free policies prior to the Work Group's creation.

Some of the successes experienced thus far include:

- Early on Smoke-Free Housing Work Group met with HUD's headquarters and regional smoke-free housing ambassadors to inform them about local efforts in support of the HUD Final Rule
- All 12 Arizona PHAs (6,165 units) achieved compliance 30 days before the HUD Final Rule deadline; ten adopted/implemented a "gold" or "silver" level policy
- Request for property smoke-free signage grew over three and a half times from 2017 to 2018
- ALA/ASFLs signage budget grew by almost double from 2017 to 2018
- ALA/ASFLs Engagements "touch points" increased by 67% with PHAs with the creation of AZSFHC

Smoke-Free Housing Work Group's accomplishments are beginning to create future opportunities to enhance smoke-free multi-family housing efforts. Unanticipated opportunities for partnerships are underway as follows:

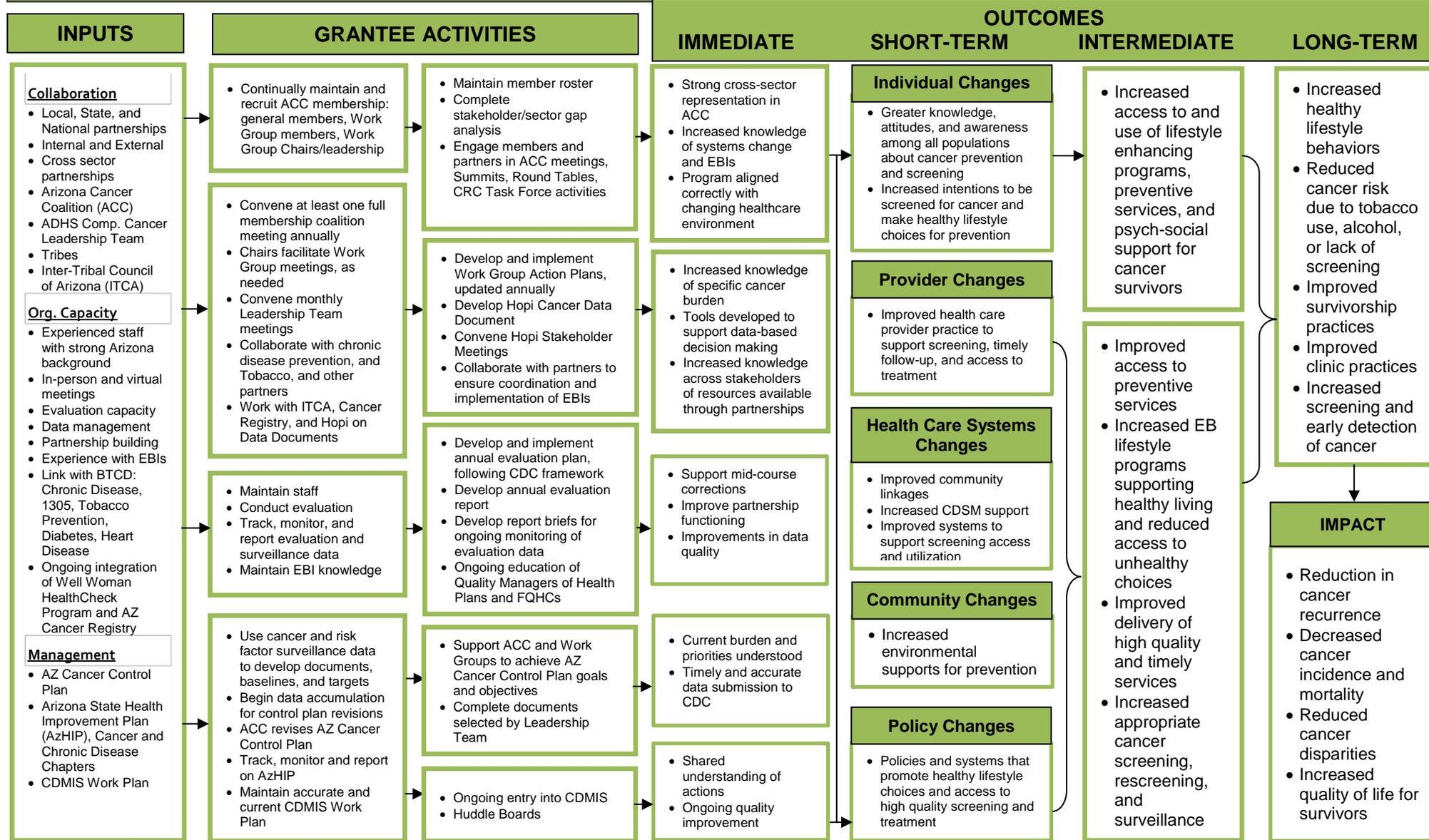
- Community Health Equity grant in fall 2018 through Mayo Clinic. These grant funds will allow for an intervention program to improve tobacco cessation and quit rates among PHA residents.
- A partnership with Arizona Department of Housing to support smoke-free policy adoption, implementation, and enforcement for LIHTC awardees who have received tax credits for a smoke-free policy.
- Relationships were developed with regional state-level LIHTC Program consortium to identify best practices and challenges with enforcing a smoke-free policy.

These are successful outcomes by any measure. This Work Group will continue the work of supporting public housing staff and residents to aid in creating healthy, sustainable environments. The hope is to create healthy communities and healthy people. As this focus area is still in progress, the evaluation team will continue to evaluate the work of the Smoke-Free Housing Work Group in FY2.



Appendix A. Arizona Comprehensive Cancer Control Logic Model

Problem Statement: Cancer is the leading cause of death in Arizona.



Contextual Factors: Changing Health Care Environment, Policy, Resources

Ongoing Program Monitoring and Evaluation