Comprehensive Partnerships to Advance Cancer Health Equity (CPACHE) (U54)

Investigators Workshop

Monitoring and Evaluation of the CPACHE Program: Local and National Collaboration

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Acknowledgement

• CPACHE PIs, “Trainees”/Jr. Investigators and staff

• CRCHD DTB and Performance and Evaluation Core/IOD staff

• Our Community-based Partners/Collaborators
Purpose of This Presentation

- Inform Audience about the Increased Emphasis on Program Monitoring, Evaluation and Reporting at CRCHD;

- Present Examples of Methodological and Data Issues in Monitoring and Evaluating the CPACHE Program; and,

- Discuss the Importance of “Good” Local Program Data for Monitoring and Evaluation of a National Multicenter Program (What to do going forward?).
# Research and Training Programs to Reduce Cancer Health Disparities

<table>
<thead>
<tr>
<th>CRCHD MISSION /RESEARCH FOCUS</th>
<th>PROGRAMS</th>
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<tbody>
<tr>
<td>Basic Research</td>
<td>CPACHE (MICCP)</td>
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<td>CURE</td>
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<td>R-21 Initiatives</td>
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<td>Clinical</td>
<td>CPACHE (MICCP)</td>
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<td>PNRP/NCORP</td>
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<td>Population-/Community-Based Training</td>
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<td>CPACHE (MICCP)</td>
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<td>GMap</td>
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Background

• National Program Evaluation / GPRA Requirements
• Local Program Evaluation and Program specific goals and objectives
• Completeness of local data for Monitoring and Evaluation of CRCHD (National/ Federal) programs:
  -- Annual Progress Reports;
  -- Data submitted to central program database
  -- Site visits and Site visit reports
  -- Other “non-traditional” matrix of success/ effectiveness
• Tracking of “Trainees”/Jr. Investigators
• Re-issuance of CRCHD Programs
  -- Evidence-based decision-making
  -- Sustainability of cancer health disparities research programs
• **External Evaluation of the Comprehensive Partnership Program.** In addition to evaluations of individual partnerships by their IAC and PSC, all partnerships will be expected to participate in periodic external evaluation of the entire Comprehensive Partnership Program. This external evaluation will assess, for example, the extents to which the Partnership Program: fosters better collaboration between institutions; helps new investigators to become more competitive in securing NIH grant awards; increases access of members of underserved populations to beneficial cancer diagnoses and treatments, assess the number of grants submitted, funded, peer review publications.

Participation in program evaluation

All PD(s)/PI(s) of the partnerships program are expected to participate and facilitate a national program evaluation that might be conducted by an independent evaluation organization contracted by the NCI. Conducting the national evaluation under contract ensures objectivity and credibility of the evaluation findings and recommendations. The contractor shall seek the input and cooperation of the PD(s)/PI(s) and NCI program officials in developing the program logic models and in specifying the core data elements. However, the contractor shall still conduct an objective/independent evaluation of the overall program. **Each partnership shall submit/transmit a set of core data sets to the national program evaluator** (at least semi-annually or periodically as deemed feasible by the NCI and the PD(s)/PI(s)). The data sets will include both quantitative and qualitative data necessary **to adequately conduct a comprehensive cross-site evaluation** of the national multi-site Comprehensive Partnership Program. **Data from local evaluations shall be provided to the national evaluation contractor to supplement data submitted for the national evaluation.**

What is “Evaluation”?  

*Evaluation is the **systematic assessment** of the **operation** and/or the **outcomes** of a program or policy, compared to a set of **explicit** or **implicit standards**, as a means of contributing to the **improvement** of the program or policy.*


“... **systematic investigation** of the merit (**quality**), worth (**cost-effectiveness**), or significance (**importance**) of an object.”

Monitoring

To check systematically or scrutinize (a program) for the purpose of collecting specified categories of data;

To keep watch over (for the purpose of ensuring that program implementation is on track and performing as intended or planned)

-- Webster’s Dictionary
CDC’s Framework for Program Evaluation - Adapted for CRCHD Program Evaluation Framework

Steps

1. Engage Stakeholder
2. Describe the Program
3. Focus the Evaluation Plan
4. Gather Credible Evidence and Support
5. Justify Conclusions and Recommendation
6. Ensure Use and Share Lessons Learned

Standards

- Utility
- Feasibility
- Propriety
- Accuracy

Partnerships to Advance Cancer Health Equity (PACHE)

- Build research capacity and training at MSIs
- Create stable, long-term collaborations between MSIs and CCs in research, training, career development, and outreach
- Improve effectiveness of CC research, education, and outreach for underserved populations
- Export successful approaches for addressing disparities to all CCs and other key networks and consortiums.

**Ultimate Goals**
Overcoming Cancer Health Disparities
Goals of the CPACHE Program

- Establish and improve Collaborations between MSI and CC
- Enhance (cancer) research infrastructure at MSI
- Improve outreach by CC
- Increase the pool of professionally competitive investigators
- Train qualified health disparity researchers (in particular new and early stage investigators)
Conceptual Framework: Strengthening Capacity and Promoting Sustainability
Primary Evaluation Question:
Have the partnerships created a **sustainable** model for conducting cancer research and addressing cancer health disparities by stimulating relevant research and developing a cadre of investigators to perform it?

<table>
<thead>
<tr>
<th>Stimulating Research</th>
<th>Relevant Research</th>
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<tbody>
<tr>
<td>Has the partnership served as a research incubator, stimulating MSI participation in cancer research and CC involvement in research related to underserved populations?</td>
<td>Is the research of the partnership relevant to the community(s) in which it is situated?</td>
</tr>
<tr>
<td>- Conversion of pilot projects to full projects</td>
<td>- Number and types of outreach projects/activities</td>
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<td>- Success rate and scoring status of subsequent grant applications</td>
<td>- Participation of and partnerships with local community</td>
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<td>- Number, types, and cancer sites of pilot and full projects</td>
<td>- Findings of needs assessments</td>
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<td>- Alignment of projects/activities with documented needs of community</td>
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<th>Cadre of Investigators</th>
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<td>Has the partnership created a cadre of sufficiently prepared investigators to lead future research efforts to related to cancer in underrepresented populations?</td>
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<td>- Career development and mentoring plans in place for ESI</td>
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<td>- ESI involvement in partnership projects and activities</td>
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<td>- New faculty recruited to the partnership</td>
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<td>- Progression and/or retention of ESI and new faculty</td>
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<td>- Competitiveness of subsequent ESI research grants</td>
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<tr>
<th>Sustainable Model</th>
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<tr>
<td>Are the partnership, its projects, and the synergies created sustainable?</td>
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<tr>
<td>- Additional awards/gifts/funds secured to maintain partnership activities</td>
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<td>- Resources shared among partner institutions and their sharing arrangements</td>
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<td>- Policies and structures that support the work and interactions of the partnership or indicate institutionalization of the partnership</td>
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What Are Our Products?

(Short-term)

Accomplishment of Program Goals and Objectives (based on PAR Requirements)

• Outreach (CBPR):
  Established Community Partnership / Coalitions
  Increased Knowledge of and Utilization of Beneficial Interventions
  Reduction in Rates of Cancer Related Risk Factors
  Produced More Professionally Competitive Investigators
  Empowered Community (e.g., Participation in biomedical research)
  Secured Additional funds for Cancer Prevention and Control

• Patient Navigation (Clinical):
  Increased Timely Resolution of Abnormal Screening Results
  Increased Timely Initiation of Cancer Treatment following Diagnosis
  Produced Competent Patient Navigators
  Increased participation of Minority Populations in Clinical trials and Donation of Biospecimen

• (Training):
  Increased the Pool of (Minority/underrepresented) Trainees in the Pipeline
  Produced More Professionally Competitive Investigators
  Increased the Number/Percentage of Grants Awarded to New/Junior Investigators
  Increased the Number of Publications in Scientific Peer Reviewed Journals
Evaluation Questions To Answer

• Did we meet the goals of the CPACHE PAR?
• How did we implement and measure the benefits of Research and Training in the program (mutual benefits)?
• What outcomes data best show our impact from:
  – Research activities
  – Outreach activities
  – Training activities
• How do we show “equity”/ overall reduction in specific cancer health disparities?
• What is the relationship between process factors and impact on community health/ cancer disparities?
### CPACHE Objectives and Measures: “The Matrix”/ Logic Model

<table>
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<tr>
<th>Goals and Objectives</th>
<th>Performance Measures</th>
<th>Data Elements</th>
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<tr>
<td>Establish and improve Collaborations between MSI and CC that ensure mutual benefit</td>
<td>Number and Type of Collaborations between MSI and CC</td>
<td><strong>Total number projects done collaboratively</strong>: research projects done by Partnership PI(s) or Early Stage Investigator(s) under the partnership (investigators name, grant #, FY, status (new, continuing, terminated, completed, etc), project title, nature of project (research, training, education, outreach), type of project (full, pilot).</td>
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<td>Education/Training programs conducted through the partnership: program name, program type (seminar, certificate programs, course, etc), target students' education, # of students participated</td>
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<td>Outreach activities conducted through the partnership: purpose of activity, type of activity, topic of activity, cancer site, total # of activities</td>
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<td>Proportion of current U54 grantees that previously had a P20 and or U56 award</td>
<td>U54 PI names (last, first, and middle), institution, grant #, had P20 before? (Y/N), had U56 before? (Y/N)</td>
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<td>Sharing of funding resources: Percentage of partnership funding to MSI and CC of the U54</td>
<td>Funded $ amount to MSI. Funded $ amount to CC</td>
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<td>Collaborative nature of the partnerships and sharing of resources and expertise (e.g. resources shared between institutions like biostatistical core, biotissue repository)</td>
<td>List/description of shared resources (Name of resource, Institution, Institution type). Availability of CC membership to MSI faculty: Y/N</td>
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<td></td>
<td>Other positive Unintended Outcomes / Events (Resulting from PACHE or training)</td>
<td>Description of other positive Unintended Outcomes / Events (Resulting from PACHE or training, e.g. changed institutional policies, legislative</td>
</tr>
</tbody>
</table>
Stimulating Research

Has the partnership served as a research incubator, stimulating MSI participation in cancer research and CC involvement in research related to underserved populations?

- Number, types, and cancer sites of pilot and full projects
- Conversion of pilot projects to full projects
- Success rate and scoring status of subsequent grant applications
## Moving towards research sustainability?

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<tr>
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<th>Partnership A</th>
<th>Partnership B</th>
<th>NIH Data</th>
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<tr>
<td>Pilot Projects Converted to Full Projects</td>
<td>43% (6/14)</td>
<td>8% (1/12)</td>
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<td>Projects that Sought Additional Peer-Reviewed Funding</td>
<td>62% (13/21)</td>
<td>29% (4/14)</td>
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<tr>
<td>Projects that Obtained Additional Peer-Reviewed Funding</td>
<td>43% (9/21)</td>
<td>21% (3/14)</td>
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<tr>
<td>Successful Applications for Additional Peer-Reviewed Funding</td>
<td>33% (14/43)</td>
<td>50% (4/8)</td>
<td>18% Overall NIH Success Rate (2011) 2001-2011= 18-32%</td>
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<tr>
<td>Percentage of Unfunded NIH Applications that were Scored</td>
<td>36% (8/22)</td>
<td>75% (3/4)</td>
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Establish and improve cancer outreach programs

- Increase hypothesis-driven outreach studies
- Develop outreach activities that support the partnership
- Work with communities in identifying and prioritizing outreach and educational needs
- Establish partnerships with community-based organizations

Relevant Research

Is the research of the partnership relevant to the community(s) in which it is situated?

- Number and types of outreach projects/activities
- Participation of and partnerships with local community
- Findings of needs assessments
- Alignment of projects/activities with documented needs of community
Community Outreach: Overall Challenges for Evaluation

- Definition and measurement of “outreach”
- Evolving standards for outreach component
- Each partnership has a unique approach
- No specific reporting requirements
- Each partnership working with a unique population
- Less controlled research environment (the real world is dynamic and messy)
Cadre of Investigators

Has the partnership created a cadre of sufficiently prepared investigators to lead future research efforts to related to cancer in underrepresented populations?

• Career development and mentoring plans in place for ESI
• ESI involvement in partnership projects and activities
• New faculty recruited to the partnership
• Progression and/or retention of ESI
• Competitiveness of subsequent ESI research grants
Continuing Umbrella of Research Experiences

- Emphasize strategic and scientific areas of greatest need
- Increase the size of the talent pool
- Expand and extend the period of training

Trainees:
- High School
- Undergraduate
- Pre-doctoral
- Postdoctoral
- Early Stage Investigator

Center to Reduce Cancer Health Disparities
Training Program Outcomes - Trainees Subsequent grants

- All grants

- 55.5% of trainees applied for grants within 2 years.
- 31.9% of trainees or 57.5% of applicants obtained at least one grant within 2 years.
- 35.4% of applications were granted.

* Data source for federal grants are from IMPAC II (FY 2011 - 5/2013)
Trainees Federal Grants Applied for and Obtained by Grant Type

Based on IMPACC II

Self-Reported Federal Grants Obtained by Mechanism

* Data source for federal grants are from IMPAC II (FY 2011 -5/2013)
What Are Our Products?

(Intermediate)
Epidemiologic Shift in Stage of Cancer at Diagnosis

(Long-term) Ultimate Product! Our Collective Mission:

Reduction (and Hopefully, Elimination) of Cancer-related Health Disparities

Locally AND Nationally
Levels of Program Evaluation

Local and National Evaluations

Why Local Program Evaluation?

- Monitoring of grantee progress and performance (accountability; periodic and annual progress reports, site visits, communication with PDs, etc.)
- NCI does NOT set local-level targets (Grantees do! Needs Assessment, baseline data...)
- Diversity of Grantees (institutional/individual grants)
- Variability of Local situations: Program context, “local stories”, documentation of lessons learned, barriers overcame, other “qualitative data”
- Feedback to Community and CBO/ partners (CBPR/CBPE)
- Credibility and sustainability (scientific merit and more $$$$$$)
Why Both National and Local Program Evaluations

• Document Program accomplishments of RFA goals and objectives: “Aggregated” and/or “Disaggregated” Data

• Complementary (For a Complete Picture; from General, N to the Specific, L)

• Accountability! (Worthiness!)

• Sustainability

• Data-based (Management) Decision-making
  – CRCHD (Program Monitoring; Annual Portfolio Analysis; RFA Re-issuance; etc.)
  – NCI (SPL, NCAB, BSA); Official Reports (Congressional, WHI, etc.)

• Evidence-based Public Health
  – From Determinants to Possible Solutions (Interventions)
  – Models that Work (Dissemination and Replication)
  – Scientific Contributions to the field (CBPR effectiveness, CHD research, cancer P.L.A.N.E.T.)

**The Proof Is In The Pudding!!!**

(Not in the *Recipe*; Not in the *Ingredients*; But, in the **Product**!)
Local Data Related Issues

- Data submission (frequency and timeliness)
- Training of data collection and data entry staff (error rates, proactive, ...)
- Completeness of data (baseline, follow up, demographic of participants, etc.)
- Quality of self-reported data
- Annual Progress Report format (measures / matrix of progress)
- Monitoring and On-going communication with PD – be proactive, program improvement / adjustments
- Sustainability (dissemination – community, local decision makers)
Methodological and Data Issues in Monitoring and Evaluating CPACHE Program

• How to demonstrate benefit/effectiveness of CPACHE in reducing specific disparities/ increase equity (cross-tabulation of which variables?)

• Pathways and key elements to achieve ultimate goal/ Logic Model

• Clarification of theoretical constructs (e.g., “partnership”, “mutual benefit”, “mentoring/ mentorship”, “tracking”, etc.)

• Status, Limitations and Utility of existing data (same type/amount of data from all partnerships)

• Completeness and standardization of data (“core” variables)

• Timeliness and accuracy/ minimal errors

• Selection of appropriate comparison/ reference population group(s)

• Benchmarking (in the absence of targets) – State, national, CPACHE averages, etc.

• Qualitative Vs. Quantitative (are they mutual exclusive?)
What do We need to do going forward?

• Reach consensus on “critical” outcome measures/ Logic Model (possible standardization of measures based on the PAR);

• Reach consensus on methodological issues / Analysis Plan (i.e., CPACHE impact on disparities and effect/benefits of partnership);

• Identify data gaps and How to fill the gaps (e.g. tracking of trainees outside academia and NIH funding system);

• Timely submission of high quality data (i.e., how to collect and transmit data; RPPR; minimize errors, omissions, etc.); and,

• Periodic analyses and review of available data.
• A suite of health inequality measures provides a more complete description of the magnitude of inequality.

• **HD*Calc Calculates 11 measures of inequality**
  • CI and significance can be calculated using JoinPoint

• **Freely available at:** [http://seer.cancer.gov/hdcalc/](http://seer.cancer.gov/hdcalc/)
Remember:

“The Proof is in the Pudding!”

But,

We Need Data and Cooperation!!!
THANK YOU!
What data are required for Program Monitoring and Evaluation?

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>GOALS AND OBJECTIVES</th>
<th>MEASURES</th>
<th>DATA NEEDED</th>
<th>SOURCE (LEVELS)</th>
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</table>
| CPACHE  | • Establish and improve Collaborations between MSI and CC  
          • Enhance (cancer) research infrastructure at MSI  
          • Improve outreach by CC  
          • Increase the pool of professionally competitive investigators | “Our Products” | • Number of joint grant applications submitted by the partner institutions  
• Number of grants awarded to partner institution, by Source and mechanism of funding  
• Technical Merit score of each application submitted, name and affiliation of PI  
• Portion of grant to MSI and CC  
• Type and title of research, cancer focus, etc.  
• Size and demographic profile of study populations  
• Institutional support (MSI, CC)  
• Composition of a Community Advisory Board (CAB) | Local Level  
• Grantee Organization / Institution (PIs)  
– Annual Progress Reports  
– Intermittent on-going communication with PD  
• Clinic and CC partners |
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<tr>
<td>CPACHE (cont’d.)</td>
<td>• Establish and improve Collaborations between MSI and CC</td>
<td>“Our Products”</td>
<td>• Type and outcomes of outreach activities by CC</td>
<td>Local Level</td>
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<td></td>
<td>• Enhance (cancer) research infrastructure at MSI</td>
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<td>• Number of partnerships with CBO</td>
<td>• Grantee Organization / Institution (PIs)</td>
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<td></td>
<td>• Improve outreach by CC</td>
<td></td>
<td>• Number, demographic profile and academic rank of students trained</td>
<td>– Annual Progress Reports</td>
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<tr>
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<td>• Increase the pool of professionally competitive investigators</td>
<td></td>
<td>• Mentor name, faculty rank, and institutional affiliation</td>
<td>– Intermittent on-going communication with PD</td>
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<td>• Number, demographic profile and academic /faculty rank of junior investigators trained</td>
<td>• Clinic and Cancer Center partners</td>
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<td>• Grant applications submitted by junior investigators (number, title, cancer focus, funding source and amount)</td>
<td>National level</td>
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<td></td>
<td>• Grants awarded to junior investigators</td>
<td>• NCI Portfolio Analysis</td>
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<td>– Need timely data, especially for annual re-issuance</td>
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### What data are required for Program Monitoring and Evaluation?

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| CURE    | • Increase the pool of investigators representative of diverse populations in the pipeline  
          • Produce more professionally competitive investigators  
          • Increase the number/percentage of grants awarded to the diverse group of investigators | “Our Products” | • Number, demographic profile and academic rank of students trained  
          • Mentor name, faculty rank, and institutional affiliation  
          • Number, demographic profile and academic/faculty rank of junior investigators trained  
          • Grant applications submitted by junior investigators (number, title, cancer focus and amount)  
          • Grants awarded to junior investigators, by funding source and mechanism  
          • Current location, rank/employment, research focus of former trainees | Local Level  
          • Grantee Organization / Institution (PIs)  
          – Annual Progress Reports  
          – Intermittent on-going communication with PD  
          – Trainee tracking data  
          – Exit interviews | National Level  
          • NCI Portfolio Analysis |
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</table>
| CURE (Cont’)  | • Increase the pool of investigators representative of diverse populations in the pipeline  
• Produce more professionally competitive investigators  
• Increase the number/percentage of grants awarded to the diverse group of investigators | “Our Products”    | • Entry and exit dates of trainees (MICCP funded period)  
• Mentor name, faculty rank, and institutional affiliation  
• Graduation rate and major of students trained  
• Current location, employment/rank, research focus of junior investigators sponsored  
• Title, journal reference, and cancer focus of publications, by author  
• Number of total grants awarded by NCI/NIH, by mechanism, by demographic profile of awardees | Local Level  
• Grantee Organization / Institution (PIs)  
– Annual Progress Reports  
– Intermittent on-going communication with PD  
– Trainee tracking data  
– Exit interviews  

National Level  
• NCI Portfolio Analysis |
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<tr>
<td>PNRP/ Clinical</td>
<td>• Increase timely resolution of abnormal screening results</td>
<td>“Our Products”</td>
<td>• Duration between abnormal screening result and resolution</td>
<td>Local Level</td>
</tr>
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<td></td>
<td>• Increase timely initiation of cancer treatment following diagnosis</td>
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<td>• Percent by diagnoses</td>
<td>• Grantee Organization / Institution (PIs)</td>
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<td></td>
<td>• Produce Competent Patient Navigators</td>
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<td>• Stage at diagnosis</td>
<td>– Annual Progress Reports</td>
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<td></td>
<td>• Increase participation of racial and ethnic minority and underserved populations in clinical trials</td>
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<td>• Duration between diagnosis and initiation of treatment</td>
<td>– Intermittent ongoing communication with PD</td>
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<td></td>
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<td></td>
<td>• Quality of cancer care</td>
<td>• Clinic and hospital partners</td>
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<td>• Number of PNs</td>
<td>• NGO partners – ACS</td>
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<td>• Number of PNs trained</td>
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<td>• Mode of training</td>
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<td>• Results of training sessions (scores)</td>
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<td>• Types and categories of needs / health care barriers resolved, by PN</td>
<td>National Level</td>
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<td>• Length of time to resolve needs / health care barriers, by PN</td>
<td>• NCI database</td>
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<td>• Program database – Contractor, NOVA</td>
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<td>– Site Visit Report</td>
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<td>(Aggregated, Summary)</td>
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</tbody>
</table>
What data are required for Program Monitoring and Evaluation?

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>GOALS AND OBJECTIVES</th>
<th>MEASURES</th>
<th>DATA NEEDED</th>
<th>SOURCE (LEVELS)</th>
</tr>
</thead>
</table>
| PNRP/ Clinical (cont’d.) | • Increase timely resolution of abnormal screening results  
  • Increase timely initiation of cancer treatment following diagnosis  
  • Produce Competent Patient Navigators  
  • Increase participation of racial and ethnic minority and underserved populations in clinical trials | “Our Products” | • Competency (in-service) assessment and Mode of assessment  
  • Patient Satisfaction with cancer care and navigation  
  • Recruitment and enrollment in PNRP (and other clinical trials)  
  • Race and ethnicity, and other demographic data of study participants (case and control)  
  • Cost-effectiveness of patient navigation services  
  • Title, journal reference and cancer focus of publications, by author  
  • Other healthcare system changes | Local Level  
  • Grantee Organization / Institution (PIs)  
  – Annual Progress Reports  
  – Intermittent ongoing communication with PD  
  • Clinic and hospital partners  
  • NGO partners – ACS |
### What data are required for Program Monitoring and Evaluation?

<table>
<thead>
<tr>
<th>PROGRAM (Cont’d.)</th>
<th>GOALS AND OBJECTIVES</th>
<th>MEASURES</th>
<th>DATA NEEDED</th>
<th>SOURCE (LEVELS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach</td>
<td>• Establish Community-based Partnerships</td>
<td>“Our Products!”</td>
<td>• Follow up data on utilization of beneficial intervention at partner sites</td>
<td>Local Level</td>
</tr>
<tr>
<td></td>
<td>• Significantly improve access to beneficial cancer interventions</td>
<td></td>
<td></td>
<td>• Grantee Organization/Institution (PIs)</td>
</tr>
<tr>
<td></td>
<td>• Increase utilization of beneficial cancer interventions</td>
<td></td>
<td></td>
<td>– Annual Progress Report</td>
</tr>
<tr>
<td></td>
<td>• Train junior investigators in CBPR</td>
<td></td>
<td></td>
<td>– Intermittent ongoing communication with PD</td>
</tr>
<tr>
<td></td>
<td>• Ensure Sustainability</td>
<td></td>
<td></td>
<td>• Grantee Partners/clinics, CBOs, State HDs, etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Disaggregated)</td>
</tr>
</tbody>
</table>
### Full RCT Research Projects

<table>
<thead>
<tr>
<th></th>
<th>PREVENTION</th>
<th>SCREENING</th>
<th>DIAGNOSIS &amp; TREATMENT</th>
<th>SURVIVORSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>African American</strong></td>
<td>Obesity (2)</td>
<td>Cervical (1)</td>
<td>Breast, Colorectal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HPV Vaccine (1)</td>
<td>Cervical (1) <em>Haitian</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Smoking (1)</td>
<td>Colorectal (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breast, Cervical, Colorectal (1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Asian</strong></td>
<td></td>
<td>Colorectal (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**Native Hawaiian/</td>
<td>Obesity (1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pacific Islander**</td>
<td>Smoking (1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hispanic/Latino</strong></td>
<td>Obesity &amp; Smoking (1)</td>
<td>Breast (1)</td>
<td></td>
<td>Breast, Colorectal, Prostate (1)</td>
</tr>
<tr>
<td></td>
<td>Smoking &amp; Substance Use (1)</td>
<td>Cervical (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Colorectal (1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**Native American/</td>
<td>Smoking (1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian**</td>
<td></td>
<td>Breast (1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Colorectal (1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>White</strong></td>
<td>Smoking (1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Obesity (1)</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Patient Navigation throughout the Cancer Continuum**
(Two Centers focuses on Latinos; One Center focuses on African Americans)

**How can we show research outcomes for each of the categories?**
### Pilot Research Projects by Topic Areas*

<table>
<thead>
<tr>
<th>Population</th>
<th>Biospecimen Education</th>
<th>Clinical Trial Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>5</td>
<td>3</td>
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<tr>
<td>Asian</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Native American/American Indian</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>White</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Additional pilot topic areas include: Prevention (1) and Survivorship (1) among Latinos and Screening (3) among African Americans. (*Several pilots target more than one population)

**How do we show outcomes in these categories?**

**Few Centers have completed their pilot study**