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Comprehensive Cancer Control and Prevention Program

Evaluation Plan for Fiscal Year 2025

Chronic Diseases Prevention Section
Division of Medical and Clinical Services
Georgia Department of Public Health

DPH
GEORGIA DEPARTMENT OF PUBLIC HEALTH

Georgia Initiative to Mobilize Partnerships for Prevention and Action for Cancer, Tracking, and Registration (Georgia IMPPACT)

Evaluation Plan

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Evaluation Overview

Under the new cooperative agreement, Georgia will continue to maintain and update its existing data sources, including the Georgia Cancer Registry, U.S. Cancer Statistics (USCS), GA Vital records, National Center for Health Statistics (NCHS), Behavioral Risk Factor Surveillance System (BRFSS), PLACES, Social Vulnerability Index, and several program databases including the tobacco Quitline database. These data sources will be used to monitor and evaluate outcomes and track progress.

For monitoring and process evaluation, GACCCP has a secure reporting system, CATALYST, through which all program implementers will report progress for monitoring. Performance measures will be reported and collected through this electronic system. DPH has contracted with the Economic Evaluation Research Group (EERG) at UGA College of Public Health to provide evaluation for the program. The GACCCP evaluator and the UGA team will collaborate closely to evaluate program activity progress, analyze, and verify data every quarter throughout the project period. For surveillance and outcome evaluation, GACCCP has provided access to BRFSS data to the UGA team. Further, the GACCCP will provide access to the cancer registry, GRITS for immunization information, data on tobacco use and hospital data to the UGA team that will be used to evaluate outcome measures. GACCCP and the UGA team will work in close collaboration and the UGA evaluator will employ this evaluation and measurement plan throughout the project period.

Approach to Evaluation

EERG will follow the CDC's Framework for Evaluation to conduct both process and outcome evaluations to determine the effectiveness of program interventions. The purpose of this evaluation plan is to propose evaluation questions and performance measures based on the strategies and activities outlined by the GACCCP in its work plan under the new cooperative agreement for the period 2022-2027.

Engagement of Key stakeholders

Key stakeholders of this evaluation and their engagement plan is described in Table 1.
Major stakeholders include the CDC, the GACCCP staff, UGA College of Public Health, the Georgia Cancer Control Consortium (Consortium), the Regional Cancer Coalitions of Georgia (RCCGs), and other partner organizations. The evaluation team includes DPH Evaluator, Georgia Comprehensive Cancer Program 1, and UGA College of Public Health EERG as an external evaluator. The evaluation team will recruit more members to form an evaluation workgroup that will guide and manage the evaluation. The evaluation workgroup will work collaboratively with the GACCCP evaluator, director, the Data team and other key stakeholders as listed in Table 1.

Table 1. Stakeholder role and engagement plan

Stakeholder Name	Interest or Perspective	Role in the Evaluation	How to engage Stakeholders	When to Engage Stakeholders
CDC Project Officer	[a] Monitor program deliverables, requirements and performance measures; [b] Wants to know if the GACCCP is managing the program efficiently	Provide technical assistance, participate in consensus building exercises and planning discussions if major programmatic changes are recommended	▪ Written correspondence. ▪ Conference calls ▪ Meetings as needed	▪ All phases of the evaluation process ▪ To provide program deliverables ▪ Review and provide feedback on program evaluation plan and work plan.
GA DPH Evaluator, EERG, workgroup members	[a] Manage evaluation, collect, analyze and report program specific data; [b] Wants to know that program activities are carried out efficiently and are aligning with the program goals and strategies [c] Develop and manage evaluation workgroup.	Guide evaluation by developing, implementing, and managing evaluation activities, and data analysis; Provide recommendations from findings, disseminate findings; Investigate any major barriers to program activities and guide the program to overcome these barriers; Highlight, and success and lessons learned for further implementation.	▪ E-mails (as needed) ▪ Meetings (monthly) ▪ Written reports (quarterly monitoring and annually evaluation) ▪ Conference calls ▪ Webinars ▪ Evaluation planning meetings ▪ Data analysis	▪ All phases of the evaluation process ▪ Identifying evaluation questions that need to be evaluated. ▪ Selection of appropriate and acceptable evaluation methods ▪ Analyze data ▪ To provide recommendations from evaluation findings ▪ Dissemination phase ▪
GA DPH Comprehensiv	[a] Monitor program goals,	Guide design and implementation	▪ E-mails (as needed)	▪ All phases of the evaluation process

Stakeholder Name	Interest or Perspective	Role in the Evaluation	How to engage Stakeholders	When to Engage Stakeholders
e Cancer Control Program (GACCCP) staff	objectives, funding, reports and data; [b] Provide oversight and coordination of collaborative activities among key stakeholders; [c] Wants to know program progress, successes, and barriers and if program is functioning efficiently; GACCCP staff are invested in developing and maintaining partnership to prevent cancer in GA and support cancer survivors	of evaluation activities, inform program planning and quality improvement, collect data.	▪ Meetings (monthly) ▪ Written correspondence (as needed) ▪ Written reports (quarterly monitoring and annually evaluation) ▪ Conference calls ▪ Webinars ▪ Evaluation planning meetings	▪ To guide design and implementation of evaluation activities ▪ To inform program planning ▪ To inform quality improvement ▪ To monitor program goals, objectives, funding, reports, and data ▪ To provide oversight and coordination of collaborative activities among key stakeholders
Georgia Cancer Control Consortium Steering Team and Work Groups	[a] Develop and implement statewide cancer plan priority areas, objectives and strategies; [b] Wants to know the burden of cancer in GA and what interventions are best implemented in GA	Guide evaluation design, data analysis and interpretation, provide recommendation on dissemination strategies	▪ E-mails (as needed) ▪ Meetings (quarterly) ▪ Written correspondence (as needed) ▪ Written reports (quarterly monitoring and annual evaluation) ▪ Conference calls	▪ All phases of the evaluation process ▪ Development of evaluation questions that need to be evaluated ▪ Development and implementation of evaluation activities/interventions ▪ Development and implementation of statewide cancer plan priority areas,

Stakeholder Name	Interest or Perspective	Role in the Evaluation	How to engage Stakeholders	When to Engage Stakeholders
			▪ Webinars ▪ Participation in workgroups ▪ Evaluation planning meetings	objectives and strategies ▪ During monthly/quarterly meetings ▪ During cancer-related roundtable discussions ▪ To provide recommendation on dissemination strategies ▪ Disseminate evaluation findings and other relevant information
5 Regional Cancer Coalitions of Georgia (RCCGs)	[a] Implement statewide cancer plan strategies and activities. [b] Wants to know the burden of cancer in GA and what interventions are best implemented in their local areas, partnerships [c] Wants to know what progress and impact the interventions are making towards eliminating cancer disparities in GA	Collect and report project specific data, provide data, use findings for program planning and quality improvement	▪ E-mails (as needed) ▪ Meetings (monthly, quarterly) ▪ Written correspondence (as needed) ▪ Written reports (as needed) ▪ Conference calls ▪ Webinars ▪ Participation in workgroups ▪ Evaluation planning meetings ▪ Program collaboration (with other stakeholders, local program) Data sources	▪ All phases of the evaluation process ▪ Development of evaluation questions that need to be evaluated ▪ Development and implementation of evaluation activities/interventions ▪ During monthly meetings ▪ During quarterly meetings ▪ To implement EBIs (statewide cancer plan strategies and activities, including survivorship Project) ▪ To collect, analyze, and report project specific data ▪ To provide data for evaluation ▪ To use and disseminate findings for program planning, evaluation

Stakeholder Name	Interest or Perspective	Role in the Evaluation	How to engage Stakeholders	When to Engage Stakeholders
				and quality improvement
Georgia Cancer for Oncology Research and Education (GA-CORE)	GA-CORE wants to know the burden of cancer in GA and what interventions are best implemented in GA	Cancer plan collaboration, research in cancer and survivorship group, collect and use evaluation data	▪ Meetings (monthly, quarterly) ▪ Written correspondence (as needed) ▪ Written reports (as needed) ▪ Participation in workgroups ▪ Evaluation planning meetings Program collaboration (with other stakeholders, local program)	▪ During quarterly meetings ▪ To implement EBIs (statewide cancer plan strategies and activities, including survivorship Project) ▪ To collect, analyze, and report project specific data ▪ To provide data for evaluation To use and disseminate findings for program planning and quality improvement
Georgia State University Health Policy Center (GHPC)	Implement statewide Cancer Plan	Evaluate statewide Cancer Plan implementation, collect and analyze data; monitor progress of partners and workgroups on cancer plan goals, and develop data collection tools for progress of activities	▪ E-mails (as needed) ▪ Meetings (Quarterly) ▪ Written correspondence (as needed) ▪ Evaluation planning meetings ▪ Data sources	▪ Evaluate statewide cancer plan implementation phase ▪ To collect and analyze data ▪ Facilitate partnerships and work groups ▪ Use and monitor progress of partners and workgroups on cancer plan goals ▪ Develop data collection tools for progress of activities

Stakeholder Name	Interest or Perspective	Role in the Evaluation	How to engage Stakeholders	When to Engage Stakeholders
GA DPH, Related Programs (Tobacco Use Prevention, Immunization, Epidemiology Section, Community Health Worker, Breast and Cervical Cancer Prevention (BCCP))	[1] Collaborate and coordinate with GACCCP staff to implement program activities and streamline chronic disease prevention efforts [2] Play a role in eliminating cancer disparities in GA	Collect data, disseminate findings, use findings to implement and enhance performance of program-specific activities	▪ E-mails (as needed) ▪ Meetings (as needed) ▪ Written correspondence (as needed) Program collaboration (with other stakeholders, local programs)	▪ To collaborate and coordinate with GACCCP staff to implement program activities and streamline chronic disease prevention efforts ▪ Dissemination phase ▪ To use findings to implement and enhance program-specific activities

Program Description.

The GACCCP aims to provide oversight in implementing a statewide cancer plan and enhance partnerships among key stakeholders to reduce the burden of cancer. Key priority areas of the GACCCP are primary prevention, screening and early detection of cancer, and health and wellbeing of cancer survivorship. GACCCP will focus on the following cancer types: lung, colorectal, breast, prostate, and cervical. To achieve goals and make progress as outlined in the plan, GACCCP will focus on strong partnership and stakeholder engagement. Thus, GACCCP will establish an *evaluation workgroup*, a group made up of *at least* one member from each stakeholder and from each of GA's 5 regional cancer coalitions.

Further, there is an effort of developing intervention through the lens of health equity. This effort will bring everyone to the table – e.g., from those working in the Department of Transportation to those in other NGOs who might be interested in social determinants of health and in reducing cancer-related mortality in the state of GA. NGOs are important advocates for the cancer control effort and they can assist in engaging members and individuals to support GA's on-going cancer control efforts and share resources. In addition to the establishment of the *evaluation workgroup, prostate cancer roundtable* will be established to address prostate cancer challenge in the state of GA. In 2017, Prostate Cancer Task Force was established and the task force recommended that a plan for the prostate cancer control be included in the GA Cancer Control Consortium 2019-2024 Comprehensive Cancer Control Plan.

Evaluation Focus.

Table 2 presents GACCCP program evaluation design and methods matrix including the suggested evaluation questions and performance measures to monitor the progress of implementation towards program outcomes. Performance evaluation questions and performance

measures will be further refined in consultation with stakeholders during evaluation focused activities. The three main evaluation focus areas are partnership, plan, and program. These three P's will be evaluated to better understand:

- Partnership: The partnership and engagement of stakeholders through the GACCCP, and the ways the GACCCP is promoting cancer health equity in Georgia
- Plan: The impact and implementation of the cancer plan, and effort of making progress toward the cancer plan goals
- Program: The impact and implementation of evidence-based interventions and whether interventions are yielding intended outcomes

Table 2. Georgia Comprehensive Cancer Control Program Evaluation Design and Methods Matrix

Focus	Evaluation Questions	Indicators	Data Sources	Data Collection Methods & Timing	Data Analysis
Partnership					
Build strong partnership Increase stakeholder engagement Establishment of the evaluation workgroup	1. Is there a strong and effective partnership? A. Are stakeholders engaged in expected phases of the program? (evaluation, planning, implementing, and disseminating) B. What factors are affecting partnership sustainability? C. How many non-traditional	▪ Types of engagement – including roles of stakeholders ▪ Satisfaction of the Consortium members ▪ Number of meetings held ▪ Number of stakeholders and individuals participating in the activities of GACCCP ▪ Diverse representation of members ▪ Sustained network/partnerships ▪ Member participation in meetings	▪ Meeting notes and agendas for Consortium Steering Team, workgroups, and regional cancer coalitions (RCCGs) ▪ Reports from RCCGs ▪ Reports from Georgia Health Policy Center (GHPC) ▪ Coalition and workgroup	▪ Data collected from GHPC staff on satisfaction (bi-annually) ▪ GACCCP staff will document meeting notes and agendas during meetings (monthly/quarterly) ▪ RCCGs staffs will submit reports to GACCCP ▪ Update on member	▪ Change in number of members, stakeholders ▪ Meeting participation ▪ Members satisfaction ▪ Percent traditional members participating in the

Focus	Evaluation Questions	Indicators	Data Sources	Data Collection Methods & Timing	Data Analysis
	partners reached and developed/recruited? D. What are the facilitators and barriers to successful establishment of the evaluation workgroup? 2. In what ways is the GACCCP promoting cancer health equity in Georgia? A. What are factors affecting development of prostate cancer roundtable, to address health equity in Georgia? B. Who are traditional and non-traditional members recruited to be in the roundtable?	(monthly/quarterly) ▪ Number and type of partnerships developed and maintained ▪ Number of new non-traditional partnership reached and developed ▪ Number of training materials created ▪ Number of members recruited for prostate cancer roundtable ▪ Number of recommendations identified to be incorporated in health equity goals, objectives, and strategies in cancer plan	membership databases ▪ Annual progress from partners for the cancer plan ▪ Satisfaction survey results ▪ Program progress data	database as needed ▪ Program progress data - CATALYST data collection and analysis platform, a secure GA DPH contracted server in compliance with the HIPPA guidelines	roundtable ▪ Percent non-traditional members participating in the roundtable

Focus	Evaluation Questions	Indicators	Data Sources	Data Collection Methods & Timing	Data Analysis
	C. To what extent is the structure of the partnership with GC3 Health Equity workgroup well suited for creating health equity goals, objectives, and performance measures for the 2024-2029 Cancer Plan?				
Plan					
Implementation of the cancer plan Impact of the cancer plan Making progress toward the cancer plan goals	1. Is the Georgia's 5 year cancer plan a high-quality plan? A. How are members and partners carrying out the Georgia cancer plan? B. To what extent are stakeholders involved in development of the plan?	▪ Effective collaboration and partnerships/relationships ▪ Collaboration meetings ▪ Number of participating partners ▪ Changes in the target – from the baseline toward plan goals (i.e., improved health outcomes) ▪ Number and types of	▪ Record of meetings and partner participation ▪ Record of strategies identified and implemented ▪ Record of EBIs identified and implemented	▪ Data compiled or collected by the GA Department of Health (BRFSS, etc.) ▪ Program progress data - CATALYST data collection and analysis platform, a secure GA DPH contracted server in	▪ Percentage point increase towards cancer plan targets ▪ Interventions implemented

Focus	Evaluation Questions	Indicators	Data Sources	Data Collection Methods & Timing	Data Analysis
	C. How are stakeholders partnering to implement cancer plan strategies? D. Are relevant objectives and strategies aligned to goals (being implemented as intended)? 2. How much progress has been made on the 5 year cancer plan goals? A. What progress is being made across the priority areas (prevention, screening and early detection, and survivorship)? B. What progress is being made toward health	strategies being discussed and implemented ▪ Number and types of evidence-based interventions (EBIs) implemented/completed ▪ Number of facilitators identified ▪ Number of barriers identified ▪ Number of key accomplishments identified	▪ Program progress data ▪ BRFSS ▪ Cancer Registry ▪ USCS data ▪ Workgroup work plans ▪ Results presented at the 2023 GA Cancer Summit	compliance with the HIPPA guidelines ▪ Ongoing ▪ Periodically as strategies, and/or interventions created and implemented ▪ Periodically as barriers identified	

Focus	Evaluation Questions	Indicators	Data Sources	Data Collection Methods & Timing	Data Analysis
	equity goals in the plan? C. What are the facilitators and/or barriers to progress on the plan? D. What are the key accomplishments that have been made toward the cancer plan goals?				
Program					
Implementation and impact of EBIs Contribution of the cancer program in GA Effective delivery of EBIs – primary prevention, early detection and screening, and	1. Are EBIs in the work plan being implemented as planned? A. Are EBIs yielding desired outcomes? B. Is the delivery of EBIs effective to target audiences? C. What are the resources utilized and accessed to	▪ Number of EBIs implemented ▪ Number of RCCGs trainings conducted ▪ Number of individuals reached out by training sessions ▪ Number of educational materials-related to cancer and tobacco quit-line distributed ▪ Number of cancer infographics	▪ Record of meetings and partner participation ▪ Record of strategies identified and implemented ▪ Record of EBIs identified and implemented ▪ Reports from RCCGs ▪ BRFSS	▪ GA Immunization Program staff will collect GRITS data (annually) ▪ Data compiled or collected by the GA Department of Health (BRFSS, etc.) ▪ RCCGs staff will collect data ▪ GA Immunization Program staff will	▪ Proportion of individuals served were target population ▪ Percentage increase in awareness and knowledge on tobacco cessation

Focus	Evaluation Questions	Indicators	Data Sources	Data Collection Methods & Timing	Data Analysis
cancer survivorship	provide community outreach? D. What are facilitators and/or barriers in implementing EBIs? E. What are unanticipated outcomes in EBIs implementation? 2. How does the program contribute to reducing the cancer burden in Georgia?	created and distributed ▪ Number of education sessions held ▪ Number of individuals reached by educational sessions ▪ Number and types of resources received by community members ▪ Number of individuals reached through print and social media ▪ Number of low-income and uninsured reached ▪ Number and types of resources utilized for the program outreach ▪ Number of facilitators/barriers identified ▪ Unanticipated outcomes identified	▪ Cancer Registry ▪ USCS data ▪ Workgroup work plans ▪ Georgia Tobacco Quit Line data ▪ Georgia Immunization Registry (GRITS) ▪ National African American Tobacco Prevention Network (NAATPN) report ▪ Results presented at the 2023 GA Cancer Summit	collect GRITS ▪ NAATPN staff will collect data	▪ Percentage increase in awareness and knowledge on cancer ▪ Percentage increase in awareness on cancer screening guidelines

Detailed Data collection and Data Sources and Access

Table 3 describes surveillance data sources, collection method, storage and access. Raw datasets, including program progress data and reports from the RCCs, mortality data, GA Behavioral Risk Factor Surveillance System (BRFSS), and GC3 Steering Team and Workgroup membership survey data will be managed by the respective partner program or organization, and aggregated data findings will be submitted to the GACCCP.

Table 3. Data sources storage and access

Data Source	Data Description	Data collection method	Data storage	Data Access
BRFSS	Prevalence data. Annual survey among adult GA residents regarding risk behaviors and preventive health practices that can affect health status	State-led telephone survey conducted in collaboration with CDC; results aggregated by state	Stored in secure DPH server in compliance with HIPPA guidelines	Restricted access to Georgia CHIE epidemiologists and statisticians
Mortality Data	Annual death vital statistics for Georgia Mortality is examined by age, race, and sex, based ICD-10 codes	Obtained from the DPH Health Planning and Assessment (HPA) standardized data repository.	Stored in secure DPH server in compliance with HIPPA guidelines	Restricted access to Georgia DPH Epidemiologists and statisticians
Program Progress Data	Program progress data outcomes from RCCs; Facilitators and barriers in the program implementation	CATALYST data collection and analysis platform, a secure GA DPH contracted server in compliance with the HIPPA guidelines.	Stored in a secure GA DPH server	Restricted to GCCCP Staff and select program implementers; password protected
Partnership functioning survey, Georgia Health Policy Center report	Satisfaction of Consortium members; Progress from partners for the cancer plan	GHPC collected the survey data and submitted reports to GCCCP.		

Data analysis

Quantitative methodology will be applied to analyze various datasets. The EERG will compile, clean, code, analyze and interpret data from multiple data sources. The EERG will summarize and highlight the key findings from the progress reports and final annual reports submitted by RCCGs and GA CORE in Catalyst reporting system. Quantitative data will be analyzed by performing applicable statistical analysis. Some key outcome variables will be stratified by demographics, such as age, race/ethnicity, and geographic region.

Dissemination and use of evaluation findings

Evaluation results will be shared with stakeholders at regular stakeholder meetings. Findings from the GACCCP monitoring and evaluation activities will be disseminated to program stakeholders via multiple communication methods, such as presentations at meetings, academic and professional conferences, annual reports, facts sheets, infographics, success stories, evaluation reports and peer-reviewed journals. During the meeting, there will also be a discussion of the ways stakeholders can apply the evaluation results to improve their organizational practices or interventions around cancer in GA. The program findings will also be disseminated through web-based channels, such as GA DPH website. The GACCCP evaluator will share the lessons learned with other NCCCP evaluators through conference calls and/or webinars. All program evaluation findings will be synthesized into an evaluation action plan which will be provided to the Principal Investigator, GACCCP staff, and the other stakeholders. As an action-oriented management tool, the evaluation findings will be intended to inform program planners and stakeholders of opportunities to strengthen, enhance, and revise program initiatives. CDC will be informed of the program progress in the form of annual progress reports, including impact statements and end of the project report. In ensuring effective communication of the findings, evaluation results will be shared and distributed to target audiences via infographics, illustrations, examples, and success stories from cancer coalitions. Table 4 shows dissemination strategy matrix, including types of audiences, format and channel for sharing evaluation findings, timeline for the dissemination, and responsible person. Further, detailed timeline of evaluation activities that will be performed during this project period is outlined in Table 5.

Table 4. Georgia Comprehensive Cancer Control Program Evaluation Dissemination Strategy Matrix

Audience	Format and Channel for Sharing Findings	Timeline	Responsible Person
CDC	▪ Submission of evaluation report to CDC via online	▪ Per CDC guidelines	▪ DPH Evaluator ▪ GACCCP program coordinator/staff
Stakeholders (GA Cancer Control Consortium Steering Team and Work Group,	▪ Present key findings, success stories, and recommendations based on the evaluation findings ▪ Disseminate evaluation report findings into various formats	▪ Annual meetings ▪ Written documents in various formats can	▪ Evaluation workgroup staff ▪ Program evaluator ▪ GACCCP staff

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RCCGs, GA-CORE, HEAL, GHPC, and GA DPH related programs)	(i.e., program document, newsletter, factsheet, brochure, or infographics) ▪ Use of social networking accounts, blogs, and/or department website to communicate evaluation findings	be shared via mail or online two months after finalizing evaluation report	
General public and/or participants in the GACCCP-related interventions	▪ Post findings related to program success stories and achievements on the GA DPH and/or RCCGs websites, using various formats (i.e., infographics, illustrations, factsheet, etc.)	▪ Annually within one month of finalizing the evaluation report	▪ Program coordinator and health department information technology staff

Table 5: Timeline for evaluation activities

Year 1 by Quarter	Completed Key Activities
Q1	Planned evaluation and performance measurement; GACCCP Evaluation and Surveillance staff collaborated with CDC Evaluation and surveillance unit to develop a more detailed evaluation and performance measurement plan.
Q2	Finalized evaluation and performance measurement plan; Developed data analysis, dissemination, and communication plan.
Q3	Submitted interim performance report to CDC; Pretest data collection tools in Catalyst with RCCGs; Finalized data collection tools
Q4	Received and analyzed data collected from all funded implementers including progress, barriers and facilitators to implementation
Year 2-5	
Q1	Submission of year 1 annual progress report to CDC; Submission of progress report by RCCGs and stakeholders Dissemination of previous year progress report to stakeholders
Q2	Submission of progress report by stakeholders Dissemination of previous quarter progress report to stakeholders
Q3	Submit interim performance report to CDC; Submission of progress report by stakeholders
Q4	Data collection from all funded implementers including progress, barriers and facilitators to implementation, data collection/entry/submission; Dissemination of progress report to stakeholders