

**Evaluation and Performance Measurement Plan**

**Project Title: Georgia Cancer Genomics Project**

**Project Period: 6/30/2018 – 6/29/2019**

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1. **Introduction**

This comprehensive evaluation and performance measurement plan will follow the procedures and standards recommended by the Centers for Disease Control and Prevention’s Framework for Program Evaluation in Public Health. The purposes of this evaluation and performance measurement plan are to monitor the project activities; to determine the project effectiveness; to identify areas to improve the project implementation; and to promote accountability among stakeholders. The program evaluator will use a mixed methods approach that involves quantitative and qualitative methodologies. Process and outcome evaluations will be performed. Key evaluation questions are summarized as follows: *What are the facilitators and barriers to implementing the project activities as planned? To what extent does the project staff implement screening, genetic testing, counseling and education? To what extent do the project activities lead to anticipated outcomes?*

1. **Stakeholders of Evaluation Findings**

Primary stakeholders for the evaluation include the Georgia Department of Public Health (GDPH) state office staff, the Georgia Center for Oncology Research and Education (GA CORE) staff, and the GDPH Health Districts and local health department staff (**Table 1**).

**Table 1.** Stakeholder assessment and engagement plan

|  |  |  |
| --- | --- | --- |
| **Stakeholder Name** | **Role of Stakeholder** | **Priority Areas for Evaluation**  |
| Georgia Department of Public Health (GDPH) state office | Ensure the project success through monitoring of the project goals, objectives, funding, reports and data | Guide evaluation design and implementation; use evaluation results to inform program planning and quality improvement; provide recommendations from results; assess, summarize, document and disseminate evaluation results |
| Georgia Center for Oncology Research and Education (GA CORE) | Implement the project activities | Collect data; use evaluation results to inform program planning and quality improvement |
| GDPH Health Districts and local health departments  | Implement the project activities | Collect and provide data |
| Women receiving the services  | Receive the services | Provide data |

1. **Program Description**

Women at high risk for the Hereditary Breast and Ovarian Cancer (HBOC) genes are screened in the GDPH Health Districts. The GA CORE genetic service provider provides education to public health professionals, primary care providers, policy makers, and the general public regarding HBOC and the Breast Referral Screening Tool (B-RSTTM). This project maintains educational literature, materials and referral information on the [www.breastcancergenesscreen.org](http://www.breastcancergenesscreen.org) website to increase knowledge regarding HBOC and access to screening for women at risk. Genetic service provider offers genetic testing and counseling services for clients with positive screening results.

The GA cancer genomics project logic model shows what the project plans to accomplish, and how the project inputs and activities relate to anticipated outputs and outcomes (**Figure 1**).

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**Figure 1.**

1. **Evaluation Focus**

Both process and outcome evaluations will be conducted. Key evaluation questions include:

1. What are the facilitators and barriers to implementing the project activities as planned? How can the project staff reduce these barriers?
2. To what extent do providers perform cancer genetic screening?
3. To what extent do the project staff perform genetic testing and counseling for clients with positive screening results?
4. To what extent do the project staff provide education regarding genetics in cancer prevention and treatment and B-RSTTM?
5. To what extent do the project activities lead to anticipated outcomes?

These evaluation questions were selected and prioritized based on the project needs, selected evaluation purpose, and feasibility. The program evaluator will collaborate with the project staff to assess whether priorities and feasibility issues hold for these focused evaluation activities and refine these evaluation questions during the project duration.

1. **Data Collection**

A mixed methods approach, including quantitative and qualitative methodologies, will be used. Data collection plan is summarized in **Table 2**.

**Table 2**. Data collection plan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Evaluation Question** | **Measure** | **Method** | **Data Source** | **Responsibility** |
| Process Evaluation |
| What are the facilitators and barriers to implementing the project activities as planned? How can project staff reduce these barriers? | Facilitators and barriers in program implementation; Plans to reduce barriers; Training and technical assistance needs | Qualitative | Meeting minutes, annual survey, report | Program evaluator, Genetic service provider |
| To what extent do providers perform cancer screening?  | No. of clients screened in the GDPH; No. of clients screened by the GDPH Health District; No. and % of screened clients by age group; No. and % of screened clients by race/ethnicity; No. and % of clients with positive screening results in the GDPH; No. and % of clients with positive screening results by the GDPH Health District | Quantitative | B-RSTTM data | Genetic service provider  |
| To what extent do the project staff perform genetic testing and counseling for clients with positive screening results? | No. and % of clients the GDPH Health Districts referred for genetic testing; No. and % of clients who received appropriate risk assessment and pedigree development; No. and % of clients who completed appropriate genetic testing; No. and % of clients with pathogenic mutations; No. and % of clients with pathogenic mutations who received appropriate genetic counseling; No. and % of clients with pathogenic mutations who received appropriate referral and management services | Quantitative | Genetic testing and counseling data  | Genetic service provider  |
| To what extent do the project staff provide education regarding genetics in cancer prevention and treatment and B-RSTTM?  | No. of clients educated; No. of staff at the GDPH Health Districts and local health departments educated; No. of other community members educated; \*No. of other healthcare and public health professionals educated; \*No. of policy makers educated; No. of education sessions provided; No. of telehealth education sessions provided; Methods used to educate clients; Methods used to educate the GDPH staff; Methods used to educate other community members; \*Methods used to educate other healthcare and public health professionals; \*Methods used to educate policy makers | Quantitative | Roster, documentation  | Genetic service provider  |
| Outcome Evaluation |
| To what extent do the project activities lead to expected outcomes? | Awareness of the role of genetics in cancer prevention and treatment; Knowledge and attitude about using B-RSTTM among providers in the GDPH Health Districts; No. and % of project participants diagnosed with breast cancer; No. and % of project participants diagnosed with ovarian cancer | Quantitative | Pre- and post-test survey; Genetic testing and counseling data; Cancer registry data | Program evaluator |

*\*Measures with asterisks are secondary measures.*

*Other measures without asterisks are primary measures.*

1. **Analysis and Interpretation**

**Data analysis**

Both quantitative and qualitative data analysis will be performed. B-RSTTM data and genetic testing and counseling data will be exported into Microsoft Excel and SAS (Version 9.4) to conduct the descriptive data analysis, including frequencies and percentages. Some key outcome variables will be stratified by demographics, such as age, race/ethnicity and region. Pre- and post-test survey data will be analyzed by performing descriptive data analysis, t-tests and McNemar’s tests. Qualitative data, including responses to open-ended questions in survey data, will be analyzed by performing thematic analysis. The evaluator will create a codebook, identify codes based on the qualitative responses, and assess common themes.

**Data interpretation**

The program evaluator will discuss the initial findings with the project staff to interpret the results and apply context to analysis of evidence gathered. Involving relevant stakeholders in data interpretation process will facilitate the project staff to draw appropriate, meaningful and data-based conclusions and ensure credibility and acceptability of evaluation findings. Evaluation findings will be interpreted by considering the programmatic goals, evaluation goals, social and political context of the program and needs of program stakeholders.

1. **Use and Dissemination of Evaluation Findings**

**Use of findings**

The program evaluator will collaborate with the project staff and stakeholders to ensure the use of evaluation findings for continuous quality improvement. The GA CORE genetics service provider, the program evaluator, and the GDPH nurse consultant will discuss monthly report findings, program progresses, and challenges during monthly in-person meetings. The evaluator will work collaboratively with the program staff to identify targeted recommendations and action steps and make data-based decisions, so that responsible staff can implement programmatic changes to enhance program quality, effectiveness and efficiency.

**Dissemination of findings**

Evaluation findings will be disseminated to program staff, stakeholders, other public health professionals and the general public through various communication channels, such as local, statewide and national conferences, meetings, evaluation reports, the GDPH website, the GA CORE website, and peer-reviewed journals, webinars, and conference calls. The GA CORE genetics service provider will disseminate reports with supporting documentation on all programmatic activities on monthly, quarterly, and annual basis. The program evaluator will disseminate findings to participating GDPH Health Districts bi-annually. The program evaluator and genetics service provider will present the findings to stakeholders through aforementioned communication channels. Throughout the project duration, the program evaluator and the GA CORE genetics service provider will submit abstracts to academic and professional conferences. This comprehensive program evaluation and measurement will contribute to developing an evidence base in cancer care and prevention field.

