

**Year 1 Evaluation Report**

**Program Title: Georgia Initiative to Mobilize Partnerships for Prevention and Action for Cancer, Tracking, and Registration**

**Program 2 (Georgia Comprehensive Cancer Control Program)**

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**Prepared by:**

**Janet Y Shin, Cancer Program Evaluator, and Kia Powell-Threets, Reporting and Evaluation Unit Director**

**Chronic Disease Prevention Section, Georgia Department of Public Health**

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**Executive summary**

The Georgia Comprehensive Cancer Control Program (GACCCP) aims to provide oversight in implementing a statewide cancer plan, perform evidence-based interventions (EBIs), and enhance partnerships among key stakeholders to reduce cancer-specific morbidity and mortality in Georgia. Key priority areas of the GACCCP are cancer prevention, early detection of cancer, cancer survivorship, and health equity as it relates to cancer control.

Comprehensive program evaluation was performed to monitor the program activities and assess the program effectiveness. This evaluation focused on partnership, statewide cancer plan, and implementation of EBIs. Process and outcome evaluations were conducted. Program activities and progress were monitored by using Catalyst, a statewide reporting system. Quantitative and qualitative methodologies were applied. By working closely with the GACCCP staff and stakeholders, the program evaluator compiled, analyzed and interpreted program data and summarized findings from reports submitted by the GACCCP grantees, including five Regional Cancer Coalitions of Georgia (RCCGs). Quantitative data were analyzed by performing descriptive data analysis and logistic regression analysis. Qualitative data were analyzed by conducting thematic analysis.

Following are the key evaluation findings:

* 10,932 people utilized the Georgia Tobacco Quit Line (GTQL) services.
* 129 tobacco-free school districts, 5 cities with a comprehensive smoke-free ordinance, and 1 model smoke-free air ordinance adopted in Chatham County
* 126 African Americans in Atlanta participated in the Pathways to Freedom training sessions and increased their knowledge about tobacco use cessation.
* The Georgia Department of Public Health (GA DPH) provided funding to obtain licensure that will allow wider screening of “Someone You Love” with panel discussion to increase awareness about Human Papillomavirus (HPV), its link to HPV-associated cancers, and opportunities to get vaccinated. 89 individuals participated in three pilot screening events.
* 45.6% of female adolescents aged 13-17 completed HPV vaccination, and 36.2% of male counterparts completed HPV vaccination.
* The Georgia House passed a resolution recognizing January as a cervical cancer awareness month. The Georgia Cancer Control Consortium (Consortium) HPV Prevention and Education Workgroup recognized three HPV provider champions as well as legislative stalwart Pat Gardner and Triana James for their efforts in helping to move the Workgroup agenda forward.
* Breast cancer mortality rate decreased from 22.3 to 21.9 per 100,000 individuals in Georgia. Cervical cancer mortality rate decreased from 2.5 to 2.4 per 100,000 people in Georgia.
* The Georgia Colorectal Cancer Roundtable convened its third annual conference in February 2018. Nearly 100 individuals participated in this forum.
* 63.4% of Georgia adults over age 50 received a sigmoidoscopy or colonoscopy.
* The Georgia Lung Cancer Roundtable held the Inaugural Georgia Lung Cancer RoundtableForum in November 2017.
* The GA DPH is facilitating the Consortium Workgroup’s sanctioned efforts at provider education on Commission on Cancer (CoC) standards in non-CoC institutions.
* The Consortium Palliative Care Workgroup hosted a conference in November 2017 to connect palliative care professionals and promote best palliative care practices.
* Findings from cancer survivorship exercise program indicate that prevalence of pain among cancer survivors decreased from 18.6% (baseline) to 11.5% (post survey).
* 88 cancer survivors from disparate populations in Georgia completed the cancer survivorship needs assessment survey.
* The Cancer Patient Navigators of Georgia annual meeting was held in September 2017. 81 patient navigators completed training at this meeting.

Key recommendations are summarized below:

* Recommendations regarding the Consortium:
	+ Standardize the approach to meetings across Workgroups.
	+ Clarify roles, responsibilities and expectations for cancer plan implementation and structure of the Consortium. Clarify the GA DPH’s role.
	+ Include the following perspectives in the Consortium Steering Team: LGBTQ community, someone with a public relations background, other pediatric oncologists, representatives from health systems, and the Georgia Prostate Cancer Coalition.
	+ In preparation for statewide cancer plan revision, the Workgroups should be shored up with representatives from the survivor community, health system, health plans, medical and nursing schools, and business.
	+ Use the guiding documents including Memorandums of Understanding to ensure accountability.
	+ Use membership due or contribution structure to help support some of the facilitation expenses for meetings and Workgroup staffing.
* Recommendations regarding HPV reminder intervention:
	+ Utilize an updated version of Teletask.
	+ Refrain from feeding the system too much data at once.
	+ Retrieve as much identifiable information as possible at the beginning of the intervention.
* Recommendations regarding “Someone You Love” project:
* Ensure a diverse assembly of experts on the panel. e.g., oncologist, parent, survivor, pediatrician
* Pilot in a larger setting with a targeted audience of only pediatricians. Pilot in a larger setting with a targeted audience of school-based nurses and health professionals. Pilot in other health system settings.
* Use the panel discussion to customize for the audience segment.
* Utilize the same basic format, including the multi-organizational collaborative.
* Offer another follow up step. e.g., workshop, training
* Other recommendations:
	+ Provide more technical assistance to the GACCCP grantees to plan and implement policy, systems, and environmental change activities.
	+ Use multicomponent evidence-based interventions to increase colorectal cancer screening among Georgia adults over age 50.
	+ Utilize an online survey tool to administer cancer survivorship assessment surveys to additional cancer survivors from disparate populations.
	+ Increase frequency of monitoring and communication efforts with internal program partners within the GA DPH as well as external partner organizations.
1. **Introduction**

**1.1 Background**

Cancer is the second leading cause of death in Georgia (McNamara, Bayakly & Ward, 2016). Every year, about 48,850 Georgians are diagnosed with cancer and nearly 17,280 die from the disease (American Cancer Society (ACS), 2017). While the burden of cancer is shared by all Georgians, cancer incidence and mortality are disproportionately greater among men, minority, medically underserved populations and older age groups. Black men in Georgia are 14 percent more likely to be diagnosed with cancer and 31 percent more likely to die from the disease than white men (Georgia Comprehensive Cancer Registry (GCCR), 2010-2014). Black women were less likely than white women in Georgia to have received recommended breast or cervical cancer screenings (Behavioral Risk Factor Surveillance System (BRFSS), 2010). Moreover, while white women have higher breast cancer incidence rates than black women, black women are more likely to die of breast cancer. Still, many cancers can be prevented. Nearly half of cancer deaths can be linked to modifiable risk factors such as tobacco use, excess body mass, physical inactivity and alcohol use. Smoking is responsible for about 4,500 cancer deaths each year in Georgia (Chung, Lavendar & Bayakly, 2015). Regular screening exams by a health care provider can result in early detection of many cancers, when treatment is more likely to be successful. Screening for early cancer detection can dramatically reduce mortality rates.

Because of advances in cancer diagnosis and treatment, cancer survivors in Georgia are living longer than ever before. As the population of the United States and Georgia continues to age overall, cancer care and support for cancer survivors have increasing importance. Increased access to treatment in accredited cancer care facilities and support and care for survivors over their lifetimes is needed in Georgia. Georgia has a high burden of chronic conditions, and along with being at risk for secondary cancers and cancer reoccurrences, cancer survivors are among those impacted most by chronic conditions. Recent data show that 16.8 percent of cancer survivors report being current smokers and almost 31 percent report no leisure time physical activity (Georgia Department of Public Health (GA DPH), 2015). Almost 13 percent of cancer survivors in Georgia report they had been diagnosed with angina or coronary heart disease which is significantly higher than the statewide coronary heart disease rate of 4.5 percent (GA DPH, 2015). In addition, one in five cancer survivors in Georgia had been diagnosed with diabetes which is significantly higher than the Georgia diabetes rate of 9.9 percent (GA DPH, 2015). Moreover, approximately 31 percent of all cancer survivors in Georgia report being obese, slightly higher than the statewide obesity rate of 29 percent (GA DPH, 2015).

**1.2 Summary of evaluation plan**

The Georgia Comprehensive Cancer Control Program (GACCCP) evaluator performed a comprehensive evaluation to monitor progress and assess outcome measures of the GACCCP in accordance with the CDC Framework of Program Evaluation (1999). The purpose of this evaluation is to monitor how ongoing activities are implemented as planned and determine the program effectiveness. The evaluation is focused on the following areas: 1) partnership; 2) statewide cancer plan; and, 3) implementation of evidence-based interventions (EBIs). This comprehensive program evaluation uses a mixed methods approach that involves quantitative and qualitative methodologies. The GACCCP logic model describes how the program inputs, strategies and activities relate to anticipated program outputs and outcomes.

* 1. **Program description**

The GACCCP is part of a national effort launched by the Centers for Disease Control and Prevention (CDC) aimed at reducing cancer-related morbidity and mortality. The GACCCP aims to provide oversight in implementing a statewide cancer plan, perform program activities, and enhance partnerships among key stakeholders to reduce cancer-specific morbidity and mortality. Key priority areas of the GACCCP are primary prevention, screening and early detection of cancer, cancer survivorship, and health equity as it relates to cancer control.

The focus of the Georgia Cancer Control Consortium (Consortium) and Steering Team (ST) continues to be priorities II -VII of the eight priority areas described in the statewide cancer plan. While the Consortium is not directly engaged in oversight of priority I, the Consortium members participate on the advisory councils set up by the GA DPH to provide leadership to efforts aimed at addressing that priority.

1. Cancer risk reduction – tobacco and obesity prevention
2. Human Papillomavirus (HPV) vaccination
3. Breast and cervical cancer screening
4. Colorectal cancer screening
5. Evidence-based lung cancer screening
6. Quality cancer diagnosis and treatment
7. Survivorship and access to palliative care
8. Case management and care coordination

2. Evaluation methods

**2.1 Stakeholder engagement**

Major stakeholders include the CDC, the GACCCP staff, the Consortium, the Regional Cancer Coalitions of Georgia (RCCGs), and other partner organizations. The GACCCP evaluator worked collaboratively with the GACCCP director, the GACCCP epidemiologist, the Consortium Data and Evaluation Subcommittee and other stakeholders by convening on an as-needed basis throughout the project duration.

**2.2 Evaluation focus**

Both process and outcome evaluations were conducted. Evaluation types, evaluation focus and evaluation questions are described in Table 1.

**Table 1. Evaluation focus**

|  |  |
| --- | --- |
| **Evaluation focus** | **Evaluation questions** |
| **Process evaluation** |
| Partnership function and contribution | 1. How strong is the GACCCP partnership (e.g. the Consortium and the RCCGs)?
 |
| 1. What are facilitators and barriers in each coalition’s contribution to the program implementation? How can each coalition reduce these barriers?
 |
| 1. How satisfied are the Consortium members?
 |
| Georgia cancer plan  | 1. To what extent are goals, objectives, strategies and EBIs in the statewide cancer plan being implemented as intended?
 |
| Implementation of evidence-based interventions (EBIs) | 5a. To what extent are EBIs in the annual plan being implemented as intended to address cancer burden in the general population? |
|
| 5b. To what extent are EBIs in the annual plan being implemented as intended to address cancer burden in the target population? |
| **Outcome evaluation** |
| Implementation of EBIs | 6a. To what extent did EBIs lead to expected outcomes? |
| 6c. What are unanticipated outcomes resulting from the program implementation? |

**2.3 Data collection**

Program activities and progress were monitored by using Catalyst, a statewide reporting system. Table 2 describes the performance measures, data description, data sources, data collection method, and assessment frequency. All datasets have participant names and contact information removed, with a unique identifier allowing linkage if the need arises while maintaining confidentiality. Four RCCGs that implemented the CDC-funded survivorship exercise program collected and submitted raw datasets to the GACCCP. Raw datasets related to other data sources, including reports from the five RCCGs, the Georgia Tobacco Quit Line (GTQL) reports, the Georgia Immunization Registry (GRITS), Teletask data, Behavioral Risk Factor Surveillance System (BRFSS), the National African American Tobacco Prevention Network (NAATPN) report, the Cancer Pathways report, the I Will Survive (IWS) report, and cancer survivorship needs assessment survey, were managed by the respective partner program or organization, and aggregated data findings were submitted to the GACCCP.

**2.4 Analysis and interpretation**

Both quantitative and qualitative methodologies were applied to analyze various datasets. The GACCCP evaluator compiled, cleaned, coded, analyzed and interpreted data from multiple data sources. The evaluator summarized and highlighted the key findings from the reports submitted by the RCCGs, the GA CORE, and other GACCCP grantees. Survey data was analyzed by performing descriptive data analysis. Teletask data was analyzed by conducting descriptive data analysis and logistic regression analysis. Qualitative responses in the survey data and other data sources, such as meeting notes, were analyzed by conducting thematic analysis. The evaluator presented the preliminary findings to the GACCCP staff for programmatic interpretation.

**Table 2. Data collection**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Performance measures** | **Data description** | **Data sources** | **Collection method** | **Assessment frequency** |
| Organizational roles and responsibilities | Georgia Health Policy Center (GHPC) Report | GHPC collected the data and submitted reports to GACCCP. | Bi-annually |
| Number of meetings held, number of participants in meetings | Meeting notes and agendas for Consortium Steering Team, Consortium Work Groups, and RCCGs | GHPC and GACCCP staff documented these measures during meetings. | Quarterly |
| Facilitators and barriers in program implementation, plans to reduce barriers | Meeting notes, reports from RCCGs | GACCCP documented the meeting notes. RCCGs submitted reports to GACCCP.  | Quarterly, bi-annually |
| Satisfaction of Consortium members | Partnership functioning survey, GHPC Report | GHPC collected the survey data and submitted reports to GACCCP. | Bi-annually |
| Progress from partners for the cancer plan |
| Chronic disease self-management support among tobacco users | Number of people utilized the Georgia Tobacco Quit Line (GTQL) | GTQL Report | Optum (i.e., GTQL vendor) collected the data.  | Annually |
| Number of community leaders trained by National African American Tobacco Prevention Network (NAATPN), number of African American participants in tobacco cessation education | NAATPN Report  | NAATPN collected data and submitted a report to GACCCP. | Annually |
| Use of evidenced-based programs to support cancer prevention and screening | Number of text-message client reminders about HPV vaccination delivered | GRITS, Teletask data | GA Immunization Program collected data. | Annually |
| HPV vaccination  | HPV vaccination series completion rate, HPV vaccination rate by demographics (sex, age, and physician practice setting) |
| Number of “Someone You Love” documentary screening, number of participants, lessons learned | Event log, Meeting notes, Survey | GACCCP manager tracked the measures. | Annually |
| Use of evidenced-based programs to support cancer prevention and screening | Number of participants in breast cancer education | IWS Report | IWS collected the measures and submitted a report to GACCCP.  | Annually |
| Appropriate cancer screening and surveillance of priority populations | Percent of adults over age 50 who ever had a sigmoidoscopy or colonoscopy | Behavioral Risk Factor Surveillance System (BRFSS) | GA DPH Epidemiologists administered telephone survey to Georgian adults over age 18. | Annually |
| Intention about cancer prevention and screening among target populations | Intention to stay up-to-date with breast cancer screening, participants’ overall experience in breast cancer educational sessions | IWS Report | IWS collected the measures and submitted a report to GACCCP.  | Annually |
| Use of evidenced-based programs to support cancer prevention and screening | Number of participants in cancer prevention education | Cancer Pathways Report | Cancer Pathways collected the measures and submitted a report to GACCCP.  | Annually |
| Intention about cancer prevention and screening among target populations | Intention to change cancer risk behaviors (e.g., tobacco and vaping prevention/cessation, sunscreen use, health eating, and HPV vaccination) |
| Evidence-based cancer care plans that include all stages of cancer survivorship | Patients’ adherence to the survivorship care plans, patients’ socioeconomic status, health risk behaviors, and chronic conditions, use and usefulness of survivorship care plans,percent of cancer treatment summary received | Survivorship care plan survey/focus group§ BRFSS | Consortium Survivorship Work Group oversaw data collection.GA DPH Epidemiologists administered telephone to Georgian adults over age 18. | Annually§Annually |
| Comorbidity among cancer survivors, demographics (age, education) of cancer survivors, risk factors, cancer type, health insurance coverage, pain | BRFSS  | GA DPH Epidemiologists administered telephone survey to Georgian adults over age 18. | Annually\* |
| Prevalence of pain among cancer survivors | Quality of life survey | RCCGs collected survey data and submitted data to GACCCP.  | Baseline, Weeks 8 and 16, post-intervention |
| Needs and health disparities among cancer survivors | Physical, psychological, practical, and spiritual concerns of cancer survivors, availability and access to support services, and whether these services are meeting cancer survivors’ needs | Cancer survivorship needs assessment survey in English, Spanish, Korean, Chinese, and Vietnamese | GA Center for Oncology Research and Education and Emory University Prevention Research Center oversaw collection of survey data. | Annually |
| Unanticipated outcomes | Reports from RCCGs | RCCGs submitted reports to GACCCP.  | Bi-annually |

*§Survivorship care plan survey and focus group data are currently being collected by the Consortium Survivorship Workgroup.*

*\*BRFSS Cancer Survivorship Module data collected in FY 2017 is currently being analyzed, and data findings will be available in January 2019.*

1. **Evaluation findings**

**3.1 Partnership function and contribution**

Most of the Consortium Workgroups generally maintained their membership levels for the period. The ST has grown to 30 members over the past year, two-thirds of whom are regular participants. Some Workgroups also continued to grow their membership. On average, each Workgroup has 10 individuals who participate regularly with the HPV Prevention and Palliative Care Workgroups seeing slightly larger participation rates. The Data and Evaluation Subcommittee is currently a small group of 5 individuals.

Most recently, based on the success of its legislative efforts this past year and the expectation and desire for dedicated state funding for cancer control activities, the ST approved the creation of a legislative advocacy task force to develop the policy and funding agenda for cancer control for the next implementation period and an advocacy action plan to support that agenda.

Over the past year there has been significant discussion about what the ideal structure for the effort should be and how to achieve it over time. At the core of the conversation is the overarching philosophy of how the Consortium relates to the GA DPH and the GACCCP. The group has moved from being a full-bodied partnership where the GA DPH was a facilitating member, to a structure that some believe is more advisory. There is a resolve to craft the appropriate collective impact structure and model that allows individual partners, including the GA DPH to have all their individual and independent strategic needs met. Figure 1 outlines the current structure and Workgroup relationship.

**Figure 1. Georgia Cancer Control Consortium structure**



*Stakeholder participation in meetings*

Most of the Consortium groups (i.e., Workgroups, ST and subcommittees) continue to meet actively and regularly with some groups on occasion meeting more often than monthly. The Diagnosis, Staging and Treatment Workgroup meets every other month, and the Data and Evaluation Subcommittee meets once per quarter. The ST continues to have extremely active engagement and participation with more than 70% participating on call and in-person meetings more than three times for the year. The Early Detection and Screening Workgroup is the only anomaly this year with very few meetings. In the partnership functioning survey, some respondents called for more in-person meetings of all groups.

*Satisfaction of the Consortium members*

Seventeen individuals or nearly 70% of regularly participating ST members participated in the annual partnership performance survey. The survey was modfied this year to understand any specific needs or recommendations that would be relevant to the revision of the statewide cancer plan over the next year.

1. *Membership*

All of the respondents were either very or somewhat satisfied with the membership of the Consortium. ST members were generally satisfied with levels of collaboration, diversity of the group, willingness to add others, and the energy that surrounds the Roundtable approach.

**Figure 2. Partnership membership**



**Table 3. Average satisfaction scores for partnership membership**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ratings by year****(5-Very satisfied; 1–Very dissatisfied)** | **2018** | **2017** | **2016** | **2015** |
| Average score  | 4.7 | 4.6 | 4.5 | 4.5 |

1. *Planning and implementation*

While most respondents were once again somewhat or very satisfied, there were a few individuals who were ambivalent or somewhat dissatisfied with progress in this area. Much of the challenges highlighted relate to the plan implementation more so than the planning activities – insufficient resources to act or implement, needing more Tobacco Settlement Funds to be dedicated to cancer control, not all the Workgroups seemingly functioning the same, lack of clarity on implementation hierarchy and philosophy (e.g. Should a collective impact model be used? Why are there disproportionately more GA DPH representatives on the ST?). One respondent, while valuing current leadership, suggested that succession planning should be addressed. Another suggested a need for more in person meetings.

**Figure 3. Partneship satisfaction on planning and implementation** 

**Table 4. Average satisfaction scores for planning and implementation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ratings by year****(5-Very satisfied; 1–Very dissatisfied)** | **2018** | **2017** | **2016** | **2015** |
| Average score | 4.2 | 4.3 | 4.1 | 4.0 |

1. *Leadership and governance*

The majority of participating ST members were generally quite satisfied with leadership and governance of the Consortium. There was significant approval of the efforts of the Co-Chairs, facilitators and other leaders of the Consortium.

**Figure 4. Partnership satisfaction on Consortium leadership and governance**

**Table 5. Average satisfaction scores for Consortium leadership and governance**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ratings by year****(5-Very satisfied; 1–Very dissatisfied)** | **2018** | **2017** | **2016** | **2015** |
| Average score | 4.4 | 4.6 | 4.0 | 4.2 |

**3.2 Georgia cancer plan**

Key cancer control achievements over the past year include:

*Cancer risk reduction – tobacco and obesity prevention*

* The GA DPH Georgia Working on Health Initiative assisted 73 worksites to take pledges and adopt worksite wellness policies.
* A total of 10,932 people utilized the GTQL services.
* 129 tobacco-free school districts, 5 cities with a comprehensive smoke-free ordinance, and 1 model smoke-free air ordinance adopted in Chatham County

*HPV vaccination*

* The Consortium HPV Prevention and Education Workgroup’s action plan is focused on the following strategic action areas:

a) Engage and recognize healthcare providers as champions for their use and promotion of the HPV vaccine

b) Expand the use of the media campaign and the use of “Someone You Love” documentary to increase awareness about HPV vaccination

c) HPV Vaccinate Adolescents against Cancers Initiative

* The GA DPH provided funding to obtain licensure that will allow wider screening of “Someone You Love” with panel discussion sessions to increase awareness about HPV, its link to cervical cancer and other HPV-associated cancers, and opportunity to get vaccinated. A total of 89 individuals participated in three pilot screening events.
* The Georgia House passed a resolution recognizing January as cervical cancer awareness month. The Workgroup used the opportunity to recognize three HPV provider champions as well as legislative stalwart Pat Gardner and Triana James for their efforts in helping to move the Workgroup agenda forward.
* Researcher Workgroup member Dr. Robert Bednarcyk submitted a R01 grant application for an expansion of current HPV vaccine promotion intervention “TweenVax: A comprehensive practice, provider, and parent/patient level intervention to improve adolescent HPV vaccination.” Along with Adrian King, the two are creating a website for the public to obtain HPV resources/information. Soft launch of website set for October and full launch scheduled for October.
* The current video training initiative that was launched in July 2017 and features Dr. Bob Bednarczyk was successful in training 190 participants. Three Rivers Area Health Education Center is developing a new video training.

*Early detection and screening*

* The Georgia Lung Cancer Roundtable held the Inaugural Georgia Lung Cancer RoundtableForum on November 1, 2017 at WellStar Development Center, Atlanta, GA. The ACS and a coalition of leading professional, government and non-governmental organizations united to form the National Lung Cancer Roundtable to accelerate the nation's efforts to reduce mortality from lung cancer. The group focused on ensuring those at high-risk for lung cancer have access to high-quality screening, while also working to ensure patients receive timely, patient-centered, state-of-the-art care for all stages of lung cancer.
* The Georgia Colorectal Cancer Roundtable (GCCRT) convened its third annual conference on February 28, 2018, supported by sponsors, including Blue Cross Blue Shield of Georgia, Amerigroup, Lewis Cancer and Research Pavilion, ACS, American College of Physicians (Georgia Chapter), Atlanta Gastroenterology, GI Specialists of Georgia, and Phoebe Health System. Nearly 100 individuals including clinicians and system executives participated in the forum.
* The four Workgroups of the GCCRT are operational with Co-Chairs in place:
* Provider Education and Engagement – led in the creation of a new national resource tool – The Do’s and Don’ts of colorectal cancer screening – a flier meant to provide providers with a handy and evidence-based guide.
* Access – hosted a successful health fair in middle Georgia and continued progress on making regional care connections
* Policy – facilitated the passage of an American College of Physicians sponsored resolution by the Medical Association of Georgia House of Delegates which was forwarded to the American Medical Association (AMA) House of Delegates to be referred to the AMA Board for discussion and vote. The resolution seeks to eliminate the cost sharing requirement for colonoscopies.
* Community Education and Engagement – created social media connection points through Twitter and Facebook

*Diagnosis, staging and treatment*

* The GA DPH is facilitating Workgroup sanctioned efforts at provider education on Commission on Cancer (CoC) standards in non-CoC institutions. This effort will benefit from the learnings from an already occurring a pilot project in Macon working in collaboration with pediatricians from the Navicent Health System.
* As a direct act of following-up on the recommendations made by legislators at the Cancer Summit in June 2017, a subgroup of the Consortium ST focused efforts on developing an approach to make legislators aware of the work of the Consortium, the need for cancer control and an ask for more resources as part of the Governor’s budget for the next fiscal year. In a process that benefitted from the direct engagement and counsel of key, legislators, the group asked for an additional $1.775 million dollars in appropriation to be primarily focused on the work of the RCCGs and the GA CORE. At the end of the legislative session $875K was earmarked by the state to support that work.
* The ST agreed on establishing a Legislative Advocacy Task Force aimed at engaging the new Governor and key legislators in an ongoing way to find policy and funding support from the state that will enable the expected revised cancer control plan. The GA CORE will lead the Task Force.

*Palliative care*

* The Consortium Palliative Care Workgroup hosted a conference in November 2017 to connect palliative care professionals and promote best practices from lessons learned, and trends that could influence programs around Georgia with a focus on providing inpatient and outpatient palliative care for all.

*Survivorship*

* The Consortium Survivorship Workgroup put together an educational document about the concerns of survivors throughout Georgia related to the conversations around the Patient Protection and Affordable Care Act and healthcare policies and disseminated to the survivor community.
* A total of 88 survivorship needs assessment surveys were collected at the Grady Health System, the Mercy Care, the Gwinnett Medical Center, and the Center for Pan Asian Community Services. Survey was administered in English, Spanish, Vietnamese, Korean, and Chinese. Preliminary data analysis was conducted, and data findings were presented in April 2018.
* The Workgroup developed survey and focus group guide to assess the utility and effectiveness of survivorship care plans received after treatment.

*Patient case management and care coordination*

* To provide a forum for cancer patient navigators in Georgia to network and collaborate, the Cancer Patient Navigators of Georgia (CPNG) annual meeting was held on September 9, 2017. A total of 81 patient navigators completed training at the CPNG meeting, and 33 evaluations were completed (76% nurses, 12% social workers, and 12% lay/community health workers).
* The GA CORE developed draft agenda for the CPNG annual meeting in September 2018 and engaged Tom Wilner as keynote speaker for the CPNG track.
* The GA CORE distributed a survey to gather demographics of the CPNG members and future program interests.

**3.3 Implementation of evidence-based interventions**

**Table 6. Summary of core performance measures**

|  |
| --- |
| **Priority area: Emphasize primary prevention of cancer** |
| **Cancer focus:** Tobacco; Immunization/Cervical/HPV-related |
| **Short-term indicator**  | **Baseline** | **Target** | **Actual** | **Target met?**  |
| Incidence of tobacco-related cancers  | 44% | 43% | Unknown\* | Ongoing |
| Percent of adolescent females and males aged 13-17 that have completed the age appropriate HPV vaccination | 32.3% (females) 27.5% (males) | 34.7% (females) 29.9% (males) | 45.6% (females) 36.2% (males) | Yes |
| **Priority area: Facilitate screening and early detection of cancer** |
| **Cancer focus:** Immunization/Cervical/HPV-related; Colorectal |
| **Short-term indicator**  | **Baseline** | **Target** | **Actual** | **Target met?**  |
| Cervical cancer mortality rate | 2.5 | 2.4 | 2.4 | Yes |
| Percent of adults over age 50 who ever had a sigmoidoscopy or colonoscopy | 68.5% | 70.5% | 63.4% | No |
| **Priority area: Improve cancer survivors’ quality of life** |
| **Cancer focus:** All cancers |
| **Short-term indicator**  | **Baseline** | **Target** | **Actual** | **Target met?**  |
| Prevalence of pain among cancer survivors | 18.6% | 13.6% | 11.5% | Yes |
| **Priority area:** **Promote health equity as it relates to cancer control** |
| **Cancer focus:** Tobacco; Breast; All |
| **Short-term indicator**  | **Baseline** | **Target** | **Actual** | **Target met?**  |
| Number of African Americans in the Metro Atlanta area who increase their knowledge about tobacco cessation through participation in the Pathways to Freedom project | 0 | 100 | 126 (29 community leaders and 97 community members) | Yes |
| Breast cancer mortality rate  | 22.3 | 22.0 | 21.9 | Yes |
| Number of cancer survivors from disparate populations in Georgia that complete the cancer survivorship needs assessment survey  | 0 | 100 | 88 | No |
| **Cancer focus:** **All (Cancer plan)** |
| **Short-term indicator**  | **Baseline** | **Target** | **Actual** | **Target met?**  |
| Number of active Georgia Cancer Control Consortium | 1 | 1 | 1 | Yes |
| **Cancer focus:** **All (Leadership team)** |
| **Short-term indicator**  | **Baseline** | **Target** | **Actual** | **Target met?**  |
| Number of leadership team  | 0 | 1 | 1 | Yes |

*\*Data findings will be available in January 2019.*

**3.3.1 Emphasize primary prevention of cancer**

*Community-clinical linkages: reducing client out-of-pocket costs to increase tobacco use cessation*

* The Northwest Georgia Regional Cancer Coalition (NWGRCC) partnered with Redmond Regional Medical Center Occupational Health program and offered 11 tobacco and vaping cessation classes, educating 85 participants.
* The NWGRCC referred 414 participants to the GTQL.
* The NWGRCC implemented the Tar Wars program for 5th grade students in 8 schools in Northwest Georgia. The NWGRCC also delivered the program in 5 Boys and Girls Clubs and participated in 3 Back to School Bash events. A total of 16 Tar Wars education sessions were delivered, and 1,275 students participated in these tobacco and vaping prevention education sessions. All students received information on tobacco and vaping prevention and the GTQL.
* The NWGRCC delivered 5 tobacco prevention education sessions by using Teen Maze curriculum to 8th, 9th and 10th grade students in Northwest Georgia. A total of 8,025 students participated in tobacco and substance abuse scenarios and received tobacco and vaping prevention materials and the GTQL information.
* The NWGRCC distributed educational materials on the GTQL, tobacco and vaping prevention by participating in various health events (See Table 7).

**Table 7. Tobacco use cessation educational events implemented by the Northwest Georgia Regional Cancer Coalition**

|  |  |  |
| --- | --- | --- |
| **Name of health event** | **Name of county** | **No. of participants received materials on the GTQL, tobacco and vaping prevention** |
| Girls Night Out event  | Chattooga | 160 |
| 3 Back to School events | Catoosa, Chattooga, and Whitfield | 1,250 |
| Mt. Vernon Mills health fair  | Trion | 100 |
| Edwin Mitchell health event  | Whitfield | 250 |
| HIM/WOMEN Initiative | Rome | 300 |
| Bekaert health event | Rome | 300 |
| Great America Smoke-Out | Montgomery | 100 |
| Chattooga High School health event | Chattooga | 800 |
| Rome City health event | Rome | 300 |
| Gordon County health event at GA NW Technical College | Gordon | 20 |
| Agency for Aging health event | Rome | 120 |
| Cedartown City Employees health event | Polk | 150 |
| Georgia Northwestern Technical College Campuses | Catoosa, Floyd, Gordon, Polk, Walker, and Whitfield | 250 |
| Spring Market health event | Chattooga | 75 |
| Family Connection health presentation | Murray | 11 |
| White's Pediatrics health event | Dalton | 20 |
| Community health event | Bartow | 135 |
| Catoosa City Employees health event | Catoosa | 30 |
| Tyson health event | Rome | 127 |
| Day for Grands health event | Rome | 30 |

* The Community Health Works (CHW) disseminated information about the GTQL at 354 events throughout Georgia. These events included community festivals, county and community fairs, job fairs, health fairs, and other events. The CHW worked to ensure that it was present at most events that were not specifically health focuses as a means of reaching a broader population of individuals. While assisting Georgia residents with various programs and health needs, the CHW identified 6,384 individuals who identified as tobacco users or family members of tobacco users and who were willing to accept referral information for the GTQL.
* The CHW worked closely with education officials to provide educational content for adolescents between ages 13 and 18. The CHW conducted classes on smoking, vaping, marijuana use, nutrition, and physical activity. Education classes evolved to include more information on vaping and began to address the carcinogenic effects of marijuana use. The CHW also performed more hands-on work in classes and provided more demonstrations than in previous fiscal year. The CHW provided students with “tasting opportunities” to taste healthy food items that they might not otherwise be exposed to. This program reached more than 350 students and their families.
* The CHW, partnering with the Area Agencies on Aging (AAA), provided smoking cessation, nutrition, and physical activity education to seniors at the AAA senior centers across Central Georgia. The CHW provided hands-on, age appropriate physical activity, cooking demonstrations, and other educational sessions. The CHW specifically targeted lower socioeconomic seniors that attend day event at the AAA senior centers. Most program participants are minorities, and many have some level of disability. This program reached 197 seniors.
* The West Central Georgia Cancer Coalition (WCGCC) assisted 25 participants to use the GTQL. The WCGCC disseminated 2,746 tobacco prevention educational materials at 64 events.

*Health systems changes: client reminders to increase community demand for cancer prevention services*

* The GACCCP partnered with the GA DPH Immunization program and implemented text message reminder intervention to promote HPV vaccination.
* A total of 184,494 text messages were delivered, and 179,634 (97.4%) of the text messages attempted were successfully delivered to clients. 2.1% were sent to landline phones, and 0.5% were sent to invalid phone numbers.
* Overall, the intervention was effective in increasing HPV vaccination rates. Thirty percent of intervention group completed their 2-dose HPV series compared to 19% in the control group (significance p<.0001).
* Significant predictors of vaccination included age at first vaccination, number of text received, and type of provider. Adolescents aged 9-11 years at first vaccination were 1.4 times more likely to complete the series than older adolescents. Clients who received text messages were 1.3 times more likely to complete the series than those who did not receive text messages. Clients who received their first vaccination from a private provider were 3.6 times more likely to complete the series than clients who received their first dose in public health departments.

*Health systems changes: small media to increase community demand for cancer prevention services*

* A total of 89 individuals participated in three pilot screening events of “Someone You Love” at the Northside Hospital in 2017.
* The Consortium HPV Workgroup reviewed the “Someone You Love” pilot project evaluation findings and lessons learned, developed a separate “Someone You Love” Committee, and developed an action plan that includes a list of partners to screen the documentary and a list of local professional medical organizations’ annual meetings.
* The statewide license for “Someone You Love” was purchased in April 2018.
* At the first pilot screening event, the Northside Hospital staff administered a survey. Survey findings from this screening event are summarized in Table 8.

**Table 8. Findings from the first pilot screening event of “Someone You Love”**



* At the second and third pilot screening events of “Someone You Love”, retrospective post surveys were administered. Figures 5, 6, 7, 8, and 9 show survey findings from these two pilot screening events.

**Figure 5. Participants recognize the HPV vaccine as safe, effective, and ideally administered to boys and girls around age 11 to prevent cancers**

**Figure 6. Participants understand the physical and emotional toll**

**that cervical cancer can have on patients and families**

**Figure 7. Participants understand the link between HPV cancers in males and females**

**Figure 8. Panel discussion was effective, and panelists provided important knowledge and expertise on the topic of the HPV vaccination**

**Figure 9. Participants’ willingness to apply the information from “Someone You Love” screening event to professional or personal life**

* The GACCCP hired a Master of Public Health intern from the Emory University’s Rollins School of Public Health. The intern’s primary responsibility was to provide recommendations to increase statewide screenings for “Someone You Love”. The intern conducted the following tasks: Conducted a literature review on the states that require HPV vaccination for youth in comparison to those states that do not require HPV vaccination for youth; Identified lessons learned from other states for “Someone You Love” screenings and provided recommendations for Georgia based on the findings; Participated in activities for the Consortium HPV Prevention and Education Workgroup including monthly conference calls on second Thursdays from 11:30 AM - 12:30 PM and the Georgia HPV Roundtable; Developed a plan to recruit and acknowledge Georgia’s HPV Champions; and Developed an abstract based on the findings of the project and submitted this abstract to a local public health conference.

*Environmental approaches: group education to increase community demand for cancer prevention services*

* The NWGRCC implemented 26 HPV educational events, educated 9,891 participants, and distributed 7,559 education materials on HPV vaccination. A total of 7,405 HPV "Valentines" were distributed to regional middle and high schools. The NWGRCC conducted 5 Mother and Daughter HPV dinner events with 346 participants, participated in 7 Teen Mazes with 5,335 participants, 2 Back to School Bashes with 600 participants, 2 "Girl's Night Out" events with 200 participants, and 9 Family Connections meetings with 430 participants. A total of 14,964 materials on HPV vaccination were distributed at health events, health departments, clinics, FQHCs, hospitals, and physician offices throughout Northwest Georgia.
* The CHW distributed 1,083 HPV educational materials to parents of adolescents at 356 events, such as health fairs, enrollment events, and educational sessions.
* The Cancer Pathways implemented “Cancer Happens” teen education program to address cancer risk factors, including sun exposure, tobacco use, and HPV infection. This program educated 1,015 middle and high school students about cancer prevention strategies.
* Post-survey findings show that over 90% of students intend to change at least two cancer risk behaviors, such as quit/avoid tobacco or vaping products, wear more sunscreen, eat healthier, and initiate and complete HPV vaccination.
* Contracts were established with Dr. Gabriel Darville (University of Georgia, or UGA) and Dr. Matthew Smith (UGA) to implement HPV-related cancer education projects to increase knowledge about HPV vaccine and reduce the incidence of HPV-related cancers among UGA students.
* The CHW conducted 8 group education sessions on skin cancer prevention and reached 312 migrant farm workers. A total of 312 participants received educational materials on skin cancer prevention, and 308 participants received sunscreen bottles.
* The WCGCC hosted HPV educational events by partnering with two new local schools. A total of 170 adults and 51 adolescents received education on cervical cancer, HPV vaccination, and early detection.
* The East Georgia Cancer Coalition (EGCC) delivered group education sessions regarding sun protection to homeless individuals and distributed 480 sunscreen bottles and 200 hats.

**3.3.2 Facilitate screening and early detection of cancer**

*Community-clinical linkages: reducing structural barriers to increase community access to cancer screening services*

* The Horizons Community Solutions (HCS) facilitated 412 mammography screenings among South Georgia women referred from participating primary care clinics and local mammography screening centers. A total of 12 diagnostic mammograms, 43 ultrasound tests, and 9 biopsies were performed. Three breast cancers were diagnosed and treated.
* The HCS navigated 329 patients, and 319 patients completed colorectal cancer screenings and follow-up services at 18 participating primary care clinics. One colorectal cancer was diagnosed and treated. The HCS provided navigation assistance to all patients referred to the program, and covered the cost of screening for low income, uninsured and underinsured individuals who reside in 32 counties within the service area. Navigators made 1,427 reminder calls (i.e., telephone calls and mails) with patients to facilitate successful colorectal cancer screenings.
* The NWGRCC sponsored the Health Initiative for Men and Women in August 2017. The NWGRCC delivered 97 clinical breast exams, 50 mammograms, 47 pelvic exams, and 47 Pap tests. Out of 50 women who received mammograms, 3 were abnormal and were referred to oncologists. Out of 47 women who received Pap tests, 8 women had abnormal results and were referred to primary care physicians.
* The NWGRCC sponsored 6 health events and educated 1,207 participants about breast and cervical cancer screening, genetic screening for hereditary breast and ovarian cancers, and the online Breast Cancer Genetics Referral Screening Tool.
* The NWGRCC partnered with Hamilton Medical Center to offer FIT screening to their eligible employees. A total of 151 FIT kits were completed, and 10 colonoscopies were covered by the NWGRCC. Of these 10 colonoscopies provided, 4 had pre-cancerous polyps removed. No colorectal cancer was found.
* The NWGRCC provided colorectal cancer screening information and educational materials to 17 providers through hospital promotional activities. The NWGRCC participated in 2 radio shows to promote colorectal cancer screening, and published 8 Facebook posts on colorectal cancer screening, 5 articles/newsletters on website. This colorectal cancer screening media campaign reached 1700 individuals.
* The CHW facilitated 52 women to complete mammograms, and referred 22 women for follow-up and additional testing for breast cancer.
* The CHW assisted 337 patients to complete colorectal cancer screenings. A total of 8 patients completed follow-up testing for colorectal cancer.
* The WCGCC navigated 641 patients to complete breast, cervical, and colorectal cancer screening and diagnostic services. The WCGCC provided breast cancer screening and diagnostic services to 457 women, and 226 women completed follow-up services within three days of abnormal results.
* The WCGCC educated 1,611 participants regarding colorectal cancer screenings and distributed 89 FIT kits. Out of 89 participants, 6 participants received abnormal results and were referred for additional services. None of these participants were diagnosed with colorectal cancer.
* The EGCC reduced structural barriers to attaining mammograms for 120 uninsured, underinsured, and low-income women. By following recommendations from the Community Guide and the CDC, the EGCC offered cancer screening services during non-traditional hours, provided screening services in nonclinical settings, and addressed other barriers related to cost, transportation, parking, and lack of time/job flexibility. This program created health systems changes in East Georgia by changing the referral patterns for cancer screenings. The program became institutionalized across the East Georgia, and partner hospitals and patients expressed their satisfaction with the program delivery.
* The EGCC provided 530 FIT kits at no cost through FQHCs, clinics, worksites, and outreach events in East Georgia. Target population for this intervention were males and females over age 50 and adults over age 40 if they are at an increased risk for colorectal cancer based on family history. The EGCC expanded the program from previous fiscal year by incorporating the worksite education component. Nurse navigator and/or health educator provided education on colorectal cancer and the importance of screening, distributed the FIT kits, provided client reminders, and follow-up services if necessary. Results indicate that approximately 30% of clients who completed FIT kits had positive results and required further follow-up testing. Partner FQHCs and physicians were notified by the lab and provided the appropriate follow-up services to these clients. Colorectal cancer screening completion rate among clients who received FIT kits in conjunction with navigation/education services was 59.5% higher compared to that among clients who received FIT kits without navigation/education services.
* The EGCC provided PSA exams to 100 men over the age of 50 at 3 outreach events.

**3.3.3 Improve cancer survivors’ quality of life**

*Environmental approaches: educate the public that cancer is a chronic disease people can and do survive*

* Four RCCGs (i.e., the NWGRCC, the EGCC, the WCGCC, and the CHW) implemented the cancer survivorship exercise program. This program educated 132 cancer survivors to become more physically active and reduce prevalence of pain. Out of 132 participants, 24 were males, 107 were females, and 1 participant did not specify the gender. Among 132 participants, 10 participants were younger than age 18; 79 participants were adults age 18-64; 41 participants were age over 65; and 2 participants did not specify their age. Findings suggest that prevalence of pain among cancer survivors decreased from 18.6% to 11.5% after participating in these educational sessions.
* A total of 6 breast cancer patients participated in My Journey Compass program, which is a cancer survivorship program that utilizes technology to improve cancer care experiences and quality of life.
* The NWGRCC delivered 11 educational events to 330 cancer survivors to promote survivors’ quality of life.
* The NWGRCC educated 23 providers about palliative care and cancer survivorship. In addition, 105 providers received training about patient navigators’ role across the continuum of cancer care. The NWGRCC provided the Cancer Care Nurse Navigator and Cancer Care Services Navigator online training programs, and 7 nurses and social workers completed these training courses.
* The EGCC implemented family-based psychosocial intervention program for children and adolescents aged 6-17 who have a parent diagnosed with cancer. This program focused on addressing cognitive, social, and emotional needs for cancer survivors and helped participating children and parents to cope more effectively with issues dealing with end of life and needs associated with late stage diagnosis. A total of 12 support group sessions were held, and 15 participants attended these sessions. Each session lasted for two hours and incorporated various therapeutic art and play to address each child’s needs. Parents’ support group addressed their concerns and taught skills on how to help their children cope with cancer in family members. Findings suggest that program participants enjoyed therapeutic activities, felt comfortable to share emotions and concerns, and gained sense of competence in dealing with emotions, knowing that there are other people going through similar situations.

*Health systems changes: assess and enhance provision of palliative services to cancer survivors*

* The Georgia BRFSS data collected in fiscal year 2016-2017 are currently being analyzed. Preliminary findings about receipt of cancer treatment summaries and instructions among cancer survivors are described in Figures 10, 11, 12, and 13.

**Figure 10. Cancer survivors receiving written summaries of all cancer treatments**

*NH = Non-Hispanic*

**Figure 11. Cancer survivors receiving instructions for routine cancer check-ups**

*NH = Non-Hispanic*

**Figure 12. Breast cancer survivors receiving written summaries of cancer treatments**

*NH = Non-Hispanic*

**Figure 13. Breast cancer survivors receiving instructions for routine cancer check-ups**

*NH = Non-Hispanic*

*Environmental approaches: develop and disseminate public education programs that empower survivors to make informed decisions*

* The Consortium Survivorship Workgroup developed and disseminated an educational document about concerns of cancer survivors to empower survivors to make informed decisions. This educational material included legislative “to do” list, information related to the Patient Protection and Affordable Care Act and healthcare policies, and list of resources.

**3.3.4 Promote health equity as it relates to cancer control**

*Community-clinical linkages: reducing client out-of-pocket costs to increase tobacco use cessation*

* The NAATPN provided two Pathways to Freedom training sessions to a total of 29 community leaders. These trained community leaders facilitated in-person community meetings at four different venues in Atlanta and educated 97 African American community members to increase their knowledge about tobacco use cessation.
* Information on tobacco use cessation was disseminated at various venues, such as outreach events and a community meeting at a local church.

*Environmental approaches: group education to increase community demand for cancer screening services*

* The IWS conducted 6 breast cancer group education events and educated 320 women in Atlanta. About 69.2% of participants were African American, and 11.5% were White. Educational materials on breast cancer screening, cancer screening resources, and stress management strategies were disseminated to participants. Post-survey findings suggest that majority of participants agreed or strongly agreed to stay up-to-date with breast cancer screening.

*Environmental approaches: enhancing methods to identify and describe health disparities*

* A total of 88 cancer survivors (8 males and 80 females) participated in the survivorship needs assessment survey. About 48.2% of survey participants were African Americans, 10.6% were Asians or Pacific Islanders, and 7.1% were White. About 76.7% of survey participants identified themselves as Hispanics.
* Mean age of survey participants were 56.8. About 63.5% of survey participants were unemployed, retired, or unable to work due to disability. About 55% of survey participants responded that their annual household income is less than $20,000.
* 42 (47.7%) out of 88 surveys were administered in languages that were not English - i.e., 32 surveys in Spanish (36.4%), 7 surveys in Chinese (8.0%), and 3 surveys in Korean (3.4%).
* Tables 9, 10, 11, and 12 describe survey results about physical, emotional, practical, and spiritual concerns among cancer survivors. Tables 13, 14, and 15 summarize findings regarding help that cancer survivors need to address their physical, emotional, practical, and spiritual concerns.

**Table 9. Physical concerns among cancer survivors**

|  |  |  |  |
| --- | --- | --- | --- |
| **Physical concerns with high distress levels ≥ 30% participants** | **Total N** | **Moderate distress N (%)** | **Extreme distress N (%)**  |
| Tiredness, fatigue, lack of energy | 74 | 31 (41.3%) | 8 (10.7%) |
| Issues with sleeping | 64 | 18 (27.7%) | 12 (18.5%) |
| Pain | 63 | 14 (21.9%) | 14 (21.9%) |
| Neuropathy | 62 | 16 (25.4%) | 14 (22.2%) |
| Body image issues | 60 | 10 (16.4%) | 13 (21.3%) |
| Memory/concentration issues | 63 | 16 (25.0%) | 6 (9.4%) |

**Table 10. Emotional concerns among cancer survivors**

|  |  |  |  |
| --- | --- | --- | --- |
| **Emotional concerns with high distress levels in ≥ 30% participants** | **Total N** | **Moderate distress N (%)** | **Extreme distress N (%)**  |
| Caring/worrying for family | 67 | 18 (26.5%) | 9 (13.2%) |
| Sadness or depression | 66 | 16 (23.9%) | 8 (11.9%) |
| Stress | 64 | 21 (32.3%) | 3 (4.6%) |
| Fear | 64 | 13 (20.0%) | 10 (15.4%) |
| Talking about cancer with family and friends | 73 | 15 (20.3%) | 8 (10.8%) |
| Isolation and feeling alone | 61 | 10 (16.1%) | 9 (14.5%) |

**Table 11. Practical and logical concerns among cancer survivors**

|  |  |  |  |
| --- | --- | --- | --- |
| **Practical/logical concerns with high distress levels ≥ 30% participants** | **Total N** | **Moderate distress N (%)** | **Extreme distress N (%)**  |
| Financial issues | 67 | 22 (32.4%) | 19 (27.9%) |
| Health insurance issues | 62 | 12 (19.1%) | 14 (22.2%) |
| Work related issues | 57 | 12 (20.7%) | 9 (15.5%) |
| Ability to return to previous responsibilities/activities | 58 | 16 (27.1%) | 6 (10.2%) |

**Table 12. Spiritual and faith health concerns among cancer survivors**

|  |  |  |  |
| --- | --- | --- | --- |
| **Spiritual/faith health concerns** | **Total N** | **Moderate distress N (%)** | **Extreme distress N (%)**  |
| Religious/spiritual support | 59 | 6 (10.2%) | 3 (5.1%) |
| Loss of faith | 58 | 5 (8.6%) | 3 (5.2%) |
| End of life | 60 | 9 (15.0%) | 6 (10.0%) |

**Table 13. Help needed for physical concerns among cancer survivors**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Help needed for physical concerns ≥ 30%** | **Total N** | **Yes, Need help N (%)** | **Total N** | **Got all help needed N (%)** |
| Tiredness, fatigue, lack of energy | 58 | 19 (32.2%) | 51 | 14 (26.9%) |
| Issues with sleeping | 62 | 22 (34.9%) | 49 | 10 (20.0%) |
| Pain | 54 | 19 (34.6%) | 42 | 9 (20.9%) |
| Neuropathy | 54 | 19 (34.6%) | 43 | 10 (22.7%) |
| Body image issues | 57 | 28 (48.3%) | 42 | 9 (20.9%) |
| Memory/concentration | 65 | 15 (26.3%) | 41 | 8 (19.1%) |
| Lymphedema | 51 | 16 (30.8%) | 40 | 6 (14.6%) |
| Nausea/vomiting | 51 | 16 (30.8%) | 40 | 10 (24.4%) |
| Incontinence | 49 | 17 (34.0%) | 39 | 6 (15.0%) |
| Sexual/intimacy issues | 54 | 17 (30.9%) | 38 | 6 (15.4%) |

**Table 14. Help needed for emotional concerns among cancer survivors**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Help needed for emotional concerns ≥ 30%** | **Total N** | **Yes, Need help N (%)** | **Total N** | **Got all help needed N (%)** |
| Caring/worrying for Family | 61 | 27 (43.6%) | 47 | 13 (27.1%) |
| Sadness or depression | 56 | 19 (33.3%) | 41 | 8 (19.1%) |
| Stress | 56 | 26 (45.6%) | 45 | 7 (15.2%) |
| Fear | 59 | 28 (46.7%) | 43 | 8 (18.2%) |
| Talking about cancer with family and friends | 62 | 25 (39.7%) | 52 | 14 (26.4%) |
| Isolation and feeling alone | 56 | 19 (33.3%) | 42 | 8 (18.6%) |
| Changing relationship with spouse/ family | 60 | 23 (37.7%) | 44 | 6 (13.3%) |
| Defining new sense of normal | 50 | 18 (35.3%) | 41 | 8 (19.1%) |
| Having a sense of wellbeing | 55 | 24 (42.9%) | 44 | 7 (15.6%) |
| Anxiety | 54 | 21 (38.2%) | 42 | 7 (16.3%) |
| Coping with grief and loss | 55 | 18 (32.1%) | 39 | 5 (12.5%) |
| Genetic counseling (worry about family and cancer) | 57 | 21 (36.2%) | 40 | 11 (26.8%) |
| Religious and spiritual support | 60 | 29 (47.5%) | 40 | 16 (35.6%) |

**Table 15. Help needed for practical and logical concerns among cancer survivors**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Help needed for Practical/logistical concerns ≥ 30%** | **Total N** | **Yes, Need help N (%)** | **Total N** | **Got all help needed N (%)** |
| Financial issues | 66 | 47 (70.2%) | 53 | 8 (14.8%) |
| Health insurance issues | 59 | 33 (55.0%) | 44 | 11 (22.5%) |
| Work related issues | 52 | 22 (41.5%) | 40 | 6 (14.6%) |
| Ability to return to previous responsibilities/activities | 55 | 31 (55.4%) | 42 | 9 (20.9%) |
| Staying connected with medical community | 57 | 33 (56.9%) | 42 | 15 (34.9%) |
| Managing household activities | 52 | 26 (49.1%) | 40 | 10 (24.4%) |
| Finding support resources | 55 | 31 (55.4%) | 43 | 10 (22.7%) |
| Connecting with counseling services | 53 | 28 (51.9%) | 42 | 10 (23.3%) |
| Transportation issues | 59 | 32 (53.3%) | 43 | 11 (25.0%) |
| Legal issues | 53 | 21 (38.9%) | 39 | 7 (17.5%) |

**3.4 Challenges, lessons learned and unanticipated outcomes**

* The delayed Notice of Award from the CDC caused a delay in contracts being executed. As a result, the program implementation, data collection and analysis have been delayed.
* Due to staff turnover in the GA DPH Immunization program, following evidence-based interventions were not implemented as planned during Year 1: 1) health systems changes: provider assessment and feedback to increase HPV vaccination (i.e., AFIX); and 2) community-clinical linkages: immunization information systems to increase appropriate vaccination (i.e., HPV report card). The GACCCP staff and the Immunization program staff discussed the challenges and next steps in October 2018. Decision was made to implement these two interventions during Year 2.
* Colorectal cancer radio campaign (i.e., small media to increase community demand for cancer screening services) was not implemented by the Consortium Early Detection and Screening Workgroup during Year 1. The Consortium ST is developing a revised marketing strategy to honor cancer-related health observances. Decision was made to roll funds into a communication campaign for the Consortium in Year 2.
* Challenges and lessons learned from implementing HPV client reminder intervention:
* 84,292 (61%) clients in the intervention group had already completed the HPV vaccination series before the intervention started.
* Teletask platform sent duplicate texts to the same client and skipped over clients in the list of clients that it was fed.
* GRITS client information (i.e., identification numbers, responsible party information, existence of a vaccination history) changed between the time of the intervention and when updated vaccination histories were retrieved.
* Some clients in the control group have a responsible party that was texted at least once for a client in the intervention group.
* Challenges with implementing “Someone You Love” project:
	+ While powerful, these settings did not allow for a big audience in terms of numbers attending.
	+ It is difficult to measure future impact.
	+ Providing Continuing Medical Education (CME) credits only matters so much.
	+ Length of the documentary is an issue.
	+ Largely female-centric in attendance.
	+ Cost (i.e., could be done with less monetary resources by offering only snacks or different food options).
	+ Time for promotion of pilot screenings for all collaborating organizations and partners (i.e., competing priorities).
	+ Limitations with the “Someone You Love” license.
* Lessons learned from implementing “Someone You Love” project:
	+ Received positive feedback about overall format and contents of the documentary.
	+ Panel discussion session is crucial and should always include pediatrician and oncologist perspectives.
	+ By recruiting some of the panelists, additional HPV champions were identified.
	+ This documentary can be used for various target populations (i.e., community, parent, medical, and/or school).
	+ Providing CME credits mattered in the first pilot session, but this did not matter in the third pilot session.
	+ Providing food and prizes as an incentive facilitated question and answer session.
	+ An excellent collaboration with all organizations represented on the planning committee.
	+ It was easy to plan and implement the event (i.e., not hugely time intensive compared to other similar events).
	+ Move the location in different parts of the Northside community.
	+ Be flexible given the license limitations.
* Challenges with collecting cancer survivorship needs assessment survey data: The Consortium Survivorship Workgroup experienced challenges with collecting additional survey data due to a change in leadership at a partner organization. The Survivorship Workgroup members are creating an online survey to administer this needs assessment to additional cancer survivors and collect data from at least 100 participants.
* Unanticipated outcomes: Primary care providers are now routinely offering fecal immunochemical tests to their average risk patients, involving patient navigators only when patients are non-compliant or when they need a colonoscopy. While this practice has reduced the demand for colorectal cancer screening navigation services somewhat, the HCS staff believes it reflects an overall increase in colorectal cancer screening in general. It also allows an opportunity for the HCS to serve more clinical sites. In fiscal year 2018-2019, the HCS plans to recruit at least 10 additional clinical sites (for a total of 28 sites), through a new partnership with Phoebe Health Partners, a not-for-profit physician-hospital organization.
1. [**Conclusions and recommendations**](#_Toc441342253)
* Conconlusions: Overall, the majority of the EBIs were successfully implemented as planned during Year 1. The GACCCP met or exceeded target values for 7 out of 10 core program performance measures. Evaluation findings suggest that the GACCCP is making progress to promote cancer prevention, increase cancer screening, improve quality of life among cancer survivors, and promote health equity in Georgia.
* Recommendations regarding the Consortium:
	+ Increase the number of in-person meetings for the Consortium ST members.
	+ Provide an orientation to new members.
	+ Develop a common repository of presentations and information.
	+ Standardize the approach to meetings across Workgroups.
	+ Clarify roles, responsibilities and expectations for cancer plan implementation and structure of the Consortium. In particular, clarify the GA DPH’s role.
	+ Include the following individuals/skills/perspectives on the Consortium ST: LGBTQ community, someone with a public relations background, other pediatric oncologists, representatives from health systems, and the Georgia Prostate Cancer Coalition.
	+ In preparation for statewide cancer plan revision, the Workgroups should be shored up with representatives from the survivor community, health system, health plans, medical and nursing schools, and business.
	+ Ensure efficient facilitation.
	+ Prepare excellent data to prepare for statewide cancer plan revision.
	+ Overlay with opportunities for collaboration.
	+ Manage expectations given resource constraints.
	+ Ensure that each Workgroup takes ownship of ideas.
	+ Use project management tools.
	+ Secure seed funding for the implementation of Workgroups.
	+ Use the guiding documents including Memorandums of Understanding to ensure accountability.
	+ Use membership due or contribution structure to help support some of the facilitation expenses for meetings and Workgroup staffing.
* Recommendations regarding HPV reminder intervention:
	+ Utilize an updated version of Teletask. Refrain from feeding the system too much data at once.
	+ Retrieve as much identifiable information as possible at the beginning of the intervention.
	+ Before implementing the intervention, ensure that clients in the control group do not share a responsible party with any clients in the intervention group.
* Recommendations regarding “Someone You Love” project:
* Ensure a diverse assembly of experts on the panel. e.g., oncologist, parent, survivor, pediatrician
* Pilot in a larger setting with a targeted audience of only pediatricians. e.g. at a pediatric conference as an optional dinner event with a more “captive” audience
* Pilot in a larger setting with a targeted audience of school-based nurses and health professionals.
* Pilot in other health system settings.
* Use the panel discussion to customize for the audience segment.
* Utilize the same basic format, including the multi-organizational collaborative.
* Offer another follow up step. e.g., quality improvement workshop, provider champion training
* Other recommendations:
	+ Provide more technical assistance to the GACCCP grantees (i.e., RCCGs, other new partner organizations) to plan and implement policy, systems, and environmental change activities.
	+ Use multicomponent evidence-based interventions (i.e., interventions to increase community demand, interventions to increase community access, interventions to increase provider delivery of screening services, and interventions to reduce structural barriers) to increase colorectal cancer screening among Georgia adults over age 50.
	+ Utilize an online survey tool to administer cancer survivorship assessment surveys to additional cancer survivors from disparate populations.
	+ Increase frequency of monitoring and communication efforts with internal partner programs within the GA DPH as well as external partner organizations. Ensure that program activities in the GACCCP workplan will continue to be implemented and monitored as planned, even if the partner program or organization experiences staff turnover and/or change in leadership.