



# YEAR 4 REVISED COLORADO CANCER EVALUATION PLAN

Prepared by the Center for Health and Environmental Data | Colorado Department of Public Health and Environment | September 29, 2020

This document serves as an addendum to Colorado’s [five-year evaluation plan](#), and fulfills the requirement for evaluation and performance measurement for two programs funded through cooperative agreement DP17-1701: the National Comprehensive Cancer Control Program (NCCCP) and the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Evaluation activities related to colorectal cancer funded through cooperative agreement DP20-2002 are in the planning stages; potential colorectal evaluation activities are highlighted gray to indicate this pending status.<sup>1</sup> Updates to the matrix are specific to Year 4 (June 20, 2020 - June 29, 2021), but revisions may also be included as appropriate for known or anticipated evaluation activities that continue into Year 5. A comprehensive overview of the integrated approach to assess the Colorado Department of Public Health and Environment’s (CDPHE) cancer prevention and control efforts can be found in the [Colorado Cancer Evaluation Plan submitted on September 27, 2018](#).

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<sup>1</sup> A comprehensive integrated evaluation plan that includes colorectal cancer evaluation activities will be submitted to the Colorectal Cancer Control Program (CRCCP) by December 31, 2020.



## Summary of Changes

The following updates in this document related to Year 4 revisions:

- **Partnership.** Table 1-1: 1 performance measure deleted, 4 performance measures updated; Table 1-2: 3 evaluation questions updated.
- **Plan.** Table 2-2: 1 evaluation question updated.
- **Program.**
  - **Prevention.** Table 3-1: 1 performance measure updated. Table 3-2: no changes.
  - **Screening and Early Detection.**
    - **Outreach and Education.** Table 3-3A: 1 performance measure split into 2 performance measures, 6 additional performance measures updated. Table 3-3B: 1 evaluation question deleted, 1 evaluation question added, 2 evaluation questions updated.
    - **Clinic Quality Improvement (CQI).** Table 3-4A: 1 performance measure deleted, 1 performance measure updated. Table 3-4B: 2 evaluation questions updated.
    - **Health Navigation and Clinical Services (HNCS).** Table 3-5A: 3 performance measures updated. Table 3-5B: 1 evaluation question deleted, 2 evaluation questions updated.
  - **Cancer Screening.** Table 3-6: 1 performance measure deleted, 1 performance measure updated.
  - **Diagnosis/Treatment.** Table 3-7: No changes.
  - **Survivorship.** Table 3-8: 1 performance measure updated.
- **Health Equity Priorities.** Table 4-1: 2 performance measures added. Table 4-2: 2 evaluation questions added.

As a result of these revisions, some evaluation questions have been renumbered and the List of Tables on page 4 reflects updates.

## Evaluation Matrix

This living document details 23 evaluation questions and 47 performance measures for CDPHE’s integrated breast, cervical and colorectal cancer programs and can be used as follows:

**SECTIONS:** The evaluation matrix is divided into three primary sections that mirror CDPHE’s three-pronged approach to cancer prevention and control: Partnerships, Plan and Program. The Program section also includes four sub-sections organized by the stages of the cancer continuum of care: Prevention, Screening/Early Detection, Diagnosis/Treatment, and Survivorship/End-of-Life Care. Each sub-section includes prioritized interventions or activities that will be monitored or evaluated.

**PERFORMANCE MEASUREMENT TABLES:** This plan includes process and outcome performance measures for each aspect of cancer work funded at CDPHE that will be monitored over the evaluation period. Progress will be tracked as available and updates reported annually or as needed. Each performance measure table includes a description of the intended purpose for that measure or set of measures. Measures are primarily intended to track data over time to monitor program **progress** and/or inform the **reach** or **effectiveness** of CDPHE’s cancer prevention and control efforts.

Performance measurement data are collected from various surveillance sources, including population health surveys (e.g., BRFSS, NIS-TEEN, etc.) and other surveillance systems such as the Colorado Cancer Registry, the Colorado Immunization Information System (CIIS) and Environmental Public Health Tracking (EPHT). Additionally, program records, including individual-level data (MDEs, collected through eCaST) and clinic-level data (collected through eQOM and/or the Assessment and Planning process), will be assessed as needed. Performance measurement tables include the following descriptive columns:

- **Report:** the CDC-funded program(s) receiving reports. Reporting method (MDE, BCBARS, CBARS) may be included in parentheses, if applicable.
- **Frequency:** the interval with which information will be reported.<sup>2</sup>
- **Lead:** the person responsible for reporting data.
- **Focus:** the cancer type or site, if applicable.
- **Measure/Indicator:** the description of the metric being used.
- **Source:** the source from which data is being collected (e.g., eCaST, survey, focus group/interview, administrative data, etc.).
- **Baseline:** the quantifiable measurement and type (e.g., percentage, volume, etc.), including the year.
- **Target:** the quantifiable measurement and type (e.g., percentage, volume, etc.), including the year.
- **CDC Strategy:** the strategy identified by the CDC for 17-1701 awards, if applicable.
- **EBI:** the evidence-based intervention associated with the measure for 17-1701 awards, if applicable.

<sup>2</sup> Performance measures relying on data from population health surveillance systems will be reported based on availability. Additionally, some performance measures will align with activities funded through CDPHE grant programs, including CPED or CCPD. Thus, reporting timeframes may occur beyond the defined scope of this evaluation plan.

**EVALUATION QUESTIONS TABLES:** Focused evaluation questions are included only for specific interventions and activities for any given approach, based on priorities set for evaluation by the ESW and other primary intended users of the evaluation. Evaluation tables include the following descriptive columns:

- **Report:** the CDC-funded programs receiving reports. Reporting method will be by evaluation report unless otherwise noted.
- **Evaluation Question:** the specific question(s) related to that evaluation.
- **Indicators:** the metrics that define what is being evaluated (e.g., “Success” “reach” “representation,” etc.) and that will be used to answer the evaluation question.
- **Methods:** the data source, data collection and analysis methods used to inform the indicators and data range, if applicable. The individual(s) or units responsible for conducting this work are noted in parentheses.
- **Timing/Use:** The range during which evaluation findings will be analyzed and disseminated, and for what purpose.

**LIST OF TABLES**

Table	Program			Type		Approach			Stage				Cancer Focus					Strategy (if applicable)	
	NCCCP	NBCCEDP	CRCCP (Pending)	Performance Measure	Evaluation Question	Partnership	Plan	Program	Prevention	Screening & Early Detection	Diagnosis & Treatment	Survivorship/End-of-Life Care	Breast	Cervical	Colorectal	Lung	Skin		All/other
Table 1-1	X	X		X		X												X	Environmental approaches
Table 1-2	X	X			X	X												X	
Table 2-1	X			X			X											X	
Table 2-2	X				X		X						X	X	X	X	X	X	
Table 3-1	X			X				X	X					X					
Table 3-2	X				X			X	X					X		X			
Table 3-3A		X	X	X				X		X			X	X					Community Education & Outreach
Table 3-3B		X	X		X			X		X			X	X					Community Education & Outreach
Table 3-4A	X	X	X	X				X		X			X	X	X	X			Clinic Quality Improvement
Table 3-4B	X	X	X		X			X		X			X	X	X	X			Clinic Quality Improvement
Table 3-5A		X		X				X		X			X	X					Health Navigation
Table 3-5B	X	X			X			X		X			X	X					Health Navigation
Table 3-6		X		X				X		X			X	X					Cancer Screening
Table 3-7		X		X				X			X		X	X					Health Navigation
Table 3-8	X			X				X				X						X	Provider education
Table 4-1	X		X	X		X	X	X	X	X	X				X			X	Health Equity
Table 4-2	X				X	X	X	X	X	X	X		X	X	X	X	X	X	Health Equity

## SECTION 1: PARTNERSHIP APPROACH

(4 performance measures; 3 evaluation questions)

**TABLE 1-1. PARTNERSHIP PERFORMANCE MEASURES**

n=4

These performance measures will inform CDPHE about the reach and engagement of external partners with statewide cancer prevention and control efforts.

Report	Frequency	Lead	Focus	Measure/Indicator	Source	Baseline	Target	CDC Strategy	EBI
NCCCP	1x/year	C.Cahill	All	Percent of Coalition members actively engaged in task forces	Admin records	0 (FY16-17)	10% (FY20-21)	Partnership	N/A
NBCCEDP NCCCP	1x/year	K.McCracken	All	Number of partnerships established to address employer screening policies	Admin records	2 (FY19-20)	2 (FY20-21)	Environmental	N/A
NBCCEDP NCCCP	1x/year	K.McCracken	All	Number of activities developed with partners to address employer screening policies	Admin records	1 (FY19-20)	1 (FY20-21)	Environmental	N/A
NBCCEDP NCCCP	1x/year	S.Lawrence	All	Number of evaluations designed for partnership activities related to employer screening policies	Admin records	1 (FY19-20)	1 (FY20-21)	Environmental	N/A

**TABLE 1-2. PARTNERSHIP EVALUATION QUESTIONS**

Report	Evaluation Question	Indicator(s)	Methods (Lead)	Timing/Use
NCCCP	<p><b>1. How successful are our partnerships through the Colorado Cancer Coalition?</b></p> <p>a. In what ways are Coalition partners engaged?</p> <p>b. How do partners (members) perceive the Coalition? (Process)</p>	<ul style="list-style-type: none"> <li>Level of engagement and motivation self-indicated by survey respondents.</li> <li>Types of engagement, including role(s) within Coalition (e.g., task force participation, leadership roles, etc.) among survey respondents.</li> <li>Satisfaction self-indicated by survey respondents.</li> </ul>	<ul style="list-style-type: none"> <li>Descriptive and thematic analysis of survey responses. [HSEB/S.Lawrence]</li> </ul>	<p>Annual (November): Cancer symposium evaluation will inform Coalition event and topical priorities.</p> <p>Ongoing: quarterly and co-hosted event surveys inform event quality and help to plan future events. Survey findings will inform Coalition leadership and steering committee regarding ongoing Coalition partnership needs.</p>

**TABLE 1-2. PARTNERSHIP EVALUATION QUESTIONS**

Report	Evaluation Question	Indicator(s)	Methods (Lead)	Timing/Use
NCCCP	2. What is the membership of the Colorado Cancer Coalition? Does the Coalition membership represent Colorado’s population and cancer needs, including those characteristics and affiliations identified by the CDC? What representation is missing? (Process)	<ul style="list-style-type: none"> <li>• Characteristics/affiliations listed in CDMIS, such as:                             <ul style="list-style-type: none"> <li>○ Number and percent of Coalition members representing specific regions (rural/frontier, urban), populations (race/ethnicity, gender, survivors), cancer types, cancer stages, etc.</li> <li>○ Number and percent of Coalition members by role/position, expertise and organizational affiliation</li> <li>○ Number and percent of members engaged in the Coalition, by task force</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Descriptive analysis (frequencies) of Coalition members [CCCCP/B. Selig, C. Cahill with HSEB consult]</li> <li>• Descriptive analysis of survey results among Coalition members [HSEB/S.Lawrence]</li> </ul>	<p>2017: Initial membership assessment will identify member characteristics/affiliations for CDMIS.</p> <p>July - November 2020: Gap analysis to inform Coalition leadership in recruiting efforts.</p> <p>February 2022: Membership assessment will help to inform progress toward closing gaps in membership needs.</p>
NBCCEDP NCCCP CRCCP	3. Has the integrated approach to cancer prevention and control at CDPHE been successful, including the CPED program, for external partners as well as internal partners at CDPHE? What are the facilitators and barriers to success? (Process)	<ul style="list-style-type: none"> <li>• Percentage of funded organizations reporting high levels of satisfaction with the CPED program.</li> <li>• Percentage of funded organizations reporting improved experience with CDPHE as a result of the CPED program.</li> <li>• Successes self-indicated by funded organizations and internal partners.</li> <li>• Barriers self-indicated by funded organizations and/or internal partners.</li> <li>• Perceptions of CPED Program (structure, priorities, effectiveness, facilitators and barriers) self-indicated by CPED funded organizations, external partners and internal partners, including those no longer funded.</li> <li>• Percentage of organizations demonstrating improved performance with grant management (e.g., meeting spending targets, deadlines, deliverables, etc.).</li> <li>• Percentage of organizations demonstrating improved performance serving priority populations (e.g., women served, screening rates, intervention fidelity, etc.).</li> </ul>	<ul style="list-style-type: none"> <li>• Descriptive and thematic analysis of responses from biannual HSCB contractor survey and exit interviews [HSCB &amp; HSEB/S.Lawrence]</li> <li>• Thematic analysis of responses from focus group and/or KIIs with funded organizations or internal or external partners (if needed) [HSEB, S.Lawrence]</li> <li>• Document review of administrative records (e.g., site visit reports, screening rates, spending performance, Contractor Performance Evaluation ratings, etc.) [WWC/ I. Hontz, K. McCracken with HSEB consult]</li> </ul>	<p>December 2018 &amp; TBD 2021: Findings from external contractor surveys will inform successes and areas in need of improvement for HSCB and CPED in particular.</p> <p>September 2019 &amp; TBD 2021: Findings from internal partner feedback survey and interviews will be compared to inform successes and areas in need of improvement for CDPHE’s overall cancer prevention and control coordinated efforts. Comparisons to baseline (June 2017) will inform change.</p> <p>February 2022: Performance indicators from external partners will inform whether outcomes align with perceived change.</p>

## SECTION 2: PLAN APPROACH

(1 performance measure; 2 evaluation questions)

TABLE 2-1. PLAN PERFORMANCE MEASURES <span style="float: right;">n=1</span>									
These performance measures will inform CDPHE about progress toward the development of the Colorado Statewide Cancer Plan.									
Report	Frequency	Lead	Focus	Measure/Indicator	Source	Baseline	Target	CDC Strategy	EBI
NCCCP	Every 5 years	B.Selig	All	Development and publication of Colorado Cancer Plan 2021-2025	Admin records	0 (FY18-19)	1 (FY20-21)	Plan	N/A

TABLE 2-2. PLAN EVALUATION QUESTIONS				
Report	Evaluation Question	Indicator(s)	Methods (Lead)	Timing/Use
NCCCP	<p>1. How, and to what extent, do Colorado cancer professionals use the statewide Colorado Cancer Plan to inform their work? (Process)</p> <p>a. How are Coalition partners engaged in work that advances the aims of the Colorado Cancer Plan?</p>	<ul style="list-style-type: none"> <li>Type of use self-indicated by respondents, including reasons for non-use</li> <li>Recommendations for improving usability</li> <li>Frequency of use self-indicated by respondents</li> <li>Method of plan access (hard copy, online, etc.)</li> <li>Number of members working on the Colorado Cancer Plan, by goal and objective</li> </ul>	<ul style="list-style-type: none"> <li>Descriptive and thematic analysis of survey responses [HSEB/S.Lawrence]</li> </ul>	<p>August - September 2020: Survey administered</p> <p>December 2020: Findings from survey will identify priorities and potential gap areas to inform the development of the next statewide cancer plan, which is used to prioritize Coalition/task force and/or CDPHE work/resources.</p>
NCCCP	<p>2. What are the key accomplishments that task forces have made toward cancer plan goals and objectives? (Process and Outcome)</p>	<ul style="list-style-type: none"> <li>Number of task force and Coalition meetings</li> <li>Number of volunteer hours contributed by Coalition members toward task force work</li> <li>Number and type of actions/projects completed</li> <li>Percentage point increase towards cancer plan targets</li> </ul>	<p>Document review of administrative reports; Descriptive and thematic analysis of task force progress (CCCCP/B.Selig, C.Cahill]</p>	<p>Annually: Findings will inform Coalition and cancer partners about work accomplished and help inform Coalition/task force priorities.</p>

## SECTION 3a: PROGRAM APPROACH | Prevention

(1 performance measure; 1 evaluation question)

TABLE 3-1. HPV VACCINATION PERFORMANCE MEASURES <span style="float: right;">n=1</span>									
<i>These performance measures will inform behavior change related to HPV vaccinations.</i>									
Report	Frequency	Lead	Focus	Measure/Indicator	Source	Baseline	Target	CDC Strategy	EBI
NCCCP	1x/year	B.Selig	Cervical	Adolescent males and females aged 13-17 that have completed the HPV vaccination series <sup>3</sup>	NIS-TEEN	62.5% (2019)	65% (2020)	Health systems change	Health care system-based interventions implemented in combination to increase appropriate vaccination

TABLE 3-2. PREVENTION EVALUATION QUESTIONS				
Report	Evaluation Question	Indicator(s)	Methods (Lead)	Timing/Use
NCCCP	1. What are the evaluation findings for CCPD's cancer prevention activities related to lung cancer?	See Appendix A for implementation, reach and effectiveness indicators related to community engagement activities, policies, and/or environmental changes related to radon mitigation.	Mixed methods [PIER Center]	April 2019: Evaluation plan finalized  February 2022: Outcomes available

<sup>3</sup> The wording in this performance indicator reflects the LIDS indicator; however, HPV vaccination series completion data is collected and reported separately for adolescent males and females.

**SECTION 3b: PROGRAM APPROACH | Screening/Early Detection**

(38 performance measures, 13 evaluation questions)

TABLE 3-3A. COMMUNITY EDUCATION AND OUTREACH PERFORMANCE MEASURES <span style="float: right;">n=9</span>									
These performance measures will inform CDPHE about the reach and effectiveness of community education and outreach interventions to reduce health disparities.									
Report	Frequency	Lead	Focus	Measure/Indicator	Source	Baseline	Target	CDC Strategy	EBI
NBCCEDP	1x/year (August)	S.Lawrence	Breast	Among women who received direct assistance to breast cancer screening through CPED TCO strategy, percentage who accessed a health care system	TCO Data Portal and/or eCaST	77% (FY19-20)	80% (FY20-21)	Community-clinical linkages	Small media Group education 1:1 education Reducing structural barriers Reducing out-of-pocket costs
NBCCEDP	1x/year (August)	S.Lawrence	Cervical	Among women who received direct assistance to cervical cancer screening through CPED TCO strategy, percentage who accessed a health care system		85% (FY19-20)	85% (FY20-21)		
NBCCEDP	1x/year (August)	S.Lawrence	Breast	Among women who received direct assistance to breast cancer screening through CPED TCO strategy, percentage who completed a mammogram		48% (FY17-18)	60% (FY20-21)		
NBCCEDP	1x/year (August)	S.Lawrence	Cervical	Among women who received direct assistance to cervical cancer screening through CPED TCO strategy, percentage who completed a Pap test		47% (FY19-20)	47% (FY20-21)		
NBCCEDP	1x/year (August)	S.Lawrence	Breast	Among women who received direct assistance through CPED TCO strategy and completed an initial mammogram, percentage who indicated that they were confident in their ability to complete routine breast cancer screenings in the future	Client self report	0 (FY20-21)	90% (FY21-22)		
NBCCEDP	1x/year (August)	S.Lawrence	Cervical	Among women who received direct assistance through CPED TCO strategy and completed a Pap test, percentage who indicated that they were confident in their ability to complete routine cervical cancer screenings in the future.		0 (FY20-21)	90% (FY21-22)		
NBCCEDP	1x/year (July)	S.Lawrence	Breast, Cervical	Number of organizations funded to implement the CPED TCO strategy <sup>4</sup>	Admin. records	13 (FY17-18)	12 (FY20-21)		

<sup>4</sup> This includes health systems, community-based organizations and tribes funded through CPED.



**TABLE 3-3A. COMMUNITY EDUCATION AND OUTREACH PERFORMANCE MEASURES** n=9

*These performance measures will inform CDPHE about the reach and effectiveness of community education and outreach interventions to reduce health disparities.*

Report	Frequency	Lead	Focus	Measure/Indicator	Source	Baseline	Target	CDC Strategy	EBI
NBCCEDP	1x/year (August)	S.Lawrence	Breast, Cervical, Cardiovascular <sup>5</sup>	Number of community education events (for cancer risk factors and screening guidelines) held or participated in by organizations funded for the TCO strategy	Progress reports	262 (FY17-18)	581 <sup>6</sup> (FY20-21)	Community-clinical linkages	Small media Group education
NBCCEDP	1x/year (August)	S.Lawrence	Breast, Cervical	Number of women receiving direct assistance through CPED TCO strategy	Progress reports, TCO Data Portal	1,088 (FY17-18)	800 (FY20-21)	Community-clinical linkages	1:1 education; Reducing structural barriers; reducing out-of-pocket costs

**TABLE 3-3B. COMMUNITY EDUCATION AND OUTREACH EVALUATION QUESTIONS**

Report	Evaluation Question	Indicator(s)	Methods (Lead)	Timing/Use
NBCCEDP	<p>1. How do organizations implement CPED's Targeted Community Outreach (TCO) strategy? (Process)</p> <ul style="list-style-type: none"> <li>What are the different methods utilized to deliver community outreach and direct assistance?</li> <li>How are women in priority populations identified within communities?</li> <li>How much time, and how many contacts, is needed to provide direct assistance?</li> </ul>	<ul style="list-style-type: none"> <li>Type, description and combination of methods used to provide direct assistance.</li> <li>Type and description of locations where women are first identified</li> <li>Number of total contacts (between dates of first and last contact)</li> <li>Length of time that women receive direct assistance</li> </ul>	<ul style="list-style-type: none"> <li>Descriptive analysis of participant-level data as reported in TCO Data Portal [HSEB/S.Lawrence]</li> <li>Thematic analysis of open-ended responses provided in progress report survey, if needed. [HSEB/S.Lawrence]</li> </ul>	<p>October 2021: Findings will be shared with program staff and contractors to inform programmatic decisions about best approaches for identifying populations in need of outreach.</p>

<sup>5</sup> In addition to assisting women to breast and cervical cancer screening, two grantees (one tribe and one community based organization) are also funded to pilot assisting women to cardiovascular screening through the WISEWOMAN Innovation grant.

<sup>6</sup> This target was established in collaboration with grantees in February 2020 prior to COVID-19 impacts to services and may be reconsidered during the fiscal year to better reflect organizations' ability to host community educational events.

**TABLE 3-3B. COMMUNITY EDUCATION AND OUTREACH EVALUATION QUESTIONS**

Report	Evaluation Question	Indicator(s)	Methods (Lead)	Timing/Use
NBCCEDP	2. To what extent are Community Health Workers (CHWs) representative of the women receiving direct assistance through the TCO strategy? How does this representation impact women’s access to health systems and initial screening completion, if at all?	<ul style="list-style-type: none"> <li>• Characteristics of CHWs at funded organizations, including race/ethnicity, age, etc.</li> <li>• Number/percent of women receiving direct assistance who access a health system and complete initial screenings, by CHW</li> </ul>	<ul style="list-style-type: none"> <li>• Descriptive analysis of TCO outreach workers [HSEB/S.Lawrence]</li> <li>• Descriptive analysis (frequencies/crosstabs) of outcomes reported in the TCO Data Portal by CHW [HSEB/S.Lawrence]</li> </ul>	June 2021: Findings will inform future programmatic decisions related to the community-clinical linkages strategy and funding requirements
NBCCEDP	3. What is the reach of the TCO strategy? Are organizations funded for TCO through CPED reaching both the areas of highest need and the identified priority populations related to the TCO strategy? What gaps still exist?	<ul style="list-style-type: none"> <li>• Number of women receiving direct assistance overall</li> <li>• Number of women who complete initial screenings, by demographic characteristics</li> <li>• Percent of CPED-funded organizations serving counties with a high proportion of individuals at risk for not being screened.</li> <li>• Percent of women served through TCO who reside in counties with a high proportion of individuals at risk for not being screened</li> <li>• Percent of women served through TCO who have one or more characteristics associated with being at risk for not being screened.</li> <li>• Distribution of clients served through TCO by characteristics associated with being at risk for not being screened.</li> </ul>	<ul style="list-style-type: none"> <li>• Descriptive analysis of TCO Data Portal data and administrative records [HSEB/S.Lawrence]</li> <li>• Thematic analysis of progress report open-ended responses (if needed). [HSEB/S.Lawrence]</li> <li>• Document review of budgets/invoices, site visit reports, and other administrative data (if needed). [WWC/I.Hontz and K.McCracken].</li> </ul>	Annual (September-November): Summary of findings will be shared with program and CDC in aggregate and with funded organizations (individual organizational data) to inform progress in meeting priority populations

**TABLE 3-3B. COMMUNITY EDUCATION AND OUTREACH EVALUATION QUESTIONS**

Report	Evaluation Question	Indicator(s)	Methods (Lead)	Timing/Use
NBCCEDP	<p>4. Among women served through CPED’s Targeted Community Outreach (TCO) strategy, what factors contribute to women accessing a health system and/or completing initial screening procedures (Pap tests and/or Mammograms)? What factors continue to be barriers among the priority population?? (Process)</p> <ul style="list-style-type: none"> <li>To what extent do organization characteristics or outreach methods contribute to completion of initial screening procedures?</li> </ul>	<ul style="list-style-type: none"> <li>Number, percent and combination of potential predictors of interest, such as: location of first client encounter (or how client heard about TCO), type of assistance received, number of contacts, length of direct assistance, type of organization providing direct assistance,</li> <li>Number, percent and combination of organizational characteristics, such as: organization rate of success, outreach methods implemented, number of outreach workers or budget size.</li> <li>Parameter estimates derived from regression analyses representing the effect of organizational characteristics, outreach methods, and population characteristics on health system access and screening completion.</li> </ul>	<ul style="list-style-type: none"> <li>Descriptive analysis (frequencies/crosstabs) of values reported in the TCO Data Portal to define and determine predictors of interest [HSEB/S.Lawrence &amp; I.Danielson]</li> <li>Inferential analysis (multiple regression) to determine predictive sets of characteristics in determining successful screening outcomes [HSEB/I.Danielson &amp; S.Lawrence]</li> </ul>	<p>February 2022: Findings will provide summative conclusions about the factors that lead to successful health system access and completion of initial screenings. Findings will also inform future programmatic decisions about best methods for conducting outreach and inform guidance included in the program manual.</p>

TABLE 3-4A. CLINIC QUALITY IMPROVEMENT PERFORMANCE MEASURES <span style="float: right;">n=6</span>									
Report	Frequency	Lead	Focus	Measure/Indicator	Source	Baseline	Target	CDC Strategy	EBI
NCCCP CRCCP	Every 2 years	B.Selig	Colorectal	Percentage of adults aged 50-75 who are up-to-date on a USPSTF-recommended CRC screening test	BRFSS	66.7% (2016)	72% (2022)	Community-clinical linkages; Health systems change	Reducing Structural Barriers; Provider assessment and feedback
NCCCP	1x/year	B.Selig	Lung	Rate of lung cancer mortality per 100,000 people	CCCR	27.5 (2016)	17.5 (2022)	Health systems change	N/A <sup>7</sup>
CRCCP	1x/year	R.Wauters	Colorectal	Percent of CQI-participant health systems with at least one year of substantive work on colorectal cancer screening that have improved their colorectal cancer screening rate since baseline	eCQM	0% (FY17-18)	50% (FY20-21)	Health systems change (Enhancing Service Delivery Using Evidence-Based Interventions)	All
NBCCEDP	1x/year	R.Wauters	Cervical	Percent of CQI-participant health systems with at least one year of substantive work on cervical cancer screening that have improved their cervical cancer screening rate since baseline	eCQM	0% (FY17-18)	50% (FY20-21)		
NBCCEDP	1x/year	R.Wauters	Breast	Percent of CQI-participant health systems with at least one year of substantive work on breast cancer screening that have improved their breast cancer screening rate since baseline	eCQM	0% (FY17-18)	50% (FY20-21)		
NBCCEDP	1x/year	S. Grassmeyer	Breast, Cervical	Number of CQI-participant health systems working on breast and cervical cancer-related work funded through CPED	Admin data	0 (FY17-18)	4 (FY20-21)	Program management, partnerships	N/A

<sup>7</sup> The USPTF recommends annual screening for lung cancer with low-dose computed tomography in adults aged 55-80 years who have a 30 pack-year smoking (patient navigation, community awareness, provider education).

TABLE 3-4B. CLINIC QUALITY IMPROVEMENT EVALUATION QUESTIONS				
Reporting	Evaluation Question	Indicator	Methods (Lead)	Timing/Use
CRCCP NBCCEDP	1. How do measures of cancer screening change over time amongst CQI-participant health systems? (Outcome)	<p>By cancer type:</p> <ul style="list-style-type: none"> <li>Number/percent of health systems who experienced statistically significant improvements to targeted clinical outcome measures (i.e., cancer screening rates, etc.) from baseline, by years of CQI participation</li> <li>Number/percent of health systems who experienced statistically significant improvements to targeted clinical outcome measures (i.e., cancer screening rates, etc.) from baseline, by activity/EBI implemented</li> <li>Average change in targeted clinical outcome measures (i.e., cancer screening rates, etc.) from baseline</li> </ul>	Descriptive and inferential analysis (i.e., paired T-test) using EHR-reported data [HSEB/R.Wauters]	
CRCCP NBCCEDP	2. To what extent do health systems participating in CPED's CQI strategy increase implementation of established, evidence-based best practices for primary care? (Outcome)	<ul style="list-style-type: none"> <li>Of eligible health systems, number/percent of health systems that have adopted and follow a nationally recognized screening guideline system-wide</li> <li>Of eligible health systems, number/percent of health systems that have developed a policy and/or standard workflow for delivering age- and risk-appropriate colorectal cancer screening tests</li> <li>Of health systems using colonoscopy as their primary colorectal cancer screening test at baseline, number/percent of health systems that use FIT/FOBT or FIT-DNA as their primary colorectal cancer screening test post-implementation</li> <li>Of eligible health systems, number/percent of health systems that have improved utilization of best practices for team-based care from baseline</li> <li>Among eligible health systems, average change in care team utilization of staff (i.e., medical assistants, nurses, lay-persons, etc.) to their maximum skill and practice authority</li> <li>Of eligible health systems, number/percent of health systems that routinely collect and share patient experience data with staff (i.e., patient satisfaction, average wait time, no show rates, etc.)</li> <li>Among eligible health systems, average self-reported, estimated staff time spent delivering patient navigation or community education for organizations funded for healthy system change through NBCCEDP.</li> <li>Successes, barriers, and lessons learned from CQI implementation</li> </ul>	<ul style="list-style-type: none"> <li>Descriptive analysis of program data (pre- and post-implementation) [HSEB/R.Wauters]</li> <li>Thematic analysis of interviews/focus groups and open-ended survey responses [HSEB/R.Wauters]</li> </ul>	<p>October 2020: Outcomes will be reported to CDC and CDPHE-related programs to determine impact</p> <p>September 2020 and March 2021: Relevant data reported in B&amp;C BARS</p>

**TABLE 3-4B. CLINIC QUALITY IMPROVEMENT EVALUATION QUESTIONS**

Reporting	Evaluation Question	Indicator	Methods (Lead)	Timing/Use
CRCCP NBCCEDP	3. Do CQI-participating health systems build and sustain meaningful Health Information Technology (HIT) infrastructure?	<ul style="list-style-type: none"> <li>• Of health systems reporting inaccurate rates at baseline, number/percent of health systems that are able to accurately report cancer screening rates and chronic disease control measures post-implementation</li> <li>• Of health systems without a registry at baseline, number/percent of health systems who have successfully created a registry in their EHR to identify, track, and monitor patients eligible for cancer screening and/or other targeted areas in preventive care</li> <li>• Of health systems not documenting demographic data at baseline, number/percent of health systems that document patient demographic information (i.e., race/ethnicity, income, payor, etc.) in their EHR</li> <li>• Of eligible health systems, number/percent of health systems that implement provider reminder and recall systems within their EHR</li> </ul>	<ul style="list-style-type: none"> <li>• Descriptive analysis of EHR data, chart reviews and program data [HSEB/R.Wauters]</li> </ul>	October 2020: Outcomes will be reported to CDC and CDPHE-related programs to determine impact
CRCCP NBCCEDP	4. To what extent do CQI-participant health systems build and sustain a culture of quality improvement within their organization?	<ul style="list-style-type: none"> <li>• Of eligible health systems, number/percent of health systems who have developed a patient experience program and/or routinely utilize patient experience data as a part of their quality improvement efforts</li> <li>• Of health systems who self-report limited leadership buy-in pre-implementation, number/percent of health systems who have achieved buy-in from health system leadership (i.e., their Chief Medical Officer actively participates in QI activities, delegates funding to QI work, etc.)</li> <li>• Of health systems without a designated QI champion/lead at baseline, number/percent of health systems who have designated a QI champion/lead post-implementation</li> <li>• Of health systems not sharing data with staff at baseline, number/percent of health systems who actively, routinely share clinical outcome measures with all staff</li> <li>• Number/percent of health systems who experienced improvements in their staff-reported organizational culture of quality improvement</li> <li>• Of eligible health systems, number/percent of health systems who fully implement provider assessment and feedback system-wide</li> </ul>	<ul style="list-style-type: none"> <li>• Thematic analysis of interviews/focus groups and open-ended survey responses [HSEB/R.Wauters]</li> <li>• Descriptive analysis of EHR data, chart reviews and program data [HSEB/R.Wauters]</li> </ul>	September 2020 and March 2021: Relevant data reported in B&C BARS
CRCCP NBCCEDP	5. How is CQI leveraging opportunities and partnerships to help participant health systems meet national guidelines and goals?	<ul style="list-style-type: none"> <li>• Number/percent of health systems that were able to leverage their work with CQI to meet goals for recognition, accreditation, or certification programs (i.e., PCMH, DSME, etc.)</li> <li>• Description of collaboration and integration efforts between CQI program staff and internal and external partners</li> </ul>	<ul style="list-style-type: none"> <li>• Descriptive analysis of survey and program data, and thematic analysis of focus group/focused conversations. [HSEB/R.Wauters]</li> </ul>	

**TABLE 3-4B. CLINIC QUALITY IMPROVEMENT EVALUATION QUESTIONS**

Reporting	Evaluation Question	Indicator	Methods (Lead)	Timing/Use
NCCCP	6. What are the evaluation findings for CCPD's clinical system quality improvement activities related to cancer?	HPV vaccination and cancer screening (lung, CRC, hereditary cancers): See Appendix B and Appendix C for evaluation plans that include indicators for: descriptive characteristics of evidence-based policy, practice or procedure changes implements, reach of changes made, and effectiveness of CSQI change at improving patient services and care.	<ul style="list-style-type: none"> <li>Mixed methods [PiER Center]</li> </ul>	February 2022: outcomes available

**TABLE 3-5A. HEALTH NAVIGATION PERFORMANCE MEASURES**

n=10

The following measures will help to inform the reach and effectiveness of the health navigation intervention for insured and uninsured women.

Report	Frequency	Lead	Focus	Measure/Indicator	Source	Baseline	Target	CDC Strategy	EBI		
NBCCEDP	2x/year	M.Milzer	Cervical	Percentage of Pap test with follow up indicated that complete follow-up (overall, and by insurance status)	eCaST/HIDS	87.9% <sup>8</sup> (FY16-17)	>=90%	Health system change (Direct Screening and Patient Navigation)	Reducing structural barriers		
NBCCEDP	2x/year	M.Milzer	Cervical	Percentage of Pap tests with follow up indicated and completed where the time between the Pap test/referral and final diagnosis was > 60 days (overall, and by insurance status)	eCaST/HIDS	12.4% <sup>8</sup> (FY16-17)	<=25%				
NBCCEDP	2x/year	M.Milzer	Cervical	Percentage of abnormal Pap tests with complete follow up (overall, and by insurance status)	eCaST/HIDS	81.0% <sup>8</sup> (FY16-17)	>=90%				
NBCCEDP	Monthly, 1x/year	M.Milzer	Breast	Percentage of abnormal breast screenings with complete follow-up (overall, and by insurance status)	eCaST/HIDS	94.5% <sup>8</sup> (FY16-17)	>=90%				
NBCCEDP MDE	2x/year				eCaST/MDEs <sup>9</sup>	93.7% <sup>8</sup> (FY16-17)					
NBCCEDP	Monthly, 1x/year	M.Milzer	Breast	Percentage of abnormal breast screenings where the time between the screening/referral and final diagnosis was > 60 days (overall, and by insurance status)	eCaST/HIDS	6.0% <sup>8</sup> (FY16-17)	<=25%				
NBCCEDP MDE	2x/year				eCaST/MDEs <sup>9</sup>	5.4% <sup>8</sup> (FY16-17)					
NBCCEDP	1x/year	M.Milzer	Breast, cervical	Number of additional unique women who have ONLY received patient navigation support into and through the screening process AND were not included in the NBCCEDP-funded screening estimates [testing was reimbursed through other sources (e.g., state funds, private insurance, Medicaid, Medicare, etc.)] (overall, and by insurance status)	eCaST	6,387 (FY16-17)	3,549 (FY20-21)			Program management, partnerships	1:1 education
NBCCEDP	1x/year	E.Kinsella	Breast, cervical	Number of organizations funded to implement the CPED Health Navigation & Clinical Services strategy for uninsured and underinsured women	Admin data	36 (FY16-17)	34 (FY20-21)				
NBCCEDP	1x/year	E.Kinsella	Breast, cervical	Number of organizations funded to implement the CPED Health Navigation strategy for insured women	Admin data	24 (FY16-17)	25 (FY20-21)				

<sup>8</sup> The numbers included here demonstrate the overall rate for insured and uninsured clients combined. When reporting measures, these percentages will be broken down as indicated.

<sup>9</sup> The numbers generated here represent those calculated through the preliminary MDE core performance indicator report that CDPHE submits to CDC, which is produced from CDC's MDE Edits application.

**TABLE 3-5B. HEALTH NAVIGATION EVALUATION QUESTIONS**

Reporting	Evaluation Question	Indicator	Methods (Lead)	Timing/Use
NBCCEDP	<p>1. How are organizations funded for the Health Navigation (HN) strategy providing navigation to clients? (Process)</p> <p>a. Where does navigation happen most frequently in the screening cycle?</p> <p>b. What is the process and who is responsible for conducting each component of health navigation (barrier assessment, client reminders, etc.)?</p> <p>c. Is health navigation being implemented with fidelity to CPED program guidance?</p>	<ul style="list-style-type: none"> <li>Description and timing of navigation components and processes self-reported by funded organizations through completion of organizational case studies (based on interviews, surveys and other evaluation and administrative documentation)</li> <li>Percent of funded organizations implementing the HNCS strategy that undergo self-audits and/or site visits who are adhering to CPED program guidance</li> </ul>	<ul style="list-style-type: none"> <li>Document review of site visits, data chart reviews (client barrier assessment tool documentation), process flow charts, etc. [WWC/ I.Hontz, K.McCracken with HSEB consult]</li> <li>Descriptive and thematic analyses of administrative documents and past progress reports [HSEB/ S.Lawrence]</li> <li>Comparative thematic analysis of completed case studies [HSEB/ S.Lawrence]</li> </ul>	<p>May 2021: Completed case studies will inform understanding of routine practices</p> <p>July 2021: Comparison across all completed case studies will improve understanding of practices across organizations, determine implementation fidelity at individual organizations, identify TA needs to improve program administration and inform continued program requirements</p>
NBCCEDP	<p>2. What is the reach of the HNCS strategy? Are organizations funded for HNCS strategy through CPED reaching both the areas of highest need and the priority populations related to the HNCS strategy? What gaps still exists? (Process)</p>	<ul style="list-style-type: none"> <li>Number of women served overall and by demographic characteristics</li> <li>Percent of HNCS organizations serving counties with a high proportion of individuals at risk for not being screened</li> <li>Percent of women served through HNCS who reside in counties with a high proportion of individuals at risk for not being screened</li> <li>Percent of women served through HNCS who have one or more characteristics associated with being at risk for not being screened</li> <li>Distribution of clients served through HNCS by characteristics associated with being at risk for not being screened</li> </ul>	<ul style="list-style-type: none"> <li>Descriptive analysis of eCaST data and administrative records [Informatics/M.Milzer, HSEB/ S.Lawrence]</li> </ul>	<p>December 2020, 2021, 2022: Findings will inform program improvement and funding decisions.</p>
NCCCP	<p>3. What are the evaluation findings for CCPD's health navigation workforce development activities?</p>	<ul style="list-style-type: none"> <li>See Appendix D for evaluation plan indicators related to training implementation processes, reach of training programs, and effectiveness of training programs.</li> </ul>	<ul style="list-style-type: none"> <li>Mixed methods [PIER Center]</li> </ul>	<p>April 2019: evaluation plan finalized</p> <p>February 2022: outcomes available</p>

**TABLE 3-6. CANCER SCREENING PERFORMANCE MEASURES**

n=7

These performance measures will inform the effectiveness and reach of breast and cervical cancer screening interventions, including CPED's Clinical Services strategy.

Report	Frequency	Lead	Focus	Measure/Indicator	Source	Baseline	Target	CDC Strategy	EBI
NBCCEDP	1x/year	M. Milzer	Cervical	Percentage of initial program Pap tests provided to never/rarely screened women	eCaST/HIDS	45.4% (FY16-17)	>=20%	Health equity	Reducing out of pocket costs
					eCaST/MDEs <sup>10</sup>	47.9% (FY16-17)			
NBCCEDP	1x/year	M. Milzer	Breast	Percentage of NBCCEDP funded mammograms provided to women 50 years of age and older	eCaST/HIDS	65.4% (FY16-17)	>=75%	Program management	Reducing out of pocket costs
					eCaST/MDEs <sup>6</sup>	63.0% (FY16-17)			
NBCCEDP	1x/year	M. Milzer	Breast, cervical	Number of women who received at least one NBCCEDP-funded clinical service: Mammogram, Clinical Breast Exam, Pap test, HPV test, or Diagnostic service.	eCaST Monthly report	4,233 (FY16-17)	9,732 (FY20-21)	Health systems change (Direct Screening and Patient Navigation)	Reducing out of pocket costs
			Breast	Number of women who received at least one NBCCEDP-funded mammogram or other breast diagnostic service	eCaST Monthly report	2,944 (FY16-17)	7,837 (FY20-21)		
			Cervical	Number of women who received at least one NBCCEDP-funded pap test, HPV test or other cervical diagnostic service	eCaST Monthly report	2,962 (FY16-17)	5,872 (FY20-21)		

<sup>10</sup> The numbers generated here represent those calculated through the preliminary MDE core performance indicator report that CDPHE submits to CDC, which is produced from CDC's MDE Edits application.

**SECTION 3c: PROGRAM APPROACH | Diagnosis/Treatment**

(5 performance measures)

TABLE 3-7. HEALTH NAVIGATION PERFORMANCE MEASURES <span style="float: right;">n=5</span>									
<i>These performance measures will inform the effectiveness of health navigation at the diagnostic stage of cancer screening.</i>									
Report	Frequency	Lead	Focus	Measure/Indicator	Source	Baseline	Target	CDC Strategy	EBI
NBCCEDP (MDEs)	2x/year	M. Milzer	Breast	Percentage of final diagnosis of breast cancer where treatment has been started	eCaST	97.7% (FY16-17)	>=90%	Health systems change (Direct Screening and Patient Navigation)	Reducing structural barriers
NBCCEDP (MDEs)	2x/year	M. Milzer	Breast	Percentage of final diagnosis of breast cancer where the time between the date of final diagnosis and the date of treatment initiation is >60 days	eCaST	2.3% (FY16-17)	<=20%		
NBCCEDP (MDEs)	2x/year	M. Milzer	Cervical	Percentage of final diagnosis of HSIL, CIN2, or CIN3/CIS where treatment has been started	eCaST	80.8% (FY16-17)	>=90%		
NBCCEDP (MDEs)	2x/year	M. Milzer	Cervical	Percentage of final diagnosis of HSIL, CIN2, or CIN3/CIS where the time between the date of final diagnosis and the date of treatment initiation is > 90 days	eCaST	9.5% (FY16-17)	<=20%		
NBCCEDP (MDEs)	2x/year	M. Milzer	Cervical	Percentage of final diagnosis of invasive cervical carcinoma where the time between the date of final diagnosis and the date of treatment initiation is >60 days	eCaST	0% (FY16-17)	<=20%		

**SECTION 3d: PROGRAM APPROACH | Survivorship/End-of-Life Care**

(1 performance measure)

TABLE 3-8. CANCER SURVIVAL PERFORMANCE MEASURES <span style="float: right;">n=1</span>									
<i>This performance measure will inform effectiveness related to cancer survivorship.</i>									
Report	Frequency	Lead	Focus	Measure/Indicator	Source	Baseline	Target	CDC Strategy	EBI
NCCCP	Every 2 years	B.Selig	All	Rate of survival for all cancers	CCCR	66.9% (2019)	67.3% (2020)	<ul style="list-style-type: none"> <li>Health systems change</li> <li>Community Clinical Linkages</li> <li>Environmental approaches</li> </ul>	<ul style="list-style-type: none"> <li>Establish and/or disseminate guidelines that support quality and timely service provision to cancer survivors</li> <li>Teach survivors how to access and evaluate available information</li> <li>Educate policy- and decision-makers about the role and value of long-term follow-up care for survivors</li> </ul>

## SECTION 4: HEALTH EQUITY PRIORITIES

(3 performance measures; 4 evaluation questions)

TABLE 4-1. HEALTH EQUITY PRIORITIES									
<i>These performance measure will inform reach and effectiveness in health equity priorities.</i>									
Report	Frequency	Lead	Focus	Measure/Indicator	Source	Baseline	Target	CDC Strategy	EBI
NCCCP	Every 2 years (even)	B.Selig	Obesity	Percentage of the population adults ages 18+ who are overweight and obese	BRFSS	58.9% (2019)	58.5% (2020)	Environmental approaches	Community-scale urban design and land use policies to increase physical activity
NBCCEDP	1x/year	S.Lawrence	Breast, Cervical	Number of data tables and/or maps developed to identify and focus program activities to areas of need and priority populations, and to address disparities	Admin records	1 (FY17-18)	8 (FY20-21)	Health systems change (Direct Screening and Patient Navigation)	Reducing structural barriers
NBCCEDP, NCCCP	1x	S.Lawrence	All	Number of evaluations designed for assessing programmatic efforts at addressing racial and health disparities	Admin records	0 (FY19-20)	1 (FY20-21)	All	Enhancing methods to identify and describe health disparities

TABLE 4-2. HEALTH EQUITY EVALUATION QUESTIONS				
Reporting	Evaluation Question	Indicator	Methods (Lead)	Timing/Use
NCCCP	1. What are the evaluation findings for CCPD's activities related to obesity prevention and control?	See Appendix E for evaluation plans that include indicators for: descriptive characteristics of policies or built environment changes have been adopted or implemented to increase opportunities for physical activity/active transportation, reach of changes made, and impact of policy and/or environmental change on physical activity and active transportation.	Mixed Methods [PIER Center]	April 2019: Evaluation plan finalized  February 2022: Outcomes available
NBCCEDP, NCCCP	2. What racial and other health disparities exist related to breast and cervical cancer screening among women served through the Cancer Prevention and Early Detection program?	By CPED strategy: <ul style="list-style-type: none"> <li>Program reach by racial/ethnic populations and other demographics TBD</li> <li>Screening rates by racial/ethnic populations and other demographics TBD, if available</li> <li>NBCCEDP core performance indicators by racial/ethnic populations and other demographics TBD, if available</li> </ul>	Descriptive analysis of participant-level data in TCO Data Portal [HSEB/S.Lawrence]  Descriptive analysis of client-level data in eCaST [HSEB/S.Lawrence and PHIB/M.Milzer]	June 2021: Preliminary findings will inform strategic direction for program changes

<p>NBCCEDP, NCCCP, CRCCP</p>	<p><b>3. What racial and other health disparities exist among Coloradoans related to cancer prevention and control efforts?</b></p>	<p>Colorado cancer screening rates by racial/ethnic populations and other demographics TBD</p>	<p>Descriptive analysis of state cancer data collected through the 2020 Behavioral Risk Factor Surveillance Survey (BRFSS) [HSEB/E.Shekiro]</p>	<p>TBD 2021: updates to Colorado Cancer Plan data dashboard</p>
<p>NBCCEDP, NCCCP, CRCCP</p>	<p><b>4. To what extent has Colorado reduced racial and other health disparities related to cancer prevention and control efforts?</b></p>	<p>Cancer measures identified in the Colorado Cancer Plan</p>	<p>Descriptive analysis of state cancer data available through Colorado BRFSS administered in years between 2016 and 2020. [HSEB/E.Shekiro]</p> <p>Summative analysis and final report [HSEB/S.Lawrence]</p>	<p>September 2022: Findings from comparative analysis will be included in end of program period reports</p>

## APPENDIX A: CCPD Cross-site Evaluation Plan for Strategy 2. Radon Exposure Reduction Training and Technical Assistance Strategy-Level Evaluation (Lung Cancer)

Evaluation Question	Indicators	Data Source	Reported	Notes
What community engagement activities, policies, and/or environmental changes have been implemented related to radon mitigation?	<ul style="list-style-type: none"> <li>• # of counties/LPHAs recruited/engaged (e.g., established memorandum of agreements or understanding)</li> <li>• # of counties/LPHA voluntarily implementing community engagement activities, policies, and/or environmental changes</li> <li>• # and type of social mobilization and social norming strategies supporting reduction of unsafe radon exposure that are <b>implemented by key stakeholders</b>, by county/LPHA                             <ul style="list-style-type: none"> <li>• # of real estate professionals educated in radon in real estate best practices and pledged to provide their clients with best practice radon information during real estate transactions, by county/LPHA</li> <li>• # of residential home builders recognized for use of radon reduction new construction techniques (i.e., voluntary adoption and accurate implementation of RRNC practices), by county/LPHA</li> <li>• # of National Radon Proficiency Program (NRPP) or National Radon Safety Board (NRSB) home inspectors and radon mitigators trained and certified in radon testing and mitigation techniques, by county/LPHA</li> <li>• # of homebuyers that participate in educational session about radon testing and mitigation prior to buying new home, by county/LPHA</li> <li>• # of Housing Agencies that own or manage or build low-income housing buildings, and/or multi-family units that were educated and took action (e.g., tested, educated, mitigated, implemented RRRC to reduce radon exposure for low-income occupants</li> </ul> </li> <li>• # &amp; type of policies, building codes, and construction standards adopted to reduce radon exposure, by county/LPHA</li> <li>• Target population (demographic/geographic scope), by county/LPHA</li> </ul>	Grantee Tracking	Annually to PiER in DoCK System  Policy Impact Assessment (PiER-led) <sup>11</sup>  Grantee-led Annual Evaluation Report	

<sup>11</sup> PiER will conduct a Policy Impact Assessment with grantees once a policy/environmental change has been implemented to gather additional details regarding the potential reach and impact on individuals in your target population

ADDENDUM TO COLORADO CANCER EVALUATION PLAN: REPLACES APPENDIX C: EVALUATION MATRIX

Evaluation Question	Indicators	Data Source	Reported	Notes
What is the reach of the community engagement activities, policies, and/or environmental changes? <sup>12</sup>	<ul style="list-style-type: none"> <li><i># of existing housing units with radon mitigation systems installed as a result of intervention efforts (i.e., trainings, new radon policies, best practices, building codes, etc.; includes single-family and multi-unit developments that meeting radon construction standards)</i></li> <li><i># of new housing units constructed with Radon Reduction New Construction (RRNC) techniques (includes single-family and multi-unit developments that meeting radon construction standards)</i></li> <li><i># individuals residing in sites or communities with new radon policies, best practices, building codes, and/or environmental changes that reduce opportunities for radon exposure</i></li> <li><i># of individuals residing in housing units with safe radon levels as a result of new radon policies, best practices, building codes, and/or environmental changes that reduce opportunities for radon exposure</i></li> </ul>	<p>Grantee Tracking</p> <p>Surveillance (PiER)</p> <p>Literature (PiER)</p>	<p>Annually to PiER in DoCK System</p> <p>Policy Impact Assessment (PiER-led)<sup>1</sup></p> <p>Grantee-led Annual Evaluation Report</p>	
Among those reached, how effective were the community engagement activities, policies, and/or environmental changes in mitigating radon exposure?	<ul style="list-style-type: none"> <li><i># of residents exposed to unsafe radon levels before and after exposure to intervention efforts</i></li> </ul>	<p>Surveillance (PiER)</p> <p>Literature (PiER)</p>	<p>Policy Impact Assessment (PiER-led)<sup>1</sup></p>	

<sup>12</sup> Metrics in italics are optional. If grantee can collect, these metrics can be reported in DoCK. Otherwise, PiER will estimate using Policy Impact Assessment and supplemental data.

**APPENDIX B: CCPD Cross-Site Evaluation Plan for Strategy 12. Clinic Systems Quality Improvement Strategy-Level Evaluation – HPV**

Evaluation Question	Indicators	Data Source	Reported	Notes
What evidence-based policy, practice, or procedure changes are implemented?	<ul style="list-style-type: none"> <li>#, type, &amp; location of sites</li> <li># &amp; type of clinic-based EBIs, policies, practices implemented, by site</li> <li># &amp; type of providers trained in communication strategies to prompt/promote HPV vaccinations, by site</li> <li># of patients receiving HN services, by site (if applicable)</li> <li># &amp; type of encounters/services/learning opportunities provided through HN, by site (if applicable)</li> </ul>		<p>Annually to PiER via DOCK System</p> <p>Grantee Annual Evaluation Report to CDPHE</p>	
What is the reach of these policy, practice, or procedure changes?	<p>HPV</p> <ul style="list-style-type: none"> <li># of eligible patients in clinic population prompted to initiate HPV vaccinations as a result of clinic-based EBIs, policy, practices implemented (i.e., provider education, reminder calls, etc.)</li> <li># &amp; demographics individuals that initiate HPV vaccination series as a result of clinic-based EBIs, policy, practices implemented, by age group</li> <li># &amp; demographics of individuals that complete HPV vaccination series as a result of clinic-based EBIs, policy, practices implemented, by age group</li> </ul>		<p>Annually to PiER via DOCK System</p> <p>Grantee Annual Evaluation Report to CDPHE</p>	<p>UCD: serving ages 19-26 DPH: serving ages 11-17</p> <p>age 11-14: 2 shots (6-12 months apart); ages 15-26: 3 shots</p> <p>Initiation and completion of HPV vaccination series must occur during the funding cycle - July 2018-June 2021)</p> <p>Prompted = eligible patients that are educated about HPV vaccinations and prompted to initiate the vaccination series by provider, HN, EMR prompt, etc.</p>
How effective is each clinical systems change at improving patient services and care? *Depending on the EBI, effectiveness may be found in other strategies.	<p>HPV</p> <ul style="list-style-type: none"> <li># of patients in health system population that are in adherence with HPV vaccination guidelines</li> <li># of patients in health system population that are NOT in adherence with HPV vaccination guidelines</li> </ul>		<p>Annually to PiER via DOCK System</p> <p>Grantee Annual Evaluation Report to CDPHE</p>	

## Appendix C: CCPD Cross-Site Evaluation Plan for Strategy 12. Clinic Systems Quality Improvement Strategy-Level Evaluation – Cancer Screening (CCSP)

Evaluation Question	Indicators	Data Source	Reported	Notes
What evidence-based policy, practice, or procedure changes are implemented?	<p>For each type of cancer screening (CRC, Lung, Hereditary)</p> <ul style="list-style-type: none"> <li>#, type, &amp; location of sites</li> <li># &amp; type of clinic-based EBLs, policies, practices implemented, by site</li> </ul>		<p>Annually to PiER in DOCK System</p> <p>Grantee Annual Evaluation Report</p>	Site: Health system
What is the reach of these policy, practice, or procedure changes?	<p>CRC</p> <ul style="list-style-type: none"> <li># &amp; demographics of patients screened for CRC as a result of EBI implemented in target site, by site</li> </ul> <p>Lung Cancer</p> <ul style="list-style-type: none"> <li># of patients for which a risk assessment for lung cancer was completed, by site<sup>a</sup></li> <li># of patients that completed a provider session to determine if a diagnostic test for lung cancer was warranted, by site</li> <li># of patients that were referred to diagnostic screening for lung cancer after completing a provider session to determine if a diagnostic test was warranted, by site</li> <li># and demographics of patients screened for lung cancer as a result of EBI implemented in target site, by site</li> </ul> <p>Hereditary Cancers<sup>b</sup></p> <ul style="list-style-type: none"> <li># and demographics of patients who completed family history screening tool for hereditary cancers, by site</li> <li># of patients that were identified as high risk after completing the family history screening tool, by site</li> <li># of patients that were referred to genetic counselor after being identified as high risk on the family history screening tool, by site</li> <li># of patients that met with genetic counselor after being identified as high risk on the family history screening tool, by site</li> <li># of patients for whom genetic counselor order a diagnostic test after patient attended appointment with genetic counselor, by site</li> <li># of patients that completed diagnostic test for heredity cancer per genetic counselor referral, by site</li> </ul>		<p>Annually to PiER via DOCK System</p> <p>Grantee Annual Evaluation Report to CDPHE</p>	<p><sup>a</sup> This refers to the number of patients that are identified as potential candidates for lung cancer screening upon completing an eligibility criteria questionnaire (prior to completion of shared decision-making visit), as opposed to all who are approached about lung cancer screening</p> <p><sup>b</sup> Grantee is not able to report by cancer type</p>

Evaluation Question	Indicators	Data Source	Reported	Notes
<p>How effective is each clinical systems change at improving patient services and care? *Depending on the EBI, effectiveness may be found in other strategies.</p>	<p>CRC</p> <ul style="list-style-type: none"> <li>• # of patients screening positive for CRC as a result of EBI implemented in target site, by site</li> <li>• % of patients in health system population that are in adherence with CRC screening guidelines, by site<sup>c</sup></li> </ul> <p>Lung Cancer</p> <ul style="list-style-type: none"> <li>• # of patients screening positive for lung cancer as a result of EBI implemented in target site, by site</li> </ul> <p>Hereditary Cancers</p> <ul style="list-style-type: none"> <li>• # of patients screening positive for genetic mutation (or variance of uncertain significance) on the diagnostic test, by site</li> </ul>		<p>Annually to PiER via DOCK System</p> <p>Grantee Annual Evaluation Report to CDPHE</p>	<p><sup>c</sup> Grantee unable to report number of patients</p>

## APPENDIX D: CCPD Cross-Site Evaluation Plan for Strategy 13: Workforce Development (Health Navigation)

Evaluation Question	Indicators	Data Source	Reported	Notes
What training is offered to students of health navigation or community health work?	<ul style="list-style-type: none"> <li># of participating colleges offering degree in HN and/or certificate in CHW (which includes location)</li> <li># &amp; type of degree and certificate programs offered via competency-based curricula, by college</li> <li># of courses by modality and college (which includes location)</li> <li>Target population (demographic/geographic scope by county), by college</li> </ul>	List of courses provided to CCPD for quarterly reporting	Annually (school year)  DOCK System  Annual Evaluation Report	Modalities: in-person (001-007, FTL) , hybrid (008), online (00L)  Degree: Health Navigator AAS Certificate: CHW  Colleges: Lamar Community College (LCC) Otero Junior College (OJC) Trinidad State Junior College (TSJC)  Demographic: Traditional (18-22 yr old) Non-traditional (23+)
What is the reach of these training programs?	<ul style="list-style-type: none"> <li># &amp; demographics of students registered for program curricula, by:                             <ul style="list-style-type: none"> <li>Degree/Certificate Program</li> <li>By county of residence (for geographic reach)</li> <li>Online usage</li> <li>College</li> <li>Incumbent/Non-Incumbent</li> </ul> </li> <li># &amp; demographics of students who have graduated, by:                             <ul style="list-style-type: none"> <li>Degree/Certificate Program</li> <li>By county of residence (for geographic reach)</li> <li>College</li> <li>Online Usage</li> <li>Incumbent/Non-Incumbent</li> </ul> </li> </ul>	Banner Student Data Base	Annually (school year)  DOCK System  Annual Evaluation Report	Registered students: Unduplicated head count of students having registered for two or more PBH courses Demographics: -age, gender, race, ethnicity, education levels  College: Based on permanent address of student by assigned college service area  Online usage: % of PBH program courses completed online (ranges: 0-25%, 26-50%, 51-75%, 76-100%)  Incumbent/Non-Incumbent won't be implemented until Y3 - no data until Y3
How effective are these programs at training competent, competitive HNs and CHWs?	<ul style="list-style-type: none"> <li># of students of students who have graduated and been placed in CHW/HN job in Colorado, by:                             <ul style="list-style-type: none"> <li>Degree/Certificate Program</li> <li>Incumbent/Non-Incumbent</li> <li>County of CHW/HN Employment</li> <li>Type of agency where employed</li> </ul> </li> <li># of students who have graduated and enrolled in continuing education advance degree program:                             <ul style="list-style-type: none"> <li>Degree or certificate</li> <li>College continuing to</li> <li>Incumbent/non-incumbent</li> </ul> </li> </ul>	OJC Degrees Granted report  Banner Student Data Base  Graduate Survey -VE-135 with supplemental questions	Annually (school year)  DOCK System  Annual Evaluation Report	Incumbent/Non-Incumbent won't be implemented until Y3 - no data until Y3

## Appendix E: CCPD Cross-Site Evaluation Plan for Strategy 3. Built Environment Strategy-Level Evaluation – Obesity

Evaluation Question	Indicators	Data Source	Reported	Notes
What policies or built environment changes have been adopted or implemented to increase opportunities for physical activity/active transportation?	<ul style="list-style-type: none"> <li># of plans supporting active living and built environment enhancements that are completed/updated</li> <li># of policy strategies that support active living prioritized</li> <li># of built environment strategies that support active living prioritized</li> <li># &amp; type of policies adopted that support active living</li> <li># &amp; type of built environment infrastructure improvements made to support active living</li> <li># &amp; type of funding sources identified to support policies and built environment changes</li> <li><i>Target population (demographic/geographic scope), by site/setting</i></li> </ul> <p><u>Safe Routes to School (SRTS) Intervention (DDPHE only)</u></p> <ul style="list-style-type: none"> <li># of SRTS ambassadors trained</li> <li># SRTS ambassadors active</li> <li># of schools, students/parents that received SRTS programs and/or support through ambassadors</li> </ul>	Grantee Tracking	Annually to PiER in DoCK System  Policy Impact Assessment (PiER-led) <sup>13</sup>  Grantee-led Annual Evaluation Report	
What is the reach of the policy and/or environmental changes?	<ul style="list-style-type: none"> <li><i>#, type, and location of sites impacted by policy and/or built environment change</i><sup>14</sup></li> <li><i># &amp; demographics of individuals within scope of new policy or built environmental change</i></li> <li><i># &amp; demographics of individuals exposed to new policy or built environmental change</i></li> </ul>	Grantee Tracking  Surveillance/Literature (PiER)	Policy Impact Assessment (PiER-led) <sup>1</sup>  Grantee-led Annual Evaluation Report	
Among those reached, how did the policy and/or environmental change impact physical activity and active transportation?	<ul style="list-style-type: none"> <li><i>Change in [target physical activity behavior] before and after exposed to the new policy/environmental change</i></li> </ul>	Surveillance/Literature (PiER)	Policy Impact Assessment (PiER-led) <sup>1</sup>	

<sup>13</sup> PiER will conduct a Policy Impact Assessment with grantees once a policy/environmental change has been implemented to gather additional details regarding the potential reach and impact on individuals in your target population.

<sup>14</sup> Metrics in italics are optional. If grantee can collect, metrics will be reported in DoCK. Otherwise, PiER will estimate using Policy Impact Assessment and supplemental data.