



PREVENTIVE HEALTH MEASURES PRIORITY AREA

Program Evaluation of Projects Awarded in 2008-2012

GOAL

To increase the number of individuals who are screened for breast, cervical, and colorectal cancer per screening guidelines and receive appropriate referral and follow-up services.

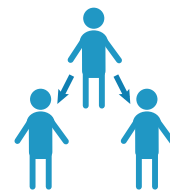
STRATEGIES



Increase awareness among underserved populations of the importance and availability of cancer screenings through targeted outreach and education



Increase the capacity of providers to conduct screenings



Increase adoption of system-level changes to enhance screening, tracking, and referral efforts

INVESTMENT OVERVIEW



Total Amount Awarded
\$2,188,954
Cancer Prevention Amount
\$1,918,954



Amount Leveraged
\$5,017,269



**Grants
Awarded**

TO



**Grantee
Organizations**

INVESTMENT BY STRATEGY

1ST STRATEGY:



Increase awareness among underserved populations of the importance and availability of cancer screenings through targeted outreach and education

Community Assessment:

\$5,900

through 1 grant

- Interviews and surveys were conducted to
 - (1) identify high-risk populations and/or geographic regions and
 - (2) identify and assess community partners.

2ND STRATEGY:



Increase the capacity of providers to conduct screenings

Professional Training:

\$34,093

through 2 grants

System Infrastructure and Screening Capacity:

\$1,630,000

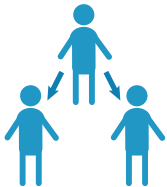
through 24 grants

Referral and Network System:

\$66,133

through 3 grants

3RD STRATEGY:



Increase adoption of system-level changes to enhance screening, tracking, and referral efforts

Promote Research-Tested Interventions, Programs and Practices to Increase Adherence to Screening Guidelines:

\$168,600

through 3 grants

OVERALL IMPACT



42,829
people



Service Reach (Education + Screening)



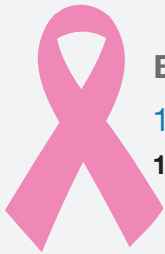
45,231
people



Environmental Reach (Outreach, Media, and Systems Change)



INDIVIDUAL LEVEL SCREENING & DIAGNOSIS



Breast Cancer

14,271 screening mammograms

148 BREAST CANCER DIAGNOSES



Cervical Cancer

10,627 pap tests

**98 PRE-CANCER AND
16 CERVICAL CANCER DIAGNOSES**



Colon Cancer

7,183 fecal occult blood tests

202 colonoscopies

11 COLON CANCER DIAGNOSES



ORGANIZATIONAL LEVEL- WHAT WORKED WELL



Increase screening capacity and reduce structural barriers (i.e., through mobile van, transportation vouchers and free screenings)



Investments in Electronic Patient/ Provider Reminder Systems

CHALLENGES



Some providers had limited data collection capabilities or lacked standardized tracking mechanisms, which made establishing baselines difficult.



Most of the grantees were referral agencies and not the provider of screening services which made it difficult to assess screening rates.



Implementation of preventive service guidelines was performed inconsistently and compliance with recommended screening guidelines was low among providers.



Some providers were hesitant to expand screening for uninsured/underserved patients for cancer when there is limited or no access to treatment.



LESSONS LEARNED

- ✓ Helping organizations improve their reporting capabilities is an essential first step to evaluate program impact.
- ✓ Some local community partners needed support for direct services and did not have the infrastructure to appropriately implement and sustain evidence-based programs.
- ✓ The Foundation's funded analysis of late-stage cancer diagnoses conducted in 2010 has proven to be a valuable tool for community partners.
- ✓ Establishing relationships and building trust with community members were essential to support education and screening efforts.



FUTURE DIRECTIONS

- Health Foundation can continue to support projects to increase access to screening services in the most strategic and sustainable way.
- Health Foundation can explore standardizing reporting to include cancer stage diagnoses to assist with future evaluations of screening impact.
- Reducing barriers to increase provider compliance with recommended screening guidelines can have an impact on practice adoption.