

Appendix C

American Cancer Society/Texas Division Inc.

2000-2005 Outcomes

Colorectal Cancer

Nationwide Objectives	Division ¹ Outcomes by the year 2005 unless otherwise indicated	Priority Ranking	Outcome Indicator Data ² Measures progress towards Short-term, Intermediate, and Long-term Outcomes	Area of Focus ³	Program of Work/Activity * = Current Program # = Program in Development + = Program Needed	Activity Tracking ⁴ Outputs	Year to Initiate
<p>Early Detection: Increase to 75% the proportion of people aged 50 and older who have colorectal screening consistent with American Cancer Society guidelines by 2015.</p>	<p>Primary care providers in Texas promote regular colorectal screenings in accordance with ACS guidelines.</p>	<p>1</p>	<p>Texas Medical Association (TMA) survey; outpatient units endoscopy data; hospital data on number of flex.sigmoidoscopies, number of fecal occult blood tests (FOBT), number of barium enemas and number of colonoscopies done; Texas Cancer Registry (staging data); Medicare/Medicaid data</p>	<p>Systems Change</p>	<ul style="list-style-type: none"> • Educational model that provides information to physicians on screening • Review Put Prevention Into Practice (PPIP) if appropriate • Work with Physician & Nurse Oncology Education Program • Conduct awareness campaign • Conduct data gathering • Collaborate to enhance residency education curriculum standards • Initiate physician recognition award/ recognition program for colorectal cancer awareness/screening • Collaborate with Cancer Teaching and Curriculum Enhancement in Undergraduate Medicine programs (CATCUM) • Specialist/On-site educators to explain & deal with screening issues and answer questions • Available materials that are culturally appropriate 	<ul style="list-style-type: none"> • Number of health professional programs delivered • Number of health professionals attending the programs (Texas Cancer Council) • Number of residency programs contacted by ACS to promote regular screening in accordance with ACS guidelines • Number of county medical societies contacted about ACS screening guidelines. • Number of culturally relevant materials available 	<p>2000</p>

¹ **Division Outcomes** are the desired end results.

² **Outcome indicator** data looks at health-related, behavioral, and other data to measure progress toward achieving our desired results (such as improvements in screening behaviors, reductions in incidence, mortality and late-stage diagnosis, changes in laws to support access and coverage of care, changes in school health policies, etc). Outcome indicator data answers the questions: "Are we making a difference? Are we achieving the desired results? Are we making progress toward our overall goals?"

³ Five **areas of focus** include: knowledge/awareness, behavior, systems change, policy, and improvement in outcome indicator data.

⁴ **Activity tracking** looks at what strategies and programs are being implemented to reach desired outcomes (such as how many people were reached with what programs.) Activity tracking answers the questions: "What are we doing? Who are we reaching?"

2000-2005 Outcomes continued

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Mortality: Reduce the mortality rate of colorectal cancer by 50% by 2015.	Financial barriers that impact coverage for detection and treatment of colorectal adenomas and carcinomas according to ACS guidelines are removed.	2	Survey health insurance carriers/HMO's; policies address frequency and level of reimbursement; legislation is introduced; county hospital survey to determine uninsured treated there	Policy Change/ System Change	<ul style="list-style-type: none"> • Advocate for adequate reimbursement through Govt. Relations • Advocate for insurance coverage for colorectal cancer screening • ACS interacts with worksites with employers/purchasers of insurance to survey and determine what screening mechanisms are offered/covered by their insurance • HEDIS Indicators 	<ul style="list-style-type: none"> • Number of government officials contacted • Number of employers contacted • Number of bills introduced into legislature • Number of 3rd party payers contacted • Number of county judges or commissioners contacted 	2000
Early Detection: Increase to 75% the proportion of people aged 50 and older who have colorectal cancer screening consistent with American Cancer Society guidelines by 2015.	ACS has human and financial resources within Texas Division to implement colorectal cancer programs to meet 2015 goals.	3	ACS has the resources including human and financial within the Texas Division to implement colorectal cancer programs to meet 2015 goals.	System Change	<ul style="list-style-type: none"> • Data collection strategy with manpower and funds to do • Funding strategy for employees for data collection, program management • Recruitment strategy for volunteers (crosscutting volunteers) • Work with other divisions to provide culturally relevant materials from National through appropriate lines of communication • Work with Centers for Disease Control/ Texas Dept. of Health for funds available 	<ul style="list-style-type: none"> • Amount of (budget) allocated to colorectal cancer • Number of full time employee staff devoted to colorectal cancer • Number of volunteers (Division/ unit) • Number of partners 	2000
Early Detection: Increase to 75% the proportion of people aged 50 and older who have colorectal screening consistent with American Cancer Society guidelines by 2015.	Baseline data to assess knowledge, attitudes and practices of physician and consumer regarding colorectal cancer screening and treatment, is obtained.	4	TMA survey; survey of advanced practice nurses and physician assistants; BRFSS with questions added on colorectal cancer; consumer survey of knowledge-attitudes-practices.	Improve Data	<ul style="list-style-type: none"> • Funding strategy for BRFSS questions to address colorectal cancer • Data gathering strategy (managers to collect) • Consumer survey strategy (identify appropriate tools) 	<ul style="list-style-type: none"> • Number of appropriate questions added to BRFSS • Consumer survey results • Analysis of data from surveys • Review of content and results from TMA survey 	2000

2000-2005 Outcomes continued

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<p>Early Detection: Increase to 75% the proportion of people aged 50 and older who have colorectal screening consistent with American Cancer Society guidelines by 2015.</p>	<p>A model exists to facilitate community-based colorectal cancer screening in accordance with ACS guidelines.</p>	5	Model exists	Knowledge/Awareness	<ul style="list-style-type: none"> • Establish a committee to review current models that exist and develop a model in accordance with ACS guidelines • Unit Initiatives are promoted as a source of funding to stimulate community-based interventions • Work with the Texas Cancer Council to enhance community awareness of Texas Cancer Council grants available for colorectal cancer 	<ul style="list-style-type: none"> • Number of community-based screening models in place • Number of communities with the model in operation • Number of unit initiative proposals submitted on colorectal cancer • Number of unit initiative proposals funded • Review of unit initiative results 	2000
<p>Early Detection: Increase to 75% the proportion of people aged 50 and older who have colorectal screening consistent with American Cancer Society guidelines by 2015. Incidence: Reduce the incidence rate of colorectal cancer by 40% by 2015.</p>	<p>An awareness campaign for prevention, detection and treatment of colorectal adenomas and carcinomas is in force specific for Texas populations.</p>	6	TMA survey of primary care providers; marketing survey pre/post campaign to determine effectiveness; awareness campaign exists	System Change	<ul style="list-style-type: none"> • Awareness campaign • Work with Texas Cancer Council to enhance community awareness • Identify spokesperson for colorectal cancer in Texas (statewide, local, unit) 	<ul style="list-style-type: none"> • Number of articles submitted to county medical society newsletters • Number of articles on colorectal cancer-lay media • Number of presentations on colorectal cancer 	2000
<p>Early Detection: Increase to 75% the proportion of people aged 50 and older who have colorectal screening consistent with American Cancer Society guidelines by 2015.</p>	<p>The current and future capacity to screen for colorectal cancer in Texas is determined.</p>	7	Community assessments contain information on screening locations; credentialing data (health care providers able to provide screening); number of endoscopy centers; TMA survey; number of training programs for primary care providers including nurses, physician assistants, primary care physicians and nurse practitioners; American Gastroenterology Association data	Improve Data	<ul style="list-style-type: none"> • Data gathering strategy 	<ul style="list-style-type: none"> • Number of data gatherers • Where will data gathering occur? 	2000

Division Colorectal Cancer Outcomes, approved by the board on 5-5-00