**Evaluation and Performance Measurement Plan**

**Purpose**

The purpose of this plan is to assess the performance of the Gulf South young breast cancer survivors network and to provide feedback on how to enhance and/or maintain an effective program. This plan will use the CDC Framework for Program Evaluation in Public Health 1,2 to assess and to produce accurate findings. Additionally, we will adopt the CDC Social Media Toolkit and guidelines3 to build evaluation plan for communication activities using social media. The evaluation findings will be used to help the management team make decisions about program implementation, to monitor progress toward program goals, and to judge the success of the program in achieving its short-term, intermediate, and long-term outcomes. The logic model can be found in the appendix.

**Evaluation Stakeholders and Primary Intended Users**

Stakeholders’ involvement is a crucial step in the evaluation process. The key stakeholders include the key program partners: Louisiana State University Health Sciences Center School of Public Health, Mary Bird Perkins Cancer Center in Louisiana, University of Alabama Birmingham (UAB)-School of Nursing, University of Arkansas for Medical Sciences (UAMS) and the University of Mississippi Medical Center (UMMC) and the community advisory board (CAB). The Community Advisory Board (CAB) may include cancer survivors, as well as representatives from the local Komen affiliate, American Cancer Society, local primary health care and service providers, family members, and others. The drafted evaluation plan will be discussed with stakeholders through the regular video conferences or in person meetings. The input from the CAB and other stakeholders will ensure a high quality evaluation plan is being developed and implemented for the program. Additionally, the CAB and the program staff will serve as data sources and/ or data collectors. The program will also involve key program partners in the data collection and results generating process. After data are collected and analyzed, the results will be shared with key stakeholders for comments and feedback. Evaluation results will be presented in effective graphics, charts and tables to communicate findings to our key stakeholders. Additional analyses may be conducted and reported based on their input. Based on the evaluation findings and stakeholders’ input, appropriate actions will be taken to correct and fine tune our program when necessary. Furthermore, our key stakeholders will not only engage in the planning process, but will also serve as interpreters and disseminators of evaluation findings.

**Evaluation Design**

The design of this evaluation is a comprehensive evaluation model which focuses on the activities; outputs; and short-term, intermediate, and long-term outcomes outlined in the program logic model to direct the measurement activities.1 Additionally, this program will report on the performance measures required by CDC. The focus will be process and outcome evaluation. We will examine whether the activities have taken place as planned and whether sufficient inputs have been allocated or mobilized. We will also assess progress on the sequence of outcomes when data become available. **Key evaluation questions to be answered are:**

1. Are program activities being conducted in the manner in which they were intended?
2. Is the program achieving the goals and objectives as it was intended to accomplish?
3. To what extent does the program engage in partnership activities i.e. build/maintain partnership with individual organizations or networks that contribute to the planning, implementation and evaluation of programmatic efforts?
4. To what extent does the program a) develop and implement a program plan to support YBCS and mBC, b) utilize data to inform program efforts, and c) identify mechanisms to sustain programmatic efforts post funding?
5. To what extent does the program support/increase the reach of evidence-based and promising practices interventions/strategies for YBCS and mBC?
6. To what extent does the program increase awareness among the YBCS and mBC regarding: a) genetic testing and counseling, b) preventive lifestyle behaviors, and c) existing support services?
7. To what extent does the program’s interventions increase access to support services and resources for YBCS and mBC?
8. Are social media platforms and mobile application being utilized with appropriate use of program resources (such as staff time and budget)?

The CDC may develop performance measures across all funded programs. This program will work with the CDC to develop those measures and ensure the ability to collect the data requested. Such measures will be integrated into the overall evaluation plan.

**Data Sources and Analysis Methods**

The evaluation will involve periodic collection and analysis of data across the program and includes both short-term and long-term outcome measures. Both quantitative and qualitative techniques will be used to collect data, monitor program progress, and to measure outcomes. Quantitative data will be collected from needs assessment and quality of life surveys of YBCS, surveys of healthcare providers, CHW, and patient navigators, website traffics, Facebook page, Twitter account, and program’s records. Qualitative data will be gathered from YBCS and mBC through focus group interviews and open-end survey questions. Additional qualitative data will be collected from primary care providers, CHW, and patient navigators through structured interviews and open-end survey questions.

This program will also evaluate the effectiveness of the social media communication through the website traffic, Facebook user engagement (such as number of people “like” or “friend” with the program), comments from Facebook pages and e-mails, and YouTube videos viewed3. Social media measures will be included in our regular reports. Our social media tools will reach not only YBCS in Louisiana, Alabama, Arkansas, and Mississippi, but also YBCS in other states by providing health information and social support though our program’s website, Facebook, mobile application, and Twitter page. Google Analytics tracking software, Facebook Insight analytic package and other social media tracking software will be used to monitor and track social media communication.

Quantitative data collected will be analyzed using SAS Version 9.4 and/ or Minitab 18. Descriptive analyses will be conducted on univariate data collected from closed-end survey questions, program website, Twitter, and Facebook page. Frequency distributions will be calculated for categorical data collected. In order to determine if the changes from pre- and post-test data are statistically significant, paired t-tests will be conducted. Qualitative content analysis will be used to interpret information gathered from qualitative interviews and open-end survey questions. Data will be transcribed verbatim and examined using thematic analysis. The key theme, themes and subthemes will be reported in summery tables. Additionally, quotations from the interviews will be included in the findings to demonstrate credibility and dependability of the analysis. Results from both quantitative and qualitative analyses will be summarized and presented in bar charts, line graphs, pie charts, and table formats to communicate major findings to the stakeholders, YBCS, providers of services to YBCS, and caregivers and loved ones.

**Continuous Program and Quality Improvement**

The evaluation results will enable us to fine-tune existing program operations (e.g., program processes or strategies) for continuous quality improvement and to determine the effectiveness of our program. The results can also be used to tailor social media campaign to reach YBCS, mBC, and other stakeholders. Additionally, the evaluation results will be reported to key program partners and stakeholders for discussion and feedback. It will help us to broaden consensus among key program partners and stakeholders regarding the program’s goals and objectives.

The following table shows sample logic model elements, indicators for each element, and data sources

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| **Logic Model Element** | **Indicators** | **Data Sources** |
| Provide innovative educational opportunities for health care providers | * Number of interview participants * Number of resources listed for healthcare providers * Number of trainings delivered to health care providers * Number of healthcare providers attending the trainings | Focus groups and interviews, program records |
| Use innovative technological approaches to educate and inform survivors, caregivers, and providers | * Number of visitors on the website * Number of views on a video * Number of Facebook followers / fans * Number of program mobile phone App users * Number of podcasts on psychosocial needs offered * Number of YBCS subscribe to podcasts presentation * Survey results | Website and social media analytic tools, needs assessment surveys, and program records |
| Engage patient navigators and community health workers to reach underserved populations | * Number of trainings delivered to patient navigators and CHW * Number of resources listed for patient navigators and CHW * Number of training attendees * Number of E-learning series modules delivered | Program records |

**Dissemination and Utilization of Findings**

Judgments regarding success of our program will be based upon the program objectives, key evaluation questions answered, the long-term sustainability of the program components, cost, changes over time, as well as other factors. Regular evaluation reports will be generated and shared with program partners, key stakeholders, the CDC, and others. In addition, in order to stimulate dialogue and raise awareness and support of YBCS and mBC, efforts will be made to present findings in abstracts at appropriate conferences and/or journal articles.

Where program strategies are used that are lacking in any formal evidence, particular efforts will be made to perform rigorous evaluation that helps contribute to the evidence base. Protocols for implementation of such strategies will be developed that include ongoing, rigorous data collection to discern the strategy’s ability to achieve the desired outcome. For example, little evidence exists regarding the contribution of social media strategies to increasing the quality of life for YBCS. Efforts will be made to utilize validated quality assurance measures to document the effect of our social media efforts.

References

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3. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Office of the Associate Director for Communication. Health Communicator's Social Media Toolkit. Atlanta, GA: Centers for Disease Control and Prevention, 2011. (<http://www.cdc.gov/socialmedia/tools/guidelines/pdf/socialmediatoolkit_bm.pdf> )
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5. Taylor- Powell E. Analyzing Qualitative Data. University of Wisconsin Cooperative Extension, 2004.