Using CDC’s Framework for Program Evaluation to Assess Progress and Strategically Plan for the Future: CDC’s National Program of Cancer Registries (NPCR) Evaluation
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Findings

Requested Allocation of Funds by Grantees in Year 2

- Grantees requested the greatest proportion of funds for personnel salary and fringe costs.
- Very few grantees requested funds for equipment and consultants.
- Grantees received various non-CDC funding support.
- Some NPCR grantees received dual-funding from NCI SEER.
- State funds were a common source of non-CDC funding sourced for matching requirements.

- Grantee budget justifications identified 442 staff members supported by NPCR funds.
- The majority of NPCR-funded staff consist of coordinators, auditors, geocoders, field representatives, and certified tumor registrars (CTRs) to implement registry operation duties.
- Budget justifications identified 115 NPCR-funded CTRs in coordinator positions (including contractors, consultants, and FTES), however, the PEI indicated grantees had a total of 268 CTRs on staff (including contractors, consultants, NPCR-funded, and not NPCR-funded staff).
- The PEI revealed 28 out of 50 grantees had vacant staff positions, the other 22 grantees were fully staffed.
- Health departments were more likely to have vacancies.
- Academic Institutions, medium caseload registries, and grantees receiving SEER-funding had larger staff sizes.

NPCR-Funded Registry Staff

- Coordinates, 229
- Scientists, 77
- Program Management, 17
- IT Support, 22
- Informatics, 3
- Policy & Comms, 3
- Student, 3
- Advisors, 4
- Upper Management, 19

Percent of grantees utilizing funds to contract for the following types of work:

- Evaluation, 6%
- Leadership, 10%
- Administrative, 10%
- Software System, 12%
- Education & Training, 16%
- IT Support, 24%
- Research, 30%
- CTR or CTR-related Work, 46%

A total of 31 grantees (62%) requested funds for contracts to implement various forms of work for their cancer registries. Contracts include costs for CTRs, research, IT support, evaluation, education and training, software and licenses, and personnel at another organization to implement registry operations.

Background

- The National Program of Cancer Registries (NPCR) was established by Congress in 1992, through the Cancer Registries Amendment Act (Public Law 102-515), to collect cancer surveillance data.
- Federal cancer data comes from CDC’s NPCR and the National Cancer Institute’s (NCI’s) Surveillance, Epidemiology, and End Results (SEER) Program covering 100% of the U.S. population.
- A multi-year program evaluation plan was developed to demonstrate NPCR impact and value and inform future programmatic planning and public health policies.

NPCR Evaluation

- Grantees: 50 (46 states & 4 territories)
- Program Evaluation Instrument (PEI) submissions for 2017

Conclusions

- The majority of grantees are organized by state health department (84%), followed by academic institution (14%).
- The largest portion of requested funds were utilized for personnel and contracts, which sometimes covers consultants salaries.
- The largest type of staff hired through NPCR funds were coordinators, which included CTRs.
- The largest portion of contracting funds were allocated for CTRs and CTR-related work.
- Further investigation of available funding support, other resources, experience of registry staff, and challenges with staff turnover can provide a better understanding of grantee capacity and needs.

Ongoing Evaluation Activities

- Next evaluation activities will examine questions about grantee needs with the CDC Registry Plus Software Suite, Data Use, and Data Quality, Timeliness, and Completeness.
- Collaborate with partners on electronic reporting and feasibility as well as grantee best practices projects.

NPCR Grantees

- Grantees: 50 (46 states & 4 territories)
- Year Evaluation Plan –grant applications for CDC-RFA-DP17-1701
- Budget Justifications from Continuation Applications for Year 2 (2018-2019)
- Program Evaluation Instrument (PEI) submissions for 2017

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