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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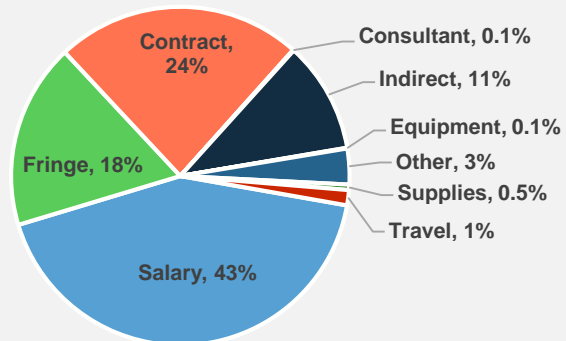
Background

- 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 from CDC's NPCR and the National Cancer Institute's (NCI's) Surveillance, Epidemiology, and End Results (SEER) Program cover *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

- Formed NPCR Evaluation Working Group

- Developed Five-Year Evaluation Plan
  - Prioritized Evaluation Questions about:
    - *Grantee Infrastructure and Capacity*
    - *Grantee Funding and Resources*
  - Developed Evaluation Logic Model
  - Outlined Mixed-Methods, Phased Approach

- Reviewed Available Data Sources of Grantees:
  - Grant Applications for CDC-RFA-DP17-1701
  - Budget Justifications from Continuation Applications for Year 2 (2018-2019)
  - Program Evaluation Instrument (PEI) submissions for 2017

- Discussed Findings with Evaluation Working Group

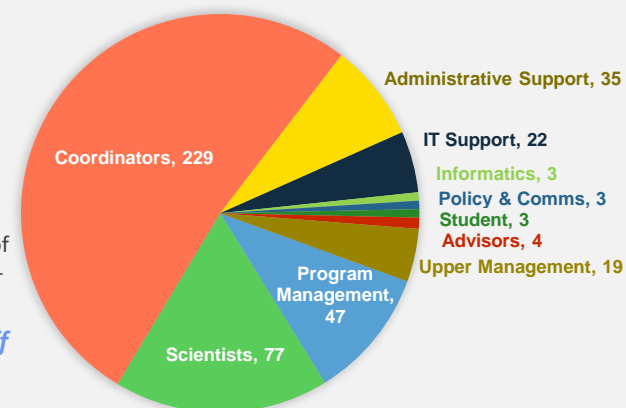- Share Findings to Support Ongoing Evaluation

Findings

Requested Allocation of Funds by Grantees in Year 2

- Consultant, 0.1%
- Contract, 24%
- Indirect, 11%
- Equipment, 0.1%
- Other, 3%
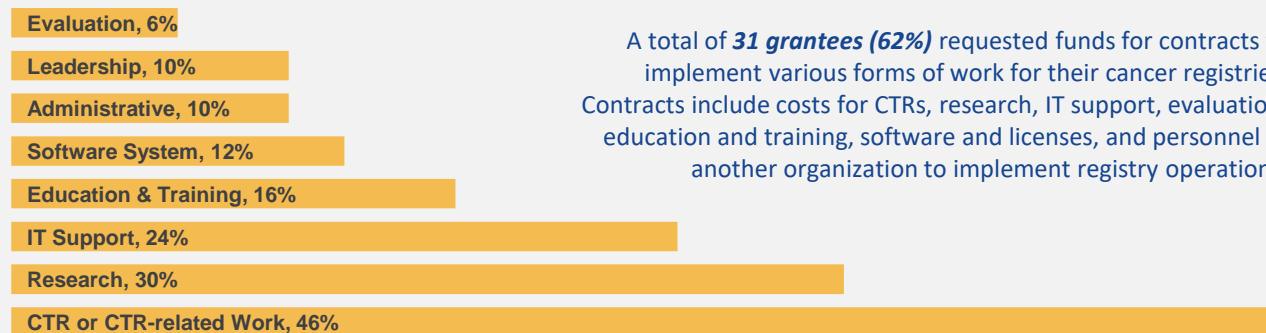- Supplies, 0.5%
- Travel, 1%
- Fringe, 18%
- Salary, 43%

- 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.

NPCR-Funded Registry Staff

- 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*.

- Coordinators, 229
- Administrative Support, 35
- IT Support, 22
- Informatics, 3
- Policy & Comms, 3
- Student, 3
- Advisors, 4
- Upper Management, 19
- Program Management, 47
- Scientists, 77

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.

NPCR Grantees

- NPCR currently funds 50 grantees: 46 states & 4 territories
  - 42 organized by the state health department, 7 by academic institution, and 1 by hospital association
    - Organization type refers to the type of organization that applied for funding, which does not reflect the organization type that implements the majority of registry operations for some grantees.
  - 15 grantees were characterized as having a small caseload, 23 medium caseload, and 12 large caseload
    - Caseload is defined by the number of records by diagnosis year and state/territory submitted to NPCR. Quartiles were calculated from average annual submitted records for years 2011 through 2015. The following groups were defined: Small = ≤25th percentile, ≤ 9,967 records; Medium = between 25th-75th percentile, 9,968 - 41,612 records; and Large = ≥75th percentile, ≥ 41,613 records.

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 consultant 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.

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