

Supporting a Healthier Colorado: the Cancer, Cardiovascular, and Pulmonary Disease Grants Program

Public Health in the Rockies
August 28, 2019



COLORADO
Department of Public
Health & Environment



Partners in Evaluation & Research

Outline

Overview of CCPD Grant Program

Evaluation Results: CCPD FY16-18

Program Changes: CCPD FY19-21

Small Group Discussion

- How to incorporate health equity?

Closing Discussion

Overview

CANCER, CARDIOVASCULAR & PULMONARY
DISEASE GRANTS PROGRAM

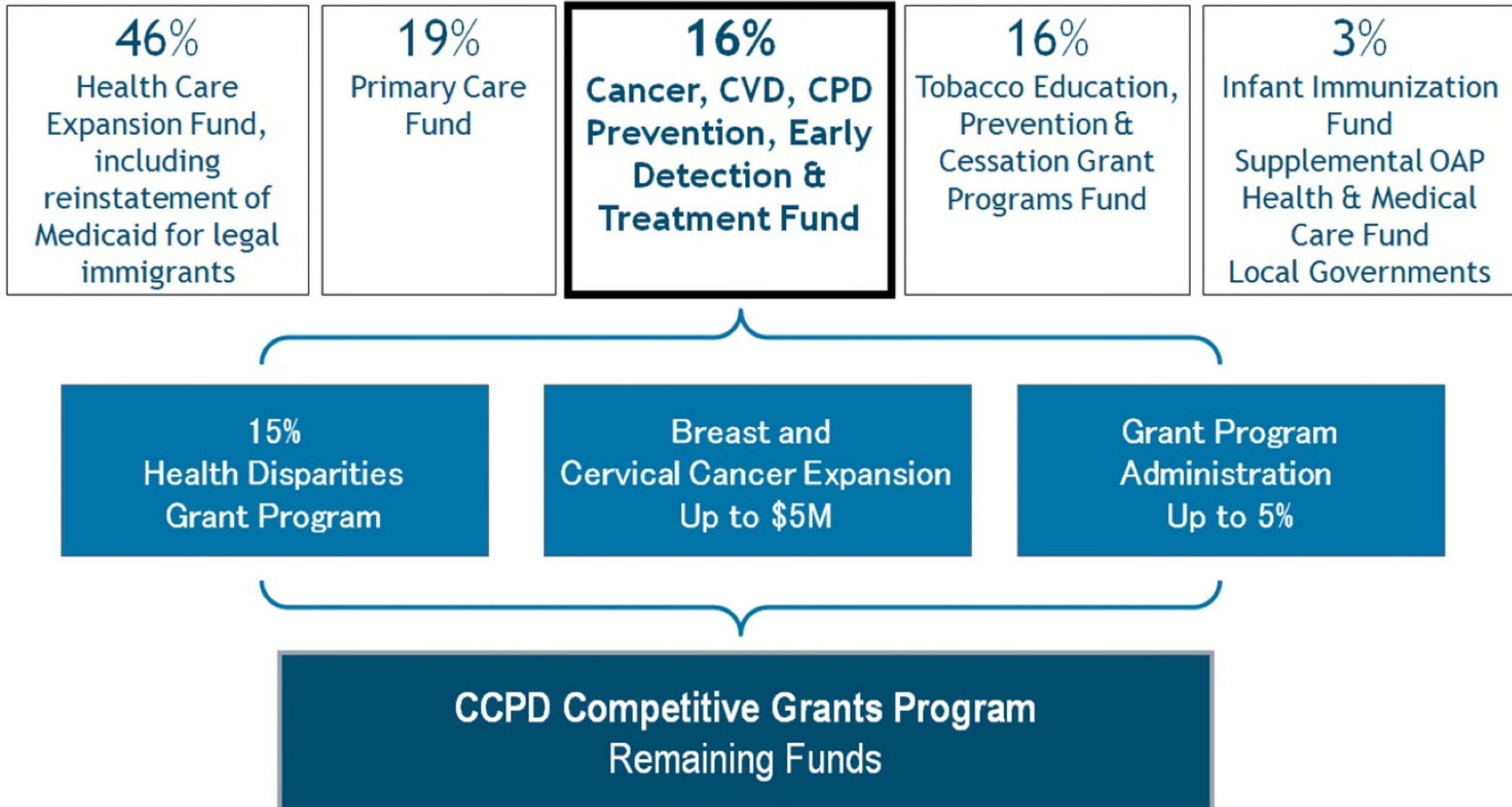
CCPD Overview

Background: Amendment 35

- Increase in the state's tax on the sale of tobacco products
- 2004 – Voters approved Amendment 35
- 2005 – CO General Assembly enacted legislation (Colorado Revised Statute 25-20.5-301 et. seq.)

Tobacco Taxes for Health-Related Purposes

Statutory Distribution of .64 cent tax (A35) Revenue



CCPD Grants Program

By statute, the CCPD program funds competitive grants to improve the health of all Coloradans.

The program has evolved over time

- CCPD early years – let a thousand flowers bloom
- Affordable Care Act (ACA)
- CCPD FY16-18 – cohesive, comprehensive approach to reduce chronic disease in Colorado

CCPD FY16-18 Goals

To assist in the implementation of the state's strategic public health plans for cancer, cardiovascular and chronic pulmonary disease

To contribute to the transformation of the health system and the environment in which health is created so that disease is prevented and health is promoted

Improve the health of all Coloradans by addressing all three types of prevention.

Steps followed through the planning process

Review of the data

During review committee meetings

Comprehensive data analysis

Staff review of evidence-based interventions

55 interventions assessed

Review Committees' establishment of program priorities and criteria (with community engagement and public comment)

Staff filtered prioritization of interventions

Review Committee's selection of 17 interventions in FY16-18



CCPD FY16-18 Strategies



Healthy Eating and Active Living

- Strategy 1: Built Environment
- Strategy 2: Breastfeeding-friendly Environments
- Strategy 3: Healthy Food Retail
- Strategy 4: Healthy Food and Beverages
- Strategy 5: Comprehensive Worksite Wellness

Cancer

- Strategy 6: Provider/Clinic-based Cancer Prevention
- Strategy 7: Individual-level Cancer Prevention
- Strategy 8: Community-based Cancer Prevention

Cardiovascular Disease

- Strategy 9: Self-measured Blood Pressure Monitoring
- Strategy 10: Team-based Care (MTMS)
- Strategy 11: Clinical Systems Quality Improvement
- Strategy 12: National Diabetes Prevention Program (DPP)
- Strategy 13: Diabetes Self-management Education (DSME)

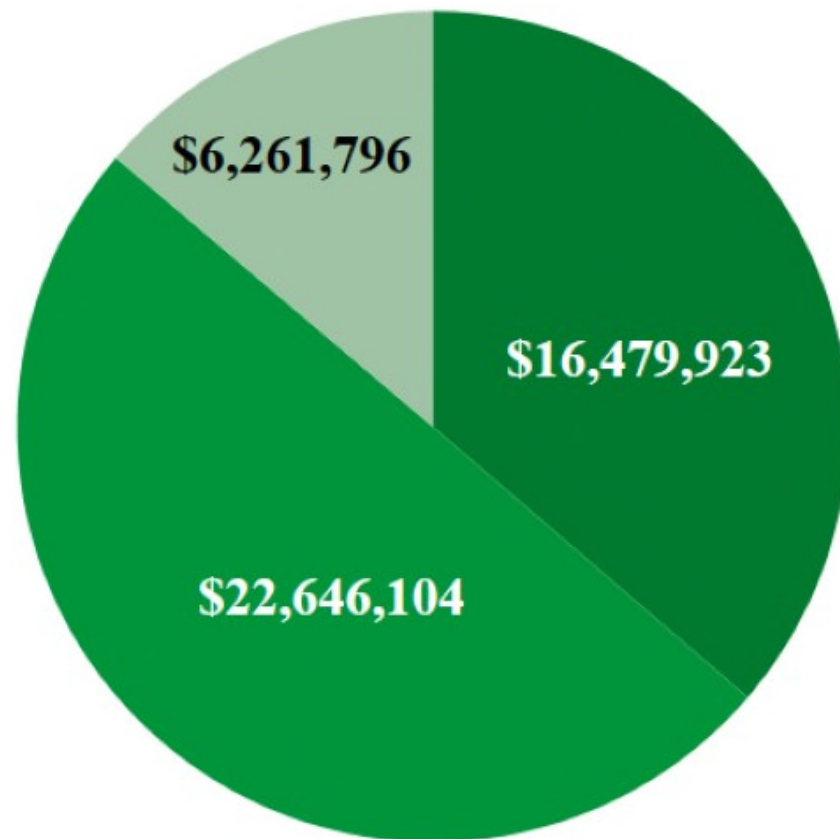
Pulmonary Disease

- Strategy 14: School-centered Asthma Management

Patient Navigator/Community Health Worker/Cross-Cutting

- Strategy 15: Patient Navigator Programs
- Strategy 16: Community Health Worker Program
- Strategy 17: Patient Navigator & Community Health Worker Training

CCPD Grant Program FY16-18



- Cancer (including Healthy Eating and Active Living)
- CVD (including Healthy Eating and Active Living)
- Pulmonary

	STATUTE REQUIREMENT	PERCENT OF TOTAL
Cancer [^]	Minimum 10%	36%
Cardiovascular [^]	Minimum 10%	50%
Pulmonary	Minimum 10%	14%
TOTAL		100%
Treatment	Not to exceed 10%	2%
Rural	Minimum 10%	27%

[^]Healthy Eating and Active Living work is divided 50%/50% between Cancer and Cardiovascular

47 grantees

Total: approximately \$48.6M

(includes evaluation, surveillance, training and technical assistance)



Cross-Site Evaluation Findings

CCPD FY16-18

Overarching Evaluation Aims

To report grantee accomplishments during CCPD
FY2016-2018 by evidence-based strategy;

&

To assess the reach and strength of CCPD
FY2016-2018 programs across evidence-based
strategies.

Data Sources

GRANTEE-REPORTED DATA

Semi-annual progress reporting

- 5 reporting periods
- Aggregate data

(select grantees submitted patient-level data)

Annual evaluation narratives

ALTERNATE DATA SOURCES

Surveillance data

Census data

Evidence-based literature

Evaluation Findings

What did grantees achieve during the funding cycle?

HEAL/ POLICY

Community-Based
Approaches (PSE)

6 strategies

Built Environment
Breastfeeding
Healthy Food/Bev.
Healthy Food Retail
Worksite Wellness
Comm. Cancer Prevention

CLINICAL PROGRAMS

Individual-Based
Approaches

5 strategies

SMBP
NDPP
DSMES
Team –Based Care
School Asthma Mgt.

CLINICAL SYSTEMS

Clinic-Based
Approaches

2 strategies

CSQI
Provider/Clinic Cancer
Prevention

14

Grantee Accomplishments

What did grantees achieve during the funding cycle?

POLICY

6 strategies

24 Programs

\$16.9M Invested



621 Sites

PROGRAMS

5 Strategies

20 Programs

\$12.2M Invested



185 Sites

SYSTEMS

3 strategies

12 Programs

\$6.8M Invested



123 Sites

Grantee Accomplishments

What did grantees achieve during the funding cycle?

POLICY



297 policies adopted
393 environmental
changes implemented
to support HEAL



PROGRAMS



>50% program
completion rates

Referral processes
established



CCPD FY16-18 FUNDING RESULTS

SYSTEMS



259 system changes

1300+ healthcare
staff trained



Cross-Site Evaluation

Reach

Reach is percentage of people from the target population who are touched by (exposed to) a strategy



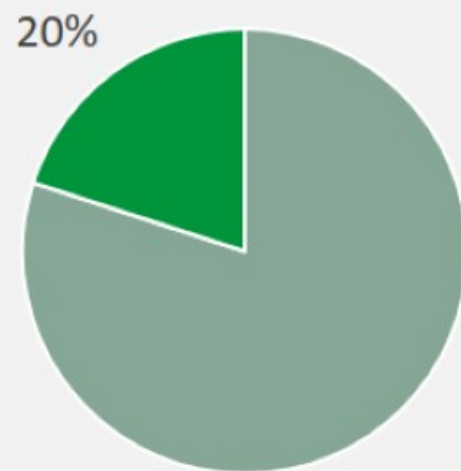
Reach Rating Categories:	Low <2%	Moderate <10%	High ≥10%
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Target Population

Who was eligible for the intervention?

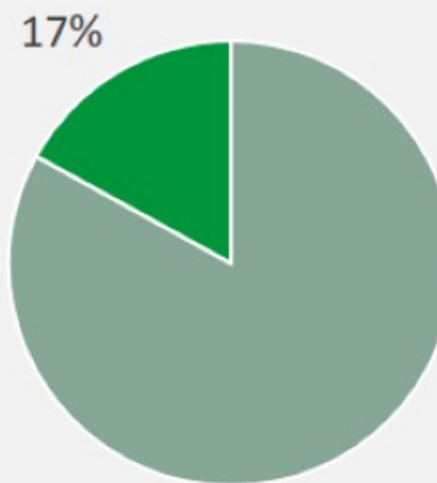
POLICY

~1.8M individuals
eligible for
intervention(s)



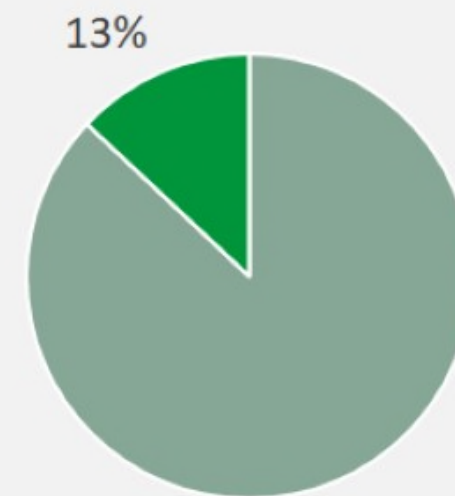
PROGRAMS

~1.9M individuals
eligible for
intervention(s)



SYSTEMS

~556M individuals
eligible for
intervention(s)



Reach

What was the reach of the intervention?

POLICY

EXPOSED
~267K individuals



REACH:
HIGH (11%)

PROGRAMS

EXPOSED
~3K individuals



REACH:
LOW (2%)

SYSTEMS

EXPOSED
~64K individuals



REACH:
HIGH (15%)

Cross-Site Evaluation

Strength

Strength is change in health behavior or disease risk factor as a result of being exposed to a strategy

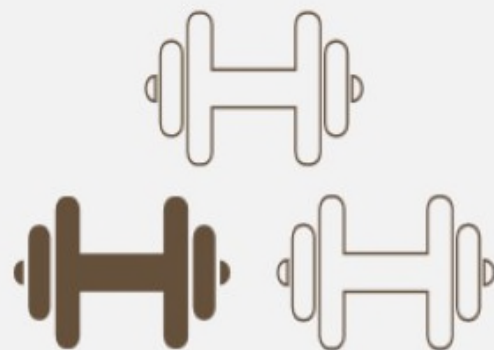


Strength Rating Categories:	Low <20%	Moderate ≥20%	High ≥50%
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Strength

What effect did the intervention have on the targeted health outcome?

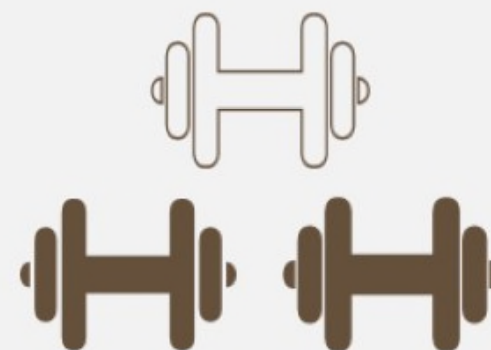
POLICY



LOW

Little effect on **HEAL**
behaviors among
exposed individuals
(12%)

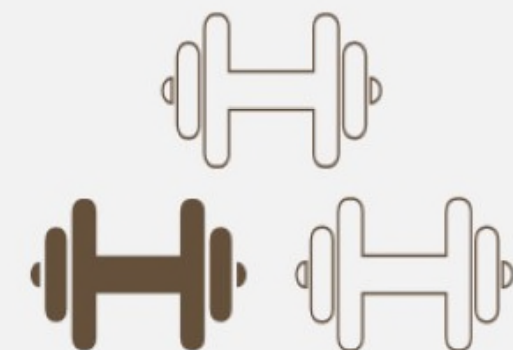
PROGRAMS



MODERATE

Likely some effect on
risk factors among
exposed individuals
(24%)

SYSTEMS



LOW

Little effect on **risk**
factors among exposed
individuals
(15%)

Summary

1,119 sites across
46 counties were
impacted

~**343K** Colorado
residents touched
by CCPDFY16-18
initiative
(~6% of total pop.)

Nearly **3 in 5**
individuals
experienced
positive outcome

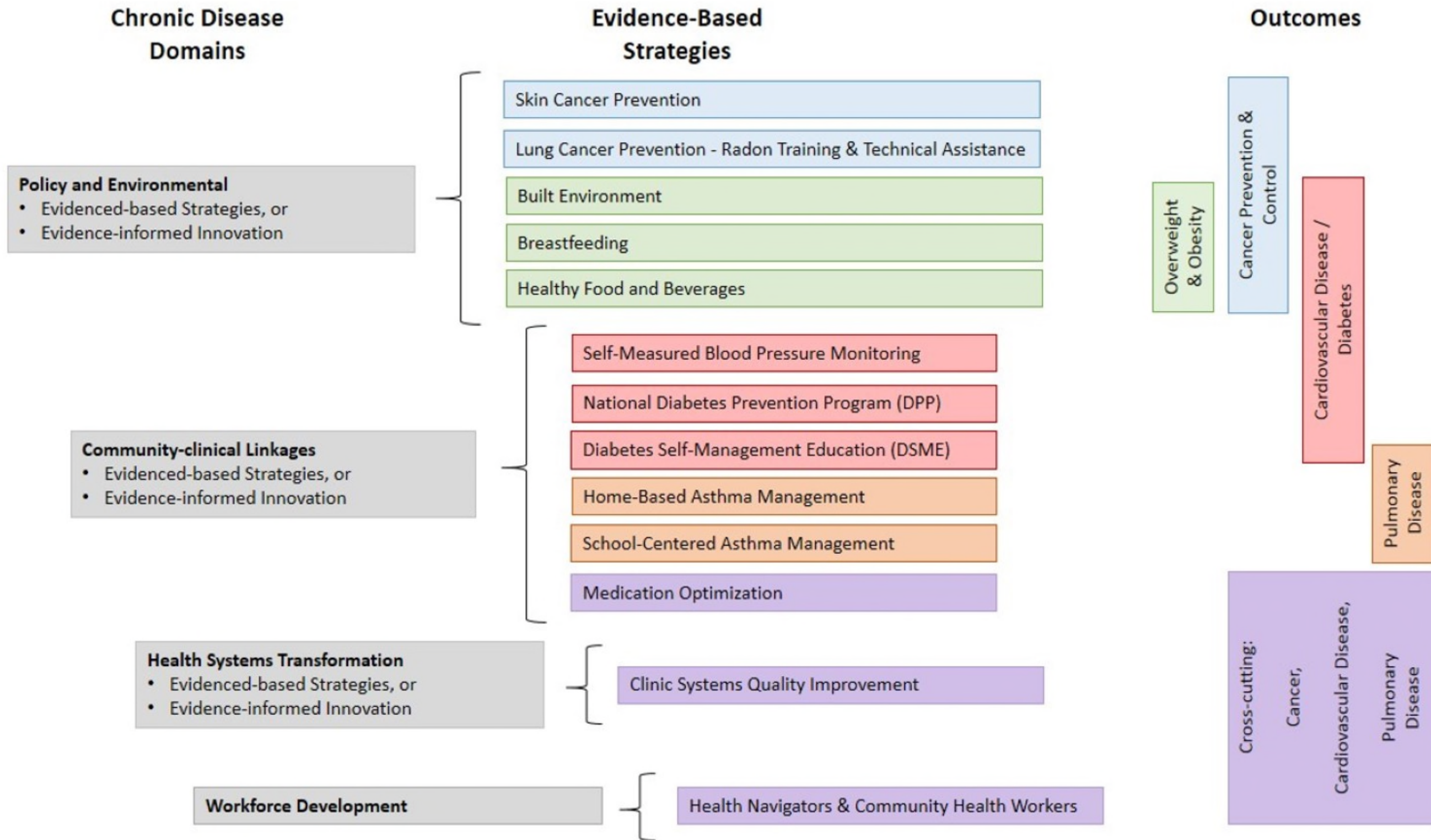
- ✓ Grantees were successful in accomplishing project specific goals
- ✓ Policy and environmental changes and CSQI initiatives had **higher reach** while programmatic initiatives had **lower reach**.
- ✓ Many of the direct service programs reported positive changes in behaviors and disease control among participants (**high strength**).
- ✓ Policy and system level changes to prevent cancer reach a larger portion of the target population and are effective at reducing exposure to carcinogens.



CCPD FY2019-2021

HEALTH EQUITY FOCUS

CCPD FY19-21 Strategies



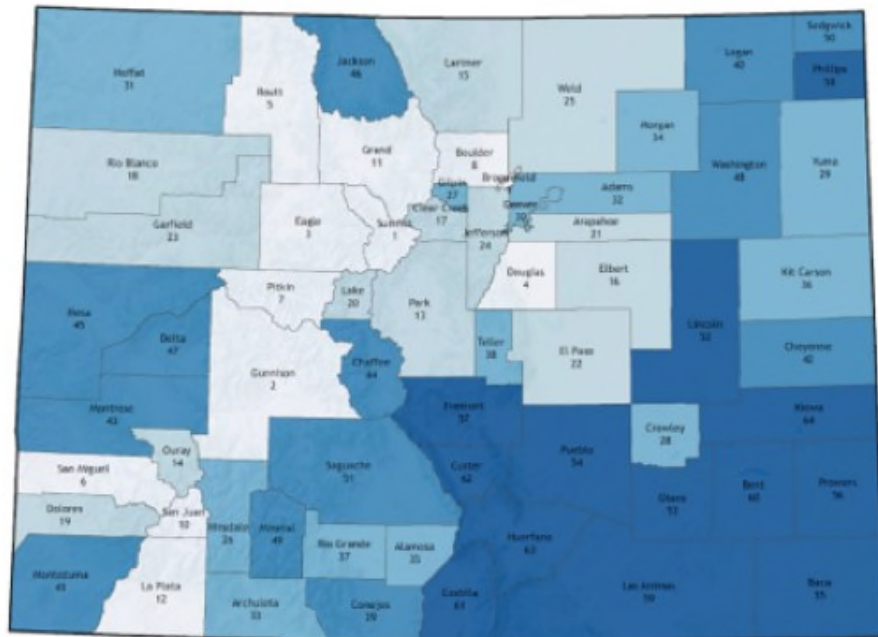


Focusing CCPD efforts: County Index Rankings

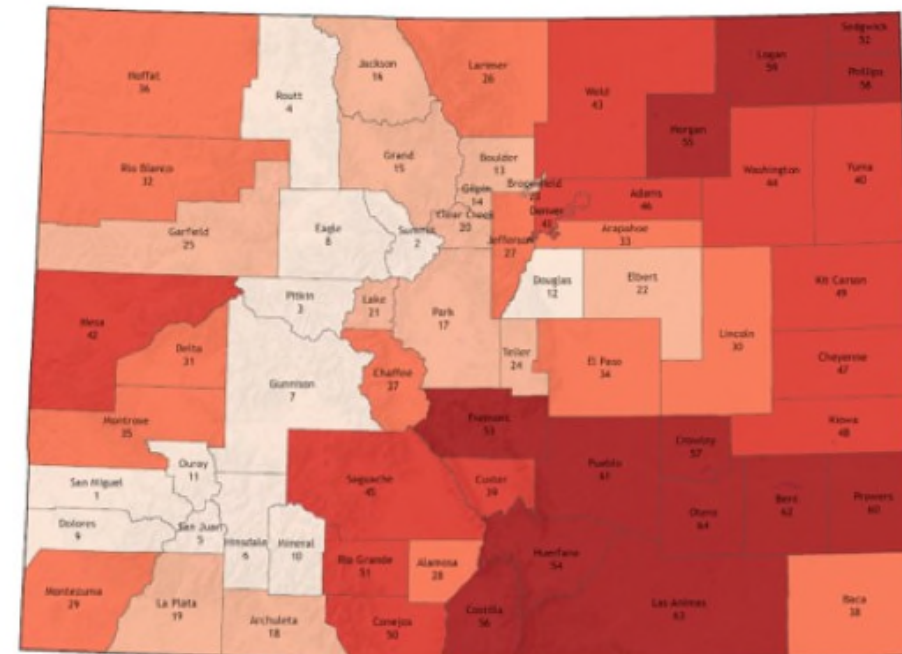


Cancer, Cardiovascular & Pulmonary Disease: Cancer Index Rankings

Cancer, Cardiovascular & Pulmonary Disease: CVD Index Rankings



1 - 12 13 - 25 26 - 38 39 - 51 52 - 64

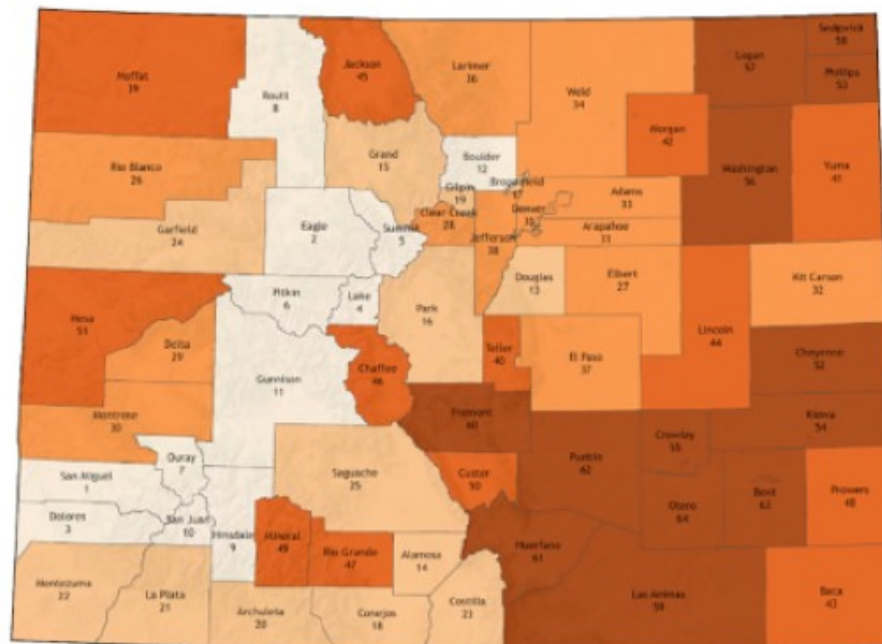


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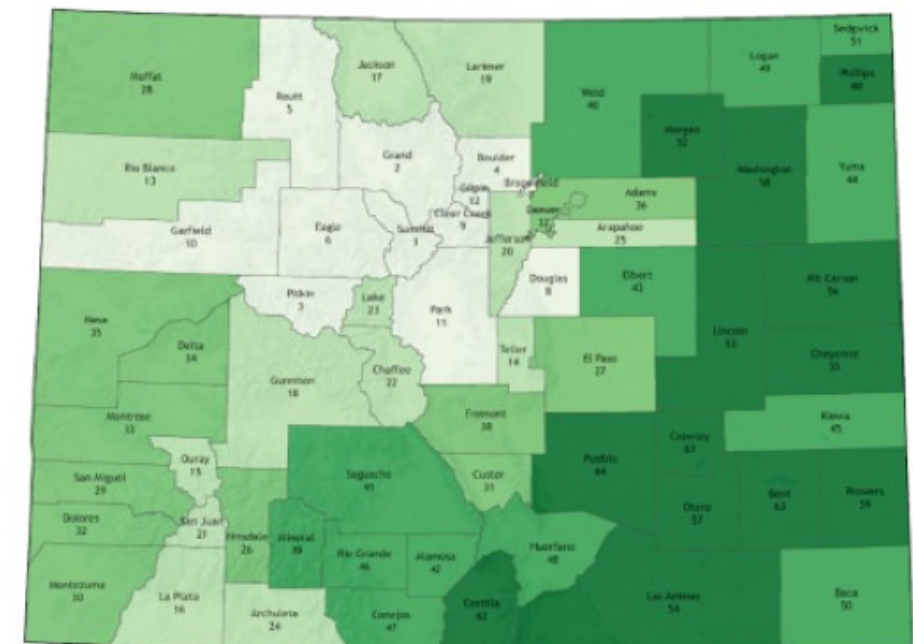


Cancer, Cardiovascular & Pulmonary Disease: Pulmonary Index Rankings

Cancer, Cardiovascular & Pulmonary Disease: H.E.A.L. Index Rankings



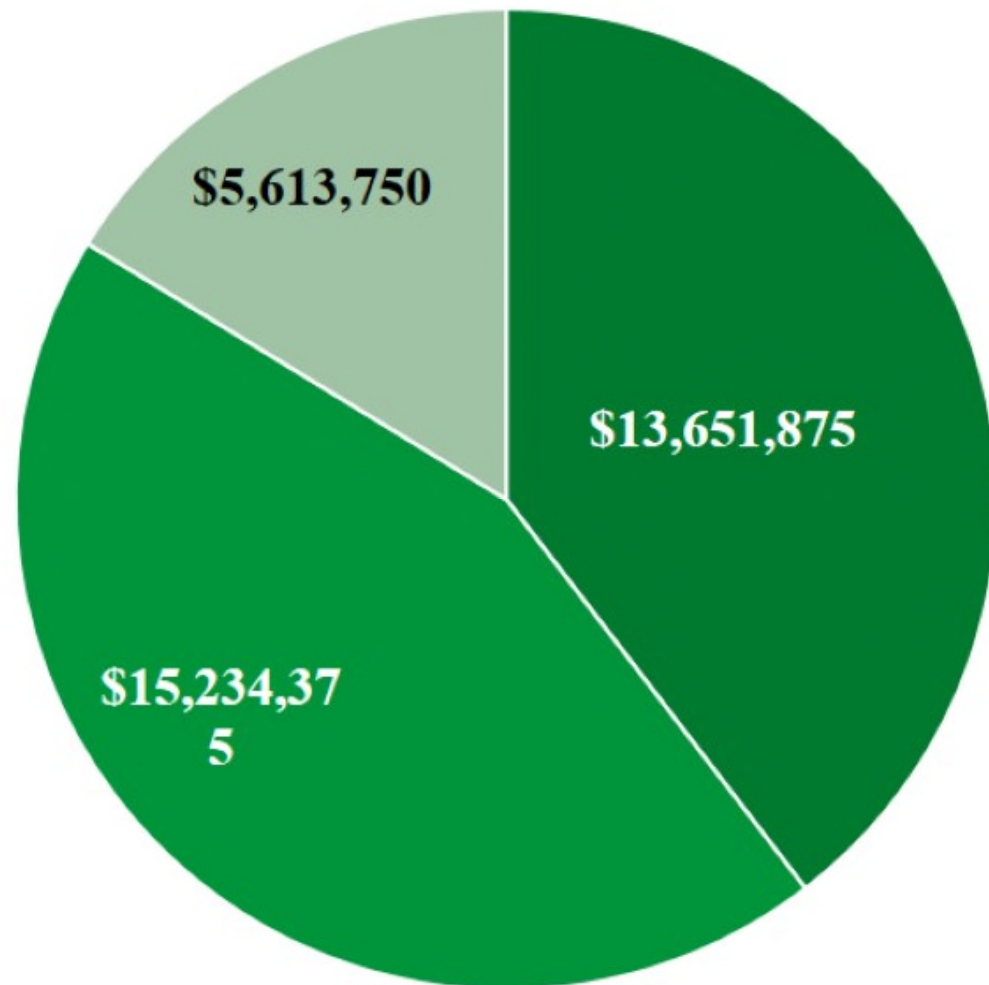
1 - 12 13 - 25 26 - 38 39 - 51 52 - 64



1 - 12 13 - 25 26 - 38 39 - 51 52 - 64



CCPD FY19-21 Grant Portfolio



■ Cancer^ ■ Cardiovascular^ ■ Pulmonary

	STATUTE REQUIREMENT	PERCENT OF TOTAL
Cancer^	Minimum 10%	39%
Cardiovascular^	Minimum 10%	44%
Pulmonary	Minimum 10%	17%
TOTAL		100%
Treatment	Not to exceed 10%	3%
Rural	Minimum 10%	39%

^Healthy Eating and Active Living work is divided 50%/50% between Cancer and Cardiovascular

22 Grantees

Total: approximately \$35M

(includes evaluation, surveillance, training and technical assistance)

Group Discussion

How can the CCPD program include more of a health equity lens?



Closing Discussion

CCPD GRANT PROGRAM