



Reporting Guideline Processes

The New Mexico Cancer Council collects information to track progress towards fulfilling the goals and objectives of the *New Mexico Cancer Plan*. To this end, annual reporting of activities conducted in support of the *New Mexico Cancer Plan* is a responsibility of all New Mexico Cancer Council members. An annual survey is conducted early in the calendar year to gather information about how member organization accomplishments align with the goals and objectives of the Cancer Plan and to what extent their accomplishments are based on varying levels of scientific evidence. This document is intended to provide Council members with guidance on the annual reporting process. It describes the rationale for reporting on the use of evidence-based interventions by Council members and should help members understand the distinctions among various levels of evidence. Results of the annual surveys are compiled and distributed to all Council members.

Cancer Council members use a wide array of interventions, in a variety of settings, to implement the *New Mexico Cancer Plan*. Types of interventions include, but are not limited to, clinical treatment, research, professional education, public education and awareness and grassroots survivor support.

Information used for program planning, implementation and evaluation varies depending on the type of intervention. Evidence-based interventions are those that have a body of facts to support their use. The “strength” of evidence used ranges from objective (supported by scientific studies such as clinical trials) to more subjective (based on individual program evaluation). The development of clinical treatment guidelines for patient care (evidence-based medicine) requires rigorous scientific study; the strength of evidence used to develop public education and awareness campaigns, while they must include scientifically accurate information, may not be as well established in the scientific literature

Identifying the level of evidence or rationale for program development, implementation and evaluation is becoming an important consideration for community-based organizations. Interventions that are based on higher levels of evidence have more data about effectiveness, an important consideration when attempting to maximize limited resources. In addition, federal agencies and foundations may consider the core elements of an intervention when awarding funds. Locating evidence-based sources that support the underpinnings of an existing intervention can strengthen a funding application and can provide ideas to make programmatic improvements.

A consideration when researching information for a new program or to modify an existing one is that most evidence-based programs were successful in the groups and settings in which they were studied. Evidence-based programs are not always completely effective, but they are a good starting place. In addition, adapting an evidence-based program can be easier than creating a new program with similar objectives, and it can also be more cost effective to use one of these programs than to develop a new program. Using existing evidence-based programs shortens the development process, reduces the need for formative research, and helps to narrow the evaluation questions. (Information adapted from the train-the-trainer

course *Using What Works: Adapting Evidence-Based Programs to Fit Your Needs*. The online training is available at http://cancercontrol.cancer.gov/use_what_works/start.htm.)

It is important to consider that the highest levels of evidence are not necessarily relevant for all types of interventions. For example, because some types of community-based projects or interventions may be considered “exploratory” or new to a setting or population, there may be a lack of evidence for that specific circumstance. Insufficient evidence by no means implies a program will be ineffective; however, a well-planned, thorough evaluation of a new program’s key elements should be carried out to establish links between activities and outcomes. To the extent possible, new interventions should be based on sound science, and program planners may sometimes be able to model aspects of a program on a similar program that has already been studied and found to be effective. And, although certain types of scientific research are considered ideal, the best evidence may be a combination of research and practice.

The Council is committed to promoting high-quality interventions along the spectrum of comprehensive cancer control. One way to do this is to support members in identifying and implementing initiatives that ensure the best possible outcome for New Mexicans affected by cancer. Active participation by all Council members in the annual implementation survey is critical to tracking the extent to which this is taking place.

One of the goals of the New Mexico Cancer Plan 2007 - 2011 is to understand the effectiveness of cancer control and prevention initiatives in New Mexico. The indicators of success for meeting this goal are:

1. The number of New Mexico cancer control and prevention organizations that report being able to systematically collect information about the activities, characteristics, and outcomes of programs in order to assess the effectiveness of ongoing activities, by 2011.
2. An increase in the number of organizations that develop and implement evaluation components for their interventions or activities, by 2011.
3. An increase the proportion of New Mexico Cancer Council members who submit annual reports on their organizations’ efforts toward addressing the goals of the Plan, by 2009.

Rationale/Evidence-base Levels
Developed by the Centers for Disease Control and Prevention, 2010

The NM Cancer Council has adopted the following categories describing levels of evidence/rationale for program planning, implementation and evaluation as the standard for Council member reporting (see below). When completing the annual survey, Council members are required to provide information about the level of evidence/rationale that supports their program planning and implementation for activities conducted in support of the Cancer Plan. Council members are encouraged, but not required, to incorporate evidence-based strategies into the development and implementation of their programs. When reporting annually on their use of evidence-based interventions, Council members are encouraged to use these five levels of evidence to help determine which of their interventions fall under a given level, simplifying the reporting process.

1. Evidence-based Guidelines/Recommendations

Definition: Based on information developed by independent review bodies such as the United States Preventive Services Task Force and the Task Force for Community Preventive Services. Evidence-based guidelines and recommendations are the most objective type of evidence and are based on numerous scientific research studies. Independent review panels review research studies and weigh the evidence in order to issue recommendations or formulate guidelines. Level 1 is a broad category and encompasses both clinical and non-clinical interventions.

- a. United States Preventive Services Task Force (USPSTF) <http://www.ahrq.gov/clinic/uspstfix.htm>
- b. National Guideline Clearinghouse (AHRQ) <http://www.guideline.gov/>
- c. Guide to Community Preventive Services (The Community Guide)
<http://www.thecommunityguide.org/>
- d. MMWR Recommendations <http://www.cdc.gov/mmwr/>
- e. Best Practices for Comprehensive Tobacco Control Program
http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/
- f. American Cancer Society <http://www.cancer.org>

Example 1: I make decisions about whether or not to screen patients for skin cancer using the 2009 Screening for Skin Cancer guidelines set forth by the U.S Preventive Services Task Force

Example 2: We support local strategies or efforts to educate the public and media not only about the health effects of tobacco use and exposure to secondhand smoke, but also about available cessation services

2. Systematic Reviews

Definition: Based on information from published meta analyses or recommendations from other bodies such as the Cochrane Collaboration. Systematic reviews and meta-analyses of the literature utilize specific methods and criteria to locate, appraise, and synthesize the evidence from research studies. Systematic reviews uncover the strengths and weaknesses of the evidence and identify gaps in current research.

- a. Cochrane Reviews <http://www.cochrane.org/reviews/index.htm>

- b. National Cancer Institute's (NCI) Physician Data Query (PDQ)
<http://www.cancer.gov/cancertopics/pdq>
- c. AHRQ effective healthcare program evidence reviews (EPC Evidence Reports)
<http://effectivehealthcare.ahrq.gov/healthInfo.cfm?infotype=rr>
- d. Institute of Medicine (IOM) Reviews <http://www.iom.edu/>
- e. Other published systematic reviews in the peer reviewed literature (e.g. PubMed Systematic Reviews)
<http://www.ncbi.nlm.nih.gov/entrez/query/static/clinical.shtml#reviews>

Example 1: I have utilized the information contained in the reviews in the Cochrane Library to guide my treatment recommendations for patients with non-metastatic colorectal cancer.

Example 2: I utilize the National Cancer Institute's Physician Data Query to obtain up-to- date information on prostate cancer screening when counseling patients on this issue.

3. Individual Peer Reviewed Published Studies

Definition: Based on information from individual research studies published by peer reviewed journals. Examples would be interventions listed in RTIPs* (but not recommended by the Guide to Community Preventive Services) or other interventions that can be found in PubMed.

* RTIPs: Research Tested Intervention Programs

- a. Research-tested Intervention Programs (RTIPs): <http://rtips.cancer.gov/rtips/index.do> list reference
- b. Individual peer reviewed published intervention study (can be found in PubMed but not listed with RTIPs): describe and list reference (or website, if applicable)

Example: My organization has used a centralized telephone care management system designed to increase cancer screenings among women aged 50-69. (We used a Research Tested Intervention Program called, "Prevention Care Management" to guide the development of our program.

4. Evidence-informed program/program evaluation/practice-based evidence

Definition: Based on interventions that may have been shown to be effective but have not been published in the peer reviewed literature. There should be evidence to support them, such as program evaluation data. Includes public health programs, interventions, and policies that through experience have been evaluated, shown to be successful, and have the potential to be adapted and transformed by others working in the same field.

- a. Evidence-informed program (based on elements from systematic reviews of interventions or a single peer reviewed published intervention study)
- b. Model Practice Database – NACCHO <http://naccho.org/topics/modelpractices/database/>
- c. AHRQ Innovations Exchange <http://www.innovations.ahrq.gov/>
- d. Promising Practices – Partnership to Fight Chronic Disease
<http://promisingpractices.fightchronicdisease.org/>
- e. Individual program evaluation
- f. Practice-based evidence-prior program experience (sources could be agency/government reports)

Example 1: We use the results from evaluations administered to participants before and after a two-week long educational session on the impact physical activity and nutrition can have on cancer prevention.

Example 2: We have used several components of a Chronic Disease Self-Management Program to enable participants to build self-confidence and to assume a major role in maintaining their health and managing their chronic health condition. This is considered a “Program that Works” on the “Partnership to Fight Chronic Disease” website.

5. Other

Definition: This category captures building the "evidence-base" and anything that doesn't fit in the above categories.

- a. Other sources
- b. Your own program (e.g. developing the evidence base)

Example: People continue to attend our educational sessions. We hear repeatedly how grateful they are we were there for them in their time of need.