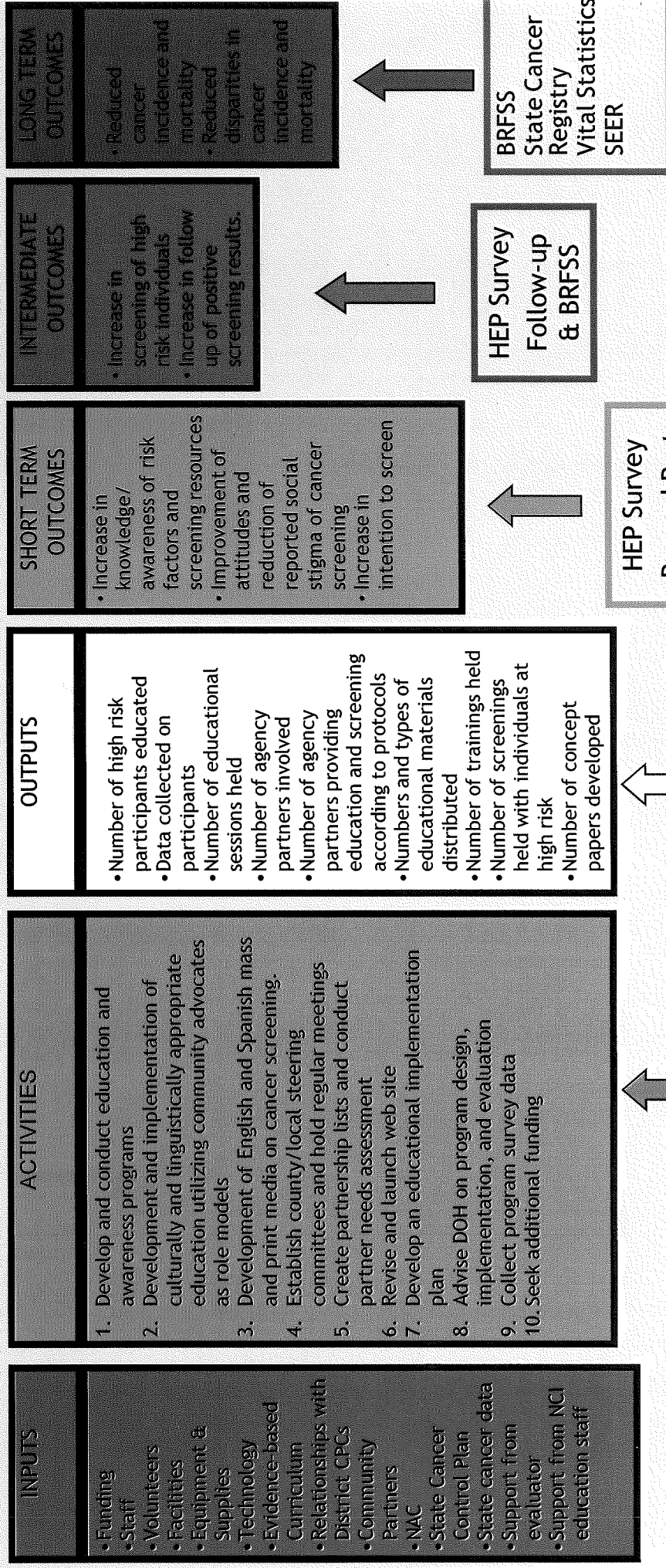


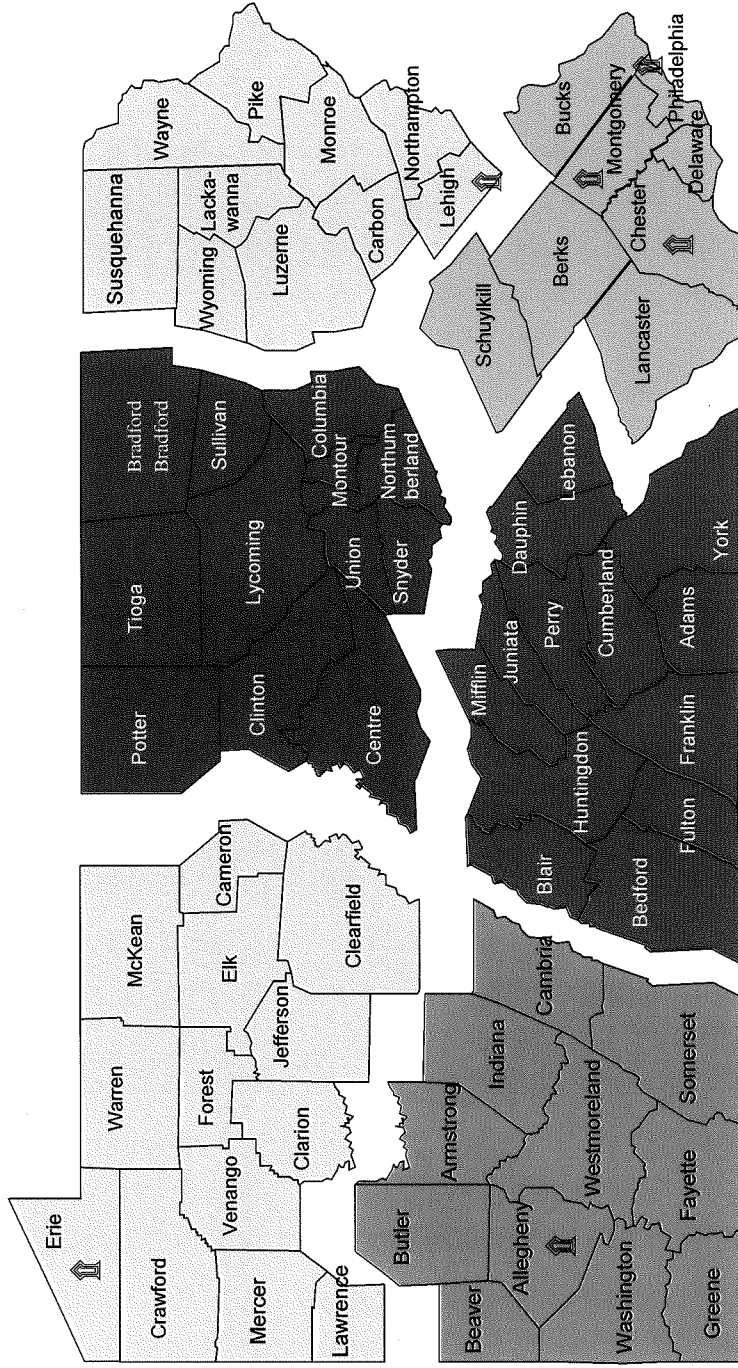
# GENERIC CANCER EDUCATION LOGIC MODEL



Presentation Log & Quarterly Reports

## EVALUATION QUESTIONS

<p><b>NEEDS ASSESSMENT</b></p> <ol style="list-style-type: none"> <li>1. What are the characteristics of the target population?</li> <li>2. What are the needs of the target population?</li> <li>3. What are the potential barriers?</li> <li>4. What are the potential facilitators?</li> </ol>	<p><b>IMPLEMENTATION ASSESSMENT</b></p> <ol style="list-style-type: none"> <li>1. What is the level of implementation?</li> <li>2. What factors are associated with level of implementation?</li> </ol>	<p><b>PROCESS EVALUATION</b></p> <ol style="list-style-type: none"> <li>1. Were more at-risk populations served over time?</li> <li>2. Were some strategies more effective in reaching at-risk populations?</li> <li>3. What are the major barriers to reaching at-risk populations?</li> </ol>
<p><b>CLIENT OUTCOMES</b></p> <ol style="list-style-type: none"> <li>1. What are the changes in knowledge, risk reduction, and early detection?</li> </ol> <p><b>COMMUNITY OUTCOMES</b></p> <ol style="list-style-type: none"> <li>2. What are the changes in community knowledge, risk reduction, and early detection?</li> </ol> <p><b>STATE OUTCOMES</b></p> <ol style="list-style-type: none"> <li>3. What are the changes in incidence, morbidity, and mortality?</li> </ol>		



↑ = County Municipal Health Departments (CMHD)  
 DG= District Grantee (1 DG for each of the Six Districts)

**NORTHWEST DISTRICT**  
 CMHD (1)  
 District Grantee (1)

**NORTH CENTRAL DISTRICT**  
 District Grantee (1)



**NORTHEAST DISTRICT**  
 CMHD (1)  
 District Grantee (1)

**SOUTHWEST DISTRICT**  
 CMHD (1)  
 District Grantee (1)

**SOUTH CENTRAL DISTRICT**  
 District Grantee (1)

**SOUTHEAST DISTRICT**  
 CMHD (3)  
 District Grantee (1)

**OVARIAN  
CANCER  
EDUCATION**





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**What Is Ovarian Cancer?**

**Ovarian cancer occurs when the certain cells in the ovaries grow out of control.**

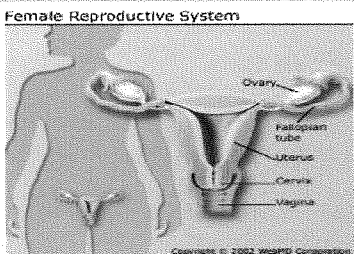
**As the tumor continues to grow, it may spread to other parts of the body.**




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**The Ovary**

Female Reproductive System



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**How Common Is Ovarian Cancer?**

**In Pennsylvania**

- Occurs in 1 out of 57 women
- Fifth leading cause of all cancer deaths among women




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**County Specific Statistics  
Ovarian Cancer**

(Each grantee may enter specific county data here)  
(Utilize data from the Pennsylvania Department of Health Bureau of Health Statistics, [www.health.state.pa.us](http://www.health.state.pa.us))

- Cancer Incidence and Mortality publications
- EPIQMS



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**Am I at Risk for Ovarian Cancer?**

**Family history of cancer:**

- A mother, daughter, or sister with ovarian, breast, uterus, colon, or rectum cancer

**Personal history of cancer:**

- Breast, uterus, colon, or rectum cancer



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## Other Risk Factors

- Age over 55
- Never pregnant
- Use of menopausal hormone therapy



## Women with lower risks have:

- Used oral contraceptives (*birth control*)
- Had at least one child
- Breast-fed
- Had a tubal ligation (*tubes tied, sterilization*)
- Had an oophorectomy (*ovaries removed*)
- Followed general healthy lifestyle habits, including a healthy diet, regular exercise, and plenty of rest



## What Are the Symptoms of Ovarian Cancer?

• Even early stage ovarian cancer may have the following symptoms:

- ❖ Bloating
- ❖ Pelvic or abdominal pain
- ❖ Difficulty eating or feeling full quickly
- ❖ Urinary symptoms (urgency or frequency)



## What Can I Do if I Am at Risk for Ovarian Cancer?

- Discuss your risk factors with your health care provider
- If you have any of the symptoms, contact your health care provider promptly
- See a health care provider on a regular basis for a pelvic exam



## 3 Basic Questions to Ask Your Health Care Provider

1. What is my main problem or risk?
2. What do I need to do?
3. Why is it important for me to do this?



## What Are the Tests for Ovarian Cancer?

There is no routine screening for ovarian cancer at this time.

Several tests are helpful in detecting and may be recommended by your health care provider:

- Pelvic/rectal exam
- Transvaginal ultrasound (sonogram)
- Blood test for the antigen CA-125.



## What Are the Types of Treatment for Ovarian Cancer?

The following are the most common treatment options:

- Surgery
- Chemotherapy
- Radiation therapy



## Early Detection

**Early detection increases your chances of survival.**



## What Is Cervical Cancer?

- Cervical cancer is a cancer of the cervix not passed down through family genes.
- Cervical cancer is caused by certain types of a virus – called the human Papillomavirus or HPV, a common sexually transmitted infection.
- **GOOD NEWS!** Cervical cancer is the easiest female cancer to prevent.



## Cervical Cancer

- When a woman is infected with certain types of HPV, and the virus doesn't go away on its own, abnormal cells can develop in the lining of the cervix.
- If these abnormal cells are not found early and treated, pre-cancers and then cervical cancer can develop.



## Prevention and Early Detection

- Two tests can help prevent cervical cancer or find it early, so get regular cervical cancer screenings:
  - The Pap test (or Pap smear) looks for pre-cancers, cell changes on the cervix that might become cervical cancer if they are not treated appropriately.
  - The HPV test looks for the virus that can cause these cell changes.
- The Pap test is recommended for all women. Talk with your doctor, nurse, or other health care professional about whether the HPV test is right for you.



## HPV Vaccines

- GARDASIL® is the only cervical cancer vaccine that helps protect against 4 types of human Papillomavirus (HPV):
  - 2 types that cause 70% of cervical cancer cases, and
  - 2 more types that cause 90% of genital warts cases.
- GARDASIL® is primarily targeted for girls and young women ages 9 to 26.
- Additional HPV vaccines are currently under development by other companies.



## The HealthyWoman Program

- For women, ages 40-64
- Free breast and cervical cancer screening services, including free mammograms and pap test only, for women ages 40-64.
- For women who are uninsured or underinsured, and who have moderate income.



## Summary- Ovarian Cancer

- Regular Pelvic Exams
- Women over 50 at most risk
- Symptoms that last for more than a few weeks, see a doctor
- Get your screening because. . .
  - The earlier cancer is found, the higher your chance of survival.



## Where Can I Get More Information?

Visit the Pennsylvania Cancer Education Network  
[www.PACancerEducationNetwork.com](http://www.PACancerEducationNetwork.com)

HealthyWoman Program and Eligibility  
1-800-215-7494  
[www.health.state.pa.us](http://www.health.state.pa.us)

&  
National Cancer Institute's  
Cancer Information Service (toll-free)  
1-800-4-CANCER  
(1-800-422-6237)  
TTY: 1-800-332-8615



## The Network

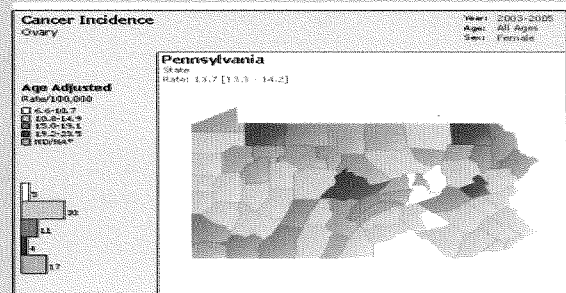
*The Pennsylvania Cancer Education Network is funded by the Pennsylvania Department of Health and through a grant the Department receives from the Centers for Disease Control and Prevention.*



- Additional Slides are optional.



## Ovarian Cancer Age-Adjusted Incidence Rate Map



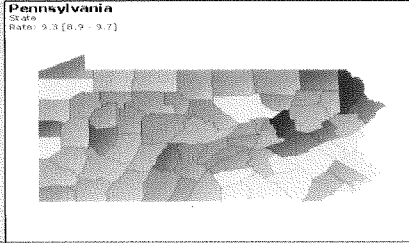
# Ovarian Cancer Age-Adjusted Mortality Rate Map

Resident Deaths  
Cancer of ovary

Year: 2004-2006  
Age: All Ages  
Sex: Female

Age Adjusted  
Rate/100,000

0-4.9  
5.0-9.7  
10.0-14.8  
15.0-19.7  
20.0+



   
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Session ID # \_\_\_\_\_

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**Ovarian Cancer Education - Learning About You**

<p><b>1. Gender</b></p> <p><input type="radio"/> Male <input type="radio"/> Female</p>	<p><b>2. Age</b></p> <p><input type="radio"/> Under 50 <input type="radio"/> 50-54 <input type="radio"/> 55-59 <input type="radio"/> 60-64 <input type="radio"/> 65+</p>	<p><b>3. Race</b></p> <p><input type="radio"/> White <input type="radio"/> African American <input type="radio"/> Hispanic or Latino <input type="radio"/> Other</p>	<p><b>4. Highest grade of school completed</b></p> <p><input type="radio"/> Grades 11 or less <input type="radio"/> Grade 12 or GED (High school graduate) <input type="radio"/> College 1 year to 3 years (Some college) <input type="radio"/> College 4 years or more (College graduate)</p>
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<p><b>5. How would you describe your health?</b></p> <p><input type="radio"/> Excellent <input type="radio"/> Very Good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor</p>	<p><b>6. Do you have any kind of health care coverage, including: health insurance, prepaid plans such as HMOs, or government plans such as Medicare</b></p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><b>7. What would you do if a health care provider told you to make lifestyle changes to improve your health?</b></p> <p><i>lifestyle changes may include eating healthier, exercising more, reducing stress, cutting down smoking, or cutting down alcohol.</i></p> <p><input type="radio"/> I would not consider changing <input type="radio"/> I would consider changing <input type="radio"/> I would start to make a few changes <input type="radio"/> I would change for awhile <input type="radio"/> I would change permanently</p>
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**Women - please answer all questions. Men - please answer # 8-13 only**

<p><b>8. Women with a mother or sister with ovarian, breast, or colon cancer have higher risk of ovarian cancer</b></p> <p>True <input type="radio"/> False <input type="radio"/></p>	<p>True <input type="radio"/> False <input type="radio"/></p>	<p><b>14. Compared to others my age, my chances of getting ovarian cancer are...</b></p> <p>Much Less <input type="radio"/> Less <input type="radio"/> The Same <input type="radio"/> More <input type="radio"/> Much More <input type="radio"/></p>	
<p><b>9. Women over 50 or past menopause have lower risk of ovarian cancer</b></p> <p>True <input type="radio"/> False <input type="radio"/></p>	<p>True <input type="radio"/> False <input type="radio"/></p>	<p><b>15. Ovarian cancer is a serious disease</b></p> <p>Strongly Agree <input type="radio"/> Agree <input type="radio"/> Not Sure <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree <input type="radio"/></p>	
<p><b>10. There are no reliable screening tests for ovarian cancer</b></p> <p>True <input type="radio"/> False <input type="radio"/></p>	<p>True <input type="radio"/> False <input type="radio"/></p>	<p><b>16. Tests can detect early stage ovarian cancer</b></p> <p>Strongly Agree <input type="radio"/> Agree <input type="radio"/> Not Sure <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree <input type="radio"/></p>	
<p><b>11. A pelvic/rectal exam allows a doctor to feel for lumps and rule out ovarian cancer</b></p> <p>True <input type="radio"/> False <input type="radio"/></p>	<p>True <input type="radio"/> False <input type="radio"/></p>	<p><b>17. I am confident that I can get testing to detect ovarian cancer</b></p> <p>Strongly Agree <input type="radio"/> Agree <input type="radio"/> Not Sure <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree <input type="radio"/></p>	
<p><b>12. Bloating is not a symptom of ovarian cancer</b></p> <p>True <input type="radio"/> False <input type="radio"/></p>	<p>True <input type="radio"/> False <input type="radio"/></p>	<p><b>18. I am worried that testing might be embarrassing or painful</b></p> <p>Strongly Agree <input type="radio"/> Agree <input type="radio"/> Not Sure <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree <input type="radio"/></p>	
<p><b>13. Pelvic or abdominal pain is a symptom of ovarian cancer</b></p> <p>True <input type="radio"/> False <input type="radio"/></p>	<p>True <input type="radio"/> False <input type="radio"/></p>	<p><b>19. I intend to see my provider if I ever have symptoms of ovarian cancer</b></p> <p>Strongly Agree <input type="radio"/> Agree <input type="radio"/> Not Sure <input type="radio"/> Disagree <input type="radio"/> Strongly Disagree <input type="radio"/></p>	



20. Have you ever seen your provider because of symptoms of ovarian cancer?

- No
- Yes ⇒ How long has it been since you had symptoms of ovarian cancer and saw your provider?
  - Within the past year
  - 1 year to less than 3 years ago
  - 3 years to less than 5 years ago
  - 5 or more years ago

21. Has a doctor, nurse, or other health professional EVER told you that you had ovarian cancer?

- No
- Yes

**STOP HERE -  
TIME FOR OUR  
PRESENTATION**

**Post-Presentation - Please tell us what you learned about ovarian cancer**  
 Women - please answer all questions Men - please answer # 22-27 only

22. Women with a mother or sister with ovarian, breast, or colon cancer have higher risk of ovarian cancer	True: False <input type="radio"/> <input type="radio"/>	28. Compared to others my age, my chances of getting ovarian cancer are...	Much Less <input type="radio"/>	Less <input type="radio"/>	Same <input type="radio"/>	More <input type="radio"/>	Much More <input type="radio"/>
23. Women over 50 or past menopause have lower risk of ovarian cancer	True: False <input type="radio"/> <input type="radio"/>	29. Ovarian cancer is a serious disease	Strongly Agree <input type="radio"/>	Agree <input type="radio"/>	Not Sure <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>
24. There are no reliable screening tests for ovarian cancer	True: False <input type="radio"/> <input type="radio"/>	30. Tests can detect early stage ovarian cancer	Strongly Agree <input type="radio"/>	Agree <input type="radio"/>	Not Sure <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>
25. A pelvic/rectal exam allows a doctor to feel for lumps and rule out ovarian cancer	True: False <input type="radio"/> <input type="radio"/>	31. I am confident that I can get testing to detect ovarian cancer	Strongly Agree <input type="radio"/>	Agree <input type="radio"/>	Not Sure <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>
26. Bloating is not a symptom of ovarian cancer	True: False <input type="radio"/> <input type="radio"/>	32. I am worried the testing might be embarrassing or painful	Strongly Agree <input type="radio"/>	Agree <input type="radio"/>	Not Sure <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>
27. Pelvic or abdominal pain is a symptom of ovarian cancer	True: False <input type="radio"/> <input type="radio"/>	33. I intend to see my provider if I ever have symptoms of ovarian cancer	Strongly Agree <input type="radio"/>	Agree <input type="radio"/>	Not Sure <input type="radio"/>	Disagree <input type="radio"/>	Strongly Disagree <input type="radio"/>

Please give us feedback about the presentation and brochures

34. Educator's knowledge about cancer	Excellent <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Poor <input type="radio"/>
35. Educator's ability to encourage questions and discussion	Excellent <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Poor <input type="radio"/>
36. Cancer Brochures	Excellent <input type="radio"/>	Good <input type="radio"/>	Fair <input type="radio"/>	Poor <input type="radio"/>

**THANK YOU!**

Know The Facts...



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1. 12 month accrual period
2. Total follow-up sample number for each cancer education type, for each grantee, is proportional based on the overall number of participants the grantee is required to reach for each cancer education type (as listed in the grantee's DOH work statement)
3. The monthly number is number of follow-ups for each cancer education type required/12; however, the monthly number is not fixed (see #4).
4. If the grantee does not have sufficient number for their monthly quota for each cancer education type, then they will be responsible for more follow-ups in the subsequent months to assure reaching their total follow-up sample for each cancer education type by the end of the 12 month accrual period.
5. Each grantee will get a monthly list of follow-up participants the first week of the month. Contact information is provided from the grantee's sign in sheet.

## Appendix – Sample Size

Appendix V  
RFP # 67-1

The sample size estimates for 80% power with 5% significance level and be able to detect 10% difference in the prevalence of screening are as follows:

### Colorectal Cancer Screening

Prevalence of Persons 50 or older who ever had a sigmoidoscopy or colonoscopy = 58.8% (PA BRFSS 2006)

10% increase to 64.7% need 537 subjects (672 adjusted for response and loss to follow-up - LFU rates). The adjusted sample size will be collected over a 12 month accrual period.

### Prostate Cancer Screening

Prevalence of Men age 50+ who have had a PSA test in the past year = 55.7% (PA BRFSS 2006)

10% increase to 61.3% need 611 subjects (764 adjusted for response and LFU rates). The adjusted sample size will be collected over a 12 month accrual period.

### Ovarian Cancer Screening

The mean knowledge score on Ovarian cancer was 2.6073 (1.3767)<sup>1</sup> and to detect difference of 0.25, we need 663 subjects (829 adjusted for response and LFU rates) . The adjusted sample size will be collected over a 12 month accrual period.

### Skin Cancer Screening

The mean sun safety behavior score was 6.00 (2.539)<sup>1</sup> and to detect a difference of 0.25, we need 811 subjects (1014 adjusted for response and LFU rates). The adjusted sample size will be collected over a 12 month accrual period.

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<sup>1</sup> Pilot study

**and 5% significance level**

Cancer Type	difference	Sample Size (N)	Average % of contacts available	Adjusted N*
Colorectal	10 <sup>†</sup>	537	80	672
Prostate	10 <sup>†</sup>	611	80	764
Ovarian	0.15 <sup>**</sup>	633	80	829
Skin	0.25 <sup>**</sup>	811	80	1014

\* Adjusted for the rate contacts available (averaged over the 2008 data Jan – May 2008)

<sup>†</sup> % difference between the prevalence

\*\* 1/9 of the standard deviation

**Note: The adjusted sample size will be collected over a 12 month accrual period.**

**Offeror Response to Company Qualifications**

Offeror: \_\_\_\_\_

Respond to each of the qualifications below. Please enter a Y or N in the "Meets Requirement" column based on the following criteria:

Y: Evaluation Team has experience and qualifications to complete task.

N: Evaluation Team does not have experience or qualifications to complete task.

In "Offeror Response" column, describe past experience or ability to perform required tasks. When applicable, include web links to online tools, or attachments of screen shots for examples of software applications that have been developed.

Seq. #	Company Qualifications	Y or N	Offeror Response
1	Have you designed, implemented, and hosted a data system whereby data can be entered statewide in a web-based format?		
2	Have you used interactive audience response systems for the collection of group data? Was data then integrated into an existed web-based database?		

3	Have you designed and implemented on-line education modules?		
4	Have you designed interactive educational games?		
5	Have you developed tools or processes to detect the quality of data entered into a database, and to remove or correct wrong data?		
6	Do you have experience with using GIS mapping technology to present program data in a visual manner?		