

CIS Partnership Program
Gaps Analysis Protocol
August 2002

As stated in the Comprehensive Evaluation Plan for the Cancer Information Service (Feb. 2002), the Partnership Program will be evaluated on how regional offices identify and address specific cancer control needs within a region. The Gaps Analysis protocol is designed to assist CIS regional offices in identifying “holes” or gaps in cancer information and education within a specific geographic area or underserved population. A viable Gaps Analysis focuses on the discovery of specific cancer control issues for target geographic areas and underserved groups.

The Gaps Analysis process will identify and prioritize the difference between the amount, location and type of services needed versus the amount, location and type of services available. For the CIS, the identification of *gaps* centers on **cancer information and education services** within a specific geographic area and/or for a specific underserved population. Once gaps have been identified, then there must be a process to prioritize them based on outcomes desired and relative importance to the mission and priority areas of the CIS.

The Gaps Analysis involves direct application of evidence-based science and public health messages to help address the identification of a gap in cancer information and education. Identifying the relevant data sets is crucial, and should be done by geographic area and/or subpopulation – depending on what data sets are available. For evaluation purposes, the identification of data sets should correlate with short-term outcomes, interventions and longer-term outcomes.

For the Partnership Program, the development of a Gaps Analysis protocol will result in a more strategic – and therefore, effective and efficient – use of staff and resources as well as the selection of stakeholders within those specific geographic areas and for those select underserved groups with unmet needs for cancer information and education. These stakeholders should be developed into CIS partners utilizing the Partner Assessment Tool (PAT).

As noted in the Partnership Program Logic Model, the Gaps Analysis is a primary activity for the Partnership Program. Findings from the analysis will feed into the strategic planning process and partner assessment. The Gaps Analysis tool (chart) is a fluid document that changes and should be revisited regularly.

1. Before you start your Gaps Analysis, identify the following:
 - (a) State priority cancer burdens. This data is generally available through state health departments and SEER and represents the areas to focus cancer education and outreach efforts.
 - (b) NCI priority areas (breast, cervical, tobacco, clinical trials)→ these are evidence-based priorities where the cancer burden is apparent and are critical areas where we have demonstrated an impact through increased education and awareness. Generally, NCI priority sites are reflected in state data and it is imperative to include this data, as it is our responsibility to address these priority areas.
 - (c) Population and geographically specific cancer burdens. This will enable offices to be more regionally sensitive in addressing cancer burdens that are not necessarily addressed in the above data sets. This includes data that may be available on a county or sub-county level.
 - (d) Collect your data driven statistics.

2. Once you have identified the above, you can begin filling out the tool (chart).

Column one (Geographic Area/State snapshot/statewide cancer burdens)
→ Move on to county and/or other geographic levels such as city or Metropolitan Statistical Area (MSA). If you chose to breakdown your state by Health Dept. Districts or rural regions, you can place the definitions of these areas within the comments segment.

Column two (Regional Population)
→ Identifies medically underserved populations:

A specific group suffering a disproportionate burden of cancer due to various factors, including but not limited to socio-economic status (e.g., low-income, limited education, uninsured or under-insured); language and cultural barriers; age; sexual orientation; cancer risk behaviors; low cancer screening rates; rural communities.

Column three (Cancer Site)
→ Identifies the cancer site addressed by state data, NCI priorities, and geographic specific efforts. Example: Prostate, Breast, and Lung.

Column four (Incidence/Mortality)
→ Highlights the rate of cancer occurrences and death rates within a population identified in column three. This data is provided in terms of \underline{X} /100,000.
Example: State Health Departments, SEER, MMWR etc.

Column five (Statistics)

→ Data and statistics supporting cancer priorities must be hard data such as SEER, state data, MMWR etc. In essence, the numbers should validate your focus on said cancer priority.

Column six (Issues/Barriers)

→ A barrier that prevents the target audience from access to health information and/or services. Issues include not only characteristics of the population that inhibit access, but system barriers that organizations have in reaching said populations.

Examples of issues include but are not limited to insufficient data regarding audience and behaviors, insufficient materials to effectively reach populations, socioeconomic factors (low income/limited education), language barriers, cultural barriers, low literacy levels, cancer risk behaviors, health care access barriers, morbidity rates, and/or low cancer screening rates.

These are not necessarily issues that we (the CIS) are meant to address but are merely there to support our programmatic efforts in addressing identified priority cancer site. Here are several examples:

Poverty – while we cannot change poverty we must understand the issues related. What are the parameters that determine poverty? → (See tool for guideline link and more)

2002 HHS Poverty Guidelines

Size of Family Unit	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$ 8,860	\$11,080	\$10,200
2	11,940	14,930	13,740
3	15,020	18,780	17,280
4	18,100	22,630	20,820
5	21,180	26,480	24,360
6	24,260	30,330	27,900
7	27,340	34,180	31,440
8	30,420	38,030	34,980
For each additional	3,080	3,850	3,540

person, add			
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SOURCE: *Federal Register*, Vol. 67, No. 31, February 14, 2002, pp. 6931-6933.

Access – Generally speaking we are not in a position to address access issues. Nonetheless, when working with partners on an cancer related issues it is important that we help them understand the issue in the event they can change access points or barriers that interfere. There may be incidences when CIS is working with a partner on programmatic efforts for delivering a service. If we can influence how these services are delivered we can indirectly address access issues.

Example: A partner wants to increase cervical cancer screening for Hispanic women. Currently the partner is considering a specific weekday, having translators on-site, childcare and tokens for transportation. The partner has addressed many of the issues interfering with Hispanic women accessing screening. While assisting a partner with program planning, the Partnership staff can consider asking the partner to make a system change → weekend hours.

Column seven (Reference & Resources)

→ Any website, guidelines, books, articles etc. used to support your issues and barriers column. These references will enable staff to understand the issues you have identified. Generally, these websites or resources are meant to provide CIS staff with background information on issues and barriers that interfere with successful implementation of programming or delivery of care.

Column eight (Stakeholders/ Key Partners)

→ An organization that is dedicated to serving minority and medically underserved populations and with which the CIS has a long-term collaborative working relationship that is mutually beneficial.

Key partners should:

- Demonstrate a history of effectively addressing unmet needs in their communities and avoiding duplicating the efforts of other organizations;
- Have the organizational infrastructure and community contacts necessary to make them likely to succeed in their activities;
- Express an interest in implementing the educational programs that the CIS is promoting;
- Agree to the terms of the partnership

Existing partners should be distinguished by placing a (√) before the organization name. Potential partners should be noted with a (+) before the organization name; these are stakeholders we need to assess with the Partnership Assessment Tool to determine if or how we can work with them.

Comments Section

→ Once the tool has been completed; each region may choose to comment on a separate page. This section will allow regions to clarify any issues related to the analysis and the approach the region will pursue.

Example: If there are many partners already addressing a cancer site, CIS may choose to play a less active role (Education Partners → Networking partner) and shifting the focus to another cancer site. This would be the section to explain your reallocation of staff and efforts.

The Gaps Analysis protocol was developed by the CIS for use by the CIS. The Gaps Analysis Group is available for consultation on the use and enhancement of the protocol and tool. Members of the Gaps Analysis Working Group include:

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