TEXAS HEALTH INSTITUTE

EXECUTIVE SUMMARY

PURPOSE

Texas Health Institute (THI) collaborated with The University of Texas MD Anderson Cancer Center (MD Anderson) to thoroughly assess the effectiveness, reach, and impact of the Cancer Prevention Research Institute of Texas (CPRIT) Prevention Program.

BACKGROUND

Texas lawmakers established CPRIT in 2010 to invest in cancer prevention and research to reduce cancer incidence and mortality through prevention, early intervention, and research while also improving the lives of cancer survivors. The CPRIT Prevention Program funds evidence-based interventions across the prevention continuum for all cancer types.

METHODOLOGY

- 1 Evaluability Assessment
- 1 Statewide Cancer Assessment
- 3 Case Studies
- 10 Program Stakeholder Interviews
- 21 Program Director Interviews
- 23 Key Program Collaborator Surveys
- 68 Program Director Surveys
- 244 Grants Analyzed

KEY FINDINGS

94% OF FUNDING, 196 PROGRAMS TO MEDICALLY UNDERSERVED COUNTIES.

AT LEAST 1 CPRIT-FUNDED PREVENTION PROGRAM IN EVERY COUNTY IN TEXAS.

CPRIT EFFORTS IN CANCER PREVENTION HEALTHCARE AND WORKFORCE

More Health Professional Development and Education

Professional development and education lays the groundwork for improving skills and knowledge among health professionals.

More Technological Advancements for Screening

With improved capacity, facilities can invest in technology and equipment that support better early detection methods.

More Health Care Industry Capacity

Better-trained professionals enhance institutional capabilities to support cancer prevention efforts.

More Research on How to Prevent Cancer

These advancements support research and innovation, driving further progress in prevention strategies.

CPRIT EFFORTS IN POPULATION-LEVEL CANCER PREVENTION

More Texans Informed about Prevention

1.5 million Texans educated on cancer prevention.

Enhanced community education through culturally tailored programs.

Implementation of workshops and educational campaigns addressing language and cultural barriers.

More Texans Screened

Expanding screening services in rural and underserved areas and improved access through mobile units and community- based programs help diagnose more cancers earlier.

- Breast Cancer Screening[1] increased from 76.7% (2014) to 77.7% (2020)
- Colorectal Cancer Screening[2] increased from 60.8% (2014) to 66.8% (2020)

⚠ Cervical, colorectal, and liver cancer all saw an increase in late-stage incidence

More Texans Diagnosed Early

Increased early-stage cancer detection due to enhanced screening efforts supports a reduction in late-stage cancers.

- Lung cancer late-stage incidence reduced on average by 15.2% across all PHRs[4]
- Breast cancer late-stage incidence reduced by 3.3% across Texas

⚠ Cervical Cancer Screening[3] decreased from 77.7% (2014) to 75.0% (2020)

More Texans Saved

A reduction in late-stage cancer means more time and opportunity for effective treatments and more lives saved.

- All cancer mortality decreased by 11.4% across Texas
- Breast, colorectal, and lung cancer all saw a reduction in mortality
- Reduction in mortality among priority populations[5]

RECOMMENDATIONS

- Enhance Evaluation Frameworks
- Reduce Reporting Burdens
- Expand Priority Population Prevention Support
- Increase Access to Screening Services
- Strengthen Community Engagement

LIMITATIONS

- Causality Challenges
- Data Availability Issues
- External Factors
- Moratorium and Evaluation Gaps

CONCLUSION

The evaluation of CPRIT's Prevention Program underscores its role in supporting cancer prevention efforts across the state. However, challenges remain, including disparities in screening rates and rising late-stage incidences of some cancers. Implementing the recommended strategies could further strengthen CPRIT's efforts, ensuring continued progress in reducing cancer incidence and improving health outcomes for all Texans.

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1. *Females 50-74 who had a mammogram*
2. *Females 21-65 who had a pap test in the past 3 years*
3. *Adults 50-75 up-to-date on colorectal cancer screenings*
4. *Texas Public Health Regions*
5. *Defined as populations who are racial or ethnic minorities, reside in rural or medically underserved areas (MUAs), or have limited English speaking households.*