ATTACHMENT 3

Evaluation Questions and Indicators

| **Evaluation Questions & Constructs** | **Data Sources** |
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| **Question 1:** In comparison to the MDPH established decision aid and the NCI PDQ®, how effective is Talk to Nathan About Prostate Cancer Screening in improving outcomes, including improving prostate cancer–related knowledge; informed decision-making self-efficacy; technology use self-efficacy; intention to engage in informed decision-making with a healthcare provider; overcoming health literacy barriers; and resolving decisional conflict? |
| Decisional conflict | Pre-exposure survey; post-exposure survey; post-clinic visit survey  |
| Prostate cancer knowledge |
| Autonomous decision-making | Pre-exposure survey; post-exposure survey |
| Decision self-efficacy | Post-exposure survey   |
| Preparation for decision-making |
| Exposure to assigned materials |
| Shared decision-making  | Post-clinic visit survey  |
| Time spent with provider discussing PSA test |
| Prostate cancer screening practices | Provider survey  |
| Attitudes towards prostate cancer screening |
| **Question 2:** How does Nathan help men make decisions about the harms and benefits of prostate cancer screening that are in line with their individual values and preferences? |
| Decisional conflict | Pre-exposure survey; post-exposure survey; post-clinic visit survey |
| Decision self-efficacy | Post-exposure survey |
| Nathan dosage | Usability survey; user experience interviews; usage data gathered through the Nathan platform |
| **Question 3:** What is the impact of Nathan on the quality of prostate cancer screening decisions, engagement in shared decision-making, and time spent with providers discussing screening? |
| Quality of screening decision (from the Preparation for Decision-Making Scale) | Post-exposure survey |
| Shared decision-making | Post-clinic visit survey  |
| Time spent with provider discussing PSA test |
| **Question 4:** What are the barriers and best practices for incorporating Nathan into the flow of primary care practice? |
| Barriers to incorporating Nathan into workflow | Clinic coordinator interviews; monthly data collection progress reports |
| Facilitators to incorporating Nathan into workflow |
| Best practices in incorporating Nathan into workflow |
| COVID-19 impact and telemedicine | Usability survey |
| **Questions 5 and 6:** Is Nathan accessible and usable? Specifically, is it accessible and usable from a health and digital literacy perspective? |
| Acceptability of Nathan | Usability survey; user experience interviews |
| Perceived fit of Nathan |
| Usability of Nathan |
| Recommendations for Nathan improvements |
| Barriers to Nathan use | User experience interviews |
| Facilitators to Nathan use |
| Technology acceptance  | Usability survey |
| Help needed to review Nathan |
| Digital literacy | Pre-exposure survey; user experience interviews |
| Health literacy  | Pre-exposure survey |
| Help needed to review assigned materials |
| Nathan dosage | Usability survey; user experience interviews; usage data gathered through the Nathan platform |
| **Question 7.** Does Nathan help people clarify their values and preferences? |
| Decisional conflict (values clarity subscale) | Pre-exposure survey; post-exposure survey; post-clinic visit survey |
| Nathan dosage | Usability survey; user experience interviews; usage data gathered through the Nathan platform |
| **Questions 8 and 9:** Are there disparities in decision-making among different groups (e.g., by income, by racial/ethnic group)? Is the impact of Nathan different for high-risk groups (e.g., Black men, individuals with a family history of prostate cancer) or based on age? |
| Decisional conflict | Pre-exposure survey; post-exposure survey; post-clinic visit survey  |
| Prostate cancer knowledge |
| Autonomous decision-making | Pre-exposure survey; post-exposure survey |
| Health literacy | Pre-exposure survey |
| Prostate cancer experience |
| Decision self-efficacy | Post-exposure survey  |
| Preparation for decision-making |
| Screening behavioral intent | Post-clinic visit survey; EHR review |
| Shared decision-making  | Post-clinic visit survey |
| Time spent with provider discussing PSA test |
| Demographic characteristics | Pre-exposure survey; provider survey |
| Digital literacy | Pre-exposure survey; user experience interviews |
| **Question 10.** Does Nathan change screening behavior (decision to get tested with a prostate-specific antigen [PSA] test or not)? |
| Screening behavioral intent | Post-clinic visit surveyEHR review |
| Screening behavior |
| Nathan dosage | Usability survey; user experience interviews; usage data gathered through the Nathan platform |
| Previous exposure to informational materials about prostate cancer screening | Pre-exposure survey |
| Contamination | Post-exposure survey |
| Informational materials used in making screening decision | Post-clinic visit survey |