Guidance For Comprehensive Cancer Control Planning

Volume 2: Toolkit

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Toolkit Introduction

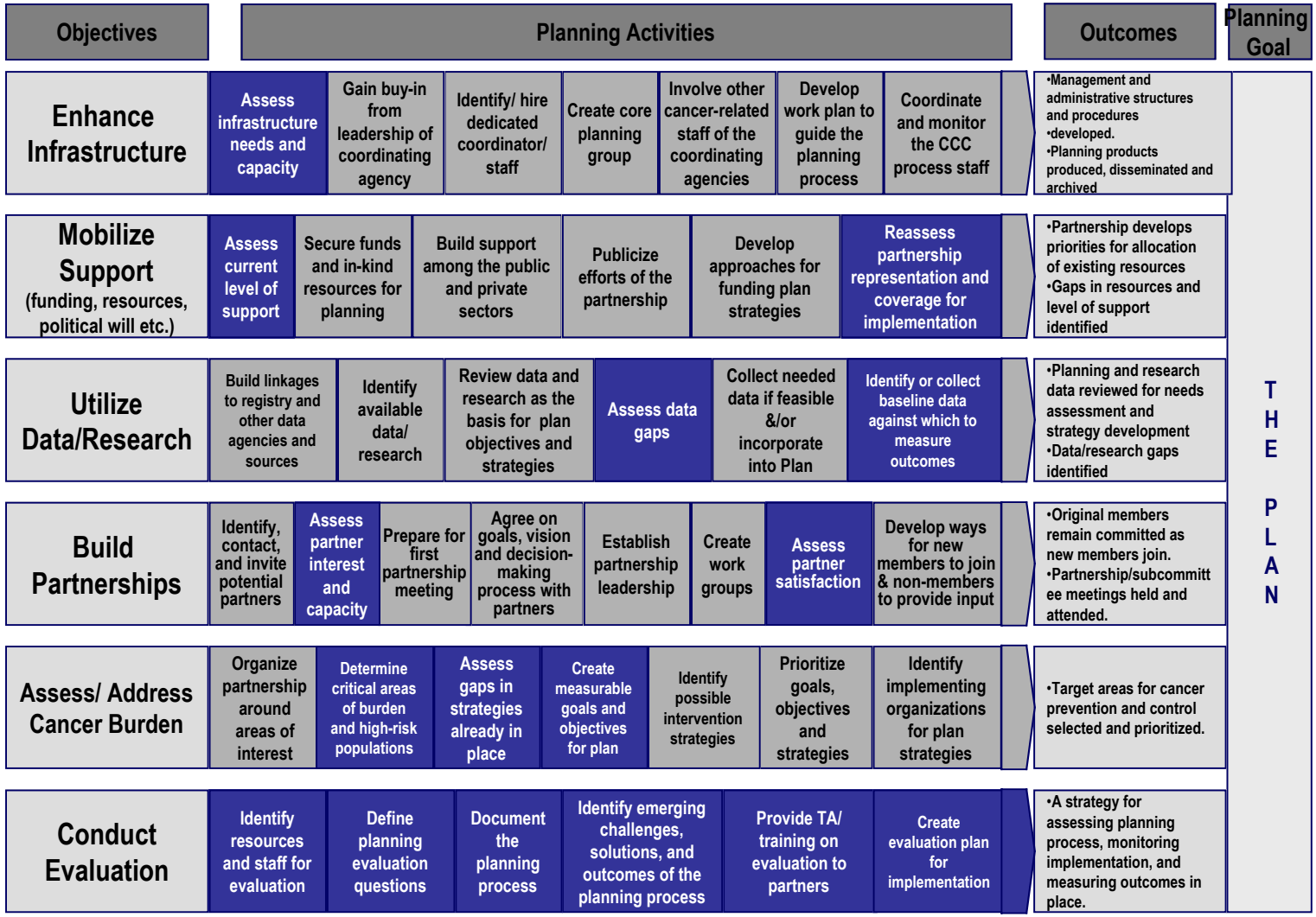
The Toolkit is a collection of sample tools for comprehensive cancer control planning. The purpose of the Toolkit is to assist professionals from a variety of settings (states, territories, tribes, local jurisdictions, voluntary organizations, and other agencies) as they undertake comprehensive cancer control activities. Accordingly, this document is designed for use in combination with the *Guidance for Comprehensive Cancer Control Planning*. It furnishes examples of a number of tools that can be used for various purposes in the planning process.

This toolkit is based upon the collective experiences and insight from six model planning states and provides considerable detail on the activities a state or other organization might undertake in each of six important areas of comprehensive cancer control—the "building blocks" for planning. A model, called the Building Blocks for Comprehensive Cancer Control Planning, that illustrates these six areas has been developed to present information on activities that support comprehensive cancer control. (See Figure 1, Building Block figure which follows, as well as a discussion of the origination of the Building Blocks in the *Guidance for Comprehensive Cancer Control Planning*.) Most of the sample tools furnished in this document were developed and used by comprehensive cancer control planning coordinators in six state-based programs in the model planning states for comprehensive cancer control. The tools selected for this document do not represent all tools necessary to implement comprehensive cancer control. The developers of this Toolkit hope that these shared tools will be the impetus for networking among all agencies involved in comprehensive cancer control, as well as for the development (and sharing) of other tools in the future.

The Model Planning States

The six model planning states are Arkansas, Illinois, Kansas, Kentucky, Maine, and Utah. In 1999 and 2000, CDC and Battelle selected these states for support during state comprehensive cancer control planning processes. They were selected using a set of criteria that considered demographics, geographical spread, type of organizational structure (more centralized or diffuse), and willingness to undertake a comprehensive cancer control process. CDC and Battelle staff also communicated regularly with planning coordinators, and they collected documents and materials produced during this period as a result of the activities in the model planning states. The information and materials gathered through the documentation efforts have been used to develop and refine the Guidance and the Toolkit and to provide the examples cited.

Figure 1: Building Blocks of Comprehensive Cancer Control (CCC) Planning



Definition and Selection of Tools

A "tool" is a document or instrument used by planning coordinators and partners in developing a comprehensive cancer control plan and in implementing that plan. In selecting individual tools for inclusion in the Toolkit, we considered the following criteria:

Is the tool in a form that allows it to be included in the Toolkit? Most of the tools included are relatively short documents and need only slight modification, if any, for application to a new setting.

Is the tool a representative example for a particular building block? There is at least one tool from one of the model planning states for every building block. In some cases there were several examples of useful tools; in these cases, more than one tool has been included.

Was the tool used in more than one state, or even all of the states, in one form or another? For example, most of the model planning states used some type of meeting registration form, interest/commitment form, and partner survey questionnaire. If a type of tool appears in more than one state then we considered it to be generally useful and included an example in the Toolkit.

Does the tool serve more than one function? Tools that served more than one function, allowing planning coordinators to accomplish several tasks simultaneously, were given special consideration. Also, some tools relate to more than one building block, and may be included for this reason.

What is the overall quality or effectiveness of the tool? What did users of the tool from the model planning states say about how well the tool worked? Did they express satisfaction with the tool? Only those tools are included that users said were at least generally effective in helping them to conduct their planning activities.

Some of the tools did not originate from the model planning states, but were developed as part of the initial guidance and technical assistance materials or as part of the effort to document the initiatives in those states. These materials were developed by the CDC in collaboration with and through a contract with Battelle CPHRE. Such tools are included whenever they appear to be useful. Finally, origination or authorship is indicated for each tool.

Many of the tools were shared among the model planning states, and the borrowing states often would modify a tool to match their own approach to planning. Planning coordinators and their partners are encouraged to reproduce and modify these sample tools as they see fit.

Organization of the Toolkit

The Toolkit is divided into sections based on the building blocks model for planning states presented in Chapter 1 of the *Guidance for Comprehensive Cancer Control Planning,* Volume 1—Guidelines and in Figure 1, page 5, of this document. Within each section of the Toolkit are tools related to that section of the building block model. At the beginning of each section is an introduction that lists the tools included and provides a brief overview of how the tools are used in relation to suggested activities of the building block. Before each tool or set of related tools is a cover page that provides a basic description of the tool, where it originated, and how it is used. If a tool has application to other building blocks, its other applications are noted as well. Finally, the cover pages include acknowledgements to the specific planning states that produced and used a tool, when applicable.

The tools in the Toolkit are cross-referenced with the relevant sections of the guidance document. Likewise, in-text citations in the guidance document refer readers to a specific section or tool in the Toolkit. Users who are browsing through the Toolkit and wish to learn more about the building blocks can refer to the relevant sections of the Guidance Document.

1.0 Enhance Infrastructure

Tools in this section—

Tool #1—Self-Assessment of Capacity for Comprehensive Cancer Control Planning in a State

Tool #2—Timeline for Planning Tasks

Tool #3—Chronology of Planning Activities

The enhancement of infrastructure refers to the development of the capacity of the coordinating agency to conduct comprehensive cancer control planning. The coordinating agency may be the state health agency or some other organization that has taken responsibility for coordinating the planning process by dedicating staff and other resources to the effort. The core planning group and the individual planning coordinator would be among staff at the coordinating agency, and, as such, would use these tools to initiate, coordinate, and monitor the comprehensive cancer control planning process.

Besides the tools included in this section, core groups and coordinators in model planning states have used other tools for developing comprehensive cancer control infrastructure that could not be adapted to the Toolkit format. For example, some states created and maintained a database of planning participants using commercially available database software. Once the databases were created, new information could easily be added while updating existing data. The databases could be used to generate updated membership lists, to create mass mailings, and to track attendance at meetings. Additionally, planning coordinators in model planning states created systems for archiving all the materials (meeting minutes; letters, memos, and other communications; materials created by work groups) that were produced during the course of the planning process. These systems included such items as a series of three-ring binders (e.g., a binder for each work group), dedicated directories on computer hard-drives, and standard file folders in file cabinets.

Tool #1—Self-Assessment of Capacity for CCC Planning in a State

This tool can be used to assess the capacity for comprehensive cancer control planning, and is based on a table developed by Battelle for the six model planning states under contract to CDC. Battelle conducted case studies of each of the six model planning states, describing the current status of cancer prevention and control in those states and the potential for undertaking comprehensive planning. The case study reports were summarized in State Profile tables, with the information organized by the categories listed in the left-hand column (see page 10). This table provided the model planning states with concise summaries of their capacity for conducting comprehensive cancer control planning as revealed in the case studies. Several representatives from the model planning states indicated that the State Profiles proved to be valuable tools as they mobilized resources in the initial stages of their planning initiatives. The information illustrated assisted the core planning groups in identifying what general assets were available for planning and other assets that would be necessary. Some shared the profiles with their partners to generate discussion about needs and assets.

We recommend that the core planning group that is leading the planning effort use the self-assessment tool to summarize the status of cancer prevention and control in their state. This evaluation can be done within the core planning group or by a committee that includes internal and external partners or stakeholders. By answering each of the questions listed in the tool, the end result should be a fairly complete assessment of assets, resources, needs and gaps, and challenges, as well as identification of facilitators for developing and implementing a comprehensive cancer control plan. The finished product should be kept on file for future reference and can be distributed to planning partners and stakeholders.

If resources are available, then planning coordinators may wish to consider conducting case studies that are similar to those conducted by Battelle for the model planning states. The questions listed in the self-assessment tool could serve as an organizing framework for such a study.

Tool #1—Self-Assessment of Capacity for CCC Planning in a State

Organizational Context	What is the management structure of the state health agency (SHA) and other relevant state agencies? Who are the decision-makers? Whose approval is needed for the planning initiative? Whose buy-in is needed? Who must be kept informed of progress? How are cancer-related services and health education delivered to various populations in the state (local health departments, managed care organizations, contractors for service)? What is the priority accorded to cancer programming in relation to other health and social initiatives?
Cancer and Cancer-related Programs	What is the number, size, and level of development of the state health agency's cancer programs? Of programs housed in other state-level agencies? What are the ways in which cancer programs interrelate with relevant programs in such divisions as chronic disease, health promotion, or community health?
Data Resources	Is there a statewide cancer registry? Are the data it houses available and reliable? Are there staff in the health agency (or available to a Planning Committee) who can put these data to use in the service of cancer planning? What other data are available that could be useful in a cancer planning effort? For example, are there epidemiological data, demographic data, vital statistics data, data on behavioral risk factors, data on health care utilization, data for estimating costs? Where are various types of data housed? Are they accessible? Is there staff available to analyze data? If staff are too few, can services be contracted or obtained through partnerships with academic institutions?
Community Resources	Who are the cancer stakeholders with whom the SHA (or other lead agency) has worked on past cancer and chronic disease initiatives? What types of people and organizations exist in the state that could contribute productively to a comprehensive cancer control initiative? Does the state have strong professional associations, comprehensive cancer centers, medical schools, and schools of public health? Does it have energetic advocates for survivors and the underserved? Could these potential partners be persuaded to join such an effort? What is the likelihood that potential partners will commit to implementing a comprehensive cancer control plan?
Past Planning Efforts	What relevant past experiences has the health agency (or other lead agency) and its staff had with strategic planning for cancer control? With other comprehensive planning initiatives? What lessons have been learned from these planning experiences?
Staff Skills and Experience	What are current and past skills and experience of staff likely to be involved in cancer control planning? What are some newly discovered strengths and interests?
Challenges and Facilitators	What are the specific challenges facing a comprehensive cancer control initiative in the state? In which areas do the health agency's greatest strengths lie? What are some relevant areas in which the state has achieved remarkable progress?

Tool #2—Timeline for Planning Tasks

This tool presents a timeline for planning tasks with expected steps and activities that need to occur in order to complete the comprehensive cancer control plan. The timeline provides a map of what needs to be done for all the participants in the planning process, and assists planning coordinators in preparing for upcoming meetings and activities. A planning initiative may go through several versions of the timeline. Each version provides a record of what was expected at each stage of the process and how expectations were adjusted. The timeline can be compared to the chronological record of planning activities in order to determine expected progress versus actual progress (see the Tool #3 in this section, "Chronology of Planning Activities").

A timeline can be developed with input from the core planning group and members of the planning body as a whole. Draft timelines should be provided to planning body members for review and discussion in order to ensure that all participants understand and agree on the content of the timeline, and so that they have an opportunity to provide feedback.

At a minimum, the timeline lists what will occur, when it will occur (specific data or month), and who will do it (planning body or work groups). The specificity of the information provided in the timeline can vary according to the needs and preferences of the planning group. The two examples provided here are from Maine and Utah (Tools #2a and #2b). Both states used different formats, but they present the same basic information.

Tool #2a
Timeline and Tasks for The Maine Consortium for Comprehensive Cancer Control and Its Workgroups
October 1999 – January 2001

WORK GROUPS	CONSORTIUM
October/November Meeting purpose: ▪ Revise issue statements ▪ Brainstorm goals/objectives ▪ Develop goals and rationale for identification	
December Tasks: ▪ Present goals/objectives to Consortium	**December** Meeting purpose: ▪ Provide feedback on goals/objectives ▪ Finalize decision making rules for prioritization of goals
January Meeting purpose: ▪ Revise goals/objectives ▪ Continue to brainstorm strategies	
February Tasks: ▪ Present prioritized goals/objectives and rationale to Consortium	**February** Meeting purpose: ▪ Select goals/objectives ▪ Sign up to support specific goals/objectives
March/April Meeting purpose: ▪ Revise goals/objectives ▪ Begin development of strategies	
May Tasks: ▪ Present strategies to Consortium	**May** Meeting purpose: ▪ Provide feedback to workgroups ▪ Discuss structure for implementation ▪ Discuss and define what “support” means

WORK GROUPS	CONSORTIUM
June Tasks: ▪ Co-chairs submit finalized issue statements/goals/objectives/strategies ▪ Provide technical assistance as needed on cancer plan development	
	September Meeting purpose: ▪ Continue discussion on implementation structure ▪ Distribute draft copies of the plan for review and comment
October/November Tasks: ▪ Review and provide feedback on draft plan	**October/November** Tasks: Review and provide feedback on draft plan
	January Meeting purpose: ▪ Presentation of completed plan ▪ Presentation of implementation structure and members ▪ Celebrate!

Tool #2b
Utah Comprehensive Cancer Control Initiative
Process Outline/Timeline

Meeting		Date	Objective
Partnership	**Work group**		
Partnership Meeting 1		May 2, 2000	Overview of initiative, generate buy-in, begin planning
Partnership Meeting 2		June 14, 2000	Agree on process of initiative, divide into workgroups
	Work group Meeting 1	July	Build workgroup, identify needs, obtain resources
	Work group Meeting 2	August	Generate problem statements
Partnership Meeting 3		September	Workgroups present issue statements, large group reviews and provides feedback
	Work group Meeting 3	October	Revise issue statements
	Work group Meeting 4	November	Devise strategies for addressing issues
Partnership Meeting 4		January	Workgroups present strategies for issue statements Large group reviews and provides feedback
	Work group Meeting 5	February	Revise strategies
	Work group Meeting 6	March	Address cross cutting issues and needs
Partnership Meeting 5		April	Finalize strategies Shift to functional workgroups
	Work group Meeting 7	May	Review cross cutting issues
	Work group Meeting 8	June	Develop strategies
Partnership Meeting 6		July	Workgroup presents functional strategies Large group reviews and provides feedback
	Work group Meeting 9	August	
Partnership Meeting 7		September	One year setting of priorities
Writer		October/November	Final plan written
Partnership Meeting 8		December	Ratification of written plan

Tool #3—Chronology of Planning Activities

This tool can be used to keep a chronological record of all the activities that occur during the comprehensive cancer control planning process. The tool included here is a hybrid of the tools of this type used by planning coordinators in Illinois and Maine. In these states, planning coordinators kept track of all of the events and activities that were part of the planning process. For each event or activity, they would record the date that it occurred, give a brief description, and list the decisions made, products produced, or other outcomes. This tool assists planning coordinators in maintaining a complete record of all the planning activities, decisions made, and products produced in their states. The chronological records can be compared to the timelines established for the planning initiative to determine progress being made and whether adjustments should be made to the timeline. Others may wish to add columns to the table, such as for separating out event description and outcomes into separate columns. However, the more complex the table is the more difficult it may be to use, and we recommend that planners keep the design simple. The date format illustrated on the tool—YYYY/MM/DD—allows for easy sorting by date in word processing software, spreadsheets, and other table-based computer applications.

Tool #3—Chronology of Planning Activities

Date (YYYY/MM/DD)	Description of Activity and Outcomes
1998/06/04 *Example - Illinois*	**Meeting of Cancer Control Planning Work Group** Society of Public Health Educators (SOPHE) conference experience shared, North Carolina plan and CDC framework documents reviewed, Work Group capacity assessed, initial list of partners developed, future activities planned.
1998/07/08 *Example - Illinois*	**Meeting of Partnership Composition Subcommittee** Formalized name of public, private and voluntary partnership – Illinois Partnership for Cancer Prevention and Control. Agreed on "manageable" number of partners and additional list for mailing purposes.
1999/04/14 *Example - Maine*	**Meeting with Bureau Core Group** Discussed information packets for April 30th meeting. Will include the needs assessment matrix from Battelle, a participant list, definition of comprehensive cancer control, agenda, biosketches of speakers, Michigan slides, announcement for the June 8th meeting, interest form, and partner survey.

2.0 Mobilize Support

Tools in this section—

Tool #4—Action Group Project Report

Tool #5—Project Proposal for Potential Funding

The tools in this section are used to outline implementation projects and activities proposed for a cancer control plan and to communicate these to cancer prevention and control stakeholders in a state. These tools represent efforts to systematically mobilize support for cancer prevention and control efforts after the development of a plan has been in process. The two sample tools included here have been developed and used in Illinois.

Tool #4—Action Group Project Report

This is a report format used for Illinois action group members to summarize specific projects the group members plan to engage in that do not require resources beyond what the partners can provide in-kind. The format calls for information such as project title, contact information, description, rationale, goal and objectives, work plan, and evaluation methods. This report serves several purposes. The report represents an efficient way for action groups to inform other partners about what they are doing. The report also formalizes the work group members' roles in support of each activity and sets the stage for evaluating the work group's success.

Tool #5—Project Proposal for Potential Funding

This form was used for Illinois work groups to outline activities that will require funding beyond what is available from within the Partnership. The format calls for information such as project title, contact information, description, rationale, goals and objectives, project duration, evaluation methods, estimated budget, in-kind contributions and responsibilities.

This proposal format serves several purposes. The proposal represents an efficient way for action groups to inform other partners of projects they feel the Partnership might address if sufficient resources were available. The proposal also formalizes the work group members' potential roles in support of each activity and sets the stage for evaluating the work group's

success. The proposal can be shown to potential funders and contains much of the information a funder would need to consider its feasibility and merit.

Tool #4—Action Group Project Report

Illinois Comprehensive Cancer Prevention and Control Program

Action Group: Data and Surveillance
Date:
Contact Person:
Phone: **Fax:** **Email:**

Project Title: Report on the Status of Cancer in Illinois, 2000

Brief Description: A publication containing available cancer statistics in Illinois

Rationale: Data collection and surveillance are essential for planning and implementing a statewide cancer control program. Data are used to define the impact/burden, identify at-risk populations, target interventions and evaluate program effectiveness and outcomes. Data/surveillance reports can be used to seek resources and promote policies related to prevention, screening, early detection, treatment and cost issues.

Goal and Objective(s):
Goal: To identify and provide data-based information about cancer in Illinois.

Objectives: *To use county-level BRFSS data to determine screening usage patterns for breast, cervical, colorectal and prostate cancer (Priority 2, Strategy 2, Activity 1);

*To monitor trends of stage of disease at diagnosis at state and county levels (Priority 2, Strategy 2, Activity 2);

*To develop a profile of who is receiving mammograms and Pap smear services from the Illinois Breast and Cervical Cancer Program (Priority 2, Strategy 2, Activity 3);

*To determine data available to augment compliance with screening and reasons for low screening (Priority 3, Strategy 2, Activity 2);

*To identify cancer incidence and mortality disparities among Illinois counties using appropriate data resources (Priority 3, Strategy 2, Activity 3);

*To review cancer prevalence among age, race, sex and ethnic sub-populations in Illinois to uncover and describe disparities (Priority 3, Strategy 3, Activity1);

*To use statistics to pinpoint those modifiable risk factors affecting selected target groups (Priority 4, Strategy 2, Activity 1).

Work Plan: (Include (1) the person/organization responsible for each step/action and (2) a time line.)

IDPH, Epi, Studies, will provide cancer incidence data.
IDPH, Health Statistics, will provide mortality and BRFSS data.
IHCCCC will provide hospitalization data.
IDPH, Chronic Disease, will contact IDPA for Medicaid data
IDPH, Chronic Disease, will explore availability of other data sources (e.g., Medicare, etc.)
The above-noted data collection is anticipated to take three months.

The Cancer Control Program staff, with assistance from the Illinois State Cancer Registry, will compile data obtained into a pictorial, user friendly publication. This will take 2 months. Draft copy of publication will be sent to all data and surveillance action group members and to IDPH Communications Department for review and comments. This will take 2 months. Documents will be published (1 _ months) and distributed (ongoing).

Evaluation Method(s): Review initial timelines and determine if they were met; if not, why. Include an evaluation form with distribution of the publication that asks the reader what use this information has been and whether he/she feels that other important data may have been omitted. Review distribution list to ascertain if publication was disseminated to intended audience.

Progress Report on "The Status of Cancer" Project

As of 12-22-99

Division Chief of Oral Health contacted and discussed how oral cancer data would best be portrayed in the data publication.

Representative from Illinois Health Care Cost Containment Council (IHCCCC) was contacted to determine how the hospital discharge data could best be incorporated into the publication.

Members of the Action Group from the Illinois State Cancer Registry (ISCR), the Illinois Center for Health Statistics, and the Cancer Program staff met to discuss ICD-9 codes that will be used for pulling data for the publication. Definition of oral cancer, for use in this publication, was determined. Format, introduction, and incorporation of a resource directory was discussed. Data will be brought to next meeting on January 13, 2000, at which time charts, tables and presentation of data will be discussed.

Mr. XXX XXXX, from rural health, has offered to help with mapping data. He will be added to the action group as a member.

Tool #5—Project Proposal for Potential Funding

Illinois Comprehensive Cancer Control Program

Action Group: Public Awareness and Education
Date:
Contact Person:
Phone: **Fax:** **Email:**

Project Title: "Identifying Successful Illinois Models of Cancer Risk Reduction, Prevention and Early Detection In Primary Health Care and Education"

Brief Description: Successful cancer risk reduction, prevention and early detection models will be solicited from primary health care providers. A Models Review Committee will select examples from several categories. An Illinois conference will be coordinated where chosen models would be presented to attendees, which are other peer health professionals.

Rationale: Primary health professionals play a crucial role in diagnosis and management of cancer and related conditions. However, they often are not well versed in the areas of risk reduction, prevention and early detection. "Model" efforts would: 1) provide practical demonstrations for health professionals, 2) be used to develop curriculum for professional education program, and 3) be important to identify current models of health professional curriculum being used in Illinois to teach cancer control strategies.

Goal and Objective(s):

Goal: To empower primary health providers to conduct more effective cancer control strategies.

Objectives:

#1 Priority 2, Strategy 3, Activity 1
Collaborate with agencies and professional organizations and provide technical assistance for developing quality materials and program curricula.

#2 Priority 4, Strategy 1, Activities 1-4
Act. 1 – Make prevention materials, resources and information readily available to health professionals.
Act. 2 – Coordinate prevention training for health professionals.
Act. 3 – Facilitate collaboration among health care professionals.

Act. 4 – Enhance curriculum/training offered to health professional students and medical residents.

Project Duration: A 15-18 month effort

Evaluation Method(s):

Impact Evaluation-pre/post test at conference site to assess changes in attitudes and knowledge.

Process Evaluation-surveys to appropriate persons involved in project to determine if methods used to conduct the entire project were effective and efficient.

Outcome Evaluation-observation, surveys and other methods 6 and 12 months preceding the project to assess behavior change among attendees (i.e. did the health care professionals begin using new cancer control strategies with their patients/client?)

Estimated Budget Total: (Includes personnel, fringe benefits, travel, equipment, supplies, contractual services, and other costs.)

Total Budget $83,280.00; $25,000 sought from private donations, **$7,000** from co-sponsorship, and **$7,125** from estimated conference registrations. The remaining **$44,155** will be sought through the assistance of the Funding and Resource Action Group.

In-Kind Committee Member Contributions and Responsibilities: (This should include the approximate value of services listed.)

Progress Report on "Identifying Successful Illinois Models" Project

As of 12-22-99

Project report has been forwarded to Dr. XXXX for comments. Conference call to be set up to discuss suggested revisions to project content.

3.0 Utilize Data

Tools in this section—

Tool #6—Cancer Resource Inventory Form

Tool #7—Data Resource Inventory Sheet

Tool #8—Local Health Department Needs Survey

The tools in this section represent examples of using data to support comprehensive cancer control. The model planning states collected a variety of data as part of their planning processes and used a number of tools related to that purpose. Some of these tools are included in other sections. For example, the partner survey (Tool #14) is certainly a type of data collection tool, and the Guide to Developing Issue Statements (Tool #16) asks participants to use data in developing their statements. In those cases, however, the tools are more directly related to other specific phases of the planning process. The tools assembled here are examples of using data for the planning process

Some of the model planning states created data presentation documents that could not be included here because of size and formatting restrictions. In Maine for example, data staff in the Bureau of Health created summaries of cancer-related information called "Fact Sheets: Cancer and Health Care in Maine." In Kansas, health department staff compiled data packets on specific cancer sites and presented the information to the relevant site-specific work groups at one of the first planning meetings in that state. In Illinois, planning coordinators and data staff prepared county-level cancer profiles that could be distributed to individual legislators and to the respective local health departments. In general, references for cancer-related information can be very useful for comprehensive cancer control planning.

Tool #6—Cancer Resource Inventory Form

This tool is used to collect data on resources currently available from stakeholders and organizations participating in the planning process. The tool was developed by the Awareness and Education Work/Action Group in Illinois to collect useful informational resources for the comprehensive cancer control effort in that state. The information collected through the form was used by the work/action group to analyze gaps in resources and determine materials that needed to be developed.

Tool #6
Illinois Cancer Resource Inventory Form

Partnership Member Information:

Name _____

Agency/Organization _____

Website Address _____

Title/Subject of Resource:

Cancer(s) Resource Addresses:

Breast Cervical Colorectal Lung Skin Prostate Oral

Other _____

Format: (circle one)

Bookmark Curriculum Fact Sheet Flyer Media Sample Pamphlet/Brochure Poster

Presentation Outline Promotional Item Slide Presentation Overhead Masters Video

Resource Catalog Education Kit Model Cancer Program/Project Other _____

Acquisition:

This resource is available as (circle all that apply):

Public Domain Free of Charge Act Cost Other _____

Are an initial number of copies available at no charge? Yes _____ No _____

If yes, how many? _____ For print or video materials, are reproducible masters available? ____Yes __No

Resource Specifics: (Not necessary to complete "Target Age" and "Literacy Level" if intended for professionals.)

Target Group _____ Target Age _____

Literacy Level _____ grade Language(s) _____

Year Resource Originally Produced _____ Year Last Revised _____

Ordering/Sample Information:

Resource Provided by _____

Address _____

Phone Number _____ E-mail _____ Contact _____

Tool #7—Data Resource Inventory Sheet

This tool can be used to inventory data resources in a state, territory, or tribe that might be useful in supporting comprehensive cancer control planning and evaluation. Battelle developed this tool as a supplement to the original guidance document materials to assist planning coordinators and participants in thinking about data resources for planning, and it has been reproduced here for the same purpose.

The tool is a table with five columns. Under the first column, Data Sources, is space to list the specific data sources that might be used for comprehensive cancer control planning. In the sample tool are three examples, but other sources may be identified. The second column, Type of Data, is space for citing the specific data type that is being listed (e.g., epidemiological or behavioral data). The third column, Measures/Indicators, is for listing the cancer-related measures or indicators that the data source provides. The fourth column, Data Quality and Usefulness, is a place to record notes on the data source about quality or usefulness. Finally, in the last column is a place to note how the data source will be used for the comprehensive cancer control planning effort.

The Data Resource Inventory Sheet can be used by planning coordinators, work group/committee members, or other members of the planning body. Once completed and compiled, the master inventory sheet can be distributed to planning partners and other stakeholders to enhance the use of data for comprehensive cancer control.

Tool #7
SAMPLE
Data Resource Inventory Sheet

Data Source	Type of Data	Measures/Indicators	Data Quality and Usefulness	How Used for Planning
EXAMPLE Death Certificates	Epi – Mortality data	# of deaths Age-adjusted rate Rate Survival (5 years)	Analysis possible by age, race, sex, cancer site, time, U.S. region	Identify magnitude of problem and prioritize among cancer sites
EXAMPLE BRFSS Tobacco consumption Literature	Behavioral data	Prevalence Screening frequency Tobacco consumption	Analysis possible by time, demographics, region, and versus national or other	Identify target groups for intervention programs Identify lack of need for targeted programs
EXAMPLE Department of Health American Cancer Society Literature	Health services utilization data	Cost of smoking	Analysis possible by region	Identify where services are being used Assess whether service utilization matches need Raise awareness

Tool #8—Local Health Department Needs Survey

This tool is used to collect data on the needs of local health departments in addressing cancer awareness and education at the community level. The tool was developed and used by the Illinois Department of Public Health to determine how the state health department could best work with local health departments to address cancer awareness and to provide education in the community. The questionnaire was distributed as a follow-up to the dissemination of the Illinois Cancer Control Plan to local health department administrators and health education staff. The survey elicited general information about local health department needs but also asked for specific information (e.g., staff availability for training) to assist the health department and ACS in planning training around colorectal cancer awareness.

The questionnaire is an example of using data to support implementation of a cancer control plan.

Tool #8
Local Health Department Needs Survey

The Illinois Department of Public Health (IDPH), Division of Chronic Disease Prevention and Control has recently developed a comprehensive cancer plan for Illinois titled, "Moving Forward with Cancer Prevention and Control: An Illinois Framework for Action." The plan was distributed to local health department administrators and health education staff in November 1999. It is our hope that through partnering with local health departments we will be able to implement the priorities and related activities outlined in this plan.

Following is a brief survey regarding how we can work together to best meet your needs in addressing cancer awareness and education in your community. Please take a few moments to answer the questions and return the completed survey by **Wednesday, December 22, 1999** (in the attached self-addressed envelope) to: XXXXX, Cancer Program Health Educator, Illinois Department of Public Health, 535 West Jefferson Street, Springfield, IL 62761. Thank you for partnering with us to further the statewide agenda for cancer prevention and control.

Cancer Needs Survey

Local Health Department (optional): _____

Administrator's Name (optional): _____

Phone Number (optional): _____ **E-Mail:** _____

1. How do you believe local health departments, the IDPH and your local/regional American Cancer Society **(ACS)** office can most effectively coordinate and collaborate to support comprehensive cancer control efforts **in your local community?**

   _____
   _____
   _____
   _____
   _____

   In the entire **State of Illinois?**

   _____
   _____
   _____
   _____
   _____

2. Do your cancer control staff need support to obtain cancer-related **resource materials** (i.e. printed materials, audiovisuals, etc.)?

   _____ Yes _____ No

3. Do your cancer control staff need support locating credible cancer-related **web site resources?**

_____ Yes _____ No

4. Do your cancer control staff need support locating cancer-related **promotional items** and ideas?

_____ Yes _____ No

5. Which **type of message delivery** would work best with your cancer control staff?

_____ Workshops _____ Mailings
_____ E-Mail _____ Telephone Calls

6. March 2000 has been designated as **National Colorectal Cancer (CRC) Awareness Month.** If the IDPH coordinated a CRC training with the **American Cancer Society (ACS),** which would be held at an **ACS** office located near you, would your cancer control staff be interested in attending?

_____ Yes _____ No

7. How far are your cancer control staff able/willing to **travel** for cancer awareness and education training?

_____ Unable to travel at all _____ 60-90 mile radius
_____ 30-60 mile radius _____ 90-120 mile radius

8. What **day(s)** of the week is (are) best for your cancer control staff to **travel?**

_____ Monday _____ Thursday
_____ Tuesday _____ Friday
_____ Wednesday

9. What other suggestions do you have that you believe would most effectively **support comprehensive cancer control in Illinois?**

_____
_____
_____
_____

4.0 Build Partnerships

Tools in this section—

Tool # 9 and 10—Planning Meeting Invitation Letter and Registration Form

Tool # 11, 12, and 13—Planning Partner Interest and Commitment Forms

Tool #14—Planning Partner Survey

Tool #15—Proposed Structure and Process for Creating a Comprehensive Cancer Control Plan

The sample tools provided in this section serve to assist the coordinating agency in building the partnerships that form the basis for the planning body and to ensure the cohesiveness of the group and its components. These tools assist in several activities, such as identifying stakeholders and recruiting planning participants, collecting information about the planning participants, determining how participants will be involved in the planning process, and facilitating communication and discussion within the planning body.

Some model planning states (Maine and Utah) created and maintained databases of planning participants using commercially available database software such Microsoft Access or Excel. A planning participant database can be used to generate updated membership lists, to create mass mailings, and to track attendance at meetings. In this way, a database can serve to build and maintain a planning body for comprehensive cancer control. The nature of such a database is not amenable to presentation in the Toolkit; thus, an example is not included here.

Tool # 9 and 10—Planning Meeting Invitation Letter and Registration Form

These tools are used to invite stakeholders to planning meetings and to allow them to register their participation. The model planning states used invitation letters and registration forms of some type for all of their meetings. The examples provided here were developed by staff persons in the Maine Bureau of Health and the Arkansas Department of Health, and were used for the first planning meetings in those states. The two tools usually accompany one another in an invitation package.

The letter is an opportunity to introduce the planning initiative to potential partners and to provide some explanation about comprehensive cancer control. Having the letter signed by the chronic disease director or someone in upper management of the coordinating agency lends credibility to the initiative.

Besides registering people for planning meetings, the form also serves to collect contact information for planning participants. Upon receipt of the form, coordinating agency staff can enter the information into a database or other record keeping system. Furthermore, the registration form allows coordinators to determine the number of people who are expected to attend a meeting and to plan accordingly. With this information, planning coordinators can compare expected attendance with actual attendance and track attendance patterns for specific groups or organizations participating in the planning effort. If a registration form has not been received from key organizations or individuals, then planning coordinators can follow up, thus taking steps to ensure consistent and broad participation, and even ensure the representativeness of the planning body.

Tool #9
SAMPLE INVITATION LETTER

Name
Address
Town

February 5, 1999

Dear Ms. Last Name:

The Bureau of Health is convening a process of planning for statewide comprehensive cancer control. In 1997, the Centers for Disease Control and Prevention (CDC) began to address cancer more broadly by defining comprehensive cancer control as "an integrated and coordinated approach to reduce the incidence, morbidity, and mortality of cancer through prevention, early detection, treatment, rehabilitation, and palliation." This approach integrates multiple disciplines including administration, basic and applied research, clinical services, evaluation, health education, program development, public policy, surveillance, and health communications.

Because of the broad definition of comprehensive cancer control, it is important to include a broad spectrum of organizations and partners that have not been involved. On March 8, 1999, a meeting will be held to provide an overview of Maine's cancer control efforts to date, comprehensive cancer control from CDC's perspective, and to introduce a model for planning based on the experiences at the Michigan Department of Health. We will then begin to identify the steps that must be taken in Maine to address cancer control in a comprehensive manner. Your organization has been identified as having a stake in Maine's comprehensive cancer control planning efforts. We would like to invite two representatives from your organization who have an interest in advancing cancer prevention and control to attend this meeting and continue to work on this effort.

The meeting is scheduled for March 8, 1999, from 9:00am-1: 00pm with lunch to follow in Bangor at the Eastern Maine Medical Center. The meeting will also be video-conferenced in Portland at Blue Cross Blue Shield from 9:00am-12: 00pm. I have enclosed a preliminary agenda and two registration forms. If you, or more appropriate staff members in your organization, are interested in being a part of the comprehensive cancer control efforts in Maine, please complete the enclosed form and return it by mail or fax at XXX-XXXX by February 19th. If you have any questions, please contact Anita Teague by phone at XXX-XXXX or by e-mail at XXXX.

I look forward to your involvement with the comprehensive cancer control efforts.

Sincerely,

XXXXXXXXXXXX
Director, Division of Community and Family Health

Enclosure (3)

Tool #10

REGISTRATION

Arkansas Comprehensive Cancer Control Planning

9:00am-1:00pm – University of Arkansas, President's Office
2404 North University Avenue, Little Rock, Arkansas
August 16, 2000

- ❑ Yes, I will be attending the comprehensive cancer control planning meeting.
- ❑ No, I will not be attending the comprehensive cancer control planning meeting, but would like to be involved in future planning efforts.

Name: _____

Title: _____

Organization: _____

Address:_____

Phone Number:_____ FAX:_____

E-mail: _____

_____

Please return this form by August 4th by mail or fax at XXXXXXXXXX. If you have any questions, please call XXXXXXX at XXX-XXX-XXXX. Thank you!

Tool # 11, 12, and 13—Planning Partner Interest and Commitment Forms

Planning partner interest and commitment forms are used by the coordinating agency to recruit partners and to allow those partners to indicate their willingness to participate in the planning process, as well as the likely extent of their involvement. A couple of variations on this type of tool have been used by the model planning states, but all share a similar purpose. This tool is distinct from the meeting registration form in that this tool is intended to register an individual or organization as a participant in the entire planning process, while a meeting registration tool is limited to a single planning meeting.

Tool #11 A and B—Partner Interest Form

The partner interest form was used by coordinating agencies to allow stakeholders to sign up as participants in the planning initiative and to recommend other organizations or individuals as planning participants. The examples provided here (Tools #11A and #11B) come from Maine and Kansas, but this type of form was used by several of the model planning states. The forms were typically distributed to potential partners along with invitation letters and meeting registration forms prior to, or during, the first planning meeting.

Tool #12—Partner Commitment Form

Besides using a partner interest form, the coordinating agency in Maine used a Partner Commitment form. This form allowed organizations to formally indicate their commitment to the Maine Consortium for Comprehensive Cancer Control as a voting member and to designate representatives and proxies. Early in the planning process in Maine, a decision was made to limit membership in the Consortium to organizations, rather than individuals. Individuals could fill out the interest form and become involved in the planning process in specific ways, such as participating in the work groups. In order to ensure that the plan was a collaborative effort, and that the interests of one or a few organizations were not over-represented in the document, partner organizations were allowed to assign a single representative for their organization, as well as a proxy whenever the representative was unavailable to participate in an activity. The designees (or proxies) would represent their organizations during any formal decision making process within the Consortium. In other words: one organization, one vote.

Tool #13—Work Group/Committee Sign-up Form

This tool is used by planning participants to indicate their willingness to be involved in a work group or committee of the planning body. While the other tools in this section apply to the indication of interest by stakeholders in participating in the planning process as a whole, and in becoming a member of the planning body, the sign-up form is specific to subgroups of the planning body (e.g., committees or work groups focused on cancer sites or aspects of the spectrum of cancer services) that often carry out much of the planning work. Illinois used a stand-alone sign-up form that was distributed to stakeholders at the first planning meeting. Illinois' form also has space for contact information, preferred meeting locations, and information about how often work groups will meet and where to return the form. The completed forms were distributed to the work group facilitators who then contacted volunteers and invited them to the first work group meetings. Kansas and Maine included requests for work group sign-up on their interest and commitment forms, respectively.

Tool #11a
Comprehensive Cancer Control Interest Form

In order to begin planning for comprehensive cancer control in Maine, it is critical to create an advisory structure that functions as a coordinating body for the state's planning, implementation, and evaluation efforts. This body would have an active role in the development of a comprehensive state cancer control plan. Its structure will consist of the Cancer Prevention and Control Advisory Committee CAPACAC), which will serve as the executive body, and sub-committees, which will have primary responsibility for identifying priorities, as well as determining goals, objectives, and strategies in order to address the priorities. Staff support will be given by the Bureau of Health to assist in the coordination of both the CAPACAC and its sub-committees.

Name: _____

Title: _____

Organization: _____

Address: _____

Phone Number: _____ FAX: _____

E-mail: _____

- ❑ Yes, I am interested in participating in the Cancer Prevention and Control Advisory Committee.
- ❑ Yes, I am interested in participating on a sub-committee.
- ❑ Yes, I am interested in chairing a sub-committee.
- ❑ Yes, I am interested in participating in the comprehensive cancer control development but not sure how.
- ❑ No, I am not interested in participating in the comprehensive cancer control development.

The following people/organizations should be included in the comprehensive cancer control planning process:

_____

_____

_____

_____

_____

_____

Please fax this survey to XXXXXXXXXX by February 3rd. Thank you!

Tool #11b
Kansas Comprehensive Cancer Control Plan
Participant Interest Form

Comprehensive cancer control is defined as "an integrated an coordinated approach to reduce the incidence, morbidity, and mortality of cancer through prevention, early detection, rehabilitation, and palliation." In order to begin to address cancer comprehensively in Kansas, it is imperative to have committed partners in the planning, implementation, and evaluation of these efforts. The success of Kansas's comprehensive cancer control planning process depends on the commitment and involvement of a variety of partners who are willing to share their expertise, resources, and experiences.

Please take a few minutes to complete this form. This is an opportunity for you to offer your organization's support and commitment to the comprehensive cancer control planning efforts in Kansas, as well as identify other potential partner organizations to participate in the planning process. ***Fax to: XXX-XXX-XXXX by Oct. 29.***

Name: _____ Title: _____

Organization: _____

Address: _____

Phone Number: _____ Fax: _____

E-mail: _____

- ❑ Yes, my organization is interested in participating in Kansas's comprehensive cancer control planning efforts.
- ❑ Yes, my organization is interested in having a leadership role in Kansas's comprehensive cancer control planning efforts.
- ❑ Yes, my organization is interested in participating in the comprehensive cancer control development on an as needed basis.

Please indicate the workgroups in which you are most interested in participating (CHECK ALL THAT APPLY)

CANCER SITES:
Breast___ Cervical___ Prostate___ Lung___ Skin___ Colorectal___

CROSS-CUTTING ISSUES:
Funding___ Staff___ Partnerships/Infrastructure___ Legislation___
Policies/plans___ Surveillance/Research___ Evaluation___ Professional Education___
Public Education___ Disparate populations___

REDUCTION STRATEGY:
Prevention___ Early Detection___ Treatment___ Rehabilitation___ Palliation___

Please use the back of this page to recommend additional organizations to be included in the comprehensive cancer control planning process.

Tool #12
Partner Commitment Form
ORGANIZATIONAL COMMITMENT FORM

The development of a Comprehensive Cancer Control Plan for Maine depends upon the commitment of organizations from across the state, which are interested in cancer. Each organization participating in the Maine Consortium for Comprehensive Cancer Control is asked to make a commitment to actively participate throughout the planning process.

Organizations will need to designate one individual and a proxy, who will be able communicate progress and information and can speak to the organization's commitment to various elements of the plan as it unfolds.

Please fill in the following information, so that we may know 1) which organization you represent which has agreed to commit itself to this process and 2) how we may reach you and your proxy.

Name of Organization Committed to the Maine Consortium for Comprehensive Cancer Control: _____

Organization Address: _____

_____

	Designated Representative	**Designated Proxy**
Name	_____	_____
Address	_____	_____
	_____	_____
Phone	_____	_____
Fax	_____	_____
Email	_____	_____

Please indicate if you or others from your organization are interested in being a member of one (or more) of the following workgroups:

- ❑ Primary Prevention
- ❑ Early Detection
- ❑ Treatment
- ❑ Survivorship/rehabilitation
- ❑ Palliation

Fax to: XXXXXXXXXXXX
(XXX) XXX-XXXX

Tool #13
Work Group/Committee Sign-up Form
Be An Active Partner

The Illinois Department of Public Health (IDPH) cordially invites you to participate in the statewide comprehensive cancer control planning process. Please consider being an **active member** of this process by serving on one of the following work groups:

- ∏ ***Public Education & Outreach***
  (Focus on cancer resource/material availability, education strategies and intervention, use of appropriate health education models)
- ∏ ***Policy & Infrastructure***
  (Focus on current policy and legislation, advocacy efforts, barriers and strategies)
- ∏ ***Data & Surveillance***
  (Focus on existing and potential statewide data sources and a surveillance plan)
- ∏ ***Quality Assurance***
  (Focus on quality and integrity of system components)

Workgroups will meet once every two months. Please indicate your preference of where you would like to meet:

__ Chicago __ Springfield __ Other (Specify)_____

Name: _____ Title:_____
Agency: _____
Address: _____
Phone: _____ FAX:_____
E-mail: _____

The first meeting for the work groups will be scheduled for November 1998. An IDPH staff person will coordinate meeting dates/times with members of each work group.

Please return form by Friday, October 30, 1998 to:

XXXXXXXXXXXX
Illinois Department of Public Health
535 W. Jefferson St.
Springfield, Illinois 62761
FAX (XXX) XXX-XXXX

Thank You!!

Tool #14—Planning Partner Surveys

This tool is used by the coordinating agency to collect information about the members of the planning body and other stakeholders who are participating in the planning process. The information collected by the partner surveys includes—

areas of expertise and related experience.

resources for planning and implementation (financial or in-kind).

opinions about priorities for cancer prevention and control.

opinions regarding the need for a comprehensive planning effort.

ideas on needs and assets for cancer prevention and control.

expectations for the comprehensive planning process and outcomes.

interest and willingness to participate in the planning process, and in what capacity.

The information collected by the questionnaires can assist planning coordinators and planning members in mapping out the process for developing the plan and in preparing for implementation of components of the plan.

The two examples provided here represent two different approaches to collecting this information. Tool #14a, Comprehensive Cancer Control Planning Partner Survey, is a hybrid of the partner survey questionnaires used by Arkansas, Illinois, and Kentucky. This questionnaire is relatively short and uses a limited number of open-ended questions. This type of questionnaire allows the respondents to provide whatever answer they feel is appropriate in their words.

The second tool, Tool #14b, Utah Comprehensive Cancer Control Organizational Interest Questionnaire, was developed and used by the coordinating agency in Utah. This questionnaire uses more structured, closed-ended questions, has more questions, and covers a broader range of topics. The Utah questionnaire also incorporates elements of the interest form discussed in this section of the Toolkit, asking respondents about their interest and willingness to participate in the planning process, as well as requesting recommendations for other stakeholders who should be involved.

In the model planning states, these questionnaires were typically distributed in the early stages of the planning efforts as the coordinating agencies prepared for the initial activities. The results of the surveys can be summarized and distributed to planning participants, along with the completed Assessing Capacity for Comprehensive Cancer Control Planning tool (see the Toolkit section on enhancing infrastructure), to educate members about the status of cancer prevention and control in their states.

Tool #14a
Comprehensive Cancer Control Planning Partner Survey

Comprehensive cancer control is defined as "an integrated and coordinated approach to reduce the incidence, morbidity, and mortality of cancer through prevention, early detection, treatment, rehabilitation, and palliation." In order to begin to address cancer comprehensively in [state/territory/tribe], it is imperative to have committed partners in the planning, implementation and evaluation of these efforts. The success of [state/territory/tribe's] comprehensive cancer control planning process depends on the commitment and involvement of a variety of partners who are willing to share their expertise, resources, and experiences.

Please take a few moments to answer the following questions about your perspective and expectations of the comprehensive cancer control planning effort in [state/territory/tribe].

1. What are [state/territory/tribe's] greatest strengths in preventing and controlling cancer?

2. If you could change one thing to improve cancer prevention and control in [state/territory/tribe], what would it be?

3. What two major cancer-related priorities do you believe need to be more comprehensively addressed in [state/territory/tribe]?

4. What experiences, resources, and/or areas of expertise does your organization have that will contribute to this effort? (e.g., clerical support, financial resources, staff time and expertise, etc.)

5. What are your expectations of this effort to address cancer comprehensively in [state/territory/tribe]?

6. Please indicated which description best describes your job:

___Physician	___Community Organization
___Nurse	___Other Health Care Provider
___Health Educator	___Health Administrator
___Cancer Survivor	___Government Official
___Tumor Registrar	___Other: Please Describe _____
	_____

7. Would you be willing to serve as a consultant on reviewing the draft of the [state/territory/tribe's] cancer control plan? If yes, please give your name, address, phone number and e-mail address on the back side of this survey. **THANK YOU VERY MUCH!**

Tool #14b
Utah Comprehensive Cancer Control Organizational Interest Questionnaire

(Please Complete)

*ORGANIZATION*_____ *RESPONDENT NAME*_____

*ADDRESS*_____*TELEPHONE*_____

_____ *EMAIL* _____

Q-1 What is your or your organization's particular cancer-related interest or specialty?

Q-2 Do you believe there is a need for a statewide comprehensive plan for cancer control? (Circle number)

1. *YES*
2. *NO*
   (Please explain your answer)

Q-3 What value, if any, would a state plan provide for you and your organization? (Circle all that apply)

1. *PROVIDE A FRAMEWORK TO DEVELOP YOUR OWN PLAN*
2. *INCREASE AWARENESS AND EDUCATION IN YOUR ORGANIZATION*
3. *IMPROVE COORDINATION OF SERVICES BETWEEN ORGANIZATIONS*
4. *IDENTIFY GAPS IN SERVICES*
5. *OTHER (Please explain)*

Q-4 What could you or your organization provide to assist in the initiative to develop a comprehensive plan for cancer control? (Circle all that apply)

1. *ACCESS TO CANCER DATA*
2. *ESTABLISHED NETWORK WITH CANCER RELATED ORGANIZATIONS*
3. *TREATMENT EXPERTISE*
4. *EXPERIENCE WITH OR ACCESS TO SPECIAL POPULATIONS*
5. *PREVENTION EXPERTISE*
6. *FACILITIES FOR MEETINGS*
7. *KNOWLEDGE REGARDING PATIENT PERSPECTIVES*
8. *OTHER (Please list)*

Q-5 Within your organization's strategic plan, is cancer control specifically addressed? (Circle number)

1. *YES*
2. *NO*

Q-6 If the answer is "no" to question five, are there plans in the future to develop a strategic plan for cancer control? (Circle number)

1. YES
2. NO

Q-7 In your opinion, what cancer-related issues need to be better addressed in Utah? (Circle all that apply)

1. PUBLIC EDUCATION
2. PROFESSIONAL EDUCATION
3. LEGISLATION
4. ACCESS TO SERVICES
5. IMPROVED SURVEILLANCE
6. FUNDING
7. OTHER (Please list)

Q-8 In your opinion, what is Utah's greatest strength in controlling cancer?

Q-9 In your opinion, what is Utah's greatest weakness in controlling cancer?

Q-10 If you or your organization were to participate in this initiative, what specific benefits would your organization expect to receive?

Q-11 If you could change one thing to improve cancer prevention and control in Utah, what would it be?

Q-12 Would you or someone from your organization be willing to participate on a committee or work group to help develop a comprehensive cancer control plan? (Circle number)

1. YES
2. NO

Q-13 What other organizations, groups, or individuals do you believe should be involved in this effort. (Please list)

	ORGANIZATION	CONTACT	TELEPHONE
1.			
2.			
3.			

THANK YOU FOR YOUR TIME!

Tool #15—Proposed Structure and Process for Creating a CCC Plan

This tool is used to stimulate discussion and arrive at consensus within the planning body regarding the structure and process for creating a comprehensive cancer control plan. The example provided here was a one-page graphic developed and used by the coordinating agency in Maine during one of the earliest planning meetings in that state. The graphic describes the proposed phases of planning, the groups that will be involved at each phase and their functions, and the activities undertaken during the phases. The ideas represented in the graphic were a result of brainstorming that occurred within a smaller group of stakeholders (including the core planning team). Products from this group were then presented to the first meeting of the planning body in order to stimulate discussion and to arrive at a consensus about how to proceed. The tool served to promote a common understanding about what would be expected from the participants in the planning process and to promote a sense of cohesiveness within the planning body. As the planning process progressed in Maine, additional discussions within the planning body were held, and the structures and processes evolved; some aspects were modified, while others were operationalized with more concrete details.

This tool is a good example of using visual displays (Logic Models, tables and diagrams) to communicate ideas to a large group and to facilitate discussion and decision making. Such communication is an important component of any planning process, and visual displays of many different types can be used for similar purposes.

Tool #15 - PROPOSED STRUCTURE AND PROCESS FOR CREATING A CCC PLAN

Maine: June 8, 1999

	GROUP:	FUNCTION:	ACTIVITIES:
I. Preparation **3/98** **3/99**	**BOH** With Cancer Prevention and Control Advisory Committee	1. Accept selection by CDC 2. Work with Battelle Research Group 3. Hire CDC Prevention Specialist	
II. Develop Plan	**BOH**	1. Launch the effort 2. Bring together a consortium and 2 co-chairs	CDC staff, Battelle Evaluation April 99 meeting
	Consortium Organizations/persons representative of cancer interests in Maine who make a commitment	1. Develop strategic approach to cancer in Maine 2. Assign people/organizational representation to strategic components (work groups) 3. As work groups develop data and priorities, the consortium hears progress, guides and makes suggestions 4. Receives final work group recommendations and makes final decisions on priorities	June 99 meeting Meetings every 3-4 months with Steering Committee and Work Groups
	Coordinating Committee BOH, Co-chairs ACS Staff	1. Makes process decisions 2. Coordinate and facilitate 3. First level review of issues for the Consortium	Meetings every month
Plan 1/01	**Work Groups** Organizations/individuals with specific expertise/resources (from Consortium and outside) Designated Leadership	1. Develop evidence for specific content areas developed above 2. Make recommendations to the Consortium regarding priorities in specific areas	Meetings/conference calls until final recommendations made
III. Implement Plan			
IV. Evaluate Progress			

5.0 Assess & Address Cancer Burden

Tools in this section—

Tool #16—Guide to Developing Issue Statements

Tool #17—Objectives Litmus Test

Tool #18—Ballot for Goals and Objectives Selection

Tool #19—Data Maps for Communicating Information to Stakeholders and Communities

The sample tools provided in this section assist the members of a comprehensive planning body in assessing and defining the cancer burden in their state and in developing and selecting goals, objectives, and strategies to address that burden. This is a critical phase of the planning process in that the information and materials produced by the planning body during this time form the basis for the Plan itself and ensure that it will be assessable. The activities of this phase reinforce the collaborative and participatory nature of the planning process and can create a strong sense of ownership among the participants.

Tool #16—Guide to Developing Issue Statements

The tools in this section are used for developing issue or problem statements regarding the cancer burden in a state. The first tool included in this section, (Tool 16), Guide to Developing Issue Statements, is a hybrid of similar tools used in Maine, Kansas, and Utah. The tool was first developed and used in Maine, and then later was borrowed and adapted for use in Kansas and Utah.

The Guide to Developing Issues Statements (Tool #16) is a worksheet created to assist the work groups or committees in the development of issue statements in a consistent and thorough fashion, with some grounding in empirical evidence. Note that the worksheet asks the user to provide a rationale for the identification of the issue or problem, to list the data sources used in identification, and to provide specific data in support of the statement. The worksheet also encourages users to think about populations for which the issue is relevant and to consider aspects of the issue that might affect how it is addressed. Once completed, the issue statements serve as a basis for the next step of selecting goals, objectives, and strategies to address the defined problems. In the model planning states, the issue statements were usually presented to the planning body for review and discussion prior to moving on to the next stages of the process.

This tool represents one aspect of the overall process of assessing and defining the cancer burden in a state, and then using that assessment to develop goals, objectives, and strategies to address the cancer burden.

Tool #16

Guide to Developing Issue Statements

This table was created to assist workgroups with the development of issue statements for the Comprehensive Cancer Control Initiative. It is recommended that it be used with each problem statement to assure consistency and scientific soundness.

Issue Statement

Rationale For Identification/selection (based on supporting documentation):

Questions to Address	**Supporting Documentation**
Is your issue statement: **evidence-based, and** **specific and quantifiable?**	**Data sources:**

1. Does your issue statement consider the following: incidence, mortality, quality of life, disparities, and infrastructure?	Incidence data: Mortality data: Quality of Life: Disparities between populations: Infrastructure/services:
3. **When applicable, have all possible options been considered (all cancers, interventions, special populations, etc)?**	
4. Is your issue statement related to the charge of the Utah Comprehensive Cancer Control Initiative? How?	
Populations: <u>Type</u> ❑ Ethnic ❑ Geographic ❑ Disabled ❑ Age/Sex	**<u>Group</u>** **<u>Problem</u>**
Working Notes	

Tool #17—Objectives Litmus Test

This tool is used to assess plan objectives in terms of the SMART-objectives framework. SMART is a mnemonic that stands for Specific, Measurable, Attainable, Realistic, and Time-phased. In this framework, a planning objective is considered adequate if it meets the criteria implied by each word in the mnemonic. This framework is often used in strategic planning initiatives. Developing objectives that meet each of these criteria (a) facilitates implementation of strategies to address the objective and (b) simplifies the process of determining whether or not an objective has been achieved.

The Objectives Litmus Test was developed by a member of the core planning team of the Kansas Cancer Partnership, based on materials provided by CDC. It was used by the work groups of the partnership during one of the planning meetings to assess draft objectives they had previously developed. The work group members reviewed their draft objectives in light of each item on the checklist that corresponded to five components of the SMART mnemonic. The work groups of the Kansas Cancer Partnership were assigned staff persons from the Kansas Department of Health and Environment to serve as facilitators. The facilitators were trained in the SMART framework and in the use of the Litmus Test tool prior to the planning meeting in which these activities took place.

Tool #17

OBJECTIVES LITMUS TEST

Objectives: specific and measurable targets for accomplishing goals.

For each goal, indicate if the objectives meet the criteria of the litmus test. Complete one column for each objective under a particular goal.

OBJECTIVES CHECKLIST					
Goal	**Objective Number:**				
Test Questions	1	2	3	4	5
Does the objective reflect specific, desired accomplishments?					
Can progress toward completion of an objective be measured?					
Is the objective attainable and realistic (given the planning period and available resources)?					
Does the objective specify a realistic result rather than an activity?					
Is there a specific time frame for completion of the objective?					
Will completion of the objectives lead to goal attainment?					
Is there at least one objective for each stated goal?					
Is the objective supported by data and theory?					
Would someone unfamiliar with the workgroup understand what the objective means?					
Have you identified who will be accountable for meeting the objective?*					

* Although the question is premature for the CCCP participants at this point, the group should start thinking about the "who." What agency may be best able to be the lead for a given objective?

Tool #18—Ballot for Goals and Objectives Selection

The Ballot for Goals and Objectives Selection can be used to select and prioritize specific goals and objectives developed by work groups or committees for inclusion in the final plan. The tool was developed by the core planning group in the Maine Consortium for Comprehensive Cancer Control. Once the work groups of the Consortium had developed their final set of goals and objectives, these were compiled in a list organized by the work group categories (e.g., Primary Prevention, Early Detection, Treatment, Rehabilitation/Survivorship, and Palliation).

The Ballot provides a check box for the selection of each goal and objective. Also included in the Ballot is space to the side of each goal and objective where organizational representatives can indicate their organizations' interest or willingness to support strategies to achieve those. The Ballot was distributed to all Consortium members by mail prior to a full planning meeting in which the Consortium as a whole would vote for the goals and objectives. Those members who would not attend the planning meeting could fill out the ballot and return it as an "absentee ballot." For those members attending the planning meeting, the document (although not formally used as a mechanism for in-person voting) gave participants a chance to review goals and objectives prior to the voting session held at the meeting. The voting at the meeting was accomplished by attaching large sheets of paper with the same information as the Ballot along the walls of the meeting room, and the Consortium members circulated among sheets marking their preferred items, and indicating their organization's support. Note the instructions on the Ballot asking Consortium members to consider certain criteria as they contemplate their selection of the goals and objectives. The criteria were intended to limit the selection of goals and objectives to those that could reasonably be addressed in a 5-year implementation period.

The sample provided here is an abbreviated version of the actual ballot, which was much longer. For the sample, we included a goal and related objectives for two of the work groups: Primary Prevention and Early Detection.

Tool #18
Maine Consortium for Comprehensive Cancer Control
Ballot for Goals and Objectives Selection

Directions

1. Please place a check mark next to each goal and objective you feel is important to include in the Maine comprehensive cancer control Plan. Goals are in bold.
2. Indicate in the space provided next to each objective: a) whether you or your organization can provide support (time, resources, etc.) to achieving that objective; and/or b) whether there is another organization or group in Maine that could help to achieve that objective.

Note: Please vote for at least one item from each workgroup (i.e., Primary prevention, Treatment, etc.). Please also consider the following criteria as you select goals and objectives:

- Does it relate to the charge, vision, scope , and values?
- Can it be accomplished in the next 5 years?
- Is there an entity in Maine that can help to achieve that objective?

I. Primary Prevention

Goals and Objectives	Organizations to Support
___1. To significantly reduce the initiation of tobacco use, to increase the numbers who successfully quit using tobacco, and to reduce exposure to secondhand smoke.	_____ _____
___1. Reduce the proportion of adults (18 and older) who use tobacco products.	_____ _____
___2. Reduce cigarette smoking among pregnant women.	_____ _____
___3. Increase the proportion of young people in grades 9-12 who have never smoked.	_____ _____
___4. Increase the proportion of patients who receive advice to quit smoking during the reporting year from a health care provider.	_____ _____

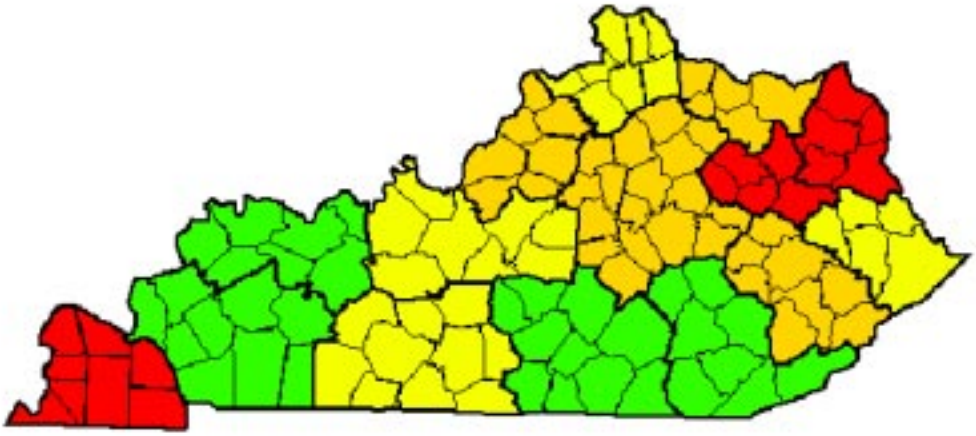
II. Early Detection

Goals and Objectives	Organizations to Support
___3. To improve cancer surveillance in Maine.	_____ _____
___1. To increase the proportion of cancers reported with summary staging information to 90%.	_____ _____
___2. To increase the proportion of cancers reported by ACOS-approved hospitals with American Joint Commission on Cancer (AJCC) stage to 95%.	_____ _____
___3. Enhance the capacity of the Maine Cancer Registry.	_____ _____
___4. Investigate the feasibility of a mammography registry.	_____ _____
___5. Identify organization or groups to utilize Maine Cancer Registry data to propose areas for improvement in cancer control in Maine.	_____ _____

Tool #19 - Data Maps for Communicating Information to Stakeholders and Communities

These maps, created by the Kentucky Cancer Registry, help define the burden of cancer in Kentucky for a variety of stakeholders.

Age–Adjusted Cancer Incidence Rate by Area Development Districts in Kentucky
LATE STAGE FEMALE BREAST CASES: 1996 – 1997



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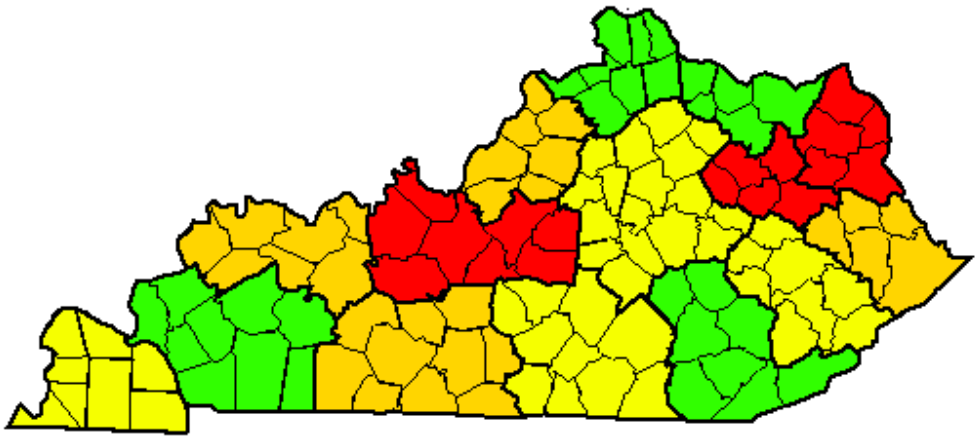
Rate / 100,000

- 90.9 – 91.9
- 92.4 – 96.7
- 96.8 – 98.7
- 99.9 – 49.9

Total Female Population 1996
Total Female Population 1997
Age adjusted to the 1970 U.S. Standard Population

Age–Adjusted Cancer Incidence Rates by Area Development Districts in Kentucky
LATE STAGE FEMALE BREAST CASES: 1998 – 1999



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Rate / 100,000

- 26.4 – 99.8
- 99.9 – 95.9
- 96.2 – 40.6
- 42.0 – 46.0

Total Female Population 1998
Total Female Population 1999
Age adjusted to the 1970 U.S. Standard Population

6.0 Conduct Evaluation

Tools in this section—

Tool #20—Planning Meeting Assessment Guide

Tool #21—Member Satisfaction Questionnaire

Tool #22—Planning Process Monitoring Sheet

One of the building blocks for comprehensive cancer control is to conduct evaluation, including the assessment of both process and outcomes. The tools in this section can be used to assess aspects of the comprehensive cancer control planning process. They can be used early in the planning process, as well as later in the process after the Plan is complete and is being implemented.

Other tools in the Toolkit can also be used to support evaluation of comprehensive cancer control. For example, the tool Assessing Capacity for Comprehensive Cancer Control (Tool #1) can be used to identify resources and staff for evaluation in the earliest stages of the process. Once identified, these resources and staff can be used throughout the planning process. The Chronology of Planning Activities (Tool #3) can be used to document the planning process and can be compared to the Timeline for Planning Tasks (Tool #2) in order to determine expected progress versus actual progress. The Guide to Developing Issue Statements and Objectives Litmus Test (Tools # 16 and 17) can be used to ensure that the objectives developed during the planning process are assessable, e.g., that there are baseline data for comparison and that the objectives are measurable. The Action Group Project Report (Tool #4) and Project Proposal for Potential Funding (Tool #5) are useful for articulating evaluation methods in relation to specific implementation projects and set the stage for evaluating project success.

Tool #20—Planning Meeting Assessment Guide

This tool can be used to assess and summarize planning meetings, either for the planning body as a whole or for committees and work groups. It is based on an observation guide used for summarizing model planning state meetings attended by Battelle staff. The tool can assist planning coordinators in evaluating and improving the comprehensive cancer control planning process.

The tool can be used by the planning coordinator or the core planning group to guide debriefing sessions following a meeting. Responding to the questions listed in the guide will assist coordinators in learning from the experiences of the meeting, identifying areas for change or improvement, and preparing for future meetings. The guide also assists with creating a record of what occurs at the planning meetings. The first section focuses on the practical details of planning meetings and reviews the setting of a meeting as well as group dynamics. The second section of the guide focuses on assessing the meeting in terms of the basic building blocks of comprehensive cancer control. The questions in this section ask what was learned and what decisions were made during the meeting that pertain to each of the building blocks.

Tool #20—Planning Meeting Assessment Guide

I. Review of Setting and Meeting Dynamics

1. Environment. Was the setting or environment for the meeting adequate? Note adequacy in the following areas:

Meeting location
Seating
Audio-visual aids
Refreshments or meals
Other

2. Attendance. Was the meeting attendance adequate, or what was expected? Are there patterns of nonattendance that might affect the representativeness or participatory nature of the planning initiative?

Expected versus Actual Attendance: The number of those invited *and* who RSVP'd compared to the number of actual attendees.
Representativeness: Types and range of organizations or populations represented (e.g., hospitals, health care providers, managed care organizations, public health organizations, minority and underserved populations, cancer survivors, health advocacy groups).
Unexpected Guests or Surprises: Non-regular participants or non-members?
Other:

3. Leadership, Facilitation, and Group Dynamics. Review the leadership, facilitation, and group dynamics of the meeting.

What did the meeting leaders and facilitators learn from this event?
What was the feedback from participants on leadership and facilitation?
How well was the agenda followed? Were all items addressed, and in a timely manner?
How might meeting leadership and facilitation be better at the next meeting?
Did some participants seem to be involved more than others?
How were under-involved participants drawn into the discussions?
How might participant involvement be improved at the next meeting?

II. Comprehensive Cancer Control Building Blocks

Review the most recent meeting in light of the basic building blocks of comprehensive cancer control. Please refer to the Guidance Document for detailed information about each of the building blocks.

1. Enhance Infrastructure. What was learned, or what decisions were made, regarding the enhancement of infrastructure within the state health agency to support comprehensive cancer control? How might the role of the state health agency in relation to comprehensive cancer control change as a result of the decisions made?

2. Mobilize Support. What was learned, or what decisions were made, regarding funding and other resources for developing or implementing the comprehensive cancer control plan? This also includes any issues related to state legislative action around cancer prevention and control.

3. Use Data and Research. What was learned and what decisions were made about access to and the use of data and research for completing a comprehensive cancer control plan? What data resources were discussed as being useful for the planning effort?

4. Build Partnerships. What was learned, or what decisions were made, regarding the building of partnerships around the comprehensive cancer control initiative? What was learned about the expertise and resources that the partners at the meeting – or even those missing from the meeting – might be able to bring to the comprehensive cancer control process?

5. Assess/Address Cancer Burden. What was learned, or what decisions were made, regarding assessing and addressing the cancer burden in your state? What decisions were made about the development of goals and objectives, the selection of priorities, and how the plan will specify strategies to address the cancer burden?

6. Evaluation. What was learned, or what decisions were made, about evaluating the planning process and evaluating implementation of the plan and its components? Did discussion during the meeting address development of goals, objectives, and/or strategies in such a way to facilitate both process and outcome evaluation?

Tool #21—Member Satisfaction Questionnaire

This tool is used to solicit feedback and to assess satisfaction with the planning process among members of the planning body. The questionnaire was developed and used by the Illinois core planning team. The questionnaire was distributed once to all of the Illinois planning participants after the action plan had been completed. The questionnaire is a good example of a systematic effort to evaluate the planning process and to use that information to shape future activities. Note the combination of closed-ended and open-ended question formats in the questionnaire. This approach provides the coordinating agency staff with quantifiable data that can be easily and briefly summarized, but also with narrative responses that allow participants to explain their answers and to provide more extensive feedback on their experiences with the planning process. At the end of the questionnaire are two questions: one asking about possible improvements to the initiative and another asking about how often the Illinois Partnership should reconvene to discuss comprehensive cancer control. The answers to these questions will help the coordinating agency prepare for future activities, particularly around implementation of the Plan and conducting progress reviews.

Tool #21
Annual Member Satisfaction Questionnaire
May 1, 2000

Please Return by: May 19, 2000

Name: _____

Agency: _____

We welcome your feedback on how well the Illinois Partnership for Comprehensive Cancer Prevention and Control is doing. For each item, circle the number that best indicates your satisfaction with the aspect of the Partnership. Provide additional comments if you wish. Results of this questionnaire will assist us in making decisions regarding future direction of the Partnership. Please take 10 minutes of your time to complete and return this questionnaire. Thank you for your participation.

Your satisfaction with the …

Partner Member	***Very Dissatisfied***	***Somewhat Dissatisfied***	***Undecided***	***Somewhat Satisfied***	***Very Satisfied***
1. Diversity of membership	1	2	3	4	5
2. Representation by organizations with an interest and/or expertise in cancer.	1	2	3	4	5
3. Opportunities to affiliate with other partners or the organizations that they represent	1	2	3	4	5
4. Willingness to welcome new members	1	2	3	4	5
5. Your personal/agency involvement	1	2	3	4	5
COMMENTS					

Your satisfaction with the …

Climate	*Very Dissatisfied*	*Somewhat Dissatisfied*	*Undecided*	*Somewhat Satisfied*	*Very Satisfied*
6. Friendliness, pleasantry and helpfulness	1	2	3	4	5
7. Cooperation from others	1	2	3	4	5
8. Acceptance of everyone's opinions	1	2	3	4	5
Comments:					

Your satisfaction with the …

Communication	*Very Dissatisfied*	*Somewhat Dissatisfied*	*Undecided*	*Somewhat Satisfied*	*Very Satisfied*
9. Information provided by the Illinois Department of Public Health (IDPH) about the Comprehensive Cancer Control (CCC) Program	1	2	3	4	5
10. Ability to communicate with the IDPH regarding the CCC Program	1	2	3	4	5
11. Opportunities to provide input and concerns about the CCC Program	1	2	3	4	5
Comments:					

Your satisfaction with the …

Leadership	*Very Dissatisfied*	*Somewhat Dissatisfied*	*Undecided*	*Somewhat Satisfied*	*Very Satisfied*
12. Clarity of the vision for where CCC should be going	1	2	3	4	5
13. Strength and competence of leadership	1	2	3	4	5
14. Opportunities for partners to take leadership roles	1	2	3	4	5
Comments:					

Your satisfaction with the …

Planning	*Very Dissatisfied*	*Somewhat Dissatisfied*	*Undecided*	*Somewhat Satisfied*	*Very Satisfied*
15. Planning Process used to prepare input for determining priorities	1	2	3	4	5
16. Follow-through on the Partnership recommendations	1	2	3	4	5
17. Prioritization process by which the 6 overarching priorities were determined by the Partnership	1	2	3	4	5
18. The 6 overarching priorities determined by the Partnership	**1**	**2**	**3**	**4**	**5**
Comments:					

Your satisfaction with the …

Process	*Very Dissatisfied*	*Somewhat Dissatisfied*	*Undecided*	*Somewhat Satisfied*	*Very Satisfied*
19. Number of meetings held	1	2	3	4	5
20. Location of meetings	1	2	3	4	5
21. Content of meetings	1	2	3	4	5
22. What the meetings accomplished	1	2	3	4	5
23. Activities of the action groups. (Public Awareness and Education, Data and Surveillance, Policy and Infrastructure, Cancer Care Assessment, Funding and Resoures)	1	2	3	4	5
Comments:					

24. What one change would most improve the effectiveness of this collaborative effort?

25. How often should the Illinois Partnership for Cancer Prevention and Control meet? (Check one)

_____ Annually `

_____ Semi-Annually

_____ More Often

Thank you for your assistance. We look forward to your response by ***May 19, 2000****.*

Tool #22—Planning Process Monitoring Sheet

The monitoring sheet is a tool for tracking the main activities of the comprehensive cancer control planning process. The sheet provides a list of all the planning activities in the comprehensive cancer control planning process. The sheet also provides an approximate schedule for those activities and space to record when they were actually accomplished, as well as space to record the parties responsible for accomplishing the activities. Space to record comments about each activity is also available.

The monitoring sheet is organized according to stages, steps, and activities of comprehensive cancer control discussed in the Guidance Document (See also Section 9, Table 9.1 of the Guidance Document). There are three tables in the tool, one for each of the three main stages of the comprehensive cancer control planning process:

- Stage I—Laying the Groundwork
- Stage II—Developing the Comprehensive Cancer Control Plan Components
- Stage III—Completing the Comprehensive Cancer Control Plan

Within each table are the related planning activities. The abbreviations in the parentheses next to each activity indicate to which comprehensive cancer control building block the activities apply. For example, for the Stage I table, the activity "Assess infrastructure needs and capacity" is listed under the phase heading, "Develop Capacity of Coordinating Agency to Conduct Planning." Further, the activity is accompanied by the abbreviation "(EI)," indicating that it is related to the Enhance Infrastructure building block.

The monitoring sheet can be used by planning coordinators as a process evaluation tool to keep the planning process on track (for more information on process evaluation please refer to Section 8 in the Guidance Document). It can serve this function in several ways:

- By ensuring that key planning activities are accomplished.
- By monitoring that the planning process is proceeding in a timely manner.
- By documenting what organizations and individuals who are committed to implementing planning activities have done so.

Planning coordinators should feel free to adapt this tool to their own planning process, adding or modifying activities as necessary.

Tool #22
Planning Process Monitoring Sheet

Stage I – Laying the Groundwork

Activity (Building Block)	**Schedule/Date Accomplished**	**Responsible Parties**	**Comments**
Develop Capacity of Coordinating Agency to Conduct Planning			
Assess infrastructure needs and capacity (EI)	Months 1-3		
Gain buy-in from leadership of coordinating agency (EI)	Months 1-3		
Identify/hire dedicated coordinator/staff (EI)	Months 1-3		
Create core planning team (EI)	Months 1-3		
Assess current level of support (MS)	Months 1-3		
Secure funds and in-kind resources for planning (MS)	Months 1-3		
Build linkages to registry and other data agencies and sources (DR)	Months 1-3		
Initiate the Comprehensive Cancer Control Planning Process			
Involve other cancer-related coordinating agency staff (EI)	Months 4-6		
Develop work plan to guide the planning process (EI)	Months 4-6		
*Coordinate and monitor the CCC process (EI)	Months 4-6		
Identify available data/research (DR)	Months 4-6		
Build the Comprehensive Cancer Control Partnership			
Identify, contact, and invite potential partners (BP)	Months 4-9		
Assess partner interest and capacity (BP)	Months 7-9		
Prepare for first partnership meeting (BP)	Months 7-9		
*Build support among the public and private sectors (MS)	Months 7-9		
*Publicize efforts of the partnership (MS)	Months 10-12		
Agree on goals, vision and decision-making process with	Months 10-12		

Activity (Building Block)	**Schedule/Date Accomplished**	**Responsible Parties**	**Comments**
partners (BP)			
Establish partnership leadership (BP)	Months 10-12		
Create work groups (BP)	Months 10-12		
*Assess partner satisfaction (BP)	Months 10-12		
*Develop ways for new members to join and non-members to provide input (BP)	Months 13-15		
Develop and Implement a Strategy for Evaluation			
Identify resources and staff for evaluation (CE)	Months 4-6		
Define planning evaluation questions (CE)	Months 4-6		
*Document the planning process (CE)	Months 4-6		

Stage II – Develop the Comprehensive Cancer Control Plan Components

Activity (Building Block)	**Schedule/Date Accomplished**	**Responsible Parties**	**Comments**
Determine Goals and Objectives			
Organize partnership around areas of interest (AA)	Months 10-12		
Review data and research as the basis for plan objectives and strategies (DR)	Months 10-12		
Assess data gaps (DR)	Months 10-12		
*Identify emerging challenges, solutions, and outcomes of the planning process (CE)	Months 10-12		
Determine critical areas of burden and high-risk populations (AA)	Months 13-15		
Assess gaps in strategies already in place (AA)	Months 13-15		
Create Strategies to Meet the Prioritized Objectives			
*Collect new data if feasible, and/or incorporate these activities into Plan (DR)	Months 13-15		

Provide TA/training on evaluation to partners (CE)	Months 13-15		
Create measurable goals and objectives for plan (AA)	Months 16-18		
Identify or collect baseline data against which to measure outcomes (DR)	Months 16-18		
Identify possible intervention strategies (AA)	Months 19-21		
Prioritize goals, objectives and strategies (AA)	Months 19-21		
Ensure That Strategies Are Feasible			
Develop approaches for funding plan strategies (MS)	Months 19-21		
Reassess partnership representation and coverage for implementation (MS)	Months 19-21		
Create evaluation plan for implementation (CE)	Months 19-21		
Identify implementing organizations for plan strategies (AA)	Months 22-24		

Stage III – Complete the Comprehensive Cancer Control Plan

Activity (Building Block)	**Schedule/Date Accomplished**	**Responsible Parties**	**Comments**
Writing the Plan	Months 18-20		
Reviewing the Plan	Months 21-22		
Producing and disseminating the Plan	Months 22-24		