

Cancer Plan Self-Assessment Tool

National Center for Chronic Disease Prevention and Health Promotion
Division of Cancer Prevention and Control



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Introduction

Purpose: The Cancer Plan Self-Assessment Tool is easy to complete and allows users to evaluate the comprehensiveness of their plan.

The components and indicators identified in this tool are not an exhaustive list of items that should be included in a cancer plan, but they are critical to CDC. Users may need to include additional components and/or indicators to meet the needs of their stakeholders. Use of this tool is not mandatory. However, if you do apply it to your plan, please share your results with your program consultant as s/he may provide some additional guidance.

Intended Users: This tool was created by CDC/Comprehensive Cancer Control Branch staff for Comprehensive Cancer Control program directors and cancer coalition members to assist them with revising or assessing the State/Territory/Tribe/Pacific Island Jurisdiction cancer plan (referred to as “jurisdiction” throughout this document).

Background: The cancer plan self-assessment tool was adapted from CDC’s Cancer Plan Index.* The Cancer Plan Index is a tool developed to review CCC plans and assess their level of comprehensiveness on the basis of selected topic areas, including goals, objectives, and strategies. The CDC Cancer Plan Index Study was completed in collaboration with Research Triangle Institute, Inc. in 2008.¹ Since the Cancer Plan Index was developed, NCCCP has implemented new priority areas (see **Appendix A**) and modified performance measures for CCC grantees. This self-assessment tool incorporates the CDC/NCCCP priorities and updated measures. To read more about the Cancer Plan Index see **Appendix B**.

Description: The self-assessment tool has eight core components (description of the process used to develop the plan, goals, objectives, strategies, stakeholder involvement, presentation of data on disease burden, reduction of cancer disparities, evaluation, and additional descriptive items). Seven of the components were identified in the CPI as key elements of cancer control planning. Grouped within each component are corresponding indicators that reflect plan attributes and planning processes.

¹ Rochester P, Adams E, Porterfield DS, Holden D, McAleer K, Steele CB. Cancer Plan Index: A Measure for Assessing the Quality of Cancer Plans. *Journal of Public Health Management Practice*. 2011 Nov-Dec;17(6):E12-7.

Feedback from Intended Users: To determine usability, a draft version of the tool was sent to a convenience sample of comprehensive cancer control program directors. Each of the program consultants working on this project asked one of the program directors with whom they work to provide feedback on the tool (n=4). The program directors were asked to test the tool and then were asked the following questions. Responses were obtained between December 2011 and January 2012.

1. Was this tool useful?
2. Briefly describe how you used the tool. Did you use this tool with your coalition members?
3. What did you like about the tool?
4. Was the scoring useful?
5. What do you think about the length of this tool, e.g., number of questions?
6. Did you find the help you were looking for in this tool? If not, what was missing?
7. What did you dislike and how could CDC improve the tool?
8. Does any language in the tool need clarification?
9. What other resources, if any, can CDC provide to help with cancer plan development and or assessment?
10. Do you have any additional comments?

Overall, the program directors found the tool useful. Specifically, program directors commented that dividing the tool into components allows implementation teams or workgroups to take the lead on relevant sections. Based on program directors' feedback, CDC modified the tool where appropriate. For example, the scoring function was deleted since the tool is intended to **assist** the grantee and partners in improving the cancer plan and not to rate the individual plan. Currently, tool users can simply check "yes" or "no" to indicate if the element was addressed adequately in the plan and then provide comments.

Over the course of time additional changes were made to the tool and in March 2012, we asked the same program directors to review the revised version. They identified some verbiage that needed to be clarified and suggested that check boxes be added to the tool. These suggestions were incorporated into this final version of the tool.

Flexibility: This tool is adaptable and can be modified to meet the needs of the user. We encourage flexibility and editing to address local applications. For example, coalition members might give specific instruction as to the type of information they want their workgroup colleagues to include in the comments section. Or, members may want to add other indicators to the tool for a specific activity. Others may want to use a point system.

Additional ideas on how to update the cancer plan can be found in the article, *Revision of Comprehensive Cancer Control Plans: Experiences Shared by Three States*.¹ The abstract is provided at Appendix C and the full text can be accessed at <http://www.springerlink.com/content/m163246t0g47l246/fulltext.pdf>

*The Cancer Plan Self-Assessment Tool was modeled after the State Plan Index tool developed by Fran Butterfoss and Diane Dunet. Their manuscript, *A Tool for Assessing the Quality of State Public Health Plans*, *Preventing Chronic Disease* (2005) was published online 2005 March 15 and can be accessed at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1327709/>

¹ Hager P, Given L, Redmond J, Rogers K. *Revision of Comprehensive Cancer Control Plans: Experiences Shared by Three States*. *Cancer Causes & Control*. 2010 Dec;21(12):2005-13. Epub 2010 Oct 21

Recommendations on How to Use This Tool

How you use this tool depends on where in the plan revision process the cancer coalition is. For example, if you have just finished revising your cancer plan, you can use this tool to “evaluate” the plan. Or the cancer coalition may be gearing up or in the process of updating the plan. This tool can be used to inform both of these activities.

NOTE: CDC requires that grantees annually evaluate at least one aspect of the plan, partnership and program interventions. This tool can be used as a data source for answering evaluation questions such as: How comprehensive is the CCC plan? To what extent does the plan address disparities? To what extent are all the CDC CCCB priorities included in the plan?

Recommended steps for using this tool include:

- 1. Review this tool** with the steering committee members and/or workgroup leads. The tool was created so that components can be assigned to various workgroups. For example, you might want the evaluation workgroup to complete the evaluation component.
- 2. Complete the tool.** Once the tool is completed, develop a list of all the elements (indicators) that were not included in the cancer plan.
- 3. Identify revisions needed.** Work with the steering committee members, workgroup leads, and/or those who are leading the efforts to write the revision to prioritize all missing elements.
- 4. Develop an action plan** for revising the cancer plan that includes the highest priority elements. The tool includes recommended resources specific to each component of the tool. These resources are intended to assist users as they develop the action plan.
- 5. Share with your program consultant** how the tool was used and the results generated. We recommend that you upload the completed tool to the CDC/NCCCCP Management Information System. Also share any ideas you may have on how to improve the tool.

We Would Like to Hear from You

As noted above, CDC would like to hear what you thought about this tool. Please send ideas or feedback to Chris Stockmyer at cstockmyer@cdc.gov. Thank you.

I. Description of the Process Used to Develop the Plan

The cancer plan should include a description of the who, what, when, where, how and why the plan came into existence. It should also describe how the plan will be implemented, monitored for progress, updated, and sustained.

Component Indicators	No	Yes	Comments
1. Cancer and cancer risk factor data was reviewed as part of the development process.			
2. Stakeholders were involved in the planning process. Based on interest and expertise small workgroups or subcommittees may work on different sections of the plan.			
3. Plan describes how strategies will be integrated with existing programs (e.g., chronic diseases, prevention, education, and service delivery).			
4. Plan describes how partners will be involved in implementing the plan (e.g., training, technical assistance, funding).			
5. Plan assigns responsibility for implementing strategies to a lead agency or organizations (e.g., cancer centers, cancer advocacy, state health department). Also, plan describes <i>who</i> will be responsible; evidence of this could be a listing of subcommittees' organization members.			
6. Plan describes process for prioritizing strategies listed.			
7. Plan describes process for updating or revising the plan throughout implementation.			
<p>8. Resource plan or budget is included with the cancer plan or it is mentioned, but kept as a separate document. The resource plan indicates what is needed to implement the plan, which includes a variety of current and potential funding sources.</p> <ul style="list-style-type: none"> • For individual interventions, plan describes how funds will be allocated to/ from partners to support plan implementation. • This budget and resource section is needed to sustain the strategies noted in the plan. It also identifies the lead funding agency. 			

A few resources that may help with the component indicators listed above include:

- a. The article, Revision of Comprehensive Cancer Control Plans: Experiences Shared by Three States describes the process used by Kentucky, Michigan and Wyoming to update and revise their CCC plans. The abstract is provided at Appendix B and the link to the article is <http://www.ncbi.nlm.nih.gov/pubmed/20963477>
- b. State Cancer Profiles provides dynamic views of cancer statistics for prioritizing cancer control efforts in the nation, states, and counties. <http://statecancerprofiles.cancer.gov/>
- c. Review examples of budget and resource plans developed by other CCC grantees. These can be found on the Cancer Information Chanel (CIC). CIC is a password protected resource provided by CDC to CCC grantees. <http://www2a.cdc.gov/cic/index.htm> (CIC is a password protected site for NCCCCP grantees.)
- d. CDC's GetSmart Planner: A CDC Guide on Engaging Stakeholders, including a list of typical stakeholders in public health, why they are important, how to identify them, what matters to them, their role in the overall plan. <http://www.cdc.gov/getsmart/program-planner/Step1.pdf>
- e. CDC's Communities Putting Prevention to Work Resource Center: Outlines needs for forming a coalition, why coalitions form, and characteristics of an effective coalition. http://www.cdc.gov/CommunitiesPuttingPreventiontoWork/resources/foundational_skills.htm

II. Goals and Objectives

The cancer plan should clearly articulate goals and objectives that can be used to galvanize partners as they work together to decrease the burden of cancer in the jurisdiction. The goals are typically broad general statements about the underlying purpose of the cancer plan. The objectives are specific measurable statements of what is to be accomplished to achieve the goals.

Component Indicators: Goals	No	Yes	Comments
9. Goal statements are present and clearly labeled.			
10. Plan includes goals that cover a multiyear period.			
11. Goals describe a statewide/tribe-wide/territory-wide/jurisdiction-wide effort.			
12. Plan includes goals that focus on changing long-term outcomes within the state/tribe/territory/jurisdiction.			
13. Plan addresses each of the CDC / NCCCP priority areas, which are: <input type="checkbox"/> Primary prevention of cancer; <input type="checkbox"/> Early detection and treatment; <input type="checkbox"/> Public health needs of cancer survivors; <input type="checkbox"/> Policy, system, and environmental changes; <input type="checkbox"/> Health equity as it relates to cancer control, and <input type="checkbox"/> Outcomes demonstrated through evaluation			
14. Plan includes goals that encompass the continuum of care: <input type="checkbox"/> Primary prevention <input type="checkbox"/> Screening/Early detection <input type="checkbox"/> Diagnosis <input type="checkbox"/> Treatment <input type="checkbox"/> Palliation/End-of-Life Care <input type="checkbox"/> Survivorship			
15. Plan describes how the goals in the plan are related to the state's/tribe's/territory's/jurisdiction's public health goals, state's chronic disease plan, etc.			

Component Indicators: Objectives	No	Yes	Comments
16. Plan objectives are present and clearly labeled.			
17. Plan objectives are logically related to goals.			
18. Plan objectives are smart (specific, measurable, attainable, results-oriented, and time-phased).			
19. Plan objectives focus levels of action, such as individuals, families, institutions, communities, systems and policy.			

A few resources that may help with the component indicators listed above include:

- a. NCCCCP-funded grantees are required to address CDC/Comprehensive Cancer Control Branch’s priorities. See Appendix C for the list of these priorities to confirm that they are reflected in the goals included in the cancer plan. A longer version of this document, which includes strategies and activities associated with the priorities, can be found on CIC. <http://www2a.cdc.gov/cic/index.htm> (CIC is a password protected site for NCCCCP grantees.)
- b. All objectives in the plan should be SMART (specific, measurable, achievable, relevant, and time-based). There are many resources on-line that can help you write SMART objectives. One example is the *State Program Evaluation Guide: How to Write Smart Objectives*, which can be accessed at http://www.cdc.gov/dhdSP/programs/nhdsp_program/evaluation_guides/smart_objectives.htm
- c. CDC’s Communities for Public Health: Develop SMART Objectives. An interactive template to help guide you through the steps needed to define goals and SMART objectives. http://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html

III. Strategies

The cancer plan should clearly articulate strategies, which are specific, discrete activities designed to achieve the objectives stated in the plan. These strategies should have a proven track record. That is, the strategy has been evaluated and found to be effective at decreasing the burden of cancer. Examples include those recommended by the United States Preventive Services Task Force, other systematic reviews, peer-reviewed published studies, and other evaluators.

Component Indicators	No	Yes	Comments
20. Plan strategies are present and clearly labeled.			
21. Plan strategies are specific (e.g., identify the populations and setting).			
22. Plan strategies are logically related to objectives.			
23. Plan describes criteria used to select the strategies (e.g., burden, environmental scan, stakeholder interests, available resources).			
24. Plan incorporates strategies that are evidence-based; if not, justification is presented to explain why this strategy is thought to be effective and needs to be implemented.			

A few resources that may help with the component indicators listed above include:

- a. The CDC / NCCCP priorities document includes strategies. This document can be accessed on CIC. <http://www2a.cdc.gov/cic/index.htm> (CIC is a password protected site for NCCCP grantees.)
- b. Review the following link, "Using what Works" from NCI. This link provides ways of adapting evidence-based programs to fit your needs. Concepts are introduced in a modular format. http://cancercontrol.cancer.gov/use_what_works/start.htm
- c. Review evidence-based intervention resources. The following information about evidence based interventions has been provided to NCCCP grantees (Source: Performance Measure Worksheet, April 2010)

Interventions: An intervention is any kind of planned activity or group of activities designed for individual, organizations or communities to prevent disease or injury or to promote health in a group of people.

Evidence-based: The following are sources of evidence-based interventions. Sources are listed in order of "levels of evidence". Sources with the most objective, complete evidence (such as evidence-based guidelines or systematic reviews of the research literature) are listed near the top. This list may not be comprehensive.

Guidelines/Recommendations:

- United States Preventive Services Task Force (USPSTF)
<http://www.ahrq.gov/clinic/uspstfix.htm>
- National Guideline Clearinghouse (AHRQ)
<http://www.guideline.gov/>
- Guide to Community Preventive Services (The Community Guide)
<http://www.thecommunityguide.org/>
- MMWR Recommendations <http://www.cdc.gov/mmwr/>
- Best Practices for Comprehensive Tobacco Control Program
http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/

Systematic Reviews:

- Cochrane Reviews
<http://www.cochrane.org/reviews/index.htm>
- National Cancer Institute's (NCI) Physician Data Query (PDQ) <http://www.cancer.gov/cancertopics/pdq>
- AHRQ effective healthcare program evidence reviews (EPC Evidence Reports)
<http://effectivehealthcare.ahrq.gov/healthInfo.cfm?infotype=rr>
- Institute of Medicine (IOM) Reviews
<http://www.iom.edu/>
- Other published systematic reviews in the peer reviewed literature (e.g., PubMed Systematic Reviews)
<http://www.ncbi.nlm.nih.gov/entrez/query/static/clinical.shtml#reviews>

Individual Peer Reviewed Published Studies:

- Research-tested Intervention Programs (RTIPs)
<http://rtips.cancer.gov/rtips/index.do>
- Individual peer reviewed published intervention study (can be found in PubMed
<http://www.ncbi.nlm.nih.gov/pubmed/> but not listed with RTIPs)

Evidence-informed program/program evaluation/ practice-based evidence:

- Evidence-informed program (based on elements from systematic reviews of interventions or a single peer reviewed published intervention study)
- Model Practice Database—NACCHO
<http://naccho.org/topics/modelpractices/database/>
- AHRQ Innovations Exchange
<http://www.innovations.ahrq.gov/>
- Individual program evaluation
- Practice-based evidence-prior program experience (sources could be agency/government reports)

Other:

- Other sources
- Your own program (e.g., developing the evidence-base)

IV. Stakeholder Involvement

Stakeholders should be engaged in the development (planning, decision making), implementation and evaluation of the cancer plan.

Component Indicators	No	Yes	Comments
25. A diverse group of key stakeholders are involved in the plan. Description should describe assessment used to determine who (which organizations) needs to be involved in the development of the plan.			
26. Plan includes primary prevention goals, objectives, and strategies that were developed with input from the state's/tribe's/territory's/jurisdiction's tobacco programs, nutrition and physical activity program, and obesity programs.			
27. Partnership includes members who can effectively implement evidence-based cancer control interventions, which include policy, systems, and environmental change interventions.			
28. Plan notes who is responsible for leading various implementation activities (e.g., organization, workgroup/subcommittee).			

A few resources that may help with the component indicators listed above include:

- a. CDC's Comprehensive Cancer Control Branch has provided a list of sectors and possible partners to NCCCP grantees. This list can be found in the Performance Measure Worksheet (April 2010) and in the Management Information System grantees use to report progress to CDC. These include: Public health programs, other government agencies, professional associations/organizations, academic/medical institutions, business/industry, political leaders, community-based organizations, and media outlets.
- b. Review "A NBCCEDP Partnership Development Toolkit" This toolkit provides a range of resources to help programs across varying levels of experience. <http://www.cdc.gov/cancer/nbccedp/toolkit.htm>
- c. Division of Heart Disease and Stroke Prevention's Partnership evaluation guides. These guides are a series of technical assistance tools developed by CDC to clarify approaches to and methods of evaluation, provide examples specific to the scope of programs, and recommend resources for additional reading. http://www.cdc.gov/dhdsp/programs/nhdsp_program/evaluation_guide.htm
- d. CCC partnership toolkit: This tool kit was developed to enhance the technical assistance and guidance that Program Consultants provide to all cooperative agreement recipients. In addition, the development of this Tool Kit is consistent with the building blocks and objective as stated within the guidance document for CCC planning. http://www2a.cdc.gov/cic/documents/cdc/uncleared/pdf/ccc_partnership_toolkit.pdf (CIC is a password protected site for NCCCP grantees.)

V. Presentation of Data on Disease Burden

The cancer plan should present data in a way that makes it easy for stakeholders and other users of the plan to understand why it is important to implement the strategies identified.

Component Indicators	No	Yes	Comments
29. Plan presents reliable and valid data to describe the cancer burden in the state/territory/tribe/jurisdiction (above and beyond the priorities).			
30. Plan presents cancer risk factor data.			
31. Plan presents incidence data from the Central Cancer Registry.			
32. Plan presents the disease burden on diverse populations.			
33. Plan presents demographic data on the state/tribe/territory/jurisdiction.			
34. Plan describes other social and environmental data that contribute to population health (e.g., behavioral, social, environmental, economic).			
35. Plan describes circumstances expected to have a major influence during the lifecycle of the plan (e.g., tobacco settlement, major reorganization of health department, budget crisis).			
36. Plan describes gaps in current cancer burden data and how these will be addressed.			

A few resources that may help with the component indicators listed above include:

- a. National Program of Cancer Registries (NPCR) and other central registry data as available/applicable. NPCR data are collected by local cancer registries and enable public health professionals to understand and address the cancer burden more effectively. CDC provides support for states and territories to maintain registries that provide high-quality data. <http://www.cdc.gov/cancer/npcr/>
- b. State Cancer Profiles provide dynamic views of cancer statistics for prioritizing cancer control efforts in the nation, states, and counties. The presentation of these data can be used to motivate action, integrate surveillance into cancer control planning, characterize areas and demographic groups, and expose health disparities. The focus is on cancer sites for which there are evidence based control interventions. Interactive graphics and maps provide visual support for deciding where to focus cancer control efforts. <http://statecancerprofiles.cancer.gov/>
- c. United States Cancer Statistics (USCS) is a Web-based report includes the official federal statistics on cancer incidence from registries that have high-quality data and cancer mortality statistics for each year and 2004–2008 combined. It is produced by the Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI), in collaboration with the North American Association of Central Cancer Registries (NAACCR). <http://apps.nccd.cdc.gov/uscs/>
- d. The Behavioral Risk Factor Surveillance System (BRFSS) provides state-specific benchmarks for cancer prevention (tobacco use, nutrition, physical activity, and weight gain as measured by obesity) and early detection (mammograms, Pap tests, and colorectal and prostate cancer screening tests). In addition, states may choose to ask the questions on the Cancer Survivorship Module, which measures follow-up care (who is providing the care and where), treatment plans, and pain management. <http://www.cdc.gov/brfss/>
- e. Youth Risk Behavior Survey (YRBS) or comparable behavioral survey in jurisdiction: The Youth Risk Behavior Surveillance System (YRBSS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults. <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>
- f. Health Indicators Warehouse provides access to high quality data that can be used to improve understanding of a community's health status and determinants, and facilitate the prioritization of interventions. This warehouse provides a single, user-friendly, source for national, state, and community health indicators and it links indicators with evidence based interventions and includes indicators specific to cancer. <http://healthindicators.gov/>

VI. Reduction of Cancer Disparities*

The cancer plan should describe the process and criteria used to select populations at highest risk for cancer or cancer mortality to prioritize the implementation of interventions / strategies.

Component Indicators	No	Yes	Comments
37. Plan identifies populations at highest risk for cancer or cancer mortality.			
38. Plan describes the criteria used to select population subgroups for intervention.			
39. Plan designates the highest risk groups for select cancers as priority for intervention; if not, justification is presented.			
40. Plan specifically describes how disparities between populations will be addressed.			

*The National Cancer Institute (NCI) defines "cancer health disparities" as "differences in the incidence, prevalence, mortality, and burden of cancer and related adverse health conditions that exist among specific population groups in the United States." This definition is often used by CDC / Comprehensive Cancer Control Branch staff and it was used to inform this tool.

A few resources that may help with the component indicators listed above include:

- a. Health Disparities in Cancer: CDC's Division of Cancer Prevention and Control (DCPC) monitors trends in cancer incidence and mortality, and identifies which populations are disproportionately affected by the disease.
<http://www.cdc.gov/cancer/healthdisparities/>
- b. The Intercultural Cancer Council (ICC) promotes policies, programs, partnerships, and research to eliminate the unequal burden of cancer among racial and ethnic minorities and medically underserved populations in the United States and its associated territories. <http://iccnetwork.org/who/index.html>
- c. NCI: The Center to Reduce Cancer Health Disparities is the cornerstone of the NCI's efforts to reduce the unequal burden of cancer in our society. The Center is committed to improving our understanding of the causes of disparities and reducing and eliminating them.
- d. The Office of Minority Health and Health Disparity's goal is to accelerate the work of CDC and its partners in improving health by eliminating health disparities, promoting conditions conducive to health, and achieving health equity.
<http://www.cdc.gov/omhd/AMH/AMH.htm>
- e. HHS Office of Minority Health is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities.
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=7>

VII. Evaluation

The cancer plan should be examined to determine if and how the resources and processes used led to the desired outcomes.

Component Indicators	No	Yes	Comments
41. Plan identifies person or agency with responsibility for evaluating each section, goal, and/or strategy in the CCC plan.			
42. Plan identifies <input type="checkbox"/> short-term, <input type="checkbox"/> intermediate, and <input type="checkbox"/> long-term indicators to be measured.			
43. Plan identifies methods that will be used to collect and analyze evaluation data to determine if the goals and objectives are being met. Evaluation results will help decision makers with future planning and identification of implementation strategies.			
<p>44. Written evaluation plan is included with the cancer plan or it is mentioned, but kept as a separate document. The evaluation plan should include the 6 steps noted in the CDC Framework for Program Evaluation in Public Health (or the CDC/Comprehensive Cancer Control Branch’s Evaluation Toolkit, which also follows the same 6 steps).</p> <p>The evaluation plan can help determine if the cancer plan is comprehensive, clear, useful, relevant, etc.</p> <p>Note: NCCCP grantees are required to evaluate the cancer plan.</p>			

A few resources that may help with the component indicators listed above include:

- a. Health Indicators Warehouse provides access to high quality data that can be used to improve understanding of a community's health status and determinants, and facilitate the prioritization of interventions. This warehouse provides a single, user-friendly, source for national, state, and community health indicators and it links indicators with evidence based interventions and includes indicators specific to cancer. <http://healthindicators.gov/>
- b. CCC grantees are required to use the CDC Framework for Program Evaluation in Public Health, which is the foundation for the CDC CCCB Evaluation Toolkit. This toolkit is tailored for comprehensive cancer control programs and contains definitions, tools and templates that can help cancer coalitions evaluate their plan, partnership, and intervention efforts. It can be accessed at: http://www.cdc.gov/cancer/ncccp/pdf/CCC_Program_Evaluation_Toolkit.pdf
- c. Other evaluation resources including a framework for evaluation along with steps for evaluation can be found on CDC's Evaluation Web site at: <http://www.cdc.gov/eval/index.htm>

VIII. Additional Descriptive Items

The cancer plan should contain characteristics that will increase the likelihood that it will be read and the strategies it details will be implemented.

Component Indicators	No	Yes	Comments
Plan includes an “executive summary” or other brief summary that accurately describes content of entire plan. Additionally, it includes a table of contents with page numbers, glossary, and other features that make it easy to navigate.			
Plan includes contact information.			
Plan describes how additional copies can be obtained.			
Plan includes a letter of endorsement from a high-ranking governmental/ tribal/ territorial/jurisdictional official (e.g., State Chronic Disease Director, Tribal Leader, Minister of Health,).			

A few resources that may help with the component indicators listed above include:

- a. Examples of other state/tribal/territory/jurisdiction CCC plans, which can be accessed at Cancer Control Planet.
<http://cancercontrolplanet.cancer.gov/>
- b. The Cancer Information Channel or CIC is a repository of resources created by CDC for their grantees. For example, there is a current list of project directors / managers and their contact information in case you want to consult with one about how they did "XYZ." <http://www2a.cdc.gov/cic/index.htm> (CIC is a password protected site for NCCCCP grantees.)

National Comprehensive Cancer Control Program Priorities

Released By CDC in June 2010

1. Emphasize Primary Prevention of Cancer
2. Support Early Detection and Treatment Activities
3. Address Public Health Needs of Cancer Survivors
4. Implement Policy, Systems, and Environmental Changes To Guide Sustainable Cancer Control
5. Promote Health Equity as it Relates to Cancer Control
6. Demonstrate Outcomes Through Evaluation

CDC funds NCCCP grantees to work with the CCC coalition/partnership in their state/tribe/territory/ jurisdiction to accomplish these priorities. For a comprehensive list of NCCCP Priorities and Strategies, please visit the Cancer Information Channel (CIC) at: <http://www2a.cdc.gov/cic/index.htm> (CIC is a password protected site for NCCCP grantees.)

Cancer Plan Index: a measure for assessing the quality of cancer plans.

J Public Health Manag Pract. 2011 Nov-Dec;17(6):E12-7.

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Abstract

Objective: To (1) conduct an in-depth assessment of the content of comprehensive cancer control plans and (2) obtain data that can be used to provide guidance to grantees supported by the Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program (NCCCP) as they refine their plans, and to other health professionals as similar planning is done.

Design: Through an iterative development process, a workgroup of subject matter experts from NCCCP and Research Triangle Institute International (RTI International) identified 11 core or essential components that should be considered in cancer plans on the basis of their professional experience and expertise. They also developed a tool, the Cancer Plan Index (CPI), to assess the extent to which cancer plans addressed the 11 core components.

Setting: Sixty-five comprehensive cancer control programs in states, tribes, territories, and jurisdictions funded by the NCCCP.

Data Source: Raters reviewed and abstracted all available cancer plans (n = 66), which included plans from 62 funded programs and 4 states of the Federated States of Micronesia funded by Centers for Disease Control and Prevention as a subcontractor of one funded program. Of the 66 plans, 3 plans were used to pilot test the CPI and the remaining 63 plans were subsequently reviewed and abstracted.

Main Outcome Measure(s): The primary outcome measures are national-level component scores for 11 defined domains (global involvement of stakeholders, developing the plan, presentation of data on disease burden, goals, objectives, strategies, reduction of cancer disparities, implementation, funds for implementation of plan, evaluation, usability of plan), which represent an average of the component scores across all available cancer plans.

Results: To aid in the interpretation and usability of findings, the components were segmented into 3 tiers, representing a range high (average score = 2.01-4.00), moderate (average score = 1.01-2.00), and low (average score = 0-1.00) levels of description of the component. Programs overall provided relatively comprehensive descriptions of goals, objectives, and strategies; moderate description of the plan development process, presentation of data on disease burden, and plans on the reduction of cancer disparities; and little to no description of stakeholder involvement plans for implementation, funds for implementation, and evaluation of the plan.

Conclusions: Areas of the CPI with low average component scores should stimulate technical assistance to the funded programs, either to increase program activities or to increase discussion of key activities in the plan.

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Revision of comprehensive cancer control plans: experiences shared by three states.

Cancer Causes Control. 2010 Dec;21(12):2005-13. Epub 2010 Oct 21.
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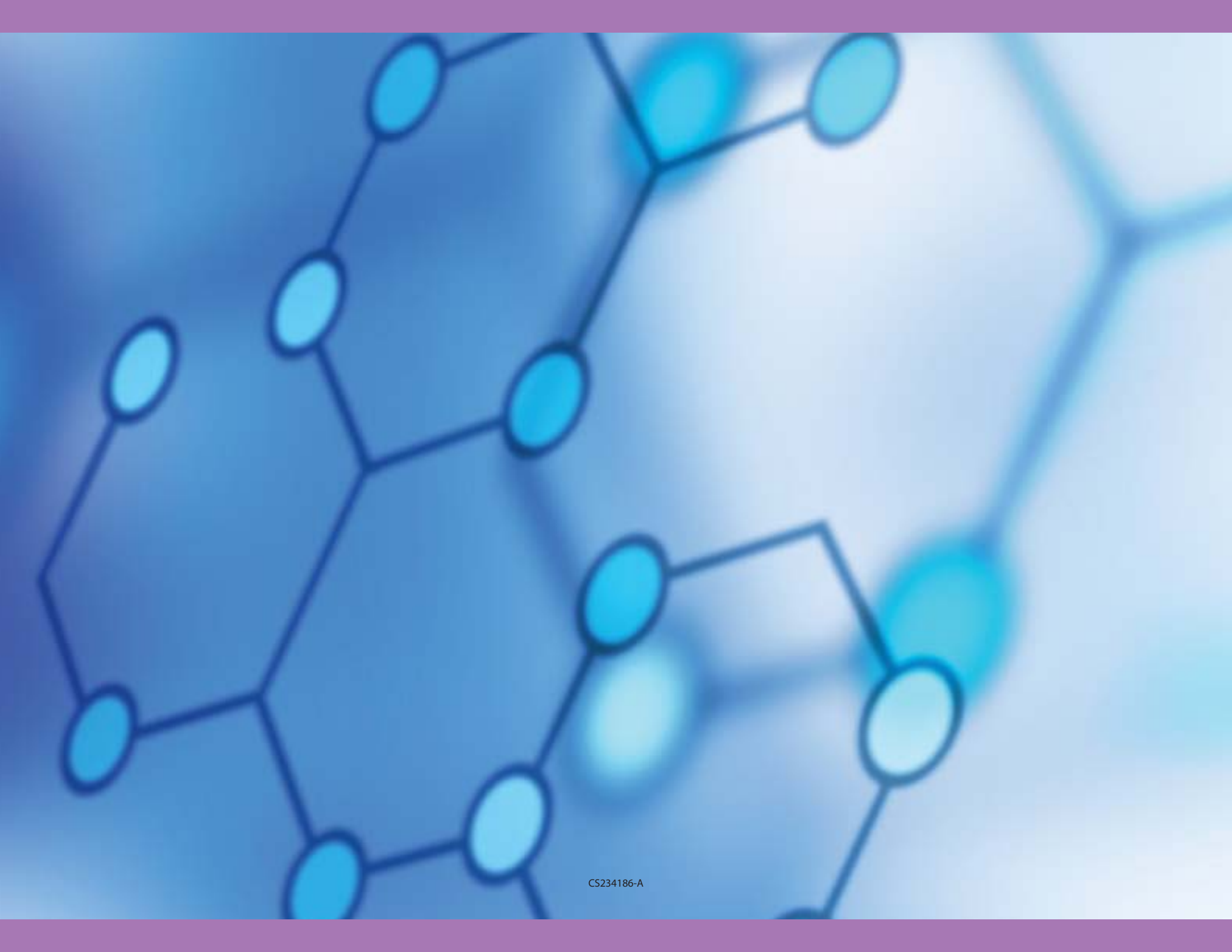
Abstract

In the early 1990 s, a new movement emerged across the country to improve the way organizations coordinate and collaborate in the fight against cancer. Central to this movement is the development and implementation of a strategic plan, called a comprehensive cancer control (CCC) plan. Currently, sixty-nine plans exist among US states, tribes or tribal organizations, territories and Pacific Island Jurisdictions. The majority of CCC plans cover a five-year timeframe; typically in the fifth year, a plan update or plan revision process begins. Although many plans have common components, different processes have been utilized by various programs to update plans. This article describes the process used by Kentucky, Michigan and Wyoming to update and revise their CCC plans. Common key factors for successful cancer plan revision and implementation will be described based on experiences shared by the three states.

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