

DP22-2202: National Comprehensive Cancer Control Program (NCCCP) Coalition Involvement

The work of coalitions is central to the successful implementation of NCCCP strategies. Per the notice of funding opportunity (NOFO), applicants should describe coalition within the project narrative. Coalitions should be diverse and multisectoral and should, at a minimum, include organizations from state and local governments, national organizations, survivor networks, professional societies and organizations, community-based organizations, faith institutions, academia, business leaders, decision-and policymakers, health systems/insurers, community members and more.

Applicants should include a table describing their coalition members' expected contributions to program implementation. Note: A letter of support from the coalition's leadership is required. In addition, letters of support from the organizations listed in the table are strongly encouraged.

An example is provided below.

| Coalition Involvement | | |
|-------------------------|---|--|
| Sector | Potential Areas of Expertise | Organization or Program Name/Representative and Contribution <i>Example: My Breast and Cervical Screening Program, Jane Doe, Program Manager will Chair the Breast Cancer Workgroup or National Organization-state or jurisdiction affiliate, John Doe, Regional Manager will Chair the HPV Workgroup</i> |
| Departments of Health | breast and cervical cancer prevention and control, colorectal cancer prevention and control, immunization services, surveillance, oral health, heart disease and stroke prevention; Medicare/Medicaid services, etc. | |
| Other State Offices | transportation, education, parks and recreation, offices of rural health, etc. | |
| National Organizations | national reach and local affiliates that can help develop and implement cancer plan strategies. | |
| Professional Societies | advise and support professional development activities to better serve communities; trusted advocates to raise awareness of opportunities and challenges in cancer prevention and control; support the implementation of standards for providing quality care, etc. | |
| Faith Institutions | trusted community leaders who advocate for and inform the needs of the key communities for planning and implementation. | |
| Businesses | foster relationships with key decision makers; provide insight on incorporating cancer plan goals into business goals, support plan implementation | |
| Health Systems/Insurers | advise and support coverage-related issues and opportunities in cancer care; raise awareness of opportunities and challenges in cancer prevention and control; support the implementation of cancer plan priorities related to costs and access, etc. | |

Coalition Involvement

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|---|---|---|
| | | <p style="text-align: center;">Example: <i>My Breast and Cervical Screening Program</i>, Jane Doe, Program Manager will Chair the Breast Cancer Workgroup or National Organization-state or jurisdiction affiliate, John Doe, Regional Manager will Chair the HPV Workgroup</p> |
| Community Members | ensure coalition diversity, trusted community leaders who advocate for and inform the needs of the key communities for planning and implementation. | |
| Survivors and Caregivers | advocate and support cancer survivors and their caregivers; ensure the inclusion of activities to improve the quality of life of cancer survivors in cancer plan priorities, etc. | |
| Cancer Centers and Other Academic Institutions of Higher Learning | advocate and support cancer research; inform the development and implementation of cancer treatment goals and objectives in cancer plans; etc. | |
| Policy leaders/Decision-makers | share and support messages about the factors that reduce cancer risks or support early detection; increase access to quality of treatment, and programs that are needed to improve the quality of life among cancer survivors; support planning and implementation of cancer plan goals to support research agendas that impact the cancer control continuum. | |