GW Cancer Institute

CANCER CONTROL TAP

Tap into resources to control cancer

Needs Assessment on Comprehensive Cancer Control: A Guide for Future Directions for Technical Support

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Executive Summary

Cancer and other chronic diseases remain the leading causes of death in the US. Addressing a complex disease like cancer involves multi-stakeholder involvement, and technical assistance (TA) is vital to support a coordinated national, state and local approach. In 2013 the Centers for Disease Control and Prevention awarded the George Washington University (GW) Cancer Institute a 5-year cooperative agreement (#1U38DP004972-01) to provide TA for Comprehensive Cancer Control (CCC) Programs to enhance CCC efforts. This report provides data from a comprehensive needs assessment conducted to guide our project activities. The needs assessment includes a catalogue of existing TA; a catalogue of TA newsletters and websites; an analysis of CCC reports and documents; an analysis of key informant interviews; an analysis of interviews with CCC National Partner organizations; an analysis of feedback from Area Health Education Centers (AHECs); an analysis of a survey to CCC Program Directors and coalition leaders; a review of chronic disease integration efforts; an environmental scan of resources on the Affordable Care Act (ACA); an analysis of health care professionals' social media usage; and a literature review and interview findings of adult online learning needs.

The following themes emerged from the needs assessment:

- Many TA resources exist, but they need to be better organized, coordinated and promoted across numerous entities.
- Despite availability of many TA resources, they are not accessed by everyone and do not fill every gap.
- The greatest needs for TA include: Adapting evidence-based practices (EBPs) to local communities, Affordable Care Act (ACA) implementation; coalition building and stakeholder engagement; policy, systems and environmental changes; tools for collaboration and information sharing; community-clinical linkages; communication of CCC successes; and successful sustainability strategies.
- A need exists to strengthen local partnerships and integrate with state-level efforts to enhance CCC activities.
- The National Partners are a tremendous resource, and there are opportunities to increase collaboration across the entities.
- Implementation of the ACA is a priority topic for many CCCs. Although resources exist, there is a gap in state-level implementation resources related to cancer.
- Some states have focused on linking cancer and chronic disease prevention efforts, but more assistance is needed to strengthen this integrated approach.
- Social media may be useful tools for reaching both the general public and health care professionals, but health care professionals may not prefer social media over other electronic channels.

- Area Health Education Centers have the potential to assist with local CCC implementation, and an opportunity exists to strengthen their ties with CCC programs and coalitions.
- Although there are benefits and drawbacks to online adult education, the format is a cost-effective mechanism for expanding the reach beyond the limited number of professionals who can participate in expensive in-person programs. However, methods for online instruction differ from in-person methods. Development of online education programs should utilize adult learning theories and promising online education practices.
- Communication across CCC programs and coalitions is critical. Existing platforms exist, but gaps in available channels should be addressed.

Based on these findings, we believe the following activities are needed to support CCC activities:

- Additional communications mechanisms to cross-promote TA efforts, including a TA Roundup E-Newsletter and a website to coordinate and aggregate TA materials.
- Development and implementation of online trainings that are based on adult learning theory and promising practices in online education.
- Roundtables with AHECs will likely help strengthen AHEC integration with CCC practitioners as well as strengthen efforts to integrate cancer and chronic disease prevention efforts.
- Resources are needed to support ACA implementation; coalition building and stakeholder engagement; policy, systems and environmental changes; community-clinical linkages; and communication of CCC successes.

Background

The Centers for Disease Control and Prevention (CDC) established the National Comprehensive Cancer Control Program to support a community-level coordinated approach to preventing and controlling cancer and its impacts. The CDC currently funds Comprehensive Cancer Control (CCC) programs in all 50 states, the District of Columbia, 7 tribes and 7 territories to reduce cancer burden and improve cancer survivors' quality of life.[1] CCC priority areas established by the CDC are: primary prevention, early detection and screening, survivor public health needs, systems and environmental changes, health disparities and evidence and impact evaluation. Another CDC priority is to integrate cancer into chronic disease efforts[2] as these diseases share similar risk factors (lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption),[3] disease burden and prevention and quality of life implications.

A coordinated effort at the national, state and local levels to meet the CDC's goals and priorities requires significant technical assistance (TA). TA to support cancer control activities is currently provided to the public health community through several mechanisms. Despite the availability of TA and resources, the CDC recognized that CCC grantees and partners could benefit from additional TA due to the diverse activities required to prevent and control cancer and improve community health. The CDC has established four focus areas for TA: local implementation of CCC activities; policy, systems and environmental (PSE) changes; sustainable partnerships; and communication strategies.

In September 2013 the George Washington University (GW) Cancer Institute was awarded a 5-year cooperative agreement (# 1U38DP004972-01) from the CDC to provide TA to enhance efforts of the CCC programs. The multi-pronged approach to the project includes:

- Improving mechanisms for communication and coordination of TA efforts, including an online repository for CCC tools, resources and best practices; a monthly e-newsletter that aggregates TA activities and promotes CCC program efforts; and coordination of the National Partners website.
- Conducting web-based training through webinars and free online courses.
- Developing tools, including social media guides, survivorship "report cards," a tool for advancing patient navigation, a tool for establishing PSE activities, resource guides and a priority alignment tool.
- Facilitating local-level relationships to support integration of cancer and chronic disease prevention efforts through a series of roundtables in partnership with Area Health Education Centers.
- Enhancing connections across CCC programs through peer-to-peer matching, one-on-one TA and Ask the Expert sessions.

To guide project activities and ensure efforts are aligned with the greatest areas of need, the GW Cancer Institute conducted a comprehensive needs assessment. This report presents findings from

the full needs assessment conducted from June 2013 through June 2014. Our Training and Communication Plan incorporates feedback from this assessment and details project activities.

Catalogue of Existing Technical Assistance

Many opportunities for TA currently exist. To better understand these opportunities and identify gaps, we catalogued CCC TA resources. TA has been or is currently offered through the following organizations:

- American Cancer Society
- American College of Surgeons Commission on Cancer
- American Legacy Foundation
- Association of State and Territorial Health Officials
- C-Change
- CDC
- Health Resources and Services Administration
- Intercultural Cancer Council
- Leukemia and Lymphoma Society
- LIVESTRONG
- National Association of County and City Health Officials
- National Association of Chronic Disease Directors
- National Cancer Institute
- North American Association of Central Cancer Registries
- Susan G. Komen for the Cure

TA is offered through calls, conferences, forums, guides and plans, newsletters, policy tracking and surveillance, progress reports, recurring meetings, taskforces, online education, on-site TA, train-the-trainers, webinars and workshops. More detailed analysis of these opportunities is provided in the Analysis of CCC Reports and Documents section.

Catalogue of Existing TA Newsletters and Websites

To guide development of our planned e-newsletter and website, we analyzed existing newsletters and websites. We analyzed three existing newsletters that focus on CCC: The Cancer Control P.L.A.N.E.T. newsletter, the CDC's Cancer and Related News and National Association of City and County Health Officials' (NACCHO) Local Comprehensive Cancer Control Implementation Newsletter. This analysis identified content gaps and helps avoid duplication of efforts.
Cancer Control P.L.A.N.E.T. disseminates a monthly newsletter that is open to the public. The newsletter consistently includes Research to Reality (R2R) updates, including new discussions of

interest posted on the R2R website as well as announcements of upcoming R2R cyber-seminars; research and guideline updates; and featured programs from the National Cancer Institute's RTIPs program. The CDC disseminates its weekly Cancer and Related News that is closed to the general public. Its content includes highlights of research, tools and announcements; news and journal articles in priority topics such as cancer prevention and control, tobacco prevention and control; nutrition, physical activity and obesity; diabetes prevention and control; and other news of interest. In April 2014, NACCHO launched a monthly newsletter on Local Comprehensive Cancer Control Implementation through the NCCCP listserv. The newsletter includes a "story of the month" that highlights local CCC success stories; upcoming webinars and events; funding opportunities; and NACCHO's resources to help state-based NCCCP coalitions work with local health departments and local health departments to strengthen their CCC efforts.

These newsletters provide important updates to CCC programs; however, CCC programs could benefit from more information on existing TA opportunities from a wider variety of organizations, new resources, coalition tools and successes and funding opportunities.

We also analyzed 16 websites that focus on CCC:

- National Comprehensive Cancer Control Web Pages
- Cancer Control P.L.A.N.E.T.
- Research to Reality
- American Legacy Foundation
- Association of State and Territorial Health Officials
- C-Change
- Commission on Cancer
- Intercultural Cancer Coalition
- Susan G. Komen
- Leukemia and Lymphoma Society
- LIVESTRONG
- National Association of Chronic Disease Directors
- National Association of City and County Health Officials
- National Cancer Institute
- North American Association of Central Cancer Registries
- Comprehensive Cancer Control National Partners

Observations on the content and functioning of the federal sites include:

- Many resources have been developed by federal entities and are available through federal sites.
- No one site provides timely, comprehensive information for all CCC groups.
- Complex click-through mechanisms present challenges getting to the "right information."
- For some of these sites, the target audience is limited and/or proprietary.

Observations on the content and functioning of the NP sites include:

- The sites have a wealth of information, resources and referrals for a variety of cancers and cancer-related issues.
- The sites share important TA activity announcements, data resources and discussion forums for their stakeholders to connect and collaborate.
- Cancer is often housed under an organization's umbrella program or priority, so resources on cancer may not be visible unless they are specifically searched.
- A challenge exists with providing CCC resources at all levels (i.e., local, state and regional levels).
- Many CCC efforts, TA activities and resources are not catalogued in a single location.
- Primarily due to site organization and click-through mechanisms, CCC-related content is sometimes a challenge to locate.
- Due to continuing change and developments in the CCC field, CCC content is not always updated on a regular basis.

Analysis of Comprehensive Cancer Control Reports and Documents

To better understand TA needs, we analyzed reports and documents released by the CCC National Partners and other stakeholders, including the Legacy Foundation, Partnership for Prevention and the Union for International Cancer Control (UICC), as well as relevant journal articles and notes from meetings and conferences.[4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20]

The documents were assessed for four major questions that are crucial to the needs assessment:

- What are the existing TA resources for CCC?
- What are the needed TA resources for CCC?
- What are the known challenges for CCC?
- What are the opportunities for improving CCC TA?

The top five areas that were most salient throughout the needs assessment for each question are listed. Further detail and some examples are described below.

Question 1: What are the existing TA resources for CCC?

To better understand existing resources, we examined both formats and topics. The top five formats for TA identified were:

1. Targeted education efforts and technical support
2. Online resources
3. Guides and plans
4. Webinars
5. Conferences

The top five topics for TA identified were:

1. CCC program and evidence-based program (EBP) implementation and evaluation
2. PSE changes including the Affordable Care Act (ACA)
3. Communicating successful or promising programs, EBPs and data
4. Developing collaborations and partnerships
5. Topics across the cancer continuum (prevention, early detection, treatment, survivorship and end of life care)

CCC resources are most commonly disseminated through targeted education efforts and technical support.[5-10, 15, 17-19] The availability of online TA was particularly prevalent, especially webinar trainings and online education.[5, 8, 9, 15, 18] On-site TA was also used often[7-9, 15, 18, 19] to provide more targeted or tailored assistance.[7, 8, 18] For example, the American Cancer Society (ACS) created the Comprehensive Cancer Control Leadership Institute (CCCLI) that hosted about 20 forums of leaders from states, tribes, territories and Pacific Island jurisdictions to learn, share and set strategic direction for their CCC initiatives.[8] Since this program concluded in 2010, there is an opportunity for additional support and training that targets local CCC implementation.

One source added that face-to-face assistance is the preferred method by those being trained, and on-site training is advantageous in that it can be adjusted immediately to suit respective populations' cultural idiosyncrasies.[18] Academic classes offered to public health professionals are also a CCC resource.[6, 19] For example, the Mississippi State Department of Health has partnered with faculty from the Prevention Research Center in St. Louis to offer a course on Evidence-Based Public Health.[19] Further, offering continuing education credits or certification may be a compelling incentive for public health professionals to receive training. For instance, the Evidence-Based Behavioral Project Training Portal (www.ebbp.org) provides continuing education credits for social workers, psychologists, physicians and nurses.[19]

CCC resources on the web are also often mentioned.[5-9, 14, 15, 17, 19, 20] Examples include ACS's communication channels, including their social media and Cancer Survivor's Network[5] and the CCC National Partnership website that highlights National Partnership efforts and provides access to CCC resources (www.cccnationalpartners.org).[7] Evidence-based resources on the web include Cancer Control P.L.A.N.E.T. (http://cancercontrolplanet.cancer.gov), which provides online data and planning tools to assist CCC practitioners, and CancerPlan.org, which offers opportunities for real-time interaction with peers that enables users to share ideas, materials and updates about CCCNP and other initiatives.[8]

Guides and plans are also widely available.[5, 8, 15, 17, 19, 20] For example, C-Change's *Increasing Access to Cancer Care: An Action Guide for Comprehensive Cancer Control Coalitions* focuses what coalitions "can do and are doing to address issues surrounding access to the complex issues surrounding quality cancer care."[8] Further, The Community Tool Box offers "more than 7,000 pages of practical guidance on a wide range of skills essential for promoting community health."[19]

A wide variety of TA topics are currently available. TA on implementing and evaluating CCC plans as well as evidence-based and promising cancer control interventions are often provided.[5, 7-9, 14, 15, 17, 19] The second most prevalent TA topic is on PSE changes, including how health care reform and ACA impact CCC efforts.[4, 5, 9, 17, 20] Other topics addressed through existing resources focus on disseminating EBPs, programmatic information and data;[4, 5, 8, 9, 14, 17, 19, 20] developing collaborative networks and partnerships;[7, 8, 11, 19] and covering topics pertaining to issues across the cancer continuum, including cancer prevention and early detection strategies and health policy analysis.[5, 17]

Question 2: What are the needed resources for CCC?

The top five needed resources identified were:

1. Education on and tools to implement EBPs
2. Stakeholder engagement
3. Education and updates on the ACA
4. Funding
5. Tools for collaboration

TA on EBPs remains highly sought after. Public health professionals recognize the value of implementing EBPs as they can produce positive health outcomes and be cost-effective;[14, 19] however, CCC program staff, coalitions and local health departments alike have expressed a need for assistance in identifying, planning, adapting, implementing and evaluating EBPs.[4, 14, 16]

Resources for engaging key CCC stakeholders is also crucial to further CCC efforts.[4, 9, 14, 16] For example, an online survey administered to local health departments by NACCHO revealed that interviewees deem stakeholder engagement necessary to create a successful and sustainable coalition as it leads not only to increased collaboration, but also to increased momentum and productivity.[16] Thus, it is important to support coalitions by ascertaining, building, organizing and maintaining stakeholders committed to CCC, as well as to guide coalitions on how to promote volunteerism and shared leadership in their efforts. Moreover, public health practitioners recognize that financial constraints can be overcome by collaborating with other coalitions, organizations and businesses.[16] TA that facilitates collaboration and partnerships is needed to support CCC efforts since collaboration will avoid duplication of efforts and foster resource sharing.[8, 16]

With the enactment of the ACA in 2010 and its evolution since then, questions about its impact on CCC programs persist.[4, 10] Accordingly, there is a need for education and updates on the law itself, on health systems changes and on how the ACA addresses or aligns with current priorities. These needs will likely continue as additional components of the ACA are implemented.

Lack of funding or lack of secure funds is a concern for CCC members.[9, 16] Notes from the CCCNP semi-annual meeting in November 2012 reveal that additional funding is critical for TA to coalitions as well as for implementing CCC plan priorities.[8] Further, assistance in identifying federal and foundation funding opportunities as well as TA on strengthening grant writing skills was requested by local health departments in NAACHO's report.[16]

Other needs identified include TA to educate coalitions on cultural competency;[14, 18] tools to increase prevention activities;[16, 20] and a plan to increase coalition visibility and name recognition as a means to engage community members and garner financial support.[16]

Question 3: What are the known challenges for CCC?

The top 5 challenges identified were:

1. Lack of coalition capacity
2. Unclear goals and purpose of certain TA and CCC plans
3. Geographic barriers
4. Lack of reminders and follow-up for scheduled TA
5. Technological difficulties

Lack of coalition capacity was identified as a major barrier to advances in CCC, whether it is due to funding limitations or due to lack of adequate staffing capacity and skills.[6, 9, 14-16, 19] CCCNP members acknowledge the difficulties that arise with resource constraints, such as difficulties providing much needed TA, on-site meetings or workshops.[9] Lack of funding not only means the lack of resources, but also the lack of personnel capacity, as it limits staff members' expertise, staff power and time to implement often labor- and time-intensive programs.

Lack of clear goals of current TA efforts was another challenge found in the needs assessment.[4, 14, 16] For example, many program directors mentioned that the purpose of the NCCCP teleconferences is sometimes vague and the topics addressed are not always relevant to CCC management needs.[4] Further, NACCHO found that many local health departments remain "unfamiliar with their states' CCC plans," and "a few participate in their states' CCC coalitions or development of CCC plans."[16]

Difficulties pertaining to geography were also cited as a hindrance to not only disseminating and receiving TA, but also to collaborating and managing CCC efforts across jurisdictions and time zones.[4, 16] For instance, not all coalition members can travel to meetings, and it is difficult for local health officials to administer local coalitions at the state level.[16] In addition, calls and meetings scheduled on the east coast may not be convenient to those on the west coast who work in different time zones.[4] Other challenges include the lack of reminders and follow-up communication for TA activities and technological difficulties encountered in webinars and teleconferences, such as the audio being too low or disruptions during meetings.[4]

Question 4: What are the opportunities for improving CCC TA?

The top 5 opportunity areas identified were:

1. Collaboration
2. EBPs
3. Special populations
4. Funding

5. Information sharing and dissemination

The area with the biggest opportunity for improvement is collaborative partnerships as a way to mitigate some of the challenges mentioned above, such as limited financial and workforce capacity. The NPs and other stakeholders also recognize the importance of collaboration as a way to promote information dissemination and to align CCC plans and efforts across states and jurisdictions.[8, 14, 16] Additionally, public health professionals acknowledge the potential impact of incorporating EBPs in their programs, but need support to do so.[14] More workshops and trainings on EBPs and providing tools and resources that are specific to working with EBPs will help them identify, implement and evaluate EBPs effectively.

TA to make CCC resources more accessible to special populations was also established as an area of improvement.[12, 14, 16] TA needs to be provided on cultural competency and examples of more culturally competent tools and resources for adapting EBPs were identified as being helpful.[16, 18] Funding for CCC activities was also mentioned as an area for improvement.[8, 16] One source suggested increasing resources allocated to CCC from local, state, tribe, territory and national government, advocacy organizations and private industry to cover the costs as well as create more "nimble" funding mechanisms that will allow for continuous program development.[8]

Other opportunities for improvement include facilitating information sharing and dissemination between CCC coalitions;[8, 10] using technology, such as video, webinar and podcast to increase accessibility to information and events;[9, 18] and helping to integrate chronic disease prevention with CCC efforts to maximize limited resources and support the alignment of coalition goals with the national strategy.[16]

Key Informant Interviews

To identify challenges and opportunities for TA, we conducted key informant interviews in June 2013 with CCC grantees and coalition members in Alaska, District of Columbia, Florida, Nebraska, New Mexico, Northwest Tribal program and Texas. We asked interviewees about state and local CCC relationships; TA needs; interaction with NPs; use of existing tools, resources and TA; role in affecting systems-level changes; and mechanisms for promoting successes. Participants indicated they would benefit from:

- Increased mechanisms for connecting with other programs and sharing best practices as well as more assistance with translating best practices in their own communities;
- Training related to cancer plans and their implementation;
- Assistance with implementing PSE changes;
- Education on research methods and evaluating impact;
- Tools for developing comprehensive communication plans and long-term engagement strategies;

- Additional opportunities to work more strategically with the NPs;
- Additional communication vehicles to complement existing listservs;
- Guidance on integrating cancer with other chronic diseases; and
- Web-based programs due to current economic constraints.

Overall, our findings from the key informant interviews suggest that TA is needed in additional areas, existing resources are underutilized, the presence of too many resources may be difficult for CCCs to sort through and a need exists to better organize existing TA opportunities.

Interviews with Comprehensive Cancer Control National Partners

To gain a better understanding of the CCCNP and their TA activities, we conducted interviews in March 2014 with organizational representatives of the following organizations:

- American Legacy Foundation
- Association of State and Territorial Health Officials (ASTHO)
- C-Change
- Commission on Cancer
- Susan G. Komen
- LIVE**STRONG**
- National Association of Chronic Disease Directors (NACDD)
- National Association of City and County Health Officials (NACCHO)
- National Cancer Institute (NCI)

The following themes emerged from the interviews:

- Coalitions and other key stakeholders need education and information on the wealth of CCC organizations and their programs and resources, which is important for increasing the visibility of CCC organizations and expanding access to and utilization of TA activities and resources.
- A disparity exists between state level cancer plans and the work coalitions are doing "on the ground," creating challenges for coalitions about prioritizing their activities based on their capacity.
- To provide the most helpful support to the coalitions based on their needs, a more strategic approach to identifying, coordinating and delivering targeted TA is critical. Creating a more robust capturing and understanding of coalition structures, functioning, activities and priorities will inform this process.
- A cohesive community of CCC practice would benefit all. Identifying more opportunities and funding for coalitions to interface with each other and connect with NPs and other key organizations is critical to building a strong community.
- Convening multiple stakeholders through a targeted TA activity fosters new relationships and team building.
- Because cancer is a complex, multifaceted disease and because of the myriad diseases and health conditions affecting so many people, it is an ongoing challenge for states, tribes,

communities and cancer organizations to select and dedicate CCC efforts and resources at an optimal level.

To maximize impact on population health for NCCCP programs and leverage the experience and expertise of the CCCNP, the following potential collaborative opportunities were identified:

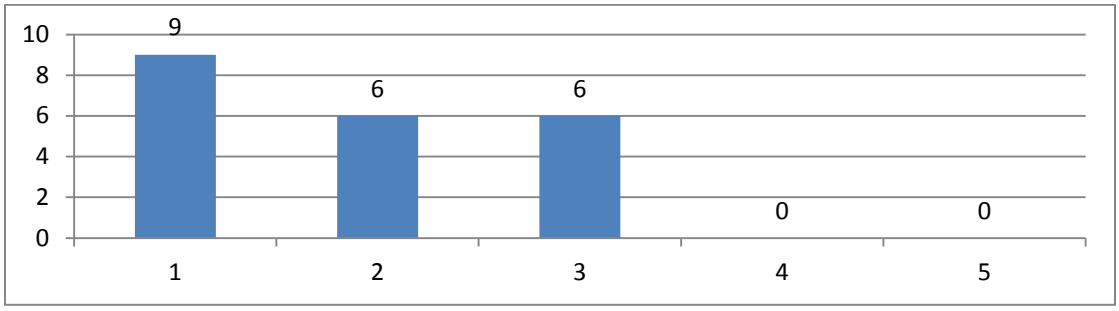
- Growing and expanding existing partnerships;
- Promoting the *Institute of Medicine* report on quality cancer care and working to advance its recommendations;
- Creating goals to increase colorectal screening;
- Developing targeted trainings for coalitions;
- Increasing efforts to collect, disseminate, co-brand and cross- promote products and trainings;
- Enhancing and aligning training efforts on navigation and survivorship trainings;
- Collaborating on mentor-mentee pairing program activities;
- Enhancing online discussion forums, web portals and other online resources for CCC stakeholders;
- Facilitating relationships among CCC coalitions and between CCC and tobacco coalitions;
- Strategically assessing the needs of the coalitions and delivering targeted technical assistance;
- Presenting "face-time" opportunities for coalitions and CCC-serving organizations;
- Leveraging the vast number of existing resources for TA activities to inform and enhance the development of the project's activities;
- Facilitating relationships and strengthening integration of CCC and chronic disease efforts; and
- Developing tailored efforts to assist coalitions with implementation of the ACA.

Feedback from Area Health Education Centers (AHECs)

Our partnership with AHEC is key to our efforts to improve CCC efforts. We plan to host regional roundtables with the goals of 1) creating stronger linkages at the community-level and 2) identifying successes, challenges and needs related to integrating cancer prevention and chronic disease prevention efforts, a priority for the CDC. To orient AHECs to the project and solicit information about their current engagement with CCC efforts, we hosted a webinar in February 2014. More than 20 AHECs participated in the webinar. We also conducted a follow-up survey to assess project activities of interest, experience with special populations, suggestions for activities to help with ACA implementation, interest in serving as a mentor, criteria for selecting AHEC roundtable sites and other suggestions for opportunities for engagement.

During the webinar, we conducted an informal poll that asked AHECs about their level of engagement with CCC on a scale of 1 to 5, with 5 being most engaged. Twenty one people responded. The results in Chart 1 indicate an opportunity exists for AHECs to be more involved in CCC activities.

Chart 1: AHEC Engagement with CCC Efforts



In follow up to the webinar, we developed and disseminated a survey to all AHEC participants. The survey was completed by 17 AHECs. We assessed AHECs' interest in a number of our project activities, including participating on the Steering Committee, contributing to the development of resource guides for special populations, contributing to TA to CCC programs on implementation of the ACA and serving as a content area expert mentor. The survey results indicate that:

- All respondents are interested in hosting a regional roundtable.
- 10 respondents are interested in participating on the Steering Committee.
- 9 respondents are interested in contributing to the development of resource guides for special populations.
- 3 respondents are interested in contributing to TA to CCC programs on implementation of the ACA.
- 2 respondents are interested in serving as a content area expert mentor.

We also assessed AHECs' experience with special populations and measured their interest in contributing to the development of resources for special populations. AHECs expressed interest in developing resources for every population in the survey, but the top populations identified were elderly individuals, economically disadvantaged individuals, linguistically- and literacy-challenged individuals and individuals living in rural areas.

Additional opportunities for engagement and collaboration identified by the AHECs include:

- Leveraging their strong track record as educators and their extensive contacts and relationships with networks and programs at the state level. An opportunity exists to forge new connections with providers, community health workers and key stakeholders.
- Utilizing media and/or social media tools, for example local public TV stations and YouTube, to draw attention to the roundtables and share information to a wider demographic.

Finally, based on the AHECs' expressed enthusiasm for the partnership with the GW Cancer Institute, an opportunity exists to expand the scope of AHEC involvement in our project activities.

Analysis of a Survey to Program Directors and Coalition Leaders

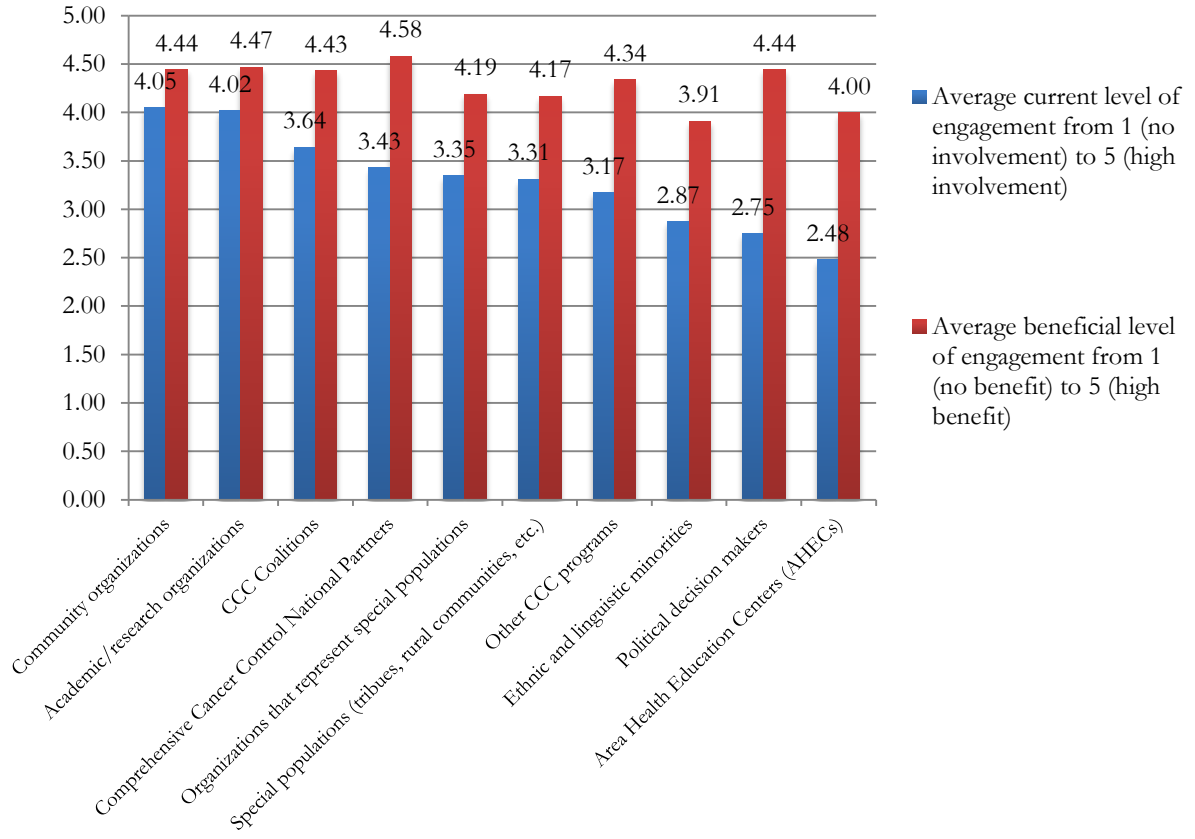
We disseminated a survey to CCC program directors, coalition leaders and other CCC professionals to better understand the current availability, use and gaps of TA as well as to gauge the participants' areas of expertise and areas of CCC in which they need assistance. We distributed the brief 16-question web-based survey in June 2014. A total of 62 individuals responded, of which 44% were program directors; 37% indicated "other," including program or project coordinators and managers; 31% were health department staff members; 15% were coalition leaders; 10% were coalition members; and 5% were researchers. State health departments were well represented at 61% of respondents; 15% of respondents indicated "other," including non-profits, AHECs and community cancer centers; and 11% represented state cancer coalitions.

The survey results indicate that:

- CCC professionals prefer receiving TA through webinars (54%), a centralized website that pulls together existing and new TA (37%), listservs (33%) and e-newsletters (19%). Some respondents also suggested regional or annual conferences, workshops or calls, or one-on-one coaching.
- The majority of CCC professionals seek webinars quarterly (58%), e-newsletters monthly (53%) and listserv updates monthly (44%). In addition, participants indicated limited interest in receiving updates via social media: 23% would like to receive TA through LinkedIn, 20% through Twitter and 38% through Facebook. These responses indicate that relying solely on social media to disseminate TA is insufficient, especially as some respondents indicated that their workplaces block access to social media. However, an opportunity exists for health professionals to learn about the advantages of social media for health promotion.
- The most desired TA topics are: evidence-based practices and interventions (76%); prevention of cancer and chronic diseases (69%); grants, funding and capacity building (65%); PSE change (63%); and survivorship (58%).*
- Although engagement has been identified as crucial for CCC efforts, respondents reported limited engagement with community organizations (46%), academic or research institutions (41%), other CCC coalitions (34%), AHECs (22%), political decision makers (15%) and ethnic and linguistic minorities (10%). Coalitions desire higher levels of engagement with all other key stakeholders, and the greatest gaps exist between CCC programs and political decision makers, AHECs, other CCC programs and CCCNPs. Chart 2 depicts the differences between current relationship levels and desired relationship levels.
- The most desired TA formats are: web-based training and education (77%); easy to use topic-based resource guides (58%); peer-to-peer matching with experts (52%); small group web-based TA (47%); and web based train-the-trainer programs (42%).*

*Respondents were given the option to select more than one answer, so the numbers add up to more than 100%.

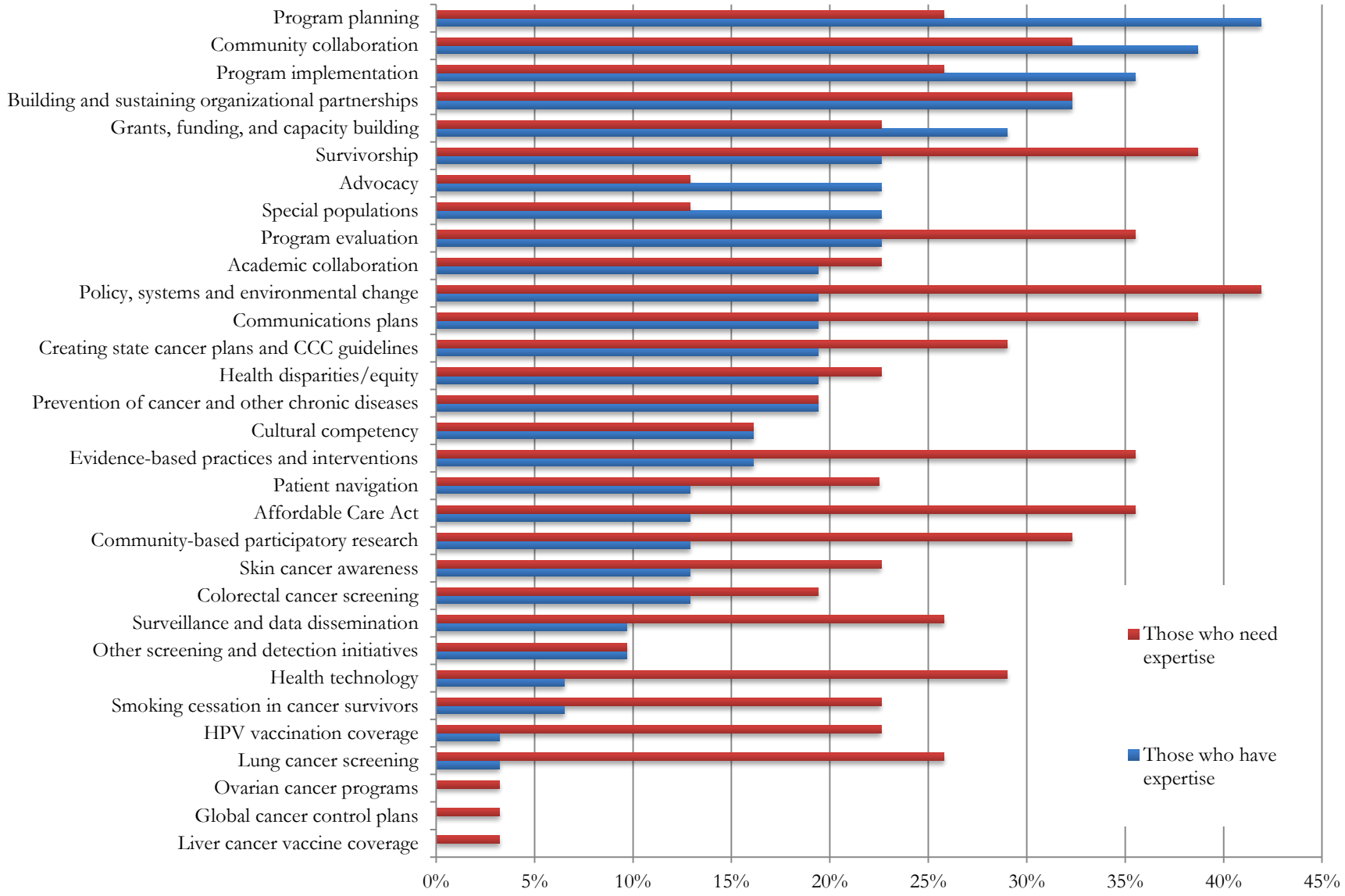
Chart 2: Levels of Engagement with Key Stakeholders and Desired Level of Engagement



Respondents interested in receiving one-on-one TA or contributing their expertise to other CCC stakeholders completed the second half of the survey. Thirty-six of the 62 that completed the first half of the survey completed the second half of the survey (58%). Chart 3 illustrates areas of expertise needed and areas of expertise attained. Results indicate that the areas of expertise of greatest need are related to: PSE change; survivorship; communication plans; evidence-based practices and interventions; the ACA; program evaluation; and community-based participatory research. The greatest gaps in areas of expertise needed are for health technology, smoking cessation in cancer survivors, HPV vaccination coverage and lung cancer screening. This is especially important to note as the CDC has identified the latter three as priority areas, suggesting additional assistance is needed for those topics.

Finally, we asked participants about ways they would like to be engaged on the project: 93% are willing to serve on a workgroup; 32% are interested in mentoring; and 18% are interested in serving as faculty in the areas of expertise they selected.

Chart 3: Those Who Have Expetise in CCC Areas vs. Those Who Need Expertise in CCC Areas



Additionally, we presented needs assessment findings to CCC program directors in June 2014, and 16 individuals attended. During the discussion portion of the webinar, the following recommendations were made:

- Webinar is the most useful format for disseminating EBPs. EBPs should incorporate the successes of funded programs, such as 1017 funded programs, so that others can adopt and adapt them.
- Create a national overview of the impact of ACA on cancer-specific services including breast, cervical, prostate, colorectal and lung cancers.
- Create web-based resource guides rather than large PDF documents.
- Create a CCC 101 resource guide to introduce new staff to the field.

Chronic Disease Integration Efforts

The CDC has identified chronic disease integration as a priority. Because of similar risk factors, cancer is considered a chronic disease, and the CDC has expressed interested in integrating chronic disease and cancer prevention efforts. The agency's vision is to create efficient and effective chronic disease prevention and health promotion programs by incorporating a focused agenda, mutually reinforcing activities, comprehensive planning, managed resources, strategic use of data, collaborative leadership and expertise and building relationships.[21] Through such measures, the CDC is working towards making two major impacts on the state level: 1) reduced cost burden on individuals, businesses, employers, governments and the nation and 2) improved health outcomes across multiple risk factors.[21] The CDC expects the short-term outcomes of chronic disease integration to include improved use of state and local surveillance data by community outcomes, increased buy-in and consensus among all to see PSE change, improved use and delivery of clinical and preventive services and active implementation by states and partners.[21] Expected intermediate outcomes on the state level include increased sustainability of categorical programs and coordinated approach, improved use of resources across categorical program areas, institutionalized coordinated approach and clear vision for chronic disease prevention and health promotion programs.[21]

State Chronic Disease Plans

There are 13 publically available Coordinated State Chronic Disease Plans from New York, Virginia, Florida, Kentucky, Minnesota, Wisconsin, Texas, North Dakota, South Dakota, Utah, Arizona, Arkansas and Oklahoma. All of the plans mention cancer as a part of chronic diseases that are among the leading causes of death, disability and rising health care costs in their states. There is widespread recognition that a lot of people suffer from one or more chronic diseases and that coordinated efforts are critical to effectively and efficiently address chronic conditions. Some common cancer prevention methods referenced in the plans include increasing screening for cardiovascular disease, diabetes and certain types of cancers such as breast, cervical and colorectal cancers. Some also reference national strategic goals such as Healthy People 2020.

Coordinated Chronic Disease Core Functions Assessment

A workgroup with members from state chronic disease program, CDC and the National Association of Chronic Disease Directors compiled core evaluation questions designed to describe the impact of a coordinated approach on chronic disease prevention and health promotion in November 2013.[22] This assessment tool was completed by 52 (90%) states and territories. The results shed light on key areas where chronic disease can be integrated in CCC efforts. Quoting directly from the report:

Current status of coordinated efforts:

- 92% report their ability to practice effective coordinated chronic disease prevention and health promotion has improved
- 65% report the creation of new cross cutting positions that they expect to continue after the end of the grant
- 75% report strong support for moving toward coordinated approaches

The top 3 factors that impacted a coordinated approach to chronic disease prevention:

1. Program management or leadership
2. Federal funding
3. Realignment of staffing/positions to coordinated approach

The top 3 impacts attributed to the Coordinated State Chronic Disease Plan:

1. Clarified the chronic disease agenda
2. Clarified the vision within the chronic disease unit
3. Helped to focus work (decision making, establishing priorities)[22]

Environmental Scan of Resources on the Affordable Care Act

The ACA is a significant health policy change that will impact CCC activities, and the needs assessment has identified this as a critical topic area for additional TA. To identify existing resources on ACA as well as gaps, we conducted an environmental scan of ACA resources and asked AHECs for suggestions for activities to help with ACA implementation. For the environmental scan, we identified 31 organizations that provided credible information on the ACA, whether the organizations have connections with CCC or not. The organizations were:

1. Association of Community Cancer Centers
2. American Cancer Institute Cancer Action Network
3. American Public Health Association
4. American Society of Clinical Oncology
5. Association of Health Facility Survey Agencies
6. Association of Immunization Managers
7. Association of Maternal and Child Health Programs
8. Association of Public Health Laboratories

9. Association of Public Health Nurses
10. Association of State and Territorial Dental Directors
11. Association of State and Territorial Health Liaison Officials
12. Association of State and Territorial Public Health Social Workers
13. Association of State Public Health Nutritionists
14. Association of State and Territorial Health Officials
15. Cancer Support Community
16. Council of State and Territorial Epidemiologists
17. Directors of Health Promotion and Education
18. The George Washington University and Robert Wood Johnson Foundation's Health Reform GPS
19. Kaiser Family Foundation
20. National Alliance of State and Territorial AIDS Directors
21. National Association for Public Health Statistics and Information Systems
22. National Association of Chronic Disease Directors
23. National Association of State EMS Officers
24. National Association of State Offices of Minority Health
25. National Association of Vector-Borne Disease Control Officials
26. National Coalition of STD Directors
27. National Conference of State Legislatures
28. National Public health Information Coalition
29. Safe States Alliance
30. The Commonwealth Fund
31. US Department of Health and Human Services
32. Virginia Commonwealth University Massey Cancer Center
33. Healthcare.gov

The findings indicate that:

- Webinar is the most popular format to deliver updates on ACA followed by news updates via newsletters and email alerts; fact sheets; studies and reports; conferences and meetings; and guides.
- Guides and fact sheets are used often to communicate provisional updates or a step-by-step process of how individuals and organizations need to adjust and take advantage of health reform.
- Numerous news and media communication exists through newsletters, blogs, reports, etc.
- Few resources exist specifically related to state-level ACA implementation and how cancer care is impacted.

Additionally, in our survey to AHECs, we asked for suggestions for activities to help with ACA implementation. Seven respondents provided suggestions for activities, including:

- Creating communication plans related to implementation activities.

- Raising awareness in the community by distributing materials and referring people to the ACA website at community events.
- Looking for and training community members that can champion the ACA and serve as "health talkers" who are trusted information sources for their neighbors, friends and family.
- Educating health providers and their staff about the insurance marketplace. Specifically, two AHEC members mentioned the Health Resources and Services Administration-funded program for AHECs to train health providers on the ACA in the region.

Finally, we convened a small workgroup of members of our steering committee to better understand the needs of CCC programs related to the ACA. The workgroup indicated that:

- A fact sheet on some of the federal issues in the ACA would be helpful to disseminate to coalition members. These topics include clinical trials coverage and genetic counseling. Additionally, information on some state-level issues, such as oral chemotherapy coverage, may be important.
- CCC programs would benefit from a forum to share key challenges related to ACA implementation and strategies to address those challenges.
- AHEC has a training program that is broadly focused on the ACA and the exchanges. AHEC also has a communication mechanism to disseminate cancer-specific tools and resources to AHECs across the country.

Health Care Professionals' Social Media Usage

Social media are becoming increasingly important in public health. Some uses of social media for public health communication include dissemination of health and safety information, expanded reach through networks to include a broader diverse population, tailored health messages, facilitation of interaction and creation of dialogue and connection with the public.[23] The need for TA related to communication strategies has emerged through multiple sources. To better understand social media, we analyzed results from two surveys.

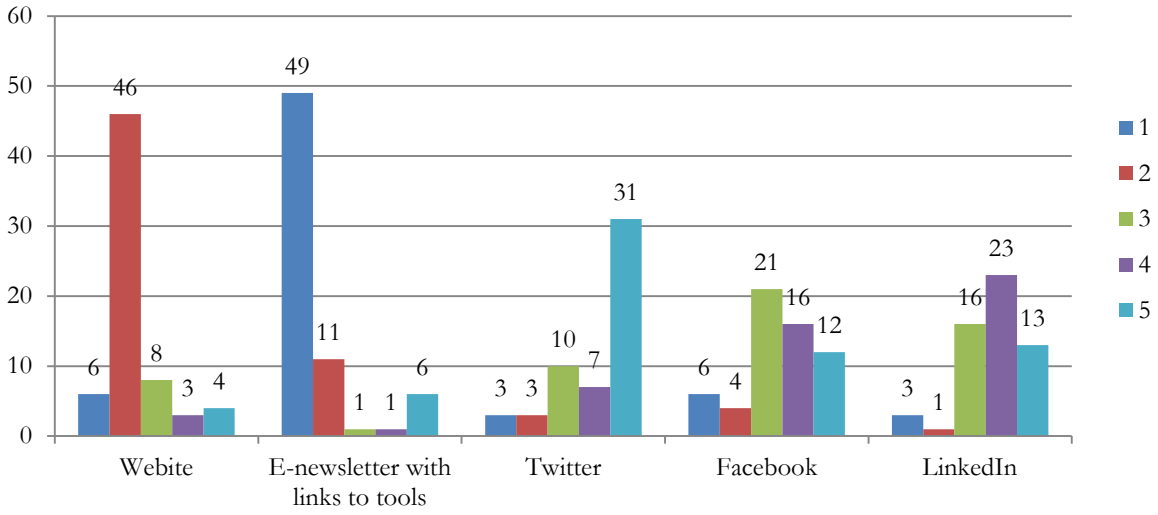
The first survey was conducted through the GW Cancer Institute Center for the Advancement of Cancer Survivorship, Navigation and Policy (caSNP) to assess health care professionals' attitudes and perceptions related to social media for professional development. The survey was open from August 27, 2013, to September 17, 2013 (3 weeks), and disseminated through the caSNP listserv to over 1,900 health care professionals. The survey was completed by 122 respondents.

Nearly 90% of respondents reported using social media, and those who did not report using social media most often indicated that they do not have enough time in the day to use it. Participants indicated their main motivations to use social media were related to receiving relevant news and events (71%), communicating/networking with peers (68%), sharing/exchanging information with peers (61%), gaining knowledge from experts (59%) and professional development (49%). Nearly

65% of respondents find social media useful, somewhat useful or very useful for professional development. Respondents identified LinkedIn (47%) and Facebook (41%) as their most preferred social media, with only 12% of respondents selecting Twitter as their preferred media for professional use.

Additionally, Legacy Foundation disseminated a survey on social media during two CCC coalition workshops held in August 2013. One of the questions asked CCC coalition members to rank their preferred method of receiving CCC information and resources. The majority said that they would prefer to receive CCC TA via electronic newsletter with links to tools as well as websites. Illustrated in Chart 4, coalition members prefer web and e-newsletters to social media; however, of those that do prefer social media, Facebook and LinkedIn are more popular than Twitter, which is consistent with the GW Cancer Institute caSNP survey.

Chart 4: Preferences for Receiving CCC Information and Tools



Adult Online Learning Needs

Online learning has emerged over the past several years as a mechanism for reaching a broader group of adults. To better understand adult online learning needs, we conducted a literature review as well as interviews with past participants of our in-person Executive Training on Navigation and Survivorship. Findings from this assessment will inform the development of courses through our Online Academy.

Adult-learner populations have been characterized as being autonomous and self-directed, having a solid foundation of life experiences and previous education and being relevancy-oriented, meaning that learners must see a reason for learning something or feel the content is relevant to them.[24]

Further, adult learners need to feel that they can immediately use new learning, which is supported by having a clear outline of knowledge or attitudes the adult learner will gain from the program.[25] Educators can use strategies, such as listening, observing and using open questions, to facilitate learner participation and contribute to an encouraging and supportive learning atmosphere.[25] Finally, four "natural" learning actions can be incorporated into education programs to support adult learners: note taking, program reminders (such as push notifications to a smart phone) to encourage use of content, ease of searchability and access to find relevant information and resources within the program and collaboration with other learners.[26]

Some advantages of learning online include the accessibility of content in a convenient time and place for the learner; ability to incorporate multimedia components; ability to give and receive interactive feedback, which is essential for facilitating self-assessment; and efficiency of providing content.[27] Some disadvantages of learning online include learner challenges with technical abilities;[27] time constraints; the rigorous process of designing, creating and validating a program to meet educational needs;[27, 28] and the idea that web-based learning should be considered a supplement to traditional teaching rather than a replacement.[28]

In early 2014, the GW Cancer Institute conducted interviews with 15 health professionals who participated in the GW Cancer Institute's Executive Training on Patient Navigation and Survivorship. Participants were asked about perceived benefits and drawbacks of an online Executive Training, program implementation challenges and resources for assisting with those challenges, feedback on training content and preferences for specific online learning methods or formats.

Some benefits of online trainings identified include the financial benefit of not having to travel and receiving complementary education; ability for more people to receive and participate in the trainings; convenience of being able to receive trainings without missing work; ability to participate at one's own pace; ability to have discussions and interact with other participants; and the ability to find information and resources. Some drawbacks of online training mentioned in the interviews include the loss of face-to-face interaction; the inability or difficulty to network; difficulty finding the time to focus on the training; and technological difficulties, such as lacking internet access.

Program implementation challenges after the Executive Training included difficulty understanding Commission on Cancer (CoC) standards; challenges deciphering which components of the trainings are absolutely necessary rather than optional; lack of understanding of best practices; and lack of funding and capacity. To mitigate such challenges, participants suggested that the trainings include step-by-step guides for program models; short-term goals and steps toward CoC accreditation; and information tailored to people in different settings, regions, sizes, etc. When asked what the most critical or helpful components of the training was, participants responded that they liked the interaction with other participants and opportunities to network; understanding what data to collect and report the results; learning about SMART objectives; using the workbook tools; and hearing

from a presenter who runs an outpatient clinic similar to that of those attending the trainings. Participants added that resources and handouts, content on return of investment of survivorship and patient navigation, and more one-on-one or individualized TA should be included in the training.

Needs Assessment Conclusions and Recommendations

This comprehensive needs assessment will inform the GW Cancer Institute's TA efforts and will serve as the basis of our Training and Communication Plan that outlines our approach for providing TA. The following themes emerged from the needs assessment:

- Many TA resources exist, but they need to be better organized, coordinated and promoted across numerous entities.
- Despite availability of many TA resources, they are not accessed by everyone and do not fill every gap.
- The greatest needs for TA include: Adapting evidence-based practices (EBPs) to local communities, Affordable Care Act (ACA) implementation; coalition building and stakeholder engagement; policy, systems and environmental changes; tools for collaboration and information sharing; community-clinical linkages; communication of CCC successes; and successful sustainability strategies.
- A need exists to strengthen local partnerships and integrate with state-level efforts to enhance CCC activities.
- The National Partners are a tremendous resource, and there are opportunities to increase collaboration across the entities.
- Implementation of the ACA is a priority topic for many CCCs. Although resources exist, there is a gap in state-level implementation resources related to cancer.
- Some states have focused on linking cancer and chronic disease prevention efforts, but more assistance is needed to strengthen this integrated approach.
- Social media may be useful tools for reaching both the general public and health care professionals, but health care professionals may not prefer social media over other electronic channels.
- Area Health Education Centers have the potential to assist with local CCC implementation, and an opportunity exists to strengthen their ties with CCC programs and coalitions.
- Although there are benefits and drawbacks to online adult education, the format is a cost-effective mechanism for expanding the reach beyond the limited number of professionals who can participate in expensive in-person programs. However, methods for online instruction differ from in-person methods. Development of online education programs should utilize adult learning theories and promising online education practices.
- Communication across CCC programs and coalitions is critical. Existing platforms exist, but gaps in available channels should be addressed.

Based on these findings, we believe the following activities are needed to support CCC activities:

- Additional communications mechanisms to cross-promote TA efforts, including a TA Roundup E-Newsletter and a website to coordinate and aggregate TA materials.
- Development and implementation of online trainings that are based on adult learning theory and promising practices in online education.
- Roundtables with AHECs will likely help strengthen AHEC integration with CCC practitioners as well as strengthen efforts to integrate cancer and chronic disease prevention efforts.
- Resources are needed to support ACA implementation; coalition building and stakeholder engagement; policy, systems and environmental changes; community-clinical linkages; and communication of CCC successes.

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