**Ask the Expert Session 3: Summary Discussion Notes**

Engaging with Local Health Departments for Comprehensive Cancer Control

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**Experts**

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**Questions, Answers, and Ideas**

**What does local implementation mean in the Comprehensive Cancer Control (CCC) world?**

- Local implementation is about convening local partners to combat cancer in communities; allowing communities to tap into resources at both the state and local levels; and ensuring that state-level planning is relevant, feasible, and impactful for local communities.
- Local implementation should include local stakeholders from target communities in cancer control planning and evaluation efforts; CCC coalition efforts should provide formalized and synergized action planning between state and local stakeholders; relationships should be collaborative and mutually beneficial.

**Why are state partnerships with LHDs important for CCC? What is the value to state and local entities?**

- NACCHO and American Cancer Society’s recent [report](#) found that although CCC state coalitions value local implementation and collaborations with LHDs, LHDs are not always adequately included in activities.
- Benefits to state CCC programs/coalitions:
  - States may not have direct contact with local communities while LHDs are very familiar with local issues and landscape. LHDs provide important insights and reach into their communities.
  - Participation of LHDs from across the state can help represent state-wide community diversity.
  - LHDs have relationships with local stakeholders critical for local implementation of the CCC plan.
- Benefits to LHDs:
  - State-LHD relationships provide the opportunity to channel questions and share information in both directions for improved communication and awareness at both levels.
  - Networking opportunities with coalition members at the state and even national levels.
  - Access to additional resources, opportunities and possibly funding through the state.

**What do state-local CCC partnerships look like? What are some examples of each in practice?**

- Franchise Model/Regional coalitions
  - “Characterized by a CCC coalition forming new or adopting existing community and regional groups within its structure. Essentially, each state, tribal, territorial, or Pacific Island jurisdiction has one central CCC ‘flagship’ coalition. Local cancer committees or regional coalitions are organized or adopted to become sub-coalitions, committees, and task forces of the CCC coalition.” ([Behringer, et al.](#))
Examples of how this works:

- A rural cancer control coalition receives a small amount of funds, material support, and “behind the scenes” support from the state and American Cancer Society. They have had great success with implementing local screening events and public awareness campaigns.
- A state CCC coalition actively supports efforts to form regional coalitions. Under the guidance of the statewide coalition coordinator, a dedicated part-time regional coalition coordinator leads and manages the state’s 3 regional cancer control coalitions.
- A state uses 60% of program funds for local implementation contracts with 7 regional health districts. Each district facilitates local coalitions to implement evidence-based interventions for breast and colorectal cancer screening and sun safety policy assessment.

Co-sponsoring Model/Informal support

- “Local cancer control activities are generated by volunteers who may or may not become members of the CCC coalition or base their local efforts on the CCC plan or coalition priorities. Instead, the CCC coalition supports local activities, often co-sponsoring and co-branding events and publications.” (Behringer, et al.)

Examples of how this works:

- A state CCC coalition invites membership from county health departments. County health departments participate in capacity-building sessions, are involved in the CCC plan, and apply for CCC plan-related community grant funds.
- Multiple states provide community implementation grants or funding for specific initiatives (e.g. smoke-free housing, cancer screening).
- A state CCC coalition connects LHD members with cancer center and health system members so that they can collaborate on cancer prevention activities related to Community Health Needs Assessments and Commission on Cancer requirements.
- A state CCC program distributed colorectal cancer education kits and materials for community events and clinics at the local level.
- A state CCC program provides annual trainings and networking meetings available to local stakeholders.

What are some successful strategies for bringing local partners to the table and strengthening relationships?

Barrier: LHDs are sometimes underrepresented or not sufficiently included in state-level CCC efforts.

- Use a dedicated Membership Committee or CCC staff to identify gaps in coalition membership for targeted recruitment and contact inactive coalition members to identify barriers to participation.
- Create a dedicated membership category for LHDs in the state-wide CCC coalition and actively recruit them.
- Invite LHD representation in leadership positions, such as the state CCC coalition board of directors or standing committees.
- Identify common priority areas for the state and LHDs and collaborate specifically on these topics of interest.
- Create funding opportunities for coalition members to encourage membership and active participation.
- Connect with other organizations or programs that communicate with and know key local stakeholders. For example, you may wish to reach out to LHDs, or other CDC-funded programs (e.g. National Breast and Cervical Early Detection Program, WISEWOMAN, Colorectal Cancer Control Program).
- Offer waived or discounted registration to LHD members for CCC state-wide meetings.
- Publicly highlight and recognize LHD efforts.
  - Example: Michigan District Health Department #10 was highlighted as a NACCHo success story for Collaborating across County Lines to Prevent Cancer in Northwest Michigan.
  - Example: Michigan Cancer Consortium annually awards the Spirit of Collaboration Award to recognize member organizations for exceptional collaborative work in cancer control.
- See if your state has a Department of Local Health Department Outreach or LHD liaison.

What are some successful strategies for maintaining sustained active engagement with local partners?

Barrier: It is challenging to keep local partners engaged and participating in CCC coalitions.

- Identify concrete tasks, roles, and responsibilities that local partners can act upon.
Partners do not want to meet just to report on activities – they want to accomplish goals. When local coalitions plan goals and objectives, the associated strategies reflect activities and contributions that partners have agreed upon. This buy-in from the start helps maintain engagement and purpose.

Example: Michigan Cancer Consortium has a “What You Can Do to Fight Cancer in Michigan” resource for local public health organizations that lists concrete actions at the local level that contribute to CCC work.

- Periodically reexamine coalition priorities and work to prevent stagnation.
  - What has been accomplished and what still needs to be done?
  - Provide partners with the opportunity to step up, step back, or shift roles.
  - New foci or priorities can encourage participation from a greater diversity of stakeholders.
- Solicit regular feedback and provide opportunities for participation.
  - Encourage regular reporting of activities from members and voting on coalition issues.
  - Take the initiative to contact members who do not participate to identify barriers to participation.

How can funds be leveraged and maximized for local implementation of cancer control?

**Barrier:** Funds are very limited. LHDs are often underfunded and have limited staff capacity and time.

- State CCC programs/coalitions can provide grants to LHDs and local partners for local implementation or specific initiatives addressing CCC priorities.
  - Take note of other sources of LHD funding and compliment rather than duplicate the scope.
- If cancer is a LHD priority, the LHD could dedicate a small amount to participation in state CCC activities.
- LHDs can connect with hospitals interested in financially contributing to cancer control efforts because of hospital community benefits.
- LHDs can be creative in structuring their work plans for other related funding sources (e.g. chronic disease funds) and incorporating CCC strategies and activities.

What are some strategies to help geographically diverse local partners participate in state CCC activities?

**Barrier:** Travel burden and geographic distances make it difficult for some LHDs to participate in state meetings or activities, especially if they are more remote or smaller and do not have as many staff to spare.

- Involve local partners in workgroups that meet and do the bulk of their work by conference calls.
- Rotate meeting locations across the state.
- Example: One state participates in monthly webcasts to provide local partners with information and resources.

How can states encourage good state-local alignment of CCC efforts?

- Use federal grant money for local implementation of the state’s CCC plan. Offer grants to local entities.
  - In the funding opportunity announcement, be very specific about the implementation work and concretely tie the scope of work back to CCC plan objectives or strategic priorities.
  - Competitive applications give LHDs the chance to pose a diversity of creative ideas and solutions.
  - Example: Michigan’s state health department offered monies toward CCC priorities of policy, systems, and environmental (PSE) change and health disparities.
- Leverage LHD strengths in primary prevention, education, screening outreach and community assessment.
  - Examples: Working with local primary care provider offices and community mental health organizations to promote tobacco cessation, integration of tobacco cessation into electronic health records, creating partnerships for worksite wellness, and educating community partners about PSE change.
Expert and participant-recommended resources:

- **Report**: Local Implementation Capacity among National Comprehensive Cancer Control Program (NCCCP) Coalitions
- **Action Guide**: Building Local Comprehensive Cancer Control Coalitions
- **Article**: Models for local implementation of comprehensive cancer control: Meeting local cancer control needs through community collaboration (Behringer et al., 2010)
- **Website**: NACCHO Supports Local Implementation of Comprehensive Cancer Control (CCC)
- **Toolkit**: Local Comprehensive Cancer Control (CCC) Toolkit
- **Success story**: Collaborating across County Lines to Prevent Cancer in Northwest Michigan
- **Resource**: “What You Can Do to Fight Cancer in Michigan” (Developed for local public health organizations in Michigan)