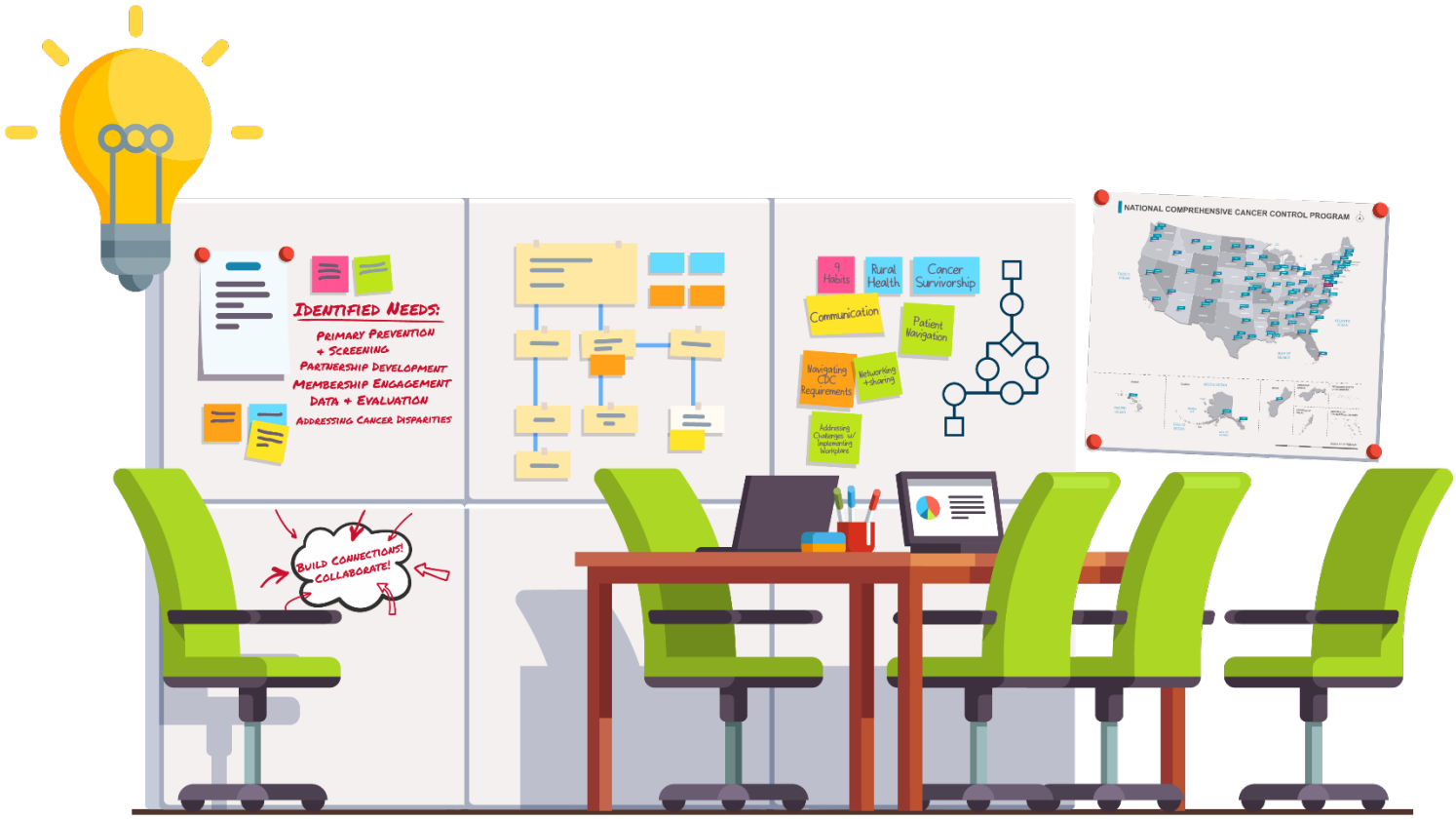
2019 Comprehensive Cancer Control 1805 Technical Assistance Project: Year 1 Evaluation Summary Report

GW Cancer Center

GW Cancer Center
CANCER CONTROL TAP
Tap into resources to control cancer



2019 Comprehensive Cancer Control 1805 Technical Assistance Project: Year 1 Evaluation Summary Report Highlights

This annual report covers data collected throughout the project year, including interviews with stakeholders, web analytics, survey responses and general feedback. Our focus areas include:

- Needs Assessment, Evaluation, and Quality Improvement
- Communication
- Screening
- Survivorship
- PSE Change and Health Equity

BY THE NUMBERS

3	New mentor-mentee pairs
6	PSE change case studies published
12	Social media toolkits released
21	Interviews with CCC program and coalition representatives
30	One-on-one technical assistance requests fulfilled
7,572	Monthly audience for training and technical assistance products

FEEDBACK

- **On the mentorship program:** "I am so impressed with the rigor and organization of this project."
- **On social media toolkits:** "I really enjoy the [social media toolkits]… It's always nice to know that those are evidence-based and true messages we can get out to our partners."
- **On the TAP website:** "I love having it as a resource and can find most of what I'm looking for when I get there."
- **On the newsletter:** "I always read the newsletter, because [GW] tends to have stuff I can't find in other places."
- **On the Online Academy:** "Another thing that you offer that's nice are the online academy trainings that are a little more intensive but allow people to do them on their own. We've definitely utilized those whenever we've had new staff or new contactors."

Feedback and requests for technical assistance can be directed to cancercontrol@gwu.edu. For more information about the Comprehensive Cancer Control Technical Assistance Project, visit cancercontroltap.org or follow us on Twitter @GWCancer.

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Tip: Viewing this PDF in Google Chrome? Use "Ctrl+Click" on links to open them in a new tab.

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INTRODUCTION AND PURPOSE

The George Washington University (GW) Cancer Center has received funds from the Centers for Disease Control and Prevention (CDC) since 2013 to provide technical assistance and training (TAT) to CDC's National Comprehensive Cancer Control Program (NCCCP) grantees and their partners. This report marks the close of the first year of the five-year DP18-1805 Cooperative Agreement: "Building Cancer Control Capacity: Scaling Evidence to Practice to Advance Health Equity" (hereafter referred to as the CCCTAT project). Supplemental funding was also awarded in December 2018 to build capacity among CDC grantees through TAT focused on rural communities. The GW Cancer Center continues to disseminate and build off TAT developed under the prior Cooperative Agreement DP13-1315: "Enhancing Implementation of Comprehensive Cancer Control Activities."

The GW Cancer Center has published annual summary evaluation reports on its Technical Assistance Portal (TAP) website intended for use by CCC programs, coalitions and partners in cancer control. The purpose of this summary is to provide a brief overview of the GW Cancer Center CCCTAT activities and progress in Project Year 01 (October 2018 to September 2019); provide transparency and accountability; and create an opportunity for dialogue and input to improve future project activities. Questions and feedback for the CCCTAT project or evaluation may be directed to cancercontrol@gwu.edu.

SUMMARY OF YEAR 01 ACTIVITIES

In Year 01 of the CCCTAT project, the GW Cancer Center successefully completed several activities in accordance with the five-year Project Period Objectives (hereafter "objectives") delineated in the project workplan submitted to CDC. Provision of TAT was successfully implemented with support from the project's Steering Committee, which meets quarterly to inform the strategy and direction of the CCCTAT project. Furthermore, the GW Cancer Center has focused on improving integration and collaboration with the Comprehensive Cancer Control National Partnership (CCCNP) through participation in six workgroups and regular calls with CCCNP leadership. The goals are to (1) reduce duplication of TAT; (2) meet identified needs; and (3) improve quality, availability and accessibility of resources for CCC.

Below is a summary of the activities completed in Year 01 organized by objective:

***Objective 1: Needs Assessment* – Collaborate with the American Cancer Society to conduct a comprehensive needs assessment, reducing response burden and effort duplication and *Evaluation* – Conduct rigorous process and impact evaluation on GWCC TAT efforts**

- Conducted a collaborative, comprehensive needs assessment with a process for planning, implementing and evaluating TAT
- Finalized evaluation plan including a quality improvement process
- Produced 1 interim progress report for CDC and 1 public-facing evaluation summary report

Objective 2: Communication **– Expand reach of TAT and improve capacity of CCC programs to communicate to stakeholders by maintaining 4 channels and 2 trainings through September 29, 2023**

- Maintained Cancer Control TAP (www.cancercontroltap.org), CCCNP (www.cccnationalpartners.org) and Action for Policy, Systems and Environmental Change (www.action4psechange.org) websites which centralize cancer control resources and information
- Disseminated 11 monthly TAP e-newsletters, which inform subscribers of new TAT resources, events, news, CCC work and funding opportunities and 11 monthly Patient Navigation and Survivorship e-newsletters, which provide specific information on relevant articles, trends and updates in the fields of navigation and survivorship for a primarily clinical audience
- Updated 12 cancer awareness social media toolkits to support program/coalition communication efforts across the continuum
- Conducted targeted phone and email outreach to rural CCC programs and coalitions to present available TAT and provided in-depth one-on-one TAT
- Maintained continuing education (CE) accreditation and continued broad dissemination and excellent customer service for Communication Training for "Comprehensive Cancer Control Professionals 101: Media Planning and Media Relations" and "Communication Training for Comprehensive Cancer Control (CCC) Professionals 102: Making Communication Campaigns Evidence-Based"
- Disseminated numerous TAT to CCC programs and coalitions, amplified through GW Cancer Center social media accounts, and with a special emphasis on reaching rural stakeholders

Objective 3: Screening **– Increase knowledge and capacity by 25% among trainees to use evidence-based interventions to increase recommended cancer screenings by September 29, 2023**

- Launched Mentorship Program cohort on implementation of evidence-based cancer screening programs
- Updated "Oncology Patient Navigator Training" with closed captioning and maintained CE accreditation and customer service

Objective 4: Survivorship **– Increase capacity by 25% among trainees to use cancer survivorship interventions by September 29, 2023**

- Updated four lessons to maintain CE accreditation for the "Cancer Survivorship E-Learning Series for Primary Care Providers"
- Maintained CE accreditation and continued dissemination for the online "Executive Training on Navigation and Survivorship"

Objective 5: PSE and Health Disparities **– Increase capacity by 25% of CCC programs and partners to implement PSE change models focused on health equity by September 29, 2023**

- Collected and shared 6 Policy, Systems and Environmental (PSE) success stories on the Action for PSE Change Online Tool (www.Action4PSEChange.org), including 2 from rural communities
- Maintained and promoted Action for PSE Change training and PSE resources
- Maintained and disseminated two CE-accredited online trainings to increase trainee capacity to address cancer health disparities: "Together, Equitable, Accessible, Meaningful (TEAM) Training" and "Addressing the Need for LGBTQ-Affirming Cancer Care: A Focus on Sexual and Gender Minority Prostate Cancer Survivors"
- Delivered two in-person workshops tailoring existing training materials for rural TAT needs

One-on-One TA

- Provided numerous instances of one-on-one TAT to CCC grantees and their partners

OBJECTIVE 1 – NEEDS ASSESSMENT AND EVALUATION

"Collaborate with CDC, CCCNP and 1805 co-recipient the American Cancer Society to conduct a comprehensive needs assessment, reducing response burden and effort duplication"

Needs Assessment Process

The first activity under objective 1 was to conduct a comprehensive needs assessment in the first six months of the project to inform TAT planning and implementation. Together with the American Cancer Society (ACS), the GW Cancer Center conducted a comprehensive assessment of CCC needs. Data reviewed came from recent peer-reviewed literature, publicly available and internal evaluation reports and meeting summaries, post-webinar evaluation data, qualitative data collected through interviews with cancer control professionals, and from email requests to CDC's NCCCP email listserv. GW Cancer Center staff also reviewed input from the project's Steering Committee members.

Through this process, the GW Cancer Center and ACS identified challenges facing CCC programs and coalitions, as well as opportunities for provision of TAT to address these challenges. Based on the needs assessment findings delineated in a report to CDC, the GW Cancer Center and ACS proposed providing TAT to CCC programs and coalitions to support the implementation of evidence-based interventions (EBIs) in primary prevention, cancer screening and survivorship. Recommendations also included provision of cross-cutting capacity building in coalition functioning, with an emphasis on partnership development, membership engagement, and use of data and evaluation to support improved effectiveness of CCC programs and coalitions across the cancer control continuum. The report also

recommended tailored TAT to improve coalitions' abilities to address cancer-related disparities through EBI adaptation, evaluation and PSE change interventions.

Findings from the needs assessment report were used to develop a national TAT plan to crosswalk the identified TAT needs with the GW Cancer Center and ACS's current and planned TAT for the five-year project period. The needs assessment findings and the TAT plan were shared with CDC program consultants and subject matter experts and CCCNP representatives to identify opportunities for TAT implementation beyond ACS and the GW Cancer Center's CDC-funded work.

Evaluation and Quality Improvement

Following the completion of the needs assessment and refinement of the TAT plan, the GW Cancer Center produced a project evaluation plan, which was approved by CDC. The intended use of the evaluation plan is to delineate CCCTAT program evaluation activities and foci, which provides an organized framework for systematic program evaluation and accountability to project stakeholders concerning evaluation activities. The evaluation plan includes a quality improvement process to ensure the delivery of high quality, needs-responsive TAT to CCC programs and coalitions. Evaluation planning is an ongoing process concurrent to planning for future CCCTAT project activities taking place across the five-year project period. This summary evaluation report is made possible by ongoing evaluation tracking process and outcome metrics that measure TAT reach, effectiveness, adoption, implementation and maintenance. Questions about our internal evaluation methods can be directed to cancercontrol@gwu.edu.

As part of evaluation and quality improvement efforts, GW Cancer Center staff reached out to two to three CCC program directors or coalition chairs each month to conduct ongoing needs assessment and impact evaluation phone interviews. During Year 01, 21 interviews were completed out of the 27 programs and coalitions contacted. Interviews were conducted and recorded via WebEx and recordings were transcribed by GW Cancer Center staff. Transcripts were coded and analyzed using NVivo software to identify patterns of TAT needs by topic, skill/function and modality.

TAT Needs Identified through Ongoing Phone Interviews

CCC programs and coalitions shared their experiences with the TAT provided by the GW Cancer Center and their perception of the TAT's impact on their cancer control work. Interview participants were also asked to provide suggestions for future TAT resources or services that would help them implement evidence-based cancer control strategies and advance their cancer plan objectives. Some of the TAT needs identified from the GW Cancer Center telephone interviews included:

- *Program and Coalition Functions*
    - Navigating CDC requirements
    - Evaluation, including building evaluation capacity and finding evaluation tools
    - Networking and peer sharing among coalitions
    - Coalition sustainability

    - Implementing the Nine Habits of Successful CCC Coalitions, such as diversifying funding for coalitions
    - Coalition building, management, support and member engagement
    - Addressing challenges in facilitating implementation of work plans
- *Topical TAT*
    - Implementing evidence-based interventions
    - Addressing health disparities and better serving minority populations
    - Survivorship and patient navigation
    - General communication efforts such as engaging intended audience and graphic design

The needs identified in Year 01 were consistent with the broader comprehensive needs assessment report, which included several years of data from multiple sources. Other TAT needs were identified through direct email requests for one-on-one TA and the GW Cancer Center's outreach efforts to programs and coalitions working within rural states or with large rural populations (see One-on-One TA).

Evaluation and Quality Improvement of Online Trainings

The GW Cancer Center offers eight self-paced, no-cost online trainings to health care and public health professionals to help advance patient-centered care and evidence-based practice. Trainings include:

- Action for Policy, Systems and Environmental Change: A Training
- Addressing the Need for LGBTQ-Affirming Cancer Care: A Focus on Sexual and Gender Minority Prostate Cancer Survivors
- Cancer Survivorship E-Learning Series for Primary Care Providers
- Communication Training for Comprehensive Cancer Control Professionals 101: Media Planning and Media Relations
- Communication Training for Comprehensive Cancer Control Professionals 102: Making Communication Campaigns Evidence-Based
- Executive Training on Navigation and Survivorship
- Oncology Patient Navigator Training: The Fundamentals
- Together, Equitable, Accessible, Meaningful (TEAM) Training

CE is available, but varies across trainings. For more information, visit the GW Cancer Center's Online Academy.

For all trainings, evaluation is an important ongoing aspect of program delivery and improvement. Results are used to inform areas for revision as well as potential future offerings. Enrollment and evaluation data for each training are provided in more detail under corresponding objectives throughout the report.

Across all trainings, enrollment data revealed there were a number of inactive learners. Inactive learners are those who enrolled in a training, but did not complete it. In response, in

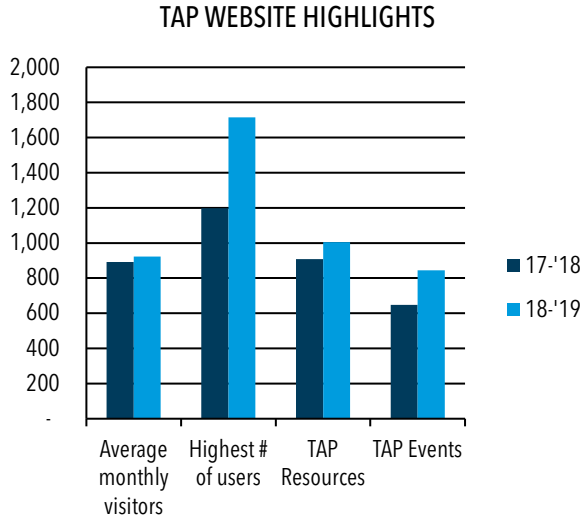
2019, the GW Cancer Center sent notifications to remind these learners to complete their training before enrollment expiration. A brief poll to assess why learners were not finishing their training(s) was included. The poll revealed that the majority of inactive learners either lacked time or simply forgot to finish. Learners indicated that the notification served as a helpful reminder. Therefore, the GW Cancer Center is now implementing quarterly notifications to help learners remember to complete their course(s). In addition, quarterly learner "clean-up" has been implemented to remove inactive learners who do not respond to the notification. This "clean-up" inevitably affects enrollment numbers across trainings but allows more accurate reporting of active learners.

The GW Cancer Center aims to deliver the highest quality products to learners. Improvements are continually made to online trainings in order to ensure learners are receiving the most up-to-date evidence and first-rate programming.

OBJECTIVE 2 – COMMUNICATION

"Expand reach of TAT and improve capacity of CCC programs to communicate to stakeholders by maintaining four channels and two trainings"

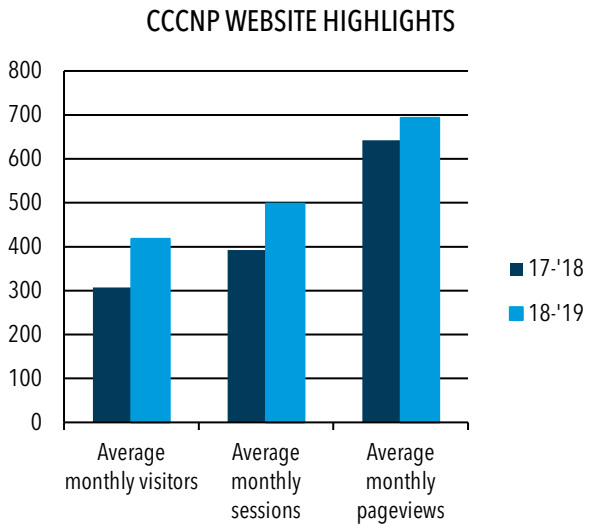
Cancer Control TAP Website



The GW Cancer Center Technical Assistance Portal (TAP) website, which launched in September 2014, has steadily grown in user base since launch. The website averaged 922 unique visitors per month in Year 01*, up 3.4% from the previous year, with a high of 1,716 users in October 2018 (43.4% increase over last year). The GW Cancer Center regularly adds new resources to the repository from other cancer control organizations as well as GW Cancer Center resources. The searchable resource repository contains 1,005 resources that have been accessed 11,329 times over Year 01, and the website's calendar has cross-promoted more than 845 events relevant to cancer control since launch. The resource repository draws special attention to the websites of the 8 Networking2Save recipients since these CDC-funded partners have numerous tailored resources for special populations.

* Unless otherwise stated, the reporting period for Year 01 is October 1, 2018 to September 30, 2019.

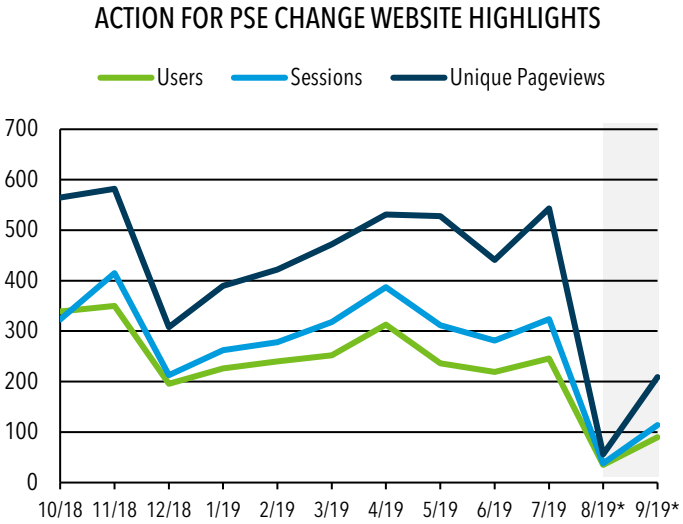
CCCNP Website



The GW Cancer Center continues to maintain the CCCNP website with timely and relevant resources, events, opportunities and news from member organizations. In Year 01, the CCCNP website averaged 418 unique users, 498 unique sessions and 693 unique page views per month.

In addition, staff from the GW Cancer Center oversaw a partial redesign of the resources portion of the CCCNP website to make it more accessible and intuitive to users and to avoid duplication of resources on the Cancer Control TAP website. This work began in 2017 and was completed in 2018. GW Cancer Center staff also worked with ACS to post and promote an online "How To" communication series of courses for cancer coalitions on the CCCNP website in April 2019.

Action for PSE Change Online Tool



The GW Cancer Center continues to update the Action for PSE Change website with new resources and case studies from across the country. In Year 01, www.Action4PSEchange.org averaged 229 unique users, 272 unique sessions and 421 unique page views per month. A technical issue in August and September 2019 caused incomplete data, hence the sharp drop in traffic for that month. The issue has since been resolved.

Social Media Accounts

Unfunded through the CDC cooperative agreement, the GW Cancer Center maintains several social media channels where research evidence and TAT are disseminated. The @GWCancer Twitter account has increased its number of followers from 1,223 in October 2018 to 1,367 in September 2019, representing an 11.8% increase. As of September 2019, the GW Cancer Center Twitter account put out 4,287 Tweets and follows 1,098 other accounts. The GW Cancer Center also maintains a LinkedIn profile with 82 followers, a YouTube channel with 20 subscribers, and a Facebook page with 23 followers (launched in May 2019). Micro-learning snippets of online trainings and archived webinars are shared via YouTube.

TAP E-Newsletter

The GW Cancer Center released 11 monthly Technical Assistance Periodical (TAP) e-newsletters since October 2018 (May/June 2019 was a combined issue). As of September 2019, the GW Cancer Center had 917 subscribers, a 14.5% increase over the previous year. The average open rate between October 2018 and September 2019 was 29.4%, which is approximately 13% higher than industry averages. The e-newsletters promoted CCC program or coalition PSE change examples posted on Action4PSEChange.org, and other cancer control spotlights from across the country.

Patient Navigation and Survivorship E-News

The GW Cancer Center released 11 monthly Patient Navigation and Survivorship E-News issues since October 2018 (May/June 2019 was a combined issue). As of September 2019, the GW Cancer Center had 3,720 subscribers, a nearly 8% increase over the previous year. The average open rate between October 2018 and September 2019 was 23.8%, which is approximately 8% higher than industry averages. The e-newsletters provided specific information on relevant articles, trends and updates in the fields of navigation and survivorship for a primarily clinical audience.

Social Media Toolkits

The GW Cancer Center released 12[†] updated cancer awareness social media toolkits that provide guidance on best practices and ready-to-post messages for Facebook, Twitter and LinkedIn. The social media toolkits covered nine awareness months, one awareness week and several could be used for multiple health observances throughout the year:

TOOLKIT	DOWNLOADS
Breast Cancer Awareness Month (October)	1,244
Lung Cancer Awareness Month (November)	278
Cervical Cancer Awareness Month (January)	823
World Cancer Day and Cancer Prevention Month (February)	410
Colorectal Cancer Awareness Month (March)	1,023
National Cancer Control Month (April)	57
Minority Cancer Awareness Week and Minority Health Month (April)	88
Melanoma and Skin Cancer Detection and Prevention Month (May)	204
Prostate Cancer Awareness Month (September)	303
Cancer Survivorship Awareness	1,041
Adolescent and Young Adult Cancer Awareness	112
Palliative Care Awareness	326

The social media toolkits have been accessed 5,471 times, and the ready-to-post social media messages for Twitter, Facebook and LinkedIn were used by diverse stakeholders

[†] Two toolkits were released in October 2019.

including CCC coalitions, health departments, individual clinicians, cancer centers and non-profit organizations.

The GW Cancer Center also updated and refreshed the social media toolkits with new ideas and suggestions for using additional social media channels beyond Facebook and Twitter to promote awareness, including LinkedIn, Instagram, Snapchat, Pinterest, Reddit and more. In response to user feedback, the toolkits were also updated with "click to share" buttons to allow organizations to easily adapt and use the content on multiple social networks.

In Year 01, we received the following feedback on the social media toolkits:

- "I think GW does a great job with providing toolkits and print materials. I just was inspired by your toolkit layout to develop our own social media toolkit…GW [is] one of the go-to places that I use to find info."
- "We appreciate your communications (i.e., social media) toolkits so much; they are so helpful… [O]ur partners ask for this every month, and that's been true for years."
- "The social media toolkits are amazing."

Targeted Outreach and TAT Dissemination to Rural CCC Programs and Coalitions

In December 2019, the GW Cancer Center received supplemental funding to support rural CCC programs and coalitions. The GW Cancer Center staff conducted targeted outreach to rural CCC programs and coalitions to share available TAT resources and provide tailored TAT. Staff identified the top ten most rural states using data from the United States Census Bureau.

From December 30, 2018 to September 29, 2019, the GW Cancer Center reached out to 24 states and tribal organizations, including the top ten rural states; states participating in CDC's rural survivorship demonstration project; and, through our ongoing needs assessment phone interviews, some states and tribal organizations working with rural populations. The GW Cancer Center provided a general overview of TAT resources on the calls and offered to deliver tailored one-on-one TAT. This outreach resulted in the delivery of two virtual presentations on TAT resources, which was also used as an opportunity to specifically disseminate survivorship and health equity-focused trainings and resources to rural coalitions. GW Cancer Center staff developed a presentation that highlights GW Cancer Center TAT resources, as well as non-GW resources. Topics featured include CCC coalition support; communication; health equity; PSE change; survivorship and patient navigation; and additional resources with a rural focus. Staff delivered two virtual presentations to North Dakota Cancer Coalition and Wyoming Cancer Coalition in May 2019 and September 2019, respectively.

Outreach also led to providing in-depth TAT to New Mexico Cancer Council (NMCC) to assist with planning and facilitate NMCC's annual meeting in June 2019. NMCC's meeting had three main objectives: 1) Understand the cancer burden in New Mexico and learn about resources to access cancer data; 2) Review the updated New Mexico Cancer Plan and prioritize plan objectives for future planning; and 3) Discuss next steps for action planning.

Staff from the GW Cancer Center provided consult calls to NMCC staff prior to the meeting, presented on GW Cancer Center TAT resources focusing on health equity and hard-to-reach populations, and facilitated workgroup activities to prioritize annual objectives from the NMCC plan. In addition, GW Cancer Center staff facilitated a meeting with the NMCC Executive Committee to discuss processes, success and challenges in coalition leadership and shared decision-making using ACS and CCCNP's Nine Habits of Successful CCC Coalitions to guide the discussion.

Communication Training for Comprehensive Cancer Control Professionals 101 and 102

The Communication Training for Comprehensive Cancer Control (CCC) Professionals 101: Media Planning and Media Relations (Comm101) launched in August 2015. This training walks participants through the process of media planning, creating media-friendly materials and building relationships with journalists. It includes background information, resources and customizable templates, so after completing the training, participants have a tailored media plan and media-ready materials for their CCC program to use. From October 1, 2018 to September 30, 2019, 172 learners enrolled and 141 completed the training.

The Communication Training for Comprehensive Cancer Control (CCC) Professionals 102: Making Communication Campaigns Evidence-Based (Comm102) launched in September 2016. This course is the second of a two-part series on cancer control communication and is designed for participants who desire more in-depth training about the process of organizing a communication campaign. Interactive learning modules walk through important concepts of collecting and using evidence in communication campaigns, developing campaign messages and using appropriate tactics and channels to reach intended audiences, planning for campaign evaluation and launching a campaign. From October 1, 2018 to September 30, 2019, 107 learners enrolled and 76 completed the training. CE for Certified Health Education Specialists (CHES®) and Master Certified Health Education Specialists (MCHES®) is offered for Comm101 and 102.

The GW Cancer Center conducted an analysis for both trainings as part of an abstract that was accepted for poster presentation at the 2019 American Public Health Association annual meeting. Pre- and post-lesson data from learners who completed Comm101 (n=248) and Comm102 (n=92) between 2015 and 2018 were analyzed. Comm101 objectives included defining health communication, explaining the difference between social marketing and media advocacy, and strategic principles in public health communication. At pre-assessment, ratings ranged from 3.07-3.54 (SD=0.71-0.87). At post, ratings ranged from 4.03-4.25 (SD=0.52-0.64). All gains were statistically significant ($p<0.0001$).

Comm102 objectives included defining evidence-based health communication, conducting a community assessment to define health need, developing key messages and implementing a campaign. At pre, ratings by lesson ranged from 3.36-3.64 (SD=0.67-0.81) and at post, ratings ranged from 3.92-4.11 (SD=0.50-0.58). All gains were statistically significant ($p<0.0001$). Qualitative data for Comm101 and 102 have been positive and include feedback

such as, "great training," and "I loved the video clip about how media advocacy was used to help people stop smoking."

Additional TAT Dissemination

The GW Cancer Center continues to actively disseminate TAT through the channels and methods mentioned above, among other opportunities as they arise. The table in Appendix A highlights dissemination statistics for selected TAT resources featured in the GW Cancer Center Technical Assistance Catalog and TAP website.

OBJECTIVE 3 – SCREENING

"Increase knowledge and capacity by 25% among trainees to use evidence-based interventions (EBIs) to increase recommended cancer screenings by September 29, 2023"

Cancer Communication Mentorship Program

In Year 01, the GW Cancer Center launched the second cohort of its Cancer Communication Mentorship Program to increase knowledge and capacity among mentees to implement EBIs to increase cancer screening. This program was adapted from the National Cancer Institute's (NCI) Research to Reality (R2R) Mentorship Program and maintains R2R's approach and emphasis on using evidence to guide practice. The program's four main goals are to: (1) increase skills in core public health competency areas; (2) facilitate high quality projects related to CCC plan objectives; (3) encourage the use and spread of evidence-based practices and communication of CCC successes; and (4) provide opportunities for networking and collaborative learning.

Three mentor-mentee pairs and three subject matter experts were selected to support the 2019 cohort focused on communication in cancer screening. Mentees are mid-career comprehensive cancer control professionals who will be receiving in-depth guidance from their mentors, additional support from subject matter experts, and technical assistance from the GW Cancer Center on planning, implementing and evaluating an evidence-based communication activity that aligns with their state or territory's CCC plan objectives related to cancer screening. The mentorship program will be 18 months in duration. More information is available on the Cancer Communication Mentorship Program page of the TAP website.

In August 2019, the cohort gathered in Washington, D.C. for a kick-off meeting. The meeting was organized in response to feedback from the Program's pilot cohort who expressed the importance of meeting in-person to promote a stronger bond between the mentees and their mentors as well as the cohort as a whole. Accordingly, the meeting objective was to lay the foundation for strong mentor-mentee and peer relationships. It was conducted over a two-day period and consisted of presentations from mentors and subject-matter experts, as well as designated workshopping time between mentors and mentees.

Evaluation from the kick-off meeting was positive with 100% of the cohort strongly agreeing that the meeting established a foundation for a productive mentoring relationship. When asked about the strengths of the meeting, both mentors and mentees stated they enjoyed

meeting the cohort face-to-face and that the expertise of program staff was strong. They also felt that the combination of lectures and hands-on time was a strength of the meeting. One mentee said, "Loved the face-to-face with mentors. It was great to brainstorm and hear other's ideas and projects. Good to review project implementation ideas. Very well organized-loved the binder breaking down everything, and we kept on time. Great motivator!"

Other feedback received included: "Your group is doing innovative work in efforts to link those who address cancer disparities across the country and territories. Much appreciated as the Pacific can be forgotten."

Oncology Patient Navigator Training

The Oncology Patient Navigator Training: The Fundamentals (PN Training) launched in May 2015. The competency-based training uses interactive web-based presentations to discuss evidence-based information and case studies to prepare patient navigators to effectively address barriers to cancer screening and care**.** From October 1, 2018 to September 30, 2019, 1,019 learners enrolled, and 524 completed the 20-hour training. CE for CHES®/MCHES® is also offered. Of learners that completed the overall training post-assessment, 95% were confident in their ability to facilitate patient-centered care that is compassionate, appropriate and effective for the treatment of cancer and the promotion of health. The majority (95%) were also confident in their ability to improve patient navigation processes through continual self-evaluation and quality improvement, and to promote/advance the profession. In addition, 93.9% gained new strategies, skills and information and 92.2% planned to implement these strategies, skills and information as patient navigators. Qualitative feedback was generally positive with comments such as, "The training provided a really comprehensive look at navigation and enhanced my knowledge," "Great learning tools and very resourceful," and "This training covered everything useful and helped me become an effective Patient Navigator. I am more prepared to act professionally and demonstrate effective leadership as a Patient Navigator."

In order to increase accessibility and dissemination, the GW Cancer Center added closed captioning to all lessons of the training for the deaf and hearing impaired. In addition, all modules of the training were unlocked—learners can now select which lessons to take based on their interests and needs. However, learners who would like to claim CE, must complete the training in its entirety.

Furthering its dissemination efforts on the PN Training, the GW Cancer Center published "Efficacy of the Competency-Based Oncology Patient Navigator Training" in the December 2018 *Journal of Oncology Navigation and Survivorship* and submitted the full-text manuscript to PubMed Central for open-access availability.

OBJECTIVE 4 – SURVIVORSHIP

"Increase capacity by 25% among trainees to use cancer survivorship interventions by September 29, 2023"

Cancer Survivorship E-Learning Series for Primary Care Providers

The Cancer Survivorship E-Learning Series for Primary Care Providers (E-Learning Series) launched in April 2013. The program is intended for primary care providers or others who provide follow-up care to cancer survivors. The course covers late and long-term effects of treatment for a variety of cancer types. The E-Learning Series was developed by the National Cancer Survivorship Resource Center, a collaboration between ACS and the GW Cancer Center funded through a five-year cooperative agreement from CDC. From October 1, 2018 to September 30, 2019, 650 learners enrolled in the E-Learning Series. CE for physicians, nurses and CHES®/MCHES® is offered.

In 2018, the GW Cancer Center analyzed evaluation data from 1,341 learners who completed at least one E-Learning Series module pre- and post-assessment between April 15, 2013, and December 31, 2017. Differences in self-rated confidence to meet learning objectives (on a five-point Likert scale) were assessed and found to be significantly improved. In November 2018, the GW Cancer Center published these findings in an article titled, "Initial Outcomes of an Online Continuing Education Series Focused on Post-Treatment Cancer Survivorship Care" in the *Journal of Cancer Education*. The full-text is available open-access through PubMed Central.

In 2019, as part of the DP18-1805 award and supplemental funding, the GW Cancer Center worked with subject matter experts to update and re-accredit four lessons of the E-Learning Series:

- Module 1, Lesson 1: Current Status of Survivorship Care and the Role of Primary Care Providers
- Module 2, Lesson 2: Long-term and Late Effects of Cancer Treatment, Focus on Specific Cancer Types
- Module 5, Lesson 1: Survivorship Care Coordination: A Team Approach
- Module 5, Lesson 2: Caring for Cancer Survivors in the Primary Care Setting

These updated lessons are now available for learners to complete.

Executive Training on Navigation and Survivorship

The Executive Training on Navigation and Survivorship launched in December 2014. This program teaches the nuts and bolts of patient navigation and clinical survivorship program development and implementation. Target audiences include: administrators, CCC professionals, nurses, physicians, patient navigators, social workers and others. From October 1, 2018 to September 30, 2019, 306 learners enrolled and 141 completed the eight self-paced lessons. CE for nurses and CHES®/ MCHES® is offered.

Of the learners that completed the overall training evaluation, 87.1% either agreed or strongly agreed their knowledge was enhanced. Furthermore, 89.4% gained new strategies and skills, and 88.7% plan to implement these new strategies and skills into their program. Qualitative feedback was generally positive with comments such as, "Great program! It has helped me immensely as a new Director of Oncology for the past year. Thank you!", "This is an EXCELLENT training. I complete this training not only having gained an incredible amount of knowledge, I also have gained a tremendous amount of respect for what it takes to successfully implement and sustain a program. This training isn't merely about training - this is about program and community empowerment. I am grateful to GW for providing such an invaluable training and service." and "This is an AWESOME training… From my perspective, the success of your program isn't in the trainings, it is in your commitment and dedication to helping others." Evaluation findings from the course were published in the September 2019 issue of *Oncology Nursing Forum* in an article titled, "Evaluating an Online Training Course to Develop and Sustain Cancer Navigation and Survivorship Programs." This manuscript will be available open-access in PubMed Central after March 2020.

"From my perspective, the success of your program isn't in the trainings, it is in your commitment and dedication to helping others."

-EXECUTIVE TRAINING FEEDBACK

OBJECTIVE 5 – PSE CHANGE AND HEALTH EQUITY

"Increase capacity by 25% of CCC programs and partners to implement PSE change models focused on health equity by September 29, 2023"

Action for PSE Change Online Tool

Between October 2018 and September 2019, the GW Cancer Center reached out to 15 CCC programs and coalitions to develop PSE change success stories. Because of this outreach, four new success stories were added to Action4PSEChange.org, which now houses 20 PSE change examples since its launch in 2017. The GW Cancer Center routinely updates the online tool, which includes an extensive list of resources and downloadable worksheets to guide stakeholders in implementing PSE change initiatives.

As part of DP18-1805 supplemental funding under this strategy, GW Cancer Center staff reached out to nine additional programs and coalitions regarding the development of PSE change case studies with a rural focus. This outreach resulted in the completion of two additional PSE change case studies: one study highlights Norris Cotton Cancer Center's catchment area health needs assessment in New Hampshire and Vermont, and the other addresses the implementation of a worksite mobile mammography initiative in Orangeburg County in South Carolina.

Action for Policy, Systems and Environmental Change: A Training

The Action for Policy, Systems and Environmental (PSE) Change: A Training, launched on September 19, 2017. This course explores PSE change, from its evidence base to a full-length

case study. It provides background information on the 7-step PSE change process, stepwise worksheets, a PSE action plan template, real world examples from CCC programs, an extensive resource list, and theoretical and evaluation approaches to help grow the PSE change evidence base. From October 1, 2018 to September 30, 2019, 169 learners enrolled, and 61 completed the training. CE credit for CHES®/MCHES® is offered.

Of those that completed the overall training post-assessment, 78.7% were confident in their ability to apply the steps of PSE change and 70.5% planned to implement new strategies and skills from the training into their CCC work. Qualitative data have been positive and include, "Very relevant information that is delivered in an interesting, effective manner" and "It was great!! My previous employment would greatly benefit from being a part of this training on PSE!"

Together, Equitable, Accessible, Meaningful (TEAM) Training

The Together, Equitable, Accessible, Meaningful (TEAM) Training was originally developed with funding and support from the Pfizer Foundation as a hybrid online/in-person experience that was piloted in 2017. The training helps organizations implement quality improvements to advance equitable, accessible and patient-centered cancer care through improved patient-provider communication, cultural sensitivity, shared decision-making and attention to health literacy. CE for physicians, nurses and CHES®/MCHES® is offered.

The online portion of the TEAM Training was opened to the public in December 2018 and is now supported through a cooperative agreement from CDC. From December 2018 to September 2019, 183 learners enrolled and 80 completed the training. Of learners that completed the post-evaluation, 81.2% were confident in their ability to deliver culturally competent and equitable care to patients. The majority (85%) gained knowledge of new resources and 87.5% gained new strategies. Furthermore, 86.3% were motivated to implement these new resources and strategies into their work. Emerging qualitative data on the strengths of the course include, "Broken up easily over time, a variety of presenters, real life examples" and "Unbiased presentation of facts applicable to workplace and community pertaining to gender equality."

Addressing the Need for LGBTQ-Affirming Cancer Care: A Focus on Sexual and Gender Minority Prostate Cancer Survivors

The Addressing the Need for LGBTQ-Affirming Cancer Care: A Focus on Sexual and Gender Minority (SGM) Prostate Cancer Survivors was originally developed with funding from the Association of Oncology Social Work (AOSW) and aims to help social workers and other health professionals better support SGM cancer patients, with a specific focus on SGM prostate cancer survivors. The training launched on December 12, 2017 and is currently supported through a cooperative agreement from CDC. From October 1, 2018 to September 30, 2019, 56 learners enrolled and 47 learners completed the online training. CE for physicians, nurses and CHES®/MCHES® is offered.

Of learners that completed the post-assessment, the majority (93.6%) either strongly agreed or agreed the training increased their knowledge about: interpersonal determinants that lead to lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) inequities; the unique needs of GBT prostate cancer patients, survivors and their caregivers; and affirming and culturally sensitive strategies for working with GBT prostate cancer patients, survivors and their caregivers. In addition, 91.5% gained new strategies and resources and planned to implement these into their work. Emerging qualitative feedback were positive with comments such as, "Strongly agree that all health care providers should take and be educated with this course," and "Please continue to address these issues."

Addressing Rural Cancer Disparities

Under the DP18-1805 supplemental funding, the GW Cancer Center staff delivered two in-person workshops, developing and tailoring existing TAT materials to address rural cancer-related disparities in Montana and South Dakota.

Incorporating Health Equity in the Montana Cancer Plans

The GW Cancer Center provided in-depth technical assistance to the Montana Cancer Control Program, the Montana Cancer Control Coalition and the Montana American Indian Women's Health Coalition to support updating their synergistic five-year cancer control plans. On September 10, 2019, 43 people convened in Montana for a full-day workshop to discuss health equity and strategies to develop the cancer plans using a health equity lens.

The GW Cancer Center worked with Steering Committee members to develop the agenda, content and activities of the workshop. The GW Cancer Center also evaluated the workshop. Of the 43 people who attended, 35 completed a matched pre/post evaluation. Overall, evaluation results were very positive with a 40% increase from pre to post of respondents rating their knowledge of approaches to address health inequities as good or excellent. There was also approximately a 30% increase in respondents' confidence to identify data sources to inform the cancer control plans as well as identify partners to engage in the development of the plans and a 57% increase in confidence to identify resources needed to support the development of plans.

Further, more than 90% of the respondents were motivated to make changes in their own practice to address health inequities and motivated to support the development of the new plans. A majority of the respondents (94%) rated the workshop good or excellent and agreed or strongly agreed that they would recommend the workshop to others. Qualitative feedback about the strengths of the workshop included respondents appreciating the time for discussion, networking and activities. One respondent stated, "Great facilitators! Well planned agenda and timeline and timeframes. Small group materials were helpful and easy to use (practical)." Yet, qualitative feedback on opportunities for improvement focused on additional instructions/guidance for small group activities. However, based on gains seen from pre to post, there was overall satisfaction in the information gathered from the activities

to inform the plans. The Steering Committee is excited to take the next steps on incorporating health equity throughout the upcoming plans.

South Dakota Comprehensive Cancer Control Coalition Annual Meeting

The GW Cancer Center provided in-depth technical assistance to the South Dakota Comprehensive Cancer Control Coalition, supporting their annual meeting on October 2, 2019. The meeting was attended by approximately 43 people. The GW Cancer Center provided a keynote address on health equity and cancer control in the United States as well as breakout sessions on: cancer survivorship, PSE change and patient navigation. Following the annual meeting, the GW Cancer Center facilitated a discussion for the Steering Committee on existing and new partner engagement strategies. An external evaluator conducted the evaluation for the Coalition meeting. Results will be shared with the GW Cancer Center once available.

ONE-ON-ONE TA

Outside of any specific workplan objective, the GW Cancer Center provided 30 instances of one-on-one TA to CCC grantees and their partners. TA ranged from "light touch" TA such as responding to email requests by sharing relevant GW and non-GW resources to more in-depth TA such as serving as a presenter at a cancer-related meeting or conference. Examples of support include:

- Delivering a presentation titled "The Importance of LGBT Cultural Communication in Screening and Care," at the Annual Southeastern Colorectal Cancer Consortium Conference
- Facilitating Alaska Cancer Partnership's (ACP) Steering Committee meeting to prioritize ACP's CCC plan annual objectives and discuss workgroup structure
- Sharing resources with UCLA's Latino Cancer Institute related to colorectal cancer screening for Latino populations
- Sharing GW resources on PSE, health equity, HPV vaccination and survivorship as well as creating a state-specific promotional flyer for the Cancer Survivorship E-Learning Series for Primary Care Providers for the Iowa Cancer Coalition
- Sharing CDC's CCC Plan Search Tool with Colorado Department of Health and Environment in response to their request on the NCCCP listerv for state plans that include palliative care and or advance care planning objectives
- Sharing "Cancer 101: Cancer Education and Training Program for AI/AN populations" with PIJ coalitions in response to an expressed need for content for new coalition members who would benefit from introduction to cancer basics
- Making introductions to a number of tribal and state coalition contacts and sharing CCCNP's Nine Habits of Successful CCC Coalitions in response to a request from the American Indian Cancer Foundation which was in the process of establishing a new coalition

- Consult calls related to establishing a coalition workgroup and discussing survivorship resources in preparation for a coalition meeting with Alaska Comprehensive Cancer Partnership and Nebraska Coalitions, respectively

CHALLENGES AND OPPORTUNITIES FOR IMPROVEMENT

Hiring Challenges

The GW Cancer Center has had some challenges hiring a Communications Assistant to support the Communications Manager. Being understaffed for several months has resulted in delays in publishing the monthly e-newsletters and social medial toolkits. CDC has been extremely supportive during our recruitment process, facilitating an efficient review process of the social medial toolkits with a short turnaround time that allowed the delivery of the toolkits within the month they were expected to be disseminated.

Depth vs. Breadth of TA

The GW Cancer Center staff have developed, maintained and actively disseminated online resources to reach a wide audience of CCC professionals and partners. However, needs assessment findings show that many programs and coalitions require in-depth assistance in the form of consult calls, in-person workshops or back-and-forth email correspondence. Balancing between breadth and depth of TA continues to be challenge, and staff are transparent about their capacity and availability to provide in-depth TA to accommodate all requests.

Familiar themes from our ongoing needs assessment phone interview continue to re-emerge particularly with regards to coalition functoning and sustainability. This is a need that we hope to meet through CCCNP Sustaining Coalitions Workgroup efforts by faciliating quarterly meet-ups via Zoom with coalition leaders, as it is not specifically included under the 1805 funding announcement. The Zoom meet-ups provide an informal virtual space for coalition leaders (and program directors) to discuss pressing issues and share successes and challenges. The two meet-ups held in May 2019 and July 2019 were well-attended. Evaluation of the meet-ups is ongoing, and findings from each session are used to improve upon this effort and ensure needs-repsonsive TAT to CCC leaders on issues concering coalition functioning.

The challenge and opportunities with depth vs. breadth of TA is particularly relevant for tribal and territorial CCC programs and coalitions. The GW Cancer Center strives to support efforts of tribal and territorial CCC programs, coalitions and partners, but recognizes we sometimes fall short of providing culturally responsive TA relevant for their communities. We maintain two reserved spaces for tribal and territorial coalition or program representatives on our project Steering Committee to ensure their input is valued as we develop and modify project strategies to meet evolving TA needs. We are also pleased that a PIJ representative was accepted into the Cancer Communication Mentorship Program cohort this year with a mentor from Hawaii who can provide context-relevant TA.

TAT Coordination

The GW Cancer Center coordinates with ACS, CDC and the CCCNP to priortize TAT topics, modes of delivery and priority populations. The GW Cancer Center and ACS worked very closely to conduct the comprehensive needs assessment, have co-chaired the CCCNP Sustaining Coalitions workgroup, and have had joint calls with CDC on a bi-monthly basis to ensure our TAT efforts are coordinated. Nonetheless, there may still be some duplication in our TAT, specifically PSE change resources and CCC dissemination products. As such, we will continue to work together with CDC, ACS, CCCNP, and our Steering Committee to ensure alignment of our TAT plans and improve our communication efforts to make modifications, where possible, to deliver complementary TA. The GW Cancer Center and ACS continue to promote each other's resources, as well as those of other CCC partners, CCCNP and CDC. We recognize that in doing so, we expand our reach and make a greater impact as we scale evidence to practice together in order to build CCC capacity and advance health equity.

To ensure coordinated national efforts in provision of needs-responsive TAT, the GW Cancer Center and ACS will collaborate with CDC program consultants and subject matter experts and representatives from the eight CDC-funded cancer and tobacco control networks in the beginning of the project Year 02 to define roles and responsibilities in TAT provision, identify ways to maximize resource cross-promotion, and reduce duplication of effort across TAT providers.

NEXT STEPS

Based on needs assessment and TAT coordination processes described, in Year 02 of the 1805 CCCTAT project, the GW Cancer Center will:

- Maintain coordinated TAT communication and dissemination through the www.CancerControlTAP.org, www.CCCNationalPartners.org, the TAP e-news and Patient Navigation and Survivorship e-news
- Maintain CE accreditation and learner customer support for 8 online trainings, including transitioning to a new Learning Management System for enhanced learner experience and updating 2 more lessons of the E-Learning Series
- Conduct market research on PN Training and plan for phased overhaul of learning content
- Release an updated toolkit for promoting GW Cancer Center online trainings, including a how-to guide for tracking communication efforts and a short commercial-style promotional video to help programs and coalitions who are working to increase enrollment in the E-Learning Series in their jurisdictions
- Produce an annual report in January 2020 on the E-Learning Series to support reporting requirements for DP17-1701 recipients with survivorship supplements
- Disseminate new and existing survivorship TAT to 1701 recipients through a web-based presentation

- Collaborate with ACS and the CCCNP to support an in-person workshop/forum for CCC recipients on nutrition and physical activity in cancer survivors
- Continue facilitation of the current cohort of the Cancer Communication Mentorship Program and plan for application cycle for next cohort
- Continue building library of success stories on Action4PSEchange.org
- Provide in-depth TAT for capacity-building of two CCC programs to advance PSE changes with a health equity focus through supporting two coalition workshops and leadership training
- Update the comprehensive needs assessment in collaboration with ACS based on continued telephone interviews conducted by ACS and the GW Cancer Center
- Continue implementing the CCCTAT project evaluation and quality improvement plan to ensure broad reach, effectiveness and uptake of TAT
- Provide one-on-one TA based on availability and capacity of GW staff

We love hearing from you! Feedback and specific requests for TA may be directed to cancercontrol@gwu.edu.

APPENDIX A: SELECTED TAT PRODUCTS

TITLE	DESCRIPTION	RELEASE DATE	# OF DOWNLOADS TO DATE
Addressing the Need for LGBTQ-Affirming Cancer Care: A Focus on Sexual and Gender Minority Prostate Cancer Survivors	This guide serves as a starting point for health care professionals to learn about the unique challenges experienced by individuals who identify as lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) in the health care setting.	2017	722
Advancing the Field of Cancer Patient Navigation: A Toolkit for CCC Professionals	This toolkit guides CCC programs in advancing patient navigation and can be used to educate and train patient navigators, provide technical assistance to coalition members, build navigation networks and identify policy approaches to sustain patient navigation programs.	2016	937
Cancer Survivorship E-Learning Series for Primary Care Providers Communication Toolkit	This toolkit provides an overview of the Cancer Survivorship E-Learning Series for Primary Care Providers as well as strategies for disseminating and marketing the series.	2018	4,036
Executive Training on Navigation and Survivorship Guide for Program Development and Program Development Workbook	This guide includes background information, tools and resources along with short activities to help with program design, implementation, evaluation and sustainability. Companion to Executive Training on Navigation and Survivorship	2014	469
Guide for Patient Navigators	This guide provides a supplement to the Oncology Patient Navigator Training.	2016	1,820
Guide to Making Campaigns Evidence-Based	This guide is a companion text to Communication Training for Comprehensive Cancer Control Professionals 102: Making Communication Campaigns Evidence-Based and contains helpful resources, tools and customizable templates.	2016	6,590
Health Equity Toolbox: Resources to Foster Cultural Sensitivity and Equitable Care for All	This toolkit is designed to help stakeholders disseminate and promote health equity resources for patients and providers via social media.	2018	848

HPV Cancer and Prevention Profiles	These state HPV cancer and prevention profiles include data on HPV-attributable cancers as well as a state specific snapshot of HPV-associated cancers and vaccination rates. The companion HPV Vaccination Resource Book for Area Health Education Centers contains PSE strategies for improving HPV vaccination uptake.	2017	1,034
"I Want You to Know" Patient Cards	This printable card can help patients begin a conversation with their provider about who they are and their care preferences. Available with and without the GW Cancer Center logo.	2018	693
Implementing the Commission on Cancer Standard 3.1 Patient Navigation Process	This road map guides the community needs assessment team in designing a patient navigation process that navigates cancer patients through their care and addresses barriers facing patients, caregivers and communities in the cancer program's catchment area.	2017	14,899
Media Planning and Media Relations Guide	This guide provides a supplement to the Communication Training for Comprehensive Cancer Control Professionals 101: Media Planning and Media Relations with additional information, resources and examples.	2016	172
Practice Patient-Centered Care Posters	This poster reminds providers to practice patient-centered care with a few simple steps. It can be used by providers, public health professionals, community health centers, clinics, hospitals or other organizations.	2018	512
Seven Steps for Policy, Systems and Environmental Change: Worksheets for Action	This resource is a companion to both Action4PSEChange.org and the accompanying Action for PSE Change: A Training. The worksheets assist CCC professionals in planning, designing, implementing and evaluating PSE change initiatives.	2017	488
Strategies to Reduce Viral Hepatitis-Associated Liver Cancer	This resource summarizes National Academy of Sciences report findings in a cancer context for use by policy makers and the cancer community.	2018	210

Supporting Cancer Survivors through CCC Programs	This survivorship report presents a national snapshot of the current state of cancer survivorship in the U.S. and can assist CCC staff and coalition members with identifying cancer survivorship needs and opportunities for engagement.	2016	12,115
Viral Hepatitis and Liver Cancer Prevention Profiles	These state-specific and general profiles help improve policy makers and cancer control professionals' awareness of viral hepatitis risk factors and evidence-based prevention strategies, including PSE strategies to reduce the burden of viral hepatitis and liver cancer nationwide.	2018	256
You Are Welcome Here Posters	This poster reminds patients of all backgrounds, identities and national origins that they are welcome in your organization.	2018	438