



2020

Comprehensive Cancer Control 1805 Technical Assistance Project: Year 2 Evaluation Summary Report



2020 Comprehensive Cancer Control 1805 Technical Assistance Project: Year 2 Evaluation Summary Report Highlights

This annual report covers data collected throughout the project year, 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

- 6** Mentors and mentees working on cancer communication projects
- 5** PSE change case examples published
- 24** TAP and PN&S monthly e-newsletters released
- 12** Social media toolkits released
- 1** Virtual TAT workshop fulfilled
- 4,989** Monthly subscribers of TAP and PN&S e-newsletters
- 3,020** Online training enrollees

FEEDBACK

- **On customer service:** "You guys are always doing such good work, I appreciate you."
- **On Mentorship Program:** "This is a wonderful opportunity to learn and fulfill the objective on our Comprehensive Cancer Control Plan."
- **On PSE change:** "I am really impressed by your write up [of a PSE change example] and how much you were able to capture.... The overview is really spot on."
- **On social media toolkits:** "Posts [from your toolkits] have been very well received."
- **On virtual TAT workshops:** "The most valuable part of the workshop was interacting with the other tribal grantees, and seeing the strategies used in different capacities was motivating for stronger use of data and coalition engagement. Thank you for a wonderful workshop!"

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](https://twitter.com/GWCancer).

TABLE OF CONTENTS

Introduction and Purpose	5
Summary of Year 02 Activities	5
Objective 1 - Needs Assessment	7
Needs Assessment Process	7
Evaluation and Quality Improvement	8
Evaluation and Quality Improvement of Online Trainings	8
Steering Committee	9
Objective 2 - Communication	10
Cancer Control TAP Website	10
CCCNP Website	11
Action for PSE Change Online Tool	12
Social Media Accounts	12
Patient Navigation and Survivorship E-News	12
Social Media Toolkits	12
New Learning Management System	14
Communication Training for Comprehensive Cancer Control Professionals 101 and 102 ..	14
Maximizing Coalition Sustainability Through Partnerships Two-Webinar Series	15
Health Behaviors for Cancer Survivors Forum	17
Additional TAT Dissemination	17
Objective 3 - Screening	18
Cancer Communication Mentorship Program	18
Oncology Patient Navigator Training	21
Objective 4 - Survivorship	23
Cancer Survivorship E-Learning Series for Primary Care Providers	23
Executive Training on Navigation and Survivorship	25
E-Learning Series Webinar	26
Annual Survivorship E-Learning Report	26
Objective 5 - PSE Change and Health Equity	26
Action for PSE Change Online Tool	26
Action for Policy, Systems and Environmental Change: A Training	27
Together, Equitable, Accessible, Meaningful (TEAM) Training	27
Addressing the Need for LGBTQ-Affirming Cancer Care: A Focus on Sexual and Gender Minority Prostate Cancer Survivors	28
Tribal Virtual TAT Session	29

Challenges and Opportunities for Improvement.....	29
COVID-19 and Hiring Challenges.....	29
TAT Coordination.....	30
Next Steps.....	31
Appendix A: Selected TAT Products.....	33
Appendix B: Oncology Patient Navigation Training Evaluation Results.....	36
Appendix C: Cancer Survivorship E-Learning Series for Primary Care Providers Evaluation Results.....	38
Appendix D: Executive Training on Navigation and Survivorship Evaluation Results.....	40
Appendix E: Action for Policy, Systems and Environmental Change Training Evaluation Results.....	41
Appendix F: Tribe/Tribal Virtual Workshop Evaluation.....	42

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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 second 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"). The GW Cancer Center continues to disseminate and build on 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 an overview of the GW Cancer Center CCCTAT activities and progress in Project Year 02 (October 2019 through September 2020); 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 02 ACTIVITIES

In Year 02 of the CCCTAT project, the GW Cancer Center successfully 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 five 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 02 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 & Evaluation - Conduct rigorous process and impact evaluation on GW Cancer Center TAT efforts through September 29, 2023

- Updated the comprehensive TAT needs assessment conducted in Year 01 using evaluation data collected from GW Cancer Center, ACS and CCCNP TAT activities
- Evaluated TAT activities in accordance with project evaluation plan including continuous quality improvement

- 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 and convene effective coalitions by maintaining 4 channels, 2 trainings, 12 social media toolkits (annually), 2 webinars and 1 in-person workshop 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 12 monthly [TAP e-newsletters](#), which inform subscribers of new TAT resources, events, news, CCC work and funding opportunities, and 12 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 10 cancer awareness [social media toolkits](#) and developed 2 new toolkits to support program/coalition communication efforts across the continuum
- 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”
- Transitioned all courses to a new Learning Management System to enhance training experiences for online learners and improve evaluation capability
- Disseminated numerous TAT to CCC programs and coalitions by promoting events and resources in our monthly e-newsletters and social media accounts and responding to CCC Coalition TAT requests by coalitions via email and delivering presentations
- Conducted a 2-webinar series with supporting worksheets/tip sheets on “Maximizing Coalition Sustainability Through Partnerships”

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

- Continued implementation of the Cancer Communication Mentorship Program by completing 12 monthly meetings and providing TAT to support the cohort in implementing evidence-based cancer screening programs
- Conducted market research on needed revisions to support the phase overhaul of the “Oncology Patient Navigator Training”

- In collaboration with Navegación de Pacientes Internacional and the Latino Cancer Institute, released the “Spanish Guide for Patient Navigators - A Supplement to the Oncology Patient Navigator Training: The Fundamentals”

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

- Updated two 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”
- Hosted and disseminated a webinar promoting existing survivorship resources and trainings to CCC stakeholders
- Developed and disseminated an annual report for the “Cancer Survivorship E-Learning Series” data

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 4 Policy, Systems and Environmental (PSE) case examples and shared on the Action for PSE Change Online Tool (www.Action4PSEChange.org) and updated an additional example
- Maintained and promoted Action for PSE Change training and PSE resources
- Maintained and disseminated 2 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 1 virtual workshop for Tribal CCC programs focused on using data effectively and CCC planning to promote health equity

OBJECTIVE 1 – NEEDS ASSESSMENT

“Collaborate with CDC, CCCNP and 1805 co-recipient The American Cancer Society to conduct a comprehensive needs assessment, reducing response burden and effort duplication, and conduct rigorous process and impact evaluation on TAT efforts”

Needs Assessment Process

In Year 01, 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, which was used to develop the TAT plan for the five-year project period. In collaboration with CDC, the two organizations agreed to update the needs assessment by analyzing new data collected from several sources and to

summarize TA needs in a brief addendum to the original needs assessment report. A draft was jointly developed and completed by the first week of March 2020. The GW Cancer Center reviewed CDC Program Consultant portfolio summaries as well as summary notes from four quarterly coalition leadership Zoom meet-ups hosted by the CCCNP's Sustaining Coalitions workgroup. In addition, ACS analyzed and summarized data from an online survey of CCC programs and coalitions that they conducted in collaboration with the CCCNP in April 2019, as well as data from their "Nine Habits for Sustaining CCC Coalitions Guide" overview webinar held in December 2019. Both organizations wrote sections of the report based on the data sources they reviewed. Findings from the updated needs assessment were used to inform proposed Year 03 activities. The GW Cancer Center and ACS presented their proposed activities to the CCCNP in April 2020 and identified opportunities for their involvement, illustrating the collaborative nature between the GW Cancer Center, ACS and the CCCNP in addressing national TAT needs.

Evaluation and Quality Improvement

Following the completion of the needs assessment and refinement of the TAT plan in Year 01, the GW Cancer Center produced a project evaluation plan, which was approved by CDC. The evaluation plan includes a quality improvement process to ensure the delivery of high quality, needs-responsive TAT to CCC programs and coalitions. In Year 02, the GW Cancer Center continued to evaluate our ongoing project activities according to the evaluation plan, such as tracking reach of GW Cancer Center resources including websites and e-newsletters, as well as post-webinar evaluations. In addition, GW Cancer Center staff collected pre- and post-program competency assessment data for three Cancer Communication Mentorship Program mentees as well as a mid-year program questionnaire from all six participants (three mentors and three mentees) to monitor progress and identify outstanding TA needs and program strengths and areas of improvement. GW Cancer Center staff also routinely collect online training pre- and post-assessment data of trainee confidence on learning objectives and post-assessment of satisfaction and intention to implement new skills in practice. Finally, the GW Cancer Center administered an evaluation questionnaire following the virtual TAT workshop for Tribal CCC programs as well as at the conclusion of the CCCTAT project Steering Committee term.

Evaluation planning is an ongoing process concurrent with planning for future CCCTAT project activities taking place across the five-year project period. This summary evaluation report is made possible by an 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.

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. Recently the GW Cancer Center switched to a new Learning Management System (LMS), and enrollment and evaluation data for each online training are provided in more detail under corresponding objectives throughout the report. Training data are shown according to the LMS in which they were collected (old LMS vs. new LMS).

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.

Steering Committee

The GW Cancer Center convened four quarterly [steering committee](#) meetings in Year 02, which have informed the strategy and direction for the CCCTAT project. The Committee consisted of 13 members from CCC programs and coalitions, CCCNP and CDC. Steering Committee members were invited according to their ability to represent insights and perspectives from diverse stakeholders and provide leadership for specific TA activities planned for the year.

Seven out of 13 members completed an engagement survey at the conclusion of their term. The majority of respondents (6/7) shared that they were very satisfied or satisfied with their overall experience as a member of the Steering Committee. All respondents strongly agreed or agreed that as a result of their participation in the Steering Committee, they were able to add value to the work they do for their respective organizations and were able to share and learn from their peers. Additionally, all respondents strongly agreed or agreed that they were asked about their ideas and were able to use knowledge gained to advance their future work.

Furthermore, the majority of respondents (6/7) strongly agreed or agreed that the Steering Committee addressed needs and issues important to CCC stakeholders, that they had opportunities to utilize their skills and expertise to advance the goals of the Steering

Committee, and that they felt part of a long-term strategy to address important CCC challenges. On average, members (6/7) also strongly agreed or agreed that they helped to disseminate GW Cancer Center TA resources. In regards to whether members developed new skills or knowledge by participating in the Steering Committee, three members strongly agreed or agreed on this item and four reported being neutral.

When asked to comment on how the Steering Committee led to more collaborations among CCC stakeholders, respondents shared that they took advantage of the opportunity to contact colleagues in other states to learn from their experiences. They also reported that they became more aware of resources, including GW Cancer Center resources available to help them better support their coalition. Respondents commented that creating connections with other programs through the Steering Committee was critical, that “building relationships over shared experiences (successes and barriers) allows programs to grow exponentially” and that having dedicated time for learning, collaboration, input and exploring resources allowed them to be a “part of something bigger.”

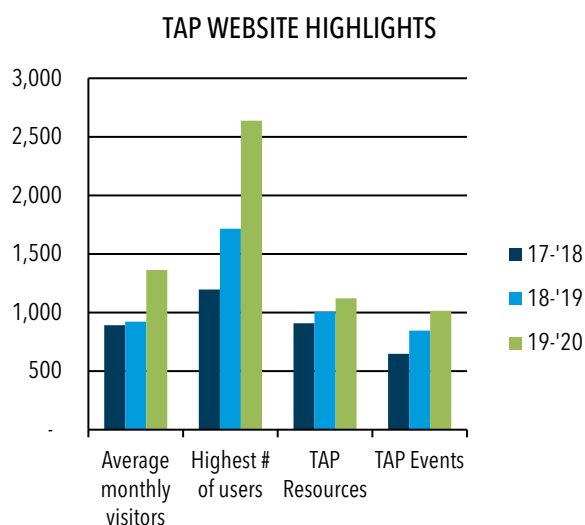
As part of their experience, respondents expressed that they enjoyed presentations from other CCC programs/coalitions, learning about topics relevant to the work being performed and the focus of the CDC, and exploring resources. GW Cancer Center staff has shared evaluation findings with new Steering Committee members (Term 3) and discussed ways to improve member engagement, ensure diversity and representation of CCC stakeholders, and increase effectiveness.

OBJECTIVE 2 – COMMUNICATION

“Expand reach of TAT and improve capacity of CCC programs to communicate to stakeholders by maintaining four channels and two trainings, 12 social media toolkits (annually), two webinars and one in-person workshop”

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

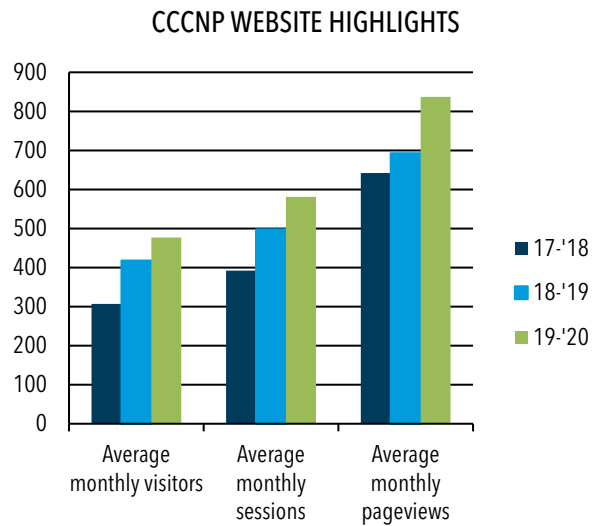


1,363 unique visitors per month in Year 02*, up 47.8% from the previous year, with a high of 2,637 users in April 2020. This is a 159.5% increase over the number of visitors in April 2019 (1,016 users) and is likely due to the timely addition of information and resources pertaining to the COVID-19 pandemic. 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 1,121 resources that have been accessed 18,989 times over Year 02. Further, the resource repository draws special attention to the websites of the eight Networking2Save recipients, since these CDC-funded partners have numerous tailored resources for special populations. It also links to the Rural Health Information Hub which is supported by the Health Resources and Services Administration and has numerous resources addressing the health of rural populations. Since its launch, the TAP website’s calendar has cross-promoted more than 837 events relevant to cancer control.

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 02, the CCCNP website averaged 477 unique users, 581 unique sessions and 837 unique page views per month.

GW Cancer Center staff also worked with National Partners to update the CCCNP website to include COVID-19 resources and promote a Zoom “check-in” series for CCC coalitions and programs which was launched in April 2020. The purpose of these check-ins is to offer the opportunity for CCC coalitions to share with each other their questions and solutions related to sustaining coalitions during the COVID-19 pandemic.

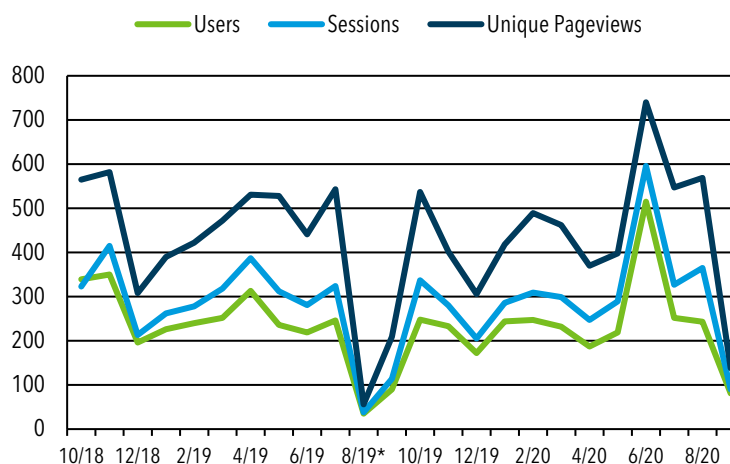


* Unless otherwise stated, the reporting period for Year 02 is October 1, 2019 to September 30, 2020.

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 02, www.Action4PSEChange.org averaged 239 unique users, 303 unique sessions and 577 unique page views per month.

ACTION FOR PSE CHANGE WEBSITE HIGHLIGHTS



Social Media Accounts

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 1,372 in October 2019 to 1,507 in September 2020, representing a 9.8% increase. As of September 2020, the GW Cancer Center Twitter account disseminated 4,590 Tweets and followed 1,110 other accounts. The GW Cancer Center also maintains a LinkedIn profile, a YouTube channel, and a Facebook page (launched in May 2019). Micro-learning snippets of online trainings and archived webinars are shared on the YouTube channel. GW Cancer Center staff will identify opportunities to increase reach of the YouTube channel and Facebook page.

TAP E-Newsletter

The GW Cancer Center released 12 monthly [Technical Assistance Periodical \(TAP\) e-newsletters](#) since October 2019. As of September 2020, the GW Cancer Center had 1,041 subscribers, a 13.5% increase over the previous year. The average open rate between October 2019 and September 2020 was 28.6%, which is approximately 10% 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, including two of the eight Networking2Save recipients.

Patient Navigation and Survivorship E-News

The GW Cancer Center released 12 monthly [Patient Navigation and Survivorship e-newsletters](#) since October 2019. As of September 2020, the GW Cancer Center had 3,948 subscribers, a 6.1% increase over the previous year. The average open rate between October 2019 and September 2020 was 23.6%, which is approximately 5% 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

In Year 02, the GW Cancer Center updated 10[†] cancer awareness [social media toolkits](#) and developed two new toolkits: “Emerging Issues in Commercial Tobacco Use” and “Gynecologic Cancer Awareness”. Social media toolkits provide guidance on best practices and ready-to-post messages for Facebook, Twitter and LinkedIn. There is now a total of 17 social media toolkits available on the TAP website and in the resource repository, which also includes older versions of most of the toolkits. The toolkits cover eleven awareness months, one awareness week and two awareness days, and five toolkits can be used any time throughout the year.

TOOLKIT	DOWNLOADS
Breast Cancer Awareness Month (October) - <i>updated</i>	2,513 [‡]
Lung Cancer Awareness Month (November)	407
Cervical Cancer Awareness Month (January)	1,170
World Cancer Day and Cancer Prevention Month (February) - <i>updated</i>	76
Colorectal Cancer Awareness Month (March) - <i>updated</i>	412
National Cancer Control Month (April) - <i>updated</i>	206
Minority Cancer Awareness Week and Minority Health Month (April) - <i>updated</i>	88
Melanoma and Skin Cancer Detection and Prevention Month (May) - <i>updated</i>	654
National Cancer Survivors Day (June)	122
Prostate Cancer Awareness Month (September) - <i>updated</i>	143
Gynecologic Cancer Awareness Month (September) - <i>new</i>	192
Emerging Issues in Commercial Tobacco Use - <i>new</i>	1,913
Cancer Survivorship Awareness - <i>updated</i>	228
Viral Hepatitis and Liver Cancer Awareness (May and October)	241
HPV Vaccine Myth Busting for Health Care Providers	303
Adolescent and Young Adult Cancer Awareness - <i>updated</i>	316
Palliative Care Awareness - <i>updated</i>	Released in November 2020

As of October 2, 2020, the updated and new social media toolkits have been accessed 7,595 times, and the ready-to-post social media messages for Twitter, Facebook and LinkedIn were used by diverse stakeholders including CCC coalitions, health departments, individual clinicians, cancer centers and non-profit organizations.

All social media toolkits released after July 2020 were updated and refreshed so that they no longer include generic guidance on social media best practices, hosting social media events, health literacy and numeracy tips, and evaluation. This guidance is now housed on the TAP

[†] The palliative care toolkit was under subject matter expert review in October and was released in November 2020. The 2019 toolkit had 1,649 downloads as of October 2, 2020.

[‡] This is the total number of downloads for the toolkit released in October 2019. The updated toolkit was released in September 2020 and has 854 downloads as of October 2, 2020.

website as "[Social Media Health Observances Guide](#)", and newer social media toolkits refer to this guide rather than include this information directly. The Guide provides ideas and suggestions for using social media channels to promote awareness including Facebook and Twitter, LinkedIn, Instagram, Snapchat, Pinterest, Reddit and more. Newer toolkits also include "click to share" buttons to allow organizations to easily adapt and use the content on multiple social networks.

A State CCC Program Coordinator informed GW Cancer Center staff that "the posts [from the social media toolkits] have been very well received" in their state.

New Learning Management System

In Year 02, the GW Cancer Center transitioned all online courses to a new LMS, EthosCE. This new platform provides improved learner experience and enhanced reporting and evaluation capabilities. GW Cancer Center staff moved over course components, streamlined evaluations and content, and addressed technical issues that learners reported but were not possible to address within the old LMS. Several CCC stakeholders volunteered for user testing and provided GW Cancer Center staff with additional input to improve the online learning experience. In April 2020, learners in the old LMS were notified that the system will be closing and were encouraged to complete their coursework within three months. The new LMS was officially launched in July 2020.

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 \(Comm101\)](#) was 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, customizable templates, and evidence-based case studies, so after completing the training, participants have a tailored media plan and media-ready materials for their CCC program to use. From October 1, 2019 to September 30, 2020, 89 learners enrolled in the training (60 on the old LMS, and 29 on the new LMS). In total, 53 learners completed the training (45 - old LMS and 8 - new LMS). CE for Certified Health Education Specialists (CHES®) and Master Certified Health Education Specialists (MCHES®) is offered.

Of the learners who completed the post-assessment on the old LMS, 77.8% were confident that their knowledge was enhanced as a result of the lesson content. 73.3% planned to implement new strategies/skills/information as a comprehensive cancer control professional. Furthermore, 73.3% of the learners were confident that the training content provided them with the skills and resources needed to successfully create a media plan.

All learners (100%) who completed the post-assessment on the new LMS agreed or strongly agreed that they were overall satisfied with the module, and 87.5% of these individuals would recommend the training to others.

The [Communication Training for Comprehensive Cancer Control \(CCC\) Professionals 102: Making Communication Campaigns Evidence-Based \(Comm102\)](#) was launched in September 2016. This course 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, 2019 to September 30, 2020, 73 learners enrolled (52 - old LMS, 21 - new LMS) and 36 completed the training (32 - old LMS, 4 - new LMS). CE for Certified Health Education Specialists (CHES®) and Master Certified Health Education Specialists (MCHES®) is offered.

Of the learners who completed the post-assessment on the old LMS, 84.4% agreed or strongly agreed that their current knowledge base was enhanced as a result of the training. In addition, 78.1% of the learners planned to implement new strategies/skills learned from this training in their comprehensive cancer control work. Lastly, 87.5% were confident that the training provided with the information, skills and resources needed to successfully plan, implement and evaluate an evidence-based communication campaign.

In terms of the evaluation data from the new LMS, 75% of the learners agreed or strongly agreed that that they were satisfied with the training and would recommend it to others.

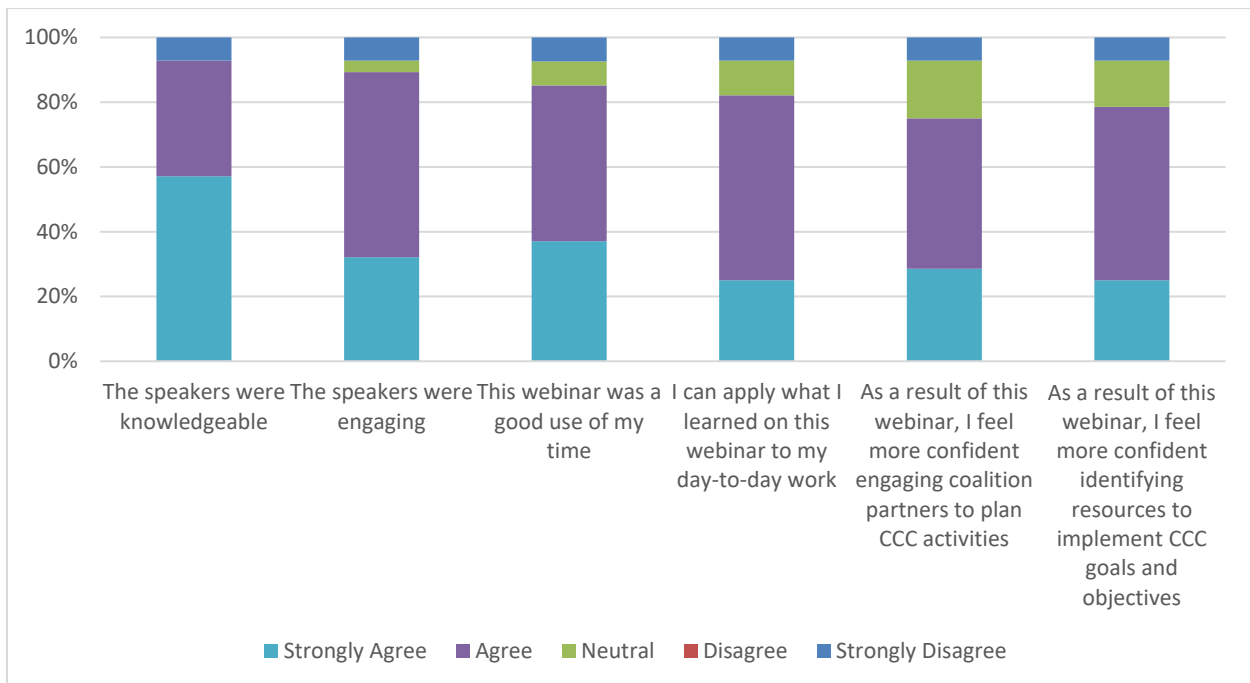
Maximizing Coalition Sustainability Through Partnerships Two-Webinar Series

In May and June 2020, two webinars were conducted on “Maximizing Coalition Sustainability Through Partnerships”. The first webinar titled “Advancing Cancer Control Planning, Implementation, and Evaluation” focused on providing examples of how comprehensive cancer control programs and coalitions had successfully engaged stakeholders to plan, implement, and evaluate their activities. The webinar also highlighted how long-term relationships with nontraditional partners can yield benefits at times of uncertainty, like the COVID-19 pandemic. Webinar participants learned how to describe resources and a successful partnership to accomplish cancer control planning, plan implementation, evaluation and monitoring. Additionally, participants were taught how to identify strategies to adjust partnerships for cancer control implementation progress during COVID-19. A tip sheet to help programs and coalitions consider resource optimization was disseminated. Overall, 84 participants attended the webinar.

The majority of participants represented a state health department (27.6%), a CCC coalition (27.6%), or a cancer center (17.2%). The rest of the participants indicated that they represented a Tribal center (10.3%), an advocacy organization/non-profit (10.3%), an academic/research institution (3.4%), and other (3.4%). When asked about their relationship to comprehensive cancer control, responses included: Program Coordinator (17.2%), Other Program Staff (17.2%), Coalition Chair/Co-Chair/Executive Director (13.8%), Coalition Member (13.8%), None (10.3%), Other Coalition Leadership/Officer/Staff (10.3%), Program Director (6.9%), Program Manager (6.9%), and Other (3.4%). The majority of participants

agreed or strongly agreed the webinar was a good use of their time (85%) and that the speakers were both knowledgeable (93%) and engaging (89%). Additionally, a significant majority of respondents agreed they could apply what they learned through the webinar in their day-to-day work (82%), felt more confident engaging coalition partners to plan CCC activities (75%), and felt more confident identifying resources to implement CCC goals and objectives (79%). Overall, respondents of the open-ended survey questions reported that they found the webinar helpful.

“ADVANCING CANCER CONTROL PLANNING, IMPLEMENTATION, AND EVALUATION”
WEBINAR HIGHLIGHTS

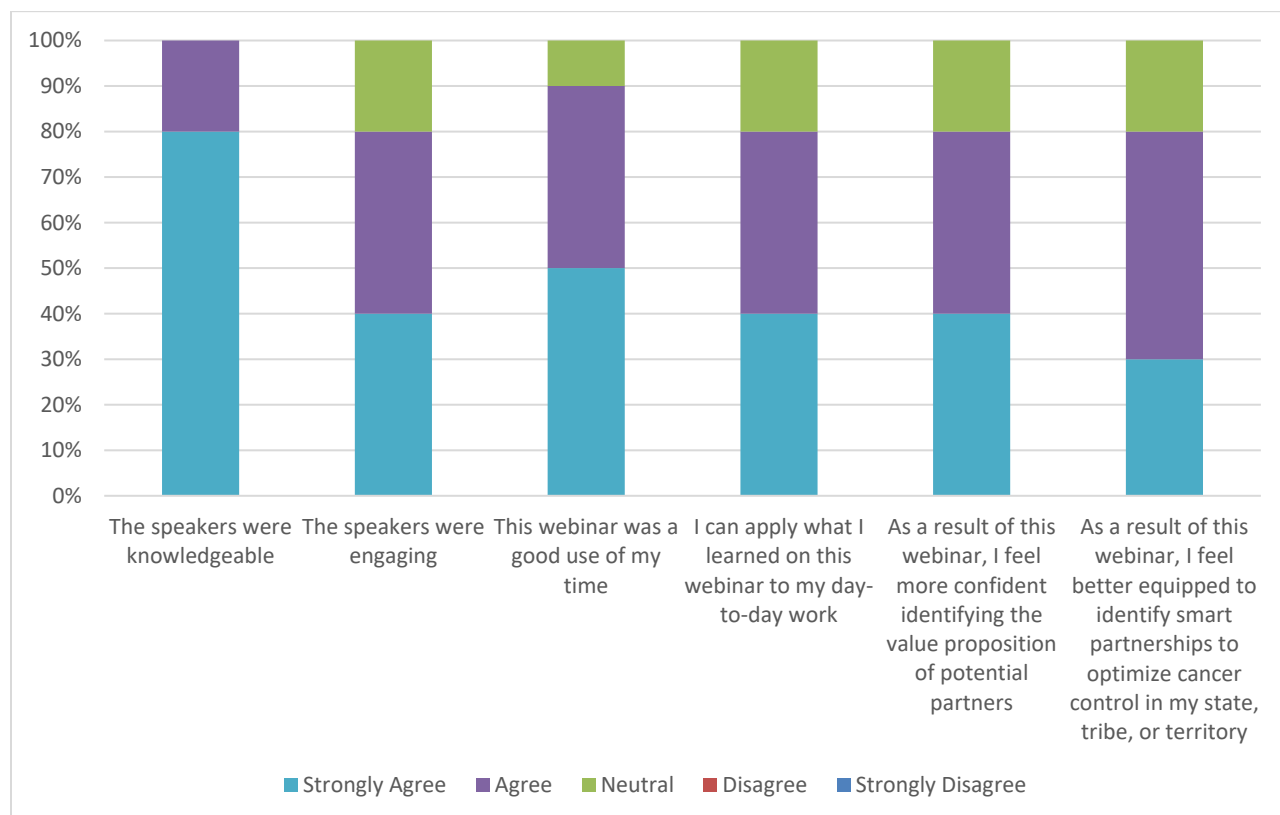


The second webinar in the series titled "Diversifying Funding and Fundraising" addressed how resource sharing can enhance coalition membership and engagement. Two international experts provided participants with an example of a successful public-private partnership and discussed ways to identify entrepreneurial approaches to seeking resources to support coalition activities. Forty-six participants attended this webinar.

Webinar participants represented state health departments (40%), followed by CCC coalitions (30%), cancer centers (20%), and advocacy organizations/non-profits (10%). When asked about their relationship to Comprehensive Cancer Control, responses were almost equally distributed, including: Coalition Chair/Co-Chair/Executive Director (20%), Other Coalition Leadership/Officer/Staff (20%), Program Director (20%), Other Program Staff (20%), Program Manager (10%), and Coalition Member (10%). Majority of attendees agreed or strongly agreed the webinar was a good use of their time (90%) and that the speakers were both knowledgeable (100%) and engaging (80%). Additionally, a significant majority of participants agreed they could apply what they learned through the webinar in their day-to-

day work (80%), felt more confident identifying the value propositions of potential partners (80%), and felt better equipped to identify smart partnerships to optimize cancer control in my state, tribe, or territory (80%). Respondents to the open-ended survey question reported enjoying the webinar presenters and activities.

“MAXIMIZING COALITION SUSTAINABILITY THROUGH PARTNERSHIPS: DIVERSIFYING FUNDING AND FUNDRAISING” WEBINAR HIGHLIGHTS



Health Behaviors for Cancer Survivors Forum

A two-day forum on nutrition and physical activity for cancer survivors was originally scheduled in Year 02. Planning for this activity was led by ACS with support from the CCCNP Health Behaviors for Cancer Survivors workgroup. The CCCNP Sustaining Coalitions workgroup and the GW Cancer Center were also slated to provide facilitation and evaluation support. However, due to the COVID-19 pandemic and related travel restrictions, this forum was postponed and will be held virtually in January 2021. Several CCC professionals applied to attend the forum, and representatives of 11 CCC coalitions were selected to participate.

Additional TAT Dissemination

The GW Cancer Center disseminated numerous TAT to CCC programs and coalitions through GW Cancer Center social media accounts, email, e-newsletters, catalogs, dissemination toolkits, and the TAP website. The table in [Appendix A](#) highlights GW Cancer

Center TAT resources relevant to CCC stakeholders. Outside of the aforementioned dissemination platforms, GW Cancer Center staff engaged in 21 instances of direct dissemination of TAT resources to CCC grantees and their partners. “Light touch” dissemination included responding to email requests by sharing relevant GW and non-GW resources. In-depth dissemination included serving as a presenter at cancer-related meetings or conferences and promoting GW Cancer Center TAT resources. Examples include:

- Sharing with the Utah Cancer Action Network ideas for increasing uptake of the Survivorship E-Learning Series
- Sharing with the Michigan CCC Program advice and resources on starting a navigation program for cancer screening for people living with HIV
- Discussing the LGBTQ+ population and the cancer continuum on a podcast with West Virginia Mountains of Hope Cancer Coalition
- Promoting weekly Zoom check-ins coordinated by the CCCNP in response to a request from the Colorado CCC Program and West Virginia Mountains of Hope Cancer Coalition about support for patients and survivors during the pandemic
- Participating in a summit session with the Iowa Cancer Consortium addressing intersectionality and affirming cancer care
- Delivering a presentation on engaging primary care providers in the Survivorship E-Learning Series at the Montana Cancer Coalition’s Quality of Life and Survivorship Implementation Team Meeting[§]

The GW Cancer Center is committed to disseminating the important work of other CDC-funded grantees to increase the collective impact of our work. We disseminated resources developed for special populations by Networking2Save recipients, such as fact sheets developed by the SelfMade Health Network. The GW Cancer Center also disseminated Spanish-language resources released in conjunction with Nuestras Voces (Our Voices) Network, including the Spanish Guide for Patient Navigators – A Supplement to the Oncology Patient Navigator Training: The Fundamentals, as well as COVID-19 related resources.

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 02, the GW Cancer Center launched the second cohort of its Cancer Communication Mentorship Program to increase knowledge and capacity among mentees to implement EBIs

[§] The activities with Iowa Cancer Consortium and Montana Cancer Coalition took place in Year 03 on October 7th and 8th respectively. They are included in this report since the preparation work took place in Project Year 02

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 have been receiving in-depth guidance from their mentors, additional support from subject matter experts, and TA 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 is 18 months in duration which kicked off in August 2019. The Program uses Forumbee, a cloud-based community and discussion forum-creation platform, to post program files and to communicate with the cohort. The program documents, curriculum, discussion forum and resources are included in Forumbee and accessible to mentors and mentees. In addition, a "Mentor Zone" is available for mentors to work together and reflect on creating their learning partnership with their mentees. More information is available on the [Cancer Communication Mentorship Program page](#) of the TAP website.

In Year 02, 13 virtual monthly meetings were held for the program cohort and GW Cancer Center staff. These hour-long meetings included program updates from the GW Cancer Center and project updates from each of the mentor-mentee pairs. One monthly meeting included a guest presentation from a subject matter expert on health communication and stakeholder analysis.

Mid-point evaluation data (February 2020) was positive with the three mentees strongly agreeing or agreeing that they were satisfied with the Mentorship Program, that they had a good relationship with their mentor, and that GW provided adequate infrastructure and opportunities for technical assistance to support the Mentorship Program. Furthermore, mentees strongly agreed or agreed that the Program also gave them more opportunities for networking and experiential learning. With the help of their mentors, mentees strongly agreed or agreed that they gained skills that they are able to implement into their own comprehensive cancer control practice.

In regards to project progress, two out of three mentees strongly agreed or agreed that they were making substantial progress on their project and one reported being neutral on making progress. According to mentees, the top three most useful elements of the Mentorship Program included the kick-off meeting with faculty/guest presentations and workshopping times, monthly calls with peer discussions, and required online Communications Training. Several barriers reported include competing priorities and challenges with project implementation.

Mentees also had the opportunity to leave other comments in the questionnaire. There was one response: "Although, I may not say much during the monthly calls, I really appreciate it because I get to hear and learn from my fellow mentees. Also, this is a wonderful opportunity to learn and fulfill the objective on our Comprehensive Cancer Control Plan."

Midpoint evaluation data was also collected from the mentors who all strongly agreed or agreed that they were satisfied with the mentorship program, that they had a good relationship with their mentees, that GW staff provided adequate opportunities for technical assistance to support the program and that their mentees were gaining skills that they can implement into their comprehensive cancer control practice. All three mentors agreed that the mentorship program gave them opportunities for networking.

Two out of three mentors strongly agreed that GW provided adequate infrastructure to support the mentorship program while the third mentor noted that the program the "infrastructure provided is helpful to keep on track, however each project is at varying levels of readiness for implementation." Additionally, two out of three mentors strongly agreed or agreed that the program enabled them to disseminate evidence-based practices (one mentor did not respond to this item). Two out of three mentors strongly agreed or agreed that the program also gave them opportunities for experiential learning while one mentor reported being neutral regarding this matter.

Two of the mentors shared that their mentee was making substantial progress on their project. However, one mentor disagreed, commenting that "her project doesn't seem like an organizational priority, this is making it challenging for deliverable completion and progress."

Regarding the use of a "Mentor Zone" on Forumbree, mentors had varying opinions: one mentor agreed that this platform provided a designated space for mentor support; another mentor reported being neutral on this matter, while the third mentor strongly disagreed with this, stating that they did not like having another website to visit and preferred old-fashioned emails.

According to mentors, the top three most useful elements of the Mentorship Program included the kick-off meeting workshopping time, monthly calls with presentations and peer discussions, opportunities to have site visits with mentees, one-on-one time with mentee, and a competitive application requiring organizational/supervisor support. Obstacles reported include competing priorities and a lack of time and resources to implement projects. To address competing priorities, one mentor shared that the ability to stay in contact with their mentee was helpful in mitigating this.

Several suggestions for improvement were to "clarify the roles of mentors, GW staff, and CDC technical assistants" and "to have some stronger accountability tools to help with organizational priority setting and/or commitment." This stems from a comment made by a mentor indicating that their mentee was struggling with deliverable completion. Mentors also provided other comments including: "Resources and monthly discussion topics are helpful"

and “While this is a small group, I do feel like we have had opportunity to grow our professional networks.”

Lastly, evaluation results from pre- and post-program competency self-assessments reveal that the Mentorship Program is improving communication skills as one of the public health core competencies. On average, mentees reported a 36.4% increase in competency with communication skills such as assessing the literacy of populations served, disseminating public health data and information, and conveying data and information to various stakeholders, to name a few. Notably, mentees reported a 33.3% average increase in knowledge or ability on communicating information to influence health behaviors (e.g. getting screened for cancer).

Oncology Patient Navigator Training

The [Oncology Patient Navigator Training: The Fundamentals](#) (PN Training) was 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, 2019 to September 30, 2020, 1,181 learners enrolled (705 - old LMS, 476 - new LMS), and 554 completed the 10-hour training (454 - old LMS, 100 - new LMS). To date, 3,961 learners enrolled and 1,618 learners completed the training since its launch in 2015. CE for CHES®/MCHES® is also offered for this course.

For each lesson, paired t-tests were conducted with both old and new LMS data, analyzing the changes in learners’ capacity from pre- and post-evaluation. Scores were answered on a five-point Likert scale but converted numerically for analysis. Four out of 20 modules showed an increase of above 25% in confidence in learning objectives and four other modules showed an increase of more than 20%. Refer to [Appendix B](#) for module means and percent changes.

Of learners who completed the overall training post-assessment on the old LMS platform, 97.8% 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 (97.1 %) 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, 96.9% gained new strategies, skills and information and 95.6% planned to implement these strategies, skills and information as patient navigators. Qualitative feedback was generally positive with comments such as “Excellent self-study course. I was able to gain a comprehensive insight to improve and have a more well-rounded approach to patient navigation. Thank you;” “We need more information in primary health care, so that patients in rural areas will also benefit”; and “My knowledge for the job I do as the Patient Navigator has improved because of the training that I have done on this platform. Thank you.”

In terms of the PN training evaluation data on the new LMS, the majority of learners (96%) agreed or strongly agreed that they were satisfied with the training and 95% were confident in recommending the PN training to others. When asked about what was the most useful in the training, the learners indicated the following: "Almost ALL of the training was very useful. So much information that I have acquired and will definitely utilize in my role"; "The importance of being cognizant of the patient's perspective, values and culture;" and "Working in collaboration with medical team, patients and stakeholders."

This training includes closed captioning to all lessons of the training. In addition, all 20 modules of the training are unlocked so learners can select which lessons to take based on their interests and needs though the entire training must be completed to claim CE.

In February 2020, the GW Cancer Center began conducting market research to assess the need to update the PN Training. As part of market research, GW Cancer Center staff sent a survey to learners who completed the training between 2015 to 2019. The survey was disseminated on February 24, 2020 and closed on March 11, 2020 and consisted of 24 items with a mix of demographic, Likert-type and open-ended questions. Over the two-week time period, 106 people responded to the survey. The majority of respondents (40%) indicated they were a patient navigator, 30% indicated "other profession" (administrators, health educators, advocates, etc.) and 16% indicated they were a nurse navigator. Learners were asked to rate (1=Not important; 2=Somewhat important; 3=Very important) how important each training lesson was in preparing them to be a navigator. The average rating for each of the 20 lessons ranged from 2.5 to 2.9. Respondents were also asked to rank additional topics areas that would be of interest. The top five topics included communicating with patients about difficult issues, caregiver support, certification options, tumor-specific content and survivorship navigation. Respondents were asked to describe their engagement, if any, with their state, tribe or territory's CCC efforts. Forty-three people (n=43) responded to this open-ended question. A majority (75%) indicated no involvement or not applicable. The remainder (25%) indicated some sort of engagement with CCC from chairing work-groups, work group participation, participation in CCC peer networks and receiving information from a CCC program/coalition. Finally, respondents were asked to provide any other feedback or comments that could inform quality improvement efforts. Forty people (n=40) responded to this question. Over half (53%) indicated the training was very helpful and did not provide specific recommendations. For those who did, most comments were focused on shorter lessons or issues with technology; however, a few additional specific comments included:

- *I would have also liked to have seen more "person-first" language than use of such terms as "the disabled." Maybe you could move away from as much gendered speech in favor of more nonbinary language as well?*
- *I like this training a lot because I can do it in my own pace, time and comfort as long as I learn, concentrate to understand it, reflect on its usefulness and eventually finish. Maybe in the future make it, interactive or have a pt. or nurse navigator LIVE COACH to assist trainees. (If funding will allow it.)*

- *It would be nice to [have a] refresher or continuing education sessions.*

Overall, respondents were very positive about the training and the content covered. Most found it very helpful in their practice, with few respondents providing specific recommendations on how to improve the current training. In April, 2020, The GW Cancer Center also conducted a focus group with representatives from CCC programs/coalitions. Information gathered was meant to further inform how programs/coalitions are using the training and what additional support is needed for programs/coalitions in the area of patient navigation. Overall, participants endorsed the importance of the training and did not wish to omit any topics or lessons. Participants indicated that the training is one of the best PN Training programs available. They appreciated that it is an online, self-paced and cost-effective course. Participants agreed with survey results, affirming that important topic areas of interest are communicating with patients about difficult issues, financial navigation and caregiver support. Responses do not support the need for revisions to the current course. However, participants provided the following recommendations:

- An abbreviated version of the current course could serve as a refresher and/or a separate training for those with more experience (e.g. nurse navigators)
- Add examples of navigation models in materials (e.g. New Hampshire model)
- Add a “Questions to Ask” list to help navigators discuss cancer screening with patients/clients

This work will inform updates to slide and script content. Updates to the existing training or the addition of further content will be conducted in Year 03.

Finally, in collaboration with Navegación de Pacientes Internacional and the Latino Cancer Institute, the GW Cancer Center released the [Spanish Guide for Patient Navigators - A Supplement to the Oncology Patient Navigator Training: The Fundamentals](#). On October 3, 2020, 40 navigators were trained using the Spanish-language materials.

OBJECTIVE 4 - SURVIVORSHIP

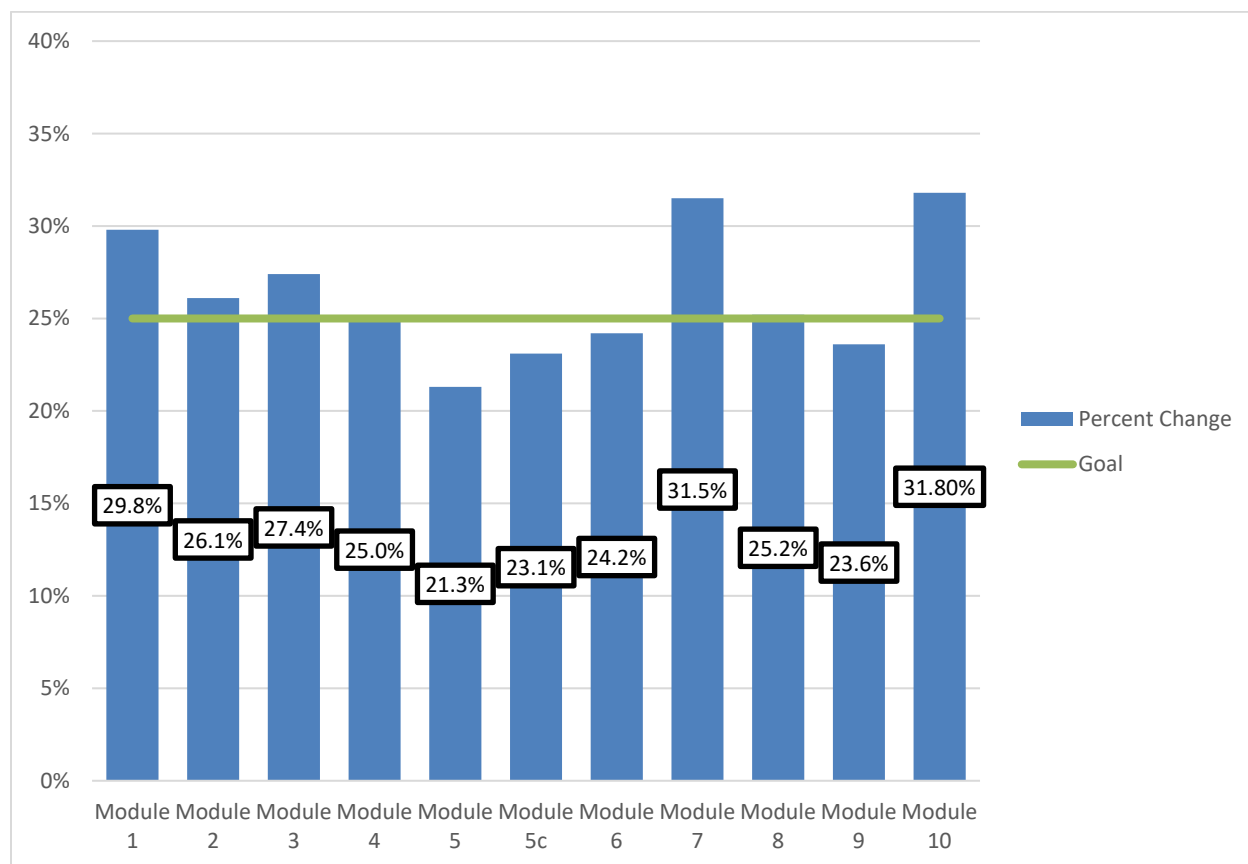
“Increase capacity by 25% among trainees to use cancer survivorship interventions by September 29, 2023”

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, including dealing with many of the physical, psychological, practical, informational and spiritual challenges after the completion of cancer treatment. 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, 2019 to September 30, 2020, 737

learners enrolled (465 - old LMS, 272 - new LMS) in the E-Learning Series, completing at least one of the ten modules. CE for physicians, nurses and CHES®/MCHES® is offered.

For each module, paired t-tests were conducted with both old and new LMS data, analyzing the changes in learners' capacity from pre- and post-evaluation. Scores were answered on a five-point Likert scale but converted numerically for analysis. Seven out of the 11 modules showed an increase of more than 25% in confidence in learning objectives with all 11 modules showing a more than 20% increase in confidence. Refer to [Appendix C](#) for module means and percent changes.



On the old LMS platform, all module results were analyzed collectively. Learners agreed or strongly agreed the module content was communicated clearly and effectively almost every time (99%). Additionally, learners agreed their knowledge was enhanced as a result from the modules and they plan to implement new strategies/skills/information into their practice almost every time (99%).

Analyzing the new LMS results from all modules collectively, 91% of responses were overall satisfied or very satisfied with the modules. Additionally, learners agreed or strongly agreed the majority of the time (93.5%) that their knowledge increased after completing the module. Finally, the majority of responses (93.5%) indicated the learners intend to apply the knowledge learned in the module to their work. In 2019, the GW Cancer Center analyzed evaluation data from 1,656 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 May 2020, the GW Cancer Center published these findings in an article titled, "Addressing the Care of Cancer Survivors: Evaluation of an Online Training for Interprofessional Learners" in the *Journal of Oncology, Cancer and Education (JONS)*. The full-text is available on the JONS [webpage](#) and has been submitted to PubMed Central for open access availability (NIHMSID 1643515).

In Year 02, the GW Cancer Center worked with subject matter experts to update and re-accredit two lessons of the E-Learning Series:

- Module 3, Lesson 1: Late Effects of Cancer and its Treatment, Meeting the Psychosocial Health Care Needs of Cancer Survivors
- Module 3, Lesson 2: Screening for Distress & Follow-up Care for Cancer Survivors in Primary Care

These updated lessons are now available for learners to complete.

Executive Training on Navigation and Survivorship

The [Executive Training on Navigation and Survivorship](#) was 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, 2019 to September 30, 2020, 405 learners enrolled (227 - old LMS, 178 - new LMS) and 150 completed (110 - old LMS, 40 - new LMS) the eight self-paced lessons. To date, 922 learners enrolled and 744 learners completed the training since its launch in 2014. CE for nurses and CHES®/ MCHES® is offered.

For each lesson, paired t-tests were conducted with both old and new LMS data, analyzing the changes in learners' capacity from pre- and post-evaluation. Scores were answered on a five-point Likert scale but converted numerically for analysis. Two out of the seven lessons showed an increase of more than 25% in confidence in learning objectives, and three other lessons showed an increase of more than 20% in confidence. Refer to [Appendix D](#) for lesson means and percent changes.

On the old LMS platform, of the learners who completed the overall training evaluation, 90% agreed or strongly agreed their knowledge was enhanced, and indicated that they have gained new strategies and skills. The majority of learners (89.1%) plan to implement these new strategies and skills into their program. Qualitative feedback has been positive with comments such as, "Great tools to use for sustaining my navigation program and for building a survivorship clinic. Thank you!!," "Great information!" and "It was a pleasant journey doing this program. Thanks.."

In terms of the evaluation data from the new LMS platform, of the learners who completed the evaluation, 87.5% agreed or strongly agreed that they were overall satisfied with the training, and 85% would recommend the ET training to other professionals. Additionally,

respondents indicated that the most useful elements of the training were: “Different ideas on funding programs,” “Logic Models; Evaluation; understanding the difference between output and outcome” and “Learning each step in the program development process.”

In September 2019, an evaluation of the training was published as an open access article in [Oncology Nursing Forum](#).

E-Learning Series Webinar

In October 2019, to further disseminate the E-Learning Series, the GW Cancer Center developed and released a promotional video on YouTube, which has been viewed 180 times as of October 9, 2020. In addition, to facilitate dissemination of existing survivorship TAT, the GW Cancer Center presented on two virtual meetings in October and November 2019 to raise awareness and encourage implementation of tools and resources developed under the National Cancer Survivorship Resource Center and over six years under our TAT agreements. The first presentation was given during a standing CDC NCCCP program director’s call and the second was given to the National Association of Chronic Disease Director’s Cancer Council. PDF slides with hyperlinks to all resources were distributed and the recording of the CDC presentation was posted in CDC’s Cancer Information Channel.

Annual Survivorship E-Learning Report

On January 31, 2020, the GW Cancer Center released the [2019 Cancer Survivorship E-Learning Series for Primary Care Provider Annual Report](#) to support reporting requirements for DP17-1701 recipients with survivorship supplements. The report includes aggregate demographics and learning outcomes as well as state, tribe and territory learner counts (reporting period January 1-December 2019) as well as baseline learner counts (2018). As of October 9, 2020, the inaugural report has been downloaded 1,022 times.

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 2019 and September 2020, the GW Cancer Center reached out to 12 CCC programs, coalitions, or partners to develop PSE change success stories. Because of this outreach, four new case examples were added to [Action4PSEChange.org](#), and an additional example was updated. The website now houses 26 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. This year, the GW Cancer Center systematically reviewed the online tool and eliminated broken links and updated them with current resources.

A CCC coalition leader commented on GW Cancer Center's process of developing a PSE change example: "I am really impressed by your write up and how much you were able to capture.... The overview is really spot on."

Action for Policy, Systems and Environmental Change: A Training

The [Action for Policy, Systems and Environmental \(PSE\) Change: A Training](#) was 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 seven-step PSE change process, stepwise worksheets, a PSE action plan template, real world examples from comprehensive cancer control (CCC) programs, an extensive resource list, and theoretical and evaluation approaches to help grow the PSE change evidence base. From October 1, 2019 to September 30, 2020, 118 learners enrolled (76 - old LMS, 42 - new LMS) and 78 completed the training (71 - old LMS, 7 - new LMS). To date, 328 learners enrolled and 175 learners completed the training since its launch in 2017. CE credit for CHES®/MCHES® is offered for this training.

For each lesson, paired t-tests were conducted with both old and new LMS data, analyzing the changes in learners' capacity from pre- and post-evaluation. Scores were answered on a five-point Likert scale but converted numerically for analysis. Two lessons out of seven showed an increase of more than 20% in confidence in learning objectives. Refer to [Appendix E](#) for lesson means and percent changes.

Of those individuals who completed the overall training post-assessment on the old LMS, 88.7% were confident in their ability to apply the steps of PSE change and 87.3% planned to implement new strategies and skills from the training into their CCC work. Qualitative data were positive. Comments included: "I think that it is well planned out and effective way to teach people about PSE changes" and "This training was excellent! It helped me understand many things and open up my mind."

In terms of the new LMS, of the learners who completed the training evaluation, 85.7% agreed or strongly agreed that they were overall satisfied with the PSE training and would recommend it to others. When asked about the most useful elements of the training, respondents said: "I saved the [PSE Change] worksheets [for Action] and will plan to use them in my clinical practice" and "Procedures in public health policy implementation."

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.

The online portion of the TEAM Training was opened to the public in December 2018 and has been supported through the current cooperative agreement from CDC. From December 2019 to September 2020, 284 learners enrolled (105 - old LMS, 179 - new LMS) and 75 completed the training (45 - old LMS, 30 - new LMS). To date, 287 learners enrolled and 153 learners completed the training since the launch in 2018. CE credits for physicians, nurses, social workers and CHES®/MCHES® are offered.

Of learners who completed the post-evaluation on the old LMS, 64.4% were confident in their ability to deliver culturally competent and equitable care to patients. The majority (80%) gained knowledge of new resources and 75.6% acquired new strategies that could be applied to their work. Furthermore, 84.4% of learners were motivated to implement these new resources and strategies into their work. Emerging qualitative data on the strengths of the course included, "Full of practice and a lot of useful information", "Very easy to follow, quality resources, and it was a good length" and "Showing examples of how minority groups could experience poorer care."

Of learners, who completed the training evaluation on the new LMS, 86.7% agreed or strongly agreed that they were overall satisfied with the training and would recommend the course to other professionals. Respondents named a few important elements as strengths of the training, such as "The resources at the start of each training section", "Inequities among sexual and gender minorities / black and African American individuals / Latino individuals" and "Learning about how minority group got treated differently in healthcare."

In September 2020, an evaluation of initial outcomes of the TEAM Training was published in the [Journal of Cancer Education](#) and is available as an open access article.

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](#) training 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 was launched on December 12, 2017 and is currently supported through a cooperative agreement from CDC. From October 1, 2019 to September 30, 2020, 133 learners enrolled (60 - old LMS, 73 - new LMS) and 74 learners completed the online training (40 - old LMS, 34 - new LMS). To date, 200 learners enrolled and 169 learners completed the training since the launch in 2017. CE for physicians, nurses and CHES®/MCHES® are offered.

Of learners who completed the post-assessment on the old LMS platform, the majority (92.5%) 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. Additionally, 92.5% of the learners gained new strategies and resources, and planned to implement these into their work. Emerging qualitative feedback was positive with comments such as, "It's amazing and educative in LGBTQ community."

The majority (82.4%) of the learners who completed the training evaluation on the new LMS, agreed or strongly agreed that they were overall satisfied with the module, and 97.1% would recommend this training to others. Qualitative feedback on the training included: "Great program!" and a suggestion to offer "Colorectal Cancer Screenings for LGBTQI seniors" in the future.

Furthering its dissemination efforts on this training, the GW Cancer Center published "Development of a Training to Address Needs of Sexual and Gender Minority Prostate Cancer Survivors: Results of Formative Research" in the September 2020 *JONS* and was submitted to PubMed Central for open-access availability (NIHMSID: 1643511).

Tribal Virtual TAT Session

In September 2020, the GW Cancer Center and ACS facilitated a two-day virtual workshop for CCC Tribes and Tribal organization CCC programs. The workshop focused on sharing and learning about effective use of data and cancer plan development and revisions. Fifteen program directors and other staff representing seven tribes and tribal organizations actively participated in the workshop which followed a peer-to-peer learning format. The workshop also included guest speakers from CDC, Northwest Portland Area Indian Health Board Tribal Epidemiology Center and Montana American Indian Women's Health Coalition and Montana Cancer Coalition who gave presentations on tribal data sources, data visualization and literacy, and CCC planning and coalition collaboration. Out of 15 attendees, 10 respondents completed the post-workshop evaluation questionnaire with the majority of individuals reporting positive feedback. Workshop participants shared that they intend to apply knowledge gained and use and/or disseminate information and strategies discussed. Six participants indicated that peer-to-peer learning was the most valuable part of the workshop. For example, one participant explained: "The most valuable part of the workshop was interacting with the other Tribal grantees and seeing the strategies used in different capacities was motivating for stronger use of data and coalition engagement. Thank you for a wonderful workshop!"

For further details on the analysis of evaluation findings, please see [Appendix F](#).

CHALLENGES AND OPPORTUNITIES FOR IMPROVEMENT

COVID-19 and Hiring Challenges

The GW Cancer Center has lost a few staff members due to consolidation efforts by the University as a result of the COVID-19 pandemic; this includes a continuing hiring freeze on communication staff. Despite being understaffed for several months, the GW Cancer Center

worked with a communications contractor to update five social media toolkits, four of which were disseminated in the latter half of Year 02. CDC has been extremely supportive by continuing to facilitate an efficient review process of the social media toolkits with a short turnaround time. This allowed the delivery of the toolkits within the month they were expected to be disseminated. The GW Cancer Center team is exploring new ways to improve timeliness of social media content and ensure that it is accessible well before the relevant health observance/awareness month to give CCC stakeholders a chance to adapt content to their needs and obtain approval from their organizations, if needed, before dissemination.

The COVID-19 pandemic has caused delays in filling vacancies at the GW Cancer Center. Despite these delays, we were able to hire two people since July 2020 to support the CCCTAT project including a TA Coordinator and a part-time Education Research Assistant. The GW Cancer Center is working to expand its team in Year 03 to include a Health Promotion Program Manager, Training Lead, Postdoctoral Fellow and Research Assistant.

The COVID-19 pandemic has also created challenges in implementing travel-dependent project activities including cancelling mentor-mentee site visits planned under the Mentorship Program and postponing the forum on nutrition and physical activity for cancer survivors and one of two planned regional TAT workshops. In addition, the Tribal CCC program TAT workshop held in September 2020 was conducted virtually rather than in-person, as was the CCCNP bi-annual meeting in April. Many CCC programs and coalitions faced similar challenges due to COVID-19 in addition to staff furloughs and temporarily halting cancer-related project implementation to dedicate stafftime to the COVID-19 response.

In response to these challenges, the GW Cancer Center disseminated COVID-19 relevant resources on the TAP website resource repository and through the TAP and PN&S e-newsletters. GW Cancer Center staff also worked within the CCCNP to develop a COVID-19 resource page and support Zoom check-ins with CCC coalitions. The Zoom check-ins are short sessions that were held on a bi-monthly basis between April and August and are now held once a month. The purpose of the check-ins is for the CCCNP to offer the CCC coalitions the opportunity to share with each other their questions and solutions related to sustaining coalitions during the COVID-19 pandemic. These check-ins have been well-attended and well-received and are planned to continue until January 2021 upon demand for the coalition representatives.

TAT Coordination

The GW Cancer Center coordinates with ACS, CDC and the CCCNP to prioritize TAT topics, modes of delivery and priority populations. The GW Cancer Center and ACS continue to work very closely to update comprehensive needs assessment, co-chair the CCCNP Sustaining Coalitions workgroup, and co-lead virtual TAT sessions to CCC programs. In addition to having joint calls with CDC on a bi-monthly basis to coordinate TAT efforts, the GW Cancer Center and ACS have been collaborating with CDC program consultants and subject matter experts and representatives from the eight CDC-funded cancer and tobacco

control networks since the beginning of 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.

While there may be similar TAT resources offered by both the GW Cancer Center and ACS, specifically PSE change resources and CCC dissemination platforms, both organizations continuously work together to cross promote each other's resources as well as those of CDC and CCCNP. Additionally, the two organizations work collaboratively to ensure alignment of our TAT plans and delivery of complementary TAT. We recognize that in doing so, we can have a greater impact on building CCC capacity and improving cancer-related outcomes and advancing health equity.

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

NEXT STEPS

Based on needs assessment and TAT coordination processes described, in Year 03 of the 1805 CCCTAT project, the GW Cancer Center will:

- Update the comprehensive needs assessment in collaboration with ACS based on data collected the GW Cancer Center, ACS, CCCNP, National Networks and CDC Program Consultants
- Continue implementing the CCCTAT project evaluation and quality improvement plan to ensure broad reach, effectiveness and uptake of TAT
- 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 eight online trainings
- Update and release social media content that features tailored messaging for cancer awareness months and other health observances using a health equity lens
- Collaborate with ACS and the CCCNP to support a virtual workshop/forum for CCC recipients on nutrition and physical activity in cancer survivors
- Wrap up the Cancer Communication Mentorship Program and identify opportunities for dissemination of mentee project progress and successes
- Develop training curriculum targeted for cancer control practitioners by reviewing and adapting NCI implementation science trainings
- Produce an annual report in January 2021 on the E-Learning Series to support reporting requirements for DP17-1701 recipients with survivorship supplements and update two additional lessons of the E-Learning Series
- Revise the PN Training Guide based on completed market research from Year 02, develop three new training lessons, and review PN Training to identify areas of improvement for future updating

- Update a resource on meeting Commission on Cancer Standard 8.1 on addressing health care access barriers (formerly Patient Navigation Standard 3.1)
- Continue building the library of PSE change case examples on Action4PSEchange.org
- In collaboration with ACS, deliver five virtual TAT workshops for capacity-building of CCC programs to advance PSE change, CCC planning, cancer survivorship and health equity and develop a health equity tip sheet



Addressing the Need for LGBTQI-Affirming Care: A Focus on Sexual and Gender Minority Prostate Cancer Survivors
 A Guide for Health Care Professionals

This guide was made possible through a grant from the Association of Gynecology Social Work

GW Cancer Center

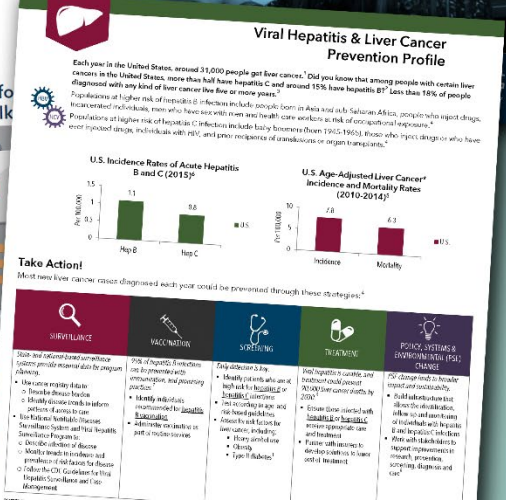
December

Advancing the Field of Cancer Patient Navigation: A Toolkit for Comprehensive Cancer Control Professionals

Each year in the United States, around 31,000 people get liver cancer. Did you know that among people with certain liver ailments in the United States, more than half have hepatitis C and around 15% have hepatitis B? Less than 16% of people diagnosed with either of these conditions receive the care they need to live longer and healthier lives.

The Cancer Survivorship E-Learning Series for Primary Care Providers Communication Tools

GW Cancer Center



APPENDIX A: SELECTED TAT PRODUCTS

Below is a table containing selected GW Cancer Center TAT resources.** Resources marked with an asterisk (*) were developed during Year 02.

TITLE	DESCRIPTION	RELEASE DATE
2019 Cancer Survivorship E-Learning Series for Primary Care Providers Annual Report*	This report presents the number of providers that completed a module of the E-Learning Series in 2018 or 2019 for states, tribes and territories.	2020
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
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
Advancing Patient-Centered Cancer Survivorship Care Toolkit*	This toolkit supports training and technical assistance from Comprehensive Cancer Control Programs/Coalitions to health care providers/organizations in order to improve patient-centered cancer survivorship care in their state, tribe, or territory.	2019
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
Cancer Survivorship E-Learning Series for Primary Care Providers Promotional Video*	This short video promotes the Cancer Survivorship E-Learning Series for Primary Care Providers.	2019
Coalition Sustainability: COVID-19 Tip Sheet*	Designed to help maximize coalition sustainability, this tip sheet identifies the value proposition for smart partnerships.	2020
Executive Training on Navigation and Survivorship Guide for	This guide includes background information, tools and resources along with short activities to help	2014

** A few of these resources were not developed through the CDC DP13-1315 or DP-18-1805 cooperative agreements. However, given they may also benefit CCC stakeholders and cancer partners, their dissemination directly supports the communication objective of the CCCTAT project.

Program Development and Program Development Workbook	with program design, implementation, evaluation and sustainability. Companion to Executive Training on Navigation and Survivorship	
Guide for Patient Navigators	This guide provides a supplement to the Oncology Patient Navigator Training.	2016
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
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
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
"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
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
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
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
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	2017

	change initiatives.	
Spanish Guide for Patient Navigators - A Supplement to the Oncology Patient Navigator Training: The Fundamentals*	This Spanish language guide, from the GW Cancer Center, Navegación de Pacientes Internacional, and the Latino Cancer Institute, includes the foundational knowledge that patient navigators need, as well as free resources and tools to put into practice.	2020
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
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
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
You Are Welcome Here Posters	This poster reminds patients of all backgrounds, identities and national origins that they are welcome in your organization.	2018

APPENDIX B: ONCOLOGY PATIENT NAVIGATION TRAINING EVALUATION RESULTS

Responses originally scored on a 5-point scale Likert scale but were converted to the following for analysis:

- 1 - Strongly Disagree
- 2 - Disagree
- 3 - Neutral
- 4 - Agree
- 5 - Strongly Agree

	Pre-Test Mean	Post-Test Mean	Percent Change	T-Statistic	P-value
1. Overview of Patient Navigation and Competencies	3.42	4.28	25.1%	-30.4	<0.001
2. Medical Terminology	3.83	4.40	14.9%	-20.5	<0.001
3. Cancer Basics	3.77	4.41	17.0%	-24.5	<0.001
4. Clinical Trials	3.24	4.31	33.0%	-30.3	<0.001
5. Impact of Cancer	3.74	4.38	17.1%	-20.2	<0.001
6. U.S. Health Care System	3.47	4.37	25.9%	-28.1	<0.001
7. Health Care Payment and Financing	3.35	4.26	27.2%	-28.1	<0.001
8. The Role of the Patient Navigator	3.60	4.17	15.8%	-18.1	<0.001
9. Patient Assessment	3.61	4.24	17.5%	-21.3	<0.001
10. Shared Decision-Making	3.57	4.32	21.0%	-25.3	<0.001
11. Identifying Resources	3.55	4.28	20.6%	-23.7	<0.001
12. Communicating with Patients	3.62	4.28	18.2%	-24.4	<0.001

13. Patient Advocacy	3.54	4.30	21.5%	-26.3	<0.001
14. Culturally Competent Communication	3.47	4.24	22.2%	-25.5	<0.001
15. Scope of Practice	3.70	4.32	16.8%	-21.9	<0.001
16. Ethics and Patient Rights	3.55	4.25	19.7%	-22.9	<0.001
17. Practicing Efficiently and Effectively	3.65	4.29	17.5%	-23.0	<0.001
18. Health Care Team Collaboration	3.74	4.28	14.4%	-19.9	<0.001
19. Program Evaluation and Quality Improvement	3.54	4.24	19.8%	-24.4	<0.001
20. Personal and Professional Development	3.60	4.27	18.6%	-22.5	<0.001

APPENDIX C: CANCER SURVIVORSHIP E-LEARNING SERIES FOR PRIMARY CARE PROVIDERS EVALUATION RESULTS

Responses originally scored on a 5-point scale Likert scale but were converted to the following for analysis:

- 1 - Strongly Disagree
- 2 - Disagree
- 3 - Neutral
- 4 - Agree
- 5 - Strongly Agree

	Pre-Test Mean	Post-Test Mean	Percent Change	T-Statistic	P-value
Module 1: The Current State of Survivorship Care & the Role of Primary Care Providers	3.37	4.26	26.4%	-22.0	3.37
Module 2: Late Effects of Cancer Care & its Treatments: Managing Comorbidities & Coordinating with Specialty Providers	3.29	4.16	26.4%	-19.5	3.29
Module 3: Late Effects of Cancer & its Treatments: Meeting the Psychosocial Health Care Needs of Survivors	3.24	4.15	28.1%	-17.0	3.24
Module 4: The Importance of Prevention in Cancer Survivorship: Empowering Survivors to Live Well	3.41	4.27	25.2%	-15.6	3.41
Module 5: A Team Approach:	3.52	4.27	21.3%	-14.9	3.52

Survivorship Care Coordination					
Module 5 Companion: Advancing Patient-Centered Cancer Survivorship Care	3.38	4.16	23.1%	-9.5	3.38
Module 6: Cancer Recovery & Rehabilitation	3.39	4.21	24.2%	-11.5	3.39
Module 7: Spotlight on Colorectal Cancer Survivorship: Clinical Follow-Up Care Guideline for Primary Care Providers	3.23	4.18	29.4%	-14.7	3.23
Module 8: Spotlight on Colorectal Cancer Survivorship: Clinical Follow-Up Care Guideline for Primary Care Providers	3.30	4.13	25.2%	-9.8	3.30
Module 9: Spotlight on Breast Cancer Survivorship: Clinical Follow-Up Care Guideline for Primary Care Providers	3.41	4.20	23.2%	-14.6	3.41
Module 10: Spotlight on Head and Neck Cancer Survivorship: Clinical Follow-Up Care Guideline for Primary Care Providers	3.14	4.14	31.8%	-14.1	<0.001

APPENDIX D: EXECUTIVE TRAINING ON NAVIGATION AND SURVIVORSHIP EVALUATION RESULTS

Responses originally scored on a 5-point scale Likert scale but were converted to the following for analysis:

- 1 - Strongly Disagree
- 2 - Disagree
- 3 - Neutral
- 4 - Agree
- 5 - Strongly Agree

	Pre-Test Mean	Post-Test Mean	Percent Change	T-Statistic	P-value
1. Program Planning Overview	3.43	4.19	22.2%	-13.2	<0.001
2. Identifying Need	3.47	4.20	21.0%	-13.1	<0.001
3. Planning Your Program Part I	3.46	4.17	20.5%	-12.7	<0.001
4. Planning Your Program Part II	3.24	4.12	27.2%	-12.6	<0.001
5. Funding and Sustaining Your Program	3.28	3.84	17.1%	-9.2	<0.001
6. Evaluating Your Program	3.45	4.11	19.1%	-12.2	<0.001
7. Creating a Business Plan	3.13	4.09	30.7%	-12.4	<0.001

APPENDIX E: ACTION FOR POLICY, SYSTEMS AND ENVIRONMENTAL CHANGE TRAINING EVALUATION RESULTS

Responses originally scored on a 5-point scale Likert scale but were converted to the following for analysis:

- 1 - Strongly Disagree
- 2 - Disagree
- 3 - Neutral
- 4 - Agree
- 5 - Strongly Agree

	Pre-Test Mean	Post-Test Mean	Percent Change	T-Statistic	P-value
1: Engage	3.50	4.14	18.3%	-5.9	<0.001
2: Scan	3.41	4.07	19.4%	-6.5	<0.001
3: Assess	3.40	4.05	19.1%	-6.7	<0.001
4: Review	3.27	4.06	24.2%	-8.1	<0.001
5: Promote	3.37	4.13	22.6%	-8.4	<0.001
6: Implement	3.50	4.09	16.9%	-7.4	<0.001
7: Evaluate	3.51	4.05	15.4%	-6.2	<0.001

APPENDIX F: TRIBE/TRIBAL VIRTUAL WORKSHOP EVALUATION

Comprehensive Cancer Control Tribe/Tribal Workshop (Virtual)

September 9-10, 2020

Evaluation Survey Results (report generated by ACS)

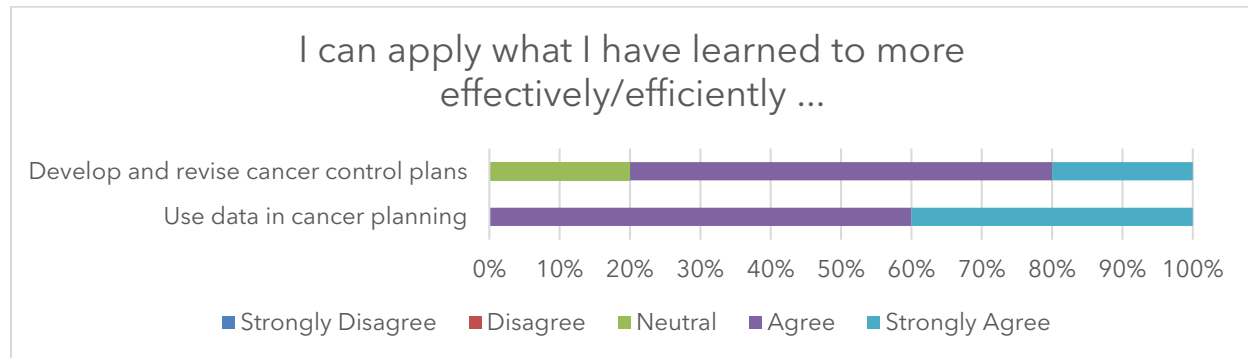
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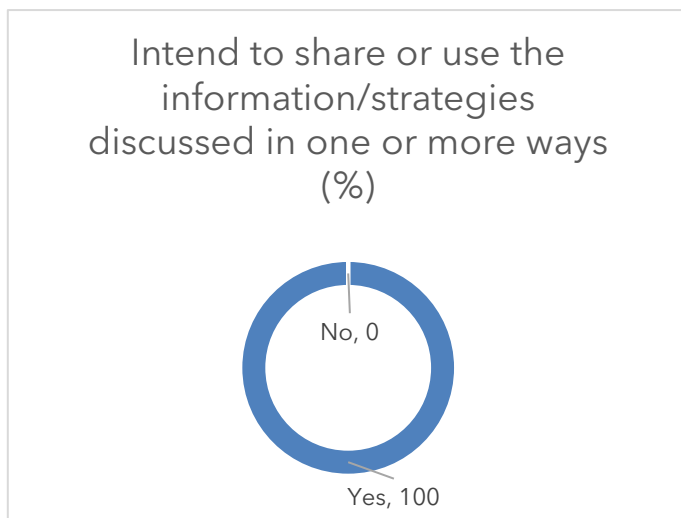
Fifteen people attended the two-day virtual workshop held September 9th and 10th, 2020. Ten completed the post-webinar survey (post-survey). Survey results were analyzed with STATA 15. Frequencies and summary statistics were examined to identify the common trends in responses.

Results

Overall, the majority of respondents had positive feedback about the workshop. Most can apply what they have learned (80-100%) and intend to use or share the information/strategies discussed (100%). The majority selected one or more of the “intention to share or use” answer choices, with the majority reporting one to three selections (see Table 1). This indicates that there may be multiple ways that participants intend to disseminate the information shared to their coalitions and other stakeholders.

Figures 1-2 and Table 1: Application and Workshop Information Dissemination or Use Intentions (n=10, all post-workshop respondents)





Intentions to Share or Use the Information / Strategies Summary (Total # of Items Selected, %)	
1	20.0
2	10.0
3	50.0
4	10.0
5	10.0

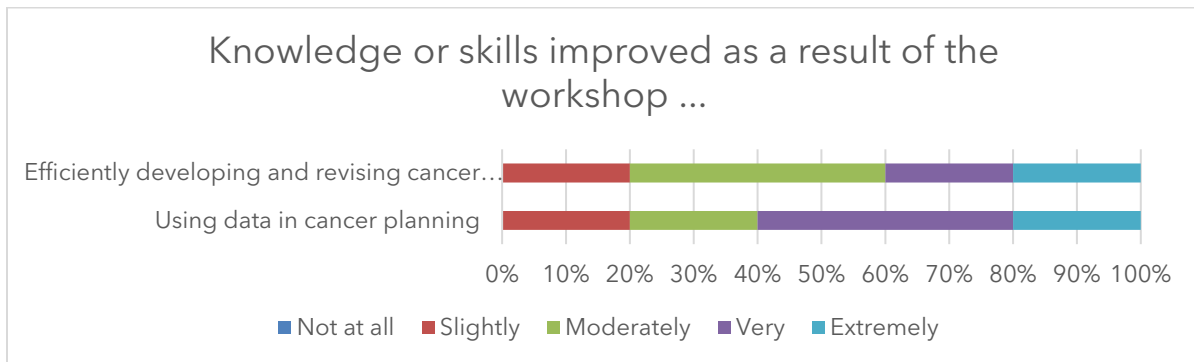
Respondents indicated they would mostly likely use or share the webinar’s information during a coalition meeting discussion, to develop new and expand or revise existing activities/materials, or to disseminate in communications materials.

Table 2: Intentions to Disseminate or Use Webinar Information/Strategies (n=10, all post-workshop respondents)

How do you intend to use or share the information/strategies discussed in this webinar with your coalition:	N	Percent
Discuss during coalition meeting	5	50.0
Engage new partners	3	30.0
Identify evidence-based interventions to implement	1	10.0
Expand or revise existing activities/materials	6	60.0
Include in communications materials - newsletter, email updates, social media	4	40.0
Develop new activities/materials	4	40.0
Other	2	20.0
Train coalition members on the topic	3	30.0
I do not intend to use or share the information/strategies discussed in this webinar	0	0.0

Overall, all of the respondents reported some level of knowledge or skill improvement. On average, 40-60% of respondents indicated that their knowledge and skills strongly improved (very/extremely). Detailed frequencies are presented below for each overarching topic area covered in the workshop in Figure 3.

Figure 3: Workshop Impact on Knowledge or Skills (n=10, all post-workshop respondents)



The majority of respondents reported that the workshop was delivered effectively (100%) with good/excellent overall ratings from all respondents. While all indicated they were able to learn what other comprehensive cancer control programs are doing (100%), fewer felt they were able to share what their CCC was doing (80%). Similarly, many shared that the group debriefing/discussions presented an opportunity to identify knowledge gaps and next steps (80%). All shared that the guest presentations and peer-to-peer presentations were valuable (100%). The majority plan to contact individuals from this workshop to follow-up on ideas for future activities (90%). While the majority (80%) indicated adequate timing, a few identified “questions and answers” and “group debriefing/discussions” as areas needing additional time (20%). (Detailed frequencies for this summary are included below.)

Themes for the most valuable elements of the workshop were: peer-to-peer engagement (6) and other topics (2). Few elements were cited as least valuable with discussion (1), virtual format (1), and time/timing (1) as the themes for singular comments. Overall, workshop attendees recommended the following to improve future workshops: None (3), hosting in-person (2), more discussion time (1), and more tribal-specific presentation (1). Other topics suggested for future CCC workshops were varied with limited common themes. Examples of the topics includes: “hands-on demonstration of data use/visualization”, engaging coalition partner organizations, EHR reporting, and resources and support for tribal communities and NCCCCP grantees. (Detailed responses for this summary are included below.)

Detailed Tables

My knowledge or skills regarding using data in cancer planning improved as a result of this workshop.	
Not at all	-
Slightly	20% (2)
Moderately	20% (2)
Very	40% (4)
Extremely	20% (2)

My knowledge or skills regarding efficiently developing and revising cancer control plans improved as a result of this workshop.	
Not at all	-
Slightly	20% (2)
Moderately	40% (4)
Very	20% (2)
Extremely	20% (2)

I can apply what I have learned to more effectively use data in cancer control planning.	
Strongly Disagree	-
Disagree	-
Neutral	-
Agree	60% (6)
Strongly Agree	40% (4)

I can apply what I have learned to more efficiently develop and revise cancer control plans.	
Strongly Disagree	-
Disagree	-
Neutral	20% (2)
Agree	60% (6)
Strongly Agree	20% (2)

The workshop was delivered effectively.	
Strongly Disagree	-
Disagree	-
Neutral	-
Agree	40% (4)
Strongly Agree	60% (6)

I was able to learn what other comprehensive cancer control (CCC) programs are doing.	
Strongly Disagree	-
Disagree	-
Neutral	-
Agree	30% (3)
Strongly Agree	70% (7)

I was able to share what my CCC is doing.	
Not at all	10% (1)
Slightly	10% (1)
Moderately	-
Very	40% (4)
Extremely	40% (4)

The guest presentations were useful for my work.	
Strongly Disagree	-
Disagree	-
Neutral	-
Agree	40% (4)
Strongly Agree	60% (6)

The peer to peer presentations were a valuable way to learn about the work of other CCCs.	
Strongly Disagree	-
Disagree	-
Neutral	-
Agree	30% (3)
Strongly Agree	70% (7)

The group debriefing/discussions presented an opportunity identify knowledge gaps and next steps.	
Strongly Disagree	-
Disagree	-
Neutral	20% (2)
Agree	40% (4)
Strongly Agree	40% (4)

I plan to contact individuals from this workshop to follow-up on ideas for future activities at my organization/program/coalition.	
Yes	90% (9)
No	10% (1)

The time allotted to the ... was:	Not enough (1-39%)	Just right (40-69%)	Too much (70% - 100%)	Mean
Guest presentations		80% (8)	20% (2)	55.7
Peer-to-peer presentations	10% (1)	80% (8)	10% (1)	47.4
Questions and answers	20% (2)	80% (8)		45.3
Group debriefing/discussions	20% (2)	80% (8)		45.2

Overall, how would you rate the workshop?	
Poor	-
Mediocre	-

Average	-
Good	50% (5)
Excellent	50% (5)

What was the most valuable part of the workshop for you?	
Peer-to-Peer Engagement	
<ul style="list-style-type: none"> Hearing what everyone was doing with their respective plans was useful to gain perspective overall. 	
<ul style="list-style-type: none"> The most valuable part of the workshop was interacting with the other tribal grantees and seeing the strategies used in different capacities was motivating for stronger use of data and coalition engagement. Thank you for a wonderful workshop! 	
<ul style="list-style-type: none"> Being together as the tribal grantees with opportunities to hear and explore common concerns. 	
<ul style="list-style-type: none"> Peer to peer sharing 	
<ul style="list-style-type: none"> Engaging with and learning from other CCC programs. 	
<ul style="list-style-type: none"> Learning what other grantees were doing 	
Other	
<ul style="list-style-type: none"> I was only able to briefly attend on the first day and not at all the second day. What I was able to listen to was helpful. 	
<ul style="list-style-type: none"> The data visuals. 	

What was the least valuable part of the workshop for you?	
None	
<ul style="list-style-type: none"> It was all valuable. 	
<ul style="list-style-type: none"> There was no less value added part of the workshop. It was a great use of time. 	
<ul style="list-style-type: none"> Everything was excellent and as a new member of [organization name] I needed all of it. 	
<ul style="list-style-type: none"> N/A 	
<ul style="list-style-type: none"> NA 	
Discussion	
<ul style="list-style-type: none"> I would have liked more discussion about data in our local communities and programs 	
Virtual Format	
<ul style="list-style-type: none"> All of the workshop was valuable, however the virtual format was not ideal and is the reason that I would not be interested in participating in another conference. It is very difficult to engage with other participants through the virtual setting. This is not a reflection of the conference hosts or funder, but is the nature of the nation due to Covid19. 	
Time/Timing	
<ul style="list-style-type: none"> Not enough discussion time 	

Would you be interested in participating in another workshop like this?	
Yes	80% (8)
No	20% (2)

What recommendation(s) would you make to improve future workshops?
Host In-person Meeting
<ul style="list-style-type: none"> To wait until travel restrictions are lifted and host the conference in person. I would probably say in person...but in fact, I thought this worked very well and I wouldn't be opposed to more zoom meetings of this sort.
Topic
<ul style="list-style-type: none"> More tribal specific presentation
Time/Timing
<ul style="list-style-type: none"> As stated above more discussion time
None
<ul style="list-style-type: none"> N/A None None

What other topics or presenters would you like to see in future CCC virtual workshops?
<ul style="list-style-type: none"> Researchers and subject matter experts from the science field that discuss the influence of obesity and alcohol on cancer risks. I would like to see more hands-on demonstrations of data use and visualization I think seeing some of the partner organizations in coalitions that are core contributors might be helpful for sharing tips on engagement. I also think that an ICare or other EHR reporting subject matter expert would be great Maybe have a one hour focus on ONE particular, common topic. Just CRC or just reminder systems. To talk about the nitty gritty ideas that have worked for us...maybe also with sample materials available or at least viewable. Resources in tribal communities No suggestion at this time How to be culturally appropriate during COVID-19 The CDC on how they are supporting the grantees

†Percentages are rounded and may not sum to 100%.

