

Local Implementation Toolkit

**For Communities in New York State
interested in local implementation of
Comprehensive Cancer Control**

**Developed by the Local Implementation Committee of
the New York State Cancer Consortium**

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Introduction

This toolkit was designed to facilitate local Comprehensive Cancer Control (CCC) implementation efforts in New York State, drawing on past successes of other similar efforts in the state. This toolkit contains the steps to planning and implementing CCC in your community along with templates of materials that you can use in your efforts. We recognize that each community is unique and diverse, thus this toolkit is meant to serve only as a guide. Sections of this toolkit will need to be modified based upon the implementation area's demographic, cultural and geographic composition and the area's cancer burden and need.

Step 1: Getting Started

1. What is Comprehensive Cancer Control (CCC) and is it right for our community?

Comprehensive Cancer Control is a national effort based on the premise that the burden of cancer can be reduced through more effective partnerships and collaborations. Before starting a CCC effort, make sure to familiarize yourself with CCC, the New York State Cancer Consortium (NYSCC), the New York State Comprehensive Cancer Control Plan (NYSCCCP), and other ways that CCC has been implemented in other states. CCC allows organizations to better fulfill their missions.

To learn more about CCC:

--Visit the NYSCC Web site at www.nyscancerconsortium.org

--Visit the Centers for Disease Control and Prevention (CDC) page on CCC at <http://www.cdc.gov/cancer/ncccp/>

--Get more information about the efforts in NYS by e-mailing nyscccp@cancer.org

--For an example of a local effort visit <http://www.cancerfreedutchess.net/>

To download the NYSCCCP:

--Visit the NYSCC Website at http://nyscancerconsortium.org/cancer/cancer_download.aspx

2. Who will take the lead on CCC Planning in our community?

Most CCC efforts start with an organization that serves as an initiator or lead agency. For example, initiating agencies include hospital systems (Bassett and Roswell Park), county health departments (Dutchess County Department of Health), and nonprofit organizations (American Cancer Society).

3. What resources do we need to have available for CCC?

CCC efforts require minimal start up costs and depend on the level of commitment from the community as well as the level of the implementation effort. Some local efforts have committed annual funding (Dutchess County Executive Budget), others have contributed meeting costs (Bassett), and other organizations have identified funding for meetings (Roswell Park). The level of funding and commitment determines what types of activities will be implemented. Some non-monetary resources include staff time, paper, postage, space, food, etc.

4. Who should be involved in the initial planning?

In addition to the initiating organization, it is important to work on planning the effort with several other interested parties. Some organizations that may be worthwhile to include on initial planning efforts include:

--American Cancer Society representative

--Representative from the local Cancer Services Program Partnership

--The local representative from the NCI's Cancer Information Service

--Representative from the statewide NYSCC --Representative from the county department of health

--Representative from a local hospital system

--Representatives from local colleges, universities, and businesses

--Immigrant and Migrant Health Organizations

--Community-Based Organizations

--Cancer Liaison Physician for the American College of Surgeons in your area

--For a list of organizations already involved in CCC in your area, email nyscccp@cancer.org.

Step 2: Planning the First Meeting

Although each community functions differently, many local efforts have started with a “kickoff” meeting to familiarize community members with CCC and start to think about how CCC might work in their local areas. See Appendix B for a list of potential invites, examples of save the dates, letters of invitation, registration forms, surveys, press releases, agendas and evaluations.

1. *What are the basic needs for a meeting?*

- a. Location: Most meetings have occurred at a nice hotel or well-known community location (The FDR Museum, Holiday Valley, Otesaga Resort). By having the event at an impressive facility, people are inclined come and it lends importance to the effort. Also, by having it at a hotel it provides an unbiased location, which avoids potential turf wars. This option, however, can be rather expensive. Communities with little or no budget can also consider using a no or low-cost community room or facility. Organizations that are involved can often provide meeting space. Local libraries, colleges or universities, involved hospitals are all low-budget options that can be explored. **YOU DO NOT NEED TO HAVE YOUR MEETING IN AN EXPENSIVE VENUE FOR IT TO BE A SUCCESS!!**
- b. Food: Typically light refreshments and lunch are served at the meeting. These food breaks not only to encourage participation, but also to promote discussion between meeting attendees. Networking time is one of the most useful and successful additions to an agenda.
- c. Information: Folders are often given out with copies of the NYSCCCP, brochures, and other information about the statewide effort as well as a list of attendees, results of the pre-meeting survey, and any presentation outlines. Pamphlets containing information on attending organizations can also be included to assist in future networking.
- d. Equipment: Typically standard equipment is needed including projector, screen, computer/laptop, and microphones.
- e. CME & CEU credit: One community decided to offer credits to encourage participation of health professionals. Depending on the resources available, this may be an option.
- f. Length and time: Most efforts begin early to mid-morning (between 9-10, with registration 30 minutes prior). The scheduled time would depend upon the area being targeted. A one county initiative could have an earlier start time as travel would not be an issue, whereas a multi-county initiative would want to start a bit later to allow for longer distances. The program wraps up typically around lunch, giving participants an opportunity to eat lunch together and leave when they are finished.

2. *Who should be invited?*

The planning group needs to first define the community—is it a town, a county, or a region composed of several counties? Currently, the major efforts are in a county and in regions (with about 10 counties each). Once this is decided, the planning committee can invite diverse partners including:

--Health professionals (doctors, nurses, oncologists, hospital social workers)

--Area Cancer Service Program Partnerships (and ask them to invite their partnering organizations)

--Hospice and Palliative Care staff (go to www.hpcanys.org, click on either find a hospice or find a palliative care program, select the counties the group is interested in and potential contacts will be shown)

- Non-profit organizations such as American Cancer Society, Susan G. Koman, Leukemia & Lymphoma Society, etc.
- Representatives from colleges and universities in the area
- Immigrant and minority health organizations
- Local businesses
- Survivors
- Representatives from the statewide program (to get a list of NYSCC members in your area contact nyscccp@cancer.org)
- Tobacco coalition representatives
- Local and statewide politicians
- County Department of Health
- County Executive
- Health Insurance Companies
- Community Grant Foundations and the local United Way
- Aging organizations (both governmental and private)

3. *What are the components of the invitations?*

- a. Save-the-Date: Can be sent via mail or e-mail. Typically is sent 2-3 months before the event.
- b. Letter of invitation: These letters give the specific details about the event and are often accompanied by an agenda. Registration options are outlined.
- c. Registration: Done via paper copy and online. Some programs have had online registration via survey. A link is also provided for registration on the NYSCC Website. (NYSCC staff can assist in the creation of online registration and posting.)
- d. Initial survey: All communities have chosen to briefly survey the invitees to better understand who is around the table, what types of activities they are involved in, and the populations that they serve.

4. *What should the agenda look like? Who are some potential speakers?*

Typically agendas focus describing CCC, the efforts of the NYSCC, a description of the local community (including cancer burden information, race, age, education, and income level data) along with the initial survey results, and how local efforts can fit into the NYSCC. Other components can include an overview of cancer control resources such as Cancer Control P.L.A.N.E.T. as well as a discussion of local needs.

Some potential speakers include representatives from the NYSCC, National Cancer Institute's Cancer Information Service, American Cancer Society, local organizations, and planning committee members. Contact nyscccp@cancer.org for more information about possible speakers in your area.

5. *How should we involve the media?*

Most communities have chosen to send press releases to local newspapers and invite media partners to the event. Coverage has included newspapers, radio, and television.

6. *How can we get competing programs to the table?*

When inviting groups who may be vying for similar resources and programs, it is important to emphasize the concept of CCC as a collaborative, neutral process. Also, rather than thinking of the organizations as competing, highlight the positives, such as their abilities to complement each other and collaborate. Emphasize the ways that CCC efforts can help fulfill the missions of individual organizations and the opportunity to contribute to the health of the community through a collective group effort.

7. *What are some ways to evaluate the meeting and plan for future events?*

Communities have all chosen to have evaluations passed in at the end of meetings in exchange for “tickets” to lunch. This includes an evaluation of the meeting and a commitment form which gives participants the opportunity to sign on to the new coalition and detail what they think are the most important cancer issues in their area. This evaluation helps the coalition form priorities and group people together by interest. It is very important to begin do continuous planning of next steps including the need for ongoing evaluation. This will help you to receive money in the form of grants later on and will allow for more participation from your “volunteers.”

Step 3: Engaging New Members

Following the first meeting, a great deal of excitement is generated and new members want to start working together. At this point, it is critical to get people involved.

1. ***Give yourself a name.*** Are you a Coalition, a Consortium, a Partnership? What area do you cover? Give yourselves an identity!

2. ***Plan a follow-up meeting.***

New members have been engaged in a variety of ways, but typically groups have a follow-up meeting within 3 months where key areas of implementation are identified (based on the commitment forms generated from the first meeting) and people join workgroups based on their area of interest. One option is to give the workgroups time to meet during the meeting, assign a lead, and develop tangible activities with a time frame. Another option is to have an interim meeting with members that marked an interest in a leadership role. This group will work together to decide whether to be goal area focused or project focused. It is helpful to have a plan for group members before arriving to the follow-up meeting. ***Remember to create evaluation tools for the follow-up meeting!***

3. ***Communicate with new members.***

Keep members up-to-date with e-mail correspondence, newsletters, and Websites. If there isn't a devoted Website for the CCC efforts, look into having another site host a page for the effort (i.e. the NYSCC Website^{*}). Let members know about local and statewide activities that may be of interest. Send information to the NYSCC about local efforts for inclusion in their newsletters and correspondence.

4. ***Conduct a community needs assessment.***

Depending on level of funding a needs assessment may be a viable option. This helps determine areas of need as well as strengths of the community. A small assessment can be done through interviews and surveying participants. Attached is an example of a needs assessment that was contracted out.

5. ***Develop a Mission/Vision***

In order to attract the right organizations and individuals, it is helpful to have a clearly stated mission/vision. This gives members validation for time spent on projects that can be given to their main place of employment. (Remember, most of your members have full-time jobs elsewhere. Clearly show how their membership pertains to their career and organization.)

6. ***Develop organizational structure and by-laws.***

As the coalition becomes more formal, a structure and by-laws may be needed. Attached are some of the formalized membership documents of the NYSCC that can be amended and used for local efforts.

7. ***What types of activities are considered implementation activities?***

Local coalitions can implement activities at a variety of different levels. Some potential activities include:

^{*} Local coalitions may receive their own webpage on the NYSCC website if the NYSCC has assisted in the formation **AND** the coalition is based upon the goals and strategies listed in the NYS Comprehensive Cancer Control Plan.

- Promoting the “SunWise with SHADE” poster contest in area schools along with the EPA’s SunWise Toolkit, which teaches students the importance of practicing sun safe behaviors.
- Organizing a screening day with low or no-cost cancer screenings.
- Sponsoring educational seminars for local professionals on important cancer topics.
- Developing patient navigation programs at the community level using the C-Change Toolkit.
- Encouraging students to pursue careers in cancer using the C-Change speakers’ toolkit.
- Implementing evidence-based activities found on the Cancer Control P.L.A.N.E.T. web portal.

Activities will vary depending upon the areas of need identified in surveys and evaluations completed by your members.

8. *How do we sustain the effort?*

- a. Give participants the opportunity to share information about their efforts in CCC and how others can join in these efforts.
- b. Identify funding to help with meeting costs and implementation projects. Funding to help begin efforts can come from a variety of community grant makers and foundations. Developing relationships with these organizations from the start can help them understand the importance of these efforts.
- c. Promote ownership of CCC by having a steering committee or leadership group composed of diverse backgrounds and organizations, rotating meeting locations between participating organizations (rather than always at the same place), and promoting shared responsibilities.
- d. Distribute contact lists of participants with some information on their interests (early detection, hospice and palliative care, etc.).
- e. Continue with evaluation and keep track of successes. This can help in obtaining grant money later on.
- f. Be sure to have projects or groups that your members can justify to their organization. Being project focused might help members show their employer how this work coincides with their full-time work. Try to avoid nebulous focused groups.
- g. Keep members up to date on events, project development, status of funding, etc. Don’t let the group forget that they were excited about doing something to reduce the burden of cancer in their area!

Step 4: Identifying Resources and Activities

1. *What training opportunities are available?*
 - a. Cancer Control P.L.A.N.E.T.
 - b. Using What Works

2. *What other resources are available?*
 - a. www.cancerplan.org
 - b. Information about funding can be found at:
http://www.nyscancerconsortium.org/resources/resources_links.aspx#grants
 - c. *Information about the NYS Cancer Control Plan and the NYS Cancer Consortium can be found at: <http://nyscancerconsortium.org/>*
 - d. *Staffing assistance can be provided. Employees of the NYSCC can offer assistance such as: Creating and mailing Save the Dates and invitations, Creating online registrations and links, Speaker Assistance, Maps and Data on the demographics of the covered area, Meeting packet compilation, Web Page creation, and continued support as deemed necessary.*
 - e. *Promotion for your event through the NYSCC Chronicle (sent to a listserve of over 900 individuals throughout NYS) and the NYSCC website. Continued success is also reported.*
 - f. *Be connected to others that have created local coalitions and have experienced similar issues for support and assistance.*

Appendix A

Materials for Step 1

*NYSCC Executive Summary

*NYSCC Brochure

New York State Cancer Consortium Executive Summary

The New York State Cancer Consortium (NYSCC) represents the collective input and commitment of hundreds of organizations and individuals throughout the State, with the goal of eliminating cancer as a major health problem for all New Yorkers. With support from the Centers for Disease Control and Prevention, stakeholders in New York have created the New York State Comprehensive Cancer Control Plan (NYSCCCP), a plan that envisions integrating the efforts of all those who care about reducing cancer in New York to enhance existing strengths in research, prevention, treatment and quality of life and build new initiatives in areas of unmet needs. The goals and strategies in the Plan are based on the principle of inclusive collaboration to ensure that all New Yorkers are reached by the best practices that are available to ultimately reduce the burden of cancer in New York State.

Why is Such a Major Effort Needed?

While we have made significant progress in New York over the last decade, primarily in reducing cancer mortality, much remains to be done to better prevent and control cancer. Cancer is one of the most common chronic diseases in New York State, and is second only to heart disease as the leading cause of death. An estimated 88,000 people will be diagnosed with cancer in New York State in 2006 — over 240 people each day of the year.¹ An estimated 35,000 New Yorkers will die from cancer — about 100 individuals each day. Four cancer sites account for 56% of the total cancer burden — lung, colorectal, breast and prostate cancers. These same four cancers are responsible for 51 percent of all cancer deaths in New York State.

What is Comprehensive Cancer Control (CCC)?

Comprehensive cancer control is defined as an integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation, and palliation. Comprehensive cancer control is achieved through a partnership of public and private stakeholders whose common mission is to reduce the overall burden of cancer. This partnership mobilizes support for implementing priorities, puts in place coordinated activities, monitors progress over time, and reassesses priorities periodically in light of emerging developments in cancer and related fields.

To be “comprehensive” a program must address the entire continuum of cancer services from primary prevention to end-of-life; be interdisciplinary, engaging all professions involved in cancer control; and be inclusive of all cancers, population groups, and geographic regions

The concept of Comprehensive Cancer Control (CCC) was developed by the Centers for Disease Control, American Cancer Society, National Cancer Institute, and American College of Surgeons. Statewide planning and implementation of CCC were spearheaded by these organizations and are funded through the CDC. For information on the CDC’s Comprehensive Cancer Control activities, access their web site at <http://www.cdc.gov/cancer/ncccp/index.htm>.

How Was the New York State CCC Plan Developed?

The New York State Comprehensive Cancer Control Plan (NYSCCCP) was developed over a period of about 18 months beginning in fall 2001. The plan development process was

¹ Cancer Facts & Figures, 2006. American Cancer Society, Atlanta, GA

coordinated through the combined leadership of the American Cancer Society and the New York State Department of Health. This process involved the partnership of hundreds of people and organizations. A Core Work Group coordinated the many facets of the Plan and ensured broad-based participation. Other state plans were reviewed and used as models for the New York Plan. Stakeholder surveys were sent to approximately 400 organizations and individuals to seek their ideas on key issues and solicit input on suggested goals and strategies. Nine Goal Development Teams were created, comprised of 65 experts and advocates, around the nine goal areas of the Plan, and a preliminary set of goals and strategies. Ten community forums were conducted across the State in which over 300 people reviewed and commented on a draft of the Plan. A two-day Leadership Summit was held where experts and advocates met to provide final review and comment on the Plan and to indicate their commitment to the implementation process.

The Final Plan was released in September of 2003 and incorporates nine major goal areas:

- Health Promotion and Disease Prevention
- Early Detection
- Treatment
- Quality of Life
- Palliative Care
- Health Personnel
- Research
- Data and Surveillance
- Public Policy

What has the New York State Cancer Consortium accomplished?

Some of the accomplishments of the NYSCC to date are listed below:

- ❖ Statewide distribution of and communications about the Plan
- ❖ Demonstration projects in colorectal, prostate, ovarian and skin cancers carried out in various locations across the state
- ❖ Development of a Steering Committee and Implementation Workgroups (IWG) for each of the nine plan areas
- ❖ Implementation Workgroups developed workplans with local pilot projects and collaborative efforts in all the plan areas
- ❖ Quarterly meetings with the Directors of the Comprehensive Cancer Centers in New York State for discussion, input and priority setting with NYS Governor's Office
- ❖ Development of a new governance structure which includes general membership, a steering committee, advisory committees, and standing committees
- ❖ Establishment of standing committees on Evaluation, Communications, Implementation, Membership, and Policy
- ❖ Local implementation collaborations with rural health networks and other local stakeholders throughout the state
- ❖ Collaboration on the successful "Dialogue for Action" colorectal cancer grant application which funded a statewide meeting in June of 2006
- ❖ Brought together stakeholders from across the state for a symposium on ovarian cancer, discussing current issues in the field and recommendations for the future

Where Do We Go From Here?

Many of the goals of the New York State Cancer Consortium are set forth in the NYSCCCP. Over the next five years, Consortium efforts will focus on the following activities:

- ❖ Continued planning, consultation, technical assistance and activities throughout the state
- ❖ Collaborative efforts with the Cancer Center Directors group to advance comprehensive cancer control
- ❖ Expanded local implementation of the plan, including provision of guidance, two-way communication of best practices and other initiatives to enhance community efforts in reducing the burden of cancer
- ❖ Continued outreach to ensure that New Yorkers of all racial, ethnic, socioeconomic, geographic and cultural backgrounds are included as important stakeholders in Plan efforts
- ❖ Tracking, evaluation and public reporting of progress towards Plan goals

To implement these initiatives and reach the challenging goals embodied in the Plan, this effort needs the commitment of all New Yorkers. Please consider joining in the effort to eliminate cancer as a major health issue for New York.

For more information on the New York State Comprehensive Cancer Control Plan and to obtain a membership application for the New York State Cancer Consortium:

- o Visit on the web at: <http://nyscancerconsortium.org/>
- o Or contact us: nyscccp@cancer.org

NYSCC Brochure



Want to help control cancer where you live? Join the New York State Cancer Consortium

The New York State Cancer Consortium (NYSCC):

- ✓ Addresses the continuum of cancer services from primary prevention through end of life care and includes all major cancers, population groups and geographic areas in the state.
- ✓ Works to implement the goals outlined in the New York State Comprehensive Cancer Control Plan (NYSCCCP).
- ✓ Coordinates cancer control activities among organizations and individuals to maximize resources to achieve the goals of the NYSCCCP.

Mission and Vision

- ✓ *Mission: To reduce the human and economic burden of cancer for all people in New York State.*
- ✓ *Vision: People concerned about cancer will work collaboratively with other individuals to implement the NYSCCCP, while respecting and embracing the cultural, demographic and geographic diversity within New York State.*

Priorities of the New York State Cancer Consortium

- ✓ Reduce tobacco use among adults and adolescents
- ✓ Increase public and provider awareness about cancer prevention studies for persons at high risk due to family history or genetics
- ✓ Increase compliance with cancer screening guidelines with a particular emphasis on colorectal cancer screening
- ✓ Increase the supply of qualified cancer care providers
- ✓ Enhance access to state of the art treatment in rural areas
- ✓ Enhance access to clinical trials
- ✓ Support data collection and dissemination
- ✓ Increase cancer research funding in NYS

Plan and Consortium Development

- ✓ The NYSCCCP was developed between 2001 and 2004, using input from community forums and surveys
- ✓ In 2006, the New York State Cancer Consortium was formed to address the goals of the NYSCCCP
- ✓ Implementation activities and membership recruitment are ongoing

“Working Together, Reducing Cancer, Saving Lives”

Join us in working to reduce the burden of cancer in New York State by becoming part of the New York State Cancer Consortium. To obtain a membership application or for more information, check us out at <http://nyscancerconsortium.org/> or email us at nyscccp@cancer.org.

Appendix B

Materials for Step 2

- List of Potential Invitees
- Save the Date
- Letter of Invitation
- Registration Form
- Initial Survey
- Press Release
- Sample Agenda
- Evaluation
- Commitment Form

List of Potential Invitees

Type of Organization/Individual	Potential Invitees
Non-Profit Organizations Examples: American Cancer Society, Leukemia & Lymphoma Society, Breast Cancer Coalitions, Susan G. Koman etc.	
Cancer Service Program Partnership Staff	
Tobacco Coalition Representatives	
Health Professionals Examples: Oncologists, oncology nurses, social workers, RNs/LPNs, physician assistants, primary care doctors, gastroenterologists, radiation technologists	
Hospice and palliative care representatives	
Colleges and universities (public health, social science, and other departments)	
Survivors	
Local businesses and corporations	
Local NYSCC representatives (contact nyscccp@cancer.org for members in your area)	
County Department of Health and representatives from American Indian Nation's Department of Health (if applicable to your area)	
County Executive	
Health Insurance Companies	
Community Grant Foundations and the local United Way	
Aging organizations	
Politicians	
Immigrant and Other Minority Health Organizations	
Other:	

Sample Invitation

Dear Colleague:

We would like to take this opportunity to announce an exciting new initiative to address the prevention, early detection and management of cancer for residents of our region. You and/or your designee are invited to a kick-off meeting of the - _____ Cancer Coalition on **date**, at **location**. Our goal is that the Coalition will provide a grass-roots approach to the implementation of the New York State Comprehensive Cancer Control Plan (NYSCCCP) and will address the specific needs of our residents.

The NYSCCCP represents a joint effort of the New York State Department of Health, the American Cancer Society, and the American College of Surgeons and outlines goals and strategies to reduce the burden of cancer in New York State by the year 2010. A copy of that plan is available at http://nyscancerconsortium.org/cancer/cancer_download.aspx

We are inviting stakeholders from areas of health care that address cancer care from prevention and early detection to treatment and support for quality of life. If there are others in your organization that should attend, please share this information and invite them to register. We welcome you to join this opportunity to make a difference in addressing cancer issues for - _____ New Yorkers.

The goals of this summit meeting include:

- 1) Description and update of the NYSCCCP, its development and expectations for implementation;
- 2) Presentation of an inventory of strategies currently being implemented and opportunities to address needs throughout our region; and,
- 3) Identification of specific, achievable goals and strategies to move this overall plan forward in our region.

Continuing Medical Education (CME) will be offered. The summit will be from **times on date**, followed by a buffet lunch to provide an opportunity to network and share ideas. The only cost to attendees will be travel expenses. Please return the enclosed registration form by **date**. If you have any questions, please contact **contact person** at **e-mail** or **phone**. In order to effectively spend our time, it is essential that we have an inventory of various cancer prevention, early detection, management and patient navigation activities that you and/or your organization are implementing. **Please complete the Registration and Community Cancer Activity Survey form and return in the prepaid addressed envelope.** Registration forms can also be completed online at www.nyscancerconsortium.org. Also, if there are other cancer activities in your community, please include those so we can create a comprehensive list.

We look forward to this opportunity to launch this regional cancer initiative and sincerely hope that you will help in whatever way possible to provide our communities with information and opportunities to have happier and healthier lives.

Sincerely,

Sample REGISTRATION and COMMUNITY ACTIVITY SURVEY

DEADLINE: April 1, 2008

Use prepaid envelope or Fax to or e-mail

NAME: _____

ORGANIZATION: _____

ADDRESS (Street/Suite/Dept): _____

CITY/STATE/ZIP: _____

E-MAIL: _____ PHONE: _____

_____ **YES. I WILL ATTEND**

_____ **NO I CANNOT ATTEND BUT KEEP ME ON THE LIST**

_____ **I HAVE NO INTEREST**

CANCER ACTIVITIES

Place an "X" in the appropriate slot

1. Are you or your organization aware of the New York State Comprehensive Cancer Control Plan (NYSCCCP)

_____ Yes _____ No

2. Are you involved in implementing any cancer activities in the following areas and, if so, at what level?

Activity Area	Explored	Started	Continued	Future Plans
Health Promotion- Disease prevention				
Early Detection				
Treatment				
Quality of Life				
Palliative Care				
Health Personnel				
Research				
Data and Surveillance				
Public Policy				

Please provide a list of activities you have already started from Question #2:

3. What other cancer-related activities are you or your organization involved in? Please describe briefly:

4. Do you think that this Western New York Cancer Coalition can help in the implementation of your own goals?

_____ Yes _____ No

5. What are the challenges to quality cancer care in your community? (Please rank from 1-6 with #1 being the greatest challenge)

- _____ Lack of insurance or inadequate insurance
- _____ Transportation for medical care
- _____ Not enough cancer providers
- _____ Poor participation in or not enough screening programs
- _____ Lack of access to clinical trials
- _____ Lack of patient navigation services

Sample Press Release



Media Advisory

Office of the County Executive

22 Market Street • Poughkeepsie, NY 12601 • Phone: 845/486-2000 • Fax: 845-486-2021

Date: September 20, 2006

REQUEST FOR COVERAGE

WHAT: Dutchess County Comprehensive Cancer Control Initiative.
WHEN: Thursday, Sept. 21, 8:30 a.m. to noon with lunch to follow.
WHERE: The Wallace Center at the FDR Home and Library, Route 9, Hyde Park.
CONTACT: Sabrina Jaar Marzouka, Director of Public Health Information
Phone: 845.486.3434 After Hours Tel: 845.325.3813

HYDE PARK: Dutchess County Executive William R. Steinhaus and the Dutchess County Department of Health are implementing a groundbreaking approach that spans the spectrum of cancer care and planning. It encourages wide participation from numerous community stakeholders to address issues including prevention, screening, treatment, family support as well as local workforce development, and the financial impact of cancer. The goal of this county initiative is establish a community-based, comprehensive approach to fighting cancer in Dutchess County.

The County has lined up a respected roster of nationally-known speakers to support this initiative and offer their experience and insight as Dutchess embarks in its fight against cancer.

Speakers scheduled to attend include:

- **Former President George H.W. Bush**, Co Chair of C-Change, who lost a daughter to the disease, will greet those in attendance via video.
- **Tom Kean, MPH** - Executive Director of C-Change.
- **Ena Wanliss, MS** - Comprehensive Cancer Control Branch, The Centers for Disease Control in Atlanta.
- **David Momrow, MPH** - Senior Vice- President of Cancer Control, American Cancer Society.
- **Kristen Admiraal, MSW** - Comprehensive Cancer Control Program Division of Chronic Disease Prevention and Adult Health New York State Department of Health.

Dutchess County is the only county in New York, and one of a handful nationwide, to earmark funds for comprehensive cancer control planning. Representatives from Vassar Brothers Medical Center, The Dyson Center for Cancer, St. Francis Hospital, Hospice of Dutchess and Ulster and The Rural Health Network will be in attendance to take part in this inaugural introduction to cancer control planning. Patients and their families, along with a wide array of community based organizations and businesses, will be encouraged to take part in the planned Dutchess County Cancer Control Consortium.

Any coverage your news organization can provide will be greatly appreciated. Thanks in advance for your cooperation and we hope to see you Thursday.

Sample Evaluation

Key Findings Evaluation

Please take a moment to give us your feedback about the Initiative and Key findings

1. The project was clearly explained Yes No
2. The Initiative effort should continue Yes No
3. I would like to be personally involved Yes No
4. I would like to help develop a local cancer plan Yes No
5. I have the most interest in *(check all that apply)*
 - Health promotion & disease prevention
 - Early detection
 - Treatment
 - Quality of life
 - Workforce development
 - Research
 - Data & surveillance
 - Public policy
 - Other: _____
6. I feel that the organization I represent should be involved Yes No

General Comments: _____

How do we get in touch with you?

Your Name _____ Your Organization _____

Your address: _____

Your phone #: _____ Your e-mail _____

THANK YOU!
PLEASE RETURN YOUR EVALUATION

Sample Evaluation 2
Kick off Evaluation Form

Please check the appropriate box	Yes	No	N/A**
1. The information presented in this meeting was helpful.			
2. I have a better understanding of the New York State Comprehensive Cancer Control Plan			
3. I think the Western New York Cancer Coalition effort should continue			
4. I am interested in being involved in this work as it continues			
5. The organization I represent should be involved in this effort 5a. If so, who should be the contact? (name, phone below please)			
6. I am interested in taking a leadership role in some aspect of this effort			

7. Please list other individuals and organizations that should be included in this effort:

8. Please rank the top three areas of cancer control that you believe this coalition should focus:

Area of Focus for the Coalition	Rank
Health Promotion/Disease Prevention	
Early Detection	
Treatment	
Quality of Life	
Palliative Care	
Health Personnel	
Research	
Data and Surveillance	
Public Policy	
Other:	

9. Please check the areas of cancer control that you have the most interest in:

Area of Interest	
Health Promotion/Disease Prevention	
Early Detection	
Treatment	
Quality of Life	
Palliative Care	
Health Personnel	
Research	
Data and Surveillance	
Public Policy	
Other (please specify):	

--	--

10. Did you detect and bias towards a commercial product or service during this activity?

11. What other comments do you have about today's meeting?

Thank you! Please return your evaluation and enjoy your lunch!

Appendix C

Materials for Step 3

- Sample Needs Assessment (See separate document of Dutchess County Needs Assessment)
- Operational Guidelines
- Organizational Structure Chart
- Membership Application



NYSCC Operational Guidelines 5'09'06 (reviewed 12'12'07)

Mission

The mission of New York State Cancer Consortium is to reduce the human and economic burden of cancer in New York State.

Vision

People concerned about cancer will work collaboratively to implement the New York State Comprehensive Cancer Control Plan, while respecting and embracing the cultural, demographic and geographic diversity within New York State.

MEMBERSHIP

Membership is open to individuals and organizations that support the goals of the New York State Comprehensive Cancer Control Plan.

All members will receive communications and updates on Plan activities, and will be given an opportunity to participate in all aspects of NYS Comprehensive Cancer Control activities.

Levels of Membership

General

Organizational Member

Individual Member

Steering Committee Member

Standing Committee Member

Applying for Membership

All members shall complete and sign a Membership Application and Disclosure Statement for any potential conflicts of interest.

Membership will be granted at the discretion of the Steering Committee.

STEERING COMMITTEE MEMBERSHIP

Steering Committee shall be made up of 20 to 25 members

Principles of Representation

The Steering Committee may include individuals, and public and private organizations.

Steering Committee membership will reflect the cultural, demographic and geographic diversity of New York State.

Number of meetings/year

Six meetings per year: 3 conference calls and 3 in-person meetings.

Participation Requirements

Minimum of 4 meetings annually.

- ***Members unable to meet the minimum meeting requirements due to unforeseen circumstances may request a Leave of Absence. The Leave of Absence must be submitted in writing to the Secretary of the Steering Committee and indicate when s/he may be able to return.***
- ***Leaves of Absence will be approved at the discretion of the Steering Committee***

STEERING COMMITTEE RESPONSIBILITIES

Purpose: Steering committee of the New York State Cancer Consortium is responsible for overseeing the implementation and evaluation of the Plan.

Leadership responsibilities include:

Strategic planning & review of progress

Liaison with committees

Develop policy

Review actions and committee recommendations

Review recommendations of Membership Committee

Decisions will occur by consensus

OFFICERS

Positions

Chair or Co-Chairs

Vice Chair (if there is no co-chair)

Secretary

Immediate Past Chair(s)

Process for appointment

Membership Committee to solicit recommendations for officers.

Officers must be current members of the Steering Committee and have served on the Steering Committee for at least one full year.

Steering Committee to appoint officers using consensus model.

Term of office is two years.

STANDING COMMITTEES

Purpose & Membership

Committees created to conduct the business of the New York State Cancer Consortium. Each Standing Committee shall include a representative from the Steering Committee (designee/alternate) and at least four other persons representing either organizational or individual membership.

Each Standing Committee shall ensure that members represent the diversity of the State and that the Committee's activities reflect a commitment to addressing health disparities.

Communications Committee

- Provides statewide oversight of communications, promotional materials, press releases, etc. related to the New York State Cancer Consortium
- Develops policy/procedures for statewide communications
- Resource to other committees as needed

Evaluation Committee

Provides oversight on measuring progress toward achieving plan goals.

Provides quality assurance of implementation activities.

Collaborates with Implementation Committee to develop framework for process and outcome evaluation of local implementation activities.

Implementation Committee

Committee includes representation from across New York State.

Facilitates the implementation of the nine goal areas of the Plan.

Communicates to the Steering Committee about local implementation activities.

Collaborates with Evaluation Committee to develop framework for process and outcome evaluation of local implementation activities.

Membership Committee

- Develops policies/procedures
- Solicits recommendations for Chair(s), Vice Chair and Secretary
- Develops process for membership recruitment/orientation/retention
- Reviews membership applications and disclosure statements and make recommendations to Steering Committee for approval

Policy Committee

- Provides updates on relevant legislation relative to the New York State Cancer Consortium
- Develops legislative policy/advocacy agenda
- Develops policy/procedures for statewide communications
- Resource to other committees as needed

Advisory Committees

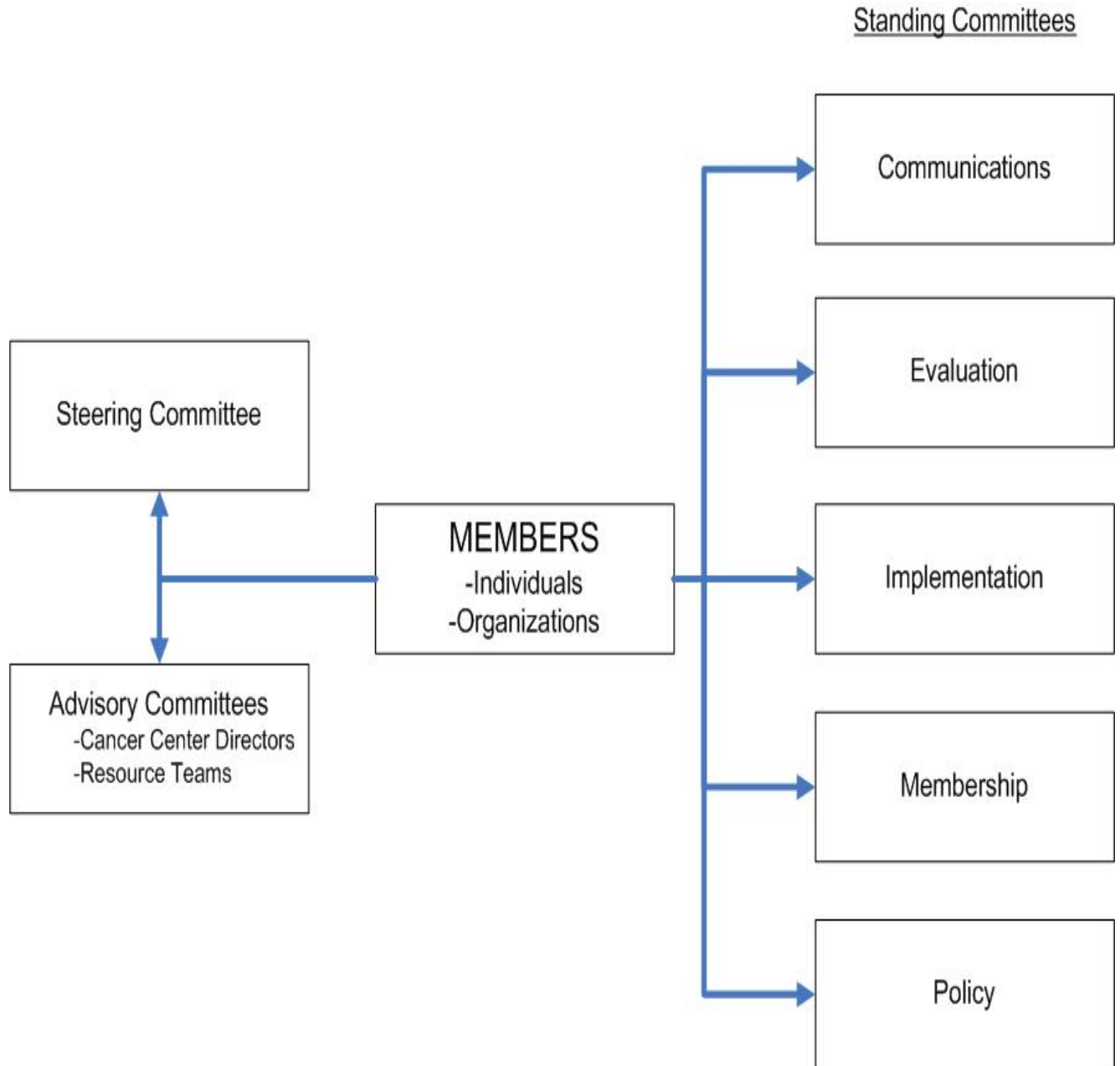
Cancer Center Directors

Resource Teams

Ad Hoc Committees

- Steering committee may create ad hoc committees as needed; short term committee to be dissolved when assignment completed

New York State Cancer Consortium Working Organizational Chart, April 2006





Membership Application Form

Membership Agreement:

Membership is open to individuals and organizations (and/or organizational units) whose goals are consistent with those of the New York State Cancer Consortium. Each member agrees to:

- Endorse the mission of the Consortium;
- Act in accordance with the Operational Guidelines;
- Be identified as a Consortium member, or member organization, in publications, lists or other appropriate contexts;
- Support efforts to evaluate Consortium activities, including providing information about the cancer control activities in which you and/or your organization are involved;
- Support the commitment to respect diversity and address health disparities;
- Designate one primary and one alternate for a member organization to serve as the point of contact for communications within the agency; and,
- Coordinate and collaborate with other organizations and within their own organization to implement the strategies that address one or more of the Consortium's goals.

Applicant Information: **Individual Membership** **Organizational Membership**

Name: _____

Organization: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Signature: _____

Alternate Contact Name and E-Mail (Organizational Memberships Only):

Name: _____

Email: _____

Standing Committees:

**Please indicate those committees on which you may be interested in serving,
as openings arise:**

Steering Committee Communications Evaluation
 Implementation Membership Policy

Focus areas (Please check all that apply to your work or your interests):

<input type="checkbox"/>	Advocacy	<input type="checkbox"/>	Patient and Family Support
<input type="checkbox"/>	Business Group	<input type="checkbox"/>	Public Health
<input type="checkbox"/>	Community-Based Organization	<input type="checkbox"/>	Quality of Life
<input type="checkbox"/>	Complementary/Alternative Care	<input type="checkbox"/>	Research
<input type="checkbox"/>	Education/Academia	<input type="checkbox"/>	Rural Health
<input type="checkbox"/>	Elected Official	<input type="checkbox"/>	Survivors/Families
<input type="checkbox"/>	Health Care Provider	<input type="checkbox"/>	Trade/Professional Organization
<input type="checkbox"/>	Industry	<input type="checkbox"/>	Volunteers
<input type="checkbox"/>	Org. representing or serving diverse populations	<input type="checkbox"/>	Environmental Issues
<input type="checkbox"/>	Other:		

Conflict of Interest Policy:

New York State Cancer Consortium members shall not be financially interested in any action made by the Consortium or any action that they take in their capacity as a Consortium member.

A New York State Cancer Consortium member, who maintains a direct or indirect financial interest in any action considered by the Consortium, shall disclose the interest during the Consortium meeting and have the disclosure specifically noted in the minutes of that meeting. The affected Consortium member shall not vote or debate the matter in conflict or attempt to influence any other Consortium member on the subject in question.

A member of the New York State Cancer Consortium shall not accept compensation, gifts, favors or other benefits from any individual, firm or organization for work performed as a Consortium member.

The New York State Cancer Consortium shall not endorse any person, company, product or procedure without the specific approval of the Steering Committee. Any contributions from corporations or foundations will be disclosed by the New York State Cancer Consortium to its members and the public.

New York State Cancer Consortium members shall not use their official capacity in the Consortium to solicit or otherwise influence others for personal reasons or benefits.

I have read and agree to the New York State Cancer Consortium Conflict of Interest Policy.

Signature: _____ Date: _____

Appendix D

Materials for Step 4

- Overview of Cancer Control P.L.A.N.E.T.
- Overview of Using What Works

Overview Cancer Control P.L.A.N.E.T

[Cancer Control P.L.A.N.E.T](http://cancercontrolplanet.cancer.gov/) (<http://cancercontrolplanet.cancer.gov/>) is a web portal sponsored by NCI, CDC, ACS, SAMHSA, AHRQ, and CoC. It is focused on reducing cancer incidence and mortality, as well as, enhancing the quality of life for all survivors. It is primarily designed to give public health professionals access to resources that can aid in the design, implementation, and evaluation of evidence-based cancer control programs. These resources are categorized into five different steps. It is arranged in such a way as to allow a professional to choose between following the steps directly and using the alternate route of following the steps according to cancer topic. Topics include, but are not limited to: breast cancer, diet/nutrition, sun safety, and tobacco control.

Step 1: Offers resources to analyze the cancer burden on local, state, and national levels. Also uses assessment of cancer risk to target control priorities and high-risk populations.

Step 2: Identifies potential partners for community-based programs by accessing contact information from ACS, the CDC, and the NCI.

Step 3: Offers research on the effectiveness of different intervention strategies/approaches. Helps to identify best practices.

Step 4: Provides an inventory of proven effective interventions

Step 5: Reviews resources and guidelines to help you plan, implement, and evaluate cancer control programs. Provides tools to “put prevention into practice”.

Trainings have been provided by NCI-CIS and the NYSCC across the state of NY. For more information or questions regarding Cancer Control Planet, please contact: nyscccp@cancer.org.

Overview of Using What Works

[Using What Works: Adapting Evidence-Based Programs to Fit Your Needs](http://cancercontrol.cancer.gov/rtips/use_what_works/start.htm)
(http://cancercontrol.cancer.gov/rtips/use_what_works/start.htm)

Using What Works: Adapting Evidence-Based Programs to Fit Your Needs is a train-the-trainer course available through Cancer Control Planet. It is designed for health promoters and educators on the national, regional, state, and local levels. This course teaches users how to plan a health program using evidence-based or research-tested programs.

After completing the course, consisting of five modules, participants will be able to use the evidence-based programs as a starting place for their own programs. They will know how to choose an evidence-based program that has the potential to be successful in their communities. They will know how to modify the program to meet the unique characteristics of their audiences. Finally, they will know how to evaluate the success of their program.

Using What Works was first developed for cancer control planners- those who promote cancer screening and lifestyle changes that reduce the risk of cancers. Therefore, the case study portion of the course is based on an evidence-based program about cervical cancer prevention. By changing the case study, this course can be used for any health issue. We hope that by completing these modules, users will be able to train other program planners and community health workers.

Trainings can be provided by NCI-CIS across the state of NY. For more information on *Using What Works: Adapting Evidence-Based Programs to Fit Your Needs*, please contact:

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Cancer Information Service of New York
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