

2023

**Comprehensive Cancer Control 1805 Technical  
Assistance Project: Year 5 Evaluation  
Summary Report**

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

**GW** Cancer Center



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# 2023 Comprehensive Cancer Control 1805 Technical Assistance Project: Year 5 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:

## BY THE NUMBERS

- 61,413** Times users accessed the GW TAP site
- 24** TAP and PN&S monthly e-newsletters released
- 19.1%** Increase in Online Academy learners
- 3,875** Online Academy learners
- 1,236** Certificates given to Online Academy learners claiming continuing education credit

## FEEDBACK

### On Steering Committee participation:

“I used the materials and resources discussed to open up new conversations with partners. I was able to hear about upcoming things and connect those resources to partners who I knew were looking for those topics.”

### Patient Navigation Learning Collaborative:

“I enjoyed putting it into practice using the case vignettes and I appreciate getting them ahead of time. I also am impressed at the thought and organization of the meeting/agenda - purpose behind it!”

Feedback and requests for technical assistance can be directed to [cancercontrol@gwu.edu](mailto:cancercontrol@gwu.edu). For more information about the Comprehensive Cancer Control Technical Assistance Project, visit [cancercontroltap.org](http://cancercontroltap.org) or follow us on Twitter [@GWCancer](https://twitter.com/GWCancer).

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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 fifth 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 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 05 (October 2022 through September 2023); 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](mailto:cancercontrol@gwu.edu).

## Summary of Year 05 Activities

In Year 05 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 met quarterly to inform the strategy and direction of the CCCTAT project. The GW Cancer Center has focused on improving its integration and collaboration with the Comprehensive Cancer Control National Partnership (CCCNP) through participation in five workgroups and regular calls with CCCNP leadership. The Comprehensive Cancer Control Technical Assistance Manager served as the Vice Chair in Year 04 and Chair partially for Year 05. 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 05 organized by objective:

**Objective 1: Needs Assessment – Collaborate with the American Cancer Society (ACS) 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 one interim progress report for CDC and one 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 through September 29, 2023**

- Updated the Cancer Control TAP (<https://cancercontroltap.smhs.gwu.edu/>), and maintained the CCCNP ([www.ccnationalpartners.org](http://www.ccnationalpartners.org))
- 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 three [cancer awareness social media campaigns](#)
- 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](#)”
- Launched the [Tools to Assess Representation and Engagement Tip Sheet](#)

**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**

- Facilitated the [Cancer Control Implementation Science Base Camp](#) (CCISBC) Community of Practice (CoP), a new curriculum focused on cancer control practitioners to guide their efforts in utilizing implementation science frameworks and theories to carry out evidence-based cancer screening efforts

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

- Maintained CE accreditation and continued dissemination of the [Cancer Survivorship Series](#)
- Maintained CE accreditation and continued dissemination for the [Oncology Patient Navigation](#) trainings
- Revised and published the 508-compliant [Guide to Oncology Patient Navigator](#) in both in English and Spanish
- Facilitated a 5-month Learning Collaborative for the Oncology Patient Navigation Training

**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**

- Updated resources in [Action4PSEChange.org](#) to include new evidence and transitioned resources and real-world examples to the Cancer Control TAP
- Maintained CE accreditation, dissemination and customer service [Action for PSE Change: A Training and resources](#)
- Maintained and disseminated one CE-accredited online training and two webinars to increase trainee capacity to address cancer health equity: [TEAM training](#)

# 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 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. The GW Cancer Center reviewed notes from quarterly coalition Zoom meet-ups hosted by the CCCNP’s Sustaining Coalitions workgroup, in addition to Zoom sessions focused on health equity. Findings from the updated needs assessment were used to inform proposed Year 05 activities. The GW Cancer Center and ACS presented their proposed activities to the CCCNP 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

The GW Cancer Center continued to track ongoing project activities according to the evaluation plan. Tracked project activities in Year 05 include the reach of websites, e-newsletters, webinar evaluations and resources. 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 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](mailto:cancercontrol@gwu.edu).

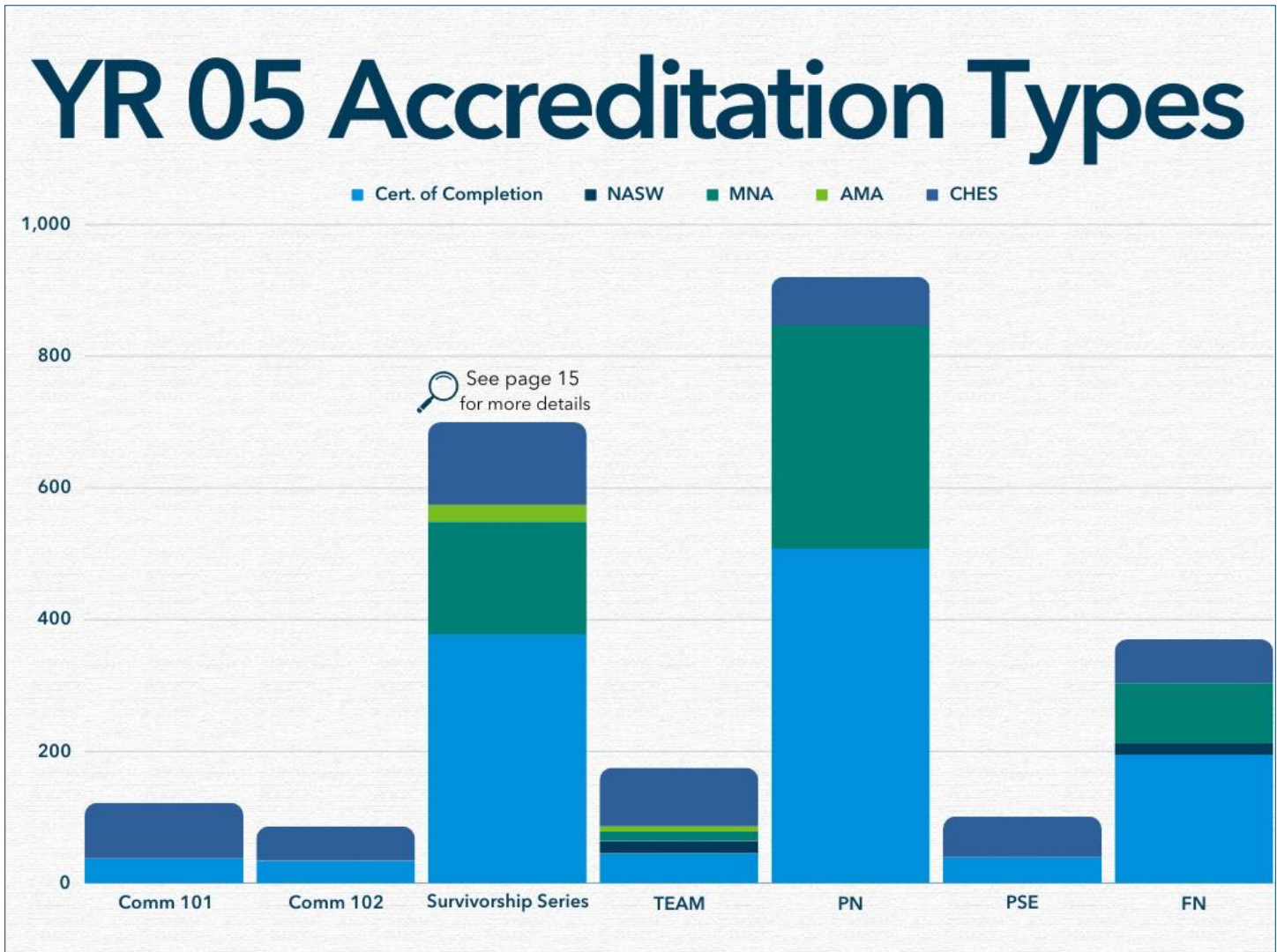
## Evaluation and Quality Improvement of Online Trainings

The GW Cancer Center offers nine 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](#) (PSE)
- [Cancer Control Implementation Science Base Camp](#) (CCISBC)
- [Cancer Survivorship Care Guidelines for Peripheral Neuropathy, Fertility Preservation and Osteoporosis Management](#)
- [Cancer Survivorship Series](#)
- [Comprehensive Cancer Control Professionals 101: Media Planning and Media Relations](#) (Comm 101)
- [Communication Training for Comprehensive Cancer Control \(CCC\) Professionals 102: Making Communication Campaigns Evidence-Based](#) (Comm 102)
- [Financial Navigation Lesson for Oncology Patient Navigators](#) and [Social Workers](#)
- [Oncology Patient Navigator Training: The Fundamentals](#) (PN)
- [Together, Equitable, Accessible, Meaningful \(TEAM\) Training](#) (TEAM)

CE is available but varies across trainings. For more information, visit the GW Cancer Center’s [Online Academy](#). Enrollment and evaluation data for each online training are provided in more detail under corresponding objectives throughout the report. Improvements are continually made to online trainings to ensure learners are receiving the most up-to-date evidence and first-rate programming.

Accreditation for GW Cancer Center Online Academy courses is provided by the following organizations: American Medical Association (AMA), Maryland Nurses Association (MNA), National Association for Social Workers (NASW), and National Commission for Health Education Credentialing (NCHEC). The graph below provides an overview of awarded certificates to the GW Cancer Center [Online Academy](#) learners throughout the reporting period. Learners reported are only those who opted to receive certificates. Of the certificates claimed for attendance (1,236), 616 were claimed for nurses CE, 554 for CHES®/ MCHES®, 33 for physicians and 36 for social workers.



Enrollment in GW Cancer Center Online Courses in YR 05 was 3,485 (Excluding the Cancer Survivorship Series) with 1,780 completions. This is an overall completion rate of 51% for the GW Cancer Center Online Training Courses.

Comm 101:205 enrollments, 123 completions (60%)

Comm 102: 159 enrollments, 87 completions (55%)

Implementation Science Basecamp (ISBC): 57 enrollments, 15 completions (26%)

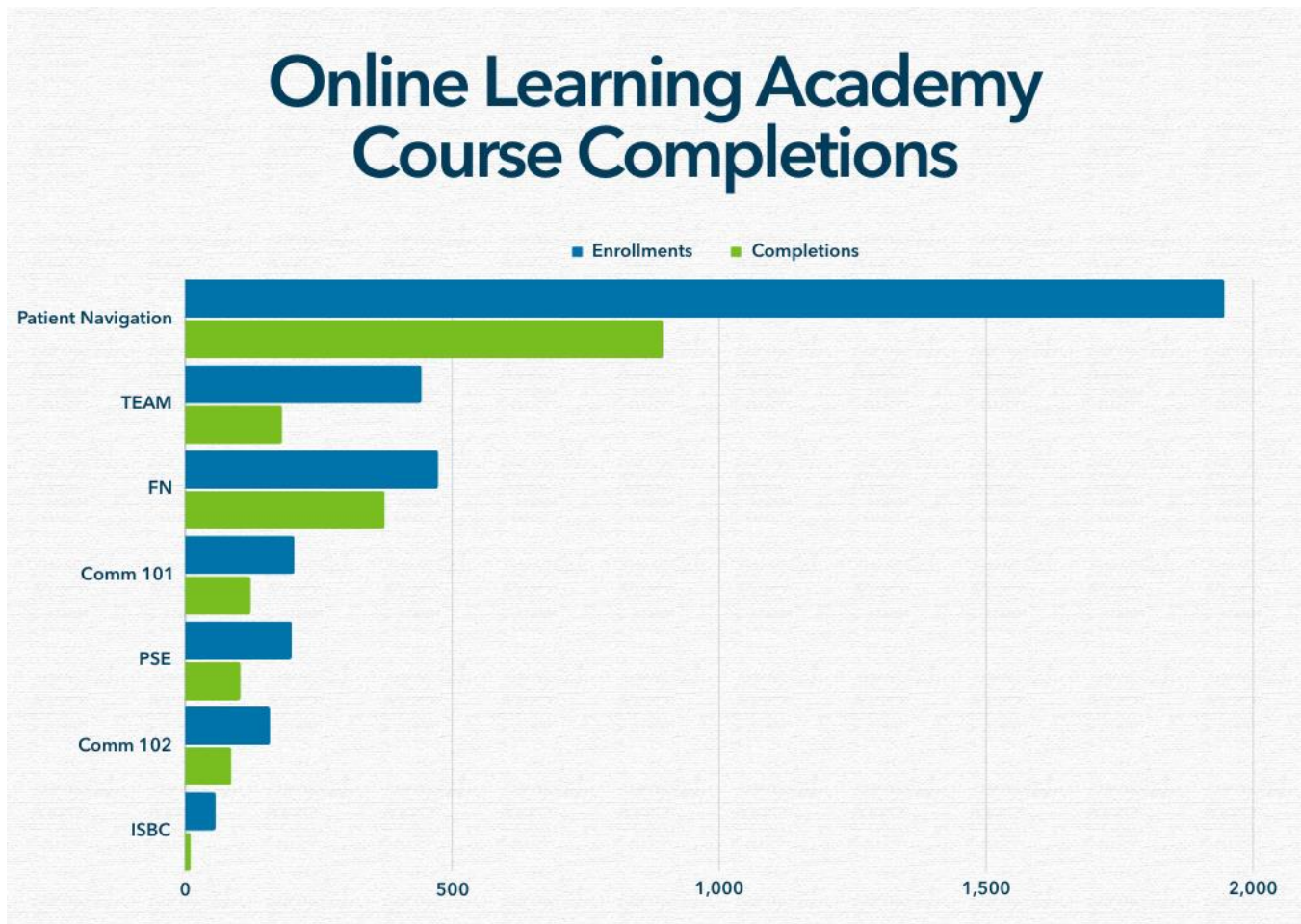
PN Fundamentals: 1,947 enrollments, 895 completions (46%)

Exec PN Training: 11 enrollments (Not included in data)

Financial Navigation: 474 learners, 374 completions (79%)

Action for Policy, Systems and Environmental (PSE) Change: A Training: 200 enrollments, 104 completions (52%)

Together, Equitable, Accessible, Meaningful (TEAM) Training: 443 enrollments, 182 completions (41%)





# Steering Committee

The GW Cancer Center convened four quarterly [Steering Committee](#) meetings in Year 05, which have informed the strategy and direction for the CCCTAT project. The Committee consisted of 14 members from CCC programs and coalitions, CCCNP and CDC. Steering Committee members were invited to represent insights and perspectives from diverse partners and provide leadership for specific TA activities planned for the year. Additionally, to improve facilitation and engagement this year, GW Cancer Center provided updates to project activities prior to meetings to allow more time for discussion and input during quarterly calls.

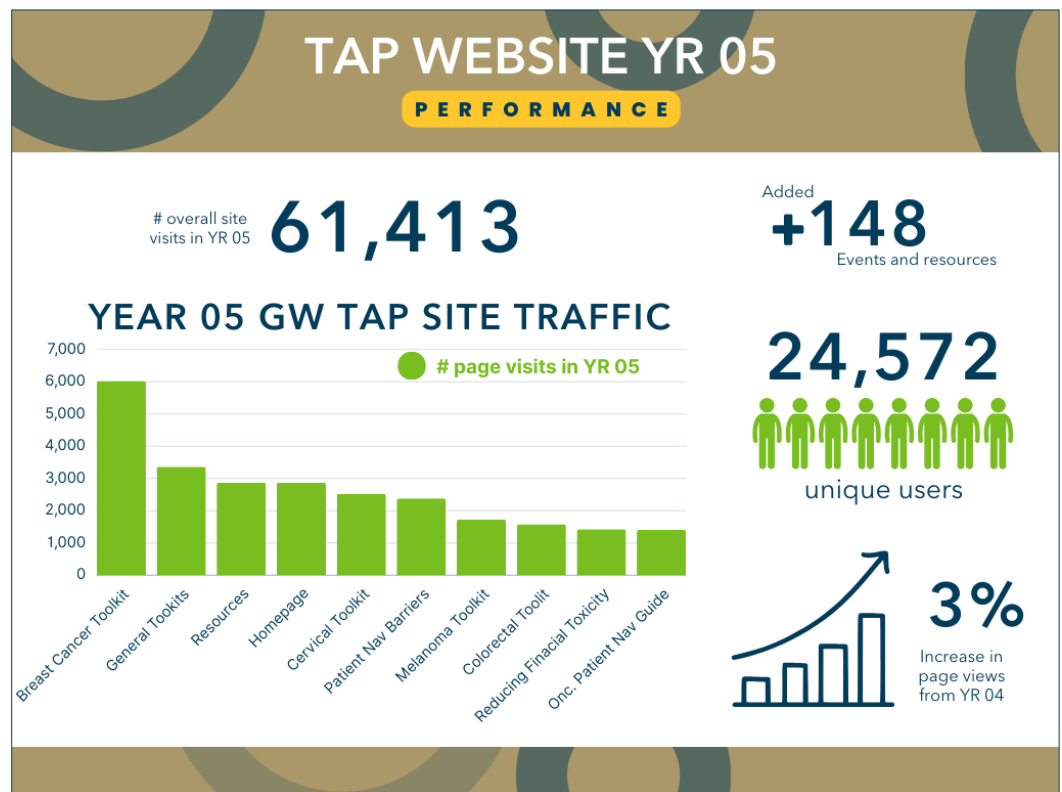
Five out of 14 members completed an engagement survey at the conclusion of their term. All respondents shared that they were very satisfied or satisfied with their overall experience as a member of the Steering Committee. All respondents strongly agreed or agreed that because of their participation in the Steering Committee, members were able to share and learn from their peers and felt that the Steering Committee addressed needs and issues important to CCC stakeholders.

## Objective 2 – Communication

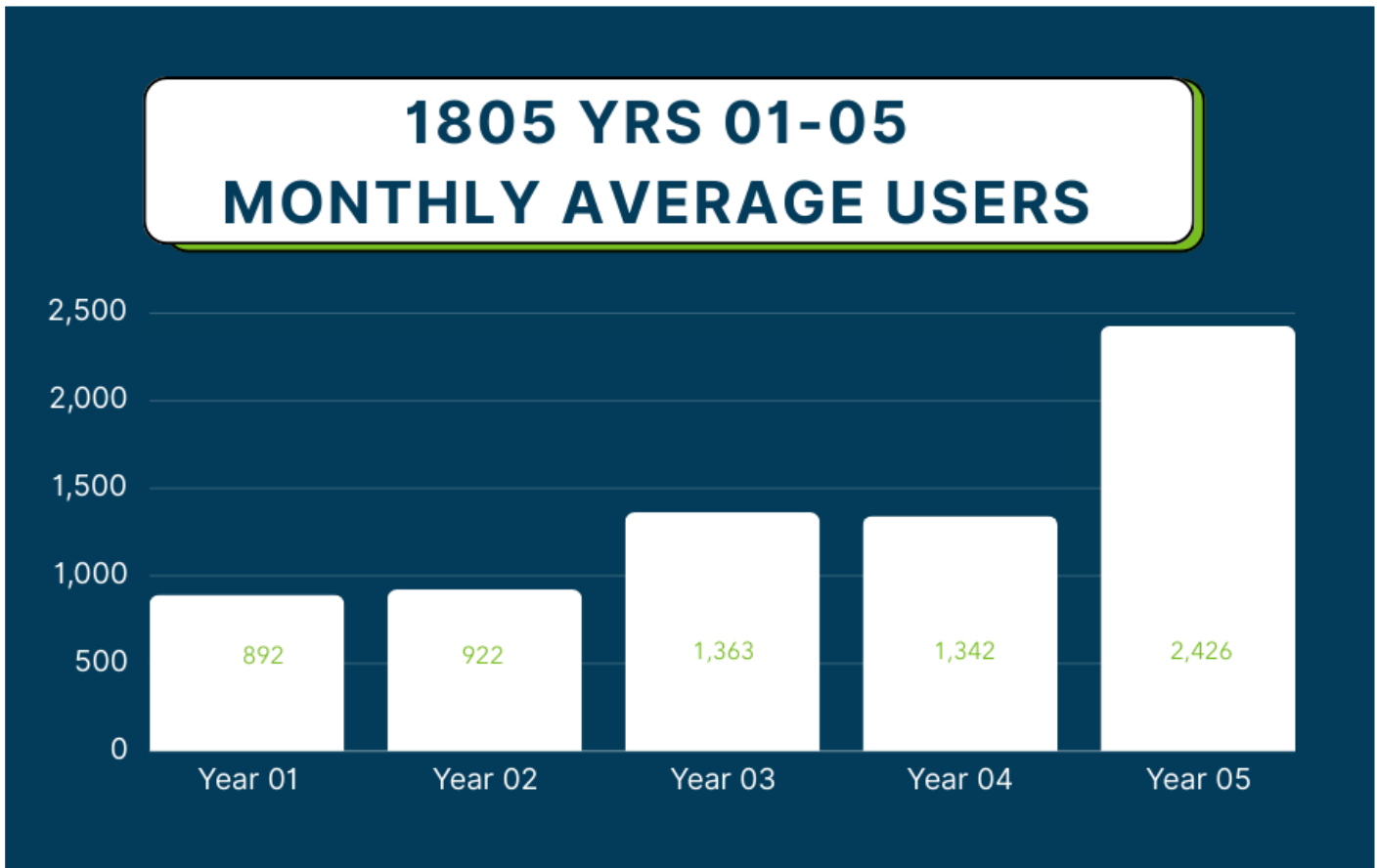
*“Expand reach of TAT and improve capacity of CCC programs to communicate to stakeholders by maintaining four channels and two trainings, 12 social media toolkits (annually), two webinars”*

### Cancer Control TAP Website

During Year 05, the GW Cancer Center continued to maintain and add to the content of the [Cancer Control TAP](#) website. GW Cancer Center staff actively add resources that are indexed by article type and topic to the resource repository, which currently houses 522 resources. To maintain digital accessibility, resources created by the GW Cancer Center are routinely made 508 compliant before posting.



From years 01-05 of the 1805 agreement, there has been a steady increase in the number of average monthly website users. These statistics indicate positive engagement with the website and its resources, particularly highlighting the popularity of specific toolkits and the efforts to promote relevant events.



## CCCNP Website

In Year 05, the GW Cancer Center continued to coordinate with other national partners in hosting the [CCCNP website](#). This included coordinating with the CCCNP leadership team and workgroups to develop revised content for the website, in addition to coordination with the GW Cancer Center’s web development team and website domain contractors.

The GW Cancer Center continues to work with national partners to maintain the CCCNP website with timely and relevant resources, events, opportunities and news from member organizations. GW Cancer Center staff continued to promote a quarterly Zoom “check-in” series for CCC coalitions and programs, along with CCCNP quarterly Zoom sessions to assist CCC coalitions and programs in addressing timely topics impacting coalition work.

In Year 05, the CCCNP website had 4,347 users who generated 12,705 page views. The most popular page on the CCCNP website was the homepage, followed by: CCCNP Cancer Conversations: A review of cost-share guidance for colonoscopy after a positive FIT - Comprehensive Cancer Control National Partnership.

## Action for PSE Change Online Tool

The GW Cancer Center continued to update the Action for PSE Change website with new resources and case studies from across the country. From October through July of Year 05, the former [www.Action4PSEChange.org](http://www.Action4PSEChange.org) site averaged 415 unique users and 493 unique sessions per month. During Year 05, in an effort to streamline the user experience, the resources and real-world examples on Action for PSE Change were moved to the Cancer Control TAP. This process was completed in August. Accordingly, metric measurements are now part of the Cancer Control TAP. From September 30, 2022 through September 29, 2023 the Policy, Systems and Environmental Change landing page was accessed 296 times by 174 unique users.

## 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 1,638 at the end of Year 04 to 1,655 at the end of Year 05, despite the decrease in impression. The decrease may be due to a decrease in staff capacity to directly post midway through YR 05. The GW Cancer Center also maintains a [LinkedIn](#) profile, a [YouTube channel](#), an [Instagram account](#) and a [Facebook page](#).

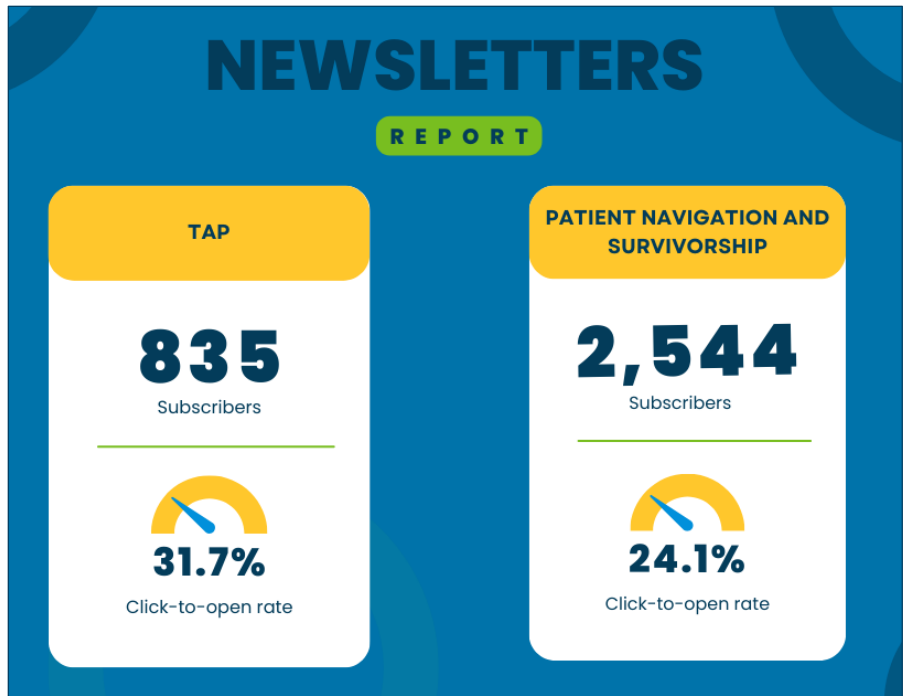
Social Media Data	Year 04	Year 05	%Change
Facebook Audience	146	178	22%
Facebook Impressions	18,316	9,410	-48%
Twitter/X Audience	1,638	1,665	1%
Twitter/X Impressions	22,043	5175	-77%
Instagram Audience	77	83	8%
Instagram Impressions	185	122	-34%
LinkedIn	134	121	4%
Total Audience	1,995	2,047	3%

Source: Boombox

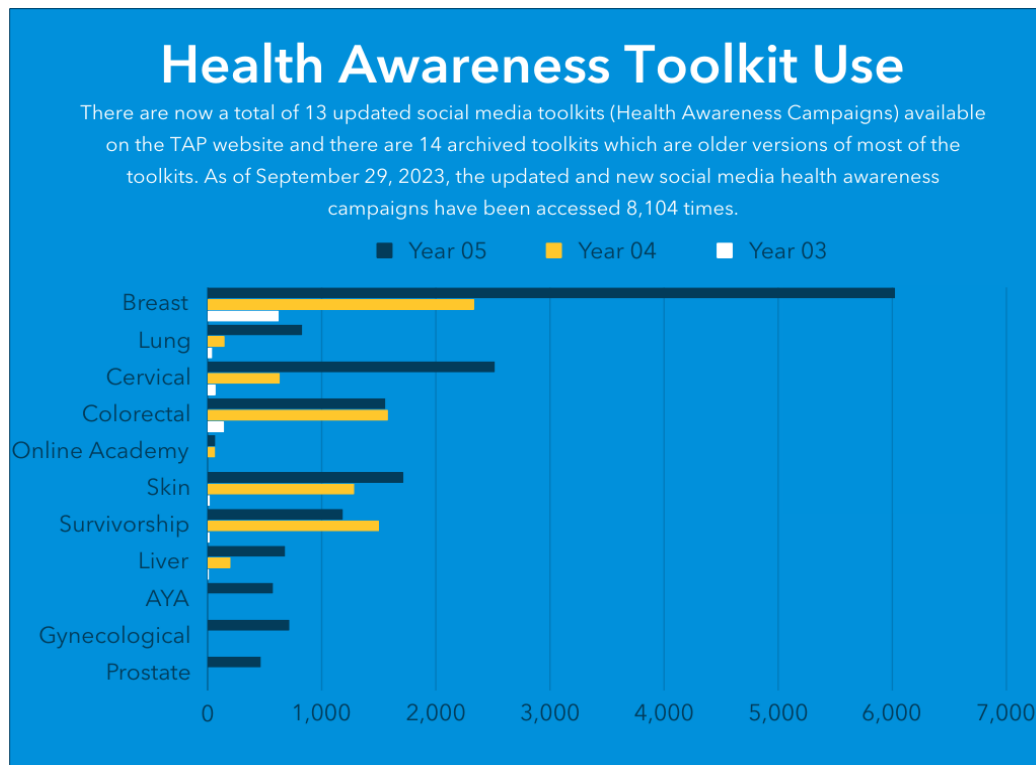
## Newsletters

The GW Cancer Center released 12 monthly [Technical Assistance Periodical \(TAP\) e-newsletters](#) and 12 monthly [Patient Navigation and Survivorship \(PNS\) e-newsletters](#) since October 2022.

These newsletters are a primary communication mode for GW TAP and provided specific information on relevant GW resources, events, articles, trends and updates in the fields of cancer control, navigation and survivorship. According to Emma, GW’s newsletter platform, a good industry average for successful click-to-open rate is between 10-15%. Both of GW’s newsletters are well above the industry average.



## Social Media Toolkits (Health Awareness Campaigns)



In Year 05, the GW Cancer Center transitioned three social media toolkits to web-based health awareness campaigns:

- AYA Cancer Awareness
- Gynecological Cancer
- Prostate Cancer

These toolkits feature evidence-based practices and ready-to-post messages for Twitter, Facebook, LinkedIn and Instagram. Campaigns also feature accompanying graphics and tailored messaging for priority populations. GW Cancer Center also added unique hashtags to improve evaluation metrics.

In the transition from the old toolkits to the new toolkits, we did a few key things:

- Updated the information based on new research, studies and findings.
- Reorganized the toolkit landing pages per user experience/user interface (UX/UI) best practices.
- As part of this reorganization, we significantly shortened the length of the content on the page and instituted toggle menus so people could more easily find the content they needed.
- Within that toggle menu, we added sections specifically for information on minority populations as we know users are often interested in EBIs for subgroups.
- Implemented Google Analytics 4 tracking so we can track downloads of our messaging docs and images.

Since we implemented tracking of file downloads on April 12, 2023, 378 users have completed 545 file downloads of the awareness campaigns, indicating that some users have accessed more than one file. The Breast Cancer Awareness Campaign was the most viewed page on the site in both year 04 and year 05, outperforming even the home page.

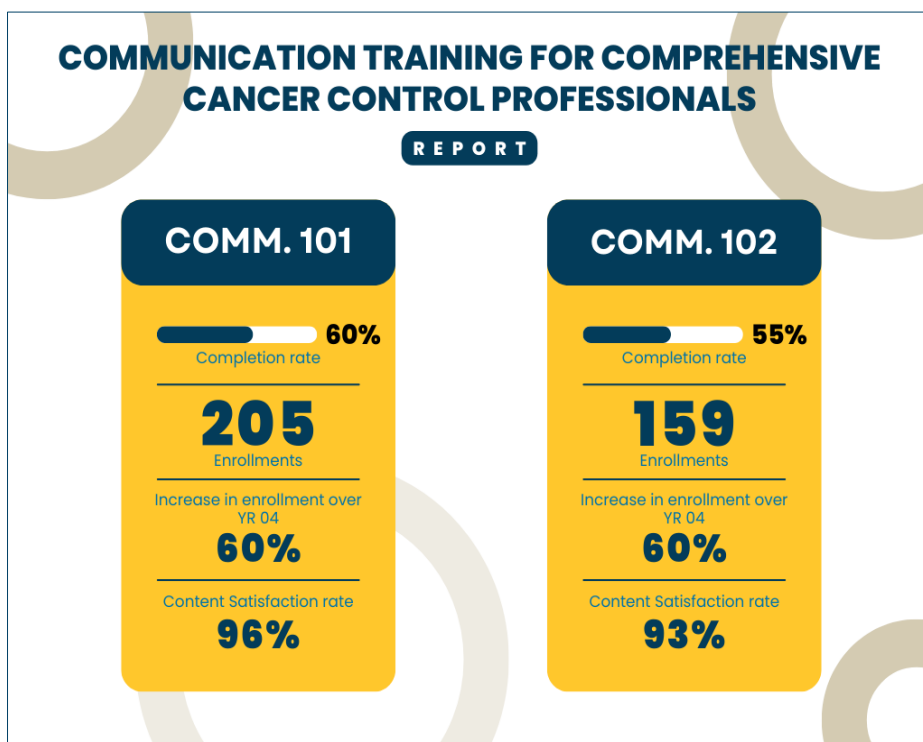
## Communication Training for Comprehensive Cancer Control Professionals 101 and 102

The [Communication Training for Comprehensive Cancer Control \(CCC\) Professionals 101: Media Planning and Media Relations \(Comm101\)](#) was launched in August 2015, and the [Communication Training for Comprehensive Cancer Control \(CCC\) Professionals 102: Making Communication Campaigns Evidence-Based \(Comm102\)](#) launched in September 2016.

These trainings cover the process of media planning, creating media-friendly materials and building relationships with journalists. The 101 training provides a wide range of elements that are essential for CCC professionals: Background information, resources, customizable templates, and evidence-based case studies. There were 123 learners who completed this course in YR 05. After completing the training, participants have a tailored media plan and media-ready materials for their CCC programs. CE for Certified Health Education Specialists (CHES®) and Master Certified Health Education Specialists (MCHES®) are offered.

The 102 course provides more in-depth knowledge 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. There were 87 completions of this course in YR 05.



# Tools to Assess Representation and Engagement

The [Tip Sheet on Assessing Representation and Engagement](#) was developed to help CCC coalitions assess their willingness to be an inclusive, representative and equity-focused coalition when working to improve cancer outcomes in their state, tribal nation or territory. The GW Cancer Center conducted a literature review on effective coalitions and explored evidence-based strategies for coalitions to weave health equity, inclusivity and engagement principles into their processes and outcomes. Cross-cutting themes were extracted from the literature and matched to validated engagement principles used to assess stakeholder engagement.

GW Cancer Center staff consulted with the TAT Steering Committee, CCCNP, CDC, ACS and National Networks to develop the assessment. The National Networks and CDC reviewed the final draft of the tip sheet. The tip sheet was launched in early 2023 as part of the CCCNP tip sheet series.

## Additional TAT Dissemination

During Year 05, TAT was delivered to CCC programs and coalitions through GW Cancer Center social media accounts, email, e-newsletters, dissemination toolkits and the TAP website. All information and events were vetted for relevance to CCC programs and coalitions. The GW Cancer Center also applied a health equity lens in selecting items to feature, ensuring broad applicability of materials across programs and coalitions. Refer to Appendix A for a list of selected TAT products.

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 through the TAP website and newsletter.

## 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 Control Implementation Science Base Camp Community of Practice (CoP)

In Year 04, the GW Cancer Center launched the Cancer Control Implementation Science Base Camp to guide efforts in utilizing implementation science to advance practitioner’s respective cancer control plans. To continue this work, in Year 05, the GW Cancer Center sustained the Cancer Control Implementation Science Base Camp via the Online Academy to build a foundation for efforts using implementation science to advance cancer control practitioners’ efficacy in developing cancer control plans. Applying this knowledge will help with the process of adapting and implementing cancer screening EBIs in respective regions.

CCC program and coalition participants were recruited by various methods and asked to complete seven online asynchronous training modules. Year 04 launch participants were invited to serve as facilitators for the subsequent cohort’s CoP series. CoP sessions sought to reinforce asynchronous training topics and solicit user input on the train-the-trainer toolkit for CCC program and coalition staff to disseminate the training to community partners.

From January 1, 2023, through August 31, 2023, 57 individuals enrolled in the asynchronous course, and 32 of these registrants completed the demographic survey. Of those who enrolled, the majority of the learners were health educators (35%), community health workers (10%), nurses (10%), patient navigators (10%) and program managers (10%). The majority of those who did not complete the training were health educators (21%), followed by administrators (10.5%), nurses (10.5%), outreach coordinators (10.5%), patient navigators (10.5%), and program managers (10.5%). In

Fifteen individuals completed the training. To evaluate the effectiveness of each module, learners were asked to complete a pre- and post-module quiz. Each correctly answered question was scored on 0 to 100 scale (100 referring to all answers answered correctly). If the learner took the quiz a few times, only the first entry was included in the data analysis. Aggregated mean scores were calculated for all modules. Learners who completed the training modules increased their knowledge by over 20% for all modules with the highest gains in topics of assessing context and

evaluating implementation outcomes. Additionally, 93% of learners reported that they found delivery of the training accessible and 86% were satisfied with the content delivery.

Module	Pre-Training Mean	Post-Training Mean	Percentage Change
Introduction to Cancer Control Implementation Science Base Camp	55.2	85.6	55.1
Assess the Context	44.9	91.7	104.2
How to Find Evidence-Based Interventions for Cancer Control	78.5	96.7	23.2
Using Evidence and Theories to Inform Adaptation	75.1	96.7	28.8
Using Evidence and Theories to Inform Implementation Strategies	72.0	93.0	29.2
Facilitating Implementation	No evaluation	No evaluation	No evaluation
Evaluation	40.0	95.6	139.0
Planning for Sustainability	73.4	100.0	36.2



### Theme 1: Restructuring workgroups

- CCISBC helped develop a shared understanding of goals across members of coalitions and consortiums



### Theme 2: Co-creation of workplans

- Transition to collaborative sustainability planning rather than activities of single individuals or units



### Theme 3: Capacity-building for new activities

- Focus on planning for EBIs and policy, systems, and environmental (PSE) changes rather than events

Follow up outreach was conducted in September 2023 to the 17 individuals who registered, but did not complete the asynchronous training. Four questions were sent to those 17 people to respond which resonates with them:

1. I was just curious and never planned to take the course.
2. I got busy and forgot
3. I did not like the content. It wasn't for me.
4. Other: [Please tell us in your own words]

Responses were as follows: 5 said they forgot or lost track of time and that they planned to complete the training, 3 agreed with “did not like the content or feel that it was for them” and 1 individual was just curious and never actually planned to take the course. Eight individuals did not respond to the question.

Six community of practice sessions were held between February and July of 2023. In total, 17 individuals attended at least one of these sessions. Three examples of learner outcomes from a learner focus group demonstrated collaboration, synergies, and success in their coalition and with cancer centers (see figure below). First, CCC practitioners reported using CCISBC to structure collaborations with coalitions and/or consortiums when implementing their cancer control plan. Specifically, the training was used to restructure and reform workgroups. A comprehensive cancer control specialist from Kentucky described how implementation science approaches helped develop a more shared understanding of goals and objectives within workgroups.

CoP Session Date	CoP Session Content	Number of Participants
2/21/2023	Introduction and overview	11
3/21/2023	Discussion of Modules 1-3 and discussion of how learners select EBIs	7
4/19/2023	Discussion of Modules 4-7 and discussion of how learners adapt EBIs	4
5/16/2023	Activities to co-design train-the-trainer model in each location; how to recruit, schedule, and evaluate your own implementation science training	7
6/21/2023	Presentation of Train-the Trainer Model and discussion of how to design interactive panels; Peer leader presentations on how they have used implementation science	6
7/18/2023	Discussion of how learners have or will use this in their work; evaluation of CoP	6

Another state used the CCISBC to develop workplans and present these workplans to CDC at site visits. A CCC specialist from Missouri indicated that the major outcome of the training was

building a new structure within the workgroups of the Missouri Cancer Consortium. Specifically, CCISBC was used to develop workplans and present these workplans to CDC at site visits. The original work plans emphasized single activities, but using the frameworks of implementation science, she described how sustainability was elevated as more of a priority. By moving towards EBIs and sustainable PSE changes, she sees the work as taking on a more collaborative effort not relying on any one individual or unit. Lastly, other learners explained how using the CCISBC facilitated the transition to writing plans which included sustainable EBIs and PSE changes rather than one-off events and activities.

[The train-the-trainer toolkit](#) was finalized in August 2023 to build CCC capacity to train coalition members and other stakeholders using CCISBC modules, expanding the reach and impact of implementation science knowledge. National Cancer Institute (NCI) designated cancer centers and their respective CCC coalitions can convene community partners and use the CCISBC curriculum to translate evidence into practice, ultimately improving cancer prevention and control outcomes.

## Objective 4 – Survivorship

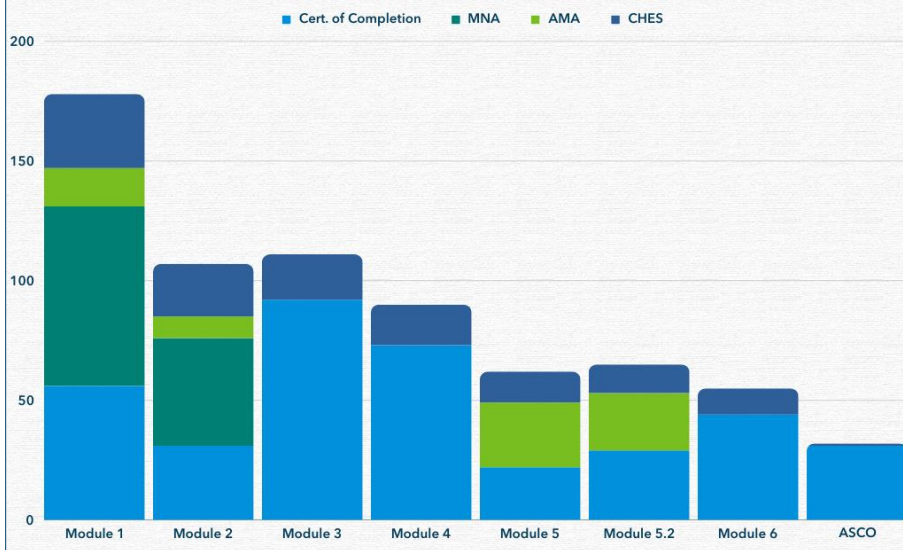
*“Increase capacity by 25% among trainees to use cancer survivorship interventions by September 29, 2023.”*

### Cancer Survivorship Series

The [Cancer Survivorship Series \(E-Learning Series\)](#) was launched in April 2013. This 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. 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. CE for physicians, nurses and CHES®/ MCHES® are offered.



# Cancer Survivorship Series



From October 1, 2022, to September 30, 2023, 396 learners enrolled in the training. This represents a 3.4% decrease in enrollments in comparison to last year. Learners were from 48 states, one US territory and the District of Columbia. In addition to the domestic reach, the training was accessed by 12 countries globally. All modules showed statistically significant improvement between pre- and post-module knowledge of learning objectives. In addition, six out of seven modules showed an improvement of more than 20% in learners' confidence in learning objectives between pre- and post-training modules. Refer to [Appendix B](#) for evaluation results of the E-Learning Series, including pre- and post-training means and percent changes by module.

Module 1: The Current State of Survivorship Care and the Role of Primary Care Providers

Module 2: Late Effects of Cancer and its Treatments: Managing Comorbidities and Coordinating with Specialty Providers

Module 3: Late Effects of Cancer and its Treatments: Meeting the Psychosocial Health Care Needs of Survivors

Module 4: The Importance of Prevention in Cancer Survivorship: Empowering Survivors to Live Well

Module 5: A Team Approach: Survivorship Care Coordination

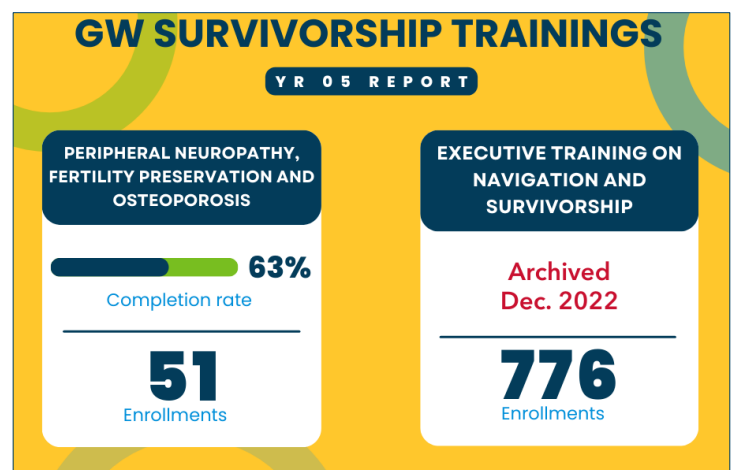
Module 5.2 Companion: Advancing Patient-Centered Cancer Survivorship Care

Module 6: Cancer Recovery and Rehabilitation

ASCO: Cancer Survivorship Care Guidelines for Peripheral Neuropathy, Fertility Preservation and Osteoporosis Management

## New Cancer Survivorship Care Guidelines for Peripheral Neuropathy, Fertility Preservation and Osteoporosis Management Training

In November 2022, the GW Cancer Center released the [Cancer Survivorship Care Guidelines for Peripheral Neuropathy, Fertility Preservation and Osteoporosis Management](#) training based on the latest American Society of Clinical Oncology (ASCO) guidelines, as part of the Cancer Survivorship Series. This training was relaunched and promoted as an independent module in May 2023 with 31 completions in YR 05. This training focuses on the ASCO cancer survivorship care guidelines on managing chemotherapy-induced peripheral neuropathy management, fertility preservation and osteoporosis management in adult survivors with nonmetastatic disease. CE for physicians and CHES®/ MCHES® are offered upon completion of these lessons.



# Executive Training on Navigation and Survivorship

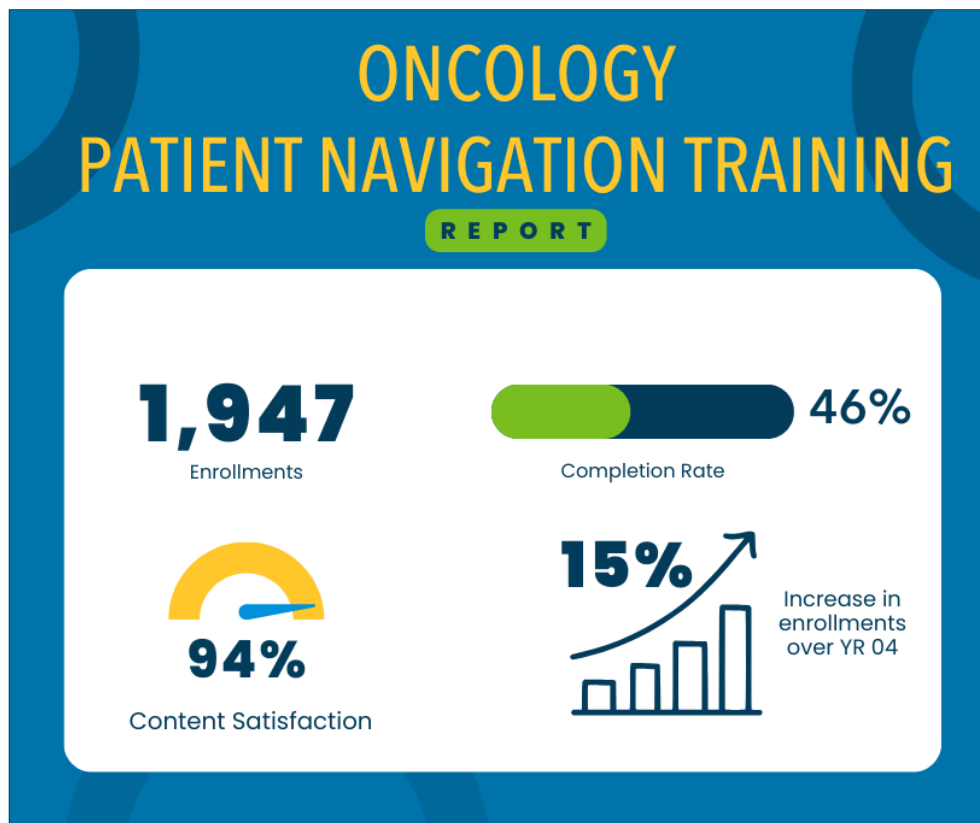
The [Executive Training on Navigation and Survivorship](#) was launched in December 2014. This training focuses on patient navigation and clinical survivorship program development and implementation. The intended audiences include administrators, CCC professionals, nurses, physicians, patient navigators, social workers and others. CE for nurses and CHES®/ MCHES® are offered. This training was archived after December 31, 2022. While it is still available on the learning management platform, no accreditation is offered upon completion. Overall, this course had 776 enrollments and 230 course completions; 11 of those enrollments occurred after it was archived.

# Annual Survivorship E-Learning Report

The GW Cancer Center released the [2021 & 2022 GW Cancer Center Cancer Survivorship E-Learning Series Annual Report](#) on February 6, 2023 in order to assist DP17-1701 recipients with survivorship supplements to comply with reporting requirements. The report includes aggregated demographics and learning outcomes as well as state, tribe, and territory learner counts (reporting period January 1-December 31, 2022) together with baseline learner counts from 2021. As of September 30, 2023, the annual report was viewed 49 times.

# Oncology Patient Navigator Training

[Oncology Patient Navigator Training: The Fundamentals](#) was launched in May 2015. The training is based on patient navigator competencies and 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. CE for CHES®/ MCHES® and nursing professionals are also available.



There were 895 completions for this training in YR 05. Respondents indicated the following as key takeaways: “More confidence in my ability to effectively guide patients through the continuum of their care,” “the patient is the biggest priority, you advocate for them and yourself” and “it takes a team with good communication to assist a patient.”

Nine modules showed an improvement of more than 20% in learners’ confidence of learning objectives. Refer to [Appendix D](#) for evaluation results of the Oncology Patient Navigator Training, including pre- and post-training means and percent changes by module.

# Oncology Patient Navigator Training Learning Collaborative

In Year 05, the GW Cancer Center launched the Oncology Patient Navigator Learning Collaborative to increase knowledge uptake of the Oncology Patient Navigator (PN) training with the support of four subject matter experts (SMEs) and their peers and apply key takeaways and lessons learned by collaborating and working on case vignettes. One of the aims of the Learning Collaborative series was to help learners complete 100% of the Oncology Patient Navigator training while attending the Learning Collaborative sessions. Out of the ten participants in the PN Learning Collaborative, only one participant completed the required training modules before each learning collaborative session. Four users had completed the PN training before the launch of the Learning Collaborative, while five individuals did not complete the training. The Learning Collaborative meetings began in February 2023 and ended in June 2023.

## Attendance

Attendance decreased by half starting in April. The last three sessions were attended by the same participants. Possible reasons for decreased attendance could be lack of time dedicated to completing the training and joining the calls, as well as lack of incentive (i.e., social accountability). To address the incentive gap, prior to Session 3, participants were offered a free, one-year AONN+ membership if they completed 100% of the PN training and attended three-out-of-five learning collaborative sessions. At closing, four participants received this benefit.

## Roles of Collaborative Participants

Registered Nurse/Nurse Navigators	5
Patient Navigators	4
Outreach Coordinators	2
Program Managers	4
Program Coordinators	3
Other (Community Health Workers, Health Advocates, Health Educators, Scientists, etc.)	6

## Suggestions to improve attendance for similar communities of practice are to:

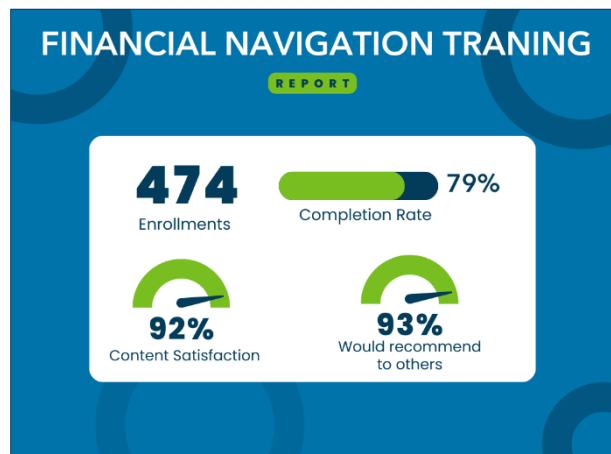
- Explore leadership buy-in (reporting requirements, supervisor co-signing participation)
- Strengthen connections and connectivity
- Build a shared space for connection, networking, repository for shared resources
- Emphasize pre-work and other action items
- Establish group norms and shared objectives together as a group to build social accountability
- Establish key takeaways and relevance

## Final Evaluation

- Five out of six (83%) respondents strongly agreed or agreed that the learning collaborative was helpful in completing the PN Oncology training. One respondent marked strongly disagree on this item
- Five out of six (83%) respondents strongly agreed or agreed that they were satisfied with their experience in this learning collaborative. One respondent marked strongly disagree on this item
- Five out of six (83%) respondents strongly agreed or agreed that the case vignettes increased their knowledge and confidence in applying lessons learned from the training. One respondent marked strongly disagree on this item
- Four learners were eligible to receive the free one-year AONN+ membership

# Financial Navigation Lesson and Tip Sheet for Patient Navigators

In October 2022, the GW Cancer Center released a training on [Financial Navigation for Oncology Patient Navigators](#)



presented by Clara N. Lambert, CPH, BBA, OPN-CG, Director of Financial Navigation at TailorMed. This comprehensive training includes defining financial toxicity and its impact on patient wellness, the components of financial navigation, identification of resources to address patient financial difficulties, and examples of evaluation tools to demonstrate the importance of financial navigation in practice. CE for nursing professionals, social workers and CHES®/MCHES® are available upon training completion.

There were 374 completions for this training. Learners mentioned the following elements as main takeaways from the training: “The importance of assessing financial distress to reduce financial toxicity,” “remembering to factor in health literacy more often” and “patient navigators are an essential part of the equation.” The

learners also indicated that it was useful to learn about the importance of “resources and tracking tools” and “the different organizations that can help.”

The [Reducing Financial Toxicity](#) tip sheet for patient navigators was developed to supplement the financial navigation training in 2022. This tip sheet describes financial toxicity, outlines the roles of patient navigators in supporting and mitigating financial toxicity, and provides a list of helpful resources to support financial navigation. With the help of [Nuestras Voces \(Our Voices\) Network](#), this tip sheet was translated into Spanish. As of September 30, 2023, the tip sheet was viewed 1,426 times.

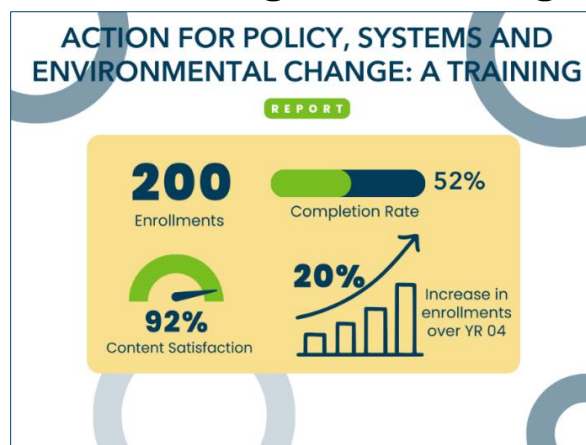
## Objective 5 – PSE Change and Health Equity

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

### Action for Policy, Systems and Environmental Change: A Training

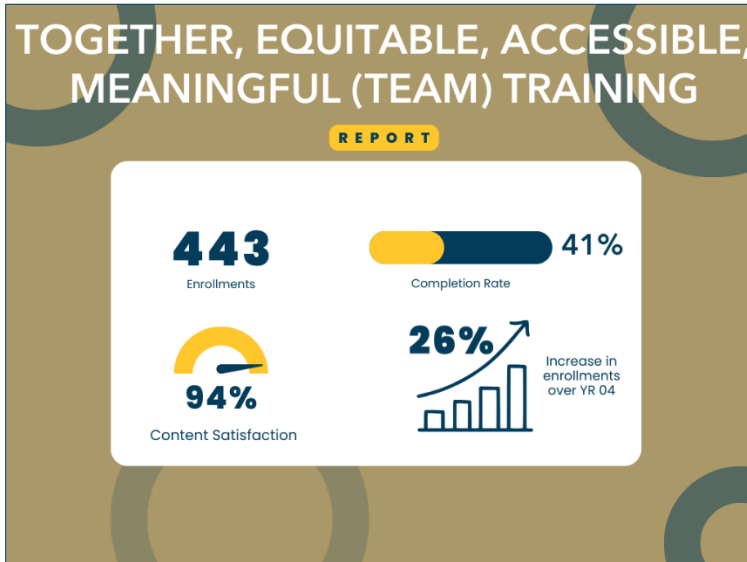
The [Action for Policy, Systems and Environmental \(PSE\) Change: A Training](#) was launched on September 19, 2017. This course explores PSE change, from its evidence base to a full-length case study. It provides background information on the seven-step PSE change process, stepwise worksheets, a PSE action plan template, real-world examples from CCC programs, an extensive resource list, and theoretical and evaluation approaches to help grow the PSE change evidence base. There were 104 completions for this training in YR 05. CE credit for CHES®/MCHES® is offered for this training.

All seven lessons showed a statistically significant improvement between pre-module and post-module knowledge of learning objectives of more than 20% in learners’ confidence of learning objectives. Refer to [Appendix E](#) for pre- and post-training means and percent changes.



# Together, Equitable, Accessible, Meaningful (TEAM) Training

The [Together, Equitable, Accessible, Meaningful \(TEAM\) Training](#) was developed with funding and support from the Pfizer Foundation in 2017. 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. The training aims to improve health equity at the systems level, and 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. There were 182 completions of this training in YR 05. CE credits for physicians, nurses, social workers, and CHES®/MCHES® are offered for this training.



## Challenges and Opportunities for Improvement

### 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 needs assessments on an ongoing basis, actively participate in all CCCNP workgroups and co-lead virtual TAT sessions for CCC programs. In addition to holding joint calls with CDC on a bi-monthly basis to coordinate TAT efforts, the GW Cancer Center and ACS collaborated with CDC program consultants and representatives from the eight CDC-funded National Networks to cross-promote resources and reduce duplication of effort across TAT providers.

The GW Cancer Center and ACS 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 TAT plans and delivery of complementary TAT to avoid duplication and optimize reach.

# Appendix A: Selected TAT Products

Below is a table containing selected GW Cancer Center TAT resources that were either recently developed or updated.

TITLE	DESCRIPTION
Survivorship Resources	
<a href="#">2021 &amp; 2022 Cancer Survivorship E-Learning Series Annual Report</a>	This report presents the number of providers that completed a module of the E-Learning Series in 2022 for states, tribes and territories.
<a href="#">Advancing Patient-Centered Cancer Survivorship Care Toolkit</a>	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.
<a href="#">Oncology Patient Navigator Guide, Training Slides, 2022 Updates &amp; Visual Summaries</a>	Guide to Oncology Patient Navigator Training: The Fundamentals (English and Spanish) with 2022 updates, training, and visual summaries of each lesson.
<a href="#">Reducing Financial Toxicity: Tips for Patient Navigators</a>	This tip sheet describes financial toxicity, outlines the role of patient navigators in supporting and mitigating financial toxicity, and provides a list of helpful resources to support financial navigation. A Spanish version, developed in collaboration with <a href="#">Nuestras Voces (Our Voices) Network</a> , is also available.
<a href="#">Supporting Cancer Survivors through Comprehensive Cancer Control Programs</a>	Presents a national snapshot of the current state of cancer survivorship in the U.S., including what we know about the health status, needs and disparities among survivors.
<a href="#">The Cancer Survivorship E-Learning Series for Primary Care Providers Communication Toolkit</a>	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.
Communication Resources	
<a href="#">Comprehensive Cancer Control Cancer Communication Mentorship Program Manual</a>	Facilitation guide for any institution or organization that wishes to implement their own mentorship program for comprehensive cancer control professionals.
<a href="#">Communication Training for Comprehensive Cancer Control Professionals 101 and 102</a>	Accompanying resources for the COMM 101 and COMM 102 trainings include customizable templates to build and evaluate tailored communication and media plans.
<a href="#">Online Academy Social Media Graphics</a>	Created to assist stakeholders with spreading the word about continuing education opportunities available through the GW Cancer Center's Online Academy.

TITLE	DESCRIPTION
<a href="#">Marketing and Dissemination Toolkit for Online Courses from the GW Cancer Center</a>	Assists stakeholders with spreading the word about continuing education opportunities available through the GW Cancer Center's Online Academy.
<a href="#">Social Media Toolkit Archive</a>	In 2021, the GW Cancer Center transitioned its social media toolkits to web-based health awareness campaigns. While new campaigns are being added regularly, we offer a social media toolkit archive to assist in your continued communication efforts.
Equity Resources	
<a href="#">You Are Welcome Here Posters</a>	This poster reminds patients of all backgrounds, identities and national origins that they are welcome in your organization.
<a href="#">Practice Patient-Centered Care Posters</a>	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.
<a href="#">Health Equity Toolbox</a>	This toolkit is designed to help stakeholders disseminate and promote health equity resources for patients and providers via social media.
Coalition and Program Planning Resource	
<a href="#">Comprehensive Cancer Control Cancer Communication Mentorship Program Manual</a>	This program manual serves as a facilitation guide for any institution or organization that wishes to implement their own mentorship program for comprehensive cancer control professionals.
<a href="#">State Cancer Plans Priority Alignment Resource Guide and Tool</a>	Summarizes top priorities and can be used as a guide for goal setting at the state and local levels.
<a href="#">Identifying the Value Proposition for Smart Partnerships in Cancer Control</a>	Tip sheet to help identify potential new partners to help advance CCC in your region.
<a href="#">Implementing the Commission on Cancer Standard 8.1 Addressing Barriers to Care</a>	Road map to support CCC professionals and cancer program administrators from hospitals, treatment centers and other facilities to fulfill the requirements for this standard.

# Appendix B: Cancer Survivorship E-Learning Series Evaluation Results

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

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

Table 2: Pre- and post-training mean scores of learning objectives

Module Title ( <i>total number of learners</i> )	Pre-Test Mean (SD)	Post-Test Mean (SD)	Percent Change	T-Statistic	P-Value*
Module 1: The Current State of Survivorship Care & the Role of Primary Care Providers ( <i>n=173</i> )	3.12 (0.89)	4.18 (0.63)	34.0%	-15.12	<b>&lt;0.001</b>
Module 2: Late Effects of Cancer Care & its Treatments: Managing Comorbidities & Coordinating with Specialty Providers ( <i>n=107</i> )	3.09 (0.84)	4.18 (0.66)	35.3%	-12.38	<b>&lt;0.001</b>
Module 3: Late Effects of Cancer & its Treatments: Meeting the Psychosocial Health Care Needs of Survivors ( <i>n=108</i> )	3.12 (0.85)	4.22 (0.62)	35.3%	-13.54	<b>&lt;0.001</b>
Module 4: The Importance of Prevention in Cancer Survivorship: Empowering Survivors to Live Well ( <i>n=88</i> )	3.26 (0.87)	4.22 (0.60)	29.4%	-11.07	<b>&lt;0.001</b>
Module 5: A Team Approach: Survivorship Care Coordination ( <i>n=70</i> )	3.29 (0.91)	4.29 (0.59)	30.4%	-10.06	<b>&lt;0.001</b>
Module 5 Companion: Advancing Patient-Centered Cancer Survivorship Care ( <i>n=65</i> )	3.29 (0.90)	4.15 (0.59)	26.1%	-8.22	<b>&lt;0.001</b>
Module 6: Cancer Recovery & Rehabilitation ( <i>n=50</i> )	3.51 (0.88)	4.09 (0.78)	16.5%	-5.19	<b>&lt;0.001</b>

Statistical significance was set to  $p < .05$ . Bold indicates statistical significance.



# Appendix D: Oncology Patient Navigation Training Evaluation Results

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

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

Table 4: Pre- and post-training mean scores of learning objectives

Module Title (total number of learners)	Pre-Test Mean (SD)	Post-Test Mean (SD)	Percent Change	T-Statistic	P-Value*
1. Overview of Patient Navigation and Competencies (n=1,267)	3.17 (0.85)	4.24 (0.64)	33.8%	-44.60	<b>&lt;0.001</b>
2. Medical Terminology (n=1,247)	3.73 (0.90)	4.36 (0.69)	16.9%	-29.83	<b>&lt;0.001</b>
3. Cancer Basics (n=1,162)	3.60 (0.83)	4.35 (0.62)	20.8%	-34.16	<b>&lt;0.001</b>
4. Clinical Trials (n=1,110)	3.12 (0.96)	3.99 (0.60)	27.9%	-42.92	<b>&lt;0.001</b>
5. Impact of Cancer (n=1,085)	3.65 (0.91)	4.39 (0.60)	20.3%	-28.74	<b>&lt;0.001</b>
6. U.S. Health Care System (n=1,076)	3.35 (0.82)	4.38 (0.59)	30.7%	-41.70	<b>&lt;0.001</b>
7. Health Care Payment and Financing (n=1,049)	3.37 (0.97)	4.26 (0.62)	26.4%	-34.88	<b>&lt;0.001</b>
8. The Role of the Patient Navigator (n=1,046)	3.58 (0.83)	4.28 (0.61)	19.6%	-28.25	<b>&lt;0.001</b>
9. Patient Assessment (n=988)	3.66 (0.75)	4.27 (0.59)	16.7%	-26.24	<b>&lt;0.001</b>
10. Shared Decision-Making (n=967)	3.58 (0.76)	4.32 (0.58)	20.7%	-31.43	<b>&lt;0.001</b>
11. Identifying Resources (n=943)	3.61 (0.81)	4.30 (0.59)	19.1%	-27.13	<b>&lt;0.001</b>
12. Communicating with Patients (n=949)	3.68 (0.75)	4.32 (0.59)	17.4%	-28.18	<b>&lt;0.001</b>
13. Patient Advocacy (n=948)	3.59 (0.76)	4.33 (0.59)	20.6%	-31.56	<b>&lt;0.001</b>
14. Culturally Competent Communication (n=930)	3.53 (0.77)	4.30 (0.56)	21.8%	-32.62	<b>&lt;0.001</b>
15. Scope of Practice (n=930)	3.73 (0.78)	4.35 (0.58)	16.6%	-25.71	<b>&lt;0.001</b>
16. Ethics and Patient Rights (n=928)	3.60 (0.78)	4.30 (0.58)	19.4%	-29.51	<b>&lt;0.001</b>
17. Practicing Efficiently and Effectively (n=918)	3.73 (0.75)	4.34 (0.58)	16.4%	-26.59	<b>&lt;0.001</b>
18. Health Care Team Collaboration (n=903)	3.79 (0.74)	4.35 (0.57)	14.8%	-24.77	<b>&lt;0.001</b>
19. Program Evaluation and Quality Improvement (n=901)	3.58 (0.77)	4.28 (0.59)	19.6%	-29.30	<b>&lt;0.001</b>
20. Personal and Professional Development (n=901)	3.69 (0.76)	4.33 (0.59)	17.3%	-27.41	<b>&lt;0.001</b>

Statistical significance was set to p<.05. Bold indicates statistical significance.

# Appendix E: Action for Policy, Systems and Environmental Change Training Evaluation Results

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

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

Table 5: Pre- and post-training mean scores of learning objectives

Module Title (total number of learners)	Pre-Test Mean (SD)	Post-Test Mean (SD)	Percent Change	T-Statistic	P-Value*
1. Engage ( <i>n</i> =121)	3.25 (0.79)	4.18 (0.53)	28.6%	-13.88	<b>&lt;0.001</b>
2. Scan ( <i>n</i> =118)	3.10 (0.82)	4.08 (0.56)	31.6%	-13.20	<b>&lt;0.001</b>
3. Assess ( <i>n</i> =111)	3.23 (0.93)	4.17 (0.54)	29.1%	-11.57	<b>&lt;0.001</b>
4. Review ( <i>n</i> =108)	3.20 (0.88)	4.06 (0.56)	26.9%	-10.23	<b>&lt;0.001</b>
5. Promote ( <i>n</i> =108)	3.27 (0.84)	4.10 (0.54)	25.4%	-11.09	<b>&lt;0.001</b>
6. Implement ( <i>n</i> =103)	3.17 (0.86)	4.11 (0.53)	30.0%	-11.58	<b>&lt;0.001</b>
7. Evaluate ( <i>n</i> =100)	3.21 (0.86)	4.15 (0.55)	29.3%	-11.42	<b>&lt;0.001</b>

Statistical significance was set to  $p < .05$ . Bold indicates statistical significance.