2022

**Comprehensive Cancer Control
1805 Technical Assistance Project:**
Year 4 Evaluation Summary Report

GW | Cancer Center

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

2022 Comprehensive Cancer Control 1805 Technical Assistance Project: Year 4 Evaluation Summary Report Highlights

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

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

BY THE NUMBERS

3	Peer reviewed manuscripts published
8,104	Times users accessed the web-based social media awareness campaigns
24	TAP and PN&S monthly e-newsletters released
57%	Increase in Online Academy learners
3,254	Online Academy learners
933	Certificates given to Online Academy learners claiming continuing education credit

FEEDBACK

On Steering Committee participation:

- "[It] was very validating and ensures that the perspective of the end user is included."
- "[It] spark[s] ideas for potential collaboration in my own organization."

Learner takeaways from Online Academy courses:

- "Importance of implementing a multicomponent process when addressing public health issues"
- "The usefulness of building relationships with journalists"
- "Equitable care does not mean equal care"

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

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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 third year of the five-year DP18-1805 Cooperative Agreement: "Building Cancer Control Capacity: Scaling Evidence to Practice to Advance Health Equity" (hereafter referred to as "the CCCTAT project"). The GW Cancer Center continues to disseminate and build on TAT developed under the prior Cooperative Agreement DP13-1315: "Enhancing Implementation of Comprehensive Cancer Control Activities."

The GW Cancer Center has published annual summary evaluation reports on its Technical Assistance Portal (TAP) website intended for use by CCC programs, coalitions and partners in cancer control. The purpose of this summary is to provide an overview of the GW Cancer Center CCCTAT activities and progress in Project Year 04 (October 2021 through September 2022); provide transparency and accountability; and create an opportunity for dialogue and input to improve future project activities. Questions and feedback for the CCCTAT project or evaluation may be directed to cancercontrol@gwu.edu.

SUMMARY OF YEAR 04 ACTIVITIES

In Year 04 of the CCCTAT project, the GW Cancer Center successfully completed several activities in accordance with the five-year Project Period Objectives (hereafter "objectives") delineated in the project workplan submitted to CDC. Provision of TAT was successfully implemented with support from the project's Steering Committee, which meets quarterly to inform the strategy and direction of the CCCTAT project. 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 will serve as Chair in 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 04 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
- Published a [manuscript](#) to the *Journal of Cancer Education* summarizing the qualitative findings of the CCC needs assessment

Objective 2: Communication – **Expand reach of TAT and improve capacity of CCC programs to communicate to stakeholders and convene effective coalitions by maintaining 4 channels, 2 trainings, 12 social media toolkits (annually), 2 webinars and 1 in-person workshop through September 29, 2023**

- Updated the Cancer Control TAP (www.cancercontroltap.org), and maintained the CCCNP (www.cccnationalpartners.org) and Action for Policy, Systems and Environmental Change (www.action4psechange.org) websites, which centralize cancer control resources and information
- Led the collaborative redesign and launch of the CCCNP website (www.cccnationalpartners.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 eight [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](#)"
- Updated the GWCC [Comp Cancer 101 Wiki](#) Coalition Organization and Leadership Roles to incorporate up to two additional organization types
- Created a resource for CCC coalitions to assess their inclusivity and equity approaches
- Developed a cancer plan tip sheet on preparedness

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**

- Published a [manuscript](#) detailing the Mentorship Program and evaluation results in *Cancer Causes and Control*
- Launched the [Cancer Control Implementation Science Base Camp](#) (CCISBC), 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**

- Developed an [annual report](#) for the Cancer Survivorship E-Learning Series data for CCC programs and coalitions
- Maintained CE accreditation and continued dissemination of the [Cancer Survivorship E-Learning Series](#)
- Maintained CE accreditation and continued dissemination for the online [Executive Training on Navigation and Survivorship](#) and [Oncology Patient Navigation](#) trainings, respectively
- Revised and published the 508-compliant [Guide to Oncology Patient Navigator](#) in both in English and Spanish
- Disseminated an enduring [financial navigation training](#) and corresponding [tip sheet on financial navigation](#) for patient navigators
- Hosted a webinar to support CCC coalitions in engaging cancer survivors

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 [Action4PSEChange.org](#) to include new evidence and developed CCC success stories to incorporate
- 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: 1) *[TEAM](#)* training, 2) Webinar on *[Measuring Sex, Gender Identity, and Sexual Orientation](#),* and 3) Webinar on *[Community Resource Information and Exchange (CoRIE) Initiative](#)*
- In collaboration with ACS, presented one webinar on [PSE change and communication](#)
- Presented the [health equity in cancer plans tip sheet](#) for CCC programs and coalitions during a NCCCP program director's call

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. In collaboration with CDC, the two organizations agreed to update the needs assessment by analyzing new data collected from several sources and to summarize TAT needs in a brief addendum to the original needs assessment report. 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. In addition, ACS queried CCC coalitions on behalf of the CCCNP to determine current needs. Overall, CCC practitioners identified needs in evaluation capacity building, peer sharing, coalition sustainability, implementing evidence-based interventions and addressing health equity, among others. 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.

In Year 03, the GW Cancer Center submitted a manuscript, titled "*Technical Assistance and Training Needs of Comprehensive Cancer Control Programs: A Qualitative Analysis*" to summarize findings from interviews conducted as part of the Year 01 comprehensive needs assessment. In Year 04, the manuscript was accepted and published in January 2022 by the *Journal of Cancer Education*.

Evaluation and Quality Improvement

The GW Cancer Center continued to track ongoing project activities according to the evaluation plan created and approved by CDC in Year 03. Tracked project activities in Year 04 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.

Evaluation and Quality Improvement of Online Trainings

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

- Action for Policy, Systems and Environmental Change: A Training (PSE)

- [Cancer Control Implementation Science Base Camp](#) (CCISBC) – *launched in Year 04*
- [Cancer Survivorship E-Learning Series for Primary Care Providers](#) (E-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)
- [Executive Training on Navigation and Survivorship](#) (ET)
- [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.

YEAR 04 ACCREDITATION TYPES

Legend: MNA, AMA, NASW, CHES, Training Completions
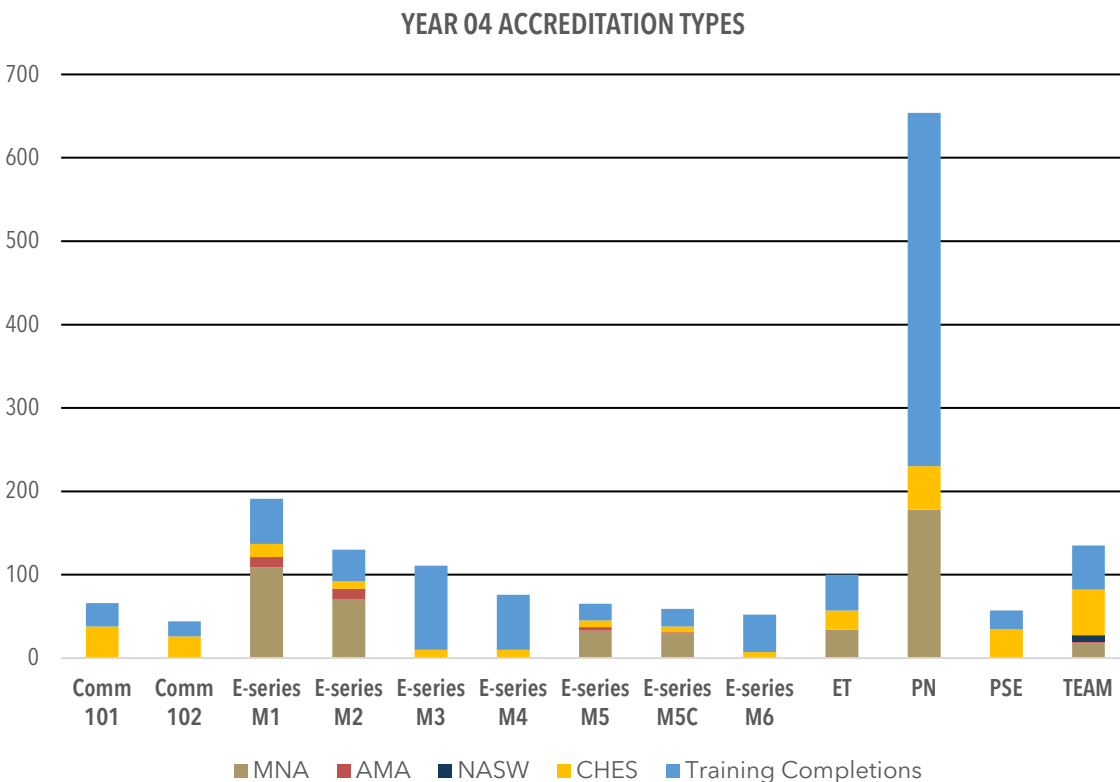
Of the certificates claimed for attendance (933), 473 were claimed for nurses CE, 296 for CHES®/MCHES®, 30 for physicians and 8 for social workers.

Steering Committee

The GW Cancer Center convened four quarterly [Steering Committee](#) meetings in Year 04, which have informed the strategy and direction for the CCCTAT project. The Committee consisted of 13 members from CCC programs and coalitions, CCCNP and CDC. Steering Committee members were invited according to their ability to represent insights and perspectives from diverse partners and provide leadership for specific TA activities planned for the year. Additionally, to improve facilitation and engagement this year, GWCC provided updates to project activities prior to meetings to allow more time for discussion and input during quarterly calls.

Eight out of 13 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.

When asked to comment on how the Steering Committee led to more collaborations among CCC stakeholders, members shared that the Committee has connected them to new partners they would not have known otherwise, thus expanding their networks and allowing for opportunities to share about the implementation and outcomes of CCC activities. Another member commented that these new connections allowed for joint webinar opportunities with other state's coalitions and that discussion and resource-sharing helped "spark ideas for potential collaboration in my own organization."

As part of their experience as a Steering Committee member, members enjoyed the collaboration and camaraderie with other CCC programs/coalitions and learning about each other's work and the unique perspectives of each state. Members enjoyed providing feedback on resources to ensure they meet the needs of diverse audiences and shared that this process "was very validating and ensures that the perspective of the end user is included".

When asked on how GWCC can improve the Steering Committee experience, one member shared that they would appreciate being told in advance the level of input sought to be a more effective advisory group. Others have shared that they would have liked more time for project feedback and discussion. Additional suggestions included diversifying the Steering Committee with individuals with differing abilities, community persons and persons affected by cancer. Another member shared that representation from Hawaii and other Pacific Island Jurisdictions may be considered in the future.

OBJECTIVE 2 – COMMUNICATION

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

Cancer Control TAP Website

Building on the [Cancer Control TAP Website](#) launch to an updated platform in Year 03, the GW Cancer Center continued to maintain and add to the content of the website. GW Cancer Center staff actively add resources that are indexed by article type and topic to the resource repository, which houses 350 resources; many of these (291) were entered during Year 04 as many outdated resources were removed as part of the Year 03 website update. To maintain digital accessibility, resources created by the GW Cancer Center are routinely made 508 compliant before posting.

Since its initial launch in September 2014, the site continues to be well-trafficked. During the seven months for which analytic data exist, the website averaged 1,159 (1,342 in the last report) unique visitors per month in Year 4. These users generated 1,676 website sessions per month. Along with adding new resources during Year 4, GW Cancer Center staff added listings on a dedicated page for 249 events, cross-promoting events from the GW Cancer Center, CCCNP, Networking2Save recipients, and other organizations relevant to cancer control.

CCCNP Website

In Year 04, the GW Cancer Center coordinated the revision of the [CCCNP website](#) with other national partners. 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 website revision transitioned the website to a more widely used content management system to increase collaboration opportunities for CCCNP communication efforts and increase website usability.

The GW Cancer Center continues to maintain the CCCNP website with timely and relevant resources, events, opportunities and news from member organizations. GW Cancer Center staff continued working with the CCCNP to promote a quarterly Zoom "check-in" series for CCC coalitions and programs which was launched in April 2020. The purpose of these check-ins is to offer the opportunity for CCC coalitions to share with each other their questions and solutions related to sustaining coalitions. The GW Cancer Center also helps promote CCCNP quarterly health equity Zoom sessions, launched in November 2020, to assist CCC coalitions and programs in addressing health inequities in cancer.

Action for PSE Change Online Tool

The GW Cancer Center continues to update the Action for PSE change website with new resources and case studies from across the country. Consistent with Year 03 analytics, in Year 04, www.Action4PSEchange.org averaged 306 unique users, 372 unique sessions and 610 unique page views per month.

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 1,587 at the end of Year 03 to 1,638 at the end of Year 04, representing a 3.2% increase. As of September 2022, the GW Cancer Center Twitter account disseminated 4,809 Tweets and followed 1,134 other accounts. The GW Cancer Center also maintains a LinkedIn profile, a YouTube channel and a Facebook page.

TAP E-Newsletter

The GW Cancer Center released 12 monthly Technical Assistance Periodical (TAP) e-newsletters since October 2021. In preparation for transferring newsletter production to a new Emma - a platform that provides a more visually appealing, enhanced experience for the reader - in May 2022, GW Cancer Center staff reviewed and culled the existing mailing list by eliminating email addresses that repeatedly bounced. As of September 2022, 823 individuals subscribed to the TAP newsletter. The average open rate between October 2021 and September 2022 was 29.5%, exceeding the industry average. The e-newsletters promoted cancer control resources and events, CCC program or coalition PSE change examples posted on Action4PSEChange.org, Networking2Save recipients, and other relevant cancer control materials.

Patient Navigation and Survivorship E-News

The GW Cancer Center released 12 monthly Patient Navigation and Survivorship (PNS) e-newsletters since October 2020. Regarding the mailing list, GW Cancer Center staff took the same steps as with the TAP newsletter, reviewing and eliminating non-working email addresses. As of September 2022, the PNS newsletter had 2,630 subscribers The average open rate between October 2020 and September 2021 was 26.5%, higher than the industry average. The e-newsletters provided specific information on relevant articles, trends and updates in the fields of navigation and survivorship for a primarily clinical audience. The PNS e-newsletter mailing list is reviewed monthly to reduce bounce-back errors and maintain an up-to-date list of contacts.

Social Media Toolkits

In Year 04, the GW Cancer Center transitioned eight social media toolkits to web-based health awareness campaigns that 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.

As of October 1, 2022, the updated and new social media health awareness campaigns have been accessed 8,104 times, and the campaigns were used by CCC coalitions, health departments, individual clinicians, cancer centers and non-profit organizations.

There are now a total of 17 social media toolkits available on the new TAP website, nine archived toolkits which are older versions of most of the toolkits, and eight health awareness campaigns which have been updated and published on the new TAP website. Metrics reported below include a comparison to Year 03 and Year 04 access to the web-based campaigns. Web-based toolkits in Year 04 were accessed significantly more than Year 03 toolkits, likely due to the downloadable messages and images.

SOCIAL MEDIA TOOLKITS: # OF TIMES ACCESSED IN YEARS 03 AND YEAR 04

Toolkit	Year 03	Year 04
Liver Cancer	13	202
National Cancer Survivorship	18	1502
Melanoma/Skin Cancer	21	1286
Colorectal Cancer	145	1581
Cervical Cancer	71	634
Lung Cancer	41	150
Breast Cancer	624	2337

■ Year 03 ■ Year 04
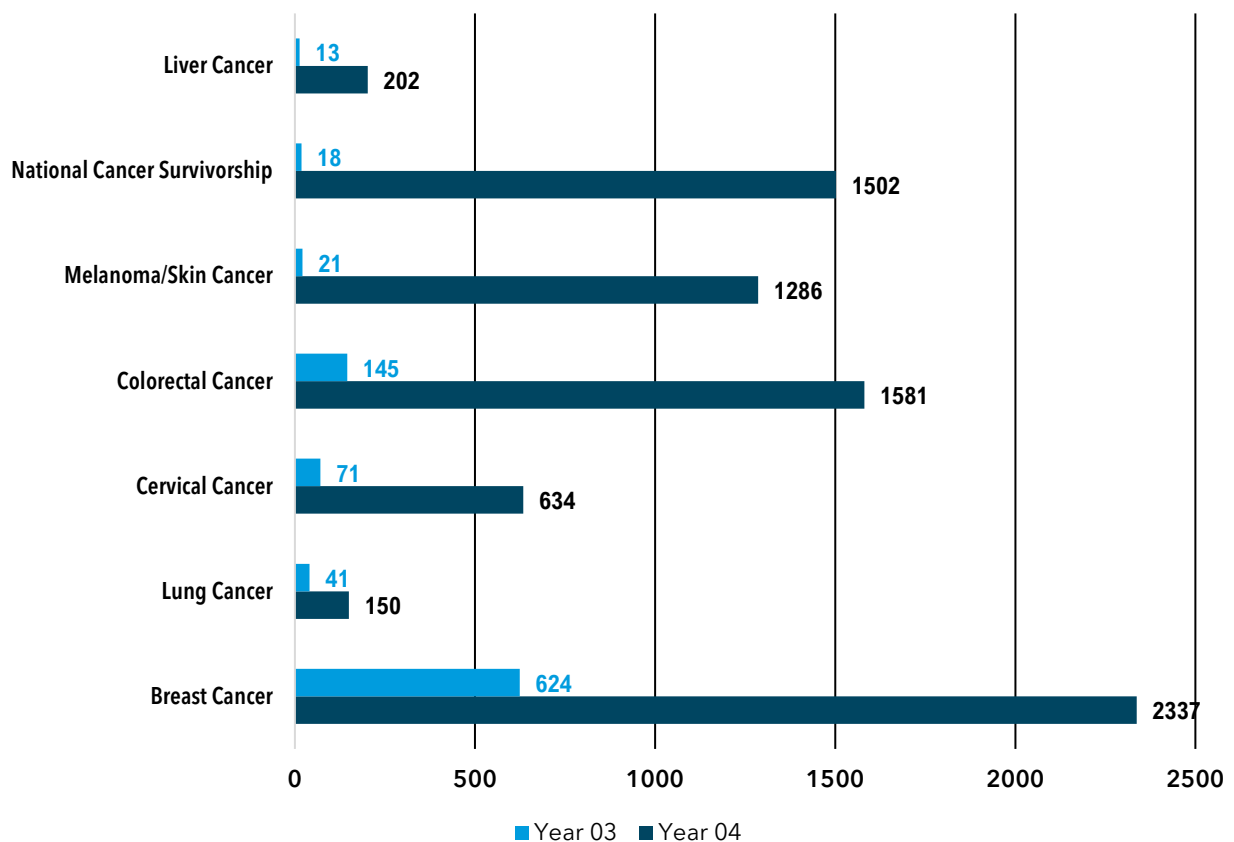
Communication Training for Comprehensive Cancer Control Professionals 101 and 102

The [Communication Training for Comprehensive Cancer Control (CCC) Professionals 101: Media Planning and Media Relations (Comm101)](#) was launched in August 2015. This training covers the process of media planning, creating media-friendly materials and building relationships with journalists. The training provides a wide range of elements that are essential for CCC professionals: Background information, resources, customizable templates, and evidence-based case studies. After completing the training, participants have a tailored media plan and media-ready materials to use for their CCC programs. CE for Certified Health Education Specialists (CHES®) and Master Certified Health Education Specialists (MCHES®) are offered.

From October 1, 2021, to September 30, 2022, 128 learners enrolled in this training. In comparison to the previous year, there was a 228% increase in the number of enrollments. The learners were from 31 states and the District of Columbia. In addition to the domestic reach, the training was accessed by one country globally.

Of 66 individuals who completed the training, 94% of the respondents were overall very satisfied/ satisfied with the training and 89% would recommend it to others. The learners mentioned the following elements as main takeaways from the training: "the importance of media planning grounded in theory," "the usefulness of building relationships with journalists," and "effective communication as a key component in many aspects of healthcare." The learners also indicated the following components of the training as most useful: "establishing relationships with journalists," and "utilizing the SMART technique.

The [Communication Training for Comprehensive Cancer Control (CCC) Professionals 102: Making Communication Campaigns Evidence-Based (Comm102)](#) was launched in September 2016. This 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. CE for Certified CHES® and MCHES® are offered.

From October 1, 2021, to September 30, 2022, 99 learners enrolled in this course. The number of enrollments has increased by 241% in comparison to the previous year. The learners were from 23 states and the District of Columbia. In addition to the domestic reach, the training was accessed by one country globally.

Of 46 individuals who completed the training, 99% were overall very satisfied/ satisfied with the training and 89% would recommend the training to others. The learners mentioned the following elements as main takeaways from the training: "importance of continuous evaluation and defined objectives and outcomes" and "ideal times for campaigns." The

learners also indicated that it was useful to learn about the importance of "building media relations ahead of any campaign," and the "process of launching a communication campaign."

Update Comp Cancer 101 Wiki Organization Types

As part of the review of the TAP website conducted prior to re-launching the site, GW Cancer Center staff reviewed and updated information included in the [Comp Cancer 101 Wiki](#). Rather than duplicating effort by reviewing all CCC coalition websites to identify CCC organization types and coalition structures, the GW Cancer Center relied upon results of the CCCNP survey, which was conducted with coordination and evaluation support from ACS in August-September 2021. As part of the survey, CCC programs and coalitions were asked to identify the structure of the coalition in its state, tribe, tribal organization, or territory. The responses of 17.7% (n=17) of respondents indicated that their coalitions were staffed or run by a university or university organization, while 7.3% (n=7) were members of coalitions that were housed by another organization. Accordingly, during Year 04, the GW Cancer Center added "university affiliated organization" and "housed within a sponsoring organization" as additional organization types to the CCC Coalition Organization and Leadership Roles section of the Comp Cancer 101 Wiki.

CCC Coalition Inclusivity and Equity Assessment

The CCC Coalition Inclusivity and Equity Assessment 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 explore 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. Themes were incorporated into inclusivity and equity-focused considerations paired with resources and questions to facilitate topic-specific coalition conversations. Additional frameworks and resources on populations of focus were provided to help coalitions further contextualize these considerations.

GWCC 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 will be released in early 2023 as part of the CCCNP tip sheet series.

Cancer Plan Tip Sheet on Preparedness

COVID-19 uncovered a need for CCC plans to consider preparedness. To assist CCC programs and coalitions in this exploration, the GW Cancer Center drafted a cancer plan tip sheet on preparedness to include in the CCCNP tip sheet series. The content was developed

as part of the Cancer Prevention and Control Research Network's Scholars Program. The CCCNP's coalition check-in call obtained initial input from CCC coalitions which was incorporated in the draft. A final version of the tip sheet will be released in early 2023.

Additional TAT Dissemination

During Year 04, 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 (CCISBC) Launch

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. The training's main audience was comprehensive cancer control professionals. Given a scheduling conflict between CCISBC live sessions and CDC orientation webinars for new NCCCP awardees, synchronous sessions were replaced with online asynchronous courses and peer-to-peer learning. The three core components of the training included:

1. An online asynchronous course located within the Online Academy with seven modules
2. A panel presentation from peer subject matter experts
3. Three "community cafes" for peer-to-peer learning

From October 1, 2021 to September 30, 2022, six teams applied and enrolled in the course as a cohort. 35 learners from five states and the District of Columbia enrolled in the online academy. A quarter of learners (25.7%) had administrator roles, 17.1% were health educators, 11.4% identified themselves as navigators and the rest of the group described their roles as others (e.g., community health workers, data manager, researcher, etc.).

Six individuals who completed the training also filled out the post-evaluation survey to assess learner satisfaction. All six learners were satisfied with the content of CCISBC and three strongly agreed/ agreed that they were satisfied with the CCISBC delivery. Five learners found the CCISBC content and delivery accessible. Five of them were overall very satisfied/ satisfied with the training and four would recommend the training to others. The learners mentioned the following elements as main takeaways from the training: "learning the implementation process" and "use of EBIs." The learners also indicated that they found "the evaluation section" and "video lectures" as the most useful components of 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. Aggregated mean scores were calculated for all eight modules and showed an improvement of more than 25% in learners' knowledge of content between pre- to post-modules.

A manuscript summarizing results of the CCISBC pilot, conducted in Year 03, was published in *Cancer Causes and Control* in Year 04.

OBJECTIVE 4 – SURVIVORSHIP

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

Cancer Survivorship E-Learning Series

The Cancer Survivorship E-Learning Series (E-Learning Series) was launched in April 2013. The E-Learning Series was developed by the National Cancer Survivorship Resource Center, a collaboration between ACS and the GW Cancer Center funded through a five-year cooperative agreement from CDC. 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® is offered.

From October 1, 2021, to September 30, 2022, 410 learners enrolled in the training. This represents a 24% increase in enrollments in comparison to last year. Learners were from 43 states and the District of Columbia. In addition to the domestic reach, the training was accessed by 13 countries globally.

To evaluate the effectiveness of each module, learners were asked to complete a pre- and post-module evaluation survey. Each evaluation statement was answered on a five-point Likert scale and converted to continuous numbers for analysis (from 1 - Strongly Disagree to 5 - Strongly Agree). Aggregated mean scores were calculated for each module. Changes in self-reported knowledge of learning objectives, by module were analyzed using a paired t-

test. All modules showed statistically significant improvement between pre-and post- module knowledge of learning objectives. In addition, all seven modules showed an improvement of more than 20% in learners' confidence for learning objectives between pre- to 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.

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.

From October 1, 2021, to September 30, 2022, 374 learners enrolled in the training. This translated to a 94% increase in enrollment from the previous year. Continuous monitoring and evaluation will provide insights and direction to promote and continue to diversify access to the course. Learners were from 42 states, the District of Columbia and one US territory. In addition to the domestic reach, the training was accessed by four countries globally.

Out of 104 learners who completed the post-evaluation on course satisfaction and lessons learned, 92% were overall strongly satisfied/ satisfied with the training and 90% would recommend it to other health care professionals. The respondents indicated the following as key takeaways from the training: "How to create a business plan and sell it to our leadership," "the importance of planning," and "overall understanding of the process to develop a navigation program." In addition, the learners found the following components of the training to be useful: "resources," "needs assessment strategies," and "descriptive steps and examples."

To evaluate the effectiveness of each module, learners were asked to complete a pre- and post-module evaluation survey. Each evaluation statement was answered on a five-point Likert scale and converted to continuous numbers for analysis (from 1 - Strongly Disagree to 5 - Strongly Agree). Aggregated mean scores were calculated for each module. Changes in self- reported knowledge of learning objectives were analyzed using a paired t-test. All seven modules of the Executive Training on Survivorship and Navigation 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 between pre- to post-training modules. Refer to Appendix C for evaluation results of the Executive Training on Navigation and Survivorship, including pre- and post-training means and percentage changes by module.

Annual Survivorship E-Learning Report

The GW Cancer Center released the [2021 Cancer Survivorship E-Learning Series Annual Report](#) on February 1st, 2022 in order to comply with the requirements for DP17-1701 recipients with survivorship supplements. The report includes aggregated demographics and learning outcomes as well as state, tribe, and territory learner counts (reporting period January 1-December, 2021) together with baseline learner counts from 2020. As of November 10, 2022, the annual report has been downloaded 146 times.

Guide to Oncology Patient Navigation and Training

The Guide for Patient Navigators was developed in 2015 as a supplement to the Oncology Patient Navigator training. The GW Cancer Center released an updated 508-compliant [Oncology Patient Navigator Guide](#) that provides free resources and tools, along with the [Spanish version](#) of the guide, also made 508-compliant for accessibility. The guide includes changes made to patient navigation guidelines and processes since its initial release in 2015. The updated guide has been downloaded 2,193 times since its release.

Oncology Patient Navigator Training

The [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® is also offered for this course. As of May 2022, this training also offers CE for nursing professionals.

From October 1, 2021, to September 30, 2022, 1,689 learners enrolled in the training. This reflects a 78% increase in the number of enrollments in comparison to the previous year. The learners were from 49 states, the District of Columbia and one U.S. territory. In terms of international reach, the learners were from fifteen countries.

Of the 704 learners who completed the training, 95% were overall very satisfied/ satisfied with the training and 95% would recommend this training to other professionals. Open ended feedback was overall positive. Respondents indicated the following as key takeaways: "Understanding the role of patient navigator," "information on clinical trials and health care system" and "the value of patient navigation in cancer care." Learners indicated the following as the most useful components of the training: "Information about insurance," "scope of practice" and "how cultural and personal issues influence treatment outcomes."

To evaluate the effectiveness of each module, learners were asked to complete a pre- and post-module evaluation survey. Each evaluation statement was answered on a five-point

Likert scale and converted numerically for analysis (from 1 - Strongly Disagree to 5 - Strongly Agree). Aggregated means scores were calculated for each module. Changes in self-reported knowledge of learning objectives, by module, were analyzed using a paired sample t-test. All twenty modules of the Oncology Patient Navigator Training showed statistically significant improvement between pre- and post-module knowledge of learning objectives. Twelve modules showed an improvement of more than 20% in learners' confidence for 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.

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 training was developed given attendee interest from a March 2021 webinar by Ms. Lambert. The learning objectives of this module encompass defining financial toxicity and its impact on patient wellness; describing components of financial navigation; identifying resources to meet patient financial challenges; and accessing sample evaluation tools to show the value of financial navigation in practice. As of this evaluation summary's publication, 243 learners enrolled in the training and 92 learners completed the training.

In addition to the training, a [Reducing Financial Toxicity](#) tip sheet for patient navigators was developed to supplement the financial navigation training. 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. As of November 14, 2022, the tip sheet was viewed 586 times. While these tools were released in the beginning of Year 05, most of the work to develop these tools was carried out during Year 04.

Webinar to Assist Coalitions Engage Cancer Survivors

On May 18, 2022, GW Cancer Center presented a Zoom webinar for CCC stakeholders entitled, "Engaging Survivors in Comprehensive Cancer Control Coalitions." Representatives of one state and one tribal CCC coalition, along with a community engagement coordinator from the [Dempsey Center](#), served as panelists for a moderated discussion about recruiting methods, engagement, and overcoming barriers. The conversation was moderated by a GW Cancer Center staff member who is a cancer survivor. Participants engaged in peer discussion and Q & A with the panelists. The webinar was promoted in the April and May TAP e-newsletters and a session summary and recording were included in the June e-newsletter.

A post-webinar evaluation poll was answered by 16 respondents. 14 agreed or strongly agreed that they were able to identify the role of CCC coalitions in engaging survivors; 15 agreed or strongly agreed that they were able to identify at least one tactic to engage survivors in CCC coalitions; and 12 agreed or strongly agreed that they were able to identify one action they planned to take to enhance their coalition's engagement of survivors.

OBJECTIVE 5 – PSE CHANGE AND HEALTH EQUITY

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

Action for PSE Change Online Tool

Between October 2021 and September 2022, the GW Cancer Center reached out to several CCC programs, coalitions, or partners to develop PSE change examples, resulting in the addition of two new examples on [Action4PSEChange.org](#). The website now houses 31 PSE change examples. The GW Cancer Center routinely updates the online tool, which includes an extensive list of resources and downloadable worksheets to guide stakeholders in implementing PSE change initiatives. This year, the GW Cancer Center systematically reviewed the online tool and eliminated broken links and updated them with current resources.

GW Cancer Center staff also began an overall review of site contents, in preparation for integrating data into the TAP website. As part of this process, GW Cancer Center staff are developing a more streamline and user-accessible format for PSE change examples.

Action for Policy, Systems and Environmental Change: A Training

The [Action for Policy, Systems and Environmental (PSE) Change: A Training](#) was launched on September 19, 2017. This course explores PSE change, from its evidence base to a full-length case study. It provides background information on the seven-step PSE change process, stepwise worksheets, a PSE action plan template, real-world examples from comprehensive

cancer control (CCC) programs, an extensive resource list, and theoretical and evaluation approaches to help grow the PSE change evidence base. Continuing Education (CE) credit for CHES®/MCHES® is offered for this training.

From October 1, 2021, to September 30, 2022, 167 learners enrolled in the training. This reflected a 234% increase in the number of enrollments in comparison to the previous year. Learners were from 33 states and the District of Columbia. In addition to the domestic reach, the training was accessed by one country globally.

Of 61 individuals who filled out the post-evaluation after completing the training, 91% were very satisfied/ satisfied with the training, and 85% would recommend the training to others. Learners indicated the following elements as key takeaways from the training: "The 7 steps of implementation of PSE changes," "importance of implementing a multicomponent process when addressing public health issues," and "PSE change steps." Learners indicated that "the step-by-step review of evaluation" and "the real-life examples" were useful components of the training.

To evaluate the effectiveness of each module, learners were asked to complete a pre- and post-module evaluation survey. Each evaluation statement was answered on a five-point Likert scale and converted numerically for analysis (from 1 - Strongly Disagree to 5 - Strongly Agree). Aggregated means scores were calculated for each module. Changes in self-reported knowledge of learning objectives, by module, were analyzed using a paired sample t-test. All seven lessons of Action for Policy, Systems and Environmental Change training 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 lesson 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 system 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. CE credits for physicians, nurses, social workers, and CHES®/MCHES® are offered for this training.

From October 1, 2021, to September 30, 2022, 352 learners enrolled in the training. There was a 21% increase in the number of enrollments in comparison to last year. The learners

were from 42 states, the District of Columbia and one U.S. territory. The training was accessed by four countries outside of the U.S.

Of the 138 learners who completed the training, 93.5% were strongly satisfied/ satisfied with the training, and 89% would recommend this training to others. Learners indicated the following elements as the biggest takeaways from the training, "equitable care does not mean equal care," "being mindful of implicit bias," and "communication techniques." Respondents found the following components of the training as the most useful: "Patient experiences," "strategies for equitable care," and "determinants of inequity."

Webinar Trainings

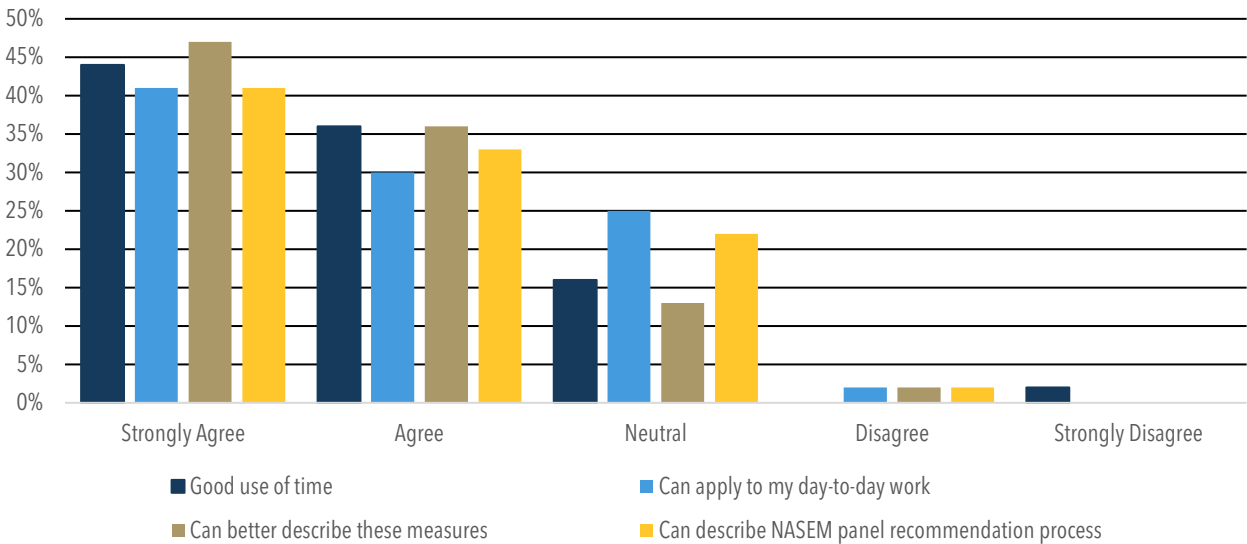<u>Measuring Sex, Gender Identity, and Sexual Orientation</u>

The webinar titled "Measuring Sex, Gender Identity, and Sexual Orientation" was presented on April 28th, 2022 by Kellan Baker, MPH, MA, PhD who is the Executive Director of the Whitman-Walker Institute. The learning objectives of the webinar were: 1) Describe measures than can be used in the general English-speaking adult population to identify sexual and gender minority populations, 2) Describe methods and considerations used by the National Academies of Sciences, Engineering, and Medicine (NASEM) panel to create these measure recommendations.

There were 146 registrants for this webinar and 77 of them attended the event. The webinar recording was posted online, and as of November 11, 2022, 63 individuals have viewed the recording.

The webinar evaluation survey was filled out by 36 respondents. More than 70% of the individuals strongly agreed/ agreed that the webinar was a good use of their time and 71% indicated that they could apply what they had learned on this webinar in their day-to-day work. Almost all respondents (83%) strongly agreed/ agreed that because of this webinar, they can describe measures that can be used in the general English-speaking adult population to identify sexual and gender minority populations. Lastly, 74% of the participants strongly agreed/ agreed being able to describe methods and considerations used by the National Academies of Sciences, Engineering, and Medicine (NASEM) panel to create these measure recommendations because of the webinar.

## WEBINAR: MEASURING SEX, GENDER IDENTITY, AND SEXUAL ORIENTATION (n=36)

Legend:
- Good use of time
- Can apply to my day-to-day work
- Can better describe these measures
- Can describe NASEM panel recommendation process

Categories: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree

Community Resource Information and Exchange (CoRIE) Initiative Webinar

The webinar titled "Community Resource Information and Exchange (CoRIE) Initiative" was presented on June 2nd, 2022 by David Poms, who is a Partnerships Manager at the DC Primary Care Association. The learning objectives of the webinar were: 1) Summarize the process of implementing citywide/regional social needs community-clinical linkage solution, 2) Describe the progress of a pilot project in Washington, DC, and preliminary outcomes, 3) Identify potential resources to support other regions in care coordination to optimize social support for individuals at highest risk of poor health due to unmet social needs.

There were 116 registrants for this webinar and 60 individuals attended the webinar. The webinar recording was posted online, and as of November 11, 2022, 115 individuals have viewed the recording.

Out of 21 webinar attendees who filled out the post-evaluation survey, more than 67% of the individuals strongly agreed/ agreed that the webinar was a good use of their time; 52% indicated that they could apply what they had learned on this webinar in their day-to-day work. Almost all respondents (86%) strongly agreed/ agreed that because of this webinar, they were able to summarize the process of implementing citywide/ regional social needs community-clinical linkage solutions. Furthermore, 67% of the participants strongly agreed/ agreed being able to describe the progress of a pilot project in Washington, DC, and preliminary outcomes because of the webinar and 71% of the respondents indicated being able to identify potential resources to support other regions in care coordination to optimize social support for individuals at the highest risk of poor health due to unmet social needs because of this webinar.

WEBINAR: COMMUNITY RESOURCE INFORMATION AND EXCHANGE INITIATIVE
(n=21)

- ■ Good use of time
- ■ Can apply to my day-to-day work
- ■ Can summarize process to implement social needs community-clinical linkage solution
- ■ Can describe progress of pilot project and preliminary outcomes
- ■ Can identify resources to support care coordination in other regions to optimize social support
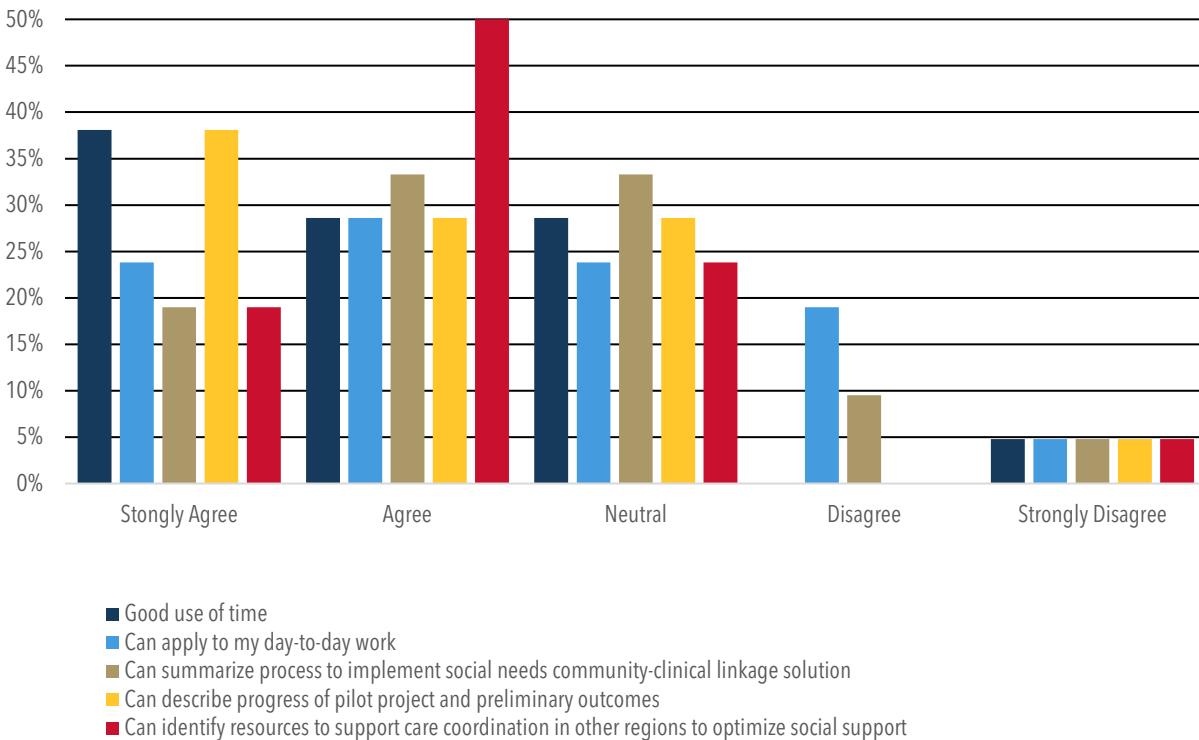
PSE Change Webinar with ACS

In response to the new 2202 funding offered by CDC for CCC programs and coalitions, the GW Cancer Center collaborated with ACS to present during a PSE Change Summer Webinar Series. To support new grantees in their efforts to promote PSE change, the GW Cancer Center presented on August 23, 2022 to share "Communication Strategies to Advance Your PSE Interventions," highlighting important information also included in two Online Academy Trainings: "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." 148 people attended the webinar. Evaluation data was collected and analyzed by ACS. Overall, the majority of respondents had positive feedback about the webinar. Most would recommend the training to a colleague (94.0%), can apply what they have learned (90.0%) and intend to use or share the information/ strategies discussed (100%). The average knowledge score increased from 77.2% correct responses at the beginning of the webinar, to 82.1% correct responses after the presentation.

Health Equity Tip Sheet

The GW Cancer Center, in partnership with ACS and the CCCNP, released a [health equity tip sheet](#) on April 19, 2021 to assist CCC programs and coalitions address health equity when revising their state cancer plans. To remind NCCCP program directors of the tip sheet, GW Cancer Center staff briefly presented during a December 2021 NCCCP Program Directors call hosted by CDC. All tip sheets are housed on the ACS CCC website.

CHALLENGES AND OPPORTUNITIES FOR IMPROVEMENT

COVID-19 Interuptions

The COVID-19 pandemic continued to create challenges in implementing travel-dependent project activities, limiting interactive TAT to virtual settings. Many CCC programs and coalitions faced similar challenges due to COVID-19. As immunity across the population increases, we anticipate COVID-19's impact, while lasting, will be less interruptive in Year 05.

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 to CCC programs. In addition to having joint calls with CDC on a bi-monthly basis to coordinate TAT efforts, the GW Cancer Center and ACS 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.

NEXT STEPS
Based on needs assessment and TAT coordination processes described, in Year 05 of the 1805 CCCTAT project, the GW Cancer Center will:
- Update the comprehensive needs assessment in collaboration with ACS based on data collected by the GW Cancer Center, ACS, CCCNP, National Networks and CDC Program Consultants
- Continue implementing the CCCTAT project evaluation and quality improvement plan to ensure broad reach, effectiveness and uptake of TAT

- Examine reasons for training noncompletion among Online Academy enrollees and pilot strategies to encourage completion
- Maintain coordinated TAT communication and dissemination through www.CancerControlTAP.org, www.CCCNationalPartners.org, the TAP e-news and Patient Navigation and Survivorship e-news
- Maintain CE accreditation and learner customer support for corresponding online trainings
- Conduct and disseminate an evaluation of the web-based social media site to understand the use and reach of messages
- Share and maintain the revamped web-based social media site that features tailored messaging for cancer awareness months and other health observances using a health equity lens
- Pilot a communication strategy to further expand the reach of social media health promotion messaging
- Revise the Comp Cancer 101 Wiki using a formative evaluation process that integrates user feedback and experience
- Collaboratively create a system to routinely disseminate TAT to segmented audiences and remind programs and coalitions of existing TAT resources
- Create an evaluation tool to assist CCC coalitions in operationalizing the CCC Coalition Inclusivity and Equity Assessment
- Host timely presentations based on CCC program and coalition need
- Launch the Cancer Control Implementation Science Base Camp community of practice to assist CCC programs and coalitions in conducting similar trainings with their coalition members
- Produce an annual report in January 2023 on the E-Learning Series to support reporting requirements for DP17-1701 recipients with survivorship supplements
- Enhance the PN training by providing facilitated check-in points with subject matter experts and peers
- Implement a strategic communication plan to enhance the reach of online trainings
- Conduct formative research with Executive Navigation and Survivorship past trainees and adapt content into a toolkit, guide or other learner-responsive format
- Incorporate Action4PSEchange.org into Cancer Control TAP with updated and accessible documents

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

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	
2021 Cancer Survivorship E-Learning Series Annual Report	This report presents the number of providers that completed a module of the E-Learning Series in 2021 for states, tribes and territories.
Advancing Patient-Centered Cancer Survivorship Care Toolkit	This toolkit supports training and technical assistance from Comprehensive Cancer Control Programs/ Coalitions to health care providers/organizations in order to improve patient-centered cancer survivorship care in their state, tribe, or territory.
Executive Training on Navigation and Survivorship: Finding Your Patient Focus	Guide for Program Development and the accompanying Program Development Workbook walks cancer control professionals through the process of program planning.
Oncology Patient Navigator Guide, Training Slides, 2022 Updates & Visual Summaries	Guide to Oncology Patient Navigator Training: The Fundamentals (English and Spanish) with 2022 updates, training, and visual summaries of each lesson.
Supporting Cancer Survivors through Comprehensive Cancer Control Programs	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.
The Cancer Survivorship E-Learning Series for Primary Care Providers Communication Toolkit	This toolkit provides an overview of the Cancer Survivorship E-Learning Series for Primary Care Providers as well as strategies for disseminating and marketing the series.
Communication Resources	
Comprehensive Cancer Control Cancer Communication Mentorship Program Manual	Facilitation guide for any institution or organization that wishes to implement their own mentorship program for comprehensive cancer control professionals.
Communication Training for Comprehensive Cancer Control Professionals 101 and 102	Accompanying resources for the COMM 101 and COMM 102 trainings include customizable templates to build and evaluate tailored communication and media plans.
Online Academy Social Media Graphics	Created to assist stakeholders with spreading the word about continuing education opportunities available through the GW Cancer Center's Online Academy.

TITLE	DESCRIPTION
Marketing and Dissemination Toolkit for Online Courses from the GW Cancer Center	Assists stakeholders with spreading the word about continuing education opportunities available through the GW Cancer Center's Online Academy.
Social Media Toolkit Archive	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	
You Are Welcome Here Posters	This poster reminds patients of all backgrounds, identities and national origins that they are welcome in your organization.
Practice Patient-Centered Care Posters	This poster reminds providers to practice patient-centered care with a few simple steps. It can be used by providers, public health professionals, community health centers, clinics, hospitals or other organizations.
Health Equity Toolbox	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	
Comprehensive Cancer Control Cancer Communication Mentorship Program Manual	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.
State Cancer Plans Priority Alignment Resource Guide and Tool	Summarizes top priorities and can be used as a guide for goal setting at the state and local levels.
Identifying the Value Proposition for Smart Partnerships in Cancer Control	Tip sheet to help identify potential new partners to help advance CCC in your region.
Implementing the Commission on Cancer Standard 8.1 Addressing Barriers to Care	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 (total number of learners)	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 (n=199)	3.14 (0.89)	4.22 (0.58)	34.4%	-19.52	**<0.001**
Module 2: Late Effects of Cancer Care & its Treatments: Managing Comorbidities & Coordinating with Specialty Providers (n=137)	3.05 (0.80)	4.09 (0.63)	34.1%	-13.51	**<0.001**
Module 3: Late Effects of Cancer & its Treatments: Meeting the Psychosocial Health Care Needs of Survivors (n=116)	3.07 (0.86)	4.16 (0.66)	35.5%	-13.07	**<0.001**
Module 4: The Importance of Prevention in Cancer Survivorship: Empowering Survivors to Live Well (n=77)	3.28 (0.89)	4.25 (0.57)	29.6%	-9.52	**<0.001**
Module 5: A Team Approach: Survivorship Care Coordination (n=63)	3.29 (0.92)	4.27 (0.55)	29.8%	-8.42	**<0.001**
Module 5 Companion: Advancing Patient-Centered Cancer Survivorship Care (n=59)	3.37 (0.85)	4.14 (0.54)	22.8%	-5.53	**<0.001**
Module 6: Cancer Recovery & Rehabilitation (n=50)	3.27 (0.84)	4.31 (0.57)	31.8%	-7.91	**<0.001**

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

APPENDIX C: EXECUTIVE TRAINING ON NAVIGATION AND SURVIVORSHIP 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 3. 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. Program Planning Overview *(n=180)*	3.43 (0.82)	4.38 (0.60)	27.7%	-15.53	**<0.001**
2. Identifying Need *(n=142)*	3.42 (0.76)	4.34 (0.55)	26.9%	-14.27	**<0.001**
3. Planning Your Program Part I *(n=126)*	3.53 (0.73)	4.32 (0.57)	22.4%	-12.45	**<0.001**
4. Planning Your Program Part II *(n=120)*	3.36 (0.89)	4.28 (0.62)	27.4%	-11.76	**<0.001**
5. Funding and Sustaining Your Program *(n=115)*	3.21 (0.87)	4.20 (0.60)	30.8%	-12.80	**<0.001**
6. Evaluating Your Program *(n=106)*	3.43 (0.72)	4.27 (0.59)	24.5%	-10.95	**<0.001**
7. Creating a Business Plan *(n=104)*	3.19 (0.88)	4.18 (0.61)	31.0%	-13.73	**<0.001**

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=1,074)*	3.18 (0.84)	4.25 (0.66)	33.6%	-40.58	**<0.001**
2. Medical Terminology *(n=1,042)*	3.74 (0.88)	4.43 (0.63)	18.4%	-28.20	**<0.001**
3. Cancer Basics *(n=976)*	3.64 (0.78)	4.41 (0.60)	21.2%	-30.76	**<0.001**
4. Clinical Trials *(n=929)*	3.14 (0.96)	4.35 (0.58)	38.5%	-38.89	**<0.001**
5. Impact of Cancer *(n=909)*	3.65 (0.93)	4.43 (0.56)	21.4%	-24.25	**<0.001**
6. U.S. Health Care System *(n=886)*	3.35 (0.86)	4.42 (0.56)	31.9%	-37.67	**<0.001**
7. Health Care Payment and Financing *(n=868)*	3.34 (0.96)	4.31 (0.60)	29.0%	-30.92	**<0.001**
8. The Role of the Patient Navigator *(n=858)*	3.58 (0.82)	4.34 (0.60)	21.2%	-27.33	**<0.001**
9. Patient Assessment *(n=796)*	3.62 (0.76)	4.28 (0.60)	18.2%	-24.59	**<0.001**
10. Shared Decision-Making *(n=795)*	3.54 (0.76)	4.36 (0.58)	23.2%	-30.14	**<0.001**
11. Identifying Resources *(n=777)*	3.58 (0.81)	4.35 (0.58)	21.5%	-27.06	**<0.001**
12. Communicating with Patients *(n=772)*	3.67 (0.75)	4.37 (0.56)	19.1%	-27.43	**<0.001**
13. Patient Advocacy *(n=769)*	3.57 (0.77)	4.38 (0.56)	22.7%	-29.23	**<0.001**
14. Culturally Competent Communication *(n=758)*	3.51 (0.79)	4.33 (0.57)	23.4%	-29.50	**<0.001**
15. Scope of Practice *(n=762)*	3.74 (0.79)	4.38 (0.56)	17.1%	-23.49	**<0.001**
16. Ethics and Patient Rights *(n=742)*	3.61 (0.77)	4.33 (0.57)	19.9%	-26.50	**<0.001**

17. Practicing Efficiently and Effectively *(n=726)*	3.70 (0.76)	4.36 (0.56)	17.8%	-24.97	**<0.001**
18. Health Care Team Collaboration *(n=717)*	3.78 (0.77)	4.38 (0.57)	15.9%	-22.30	**<0.001**
19. Program Evaluation and Quality Improvement *(n=704)*	3.57 (0.79)	4.34 (0.57)	21.6%	-26.76	**<0.001**
20. Personal and Professional Development *(n=705)*	3.67 (0.76)	4.37 (0.56)	19.1%	-24.96	**<0.001**

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 (n=80)	3.29 (0.86)	4.04 (0.65)	22.8%	-7.50	**<0.001**
2. Scan (n=72)	3.08 (0.75)	4.09 (0.54)	32.8%	-10.37	**<0.001**
3. Assess (n=67)	3.33 (0.82)	4.22 (0.57)	26.7%	-9.16	**<0.001**
4. Review (n=66)	3.17 (0.81)	4.10 (0.52)	29.3%	-9.75	**<0.001**
5. Promote (n=65)	3.33 (0.73)	4.17 (0.56)	25.2%	-9.42	**<0.001**
6. Implement (n=61)	3.25 (0.72)	4.14 (0.57)	27.4%	-10.49	**<0.001**
7. Evaluate (n=61)	3.31 (0.73)	4.20 (0.55)	26.9%	-10.69	**<0.001**

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