2021

**Comprehensive Cancer Control
1805 Technical Assistance Project:**
Year 3 Evaluation Summary Report

GW | Cancer Center

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

2021 Comprehensive Cancer Control 1805 Technical Assistance Project: Year 3 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

Communication

Screening

Survivorship

PSE Changeand Health Equity

BY THE NUMBERS

3	Manuscripts submitted for peer review
3	PSE change case examples published
3	Virtual TAT workshops fulfilled
14	Cancer awareness social media toolkits released
24	TAP and PN&S monthly e-newsletters released
1,342	Monthly unique TAP website users
2,079	Online Academy Learners

FEEDBACK

- **On Steering Committee participation:** "The discussions that follow [presentations during Steering Committee calls] provide a foundational viewpoint about how to shape new interventions and conversations with local and national organizations with a common purpose."

- **On Online Academy course:** "This course should be required for all cancer care providers."

- **On virtual TAT workshops:** "Liza's info was so helpful. Great ideas and insight to engage survivors. There could be an entire training on recruiting and retaining survivors in a meaningful way."

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 03 (October 2020 through September 2021); 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 03 ACTIVITIES

In Year 03 of the CCCTAT project, the GW Cancer Center successfully completed several activities in accordance with the five-year Project Period Objectives (hereafter "objectives") delineated in the project workplan submitted to CDC. Provision of TAT was successfully implemented with support from the project's [Steering Committee](#), which meets quarterly to inform the strategy and direction of the CCCTAT project. Furthermore, the GW Cancer Center has focused on improving integration and collaboration with the Comprehensive Cancer Control National Partnership (CCCNP) through participation in five workgroups and regular calls with CCCNP leadership. The goals are to (1) reduce duplication of TAT; (2) meet identified needs; and (3) improve quality, availability and accessibility of resources for CCC.

Below is a summary of the activities completed in Year 03 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

- Submitted one manuscript to a peer-reviewed journal 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
- 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 14 cancer awareness social media toolkits to support program/coalition communication efforts across the continuum
- Maintained continuing education (CE) accreditation and continued broad dissemination and excellent customer service for Communication Training for "Comprehensive Cancer Control Professionals 101: Media Planning and Media Relations" and "Communication Training for Comprehensive Cancer Control (CCC) Professionals 102: Making Communication Campaigns Evidence-Based"
- Created and disseminated a Marketing and Dissemination Toolkit for Online Courses to encourage the use of online courses developed by the GW Cancer Center
- Developed and launched an improved Cancer Control TAP website featuring interactive web-based social media campaigns
- Supported ACS in hosting a virtual forum on nutrition and physical activity for survivors

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**

- Concluded the Mentorship Program to assist CCC programs and coalitions implement evidence-based cancer screening programs
- Developed and disseminated Mentorship Program Manual, including a facilitator guide and evaluation templates
- Wrote and submitted one manuscript detailing the Mentorship Program and evaluation results to a peer-reviewed journal
- Developed 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
- Recruited pilot participants for the CCISBC

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
- Updated two lessons to maintain CE accreditation for 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
- Reviewed the full [Oncology Patient Navigation training](#) to identify areas in need of update
- Developed and disseminated [Visual Executive Summary and 2021 Updates](#) based on completed market research, and began revisions to the Guide to Patient Navigation
- Developed and hosted three patient navigation webinars on: 1) [Financial Navigation](#); 2) [Managing Challenging Conversations in the Medical Arena](#); 3) [Caregiver Support](#)
- Created the [Implementing the Commission on Cancer Standard 8.1. Addressing Barriers to Care: A Road Map for Comprehensive Cancer Control Professionals and Cancer Program Administrators](#), an update from the previous Implementing the Commission on Cancer Standard 3.1 Patient Navigation Process: A Road Map for Comprehensive Cancer Control Professionals and Cancer Program Administrators, with a focus on coalition role in advancing patient navigation processes and needs assessment

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 two CE-accredited online trainings to increase trainee capacity to address cancer health disparities: 1) [TEAM](#), and 2) [Addressing the Need for LGBTQ-Affirming Cancer Care: A Focus on SGM Prostate Cancer Survivors](#)
- In collaboration with ACS, hosted three virtual TAT workshop for CCC programs to apply a health equity lens to cancer control planning, PSE changes and cancer survivorship
- In collaboration with CCCNP, developed and disseminated a [health equity in cancer plans tip sheet](#) for CCC programs and coalitions

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 TA 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. Feedback from Regional TAT Workshops were reviewed by the GW Cancer Center and ACS. In addition, ACS queried CCC program directors in March 2021 on their use or anticipated use of the [CCCNP Tip Sheet series](#) when developing their CCC plans. 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 04 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.

The GW Cancer Center also wrote 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. The manuscript has been submitted to a peer-reviewed journal for publication consideration.

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 02. Tracked project activities in Year 03 include the reach of websites, e-newsletters, webinar evaluations and virtual workshops. GW Cancer Center staff also routinely collect online training pre-and post-assessment data of trainee confidence on learning objectives and post-assessment of satisfaction and intention to implement new skills in practice. Finally, the GW Cancer Center administered an evaluation questionnaire following the virtual workshops and webinars, as well as at the conclusion of the CCCTAT project Steering Committee term. Evaluation planning is an ongoing process concurrent with planning for future CCCTAT project activities taking place

across the five-year project period. This summary evaluation report is made possible by an ongoing evaluation tracking process and outcome metrics that measure TAT reach, effectiveness, adoption, implementation and maintenance. Questions about our internal evaluation methods can be directed to cancercontrol@gwu.edu.

Evaluation and Quality Improvement of Online Trainings

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

- Action for Policy, Systems and Environmental Change: A Training (PSE)
- Addressing the Need for LGBTQ-Affirming Cancer Care: A Focus on SGM Prostate Cancer Survivors (SGM PrCa)
- 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 in order to ensure learners are receiving the most up-to-date evidence and first-rate programming.

YEAR 03 ACCREDITATION TYPES

Legend: MNA, AMA, NASW, CHES, Training Completions
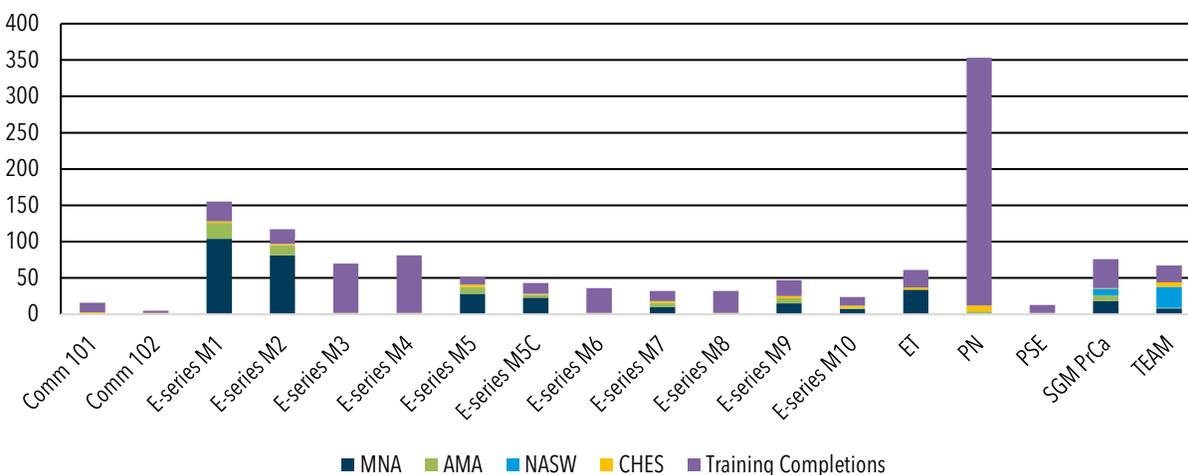
Accreditation for the GW Cancer Center Online Academy trainings is provided by the American Medical Association (AMA), Maryland Nurses Association (MNA), National Association for Social Workers. (NASW), and National Commission for Health Education Credentialing (NCHEC). The graph above provides an overview of learner certificates acquired during this reporting period.

Steering Committee

The GW Cancer Center convened four quarterly [Steering Committee](#) meetings in Year 03, to inform the strategy and direction for the CCCTAT project. The Committee consisted of 13 members from CCC programs and coalitions, CCCNP and CDC. Steering Committee members were invited according to their ability to represent insights and perspectives from diverse stakeholders and provide leadership for specific TAT activities planned for the year.

Eight out of 13 members completed an engagement survey at the conclusion of their term. The majority (7/8) of respondents shared that they were very satisfied or satisfied with their overall experience as a member of the Steering Committee. All eight respondents strongly agreed or agreed that as a result 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. They appreciated the dedicated time and space for learning, collaboration and shared input.

When asked to comment on how the Steering Committee led to more collaborations among CCC stakeholders relevant to their work, respondents shared that it enhanced their ability to connect with colleagues across the country as well as helped them learn about how other coalitions work and function. Respondents also noted that participating in this group led to a sharing of resources and evidence-based interventions.

As part of their experience, respondents expressed that they enjoyed the peer-to-peer learning and establishing relationships with others in a similar role. One respondent commented on how the presentations "offer new ways of thinking about old practices" and that "the discussions that follow provide a foundational viewpoint about how to shape new interventions and conversations with local and national organizations with a common purpose." Another respondent shared that the Steering Committee provided a "reminder of what exists out there" and opportunities to share different perspectives.

GW Cancer Center staff shared evaluation findings with new Steering Committee members (Term 4) and plans to continue to explore ways to improve Steering Committee member engagement and diversity, as well as find avenues to increase skills and knowledge among members. Based on evaluation results, moving forward the GW Cancer Center will share quarterly project updates in advance of Steering Committee calls to optimize meeting time for members' contributions (i.e., to collectively discuss and offer their expert input).

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

A singular accomplishment during Year 03 was the September 30th launch of the Cancer Control TAP Website on an updated platform. This cross-disciplinary effort required coordination and collaboration among the CDC Project Officer, the GW Cancer Center, the GW School of Medicine and Health Science Web Services Department, and the CCCNP.

In preparation for the transition, GW Cancer Center staff reviewed each page of the existing TAP site, including over 1,200 individual resource entries. Outdated information and resources were omitted from the new platform, resulting in a more streamlined, user-friendly experience. GW Cancer Center staff are actively adding resources that are indexed by article type and topic. In an effort to increase digital accessibility, the website was made 508 compliant and all current GW Cancer Center resources were updated to be 508 compliant.

TAP WEBSITE HIGHLIGHTS

Since its initial launch in September 2014, the site continues to be well-trafficked. The website averaged 1,342 unique visitors per month in Year 03, consistent with the previous year's average of 1,363, with a high of 2,178 users in October 2020. This is a 69.6% increase over the number of visitors in October 2019 and is likely due to the timely addition of information and resources pertaining to the COVID-19 pandemic. Along with adding new resources, GW Cancer Center staff regularly add event listings on a dedicated page, cross-promoting events from the GW Cancer Center and other organizations relevant to cancer control.
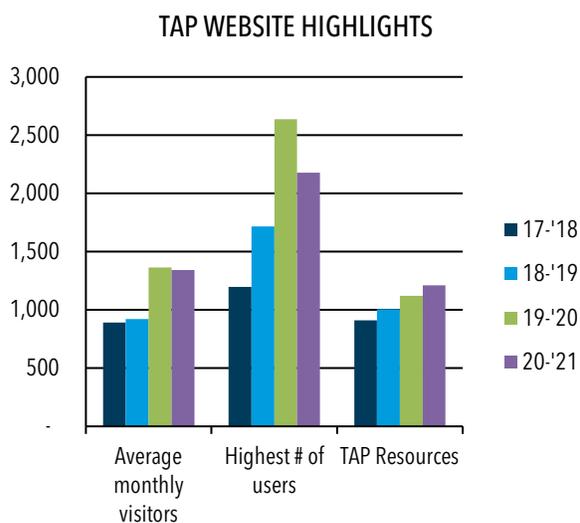
CCCNP Website

The GW Cancer Center continues to maintain the [CCCNP website](#) with timely and relevant resources, events, opportunities and news from member organizations. In Year 03, the CCCNP website averaged 485 unique users, 597 unique sessions and 901 unique page views per month.

CCCNP WEBSITE HIGHLIGHTS
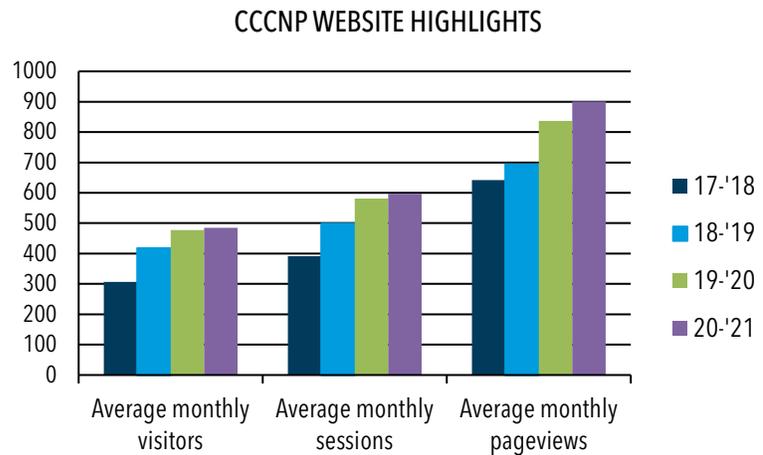
GW Cancer Center staff continued working with the CCCNP to promote a quarterly Zoom "check-in" series for CCC coalitions and programs which was launched in April 2020. The purpose of these check-ins is to offer the opportunity for CCC coalitions to share with each other their questions and solutions related to sustaining coalitions during the COVID-19 pandemic. In November 2020, the CCCNP launched a health equity initiative designed to assist CCC coalitions and programs in addressing health inequities in cancer. The GW Cancer Center also helped promote these quarterly Zoom sessions.

Action for PSE Change Online Tool

The GW Cancer Center continues to update the Action for PSE change website with new resources and case studies from across the country. In Year 03, www.Action4PSEchange.org averaged 343 unique users, 404 unique sessions and 714 unique page views per month.

ACTION FOR PSE CHANGE WEBSITE HIGHLIGHTS

A technical issue in August and September 2019 caused incomplete data, hence the sharp drop in traffic for that month
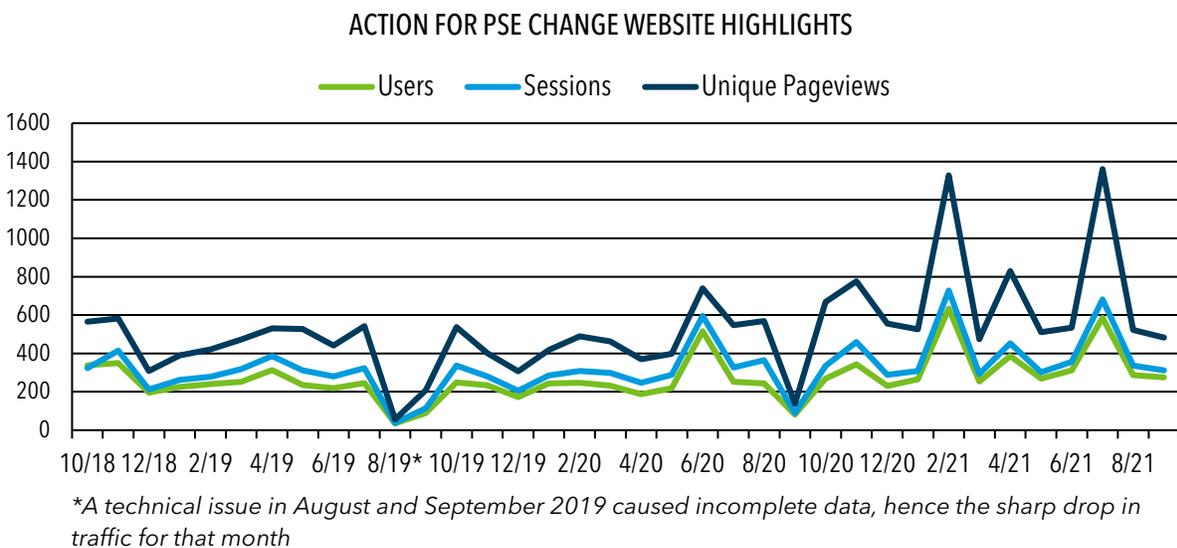
Social Media Accounts

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 1,507 at the end of Year 02 to 1,587 at the end of Year 03, representing a 5.3% increase. As of September 2021, the GW Cancer Center Twitter account disseminated 4,710 Tweets and followed 1,103 other accounts. The GW Cancer Center also maintains a LinkedIn profile, a YouTube channel, and a Facebook page (launched in May 2019). Micro-learning snippets of online trainings and archived webinars are shared on the YouTube channel. GW Cancer Center staff will identify opportunities to increase reach of the YouTube channel and Facebook page.

TAP E-Newsletter

The GW Cancer Center released 12 monthly Technical Assistance Periodical (TAP) e-newsletters since October 2020. As of September 2021, the GW Cancer Center had 1,117 subscribers, a 7.3% increase over the previous year. The average open rate between October 2020 and September 2021 was 26.9%, higher than 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 e-newsletters since October 2020. As of September 2021, the GW Cancer Center had 4,033 subscribers, a 2.2% increase over the previous year. The average open rate between October 2020 and September 2021 was 21.3%, 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.

Social Media Toolkits

In Year 03, the GW Cancer Center updated 14 cancer awareness social media toolkits. Social media toolkits provide guidance on best practices and ready-to-post messages for Facebook, Twitter and LinkedIn. In the last few months of Year 03, the GW Cancer Center transitioned its social media toolkits to web-based health awareness campaigns that feature tailored messaging for awareness months and improved evaluation metrics.

There is now a total of 16 social media toolkits available on the new TAP website, 14 archived toolkits which are older versions of most of the toolkits, and two health awareness campaigns (Breast Cancer Awareness Month and Lung Cancer Awareness Month) which have been updated and published on the new TAP website. The toolkits cover nine awareness months,

one awareness week, two awareness days and three toolkits to be used any time throughout the year.

TOOLKIT	DOWNLOADS
Breast Cancer Awareness Month (October 2020)	624
Viral Hepatitis and Liver Cancer Awareness (October 2020)	13
Lung Cancer Awareness Month (November 2020)	41
Palliative Care Awareness (November 2020)	16
Cervical Cancer Awareness Month (December 2020)	71
HPV Vaccine Facts for Health Providers (January 2021)	12
World Cancer Day and Cancer Prevention Month (February 2021)	58
Colorectal Cancer Awareness Month (March 2021)	145
Minority Cancer Awareness Week and Minority Health Month (April 2021)	24
National Cancer Control Month (April 2021)	4
Adolescent and Young Adult Cancer Awareness (April 2021)	7
Melanoma and Skin Cancer Awareness Month (May 2021)	21
National Cancer Survivorship Awareness and National Cancer Survivor's Day (June 2021)	18
Prostate Cancer Awareness Month (September 2021)	66

As of October 1, 2021, the updated and new social media toolkits have been accessed 1,120 times, and the ready-to-post social media messages for Twitter, Facebook and LinkedIn were used by diverse stakeholders including CCC coalitions, health departments, individual clinicians, cancer centers and non-profit organizations.

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, 2020, to September 30, 2021, 39 learners enrolled in this training. In comparison to the previous year, there was a 56% decrease in the number of enrollments. Of

the 16 individuals who completed the training, all of the respondents were overall very satisfied/satisfied with the training and would recommend it to others. As the main takeaway from the training, the learners mentioned the following elements: "the importance of establishing relationships before press release," "differences between health communication and traditional communication," and "the complexity of being a journalist." As the most useful components of the training, the respondents indicated the following: "specifics to health communication," and "understanding methods to capture the attention of journalists."

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.

From October 1, 2020, to September 30, 2021, 29 learners enrolled in this course. The number of enrollments has decreased by 60% in comparison to the previous year. All six individuals who completed the training were overall very satisfied/satisfied with the training and would recommend the training to others. As the biggest takeaway from the training, the respondents mentioned "process of evaluation method" and "messaging and evaluation." As the most useful elements of the training, the learners indicated the following: "web-based platform," "process evaluation," "how to evaluate" and "when is the best time to promote certain topics."

CCCNP Health Behaviors for Cancer Survivors Workgroup Virtual Forum

Through the CCCNP Health Behaviors for Cancer Survivors workgroup, the GW Cancer Center supported ACS in hosting a three-day Virtual Forum on Nutrition and Physical Activity (NUPA) for Survivors. The goal of the forum was to assist state or tribe/tribal organization CCC coalitions' development of a one-year collaborative action plan focused on implementing evidence-based interventions in nutrition and physical activity for cancer survivors. The forum was held virtually on January 26-28, 2021, with 47 attendees representing 11 states. The GW Cancer Center staff supported ACS in planning and conducting the meeting, serving as meeting facilitators and evaluators.

Based on a post-workshop survey, the majority of respondents had positive feedback about the workshop, with 92-97% of respondents sharing they can apply what they have learned and 100% of respondents intending to use or share the information/strategies discussed. Overall, 66-71% of respondents reported some level of knowledge or skill improvement in implementing evidence-based interventions in nutrition and physical activity for cancer survivors and developing action plans to implement these interventions.

Additional TAT Dissemination

The GW Cancer Center disseminated numerous TAT to CCC programs and coalitions through GW Cancer Center social media accounts, email, e-newsletters, catalogs, dissemination toolkits and the TAP website. 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 (also known as National Networks) through the TAP website and newsletter. The GW Cancer Center and ACS also collaborated with the SelfMade Health Network to present on a peer-to-peer webinar held on September 27, 2021 to discuss efforts to address the social determinants in their cancer control efforts.

OBJECTIVE 3 – SCREENING

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

Cancer Communication Mentorship Program

The GW Cancer Center's Cancer Communication Mentorship Program concluded in January 2021, with mentees and mentors providing final presentations on three-month project updates, lessons learned and next steps moving forward. Mentors and mentees continued to demonstrate that they communicated regularly and worked together to achieve learning goals and high-quality completion of different phases of mentee projects, despite challenges due to COVID-19 and competing work priorities.

Final evaluation results showed that all three mentees strongly agreed that they were satisfied with the Mentorship program, that GW provided adequate opportunities for technical assistance to support the program and that the program gave them opportunities for both networking and experiential learning. All three mentees strongly agreed that their knowledge on evidence-based communication to increase cancer screenings was enhanced as a result of participating in the program, that they were better equipped to use evidence-based communication strategies to increase cancer screenings in their state/tribe/territory and that they were more confident in their ability to utilize evidence-based communication strategies. Additionally, mentors strongly agreed or agreed that they were satisfied with the mentorship program and that they had a good relationship with their mentees.

The GW Cancer Center updated the [Comprehensive Cancer Control Cancer Communication Mentorship Program Manual](#) designed to provide CCC stakeholders with technical assistance in planning and implementing evidence-based health communication interventions to increase cancer screening. The manual incorporates lessons learned and improvements from both the GW Cancer Center's 2015-2016 pilot and 2019-2020 Mentorship Program cohorts. This program manual serves as a facilitation guide for any institution or organization that wishes to implement their own mentorship program for CCC professionals. Aside from core content, optional elements can be adapted to different contextual needs.

The GW Cancer Center also wrote a manuscript, titled *"Results of the George Washington University Cancer Center's Comprehensive Cancer Control Cancer Communication Mentorship Program and Implications for Future Practice"* to document the Cancer Communication Mentorship Program results, successes and lessons learned. The manuscript has been submitted to a peer-reviewed journal for publication consideration.

Cancer Control Implementation Science Base Camp (CCISBC) Development and Pilot

In Year 03, the GW Cancer Center developed a new curriculum to guide efforts in utilizing implementation science to advance practitioners' respective cancer control plans. This program was adapted to fill a need for practitioner-centered training in implementation science, as laid out by consortia at the National Cancer Institute. Development of the curriculum included: 1) scanning the training environment and performing a literature review assessing extant curricula; 2) comparing competencies of these curricula; 3) forming and convening a steering committee of subject matter experts and learner-participants; 4) co-creating content by using user-centered design; and 5) formatting learning materials. The curriculum's main objectives are 1) to increase cancer control practitioners' knowledge of and capacity for implementing and optimizing cancer screening evidence-based interventions (EBIs) that fit within their unique context, and 2) to provide the knowledge, tools, and hands-on experience for learners to conduct implementation science in their settings.

Screening was selected as the content area for all materials to demonstrate immediate relevance to cancer control practitioners. Seven instructive presentations were followed by team huddles, where small group discussion was facilitated for each team to help with the implementation planning process. The curriculum was supplemented by a panel session on "Facilitating Implementation," with experts representing three case studies of cancer screening projects.

A three-day, nine-hour training was planned and held in October of 2021. This involved 1) recruiting teams to test a pilot version of the program; 2) running the full Base Camp model with nine steering committee co-presenters; and 3) evaluating the pilot program. Two teams were selected to pilot the 2021 program from different states. Teams were composed of four cancer control program staff, one public health champion, and one "other" role, among other unreported job titles. A total of eight learners attended the three-day training in October of

2021. Evaluation data will be included in the Year 04 evaluation report published in late 2022. Given preliminary findings, activities in Year 04 will include formatting materials on the GW Online Academy to enable sustainable use in both synchronous and asynchronous future delivery.

OBJECTIVE 4 – SURVIVORSHIP

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

Cancer Survivorship E-Learning Series for Primary Care Providers

The [Cancer Survivorship E-Learning Series for Primary Care Providers (E-Learning Series)](#) 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, 2020, to September 30, 2021, 330 learners enrolled in the training. Learners were from 31 states, the District of Columbia and two US territories. In addition to the domestic reach, the training was accessed by 14 countries globally.

There has been a 55% decrease in the number of enrollments for this course. This decline could be attributed to pandemic related consequences such as attrition and shifts in priorities in the healthcare workforce. Quarterly monitoring and additional survey questions may provide further insight and guide the team in effective means to better promote the course.

To evaluate the effectiveness of each module, learners were asked to complete a pre- and post-module evalution 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 analysed using a paired t-test. All modules showed statistically significant improvement between pre- to post-module knowledge of learning objectives. In addition, all modules showed an improvement of more than 20% in learners' confidence for learning objectives. Refer to [Appendix B](#) for Evaluation Results of the E-Learning Series, including pre- and post-means and percent changes by module.

In addition to maintaining the E-Learning Series, in Year 03 the GW Cancer Center collaborated with two subject matter experts to update two lessons within Module 4 of the E-Learning Series, including:

- Lesson 1: The Importance of Prevention in Cancer Survivorship: Empowering Survivors to Live Well (Megan Slocum, PA-C, the GW University Medical Faculty Associates)
- Lesson 2: The Importance of Health and Wellness in Cancer Survivorship: Empowering Survivors to Live Well (Jason Morrow, RN, BSN, OCN, Prisma Health-Upstate Cancer Institute, Center for Integrative Oncology & Survivorship)

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, 2020, to September 30, 2021, 193 learners enrolled in the training. The learners were from 38 states, the District of Columbia and one US territory. In addition to the domestic reach, the training was accessed by five countries globally.

Enrollment numbers in Year 03 translate to a 52% decrease in enrollment from the previous year. It is likely that the decline in enrollment is similarly due to pandemic related effects. Continuous monitoring and evaluation will provide insights and direction to promote and continue to diversify access to the course.

Out of 60 learners who completed the post-training evaluation on course satisfaction and lessons learned, 96.7% were overall strongly satisfied/satisfied with the training and would recommend it to other health care professionals. The respondents indicated the following as key takeaways from the training: "Steps on how to plan a program," "business plan information" and "fundamentals of navigation and setting up a program." In addition, the learners found the following components of the training to be useful: "resource guide, specific indicators, tables with examples," "blueprint for implementation" and "format of the program."

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 analysed using a paired t-test. All seven modules of the Executive Training on Survivorship and Navigation showed a

statistically significant improvement from pre- to post-evaluation of learning objectives. Six out of seven modules showed an improvement of more than 20% in learners' confidence on learning objectives. Refer to Appendix C for Evaluation Results of the Executive Training on Navigation and Survivorship, including pre- and post-means and percent changes by module.

Annual Survivorship E-Learning Report

The GW Cancer Center released the 2020 Cancer Survivorship E-Learning Series Annual Report on February 4th, 2020 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, 2020) together with baseline learner counts from 2019. As of November 2, 2021, the annual report has been downloaded 225 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. This past year the guide underwent an extensive review and the training was updated based on marketing research feedback that was collected in 2020. Feedback was collected through surveys and focus group discussions on learners who completed the training, representatives from CCC coalitions and programs and other stakeholders. Training slides and updated resources were added to the TAP website in October 2021 to assist in international adaptations and updates since its original 2015 development. The revised 508-compliant Guide for Patient Navigators will be uploaded during Year 04. Additionally, given the comprehensiveness of the content, a Visual Executive Summary was created to succinctly summarize all 20 lessons from the training.

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.

From October 1, 2020, to September 30, 2021, 948 learners enrolled in the training. The learners were from 47 states, the District of Columbia and two US territories. In terms of the international reach, the learners were from eight countries.

Year 03 experienced a 20% decrease in the number of enrollments as a comparison to the previous year. Although the decline in enrollment is lower than other courses, it is likely that the decrease in enrollment is similarly due to pandemic related effects. Continuous

monitoring and evaluation will provide insights and direction to promote and continue to diversify access to the course.

Out of 347 learners who completed the training, 95.7% were overall very satisfied/satisfied with the training and 93.9% would recommend this training to other professionals. The qualitative feedback was overall positive. Respondents indicated the following as key takeaways: "Tips for handling scope of practice issues," "navigators are essential members of the oncology care team that can make a significant impact on the patient's experience" and "the wide variety of ways patient navigation is utilized." Learners indicated the following as the most useful components of the training: "programmatic goals," "the examples with the navigator interacting with the patients and doctors in difficult situations" and "a broad understanding of expectation and scope of navigation."

To evaluate the effectiveness of each module, learners were asked to complete a pre- and post-module evalution 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 analysed using a paired 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-means and percent changes by module.

Patient Navigation Webinars

Financial Navigation

The webinar titled "Financial Navigation" was presented on March 25th, 2021 by Clara Lambert, who is the Director of Financial Navigation at TailorMed. The learning objectives of the webinar were: 1) Define financial toxicity and its impact on patient wellness; 2) Describe the components of financial navigation, 3) Identify resources to meet patient financial challenges and 4) Access sample evaluation tools to show the value of financial navigation in practice.

There were 440 registrants for this webinar and 228 individuals attended the event. The webinar recording was posted online, and as of November 12, 2021, 132 individuals have viewed the recording.

Taking Care of Self While Taking Care of Others

The webinar titled "Taking Care of Self While Taking Care of Others" was presented on July 8th, 2021, by Sarah E. Hopkins, who works as an Instructor at the Department of Social Work,

Winthrop University. The learning objectives of the webinar were: 1) Validate the experiences that many cancer caregivers navigated during the pandemic; 2) Offer opportunities for self-reflection from pandemic experiences as a professional cancer caregiver and 3) Offer resources for a self-revitalization plan to move forward as a professional cancer caregiver. There were 165 registrants for the webinar, out of which 67 attended the event.

Twenty-three (23 individuals filled out the post-webinar evaluation survey. The majority of respondents strongly agreed/agreed (95.65%) with the statement "I am able to validate the experiences that many cancer caregivers have navigated during the pandemic after the webinar;" 95.65% strongly agreed/ agreed with the statement "I feel confident in self-reflection from pandemic experiences as professional cancer caregivers after the webinar" and 95.65% strongly agreed/agreed with the statement "I am able to offer resources for a self-revitalization plan to move forward as professional cancer caregivers after the webinar." One participant remained neutral for all of these statements (4.35%). As of November 2, 2021, 23 individuals have viewed the recording.

Webinar Evaluation: Taking Care of Self While Taking Care of Others

- I am able to validate the experiences that many cancer caregivers have navigated during the pandemics.
- I am able to offer opportunities for self-reflection from pandemic experiences as a professional cancer caregiver.
- I am able to offer resources for a self- revitalization plan to move forward as a professional cancer caregiver.
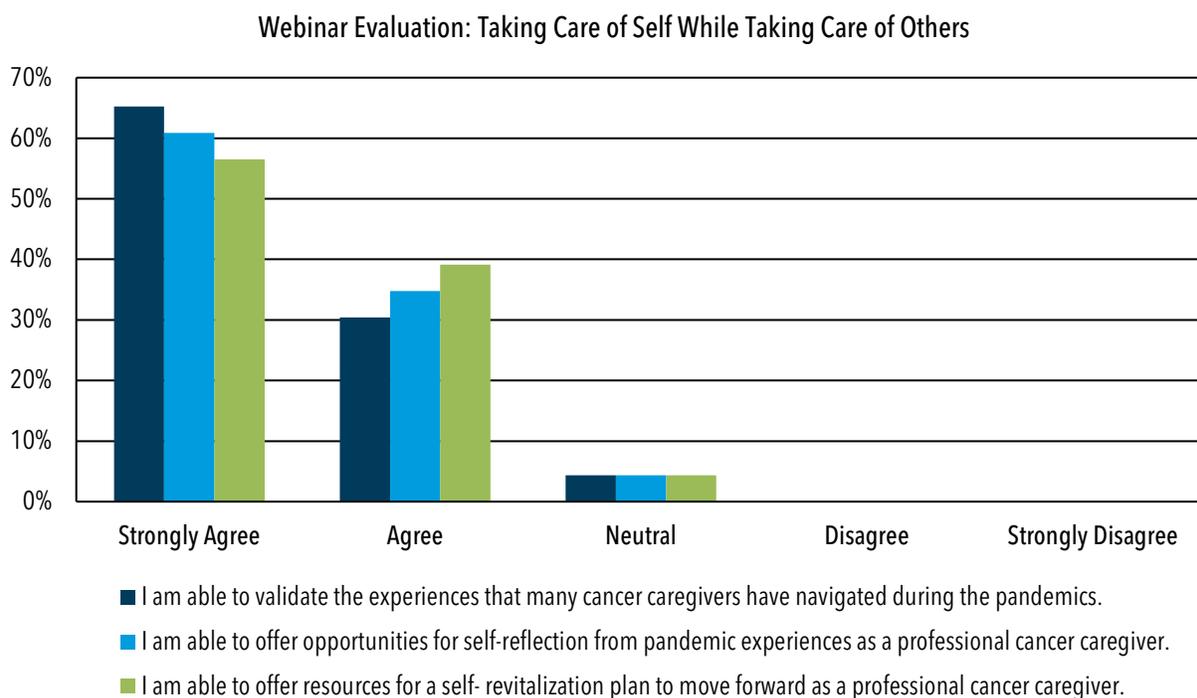
Be the Calm in the Storm: Managing Challenging Conversations in the Medical Arena

The webinar titled "Be the Calm in the Storm: Managing Challenging Conversations in the Medical Arena," was presented on August 26th, 2021, by Jennifer Bires, the Executive Director of Life with Cancer and Patient Experience at Inova Schar Cancer Institute, and Cheryl Hughes, an oncology therapist at Inova's Life with Cancer. The webinar objectives were: 1) Learn about the physiological responses occurring in both providers and patients

during challenging conversations; 2) Identify strategies to remain calm and diffuse highly emotional interactions with patients and caregivers and3) Effective strategies to communicate challenging news to patients, family membersand other clinicians.

There were 321 registrants for the webinar, out of which 145 individuals attended the webinar. Forty-five (45) participants filled out the post-webinar evaluation survey. Most of the respondents strongly agreed/agreed (95.56%) that the speakers were knowledgeable and the majority (93.34%) found speakers to be engaging. Most of the respondents (91.11%) found the time spent listening to this webinar well invested, and felt confident with their ability to apply the acquired knowledge into their day-to-day work. As a result of the webinar, 88.89% of the participants strongly agreed/agreed with the statement,"I feel more comfortable identifying strategies to remain calm and diffuse highly emotional interactions with patients and caregivers." Finally, after attending the webinar, 86.66% strongly agreed/agreed with the statement, "I feel more confident identifying strategies to best communicate challenging news to patients and caregivers." As of November 2, 2021, 76 individuals viewed the recording.

Webinar Evaluation:
Be the Calm in the Storm: Managing Challenging Conversations in the Medical Arena

Legend:
- The speakers were knowledgeable
- The speakers were engaging
- This webinar was a good use of my time
- I can apply what I learned on this webinar to my day-to-day work
- I feel more confident identifying strategies to remain calm and diffuse highly emotional interactions
- I feel more confident identifying strategies to best communicate challenging news
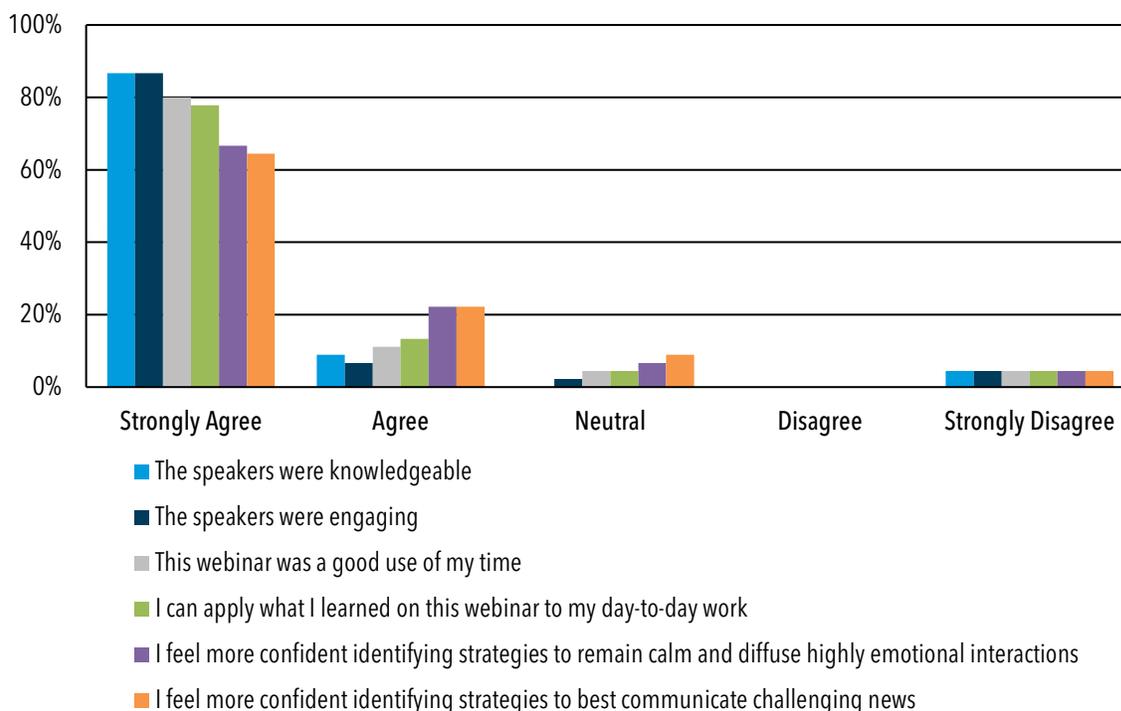
Commission on Cancer Patient Navigation Standard Road Map

The GW Cancer Center published and disseminated the *Implementing the Commission on Cancer Standard 8.1. Addressing Barriers to Care: A Road Map for Comprehensive Cancer Control Professionals and Cancer Program Administrators*. This roadmap is an update of a previous resource for Implementing the *Commission on Cancer (CoC) Standard 3.1: Patient Navigation Process*. This resource will guide CCC professionals and administrators in identifying and addressing barriers to accessing health and/or psychosocial cancer care for cancer patients. Although the 2020 CoC standards do not specifically require conducting a community needs assessment (CNA) or establishing a patient navigation process, this road map includes guidance on conducting a CNA, which can be a useful approach to identifying barriers to cancer care. Similarly, patient navigation can be used as a means to address barriers facing patients, caregivers and communications in a cancer program's catchment area. Therefore, guidance and resources on patient navigation are included in this road map.

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 2020 and September 2021, the GW Cancer Center reached out to several CCC programs, coalitions, or partners to develop PSE change success stories, resulting in the addition of three new examples on Action4PSEChange.org. The website now houses 29 PSE change examples since its launch in 2017. The GW Cancer Center routinely updates the online tool, which includes an extensive list of resources and downloadable worksheets to guide stakeholders in implementing PSE change initiatives. This year, the GW Cancer Center systematically reviewed the online tool and eliminated broken links and updated them with current resources.

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, 2020, to September 30, 2021, 50 learners enrolled in the training. There was a 57.6% decrease in the number of enrollments in comparison to the previous year.

Of 13 individuals who filled out the post-training evaluation, 92.3% were very satisfied/satisfied with the training, and would recommend the training to others. Learners indicated the following elements as key takeaways from the training: "how to engage with patients," "overall better understanding of PSE" and "the impact a project could have if all the seven factors are fully utilized." Learners indicated "social media promotion" and "educating stakeholders" 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 evalution 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 analysed using a paired t-test. Six out of seven lessons of the Action for PSE Change training showed a statistically significant improvement between pre-module to post- module knowledge of learning objectives. Three modules showed an improvement of more than 20% in learners' confidence for learning objectives. Refer to Appendix E for Evaluation Results of the Action for PSE Change Training, including pre- and post-means and percent changes by module.

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, 2020, to September 30, 2021, 290 learners enrolled in the training. There was a 2% increase in the number of enrollments in comparison to last year. The learners were from 32 states and the District of Columbia. In terms of the international reach, the learners were from three different countries.

Out of 67 learners who completed the training, 97.0% were strongly satisfied/satisfied with the training, and 94.0% would recommend this training to others. Learners indicated the following elements as the biggest takeaways from the training, "empathy, non-medical terminology and access to care go a long way," "proactive role for caregivers to address equity and access for all cancer patients," and "understanding the barriers that individuals face in obtaining health care takes conscious effort." Respondents found the following components of the training as the most useful: "the information on specific issues on the

transgender community," "resources and training about LGBTQ disparities in health care" and "definitions and examples."

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

The Addressing the Need for LGBTQ-Affirming Cancer Care: A Focus on Sexual and Gender Minority (SGM) Prostate Cancer Survivors training was originally developed with funding from the Association of Oncology Social Work (AOSW) and has been supported through the current cooperative agreement from CDC. This training aims to help social workers and other health professionals better support SGM cancer patients, with a specific focus on SGM prostate cancer survivors. The training was launched on December 12, 2017. CE for physicians, nurses, social workers and CHES®/MCHES® are offered.

From October 1, 2020, to September 30, 2021, 200 learners enrolled in this training. In comparison to Year 2, there was a 50% increase in enrollments into this course.

Out of 139 individuals who completed the training, 95.0% indicated being very satisfied/satisfied with the training. Furthermore, 89.9% strongly agreed/agreed that the training increased their knowledge about interpersonal determinants that lead to lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) inequities; and 92.8% strongly agreed/agreed that the training increased the knowledge about the unique needs of gay, bisexual and transgender (GBT) prostate cancer patients, survivors and their caregivers. In addition, 93.5% of the respondents indicated that the training increased their knowledge about affirming and culturally sensitive strategies for working with GBT prostate cancer patients, survivors and their caregivers. The majority of the learners (92.1%) gained new strategies and resources, and 89.9% planned to implement these into their work.

The qualitative feedback was positive, and included the following statements: "this course should be required for all cancer care providers," "very informative" and "excellent presentations of different aspects of the training on LGBTQ."

Please note that this training will no longer be offered to the learners after December 31, 2021, due to outdated content. We will promote the TEAM Training and create an updated LGBTQI training to replace this in Year 04.

Virtual TAT Workshops

In collaboration with ACS, the GW Cancer Center delivered two workshop sessions on survivorship, PSE and health equity for two different regional state groups.

Survivorship Workshops

The first survivorship workshop focused on the role of CCC programs in identifying state survivorship needs, discussing system level approaches to address these needs and helping health system coalition members meet CoC standards. We had 14 attendees representing five states, plus facilitators and administrators. Of survey respondents (n=14), 86% strongly agreed or agreed that they were able to learn what other CCC programs are doing, that they were able to share their own coalition activities with others and that they can apply what they have learned to enhance their coalition's capacity to address survivorship needs. 93% also strongly agreed or agreed that the group discussions presented an opportunity to identify knowledge gaps and next steps. States also found it helpful to know about CoC state chairs and requirements.

The second workshop focused on identifying potential barriers to implementing survivorship goal(s), developing strategies to address identified barriers and creating an action plan to implement those goals. The workshop also included a facilitated discussion led by the GW Cancer Center staff member, Liza Fues, on engaging survivors within coalitions. We had 11 attendees representing four states, plus facilitators and administrators. Approximately 89% of survey respondents (n=9) strongly agreed or agreed that they were able to identify potential barriers to implementing survivorship goals in their states. Additionally, 78% felt equipped to develop an action plan to address these goals and 89% agreed that they were able to develop potential strategies to address identified barriers to reaching survivorship goals. Attendees expressed that this session was "more geared to coalition efforts" and that "Liza's info was so helpful. Great ideas and insight to engage survivors. There could be an entire training on recruiting and retaining survivors in a meaningful way." A manuscript that included these findings in addition to other survivorship workshops funded by the Patient-Centered Outcomes Research Institute was submitted for publication to a peer-reviewed journal.

PSE Workshops

In addition, we delivered two workshops focusing on enhancing coalition partners' capabilities with respect to PSE change approaches. The first workshop was held on November 5, 2020, with representatives from 12 states in attendance. The workshop addressed capacity and knowledge of PSE change implementation, with a focus on incorporating a health equity lens into PSE change interventions, while providing opportunities for peer learning. Following the workshop, 83.3% of respondents (n=24) agreed or strongly agreed that they would be able to apply workshop learning to both enhance their coalition's capacity to implement PSE change approaches, and to more efficiently work with partners to develop PSE change interventions addressing health equity. Overall, 91.7% of respondents rated the workshop as good or excellent.

Representatives from 12 states also attended the second workshop, which was held on February 11, 2021. While again providing opportunities for peer learning, this workshop focused on engaging coalition partners in support of PSE change initiatives, and learning how to both assess the sustainability of PSE change initiatives and how to access evaluation resources. Post-workshop evaluation indicated that 33.3% of respondents (n=18) agreed that they had moderately improved their knowledge or skills regarding accessing evaluation resources, while 61.1% reported very or extremely. Regarding making a case in order to engage coalitions partners, 55.6% reported a moderate improvement, while 33.4% indicated very or extremely. Fifty percent of respondents reported a moderate improvement in their knowledge or skills regarding assessing the sustainability of PSE change initiatives while 44.5% said their knowledge and skills on the subject were very or extremely improved by the workshop. When asked about their biggest challenge around evaluation of a PSE change initiative, 55.6% cited lack of certainty about appropriate measures, with the remaining respondents evenly split between length of time between initiative and outcome, and staff or financial resources.

<u>Health Equity Workshops</u>
Health Equity workshops were led by ACS and supported by the GW Cancer Center. Two-session workshops were held with two cohorts of CCC programs. Workshops aimed to increase participants ability, knowledge and confidence in incorporating health equity into their CCC plans and implementation efforts. Results from these workshops will be reported by [ACS](#).

Health Equity Tip Sheet

The GW Cancer Center, in partnership with ACS, 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. This tip sheet is part of a series offered through the CCCNP to assist CCC programs charged with developing, implementing and evaluating cancer control plans tailored to their state/tribe/territory/jurisdiction. The tip sheet was reviewed by CDC program consultants, National Network colleagues and the CCCTA Steering Committee and was sent to ACS to format using CCCNP branding.

CHALLENGES AND OPPORTUNITIES FOR IMPROVEMENT

COVID-19 and Staffing

The GW Cancer Center's CCC TA Manager resigned in January 2021, creating two vacancies - the CCC TA Manager and already-vacant Health Education Manager position. Despite the GW Cancer Center's hiring challenges due to COVID, as of May 2021, the GW Cancer Center was successful in filling both vacancies. The CCC TA [team](#) now includes a Health Education

Manager, two Program Associates, Postdoctoral Fellow and Research Assistant, CCC TA Manager and two CCC TA Coordinators.

The COVID-19 pandemic has also created challenges in implementing travel-dependent project activities including transitioning the forum on nutrition and physical activity for cancer survivors and the planned regional TAT workshops to virtual settings. Many CCC programs and coalitions faced similar challenges due to COVID-19 in addition to staff furloughs and temporarily halting cancer-related project implementation to dedicate staff time to the COVID-19 response.

In response to these challenges, the GW Cancer Center continued to disseminate COVID-19 relevant resources on the TAP website resource repository and through the TAP and PN&S e-newsletters. GW Cancer Center staff also continued to work within the CCCNP to maintain a COVID-19 resource page and support Zoom check-ins with CCC coalitions. The Zoom check-ins are short sessions for the CCCNP to offer CCC coalitions the opportunity to share their questions and lessons learned related to sustaining coalitions during the COVID-19 pandemic.

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.

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

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

NEXT STEPS

Based on needs assessment and TAT coordination processes described, in Year 04 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
- 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 eight online trainings
- 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
- Update the Comp Cancer 101 Wiki to include additional role descriptions and organization types
- Develop a resource to evaluate the health of CCC coalitions
- Host webinars based on CCC program and coalition need, including:
  - Addressing the impact of COVID-19 on CCC efforts
  - Engaging survivors in CCC coalitions
  - Evaluating PSE change
- Launch the Cancer Control Implementation Science Base Camp training and community of practice to assist in the planning, implementation, evaluation and sustainability of evidence-based cancer screening programs
- Produce an annual report in January 2022 on the E-Learning Series to support reporting requirements for DP17-1701 recipients with survivorship supplements
- Enhance the PN Training by adding a supplemental module on financial navigation and a corresponding tip sheet
- Develop a strategic communication plan to enhance the reach of online trainings
- Replace the Addressing the Need for LGBTQ-Affirming Cancer Care: A Focus on Sexual and Gender Minority Prostate Cancer Survivors (SGM PrCa) with a deep-dive into SGM cancer care considerations, a supplement to the existing TEAM Training.
- Continue building and maintaining the library of PSE change case examples on Action4PSEchange.org

APPENDIX A: SELECTED TAT PRODUCTS

Below is a table containing selected GW Cancer Center TAT resources that were either developed or updated to be 508-compliant during Year 03.

TITLE	DESCRIPTION
Survivorship Resources	
2020 Cancer Survivorship E-Learning Series for Primary Care Providers Annual Report	This report presents the number of providers that completed a module of the E-Learning Series in 2019 or 2020 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.
Oncology Patient Navigator Guide, Training Slides, 2021 Updates & Visual Summaries	Guide to Oncology Patient Navigator Training: The Fundamentals (English and Spanish), 2021 updates to the 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.
GW Cancer Center Online Academy Marketing Slides	Adaptable or GW branded slides to promote the GW Cancer Center's Online Academy with your partners.
GW Cancer Center Online Academy Flyers 2019	Provides information about the GW Cancer Center's online course offerings for health care professionals, cancer control and other public health professionals.

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	
Seven Steps for Policy, Systems and Environmental Change	Companion to both Action4PSEChange.org and the accompanying Action for PSE Change: A Training
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 FOR PRIMARY CARE PROVIDERS 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 1: 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=160)*	3.04 (0.86)	4.10 (0.70)	34.9%	-13.59	**<0.001**
Module 2: Late Effects of Cancer Care & its Treatments: Managing Comorbidities & Coordinating with Specialty Providers *(n=117)*	2.99 (0.85)	4.09 (0.72)	36.8%	-15.14	**<0.001**
Module 3: Late Effects of Cancer & its Treatments: Meeting the Psychosocial Health Care Needs of Survivors *(n=86)*	3.01 (0.87)	4.20 (0.51)	39.5%	-11.37	**<0.001**
Module 4: The Importance of Prevention in Cancer Survivorship: Empowering Survivors to Live Well *(n=80)*	3.25 (0.85)	4.29 (0.54)	32.0%	-10.60	**<0.001**
Module 5: A Team Approach: Survivorship Care Coordination *(n=49)*	3.58 (0.81)	4.40 (0.53)	22.9%	-7.71	**<0.001**
Module 5 Companion: Advancing Patient-Centered Cancer Survivorship Care *(n=43)*	3.47 (0.96)	4.23 (0.75)	21.9%	-5.62	**<0.001**
Module 6: Cancer Recovery & Rehabilitation *(n=35)*	3.30 (0.70)	4.30 (0.55)	30.3%	-8.40	**<0.001**
Module 7: Spotlight on Colorectal Cancer Survivorship: Clinical Follow-Up Care	3.13 (0.90)	4.39 (0.60)	40.3%	-7.97	**<0.001**

Module Title *(total number of learners)*	Pre-Test Mean (SD)	Post-Test Mean (SD)	Percent Change	T-Statistic	P-Value*
Guideline for Primary Care Providers *(n=32)*					
Module 8: Spotlight on Colorectal Cancer Survivorship: Clinical Follow-Up Care Guideline for Primary Care Providers *(n=33)*	3.24 (0.83)	4.21 (0.53)	29.9%	-7.07	**<0.001**
Module 9: Spotlight on Breast Cancer Survivorship: Clinical Follow-Up Care Guideline for Primary Care Providers *(n=46)*	3.33 (0.87)	4.23 (0.57)	27.0%	-6.69	**<0.001**
Module 10: Spotlight on Head and Neck Cancer Survivorship: Clinical Follow-Up Care Guideline for Primary Care Providers *(n=24)*	2.96 (1.05)	4.06 (0.47)	37.2%	-6.42	**<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 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*
1. Program Planning Overview (n=109)	3.53 (0.92)	4.33 (0.77)	22.7%	-7.79	**<0.001**
2. Identifying Need (n=84)	3.57 (0.73)	4.43 (0.57)	24.1%	-10.76	**<0.001**
3. Planning Your Program Part I (n=70)	3.59 (0.77)	4.36 (0.50)	21.4%	-9.79	**<0.001**
4. Planning Your Program Part II (n=63)	3.37 (0.87)	4.33 (0.54)	28.5%	-9.13	**<0.001**
5. Funding and Sustaining Your Program (n=62)	3.44 (0.81)	4.18 (0.51)	21.5%	-8.21	**<0.001**
6. Evaluating Your Program (n=62)	3.55(0.72)	4.23(0.53)	19.2%	-7.46	**<0.001**
7. Creating a Business Plan (n=60)	3.15(0.97)	4.16(0.51)	32.1%	-8.97	**<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 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. Overview of Patient Navigation and Competencies (n=583)	3.24 (0.87)	4.27 (0.63)	31.8%	-27.41	**<0.001**
2. Medical Terminology (n=556)	3.74 (0.88)	4.42 (0.62)	18.2%	-20.49	**<0.001**
3. Cancer Basics (n= 519)	3.63 (0.78)	4.41 (0.54)	21.5%	-24.17	**<0.001**
4. Clinical Trials (n=490)	3.13 (0.95)	4.32 (0.57)	38.0%	-29.79	**<0.001**
5. Impact of Cancer (n=469)	3.66 (0.88)	4.40 (0.58)	20.2%	-18.31	**<0.001**
6. U.S. Health Care System (n=463)	3.40 (0.85)	4.43 (0.55)	30.3%	-27.39	**<0.001**
7. Health Care Payment and Financing (n=462)	3.40 (0.95)	4.32 (0.57)	27.1%	-23.48	**<0.001**
8. The Role of the Patient Navigator (n=450)	3.59 (0.83)	4.28 (0.58)	19.2%	-17.66	**<0.001**
9. Patient Assessment (n=420)	3.64 (0.77)	4.29 (0.54)	17.9%	-17.02	**<0.001**
10. Shared Decision-Making (n=414)	3.55 (0.77)	4.34 (0.59)	22.3%	-21.07	**<0.001**
11. Identifying Resources (n=400)	3.58 (0.84)	4.31 (0.57)	20.4%	-18.69	**<0.001**
12. Communicating with Patients (n=399)	3.68 (0.79)	4.33 (0.57)	17.7%	-18.84	**<0.001**
13. Patient Advocacy (n=391)	3.56 (0.79)	4.35 (0.56)	22.2%	-20.43	**<0.001**
14. Culturally Competent Communication (n=382)	3.49 (0.80)	4.31 (0.56)	23.5%	-20.46	**<0.001**
15. Scope of Practice (n=373)	3.69 (0.79)	4.35 (0.55)	17.9%	-16.78	**<0.001**
16. Ethics and Patient Rights (n=369)	3.58 (0.81)	4.31 (0.54)	20.4%	-18.32	**<0.001**
17. Practicing Efficiently and Effectively (n=365)	3.68 (0.78)	4.34 (0.55)	17.9%	-17.02	**<0.001**
18. Health Care Team Collaboration (n=361)	3.75 (0.77)	4.35 (0.56)	16.0%	-16.20	**<0.001**

19. Program Evaluation and Quality Improvement *(n=352)*	3.55 (0.79)	4.29 (0.55)	20.8%	-18.26	**<0.001**
20. Personal and Professional Development *(n=353)*	3.65 (0.74)	4.35 (0.54)	19.2%	-18.82	**<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 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: Engage (n=19)	3.91 (0.78)	4.12 (0.94)	5.4%	-0.74	0.466
2: Scan (n=18)	3.43 (1.24)	4.28 (0.57)	24.8%	-3.53	**0.003**
3: Assess (n=17)	3.65 (1.00)	4.35 (0.61)	19.2%	-4.24	**0.001**
4: Review (n=17)	3.75 (1.26)	4.31 (0.58)	14.9%	-2.40	**0.029**
5: Promote (n=16)	3.44 (1.23)	4.46 (0.62)	29.7%	-3.76	**0.002**
6: Implement (n=16)	3.81 (1.21)	4.44 (0.63)	16.5%	-2.89	**0.011**
7: Evaluate (n=15)	3.50 (1.30)	4.47 (0.74)	27.7%	-3.71	**0.002**

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