

SEPT 2023-SEPT 2024

Provision of Training and Technical Assistance to Enhance Comprehensive Cancer Control Outcomes

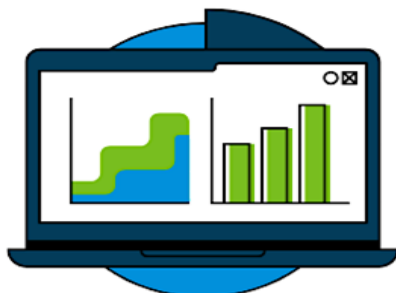


EVALUATION SUMMARY REPORT YEAR 01



**Cancer
Center** **TAP**
Technical Assistance Program

2024 0017 Technical Assistance and Training: Year 01 Evaluation Summary Report Highlights



This annual report covers the dates of September 30, 2023 through September 29, 2024 and shares data collected throughout the project year, web analytics, survey responses and general feedback.

BY THE NUMBERS

- 77,146** Times users accessed the GW TAP site
- 24** TAP and PN&S monthly e-newsletters released
- 48%** Increase in Online Academy learners
- 6,404** Online Academy learners
- 2,572** Certificates given to Online Academy learners claiming continuing education credit

Feedback Highlight

On Training and Technical Assistance Advisory Committee participation:

"I like that you always had a well-planned agenda and that you had items for us to respond to and provide feedback on. It was nice meeting other programs and coalitions and hearing what they were doing, and it was nice to share our perspectives and thoughts about ACS and GW's initiatives."

Community of Practice:

"We will use the examples and resources shared during the CoP to move further upstream in the work we do for Comp Cancer and our Coalition."

This work was supported by Cooperative Agreement #NU58DP007539-01 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC. Feedback can be directed to cancercontrol@gwu.edu. For more information about this cooperative agreement, visit cancercontroltap.org or follow us on LinkedIn ([GW Cancer Center Technical Assistance Program](#)), Facebook ([GW Cancer Center Technical Assistance Program](#)) and Instagram ([GWCCTAP](#)).

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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 (TTA) to CDC's National Comprehensive Cancer Control Program (NCCCP) grantees and their partners. This report marks the close of the first year of the five-year DP23-0017 Cooperative Agreement: "Provision of Training and Technical Assistance to Enhance Comprehensive Cancer Control Outcomes" (hereafter referred to as "the TTA project"). The new social media sites and website for this TTA project also refer to this project as GW Cancer Center Technical Assistance Program (TAP), hereafter referred to GW TAP.

The GW TAP team 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 TTA activities and progress in Project Year 01 (September 30, 2023, through September 29, 2024); provide transparency and accountability; and create an opportunity for dialogue and input to improve future project activities. Questions and feedback for the TTA project or evaluation may be directed to cancercontrol@gwu.edu.

Summary of Year 01 Activities

In Year 01 of the TTA project, the GW TAP team 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 TTA was successfully implemented with support from the project's Training and Technical Assistance Advisory Committee (TTAAC) which met quarterly to inform the strategy and direction of the project. The GW Cancer Center has focused on improving its integration and collaboration with the Comprehensive Cancer Control National Partnership (CCCNP) through participation in workgroups and regular calls with CCCNP leadership. The goals are to (1) reduce duplication of TTA; (2) meet identified needs; and (3) improve quality, availability, and accessibility of resources for CCC interest holders.

Below is a summary of the activities completed in Year 01 organized by objective:

Objective 1: Develop TTA plan

- Collaborated with NCCCP recipients and Program Consultants, TTAAC, CDC subject matter experts (SMEs), CCCNP and the broader public health community to leverage existing processes and information to assess NCCCP recipient and CCC coalition needs
- Developed and deployed brief assessments with 26 DP22-2202 recipients and produced one revised proposed TTA plan and evaluation plan based on gathered information
- Curated new and maintained existing resources to inform TTA plan and reduce duplication

Objective 2: Convene, support, and sustain partnerships and/or partnership networks

- Individuals on the GW TTA Project team engaged with eight coalitions as members (Iowa, Delaware, Pennsylvania, Virginia, California, Maryland, District of Columbia and Maine)
- In collaboration with American Cancer Society (ACS), developed and launched the new joint Technical Assistance Advisory Committee (TTAAC)
- Began revisions of the [Oncology Patient Navigator Training: The Fundamentals](#) to optimize inclusivity and diversity in accordance with CMS requirements with 16 collaborating SMEs across various professions and partnership with CDC-funded National Networks

Objective 3: Use a variety of training delivery methods to deliver TTA

- Developed new logos for TTA Project
- Launched three new social media channels specific to GW Cancer Center TTA Project, referred to as GW TAP on LinkedIn (GW Cancer Center Technical Assistance Program), Facebook (GW Cancer Center Technical Assistance Program) and Instagram (GWCCTAP)
- Developed and launched the new [Sexual Health and Cancer Survivorship Module](#)
- Launched a new GW Cancer Center TAP website (<https://cancercontroltap.org/>) and hosted the CCCNP website (www.cccnationalpartners.org)
- Disseminated 12 monthly [TAP e-newsletters](#), which inform subscribers about new TTA resources, events, news, CCC activities, and funding opportunities. Additionally, distributed 12 monthly [Patient Navigation and Survivorship e-newsletters](#), providing clinical audiences with relevant articles, trends, and updates in patient navigation and cancer survivorship fields
- Launched four new and one updated and co-branded [cancer awareness toolkits](#) (formerly called “social media toolkits” or “health awareness campaigns”)
- Developed and facilitated one Community of Practice (CoP) focused on Policy, Systems, and Environmental (PSE) strategies with six sessions
- Began revisions of the [Oncology Patient Navigator Training: The Fundamentals](#) to optimize inclusivity and diversity in accordance with CMS requirements with 16 collaborating SMEs across various professions and partnership with CDC-funded National Networks

Objective 4: Monitor and evaluate TTA efforts and disseminate findings

- Developed, implemented and revised an annual evaluation and performance measurement plan
- Produced one annual progress report and submitted to CDC
- Published the year 05 evaluation summary report of previous 5-year award period in December of 2023

Objective 1 – Develop Training and Technical Assistance (TTA) Plan

“Develop TTA plan using information gathered through a variety of sources”

Needs Assessment Process

In Year 01, the first activity under Objective 1b was to develop an assessment plan by May 2024 from evaluation meetings with NCCCP recipients and coalition leaders to assess the current materials utilized and identify TTA needs. A total of 51 participants from 25 states and the American Indian Cancer Foundation shared insights on their usage of TA products, implementation challenges, areas for improvement in GW Cancer Center TTA services, and other feedback.

Findings Summary

In our assessment, we found:

- Program leaders cited that limited funding makes it difficult to implement CCC work.
- Due to lack of time and capacity, coalitions face challenges with the volume and application of TA resources.
- Coalitions desire more real-world examples to guide their state-level programs.
- There is a need for more consistent peer-to-peer engagement and relationship building opportunities.
- Participants expressed the need for assistance with both traditional and non-traditional partner development.
- Participants identified the need for help in creating clear, concise PSE strategies.
- Most programs had previously engaged with GW resources to varying extents.
- There is a need for diverse and concise training modalities (short videos, self-paced products, interactive modules) with a focus on practical topics relevant to current challenges (e.g., budget gaps, coalition workforce development, clinical trial diversity).
- Participants expressed a desire for orientation materials, training programs, and resources designed to support coalitions focusing on PSE changes and implementation.

Recommendations

1 Enhance Collaboration Among TA Providers: Establish a formal mechanism for TA providers to collaborate, share insights, and leverage each other's strengths, ensuring a more cohesive and comprehensive support system.

2 Clear Guidance on TA Services: Provide clear, accessible information on the types of assistance available, including how and when to request help, possibly through FAQs or service catalogs.

3 Focus Assistance for Similar Coalitions: Group similar coalitions and provide them with tailored technical assistance, recognizing the unique needs and challenges of different groups.

4 Peer to Peer Sharing: Create more structured opportunities to network with peers and share successes and progress. This includes formal and informal settings that encourage exchanges of information and best practices.

5 Customize Training and Resources: Offer a range of materials from broad overviews to detailed guides on specific topics such as volunteer management or EBI/PSE distinctions.

6 Strengthen Onboarding Processes: Create comprehensive onboarding materials that cater to both new staff and coalition members, highlighting key concepts, strategies, and resources.

GW TAP past and future response to findings and recommendations

1

- **Enhance Collaboration Among TA Providers:**

- Created the Joint TTACC in collaboration with ACS
- Began GW and ACS Resource Round-up: A jointly branded document and future online tool that catalogues all of our TA products
- GW will collaborate and co-promote forthcoming TTA opportunities with other TTA providers

2

- **Clear Guidance on TA Services:**

- Integrate a FAQ section into the new website

3

- **Tailored Assistance for Similar Coalitions:**

- In sessions of the 2024 PSE CoP, participants were divided into breakout rooms based on factors designed to facilitate peer-to-peer connections; GW will maintain peer-to-peer opportunities in the 2025 Rural Cancer CoP
- GW will develop guidance on navigating public policy in diverse state political landscapes

4

- **Peer to Peer Sharing:**

- The PSE CoP facilitated extensive peer-to-peer sharing of examples and discussions
- The GW TAP site features a map designed to better enable inter-state connection
- GW will continue to collaborate with CDC to share success stories

5

- **Customize Training and Resources:**

- GW continued to maintain CE accreditation and regularly update GW training materials
- Project staff improved and broadened social media presence to enhance engagement with states and highlight their work
- GW will collaborate with other TTA providers to help coalitions improve PSE in CCC in various state political environments
- GW is currently producing downloadable slides from GW Online Trainings that will be posted on the TAP website to make it easy for groups to adapt and tailor content to context
- In response to CCC stakeholder feedback, GW will shorten and condense future online trainings

6

- **Strengthen Onboarding Processes:**

- GW provided content to CDC to support development of a CCC orientation
- A new section of the TAP website, titled Comp Cancer Basics, was created to house resources and materials to address this need

Evaluation Plan

The GW TAP team continued to track ongoing project activities according to the TTA Project 01 evaluation plan. Tracked project activities includes 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. Evaluation planning is an ongoing process concurrent with planning for future TTA 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 TTA reach, effectiveness, adoption, implementation and maintenance. Questions about our internal evaluation methods can be directed to cancercontrol@gwu.edu.

Technical Assistance Plan

The GW TTA plan focuses on strengthening collaborative efforts between GW and ACS, the National Networks, the CCCNP and CDC to enhance technical assistance and streamline resources to support public health and cancer prevention efforts. Key strategies include hosting joint events, improving resource accessibility, providing tailored guidance, and fostering peer-to-peer engagement within the cancer control community. Additionally, there is a strong emphasis on updating training, boosting social media outreach, and creating tools to navigate complex state policy environments.

Objective 2 – Convene, support, and sustain partnership and/or partnership networks

“Convene, support, and sustain partnerships and/or partnership networks necessary to support implementation of TTA activities.”

Joint Advisory Committee

Together with the ACS Technical Assistance team, the GW Cancer Center recruited NCCCP recipients and cancer control professionals to be the first committee of the newly developed joint Training and Technical Assistance Advisory Committee (TTAAC). The Committee convened during four quarterly TTAAC meetings in Year 01, which have informed the strategy and direction for the TTA project. The Committee consisted of 12 members from CCC programs and coalitions, CCCNP and CDC. TTAAC members were invited to represent insights and perspectives from diverse partners and provide leadership for specific TTA activities planned for the year. Additionally, to improve facilitation and engagement this year, the GW Cancer Center provided updates to project activities prior to meetings to allow more time for discussion and input during quarterly calls.



TTAAC Joint Committee Members

Name	Organization/Coalition
Richard Williams	Florida Department of Health
Brian Hummell	American Cancer Society Action Network
Liz Orton	Iowa Cancer Consortium
Trena Mitchell	Arkansas Cancer Coalition
Chris Stockmyer	Centers for Disease Control and Prevention
Larissa Williams	North Carolina Advisory Committee on Cancer Coordination and Control
Mary Wangen	University of North Carolina, Cancer Prevention and Control Research Network
Jessica Deering	Cancer Action Coalition of Virginia
Bridget Freeley	California Dialogue on Cancer
Leticia Henry	United States Virgin Island Cancer Coalition
Sahla Suman T.E	Washington State Department of Health
Karri Bigboy	American Indian Cancer Foundation



Five out of 12 TTAAC members completed an engagement survey at the conclusion of their first-year term. All respondents shared that they were very satisfied or satisfied with their overall experience as a member of the TTAAC. All respondents strongly agreed or agreed that because of their participation in the TTAAC, members were able to share and learn from their peers and felt that the TTAAC addressed needs and issues important to CCC stakeholders.

CCCNP Website

In Year 01, the GW Cancer Center continued to coordinate with other National Partners to maintain and update the [CCCNP website](#). This included coordinating with the CCCNP leadership team and workgroups to develop revised content for the website, in addition to coordination with the GW Cancer Center’s web development team and website domain contractors.

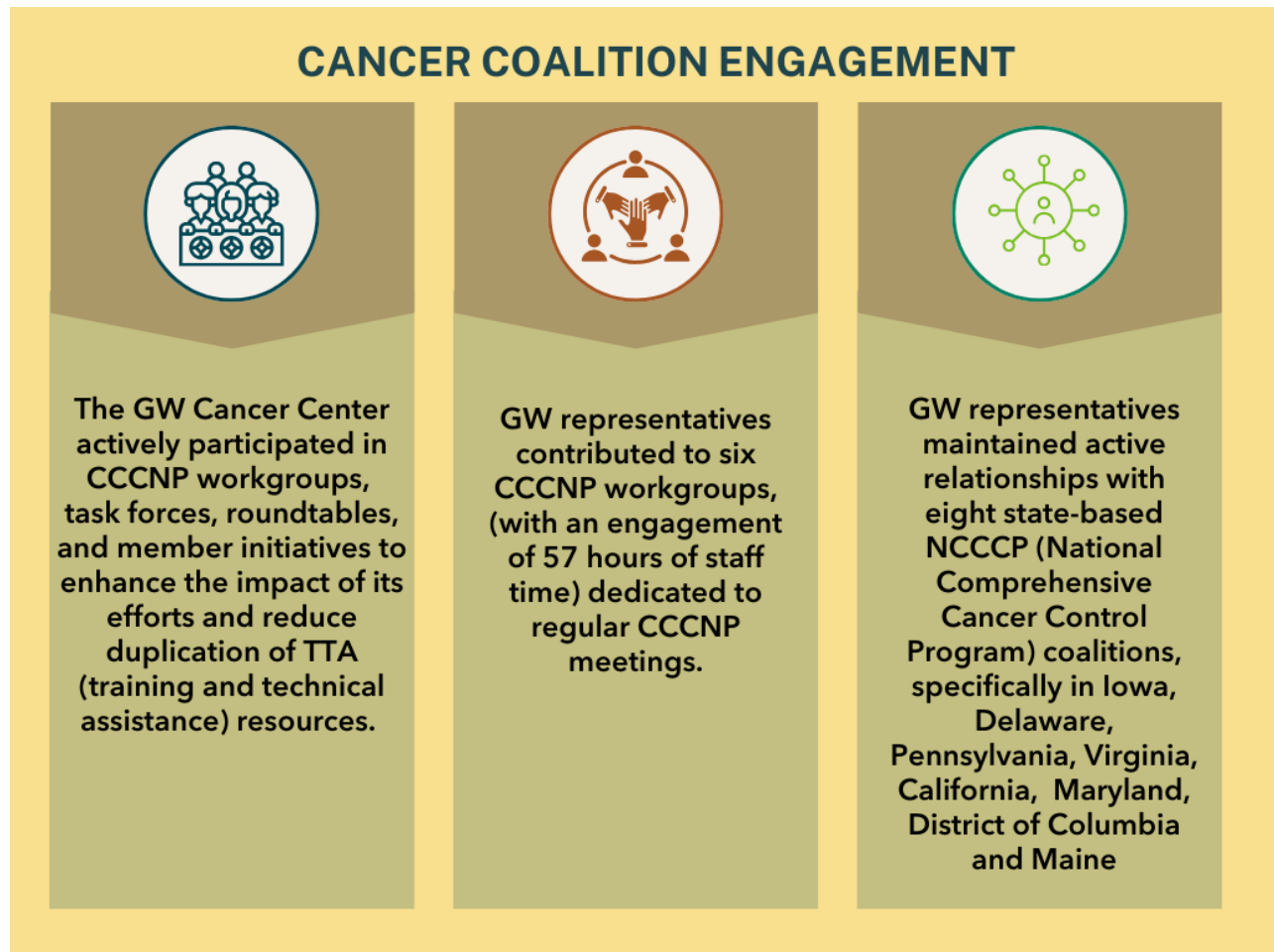
The GW Cancer Center continues to collaborate with National Partners to maintain the CCCNP website with current resources, events, and news and promoted quarterly Zoom “check-ins” and CCCNP sessions to support CCC coalitions on relevant topics.

In Year 01, the CCCNP website had 4,188 users who generated 9,154 page views. The most popular page on the CCCNP website was the homepage, followed by the events and resources pages.

 	
Training & Technical Assistance Advisory Committee (TTAAC)	
FEEDBACK	INPUT
1 ACS video	Topics for CCCNP Coalition Check-ins
GW TAP website	Future toolkits
3 GW social media channels	Fiscal Year 02 TTA topics
3 ACS micro-learning	
1 shared TTA/GW TTA calendar	

Cancer Coalition Engagement

The graphic below shows how the GW TAP team actively participated in CCCNP workgroups, task forces, roundtables, and member initiatives.

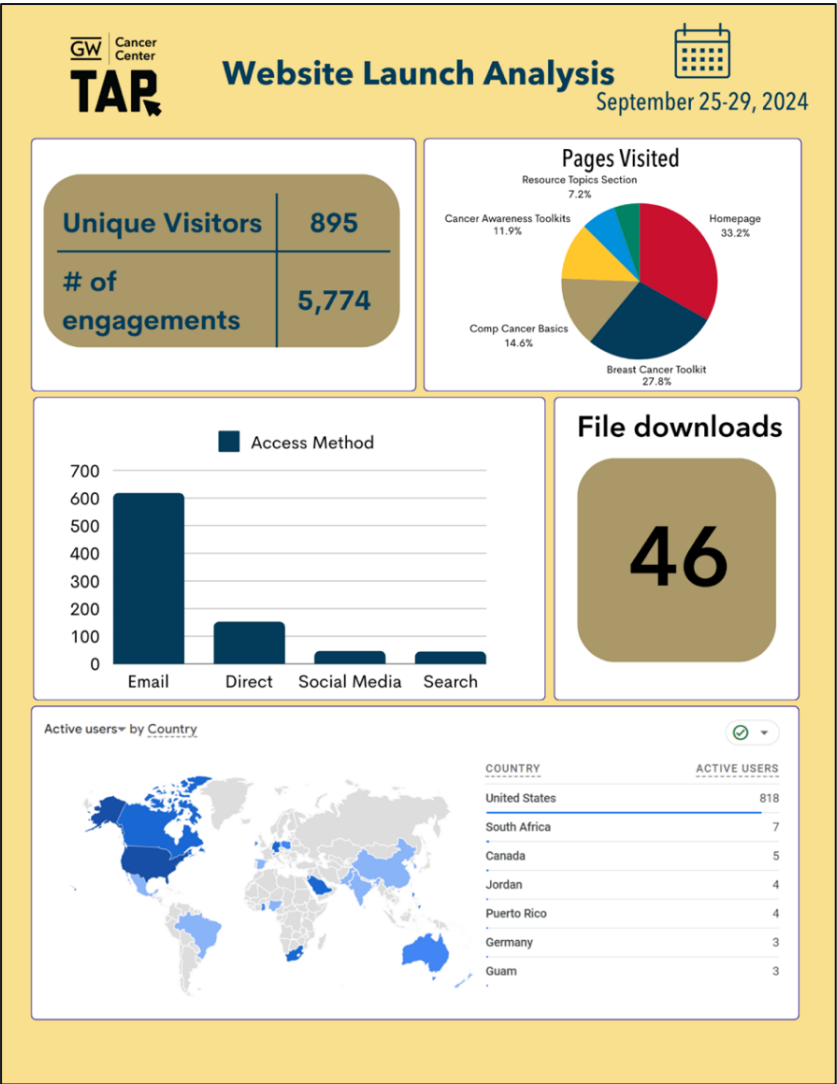


Objective 3 – Use a variety of training methods to deliver TTA

“Use a variety of training delivery methods to deliver TTA, including the establishment of peer learning/communities of practice to facilitate information sharing across NCCCP recipients”

New Technical Assistance Program (TAP) Website

The GW Cancer Center launched our new [Technical Assistance Program \(TAP\) Website](#) on September 25, 2024. The launch of the new website introduced a modern, user-focused platform designed to support CCC programs and coalitions. With enhanced navigation, the site offers easy access to curated resources, events, and topics tailored to meet the diverse needs of users.



Key features include an updated Comprehensive Cancer Control (CCC) Basics section, display of CDC’s priorities and specialized Cancer Awareness Toolkits. The website streamlines information sharing and fosters engagement, empowering users to advance their cancer control efforts.

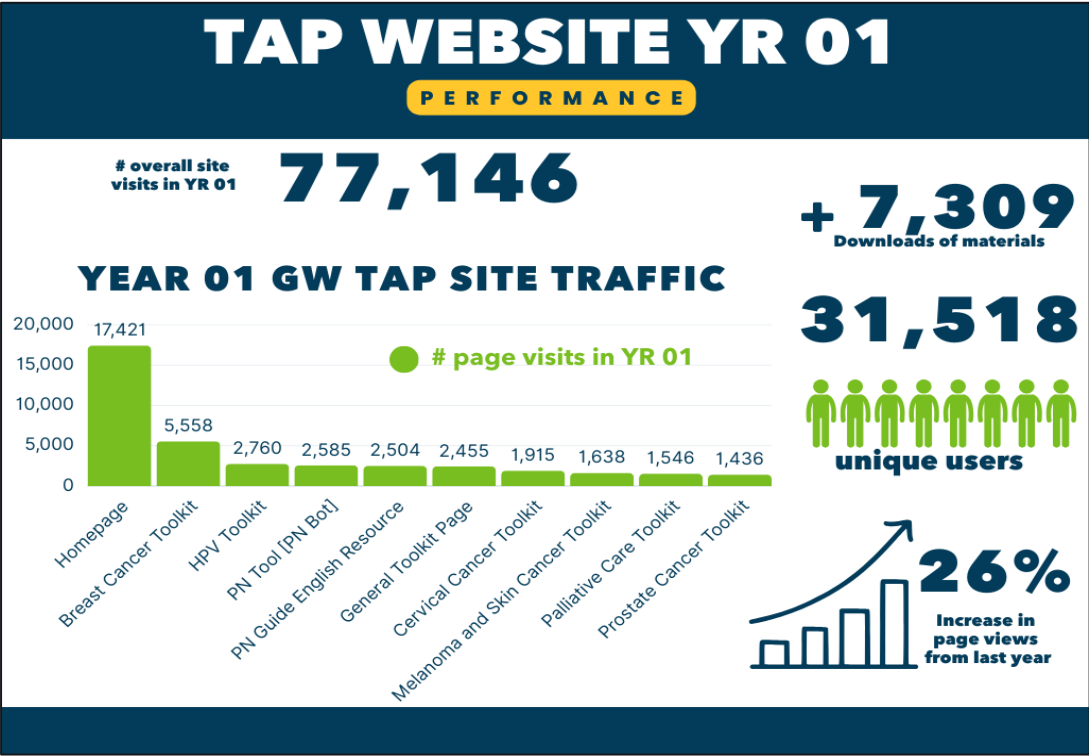
This graphic shows data from the initial launch to the close of the year 01 reporting period. (September 25-29, 2024)*

**The website launch occurred just four days before the conclusion of the reporting period, resulting in minimal data collection.*

During Year 01, the GW Cancer Center continued to maintain and add to the content of the [TAP](#) website. GW Cancer Center staff actively add resources that are indexed by article type and topic to the resource repository, which currently houses 552 resources. To maintain digital accessibility, resources created by the GW Cancer Center are routinely made 508 compliant before posting.

The decrease in the number of resources from previous years is the result of a review

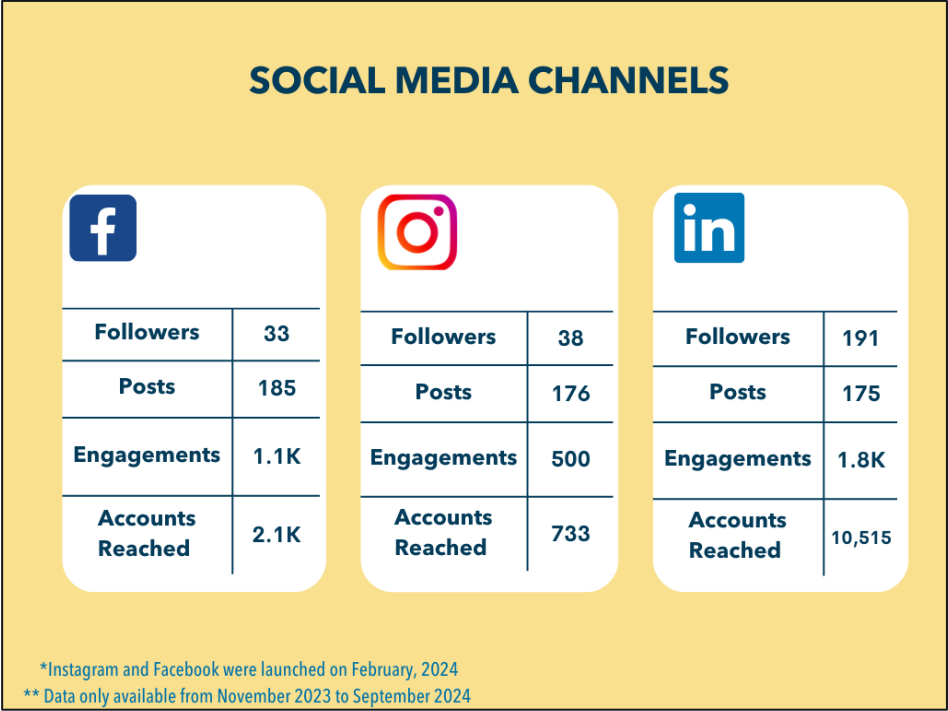
conducted prior to launching the new website. As part of that process, outdated resources were removed. Refer to [Appendix A](#) for a list of selected year 01 TTA products.



The graphic shows the overall TAP website traffic for Year 01.

Social Media Accounts

The GW TTA Project utilizes multiple social media channels where research evidence and TTA are disseminated. In February of 2024, the GW TTA team launched new social media handles on LinkedIn ([GW Cancer Center Technical Assistance Program](#)), Facebook ([GW Cancer Center Technical Assistance Program](#)) and Instagram ([GWCCTAP](#)). Overall, LinkedIn supersedes Instagram in most metrics. LinkedIn has more engaged audience than Facebook and Instagram.

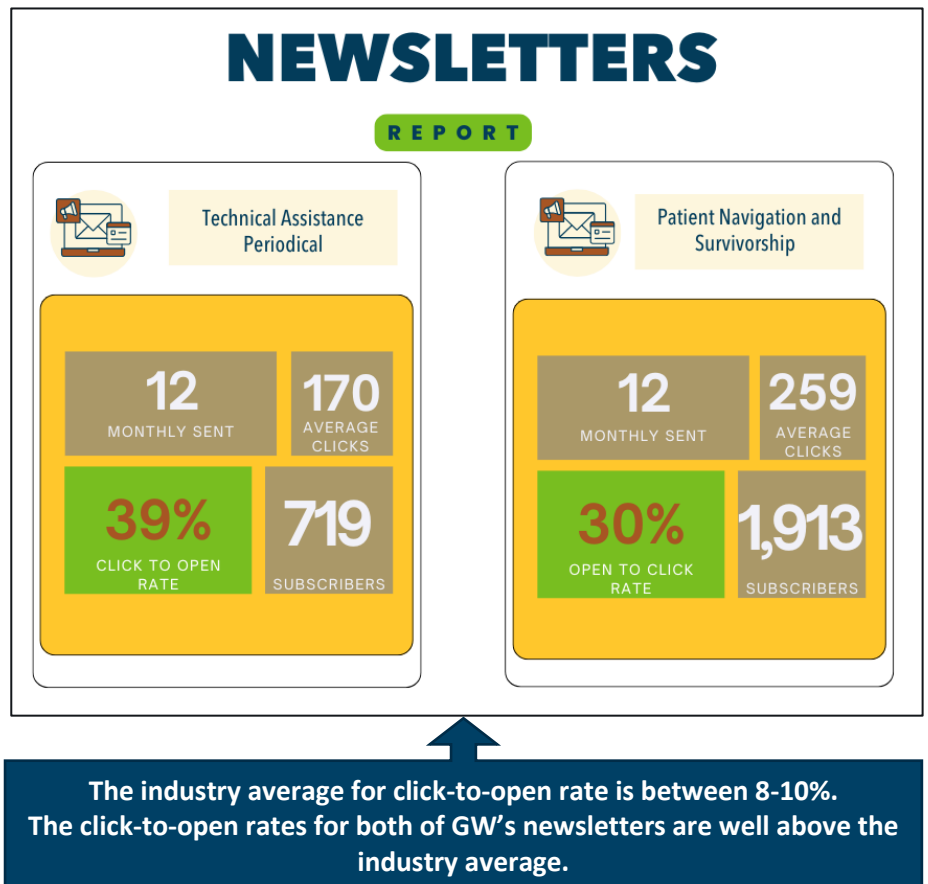


Newsletters

The GW Cancer Center publishes two monthly e-newsletters, [Technical Assistance Periodical \(TAP\) e-newsletters](#) and [Patient Navigation and Survivorship \(PNS\) e-newsletters](#).

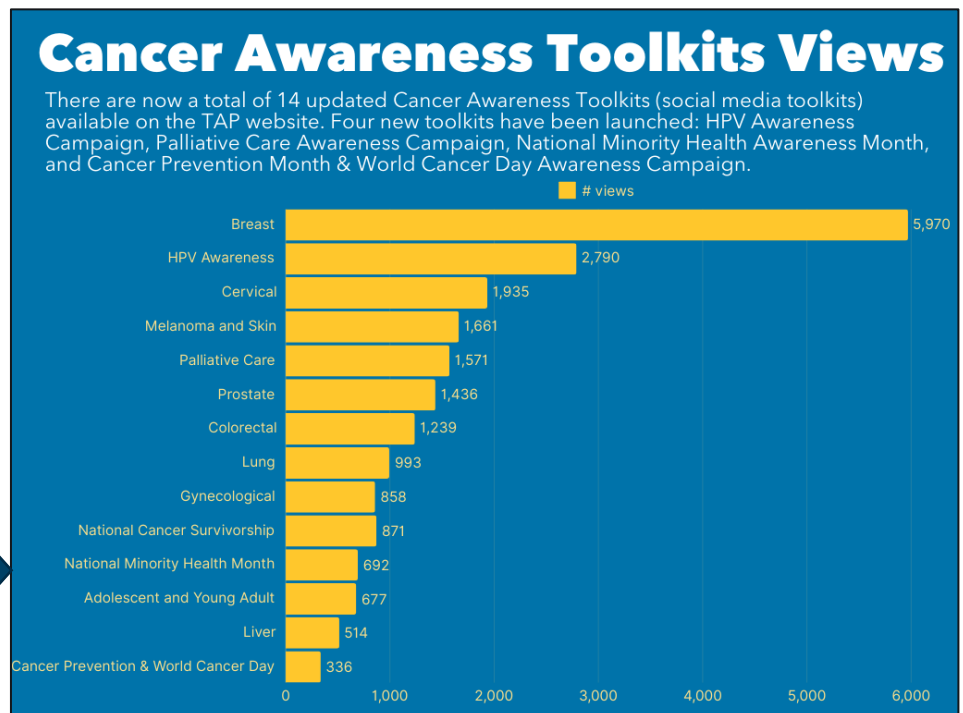
TAP highlights CCC resources from GW and other partners, training, and CCCNP updates, while PNS focuses on resources addressing cancer patient navigation and survivorship.

These newsletters are one of GW's primary communication modes and provides specific information on relevant GW resources, events, articles, trends and updates in the fields of cancer control and navigation and survivorship. Analytic information was obtained from Emma, GW's newsletter platform.



Cancer Awareness Toolkits (Social Media Toolkits)

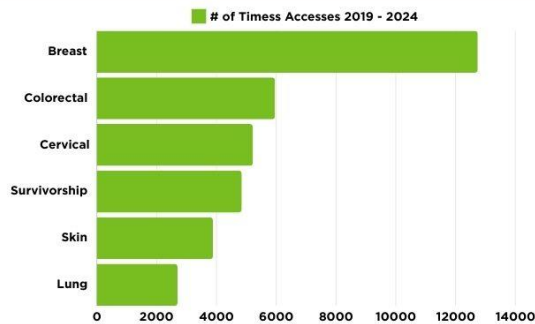
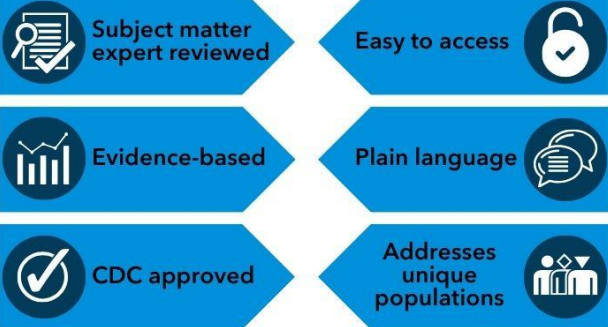
The GW Cancer Center TAP team creates cancer awareness toolkits to feature evidence-based practices in cancer awareness and pre-prepared messages tailored for X (formerly Twitter), Facebook, LinkedIn, and Instagram. As of September 29, 2024, four new cancer awareness toolkits were launched, and the breast cancer awareness toolkit was updated and re-launched.



In YR 01, the cancer awareness toolkits were accessed 21,543 times

CANCER AWARENESS TOOLKITS

Ready-to-post social media messages for diverse stakeholders including CCC coalitions, health departments, individual clinicians, cancer centers and nonprofit organizations



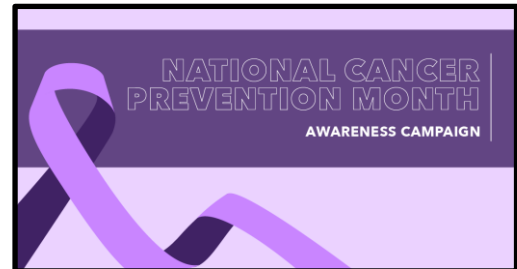
Year	# Times general toolkit page was accessed
2019	5,471
2020	7,595
2021	1,120
2022	8,104
2023	16,338
2024	21,543



Posted October 11th, 2023
Viewed 2,790 times
2,018 Unique users, 230 downloads



Posted November 20th, 2023
Viewed 1,571 times
1,094 Unique users, 72 downloads



Posted February 16th, 2024
Viewed 336 times
225 Unique users, 44 downloads



Posted February 26th, 2024
Viewed 692 times
435 Unique users, 61 downloads

Updated and Co-Branded Breast Cancer Awareness Toolkit



The GW TAP team updated its internal guide to developing Cancer Awareness toolkits and created standards addressing the frequency of updates. To be more inclusive and user-friendly, the GW TTA team reached out to National Networks and other national organizations who specialize in the topic of breast cancer to update and co-brand the breast cancer awareness toolkit.

The co-branding partners for this project were [The Center for Black Health & Equity](#), [SelfMade Health Network](#) and [Susan G. Komen](#).


Since the Breast Cancer Awareness Toolkit was updated and released on September 18 through September 29, 2024, 497 visitors engaged with the toolkit 781 times. The newly updated toolkit was downloaded 42 times.*

The following additional advising partners assisted in updating the toolkit, but could not co-brand: Shannon Kozlovich, [The National LGBTQI+ Cancer Network](#) and Priya Raman, [Asian Pacific Partners for Empowerment, Advocacy, & Leadership \(APPEAL\)](#).

**Numbers include the project year; any additional downloads will be reported in the Year 2 report.*

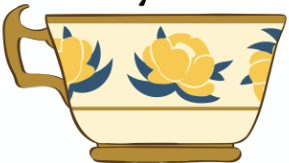
Community of Practice

Through previous needs assessments, CCC program and coalition representatives had requested additional TTA addressing PSE change. In response, the GW TAP team convened a PSE-focused CoP entitled "PSE Tea Time." The CoP met for six one-hour monthly sessions from April to September 2024. Fifty-three people from state CCC programs and coalitions registered, including participants from American Indian Tribes and Tribal agencies. Twenty-two registrants attended at least one session.




What is a Community of Practice?

- **Commitment to learning together through a shared domain**
- **Joint activities to learn how to improve skills**
- **Practitioners developing a shared repertoire of resources**

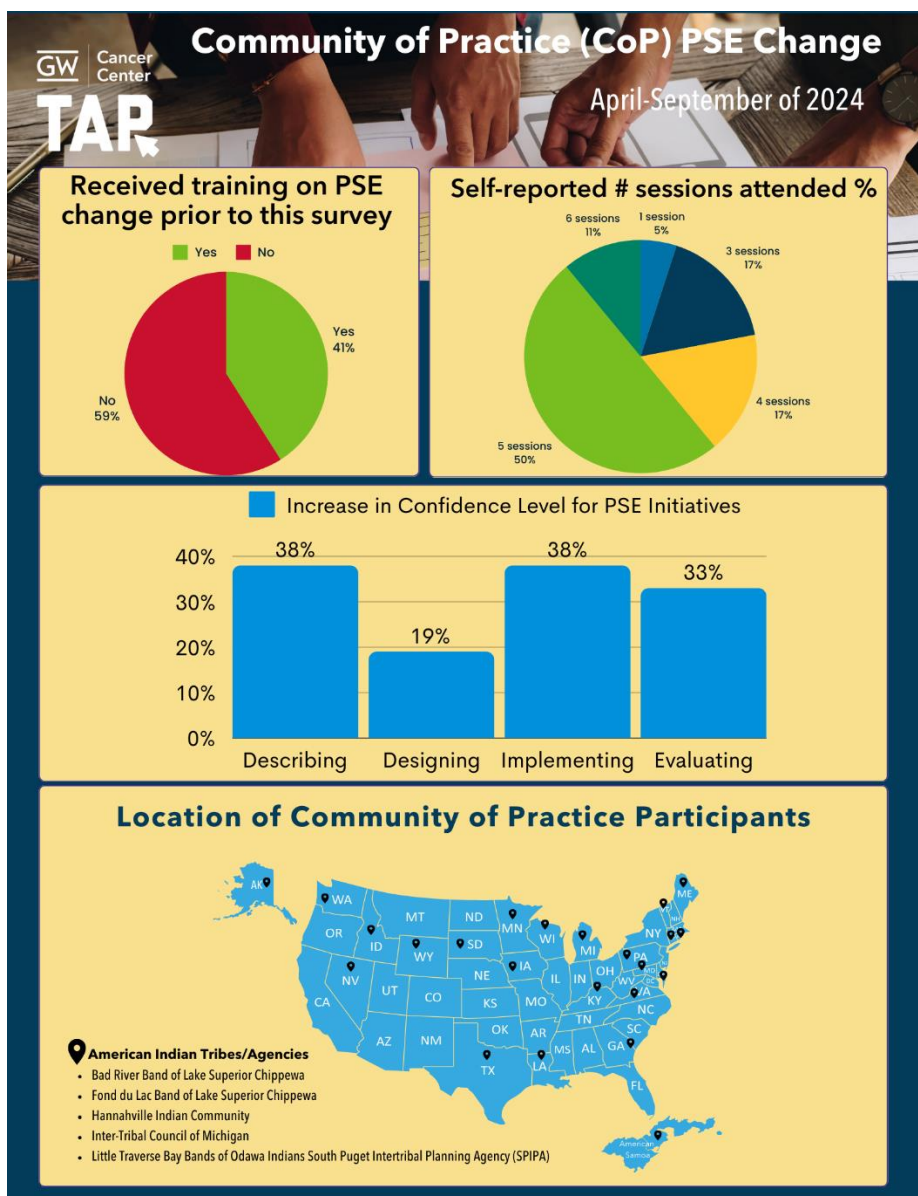


Why Tea?

Teatime is a tradition of gathering with friends and family. We want to stimulate this time as a casual way to come together to share, learn and connect.



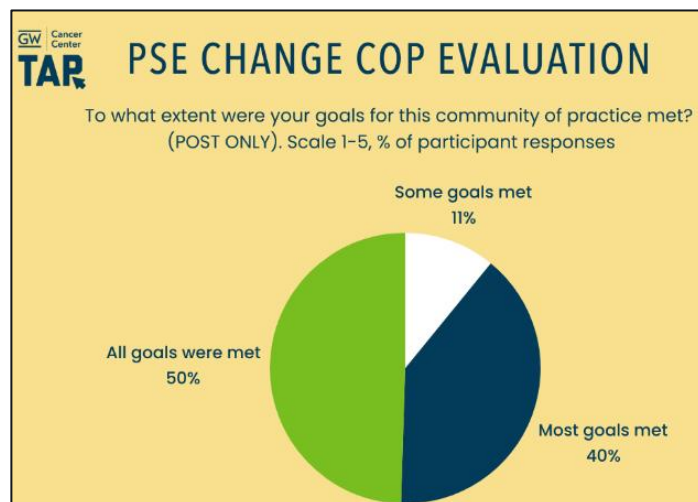
Adapted from Wenger-Trayner, E. & Wenger-Trayner, B. (2015). Retrieved from [Introduction to Communities of Practice](#).



Sessions included presentations by subject matter experts on facets of PSE, and most featured presentations by CCC program, coalition and/or partners that highlighted specific real-world examples. CoP sessions concluded with small group breakout sessions. Short polls were administered during most sessions to allow GW staff to gauge engagement and make necessary adjustments. Fifty-three participants completed the pre-CoP evaluation, but only 18 participants completed the post-CoP evaluation. As shown in the graphic to the left, participants reported low confidence prior to engaging in the CoP.

Polling revealed that there was little consensus among participants regarding topics for future CoPs, but suggestions included building coalitions, collecting data, managing budgets, evaluating progress, and addressing inequities to better support PSE efforts in different communities. As a thank you, all participants were given a GW mug and tea bag for taking part in this program.

The post-CoP evaluation asked, “To what extent were your goals for this community of practice met?” 50% of the participants felt all goals were met, 39% felt most goals were met, and 11% reported some goals met.



CoP Feedback

CoP Participants also shared the following feedback to enhance future sessions.

How will you incorporate information learned into your work plan?

- "We will use the examples and resources shared during the CoP to move further upstream in the work we do for Comp Cancer and our Coalition."
- "I am utilizing this knowledge to support Michigan tribal communities who are partners in the Tribal Colon Cancer Screening Project, and the 6 tribal communities who are grantees for the REACH Journey to Wellness grant and the Healthy Native People Coalition."
- "Utilize this information the best we can as we think of workplan strategies and activities."

Do you have any comments or feedback to help us improve future Communities of Practice?

- "I liked the mix of presentation and small breakout groups. The final session was really helpful too in wrapping it up all together."
- "I really appreciate how this felt cozy in a way, it wasn't overly formal and I felt like there was a good atmosphere around these meetings where I could speak up if I had questions."
- "I really enjoyed hearing from other states and engaging with peers in the breakout groups. The CoP was also nicely organized. More peer to peer engagement would be wonderful."

Evaluation and Quality Improvement of Online Trainings

The GW Cancer Center offers eleven 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:

Communication Trainings:

- [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)

Health Equity Training:

- [Together, Equitable, Accessible, Meaningful \(TEAM\) Training](#) (TEAM)

Patient Navigation Training:

- [Financial Navigation Lesson for Oncology Patient Navigators](#) and [Social Workers](#)
- [Oncology Patient Navigator Training: The Fundamentals](#) (PN)

Policy Training:

- [Action for Policy, Systems and Environmental Change: A Training](#) (PSE)
- [Cancer Control Implementation Science Base Camp](#) (CCISBC)

Survivorship Trainings:

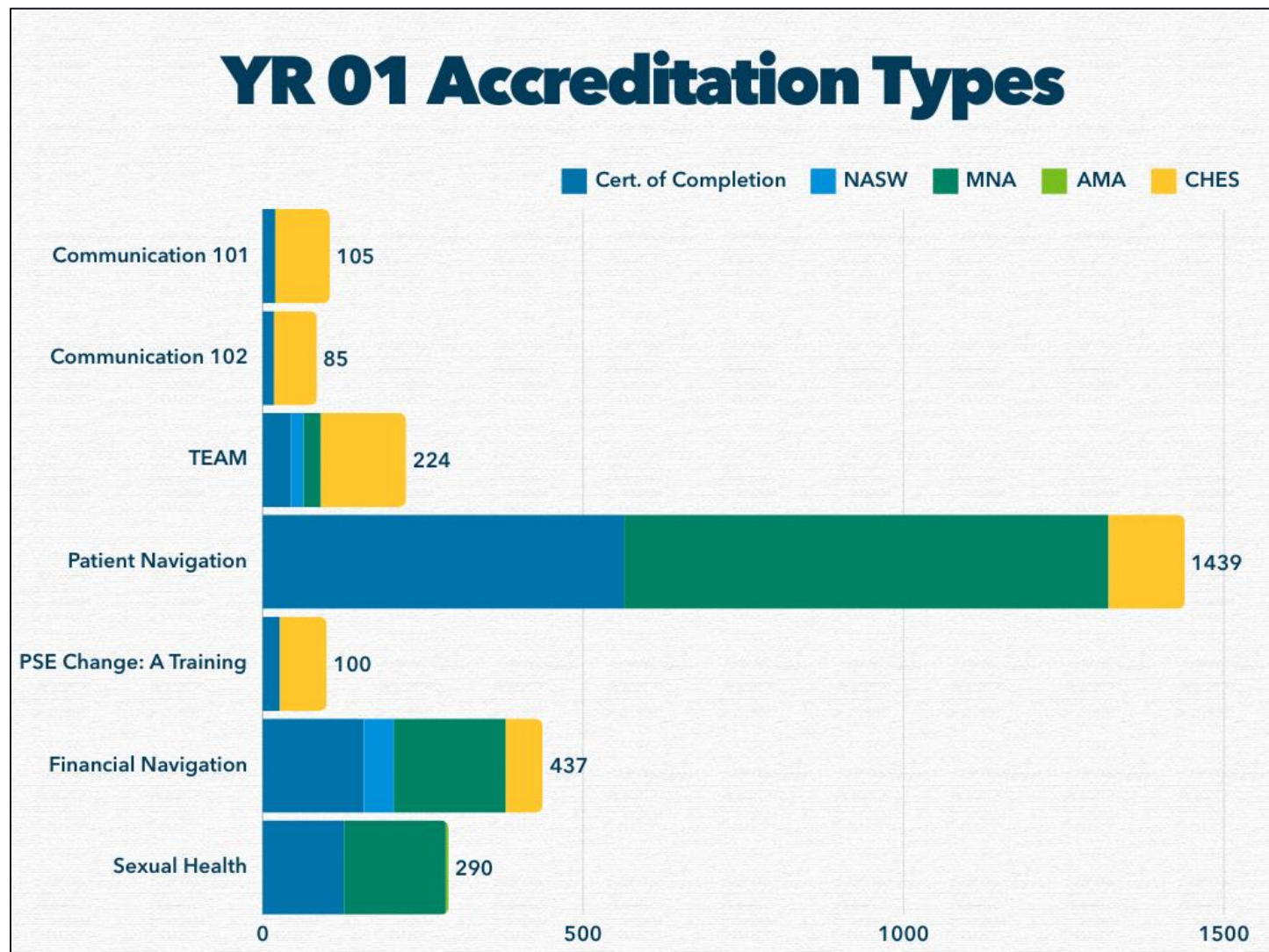
- [Cancer Survivorship Care Guidelines for Peripheral Neuropathy, Fertility Preservation and Osteoporosis Management](#)
- [Cancer Survivorship Series](#)
- [Sexual Health and Cancer Survivorship](#)

GW Cancer Center's training programs have demonstrated a significant impact, consistently improving participants' knowledge and confidence across all modules. With high engagement from participants across the U.S. and internationally, these programs are widely applied in CCC efforts. Annual evaluations show steady advancements in learning outcomes and completion rates, with new guidelines and supplementary resources, such as tip sheets, continually developed to address evolving learner needs and ensure practical relevance.

Continuing Education credit is available but varies across trainings. 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)
- National Commission for Health Education Credentialing (NCHEC).

The graphic shown here provides an overview of awarded certificates to the GW Cancer Center [Online Academy](#) learners throughout the reporting period. Learners reported are only those who opted to receive certificates. Of the certificates claimed for attendance (2,680), 1,116 were claimed for nurses CE, 534 for CHES®/ MCHES®, 5 for physicians and 67 for social workers.

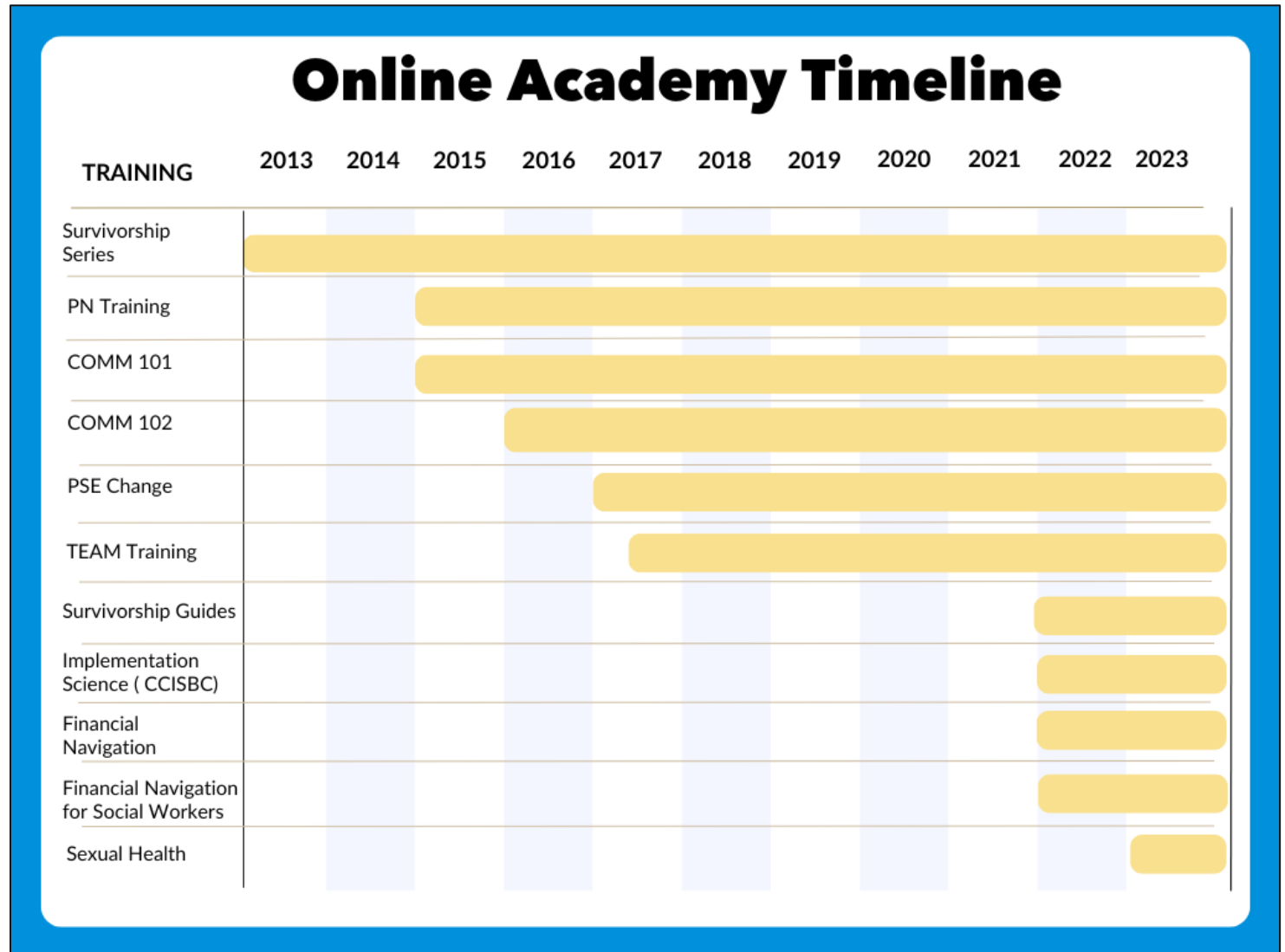


For more information, visit the GW Cancer Center's [Online Academy](#). Enrollment and evaluation data for each online training are provided in more detail in the Online Academy Tracking section of this report. Improvements are continually made to online trainings to ensure learners are receiving the most up-to-date evidence and first-rate programming.

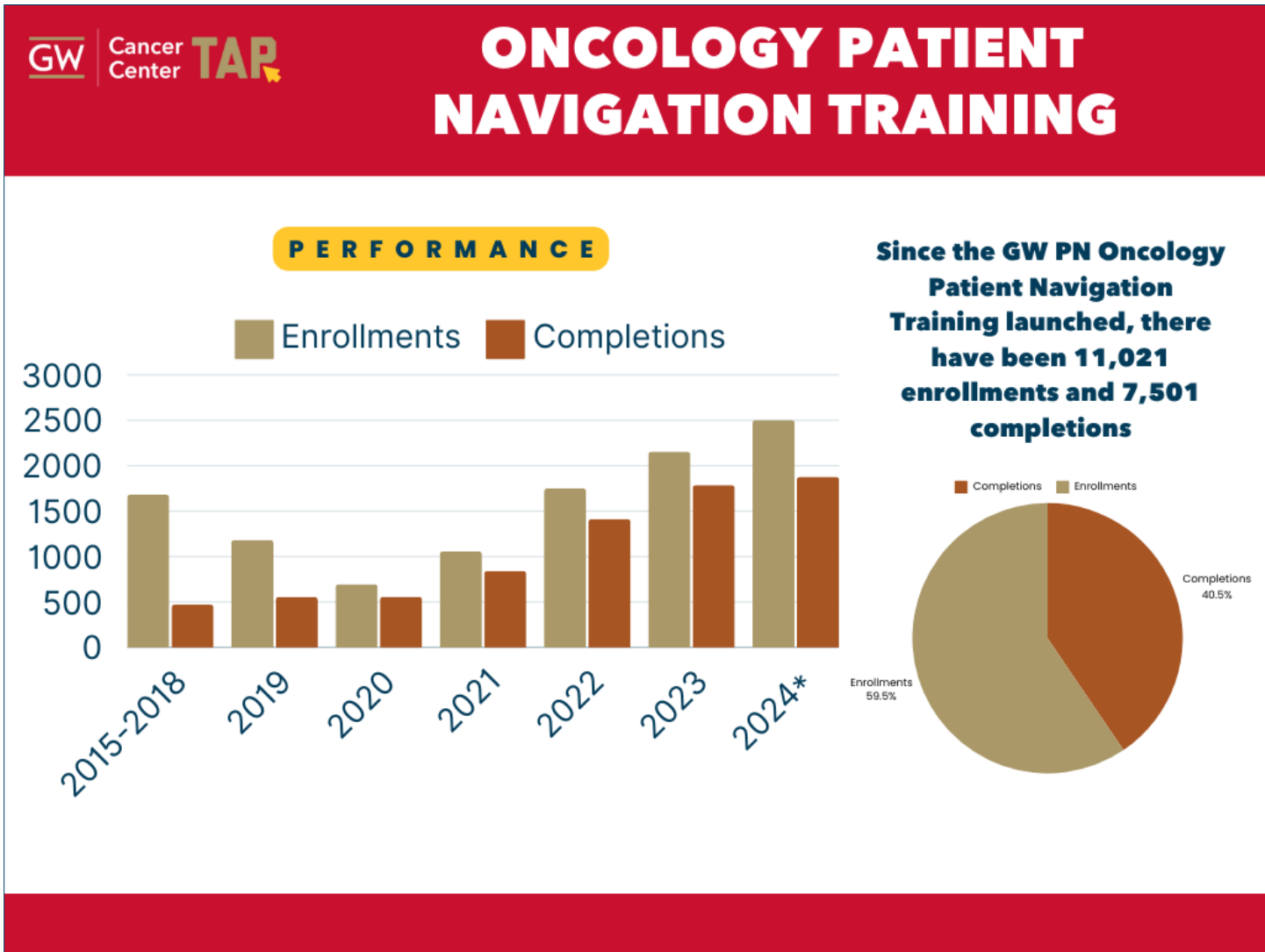
Online Academy Tracking

Online Academy Offerings Over Time

This timeline shows the development and availability of training courses offered through the Online Academy from 2013 to 2023. The timeline illustrates the Online Academy's continuous growth and commitment to providing diverse and timely training resources. Each row represents a specific course, while the shaded bars indicate the years in which the course was available.



Oncology Patient Navigator Training: The Fundamentals: Originally launched in May of 2015, this training provides patient navigators with tools to address barriers in cancer care. This course uses evidence-based practices and real-world case studies. CEs for CHES®/ MCHES® and nursing professionals are available. The graphic below shows the overall enrollments and completions since the training was launched. *2024 data was collected through 9/29/24.



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

Online Academy Analysis for Current Reporting Period (September 30, 2023-September 29, 2024)

Enrollment in GW Cancer Center Online Courses included 6,404 learners for this reporting period. The overall completion rate is 49% for the GW Cancer Center Online Training Courses. Below is a table of number of enrollments and completions in online trainings. We are currently exploring the reasons for non-completion and assessing the priority of each training as well as whether content could be better provided in other formats for some topics (e.g., implementation science). The analysis of all the current and available online trainings is shown in figures A-Q.

ONLINE LEARNING ACADEMY COURSE COMPLETIONS			
TRAINING	# ENROLLED LEARNERS	# COMPLETIONS	% COMPLETIONS
NEW FINANCIAL NAVIGATION LESSON FOR ONCOLOGY PATIENT NAVIGATORS	642	460	72%
SEXUAL HEALTH AND CANCER SURVIVORSHIP	529	290	55%
ONCOLOGY PATIENT NAVIGATOR TRAINING: THE FUNDAMENTALS	3,123	1,631	52%
NEW FINANCIAL NAVIGATION LESSON FOR SOCIAL WORKERS	183	93	51%
COMMUNICATION TRAINING FOR COMPREHENSIVE CANCER CONTROL (CCC) PROFESSIONALS 101: MEDIA PLANNING AND MEDIA RELATIONS (COMM101)	218	107	49%
COMMUNICATION TRAINING FOR COMPREHENSIVE CANCER CONTROL (CCC) PROFESSIONALS 102: MAKING COMMUNICATION CAMPAIGNS EVIDENCE-BASED (COMM102)	197	90	46%
ACTION FOR POLICY, SYSTEMS AND ENVIRONMENT (PSE) CHANGE TRAINING	249	101	41%
TOGETHER, EQUITABLE, ACCESSIBLE, MEANINGFUL (TEAM) TRAINING	542	238	44%
NEW* CANCER SURVIVORSHIP CARE GUIDELINES FOR PERIPHERAL NEUROPATHY, FERTILITY PRESERVATION AND OSTEOPOROSIS MANAGEMENT.	110	14	13%
IMPLEMENTATION SCIENCE BASE CAMP	77	7	9%

Communication Training for Comprehensive Cancer Control (CCC) Professionals 101: Media Planning and Media

Relations (Comm101): Launched August 2015, this course focuses on media planning, creating media-friendly materials, and journalist engagement. It includes customizable templates and evidence-based case studies. CE for Certified Health Education Specialists (CHES®) and Master Certified Health Education Specialists (MCHES®) is offered. Figure A shows the total number of enrollments, completions, and enrollments by state.

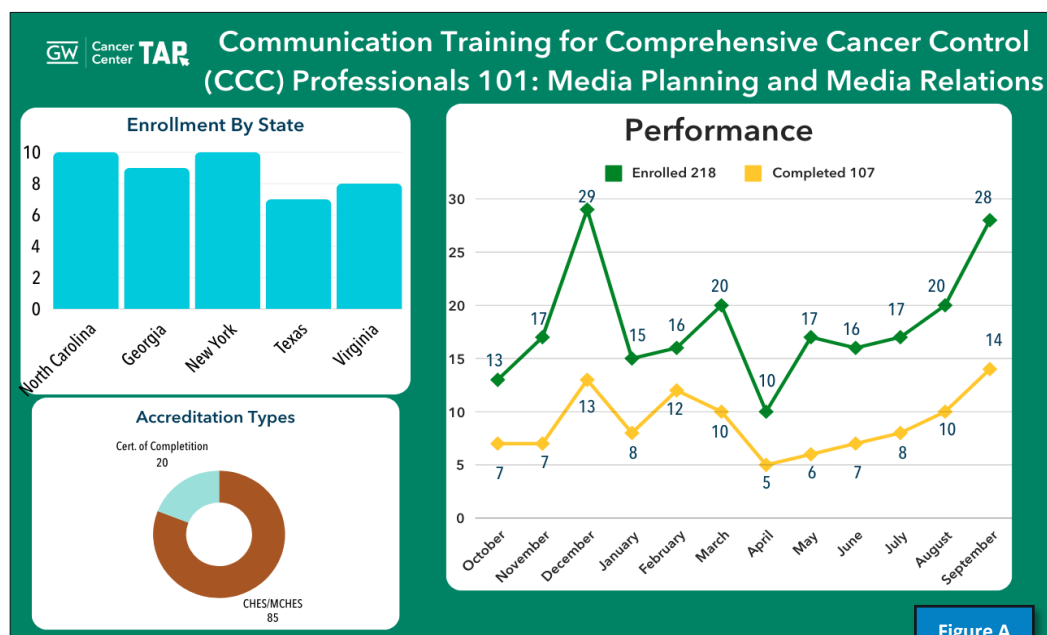


Figure A

Communication Training for Comprehensive Cancer Control (CCC) Professionals 102: Making Communication Campaigns Evidence-Based (Comm102):

Launched September 2016, this course provides advanced training on evidence-based communication campaigns, including message development, audience segmentation, and campaign evaluation. CEs for Certified Health Education Specialists (CHES®) and Master Certified Health Education Specialists (MCHES®) is offered. Figure B shows the total number of enrollments and completions, and enrollments by state.

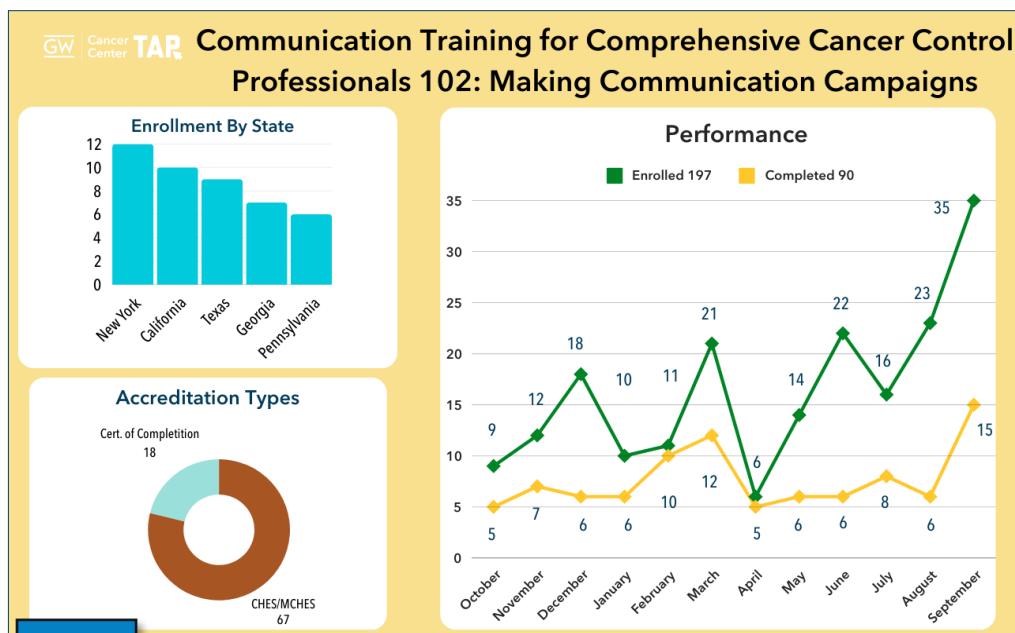
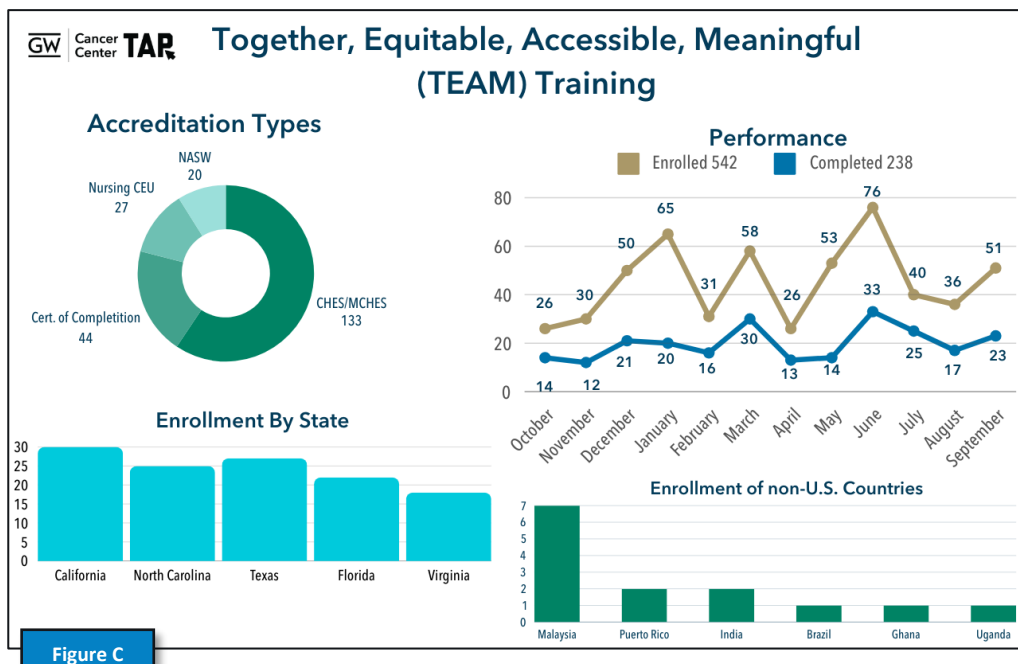


Figure B

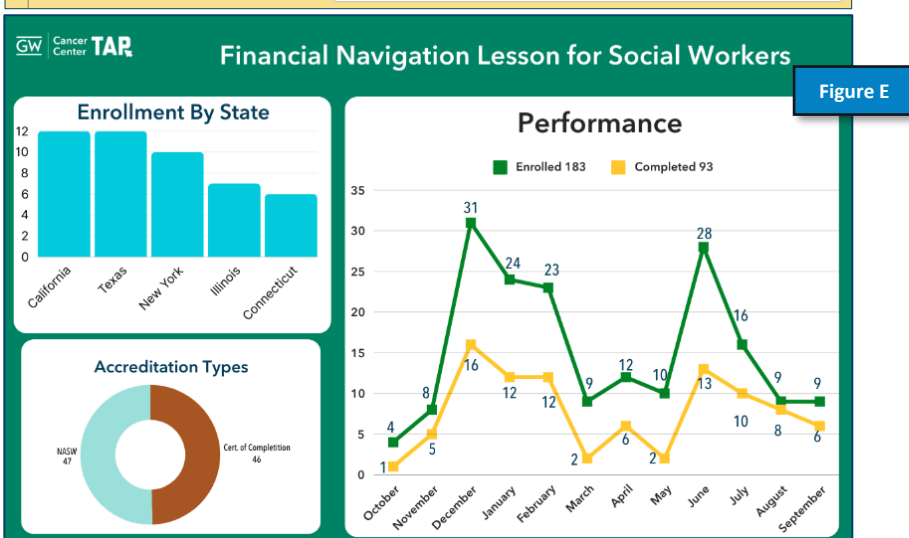
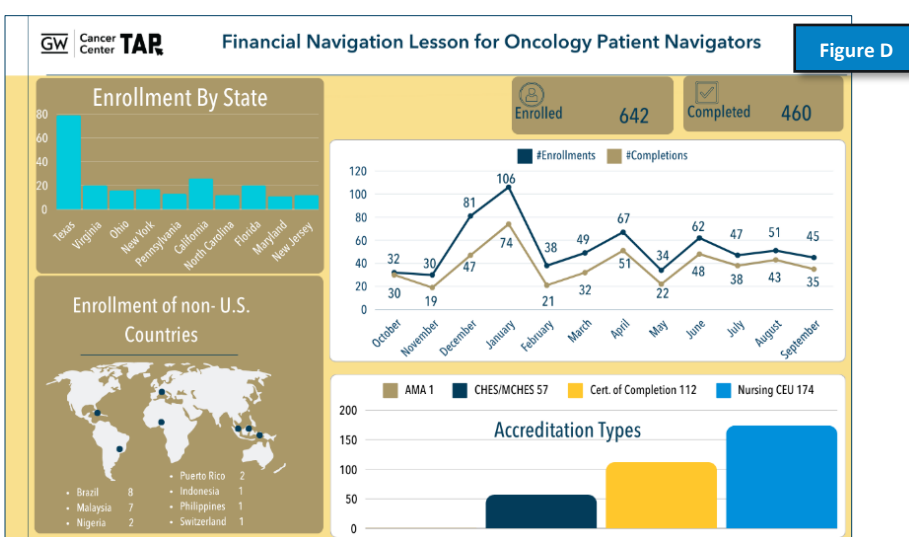
Together, Equitable, Accessible, Meaningful (TEAM) Training:

Developed in 2017, with a public release in December 2018. This course focuses on improving health equity and patient-centered care through better communication and cultural sensitivity. CE credits for physicians, nurses, social workers, and CHES®/MCHES® are offered for this training. Figure C shows the total number of enrollments, completions, CEs awarded by accreditation type and enrollments by state and country.

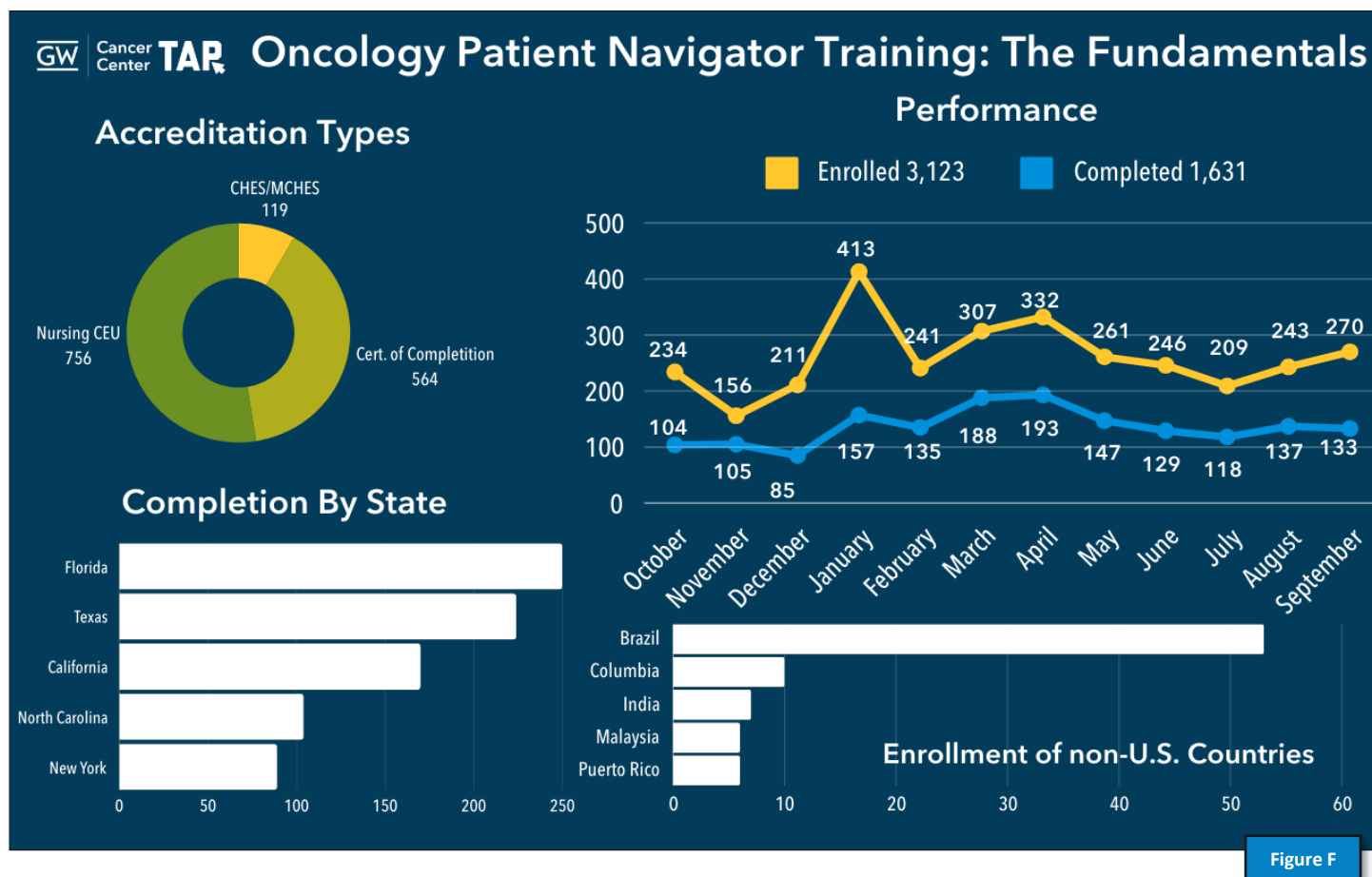


Financial Navigation Lesson for Oncology Patient Navigators and Financial Navigation Lesson for Social Workers:

Launched October 2022; both courses focus on addressing financial toxicity and supporting patients through financial navigation resources. Below are the total number of enrollments, completions and types of CEs awarded. The analysis also shows enrollments by location for oncology patient navigators (Figure D) and social workers (Figure E), respectively.



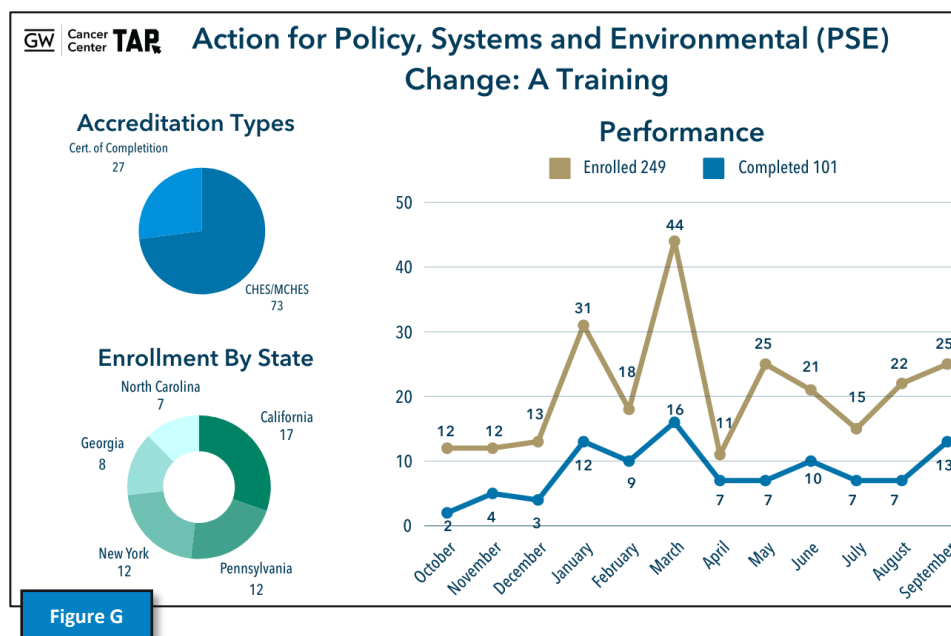
Oncology Patient Navigator Training: The Fundamentals: Figure F shows the total number of enrollments, completions CE credits awarded by type, enrollments by country and completions by state.



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

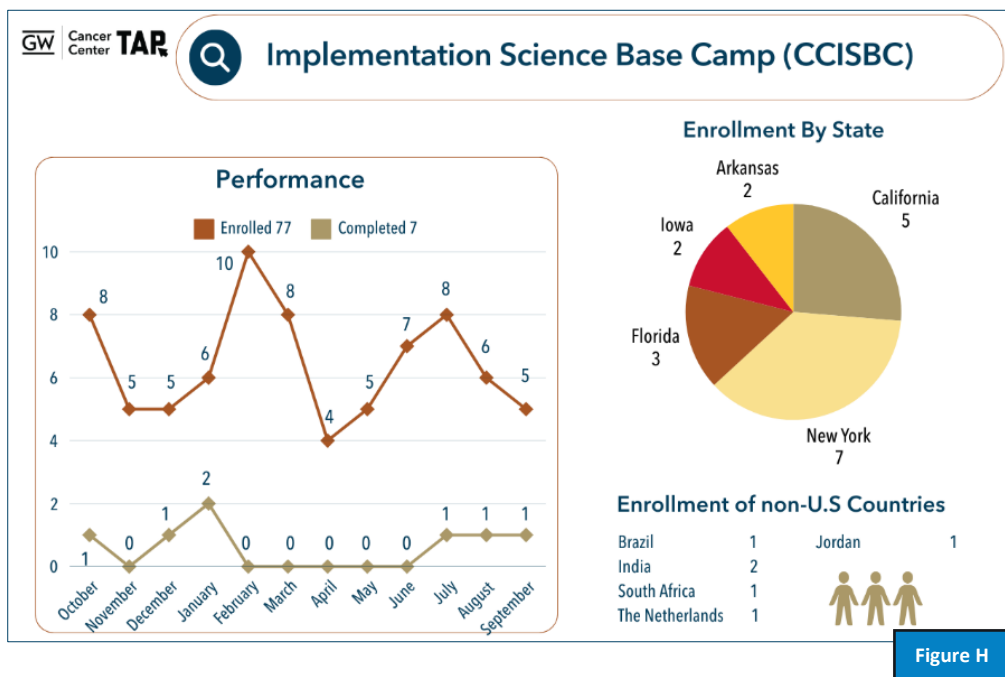
Launched September 2017, this training explores evidence-based PSE change processes with real-world case studies and stepwise tools for CCC programs. CE credit for CHES®/MCHES® is offered for this training.

All modules exceeded a 25% in learners' confidence of learning objectives. Refer to [Appendix C](#) for pre- and post-training means and percent changes. Figure G shows the total number of enrollments, completions, credits issued by type and enrollments by state.



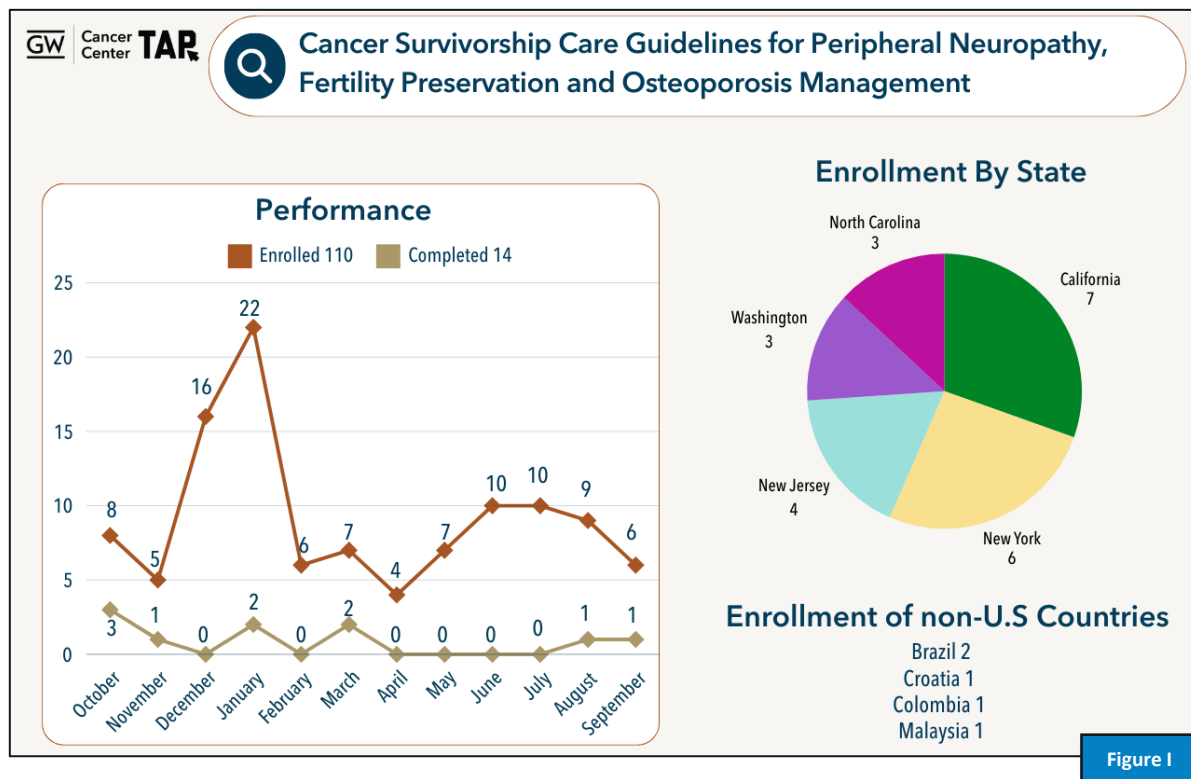
Cancer Control Implementation Science Base Camp (CCISBC):

Launched February 2022, this training focuses on guiding efforts to utilize implementation science to advance practitioner's respective cancer control plans. Figure H shows the total number of enrollments, completions, and enrollments by state and country.

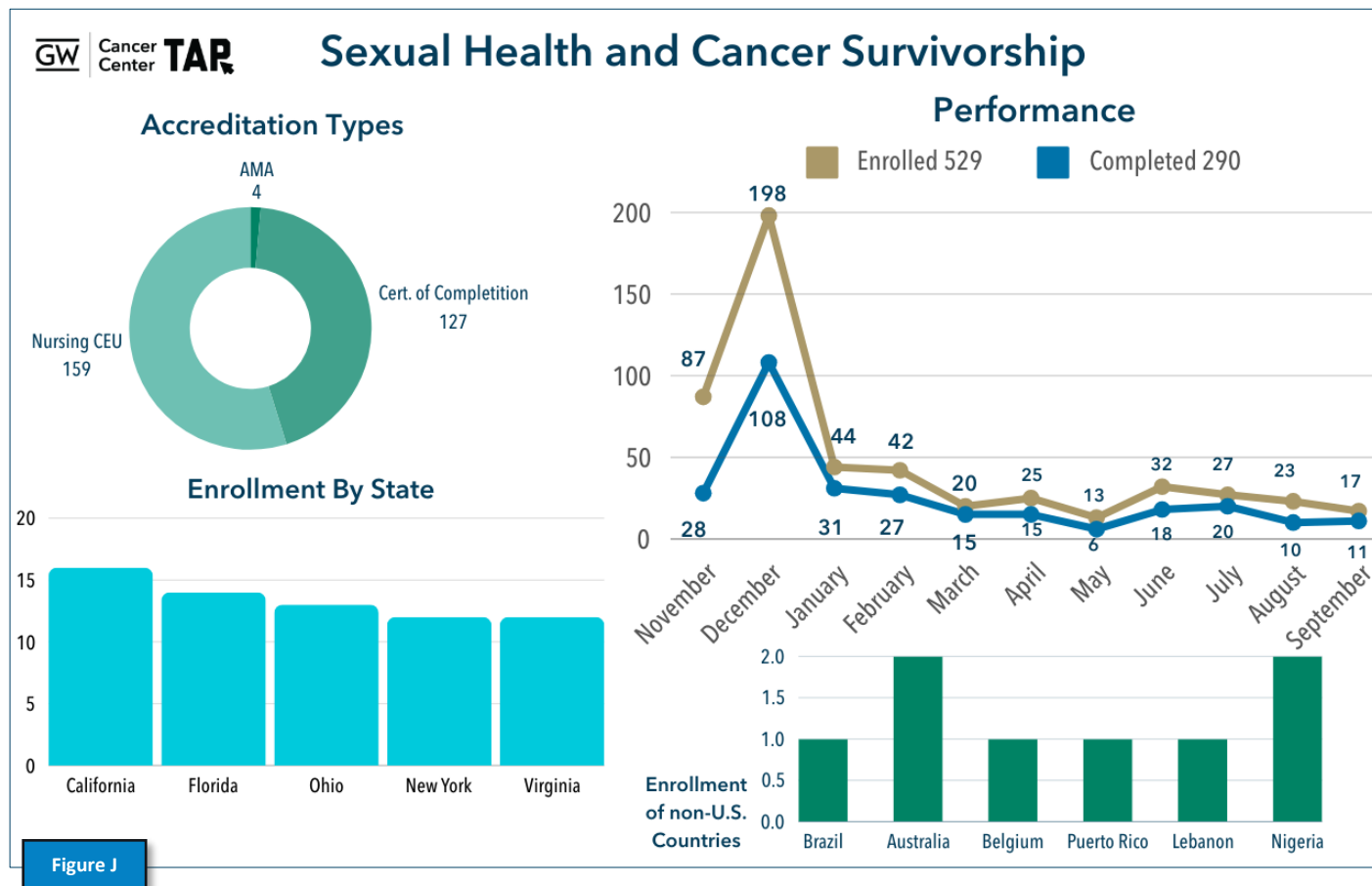


Cancer Survivorship Care Guidelines for Peripheral Neuropathy, Fertility Preservation and Osteoporosis Management:

Released November 2022; then relaunched May 2023 as an independent module based on ASCO guidelines for managing chemotherapy-induced neuropathy, fertility preservation, and osteoporosis management in adult survivors with nonmetastatic disease. CE for physicians and CHES®/ MCHES® is offered upon completion of these lessons. Figure I shows the total number of enrollments, completions, and enrollments by state and country.



Sexual Health and Cancer Survivorship: In November of 2023, GW launched its latest online training called “Sexual Health and Cancer Survivorship.” CE credits for physicians and nurses are offered for this training. Figure J shows the total number of enrollments, completions, credits awarded by accreditation type, and enrollment by state and country.



Cancer Survivorship Series: Launched in April 2013 by the National Cancer Survivorship Resource Center, focuses on supporting shared care across clinicians addressing survivors’ physical, psychological, and practical needs post-treatment. CE for physicians, nurses and CHES®/ MCHES® is offered.

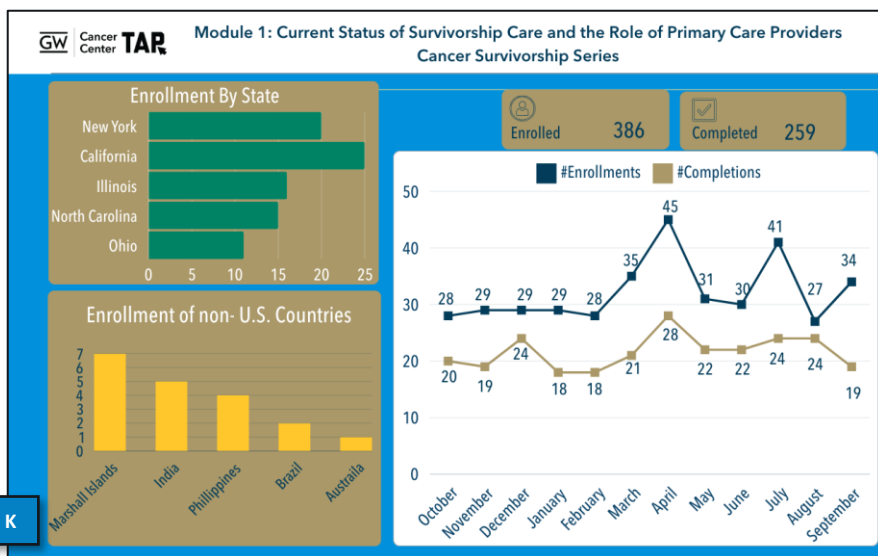
In year 01 of this award, more than 80 learners enrolled in at least one module of the training series. All modules showed statistically significant improvements in learning. All seven modules showed an improvement of more than 25% in learners’ confidence in learning objectives between pre- and post-training modules. Refer to [Appendix D](#) for evaluation results of the Cancer Survivorship Series, including pre- and post-training means and percent changes by module.

The following figures (K-Q) show the number of total enrollments and completions, as well as the enrollment by state and country for the survivorship series.

Module 1 (Figure K)

The Current State of Survivorship Care and the Role of Primary Care Providers

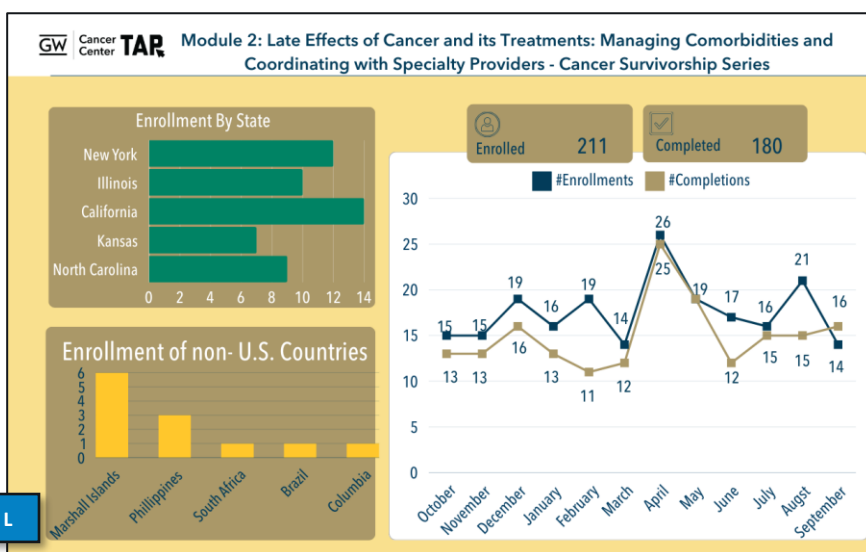
Figure K



Module 2 (Figure L)

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

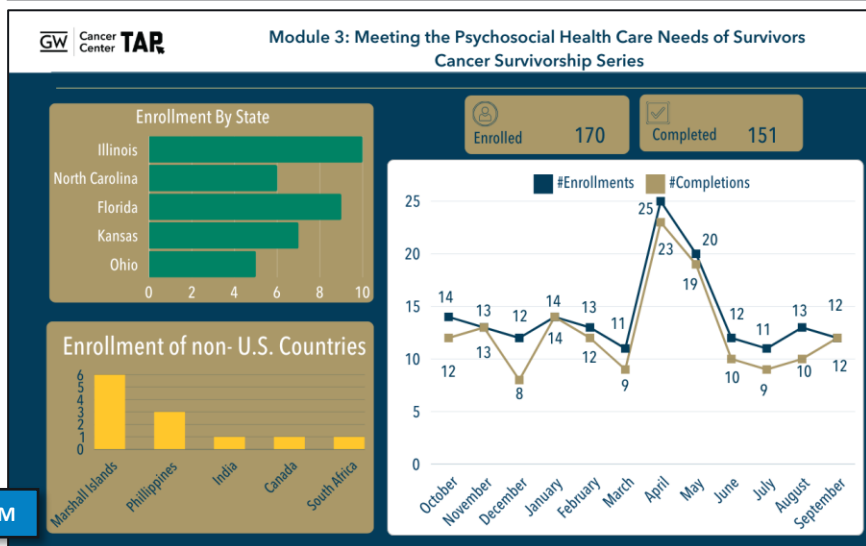
Figure L

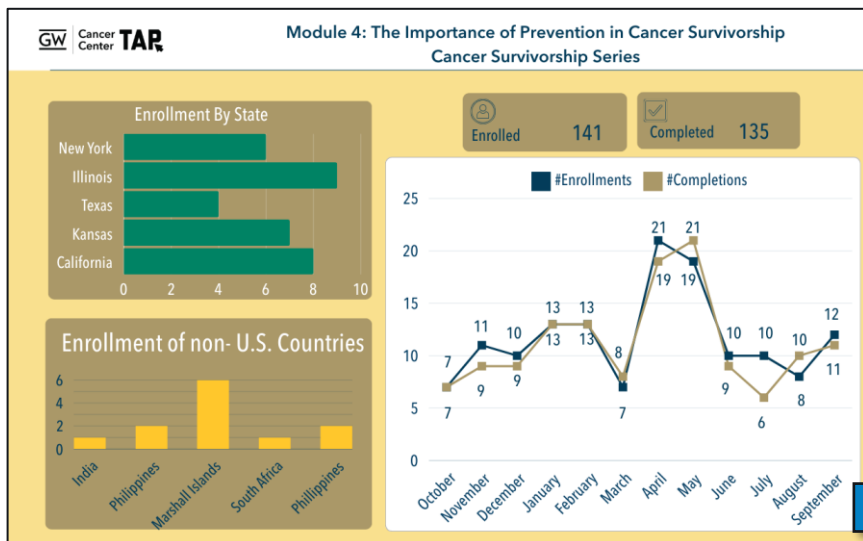


Module 3 (Figure M)

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

Figure M

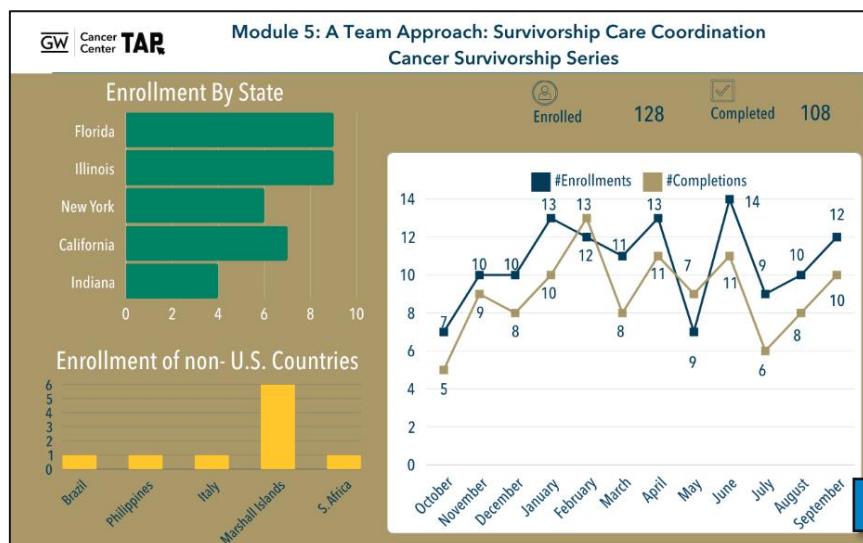




Module 4 (Figure N)

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

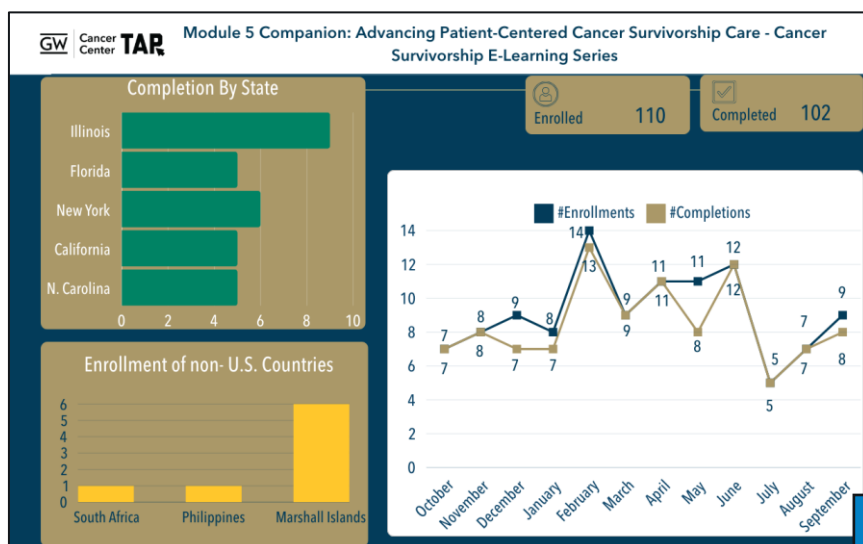
Figure N



Module 5 (Figure O)

A Team Approach: Survivorship Care Coordination

Figure O

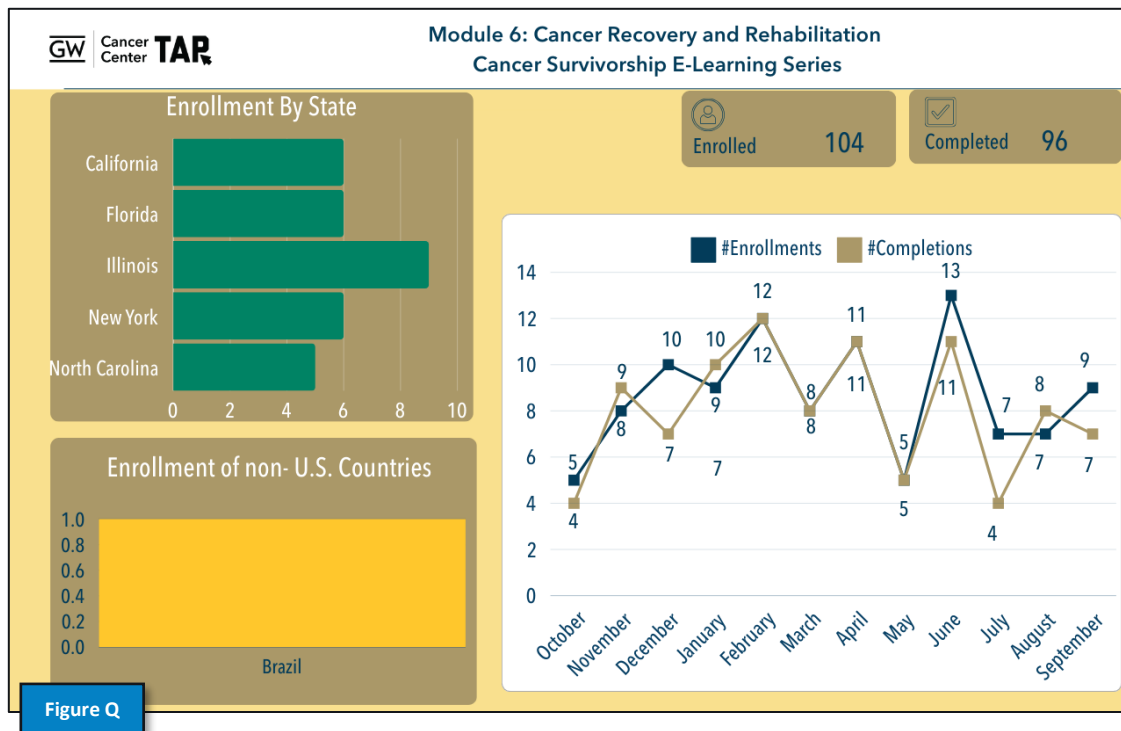


Module 5.2 Companion (Figure P)

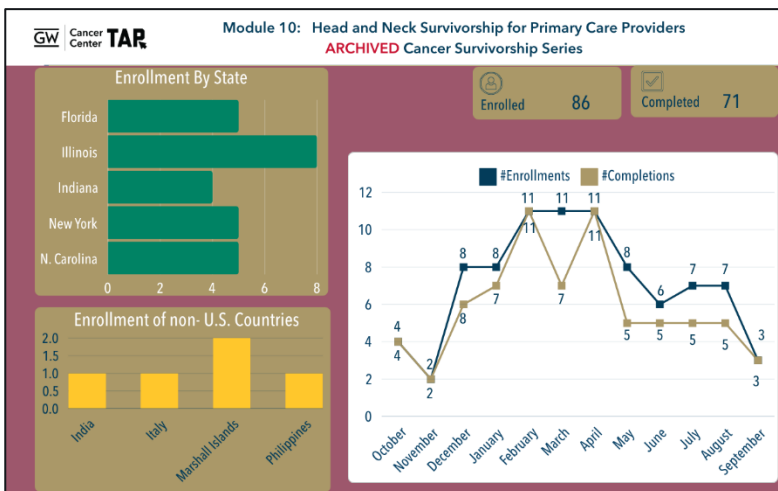
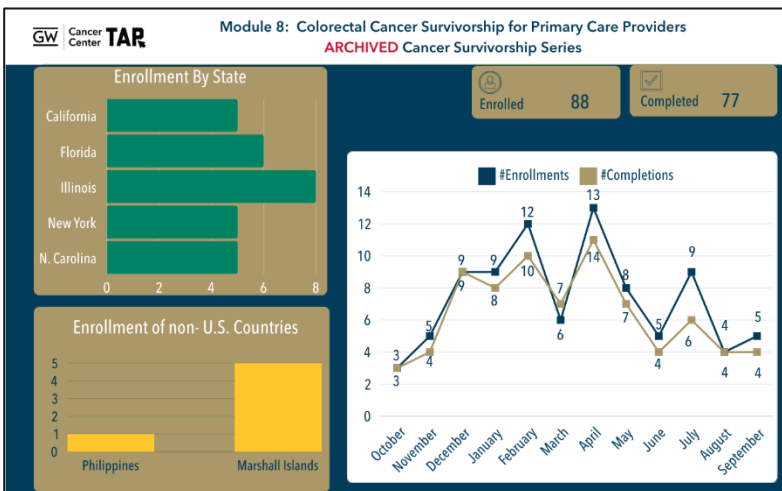
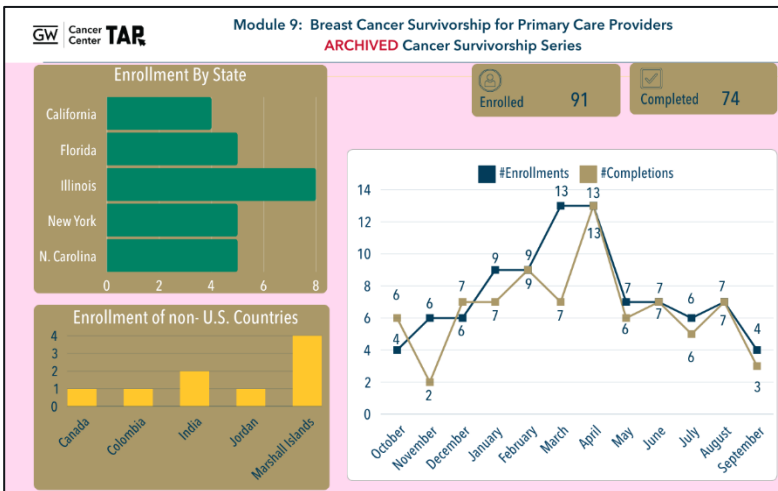
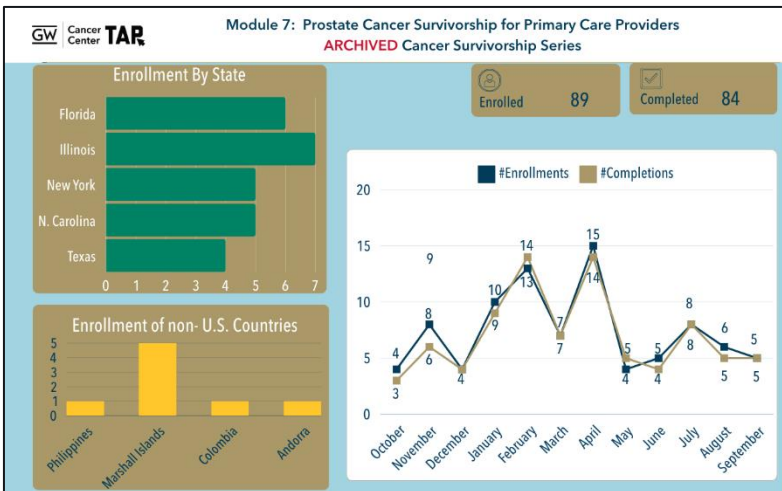
Advancing Patient-Centered Cancer Survivorship Care

Figure P

Module 6 (Figure Q)
Cancer Recovery
and Rehabilitation



The following graphics show statistics for four older, archived courses which are still available on the GW Cancer Center Online Academy, while no continuing education credits are offered. Although they have been archived, these trainings contain relevant and applicable information.



Objective 4 – Monitor and evaluate TTA efforts and disseminate findings

“Monitor and evaluate TTA efforts and disseminate findings.”

Incorporating Evaluation Results in Improvement Efforts

The GW TAP team is incorporating annual evaluation results to make subsequent improvements and enhance the effectiveness and accessibility of our TTA offerings. To promote collaboration among TTA providers, we are hosting joint TTAAC sessions with ACS, co-promoting initiatives such as CoPs, and working with other TA providers to promote resources. We are also working on providing clearer guidance on TTA services by integrating a Cancer Basics section into our new website to provide accessible support information. To better meet the needs of coalitions, we offered focused assistance through CoP breakout sessions based on CDC topics, and in the future, we will offer materials on how to navigate PSE initiatives across diverse geopolitical contexts. We are taking proactive steps to integrate suggestions into our future CoP offerings.

Year 02’s CoP will address cancer control in rural areas. Plans include incorporating more case studies and real-life examples to enrich learning, and expanding access to practical resources and tools. To enhance peer-to-peer engagement, we will facilitate more structured opportunities for direct experience sharing among participants. These efforts are designed to build on the CoP’s success while ensuring it continues to meet the changing needs and expectations of its participants.

In response to the request for more peer-to-peer sharing, we included a map on the new GW TAP site of each coalition and their social media channels to assist them to more quickly connect. New GW social media platforms on Facebook, Instagram and LinkedIn have been launched to share resources and highlight programmatic work. Customization of training and resources is a priority; we have developed new materials such as downloadable GW Online Academy slides and shortened online training sessions. Additionally, we are updating CE accreditation processes to meet current needs.

In terms of Online Academy evaluation data, we are currently reaching out to those who have enrolled but not completed our trainings to identify reasons for non-completion and preferred methods of TTA. For example, while our Implementation Science Community of Practice yielded favorable results in our last project period, the limited number of enrolled learners indicate that a self-demand online learning opportunity may not be the right fit for our audience. We will use these data to prioritize what content to update, sunset, and reformat.

Challenges and Opportunities for Improvement

New Staff

Before the start of this cooperative agreement and into the early stages of the award period, the GW TTA team experienced significant staff changes. The former Associate Director, Sarah Kerch, left her role in July 2023, followed by Joseph Astorino's departure on September 29, 2023. By November 2023, Dao Duong and Ruta Rangel had also left the team. To address these departures, several new members were brought on board: Kelly Angell began as the new Associate Director on September 1, 2023, replacing Sarah Kerch; Elisbeth Gallardo started as Administrative Assistant in October 2023; and Diana Aguilera-Jandres joined as Evaluation Associate on January 2, 2024. The Program Manager position faced an extended vacancy due to a selected candidate declining the offer after months of searching, but Ari Smith was ultimately hired and started on February 6, 2024. Over the span of five months, four of the five team members were new to their roles. Despite these challenges, the team has emerged stronger, with complementary skill sets and a shared commitment to creating meaningful impact.

Appendix A: Selected TTA Products

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

TITLE	DESCRIPTION
Cancer Awareness Toolkits	
<u>Updated Breast Cancer Awareness Toolkit</u>	The co-branded toolkit is evidence-based, subject-matter reviewed, and CDC approved. It provides best practices when communicating about breast cancer detection and screening with easy-to-use downloadable files with pre-loaded messaging and images.
<u>Cancer Prevention Month & World Cancer Day Awareness Toolkit</u>	The GW Cancer Center offers resources and materials to help communicate modifiable health behaviors that can help people reduce their risk of getting certain cancers. The National Cancer Prevention Month & World Cancer Day Social Media Toolkit provides ready-to-use graphics and messages.
<u>HPV Awareness Toolkit</u>	This cancer awareness toolkit can help cancer control organizations implement evidence-based practices when communicating about HPV prevention. The toolkit contains easy-to-use downloadable files with pre-loaded messaging and images.
<u>Palliative Care Awareness Toolkit</u>	This cancer awareness toolkit discusses Palliative Care, sometimes called supportive or comfort care, and includes messages intended to resonate with diverse audiences.
<u>National Minority Health Awareness Month Toolkit</u>	This toolkit is designed to help cancer control organizations implement evidence-based practices when communicating about National Minority Health Month, Minority Cancer Awareness Week and cancer prevention among marginalized communities. The toolkit contains easy-to-use downloadable files with pre-loaded messaging and images.

TITLE	DESCRIPTION
New GW Cancer Center TAP Website	The George Washington (GW) University Cancer Center Technical Assistance Program (TAP) has a new website to serve comprehensive cancer control professionals, coalitions and their partners. The new site launched September 25, 2024 and features an enhanced search function to search over 50 trusted websites for cancer control tools and resources.
Comp Cancer Basics	This page is the interactive map on the TAP website that directs users to every state, tribe and territory coalition’s page and social media channel.
Diversity, Equity, Inclusion, and Justice Implementation Toolkit	This toolkit is based on a training series in which the GW Cancer Center, The Medstar Health Research Institute, and Howard University Cancer Center collaborated in assembling three task forces comprised of clinicians, community health workers, clinical research coordinators, nurse managers, and physicians from multiple cancer care institutions located in Washington, DC to support their DEI efforts. This work was supported by a separate cooperative agreement from CDC (#U01DP006639).
Online Academy Training Courses	
Sexual Health and Cancer Survivorship	This training describes how different cancer treatments can affect sexual health and identifies tools for sexual health evaluation in cancer patients. This course also describes strategies to mitigate cancer treatment-related sexual health issues.

Appendix B: 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

The following analysis was conducted using SPSS to evaluate users' confidence in the trainings. First, variables were computed to calculate the mean of all pre- and post-training values. Paired-samples t-tests were performed for each module to assess statistical significance by comparing pre- and post-training scores. The analysis included reporting the mean scores, standard deviations, the total number of learners, and the t-test results for each module. Additionally, the percentage change of the mean was calculated to quantify the extent of improvement in scores.

Table 4: Participants reported confidence in learning objectives before and after training

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*					
2. Medical Terminology (n=2,141)	3.88 (0.85)	4.45 (0.68)	14.69%	-35.09	<0.001
3. Cancer Basics (n=2,023)	3.75 (0.78)	4.43 (0.58)	18.13%	-41.66	<0.001
4. Clinical Trials (n=1,946)	3.22 (0.94)	4.31 (0.61)	38.85%	-52.39	<0.001
5. Impact of Cancer (n=1,910)	3.76 (0.85)	4.43 (0.60)	17.82%	-30.21	<0.001
6. U.S. Health Care System (n=1,897)	3.50 (0.83)	4.42 (0.59)	26.29%	-49.91	<0.001
7. Health Care Payment and Financing (n=1,867)	3.41(0.91)	4.31 (0.61)	26.39%	-35.22	<0.001
8. The Role of the Patient Navigator (n=1,847)	3.69 (0.79)	4.32 (0.61)	17.07%	-30.62	<0.001
9. Patient Assessment (n=1,827)	3.72 (0.73)	4.29 (0.56)	15.32%	-35.64	<0.001
10. Shared Decision-Making (n=1,789)	3.66 (0.74)	4.36 (0.59)	19.13%	-42.41	<0.001
11. Identifying Resources (n=1,729)	3.67 (0.79)	4.36 (0.57)	18.80%	-38.44	<0.001
12. Communicating with Patients (n=1,759)	3.74 (0.73)	4.36 (0.58)	16.58%	-38.25	<0.001
13. Patient Advocacy (n=1,748)	3.66 (0.74)	4.38 (0.56)	19.67%	-42.38	<0.001
14. Culturally Competent Communication (n=1,467)	3.59 (0.77)	4.33 (0.56)	20.61%	-39.33	<0.001
15. Scope of Practice (n=1,691)	3.80 (0.75)	4.37 (0.56)	15.00%	-34.17	<0.001
16. Ethics and Patient Rights (n=1,696)	3.68 (0.75)	4.33 (0.55)	17.66%	-38.24	<0.001
17. Practicing Efficiently and Effectively (n=1,643)	3.77 (0.71)	4.37 (0.55)	15.92%	-35.53	<0.001
18. Health Care Team Collaboration (n=1,638)	3.84 (0.72)	4.40 (0.55)	14.58%	-33.64	<0.001
19. Program Evaluation and Quality Improvement (n=1,633)	3.65 (0.75)	4.35 (0.56)	19.18%	-38.84	<0.001
20. Personal and Professional Development (n=1,639)	3.75 (0.72)	4.38 (0.55)	16.80%	-37.46	<0.001

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

* The data file for Lesson 1 was corrupted and could not be accessed for this reporting period.

Appendix C: 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: Participant reported confidence in learning objectives before and after training

Module Title (total number of learners)	Pre-Test Mean (SD)	Post-Test Mean (SD)	Percent Change	T-Statistic	P-Value*
1. Engage (<i>n</i> =126)	3.37 (0.89)	4.20 (0.59)	24.63%	-12.13	<0.001
2. Scan (<i>n</i> =111)	3.13 (0.91)	4.15 (0.58)	32.59%	-12.88	<0.001
3. Assess (<i>n</i> =111)	3.35 (0.87)	4.20 (0.60)	25.37%	-10.73	<0.001
4. Review (<i>n</i> =107)	3.02 (1.06)	4.12 (0.60)	36.42%	-11.74	<0.001
5. Promote (<i>n</i> =106)	3.11 (0.96)	4.20 (0.55)	35.05%	-11.87	<0.001
6. Implement (<i>n</i> =105)	3.25 (0.89)	4.10 (0.60)	26.15%	-10.11	<0.001
7. Evaluate (<i>n</i> =105)	3.22 (0.95)	4.19 (0.60)	30.12%	-11.90	<0.001

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

Appendix D: 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: Participants reported confidence in learning objectives before and after training

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=261)	3.04 (0.96)	4.13 (0.67)	35.86%	-18.78	<0.001
Module 2: Late Effects of Cancer Care & its Treatments: Managing Comorbidities & Coordinating with Specialty Providers (n=178)	3.01 (0.91)	4.12 (0.56)	36.87%	-17.48	<0.001
Module 3: Late Effects of Cancer & its Treatments: Meeting the Psychosocial Health Care Needs of Survivors (n=150)	3.00 (0.93)	4.13 (0.53)	37.67%	-15.00	<0.001
Module 4: The Importance of Prevention in Cancer Survivorship: Empowering Survivors to Live Well (n=134)	3.27 (0.85)	4.22 (0.56)	29.05%	-12.93	<0.001
Module 5: A Team Approach: Survivorship Care Coordination (n=107)	3.30 (0.83)	4.21 (0.56)	27.58%	-11.19	<0.001
Module 5 Companion: Advancing Patient-Centered Cancer Survivorship Care (n=101)	3.29 (0.94)	4.14 (0.57)	25.84%	-9.19	<0.001
Module 6: Cancer Recovery & Rehabilitation (n=93)	3.30 (0.86)	4.15 (0.64)	25.76%	-9.12	<0.001

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