American Cancer Society

American Cancer Society
Comprehensive Cancer Control Initiative

Evaluation Report

FY01 | December, 2024

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Our Team

The American Cancer Society (ACS) Comprehensive Cancer Control Initiative team brings more than 113 years (min 9, max 25) of collective experience in comprehensive cancer control, coalition and community engagement, training and technical assistance, and evaluation. Moreover, our partners within ACS and across the nation magnify our team's work through their collaborative support of programs and coalitions. In FY01, such partners included the Comprehensive Cancer Control National Partnership (CCCNP), George Washington Cancer Center (GWCC), the ACS National Lung Cancer Roundtable (NLCRT), ACS National Colorectal Cancer Roundtable (NCCRT), and the ACS National HPV Vaccination Roundtable (HPVRT).

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Acknowledgements

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American Cancer Society Comprehensive Cancer Control Initiative

Executive Summary

The American Cancer Society's Comprehensive Cancer Control Initiative (ACS CCC) has been funded since 2001 to improve capacity for CDC's National Comprehensive Cancer Control Program (NCCCP) recipients and their coalitions through training and technical assistance (TTA). The ACS CCC TTA includes both content-driven TTA, provided through webinars and resources for information sharing, and relationship-based TTA, provided through communities of practices and learning communities that engage groups to promote the use of evidence-based interventions.[1] This report details results for FY01 (September 30, 2023 to September 29, 2024) as the first of a 5-year cooperative agreement.

FY01 At-A-Glance

Direct Lives Touched

5 webinars with **820 attendees**

2 Communities of Practices with **51 attendees**

Lives Touched Through Content

7,965 new users on acs4ccc.org

5 micro-learnings created (e.g. video, online learning modules) with **219 views**

Partners Engaged

35 NCCCP recipients attended a community of practice activity

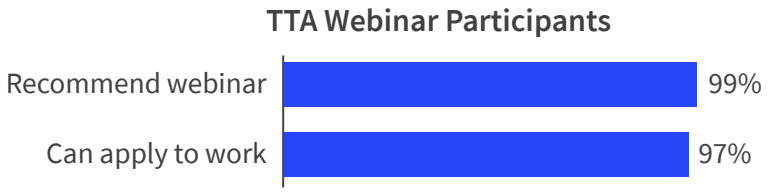
FY01 TTA Results

The ACS CCC team reached **65** of the 66 recipients in FY01 through webinars and communities of practices. In total, **871 people** participated in ACS CCC webinars and communities of practices (**614** unique attendees).

Webinars

820

participants in webinars

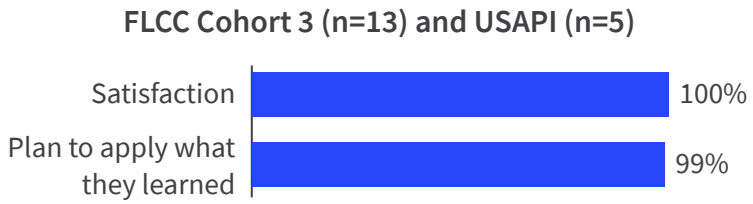


Five (5) webinars in partnership with ACS national roundtables were well attended and highly rated. These included a *Lung Cancer Screening: Understanding Guideline Updates as a CCC Coalition*, an *ACS NCCRT Blue Star Conversation*, and three *Accessing Cancer Care Across the Continuum* with topics on Advancing HPV Vaccination Equity, Overcoming Stigma as a Barrier to Equitable Lung Cancer Care, and Promoting Non-Invasive CRC Screening.

[1] Le LT, Anthony BJ, Bronheim SM, Holland CM, Perry DF. A Technical Assistance Model for Guiding Service and Systems Change. J Behav Health Serv Res. 2016 Jul;43(3):380-95. doi: 10.1007/s11414-014-9439-2. PMID: 25239308.

Communities of Practice

51
participants from
35
NCCCP recipients



51 participants from 35 NCCCP recipients participated in Facilitated Leadership for Cancer Coalitions Communities of Practices (FLCC): 17 attendees at FLCC Cohort 3, 14 attendees at US-Affiliated Pacific Islands (USAPI) FLCC, and 20 attendees at the FLCC Refresher Session.

Both FLCC Cohort 3 and the USAPI FLCC were asked about their satisfaction and if they plan to apply what they learned. Additionally, FLCC Cohort 3 was surveyed on what they applied, with 9 of the 17 participants responding.

FLCC Cohort 3 (n=9) **100%** **applied what they learned**

Resources

Newsletters

7 **newsletters**

60% **average open rate**

The ACS Cancer Coalition Circular is sent out to over 300 subscribers interested in comprehensive cancer control.

Website

The ACS CCC's website, acs4ccc.org, compiles relevant ACS information from across the enterprise on a website targeting leaders of and partners within cancer control coalitions.

7,965 **new users**

44,727 **page views**

Micro-Learnings

The team created five micro-learnings related to facilitated leadership. These included:

1 **video on creating an effective agenda.**

4 **online modules on Team Building, Coalition Meeting Challenges, Influencing People, and Managing Disagreement and Conflict.**

The *Creating an Effective Meeting Agenda* video was launched in March 2024 and had 219 views in six months. The four micro-learning modules were completed in September 2024 at the end of this fiscal year and will be launched throughout the Fall of FY02.

Acknowledgement

We acknowledge the Centers for Disease Control and Prevention, for its support of the American Cancer Society staff in the development and dissemination of this evaluation report under cooperative agreement NU58DP007540 awarded to the American Cancer Society. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

For more information about the ACS CCC contact Katie Bathje, Strategic Director, Comprehensive Cancer Control Initiatives, Katie.Bathje@cancer.org and the ACS CCC website at acs4ccc.org.

Introduction

Cancer is a major public health problem worldwide and is the second most common cause of death in the United States (US), exceeded only by heart disease.[2] Early detection and prevention strategies can help to mitigate the burden of disease, unequal access to care, and high cost of treatment for later stage cancers. Progress requires multi-sector collaboration to advance the shared goals of improving cancer control outcomes. The American Cancer Society's Comprehensive Cancer Control Initiative (ACS CCC) has been funded since 2001 to improve the capacity of CDC's National Comprehensive Cancer Control Program (NCCCP) recipients and their coalitions to address cancer control issues through training and technical assistance.

This report details the ACS CCC activities, including funded activities implemented by the ACS NCCRT, and progress towards outcomes occurring in the first year of a five-year cooperative agreement with CDC (September 30, 2023 - September 29, 2024). While the primary audience of this work is NCCCP recipients, the outcomes measured in the evaluation plan relate to NCCCP recipients and cancer coalitions as cancer coalitions work closely with recipients. When available, this report specifies NCCCP recipient roles (such as CCC Director and CCC Program Coordinator/ Manager). Program evaluation findings will be used to improve ACS CCC initiative planning and activities through continuous quality improvement.

Program Overview

The ACS CCC provides training and technical assistance (TTA) through CDC's DP23-0017 cooperative agreement to "strengthen the capacity of NCCCP recipients and cancer coalitions to make progress towards the priorities listed in CDC-RFA-DP22-2202" (per DP23-0017 NOFO). CDC's NCCCP includes 66 recipients: all 50 states, the District of Columbia, 7 tribes and tribal organizations, and 8 territories and freely associated states. The team's TTA includes both content-driven TTA, provided through webinars and resources for information sharing, and relationship-based TTA, provided through communities of practices and learning communities that engage groups to promote the use of evidence-based interventions.[3]

The ACS CCC utilizes four core strategies[4] as outlined in DP23-0017 to support NCCCP recipients and strengthen coalition capacity. The team utilized the ADDIE (analysis, design, development, implementation, and evaluation) Instructional Design (ID) method as a framework in designing and developing TTA opportunities. This seminal model is the framework recommended by the CDC for use in developing public health trainings that improve the learner's competence, capacity, and performance. To ensure consistency, quality, and effectiveness across learning opportunities, ACS TTA followed the CDC's Quality Training Standards[5] as they: 1) are informed by needs assessments; 2) include learning objectives; 3) include accurate and relevant content; 4) offer opportunities for learner engagement; 5) are designed for usability and accessibility; 6) include evaluation for program improvement; 7) offer opportunity for learner assessment, and 8) include follow-up support for the learner.

Appendix 1 contains ACS CCC's logic model.

[2] Cancer Facts & Figures 2024

[3] Le LT, Anthony BJ, Bronheim SM, Holland CM, Perry DF. A Technical Assistance Model for Guiding Service and Systems Change. J Behav Health Serv Res. 2016 Jul;43(3):380-95. doi: 10.1007/s11414-014-9439-2. PMID: 25239308.

[4] 1) Develop a TTA plan using information gathered through a variety of source; 2) Convene, support, and sustain the partnerships and partnership networks necessary to support implementation of TTA activities; 3) Use a variety of training delivery methods to deliver TTA, including the establishment of Communities of Practice to facilitate information sharing across NCCCP recipients; and 4) monitor and evaluate TTA efforts and disseminate finding.

[5] Centers for Disease Control and Prevention. (2024, August 22). *Quality training standards*. Centers for Disease Control and Prevention. https://www.cdc.gov/training-development/php/qts/index.html#cdc_generic_section_2-quality-training-standards

NCCCP Overview

Since 1998, the Centers for Disease Control and Prevention (CDC) has funded NCCCP recipients to develop and implement strategic cancer prevention and control plans. These plans uniquely address the burden of cancer in their respective communities, using the latest data to guide their efforts and relevant research on evidenced-based interventions.

Currently, the 66 recipients include:

- 50 states and the District of Columbia
- 8 US territories and freely associated states
- 7 American Indian/Alaska Native tribes and tribal organizations

Coalitions work with stakeholders across many sectors to implement the activities in the cancer control plan. Stakeholders can include representatives from public health programs, colleges/universities, hospitals, faith-based organizations, medical professional associations, local businesses, policy makers, legislators, or governmental agencies (local, state, national).

NCCCP recipients receive targeted guidance and technical assistance to support work towards these six core priorities:

- Primary prevention
- Cancer screening
- Survivorship
- Disseminating evidence-based strategies to partners
- Promoting access to quality health care
- Evaluating policies and program to make sure they work

For more details visit: www.cdc.gov/comprehensive-cancer-control/about.

Methods

A comprehensive program evaluation was designed to monitor program process and activities and assess the results over time to address program accountability and advance program improvement. Building on established training evaluation models, the evaluation combines a focus on utilization and Kirkpatrick's New World model to establish relevant constructs and methods.

In FY01, the evaluation focused on monitoring program processes and relevant short-term outcomes related to the first two levels of the Kirkpatrick Model: Reaction (Satisfaction, Relevance), and Learning (Knowledge/Skills, Intention to apply, and Capacity.)

The evaluator employed a mixed methods approach to data collection and analysis, including the following:

- **Surveys:** Training and technical assistance participants completed surveys for each event to assess knowledge, capacity, and satisfaction. ACS performed all survey data analysis with Stata 15.0 for Likert scale and categorical items; and used Microsoft Excel or MaxQDA for content analysis techniques when coding open-ended responses.
- **Document Review:** ACS completed a review of program documentation, including the FY01 workplan, annual performance report (APR), and monthly progress reports.

Program progress and outcomes are reported based on DP23-0017 strategies and required outcomes.

Strategies

- Develop a TTA plan using information gathered through a variety of sources
- Convene, support, and sustain the partnerships and partnership networks necessary to support implementation of TTA activities
- Use a variety of training delivery methods to deliver TTA, including the establishment of communities of practice to facilitate information sharing across NCCCP recipients
- Monitor and evaluate TTA efforts and disseminate findings

Outcomes

- Increased reach of TTA activities to NCCCP recipients
- Increased knowledge, awareness, and attitudes regarding EBIs and resources that aid implementation
- Increased adoption of strategies and evidence-based interventions to improve and sustain efforts of NCCCP recipients

A detailed list of program evaluation questions is included in Appendix 2.

Results

Performance Measures

Performance measures are useful to monitor activities and identify opportunities for improvement, as well as show high-level activities and accomplishments. CDC outlined three performance measures to inform implementation and evaluation of efforts through the DP23-0017 cooperative agreement.

Performance Measures	Target	FY01 Actual	FY02 Target	Notes
Number, mode, and type of training and technical assistance provided for DP22-2202 recipients	11	9	16	Modes: 1 video, 5 webinars, 2 communities of practices, 1 refresher session. Types: 3 Facilitative leadership, 1 coalition health, 1 lung cancer screening, 1 tailoring colorectal cancer screening messaging, 3 accessing cancer care across the continuum. While 4 micro-learnings were developed, they were not distributed to the NCCCP recipients in FY01.
Number of DP22-2202 recipient staff/coalition members participating in training per recipient	66*	434	630	This number indicates total participants and includes participants that attended more than one event; 288 unique NCCCP recipient staff/coalition members participated in training in FY01.
Number and type of strategies and evidence-based interventions adopted as a result of TTA efforts	5	10	7	10 strategies from Facilitated Leadership for Cancer Coalitions communities of practice were used by participants in the three months following FY01's cohort.

Note: Performance measure language pulled from CDC-RFA-DP-23-0017
*Initial target was to reach all NCCCP recipients

[7] Strategies include: Design effective and participatory meetings and engagements where objectives are met and "work gets done"; Use facilitative tools to build connection, gather and analyze information, and make decisions; Effectively respond to team or participant challenges (e.g., dysfunctional behavior) in a group setting; Effectively help a team identify necessary changes and overcome resistance to making changes; Leverage a range of influence strategies to move individuals or groups to take desired actions; Hold one-on-one conversations to productively resolve disagreements and overcome conflict while preserving relationships; Hold one-on-one conversations to help others resolve their challenges and develop skills; Build effective teams where all members are outcome-focused, share the workload and collaborate effectively; Identify and recruit partners that can execute the strategies; Identifying impactful and scalable coalition strategies.

Progress on CCC Activities

In the first year, the ACS CCC implemented activities in accordance with the approved workplan. Key activities included identifying NCCCP recipients and cancer coalition technical assistance and training needs, developing and disseminating resources (such as webinars and toolkits), and actively engaging in, supporting, and leveraging the work of national partnerships. An abbreviated list of activities by program strategy is listed below.

1

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

- Document review: Previous Comprehensive Cancer Control National Partnership (CCCNP) surveys and ACS CCC evaluation reports
- Brief assessments: US-Affiliated Pacific Islands (USAPI) topic interest form, communities of practice needs based on ACS data and current resources

2

Convene, support, and sustain the partnerships and partnership networks necessary to support implementation of TTA activities

- Training and Technical Assistance Advisory Committee (TTAAC) created with GWCC
- CCCNP support, including planning and hosting 4 coalition check-ins and 2 cancer conversations and active ACS CCC team participation across all workgroups
- Roundtables' state work group participation: ACS National Lung Cancer Roundtable (ACS NLCRT) and ACS National Colorectal Cancer Roundtable (ACS NCCRT)

3

Use a variety of training delivery methods to deliver TTA, including the establishment of Communities of Practice to facilitate information sharing across NCCCP recipients

- 2 Facilitated Leadership for Cancer Coalitions (FLCC) cohorts (traditional and USAPI-tailored)
- 1 FLCC refresher session (included participants from first three cohorts)
- 5 Webinars (1 Lung Cancer Screening: Understanding Guideline Updates as a CCC Coalition, 1 ACS NCCRT Blue Star Conversation, and 3 Accessing Cancer Care Across the Continuum)
- 5 Micro-learning (1 instructional video and development of 4 online learning modules)
- 7 Newsletters
- Updated, maintained, and promoted website

4

Monitor and evaluate TTA efforts and disseminate findings

- 5 brief assessments: TTAAC micro-learning/video feedback, USAPI feedback, 3 polls with implementation need question
- Interim reports: Communication activities, webinar series, FLCC Cohort 3, and USAPI FLCC evaluation results
- Annual evaluation report

A table of ACS CCC's activities can be found in Appendix 3.

Strategy 1: Develop a TTA plan using information gathered through a variety of sources

ACS CCC delivers training and technical assistance to support capacity-building for NCCCP recipients to effectively implement evidence-based approaches in their local communities. **The team created an ACS TTA Work Plan using existing secondary information from previous surveys, evaluation reports, and shared findings from our fellow TTA provider, George Washington Cancer Center (GWCC)**. The FY01 workplan included the development of new resources such as micro-learning videos, several webinars around updated guidelines, tailored colorectal cancer screening messaging for cancer coalitions, a summer webinar series on access to cancer care across the continuum, and creating linkages among coalitions through the Facilitative Leadership for Cancer Coalitions Communities of Practices.

Strategy 2: Convene, support, and sustain the partnerships and partnership networks necessary to support implementation of TTA activities

Partnership engagement is a key component of the ACS CCC initiative. Collaboration is a core principle of comprehensive cancer control, and the ACS has a long history of working alongside community, national, and governmental organizations to advance cancer prevention and control efforts. ACS is one of 17 organizations within the Comprehensive Cancer Control National Partnership (CCCNP), a partnership which assists comprehensive cancer control (CCC) coalitions in the formation and implementation of their cancer plans at the states, tribes and tribal organizations, and territories and freely associated states. ACS CCC has played an integral role in CCCNP since its inception in 1998, offering subject matter expertise, collaborative leadership in conducting CCC workshops and forums, and staff engagement in priority area cancer workgroups. One of the ACS CCC Co-Principal Investigator serves on the CCCNP Leadership Committee as the Immediate Past Chair, and the other Co-Principal Investigator remains actively involved as the Sustaining Coalitions Workgroup Co-Chair.

ACS CCC continues in our commitment to invest in this 20+ year national partnership in both staff time, in-kind ACS enterprise support, and fostering linkages among ACS experts and national partner priorities. **In FY01, ACS CCC staff were active members of four CCCNP priority workgroups (Vaccine Preventable Cancers, Cancer Screening, Evaluation, Sustaining Coalitions)**. This has included communication support and facilitation for CCCNP events. The Co-PI coordinated planning and facilitation of four Coalition Check-ins with partners of the CCCNP Sustaining Coalitions Workgroup. Coalition Check-ins are informal, half-hour video peer-to-peer exchanges on a topic of interest to cancer coalition leaders and they had 497 participants over the year. Other ACS CCC team members partnered with CCCNP workgroups to coordinate and conduct two one-hour Cancer Conversations sessions, which are didactic learning opportunities designed for CCC recipients and cancer coalitions. These sessions featured national experts discussing timely topics relevant to coalition work and were attended by a total of 332 participants.

Additionally, ACS CCC collaborated with GWCC to form the Training and Technical Assistance Advisory Committee (TTAAC). The TTAAC (pronounced tee-tack) allows attendees to provide feedback on ACS & GWCC's TTA activities and plans. This group met four times in FY01 and provided feedback on four ACS TTA activities (4 online learning modules and 1 video), which informed future ACS TTA activities. The TTAAC was comprised of a variety of CCC Program Directors, Coordinators/Managers, and coalition leadership with a range of experience. **At the end of FY01, 5 participants responded to a poll with 100% stating they would recommend TTAAC to colleagues in the future, and 100% agreeing or strongly agreeing they were able to learn what other CCC programs and/or coalitions are doing**.

TTAAC Members by CCC Role

CCC Role	All Participants
CCC Program Directors	3
CCC Program Coordinator/ Manager	7
CCC coalition leadership, such as a chair	2
Total	**12**

Lastly, ACS CCC is uniquely positioned to facilitate collaboration among state and national partners through our close organizational ties with the ACS National Roundtables. ACS National Roundtables are coalitions of organizations dedicated to the shared goal of "giving all people a fair and just opportunity to prevent and survive cancer."[8] ACS National Roundtables continue to be a proven model for creating sustained partnerships across diverse sectors and diverse communities. Currently, ACS provides leadership and staff support for roundtables in topic areas of direct relevance to NCCCP recipients including breast cancer, cervical cancer, colorectal cancer, lung cancer, HPV vaccination, patient navigation, and prostate cancer. The Strategic Director, who serves as the Co-Principal Investigator for this cooperative agreement, continues to actively serve on the state-based initiatives workgroups of ACS National Roundtables (ACS NLCRT and ACS NCCRT), providing a seamless bi-directional interface between state and national cancer control initiatives. **In this first year, ACS CCC collaborated with the ACS National Lung Cancer Roundtable**

[8] American Cancer Society Roundtables | American Cancer Society

(ACS NLCRT), ACS National HPV Vaccination Roundtable (ACS HPVRT), and the ACS National Colorectal Cancer Roundtable (ACS NCCRT) on five webinars for NCCCP recipients and cancer coalitions. The ACS CCC's commitment to increasing colorectal cancer screening efforts at the state and national level is reflected in the incorporation of ACS National Colorectal Cancer Screening Roundtable staff into our core CCC infrastructure. Dedicated staff bridging ACS NCCRT and ACS CCC provides significant and effective coordination of time and resources, and greatly reduces duplication of efforts.

Strategy 3: Use a variety of training delivery methods to deliver TTA, including the establishment of Communities of Practice to facilitate information sharing across NCCCP recipients

The primary focus of ACS CCC's work is TTA for the 66 NCCCP recipients and cancer coalitions. **In FY01, 5 webinars were hosted that reached 871 participants, including 434 individuals (288 unique individuals) from 61 different NCCCP recipients and cancer coalitions**. These webinars built NCCCP recipients' and cancer coalitions' capacity in implementing evidence-based approaches in promoting lung cancer screening guidelines, tailoring colorectal cancer screening messaging, addressing stigma in HPV vaccination, promoting appropriate lung cancer screening uptake, and improving colorectal cancer screening in rural populations. Three of the five webinars recorded pre- and post-poll questions. **On average, attending NCCCP recipients and cancer coalitions saw a 23% growth in knowledge, with 99% of respondents saying that they had the capacity to apply what they learned, and 95% of respondents shared they intend to apply what they learn in the following 3-6 months**. Further details on webinar outcomes are included in the "Impact Outcomes" section of this report.

Additionally, the third cohort of Facilitative Leadership for Cancer Coalition (FLCC) communities of practices was completed with 17 participants. This 14-week intensive workshop provides groups of NCCCP recipients with knowledge and skills in facilitating meetings and engaging stakeholders to implement their state or tribal cancer plans. **In FY01, cohort participants who took both pre- and post-surveys had a 17% growth in self-reported skills and capacity**. In addition to the 14-week community of practice, ACS CCC conducted a three-session FLCC tailored specifically to the needs of NCCCP US-Affiliated Pacific Islands (USAPI). These sessions were open to NCCCP USAPI recipients along with their cancer coalition leadership – bringing together partners based in time zones that spanned 10 hours. **Following the final session, a post-poll had 100% (n=5) of respondents rating the sessions as "Good" or "Excellent"**. While a fourth cohort of FLCC had four sessions in FY01, the majority (70%) of the sessions will be conducted in FY02; therefore, cohort 4 will be evaluated and shared in next year's reporting.

Through the three cohorts and tailored USAPI cohort, ACS CCC has reached 66 participants from 51 NCCCP recipients. While the ACS CCC team has successfully conducted these communities of practices, the team understands that there are individuals from NCCCP recipients and cancer coalitions who could benefit from these skill-building resources. In addition, previous evaluations have highlighted past participants' desire to engage in 'skill refresher' sessions. As a result, ACS CCC developed ways to share information from the skill-building series to a broader audience and engage those who have attended FLCC. **The team created five micro-learnings related to facilitated leadership**. These included:

- **1 video** on creating an effective agenda.
- **4 online modules** on Team Building, Coalition Meeting Challenges, Influencing People, and Managing Disagreement and Conflict.

Additionally, ACS CCC held a refresher session in September of FY01, with 20 past participants in attendance from 20 different NCCCP recipients. Fourteen participants responded to a post-survey and 93% (n=13) said they would recommend the session to a colleague (1 selected "I'm not sure").

The *Creating an Effective Meeting Agenda* video was posted on the website in March 2024 and promoted through the newsletter and LinkedIn. Over six months, it had 219 views. The four micro-learning modules were completed in September 2024 at the end of this fiscal year and will be launched throughout the Fall of FY02.

The ACS CCC's team website, acs4ccc.org, compiles relevant ACS information from across the enterprise on a website targeting leaders of and partners within cancer control coalitions. ACS's primary website, cancer.org, is a large patient and caregiver-focused website, containing a great deal of information. The creation of acs4ccc.org streamlined access to all that ACS has to offer that would be of practical and relevant use to cancer coalition efforts. To promote the website and resources, ACS CCC regularly updates NCCCP recipients and cancer coalitions through their newsletter. Seven newsletters went out to over 300 subscribers, and the website saw 7,965 new users and 44,727 pageviews in FY01.

Strategy 4: Monitor and evaluate TTA efforts and disseminate finding

In this first year, ACS CCC focused on developing an evaluation plan and several survey instruments and evaluation tools. The evaluation team conducted brief assessments to ensure continuous improvement on the TTA plan. This included using the TTAAC to provide feedback on the micro-learnings, surveying USAPI NCCCP recipients to tailor the FLCC community of practice, reviewing google analytics to assess the team's communication activities, and evaluating the outcomes of the team's communities of practices. Additionally, the evaluator established an internal Evaluation Advisory Team, which includes ACS staff with expertise in evaluation and methodology. Morehouse School of Medicine's Institutional Review Board approved the overall evaluation.

Process Outcomes of CCC Activities

Per CDC's DP23-0017 Notice of Funding Opportunity, ACS CCC's TTA activities are created to "strengthen the capacity of NCCCP recipients and cancer coalitions". When available, registration information included identifying participants' CCC role and connection to their comprehensive cancer control coalition. The following information on outcomes is specific to NCCCP recipients and cancer coalitions unless otherwise noted.

Satisfaction

After most TTA activities, participants were asked to report their satisfaction of the event by responding to the question, "I would recommend future sessions such as this to a colleague." ACS CCC activities received extremely positive feedback, with 99% of webinar respondents and 100% of FLCC refresher respondents reporting that they would recommend similar sessions to their colleagues. Additionally, the Facilitated Leadership for Cancer Coalitions community of practice (FLCC) cohort had 100% (n=13) of respondents indicated FLCC as either "good" (46%) or "excellent" (54%). The US-Affiliated Pacific Islands (USAPI) FLCC cohort also had 100% (n=5) of respondents rating the sessions as either "good" (60%) or "excellent" (40%).

Percent of respondents said they would recommend future sessions to a colleague.

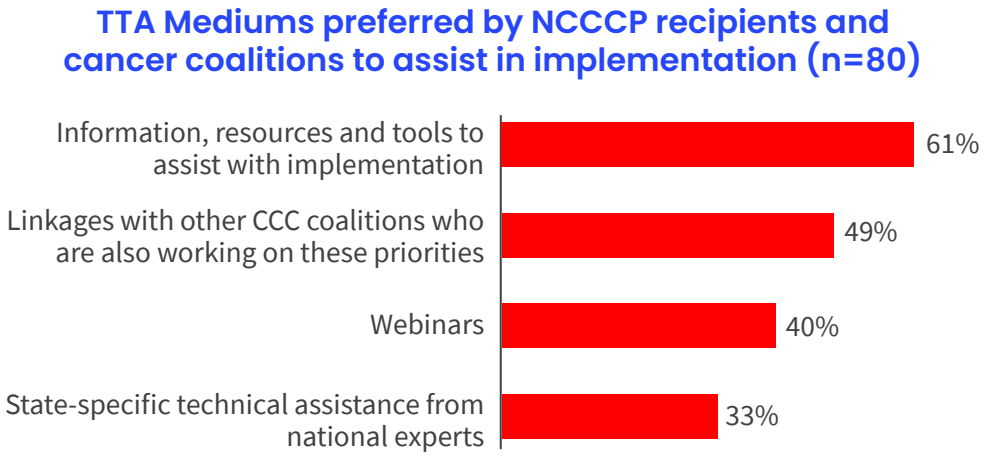
ACS CCC Webinar	All respondents	NCCCP recipients and cancer coalitions
Lung Cancer Screening: Understanding Guideline Updates as a CCC Coalition	98% (n=50)	n/a
NCCRT Blue Star Conversation	100% (n=23)	n/a
Accessing Cancer Care Across the Continuum: Advancing HPV Vaccination Equity	n/a	n/a
Accessing Cancer Care Across the Continuum: Overcoming Stigma as a Barrier to Equitable Lung Cancer Care	100% (n=33)	100% (n=25)
Accessing Cancer Care Across the Continuum: Promoting Non-Invasive CRC Screening	98% (n=104)	97% (n=35)

Note: The HPV webinar did not ask this question. Due to anonymous responses during the lung cancer screening webinar and an abbreviated registration form for the Blue Star Conversation, the evaluator was unable to distinguish NCCCP recipients and cancer coalitions among the respondents.

Lastly, ACS CCC hosted the first-ever FLCC Refresher Session. This one-hour session was open to all previous FLCC participants (n=52). Twenty (38%) of these past participants attended the session. **Fourteen participants responded to a survey and 93% (n=13) of respondents said they would recommend refresher sessions to a colleague (one selected "I'm not sure"**).

Additional Needs

A part of the ADDIE model, ACS CCC' s instructional design framework, is to evaluate and use the data for program improvement. Part of improving the programming is to regularly check-in with NCCCP recipients as to their evolving TTA needs. The ACS CCC team made sure to consistently include one question across all webinars querying "what assistance or resources would (participants) need to successfully apply what (they) learned on the job". The team was able to use this data after each webinar to inform next steps. **In FY01, participants selected information, resources, and tools to assist with implementation most frequently (61%), followed by linkages with other CCC coalitions who are also working on these priorities (49%), webinars (40%), and state-specific technical assistance from national experts (33%)**. Note: participants may have answered this question at multiple events.



Additionally, the ACS CCC team polled past FLCC participants (including participants from tailored FLCC USAPI sessions) and members of the TTA Advisory Committee (TTAAC) regarding their interest in how they prefer to receive TTA, and which topics would be most beneficial to them and their cancer coalitions. This sample only included NCCCP recipients.

All three polls asked participants to rank which TTA topics would most benefit their program/coalition. **Across all three groups (FLCC, USAPI FLCC, and TTAAC), identifying policy, system and environmental (PSE) changes was the highest**. This was followed by, updating cancer plans, implementing PSE changes, and improving the function of their CCC coalition. Improving the function of the CCC coalition may be last as this sample included those who have taken the FLCC or serves on an advisory committee that contains many tenured participants.

Percentage of respondents ranking preference in top 2			
TTA Topic	**All (n=21)**	**FLCC and TTAAC (non-USAPI) (n=21)**	**USAPI (n=4)**
Identifying policy, system and environmental changes	67% (n=14)	65% (n=11)	75% (n=3)
Updating cancer plans	52% (n=11)	53% (n=9)	50% (n=2)
Implementing policy, system, and environmental changes	48% (n=10)	47% (n=8)	50% (n=2)
Improving the function of the CCC coalition	33% (n=21)	35% (n=6)	25% (n=1)

Participants were also asked to rank how they prefer receiving TTA. TTAAC and FLCC are similar audiences of non-USAPI CCC Directors or CCC Managers/Coordinators and were grouped to compare with USAPI respondents. **The highest rank on average was toolkits, with 70% of FLCC and TTAAC respondents and 60% of USAPI respondents ranking toolkits in their top three. Unlike FLCC and TTAAC respondents, 60% of USAPI respondents ranked communities of practice and in-person forums in their top three.**

Percentage of respondents ranking preference in top 3			
TTA Modality	**All (n=25)**	**FLCC and TTAAC (non-USAPI) (n=20)**	**USAPI (n=5)**
Toolkits	68% (n=17)	70% (n=14)	60% (n=3)
Webinars	48% (n=12)	50% (n=10)	40% (n=2)
On-line Learning Modules	44% (n=11)	50% (n=10)	20% (n=1)
Factsheets	44% (n=11)	45% (n=9)	40% (n=2)
Communities of Practice	40% (n=10)	35% (n=7)	60% (n=3)
In-Person Forums	32% (n=8)	25% (n=5)	60% (n=3)
Videos	24% (n=6)	25% (n=5)	20% (n=1)
Note: this was a forced-rank question, meaning respondents may have ranked in-person forums lower as they may perceive it to be less feasible to travel.			

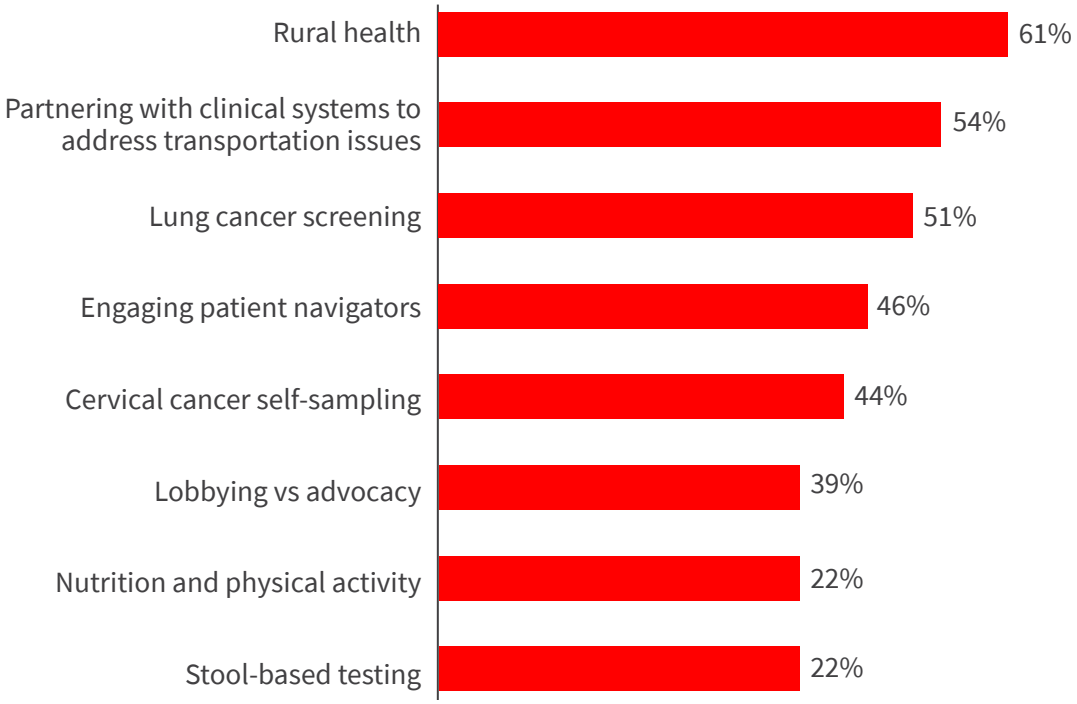
Lastly, participants were asked to rank their preference on cancer topics for the next year. Based on ACS CCC staff conversations with USAPI Program Consultant of recent USAPI focus areas, the USAPI poll included options to match USAPI NCCCP recipients' activities; therefore, there is no merged data for all three polls. Over 50% of FLCC and TTAAC respondents ranked either rural health or lung cancer screening in their top two. While cervical cancer self-collection was low for FLCC and TTAAC respondents, **100% of USAPI respondents had cervical cancer self-collection ranked as one of their top three cancer topics.**

Percentage of FLCC and TTAAC respondents ranking top 2 cancer topics	
Cancer Topic	**All (n=19)**
Rural health	58% (n=11)
Lung cancer screening	53% (n=10)
Lobbying versus advocacy	37% (n=7)
Nutrition and physical activity	26% (n=5)
Stool-based testing	16% (n=3)
Cervical cancer self-collection	11% (n=2)

Percentage of USAPI respondents ranking top 3 cancer topics	
Cancer Topic	**All (n=5)**
HPV Vaccination	100% (n=5)
Cervical cancer self-collection	80% (n=4)
Survivorship	80% (n=4)
Lung cancer screening	20% (n=1)
Tobacco prevention and control	20% (n=1)
Nutrition and physical activity	0% (n=0)
Rural health	0% (n=0)
Stool-based testing	0% (n=0)

In the fall of FY02, GWCC and ACS coordinated to conduct a poll of NCCCP Directors. This poll had additional options of engaging patient navigators and partnering with clinical systems to address transportation issues. The findings from this poll align with the above results when accounting for the additional options.

Topics selected by CDC Program Directors (n=41)



Key Takeaways

- NCCCP recipients and cancer coalitions were highly satisfied with ACS CCC activities: 99% of webinar respondents and 100% of FLCC refresher respondents reported that they would recommend similar sessions to their colleagues.
- ACS CCC webinars were highly rated as a preference in modality and 98% of NCCCP recipients and cancer coalitions responded said they would recommend future webinars to colleagues.
- USAPI have different preferences on how they would like to receive TTA, with 60% of respondents ranking communities of practice and in-person forums as high as toolkits. USAPI also had 80% of respondents ranking cervical cancer self-collection in their top 3, compared to 11% of FLCC and TTAAC respondents ranking self-collection high.

Impact Outcomes of CCC Activities

ACS CCC has a targeted audience of NCCCP recipients and their cancer coalitions. Through FY01, the team reached all but one jurisdiction. Future work could tailor TTA events to territories and freely associated states and tribes and tribal agencies to build saturation among these recipients.

Increased reach of TTA activities to NCCCP recipients and cancer coalitions

For the majority of ACS CCC TTA efforts, the team utilized registration processes to assess who attended the events. This is especially useful to measure CDC's performance measure on type of coalition leaders involved, which is categorized by CCC Program Director; CCC Program Coordinator or Manager; cancer coalition leadership, such as a chair; and other. For webinar registration, the jurisdiction (i.e., state, tribe/tribal agency, or territory/freely associated state) was identified through the coalition name or through the email provided during registration. Webinar reach by jurisdiction may include some participants that are not NCCCP recipients but rather are involved with the CCC coalition, such as a coalition chair or workgroup chair. The FLCC community of practice included an application

process that was reviewed by CDC Program Consultants. All FLCC participants were funded as an NCCCP recipients. When available, reach by CCC role is indicated.

In FY01, ACS CCC activities reached 65 of the 66 NCCCP recipients and cancer coalitions through 871 participants, reaching 434 NCCCP recipients and cancer coalitions. Overall, ACS CCC had 288 unique participants from NCCCP recipients and cancer coalitions.[9] Note, these numbers indicate total attendees at all ACS CCC TTA events.

Through webinars and communities of practice sessions, the ACS CCC engaged with 29 unique CCC Program Directors, 76 unique CCC Program Coordinators/Managers, 38 unique coalition leadership, and 149 NCCCP recipients or cancer coalition participants who selected their role as "other". After one year, the ACS CCC team reached 50 states, the District of Columbia, 7 tribes or tribal agencies, and 7 territories or freely associated states. ACS CCC did not reach Northern Mariana Islands.

65 various NCCCP recipients and cancer coalitions attended TTA educational activities. The FLCC community of practice, USAPI FLCC community of practice, and FLCC refresher sessions reached 35 different recipients. **288 unique NCCCP recipients and cancer coalition participants attended at least one TTA activity. On average, jurisdictions had 4 unique participants attend at least one TTA activity (min 1, max 19)**. Twenty-seven jurisdictions had five or more different participants attending at least one event. Nine jurisdictions had only one participant attend one event (America Samoa, Connecticut, Delaware, Hawaii, Marshall Islands, Maine, North Dakota, Palau, Puerto Rico). The USAPI FLCC workshops had 13 unique participants attending at least one of the sessions.

[9] Participant counts include phone lines that were not linked to a participant during the webinar and may represent some duplication in the data

Educational Reach Note: Attendance by role includes all participants and are not unique						
TTA Event	**All Participants**	**NCCCP recipients and cancer coalitions[1]**	**CCC Program Directors**	**CCC Program Coordinator/ Manager**	**CCC coalition leadership, such as a chair**	**Other NCCCP recipient or cancer coalition**
Webinars						
Lung Cancer Screening: Understanding Guideline Updates as a CCC Coalition[2]	146	115	10	23	7	75
ACS NCCRT Blue Star Conversation: Tailoring Colorectal Cancer Screening Messaging: Practical Advice for Coalitions[3]	54	10	3	2	1	4
Accessing Cancer Care Across the Continuum: Advancing HPV Vaccination Equity	114	46	8	12	11	15
Accessing Cancer Care Across the Continuum: Overcoming Stigma as a Barrier to Equitable Lung Cancer Care	237	105	12	26	23	44
Accessing Cancer Care Across the Continuum: Promoting Non-Invasive CRC Screening	269	107	15	35	20	37
Total	**820**	**383**	**48**	**98**	**62**	**175**
Community of Practices						
Facilitated Leadership for Cancer Coalitions (FLCC) Cohort 3	17	17	1	16	0	0
US-Affiliated Pacific Islands (USAPI) tailored FLCC Cohort[4]	14	14	1	8	0	5
FLCC Refresher Session	20	20	3	16	0	1
Total	**51**	**51**	**5**	**40**	**0**	**6**
FY01 Total Education Participants	**871**	**434**	**53**	**138**	**62**	**181**
FY01 Unique Participants	**614**	**288[5]**	**29**	**76**	**38**	**149**

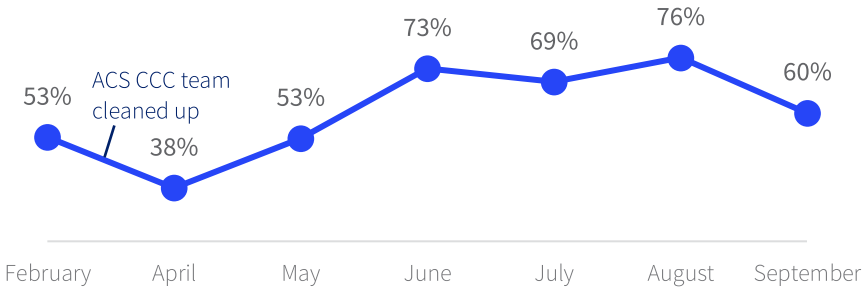
[1] NCCCP recipient or cancer coalitions were determined through registration unless otherwise noted. Participants were considered a part of NCCCP recipient or cancer coalition if they said they were a part of CCC or listed a coalition under their organization. Without a list of recipients, it was not possible to delineate recipients from those involved in the coalition.
[2] As the first webinar, the registration only asked if members were a part of their CCC coalition and if so to put down the coalition. After all other registrations, the evaluator compared the attendee list to identify their CCC role. If no role was found and a registrant had said they were involved, they were categorized as "other".
[3]NCCRT BSC did not include all registration information as it was led by the NCCRT. After all other registrations, the evaluator compared the attendee list to identify any CCC connection. It is possible coalition members attended this webinar but not other CCC and thus would not be accounted for the NCCCP recipients and coalitions numbers.
[4]The USAPI FLCC was opened to recipients and cancer coalition leadership. As such, there are "other" participants that attended these workshops.
[5]Note: Some participants shared different roles for different events, indicating a potential job change so role numbers do not add up to 288.

Unique state, tribe, tribal organization, territory, and freely associated states reached in FY01	
TTA Event	**Unique Number**
Webinars	**61**
Lung Cancer Screening Guidelines Webinar	48
NCCRT Blue Star Conversation*	9
Advancing HPV Vaccination Equity	28
Overcoming Stigma as a Barrier to Equitable Lung Cancer Care	43
Promoting Non-Invasive CRC Screening	48
Community of Practices	**35**
FLCC Cohort 3	17
USAPI FLCC	6
FLCC Refresher Session	20
FY01 Total	**65**

*NCCRT BSC did not include all registration information as it was led by the NCCRT. After all other registrations, the evaluator compared the attendee list to identify any CCC connection. It is possible coalition members attended this webinar but not other CCC and thus would not be accounted for the NCCCP recipients and coalitions numbers.

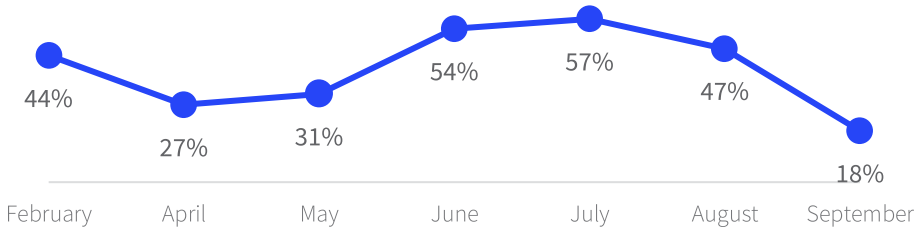
Additionally, the ACS CCC newsletter is sent to over 300 subscribers (342 at the end of FY01) with 60% open rate[10] on average – above the industry non-profit average of 35% according to Constant Contact. The newsletter open rate climbed throughout the year, with the highest being 76% in August 2024. The lowest newsletter open rate came in April 2024, coming after the ACS CCC team removed undeliverable emails from their listserv. Even though this dip is more than expected, the open rate climbed after this month.

Open rate climbed after a dip during newsletter listserv cleanup



The newsletter had an average click rate[11] of 40% (min=18%, max=57%). The click rate was the lowest in September 2024 (18%), which could be attributed to the September newsletter not including any webinar registrations or new resources, and was the highest in June, July, and August when ACS CCC was promoting their webinar series.

Click rate was highest during webinar promotions and lowest with no call to action



[10]Open rate: The percentage of contacts who opened your email compared to how many contacts were sent the email.
[11]Click rate is the proportion of the unique contacts who received the email and then clicked on any link in the email.

Lastly, acs4ccc.org, the team's online resource and information hub, recorded 7,965 new users and 10,993 sessions[12]. 7,280 (66%) sessions originated from direct links, underscoring the crucial role that newsletters and webinars play in connecting ACS CCC's target audience to their resources. **In FY01, the ACS CCC website, acs4ccc.org, had 44,727 pageviews, with 26,398 being with the homepage**, and 7,516 going to resources that aid recipients in implementation (note: this includes all webpages with "resources" in the url). The most viewed page, after the homepage, was the ACS resources for CCC coalitions (4,996 pageviews), followed by webinar recordings and documents (1,778 pageviews), and then cancer plan tipsheets (1,003 pageviews). The table below shows the top ten webpages by pageview.

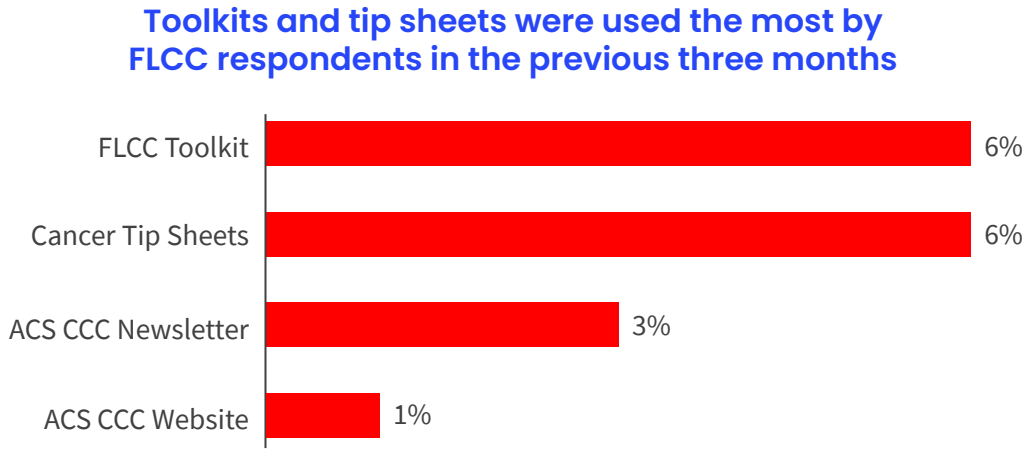
Webpage	FY01 Pageviews
Homepage	26,398
ACS Resources for CCC Programs and Coalitions	4,996
Webinars	1,778
Cancer Plan Tip Sheets	1,003
Program and Coalition Health	698
What's Happening	587
Colorectal Cancer Screening in the AME Church Community	534
Latest News from the ACS Cancer Coalition Circular	526
ACS National Roundtable Resources	497
Nutrition, Physical Activity, Body Weight, and Cancer Survivorship	481

Additionally, ACS CCC created and posted a video on *Creating an Effective Meeting Agenda*. This received 227 views in the six months it was posted. In comparison, the ACS CCC Coalition and Program Health webpage, where this video is housed, had 442 pageviews, and the Cancer Plan Tip Sheets webpage, with other static resources, had 348 pageviews during the same time period.

Increased knowledge, awareness, and attitudes regarding EBIs and resources that aid implementation

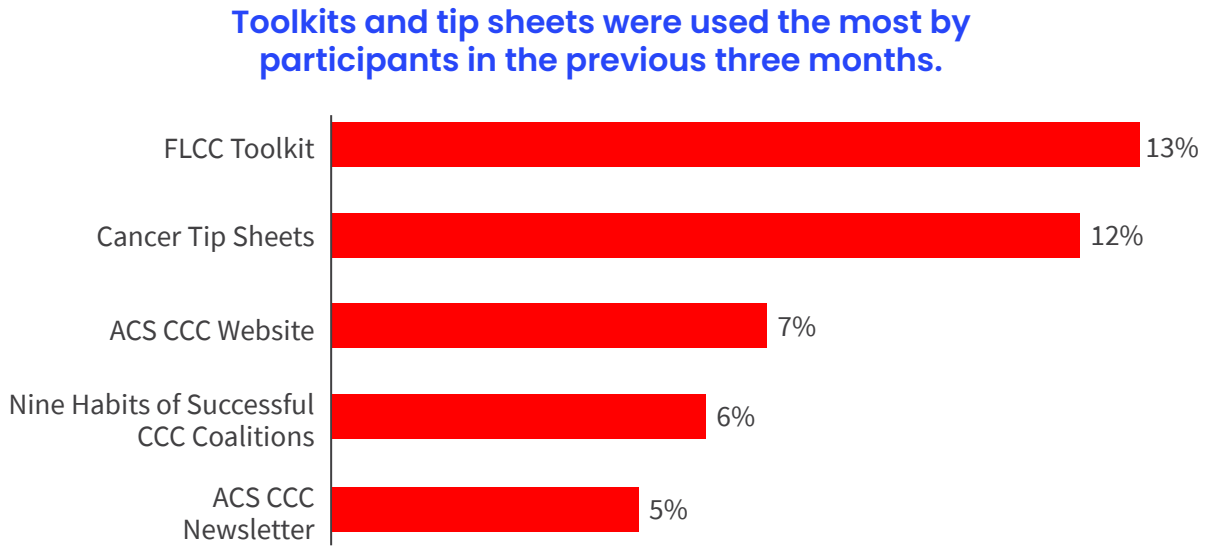
Self-Reported Resources Used

During the three-month FLCC follow-up survey, participants were asked to share what resources they had used in the previous three months. Of the 17 participants, 9 completed this 3-month follow-up survey, **with 100% (n=9) respondents sharing that they used at least one resource listed** (min=1; max=3).



[12]A session is a period of time during which a user interacts with the website.

During the FLCC All-Cohort Refresher Session, 20 past participants shared successes and challenges while facilitators provided technical assistance and a resource refresher. The question regarding resources used was again included on a survey following the session with one additional resource option added: Nine Habits of Successful Comprehensive Cancer Control Coalitions. **Toolkits and tip sheets were again selected the most by respondents**.



Webinars

Overall, webinar participants' knowledge increased on average by 22%, and 98% of respondents said they could implement what they learned (23% and 99% for NCCCP recipients and cancer coalitions specifically). Note: The ACS NCCRT Blue Star Conversation did not have an assessment on knowledge gained as the primary objective of the event is networking and connecting participants through breakouts. Supplemental tables on the ACS CCC webinars can be found in Appendix 4.

Lung Cancer Screening: Understanding Guideline Updates as a CCC Coalition

The first webinar of FY01 was a timely opportunity as the American Cancer Society had recently released updated lung cancer screening guidelines that differed from the United States Preventive Services Task Force (USPSTF) guidelines. The ACS CCC Co-Principal Investigator anticipated the necessity of two different webinars: One on the science behind the updated guidelines to be offered to a broader audience and conducted in partnership with the ACS NLCRT, and a second webinar discussing how jurisdictional coalitions can promote lung cancer screening despite national organizations promoting differing guidelines. This second webinar, targeting NCCCP recipients and cancer coalitions was conducted in partnership with CDC NCCCP (Nikki Hayes, MPH, Branch Chief, was a speaker), had 146 participants from 48 different states, tribes, and territories. Of these, 115 were NCCCP recipients or cancer coalitions who self-selected their role in comprehensive cancer control: 10 selected CCC Program Directors, 23 selected CCC Program Coordinators/Managers; 7 selected cancer coalition leadership, such as a chair; and 75 selected Other.

Pre- (n=83) and post- (n=72) polls were used to assess participants' confidence in their ability to answer questions regarding various lung cancer screening guidelines on a 5-point Likert scale (1 = Not at all confident, 5 = Extremely confident). **Overall, respondents' confidence in answering questions regarding various lung cancer screening guidelines increased by 27% on average**. At the end of the webinar, 21% (n=16) were slightly confident, 48% (n=36) were moderately confident, 27% (n=20) were very confident, and 4% (n=3) were extremely confident. No one responded that they were not at all confident.

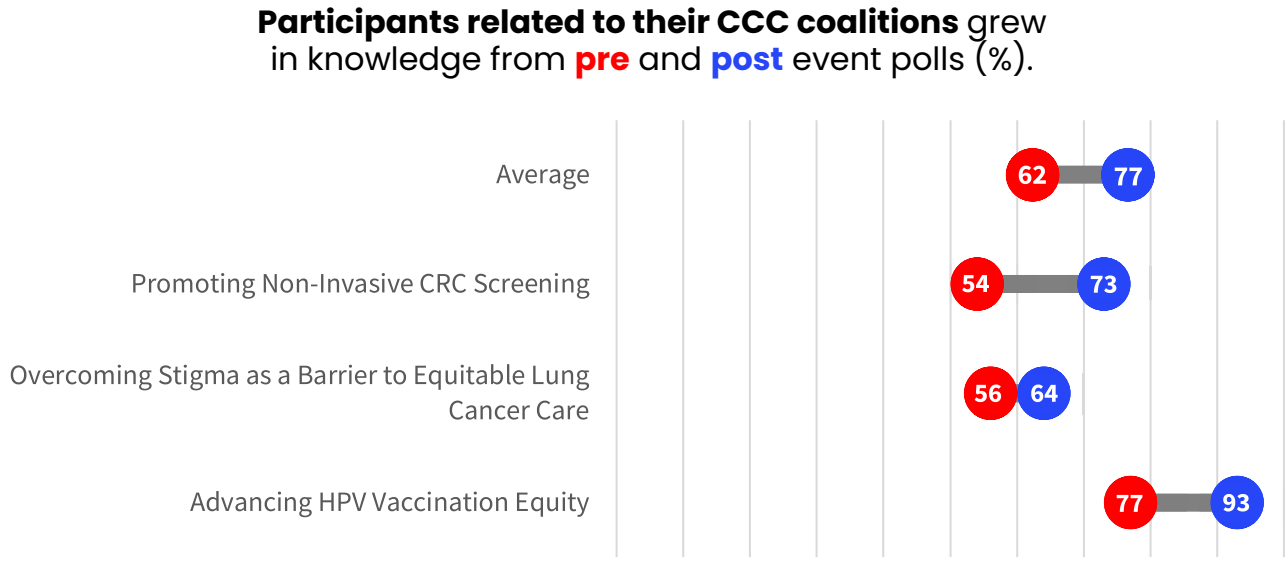
Participants response to: How confident are you in your ability to answer questions regarding various lung cancer screening guidelines?		
Confidence	**Pre (n=83)**	**Post (n=72)**
Not at all confident	16% (14)	0% (0)
Slightly confident	36% (31)	21% (16)
Moderately confident	38% (33)	48% (36)
Very confident	6% (5)	27% (20)
Extremely confident	5% (4)	4% (3)
Note: Values may not add to 100% due to rounding		

Participants were also asked to share their level of agreement on a 5-point Likert scale (1 = Strongly disagree, 5 = Strongly agree) to the prompt: "I know how to promote both ACS and USPSTF lung cancer screening guidelines." At the end of the webinar, participants were split, with 33% (n=17) agreeing and 52% (n=27) strongly disagreeing. While over half of respondents strongly disagreed with knowing how to promote both guidelines, the overall shift in participants from pre- to post-poll improved. **This indicates that while the webinar was successful in helping participants answer questions about the various guidelines, not everyone left the webinar knowing how to promote both guidelines**. Lastly, 52% (n=27) and 33% (n=17) participants agreed and strongly agreed that they knew where to find resources to support implementation.

Accessing Cancer Care Across the Continuum Webinar Series

In the summer of 2024, the ACS CCC team conducted a webinar series around barriers that arise when accessing care at different points along the cancer care continuum. This included bringing in national and local speakers leveraged through our ACS CCC's team collaboration with the ACS national roundtables. This series included *Advancing HPV Vaccination Equity, Overcoming Stigma as a Barrier to Equitable Lung Cancer Care*, and *Promoting Non-Invasive CRC Screening*.

Each webinar in the series had pre- and post- polls that contained knowledge-based questions to objectively measure knowledge gained from participants. **For respondents that took both pre- and post- polls, NCCCP recipient and cancer coalition participants saw a 23% growth in knowledge**. The following figure highlights differences across the three webinars. Promoting Non-Invasive CRC Screening saw the largest increase, while Advancing HPV Vaccination Equity baseline knowledge started the highest. This could be indicative of the work that has been done in the past to promote HPV vaccination strategies in coalitions.

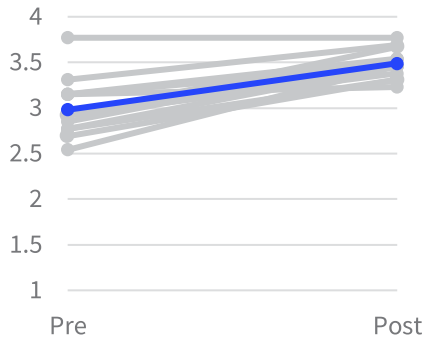


Community of Practice

ACS CCC led a 14-week Facilitative Leadership for Cancer Coalitions (FLCC) skill-building training series for NCCCP recipients in the role of CCC Director or CCC Coordinator/Manager. Each week, the cohort met for a 2.5-hour session to practice skills that facilitate coalition health and effectiveness. Seventeen (17) people participated in this 14-week workshop; 17 completed the pre-workshop survey, 13 completed the post-workshop survey, with 13 participants completing both pre- and post-surveys. Many of the respondents shared they had not been involved in the work of the CCC coalition for long, with 63% (n=10) of respondents having worked in their position for less than one year. Participants were located across the United States and included two tribal entities.

Overall, respondents' skills and capacities improved over the 14-week workshop. Respondents who took both pre- and post-surveys had an average increase of 17%, from 3.0 to 3.5, in their skills and capacity (see figure below). Respondents were asked to self-identify their capacity and skills using a five-point scale.[13] The two skills that did not improve were "Active listening" and "Keeping the group focused" as respondents ranked themselves as "Intermediate (Implement with support)". When looking at Active Listening, one respondent dropped from a 3 to a 1, indicating a potential response-shift bias as they learned more of what they didn't know throughout the workshop. A detailed table can be found in Appendix 5.

Most rankings increased in those who took both pre- and post-surveys, with an **average increase of .5 (3.0 - 3.5)**.



The ACS CCC team recognized that the facilitative leadership skills most important to USAPI recipients may differ from those of their mainland colleagues due to the average size of USAPI coalitions as well as cultural differences. To ensure a practical and relevant training series, ACS CCC worked with the CDC NCCCP Program Consultant for the USAPI and conducted a survey asking which topics are most preferred by USAPI recipients, and the Co-Principal Investigator attended a standing USAPI regional CDC call to solicit live input. After taking these results into consideration, ACS CCC conducted three 1.5-hour sessions at a time most convenient to USAPI recipients (7:00 - 8:30 p.m. EST). Content and structure for these sessions were tailored to the needs and learning styles expressed by USAPI recipients. These sessions were open to NCCCP USAPI recipients and their cancer coalition leadership. They included open discussions of challenges and successes, where participants exchanged insights and learned from one another. Facilitators also shared best practices and strategies in managing coalition efforts.

The first session had only three attendees, with one joining half-way through and the other joining in the last fifteen minutes. Therefore, no pre-survey was conducted, and all information was gained by a post-survey. The second session had four attendees, and the last session had nine attendees. Overall, the USAPI had 13 unique attendees from six different jurisdictions (one attendee was from Hawaii so not all territories were reached). After the final session, participants were asked to rate their capacity and skills on a five-point scale: 1 being "Fundamental Awareness (Basic knowledge)," 2 "Novice (Limited experience)," 3 "Intermediate (Implement with support)," 4 "Advanced (Implement independently)," and 5 "Expert (Recognized authority)." Five participants responded to the survey, and on average, respondents rated themselves at 2.3, indicating "Novice" skill levels, potentially indicating the need for additional training. Four of the five respondents shared that they plan to apply the facilitative skills they learned in upcoming meetings.

[13]1 "Fundamental Awareness (Basic knowledge)," 2 "Novice (Limited experience)," 3 "Intermediate (Implement with support)," 4 "Advanced (Implement independently)," and 5 "Expert (Recognized authority)."

FLCC USAPI Sessions		
Skill	**N**	**Average**
Use facilitative tools to build connections, gather and analyze information, and make decisions.	5	2.8
Effectively respond to team or participant challenges (e.g., dysfunctional behavior) in a group setting.	5	2
Leverage a range of influence strategies to move individuals or groups to take desired actions.	5	2

Increased adoption of strategies and evidence-based interventions to improve and sustain efforts of NCCCP recipients

Multiple measures were used for assessing adoption of ACS CCC activities. First, participants were asked if they can apply what they learned ("I can apply what I have learned to my work"). Second, participants were asked their intent to use skills ("I intend to use the skills, strategies, or evidence-based interventions I have learned in my work in the next 3-6 months"). And lastly, participants were asked which skills, strategies, or evidence-based interventions they used in the previous 3-6 months. The first two measures were used during webinars, and all three were used for community of practice.

Note: The *Advancing HPV Vaccination Equity* in the summer of 2024 did not include these questions. Additionally, all but the *Lung Cancer Screening: Understanding Guideline Updates as a CCC Coalition* webinar in November had registration that provided CCC role, so the *Lung Cancer Screening: Understanding Guideline Updates as a CCC Coalition* webinar could not differentiate participants from NCCCP recipients and cancer coalitions.

Webinars

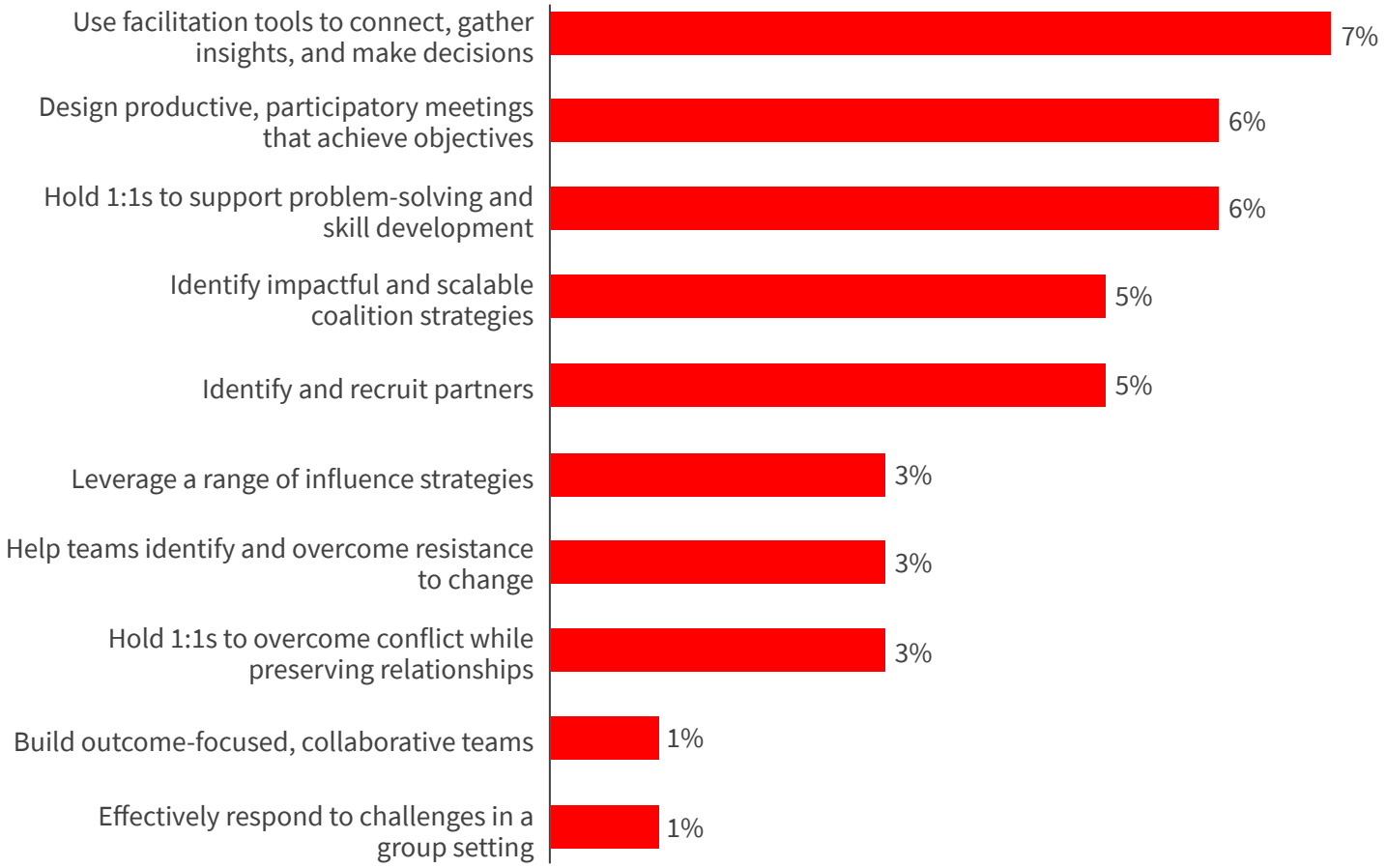
Across four webinars, 97% of all participants can apply what they learned. Of the three webinars with registration and post-polls, 99% of NCCCP recipients and cancer coalitions were able to apply what they learned and 96% of those that did not identify as having a role with their CCC coalition said they could apply what they learned. This highlights how ACS CCC webinars, while tailored to CCC coalitions, also show meaningful outcomes in coalition partners. **Additionally, 91% of webinar participants, and 96% of NCCCP recipients and cancer coalitions, expressed their intention to apply what they had learned**. Additional details can be found in the supplemental tables in Appendix 4.

Communities of Practice

During the end of the FLCC cohort, participants were asked to select which facilitative skill they planned to use in the following three months. Thirteen participants responded to this survey and were able to select up to ten skills they intended to apply in the following three months. Participants ranged in selecting one to all ten skills, with an average of five skills being selected. **After three months, 9 participants completed the post-survey with participants selecting on average 4 skills that they used in the previous three months (min 2, max 7)**.

[14]ACS NCCRT Blue Star Conversation, Accessing Cancer Care Across the Continuum: Overcoming Stigma as a Barrier to Equitable Lung Cancer Care and Accessing Cancer Care Across the Continuum: Promoting Non-Invasive CRC Screening

All skills were used at least once by participants in the three months since they completed the FLCC community of practice.



Key Takeaways

- The growth in newsletter open rates coincided with web traffic growth.
- FLCC Toolkit and Tip Sheets were used by the most respondents, indicating that these resources should continue to be reviewed and updated as needed to ensure their relevance.
- The ACS CCC team's webinars brought the broader cancer community together with NCCCP recipients and cancer coalitions, building bridges with NCCCP recipients, cancer coalitions, and their partners.

Discussion and Recommendations

During the first year, training and technical assistance efforts have reached 98% of their targeted audience: NCCCP recipients and cancer coalitions. The focus of FY01 activities was on providing resources and evidence-based practices to help NCCCP recipients and cancer coalitions advance the priorities outlined in CDC-RFA-DP22-2202. Key areas of emphasis included understanding lung cancer screening guidelines, tailoring colorectal cancer screening messaging, addressing stigma in HPV vaccination, promoting lung cancer screening, and improving colorectal cancer screening in rural populations. This work will continue to grow in the coming years to further enhance program and coalition capacity. A key component of this effort is the strong partnerships and collaboration with national partners and ACS subject matter experts, ensuring credibility, relevance, and alignment with national cancer control strategies. In FY02, ACS CCC will incorporate these findings into their work plan. This includes additional information, resources, and tools to assist with implementation through communities of practices, webinars, and developing documents to support screening implementation.

Recommendations

The ACS CCC team saw a lot of success in FY01. ACS CCC webinars were highly rated as a preference in modality and 98% of NCCCP recipients and cancer coalitions responding said they would recommend future webinars to colleagues. The team could prioritize webinars to reach a broad audience and share resources and evidence-based interventions. Additionally, as newsletter click-rates appeared tied to registrations, the team may want to consider ensuring a “call to action” is included in all newsletters.

Since toolkits were rated high across NCCCP recipients, and the FLCC Toolkit was a resource most used by respondents, the ACS CCC team may consider reviewing, revising as needed, and re-promoting this toolkit in FY02.

Lastly, the US-Affiliated Pacific Islands (USAPI) were engaged in the FLCC community of practice, evidenced by attendance increasing throughout the three sessions. The team may wish to review USAPI topic preferences and host TTA events at a time most convenient for USAPI recipients.

Appendices

Appendix 1: ACS CCC Logic Model

ACS CCC Training Technical Assistance Program Logic Model

Inputs	Strategies/Activities	Outputs	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
• ACS CCC Expertise • ACS Patient Support Pillar Subject Matter Experts and Leaders • ACS Community Impact leadership and Associate Directors, State Partnerships • Evidence-based information, tools and resources • CDC • CCCNP • Seven ACS Roundtables • Other national partners	TTA Planning (A1) • Needs Assessment (environmental scan & brief assessments) • Create, update, & maintain TTA plan • Partner engagement/dissemination	Plan to address identified needs among NCCCP recipients and cancer coalitions • Needs assessment documentation • TTA Plan • Identified training needs • Provision of effective TTA to programs	Increased TTA providers' understanding of current NCCCP recipient and cancer coalition needs to provide effective TTA to NCCCP recipients and cancer coalitions	**Increased adoption of strategies and evidence-based interventions to improve and sustain efforts of NCCCP recipients and cancer coalitions**	Increased capacity, reach, utilization, impact and sustainability of NCCCP recipients and cancer coalitions
	National Partner Collaboration Coordination (A2) • Convene NCCCP TTA Advisory Group • Continue to actively participate in the CCCNP and ACS Roundtables (State-based Initiatives Workgroups) • Coordinate with Partner Networks	• Enhanced partner engagement to deliver high-quality TTA • #/type TTA Advisory Group members* • Resource Matrix and # activities with partner engagement • # CCCNP* • # ACS Roundtable meetings	Increased networking, partnerships, and coordination among TTA providers		
	TTA Implementation (A3) • Facilitate information sharing between NCCCP recipients • Deliver TTA using variety of delivery methods: Communities of Practice, Quarterly Webinars, Cancer Clip Video series, Coalition Conversation sessions, Website, Email Newsletter	Increase in the # and type of TTA activities delivered by ACS and partner networks • #/type TTA activities** • # TTA Resources developed (e.g. Key Take-aways, Best Practices Summaries) • # TTA Resources disseminated • # participants*(**)	**Increased reach of TTA activities to NCCCP recipients and cancer coalitions** **Increased NCCCP recipients' and cancer coalitions' knowledge, awareness, and attitudes regarding EBIs and resources that aid implementation**		
	Performance Monitoring, CQI, Evaluation (A4) • Evaluate TTA activities • Conduct comprehensive evaluation • Disseminate findings	• Evaluation Advisory Workgroup • Evaluation Plan • # and type Evaluation Activities • # CQI/Program Improvement Activities • #/type of products disseminated			

*ACS Pillar Metric
**CDC Performance Measure
CDC Period of Performance Outcome

Revised 03/20/2024

Appendix 2: Key Evaluation Questions

Process Evaluation Questions:

- To what extent have ACS CCC TTA activities been implemented according to established program plans?
- To what extent did the program collaborate or coordinate with partners to advance evidence-based CCC TTA initiatives?

Outcome Evaluation Questions:

- To what extent did CCC TTA reach the NCCCP recipients?
- To what extent have ACS CCC activities increased networking, partnerships, and coordination among TTA providers?
- Did CCC TTA result in an increased adoption of strategies and evidence-based interventions to improve and sustain NCCCP recipients' efforts?
- To what extent has capacity (associated with identified technical assistance needs) changed as the result of ACS CCC TTA approaches?
- To what extent did CCC TTA result in changes to long-term outcomes for NCCCP recipients (utilization, impact, sustainability of evidence-based approaches)?

Appendix 3: ACS CCC Activity List

Activity	Date	Reach	Comments
Webinars			
Lung Cancer Screening: Understanding Guideline Updates as a CCC Coalition	Nov 2023	146	
NCCRT Blue Star Conversation: Tailoring Colorectal Cancer Screening Messaging: Practical Advice for Coalitions	Feb 2024	54	
Accessing Cancer Care Across the Continuum: Advancing HPV Vaccination Equity	Jun 2024	114	
Accessing Cancer Care Across the Continuum: Overcoming Stigma as a Barrier to Equitable Lung Cancer Care	Jul 2024	237	
Accessing Cancer Care Across the Continuum: Promoting Non-Invasive CRC Screening	Aug 2024	269	
Communities of Practices			
Facilitated Leadership for Cancer Coalitions (FLCC) Cohort 3	Feb – May 2024	17	14, 2.5-hour sessions were held weekly.
US-Affiliated Pacific Islands (USAPI) tailored FLCC Cohort	Jul – Sep	15	3 sessions held during the evening in the continental US; the start time was 8:00 a.m. in Palau.
FLCC Refresher Session	Sep 2024	20	All previous cohorts were invited to attend the optional refresher session.
Advisory Committee			
Training and Technical Assistance Advisory Committee (TTAAC)	Feb – Sep 2024	12	4 meetings held in partnership with GWCC.
Resources			
ACS CCC Newsletter	Feb – Sep 2024	342 subscribers	7 newsletters were sent in FY01.
Building an Effective Agenda video	Mar 2024	227 views	
Coalition University: Team Building	Sep 2024	n/a	These micro-learning online modules were created in FY01 and will be disseminated in the fall of FY02.
Coalition University: Coalition Meeting Challenges	Sep 2024	n/a	
Coalition University: Influencing People	Sep 2024	n/a	
Coalition University: Managing Disagreement and Conflict	Sep 2024	n/a	

Appendix 4: Webinar Supplemental Tables

Lung Cancer Screening: Understanding Guideline Updates as a CCC Coalition

Participants response to: I know how to promote both ACS and USPSTF lung cancer screening guidelines.		
Agreement	**Pre (n=83)**	**Post (n=72)**
Strongly disagree	34% (30)	52% (27)
Disagree	17% (15)	0% (0)
Neutral	40% (35)	15% (8)
Agree	9% (8)	33% (17)
Strongly agree	0% (0)	0% (0)
Note: Values may not add to 100% due to rounding		

Participants response to: I know where to find resources to support implementation.	
Confidence	**Post (n=72)**
Strongly disagree	0% (0)
Disagree	0% (0)
Neutral	15% (8)
Agree	52% (27)
Strongly agree	33% (17)
Note: Values may not add to 100% due to rounding	

Accessing Cancer Care Across the Continuum

All Webinar Participants				
Webinar	**N (matched)**	**Pre**	**Post**	**Percent Change**
Advancing HPV Vaccination Equity	25	48%	60%	25%
Overcoming Stigma as a Barrier to Equitable Lung Cancer Care	46	57%	63%	11%
Promoting Non-Invasive CRC Screening	72	56%	73%	30%
Average		54%	65%	22%

CCC Coalition Participants				
Webinar	**N (matched)**	**Pre**	**Post**	**Percent Change**
Advancing HPV Vaccination Equity	11	77%	93%	21%
Overcoming Stigma as a Barrier to Equitable Lung Cancer Care	35	56%	64%	14%
Promoting Non-Invasive CRC Screening	25	54%	73%	35%
Average		**62%**	**77%**	**23%**

Webinar "Can Apply" and "Intent to Apply"

All Participants			
Webinar	**N**	**Capacity**	**Intent**
Lung Cancer Screening: Understanding Guideline Updates as a CCC Coalition	75	98%	Not assessed
NCCRT Blue Star Conversation: Tailoring Colorectal Cancer Screening Messaging: Practical Advice for Coalitions	23	96%	Not assessed
Overcoming Stigma as a Barrier to Equitable Lung Cancer Care	46	100%	90%
Promoting Non-Invasive CRC Screening	73	95%	92%
Average		**97%**	**91%**

*The *Advancing HPV Vaccination Equity* webinar did not assess capacity and intent.

NCCCP Recipients and Cancer Coalitions			
Webinar	**N**	**Capacity**	**Intent**
NCCRT Blue Star Conversation: Tailoring Colorectal Cancer Screening Messaging: Practical Advice for Coalitions	14	100%	100%
Overcoming Stigma as a Barrier to Equitable Lung Cancer Care	46	100%	96%
Promoting Non-Invasive CRC Screening	73	97%	96%
Average		**99%**	**91%**

**Lung Cancer Screening: Understanding Guideline Updates as a CCC Coalition* and *Advancing HPV Vaccination Equity* webinars did not have data to identify NCCCP recipients and cancer coalitions capacity and intent.

Appendix 5: FLCC Cohort 3 Results

I can … / As a result of the workshop, I can …						
Mean Rating – Scale Fundamental Awareness (1) to Expert (5)	All Recipients			Matched Recipients		
	Pre	Post	Change (%)	Pre	Post	Change
Design effective and participatory meetings and engagements where objectives are met and "work gets done."	3.00	3.54	.54 (18%)	2.92	3.54	.62 (21%)
Use facilitative tools to build connection, gather and analyze information, and make decisions.	2.88	3.46	.58 (20%)	2.77	3.46	.69 (25%)
Effectively respond to team or participant challenges (e.g., dysfunctional behavior) in a group setting.	2.82	3.31	.48 (17%)	2.69	3.31	.62 (23%)
Effectively help a team identify necessary changes and overcome resistance to making changes.	2.82	3.31	.48 (17%)	2.77	3.31	.54 (19%)
Leverage a range of influence strategies to move individuals or groups to take desired actions.	2.65	3.46	.81 (31%)	2.54	3.46	.92 (36%)
Hold one-on-one conversations to productively resolve disagreements and overcome conflict while preserving relationships.	3.18	3.46	.29 (9%)	3.15	3.46	.31 (10%)
Hold one-on-one conversations to help others resolve their challenges and develop skills.	3.18	3.54	.36 (11%)	3.15	3.54	.38 (12%)
Build effective teams where all members are outcome-focused, share the workload and collaborate effectively.	2.94	3.38	.44 (15%)	2.92	3.38	.46 (16%)
Identify and recruit partners that can execute the strategies.	3.00	3.46	.46 (15%)	2.92	3.46	.54 (18%)
Identifying impactful and scalable coalition strategies.	2.88	3.54	.66 (23%)	2.85	3.54	.69 (24%)