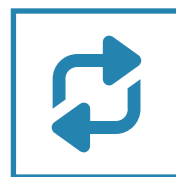
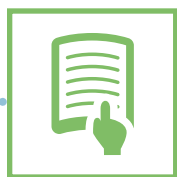


PSE Change Guide

Policy, Systems, and Environmental Change
in Comprehensive Cancer Control



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Overview

The **Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program (NCCCP)** (www.cdc.gov/cancer/ncccp/) provides funding, guidance, and technical assistance to 66 Comprehensive Cancer Control (CCC) programs and coalitions that develop and implement impactful, strategic, and sustainable plans to prevent and control cancer. The **American Cancer Society** (www.cancer.org) is one of two organizations awarded a cooperative agreement to assist in the provision of technical assistance and training to NCCCP funded programs and coalitions. More information on the technical assistance and training offered through the American Cancer Society's Comprehensive Cancer Control Initiatives can be found at www.acs4ccc.org.

In 2010, 13 CDC NCCCP awardee states and one tribal nation were accepted for a new demonstration program funded by the Centers for Disease Control and Prevention (CDC). The goal was to improve awardees' abilities to implement policy, system, and environmental (PSE) change strategies.¹ Throughout the demonstration project, awardees received specialized technical assistance (TA) from CDC and its partners on how to develop and implement a data-driven, evidence-based policy agenda that is feasible based on local political context and cultural preferences.



ACS released the *Policy, Systems, and Environmental Change Guide* [PDF-3.5MB] (www.acs4ccc.org/wp-content/uploads/2020/06/PSE_Resource_Guide_FINAL_05.15.15.pdf) 2015 as part of this technical assistance. The guide sought to help CCC programs and coalitions to develop, implement, and evaluate PSE changes in their communities. **It was built upon a conceptual framework developed by CDC in 2010 (see figure below), which included PSE interventions to reduce the cancer burden.**

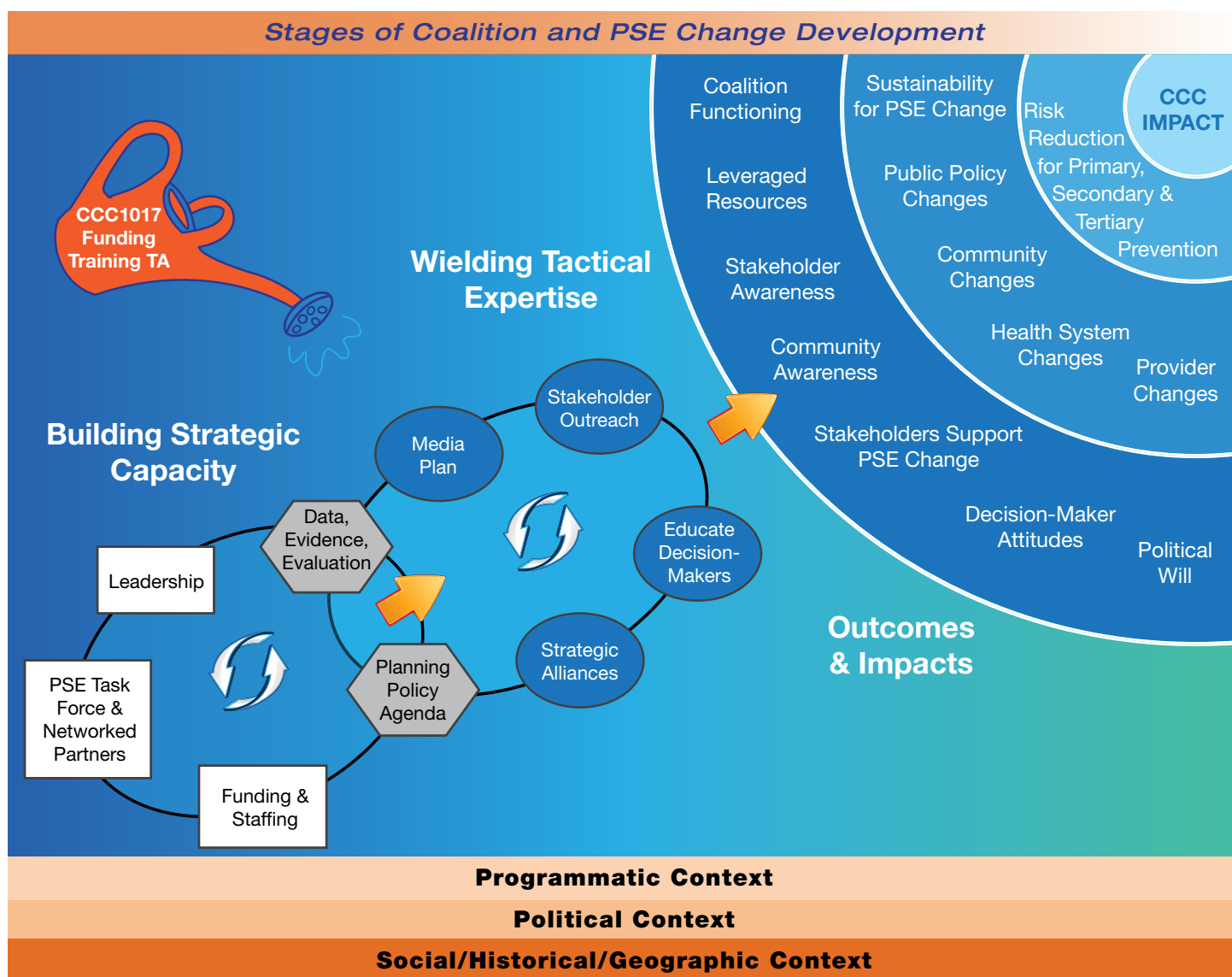


Figure 1. Stages of Coalition and PSE Change Development

Description of key activities implemented during the policy, system, and environmental change process.²

The Centers for Disease Control and Prevention and the American Cancer Society worked collaboratively to update the 2010 PSE conceptual framework and the 2015 guide to reflect new information based on best practices learned over the previous decade. An extensive literature review was conducted assessing 25 to 30 relevant articles published between 2010 and 2020, with older articles included only if needed to fill gaps in knowledge. Researchers used search terms such as policy, systems change, PSE, coalition, partnership, and advocacy, with topic areas including cancer control, obesity prevention, tobacco control, nutrition and physical activity, and chronic disease. Key takeaways were identified from each article and were consolidated into a set of recurring themes.

The resulting updated version of this guide, *PSE Change Guide Policy, Systems, and Environmental Change in Comprehensive Cancer Control*, is designed to be a practical tool incorporating the latest research, case examples, and resources from partners across the country.

This guide is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$825,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CDC/HHS, or the U.S. Government.

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Policy, Systems, and Environmental Change

The Socio-Ecological Model of Population Health

Behind every evidence-based public health approach is a reliable, research-driven theory. Theory provides the “how and why” of the approach. The Socio-Ecological Model (SEM) of population health is a foundational theoretical model. The SEM is a useful tool when developing sustainable solutions for individuals and societies because it recognizes that multiple factors at multiple levels can affect the health of a population.³

The SEM, on the right, shows that organizational, community, and public policy factors are important in determining the behaviors of individuals and their exposures to disease risks.⁴ An example of how the SEM is operationalized can be seen in CDC’s Health Impact Pyramid. The pyramid shows the increasing impact of moving from one-on-one approaches to addressing socioeconomic factors

Figure 2. Socio-Ecological Model

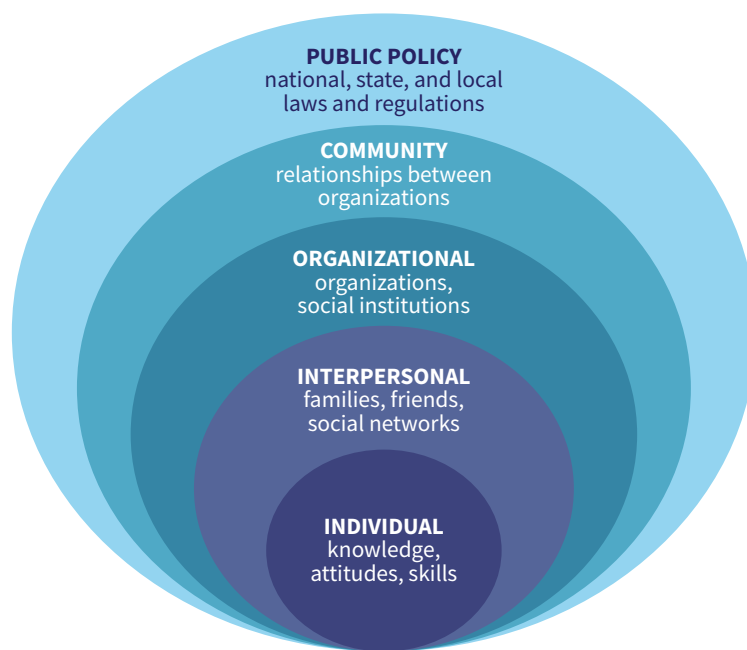
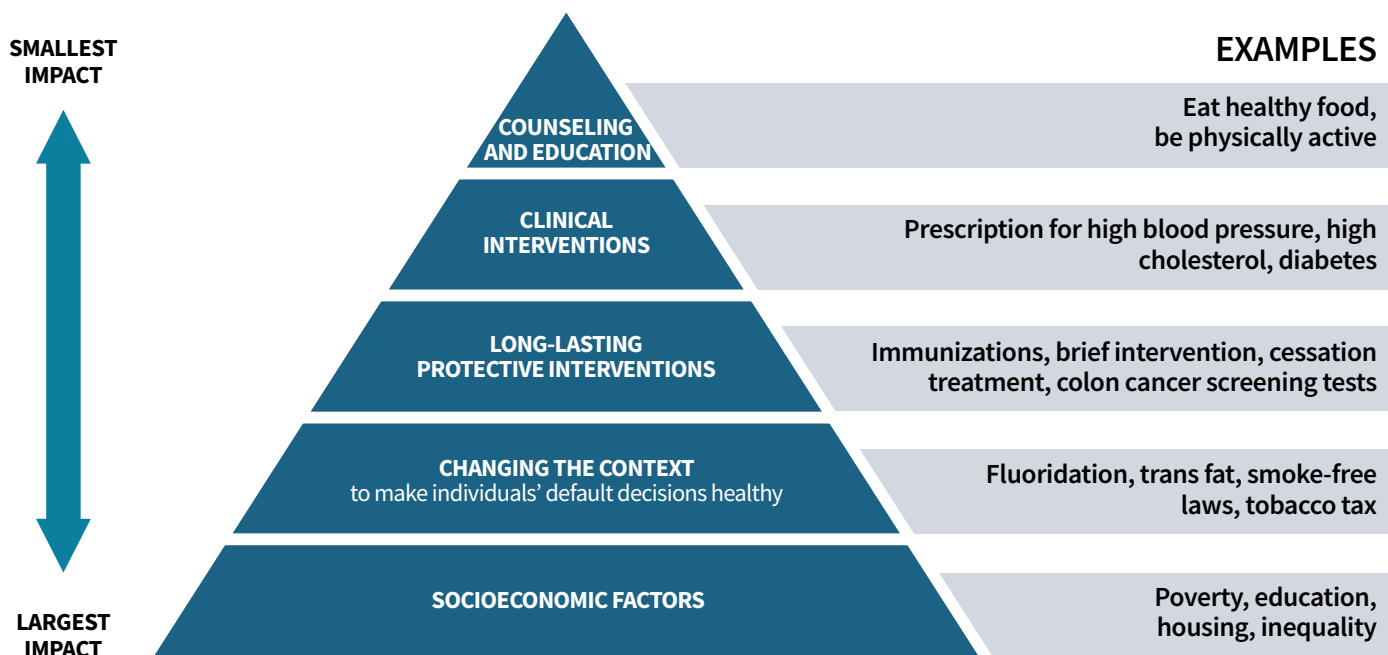


Figure 3. Health Pyramid

CDC HEALTH IMPACT PYRAMID: FACTORS THAT AFFECT HEALTH



The Health Impact Pyramid adapted from Frieden T.R.⁵

https://www.researchgate.net/figure/The-health-impact-pyramid-Adapted-from-Frieden-7_fig3_269772875

The PSE Change Approach

The Socio-Ecological Model can be put into action by using the policy, systems, and environmental (PSE) change approach. The PSE change approach is a strategy for providing accessible and healthy options to all community members and for making healthy options the easier choice.⁶ Examples include creating safe walking and biking routes in communities or improving access to healthy, nutritious, and affordable food.

PSE changes benefit communities by creating long-term and sustainable improvements in population health. These approaches also address health equity issues. For example, they can address a disproportionate disease burden in many under-resourced areas. They also address socioeconomic factors such as housing, education, and income inequality.

PSE change approaches are used in cancer prevention to minimize the disease burden on a population by providing long-term solutions.¹ Strategies seek to go beyond individual behaviors and into the systems that form the structures in which people live, learn, work, and play.

- ▶ Policy change strategies typically seek to inform policies at the legislative or organizational level.
- ▶ Systems change strategies involve changes made to the rules, structures, or processes within an organization.
- ▶ Environmental change strategies are those that result in changes to the physical environment.⁷

For example, a PSE change approach could decrease the cancer burden in a community by providing easy access to tobacco-free environments, safe opportunities for physical activity, and affordable healthy foods.⁸

PSE Change Process in Comprehensive Cancer Control

Implementation of PSE change strategies has been at the forefront of comprehensive cancer control planning for more than a decade. Recognition of the population health impact and sustainability of such strategies has made them a required element of NCCCP efforts. The organizational emphasis on using these approaches means that many seasoned CCC programs and coalitions are well-versed in various aspects of the model presented in this guide.

For CCC programs with new leadership or a coalition that has yet to find its footing in matters of policy and systems work, the information presented in this guide may be a practical and useful tool to share with CCC partners.

Policy, Systems, and Environmental Change

PSE change is a way of modifying the environment to make healthy choices practical and available to all community members.

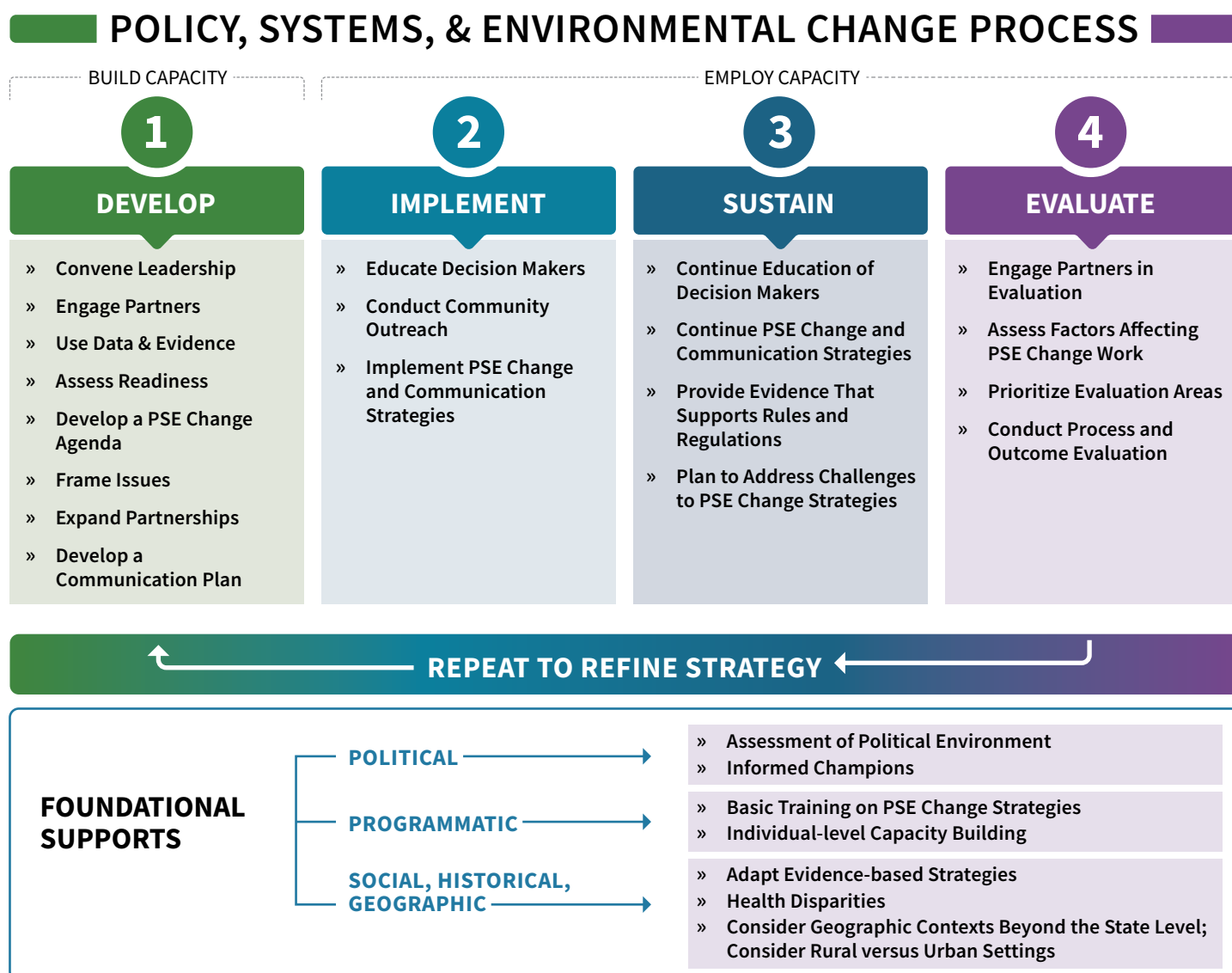
For many years, health programs have focused on individual behavior, assuming that if you teach people what will make them healthy, they will find a way to do it.

Unfortunately, being healthy is not just about individual choices.^{9,10}

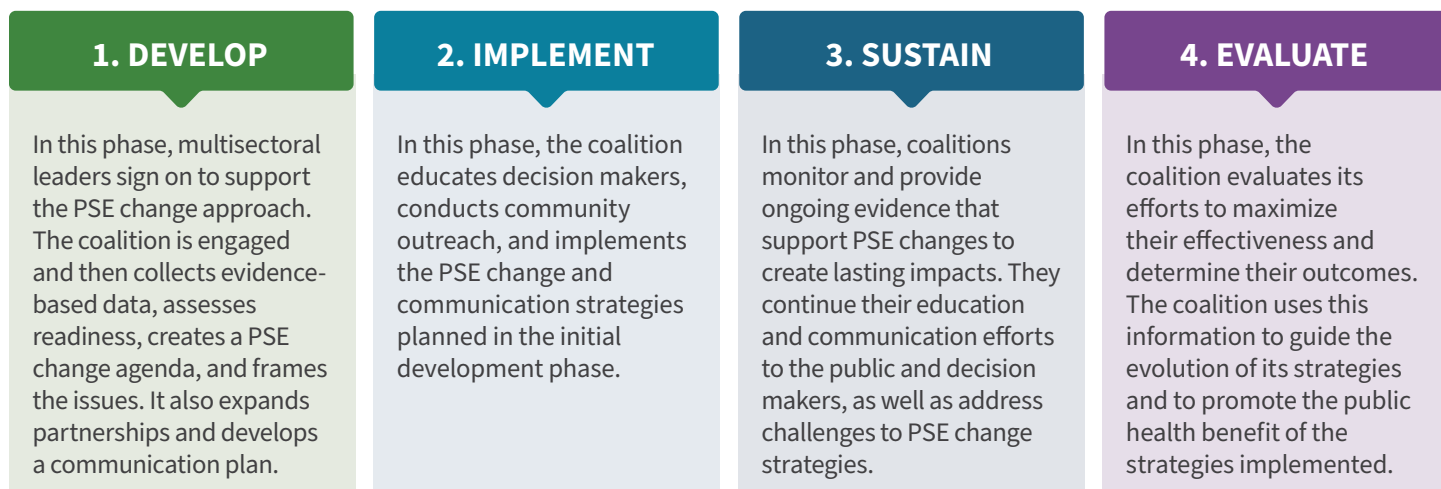


The Four Phases of the PSE Model

The following graphic shows the four phases of the PSE change model in comprehensive cancer control, which are explained in detail in the following sections of this guide.



Briefly, the four phases focus on the following actions:



In addition to the four phases, there are three foundational considerations:

POLITICAL

- ▶ Refers to coalitions having the political will and informed champions necessary to move PSE strategies forward.

PROGRAMMATIC

- ▶ Refers to the coalition capacity and training required to develop and implement a PSE agenda.

SOCIAL, HISTORICAL, GEOGRAPHIC

- ▶ Refers to considering the distinct needs of each community, including rural versus urban settings and unique areas like regional hot spots. Adapt evidence-based strategies and address health disparities.

The PSE change process is cyclical and dynamic. Your CCC program or coalition will ebb and flow between phases as you work to continuously improve your PSE change efforts.

Examples of PSE Change Strategies

The following table shows examples of various PSE change strategies. Each column shows a different type of policy, systems, or environmental change strategy.

SETTING	POLICY CHANGE	SYSTEMS CHANGE	ENVIRONMENTAL CHANGE
School 	Prohibiting the sale of soda on school grounds	Incorporating local produce into the lunch menu and integrating lessons on nutrition into classrooms	Increasing shade in high use areas of schools, such as lunch areas, walkways, playgrounds, and bus stops
Workplace 	Implementing a comprehensive tobacco-free worksite policy that addresses all burned tobacco products, e-cigarettes (vaping), hookahs, and smokeless tobacco	Providing employees access to breast cancer, cervical cancer, and colorectal cancer screenings with no out-of-pocket costs	Providing employees an on-site workout room with a variety of equipment and offering classes such as basic yoga or cardio routines
Community 	Educating decision makers about the benefits of providing palliative care for patients with cancer from the time of diagnosis	Providing cancer screening and treatment navigation for groups experiencing disadvantages	Launching a complete streets initiative to ensure neighborhood streets are accessible for walking and biking

Using the PSE Approach

Over the past 20 years, cancer coalitions have created lasting changes with the PSE approach. One example of change is the **Smoke-Free New Orleans coalition**, which used creative media strategies to communicate the dangers of indoor tobacco use and educate decision makers and constituents about the health benefits of smoke-free environments. In 2015, New Orleans established an ordinance that banned smoking in bars, casinos, and other public establishments.¹¹

DEVELOP

1

DEVELOP

- » Convene Leadership
- » Engage Partners
- » Use Data & Evidence
- » Assess Readiness
- » Develop a PSE Change Agenda
- » Frame Issues
- » Expand Partnerships
- » Develop a Communication Plan

2

IMPLEMENT

- » Educate Decision Makers
- » Conduct Community Outreach
- » Implement PSE Change and Communication Strategies

3

SUSTAIN

- » Continue Education of Decision Makers
- » Continue PSE Change and Communication Strategies
- » Provide Evidence That Supports Rules and Regulations
- » Plan to Address Challenges to PSE Change Strategies

4

EVALUATE

- » Engage Partners in Evaluation
- » Assess Factors Affecting PSE Change Work
- » Prioritize Evaluation Areas
- » Conduct Process and Outcome Evaluation

The Development Phase

The Development Phase is the first phase in the PSE change model. This phase begins with convening interested leadership and gathering evidence-based data and moves through the subsequent steps of assessing readiness, developing a PSE change agenda, framing the issues, developing a communication plan, and building partnership capacities. Additional details about the key steps in the Development Phase are described in the following sections.

Convene Leadership

While many CCC coalitions have been implementing PSE change interventions for years, others may be less familiar with the benefits of the approach or find themselves implementing one-time events and programming. In either scenario, it is important to garner leadership support early in the development process.

Consider convening a meeting of your leadership (CCC Principal Investigator, CCC Program Director, Coalition Chairs, and Workgroup Chairs) to discuss plans for implementing a strategy—including its benefits—and ask for leadership feedback and support. This could be as simple as sharing two or three examples of successful PSE change approaches that you feel may be replicable in your coalition, as well as asking leaders to be present and vocal at your planning meetings.

Finding Real World Examples

For comprehensive cancer control coalitions and their communities, finding the application of PSE change strategies may be just a web search away. However, identifying activities in which the comprehensive cancer approach has been used gives even more insight into how your coalition can operationalize the ideas presented in this guide. The George Washington University Cancer Center's [Action for PSE Change \(https://cancercontroltap.org/wp-content/uploads/2025/05/PSE-Resource-Guide-5.15.25-FINAL.pdf\)](https://cancercontroltap.org/wp-content/uploads/2025/05/PSE-Resource-Guide-5.15.25-FINAL.pdf) provides examples of how comprehensive cancer control coalitions have successfully implemented strategies for sustainable cancer prevention and control.

Engage Coalition Partners

After gaining leadership support, the next step is to ensure you have a committed core of coalition partners who are interested and invested in the PSE change approach. You'll want to include members and organizational partners based on their knowledge, skills, goals, and work styles. A mix of experienced and inexperienced members will provide balance, which is important to a high-functioning team. You may find it both helpful and necessary to form a workgroup or policy group to develop and implement your strategies. Based on lessons learned over the past 10 years, a dedicated policy analyst can be critical to successful implementation of PSE change work.¹

Including partners from different industries, such as education, planning, health care, transportation, agriculture, business, government, groups focused on health equity, faith-based groups, and housing can bring an important outside perspective to your work.⁵ We will discuss expanding partnerships later in the guide, but to begin, consider the following roles when looking for committed coalition partners:

► **Community Organizer**

This role requires someone who knows how to engage the community and can serve as a trusted messenger between your coalition and the community affected by your PSE change efforts. It is a critical and invaluable role. Noted public health researcher Dr. Gil Friedell is famed for repeating, *“If the problems are in the community, the solutions are in the community.”* A community organizer, or similarly trusted community advocate, can ensure that your efforts honor this approach.

► **Communications Coordinator**

The communications coordinator keeps everyone up to date and organizes outgoing social media, media releases, and events to increase awareness of activities among partners and the public. This person also responds to incoming requests from media outlets and promotes cooperative relationships between workgroup members, partners, decision makers, and the public.

► **Health Systems Administrator**

The health systems administrator helps the coalition understand health care regulations, the workings of health care organizations, and emerging trends in the health care industry.

► **Policy Analyst**

This member can perform a policy scan and knows how to frame issues. The policy analyst knows how to develop a PSE change agenda and build consensus among coalition members and decision makers. Local **American Cancer Society Cancer Action NetworkSM** (www.fightcancer.org/about/where-we-work) staff can provide valuable policy guidance.

The policy analyst role was noted as a key factor of successful efforts in evaluating the original PSE change demonstration projects. The analysts helped to coordinate and maintain focus for PSE change efforts.¹



Coalition Diversity

Do you have a diverse mix of people from a variety of community organizations and backgrounds? You will benefit from their valuable and unique expertise in policy, research, media, and evaluation activities.

Coalitions benefit from having members with diverse areas of expertise and different levels of experience.

Diversity, combined with a commitment to PSE change, is the foundation for productive coalition efforts. Engaging organizations that work directly with communities and their leaders will help PSE change programs succeed.

► **Representatives from state agencies and programs, community-based organizations, and other state or local coalitions**

Representatives may be individuals from faith-based entities or underserved communities who work on issues included in the PSE change approach. Regional ACS staff can also provide health systems expertise and resources.

► **Subject Matter Experts (SMEs)**

Non-coalition partners can provide expertise in policy, health equity, social determinants of health, media, or evaluation. If your strategy addresses tobacco use, for example, you would want to make sure you have a tobacco SME in your committed core of coalition members. If your strategy involves a health systems intervention, you may seek a provider, medical coder, or clinic manager.

► **Meeting Facilitator**

A meeting facilitator can be hired, be an outside volunteer, or the role can be rotated among coalition members. It is important that the facilitator has no decision-making authority in meetings and is solely focused on helping the group identify and solve problems.

For more information about establishing roles in cancer coalitions, [read this chapter \[PDF-3.4MB\] \(https://acs4ccc.org/wp-content/uploads/2023/03/9-Habits-of-Successful-CCC-Coalitions-v18.pdf\)](https://acs4ccc.org/wp-content/uploads/2023/03/9-Habits-of-Successful-CCC-Coalitions-v18.pdf) from the guide, *“Nine Habits of Successful Comprehensive Cancer Control Coalitions.”* Also, see the Appendices for key reminders about high-functioning coalitions.

Use Data to Define Your Problem

If your comprehensive cancer control (CCC) plan is up to date, you have likely done a great deal of the groundwork already for this section of the model. Your CCC plan is specific to your region and based on data collected about people living there. Collecting and using these relevant data are critical to the successful implementation of PSE change approaches. Data help to define the problem, describe the starting point, and monitor progress toward achieving your goals.

Review the State Cancer Disease Burden

If your CCC plan needs revising or you are considering work in a PSE change area that is new to your coalition, data gathering and analysis will be the foundation upon which your efforts are built. By assessing the state cancer disease burden, you can establish a baseline for monitoring change. Assessments can also identify knowledge gaps that may need to be considered. Talk to your coalition partners to see if their organizations can provide recent cancer disease burden data. For example, could they provide data from the [state’s central cancer registry \(https://www.cdc.gov/united-states-cancer-statistics/index.html\)](https://www.cdc.gov/united-states-cancer-statistics/index.html), the [state health department’s Behavioral Risk Factor Surveillance System Program \(www.cdc.gov/brfss/state_info/coordinators.htm\)](https://www.cdc.gov/brfss/state_info/coordinators.htm), or a large health system with a far-reaching catchment area? You can also access the [County Health Rankings & Roadmaps site \(www.countyhealthrankings.org\)](https://www.countyhealthrankings.org), which is compiles health outcomes, health factors, and overall health rankings for all counties in the nation. The rankings are updated annually and provide a snapshot of a community’s health.

Two tools developed in recent years make it easy for anyone to explore and use the latest US Cancer Statistics data. The **U.S. Cancer Statistics Data Visualizations Tool** (www.cdc.gov/cancer/dataviz) provides incidence and death counts, rates, and trend data; survival and prevalence estimates; and state, county, and congressional district data in a user-friendly format. In addition, the **American Cancer Society's Cancer Statistics Center** (<https://cancerstatisticscenter.cancer.org>) contains estimated numbers of new cancer cases and deaths in the current year, as well as survival rates and trends. Both sites have ready-made capability to help you share the data in an easy-to-understand and visually appealing way.

Conducting an Environmental Scan

The **University of Kentucky Markey Cancer Center** conducted an environmental scan in 2014 to increase pediatric HPV immunizations in the state. The university identified two project leaders and adhered to the one-year timeline provided by the National Cancer Institute. Researchers analyzed data from surveys, interviews, and television program transcripts. Findings were consolidated into a paper and a poster presentation for the funding organization, partners, and others with an interest in the project. More details of the environmental scan can be found in the article **Environmental Scanning as a Public Health Tool: Kentucky's Human Papillomavirus Vaccination Project** (www.cdc.gov/pcd/issues/2016/16_0165.htm).¹²

Conduct a Statewide Public Policy Scan

As you consider what PSE change interventions to pursue, it is helpful to first get the lay of the land. Policy scans compare policy options to identify the most effective policies for addressing the PSE change project issues. The **American Cancer Society Cancer Action Network (ACS CAN)** (www.fightcancer.org) and other national partners may provide up-to-date information on federal and state policy issues.

The general steps for conducting a policy scan are listed below.¹³ Many public health tools and resources are available to help you through the process.

► Research and identify possible policy options.

How have other coalitions addressed this PSE change topic area? See what's been published recently on **PubMed Central** (<https://pubmed.ncbi.nlm.nih.gov>) so you can learn about best practices from different communities.

► Describe the possible policy options.

For each policy option, identify the population that will be affected, the political and environmental context, and the financial costs and benefits. A professor from your local university, regional staff from **ACS CAN** (www.fightcancer.org/about/where-we-work), or a policy analyst from a nonprofit health organization may be ideally suited to help you with this step.

► Rank the possible policy options and pick the best one.

Rank the policy options based on health impacts, economic impacts, and feasibility. This process will not always be straightforward and might require thoughtful prioritization. Solicit and incorporate feedback from your coalition partners.

For more information about conducting a public policy scan, see CDC's interactive and informative **POLARIS website** (https://www.cdc.gov/polaris/php/cdc-policy-process/policy-analysis.html?CDC_AAref_Val=https://www.cdc.gov/policy/polaris/policyprocess/policyanalysis/).

Conducting a Policy Scan

The **Policy Scan for Cancer Prevention Strategy** from the North Dakota Department of Health is an example of a successful policy scan. The scan was done for a project that communicates statewide policies for supporting the North Dakota Cancer Plan and the ongoing assessment of policies to support cancer prevention.

The policy scan was conducted using the North Dakota Century Code and administrative rules of the North Dakota Administrative Code. Selected policies were ranked in categories by different cancers. For more information, see the **2016 Policy Scan for Cancer Prevention Strategy [PDF-8.5MB]** (<https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/2016-Policy-Scan-for-Cancer-Prevention-Strategy.pdf>) on the North Dakota Department of Health website.

The **Policy Scan for Cancer Prevention Strategy** identifies and reports North Dakota statewide policies pertinent to priorities of the North Dakota Cancer Plan. Policies described in the report represent a snapshot of enacted state-level actions affecting topics related to cancer that can be linked to objectives and actionable strategies highlighted in the North Dakota Cancer Plan. The process used to conduct the Policy Scan was adapted from Connecticut Department of Health's **The Policy Scan in 10 Steps [PDF-1MB]** (https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/hems/chronic_dis/PolicyScanGuideFINAL2pdf.pdf), a guide based on the Connecticut Chronic Disease Policy Scan.

Assess Readiness

Next, your coalition needs to assess its capacity to implement PSE change interventions. Take a step back and consider your readiness to proceed with developing and implementing a PSE change agenda.

To prepare for collaborative PSE change efforts, consider:

1. The overall context for collaboration: What is the current social, political, and economic climate? Is it a good time to implement your PSE change approach?
2. The coalition's capacity to collaborate: Do you have a track record of teamwork?
3. The coalition's capacity to lead PSE change implementation: Does your CCC coalition readily take the lead? Will PSE change work be a "new" endeavor?
4. What factors could be barriers or facilitators to collaboration?
5. Are members of the community demographic you are trying to reach a part of your coalition? Does the coalition have access to community leaders?
6. What are some historical community considerations related to the PSE change strategy?

This assessment can be a relatively simple process conducted during a coalition meeting. The purpose is to gain an understanding of whether members are ready to move forward.



Policy Scan Questions

What populations will be affected by each policy option? By how much? And when?

What is the context around the possible policy options, including political history, environment, and policy debate?

What are the costs and benefits associated with each policy option from a budgetary perspective?

Develop a PSE Change Agenda

At this point, you have buy-in for the PSE change approach from leadership, engaged coalition partners, and data to define the problem. The next step is to develop a PSE change agenda. The PSE change agenda, much like a state CCC plan, is a consensus document that serves as a road map for a coalition's PSE change approach. The work you did compiling surveillance data and conducting an environmental scan will provide insight into your PSE change agenda. Look at the data and determine where to focus.

Identify Priorities

Prioritizing your issues helps you to create a PSE change strategy that can be implemented within a given timeline. A coalition may choose to work on all priority areas; however, certain areas may only be ready for education and outreach, while other areas may be primed for education, outreach, and implementation. Either way, the coalition needs to agree on a path forward.

Consider what the data told you, what issues are the right choice based on your policy scans, community assessments, and the interests of your coalition partners. The synthesis of this information will point you to priority issues that have the greatest potential.

Remember that the National Comprehensive Cancer Control Program outlines priorities for the CCC programs it funds. Use these as the 'guardrails' of your priority identification process:

- ▶ Stress primary prevention, which is making healthy choices to stop cancer before it starts;
- ▶ Help people find cancer early by getting screened at the right time;
- ▶ Support people diagnosed with cancer throughout their treatment and beyond;
- ▶ Provide proven strategies for states, health care networks, and others to put into place, making sure cancer control efforts are effective for everyone who needs them; and
- ▶ Promote access to good health care for everyone.

Discuss the potential PSE interventions with the coalition, and use these questions to choose three to five promising issues:

- ▶ What part of our community is affected and how are they affected?
- ▶ Why is this issue more critical than other similar problems?
- ▶ Why should this issue be addressed now?
- ▶ How and where is the problem or issue manifested?
- ▶ Are there socio-ecological factors that might contribute to this issue? (Refer to the model on page 5.)
- ▶ What partners have an interest in the issue?

After you have identified no more than five promising issues, research any unanswered questions. The research may show that some issues can be put aside because they are too complex or require more resources than are available.

Remember that PSE change work is dynamic and may shift based on the social, political, economic, and public health climate within your state or jurisdiction. Revisit your policy agenda regularly to modify it as needed.

The following table provides information about selected evidence-based PSE change strategies for your consideration.

TABLE: EVIDENCED-BASED PSE CHANGE STRATEGIES***NCCCP Priority Area – Primary Prevention: HPV Vaccination**

Increasing community demand. Implement systems that encourage vaccination, such as notifying people when they are due or overdue for a vaccination. These reminders and recalls can work in a range of settings, from individual health care centers to entire communities.

Putting systems, tools, or protocols in place in health care settings:

- ▶ Evaluating providers' vaccination records and giving feedback on their performance
- ▶ Using chart notes, computerized alerts, checklists, or other tools to remind providers when patients are due for vaccinations
- ▶ Establishing standing orders or policies that allow nonphysician personnel to administer vaccines

NCCCP Priority Area – Primary Prevention: Skin Cancer

Avoiding ultraviolet rays through shade structures, protective clothing, and sunscreen can reduce the likelihood of developing skin cancer.

- ▶ Supporting primary school policies, such as scheduling outdoor activities outside of peak sun hours
- ▶ Increasing the availability of sun-protective items, such as sunscreen or protective clothing, at primary schools and in outdoor recreation settings
- ▶ Adding sun-protective features to the physical environment (shade structures)

NCCCP Priority Area – Primary Prevention: Nutrition

Making changes to physical or organizational structures that make healthy choices easier for the entire workforce. Examples include making healthy foods more available, providing more opportunities to be physically active, changing health insurance benefits, or providing health club memberships.

NCCCP Priority Area – Primary Prevention: Obesity

Implementing school meal policies that ensure school breakfasts or lunches meet nutrition requirements, and programs that provide fresh fruit and vegetables to students during lunch or snacks.

NCCCP Priority Area – Primary Prevention: Physical Activity

Implementing a built environment intervention that uses transportation systems and land use design to make physical activity easier and more accessible. Examples include street connectivity, sidewalks, bicycle paths, public transit infrastructure, mixed land use environments, and access to parks and other recreational facilities.

Creating or enhancing access to places for physical activity, for example, developing walking trails and building exercise facilities or providing access to existing exercise facilities.

Installing point-of-decision prompts (motivational signs) in or near stairwells, escalators, or elevators to encourage people to take the stairs. These signs are effective in many settings, including shopping malls, transit stations, and office buildings.

TABLE: EVIDENCED-BASED PSE CHANGE STRATEGIES***NCCCP Priority Area – Primary Prevention: Tobacco Use**

Increasing the unit price for tobacco products includes public policies at the federal, state or territory, or local level that increase the purchase price per unit of sale. The most common policy approach is legislation to increase the excise tax on tobacco products, though legislative actions and regulatory decisions may also be used to levy fees on tobacco products at the point of sale.

Implementing smoke-free policies including public-sector regulations and private-sector rules that prohibit smoking in indoor spaces and designated public areas. State and local ordinances establish smoke-free standards for all or for designated indoor workplaces, indoor spaces, and outdoor public places. Private-sector smoke-free policies may restrict all tobacco use on private property or restrict smoking to designated outdoor locations.

Reducing tobacco users' out-of-pocket costs involves policy or program changes that make evidence-based treatments such as medication and counseling more affordable. To achieve this, new benefits may be provided or changes may be made to the benefits offered to reduce costs or co-payments.

Restricting minors' access to tobacco products – stronger laws for retailers who sell tobacco, active enforcement of these laws, and retailer education can help keep tobacco products out of young people's hands.

Decreasing tobacco use among workers – strategies to boost quit rates in the workplace include policies restricting or banning smoking indoors and in public places, and incentive programs that reward workers for cutting back their tobacco use.

NCCCP Priority Area – Cancer Screening: Breast, Cervical, and Colorectal

Sending client reminders. Strong evidence supports sending patients reminders (such as letters, postcards, emails, or phone messages) to increase screening use for all three cancers. Evidence also shows an added benefit to combining client reminders with other intervention strategies recommended by the United States Preventive Services Task Force to promote breast and colorectal cancer screening.

Reducing out-of-pocket costs. Remove economic barriers to screening with approaches that might include vouchers, reimbursement, reducing co-pays, or adjusting insurance coverage.

Reducing structural barriers. Keeping flexible clinic hours, working in non-clinical settings such as mobile mammography vans, and offering onsite translation, transportation, patient navigators, and other administrative services.

Instituting worksite policies that support screening, including allowing flexible times at the beginning and end of each workday to enable employees to go to cancer screening and follow-up appointments.

Implementing provider-oriented intervention strategies for breast, cervical, and colorectal cancer screening:

- ▶ Assessing how many of their patients receive screening services and giving them feedback on their performance can boost screening use for all three cancers.
- ▶ Informing providers that a patient is due or overdue for services is another effective way to get more people screened. These reminders and recalls can be added to patient medical records or delivered to the provider in other ways.

Engaging community health workers to increase screening. Promoting cancer screening by providing tailored education, arranging transportation services, ensuring survivors are aware of and have access to survivorship resources, and participating in survivorship committees at cancer centers.¹

TABLE: EVIDENCED-BASED PSE CHANGE STRATEGIES***NCCCP Priority Area – Cancer Survivors***

Developing, testing, maintaining, and promoting patient navigation or case management programs that facilitate optimum care for people living with cancer

- ▶ Examples: Increase survivors' awareness of and access to survivorship resources; increase the number of community health workers trained in end-of-life issues.

Assessing and enhancing provision of palliative services to cancer survivors

- ▶ Example: Develop and implement a plan to collect cancer patient hospice use data.

Educating health care providers about issues facing cancer survivors from diagnosis through long-term treatment effects and end-of-life care

- ▶ Example: Support medical licensure requirements to include one or two hours related to caring for cancer survivors; use existing continuing medical education materials as part of a clinic systems change; integrate survivor care plans into systems of care by using electronic medical records to populate care plans.

Establishing and disseminating guidelines that support quality and timely service provision to cancer survivors

- ▶ Example: Increase the proportion of cancer survivors who report receiving a written summary of all cancer treatments received and written instructions about where to return or whom to see for routine cancer checkups after completing treatment.

Establishing integrated multidisciplinary teams of health care providers

- ▶ Example: Increase the number of cancer care facilities that include patient advocates on their multidisciplinary care teams.

Increasing access to evidence-based treatment and services delivered in a timely and competent manner

- ▶ Example: Increase the number of YMCAs offering Livestrong at the YMCA for cancer survivors; work with a tobacco quitline to offer free nicotine replacement therapy and expanded services for cancer survivors; establish comprehensive telehealth interventions to help adults who have chronic diseases affected by dietary behaviors.

Increasing access to clinical trials

- ▶ Example: Educate decision makers about economic and insurance barriers related to health care and enrollment in clinical trials for cancer survivors.

^{14,15} Examples of evidence-based intervention PSE changes are from The Community Guide for Preventive Services, accessed at www.thecommunityguide.org/topic/cancer. The guide strongly recommends the strategies listed in the table above.

¹⁶ Survivorship PSE change strategies are provided from the NCCCP Library of Indicators and Data Sources (LIDS) [DOCX-155KB] (www.cdc.gov/cancer/dcpc/doc/dp17-1701-ncccp-workplan-instructions-forms.docx). Examples were excerpted from online cancer plans and journal articles.

The **Policy Playbook for E-cigarettes [PDF-12MB]** (www.publichealthlawcenter.org/sites/default/files/resources/Policy-Playbook-ECigarettes.pdf), developed by the Public Health Law Center, provides policy and advocacy tools for communities, public health practitioners, educators, and others to help address youth e-cigarette use. For more information on this topic, visit **CDC's Quick Facts on the Use of e-cigarettes for Kids, Teens, and Young Adults** (<https://www.cdc.gov/tobacco/e-cigarettes/youth.html>).

Frame the Issues for Decision Makers

Framing is the way a problem is presented to partners, community members, and decision makers. By using words, numbers, and images, you can encourage people to understand the health benefits of a particular issue you are trying to address. For example, framing can educate policymakers as to how or why they may want to prioritize an issue which data shows can benefit their constituents and which policy initiatives might be most effective to address the issue.

Effective framing considers the perspectives of the primary audiences. The work you've done to recruit diverse coalition members will help you with framing. Ask key partners to write an informal list of talking points about why their networks, colleagues, and constituents should support a PSE change priority.¹⁷

For more information, see **The Art and Science of Framing an Issue** (www.lgbtmap.org/art-and-science-of-framing-an-issue) by the Movement Advancement Project and GLAAD.

Expand Partnerships

Now that your coalition has a focused PSE change agenda, the next step in the Development Phase is to build partnerships with organizations outside of the current coalition that will help you accomplish your priorities. The following section describes organizations that can be helpful—or even critical—for sustaining a PSE change approach.

Conduct Partnership Assessments

As we know, comprehensive cancer control is based on collaboration—implementing as a coalition what you could not achieve as an individual organization working on your own. Partnerships remain the cornerstone of your PSE change work. Take this opportunity to widen the net by expanding your partnerships based upon your chosen priority issues.

A diverse group of partners can help to refine and implement the PSE change agenda. Partners can also support the enforcement and evaluation of PSE change strategies. Partners could include:

- ▶ Cancer organizations
- ▶ State or local lawmakers
- ▶ Parents
- ▶ Media
- ▶ Cancer survivors and their families
- ▶ Researchers
- ▶ Academic medical centers
- ▶ Advocacy organizations
- ▶ Neighborhood community groups and associations
- ▶ School district representatives
- ▶ Parent-teacher associations
- ▶ Local chambers of commerce
- ▶ CCC program staff
- ▶ Chronic disease program staff

Assess whether organizations have similar interests, values, expertise, or access to the community that will contribute to the PSE change work. The process of assessing potential partners can also help to clarify the best ways to work with partners.¹⁸

Develop a Plan to Communicate with Partners

The last step in the Development Phase is to create a communication plan to ensure that your coalition is literally “sending the right message” about your PSE change efforts. The right messages give your coalition the power to reach broad audiences, affect public perceptions, and influence practices around the coalition issue.

What opportunities exist for you to communicate both internally and externally about your strategies?

Internal Communications

Effective internal communication creates a shared vision, establishes roles and expectations for the coalition members, promotes collaboration and coordination among coalition members, and helps inform members of coalition successes. Frequent and positive internal communication also increases member motivation and satisfaction, enhances implementation of coalition activities, and is an important aspect of enhancing sustainability.

External Communications

A coalition or workgroup should strive to keep community members and leaders informed about the actions and achievements of the group and to obtain input on objectives, activities, and goals. This helps enhance sustainability by promoting buy-in from the community, improving awareness of the coalition and its activities, increasing support for the coalition, and creating enhanced opportunities for collaboration and financing.⁵

Sit down with coalition partners who are adept at communication (remember, you identified a point person in the Development Phase) and walk through this table at a meeting.

COMMUNICATION TACTIC	QUESTIONS TO DISCUSS	CONSIDERATIONS
Email 	▶ Who is on our coalition distribution list? Who are we missing? – Staff, partners, media, community leaders, clinicians, advocates, academicians, listservs	▶ How often should we communicate with partners on the issue we’re addressing? Weekly? Monthly? Other? ▶ Who will be responsible for sending email updates?
Email Newsletters 	▶ Which newsletters do our priority audience subscribe to? ▶ Which email newsletters will we use to publicize information about our efforts?	▶ Identify a coalition staff member or partner who will be responsible for sending your content for inclusion in other organizations’ newsletters.
Social Media 	▶ Have we secured a profile name for our coalition and/or PSE change initiative on various social media networks? ▶ What messages are most shareable? ▶ Where will we direct people for more information?	▶ Identify a coalition staff member or partner who will be responsible. ▶ Decide how often content will be updated.

COMMUNICATION TACTIC	QUESTIONS TO DISCUSS	CONSIDERATIONS
Blog 	▶ What blogs cover this topic and which leaders care most about this topic?	▶ Who can blog about this topic for us and/or our partners?
Website Content 	▶ What web pages will need to be developed or updated with information about our PSE change approach? ▶ What is the call to action for these pages?	▶ Reserve an easy-to-remember domain name or URL. ▶ Identify a coalition staff member or partner who will be responsible for web content. ▶ Decide how often content will be updated.
Events 	▶ Where can we find our priority audience when we want to reach them?	▶ Event considerations: number of attendees, presentation, white papers, poster opportunities, Board of Health meetings, community events, health fairs, career fairs.
Direct Mail 	▶ How can we focus our message to be most effective?	▶ By ZIP code, area code, neighborhood, school district, employer, etc.
Newspaper 	▶ Where in the local newspaper would we look to find our PSE change information?	▶ Provide the newspaper with matte articles and public service announcements.
Media 	▶ What opportunities are coming up to invite or visit local media?	▶ Provide media outlets with public service announcements and offer interviews for public affairs shows.
Photos 	▶ What photo opportunities will we have at upcoming events?	▶ Is someone in our coalition willing to take photos at an event, or do they have organization staff who could donate their time to take photos? ▶ Do we have permission to take photographs?
Elevator Speech 	▶ When someone asks what we are doing, do we have a message that uses the 27-9-3 rule? (Under 27 words, can be delivered in 9 seconds, and 3 major points)?	▶ Appoint a small group of wordsmiths in your coalition to draft your PSE change approach "elevator" speech.

Your communication plan may simply include the types of communication tactics listed above, or you may incorporate them into an existing coalition communication plan. If your coalition has a separate media plan, you may choose to add some of the relevant tactics to this plan.

If your coalition does not have a media plan and wants to create one, explore **The George Washington University Cancer Center's Communication Training for Comprehensive Cancer Control Professionals 101 and 102** (<https://cancercontroltap.org/news/communication-training-comprehensive-cancer-control-professionals-101-and-102/>) document. For more information on social media posts, please see **The George Washington University Cancer Center's Cancer Awareness Toolkits** (<https://cancercontroltap.org/cancer-awareness-toolkits-authored-by-gw-tap/>).

Communication and media plan outcomes should be measurable, and strategies should be developed with clear goals, primary audiences, and approaches in mind.



IMPLEMENT

1

DEVELOP

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- » Develop a Communication Plan

2

IMPLEMENT

- » Educate Decision Makers
- » Conduct Community Outreach
- » Implement PSE Change and Communication Strategies

3

SUSTAIN

- » Continue Education of Decision Makers
- » Continue PSE Change and Communication Strategies
- » Provide Evidence That Supports Rules and Regulations
- » Plan to Address Challenges to PSE Change Strategies

4

EVALUATE

- » Engage Partners in Evaluation
- » Assess Factors Affecting PSE Change Work
- » Prioritize Evaluation Areas
- » Conduct Process and Outcome Evaluation

The Implementation Phase

The Implementation Phase is the second phase in the PSE change model. You have engaged leadership and partners, examined your data, and laid out an agenda. Now it's time to open the starting gates! This phase contains process steps for educating decision makers, conducting community outreach, and implementing the PSE change and communication strategies planned in the initial Development Phase. You may need to educate decision makers first or choose to reach out to the community first, depending on the PSE change activity.

Educate Decision Makers About the PSE Change Strategy

Coalitions can be comprised of diverse sets of partners who may have different rules for how and when they can communicate with decision makers. Communicating with decision makers can take the form of educating, advocating, or lobbying. Educating helps to inform about the health benefits of a strategy or policy; advocating attempts to bring about social change on behalf of an organization; and lobbying attempts to influence the decisions of legislators. No CCCP staff or activities funded with federal dollars can be used to lobby lawmakers or advocate for funding or for the initiation or passage of any type of legislation. CCC program and coalition members must follow the rules of their state and organization when getting involved with policy actions. Protocols differ by professional industry.



Nonprofit organization employees may advocate and educate using unbiased, evidence-based information. They are limited in lobbying capacities and must register with the state if engaging in substantial lobbying activity.



Government employees may educate on topics approved by their department or when requested by the executive or legislative branch. They cannot advocate or lobby.



Academic employees may educate on topics approved by their department. They cannot advocate or lobby.



Individuals may educate through personal channels of communication only.

Learn More

Interested in learning more about working with key decision makers? Refer to **Persuading Decision Makers to Act for Better Public Health [PDF-804KB]** (<https://berkeley-public-health-archive.s3-us-west-1.amazonaws.com/sites/default/files/Advocating-for-Change-Manual-2.pdf>) from the Center for Healthy Communities. This guide shares how to identify your decision makers, find the right decision makers for your issue, frame key persuasion points, and identify what motivates your decision makers. Easy-to-follow worksheets are included.

Conduct Community Outreach

Community partnerships are an effective way to bring about environmental and behavioral changes that improve community health. Continuing involvement of community members is essential for your coalition's PSE change efforts to have a broad reach and create lasting change. In the Development Phase, we encouraged you to identify a community organizer or advocate to be involved in your core coalition team when addressing PSE change. This person or people can continue to be your bridge to the community, helping the coalition build a groundswell of support.¹⁹

CCC coalitions are well acquainted with the concept of community outreach. It is a foundational aspect of developing and implementing comprehensive cancer control plans. Apply these same community outreach principles to PSE change strategy implementation. Continue to check in with community members about the process and be clear about how it will change to help the community.

Community Outreach Principles

As you plan for community outreach and meet with community members, keep these best-practice principles top of mind:

- ▶ **Purpose.** Always be clear about the strategic purpose and goals of the desired PSE changes. You developed messaging in your communication and media planning; stick to it and share it often. You should be able to identify the populations of focus and communities that will be affected by the changes clearly.
- ▶ **Context.** Keep learning as much as possible about your community. We can always learn more! Familiarize yourself with their economic conditions, norms, values, political structures, demographic trends, history, and experience with previous outreach efforts.
- ▶ **Trust.** Do you think the community trusts your coalition? Trusted partnerships require time, consistent and clear communication, and follow-through. Be intentional about cultivating trusting relationships with people in the community, including formal and informal leaders. Remember, PSE change will be more sustainable with community support.
- ▶ **Accept.** Accept a community's right to self-determination. Determinations about any problems and solutions should come from the community.
- ▶ **Partnership.** Strong relationships with the community are essential to implement PSE changes. A truly collaborative partnership enhances the capacity of the other partner for mutual benefit and a common purpose.
- ▶ **Respect.** Respect the diversity within communities. This diversity includes economic, educational, employment, cultural, race, ethnicity, age, gender, mobility, literacy, and interest differences.
- ▶ **Action.** Action requires mobilizing community assets and strengths and developing the community capacity needed to bring about change. Be sure to document every action step your coalition takes in pursuing PSE change and share them! Follow-through on action steps builds trust.
- ▶ **Flexibility.** Flexibility is needed to develop and implement PSE change. Community-driven change is a dynamic process. A willingness to be flexible and adapt to change was a key lesson learned from CDC's NCCCP PSE change demonstration program¹.
- ▶ **Commitment.** Community change is a long-term effort. While your PSE change might be occurring around a specific, time-limited opportunity, long-term partnerships have the greatest capacity for making a difference in the population's health.²⁰

Implement Communication Strategies

In the previous phase, you created a communication and media plan. Now it's time to put it into action! Effective communication strategies amplify your efforts by promoting your key messages to primary audiences and by engaging and involving many more people to bring about desired PSE changes.

Manage Your Communication Messages

People who can share your messages are not likely to be experts on your PSE change activities. Nor will they have enough time to sift through long white papers or piles of policy documents to pick out the main issues and objectives of your work. You must help others quickly understand the importance of the coalition's mission and goals and how they can best convey your health messages to their readers, viewers, and listeners.

Manage Your Communication Opportunities

Last-minute communication and media opportunities can arise because of unforeseen current events or changes in legislative policies. Often quick decisions will be needed. In the Development Phase, you identified coalition partners with communication skills. As your PSE change strategies take shape, these team members should be prepared to respond to various media opportunities. Identify specific people to write content for press releases, blog posts, social media messages, and radio public service announcements. Additionally, identify and train speakers to speak on behalf of the coalition.



SUSTAIN

1

DEVELOP

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2

IMPLEMENT

- » Educate Decision Makers
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3

SUSTAIN

- » Continue Education of Decision Makers
- » Continue PSE Change and Communication Strategies
- » Provide Evidence That Supports Rules and Regulations
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4

EVALUATE

- » Engage Partners in Evaluation
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- » Prioritize Evaluation Areas
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The Sustain Phase

The Sustain Phase is the third phase in the PSE change model. To ensure the sustainability of your PSE change intervention, you need to continue to educate decision makers, maintain your PSE change and communication strategies, monitor the implementation of new rules and regulations, and strategize how best to address opposition from people, organizations, and environmental influences.

You worked hard to implement your PSE change interventions. Now is the time to monitor, maintain, and cultivate those efforts to ensure they remain in place.

Continue to Educate Decision Makers

The process of educating decision makers is not finished after implementation. They need to be proactively updated about changes as they are happening. Consistent communication sustains their buy-in and enables them to respond appropriately. Keep everyone informed. Conduct regular face-to-face or video meetings, emails, and conference calls to keep your coalition up to date.

Keep in mind that coalition members must follow the rules of their state and organization when working with policy decision makers. Acceptable education and interaction protocols were stated above for nonprofit, government, and academic employees, as well as for individuals.

Continue PSE Change and Communication Strategies

Continuing and adjusting the PSE change and communication strategies is also an important part of the Sustain Phase. PSE changes are usually long-term efforts and are continuously revised based on feedback from ongoing implementation. For example, an initiative to eliminate sugar-sweetened beverages in health care organizations statewide is likely to be a long-term, multi-phased effort.

How do you know if your CCC coalition's communication strategies are hitting the mark? Consider the following questions, adapted from the **ACS NCCRT Evaluation Toolkit: How to Evaluate Activities to Increase CRC Screening and Awareness** (https://nccrt.org/wp-content/uploads/2024/12/ACS-NCCRT_-2017-EvaluationToolkit_FINAL.pdf):

- ▶ Are we consistently communicating accurate and timely information about our intervention?
- ▶ Are our communication strategies increasing community members' and decision makers' discussions on the intervention topic?
- ▶ Are our communication strategies reaching the number of people we thought they would? Are we reaching our intended audience?
- ▶ Have we solicited feedback from the community about our communication strategies? What are they saying? Are changes needed?

Flexibility is vital. If you need to change an aspect of the initial implementation plan, remember to make corresponding changes to the communication plan.

Work with Partners to Monitor Implementation of PSE Change

Monitoring the implementation of your new PSE change strategies is not always straightforward. For example, if your strategy involved restrictions on the marketing of e-cigarettes to youth, thorough monitoring would entail detecting infringements of that policy and identifying the intent and responsibility for the infringements and penalties. Part of your coalition's role in this process could be to provide information as to how this was done successfully in other states by linking coalition partners with the latest public health policy research. Effective monitoring of policies often includes coordination among different enforcement agencies and consistent procedures throughout a community. Coalition partners could provide linkages among agencies as appropriate and help partners find consensus on unified messaging.

Another example, if your PSE change strategy was to build shaded areas on school playgrounds, it would be useful to monitor their use and maintenance. Your partners could develop a plan to check with school authorities and community members as to the use and benefit of the new shaded areas.

When implementing “Big P” policy changes, setting high penalties for small, easily detected infringements may generate many enforcement actions and resentment that are counterproductive to community acceptance of the new PSE changes. Similarly, setting inappropriately low penalties for hard-to-detect infringements that have high impacts may also decrease confidence in the sustainability of the changes.

One of the most researched PSE change interventions to date is the implementation of tobacco-free ordinances. Several aspects of enforcement that require program and coalition attention have been identified from these recent studies. When working with your partners to monitor the adoption of rules or regulations, the four enforcement aspects listed below should be considered in relation to each other. Careful implementation of these points can make enforcement self-sustaining.²¹

Some PSE changes might be better enforced by positive means as opposed to penalties. For example, if a school adopts your healthy vending policy, how might you reward them (certificate of achievement, positive mentions in your communications, nomination for a community award, for example). On the other hand, legislative policy changes might warrant some sort of monetary penalty if not followed. You may need to work with legal counsel to decide how those penalties will be implemented.

Determining who is responsible for monitoring and enforcing rules and regulations is critical to sustaining PSE change. In some cases, this may be a leader within an organization. In other cases, enforcement may require experts and individuals in the community suited for the task.

Any potential enforcement consequences should be communicated clearly to all affected individuals.²² And contact information and reporting procedures should be readily available for those wishing to report something out of compliance.

Four Points of Monitoring ‘Big P’ Policy

1. The likelihood that you can determine a rule or regulation was broken:
 - How will you know if your PSE change is being adhered to?
2. The process for you to determine responsibility:
 - How will you determine who will be held responsible?
3. The types of consequences when a rule or regulation is broken:
 - If your PSE change isn't followed or implemented, what will happen?
4. The extent of the consequences:
 - Will you have different levels of consequences?

Plan to Address Challenges to PSE Change Strategies

Expect and be prepared to encounter challenges to new PSE changes. Try to understand why people might resist the changes—their reasoning and their strategies—so that you can identify the best ways to respond to them.

Here are some tactics to deal with opposition to implementing your PSE change strategies:²³

► **Learn from the past.**

If an organization or individual has a history of responding in a certain way, they will likely respond the same way in the future. Knowing the history and preferred tactics of opponents can help you to anticipate and prepare for likely outcomes.

► **Understand your opposition's strategy.**

Knowing the opposition's beliefs, background, and positions will make it easier to respond to them effectively.

► **Publicly state the opposition's agenda.**

Not only will it make your coalition aware of the opposition's agenda, but you may also win the support and respect of your partners.

This is especially true if your opponent is more influential than you are.

► **Be careful about how you present your opposition to the public.**

Information that you might want to make public includes what your opponent has said or done, why it is untrue or unfair, what is true or fair, and how the truth affects you and your opponent.

► **Discuss coalition deal breakers.**

Make sure the group is on the same page and has identified the minimum policy change that everyone is willing to accept to achieve the overarching goal. A deal-breaker discussion can help coalitions work through tough decisions prior to moving forward. You may want to consider signing an agreement to hold everyone accountable for staying together.

► **Set the agenda.**

Make sure you influence the agenda enough to create opportunities to express key coalition messages. Do not let the opposition monopolize the conversation.

► **Ask for a third-party facilitator.**

Facilitators make it easier for opposing parties to reach consensus by refocusing their thinking in terms of interests rather than positions.

Facilitators also provide expertise to help resolve differences and conflicts in less time.

► **Be willing to compromise.**

Agree to disagree. Compromise is a common solution to resolving disagreements in negotiation and mediation processes. Using a compromise to settle a conflict or dispute requires that the parties involved know the outcome will be less than they had initially expected.

► **Turn negatives into positives.**

If possible, turn a bad situation into a positive, powerful position. Did someone opposed to your policy efforts get airtime with a decision maker? Take the opportunity to regroup with your partners and identify talking points, messages, or communication materials for the team to reference the next time you experience pushback.

EVALUATE

1

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EVALUATE

- » Engage Partners in Evaluation
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The Evaluation Phase

The Evaluation Phase is the fourth phase in the PSE change model. During this phase, you will need to engage partners to help assess factors affecting the PSE change work, prioritize evaluation areas, and conduct process and outcome evaluations. The process of developing and implementing the PSE change agenda and progress toward intended outcomes helps determine the focus of the evaluation.

Engage Partners in the Evaluation Process

Evaluating your PSE change efforts may seem intimidating, but it is critical to the success of future PSE change efforts. Evaluating your efforts gives you vital information about how things are progressing, what strengths can be maximized to propel the effort further, and what midcourse corrections are required so that your efforts make the desired impact. It is also beneficial to your public health colleagues who have been contributing to these efforts.

Partners provide insight that ensures that evaluation results and recommendations can be used. Partners can play a valuable role in the evaluation and can inform the evaluation goals, questions, design choices, and data collection methods of your project. Choose partners that are interested in the coalition's priority PSE issues and engage them early in the evaluation process. Define clear roles and responsibilities for their involvement. When working on PSE change evaluation, the following partners can provide valuable perspectives:²⁴

- ▶ Policy analysts
- ▶ Public health evaluators
- ▶ Subject matter experts
- ▶ Decision makers
- ▶ Policymakers
- ▶ Healthcare quality improvement staff
- ▶ Public health epidemiologists
- ▶ City planners
- ▶ Those who are affected by your policy change



Assess Factors Affecting PSE Change Work

After you have your evaluation partners on board, consider what factors have affected your policy implementation work. Brainstorming a list of these factors will help you see where the opportunity for evaluation focus may lie, as well as help frame the results of the evaluation. For example, did a policy opportunity steer your work in a particular direction? Perhaps a story about radon made the news in your state, causing lots of public interest and potential for momentum. Achieving PSE change often requires flexibility to adapt to changing conditions and emerging opportunities.²⁵ These and other factors should be mentioned in your evaluation, as they'll give context to what helped or hindered your policy work.

Another factor that might have affected your policy work are key partnerships. Was there a new partner whose enthusiasm and connections opened doors? Coalition capacity might also affect your policy work. Did you receive a grant or gain a staff member with expertise that expanded your coalition's capacity?

Look back on the steps you took in the Development and Implementation Phases and identify factors that were critical—both positive and negative. All of these factors will help you evaluate lessons learned in the policy process.

Prioritize the Evaluation Areas

You have assessed which factors have affected your policy work and brainstormed a list of lessons learned. Now you can prioritize the aspects of your PSE change efforts that you'd like to evaluate. The entirety of your work does not need to be evaluated. Focus your efforts!

As you look at your list, do you see themes emerging? Or perhaps a pivotal event or partner that had a huge influence on your PSE change efforts? Consider honing in on one or more of these in your evaluation, such as policy successes, changes, and failures, stakeholder engagement, or the process you went through to identify and implement your PSE change strategies. Prioritizing your evaluation areas by what is of interest to your partners or funders can also help sustain your efforts long-term. Funding, resources, and staff time must also be considered when prioritizing your evaluation areas. In other words, *"Do what you can, with what you have, where you are,"* – Theodore Roosevelt.



Conduct Evaluation

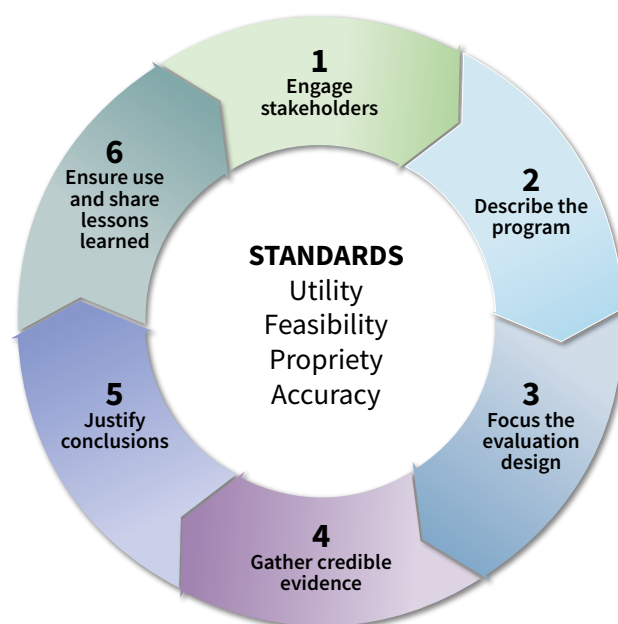
Now that you have chosen one or more areas to focus on in your evaluation, you can walk through an evaluation model to help you complete an evaluation that results in a report or brief to share with partners. By following the steps in the model to the right, you'll collect information that can be used to inform your next PSE change steps or future projects. CDC's six-step evaluation model provides a framework for your evaluation efforts. It ensures that evaluations are built with program improvement in mind.

The evaluation model is iterative, like the policy framework. A helpful step-by-step evaluation guide with leading questions, templates, and worksheets can be found in the **Comprehensive Cancer Control Branch Program Evaluation Toolkit [PDF-3.8MB]** (<https://stacks.cdc.gov/view/cdc/158305>).²⁵

Process or Outcome Evaluation?

Although there are many types of evaluation, the two types you are most likely familiar with in your CCC work are process and outcome evaluation. Process evaluations analyze what activities took place, when and where they took place, barriers and facilitators around implementation, and who benefited from the change. Outcome evaluations clarify whether or not impacts and outcomes can be attributed to your PSE change intervention.^{2,26}

Figure 4. Evaluation Framework



EVALUATION TYPE	WHAT IT SHOWS	WHY IT IS USEFUL	EXAMPLE: A PSE CHANGE WORKSITE WELLNESS STRATEGY TO INCREASE NUTRITION AND PHYSICAL ACTIVITY AMONG ADULTS
Process Evaluation	▶ How well the PSE change intervention is working ▶ The extent to which the PSE change intervention is being implemented as designed ▶ Whether the PSE change intervention is accessible and acceptable in the population of focus	▶ Provides an early warning for any problems that may occur ▶ Allows the coalition to monitor how well its PSE change plans and activities are working	A process evaluation may look at components of the strategy which may include: actions and tactics used to recruit businesses to participate; how well components of the strategy worked, such as healthy vending, signage, and environmental change to facilitate physical activities; and capacity of worksites to implement the strategy as designed.
Outcome Evaluation	The degree to which the PSE change intervention is affecting the behaviors of the population of focus	Indicates whether the PSE change intervention is effectively meeting its objectives	An outcome evaluation for a worksite wellness strategy would look at access, nutrition outcomes, physical activity outcomes, and perhaps a biometric measure such as weight.

Federal anti-lobbying regulations prohibit the use of CDC funds for advocacy, lobbying, and related activities. Because of these regulations, it is essential that evaluation outcomes and measures reflect permitted activities.²⁷ For a quick summary of this guidance, refer to the call-out box on page 7 of **Using Evaluation to Inform CDC's Policy Process** (<https://www.cdc.gov/polaris/media/pdfs/2024/09/UsingEvaluationtoInformCDCsPolicyProcess.pdf>).²⁸

Share Evaluation Findings

It is important to use your evaluation findings. Your evaluation results can demonstrate the effectiveness of your PSE change interventions and promote sustainability, highlight successes in the community and with funders, and help you make changes to improve your efforts.

Here are ways you might consider using your evaluation findings:

- ▶ Provide a basis for budgets to justify the allocation of resources.
- ▶ Support annual and long-range planning.
- ▶ Demonstrate to legislators or key community partners that resources are spent well and that the PSE change intervention is effective.
- ▶ Identify potential new partners for collaborations.
- ▶ Identify coalition training and technical assistance needs.²⁸

You can share your evaluation findings during existing meetings and through regular communication channels:

- ▶ Review evaluation findings and recommendations in regularly scheduled staff meetings.
- ▶ Present evaluation results and points of discussion in coalition and community meetings.
- ▶ Discuss recommendations for improvement with coalition partners.
- ▶ Discuss ways partners can apply evaluation findings to their own organization's CCC-related interventions.
- ▶ Identify action steps to implement recommendations.





Conclusion

This guide provides updated scientific and programmatic information for the 2015 PSE Resource Guide and presents a revised 2020 model along with guidance for every phase of the model. The new PSE change model was developed using content from the 2015 model, lessons learned in the field, and key themes from a review of the literature. In particular, this guide includes a new section about enforcement and an expanded section on evaluation.

This updated guide provides information to assist you with developing, planning, implementing, enforcing, and evaluating your PSE change agenda. The PSE change approach is a strategy that helps improve the communities in which people live, learn, work, and play.

PSE changes benefit communities by creating long-term and sustainable improvements in population health. This guide can help you make those sustainable improvements.

Appendices

Characteristics of High-functioning Coalition Workgroups

A high-functioning coalition is essential for a successful PSE change initiative, so consider how to support and sustain the group. Here are some aspects to think about:

► **Commitment.**

Be specific in your “ask” of potential workgroup members. Let them know why you value their particular expertise and provide an idea of the time commitment in an average month.

► **Appreciation.**

Most workgroup members are volunteers, so it is important to recognize their service and dedication. Thank them early and often!

► **Diversity.**

Recruit a diverse mix of people from a variety of community organizations and backgrounds. Find people who are invested in the issues and who can contribute their unique expertise in policy, research, media, and evaluation activities.

► **Environment.**

Create a positive environment that is supportive, promotes continuous improvement, and encourages input from the workgroup. A positive environment is essential for workgroup sustainability.

► **Collaboration.**

Be intentional about strengthening relationships among members. Remind members that a successful CCC requires collaboration—what can the group do that individual organizations could not?

► **Resources.**

Create a resource plan to help manage unforeseen changes and provide opportunities to engage multiple partners.

► **Adaptability.**

Be flexible and adapt as needed to political and environmental changes.

History of the PSE Change Model in Comprehensive Cancer Control: Then and Now

The newest PSE change model includes foundational and enduring content from the original model, a decade of lessons learned in the field, and a comprehensive review of the latest literature.

The latest PSE change data from public health research were identified through a literature review that assessed 25 to 30 relevant articles published between 2010 and 2020. Foundational articles published before 2010 were included when needed to supplement knowledge from 2010 to 2020.

Researchers used search terms such as *policy*, *systems change*, *PSE*, *coalition*, *partnership*, and *advocacy*. Topic areas included cancer control, obesity prevention, tobacco control, nutrition and physical activity, and chronic disease. Key takeaways were identified from each article and consolidated into a set of recurring themes.

What's Similar Between the Two Models

2010 MODEL	2020 MODEL
Building Strategic Capacity ▶ Leadership ▶ Funding & Staffing ▶ PSE Task Force & Networked Partners	Development Phase ▶ Convene Leadership ▶ Form a Workgroup ▶ Assess Readiness ▶ Expand Partnerships
Data, Evidence, and Evaluation	Development Phase ▶ Use Data Evaluation Phase
Planning Policy Agenda	Development Phase ▶ PSE Change Agenda & Frame Issues
Wielding Tactical Expertise ▶ Media Plan	Development Phase ▶ Develop a Communication Plan
Wielding Tactical Expertise ▶ Strategic Alliances ▶ Stakeholder Outreach ▶ Educate Decision Makers	Implement Phase ▶ PSE Change & Communication Strategies ▶ Conduct Community Outreach ▶ Educate Decision Makers

What's New in the 2020 Model

2020 MODEL

An **Enforcement Phase** was considered an essential part of the PSE change approach. This phase includes the following:

- ▶ Continue Education of Decision Makers
- ▶ Continue PSE Change and Media Strategies
- ▶ Rules and Regulations
- ▶ Conduct Actions to Address Opposition

As a critical component, evaluation strategies were expanded. The **Evaluation Phase** includes:

- ▶ Engage Partners in Evaluation
- ▶ Assess Factors Affecting PSE Change Work
- ▶ Prioritize Evaluation Areas
- ▶ Conduct Process and Outcome Evaluation

FOR MORE INFORMATION

- ▶ **Enforcement: Linking Policy and Impact in Public Health** (www.jstor.org/stable/24395587)
- ▶ **The carrot and the stick? Strategies to improve compliance with college campus tobacco policies** (www.ncbi.nlm.nih.gov/pmc/articles/PMC5296947/)
- ▶ **Enforcement of Smoke/Tobacco-free Policies at Public Universities in the US** (https://libres.uncg.edu/ir/asu/f/Seitz_Christopher_2018_Enforcement%20of%20Smoke.pdf)
- ▶ **Polaris Policy Process** (<https://www.cdc.gov/polaris/php/cdc-policy-process/index.html>)

Resources

The following sections provide useful links to best practices and resources regarding cancer data, policy, roundtable, and planning.

Best Practices

Action for PSE Change (<https://acs4ccc.org/wp-content/uploads/2024/05/PSE-Guide-v20-002.pdf>) – This online platform from the George Washington University Cancer Center helps comprehensive cancer control professionals, coalitions, and communities access resources to advance PSE change efforts.

NIH: Evidence-Based Cancer Control Programs (EBCCP) (<https://ebccp.cancercontrol.cancer.gov/index.do>) – This portal provides resources on cancer data, research findings, evidence-based programs, and potential partners.

Evidence-based Cancer Control Programs (<https://ebccp.cancercontrol.cancer.gov>) – The EBCCP (formerly RTIPs) website is a searchable database of evidence-based cancer control programs designed to provide program planners and public health practitioners easy access to program materials.

Healthy People 2030 (<https://health.gov/healthypeople/about/healthy-people-2030-framework>) – This webpage presents the framework for information related to the Healthy People 2030 principles, goals, and plan of action.

The Guide to Community Preventive Services (www.thecommunityguide.org) – This guide provides information on the effectiveness and feasibility of various programs and interventions to improve health and prevent disease.

Rural Health Information HUB's Policy, Systems, and Environmental Change (www.ruralhealthinfo.org/toolkits/health-promotion/2/strategies/policy-systems-environmental) – This webpage provides an overview of PSE change, example interventions, implementation considerations, and resources.

What Works for Health (www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health) – This tool from the Robert Wood Johnson Foundation's County Health Rankings helps you find evidence-informed policies, programs, systems, and environmental changes that can make a difference on a local level.

Data Resources

The **U.S. Cancer Statistics Data Visualizations tool (www.cdc.gov/cancer/dataviz)** provides incidence and death counts, rates, and trend data; survival and prevalence estimates; and state, county, and congressional district data in a user-driven format. CDC and the National Cancer Institute combined their cancer incidence data sources to produce these statistics.

The American Cancer Society's annual Cancer Facts & Figures report (www.cancer.org/research/cancer-facts-statistics.html) provides information about cancer, including projections for the number of cancer cases and deaths expected in each state and the nation in the current year. The widely cited projections serve as a basis for research and are also readily understood by the public. Each edition includes a special section that focuses on a specific type of cancer or group of cancers.

The American Cancer Society's Cancer Statistics Center (<https://cancerstatisticscenter.cancer.org/>) website is a comprehensive, interactive, user-friendly resource for learning about the United States' cancer burden. This website offers a simple way to explore the data published in the annual Cancer Facts & Figures report, including state-level risk factors and screening metrics.

The Behavioral Risk Factor Surveillance System (BRFSS) (www.cdc.gov/brfss/)

is the nation's leading system of health-related telephone surveys that collect state data about US residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

The National Cancer Institute's Health Information National Trends Survey (HINTS) (<https://hints.cancer.gov>)

regularly collects nationally representative data about the American public's knowledge of, attitudes toward, and use of cancer- and health-related information. You can refer to HINTS results for program or campaign planning, public health interventions, grant writing, and other activities.

County Health Rankings & Roadmap (<https://www.countyhealthrankings.org/>) provides a reliable, sustainable source of local data and evidence to communities to help them identify opportunities to improve their health. This Robert Wood Johnson Foundation site is known for effectively translating and communicating complex data and evidence-based policy into accessible models, reports, and products that deepen the understanding of what makes communities healthy.

The Lung Cancer Atlas (<https://nlcrt.org/atlas/>)

website, presented by the National Lung Cancer Roundtable and the American Cancer Society, is an interactive view of lung cancer data in the United States. Choose the information you want to map for your state: lung cancer incidence rates, demographic and risk factors, poverty status, smoking rates, as well as information about the number of facilities and thoracic providers in your region.

CDC's State Tobacco Activities Tracking and Evaluation (STATE) System (www.cdc.gov/statesystem)

is an interactive application that presents current and historical state-level data on tobacco use prevention and control. Topics include cessation coverage, funding, health consequences and costs, legislation, policy, quitlines, smokefree rules and policies, and tobacco use.

Legislative Policy Resources

The American Cancer Society Cancer Action Network National Policy Actions webpage (www.fightcancer.org/states/national/actions) advocates for legislation as a catalyst to fight cancer.

The American Cancer Society Cancer Action Network State Policy Resources webpage (www.fightcancer.org/about/where-we-work) is where you can search for policy actions in your state and learn how to get involved.

The American Cancer Society Cancer Action Network Public Policy Resources webpage (www.fightcancer.org/policy-resources)

provides information about public policies on a wide range of issues related to preventing cancer and improving the health care system for people with cancer and survivors. You can find reports, white papers, testimonies, fact sheets, and regulatory comment letters.

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