



# DEVELOPMENT OF STATE-LEVEL COLORECTAL CANCER COALITIONS



# WORKBOOK



# Introduction

The following workbook provides 80% partners with an abbreviated, yet action-oriented, outline for the development of state-based coalitions focused on colorectal cancer control. This executive summary and workbook complements the expansive findings in the National Colorectal Cancer Roundtable's (NCCRT's) Guide to the Development of State-Level Colorectal Cancer Coalitions. Please look to the full guide for additional tools, resources, and success stories.

Collaborative efforts at the state level improve the focus and potential of colorectal cancer control activities and further encourages multi-disciplined and cross-sectored partnerships across relevant organizations by leveraging each contributor's area of expertise. These types of organized and collaborative activities are often formalized under a variety of descriptors, which include coalitions, consortia, collaboratives, and action groups. Certainly, these state-based collaborations can take many forms, and the examples highlighted show many pathways to partnership and success! To help stimulate your efforts, this workbook presents recommendations from states with high-functioning collaborations as well as recommendations from a handful of national organizations.

The states highlighted were chosen by an NCCRT subcommittee because they are effective, well-established collaborations. While other high performing states could have also been highlighted, these five were chosen because they offer a range of models and diverse approaches. These states demonstrate success in bringing together influential partners that are committed to improving colorectal cancer screening and care over a multi-year period in a variety of ways. States include: California, Delaware, Kentucky, Minnesota and South Carolina.

This workbook is also organized around ten recommended tasks that statewide collaborations can consider when seeking to develop a plan of action to advance colorectal cancer control efforts. The tasks provide value to coalition building efforts whether they are new or well-established partnerships, big or small in scope, or well-supported or lean in resources. Successful state-level colorectal cancer collaboratives:

1. [Prioritize colorectal cancer in their state](#)
2. [Establish a structure](#)
3. [Develop a vision](#)
4. [Recruit leadership and staff](#)
5. [Build a network of partners](#)
6. [Convene partners](#)
7. [Set goals](#)
8. [Maintain momentum](#)
9. [Get creative with funding and resources](#)
10. [Hold the group accountable](#)

Without further ado, we hope you find the following pages useful, and we wish you success in your efforts to address colorectal cancer across your state!



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# TASK 1

## Prioritize Colorectal Cancer in Your State

### HOW THEY CHOSE COLORECTAL CANCER

The **Minnesota Cancer Alliance** had 23 different objectives that they were working on simultaneously. However, they recognized that in order to make progress, they needed to focus on only a few.

After going through a disciplined evaluation process of all their objectives, colorectal cancer emerged as a top-three priority area and a subcommittee was established to focus on it.

The subcommittee brought together organizations across the state whose work aligned with this objective.



Addressing colorectal cancer (CRC) is a national priority. As the second leading cause of cancer death in the U.S. when men and women are combined and with more than 135,000 adults diagnosed each year, colorectal cancer is a source of considerable suffering. State-based partners are challenged with limited time and resources and must balance and prioritize the public health issues facing their unique populations.

Leaders from successful colorectal cancer collaborations have often started by clearly demonstrating to their partners and peers that the local toll taken by colorectal cancer justifies an immediate investment of local resources and a commitment to action to fulfill the great potential of screening.

### Steps for prioritizing CRC in your state

#### 1 Use state-specific data to make the case

- [80 by 2018 Impact by State](http://bit.ly/2o4Vldy) (<http://bit.ly/2o4Vldy>)
- [United States Cancer Statistics](http://bit.ly/2EMVYaQ) (<http://bit.ly/2EMVYaQ>)
- [American Cancer Society Statistics Center](http://bit.ly/2Eyqbel) (<http://bit.ly/2Eyqbel>)
- [Multilevel Small-Area Estimation of Colorectal Cancer Screening in the United States](https://bit.ly/2GkLQn0) (<https://bit.ly/2GkLQn0>)
- [Behavioral Risk Factor Surveillance System \(BRFSS\)](http://bit.ly/2BWFesC) (<http://bit.ly/2BWFesC>)
- NCCRT Webinar: [“Colorectal Cancer Screening Data Sets: What are they and what do they tell us?”](http://bit.ly/2HkqBCO) (<http://bit.ly/2HkqBCO>)
- Other state-based resources: State Department of Health, Universities, cancer registries

#### 2 Develop key messages for partner recruitment

- Colorectal cancer is one of the few cancers which can be prevented through screening.
- Even though colorectal cancer can be prevented or caught early, X # of people develop colorectal cancer in [STATE] and Y# of people will die from the disease.
- There are proven strategies local leaders can take to increase colorectal cancer screening and reduce the toll taken by this disease.



### 3 Align with national efforts

- [Sign the pledge \(http://bit.ly/2FavloE\)](http://bit.ly/2FavloE) – Commit to NCCRT’s shared goal to get to 80% colorectal cancer screening rate.
- Engage with your state comprehensive cancer control program and coalition, your local CDC Colorectal Cancer Control program (if applicable), and [utilize resources developed by the Comprehensive Cancer Control National Partnership \(CCCNP\) \(http://www.cccnationalpartners.org/\)](http://www.cccnationalpartners.org/).
- Connect with your American Cancer Society state systems staff, who have unique skill sets to engage with state systems.
- Attend national conferences focused on cancer control, such as the Prevent Cancer Foundation’s *Dialogue for Action*™ meeting, the CDC Cancer Conference, or the Southeast Regional Colorectal Cancer Consortium.

### 4 Review key resources

- [NCCRT Tools and Resources \(http://bit.ly/2Ex7QOW\)](http://bit.ly/2Ex7QOW)
- [The Community Guide \(CDC\) \(http://bit.ly/2gz5lvq\)](http://bit.ly/2gz5lvq)
- [Research Tested Intervention Programs \(NCI\) \(http://bit.ly/2ELMRqM\)](http://bit.ly/2ELMRqM)
- [Colon MD \(ACS\) \(http://bit.ly/2ocOZxn\)](http://bit.ly/2ocOZxn)
- [Cancer Control Planet \(NCI\) \(http://bit.ly/2F6LfFL\)](http://bit.ly/2F6LfFL)



## MAKING THE CASE IN KENTUCKY

Whenever possible, pioneering state collaborations use local or state costs and data to make the case, rather than national figures.

For example, the Kentucky Cancer Consortium includes the following detailed impact data in their coalition plan, describing the costs to Kentucky’s Medicaid program:

- Each year between 2004-2008, cancer treatments in Kentucky cost Medicaid \$132 million, private insurance companies \$836 million and Medicare \$718 million.
- In 2010, cancer care in Kentucky cost approximately \$2.2 billion. In 2020, it is estimated to increase by 69%, which would be approximately \$3.8 billion.
- The typical new cancer drug coming on the market in 2010 cost approximately \$10,000/month of treatment. Two of the new cancer drugs cost more than \$35,000 per month of treatment.

*“If we’re really going to make an impact, let’s focus.”*

*- Kentucky Cancer Consortium*

# TASK 1

## Worksheets

### Identify Existing Activities

Activity	Resource	Completed
Has your organization signed the NCCRT's pledge to reach an 80% screening rate?	<a href="http://nccrt.org/80-2018-pledge">http://nccrt.org/80-2018-pledge</a>	<input type="checkbox"/>
Have you identified the other organizations in your state that have signed the pledge?	<a href="http://nccrt.org/national-map-of-pledges">http://nccrt.org/national-map-of-pledges</a>	<input type="checkbox"/>
Which other organizations need to sign the pledge?		<input type="checkbox"/>
Are you coordinating with your state's CDC-funded comprehensive cancer control program or coalition?	<a href="https://www.cdc.gov/cancer/ncccp/index.htm">https://www.cdc.gov/cancer/ncccp/index.htm</a>	<input type="checkbox"/>
Are you familiar with the Comprehensive Cancer Control National Partnership?	<a href="http://www.ccnationalpartners.org/increase-colorectal-cancer-screening-80-2018">http://www.ccnationalpartners.org/increase-colorectal-cancer-screening-80-2018</a>	<input type="checkbox"/>
Does your state have funding from CDC for colorectal cancer control programming?		<input type="checkbox"/>
Are you working with your ACS state systems staff?		<input type="checkbox"/>
What national conferences focused on colorectal cancer control do you regularly attend?		<input type="checkbox"/>

### Identify Available Data

Activity	Resource	Completed
What are the CRC incidence and mortality rates for your state?	<a href="http://bit.ly/2m98GqF">ACS Facts and Figures (http://bit.ly/2m98GqF)</a> <a href="http://bit.ly/2o4CFA1">State Cancer Registry (http://bit.ly/2o4CFA1)</a>	<input type="checkbox"/>
What is the CRC screening rate for your state?	<a href="http://bit.ly/2m98GqF">ACS Facts and Figures (http://bit.ly/2m98GqF)</a> <a href="http://bit.ly/2BWFesC">BRFSS (http://bit.ly/2BWFesC)</a>	<input type="checkbox"/>
How does your state rank/compare nationally?		<input type="checkbox"/>
How many lives could be saved by an 80% screening rate in your state?	<a href="http://bit.ly/2o4Vldy">Impact on Lives Saved (http://bit.ly/2o4Vldy)</a>	<input type="checkbox"/>
What is the cost of colorectal cancer in your state?	<a href="http://bit.ly/2puMSUE">ACS-CAN The Costs of Cancer (http://bit.ly/2puMSUE)</a> <a href="http://bit.ly/2FaUkOu">An Unhealthy America: The Economic Burden of Chronic Disease (http://bit.ly/2FaUkOu)</a>	<input type="checkbox"/>

Create three key messages to help prioritize colorectal cancer in your state:

1	
2	
3	

Notes:

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## TASK 2

# Establish Your Structure

State-based colorectal cancer coalitions can find success no matter how they choose to form and operate. However, the approaches outlined below model a few high performing colorectal cancer collaborations from across the country. No matter the path chosen for organizing, coordinating any colorectal cancer control efforts with the state's CDC-supported comprehensive cancer control program and/or coalition can leverage on-going efforts, aid in improving stakeholder inclusion, reduce the chance for duplication of planned initiatives, and establish a united front from the cancer community. Refer to the guide to learn how other states have chosen to organize and operate.

## Two paths for developing your state's CRC collaboration

- 1 Organize a task group or committee under a [state comprehensive cancer control program \(https://www.cdc.gov/cancer/ncccp/index.htm\)](https://www.cdc.gov/cancer/ncccp/index.htm) and/or coalition, typically administered through the state department of public health.
- 2 Form an independent, not-for-profit organization operating in coordination with the state comprehensive cancer control program and/or coalition. These can be established formally, as 501c3 organizations, or informally, as a voluntary organization. A more informal setting may need to consider the need of a fiscal sponsor.



Coalition	Structure	History
<b>California Colorectal Cancer Coalition (C4)</b>	Non-profit	<p>The C4 coalition began as a subcommittee of the state’s comprehensive cancer control program, the California Dialogue on Cancer (CDOC). It later formed an independent 501c3 organization known as C4; however, there is still considerable overlap in participation. C4 leaders continue to help with the development of colorectal cancer goals in California’s state cancer plan, and C4 has received CDC-funded grants from CDOC. C4’s independent status gives it the freedom to raise outside funds to supplement activities and establish its own goals and initiatives. California’s independent C4 coalition is led by a president and a 22-member board consisting of advocacy organizations, gastroenterologists, surgeons, survivors, and representatives from the state department of public health.</p>
<b>Delaware Cancer Consortium</b>	DOH staffed, chairs appointed by the governor	<p>The Delaware Cancer Consortium began in 2001 as a one-year advisory committee established by the state legislature. Today, committee chairs are appointed by the governor, committees are comprised of volunteers, and department of health staff provide program management support.</p>
<b>Kentucky Cancer Consortium</b>	CCC program affiliate	<p>The Kentucky Cancer Consortium is the state comprehensive cancer control coalition. It works in partnership with the Kentucky Colon Cancer Screening Advisory Committee (KCCSAC), which was assembled in 2008 to provide recommendations for the implementation and conduct of the Kentucky Colon Cancer Screening Program.</p>
<b>Minnesota Cancer Alliance</b>	CCC program affiliate	<p>Minnesota’s Colon Cancer Network is one of four topic-specific committees within the Minnesota Cancer Alliance—the coordinating body for the state’s comprehensive cancer control efforts.</p>
<b>South Carolina Cancer Alliance</b>	Non-profit	<p>The South Carolina Cancer Alliance is an independent 501c3 organization led by a coordinating council of twelve members. The Alliance has a subcommittee focused on colorectal cancer. They partner with the Center for Colon Cancer Research at the University of South Carolina to address statewide colorectal cancer issues and both have strong participation from the local academic community.</p>

**TASK**  
**2**

# Worksheets

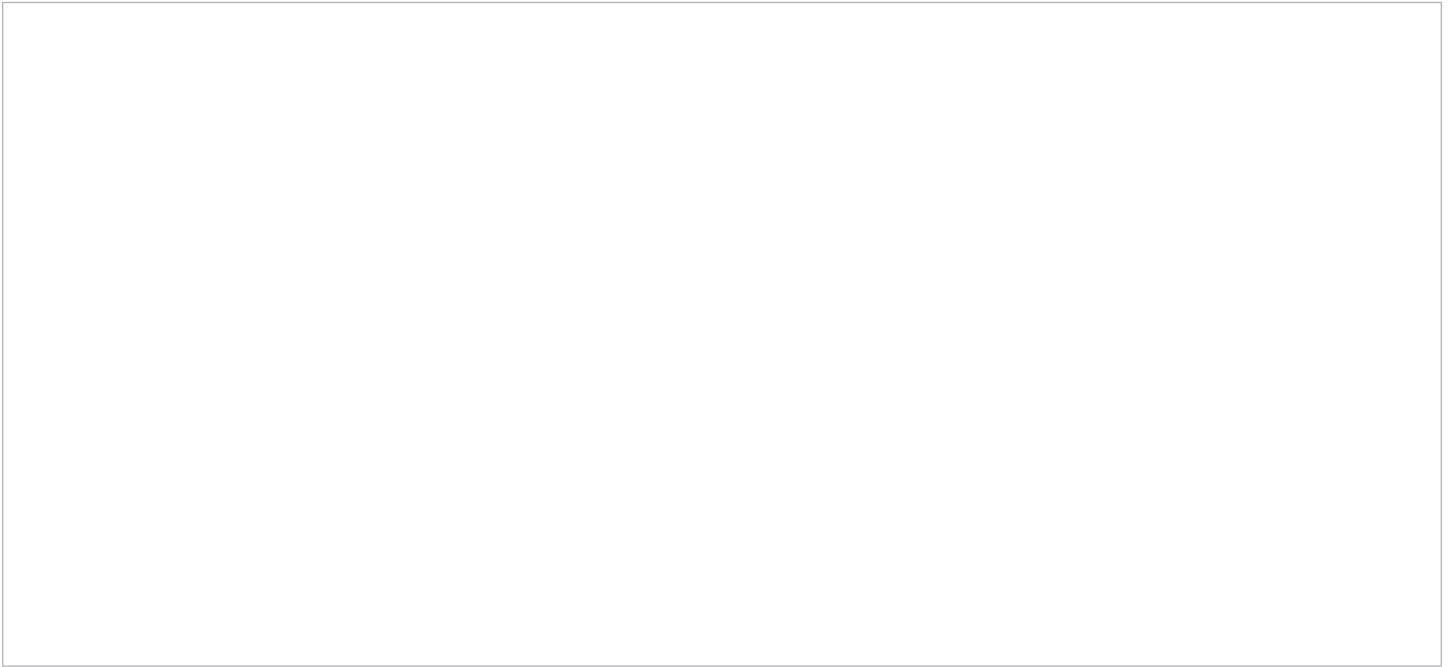
Consider the advantages and disadvantages of the proposed structures:

	Advantages	Disadvantages
<b>Organizing within the state comprehensive cancer control infrastructure</b>		

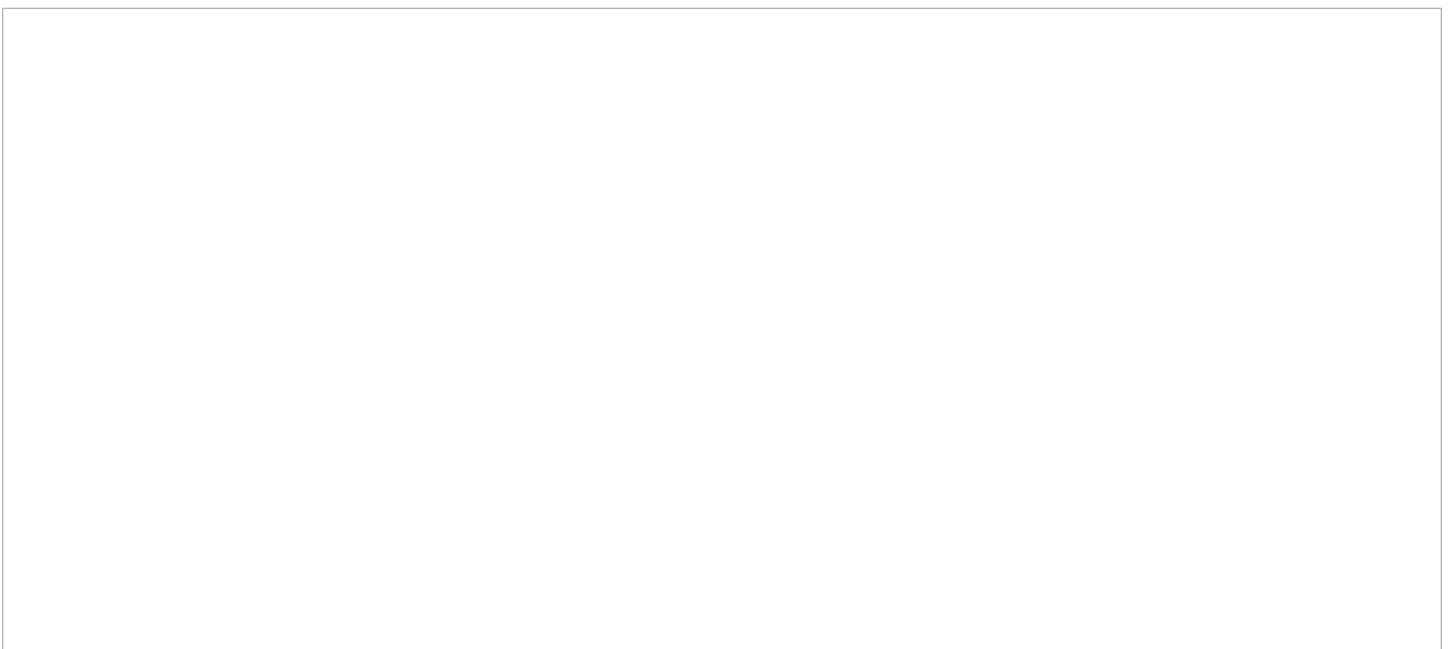
	Advantages	Disadvantages
<b>Independent colorectal cancer collaborations</b>		



Which structure is more suitable to your needs?



Notes:



# TASK 3

## Develop a Vision



Developing and promoting a clear vision from the outset of any collaborative effort will significantly improve the potential for unity and success. A vision statement enhances the mutual understanding of the organization's purpose and long-term direction. While this is sometimes a challenging process, newly forming state colorectal cancer collaborations may benefit from the following tips.

**When developing a vision, CDC's National Comprehensive Cancer Control Program recommends to:**

- Convene stakeholders who are willing to share resources and expertise.
- Use data to define how colorectal cancer is affecting your state and local communities.
- Identify the evidence-based interventions and policy, systems, and environmental change strategies most needed in your state and local communities to achieve your goals.
- Pay special attention to the needs and concerns of groups of people with poor colorectal cancer outcomes.
- Seek participation from cancer survivors and their families.

**The National Colorectal Cancer Roundtable (NCCRT) recommends:**

- **Envision the goal:** "NCCRT stands united in eliminating colorectal cancer as a major public health problem."
- **Promote an inclusive solution:** "We have screening technologies that work, the national capacity to apply these technologies, and effective local models for delivering the continuum of care in a more organized fashion."
- **Identify your role:** "NCCRT serves as a forum for communication and developing consensus; stimulates collaboration on projects; and leverages the talents of the members to jointly conduct studies, create tools, and identify emerging issues that can advance colorectal cancer screening."
- **Avoid replication:** "NCCRT does not compete with members or duplicate their work and strives to stimulate collaboration, taking on projects that no one else is doing but that everyone agrees need to be done."

## C4 MISSION STATEMENT

The California Colorectal Cancer Coalition (C4) is a nonprofit organization established to increase colorectal cancer screening rates in an effort to decrease mortality associated with the disease. The C4 mission is to save lives and reduce suffering from colorectal cancer in all Californians.

C4 plans to fulfill this mission by:

- Implementing strategies to reduce disparities in colorectal cancer screening, diagnosis and treatment among underserved populations in California.
- Increasing capacity for colorectal cancer screening.
- Advocating for colorectal cancer screening programs to serve uninsured and underinsured populations.

## HELPFUL RESOURCES

[National Comprehensive Cancer Control Program \(http://bit.ly/2wn2Kvp\)](http://bit.ly/2wn2Kvp)

[9 Habits for Highly Effective Coalitions \(http://bit.ly/2C3OUXY\)](http://bit.ly/2C3OUXY)

[Coalitions Work \(http://bit.ly/2o4QGhi\)](http://bit.ly/2o4QGhi)





**TASK**  
**3**

## Worksheets

### Group Brainstorming Exercises

- What vision statements from other organizations or companies inspire you?
- Describe scenarios (an ideal community) where a collaboration like yours would not need to exist.
- What populations need to be included in your vision statement?
- What is already being addressed by your potential partner organizations and members?
- What unique roles will your collaboration have within your state public health infrastructure?

### Draft Three Possible Vision Statements

1	
2	
3	

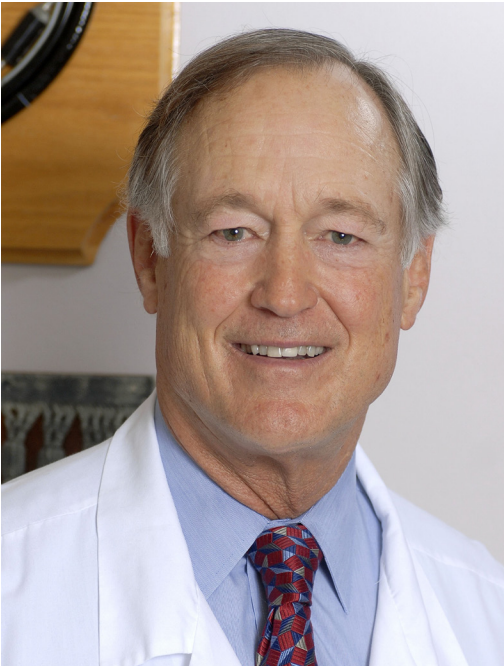
## Vision Statement Checklist

Prompt	Description	
Is your vision inspiring?	A strong vision statement can be used to promote your efforts.	<input type="checkbox"/>
Can your vision be shared and supported by your partners?	A vision statement for a collaboration should be inclusive.	<input type="checkbox"/>
Is your vision concise and memorable?	Partners are more likely to share a vision statement if it is easy to remember and tells a story for the future.	<input type="checkbox"/>
Have you crafted a mission statement?	A mission statement describes the work of your coalition, not necessarily the future outcome (“vision”) that is shared.	<input type="checkbox"/>
Does your vision duplicate the efforts of any of your potential partners?	If others are already working on your goal, it may be better to combine your efforts with theirs.	<input type="checkbox"/>

### Notes:

**TASK  
4**

## Recruit Leadership and Staff



*“What led to its development and continued success is who is leading it. Nothing is more significant than the motivated individuals who lead it.”*

*- Daniel “Stony” Anderson  
California Colorectal Cancer  
Coalition President*

Successful CRC collaborations draw support from a wide network of partners, but their success often hinges upon the commitment of an expert champion and the diligence of a project manager/implementer who work together to achieve goals.

In the beginning, the colorectal cancer coalition may consist of little more than these most-committed individuals and a handful of others. As the coalition strengthens, more volunteers will emerge for critical leadership roles such as steering committee positions and task group chairs. What matters most is having people that have a true passion for the work.

**Grant applications due Friday, December 19**  
**Grant submission confirmation available by request**

### Message from the President

Welcome to the C4 web site and thank you for taking the time to review this site. The California Colorectal Cancer Coalition (C4) is a nonprofit organization made up of a diverse group of dedicated individuals from throughout California whose mission is to save lives and reduce suffering from colorectal cancer in all Californians.

Colorectal cancer is a common and deadly disease. Colorectal cancer is the fourth most common cancer and the second most common cause of cancer deaths in California. Both the numbers of colorectal cancers and the deaths from colorectal cancer are reduced by screening for colorectal cancer in men and women over 50. Unfortunately, the majority of Californians over age 50 have not been screened for colorectal cancer. Californians are suffering and dying from this disease because they are not getting screened.



Expert Champion	Steering Committee
<ul style="list-style-type: none"> <li>• Passionate about colorectal cancer prevention and control</li> <li>• Strong clinical knowledge of colorectal cancer</li> <li>• Natural leader, respected by peers</li> <li>• Well-connected with other clinical and advocacy leaders across the state</li> </ul> <p><b>Possible candidate:</b> Well-respected primary care physician, gastroenterologist, or surgeon. (co-chair champions can also be considered)</p>	<ul style="list-style-type: none"> <li>• Passionate about colorectal cancer prevention and control</li> <li>• Willingness to contribute time, energy and thought leadership</li> <li>• Diverse representation</li> <li>• Well-connected across the state</li> <li>• Add leadership experience and credibility</li> </ul> <p><b>Possible candidates:</b> Clinicians, public health professionals, researchers, fundraisers, attorneys, advocates, or survivors.</p>
Project Manager / Implementation Leads	Task Group Chairs
<ul style="list-style-type: none"> <li>• Passionate about colorectal cancer prevention and control</li> <li>• Possess excellent communication skills</li> <li>• Have strong organizational and management skills</li> <li>• Able to facilitate group meetings</li> <li>• Willingness to do the work to “keep the trains moving” between meetings.</li> </ul> <p><b>Possible candidate:</b> Staff of state public health department, ACS staff; partial FTE position with salary shared by member organization.</p>	<ul style="list-style-type: none"> <li>• Dedicated to specific issues in colorectal cancer prevention and control.</li> <li>• Willingness to contribute time, energy and thought leadership</li> <li>• Diverse representation</li> <li>• Well-connected across the state</li> <li>• Experts and leaders who can also serve on Steering Committee</li> </ul> <p><b>Possible candidates:</b> Clinicians, public health professionals, researchers, fundraisers, attorneys, advocates, or survivors.</p>

## PROJECT MANAGEMENT SUPPORT

The CRC work group in the Delaware Cancer Consortium receives staff support from public health specialists in the Department of Public Health. These specialists are funded by the state, with their support of the consortium established through state statute. One specialist attends each committee meeting, monitors progress, reports on decisions made and follows up with attendees.

**TASK**  
**4**

# Worksheets

Use the guide to complete the chart below

Expert Champion	Steering Committee
What qualities are you looking for in your expert champion?	What qualities are you looking for in your Steering Committee?
Who have been the natural leaders emerging on this issue?	Which organizations or groups should be included on the Steering Committee? What voices need to be included?
List ideas for candidates:	List ideas for candidates:
	Assess the slate for a balance of perspectives, reach, interest and diversity:

Project Manager / Implementation Leads	Task Group Chairs
What tasks are needed from your “staff” (volunteer or otherwise)?	NOTE: Identifying task group chairs should take place after the group has assessed needs, gaps and opportunities and set its goals. – see Task 7 What issues does the group want to tackle?
Is anyone filling this role now?	Are there individuals already emerging as leaders who are passionate about addressing certain issues?
Are there organizations that may be best-suited to provide at least partial staff support?	List ideas for candidates:
List ideas for candidates:	

# TASK 5

## Build a Network of Partners

***“Identify people that are really movers and shakers.”***

*- Minnesota Cancer Alliance*



***“Part of it is having a core group that’s really motivated and can motivate others...it’s easy to have a meeting. The hard part is getting people to do things once they leave the meeting.”***

*- CDC*

Two core partners can be a huge help from the beginning—the state department of health and the American Cancer Society. Beyond that core, state-level colorectal cancer collaboratives have taken varied routes when it comes to engaging a network of contributing stakeholders.

### 1 Identify potential partners

- Identify partners that are critical to the effort.
- Develop a secondary list of desired, but non-essential partners.
- Identify key individuals to contact, and use professional connections where they are available.
- Consider involving successful public health advocates and professionals who have experience organizing programs and campaigns beyond the scope of colorectal cancer control.
- Engage a broad and diverse group of partners with experience in fundraising, law, marketing, media, public relations, policy-making, and politics. Cancer survivors, patients, and caregivers can also play a valuable role in planning and implementation.
- Assess each partner for reach and diversity.

### 2 Prepare the case for participation

- Present data from Task 1 that defines and explains the population need and makes a strong case for a new/renewed statewide focus on colorectal cancer.
- Share the vision of the new group and how it is differentiated from what has been done before in the state.
- Individualize the pitch for each partner, articulate how they will benefit from participation, and be specific about what is being asked of each partner (i.e., action-oriented participation, particular areas of expertise, time commitments, etc.).

### 3 Consider the needs of partners

- Listen.
- Look to meet the strategic needs of your partners and call attention to unique “win-win” opportunities.
- Offer appropriate opportunities for partners to share their work as well as what is needed to advance their initiatives.

### 4 Set expectations for involvement

- Clearly convey expectations from the beginning.
- Ask for active participation, concrete contributions, and other commitments that reach beyond an advisory capacity.
- Consider creating an application process for organizations with defined roles and responsibilities.

## POTENTIAL PARTNERS

- State Department of Public Health
  - Comprehensive Cancer Control Program - CDC
  - Colorectal Cancer Control Program - CDC
- American Cancer Society
- Advocacy organizations
- Health systems and hospitals
- NCI-designated cancer centers
- Cancer institutes
- Academic medical centers and affiliated universities
- State/regional medical professional societies (e.g., AGA, ACG, AAFP, ACP, SGNA)
- State Primary Care Associations
- Commission on Cancer State Chair
- Federally Qualified Health Centers
- Ambulatory surgery centers
- Large employers
- Survivors
- Medicaid leadership
- Private industry (e.g. FIT/FOBT manufacturers)
- Gastroenterologists
- Clinical quality organizations
- Health plans
- State Health Insurance Exchange
- Legislators, staffers, local political leaders
- Fraternal or business organizations
- Political leadership (e.g. mayors)
- Pharmacists
- Local celebrities touched by CRC



**TASK**  
**5**

# Worksheets

## Providers and Payers

Clinicians, Hospitals, Insurers,  
Community Health Centers

## Public Health and Disparities

Health Departments, Universities,  
Coalitions, Faith/Community-based



## Employers and Commercial

Non-traditional partners, corporations,  
pharmacy, labs

## Policy and Advocacy

Policy-makers, media, patient groups,  
501c4, survivors

How will you reach out to new members?	What should you place in the orientation packet for a new member?
<input type="checkbox"/> Create 60-second elevator pitch	<input type="checkbox"/> "The Case"
<input type="checkbox"/> Develop talking points for leadership, staff, and members	<input type="checkbox"/> Member Application Form
<input type="checkbox"/> Share customizable email templates	<input type="checkbox"/> Overview of vision, mission, structure, and activities.
<input type="checkbox"/> Assign Steering Committee and leadership to outreach efforts	<input type="checkbox"/> Organizational Chart
<input type="checkbox"/> Create a website and email newsletter	<input type="checkbox"/> Member List
<input type="checkbox"/>	<input type="checkbox"/> Member Roles and Responsibilities
<input type="checkbox"/>	<input type="checkbox"/> Time commitments and expectations
<input type="checkbox"/>	<input type="checkbox"/> Calendar of Events
<input type="checkbox"/>	<input type="checkbox"/> Accomplishments, if available
<input type="checkbox"/>	<input type="checkbox"/> Existing resources (Link to 80% by 2018 Talking points, 80% pledge, fact sheets, communications guide book, etc.)
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

# TASK 6

## Convene Partners

### PRODUCTIVE MEETINGS

The Prevent Cancer Foundation's Dialogue for Action process encouraged state coalitions to emerge from a summit meeting with three focus areas. Each state was free to develop different focus areas, depending on local resources and conditions. In Kentucky, the coalition voted and decided on the following priorities: 1) public awareness, 2) provider awareness and recommendations, and 3) policy/advocacy efforts at the state level.

(See Appendix of the Guide for a more detailed description of the Dialogue process.)



Coalitions function best by utilizing routine meetings to identify needs and next steps to address, plan for future activities, share resources, new data and information, celebrate individual and group accomplishments, and to provide networking opportunities with colleagues. While each colorectal cancer collaboration will decide on their own meeting structure, kickoff events, annual meetings, and the coordination of in-person or teleconference working group sessions can help the group establish a sense of identity, legitimacy, and performance.

### Kickoff Event

The kickoff meeting (or summit) is a critical step in getting partners to the table to discuss the issues, agree on priorities, develop a plan, and secure commitments to move forward. In planning a kickoff event, organizers can consider the event size; scope of agenda and content; whether a pre-event survey of stakeholders will take place; the balance of formal presentations, panel discussions, and workgroup breakout sessions; and the priority outcomes.

### Working Groups

Working groups – either in person or by phone – provide members with an opportunity to address colorectal cancer issues on many different fronts and importantly, maintain the momentum of the group in between big events. By convening members in specific, action-oriented work groups, coalitions can better leverage the skills and expertise of partner organizations and produce a spirit of collaboration among the membership.

### Annual Meetings

A planned annual gathering of members helps to sustain coalition momentum, strengthen bonds between member organizations, and amplify the vision of a state CRC collaboration. While the meeting agenda and structure can mimic the kickoff event, an annual meeting also provides the opportunity to recognize work group accomplishments, celebrate and award any outstanding partner contributions, and call for additional support and resources from organizational members (sponsorships, renewed engagement, etc.)

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*“We had scientists, physicians, survivors, the wife of the governor, public health advocates, government people—a wide range of people showed up, and there was this huge energy to do something across the state with regard to colorectal cancer. That’s what kicked it off.”*

*- South Carolina Coalition*

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*“You need the usual suspects, but it has to be an occasion to go beyond that. Otherwise you’re not going to see something new and bigger happening.”*

*- Prevent Cancer Foundation*

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**TASK**  
**6**

# Worksheets

## Sample Questions for Planning a Kickoff Event or Annual Meeting

Question	Answer
What is the meeting goal?	
What are your objectives?	
What are your desired meeting outcomes?	
Who will chair the meeting?	
Are there other key attendees in addition to the chair around whom you should select a meeting date?	
How will you assess needs and barriers when it comes to increasing CRC screening?	
How will the group move beyond identifying needs and barriers to identify solutions and next step?	
If you are planning on surveying attendees/ organizations prior to the kickoff, what would you want to learn from them?	
What are three priority topics that need to be addressed?	1
	2
	3
Who are national or statewide presenters that can help inform these topics and/or offer successful models to address barriers?	1
	2
	3



Question	Answer
What discussions are required to advance the work of your group and move the group to solutions and next steps? How much time will be needed for these discussions?	
Have you built in time to identify get volunteers to support those steps?	
How and when will you follow up with meeting attendees?	
Will you solicit additional member contributions? (meeting space, sponsorship, speakers, etc.)	

### Sample Questions for a Pre-Meeting Survey

**A pre-meeting survey can aid in identify themes, priority discussion areas, and points of agreement and contention among stakeholders. The following questions are provided as a guide in forming your own pre-meeting survey.**

<ul style="list-style-type: none"> <li>• What is the most important role your organization can play in supporting colorectal cancer screening in the surrounding communities?</li> </ul>	<ul style="list-style-type: none"> <li>• How do you recommend we overcome challenges to rural and underserved communities?</li> </ul>
<ul style="list-style-type: none"> <li>• What are some of the biggest challenges facing your organization in regards to playing the roles you have suggested?</li> </ul>	<ul style="list-style-type: none"> <li>• Which essential partners should we work with at the local level to improve colorectal cancer screening?</li> </ul>
<ul style="list-style-type: none"> <li>• What do you recommend for helping overcome those challenges?</li> </ul>	<ul style="list-style-type: none"> <li>• What issues could benefit by being addressed from a policy or legislative perspective?</li> </ul>
<ul style="list-style-type: none"> <li>• What challenges are unique to rural or underserved communities?</li> </ul>	<ul style="list-style-type: none"> <li>• What other advice do you have for us on accelerating support for CRC screening, not captured above?</li> </ul>

# TASK 7

## Set Goals and Objectives

### CREATING EARLY SUCCESSES

Early in its history, the Kentucky Cancer Consortium invested \$30,000 in developing a CRC screening toolkit for primary care providers.

This was accomplished through the joint contributions of the KCC and its partner, the Kentucky Cancer Program—Providers Practice Prevention.

Taking a strategic approach to goal setting is important for early success, and setting firm objectives in well thought out goal areas is a common pattern of successful colorectal cancer collaborations. Goals should encompass and help realize your collaboration’s long term vision. Objectives should be concrete, action-oriented, and measurable, while still being limited to what can reasonably be accomplished.

### First-Year Objectives

- Address low-hanging fruit, thus ensuring a quick start to efforts (i.e., unscreened insured populations with willing partners, pilot projects, etc.)
- Advance “winnable” projects that find early success.
- Utilize group assets, talents, energy, and expertise.
- Allow the group to practice collaboration, build new working relationships, and create trust among partners.
- Develop small pilot projects with in-need, but committed organizations.



## SAMPLE CRC GOALS

The following goals emerged from South Carolina's Dialogue for Action colorectal cancer summit meeting held in 2007, which was attended by more than 130 leaders from around the state.

- Champion, encourage and assist public, private and nonprofit employers and other decision makers to adopt insurance and workplace policies that encourage prevention and early detection, incorporating worksite screening and/or education programs.
- Develop, implement and evaluate a clear, culturally sensitive multimedia campaign that presents colorectal cancer as preventable and treatable for all populations.
- Review existing programs and identify health services and educational gaps to develop innovative, nontraditional strategies to overcome the barriers and unmet needs for all populations (especially those with the worst general health outcomes, such as the uninsured/underinsured, poor, less educated and non-white).



# TASK 7

## Worksheets

### 1 Assess

These sample questions will help guide you in developing your colorectal cancer screening awareness program by thoroughly assessing your community. Note: The [NCCRT's Evaluation Toolkit](#) has some great tips on assessing your community's need.

1	What are the characteristics of this community (e.g., relevant demographics, including size)?	
2	What are current colorectal cancer screening rates in the community? Are there disparities in these rates?	
3	Are community members aware of their potential risk for colorectal cancer? Aware of screening recommendations?	
4	What types of information do community members need about colorectal cancer screening?	
5	What are community attitudes toward colorectal cancer screening?	
6	Do community members feel they are at risk for colorectal cancer?	
7	What prevents some community members from getting screened for colorectal cancer?	
8	What encourages or motivates people to get screened?	
9	How do community members like to receive information?	
10	Do community medical clinics have the resources to screen patients for colorectal cancer?	



## 2 Brainstorm

What solutions are needed in this community? (No restrictions, dream big)

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

## 3 Reality Check

Which of these solutions are supported by evidence or have been proven to work in like-communities?

1	
2	
3	
4	
5	
6	

### NCCRT EVALUATION TOOLKIT: HOW TO EVALUATE ACTIVITIES TO INCREASE COLORECTAL CANCER SCREENING AND AWARENESS

Some screening and awareness initiatives sound promising, but do not result in the desired changes. Of course, this could be because a good theory is not being carried out well, but in some cases the problem is the theory itself.

For example, you may not be able to reasonably expect one-on-one education courses to create large-scale community change if the reach is limited.

Make sure that your theory is not only clear and makes sense on paper, but that it is based on good underlying evidence about what increases screening rates and how people really change. Evidence can be based on previous work experience, literature and research, and professional opinions from colleagues and national organizations.

[The Community Guide](#) reviews existing evidence about colorectal cancer screening interventions targeted toward increasing community demand for screening or moving providers to action.

You can find the NCCRT Evaluation Toolkit at <http://nccrt.org/resource/evaluation-toolkit/>.



**4 Identify**

Place the numbers from above in the table cells below. Ideally, each row and column should only have one number in it. (Use pencil!)

4	HIGH IMPACT										1
UNREALISTIC											REALISTIC
3	LOW IMPACT										2



## 5 Create

Choose your objectives from the top right corner of the high impact/realistic table.

**Goal Area: (Broad and leads to long-term vision; specifies a burden, risk factor, or target population)**

**Objective 1:**

Measurable:  Y  N

Completion Date: \_\_\_\_\_

Achievability:  High  Medium  Low

**Objective 2:**

Measurable:  Y  N

Completion Date: \_\_\_\_\_

Achievability:  High  Medium  Low

**Objective 3:**

Measurable:  Y  N

Completion Date: \_\_\_\_\_

Achievability:  High  Medium  Low

## TASK 8

# Maintain Momentum

### MAKING THE MOST OF MEETINGS

The C4 coalition in California holds their call-in meetings on the same day and time each month so that members can attend whenever possible and do not need to consult a schedule that changes monthly.

Their calls are efficient -- they last one hour and make the most of everyone's time. The executive committee holds a separate meeting one week in advance to discuss progress and plans for the call.

The state level colorectal collaborations described in the workbook have been highlighted in part because of their ability to engage a statewide network of partners on this issue and maintain momentum over time.

Leaders attribute their success to a combination of factors, including paying attention to the needs of partners as well as a strong focus on efficient, productive mechanisms for participation.

### Design Action-Oriented Meetings

- Schedule regular meetings/calls, and select convenient locations for members.
- Design interesting and productive meetings.
- Entertain new ideas, but make certain they are achievable.
- Ensure members take responsibility for their success by assigning tasks that should be completed before the next meeting.
- Implementation staff or volunteer leadership should follow up with members on tasks in between meetings.
- Document meeting discussions and provide next steps.





## Provide Value to Members

- Create value-added meetings by inviting guest speakers, sharing new research, or presenting case studies.
- Build in networking time and work to foster strong relationships between members.
- Acknowledge member organization individual successes and contributions to the group.

## Conduct Ongoing Communication

- Ongoing communication delivers timely updates on activities, but also maintains momentum, creates new connections, and boosts enthusiasm.
- Practice regular communication via newsletters, emails, blogs, and social media posts.
- Encourage partners to write guest posts.

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*“Everything is documented in the minutes, so I know who volunteered to do what, and if it hasn’t been done yet, I know who to follow up with.”*

*- Delaware Cancer Consortium*

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**TASK**  
**8**

# Worksheets

## Design Action-Oriented Meetings

List five meeting rules to ensure your meetings are productive.

1	
2	
3	
4	
5	

## Provide Value to Members

Name three ways members benefit from attending your meetings.

1	
2	
3	



## Conduct Ongoing Communication

How might you creatively share outstanding member contributions?

1	
2	
3	

## Notes:

# TASK 9

## Get Funding and Resources

### FUNDING THROUGH GRANTS

South Carolina's coalition obtained funding from two foundations who sought to fund complementary components of their program. One funder was only interested in funding clinical services, while another restricted its funds to infrastructure (e.g. administration, patient navigation, and evaluation).

By pairing these together, the coalition was able to support many of its critical activities and provide reassurance to both funders that their goals would be met.



The most important ingredient for success is not necessarily funding, but rather a passionate, committed membership. At the same time, some level of funding is important to cover basic costs and extend the reach of the collaborative efforts.

In the beginning, more seed money is needed to support efforts such as hosting kickoff events for partners or producing materials to describe colorectal cancer needs in the state. However, while some state colorectal cancer collaborations were fortunate to have outside financial contributions from the outset, others needed to doggedly pursue a way to get the work done on a lean budget. Regardless of your funding situation, it is important to not let a lack of funding create inertia.

### Sources of Seed Money for Early Efforts

- CDC
- American Cancer Society
- Prevent Cancer Foundation
- State Department of Public Health
- Individual Donors or Survivors
- Health Systems
- Foundations

### Fundraising Approaches Used by State CRC Collaborations

- Races/walks
- Golf Outings
- Black tie galas/dinners
- Direct mailings
- Sponsorships
- Amazon Smile donations

## In-Kind Resources

In-kind resources and contributed staff time are as equally important as having funding. A lot can be accomplished by bringing the right minds together, even if funding is lean. The American Cancer Society or the state department of health often play a critical “convener” role by offering meeting space as well as the staff resources responsible for implementation and follow through. Other partners will be able to provide support through intellectual leadership, networking, partial FTEs for selected staff members, or informal assistance with meeting or project planning responsibilities. Lastly, make sure to be open to creative in-kind opportunities, particularly for any professional talents (grantwriting, lobbying, public relations) or services (donating colonoscopies or other screening resources).



# TASK 9

## Worksheets

Potential Funding Sources	Realistic? (1-5 scale, 1 is least realistic)				
	1	2	3	4	5
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Cancer Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fundraising Opportunities	Realistic? (1-5 scale, 1 is least realistic)				
	1	2	3	4	5
Sponsorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Donations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Events (Galas, Walks, Golf Scramble, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Membership Fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Partnership (restaurants, sports, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital Campaign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In-kind Resource	Who Might Provide?
Staff Time	
Meeting Space	
Virtual Meeting	
Leadership	
Grantwriting	
Medical Services	
Communications	
Advocacy / Lobbying	
Other	
Other	
Other	

### Next Steps

List three next steps you can immediately take to initiate fundraising and in-kind opportunities.

1	
2	
3	



# TASK 10

## Hold the Group Accountable

### ACCOUNTABILITY OF WORK GROUPS

The colorectal cancer committee at the Minnesota Cancer Alliance reports back to the steering committee on a quarterly basis. In both written and verbal reports, they answer questions addressing:

- Progress made by the project team to date
- Significant successes or accomplishments
- Greatest challenges or barriers faced
- Lessons learned
- Organizations or partners that have become involved in the work
- Resources needed to ensure forward progress
- Ways the steering committee can assist



A system of accountability is something that is usually best planned from the start. As a colorectal cancer collaboration sets up goals and objectives, it should simultaneously develop plans for assessing progress and reporting on those goals and objectives at regular intervals. This orientation toward accountability instills a sense of urgency into the process and creates regular opportunities to reflect on activities, make course corrections, and celebrate achievements. Publicizing progress can also help keep the issue of colorectal cancer in the public eye and on the radar screen of influential lawmakers and public leaders. Demonstrating progress can also be attractive to potential funders.

### Identify Outcome Measures

#### 1 Sample short-term outcomes

- Provide clear understanding of community needs based on community assessment.
- Increase volunteer participation from physicians/specialists.
- Increase contributions from health systems/hospitals;
- Improve CRC screening workflows in 5 clinics.
- Launch radio ad campaign on select stations.
- Design plan to implement needed policy solution.

#### 2 Sample medium-term outcomes

- Increase CRC screening rates in 5 clinics.
- Increase knowledge of CRC screening amongst targeted audience.
- Implement policy change/legislation.

#### 3 Sample long-term outcomes

- Increase overall screening rates/progress toward 80%.
- Demonstrate improvements in disparities gaps.
- Demonstrate increase in early cancers detected in the targeted population.

## Report Progress

- Reports that document the efforts and outcomes on a regular basis are valuable for continued progress as well as modifying any implementation efforts.
- Reporting style can be formal or informal, yet should remain professional and accurate, including thorough analysis/understanding of the data being reported.
- Consider sharing information via annual reports, presentations, website, email newsletters, infographics, etc.

## Celebrate Success

- Publicizing success is a way of thanking partners or donors, attracting the interest of new partners or funders, and keeping the issue in the public eye.
- Involving survivors is another important means of making success tangible through case stories, personal videos, or public talks.

## Delaware Cancer Consortium CRC Committee Report - June 2007

Where we were:	Where we are now:
<ul style="list-style-type: none"> <li>• Colorectal cancer screening rate was 57%.</li> <li>• No comprehensive navigation program.</li> <li>• Excess mortality rate versus U.S. was:               <ul style="list-style-type: none"> <li>– Males +2.7%</li> <li>– Females +7.7%</li> </ul> </li> <li>• Mortality disparity gaps were:               <ul style="list-style-type: none"> <li>– Male African-American versus Caucasian +23.5%</li> <li>– Female African-American versus Caucasian +71.8%</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Colorectal cancer screening rate is 74.0%.</li> <li>• More than 2,000 uninsured or underinsured people have been screened through Screening for Life:               <ul style="list-style-type: none"> <li>– 2,184 colorectal cancer screenings; of these 74% were colonoscopies</li> <li>– 978 clients had polyps removed</li> <li>– 18% of clients were male</li> <li>– 82% of clients were female</li> <li>– 88% of clients were over the age of 50</li> <li>– 17% were racial/ethnic minorities</li> </ul> </li> <li>• 22 colorectal cancers detected through Screening for Life – 1.3% detection rate.</li> <li>• Screening Nurse Navigators in five health systems.</li> <li>• Case management is provided for every abnormal screening.</li> </ul>

**TASK  
10**

# Worksheets

## Identify Outcome Measures

List short-term, medium-term, and long-term measures that align with your objectives that can be reliably tracked and monitored.

1	
2	
3	
4	
5	

## Report Progress

List three ways you will report progress to your members. Additionally, you may want to consider how you report progress to broader stakeholders and audiences.

1	
2	
3	

## Celebrate Success

After you've decided what success looks like, how will you celebrate your accomplishments?

1	
2	
3	

## Notes

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