

February 2015

Local Implementation Capacity among National Comprehensive Cancer Control Program (NCCCP) Coalitions

Assessment Results with Key Figures



Introduction

Coordination and collaboration among local health departments (LHDs), their multi-sector stakeholders, and Centers for Disease Control and Prevention (CDC) National Comprehensive Cancer Control Program (NCCCP)-funded coalitions are essential to implementing state cancer control plans at the local level. Coordination and collaboration are also essential for widely disseminating evidence-based practices for systems and environmental change strategies that promote health, support healthy behaviors, and facilitate community-clinical linkages to reduce the cancer burden. However, synergy between LHDs and state-based NCCCP coalitions on the local implementation of comprehensive cancer control (CCC) is lacking.¹

In 2014, the National Association of County and City Health Officials (NACCHO) and the American Cancer Society (ACS) conducted a survey to better understand factors that hinder partnerships among LHDs, other local stakeholders, and NCCCP-funded coalitions in each state and to identify effective strategies for raising LHD awareness of NCCCP efforts and facilitating linkages between LHDs/state CCC coalitions for joint planning and local implementation efforts.

Specifically, this assessment had the following goals:

- Uncover the current local implementation capacity of state CCC coalitions and extent of collaboration with LHDs and other stakeholders;
- Determine facilitators and barriers to coordination among LHDs, other key local partners, and state CCC coalitions on local implementation of CCC, including efforts to carry out evidence-based policy, systems, and environmental change (PSE) and community-clinical linkages;
- Determine capacity-building assistance needs, topics of interest, and desired channels for receiving technical assistance among LHDs and state CCC coalitions related to local implementation of cancer control; and
- Inform solutions and identify opportunities to bridge state-local cancer prevention and control efforts and decrease barriers to coordination among LHDs, NCCCP-funded coalitions, and other key local stakeholders.

About National Comprehensive Cancer Control Coalitions

Since 1998, the CDC's NCCCP has made great strides to reduce the burden of cancer in the United States. NCCCP supports 50 states, the District of Columbia, seven tribal groups, and seven U.S. Associated Pacific Islands/territories to establish coalitions, assess the burden of cancer, determine priorities, and develop and implement cancer plans. CCC programs across the nation are working in their communities to promote healthy lifestyles and recommended cancer screenings, educate people about cancer symptoms, increase access to quality cancer care, and enhance cancer survivors' quality of life.

Methodology

To carry out the assessment, NACCHO administered an online survey during August 2014 to 50 state CCC coalition Program Directors. Thirty-eight respondents partially completed the survey. NACCHO employed descriptive analysis of each question to characterize the current local implementation capacity of state CCC coalitions.

Figure 1 illustrates the coalition status of each survey participant. The majority of respondents, 37/38 (97%), represented active coalitions. Ninety-seven percent of respondents (n=37/38) were CCC Program Directors/Coordinators, and 24% of respondents served in a dual capacity as steering committee or workgroup members (Figure 2). The size of representative coalitions ranged from 0 to 1,450 members. Figure 3 depicts each respondent's coalition size.

Figure 1. Coalition is Active (n=38)

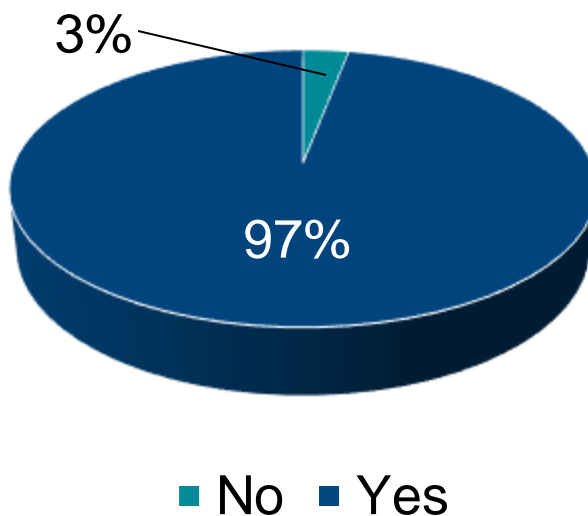


Figure 2. Primary Role in the Coalition (n=38)

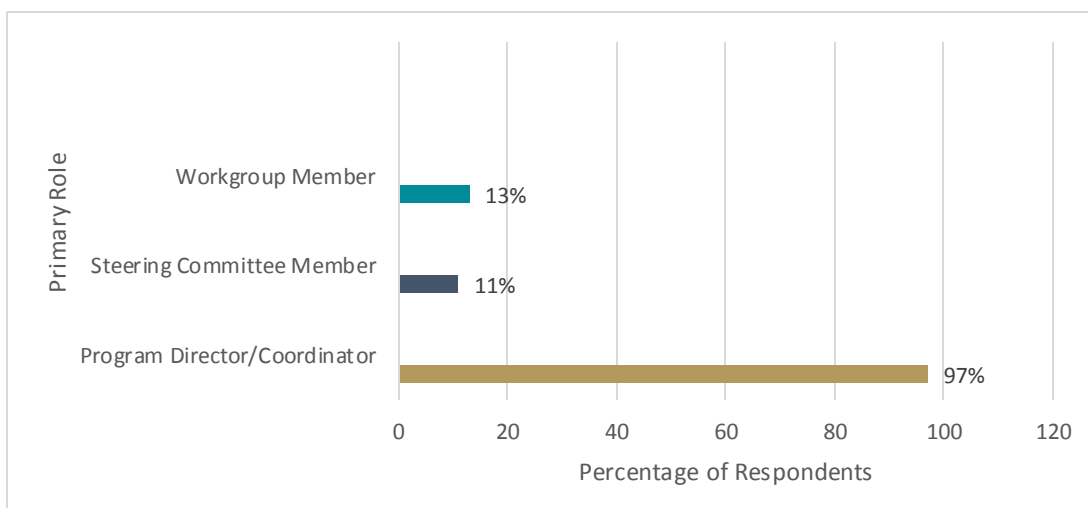
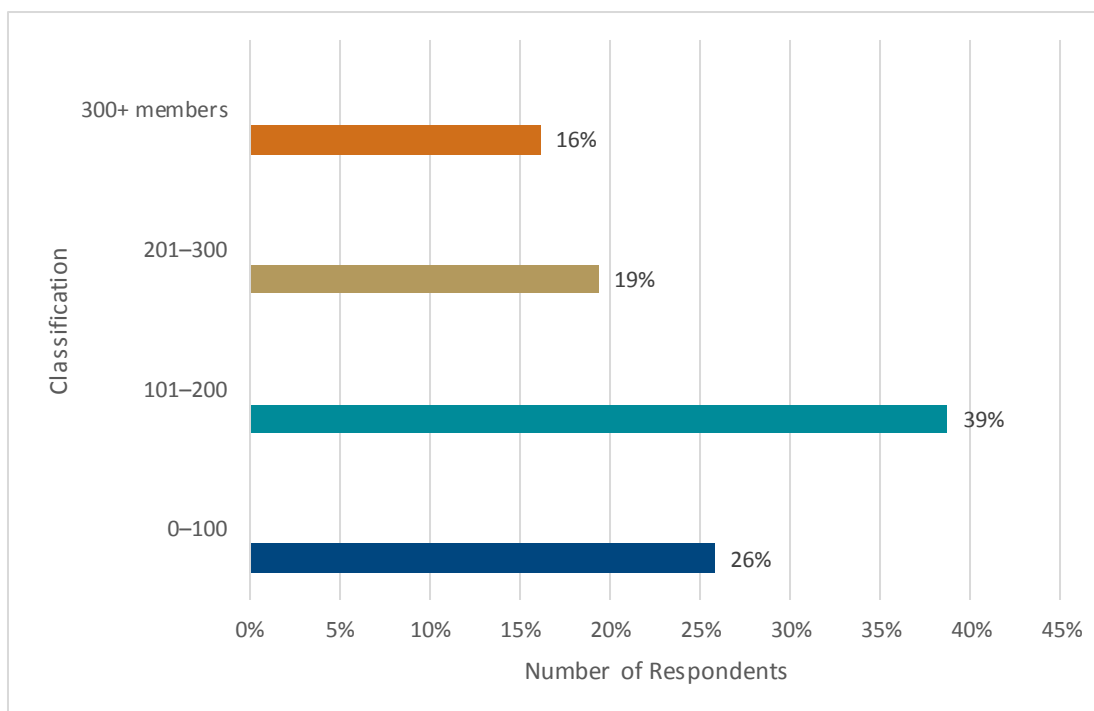


Figure 3. Number of Members in Coalition (n=31)



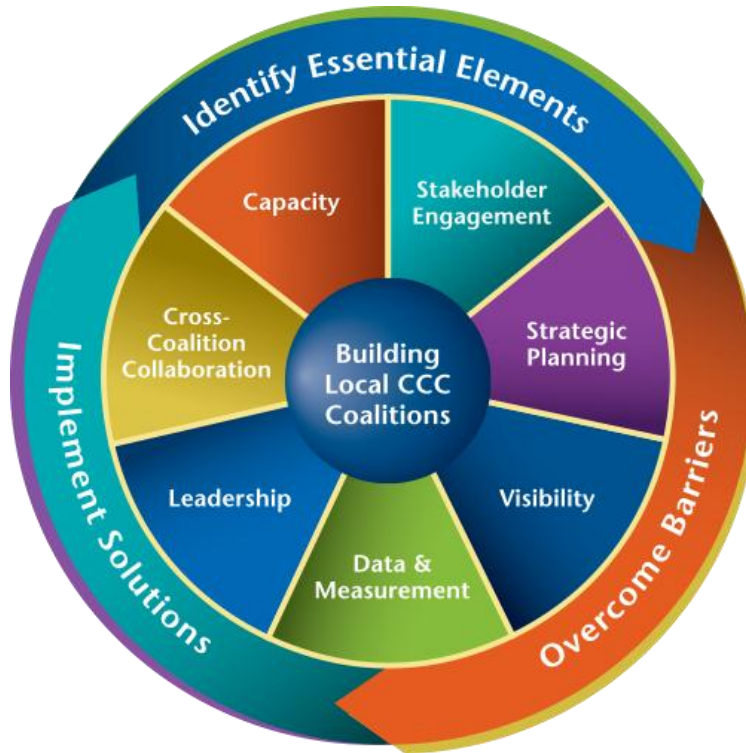
Results

Current Local Implementation Capacity and Collaboration with LHDs and Key Local Stakeholders

Participants highly valued local implementation, and state CCC coalitions were seeking ways to align state-local cancer control efforts. Additionally, NCCCP coalitions were well connected to local resources, expertise, and local cancer activists that they could leverage to coordinate state-local cancer control efforts. The majority of state CCC coalitions had a vision in place supporting the inclusion of local partners in planning, implementing, and evaluating cancer prevention and control efforts. Figure 4, NACCHO's Framework for Local Implementation, highlights the dimensions that were measured to assess state CCC coalition local implementation capacity.²

NACCHO's Framework for Local Implementation helps LHDs apply the following steps to develop and lead collaborative efforts to prevent cancer at the local level: (1) identify essential elements of success; (2) overcome barriers; and (3) implement solutions to infuse essential elements and remove barriers. Following these steps involves consideration of seven foundations for strengthening local cancer control implementation efforts: capacity; stakeholder engagement; strategic planning; visibility; data and measurement; leadership; and cross-coalition collaboration.

Figure 4. Framework for Local Implementation

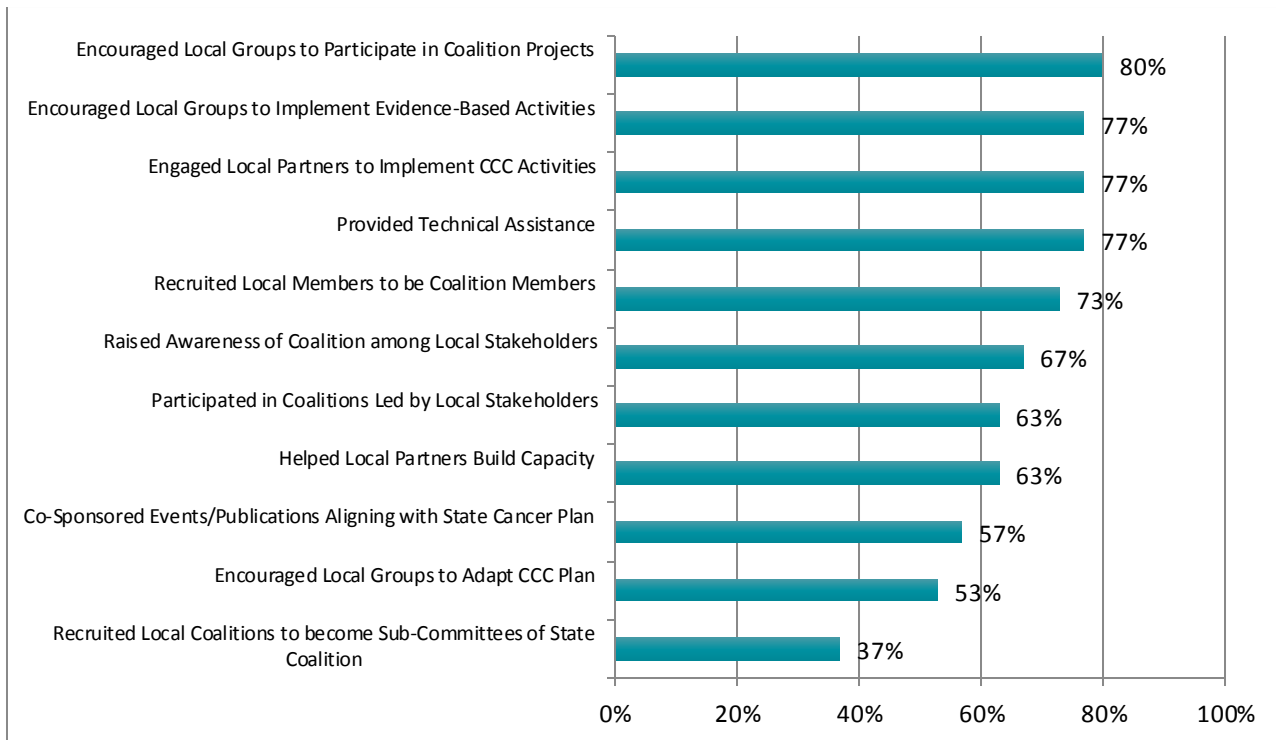


Key findings depicting the level of local implementation capacity follow:

- **State CCC Coalitions were Carrying out Less Formalized Local Implementation Activities.**

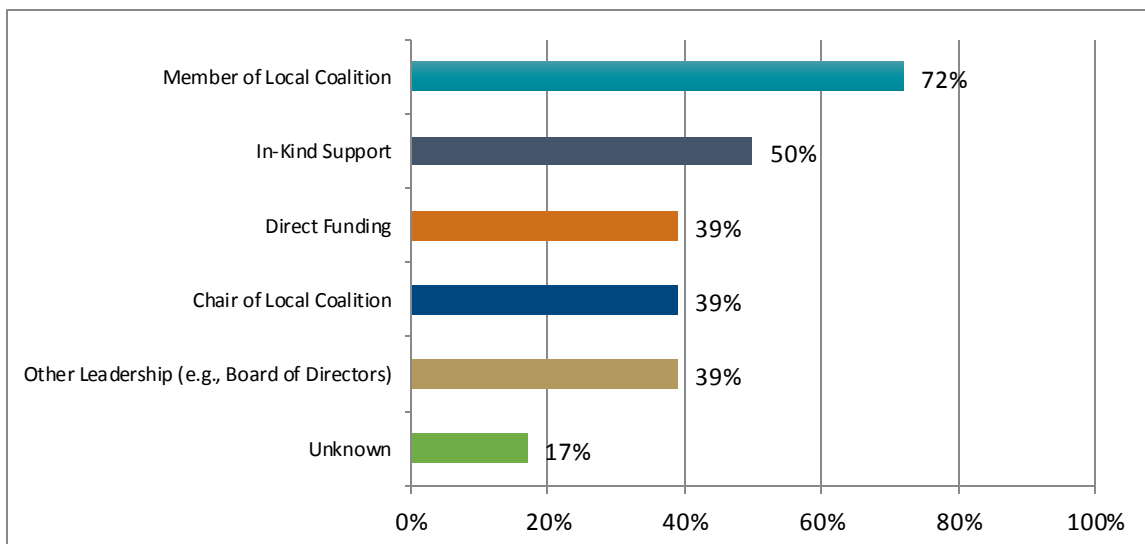
Generally, state CCC coalitions were carrying out less formalized approaches to local implementation (Figure 5). For example, few coalitions were recruiting local cancer committees/coalitions and organizing them as sub-coalitions of the state's coalition (11/30, 37%) and encouraging adaptation of the CCC plan to local needs (16/30, 53%). However, many were encouraging local groups to promote/participate in broader state coalition projects (24/30, 80%); implementing evidence-based activities to meet local needs (23/30, 77%); engaging local partners in the implementation of state CCC activities (23/30, 77%); and recruiting local partners to be members of the CCC coalition (22/30, 73%). More than half of coalitions were carrying out less formalized actions to support local activities and preserve local stakeholder ownership, such as providing technical assistance to help local partners achieve state CCC goals (23/30, 77%); building the capacity of local partners to link local priorities to the state coalition's plans (19/30, 63%); supporting local activities by participating in local collaborative groups/coalitions (19/30, 63%); and co-sponsoring/co-branding events and publications that align with the state cancer plan (17/30, 57%).

Figure 5. Activities Implemented by State Coalitions to Align State and Local Efforts (n=30)



The majority of state CCC coalitions participating in local coalitions were providing in-kind support to local coalitions (9/18, 50%). Less than half of state CCC coalitions had members leading (7/18, 39%) or provided funding to local coalitions (7/18, 39%) (Figure 6).

Figure 6: Participation of State CCC Coalitions in Local Coalition Activities (n=18)



- **State CCC Coalitions Face Challenges in Engaging Local Stakeholders, Particularly LHDs, Faith-Based Organizations, and Businesses.**

The majority of respondents believed they knew about stakeholder engagement strategies and effectively promoted activities to involve local stakeholders. However, few Program Directors agreed (13/28, 46%) that their coalitions adequately engaged local stakeholders, and 12/28 (43%) disagreed that their coalition was successful in this effort. Despite this, most respondents agreed (15/29, 52%) or strongly agreed (5/29, 17%) that their communities and cancer control partners had a sense of ownership in the development of cancer prevention and control solutions in their localities.

Over one-third (12/31, 39%) reported that their coalition did not partner with any LHDs to implement cancer prevention and control activities (Figure 7). Additionally, only 14/32 (44%) indicated that their state cancer coalitions had developed a local implementation action plan in collaboration with an LHD to coordinate state and local cancer prevention and control activities. Many state CCC coalitions worked with traditional cancer control partners, including healthcare providers (30/30, 100%), cancer organizations (28/30, 93%), non-religious community organizations (27/30, 90%), government agencies (26/30, 87%), academic institutions (26/30, 87%), and regional cancer centers (24/30, 80%). However, 17/30 (57%) or less reported that they partnered with businesses or faith-based organizations, respectively (Figure 8).

“Funding, technical assistance, and utilization of staff support have proven to be the best ways to include local health departments. In our experience, local health departments are short-staffed and can't regularly attend regional cancer control coalition meetings.”—State CCC Program Director, on ways to engage LHDs

Figure 7. State CCC Coalition Partners with LHD to Implement Cancer Prevention and Control Activities (n=31)

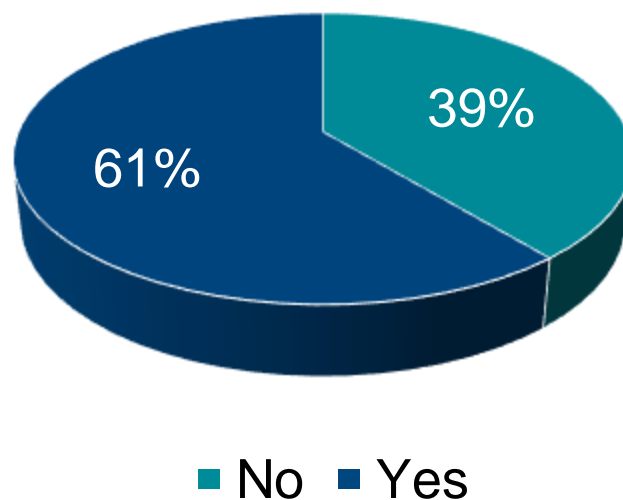
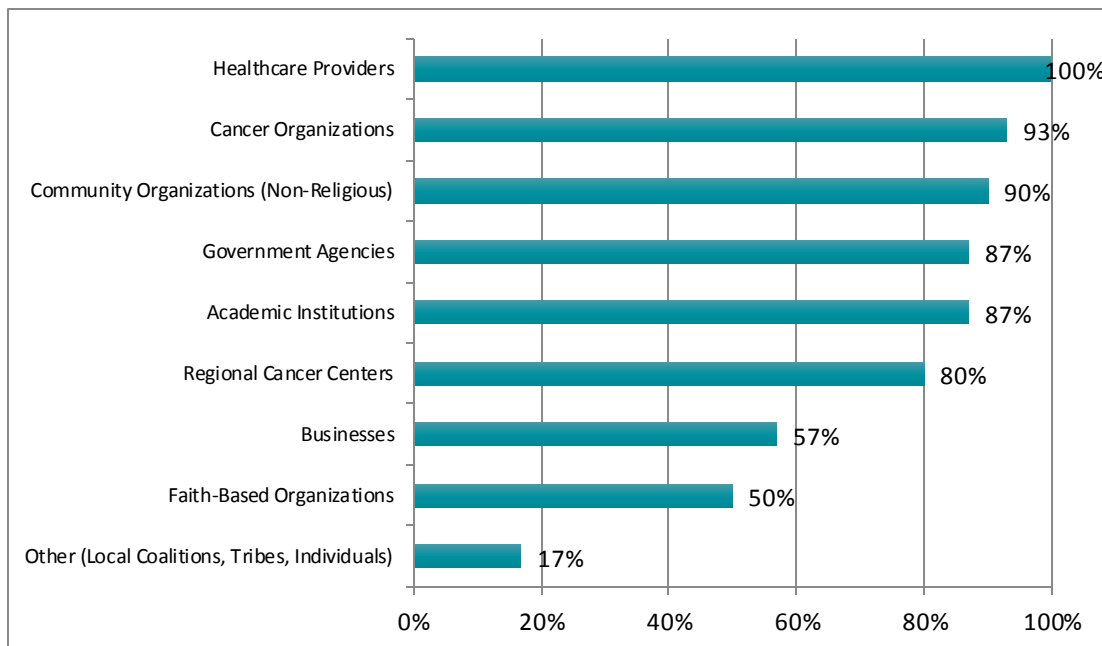


Figure 8. Local Partners with Whom NCCCP Coalitions Collaborate (n=30)



- **Less than Half of State CCC Coalitions had Conducted a Stakeholder or Community Health Assessment to Identify Partners or Select Evidence-Based Interventions.**

When asked if their state coalition had conducted a community health assessment to find opportunities for evidence-based interventions, 17/29 (59%) of respondents indicated that they disagreed that this assessment had been completed. Only 34% of respondents agreed (7/29, 24%) or strongly agreed (3/29, 10%) that a local needs assessment had been completed. Similarly, 13/29 (45%) of coalition representatives disagreed that their coalition had completed a stakeholder assessment to identify potential partners. Only 10/29 (34%) of respondents agreed that a stakeholder assessment had been completed for this purpose.

- **State CCC Coalitions Lacked a Formal Plan for Engaging Local Stakeholders, which may Affect Their Local Implementation Effectiveness.**

The majority of assessment respondents indicated they disagreed (15/29, 52%) or strongly disagreed (2/29, 7%) that their state cancer coalitions had a formal plan for engaging local stakeholders in cancer prevention and control efforts. Despite this, 14/27 (52%) agreed and 8/27 (30%) strongly agreed that they had a good understanding of the key local partners who should be included in coalition efforts. In addition, 15/28 (54%) of respondents agreed and 5/28 (18%) of respondents strongly agreed that their state coalitions regularly collaborated with local partners. However, more than half of NCCCP coalition respondents disagreed (17/27, 63%) that local stakeholders were “very familiar” with the state’s CCC plan. Similarly, 14/28 (50%) of coalition members disagreed that their coalitions regularly hosted planning activities

involving local stakeholders in planning, implementing, and evaluating cancer control activities. Furthermore, 13/27 (48%) of respondents disagreed that their coalitions were effective in marketing collaborative opportunities at the local level. Additionally, 11/29 (38%) disagreed that their state coalition was well known and respected by a majority of local community members, and 12/29 (41%) disagreed that their state coalition undertook grass roots direction and support for local and state cancer advocacy and policy initiatives.

Barriers to Collaboration with LHDs and Other Key Local Stakeholders to Advance Evidence-Based Strategies and PSE

The majority of state CCC coalitions were advancing PSE efforts to improve health systems and prevent skin cancer and tobacco use/exposure. Fewer coalitions were carrying out PSE strategies that involved modifications to the physical environment, including healthy food access and built environment initiatives. Respondents indicated that their coalitions were implementing a range of evidence-based primary, secondary, and tertiary cancer-prevention activities, including encouraging participation in lifestyle-modification programs; providing client reminders; disseminating small media; ensuring access to tobacco quit lines/smoking cessation services; implementing survivorship education/awareness; encouraging access to self-management programs; and carrying out provider education initiatives. Very few coalitions were promoting awareness of post-cancer clinical care or linking cancer survivors with a Medical Home. Program Directors provided their impressions of barriers to local implementation of PSE and evidence-based strategies:

- **Few State CCC Coalitions had Conducted an Environmental PSE Scan or Instituted a PSE Task Force.**

While respondents indicated they had successfully carried out the preliminary stages of implementing PSE, e.g., surveillance, awareness, and stakeholder engagement initiatives, fewer respondents had completed the latter stages. For example, few coalitions had conducted an environmental PSE scan to survey the policy landscape (10/29, 34%) or established a PSE task force to implement a selected strategy (11/29, 38%).

- **Few LHDs were Participating in State CCC Coalition or Cancer Plan Development Activities.**

Most coalitions partnering with LHDs on cancer control initiatives were collaborating on community needs assessments (10/19, 53%) and coordination of prevention (17/19, 89%) and screening activities (12/19, 63%). However, Program Directors did not believe LHDs were participating in the state CCC coalition (21/29, 72%) or cancer plan development activities (19/30, 63%).

- **Although State CCC Coalitions Valued Collaboration with LHDs, Respondents Disagreed that Their Coalition Makes a Concentrated Effort to Partner with LHDs to Implement PSE Improvements and Community-Clinical Linkages.**

Many Program Directors reported that their coalitions had implemented PSE improvements, but only 21% (6/29) indicated they “often” partnered with LHDs on these activities. Similarly, many coalitions were implementing community-clinical linkage strategies, but over half (15/29, 52%) rarely or never collaborated with LHDs on these efforts. While most Program Directors believed state CCC coalitions should work with LHDs in carrying out CCC activities and knew how to locate the appropriate LHD liaison, only half (15/29, 51%) believed that their coalitions tried to engage LHDs in the strategic planning, implementation, and evaluation of CCC efforts.

“As a health department, we sometimes fund local health departments on projects, but [not having] ample resources impacts our ability to do this on a large scale.” —State CCC Program Director, on barriers to engaging LHDs

- **State CCC Coalitions Lacked Funding to Engage LHDs and Believed LHDs had Limited Capacity and Interest in Partnering.**

Program Directors believed lack of resources presented a barrier to engaging LHDs. One coalition member stated, “As a health department, we sometimes fund local health departments on projects, but [not having] ample resources impacts our ability to do this on a large scale.” Other coalition representatives stated that “limited volunteer and staff capacity and time” prevented LHDs from dedicating staff to participate in state CCC coalition activities. Other respondents perceived that LHDs were not focused on cancer control activities, an impression that prevented some state coalitions from viewing LHDs as priority partners. For example, one respondent stated, “Cancer is not a high priority of these departments, and it has been challenging to access their staff and systems to have them participate in cancer prevention and control efforts.”

- **Building Capacity, Establishing Mutual Goals, and Actively Engaging LHDs in Decision-Making and Planning Led to Successful Collaboration with LHDs.**

Qualitative data from the survey revealed that state CCC Program Directors found relationships with LHDs most successful when there was synergy among visions, priorities, and needs. Understanding LHD needs and priorities aided coalitions in identifying opportunities for alignment. Doing so ensured that collaboration mutually benefitted the coalition and the LHD. Program Directors also saw value in providing funding and technical assistance opportunities to LHDs and engaging them in planning and decision-making opportunities.

Local Implementation Capacity-Building Assistance Needs

Qualitative data from the assessment revealed areas where state CCC coalitions need technical assistance to support local implementation. The state CCC coalition

Program Directors participating in the study made the greatest demand for best practices highlighting how other states have approached local implementation, funding to facilitate engagement of local stakeholders, and support to coordinate planning efforts across groups of stakeholders with varying interests (Figure 9).

Figure 9. Most Frequently Requested Technical Assistance Topics/Tools

Technical Assistance Need Reported	Specific Topics/Tools Requested	Frequency of Theme
Best or Promising Practices	<ul style="list-style-type: none"> • Examples of how other states are approaching local implementation • Success stories from other coalitions 	5
Funding Support	<ul style="list-style-type: none"> • How to advocate for funding to strengthen relationships with local stakeholders and synergize efforts • How to leverage engagement of stakeholders with limited funding 	3
Support Synergizing Efforts	<ul style="list-style-type: none"> • Leverage funding to facilitate synergized action planning • Provide support for coordinating mission/visions/priorities among varying stakeholder perspectives 	2

Quantitative assessment data also revealed several barriers that hinder state CCC coalition local implementation efforts and collaboration with LHDs and other local stakeholders. Overall, state CCC coalitions were familiar with and felt comfortable implementing evidence-based practices and believed they effectively used evidence-based decision-making and planning to prioritize, select, implement, and evaluate cancer prevention and control interventions. They had also made strides to introduce evidence-based practices to local partners and were aware of effective strategies for local stakeholders.

State CCC Program Directors indicated the following barriers and areas where technical assistance efforts could be focused to help state CCC coalitions troubleshoot challenges to local implementation:

- Challenges engaging LHDs, businesses, faith-based organizations, underserved communities, and other non-traditional partners;
- Limited use of formalized local implementation activities, e.g., organizing local cancer control committees/sub-coalitions;
- Lack of funding, resources, and time to support local implementation of PSE;
- Lack of formal plan for engagement of local stakeholders driven by a stakeholder assessment;
- Limited presence or lack of awareness of local coalitions, partnerships, or task forces;
- Perception that LHDs do not value cancer prevention or have capacity;
- Difficulty encouraging synergy with state priorities while maintaining local autonomy;
- Geographic distance;
- Challenges engaging providers in the promotion of community-clinical linkages; and
- Inadequate technology to exchange data across clinical and public health environments.

Some Program Directors also cited the following needs:

- Support for engaging local partners in development of cancer plan;
- Assistance for communicating the importance of doing PSE work at the local level;
- Tips for evaluating coalition successes;
- Strategies for collaborating across state chronic disease programs to identify opportunities for integration and engage local partners;
- Guidance for identifying appropriate local contacts to engage in coalition efforts;
- Advice for engaging LHDs;
- Support for engaging stakeholders;
- Menu of evidence-based interventions; and
- Fact sheets describing specific strategies for implementing PSE changes and community-clinical linkages.

Program Directors also requested more specificity in technical assistance topics. For example, one respondent suggested that technical assistance providers focus less on broad topics, such as “how to carry out PSE” and emphasize topics with a narrow focus, such as “how to engage local stakeholders in promoting colorectal cancer screening.”

Lastly, all assessment survey respondents indicated that e-mail was their preferred method of communication with state CCC members and LHD partners. In addition, 18/29 (62%) of respondents rated online toolkits as a prioritized resource for education efforts. Fewer respondents indicated that they found e-newsletters (13/29, 45%) or webpages of trusted organizations (8/29, 28%) to be effective communication tools. Finally, only 2/29 (7%) rated direct mail and only 1/29 (3%) rated social media as effective communication strategies.

Coalitions were very interested in the concept of partnering with LHDs on comprehensive cancer control initiatives, but they were less interested in following through with formulating such partnerships. When assessment survey respondents were asked about their level of interest in engaging in meaningful partnerships with LHDs and other local stakeholders to advance local implementation of cancer control activities, 25/29 (86%) of respondents indicated they were interested. However, when these same respondents were asked to be contacted directly about their experiences partnering with LHDs and local stakeholders, the level of interest fell to 19/29 (66%). Furthermore, when these respondents were asked if they would serve on a committee to plan and implement a partnership with LHDs and local stakeholders, 17/29 (59%) responded that they would be interested.

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Recommendations/Discussion

The data collected via this assessment provide context for understanding the role of state CCC coalitions in carrying out local implementation of cancer control and how the CDC can focus the efforts of its grantees and technical assistance providers in building state CCC coalition local implementation capacity. The following recommendations illuminate potential focus areas based on gaps captured by the assessment:

- **Increase Engagement of LHDs and Other Key Stakeholders via Formalized Local Implementation Efforts.**

State CCC coalitions need support engaging LHDs and other local stakeholders. One way to approach this is to increase state coalitions' awareness of the presence and availability of potential partners. Another opportunity is to support NCCCP-funded grantees in formalizing state-local collaborations/sub-groups that encourage synergized strategic planning efforts targeting LHDs and other local stakeholders by building upon local assessment data. In assessment survey, 59% of coalition representatives indicated they would be willing to serve on such a planning committee. Through regional planning activities that bring together partners across the state, state coalitions will be able to connect with local resources, expertise, and activists, as well as with non-traditional partners such as health plans, faith-based communities, and local businesses. At the same time, regional planning activities will enable local stakeholders to become more familiar with state cancer plans. Once potential partners are identified, the CDC and its

technical assistance providers can support these partnerships by increasing awareness of strategies to align state and local priorities. This effort should help the partners develop a shared vision, creating a sense of ownership for both entities. Additionally, supporting state CCC coalitions in engaging local stakeholders will require supporting them in funding LHDs and other partners. State CCC coalitions will also require support in conducting stakeholder assessments to identify appropriate stakeholders and in facilitating connections with existing local cancer control partnerships, coalitions, and task forces. Once partnerships are established, technical support can be provided to deal with common challenges to local partnerships described in this report (e.g., geographic distance, lack of capacity, difficulty engaging underserved communities, difficulty establishing communication channels, and risk of stifling local autonomy).

- **Troubleshoot Barriers to Local Implementation of PSE, Including Limited Funding, Time, and Stakeholder Engagement.**

NCCCP-funded coalitions need support to enact PSE changes, including funding, time, and stakeholder involvement. Conducting a policy scan may help state CCC coalitions better identify opportunities to advance PSE and support coalitions in engaging local stakeholders to participate in a PSE workgroup or task force. Instituting a PSE task force or stakeholder group can help state CCC coalitions maximize time, resources, and expertise to drive sustainable policy change.

- **Enhance Capacity for Provider Engagement, Data Sharing, and Other Evidence-Based Strategies that Facilitate Community-Clinical Linkages.**

Barriers to formation of community-clinical linkages for cancer prevention included provider engagement and lack of adequate technology. NCCCP-funded coalitions will be better equipped to advance community-clinical linkage efforts by enhancing coalition members' skills for provider engagement and technology enhancements to facilitate data sharing. In addition, technical assistance efforts can also increase use of less common improvement strategies for evidence-based health systems that connect individuals with important cancer prevention and treatment services. For instance, coalitions could conduct cancer risk assessments, promote access to cancer self-management programs, and provide group education to foster community-clinical linkages to cancer prevention and care services. While many coalitions are aware of and are effectively using evidence-based strategies, some coalitions could benefit from support in building skills for prioritizing, selecting, implementing, and evaluating these strategies. In addition, state CCC Program Directors indicated they would benefit from a menu of effective evidence-based strategies from which they can choose.

- **Foster Translation and Dissemination of Best Practices for Local Implementation.**

This assessment revealed that coalitions believed that dissemination of success stories from other coalitions, creation of a menu of potential intervention items, and support of evaluation efforts would help them

successfully implement local cancer prevention and control efforts. Additionally, respondents preferred Web-based training resources. The CDC and other technical assistance providers can support dissemination of best practices by creating webinars, podcasts, and eLearning resources to support coalitions' activities.

References

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2. Ibid

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The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice with local health departments.

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