Arizona Comprehensive

Cancer Control Program

Annual Evaluation Report

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Final

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Acknowledgements

Founded in 1991, LeCroy & Milligan Associates, Inc. is a consulting firm specializing in social services and education program evaluation and training that is comprehensive, research-driven and useful. Our goal is to provide effective program evaluation and training that enables stakeholders to document outcomes, provide accountability, and engage in continuous program improvement. With central offices located in Tucson, Arizona, LeCroy & Milligan Associates has worked at the local, state and national level with a broad spectrum of social services, criminal justice, education and behavioral health programs.

The evaluation team for this project wants to thank Virginia Warren, Office Chief of Health Systems Development, and Jeffrey Zentino, Arizona Comprehensive Cancer Control Program Director, for their extensive efforts with coordination and oversight of the Arizona Comprehensive Cancer Control Program and Arizona Cancer Coalition, as well as guidance with the evaluation. We are also appreciative of Core Team Members and Arizona Cancer Coalition Steering Committee members. The evaluation team includes Michele Scanze, MPH, Michele Schmidt, MPA, and Michel Lahti, PhD.

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List of Exhibits

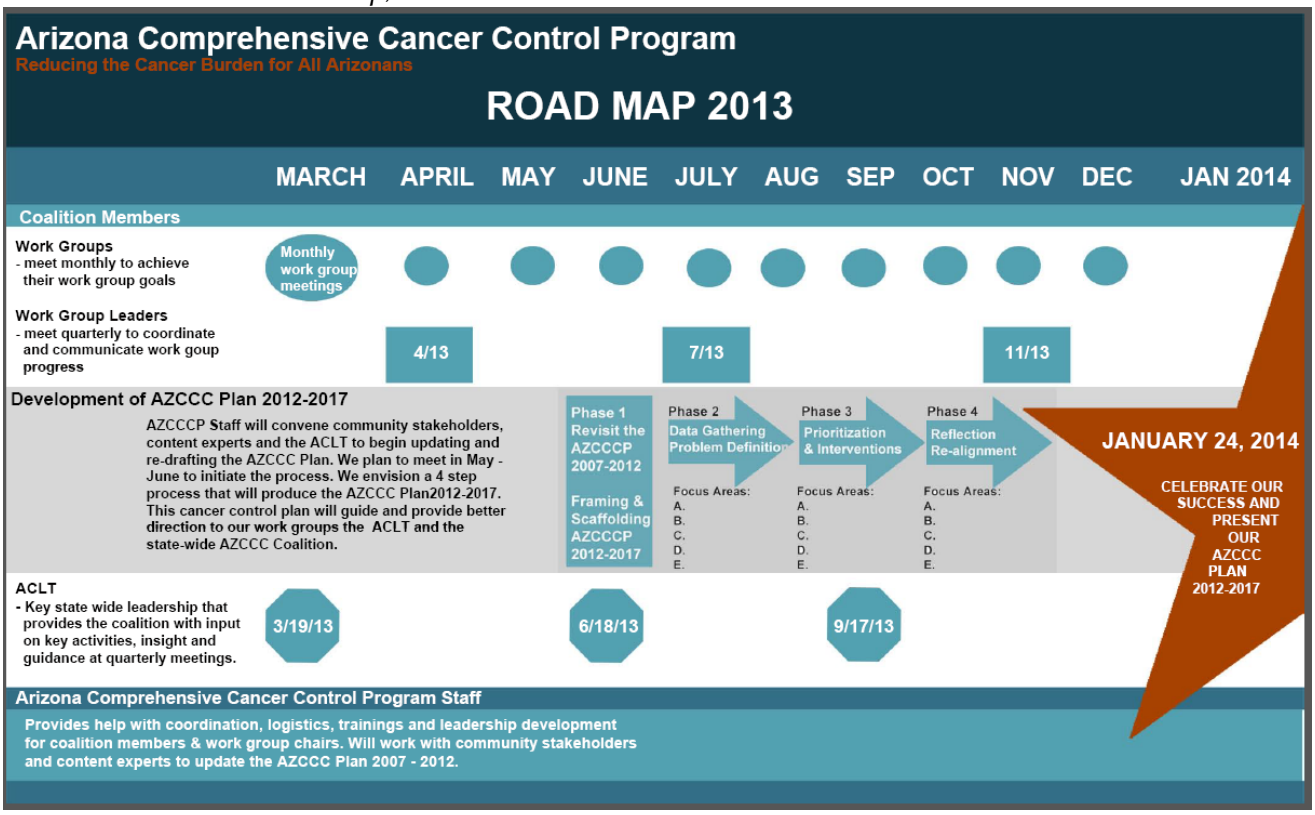
Introduction and Background

The Centers for Disease Control and Prevention (CDC) identifies the National Comprehensive Cancer Control Program as, "developing and providing an integrated and coordinated approach to reduce the incidence, morbidity, and mortality of cancer through prevention, early detection, treatment, rehabilitation, and palliation." Since November 2011, the Arizona Comprehensive Cancer Control Program (ACCCP) has been based out of the Arizona Department of Health Services (ADHS), Bureau of Health Systems Development. Working within this bureau provides ACCCP with the opportunity to collaborate, support, and promote other cancer prevention services at a direct service level and from a policy, systems, and environmental change level. Funding from the CDC's Cancer Prevention and Control Program for State, Territorial and Tribal Organizations supports the implementation and evaluation of ACCCP efforts from May 1, 2013 through June 30, 2017.

The ADHS and community partners have re-committed to the Arizona Cancer Coalition (ACC) and are looking to focus their statewide efforts to ensure that Arizonans have access to the healthcare needed to fight cancer. The ACC seeks to equip the community health workforce with the most up-to-date cancer information, enabling earlier cancer detection; developing a network of resources that will help cancer survivors live healthier and longer lives; and convening the cancer research community to ensure that Arizona is on the leading edge of finding the best treatments for cancer – and ultimately, the cure.

The partners recognize that creating and implementing a comprehensive strategic plan to control cancer requires diverse perspectives and resources from health care providers, researchers, cancer survivors, advocates, public health planners, educators, insurers, and employers. Multiple perspectives should reflect the makeup of each work group, as well as the statewide coalition. As such, the ACCCP staff, under the leadership of Jeffrey Zetino, MSW, developed a road map, shown in Exhibit 1, that delineates the steps for revising the Arizona Comprehensive Cancer Control Plan by January 2014 through an inclusive process that began in March 2013.

Exhibit 1. ACCCP Road Map, 2013-2014



The structure of ACCCP includes four components:

1) **Management and Leadership** – The ACCCP seeks to provide leadership and shared vision, and to create and support linkages with other ADHS partner programs; to assure that appropriate staff are in place to implement programs across the other components of the ACCCP; and to develop the leadership and management capacity within the ACC hubs and work-group leaders.

2) **Arizona Cancer Coalition (ACC)** - The ACC is represented by Arizona's most talented and influential cancer community leaders devoted to collectively reducing cancer's harm. This coalition works to improve policies, develop better systems of care, and implement evidence-based strategies that improve cancer prevention, detection, treatment, and research in an equitable manner throughout Arizona. Hospitals, foundations, volunteer- and community- based organizations, business leaders, and the brightest oncologists and researchers worked collaboratively to develop the Arizona Comprehensive Cancer Control Plan (ACCC Plan). This plan has five primary goals, to: (1) prevent cancer; (2) detect cancer early; (3) elevate treatment; (4) galvanize quality of

life/survivorship care networks; and (5) catalyze research. These five goals are represented through the ACC Work Groups and each work group leader forms the ACC Steering Committee. Furthermore, lead program managers at ADHS, whose programs may impact cancer, comprise the ACC Core Team.

3) **Well Woman HealthCheck and Fit at 50 HealthCheck Programs** - In Arizona, the Well Woman HealthCheck Program is part of the Bureau of Health Systems Development at ADHS. This program began screening women for breast and cervical cancer in 1995 and continues to help low-income, uninsured, and underinsured women access breast and cervical cancer screening and diagnostic services, including: clinical breast exams, mammograms, pap tests, and pelvic exams. In addition, the Well Woman HealthCheck Program helps verify the eligibility and facilitate enrollment into the Breast and Cervical Cancer Treatment Program of uninsured women in Arizona diagnosed with breast or cervical cancer or precancerous cervical lesions. The FIT at 50 HealthCheck Program is part of the Colorectal Cancer Control Program. It is supported through the CDC and Arizona Tobacco Tax funds. This program has two components: (1) screening provision, providing free colorectal cancer screening for the uninsured; and (2) screening promotion, increasing screening rates among the uninsured and insured.

4) **Arizona Cancer Registry** - The purpose of the Arizona Cancer Registry is to collect high quality incidence data on all cancer cases diagnosed and treated in Arizona. The Cancer Registry was established in 1996 as part of the CDC's National Program of Cancer Registries (NPCR), which was established by Congress through the Cancer Registries Amendment Act in 1992.

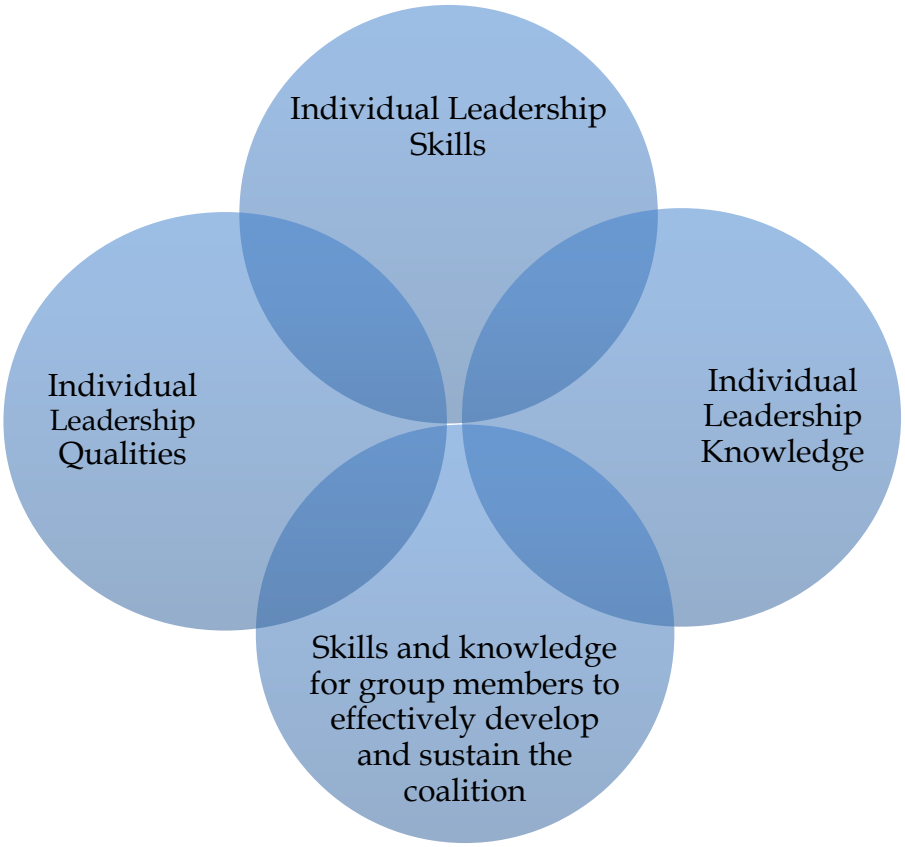
LeCroy & Milligan Associates is contracted by ADHS to provide leadership (professional) development training, coaching, and support; and to evaluate the collaborative efforts of the ACCCP. This evaluation report covers the time frame of July 1, 2013 through June 30, 2014. This report has two sections: (1) Professional Development and Leadership and (2) Implementing the ACCCP. The Professional Development section provides updates about ongoing technical assistance that LeCroy & Milligan Associates provided to ACCCP for professional development, capacity building, and leadership training. Implementation of ACCCP covers the progress that ACCCP has made to establishing a statewide coalition with three regional hubs (central, southern, and northern Arizona) and implementing the ACCC Plan**.**

Evaluation of Professional Development and Leadership

In 2013, the ADHS led an initiative to provide professional development and leadership skills to ACCCP staff and leadership. The purpose of professional development is to design, develop, and implement training, coaching, mentoring, and facilitation activities with: (1) the ACCCP Leadership Team (ADHS Office Chief and ACCCP Project Director); (2) ACC Core Team (comprised of ADHS staff supporting the coalition); and (3) the ACC Steering Committee. The end result of professional development is that ACCCP stakeholders will utilize a high-functioning, collaborative approach to develop and complete the ACCC Plan and work groups will take effective action planning efforts. Using a developmental approach to skill enhancement requires being flexible and responsive to participants' needs; therefore this approach has employed continual assessment and refinement of skills training to meet the evolving needs of participants. A critical aspect to this approach is collaborating with and supporting the ACCCP Project Director to effectively guide this process.

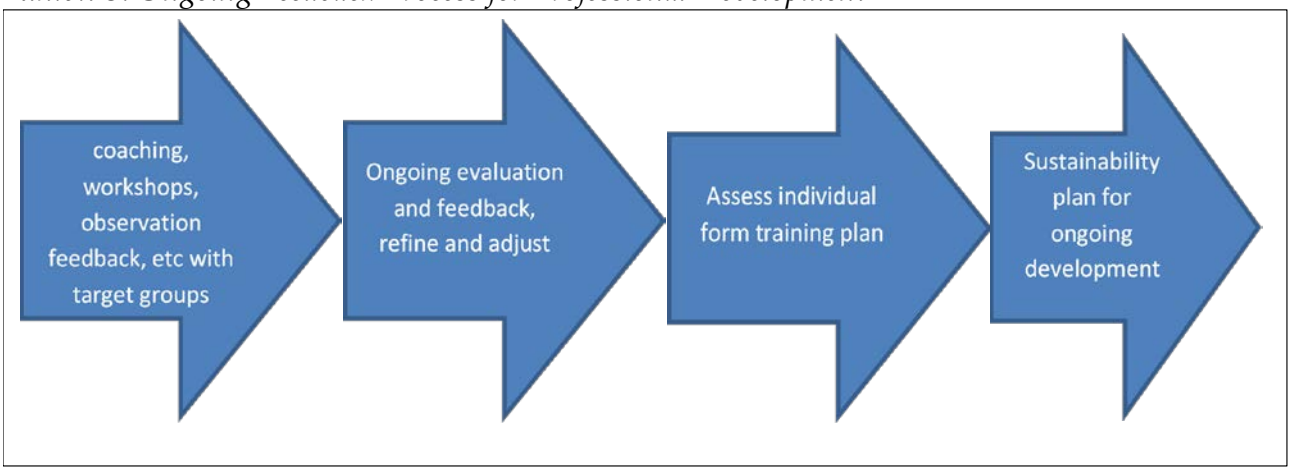
The framework guiding the ACCCP's professional development incorporates knowledge acquisition and skill development in four areas of effective coalition leadership and collaboration: (1) individual leadership skills; (2) individual leadership knowledge; (3) individual leadership qualities; and (4) skills and knowledge of coalition group members. Focusing efforts in these four areas increases the overall strength of ACCCP and ACC. These skills, knowledge, and qualities are inter-dependent and will impact the sustainability and effectiveness of the ACC and implementation of the ACCC Plan. Exhibit 2 provides a visual representation of the capacity building and professional development framework adopted and implemented by the ACCCP project staff.

Exhibit 2. ACCCP Framework for Capacity Building and Professional Development



The professional development process includes receipt of ongoing feedback and evaluation of professional development activities and plans for sustaining ongoing professional development. Exhibit 3 depicts this process.

Exhibit 3. Ongoing Feedback Process for Professional Development



An important aspect of the capacity building framework is to maintain a focus on skills and knowledge needed to promote collective impact among the ACC. Throughout the process of assessing needs and developing training activities and materials, the ACC utilized a common definition of collective impact, guided by the work of Kania and Kramer (2001):

> "*Collective impact, the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. Collaboration is nothing new. The social sector is filled with examples of partnerships, networks, and other types of joint efforts. But collective impact initiatives are distinctly different. Unlike most collaborations, collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants.*[1]"

LeCroy & Milligan Associates followed a purposeful, sequential process to: assess individual and group professional development needs; provide a variety of professional development (e.g., coaching, presentations, group facilitation, workshops, resource materials, etc.); ensure ongoing feedback and evaluation of professional development activities; and plan for the sustainability of ongoing professional development.

LeCroy & Milligan Associates employed a developmental approach to skill enhancement that was flexible and responsive to participants' needs. The evaluation and technical assistance team conducted an initial assessment with randomly selected ACC members to identify key areas needed for professional development. Throughout this approach, the evaluation team collaborated and supported the ACCCP project director so that he could continue to effectively guide the coalition's planning process. LeCroy & Milligan Associates developed an initial five-month *Professional Development Plan*, designed to take place from June 2013 through November 2013, coinciding with the ACC's development of the ACCC Plan. In addition to this plan, support and leadership training were provided on an ad-hoc basis.

[1] Kania, J. & Kramer, M. (2001, Winter). Nonprofit Management Collective Impact. *Stanford Social Innovation Review*. Available at http://www.ssireview.org/images/articles/2011_WI_Feature_Kania.pdf.

Evaluation Approach

The evaluation of professional development activities is an ongoing effort, as outlined in the ACC evaluation plan. Questions guiding the evaluation of the professional development plan are:

1) What are the components of the Professional Development Plan and are they implemented as intended?
2) Have the coalition stakeholders shown increased knowledge and improved leadership and collaboration? To what extent are meeting goals and objectives met?
3) Have ADHS leaders' skills, knowledge, and quality grown over time?

Exhibit 4 outlines how each evaluation question was investigated.

Exhibit 4. Professional Development Evaluation Plan for Component 1) Management and Leadership

Evaluation Questions	Indicators	Data Sources	Data Collection Methods	Data Collection Frequency and Timing	Analysis Plan
(1) What are the components of the professional development plan and are they implemented as intended?	Professional development plan, schedules and materials	Materials, reports, and records from ADHS leadership and LeCroy & Milligan Associates technical assistance providers	Written materials, Professional Development Plan, coaching notes, meeting notes.	Monthly	Descriptive
(2)a Have the Coalition stakeholders shown increased knowledge and improved leadership and collaboration practices?	Meeting effectiveness; accomplishments of working groups	Meeting Attendee Evaluation Survey; meeting minutes, observations	Distribute and collect survey at end of meeting; maintain minutes; complete observations.	Quarterly, at a minimum	Descriptive
(2)b To what extent are the meeting goals and objectives met?	Goals and objectives are set through an agenda and goals and objectives are addressed through actions.	Meeting Attendee Evaluation Survey; meeting minutes, observations	Distribute and collect survey at end of meeting; maintain minutes; complete observations.	Quarterly	Descriptive
(3) Have the ADHS leaders' skills, knowledge, and qualities grown over time?	Self- and coaches' assessment of skills, knowledge, and qualities improve over time.	Coalition Leader Inventory; coaches notes; team meeting notes	Leaders assessments, Coaches assessments.	Bi-annually	Descriptive

Findings

An extensive description of evaluation results from professional development planning and activities completed through August 2013 is presented in the *ACCCP Interim Progress Report* (LeCroy & Milligan Associates, 2013). Because the professional development and leadership training component is continuous, evaluation findings presented in this report are aggregate, including all data collected to date.

Components and Implementation of the Professional Development Plan

Components of the Professional Development Plan. Beginning in May 2013, LeCroy & Milligan Associates and the ACCCP Project Director collaborated to establish the *Professional Development Plan*. Plan development was informed by the needs assessment conducted with select coalition members and ACCCP staff, which sought to identify the conditions, skills, and knowledge needed to achieve collective impact. A useful framework for presenting findings and subsequently planning professional development interventions is provided by Kania and Kramer (2011). They identify five conditions for collective impact success:

1. Common Agenda
2. Mutually reinforcing activities
3. Continuous communication
4. Backbone support organizations
5. Shared measurement systems

Exhibit 5 displays the key results of the needs assessment, as aligned with the five conditions for collective impact success.

Exhibit 5. Results of ACCCP Needs Assessment for Professional Development

Coalition Aspect	Desired State for the ACC (as stated in key informant interviews)	Professional Development Focus Areas
Common Agenda	• Clearly defined roles • Overall statement of direction • Agreed upon objectives • Agreements on outcomes • Clearly defined workgroup goals aligned with overall coalition	Worked with leaders on role clarity and methods for strategic planning, goal setting and effective decision making processes
Mutually reinforcing activities	• Sharing of resources • Open, challenging, problem-solving dialogue • Coordination of activities that fit into overall plan • Clearly defined interdependent roles • Consistent participation by members	Developed effective communication and meeting practices, strengthening coordination and facilitation skills, how to maintain action oriented focus and accountability across groups
Continuous communication	• Development of a "shared situational awareness" of the total effort, among all participants in coalition • Better Coordination of information flowing in and out of coalition workgroups • Workgroups consistently communicate about results and issues	Developed tools, skills and methods for communication flow, use of technology for communication, conflict management, meeting facilitation, documenting progress
Backbone support organizations	• Strong leadership with shared power • Supporting infrastructure with designated staff, technology supports for communication, funding supports, and logistical support	Coached and consulted with ADHS leaders in leadership functions, organizational skills, infrastructure development, stakeholder recruitment.
Shared measurement systems	• Agreements on shared measurements • Regular feedback about outcomes	Worked with leaders on identifying data sources, indicators, and appropriate evaluation questions.

Guided by the results from the needs assessment, LeCroy & Milligan Associates developed a feasible *Professional Development Plan*. This plan includes use of multiple methods, such as training workshop(s) in specific content or skills; coaching calls with individuals or small groups; facilitation of meetings; provision of tools or information for meeting management; and a professional development toolkit. The plan has the following components:

1) Specifics on which areas (knowledge and/or skills) will be offered;
2) Tools that are templates for consistent use across groups;
3) Target audiences for each content area;
4) Methods for presenting each content area, along with schedules;
5) Resources for further reading to enhance development in various content areas;
6) Supporting documents for all training / presentations.

Completed Professional Development Activities. This plan outlines a schedule of activities for three target groups: (1) the ACCCP Leadership Team (ADHS Office Chief and ACCCP Project Director); (2) ACC Core Team (comprised of ADHS staff supporting the coalition); and (3) the ACC Steering Committee (work group leaders). Bi-weekly coaching and consultation sessions with the ADHS Office Chief and the ACCCP Project Director were conducted between May 2013 and September 2013. Exhibits 6-8 present the completed professional development activities included for each target group.

Exhibit 6. Completed Professional Development Activities for ACCCP Leadership Team

Content Area	Presentation/Activity	Facilitator	Date
Building a common agenda and surfacing needs and gaps	Meeting planning, coaching, materials development, facilitation	LeCroy & Milligan Associates (LMA) (with ADHS)	May 30, 2013
Prioritization of ACCCP objectives; Building collective impact through Evidence based initiatives	Lecture/discussion, interactive exercise	LMA	September 17, 2013

Exhibit 7. Completed Professional Development Activities for ACC Core Team

Content Area	Presentation/Activity	Facilitator	Date
Focused Leadership	Coaching with Office Chief and Project Director	LMA	Ongoing, dates of coaching calls: 4/9/2013 5/2/2013 5/16/2013 5/30/2013 6/14/2013 6/21/2013 7/3/2013 7/15/2013 8/13/2013 8/22/2013
Role Clarification for Core Team members	Coaching on meeting preparation for Core Team meeting	LMA	July 17, 2013
Building Collaborative Networks	Lecture/Discussion with Handouts	LMA	October 16, 2013
Strategic Planning facilitation skills (in conjunction with Working Group leaders	Presentation, materials, interactive exercises	LMA	November 14, 2013
Collaboration	Interactive exercises	LMA	November 20, 2013
Strategic Planning facilitation skills (in conjunction with Working Group leaders	Presentation, materials, interactive exercises	LMA	November 14, 2013
Collaboration	Interactive exercises	LMA	November 20, 2013

Exhibit 8. Completed Professional Development Activities for ACC Steering Committee

Content Area	Presentation/Activity	Facilitator	Date
Focused Leadership; using common language, agendas and templates across committees	Modeled facilitation; provided meeting templates, coaching de-brief on methods	LMA	May 30, 2013
Goal Setting and action planning methods	Discuss action planning tools, provide templates, facilitate discussion	LMA	July 18, 2013
Strategic planning facilitation skills	Presentation, materials, interactive exercises	LMA	November 14, 2013

Development of a Resource Manual. At the conclusion of hands on leadership skills and trainings, a final training/professional development resource manual was compiled in November of 2013, to document tools and resource for all five areas of collective impact and the progress made with the ACC. This manual reflects the materials, tools, and resources determined to be most critical at the beginning stages of professional development in the ACC. The manual includes two types of materials:

1) Resources and tools used or developed during the professional development activities carried out with members of the ACC from May-September 2013.
2) Additional resources (articles, websites) that can be used for further reading or training beyond the initial training and coaching conducted in 2013.

The manual's table of contents is shown in Exhibit 9. The materials are organized into five areas of knowledge, with selected skills and tools that were addressed in the initial ACC professional development process. Primary target groups for each content area are also listed. The contents include an assortment of tools and resources to use throughout the development of the ACC.

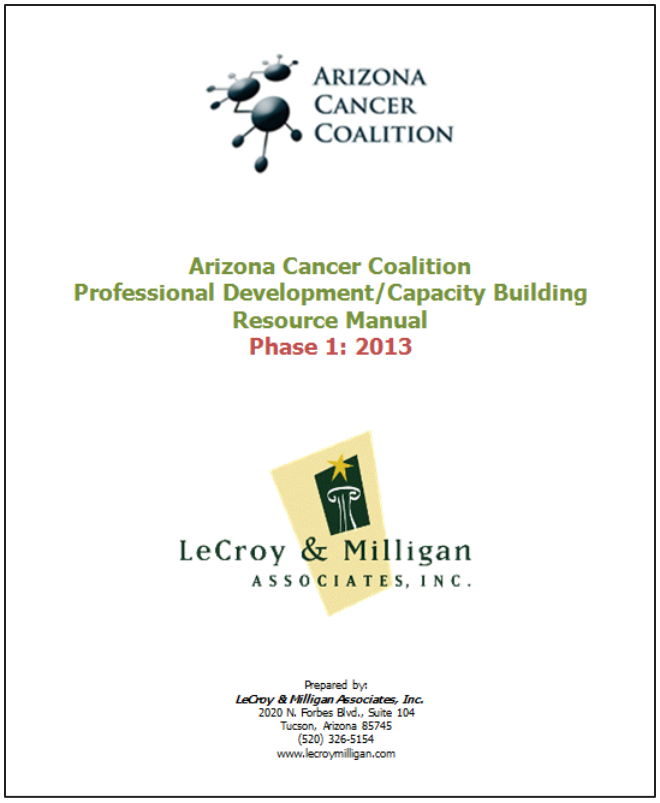


Exhibit 9. Professional Development Manual Table of Contents

Knowledge	Selected Skills	AZCCC Tools and Resources	Target Group
Collective Impact	Meeting Facilitation	Exploring the five conditions of Collective Impact Discussion guide Meeting Templates Reference materials	AzCCC Core Team leaders and AZCCC Work Group Members
Communication	Working with the Media	Reference materials	Work Group Leaders
Policy, Systems and Environmental Change	Collaboration	Reference materials	AzCCC Members
Building Collaborative Networks	Development of productive agendas	Meeting Planning Template	Work Group Leaders and Members
	Role clarification	Questionnaire for Role Definitions	Work Group Leaders
	Inclusive and Focused Leadership	Meeting Leaders' Guide Coalition Leader Inventory	Core Team Support Staff and Work Group Leaders
Strategic Planning	• Identifying goals and objectives • Selecting Priorities	• Planning Tools • Facilitation Agendas and instructions	AzCCC Members
Coalition feedback and evaluation	• Evaluating Collaboration Meeting Effectiveness •Making Use of Data Resources •Specifying Outcomes and Indicators for Performance Measurement	Team Collaboration Assessment Rubric Meeting Feedback Forms	AZCCC members and Core Team Staff

Using this manual, the ACCCP will be able to continue to work towards achieving a collective impact model. It is important to note that the resource manual is a critical asset to not just the ACC, but any newly forming coalition working under a collective impact approach.

Change in Coalition Stakeholders' Leadership and Collaboration Practices

Coalition Meetings. To gauge increased knowledge and improved leadership and collaboration practices after the implementation of the professional development plan, LeCroy & Milligan Associates evaluated the February 2014 ACC meeting using the Meeting Attendee Evaluation Survey. The survey was distributed to attendees at the end of the meeting and included 13 items for attendees to rank on a five-point scale, with 1 being "needs work" and 5 being "just right". Exhibit 10 and Exhibit 11 display the results of this survey, completed by 32 people at the end of the Coalition Meeting held on 2/6/2014.

Exhibit 10 displays the survey items ordered from highest to lowest average score, as well as the standard deviation, minimum, and maximum rating received for each item. In general, all areas received an average rating of 4.31 or higher and the scale received a total average rating of 4.59 (the scale demonstrated good internal consistency with a Cronbach alpha score of .87). These results indicate that attendees of this Coalition Meeting felt the meeting was well-run. Areas that received the highest average ratings of 4.60 or greater are meeting strengths, including:

- Courteous and civil discussions;
- Use of an agenda with specific time allotments per items;
- Setting of ground rules; and
- Overall meeting productivity.

The three areas that scored the lowest average rating of 4.31 to 4.44 and may be considered as areas for improvement include:

- The meeting was started on time;
- All attendees participated; and
- Those needed to make effective decisions participated.

Exhibit 10. Summary of Coalition Meeting Attendee Ratings, 2/6/2014

Survey Item	Mean Rating	Std. Deviation	Minimum Rating	Maximum Rating	N
Deliberations were courteous and civil.	4.90	.301	4	5	31
Our agenda indicated how much time we have for each agenda item.	4.84	.369	4	5	32
We had an agenda.	4.75	.440	4	5	32
We had ground rules for our meeting.	4.69	.535	3	5	32
The meeting was productive.	4.66	.483	4	5	32
Purpose for the meeting was clear.	4.59	.560	3	5	32
We stayed focused on the topic of our discussions.	4.59	.615	3	5	32
The agenda arrived in time to be helpful (e.g., we had time to think about the agenda items, bring relevant info, etc.).	4.56	.716	3	5	32
Meeting pace.	4.50	.568	3	5	32
We ended on time.	4.50	.793	3	5	28
We started on time.	4.44	.669	3	5	32
All members participated.	4.42	.672	3	5	31
The people we needed in order to make effective decisions participated.	4.31	.644	3	5	32
Total Scale	4.59	.343	3	5	32

To facilitate interpretation of the data, Exhibit 11 shows the percentage distribution of ratings for each area, collapsed into three categories, with a rating of 1 to 2 representing the lowest ratings, 3 is midway, and 4 to 5 is the highest ratings. The survey items are ordered numerically, as shown on the survey instrument.

Exhibit 11. Distribution of Coalition Meeting Attendee Ratings, 2/6/2014

Survey Item	Rating of 1-2 Needs Work % (n)	Rating of 3 % (n)	Rating of 4-5 Just Right % (n)	N
1. We had an agenda.	0	0	100% (32)	32
2. The agenda arrived in time to be helpful (e.g., we had time to think about the agenda items, bring relevant info, etc.).	0	13% (4)	88% (28)	32
3. Our agenda indicated how much time we have for each agenda item.	0	0	100% (32)	32
4. We started on time.	0	9% (3)	91% (29)	32
5. We ended on time.	0	18% (5)	82% (23)	28
6. Meeting pace.	0	3% (1)	97% (31)	32
7. All members participated.	0	10% (3)	90% (28)	31
8. Purpose for the meeting was clear.	0	3% (1)	97% (31)	32
9. We had ground rules for our meeting.	0	3% (1)	97% (31)	32
10. We stayed focused on the topic of our discussions.	0	6% (2)	94% (30)	32
11.The people we needed in order to make effective decisions participated.	0	9% (3)	91% (29)	32
12. The meeting was productive.	0	0	100% (32)	32
13. Deliberations were courteous and civil.	0	0	100% (31)	31

Exhibit 12 shows the strengths of the Coalition Meeting, as reported by 26 respondents through open-ended comments. Overall, 38% (10) of survey respondents commented that the ACC did a great job running the Coalition Meeting, with comments such as, "Very well facilitated" and "Really good job! Thank you for making the Coalition relevant." Additionally, over a third of respondents (38%, 9) acknowledged the usefulness of breakout work group meetings/sessions. Furthermore, 17% (4) each described other meeting strengths, including: the progress that the Coalition has made; opportunities to network with experts; opportunities to collaborate, including increased participation of members; and use of an effective meeting structure, which was goal-oriented, focused, and well-facilitated.

Exhibit 12. Strengths of the Coalition Meeting, 2/6/2014

Steering Committee Meetings. The Meeting Attendee Evaluation Survey was also distributed at the end of ACC Steering Committee Meetings held in January and April 2014 (this instrument was not distributed at the August 2014 meeting because the meeting took place by conference call). Exhibit 13 and Exhibit 14 display the results of this survey, completed by 13 people at the end of meetings held on 1/17/2014 (N=8) and 4/15/2014 (N=5). Results from the two meetings are combined because means comparison tests showed no statistically significant difference in average ratings received for each item and the overall scale, over the course of the two meetings. Exhibit 13 displays the survey items ordered from highest to lowest average score, as well as the standard deviation, minimum, and maximum rating received for each item.

Exhibit 13. Summary of Steering Committee Meeting Attendee Ratings, 1/17/2014 and 4/15/2014

Survey Item	Mean Rating	Std. Deviation	Minimum Rating	Maximum Rating	N
Deliberations were courteous and civil.	5.00	0.000	5	5	13
The meeting was productive.	5.00	0.000	5	5	13
We ended on time.	5.00	0.000	5	5	12
We had an agenda.	4.92	.277	4	5	13
Our agenda indicated how much time we have for each agenda item.	4.83	.389	4	5	12
We stayed focused on the topic of our discussions.	4.77	.439	4	5	13
The people we needed in order to make effective decisions participated.	4.69	.630	3	5	13
All members participated.	4.69	.630	3	5	13
Purpose for the meeting was clear.	4.69	.630	3	5	13
Meeting pace.	4.62	.506	4	5	13
We had ground rules for our meeting.	4.46	.660	3	5	13
The agenda arrived in time to be helpful (e.g. we had time to think about the agenda items, bring relevant info, etc.).	4.38	.768	3	5	13
We started on time.	4.31	1.032	2	5	13
Total Scale – Both Meetings	**4.71**	**.278**	**-**	**-**	**13**
Total Scale - 1/17/2014	**4.69**	**.309**	**-**	**-**	**8**
Total Scale - 4/15/2014	**4.73**	**.253**	**-**	**-**	**5**

Similar to the Coalition Meeting survey results, individual and overall ratings suggest that attendees felt that Steering Committee Meetings were well run; individual items received an average rating of 4.31 or higher and the scale (combined for both meetings) received a total average rating of 4.73 (the scale demonstrated good internal with a Cronbach alpha score of .74). Ten areas received high average ratings of 4.60 or greater. However, three areas notably received a perfect average score of 5.00, including:

- Courteous and civil discussions;
- Overall meeting productivity; and
- The meeting ended on time.

The three areas that scored the lowest average rating of 4.31 to 4.46 and may be considered as areas for improvement include:

- The use of ground rules;
- The agenda arrived prior to the meeting in a timely manner; and
- The meeting started on time.

Looking at the total scale score for each meeting, shown in Exhibit 13, the April 2014 meeting had a higher total average of 4.73, compared to the January 2014 meeting average of 4.69. These results possibly suggest that attendees were more slightly satisfied with the later meeting, however no statistically significant difference was observed.

To facilitate interpretation of the data, Exhibit 14 shows the percentage distribution of ratings for each area, collapsed into three categories: 1/2 represents the lowest ratings, 3 is midway, and 4/5 represents the highest ratings. The survey items are ordered numerically, as shown on the survey instrument.

A total of seven respondents (N=3 for 1/17/2014 and N=4 for 4/15/2014) noted strengths of the Steering Committee Meetings, in response to an open-ended question, including:

- Deliberative dialogue, information sharing, and networking (N=3);
- Great meeting facilitation (N=2);
- Everyone participated; and
- Holding in-person meetings.

Exhibit 14. Distribution of Steering Committee Meeting Attendee Ratings, 1/17/2014 and 4/15/2014

Survey Item	Rating of 1-2 Needs Work % (n)	Rating of 3 % (n)	Rating of 4-5 Just Right % (n)	N
1. We had an agenda.	0	0	100% (13)	13
2. The agenda arrived in time to be helpful (e.g., we had time to think about the agenda items, bring relevant info, etc.).	0	15% (2)	85% (11)	13
3. Our agenda indicated how much time we have for each agenda item.	0	0	100% (12)	12
4. We started on time.	8% (1)	15% (2)	77% (10)	13
5. We ended on time.	0	0	100% (12)	12
6. Meeting pace.	0	0	100% (13)	13
7. All members participated.	0	8% (1)	92% (12)	13
8. Purpose for the meeting was clear.	0	8% (1)	92% (12)	13
9. We had ground rules for our meeting.	0	8% (1)	92% (12)	13
10. We stayed focused on the topic of our discussions.	0	0	100% (13)	13
11.The people we needed in order to make effective decisions participated.	0	8% (1)	92% (12)	13
12. The meeting was productive.	0	0	100% (13)	13
13. Deliberations were courteous and civil.	0	0	100% (13)	13

In addition to the Meeting Attendee Evaluation Survey, a member of the LeCroy & Milligan Associates team completed a Meeting Facilitation Effectiveness Observation Inventory during the Steering Committee Meetings held on 1/17/2014, 4/15/2014, and 8/7/2014. Exhibit 15 displays the items ordered from highest to lowest average score, as well as the standard deviation, minimum, and maximum rating received for each item.

Exhibit 15.Summary of Steering Committee Meeting Observation Inventory Scores

Observation Item	Mean Rating	Std. Deviation	Minimum Rating	Maximum Rating	N
General Level of Participation in meeting	4.33	0.58	4	5	3
Cohesiveness among partners	4.33	0.58	4	5	3
Leadership during the meeting	4.00	1.00	3	5	3
Organization of meeting	4.00	1.00	3	5	3
Clarity of Goals for meeting	3.67	1.53	2	5	3
Productivity of meeting	3.67	1.53	2	5	3
Quality of decision making	3.33	1.53	2	5	3
Problem Solving/Conflict Resolution	No Conflicts	No Conflicts	-	-	3
Why were conflicts not resolved?	No Conflicts	No Conflicts	-	-	3
Balance of Leadership between chairperson/facilitator and members	-	-	-	-	3
Who Chaired the meeting	ADHS Staff	ADHS Staff	-	-	3

Exhibit 16 displays the scores for individual observation items for all three meetings. The rating for each area observed increased over time, indicating that facilitation effectiveness improved over time. By August, all inventory items received a perfect score of 5. The areas of Quality of Decision Making, Clarity of Goals, and Productivity of Meetings had the largest overall improvement by increasing three points. Additionally, Steering Committee Meetings achieved more balance of leadership between the facilitator and the members over time. While the facilitation of Steering Committee meetings has improved, it is important to note that continuous feedback between the LeCroy & Milligan Associates and the meeting facilitator will ensure that progress in meeting facilitation effectiveness continues.

Exhibit 16. Steering Committee Meeting Observation Inventory Scores and Change Over Time

Meeting Facilitation Effectiveness Observation Inventory				
Observation Item (1=poor, 5=excellent)	**ACC Steering Committee Meetings**			
	1/17/2014	**4/15/2014**	**8/7/2014**	**Change**
Clarity of Goals for meeting	2	4	5	+3
General Level of Participation in meeting	4	4	5	+1
Who Chaired the meeting	ADHS Staff	ADHS Staff	ADHS Staff	Consistent
Leadership during the meeting	3	4	5	+2
Balance of Leadership between chairperson/facilitator and members	75/25	50/50	50/50	More equal distribution
Quality of decision making	2	3	5	+3
Cohesiveness among partners	4	4	5	+1
Organization of meeting	3	4	5	+2
Productivity of meeting	2	4	5	+3

Growth in ADHS Coalition Leaders' Skills, Knowledge, and Qualities

As a result of the training needs assessment, a list of key issues was developed to guide the consultation and coaching activities with the ACCCP Leadership Team (ACCCP Project Director and ADHS Office Chief). LeCroy & Milligan Associates conducted consultation and coaching activities by phone or in person. A summary of the main issues and outcomes achieved is presented in Exhibit 17.

Exhibit 17. Summary of Consultation and Coaching Activities, Progress, and Outcomes

Consultation/Coaching Focus	Progress and Outcomes
Common Communication Tools: Consultation and coaching focused on the need of Coalition groups to utilize a common set of communication tools, building a shared vision, common language, and a consistent understanding of all the aspects of the coalition structure. Consultation was also provided regarding considerations for website development and the importance of timely feedback and minutes.	A set of communication tools was developed and adopted across all Coalition groups, including agenda and minutes templates, and a format for report-outs from working group leaders. The Project Director has made use of a ACCC Plan "roadmap" graphic to build a common understanding of the future structure of the Coalition. The Project Director reported significant progress on the development of the ACC website.
Planning for Effective Meetings: Significant consultation was provided around the development of agendas and facilitation methods for the Leadership Team and Steering Committee meetings. Focus was on selection of appropriate large group activities, training of facilitators, and documentation of meetings. LeCroy & Milligan Associates modeled facilitation and co-facilitated these meetings with the ACCCP Project Director and conducted a de-brief following each session to analyze the effectiveness and plan for future meetings.	The Project Director has been well-prepared with agendas, written materials, and minutes for the meetings. The Project Director and Office Chief have coordinated planning meetings for Leadership Team. The June 2013 Leadership Team meeting was well-planned and received positive feedback from participants). Work Group leaders provided positive feedback at the conclusion of the May 2013 and July 2013 meetings and appreciated the templates and tools that were provided.
Structure and Role Clarification among Coalition Members and Groups: Consultation also focused on helping the leadership team to facilitate the development of defined roles and responsibilities of the Core Team members so they can more effectively support the work of the Cancer Coalition.	The Project Director facilitated a Core Team meeting in which the Core Team developed a table outlining of the types of roles and support that the Core Team could provide to Work Group Leaders. He developed the concept of "support partners" to systematically link an ADHS support person with each Work Group Leader.

Evaluation of the Arizona Comprehensive Cancer Control Program

Evaluation Approach

The purpose of evaluating the implementation of the ACCCP is to provide information that supports continued development and improvement of the three Ps:

- Partnerships: The ACC is a statewide coalition of cancer control leaders dedicated to the mission of reducing the cancer burden on the residents of Arizona. Members include public-sector representatives, members of the public, non-profit organizations, health, medical, and business communities, the research community, cancer survivors, and advocates. LeCroy & Milligan Associates will evaluate the quality of coordination and collaboration of the partnerships over time.

The ACCCP's goals that are specific to partnerships and the ACC are to:

1) Continue to recruit, retain, and mobilize a broad membership comprised of 75+ partners from throughout Arizona, representing health care professionals, cancer survivors, researchers, legislators, public health representatives, caregivers, volunteers, and community-based organizations such as the American Cancer Society;
2) Form coalition hubs across the three major regions in Arizona (north, central, and south);
3) Form work groups that align with ACCC Plan goals and objectives within each of the coalition hubs;
4) Continue to recruit, retain and nominate to work group leadership, coalition members holding leadership, decision-making, and influential positions within their organizations across sectors, e.g. hospital directors, public sector office chief; and
5) Develop the leadership and action-planning capacity within each of the work groups, across each of the regional hubs.

- Plan: The ACCC Plan was developed by the ACC Steering Committee, in collaboration with the Coalition's membership at large. This plan details goals, objectives, and broad indicators to guide the work on the ACC. LeCroy & Milligan Associates will evaluate the process to develop the revised plan and strategies to implement the plan statewide.

- Program: LeCroy & Milligan Associates will evaluate the extent to which interventions outlined in the ACCC Plan are executed and yield intended results. The ACCCP is charged with steering, supporting, and overseeing the strategies developed in alignment with the ACCC Plan goals and objectives. Program activities are expected to reach communities across the state and demonstrate effectiveness.

This approach to evaluating the ACCCP follows a framework described by the CDC for evaluating public health programs, modified slightly based on CDC guidance for evaluating state Cancer Control Programs. The evaluation plan was developed in collaboration with ACCCP staff and LeCroy & Milligan Associates. The evaluation is considered to be "developmental," meaning that the evaluation plan will be modified as the ACC develops, new stakeholders emerge, new partnerships are formed, and programming is carried out.

Exhibit 18 depicts the evaluation plan of the ACCCP, including each of the 3 P's – Program, Plan, and Partnership. LeCroy & Milligan Associates completed interviews with 11 ACC Core Team members in June 2014. Interviews were conducted by telephone using a structured interview guide. Key questions relating to collaboration include:

- What is your role and function for the ACCCP?
- With specific regard to the other ACC Core Team individuals, organizations and entities, what are current or ongoing collaborations, joint efforts, or partnerships?
- What are any planned collaborations, joint efforts, or partnerships?
- With respect to the work that you and the other Core Team members are involved in, what opportunities do you see for future collaboration with other Core Team members?

Eight of the eleven interviewees were ADHS staff; one was a staff member of the Arizona Alliance for Community health; and one was a staff member at Health Services Advisory Group.

Exhibit 18. Evaluation of the ACCCP

Focus	Evaluation Questions	Indicators	Data Sources	Data Collection	Timing
Program: ACCCP	How are the objectives and strategies in the ACCC Plan being integrated into the ACC action plans?	Percent of ACCC Plan objectives integrated into the Regional Hubs' Action Plans across work groups	ACCC Plan objectives Regional Hubs' Action Plans Regional Hubs' Action Plan Progress Reports	ACCCP staff will include Hub Action Plan Progress Report submission as a quarterly meeting agenda item	Quarterly, commencing Aug. 30, 2014
	What number of objectives in the ACC action plans are achieved?	Percent of objectives in the ACCC Plan that have been achieved	Program records Regional Hubs' Action Plan Progress Reports	ACCCP staff will include Hub Action Plan Progress Report submission as a quarterly meeting agenda item	Quarterly, commencing Aug.30, 2014
Plan: ACCC Plan 2013 - 2017	How are coalition members/partners implementing the revised ACCC Plan?	ACCC Plan Number and percent of ACC members/partners implementing each of the ACCC Plan	ACC stakeholder survey Regional Hubs' Action Plan Progress Reports Core Team interviews	Contracted evaluator will develop, distribute, collect, and analyze paper and electronic survey data Contracted evaluator will conduct structured interviews with Core Team members	Annually, commencing June 2014
	What cancer plan objectives with PSE interventions are being implemented by ACC members/partners?	ACCC Plan Number and percent of PSE strategies being implemented	ACC stakeholder survey Regional Hubs' Action Plan Progress Reports Core Team interviews	ACCCP staff and contracted evaluator will collaborate to identify PSE strategies in the ACCC Plan. Contracted evaluator will develop, distribute, collect, and analyze paper and electronic survey data Contracted evaluator will conduct structured interviews with Core Team members	Annually, commencing June 2014

Focus	Evaluation Questions	Indicators	Data Sources	Data Collection	Timing
Partnership: ACC	Since revitalization of the ACC, how strong has the ACC been?	Stage of development of each of the Regional Hubs Number of members/partners Number of members/partners across Regional Hubs Number of work groups with influential decision-makers in leadership roles across Regional Hubs Number and percent of members representing the multiple sectors Stakeholder perceptions of ACC coordination, collaboration, cohesiveness, and support from the backbone organization.	ACC membership roster ACC stakeholder survey	ACCCP staff will maintain and periodically update the ACC membership roster ACC stakeholder survey	Annually, commencing August 2014

Findings

Partnerships

Stakeholder Identification. Stakeholders are identified at all levels of ACCCP involvement. These stakeholders are organizations or entities that have various motivations for involvement in and success of the ACCCP and its work and different information that they hope to learn from this evaluation. Each organization is potentially engaged at different points of project execution and is informed of information as appropriate. Exhibit 19 summarizes the six key stakeholder groups identified through evaluation activities thus far, including the evaluation information they seek, and how they are engaged by coalition work.

Exhibit 19. Stakeholders of the ACCCP

Who are they?	What do they want to know?	How/when do we engage them?
CDC	What is the progress toward the stated goals? How is the ADHS accountable for funds expended? What are lessons learned that the ACCCP can share with other states?	Ongoing as per the Funding Opportunity Announcement – project officer communications and status reports
ADHS/ACCCP Leaders (Jeff Zetino & Virginia Warren)	Did the leaders succeed in developing an interdependent leadership model for the ACC? Did the leaders succeed in delivering the revised ACCC Plan? Did the leaders succeed in establishing ADHS as the backbone organization of the ACC? Did the leaders succeed in developing the ACC? Developing the coalition leadership?	Ongoing evaluation-related discussions in context of regular work, regular discussions with the external evaluation team.
ADHS/ACC Core Team	What is the perceived level of support received by the ACC work group leaders from the ACCCP Program Director, Jeff Zetino? Did the ACCCP Program Director communicate effectively with the Cancer Coalition work group leaders? What action steps were planned by the ACC Core Team to establish and support connections between the work group leaders and others ADHS programs, efforts, and initiatives within the ACCCP system (e.g., Chronic Disease Self-management Program, Tobacco Free Arizona, Well-women Health Check Program, Fit at Fifty Program, Sunwise Program, Health Disparities Center in Bureau of Health Disparities, Arizona Cancer Registry)? (I.e. what were the planned system-building action steps planned?) Of the planned action steps, which were implemented?	Ongoing evaluation-related discussions in context of regular work, regular discussions with the external evaluation team, three interim Support Team work-specific evaluation reports per year, briefing meetings, grant reporting.

Who are they?	What do they want to know?	How/when do we engage them?
ACC Steering Committee	What action steps did the ACC Steering Committee take directed specifically at steering the work of the coalition Hubs to meet the objectives put forth in the ACCC Plan? Was the Steering Committee successful in steering the work of the Hubs? What progress was made toward meeting the ACCC Plan objectives?	Ongoing evaluation-related discussions in context of regular work, regular discussions with the external evaluation team, three interim Support Team work-specific evaluation reports per year, briefing meetings, grant reporting.
ACC Hubs: North, Central & South Regions	1a. Did the Hubs set clear, realistic objectives? 1b. Were baseline data available? If baseline data were not available, what information is available as a proxy to measure or rate the success of the Hubs? 2. Did the Hubs' strategies align with the objectives set forth in the ACCC Plan? 3. Did the Hubs follow through on (extent to which they were implemented) the strategies they planned?4a. If baseline data were available, was there positive movement? 4b. If baseline data were not available, was there positive movement toward a benchmark e.g. community health workers under-utilized, specifically to the awareness of the importance of screening for cancer.	Semi-annual reports specific to the work groups' activities.
Community at large/Arizona citizens	What is the ACC's description to the community of who they are, how the coalition is funded, and the work in which members are engaged? What success can the ACC claim? How can the community or individual citizens get involved? What are their possible roles?	Media Plan under development and ongoing.

The ACC Core Team. ADHS has carried out a combined Cancer Prevention and Control grant for many years, encompassing initiatives of the Arizona Cancer Registry (ACR), Comprehensive Cancer Control (CCC), and the Well Woman HealthCheck Program (WWHP). Members from these three initiatives have met on a monthly basis since 2007. The collaborative planning, strategizing, and sharing that occurred during these meetings were critical for successful implementation of data driven programs. In 2009, an additional colorectal cancer screening program was added when ADHS received funds for the Fit at 50 HealthCheck Program (FFHP).

Under DP12-1205, the CDC changed program requirements, moving program focus from screening to including systems change, collaborations, and improving community capacity. ADHS rose to the challenge by transitioning the Core Team into a broad-based cross-program collaboration. As of this reporting period, community partners are also participating in the Core Team. The goals of the Core Team are two-fold, to:

1. Determine potential collaborations and linkages through sharing of current and future projects; and
2. Develop, enhance, strengthen relationships to support future collaborations.

Core Team meetings occur monthly and approximately 15 to 20 ADHS and other representatives participate. Each person has five to ten minutes to present information on their key projects, including ways to enhance and promote collaborative efforts.

All members of the ACC Core Team interviewed identified ways in which the Core Team is currently collaborating, summarized in the box at right. Planned collaborations exist around:

- Co-authoring of fact sheets and providing presentations (N=3);
- Increasing the use of electronic health records (N=2);
- Working with the ASHLine (N=1); and
- Collaborating on request for proposals (N=1).

Current and Ongoing Collaborative Efforts of the ACC Core Team

(N = 11 interviewees):

- Liaison between an ADHS program and the ACCCP (N=3)
- Prevention Leadership Collaborative team (N=3)
- Public Health in Action Grant (N=3)
- Diabetes and Chronic Disease programs (N=2)
- Healthy Arizona Policies (HAPI) program (N=2)
- Empower Pack (N=1)
- ASHLine (N=1)
- Projects that include Health Services Advisory Group (N=2)
- Projects that address health disparities (N=1)

Three respondents provided specific strategies for improving collaborations:

"Our chronic disease office is looking to collaborate with a focus on prostate cancer. We intend to help with that program when the initiative is prepared for it."

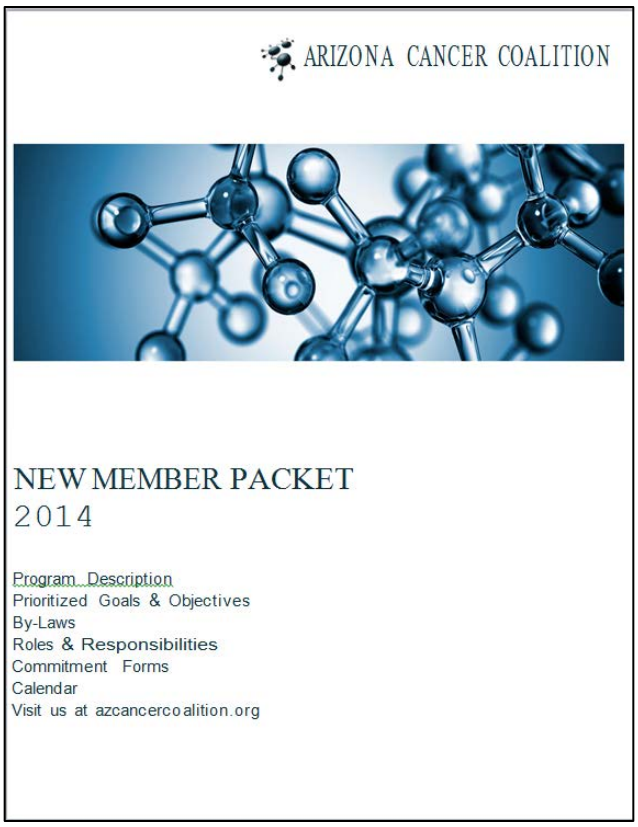
"I think providing education through joint presentations at different conferences is a great way to collaborate. We educate each other and help others at the same time. This cooperation helps to build relationships and can allow us to look for other opportunities to collaborate in better understanding what we are working with and what we can offer one another. Also, this allows us to leverage resources though collaborations and community partnerships that might be available."

"I usually seek out collaboration. I know most of the people. At every meeting I am always looking to collaborate. I think the last two or three were postponed. There are some meetings where collaboration is easy, other times there is too much self-promotion. I love what everyone is accomplishing but we need to have to make it a point to create collaboration. Maybe we should have a meeting to discuss gaps in our needs. Where we can discuss opportunities for collaboration. We tell people why we are doing what we are doing. Once there are accomplishments, we need to spread the word. Shared collaboration. We could work with the other members to create unity as comprehensive cancer control. Should change name and add logo or slogan. Comp Cancer might need slogan, branding and logo. The sky is the limit. Comprehensive Cancer is all 50 states, so we followed Maine and NM on ours. Pointing out rock stars in other states to get ideas."

For all interview questions, all respondents referenced at least one other Core Team member individually or by their associated program, suggesting that collaborations and partnerships among members are well established. Overall, respondents felt optimistic about collaboration. When asked about future collaboration opportunities with Core Team members, one person commented:

"[There are] infinite possibilities. We are dealing with uninsured and underinsured populations, people with different economic backgrounds. People who are typically low-income [and] make use of community health centers. Changing culture, diet, healthcare, etc.. As organizations, the only things we can do are monitor, track, and try to make changes. I just see the ADHS partnership continuing and flooding into other areas."

The ACC New Member Packet. The ACC also created a *New Member Packet* in February 2014, to increase the number of partners engaged in the coalition. This packet contains information on the ACC's purpose, goals, objectives, bylaws, roles and responsibilities, commitment forms, and calendar of events. LeCroy & Milligan Associates reviewed the New Member Packet and provided recommendations to the ACCCP. The New Members packet is available on the Arizona Cancer Coalition website for potential members to download.



Plan

The ACCC Plan objectives, data sources, baseline, and target indicators were established and finalized in July 2014. Therefore, data on the ACCC Plan is not available at the time of reporting. It should be noted that reaching consensus on the components of the ACCC Plan was a collaborative undertaking and critical milestone of the ACCCP. Using this plan as a guide, the ACCCP will develop yearly timelines for meeting each target. Exhibit 20 displays the goals, objectives, and other relevant information for the ACCC Plan.

Exhibit 20. Goals, Objectives and Baselines of the ACCC Plan

Objectives	Indicator	Data Source	Baseline 2010	Target	Timing
Goal 1: Prevent Cancer - To reduce the risk for developing cancer among all Arizonans by promoting and engaging in healthy lifestyles.					
1. Reduce the prevalence of smoking and smokeless tobacco among youth (grades 8 - 12)	Percent of youth who report tobacco use in the last 30 days	Arizona Youth Survey	15%	10%	Biennial
	Percent of teens who report ever using tobacco	Arizona Youth Survey	34%	21%	Biennial
2. Increase the immunization rate with a 3-dose series CDC recommended HPV vaccinations among adolescent youth (ages 13-17 yrs)	Percentage of adolescents (ages 13-17) who have received one or more dose of the HPV 3-dose vaccination series	Teen National Immunization Survey	53%	80%	Annually
	Percent of secondary schools that provide HPV vaccine administration.	School Health Profiles	3% (2012 data)	4%	Biennial
	Percent of secondary schools that provide students referrals to other organizations/healthcare professionals no on school property for HPV vaccine administration	School Health Profiles	23% (2012 data)	27%	Biennial
3A. Increase the number of schools/school districts that have written healthy eating and nutrition related policies.	Percent of schools with School Improvement Plans with health related objectives on nutrition services and foods and beverages available at school.	School Health Profiles	14% (2012 data)	20%	Biennial
	Percent of schools that have completed the School Health Index, or other self-assessment tool, to assess schools' policies on nutrition.	School health Profiles	32% (2012 data)	40%	Biennial

Objectives	Indicator	Data Source	Baseline 2010	Target	Timing
	Percent of schools/school districts that have written local wellness policies.	Arizona Department of Education			
3B. Increase the number of schools/ districts that are implementing healthy eating and nutrition related strategies.	Percent of schools/school districts that implement their local wellness policy.	Arizona Department of Education			
	Percent of adults (aged 18 years and older) who have been diagnosed as obese	Behavior Risk Factor Surveillance System (BRFSS)	26%	25%	Annually
	Percent of children (ages 2-19 yrs) who have been diagnosed as obese	Behavior Risk Factor Surveillance System (BRFSS)	17%	15%	Annually
	Percent of schools that implement **the following strategies** to promote healthy eating:	School Health Profiles			Biennial
	• *Pricing nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages;*	School Health Profiles	9% (2012 data)	12%	Biennial
	• *Collecting suggestions from families on nutritious food preferences;*	School Health Profiles	39%	45%	Biennial
3B. Increase the number of schools/ districts that are	• *Providing information to students and families on nutrition and caloric content of foods available;*	School Health Profiles	44%	52%	Biennial

Objectives	Indicator	Data Source	Baseline 2010	Target	Timing
implementing healthy eating and nutrition related strategies.	• *Conducting taste tests to determine food preferences for nutritious items;*	School Health Profiles	25%	29%	Biennial
	• *Providing opportunities for students to visit the cafeteria to learn about food safety, food preparation or other nutrition related topics;*	School Health Profiles	24%	29%	Biennial
	• *Served locally or regionally grown foods in the cafeteria or classrooms;*	School Health Profiles	26%	31%	Biennial
	• *Planted a school food or vegetable garden;*	School Health Profiles	27%	33%	Biennial
	• *Placed fruits and vegetables near the cafeteria cashier, where they are easy to access;*	School Health Profiles	61%	72%	Biennial
	• *Used attractive displays for fruits and vegetables in the cafeteria;*	School Health Profiles	56%	65%	Biennial
	• *Offered a self-serve salad bar to students; and*	School Health Profiles	50%	58%	Biennial
	• *Labeled healthful foods with appealing names.*	School Health Profiles	24%	28%	Biennial
4. Decrease incidence of skin cancer (malignant melanoma, squamous cell carcinoma & basal cell carcinoma) by reducing sun	Age adjusted rate of Melanoma Diagnosis in Arizona per 100,000 persons	Arizona Cancer Registry	21 per 100,000 persons, male; 11.6 per 100,000 persons, females	16 per 100,000 persons, male; 9 per 100,000 persons females	

Objectives	Indicator	Data Source	Baseline 2010	Target	Timing
exposure.					
5. Have wellness exams covered for adults by the Arizona's Health Care Cost Containment System	Policy change: Wellness exams as a covered service	AZ legislation	This objective was met in 2013	NA	
	Percent of AHCCCS eligible adults who receive recommended wellness exams	AZ Dept. of Health Services,Bureau of Public Health Statistics, AHCCCS	Unavailable	Under development	

Objectives	Indicator	Data Source	Baseline 2010	Target	Timing
Goal 2: Detect Cancer Early - Promotion of, increase in, and optimize of the appropriate utilization of high quality cancer screenings and follow-up services.					
1. Increase the number of breast, cervical, and colorectal cancer screenings	Counts/ percentage of people screened by type of cancer	BRFSS Contractors	Unavailable	Under development	Annually
	Pap tests - Ever received (age adjusted, aged 18 years and over)	BRFSS	92%	93%	Annually
	Pap tests - Received within past 3 years (age adjusted, aged 18 years and over)	BRFSS	80%	93%	Annually
	Colorectal cancer screening - Adults receiving a fecal occult blood test (FOBT) using a home test kit within past 2 years (age adjusted, aged 50 years and over)	BRFSS	32%	71%	Annually
	Colorectal cancer screening - Adults ever receiving a sigmoidoscopy (age adjusted, aged 50 years and over)	BRFSS	57%	71%	Annually
	Mammograms - Women receiving within past 2 years (age adjusted, aged 40 years and over)	BRFSS	77%	81%	Annually
2. Increase the utilization of electronic medical records (EMRs) and standards for meaningful use by federally qualified health centers (FQHCs).	Number of AZ FQHCs reporting continuous quality / number of qualifying FQHCs	Arizona Alliance for Community Health Centers	Not currently available		As available

Objectives	Indicator	Data Source	Baseline 2010	Target	Timing
3. Develop strategies with insurers and payers to increase screening rates	Number of plans partnering with the ACC using evidence based strategies to increase rate/ percent of covered individuals	ACC Partnerships	2		Annually
4. Decrease late stage diagnoses for breast, cervical, colorectal, prostate, lung.	Proportion of late stage diagnoses in each cancer:	Arizona Cancer Registry Data 2001-2010	Not currently available		As available
	• *Breast*	Arizona Cancer Registry Data 2001-2010	Not currently available		As available
	• *Cervical*	Arizona Cancer Registry Data 2001-2010	Not currently available		As available
	• *Colorectal*	Arizona Cancer Registry Data 2001-2010	Not currently available		As available
	• *Lung*	Arizona Cancer Registry Data 2001-2010	Not currently available		As available

Objectives	Indicator	Data Source	Baseline 2010	Target	Timing
Goal 3: Elevate Cancer Treatment - Increase access to appropriate and effective cancer diagnosis and treatment services.					

Objectives	Indicator	Data Source	Baseline 2010	Target	Timing
1. Decrease the time from abnormal detection to definitive diagnosis of breast, cervical, colorectal, and prostate cancers	Time from abnormal detection to diagnosis	Cancer Control Program Reports: Health Check	Estimate calculated from compilation of anecdotal "time to diagnosis" reports from (n) Arizona Health Check Contracting programs.	Awaiting US-level data	Annually
	Time from diagnosis to treatment	Cancer Control Program Reports	Not currently available	Awaiting US-level data	Annually
2. Reduce the percent of uninsured individuals in Arizona	Number of uninsured patients	Small Area Health Insurance Estimates	19%	10%	Annually
	Number of navigators and Certified Application Counselors	Enroll America, Arizona State Director; US Health and Human Services	NA	2014 current estimate is a range of 400 - 600	Annually as available
3. Advocate for Oral Chemo Parity	Enacted legislation		No legislation	Enacted legislation	NA
4. Utilize telemedicine to increase access to state of the art diagnosis and treatment techniques.	Number of providers participating in telemedicine programs; number of trainings delivered; Number of training participants	The Arizona Telemedicine Program			
5. Increase cancer reporting	Ratio of physician reports to actual cases by cancer type.	Study findings: Arizona Cancer Registry affiliates	Awaiting study findings		As available

Objectives	Indicator	Data Source	Baseline 2010	Target	Timing
Goal 4: Galvanize Survivorship and Palliative Care Networks - Improve quality of life for people impacted and affected by cancer in Arizona					
1. Develop and Utilize common definitions	Definitions are developed and distributed among partners	Survivorship/ Quality of Life Committee of the AZ Cancer Coalition	NA	All partners have adopted definitions	Point in time
		New Member Packet			
	Number of partners adopting the definitions				
2. Complete a community assessment for survivorship services	Completed assessment	Survivorship/ Quality of Life Committee of the AZ Cancer Coalition	NA	NA	Point in time
3. Educate CHW on the most important cancer information	Number of Community Health Workers trained;	Arizona Community Health Worker Workforce Coalition and the Quality of Life Committee of the AZ Cancer Coalition	Unavailable	Under development	Annually
	Number of training opportunities offered				
4. Strong survivorship resources are being accessed by cancer survivors	Number of 'hits' received by online clearinghouse of survivorship information	U of AZ College of Nursing	Unavailable	Under development	
5. Institutionalized use of Survivorship Care Plans	Number and percent of medical providers adopting use of plans	Survivorship/ Quality of Life Committee; provider self-report	NA		Semi-annually commencing 2016

Objectives	Indicator	Data Source	Baseline 2010	Target	Timing
Goal 5: Catalyze Research - Promote communication, collaboration, infrastructure, training, and funding among cancer researchers					
1. Establish collaborations among cancer research institutions and cancer researchers	Research Symposium held in AZ; number of Research Symposium attendees; number of organizations represented at Research Symposium	Symposium agenda, attendance records, post-symposium online attendees survey	NA	NA	Semi-annually
	Number of documented collaborations	Post-symposium online attendees survey	NA	NA	Semi-annually
	Number of members in the AZ Cancer Research Alliance	ACC Roster & Partnerships	NA	NA	Annually
2. Increase access to clinical trials and research across the cancer continuum of care.	Increased percentage of patients entering Clinical Trials	AZ Cancer Coalition Research Committee	Awaiting data		Annually
3. Enhance methods for shared tissue banking in Arizona for cancer research	Completion of a shared Tissue banking model for Arizona	AZ Cancer Coalition Research Committee	Awaiting data		Annually
4. Increase enrollment of underserved populations in clinical trials	Increased number of minority populations enrolled in clinical trials	AZ Cancer Coalition Research Committee	Awaiting data		Annually
5. Dissemination of 'Annual State of Cancer in AZ report'	Number of Published reports	Arizona Cancer Registry	NA	NA	Annually

Programs

Exhibit 21 presents a list of the ACC's current and ongoing projects and the corresponding goals and objectives from Exhibit 20. Exhibit 21 highlights that all five goals of the ACCC Plan are currently supported by an ongoing project. However, the following objectives are not are currently supported by ACC activities: Goal 1, Objective 3, 4, and 5; Goal 4, Objective 1, 2, and 3; and Goal 5, Objectives 3 and 4.

Exhibit 21. Crosswalk of ACC Central Hub's Current and Ongoing Projects and Corresponding ACCC Plan Goals and Objectives

Project Title	Project Goal	Corresponding ACCC Plan Goal and Objective
HPV Toolkit & Provider Education	Increase HPV Immunizations	Goal 1, Obj. 2
Chronic Disease Collaborative Project	Develop a coordinated plan to prevent chronic disease in partnership with an insurer	Goal 2, Obj. 3
Electronic Health Record Project	Increase screenings through increasing Electronic Medical Records at Federally Qualified Health Centers	Goal 2, Obj. 2
Management Information Health Systems	Support the hospital in its mission to serve challenging communities	Goal 2, Obj. 1 Goal 2, Obj. 4 Goal 3, Obj. 2
Commission on Cancer Accreditation	Increase the Accreditation of more Cancer Centers	Goal 3, Obj. 1
Survivorship Care Plan (SCP) gold model	Develop a SCP model for use at Cancer Centers	Goal 4, Obj. 5
Arizona Cancer Registry (ACR) pilot project to connect a Cancer Center with the ACR	Self-populate data from the ACR to Survivorship care plans	Goal 5, Obj. 1

Project Title	Project Goal	Corresponding ACCC Plan Goal and Objective
Network Analysis	Publish a study that studies the network of Arizona based Researchers	Goal 5, Obj. 1
Increase Clinical Trial Participation	Increase Clinical Trial Participation	Goal 5, Obj. 2 Goal 5, Obj. 4
Point of Sale Licensing	Mandate licensing requirements for Arizona Tobacco Retailers	Goal 1, Obj. 1
Fact Act	Pass the Oral Oncology Parity act	Goal 3, Obj. 3
Latino Participation in Clinical Trials	Increase Latino Participation in Clinical Trials	Goal 5, Obj. 2 Goal 4, Obj. 4
Cancer Summit 2014	Convene Arizona's Cancer Stakeholders for a call to action	Goal 5, Obj. 5
Patient Centered Oncology Medical Home	Develop Systems in Arizona that bring us closer to Pt. centered oncology medical homes	Goal 3, Obj. 1 Goal 3, Obj. 5

As of this reporting period, the central hub is the only active hub of the ACC. In March 2014, the central hub's workgroups began to develop action plans, which centered around the overall objectives identified in the ACCC Plan (Exhibit 20). Exhibit 22 presents the number of objectives that have been incorporated into work group action plans.

Exhibit 22. Crosswalk of ACC Central Hub's Workgroups Objectives and the ACCC Plan

ACC Workgroup	Number of ACCC Plan Goals and Objectives Incorporated into Workgroup Action Plan	Objectives not successfully incorporated
Prevention	Goal 1, 4 out of 5 objectives incorporated into action plan	Goal 1, Objective 4: Have wellness exams covered for adults by the Arizona's Health Care Cost Containment System
Early Detection	Goal 2, 4 out of 4 objectives incorporated	None
Survivorship	Goal 4, 5 out of 5 objectives incorporated	None
Research	Goal 5, 5 out of 5 objectives incorporated	None
Policy	4 objectives identified; none align to those in ACCC Plan	N/A - Policy goal does not exist in ACCC Plan

It should be noted that neither an action plan nor workgroup for the central hub has been established for Goal 3 of the ACCC Plan: to elevate cancer treatment by increasing access to appropriate and effective cancer diagnosis and treatment services. Furthermore, the objectives of the policy workgroup are not directly linked to ACCC Plan. The objectives and action plan established for the policy workgroup are to:

- Pass the Fact Act;
- Adopt local Tobacco retail license ordinance;
- Maintain current funding levels for State screening programs; and
- Form Ad-Hoc committee focused on survivorship service delivery and care.

Recommendations

This evaluation report covers the time period from September 1, 2013 through August 30, 2014. The focus of this evaluation was to monitor the progress of the ACCCP activities in terms of: (1) professional development and leadership and (2) evaluating the ACCCP implementation (Partnership, Plan, and Program). ACCCP should continue its role as the backbone organization of the ACC, expanding the coalition and implementing the ACCC Plan through regional hubs. Additionally, ACCCP should continue to partake in professional development and leadership improvement opportunities on an ad-hoc basis. This recommendations section is broken down by each section of the report, with recommendations pertaining to professional development, partnership, plan, and program recommendations. Based on findings presented in this report, the following recommendations are provided:

Professional Development and Leadership Recommendations

1. **ACCCP should incorporate recommendations for coalition meetings provided by meeting attendees.**

A total of 11 respondents (34%) indicated ways to improve future Coalition meetings, summarized below in the categories of meeting logistics, meeting facilitation, presentations, and member representation.

Meeting Logistics

- Shorten the length of meetings to a half day
- Start the meeting at a later time
- Hold work group meetings from 10am-11:30am
- Provide beverages (e.g., tea and coffee)
- Place signage outside of the meeting location to direct people to the correct room.

Meeting Facilitation

- Ensure that meetings conclude with determination of concrete next steps that are action-oriented.
- Identify a point person to facilitate work group sessions.

Presentations

- Utilize better data visualization strategies for power point presentations, such as use of diagrams, larger font size, and contrasting colors.
- Reduce the length of time for individual presentations

Member Representation

- Expand coalition membership to include "workers"
- Include insurance companies
- Streamline attendee involvement for certain meeting agenda items (i.e. transient members hinder the process of creating a concrete deliverable plan).
- These recommendations include:
- ACCCP should incorporate recommendations for Steering Committee meetings provided by meeting attendees.
- Three respondents provided recommendations for improving Steering Committee meetings:
- Start on time; no late lunch!
- Sometimes structure and timeframes impede creativity and discussion which is free flowing.
- Longer meeting-need to not feel rushed.
- ACC Steering Committee and larger coalition should continue to complete meeting evaluation instruments.

Attendees at both the ACC Steering Committee and larger coalition meetings should continue to fill out the meeting effectiveness surveys. Additionally, the evaluator should continue to attend both Steering Committee and coalition meetings in person and fill out the meeting facilitation effectiveness instruments. Because Core Team meetings are meetings for team members to mainly meetings for reporting out, these instruments do not need to be completed for Core Team meetings. Additionally, the evaluator should continue to provide timely feedback on to ACCCP staff on both meeting evaluation results, so as to prompt improvements in future meetings.

2. **ACCCP should promote the professional development resource manual.**

ACCCP should promote the use of the professional development resource manual. As ACC continues to progress forward, ACCCP project director should continue to consult this manual for guidance on facilitation and initiative organization. Because the workgroups for the central hub are beginning to form and meet, reinforcing this manual to Steering Committee members will ensure that the workgroups are formed under similar collaborative best practices as the greater coalition. The professional development resource manual can also act as an important resource for other initiatives forming under a collective impact model and other ADHS programs. A good dissemination strategy for ensuring the use of this manual is to make an electronic copy readily accessible, and inform ADHS staff who attend the Prevention Leadership Collaborative of its existence.

Partnership Recommendations

1. **ACCCP project staff should consider contractors recommendations for improving new membership packets.**

The development and creation of a new membership packet is a huge milestone for ACC. The contractor evaluated an earlier draft of the new membership packet and provided a series of recommendations for improvement (Appendix A). ACCCP staff should consider incorporating these recommendations into the finalized new member packet.

2. **ACCCP project staff should promote the new member packet.**

The ACCCP should continue to promote the dissemination and use of the new member packet within the current regional hub, central Arizona, and future regional hubs, northern and southern Arizona. While the northern and southern regional hubs are not yet established, promoting the new member packet will help motivate organizations to be part of the statewide initiative and identify key partners to be on the regional hubs' steering committees. Programs identified in the Core Team interviews as current, planned, and future collaborations could be easy venues to promote the ACC and new member packets. These programs include:

- Diabetes and Chronic Disease programs
- Healthy Arizona Policies (HAPI) program
- Empower Pack
- ASHLine
- Projects that include Health Services Advisory Group
- Projects that address health disparities

3. **ACCCP staff should document and update an ACC roster.**

Establishing processes during these infancy years of coalition formation to keep track of ACC members will ensure that information on coalition members' is up to date. At the very least, the roster should include first and last name, contact information, organization, role, and level of involvement in ACC (general coalition, Core Team, Steering Committee and/or work group member). This information will allow for easy communication between Steering Committee members, ACCCP project director and broader coalition staff. As the coalition continues to broaden and gain momentum, ACCCP staff and Steering Committee may look into communication software, such as Constant Contact and MailChimp, to easily maintain communication outlets to coalition members.

Plan Recommendations

1. **As objectives and baselines continue to develop, ACCCP and contractors should identify policy, systems, and environmental change goals and objectives.**

ACCCP project director and contracted evaluator should coordinate annual meetings to identify policy, systems and environmental change goals, objectives, action plan components and ongoing ACC projects. Policy, systems and environmental (PSE) change efforts have the ability to impact a larger population and bring non-traditional partners to the table for public health initiatives. Identifying which ACC strategies fall into this 'PSE' category will help guide direction of future partners to involve and identify collaborative efforts with other state, regional and local initiatives.

2. **ACCCP should continue to document and track ongoing ACC projects.**

An ongoing ACC project list, identifying who is the lead, which workgroup is in charge, what is the goal, the status, and correlating goals and objectives. While ACCCP project director, with the help of the contracted evaluator, should continually update the list, having the list in an mutually accessible location, such as on Google Docs or through DropBox, would allow for easy updating to occur through either the project director, the contractor, or even through Steering Committee members. This would decrease the burden of work on the ACCCP project director.

3. **ACCCP should consider creating a health equity goal in the ACCC Plan.**

Through the Core Team interviews, it is apparent that Core Team members are collaborating on health disparity projects and increasing of electronic health records at federally qualified health centers. A representative from the Arizona Latino Cancer Coalition is also a member of the Steering Committee. Additionally, several existing goals under 'Elevate treatment of cancer,' relate to increasing access to insurance and medical services. It is recommended that a goal around addressing health equities, and increasing access to health services, is added to the ACCC Plan to explicitly encompass objectives that target underserved and underinsured populations.

Program Recommendations

1. **ACCCP project staff, with the help of ACC Steering Committee and general coalition members, should identify central region workgroup to work towards Goal 3 of elevating cancer treatment.**

The ACCCP project staff, steering committee and coalition members should work towards identifying a central region workgroup that focuses on the goal and objectives of elevating cancer treatment. This is the only goal of the ACCC Plan, in the central regional hub, that does not have an established workgroup nor action plan. Identifying the lead for this workgroup should be done through identifying potential partners in the coalition and providing those potential partners with new membership packets to pique their interests. The

requirement of Affordable Care Act for accountable care organizations to take part in community benefits provides an opportunity for the ACC to bring clinical expertise into leading this workgroup.

2. **ACC should incorporate policy goals and objectives into the ACCC Plan.**

For the central region hub, a policy workgroup has been established, with corresponding objectives and action plan. However, it is unclear as to which ACCC Plan objectives that the policy workgroup's relate to, or if these should be categorized as projects. It is recommended to either create an overarching policy goal of the ACCC Plan, or in the policy workgroups action plan, link these objectives more clearly to the broader ACCC Plan.

3. **ACCCP should continue towards mobilizing a north and south regional hubs.**

ACCCP plans to coordinate a north, south and central hub of the ACC. Each hub would have their own workgroups. ACCCP project staff, with the help of the contracted evaluator, should develop a work plan for coordinating and developing north and south regional hubs and identifying key contacts in those regions. ACCCP should utilize both the new member packet and the professional development resource manual to guide the implementation of these two hubs.

Appendix A. LeCroy & Milligan Associate's Recommendations for New Member Packet

New Member Packet 2014

Recommendations

This report summarizes LeCroy & Milligan Associates' recommendations for organizational improvement of the New Member Packet distributed at the Arizona Cancer Coalition Meeting on **February 6th, 2014**. Evaluation of the New Member Packet was approached from the perspective of an incoming coalition member while incorporating the background expertise of the original evaluation team.

Below, we provide four recommendations for improvement of the New Member Packet. In addition, we have made tracked edits that address some of these recommendations in the New Member Packet, for the document developers' consideration.

1. Define participating organizations and make relationships between these organizations clear.

There are several organizational entities described in throughout the New Member Packet 2014 document. It is unclear from this document how the Arizona Cancer Coalition relates to the Arizona Comprehensive Cancer Control Program. Furthermore, the role that ADHS plays with respect to either of these organizations is not articulated. The document developers are encouraged to clarify organizational structure and better articulate the relationships between these entities.

2. Define organizational acronyms in opening text (page 4) and provide a reference page with all acronyms defined. Ambiguous acronyms used in the document include: CCC; ACC; ACC Coalition; and ACCP.

3. Maintain consistency in naming conventions.

The evaluation team found possible inconsistencies in naming conventions as described below. In at least two cases, it is not clear if different names (or terms) are purposefully used to distinguish between two different concepts, or if different names (or terms) have been applied to the same concept. Maintaining consistency in terminology throughout all written documents will assist both new and veteran coalition members in understanding the concepts and relationships described.

Specifically:

The 5-page document in the middle of the packet which includes the bylaws leads with the following sentence: "The purpose of the Arizona Cancer Coalition is to develop, implement, and evaluate a state **comprehensive cancer control plan** for the state of Arizona." If this *comprehensive* plan is the same as the **Arizona Cancer Control Plan** described in other parts of the document, then consistency should be maintained with respect to the use (or omission) of the word "comprehensive." A distinction should be made clear if plans are different. Use of capitalization should be consistent.

Section III of bylaws, involving **Work Group Leaders** and **Work Group Leader Partners** appears to be cut and pasted from another document. All other references to workgroup leadership within the bylaws include the terms **Chair** and **Co-chairs**. If Leaders and Partners are to perform a different function than Chairs and Co-chairs, then their relation to each other should be made clear.

The packet refers to both **priorities** of the **Arizona Cancer Control Plan** (of which there are 6) and **goals** of the **Arizona Comprehensive Cancer Control Plan** (of which there are 5). If the goals are meant to be the same as the priorities, the number and terminology should be kept consistent. If not, a clear distinction should be made. Similarly, as described above, if the Arizona Cancer Control Plan differs from the Arizona *Comprehensive* Cancer Control Plan, the distinction should be articulated.

Workgroups at the February 6th meeting included 4 of the 6 priorities of the Arizona Cancer Control Plan, as well as a Policy group. Workgroups and Projects listed in the Arizona Cancer Coalition chart (blue), include the first 5 Arizona Cancer Control Plan priorities as well as Public Policy and Data. It is unclear whether there will eventually be a one-to-one mapping of priorities to workgroups, or if some workgroups (such as policy and data) have been developed to bridge multiple priorities. Finally, workgroup and project titles are not identical to priorities. For example, the "Galvanize Survivorship and Palliative Care Networks" priority was represented by a workgroup called, "Quality of Life." *If* workgroups/projects *are meant to* align with priorities, a section listing alternative (mostly shortened) names with corresponding priorities should be included

The spelling of workgroup (vs. work group vs. Work Group) should be consistent throughout the document.

4. Review and edit structure of bylaws.

The section "III.3 Coalition Meetings" should fall under Membership (i.e. should not be indented under Work group Leader Partnership). The New Member Packet developers should review the bylaws for any similar insertion or omission errors.