



**Arizona Cancer Coalition**  
**Professional Development/Capacity Building**  
**Resource Manual**  
**Phase 1: 2013**



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# FRAMEWORK FOR CAPACITY BUILDING AND LEADERSHIP DEVELOPMENT



## Background

In 2013, the Arizona Department of Health Services (ADHS) and community partners came together to revise a comprehensive strategic plan and approach to reduce the incidence, morbidity, and mortality of cancer through prevention, early detection, treatment, rehabilitation and palliation. The Arizona Department of Health Services Cancer Control leadership team, together with CDC representatives, determined that there was a need for infusing capacity building and professional development efforts into the newly forming Arizona Comprehensive Cancer Control (AZCCC) Coalition. The purpose of the capacity building and professional development process was to design, develop and implement training, coaching, mentoring, and facilitation activities with the Arizona Cancer Leadership Team (ACLT), the AZCCC Project Director, the AZCCC Core team members, and the Executive team that will result in a high-functioning, collaborative approach to the development and completion of the Arizona Comprehensive Cancer Control plan and effective action planning by the work groups.

An initial five-month professional development plan was developed collaboratively with the Arizona Cancer Coalition members and LeCroy & Milligan Associates, the contracted technical assistance provider. A training/professional development needs assessment was conducted with selected coalition members and ADHS Coalition staff. Six areas of content were identified by Coalition members in the training needs assessment: 1) Collective Impact and Communication; 2) Policy, Systems and Environmental Change; 3) Building Collaborative Networks; 4) Strategic Planning; 5) Evaluation; and 6) Affordable Care Act.



The framework for the professional development process is designed to address:

- 1) Individual leadership skills,
- 2) Individual leadership knowledge,
- 3) Individual leadership qualities, and
- 4) Skills and knowledge of coalition group members.

The initial five-month professional development plan, reflected in this manual, had the following components:

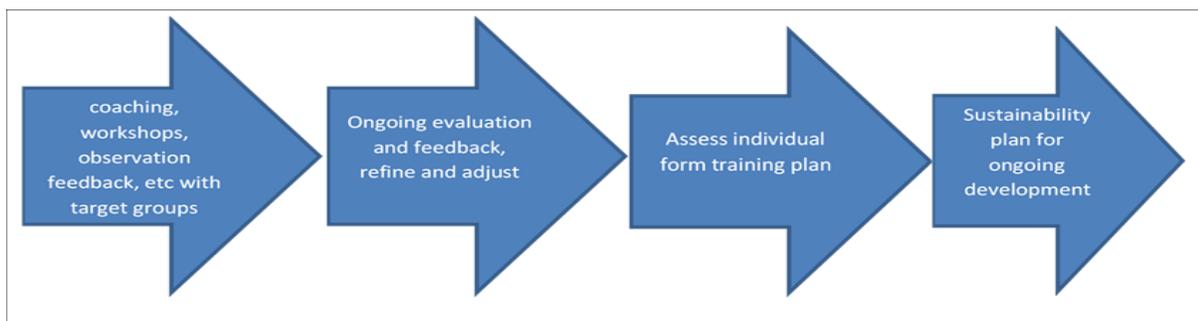
- 1) Specifics on which areas (knowledge and/or skills) will be offered
- 2) Tools that are templates for consistent use across groups
- 3) Target audiences for each content area
- 4) Methods for presenting each content area, along with schedules
- 5) Resources for further reading to enhance development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

Initial capacity building activities included coaching, presentations, group facilitation, and provision of resource materials (tools, articles) with AZCCC Core team members, the AZCCC Leadership team and AZCCC Working Group leaders.

### ***Continuing Professional Development***

This resource manual reflects the materials, tools and resources determined to be most critical at the beginning stages of professional development in the Arizona Cancer Coalition. Given there was limited time and resources for conducting coaching, workshops or training with Coalition members, priorities had to be set. It was felt important to use a developmental approach to skill enhancement that was flexible and responsive to the participants' needs. An Assessment was conducted among randomly selected AZCCC members, and the areas covered in this Manual were determined to have the most primacy. A significant aspect to this approach has been collaborating and supporting the AZCCC Project Director, so that he can continue to effectively guide the Coalition planning process.

It is recognized that the professional development process should include ongoing feedback and evaluation of professional development activities, and plans for sustainability of ongoing professional development. The figure below describes this process.



This Resource Manual should be viewed as a living document that can be revised as new materials, templates and processes are used by the Arizona Cancer Coalition. It was also determined that there was a wide spread of knowledge among the Coalition members: basic information sources were selected, with options for further, more advanced reading/learning.

## RESOURCE MANUAL CONTENTS

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This professional development resource manual includes two types of materials:

- 1) Resources and tools used or developed during the professional development activities carried out with members of the Arizona Cancer Coalition 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 materials are organized into five areas of knowledge, with selected skills and tools that were addressed in the initial AZCCC professional development process. Primary target groups for each content area are also listed.

The chart below provides an overview of the knowledge, skills, tools and target groups.

**Click on each box below to be taken to that section of the manual.**

Knowledge	Selected Skills	AZCCC Tools and Resources	Target Group
<u>Collective Impact</u>	Meeting Facilitation	<u>Exploring the five conditions of Collective Impact Discussion guide</u> <u>Meeting Templates</u> <u>Reference materials</u>	AzCCC Core Team leaders and AZCCC Work Group Members
<u>Communication</u>	Working with the Media	<u>Reference materials</u>	Work Group Leaders
<u>Policy, Systems and Environmental Change</u>	Collaboration	<u>Reference materials</u>	AzCCC Members
<u>Building Collaborative Networks</u>	Development of productive agendas	Meeting Planning Template	Work Group Leaders and Members
	Role clarification	<u>Questionnaire for Role Definitions</u>	Work Group Leaders
	Inclusive and Focused Leadership	<u>Meeting Leaders' Guide</u> <u>Coalition Leader Inventory</u>	Core Team Support Staff and Work Group Leaders
<u>Strategic Planning</u>	<ul style="list-style-type: none"> <li>• Identifying goals and objectives</li> <li>• Selecting Priorities</li> </ul>	<ul style="list-style-type: none"> <li>• <u>Planning Tools</u></li> <li>• <u>Facilitation Agendas and instructions</u></li> </ul>	AzCCC Members
<u>Coalition feedback and evaluation</u>	<ul style="list-style-type: none"> <li>• Evaluating Collaboration Meeting Effectiveness</li> <li>• Making Use of Data Resources</li> <li>• Specifying Outcomes and Indicators for Performance Measurement</li> </ul>	<u>Team Collaboration Assessment Rubric</u> <u>Meeting Feedback Forms</u>	AZCCC members and Core Team Staff

# KNOWLEDGE AREA 1: Collective Impact and Communication

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An important aspect of the capacity building framework was to maintain a focus on skills and knowledge needed to promote collective impact in the Arizona Cancer Control Coalition. Throughout the process of assessing needs and developing training activities and materials, a common definition of collective impact was disseminated using the focus provided by the Stanford Social Innovation Review article on collective impact : "*...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 collaboration, 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.*" (Kania & Kramer, 2010).

Several foundational articles related to collective impact are summarized below, as well as a discussion guide that was developed to assist the Arizona Cancer Coalition to explore the five conditions for collective impact.

## ***Selected Resources—Collective Impact***

### **Resource: Collective Impact, (Kania & Kramer, 2010)**

This is an excellent source that outlines the necessary conditions for collective impact, and the success of one initiative (Strive) in Ohio. Although Strive was an education initiative, the concepts presented are easily translated into the public health realm. An excerpt from the article: "Why has Strive made progress when so many other efforts have failed? It is because a core group of community leaders decided to abandon their individual agendas in favor of a collective approach to improving student achievement. More than 300 leaders of local organizations agreed to participate, including the heads of influential private and corporate foundations, city government officials, school district representatives, the presidents of eight universities and community colleges, and the executive directors of hundreds of education-related nonprofit and advocacy groups. These leaders realized that fixing one point on the educational continuum—such as better after-school programs—wouldn't make much difference unless all parts of the continuum improved at the same time. No single organization, however innovative or powerful, could accomplish this alone."

[http://www.ssireview.org/articles/entry/collective\\_impact](http://www.ssireview.org/articles/entry/collective_impact)

**Resource: Understanding the Value of Backbone Organizations in Collective Impact: Parts 1-4 (Turner, et.al., 2012)**

The Greater Cincinnati Foundation (GCF) and the nonprofit consulting firm FSG have partnered to understand and evaluate the role of backbone organizations in collective impact efforts. The first in a four-part series, this blog post describes the foundation's motivations for funding backbone organizations, and for GCF and FSG's work. These blog posts explore key questions such as: How and to what extent are backbone organizations effective catalysts for achieving community-level progress? How is success best measured for backbone organizations? What common challenges and best practices can be shared across backbone organizations?

[http://www.ssireview.org/blog/entry/understanding\\_the\\_value\\_of\\_backbone\\_organizations\\_in\\_collective\\_impact\\_1](http://www.ssireview.org/blog/entry/understanding_the_value_of_backbone_organizations_in_collective_impact_1)

**Resource: Channeling Change: Making Collective Impact Work, (Hanleybrown, et.al, 2012)**

The authors discuss their research findings and assertion that "there is no other way society will achieve large-scale progress against the urgent and complex problems of our time, unless a collective impact approach becomes the accepted way of doing business." The article focuses on answering the questions: "How do we begin? How do we create alignment? How do we sustain the initiative?" They outline the preconditions of collective impact: an influential champion, adequate financial resources, and a sense of urgency for change.

[http://www.ssireview.org/blog/entry/channeling\\_change\\_making\\_collective\\_impact\\_work?cpgn=WP%20DL%20-%20Channeling%20Change](http://www.ssireview.org/blog/entry/channeling_change_making_collective_impact_work?cpgn=WP%20DL%20-%20Channeling%20Change)

**Resource: Embracing Emergence: How Collective Impact Addresses Complexity. (Kania & Kramer, 2013)**

Using examples from several initiatives in the United States, the authors explore how collective learning emerges from the complexity of many organizations working together, generating many feedback loops. The authors describe this process: "Under conditions of complexity, predetermined solutions can neither be reliably ascertained nor implemented. Instead, the rules of interaction that govern collective impact lead to changes in individual and organizational behavior that create an ongoing progression of alignment, discovery, learning, and emergence." Examples illustrate that when an initiative is supported by an effective backbone organization and shared measurement system, the cascading levels of collaboration creates a high degree of transparency among all organizations and levels involved in the work.

[http://www.ssireview.org/blog/entry/embracing\\_emergence\\_how\\_collective\\_impact\\_addresses\\_complexity?utm\\_source=Enews&utm\\_medium=email&utm\\_campaign=ten\\_gifts](http://www.ssireview.org/blog/entry/embracing_emergence_how_collective_impact_addresses_complexity?utm_source=Enews&utm_medium=email&utm_campaign=ten_gifts)

**Resource: Building Local Comprehensive Cancer Control Coalitions: Lessons Learned from Local Health Departments (NACCHO, 2013)**

NACCHO (National Association of City and County Health Officials) conducted the 2011–2012 Cancer Control Efforts in Local Health Departments Assessment to determine the range of CCC activities being implemented by LHDs, including their participation in local coalitions and dynamics of success. This action guide synthesizes the components of the framework into general recommendations that local health officials, policymakers, public health practitioners, advocates, and researchers can use to build community coalitions that facilitate the coordination of CCC efforts among national, state, and local partners.

<http://www.naccho.org/topics/HPDP/Cancer/upload/FinalActionGuideDistribute-2.pdf>

***Tool: Examining the Five Conditions for Collective Impact—Discussion Guide***

The following discussion guide was used to explore the findings from the training needs assessment that was completed with key members of the Arizona Cancer Coalition. Findings were thematically organized under the five conditions for collective impact as outlined in the Kania and Kramer literature: Common Agenda, Mutually Reinforcing Activities, Continuous Communication, Backbone Support Organization, and Shared Measurement Systems. Key informant interviews identified the areas of greatest concern and interest among the Coalition members. This guide was used to further explore perceptions about the Coalition's current functioning as well as the "desired state" that members envisioned.

**Examining the Five Conditions for Collective Impact  
Discussion Guide for Work Group Leaders**

<b>Coalition aspect</b>	<b>Desired state for the AzCCC (Interview Findings)</b>	<b>How do we get there? (Questions for discussion)</b>
<b>Common agenda</b>	<ul style="list-style-type: none"> <li>--Clearly defined roles</li> <li>--Overall statement of direction</li> <li>--Agreed upon objectives</li> <li>--Agreements on outcomes</li> <li>--Clearly defined workgroup goals aligned with overall coalition</li> </ul>	<p>What exists now among partners?</p> <p>What is desired?</p>
<b>Mutually reinforcing activities</b>	<ul style="list-style-type: none"> <li>--Sharing of resources</li> <li>--Open, challenging, problem-solving dialogue</li> <li>--Coordination of activities that fit into overall plan</li> <li>--Clearly defined interdependent roles</li> <li>--Consistent participation by members</li> </ul>	<p>What exists now among partners?</p> <p>What is desired?</p>
<b>Continuous communication</b>	<ul style="list-style-type: none"> <li>--Development of a “shared situational awareness” of the total effort, among all participants in coalition</li> <li>--Coordination of information flowing in and out of coalition workgroups</li> <li>--Workgroups consistently communicate about results and issues</li> </ul>	<p>What exists now among partners?</p> <p>What is desired?</p>
<b>Backbone support organizations</b>	<ul style="list-style-type: none"> <li>--Strong leadership with shared power</li> <li>--Supporting infrastructure with designated staff, technology supports for communication, funding supports, and logistical support</li> </ul>	<p>What exists now in terms of capacity to provide the following six functions of a backbone support organization?</p> <ul style="list-style-type: none"> <li>• Providing overall strategic direction?</li> <li>• Facilitating dialogue among partners</li> <li>• Managing data collection</li> <li>• Handling communications</li> <li>• Coordinating outreach</li> <li>• Mobilizing funding</li> </ul> <p>What is desired?</p>
<b>Shared measurement systems</b>	<ul style="list-style-type: none"> <li>--Agreements on shared measurements</li> <li>--Regular feedback about outcomes</li> </ul>	<p>What exists now among partners?</p> <p>What is desired?</p>

## ***Selected Resources—Communication***

Arizona Cancer Coalition members identified an interest in gaining knowledge and skills in communications and using media. A brief selection of resources for training in these areas is included below.

### **Resource: The Centers for Disease Control and Prevention**

The Centers for Disease Control and Prevention provides a wide range of resources (publications, data, organizations, other web resources) related to how to communicate messages about the social determinants of health, how to translate research for lay audiences, data sets and statistics, and so on.

<http://www.cdc.gov/socialdeterminants/Resources.html>

### **Resource: National Cancer Institute, National Institutes of Health**

This site provides a variety of links to communications courses, publications, bulletins, and communications updates from the NCC and other cancer organizations.

<http://www.cancer.gov/>

### **Resource: American Cancer Society Cancer Action Network (ACS CAN)**

<http://action.acscan.org/site/PageServer?pagename=Resources#recruitment>

### **Resource: Susan G. Komen Media Center**

<http://ww5.komen.org/AboutUs/MediaCenter.html>

### **Resource: Working With the Media: A Variety of Tools (NAHU)**

This website for NAHU (National Association of Health Underwriters) is a wealth of information about dealing with the media. While the focus isn't directly cancer-related the templates and materials provide examples of how to organize a comprehensive media approach. Enter "*working with the media*" in the search function to find numerous tools. There is a PowerPoint presentation, developed for healthcare underwriters, that is an excellent presentation of how to work with the media.

<http://www.nahu.org>

**Resource: Building Strategic and Impactful Policy, Systems, & Environmental Change Efforts Planning Guide (Growing food & Justice for all Initiative)**

Deliberate and thoughtful campaign planning is an essential element of any successful policy, systems and environmental change effort. This brief article provides seven key planning areas and guiding questions for thinking through and planning how you will advance your community change efforts.

[http://www.growingfoodandjustice.org/uploads/Toolkit\\_Building\\_Power.pdf](http://www.growingfoodandjustice.org/uploads/Toolkit_Building_Power.pdf)

**Resource: Eight Ground Rules When Working With Reporters; (Philips, 2011)**

A quick list of eight important ground rules you need to know when working with reporters.

<http://www.mrmediatraining.com/>

**Resource: The National Association of County & City Health Officials Toolbox, (NACCHO, 2013)**

NACCHO's Toolbox is a free, online collection of local public health tools produced by members of the public health community. Tools within the Toolbox are materials and resources public health professionals and other external stakeholders can use to inform and improve their work in the promotion and advancement of public health objectives. Current examples of tools include, but are not limited to case examples, presentations, fact sheets, drills, evaluations, protocols, templates, reports, and training materials. <http://www.naccho.org/>

**Resource: All Systems Go, PH Informatics Toolkit, NACCHO (2007)**

This research brief developed by NACCHO and the Public Health Informatics Institute, offers detailed steps and practical examples of how local public health professionals can make a sound business case to develop successful public health information systems, including an initial planning checklist.

<http://www.naccho.org/toolbox/tool.cfm?id=790>

**Resource: A Grassroots Advocate's Guide to Influencing the Local Government Budget Process, (Johnson & Themba-Nixon, the Praxis Project, 2007)**

This report intended to help community groups understand, access, and become involved in the local government budgeting process. The participation section details how to obtain your local budget and what key local officials to meet. This document includes a useful template and charts for identifying people, processes and institutions a coalition will engage to advance their initiatives. Available through the Chronic Disease Prevention Toolkit resources at NACCHO

[http://www.naccho.org/toolbox/tool.cfm?id=711&program\\_id=11](http://www.naccho.org/toolbox/tool.cfm?id=711&program_id=11)

### ***Tool: Arizona Cancer Control Coalition Meeting Templates***

The ***Meeting Agenda template*** was developed to insure consistent communication methods across all parts of the Coalition. The use of consistent templates helps to build a common identity across written materials developed by Coalition committees. The greater the consistency in communications and processes, the more likely that everyone will be clearly informed, responsible, and aligned.

The ***Suggested Format for Report-Outs*** form was developed to assist subcommittee chairs in preparing for their committee report at the beginning of each meeting. Reporting at any meeting needs to be concise and clear. This form helps to maintain a focus on sharing of actions, accomplishments and next steps. It also builds in a way to connect the work of one group to another by identifying critical contextual issues affecting the Coalition.

The ***Meeting Minutes template*** was developed to mirror the format of the Agenda template, thereby enabling better consistency across all templates. Using templates help committees develop habits and build a common “look” across all documents.

**Tool: Arizona Cancer Coalition Meeting AGENDA Template A**

**(Name of “Workgroup” or “ACLT”, or “Coalition”)**

**Meeting Agenda**

**Location:**

**Date and time:**

**Date of Meeting:** \_\_\_\_\_

**Facilitator or Chair:** \_\_\_\_\_

**Note Taker:** \_\_\_\_\_

**Goal(s) of this meeting** \_\_\_\_\_

TOPIC	SPEAKER	OUTCOME: DISCUSSION/DECISION	TIME REQUIRED
Welcome, Introductions, Announcements	All		1:00-1:10
REPORT OUTS from prior meeting			1:10-1:25
Topic 2			
Topic 3 Etc.			
Reminders:			

**NEXT MEETING: (Date, Time)**

**LOCATION:**

**Tool: Arizona Cancer Coalition Meeting AGENDA Template B**



**(Name of “Workgroup” or “Core Team”, or “Coalition”)**

**Meeting Agenda**

**Location:**

**Date and time:**

**Date of Meeting:** \_\_\_\_\_

**Facilitator or Chair:** \_\_\_\_\_

**Note Taker:** \_\_\_\_\_

**Meeting Goals:** \_\_\_\_\_

AGENDA ITEM	WHO	Format	TIME	OUTCOME: DISCUSSION/DECISION ACTION/STATUS/”TO DO”
I. Welcome, announcements		Info sharing (One speaker has the floor for a period of time)	10:00 – 10:05	
II. Introductions (Name, role/position, organization)		Report out (one individual at a time has the floor; moves from one individual to the next, etc.)	10:05 – 10:20	
III.	I	Discussion (Multiple speakers)	10:20 – 10:30	
IV.		Report out and Decision	10:30– 10:40	
V.		Report out and Decision	10:40 – 10:50	
VI.		Decision	10:50 – 11:10	
VII.		Report out, recommendations, discussion, decision	11:10– 11:40	
VIII. Agenda Items for Future Meetings		Info sharing		



**Tool: Arizona Cancer Coalition Meeting MINUTES Template**

**Arizona Cancer Coalition (Name of "Workgroup" )  
Meeting Minutes**

Date of meeting: \_\_\_\_\_

Facilitator or Chair: \_\_\_\_\_

**List of Attendees:**

TOPIC & SPEAKER	DISCUSSION	ACTION	PERSON RESPONSIBLE
<b>Welcome, Introductions, Announcements</b>	<ul style="list-style-type: none"> <li>Bullets of discussion points</li> </ul>	<ul style="list-style-type: none"> <li>Bullets of action to be taken</li> </ul>	
<b>Topic 1</b> (one topic per cell)	<ul style="list-style-type: none"> <li>Bullets of discussion points</li> </ul>		
<b>Topic 2</b>	<ul style="list-style-type: none"> <li></li> </ul>		
<b>Topic 3</b>	<ul style="list-style-type: none"> <li></li> </ul>		
<b>Agenda/Steps for next meeting</b>	List agenda items to be discussed at next meeting, remaining issues and actions to addressed.		

Report-out points			
Who will do report out?	<ul style="list-style-type: none"> <li>List name</li> </ul>		

<p>Accomplishments and actions completed</p> <ul style="list-style-type: none"> <li>• 3-5 key accomplishments</li> <li>• Implications for the Coalition</li> <li>• Next Steps and issues to address</li> </ul>	<ul style="list-style-type: none"> <li>• Bulleted list</li> </ul>		
<p>Critical Issues for Leadership team and larger coalition</p> <ul style="list-style-type: none"> <li>• Changes in the policy, systems, environment that may affect the work</li> <li>• Resources needed that other Coalition members might be able to assist with</li> </ul>	<ul style="list-style-type: none"> <li>• Bulleted list</li> </ul>		
<b>Reflection</b>	<b>Pluses</b>	<b>Deltas</b>	

**NEXT MEETING: (DATE, TIME)**

**LOCATION:**

***Tool: Suggested Format for Report-Outs at Arizona Cancer Coalition Meetings***

**Format for Committee Report-Outs at Meetings**



Name of person presenting: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Dates that the report covers: \_\_\_\_\_

(These comments should all be bulleted lists prepared in advance of the meeting)

1. 3-5 Key accomplishments

Included in these:

- a) what has been accomplished
- b) implications for the organization and the Coalition
- c) next steps
- d) remaining key issues

2. Critical issues the Coalition should know

- a) changes in the external/political/economic environment
- b) resource requirements that other Coalition members might also have and/or might be able to assist with

A report-out can be accomplished (with clear time management) in less than 5 minutes. These items should also be documented in the minutes for the meeting. This report-out guide should be distributed at the beginning of the work group meeting so that the chair helps the group to focus on the key messages that will be reported out in the larger coalition meeting, or next meetings.

## KNOWLEDGE AREA 2: Policy, Systems and Environmental Change

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Policy, systems and environmental change refers to a framework about how to effectively improve health in a community. Policy, systems and environmental change is a way of modifying the environment to make healthy choices practical and available to all community members. By changing laws and shaping physical landscapes, a big impact can be made with little time and resources. By changing policies, systems and/or environments, communities can help tackle health issues like obesity, diabetes, cancer and other chronic diseases. The Arizona Comprehensive Cancer Coalition has embraced the PSE framework to guide the identification of goals and objectives in their Comprehensive Cancer Control Plan.

### *Selected Resources*

#### **Resource: National Comprehensive Cancer Control Program (CDC)**

Since 1998, CDC's National Comprehensive Cancer Control Program (NCCCP) has made great strides to reduce the burden of cancer in the United States. NCCCP supports 50 states, the District of Columbia, 7 tribal groups, and 7 U.S. Associated Pacific Islands/territories to establish coalitions, assess the burden of cancer, determine priorities, and develop and implement cancer plans. The NCCCP section of the CDC website contains toolkits, resources, guidelines, history and success stories, and links to numerous resources.

<http://www.cdc.gov/cancer/ncccp/about.htm>

#### **Resource: Healthy Communities Program, (CDC)**

The CDC's Healthy Communities Program works with communities through local, state and territory, and national partnerships to improve community leaders and stakeholders' skills and commitments for establishing, advancing, and maintaining effective population-based strategies that reduce the burden of chronic disease and achieve health equity. The CDC website includes links to the Community Health Resources Database, the CHANGE assessment tool, and a variety of Action Guides for implementing effective strategies are Tools for Community Action that enable community leaders to more efficiently and effectively bring about improvements in community health.

<http://www.cdc.gov/HealthyCommunitiesProgram/>

**Resource: Health Education Resource Exchange (H.E.R.E.)**

H.E.R.E. is an online clearinghouse of public health education and health promotion materials, events, resources, and news in the State of Washington. H.E.R.E. is designed for people who perform population-based health promotion activities in a variety of settings, primarily state and local health departments, tribes, community organizations, clinics, hospitals, and schools. It provides a broad range of links to database resources, policy and educational resources, toolkits for PSE change in schools, communities and workplaces, among other excellent links.  
<http://here.doh.wa.gov/professional-resources/policy-and-environmental-change>

**Resource: Understanding Policy, Systems, and Environmental Change to Improve Health (Minnesota Department of Health, Brooke Ahlquist, MA, MPH)**

This useful PowerPoint presentation outlines the key concepts of policy, systems and environmental change strategies.

<http://www.health.state.mn.us/omh/committees/omhadvcomm/policypres0110.pdf>

**Resource: Upstream Change: Policy, Systems, and Environmental Change**

Research to Reality is an online community of practice that links cancer control practitioners and researchers and provides opportunities for discussion, learning, and enhanced collaboration on moving research into practice.

<http://researchtoreality@.cancer.gov>

**Resource: "Seven Lessons for Leaders in Systems Change": Center for Ecoliteracy**

This article examines what leaders can learn and what best to focus on when leaders are focusing on systems change. Additional reading resources are cited, also. The non-profit Center for Ecoliteracy works with schools, foundations, and other change agents around systems thinking and leadership practice.

<http://www.ecoliteracy.org/essays/seven-lessons-leaders-systems-change>

**Resource: Key Components of System Change: Unlocking the coee of effective Systems Change (2006)**

Over the past several years, staff members and partners of the Independent Living Research Utilization (ILRU) team have provided technical assistance, training, publications, and other support to the Real Choice Systems Change initiative of the Centers for Medicare & Medicaid Services. As they conducted this important work, they began to observe there were clear distinctions between those programs that achieved (or showed real promise for) enduring change and those programs that failed to realize their full potential. Interesting material for those involved in systems change.

<http://www.socialrolevalorization.com/articles/kendrick/key-components-of-systems-change.pdf>

**Resource: Healthy Communities Program Sustainability Planning Guide (CDC)**

The Sustainability Planning Guide is an excellent resource to see how to sustain planning and participation. It provides a synthesis of science- and practice-based evidence designed to help coalitions, public health professionals, and other community stakeholders develop, implement, and evaluate a successful sustainability plan. The Guide provides a process for sustaining policy strategies and related activities, introduces various approaches to sustainability, and demonstrates sustainability planning in action with real-life examples.

[http://www.cdc.gov/healthycommunitiesprogram/pdf/sustainability\\_guide.pdf](http://www.cdc.gov/healthycommunitiesprogram/pdf/sustainability_guide.pdf)

**Resource: The Collaboration Primer – HRET.org (Torres and Margolin, 2003)**

The Health, Education and Research Trust put a primer together on the value and techniques of collaboration, particularly in the healthcare field. When you get to the site, just type in “*primer*” in the search box, and you will be able to download the pdf file.

<http://www.hret.org>

## KNOWLEDGE AREA 3: Building Collaborative Networks

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An essential element of coalition building is the development of organization structures and processes that build collaboration. Building collaborative networks requires organizational capacity and leadership skills to plan, manage, and facilitate effective meetings, bring people to the table, clarify group roles and responsibilities, build momentum and interest, address conflict, communicate effectively, implement strategies, and evaluate progress and outcomes.

This section provides resources for leadership skills and knowledge for facilitating collaboration. Tools in this section focus on role clarification in groups, building a climate of inclusion, and an inventory of attributes and competencies a coalition leader can use for self-assessment and professional development.

### *Selected Resources*

#### **Resource: Strengthening Partnerships: Linking National Organizations and Local Coalitions Toolkit (2009)**

This toolkit, available as a free download was developed by CADCA (Community Anti-Drug Coalitions of America), whose mission is to strengthen the capacity of community coalitions to create and maintain safe, and drug free communities globally. The toolkit is designed as a guide to assist coalitions in securing the commitment of important local partners. Sample materials include examples and templates that can be modified for use in any coalition, e.g., a meeting checklist, introductory letter, one-page coalition description, a planning worksheet, membership commitment form, Memorandum of Understanding and press release. The kit incorporates materials to prepare coalitions to meet with potential partners, case studies and planning worksheets for eight community sectors (business, faith, government, healthcare, law/justice, media, philanthropy, youth development), and template materials for use after a new partnership is developed.

<http://www.cadca.org/resources/detail/strengthening-partnerships-toolkit>

#### **Resource: Developing effective coalitions: an eight step guide, (Cohen, et.al, 2002)**

This step-by-step guide to coalition building helps partnerships launch and stabilize successfully. It supports advocates and practitioners in every aspect of the process—from determining the appropriateness of a coalition to selecting members, defining key elements, maintaining vitality, and conducting ongoing evaluations. Although the examples given in this paper are specific to injury prevention coalitions, most can be applied to coalitions working on a variety of health related issues.

<http://www.preventioninstitute.org/component/jlibrary/article/id-104/127.html>

**Resource: Enhancing the Effectiveness of Multi-Field Collaboration (Prevention Institute, 2011)**

Collaboration Multiplier is an interactive framework and tool for analyzing collaborative efforts across fields. It is designed to guide an organization to a better understanding of which partners it needs and how to engage them, or to facilitate organizations that already work together in identifying activities to achieve a common goal, identify missing sectors that can contribute to a solution, delineate partner perspectives and contributions, and leverage expertise and resources. Using Collaboration Multiplier can help lay the foundation for shared understanding and common ground across all partners.

<http://www.preventioninstitute.org/component/jlibrary/article/id-44/127.html>

**Resource: Coalitions Work, Tools and Resources**

Coalitions Work is a consulting group based in Virginia that has worked for the past 20 years in coalition skill building and change strategies, by providing training and technical assistance in strategic planning and management, health promotion and education, social marketing, advocacy, research, and evaluation.

<http://coalitionswork.com/resources/tools/>

**Resource: The Community Toolbox (University of Kansas, 2013)**

Providing over 6,000 pages of practical skill-building information on over 250 different topics, the Community Tool Box is a resource to promote community health and development by connecting people, ideas, and resources, including several Prevention Institute tools. Some of the most useful toolkits for coalition building include the "Creating and Maintaining Coalitions and Partnerships", "Building Leadership", "Developing Strategic and Action Plans", among many others. Toolkits general include articles, examples from coalition efforts nationally, tools and checklists, and PowerPoints to summarize the major points in a section.

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<http://ctb.ku.edu/en/default.aspx>

**Resource: Mobilizing for Action through Planning and Partnerships (MAPP), NACCHO.**

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning tool for improving community health. Facilitated by public health leaders, this tool helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment tool; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. Using this Web page, users can access the entire MAPP tool, supplemental resources, and technical assistance. Information on preparing for and

completing the process is organized by phase, which users can access using the links above. The "related content" toolbar contains links to additional resources such as technical assistance, case studies, related publications, and materials created by experienced MAPP users.

<http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm>

***Tool: Questionnaire for Role Definitions***

The table is a template for assignments within the Coalition work group.

**Assignments within Work Groups**

GROUP	GROUP OBJECTIVES	DIVISION OF RESPONSIBILITIES	PERSON RESPONSIBLE
	(One objective per cell: each objective can be broken down into specific components)	(The components of a particular objective)	

***Tool: Questionnaire for Defining Roles and Determining Responsibilities***

This Questionnaire is intended to assist leaders in forming work groups. These questions are intended to assist a group leader in deciding who should fill certain roles, as well as assisting in communicating to anyone selected on what is needed to successfully fulfill the role.

**Group:** \_\_\_\_\_

**Leader's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

1. What specific objective(s) needs to be accomplished by the person who will fill this role?

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2. What decision-making will this role have?

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3. Is there a preferred professional background for a person to have who will fill this role? (e.g. researcher, administrator, etc.)

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4. What other groups, agencies, will this person need to collaborate with?

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5. What is the estimated monthly time commitment for this role? \_\_\_\_\_ hours

6. What background about AzCCC does this person need to have in order to be successful?

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7. How will the group leader be available and/or assist the person in this role?

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8. In what format and how often does the leader and the person in this particular role need to communicate?

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9. What other specific aspects of this role are important to consider?

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## *Selected Resources – Inclusive and Focused Leadership*

### **Resource: The Collective Leadership Framework, A Workbook for Cultivating and Sustaining Community Change, (W. K. Kellogg Foundation, 2007)**

This workbook is intended to help organizations use community-based collective leadership as a tool for making community change. The Framework was created by the Center for Ethical Leadership and the Institute for Educational Leadership. The workbook identifies skills and tasks needed by leaders in four predictable stages that are part of most community change work. These stages include: Build Trust, Co-Construct Purpose and Strategic Plan, Act Together, Deepen, Sustain and Make the Work a Way of Life.

[www.iel.org/pubs/collective\\_leadership\\_framework\\_workbook.pdf](http://www.iel.org/pubs/collective_leadership_framework_workbook.pdf)

### **Resource: “Inclusive Leadership: Will a Hug Do?” (Deloitte, 2012)**

Although the focus of this article is business, it has many excellent points for inclusive leadership. Inclusive leadership means changes for individual leaders as well as workplace cultures. How can leaders shake things up to change the culture and become more inclusive and creative? This article covers a lot of territory.

[http://www.deloitte.com/assets/Dcom-Australia/Local/Assets/Documents/Services/Consulting/Human Capital/Deloitte\\_Inclusive\\_Leadership\\_March\\_2012\\_v2.0.pdf](http://www.deloitte.com/assets/Dcom-Australia/Local/Assets/Documents/Services/Consulting/Human Capital/Deloitte_Inclusive_Leadership_March_2012_v2.0.pdf)

### **Resource: Developing Collective Leadership: Partnering in Multi-stakeholder Contexts**

(Included in Part IV of the book Leadership is Global: Bridging Sectors and Communities Alain Gauthier, 2006)

The purpose of this chapter is to explore how collective leadership skills can be developed – along with genuine partnering attitudes and competencies – to make multicultural partnerships and networks across the public, private and civil society sectors both effective and sustainable.

<http://leadershiplearning.org/system/files/Developing+Collective+Leadership.pdf>

### ***Skill: Meeting Facilitation***

There are many foundational skills and leader attributes for coalition leadership and management. During the early stages of the Arizona Cancer Coalition formation, professional development in this area focused on tools and skills to effectively facilitate meetings, develop agendas, and support ongoing communication across committees. In addition, the qualities and skills of effective coalition leaders was explored using a leader inventory for self-assessment and periodic review. Included below are three tools used by the Arizona Comprehensive Cancer Coalition.

#### **Resource: The Community Toolbox, (University of Kansas, 2013)**

While there are countless resources on meeting facilitation, the one cited here can be a useful tool regarding some basics that need to be considered. The Community Tool Box, developed by the Work Group for Community Health and Development at KU, has a number of reproducible materials for facilitation, models for community change, strategic planning, leadership, cultural competency, advocacy, and more.

[http://ctb.ku.edu/en/tablecontents/sub\\_section\\_main\\_1154.aspx](http://ctb.ku.edu/en/tablecontents/sub_section_main_1154.aspx)

***Tool: Meeting Leaders' Guide***

This is a tool that Coalition members can use to help all participants become actively engaged, and ensure meetings are building trust and collaborative behavior. This can be distributed and discussed by all members of a group so that everyone is equally informed and prepared to collaborate.

**Meeting Leader's Guide: Building and Maintaining Inclusion**

BEFORE THE MEETING	AT THE MEETING	AFTER THE MEETING
Send reminders and ask if anyone has something of note to discuss at meeting so it can be put on the agenda	Allow person who wanted to discuss pertinent issue to lead that discussion	
	Encourage everyone to participate, and decide, with the group, what kind of decision-making will take place – consensus or democratic?	
Have group members send reports, etc., prior to meeting, so that can be read before.	Avoid straight reporting out of what has been accomplished. Use meeting time for discussion, support, and decision-making	

BEFORE THE MEETING	AT THE MEETING	AFTER THE MEETING
	<p>Make sure everyone knows everyone else, and that members who were not present at the previous meeting are kept up to date</p>	<p>Send minutes out within one week of meeting</p>
	<p>There are no “wrong” statements – disagreements are encouraged, as long as they are carried out professionally, and as long as the group has agreed prior to a process for coming to a decision.</p>	<p>Speak to any members who might have seemed they felt overlooked, not listened to, etc. Ensure that they are still actively engaged.</p>
	<p>Always speak of “our group” and don’t use words that might indicate your “ownership” of the group.</p>	
	<p>When discussing actions, projects, ensure buy-in and time frames.</p>	<p>Send reminders and thank you notes to all participants on a regular basis</p>

**Tool: Coalition Leader Inventory**

The Coalition Leader Inventory was designed to be used by the coalition leaders over time to assess their skills, set priority skills for skill development, and document progress in their competency level with the various skills and attributes. LeCroy & Milligan Associates adapted an instrument originally developed by Coalitions Work for use with the AzCCC leaders.

**COALITION LEADER INVENTORY**

Inventory for: _____					
Completed by: _____					
Date: _____					
	<b>Not identified as a priority</b>	<b>Needs Work</b>	<b>Average</b>	<b>Above Average</b>	<b>Experience(s) where you developed or improved the skill</b>
<b>LEADER ATTRIBUTES</b>					
<b>Constancy</b> Persistent, Follow-through, Continue course of action despite difficulties					
<b>Direction</b> Ability to define personal goals & needs					
<b>Deciding</b> Finding alternatives, making best use of resources or materials, articulating the decision					
<b>Delegating</b> Tasks or responsibilities					
<b>Energy Level</b> Demonstrates confidence & capacity to make things move ahead					
<b>Flexibility</b> Receptive to new ideas & situations					
<b>Goal-oriented</b>					

Inventory for: _____					
Completed by: _____					
Date: _____					
	<b>Not identified as a priority</b>	<b>Needs Work</b>	<b>Average</b>	<b>Above Average</b>	<b>Experience(s) where you developed or improved the skill</b>
Ability to identify, work toward & reach aims					
<b>Motivating</b> Teams, work groups, stakeholders					
<b>Patience</b> Ability to remain calm, endurance					
<b>Self-knowledge</b> Ability to assess your own capabilities					
<b>Self-starter</b> Identify purposeful work & take action					
<b>LEADER SKILLS</b>					
	<b>Not identified as a priority</b>	<b>Needs Work</b>	<b>Average</b>	<b>Above Average</b>	<b>Experience(s) where you developed/improved the skill</b>
<b>Compiling or Analyzing &amp; Interpreting</b> Situations or Data					
<b>Calculating/Estimating</b> Costs, space/ facility needs					
<b>Coaching</b> Guiding or tutoring					
<b>Communicating</b> Internally & externally; to the group; to the organization					

Inventory for: \_\_\_\_\_

Completed by: \_\_\_\_\_

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

	Not identified as a priority	Needs Work	Average	Above Average	Experience(s) where you developed or improved the skill
<b>Coordinating</b> Activities or events					
<b>Creating/Designing</b> New ideas, products or systems, e.g. websites					
<b>Monitoring/Evaluating</b> Performance, programs, processes or events					
<b>Fund Raising</b> One-to-one or through media; Developing resource acquisition strategies					
<b>Group Facilitating</b> Managing group interactions					
<b>Interviewing</b> Seeking information others, then making recommendations or decisions					
<b>Observing</b> Physical phenomena, behavior or situations					
<b>Room &amp; meeting setup</b> AV, computer, projector, flip charts, white boards					
<b>Planning</b> Budgeting, goal setting, scheduling					
<b>Promoting</b> Ideas, products or policies one-to-one or via media					

Inventory for: \_\_\_\_\_  
 Completed by: \_\_\_\_\_  
 Date: \_\_\_\_\_

	Not identified as a priority	Needs Work	Average	Above Average	Experience(s) where you developed or improved the skill
<b>Drafting layouts or designs</b> For communications with groups or media					
<b>Record Keeping</b> Creating and disseminating agendas, minutes, rosters, and sign-in sheets					
<b>Researching</b> Obtaining information from library, surveys or physical data					
<b>Speaking</b> In public, groups or via electronic media					
<b>Supervising</b> People or processes					
<b>Providing Feedback</b> To members of the group - positive and constructive Articulating and celebrating group accomplishments					
<b>Conflict management</b> Surfacing issues and facilitating problem solving.					
<b>Building cohesiveness</b> Facilitating group consensus when needed, building trust					

Adapted from Coalitions Work, 2013 <http://coalitionswork.com>

LeCroy & Milligan Associates, Inc. \_\_\_\_\_



# KNOWLEDGE AREA 4: Strategic Planning

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The purpose of strategic planning is to create the plan for the future vision and work for the Arizona Cancer Control Coalition for the next five years. The steps in any strategic planning process are similar, and involve a logical process of developing strategies and action steps leading to community-level change and outcomes. Many benefits of the strategic planning process often occur during development of the plan, including communicating and exchanging information among key stakeholders in the community, mobilizing support, and exchanging new ideas.

Most strategic planning processes incorporate similar major components: 1) Developing a shared mission, vision and values; 2) Identifying goals and objectives; 3) Selecting priorities; 4) Action and implementation planning; and 5) Sustainability planning.

Several resources are provided below, followed by the tools used during the initial strategic planning meetings of Arizona Cancer Coalition stakeholders.

## *Selected Resources*

### **Resource: Cancer Plan Self-Assessment Tool (CDC, 2011)**

The self-assessment tool has eight core components (description of the process used to develop the plan, goals, objectives, strategies, stakeholder involvement, presentation of data on disease burden, reduction of cancer disparities, evaluation, and additional descriptive items). Grouped within each component are corresponding indicators that reflect plan attributes and planning processes.

<http://www.cdc.gov/cancer/ncccp/CancerSelfAssessTool.htm>

### **Resource: Planning Primer: Developing a Theory of Change, Logic Models, and Strategic and Action Plans, (CADCA, 2010)**

The Community Anti-Drug Coalitions of America (CADCA) developed this primer that provides clear guidelines for assisting coalitions to develop the products needed to carry out a comprehensive community plan to reduce substance abuse. The principles and methods introduced in this primer are applicable and relevant to many kinds of coalitions. The overview of the dynamic processes involved in planning are very useful.

<http://www.cadca.org/files/resources/Planning-Primer-07-2010.pdf>

**Resource: Guide to Prioritization Techniques, (National Association of County and City Health Officials, NACCHO)**

This document serves as a guide and provides five widely used options for prioritization of objectives and strategies, including guidance on which technique best fits the needs of your agency, step -by-step instructions for implementation, and practical examples.

<http://www.naccho.org/topics/infrastructure/accreditation/upload/Prioritization-Summaries-and-Examples-2.pdf>

**Resource: The Sustainability Planning Guide, (CDC, 2011)**

This guide can be downloaded from the CDC. It is a synthesis of science- and practice-based evidence designed to help coalitions, public health professionals, and other community stakeholders develop, implement, and evaluate a successful sustainability plan. The Guide provides a process for sustaining policy strategies and related activities, introduces various approaches to sustainability, and demonstrates sustainability planning in action with real-life examples.

[http://www.cdc.gov/healthycommunitiesprogram/pdf/sustainability\\_guide.pdf](http://www.cdc.gov/healthycommunitiesprogram/pdf/sustainability_guide.pdf)

**Resource: Developing Strategic and Action Plans: Outline with Links to Tool for Developing Strategic and Action Plans (The Community Tool Box, University of Kansas, 2013)**

This tool box provides an extensive outline of steps and tools to use in coalition action planning.

[http://ctb.ku.edu/en/dothework/tools\\_tk\\_content\\_page\\_194.aspx](http://ctb.ku.edu/en/dothework/tools_tk_content_page_194.aspx)

## ***Tool: AzCCC Strategic Planning Facilitation Guide/Agenda***

This is a detailed agenda for a large group meeting among a broad range of Coalition stakeholders, designed to gain their input into Cancer plan priority objectives, and to begin to tap their wisdom around key indicators that can be considered in measuring progress in the selected objectives.

**Arizona Cancer Leadership Team  
Meeting Agenda-- Facilitator's copy--FINAL  
September 17, 2013  
10:00-3:30**

By the end of this day, participants will:

- 1) Understand the objectives generated at the June 2013 session and in the previous Arizona cancer plan so that they can prioritize them for the new cancer plan
- 2) Be able to list the *overarching* cancer plan goal and the goals of each of the five areas of the plan
- 3) Develop a list of recommended priority objectives in of the five goal areas.
- 4) Make recommendations for indicators and measures of progress for the five goal areas
- 5) Increase the potential of collective impact by gaining greater knowledge of each other.
- 6) Have a stronger understanding of the structure and next steps in the formation of the Coalition.

### Supplies:

- Name tags, registration
- Large printed posters of the Overarching Cancer Plan Goal and each of the 5 subgoals to put up on the wall. The Cancer Plan goal and subgoals are on the wall for all to see.
- Flipcharts and markers, masking tape
- Sharpies for folks to write ideas on stickies
- 4x6 stickies (or larger)
- Prioritization grids
- Old cancer control plan
- The Cancer Registry documents
- Mercy Care Cervical early detection

### **10:00- 10:45 Welcome and Introductions**

- **Welcome By AZCCC Project Director (10 minutes)**
- Introduce facilitators
- Overview of the objectives of the day
- Introductions activity/warm up **(15 minutes)**
  - (name, organization,-- go around, so all know who is there)
  - Ask how many were at June 18<sup>th</sup> meeting, how many are part of a working group....

- **RE-cap of last session (15 minutes)**
  - a. Who was there, what it was like, what came out of it, a couple of slides
  - b. Have the June 18 meeting summary for each person
  - c. Accomplishments of each working group on handout—do description of how working groups are working on specific manageable objectives July –Dec during this transition period as the new plan gets developed.

**10:45-11:30      Developing criteria for how to choose priority objectives to address in the cancer control plan**

- **Goal of this section is to discuss and determine a common set of criteria against which participants will use to begin to prioritize Cancer Plan objectives under each of the 5 goals.** R will do a 15 minute presentation on the Levers of Change Model, and then K will give instructions for the group to generate and select priority objectives.
- By end of the section, post (flipchart) the list of 4-6 key criteria to use in the afternoon activity.
- **Preview of the afternoon activity**
  - Brief description of afternoon, and remind folks about lunch tables/stickers on their name tags to guide them to their table.

**11:30-11:45      Break and move to lunch**

**11:45-12:45      Lunch 12-12:45 Activity**

- Participants will be chosen randomly to participate and sit with each other for lunch. Names will be pre-chosen before the day begins to facilitate time-effectiveness, and stickers will be on name tags Diane will orient tables to the discussion topics.

Questions for each table to discuss:

1. With all that we are trying to accomplish, what do I feel most passionately about? What are the roots of this passion?
2. How can this passion add to the collective impact we are all working on?
3. How and where can I add the most benefit to our efforts?
4. What can we tell the larger group about this particular group that will add to group motivation and collaboration?

- **Statement of Commitment— WHAT PASSION AND SPECIFIC COMMITMENT THIS GROUP BRINGS TO THE CHALLENGE**
- **Tell folks where to go for Goal Groups/Small Group work**

**12:45—2:00      Goal area groups— Objective Prioritization**

**(See Separate Instruction Sheet)**

1. Break into small groups. Facilitators give instructions for the afternoon....describe what is happening and set the task (See Instruction sheet)

**2:00-2:45**      **Developing Indicators (same groups)**  
**(See separate instruction sheet)**

**2:45- 3:15**      **Report outs** --large group ( facilitate) (2 minutes per group)

- a. Post the Objective flipcharts under the Chapter goals.
- b. Reporter shares:
  - Top priorities and measurement indicators.

**3:15-3:30**      **Closure, wrap up and feedback forms (J. V )**

- Emphasize that all will get a copy of all goals and objectives/indicators
- Objectives need to be worked over.
- Professional development manual – will be presented online for all participants and emailed to people.
- Handing out MOUs for being part of coalition
- Next steps in November; structure of coalition and train the trainers for doing regional action planning.
- Feedback forms and thank you!!

**ACLT meeting —September 17, 2013**

## ***Tool: Prioritizing Objectives***

### **Instructions:**

1. People break into their Goal groups. **Facilitator introduction:**

The purpose of this afternoon is to gather the knowledge and wisdom of the participants who are *here today in providing input* about which Cancer plan objectives should be high priority. This morning we developed a set of criteria we will use to check against each objective. The objectives you see on this poster reflect the broadly worded objectives that were generated by this group on June 18, as well as some objectives generated by ADHS. The objectives are not in their final form--as you know, the ultimate wording of objectives must be "SMART" –Specific, Measurable, Achievable, Realistic and Time-scaled. Today we want to focus on the spirit and intent of the objective as worded, and please know that "wordsmithing" and more clearly specifying the objectives will come in the next stages by a smaller group. (Note: If there is compelling reason to alter the wording of an objective at this point (for clarity, etc), the facilitator should entertain **limited** discussion so that the prioritization process can move along.)

We will spend the next hour going through each objective and filtering them against each criteria. After we have prioritized objectives we will move on to another activity aimed at identifying and gathering input on Indicators for the objectives. I will guide the process so that we stay focused on Objectives for now, and then systematically go through Indicators. Choose a timekeeper and reporter to do the report out at the end of the activity.

NOTE: Facilitator should keep a flipchart as a "parking lot" to put any ideas that need to be recorded, but not pursued during this discussion.

2. ***Each group will have a prepared poster, similar to the Objectives worksheets on the following pages. (The criteria generated in the morning will be filled in the top row during lunch.)***

In addition each group member will have a set of objectives pages in their packet so that they can see all Objectives across the plan, or to write notes if they so choose.

3. Group facilitator then guides the group through the prioritizing process:
  - a. Start with column 1 (Criteria 1) and read the Objective. Ask the group if the Objective meets Criteria 1. Go through each Objective and write "yes" or "no" as to whether the Objective meets the criteria. Continue down through each objective for criteria 1.
  - b. After all objectives are labeled yes or no for column 1, **then** move to column 2 and work all the way down the list before moving to column 3, and so on.

4. Soon it will become clear which objectives meet most, if not all of the criteria, by the number of "YES" marks on that row. Facilitator should point this out, and the group should determine which top 5 Objectives are evident and CIRCLE those Objectives. Note that the other objectives will not be lost or omitted, but for the purposes of today the top objectives will be shared in the report out period.
5. If the group ends up with 10-15 "top" priorities, ask them to choose another criteria that might help them whittle down the list. Add the criteria as another column and go through the list again. (Continued on next page)
6. If needed ask some questions to help create "deal breakers", e.g.
  - a. What has the MOST possibility of success in the next 2 years?
  - b. Where do we have the MOST leverage of resources?
  - c. What has the least possibility of success?
7. Note: your top FIVE Objectives will be hand written on the poster in the next activity.

**End this section by 2:00 and move to the Identifying Indicators activity.**

(NOTE: If the group gets through prioritization very quickly, and wants to suggest some additional objectives, or improve the wording of objectives, the facilitator can allow that, OR move on to the indicators activity.)

**EXAMPLE OF COMPLETED PRIORITY LIST**

**Goal: To reduce the risks for developing cancer among all Arizonans by promoting and engaging in healthy behaviors.**

	PRIORITIZING CRITERIA (These are random examples....)					
<i>Objectives—Prevention and Healthy Lifestyles</i>	Objective addresses a policy, systems or environmental approach	Resources can be leveraged to address objective	feasible	realistic	measurable	Progress can be achieved in 3 years
To reduce the prevalence of smoking among Arizona's adult population (aged 18+)	yes	yes	yes	yes	no	
To reduce the prevalence of smoking among Arizona's youth age 12 to 17. To reduce prevalence of smokeless tobacco use among Arizona's youth age 12 – 17.	yes	yes	no	no	no	no
Increase the prevalence of the receipt of all three recommended doses of the HPV vaccine series among Arizona's youth age 13 – 17	yes	yes	yes			yes
Increase Hepatitis vaccinations among Arizona's children between their first and second birthdays (12- 23 months of age).	yes	yes	yes	no	no	yes
Promote healthy lifestyles through coordination among County Departments of Health	yes	yes	no	yes		yes
Promote healthy lifestyles through coordination and partnerships with Universities, Health Centers, and Community-based orgs.	yes	yes		no	no	yes
Advocate for Wellness Exams to be covered Service by	yes	yes	yes	yes	yes	yes
Increase % of adults who engage in recommended level of physical activity	yes	no	yes			yes
Promote healthy nutrition among Arizonans through education, media campaigns, and incentives.		yes	no	no	no	
Decrease sun exposure (K-8)	yes	no	no			
Decrease tanning bed use by Arizona's youth	yes			no	no	no
Increase awareness of and access to wellness programs for older	yes			no	no	no

## Arizona Cancer Control Plan Prevention Chapter 1: Prevention and Healthy Lifestyles--Example

*Goal: To reduce the risks for developing cancer among all Arizonans by promoting and engaging in healthy behaviors.*

	PRIORITIZING CRITERIA (List from morning session)					
<i>Objectives—Prevention and Healthy Lifestyles</i>						
To reduce the prevalence of smoking among Arizona's adult population (aged 18+)						
To reduce the prevalence of smoking among Arizona's youth age 12 to 17. To reduce prevalence of smokeless tobacco use among Arizona's youth age 12 – 17.						
Increase the prevalence of the receipt of all three recommended doses of the HPV vaccine series among Arizona's youth age 13 – 17						
Increase Hepatitis vaccinations among Arizona's children between their first and second birthdays (12- 23 months of age).						
Promote healthy lifestyles through coordination among County Departments of Health						
Promote healthy lifestyles through coordination and partnerships with Universities, Health Centers, and Community-based orgs.						
Advocate for Wellness Exams to be a covered Service by AHCCCS						
Increase % of adults who engage in recommended level of physical activity						
Promote healthy nutrition among Arizonans through education, media campaigns, and incentives.						
Decrease sun exposure (K-8)						
Decrease tanning bed use by Arizona's youth						
Increase awareness of and access to wellness programs for older adults wellness programs for older adults						

## Arizona Cancer Control Plan Prevention Chapter 2:

### Screening and Early Detection--Example

*Goal: To promote, increase and optimize the appropriate utilization of high quality cancer screening and follow-up services.*

	PRIORITIZING CRITERIA (list from morning session)					
<b><i>Objectives –Screening and Early Detection</i></b>						
Increase the number of Breast Cancer Screenings						
Increase the number of Colorectal Cancer Screenings						
Increase the number of Cervical Cancer Screenings						
Increase the efficacy of electronic medical records (EMR) utilization by Federally Qualified Health Centers (FQHC).						
Promote 'Meaningful Use' data standards for cancer measures by FQHC's.						
Develop relationship with insurers and payers to increase screening rates						
Decrease the time from abnormal detection to definitive diagnosis of breast, cervical, or colorectal, and prostate cancer .						
Increase % of women (21+) receiving a Pap tests every three years .						
Decrease late stage diagnosis for breast, cervical, colorectal, prostate, lung.						
Promote total body examinations (skin cancer) through education, media campaign, and incentives.						
Increase screening rates for oral cancers among Arizonans.						

## Arizona Cancer Control Plan Prevention Chapter 3:

### Diagnosis and Treatment--*Example*

**Goal: Increase access to appropriate and effective cancer diagnosis and treatment services.**

	PRIORITIZING CRITERIA (list from morning session)					
<i>Objectives- Diagnosis and Treatment</i>						
Reduce the number of Uninsured Cancer Patients in Arizona.						
Advocate for Oral Chemotherapy Parity						
Provide Healthcare providers with awareness and education on the importance of following nationally recognized practice guidelines						
Decrease the time between abnormal finding to definitive diagnosis						
Decrease time between definitive diagnosis and initiation of treatment.						
Reduce the number of uninsured patients						
Promote nationally recognized practice guidelines						
Utilize telemedicine to increase access to state of the art diagnosis and treatment techniques						
Reduce geographic barriers to care						
Reduce Financial barriers to care						
Develop a provider report card						
Develop a health plan report card						
Increase the healthcare workforce						
Increase melanoma cancer reporting						
Increase reporting of prostate cancer						

## Arizona Cancer Control Plan Prevention Chapter 4: Survivorship and Quality of Life--*Example*

*Goal: Improve quality of life for people impacted and affected by cancer in Arizona.*

	PRIORITIZING CRITERIA (list from morning session)					
<b><i>Objectives--Survivorship and Quality of Life</i></b>						
Increased use of Community Health Workers (CHW) in provision of survivorship services						
Educate CHW on the most important cancer information to provide the best practice service to survivors						
Establish quality Patient Navigation Services						
Develop a strong Survivorship Resources Network						
Increase reimbursement of survivorship services by insurers						
Increase the inclusion of survivorship services in Treatment Plans						
Research and advocate for the best reimbursement models for survivorship services by insurers						
Assess community needs for survivorship programs						
Develop and utilize a common understanding and definition of survivorship, patient navigation, CHW roles, palliative care						
Develop a palliative care model						
Develop a community resources mobile application						
Increased use of Community Health Workers (CHW) in provision of survivorship services						
Educate CHW on the most important cancer information to provide the best practice service to survivors						

## Arizona Cancer Control Plan Prevention Chapter 5:

### Research--Example

**Goals:**

**Promote communication, collaboration, infrastructure, training and funding among cancer researchers.**

**Improve the accessibility, analysis and evaluation of cancer data as well as promote the use of tissue banking in cancer research.**

**Promote participation in cancer clinical trials in Arizona, specifically among underserved populations.**

	PRIORITIZING CRITERIA (list from morning session)					
<i>Objectives--Research</i>						
Encourage Collaborations among research institutions and researchers						
Increase the access to, and utilization of, Clinical Trials						
Create the AZ Cancer Research Alliance						
Establish an online clearinghouse of clinical trials in Arizona						
Develop a directory of all Az cancer researchers and projects						
Develop a 'Annual State of Cancer in Arizona report'						
Enhance methods for tissue banking in Arizona for cancer research						
Increase enrollment in clinical trials by underserved populations						
Identify barriers that inhibit participation in clinical trials by underserved populations						
Initiate and implement a collaborative cancer research project						
Convene Arizona's Cancer Researchers and Research Institutions to develop collaborative research agendas						
Educate community stakeholders on current cancer research projects in Arizona						

**Tool: Developing Indicators**  
ACLT meeting —September 17, 2013  
Instructions:

- 1) The following poster will be used to record indicators (one for each of the 5 goals/chapters)
- 2) **First, Write in the Priority Objectives** that were determined in the Prioritizing Process
- 3) Introduction to Activity:

“The purpose of this activity is to BRAINSTORM AND SUGGEST indicators that might be used to measure progress in the objectives. For today, the DEFINITION of an Indicator is **“something (e.g. a number, a percent, or an action) that provides an indication that the objective was achieved or progress was made.”** For example for an objective “to reduce smoking prevalence among teens”, an indicator could be “*Percent of teens 13-17 that report smoking a cigarette in last thirty days*”.

There may be more than one indicator for any objective, so we can capture all that are relevant. The goal is to gather the input, experience, and wisdom of this group today, as a first step in identifying meaningful Indicators. There will be more work to be done to fine tune them as the objectives are further clarified.

Let’s focus on getting at least one Indicator for each objective, and then we will identify potential data sources for measuring the Indicator. At the end of this session we will return to the large group and share our Objectives and suggested indicators. “

(NOTE: Choose a reporter, timekeeper, and if needed, a recorder to write on the flipchart)
- 4) Work with the group to Brainstorm potential indicators. There can be more than one indicator or data source for any given Objective. Questions to promote discussion:
  - a. What will show progress is made for this objective? What will indicate success?
  - b. What data exists that can be used?
  - c. What data is potentially available with relative ease? (e.g. secondary data )
  - d. What data might be feasible to begin collecting?
- 5) Write the indicator, and if possible, the data source in the boxes. **NOTE: Hand out the list of possible Data Sources to help with data source ideas)**
- 6) As a final step ask group members which indicators have the most usefulness for making decisions (useful) and which are most feasible to collect (exist already, have little data collection burden. **Place a STAR \*\***  by those indicators that are felt to be most useful and meaningful for the Cancer Plan.
- 7) Prepare for Report out. (Each group is to share a couple of priority Objectives and Indicators—2 minutes)

**See Example Poster on Next Page.**

EXAMPLE OF INDICATORS POSTER/Worksheet

# GOAL 1: Prevent Cancer

*To reduce the risk for developing cancer among all Ar by promoting and engaging in health lifestyles.*

As the group generates Indicators for each objective, write them in here

Write in the top five priority objectives into these boxes

## OBJECTIVES

1.1

To reduce the prevalence of smoking among Arizona's youth population (aged 13-15)

1.2

1.3

1.4

1.5

## INDICATOR

% youth who smoke in last 30 days

Baseline

Target

AZ youth survey

Baseline

Target

Baseline

Target

Baseline

Target

Baseline

Target

As the group discusses Indicators, write in any suggestions for **Data Sources** to measure the indicator at baseline

## Data Sources

The Arizona Cancer Registry  
Risk Factor Surveillance System  
Youth Risk Behavior Survey  
The Surveillance, Epidemiology, and End Results (SEER) Program  
Well Woman HealthCheck Program  
Fit at Fifty HealthCheck Program  
Mercy Care  
AHCCCS  
The Alliance  
The University of Arizona  
Arizona State University  
ACS  
Komen  
TAPI

## KNOWLEDGE AREA 5: Coalition Feedback and Evaluation

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Coalition outcomes may be viewed as occurring at several levels, beginning with the collaborative process that brings existing resources together to work more effectively and efficiently. Coordination, collaboration, and resource exchange are often viewed as the true value-added benefit of a working and effective coalition. These types of early systems outcomes may include changes in service delivery, cross-referral, communication patterns, and new community linkages. This section focuses on resources and tools used thus far in assessing meeting effectiveness. The long-term behavioral and health outcomes sought by the Arizona Cancer Coalition are the focus of a comprehensive evaluation plan that will be developed when the strategic plan is finalized.

### *Selected Resources*

**Resource: Comprehensive Cancer Control Branch Program Evaluation Toolkit (National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control, 2010)**

The Comprehensive Cancer Control (CCC) Branch Program Evaluation Toolkit Adobe PDF file [PDF-4MB] helps grantees plan and implement evaluations of their NCCCP-funded programs. The toolkit provides general guidance on evaluation principles and techniques, as well as practical templates and tools.

[http://www.cdc.gov/cancer/ncccp/prog\\_eval\\_toolkit.htm](http://www.cdc.gov/cancer/ncccp/prog_eval_toolkit.htm)

**Resource: Evaluating Organizational Collaborations: Suggested Entry Points and Strategies (Rebecca Woodland & Michael Hutton, 2012)**

In this article, the authors present the Collaboration Evaluation and Improvement Framework (CEIF), an extension of earlier work in collaboration theory development. The CEIF identifies five points of entry to evaluating collaborations and suggests actions that evaluators can take to (a) define and describe the evaluand of collaboration, (b) measure the attributes of organizational collaboration over time, and (c) increase stakeholder capacity to engage in efficient and effective collaborative practices. Use of the CEIF to operationalize and assess the construct of collaboration can enable the evaluator to ascertain how collaborative efforts correlate with indicators of organizational impact and outcomes. The article exhibits the *Team Collaboration Assessment Rubric*, a tool used by teams or committee to assess 4 dimensions of meeting effectiveness: Dialogue, Decision-Making, Action orientation, and Evaluation capacity.

<http://aje.sagepub.com/content/early/2012/03/23/1098214012440028>

**Tool: Team - Collaboration Assessment Rubric (TCAR)**

Woodland, R., & Hutton, M. (2012)

Name of Team: \_\_\_\_\_

Team Members: \_\_\_\_\_

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

Group/Person Completing the Assessment: \_\_\_\_\_

**DIRECTIONS:**

1. Choose a process for administering/completing the TCAR (see below).
2. Review the criteria for *Dialogue*, *Decision-Making*, *Action* and *Evaluation* on the following pages.
3. Circle one response per row that most accurately reflects the current quality/attributes of team functioning.
4. Total the scores for each section and summarize results on page 1.
5. Use findings for developmental and/or formative assessment purposes.

**Process Used for Administering the Assessment (check all that apply):**

<input type="checkbox"/> recollection and reflection by a team member <input type="checkbox"/> observation of team meeting (via video) <input type="checkbox"/> observation of team meeting (in person) <input type="checkbox"/> review and analysis of agendas <input type="checkbox"/> review and analysis of meeting minutes	<input type="checkbox"/> review and analysis of performance information <input type="checkbox"/> consultation with individual members(s) <input type="checkbox"/> consultation with specialist(s) <input type="checkbox"/> consultation with administrator(s) <input type="checkbox"/> other _____
---	--

Team - Collaboration Assessment Scores	
Dialogue	/14
Decision-making	/14
Action	/12
Evaluation	/12
Total	/52

**Areas of Strength:**

**Areas for**

**Improvement:**

**Resources Needed:**

I. DIALOGUE Circle one box per row.		
Agenda for team dialogue is pre-planned, written and accessible to all in advance of meeting.	A written agenda for group dialogue exists.	There is no pre-planned agenda for group dialogue.
The group meets regularly and all meetings are attended by all members.	The group meets with some regularity and most meetings are attended by all.	The group meets sporadically, or full attendance at team meetings is rare.
Group meetings are purposefully facilitated and employ the use of protocols to structure and guide dialogue.	Occasionally, group meetings are facilitated and guided by a protocol.	Team dialogue is generally improvisational, unstructured, and not facilitated.
Team meetings are consistently focused on the examination of evidence related to performance and the attainment of goals.	Team meetings are sometimes focused on the examination of evidence related to performance and the attainment of goals.	Team meetings are rarely focused on the examination of evidence related to performance and the attainment of goals.
Inter-professional disagreements are typical - these disagreements are welcomed, openly discussed and lead to new and shared	Inter-professional disagreements about important issues occur rarely and sometimes go unaddressed and remain unresolved.	The group avoids conflict, or inter-professional disagreements are said not to exist.
Team members participate equally in group dialogue; there are no hibernators or dominators.	Most team members contribute to the dialogue, but there are some hibernators and dominators.	Team members contribute unequally to the dialogue; there are regular dominators and hibernators.
An accurate running record of team dialogue, decisions, and subsequent actions is recorded and accessible to all members.	A record of team dialogue, decisions, and intended actions exists.	There is no record of team dialogue, decisions, and subsequent actions.
<b>Total Score: /14</b>		

II. DECISION-MAKING Circle one box per row.		
2	1	0
Team members regularly identify and determine specific actions that they will take to improve group performance.	Team members occasionally identify and determine specific actions that they will take to improve group performance.	Team members do not identify or determine specific actions that they will take to improve group performance.
The team uses a specific process for every decision it makes (e.g. consensus, majority, or some other decision-making structure).	The team occasionally uses a process for making decisions (e.g. by consensus, majority, or some other decision-making structure).	The team does not use specific processes for making decisions.
Decisions made by the team are clearly and directly related to the improvement of practice and the attainment of essential team goals.	Decisions made by the team are occasionally related to the improvement of practice and the attainment of essential team goals.	Decisions made by the team are not related to the improvement of practice and the attainment of essential team goals.
The team regularly makes decisions about what specific practices it will initiate, maintain, change and discontinue.	The team occasionally makes decisions about what specific practices it will initiate, maintain, change or discontinue.	The team does not generally make any decisions about what specific practices it will initiate, maintain, change and/or discontinue.
All team decisions are informed by full group dialogue.	Most team decisions are informed by some level of group dialogue.	Team decisions are not informed by group dialogue.
All group decision-making is transparent; each member knows what the decisions are/were and how and why they were made.	Group decision-making is somewhat transparent; most members know what the decisions are/were and how and why they were made.	Group decision-making is not transparent; most members are not aware of group decisions or how and why they were made.
The team regularly decides what information about individual practice and group performance that it needs to obtain and analyze.	The team occasionally decides what information about individual practice and group performance that it needs to obtain and analyze.	The team does not decide what information about individual practice and group performance it needs to obtain and analyze.
<b>Total Score: /14</b>		

**III. ACTION-TAKING**  
Circle one box per row.

2	1	0
Team members know the specific actions they should take as a result of group dialogue and decision-making.	Most team members know the specific actions they should take as a result of group dialogue and decision-making.	Team members are unaware of specific actions they should take as a result of group dialogue and decision-making.
Future actions to be taken by team members are high leverage (i.e. they are expected to contribute directly to group attainment of essential goals).	Future actions taken by team members are somewhat high leverage (i.e. they may contribute to group attainment of essential goals).	Future actions taken by team members are not high leverage (i.e. it is not likely that they will contribute to group attainment of essential goals).
Each team member regularly carries out specific actions to improve his/her practice and group performance.	Most team members occasionally carry out specific actions to improve his/her practice and group performance.	Few team members carry out specific actions to improve his/her practice and group performance.
Team member actions are coordinated and interdependent.	Team member actions are somewhat coordinated and interdependent.	Team member actions are independent and unrelated to one another.
Action-taking is distributed equitably among team members (i.e., every member takes steps to improve individual practice and group performance.)	Action-taking is somewhat equitable among team members (i.e., most members take steps to improve individual practice and group performance.)	Action-taking is not distributed equitably among team members (i.e., some members take most of the action, some take very little or none.)
All team members can accurately identify specific practices that the group has stopped, started and changed over time.	Some team members are able to identify specific practices that the group has stopped, started or changed over time.	Few or no team members are able to identify specific practices that the group has stopped, started and/or changed over time.

**Total Score:**      /12

**IV. EVALUATION**  
Circle one box per row.

2	1	0
The team regularly analyzes quantitative data (e.g., numbers, statistics, scores) about member practices and team action-taking.	On occasion the team will analyze some quantitative data (e.g., numbers, statistics, scores) about member practices and team action-taking.	The team does not analyze any quantitative data (e.g., numbers, statistics, scores) about member practices and team action-taking.
The team regularly collects and analyzes quantitative data (e.g., numbers, statistics, scores) about the attainment of essential goals.	On occasion the team will collect and analyze some quantitative data (e.g., numbers, statistics, scores) about the attainment of essential goal.	The team does not collect and analyze any quantitative data (e.g., numbers, statistics, scores) about the attainment of essential goals.
The team regularly analyzes qualitative data (e.g., open-ended responses, written narrative) about member practices and team action-taking.	The team occasionally analyzes qualitative data (e.g., open-ended responses, written narrative) about member practices and team action-taking.	The team does not analyze any qualitative data e.g., open-ended responses, written narrative) about member practices and team action-taking.
The team regularly analyzes qualitative data (e.g., open-ended responses, written narrative) about the attainment of performance goals.	The team occasionally analyzes qualitative data (e.g., open-ended responses, written narrative) about attainment of performance goals.	The team does not analyze any qualitative data (e.g., open-ended responses, written narrative) about attainment of performance goals.
Team members make meaning of evaluation data and provide each other with regular and targeted feedback about individual and group performance.	Team members will occasionally make meaning of evaluation data and provide each other with feedback about individual and/or group performance.	Team members do not make meaning of evaluation data; they do not provide each other with feedback about individual and/or group performance.
The team can accurately and thoroughly articulate and substantiate its accomplishments related to the attainment of essential performance goals over time.	The team can describe some of its accomplishments and provide some evidence about the attainment of essential performance goals over time.	The team cannot identify or substantiate any specific accomplishments related to essential performance goals over time.

**Total Score:**      /12

**Tool: AZ Cancer Coalition Meeting Evaluation Form**

June 18, 2013

1. Name (optional) \_\_\_\_\_
2. Organization (optional) \_\_\_\_\_
3. Role in your organization \_\_\_\_\_
4. How long have you been involved in any Arizona Comprehensive Cancer Control Plan efforts?  
 \_\_\_\_None; this is my first meeting      \_\_\_\_Less than one year      \_\_\_\_One year or longer

**Meeting Usefulness**

Please rate how useful the following aspects of this day were in furthering your understanding of focus areas to address in reducing the cancer burden in Arizona:	Not at all 1	2	3	Very useful 4
5. Presentation on AZ Cancer Registry data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Overview of the AZ Comprehensive Cancer Control Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Presentation on changing healthcare landscape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Morning facilitated discussion groups on data implications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Afternoon facilitated discussion groups on objectives and evidence-based interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Please add your comments on the most and least beneficial/useful aspects of this meeting today:

<u>Most beneficial/useful</u>	<u>Least beneficial/useful</u>

11. What **other data** is needed to help inform cancer control decisions or actions in the future?

\_\_\_\_\_

\_\_\_\_\_

12. What questions do you have about the Arizona Comprehensive Cancer Control Plan?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. What skills and/or knowledge can you bring to the Arizona Cancer Coalition?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. In what ways would you like to be involved with the Arizona Cancer Coalition efforts (e.g. serve on a workgroup or committee, provide resources, work on healthcare systems change, etc.)?

\_\_\_\_\_

*Thank you very much for completing this meeting evaluation!*

**Tool: Arizona Cancer Leadership Team Meeting Evaluation** September 17, 2013

1. Name (optional) \_\_\_\_\_
2. Organization  
(optional) \_\_\_\_\_
3. Role in your organization \_\_\_\_\_
4. How long have you been involved in any Arizona Comprehensive Cancer Control Plan efforts?  
 \_\_\_\_None; this is my first meeting      \_\_\_\_Less than one year      \_\_\_\_One year or longer

Please rate this meeting based on the following aspects:	Poor			Great
	1	2	3	4
5. Developing criteria for prioritizing objectives in the Comprehensive Cancer Control Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. The process of prioritizing objectives for the Cancer Control Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Developing indicators of success for the Cancer Control Plan objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Overall meeting flow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do you agree or disagree with the following statements?	Strongly Disagree			Strongly Agree
	1	2	3	4
9. I am familiar with the overarching Cancer Control Plan goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I understand the process of developing the Cancer Control Plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I understand what the coalition's next steps are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The Arizona Cancer Coalition is moving forward.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. The Arizona Cancer Coalition is action-oriented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The 2014 Arizona Cancer Control Plan is feasible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Today helped increase my commitment to the Arizona Cancer Coalition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Other comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank you very much for completing this meeting evaluation*