

**Arizona Comprehensive Cancer Control
Program
Annual (FY 2016-17) and
Cumulative (FY 2012-17) Evaluation Report**



Arizona Comprehensive Cancer Control Program Annual (FY 2016-17) and Cumulative (FY 2012-17) Evaluation Report - September 2017

Submitted to:

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About LeCroy & Milligan Associates:

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

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Introduction and Background

The Centers for Disease Control and Prevention (CDC) identifies the National Comprehensive Cancer Control Program (NCCCCP) as “developing and providing an integrated and coordinated approach to reduce the incidence, morbidity, and mortality of cancer through prevention, early detection, treatment, rehabilitation, and palliation.” The Arizona Comprehensive Cancer Control Program (Comp. Cancer Program) is based out of the Arizona Department of Health Services (ADHS), Cancer Prevention and Control Programs, and supports the Arizona Cancer Coalition (ACC), the statewide comprehensive cancer control coalition. Funding from the CDC’s Cancer Prevention and Control Program for State, Territorial and Tribal Organizations (DP12-1205, Grant Number 3858) supports the implementation and evaluation of the Comp. Cancer Program from May 1, 2013 through June 29, 2017. This annual evaluation report is for the fourth year of grant funding, from June 30, 2015 through June 29, 2016, and focuses on three different areas: the partnership (the ACC), the plan (*Arizona Cancer Control Plan 2014–2018*), and the program (*Arizona Comp. Cancer Program Action Plan 2015-2016*).

Evaluation Purpose

The Arizona Comp. Cancer Program is charged with accomplishing systems level changes to create sustainable impact on cancer prevention, detection, and care. LeCroy & Milligan Associates is the external evaluator contracted by ADHS to perform a comprehensive evaluation of the Arizona Comp. Cancer Program across the three Ps, in accordance with the *Evaluation Plan*:

- **Partnerships:** the quality, contributions, and impacts of the Arizona Cancer Coalition (ACC).
- **Plan:** the quality and implementation of the statewide *Arizona Cancer Control Plan 2014–2018*, which serves as a foundation for the ACC.
- **Program:** the extent to which interventions outlined in the Arizona Comprehensive Cancer Control Action Plan (ACCC Action Plan) are executed and yield intended results.

The **process evaluation** assesses whether the Comp. Cancer Program has been implemented as intended, and why or why not. The **outcome evaluation** assesses whether or not the Comp. Cancer Program is making progress on the short, immediate, and long-term outcomes it is intended to yield. This plan is aligned with the CDC Framework for Program Evaluation in Public Health (CDC, 2010), including the six steps and four standards (see Exhibit 1).

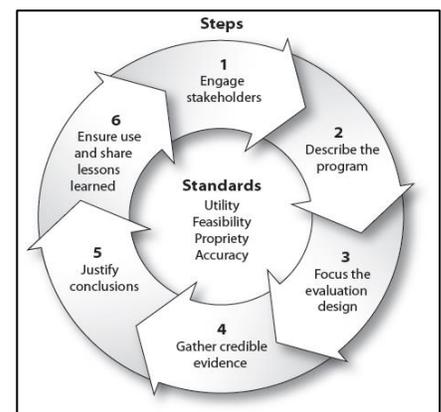


Exhibit 1. CDC Framework for Program Evaluation in Public Health



Program Description

Arizona Comprehensive Cancer Control Program

Since November 2011, the Arizona Comp. Cancer Program has operated out of ADHS Bureau of Health Systems Development, Office of Cancer Prevention and Control, which provides the opportunity for collaborating, supporting, and promoting other cancer prevention services at a direct service level and from a policy, systems, and environmental change level. The goal of Arizona's Comp. Cancer Program is to reduce the burden of cancer in Arizona through three main functions:

1. Maintain a comprehensive cancer control coalition – the ACC;
2. Assess the burden of cancer in our state and determine priorities for interventions; and
3. Develop and implement a statewide comprehensive cancer control plan.

The Arizona Cancer Coalition

The ACC is a coalition of cancer control leaders from throughout the state of Arizona who share the vision of reducing Arizona's cancer burden. These leaders include members of state, county, local, and tribal **government; non-profit organizations** (cancer patient advocacy, education, and research organizations, philanthropic and advisory organizations); the **health care sector** (private, public, and non-profit clinics, hospitals, cancer treatment centers, and hospice); the **private sector** (insurance, pharmaceutical, and health care advisory/quality assurance agencies); and **cancer survivors** and their advocates. The goals of the ACC are:

- 1) Implementing *The Arizona Cancer Control Plan 2014 – 2018* through the ACC and its Work Groups;
- 2) Recruiting, retaining, and mobilizing a broad membership comprised of 75 plus partners from throughout Arizona: health care professionals, cancer survivors, researchers, legislators, public health representatives, caregivers, volunteers, and community-based organizations, such as the American Cancer Society;
- 3) Recruiting, retaining, and nominating Work Group leaders from coalition members holding leadership, decision-making, and influential positions within their organizations across sectors, e.g. hospital directors, public sector office chief;
- 4) Developing the leadership and action-planning capacity within each ACC Work Group; and
- 5) Increasing ACC activity across the major regions in Arizona (north, central, and south).

The Work Groups of the ACC that engage in activities related to state cancer plan implementation include:

- Policy, Systems, and Environmental Change Work Group;
- Quality of Life Work Group;
- Prevention and Early Detection Work Group;
- Research Work Group; and
- Treatment Work Group.



Evaluation Design and Methods

The evaluation of the Arizona Comp. Cancer Program is developmental, and as such, the evaluation plan evolves as the program implementation progresses, new stakeholders emerge, and partnerships are strengthened. Exhibits 2-4 display the evaluation questions, indicators, data sources, collection strategies, and timing of evaluation activities for FY 2015-2016, for each of the three Ps.

Partnerships

The ACC is a statewide coalition of cancer control leaders dedicated to the mission of reducing the cancer burden in Arizona. Members include public-sector representatives, members of the public, non-profit organizations, health, medical, and business communities, the research community, cancer survivors, and advocates. Exhibit 2 outlines the evaluation questions, indicators, and data sources and collection strategies for evaluating the partnership.

Exhibit 2. Evaluating ACC Partnerships

Evaluation Question	Indicator(s)	Data Source(s)	Data Collection Method(s)	Timing
To what extent are community partners engaged in the ACC and Work Groups?	<ul style="list-style-type: none"> Members regularly attend bi-annual ACC meetings. Members regularly attend Work Group meetings, as indicated by attending 75% or more of meetings. 	<ul style="list-style-type: none"> Meeting Attendance Records Meeting Minutes ACC Annual Member Survey 	<ul style="list-style-type: none"> Review of Meeting Attendance Records and Minutes Survey data 	<p>Ongoing, as scheduled</p> <p>Annual Member Survey Sept 2017</p>
To what extent are community partners satisfied with the ACC and Work Groups?	<ul style="list-style-type: none"> Partners give the ACC improved ratings compared to baseline survey data (collected in Feb 2015), according to the Coordination and Collaboration Survey. Partners report satisfaction with ACC and Work Group Meetings, according to the Meeting Effectiveness Survey 	<ul style="list-style-type: none"> ACC Annual Member Survey Meeting Effectiveness Survey 	<ul style="list-style-type: none"> Survey data 	<p>2016 ACC Meetings</p> <p>Annual Member Survey Sept 2017</p>
What partners are currently not represented in the ACC, according to a membership Gap Analysis?	<ul style="list-style-type: none"> Number and types of sectors represented. Representativeness of key organizations. 	<ul style="list-style-type: none"> ACC and Work Group Membership Roster 	<ul style="list-style-type: none"> Gap Analysis 	<p>Annually, August 2017</p>
To what extent are partners identified in the Gap Analysis recruited and engaged in the ACC and Work Groups?	<ul style="list-style-type: none"> Number and types of partners recruited due to the Gap Analysis. 	<ul style="list-style-type: none"> ACC and Work Group Membership Roster 	<ul style="list-style-type: none"> Review of Membership Roster Data 	<p>Annually, August 2017</p>
To what extent do Work Group Chairs feel supported by ADHS leaders?	<ul style="list-style-type: none"> Work Group Chairs report feeling supported by ADHS leaders. 	<ul style="list-style-type: none"> ACC Annual Member Survey 	<ul style="list-style-type: none"> Survey data from Work Group Chairs 	<p>Annually, Sept 2017</p>



Plan

The *Arizona Cancer Control Plan 2014 – 2018* serves as a foundation for the Arizona Cancer Coalition activities. This plan was also the foundational document for the Cancer Work Group of the Arizona State Health Improvement Plan and was reformatted to meet Section 508 requirements and submitted to the CDC in 2015. Exhibit 3 outlines the evaluation questions, indicators, and data sources and collection strategies for evaluating the plan.

Exhibit 3. Evaluating the *Arizona Cancer Control Plan 2014-2018*

Evaluation Question	Indicator(s)	Data Source(s)	Data Collection Method(s)	Timing
To what extent are the ACC Work Groups' plans aligned with the objectives and strategies in the <i>Arizona Cancer Control Plan 2014-2018</i> ?	<ul style="list-style-type: none"> Number of Arizona Cancer Control Plan 2014-2018 objectives integrated into Work Group action plans. 	<ul style="list-style-type: none"> Arizona Cancer Control Plan 2014-2018 Work Group action plans ADHS quarterly updates 	<ul style="list-style-type: none"> Review of ACC Work Group action plans and ADHS quarterly updates 	Quarterly
To what extent do the ACC work groups accomplish their annual work plan?	<ul style="list-style-type: none"> Number and type of ACC Work Group activities accomplished. 	<ul style="list-style-type: none"> Work Group action plans ADHS quarterly updates Stakeholder Interviews ACC Annual Member Survey 	<ul style="list-style-type: none"> Review of ACC Work Group action plans and ADHS quarterly updates Interview data Survey data 	Quarterly Annually, Sept 2017
Does the ACC successfully develop an annual addendum to the <i>Arizona Cancer Control Plan 2014-2018</i> ?	<ul style="list-style-type: none"> An annual addendum is developed. 	<ul style="list-style-type: none"> Annual addendum 	<ul style="list-style-type: none"> Review of annual addendum 	Annually, Sept 2017

Program

Arizona's Comp. Cancer Program has developed the state cancer plan and is tasked with facilitating its implementation. This task is done in collaboration with the ACC and its Work Groups. To accomplish implementation of this plan, the Comp. Cancer Program develops an annual ACCC Action Plan, as required by the CDC. This action plan outlines specific Program Period Objectives, Annual Objectives, and Activities. Additionally, the ACC Work Groups have developed annual action plans to support implementation of the state cancer plan. Exhibit 4 outlines the evaluation questions, indicators, and data sources and collection strategies for evaluating the plan.



Exhibit 4. Evaluating the Arizona Comp. Cancer Statewide Action Plan

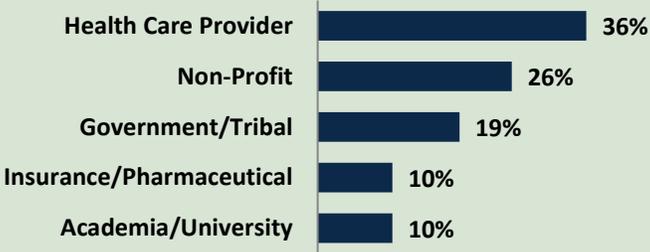
Evaluation Question	Indicator(s)	Data Source(s)	Data Collection Method(s)	Timing
What are the results of the Comp. Cancer Action Plan 2015-2016? What annual objectives were met and what activities were successfully implemented according to the Comp. Cancer Action Plan?	<ul style="list-style-type: none"> Number and description of objectives achieved by Comp. Cancer. 	<ul style="list-style-type: none"> Work Group meeting minutes Action Plans; ADHS quarterly updates; Arizona Cancer Registry data 	<ul style="list-style-type: none"> Review of meeting minutes and action plans ADHS quarterly updates Review of Arizona Cancer Registry Data 	Annually, Sept 2017
What factors facilitated objectives and activities that were successful?	<ul style="list-style-type: none"> Success factors 	<ul style="list-style-type: none"> Stakeholder Interviews Steering Committee Meeting Minutes ACC Annual Member Survey 	<ul style="list-style-type: none"> Interview data Review of meeting minutes 	Annually, Sept 2017
What was learned from the objectives and activities that were not successful?	<ul style="list-style-type: none"> Lessons learned 	<ul style="list-style-type: none"> Stakeholder Interviews Steering Committee Meeting Minutes ACC Annual Member Survey 	<ul style="list-style-type: none"> Interview data Review of meeting minutes 	Annually, Sept 2017
What Project Period Objectives are on track according to the Arizona Comp. Cancer Action Plan 2015-2016?	<ul style="list-style-type: none"> PPOs on track for completion 	<ul style="list-style-type: none"> ADHS PPO documentation 	<ul style="list-style-type: none"> Data review 	Annually, Sept 2017
What barriers to accomplishing the project period objectives have been identified?	<ul style="list-style-type: none"> Barriers 	<ul style="list-style-type: none"> Stakeholder Interviews Steering Committee Meeting Minutes ACC Annual Member Survey 	<ul style="list-style-type: none"> Interview data Review of meeting minutes Survey data 	Annually, Sept 2017
Were evidence-based intervention in the Comp. Cancer Action Plan implemented? Why or why not?	<ul style="list-style-type: none"> Use of evidence-based practices 	<ul style="list-style-type: none"> Stakeholder Interviews 	<ul style="list-style-type: none"> Interview data 	Annually, Sept 2017
Are the target audiences satisfied with the delivery of the interventions?	<ul style="list-style-type: none"> Satisfaction 	<ul style="list-style-type: none"> Target audience of intervention 	<ul style="list-style-type: none"> Satisfaction survey data 	Post intervention
Are the interventions yielding the desired results?	<ul style="list-style-type: none"> Intervention outcomes 	<ul style="list-style-type: none"> Target audience of intervention 	<ul style="list-style-type: none"> Self-report survey data Secondary data collection 	Post intervention



Findings

Partnerships

This section reviews the evaluation findings for each partnership evaluation question.

Partnership Evaluation Question: To what extent are community partners engaged in the ACC and Work Groups?	
Indicator: Members regularly attend annual ACC meetings.	
Result: Attendance at ACC annual membership meetings has remained consistent over the course of the project, with attendance at all member meetings ranging from 45 to 65 people. Membership tenure of those in attendance at the 2017 annual meeting ranged from new members to those who have been involved for 16 years in the ACC. The average length of involvement in the ACC is 3.7 years. Approximately a quarter of attendees are first-time attendees to an ACC meeting and about three-quarters are seasoned members. All membership sectors were represented by those who completed the survey collected at the 2017 meeting.	
Sectors Represented at the 2017 ACC Annual Meeting Include:	
Health Care Provider	 36%
Non-Profit	26%
Government/Tribal	19%
Insurance/Pharmaceutical	10%
Academia/University	10%
Indicator: Members regularly attend Work Group meetings.	
Result: On the 2017 Member Survey, 58% indicated that they are involved in an ACC Work Group, which is consistent with Member Survey data collected in 2016 (66%) and 2015 (56%). Work Group meeting minutes and member self-report on the 2017 Member Survey provided data on Work Group affiliation and attendance. Work Groups meet at least bi-annually, with most meeting quarterly and a few meeting monthly. Meetings are held in person and with conference calling capabilities. Meeting invites and agendas are emailed to all affiliated members prior to the meeting. Work Group affiliation includes:	
<ul style="list-style-type: none">• Prevention and Early Detection Work Group - 14 to 24 members have attended meetings.• Quality of Life/Survivorship Work Group – 5 to 37 members have attended meetings.• Policy, Systems, and Environmental Change Work Group – 4 to 6 members have attended meetings.• Research Work Group - 4 to 8 members have attended meetings.• Treatment Work Group – 7 to 14 members have attended meetings.	



Partnership Evaluation Question:

To what extent are community partners satisfied with the ACC and Work Groups?

Indicator: Partners give the ACC improved ratings compared to baseline survey data (collected in 2015)

Result:

A higher percentage of respondents to the 2016 and 2017 Member Surveys rated the ACC leadership as good to excellent compared to the 2015 Member Survey (baseline) across various areas.

Survey Item	2015	2016	2017
Fostering respect, trust, inclusiveness, and openness among members of the Arizona Cancer Coalition.	89%	94%	100%
Creating an environment where differences of opinion can be voiced.	83%	92%	100%
Coordinating communication among partners.	71%	75%	88%
Providing partners with timely information.	75%	94%	75%
Recruiting diverse people and organizations into the Arizona Cancer Coalition.	84%	94%	94%
Providing orientation to new partners as they join the Arizona Cancer Coalition.	64%	78%	75%
Utilizing the ideas, resources, and skills of partners to support cancer control and prevention activities	Not Measured	86%	100%
Supporting partners in carrying out activities related to cancer control and prevention	Not Measured	90%	100%

Additionally, a higher percentage of respondents to the 2016 and 2017 Member Surveys rated feeling somewhat to very satisfied with the ACC in various ways, compared to the 2015 Member Survey (baseline).

One survey respondent commented on the importance of her organization's involvement in the ACC, "The gathering entity of caring and invested individuals and organizations all wanting to make Arizona a better place for cancer prevention through the continuum of cancer care. The regular meetings are well-run and there is an action plan attached to each meeting."

Survey Item	2015	2016	2017
The way the partners of the ACC work together	89%	93%	100%
The way the ACC is implementing its plans	89%	91%	92%
The ACC's progress in achieving its goals	83%	91%	92%
Activities carried out by the ACC	Not Measured	91%	91%
Usefulness of bi-annual meetings to my work	Not Measured	91%	91%



Partnership Evaluation Question:

To what extent are community partners satisfied with the ACC and Work Groups?

Indicator: Partners report satisfaction with ACC and Work Group Meetings, according to the Meeting Effectiveness Survey.

Result:

In response to the 2016 Member Survey, **91% were somewhat to very satisfied with the usefulness of bi-annual meetings to their work.** This data was not measured in 2015.

The Meeting Effectiveness Survey distributed at the 2017 partnership meeting shows that **the majority of attendees are satisfied with ACC Membership and Work Group Meetings**, according to a number of criteria. Survey respondents (n=31) **agreed or strongly agreed** that:

- They knew what was expected of them and they felt their voice was heard (100%);
- Discussions were professional and respectful, and all opinions were valued (100%);
- The facility met the needs of the meeting and the meeting was well-paced (100%);
- Attending this meeting was relevant to their work (100%);
- They left the meeting with a sense of accomplishment and feeling of progress (100%);
- The meeting purpose and goals were clearly defined (97%); and
- The people needed to make effective decisions participated in the meeting (97%).

Partnership Evaluation Question:

What partners are currently not represented in the ACC, according to a membership Gap Analysis?

Indicator: Number and types of sectors represented.

Result:

The Membership Gap Analysis report documents ACC membership by sector, including the number of organizations, individuals, and range of individuals per organization. The ACC's membership roster increased from 175 members in 2016 to 219 members in 2017. Of the members in 2017, 30% were new members and 70% were returning members. Four primary sectors are represented by members. See Exhibit 5 for an infographic that depicts the ACC membership analysis.

- 48% of members represent the **Health Care Sector**, which includes private, public, and non-profit clinics, hospitals, cancer treatment centers, hospice providers, and university-based treatment and research centers;
- 23% represent the **Non-Profit Sector (501©3)**, comprised of cancer patient advocacy, education, and research organizations, as well as philanthropic and advisory organizations;
- 18% represent **County or State Government Agencies or Tribal** entities;
- 11% represent the **Private Sector**, including insurance providers, pharmaceutical companies, and health care advisory/quality assurance agencies.



Partnership Evaluation Question:

What partners are currently not represented in the ACC, according to a membership Gap Analysis?

Indicator: Representativeness of key organizations.

Result:

The Membership Gap Analysis documents representatives of key member organizations by sector.

- 32 entities and 100 individuals represent the **Health Care Sector**. The number of individuals from each agency ranges from 1 to 23. A total of 23 people are from the University of Arizona Cancer Center and 12 people are from the Mayo Clinic (various locations).
- 27 organizations and 47 individuals represent the **Non-Profit Sector**. The number of individuals from non-profits ranges from 1 to 7; 7 are from the American Cancer Society – Cancer Action Network and 5 are from St. Luke’s Health Initiatives.
- 11 public entities and 38 individuals represent the **County or State Government Agencies or Tribal** sector. Excluding ADHS with 23 individuals, the number of individuals from public sector organizations ranges from 1 to 3; 3 are from the Arizona Health Care Cost Containment System (the state’s Medicaid program).
- 11 organizations and 23 individuals represent the **Private Sector**. The number of individuals from each organization ranges from 1 to 6; 6 are from BlueCross BlueShield of Arizona and 3 are from Health Net of Arizona, Inc.

Partnership Evaluation Question:

To what extent are partners identified in the Gap Analysis recruited and engaged in the ACC and Work Groups?

Indicator: Number and types of partners recruited due to the Gap Analysis.

Result:

The following recommendations were put forth in 2016 as to the types of partners that the ACC could recruit in 2017 based on the Gap Analysis. The findings from the 2017 Gap Analysis demonstrates that the ACC has addressed these areas.

- **2016 Recommendation:** Consider expanding membership to include Cancer Treatment Centers, other health care providers, and non-profit advocacy organizations across Arizona who are not currently represented by Health Care and Non-Profit Sector members. **2017 Finding:** Of the new members who joined the ACC in 2017, 54% were from the health care sector and 15% were from the non-profit sector. Notable new representatives of this sector that joined the ACC in 2017 include North County Health Care, located in Coconino County, and the Yuma Regional Medical Center/Cancer Center, located in Yuma County.
- **2016 Recommendation:** Consider expanding membership of the Government and Tribal sector, such as reaching out to representatives from other County Public Health Departments, and Tribal leaders and health care providers who are not currently a part of the ACC. **2017 Finding:** Of the new members who joined the ACC in 2017, 24% were from the Government/Tribal sector. Notably, three Tribal Nations are members of the ACC, including the Hopi Tribe, Navajo Nation, Tohono O’odham Nation. Other tribal representatives who joined the ACC in 2017 includes the Inter Tribal Council of Arizona and the Phoenix Indian Medical Center. The ACC also gained a new member representing Pima County Health Department in 2017.
- **2016 Recommendation:** The ACC has members in 8 of the 15 Arizona Counties, however 95% of members are from Maricopa and Pima Counties. ACC leadership should brainstorm strategies for inviting and engaging ACC members in other Arizona counties, such as by hosting virtual meetings, despite geographical distances. **2017 Finding:** The ACC membership has expanded to 9 of Arizona’s 15 counties. The percentage of members located in Maricopa County has decreased from 95% in 2016 to 71% in 2017 due to the increase in new members from other areas. In 2017, new members came from Maricopa, Pima, Coconino, and Yuma Counties.



Partnership Evaluation Question:

To what extent do Work Group Chairs feel supported by ADHS leaders?

Indicator: Work Group Chairs report feeling supported by ADHS leaders.

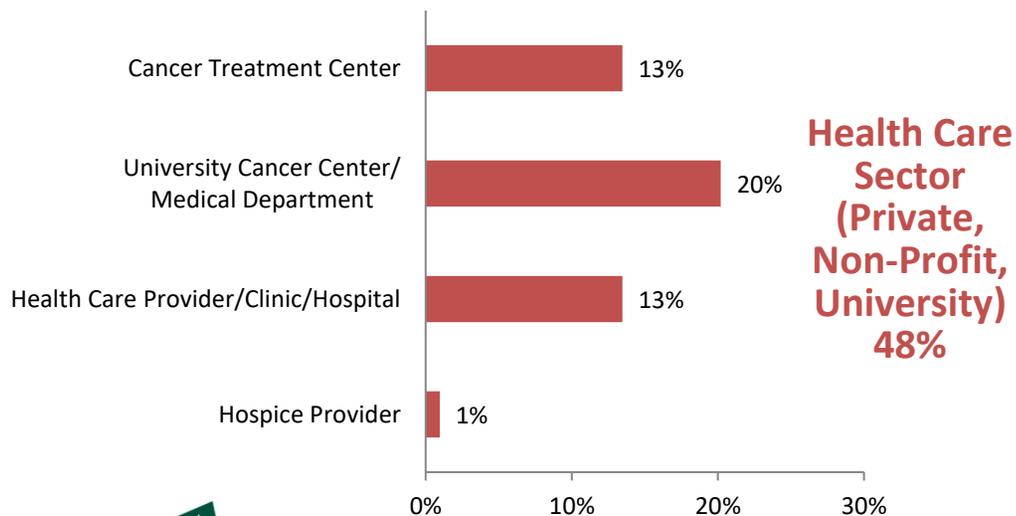
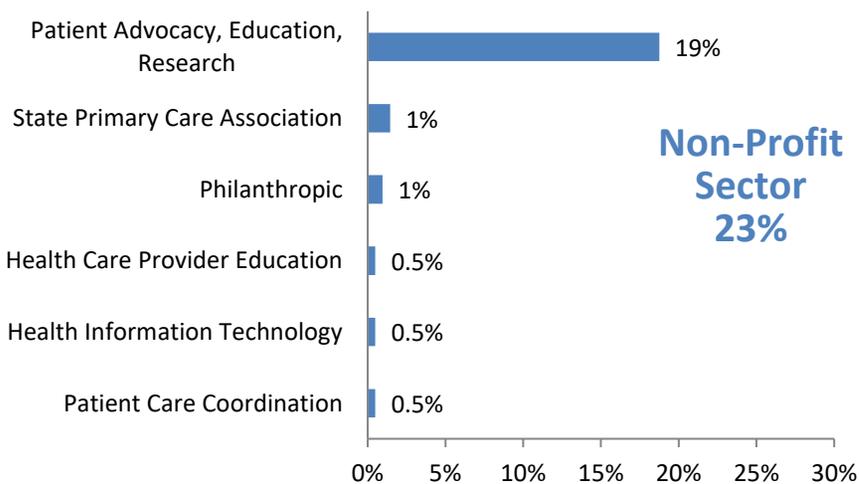
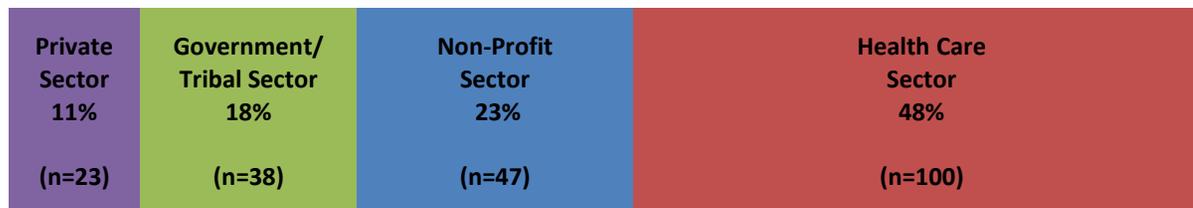
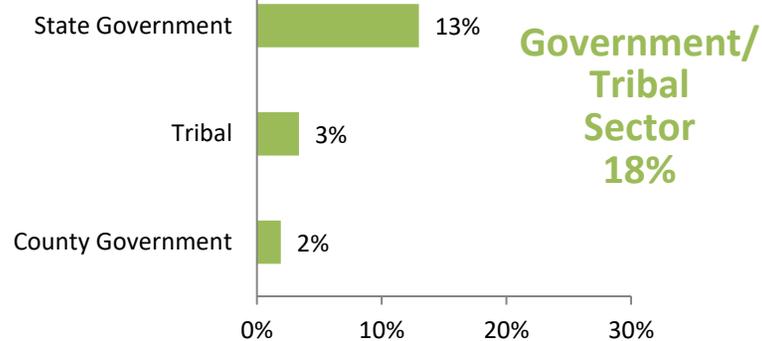
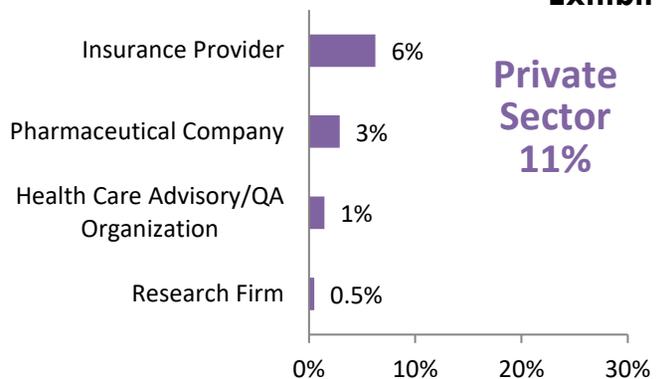
Result:

Work Group Chairs report being supported by ADHS leaders in several ways:

- Engaging Chairs at least quarterly at Steering Committee meetings to learn about updates and help brainstorm project areas.
- Supporting Chairs with Work Group member engagement by reaching out directly to hard-to-engage members.
- Providing Chairs with an opportunity to hold a facilitated breakout session during the ACC bi-annual membership meetings.
- Providing Chairs with meeting note-taking support through the use of ADHS' external evaluator, LeCroy & Milligan Associates.
- Supporting Chairs who wish to resign with succession planning and recruiting of replacement Chairs.



Exhibit 5. ACC Sector Analysis Infographic



Plan

This section reviews the evaluation findings for each plan evaluation question. Appendix A outlines the goals, objectives, and indicators of *Arizona Cancer Control Plan 2014 – 2018* and how they are aligned with the ACC Work Group action plans.

Plan Evaluation Question:	
To what extent are the ACC Work Groups' plans aligned with the objectives and strategies in the Arizona Cancer Control Plan 2014-2018?	
Indicator: Number of Arizona Cancer Control Plan 2014-2018 objectives integrated into Work Group action plans	
Result: Below is a crosswalk showing that all of the Arizona Cancer Control Plan 2014-2018 goals and objectives have been integrated into ACC Work Group action plans , from the beginning of grant funding to the present.	
ACC Work Group	Arizona Cancer Control Plan 2014-2018 Goals and Objectives Integrated in Action Plans
Policy, Systems, and Environmental Change	Goal 1, 5 of 5 objectives incorporated
Prevention and Early Detection	Goal 2, 4 of 4 objectives incorporated
	Goal 3, 6 of 6 objectives incorporated
Treatment	Goal 4, 5 of 5 objectives incorporated
Quality of Life	Goal 5, 3 of 3 objectives incorporated
Research	Goal 6, 2 of 2 objectives incorporated

Plan Evaluation Question:	
To what extent do the ACC work groups accomplish their annual work plan?	
Indicator: Number and type of ACC Work Group activities accomplished.	
Result: Major activities accomplished by the ACC and Work Groups include:	
<ul style="list-style-type: none"> Published and disseminated The Arizona Cancer Control Plan 2014 – 2018. This plan was the foundational document for the Cancer Work Group of the Arizona State Health Improvement Plan and was reformatted to meet Section 508 requirements and submitted to the CDC. This document may be downloaded at: http://www.azdhs.gov/documents/prevention/health-systems-development/az-cancer-coalition/acc-plan-2015.pdf. Published and disseminated a White Paper: Colorectal Cancer in Arizona in July 2015. This document may be downloaded at: http://www.azdhs.gov/documents/prevention/health-systems-development/cancer-prevention-control/colorectal-cancer-roundtable/white-paper-colorectal-cancer-in-arizona.pdf. Published and disseminated Colorectal Cancer in Arizona 2008-2012 in March 2016. This document may be downloaded at: http://www.azdhs.gov/documents/prevention/health-systems-development/cancer-prevention-control/colorectal-cancer-roundtable/crc-cancer-cancer-doc.pdf. ACC members collaborated with the Colorectal Cancer Task Force to host an initial and follow-up Colorectal Cancer Roundtable Meeting on April 2016 and August 2016 in Phoenix, AZ. The Comp. Cancer Program participated in the 10th Annual Tribal Collaborative Conference on November 15-17, 2016 in Flagstaff, AZ. Meeting attendees included members of the Navajo Nation, the Hopi Tribe, Tohono O'odham Nation, Gila River Indian Community, San Carlos Apache Tribe, Centers for Disease Control and Prevention, ADHS, American Cancer Society, American Cancer Society Cancer Action Network, Arizona State University, BAG IT!, the Inter Tribal Council of Arizona, Inc., and The Partnership for Native American Cancer Prevention. ACC Work Group Chairs collaborated to create the CDC MIS Action Plan. 	



Plan Evaluation Question:

To what extent do the ACC work groups accomplish their annual work plan?

- The ACC hosted a bi-annual **ACC Membership Meeting** in January 2017. At this meeting, ACC Work Groups developed **annual action plans** that are aligned with the objectives, indicators, and targets set forth in the Arizona Cancer Control Plan 2014 – 2018.
- Expansion of the **Breast and Cervical Cancer Treatment Program**. In Arizona, uninsured women diagnosed with breast or cervical cancer on or after August 2, 2012, may be able to receive comprehensive treatment through the Breast and Cervical Cancer Treatment Program (BCCTP) provided by the Arizona Health Care Cost Containment System (AHCCCS). This expansion is due to a recent change in Arizona law (ARS 36.2901.05). Prior to this change, only women that were screened and diagnosed through the Well Woman HealthCheck Program (WWHP) qualified for the BCCTP. The new law allows for all women that meet the qualifications of the BCCTP, but were diagnosed outside of WWHP, to enroll in the treatment program.
- As of June 2017, the **ACC Treatment Work Group** was pursuing research on **predictive modeling** to identify patients who are at higher risk for cancer morbidity and mortality.
- In August 2017, the **Arizona Cancer Registry** completed a cancer profile report for the Tohono O'odham Tribe. This team is also working to publish a Childhood Cancer Report and a Melanoma Profile Report in 2017-2018.
- The **Arizona Cancer Summit** was held in August 2017 in Phoenix, AZ. ADHS and members of the **ACC Policy Work Group** were among event sponsors. The Summit featured speakers and expert panel discussions on Medicaid, access to care for cancer patients, federal and state policy, and status of cancer research and research funding.
- The **ACC Quality of Life/Survivorship Work Group** has been actively developing a website that provides cancer survivors and caregivers in Arizona with access to resources and information to improve and enhance their quality of life. The website provides models of cancer survivorship care plans for providers and survivors, including example plans that may be downloaded. A link to this website will be added to the Arizona Comp. Cancer website.

Arizona Cancer Survivors

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About Survivorship Care Plans Resources

Support. Guidance. Resources. HOPE.

Thank you for visiting the Arizona Cancer Survivor's web site. We created this site to provide a place where cancer survivors and caregivers in Arizona can easily find resources and information that improves and enhances their quality of life.

This site also serves as a platform to spread the word about the benefits and importance of Survivorship Care Plans both for survivors and their healthcare providers.

- Enhancing cancer screening rates.
- Improving skin cancer reporting to state registry. Through the work of the Melanoma Task Force the ACC has continued to improve melanoma reporting from physicians.
- Conducting of statewide survey of use of survivorship plans.
- Provision of HPV education to health professionals.
- Use of Cancer Registry to track changes in cancer rates over time, understand how different groups of people are affected by different cancer types, guide collaboration with other health sectors.
- Collaborating with other organizations to lobby at the legislature.
- Working with health plans to increase cancer screening and HPV immunization rates.
- Working with Arizona Alliance for Community Health Centers to increase screening rates.
- Produced data reports using the Arizona Cancer Registry data.
- Survey of collaborative research relationships in Arizona.



Plan Evaluation Question:

To what extent do the ACC work groups accomplish their annual work plan?

- Association of State and Territorial Health Officials (ASTHO) Breast Cancer Project.
- Breast and Cervical Cancer Treatment Program (BCCTP) expansion.
- Creation of one-sheet screening guide insert for mass mailing by insurance companies.
- Change of law to enable women to get needed cancer treatment services out of network.
- Plan to increase access to clinical trials.
- Development of a literature review on predicative modeling in cancer to guide Treatment Workgroup in development of model to address treatment disparities.
- Passage of oral parity bill by Arizona legislature.
- Identification of cancer treatment quality of care issues in underserved populations.

Event-related accomplishments included:

- Colorectal Cancer Round Table
- Arizona Cancer Summit
- Survivors Summit
- Latino Colon Cancer Screening event
- Survivorship Care Plans Workshop

Plan Evaluation Question:

Does the ACC successfully develop an annual addendum to the Arizona Cancer Control Plan 2014-2018

Indicator: Annual addendum is developed.

Result:

Arizona Comp. Cancer is planning on developing an addendum to the Arizona Cancer Control Plan 2014-2018 on childhood cancers in Arizona, with printing and distribution in 2018.



Program

This section reviews the evaluation findings for each program evaluation question. Exhibit 7 outlines the Program Period Objectives, Annual Objectives, and Activities of the *Arizona Comp. Cancer Action Plan* for 2015-2016.

Program Evaluation Question:		
What are the results of the Comp. Cancer Action Plan? What annual objectives were met and what activities were successfully implemented according to the Comp. Cancer Action Plan? What Project Period Objectives are on track according to the Arizona Comp. Cancer Action Plan?		
Indicator: Number and description of objectives achieved by Arizona Comp. Cancer. PPOs on track for completion.		
Result: Arizona Comp. Cancer set a total of 10 Project Period Objectives (PPO) for 2015-2016 and 39 sub-objectives. In this past program year, 44% (17) of the sub-objectives were met, 38% (15) are ongoing, and 18% (7) were not met. A description of the sub-objectives is shown below. Detailed information on successes and barriers faced are provided in the Comp. Cancer Action Plan annual report submitted into MIS.		
Ongoing	Met	Not Met
15	17	7
38%	44%	18%
1.3 Increase the number of Documents updated and developed to support ongoing cancer education for Arizona stakeholders and community at large. Documents were developed several years ago and need updating with current registry data, from 0 to 4 by June 2016.	1.6 Maintain the number of Arizona Cancer Control Plan 2014-2018 from 1 to 1 by June 2016.	1.12 Increase the number of Arizona Cancer Coalition Meetings from 1 to 2 by June 2016.
1.5 Increase the number of signed coalition partner commitment forms from 2 to 20 by June 2016.	1.8 Maintain the number of media and communication plans from 2 to 2 by June 2016.	2.2 Increase the number of Best Practice Descriptions regarding improvement in cancer case reporting, from 0 to 1 by June 2016.
1.7 Increase the number of Annual Addendums to the Arizona Cancer Control Plan 2014-2018 from 0 to 1 by June 2016.	1.9 Maintain the number of trainings and education sessions Arizona Cancer Control staff, contractors and partners participate in from 4 to 4 by June 2016.	3.5 Increase the number of Best Practice Outlines for Determining Completeness of Reporting for Breast Cancer Cases from 0 to 1 by June 2016.
3.1 Increase the percent of breast cancer screening rates in FQHCs and health plans across Arizona from 45% to 80% by June 2016.	1.10 Maintain the number of Interim and Annual Reports submitted to CDC in a timely and accurate fashion from 1 to 1 by June 2016.	7.1 Maintain the number of Quality of life committee members from 8 to 8 by June 2016.
3.3 Increase the percent of African American, Native American and Latino women who have had a mammogram in the past two years from baseline from 68% to 80% by June 2016.	1.11 Maintain the number of Cancer Coalition, Steering Committee, Work Group and ad hoc coalition meetings supported by the Arizona Cancer Control staff, from 25 to 25 by June 2016.	10.3 Maintain the number of annual summits in alignment with the June Coalition Meetings from 1 to 1 by June 2016.
4.1 Increase the percent of women who have had a pap test in accordance with USPSTF guidelines within Arizona's FQHC network from baseline from 25% to 45% by June 2016.	2.1 Maintain the number of Melanoma Reports being produced annually by the Cancer Registry, from 2 to 2 by June 2016.	



Ongoing	Met	Not Met
4.3 Increase the percent of African American, Native American and Latino women who have had a Pap Test from baseline from 68% to 70% by June 2016.	3.2 Increase the number of partnering health insurance providers that commit to monitoring and increasing the number of breast cancer screenings from 1 to 4 by June 2016.	
5.1 Increase the percent of people who have had a Colorectal cancer screening in accordance with USPSTF guidelines within Arizona's FQHC network from 62% to 64% by June 2016.	3.4 Increase the number of Action Plans addressing breast cancer mortality rate disparities for women of color from 0 to 1 by June 2016	
5.2 Increase the percent of African American, Latino and Native American populations who have had a colorectal cancer screening from baseline from 6% to 8% by June 2016.	4.2 Increase the number of partnering health insurance providers that commit to monitoring and increasing the number of cervical cancer screenings from 1 to 4 by June 2016.	
5.4 Increase the rate of funding to support the Colorectal Cancer Screening Program in Arizona from \$0 to \$600,000 by June 2016.	5.3 Increase the number of Partnering health insurance providers that commit to monitoring and increasing the number of Colorectal cancer screenings from 1 to 4 by June 2016.	
7.2 Increase the number of CoC accreditation process descriptions and associated costs from 0 to 1 by June 2016.	5.5 Maintain the number of QIC Meetings Attended with Active Participation from 12 to 12 by June 2016.	
8.1 Increase the percent of adolescent females aged 13-15 years that have completed the 3-dose HPV vaccination series from 30% to 35% by June 2016.	5.6 Increase the number of Arizona Colorectal Cancer Round Tables from 0 to 1 by June 2016.	
8.2 Increase the number of Get Screened! Infographics distributed in Arizona from 700 to 2000 by June 2016.	6.1 Increase the number of Local community led adoption of point of sale license from 0 to 1 by June 2016.	
10.1 Increase the number of Reports describing research activities being conducted by research institutions in Arizona from 0 to 1 by June 2016.	6.2 Increase the number of Best Practice Outline for Development of Point of Sale Licensing from 0 to 1 by June 2016.	
	9.1 Maintain the number of annual evaluation plans produced from 1 to 1 by June 2016.	
	9.2 Maintain the number of annual evaluation reports produced and implemented to improve program performance from 1 to 1 by June 2016.	



Program Evaluation Question:

What Project Period Objectives are on track according to the Arizona Comp. Cancer Action Plan?

Indicator: PPOs on track for completion.

Result: Arizona Comp. Cancer set a total of 10 Project Period Objectives (PPO) for 2015-2016. Six of the PPOs were met by the end of the project year and four remained ongoing.

Ongoing	Met
PPO3. Increase the percent of women (ages 40+) who have had a Mammogram in the past 2 years from 73.90% to 80% by June 2017.	PPO1. Maintain the percent of program administration, fiscal management, use of cancer surveillance data, and support, collaborate and coordinate with the cancer coalition from 100% to 100% by June 2017.
PPO4. Increase the percent of women (ages 21-65) who have received a Pap Test from 85.90% to 90% by June 2017.	PPO2. Increase the rate of monitoring and reporting of diagnosed Melanoma Case Reporting from 1 to 2 by June 2017.
PPO8. Increase the percent of women aged 18-26 years that have completed the 3-dose HPV vaccination series from 30% to 80% by June 2017.	PPO5. Create a coordinated communications plan facilitating distribution of information to a broad audience, education of stakeholders and the community, and updating
PPO10. Increase the percent of Clinical Trial participants to 10% by June 2017	PPO6. Increase the number of policies implemented by Arizona counties aimed at reducing the access to tobacco products by the youth from 0 to 2 by June 2017
	PPO7. Increase the number of Hospitals and Cancer Clinics committing to use Survivorship Care Plans from 4 to 10 by June 2017
	PPO9. Increase the number of evaluation recommendations used to inform or modify program practice from 0 to 5 by June 2017.



Program Evaluation Questions:

What factors facilitated objectives and activities that were successful?
What was learned from the objectives and activities that were not successful?

Indicator: Success factors and Lessons Learned

Result:

ACC members and key stakeholders reported several factors as having facilitated ACC successes. Many of their comments identified **effective collaboration** as being a key such factor.

- Like-minded people working towards a common goal.
- Collaboration efforts and commitment from partners.
- Providing members with a larger view of the state's cancer resources, strength and weaknesses, and to provide input into the ACC's focus areas.
- Working together to develop priorities and to share information about cancer data.
- Meeting individuals and organizations that members may not have known otherwise
- Providing a forum for networking with others, making connections, and informing members regarding cancer registry data.
- Networking has helped members connect with others in the community who are facing similar challenges.
- Flexible people able to assist on short notice and at no cost to the facility.
- Partnership and leveraging the resources of those partners.
- Group think, willingness of partners to participate, ADHS finding key partners to help further the mission (insurance players, etc.).
- Connecting ACC workgroups with people already working in areas of interest.
- Creating a trusting and sharing environment.
- Input from different stakeholder.
- Obtained involvement of major hospital chains and well-respected medical experts.
- Professional research collaborations by members of the ACC.
- Broad support of different organizations; creating a trusting and sharing environment.
- Shared interests of workgroup members and collaboration from AZ DHS staff supporting.
- Work Groups that hold regularly scheduled meetings and work steadily toward goals/objectives seem to make the most progress.

ACC members also identified **effective leadership** as having been a key factor facilitating success.

- The leadership at ADHS Cancer Control has taken over the role of the chair for Prevention/Early Detection to keep us going.
- Having strong leadership that are respected by the community.

ACC members also identified the ACC's **communication strategies** as facilitating success.

- Timely communication; getting all vested partners in the same room to communicate.
- Having face to face meetings.
- Excellent facilitators with focused agendas at meetings.
- Excellent communication and availability.

ACC members reported **lessons learned** that may enhance future functioning of the ACC and Work Groups.

- Workgroup chairs should work to maintain good communication amongst workgroup members and delegating work.
- Leveraging the resources of different members is vital to accomplishing objectives.
- Workgroup chairs and members can be most effective when their organizations support their involvement in the ACC.
- With collaboration of large non-profits and hospital chains it is possible to drive large positive policy change.
- Training and advocacy focused events should always have survivors speak to share their perspectives.



Program Evaluation Question:

What barriers to accomplishing the project period objectives have been identified?

Indicator: Barriers

Result:

ACC members and key stakeholders identified a range of barriers to accomplishing objectives, with numerous comments mentioning a **lack of time and/or support resources**:

- Time, money, resources, partners.
- Insufficient time for work group members to appropriately focus on an issue.
- Turnover of Work Group Chairs and reliance on ADHS staff to fill this gap until a subsequent chair is identified.
- Limited time for ACC work groups to meet frequently.
- Identifying the tumor type and who will take the lead on the project and who will provide and analyze the data (with everyone's busy schedule).
- The best is being done, given the resources and tools available. If the state invested in staff and resources we could be more impactful.
- Gathering everyone from all over the state to meet face to face. Barriers include time and money.

Some members specifically noted **time constraints** as a barrier:

- I haven't been active in a while because I can't attend the Monday meetings;
- Most meetings [are] in Phoenix, [which is a] significant time commitment;
- Not having the meetings meet with my busy schedule.

While some ACC members cited the coalition's communication as facilitating success, several members identified an aspect of the ACC's communication norms, sometimes in relation to meetings, as a barrier to success:

- Not a lot of communication happened between the larger meetings, so I'm unsure what is happening. The work groups don't seem to meet between the larger meetings. If they do the larger groups is not being informed.
- I would like to see more frequent meetings of the whole membership.
- Communication in time and frequency of Work Group meetings.
- I have a sense that much more is happening than I know about.
- Follow through communication and the lack of continued partnership.

A few ACC members cited negative aspects of group dynamics within the ACC as whole or work groups as barriers:

- New participants are still an issue. They often derail and rehash our agenda, like wheels turning in mud.
- Those on the outside remain on the outside. Too closed a network.
- Attendance. Not enough representation (members) on some work groups.
- Not all in the group were familiar with these care plans or could participate in promoting them within their circle of influence.
- Organizations represented in a work group may have different interests, which may limit their contribution of employee time and other resources.



Program Evaluation Question:

Were evidence-based interventions in the CCC Action Plan implemented? Why or why not?

Indicator: Use of evidence-based practices

Result:

Recommended strategies for cancer survivors are identified in the 2004 *National Action Plan for Cancer Survivorship: Advancing Public Health Strategies (NAP)*, which provides nationally accepted, evidence-based cancer survivorship interventions. The NAP recommends strategies along four core public health areas described below.

- (1) **Surveillance and applied research** are the scientific tools of public health and can be used to establish a solid, systematic knowledge base in cancer survivorship. Cancer surveillance is the systematic collection, analysis, and use of cancer data. Information obtained through surveillance measures is critical for directing effective cancer prevention and control programs. Cancer survivorship research in a public health context focuses efforts on applying our knowledge of cancer and issues survivors face to the development of appropriate interventions.
- (2) **Communication, education, and training** include efforts to communicate with the general public and policy and decision makers, educate survivors and their families, and train health care providers to meet informational needs of all those affected by cancer survivorship. **Communication with the general public and policy or decision makers** about the issues surrounding cancer survivorship aims to create a societal understanding and acceptance of the growing population of cancer survivors and the issues they face. **Education of cancer survivors** includes provision of information tailored to the particular stage of survivorship. Such educational interventions may be most appropriate during the first 5 years after diagnosis as this is the time when many of the challenges associated with the adjustment to survivorship occur. **Health care provider training** aims to ensure that providers are aware of the medical and other special needs of cancer survivors, so they can offer the spectrum of services available to enhance quality of life throughout survivorship and refer survivors to these services as appropriate.
- (3) **Programs, policies, and infrastructure** are how change can be made in public health. **Programs** are the actual implementation of specific interventions at the national, state, and community levels to address a public health problem. **Policies** include legislation, regulations, ordinances, guidelines, and norms that establish an environment conducive to program implementation and other changes specific to survivorship. **Infrastructure** is comprised of the basic resources and facilities in place to address survivorship and includes components of the health care and public health systems, such as state and local health departments, and the services and programs they provide.
- (4) **Access to quality care and services** means ensuring that survivors have access to evidence-based and appropriate treatment and services delivered in a timely and technically competent manner, with good communication, shared decision making between the cancer survivor and health care providers, and cultural sensitivity across the continuum of care and throughout the remainder of life. **Cancer treatment** is complex and differs for everyone based on his or her specific situation and needs. All cancer patients should have timely access to the latest and most effective treatments available. The goal of **pain and symptom management** is to provide relief so that survivors can tolerate the diagnostic and therapeutic procedures needed to treat their cancer and live comfortably throughout each stage of cancer survivorship. The goal of **end-of-life care** is to achieve the best possible quality of life for cancer survivors.

The following Arizona Comp. Cancer Action Plan activities carried out by ACC partners and Work Groups meet the NAP criteria nationally accepted, evidence-based cancer survivorship interventions.

- The ACC published and disseminated *The Arizona Cancer Control Plan 2014 – 2018*. This plan was the foundational document for the Cancer Work Group of the Arizona State Health Improvement Plan and was reformatted to meet Section 508 requirements and submitted to the CDC. This document may be downloaded at: <http://www.azdhs.gov/documents/prevention/health-systems-development/az-cancer-coalition/acc-plan-2015.pdf>.
- The ACC and Arizona Cancer Registry published and disseminated a White Paper: *Colorectal Cancer in Arizona* in July 2015. This document may be downloaded at: <http://www.azdhs.gov/documents/prevention/health-systems-development/cancer-prevention-control/colorectal-cancer-roundtable/white-paper-colorectal-cancer-in-arizona.pdf>.



- The ACC and Arizona Cancer Registry published and disseminated **Colorectal Cancer in Arizona 2008-2012** in March 2016. This document may be downloaded at: <http://www.azdhs.gov/documents/prevention/health-systems-development/cancer-prevention-control/colorectal-cancer-roundtable/crc-cancer-cancer-doc.pdf>.
- In 2017, the **Arizona Cancer Registry** and AHDS partners have completed several cancer surveillance publications for Arizona, including: a cancer profile report for the Tohono O'odham Tribe; a Childhood Cancer Report; and a Melanoma Profile Report.
- The ACC has annually hosted an **ACC Membership Meeting** in January of each year. These meetings feature guest speakers who discuss initiatives, policy, research, and topical information related to the Comp. Cancer Control program. This meeting provides ACC members with a forum for networking and information sharing. ACC Work Groups also use this time to meet and develop **annual action plans** that are aligned with the objectives, indicators, and targets set forth in the *Arizona Cancer Control Plan 2014 – 2018*.
- ACC members and the Comp. Cancer Program have participated annually in the **Arizona Tribal Collaborative Conferences**, typically held in November of each year. This annual conference is a comprehensive meeting that focuses on improving patient outcomes, increasing clinical knowledge, and setting strategic program goals that cross-cut Arizona tribal communities. The 2016 meeting celebrated 10 years of partnership and collaboration in cancer control, and was held on November 15-17, 2016 in Flagstaff, AZ. Meeting attendees included members of the Navajo Nation, the Hopi Tribe, Tohono O'odham Nation, Gila River Indian Community, San Carlos Apache Tribe, Centers for Disease Control and Prevention, ADHS, American Cancer Society, American Cancer Society Cancer Action Network, Arizona State University, BAG IT!, the Inter Tribal Council of Arizona, Inc., and The Partnership for Native American Cancer Prevention.
- The **Phoenix Undy Run/Walk** is an annual fundraising event for the **Colon Cancer Alliance (CCA) of Arizona**. The CCA and the Arizona Comp. Cancer Control program partner together to plan and carry out the Undy Run/Walk and a large portion of the funds raised through the race are allocated to provide treatment to uninsured, low income Arizona residents diagnosed with colon cancer. The upcoming run in November 2017 is the 10th year that ADHS and ACC members have collaborated and participated in this event.
- The **ACC Prevention and Early Detection Work Group** have collaborated with the Phoenix Coyotes and the National Hockey League to host an annual **Hockey Fights Cancer night**, which started in 2013. To increase awareness for the fight against cancer, Coyotes ownership, management, coaches, players, and broadcasters wear an official Hockey Fights Cancer tie. This event includes several fundraising efforts to support cancer initiatives (e.g., a 50/50 raffle and a silent auction), and organizations such as the American Cancer Society and the Leukemia & Lymphoma Society staff information booths on site.
- ACC members and the Comp. Cancer Program held an initial (April 2016) and follow-up (August 2016) statewide **Colorectal Cancer (CRC) Roundtable**. The objectives of the April meeting were to educate statewide healthcare leaders on the status of CRC in Arizona and to create action plans to increase CRC screening rates and awareness. The August Roundtable event focused on specific CRC screening strategies, new screening tests available, and evidence-based interventions to support forward momentum surrounding the work plans developed during the April Roundtable. The April roundtable had 55 attendees and the August roundtable had 30 attendees representing federally qualified health centers (FQHCs), private insurance plans, non-profit/community-based organizations, and healthcare providers. Evaluation responses from the meeting showed positive feedback and interest in future roundtable meetings on colorectal cancer and other disease states.
- The **ACC Treatment Work Group Chair** shared with ACC members a letter published in the *Journal of the American Medical Association* (June 2017), which discussed a study by Memorial Sloan Kettering on **use of patient-reported outcomes (PROs) for symptom monitoring during routine cancer treatment**. The study showed that integration of PROs into the routine care of patients with metastatic cancer was associated with increased survival compared with usual care. One potential mechanism of action is early responsiveness to patient symptoms, preventing adverse downstream consequences. Patients in the intervention (PRO) group were able to tolerate continuation of chemotherapy longer than usual care (mean, 8.2 months in the PRO group vs 6.3 months in the usual care group; $p = .002$). The study results



suggest that electronic PRO symptom monitoring may be considered for implementation as a part of high-quality cancer care.

- The **ACC Treatment Work Group** continues to pursue research on **predictive modeling** to identify patients who are at higher risk for cancer morbidity and mortality.
- The **Arizona Cancer Summit** was held in August 2017 in Phoenix, AZ. **ADHS** and members of the **ACC Policy Work Group** were among event sponsors. The Summit featured speakers and expert panel discussions on Medicaid, access to care for cancer patients, federal and state policy, and status of cancer research and research funding.
- The **ACC Quality of Life/Survivorship Work Group** is building a **website for Arizona cancer survivors and caregivers** to provide them with resources and information for improving and enhancing their quality of life. The website provides models of **Cancer Survivorship Care Plans** for providers and survivors, including example plans that may be downloaded. Many ACC members participated in reviewing and revising the website content, including the University of Arizona Cancer Center, the University of Arizona College of Nursing, and several cancer survivor advocacy organizations. This website will be linked to the Arizona Comp. Cancer website.
- Expansion of the **Breast and Cervical Cancer Treatment Program**. In Arizona, uninsured women diagnosed with breast or cervical cancer on or after August 2, 2012, may be able to receive comprehensive treatment through the Breast and Cervical Cancer Treatment Program (BCCTP) provided by the Arizona Health Care Cost Containment System (AHCCCS). This expansion is due to a recent change in Arizona law (ARS 36.2901.05). Prior to this change, only women that were screened and diagnosed through the Well Woman HealthCheck Program (WWHP) qualified for the BCCTP. The new law allows for all women that meet the qualifications of the BCCTP, but were diagnosed outside of WWHP, to enroll in the treatment program. The WWHP:
 - Helps low-income, uninsured, and underinsured women gain access to breast and cervical cancer screening and diagnostic services, including: clinical breast exams, mammograms, pap tests, and pelvic exams. Diagnostic testing is such as ultrasounds, biopsies, other tests are also available, if screening results are abnormal. Referrals are made for treatment as necessary.
 - Helps to verify the eligibility and facilitate the enrollment of uninsured women in Arizona diagnosed with breast or cervical cancer or precancerous cervical lesions into the BCCTP provided by AHCCCS. To help facilitate eligibility determination and enrollment, the WWHP partnered with the American Cancer Society to establish a toll-free hotline for the WWHP (1-888-257-8502) that are staffed Monday-Friday from 8:00AM-6:00PM Arizona Time. This hotline is provided as an additional resource but eligibility determination and enrollment can also be made directly through the WWHP Contractors listed by county or identified on the statewide map provided on the Comp. Cancer website at <http://www.azdhs.gov/prevention/health-systems-development/cancer-prevention-control/index.php#cancer-screening-locations>.
- Arizona Comp. Cancer has hosted provider forums, which include **presentations from subject matter experts on HPV vaccination of certain age groups as an evidence-based practice for reducing cancer risk later in life**. Contracted providers who attended this event were provided with the most current information on this subject matter.
- 79% of ACC members surveyed in 2017, an increase compared to 47% in 2016, reported that they have **attended events, trainings, and summits hosted by the ACC**, which are designed to provide partners with information on evidence-based practices. Most of those who have attended indicated that they or their organization has **used information they gained at these events to inform their practices**. For example, as part of the Colorectal Cancer Roundtable. Comp. Cancer has also presented on evidence-based initiatives to the Tohono O'odham, Gila River Indian Community, and Indian Health Services.



- 84% of ACC members surveyed in 2017, an increase compared to 40% in 2016, say that their organization **utilizes Arizona Cancer Registry data to inform their work**. Common ways that ACR data is used by organizations is to:
 - Track changes in cancer rates over time;
 - Understand how different groups of people are affected by cancer types;
 - Track cancer screening rates and determine how to increase screening rates overall or with certain populations;
 - Develop performance improvement initiatives and develop programming, interventions, or advocacy efforts;
 - Collaborate with other health sectors based on cancer registry data; and
 - Use statistics for grant writing purposes to illustrate need.
- Interviews and surveys with key stakeholders indicate that the **ACC and members have utilized focused interventions to improve screening rates and reporting of screening by medical providers**, including the Federally Qualified Health Centers. ACC and members have also taken efforts to educate and promote the use of cancer survivorship EBIs to improve quality of life. Examples include:
 - The ACCs collaboration with the Melanoma Task Force has resulted in increasing the number of physicians at FQHCs who are reporting cancer cases.
 - ACC members provide partners with colorectal cancer screening tests kits to increase screening rates;
 - ACC members provide partners with informational materials for public distribution around HPV and other vaccinations, as well as other topics such as services provided by the WWHP program;
 - ACC members provide training to others on use of EBIs to increase cancer screening rates, such as: use of provider assessment and feedback; use of patient reminders, provider reminders, and small media; providing information to patients in a timely manner about coping with cancer at time of diagnosis; encouraging provider/patient dialogue and communications with appropriate tools/resources; and providing education materials English and Spanish.

Program Evaluation Question:
Are the target audiences satisfied with the delivery of the interventions?

Indicator: Satisfaction ratings

Result:

Colorectal Roundtable Survey Results

Arizona held an initial (April 2016) and follow-up (August 2016) statewide Colorectal Cancer (CRC) Roundtable. Evaluation surveys of both sessions showed high satisfaction rates of attendees. Respondents were asked to rate the CRC Roundtable speakers and the meeting venue quality using a 5-point scale of Poor (1), Satisfactory (2), Good (3), Very Good (4), and Excellent (5).

- **Overall, 80% to 100% of respondents to both surveys rated the speakers and the venue quality as very good to excellent.**

Ninth Annual Tribal Collaborative Conference Survey Results

Arizona Comp. Cancer sponsored the ninth annual **Tribal Collaborative Conference** in November 2015 in Flagstaff, Arizona. Of the 48 participants, 28 completed an evaluation survey at the end of the conference.

Multiple choice questions examined participants' level of satisfaction with various aspects of the conference. The multiple choice questions asked respondents to rate how much they agreed with statements about the conference, choosing from four response choices: strongly disagree, disagree, agree, strongly agree.

- **100% of respondents reported that the information they obtained at the conference was useful and relevant.**



Program Evaluation Question:

Are the target audiences satisfied with the delivery of the interventions?

Twenty-seven participants responded to a question about the **two most useful things they learned at the conference**. The most common responses were **learning information about Hepatitis C and information about tribal prevention, screening, and care programs**. Several respondents also mentioned learning information about HPV and lung cancer. The following are some representative answers:

- The abundance of cancer related information. Various health surveys conducted in Hopi and Navajo.
- Presentation on HPV and its effects on cervical cancer and other cancers.
- How other tribes provide cancer education - creativity and passion.
- The information on the two new tribal programs who attended.

Program Evaluation Question: Are the interventions yielding the desired results?

Indicator: Intervention Outcomes

Result:

Outcomes of the Colorectal Roundtable Meetings

In August 2016, Arizona held its second statewide Colorectal Cancer (CRC) Roundtable, a follow-up meeting to the first CRC Roundtable held in April 2016. A total of 30 people attended the second CRC Roundtable, representing federally qualified health centers (FQHCs), private insurance plans, non-profit/community-based organizations, healthcare providers, business entities creating new screening tools and the Arizona Department of Health Services (ADHS). **As a result of these roundtables, attendees have formed the Colorectal Cancer Task Force**, which will focus specific efforts on increasing screening and treatment for CRC. Additionally, as a result of sharing the Comp. Cancer's report on the CRC Roundtable, the **University of Arizona Cancer Center has asked the ACC to host a Skin Cancer Summit by June 2017**.

Nine attendees commented on key takeaways that they got out of attending the CRC Roundtable follow-up meeting. **The common theme that emerged from most open-ended responses focused on learning about new and innovative screening options available for CRC**. Other comments focused on learning about best practices in the field and the CRC Roundtable's collaborative efforts. Respondent quotes are shown below.

Learning about CRC Screening Options (n=4)

- "There are still more options for screening with blood tests."
- "That there is now available a new option to test/screen for CRC."
- "I learned all about EpiPro Colon blood test."
- "Blood tests for colorectal cancer are game changing for screening for colorectal cancer."

CRC Collaboration Efforts (n=3)

- "Collaboration among participants."
- "The colorectal cancer initiative is still in its infancy here, but very important because it is generally preventable with proper monitoring."
- "Support staff must be empowered to move the ball. Providers do not have time to address for more than a 'this is important, please do it.'"

Information Sharing and Learning about Best Practices (n=2)

- "It was very insightful when Dr. Sumar spoke about what they were doing in their clinic that was successfully working."
- "Awareness of the need for increased colorectal screening and the collaborative efforts it will take."



Outcomes of the Ninth Annual Tribal Collaborative Conference

Arizona Comp. Cancer sponsored the ninth annual **Tribal Collaborative Conference** in November 2015 in Flagstaff, Arizona. Of the 48 participants, 28 completed an evaluation survey at the end of the conference. Several questions asked participants to retrospectively rate what their level of knowledge was of various aspects of cancer prevention before and after the conference. Rating levels included none, a little, some, and a lot. Most areas showed an increase in participant knowledge at the end of the conference. The areas with the highest percent increase in knowledge was Hepatitis C, Lung Cancer, and learning about cancer prevention and control programs in Arizona, as carried out by tribal organizations.

Subject Area	Some to A Lot of Knowledge Before % (n)	Some to A Lot of Knowledge After % (n)	% Change Before to After
Hepatitis C	26% (7)	96% (26)	↑ of 70%
Lung Cancer	41%(11)	96% (25)	↑ of 55%
Cancer prevention and control programs in Arizona carried out by tribal organizations	50% (14)	89% (24)	↑ of 39%
Cancer prevention and control programs in Arizona carried out by state health organizations	59% (17)	89% (24)	↑ of 30%
Current cancer screening guidelines	68% (19)	89% (25)	↑ of 21%
Cervical cancer	89% (24)	96% (25)	↑ of 7%
The importance of regular screening for cancers to promote early detection	89% (25)	93% (26)	↑ of 4%
Breast cancer	92% (24)	92% (24)	0%

Based on the continued success of this conference, the 10th Annual Tribal Collaborative Conference will include additional tribes as well as Indian Health Services. Additionally, the Native American Cancer Program of the University of Arizona is a new partner in 2017 and is sponsoring the event.



Evaluation Findings that Improve ACC Functioning Over Time

Improving leadership capacity in Year One. In 2012, at the start-up of the ACCCP, the ACCC leadership team identified the need to infuse capacity building and professional development efforts into the newly formed Arizona Cancer Coalition (ACC). The purpose of the capacity building and professional development process was to design, develop, and implement training, coaching, mentoring, and facilitation activities with the ACCC leadership team that would result in a high-functioning, collaborative approach to the development and completion of the ACCC Plan and effective action planning by the ACC Work Groups. LeCroy & Milligan Associates, the evaluation partner of the ACCCP, conducted a training/professional development needs assessment with key leaders and stakeholders, which identified six content areas for additional training. As a result of this needs assessment, initial capacity building activities carried out in 2012-2013 included: coaching, presentations, group facilitation, and provision of resource materials and a *Professional Development and Capacity Building Resource Manual*. This capacity building work that took place during Year One of CDC funding helped build the capacity of the ACCCP and ACC leadership, which led to the development of the *Arizona Cancer Control Plan 2014-2018*.

Responding to ACC Member Feedback by Improving ACC Processes over Time. On an annual basis, the ACC has held an Annual Membership Meeting that typically takes place in January. At the end of each meeting, members are asked to complete a Meeting Effectiveness Survey to identify ways in which the ACC functioning may be improved. As a result of these surveys, the following changes were made to improve ACC functioning over time: allowing time during meetings for introductions of all participants; allowing more time for Work Groups during Membership meetings; sending meeting invitations, agendas, and minutes to members in a more timely fashion; increasing involvement of Tribes in the ACC; providing members with an overview of how decisions are made within the ACC; providing new members with a New Member Orientation Packet to help orient them to the functioning of the ACC and how they/their organization can be involved; and facilitating statewide participation by providing conference call capabilities at all meetings.

Expanding ACC Membership over Time. The Membership Gap Analysis comparing 2016 and 2017 roster data documents ACC membership by sector, including the number of organizations, individuals, and range of individuals per organization. The ACC's membership roster increased from 175 members in 2016 to 219 members in 2017. Of the members in 2017, 30% were new members and 70% were returning members. This data shows that the ACC has continuously expanded membership overtime. The ACC leadership team allocated a portion of a consultant's time to dedicate to recruitment of members for Work Group topic areas and leadership positions (e.g., Chair). Several ways in which the ACC has expanded membership over time, based on evaluation data, include engagement of Cancer Treatment Centers, specifically in cases of staff turnover and new leadership within these organizations; engagement of additional



Tribes and the Inter Tribal Council of Arizona over time; and engagement of members in rural areas and counties not previously represented on the ACC. Additionally, through outreach and collegial word-of-mouth, approximately 25% of people who attend Annual Membership Meetings are first-time attendees.

Key Evaluation Findings over Five Years of Implementation

Successful project start-up through training and capacity building activities. In 2012, at the start-up of the ACCCP, the ACCC leadership team identified the need to infuse capacity building and professional development efforts into the newly formed Arizona Cancer Coalition (ACC). The purpose of the capacity building and professional development process was to design, develop, and implement training, coaching, mentoring, and facilitation activities with the ACCC leadership team that would result in a high-functioning, collaborative approach to the development and completion of the ACCC Plan and effective action planning by the ACC Work Groups. A training/professional development needs assessment was conducted with selected ACC stakeholders, identifying six content areas for additional training: (1) Collective Impact and Communication; (2) Policy, Systems, and Environmental Change; (3) Building Collaborative Networks; (4) Strategic Planning; (5) Evaluation; and (6) the Affordable Care Act. The framework for the professional development process was designed to address: (1) individual leadership skills; (2) individual leadership knowledge; (3) individual leadership qualities; and (4) skills and knowledge of ACC members. Initial capacity building activities carried out in 2012-2013 as a result of this assessment included coaching, presentations, group facilitation, and provision of resource materials (tools, articles) with the ACCC leadership. Additionally, in 2013, LeCroy & Milligan Associates worked with the ACC leadership to develop a *Professional Development and Capacity Building Resource Manual*, which provided resources and tools that aligned with six content areas previously identified. This capacity building work that took place during Year One of CDC funding helped build the capacity of the ACCCP and ACC leadership, which led to the development of the *Arizona Cancer Control Plan 2014-2018*.

Development of the Arizona Cancer Control Plan 2014-2018 and alignment of plan with ACC Work Groups. Over the five years of CDC grant funding, all of the *Arizona Cancer Control Plan 2014-2018* goals and objectives have been integrated into ACC Work Group action plans. Work Group Chairs consistently report being supported by ADHS leaders in several ways: engaging Chairs at least quarterly at Steering Committee meetings to learn about updates and help brainstorm project areas; supporting Chairs with Work Group member engagement by reaching out directly to hard-to-engage members; providing Chairs with an opportunity to hold a facilitated breakout session during the ACC bi-annual membership meetings; providing Chairs with meeting note-taking support through the use of ADHS' external evaluator, LeCroy & Milligan Associates; and supporting Chairs who wish to resign with succession planning and recruiting of replacement Chairs.



Benefits of the ACC and Work Group participation to members. The evaluation team has conducted surveys and interviews with key stakeholders and ACC members on an annual basis, to identify the strengths of the ACC and the most beneficial aspects of collaboration. The majority of respondents (85% or more) have consistently rated being somewhat to very satisfied with Meeting Effectiveness measures: they felt their voice was heard; discussion were professional and respectful; the meeting purpose and goals were clearly defined; the people needed to make decisions were in attendance; and they knew what their next steps were to support the ACC's activities. Respondents also consistently noted benefits of participating in the ACC, including: networking/building relationships; resource and information-sharing; work group planning, activities, and discussions; collaborating with colleagues; learning about the ACC and cancer priorities in AZ; collaborative goal-setting; and learning about cancer-related policy efforts.

Engaging partners in training, collaboration, and promotion of evidence-based practices in cancer prevention. Arizona held an initial (April 2016) and follow-up (August 2016) statewide **Colorectal Cancer (CRC) Roundtable**. The objectives of the April meeting were to educate statewide healthcare leaders on the status of CRC in Arizona and to create action plans to increase CRC screening rates and awareness. The August Roundtable event focused on specific CRC screening strategies, new screening tests available, and evidence-based interventions to support forward momentum surrounding the work plans developed during the April Roundtable. The April roundtable had 55 attendees and the August roundtable had 30 attendees representing federally qualified health centers (FQHCs), private insurance plans, non-profit/community-based organizations, and healthcare providers. Evaluation responses from the meeting showed positive feedback and interest in future roundtable meetings on colorectal cancer and other disease states. Comp. Cancer has hosted provider forums, which include **presentations from subject matter experts on HPV vaccination of certain age groups as an evidence-based practice for reducing cancer risk later in life**. Contracted providers who attended this event were provided with the most current information on this subject matter.

Nearly half of ACC members surveyed say that their organization utilizes Arizona Cancer Registry data to inform their work. Common ways that ACR data is used by organizations is to: track changes in cancer rates over time; understand how different groups of people are affected by cancer types; track cancer screening rates and determine how to increase screening rates overall or with certain populations; determine the focus of programming, interventions, or advocacy efforts; collaborate with other health sectors based on cancer registry data; and use statistics for grant writing purposes.

Interviews with key stakeholders indicate that the **ACC and members have utilized focused interventions to improve screening rates and reporting of screening by medical providers**, including the Federally Qualified Health Centers. For example, collaboration with the Melanoma Task Force has resulted in increasing the number of physicians at FQHCs who are reporting cancer cases.

