



TEXAS

**CANCER CONTROL Toolkit**

GET ORGANIZED, GET CONNECTED, MAKE A DIFFERENCE

**TEXAS CANCER CONTROL TOOLKIT**  
**GET ORGANIZED, GET CONNECTED, MAKE A DIFFERENCE**  
[www.texascancertoolkit.org](http://www.texascancertoolkit.org)

## **INTRODUCTION**

Today, more than 60 percent of people diagnosed with cancer survive the disease, living out the rest of their lives disease-free. As physicians and scientists continue to unravel the biochemical and behavioral mechanisms leading to cancer, we can look for even greater survival rates in the future, as well as ever-enhancing cancer prevention tools. Already, cancer is transitioning from a “deadly disease” to a chronic illness, controlled in a manner similar to diabetes and heart disease. Up to two-thirds of all cancers may be prevented through healthy lifestyle changes. Additionally, early detection allows cancer to be detected at its earliest, most treatable, stages – and can improve survival rates.

The State of Texas is working alongside health care professionals to reduce cancer incidence and mortality throughout the state – and you are a vital part of *the Plan*. The Cancer Control Toolkit is your guide to the *Texas Cancer Plan*.

Your community members can work together to decrease cancer incidence and mortality rates, raise awareness about cancer and enhance quality of life for cancer survivors. The Cancer Control Toolkit helps organizations, health professionals, community groups, coalitions and others make use of *the Plan*, get organized, get connected with existing cancer resources – and make a difference.

This Cancer Control Toolkit helps your community organize to heighten awareness of cancer issues, save lives and, ultimately, decrease the burden of cancer. Communities can impact cancer incidence and mortality rates by applying a comprehensive approach in a collaborative environment. To maximize the impact of state resources, the Texas Comprehensive Cancer Control Coalition (TCCCC), the Texas Department of State Health Services (DSHS) and the Texas Cancer Council (TCC) collaborated to create this community-level Cancer Control Toolkit.

The Toolkit begins with a step-by-step guide to implementing cancer control in your community. In addition, the Toolkit includes providers’ tools, multicultural outreach tools, resources and communications tools, data resources, funding guidance and resources, the *Texas Cancer Plan* and Texas Cancer Facts & Figures.

The *Texas Cancer Plan* is a blueprint for cancer prevention and control. *The Plan* identifies the challenges, discusses the important issues and presents goals, objectives, strategies and action steps to help guide people like yourself in preparing to battle cancer in your community. By becoming familiar with the *Texas Cancer Plan*, you will learn about the issues facing communities like yours throughout the state. By using *the Plan* as your guide, you will become part of a statewide effort to battle cancer in a comprehensive, and unified manner.

In 1985, the Texas Legislature established the Texas Cancer Council and charged it with developing and implementing the *Texas Cancer Plan*. Cancer experts and concerned citizens throughout the state have come together to create this plan for fighting cancer in Texas. Together, we can work to improve the health of Texans by bringing cancer under control.

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## TEXAS CANCER CONTROL TOOLKIT CD-ROM

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Texas Comprehensive Cancer Control Coalition Member Organizations:

American Cancer Society- High Plains Division, Inc.  
[www.cancer.org](http://www.cancer.org)

Baylor College of Medicine  
The Cancer Center  
[www.bcm.edu/cancercenter/index.htm/](http://www.bcm.edu/cancercenter/index.htm/)

Cancer Therapy and Research Center  
[www.ctrc.net](http://www.ctrc.net)

Children's Cancer Research Institute  
University of Texas Health Science Center at San Antonio  
<http://ccri.uthscsa.edu>

Chronic Disease Prevention & Control Research Center  
Baylor College of Medicine  
<http://chronic.bcm.tmc.edu/>

Dental Oncology Education Program  
Baylor College of Dentistry  
[www.doep.org](http://www.doep.org)

Intercultural Cancer Council  
<http://iccnetwork.org>

Lance Armstrong Foundation  
[www.laf.org](http://www.laf.org)

National Cancer Institute's Cancer Information Service  
[www.cancer.gov](http://www.cancer.gov)

Nurse Oncology Education Program  
Texas Nurses Foundation  
[www.nopetexas.org](http://www.nopetexas.org)

The San Antonio Cancer Institute (SACI)  
University of Texas Health Science Center at San Antonio  
<http://saci.uthscsa.edu>

Scott and White Memorial Hospital  
[www.sw.org](http://www.sw.org)

Sisters Network Inc.  
[www.sistersnetworkinc.org](http://www.sistersnetworkinc.org)

Susan G. Komen Breast Cancer Foundation  
Austin Affiliate  
[www.komenaustin.org](http://www.komenaustin.org)

Texas Cancer Council  
[www.tcc.state.tx.us](http://www.tcc.state.tx.us)

Texas Cancer Registry  
Cancer Epidemiology and Surveillance Branch  
Texas Department of State Health Services  
[www.dshs.state.tx.us/tcr](http://www.dshs.state.tx.us/tcr)

Texas Cooperative Extension  
Texas A&M University System  
<http://fcs.tamu.edu/health>

Texas Department of State Health Services  
[www.dshs.state.tx.us](http://www.dshs.state.tx.us)

Committee on Cancer  
Texas Medical Association  
[www.texmed.org](http://www.texmed.org)

Physician Oncology Education Program  
Texas Medical Association  
[www.poep.org](http://www.poep.org)

Texas Tech University Health Science Center  
[www.ttuhscc.edu](http://www.ttuhscc.edu)

UT Southwestern Medical Center at Dallas  
[www.utsouthwestern.edu/index.html](http://www.utsouthwestern.edu/index.html)

The University of Texas Health Science Center at Houston,  
School of Public Health, Center for Health Promotion & Prevention Research  
[www.sph.uth.tmc.edu/chppr/](http://www.sph.uth.tmc.edu/chppr/)

The University of Texas M.D. Anderson Cancer Center  
[www.mdanderson.org](http://www.mdanderson.org)

The University of Texas Medical Branch  
[www.utmb.edu](http://www.utmb.edu)

The University of Texas at Austin School of Nursing  
[www.utexas.edu/nursing](http://www.utexas.edu/nursing)

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Texas Department of Health - Funding Information Center  
<http://www.tdh.state.tx.us/fic/AL14-11-1.HTM>

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# Implementing Cancer Control in Your Community



## Steps to Implementing Cancer Control in Your Community

Getting started can seem overwhelming in the beginning. The following eight steps are general guidelines that have been previously used to guide similar efforts in other Texas communities. They are intended to serve as a roadmap as you set out to do cancer control planning. Some of the information may apply to your community or project and some may not. Use whatever you find useful and appropriate to your efforts.

The nine Tools in the Toolkit are intended to expand on the steps discussed in this section. They provide a more in-depth look at certain topics in cancer control planning and include activities to help you work through the process and resources for further assistance and information. The tools will be referenced throughout the text in the following format:

**3** *Tools for Planning Meetings includes an activity to help identify potential members.*

If you would like more information from others who are attempting to put together similar efforts or who have done similar projects, please visit the Texas Cancer Data Center website at [www.txcancer.org](http://www.txcancer.org) and look for the Texas Cancer Prevention and Control Programs Inventory. This Inventory contains a description and contact information for cancer programs across Texas. Once you have achieved success in your program, you may want to enter your program in the Inventory. To connect to a statewide cancer coalition go to the Texas Comprehensive Cancer Control Coalition website at [www.texascancercoalition.org](http://www.texascancercoalition.org) and sign up for the newsletter.

The steps to implementing cancer control in your community are:

**Step 1** *Identifying Groups/Organizations/Individuals/Key Opinion Leaders Interested in Cancer Control*

**Step 2** *Identifying Key Issues in Your Community*

**Step 3** *Mobilizing Groups/Individuals*

**Step 4** *Priority Setting & Planning*

**Step 5** *Securing Resources & Funding*

**Step 6** *Implementing Your Project*

**Step 7** *Evaluating Your Efforts & Achievements*

**Step 8** *Celebrating & Reflecting*

**Step 1**

## Identifying Groups/Organizations/Individuals/Key Opinion Leaders Interested in Cancer Control

Involve all of your community. Identify key organizations and individuals to become members of your efforts. There are a few key steps that you can follow in order to identify them easily and invite them to be part of your group.

1. Include a diverse representation from the entire community. Many different community members possess valuable insights to assist you in achieving your goals.
2. Consider inviting health care professionals, hospital workers, cancer survivors, local government and civic leaders, local celebrities, media partners, and local health departments, among others. Use existing connections (organizational or personal) to identify who is interested and able to assist in the effort.

 **Identify community partners**  
Community partners that are available to you can be:

<input type="radio"/> chambers of commerce	<input type="radio"/> local offices of state or national organizations
<input type="radio"/> businesses	<input type="radio"/> local health departments
<input type="radio"/> libraries	<input type="radio"/> schools
<input type="radio"/> cooperative extension agents	<input type="radio"/> faith-based organizations
<input type="radio"/> private organizations	<input type="radio"/> community organizations
<input type="radio"/> private citizens	<input type="radio"/> elected officials
<input type="radio"/> hospitals	<input type="radio"/> institutions of higher learning
<input type="radio"/> community health clinics	<input type="radio"/> media

3. Key opinion leaders are essential to the creation of a collaborative effort. Contact them to introduce the concept and ask for their opinion on whether this effort can be undertaken in the community. Ask them who else they think should be invited to join this effort. Community leaders include both formal leaders – those in highly visible positions such as elected offices and high-profile professions, as well as informal leaders – those with the ability to truly move community members to action because they have earned the trust of many community members.

4. Contact cancer organizations that are statewide or nation-wide to see if they have a local office/chapter in or near your community.
5. Develop a working relationship by meeting with individuals and discussing the purpose of the effort. A general guideline would be to converse with about 15 to 30 people, depending on the size of your community—enough to get a broad perspective and make many contacts. Obtain their commitment for assistance and thank them for helping you. It is important to follow up with a letter thanking them for their time and information and letting them know that you will be in touch with them once you have finished talking with other community members.

**3** *Tools for Planning Meetings* includes an activity to help identify potential members.



## Step 2

### Identifying Key Issues in Your Community

Study your community's cancer problem. You will want to collect information from as many places as possible to determine what are the key issues in your community regarding cancer.

For example, the following questions can be used by your group to begin considering the issues you want to address. You may also want to ask questions of your community to obtain the most complete information possible.



#### Questions to Consider

- What issues are important in the community?
- What is the community proud of?
- How do things get done in the community, whether it's better schools, less pollution or more police protection?
- What do people in the community know about cancer?
- Would they like to be involved in some way?
- Who else should you speak with?
- What groups are in conflict and over what issues?

Pulling together information about your community involves looking at different types of information that help create a picture of what is happening in your community. The type of information you may want to collect includes:



#### Key Community Issues

- Demographics (age, race, income, etc.).
- Cancer incidence and mortality rates for the key types of cancer in your area.
- Community prevention activities related to nutrition and physical activity, comprehensive school health, and sun protection.
- Quality of life issues such as cancer patient, family and caregiver resources for information and referral, education and support, services and products.
- Prevalence of cancer related screening and risk behaviors (Behavioral Risk Factor Surveillance Survey (BRFSS) and Youth Risk Behavior Surveillance Survey (YRBSS)).
- Socioeconomic factors related to cancer prevention, early detection and patient support. (numbers of uninsured, average household income)
- Organizational and governmental laws and policies impacting access to prevention, early detection, treatment and patient support.
- The strength of your community's smoke-free ordinance.
- Other medical and community resources (programs and services).

**2** *Tools for Using Cancer Statistics* provides guidance on obtaining and using cancer related data (statistics and other information) and connects you with data resources.

Organizations in your community, such as the American Cancer Society, United Way, Cooperative Extension, or others may already have a description of cancer control in your community. You may want to consider using this information for your efforts.

**1** *Tools for Developing Your Plan* contains a copy of the *Texas Cancer Plan*.

During your initial steps, you and your cancer control partners should read through *the Plan*. You will quickly realize that issues you face in your community are many of the same issues facing communities all over Texas. You may identify one or more of the Plan's Goals that are of particular interest to you and that seem to fit with the cancer needs in your community. You can use the Plan to identify Goals and Objectives that are of the highest priority to your community, thus narrowing down your focus to something manageable. Strategies and Actions Steps in the Plan will give you ideas on what your community can begin working on.

For more information about the *Texas Cancer Plan* and how your community can work towards implementing the Plan, visit the Texas Cancer Council (TCC) website, [www.tcc.state.tx.us](http://www.tcc.state.tx.us) or contact TCC at 512-463-3190 or [texasancerplan@tcc.state.tx.us](mailto:texasancerplan@tcc.state.tx.us).



## Step 3

### Mobilizing Groups/Individuals

This next step guides you through inviting community members, holding your first meeting, and getting your community mobilized.

#### **Drafting a Letter of Invitation**

It's time to have a meeting! You will need to have a meeting that brings the people identified in Step 1 together. But how do you invite them? One of the best ways to make initial contact is to send a letter of invitation. This letter will introduce your ideas for working on cancer control issues to potential members, so you will want to consider carefully what information you'll include.

It is important to explain the objective in bringing together this group, so include a statement about the purpose as well as the benefits that members and the community will receive. Also, be sure to include the details of the meeting in your invitation, such as contact information, next steps for interested members, and date, time and location of the first meeting, in a clear manner. You may also want to include a tentative agenda so potential attendees can get a better idea of what the meeting will entail.

**3** *Tools for Planning Meetings. You can find a sample letter of invitation.*

#### **Planning Your Agenda**

You will want to send out a preliminary or tentative agenda with your letter of invitation. Your agenda should be flexible. One of the key points to keep in mind when you are drafting the agenda is what you want to accomplish in the first meeting. Make sure you include an introduction section early in the agenda so everyone can introduce themselves. You will also want to inquire about who is already working on cancer-related issues. Your agenda will also provide a record of this meeting and will act as a guide in drafting your minutes.

**3** *Tools for Planning Meetings. You can find an activity and sample agendas to help you plan for your first meeting.*

#### **Holding Your First Meeting**

When you make your welcoming statement to the attendees, be sure to state the purpose for bringing the group together. Also, remember to make clear your openness to ideas and suggestions throughout the course of the meeting. This will emphasize the collaborative nature of your activities.

It is important that those in attendance feel comfortable sharing their ideas and opinions. A good way to accomplish this is to follow introductions with a brainstorming session. This will set the tone for the rest of the meeting and encourage open participation throughout.

**3** *Tools for Planning Meetings. There are tips for brainstorming.*

Ask all of the members present at your first meeting to introduce themselves and have them identify what they think is the most pressing issue in cancer control in your community, apart from increased funding, which is an issue that could take too much time at your first meeting. You can start with a list you create as a result of the research you did in identifying key issues in your community. Make a list of the issues the group identifies by starting fresh or adding to your list. Write the list in a place that can be viewed by everyone and keep this list for future meetings. This list provides a place to begin identifying the most pressing needs in your community. Begin to identify what various stakeholders are able to contribute to the effort (i.e. time, expertise, tangible resources) and how they want to be involved. Chances are your group will have members that are passionate about a particular cancer issue. Build on the passion that your group members bring to the table.

Your first meeting is the best time to share the *Texas Cancer Plan* with the group. Using the *Plan* as a starting point will be beneficial to the group's efforts. The *Plan* is a public document. Feel free to copy pertinent sections of the *Plan* to guide your discussion and provide copies of the *Texas Cancer Plan* for each attendee to take home and read. An electronic copy can be obtained at [www.tcc.state.tx.us](http://www.tcc.state.tx.us). For additional printed copies of the *Plan* please contact the Texas Cancer Council at 512-463-3190 or [texascancercouncil@tcc.state.tx.us](mailto:texascancercouncil@tcc.state.tx.us).

### **Tools for Planning Meetings.** You can find an activity to help you plan for your first meeting

#### **Identifying Leadership**

The manner in which your group comes together will influence who will initially become the leader. If a single organization has put forth the effort to form partnerships with others and convene a group, a representative from that organization might take an initial leadership role. If the group is convening around a specific issue or event, the group may select a leader or a lead organization familiar with the topic during the first meeting. Regardless of the reason for starting the group, it is important to identify a leader who can speak on behalf of the group. Many people think the person inviting everyone to the table should be the leader. However, if the group is intended to be self-directed the leader may be someone from the community. This can be particularly helpful in mobilizing the community to participate in the program being developed. Ideally, groups have leaders who can communicate a broader vision of cancer control issues and inspire active participation in the group.

You may also find it helpful to use a facilitator. The facilitators can be a member of the group or you may ask other group members if they know of a trained facilitator in the area. In addition, groups need someone to manage the following responsibilities:

- Facilitate group meetings.
- Develop meeting agendas (with input from members).
- Ensure that follow up meetings are scheduled.
- Welcome new members to the group.
- Maintain the membership roster.
- Record and produce meeting minutes to document the groups discussions and decisions.
- Disseminate materials and communicate with the group.

Group leaders also need to have an understanding of group process and dynamics to help the group evolve through the normal stages of group development. As new members are added and the structure evolves, leadership may need to change to best meet the needs of the group.

### **Taking Care of Logistics**

While you have these new members assembled, make a plan for future communications. Many times, passing around a sign-up sheet can answer several of the key questions that will emerge such as: best phone number to call and an e-mail address that the member checks with regularity. Suggest an e-mail list for regular communication if all of the members have e-mail access. Also, develop a phone tree.

You should devote some time to developing a meeting schedule. During this early stage of the formation of the group, more frequent meetings will be required, tapering off over time. Agree upon a schedule of meetings, preferably at a standard time and day of the week so members can put the meetings on their calendars with plenty of lead-time. You may also need to designate who will keep records for the group so that everyone knows who to go to if questions arise.

### **The Second Meeting & Beyond**

Hopefully your first meeting was productive and engaging enough to make the members want to come back for meeting number two. Additionally, you will want to send out e-mail reminders to your entire list and if needed, employ the phone tree to get attendance up for subsequent meetings.

But what items should you discuss at this and subsequent meetings? First, your group should work on solidifying your statement of purpose or mission statement and identifying your group's goals. Check to see which Goal(s) of the Texas Cancer Plan your group's goal(s) align with.

**3** *Tools for Planning Meetings includes Coalition Building, created by the Department of State Health Services. This manual gives more detailed guidance on how to continue to build on the efforts of your group.*

The next Step will assist your group in taking everyone's ideas and prioritizing them based on an assessment of your community.

## Step 4

### Priority Setting & Planning

#### **Community Assessment**

Re-examine the original statement of purpose and the ideas that were brainstormed in initial sessions. Before you move on to prioritizing, your group may want to consider doing a community assessment. A community assessment is the process of gathering, analyzing and reporting information about community needs and the capacity of the communities to meet those needs. This is an important step in a larger process of program, planning and evaluation.

A community assessment will help you look at your community resources, opportunities, and gaps in cancer prevention and control. You should think of your ideas in terms of the community as a whole, in other words, what are the opportunities and challenges facing not only your group, but also the entire community in which you are operating? Refer to the *Texas Cancer Plan* to determine what Strategies and Action Steps have been proposed as statewide efforts to address the issues. If the *Plan* Strategies and Action Steps fit with your group's priority needs, consider putting them into action in your community. If your needs do not fit with those addressed in the *Plan*, you may use the *Plan* as a model for drafting your community's own unique Action Steps.





### Questions to Consider when conducting a Community Assessment:

The following questions can be used to gather the information necessary for your assessment. These questions should be directed to various members of your group, partners, and cancer stakeholders.

1. Determine the “boundaries” of your community. It could be the entire county, perhaps just the city, or select neighborhood(s).
2. Who are you trying to reach within your community?
3. Is there a target population that you want to reach?
4. What are the current attitudes about cancer control?
5. What means will you employ to conduct the assessment? For example, will you develop a questionnaire to send out or will you use one-on-one interviews?
6. Is there a multicultural or a hard-to-reach segment of this community? If so, how will you address this? (Some groups have found it necessary to translate materials, such as questionnaires, into different languages or to have an oral survey component if the community has low literacy rates).
7. What are your existing strengths and resources? (For example, a high level of perceived importance in the community as supported by data or several organizations committed to the issue).
8. What are the obstacles and threats you will face? (For example, a low level of accessibility of cancer control and prevention resources or a particularly hard to reach population within the community).
9. How can you enlist community support?
10. Have there been proactive cancer awareness campaigns in the past? What were the results?
11. Who are the key stakeholders in the community? (Government leaders, civic groups, etc.) How will you maintain their awareness of your progress?
12. Is any of this information already available? For instance, institutions of higher education or governmental organizations may have conducted this type of research in your community and can make the information available.
13. What is your timeline? Be realistic and include all the steps you plan to take in your outlook.

More questions and needs will reveal themselves as you go through the exercise and begin to get a clear picture of what challenges lie ahead. You may want to form a community assessment task force to tackle this process separate from the entire group’s meetings.

**1** *Tools for Developing Your Plan has further direction on community assessments.*

Ask for volunteers at your next group meeting. If you don’t have enough volunteers, consider extending a personal invitation to any members that you feel would be assets to the task force. Make sure to include diverse representation from many different areas such as health care, community activism, and civic leadership.

You also may want to check with a local college or university to see if you can get some assistance with developing and implementing the assessment. Students might take this on as a class assignment.

**1** *Tools for Developing Your Plan contains a sample needs assessment for your reference.*

Once the assessment is completed you are ready to move on to prioritizing and drafting a plan of action.

### **Prioritizing**

Chances are, your group has developed a rather lengthy list of cancer prevention and control issues that are of importance to your community. Using the data and other information you gathered under Step 2 “Identify Key Issues in Your Community”, try to determine if the data and research support your group’s ideas of what the problems are. Having data and research to support your description of a problem will assist you in getting further community support and possibly funding. Data can also help you identify what the most acute or pressing problems are. Out of the problems that you’ve identified, which ones can be taken on by the group? State your issues as possible projects you want to accomplish in your community.

**1** *Tools for Developing Your Plan will help you prioritize your many ideas into a manageable few.*

Once your group has prioritized your ideas or projects, you can use the *Texas Cancer Plan* to further identify and describe how issues are addressed by the Goals and Objectives in *the Plan*. Together, group members can then discuss the various Strategies and Action Steps put forth in the Plan. This may help you to identify what Strategies will work in your community and how your group might implement Action Steps in the Plan to meet your community’s objectives.

Your assessment and prioritizing activities may guide you to add additional members from specific groups or populations. Inviting representatives from the populations you are trying to reach to participate in the planning process will help to ensure your plan is realistic and sensitive to the populations needs and issues.

### **Developing a Plan**

Now that you have identified priority projects, they can become your goals. Your next steps will include:

- Making a plan and detailing how the group will achieve the goals it has set for itself.
- Identifying measurable indicators that will let you know if you've succeeded.
- Taking into account the resources available to you.

**1** *Tools for Developing Your Plan* has activities to assist you in creating a plan of action and a sample chart for assigning project responsibilities to your group members.

Part of your planning will also include locating resources to implement your plan.

**5** *Tools for Finding Resources* connects you with resources that already exist, so you may not have to create your program from scratch.

**6** *Tools for Working with Priority Populations* provides information and resources for including multicultural groups, economically disadvantaged people, rural communities, and people with disabilities into your program outreach.

Your Plan of Action will need to include activities for securing funding. Step 5 discusses funding.

**7** *Tools for Finding Funding* can help in identifying and pursuing potential sources of funding.

Include in your planning how you will communicate your activities to the community at large.

**4** *Tools for Media and Outreach* contains ideas and tips on how to accomplish this.

### **Including Evaluation in Your Plan of Action**

Evaluation needs to go hand in hand with the planning process. As you identify specific objectives to meet your goals, think about how you could measure those objectives. Step 7 will expand on the role of evaluation.

**9** *Tools for Evaluating Your Efforts* provides more in depth instruction on evaluating your program.

## Step 5

### Securing Resources & Funding

Do not underestimate the value of a great plan of action and a committed and motivated team. However, without resources, accomplishing your goals can be quite a challenge.

Resources can be in-kind contributions or funding. In-kind contributions can come in a variety of ways such as donated meeting space, printing, advertising, etc. Many times local organizations and businesses such as grocery store chains, banks, hotels and printers are better able to help with in-kind contributions rather than actual cash donations. Funding is available from a variety of sources dedicated to helping groups like yours maximize their potential.

You should designate a member or a special team that will seek funding for your projects. The fundraising team can start by applying for grants and donations from any of the following:

- Philanthropic members of your community.
- Local organizations or businesses.
- Local government.
- Major health organizations.
- Charities that offer grants to community organizations.
- Civic groups.
- State government and state-sponsored health initiatives.
- National groups and foundations.

**7** *Tools for Finding Funding can help in identifying and pursuing potential sources of funding.*

If there is a member in your group that is already familiar with free grant writing, have them craft your proposals. If not, free grant writing training is available from the State Grants team. For more information you can visit their web page at [www.governor.state.tx.us/divisions/stategrants](http://www.governor.state.tx.us/divisions/stategrants). When writing proposals be sure to let funders know your project activities are serving to implement Goals, Objectives, and Strategies in the Texas Cancer Plan. Funders want to know that cancer control efforts are coordinated and are moving the state forward in meeting its cancer control goals. If you've been successful in securing in-kind contributions from different organizations make sure to emphasize that in your grant application as well. Funders like to see that your grant request is supported locally. Keep a list of the different types of in-kind contributions that you receive so that you can publicly acknowledge these contributions. Once you have secured funding, you will be much more able to make your group's vision for the future a reality.

Before filling out a funding application or drafting a letter of request, your group will need to identify a fiscal agent. This will be the organization that actually receives the funds and will have accounting responsibility for all expenditures and receipts. Your group will need to select a fiscal agent that is known and respected in the community, that is financially stable, that has the personnel to handle the accounting required, and that will be considered neutral and trusted by all members of your group.

## Step 6

### Implementing Your Project

Involve as many members of the group as possible in any implementation activities. Gather as much information as possible to determine the success of the ideas/priorities that were implemented, as this is part of the evaluation process. Consider linking activities with short and long-term outcomes.

Depending on what you plan to do, implementation will look different for different activities. Monitor your implementation progress. Use the timeline you created in Step 4 “Priority Setting & Planning” as a checklist for monitoring implementation activities. Make sure you note any special circumstances that affected implementation so that you can use that information for future efforts.

**1** *Tools for Developing Your Plan* has some examples of priority setting checklist.

**4** *Tools for Media & Outreach* has tips for letting others in your community know about your group’s efforts.

**8** *Tools for Influencing Public Policy* provides information and samples for reaching your local and state policy makers and garnering their support for your project.

Did your activities happen as you planned them? Look at the evaluation section and refer to process evaluation to see if your process is working as planned. At your regularly scheduled meetings report back on activities so the entire group can stay informed on progress made on reaching desired goals.

## Step 7

### Evaluating Your Efforts & Achievements

When people think about how to evaluate their activities, they often think in terms of what they can count, such as the number of people who came to a program or the number of educational materials distributed. All of these are important indicators of program activity. However, consider other program indicators as well. The quality of the program can be examined by measuring the perceptions of those who are reached by your program, as well as others who have contact with the program (i.e., community advisory committees, professionals to whom you make referrals, key informants in the community). You may wish to develop a simple questionnaire for your activity.

To understand not only what works, but why, evaluate both processes and outcomes. While you want to know if your activities are having the desired effects, also consider if the activities were implemented as planned:

- Did you have the materials and resources needed?
- Did your community partners contribute as intended?
- Did your activities reach the desired population?
- How did they respond to your message?

#### **Outcome Evaluation**

Ask yourself what are realistic outcomes that you can measure.

- What do you want people to do, think, or know as a result of the project?
- If your goal is to increase children's use of sunscreen protection, then how many children use hats and sunscreen when they are on the school playground before versus after your project?
- If your activity targets prevention, how many people adopt the preventive behavior you are promoting?

Collecting information directly from those in your "target population" can also help you understand if they see barriers you could address in your outreach activities.



*Tools for Evaluating Your Efforts includes examples of questionnaires and a more thorough discussion of process evaluation.*

What about systems changes? Are more facilities providing needed services, in ways that are more accessible to your target population? Has a no-smoking ordinance been adopted? Did local media cover your event or observance?

## Step 8

### Celebrating & Reflecting

Celebrating small achievements will help keep people motivated. Give recognition to the key leaders within your group that helped implement your priorities. Make your celebration public so more people can be involved. Make sure to acknowledge publicly any in-kind contributions or donations, especially those coming from local sources. Remember everyone who has helped you along the way.

**4** *Tools for Media & Outreach* has suggestions on how to communicate successes.

Get statewide recognition for what you did and share your success with others around Texas. Go to the Texas Cancer Prevention and Control Programs Inventory on the Texas Cancer Data Center Web site at [www.txcancer.org](http://www.txcancer.org) and add your program to a statewide database of cancer prevention and control programs in Texas.

Now that you know what you can accomplish, don't stop now! Use what your evaluation feedback tells you about your previous efforts to plan future projects.







## 1 Tools for Developing Your Plan

1. Doing a Community Assessment
2. Prioritizing
3. Developing a Plan
4. Texas Cancer Plan

## Doing a Community Needs Assessment

Collecting information in your community helps you determine what the needs are for cancer control from the perspective of those you wish to reach. It also helps you define your target group and how best to reach them with your cancer message.

A community assessment identifies the resources, barriers, assets, and needs of your community. Supplement large databased information (e.g., Census data, cancer morbidity and mortality data, BRFSS data) with information you collect locally from key informants in the community, such as health care professionals or cancer survivors. You can refer to the Tool 9: Tools for Evaluating Your Efforts for ideas about how to collect data through focus groups or community surveys.

Recognize that different sources may give you a different picture about cancer control needs. For example, telephone surveys conducted with three different groups of key informants in rural Colorado communities– health care providers, community leaders, and cancer survivors – yielded different perspectives. Each had different views on the nature of the problem.

Keep in mind that community assessments may serve multiple purposes. They provide much needed information about your community, but they are also a way to begin to build support for your cancer control efforts. For example, a project targeting breast cancer outreach for African-American women held focus groups with women in the community to determine the barriers they perceived to breast cancer screening. Some of the women who attended the focus groups became so excited about the project that they volunteered to help with the project's outreach!

Following is a sample needs assessment to give you an idea of the type of information you may need to gather and the form in which it can be done, depending on the type of project you are doing. Once you have collected all the information, summarize it in order to organize your local information.

### **Additional Resources**

Reviere, R., Berkowitz, C.C., Carter, C.C., & Ferguson, C.G. (1996). *Needs assessment: a creative and practical guide for social scientists*, Washington, D.C.: Taylor and Francis.

Rossi, P.H., Freeman, H.E., Lipsey, M.W. (1999). *Evaluation: a systematic approach* (6th edition), Thousand Oaks, CA: Sage Publications.

Billings J. R., & Cowely, S. (1995). Approaches to community needs assesment: A literature review. *Journal of advanced Nursing*, 22, 721-730.

Goeppinger, J. (1985). Community Competence: A positive approach to needs assesments. *American Journal of Community Psychology*, 13, 507-523

Kretzmann, J.P. McKnight, J.L. (1997) *Building Communities from the Inside Out: A Path toward Finding and Mobilizing a community's assets*. Skokie, IL: ACTA publications.

# Sample Needs Assessment

## COMMUNITY NEEDS ASSESSMENT TO SUPPORT MAMMOGRAPHY SCREENING PROGRAMS FOR WOMEN

### I. Know your target population:

A. How many women over the age of 40 are in your community?

- Caucasian \_\_\_\_\_
- Hispanic \_\_\_\_\_
- African-American \_\_\_\_\_
- Asian \_\_\_\_\_

B. How many of these women are below the poverty level?

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### II. Know about mammography and follow-up breast health services:

A. What facilities provide mammography in your community?

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B. Where do women in your community receive mammograms?

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C. Is there a Breast and Cervical Cancer Control Program (BCCCP) provider in your community?

Yes  No

D. How easy is it for women to access these services?

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1. How long is the wait to get a screening mammography?

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2. How long is the wait to get a diagnostic mammography?

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3. How long is the wait for other diagnostics services (i.e., biopsy, ultrasound)?

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4. How convenient are the hours for screening mammography?

---

5. Are the facilities easy for women to get to?

---

6. Do women feel welcome at these facilities?

---

E. Where in your community are there physicians and nurses to provide:

1. Clinical breast exams?

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2. Follow-up diagnostic services?

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3. Follow-up treatment services?

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F. If services already exist, and women don't use them, what are the barriers? (consider accessibility issues, financial issues, lack of physician referral, negative attitudes toward mammography screening, time constraints, don't see anyone like themselves at facilities)

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**III. Know resources in your community:**

**A. Who are the gatekeepers, or people who influence women's health care decisions?**

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**B. What resources or organizations can help you with your outreach to women? (consider churches, beauty shops, other private businesses, community/social organizations)**

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**C. What media and promotional resources exist in your community?**

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**D. Is there an American Cancer Society (ACS) unit or field office in your community?**

Yes  No

**E. Is there a Susan G. Komen Breast Cancer affiliate in your community?**

Yes  No

**F. If so, do these organizations sponsor activities in the community?**

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**G. What sources do you have for volunteer assistance?**

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H. Who can you call on to serve on a community coalition to support your outreach?

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IV. Know your infrastructure support:

A. Who is your parent organization? \_\_\_\_\_

B. Are you part of an organization that will support this outreach activity?

Yes  No

C. If so, what support will the organization provide?

- Office space
- Personnel (both paid and volunteer)
- Financial management/oversight/grants assistance
- Supplies/office equipment
- Other in-kind contributions (please describe)

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D. What outreach programs have you, or your organization, set up before?

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E. What helped make these programs successful, and what made them difficult?

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## Prioritizing

It is important to agree on basic criteria for determining your priorities. Consider the criteria listed below in Activity 1: Criteria for Prioritizing Your Ideas/Projects. Give special consideration in the prioritizing process to projects that may bring early success as these may keep the group motivated.



### Activity 1: Criteria for Prioritizing Your Ideas/Projects

Consider these criteria for prioritizing your projects:

Does data support what you think is the problem or a related problem?

How many people will be affected by this project?

Will it engage the community?

Are there resources available to implement your projects?

Can you achieve early success?

How can you measure the results of your efforts?

Once you select your criteria for prioritizing, there are a number of activities you can use to make your final selection. Activity 2: Documenting the Prioritization Process on the following page uses a chart format to help identify which ideas or projects meet the most criteria. The activity can be done by an individual or as group.

Additionally, there are many other prioritizing techniques that can be used to select a final project or idea in a group setting. Getting a group to agree, even when using criteria, can sometimes be challenging. The three techniques we will discuss below can help you set priorities with the group once the criteria have been established. Which technique is best suited for your particular group will vary based on time, resources and the nature of the group.

- **“Dot” Voting:** Give each member a certain number of “votes” using colored adhesive dots. The rule of thumb is each person gets a number of dots equal to  $1/4$  the number of items. Sorting and combining like ideas can be postponed until after voting, so time is not spent discussing low priority items. Re-voting can be done several times as ideas are sorted and clarified. Or, you invest time initially to clarifying and sorting the ideas, and vote later. The dot voting is a highly visual and simple method. The disadvantages are that it takes up majority opinion, and may alienate a minority group that could damage future group interaction.
- **Weighted Voting:** Points are assigned to individual rankings. For example, if the members are to rank the top five choices, 5 votes would be given to the first choice, 4 votes to the second, 3 votes to the third and so on. All individual scores for each item are then tallied and items can be ranked by total group score. Weighted voting is more accurate than straight voting in measuring member preferences. Weighted voting can also be conducted and tallied between meetings, so that group time is not spent on this task.
- **Consensus decision:** This is the most time-consuming method, but important where implementation of the decision will require the acceptance and commitment of all groups members. Ground rules for building consensus are:
  1. Solicit all members in discussion.
  2. Avoid arguments.
  3. State all concerns (especially minority views).
  4. Listen to all concerns - Ask clarifying questions, paraphrase concerns.
  5. List pros and cons of each position on chart.
  6. If two positions conflict, look for a third which will reconcile differences.
  7. Get expression of support from all members before making decisions final.
  8. Don't change your opinion to keep the peace.

Credit: New York State Department of Health Community Health Assessment

## Activity 2: Documenting the Prioritization Process



You can use the following table to document your prioritizing process.

By answering each question in the columns as it applies to each project you've identified, you can easily see a side-by-side comparison of which project meets all or most of your criteria.

### Sample Table

Project (examples)	Does data support what you think is the problem?	How many people will be affected by this project?	Will it engage the community?	Are there resources available to implement your project?	How can you measure the results of your efforts?
Pass a no-smoking ordinance					
Promote cancer awareness observances					
Improve screening rates for breast cancer					

Use the following blank table to list your own projects and the criteria you wish to use to prioritize your projects.

Project	Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5

## Developing a Plan

“Planning- Making current decisions in light of their future effects.”

Reeves & Coile

### Plan of Action Guidelines

1. The plan of action is essentially your plan for going from the current state of things to achieving your goals.
2. List your objectives in the order of prioritization.
3. Starting with your first objective begin to list the activities that will need to occur in order to accomplish this objective. Do this for each objective.
4. For each activity consider potential obstacles and how they will be addressed.
5. Determine who will be responsible for executing each of these activities and set deadlines. Consider whether the person responsible for the activity has the capacity to meet their commitments as outlined in the plan, and feel comfortable they can fulfill their roles and responsibilities. See Activity 3: Assigning Project Responsibilities for a chart to document assignments.
6. For each individual idea: are there specific community projects or events that are in line with this idea? How can you collaborate with them?
7. Consider the timing of your activity so it doesn't conflict with other health related promotions/activities.
8. Establish a regular timeline for re-evaluating the plan and for teams to provide updates on each of these objectives and activities.
9. Make a communications plan for your activities using the information in the communications tool of this toolkit.
10. Identify measurable ways to evaluate progress and success rates.

By following these suggestions, you will have a list of what needs to be accomplished, who is going to do it and when you anticipate it will be done.

Congratulations! You have just completed a basic plan of action!



## Activity 3: Assigning Project Responsibilities

The following chart is an example of how to document assignments:

Objective X	Target Completion Date	Person(s) Responsible	Actual Completion Date	Comments
Activity 1: Have a cancer prevention booth at the County Fair	March 31, 2004	Jacqueline Doe	April 5, 2004	Reserve the space for next year earlier to improve the location of the booth.
Activity 2: Make Presentation on the importance of colorectal cancer screening at AARP meeting.	September 15, 2004	Juan Doe	September 30, 2004	Invited back for other cancer prevention information/presentation
Activity 3: Identify resources available from different organizations for newly diagnosed breast cancer patients.	November 30, 2004	Marlene Doe	March 31, 2005	Local charity fund raiser interfered with completion date.

Use the following blank chart to document project assignments.

Project	Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5



## 2 Tools for Using Cancer Statistics

1. Using Cancer Statistics & Other Data Resources
2. Cancer Statistics & Other Related Resources
3. Texas Cancer Facts & Figures, 2004

## Using Cancer Statistics & Other Data Resources

The data resources listed in this Tool can help you document the burden caused by cancer in your community. For example, mortality data have been used for more than a century to help local health planners identify future needs for health services. Analyzing and publishing the mortality rates for specific types of cancer can leverage support for programs designed to prevent or control those cancers.

For example, if your group is trying to develop a colorectal cancer prevention program, you could access colorectal cancer incidence and mortality rates for your county (and even compare with state and national rates) to establish the level of need in your community. The Texas Cancer Registry provides age-adjusted incidence and mortality rates by cancer type, sex, and county in an easy to use and quick format. Another excellent source for cancer data is the Texas Cancer Facts & Figures report included in this Tool for your reference.

The resources that follow also can help you identify data and trends to track the success of your projects aimed at changing behavioral practices in your community. Interest in the influence of lifestyle choices on cancer risk has increased dramatically in recent years. As such, risk factor data can help you determine the types of intervention strategies most relevant to adopt, as well as allow for monitoring trends in health behaviors. These data also may suggest barriers to consider (i.e. smoking rates). Finally, local health care utilization data, such as use of screening services, can inform you if there are adequate screening services to meet increased demand, and if your outreach activities are successful.

Once you have identified specific activities that your group wants to implement, you may also want to search the Internet, or a local university library to locate articles about “best practices” for that specific activity. Remember that the Texas Cancer Council has funded many local prevention and control programs, so check their Web site at [www.tcc.state.tx.us](http://www.tcc.state.tx.us) to see who has had projects similar to the one you are proposing.

Some of the information listed here is available only at the state or national level, but it may still give you ideas of what to consider in your local planning. To get the most comprehensive picture, refer to multiple data sources whenever possible. While the resources listed below overlap somewhat in the type of information provided, each also offers a unique component potentially useful in tailoring cancer control efforts to your community.

## Cancer Statistics & Other Data Related Resources

### National Data

#### **General:**

#### **[www.cancer.org](http://www.cancer.org)**

American Cancer Society The American Cancer Society tracks cancer occurrence, including the number of deaths, cases, and lifespan after diagnosis. The American Cancer Society also tracks data regarding behaviors that influence the risk of developing cancer and the use of screening tests. Nationally, the American Cancer Society publishes Cancer Facts & Figures and Cancer Prevention & Early Detection Facts & Figures, and The American Cancer Society - Texas Division publishes Texas Facts & Figures. They are sourcebooks for planning and implementing programs for cancer prevention and control. These resources contain, among other information, cancer incidence and mortality for leading cancers by age, gender, and race/ethnicity. The national publication are available on the Web site or for copies of the Texas edition, call 1-800-ACS-2345.

#### **[www.cdc.gov/brfss](http://www.cdc.gov/brfss)**

Behavioral Risk Factor Surveillance System (BRFSS) The BRFSS is the world's largest telephone survey, that tracks health risks in the United States. Scientific research has clearly shown that personal health behaviors play a major role in premature morbidity and mortality. As a result, surveys were developed and conducted to monitor state-level prevalence of the major behavioral risks among adults with the basic philosophy to collect data on actual behaviors, - rather than on attitudes or knowledge, that would be especially useful for planning, initiating, supporting and evaluating health promotion and disease prevention programs. There are multiple databases with national and state specific data available.

#### **[cancercontrolplanet.cancer.gov](http://cancercontrolplanet.cancer.gov)**

Cancer Control Planet Cancer control planners, program staff, and researchers have the same goals: to reduce cancer risk, the number of new cancer cases, and the number of deaths from cancer, as well as enhance the quality of life for cancer survivors. Yet, all do not have easy access to resources that can facilitate the transfer of evidence-based research findings into practice. This PLANET portal provides access to data and resources that can help planners, program staff and researchers design, implement and evaluate evidence-based cancer control programs.

#### **[www.cdc.gov/cancer](http://www.cdc.gov/cancer)**

Centers for Disease Control (CDC) The CDC is a leader in nationwide cancer prevention and control. The CDC Web site on cancer includes the United States Cancer Statistics: 2001 Incidence and Mortality Report and the State Cancer Burden Data fact sheets. The fact sheets contain data on lung cancer, colorectal cancer, breast cancer, and prostate cancer. They include the estimated number of new cancer cases and cancer deaths, and the age-adjusted mortality rates for cancer deaths by race for each state.

**[www.healthypeople.gov](http://www.healthypeople.gov)**

Healthy People 2010 Healthy People 2010 provides a framework for prevention for the nation. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. Healthy People 2010 presents 467 objectives to improve the health of Americans by the year 2010. The National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, has developed a new data system to track all 467 Healthy People 2010 objectives. The data are available and updated quarterly on NCHS's DATA2010 Web site.

**[www.hrsa.gov/data.htm](http://www.hrsa.gov/data.htm)**

Health Resources and Services Administration Federal Web site with information and links to data, statistics, and resources. The site contains publications, resources, and referrals on health care services for low-income, uninsured individuals and those with special health care needs. Data on medically underserved areas can be found on this site as well.

**[www.nrharural.org/Model625/index.htm](http://www.nrharural.org/Model625/index.htm)**

A Model for Developing a Contextual Community Health Profile The Contextual Community Health Profile is a comprehensive description of the health status of a specific community. This Contextual Community Health Profile description includes community health status information that is typically included in a community health needs assessment. In addition, it captures cultural and environmental information about a specific community.

**[www.facs.org/cancer/ncdb/index.html](http://www.facs.org/cancer/ncdb/index.html)**

The National Cancer Data Base (NCDB) NCDB was established to serve as a comprehensive clinical surveillance resource for cancer care in the United States. The NCDB was the first national database used to track and compare the treatment of most types of cancers. The NCDB is a nationwide, facility-based, oncology data set that currently captures 75% of all newly diagnosed cancer cases in the United States annually, and holds information on more than 15 million cases of reported cancer diagnoses for the period 1985 through 2002, and continues to grow. Data on all types of cancer are tracked and analyzed. Data collected include patient characteristics, tumor staging and histology characteristics, type of first course treatment administered, disease recurrence, and survival information and are available on-line.

**[www.cancer.gov](http://www.cancer.gov)**

National Cancer Institute (NCI) The NCI Web site is rich with data and information on cancer for use by cancer control planners and cancer care providers. The Cancer Statistics section of the Web site includes information and links on finding and understanding statistics and statistical tools and data.

**[appliedresearch.cancer.gov/about/progress/expanding.html](http://appliedresearch.cancer.gov/about/progress/expanding.html)**

National Cancer Institute Cancer Control and Population Sciences This site has augmented data collection on risk factors; health behaviors, such as tobacco use, diet, and physical activity; cancer screening; treatment; and quality of life for cancer survivors. The site also monitors cancer screening activities to track adoption and performance. NCI also has made major advances in supporting research on the development and use of data systems for tracking evidence-based measures of quality care: They have evaluated the use of many new treatment advances highlighted by successful clinical trials, NIH consensus development conference reports, and NCI clinical alerts. The information obtained from the multiple data resources is available through the Web site.

**[www.cdc.gov/cancer/npcr](http://www.cdc.gov/cancer/npcr)**

National Program of Cancer Registries CDC's goal is for all states to maintain registries that provide high-quality data on cancer and cancer care. Data collected by state cancer registries enable public health professionals to better understand and address the cancer burden. National cancer data and state cancer burden data collected through the program are available on the Web site.

**[www.naaacr.org](http://www.naaacr.org)**

North American Association of Central Cancer Registries The North American Association of Central Cancer Registries, Inc. (NAACCR, Inc.), is a professional organization that develops and promotes uniform data standards for cancer registration; provides education and training; certifies population-based registries; aggregates and publishes data from central cancer registries; and promotes the use of cancer surveillance data and systems for cancer control and epidemiologic research, public health programs and patient care to reduce the burden of cancer in North America. Statistics and reports on the national level are available online.

**[www.seer.cancer.gov](http://www.seer.cancer.gov)**

Surveillance, Epidemiology, and End Results (SEER) The SEER program of the National Cancer Institute is an authoritative source of information on cancer incidence and survival in the United States, covering 26 percent of the U.S. population. This Web site provides information about the SEER Program, an on-line cancer data query tool for both SEER cancer incidence and U.S. mortality, statistical tables, graphs, and maps, special reports, state cancer profiles, and free cancer statistical software.

**[www.hhs.gov](http://www.hhs.gov)**

US Department of Health and Human Services This is a national site for general health information and includes cancer data and resources.

**Youth:**

**[www.actionforhealthykids.org/AFHK/tools/profiles.php](http://www.actionforhealthykids.org/AFHK/tools/profiles.php)**

Action for Healthy Kids Alliance: Tools for Action (AFHK) National and individual state profiles are provided that were developed especially for AFHK by the Council of Chief State School Officers. Each profile contains a summary of important background information and data on nutrition and fitness (as of 2001) for each state, the District of Columbia, and the nation.

### **[www.childstats.gov](http://www.childstats.gov)**

Forum on Child and Family Statistics This Web site offers easy access to federal and state statistics and reports on children and their families, including: population and family characteristics, economic security, health, behavior, social environment and education. Reports of the Federal Interagency Forum on Child and Family Statistics include America's Children: Key National Indicators of Well-Being, the annual Federal monitoring report on the status of the Nation's children and Counting Couples. The Forum fosters coordination and collaboration in the collection and reporting of Federal statistics on children and families.

### **[www.cpc.unc.edu/addhealth](http://www.cpc.unc.edu/addhealth)**

The National Longitudinal Study of Adolescent Health (Add Health) Add Health is a nationally representative study that explores the causes of health-related behaviors of adolescents in grades 7 through 12 and their outcomes in young adulthood. Add Health seeks to examine how social contexts (families, friends, peers, schools, neighborhoods, and communities) influence adolescents' health and risk behaviors. Multiple datasets are available for study.

### **[apps.nccd.cdc.gov/shi/](http://apps.nccd.cdc.gov/shi/)**

The School Health Index Schools can use the Index as a self-assessment and planning tool to improve the effectiveness of their health and safety policies and programs. It's easy to use and completely confidential and will help gather data needed as part of the planning process.

### **[www.cdc.gov/HealthyYouth/yrbs/index.htm](http://www.cdc.gov/HealthyYouth/yrbs/index.htm)**

Youth Risk Behavior Surveillance System (YRBSS) The YRBSS monitors priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. The YRBSS includes national, state, and local school-based surveys of representative samples of 9th through 12th grade students. These surveys are conducted every two years. The national survey, conducted by CDC, provides data representative of high school students in public and private schools in the United States. The state and local surveys, conducted by departments of health and education, provide data representative of the state or local school district. The data is available through the Web site.

### **Tobacco:**

#### **[www.americanlegacy.org](http://www.americanlegacy.org)**

The American Legacy Foundation Rigorous research is a hallmark of the American Legacy Foundation. Its goal is to build effective initiatives and contribute to and expand upon the body of knowledge about tobacco control. The foundation's research and evaluation team conducts the Legacy Media Tracking Survey (LMTS) to document the tobacco-use beliefs, attitudes and behaviors of American youth, and the effectiveness of the truth® campaign. From 1999-2002, the Foundation also conducted the National Youth Tobacco Survey (NYTS). These surveys and the data they generate are available through the Web site.

### **[www.nospit.com/IRC.html](http://www.nospit.com/IRC.html)**

Spit Tobacco Prevention Network The purpose of the Spit Tobacco Electronic Information Resource Center's comprehensive, electronic information is to maintain and disseminate scientific data and resources on spit tobacco education, epidemiology, health effects, user identification, risk groups and prevention and cessation strategies and services. The information on the site can be resourced by the type or subject matter of the resource.

### **[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)**

Tobacco Information and Prevention Source (TIPS) The Web site which is part of the CDC Office of Smoking and Health includes research data and reports as well as tobacco control program guidelines. Also available is the Surgeon General's Report - The Health Consequences of Smoking, 2004 and CDC's Data Highlights, 2004, which provides state-based information on the prevalence of tobacco use, health impact, and associated costs for all 50 states and the District of Columbia.

### **Priority Populations:**

#### **[crchd.nci.nih.gov](http://crchd.nci.nih.gov)**

Center to Reduce Cancer Health Disparities National Cancer Institute site for data and resources on cancer health disparities. NCI has published a number of documents that describe the statistical patterns of cancer by racial and ethnic background which are linked on the site. In addition, the site has provided links to a number of on-line resources for obtaining cancer-related statistics.

#### **[www.hrsa.gov/data.htm](http://www.hrsa.gov/data.htm)**

Health Resources and Services Administration This site is a Federal Web site with information and links to data, statistics, and resources. The site contains publications, resources, and referrals on health care services for low-income, uninsured individuals and those with special health care needs. Data on medically underserved areas can be found on this site as well.

#### **[www.iccnetwork.org](http://www.iccnetwork.org)**

The Intercultural Cancer Council (ICC) The ICC promotes policies, programs, partnerships, and research to eliminate the unequal burden of cancer among racial and ethnic minorities and medically underserved populations in the United States and its associated territories. The site contains links to resources and data, especially those addressing health disparities.

### **Women:**

#### **[www.4woman.gov/HealthPro/statistics](http://www.4woman.gov/HealthPro/statistics)**

The National Women's Health Information Center (NWHIC) This site contains data on disease prevalence, health risk behaviors, or leading causes of death in women. Statistical resources on the NWHIC Web site include general resources on women's health issues and statistics, including women's health statistics by category and women with disabilities statistical information. Also included are statistical resources on leading causes of death for American women by racial/ethnic group, women's reproductive health, cancer, cardiovascular health, diabetes, HIV/AIDS, violence against women, minority women's health and world health statistics.

## **State Data**

### **[www.cdc.gov/brfss](http://www.cdc.gov/brfss)**

Behavioral Risk Factor Surveillance System (BRFSS) The BRFSS, is the world's largest telephone survey, which tracks health risks in the United States. Scientific research has clearly shown that personal health behaviors play a major role in premature morbidity and mortality. As a result, surveys were developed and conducted to monitor state-level prevalence of the major behavioral risks among adults with the basic philosophy to collect data on actual behaviors - rather than on attitudes or knowledge - that would be especially useful for planning, initiating, supporting, and evaluating health promotion and disease prevention programs. There are multiple databases with national and state specific data available.

### **[www.cdc.gov/cancer](http://www.cdc.gov/cancer)**

Centers for Disease Control (CDC) The CDC is a leader in nationwide cancer prevention and control. The CDC Web site on cancer includes the United States Cancer Statistics: 2001 Incidence and Mortality Report and the State Cancer Burden Data fact sheets. The fact sheets contain data on lung cancer, colorectal cancer, breast cancer, and prostate cancer. They include the estimated number of new cancer cases and cancer deaths, and the age-adjusted mortality rates for cancer deaths by race for each state.

### **[www.sph.uth.tmc.edu/charting/](http://www.sph.uth.tmc.edu/charting/)**

CHARTing Health Information for Texas The University of Texas School of Public Health at Houston developed this Web site, CHARTing Health Information for Texas, to provide a comprehensive collection of links to publicly available, geographically discreet health data for the state of Texas from reliable and authoritative providers of information. This site provides links not only to data sources for health outcomes, but also to resources that provide data on the environment, social services, and demographics.

### **[www.dshs.state.tx.us/datareports.shtm](http://www.dshs.state.tx.us/datareports.shtm)**

Department of State Health Services (DSHS) DSHS is an agency of the Texas Health and Human Services System, which collects and reports data on a number of health issues, including Behavioral Risk Factor Surveillance and cancer incidence and mortality through the Texas Cancer Registry. The Web site provides data and reports on various topics ranging from hospitals and HMOs to the cancer registry and HIV/AIDS.

### **[www.cdc.gov/cancer/npcr](http://www.cdc.gov/cancer/npcr)**

National Program of Cancer Registries CDC's goal is for all states to maintain registries that provide high-quality data on cancer and cancer care. Data collected by state cancer registries enable public health professionals to better understand and address the cancer burden. National cancer data and state cancer burden data collected through the program are available on the Web site.

**[statecancerprofiles.cancer.gov](http://statecancerprofiles.cancer.gov)**

State Cancer Profiles The objective of the State Cancer Profiles Web site is to provide a system to characterize the cancer burden in a standardized manner to motivate action, integrate surveillance into cancer control planning, characterize areas and demographic groups and expose health disparities. The focus is on cancer sites for which there are evidence-based control interventions. Interactive graphics and maps provide visual support for deciding where to focus cancer control efforts. The target audiences are health planners, policy makers, and cancer information providers who need quick and easy access to descriptive cancer statistics to prioritize investments in cancer control. The Links section provides alternative resources for cancer and health statistics.

**[www.slehc.org/CHI](http://www.slehc.org/CHI)**

St. Luke's Episcopal Health Charities Charities (SLEHC) The Community Health Information System (CHIS) is an on-line, interactive website that creates a concise picture of the demographic, health and social data of the 57-counties of the Episcopal Diocese of Texas. The CHIS currently contains demographic and vital information (census, ethnicity, sex, births, deaths) from 1990-2004, as well as uninsured and Child Health Insurance Program data. The CHIS features interactive mapping for many different geographic levels and jurisdictions. Comparisons can be made among all 57 counties as well as with state and national indicators. A new CHIS component, the Community Resource Directory, was added in 2001 in partnership with United Way of the Texas Gulf Coast and includes a database of 12,000 health and service programs throughout a 13 county area. Users can identify, locate and contact resources either by type of service or geographical area.

**[www.txcancer.org](http://www.txcancer.org)**

Texas Cancer Data Center (TCDC) TCDC provides information on health professionals, health facilities, demographics and statistics, and community resources via the Internet at no charge. TCDC is an information service, funded by the Texas Cancer Council and M.D. Anderson Cancer Center, dedicated to empowering Texans with the knowledge needed to reduce the human and economic impact of cancer.

**[www.dshs.state.tx.us/tcr](http://www.dshs.state.tx.us/tcr)**

Texas Cancer Registry The Texas Cancer Registry, Department of State Health Services, is the State population-based cancer registry, collecting approximately 140,000 reports of cancer annually. This Web site provides information on cancer reporting in Texas, as well as detailed statewide, regional, and county-level statistics on all newly diagnosed cancer cases (cancer incidence) and cancer deaths (mortality). Publications such as county and regional fact sheets, special reports, links to national cancer statistics and other data resources, as well as information on cancer cluster investigations, and how to make a data request to the Texas Cancer Registry are provided.

**[www.thcic.state.tx.us](http://www.thcic.state.tx.us)**

Texas Health Care Information Council (THCIC) THCIC's primary purpose is to provide data that will enable Texas consumers and health plan purchasers to make informed health care decisions. THCIC's charge is to collect data and report on the quality performance of health maintenance organizations operating in Texas and hospitals. The goal is to provide information that will enable consumers to have an impact on the cost and quality of health care in Texas. THCIC is now part of the Texas Department of State Health Services. The publications, Report and Data section includes hospital stats and information on HMOs.

**[www.txsd.c.tamu.edu](http://www.txsd.c.tamu.edu)**

Texas State Data Center and Office of the State Demographer Texas State Data Center and Office of the State Demographer, in cooperation with a network of affiliates, functions as a focal point for the distribution of Census information for Texas. The Center also disseminates population estimates and projections for Texas, as well as other information from the federal government, state government, and other sources. The census data is available through the Web site with explanations on the differences between them.

# 3



## 3 Tools for Planning Meetings

1. Let's Have a Meeting
2. Bringing the Community Together
3. Letters & Agendas
4. Brainstorming
5. Coalition Building: A Healthy Community is Everyone's Business

## Let's Have a Meeting

Effective meetings are a vital part of engaging your community in your cancer control efforts.

### A well-conducted meeting seeks to:

- Include local stakeholders
- Build a sense of purpose
- Convey a sense of inclusion and communication among participants
- Help identify and organize logistics, tasks, next steps
- Provide a sense of progress
- Make good use of time including starting and ending on time by fitting the agenda to the length of the meeting

The time and place of your meeting(s) are important. Meet in an easily accessible place and set a meeting time invitees are likely to be able to attend.

The activities that are provided in this Tool are designed to guide you through:

- Preparation for the meeting
- Communication with potential members
- Management of the meeting itself

## Bringing The Community Together

### **How do you identify participants?**

Look at the skills of various individuals and agencies. Ask an agency to designate an appropriate representative. Be sure to keep a diverse focus, including educators, law enforcement, health and safety professionals, local businesses, citizens, and policy makers.

Your assesment and prioritizing should help guide you in identifying potential participants by suggesting age group, gender, race and/or ethnicity based on the information gathered and corresponding to the group's goals.

Establishing group cohesion is an important step – no one wants to be left out.



Activity 1: Identifying Potential Members will help you create an invitation list.

Using your phone book, local 411 service, or internet search engine, start a list of organizations. Create the list using the Organization's Name, Contact Person, Phone #, Fax #, E-mail address, Physical Address, and any relevant notes as fields to keep track of important information. (Many people find the use of computer software, such as a spreadsheet, a table, or database program helpful in maintaining this list) See how easy it is to go from 0 to 20 invitees? Continue to grow this list daily by brainstorming similar contacts and soon you will have a list of hundreds of potential group members!



## Checklist for Community Stakeholder Involvement

### Business

Chambers of Commerce

Media

Local Employers/Businesses

Health Insurance Companies

### Community Organizations

Civic Groups  
(such as Rotary, Lions, Kiwanis, Junior League)

Local Colleges/Universities

Private Organizations

Faith Community  
(such as churches, synagogues, mosques)

Student Organizations

Schools

Other Not-for Profit Organizations  
(such as United Way, American Cancer Society,  
American Lung Association)

State/Local Law Enforcement

County Judge and Commissioners

### Government

State/Local Elected Officials

Community Health Clinics

State/Local Advocacy Groups

Hospitals

State/Local Government Agencies

### Health Care Providers

Hospital District Board

Health Department

Medical Society and Auxiliaries

Medical Professionals  
(such as nurses, physicians, dentists)

Health Professionals  
(such as nutritionists, physical therapists, scientists)

### **How do you achieve buy-in?**

What's in it for me? Why should a member join the group? Help identify possible benefits for the individual or agency while promoting the purpose and work of the group. You will need to sell the value of involvement by a local business in community outreach or the idea that they are helping prevent cancer. Examine what contributions various members can make as well as what they can get from their participation. All group members share results, successes, and setbacks.

### **Do the members agree on the group's purpose?**

Although group members may have different motivations, they should agree on the purpose. Individual motivations may serve the group by providing expertise and guidance, needed resources, credibility and visibility, or funding.



## Activity 1: Identifying Potential Members

1. Who is your local American Cancer Society representative?

Name \_\_\_\_\_  
 Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_  
 Relevant notes \_\_\_\_\_  
 \_\_\_\_\_

2. What are other cancer related organizations in your community?

Organization \_\_\_\_\_  
 Name \_\_\_\_\_  
 Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_  
 Relevant notes \_\_\_\_\_  
 \_\_\_\_\_

Organization \_\_\_\_\_  
 Name \_\_\_\_\_  
 Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_  
 Relevant notes \_\_\_\_\_  
 \_\_\_\_\_

3. List possible invitees from the medical community, local health department, local government, civic leaders, the media, interested individuals, concerned citizens and cancer survivors.

Organization \_\_\_\_\_  
 Name \_\_\_\_\_  
 Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_  
 Relevant notes \_\_\_\_\_  
 \_\_\_\_\_

Organization \_\_\_\_\_  
 Name \_\_\_\_\_  
 Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
 Address \_\_\_\_\_

## Letters & Agendas

The following activities can help you draft an invitation letter and agenda for your meetings.



### Activity 2: Drafting a Letter of Invitation

**1. Statement of Purpose:** Include information about why you want to form the group, the importance of cancer support services, and benefits to be gained by all. Try to avoid giving any individual agency perceived control of the group. As the organizer of the group, your role should be to facilitate and coordinate but not control.

Describe the:

Purpose for getting together \_\_\_\_\_

Importance of the collaboration \_\_\_\_\_

Benefits to the community \_\_\_\_\_

**2. Date, location, and time of first meeting:** Choosing a venue for a first meeting can be a challenge. First, consider what resources you already have available to you. Does your organization have a meeting room that you can use? Do you have existing relationships with community partners that will allow you to use a meeting facility at little or no cost? Local churches or civic organizations often have meeting space that they are willing to share.

Logistics of your first meeting:

Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

Directions from major highways \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Contact information for questions, to RSVP, etc.:** Be sure to include your name, mailing address, phone and fax numbers and an e-mail address (if appropriate) for invitees to make contact with you.

Once you have your letter drafted, proofed, and printed, you'll want to send it out to your database of potential invitees. Refer back to the list you created in Section 1 of this chapter and mail the letter to each of these contacts. Add a new column to your database for RSVPs and notes on response to the letter. Also, plan to follow up with those invitees that you have not heard from within 3-5 days, depending on timeline.

## Sample Letters of Invitation

### Sample Letter for Initial Community Contact

Date  
Recipient of Letter  
Title  
Street  
City, State Zip

Dear \_\_\_\_\_,

I am writing to invite and urge you to attend a public forum in our [city or town] which will educate citizens of [city/town] about the *Texas Cancer Plan* and how we can implement some of these goals in our own community.

We would be honored if you attend this introductory meeting, which will be held at the [location] on [day, date and time.] Our agenda is to brainstorm and plan out ideas/goals for a Cancer Prevention Coalition for [city/town].

We very much hope you can participate because your knowledge and ideas are necessary to make this the best it can be. Please call [name and phone number of a committee member] for additional information.

Sincerely,

## Sample Letters of Invitation Follow Up Letter/For topic specific focus

Date  
Recipient of Letter  
Title  
Street  
City, State Zip

Dear \_\_\_\_\_,

As you may know, tobacco use, the most preventable cause of death in our society, accounts for at least 30% of all cancer deaths. Because of this alarming fact, we have made it a priority to make Our Town a smoke-free city.

We believe you can be a valuable part of our effort to accomplish this. We invite you to join the Smoke-Free Task Force as we work to solve this crucial situation.

We will meet at the [location] on [day, date and time] for brainstorming and strategic planning. Bring a friend. If you have questions, please call me at xxx-xxxx. I look forward to seeing you on [date].

Sincerely,



### Activity 3: Proposed Agenda Items for the First Meeting

Many groups choose to include some or all of the following in the agenda for their first meeting:

- Welcome/Introduce Yourself
- Purpose for Getting Together
- Introduction of Group Members
- The Texas Cancer Plan
- Brainstorming the Issues
- Choosing Goals
- Logistics (future meetings & contacting each other)
- Volunteers for next meeting's tasks (minutes, agenda, etc.)
- Who Else Should Be Invited?

Be flexible when it comes to the agenda items as you want to remain open to all input. Also, limit the number of proposed activities. Make sure you allow time for networking after the meeting.

Your proposed agenda items:

- I. \_\_\_\_\_
- II. \_\_\_\_\_
- III. \_\_\_\_\_
- IV. \_\_\_\_\_
- V. \_\_\_\_\_

## Sample Agenda

### Initial Meeting

[Date]

[Time]

- I. Introduction Session/ Sign In
- II. Purpose and Goals of the Meeting
- III. Brainstorming about cancer related issues in [city/town]
  - A. List of issues
  - B. Discussion of Issues
  - C. Forming a statement of purpose
- IV. Brief Overview of *Texas Cancer Plan*
- V. Make plans for inviting additional members to the group
- VI. Next Steps
  - A. Set future meeting dates and locations
  - B. Establish tasks for next meeting
  - C. Closing remarks

## Sample Agenda

### Second Meeting and Beyond

[Date]

[Time]

- I. Introduction/ Sign In
- II. Purpose and Goals of the Meeting
- III. Review initial meeting plans/ statement of purpose
- IV. Assess the opportunities and challenges within the community
  - A. Situation Analysis/ Community Assessment activity
  - B. Identify key issues in the community
  - C. Form community assessment task force
- V. Prioritizing Projects
  - A. Identify data and research to support findings
  - B. Develop a list
  - C. Compare community list to *Texas Cancer Plan* goals and objectives
- VI. Make a Plan
  - A. Develop a list of what needs to be accomplished
  - B. Determine responsibilities and deadlines
- VII. Next Steps



## Activity 4: Countdown to the First Meeting

As you begin to accept RSVPs for your meeting, you will also need to be making plans for the logistics of the event. Many meeting planners find it helpful to create a checklist of items that will need attention. Here are some items to consider when crafting your checklist:

### Meeting Checklist

Location \_\_\_\_\_ Meeting Date \_\_\_\_\_

On-Site Contact \_\_\_\_\_ Phone \_\_\_\_\_

√ Space Reserved \_\_\_\_\_

Date \_\_\_\_\_

√ Space Confirmed \_\_\_\_\_

Date \_\_\_\_\_ (one to two days prior to meeting)

Projected Attendance \_\_\_\_\_ Number Confirmed \_\_\_\_\_

### Meeting Set-Up

Table arrangement \_\_\_\_\_

Prepare a Sign-in sheet \_\_\_\_\_

Other \_\_\_\_\_

### Audio/Visual Requirements

Microphone/Podium \_\_\_\_\_

Projector \_\_\_\_\_

Screen \_\_\_\_\_

Visual Aids \_\_\_\_\_

Other \_\_\_\_\_

### Food and/or beverages

Vendor \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact Person \_\_\_\_\_

Order Placed \_\_\_\_\_

Order Confirmed \_\_\_\_\_

(If needed) Final # given to caterer \_\_\_\_\_

Total Cost \_\_\_\_\_

Donated/funded by \_\_\_\_\_

(Make sure to acknowledge donations during meeting or with table signs/tents)

## Brainstorming

Most problems are not solved automatically by the first idea that comes to mind. **CONSIDERING MANY POSSIBLE SOLUTIONS OFTEN LEADS TO THE BEST ONE.** One of the best ways to do this is called brainstorming.

Brainstorming can be a powerful tool for generating ideas, developing goals and creating a game plan for your group. It is an activity in which all members of a group contribute to a list of problems to be solved or solutions to a problem. Brainstorming helps get a lot of ideas into discussion in a short amount of time. All of these ideas are recorded and evaluated only after the brainstorming is completed.

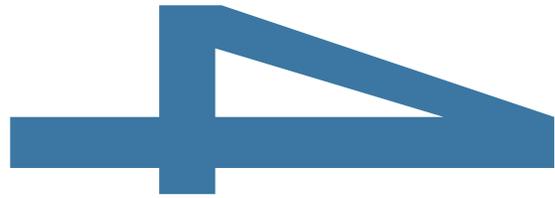


### Activity 5: Conducting a Brainstorming Activity

1. In a small or large group select a leader and a recorder (they may be the same person).
2. Define the problem or idea to be brainstormed. Make sure everyone is clear on the topic being explored.
3. Set up the rules for the session and share them with the group. They should include:
  - Letting the leader have control.
  - Allowing everyone to contribute.
  - Ensuring that no one will insult, demean, or evaluate another participant or his/her response.
  - Stating that there are no wrong answers or bad ideas.
  - Recording each answer unless it is a repeat.
  - Don't let participants get sidetracked. Now is not the time to critique ideas that are being suggested.
  - Setting a time limit and stopping when that time is up.
4. Start the brainstorming. Have the leader select members of the group to share their answers. The recorder should write down all responses, if possible so everyone can see them. Make sure not to evaluate or criticize any answers until you are done brainstorming.
5. Once you have finished brainstorming, go through the results and begin evaluating the responses. Some initial qualities to look for when examining the responses include
  - Looking for any answers that are repeated or similar.
  - Grouping like concepts together.
  - Eliminating responses that definitely do not fit.

Now that you have narrowed your list down some, discuss the remaining responses as a group.

Brainstorming will be an important part of your meeting(s) and will contribute to other parts of the process including Prioritizing as discussed in Step 4 of the document "Steps to Implementing Cancer Control in Your Community".



#### 4 Tools for Media & Outreach

1. Getting Out the Message
2. Tips for Contacting Media
3. Community Outreach
4. Targeted Priority Populations Outreach
5. Health Care Provider Outreach

## Getting Out the Message

Effective communications mark the cornerstone of any successful endeavor in the public and or private sectors.

Because cancer prevention and control begins with education, successful communications efforts reach various audiences with messages tailored for each – majority and priority populations. The tools here can help you develop and implement communications campaigns that result in high visibility for cancer prevention and control throughout your community.

Diligent media relations, community outreach and health care provider outreach can result in considerable local coverage and heightened awareness of your efforts to educate the public and influence policy makers to support cancer prevention and control locally.

These tools can help you reach your community with messages, e.g., local screening services and cancer prevention special events, as well as enabling you to see the inclusion of cancer control messages into local government, civic and health professional venues.

**8** *Tools for Influencing Public Policy provides information on communicating with policy makers through advocacy efforts.*

## Tips for Contacting Media

### **News Stories vs. Paid Advertising**

It's easy to confuse news stories with paid advertising, but the two are very different. Media stories in the newspaper, television, radio or Web site result from a reporter/editor taking an interest in your story and covering your story – for free. Media coverage, in general, is deemed more credible than paid advertising, although for cancer awareness/prevention, the credibility gap is lessened significantly.

### **Keep Trying**

Most importantly, paid advertising means your message is guaranteed to run. However, media coverage depends not only on your efforts to contact the media, but on the media outlet's interest in the story. Media interest can vary almost daily. If at first you don't succeed, try again!

### **Media Pitches: Getting Media to Cover Your Story**

When working with media, you can make the most of media contacts by positioning yourself and your organization as a credible, reliable source of information. Linking your media contacts – phone calls, e-mails – to cancer awareness months (listed below) or specific special events in your community, such as a 5K fun run, chili cook-off or similar activity, is a plus.

Many communities have more than one newspaper/television/radio outlet, so be sure to contact all of them with your media pitch. Remember to include minority/priority population media outlets, as well as community organization newsletters.

### **Success Stories**

Feature stories are an excellent way to communicate. People enjoy stories about other people, and the facts of cancer prevention can be woven into the story. Feature stories generally are more interesting than stories built simply on a set of facts or statistics. To get started, identify an individual in your community who perhaps had breast or prostate cancer that was detected early, who then successfully completed treatment. Optimally, you'll develop a list of individuals for each of the disease sites specified in the national cancer awareness months. These success stories help debunk the myth that cancer is "deadly" and can encourage people to go for cancer screening exams.

Note: Someone who has quit smoking also tells a motivating success story.

### **Treatment Stories**

Feature stories include treatment stories, as well. Like success stories, treatment stories also heighten awareness of the need for early detection of cancer. Perhaps you know of an individual who is undergoing cancer treatment and would be willing to share his/her story to help others. Particularly in smaller communities, the media coverage may result in a town rallying around the individual to help the patient and family cope during treatment.

## **National Cancer Awareness Months**

Reporters are more interested in featuring cancer stories during national cancer awareness months. Tailoring your media pitch – your call to the reporter asking for a news story – to the specific month will strengthen your pitch. “News pegs” are the key items that make a particular story newsworthy (see template news release for an example). Examples of news pegs are included here.

**January**

### **National Cervical Cancer Awareness Month**

Opportunity to promote Pap smears in your community. A news peg for New Year’s resolutions also is effective in raising awareness of cancer prevention in general.

**February**

### **National Cancer Prevention Awareness Month**

Opportunity to heighten awareness of cancer prevention, including screening guidelines, risk factors, risk-reduction strategies and screening services available locally.

**March**

### **National Colorectal Cancer Awareness Month; National Nutrition Month**

Ask a local clinic or physician office if they’d be willing to provide free FOBTs (Fecal Occult Blood Tests) for one day. This promotion generally shows good response from the community.

**April**

### **National Minority Cancer Awareness Week**

A news release can heighten awareness in minority communities for the need for cancer screening exams. Pitch news stories to local minority media, as well as mainstream media.

**May**

### **National Skin Cancer Awareness Month**

Ask a local chapter of the American Dermatological Society about sponsoring free skin screenings at a local clinic or physician office. Invite reporters to come for a skin screening. Participate in an event where you can promote the use of sunscreen.

**June**

### **Cancer Survivors Day (first Sunday)**

Spotlight survivor support groups or other services in your area. Find a local survivor who would be willing to tell their story to local media, and send a news release with this information.

**September**

### **National Prostate Cancer Awareness Month**

Opportunity to promote prostate cancer screenings. Ask a clinic or physician office to offer free screenings for one day.

**October**

### **National Breast Cancer Awareness Month**

Opportunity to promote mammograms and breast self-awareness. Find out about free or low-cost mammograms in your community and include this information in a news release.

**November**

### **Great American Smokeout (third Thursday)**

Host a Great American Smokeout exhibit on that day, perhaps at a busy mall. Invite reporters to participate in exhibit activities. Get local tobacco cessation experts to come to the event and be available for possible media interviews. Find out if nearby hospitals or universities have tobacco cessation clinical trials that individuals may enroll in, or if local tobacco cessation programs are available.

## Develop a Media List

Compile a media list of local newspapers, radio stations and television stations, with name of news media, reporter or editor's name, city, phone number, fax number and e-mail address. Some media organizations may even have a designated health reporter. The format below may be helpful. Ask your local chamber of commerce for a list of media in your area.

Associated Press  
John Doe  
City, Texas  
Phone number  
Fax number  
E-mail address

Houston Chronicle  
Jane Doe  
Houston, Texas  
Phone number  
Fax number  
E-mail address

Other media possibilities can include newsletters. Many state and local organizations, such as AARP and the American Cancer Society, have regular publications they distribute

## Get an Expert

Ask a physician if he/she would be available for possible media interviews the day you send the news release. Journalists like to quote top-level experts, in this case physicians/nurses/health care professionals, for medical stories.

*Note: The expert's availability will affect the timing of your news release.*

## Send News Release

Fax and/or e-mail the news release to each individual reporter/editor on the media list. Sending early in the day is better.

## Make Phone Calls

After you've faxed/e-mailed the news release to all reporters/editors, follow up with a phone call to each individual reporter/editor. Tell them:

- You wanted to make sure they received the news release about cancer prevention.
- You hope they can use this story in their newspaper/radio/TV station.
- A local expert is available for interview.
- Offer to resend the news release (expect them to say they didn't receive the news release, even though you know you sent it).

*Note: Journalists are usually on deadline, so expect them to be abrupt.*

## Keep Your Chin Up

If at first you don't succeed, try again! Many variables affect the news cycle. Your news story is "evergreen," meaning that it can run next week or next month – unlike a local robbery or 18-wheeler accident.

Free FOBTs

FOR IMMEDIATE RELEASE

Date

Contact: [YOUR NAME], (xxx) xxx-xxxx; [E-MAIL]

**[CLINIC/ORGANIZATION] to Offer  
Colorectal Cancer Screening Test Giveaway [DATE]**

[CITY]—March is National Colorectal Cancer Awareness Month, and

[CLINIC/ORGANIZATION] will offer colorectal cancer screening tests free of charge.

The free screening tests—fecal occult blood tests (FOBTs) will be available [DAY, DATE, TIME.] Individuals may pick up FOBTs at [LOCATION], [ADDRESS].

“The tragedy of nearly 60,000 deaths a year caused by colorectal cancer is that so many can be prevented,” says Bernard Levin, M.D., M. D. Anderson’s vice president for cancer prevention and a colorectal cancer specialist.

Colorectal cancer usually begins with development of precancerous polyps—or growths—in the colon or rectum, Levin says. Left untreated, some of these polyps may become cancerous tumors that can invade the colorectal wall and spread to other parts of the body. With early detection, however, the polyps may be removed.

FOBTs test for hidden blood in the stool—an early indicator of the disease and one of the screening tests recommended by the American Cancer Society and the U.S. Preventive Services Task Force. A positive FOBT requires a diagnostic colonoscopy to determine the cause of bleeding. Colonoscopy is excluded from the free screening.

FOBTs are completed at home and include stool blood cards to be used for three consecutive bowel movements. Appropriate packaging and storage instructions are included. Individuals may mail completed FOBTs through regular mail to [LOCATION] in the envelope provided. Clinic staff then inform individuals of test results and provide recommendations based on the results.

Each person age 50 or older will receive one FOBT kit per person. Anyone age 50 or older is eligible for the free FOBTs but a few exceptions apply. Individuals are not eligible if any of the following apply: if they have a first-degree relative (mother, father, sister, brother, child) who had colorectal cancer or polyps before age 60; more than one first-degree relative with colorectal cancer or polyps at any age; personal history of polyps, colorectal cancer or inflammatory bowel disease; recent rectal bleeding; or persistent change in bowel habits.

Instead, these individuals are encouraged to schedule a screening exam.

Beginning at age 50, men and women should follow one of the examination schedules below:

- A colonoscopy every 10 years
- A fecal occult blood test (FOBT) every year
- A flexible sigmoidoscopy (FSIG) every five years
- Annual FOBT and FSIG every five years. This combination is preferred over either annual FOBT or FSIG every five years, alone.
- A double-contrast barium enema

People at moderate or high risk for colorectal cancer (e.g., a strong family history) should talk with their doctor about the need for a different testing schedule.

About xxx,xxx individuals are expected to be diagnosed with colorectal cancer in the United States during 20xx, according to American Cancer Society figures. About xx,xxx individuals are expected to die of the disease this year. In Texas, x,xxx individuals are expected to be diagnosed with colorectal cancer this year, and x,xxx are expected to die of the disease.

“With early detection, colorectal cancer is highly curable,” Levin says.

To schedule a screening colonoscopy, call [YOUR CLINIC/PHYSICIAN OFFICE] or go online at [WEB SITE]. For more information about colorectal cancer, call the American Cancer Society at 1-800- ACS-2345.

–30–

## Minority Cancer Awareness

### FOR IMMEDIATE RELEASE

Date

Contact: [YOUR NAME], [PHONE], [E-MAIL]

### **African-Americans More Likely to Die of Colorectal Cancer than Any Other Racial or Ethnic Group**

[CITY], Texas – Despite advances in cancer research and treatment that continue to help many people live beyond a cancer diagnosis, one racial/ethnic group stands out because of its higher mortality rate for colorectal cancer.

“More than individuals of any other racial or ethnic background, African-Americans are more likely to die of this disease,” says Dr. Bernard Levin, vice president for cancer prevention at The University of Texas M. D. Anderson Cancer Center.

“Overall, we’ve seen a decline in the colorectal cancer mortality rate in recent years, but this has not extended to African-Americans,” he says. African-Americans are more likely to be diagnosed with colorectal cancer in its more advanced stages, resulting in poorer treatment outcomes.

U.S. Rep. Sheila Jackson Lee, D-Texas, is voicing her support of colorectal cancer awareness, as well as the need to educate the African-American community about screening and early detection.

“It is a national tragedy that African-Americans are more likely to die of colorectal cancer than any other racial or ethnic group in the United States,” Lee says. “This is particularly devastating because this type of cancer not only is preventable, it is 90 percent curable if detected early.”

Additionally, incidence rates for African-Americans are increasing. In recent years, colorectal cancer incidence has increased 46 percent among African-American men and 10 percent among African-American women.

“We need to put aside our embarrassment, and begin talking about colorectal cancer,” Lee says. “Maintaining a dialogue at national, regional and local levels will significantly reduce the number deaths due to this disease and improve the health of our community.”

Colorectal cancer is an orphan disease, simply because no one wants to talk about it,” Lee says. “Talk to your doctor, your family and your friends about colorectal cancer. This is a conversation that can save your life.”

Colorectal cancer is the nation’s second leading cancer killer, with an estimated xx,xxx deaths in the United States expected this year, according to the American Cancer Society. In Texas, an estimated x,xxx deaths are expected in 20xx. Regular screening and early detection examinations allow the disease to be discovered at its earliest, most treatable, stages.

Beginning at age 50, men and women should follow one of the examination schedules below:

- A colonoscopy every 10 years
- A fecal occult blood test (FOBT) every year
- A flexible sigmoidoscopy (FSIG) every five years
- Annual FOBT and FSIG every five years. This combination is preferred over either annual FOBT or FSIG every five years, alone.
- A double-contrast barium enema

People at moderate or high risk for colorectal cancer (e.g., a strong family history) should talk with their doctor about the need for a different testing schedule.

About xxx,xxx individuals are expected to be diagnosed with colorectal cancer in the United States during 20xx, according to American Cancer Society figures. About xx,xxx individuals are expected to die of the disease this year. In Texas, x,xxx individuals are expected to be diagnosed with colorectal cancer this year, and x,xxx are expected to die of the disease.

“With early detection, colorectal cancer is highly curable,” Levin says.

To schedule a screening colonoscopy, call [YOUR CLINIC/PHYSICIAN OFFICE] or go online at [WEB SITE]. For more information about colorectal cancer, call the American Cancer Society at 1-800- ACS-2345.

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Credit: The University of Texas M. D. Anderson Cancer Center, Division of Cancer Prevention and Population Sciences and the Public Education Office

## **Great American Smokeout**

NOTE TO MEDIA: Tobacco cessation experts will be available for interviews at [TIME]

### **MEDIA ADVISORY**

Contact: [YOUR NAME], [PHONE], [E-MAIL]

### **[CLINIC/ORGANIZATION] Encourages Smokers to Quit at Great American Smokeout Event**

**[DAY, DATE]  
[TIME]**

Smokers are invited to learn about the best ways to beat the habit at [LOCATION]. In addition, smokers can learn about tobacco cessation clinical trials currently recruiting participants who want to quit. These research studies are available free for eligible participants.

The day's events are scheduled in conjunction with the national Great American Smokeout, the American Cancer Society event held each year to encourage smokers to quit for the day and the rest of their lives.

The exhibit area will feature:

- Information about kick-the-habit research studies
- Testing lung capacity by blowing into a pulmonary function machine
- Experts on the best methods for quitting
- The latest in nicotine replacement therapy

Since 1999, smoking cessation programs have been tax-deductible, in accordance with Internal Revenue Service guidelines of deductible medical expenses.

###

Credit: The University of Texas M. D. Anderson Cancer Center, Division of Cancer Prevention and Population Sciences and the Public Education Office

## **Media Sidebar: Send with Great American Smokeout media advisory**

### **Summary Points on Tobacco Use and Health Policy**

#### **INCIDENCE/MORTALITY**

- Tobacco is responsible for at least 30 percent of all cancer deaths and is the chief avoidable cause of illness and death in the United States. (American Cancer Society)
- Tobacco use causes more deaths annually than alcohol, heroin, cocaine, suicide, homicide, automobile accidents, fire and AIDS combined. (Journal of the National Cancer Institute)
- In Texas, an estimated 9,670 people will die of lung cancer in 2004, and an estimated 10,470 Texans will be diagnosed with lung cancer in 2004. In the United States, an estimated 160,440 people will die of lung cancer in 2004, and an estimated 173,770 people will be diagnosed with the disease in 2004. (American Cancer Society)
- Estimated 430,700 deaths per year due to smoking, including cancer and heart disease. (American Cancer Society)
- Lung cancer kills more women each year than breast cancer. In the United States, an estimated 68,510 women will die of lung cancer in 2004, and 40,110 will die of breast cancer. (American Cancer Society CS)

#### **TOBACCO USE**

- Health education, combined with social, economic and regulatory approaches is essential to counterbalance the tobacco industry's advertising and promotion and to foster nonsmoking environments. (U.S. Department of Health and Human Services, Surgeon General's Report)
- Tobacco use is an addiction, not just a habit. Less than 6 percent of Americans who quit smoking for a day remain abstinent one year later. For those trying a single cigarette, 33 to 50 percent will become addicted. (Journal of the National Cancer Institute)
- The average age of smoking or smokeless tobacco initiation is younger than 15 years old in many countries, including the United States. Every day, more than 2,000 children and adolescents become addicted to tobacco. Adult smokers who die currently are being replaced by youths who begin smoking. (Journal of the National Cancer Institute)
- Tobacco use is epidemic. About 25 percent of Americans (48 million people) currently smoke, and about one-fifth of U.S. high school seniors smoke. (Journal of the National Cancer Institute)

#### **COSTS: SOCIAL AND FISCAL**

- Nationally, the number of people who die earlier than their life expectancy translates to more than 5 million years of potential life lost each year. (Centers for Disease Control and Prevention)
- Tobacco use costs the nation nearly \$100 billion every year. The estimated annual cost for smoking-related medical care is \$50 billion, with the cost of lost productivity and forfeited earnings due to smoking-related disability estimated at another \$50 billion per year. (Centers for Disease Control and Prevention)

## **Paid Advertising**

Paid advertising is what it sounds like – you pay a certain price for a certain amount of newspaper space or broadcast air time. If you purchase advertising, you are guaranteed that your message will run. This is an important difference between paid advertising and media coverage.

### **Cost Considerations**

Another consideration is cost, as paid advertising can be pricey, depending on the media outlet. Ads in media outlets in large cities tend to be the most expensive, because they reach many thousands of individuals. In smaller towns, ad rates tend to be less costly, because fewer people are reached. Television tends to be the most expensive, with a single month-long placement costing in the thousands of dollars – depending on whether the station is in a large city or smaller town.

Many communities have more than one newspaper/television/radio outlet, so be sure to contact all of them and speak with the advertising representative. Remember to include minority/priority population media outlets, as well as community organization newsletters, in your search for the best ads at the best price.

### **Making the Media Buy**

If you'd like to purchase advertising, you'll work with an account representative (ad salesperson), whereas for media stories, you work only with a reporter/editor. To buy advertising, call the media outlet's main phone number (newspaper, television/radio station) and say you'd like information about ad packages. You'll be directed to an account representative, and you can carry out the purchase from there.

### **Tell the Ad Representative Your Budget**

During the conversation about ad purchases, this is a good time to mention your advertising budget. Unlike some other financial negotiations, it helps for ad representative to know the parameters of your financial abilities. Generally, media outlets offer the best prices for health-related advertising purchases. They also can offer specials for non-profit organizations including discounts rates and "matching programs" where you pay for one ad and they give you one free. Work with your advertising representative for the best wording and graphics for your ad. This often is included in the cost of the ad purchase. Timing also make difference in cost. For example, ads during election time can cost much more.

### **Corporate Partnership**

Occasionally, a community sponsor will be available to pay for your advertising. When this happens, it's a courtesy – and it's expected – that you include their corporate logo, along with a statement of their support, in the ad.

# Do You Smoke Cigarettes?

If you do smoke, researchers need your advice!  
Help us evaluate messages about smoking and health.  
\$35 compensation for your time and commitment.

## You Are Eligible If You:

- Smoke at least 5 cigarettes a day and have smoked for at least one year
- Are between 18 and 65 years of age
- Speak English

# (713) 792-7839

THE UNIVERSITY OF TEXAS  
MD ANDERSON  
CANCER CENTER

*Making Cancer History®*

# Want to Quit Smoking?

**FREE** nicotine patches can help!



**Project  
CARE**  
(713) 745-0063

Volunteers are needed for a research study. You will be paid for your time. Must be age 21 - 65 to participate.

THE UNIVERSITY OF TEXAS  
MD ANDERSON  
CANCER CENTER  
*Making Cancer History®*

### **Tips for Developing Media Partnerships**

Developing media partnerships is similar to contacting the media with a particular story or press release. In addition to the tips and information previously discussed, you may also want to consider the following in establishing a relationship with a media outlet in your community.

#### **Select Media Outlet**

Choose one newspaper/radio station/television station that is most widely known in your area. Mail a letter similar to the sample on the next page.

Call the media outlet to ask for a meeting with the editor (for a newspaper) or general manager (for a television or radio station). Tell them you'd like to develop a media partnership with them to help people in your area learn more about cancer prevention. Tell them about your efforts and resources, and ask how the two of you can work together to prevent cancer in your city. Hold the meeting, then see what develops.

When you're talking with the media outlet, don't be surprised if the publisher/editor asks if you'd be interested in purchasing an advertising package in exchange for expanded news coverage. Be sure to ask what type of package they have in mind – this is an excellent time to mention your budget or lack thereof.

## Sample Letter to Media Outlet

[DATE]

[Individual's Name]  
[Media Outlet's Name]  
[Address]  
[City, State, Zip]

Dear [NAME]:

It is with great pleasure that we invite [MEDIA OUTLET] to partner with us to improve the health of the general population in [CITY] by promoting cancer prevention awareness.

We'd like to meet with you to discuss how we can work together to help [CITY] citizens learn more about cancer – how to prevent it, recognize early warning signs and what to do if they are diagnosed.

We'll call your office next week to request a meeting. Meanwhile, please feel free to call me at [PHONE] or e-mail me at [E-MAIL]. I look forward to discussing this collaborative opportunity with you in more detail.

Sincerely,

[YOUR NAME]  
[YOUR TITLE]

## Community Outreach

### **Flier/Poster Distribution**

Poster and flier distribution is a key element for your community outreach efforts. Posters and fliers can be identical in text and format, with the poster being an enlarged version of the flier – or you may choose to slightly alter the text or format.

Raising public awareness about cancer prevention and control requires repeated exposures to the same messages over a period of months and years.

Developing and distributing core messages over a period of time provides your community with the best opportunity to understand the importance of cancer screening, early detection and healthy lifestyle changes to reduce cancer risk.

### **Tips for Flier/Poster Distribution**

Keep your audience in mind when developing and distributing literature in your community. Key audiences include the general population, priority populations and health care professionals. If your program involves children, reaching parents and education professionals also will be critical. One way to reach community members is through local health fairs. You'll want to speak to each audience in the way that reaches them best, so tailor your messages accordingly.

Compile a list of local health-related organizations, non-health-related organizations, corporate wellness offices, physician offices and community clinics, with the address, phone number, fax number and e-mail address. If possible, include the name of the best contact person for each organization's address. The format below may be helpful.

Dr. John Doe's Family Practice  
Attn: Jane Doe, R.N.  
Address  
City, Texas  
Phone number  
Fax number  
E-mail address

Jane Doe's Oil Co  
Attn: Wellness Office  
Address  
City, Texas  
Phone number  
Fax number  
E-mail address

In addition to the more traditional locations for community outreach, such as doctor's offices and health fairs, there are other opportunities for cancer control programs in settings such as the workplace. Many employers have integrated health programs into their environment for both humanitarian and economic reasons. Corporations increasingly realize that such programs are beneficial to the health and well-being of its employees. This presents an opportunity for doing cancer control programs in the workplace. To reach the business, try to identify the safety officer, human resources director, or the wellness department.

## **Sample Talking Points for Presentations/Speaker's Module**

Here are sample talking points for a presentation on cancer prevention. When providing talking points to a speaker, use a 14-point font for easier reading and double-space between points.

### **Talking Points for Cancer Prevention**

- Did you know that up to two-thirds of cancers may be prevented through healthy life style changes? And more cancers can be successfully treated if they are detected early?
- A healthy diet and avoiding habits like smoking are two of the best cancer prevention tools. Regular cancer screenings can help detect many cancers in their earliest, most treatable, stages.
- Avoid tobacco, whether smoking or chewing tobacco, to prevent cancers of the lung, mouth, throat, bladder and pancreas. Chewing tobacco is just as harmful and addictive as smoking. Ask your doctor about tobacco cessation programs.
- Limit sun exposure to reduce your risk of skin cancer. The safest times to be outdoors are before 10 a.m. and after 4 p.m. Be sure to apply sunscreen 30 minutes before heading outside. Remember, a tan is a sign of skin damage that can result in melanoma and other skin cancers.
- Limit yourself to two drinks containing alcohol per day, if you choose to drink alcohol at all. Alcohol consumption can lead to cancers of the colon, breast and liver. When combined with smoking, alcohol greatly increases the risk of head and neck cancers.
- Eat five to nine servings of fruit and vegetables daily. People who eat the most fruits and vegetables have a decreased risk of developing several types of cancer. It's easier than you think to fit in five to nine servings every day.
- Make time for annual cancer screenings. Annual cancer screening exams are recommended for all adults. Early detection provides the best opportunity for successful treatment.
- Know your family's history of cancer. Some cancers tend to run in families, so knowing what disease to look for will help. If you have a family history of a certain type of cancer, be sure to tell your doctor. You may need to begin cancer screening at an earlier age, and more often than once a year.

**Community Outreach**  
Sample flier for general public

# **Take Control of Your Cancer Risk Get the Facts**

- More than 60 percent of people diagnosed with cancer are treated successfully and are disease-free
- Up to two-thirds of all cancers may be prevented through healthy lifestyle changes
- Annual cancer screening examinations are recommended for all adults
- Avoid tobacco – tobacco use causes one-third of all cancers
- Limit sun exposure
- Limit or avoid alcohol consumption – maximum of two drinks per day
- Eat five servings of fruit and vegetables daily
- Avoid obesity – walking is good exercise
- Know your family's history of cancer

**Cancer can be treated. Fear can't.  
Get screened today.**

Call [CLINIC] at (xxx) xxx-xxxx to schedule a cancer screening appointment

Credit: The University of Texas M. D. Anderson Cancer Center, Division of Cancer Prevention and Population Sciences and the Public Education Office

# **Take Control of Your Cancer Risk**

## *Get the Facts for African-Americans*

- More than 60 percent of people diagnosed with cancer are treated successfully and are disease-free.
- African-Americans are more likely to get cancer than any other racial or ethnic group. Find the cancer early and get treated.
- More African-Americans get colorectal cancer (women and men) and prostate cancer (men). Ask your doctor for a screening exam.
- Up to two-thirds of all cancers may be prevented through healthy lifestyle changes.
- Annual cancer screening examinations are recommended for all adults
- Avoid tobacco – tobacco use causes one-third of all cancers
- Limit or avoid alcohol consumption – maximum of two drinks per day
- Eat five servings of fruit and vegetables daily
- Avoid obesity – walking is good exercise
- Know your family's history of cancer

**Cancer can be treated. Fear can't.  
Get screened today.**

**Call [CLINIC] at (xxx) xxx-xxxx to schedule a cancer screening appointment.**

**Targeted Priority Populations Outreach**  
Sample culturally sensitive flier- Spanish language

# **Controle su riesgo de desarrollar cáncer**

## *Los datos para hispanos*

- Más de 60 por ciento de las personas con cáncer se tratan con éxito y viven vidas normales
- Hasta dos tercios de todos los tipos de cáncer se pueden prevenir con cambios saludables en el estilo de vida
  - Se recomiendan exámenes de cáncer anuales para adultos
  - Evite el tabaco – el uso de tabaco causa un tercio de todos los tipos de cáncer
  - Limite la exposición al sol
  - Limite o evite el consumo de alcohol – dos copas por día máximo
  - Coma cinco porciones diarias de frutas y vegetales
  - Evite la obesidad – caminar es buen ejercicio
  - Conozca su historia familiar de cáncer

**Cáncer tiene tratamiento.  
El miedo no.  
Hágase un chequeo hoy.**

**Llame [CLINIC] a (xxx) xxx-xxxx para programar una cita para un chequeo del cáncer.**

Credit: The University of Texas M. D. Anderson Cancer Center, Division of Cancer Prevention and Population Sciences and the Public Education Office

## Priority Populations Outreach

Tool 6: Tools for Working with Priority Populations provides information and suggestions on addressing the diversity of your audience to help assure a successful program. The Tool includes more detailed discussion of certain priority populations and includes discussion on outreach. This section of Tool 4 gives an example, through faith-based initiatives, of how outreach and the media can work together to reach priority populations and demonstrates how the Tools can be used together to provide optimal efforts to provide cancer prevention and control programs to all Texans.

Faith-based initiatives are excellent venues for priority populations. Incorporating places of worship into your community outreach plan can increase the reach of your message.

The benefits of faith-based initiatives include having an audience and a location where cancer prevention messages can be delivered. Spiritual leaders generally welcome the opportunity to provide their members with information that will improve their health and welfare – and avoiding cancer is a particularly well-suited message to meet those needs. Contact them in the beginning of your planning process to assure their support for your program.

Following is a sample comprehensive communications plan that may help guide you in organizing faith-based initiatives in your community. You may want to use some, or all, of the ideas shown here.

## **Sample Communications Plan for National Minority Cancer Awareness Week at [GROUP]**

### **GOALS**

- To heighten awareness of cancer prevention among members of [GROUP].
- To heighten awareness of clinical trials among members of [GROUP].
- To assist [GROUP] member and colorectal cancer survivor [NAME] in launching her church wide cancer ministry.
- To discover how the community of [GROUP] can be better served.

### **KEY DATES**

- Mar. 26: Bulletin announcement about free FOBTs at Cancer Prevention Center 3/29.
- Apr. 7: Provide content for [GROUP] website, with link to web page with information. PSAs, calendar items to minority media. Includes [CLINIC] phone contact for more info.
- Apr. 8: KTSU-Radio talk show w/ [DOCTOR] (speaker at 4/30 event) on tobacco cessation. Includes [CLINIC] phone contact, web info.
- Apr. 9: Bulletin inserts, announcements at all five services about 4/30 event. Inserts include registration info (name, address phone #, RSVP), members asked to leave inserts in boxes placed at all exits.
- Apr. 15: KTSU-Radio talk show on STAR. Includes [CLINIC] phone contact, web info.
- Apr. 16: Bulletin inserts, announcements at all five services about 4/30 event. Inserts include registration info (name, address phone #, RSVP), members asked to leave inserts in boxes placed at all exits.
- Apr. 23: Bulletin inserts, announcements at all five services about 4/30 event. Inserts include registration info (name, address phone #, RSVP), members asked to leave inserts in boxes placed at all exits.
- Apr. 25: Phone tree call to all registrants with reminder message.
- Apr. 26: Media advisory inviting media to attend event.
- Apr. 30: Bulletin inserts, announcements at all five services about 4/30 event. Inserts include registration info (name, address phone #, RSVP), members asked to leave inserts in boxes placed at all exits.

## **KEY MESSAGES FOR PRESENTATIONS**

- 4/30 Sunday evening:  
Cancer launch includes speakers:
- Spiritual leader introduces the members. Comments include fact that African-Americans are more likely to die of breast, prostate and colorectal cancers. [NAME] has identified 150 volunteers from the membership to assist her.
- [DOCTOR]. Provides prevention overview.
- [DOCTOR]. Provides info about STAR and encourages women to enroll.
- [DOCTOR]. Provides info on general cancer prevention, focus on prostate and colorectal.
- [DOCTOR] provides tobacco addiction and cessation info.
- [DOCTOR] publicly presents Spiritual leader with Cancer Resource Kit, attractively gift-wrapped, for use with members.
- [DOCTOR] publicly expresses desire for ongoing relationship with [CLINIC], and pledges support for [GROUP] ministry (support to include consultation, speakers, brochures, etc).
- STAR exhibit table in vestibule. Congregation invited to stop at table. Table staffed by Cancer Prevention. Risk assessment forms (RAFs) and brochures available. Women may fill out RAFs at the table or take home and mail in.

## **EXTERNAL COMMUNICATIONS**

- Bulletin registration inserts.
- Announcements during Saturday and Sunday services.
- Phone tree with reminder message to registrants.
- [GROUP] focus on web site on event, with link to partner's home page.
- Media advisory.
- Specific media pitches to minority media.

## **SPECIFIC MEDIA PITCHES**

- Calendar items, PSAs about the 4/30 event.
- Houston Defender story on the event, personality profile on spiritual leader.
- Informer story on the event, personality profile on spiritual leader.
- Houston News Pages story on the event, personality profile on spiritual leader.
- Forward Times story on the event, personality profile on spiritual leader.
- Sun story on the event, personality profile on spiritual leader.
- Chronicle This Week on the event, personality profile on spiritual leader.
- Chronicle Houston Healthwatch on the event.
- KMJQ-Radio, KWWJ-Radio, KTSU-Radio talk shows with [DOCTOR], [DOCTOR], [DOCTOR], and [DOCTOR].

## Health Care Provider Outreach

Health care provider outreach is a critical outreach tool that can allow you to expand the reach of your messages many times over. These high-impact outreach efforts can establish cancer prevention and control messages as keystones in your community.

The goal of effective health care provider outreach is communicating beneficial information to community health care providers about cancer prevention and control, in support of reducing the cancer burden in their community and throughout the state. You'll want to position yourself as providing a service to the health care provider that can benefit his or her patients.

Health care providers can be excellent and influential allies in your efforts to reach your community with cancer prevention and control messages.

Developing relationships with your community health care providers provides you with in-roads to reach hundreds of individuals in a venue that is more trusted and respected than nearly any other. This activity maximizes your ability to heighten awareness in your community. The influence of a health care provider in communicating a cancer prevention and control message cannot be underestimated.

When conducting health care provider outreach, here again, considering your audience is the first step. Messages that appeal to health care providers can include significantly improving the health of their patients and providing services that their patients deem valuable.

Health care providers face many demands on their time, so make it easy for them to help educate the community about cancer screening and early detection.

- Approach health care providers with ready-made fliers and posters about cancer prevention. Use the same fliers and posters you'd use for community outreach.
- Ask health care providers to allow you to leave fliers in the waiting rooms.
- Ask health care providers to hang a poster in every exam room.
- In this way, you're providing a valuable service to the health care provider. You're viewed by the health care provider as supporting him or her in the role of improving patient health.

Attend local and regional health care provider professional meetings, and distribute fliers and posters that appeal to this audience.

The Texas Cancer Council funds three health professional cancer education programs: Physician Oncology Education Program (POEP), Nurse Oncology Education Program (NOEP), and Dental Oncology Education Program (DOEP) that can assist you in locating speakers and materials for educating health professionals and materials for use by professionals in their practice. Contact information for the organizations can be found in Tool 5: Tools For Finding Resources.

**Health Care Provider Outreach**  
Flier/poster for health care providers

# **Help Control Cancer in Your Patients**

## *Share the Facts*

### **Early detection is critical**

- More than 60 percent of people diagnosed with cancer are treated successfully and are disease-free
- Up to two-thirds of all cancers may be prevented through healthy lifestyle changes
  - Annual cancer screening examinations are recommended for all adults
  - Avoid tobacco – tobacco use causes one-third of all cancers
  - Limit sun exposure
  - Limit or avoid alcohol consumption – maximum of two drinks per day
  - Eat five servings of fruit and vegetables daily
  - Avoid obesity – walking is good exercise
  - Know your family’s history of cancer

**Cancer can be treated. Fear can’t.  
Recommend cancer screening.**

**For more information, go online at [www.texasoncology.org/plan](http://www.texasoncology.org/plan).**

Credit: The University of Texas M. D. Anderson Cancer Center, Division of Cancer Prevention and Population Sciences and the Public Education Office

# 5



## 5

### Tools for Finding Resources

1. Finding Resources
2. Helpful Resources

## Finding Resources

A large part of developing and carrying out a successful project will be to find organizations that can provide resources to help you through the process. Look for existing resources that are based on research and have already been proven to work with projects like yours. Many organizations have already developed resources such as reports, print, and web-based materials available to help you with planning and implementing your own local project using methods and materials that have been proven to work.

The following list is comprehensive but not all-inclusive and includes community, state and national resources. Searching the web, picking up your local phonebook, and asking for referrals will also help you find the resources your community specifically needs. Make use of existing resources and use local contacts to the full benefit of your project.

The sources are listed in alphabetical order and contain a short description of the possible resources available. Additionally, there are symbols following the description for quick reference as to the audience and format of the available resources.

The symbols are as follows:



Cancer information and tools for communities.



Cancer information and tools for health care professionals.



Web based resources or a Web site with the organizations information.



Print materials available.



People with expertise in cancer control who may be able to provide guidance and assistance.

Making use of available resources will help position you with the needed tools to plan and execute the best project possible!

## Helpful Resources

### **Action for Healthy Kids: Tools for Action**

The Action for Healthy Kids Alliance (AFHKA) has produced a selection of tools and resources designed to help support positive changes in children's nutrition and physical activity in the school environment.

Web site: [www.actionforhealthykids.org/tools/index.htm](http://www.actionforhealthykids.org/tools/index.htm)

Phone: 1-800-416-5136



### **Action Plan on Breast & Cervical Cancers for Texas**

The mission of the Action Plan on Breast & Cervical Cancers for Texas is to develop, promote, implement and evaluate a comprehensive statewide plan to reduce the human, economic and social impact of breast and cervical cancers.

Web site: [www.texascancercouncil.org/pdfs/bcaplanresource.pdf](http://www.texascancercouncil.org/pdfs/bcaplanresource.pdf)

Phone: 512-463-3190



### **Action Plan on Colorectal Cancer for the State of Texas**

The Action Plan on Colorectal Cancer for the State of Texas identifies the education, prevention and support resources currently available in the state and recommends and prioritizes those needing development to reduce the impact of colorectal cancer in Texas. The document identifies and discusses the many factors that influence the current levels of colorectal cancer incidence and death, including current knowledge, attitudes and practices among the public and health care providers, access to and availability of services and financial and policy issues; through collaborative, innovative and scientifically sound interventions.

Web site: [www.texascancercouncil.org/colonplan/](http://www.texascancercouncil.org/colonplan/)

Phone: 512-463-3190



### **Action Plan on Prostate Cancer for the State of Texas**

The Action Plan on Prostate Cancer for the State of Texas, has the goal of identifying the education, diagnostic, treatment and support resources currently available in the state and to prioritize those needing development.

Web site: [www.texascancercouncil.org/pdfs/prostateplan.pdf](http://www.texascancercouncil.org/pdfs/prostateplan.pdf)

Phone: 512-463-3190



### **Action Plan on Skin Cancer for the State of Texas**

The Action Plan on Skin Cancer for the State of Texas identifies current skin cancer education, prevention detection, and treatment resources. It recommends approaches and resources that need to be developed to thoroughly evaluate and reduce the incidence of skin cancer in the state, so that the trend of steadily increasing morbidity and mortality associated with skin cancer in Texas may be reduced.

Web site: [www.texascancercouncil.org/skincancer/](http://www.texascancercouncil.org/skincancer/)

Phone: 512-463-3190



### **American Cancer Society**

The American Cancer Society is dedicated to eliminating cancer as a major health problem by saving lives, diminishing suffering and preventing cancer through research, education, advocacy and service. Founded in 1913 and with national headquarters in Atlanta, the Society has 14 regional Divisions and local offices in 3,400 communities, involving millions of volunteers across the United States. The Texas Division Office has headquarters in Austin and 26 local offices throughout the state. Resources include programs, speakers, CD's, books and pamphlets, posters, subscriptions and other materials.

Web site: [www.cancer.org](http://www.cancer.org)

Phone: 1-800-ACS-2345



### **Americans for Nonsmokers' Rights**

The Americans for Nonsmokers' Rights is the leading national lobbying organization dedicated to nonsmokers' rights, taking on the tobacco industry at all levels of government to protect nonsmokers from second hand smoke and youth from tobacco addiction. This Web site provides excellent information for communities interested in wanting to go smoke-free.

Web site: [www.no-smoke.org/goingsmokefree.php](http://www.no-smoke.org/goingsmokefree.php)

Phone: 510-841-3032



### **Cancer Gateway**

The Cancer Gateway of Texas is an Internet portal to cancer-related information, resources and publications. Links are reviewed for quality and are organized by cancer topic and cancer type. These links include Web sites based in Texas as well as those found across the country. Texas based sites are identified by a small Texas icon. Cancer Gateway is maintained by the University of Texas M. D. Anderson Cancer Center and funded by the Texas Cancer Council.

Web site: [www.cancergateway.org](http://www.cancergateway.org)

Phone: 713-792-2277



### **Cancer Index**

The Guide to Internet Resources for Cancer - gateway to 'national' cancer information on the Net since 1996. This non-profit guide contains over 100 pages and more than 4,000 links to cancer related information. It is regularly updated and links are periodically verified using a link-checker.

Web site: [www.cancerindex.org](http://www.cancerindex.org)

Phone: None



### **Cancer Information Service**

The National Cancer Institute's (NCI) Cancer Information Service (CIS) is a national information and education network. The CIS is a free public service of the NCI, the nation's primary agency for cancer research. From statistical resources like the Atlas of Cancer Mortality in the United States, to publications such as The Picture of Health: How To Increase Breast Cancer Screening In Your Community and Trainer's Guide for Cancer Education, the National Cancer Institute's Cancer Information Service has many publications to help cancer control planners. Additionally, there are numerous general public and patient publications that can be used in programs and projects. The regional office of the CIS is located at the University of Texas M. D. Anderson Cancer Center.

Web site: [www.cancer.gov](http://www.cancer.gov)

Phone: 1-800 4-CANCER



### **Cancer Nutrition Network for Texans**

The Cancer Nutrition Network for Texans (CNNT) provides the latest and most reliable information on cancer nutrition for people living with cancer and their caregivers as a means of reducing the burden of cancer on Texans. CNNT is a project of UTMB Galveston and funded by the Texas Cancer Council.

Web site: [www2.utmb.edu/nsights/](http://www2.utmb.edu/nsights/)

Phone: 409-747-6602



### **Cancer Together**

Cancer Together is a non-profit organization of patients, families, volunteers and health care professionals committed to the task of developing a video library chronicling the human experience with cancer. Cancer Together provides on-line access to a gallery of video interviews with cancer patients, their families, and health care workers. Interviews are also available on DVD and VHS. This project is funded in part by the Texas Cancer Council.

Web site: [www.cancertogether.org](http://www.cancertogether.org)

Phone: 214-824-2292



### **Clinical Trials**

#### **American Cancer Society**

The American Cancer Society supports greater access to clinical trials for all cancer patients. On the Web site is more information on how to use the free, confidential matching service for cancer clinical trials nation wide as well as why cancer clinical trials are important, the benefits and what to ask the doctor.

Web site: [www.cancer.org](http://www.cancer.org)

Phone: 1-800-ACS-2345



#### **Centerwatch**

You can use this site to find a wealth of information about clinical research, including listings of active industry and government-sponsored clinical trails, as well as new drug therapies in research and those recently approved by the FDA. The site is designed to be an open resource for patients interested in participating in clinical trials and for research professionals. CenterWatch is a Boston-based publishing and information services company.

Web site: [www.centerwatch.com](http://www.centerwatch.com)

Phone: 617-856-5900



### **National Cancer Institute (NCI)**

The NCI website has a form for searching the most comprehensive list of clinical trials according to type of cancer, stage, type of treatment and location across the globe, among other parameters. There are also educational materials to learn about clinical trials and information on the most recent developments in cancer care.

Web site: [www.cancer.gov/clinicaltrials](http://www.cancer.gov/clinicaltrials)

Phone: 1-800-4-CANCER



### **Pharmaceutical Companies**

Pharmaceutical companies are also a good resource for educational materials and information on the clinical trials they are supporting. There are numerous companies to reference. Pharmaceutical and Research Manufacturers of America may be a good place to start as they represent the country's leading research-based pharmaceutical and biotechnology companies.

Web site: [www.phrma.org](http://www.phrma.org)

Phone: 202-835-3400



### **Colorectal Cancer in Texas, A Guide to Community Outreach**

The DSHS manual is designed to help you get organized, assess your community, come up with ideas and events and involve the media to carry a colorectal cancer message to your community. It offers examples of effective work done by community groups in Texas and lessons these groups have learned, along with step-by-step directions for various activities.

Web site: [www.tdh.state.tx.us/tcccp/reportfiles/colguide.pdf](http://www.tdh.state.tx.us/tcccp/reportfiles/colguide.pdf)

Phone: 1-888-963-7111



### **Community Toolbox**

The Community Toolbox goal is to support a community's work in promoting community health and development. The Toolbox provides over 6,000 pages of practical skill building information on over 250 different topics. Topic sections include step-by-step instruction, examples, checklists and related topics.

Web site: [ctb.ku.edu](http://ctb.ku.edu)

Phone: 785-864-0533



### **Dental Oncology Education Program (DOEP)**

DOEP is dedicated to increasing the ability and effectiveness of dental and other health care professionals in oral cancer early detection and risk factor reduction and to improving cancer survivors' quality of life through patient supportive oral health care during and following therapy. DOEP offers educational seminars, resource guides and supportive educational materials for Texas health care professionals upon request. DOEP is a project of Baylor College of Dentistry and funded by the Texas Cancer Council.

Web site: [www.doep.org](http://www.doep.org)

Phone: 512-443-1308



### **Female Cancer Screening Education for Nurses in Rural or Medically Underserved Areas of Texas**

The Education Program provides cancer prevention and control education to nurses in rural and underserved Texas communities. Contact Faye Gregory at the University of Texas M. D. Anderson Cancer Center. This project is funded by the Texas Cancer Council.

E-mail: [fgregory@mdanderson.org](mailto:fgregory@mdanderson.org)

Phone: 713-745-5483



### **Healthy People 2010 Toolkit- A Field Guide to Health Planning**

The Healthy People 2010 Toolkit is available in PDF format. The guide provides step-by-step instructions on how to plan and implement a community health program. Produced by the Public Health Foundation and the Department of Health and Human Services.

Web site: [www.healthypeople.gov/state/toolkit](http://www.healthypeople.gov/state/toolkit)



### **Intercultural Cancer Council**

The Intercultural Cancer Council (ICC) Web site provides access to numerous fact sheets, publications and resources that address disparities in cancer prevention and control. The ICC published an easy to reference pocket guide aimed at helping physicians and other health professionals to better screen, diagnose and treat patients of different cultural backgrounds. The information is designed to help health care professionals better communicate with their patients, which can result in more accurate medical assessments and care.

Web site: [www.iccnetwork.org](http://www.iccnetwork.org)

Phone: 713-798-4617



### **Lance Armstrong Foundation**

The Lance Armstrong Foundation focuses on education, advocacy, research and public health to support cancer survivorship. Live Strong is its educational program which provides educational materials and on-line or phone contact with oncology social workers. Video interviews with cancer patients connects cancer survivors with others dealing with similar issues.

Web site: [www.laf.org](http://www.laf.org) or [www.livestrong.org](http://www.livestrong.org)

Phone: 1-866-235-7205



### **Leukemia & Lymphoma Society**

The Leukemia & Lymphoma Society is the world's largest voluntary health organization dedicated to funding blood cancer research, education and patient services. The organization provides disease information, advocacy and professional education. They have four local chapters in Texas, which can be identified on the Web site by zip code or region.

Web site: [www.leukemia-lymphoma.org](http://www.leukemia-lymphoma.org)

Phone: 1-800-955-4572



### **National Coalition for Cancer Survivorship Toolbox**

The Cancer Survival Toolbox<sup>TM</sup> is a free, award-winning audio program that teaches skills that can help people with cancer meet the challenges of their illness. The Toolbox includes a basic skills set that covers six important topics: communicating, finding information, making decisions, solving problems, negotiating and standing up for your rights. Additionally, it includes three programs that cover topics for older persons, finding ways to pay for care and caring for the caregiver.

Web site: [www.cansearch.org/programs/toolbox.html](http://www.cansearch.org/programs/toolbox.html)

Phone: 1-877-TOOLS-4U



### **The National Colorectal Cancer Outreach and Education Project (NHCCOEP)**

NHCCOEP is a project of the National Alliance for Hispanic Health. The Alliance is a national resource on Hispanic health issues. The Colorectal Cancer Outreach Project is a five-year initiative funded by the Centers for Disease Control and Prevention (CDC) to respond to the need for educational information on colorectal cancer in Hispanic communities. A series of culturally and linguistically appropriate materials promoting the prevention, early detection, screening and treatment of colorectal cancer has been produced. These include an educational video, brochures, fact sheet and radio public service announcements (PSAs).

Web site: [www.hispanichealth.org](http://www.hispanichealth.org)

Phone: 202-387-5000



### **National Network of Libraries of Medicine**

The National Network of Libraries of Medicine directs health professionals, educators and the general public to health care information resources. Inquirers are directed to medical libraries in their region, which can provide assistance with research.

Web site: [www.nlm.gov](http://www.nlm.gov)

Phone: 1-800-338-7657



### **Nurse Oncology Education Program**

The Nurse Oncology Education Program (NOEP) develops Continuing Nurse Education (CNE) approved cancer education for the generalist nurse in all fields of practice. NOEP educates Texas nurses about cancer prevention, detection, treatment and survivorship through their state-wide conferences, independent studies (available in print on the internet) program scholarships and professional speakers' bureau. NOEP is a project of the Texas Nurses Foundation/Association and is funded by the Texas Cancer Council.

Web site: [www.noeptexas.org](http://www.noeptexas.org)

Phone: 1-800-515-6770



### **Oncology Nursing Society**

The Oncology Nursing Society (ONS) is a professional organization of more than 30,000 registered nurses and other health care providers dedicated to excellence in patient care, education, research and administration in oncology nursing. The overall mission of the ONS is to promote excellence in oncology nursing and cancer care. "The Virtual Community" of ONS provides information on local chapters and how to contact them.

Web site: [www.ons.org](http://www.ons.org)



### **Physician Data Query**

The Physician Data Query is a database of the National Cancer Institute that contains the latest information about cancer treatment, screening, prevention, genetics, supportive care and complementary and alternative medicine.

Web site: [cancer.gov/cancertopics/pdq](http://cancer.gov/cancertopics/pdq)

Phone: 1-800-4-CANCER



### **Physician Oncology Education Program**

The Physician Oncology Education Program (POEP) founded in 1987 by The Texas Medical Association with a grant from the Texas Cancer Council, strives to provide Texas physicians, physicians-in-training and those in training to become physicians (e.g., medical and undergraduate students) with the knowledge and the skills necessary to reduce cancer morbidity and mortality through collaboration among the public, private and volunteer sectors of the state. POEP offers clinical programs and symposia, educational materials and professional tools for primary care physicians and a Speakers' Bureau of cancer experts who are available at no cost to your institution or organization.

Web site: [www.poep.org](http://www.poep.org)

Phone: 1-800-880-1300 ext. 1672



### **Spit Tobacco Prevention Network**

The Spit Tobacco Prevention Network (STOPN) provides an effective, youth oriented means for communicating with Texas school children and youth regarding the risks associated with the use of spit tobacco. STOPN is a project of Texas A&M University System Health Science Center Research Foundation and is funded by the Texas Cancer Council.

Web site: [www.nospit.com](http://www.nospit.com)

Phone: 214-828-8485



### **St. Luke's Episcopal Health Charities**

The Community Capacity Building Tool Kit (CCBTK) currently consists of three tools and is given as a gift to the non-profit community by St. Luke's Episcopal Health Charities. These tools were developed to assist non-profits in building their internal capacity and promote sustainability. The Organization Assessment, Outcomes Management and Donor/Prospect Management tools are currently available in single-user stand-alone versions and are Microsoft compatible. Web-based versions of each tool are scheduled for unveiling in 2006.

Website: [www.slehc.org/Toolkit](http://www.slehc.org/Toolkit)

Phone: 832-355-7701



### **Susan G. Komen Breast Cancer Foundation**

The Susan G. Komen Breast Cancer Foundation has been a global leader in the fight against breast cancer through its support of innovative research and community-based outreach programs. The foundation's headquarters is in Dallas. They also have local affiliates across the state searchable by zip code or map on the Web site.

Web site: [www.komen.org](http://www.komen.org)

Phone: 1-800-I'M-AWARE



### **Texas Cancer Data Center (TCDC)**

The Texas Cancer Data Center provides information on health professionals, health facilities, demographics and statistics and community resources via the Internet at no charge. TCDC is an information service dedicated to empowering Texans with the knowledge needed to reduce the human and economic impact of cancer. TCDC is a project of the University of Texas M. D. Anderson Cancer Center and is funded by the Texas Cancer Council.

Web site: [www.txcancer.org](http://www.txcancer.org)

Phone: 713-792-2277



### **Texas Comprehensive Cancer Control Coalition**

The Texas Comprehensive Cancer Control Coalition exists to promote, enhance and expand all public and private partners' efforts to implement the Texas Cancer Plan. The aim of the Coalition is to advance cooperative efforts that focus on the goals of the Texas Cancer Plan: cancer prevention, early detection and treatment, professional training, cancer data and planning, and survivorship.

Website: [www.texascancercoalition.org](http://www.texascancercoalition.org)

Phone: 512-463-3190



### **Texas Cooperative Extension**

The Texas Cooperative Extension offers practical, how-to education based on university research available to any resident of Texas. By contacting the local county extension office you can find many educational sources including publications, workshops, events and opportunities for community development. The Texas Cooperative Extension, with funding from the Texas Cancer Council, provides cancer prevention education to communities in all 254 counties.

Web site: [texasextension.tamu.edu](http://texasextension.tamu.edu)

Phone: 979-845-7800



### **Texas Library Association**

The Texas Library Association (TLA) is a professional organization that promotes librarianship and library service in Texas. The Web site includes TLA Gateway, with links to library and education related state and national agencies and organizations.

Web site: [www.txla.org](http://www.txla.org)

Phone: 1-800-580-2852



### **Texas Spit Tobacco Education and Prevention Plan: A Guide for Action**

Texas Spit Tobacco Education and Prevention Plan addresses methods to avoid a potentially serious threat to health, rather than a disease or the needs of a specific population. The plan lays the foundation for achieving the goals related to research and information systems, public and community education, health care professional education and public policy.

Web site: [www.texascancercouncil.org/spit\\_tobacco/](http://www.texascancercouncil.org/spit_tobacco/)

Phone: 512-463-3190



### **Texas Tobacco Control Strategic Plan**

The Texas Inter-Agency Tobacco Task Force developed a plan to utilize tobacco settlement funds to effectively address tobacco prevention and control in Texas. As a follow-up to the original plan, Texas Department of Health (now Department of State Health Services) convened a team of tobacco control experts to develop a five-year TDH Strategic Plan for Tobacco use Prevention and Control. This document is a result of that work.

Web site: [www.tdh.state.tx.us/otpc/plan.pdf](http://www.tdh.state.tx.us/otpc/plan.pdf)

Phone: 1-800-345-8647



### **Texas Toolbox Info**

The Texas Toolbox for Community Health Development, researched and written by Lake Country Area Health Education Center (AHEC) and The East Texas Rural Access Program (ETRAP), is available on-line. The Toolbox supplies self-study components on several topics ranging from assessing community needs to recruitment and retention of physicians and other health care providers. The informational links in each topical component contribute to the overall picture of local, state and federal dynamics affecting health care services and delivery in Texas.

Web site: [www.texastoolbox.info](http://www.texastoolbox.info)

Phone: 903-877-5788



### **Tobacco Technical Assistance Consortium**

Tobacco Technical Assistance Consortium (TTAC) The Tobacco Technical Assistance Consortium is an independent, nonprofit organization dedicated to assisting organizations in building and growing highly effective tobacco control programs. Whether your organization is national, state or community-based. TTAC provides expert assistance, in-depth information and a wide variety of services to help their clients succeed in their tobacco control efforts.

Website: [www.ttac.org](http://www.ttac.org)

Phone: 404-712-8474



### **United Way**

The United Way as the nation's leading community solutions provider, invests in and activates the resources to make the greatest possible impact in communities across America. United Ways bring communities together to focus on the most important needs in the community – building partnerships, forging consensus and leveraging resources to make a measurable difference. There are local United Ways across Texas, which handle most donation, funding and assistance issues and answer questions related to these issues. The Web site can identify your local United Way or you can look in the phonebook.

Web site: [www.unitedway.org](http://www.unitedway.org)

Phone: 703-836-7112



### **Yes You Can! Clinical Toolkit for Treating Tobacco Dependence**

The Yes You Can! Clinical Toolkit for Treating Tobacco Dependence is available to clinics, dentists and physician groups in your community from the Department of State Health Services. The kit contains tools and quick reference guides for clinicians to help them assess the tobacco use status of every patient that they see, as well as stage based brochures for teens, pregnant women and adults.

Web site: [www.dshs.state.tx.us/tobacco](http://www.dshs.state.tx.us/tobacco)

Phone: 512-458-7200





## **6** Tools for Working with Priority Populations

- 1. Working with Priority Populations**
- 2. Multicultural Outreach**
- 3. Cancer Control for People with Disabilities**
- 4. Serving Economically Disadvantaged Populations**
- 5. Rural Community Outreach**
- 6. Resources that Address the Needs of Priority Populations**
- 7. Cultural Competence: A Healthcare Professional's Passport**

9

Priority  
Populations

## Working with Priority Populations

The Agency for Healthcare Research and Quality's (AHRQ) definition of priority populations includes:

- Racial and ethnic minorities
- Women
- Children
- Elderly
- Low-income populations
- People with special needs (such as chronic illness, disabilities and end-of-life issues)
- Those living in rural areas and the inner city

In addition, other groups such as gays, lesbians, bisexual and transgender (GLBT) individuals also experience differences in accessing healthcare. Research has indicated that fear of discrimination and stigma cause many GLBT individuals to postpone or decline seeking medical care.

Many of these groups, such as certain minorities, or those who are economically disadvantaged, have a much different experience with cancer than do others. Many have disproportionately higher death rates, higher morbidity and a much lower quality of life experience as a cancer survivor than others with cancer. For cancer control programs to be most effective, programs must be specifically designed to address the diversity of Texas' citizens.

In planning your program, one of the key steps will be to identify your audience. You know your community best. If your project is for the public, don't forget to look into who makes up your community's "public". This can be done using many of the resources in Tool 2: Tools for Using Cancer Statistics. As a start, you can ask your local government, health department or research your area's census data. Any community planning a cancer prevention and control project should reach all the members of the community, especially those most impacted by cancer.

After identifying your audience, it will be important to understand the social, economic and cultural aspects of the chosen group in order to tailor your activities, messages and educational components to effectively reach the target audience and ensure success. Messages must be tailored to meet individual cultural, age, literacy and language needs. For instance, people with lower than average literacy levels may require something other than printed materials. And, people with mental and physical disabilities, whom are often overlooked in the development of cancer programs, will need interventions tailored specifically to meet their particular needs.

Once your program messages have been tailored, care must be taken to ensure that the messages are communicated effectively. For example, older women may be more receptive to hearing about breast self-examination from a female educator who is of a similar age and socioeconomic level. Teenagers may be more receptive to tobacco use prevention messages from their peers. Attention also must be given to selecting the right venue through which to deliver the message, be it church groups, literacy programs, civic and community organizations, and neighborhood associations.

This Tool should help you understand the importance of reaching priority populations in cancer control programs and help you understand some of the special considerations necessary in planning programs that will target or include this segment of your community. This Tool includes information on working with multicultural groups, people with disabilities, the economically disadvantaged and rural populations. The resource section should help you find the additional information and assistance you'll need to make your program a success!

## Multicultural Outreach

Racial and ethnic minorities have been shown to experience disproportionately greater suffering and compromised health from cancer. Cancer incidence and death rates vary based on a person's race and ethnicity. African-American Texans for example, have the highest rates of mortality for lung, breast, colon, prostate and cervical cancers and lower five-year survival rates than non-Hispanic whites. Potential reasons for disparities may include interrelated factors such as genetics, the environment, lifestyle choices, differences in cultural beliefs, linguistic barriers and trust in health care providers. This is a complex problem and requires significant consideration when working with priority populations, including multicultural groups.

The message that is delivered through your program to your community is the key to success, particularly in reaching out to priority populations. Educational messages and programs need to be tailored to your audience's different ages, cultural backgrounds and beliefs, educational levels and economic status. Many Texans do not speak English as their primary language so this means that your program may need to be conducted in another language or the information translated. The ability to understand written or oral instructions given by health care professionals- health literacy- also must be taken into consideration. And in multicultural populations the key is to use culturally competent and linguistically appropriate messages.

The following information will help you to begin understanding, developing and tailoring your program when reaching out to multicultural populations.

### **What to consider when developing messaging, collateral materials and any form of outreach to a multicultural audience:**

- 1. Language** - Consider whether there is a multilingual component to your outreach. Will you be reaching out to audiences who speak a variety of languages?
  - You may need a translator to help with any written materials your outreach project may have. It is best to think culturally and not simply translate copy. Where some phrases make sense in English they may not translate well into other languages or be culturally relevant.
  - Use translated materials that are already available from reputable organizations. The Resource section can help you identify sources.
  - Be aware that there can be differences in the type of language spoken, such as Spanish, depending on where the members of the audience are from or what part of Texas they live in. Have several members of your community review your materials to make sure they are appropriate for your particular audience.
  - You need to consider language options when it comes to Web sites and using a 1-800 number as well. Language options should be available to those who are not comfortable speaking in English. Make sure to promote these options in your outreach.
  - Pay special attention to the literacy level of your audience. Printed materials for the lay public should be written at a low literacy level, regardless of the language used, to ensure that the information can be read and comprehended

by the majority of the audience. To meet the needs of those in your community who cannot read, consider supplementing your program with verbal messages on the radio, video, television or in person.

**2. Key Influencers** - It is important to understand which key influencers are relevant when communicating with particular groups. This can be people (such as family, government, religious figures, doctors etc.), attitudes (how they feel and react to the subject matter you are presenting) and habits (what are the norms of this group, how can you tap into these habits to best help you communicate with them).

**3. Relevant Messaging** - Consider the cultural tendencies (taboos) of the culture you are looking to reach. While some cultures may find certain behaviors and habits acceptable others may not. Take precautions to make sure that you are reaching your audience in an effective way. For example, the Hispanic/ Latino patient expects the health care professional to treat him/her with returned respect. If perceived that respect is not being shown, they may terminate treatment.

**4. Media Outlets** - When communicating to multicultural audiences it is important to consider which media outlets will best grab their attention. Is there a paper, television or radio station, web page, etc. that has a large following of the group of people you are trying to reach? Most Texas communities now have access to radio and television stations as well as newspapers appealing to a variety of racial/ethnic groups.

**5. Non-Traditional Communication** - There are many ways you can reach an audience. Aside from the traditional means of media (T.V., radio, newspaper, etc.) you can tap into resources such as churches, community news letters, public access stations, schools, the county cooperative extension office, etc. These methods can reach a large portion of the audience you are wanting to target and can be quite cost effective.

**6. Grassroots** - Getting involved within the community is a great way to connect with your audience. Find out where these groups meet. Are there any particular areas of the community where your outreach will be maximized? Churches, community centers, markets, etc. can be utilized for outreach.

**7. Tapping into National & Local Organizations** - If you are trying to communicate with a particular audience try tapping into national and local organizations that have a focus on that group. Organizations such as National Associations for the Advancement of Colored People (NAACP) and Latinos in a Network for Cancer Control (LINCC) can be of help. You can gather information about the audience as well as tap into the networks that have been established by the organization to reach the audience.

## Cancer Control for People with Disabilities

People with disabilities and chronic health conditions are less likely to get appropriate cancer screening and treatment services than those without disabilities. Women who are wheelchair users have had difficulty finding mammography facilities to screen them. They are also less likely to receive Pap smears or counseling from their physicians about smoking. People with disabilities - particularly women - have a higher risk for smoking related cancers. In addition, they are more likely to be diagnosed at more advanced stages of breast, cervical and colon cancers. People with a psychiatric diagnosis are also less likely to receive routine cancer screening from their primary care practitioners.

People with disabilities and chronic health conditions face various barriers to appropriate cancer screening and treatment. Despite the Americans with Disabilities Act, many health care facilities - with examination tables or mobile mammography vans, for example - are not fully accessible to people with physical impairments.

People who are deaf often have difficulty communicating with their providers. Unreliable transportation keeps many people from getting to providers' offices. If people are not working, they may not be able to afford certain screening or treatment options. Educational outreach activities are generally not tailored to the needs of people with disabilities - particularly those with cognitive impairments. Finally, both disabled individuals - and their providers - can become so focused on health concerns related to their disability that they overlook other preventive health issues.

Because primary care providers typically see few individuals with disabilities in their practice, they, and their office staff, may not know how to interact with them effectively. In designing a community project, take into account how the intervention will impact people with disabilities and seek ways to remove or reduce the barriers they face in making meaningful health behavior changes in their lives.

The following information will help you address and include people with disabilities in your program.

### **Tips for Working with People with Disabilities**

- Recognize that people with disabilities need all the same cancer prevention, detection, treatment and survivorship services as every one else. Since they generally don't see people who look like them represented in health education messages, they may not respond to typical outreach efforts.
- When providing services, address both physical barriers to accessible services and attitudinal barriers that prevent people with disabilities from receiving appropriate services.
- Tailor cancer control messages to the concerns of people with disabilities. Seek out people in the disability community who can help you reach out effectively.

- Encourage providers to seek training and resources in adapting basic screening services, such as pelvic exams, mammography and colorectal screening, for people with disabilities.
- Ask persons with disabilities how they prefer to receive services and assistance. Most people with disabilities do not expect primary care providers to be experts on disabilities, but they want providers to listen and respect them as the “experts” on their disabilities.
- Be aware that people with severe visual impairments may need to have educational materials translated into Braille. If you need help with translation, contact the Region 20 Educational Service Center in San Antonio for assistance. They can be reached at 1-800-514-9301, or [bob@braille.edu](mailto:bob@braille.edu).

## Serving Economically Disadvantaged Populations

“Poverty drives health disparities more than any other factor.” – Harold P. Freeman, MD

In Texas, one in five Texans lives at or below the federal poverty level. That’s 15.6 percent of the population. In 2002, an estimated 3.4 million Texans lived in families with incomes below the federal poverty guidelines.

Low-income populations from all races and ethnicities tend to be in poorer health than others. Poverty is associated with a lack of resources, information and knowledge; substandard living conditions; risk promoting lifestyle and diminished access to health care.

The American Cancer Society report “Cancer in the Poor: A Report to the Nation” was done in collaboration with the National Cancer Institute and Centers for Disease Control and found:

- Poor people lack access to quality health care and are more likely than others to die of cancer.
- Poor people endure greater pain and suffering from cancer and are more likely than others to die of cancer.
- Poor people face substantial obstacles to obtaining and using health insurance and often do not seek needed care if they cannot pay for it.
- Poor people and their families must make extraordinary personal sacrifices to obtain and pay for health care.
- Cancer education and outreach efforts are insensitive and irrelevant to many poor people.
- Fatalism about cancer prevails among the poor and prevents them from obtaining quality health care.

This leads to the economically disadvantaged’s cancer experience being suboptimal much like those of other priority populations. Poor as well as uninsured people are more likely to be treated for cancer at late stages of disease and are more likely to die from cancer. For example, a study published in 2002 showed that poor women with breast cancer are three times more likely to die of the disease than are other patients. According to the study it was poverty, not race, that determined the outcome of their medical care, underscoring the role of poverty in health disparities and making it an important aspect of cancer control planning.

When working with priority populations, often the target audience can fall into more than one group. Many of those who are economically disadvantaged are also part of another priority population such as multicultural or disabled groups. For this reason, the following suggestions for working with the economically disadvantaged need to be considered in addition to other suggestions listed in the previous sections of this tool.

Suggestions for developing cancer control programs involving the economically disadvantaged:

- Innovative outreach and delivery of care is key to developing a successful program.
- The approach must be sustained and this should be taken into consideration during the planning process.
- Avoid disrupting home and work schedules.
- One-on-one contact is one of the best ways to reach and educate others.
- Support services may be obstacles for the poor faced with cancer. Any assistance your program can provide for transportation, childcare and travel expenses for example, will help facilitate their participation and your programs ability to reach them.
- Use participatory planning and involve representatives of the group in the planning stages.
- In planning your program, keep in mind that cancer prevention, diagnosis and even treatment may not be the highest priority for someone having trouble meeting more basic needs like food, shelter and safety for themselves and their families.
- Involve all cancer stakeholders in the community to pool resources and give generously when possible.

Care needs to be taken to ensure that economically disadvantaged and uninsured participants of cancer control programs are assisted beyond the activities of the program if further steps need to be taken as a result of their participation. This is often referred to as a follow-up system. It is considered by ethicists in health care to be unethical to provide screening and diagnostic services for a person who does not have access to treatment. When planning for a program that will provide screening, make sure you have a place to refer every participant for further diagnostic testing and treatment if needed, regardless of their ability to pay.

## Rural Communities

According to Rural Healthy People 2010, rural areas report a higher prevalence of chronic diseases, including heart disease and cancer, a finding that has been attributed, in part, to a rural population that is older, poorer and less educated.

Skin and lip cancer mortality rates are higher in rural areas and may be attributed to increased sun exposure of rural residents, particularly among farmers. Differences also exist between urban and rural populations in the stage of disease at first diagnosis. Early staging is considered an indicator of quality medical care and improves outcomes for many cancer types.

Recent findings are suggestive that rural cancer patients may be disadvantaged when compared to their urban counterparts. Among the reasons suggested for this disparity in diagnosis and treatment is that rural areas have a disproportionately high percentage of high-risk groups. They are older, less educated, poorer than urban residents and have limited access to quality medical care facilities and particularly cancer prevention programs - all contributing to a greater risk of late-stage diagnosis.

Smoking and excessive alcohol use are among the number of behavioral and social factors that have been identified as related to an increased risk of a variety of cancers in the rural population.

Some barriers that are notable to accessing cancer services in rural settings include:

- Poorer access to health care services, including specialists.
- Limited geographic access to new, effective therapies and technologies.
- Minimal transportation options for either cancer screening or treatment.
- Limited knowledge of cancer, particularly the importance of early detection through regular screening.
- Prohibitive cost of cancer screening and treatment.

Social factors, such as living in poverty and having limited education, are far more difficult to address but often more significant in terms of contributing to the risk of cancer.

Solutions most potentially feasible in rural settings include:

- Providing cancer education within the community, particularly emphasizing the importance of early detection through regular cancer screening.
- Encouraging primary care providers to comply with current screening regime within each area of cancer making use of simple screening devices that possibly already exist in their practice.
- Encouraging the use of sun block, hats and staying inside or in shade during peak sun hours.
- Developing and sponsoring smoking cessation programs within the community.

For examples of programs utilized to address the rural cancer health issue, a resource is the Rural Healthy People 2010 Web site [www.srph.tamushsc.edu/rhp2010](http://www.srph.tamushsc.edu/rhp2010).

People in small towns and rural areas tend to know their neighbors more personally than people in larger communities. This can be both an asset and a challenge when setting up outreach programs. This familiarity may make it easier to identify helpful local resources and the most effective ways to reach people. On the other hand, people in the target population may be wary of coming to certain programs because they don't want everyone to "know their business". When setting up health care programs, particularly those involving cancer screening, be especially sensitive to concerns about confidentiality.

## Resources that Address the Needs of Priority Populations

### **[www.utexas.edu/nursing/html/aabco](http://www.utexas.edu/nursing/html/aabco)**

African American Breast Cancer Outreach (AABCO) The primary purpose of AABCO has been to refine, implement and evaluate a culturally sensitive community-based model for coordinated outreach and case management to encourage African American women's participation in early detection and follow-up services for breast cancer in specific communities in Texas. The Web site has information on how to obtain a copy of A Guide to Enhance African American Women's Participation in Breast Cancer Screening Outreach and Case Management Services in Texas which was developed as a way to share the lessons learned through implementation of the project. This manual is useful to nurse practitioners, other health care professionals and the lay community who are interested in developing culturally relevant programs to help reduce the disparity in the early detection of breast cancer in African American women.

### **[www.amsa.org/programs/diversityres.cfm](http://www.amsa.org/programs/diversityres.cfm)**

American Medical Student Association (AMSA) AMSA's Web site contains an extensive list of links to documents, organizations and information about culture and diversity in health care.

### **[wind.uwyo.edu/breasthealth](http://wind.uwyo.edu/breasthealth)**

Breast Health for Women with Disabilities The Breast Health for Women with Disabilities project Web site contains a variety of information on health services, training materials and resources all focused on breast health for women with disabilities.

### **[www.cdc.gov/cancer/minorityawareness/index.htm](http://www.cdc.gov/cancer/minorityawareness/index.htm)**

CDC Health Disparities: Minority Cancer Awareness This CDC Web site describes health disparities for minority populations and includes cancer facts for minorities in the United States, Healthy People 2010 leading health indicators, activities that support the elimination of racial and ethnic disparities in health, research data and research findings on cancer in minorities and links to partners that can provide further resources.

### **[www.cdc.gov/omh/AMH/factsheets/cancer.htm](http://www.cdc.gov/omh/AMH/factsheets/cancer.htm)**

CDC Office of Minority Health Eliminating Disparities in Cancer Screening and Management This CDC fact sheet answers a series of questions to discuss the topic and proposes the following national strategies: improve early cancer detection through routine mammography, pap tests and colorectal cancer screening; create additional public education campaigns; and develop research projects that will encourage minority groups to participate in clinical trials for cancer prevention to ensure that significant differences between minority and ethnic groups are identified.

### **[www.glbthealth.org/AmericanCancerSocietyMaterials.htm](http://www.glbthealth.org/AmericanCancerSocietyMaterials.htm)**

The GLBT Advisory Board of the American Cancer Society works to develop partnerships with diverse community-based organizations, health professionals, advocates and consumers. They endeavor to identify and remove barriers to care and promote culturally competent standards of practice for health care and support services. The board also strives to develop and disseminate resource materials and information and to establish a comprehensive plan for education, prevention, detection and treatment of cancer for gay, lesbian, bisexual and transgender individuals in Massachusetts.

**[www.hhs.gov/specificpopulations/index.shtml](http://www.hhs.gov/specificpopulations/index.shtml)**

Department of Health and Human Services (DHHS) This DHHS Web site on Specific Populations links to information on topics related to priority populations including immigrants, rural health, disabilities and racial and ethnic minorities.

**[www.dshs.state.tx.us/oehd](http://www.dshs.state.tx.us/oehd)**

Department of State Health Services, Office for the Elimination of Health Disparities, The state Web site includes information on funding, events, available publications and materials, the Health Disparities Task Force and links to other helpful sites.

**[www.cdc.gov/mmwr/preview/mmwrhtml/mm5340a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5340a1.htm)**

Health Disparities Experienced by Hispanics - United States - MMWR The CDC's Morbidity and Mortality Weekly Report (MMWR) for October 15, 2004 is the second in a series focusing on racial/ethnic health disparities. This issue highlights the health disparities experienced by Hispanics in the United States. Eliminating these disparities will require culturally appropriate public health initiatives, community support and equitable access to quality health care.

**[www.cdc.gov/reach2010](http://www.cdc.gov/reach2010)**

Healthy People 2010 Healthy People 2010 describes the nation's health objectives for the decade, has as one of its goals eliminating racial and ethnic disparities in health. The CDC plays a major leadership role in carrying out the goals set forward in this initiative. At CDC, Racial and Ethnic Approaches to Community Health (REACH) 2010 is the cornerstone initiative aimed at eliminating disparities in health status experienced by ethnic minority populations in key health areas.

**[www.iccnetwork.org](http://www.iccnetwork.org)**

Intercultural Cancer Council (ICC) ICC promotes policies, programs, partnerships, and research to eliminate the unequal burden of cancer among racial and ethnic minorities and medically underserved populations in the United States and its associated territories. The site includes the ICC Cancer Fact Sheets on topics from individual cultural groups such as African Americans and Native Hawaiians to topics on the workplace and cancer. Additional copies of *Cultural Competence: a Healthcare Professional's Passport* (included in Tool) can be obtained through ICC.

**[www.sph.uth.tmc.edu/lincc](http://www.sph.uth.tmc.edu/lincc)**

Latinos in a Network for Cancer Control (LINCC) The purpose of LINCC is to maintain and further develop a Cancer Prevention and Control Network for Texas and surrounding states along the U.S.-Mexico Border with a focus on eliminating cancer-related health disparities among Hispanics/Latinos through community-based intervention and dissemination research. This network was established through collaborations with the University of Texas School of Public Health, Center for Health Promotion and Prevention Research, community-based organizations, health departments, practice settings, an National Cancer Institute (NCI) Special Populations Network and an NCI-funded cancer research center.

**[www.mautnerproject.org](http://www.mautnerproject.org)**

The Mautner Project Founded in 1990 and named for Mary-Helen Mautner, a lesbian who died of breast cancer in 1989, the Mautner Project is the only national organization dedicated to lesbians with cancer, their partners and caregivers. The mission of the Mautner Project for Lesbians with Cancer is to provide direct services to lesbians with cancer, and their partners and care givers; educate and inform the lesbian community about cancer; educate the health care community about the special concerns of lesbians with cancer and their families and advocate for lesbian health issues in national and local arenas.

**[www.nblic.org](http://www.nblic.org)**

National Black Leadership in Cancer (NBLIC) NBLIC is an initiative of the NCI, to elicit the interest, support and participation of the nation's black leaders and to reach the black community with information and strategies to prevent cancer. The Web site includes a Cancer Information Center with information on early detection, nutrition, support groups, etc.

**[enaccion.bcm.tmc.edu](http://enaccion.bcm.tmc.edu)**

National Hispanic Leadership on Cancer: En Acción En Acción is a multi-risk cancer prevention and control assessment and community outreach program. Funded by the National Cancer Institute in 1992, En Acción is considered the most extensive campaign ever waged to combat cancer in Hispanics. The program's site includes information on the program and it's results as well as relevant links and articles.

**[crchd.nci.nih.gov](http://crchd.nci.nih.gov)**

NCI Center To Reduce Cancer Health Disparities The Web site contains information on the mission of the center, what cancer health disparities are, resources for researchers and patient, family and caregiver information.

**[2002.cancer.gov/infreduce.htm](http://2002.cancer.gov/infreduce.htm)**

NCI Plans & Priorities for Cancer Research: Reducing Cancer-Related Health Disparities This is a NCI Web site describing their goal and challenges in reducing health disparities. NCI presents the challenge that "The unequal burden of disease in our society is a challenge to science and a moral and ethical dilemma for our nation. Cancer is no exception." The Web site discusses the components of this challenge which include: the disparate burden of cancer, research needed in health disparities and research to application for reducing health disparities.

**[www.redesenaccion.org](http://www.redesenaccion.org)**

Redes Latino Cancer Report Redes En Acción, as part of its mandate from the National Cancer Institute, developed a national Hispanic/Latino cancer research, training and outreach agenda. In this executive summary, Redes presents five recommendations for cancer research priorities and two recommendations for education, training and outreach priorities for cancer prevention and control. The agenda provides a framework for policymakers in both the public and private sectors to address cancer in the Hispanic/Latino population. Redes En Acción believes the Latino Cancer Report will provide a useful tool for all individuals and organizations engaged in this effort – an effort that will impact the lives of millions of Latino families and the generations that will follow.

**[www.srph.tamhsc.edu/centers/rhp2010](http://www.srph.tamhsc.edu/centers/rhp2010)**

Rural Healthy People 2010 The recognition of the unique health challenges faced by rural America serves as the impetus for the Rural Healthy People 2010 Project. The primary goal of this research effort is to identify and address the priority health concerns of rural America. For each rural health priority identified, a brief review of literature on this disease or condition in rural America is provided and illustrative solutions summarized.

**[www.saludenaccion.org](http://www.saludenaccion.org)**

Salud En Acción Salud en Acción National Health Communication Research has extensive expertise in the fields of public health promotion, health research, health communication, and community networking. They are among the most experienced research groups in the country with regard to working with the Hispanic/Latino community. Their Web site includes information on the organization, their publications and relevant scientific articles.

**[www.sistersnetworkinc.org](http://www.sistersnetworkinc.org)**

Sisters Network® Inc. (SNI) Sisters Network is the first national African-American breast cancer survivorship organization. They are committed to increasing local and national attention to the devastating impact that breast cancer has in the African-American Community. At the core of Sisters Network® Inc.'s mission is outreach and education. Their Internet site provides cancer facts on African-American women and links to other recommended sites.

**[www.srph.tamushsc.edu/rhp2010](http://www.srph.tamushsc.edu/rhp2010)**

Southwest Rural Health Research Center The Southwest Rural Health Research Center focuses on the health challenges of the rural population in the US. Some of the distinctive cultural, social, economic and geographic characteristics which define rural America place rural populations at greater risk for a myriad of diseases and health disorders. The Web site includes literatures reviews, models for practice, publications and links.

**[www.tcc.state.tx.us](http://www.tcc.state.tx.us)**

Texas Cancer Council (TCC) The Texas Cancer Council Web site contains publications and cancer education materials for African-Americans and Hispanics.



## 7 Tools for Finding Funding

1. Finding Funding
2. Tips for Seeking & Securing Funds
3. Using the Web to Find Funding Opportunities
4. Cancer Funding: A Directory of Private Funding Sources for Cancer Prevention and Control Projects

## Finding Funding

Seeking and securing funding to support a cancer prevention/control program or project is a task that will require some careful planning and research, but can really make a difference in what you are able to accomplish. Before seeking funding you will need to have the following information available:

- **An outline or brief description of the project you need funded** The person or organization from whom you are seeking funds will want to know the who, what, when and how of your project. Who are you and why are you trustworthy and qualified? Who are your partners? What do you plan to do and for whom? How will you implement your project? When will you be implementing your project and how long will it last? How will you demonstrate its effectiveness? How will you prove you are reaching the people you intend to reach?
- **Justification for your project** You will need to be prepared to make a convincing case for why your project is needed. Funders don't just want to fund good ideas. They want to fund projects that meet a need in the community. You will need to convince them that the need is there, that you are qualified to meet the need and that with their funding, your project will meet the need in the community.
- **The amount of money needed to implement the project from start to finish** You will need to make up a budget that is as accurate as possible and that considers all potential expenses and all potential sources of funds and resources. Include in-kind and donated resources from you and your partners. This will demonstrate a commitment to and investment in your project by you and your partners. Remember to include funds for promoting your program. **CHECK YOUR MATH.**

Once you have an idea of what your project entails and how much funding you will need, you can begin to seek out those donors or granting agencies that would have an interest in your project. Think of the donor or grantor as a potential partner. Consider why they might want to partner with you to provide this service to the community. There are granting agencies, foundations and donors that have established a history of giving money to programs that are helping to fight cancer. This Tool contains *Cancer Funding: A Directory of Private Funding Sources for Cancer Prevention and Control Projects*. This directory should help you get started. The web is also an excellent source for locating entities that might have funds available and is discussed further in the section *Using the Web to Find Funding Opportunities*.

Remember to consider potential donors in your own back yard. More funds are donated to worthy causes by private donors than are distributed through grants. Local businesses, local foundations and private philanthropists are willing to help fund cancer programs, especially if they know the funds are being used to better their own community. It also helps if a key individual being asked for funds has been touched by a cancer experience.

When seeking funding for your project it is also important to remember the role that other sources, such as in-kind contributions, can make in helping you achieve your goal. In-kind contributions are goods or services donated for which money would have otherwise been paid. Here are some examples of in-kind contributions:

- Refreshments provided during meetings.
- Printing of educational materials and promotional fliers.
- Use of space for meetings.
- Give away and promotional items.
- Public service announcements.

They can be sought in many of the ways described above and for some contributors may be a better or more likely option. In-kind contributions can also be given by individuals or companies who otherwise would not be able to donate. Here are some tips for seeking in-kind contributions:

- Get to know your local merchants.
- Engage your local merchants in your project.
- Local merchants are more likely to contribute if you use their resources regularly.
- The contact person to reach is often the Customer Relations or Community Relations person.
- Acknowledge their contribution by using their logo or thanking them publicly.

Once your program becomes established, you will also want to consider having a development plan that considers long-term sustainability through planned giving and routine fundraising, if appropriate.

## Tips for Seeking & Securing Funds

The following information comes from vol. 14 of "Funding Alert" from the Department of State Health Services- Funding Center and is tidbits of advice from professionals to help you request the funding you need to ensure your project is a success. (Reprinted with permission from the Department of State Health Services – Funding Information Center's Funding Alert from Nov. 3, 2003. For more information on the Center, or a free subscription to the weekly e-mail Funding Alert, e-mail fundctr@dshs.state.tx.us or call (512) 458-7684.)

### **Fundraising – Essential Tools for "The Ask"**

Ken Burnett, a fundraising and marketing expert, offers what he calls the essence of great fundraising, or The Essential Foundations of Great Fundraising:

- People give to people, not to organizations, mission statements or strategies. Fundraising is not about money, but about necessary work that urgently needs doing; money is the means to an end.
- Fundraisers need to see things through their donors' eyes. It helps if you are a donor yourself.
- Friendmaking comes before fundraising.
- Don't ask. Inspire.
- Learn how to harness the simple power of emotion.
- Offer a clear, direct proposition to which people can relate.
- Share your problems as well as your successes with your donors.
- Know who to ask, how much to ask for and when.
- Present your organization's "brand" image clearly and consistently.
- Fundraising through direct marketing shouldn't look like marketing.
- Successful fundraising involves storytelling.
- Always try to turn complaints into support.
- Trustworthiness of a fundraiser and the organization is the reason both to start and to continue support.
- Technique must never be allowed to obscure sincerity.
- Fundraisers have to learn to talk to their donors where they are.
- Always say thank you properly and often.

### **Do's and Don'ts in Applying for Grants**

Here are some key suggestions as listed by the Irwin Andrew Porter Foundation on their Web site at [www.iapfoundation.org](http://www.iapfoundation.org). Many of these tips are applicable to other foundation requirements as well.

#### **DO**

- Do read the grant application section carefully and follow the guidelines.
- Do put your contact information in the cover letter and/or the body of your grant proposal. Believe it or not every review period several grants are tossed out because we have no way to contact the mysterious person(s) who submitted it.
- Do check your numbers. Budgets that don't match the text of the grant or that don't add up don't get you grants. We do read the numbers and we do want the details.

## **DON'T**

- Don't use common grant application forms especially for the one-page summary. We don't exclude them but they are usually soulless documents that do not speak well to their organization's needs.
- Don't wait to submit your proposal until the last minute. This not only makes a bad impression, it makes a lot more work for us and we are only human and get crabby.
- Don't staple or bind your proposals. Save your staples, keep the folders! We may need to make copies of your materials and it makes more work for us. Paper clips will do fine. Read the grant application guidelines.
- Don't submit two-sided copies. It is another copying issue. Read the guidelines.
- Don't imbed your project budget in the text of the grant. Again, this is a copying issue and also goes back to not reading the grant application guidelines.
- Don't forget to tell us what your organization is really going to do. Please keep in mind that things such as building self-esteem are not something you are going to do; it is an outcome you may hope for.
- Don't get the name of the foundation wrong, it's tacky.
- Don't get angry with us if you don't receive a grant. We are a small foundation and can only fund a small fraction of the grants we receive.

### **Inside Advice for Presenting Evaluations that Win Grants**

Sometimes it seems like before funders even start to read proposals, they want to know if you've got evaluation strategies in place to assess your project's results. Sure it's a good idea to plan ahead, but funders seldom offer concrete guidance about what they want from evaluations. Fortunately, two funding execs offer the following sound advice on the issue:

- Avoid 'shock-and-awe' tactics. Many nonprofits mistakenly spin evaluations to impress funders. But you make a better impression if you propose clear and simple ways to improve your programs through the evaluation process.
- Present solid and compelling numbers. All too often, funders get evaluations with vague promises to "serve more people" or "expand to a new site." What they really want is solid numbers about what you'll do with those people and what will happen at a new site (and of course, the costs).
- Show that you understand the big picture. Put your results into a greater context by showing that your numbers/results are good and compare with other nonprofits or national averages. That sells an evaluation plan.

## Using the Web to Find Funding Resources

The World Wide Web is an excellent source of information on funding opportunities as well as how to write successful grant applications. For example, the National Institutes of Health publishes opportunities for minority institutions as well as guidance for completing grant applications.

### **Grant Writing Guides Online**

Many funding agencies publish their own grant guidelines that include everything from requirements for formatting to budget guidelines. Always look to see if the funder that you are working with provides such guidelines for applicants. For help with the task of grant writing, you can also look for some general guides on the Internet such as these:

- **General Guide to Writing Federal Grants**

This Catalog of Federal Domestic Assistance publication contains good advice for novices as well as good reminders for more experienced grant writers.

Web site: [12.46.245.173/pls/portal30/CATALOG.GRANT\\_PROPOSAL\\_DYN.show](http://12.46.245.173/pls/portal30/CATALOG.GRANT_PROPOSAL_DYN.show)

- **Foundation Center Learning Lab**

A concise, well-organized online course filled with excellent advice for grant writers. Web site: [fdncenter.org/learn/shortcourse/prop1.html](http://fdncenter.org/learn/shortcourse/prop1.html)

### **Resources Online**

The World Wide Web is an excellent source of information on funding opportunities as well as how to write successful grant applications. Many grant-related resources can be found on the Web. You may want to start with the following comprehensive site to get started.

#### **[www.grants.gov](http://www.grants.gov)**

Provides one-stop electronic shopping to find, apply for and manage grants. It covers over 900 grant programs offered by the 26 Federal grant-making agencies and streamlines over \$350 billion annually to State and local governments, academia and not-for-profit organizations.

Key benefits of the site include:

- A single source for finding grant opportunities
- A standardized manner of locating and learning more about funding opportunities.
- A single, secure and reliable source for applying for Federal grants online.
- A simplified grant application process with reduction of paperwork
- A unified interface for all agencies to announce their grants opportunities.

### **Links to other Resources:**

#### **[www.cfd.gov](http://www.cfd.gov)**

Catalog of Federal Domestic Assistance The online Catalog of Federal Domestic Assistance gives you access to a database of all Federal programs available to State and local governments (including the District of Columbia); federally recognized Indian tribal governments; Territories (and possessions) of the United States; domestic public, quasi-public and private profit and nonprofit organizations and institutions; specialized groups and individuals.

**[www.hogg.utexas.edu](http://www.hogg.utexas.edu)**

Hogg Foundation Hogg Foundation Regional Foundation Library promotes the highest standards in philanthropy by serving as a bridge between the grantseeking and the grantmaking communities. The Regional Foundation Library serves individuals representing nonprofit programs and services, educational entities, charitable organizations, faith-based programs and services, governmental entities and individuals in need of educational or special project funding.

**[www.nprc.org](http://www.nprc.org)**

Non-profit Resource Center of Texas The Center is a one-stop resource for board members, staff and volunteers of nonprofit organizations. From a basic question about grants to a strategic plan for the future – the Center can help you and your organization by providing information, education and consulting services for the achievement of excellence in the nonprofit and philanthropic community. The Non-Profit Resource Center of Texas publishes a directory of Texas foundations that is available both on-line and in hard copy. There is a fee charged for the publication.

**[www.omhrc.gov](http://www.omhrc.gov)**

Office of Minority Health The mission of the Office of Minority Health (OMH) is to improve and protect the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities. The Web site includes a section for information on funding announcements and resources.

**[www.nal.usda.gov/ric/ruralres/funding.htm](http://www.nal.usda.gov/ric/ruralres/funding.htm)**

Rural Information Center The Rural Information Center (RIC) provides information and referral services to local, tribal, state and federal government officials; community organizations; rural electric and telephone cooperatives; libraries; businesses and citizens working to maintain the vitality of America's rural areas. The site includes a list of funding resource links.

**[www.governor.state.tx.us/divisions/stategrants](http://www.governor.state.tx.us/divisions/stategrants)**

State Grants Team The Governors Office State Grants Team provides on-line information about funding as well as statewide workshops on grant writing.

**[www.slehc.org/Grants](http://www.slehc.org/Grants)**

St. Luke's Episcopal Health Charities (SLEHC) SLEHC provides grants to non-profit organizations, which are tax-exempt under Sections 501(c)(3) or 170(c) of the Internal Revenue Code. Since its inception in 1997, SLEHC has awarded over \$56 million to non-profit service organizations throughout the 57 counties of the Episcopal Diocese of Texas. Working with community-based organizations throughout the Diocese, SLEHC identifies high priority community health needs, especially among the underserved and communicates grant opportunities, evaluates funding proposals and distributes funds to community-based non-profit organizations according to their needs and SLEHC priorities.

**[www.tcc.state.tx.us](http://www.tcc.state.tx.us)**

Texas Cancer Council The Texas Cancer Council makes grant awards to Texas individuals and entities to implement the Texas Cancer Plan through the promotion and support of collaborative, innovative and effective programs.

**[www.txla.org](http://www.txla.org)**

Texas Library Association Community Libraries often maintain directories of organizations and agencies that offer funding. Library staff are knowledgeable about where to look for funding information including resources to help with grant writing, resource development and fundraising. You can find your local libraries by searching the Texas Library Association Web site.

**[www.txnp.org](http://www.txnp.org)**

TexasNonProfits.org The most significant nonprofit portal in Texas, TexasNonProfits.org provides data that facilitates connections between the 80,000+ nonprofit organizations with the 4,000+ charitable foundations in the state of Texas, major philanthropic corporations and sharing individuals. Texas Nonprofits publishes information on grant writing, Texas foundations, and funding trends in Texas.



## 8 Tools for Influencing Public Policy

1. Make Your Voice Heard
2. Advocacy: Influencing Decision Makers
3. Tips for Reaching Decision Makers
4. Cancer: 100 Different Diseases, 5 Ways to Fight Back



## Make Your Voice Heard

Public officials and community leaders make decisions and issue policies that have an impact on the lives and well being of their constituents. Therefore, they are important allies in the implementation of successful cancer control programs in your community.

Advocacy (through lobbying) is a process of influencing decision makers (council members, legislators, school officials, county commissioner, etc.) to enact and vote for policies and measures that will advance your cause, in this case, to reduce the cancer burden in your community. It is essential that you know and master the advocacy skills for dealing with municipal, county, state or federal officials and legislators. This tool will provide you with the basic steps of advocacy. Resources to expand on this information can be found at the end of the tool.

Prevention and reduction of mortality and suffering from cancer in your area is a long term, multi step process. To build an effective coalition to face this task you need to develop a long term relationship with your public officials and decision makers which is based on mutual respect, ability to work together and get along, as well as having common goals and interests.

Most public officials are willing partners in the fight against cancer because of their prior experience with cancer in the family, among friends or among coworkers. From the beginning of your interactions:

- Give cancer a human face.
- Tell the real life story of someone you know who experienced cancer and what impact/effect it had on the person's life and on their family.
- Paint a picture of how your community will be when your recommendations for solutions are fully implemented.
- Follow this with a request for specific action by the public official and ask for his or her commitment and response to your proposal.

Be polite, concise, clear and respectful. Have a folder with supporting information to leave with the public official for their review later.

Your public official will try to be helpful when ever possible. Sometimes, for extraneous reasons, your public official will hedge or may not be able to fulfill your request. Don't burn bridges. The public official may be in a position to do something for your cause next year or the year after. Thank them for taking the time to discuss this important issue with you and offer yourself to be available for follow up contacts. Soon after, mail them a thank you note and offer to help. Stay in touch with an occasional note or clipping related to your issue. Public officials are people like you, they thrive on praise and are especially appreciative if you can be of help and do something for them. If they enjoy their contact with you they will be glad to see you next time.

## Advocacy: Influencing Decision Makers

Advocacy can be defined as the process of influencing decision maker(s) to do something you think is important. Many policies enacted by public officials and community leaders, operating through city councils and municipal utility districts, independent businesses and interest groups touch the lives of individuals, families and the community.

In cancer control, influencing public policy can reduce risk factors for cancer and other diseases or assist in detecting cancer at earlier stages. For example, city ordinances can restrict the use of cigarettes in public places reducing the exposure to secondhand smoke which is a proven carcinogen.

Public policy can determine the food our children eat at school, setting a model for healthy eating habits that can last a lifetime. Public policy can fund cancer screening programs that help detect cancer at earlier stages when it is treated more easily and is less costly.

Therefore, advocacy is another tool your group and your community can use to advance cancer control. It is important for these decision makers to have accurate information and for them to understand the needs and priorities of the community.

There are many ways of conducting advocacy activities. Some believe that you have to be an expert on the issue or an expert on how the process works. It is true that some kinds of advocacy require considerable knowledge and expertise. But with the right information and a well organized strategy, anyone can participate in the process.

First you will need to clearly define the problem you want addressed. Accurate information from well recognized organizations can serve you in three ways:

- 1) It will help you define the problem.
- 2) It will make the problem a legitimate issue.
- 3) It will establish your credibility with decision makers.

For example, if your community wants to support a no-smoking ordinance, you can use the Centers for Disease Control Fact Sheets on Secondhand Smoke to emphasize why the ordinance is needed. If your group thinks that the amount of physical activity for children in schools needs to be increased, you can find information on childhood obesity from federal, state and local public health agencies.

**2** *Tools for Using Cancer Statistics can provide sources for documenting the burden of cancer in your community.*

It's also important to collaborate with other groups who may be working on the same issue. For example, the American Cancer Society, the American Diabetes Association and the American Heart Association may all be working on supporting removal of sodas and candy in school vending machines. Contact the local offices of these organizations or others who are working on similar endeavors to find out what advocacy efforts are already underway.

This may prove to be a good collaborative opportunity as well, if they are not already involved in your group.

Second, you will also need to assess the readiness of the environment for the types of changes you are seeking. Some questions to consider in this assessment are:

- What strengths are already in place for this issue?
- What kind of community support is there for these changes?
- Are there similar statewide or national level campaigns which have already made progress on the issue?
- What kind of resources will be needed?
- Will there be individuals, groups or organizations that will oppose your efforts?

Third, you will need to look at who you may have to target to achieve your goal. Once you've decided what institutions or individuals have power or influence to enact the changes you are seeking, then you must determine all the ways you can access and influence the process. There are different ways of approaching decision makers. Lobbying is one way. Lobbying involves influencing public officials and especially members of a legislative body on legislation.

Another way is to educate the decision makers. Educating involves only relaying information on the issue without an expressed opinion on pending legislation or policy decision. Educating may be more appropriate for public employees who must work within their organization's laws, rules and policies regarding working with elected officials.

Whether lobbying or educating, how do you reach and get decision makers to listen to you? You are providing a service to your community by educating your leaders on cancer issues. As such you will need to establish credibility with them through regular and frequent contact. One example of making regular contact is an advocate who sends holiday cards to their public officials letting them know how cancer programs affect their constituents every year. The cards include the number of women that have been screened for breast cancer thanks to publicly supported screening programs.

Credibility begins with being a source of reliable information. Credibility can be optimized through collaboration with other respected individuals and groups. Once credibility is established, it can be maintained through continuing to provide reliable information via e-mail, letters, phone calls and personal visits.

## Tips for Reaching Decision Makers

Overall there are three ways to communicate your views: you can write, you can call or you can visit. In all three, remember that public officials/decision makers are people too. Don't be afraid to approach them. Keep the following tips in mind when you do contact them.

### Writing

Politicians and other decision makers pay attention to their mail. Responding to concerned citizens is crucial to their success. Every letter counts, but a personal letter is more effective than a form letter or petition.



Letters to policy makers should:

- Be concise, informed and polite.
- Be legible.
- State your purpose in the first paragraph.



If your letter is about a bill or specific policy:

- Cite the bill or policy by name.
- Say whether you support it or oppose it and why.
- Be factual and speak from your own experience or knowledge; cite facts to support your statements.
- Ask for a reply and their views on the issue or bill.
- Include your full address so your lawmaker understands you live and vote in her or his district.

### E-mail

Many people believe that e-mail is the wave of the future, allowing the public to communicate more freely with policy-makers. A December 1998 report found that decision makers take personal letters more seriously than e-mail messages. Keep this in mind as you choose what form of contact you want to use.

### Calling

Politicians and decision makers also pay attention when you take the trouble to call and convey your views. A personal phone call is the fastest, easiest way to let your lawmakers know you care about cancer. When a vote on a cancer-related issue is imminent, the fastest, best way to get in touch with your lawmaker is by phone. Your call will likely last less than a minute, and chances are you won't speak directly to your lawmaker.

Here's how to make the most of your call:

- Give your name and address to the person who answers the phone so he or she knows you live and vote in the district.
- Be brief and clear. Tell who you are, why you care, and what you want.
- Ask where the lawmaker stands on the issue.

## **Visiting**

Elected officials can be visited on the job (in Washington, the State Capitol or the City Council chambers), in their local offices, or wherever they are engaged in public business, e.g. a rally, fund-raiser or speech appearance. Often you will only get a few minutes to make your point so it helps to have ready a short, 90 second version of what you want to say. It's always smart to use the 90 second version first thing, followed by more details, or a more elaborate version of your message if there is time. A visit to a decision maker should include:

- Who you are and the group you represent.
- The issue of concern to you.
- What you want from them (support for a bill, a budget request, policy revisions, etc.).
- How you mean to share the results of this meeting with others (through a newsletter, discuss at your group's next meeting).
- A fact sheet with outlines of your basic message, plus your name and telephone number for more information.

Whenever possible, schedule the appointment in advance and always thank them for their time or any recent actions of which you approve.

However you go about it, it helps to remember two things.

- 1) Decision makers won't think you are rude for stating what you want.
- 2) You can't be persuasive if you are not understood. Avoid jargon and technical terms and be prepared to go over the basics if necessary.

A brochure developed by the Texas Comprehensive Cancer Control Coalition to educate policy makers on cancer and how it affects Texans is included in this Tool. It can be used as a basic educational tool for policy makers or other interested groups. Referencing how your objectives are in line with those in the *Texas Cancer Plan* can also lend credibility, justify need and lend a broader perspective to local needs. For more brochures or a copy of the Texas Cancer Plan, send an e-mail to [texasancerplan@tcc.state.tx.us](mailto:texasancerplan@tcc.state.tx.us).

## **Mobilizing Others**

Another crucial part of your advocacy campaign will be to mobilize others in your community, be they other members of your group, volunteers, affected individuals or general members of the community. Sharing some of the tips in this Tool with them will be essential if you want them to contact the decision makers you are trying to influence.

## Using Media

Effective use of media is also a critical tool in any advocacy campaign. Media enables cancer control advocates who gain access to capture public attention on behalf of the particular issue. Media has often turned the tide by informing the public (and decision makers in particular) of a particular problem; providing ideas and opportunities of publication and facilitating a shift in focus on policies.

**4** *Tools for Media & Outreach includes specific strategies for involving media contacts in your community. These same strategies can be employed to focus on an advocacy campaign/issue.*

## Building on Your Success

Remember that advocacy work can sometimes take several years to reach its goals. There are many reasons for this. Sometimes there is organized opposition. Often decision makers have competing priorities. Remember that your efforts may not always lead to victory, but not doing anything never does.

## Additional Resources

### **[www.cancer.org/docroot/GI/gi\\_3\\_1.asp](http://www.cancer.org/docroot/GI/gi_3_1.asp)**

American Cancer Society Under the Get Involved Section, “What You Can Do” provides information on what you can do to affect public policy on cancer prevention, research and control including letter writing, phone calling and face-to-face meeting.

### **[www.cancer.gov/cancertopics/make-a-difference](http://www.cancer.gov/cancertopics/make-a-difference)**

Facing Forward Series: Ways You Can Make a Difference in Cancer Part of the Facing Forward Series for cancer survivors, family members and medical professionals. The series is designed to educate and empower cancer survivors as they face the challenges associated with life after cancer treatment. This publication from the National Cancer Institute provides an overview of the potential benefits of involvement in activities that give back to one’s community, as well as the ways in which one can become involved in these activities.

### **[www.texascancercoalition.org](http://www.texascancercoalition.org)**

Texas Comprehensive Cancer Control Coalition The Texas Comprehensive Cancer Control Coalition exists to promote, enhance and expand all public and private partners’ efforts to implement the Texas Cancer Plan. The aim of the Coalition is to advance cooperative efforts that focus on the goals of the Texas Cancer Plan: cancer prevention, early detection and treatment, professional training, cancer data and planning and survivorship.

### **[www.thepraxisproject.org/tools.html](http://www.thepraxisproject.org/tools.html)**

The Praxis Project The Praxis Project is an innovative, not-for-profit institution dedicated to capacity building, technical assistance, research and training for community based policy change. They have handouts and other resources that may be useful to organizers working to develop policies and coalitions at the state and local level including tools for effective policy advocacy.



# TEXAS

## CANCER CONTROL Toolkit

GET ORGANIZED, GET CONNECTED, MAKE A DIFFERENCE

### 9 Tools for Evaluating Your Efforts

1. Evaluating Your Efforts
2. A Framework for Program Evaluation in Public Health
3. Program Models
4. Data: Sources & Criteria for Collection Measures
5. Practical Considerations & Program Evaluation Standards
6. Resources

## Evaluating your Efforts

“If you don’t measure it, it won’t get done”

Peter F. Drucker

Evaluation needs to go hand in hand with the planning process. As you identify specific objectives to meet your goals, think about how you could measure those objectives. What indicators would help you know you accomplished what you intended? Here are some examples in planning a community screening project:

- What do you hope to achieve?
- How many people do you plan to reach?
- Who is your target population?
- What do you want them to know or do as a result of your efforts?
- Did they think the project was helpful to them?
- Who collaborated with you in putting together the project?
- What is their perception of the project?
- What about longer term outcomes – did the screening encourage those you reached to seek appropriate follow-up with their providers or get re-screened as recommended?

When people think of how to evaluate their activities, they often think in terms of what they can count, such as the number of people who came to a project or the number of educational materials distributed. All of these are important indicators of project activity.

To understand not only what works, but why, evaluate both processes and outcomes. While you want to know if your activities are having the desired effects, also consider if the activities were implemented as planned. Did you have the materials and resources needed? Did your community partners contribute as intended? Did your activities reach the desired population? How did they respond to your message?

Ask yourself what are realistic outcomes that you can measure. What do you want people to do, think, or know as a result of the project? For example, if the goal is screening:

- How many people make appointments to be screened?
- How many actually get screened?
- How many came back for a repeat screen as needed?

If your activity targets prevention, how many people adopt the preventive behavior you are promoting? Collecting information directly from those in the population you are trying to reach can also help you understand if they see barriers you could address in your outreach activities.

What about systems changes? As a result of your project, are more facilities providing needed services, or are facilities providing more services, in ways that are more accessible to your target population? Are there more local ordinances supporting cancer control? Has local media attention for cancer control increased?

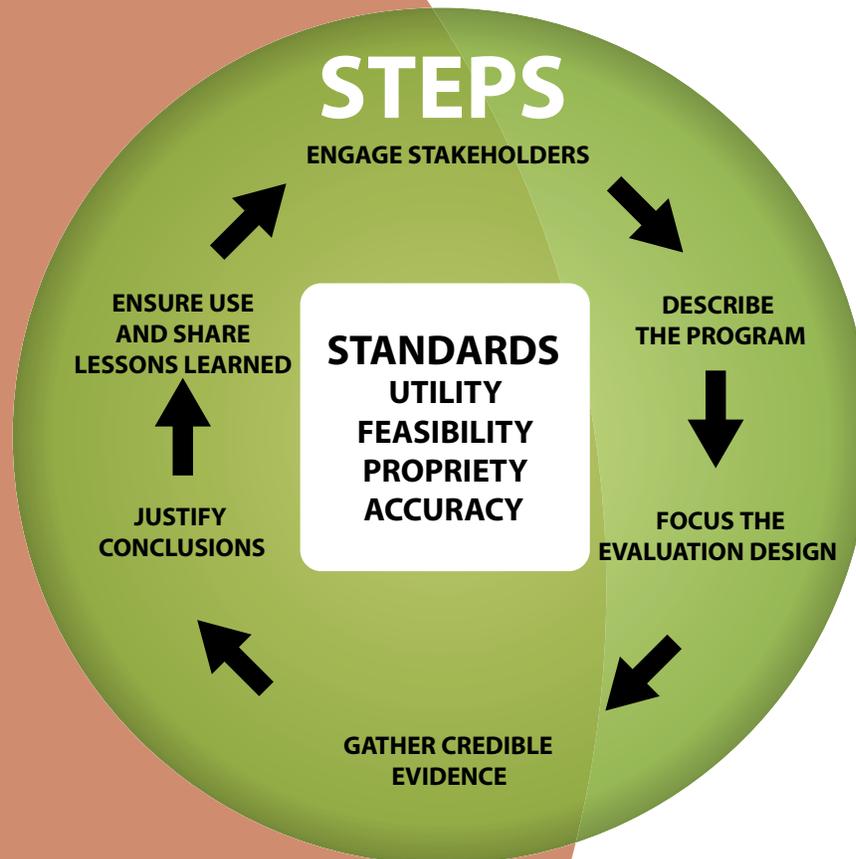
Remember, in order to measure a change, you will need to measure a baseline before your project starts so you will have something to compare to when you measure your results after your project has been implemented.

You may also want to check with a local college or university for assistance with developing and implementing your evaluation.

## A Framework for Program Evaluation in Public Health

Recognizing the need for programs and projects to demonstrate the relationship between activities and prevention effectiveness, the Centers for Disease Control developed an evaluation framework that summarizes and organizes key elements of program evaluation. The framework presents evaluation as an ongoing process that is integrated into routine project operations.

FIGURE 1.  
Recommended  
framework for  
program evaluation



Credit: Centers for Disease Control Morbidity and Mortality Weekly Report September 17, 1999 / 48(RR11); 1-40 "Framework for Program Evaluation in Public Health"

This framework provides a systematic way to organize evaluation activities. The circle conveys the idea that evaluation is an on-going process, in which the findings from one activity feed into subsequent ones. It recognizes the importance of involving those who have an interest in the project, either directly in planning and carrying out the evaluation or by keeping them informed about the evaluation. It points out that a thorough understanding of how the project works (represented in the project description) is an important preliminary step.

Focusing the evaluation design involves determining purpose, users, uses, questions, methods and implementation agreements. The indicators, data sources, quality and quantity of the information gathered, can affect perceptions of the evaluation's credibility. The evaluation should collect information that provides a well-rounded picture of the project, so that it will be credible to users. Analyzing and synthesizing information, making interpretations and

recommendations and judging the worth of the project by comparing the findings against pre-determined standards are all part of justifying the conclusions of the evaluation.

Finally, the framework emphasizes the importance of how evaluation information is communicated, so that it will be utilized in project decision-making. Recognize that formal written reports may not always be the most efficient or effective way to communicate evaluation findings. Look for the “teachable moment”, when evaluation information may make a contribution to the planning effort.

## Program Models

Many programs and projects find it helpful to diagram what they intend to do and how they intend to measure their success. Sometimes called logic models, these diagrams can show how activities link to outcomes. They can provide a concise and compelling way to communicate what you are doing to others – particularly potential collaborators or funders. Below is an example of one model.

### Sample Program Model for Local Colorectal Screening Outreach Program

Assumptions	Inputs/Resources	Activities	Short-Term Outcome Indicators	Long-Term Outcome Indicators
If more people over 50 were screened, fewer would die from colorectal cancer	Local cancer coalition includes providers, health educators, ACS volunteers, etc.	Determine there are enough health care professionals to provide the screening	# of providers who do colorectal screening and type of screening provided	# of patients, particularly medically underserved, who make appointments or pick up FOBT materials
Providers are not encouraging everyone to be screened	NOEP and POEP can educate providers	Educate providers about importance of promoting screening	# of providers who attend meetings about screening	# of patients, particularly medically underserved, who complete screening process
Many people in this community don't know about colorectal cancer screening	Local media, Churches, Libraries, Community Centers	Undertake collaborative outreach campaign, using local media and community resources	# of patients, particularly medically underserved who seek physician referrals	# of polyps detected and treated, particularly in medically underserved groups
Traditionally medically underserved populations are least likely to get screened	Educational materials available from Toolkit	Address barriers that keep medically underserved from getting screened	# of people, particularly medically underserved, who receive materials	# of patients, particularly medically underserved, who get screened
Stakeholders working together can achieve more	Local community stakeholders	Increase stakeholder participation in colorectal program	# of PSAs and # community programs # of community partners who participate in campaign	Partners' willingness to continue collaborative efforts

## Data: Sources & Criteria for Collection Measures

### Data Sources

There are many ways to collect evaluation information. They all have pros and cons, as pointed out below:

- **Existing data sources** include large databases, such as the Texas Cancer Registry, as well as clinical records. Reviewing existing records is usually more economical than collecting your own information. However, because these data have been collected for purposes other than your evaluation, they may not be recorded in ways that answer your questions. It may be difficult to interpret what the data mean, particularly when there is missing data. Large national or state databases may not provide information that answers specific questions at the local level.
- **Knowledge tests** are used to determine if health care professionals and the public have acquired the knowledge needed to implement cancer control behaviors. The test should be well constructed and actually measure the content covered by your educational activity. When using tests with the public, be sure the test measures what you want to measure, not reading ability or the ability to do well on paper and pencil tests. Also, remember that knowledge is an important prerequisite, but not the only determinant of behavioral change.
- **Direct observation** involves the rating of others' behaviors. It is often used with individuals who cannot self-report their behavior, such as young children, or when self-report may not give a complete picture of behavior. For example, experts are frequently used to observe the mastery of skills in clinical settings. The accuracy of observational ratings depends upon the skills of the raters, so be sure that raters are well trained, particularly when complex behaviors are involved. Also remember to observe the behavior enough times or in enough depth to be confident that you are observing typical, not unusual, behavior.
- **Written surveys** are an economical and popular data collection method, particularly for large groups of people. They also tend to provide more standardized information than interviews and focus groups. However, remember that some people don't read well or have disabilities that make it difficult to complete questionnaires. Also keep in mind your surveys may need to follow the same considerations as outreach and your surveys may need to be translated. Good questionnaire construction involves recognizing what we are asking respondents to do:

- Understand the question the way we intended.
- Recall the desired information.
- Answer accurately.
- Decide which response alternative fits their situation.

For ideas on how to construct a good questionnaire, there are sample resources at the end of this section.

The content and format of your survey will vary depending on the purpose and type of respondent. There are examples provided at the end of the Tool including a project survey and a survey of coalition member participation.

Getting a good response to a written survey can be a real challenge. You can increase the likelihood of getting responses by:

- Pre-notifying people that a survey is on the way.
- Following up to remind them to respond.
- Having questionnaires endorsed by a source they trust.
- Providing an incentive for responding.

- **Interviews** While written questionnaires may be a good way to get people to report their knowledge and behavior, or rate their attitudes, it is not always the best method for understanding what something means to someone. Interviews allow you to probe the meaning of barriers to cancer prevention behaviors, for example, and do not require the respondent to write out lengthy explanations (which most people won't do). Interviews may yield more complete data than written questionnaires because you can follow-up on missing or unclear responses. They also allow you to collect information from people who can't, or won't fill out written questionnaires. However, they can be more costly in time and effort than most other data collection methods.
- **Focus groups** have become an extremely popular method for collecting information quickly. They are a good way to collect information about how a group of 6-12 individuals reacts to a proposed cancer prevention campaign, or cancer survivors' concerns, for example. Remember that they are intended for data collection, so the group does not have to come to consensus; the idea is to understand everyone's perception of the issue. Have an experienced moderator lead the group and assign another individual to assist with logistics and note-taking. Because you generally can't get people to continue the discussion for much more than an hour, time limitations make it important to focus your questions carefully on what you want to know.

When at all possible, hold multiple focus groups on the same topic, so the dynamics of any one group don't bias what you learn. Also, because this data collection method requires participants to come to a particular place at a particular time, consider providing an incentive for participation. Food may be an effective incentive for some groups, while a small monetary incentive works better with others, so think carefully about what would work best with your group.

## Sample Focus Group Questions

### COMPREHENSIVE CANCER CONTROL FOCUS GROUP QUESTIONS

Please tell us about cancer control in your community. (probe for activities that are on-going in Primary Prevention, Screening and Treatment, Professional Education, and Survivorship; resources to support it, key stakeholders)

- What has helped you most in cancer control (i.e., the best thing you know)?
- What would help you improve cancer control? (probe for unmet needs at both the organizational and individual level; ask about a toolkit of cancer control resources).
- What information would help you improve cancer control (i.e., unmet data needs)?
- Are you familiar with the state's Cancer Plan? (probe what people have done with the Plan). If yes, how can it help you address the cancer burden?
- What do you think about forming a local cancer control coalition? (probe how this would "fit" with what is already going on in the community).
- (Explain the state program and the Coalition). In what ways could the state program and the Coalition assist you?
- The state health department is thinking about arranging regional conferences to promote cancer control. Does that sound like something that would be helpful to you? How should it be set up? (i.e., who should be involved, what should the content be, where should it be, when should it be).
- Is there anything else you would like to tell us about cancer control in your community?

Credit: University of Texas School of Nursing

We have touched very briefly here on various data collection methods. To learn more about them, please consult the resources at the end of this section. We have also provided a few sample data collection tools, but more can be found by searching online databases for report of projects similar to yours. In addition, the sample data resource inventory sheet, at the end of this section, developed by Battelle Center for Public Health & Evaluation for the Centers for Disease Control, can help you organize information about data sources you want to use in your evaluation activities.

## Criteria for Data Collection Measures

How do you know what data source is best for your purpose? Consider the following criteria:

- **Appropriate:** Your measures or indicators of success should provide information that is meaningful to your group. If you use written surveys to collect data, for example, be sure that the language is culturally appropriate and not so dependent on literacy that you are measuring reading skills- not what you want to measure. Consider if interviewers or focus group leaders will be effective gathering information from your target group. Determine what types of information your group considers credible.
- **Accurate:** Choose methods that yield the most reliable and valid information possible. When you can, use previously developed data collection tools that have been shown to yield accurate information in situations such as yours. Be sure that data collectors have received appropriate training, so that their data will be reliable and valid.
- **Sensitive to change:** A measure can be accurate and valid, but not sensitive to change following interventions such as yours. For example, the measure may be targeting long-term changes that cannot be measured during the period of your activity (Ex: decreases in cancer deaths). Other measures may have “ceiling effects”; people already score high before they are exposed to your project. Consider carefully if the measure you plan to use will be able to detect the changes in attitudes, behaviors, skills or knowledge that you expect to occur in the time-frame you have.
- **Feasible:** (i.e., yield information in a timely way, not too costly, acceptable to respondents) The measures you use need to yield information when you need it to make decisions, not be more costly than your project can afford, and be acceptable to those from whom you are collecting information. For example, individual interviews may provide good information, but they are one of the most costly and time-consuming ways of collecting information. Behavioral observation is also expensive, and can be considered intrusive by some.

## Tying Activities and Immediate Outcomes to Information about Long-Term Outcomes from Databases

It is often a considerable leap from educating people about cancer prevention and detection to reducing cancer morbidity and mortality, but it is important to connect the pieces of information we have whenever possible. For example, if your coalition has focused heavily on tobacco prevention/cessation activities, then try to access information about reported smoking rates from the state’s Behavioral Risk Factor Surveillance Survey (for adults) or the Youth Risk Behavior Surveillance System. The challenge will be getting this information specific to your geographic area.

2

*Tools for Using Cancer Statistics has more information on these sources and many others.*

### **A Few Final Thoughts**

First, multiple data sources usually provide a more complete picture of the situation than any one measure. So, if you want to understand the effects of a cancer prevention educational activity in the schools, for example, survey students about the project and also test their knowledge of good health practices. Then, if possible, follow-up to determine if they have adopted the preventive health behaviors. Remember to safeguard the confidentiality of your respondents and inform participants that their responses will be kept confidential.

Also, the best way to know if a data collection technique will work in your situation is to give it a trial run first. Particularly if you are going to invest considerable time or effort in a data collection activity, be sure to pilot test.

## Samples

### Sample Data Resource Inventory Sheet

This tool can be used to inventory data resources in a state, territory or tribe that might be useful in supporting comprehensive cancer control planning and evaluation. Battelle Centers for Public Health Research and Evaluation developed this tool as a supplement to the original guidance document materials to assist planning coordinators and participants in thinking about data resources for planning, and it has been reproduced here for the same purpose.

The tool is a table with five columns. Under the first column, Data Sources is space to list the specific data sources that might be used for comprehensive cancer control planning. In the sample tool are three examples, but other sources may be identified. The second column, Type of Data is space for citing the specific data type that is being listed (e.g., epidemiological or behavioral data). The third column, Measures/Indicators, is for listing the cancer-related measures or indicators that the data source provides. The fourth column, Data Quality and Usefulness, is a place to record notes on the data source about quality or usefulness. Finally, in the last column is a place to note how the data source will be used for the comprehensive cancer control planning effort.

The Data Resource Inventory Sheet can be used by planning coordinators, work group/committee members or other members of the planning body. Once completed and compiled, the master inventory sheet can be distributed to planning partners and other stakeholders to enhance the use of data for comprehensive cancer control.

Data Source	Type of Data	Measures/Indicators	Data Quality and Usefulness	How Used for Planning
EXAMPLE Death Certificates	Epi – Mortality data	# of deaths Age-adjusted rate Rate Survival (5 years)	Analysis possible by age, race, sex, cancer site, time, U.S. Region	Identify magnitude of problem and prioritize among cancer sites
EXAMPLE BRFSS Tobacco consumption Literature	Behavioral data	Prevalence Screening frequency Tobacco consumption	Analysis possibly by time, demographics, region and versus national or other	Identify target groups for intervention programs Identify lack of need for targeted programs
EXAMPLE Department of Health American Cancer Society Literature	Health services utilization data	Cost of smoking	Analysis possible by region	Identify where services are being used Assess whether service
				utilization matches need Raise awareness

**Sample Survey #1**  
**WHY WE DON'T GET BREAST CANCER X-RAYS**

Women don't get breast cancer X-rays (mammograms) for many reasons. Please check the box to show us how much each of these problems or reasons keeps the women you know, and yourself, from getting breast X-rays. We plan to use this information to help us make breast cancer screening services better and we thank you for taking the time to give us your ideas.

	Big problem/ reason	Less of a problem/ reason	Not a problem/ reason
1. Cost of breast X-ray (mammogram)			
2. Too hard to figure out where to go for X-ray			
3. Lack of transportation to the X-ray office			
4. Taking time off from work			
5. Don't think about getting a breast X-ray			
6. No one to stay with children or grandchildren			
7. Worry the breast X-ray might find cancer			
8. Doctor/health provider hasn't said to do it			
9. Forget to make an appointment			
10. Not sure how old a women should be to have a breast X-ray			
11. Don't think breast X-rays can save their life			
12. Breast X-ray hurts too much			
13. Don't think they are likely to get breast cancer			
14. Takes too long to get an appointment			
15. People who do X-rays don't treat them with respect			
16. Don't know how the breast X-ray is done			
17. Too many other things going on in their lives			
18. Nobody in the family has had breast cancer			
19. Worry the X-ray might give them cancer			
20. Don't think they need a breast X-ray			
21. Don't want to know if they have cancer			
22. No one they know talks about getting breast x-rays			
23. Breast X-rays aren't always accurate			

24. Other (please describe) \_\_\_\_\_  
 \_\_\_\_\_



**Sample Survey #2**  
**Texas Comprehensive Cancer Control Survey**



Which of the following best represents your organization:

- |  |  |
|--|--|
| <input type="checkbox"/> University/Medical School     | <input type="checkbox"/> State or Local Agency     |
| <input type="checkbox"/> Cancer Center                 | <input type="checkbox"/> AHEC                      |
| <input type="checkbox"/> Hospital/Clinic               | <input type="checkbox"/> Professional Organization |
| <input type="checkbox"/> Advocacy Organization         | <input type="checkbox"/> Private Practice          |
| <input type="checkbox"/> Other (please describe) _____ |  |

What is your position?

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Program Director/Manager      | <input type="checkbox"/> Center Director | <input type="checkbox"/> Educator   |
| <input type="checkbox"/> Outreach coordinator          | <input type="checkbox"/> Clinician       | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Other (please describe) _____ |  |                                     |

What do you or your organization do in cancer control? (check all that apply).

- |  |   |
|--|---|
| <input type="checkbox"/> Health Education        | <input type="checkbox"/> Outreach/Case-Management           |
| <input type="checkbox"/> Applied Research        | <input type="checkbox"/> Early Detection/Screening Services |
| <input type="checkbox"/> Cancer Treatment        | <input type="checkbox"/> Tumor Registry                     |
| <input type="checkbox"/> Basic Research          | <input type="checkbox"/> Palliative Care                    |
| <input type="checkbox"/> Cancer Control Advocacy | <input type="checkbox"/> Professional Education             |

**Please provide any additional information that will help us understand your cancer control activities** (feel free to append additional information/brochures, if you wish):



How have you used the Texas Cancer Plan? (check all that apply)

- Am not familiar with the Texas Cancer Plan.
- Have glanced through it.
- Have studied it carefully.
- Have shared the Plan with others in my organization.
- Have reviewed my organization's goals and objectives to determine their congruence with the Texas Cancer Plan.
- Have used the Texas Cancer Plan as input into the planning process in my organization.
- Have suggested modifications in my organization's goals and objectives to address Texas Cancer Plan objectives.
- Have used the Texas Cancer Plan as a basis for initiating or advocating for new activities.
- Have used the Texas Cancer Plan to prioritize existing activities in my organization.
- Have thought of ways the Texas Cancer Plan should be modified to better address cancer control in Texas.
- Other uses. (please describe)

**What does comprehensive cancer control mean to you?** (for example: covers cancer continuum from prevention to rehabilitation; serves all parts of state; coordinates and integrates services across the private and public sectors)

 Please indicate how much you agree with the following statements by placing an "X" in the appropriate box:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
There are cancer control issues that cannot be addressed within categorical cancer control programs/agencies.					
A cancer control coalition would decrease duplication of services in Texas.					
The existing broad-based cancer control organizations & agencies can adequately address comprehensive cancer control on their own.					
Coordination of cancer control activities in Texas is improving.					
Progress has been made in prioritizing cancer control activities within Texas.					
Coordination of cancer control activities would increase the efficiency and effective use of cancer resources in Texas.					
I would be willing to work with the Texas Cancer Council to update the Texas Cancer Plan.					

 Are you familiar with the Texas Comprehensive Cancer Control Coalition (TCCC)?

Never heard of it                       Heard of it, but not sure what it is  
 Am familiar with it

 If you are familiar with the Coalition, what do you think it does or has accomplished?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Indicate how much you agree with these statements about the existing Texas Comprehensive Cancer Control Coalition:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
The Texas Comprehensive Cancer Control Coalition has identified gaps in cancer control in Texas.					
The Coalition has built new or improved on existing partnerships among those involved in cancer control in Texas.					
The Coalition has increased support among professional groups for cancer control in Texas.					
Coalition activities have caused cancer control resources to be redirected in Texas.					
The Coalition has increased legislative interest for cancer control in Texas.					
The Coalition has improved coordination of cancer control in Texas.					
The Coalition is likely to increase efficient use of cancer control resources in Texas.					
Coalition activities have increased awareness of data needs in Texas.					
The Coalition has increased public support for cancer control in Texas.					
The Coalition has increased financial support for cancer control in Texas.					
I would be willing to encourage my organization to make in-kind contributions to activities promoted by the Coalition.					
I would be willing to encourage my organization to make a financial contribution to an activity/activities promoted by the Coalition.					
A statewide comprehensive cancer control coalition should continue in Texas.					

**Please identify 2-3 cancer control activities that would require involvement of a coalition of partners to achieve (as opposed to an individual organization).**

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Credit: University of Texas School of Nursing

## Practical Considerations & Program Evaluation Standards

### Practical Considerations

Since collecting and compiling evaluation information can be time-consuming, consider involving volunteers in this effort. Another possible source of assistance might be college students looking for a “real life” research, evaluation, or community health project experience. Both of these groups will need to be trained, and if you don’t have that expertise available in your group, consider contracting with an evaluation consultant who can help:

- Work with you to develop an evaluation plan that looks at both the process and out comes of your efforts.
- Focus data collection methods on questions you want answered.
- Identify or develop appropriate data collection methods.
- Provide training in systematic data collection.
- Guide you in analyzing, interpreting, and reporting the information.

Depending upon what data you collect and with whom, you may need to request approval from a local board that reviews research on human subjects. If a key partner in your project has an internal review board, they will probably require a review before you proceed. This process can take several weeks, so allow plenty of time for this step.

Finally, recognize that your data collection activities can serve multiple purposes. For example, interviews or focus groups with key individuals in your community can not only help you understand how to set up your project, but also publicize your efforts and perhaps even recruit volunteers to further your activities. Simply beginning to ask questions about why services are provided in certain ways may encourage respondents to take a critical look at what they are doing. In addition, asking those who receive services to rate their quality sends the message that you want your activities to meet their needs.

### Program Evaluation Standards

How do you know if your evaluation is high quality? In 1981, the Joint Committee on Standards for Educational Evaluation proposed the following standards:

- **Utility:** An evaluation should meet the information needs of its audience.
- **Feasibility:** An evaluation should be cost-effective, politically viable, and procedurally appropriate.
- **Propriety:** An evaluation should take into account the legal and ethical welfare of both those evaluated and those affected by the evaluation.
- **Accuracy:** An evaluation should be methodologically rigorous, so that the information provided is sound and its interpretation appropriate.

While you may not have the resources to completely meet each of these standards, they are a yardstick against which to measure your efforts.

## Resources

### **[www.cdc.gov/mmwr//indrr\\_99.html](http://www.cdc.gov/mmwr//indrr_99.html)**

**Centers for Disease Control (CDC) MMWR** The CDC's Morbidity and Mortality Weekly Report (MMWR) Recommendations and Reports contain in-depth articles that relay policy statements for prevention and treatment on all areas in CDC's scope of responsibility. The topic of Volume 48- Sept 17, 1999 No RR - 11 is "Framework for Program Evaluation in Public Health".

### **[www.cdc.gov/eval/resources.htm](http://www.cdc.gov/eval/resources.htm)**

**CDC Evaluation Work Group** Use this Web site to learn about the CDC Evaluation Working Group and its effort to promote program evaluation in public health. Links provide an overview of the group, highlights of a framework for program evaluation, and additional resources that may help when applying the framework.

### **[www.partnershiptool.net](http://www.partnershiptool.net)**

**Partnership Tool** This easy-to-use, web-based Tool gives a partnership an exciting new way to assess how well its collaborative process is working and to identify specific areas for its partners to focus on to make the process work better. The Tool is provided at no charge by the Center for the Advancement of Collaborative Strategies in Health at The New York Academy of Medicine with funding from the W. K. Kellogg Foundation.

### **[www.sagepub.com](http://www.sagepub.com)**

**Sage Publications** SAGE Publications is an independent international publisher of journals, books, and electronic media. They have many relevant publications on evaluation including The Survey Kit, The Handbook to Focus Group Research, Focus Groups: A Practical Guide for Applied Research, Telephone Survey Methods, and Utilization-Focused Evaluation. Information on the publications is available through the Web site.

Texas Cancer Control  
Toolkit CD-ROM

