CRC
STAKEHOLDER GROUP
REPORT

A 2016 National Survey by the
American Cancer Society in partnership with the
Comprehensive Cancer Control National Partners

FEBRUARY 2017

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CONTENTS

Acknowledgments

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▷ *American Cancer Society (CCC Team, Statistics and Evaluation Center, HPV VACs Team)*

▷ *Comprehensive Cancer Control National Partners (Leaders of the CRC and HPV Work Groups)*

▷ *National Colorectal Cancer Roundtable*

▷ *National HPV Vaccination Roundtable*

Executive Summary

Introduction

Background and Context

The *American Cancer Society*, in partnership with the *Comprehensive Cancer Control National Partners (CCCNP)*, conducted a nationwide survey to learn about the characteristics of stakeholder groups working together to prioritize increasing CRC screening rates.

For the purposes of the survey, a stakeholder group was defined as a roundtable, task force, workgroup, or a subcommittee of the state *Comprehensive Cancer Control (CCC)* coalition.

Survey Method

Between August and October 2016, a team developed an online survey questionnaire. The team included representatives from the *CCCNP Colorectal Cancer Work Group*, the *ACS CCC Program*, the *National Colorectal Cancer Roundtable (NCCRT)*, and the *ACS Statistics and Evaluation Center*.

The survey was conducted during November and December 2016. Respondents included CCC program directors, ACS Health Systems Managers, other CCC coalition leaders, and other health system leaders from 50 states, the District of Columbia, and tribes.

Survey Limitations

Survey results were based on a limited sample size and may not fully reflect the status of the stakeholder group in the state. Responses per state ranged from one to seven and, in some cases, responses to questions varied. Additional research is required to better understand these differences.

Survey Topics

CRC stakeholder groups were surveyed about their:

- ▶ Goals, structure, staffing, and funding
- ▶ Leader and participant organizations
- ▶ Stage of development and activities
- ▶ Organizational plans
- ▶ The relationship between their group plans and state/tribal cancer plans
- ▶ Roles of survey participants

Survey Response Rates

A total of 100 people responded, with an average survey response rate of 91%. Responses included:

- ▶ 45 from CCC Program Directors
- ▶ 41 from ACS Health System Managers
- ▶ 13 from CCC leadership roles
- ▶ 11 from other health system roles

Summary of Findings

CRC Stakeholder Group Distribution

▶ 42 states, DC, and Puerto Rico had groups

▶ 6 states reported no groups

▶ 2 states did not respond

▶ 1 tribe had no group

▶ 2 tribes had groups

Percentage of respondents who reported the following about their stakeholder groups: *

Stakeholder Group Structure

▶ 55% were part of a broader coalition

▶ 23% were standalone, informal groups

Stakeholder Group Stage of Development

▶ 57% were actively meeting and implementing

▶ 1% were stalled

Stakeholder Group Self-Assessment

▶ 34% were collaborating

▶ 30% were coordinating

▶ 17% were cooperating

Stakeholder Group Staffing

▶ 71% had staffing from partners

▶ Staffing was a challenge for some groups

Stakeholder Group Funding

▶ 26% received in-kind resources from partner organizations

▶ 23% received support from CDC-funded, state-level programs

▶ Funding was a challenge for some groups

Stakeholder Group Planning

▶ 81% were aligned with state cancer plan

▶ 28% were creating an evaluation plan

▶ 20% had an evaluation plan in place

▶ 54% did not have a media plan

▶ 25% were creating a media plan

▶ 5% had a media plan in place

Stakeholder Group Challenges

Challenges included group development and maintenance, funding and time constraints, engaging new and existing members, sustaining momentum, engaging partners, and group agreements about roles and responsibilities.

Stakeholder Group Resource Requests

Resource requests included support for development, funding, staffing, and sharing of lessons learned and best practices.

* Some states had more than two respondents.

Introduction

Stakeholder groups dedicated to reducing incidence of and mortality rates for colorectal cancer (CRC) cancer are being established nationwide. The *American Cancer Society* in partnership with the *Comprehensive Cancer Control National Partners (CCCNP)* conducted a nationwide survey to gain a better understanding of CRC-related work that was underway and the relationship of the work to *Comprehensive Cancer Control (CCC)* programs and coalitions.

For the purposes of the survey, a stakeholder group was defined as a roundtable, task force, workgroup, or a subcommittee of the state *Comprehensive Cancer Control (CCC)* coalition.

Partners participating on the survey team included:

The *American Cancer Society* is a global grassroots force of two million volunteers saving lives and celebrating lives and leading the fight for a world without cancer. Doing everything in our power to prevent cancer, we're available 24/7 for those with cancer questions or concerns. Providing information, raising awareness, fostering innovation, and offering care, we're dedicated to freeing the world from the pain and suffering of cancer.

The *Comprehensive Cancer Control National Partners* is a group of leading cancer organizations in the US (**http://www.cccnationalpartners.org**) whose primary goal is to build, strengthen, and support CCC efforts in states, American Indian tribes, and Pacific Island jurisdictions. The CCC approach brings together partners committed to reducing the burden of cancer in local communities and tribes. CCC programs or coalition members develop in-depth strategic plans to address cancers that are having the greatest impact in communities. Members collaboratively implement efforts to prevent and control cancer, including efforts to mobilize community resources and bring attention to cancer issues.

The *National Colorectal Cancer Roundtable (NCCRT)* was established by the *American Cancer Society* and the *Centers for Disease Control and Prevention (CDC)* in 1997. It is a national coalition of public and private organizations, voluntary organizations, and invited individuals dedicated to reducing the incidence of, and mortality from, colorectal cancer in the US through coordinated leadership, strategic planning, and advocacy.

Survey Objective

The primary purpose of the survey was to gain a better understanding of the relationship of CRC stakeholder groups to CCC coalitions and state cancer plans. Secondary purposes of the survey were to learn more about how CRC stakeholder groups operate and function and about the evidence-based strategies being promoted by the groups.

The information gathered through the survey provides an overview of the following:

- ▶ Leader and participant organizations in stakeholder groups
- ▶ Participant roles in stakeholder groups
- ▶ Relationships of stakeholder group goals to the state and tribal cancer plan
- ▶ The structure of the stakeholder groups
- ▶ Staffing and funding of stakeholder groups
- ▶ Stage of development of stakeholder groups
- ▶ Goals of stakeholder groups
- ▶ Evidence-based Intervention (EBI) activities of stakeholder groups
- ▶ Organizational plans of stakeholder groups

Survey Methods

The survey was conducted in November 2016. Respondents included CCC program directors, ACS Health Systems Managers*, CCC coalition leaders and other health system leaders in 50 states, the District of Columbia, unincorporated territories, and tribes. The survey contained 19 questions pertaining to CRC stakeholder groups, including 14 multiple-choice and five open-ended questions.

Survey Design

Between August and October 2016, a team of national partner organizations developed an online survey questionnaire. The team included representatives from the *CCCNP Colorectal Cancer Work Group*, the *ACS CCC Program*, the *NCCRT*, and the *ACS Statistics and Evaluation Center*.

* ACS Health Systems Managers are responsible for overseeing the relationship management of priority state-based agencies, systems and institutions such as the Department of Public Health, Medicare/Medicaid, State employee health plans, commercial health plans or insurance companies, Quality Improvement Organizations, comprehensive cancer control programs and cancer coalitions, and other cancer programs.

Survey team members identified key concepts to be addressed and provided feedback on survey questions. The team considered survey length, the broad geographic area to be covered, and the potential number of respondents. Based on these factors, the team chose to use an online survey rather than a qualitative interview process. The *American Cancer Society CCC* staff and the *Statistics and Evaluation Center* reviewed and tested the survey prior to release.

An email request and survey link was sent to CCC program directors and ACS Health Systems Managers. The program directors and health systems managers were asked to share the survey with CCC coalition leaders and other stakeholders. The estimated completion time for the survey was between 15 and 20 minutes. Participants were asked to complete the survey within two weeks.

Participants were asked to answer the survey for each type (CRC and HPV) of stakeholder group.

The 19 survey questions were as follows:

1. Who is the primary contact for the CRC stakeholder group?
2. What is the name of the statewide CRC stakeholder group?
3. Please identify your role(s) in the CRC stakeholder group. Please check all that apply.
4. What is the CRC stakeholder group's structure?
5. Please select an option that best describes the CRC stakeholder group's stage of development?
6. Please enter the approximate date the CRC stakeholder group was formed.
7. Please identify organizations that provide the primary leadership to the CRC stakeholder group.
8. Who are the primary participating partners in the CRC stakeholder group?
9. How would you characterize the CRC stakeholder group?
10. What are two or three high-level goals or objectives of the CRC stakeholder group?
11. Does the CRC stakeholder group have goals that are aligned with the state CCC plan?
12. How is the CRC stakeholder group staffed?
13. Please select activities promoted by your CRC stakeholder group?

14. How are activities of the CRC stakeholder group currently funded?
15. What is the biggest challenge to the CRC stakeholder group?
16. What kinds of resources/information/support would be helpful to the CRC stakeholder group?
17. Is there an evaluation plan in place for the CRC group to assess its progress?
18. Does the CRC stakeholder group have a collaborative media plan to promote its objectives?
19. Have multiple regional CRC stakeholder groups been established within the state?

Survey data was exported to Microsoft Excel and an Access database for analysis.

Survey Limitations

Survey results were based on a limited sample size and may not fully reflect the status of the stakeholder group in the state. Responses per state ranged from one to seven and, in some cases, responses to questions varied. Additional research is required to better understand these differences.

Overall Survey Response Rates

A total of 110 people responded to the survey. Two or more representatives responded from 33 states and the District of Columbia. One representative responded from 15 states, three tribes, and one US territory.

Overall average response rates were as follows:

- ▶ The average question response rate for CRC survey questions was 91%.
- ▶ The average question response rate for HPV questions was 77%.
- ▶ The response rate across states was 96%.

Responses by organizational roles were as follows:

- ▶ 45 responses were from CCC Program Directors.
- ▶ 41 responses were from ACS Health Systems Managers.
- ▶ 13 responses were from people in CCC leadership roles.
- ▶ 11 responses were from people in other health system roles.

Response Rate to CRC Survey Questions

Response Rate to CRC Survey Questions
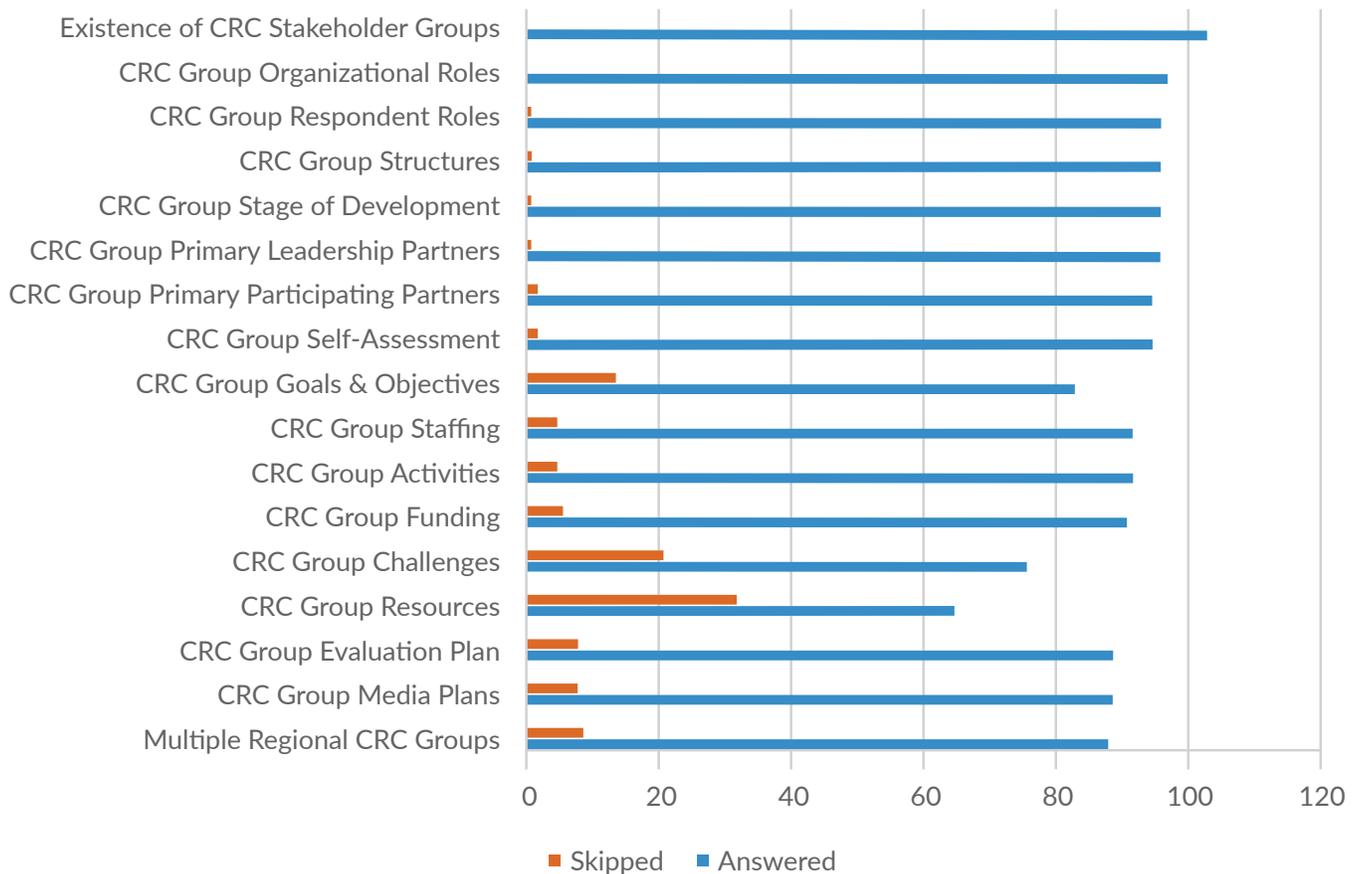
Responses to CRC questions by organizational roles were as follows:

- ▶ 39 responses were from CCC Program Directors.
- ▶ 35 responses were from ACS Health Systems Managers.
- ▶ 13 responses were from people in CCC leadership roles.
- ▶ 10 responses were from people in other health system roles.

Non-response rates were highest for questions concerning goals, challenges, and identification of resources helpful to the stakeholder groups. All three low response rate questions were open-ended, non-multiple-choice questions:

- ▶ What are two or three high-level goals or objectives of the CRC stakeholder group?
- ▶ What is the biggest challenge to the CRC stakeholder group?
- ▶ What kinds of resources/information/support would be helpful to the CRC stakeholder group?

Key Findings

This section provides a high-level summary of survey findings based on responses from ACS Health Systems Managers, CCC Program Directors, CCC leaders, and other health systems leaders. In the case of 15 states, three tribes, and one US territory, one representative responded to the survey. The remaining 33 states had two or more respondents.

CRC Groups Across the Nation

A majority of states have CRC stakeholder groups:

- 42 states and the District of Columbia had CRC stakeholder groups (37 had both CRC and HPV stakeholder groups).
- Six states did not have CRC stakeholder groups.
- Two states did not participate.

Territories and tribes

- Puerto Rico had a CRC stakeholder group.
- Alaska Native Tribal Health Consortium and South Puget Intertribal Planning Agency both had a CRC stakeholder group.

Regional stakeholder groups

- 21% of respondents said they had multiple CRC regional stakeholder groups in their state.

States with CRC Stakeholder Groups

States without CRC Stakeholder Groups

States that did not participate

Group Structures and Stages of Development

Among respondents, most said their stakeholder groups were part of a broader coalition.

▶ 55% of respondents said their CRC groups were part of a broader coalition and 23% said their groups were standalone, informal groups.

A majority of respondents reported their stakeholder groups were actively meeting and implementing their plans.

▶ 57% respondents said their CRC groups were actively meeting and implementing. Only 1% reported their groups were stalled.

A majority of respondents reported their stakeholder groups as collaborating.

▶ 34% of respondents characterized their CRC group as collaborating, and 23% said their group was cooperating.

Group Staffing, Leadership, and Participants

A significant number of respondents said staffing for their stakeholder groups came from partner organizations.

▶ Respondents reported that 71% of CRC group staffing came from partner organizations.

▶ In the open-ended questions related to resources, some respondents expressed that adequate staffing was a challenge.

Group Goals, Activities, and Funding

Among respondents, the two primary funding sources for the stakeholder groups were in-kind resources from partner organizations and support from a CDC-funded state-level public health program.

▶ Most respondents said their primary sources of funding for their CRC groups were in-kind resources from partner organizations (26%) and support from a CDC-funded state-level public health program (23%).

▶ In the open-ended questions related to resources, some respondents expressed that adequate funding was a challenge.

Group Planning

Among respondents, most said their stakeholder groups had, or were in the process of creating, an evaluation plan.

▶ 20% reported their CRC groups had an evaluation plan in place, and 28% said they were in the process of creating a plan.

Among respondents, most said their stakeholder groups did not have a media plan.

▶ 54% reported their CRC groups did not have media plans. 5% did have a plan, and 25% were in the process of creating a plan.

Group Challenges and Requested Resources

▶ CRC stakeholder group challenges: Group development and maintenance, including funding and time constraints, engaging new and existing members, sustaining momentum, and engaging partners and group agreements about roles and responsibilities

▶ CRC stakeholder group requests: Group development support, funding, and staffing resources, and sharing of lessons learned and best practices

# Group Structures and Stages of Development

Group Structures

Survey question: What is the CRC stakeholder group's structure?

- ▶ Part of the state CCC program/coalition
- ▶ Part of another state coalition or work group (please list the name below)
- ▶ Part of another agency or organization (please list the name below)

- ▶ Standalone informal coalition
- ▶ Standalone formal non-profit
- ▶ Additional comments

Most respondents said their CRC groups were part of a CCC coalition.

96 participants answered this question, and 1 skipped the question.

CRC Group Structures

Other
13%

Dept. of Health
4%

Other Agency
or Coalition
5%

Standalone
Informal
23%

Part of CCC
Coalition
55%
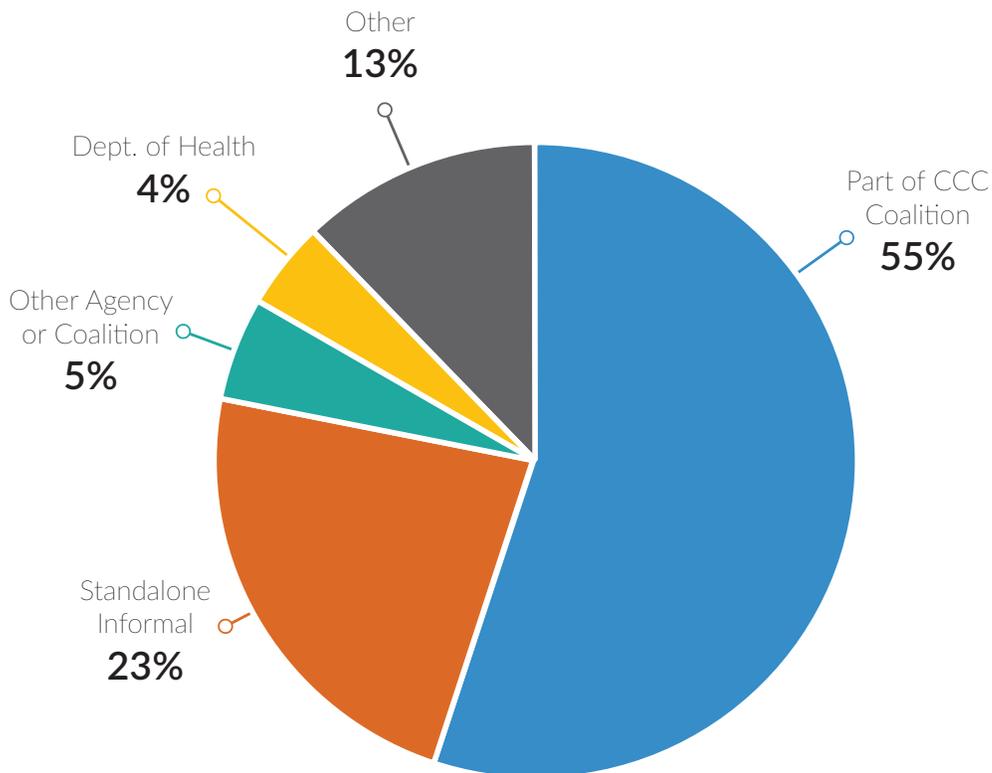
Group Stages of Development

Survey question: Select an option that best describes the CRC stakeholder group's stage of development.

- ▶ Early planning
- ▶ Actively meeting, not yet implementing strategies
- ▶ Actively meeting and implementing
- ▶ Group exists but has stalled

Most respondents said their CRC stakeholder groups aware actively meeting and implementing. Only 11% reported their groups are stalled.

96 participants answered this question, and one skipped the question.

CRC Stages of Development

Planning
5%

Stalled
11%

Meeting and
Implementing
57%

Meeting Not
Implementing
27%
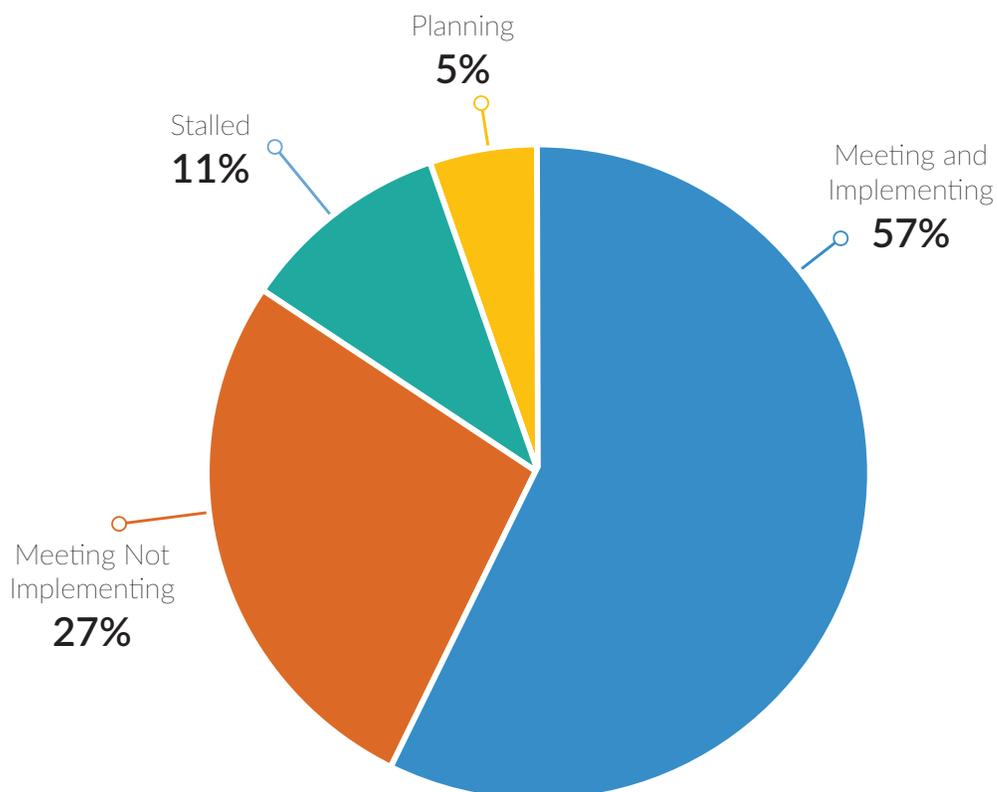
Group Self-Assessment

Survey question: How would you characterize the CRC stakeholder group? Please choose only one option.

▶ Networking: The stakeholders exchange information and resources. There is a minimal time commitment.

▶ Coordinating: In addition to networking, the stakeholders also work together to organize activities and synchronize like activities of their respective organizations. There is a moderate time commitment, and organizations do not have a mutually defined goal.

▶ Cooperating: In addition to networking and coordinating, the stakeholders also share resources to achieve a mutually defined purpose. There is a substantial time commitment.

▶ Collaborating: Includes cooperating, coordinating, and networking, plus the stakeholders work together to enhance each other's capacity to achieve a common purpose. There is a substantial time commitment.

▶ Other (please specify).

Most respondents characterized their CRC stakeholder groups as actively collaborating.

95 participants answered this question, and two skipped the question.

CRC Group Self-Assessment

Other 8%
Networking 11%
Cooperating 17%
Collaborating 34%
Coordinating 30%
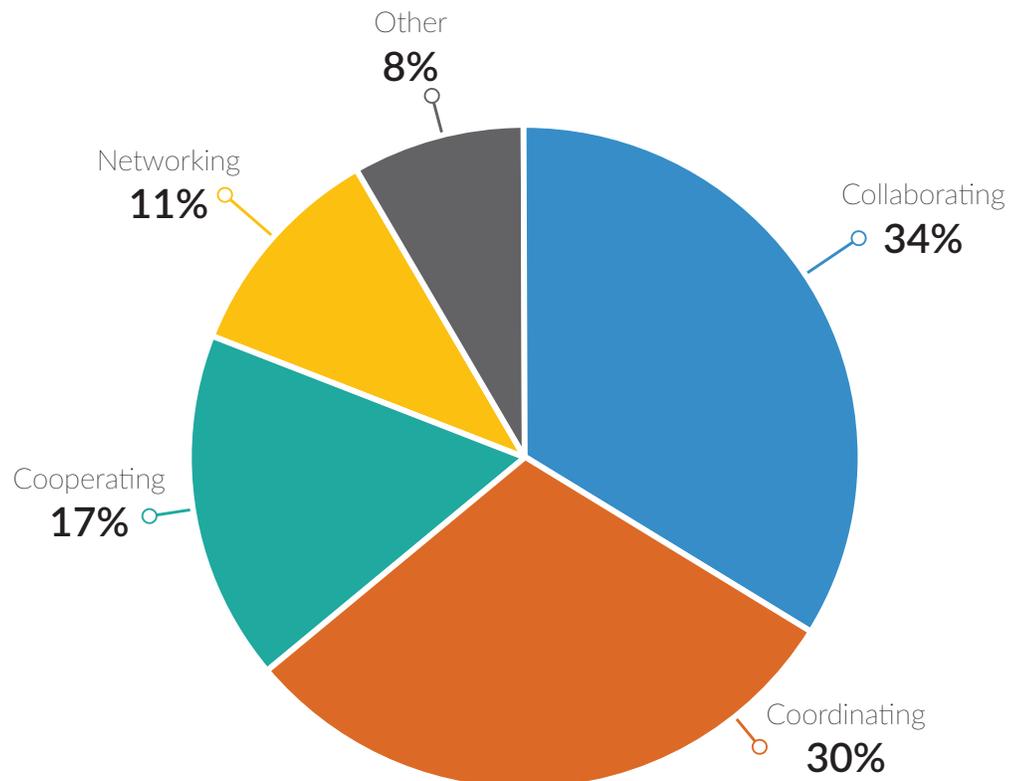
Group Staffing, Leadership, and Participants

Group Staffing

Survey question: How is the CRC stakeholder group staffed? Check all that apply.

- ▶ The stakeholder group employs a staff member to support the work.
- ▶ A volunteer supports the stakeholder group.
- ▶ A partner organization (e.g. American Cancer Society, health department, or CCC program director) serves as stakeholder group staff.
- ▶ No paid or volunteer staff
- ▶ Other (please specify)

Respondents reported that 71% of CRC group staffing comes from partner organizations.

92 participants answered this question, and five skipped the question.

NOTE:

In this chart, portions equate to percentages of the sum of all choices checked by all respondents. Respondents may have checked more than one choice.

71% of all choices checked indicated that staffing came from partner organizations.

CRC Group Staffing
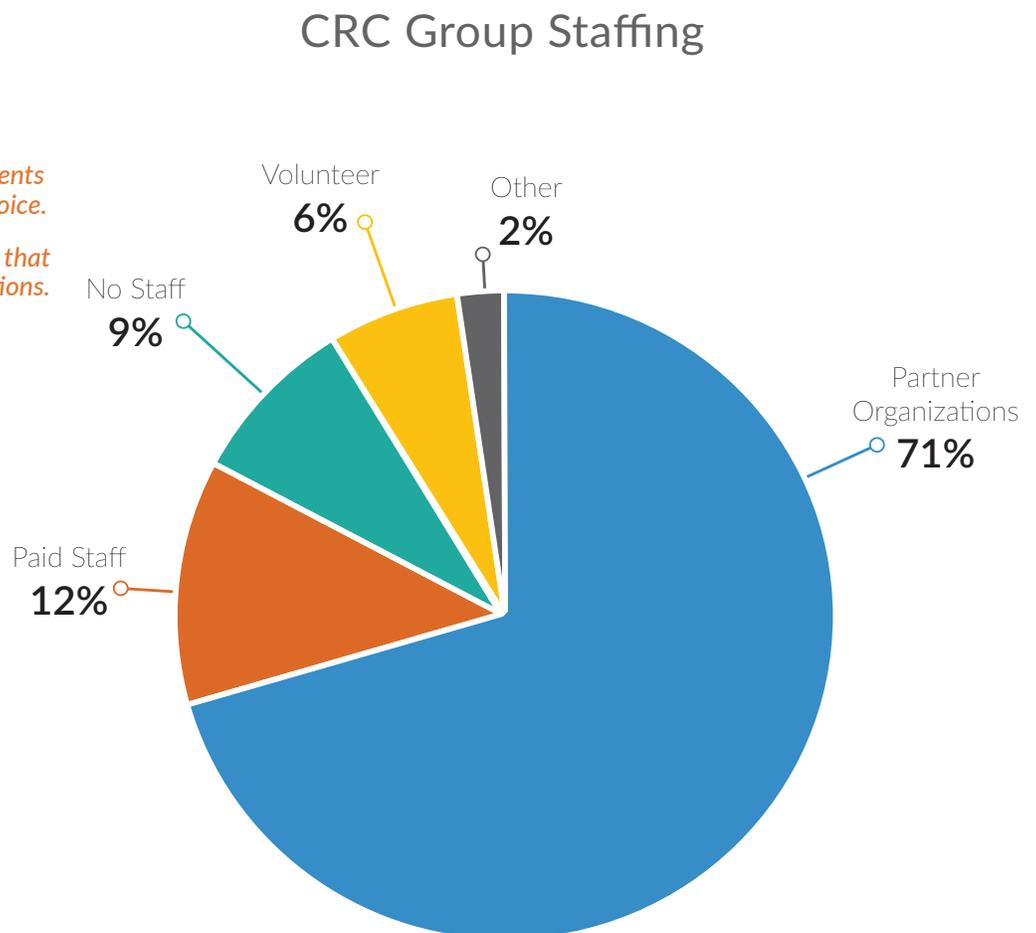
Group Primary Leadership Partners

Survey question: Please identify organizations that provide the primary leadership to the CRC stakeholder group. Please check all that apply.

96 participants answered this question, and 1 skipped the question.

CRC Group Primary Leadership Partners	
Organization	**Respondents**
American Cancer Society	90
State CCC Program	58
State CCC Coalition	51
Academic Institution	44
Hospital/Medical Center/Health System (hospital care, which can include primary care)	36
State Colorectal Cancer Control Program	35
Cancer Center	32
Primary Care Association	31
Community Health Center	29
City/County Health Department	26
Medical Professional Society (State)	23
Community Organization/Local Non-profit	22
Quality Improvement Organization (Medicare established)	13
Survivor-based Organization	12
Employer	11
Tribal Organization	10
Faith-based Organization Federal Agency Gastroenterology Practice Health Plan	8
Primary Care Practice/System (primary care only)	8
Area Health Education Center Organization (AHEC)	5
National Non-profit	5
Local/State Elected Leader	4
Pharmaceutical/Medical Test/Device Company	2
Consulting Group	1
Medical Professional Society (National)	1
State Immunization Coalition	1
State Immunization Program	1
Others	15

Group Primary Participating Partners

Survey question: Who are the primary participating partners in the CRC stakeholders group? Check all that apply.

95 participants answered this question, and 2 skipped the question.

| CRC Group Primary Participating Partners	
Organization	**Respondents**
American Cancer Society	87
State CCC Coalition	62
State CCC Program	62
Hospital/Medical Center/Health System (hospital care, which can include primary care)	59
Academic Institution	50
Primary Care Association	49
Cancer Center	48
Community Health Center	48
State Colorectal Cancer Control Program	48
City/County Health Department	35
Community Organization/Local Non-profit	34
Medical Professional Society (State)	29
Quality Improvement Organization (Medicare established)	22
Employer	18
Tribal Organization	16
Primary Care Practice/System (primary care only)	15
Survivor-based Organization	15
Pharmaceutical/Medical Test/Device Company	14
Faith-based Organization Federal Agency Gastroenterology Practice Health Plan	12
National Non-profit	11
Area Health Education Center Organization (AHEC)	10
Local/State Elected Leader	5
Medical Professional Society (National)	5
Consulting Group	3
State Immunization Program	2
Others	17

Group Goals, Activities, and Funding

Group Goal Alignment

Survey question: Does the CRC stakeholder group have goals that are aligned with the state CCC plan?

▶ Yes

▶ No

▶ Not sure

▶ Other

94 participants answered this question, and three skipped the question.

CRC Group Goals Align with State Cancer Plan
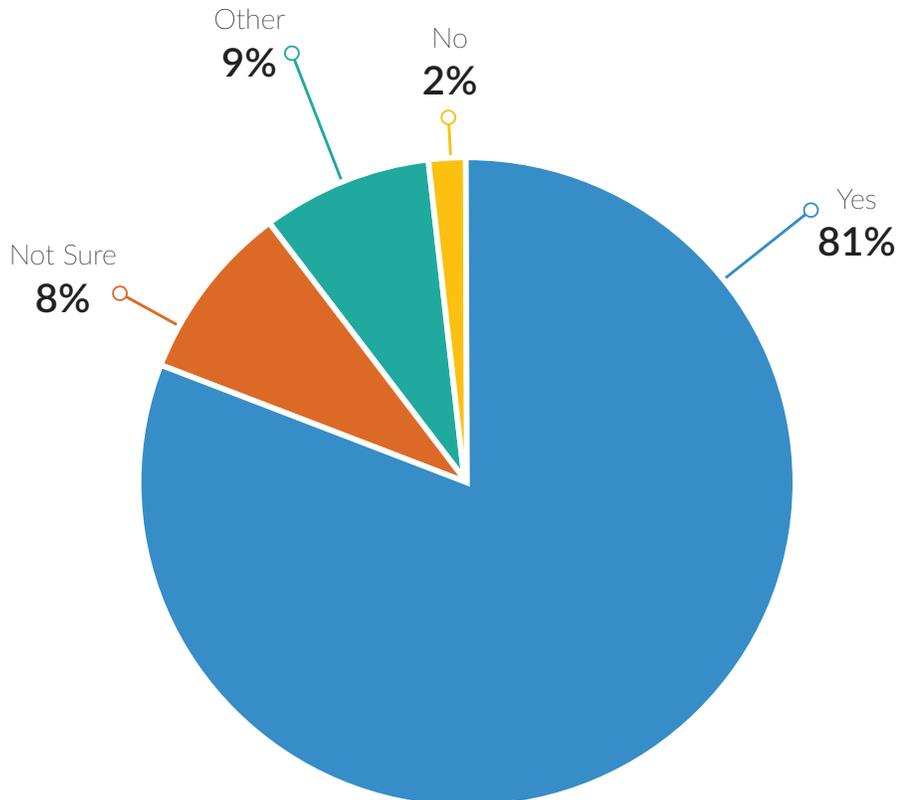
Group Activities

Survey question: Please select activities promoted by your CRC stakeholder group. Check all that apply.

92 participants answered this question, and five skipped the question.

CRC Group Activities	
Activities	**Respondents**
Professional Education/Outreach	73
Working with Underserved Populations	67
Public Education	57
Patient Education	57
Promoting Quality Improvement	52
Practice Improvement	50
Patient Navigation	42
Working with Insurers	41
Working with Employers	39
Screening Delivery	38
Legislative Advocacy	34
Improving EHRs	33
Health Insurance	26
Patient Advocacy	23
Delivery	15
Other	8

Group Funding

Survey question: How are activities of the CRC stakeholder group currently funded? Check all that apply.

▶ Support from a CDC-funded state-level public health program

▶ Earmarked state funds, partner funding

▶ In-kind resources from partner organizations

▶ Federal grants, state grants, national-level private foundation grants

▶ The group embarks in joint fundraising efforts.

▶ Activities are not currently funded.

▶ Other (please specify)

Most respondents said their CRC group's primary sources of funding included in-kind resources from partner organizations, and support from a CDC-funded state-level public health program.
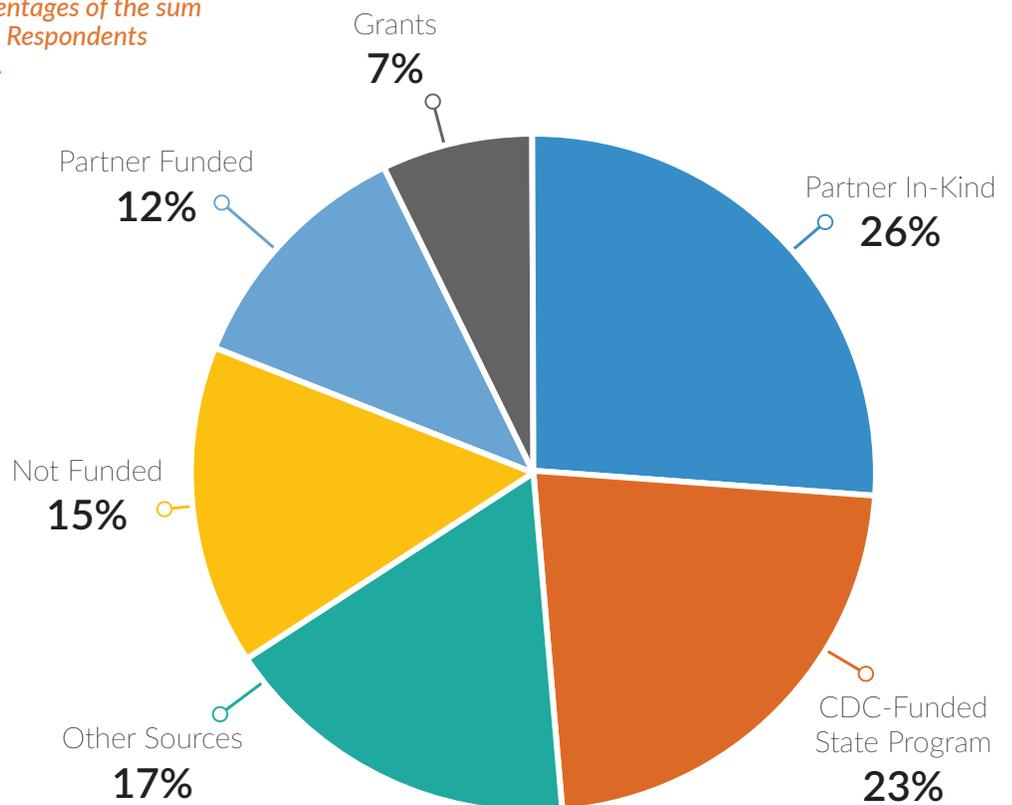
91 participants answered this question, and six skipped the question.

NOTE:

In this chart, the portions equate to percentages of the sum of all choices checked by all respondents. Respondents may have checked more than one choice.

Of all choices checked, a total of 49% of them indicated that the primary sources of funding were either in-kind resources from partner organizations (26%) or support from a CDC-funded state-level public health program (23%).

CRC Group Funding

Grants
7%

Partner Funded
12%

Partner In-Kind
26%

Not Funded
15%

CDC-Funded
State Program
23%

Other Sources
**17%**

Group Planning

Group Evaluation Plan

Survey question: Is there an evaluation plan in place for the CRC group to assess its progress?

- ▶ Yes, we have a plan in place.
- ▶ We are in process of creating a plan.
- ▶ No, we do not have a plan.
- ▶ Other (please specify)

Most people reported their CRC stakeholder groups have an evaluation plan in place or are in the process of creating a plan.

89 participants answered this question, and eight skipped the question.

CRC Group Evaluation Plan

Other
18%

No Plan
34%

Plan in Place
**20%**

Still Planning
28%
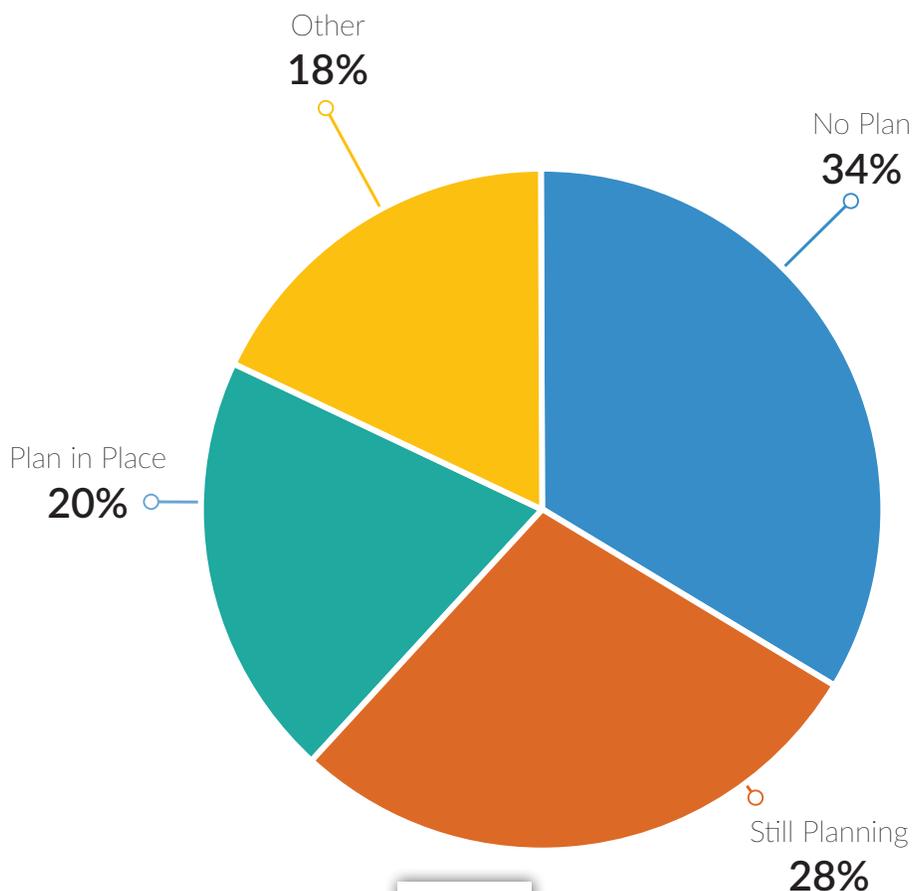
Group Media Plan

Survey question: Does the CRC stakeholder group have a collaborative media plan to promote its objectives?

- ▶ Yes, we have a plan in place.
- ▶ We are in the process of creating a plan.
- ▶ No, we do not have a plan.
- ▶ Other (please specify)

Most respondents said their CRC stakeholder groups did not have media plans.

89 participants answered this question, and eight skipped the question.

CRC Group Media Plan

Plan in Place
5%

No Plan
54%

Other
16%

Still Planning
25%
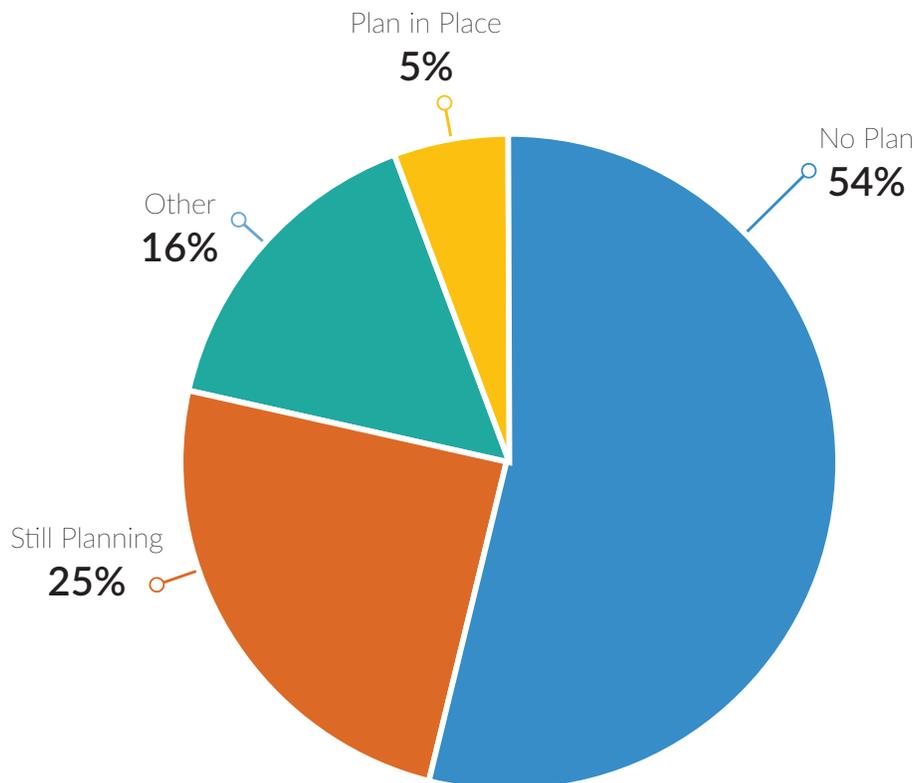
Group Challenges and Requested Resources

Group Challenges

Survey question: What is the biggest challenge to the CRC stakeholder group?

76 participants answered this question, and 21 skipped the question.

CRC Group Challenges	
Resources	• Lack of funding (4) • Time constraints (4) • Funding for patient navigation
Member Engagement	• Engaging new stakeholders in projects (3) • Re-engaging existing members • Building the group
Momentum	• Sustaining the group and leadership; the group has stalled. • Keeping momentum going with staff turnover • Moving to action • Staying focused
Partners	• Engaging gastroenterologists • Engaging health insurers
Group Structure	• Defining the role of the group • Determining who is responsible
Data	• Finding and interpreting data – BRFSS, HEDIS, CMS
CRC Screening	• Geographic and population screening barriers • CRC is not seen as a priority.

Group Requested Resources

Survey question: What kinds of resources/information/support would be helpful to the CRC stakeholder group?

65 participants answered this question, and 32 skipped the question.

CRC Group Requested Resources	
Stakeholder Group Development	• How to keep energy high (2) • How to set priorities (2) • Funding for meetings (2) • How to involve more stakeholders • How to create action plans • Coalition organizational support and sustainability • Outside facilitator to help with goal setting • CCC coalition development support
Resources	• Funding (10) • Staff or additional staff (6) • Notices on grant/funding opportunities (3) • Technical assistance (2) • Funding sources for patient navigation • How to obtain baseline screening rates • EHR technical support • CDC support for each state • Speakers bureau • State CRC Roundtable website/workspace that could be linked directly to the NCCRT site to use as a document repository for roundtable workgroups.
Best Practices	• Lessons learned from other states and best practices (10) • Connecting with other states • Success stories • Support on how to implement Links of Care/Medical Neighborhoods • Best practices for working with insurance companies

CRC Group Requested Resources	
Materials	• Toolkits and information • Funding for materials • Existing webinars and video clips that can be promoted • Provider education materials (presentation templates, handouts)
Clinic Engagement	• How to motivate clinics to address low screening rates • Support around primary care • Support with community health centers • How to engage FQHCs
Partners	• Access to other networks that support this work • Introductions to additional partners • Coordination with other chronic disease efforts
Disparities	• Screening support/donated services for populations with low socioeconomic status (2) • Resources to work with disparate populations
Training	• Training for ACS staff • Implementation training for interventions and strategies • CME for health care professionals free of charge
Outreach	• How to reach target audiences including providers and patients (2)
Other	• National quality improvement measures supported by third-party payers

Concluding Remarks

This report summarizes the results of a nationwide survey that gathered information from healthcare professionals about the state of their CRC stakeholder groups.

CCC Program Directors (45 responses) and ACS Health Systems Managers (41 responses) were both well represented in the survey. Other CCC leaders (13 responses) and partners (11 responses) also participated. Response rates showed that the intended audience was successfully surveyed.

The survey results indicated the following general profile for most CRC groups.

▶ A majority of groups were part of an existing coalition structure and were staffed by partner organizations. Partners most cited as leaders included ACS (90), state CCC programs (58) and coalitions (51), academic institutions (44), and hospitals or primary care clinics (29).

▶ A majority of the funded groups were funded with in-kind partner resources (26%) and support from CDC-funded, state-level public health programs and grants (23%). Some groups (17%) were funded by other sources. Obtaining funding to support activities was cited as a primary challenge and was a most-frequently-requested resource.

▶ 81% of groups had goals that were aligned with state CCC plans.

▶ A majority of groups were meeting and implementing their primary activities, which included public, professional, and patient education; working with underserved populations, and promoting quality and practice improvement.

▶ Only 20% of groups had project evaluation plans in place.

▶ Only 5% of groups had a media plan in place.

In summary, the general-profile CRC group was part of a larger coalition, staffed by partner organizations, funded by partner organizations and CDC programs, had goals that were aligned with state cancer plans, and was implementing primary group goals and activities. However, the general-profile group did not have a formal evaluation or media plan in place.

Recommendations

The following actions might help groups to overcome issues identified in the survey.

Grants, Funding, Partners, and Resources

▶ Help groups to find sources for grant funding.

▶ Provide groups with updated tools and resources for writing strong grant proposals.

▶ Provide groups with webinars and creative examples of how to fund projects.

▶ Facilitate sharing of best practices for funding among states and groups.

▶ Provide groups with training on how to engage new stakeholders in projects.

Evaluation and Media Plans

▶ Provide groups with examples and resources for creating effective media plans.

▶ Provide groups with education and tools for creating simple evaluation methods to track selected process and project outcomes.

▶ Educate groups on earned media as a tool and provide examples for generating earned media.

Sharing Best Practices

▶ Provide groups with updated resources and examples from other successful CRC groups and national partners, including audio/visual pieces, brochures, fact sheets, postcards, posters, print ads, provider materials, social media pieces, toolkits, and web assets.

In closing, the survey results suggest that the best way to facilitate successful groups is to enable and empower them with more knowledge, training, and examples of how to further improve their core capabilities as coalition groups.

The results also indicate that even when groups were only partially enabled and faced limitations, most groups still made considerable progress and contributions toward improving CRC screening rates across the nation.