Indiana Comprehensive Cancer Control Program Evaluation Year-End Progress Report

June 2020

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Contents

Overview

Comprehensive cancer control, as defined by the Centers for Disease Control and Prevention (CDC), is "a collaborative process through which a community pools resources to reduce the burden of cancer that results in risk reduction, early detection, better treatment, and enhanced survivorship." Under the umbrella of the Indiana State Department of Health (ISDH) Cancer Control Section (CCS), the Indiana Cancer Control Program (ICCCP) leads statewide efforts to assess and address the cancer burden by:

- Enhancing infrastructure and resources for planning and implementation
- Mobilizing statewide support
- Using data and research to assess the cancer burden
- Developing broad partnerships of public and private stakeholders
- Developing a plan to address the cancer burden
- Evaluating outcomes and the collaborative process

The ICCCP funds and supports the Indiana Cancer Consortium (ICC), a statewide network of public and private partnerships whose mission is to reduce the cancer burden in Indiana through the development, implementation, and evaluation of a comprehensive plan that addresses cancer across the continuum from prevention through palliation.

The ICC is responsible for developing, implementing, and evaluating the *Indiana Cancer Control Plan*. Released in February 2018, the *ICCP 2018-2020* is a comprehensive blueprint for actions designed to guide cancer control efforts and promote collaborations between organizational and individual partners across the state of Indiana. The ICCP 2018-2020 consists of four focus areas – Primary Prevention, Early Detection, Treatment, and Survivorship – each with a single goal statement, multiple SMART (specific, measurable, attainable, realistic, and time-phased) objectives, and strategic actions organized around implementing policy, systems, and environmental (PSE) changes; supporting provider education and training; improving patient access to care, education, and programming; and evaluating progress and outcomes.

CCS staff – including the ICCCP Director, the Indiana State Cancer Registry Director, the Indiana Breast and Cervical Cancer Program (IN-BCCP) Director, the Cancer Survivorship Director, and the Cancer Policy and Communications Director – are engaged in ICC activities and serve on organizational committees. This ensures leadership, management, and coordination across all levels of the ICC and the CCS.

Evaluation Approach

The ICCCP Evaluation Plan was created to assist ICCCP and ICC leadership in:

- Assessing progress toward the objectives outlined in the Indiana Cancer Control Plan ("the Plan")
- Monitoring the degree of member involvement and satisfaction with the ICC ("the Partnerships")
- Understanding the conceptual framework of the ICC and its intended outcomes and reviewing the progress and impact of ICCCP activities ("the Program")

This report presents a brief summary of the activities, reach, and impact of the ICCCP during the 2019-2020 program year, as organized by the three focus areas of The Plan, Program, and Partnerships.

The evaluation is guided by an evaluation advisory group, which is a committee of the ICC. Called the ICC Evaluation Team, this group meets quarterly to monitor and assess the Plan, the Program, and the Partnerships using the evaluation activities. Members provide guidance on the implementation of evaluation activities and review summaries of data from evaluation activities and develop evaluation action plans. The ICCCP Five-Year Evaluation Plan (2017-2022) includes a core set of overarching evaluation questions, by focus area, that were identified by PY1 Evaluation Team members. The full table presenting the questions and corresponding data sources is included in Appendix A primary and secondary measures related to healthful weight, adult tobacco use, vaccination rates, radon exposure, clinical trial participation, delivery of survivorship care plans, reported unhealthy days among cancer survivors, and healthy lifestyle behaviors among cancer survivors..

Focus	Evaluation Questions
The Plan	How is the ICCP being implemented? How is the Plan impacting the cancer burden in Indiana?
The Program	Is our program design supporting the impact that we want to have? Are programmatic activities leading to improved performance?
The Partnerships	Do we have a robust network of partners engaged in the work? How engaged are our partners in the work? How satisfied are our partners with our efforts?

The Evaluation Team met four times during the 2019-2020 program year (see Meeting Agendas and Notes in Appendix B). The meetings were designed to acclimate new members to the ICC evaluation activities and timeline while overseeing the implementation of the evaluation activities and reviewing the results to identify findings, recommendations, and next steps. During the 2019-2020 program year, the ICC Evaluation Team members included:

Ephrem Abebe, *Purdue University*	Martina McGowan, *Heart City Health Center*
Curtisha Bell, *Marion General Hospital*	Nadia Miller, *Pink-4-Ever Inc*
Oindrila Bhattacharyya, *Indiana University Purdue University Indianapolis*	Ryan Nguyen, *Indiana University Health*
Peggy Blackard, *American Cancer Society*	Samilia Obeng-Gyasi, *Indiana University Health*
Marian Brown, *Saint Joseph Health System*	Jennifer Pierle, *Hendricks Regional Health*
Scott Burrows	Sheree Pratt, *Hudak communications*
Monique Clupper, *EMBRACE/ Eskenazi Health*	Jeni Prosperi, *IU School of Medicine-South Bend*
Stephanie Cooper	Jessica Ricks
Brandon Craney, *Cancer Support Community*	Calvin Roberson, *Indiana Minority Health Coalition*
Nick Duvall, *Little Red Door Cancer Agency*	Terriah Ross, *Birth Year*
Wambui Grace Gathirua-Mwangi, *Indiana University*	Katelin Rupp, *Indiana State Department of Health*
Mahadeo Gorain, *National Centre for Cell Science, Pune, India*	Katie Sarver, *La Porte Hospital*
Annette Guerrini-Nauth, *Indiana State Department of Health*	Angela Shamblin, *Indiana State Department of Health*
Jennifer Ivanovich, *Indiana University School of Medicine*	Lava Timsina, *University of Kentucky*
Joshua Kellems, *American Cancer Society*	Kayla Trautvetter
Jagdish Khubchandani, *Ball State University*	Rebekah Vega, *Northwest Oncology, PC*
Hollie Kicinski, *Indiana State Department of Health*	Tom Wallace, *Martinsville Indiana, Superfund Site Facebook Group*
Susan Krueger, *Porter Regional Hospital*	Kemesha Williams, *Indiana State Department of Health*
Zachary Litherland	Belinda Wiseman, *Baptist Health Floyd*

The evaluation activities outlined in the ICCP Evaluation Plan were designed to be completed throughout the year, with oversight and guidance provided by the ICC Evaluation Team. The evaluation tasks are embedded in the work of the ICC and the ICCCP and supported by an evaluation consulting firm, Community Solutions, Inc. (CSI). They include:

- ICC/ICCCP Logic Model
- Partner Organization Survey
- Annual Progress Report
- ICC Member Satisfaction Survey

- Indicator Progress Report
- ICC Annual Report

While evaluation activities were guided by the Evaluation Plan Timeline, the timeframes of some activities were shifted to accommodate real-time needs and challenges, such as staff turnover and the COVID-19 pandemic. Table 1 presents the Evaluation Timeline and includes a progress update for each of the evaluation activities and is followed by a brief description of each evaluation activity.

Table 1: Evaluation Timeline

Evaluation Activity	Responsible Party	Progress Update
Update ICC/ICCCP Logic Model	ICC Director/ Advisory Board, ICCCP Director, with support from CSI	Logic model reviewed and updated for 2019-20 program year in Q3 2019.
Implement Partner Organization Survey; draft a summary report	ICC Evaluation Team, with staff support from CSI	Survey administered in Q12020. Summary report shared with Evaluation Team at March 2020 meeting, and Evaluation Action Plan developed.
Complete and submit Annual Progress Report	ICCCP Director	Report drafted and submitted to CDC in February 2020.
Implement ICC Member Satisfaction Survey; draft a summary report	Evaluation Team/ICC Director, with support from CSI	Survey administered May 2020. Summary Report shared with Evaluation Team at June 2020 meeting and Evaluation Action Plan developed.
Update Progress Indicator Report	Data Committee/ Steering Committee	Updated progress on *ICCP 2018-2020* indicators as data were available as of June 2020.
Assemble key information into an ICC Annual Report	ICC Advisory Board, with support from other committees and the ICC Director	Postponed to coincide with rescheduled ICC Annual Meeting (due to COVID-19 pandemic).

ICC/ICCCP Logic Model Update

In order to create an informative and succinct overview of the collaborative efforts of the ICCCP and the ICC, Community Solutions facilitated a logic modeling session with program directors to map out worked with staff to develop an integrated logic model that presents the inputs, activities, reach, and desired outcomes in 2018. In August 2019, Community Solutions staff met with the ICC Director and CCS Program Director to revise and update the logic model for the 2019-2020 program year. The updated logic model was shared with the Evaluation Team and the ICC Advisory Board (Appendix C).

ICC Partner Organization Survey (POS)

The Partner Organization Survey was designed to gather information from ICC partner organizations on the extent to which they have implemented interventions directly related to priorities listed in the ICCP. In coordination with the ICC Evaluation Team, which includes representatives from the ISDH, CSI developed a survey that measures the extent to which partner organizations are working on the goals, objectives, and strategies listed in the ICCP. The survey was administered for the first time in June/July 2018 to gather baseline information from partner organizations in conjunction with the release of the ICCP. According to the Comprehensive Cancer Control in Indiana Five-Year Evaluation Plan, the Partner Organization Survey will be administered biennially in January/February.

Information gathered through the Partner Organization Survey is used to assess implementation practices among member organizations and their efforts as they relate to the ICCP, to identify gaps in implementation of the plan, and to develop strategies to redouble efforts where necessary.

In late January/early February 2020, the Indiana Cancer Consortium invited 92 partner organizations to complete a survey designed to capture information about their engagement in the goals, objectives and strategies of the Indiana Cancer Control Plan (ICCP), 2018-2020. A total of 20 partner organizations completed the survey (21% of invited organizational partners). The POS Summary Report and brief overview document are included in Appendix D. The Evaluation Team reviewed the survey data at their March 2020 meeting to discuss findings and develop recommendations. The resulting Evaluation Action Plan is included in Appendix E.

Annual Progress Report

The Annual Progress Report was completed by the ISDH CCS Director and submitted to the CDC in February 2020. The report summarizes 2019 accomplishments and challenges and presents progress made toward each of the annual objectives of the ICCCP workplan.

ICC Member Satisfaction Survey (MSS)

The ICC Member Satisfaction Survey was designed to assess members' degree of satisfaction with the mission, structure, and performance of the ICC. Portions of the ICC Member Satisfaction Survey were first administered in 2004. Since that time, much about the ICC—and the Member Satisfaction Survey—has evolved. The most recent MSS was completed in May 2020 (see instrument in Appendix F and Summary Report in Appendix G). The Evaluation Team reviewed the summary report and created an Evaluation Action Plan based on findings at the June 2020 Evaluation Team Meeting. The Evaluation Action Plan and is included in Appendix H.

Indicator Progress Update

Progress toward the objectives outlined in the *ICCP 2018-2020* is monitored via a set of primary and secondary measures related to healthful weight, adult tobacco use, vaccination rates, radon exposure, clinical trial participation, delivery of survivorship care plans, reported unhealthy days among cancer survivors, and healthy lifestyle behaviors among cancer survivors. The primary

measures are included in the *ICCP 2018-2020* and were determined to be the measures that best summarize progress. The data come from the following sources.

- **Behavioral Risk Factor Surveillance System (BRFSS)**
  Centers for Disease Control and Prevention, U.S. Department and Health & Human Services
- **Cancer Program Practice Profile Reports (CP^{3}R)**
  National Cancer Database, Commission on Cancer, American College of Surgeons
- **Indiana Youth Tobacco Survey (IYTS)**
  Tobacco Prevention and Cessation Commission, Indiana State Department of Health
- **National Immunization Survey (NIS)**
  National Center for Immunization and Respiratory Diseases (NCIRD), Centers for Disease Control and Prevention, U.S. Department and Health & Human Services
- **National Immunization Survey-Teen (NIS-Teen)**
  National Center for Immunization and Respiratory Diseases (NCIRD), Centers for Disease Control and Prevention, U.S. Department and Health & Human Services
- **National Survey of Children's Health (NSCH)**
  Maternal and Child Health Bureau, Health Resources and Services Administration in partnership with National Center for Health Statistics, Centers for Disease Control and Prevention, U.S. Department and Health & Human Services
- **Youth Risk Behavior Surveillance System (YRBSS)**
  Centers for Disease Control and Prevention, U.S. Department and Health & Human Services

In an effort to promote the ICCP and provide an interactive reflection of progress, the ICC Data Committee created an online dashboard that includes data on all the non-developmental measures in the *ICCP 2018-2020*. CSI assisted throughout the dashboard development process and the dashboard was on the ICC website in May 2019. CSI provided updated Indicator data to the ICCCP in June 2020 to ensure that the dashboard is up-to-date.

Support for ICC Annual Report

CSI assists ICC staff in a compiling information for the ICC Annual Report that is typically distributed at the Annual Meeting each spring. However, due to the COVID-19 pandemic, the ICC Annual Meeting was postponed until September 2020, so the annual report was also postponed.

Evaluation Findings

This section of the report discusses evaluation findings related to the Plan, the Program, and the Partnership.

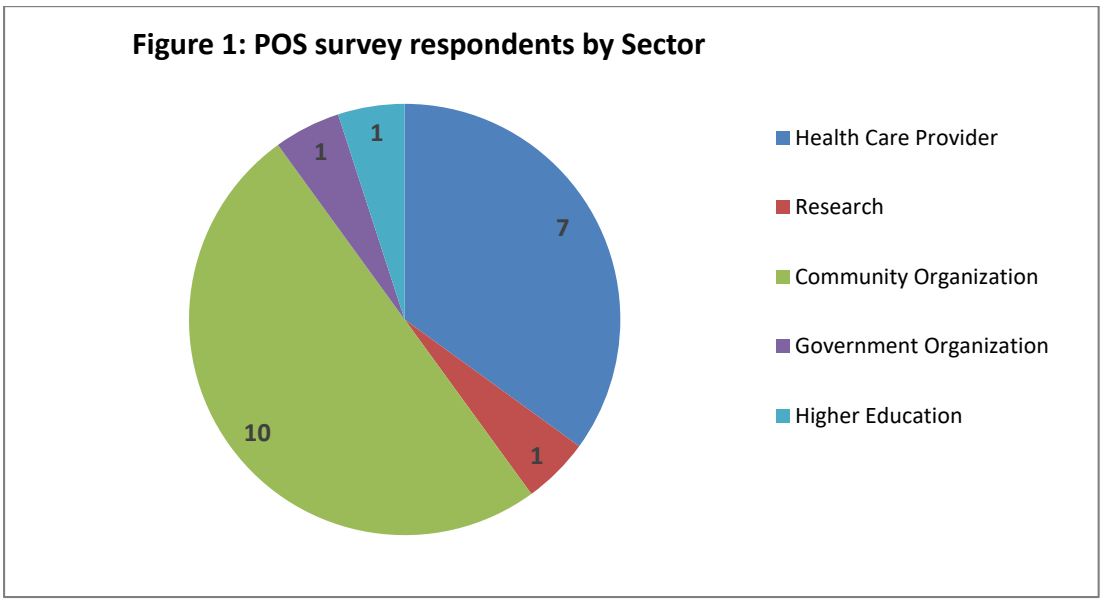
The Plan

Released in February 2018, the *ICCP 2018-2020* is a comprehensive blueprint for actions designed to guide cancer control efforts and promote collaborations between organizational and individual partners across the state of Indiana. The *ICCP 2018-2020* consists of four focus areas – Primary Prevention, Early Detection, Treatment, and Survivorship – each with a single goal statement, multiple SMART (specific, measurable, attainable, realistic, and time-phased) objectives, and strategic actions organized around implementing policy, systems, and environmental (PSE) changes; supporting provider education and training; improving patient access to care, education, and programming; and evaluating progress and outcomes.

Through ongoing monitoring of the progress toward the goals and objectives detailed in the ICCP 2018-2020, the ICC can identify areas of need, celebrate successes, and lead the statewide effort to reduce the cancer burden in Indiana. The Evaluation Plan includes two tools that can be used to collect key data about the progress of the ICCP: the Partner Organization and the Indicator Progress Update.

2020 Partner Organization Survey

In late January/early February 2020, the Indiana Cancer Consortium invited 92 partner organizations to complete a survey designed to capture information about their engagement in the goals, objectives and strategies of the Indiana Cancer Control Plan (ICCP), 2018-2020. A total of 20 partner organizations completed the survey (21% of invited organizational partners).

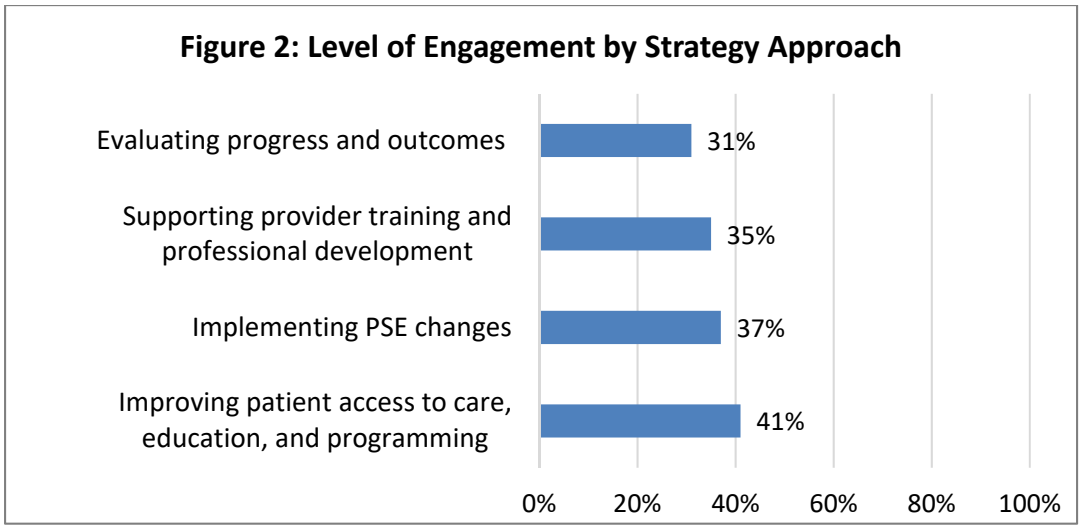


Survey respondents indicated their organizations' level of engagement in strategies related to each of the goals and objectives, as seen in Table 2 below. Survey respondents indicated strong engagement in the Primary Prevention and Survivorship goals and one-half of survey participants indicated that their organization is engaged in strategies related to Early Detection and Treatment. The greatest specific need for additional partners is related to Objective 5 of the Primary Prevention Goal: Reduce radon exposure.

Table 2: Engagement in ICCP goals and objectives

Goals & Objectives	% Engaged
Goal 1: Primary Prevention *Prevent cancer from occurring.*	100%
1. Increase the percentage of Hoosiers at a healthful weight.	75%
2. Reduce the proportion of Hoosiers who use tobacco.	85%
3. Reduce exposure to UV rays.	40%
4. Increase completion rates for vaccines that have been shown to reduce cancer.	45%
5. Reduce radon exposure.	15%
Goal 2: Early Detection *Increase guideline-based screening for early detection.*	50%
1. Increase rates of evidence-based screening.	55%
Goal 3: Treatment *Promote shared-decision-making and ensure accessible, evidenced-based care.*	50%
1. Decrease variation in cancer treatment by improving adherence to evidence-based standards of care.	45%
2. Increase participation in clinical trials.	35%
3. Increase the number of updated advance care planning documents for all cancer patients.	20%
Goal 4: Survivorship *Improve quality of life for all those affected by cancer.*	80%
1. Increase the delivery of comprehensive, individualized survivorship care plans.	50%
2. Decrease the number of reported unhealthy days among cancer survivors.	35%
3. Improve healthy lifestyle behaviors of cancer survivors.	60%

Each objective of the ICCP is supported by recommended strategies employing evidence-based, best, or promising practices, which if implemented will increase the likelihood of meeting the plan's targets. Strategic approaches were categorized by cross-cutting themes that are vital to improving cancer control efforts in each phase of the cancer continuum: 1. Improving patient access to care, education, and programming, 2. Implementing policy, systems, and environmental changes, 3. Supporting provider training and professional development, and 4. Evaluating progress and outcomes. The share of survey respondents who reported using strategies in each of the four cross-cutting strategic approaches:



As a result of the survey findings, ICC and ICCCP intend to work to engage more partner organizations to support strategies related to the following objectives:

- Primary Prevention - Reduce radon exposure.
- Early Detection - Increase rates of evidence-based screening.
- Treatment - Increase the number of updated advance care planning documents for all cancer patients.
- Survivorship - Decrease the number of reported unhealthy days among cancer survivors.

ICCP Indicators

Along with the ICC Evaluation Team, the ICC's Data Committee shares responsibility for collecting and promoting the data used to track the progress of the ICCP. The ICCCP and the ICC Advisory Board are responsible for using the information contained in the Indicator Progress Update to set priorities, identify gaps, and strengthen the efforts of the ICC. The vast majority of ICCP Indicators are lagging metrics, as most variable are available annually or biannually and were collected at least one year prior to publication. This information does not reflect progress made during PY3, but it does suggest the direction in which the state is moving.

Primary Prevention:

- Healthy weight measures are trending in the wrong direction or holding level.
- Tobacco product use measures are moving in the right direction for adults and youth, with the important exception of e-cigarette use.
- HPV vaccination in adolescent girls is improving while HPV vaccination rates in adolescent boys and Hepatitis B vaccination rates in girls and boys remain level.
- Sun safety measures remain developmental.
- Radon measures were not reported as of June 2020.

Early Detection

- On-time screening rates for breast cancer, cervical cancer, and colorectal cancer are improving.
- Lung cancer screening measures remain developmental.

Treatment

- The share of cancer patients who participated in a clinical trial declined since baseline.
- Data on hospital practices related to CoC recommendations are unobtainable (following an initial commitment to provide the data was made).
- Advanced care planning measures remain developmental.

Survivorship

- Provision of survivorship care plans is increasing.
- The share of cancer survivors reporting similar levels of physical and mental health as people who have not had cancer remains level.
- Healthy weight rates among cancer survivors declined slightly, but less sharply than Hoosiers, in general.
- Cigarette use among cancer survivors showed a slight decrease.

Table 3 presents all of the primary and secondary ICCP Indicators and includes the baseline value, most current value, the difference between baseline and most current as well as the target value for each indicator and the difference between the most current value and target.

Table 3: Primary and secondary ICCP Indicators

Goal	***Indiana Cancer Control Plan 2018-2020*** **Primary and *Secondary* Indicators**	**Baseline (2016)***	**2018**	**Target**	**Change from Baseline**	**Diff. from Target**
Primary Prevention	**Adults who are at a healthy weight**	**31.0%**	**31.5%**	**35.3%**	**0.5%**	**-3.8%**
	Adults who are overweight	34.7%	32.3%	32.1%	-2.4%	0.2%
	Adults who are obese	32.5%	34.1%	28.4%	1.6%	5.7%
	Youth (10-17) who are normal weight	**60.3%***	**51.9%**	**70.4%**	**-8.4%**	**-18.5%**
	Youth (10-17) who are overweight or obese	33.9%*	38.5%	25.0%	4.6%	13.5%
	Adults who are current smokers	**21.1%**	**21.8%**	**18.0%**	**0.7%**	**3.8%**
	Adults who currently use smokeless tobacco	**4.1%**	**4.3%**	**1.7%**	**0.2%**	**2.6%**
	Adults who currently use e-cigarettes	4.7%	6.7%	3.0%	2.0%	3.7%
	High school youth who use cigarettes	**8.7%**	**4.3%**	**5.0%**	**-4.4%**	**-0.7%**
	High school youth who use combustible products	**14.4%**	**10.1%**	**10.0%**	**-4.3%**	**0.1%**
	High School youth who use non-combustible tobacco products	**6.4%**	**20.2%**	**3.5%**	**13.8%**	**16.7%**
	High school youth who use e-cigarettes	**10.5%**	**18.5%**	**7.0%**	**8.0%**	**11.5%**
	Middle school youth who use cigarettes	1.8%	1.9%	0.5%	0.1%	1.4%
	Middle school youth who use combustible products	3.0%	3.6%	2.0%	0.6%	1.6%
	Middle School youth who use non-combustible tobacco products	1.5%	6.8%	0.5%	5.3%	6.3%
	Middle school youth who use e-cigarettes	2.8%	5.5%	1.0%	2.7%	4.5%
	(Developmental) Adults who protect their skin from the sun when spending time outdoors					
	(Developmental) Adults who have not used indoor tanning bed in the last 12 months					
	Youth who wear sunscreen always or most of the time	**8.4%***		**11.2%**		
	(Developmental) Youth who engage in indoor tanning					
	Female youth (13-17 years) who have completed the HPV vaccination series	**43.5%**	**55.7%**	**80.0%**	**12.2%**	**-24.3%**
	Male youth (13-17 years) who have completed the HPV vaccination series	**24.7%**	**24.5%**	**80%**	**-0.2%**	**-55.5%**
	Youth (19-35 months) who have completed the HepB vaccination series	**91.3%**	**92.1%**	**99.5%**	**0.8%**	**-7.4%**
	Number of homes tested for radon	**17,150***		**25,109**		
	Homes that test above/equal to 4.0 pCi/L	39.4%*		23.3%		
	Homes that test above/equal to 4.0 pCi/L that get mitigation	**27.5%***		**44.3%**		
	Homes that get mitigation that are <4.0 pCi/L at posttest	35.3% *		56.9%		

Early Detection	*Females age 40-74 years who have had a mammogram within the past two years*	68.4%	72.3%	80.3%	3.9%	-8.0%
	Females age 50-74 years who have had a mammogram within the past two years	**72.5%**	**76.6%**	**81.1%**	**4.1%**	**-4.5%**
	Adults 50-75 who have had a colonoscopy, flexible sigmoidoscopy, or blood stool test within the appropriate time frame	**64.6%**	**67.9%**	**80%**	**3.3%**	**-12.1%**
	Adults age 50-75 years who have ever had a sigmoidoscopy or colonoscopy	67.4%	69.4%	80%	2.0%	-10.6%
	Adults 50-75 who have had a blood stool test within the past two years	7.8%	8.8%	10.4%	1.0%	-1.6%
	Females age 21-65 who have had a pap test within the last three years	**74.9%**	**80.6%**	**93%**	**5.7%**	**-12.4%**
	(Developmental) Adults 55-80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years					
Treatment	**CoC hospitals in Indiana that exceed the average of all CoC approved programs**	**78.6%****		**100%**		
	(Developmental) Non-CoC hospitals in Indiana that meet or exceed standards met in scorecard					
	Cancer patients who participated in a clinical trial as part of their cancer treatment	**6.2%**	**3.9%**	**10.0%**	**-2.3%**	**-6.1%**
	(Developmental) Number of updated advanced care planning documents					
Survivorship	**Cancer survivors who have ever received a written summary of all the cancer treatments and written instructions on where to return for check-ups after completing treatment from any doctor, nurse, or other health professional**	**32.9%**	**41%**	**75.0%**	**7.7%**	**-34.4%**
	Cancer survivors who have ever received a written summary of all the cancer treatments from any doctor, nurse, or other health professional	*41.4%*	*48.7%*	*95.4%*	*7.3%*	*-46.7%*
	Cancer survivors who have ever received written instructions on where to return or who to see for routine cancer check-ups after completing cancer treatment from a doctor, nurse, or other health professional	*58.4%*	*63.5%*	*88.3%*	*5.1%*	*-24.8%*
	Cancer survivors who had the same or fewer poor mental health days over the past 30 days as people without cancer	**76.4%**	**76.8%**	**82.6%**	**0.4%**	**-5.8%**
	Cancer survivors who had the same or fewer poor physical health days over the past 30 days as people without cancer	**62.2%**	**63.2%**	**72.0%**	**1.0%**	**-8.8%**
	Survivors who are at a healthy weight	**28.0%**	**26.2%**	**37.6%**	**-1.8%**	**-11.4%**
	Survivors who are overweight	*35.4%*	*34.5%*	*27.0%*	*-0.9%*	*7.5%*
	Survivors who are obese	*34.8%*	*36.6%*	*26.0%*	*1.8%*	*10.6%*
	Survivors who currently use cigarettes	**21.3%**	**20.1%**	**10.1%**	**-1.2%**	**10.0%**

*2015 Baseline Year

**2014 Baseline Year

The Program

The CCS Director continues to lead the implementation of the 2019-2020 Comprehensive Cancer Control Action Plan, the workplan that details the goals, objectives, and activities funded through the CDC grant dollars and supported through CDC technical assistance. ICCCP staff engage with partners in the implementation of the workplan and are responsible for collecting, monitoring, and reporting on program performance measures. The Annual Performance Report was submitted to the CDC in February 2020 through GrantSolutions. In addition to the action plan updates included in the report, the CCS Director also provided annual updates on program information, resources, financial information, and planning activities to CDC.

In order to check in on program progress at more regular intervals, the ICCCP Director and other staff participated in monthly calls with the CDC project officer to share programmatic status updates, successes, lessons learned, and challenges to meeting the deliverables in their annual work plan. The ICCCP includes a small staff team that works diligently to engage a broad base of stakeholders in support of strategic efforts to reduce the cancer burden in Indiana. The 2019-2020 program year presented a number of critical challenges, mostly related to staff turnover. The longtime CCS Director resigned in August 2019 and was replaced by Judith Magaldi, who had previously served as the Asthma Program Director. Additionally, during the 2019-2020 program year, the following key positions turned over:

- Cancer Policy and Communications Director
- Cancer Surveillance Section Director
- Cancer Epidemiologist
- Cancer Early Detection Section
- ICC Director
- ICC Tobacco Cessation Director

Despite the challenges presented by the reduces staff capacity during much of the program year and the significant loss of institutional memory, the Program accomplished a great deal and made strong progress toward program year objectives. A high-level summary of 2019-2020 program accomplishments includes:

- The Indiana Cancer Leadership Team met monthly throughout the reporting period. Members of the cancer programs also participated in monthly collaborative huddles with other CDC-funded, chronic disease programs throughout the period.
- ICCCP launched a survivorship initiative funded through CDC Supplemental funding that facilitated a partnership with a large health system and community partners to increase the use of evidence-based strategies to increase the quality and duration of life of cancer survivors in Indiana.
- In partnership with the IU Simon Cancer Center and IU Fairbanks School of Public Health, the ICC Advisory Committee developed a Cancer Prevention and Control ECHO proposal to disseminate education and resources via a hub-and-spoke knowledge sharing network that employs of case-based learning. The ECHO is a multi-faceted resource for cancer care providers throughout the state. The Richard M. Fairbanks School of Public Health at Indiana

University Purdue University (IUPUI) host the Indiana Cancer Prevention and Survivorship Care Extension for Community Healthcare Outcomes (ECHO). The ECHO is a partnership between the Richard M. Fairbanks School of Public Health, IU School of Medicine, Riley Hospital, IU School of Nursing, ICC, the Indiana Immunization Coalition (IIC), and community-based providers to improve cancer prevention and survivorship care in Indiana.

Between September 2019 and June 2020, ECHO has hosted virtual meetings twice month, with the exception of September (Table 4). The meetings include a didactic presentation by a subject area expert and include time for the participants to question the presenter as well as add observations from their practice. This format allows for the community providers to learn from the specialists and from each other and gives the specialist the opportunity to learn from the community providers as best practices emerge. There are 231 participants enrolled in the ECHO, and average participation has been 10-45 members per session.

Table 4: Indiana Cancer Prevention and Survivorship Care Extension for Community Healthcare Outcomes ECHO Presentation, October 2019- June 2020

Date	Didactic Presentation
September 2019	Local Survivor Story
October 2019	Pediatric Grief and Bereavement
October 2019	Talking with Families About HPV
November 2019	Motivational Interviewing
November 2019	Cancer Screening Recommendations
December 2019	Smoking Cessation
December 2019	Lifestyles to Prevent Cancer – Exercise, Nutrition, Stress Management
January 2020	Survivorship Guidelines
January 2020	Cervical Cancer Screening and Prevention
February 2020	Family Psychosocial Stress in Survivorship
February 2020	Goshen Center Colorectal Initiatives
March 2020	Onchofertility
April 2020	Financial Toxicity for Survivors
April 2020	HPV Associated Cancers in Men
May 2020	Brief Action Planning
May 2020	Trauma Informed Care
June 2020	Cancer Vaccines

The participants in the ECHO project derive several benefits including no cost CMEs and CEUs. Additionally, the EHCO offers the opportunity for interaction with colleagues who share similar interests and reduce isolation for providers that are in less populated areas or smaller clinics. The ECHO provides participants with access to consult with specialists in the field of cancer prevention and survivorship care. ECHO participants also have access to a variety of materials on through the ECHO cancer resource library including handouts, articles and guides as well as all of the didactic presentation PowerPoints. Each session has a post-session evaluation. The most enthusiastic reactions from participants have been for cancer screening recommendations, Goshen Cancer Center colonoscopy project, trauma informed care, and immunizations as cancer prevention presentations.

- The ICC launched a tobacco control initiative funded through an ISDH Tobacco Prevention & Cessation initiative to work with two cancer centers/health systems to reduce smoking rates among cancer survivors. Through the initiative, ICC is helping the partner organizations to assess their practices and programs, identify gaps and opportunities, and support the implementation of changes. Lessons learned and best practices will be shared with other health systems and cancer centers to encourage replication in future years.
- Utilizing Behavioral Risk Factor and Surveillance System (BRFSS) and Indiana State Cancer Registry (ISCR) data, the ICC Data Committee developed the Indiana Cancer Facts and Figures 2018 (ICFF 2018); and was released September of 2019.

The Cancer Epidemiologist continued to build out and promote the ICCP Data Dashboard to increase the accessibility and usability of data in the *ICCP* and to track ongoing progress toward goals and objectives.

The ISCR received the following honors in 2019 Honors:

- Gold Standard for data completeness, timeliness, and quality from the North American Association of Central Cancer Registries
- "Registry of Distinction" for data completeness, timeliness, and quality from CDC's National Program of Cancer Registries
- Designated a US Cancer Statistics Registry for Surveillance (CDC's NPCR)

2019-2020 Comprehensive Cancer Control Action Plan is a large and complicated document. In order to focus the efforts of the ICC and other funded partners to support ICCCP priorities, a logic model presenting the various inputs, activities, outputs, and outcomes of the program and its funded partners was created and is updated annually to reflect program year workplans. During the 2019-2020 program year, the ICC identified the following strategies as the core activities to pursue in support of the ICCCP performance period objectives:

- Engage Regional Coalitions to increase awareness of and engagement in the ICC, Indiana Cancer Control Plan, and data and evidence-based practices around the state
- Work with cancer centers on systematic tobacco cessation
- Promote Employer Gold Standard
- Promote Complete Streets
- Get trained, design curriculum, secure funding for Project ECHO
- Work with health centers to improve cancer prevention and control measures
- Develop and launch HPV vaccination campaign toolkit for Indiana colleges/universities (in partnership with IUPUI, IIC, ISDH, ACS)
- Increase survivorship care planning with select partner organizations
- Support statewide Committees, including Advisory, Advocacy, Data, Employer Gold Standard (ED), Evaluation, and Survivorship

- Connect/collaborate with partner coalitions (e.g,., IN Immunization Coalition, state and local tobacco cessation groups, Health By Design, Indiana Minority Health Coalition, Indiana Healthy Weight Coalition)
- New member onboarding process, including quarterly reviews of new member data and actively recruiting for committee participation
- Organize and host professional development, educational, networking events

Table 5 summarizes activities, intended reach, and progress made as of June 2020.

Table 5: ICC/ICCCP Logic Model summary of progress and reach of activities

Activity	Target Reach	Progress Update
Engage Regional Coalitions to increase awareness of and engagement in the ICC, Indiana Cancer Control Plan, and data and evidence-based practices around the state	305 people attend events	The Annual Meeting and other ICC events were cancelled due to the COVID-19 pandemic.
	30 new ICC members from outside of Marion County	Membership increased from 298 members in PY2 to 369 in PY3; included in that increase were 49 new members from outside of Marion County.
Work with cancer centers on systematic tobacco cessation	Work with up to 3 centers by June 2020	Partnering with ISDH TPC initiative and have engaged two health systems to date.
Promote Employer Gold Standard	Establish up to 20 (currently 13) by June 2020	Not able to advance this with staffing.
Promote Complete Streets	Promote Health by Design/Complete Street events to ICC members & partners. Target 31 by 2020	As of June 2020, there are 27 formal Complete Streets Policies in Indiana.
Get trained, design curriculum, secure funding for Project ECHO	Host 6 sessions with primary care provider engagement	The Cancer Project ECHO launched in fall 2019. An Evaluation of the program is currently underway.
Work with health centers to improve cancer prevention and control measures	Work with 3-5 health centers	Partnership between IN-BCCP and Indiana Primary Care Learning Collaborative at two health systems.
Develop and launch HPV vaccination campaign toolkit for Indiana colleges/universities (in partnership with IUPUI, IIC, ISDH, ACS)	Toolkit created	The toolkit is complete and was scheduled to launch at a statewide convening of partner colleges and universities in partnership. However, the event and the launch of the toolkit was postponed due to COVID-19.
Increase survivorship care planning with select partner organizations	Work with 4-6 primary care providers (1 health system and 3 health centers)	The survivorship effort was focused at one large metropolitan health system, Community Health Network. A full evaluation report is available.
Support statewide Committees, including Advisory, Advocacy, Data, Employer Gold Standard (ED), Evaluation, and Survivorship	6 active statewide committees with representation from throughout the state, including rural communities meeting at least quarterly.	The committees that were active during the 2019-2020 program year included the Data Committee and the Evaluation Committee.
Connect/collaborate with partner coalitions (e.g,., IN Immunization Coalition, state and local tobacco cessation groups, Health By Design, Indiana Minority Health Coalition, Indiana Healthy Weight Coalition)	Regular communication with partners	These groups continue to collaborate regularly.
New member onboarding processes, including: **Quarterly reviews of new members** **Actively recruiting for committees**	Current Membership: 344; Recruit with a goal of 400 members – target areas of underrepresentation (geographic, sector, skill set)	Membership increased from 298 members in early PY2 to 369 in PY3; included in that increase were 49 new members from outside of Marion County; going to address this issue at the next EAG meeting.
Organize and host professional development, educational, networking events	Annual meeting with 200 participants; Regional summits/events	Annual meeting was postponed due to COVID-19, as was the Region 10 Survivorship Summit.

As of June 2020, the CCS Director received technical review feedback from the Annual Performance Report and is using the input, in consultation with CCS staff and ICC leaders to modify the proposed 2020-2021 Comprehensive Cancer Control Action Plan in preparation for PY4. The Action Plan will be revised to more intentionally consider priority data, the ICCP priorities, and staff and funding resource levels available for implementation. New CDC requirements specify that workplans must have at least one primary prevention objective, one early detection/treatment objective, and one survivorship objective, each with a complementary evidence-based intervention for health equity a total of at least six objectives.

The Partnership

The primary strategy used by ICCCP to mobilize statewide support for comprehensive cancer control efforts is the Indiana Cancer Consortium. The ICC uniquely addresses Indiana's cancer burden by uniting a multi-sectored, diverse group of Indiana's leading experts and organizations. As a unified coalition, members jointly assess and approach our state's cancer challenges in a way that no other organization could undertake alone. A collaborative initially established in 2001 by the Indiana State Department of Health, the American Cancer Society, the Indiana University Melvin and Bren Simon Cancer Center, and the Indiana University School of Medicine, the Indiana Cancer Consortium's membership now includes dozens of organizations and hundreds of community members from across Indiana.

The work of ICC members is a critical contribution to the statewide effort to reduce the cancer burden in Indiana. Using quantitative and qualitative data collection techniques, ICC leadership can assess the level of member involvement in the activities of the ICC and gather member feedback on the role, structure, and function of the ICC.

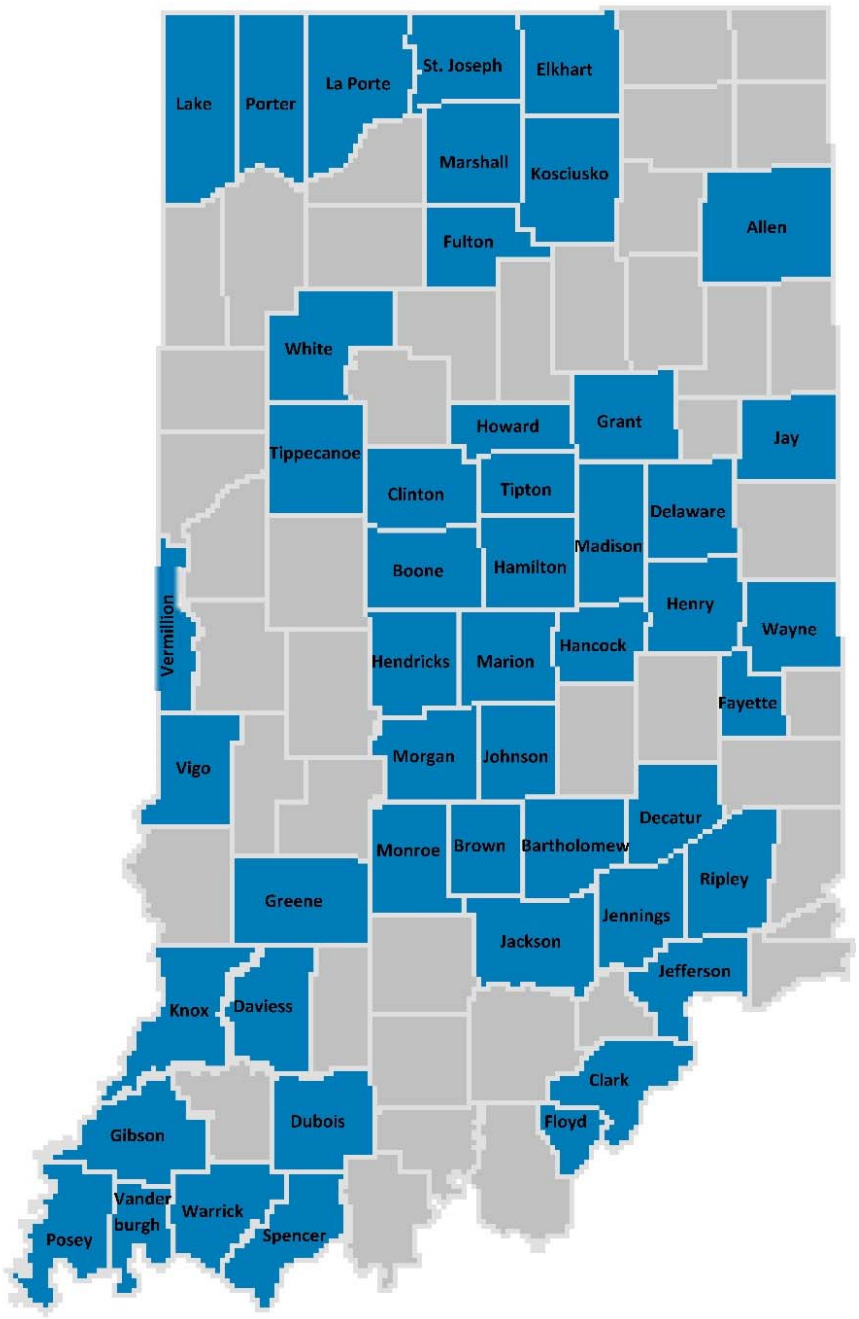
As of May 2020, the ICC has 368 members representing nearly one hundred organizations (Table 6) and hailing from 51 of Indiana's 92 counties (as shown in Figure 3, below).

Table 6: ICC organizational members

Organization Name	
American Cancer Society	IU Melvin and Bren Simon Cancer Center
American Childhood Cancer Organization	IU National Center of Excellence in Women's Health
Anthem Blue Cross/Blue Shield	IU Northwest School of Nursing
Baptist Health Floyd	IUPUI Center for HPV Research
Boone County Health Department	Jay County Hospital
Butler University--EPICS Program	Kosciusko County Tobacco Free Coalition
Cancer Prevention and Control Program of IU Simon Cancer Center	Kristen Forbes EVE Foundation, Inc.
Cancer Services of Grant County	Little Red Door Cancer Agency
Cancer Services of Northeast Indiana	Madison County Community Health Center
Cancer Support Community Central Indiana	Marion County Public Health Department
Center for Health Equity at the Indiana Institute on Disability and Community, IU-Bloomington	Meals on Wheels of Central Indiana
Central Indiana Prostate Cancer Foundation, Inc	MHIN, Inc
Chemo Buddies	Monroe County Health Department

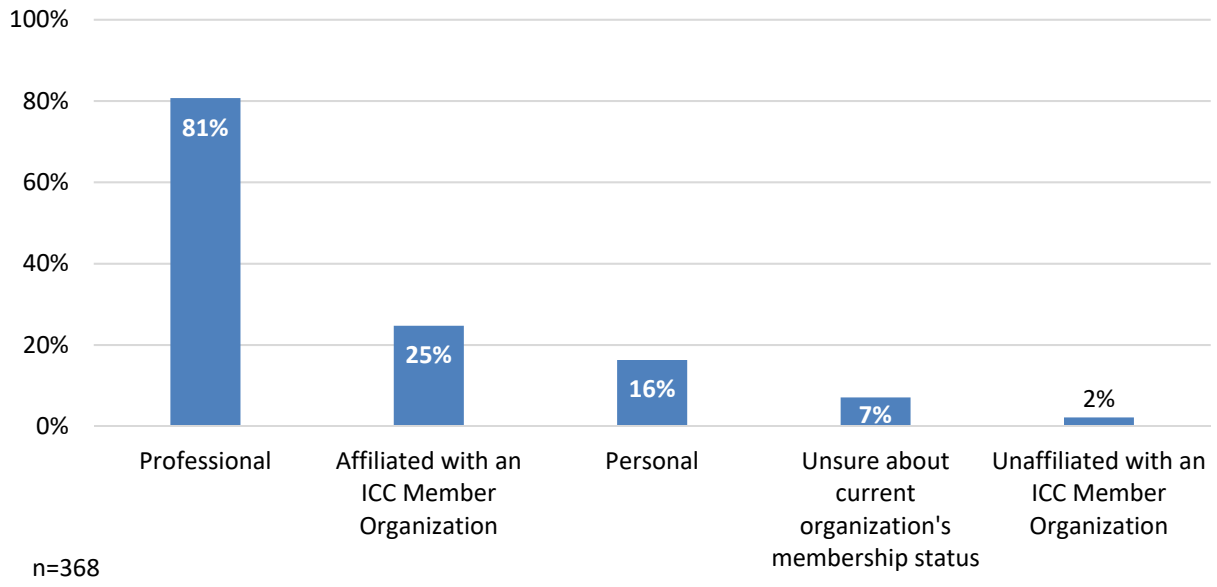
Clark Memorial Hospital	Oncology Hematology Associates of Southwest Indiana
Community Action of Southern Indiana - Minority Health Initiative	Outrun the Sun, Inc.
Community Healthcare System	Ovar'coming Together, Inc.
Daviess Community Hospital	Parkview Comprehensive Cancer Center
Digestive Health Associates	Pink Ribbon Connection
Dubois County Health Department	Pink-4-Ever Inc
Eskenazi Health, EMBRACE Program	Purdue Extension, Porter County
Esophageal Cancer Education Foundation	Purdue Extension, Wayne County
Floyd County Tobacco Coalition	Purdue University Center for Cancer Research
Get Fit Get Healthy	Raphael Health Center
Gilda's Club Evansville	Ready Set Quit Tobacco
Good Samaritan Hospital	Schneck Medical Center
Goshen College	Smokefree Communities
Grace College	Spencer County Tobacco Free Coalition
Hancock County Tobacco Free Coalition	St. Joseph County Health Department
Harper Cancer Research Institute	St. Mary's Health
Health by Design	St. Vincent Cancer Care Services
HealthVisions Midwest	St. Vincent Health - Ascension
Healthy Communities Coalition of Kosciusko County	Susan G Komen Evansville Tri-State
Healthy Communities of La Porte County	Susan G. Komen Central Indiana
Henry Community Health	SV Anderson Regional Cancer Center
Henry County Health Department	The Claire E. and Patrick G. Mackey Children's Cancer Foundation
Hoosier Cancer Research Network	The Colon Club
Indiana Association of School Nurses	Tobacco Education and Prevention Coalition for Porter County
Indiana Hospital Association	Tobacco Free Allen County
Indiana Minority Health Coalition	TOUCH INC.
Indiana Primary Health Care Association	United Health Services
Indiana Public Health Association	University of Southern Indiana College of Nursing and Health Professions
Indiana Rural Health Association	Violet Cancer Institute
Indiana State Department of Health - Division of Nutrition and Physical Activity	YMCA of Greater Indianapolis
Indiana State Department of Health - Tobacco Prevention and Cessation	YMCA of Michiana, Inc.
IU Health Ball Memorial Hospital	YMCA of Southwestern IN
IU Health Bloomington Hospital	YWCA Women's Cancer Program

Figure 3: Counties with at least one ICC individual member.



There are two types of ICC membership: individual and organizational. Figure 4 shows responses when members were asked to define their individual membership. About four-in-five (81%) reported a professional association with the work of ICC, meaning they are affiliated through their employment or education; one-quarter are affiliated with an organizational member; 16% have a personal association, meaning they are a survivor, advocate, or similar; 2% are unaffiliated with a member organization; and 7% were unsure about their organization's membership status. When asked specifically about whether their organizations, 28% were sure that they are organizational members of the ICC.

Figure 4: Individual members by affiliation with ICC



ICC members are asked about their interest in participating in six statewide ICC committees and five Regional Coalitions. Tables 7 and 8 below shows the numbers and percentages of members interested in each committee and coalition, respectively. The statewide committees with the greatest interest among ICC members are Survivorship (30%) and Primary Prevention (27%). The Evaluation Committee generated the least interest among ICC members (12%). There is fairly even distribution of interest in the five Regional Coalitions. Those with the greatest interest are District 10 in southwestern Indiana and District 2 in north central Indiana (14% each), while District 9 in southeastern Indiana had the least interest among ICC members (8%).

Table 7: ICC member interest in statewide committees

Committee	#	%
Survivorship	110	30%
Primary Prevention	98	27%
Early Detection	87	24%
Advocacy	81	22%
Data	71	19%
Evaluation	43	12%

Table 8: ICC member interest in Regional Coalitions

Regional Coalition	#	%
District 10 (southwestern IN)	51	14%
District 2 (north central IN)	50	14%
District 6 (east central IN)	43	12%
District 1 (northwestern IN)	38	10%
District 9 (southeastern IN)	31	8%

The evaluation activity designed to collect members' perspectives on their experiences with the ICC is the Member Satisfaction Survey (MSS). Through the MSS, ICC leadership learn about members' self-reported levels of involvement in the work of the ICC and gather useful feedback about the mission, structure, and function of the ICC. Non-members who have been involved with ICC are also invited to participate in the survey.

The MSS includes both qualitative and quantitative questions that were designed to collect basic member information, as well as feedback on ICC communication and collaboration, member perceptions of and satisfaction with the ICC, and opinions regarding the ICC's resource development. Tracked annually, ICC leadership can use the information to modify and strengthen the ICC structure and function. The MSS instrument is included as Appendix F.

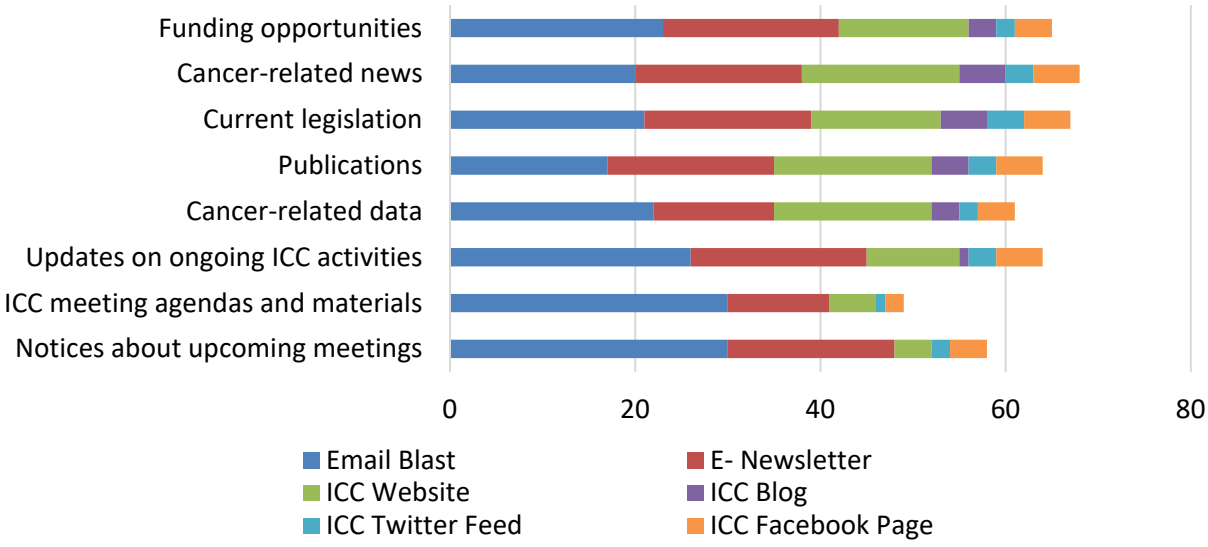
The MSS was administered electronically in May 2020. Invitations to complete the survey were sent out to the ICC listserv by the ICC Director. A total of 36 individuals completed the survey sufficiently to be included. The majority of survey respondents indicated that they were members of the ICC (89%). The greatest share of respondents stated they have been an ICC member for the past 3-5 years (43%), with about one-third of respondents reporting ICC membership for less than 3 years and the remaining one-third reporting engagement for more than 6 years. Over 60% of respondents indicated they did not attend the annual ICC meeting in April 2019.

The vast majority of respondents are female (86%) and age 45 or older (75%). A slight majority of respondents (53%) said they have a first degree relative who has experienced cancer, and 17% of respondents reported being cancer survivors, themselves. When it comes to where survey participants live and work, about the same shares of participants live and work in the same regions of the state, with the largest portions of respondents living and working in Central Indiana. Half of survey respondents indicated they live in the central third of the state and 42% indicated they worked there. About one-third of respondents stated they lived in the southern third of the state while 28% lived there. The northern third of the state had the fewest number of respondents residing and working there.

Respondents were asked to indicate their primary role related to the ICC, and they represent a variety of sectors. The majority of respondents were public health professionals or professional organization representatives. Healthcare provider, public health professional (non-profit) and community-based organization representative were represented by an even share of 14% of respondents each. There were 11% of respondents who indicated they were educators/health educators. Advocacy organizations, legislator/elected officials, and cancer survivors were primary roles represented by one respondent each (3%). No respondents identified their primary role as philanthropic community representative, lobbyist, employer/private sector representative, faith community representative.

Respondents were asked to indicate each of the ways in which they want to receive various types of information from ICC. Overall, email blast and e-newsletter are the most popular ways respondents want to receive each type of information, followed by the ICC website. The ICC Twitter feed and blog are the least popular avenues for accessing information.

Figure 5: Number of respondents interested in receiving each type of info from the ICC, by medium



n = 36

Respondents were asked about how often they engaged in various ICC activities during the last 12 months. Overall, the average frequencies of engagement were fairly low. Almost all activities have average levels of engagement that fall within the range of 'not at all' and 'a couple of times a year'. The activity engaged in most frequently by respondents, and the only activity that respondents' average engagement falls between 'quarterly' and 'monthly', is reading ICC emails. The second-most engaged in activity is attending committee or action team meetings in person.

Respondents were asked if they found the newsletter to be helpful and the large majority agreed (85%). Participants had the option to write in additional feedback about the newsletter, which included:

- Should incorporate diversity and inclusion efforts.
- Does not reflect the work of statewide partners.
- Seems to operate on an academic format instead of community.
- Conveys information well to individuals who may not be able to attend meetings in person.
- The monthly update is great for content on ICC happenings and new cancer resources.

Respondents were asked to recommend organizations that the ICC should model itself after and 5 were listed.

- Indiana Minority Health Coalition
- Community Health Partnerships - CTSI
- Indiana Immunization Coalition
- The Cardiovascular and Diabetes Coalition of Indiana
- Indiana Joint Asthma Coalition

Respondents were asked to recommend funding sources that the ICC should apply for and 4 were listed, including Agency for Healthcare and Research Quality, Indiana Simon Cancer Center, National Cancer Institute (NCI), and Surveillance, Epidemiology, and End Results Program (SEER).

Respondents were asked about topics they are interested in learning more about through educational events and training sessions. Their responses fell into the following categories:

- Community & Statewide Engagement
    - Information on level programs (2)
    - Increase community participation (2)
- Legislative Efforts
    - Advocacy (1)
    - Education (1)
- Diversity and Inclusion
    - Minority populations and disproportionality (1)
- Cancer Types
    - HPV (1)
    - Lung (2)
    - More variety (1)
- Emerging Trends
    - New treatments (2)
    - Telehealth (1)
    - Survivorship (1)

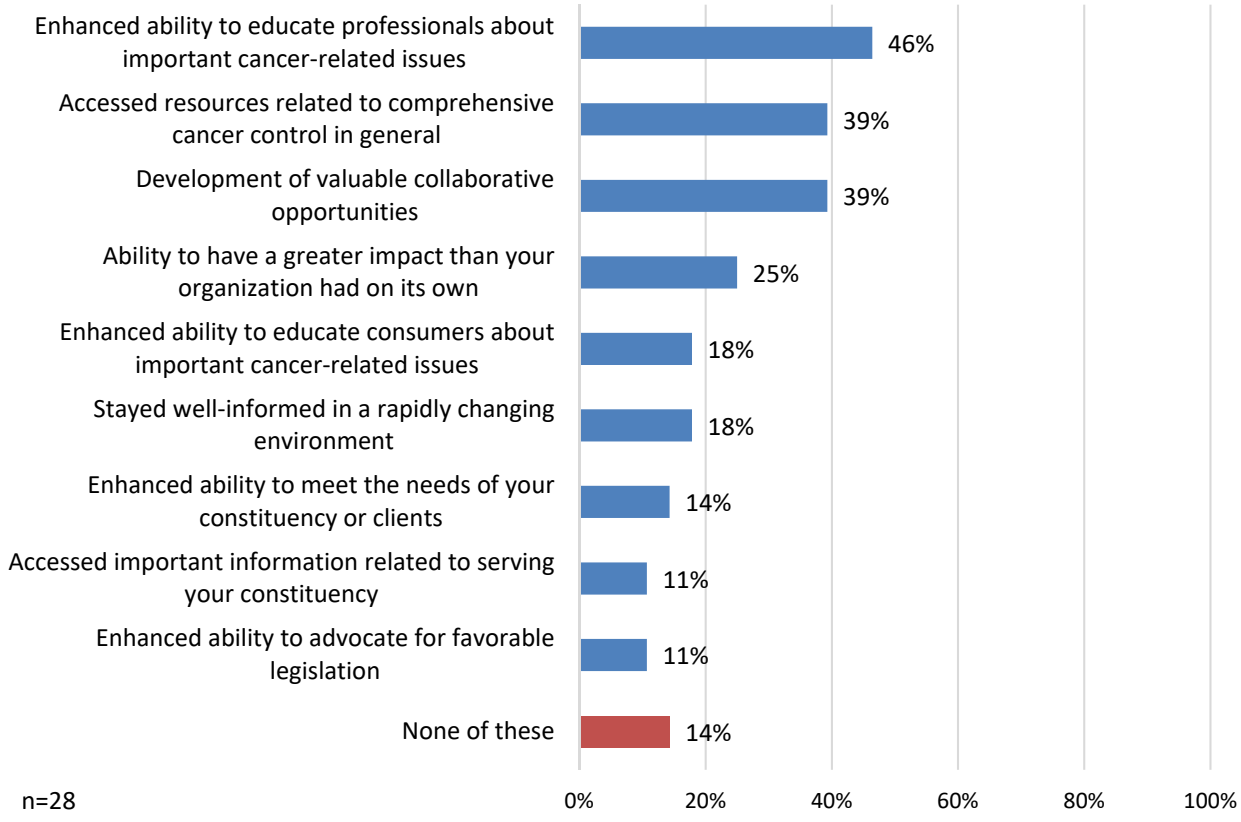
Respondents were asked a number of questions to assess their viewpoint on the impact of the MSS. Two-thirds of responded said that the ICC has been responsible for programs or activities that otherwise would not have occurred. Only 39% of respondents said they feel the ICC is directly or indirectly reducing barriers to screenings and diagnostic services for disparate populations (populations experiencing health disparities).

Survey participants were asked whether they feel that the ICC is increasing certain resources or behaviors that align with their key efforts. While large shares of participants agreed that the ICC is increasing most of the resources or behaviors, large shares also indicated they are not sure about the ICC's impact on many of them. These resources and behaviors are list below, in descending order of the share of respondents who indicated that the ICC is increasing the resource or behavior.

- Knowledge of cancer-related disparities (71%)
- Utilization of state cancer registry data (48%)
- Utilization of BRFSS data (32%)
- Access to resources for cancer survivors (32%)
- Participation in legislative advocacy (36%)
- Communication with the general public to strengthen public awareness of emerging cancer-related policy initiatives (32%)
- Access to resources for cancer survivors (28%)

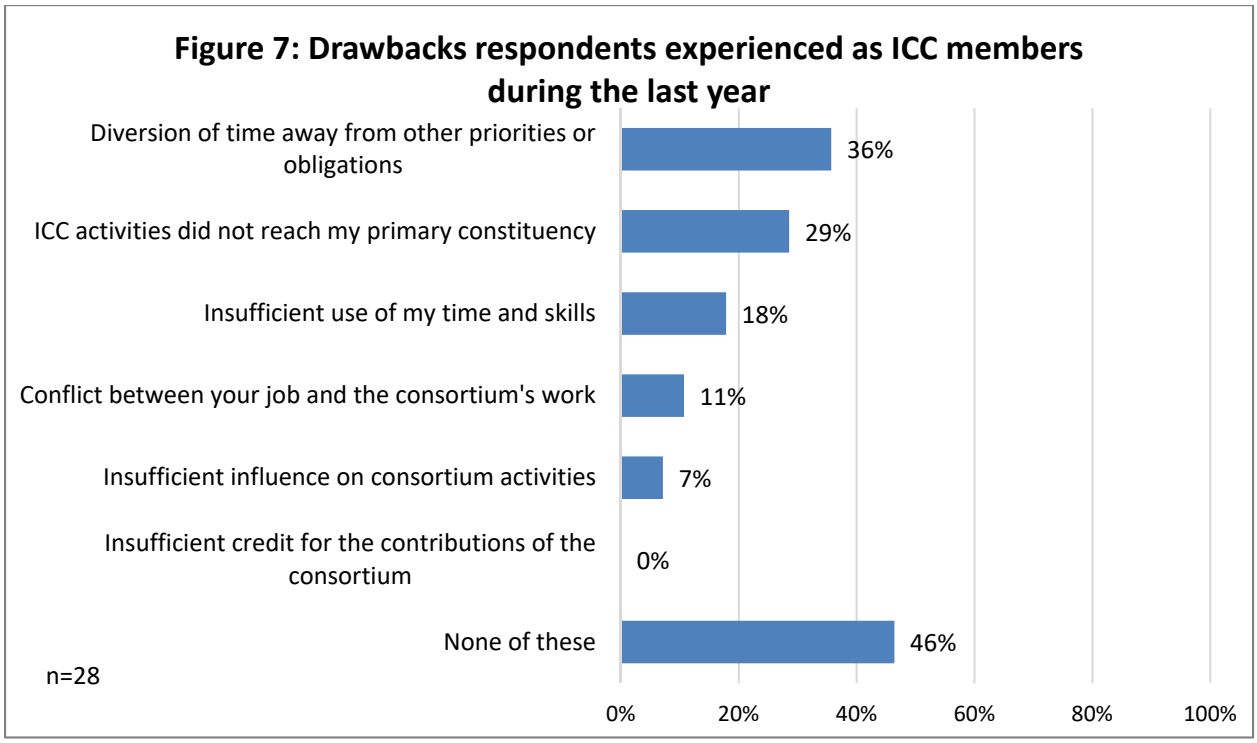
Participants were asked about the benefits they experienced as ICC members during the last year. Nearly half of respondents noted the enhanced ability to educate professionals about important cancer related issues. The accessed resources related to comprehensive cancer control in general and development of collaborative opportunities were both selected by 40% of respondents as benefits experienced during the last year.

Figure 6: Benefits respondents experienced as ICC members during the last year



Respondents were asked to provide what they believed to be the most beneficial thing about being an ICC member, 12 respondents provided a written response. The responses referenced appreciation for educational events such as the annual meeting, opportunities to network with, learn from, and partner and collaborate with other organizations, and legislative actions.

Respondents were asked to indicate drawbacks they experienced as ICC members during the last year. The majority of respondents marked "none of these" the drawback selected the most was "Diversion away from priorities or obligations" with 36%.



Respondents were asked to provide what they believed to be the biggest challenge about being an ICC member, 14 respondents provided a written response. Respondents indicated feeling a lack of connection to or awareness of ICC inner workings or activities, having competing work demands, and concern that the ICC's limited staffing is not sufficient for the demands of the organization's scope and scale.

Respondents asked about the extent to which the ICC has what it needs to work effectively to achieve its goals. Respondents were asked to indicate if the ICC has 'all of what it needs', 'most of what it needs', 'some of what it needs', 'almost none of what it needs', or 'none of what it needs' for each resource listed. Each answer choice was weighted, with a value of '4' assigned to 'all of what it needs', down to a value of '0' assigned to 'none of what it needs'. The average scores for almost all of the resources are above the 'some of what it needs' line (2.0). The only resource with an average score close to 'most of what it needs' is data and information related to cancer (2.96). The next highest average scores are for skills & expertise and legitimacy & credibility. The only resource with an average score below the 'some of what it needs' line is Money (1.77).

Table 9: Average rating of extent ICC has what it needs to achieve its goals

Average Rating	Resource
3.0	Data and information related to cancer
2.5	Skills and expertise
2.5	Partnerships with key sectors
2.5	Ability to bring people together for meetings and activities
2.5	Legitimacy and credibility
2.4	Partnerships throughout the State
2.3	Connections to target populations
2.2	Volunteer leadership
2.2	Internal organization and structure
2.2	Statewide influence
2.1	Connections to political decision-makers and government agencies
1.8	Paid staff
1.8	Money

Finally, respondents were asked to share recommendations for how ICC could better partner to serve members and what more ICC could offer of benefit. Suggestions fell into three main categories: improved communication (frequency and clarity), increased presence and engagement in communities throughout the state and through virtual convenings, a greater focus on goals and evidence-based programming and increasing staffing and closer coordination with volunteers in leadership roles.

Conclusions and Recommendations

The evaluation activities completed throughout PY3 contributed to real-time decision-making among program partners and provides information useful in shaping future strategies to reduce the cancer burden in Indiana.

The Plan

Along with the ICC Evaluation Team, the ICC's Data Committee shares responsibility for collecting and promoting the data used to track the progress of the ICCP 2018-2020. The ICCCP and the ICC Advisory Board are responsible for using the information contained in the Indicator Progress Update to set priorities, identify gaps, and strengthen the efforts of the ICC. The vast majority of ICCP Indicators are lagging metrics, as most variable are available annually or biannually and were collected at least one year prior to publication. This information does not reflect progress made during PY3, but it does suggest the direction in which the state is moving and therefore points to priorities to consider in future planning efforts.

Primary Prevention:

- Healthy weight measures are trending in the wrong direction or holding level.
- Tobacco product use measures are moving in the right direction for adults and youth, with the important exception of e-cigarette use.
- HPV vaccination in adolescent girls is improving while HPV vaccination rates in adolescent boys and Hepatitis B vaccination rates in girls and boys remain level.
- Sun safety measures remain developmental.
- Radon measures were not reported as of June 2020.

Early Detection

- On-time screening rates for breast cancer, cervical cancer, and colorectal cancer are improving.
- Lung cancer screening measures remain developmental.

Treatment

- The share of cancer patients who participated in a clinical trial declined since baseline.
- Data on hospital practices related to CoC recommendations are unobtainable (following an initial commitment to provide the data was made).
- Advanced care planning measures remain developmental.

Survivorship

- Provision of survivorship care plans is increasing.
- The share of cancer survivors reporting similar levels of physical and mental health as people who have not had cancer remains level.
- Healthy weight rates among cancer survivors declined slightly, but less sharply than Hoosiers, in general.
- Cigarette use among cancer survivors showed a slight decrease.

As a result of the survey findings, ICC and ICCCP intend to work to engage more partner organizations to support strategies related to the following objectives:

  - Primary Prevention - Reduce radon exposure.

- Early Detection - Increase rates of evidence-based screening.
- Treatment - Increase the number of updated advance care planning documents for all cancer patients.
- Survivorship - Decrease the number of reported unhealthy days among cancer survivors.

The current Indiana Cancer Control Plan expires at the end of 2020. When it was developed, ICCCP and ICC leaders hoped to create a broad framework that addressed the full continuum, from primary prevention through survivorship, in which partners of any stripe could contribute. They also intended that this framework would support a "living plan", in which partners would continually assess progress and evaluate the impact their work is having and make strategic and tactical adjustments, based on indicator data and other community context.

As such, the ICC Advisory Committee intends to focus the next phase of ICCP planning efforts in on four priorities that are tied to multiple goals and objectives in the current plan: decreasing tobacco use, increasing HPV immunization rates, and effective prevention, early detection, treatment, and survivorship care of breast and colorectal cancers. As they move with these priorities, ICCCP and ICC should be sure to continue to support the efforts to accomplish all of the objectives of the ICCP, to monitor the indicators for all the objectives, and to communicate the multitude of ways they support the full continuum of cancer, while also drilling down into the four priority areas for which current plans are under development. ICC should revise the ICCP format to support the intended framework – one that enables focused priorities that sit within the context of a long-term, comprehensive plan. This would clarify the scope of the Plan and the relationship of the ICCCP and ICC annual priorities to the overall effort to reduce the cancer burden in Indiana.

The Program

The annual work of the ICCCP is detailed in the 2020-2021 Comprehensive Cancer Control Action Plan. Based on technical review feedback provided by the CDC Program Officer, a complete restructuring and streamlining of the work plan would result in a plan that is clearer, and easier to implement, monitor, and evaluate. ISDH should work to:

- Do fewer things with greater intention and impact. Utilize the ICC/ICCCP logic model to clarify annual priorities and intended impact. Identify a core set of interventions on which to focus. Ensure that all named partners are aware of their role and contribution, share progress, and communicate successes and challenges.
- Strengthen the workplan by eliminating duplicative evidence-based interventions, objectives, and activities, incorporating multi-component evidence-based interventions, where appropriate.
- Continue to build the capacity and morale of the Cancer Section staff team. Ensure that all members of the team understand that their work is directly and critically tied to the ICCCP, even that which is not funded through the same grant.
- Continue to build trusting, collaborative relationships with ISDH staff in other divisions who have overlapping priorities and interests. Leverage ICCCP work to support their aims, identify shared metrics and priorities, co-brand events, coordinate engagement with

external partners (especially healthcare providers), and find other ways to align and collaborate to boost impact.

- Clarify what are the survivorship activities that are a part of the core work plan and from the activities and carve out the activities that are funded by the survivorship supplement into a separate set of strategies and activities.
- Strengthen data infrastructure and leverage data resources. Fund the inclusion of BRFSS modules and state-added questions that track measures of ICCP objectives. Leverage the Indiana Cancer Registry to inform program priorities and evaluate performance. Engage internal partners, such as TPC and DNPA, to leverage their data resources in support of ICCCP priorities.

The Partnership

The primary strategy used by ICCCP to mobilize statewide support for comprehensive cancer control efforts is the ICC. During the last five years, the ICC has shifted structure and priorities several times. The committee structure has changed, and many committees are not actively convening. The regional coalition structure remains loosely intact, but there is not sufficient capacity to provide centralized support. The ICC experienced many challenges in PY3, including a higher-than-anticipated time demand due to establishing the Cancer ECHO, staff turnover (internally as well as the ICCCP), vacant staff positions, and disruption due to COVID-19. The changes and challenges in recent months and years have led to somewhat of an identity crisis for the ICC.

The ICC should be thoughtful and strategic as it shapes its future. According to the 2020 MSS, ICC members appreciate the information and resources that ICC provides and see the coalition as a resource for networking and peer learning. This has always been and should remain a core function of the ICC. Additionally, the ICC must lead the ICCP, and is responsible for updating the plan, as well as ongoing monitoring and communication. Moving into PY4, the ICC Advisory Committee has the opportunity to reflect honestly on the current capacity of the coalition and set priorities for the next year and for the long-term view. The ICC is ambitious – which is most certainly a good thing – but leaders must find funding and leverage partnerships to achieve big results.

ICC should find ways to streamline messaging and use technology more effectively to enable casual members from across the state to understand ICC as a resource and contribute to its efforts. Members would like to see more connection to local communities and more emphasis on health disparities. ICC has not yet found the most effective use of social media, and while some members report using the website as a resource, ICC should continue to work to update the website and develop tools that can be used by ICC staff to provide even more frequent content editing. Finally, ICC should consider adopting a web conferencing platform as the most common venue for convening partners to enable statewide partners to be more fully engaged and to continue to work with regional coalitions. The COVID-19 pandemic has dramatically shifted norms around use of and access to these technologies, and ICC should embrace that change in future work.

APPENDIX A: Five-Year Evaluation Plan Research Questions and Data Sources

Indiana Comprehensive Cancer Control Program

Five Year Evaluation Plan (2017-2022)

Evaluation Questions

Focus	Evaluation Question	Indicators	Data Collection		
			Source	Method	Timing
Plan	How is the Plan being implemented?	#/% of ICC partners doing work by goal, objective, and strategy area	Partner Organization Survey (POS)	Evaluator, with support from the ICC Director, will administer the web-based survey sent to the contact person from ICC partner organizations	Annually in January or February (with the baseline POS released once the Plan has been finalized)
	How is the Plan impacting the cancer burden in Indiana?	Progress on the Plan's Objective measures	Indicator Progress Update	Evaluator, with support from the ICC Data Committee, will gather updated data from sources included in the Plan	Annually in May/June
Partnership	Do we have a robust network of partners engaged in the work?	#/% of partners by sector, geography	Member Satisfaction Survey (MSS)	Evaluator, with support from the ICC Director, will administer the web-based survey sent to everyone on the ICC's contact list, including ICC members and partners	Annually in April/May, immediately following the ICC Annual Meeting
	How engaged are our partners in the work?	#/% of partners who participate in ICC activities			
	How satisfied are our partners with our efforts?	#/% of partners who have positive perceptions of the ICC			
Program	Is our program design supporting the impact we want to have?	Development of ICC/ICCCP logic model	Program records/ logic model	Evaluator will conduct a logic modeling design session with key stakeholders and finalize it with leadership approval	March of 2017-18 Program Year (with annual review)
	Are programmatic activities leading to improved performance?	Progress on action plan objectives, activities, and assignments	Annual Progress Report (APR)	ICCCP Director will utilize program data and staff feedback to complete the APR	Annually in February

Appendix B: ICC Evaluation Committee Meeting Agendas and Notes

ICC Evaluation Team Meeting

September 24, 2019
ISDH – Wilson Conference Room
or:
Dial-in Number: 1-800-444-2801
Conference Code: 4198443

I. Introductions
II. Review Purpose and Plan for FY2020
    a. CCCP Logic Model
    b. Evaluation Timeline & Activities
III. Check-In on Evaluation Activities
    a. Partner Organization Survey - January
        i. Review Contact List
        ii. Action Commitments
    b. Member Satisfaction Survey
        i. Check in on Evaluation Action Plan Progress
        ii. 2019-20 Implementation Timeline
IV. Survivorship Supplement Evaluation
    a. Overview of Initiative
V. ICC Updates (Rish)
    a. *ICCP 2018-2020* Dashboard
    b. *Facts & Figures*
    c. Annual Meeting
    d. Additional Updates
VI. Next Steps

Meeting Materials:

- ICC Eval Team Agenda (9-24-19)
- ICC Eval Team Notes (6-27-19)
- 2019-2020 Logic Model
- 2019 MSS Evaluation Action Plan
- 2019 POS Evaluation Action Plan
- 2019 POS Survey Contact List
- Survivorship Supplement Overview

Five Year Evaluation Plan Timeline
2017 - 2022

Evaluation Activity	Timeframe	Responsible for Implementation
Implement **Partner Organization Survey**; draft a summary report	January/February	ICC Evaluation Committee, with staff support from Community Solutions, Inc.
Complete and submit **Annual Progress Report**	February	ICCCP Director
Develop/Update an **ICC Logic Model**	March	ICC Director/Advisory Board, with support from Community Solutions, Inc.
Assemble key information into an **ICC Annual Report**	April/May	Advisory Board, with support from other committees and the ICC Director
Implement **ICC Member Satisfaction Survey**; draft a summary report	May	Evaluation Committee / ICC Director, with support from Community Solutions, Inc.
Update **Indicator Progress Update**	May/June	Data Committee/Advisory Board, with support from Community Solutions, Inc.
Participate in **Program Status Calls** with CDC Project Officer	Monthly	ICCCP Director

ICC Evaluation Team Meeting

Tuesday, September 24, 2019

I. Present: Rish Chauhan, Lynn Gooden, Jenn Ivanovich, Hollie Kicinski, Judi Magaldi, Annette Nauth, Mary Robertson

CSI Staff: Kaley Martin, Lisa Osterman

II. Purpose of Evaluation Team and Plan for FY2020
    a. The purpose of this group is to shepherd the evaluation of the Indiana Comprehensive Cancer Control program, partnerships (ICC), and Indiana Cancer Control Plan. Participants reviewed details in the ICCCP logic model.
    b. The evaluation plan is a general five-year plan, with the understanding that there may be some modifications from year to year, given current priorities. Participants reviewed the evaluation plan activities and timeline.
    c. The work of this group is to see what's happening with program, partnerships, and plan using the evaluation activities. Members provide guidance on the implementation of evaluation activities and review summaries of data from evaluation activities and develop evaluation action plans.

III. 2020 POS Discussion
    a. The Partner Organization Survey (POS) is scheduled for administration in January 2020. The POS is administered to one representative from each ICC partner organization, or in the cases of larger organizations, one representative from each division/department. It is analyzing contributions of the partner organizations, not individuals.
        i. Participants were asked how they want to manage the survey invitations. They decided to use a dual approach outreach strategy that includes invitations with language targeted to different kinds of contact people:
            1. One with language about how they are a large organization, asking them to get the survey to the right person to complete, with criteria around what that looks like
            2. One with language asking that person to complete the survey
        ii. Participants were asked to review the list of who was invited to complete the 2018 POS and identify who should fall into which group make any updates to contact persons, if known.

IV. MSS Discussion
    a. Participants reviewed the Evaluation Action Plan for the 2019 Member Satisfaction Survey (MSS) (see attached).

b. With Rish leaving, this group will need to ensure that the action steps around the MSS will continue to take place.
c. Rish will create a document with ICC accomplishments to date before she leaves.
d. Some of the items in progress may need to wait until a new ICC Director is hired and the new Communications Director at ISDH starts.
e. The MSS is typically announced at the Annual Meeting, with the survey invitation going out within a day or two. The survey is then open for two to three weeks. This year's Annual Meeting is April 22nd, and all agreed with that timeline for the 2020 MSS.

V. Survivorship Supplement
a. ISDH received supplemental funding from the National Comprehensive Cancer Control Program for specific activities to impact the quality of life of cancer survivors for up to three years. The funding is for the 2019-2020 program year, with potential, partial funding for the 2021 and 2022 program years. Participants were given an overview of the project, strategies, partners (ISDH, Community Health Network, Little Red Door, George Washington Cancer Institute, and Community Solutions), and partners' roles.
b. For the evaluation, Community Solutions will collect the data necessary for reporting to the CDC. There are additional opportunities to learn about what would be useful for Community Health Network, ISDH, and the ICC. Participants were asked whether and to what extent this group wants to engage with the evaluation of the Survivorship Supplement. They were asked if there is anything they would like to learn from the evaluation – for this group or others. Areas of interest were:
    i. What kinds of resources do survivorships need?
    ii. Level of engagement with behavioral/lifestyle changes
    iii. What kinds of strategies are successful in getting survivors engaged?
    iv. How many new survivorship care plans get implemented?
c. The Evaluation Team will continue to be updated on the Survivorship component and asked for their perspective on activities or findings.

VI. ICC Updates
a. There are staffing changes at the ICC. Mary Robertson will start as the TPC Manager next week. Rish will be leaving her position as Director on October 4th.
b. ICC TPC Program is working to reduce smoking rates among cancer survivors by working with cancer centers or health systems to implement powerful strategies. There is funding to work with up to two organizations to assess their practices and programs, identify gaps and opportunities, and support the implementation

of changes. With only one or two pilot sites, lessons learned and best practices will be shared with other cancer centers or health systems.

c. Participants were updated on the *ICCP 2018-2020* Dashboard. 2018 BRFSS data has been released, and the Dashboard will be updated.
d. *Facts & Figures* has been approved. Rish and Mary are working to get it on the ICC website. Rish and Hollie are working to do a webcast with the data committee to post on the website, to show people how to pull updated data.
e. The Annual Meeting is on April 22nd. Open to ideas for themes. Once the theme is in place, the Board helps with speakers, and Mary has been informed on logistics.
f. Project ECHO had a great launch on September 17th. The next session is on HPV on October 1st. There is a robust core group of people, but people can join/register at any time. The pre-evaluation survey is being finalized to send as soon as possible.

VII. Next Steps

a. The next Evaluation Team meeting will be in December. Community Solutions will send out a Doodle poll closer to December to find a date/time.
b. At that meeting, the team will:
    i. Check in on the Survivorship Supplement project
    ii. Review the implementation plan and invitation list for POS
c. Commitments:
    i. Rish will clean up and organize the POS invitation list.
    ii. Rish will update list of ICC 2019 accomplishments

ICC Evaluation Team Meeting

December 12, 2019
Community Solutions, 10 S. New Jersey St., Ste 300
or:
Dial-in Number: 1-800-444-2801
Conference Code: 4198443

I. Introductions
II. Chronic Disease Network Analysis Discussion
III. Check-In on Evaluation Activities
    a. Partner Organization Survey - January
        i. Review Contact List
        ii. Finalize administration dates
    b. Member Satisfaction Survey
        i. Check in on Evaluation Action Plan Progress
IV. ICC Updates (Mary)
    a. *Facts & Figures*
    b. Tobacco and Prevention Cessation Project
    c. Annual Meeting
    d. Additional Updates
V. Next Steps

Meeting Materials:

- ICC Eval Team Agenda (12-12-19)
- ICC Eval Team Notes (9-24-19)
- 2019 MSS Evaluation Action Plan
- 2019 POS Survey Contact List

Five Year Evaluation Plan Timeline
2017 - 2022

Evaluation Activity	Timeframe	Responsible for Implementation
Implement **Partner Organization Survey**; draft a summary report	January/February	ICC Evaluation Committee, with staff support from Community Solutions, Inc.
Complete and submit **Annual Progress Report**	February	ICCCP Director
Develop/Update an **ICC Logic Model**	March	ICC Director/Advisory Board, with support from Community Solutions, Inc.
Assemble key information into an **ICC Annual Report**	April/May	Advisory Board, with support from other committees and the ICC Director
Implement **ICC Member Satisfaction Survey**; draft a summary report	May	Evaluation Committee / ICC Director, with support from Community Solutions, Inc.
Update **Indicator Progress Update**	May/June	Data Committee/Advisory Board, with support from Community Solutions, Inc.
Participate in **Program Status Calls** with CDC Project Officer	Monthly	ICCCP Director

ICC Evaluation Team Meeting

Thursday, December 12, 2019

I. Present: Lily Darbishire, Lynn Gooden, Taylor Eisele, Hollie Kicinski, Judi Magaldi, Annette Nauth, Mary Robertson, Tisha Reid, Katelin Rupp, Dennis Savaiano
CSI Staff: Chipo Chavanduka, Kaley Martin, Lisa Osterman

II. Chronic Disease Social Network Analysis
    a. Lily Darbishire and Dennis Savaiano presented information about the network analysis survey opportunity available for chronic disease coalitions in Indiana.
        i. Overview: Structural analysis of relationships, collaborations, leadership across the coalition. Coalition members are surveyed about who they know, who they work with, and who they trust. The outputs are visual representations of the networks and organizational interactions. It can be done at the individual or organizational level.
        ii. Purpose: The analysis is useful in understanding how to market/create interests around certain activities or goals areas and for guiding coalition engagement.
        iii. Context: Came out of David's Purdue research and is part of Lily's graduate work. Anne Alley and ISDH are very supportive, but it is not funded through ISDH or required. InJAC, IHWI, and CADI have done baseline network analyses for their coalitions. Lily will Mary send a one-pager on the tool and its use that will be shared with the group.
        iv. Participation: The network analysis is only feasible for about 30 individuals/organizations. The ICC is too large to do an individual network analysis of the whole membership or an organizational analysis of all of the partners. It is possible to do an analysis of the leadership or a select group of members or partner organizations. The response rate has to be at least 60% to produce valuable information.
        v. Timeline: The administration is flexible, but the sooner the baseline is done, the more chances there are to repeat the survey two more times. Other coalitions that have baseline surveys are doing theirs in summer. If ICC chooses to do this survey and wants to wait until summer, it is likely the survey can be repeated next year, but if the ICC does theirs in January or February, it can likely be repeated for two more years.
        vi. Administration: Due to the length of existing surveys and the different audiences, the network analysis survey should not be integrated into either the MSS or POS. If the ICC chooses to do it, the group would need

to decide who it goes to and the timeline. The survey is sent through RedCap using Lily's email address. The raw data may be available to the ICC pending approval from the IRB for sharing.

b. Participants discussed whether the ICC should participate in this survey.
    i. They agreed that the social network analysis would be interesting but are unsure if it is useful or answers any evaluation question they have. There were also concerns about how well the tool itself would adapt to a coalition the size and structure of the ICC. Participants agreed that they did not want to miss the opportunity but wanted to be sure it was a fit. They will revisit the discussion at the next Evaluation Team meeting when they have had a chance to review the results of the POS. Mary will follow-up with Lily and David.
    ii. Potential Audiences:
        1. Partners engaged in cervical cancer work, based on their responses to POS, to gauge collaboration across those organizations who may be working on the Cervical Cancer Strategic Plan. A number of limitations with that approach were identified, but it was not dismissed.
        2. Advisory Board members. However, they are a body that provides guidance and is not tasked with collaboration.

III. 2020 POS

a. The Partner Organization Survey (POS) is scheduled for administration in January 2020. The POS is administered to one representative from each ICC partner organization, or in the cases of larger organizations, one representative from each division/department. It is analyzing contributions of the partner organizations, not individuals, to the *Indiana Cancer Control Plan*.
b. Participants reviewed the invitation list and were asked to send updates to Kaley.
c. Community Solutions has drafted invitation language to share with Mary and will coordinate with her on administration dates.

IV. 2019 MSS Evaluation Action Plan

a. Participants reviewed the Evaluation Action Plan for the 2019 Member Satisfaction Survey (MSS) (see attached).

V. ICC Updates

a. ICC TPC Program is working with cancer centers or health systems to implement evidence-based strategies to reduce smoking rates among cancer survivors. There is funding to work with up to two organizations to assess their practices and programs, identify gaps and opportunities, and support the

implementation of changes. The RFA closed last week. The Selection Committee convenes next week to review the four applications and move forward.

b. Released *Facts & Figures* and did webcast in November and YouTube videos to help people understand data.
c. The Annual Meeting is on April 22nd. The tentative theme is the Evolving Landscape of Cancer. There is a meeting next week to finalize speakers, then will finalize agenda.
d. Project ECHO is going pretty well overall. Attendance ranges from 10-27 people per session. Everyone has worked hard to spread the word, and we've used a lot of avenues for promotion. In terms of evaluation data, they do an initial survey when they register and a survey after each session. Mary will get the data to share with this group.

VI. Next Steps

a. The next Evaluation Team meeting will be in March. Community Solutions will send out a Doodle poll closer to March to find a date/time.
b. At that meeting, the team will:
    i. Review the results of the POS and develop Evaluation Action Plan.
    ii. Check in on network analysis opportunity
    iii. Prepare for the MSS launch.
c. Between now and the next meeting:
    i. Lily will Mary send a one-pager on the tool and its use that will be shared with the group.
    ii. Mary will follow-up with Lily and David to let them know the group is still considering the utility of the social network analysis and will further discuss in March.
    iii. Mary will get Project ECHO evaluation data to share with the group.
    iv. Participants reviewed the POS invitation list and were asked to send updates to Kaley.
    v. Kaley will share POS invitation language with Mary and coordinate with her on administration dates.

ICC Evaluation Team Meeting

March 12, 2020

Community Solutions, 10 S. New Jersey St., Ste 300

or:

From your computer, tablet or smartphone (Recommended)

https://global.gotomeeting.com/join/173735829

You can also dial in using your phone

United States: +1 (646) 749-3112 Access Code: 173-735-829

I. Introductions

II. Evaluation Activities

   a. Partner Organization Survey 2020

      i. Review/Discuss Findings

      ii. Create Evaluation Action Plan

   b. Member Satisfaction Survey 2020

      i. Discuss survey timeline and tasks

III. Chronic Disease Network Analysis Follow Up Discussion

IV. ICC Updates

V. Next Steps

   a. Review Evaluation Timeline

   b. Next Meeting: June (date TBD via May Doodle Poll)

Meeting Materials:

- ICC Eval Team Agenda (3-12-20)
- ICC Eval Team Notes (12-12-19)
- 2020 POS Survey Summary Report
- 2020 POS Survey One Pager
- 2020 POS Survey PowerPoint
- Network Analysis Report Examples

Five Year Evaluation Plan Timeline
2017 - 2022

Evaluation Activity	Timeframe	Responsible for Implementation
Implement **Partner Organization Survey**; draft a summary report	January/February	ICC Evaluation Committee, with staff support from Community Solutions, Inc.
Complete and submit **Annual Progress Report**	February	ICCCP Director
Develop/Update an **ICC Logic Model**	March	ICC Director/Advisory Board, with support from Community Solutions, Inc.
Assemble key information into an **ICC Annual Report**	April/May	Advisory Board, with support from other committees and the ICC Director
Implement **ICC Member Satisfaction Survey**; draft a summary report	May	Evaluation Committee / ICC Director, with support from Community Solutions, Inc.
Update **Indicator Progress Update**	May/June	Data Committee/Advisory Board, with support from Community Solutions, Inc.
Participate in **Program Status Calls** with CDC Project Officer	Monthly	ICCCP Director

ICC Evaluation Team Meeting

March 12, 2020

Community Solutions, 10 S. New Jersey St., Ste 300

I. Present: Mary Robertson, Tim Arndt, Judi Magaldi
CSI Staff: Lisa Osterman, Chipo Chavanduka

II. Evaluation Activities
   a. Partner Organization Survey (POS) 2020
      i. The POS is conducted every one or two years and is used to assess the level of engagement in the goals, objectives, and strategies of the Indiana Cancer Control Plan (ICCP) among ICC's partner organizations. The POS for the current ICCP was first administered in summer 2018. In late January/early February 2020, representatives from 96 ICC member organizations were asked to complete the survey; 20 organizational representatives completed the survey (21% response rate). Community Solutions presented a summary of survey data, as well as a simple comparison of self-reported engagement in the ICCP between the 2018 respondents and the 2020 respondents. The groups then discussed findings and developed some recommendations and next steps, which are summarized in the POS 2020 Evaluation Action Plan, and documented below:
         - Committee members were happy with level of engagement seen in primary prevention. The reported levels of engagement for each of the four goals were what they expected to see.
         - The low level of engagement with the objective to reduce radon exposure was also not surprising to participants. They noted that radon exposure is usually not discussed, and this could be an opportunity for the group. Judi will work to schedule a meeting with the folks in charge of radon and invite Mary (to discuss programmatic/partnership/ICCP engagement issues) and Community Solutions (to discuss ICCP indicator data related to radon).
         - The group agreed that the low level of engagement with the objective to improve adherence to evidence-based standards of care is one they could work on to identify barriers. The group also noted that the phrasing of the survey questions may not have been interpreted as expected.
         - The group discussed the early detection and treatment goals and noted that they would have expected strategies related to patient access and education to be higher. They also noted that professional development and training seem like impactful strategy approaches for early detection objectives and were uncertain why more partners were not working on them. Finally, they noted that there seem to be issues in the survivorship strategies related to role and communication for survivorship care plans, but limited engagement in strategies for those efforts.
         - The group agreed that distributing a one-pager tailored to members and survey respondents would be beneficial.

b. Member Satisfaction Survey 2020
    i. The MSS is designed to assess member engagement with, use of, and satisfaction with the ICC. It is administered annually in the spring and is typically launched at the Annual Meeting/Conference. The committee discussed the timing of the survey for 2020, given that the Annual Conference will be postponed due to Covid-19, and agreed to keep the same timeline and have it in spring.
    The group discussed the availability of member contact information and Community Solutions suggested incorporating components of the Member Inventory tool into the MSS, since the inventory has not been done in a couple of years. Community Solutions will work with Mary to modify the MSS to include some/all of the Inventory and will send a draft of the updated MSS tool to the Evaluation Team to review in early-mid April. The goal is to launch the MSS in late April/early May, with a two-week survey window. Community Solutions will present the survey summary report at the June Evaluation Team meeting.

III. Chronic Disease Network Analysis Follow Up Discussion
    a. Mary shared the network analysis report examples and the group discussed whether the analysis would be useful to the ICC. While it seems to have some utility for focused components of the ICC (ie – Regional Coalitions, Partner Orgs that are addressing one of the ICCP Goals, etc.), the committee members did not feel that there is a clear or urgent need for it at this time and decided to revisit the opportunity at the June Evaluation Team meeting.

IV. ICC Updates
    a. Annual meeting is postponed until Fall 2020 (date TBD)
    b. The new ICC Coordinator has been named, but there is no firm start date
    c. Project ECHO is ongoing. The engagement levels are a little lower than hoped but will likely increase over time. There is no evaluation data available at this time.

V. Next Steps/Action Commitments
    a. Next Meeting: June (date TBD via May Doodle Poll). Agenda will include:
        i. Review/Update the POS Evaluation Action Plan
        ii. Review MSS Survey Summary and Create an Evaluation Action Plan
        iii. Discuss Network Analysis Evaluation
    b. Community Solutions will create a one-pager summarizing the POS findings to send to survey respondents and ICC members via e-blast.
    c. Community Solutions will work with Mary to incorporate Member Inventory questions into the MSS. They will send the Evaluation Team the updated draft survey by the end of April for review and comment. The MSS will be administered late April/May.
    d. Judi will coordinate a meeting with the people in charge of Radon issues at ISDH, ICC, and Community Solutions.

ICC Evaluation Team Meeting

June 17, 2020

Zoom Link: https://us02web.zoom.us/j/84139528851

Dial In: 1-301-715-8592, Meeting ID:84139528851#

I. Introductions
II. Evaluation Activities
    a. Partner Organization Survey 2020
        i. Evaluation Action Plan Updates
    b. Member Satisfaction Survey 2020
        i. Review Survey Results
        ii. Develop Evaluation Action Plan
    c. Evaluation Priorities – Program, Plan, and Partnerships in PY4
III. Chronic Disease Network Analysis Follow Up Discussion
IV. ICC Updates
    a. ICCP Next Steps
V. Next Steps
    a. Review Evaluation Timeline
    b. Next Meeting: September (date TBD via August Doodle Poll)

Meeting Materials:

- ICC Eval Team Agenda (6-17-20)
- ICC Eval Team Notes (3-12-20)
- 2020 POS Evaluation Action Plan
- 2020 POS Survey One Pager (revised)
- 2020 MSS Summary

Five Year Evaluation Plan Timeline

2017 - 2022

Evaluation Activity	Timeframe	Responsible for Implementation
Implement **Partner Organization Survey**; draft a summary report	January/February	ICC Evaluation Committee, with staff support from Community Solutions, Inc.
Complete and submit **Annual Progress Report**	February	ICCCP Director
Develop/Update an **ICC Logic Model**	March	ICC Director/Advisory Board, with support from Community Solutions, Inc.
Assemble key information into an **ICC Annual Report**	April/May	Advisory Board, with support from other committees and the ICC Director
Implement **ICC Member Satisfaction Survey**; draft a summary report	May	Evaluation Committee / ICC Director, with support from Community Solutions, Inc.
Update **Indicator Progress Update**	May/June	Data Committee/Advisory Board, with support from Community Solutions, Inc.
Participate in **Program Status Calls** with CDC Project Officer	Monthly	ICCCP Director

ICC Evaluation Team Meeting

June 17, 2020

1:00 PM – 2:30 PM

Contents

Introductions

Present: Tim Arndt, Sue Krueger, Mary Robertson, Olivia Hurt, Melanie Eggebrecht, Aubrey Wing .

CSI Staff: Lisa Osterman, Chipo Chavanduka

Lisa gave a brief introduction and welcomed the new members to the to the group. The ICC evaluation team is stakeholders from across the state who help to drive evaluation efforts for comprehensive cancer including the consortium of people who are working to reduce the cancer burden in Indiana as well as the Indiana Cancer Control Plan. We collect information about engagement and the strategies in the plan. This is a group of people who provide insights, guidance, connections, and recommendations. We operate on a five-year cycle in this evaluation work because of the CDC cooperative agreement funding. There are a set of evaluation activities that take place each year that this team works to ensure they are implemented effectively. There's a Partner Organization Survey that asks individuals to identify their progress toward the goals and strategies. We help to manage the logic model for the states work with cancer control. There is also an annual report that is ICC members at the annual meeting. This team also oversees the implementation of the Member Satisfaction Survey (MSS). There are also efforts with the program officer to go over what is happening.

Evaluation Activities

Partner Organization Survey (POS) 2020

- **Evaluation Action Plan Updates**

  The partner organization was implemented last spring and the results/report were reviewed during the last meeting. The Evaluation Action Plan created from this meeting listed two main findings:

  - Low levels of engagement with the radon objective.
    - Mary updated the group that Judi met with the ISDH team that addresses radon and discussed data needs and created a plan to increase engagement.
  - Low levels of engagement with addressing barriers to evidence-based treatment adherence.
    - The group identified an interest in promoting the e-learning series from the George Washington Cancer Series and Project Echo. A member of the group mentioned that they were given a brief introduction of the George Washington Cancer series during a webinar last week,
    - Mary provided an update that George Washington moved their online resources to a new website, but it should now be running. Mary and Tim agreed to partner together to work to lead the effort to increase use and engagement with the e-learning series.

Member Satisfaction Survey 2020

- **Review Survey Results**

  The MSS is an annual survey is designed to assess member engagement with, use of, and satisfaction with the ICC. Portions of the MSS have been administered since 2004, but the survey has grown and evolved to meet the ICC's emerging needs. The survey was administered electronically from to May 14 - 29, 2020 via Survey Monkey. Invitations to complete the survey were sent out to members by the ICC Director. A total of 36 individuals completed the survey sufficiently to be included. The group went through the findings and discussed the results, captured below:

  - What constitutes a member and how does a member get access to the MSS?
    - A member is someone who's signed up to be a member on our website but it was also sent out via our newsletter.
  - Social media doesn't seem very popular as far as a means to get engagement.
  - The group was happy to see they're wanting to see this information from the ICC website.
  - How much have we used social media in the past to really disseminate that information?
    - The ICC twitter gets used a lot and links out to CDC. The ICC LinkedIn has only been used to connect with advertising.
  - The group agreed that the findings around the utilization of social media echo the finding about email being the most utilized from of communication. They also pointed out that social media could serve as an avenue to help increase engagement.

- The group agreed that many activities for the ICC are centrally located and more work could be done to increase activities throughout the state. They also liked the idea of creating a "we heard you" summary that shows what were some of the findings from the MSS Survey to share with members.

An Evaluation Action Plan was created and is attached.

Evaluation Priorities – Program, Plan, and Partnerships in PY4

The group discussed their priorities for next year and identified the need to collect and use more detailed member and partner data. They agree that administering the Member Skills Inventory would help to capture a lot of valuable engagement data to improve the strength of the ICC.

Chronic Disease Network Analysis Follow Up Discussion

Mary explained that there have not been any changes since the last conversation. The committee decided that member engagement is a greater priority and things like the chronic disease network analysis can be addressed later down the road.

ICC Updates

ICCP Next Steps - Mary provided an update on next steps in the development of the next Indiana Cancer Control Plan (ICCP). The current plan ends in 2020. The next phase is going to be developing an update for the next two years and will focus on the data updates with a focus on the for priority areas: HPV, Tobacco, Breast Cancer, and Cervical Cancer. ICC will form four board-led committees and also convene conversations with the community to gather input. Recommendations for people to serve on those committees are welcome.

ICC Annual Meeting - The annual meeting has been rescheduled in person for September 30th. Continuing education credits will be available.

Cancer Facts & Figures - work is currently in progress and will be produced in increments instead of a full report.

Tobacco Cessation Project - on track and going well.

Next Steps

- Next Meeting: September (date TBD via August Doodle Poll) agenda will include:
  - Review/update the 2020 MSS Evaluation Action Plan
  - Review evaluation timeline
  - Review the logic model
  - Review draft of the Member Skills Inventory survey
- Community Solutions will:
  - Send out meeting notes next week
  - Create an evaluation action plan for the 2020 MSS
  - Share the updated indicator data
  - Issue a Doodle Poll in August for the September Quarterly Evaluation Team meeting

APPENDIX C: ICCCP/ICC Logic Model

Program: Indiana Comprehensive Cancer Control Program **Period: July 2019-June 2020**

Inputs

Staff:
Indiana State Department of Health
Comprehensive Cancer Control Program, Cancer Support Community - fiscal agent for
Indiana Cancer Consortium (ICC)

Leadership/Partners
- Indiana Cancer Consortium (ICC) Staff, Members, Committees, and Advisory Board
- ISDH:
  - Breast and Cervical Cancer Program (BCCP)
  - Tobacco Prevention and Cessation (TPC)
  - State Cancer Registry (SCR)
  - Division of Nutritional and Physical Activity (DNPA)
- American Cancer Society-Cancer Action Network
- Behavioral Risk Factor Surveillance System (BRFSS)
- Centers for Disease Control and Prevention (CDC)
- Community Solutions (evaluation and TA)
- George Washington Cancer Institute
- Health by Design
- Indiana Immunization Coalition
- Indiana Healthy Weight Initiative
- Little Red Door

Funding
CDC, State
In-Kind (ACS, IU Simon)

Technology/Tools/Data
Online Statistical Report Generator
CANSTAT
Indiana Cancer Control Plan (ICCP)
Facts & Figures
Toolkits
Social media/website
ICC Newsletter
EventBrite
BRFSS

Outputs

Activities	*Reach*
• Engage Regional Coalitions to increase awareness of and engagement in the ICC, Indiana Cancer Control Plan, and data and evidence-based practices around the state	• 305 people attend events • 30 new ICC members from outside of Marion County
• Work with cancer centers on systematic tobacco cessation	• Work with up to 3 centers by June 2020
• Promote Employer Gold Standard	• Establish up to 20 (currently 13) by June 2020
• Promote Complete Streets	• Promote Health by Design/Complete Street events to ICC members & partners. Target 31 by 2020
• Get trained, design curriculum, secure funding for Project ECHO	• Host 6 sessions with primary care provider engagement
• Work with health centers to improve cancer prevention and control measures	• Work with 3-5 health centers
• Develop and launch HPV vaccination campaign toolkit for Indiana colleges/universities (in partnership with IUPUI, IIC, ISDH, ACS)	• Toolkit created
• Increase survivorship care planning with select partner organizations	• Work with 4-6 primary care providers (1 health system and 3 health centers)
• Support statewide Committees, including Advisory, Advocacy, Data, Employer Gold Standard (ED), Evaluation, and Survivorship	• 6 active statewide committees with representation from throughout the state, including rural communities meeting at least quarterly.
• Connect/collaborate with partner coalitions (e.g.,, IN Immunization Coalition, state and local tobacco cessation groups, Health By Design, Indiana Minority Health Coalition, Indiana Healthy Weight Coalition)	• Regular communication with IIC, TPC, HbD, IMHC

• New member onboarding processes, including:
  - Quarterly reviews of new members
  - Actively recruiting for committees
	• Current Membership: 344; Recruit with a goal of 400 members – target areas of underrepresentation (geographic, sector, skill set)

• Organize and host professional development, educational, networking events	• Annual meeting with 200 participants; Regional summits/events

Outcomes -- Impact

Short-term (by June 2020)	*Long-term (5-Year)*

• Sustainable, diverse funding
• Strong fiscal agent
• Increase staff
• Engaged leadership/buy-in
• Transparent progress report/dashboard on ICCP
  - Health metrics improved
  - Partner engagement high – bought into/working on plan contribution
• Cancer Control Champions in 10/10 Public Health Districts
  - ICC Partner Orgs
  - Regional Coalitions
  - Increase membership – especially in targeted districts
• Primary care providers have increased knowledge of and application of evidence-based practices for cancer prevention and survivorship
	Health Outcomes for Hoosiers
	• Improved rates on all ICCP Objectives
	• Reduced disparities across age, race, ethnicity, and geographic location and progress toward achieving health equity
	
	Cancer Community Climate/Culture
	• Stakeholders understand how to use data to prevent and control cancer.
	• Healthcare providers know and incorporate EBP in cancer prevention, treatment, and survivorship care.
	• Policies and systems support cancer prevention and control in all sectors (healthcare, worksites, school systems)
	
	Partners
	• Strong network of partnerships that are working to achieve health metrics
	• Cancer Control Champions in every Public Health District – achieving broader reach, especially in rural areas
	
	Organizationally
	• ICC is strong, autonomous, and sustainable.
	  - Engaged leadership who buy-in (Advisory Board & Committee level)
	  - Increased and diversified funding
	  - More staff
	  - Stable fiscal agent situation
	  - Greater brand recognition statewide/nationally – seen as thought leader in cancer control

Assumptions: The focus for the ICCCP/ICC for program year 2019-2020 is targeting populations with evidence-based practices through partnerships, initiatives, and technical assistance. There may be an opportunity to expand the staff slightly.

External Factors: Assuming level funding for the 2019-2020 program year and seeking additional funding through supplemental funding, survivorship funding, and foundation grants. There is a strong interest in diversifying funding sources to decrease reliance on annual state and federal funding.

Evaluation: ICC will be evaluated using the 2019-2020 ICCCP Evaluation Plan, which includes the Indicator Progress Report, Member Satisfaction Survey, and Partner Organization Survey. The ICC Evaluation Team reviews all evaluation data and generates findings and recommendations for strengthening the ICC.

[1] The template was adapted by Community Solutions, Inc. from materials provided by the University of Wisconsin – Cooperative Extension, Program Development and Evaluation.

APPENDIX D: ICC Partner Organization Survey Summary

EVALUATING COMPREHENSIVE CANCER CONTROL IN INDIANA

2020 PARTNER ORGANIZATION SURVEY:
EXTENT TO WHICH MEMBER ORGANIZATIONS IMPLEMENT INTERVENTIONS DIRECTLY RELATED TO THE *INDIANA CANCER CONTROL PLAN, 2018-2020*

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INTRODUCTION

The Indiana Cancer Consortium (ICC) is a statewide network of public and private organizations whose mission is to reduce the cancer burden in Indiana. The primary vehicle for doing this, in partnership with the Indiana State Department of Health (ISDH) Comprehensive Cancer Control Section, is the development, implementation, and evaluation of the *Indiana Cancer Control Plan* (ICCP). The *ICCP 2018-2020* was drafted to serve as a targeted roadmap to coordinate cancer control efforts in Indiana, specifically identifying the policies, changes, and actions required at all levels – from the individual to the state – to reduce the cancer burden.

The ISDH provides ongoing support for evaluation of the progress toward the goals and objectives outlined in the ICCP. An integral part of this evaluation includes gathering feedback from ICC partner organizations on the extent to which they have implemented interventions directly related to priorities listed in the ICCP. In coordination with the ICC Evaluation Team, which includes representatives from the ISDH, Community Solutions, Inc. (Community Solutions) developed a survey that measures the extent to which partner organizations are working on the goals, objectives, and strategies listed in the ICCP. The survey was administered for the first time in June/July 2018 to gather baseline information from partner organizations in conjunction with the release of the ICCP and again in January/February 2020. While the Comprehensive Cancer Control in Indiana Five-Year Evaluation Plan states that the Partner Organization Survey should be administered annually in January/February, the ICC Evaluation Committee decided not to administer the survey in 2019 due to the later administration timeframe in 2018.

Information gathered through the Partner Organization Survey is used to assess implementation practices among member organizations and their efforts as they relate to the ICCP, to identify gaps in implementation of the plan, and to develop strategies to redouble efforts where necessary.

METHODOLOGY

In January/February, Community Solutions administered the survey to select representatives of Indiana Cancer Consortium member organizations. An invitation to participate in the survey was sent via email from the ICC Interim Director to a representative from 92 of the ICC's organizational partners. The representatives were identified by the Director and the ICC Evaluation Committee in an effort to administer the survey to someone at each organization who could complete the survey on behalf of the organization as a whole, with potential collaboration from others in the organization. In cases of larger organizations, the survey was sent to representatives of different sections or departments, where there is limited interaction with other departments or the departments are too distinct. The Interim Director also sent several reminders during the administration period, and members of the ICC Advisory Group and Evaluation Committee were asked to send invitations and reminders to the identified representatives.

A total of 30 individuals completed at least a portion of the survey on behalf of their organizations. Of those, 20 respondents representing 20 organizations completed the survey and are therefore included in the summary report. This equals a response rate of 21% of requested organizations. The full list of responding organizations is included as Appendix A.
The survey asks respondents to identify the goals, objectives, and strategies in the ICCP on which their organizations are working. Community Solutions analyzed the quantitative data using descriptive statistics. The results, presented by each goal area of the plan, show the extent to which partner organizations implement interventions directly related to the ICCP. Tables displaying the 2020 survey results to the 2018 baseline are included as Appendix B.

RESULTS

The *ICCP 2018-2020* identifies four goals: Primary Prevention, Early Detection, Treatment, and Survivorship. All respondents indicated that their agencies are addressing the Primary Prevention goal. The goals of Early Detection and Treatment are each being addressed by about one-half of respondent agencies. Finally, over three-quarters of respondents' organizations are addressing the Survivorship goal. Table 1 displays the number and percentage of respondents who indicated that their organizations are addressing a given goal area.

Table 1: Frequency and percentage of respondents who indicated that their agencies are addressing each ICCP goal area.

Goal	Frequency	Percentage
Goal: Prevent cancer from occurring (Primary Prevention)	20	100%
Goal: Increase guideline-based screening for early detection (Early Detection)	10	50%
Goal: Promote informed decision making and assuring accessible and evidence-based treatment (Treatment)	10	50%
Goal: Improve the quality of life for all those affected by cancer (Survivorship)	16	80%

Primary Prevention

When asked whether his/her organization is working toward the goal of preventing cancer from occurring, all 20 respondents said "yes". Survey participants who indicated "yes" were then asked about whether their organizations are working on each specific objective within the Primary Prevention goal.

The objectives are listed below in order of level of engagement, from highest to lowest.

- #2: Reduce the proportion of Hoosiers who use tobacco. (85%)
- #1: Increase the percentage of Hoosiers at a healthful weight. (75%)
- #4: Increase completion rates for vaccines that have been shown to reduce cancer. (45%)
- #3: Reduce exposure to UV rays. (40%)
- #5: Reduce radon exposure. (15%)

Overall, 100% of respondents employed at least one strategy to address primary prevention. Table 2 below includes the levels of engagement for the Primary Prevention goal, objectives, and strategies included in the ICCP. The strategies under each objective are organized into four categories, which are listed below. The number in parentheses represents the average level of engagement from all respondents with each category of strategy across all of the Primary Prevention objectives.

- Implementing policy, systems, and environmental (PSE) changes (95%)
- Supporting provider training and professional development (80%)
- Improving patient access to care, education, and programming (95%)
- Evaluating progress and outcomes (75%)

Table 2: Extent to which organizations implemented interventions directly related to Indiana Cancer Control Plan's Primary Prevention goal, objectives, and strategies.

Primary Prevention		
	Frequency	Percentage
Goal: Prevent cancer from occurring	20	100%
Objective 1: Increase the percentage of Hoosiers at a healthful weight.	**15**	**75%**
Implementing PSE Changes	**13**	**65%**
Increase the number of Hoosiers served by healthy built environments.	5	25%
Require school-based physical activity of at least 30 minutes per day in elementary schools.	3	15%
Support public transportation improvements to ensure healthy eating options are more accessible to all Hoosiers.	4	20%
Develop and strengthen policies and programs that increase access to healthy foods and beverages in communities, workplaces, parks, schools, and childcare environments.	9	45%
Utilize electronic medical records (EMR) to increase screening for obesity and referral to treatment.	6	30%

PSE strategies other than those listed.	*9*	*45%*
Supporting Provider Training and Professional Development	**10**	**50%**
Train health care providers on how to identify and treat obesity in their patients.	5	25%
Train health care providers on brief action planning and motivational interviewing.	5	25%
Train curriculum planners and teachers about how to incorporate physical movement into the school curriculum	4	20%
Promote active space planning with building construction or renovation.	5	25%
Provider education and professional development strategies other than those listed.	*3*	*15%*
Improving Patient Access to Care, Education, and Programming	**14**	**70%**
Develop and strengthen programs that increase access to more options for physical activity in communities, workplaces, parks, schools, and childcare environments.	11	55%
Include physical activity, nutrition, and weight management education as part of a comprehensive cancer prevention and control curriculum in secondary education settings.	3	15%
Support programs and educational campaigns that increase breastfeeding initiation, duration, and exclusivity.	7	35%
Support educational campaigns that emphasize the benefits of physical activity and risks of inactivity and cancer.	10	50%
Promote educational campaigns that emphasize the benefits of healthy nutrition and the risk of poor dietary choices and cancer.	9	45%
Patient access to care, education, and programming strategies other than those listed here.	*5*	*25%*
Evaluating Progress and Outcomes	**11**	**55%**
Maintain and promote surveillance systems to monitor and respond to related adult and youth behavior trends.	4	20%
Evaluating progress and outcomes strategies other than those listed here.	*9*	*45%*
Objective 2: Reduce the proportion of Hoosiers who use tobacco.	***17***	***85%***
Implementing PSE Changes	**15**	**75%**
Increase the price on all tobacco products through a tax parity act that would equalize the total unit price.	7	35%
Advocate for state or local comprehensive smoke-free air laws to protect all Hoosiers from second-hand smoke.	10	50%
Advocate for tobacco-free environments (school and campus, work and grounds, home, and public).	11	55%
Increase the number of health care systems that have integrated the Indiana Tobacco Quitline referral into their EMR.	8	40%
Increase funding level for the state tobacco control program.	7	35%
PSE strategies other than those listed.	*7*	*35%*
Supporting Provider Training and Professional Development	**13**	**65%**

Improve the capacity of health care providers to identify youth tobacco users at annual visits and to provide appropriate tobacco treatment counseling.	7	35%
Educate and encourage health plans, employers, and health insurance providers to provide comprehensive tobacco use cessation as a health care benefit.	7	35%
Educate decision makers and the public on the need for a statewide smoke-free air law that covers all workplaces and all workers.	8	40%
Promote active space planning with building construction or renovation.	5	25%
Provider education and professional development strategies other than those listed.	*6*	*30%*
Improving Patient Access to Care, Education, and Programming	**17**	**85%**
Conduct counter-marketing, anti-tobacco campaigns targeted at youth and adults.	6	30%
Encourage statewide school stakeholder organizations and youth-serving organizations to include tobacco prevention in strategic planning.	3	15%
Create initiatives to encourage physicians and other health care professionals to take a more active role with their patients in smoking cessation.	8	40%
Promote the services available through the Indiana Tobacco Quitline.	14	70%
Utilize online and social media strategies to generate messages that can be disseminated to targeted audiences.	10	50%
Support consumer education initiatives encouraging individuals to adopt healthy behaviors.	8	40%
Patient access to care, education, and programming strategies other than those listed here.	*7*	*35%*
Evaluating Progress and Outcomes	**11**	**55%**
Maintain and promote surveillance systems to monitor and respond to related adult and youth tobacco use trends.	5	25%
Evaluating progress and outcomes strategies other than those listed here.	*8*	*40%*
Objective 3: Reduce exposure to UV rays.	**8**	**40%**
Implementing PSE Changes	**7**	**35%**
Ban the use of tanning beds for minors.	1	5%
Increase taxation of tanning bed providers.	0	0%
Incorporate sun safety education into required school curriculum at the district or state level.	3	15%
Increase campus policies that discourage indoor tanning.	1	5%
Advocate for shade planning in the overall process of designing, building, and improving outdoor spaces.	2	10%
PSE strategies other than those listed.	*5*	*35%*
Supporting Provider Training and Professional Development	**6**	**30%**

Increase clinician counseling in primary care settings to patients with fair skin aged 10-24 years to minimize UV exposure and reduce the risk of skin cancer.	5	15%
Educate university health care related programs (medical schools, nursing schools, etc.) on sun safety and skin cancer.	4	20%
Provider education and professional development strategies other than those listed.	*4*	*20%*
Improving Patient Access to Care, Education, and Programming	**5**	**25%**
Establish agreements with vendors in outdoor recreational areas to sell sun protection equipment.	1	5%
Provide broad-spectrum sunscreen with an SPF of 15 or higher in dispensers with prompts and signs that tell people how to apply sunscreen in high-UV areas.	4	20%
Develop and promote effective messaging that educates on sun safety and skin cancer prevention education in schools, workplaces, health systems, and outdoor spaces.	5	25%
Include sun safety and skin cancer education as part of a comprehensive cancer prevention and control curriculum in secondary education settings.	1	5%
Patient access to care, education, and programming strategies other than those listed here.	*2*	*10%*
Evaluating Progress and Outcomes	**5**	**25%**
Develop system to track, measure, and evaluate adherence to key performance standards.	1	5%
Maintain and promote surveillance systems to monitor and respond to related adult and youth behavior trends.	2	10%
Promote shade auditing processes and tools to help ensure effective shade planning.	0	0%
Evaluating progress and outcomes strategies other than those listed here.	*2*	*10%*
Objective 4: Increase completion rates for vaccines that have been shown to reduce cancer.	**9**	**45%**
Implementing PSE Changes	**8**	**40%**
Support inclusion of HPV vaccination as part of vaccination regime for students entering sixth grade.	4	20%
Achieve insurer-based incentives for providers who increase their adolescent vaccine completion outcomes to achieve a 95% adolescent vaccination rate in their patient populations.	0	0%
Implement provider vaccination reminders into EMR systems as well as patient reminder/recall systems to improve vaccination series completion.	5	25%
Advocate for ISDH use of evidence-based reminder recall messaging to increase HPV vaccination completion.	2	10%
Advocate for pharmacy-based opportunities to offer HPV vaccinations.	3	15%
PSE strategies other than those listed.	*1*	*5%*
Supporting Provider Training and Professional Development	**8**	**40%**

Target HPV vaccination communication messaging to pediatricians who report adolescent vaccinations but not HPV.	4	20%
Encourage clear communication from doctors, nurses, and other health care professionals about the negative health impact of HPV infection and the importance of the HPV vaccine to cancer prevention.	6	30%
Encourage health care professionals to routinely and strongly recommend HPV vaccination as part of the adolescent vaccination platform at ages 11-12 years (MCV4, HPV, Tdap, and Influenza vaccines).	6	30%
Offer HPV vaccine continuing medical education for primary care, family medicine, obstetrics, and advanced practice health care providers.	4	20%
Encourage public and private insurers to incentivize physicians who complete the entire adolescent vaccine regime (including HPV).	1	5%
Provider education and professional development strategies other than those listed.	*1*	*5%*
Improving Patient Access to Care, Education, and Programming	**9**	**45%**
Achieve a standing order allowing for all adolescent vaccinations to be covered in non-traditional settings by insurers, Medicaid, Vaccines for Children (VFC), etc. (example settings: pharmacies and schools).	1	5%
Improve access to HPV vaccination through programs that bring vaccination to schools and organized child-care settings.	2	10%
Conduct educational campaigns to increase public awareness of the link between HPV and cancer.	6	30%
Patient access to care, education, and programming strategies other than those listed here.	*3*	*15%*
Evaluating Progress and Outcomes	**7**	**35%**
Issue a "Cancer Vaccine Report Card" for Indiana with focus on cancer-causing vaccines for preventable diseases (Hep B and HPV).	1	5%
Promote the use of data from national surveillance systems.	4	20%
Evaluating progress and outcomes strategies other than those listed here.	*3*	*15%*
Objective 5: Reduce radon exposure.	**3**	**15%**
Implementing PSE Changes	**3**	**15%**
Require radon testing every two years and mitigation policies for public places - worksites, local schools and school districts, day care centers and licensed home day care providers, city, county, and state-owned public buildings.	1	5%
Require radon disclosures tested in last two years as part of single or multifamily homes or apartment sales.	0	0%
Require home mortgage lending sources to require radon testing and mitigation (including leasing, refinancing, etc.).	0	0%
Require new homebuilders to use radon-resistant techniques as outlined in the International Residential Code for One- and Two-Family Dwellings.	0	0%
PSE strategies other than those listed.	*3*	*15%*
Supporting Provider Training and Professional Development	**3**	**15%**

Educate health care providers, including physicians, nurses, and respiratory therapists on radon.	2	10%
Include questions about in-home radon testing every two years as part of healthy lifestyle provider questions.	1	5%
Include questions about in-home radon testing by lung cancer medical personnel, such as pulmonologists, pulmonary disease specialists, and respiratory therapy providers.	2	10%
Educate university health care related programs (medical schools, nursing schools, etc.) on radon.	2	10%
Provider education and professional development strategies other than those listed.	*0*	*0%*
Improving Patient Access to Care, Education, and Programming	**3**	**15%**
Educate realtors on radon.	0	0%
Increase access by promoting low-cost radon test kits obtained from local health departments.	2	10%
Conduct public awareness campaigns to educate on radon and exposure related illnesses.	3	15%
Patient access to care, education, and programming strategies other than those listed here.	*1*	*5%*
Evaluating Progress and Outcomes	**3**	**15%**
Support surveillance systems that increase the use and quality of data.	2	10%
Evaluating progress and outcomes strategies other than those listed here.	*1*	*5%*

Survey participants who reported that their agencies participate in strategies in each category other than those listed in the ICCP were asked to specify the other Primary Prevention strategies they address. The Primary Prevention strategies identified – in this or corresponding sections in Early Detection, Treatment, and Survivorship are listed below. While most responses are included as written, some have been edited for typos or clarity.

- Our organization is touching on each of the above issues by educating through our regional workshops, newsletters, and social media campaigns.
- YWCA Greater Lafayette is administering the WISEWOMAN Program for Central Indiana. The IN-WISEWOMAN Program addresses the burden of cardiovascular disease, the state's leading cause of death, by helping women understand and reduce their risk for heart disease and stroke. The program provides cardiovascular disease screenings, as well as evidence-based lifestyle programs and health coaching to promote heart-healthy lifestyles. Referrals are made to Healthy Behavior Support Services, which includes Take Off Pounds Sensibly, Diabetes Prevention Program and Eat Smart Move More. WISEWOMAN also offers health coaching. Health Coaching can offer nutrition and physical activity counseling, weight loss programs and tobacco cessation.
- Education, screenings and prevention community outreach booths on sun/skin safety, radon awareness and testing kits, nutrition and weight loss classes, HPV vaccine awareness and facts
- The Harper Cancer Research Institute is working with community partners to help the Federally Qualified Health Centers in a variety of ways.

- Working with a number of organizations to build a Medical Neighborhood in an identified area.
- We do significant partnership support for community-based groups that are closer to key cultures in our community (Amish, Hispanic) to education them in culturally normative ways on UV rays/skin cancer, tobacco use risk and vaccines.
- We are part of several different coalitions working in school units focusing on healthful weight, movement/exercise and nutrition.
- Outrun the Sun works with community groups including the Girl Scouts, Boy Scouts, camps and more to teach children and adults about sun safety.

Early Detection

When asked whether his/her organization is working toward the goal of increasing early detection and appropriate screening for cancer, ten of the 20 respondents said "yes".

The only objective under the Early Detection goal area is Objective 1: Increase rates of evidence-based screening, in which 50% of respondents' organizations engage.

Overall, 50% of respondents employed at least one strategy to address early detection. Table 3 below includes the levels of engagement for the Early Detection goal, objective, and strategies included in the ICCP. The strategies under the objective are organized into four categories, which are listed below, along with the level of engagement from all respondents in each category.

- Implementing PSE changes (35%)
- Supporting provider training and professional development (35%)
- Improving patient access to care, education, and programming (50%)
- Evaluating progress and outcomes (30%)

Table 3: Extent to which organizations implemented interventions directly related to Indiana Cancer Control Plan's Early Detection goal, objectives, and strategies.

Early Detection		
	Frequency	Percentage
Goal: Increase guideline-based screening for early detection.	10	50%
Objective 1: Increase rates of evidence-based cancer screening.	**10**	**50%**
Implementing PSE Changes	**7**	**35%**
Advocate for legislative investment in cancer screening, especially in underserved populations (rural and underinsured).	1	5%
Advocate for third party payer coverage of recommended cancer screenings according to USPSTF to determine gaps in coverage.	4	20%
Encourage Hoosier employers to join the Indiana Cancer Consortium's Employer Gold Standard or the National CEO Employer Gold Standard.	2	10%
Expand the use of provider reminder systems, small media, and one-on-one education for cancer screening.	5	25%
PSE strategies other than those listed.	*1*	*5%*
Supporting Provider Training and Professional Development	**3**	**15%**
Promote informed and shared decision making about the benefits, risks, and options for all cancer screenings.	7	35%
Provider education and professional development strategies other than those listed.	*1*	*5%*
Improving Patient Access to Care, Education, and Programming	**10**	**50%**
Promote free screenings to low-income, uninsured, and underinsured women.	8	40%

Provide simple language and tools for health care providers to use to discuss screening recommendations with patients.	3	15%
Utilize patient reminder tools and decision aids to inform patients about cancer screening recommendations.	6	30%
Improve access to cancer screenings by enhancing capacity and provider knowledge (number of providers, training opportunities, expanded clinic hours, lower cost opportunities, etc.).	6	30%
Conduct campaigns to increase public awareness of the risks of cancer as well as the benefits and risks of cancer screening and early detection.	6	30%
Disseminate culturally appropriate decision-making information regarding cancer screening guidelines and the options patients have regarding all cancer screenings.	4	20%
Reduce financial barriers for medically underserved populations.	5	25%
Patient access to care, education, and programming strategies other than those listed here.	*1*	*5%*
Evaluating Progress and Outcomes	**6**	**30%**
Support surveillance systems that increase the use and quality of data.	5	25%
Evaluating progress and outcomes strategies other than those listed here.	*2*	*10%*

Survey participants who reported that their agencies participate in strategies in each category other than those listed in the ICCP were asked to specify the other Early Detection strategies they address. The Early Detection strategies identified – in this or corresponding sections in Primary Prevention, Treatment, and Survivorship are listed below. While most responses are included as written, some have been edited for typos or clarity.

- Find prostate cancer
- The Harper Cancer Research Institute is working with community partners to help individuals who are homeless get access to cancer screening.
- We are working with FQHCs on cancer screening.
- We established a regional screening and education program around appropriate colorectal screening. It also took into account financial distress and/or low-income individuals. We offer free lung CT screenings for those who qualify CLINICALLY (no financial driver necessary). We go out directly to underserved communities for free screens and education. We have partnered for many years with BCCP to support low income women for screening mammograms.

Treatment

When asked whether his/her organization is working toward the goal of promoting informed decision making and assuring accessible and evidence-based treatment, 10 of the 20 respondents said "yes". Survey participants who indicated "yes" or "don't know" were then asked about whether their organizations are working on each specific objective within the Treatment Goal.

The objectives are listed below in order of level of engagement, from highest to lowest.

- #1: Decrease variation in cancer treatment by improving adherence to evidence-based standards of care. (45%)
- #2: Increase participation in clinical trials. (35%)
- #3: Increase the number of updated advance care planning documents for all cancer patients. (20%)

Overall, 50% of respondents employed at least one strategy to address treatment. Table 4 below includes the levels of engagement for the Treatment goal, objectives, and strategies included in the ICCP. The strategies under each objective are organized into four categories, which are listed below. The number in parentheses represents the average level of engagement from all respondents with each category of strategy across all of the Treatment objectives.

- Implementing PSE changes (45%)
- Supporting provider training and professional development (45%)
- Improving patient access to care, education, and programming (45%)
- Evaluating progress and outcomes (45%)

Table 4: Extent to which organizations implemented interventions directly related to Indiana Cancer Control Plan's Treatment Goal, Objectives, and Strategies.

Treatment		
	Frequency	Percentage
Goal: Promote informed decision making and assure accessible and evidence-based treatment.	10	50%
Objective 1: Decrease variation in cancer treatment by improving adherence to evidence-based standards of care.	**9**	**45%**
Implementing PSE Changes	**9**	**45%**
Work to promote and support the efforts of health care providers and health systems to meet national standards on accreditation, certification, and other recognition.	4	20%
Develop systems to refer cancer patients to appropriate, evidence-based cancer support services (therapy, nutrition, smoking cessation).	7	35%
Utilize EMRs to implement standards of care.	2	10%
Encourage intra- and inter-network access to multidisciplinary tumor board conferences.	3	15%
PSE strategies other than those listed.	*0*	*0%*
Supporting Provider Training and Professional Development	**9**	**45%**

Increase practitioner awareness and utilization of evidence-based treatment and surveillance guidelines for cancer care.	5	25%
Promote educational initiatives and resources that outline evidence-based treatment guidelines (such as those outlined by the National Comprehensive Cancer Network) aimed at decreasing practice variation.	5	25%
Support individualized cancer therapies by increasing provider engagement and competencies in informed and shared decision making.	2	10%
Provider education and professional development strategies other than those listed.	*2*	*10%*
Improving Patient Access to Care, Education, and Programming	**9**	**45%**
Utilize leading cancer agencies as patient resources for information and advertise appropriate contact information for local representatives.	6	30%
Promote referrals to evidence-based smoking cessation, rehabilitation, and nutrition and physical activity support services throughout the continuum of care.	5	25%
Ensure communications and services are accessible to all patient populations.	5	25%
Patient access to care, education, and programming strategies other than those listed here.	*2*	*10%*
Evaluating Progress and Outcomes	**7**	**35%**
Develop system to track, measure, and evaluate adherence to key performance standards for non-CoC accredited hospitals.	3	15%
Build partnership with CoC to track performance of Indiana accredited hospitals.	3	15%
Evaluating progress and outcomes strategies other than those listed here.	*2*	*10%*
Objective 2: Increase participation in clinical trials.	**7**	**35%**
Implementing PSE Changes	**6**	**30%**
Develop structural changes that minimize barriers for clinical trial research, enrollment, and follow-up (clinical trial coordinators, patient advocates).	1	5%
Incorporate clinical trials in clinical care algorithms, where appropriate.	2	10%
Develop and implement provider reminder systems that identify patients eligible for clinical trials.	3	15%
PSE strategies other than those listed.	*3*	*15%*
Supporting Provider Training and Professional Development	**4**	**20%**
Educate healthcare providers on the availability, purpose, and benefits of clinical trials.	4	20%
Improve health and prevent harm through valid and useful genomic tools in clinical and public health practices.	2	10%
Provider education and professional development strategies other than those listed.	*1*	*5%*
Improving Patient Access to Care, Education, and Programming	**7**	**35%**
Inform cancer patients about the availability, purpose, and the potential benefits and risks of clinical trials.	6	30%

Develop a statewide tumor/tissue bank to be paired with information in the Indiana State Cancer Registry.	1	5%
Develop and implement public educational campaigns to promote clinical trials.	3	15%
Patient access to care, education, and programming strategies other than those listed here.	*2*	*10%*
Evaluating Progress and Outcomes	**4**	**20%**
Support surveillance systems that increase the use and quality of data.	4	20%
Recognize state-based cancer researchers and clinical trial initiatives.	2	10%
Evaluating progress and outcomes strategies other than those listed here.	*3*	*15%*
Objective 3: Increase the number of updated advance care planning documents for all cancer patients.	**4**	**20%**
Implementing PSE Changes	**4**	**20%**
Incorporate structural changes that increase the accessibility and use of advance care documents.	1	5%
Utilize EMRs to improve the availability, implementation, and review of a patient's advance care plan.	3	15%
Develop structural changes that aid in the ability to implement an advance care plan throughout cancer treatment and survivorship.	1	5%
PSE strategies other than those listed.	*1*	*5%*
Supporting Provider Training and Professional Development	**4**	**20%**
Educate providers about the purpose and importance of advance care planning.	2	10%
Support clinicians in completing specialized training to facilitate advance care planning conversations.	1	5%
Increase awareness of role and responsibility cancer teams have in implementing advance care planning.	3	15%
Develop and promote trainings for end-of-life conversations.	2	10%
Ensure primary care providers are engaging in advance care planning conversations.	1	5%
Provider education and professional development strategies other than those listed.	*0*	*0%*
Improving Patient Access to Care, Education, and Programming	**4**	**20%**
Provide tools and resources that facilitate culturally competent conversations about advance care planning.	4	20%
Develop resources that explain the advance care planning process to diverse cancer patient populations.	1	5%
Conduct educational campaigns about the purpose and importance of advance care planning.	1	5%
Increase access to palliative and hospice care throughout the cancer care continuum.	2	10%
Patient access to care, education, and programming strategies other than those listed here.	*0*	*0%*

Evaluating Progress and Outcomes	**4**	**20%**
Develop system to track, measure, and evaluate adherence to key performance standards.	2	10%
Support surveillance systems that increase the use and quality of data.	3	15%
Use quality improvement measures to assess baseline rates of advance care planning.	1	5%
Regularly monitor rates of advance care planning in diverse cancer patient populations.	1	5%
Evaluating progress and outcomes strategies other than those listed here.	*0*	*0%*

Survey participants who reported that their agencies participate in strategies in each category other than those listed in the ICCP were asked to specify the other Treatment strategies they address. The Treatment strategies identified – in this or corresponding sections in Primary Prevention, Early Detection, and Survivorship are listed below While most responses are included as written, some have been edited for typos or clarity.

- Find treatment for prostate cancer
- The Harper Cancer Research Institute is working with community partners to help individuals who are homeless get access to care if they receive a cancer diagnosis.
- We are working with FQHCs on follow-up to make sure they receive the care after a diagnosis.
- Follow national guidelines
- Ensure evidence-based programs (like Livestrong at the YMCA), are included in cancer patient treatment plans and included as referral option.
- We are partnered with Harper Cancer Research Institute to complete genomic analyses of our samples over time and have other partnerships broadly throughout the world focused on advance care options for patients long term.
- We are looking to partner to expand our existing clinical trials infrastructure.

Survivorship

When asked whether his/her organization is working toward the goal of improving quality of life for all those affected by cancer, 16 of the 20 respondents said "yes". Survey participants who indicated "yes" or "don't know" were then asked about whether their organizations are working on each specific Objective within the Survivorship Goal.

The objectives are listed below in order of level of engagement, from highest to lowest.

- #3: Improve healthy lifestyle behaviors of cancer survivors. (60%)
- #1: Increase the delivery of comprehensive, individualized survivorship care plans. (50%)
- #2: Decrease the number of reported unhealthy days among cancer survivors. (35%)

Overall, 80% of respondents employed at least one strategy to address survivorship. Table 5 below includes the levels of engagement for the Survivorship goal, objectives, and strategies included in the ICCP. The strategies under each objective are organized into four categories, which are listed below. The number in parentheses represents the average level of engagement from all respondents with each category of strategy across all of the Survivorship objectives.
Implementing PSE changes (55%)

- Supporting provider training and professional development (55%)
- Improving patient access to care, education, and programming (45%)
- Evaluating progress and outcomes (45%)

Table 5: Extent to which organizations implemented interventions directly related to Indiana Cancer Control Plan's Survivorship Goal, Objectives, and Strategies.

Survivorship		
	Frequency	Percentage
Goal: Improving the quality of life for all those affected by cancer.	16	80%
Objective 1: Increase the delivery of comprehensive, individualized survivorship care plans.	**10**	**50%**
Implementing PSE Changes	**8**	**40%**
Support funding for survivorship research in cancer treatment follow-up care.	5	20%
Build existing treatment summaries into systems of care.	4	20%
Design benefits, payment policies, and reimbursement mechanisms to facilitate coverage for evidence-based aspects of care and care plan services.	0	0%
Support systems to auto-populate survivorship care plans.	3	15%
Minimize adverse effects of cancer on employment.	3	15%
PSE strategies other than those listed.	*1*	*5%*
Supporting Provider Training and Professional Development	**8**	**40%**
Support Indiana providers in achieving national standards for distributing survivorship care plans.	3	15%

Increase practitioner awareness of evidence-based survivorship guidelines such as those published by the American Cancer Society.	4	20%
Promote coordinated care within health care teams to assist survivors in receiving appropriate follow-up care.	7	35%
Provide educational opportunities to health care professionals to educate them on the post-treatment care and quality of life issues facing cancer survivors.	4	20%
Recognize survivorship care as an essential part of cancer care.	6	30%
Provider education and professional development strategies other than those listed.	*1*	*5%*
Improving Patient Access to Care, Education, and Programming	**8**	**40%**
Ensure cancer survivors have access to adequate and affordable health insurance.	3	15%
Promote cultural awareness in cancer planning material and messaging to accommodate all cancer survivors.	6	30%
Patient access to care, education, and programming strategies other than those listed here.	*2*	*10%*
Evaluating Progress and Outcomes	**8**	**40%**
Support surveillance systems that increase the use and quality of data.	5	25%
For CoC accredited institutions, follow the participation in survivorship care plans as outlined in Standard 3.3.	3	15%
Evaluating progress and outcomes strategies other than those listed here.	*2*	*10%*
Objective 2: Decrease the number of reported unhealthy days among cancer survivors.	**7**	**35%**
Implementing PSE Changes	**5**	**25%**
Develop and enhance patient-centered navigation systems and pathways based on best practices to ensure optimum care across the continuum of cancer survivorship.	2	10%
Minimize adverse effects of cancer on employment.	3	15%
PSE strategies other than those listed.	*2*	*10%*
Supporting Provider Training and Professional Development	**5**	**25%**
Provide educational opportunities to health care professionals to educate them on the post-treatment care and quality of life issues facing cancer survivors.	4	20%
Provider education and professional development strategies other than those listed.	*1*	*5%*
Improving Patient Access to Care, Education, and Programming	**7**	**35%**
Promote the use of survivorship care plans by health care providers.	4	20%
Improve the quality of life for cancer survivors by providing referrals to rehabilitation services that address physical, social, and emotional needs.	4	20%
Increase awareness about healthy living and physical and mental health after a cancer diagnosis.	6	30%

Increase knowledge of survivorship issues for the general public, cancer survivors, health care professionals, and policy makers.	4	20%
Patient access to care, education, and programming strategies other than those listed here.	*0*	*0%*
Evaluating Progress and Outcomes	**4**	**20%**
Support surveillance systems that increase the use and quality of data.	4	20%
Evaluating progress and outcomes strategies other than those listed here.	*0*	*0%*
Objective 3: Improve healthy lifestyle behaviors of cancer survivors.	**12**	**60%**
Implementing PSE Changes	**8**	**40%**
Promote policy changes that support addressing cancer as a long-term, chronic disease.	4	20%
Increase the dissemination and utilization of survivorship care plans that include information about healthy lifestyle behaviors.	4	20%
PSE strategies other than those listed.	*2*	*10%*
Supporting Provider Training and Professional Development	**9**	**45%**
Educate health professionals in local media communities through grand rounds, tumor board meetings, continue education trainings, and other venues about healthy lifestyle behaviors for survivors in order to reduce their risk of cancer recurrence and new cancers (and symptoms from disease and treatment).	6	30%
Establish educational forums for providers on survivorship in partnership with professional organizations.	3	15%
Provider education and professional development strategies other than those listed.	*2*	*10%*
Improving Patient Access to Care, Education, and Programming	**10**	**50%**
Promote tobacco cessation in cancer patients and survivors.	7	35%
Promote the concept of survivorship as a chronic condition that people can live with and manage with healthy lifestyle behaviors.	6	30%
Establish educational forums for patients on survivorship in partnership with professional organizations.	5	25%
Develop primary prevention education programs to inform survivors about their susceptibility and any behavioral changes they can make to reduce their risk.	6	30%
Support programs that emphasize the importance of appropriate physical activity and nutrition during and after cancer treatment.	4	20%
Patient access to care, education, and programming strategies other than those listed here.	*3*	*15%*
Evaluating Progress and Outcomes	**7**	**35%**
Support surveillance systems that increase the use and quality of data.	5	25%
Evaluating progress and outcomes strategies other than those listed here.	*3*	*15%*

Survey participants who reported that their agencies participate in strategies in each category other than those listed in the ICCP were asked to specify the other Survivorship strategies they address. The Survivorship strategies identified – in this or corresponding sections in Primary Prevention, Early Detection, and Treatment are listed below While most responses are included as written, some have been edited for typos or clarity.

- Increase referrals to evidence-based survivorship programs (Livestrong at the YMCA)
- Much of the impact that HCRI has on the survivors, is through the support and collaborations with the FQHCs, American Cancer Society, and RiverBend Cancer Services.

CONCLUSIONS

The 2020 Partner Organization Survey provides updated data about the extent to which partner organizations are working to advance the agenda outlined in the *ICCP 2018-2020*, with one year left to go. The results indicate that partners are already actively engaged in working toward all of the goal areas and objectives, as well as the majority of the strategies. More than three-in-five respondents' agencies are working to address each goal area. While the level of engagement in each objective under the goal areas varies, at least one-third of respondents are engaged in each objective, with two exceptions: Primary Prevention Objective 4 (reducing radon exposure) [15%], and Treatment Objective 3 (increasing the number of updated advance care planning documents for all cancer patients) [20%]. Similarly, there is a wide range of engagement in the various strategies under each objective. However, on average, the greatest shares of partner organizations are engaged in strategies related to Improving Patient Access to Care, Education, and Programming and least engaged in strategies related to Evaluating Progress and Outcomes.

Overall, there at least some is demonstrated engagement in all areas of the *ICCP 2018-2020*, which is a strong position for the ICC and the ISDH to build continued engagement in the final year of this plan.. The Partner Organization Survey will be administered again in 2020, which will enable ICC and ISDH leaders to assess whether engagement in the strategies put forward in the *ICCP 2018-2020* has increased.

APPENDIX A: Respondent Organizations

Included below are the 20 organizations who completed the Partner Organization Survey sufficiently to be included in the analysis.

Ascension St. Vincent Evansville
Cancer Support Community Central Indiana
Central Indiana Prostate Foundation, Inc.
Clark Memorial Health
Community Action of Southern Indiana
Digestive Health
Goshen Center for Cancer Care
Harper Cancer Research Institute
Indiana CTSI
Indiana Rural Health Association
Indiana State Department of Health (Division of Chronic Disease/Cancer Section)
Indiana University School of Medicine
Little Red Door Cancer Agency
Outrun the Sun
Porter Regional Hospital
Smokefree Communities
Tobacco Free Allen County
YMCA of Greater Indianapolis
YMCA of Southwestern Indiana
YWCA Greater Lafayette

APPENDIX B: Comparisons to 2018 Baseline

Goal	2018 (n=29)	2020 (n=20)
Goal: Prevent cancer from occurring (Primary Prevention)	90%	100%
Goal: Increase guideline-based screening for early detection (Early Detection)	62%	50%
Goal: Promote informed decision making and assuring accessible and evidence-based treatment (Treatment)	62%	50%
Goal: Improve the quality of life for all those affected by cancer (Survivorship)	72%	80%

Primary Prevention		
	2018 (n=29)	2020 (n=20)
Goal: Prevent cancer from occurring	90%	100%
Objective 1: Increase the percentage of Hoosiers at a healthful weight.	**66%**	**75%**
Implementing PSE Changes	**62%**	**65%**
Increase the number of Hoosiers served by healthy built environments.	21%	25%
Require school-based physical activity of at least 30 minutes per day in elementary schools.	17%	15%
Support public transportation improvements to ensure healthy eating options are more accessible to all Hoosiers.	28%	20%
Develop and strengthen policies and programs that increase access to healthy foods and beverages in communities, workplaces, parks, schools, and childcare environments.	38%	45%
Utilize electronic medical records (EMR) to increase screening for obesity and referral to treatment.	38%	30%
PSE strategies other than those listed.	*14%*	*45%*
Supporting Provider Training and Professional Development	**52%**	**50%**
Train health care providers on how to identify and treat obesity in their patients.	17%	25%
Train health care providers on brief action planning and motivational interviewing.	21%	25%
Train curriculum planners and teachers about how to incorporate physical movement into the school curriculum	7%	20%
Promote active space planning with building construction or renovation.	10%	25%

Provider education and professional development strategies other than those listed.	*41%*	*15%*
Improving Patient Access to Care, Education, and Programming	**69%**	**70%**
Develop and strengthen programs that increase access to more options for physical activity in communities, workplaces, parks, schools, and childcare environments.	31%	55%
Include physical activity, nutrition, and weight management education as part of a comprehensive cancer prevention and control curriculum in secondary education settings.	17%	15%
Support programs and educational campaigns that increase breastfeeding initiation, duration, and exclusivity.	28%	35%
Support educational campaigns that emphasize the benefits of physical activity and risks of inactivity and cancer.	55%	50%
Promote educational campaigns that emphasize the benefits of healthy nutrition and the risk of poor dietary choices and cancer.	41%	45%
Patient access to care, education, and programming strategies other than those listed here.	*31%*	*25%*
Evaluating Progress and Outcomes	**52%**	**55%**
Maintain and promote surveillance systems to monitor and respond to related adult and youth behavior trends.	14%	20%
Evaluating progress and outcomes strategies other than those listed here.	*45%*	*45%*
Objective 2: Reduce the proportion of Hoosiers who use tobacco.	***72%***	***85%***
Implementing PSE Changes	**62%**	**75%**
Increase the price on all tobacco products through a tax parity act that would equalize the total unit price.	31%	35%
Advocate for state or local comprehensive smoke-free air laws to protect all Hoosiers from second-hand smoke.	38%	50%
Advocate for tobacco-free environments (school and campus, work and grounds, home, and public).	45%	55%
Increase the number of health care systems that have integrated the Indiana Tobacco Quitline referral into their EMR.	34%	40%
Increase funding level for the state tobacco control program.	24%	35%
PSE strategies other than those listed.	*21%*	*35%*
Supporting Provider Training and Professional Development	**66%**	**65%**
Improve the capacity of health care providers to identify youth tobacco users at annual visits and to provide appropriate tobacco treatment counseling.	31%	35%
Educate and encourage health plans, employers, and health insurance providers to provide comprehensive tobacco use cessation as a health care benefit.	38%	35%
Educate decision makers and the public on the need for a statewide smoke-free air law that covers all workplaces and all workers.	28%	40%
Promote active space planning with building construction or renovation.	7%	25%

Provider education and professional development strategies other than those listed.	*17%*	*30%*
Improving Patient Access to Care, Education, and Programming	**69%**	**85%**
Conduct counter-marketing, anti-tobacco campaigns targeted at youth and adults.	28%	30%
Encourage statewide school stakeholder organizations and youth-serving organizations to include tobacco prevention in strategic planning.	10%	15%
Create initiatives to encourage physicians and other health care professionals to take a more active role with their patients in smoking cessation.	31%	40%
Promote the services available through the Indiana Tobacco Quitline.	59%	70%
Utilize online and social media strategies to generate messages that can be disseminated to targeted audiences.	24%	50%
Support consumer education initiatives encouraging individuals to adopt healthy behaviors.	45%	40%
Patient access to care, education, and programming strategies other than those listed here.	*21%*	*35%*
Evaluating Progress and Outcomes	**48%**	**55%**
Maintain and promote surveillance systems to monitor and respond to related adult and youth tobacco use trends.	28%	25%
Evaluating progress and outcomes strategies other than those listed here.	*31%*	*40%*
Objective 3: Reduce exposure to UV rays.	**41%**	**40%**
Implementing PSE Changes	**34%**	**35%**
Ban the use of tanning beds for minors.	7%	5%
Increase taxation of tanning bed providers.	0%	0%
Incorporate sun safety education into required school curriculum at the district or state level.	14%	15%
Increase campus policies that discourage indoor tanning.	7%	5%
Advocate for shade planning in the overall process of designing, building, and improving outdoor spaces.	7%	10%
PSE strategies other than those listed.	*17%*	*35%*
Supporting Provider Training and Professional Development	**24%**	**30%**
Increase clinician counseling in primary care settings to patients with fair skin aged 10-24 years to minimize UV exposure and reduce the risk of skin cancer.	14%	15%
Educate university health care related programs (medical schools, nursing schools, etc.) on sun safety and skin cancer.	10%	20%
Provider education and professional development strategies other than those listed.	*14%*	*20%*
Improving Patient Access to Care, Education, and Programming	**41%**	**25%**
Establish agreements with vendors in outdoor recreational areas to sell sun protection equipment.	7%	5%

Provide broad-spectrum sunscreen with an SPF of 15 or higher in dispensers with prompts and signs that tell people how to apply sunscreen in high-UV areas.	14%	20%
Develop and promote effective messaging that educates on sun safety and skin cancer prevention education in schools, workplaces, health systems, and outdoor spaces.	28%	25%
Include sun safety and skin cancer education as part of a comprehensive cancer prevention and control curriculum in secondary education settings.	14%	5%
Patient access to care, education, and programming strategies other than those listed here.	*17%*	*10%*
Evaluating Progress and Outcomes	**31%**	**25%**
Develop system to track, measure, and evaluate adherence to key performance standards.	7%	5%
Maintain and promote surveillance systems to monitor and respond to related adult and youth behavior trends.	3%	10%
Promote shade auditing processes and tools to help ensure effective shade planning.	3%	0%
Evaluating progress and outcomes strategies other than those listed here.	*21%*	*10%*
Objective 4: Increase completion rates for vaccines that have been shown to reduce cancer.	**45%**	**45%**
Implementing PSE Changes	**41%**	**40%**
Support inclusion of HPV vaccination as part of vaccination regime for students entering sixth grade.	31%	20%
Achieve insurer-based incentives for providers who increase their adolescent vaccine completion outcomes to achieve a 95% adolescent vaccination rate in their patient populations.	10%	0%
Implement provider vaccination reminders into EMR systems as well as patient reminder/recall systems to improve vaccination series completion.	28%	25%
Advocate for ISDH use of evidence-based reminder recall messaging to increase HPV vaccination completion.	21%	10%
Advocate for pharmacy-based opportunities to offer HPV vaccinations.	21%	15%
PSE strategies other than those listed.	*14%*	*5%*
Supporting Provider Training and Professional Development	**41%**	**40%**
Target HPV vaccination communication messaging to pediatricians who report adolescent vaccinations but not HPV.	17%	20%
Encourage clear communication from doctors, nurses, and other health care professionals about the negative health impact of HPV infection and the importance of the HPV vaccine to cancer prevention.	31%	30%
Encourage health care professionals to routinely and strongly recommend HPV vaccination as part of the adolescent vaccination platform at ages 11-12 years (MCV4, HPV, Tdap, and Influenza vaccines).	31%	30%
Offer HPV vaccine continuing medical education for primary care, family medicine, obstetrics, and advanced practice health care providers.	21%	20%
Encourage public and private insurers to incentivize physicians who complete the entire adolescent vaccine regime (including HPV).	7%	5%

Provider education and professional development strategies other than those listed.	*24%*	*5%*
Improving Patient Access to Care, Education, and Programming	**38%**	**45%**
Achieve a standing order allowing for all adolescent vaccinations to be covered in non-traditional settings by insurers, Medicaid, Vaccines for Children (VFC), etc. (example settings: pharmacies and schools).	7%	5%
Improve access to HPV vaccination through programs that bring vaccination to schools and organized child-care settings.	10%	10%
Conduct educational campaigns to increase public awareness of the link between HPV and cancer.	31%	30%
Patient access to care, education, and programming strategies other than those listed here.	*17%*	*15%*
Evaluating Progress and Outcomes	**34%**	**35%**
Issue a "Cancer Vaccine Report Card" for Indiana with focus on cancer-causing vaccines for preventable diseases (Hep B and HPV).	7%	5%
Promote the use of data from national surveillance systems.	27%	20%
Evaluating progress and outcomes strategies other than those listed here.	*21%*	*15%*
Objective 5: Reduce radon exposure.	**7%**	**15%**
Implementing PSE Changes	**3%**	**15%**
Require radon testing every two years and mitigation policies for public places - worksites, local schools and school districts, day care centers and licensed home day care providers, city, county, and state-owned public buildings.	3%	5%
Require radon disclosures tested in last two years as part of single or multifamily homes or apartment sales.	3%	0%
Require home mortgage lending sources to require radon testing and mitigation (including leasing, refinancing, etc.).	3%	0%
Require new homebuilders to use radon-resistant techniques as outlined in the International Residential Code for One- and Two-Family Dwellings.	3%	0%
PSE strategies other than those listed.	*0%*	*15%*
Supporting Provider Training and Professional Development	**3%**	**15%**
Educate health care providers, including physicians, nurses, and respiratory therapists on radon.	3%	10%
Include questions about in-home radon testing every two years as part of healthy lifestyle provider questions.	3%	5%
Include questions about in-home radon testing by lung cancer medical personnel, such as pulmonologists, pulmonary disease specialists, and respiratory therapy providers.	0%	10%
Educate university health care related programs (medical schools, nursing schools, etc.) on radon.	0%	10%
Provider education and professional development strategies other than those listed.	*0%*	*0%*
Improving Patient Access to Care, Education, and Programming	**7%**	**15%**

Educate realtors on radon.	3%	0%
Increase access by promoting low-cost radon test kits obtained from local health departments.	7%	10%
Conduct public awareness campaigns to educate on radon and exposure related illnesses.	7%	15%
Patient access to care, education, and programming strategies other than those listed here.	*0%*	*5%*
Evaluating Progress and Outcomes	**7%**	**15%**
Support surveillance systems that increase the use and quality of data.	7%	10%
Evaluating progress and outcomes strategies other than those listed here.	*0%*	*5%*

Early Detection		
	2018 (n=29)	2020 (n=26)
Goal: Increase guideline-based screening for early detection.	62%	50%
Objective 1: Increase rates of evidence-based cancer screening.	**55%**	**50%**
Implementing PSE Changes	**48%**	**45%**
Advocate for legislative investment in cancer screening, especially in underserved populations (rural and underinsured).	17%	5%
Advocate for third party payer coverage of recommended cancer screenings according to USPSTF to determine gaps in coverage.	21%	20%
Encourage Hoosier employers to join the Indiana Cancer Consortium's Employer Gold Standard or the National CEO Employer Gold Standard.	17%	10%
Expand the use of provider reminder systems, small media, and one-on-one education for cancer screening.	41%	25%
PSE strategies other than those listed.	*14%*	*5%*
Supporting Provider Training and Professional Development	**48%**	**15%**
Promote informed and shared decision making about the benefits, risks, and options for all cancer screenings.	45%	35%
Provider education and professional development strategies other than those listed.	*14%*	*5%*
Improving Patient Access to Care, Education, and Programming	**59%**	**50%**
Promote free screenings to low-income, uninsured, and underinsured women.	41%	40%
Provide simple language and tools for health care providers to use to discuss screening recommendations with patients.	34%	15%
Utilize patient reminder tools and decision aids to inform patients about cancer screening recommendations.	34%	30%
Improve access to cancer screenings by enhancing capacity and provider knowledge (number of providers, training opportunities, expanded clinic hours, lower cost opportunities, etc.).	31%	30%

Conduct campaigns to increase public awareness of the risks of cancer as well as the benefits and risks of cancer screening and early detection.	38%	30%
Disseminate culturally appropriate decision-making information regarding cancer screening guidelines and the options patients have regarding all cancer screenings.	34%	20%
Reduce financial barriers for medically underserved populations.	41%	25%
Patient access to care, education, and programming strategies other than those listed here.	*21%*	*5%*
Evaluating Progress and Outcomes	**45%**	**30%**
Support surveillance systems that increase the use and quality of data.	38%	25%
Evaluating progress and outcomes strategies other than those listed here.	*21%*	*10%*

Treatment		
	2018 (n=29)	2020 (n=20)
Goal: Promote informed decision making and assure accessible and evidence-based treatment.	62%	50%
Objective 1: Decrease variation in cancer treatment by improving adherence to evidence-based standards of care.	**41%**	**45%**
Implementing PSE Changes	**45%**	**45%**
Work to promote and support the efforts of health care providers and health systems to meet national standards on accreditation, certification, and other recognition.	28%	20%
Develop systems to refer cancer patients to appropriate, evidence-based cancer support services (therapy, nutrition, smoking cessation).	45%	35%
Utilize EMRs to implement standards of care.	28%	10%
Encourage intra- and inter-network access to multidisciplinary tumor board conferences.	17%	15%
PSE strategies other than those listed.	*7%*	*0%*
Supporting Provider Training and Professional Development	**41%**	**45%**
Increase practitioner awareness and utilization of evidence-based treatment and surveillance guidelines for cancer care.	28%	25%
Promote educational initiatives and resources that outline evidence-based treatment guidelines (such as those outlined by the National Comprehensive Cancer Network) aimed at decreasing practice variation.	35%	25%
Support individualized cancer therapies by increasing provider engagement and competencies in informed and shared decision making.	28%	10%
Provider education and professional development strategies other than those listed.	*10%*	*10%*
Improving Patient Access to Care, Education, and Programming	**48%**	**45%**
Utilize leading cancer agencies as patient resources for information and advertise appropriate contact information for local representatives.	41%	30%

Promote referrals to evidence-based smoking cessation, rehabilitation, and nutrition and physical activity support services throughout the continuum of care.	45%	25%
Ensure communications and services are accessible to all patient populations.	31%	25%
Patient access to care, education, and programming strategies other than those listed here.	*17%*	*10%*
Evaluating Progress and Outcomes	**39%**	**35%**
Develop system to track, measure, and evaluate adherence to key performance standards for non-CoC accredited hospitals.	14%	15%
Build partnership with CoC to track performance of Indiana accredited hospitals.	28%	215%
Evaluating progress and outcomes strategies other than those listed here.	*10%*	*10%*
Objective 2: Increase participation in clinical trials.	**34%**	**35%**
Implementing PSE Changes	**21%**	**30%**
Develop structural changes that minimize barriers for clinical trial research, enrollment, and follow-up (clinical trial coordinators, patient advocates).	10%	5%
Incorporate clinical trials in clinical care algorithms, where appropriate.	14%	10%
Develop and implement provider reminder systems that identify patients eligible for clinical trials.	7%	15%
PSE strategies other than those listed.	*10%*	*15%*
Supporting Provider Training and Professional Development	**28%**	**20%**
Educate healthcare providers on the availability, purpose, and benefits of clinical trials.	21%	20%
Improve health and prevent harm through valid and useful genomic tools in clinical and public health practices.	14%	10%
Provider education and professional development strategies other than those listed.	*10%*	*5%*
Improving Patient Access to Care, Education, and Programming	**31%**	**35%**
Inform cancer patients about the availability, purpose, and the potential benefits and risks of clinical trials.	31%	30%
Develop a statewide tumor/tissue bank to be paired with information in the Indiana State Cancer Registry.	3%	5%
Develop and implement public educational campaigns to promote clinical trials.	14%	15%
Patient access to care, education, and programming strategies other than those listed here.	*3%*	*10%*
Evaluating Progress and Outcomes	**24%**	**20%**
Support surveillance systems that increase the use and quality of data.	17%	20%
Recognize state-based cancer researchers and clinical trial initiatives.	24%	10%
Evaluating progress and outcomes strategies other than those listed here.	*3%*	*15%*

Objective 3: Increase the number of updated advance care planning documents for all cancer patients.	**28%**	**20%**
Implementing PSE Changes	**28%**	**20%**
Incorporate structural changes that increase the accessibility and use of advance care documents.	17%	5%
Utilize EMRs to improve the availability, implementation, and review of a patient's advance care plan.	21%	15%
Develop structural changes that aid in the ability to implement an advance care plan throughout cancer treatment and survivorship.	17%	5%
PSE strategies other than those listed.	*3%*	*5%*
Supporting Provider Training and Professional Development	**31%**	**20%**
Educate providers about the purpose and importance of advance care planning.	31%	10%
Support clinicians in completing specialized training to facilitate advance care planning conversations.	24%	5%
Increase awareness of role and responsibility cancer teams have in implementing advance care planning.	17%	15%
Develop and promote trainings for end-of-life conversations.	24%	10%
Ensure primary care providers are engaging in advance care planning conversations.	14%	5%
Provider education and professional development strategies other than those listed.	*3%*	*0%*
Improving Patient Access to Care, Education, and Programming	**28%**	**20%**
Provide tools and resources that facilitate culturally competent conversations about advance care planning.	17%	20%
Develop resources that explain the advance care planning process to diverse cancer patient populations.	14%	5%
Conduct educational campaigns about the purpose and importance of advance care planning.	21%	5%
Increase access to palliative and hospice care throughout the cancer care continuum.	24%	10%
Patient access to care, education, and programming strategies other than those listed here.	*3%*	*0%*
Evaluating Progress and Outcomes	**28%**	**20%**
Develop system to track, measure, and evaluate adherence to key performance standards.	21%	10%
Support surveillance systems that increase the use and quality of data.	21%	15%
Use quality improvement measures to assess baseline rates of advance care planning.	17%	5%
Regularly monitor rates of advance care planning in diverse cancer patient populations.	14%	5%
Evaluating progress and outcomes strategies other than those listed here.	*3%*	*0%*

Survivorship		
	2018 (n=29)	2020 (n=20)
Goal: Improving the quality of life for all those affected by cancer.	72%	80%
Objective 1: Increase the delivery of comprehensive, individualized survivorship care plans.	**41%**	**50%**
Implementing PSE Changes	**34%**	**40%**
Support funding for survivorship research in cancer treatment follow-up care.	14%	20%
Build existing treatment summaries into systems of care.	28%	20%
Design benefits, payment policies, and reimbursement mechanisms to facilitate coverage for evidence-based aspects of care and care plan services.	10%	0%
Support systems to auto-populate survivorship care plans.	17%	15%
Minimize adverse effects of cancer on employment.	10%	15%
PSE strategies other than those listed.	*7%*	*5%*
Supporting Provider Training and Professional Development	**38%**	**40%**
Support Indiana providers in achieving national standards for distributing survivorship care plans.	17%	15%
Increase practitioner awareness of evidence-based survivorship guidelines such as those published by the American Cancer Society.	24%	20%
Promote coordinated care within health care teams to assist survivors in receiving appropriate follow-up care.	34%	35%
Provide educational opportunities to health care professionals to educate them on the post-treatment care and quality of life issues facing cancer survivors.	31%	20%
Recognize survivorship care as an essential part of cancer care.	31%	30%
Provider education and professional development strategies other than those listed.	*7%*	*5%*
Improving Patient Access to Care, Education, and Programming	**28%**	**40%**
Ensure cancer survivors have access to adequate and affordable health insurance.	21%	15%
Promote cultural awareness in cancer planning material and messaging to accommodate all cancer survivors.	28%	30%
Patient access to care, education, and programming strategies other than those listed here.	*3%*	*10%*
Evaluating Progress and Outcomes	**28%**	**40%**
Support surveillance systems that increase the use and quality of data.	28%	25%
For CoC accredited institutions, follow the participation in survivorship care plans as outlined in Standard 3.3.	21%	15%
Evaluating progress and outcomes strategies other than those listed here.	*3%*	*10%*

Objective 2: Decrease the number of reported unhealthy days among cancer survivors.	**31%**	**35%**
Implementing PSE Changes	**28%**	**25%**
Develop and enhance patient-centered navigation systems and pathways based on best practices to ensure optimum care across the continuum of cancer survivorship.	14%	10%
Minimize adverse effects of cancer on employment.	17%	15%
PSE strategies other than those listed.	*7%*	*10%*
Supporting Provider Training and Professional Development	**17%**	**25%**
Provide educational opportunities to health care professionals to educate them on the post-treatment care and quality of life issues facing cancer survivors.	14%	20%
Provider education and professional development strategies other than those listed.	*3%*	*5%*
Improving Patient Access to Care, Education, and Programming	**28%**	**35%**
Promote the use of survivorship care plans by health care providers.	17%	20%
Improve the quality of life for cancer survivors by providing referrals to rehabilitation services that address physical, social, and emotional needs.	28%	20%
Increase awareness about healthy living and physical and mental health after a cancer diagnosis.	28%	30%
Increase knowledge of survivorship issues for the general public, cancer survivors, health care professionals, and policy makers.	28%	20%
Patient access to care, education, and programming strategies other than those listed here.	*3%*	*0%*
Evaluating Progress and Outcomes	**24%**	**20%**
Support surveillance systems that increase the use and quality of data.	17%	20%
Evaluating progress and outcomes strategies other than those listed here.	*10%*	*0%*
Objective 3: Improve healthy lifestyle behaviors of cancer survivors.	**69%**	**60%**
Implementing PSE Changes	**52%**	**40%**
Promote policy changes that support addressing cancer as a long-term, chronic disease.	17%	20%
Increase the dissemination and utilization of survivorship care plans that include information about healthy lifestyle behaviors.	34%	20%
PSE strategies other than those listed.	*21%*	*10%*
Supporting Provider Training and Professional Development	**55%**	**45%**
Educate health professionals in local media communities through grand rounds, tumor board meetings, continue education trainings, and other venues about healthy lifestyle behaviors for survivors in order to reduce their risk of cancer recurrence and new cancers (and symptoms from disease and treatment).	31%	30%
Establish educational forums for providers on survivorship in partnership with professional organizations.	31%	15%

Provider education and professional development strategies other than those listed.	*24%*	*10%*
Improving Patient Access to Care, Education, and Programming	**69%**	**50%**
Promote tobacco cessation in cancer patients and survivors.	58%	35%
Promote the concept of survivorship as a chronic condition that people can live with and manage with healthy lifestyle behaviors.	48%	30%
Establish educational forums for patients on survivorship in partnership with professional organizations.	31%	25%
Develop primary prevention education programs to inform survivors about their susceptibility and any behavioral changes they can make to reduce their risk.	45%	30%
Support programs that emphasize the importance of appropriate physical activity and nutrition during and after cancer treatment.	55%	20%
Patient access to care, education, and programming strategies other than those listed here.	*10%*	*15%*
Evaluating Progress and Outcomes	**48%**	**35%**
Support surveillance systems that increase the use and quality of data.	31%	25%
Evaluating progress and outcomes strategies other than those listed here.	*24%*	*15%*

APPENDIX E: ICC Partner Organization Evaluation Action Plan

ICC Evaluation Action Plan					
Evaluation Activity: 2020 Partner Organization Survey		Date Created: 3/12/2020		Last Update: 6/17/2020	
Finding	Recommendations	Who Communicates?	Responsible Partner	Deadline	Progress
Low levels of engagement with radon-related objective in the Primary Prevention Goal	Need to assess what the strategy should be. Convene a meeting with ISDH, ICC, and Community Solutions to discuss their work and indicator data updates. Other ideas: • Highlighting radon awareness month • Develop and share a human interest story	Mary	Judi/ISDH Radon Community Solutions-indicator data Possibly MCPHD? ISDH – Homes Indoor air quality coordinator for schools?	Judi will try to get a meeting with the relevant folks at ISDH within the next couple months January 2021 – Radon Awareness Month	Judy and Mary met with the team at ISDH that addresses radon and discussed data needs and created a plan to increase engagement. They were also able to connect with Lisa Caldwell at the Marion County Public Health Department.
Addressing barriers to evidence-based treatment adherence: Provider and patient education seems to be an under-utilized approach	Need to promote GWCI's E-Learning series and Project ECHO	Mary & Tim	GWCI IUPUI/Project Echo		GWCI recently moved their online resources to a new website, but it should now be working. Mary and Tim agreed to partner together to work on leading this effort.

APPENDIX F: ICC Member Satisfaction Survey Instrument

Thank you for participating in the 2020 Indiana Cancer Consortium (ICC) Member Satisfaction Survey. Every member and stakeholder of the ICC is critical to our success, and your feedback is crucial for growing and strengthening the ICC and ultimately reducing the cancer burden in Indiana. Whether you are a highly engaged ICC member, only have a little time to share, or are an interested stakeholder, we want to hear from you! This short survey will take about 10 minutes. Your responses are completely anonymous, and the information you share will help the ICC Steering Committee understand how to better support you.

We ask that you complete the survey by DATE.

If you have any questions about the survey, please contact:

Mary Robertson
Director
Indiana Cancer Consortium
Mary@indianacancer.org

Member Information

1. Have you ever completed the Indiana Cancer Consortium's Satisfaction Survey before?

- Yes
- No
- Not sure

2. Are you a member of the Indiana Cancer Consortium?

- Yes
- No
- Not sure

3. What is your age?

- Under 18
- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65 or older
- Prefer not to answer

4. What is your gender?

5. What year did you first join the ICC? (please estimate if unsure)

6. Did you attend the April 2019 Annual Meeting, which took place at Ivy Tech Corporate College & Culinary Center in Indianapolis?

- Yes
- No
- Not sure

7. Have you ever been diagnosed with cancer?

- Yes
- No

8. Have any of your first-degree relatives (parent, sibling, or child) ever been diagnosed with cancer?

- Yes
- No
- Not sure

9. Which of the following describes your PRIMARY role as it relates to the Indiana Cancer Consortium?

- Advocacy group representative
- Cancer survivor
- Community-based organization representative
- Educator/Health educator
- Employer/Private sector representative
- Faith community representative
- Healthcare provider
- Legislator/Elected official
- Lobbyist
- Philanthropic community representative
- Professional organization representative
- Public health professional (private/not-for-profit sector)
- Public health professional (public sector)
- Other

10. In which part of Indiana do you live?

- Northern third of the state
- Central third of the state
- Southern third of the state
- I do not live in Indiana.

11. In which part of Indiana do you primarily work?

- Northern third of the state
- Central third of the state
- Southern third of the state
- Statewide

Communication and Collaboration

12. For each of the types of information that ICC provides, which of the following tools would you like to use to get that type of information? Check all that apply.

	E-mail Blast	E-newsletter	ICC Website	ICC Blog	ICC Twitter Feed	ICC Facebook Page
Notices about upcoming meetings	☐	☐	☐	☐	☐	☐
ICC meeting agendas and materials	☐	☐	☐	☐	☐	☐
Updates on ongoing ICC activities	☐	☐	☐	☐	☐	☐
Cancer-related data	☐	☐	☐	☐	☐	☐
Publications	☐	☐	☐	☐	☐	☐
Current legislation	☐	☐	☐	☐	☐	☐
Cancer-related news	☐	☐	☐	☐	☐	☐
Funding opportunities	☐	☐	☐	☐	☐	☐

13. During the last 12 months, how often have you engaged in the following ICC activities?

	Daily	Weekly	Monthly	Quarterly	A Couple of Times	Not at All
Read e-mailed ICC communications	○	○	○	○	○	○
Viewed ICC's Facebook page	○	○	○	○	○	○
Read ICC's Twitter feed	○	○	○	○	○	○
Participated in legislative advocacy?	○	○	○	○	○	○
Attended committee or action team meetings in person	○	○	○	○	○	○
Attended committee or action team meetings by phone	○	○	○	○	○	○
Partnered with another ICC committee or action team on a project	○	○	○	○	○	○
Contacted an ICC Steering Committee member to discuss ICC activities	○	○	○	○	○	○
Encouraged others to join ICC	○	○	○	○	○	○

14. Do you find the newsletter helpful?

Please add any recommendations/comments you have about the newsletter below.

15. Are there any organizations that you recommend the ICC model itself after?

If yes please indicate the organization and what they do that the ICC might consider doing.

16. Are there any funding sources you recommend the ICC apply for or look into?

If yes, please specify.

17. What recommendations do you have for topics or types of training that the ICC should offer?

Member Perceptions of the ICC

18. Has the ICC been responsible for programs or activities that otherwise would not have occurred?

- ○ Yes
- ○ No
- ○ Not sure

19. To what extent does ICC have what it needs to work effectively and achieve its goals in regard to:

	None of what it needs	Almost none of what it needs	Some of what it needs	Most of what it needs	All of what it needs
Skills and expertise	○	○	○	○	○
Paid staff	○	○	○	○	○
Volunteer leadership	○	○	○	○	○
Internal organization and structure	○	○	○	○	○
Partnerships throughout the State	○	○	○	○	○
Partnerships with key sectors	○	○	○	○	○
Data and information related to cancer	○	○	○	○	○
Ability to bring people together for meetings and activities	○	○	○	○	○
Connections to target populations	○	○	○	○	○
Connections to political decision-makers and government agencies	○	○	○	○	○
Legitimacy and credibility	○	○	○	○	○
Statewide influence	○	○	○	○	○
Money	○	○	○	○	○

20. Do you feel the ICC is directly or indirectly reducing barriers to screenings and diagnostic services for disparate populations (populations experiencing health disparities)?

- ○ Yes
- ○ No
- ○ Not Sure

21. Do you feel the ICC is increasing:

	Yes	No	Not Sure
Access to resources for cancer survivors?	○	○	○
Your awareness of relevant cancer data?	○	○	○
Your utilization of state cancer registry data?	○	○	○
Your utilization of Behavioral Risk Factor Surveillance System data?	○	○	○
Your participation in legislative advocacy?	○	○	○
Your knowledge of cancer-related disparities?	○	○	○
Communication with the general public to strengthen public awareness of emerging cancer-related policy initiatives?	○	○	○

* 22. Here is a list of potential benefits of being an ICC member. Review the list of potential benefits and select up to THREE benefits that you have experienced as an ICC member during the last year.

- ☐ Development of valuable collaborative opportunities
- ☐ Stayed well-informed in a rapidly changing environment
- ☐ Enhanced ability to educate consumers about important cancer-related issues
- ☐ Enhanced ability to advocate for favorable legislation
- ☐ Accessed important information related to serving your constituency
- ☐ Accessed resources related to comprehensive cancer control in general
- ☐ Ability to have a greater impact than your organization had on its own
- ☐ Enhanced ability to meet the needs of your constituency or clients
- ☐ Enhanced ability to educate professionals about important cancer-related issues
- ☐ None of these

* 23. Here is a list of potential drawbacks of being an ICC member. Review the list of potential benefits and select up to THREE drawbacks that you have experienced as an ICC member during the last year.

- ☐ Diversion of time away from other priorities or obligations
- ☐ Insufficient influence on consortium activities
- ☐ Insufficient credit for the contributions of the consortium
- ☐ ICC activities did not reach my primary constituency
- ☐ Insufficient use of my time and skills
- ☐ Conflict between your job and the consortium's work
- ☐ None of these

24. What has been the most beneficial thing about being an ICC member?

25. What is the biggest challenge about being an ICC member?)

26. How could the ICC better partner to serve your organizational efforts?

27. What more would you like to see the ICC offer to its membership?

End of Survey

Thank you so much for completing the 2020 ICC Member Satisfaction Survey! We greatly appreciate your time and input.

APPENDIX G: ICC Member Satisfaction Survey Summary

Member Satisfaction Survey
Results Report

June 2020

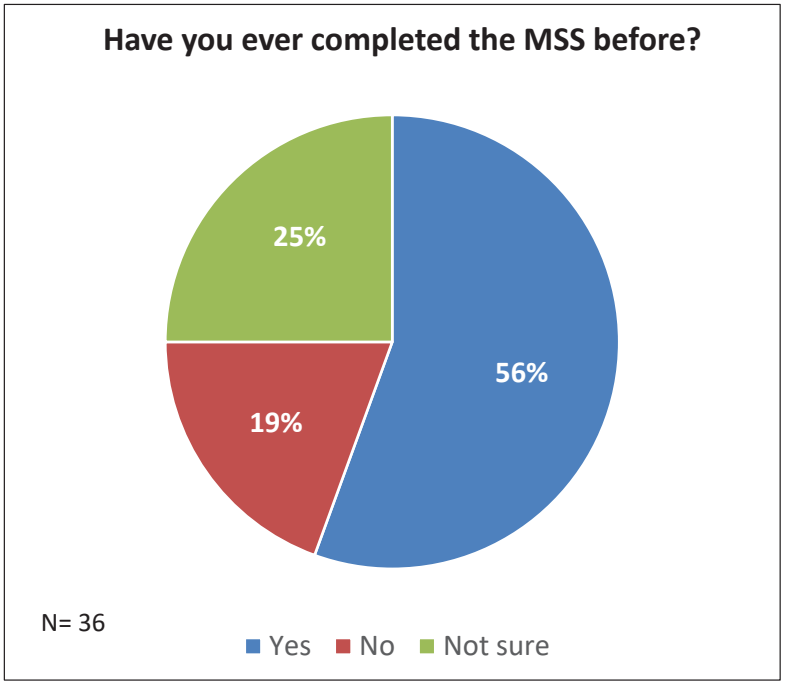
Member Satisfaction Survey (MSS) Overview

- Designed to assess ICC members' degree of satisfaction with the mission, structure, and performance of the ICC
- Portions of the MSS have been administered since 2004, but the survey has grown and evolved to meet the ICC's emerging needs.
- Two versions exist – even year survey (full survey) and odd year survey (slightly abbreviated) – to reduce the burden of survey participation on ICC members.
- This report includes MSS data collected in 2020

Data Limitations

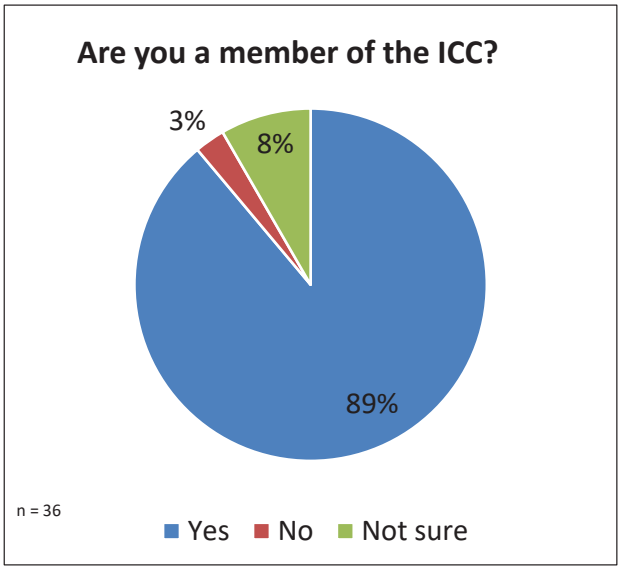
- Due to changes in needs and interests of the ICC, the MSS was not administered at the same time each year. It was not administered at all in 2014 due to restructuring of evaluation activities.
- The exact phrasing of questions and response choices may have varied from year to year due to better capture data most relevant to the ICC.
- Question sequences may have varied from year to year in attempts to streamline the survey to make it easier and more efficient to complete.
- Survey participation rates vary greatly from year to year ranging from 16 respondents in 2016 to 36 respondents in 2020.

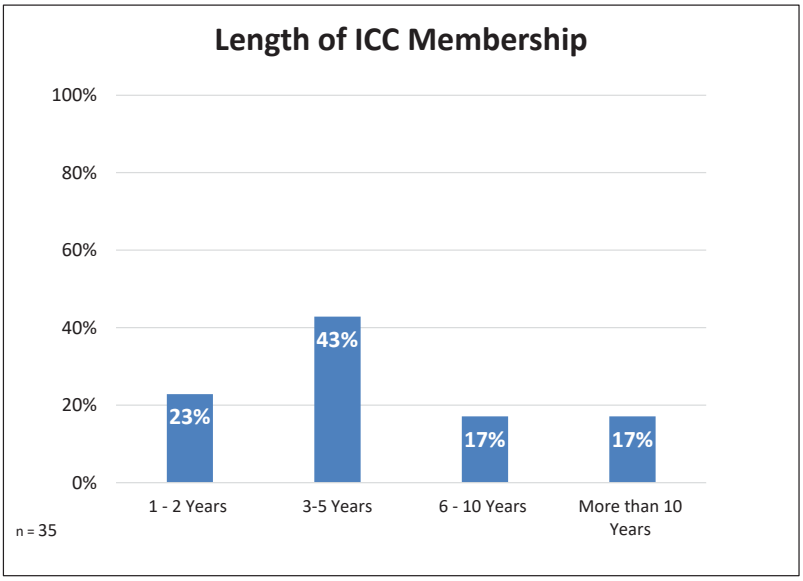
Respondent Overview



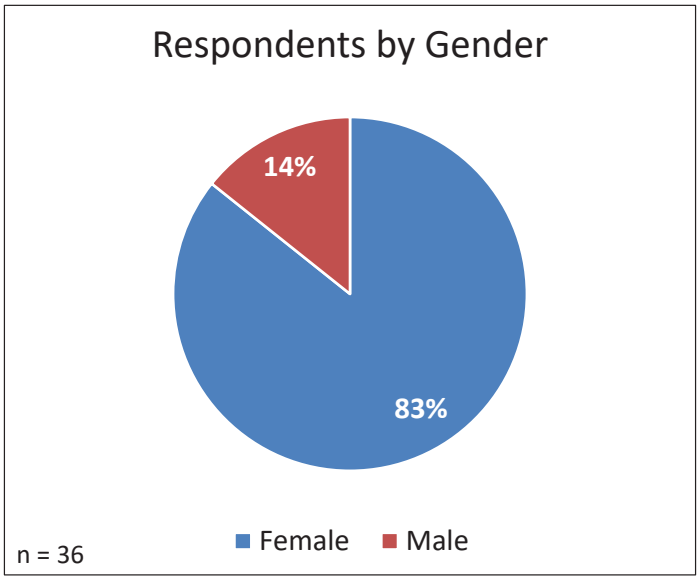
- Administered electronically from to May 14 - 29, 2020 via Survey Monkey.
- Invitations to complete the survey were sent out to members by the ICC Coalition Director.
- A total of 36 individuals completed the survey sufficiently to be included.

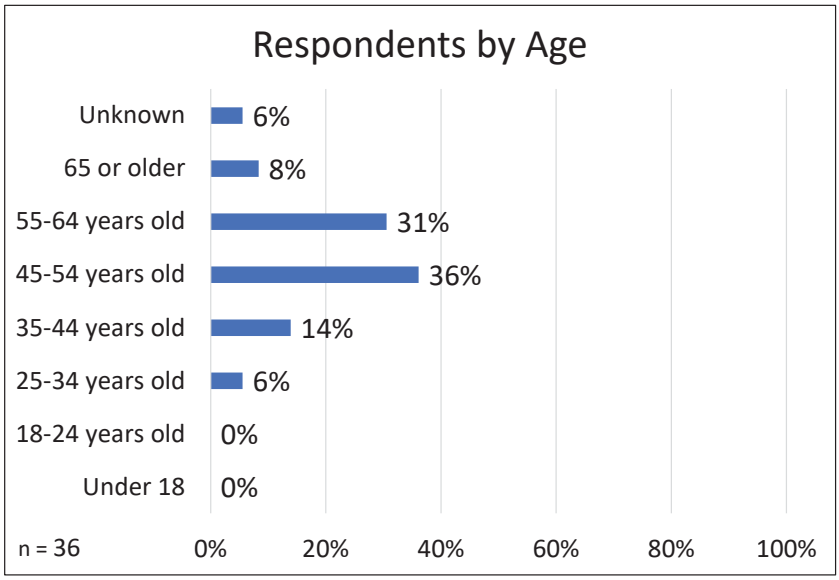
Membership


Are you a member of the ICC?
3%
8%
89%
n = 36
Yes
No
Not sure

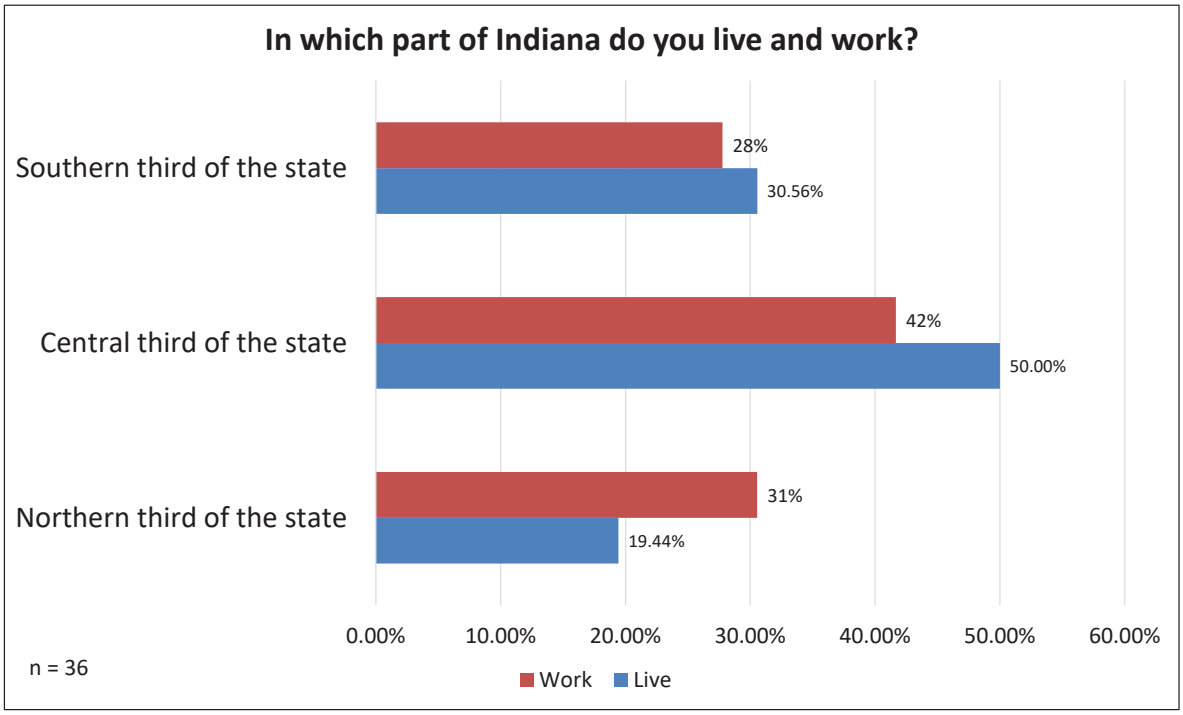

Length of ICC Membership
100%
80%
60%
40%
20%
0%
23%
43%
17%
17%
1 - 2 Years
3-5 Years
6 - 10 Years
More than 10 Years
n = 35

About the Respondents

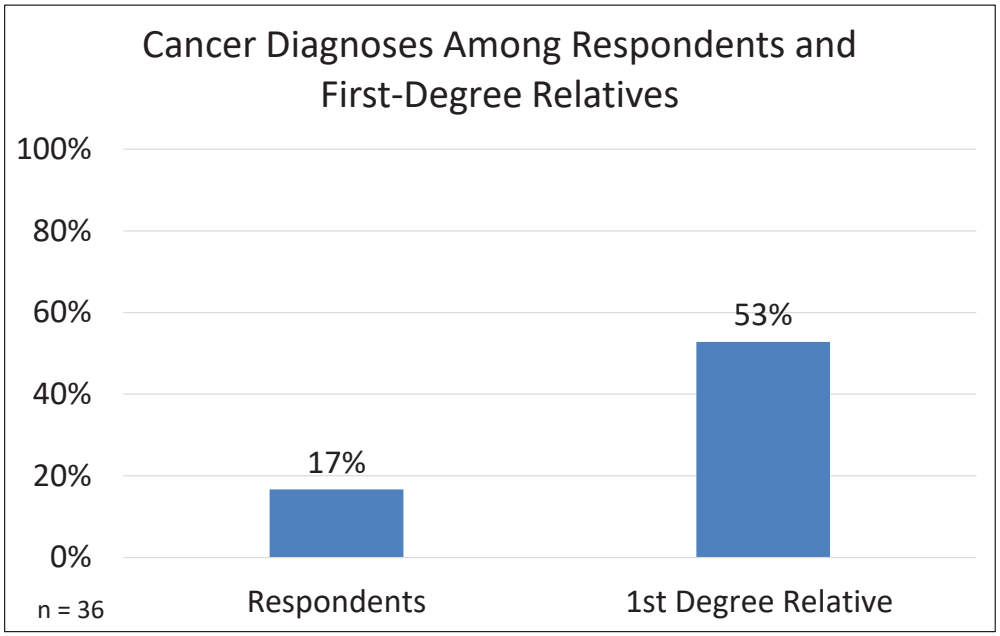




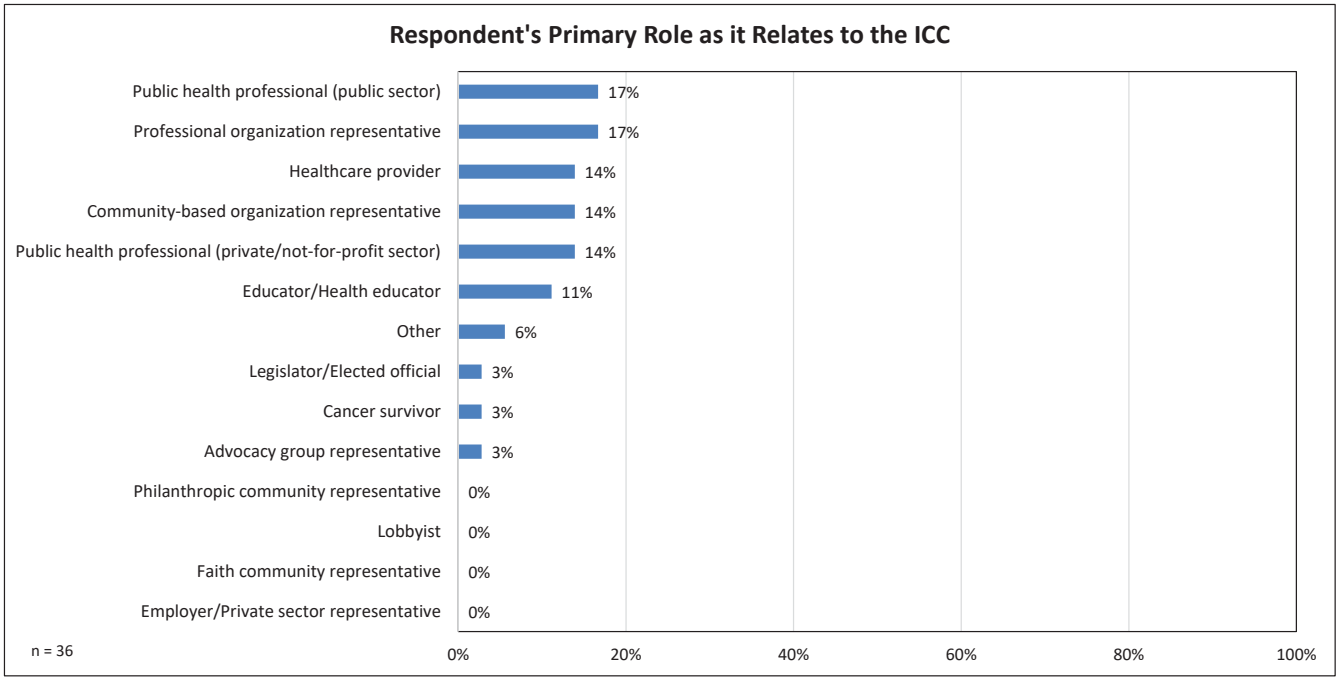
Location


In which part of Indiana do you live and work?
Southern third of the state
Central third of the state
Northern third of the state
28%
30.56%
42%
50.00%
31%
19.44%
0.00%
10.00%
20.00%
30.00%
40.00%
50.00%
60.00%
n = 36
Work
Live

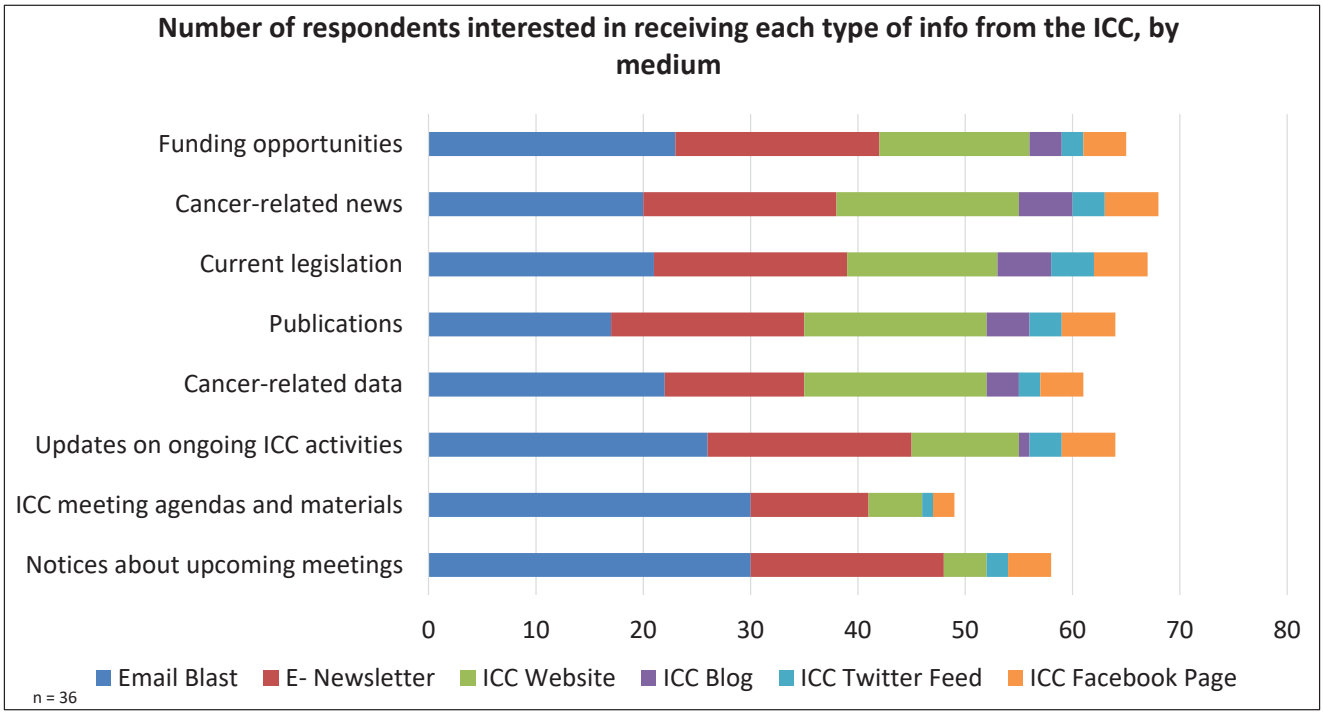
Personal Experiences



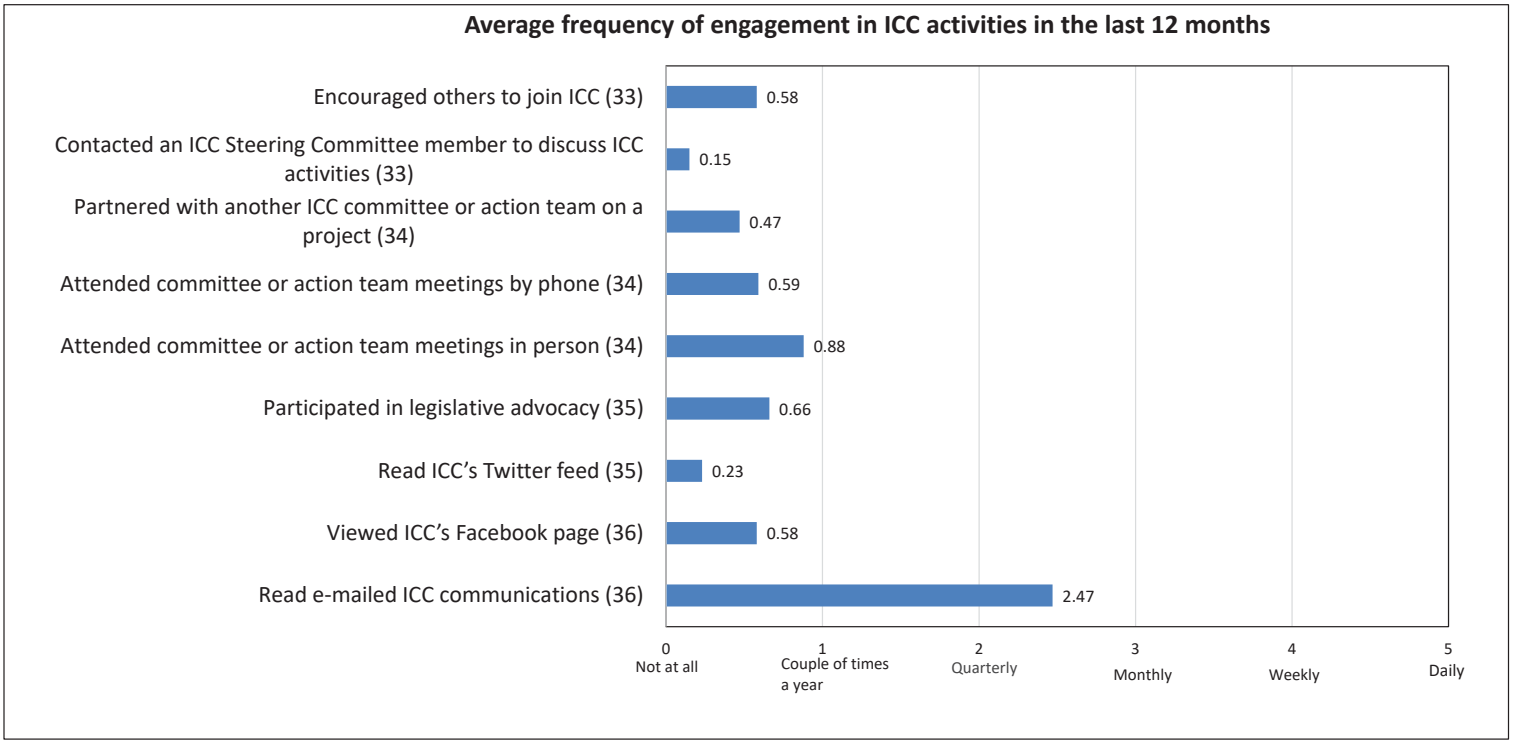
Relation to the ICC



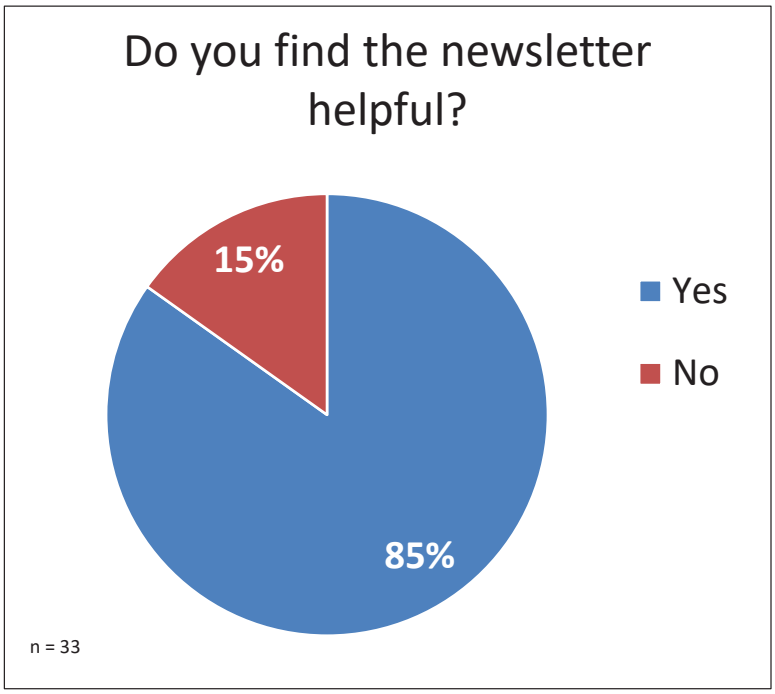
Communication



Engagement


Average frequency of engagement in ICC activities in the last 12 months
Encouraged others to join ICC (33)
0.58
Contacted an ICC Steering Committee member to discuss ICC activities (33)
0.15
Partnered with another ICC committee or action team on a project (34)
0.47
Attended committee or action team meetings by phone (34)
0.59
Attended committee or action team meetings in person (34)
0.88
Participated in legislative advocacy (35)
0.66
Read ICC's Twitter feed (35)
0.23
Viewed ICC's Facebook page (36)
0.58
Read e-mailed ICC communications (36)
2.47
0
Not at all
1
Couple of times a year
2
Quarterly
3
Monthly
4
Weekly
5
Daily

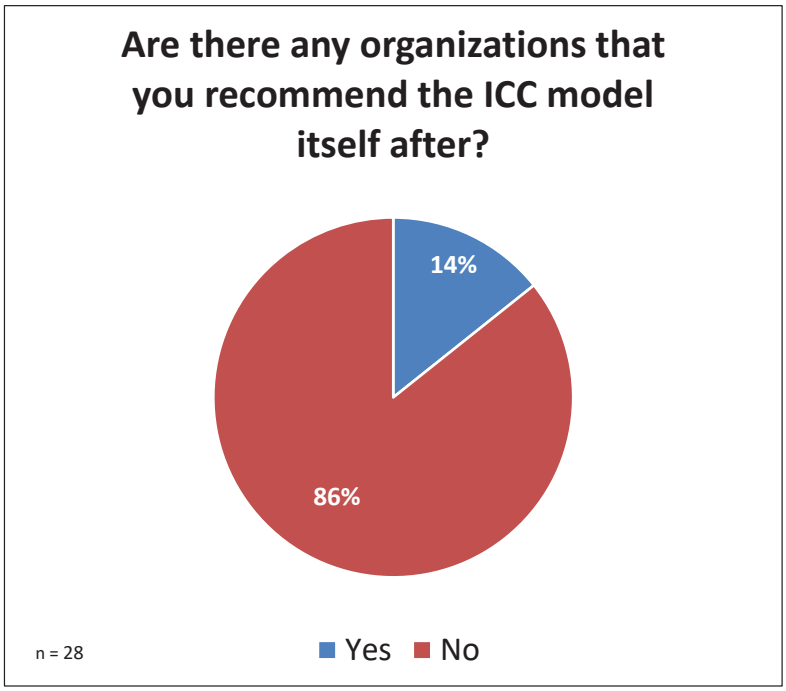
ICC Newsletter



Comments/Suggestions

- Should incorporate diversity and inclusion efforts.
- Does not reflect the work of statewide partners.
- Seems to operate on an academic format instead of community.
- Conveys information well to individuals who may not be able to attend meetings in person.
- The monthly update is great for content on ICC happenings and new cancer resources.

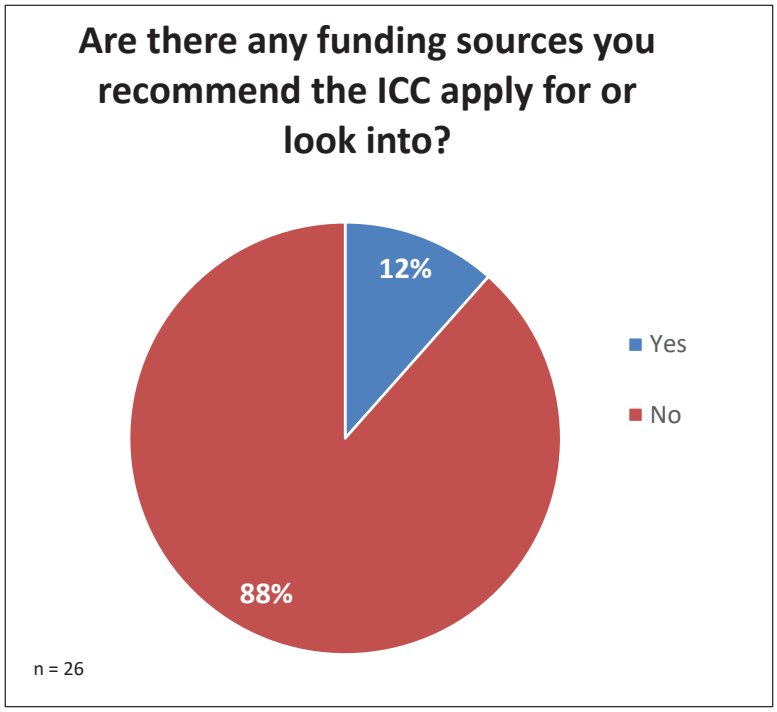
ICC Structure



Comments/Suggestions

- Indiana Minority Health Coalition
- Community Health Partnerships - CTSI
- Indiana Immunization Coalition
- The Cardiovascular and Diabetes Coalition of Indiana
- Indiana Joint Asthma Coalition

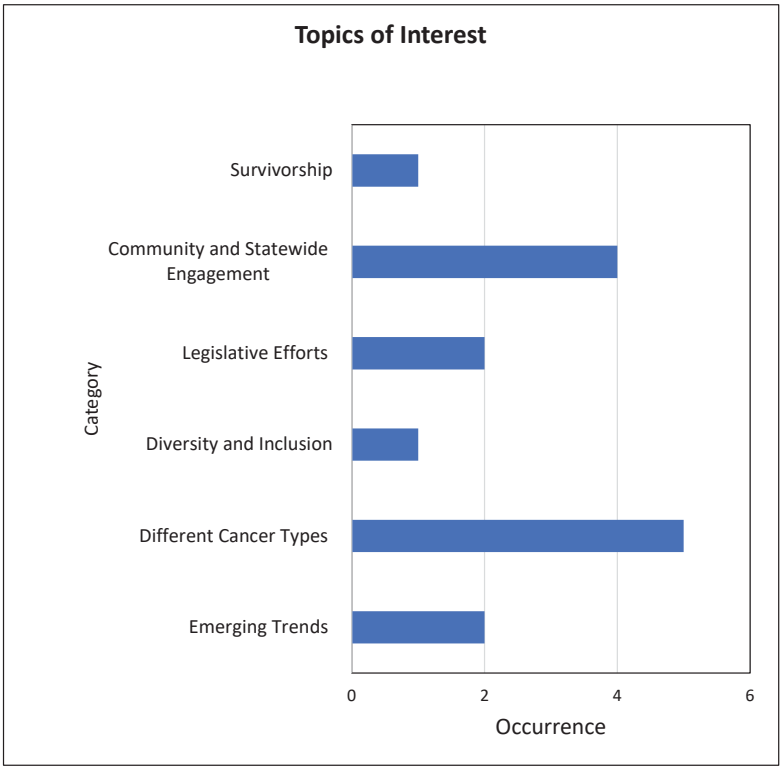
ICC Structure



Comments/Suggestions

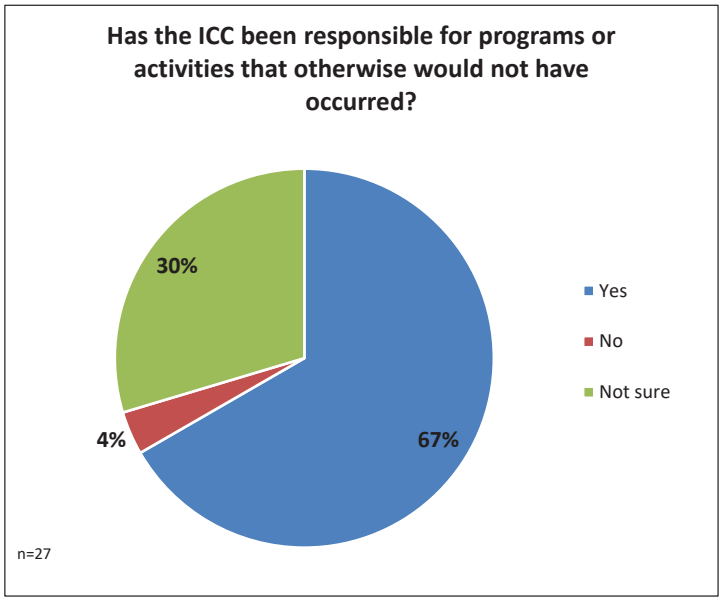
- Agency for Healthcare and Research Quality
- Indiana Simon Cancer Center
- National Cancer Institute (NCI)
- Surveillance, Epidemiology, and End Results Program (SEER)

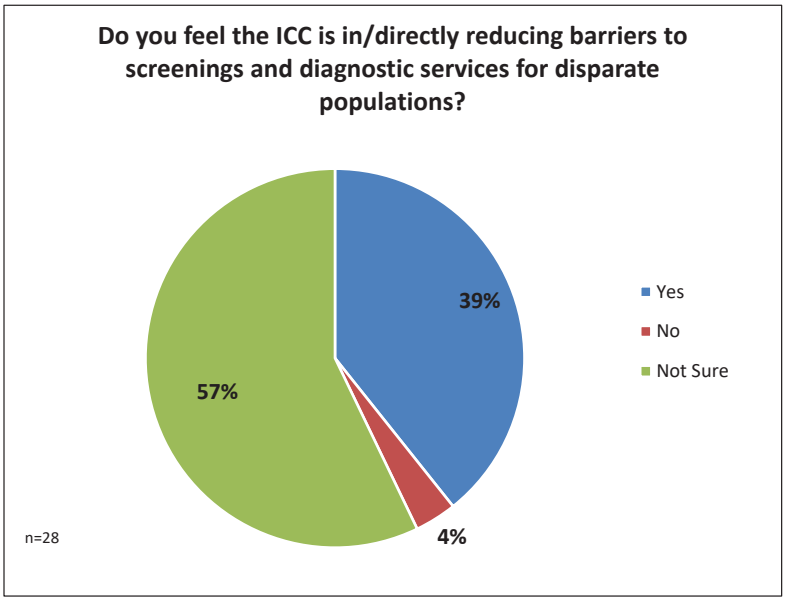
Expansion



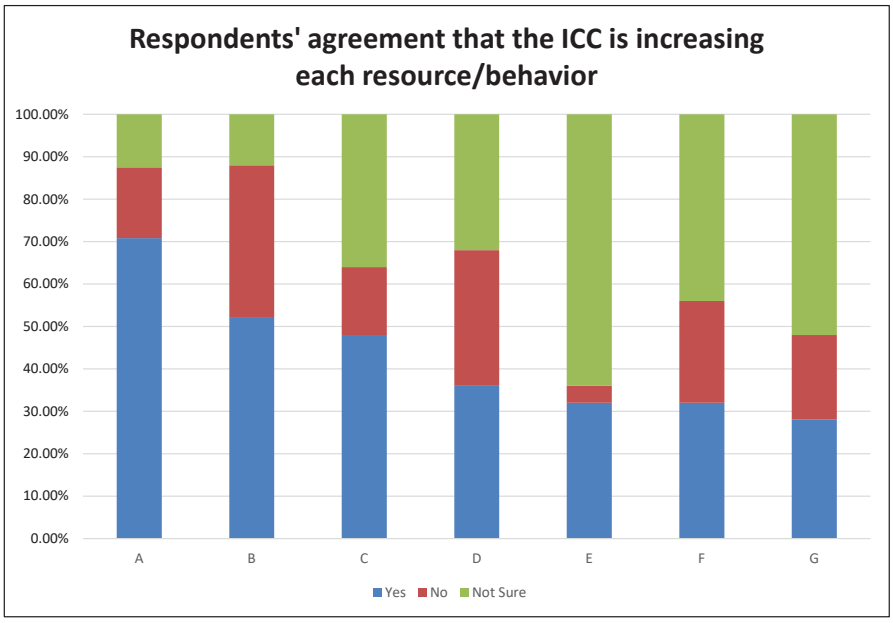
- Community & Statewide Engagement
  - Information on level programs (2)
  - Increase community participation (2)
- Legislative Efforts
  - Advocacy (1)
  - Education (1)
- Diversity and Inclusion
  - Minority populations and disproportionality (1)
- Different Cancer Types
  - HPV (1)
  - Lung (2)
  - More variety (1)
- Emerging Trends
  - New treatments (2)
  - Telehealth (1)
- Survivorship (1)

ICC Activities



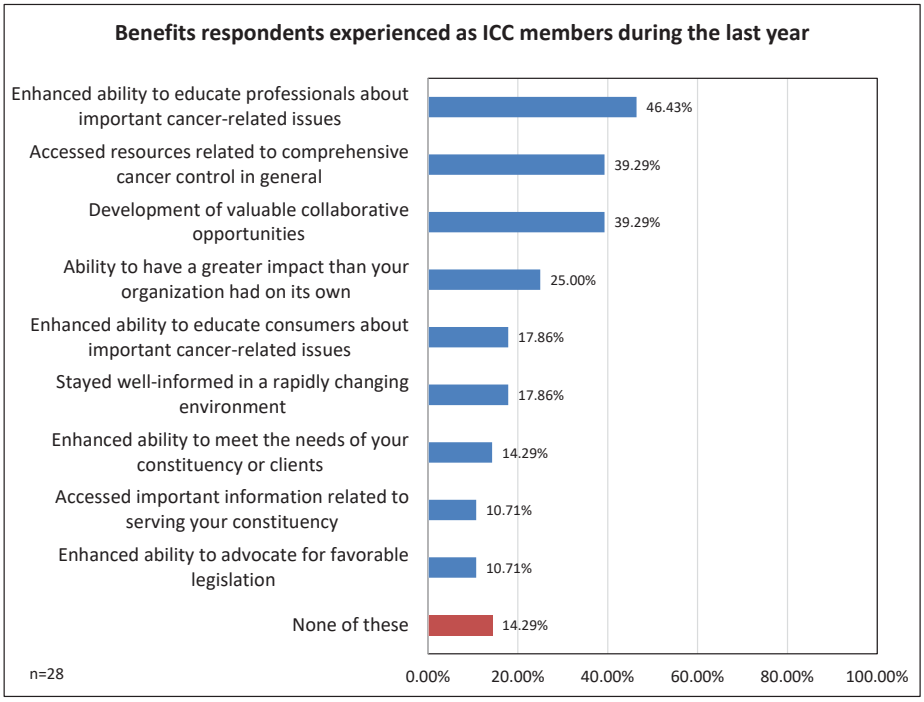


ICC Impact



Level	Outcome
A	Your awareness of relevant cancer data
B	Your utilization of state cancer registry data
C	Your knowledge of cancer-related disparities
D	Your participation in legislative advocacy
E	Access to resources for cancer survivors
F	Your utilization of Behavioral Risk Factor Surveillance System data
G	Communication with the general public to strengthen public awareness of emerging cancer-related policy initiatives

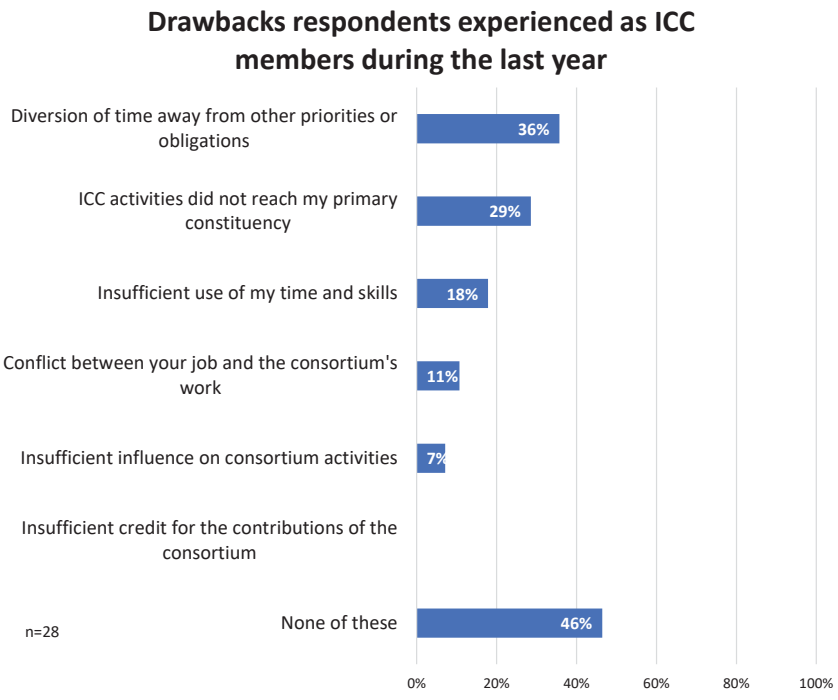
Member Benefits



What has been the most beneficial thing about being an ICC member?

The annual meeting.
Collaboration with other parts of my own organization and other organizations.
Educational opportunities, bringing groups together.
Hearing about the work others throughout the state are doing.
Knowing that it still exists.
My district has been able to partner with ICC to provide educational events.
Networking at the annual meeting.
Partnership opportunities.
The educational portion as well as current legislative actions.
The local support and collaboration on activities.
We put on educational events.
Working with other community partners.

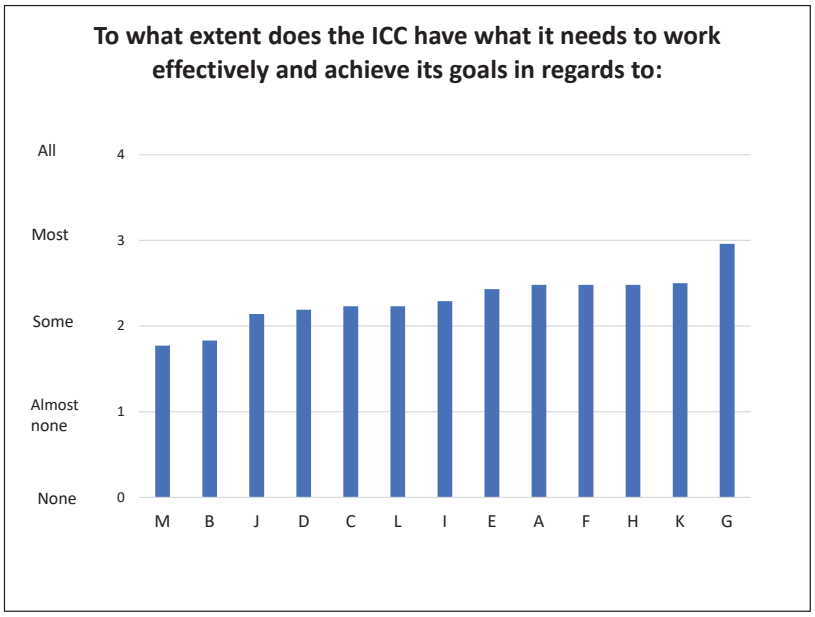
Member Drawbacks



What is the biggest challenge about being an ICC member?

I have not been receiving any notices of meetings or how I might be more involved. I have no knowledge of the inner workings and receive very little communication.
Competing work obligations prevent me from attending meetings and participating as I would like to.
I don't know much about the organization/purpose, don't feel engaged.
I don't feel well connected.
Impact: the staffing and funding of the ICC makes it challenging to have the desired reach.
My job commitment sometimes does not allow attending the meetings.
No communication on local activities.
Not a presence in our region.
Not contributing enough.
Not having routine meetings or activities; focus doesn't include my primary job responsibilities (environment focus).
Sorting material that is related to my organization and what is not.
The lack of leadership; unfortunately, there has been lack of FTE resources for the past 1-2 years.
Time and my admin believing it is important for me to participate- I was once not allowed to go to an event.

ICC Resources



Label	Outcome
A	Skills and expertise
B	Paid staff
C	Volunteer leadership
D	Internal organization and structure
E	Partnerships throughout the State
F	Partnerships with key sectors
G	Data and information related to cancer
H	Ability to bring people together for meetings and activities
I	Connections to target populations
J	Connections to political decision-makers and government agencies
K	Legitimacy and credibility
L	Statewide influence
M	Money

Suggested Improvements

How could the ICC better partner to serve your organizational efforts?

- Communicate better.
- Always include and engage all partners - do not come to partners just when you need them.
- Make staff easier to communicate with, and let members know who to contact.
- More funding to hire staff to serve the state.
- More ICC representation in the lower half of the state.
- More local presence and communication of activities.

What more would you like to see the ICC offer to its membership?

- Clear communication of the coalition's goals and what role the members can play.
- Identify a evidence base program focusing on cancer.
- More communication on local and statewide activities or opportunities for involvement.
- Networking for community organizations
- Statewide virtual meetings with chairs/co-chairs twice a year to allow collaboration and sharing of ideas

Member Satisfaction Survey
Results Report
2020

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APPENDIX H: ICC Member Satisfaction Survey Evaluation Action Plan

ICC Evaluation Action Plan					
Evaluation Activity: Member Satisfaction Survey		Date Created: 6/17/2020		Last Update: 6/17/2020	
Finding	Recommendations	Who Communicates?	Responsible Partner	Deadline	Progress
Interest in sharing results with members	Creating a "we heard you" summary that shows what were some of the findings from the MSS Survey.	Community Solutions	Community Solutions		Community solutions will develop a summary report.
Low member engagement and utilization of ICC social media platforms	Social media could serve as an avenue to help increase engagement	Mary and Tim			Mary and Tim will meet to discuss how to regain access to the ICC Facebook.
Interest in making the collection of detailed member and partner data a priority	Administering the Member Skills Inventory Survey	Chipo	Community Solutions		The group will review a draft of the Member Skills Inventory tool next meeting.