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ORIGINAL PAPER

From planning to implementation to outcomes: comprehensive cancer control implementation building blocks

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Abstract Since 2002, the US Centers for Disease Control and Prevention's *Guidance for Comprehensive Cancer Control Planning* has been an important driver of success in the development of comprehensive cancer control (CCC) plans among states, tribes, tribal organizations, territories and Pacific Island Jurisdictions. CDC's *Guidance for Comprehensive Cancer Control Planning* laid out a number of key action steps, or planning building blocks, that are essential to successful cancer plan development. Now, all 50 states and many tribes, tribal organizations, territories and Pacific Island Jurisdictions are actively implementing their comprehensive cancer control plans. This article describes a new set of key actions aimed at assisting CCC coalitions with systematic implementation of their cancer plan priorities—implementation building blocks for comprehensive cancer control.

The findings and conclusions in this report are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention.

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Introduction

In 2002 the Centers for Disease Control and Prevention (CDC) published its *Guidance for Comprehensive Cancer Control Planning* (referred to as *Guidance*) [1] to help comprehensive cancer control programs, coalitions and interested partners better understand how to develop integrated and coordinated state and other jurisdiction-level comprehensive cancer control (CCC) plans. The *Guidance* includes a set of building blocks or key activities that should be undertaken when developing a CCC plan. Currently, all 50 states, 10 Pacific Island Jurisdictions and many tribes/tribal organizations have completed CCC plans and in some cases are in the process of implementing their second or third CCC plan. The CCC National Partnership (see the article "The CCC National Partnership—An example of organizations collaborating on comprehensive cancer control" in this edition of the journal for more information about the National Partnership) mission is to facilitate CCC coalitions in the development and sustained implementation of comprehensive cancer control plans at the state, tribe or tribal organization, territory, Pacific Island Jurisdiction and local levels. The CCC National Partnership (CCCNP) has helped support the implementation of these CCC plans through funding, training and other technical assistance.

In 2009, through a cooperative agreement between the two organizations, the CDC and the American Cancer Society began working with a contractor, Strategic Health Concepts (SHC), to develop the building blocks for implementing plans, which are defined as the specific

actions necessary to implement priorities from CCC plans through the CCC coalition. This article describes these building blocks for implementation and how they were developed. Suggestions for addressing each building block activity are also included and examples from selected CCC coalitions regarding their implementation experiences are provided. In June 2010, the implementation building block model was introduced at a CCC Leadership Institute workshop. ACS, CDC and SHC are developing a document and tools similar to the *Guidance,* which will be disseminated to programs funded through CDC's National Comprehensive Cancer Control Program (NCCCP), CCC coalitions and other partners in late 2010.

The implementation building blocks in the context of comprehensive cancer control

As identified in the *Guidance*, the completion of a CCC plan is not an end, but a beginning of a cycle of implementing strategies, mobilizing further support, evaluating progress, and preparing for the next cycle of planning [1].

The purpose of implementation building blocks is to define the specific actions that are essential for successful implementation of objectives found in CCC plans. Figure 1 depicts the overall CCC process from development of the CCC plan (CCC planning building blocks), establishment of a quality CCC plan, implementation of that plan (CCC implementation building blocks), priorities being implemented and to short- and long-term cancer control outcomes. In the larger context of comprehensive cancer control, the implementation building blocks are essential to moving beyond the plan to actual implementation of plan strategies that are necessary to meet plan objectives.

How the implementation building blocks were developed

Implementation of comprehensive cancer control plans was happening before CDC began funding the NCCCP in 1998. *Guidance*, published in 2002, includes information from several states that had been implementing their plans. However, the evidence for the implementation of CCC activities was less developed at that time [1].

The implementation building blocks were developed from the following: (1) original concepts outlined in a document created by SHC for a CCC national partner, C-Change, regarding implementation of CCC plan priorities to address access to cancer care issues [2]; (2) interviews with CCC programs and coalition leadership about their experiences with implementation of CCC plans; (3) and, experiences and expert review of building block concepts by SHC, CDC, ACS and various other CCC stakeholders. Of these sources, perhaps the most critical to the development of the concepts behind the implementation building blocks were a series of interviews conducted by SHC with CCC program and coalition representatives from the following locations: Alaska Native Tribal Health Consortium (ANTHC), Arkansas, California, Nebraska, Oregon, Palau, Tennessee, Texas and Vermont. Information gathered through these interviews helped shape the implementation building blocks and specific experiences from these coalitions will be used in the final document to be disseminated by CDC, ACS and other national partners.

The implementation building blocks: key actions for CCC plan implementation

The building blocks are presented in a linear fashion (Fig. 1), showing a systematic progression from the selection of a priority effort through implementation. In a perfect world where all variables could be controlled and anticipated, this proactive, systematic process could be easily achieved. Yet, comprehensive cancer control coalitions work in an environment where there are unforeseen roadblocks, surprising opportunities, changing political priorities and diverse individual and organizational personalities—all of which can help or hinder the implementation of the CCC plan and influence the way implementation of priorities happens. The implementation building blocks should be used as a guide, a helpful tool and a checklist of critical components for success. Each building block is described below.

Select a priority

A typical CCC plan is comprehensive in both breadth and depth. CCC plans should cover the full continuum of cancer and incorporate strategies from diverse partners. These attributes make CCC plans broad in scope. Yet, more than likely, the resources available to the coalition (monetary, infrastructure and people) are not adequate to address all the goals, objectives and strategies contained in the CCC plan. Therefore, it is imperative that the coalition identifies focused areas of work in the CCC plan (priorities) to assure there is progress and success on some areas of the plan. The starting point for this building block requires that the coalition has gone through a data-driven and stakeholder driven prioritization process for the objectives and strategies in the CCC plan. This prioritization process should have resulted in a set of priorities the coalition has agreed to work on over a set timeframe (e.g., 1 year, 3 years, etc.). Selecting a priority from this set for implementation is the first step in the implementation process.

In some cases, priorities may not have been selected at the time the CCC plan was created. This issue was identified

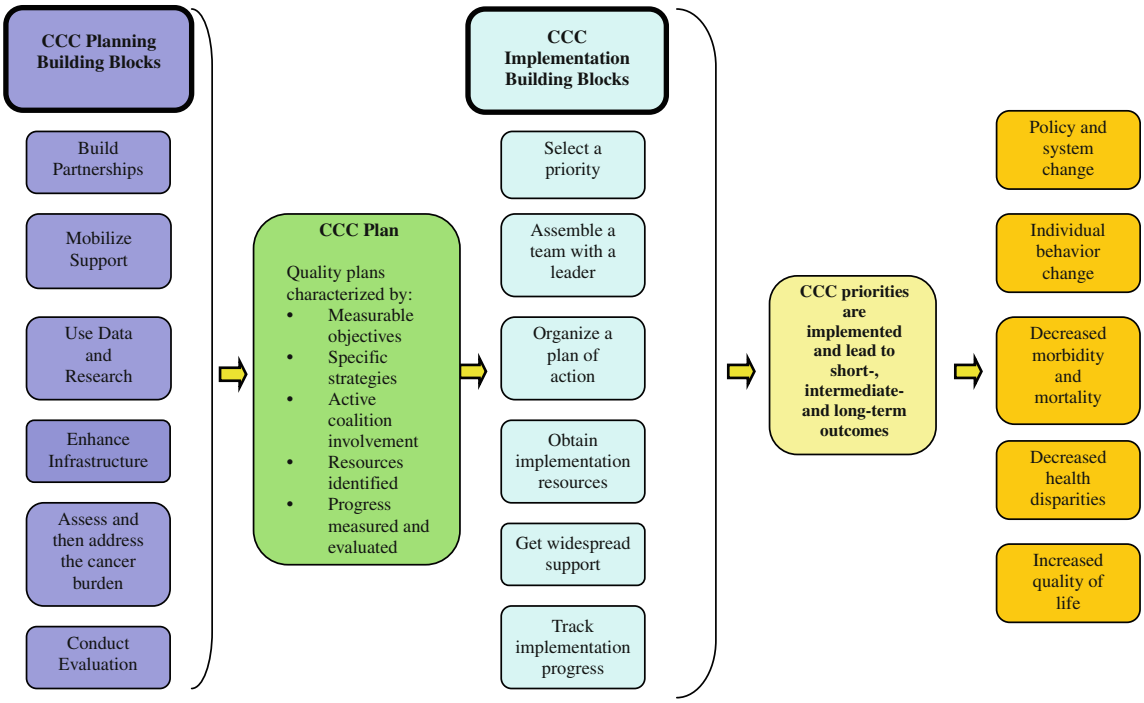

Fig. 1 The building blocks for implementation in the context of comprehensive cancer control

by coalitions interviewed during the development of the implementation building blocks as an impediment to CCC plan implementation. A lack of set priorities can be rectified by: engaging the coalition in setting criteria for identifying priorities, using the criteria to establish priorities, communicating the priorities to the coalition and other partners, and beginning using priority objectives or strategies as a basis for planned, strategic CCC plan implementation, following the building blocks described here.

Assemble a team with a leader

The CCC coalition may identify an issue as a priority because data indicates it is an unmet need, but if no one is willing to work on the priority, it will not get done. As priorities are identified a team with a leader should be assembled to work on the priority strategy. There may be an existing workgroup or a sub-committee who worked on developing the CCC plan's goals, objectives and strategies in this priority area. However, coalitions should assess the membership of the team and consider supplementing it with additional experts. Specific skills, knowledge and experience for the successful implementation of this priority effort may exist in coalition members that are currently not involved on the workgroup.

Committed, accountable and action-oriented individuals who want to work on the priority are the type of people needed on the team. In addition to coalition members being part of the team, many CCC coalitions have found that identifying a staff person who is assigned to work with the team as part of their paid job responsibilities can mean faster progress and a more successful outcome.

The following questions may be helpful to ask and answer as a coalition begins to build the team:

- Who has worked on this type of effort before?
- Who has influence with the organizations or systems the coalition will want to work with on this effort?
- What technical background is needed (e.g., colorectal screening, health care insurance, hospice care)? Who has it?
- What type of approach will be used (e.g., policy development, community mobilization, communication/marketing)? Who has experience in that?
- Who wants to work on this effort? Who is motivated to do something about this issue?

Coalitions who have been successful in implementing CCC plan priorities often state they had a leader or co-leaders who were instrumental in advancing the coalition's efforts. It is important to have this person(s) take initial ownership of the effort in order to assure that progress will be made. Yet, it is critical that the leader work with others on the team and the full coalition who are interested in this priority effort. Often, after implementation of the strategy is underway and progress is made, the group considers itself the leaders of the effort, not just one or two people.

Once team members have been identified, the coalition leadership should clearly define and communicate the

team's roles, tasks and desired outcome of their work. If people know what is expected of them and when it is expected, they are much more willing to be involved and follow through with assignments.

Organize a plan of action

Often the CCC plan does not provide the level of detail needed to fully implement the selected priority. Those interviewed in the development of the implementation building blocks indicated that it is helpful for each team to create a detailed plan of action that includes specific tasks, key stakeholders to involve, who is responsible for each task, timelines and resources needed. A written action plan for each CCC plan priority helps in identifying any gaps in the approach and will assure everyone is moving in the same direction.

Other key items to consider as the plan of action is developed include:

- Look to existing programs, services or systems that are already in place and can be leveraged for this effort. These do not necessarily need to be cancer related, or even health related. This is an opportunity to be creative and look for new partnerships.
- Plan for obtaining support and involvement from local communities affected by the CCC plan priority.
- Identify if there are competition issues related to the issue, and if so address those issues openly and respectfully in order to find common ground.
- Assure there are mechanisms for feedback on tracking progress in the plan of action so that if there are problems, they are caught and dealt with quickly.
- Determine the type of information, the frequency and the methods the team will use to communicate with each other, the CCC coalition and the stakeholders who are involved or affected by the efforts. There should be feedback mechanisms incorporated so that input is solicited throughout implementation.

Obtain implementation resources

A critical piece of implementing CCC plan priorities is identification of currently available resources as well as new resources needed for each priority.

As an implementation team creates a plan of action to determine the resources needed (e.g., staff, materials and supplies, delivery of services, media, outreach, and travel and meeting costs), they should be creative in identifying sources of support, whether in-kind or financial. Also important is the recognition that not all resources come in the form of funding, but can be in-kind contributions of coalition members or other community partners.

Many coalitions initially find that they only have minimal financial resources for implementing a priority. However, having some resources to work with and showing progress with those minimal resources often helps with obtaining additional support and organizational commitments. Therefore, it is important to communicate resource needs and progress to the full coalition and external partners as priorities are undertaken.

Get widespread support

The successful implementation of a priority is often due to the careful planning, hard work and perseverance of the implementation team and coalition, as well as cultivating and maintaining key relationships necessary for broad-based support of the effort. Throughout implementation, coalition leaders need to ask for and utilize support from the coalition as well as external stakeholders and partners.

How coalitions involve external stakeholders matters. Implementation of plan priorities that involve local communities, for example, should allow for some flexibility in how those local communities can be involved so that they can "make it their own," thereby increasing their commitment and ownership of the effort. Local community representatives do not necessarily need to join the CCC coalition to be involved. More widespread support can be gained by maintaining a mix of external stakeholders as well as coalition members.

Communication is the key to obtaining and maintaining widespread support. Coalitions need to determine who would be interested (either positively or not) in their efforts and then communicate with them on what the priority is, get their input and ask for their involvement. This should be an ongoing effort to connect and work with external partners, not just a one time effort. The implementation of the CCC plan is not done by the CCC coalition members alone. Coalitions should reach out to others who are motivated to do something about the issue and realize that it is acceptable for an organization to be involved in implementing a priority and not become a member of the coalition, if desired.

Track implementation progress

As indicated in the "Organize a plan of action" building block, the action plan for implementing a priority should identify tasks to track progress and make adjustments if and when necessary. Most CCC coalitions have an evaluation plan for their priority strategies. Implementation teams should share their plan of action with those that are responsible for evaluating the overall CCC coalition plan. These staff or coalitions members can help teams determine what tracking methods and evaluation measures are needed.

As coalitions implement their CCC plans, unexpected challenges can arise at anytime. For example, a partner organization changes their mind about being involved; a proposed bill in the state legislature gets altered at the last minute; or, key stakeholders change jobs or move to a different organization. Implementation teams must regroup, review and revise their plan of action if necessary. Tracking progress along the way will help teams understand and appropriately respond to obstacles in a timely manner.

Key considerations or steps in assessing an issue when faced with an implementation obstacle include:

- Identify the root of the problem, which is not always immediately evident.
- Gain an understanding of the breadth of the problem. Is this a bump in the road or could this problem derail implementation efforts completely? Talking about the specifics of the problem will get everyone on the same page about its seriousness and what to do.
- Brainstorm solutions to address the problem. Which of these solutions does the team think is the approach most likely to resolve the problem at hand?
- Ask if the problem and the solution to the problem are too big of a compromise to the desired outcomes. Coalition leaders may have to decide they need to compromise and that some success is better than no success.
- Involve CCC coalition leaders, members and key stakeholders in discussing larger problems. They will want to be involved and can offer suggestions for a solution. If hard decisions need to be made, their involvement up front will provide support for actions later.

The implementation building blocks in reality: implementation experiences and success from CCC coalitions

The implementation building blocks are based on the experiences of real CCC programs and coalitions. Below we highlight examples of successful efforts to illustrate how CCC plans are implemented.

The Iowa experience

1 April 2003 was a landmark day for the Iowa Consortium for Comprehensive Cancer Control (ICCCC). Members of the partnership had submitted ballots, indicating whether or not they ratified the final version of the state's CCC plan; the ballots had been counted, and the results were in—the plan was approved.

While there was excitement among the Consortium members, some of the partners were experiencing feelings of anxiety. To quote a proclamation made by Dr. George Weiner, ICCCC chair, on that historic day: "We started with a joint vision; we developed a plan; now we implement the plan—where the real work begins!"

To facilitate the initial stages of implementation, the ICCCC:

1. Redefined and formalized the structure of the Consortium.
2. Selected CCC plan priorities, through a nominal group process.
3. Assembled implementation groups and standing committees whose charge was to create action plans that focused on the priorities.
4. Assigned the selected CCC plan priorities to each of the implementation groups.
5. Developed a process to address special opportunities that may arise (e.g., grant funding, proposed legislation, new policies), but were not part of the selected priorities.

Organizing a plan of action occurred on two fronts. The implementation groups identified (1) action steps to be taken to implement the priority; (2) Consortium partners responsible for the actions steps; (3) funding needs; and (4) evaluation measures. At the same time, ICCCC leadership was organizing an advocacy plan of action, as a means to inform policymakers and key stakeholders about Iowa's CCC initiative. This strategy eventually helped pave the way for the Iowa Legislature's decision to allocate state funds to the initiative.

During the early years of Iowa's CCC plan implementation process, the Consortium was dependent on federal funding, made available through the cooperative agreement between the Iowa Department of Public Health and CDC. However, ICCCC leadership recognized the need to decrease this dependence and to obtain new implementation resources. This led to the creation of a companion document to Iowa's CCC plan that provided an estimate of expenditures needed to fully implement the plan and justified resource needs. As a result, the ICCCC was poised to seek and respond to new funding opportunities.

To help gain widespread support of the CCC plan, the ICCCC (1) recruited, on an ongoing basis, members with the expertise, skills, and resources needed to implement CCC priority action plans and (2) made "communicate the CCC Plan" an implementation strategy, as a means to continually generate interest in the plan and gain support at the state, regional, and community levels. Eventually, reports of ICCCC progress in implementing and achieving CCC plan priorities were published and disseminated to policymakers, stakeholders, and partner organizations and agencies.

The ICCCC tracked the progress of implementing the state's CCC plan by:

- Monitoring participation of Consortium partners in implementation groups.
- Documenting partners' in-kind contributions to the state CCC initiative.
- Creating and implementing a CCC evaluation plan that was used to (1) help identify and guide any changes that needed to be made, during the plan implementation process and (2) assess the results of implementing priority action plans.

Since the approval of the first CCC plan in 2003, the Consortium has grown and undergone a number of changes, including a name change, as it is now known as the Iowa Cancer Consortium. However, the key action steps that were taken in the beginning remain intact and continue to help guide Iowa's CCC plan implementation process.

Nebraska's colorectal cancer early detection and screening initiatives

One of the goals in Nebraska's CCC plan from the outset was increasing early detection and screening for colorectal cancer. This was a priority primarily because Behavioral Risk Factor Surveillance Survey (BRFSS) data showed that Nebraska was among the lowest of states for colorectal cancer screening rates [3]. In addition, there were several champions within the coalition who were willing to take this issue on as a coalition priority.

A team of coalition members including the ACS, representatives of local hospitals and cancer centers, health department staff and other partners created a work plan for moving forward on increasing colorectal cancer screening along many fronts, including: colorectal cancer screening awareness campaigns, policies requiring insurance coverage of colorectal cancer screening services, and assistance with developing a pilot screening program in the state.

As a result of the focused implementation of these activities, much has been achieved to reach the goal of increasing colorectal cancer early detection and screening, including: the state has a law mandating insurance coverage for colorectal cancer screening; there is now a "Stay in the Game" colorectal cancer screening website to provide communities with information and opportunities they need to increase screening; and, the pilot screening project enabled Nebraska to successfully establish a screening infrastructure that was later a key to success in getting CDC funding for a state-wide colorectal cancer screening program, the Nebraska Colon Cancer Screening Program. Through this program, three colon cancers have been detected, 1,300 Nebraskans screened and 57 pre-cancers have been found [4].

The Nebraska Cancer Awareness, Research, Education and Service (CARES) partnership uses a similar approach for all their priorities: champions are identified, partners create a plan of action, resource needs are identified and specific actions undertaken to increase resources, strong staff support is given to coalition teams and success along the way is communicated broadly to gain widespread support.

Palau's cancer prevention handbook for schools

The Republic of Palau is a Pacific island nation situated approximately 500 miles equidistant between the Philippines and Papua New Guinea. The Palau National Cancer Prevention and Control Program, in partnership with the Palau Cancer Coalition, is responsible for implementing the nation's strategic cancer plan. Several of the strategies within the CCC plan are aimed at increasing awareness of cancer prevention among school aged children.

To address this prevention priority, the program worked with the coalition to create a handbook for schools to utilize in addressing cancer prevention, primarily through working tobacco control, nutrition, infectious disease, alcohol use and physical activity into the health curriculum for sixth grade students.

School administrators and teachers were enlisted to help design the curriculum from the start. Once a draft of the handbook was complete, the coalition held a workshop with all health teachers who suggested changes, including adding more pictures and realistic graphic pictures about what cancer does to your body. Once the handbook was finalized another workshop was held to briefly introduce the handbook to the teachers, including how they could utilize the handbook in their classrooms. As a result, 16 health and/or physical education teachers (including substitutes) were involved in the project and now have a new tool to use as well as an awareness of the coalition's work. The program is conducting a pre-test and post-test to measure how many of the teachers and the students are using the handbook and gaining knowledge from it.

Building ownership among partners to get their involvement, both inside and outside of the coalition, has been a hallmark of the Palau CCC efforts from the beginning. Each year the program conducts a ½ day workshop for coalition members, where they review their program's work plan, presented in a report card format, to look at what has been done, what is pending, what the resources are and who is involved. The annual workshop has helped coalition members to understand CCC, what's in the CCC plan, and what is being done or can be done that they can get involved in. The coalition's prevention, screening, and treatment committees each have their own work plan which they use to create more specific action plans on how to get the work done. The coalition holds

monthly meetings during which each committee reports on their progress and the kinds of help they need from other members of the coalition to achieve their work.

Implementation building blocks dissemination

The *Guidance* document for planning has been extensively used to provide guidance and direction to CCC programs and coalitions on how to develop a CCC plan. The model suggested specific activities or steps to be followed in programmatic efforts, in guidance and technical assistance material, as well as provided the conceptual bases for the CCC Leadership Institutes.

In a similar fashion, the CDC's NCCCP, the American Cancer Society and other partners will disseminate the implementation building blocks model over time and in various formats to inform the continued development and implementation of CCC plans. By late 2010 a document describing the implementation building blocks, including tools to assist in using the model will be distributed electronically to CCC programs and coalitions for their guidance and use as all 69 CCC plans are fully implemented. In addition to distributing to CCC programs and coalitions, each of the 14 CCCNP organizations will promote the use of the building blocks model and disseminate the document and tools within their own organization and constituents.

The CCCNP strives to provide a focused approach of direct assistance and guidance to CCC coalitions in collaboration with CDC. A primary goal and strategic direction of the CCCNP is to support the ongoing implementation of cancer plans. Toward this end, the CCCNP has prioritized the provision of technical assistance to CCC coalitions through a variety of venues such as on-site technical assistance and webinars, peer-to-peer mentoring, and facilitating the exchange of coalition ideas and success across CCC programs. The implementation building blocks model will serve as framework for the focus of assistance and training provided. As is apparent from previous sections in this article, the implementation building blocks are informed by actual programmatic and coalition experience and, as such, there will be opportunities in the future for program-to-program, coalition-to-coalition interchange of ideas and successes as examples of model CCC plan implementation practices.

Conclusion

How others can use the implementation building blocks

The practicality of the implementation building blocks facilitates their applicability and adaptability to other chronic disease issues in the US and globally to a wide range of cancer control planning initiatives, including implementation of national cancer plans. The model, which is largely informed by actual cancer coalition experiences, recommends that users follow a series of logical steps designed to facilitate the implementation process thereby resulting in successful, measurable outcomes for comprehensive cancer control.

Adaptation of earlier CCC planning tools such as the building blocks for CCC planning in the CDC *Guidance* document and the Comprehensive Cancer Control Leadership Institute (CCCLI) training materials has been successful. These cancer planning tools designed primarily based on state experiences were adapted and modified for use by tribes and tribal organization and Pacific Island Jurisdictions. Additionally, these same tools were adapted for International Cancer Planning Forums in Latin America and several African countries to assist countries in their efforts to build capacity for cancer planning. Similar to the US, where all 50 states, all Pacific Island Jurisdictions and many tribes and tribal organizations are in the process of implementing their CCC plans, many countries have developed national cancer plans and are now seeking tools and technical assistance to guide the implementation of their plans. Adaptation and testing of the implementation building blocks model for other public health initiatives is likely once training on the model has been disseminated to state, tribe, tribal organization, territory and Pacific Island Jurisdiction CCC coalitions.

Future directions regarding implementation of CCC plans

Implementation efforts by CCC coalitions, guided by the implementation building blocks, will require the utilization of data to monitor the cancer burden, the identification of appropriate implementation partners and building of strong alliances, creative and wise allocation of resources, and evaluation of implementation efforts. Attention to the resources (in-kind and financial) needed for implementing a cancer plan is critical and requires quantifying and projecting the costs of implementing priorities identified within a plan. To fill the funding gaps, coalitions must "leverage" the involvement of state, community and local partners and alliances formed to implement the plan must include strong champions capable of sustained support. As indicated throughout this article, coalitions must maintain and sustain substantive partnerships and wisely leverage each partner's competencies or the best of cancer plans will remain documents "on the shelf" that never get implemented.

The use of evidence-based interventions that are tailored to meet the unique needs of communities is important to

implementation and is a challenge that many CCC coalitions and programs face. The adoption of evidence-based strategies and interventions can be a daunting task. National partners including CDC, the National Cancer Institute, and the Agency for Healthcare Research and Quality have provided technical assistance and resources such as the Guide to Community Preventive Services [5], *Using What Works* [6], and Cancer Control P.L.A.N.E.T (Plan, Link, Act, Network with Evidence-Based Tools) [7] to assist coalitions. However, there still exists a need for more culturally appropriate evidence-based interventions and more timely movement of evidence into practice through the provision of additional practical tools.

Evaluation and outcome measurement of impact from the implementation of CCC plans is imperative to sustaining the CCC movement. Inclusion of an evaluation methodology at the initial stages of implementation and identification of appropriate measures of desired outcomes are important in understanding the use of valuable resources. Also essential to implementation is that outcomes are communicated to stakeholders, funders, policymakers, and to the general public. The use of the new social media tools for real time communication of CCC outcomes will play a role in engaging new stakeholders as partners in the implementation of CCC plans.

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