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Revision of comprehensive cancer control plans: experiences shared by three states

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Abstract In the early 1990 s, a new movement emerged across the country to improve the way organizations coordinate and collaborate in the fight against cancer. Central to this movement is the development and implementation of a strategic plan, called a comprehensive cancer control (CCC) plan. Currently, sixty-nine plans exist among US states, tribes or tribal organizations, territories and Pacific Island Jurisdictions. The majority of CCC plans cover a five-year timeframe; typically in the fifth year, a plan update or plan revision process begins. Although many plans have common components, different processes have been utilized by various programs to update plans. This article describes the process used by Kentucky, Michigan and Wyoming to update and revise their CCC plans. Common key factors for successful cancer plan revision and implementation will be described based on experiences shared by the three states.

Keywords Cancer · Public health · Coalitions

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Introduction

In the early 1990s, a new movement emerged across the country to improve the way organizations coordinate and collaborate in the fight against cancer. Comprehensive cancer control (CCC), defined as a collaborative movement through which a community and its partners leverage resources to reduce the burden of cancer [1], has grown since then and is now an accepted framework by which all 50 states, seven tribes or tribal organizations, 10 territories and Pacific Island Jurisdictions, Puerto Rico and the District of Columbia have identified and are addressing their greatest cancer issues. Central to identifying and addressing the most pressing cancer issues within these 69 locations is the development and implementation of a strategic plan, called a CCC plan. These data-driven and evidence-based CCC plans serve as blueprints for action in each location [2]. Funding through the Centers for Disease Control and Prevention's (CDC) National Comprehensive Cancer Control Program (NCCCP) supports the development and implementation of CCC plans [1].

CCC plans are created through input from a diverse set of partners that together form a coalition. All CCC plans include broad cancer control goals for each coalition to work toward, with measurable objectives and specific strategies tied to each goal [3]. Like any strategic planning process, the development and implementation of these CCC plans is a dynamic and cyclical process, where the plans must be routinely revisited and revised to reflect current burden data and up to date evidence-based interventions. An ideal CCC plan revision process should be efficient, inclusive and allow the coalition to continue work without delaying progress. The process of updating the CCC plan can provide the coalition an opportunity to address issues not included in the original cancer plan.

Examples of such recent issues include the identification of CCC priorities that can unify the work of the coalition, description of the resources needed to implement those priorities, and a commitment from partners to contribute resources and leverage existing resources for plan implementation.

Just as the development of a first CCC plan requires a significant amount of dedicated time and money, the revision of that plan will again require resources but should build on content and experience from previous processes, thus reducing the overall amount of resources needed for revising the plan. This article describes the process undertaken by Kentucky, Michigan and Wyoming to revise their CCC plans. Common key factors that led to successful cancer plan revision and implementation are described based on their experiences. While the revision processes described here reflect only these three specific states, lessons learned may apply to other CCC coalitions. It is important to note that other successful revision processes are likely used by other coalitions.

Examples of cancer plan revision processes

Kentucky

Kentucky finalized its first CCC plan, known as the Kentucky Cancer Action Plan, in 2001. The statewide coalition in Kentucky is known as the Kentucky Cancer Consortium (KCC). The primary body of the Consortium is the Steering Committee made up of more than forty statewide or multi-regional organizations. In 2005, the Kentucky Cancer Consortium revised its initial plan in its entirety. This was done by inviting partners from throughout the state, dividing them into four workgroups across the cancer continuum including prevention, early detection, treatment and care and quality of life, and revising the CCC plan utilizing an outside consultant who served as a facilitator for the revision process. This initial process occurred through a one-day meeting. The results of the meeting and final revision of the materials were done by staff. The facilitator was helpful in guiding the groups through the process in an efficient manner; however, having only one day to update an entire plan was insufficient. Although the attendance was good, the process was challenging for coalition members because of the volume of material to be reviewed, discussed, and revised; because of structure of the process which precluded coalition members from participating in more than one review workgroup; and because of the difficulty in maintaining updated evidence and guidelines in the context of a fixed revision cycle.

In order to address these limitations, beginning in 2008, the KCC replaced its plan of a five-year revision cycle of its CCC plan, which occurred once in 2005, with a rolling revision process [4]. This made the process more manageable, facilitated keeping current versions updated on the KCC web site [5], and encouraged broad-based and cross-cutting participation in all areas of the plan.

The KCC Steering Committee utilized an electronic survey conducted in 2008 among coalition members to prioritize where to begin the revision process. Also, to enhance ownership of the plan and reduce duplication of efforts among organizations working on specific areas of the plan, the KCC Steering Committee members selected which areas of the plan they would like to champion or lead. The first two priorities selected were colon cancer early detection and tobacco prevention.

The steps to revising Kentucky's Plan include the following:

1. The KCC Steering Committee determines the order of revision.
2. KCC staff request information from topic champions on any goals, objectives and/or strategies that their organizations may be using related to the section of the plan being revised to reduce duplication and to ensure that the plan is consistent with other plans in the state.
3. KCC staff review other state, tribe, and territorial CCC plans to maximize good ideas that come from CCC coalitions throughout the nation, and they work with the Kentucky Cancer Registry to develop applicable trend data for each section.
4. Based on research done by the staff, the KCC Steering Committee revises a new section of the plan each quarter based on a review of the data. This process is facilitated by KCC staff and usually ends in consensus for each goal and objective.
5. KCC staff compiles additional information about evidence-based strategies from the Guide to Community Preventive Services [6], journal articles, and program evaluations from other organizations within the state as well as other those from other states, and recommends strategies to the Steering Committee.
6. Once the Steering Committee has approved the evidence-based strategies, the plan is revised with the section's new goals, objectives, and strategies. The revised plan is then posted to the KCC website and sent to the full Consortium.

This process is set to continue through June 2011 in order to revise each section of the Kentucky Cancer Action Plan. In all, the revision process for the entire plan will have taken two and a half years. Although this process takes time, it has resulted in more focused implementation and evaluation of efforts toward the CCC plan priorities. This plan revision process has helped ensure that the objectives in the CCC plan are measureable, usable, and

realistic. It has also served as a continuing education opportunity for Steering Committee members who may typically only focus on one or two areas of the CCC Plan. Once all sections are revised, the Steering Committee will be asked to provide feedback on the process to inform future process improvement.

Michigan

Michigan's first CCC plan was released in 2000. A key feature of Michigan's original CCC plan was a priority selection process that resulted in ten priority objectives for focused implementation. Revisions to the original plan occurred in 2004–2005 and again in 2007. Those revisions included adjustments to measures, timelines, and cancers addressed within the plan. A broader revision was completed in 2009 [7] that included addition of new goals, reclassification of previous goals, and many other changes. Michigan again used a priority selection process to focus implementation efforts of the coalition.

The 2008–2009 revision process Michigan undertook began with an identification of cancer issues from other CCC plans, followed by a summary of evidence-based interventions for strategies across the cancer continuum. Using this information in concert with guidance documents from the CDC, Michigan created a gap analysis comparing goals from its existing plan with data that had been collected from aforementioned sources. This gap analysis was used to create a list of goals for possible addition to the revised plan [8].

Ongoing communication with coalition stakeholders took place using regularly scheduled Michigan Cancer Consortium (MCC) Board meetings, along with conference calls by an ad hoc group of coalition members serving as a Plan Revision Workgroup (Fig. 1). Using data collected by staff, reviewed by the workgroup, and discussed by the MCC Board, new goal topics were identified to be added to Michigan's next CCC plan. The communication methods used reflect intentional efforts to maximize time and resources through use of technology and existing meeting opportunities.

A consulting firm was used as plan revision efforts intensified to increase input collected from stakeholders. Outside consultation was sought because this CCC plan revision was larger in scope from revisions previously completed, and the coalition itself had grown significantly over the ten-year period since the original plan was written. The consultants were used to assist with methods to increase input from hundreds of coalition stakeholders. A capacity assessment was developed to determine new CCC plan goal topics, current MCC members activities, and capacity within the coalition to address new goals. The capacity assessment was administered electronically, and

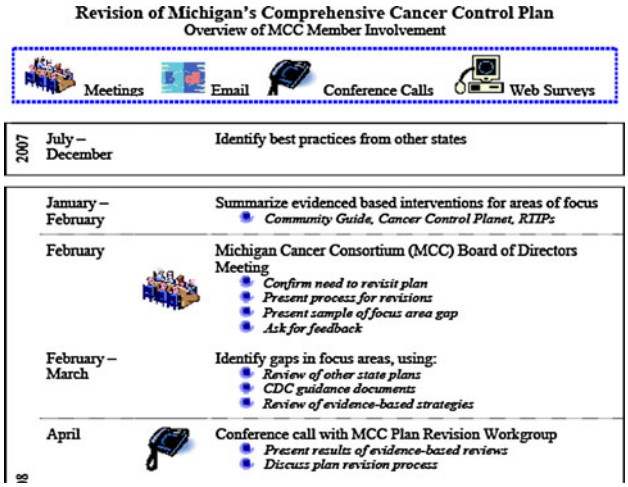

Fig. 1 Michigan's cancer plan revision process

results were shared with Plan Revision Workgroup 2 months later [9].

The workgroup, consultants, and staff worked together to develop a decision-making process to be used for confirming the content of Michigan's revised plan [9]. A full MCC membership call was held to review the revision process, collect input on the revised draft goals and objectives, and prepare for the next MCC Board meeting where decisions for the future plan would be made.

Using the established decision-making process, MCC Board members agreed to updates for Michigan's revised CCC plan and then selected five objectives that it would focus its implementation efforts on for the next 3 years. The MCC's Annual meeting was used to share results with the full membership and formulate implementation workgroups around each of the five special projects for 2009–2011.

During the next 4 months the implementation workgroups reviewed existing information via email and conference call to finalize the strategic plan for each of their respective goals. Expert advisory committees reviewed existing goals, objectives, and strategies making updates as needed. Previously, the Plan Revision Workgroup had reviewed goals, objectives, and evidence-based strategies for all new topics that were selected for addition to the revised plan. These combined efforts resulted in release of the Michigan Comprehensive Cancer Control Plan for 2009–2015 in May of 2009.

Michigan's latest CCC plan builds on the foundation laid over 10 years ago when the first plan was created and priorities were selected. New content reflects progress made and changes in science. The new plan revision process reflects an efficient use of CCC partners' time and will facilitate the next plan revision. An important facet of Michigan's planning efforts has been a decision-making

process agreed upon by stakeholders. Decision-making criteria used in Michigan, such as feasibility, are discussed under Key Factors for Successful Cancer Plan Revision and Implementation later in this article.

Wyoming

The first Wyoming Cancer Control Plan was released in October 2005, covering 2006–2010 [10]. By January 2006, plan priorities were set, resources identified, and implementation commenced. The Wyoming Comprehensive Cancer Control Consortium (WCCCC) made the decision to focus on a multi-level systems approach to cancer control by developing a broad-spectrum proposal to fund the plan through a legislative act. The Wyoming Cancer Control Act of 2007 laid the foundation for sustaining a long-term plan to reduce cancer morbidity and mortality in Wyoming. The Act prioritizes actions across the cancer continuum of care and incorporates efforts to enhance screening for breast, cervical, and colorectal cancers. Implementation has been successful, and significant supporting legislation passed and maintained even during times of economic hardship. Evidence of success is shown by program development and subsequent data that has been collected since enactment of the bill. Additionally, as a result of the outcomes supported through the Act, the Wyoming State Legislature has continued to fund those programs that work to reduce the impact of cancer on Wyoming people. In 2009, Wyoming received honors as an Exemplary Comprehensive Cancer Control Coalition by C-Change, a national organization that in part works to improve policy development around cancer prevention and control. The C-Change award recognized the WCCCC's efforts to pass the Act.

In May 2009, the WCCCC Steering Committee began looking at the need to develop a revised CCC plan and devised a process that would involve the whole consortium in the revisions.

The WCCCC Program Manager hired a contractor to develop and implement a tailored approach for revising Wyoming's cancer control plan. This approach was meant to build on previous planning efforts of the coalition during the first edition of the plan and enhance the revision process through lessons that had been learned. The contractor's purpose was to develop tools specific to Wyoming's coalition needs, as well as bring a non-biased approach to the facilitation process. The contractor, with the guidance of the WCCCC created a tool, *Revising Wyoming's Comprehensive Cancer Control Plan: A Work Guide*. The work guide, available at www.fightcancerwy.com, incorporates five steps to revising a CCC plan: (1) reconvene the workgroups, (2) review the available information, (3) reassess CCC goals and objectives, (4) recommend strategies to achieve the objectives, (5) refine strategies and determine resources needed.

The coalition gathered in August 2009 to begin completing the work guide with the goal of completing a revised cancer control plan by January 2011. Members were separated into the original CCC plan goal areas that included prevention, early detection, diagnosis and treatment, quality of life, childhood cancer, and cancer and the environment. They were then tasked with a review of current cancer plan progress. The CCC program at the state department of health had developed brief summary data sheets. These summary data sheets, also identified as objective tracking sheets, indicated progress that had been made and helped to facilitate a timely review of cancer plan goals, objectives, and strategies.

Over the next few months, workgroups met monthly via teleconference to re-assess, refine, and determine resources needed for the revised plan strategies. The WCCCC met in March 2010 to share recommendations for the 2011–2015 Wyoming Comprehensive Cancer Control Plan. It was at this meeting that final input was given by the full WCCCC and priority strategies for the first year of implementation were determined. Currently, drafting of the new plan has begun.

Tribe or tribal organization, territory, and pacific island jurisdiction plan revisions

While this article focuses on state CCC coalitions and their CCC plan revision processes, tribes or tribal organizations, territories and Pacific Island Jurisdictions are also faced with how to manage the process of updating CCC plans to reflect current cancer burden data and interventions. For tribes and tribal organizations, there may be added complexities, as several of the American Indian and Alaska Native CCC coalitions represent not just one tribe but many across large geographic areas and multiple states. Each tribe is a sovereign nation with its own government and approval process. The territory and Pacific Island Jurisdiction CCC coalitions may face similar obstacles to gaining buy in and approval. For example, the Federated States of Micronesia is a sovereign country with four states.

In addition, cultural norms may influence the way CCC plans are revised. Many tribes or tribal organizations, territories and Pacific Island Jurisdictions find western strategic planning processes to be different from the processes normally used to plan and carryout initiatives. For example, the Northwest Tribal Cancer Coalition is comprised of many diverse stakeholders including representatives from 43 tribes [11]. The coalition's CCC plan is a twenty-year plan. This extended planning horizon reflects the long-term vision of the Northwest tribes, including the importance of leaving a legacy for coming generations that is cancer-free.

The US flag territories and freely associated states of the Pacific have not only created their own CCC plans but are also part of a pacific regional plan that takes into account the common cancer needs and potential shared solutions of the region. The plan was created by the Cancer Council of the Pacific Islands [12] with assistance from the University of Hawaii. This means that the Pacific Island Jurisdiction CCC coalitions must implement, evaluate, and revise not only their own individual plans but also the regional plan, requiring coordination and collaboration outside of their own jurisdiction.

Key factors for successful cancer plan revision and implementation

In order to develop a practical and worthwhile revision process that states, tribes or tribal organizations, territories and Pacific Island Jurisdictions can successfully model, several key factors and ensuing issues must be taken into consideration. This section will focus on common key factors for successful cancer plan revision and implementation based on experiences shared by the three states. Topics to be addressed include partnership building and maintenance, an organized CCC plan revision process, feasibility, prioritization, evaluation and resource strategy development. Prior to embarking on a plan revision process, the following areas should be discussed, addressed, and evaluated to ensure the revision process adequately meets the needs of the coalition during the planning process.

Stakeholder involvement

As a coalition begins the process of determining planning and implementation activities, it is imperative that key factors are addressed as they relate to stakeholder involvement.

Taking a coordinated and comprehensive approach to cancer control

The plan must be accepted as a *comprehensive and collaborative approach* to reduce the impact of cancer. In many states, the state health department leads the CCC planning process. CCC has been defined as, "a coordinated approach to reduce the incidence, morbidity and mortality of cancer through prevention, early detection, treatment, rehabilitation and palliation" [13]. State health departments often play the role of assisting partners through meeting support and facilitation, data gathering, and a variety of other collaborative efforts to enhance infrastructure in the planning and implementation process. They often serve as the fiscal agent accountable for the tasks set forth in the NCCCP grant requirements as deemed by the CDC.

Speaking with one voice

As CCC coalition plan priorities are set, all partners must be willing to try to move forward as a coalition of organizations, with one voice. The process of reviewing data and trends, assessing progress made, and maximizing stakeholder expertise ensures that high priority areas are identified in the revised CCC plan that are agreed upon by all coalition members.

Ensuring objective facilitation

Another helpful step in ensuring adequate stakeholder involvement is the utilization of an objective facilitator with knowledge of the content area. Whether this facilitator is a member of the coalition or an outside facilitator, she/he must provide a non-biased approach to developing a revised CCC plan that allows coalition members to feel empowered to speak freely and ensure the opportunity to provide input openly with regard to the plan revisions.

Engaging and motivating partners

Creating and maintaining a highly motivated coalition is key to bringing people in as active CCC coalition members during the revision process. As plan revisions ensue, the coalition determines roles and responsibilities of each workgroup, with leadership provided by the steering committee or similar structure. While the leadership body is accountable for ensuring current partners come to the table, and new partners are added to address gaps in membership, the work of coalition members in their specific workgroup areas is essential. By reviewing progress annually and celebrating successes, partners remain engaged and motivated. Workgroups may transition each year to create a sense of spontaneity to the effort. Partners may change workgroups to allow them to choose to focus on a different area in the CCC plan. Each partner must be able to identify a benefit for their agency, organization, or as an individual to be engaged in implementation.

An organized CCC plan revision process

Most CCC programs and coalitions would likely agree that development of the initial CCC plan required a significant amount of time, dedication, and resources. The fact that CDC offered planning grants for coalitions to undertake development of CCC plans is further evidence of the resources that cancer plan development requires [2]. The

completion of a cancer plan represents a unique and important achievement that sets the foundation for a coalition's work together.

Build on content, experience, and learn from others

Revision of the CCC plan should not require the same amount of resources as were dedicated to development of the initial plan. Revision of CCC plans should build on the existing plan and draw lessons learned from both its development and implementation. Lessons can also be learned from reviewing other coalitions CCC plans. Other plans provide good examples for discussion with CCC members, and some areas of those plans may be adaptable as appropriate. CCC plan revisions also provide an opportunity to assure objectives in the plan are specific, measurable, achievable, realistic, and time-phased (SMART). In addition, the body of cancer prevention and control evidence-based interventions continues to expand. A review of the plan's existing strategies as well as the addition of new strategies must incorporate these proven approaches.

Use a systematic process, tools, and forms

One way to facilitate revision of the CCC plan is to use revision worksheets or tools. In Kentucky, after reviewing the current CCC plan, trend data, and other CCC plans, program staff created a worksheet that includes current goals and objectives as well as proposed objectives with baseline data and a blank area to be filled in during the coalition meeting with a new target number(s). Rationale is provided for each proposed goal and objective based on the latest evidence-based intervention recommendations (Fig. 2) from national organizations such as the United States Preventive Services Task Force.

Make revisions using criteria and consensus

Assessing progress toward goals and objectives is an important step in the process of cancer plan revision. If any current plan goals, objectives, or strategies have been accomplished, stakeholders can then decide if those items should be removed or potentially be placed in a category of ongoing maintenance. If goals and objectives have not been met or are partially met, an organized approach to keep, revise or remove them is needed. Once consensus has been reached on current goals and objectives, coalitions can then assess what might need to be added to the revised plan to ensure that it remains robust and comprehensive. The addition of goals, objectives, or strategies within a cancer plan should involve a review of current science, data and evidence-based strategies that have occurred since the plan was first developed.

Coalitions should consider development of specific criteria to assist with decision-making to determine what goal and objectives should be included in the revised cancer plan. For example, Michigan has used the following criteria: impact on incidence reduction, relative survival, mortality reduction, and improved quality of life. Additional criteria that may be used to determine objectives to add to a revised cancer plan include, the need for statewide collaboration, immediacy of the issue, whether it improves access to cancer care and reduces cancer health disparities.

Feasibility

Assessing feasibility of CCC plan priority goals, objectives, and strategies is a key step in successful cancer plan revision and subsequent implementation. With the breadth and depth of cancer control issues and sites addressed in CCC plans, it is important for programs to determine what can be reasonably accomplished within the plan's lifespan given stakeholder commitment and available resources. What is feasible will vary from program to program, may vary from year to year within a single program, and may also vary by stakeholder given his/her organizational affiliation and interests. What is feasible includes both objective and subjective information. Objective factors may include the availability of resources for implementation. These resources can be financial, staff and the in-kind

Fig. 2 Kentucky's cancer plan revision worksheet

Prostate Cancer

CURRENT	PROPOSED	RATIONALE
Goal 8: Reduce mortality from prostate cancer by early detection through increased screening.	Goal 8: Kentucky men will be able to make informed decisions regarding the risks and benefits associated with prostate cancer screening	Reviewed ACS, CDC and USPSTF guidelines as well as NCI's PDQ and other state Cancer Action Plan goals, objectives and strategies (see below)
Objective 8.1: Increase screening according to appropriate guidelines with special attention to "high-risk" populations such as African-Americans.	Objective 8.1: By 2014, develop a baseline measure for the percentage of Kentucky men ages 40 years and older who have talked with their provider about screening for prostate cancer.	Reviewed ACS, CDC and USPSTF guidelines as well as NCI's PDQ and other state Cancer Action Plan goals, objectives and strategies (see below)
Objective 8.2: Assure quality and effectiveness of screening methods.	Objective 8.2: None	We are proposing to eliminate the quality and effectiveness objective because it is difficult to measure.

resources of coalition partners. Subjective factors may include the political environment that fosters or hinders the implementation of specific strategies within a CCC plan.

Feasibility was included as a decision criterion for Michigan's most recent cancer plan revision process. Both feasibility and outcomes were used by the MCC Board to determine which few objectives would be selected for focused implementation from 2009 to 2011. In a decision-making process agreed upon by Consortium stakeholders, feasibility was defined in the following way:

> The realistic assessment of the barriers to and incentives for addressing this issue e.g., cost, available effective strategies, cultural appropriateness, resources required, political implications.

Prioritization

CCC plans address the entire continuum of cancer. As such it would be impossible for a CCC coalition to address all of the areas of the CCC plan at the same time in a coordinated, integrated way. One of the most important aspects of a CCC coalition's work is to show progress in meeting CCC plan goals and objectives. In order to meet goals and objectives, which is essential for securing and maintaining funding, coalitions must focus their efforts. Similar to making decisions about what to include in the CCC plan, in order to prioritize the coalition's efforts, the first step is to review the data and the second step is to involve the coalition in setting the priorities. There are several aspects of the data and the coalition that should be considered when setting priorities. These include the following questions:

1. *Which cancer sites have the highest combined burden of disease in our state, tribe or tribal organization, territory or Pacific Island Jurisdiction?* This can be done by considering a combination of risk factor or screening data from the Behavioral Risk Factor Surveillance System (BRFSS) [14], incidence and mortality data from the cancer registry [15], and vital statistics.
2. *Of those cancer sites, which cancer sites are amenable to evidence-based strategies that can reduce the risk, detect the cancer early or improve survival outcomes?* For instance, if lung cancer has the highest cancer burden, the current evidence demonstrates that tobacco prevention and control is the most effective approach to reducing lung cancer incidence and mortality. Therefore, the priority area in the CCC plan for reducing lung cancer will best implemented under the area of tobacco prevention and control. Alternatively, if there is a high burden of a cancer that does not yet have known strategies to reduce, detect early or improve survival outcomes, such as pancreatic cancer, the coalition may want to encourage research in this area and choose to focus collective implementation efforts on a cancer that already has proven or evidence-based strategies. Evidence-based strategies may come from several sources including program evaluations, intervention research studies, systematic reviews of multiple intervention studies and surveillance data.
3. *Which area(s) of the CCC plan have enough support and interest from the coalition to make this a priority?* This is a crucial step in setting priorities. The coalition must decide where to focus its resources and time. Even if there is a great need and a proven strategy or set of strategies to address the need, if the coalition is not interested or able to work on the issue, they should choose to focus on another important area and revisit this potential priority at another time. By selecting an area of the CCC plan that has a need based on the data, proven strategies and partner organizations who want to focus on this need, the coalition will be able to successfully sustain active involvement from their partnership and make an impact on the selected CCC plan objectives.

Another potential situation that the coalition may encounter is dogged advocacy from an individual(s) or an organization(s) for an issue that is clearly not a priority of the majority or may not even be included in the CCC plan. In this situation, it is the role of CCC coalition leadership and CCC program staff to provide opportunities for these partners to engage in existing activities as well as to link these partners with other organizations and resources without taking on a new committee or workgroup. In addition, even though there may be support by some organizations, if the issue is polarizing, the coalition needs to carefully consider the time it will take to create a neutral environment for partners to effectively work together.

4. *Which area(s) of the CCC plan have one or more "champions" who will take the lead in this priority area of the CCC plan?* Before making final decisions related to CCC plan priorities, the coalition needs to determine whether there is a champion who will lead the efforts for the proposed priority area. While it is critical that this champion does not control the implementation efforts, having this leadership will ensure continued momentum and progress toward the selected priority in the CCC plan. Also, the role of the CCC coalition leadership and CCC program staff is to facilitate the partner organizations working together, which involves eliciting the strengths of each partner organization and encouraging the partners to work in a coordinated, integrated way.

5. *Which area(s) of the CCC plan have resources that can be utilized toward implementation?* Some of the most valuable resources available to coalitions are the in-kind time and travel of the coalition members. However, in order to fully implement priority areas of the CCC plan, it is likely there will need to be additional resources provided by the member organizations, through grant or foundation funding or through state, tribe or territory sources. For instance, many states have been able to utilize Master Settlement Funds from tobacco companies in order to implement priority areas. If the coalition does not have funding for implementation, then developing a resource strategy for the priority areas of the CCC plan is essential. Later in this article, there are suggestions for developing a resource strategy for CCC plan implementation.

CDC is currently refining its guidance and priorities for CCC. As more detailed priorities are released at the national level, they could influence the priorities established by NCCCP funded programs within CCC plans.

Evaluation

Evaluation has been a critical and challenging component of CCC since the movement began over 10 years ago. An evaluation plan must be in place as a coalition begins implementation in order to track progress and accomplishments. The results of the evaluation should be used to improve planning and continued implementation of the CCC plan. In addition, evaluating the CCC plan is ongoing rather than something that only happens every few years or at the beginning or end of a revision.

The evaluation plan for the CCC plan includes both process and outcome evaluation approaches. Potential process questions may focus on the following areas: evaluating partnership satisfaction and involvement related to the plan revision, analyzing areas of the plan that are or are not being addressed by partner organizations, determining priority implementation areas of the plan, identifying need for new partners to implement the plan, reviewing other plans goals, objectives and strategies that may be useful for plan revisions and scanning the literature to determine any new information that may be included in the plan revision.

Evaluating the progress made in the coalition's initial CCC plan is vital as this will feed into the plan revision process and is necessary for the outcome evaluation. Developing SMART objectives and including them in CCC plans is also necessary in order to successfully conduct outcome evaluation. Short and long-term outcome measures may relate to risk reduction areas (e.g., tobacco, obesity, etc.), screening, and early detection rates (e.g., colorectal, breast, cervical, etc.) or may address treatment, rehabilitation and palliation areas. These measures are often found from secondary data sources such as the state cancer registry [15], BRFSS [14], vital statistics and others as available. Ultimately, the goal of CCC is to reduce cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation and palliation through an integrated, coordinated approach. Both process and outcome evaluation are necessary to determine whether the state, tribe or territory is making progress toward that goal.

Resource strategy

Developing a resource strategy, also known as a cancer plan budget, to implement cancer control plans is a critical factor for success. Most states will find that implementing the plan will take time, money, and resources that are not currently available. A resource strategy will help create a road map for obtaining funds by first analyzing the resources already in place and then determining resource gaps.

A resource strategy will prepare a coalition for questions raised by other partners, and even policymakers, who want to help implement the plan. By completing a resource strategy, coalitions can set a realistic approach to funding CCC plan priorities. By doing this, coalitions will gain credibility. Stakeholders will know the coalition is serious about implementing the plan. Additionally, by creating a resource strategy, the CCC plan activities become focused and the coalition is able to further prioritize efforts.

A few considerations for developing a resource strategy. 1) It takes time to develop, review, and ratify a resource strategy. Many CCC partners will have some level of expertise. Working together on this project can be beneficial. 2) Not everyone is going to agree on various aspects of the resource strategy. It is important to find areas of agreement and adopt a willingness to compromise. 3) The CCC plan may not be specific enough. The coalition may need to develop tools to help workgroups brainstorm costs associated with their activities. There are times that a best guess estimate verses a solid number will be acceptable 4) The coalition may not wish to complete a resource strategy for the entire plan. CCC coalitions across the nation are learning lessons from their first attempts at developing resource strategies. Some are choosing to phase in a resource strategy process by estimating costs for only the first year and/or second year priority strategies. This process ensures the resource strategy is up to date; however, the process must be completed more frequently.

Some states have prepared tools to assist coalitions through the planning and resource strategy development process. In the work guide titled, *Revising Wyoming's Comprehensive Cancer Control Plan,* a resource strategy

Estimated Resources Needed to Implement the Strategy

Type of Resource / Cost	No, not needed for this strategy	Yes, needed for this strategy	Estimated type / amount / cost *Best guesses are okay!*
Service delivery costs			
Contracts / consultants			
Personnel			
Materials development & printing			
Media (radio, TV, online)			
Equipment			
Data collection			
Travel & meeting costs			
Other			
Other			

Are there any resources that CCC Coalitions partners are willing to donate for this priority strategy? If so, please indicate the donated resource and the partner:

Fig. 3 Wyoming's resource strategy worksheet

worksheet was created in order to better identify costs related to implementation of the cancer control plan (Fig. 3). While those estimates were provided for the plan in its entirety for the first edition, Wyoming has decided to focus in on year one and year two priorities and create a smaller resource strategy in order to maintain accuracy through the five-year process. A resource strategy update will be provided after year two.

Wyoming's coalition found that the development of a resource strategy played a large part in their legislative success. Without having an estimated resource strategy prepared for policymakers to review and discuss as part of their legislative planning, the group's message and subsequent funding may never have been passed in such a timely fashion.

Summary

Regardless of the way a CCC plan is revised, experience will be gained for future revisions and the process can be shared with colleagues across the nation. Kentucky, Michigan and Wyoming provide only a glimpse into the experiences of cancer plan revisions that are taking place throughout the nation. The means used for revising CCC plans are as varied as the processes, coalitions and environments in which these plans are first created. Despite the variation, this article has used the experiences of three states to identify key factors for successful cancer plan revision and implementation. It is hoped that other CCC coalitions can use this information as a spring board to their own cancer plan revision. As revisions take place, the knowledge and lessons will certainly grow, as has the movement of comprehensive cancer control.

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