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MAINE COMPREHENSIVE CANCER CONTROL PROGRAM

EVALUATION REPORT FOR FISCAL YEAR 2011-2012

Prepared for:
Maine Comprehensive Cancer Control Program
Division of Chronic Disease
Maine Center for Disease Control and Prevention
Department of Health and Human Services

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Department of Health and Human Services

Maine People Living Safe, Healthy and Productive Lives

Paul R. LePage, Governor *Mary C. Mayhew, Commissioner*

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EXECUTIVE SUMMARY

Program Description

The Maine Comprehensive Cancer Control Program (MCCCP) is a state-run program funded by the U.S. Centers for Disease Control and Prevention. The program's long-term goal is to reduce the burden of cancer in Maine through the coordinated efforts of the Maine Cancer Consortium, a statewide partnership.

The Maine Center for Disease Control and Prevention, Department of Health and Human Services, contracted the University of New England Center for Community and Public Health (CCPH) to evaluate the Maine Comprehensive Cancer Control Program, which includes the Maine Colorectal Cancer Control Program (MCRCCP). This report includes a full review of evaluation findings related to MCRCCP's screening initiative, the Maine Cancer Consortium (Consortium), and the 2011-2015 Statewide Cancer Plan (Cancer Plan).

This report is intended to inform Consortium members, program staff, other governmental and nongovernmental stakeholders, and the public about MCCCP's activities and progress during the 2011-2012 grant year, and to provide recommendations for continual improvement. We hope that this information will serve as the impetus to make improvements that will ultimately strengthen MCCCP and the broader collective efforts of those seeking to reduce the burden of cancer in Maine.

Findings and Recommendations

Maine Colorectal Cancer Control Program

The Maine Colorectal Cancer Control Program is administered by MCCCP. The program helps fund screenings for patients between the ages of 50 and 65 who are under- or uninsuraned. MCRCCP's goal is to lessen the burden of colorectal cancer in Maine. The program focuses on helping all Mainers understand the importance of getting screened for colon cancer when they are age 50 and older, provides no-cost screening services, and connects Mainers with the resources they need to prevent, detect, and survive colon cancer. The screening initiative was well-received by participants and serves as a strong example of how MCRCCP can work to directly address health disparity issues such as uninsurance.

Recommendations

- MCRCCP should work with partners to leverage resources that would allow for this initiative and others like it to continue.
- MCRCCP should use evidence that the program was well received and beneficial to under- and uninsured Mainers in order to leverage funding to continue providing screenings.
- Future efforts should try to provide services in more sites across the state to address the common problem of long distances and travel times for participants.
- After doctor referral, the most frequently reported source for finding out about the program was word-of-mouth from friends and family. Future efforts could benefit from strategies for raising awareness through these kinds of social connections.

Maine Cancer Consortium

The Maine Cancer Consortium includes representatives from public and private organizations involved in all aspects of cancer prevention, control, and care throughout Maine. It was established in 1999, and received 501(C)(3) status in 2010 with a mission to, "promote and preserve the health and quality of life of the people and communities of Maine by minimizing the impact of cancer."

Recommendations

- The Consortium and its Board should review and focus on activities identified as most significant by members. These are include expanding communication paths for sharing what is happening in the cancer field, both across the state and among Consortium members.
- Review and address the areas where current and expected benefits from Consortium memberships are not aligned, for example around financial resources, affecting public policy, and utilization of membership expertise/services.
- Consider options for utilizing technology for expanding the reach of Consortium communications and for increasing the utilization of the electronic activity monitoring tracking tool, the Consortium website, and the on-going meetings and activities sponsored by the Consortium.
- Draw upon the respondents who indicated they would be interested in assisting with Consortium sustainability planning and activities.
- Consider options for securing or enhancing the utilization of many member strengths and resources in ways that members identified.

2011-2015 Maine Comprehensive Cancer Control Plan

The Consortium published the third edition of the Maine Comprehensive Cancer Control Plan in late 2010. The Cancer Plan lays out a comprehensive agenda that includes a total of 19 goals, and 78 objectives and sub-objectives. These include a series of goals structured around overarching issues affecting cancer in Maine as well as goals related to specific areas of the cancer continuum.

Recommendations

- The Consortium's Evaluation Team should continue to develop strategies for improving the use of the Activity Tracker, and meet regularly to review progress toward implementing those strategies.
- Identifying key individuals in Consortium member organizations who can champion use of the Tracker within their organization, and ensure that activities toward Cancer Plan objectives are reported. Creating an email list that includes these key individuals could serve to maintain open communication between the Evaluation Team, the Consortium and MCCCP staff.
- Given the Consortium's new status as an independent 501(c)(3), we recommend a structured review the Cancer Plan goals, objectives and associated metrics, to determine if any adjustments are needed, particularly for objectives that relate to the Consortium.
- In the coming year, the Evaluation Team, in partnership with the MCCCP evaluator, should work to identify indicators and baseline measures for Cancer Plan objectives that do not currently have them.

2012-2017 Evaluation Plan

2011-2012 marks the end of the current five-year implementation grant funding period, which began in 2007. In April 2012, MCCCP announced that the CDC had awarded the program a new implementation grant, which will run from 2012-2017. CDC has established four goals for this new five year period. These are to:

- Seek efficiencies across the management and operations of cancer prevention and control programs.
- Focus on high-burden cancers with evidence-based, scalable interventions that already exist and can be broadly implemented.
- Develop organized screening programs that are more effective and efficient than current opportunistic approaches.
- Maintain high-quality cancer registries and expand their application in prevention and screening.

Recommendations

- In order to further the coordination objectives of the Maine CDC, the Evaluation Planning Team should identify representatives from key Chronic Disease programs to participate and provide input into the evaluation planning process. This includes, but is not limited to, the Child and Maternal Health Program, and the Children with Special Needs Program.
- MCCCP, in partnership with the Consortium, should identify specific programmatic and intervention strategies for meeting the goals and objectives outlined in the Maine Comprehensive Cancer Control Program Action Plan document. Once specific activities and timetables are established around these objectives, the Evaluation Planning Team will be able to develop the specific strategies, metrics, and data collection plans to evaluate success.
- At their next scheduled meeting, the Evaluation Planning Team should establish a timeline for drafting the 2012-2017 Evaluation Plan within the specified timeframe (i.e. 120 days from receiving the grant award).

PROGRAM DESCRIPTION

The Maine Center for Disease Control and Prevention, Department of Health and Human Services, contracted the University of New England Center for Community and Public Health (CCPH) to evaluate the Maine Comprehensive Cancer Control Program (MCCCP), which includes the Maine Colorectal Cancer Control Program (MCRCCP).

This report captures activities, successes, and challenges related to the three major program components for grant year 2011-2012. These are the MCRCCP's screening initiative, the Maine Cancer Consortium, and the 2011-2015 Statewide Cancer Control Plan. The three areas complement one another and many of the activities overlap. This section provides descriptions of these program areas.

Maine Comprehensive Cancer Control Program

The Maine Comprehensive Cancer Control Program is a state-run program funded by the U.S. Centers for Disease Control and Prevention. The program's long-term goal is to reduce the burden of cancer in Maine through the coordinated efforts of the Maine Cancer Consortium, a statewide partnership. MCCCP's programmatic objectives are to:

- Improve and expand the collaborative efforts already in place through the Maine Cancer Consortium among stakeholders working on cancer control in Maine.
- Increase the use of the Maine Cancer Plan as the statewide document directing collaborative cancer control efforts.
- Provide technical assistance to organizations working on state and local efforts.
- Facilitate and support collaborative public awareness and education projects.
- Evaluate the efforts and impact of the Consortium and statewide cancer control initiatives.

MCCCP provides leadership and coordination for Maine's statewide comprehensive cancer control efforts and is guided by the goals and objectives delineated in the 2011-2015 Maine Comprehensive Cancer Control Plan (Cancer Plan). As depicted in Figure 1, MCCCP has been active in developing and implementing a statewide cancer plans since 2001. The current five-year plan began in 2011 and will continue through 2015.

Figure 1: *Planning, implementation, and evaluation timeline for MCCCP*

1998	Maine selected as model planning state by US CDC
1999	Statewide Maine Cancer Consortium established
2000	Consortium begins comprenehsive cancer control planning process
2001	Implementation of first Maine Comprehensive Cancer Control Plan begins
2002	US CDC awards implementation grant to Maine CDC
2003	Program implementation and evaluation planning continues
2004-2005	Program implements evaluation plan and generates reports based on findings
2005-2006	First 5-year plan concludes, planning for new 5-year plan begins
2007	Program receives new 5-year implementation grant from US CDC
2008-2009	Implementation and evaluation continues, planning for new statewide cancer plan begins
2010-2011	Maine Cancer Consortium restructures to align with new 2011-2015 Cancer Plan
2011-2012	Evaluation of 2011-2015 Cancer Plan, and planning for new 5-year evaluation plan begins

MCCCP Colorectal Cancer Control Program

The Maine Colorectal Cancer Control Program (MCRCCP) is part of MCCCP. The program helps fund screenings for patients between the ages of 50 and 65 who do not have insurance coverage. MCRCCP's goal is to lessen the burden of colorectal cancer in Maine. The program focuses on helping all Mainers understand the importance of getting screened for colon cancer when they are age 50 and older, provides no-cost screening services for uninsured Mainers, and connects Mainers with the resources they need to prevent, detect, and survive colon cancer.[1] The Program partnered with four sites in different locations throughout the state to conduct these screenings. These are:

- Maine Health
- Eastern Maine Healthcare System
- Maine General Medical Center
- Central Maine Health System

Between 2010 and 2012, MCRCCP covered the costs of screenings for approximately 728 individuals, many of whom could not have otherwise been able to afford the service.

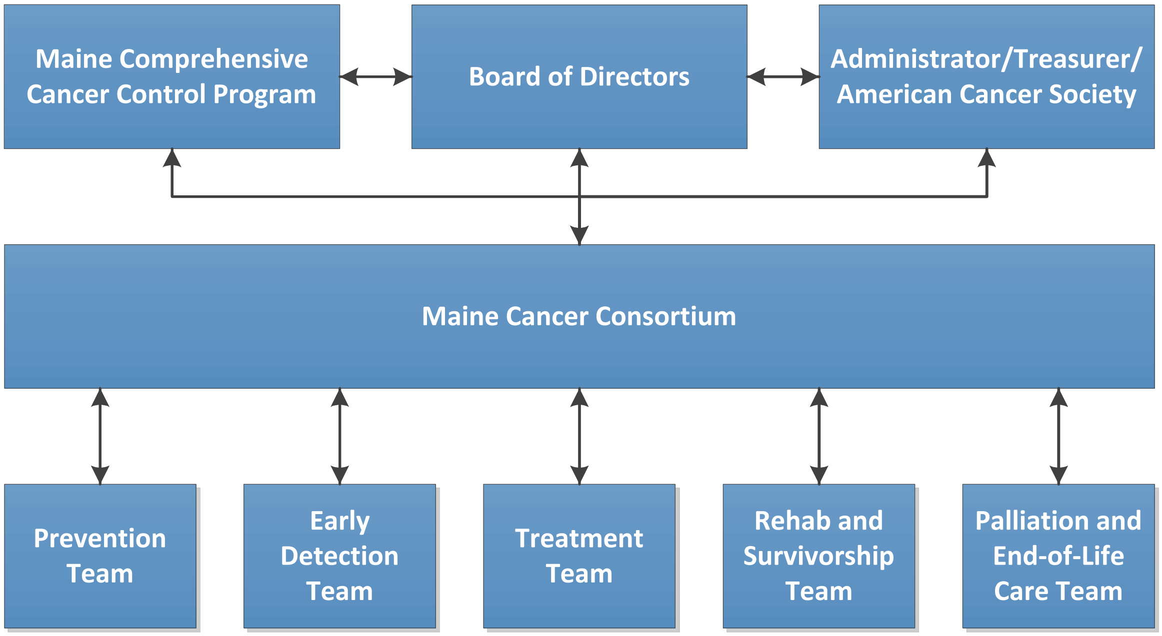
Maine Cancer Consortium

The Maine Cancer Consortium includes representatives from public and private organizations involved in all aspects of cancer prevention, control, and care throughout Maine. It was established in 1999, and received 501(C)(3) status in 2010 with a mission to, "promote and preserve the health and quality of life of the people and communities of Maine by minimizing the impact of cancer."[2] The Consortium's overarching objectives are as follows:

- Increase statewide integration, coordination, and provision of quality prevention, early detection, treatment, rehabilitation, palliation, and end-of-life care services in Maine.
- Increase access to high quality cancer prevention, early detection, treatment, palliation, and end-of-life care information and services for all Maine residents regardless of geographic, social, economic, racial, ethnic and other cultural factors.
- Increase the proportion of Maine residents who appropriately utilize screening, follow-up, treatment, rehabilitation, survivorship, palliation and end-of-life care services.
- Improve the quality and coordination of cancer surveillance and other data systems and the extent to which these and other evaluation data are used for comprehensive cancer control programming and management.
- Increase support from policy and grant makers for comprehensive cancer control in Maine.

The Consortium is in the process of aligning its structure with the Cancer Plan by working to establish teams focused on specific areas of the cancer control continuum. To date, the Prevention, Early Detection, and Rehabilitation and Survivorship teams are active. Figure 2 presents a simplified Maine Cancer Consortium organizational chart.

Figure 2: *Simplified organizational chart for the Maine Cancer Consortium*



2011-2015 Maine Comprehensive Cancer Control Plan

After a year of collaborative planning between MCCCP, the Consortium, and other stakeholders, the Consortium published the third edition of the Maine Comprehensive Cancer Control Plan in late 2010. This current edition of the Cancer Plan includes the following stated purpose:

> *"The Maine Comprehensive Cancer Control Plan is the roadmap used to guide the state's collaborative approach to reaching the goal of promoting and preserving the health and the quality of life of the people and communities of Maine by minimizing the impact of cancer."*

The Cancer Plan lays out a comprehensive agenda that includes a total of 19 goals, and 78 objectives and sub-objectives. These include a series of goals structured around overarching issues affecting cancer in Maine as well as goals related to specific areas of the cancer continuum.[3] Table 1 illustrates how the 19 goals are organized into overarching topics.

The Cancer Plan document also offers a variety of informative background information including an overview of the burden of cancer in Maine, lists of key stakeholders throughout the state who are working to reduce the burden of cancer, and several tables presenting data taken from the Maine Cancer Registry. The full Cancer Plan can be accessed on the Maine Cancer Consortium's website (*link*).

Table 1: *Goals of the 2011-2015 Cancer Plan by topic*

Public policy, legislation, and funding

1. Pursue sustainable means of funding and legislative support for all aspects of the Maine Comprehensive Cancer Control Plan.
2. Promote current and emerging policies and legislation that will help reduce the cancer burden in Maine.

Disparities

3. Understand and assess cancer health disparities in Maine.
4. Increase access to care and quality of care for medically underserved populations in Maine.
5. Improve the ability of Maine’s cancer care workforce to provide quality care for medically underserved populations.

Data and surveillance

6. Improve data collection and cancer surveillance in Maine.

Primary prevention

7. Reduce overall cancer risk in Maine due to selected modifiable risk factors.
8. Reduce the risk of cancer in Maine through the integration of healthy behaviors and preventive strategies into the lifestyles of all Mainers.

Early detection

9. Promote, increase, optimize, and support the use of high quality cancer screening tests and follow-up services in Maine for all detectable cancers.
10. Educate Mainers on the benefits of early detection, and provide support for community awareness activities.
11. Reduce the incidence of hereditary cancers in Maine through coordinated genetic risk education, assessment, and counseling.

Treatment

12. Elevate the quality of cancer care in Maine to meet or exceed national standards.
13. Increase access to quality cancer care.

Rehabilitation and survivorship

14. Increase awareness and utilization of rehabilitation and survivorship services throughout Maine.

Palliation and end-of-life care

15. Ensure that Mainers who have been diagnosed with cancer can access appropriate palliative care through treatment and beyond, as well as hospice care at the end of life.

Implementation

16. Implement a five-year cancer control and prevention plan to enhance the cancer control initiative in Maine.

Communications

17. Enhance communication efforts of the Maine Cancer Consortium throughout the implementation of the Maine Comprehensive Cancer Control Plan.
18. Address emerging membership needs of the Maine Cancer Consortium throughout implementation of the Maine Comprehensive Cancer Control Plan.

Evaluation

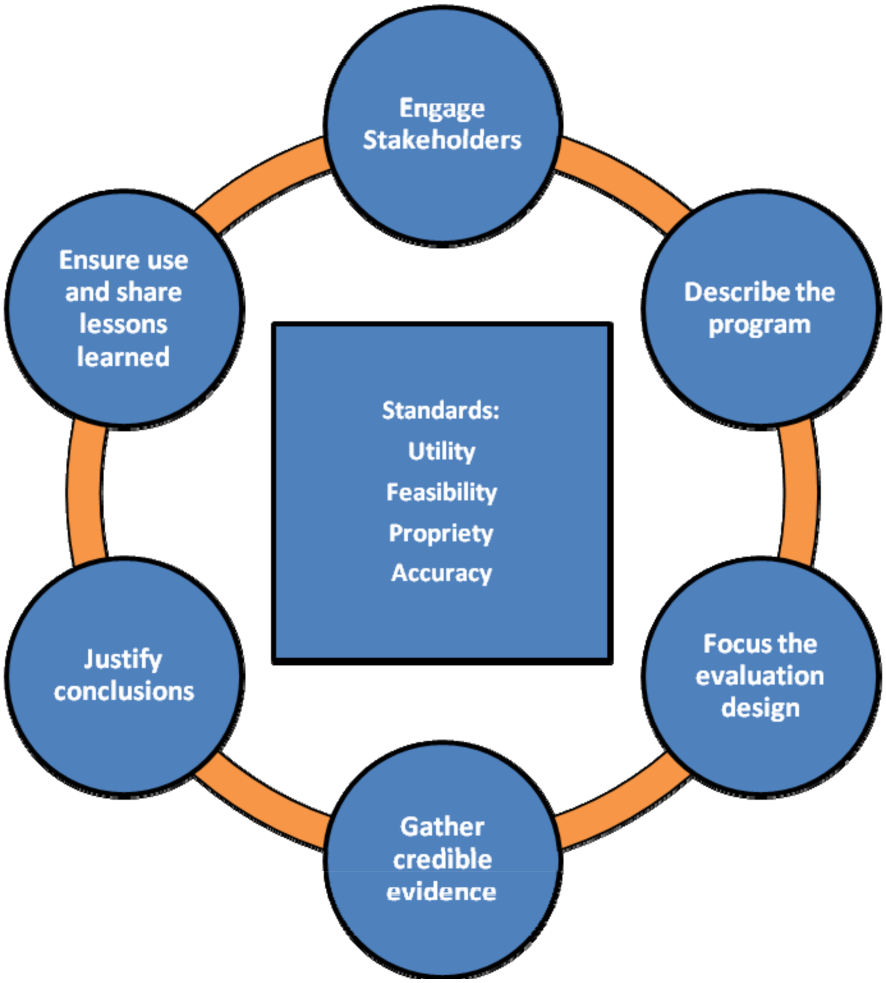
19. Support and enhance the Maine Comprehensive Cancer Control initiative through independent evaluation.

Evaluation Design

CDC Evaluation Framework

The UNE evaluation team works closely with MCCCP staff and other key stakeholders to insure that all evaluation activities are conducted in accordance with the CDC's Framework for Program Evaluation. The CDC's Framework was established in 1999 as a practical tool for guiding evaluators and program stakeholders in systematically assessing the quality, effectiveness, and significance of public health programs.[4] It consists of six steps which emphasize the contextual components of evaluation, along with four main standards to ensure that evaluation activities are ethical and result in useful findings. The continuous, iterative nature of program evaluation is illustrated in Figure 3.

Figure 3: *Six steps and four standards of the CDC's Framework for Program Evaluation*



Data Collection Methods

The evaluation team worked collaboratively with MCCCP and Consortium representatives to develop the necessary evaluation tools and processes. These tools and processes were deployed over the course of the year to collect quantitative and qualitative information related to the three main program components. Table 2 provides a high-level overview of data collection strategies and sources for the specific program components.

Table 2: *Evaluation strategies and data sources for key program components*

Program Components	Evaluation Strategies	Sources of Data
Maine Colorectal Cancer Control Program	Post-screening survey of program participants, review of screening documentation	Paper survey mailed to participants with postage-paid return envelope gathered both quantitative and qualitative data regarding patient experience, and aggregated hospital screening documentation
Partnership with Maine Cancer Consortium	Annual evaluation of Consortium membership, and evaluation of the Consortium's annual meeting	Quantitative and qualitative data gathered by both electronic and paper surveys of the full Consortium membership, and participants at the annual meeting
2011-2015 Maine Comprehensive Cancer Control Plan Assessment	An easy-to-use tool for reporting as many activities as possible taking place throughout Maine which are aligned with the Cancer Plan	Ongoing collection of data related to process and reach of cancer-related activities through a simple online form appearing on the Maine Cancer Consortium website, and review of Consortium documentation

FINDINGS AND RECOMMENDATIONS

Maine Colorectal Cancer Control Program

The Maine Colorectal Cancer Control Program (MCRCCP) helps fund screenings for patients who are 50 years or older and do not have insurance coverage. The Program has partnered with four sites in different locations throughout the state to conduct these screenings. These are Maine Health (MH), Eastern Maine Healthcare System (EMHS), Maine General Medical Center (MGMC), and Central Maine Health System (CMHSS).

Statewide, the program provided a total of 414 screenings during the first year and four months – from March 2010 and June 2011. Screenings dunes during this period are collectively referred to as Years 1 and 2 in the tables below. The program provided approximately 314 screenings in Year 3 – from June 2011 to June 2012. Participants who received screenings were sent a short satisfaction survey about their experience, along with a postage-paid return envelope. Of the 728 individuals screened, 380 responded to the survey, for an overall response rate of 53%.

Table 3: *Colorectal screenings provided for Year 1 and 2, and Year 3 of the program, and number of satisfaction surveys returned by location*

	CMHSS		**EMHS**		**MH**		**MGMC**		**Statewide**	
Year	*1-2*	*3*	*1-2*	*3*	*1-2*	*3*	*1-2*	*3*	*1-2*	*3*
CRC screenings provided	64	72	165	109	105	68	80	65	414	314
Survey responses	16	35	112	47	68	42	41	19	237	143
Response Rate	25%	49%	68%	43%	65%	62%	51%	29%	57%	46%

The survey was designed to gain insights into the overall patient experience, and understand which aspects of the program worked well and which ones could be improved upon. The following tables summarize quantitative and qualitative responses to items on the survey. Written responses have been edited and paraphrased the purposes of clarity and of highlighting recurring themes in the comments.

Comparing how respondents reported hearing about the opportunity for a free colonoscopy across sites, it is clear that doctors and nurses continue to be the most often cited source of information. It is also interesting to look at the diversity of information sources across sites, as respondents were fairly consistent at CMHSS and MGMC regarding who their source was – doctors and/or nurses – but responses were much more diverse at EMHS and MH. EMHS in particular had an array of responses ranging from family/friend to TV advertisement.

***Table 4:** "How did you hear about the chance to get a colonoscopy?" – Frequency of responses by location*

	CMHS		EMHS		MH		MGMC		Statewide	
Year	*1-2*	*3*	*1-2*	*3*	*1-2*	*3*	*1-2*	*3*	*1-2*	*3*
Clinic	0	0	0	0	3	3	0	0	3	3
Doctor/Nurse	12	24	38	26	14	16	26	16	90	82
Don't know	0	0	0	0	3	0	0	0	3	0
Family/Friend	3	2	13	10	10	5	6	0	32	17
Hospital	0	5	2	1	3	5	1	3	6	14
Mail	0	0	1	0	2	0	0	0	3	0
MBCHP	0	0	1	0	2	1	0	0	3	1
Newspaper	0	0	28	1	15	1	0	0	43	2
Radio	0	1	3	0	0	0	0	0	3	1
Tv Ad	0	1	20	5	11	2	5	0	36	8
Website	1	2	3	1	5	0	1	0	10	3
Flyer	0	0	0	1	0	3	0	0	0	4
Other	0	0	3	2	0	6	2	0	5	7
Total	**16**	**35**	**112**	**47**	**68**	**42**	**41**	**19**	**237**	**143**

Most respondents reported being between the ages of 50-54 all three years, followed closely by those aged 55-59. Very few respondents were under the age of 50 or over the age of 65.

***Table 5:** "What age group were you in when you got the colonoscopy?" – Frequency of responses by location*

	CMHS		EMHS		MH		MGMC		Statewide	
Year	*1-2*	*3*	*1-2*	*3*	*1-2*	*3*	*1-2*	*3*	*1-2*	*3*
Under 50	0	0	5	0	0	2	3	0	8	2
50-54	8	19	39	23	20	18	14	5	81	65
55-59	2	12	39	16	31	16	10	10	82	54
60-64	6	4	28	8	17	6	13	4	64	22
65 & over	0	0	1	0	0	0	1	0	2	0
Total	**16**	**35**	**112**	**47**	**68**	**42**	**41**	**19**	**237**	**143**

Statewide, respondents were geographically diverse, with every Maine County reporting at least two respondents. Penobscot County reported the highest number of respondents in Years 1-2, followed by Cumberland and Hancock Counties, while Cumberland County had the highest number of respondents in Year 3, followed by Oxford and Androscoggin had the highest number of respondents in Year 3. Franklin County had the lowest number of respondents in Years 1-2 and Year 3.

Table 6: *"What county were you living in when you got the colonoscopy?" – Frequency of responses by location*

	CMHS		**EMHS**		**MH**		**MGMC**		**Statewide**	
Year	*1-2*	*3*	*1-2*	*3*	*1-2*	*3*	*1-2*	*3*	*1-2*	*3*
Androscoggin	8	13	0	1	0	0	0	0	8	14
Aroostook	0	0	13	7	0	0	0	0	13	7
Cumberland	1	4	0	0	31	17	0	0	32	21
Franklin	0	1	0	0	0	0	3	1	3	2
Hancock	0	0	30	13	0	0	0	0	30	13
Kennebec	1	1	0	0	0	0	21	8	22	9
Knox	0	0	0	0	9	4	2	0	11	4
Lincoln	0	0	0	0	4	7	1	0	5	7
Oxford	6	15	0	0	0	1	0	0	6	16
Penobscot	0	0	38	11	0	0	2	0	40	11
Piscataquis	0	0	5	3	0	0	0	0	5	3
Sagadahoc	0	1	0	0	5	3	0	0	5	4
Somerset	0	0	0	0	0	0	11	9	11	9
Waldo	0	0	5	2	0	1	0	1	5	4
Washington	0	0	21	10	0	0	0	0	21	10
York	0	0	0	0	19	7	0	0	19	7
No response	0	0	0	0	0	2	1	0	1	2
Total	**16**	**35**	**112**	**47**	**68**	**42**	**41**	**19**	**237**	**143**

Across the sites, respondents were happy with all aspects of the colonoscopy process, from the sign up process, to the appointment scheduling, to the preparatory information, to the clinic or hospital site. Most satisfaction scores reported a very negligible drop across sites and functions from Years 1-2 to Year 3, with the exception of MGMC, whose scores stayed the same or slightly increased. No decrease was larger than 0.4.

Table 7: *Mean responses by location to questions regarding participant satisfaction with specific components of the screening program, using a 5-point scale with 5 indication the highest level of satisfaction*

	CMHS		EMHS		MH		MGMC		Statewide	
Year	*1-2*	*3*	*1-2*	*3*	*1-2*	*3*	*1-2*	*3*	*1-2*	*3*
Sign up process	4.9	4.7	4.8	4.7	4.7	4.5	4.8	4.8	4.8	4.7
Appointment scheduling	5	4.6	4.9	4.7	4.7	4.4	4.8	4.8	4.8	4.6
Preparatory information	4.9	4.7	4.8	4.8	4.9	4.8	4.7	4.9	4.8	4.8
Clinic or hospital	4.8	4.9	4.9	4.9	4.9	4.8	4.8	4.9	4.9	4.9

Several questions included opportunities for respondents to provide open-ended feedback. In reviewing these comments we grouped comments into overall positive and negative categories. Within those categories we created several subcategories for frequent responses. As Table 8 displays, this qualitative feedback reflects the overall positive view that individuals had of the program. Overall, there were 317 positive comments, compared to 96 negative ones.

Table 8: *Combined counts of qualitative feedback to open-ended questions by category*

Feedback Category	CMHS	EMHS	MH	MGMC	Statewide
Positive comments					
General	19	61	64	18	162
Helpful staff	4	23	32	8	67
Otherwise unaffordable	5	25	17	9	56
Felt comfortable	2	12	3	2	19
Quick scheduling	-	3	8	2	13
Total positive	**30**	**124**	**124**	**39**	**317**
Negative comments					
General	5	14	18	10	47
Distance/transportation	1	10	9	-	20
Difficulty getting in touch to schedule	-	-	8	2	10
Time between call and appointment	2	1	4	1	8
Received bills	-	1	5	-	6
Bad directions	-	2	3	-	5
Total negative	**8**	**28**	**47**	**13**	**96**

The majority of responses were general positive or negative. Aside from those, the most frequent positive comments had to do with how helpful the staff was, and how thankful individuals were for the program providing a service which they would otherwise not have been able to afford. One individual responded that, "I was worried at first when my daughter signed me up for this program, because I thought I would be treated with less respect than someone with insurance, but that wasn't the case. Everyone I dealt with treated me with utmost respect. Thank you!" Another wrote, "Thank God this program was available to me because I wouldn't have been able to afford it otherwise. I was supposed to have one two years ago."

The most frequent non-general negative comments dealt with the need to travel long distances to receive the screening, or difficulties that some individuals encountered in scheduling appointments. One individual reported that it, "Took a significant number of phone calls and web research to hook up with the correct people. Then it took 5 months once the contact was established." Another wrote, "Portland is a long drive for many Mainers. More regional hospitals need to participate."

Conclusion

Responses to the colorectal cancer screening initiative survey were overwhelmingly positive. They indicate a high level of appreciation among respondents, and overall satisfaction with the program. Many also indicated that they would, or had already, recommended the program to others. The initiative provided screenings to many individuals who possibly would not have otherwise been screened. It provides an excellent example of a well-received direct patient service that MCCCP provided for uninsured individuals in Maine. The screening initiative was well-received by participants and serves as a strong example of how MCRCCP can work to directly address health disparity issues such as uninsurance.

Recommendations

- MCRCCP should work with partners to leverage resources that would allow for this initiative and others like it to continue.
- MCRCCP should use evidence that the program was well received and beneficial to under- and uninsured Mainers in order to leverage funding to continue providing screenings.
- Future efforts should try to provide services in more sites across the state to address the common problem of long distances and travel times for participants.
- After doctor referral, the most frequently reported source for finding out about the program was word-of-mouth from friends and family. Future efforts could benefit from strategies for raising awareness through these kinds of social connections.

Maine Cancer Consortium Annual Assessment

In May of 2012 the Maine Cancer Consortium (Consortium) conducted its first membership assessment since becoming a registered nonprofit organization. As part of this change, the Consortium has undergone a major organizational restructuring over the past year. At its 2011 Annual meeting the Consortium shared a new organizational structure which is aligned with the Cancer Plan. A key change is the introduction of teams to focus on specific areas of the cancer continuum and other areas of cancer control.

After its first full year as a non-profit the Consortium Board of Directors sought to assess the strength of the new structure and to identify any areas for growth and improvement over the coming year. It was important to ensure that the assessment process provided the information regarding the Consortium's work as well as how the Consortium is operating as a nonprofit. With input from the Board, the MCCCP evaluator designed a survey tool to gather relevant information in these areas, and a process for administering the survey. To improve response, a decision was made to administer the survey in two formats; a paper version available at the annual meeting, and an electronic version distributed via Survey Monkey to the full Consortium e-mail list. In the past the survey has only been administered electronically.

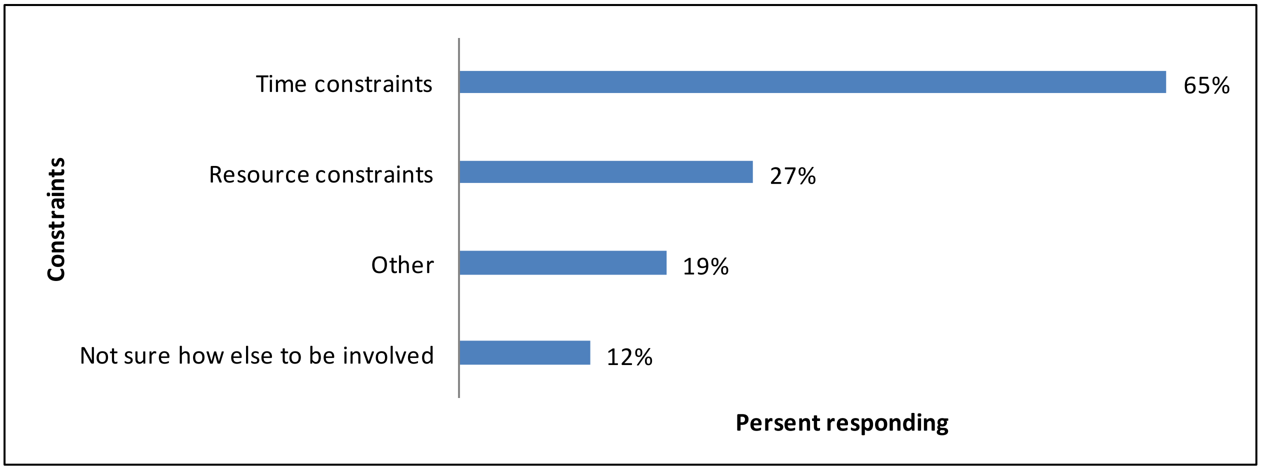
Both approaches garnered responses to the survey with 25 paper surveys and 16 electronic surveys completed for a total of 41 responses to the Consortium Assessment survey. Responses were combined and analyzed across the seven sections of the survey. Each of these areas dealt with key dynamics identified through discussions with the Board. These are:

- Consortium Membership
- Member Involvement with the Consortium
- Organization/Hospital Involvement with Consortium
- Consortium Structure
- Consortium Communications
- Benefits and Drawbacks of Consortium Participation
- Member Resources and Strengths

Membership and Member Involvement

Eighty percent of survey respondents indicated that they were members of the Consortium. Of these, 53% indicated they have been a member for more than three years, and another 41% indicated they have been a member for one to three years. Only two respondents (6%) indicated less than a year of Consortium membership. Fifty-nine percent indicated that they participate on the Consortium Board or a Cancer Team. The Prevention and the Early Detection Teams were represented by the greatest number of respondents with seven from each team. The Rehabilitation and Survivorship team was represented by five respondents, and three respondents indicated involvement in the Treatment Team and the Board of Directors.

***Figure 9:** Greatest constraints to involvement (n=26)*



Regarding the level of involvement, 63% of the respondents indicated that they are as involved as they would like to be. The most common reasons identified as limiting involvement were time constraints, which was selected in 65% of responses, and resource constraints which 27% of respondents selected. "Not sure how else I can be involved," was selected in 12% of the responses. Several respondents did select multiple responses to the question.

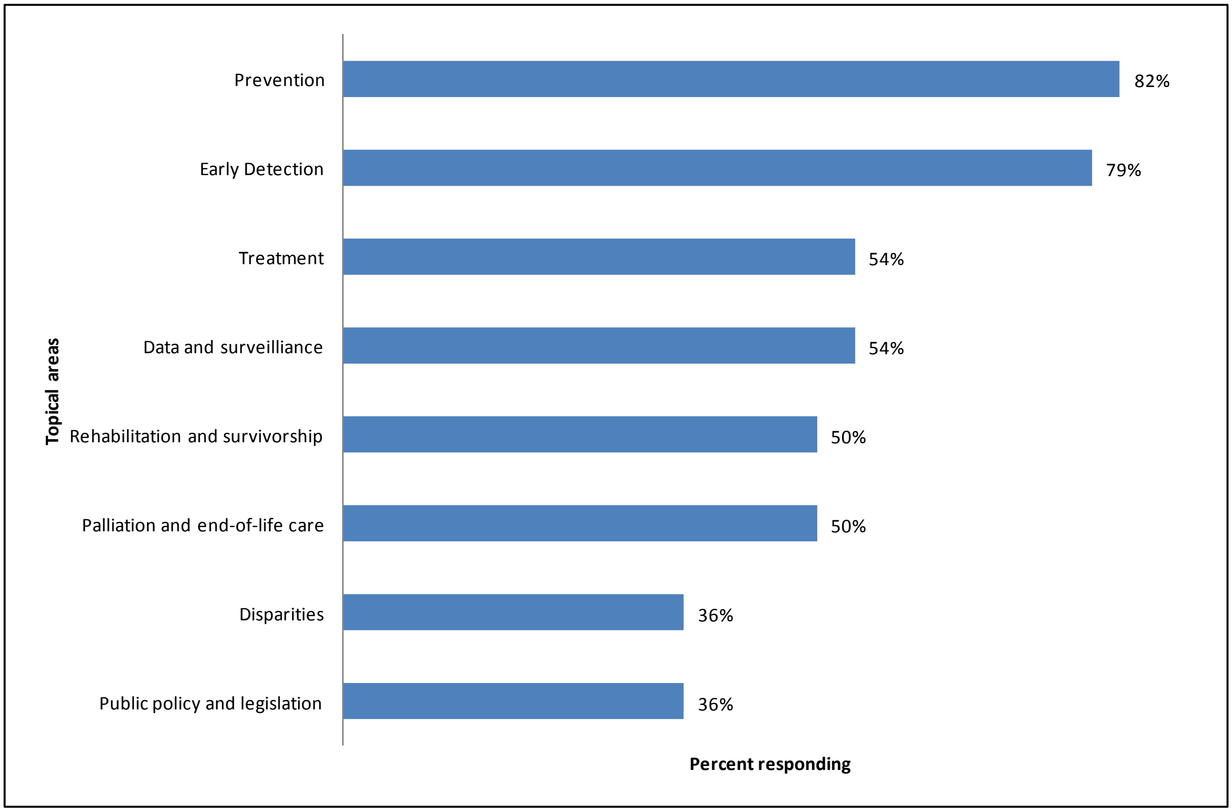
Organizational Involvement with the Consortium

The survey included six questions designed to capture data on how respondents coordinate their cancer related work with their organizational colleagues. Seventy five percent of the respondents who responded to the question, "Do you have organizational colleagues who are involved with the Consortium?" answered positively. Fifteen percent negatively, and 10% answered, "not sure." Over half (58%) indicated they coordinate their Consortium-related work with their colleagues.

Of the respondents who answered the question about whether they sit on a cancer committee or their internal cancer workgroup within their organization, 62% responded positively. Fifteen percent responded negatively, and 23% responded, "not applicable." When asked if the work of that committee or workgroup is aligned with the Cancer Plan goals, 15% indicated the work is, "completely aligned," 52% indicated, "mostly aligned," and 30% indicated, "somewhat aligned."

Several respondents provided specific examples of this alignment. The most common topical areas of alignment mentioned were around screening and prevention activities. Figure 10 presents information from respondents regarding specific areas of alignment.

Figure 10: *Topical areas of alignment between your organization's cancer goals and the Maine Cancer Consortium's goals (n=28)*



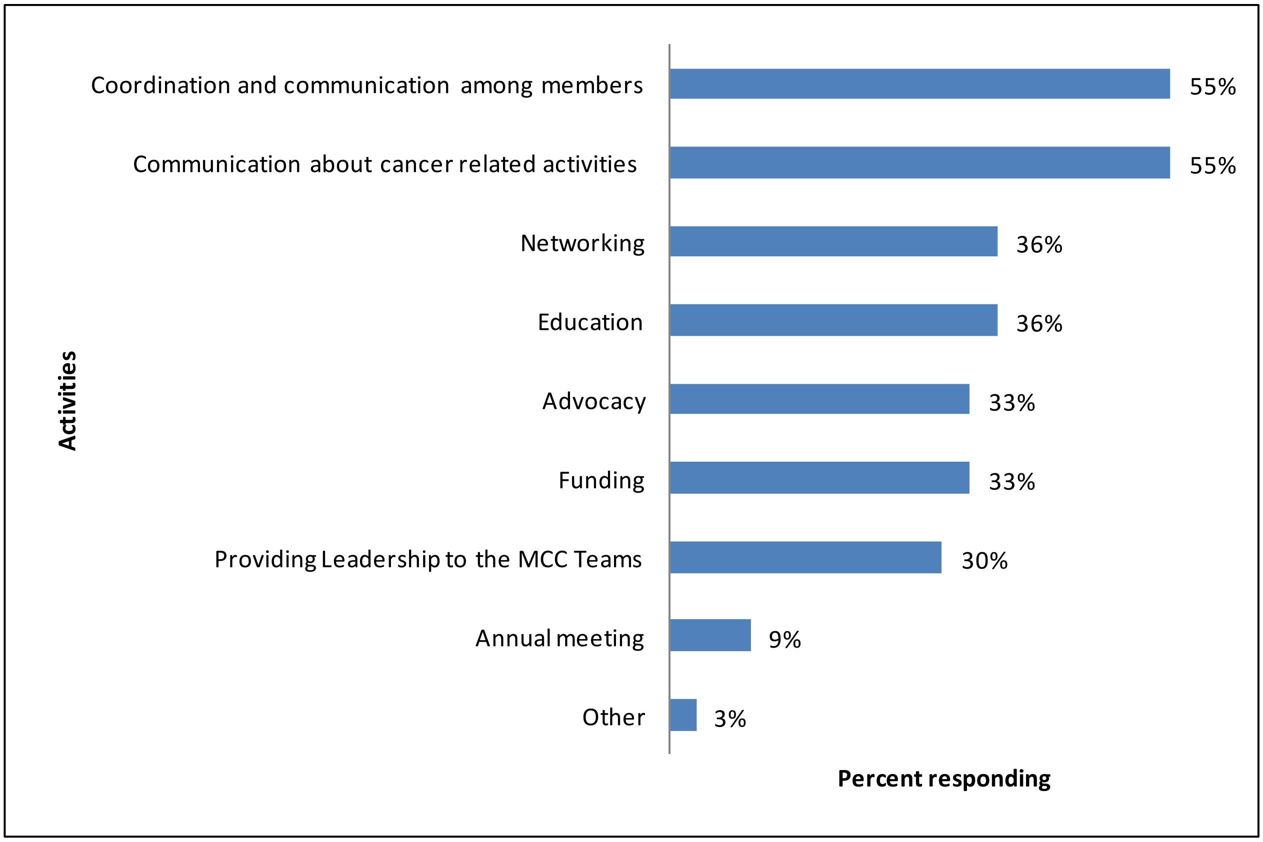
Consortium Structure

When designing this year's assessment tool, the Consortium Board of Directors was particularly interested in capturing data about the impact of the new organizational structure on Consortium membership. Therefore, the survey included a series of questions about the Consortium's change to a nonprofit, the new team-centered structure, and the internal Consortium communications paths. Of those responding, 94% indicated that the change to a nonprofit has not affected their involvement in the Consortium. However, in a following question 19% indicated that they had become more involved in the Consortium as a result of the new organizational structure. Based on these responses it appears that the team-centered format of the new structure helped increase involvement among these respondents.

The reasons shared as to why the new structure has not increased involvement fell mostly into three broad categories. The first reason included a number of responses that indicated members are not actually aware of the change, as these two comments indicate: “I haven’t noticed the change,” and, “Not aware of the new organizational structure.” The second reason was that time constraints, not structure, was the main reason that some members are not more involved. The third group of responses included other comments that structural change has not affected their level of involvement.

Eighty percent of survey respondents answered the question about what they think are the most important activities the Consortium Board of Directors should focus on are in the immediate future. Figure 11 reflects the percentage of responses checked for each of the priorities delineated, allowing that respondents were asked to check their top three priority activities.

Figure 11: *Most important activities for the Consortium Board to focus upon for the immediate future. (n=33)*



Lastly, respondents were asked to comment on the Consortium’s sustainability planning and activities. Respondents were first asked if they were aware of the Consortium’s sustainability planning/activities. Of the 66% of respondents who answered this question, 52% indicated they were not aware of them. Respondents were then asked if they would be interested in assisting with the Consortium’s sustainability planning and activities, to which two thirds of the 15 respondents said, “no,” and one third said, “yes.”

Consortium Communications

In reference to the Consortium's paths of communication, the first question addressed the use of the electronic Activity Monitoring Tracking tool, developed this year, to record work done towards meeting the goals/objectives of the Cancer Plan. Only 68% of respondents answered this question and of those, 57% indicated they had not utilized the tool while 43% indicated they had. For the questions about utilization of the Consortium website, 83 % of respondents answered the question "Have you visited the Consortium's website since its re-launch in October 2011?" Of those respondents, 65% said, *"yes"* and 35% said, *"no."* Fifty percent indicated they found the information on the website occasionally useful, and 50% indicated the information was often or very useful. When asked what they would like to see added to the website, comments included concrete items, such as, "more entries," "maybe fact sheets," "more legislative updates," and, "team information."

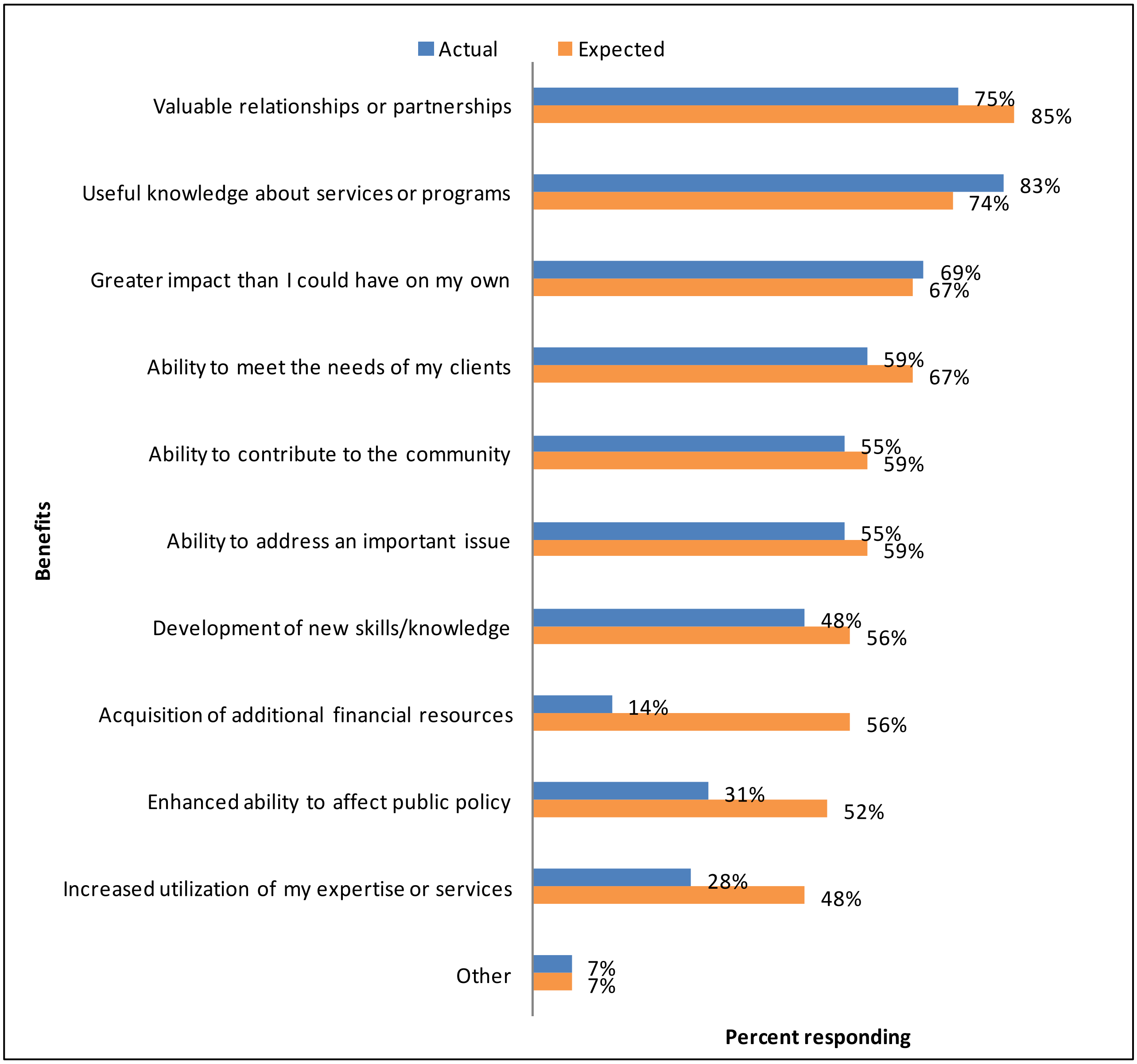
Reasons for not visiting the website were clustered in two areas, one being time constraints and being too busy, and the second being that it is, "not necessary to my daily work," and, "not directly related to my role at this time." However, for the 78% of respondents who answered the question about whether the current communication paths (website, list serve, and annual meeting) provide them with enough information/communication about Consortium activities, 91% answered positively. The only additional communication vehicle suggested was "use of social media and marketing to more marginalized populations and rural communities."

The final question about Consortium communication paths solicited suggestions for how the Consortium might better utilize electronic technology to increase involvement with Consortium activities and meetings. Sixteen respondents took the time to share comments about this question and, 70% of them indicated that videoconferencing and or webinars might increase participation, especially from the northern regions. Having a Facebook page was also suggested, and a few comments suggested that a monthly e-newsletter would be helpful. These two comments capture the spirit of the majority: "Videoconferencing. We are a big state and it is a limiting factor to participation," and, "Yes- videoconferencing, webinars with CMEs, perhaps monthly email highlighting the work of one or two [Consortium] members."

Consortium Membership Benefits and Drawbacks

Respondents indicating that they were Consortium members were asked to identify actual benefits from consortium participation, as well as benefits they would expect to receive from participation. Figure 12 reflects the percentage of actual and expected benefits related to specific items.

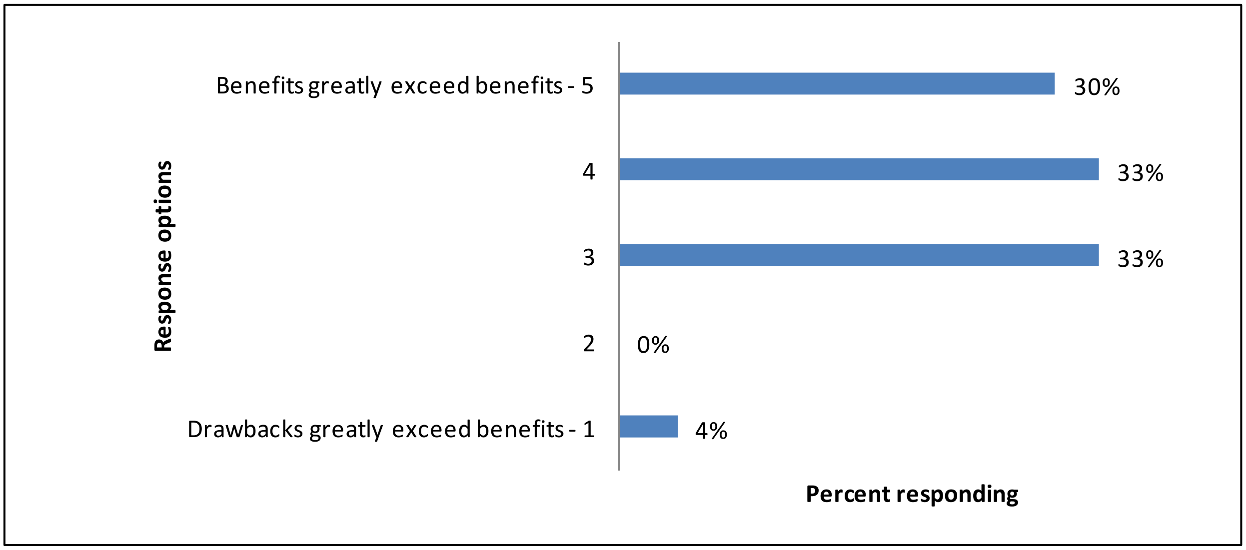
***Figure 12:** Benefits from Consortium Participation (n=29 Actual, n=27 Expected)*



Respondents were also asked to identify if there are drawbacks that limit their consortium participation. Only 61% of survey respondents answered this question and of those, 84% identified diversion of time and resources away from other priorities or obligations as a drawback that limits their Consortium participation. Eight percent indentified insufficient influence in consortium activities as a drawback, and 20% of respondents cited other drawbacks. Once again, timing was the major other drawback stated, which included meeting times, such as, "late afternoon meetings don't work for me…," and time constraints, such as, "I am too busy in my practice and with my program to dedicate any more time/travel to Consortium activities."

The last question on benefits and drawbacks of consortium participation asked respondents to assess the balance of benefits versus drawbacks of their Consortium participation on a five-point scale, with one being, "drawbacks greatly exceed the benefits" and five being, "benefits greatly exceed the drawbacks." Of the 73% of respondents, 63% responded with a four or five, 33% responded with a three, and 4% responded with a one.

***Figure 13:** Balance of benefits versus drawbacks of Consortium participation (n=30)*



Consortium Member Resources and Strengths

The final section of the assessment survey consisted of a series of open-ended questions about the resources and strengths members bring to the Consortium and how those resources and strengths can be better utilized by the Consortium. When asked, "what are the most significant resources and strengths you bring to the Consortium?" the most frequent answer of the 18 responses centered on the knowledge, expertise and resources members bring to the Consortium. Comments include: "frontline experience," "expertise in my field," "early detection knowledge," "sharing resources with people affected by cancer," and, "feedback from parents/families, understanding of data and its importance, collaboration with community partners to reach goals."

The next most frequently identified strengths addressed the areas of networking and partnerships. Comments included statements such as, "networking, willingness to be opened minded," "networking," "partnerships," "representation of area in state," and "expanding the reach of the Consortium to safety net providers." There were also a number of comments that indicate many members bring a, "passion for advocacy for people affected by cancer." The final group of comments indicate that members see as a strength their ability to align organizational goals with the Cancer Plan, and to, "help align institution and strategic plan with Maine state cancer plan."

In reference to ways that the Consortium can better utilize member resources and strengths, there were a handful of comments that suggest the Consortium, "continue with [its] current pathway." Respondents provided several suggestions, including, "ask about presenting at an Annual meeting," and, "more information sharing." The last resource/strengths question asked respondents if there were Consortium activities they would like to be more involved with, to which a majority of responses were, "no" or, "not right now." Respondents identified survivorship, advocacy, and Board membership as activities they would like to be more involved with. However, most members who responded seem content with their level and type of Consortium involvement.

Conclusion

The last question on the assessment survey asked respondents to share any general comments they might have about how the Consortium changes over the past year have influenced their membership or involvement. Seven respondents provided comments to this question. While some of these comments suggest that the change has lead to a, "less robust" Consortium, or as this comment reflects: "My only comment is that for all the good work the Consortium is doing to bring stakeholders together, I do not see the Consortium having a high profile as a state stakeholder in population health activities." However, an equal number of comments reflected the sentiment of this statement: "We are moving in a positive direction. It is an exciting time for the consortium."

Taken in its totality this year's assessment reflects a strong base of members who have been with the Consortium for a number of years and have taken the time to respond to the survey. Eighty percent of respondents were members and over half of those are at least three year veterans of the Consortium. The response rate this year was in line with the previous two assessments, so having two different options for completing the survey, did not appear to increase the response rate. The positives gleaned from the assessment include:

- Sixty-three percent of respondents are as involved as they want to be in Consortium activities, with the major constraint to fuller involvement being time constraints of members.
- Three quarters of members have colleagues in their organizations who are also involved with Cancer activities and many of these members reported coordinating their activities across their organizations as well as with the Cancer Plan goals/objectives.
- For 94% of the Consortium members, the new structure has not affected their level of involvement with the Consortium, which speaks to the seamless transition with which the changes have taken place, or as one respondent stated: "My *team is pretty much the same, with a name change which I like."*
- The Consortium website is well utilized by member respondents and the information on the website is useful to the membership.
- Respondents identified few drawbacks to Consortium participation and feel the benefits to Consortium participation outweigh any drawbacks.

Maine Cancer Consortium Annual Meeting Assessment

The Consortium's 2012 Annual Meeting took place on May 10th. The meeting was well received and quite successful at realizing goals that the Board of Directors (Board) planning committee had identified. Of the 52 attendees, 30 (58%) completed the evaluation survey tool provided at the meeting. Attendees overwhelmingly (96% of respondents) indicated that the meeting was a good use of their time and expertise, that it was relevant to their work, and that the presentations were informative by excellent speakers. The evaluation survey tool utilized for the meeting was divided into five sections that addressed the following:

- Meeting goals
- Keynote speaker
- Overall program
- Demographics of attendees
- Other information/comments

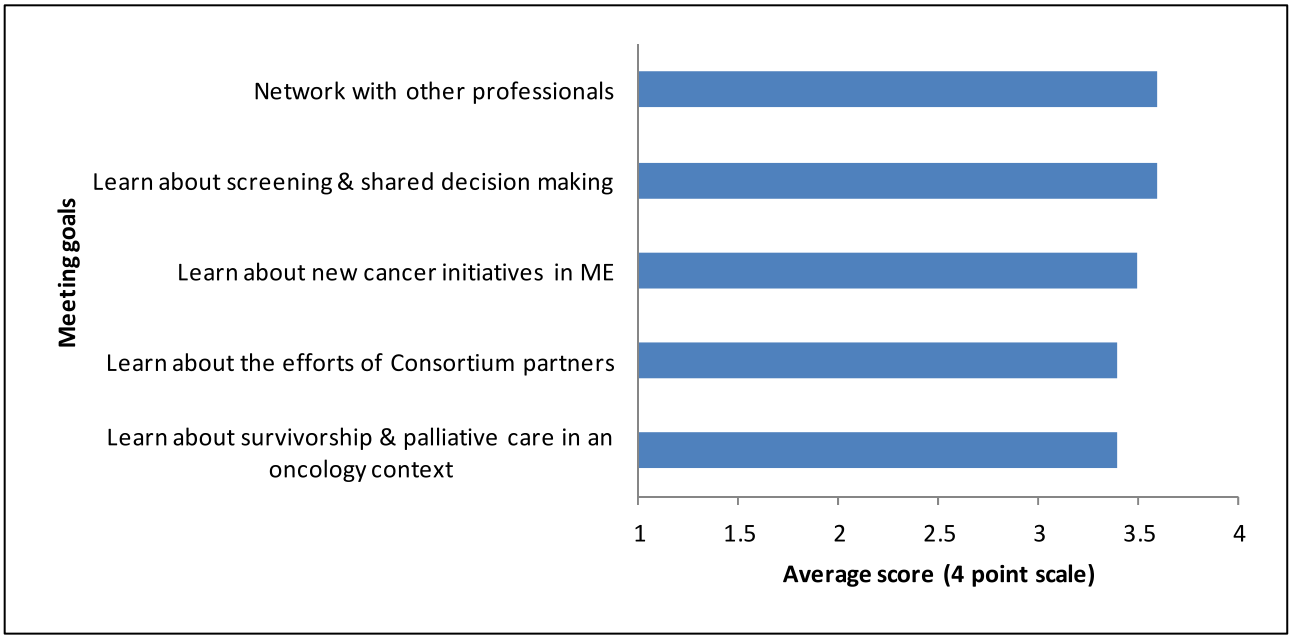
The results from the compiled surveys are delineated by survey section in the following meeting findings summary.

Meeting Goals

There were five questions in this survey section which sought to determine if the meeting agenda and activities provided an opportunity for attendees to learn about key areas which the Board had targeted as goals for the day. Attendees were asked to rate the five areas of opportunity provided at the meeting on a four-point scale on which one represented, "poor" and four represented, "excellent." The average score for the five identified areas ranged from 3.4 to 3.6, reflecting that the activities and presentations were very effective for realizing the meeting goals. Half of the goal areas garnered a 3.6 average score and for all six goals, the bulk of responses were between 3 and 4. Only six scores of two were scattered across the five areas.

The two meeting goals that received a 3.6 average score were networking with other professionals and learning about screening and shared decision making – the keynote topic. The average scores relating to specific areas of the meeting indicate that the meeting successfully met its goals.

***Figure 14:** Average scores for Consortium annual meeting goals, in response to the question, "This meeting provided an opportunity to…"*



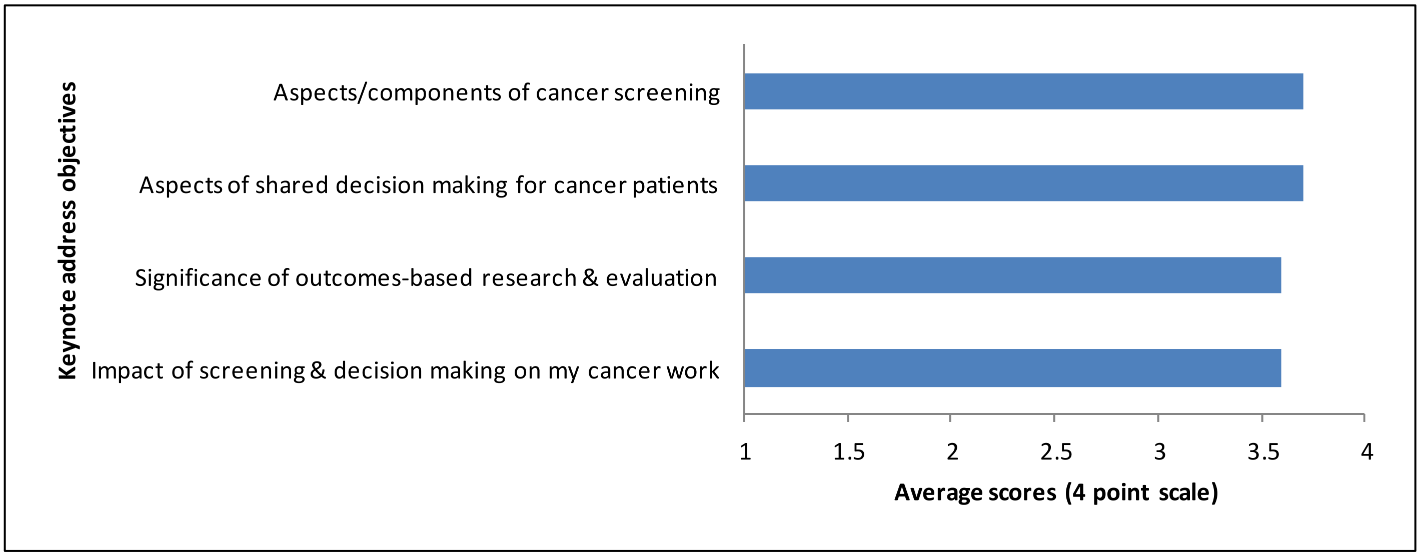
Keynote Speaker

The keynote address for the 2012 annual meeting was given by Dr. Paul Han, who spoke on Cancer Screening and Shared Decision Making. The survey tool included four questions regarding whether the keynote address met its learning objectives of increasing attendees' knowledge in four key areas. Meeting participants were asked to rate increased knowledge using a four-point scale, with one representing no increase and four represented a great increase. The average scores for the four questions ranged between 3.6 and 3.7. The score of 3.7 was attributed to an increase in knowledge of both the overall aspects/components of cancer screening, and the overall aspects of shared decision making for cancer patients. The 3.6 average score referenced an increase in knowledge of both significance of outcomes-based research and evaluation, and the impact of screening and decision making on their cancer work. Figure 15 provides a breakdown of the average scores for the four learning objectives of the keynote address.

There were also a number of written comments concerning the keynote speaker which suggest that the presentation was comprehensive, balanced, and well presented. These included:

- *"Very well rounded – talked about both sides."*
- *"Balanced presentation, well done!"*
- *"Excellent speaker."*
- *"Was very honest about the information and was able to look at the information from multiple views – handled questions well."*

***Figure 15:** Average scores for keynote address learning objectives, in response to, "This session increased my knowledge of…"*



Overall Program for the Day

The survey asked participants six questions about the extent to which they found the other meeting presentations informative or useful. Respondents were asked to use a four-point scale with one being, "not informative" and four being, "very informative." The survey also provided space for respondents to enter comments about each presentation. The average scores for these six presentations ranged from 2.9 to 3.8, which indicate that the substantive agenda issues tended to resonated with the meeting attendees.

The presentation on Palliative Care in Oncology received the strongest overall score of 3.8 average from the 29 attendees who scored this presentation (25 of whom gave it a perfect 4). There were also a number of written comments that indicate the speaker was knowledgeable and engaging, such as, "Excellent speaker – very informative," and, "Very knowledgeable. Good speaker." The only concern expressed was the use of a lot of acronyms and unfamiliar terminology, but even that comment also included that, "…he seemed very knowledgeable and confidant so I believe he knows what he is talking about."

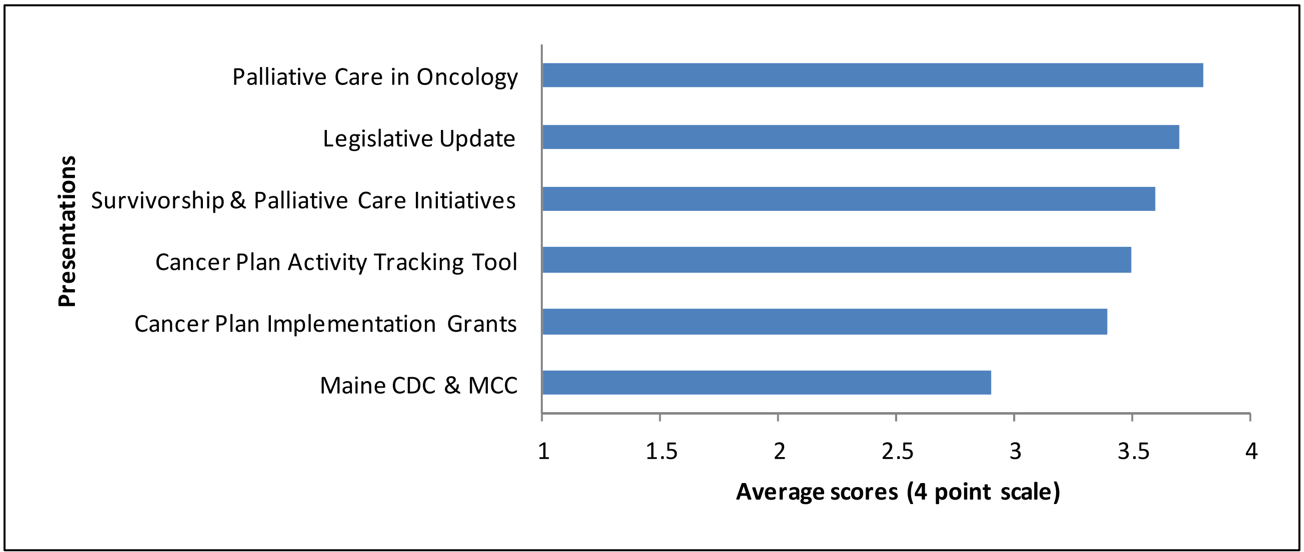
As was true in previous years, the Legislative Update was clearly useful to the attendees who responded to the evaluation survey as it received an average score of 3.7. The Legislative presentation collected numerous written comments, such as: "Excellent and up-to-the minute information," "Very applicable," and, "Always a great speaker and presentation. Thanks."

The presentation on survivorship and palliative care initiatives received an average score of 3.6. Representative of the comments shared were: "Cool, local level information," and, "Interesting to hear what is going on out there." The presentation on the Cancer Plan Activity Tracking Tool received an average score of 3.5. Among the comments shared about this presentation were: "Did not know about this tool prior and how important it is," and, "It's good!"

The Cancer Plan Implementation Grants presentation was also well received and was rated by 23 attendees with an average score of 3.4. As with the survivorship and palliative care initiatives presentation, comments suggest that attendees appreciate hearing about what is going on locally, as these comments reflect: "Awesome to see it play out on local level," and, "Interesting activities going on." The final presentation, focused on the Maine CDC and the Cancer Consortium, received an average rating of 2.9. Comments shared about the presentation focused on the misalignment of the projector during this presentation and a suggestion that a, "handout would have helped."

Figure 16 provides a breakdown of the average score for each of the six presentations that comprised the bulk of the meeting agenda for the day. In total, the table reflects that the Consortium chose wisely in reference to the issues that are important to those working in the cancer community across Maine.

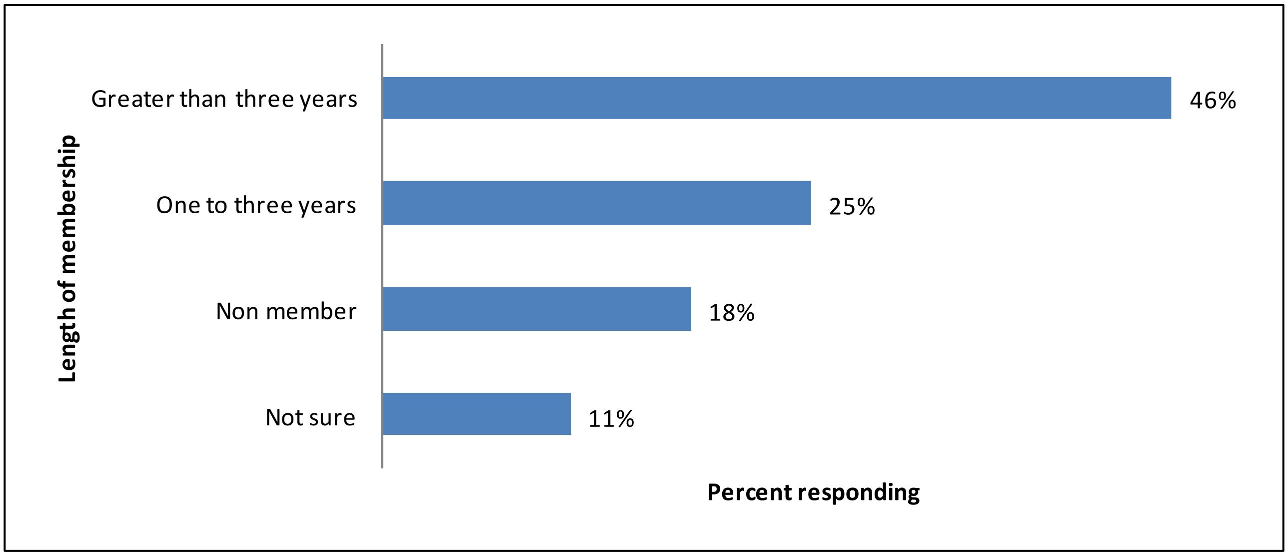
Figure 16: *Average scores for specific presentations*



Demographics of Meeting Attendees

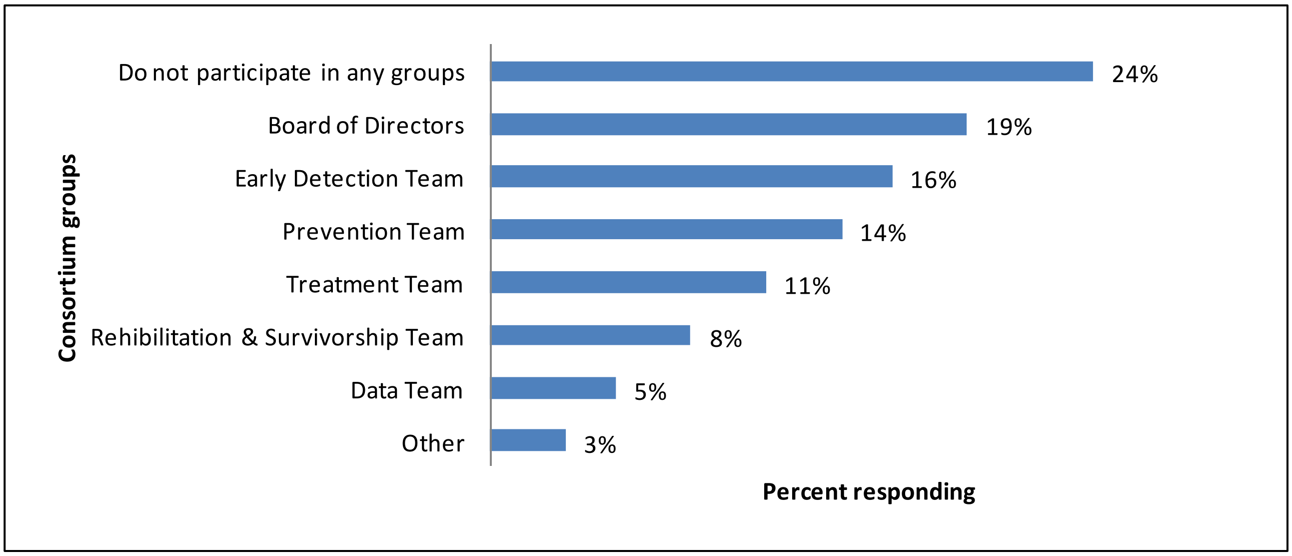
This section of the evaluation survey sought to determine the demographics of the annual meeting attendees. Respondents were asked to identify length of Consortium membership, type of Consortium membership, and whether they have participated in Consortium activities over the past year. It terms of length of membership, 13 of the 28 attendees (46%) responding to the question reported being Consortium members for more than three years. Twenty-five percent of respondents reported being Consortium members for one to three years. The non-member category was comprised of 5 respondents (18%). Eleven percent of the respondents indicated they are not sure if they are a Consortium member. Figure 17 provides a breakdown of meeting attendees in reference to their length of Consortium membership.

Figure 17: *Length of Consortium membership*



Within the structure of the Consortium there are a number of vehicles for participation from which one can choose to direct one's Consortium membership time and energy. The envisioned Consortium structure includes five cancer teams (Prevention, Early Detection, Treatment, Rehabilitation & Survivorship, and Palliation & End-of-Life), three overarching expertise areas (Public Policy & Legislation, Disparities, and Data), as well as the Board of Directors. Six of these groups were represented in the Annual meeting attendance by the 28 survey respondents who answered this question (two respondents did not check any box). Respondents were asked to check all groups to which they belong and the question also included "other" and "I currently do not participate in the above groups" as options. Thus, with the ability for multiple responses by attendees, there were actually 37 responses to the question. Figure 18 below reflects the percentage of times each option was identified for the teams/group that received any check.

Figure 18: *Involvement in Consortium groups*



The final question in this section of the evaluation survey asked respondents about whether they have participated in Consortium activities during the past year (excluding attendance at this annual meeting). Of the 24 respondents to this question, a total of 75% answered "yes" they have participated in Consortium activities during the past year, and 25% answered "no" they have not. The most frequent reasons provided for not being involved in Consortium activities was not being aware of the work of the Consortium, as this comment reflects: "Not previously aware of Consortium and its focus."

Other Information and Comments

The final section of the evaluation survey inquired about, the relevance of the annual meeting to the respondent's work. Specifically, whether the meeting was a good use of their time and expertise, could electronic technology expand Consortium involvement; and general comments about the day. In terms of the meeting's relevance, respondents were asked to use a four point scale (1 representing "not at all" and 4 representing "very") to identify how relevant the meeting was to their work. The 3.4 average score (for 26 respondents) received for this question reflects that the annual meeting planning committee did a good job of targeting the issues attendees find relevant in their daily work. Additionally, 96% of survey respondents answered "yes" to the question of whether the meeting was a good use of their time and expertise.

Almost all written comments for the questions about relevance of meeting and good use of attendee's time were positive and reflected that the meeting goals were met, as represented by the following statements:

- "Update was very helpful. Knowledge of this is vital."
- "Correct information for my role and to bring back."
- "Got to meet lots of people to connect with."
- "I thought it was very interesting."
- "Keeps me informed with workings in the state, ideas for my oncology program to work within Cancer plan."

For the questions about electronic technology, there were 25 responses to the question that asked if they would have utilized video-conferencing to attend the meeting had it been available. Sixty-eight percent of respondents said, "no," 28% answered, "yes." The second technology question was open-ended and asked about ways the Consortium might utilize electronic technology to increase membership involvement in activities and meetings. There were a dozen responses to the question. The bulk of the suggestions included the use of technology as a vehicle for reaching the North, East and Western parts of the state, and allowing for shorter meetings and increase attendance in the age of busy schedules. Specific resources included:

- Conference calls
- Video-conferencing
- Webinars
- Power points
- List serve, blogs
- Facebook

The final question on the survey asked respondents to identify any additional thoughts they might have about the meeting. A few comments related to the meeting space: "It would be great if we could hold the Annual Meeting at a hotel that doesn't allow smoking." Moreover, one third of the comments indicated the meeting was too long, or that the content could be condensed into a half day event.

On the other hand, 50% of the comments were complimentary to the meeting's organization, topics, and speakers. A sampling of those comments includes:

- "Very relevant topics, well organized, well done!"
- "It ran like clockwork! Congratulations! Thanks you for the chocolate in the afternoon."
- "Good speakers and information updates."
- "Thank you for your great organization of this meeting."

Conclusion

From the excellent ratings received for all questions on the survey, it is safe to say that the 2012 Annual meeting not only met its goals and learning objectives, it also met the needs of its attendees. Based on the participants who completed the evaluation survey, 82% of meeting attendees were Consortium members, representing most of the active cancer teams, and 64% of the Consortium Board of Directors participated.

Additionally, the large number of written comments on the evaluation surveys indicates that for those who attended the meeting, and completed the survey, the program content for the day was salient for them. The theme for the meeting of, "Survivorship and Palliative Care in Oncology" was a pertinent topic and the strong ratings of the keynote address and the presentations of the day reflect that it resonated with attendees. In total, the program content appears to have hit its mark in terms of engaging the audience and providing new and or valuable information to those working within the cancer community in Maine. Also, the organization of the Annual meeting provided participants the ability to network with others in their field and share information, both of which were an important feature to attendees.

In terms of planning for future annual meetings there are a couple of areas that may warrant review by the meeting planning committee. First, it may be worth reviewing who attended this meeting, or rather, who did not. In spite of the meeting content focus on Survivorship and Palliative Care, this year's meeting is the second year in a row that none of the survey respondents identified as being on the Palliation & End-of-Life Care Cancer Team, and that only 8% identified participation in the Rehabilitation & Survivorship Cancer Team.

While it may be that members of those two teams attended the meeting and just did not complete the meeting evaluation survey, it may also be appropriate to consider if there are barriers (such as how recruitment for attendance to the meeting was enacted) to those team members' participation in the meeting. One of the goals for the new Consortium structure was to increase participation in Consortium activities and events by a wider community membership, and while the number of non-members in attendance was again good (24% as opposed to last year's 22%), it may be worth trying to determine who those folks are, what their area of interest might be, and how to further engage them with the Consortium's work and on-going activities.

Lastly as with any event there are logistical considerations that should be reviewed for future planning. The length and location of the meeting could be reviewed with an eye to adjusting the meeting timeframe to address concerns about the length of the meeting and how to reach the more rural areas of the state. There were a number of suggestions concerning better utilization of electronic technology that could be considered as next year's annual meeting is designed. As noted earlier, overall, meeting participants feel the level of content and speakers at the meeting is excellent, but also that it would be good if it could reach more people in the state. Locating a venue with the option to video or stream the day's events may allow for broader participation and for overall Consortium engagement or involvement at the Cancer Team level.

Recommendations

- The Consortium and its Board should review and focus on activities identified as most significant by members. These are include expanding communication paths for sharing what is happening in the cancer field, both across the state and among Consortium members.
- Review and address the areas where current and expected benefits from Consortium memberships are not aligned, for example around financial resources, affecting public policy, and utilization of membership expertise/services.
- Consider options for utilizing technology for expanding the reach of Consortium communications and for increasing the utilization of the electronic activity monitoring tracking tool, the Consortium website, and the on-going meetings and activities sponsored by the Consortium.
- Draw upon the respondents who indicated they would be interested in assisting with Consortium sustainability planning and activities.
- Consider options for securing or enhancing the utilization of many member strengths and resources in ways that members identified.

2011-2015 Maine Comprehensive Cancer Control Plan

After a year of collaborative planning between MCCCP, the Consortium, and other stakeholders, the Consortium published the third edition of the Maine Comprehensive Cancer Control Plan in late 2010. This current edition of the Cancer Plan includes the following stated purpose:

> *"The Maine Comprehensive Cancer Control Plan is the roadmap used to guide the state's collaborative approach to reaching the goal of promoting and preserving the health and the quality of life of the people and communities of Maine by minimizing the impact of cancer."*

The Cancer Plan lays out a comprehensive agenda that includes a total of 19 goals, and 78 objectives and sub-objectives. These include a series of goals structured around overarching issues affecting cancer in Maine as well as goals related to specific areas of the cancer continuum.[3]

The Cancer Plan document also offers a variety of informative background information including an overview of the burden of cancer in Maine, lists of key stakeholder throughout the state who are working to reduce the burden of cancer, and several tables presenting data taken from the Maine Cancer Registry. The full Cancer Plan can be accessed on the Maine Cancer Consortium's website (*link*).

Maine Cancer Consortium Activity Tracker

Over the past year, progress has been made in establishing the Maine Cancer Consortium Activity Tracker (Activity Tracker), a simple online tool for tracking the work of Consortium partners to further the goals and objectives of the Cancer Plan. The Activity Tracker is accessible through the Consortium website (*link*). It was designed to collect high-level information in order to provide insights into the wide range of activities taking place around Cancer Plan goals and objectives, and to assess progress toward specific Cancer Plan objectives. Because adjustments to the Activity Tracker are simple to make, and the collected information is easily accessible online, it also serves to strengthen the internal evaluation capacity of the Consortium.

A pilot run of the Activity Tracker was conducted in late 2011. Consortium members and other partners were introduced to the tool through a series of email announcements and presentations at Consortium Team meetings. Consortium members were asked to use the Activity Tracker to retroactively report on activities they had conducted during 2011. They reported a total of 241 activities. Combined, these activities took place in all of Maine's eight public health districts, and reached an estimated 150,000 people. These activities generally fell into the following categories:

- Lectures and meetings
- Direct patient services
- Health fairs and similar events
- Media initiatives
- Advocacy and awareness efforts

While these numbers are encouraging, they should be interpreted as conservative estimates of the actual number and reach of activities that took place in 2011. This is because in its pilot round, two factors made under-reporting of activities likely. Specifically:

- Consortium members and partners had only two months to enter information on events that had taken place over the entire year.
- Some partners who would otherwise have reported activities may not have been aware of the Activity Tracker during the two-month timeframe.

MCCCP staff and Consortium members reviewed a series of charts and figures summarizing the information collected through the Activity Tracker for 2011 (Appendix 5). They determined that an Evaluation Team be established to maintain the Activity Tracker, make any needed adjustments, and plan an outreach strategy to improve its use, particularly in regions of the state with low numbers of reported events. This Evaluation Team met for the first time in June, 2012.

2011-2015 Maine Comprehensive Cancer Control Plan Assessment

The Cancer Plan specifies sources of information for assessing whether many of the objectives have been met. Many of the objectives are connected to responses of questions in the Behavioral Risk Factor Surveillance System (BRFSS) and the Maine Youth Risk Factor Survey (MYRBS) – major surveillance systems that survey a representative sample from across the state. For logistical reasons it takes approximately two years before data collected in these surveys are available. Furthermore, the Cancer Plan does not identify indicators for roughly one third of its objectives. For these reasons, a full assessment of progress toward these objectives will not be possible until next year at the earliest. In the meantime, Consortium members and partners have provided information through the Activity Tracker that helps to show that efforts are being made toward many objectives for which the specified indicators are not yet available. The following four tables present the Cancer Plan objectives alongside information gathered through the Activity Tracker or other sources that indicate progress toward each objective.

Table 4 presents those objectives for which the target is a specific number of activities. Information collected during the Activity Tracker pilot shows that progress was made toward many of these activities, against baselines defined in the Cancer Plan. Due to suspected underreporting of activities during the pilot phase, it is important to note that the numbers presented likely do not represent the total number of activities that took place. Because of these unreported activities, these numbers indicate where progress was made, but should not necessarily be interpreted as indicating a lack of progress in other areas.

Table 4: *Reported activities in 2011 for Cancer Plan objectives with metrics based on number of activities*

	Objective	Baseline	Current (2011)	Target (2015)
2.1	Initiate and support a policy/legislative sub-committee to coordinate and support legislative efforts surrounding cancer control in Maine by 2011.	0	0	1
2.2	Increase annually the number of eligible Consortium partners who participate in the Cancer Legislative Day at the Capitol through 2015.	*	36	>36
2.3	Increase annually the number of policy-making activities in which Consortium members engage through 2015.	*	5	>5
4.1	Advocate for the creation of a collaborative plan to eliminate disparities in cancer care due to age, gender, race, ethnicity, culture, sexuality, gender, physical or mental disability, geography, and socioeconomic status through 2015.	*	4	*
7.7	Increase by 100% the number of educational opportunities provided to middle and high school students addressing indoor tanning and skin cancer prevention by 2015.	11	11	22
10.1	Provide at least 30 educational opportunities per year to inform Mainers about how to recognize the signs of melanoma (ABCDEs4) by 2015.	0	16	30
10.2	Provide two educational opportunities per year, presenting the most recent data on both the risks and benefits of prostate cancer screening, and promoting informed decision-making by patients, through 2015.	0	2	2
10.3	Collaborate to provide five public education opportunities per year, aimed at increasing general awareness of cancers that present with less discernible signs and symptoms, through 2015.	0	6	5
11.1	Adopt or create three educational resources for Maine healthcare providers related to the identification of risk for hereditary cancer susceptibility by 2015.	0	3	3
11.3	Advocate for all ACoS-accredited cancer centers to provide patients with access to cancer genetic risk assessment, counseling, and testing	*	2	*
12.1	Conduct one to three State of Maine Cancer Outcomes studies per year through 2015 to monitor concordance with National Comprehensive Cancer Network clinical practice guidelines.	0	0	3
12.2	Support at least three professional development opportunities per year, covering all regions of Maine, for oncology professionals through 2015.	0	1	3
13.1	Expand access to and awareness of reliable cancer treatment information by improving online resources and assuring at least one public presentation per year of the Maine Cancer Outcomes studies.	0	2	1
13.2	Support the maintenance of ACoS CoC-accredited cancer programs in Maine with two to three educational activities per year through 2015.	0	0	2

(Table 4 continued)

	Objective	Baseline	Current (2011)	Target (2015)
13.3	Facilitate discussions using State of Maine Cancer Outcomes Studies that identify financial, geographic, and resource barriers to guideline-directed cancer care in Maine at one regional professional meeting per year through 2015.	0	0	1
14.2	Provide at least two opportunities per year for healthcare professionals to learn about rehabilitation and survivorship topics through 2015.	*	2	2
14.3	Promote use of shared decision-making opportunities through the provision of navigation services for patients and families within at least five of Maine's ACoS-accredited cancer centers and cancer-treating hospitals by 2015.	0	2	5
15.7	Promote at least two professional educational opportunities per year on palliative care or hospice through 2015.	0	1	2

**** Unavailable or unspecified by the Cancer Plan***

Table 5 presents Activity Tracker information for objectives that are based on surveillance systems (BRFSS and MIYHS). As discussed above, the specific indicators are not yet available. However, the number of reported activities provides some insight into ongoing efforts toward these objectives.

Table 5: *Reported activities in 2011 for Cancer Plan objectives with metrics based on statewide surveillance systems*

	Objective	Baseline (%)	Current (2011)	Target (2015)	Reported activities
7.1.a	Reduce to 10% the proportion of Maine high school students who report smoking tobacco products in the past 30 days by 2015.	14	*	10	11
7.1.b	Reduce to 5% the proportion of Maine high school students who report smokeless tobacco use in the past 30 days by 2015.	6.2	*	5	0
7.2	Decrease to 15% the proportion of Maine adults who are current smokers by 2015.	17.2	*	15	11
7.3.a	Reduce to 11% the proportion of Maine high school students who are obese by 2015.	12.8	*	11	1
7.3.b	Reduce to 12% the proportion of Maine high school students who are overweight by 2015.	13.1	*	12	0
7.4.a	Reduce to 25% the proportion of Maine adults who are obese by 2015.	26.4	*	25	2
7.4.b	Reduce to 35% the proportion of Maine adults who are overweight by 2015.	37.7	*	35	1
7.5	Reduce to 18% the proportion of Maine high school students who report binge drinking (five or more drinks on a single occasion) within past 30 days by 2015.	23.3	*	18	0
7.6	Reduce to 6% the number of Maine adults who report heavy drinking (more than 2 drinks/day for men; more than 1 drink/day for women) by 2015.	6.9	*	6	0

(Table 5 continued)

	Objective	Baseline (%)	Current (2011)	Target (2015)	Reported activities
8.1	Increase to 50% the proportion of Maine youth who are physically active for 60+ minutes per day for five or more days of the past week by 2015.	43.1	*	50	0
8.2	Increase to 60% the proportion of Maine adults who report engaging in 30+ minutes of moderate physical activity per day for five or more days per week or 20+ minutes of vigorous physical activity per day for three or more days per week by 2015.	56.2	*	60	9
8.3	Increase to 23% the proportion of Maine high school students who consume five or more fruits and vegetables per day by 2015.	20.4	*	23	3
8.4	Increase to 30% the proportion of Maine adults that consume five or more fruits and vegetables per day by 2015.	27.9	*	30	15
8.5.a	Increase to 35% the proportion of residences that test indoor air for radon.	25	*	35	0
8.6	Increase to 70% the proportion of Maine youth who practice safe sexual behavior through abstinence by 2015.	66.6	*	70	0
8.6 (split)	Increase to 62% the proportion of Maine youth who practice safe sexual behavior through condom use.	58.9	*	62	0
8.8	Increase to 16% the proportion of Maine youth who always or nearly always practice primary and secondary sun safety behaviors by 2015.	14.1	*	16	11
8.9	Increase by 2% the proportion of Maine adults who always or nearly always practice primary and secondary sun safety behaviors by 2015.	22.8	*	24.8	21
8.9 (split)	Increase by 2% the proportion of Maine adults who always or nearly always practice primary and secondary sun safety behaviors by 2015.	29.5	*	31.5	0
8.9 (split)	Increase by 2% the proportion of Maine adults who always or nearly always practice primary and secondary sun safety behaviors by 2015.	37.5	*	39.5	0
9.1.a	Increase to 79.5% the proportion of Maine women ages 40-49 who have received a mammogram within the past two years by 2015.	78.6	*	79.5	26
9.1.b	Increase to 86% the proportion of Maine women ages 50 and older who have received a mammogram within the past two years by 2015.	85.1	*	86	1
9.2	Increase to 90% the proportion of Maine women with a uterine cervix, ages 18 and over, who have received a Pap test within the past three years by 2015.	86.3	*	90	0
9.3	Increase to 80% the proportion of adults ages 50 and older who have ever received a colonoscopy or sigmoidoscopy by 2015.	72.6	*	80	28

**** Unavailable or unspecified by the Cancer Plan***

In addition to the activity- and surveillance-based objectives, there are several objectives with metrics based on other information sources. Current information on specific metrics are available for some of these. Table 6 presents the available information as well as the number of reported activities for these objectives.

Table 6: *Reported activities for Cancer Plan objectives with defined metrics unrelated to specific activities or surveillance systems*

	Objective	Baseline	Current (2011)	Target (2015)	Reported activities
1.2	Measure, pursue, and secure new funding resources through building partnerships, engaging private organizations, and pursuing new federal opportunities as they arise through 2015.	0	0	>0	3
4.2	Establish a statewide health disparities advisory group to coordinate the implementation of activities addressing cancer disparities in Maine by 2015.	0	0	1	0
8.5.b	Increase to 17% the proportion of private wells tested for radon in water.	12	*	17	0
8.7	Increase by 5% patient adherence to three-dose HPV vaccination administration among females ages 13-17 by 2015.	40.3	*	45.3	0
10.4	Increase to 75% the proportion of Maine's dental professionals who implement appropriate procedures to detect oral cancer within their professional practices by 2015.	*	*	75	0
15.1	Increase to 25% the proportion of Maine cancer treatment centers and hospitals that offer interdisciplinary palliative care services by 2015.	15	*	25	5
15.5	Increase to 35% the proportion of Medicare patients in Maine that use palliative care and hospice benefits when needed by 2015.	32	*	35	0
15.6	Implement the Physician Orders for Life Sustaining Therapy (POLST) Paradigm program at 10 nursing facilities in Maine by 2015, in order to improve the identification and respect for patient wishes and care at the end of life.	0	*	5	0
15.6 (split)	Implement the Physician Orders for Life Sustaining Therapy (POLST) Paradigm program at five acute care hospitals in Maine by 2015, in order to improve the identification and respect for patient wishes and care at the end of life.	0	*	10	0
16.1	Support and increase the synergy of the Maine Cancer Consortium to 3.5 by 2015.	3	*	3.5	0
16.2	Achieve at least 75% of the objectives in the Maine Comprehensive Cancer Control Plan: 2011-2015 by 2015.	0	*	0.75	0
18.1	Maintain the membership of the Consortium throughout 2015.	230	244	230	0
18.2	Maintain and expand organizational membership of the Consortium throughout 2015.	95	*	>95	0
19.1	Participate in annual evaluation activities each year of the Maine Comprehensive Cancer Control Plan.	1	1	1	0

(Table 6 continued)

	Objective	Baseline (%)	Current (2011)	Target (2015)	Reported activities
19.2	Develop and disseminate the annual Maine Comprehensive Cancer Control Initiative Evaluation Report through 2015. (Evaluation measure: annual Maine Comprehensive Cancer Control Initiative Evaluation Report)	*	1	1	0
19.3	Develop and implement an assessment of the process used to create the Maine Cancer Plan, including recommendations for continuous assessment, review, and potential adjustments over the five-year period.	*	0	1	0

**** Unavailable or unspecified by the Cancer Plan***

Lastly, the Cancer Plan contains several objectives with undefined metrics. Nearly 30 activities took place in 2011 that aligned with these objectives. In the coming year, the Consortium should work to identify metrics and targets for these objectives. Table 7 lists these objectives and the associated number of reported activities for each.

***Table 7:** Reported activities in 2011 for Cancer Plan objectives with undefined metrics, baselines, or targets.*

	Objective	Reported activities
1.1	Fulfill the requirements of current funders to maintain existing sources of funds through 2015.	1
1.3	Measure current and emerging financial resources and partnerships to address gaps in the Maine Comprehensive Cancer Control Plan: 2011–2015 based on annual review and recommendations from the Consortium Board of Directors through 2015.	0
1.4	Review annually and develop funding strategy for the Maine Comprehensive Cancer Control Plan: 2011-2015.	0
3.1	Support efforts to ensure that all hospitals, including American College of Surgeons (ACoS)-accredited hospitals, collect accurate data on populations that typically experience cancer disparities, including but not exclusively race/ethnicity, primary language.	1
3.2	Analyze existing and emerging cancer data to better ascertain disparities in age, gender, race, ethnicity, culture, sexuality, gender, physical or mental disability, geography, and socioeconomic status through 2015.	1
4.1	Advocate for the creation of a collaborative plan to eliminate disparities in cancer care due to age, gender, race, ethnicity, culture, sexuality, gender, physical or mental disability, geography, and socioeconomic status through 2015.	4
5.1	Support the implementation of National Standards of Culturally and Linguistically Appropriate Services in Healthcare for healthcare providers, public health professionals, and biomedical researchers through 2015.	0
5.2	Promote and support Maine's medical institutions in their ongoing commitment to organizational cultural competence and recruitment and retention of underrepresented populations in healthcare, research, and the public health workforce through 2015.	6
5.3	Support recruitment and retention of cancer care providers to work in underserved areas, and with underserved populations, through 2015.	1
6.1	Increase the number of advisory groups, Consortium partners, and other organizations that use state-specific data to develop strategic cancer goals and activities through 2015.	0

(Table 7 continued)

	Objective	Reported activities
6.2	Utilize data from the Behavioral Risk Factor Surveillance System (BRFSS), Maine Youth Risk Behavior Survey (YRBS), and MCR to produce an updated five-year Maine Cancer Surveillance Report (last published Fall 2009) by 2015.	0
6.3	Support maintenance of MCR's North American Association of Central Cancer Registries certification for data timeliness, completeness, and quality.	0
11.2	Develop or adopt and pilot test hereditary breast, colon, and ovarian cancer risk assessment tools for use by Maine healthcare professionals by 2015.	2
13.4	Increase clinical trial enrollment in Maine to 2% (national average) by 2015.	5
14.1	Increase by five the number of ACoS-accredited cancer treatment centers and cancer-treating hospitals that provide a written survivorship care plan to patients and their primary care physicians at the end of treatment by 2015.	2
14.4	Increase to 50% the proportion of cancer care teams that use quality-of-life tools by 2015.	4
14.5	Identify core services for rehabilitation and survivorship, and extend a basic level of core services, including transportation and lodging, to all 16 Maine counties by 2015. (Baseline: 346 listed services, American Cancer Society Connection database, 201	4
14.6	Assess existing rehabilitation and survivorship services, emerging needs, and existing gaps for children and adolescents diagnosed with cancer by 2015.	0
15.2	Ensure at least 50% of palliative care programs within acute care hospitals annually measure and report on pain metrics, and at least two additional National Quality Forum (NQF) palliative care measures, through 2015.	0
15.3	Increase by 10% the proportion of nursing facilities that provide access to palliative care and hospice services for their residents by 2015.	0
17.2	Maintain the Consortium website, and promote use of the Consortium's listserv for mass communication, through 2015.	0
17.3	Employ new and emerging technologies as appropriate to support communication needs through 2015.	0

Conclusion

The current Cancer Plan establishes a comprehensive agenda for reducing the burden of cancer in Maine. A broad range of partners are working across the state, and conducting activities that align with the Cancer Plan, and further its objectives. The Cancer Plan identifies numerous metrics for determining progress toward objectives. By continuing to improve the Activity Tracker over time, and working to ensure its use, the Consortium can develop it into a source of valuable information on the broad range of activities taking place around the state that are aligned with the Cancer Plan.

Recommendations

- The Consortium's Evaluation Team should continue to develop strategies for improving the use of the Activity Tracker, and meet regularly to review progress toward implementing those strategies.
- Identifying key individuals in Consortium member organizations who can champion use of the Tracker within their organization, and ensure that activities toward Cancer Plan objectives are reported. Creating an email list that includes these key individuals could serve to maintain open communication between the Evaluation Team, the Consortium and MCCCP staff.

- Given the Consortium's new status as an independent 501(c)(3), we recommend a structured review the Cancer Plan goals, objectives and associated metrics, to determine if any adjustments are needed, particularly for objectives that relate to the Consortium.
- In the coming year, the Evaluation Team, in partnership with the MCCCP evaluator, should work to identify indicators and baseline measures for Cancer Plan objectives that do not currently have them.

2012-2017 Evaluation Plan

2011-2012 marks the end of the current five-year implementation grant funding period, which began in 2007. In April 2012, MCCCP announced that the CDC awarded the program a new implementation grant, which will run from 2012-2017. The CDC has established four goals for this new five year period. These are to:

- Seek efficiencies across the management and operations of cancer prevention and control programs.
- Focus on high-burden cancers with evidence-based, scalable interventions that already exist and can be broadly implemented.
- Develop organized screening programs that are more effective and efficient than current opportunistic approaches.
- Maintain high-quality cancer registries and expand their application in prevention and screening.

Evaluation Planning Team

At the 2012 Maine Cancer Consortium Annual Meeting, MCCCP and Consortium leadership identified key stakeholders to serve on an evaluation planning team. The core team first met in June 2012 to review updates to the Consortium's Activity Tracking tool. To ensure coordination, this team should incorporate representation from across Maine CDC's chronic disease programs in developing the 2012-2017evaluation plan. Table 18 illustrates key stakeholders to be included in the full Evaluation Planning Team.

***Table 18:** Proposed makeup of the Evaluation Planning Team, to be charged with drafting and finalizing the 2012-2017 Evaluation Plan*

MCCCP	Maine Cancer Consortium	Maine CDC Programs
Program director MCCCP evaluator Policy, systems, and environment expert	Consortium chair Key board member Administrator	Children with Special Health Needs Program representative Maternal and Child Health Program representative Other Division of Population Health representatives as appropriate

Priority Evaluation Activities

In evaluating MCCCP's efforts to further those objectives in Maine, the MCCCP evaluator, in partnership with the evaluation planning team, will work to craft evaluation plans for key, specific activities and interventions. These plans should identify evaluation design, key stakeholders, specific measures of success, and data collection strategies, and should be implemented in accordance with the CDC Framework for Evaluation. To that end, the Maine Comprehensive Cancer Control Program Action Plan document establishes several key evaluation activities. These are as follows:

- Make adjustments to the evaluation plan to ensure that it remains aligned with the Cancer Plan.
- Engage Consortium membership in the planning evaluations of key evaluation activities related to the Cancer Plan.

- Assess the performance of the coalition, membership composition, cancer plan activity assignments, and outcomes related to implementation of the key components and cancer plan.
- Conduct a scan of existing cancer-related policies in Maine to identify and address gaps.
- Contribute evaluation expertise to trainings or workshops on the use of policy and environmental change to affect cancer control.
- Evaluate efforts to align cancer control policy activities with other DPH chronic disease and MCH programs.
- Present and disseminate information on evidence-based cancer control interventions to stakeholders.
- Participate in nationally coordinated evaluation activities that measure clinical, cost, policy and other outcomes.

Timeline for Plan Development

In accordance with the new implementation grant, an evaluation planning team is to be convened within 90 days of the award – which is expected to be received on or around June 30th, 2012. The evaluation planning team will be charged with developing an evaluation plan for 2012-2017, based on the CDC's evaluation framework, which includes coordinated objectives and activities across Division of Population Health chronic disease, Children with Special Health Needs and Maternal and Child Health programs.

Within 120 days of the award, the evaluation planning team, under the guidance of the MCCCP evaluator, will produce an outline for an annual comprehensive evaluation plan that establishes specific, measurable and realistic short-term, intermediate, and long-term objectives that are consistent with the coordinated objectives and activities across DPH chronic disease programs. The 2012-2017 evaluation plan will be refined and finalized over the course of the first year of the new implementation grant.

Figure19: *Timeline for 2012-2017 Evaluation Plan development*

Recommendations

- In order to further the coordination objectives of the Maine CDC, the Evaluation Planning Team should identify representatives from key Chronic Disease programs to participate and provide input into the evaluation planning process. This includes, but is not limited to, the Child and Maternal Health Program, and the Children with Special Needs Program.
- MCCCP, in partnership with the Consortium, should identify specific programmatic and intervention strategies for meeting the goals and objectives outlined in the Maine Comprehensive Cancer Control Program Action Plan document. Once specific activities and timetables are established around these objectives, the Evaluation Planning Team will be able to develop the specific strategies, metrics, and data collection plans to evaluate success.
- At their next scheduled meeting, the Evaluation Planning Team should establish a timeline for drafting the 2012-2017 Evaluation Plan within the specified timeframe (i.e. 120 days from receiving the grant award).

REFERENCES

1. “Comprehensive Cancer Control.” Maine Division Of Population Health. Web. 28 June 2012. <http://www.maine.gov/dhhs/mecdc/population-health/ccc/>.

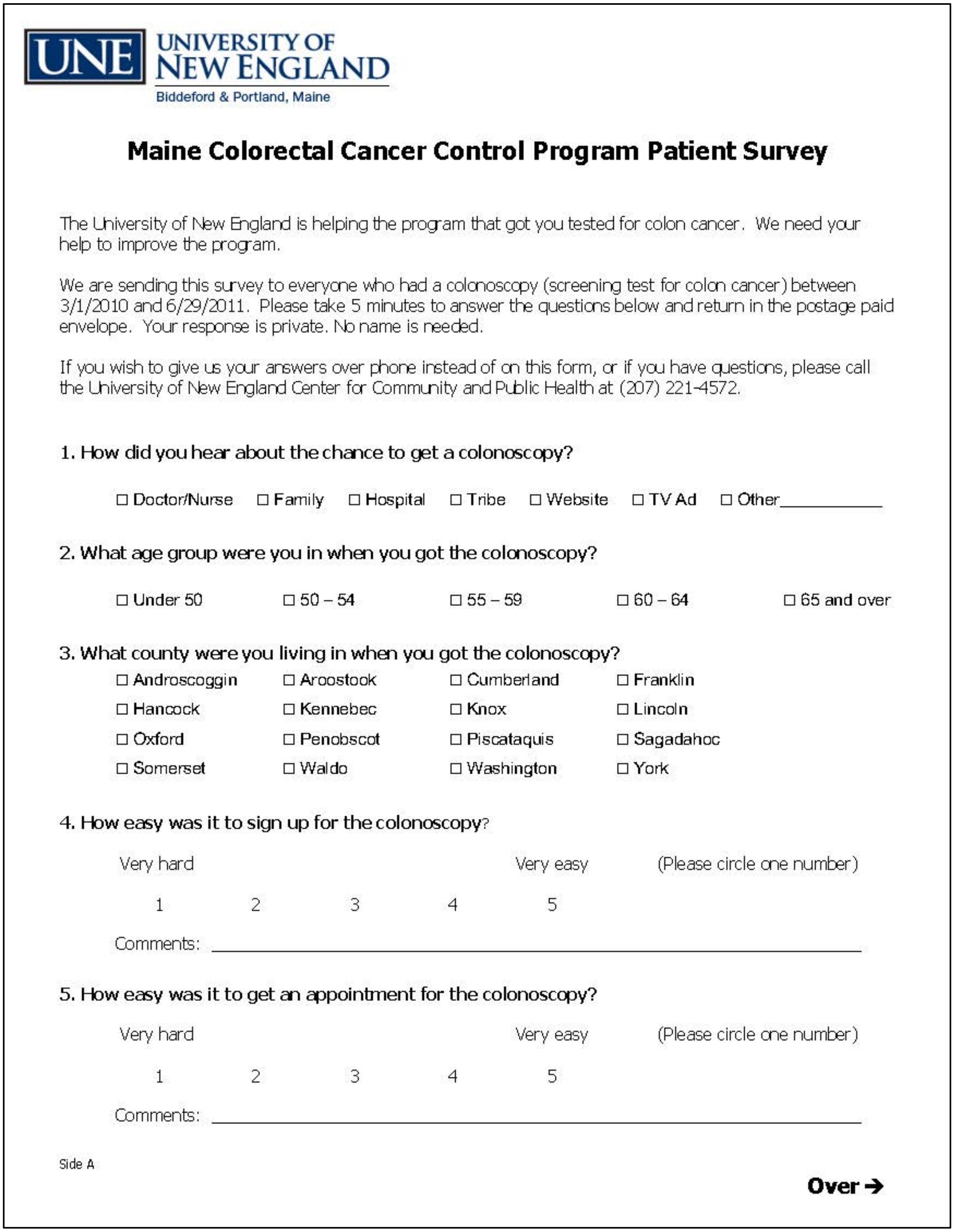
2. "The Maine Cancer Consortium." The Maine Cancer Consortium. Web. 28 June 2012. <http://www.mainecancerconsortium.org/>.

3. “Cancer Control & Population Sciences: Cancer Control Continuum."Cancer Control and Population Sciences. National Cancer Institute. Web. 28 June 2012. <http://cancercontrol.cancer.gov/od/continuum.html>.

4. Koplan, J. P. "Framework for Program Evaluation in Public Health." Centers for Disease Control and Prevention, nWeb. 28 June 2012. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>.

APPENDICIES

1. Maine Colorectal Cancer Control Program Patient Satisfaction Survey Tool



UNE
UNIVERSITY OF
NEW ENGLAND
Biddeford & Portland, Maine

Maine Colorectal Cancer Control Program Patient Survey

The University of New England is helping the program that got you tested for colon cancer. We need your help to improve the program.

We are sending this survey to everyone who had a colonoscopy (screening test for colon cancer) between 3/1/2010 and 6/29/2011. Please take 5 minutes to answer the questions below and return in the postage paid envelope. Your response is private. No name is needed.

If you wish to give us your answers over phone instead of on this form, or if you have questions, please call the University of New England Center for Community and Public Health at (207) 221-4572.

1. How did you hear about the chance to get a colonoscopy?

☐ Doctor/Nurse ☐ Family ☐ Hospital ☐ Tribe ☐ Website ☐ TV Ad ☐ Other___________

2. What age group were you in when you got the colonoscopy?

☐ Under 50 ☐ 50 – 54 ☐ 55 – 59 ☐ 60 – 64 ☐ 65 and over

3. What county were you living in when you got the colonoscopy?

☐ Androscoggin ☐ Aroostook ☐ Cumberland ☐ Franklin
☐ Hancock ☐ Kennebec ☐ Knox ☐ Lincoln
☐ Oxford ☐ Penobscot ☐ Piscataquis ☐ Sagadahoc
☐ Somerset ☐ Waldo ☐ Washington ☐ York

4. How easy was it to sign up for the colonoscopy?

Very hard Very easy (Please circle one number)

1 2 3 4 5

Comments: ____

5. How easy was it to get an appointment for the colonoscopy?

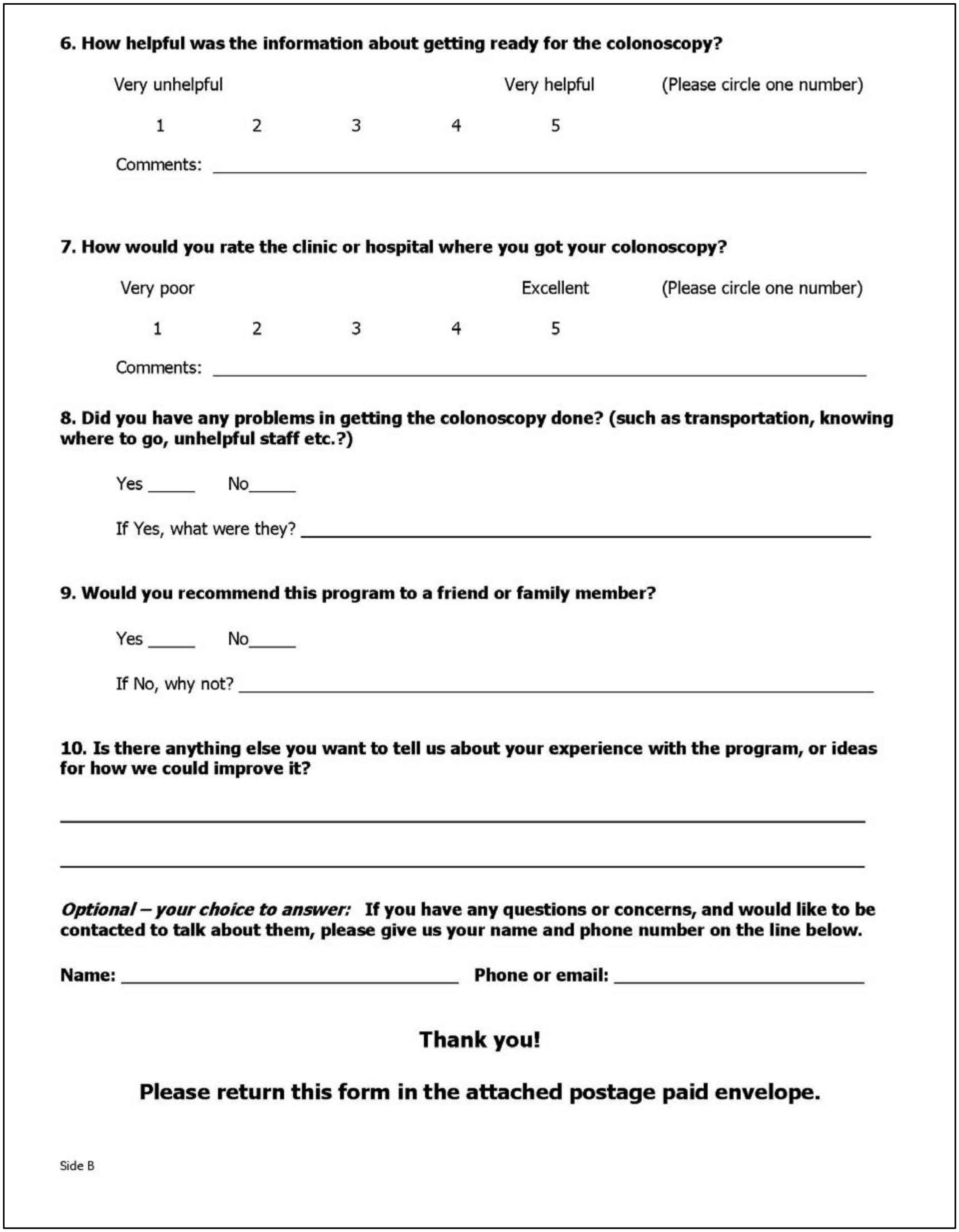
Very hard Very easy (Please circle one number)

1 2 3 4 5

Comments: ____

Side A

Over →



6. How helpful was the information about getting ready for the colonoscopy?

Very unhelpful Very helpful (Please circle one number)

1 2 3 4 5

Comments: ____________________

7. How would you rate the clinic or hospital where you got your colonoscopy?

Very poor Excellent (Please circle one number)

1 2 3 4 5

Comments: ____________________

8. Did you have any problems in getting the colonoscopy done? (such as transportation, knowing where to go, unhelpful staff etc.?)

Yes _____ No_____

If Yes, what were they? ____________________

9. Would you recommend this program to a friend or family member?

Yes _____ No_____

If No, why not? ____________________

10. Is there anything else you want to tell us about your experience with the program, or ideas for how we could improve it?

____

____

Optional – your choice to answer: **If you have any questions or concerns, and would like to be contacted to talk about them, please give us your name and phone number on the line below.**

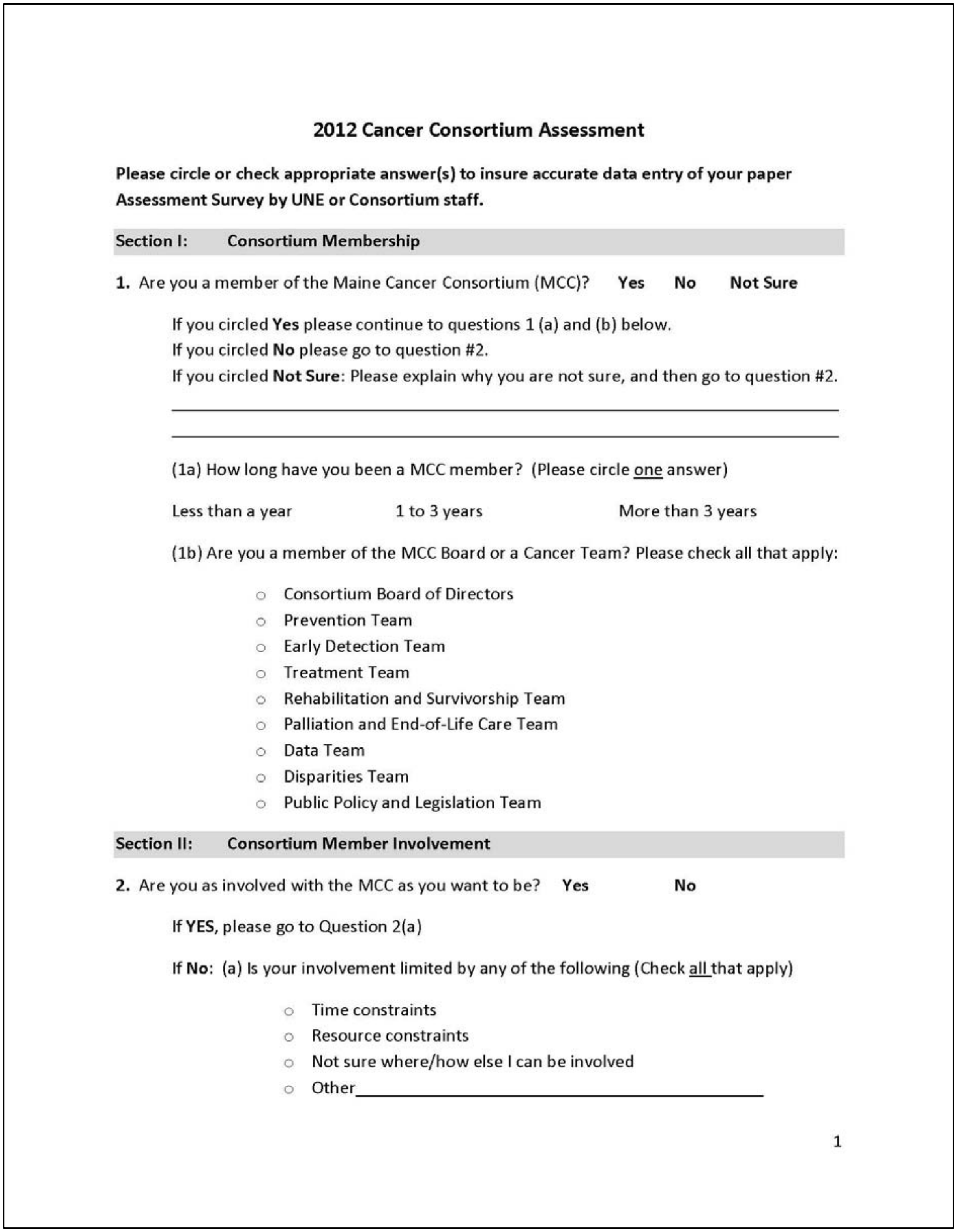
Name: ____________________ **Phone or email:** ____________________

Thank you!

Please return this form in the attached postage paid envelope.

Side B

2. Maine Cancer Consortium Annual Assessment Tool



2012 Cancer Consortium Assessment

Please circle or check appropriate answer(s) to insure accurate data entry of your paper Assessment Survey by UNE or Consortium staff.

Section I: Consortium Membership

1. Are you a member of the Maine Cancer Consortium (MCC)? **Yes** **No** **Not Sure**

If you circled **Yes** please continue to questions 1 (a) and (b) below.
If you circled **No** please go to question #2.
If you circled **Not Sure**: Please explain why you are not sure, and then go to question #2.

____

____

(1a) How long have you been a MCC member? (Please circle one answer)

Less than a year 1 to 3 years More than 3 years

(1b) Are you a member of the MCC Board or a Cancer Team? Please check all that apply:

- ○ Consortium Board of Directors
- ○ Prevention Team
- ○ Early Detection Team
- ○ Treatment Team
- ○ Rehabilitation and Survivorship Team
- ○ Palliation and End-of-Life Care Team
- ○ Data Team
- ○ Disparities Team
- ○ Public Policy and Legislation Team

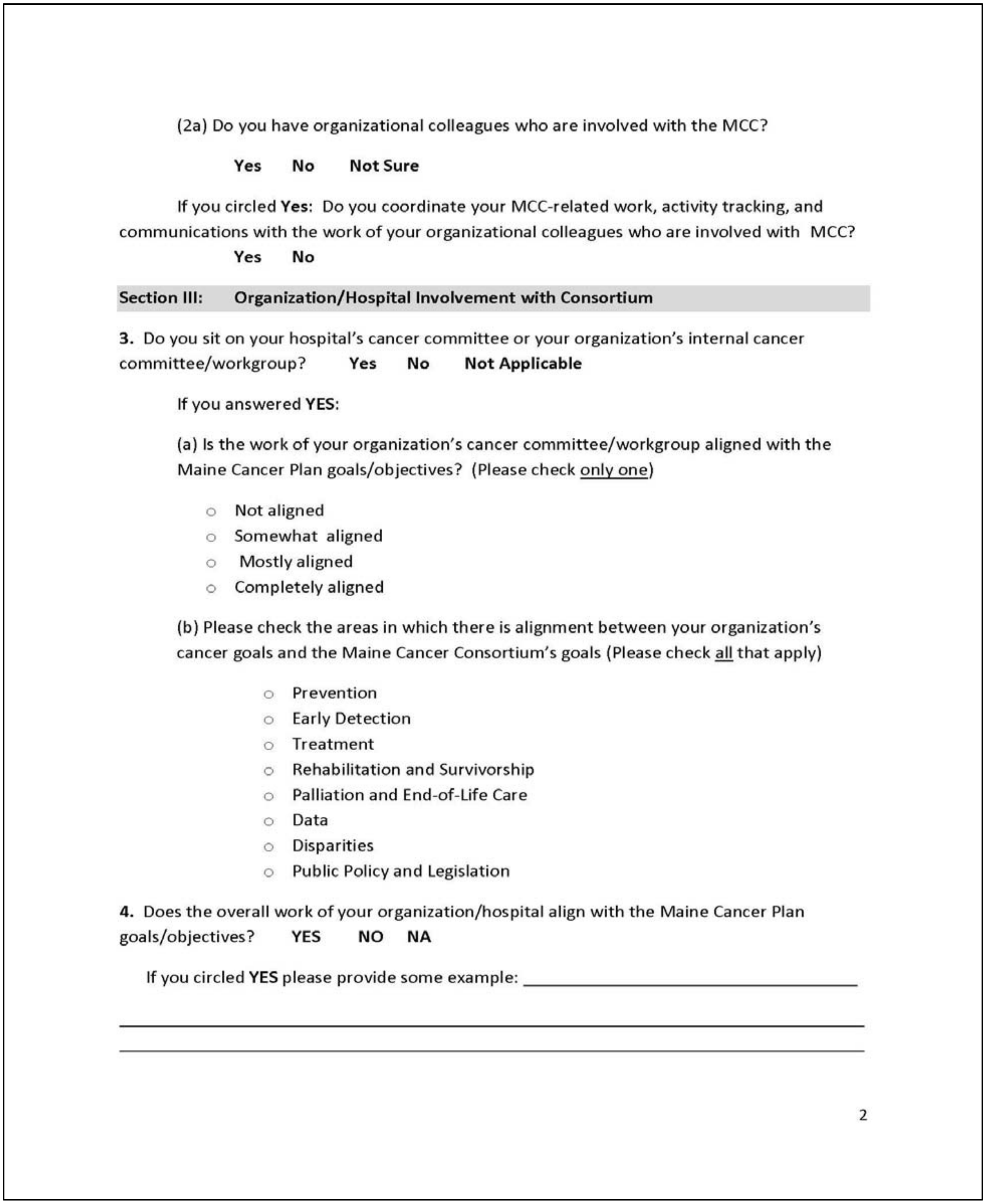
Section II: Consortium Member Involvement

2. Are you as involved with the MCC as you want to be? **Yes** **No**

If **YES**, please go to Question 2(a)

If **No**: (a) Is your involvement limited by any of the following (Check all that apply)

- ○ Time constraints
- ○ Resource constraints
- ○ Not sure where/how else I can be involved
- ○ Other____



(2a) Do you have organizational colleagues who are involved with the MCC?

Yes **No** **Not Sure**

If you circled **Yes**: Do you coordinate your MCC-related work, activity tracking, and communications with the work of your organizational colleagues who are involved with MCC?

Yes **No**

Section III: Organization/Hospital Involvement with Consortium

3. Do you sit on your hospital's cancer committee or your organization's internal cancer committee/workgroup? **Yes** **No** **Not Applicable**

If you answered **YES**:

(a) Is the work of your organization's cancer committee/workgroup aligned with the Maine Cancer Plan goals/objectives? (Please check only one)

○ Not aligned
○ Somewhat aligned
○ Mostly aligned
○ Completely aligned

(b) Please check the areas in which there is alignment between your organization's cancer goals and the Maine Cancer Consortium's goals (Please check all that apply)

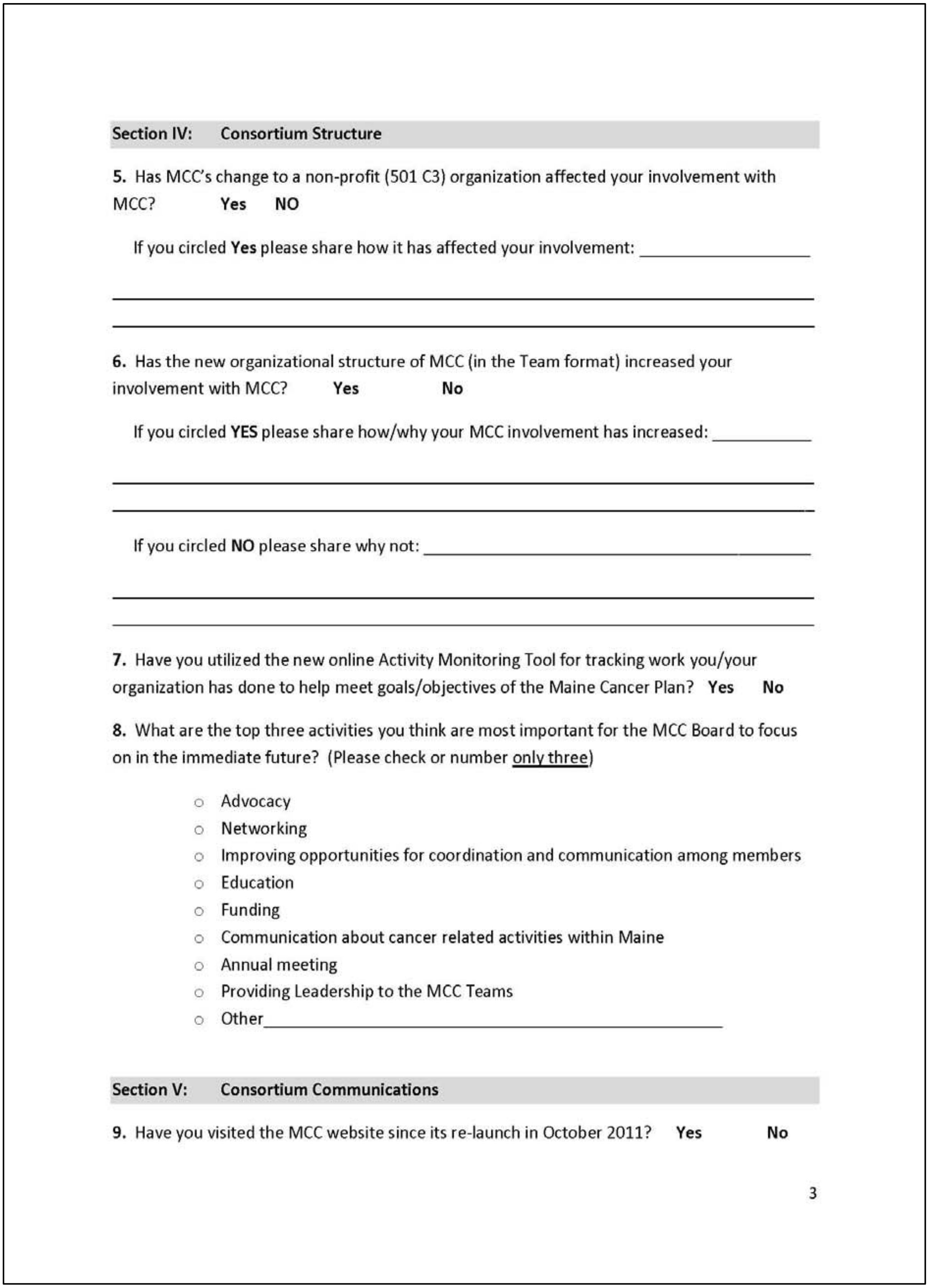
○ Prevention
○ Early Detection
○ Treatment
○ Rehabilitation and Survivorship
○ Palliation and End-of-Life Care
○ Data
○ Disparities
○ Public Policy and Legislation

4. Does the overall work of your organization/hospital align with the Maine Cancer Plan goals/objectives? **YES** **NO** **NA**

If you circled **YES** please provide some example: ______________________________

____

____



Section IV: Consortium Structure

5. Has MCC's change to a non-profit (501 C3) organization affected your involvement with MCC? **Yes** **NO**

If you circled **Yes** please share how it has affected your involvement: ____________________

____

____

6. Has the new organizational structure of MCC (in the Team format) increased your involvement with MCC? **Yes** **No**

If you circled **YES** please share how/why your MCC involvement has increased: ___________

____

____

If you circled **NO** please share why not: ____

____

____

7. Have you utilized the new online Activity Monitoring Tool for tracking work you/your organization has done to help meet goals/objectives of the Maine Cancer Plan? **Yes** **No**

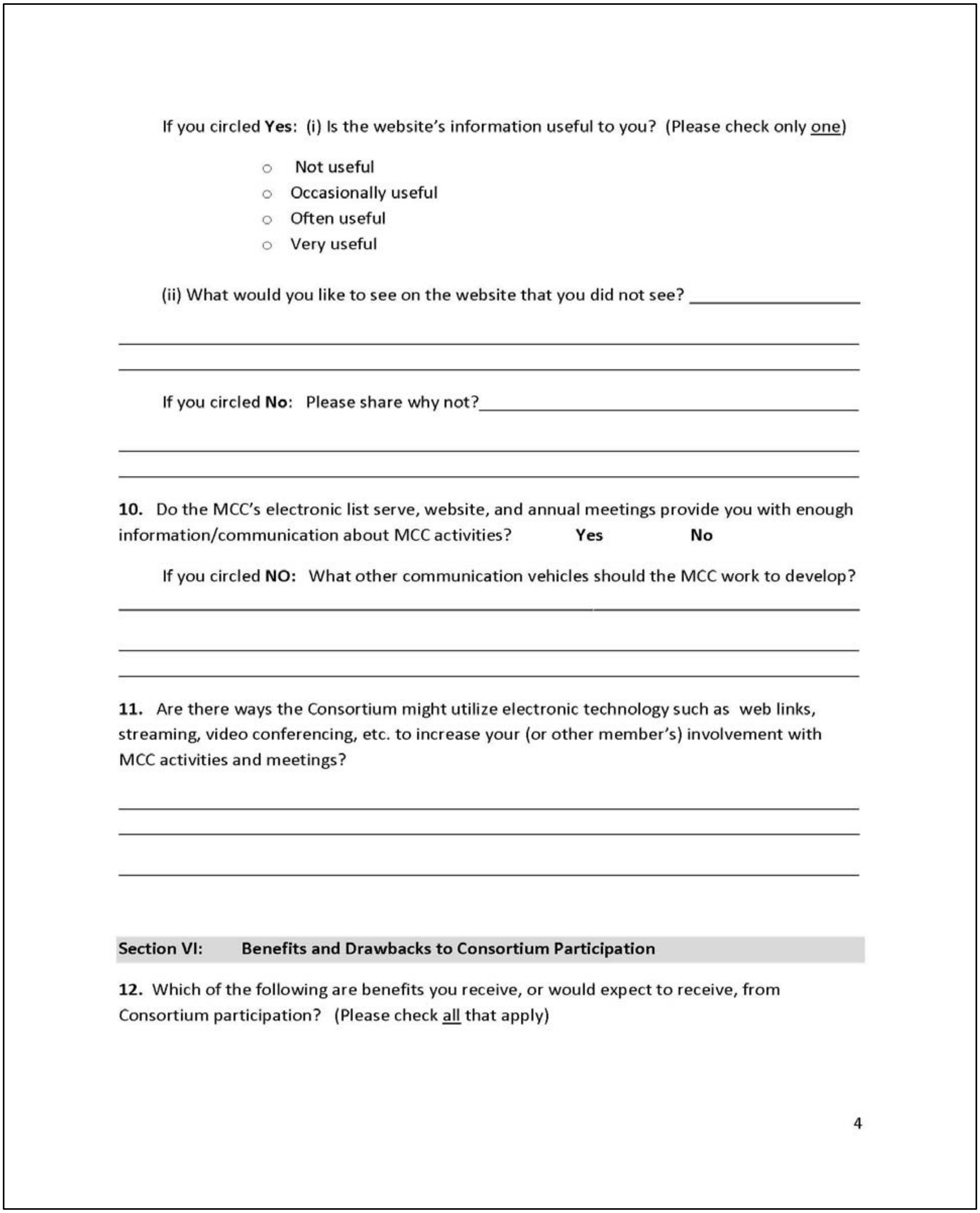
8. What are the top three activities you think are most important for the MCC Board to focus on in the immediate future? (Please check or number only three)

- ○ Advocacy
- ○ Networking
- ○ Improving opportunities for coordination and communication among members
- ○ Education
- ○ Funding
- ○ Communication about cancer related activities within Maine
- ○ Annual meeting
- ○ Providing Leadership to the MCC Teams
- ○ Other____

Section V: Consortium Communications

9. Have you visited the MCC website since its re-launch in October 2011? **Yes** **No**

3



If you circled **Yes**: (i) Is the website's information useful to you? (Please check only <u>one</u>)

- ○ Not useful
- ○ Occasionally useful
- ○ Often useful
- ○ Very useful

(ii) What would you like to see on the website that you did not see? ____________________

____

____

If you circled **No**: Please share why not?____________________________________

____

____

10. Do the MCC's electronic list serve, website, and annual meetings provide you with enough information/communication about MCC activities? **Yes** **No**

If you circled **NO:** What other communication vehicles should the MCC work to develop?

____

____

____

11. Are there ways the Consortium might utilize electronic technology such as web links, streaming, video conferencing, etc. to increase your (or other member's) involvement with MCC activities and meetings?

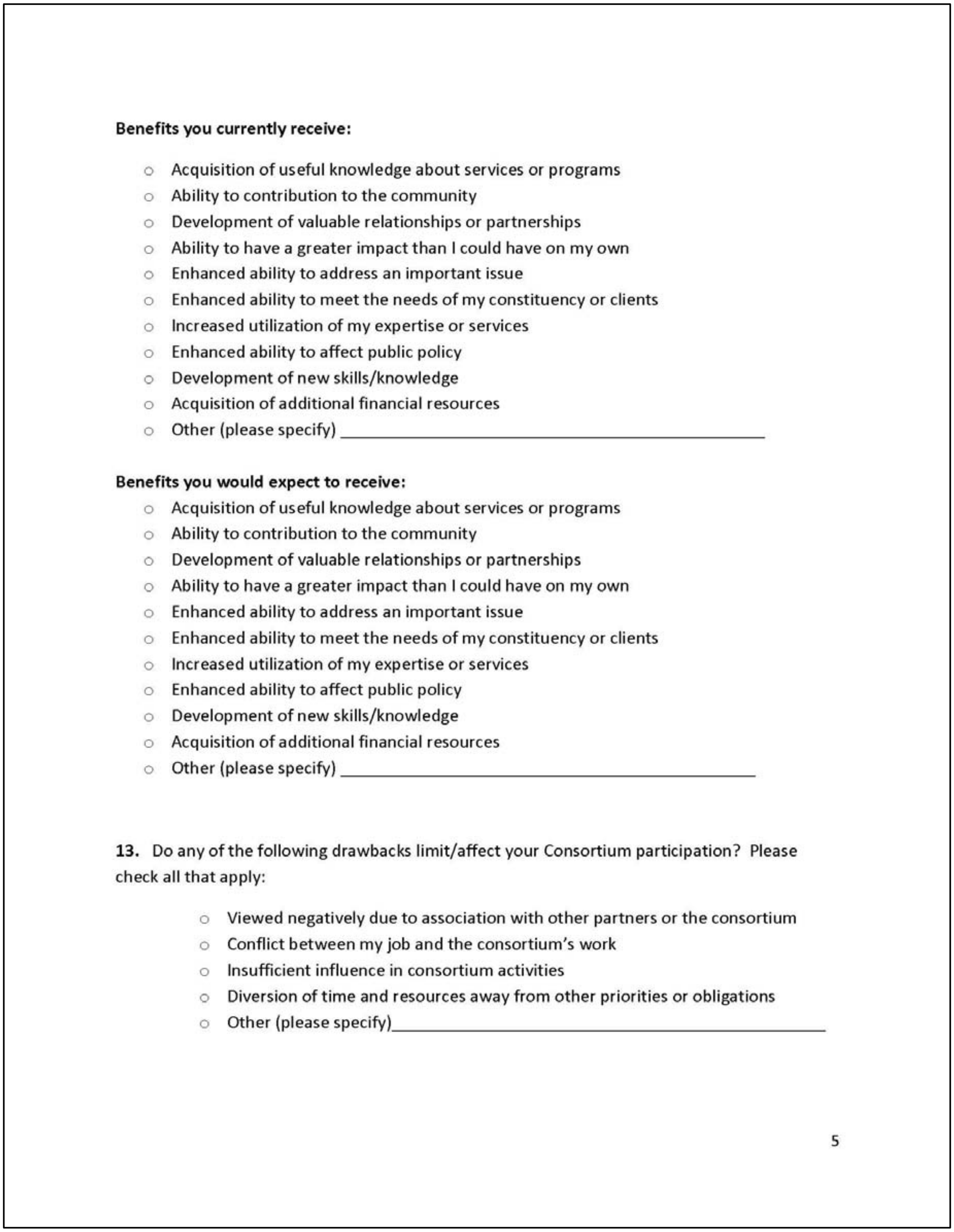
____

____

____

Section VI: Benefits and Drawbacks to Consortium Participation

12. Which of the following are benefits you receive, or would expect to receive, from Consortium participation? (Please check <u>all</u> that apply)



Benefits you currently receive:

- ○ Acquisition of useful knowledge about services or programs
- ○ Ability to contribution to the community
- ○ Development of valuable relationships or partnerships
- ○ Ability to have a greater impact than I could have on my own
- ○ Enhanced ability to address an important issue
- ○ Enhanced ability to meet the needs of my constituency or clients
- ○ Increased utilization of my expertise or services
- ○ Enhanced ability to affect public policy
- ○ Development of new skills/knowledge
- ○ Acquisition of additional financial resources
- ○ Other (please specify) ____

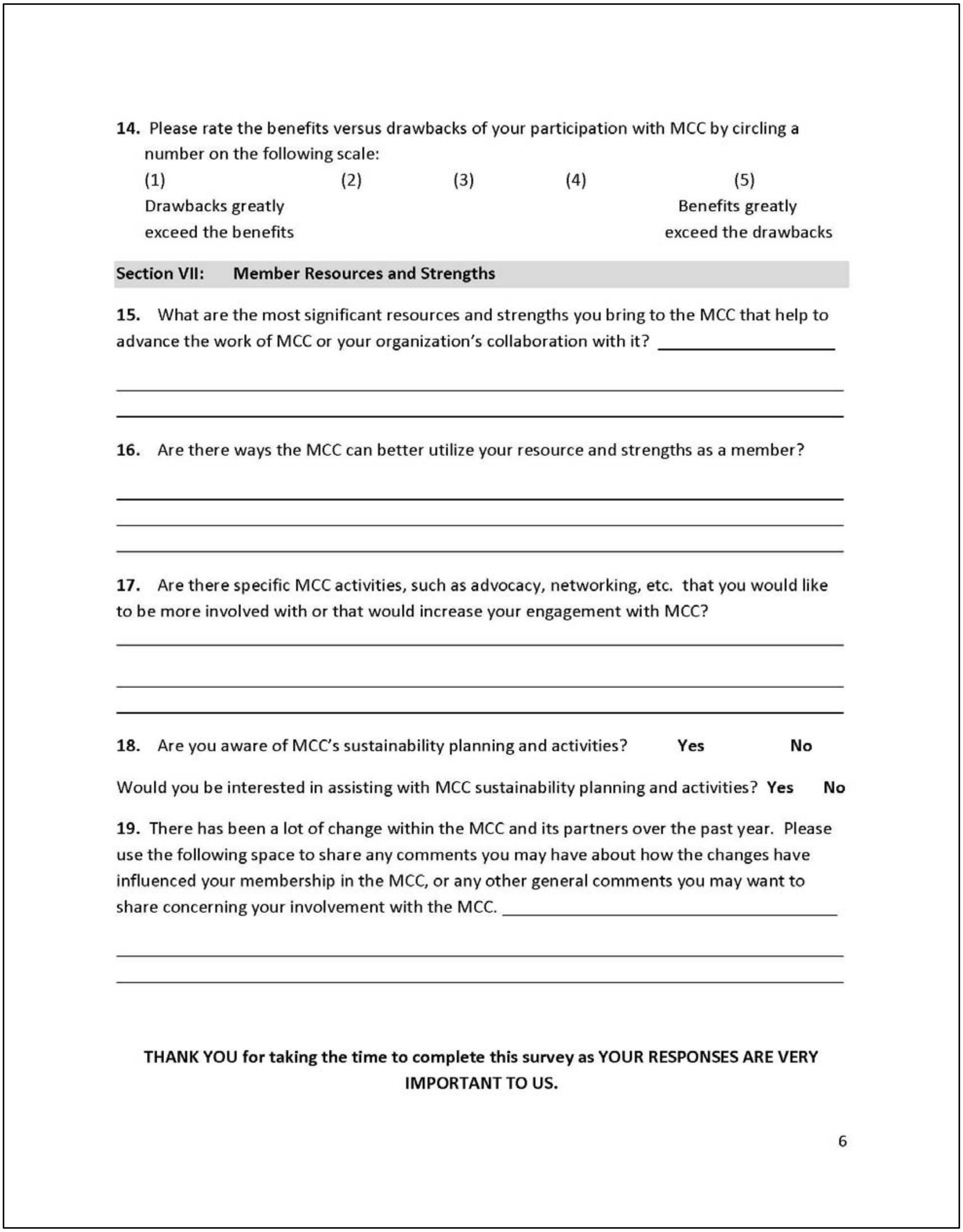
Benefits you would expect to receive:

- ○ Acquisition of useful knowledge about services or programs
- ○ Ability to contribution to the community
- ○ Development of valuable relationships or partnerships
- ○ Ability to have a greater impact than I could have on my own
- ○ Enhanced ability to address an important issue
- ○ Enhanced ability to meet the needs of my constituency or clients
- ○ Increased utilization of my expertise or services
- ○ Enhanced ability to affect public policy
- ○ Development of new skills/knowledge
- ○ Acquisition of additional financial resources
- ○ Other (please specify) ____

13. Do any of the following drawbacks limit/affect your Consortium participation? Please check all that apply:

- ○ Viewed negatively due to association with other partners or the consortium
- ○ Conflict between my job and the consortium's work
- ○ Insufficient influence in consortium activities
- ○ Diversion of time and resources away from other priorities or obligations
- ○ Other (please specify)____

5



14. Please rate the benefits versus drawbacks of your participation with MCC by circling a number on the following scale:

(1)	(2)	(3)	(4)	(5)
Drawbacks greatly exceed the benefits				Benefits greatly exceed the drawbacks

Section VII: Member Resources and Strengths

15. What are the most significant resources and strengths you bring to the MCC that help to advance the work of MCC or your organization's collaboration with it? ____________________

____

____

16. Are there ways the MCC can better utilize your resource and strengths as a member?

____

____

____

17. Are there specific MCC activities, such as advocacy, networking, etc. that you would like to be more involved with or that would increase your engagement with MCC?

____

____

____

18. Are you aware of MCC's sustainability planning and activities? **Yes** **No**

Would you be interested in assisting with MCC sustainability planning and activities? **Yes** **No**

19. There has been a lot of change within the MCC and its partners over the past year. Please use the following space to share any comments you may have about how the changes have influenced your membership in the MCC, or any other general comments you may want to share concerning your involvement with the MCC. ______________________________________

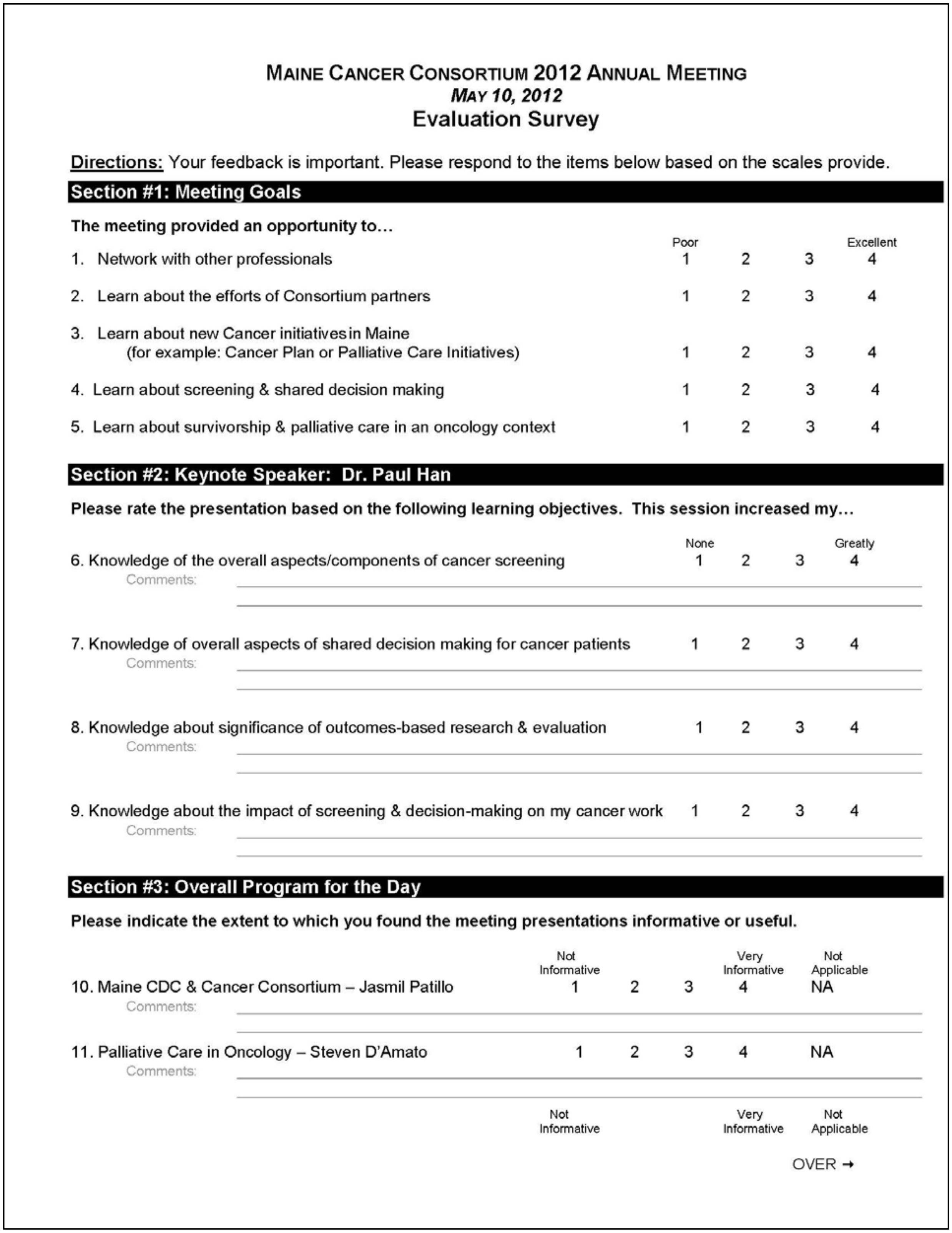
____

____

THANK YOU for taking the time to complete this survey as YOUR RESPONSES ARE VERY IMPORTANT TO US.

6

3. Maine Cancer Consortium Annual Meeting Evaluation Tool



MAINE CANCER CONSORTIUM 2012 ANNUAL MEETING

MAY 10, 2012

Evaluation Survey

Directions: Your feedback is important. Please respond to the items below based on the scales provide.

Section #1: Meeting Goals

The meeting provided an opportunity to…

	Poor			Excellent
1. Network with other professionals	1	2	3	4
2. Learn about the efforts of Consortium partners	1	2	3	4
3. Learn about new Cancer initiatives in Maine (for example: Cancer Plan or Palliative Care Initiatives)	1	2	3	4
4. Learn about screening & shared decision making	1	2	3	4
5. Learn about survivorship & palliative care in an oncology context	1	2	3	4

Section #2: Keynote Speaker: Dr. Paul Han

Please rate the presentation based on the following learning objectives. This session increased my…

	None			Greatly
6. Knowledge of the overall aspects/components of cancer screening	1	2	3	4
Comments:				
7. Knowledge of overall aspects of shared decision making for cancer patients	1	2	3	4
Comments:				
8. Knowledge about significance of outcomes-based research & evaluation	1	2	3	4
Comments:				
9. Knowledge about the impact of screening & decision-making on my cancer work	1	2	3	4
Comments:				

Section #3: Overall Program for the Day

Please indicate the extent to which you found the meeting presentations informative or useful.

	Not Informative			Very Informative	Not Applicable
10. Maine CDC & Cancer Consortium – Jasmil Patillo	1	2	3	4	NA
Comments:					
11. Palliative Care in Oncology – Steven D'Amato	1	2	3	4	NA
Comments:					
	Not Informative			Very Informative	Not Applicable

OVER →

12. State Legislative Update – Hilary Schneider	1	2	3	4	NA
Comments: ______					
13. Cancer Plan Implementation Grants – Lagasse, et. al.	1	2	3	4	NA
Comments: ______					
14. ME Cancer Plan Activity Tracking – Andrew Pritchard	1	2	3	4	NA
Comments: ______					
15. Survivorship & Palliative Care Initiatives – Belanger, et. al.	1	2	3	4	NA
Comments: ______					

Section #4: About You

16. How long have you been a member of the Consortium?

____ Not a member
____ Less than one year
____ One to three years
___ Greater than three years
___ Not sure

17. Please indicate your involvement in the following (check all that apply):

____ Board of Directors
____ Prevention Team
____ Early Detection Team
____ Data Team
____ Disparities Team
___ Rehabilitation & Survivorship Team
___ Palliation & End-of-Life Care Team
___ Public Policy & Legislation Team
___Treatment Team
___ Other – Please specify: ______

____ I currently do not participate in the above groups.

18. Outside of today's meeting, have you participated in Consortium activities during the past year? Yes_____
No _____ Why not?______

Section #5: Other Information

19. How relevant was today's meeting to your work? Not at all 1 2 3 Very 4

Please explain your answer:
______
______

20. Was today's meeting a good use of your time and expertise? Yes________ No ________
If No, why not? ______
______

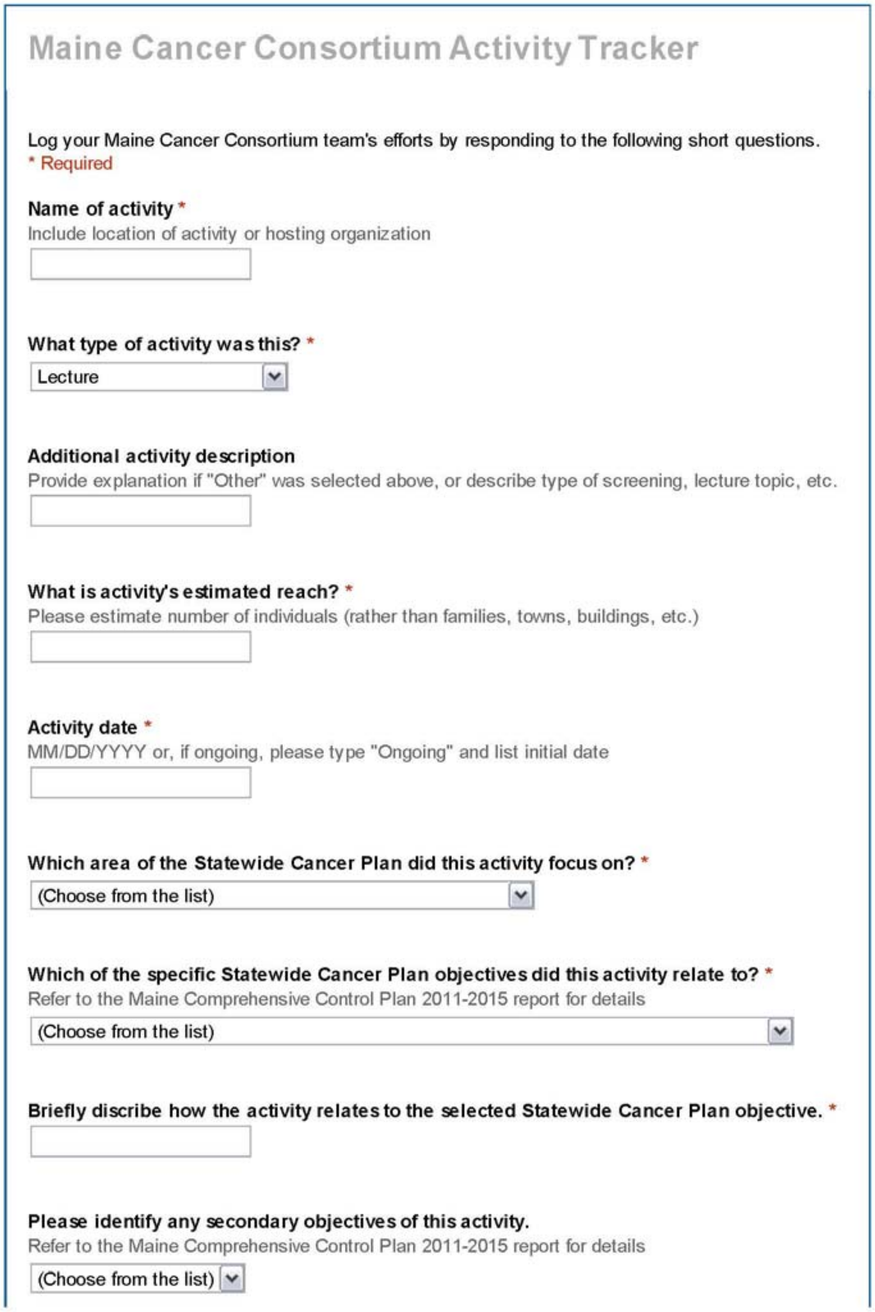
21. Would you have utilized video-conferencing to attend today's meeting if it had been available? Yes___ No___

22. Are there ways the Consortium might utilize electronic technology/video & web links/etc. to increase your (or other member's) involvement with Consortium activities and meetings? ______
______
______

23. What else, if anything, would you like to tell us about today's meeting? ______
______

Thank You

4. Maine Cancer Consortium Activity Tracker Form



Maine Cancer Consortium Activity Tracker

Log your Maine Cancer Consortium team's efforts by responding to the following short questions.
* Required

Name of activity *
Include location of activity or hosting organization

What type of activity was this? *
Lecture

Additional activity description
Provide explanation if "Other" was selected above, or describe type of screening, lecture topic, etc.

What is activity's estimated reach? *
Please estimate number of individuals (rather than families, towns, buildings, etc.)

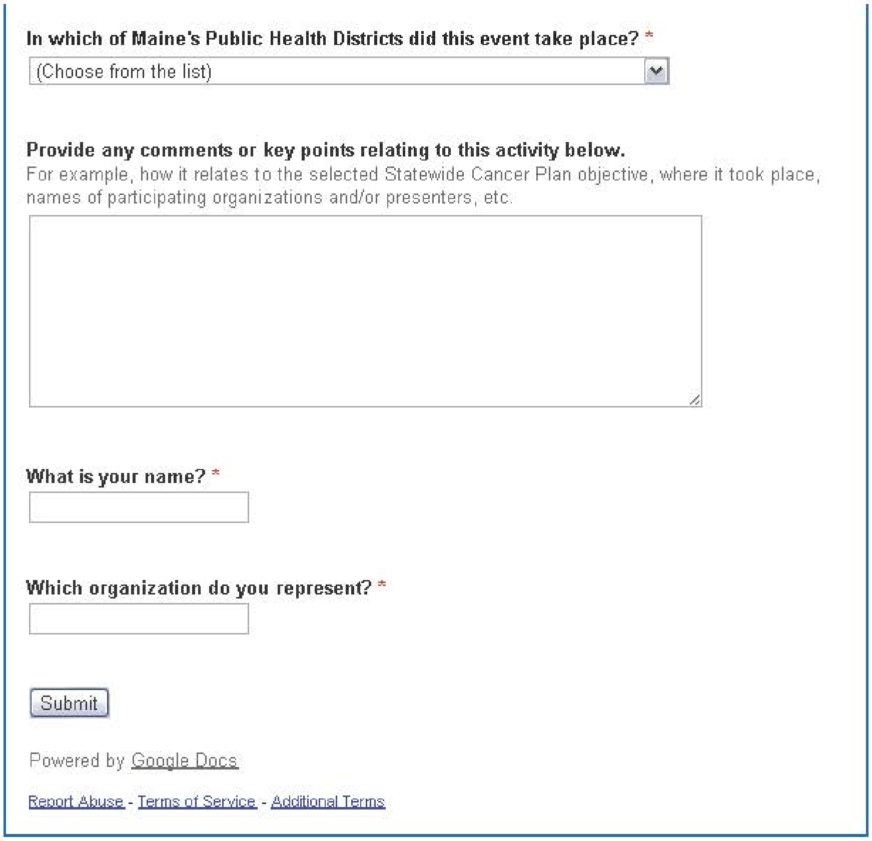
Activity date *
MM/DD/YYYY or, if ongoing, please type "Ongoing" and list initial date

Which area of the Statewide Cancer Plan did this activity focus on? *
(Choose from the list)

Which of the specific Statewide Cancer Plan objectives did this activity relate to? *
Refer to the Maine Comprehensive Control Plan 2011-2015 report for details
(Choose from the list)

Briefly discribe how the activity relates to the selected Statewide Cancer Plan objective. *

Please identify any secondary objectives of this activity.
Refer to the Maine Comprehensive Control Plan 2011-2015 report for details
(Choose from the list)



In which of Maine's Public Health Districts did this event take place? *

(Choose from the list)

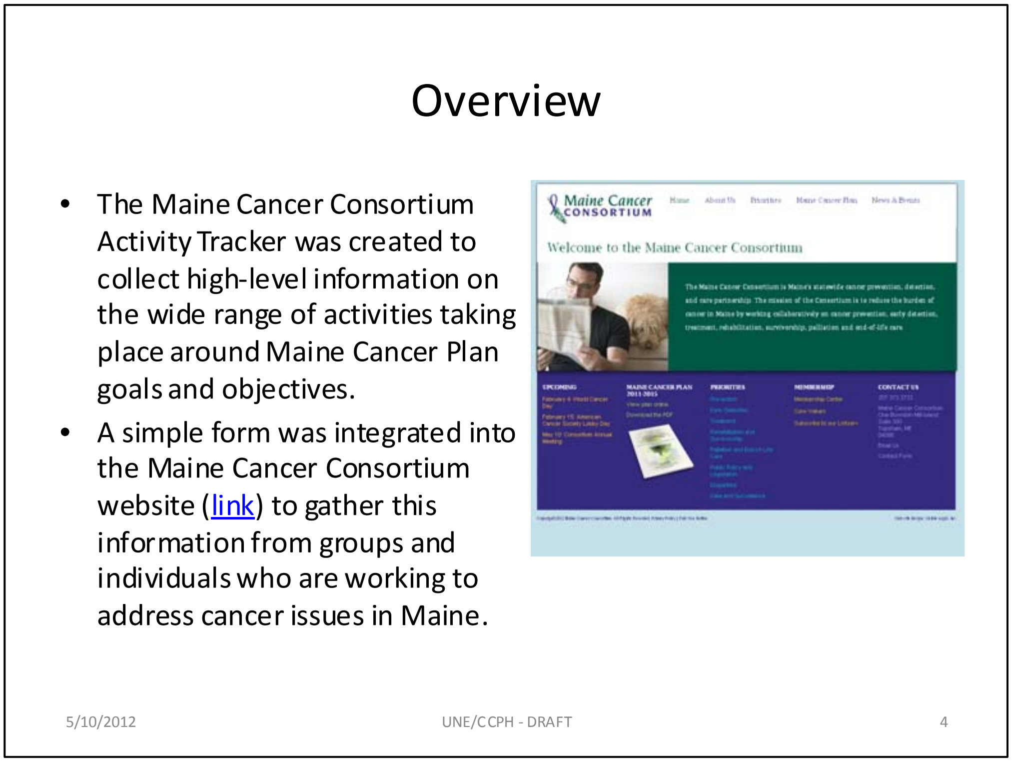
Provide any comments or key points relating to this activity below.
For example, how it relates to the selected Statewide Cancer Plan objective, where it took place, names of participating organizations and/or presenters, etc.

What is your name? *

Which organization do you represent? *

5. Summary of Reported Activities for Calendar Year 2011

Selected Slides Presented at the 2012 Consortium Annual Meeting

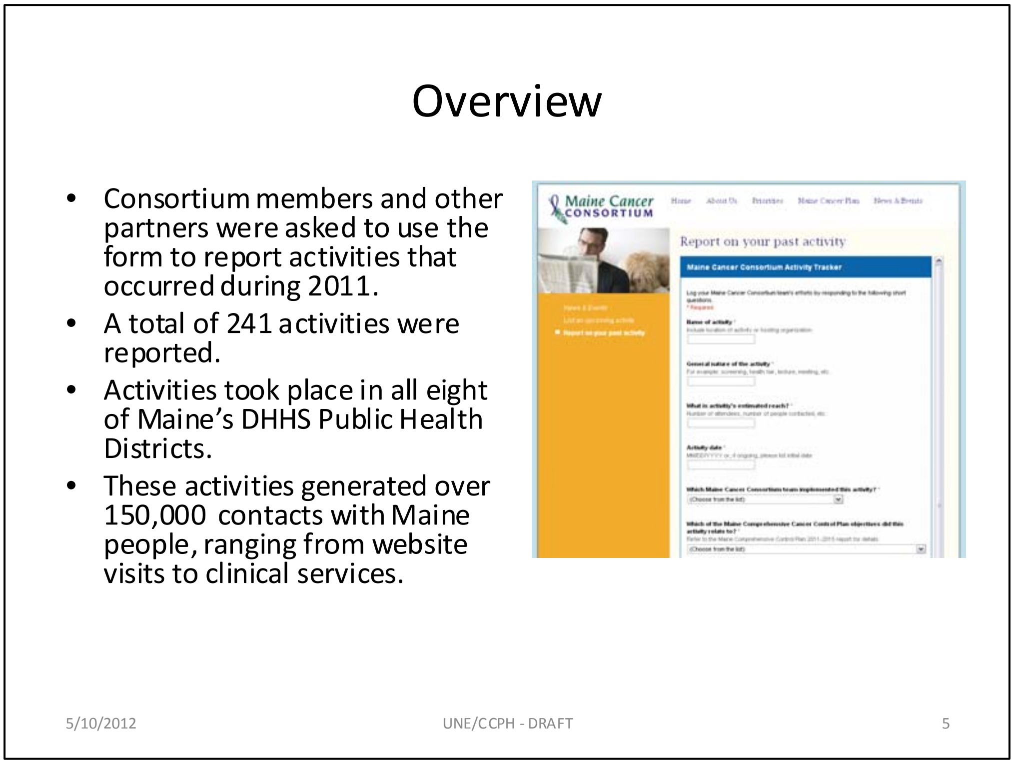


Overview

- The Maine Cancer Consortium Activity Tracker was created to collect high-level information on the wide range of activities taking place around Maine Cancer Plan goals and objectives.
- A simple form was integrated into the Maine Cancer Consortium website ([link]) to gather this information from groups and individuals who are working to address cancer issues in Maine.

Welcome to the Maine Cancer Consortium

The Maine Cancer Consortium is Maine's statewide cancer prevention, detection, and care partnership. The mission of the Consortium is to reduce the burden of cancer in Maine by working collaboratively on cancer prevention, early detection, treatment, rehabilitation, survivorship, palliation and end-of-life care.



Overview

- Consortium members and other partners were asked to use the form to report activities that occurred during 2011.
- A total of 241 activities were reported.
- Activities took place in all eight of Maine's DHHS Public Health Districts.
- These activities generated over 150,000 contacts with Maine people, ranging from website visits to clinical services.

Report on your past activity

Maine Cancer Consortium Activity Tracker

Log your Maine Cancer Consortium team's efforts by responding to the following short questions.
* Required

Name of activity *
Include location of activity or hosting organization

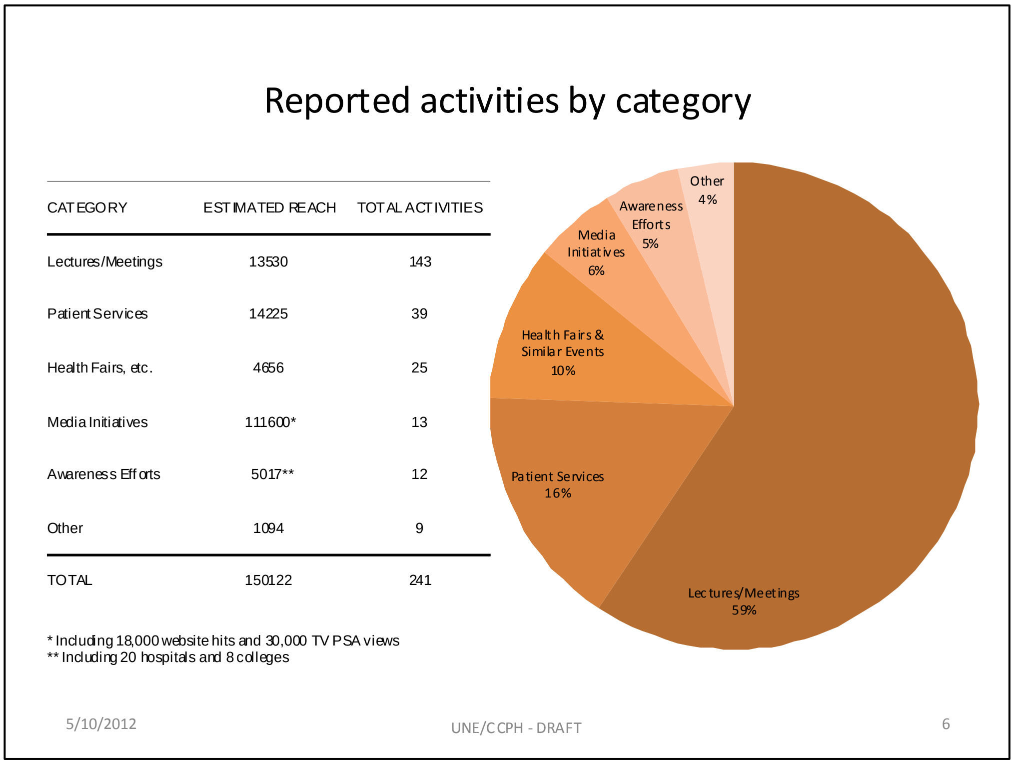
General nature of the activity *
For example: screening, health fair, lecture, meeting, etc.

What is activity's estimated reach? *
Number of attendees, number of people contacted, etc.

Activity date *
MM/DD/YYYY or, if ongoing, please list initial date

Which Maine Cancer Consortium team implemented this activity? *
(Choose from the list)

Which of the Maine Comprehensive Cancer Control Plan objectives did this activity relate to? *
Refer to the Maine Comprehensive Control Plan 2011-2015 report for details
(Choose from the list)

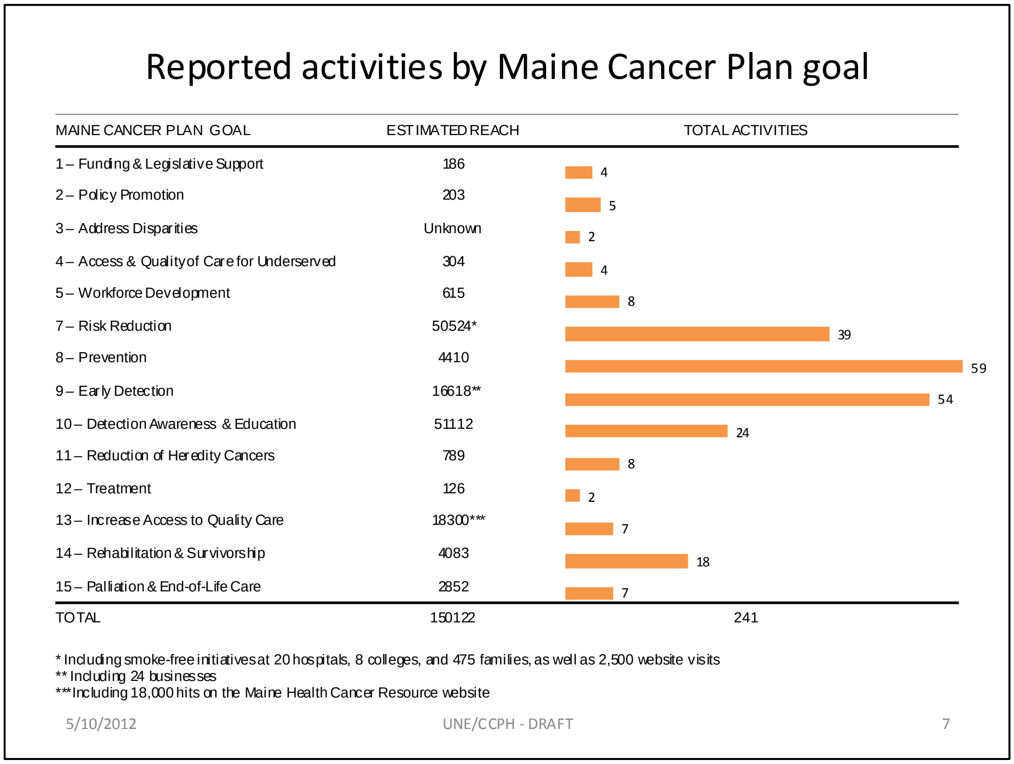


Reported activities by category

CATEGORY	ESTIMATED REACH	TOTAL ACTIVITIES
Lectures/Meetings	13530	143
Patient Services	14225	39
Health Fairs, etc.	4656	25
Media Initiatives	111600*	13
Awareness Efforts	5017**	12
Other	1094	9
TOTAL	150122	241

* Including 18,000 website hits and 30,000 TV PSA views
** Including 20 hospitals and 8 colleges

5/10/2012 UNE/CCPH - DRAFT 6

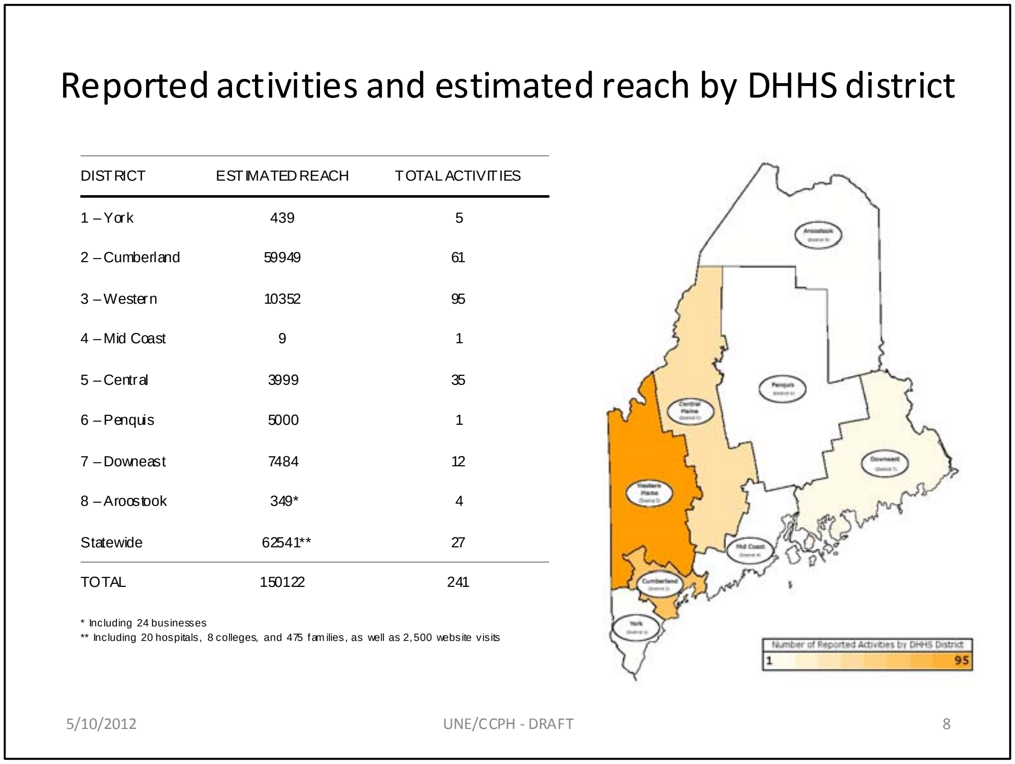


Reported activities by Maine Cancer Plan goal

MAINE CANCER PLAN GOAL	ESTIMATED REACH	TOTAL ACTIVITIES
1 – Funding & Legislative Support	186	4
2 – Policy Promotion	203	5
3 – Address Disparities	Unknown	2
4 – Access & Quality of Care for Underserved	304	4
5 – Workforce Development	615	8
7 – Risk Reduction	50524*	39
8 – Prevention	4410	59
9 – Early Detection	16618**	54
10 – Detection Awareness & Education	51112	24
11 – Reduction of Heredity Cancers	789	8
12 – Treatment	126	2
13 – Increase Access to Quality Care	18300***	7
14 – Rehabilitation & Survivorship	4083	18
15 – Palliation & End-of-Life Care	2852	7
TOTAL	150122	241

* Including smoke-free initiatives at 20 hospitals, 8 colleges, and 475 families, as well as 2,500 website visits
** Including 24 businesses
***Including 18,000 hits on the Maine Health Cancer Resource website

5/10/2012 UNE/CCPH - DRAFT 7

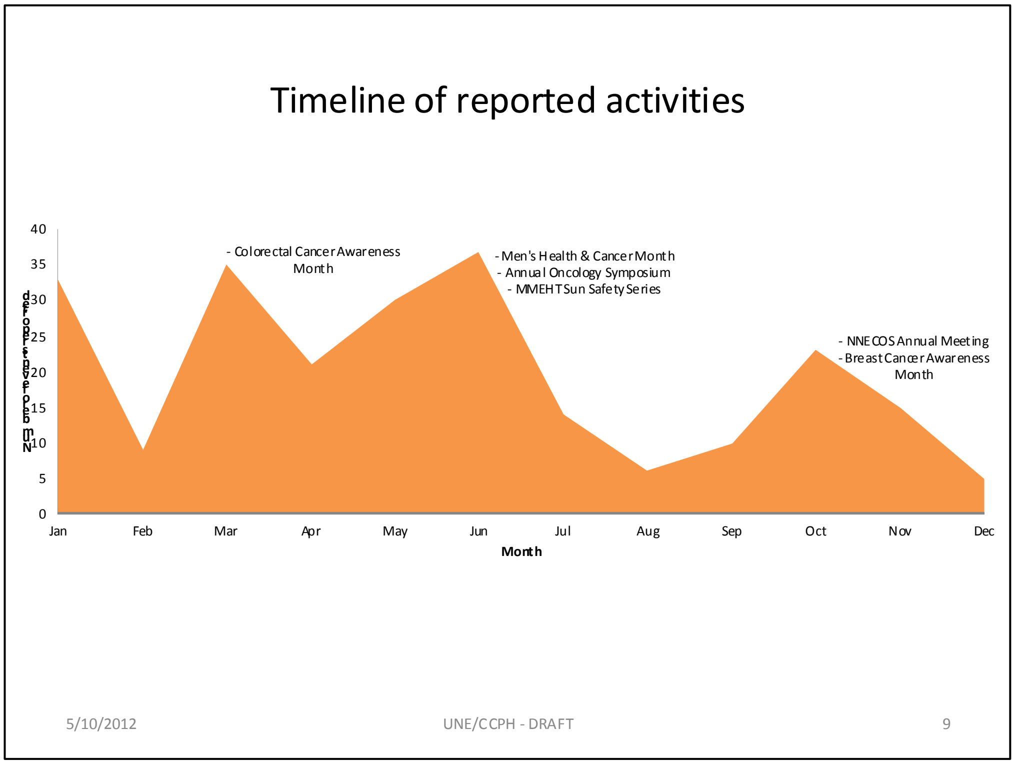


Reported activities and estimated reach by DHHS district

DISTRICT	ESTIMATED REACH	TOTAL ACTIVITIES
1 – York	439	5
2 – Cumberland	59949	61
3 – Western	10352	95
4 – Mid Coast	9	1
5 – Central	3999	35
6 – Penquis	5000	1
7 – Downeast	7484	12
8 – Aroostook	349*	4
Statewide	62541**	27
TOTAL	150122	241

* Including 24 businesses

** Including 20 hospitals, 8 colleges, and 475 families, as well as 2,500 website visits



Timeline of reported activities

- Colorectal Cancer Awareness Month

- Men's Health & Cancer Month
- Annual Oncology Symposium
- MMEHT Sun Safety Series

- NNECOS Annual Meeting
- Breast Cancer Awareness Month

Summary of reported early detection activities

- A total of 52 early detection activities were reported, reaching an estimated 59,438 people.
- 12 (23%) of those reported were organized by Maine Medical Center Cancer Institute.
- 9 (17%) of those reported were organized by Healthy Community Coalition of Greater Franklin County.

Early Detection

Early Detection Team

Cancer Plan Goals:

Goal 9: Promote, increase, optimize, and support the use of high quality cancer screening tests and follow-up services in Maine for all detectable cancers.

Goal 10: Educate Mainers on the benefits of early detection, and provide support for community awareness activities.

Goal 11: Reduce the incidence of hereditary cancers in Maine through coordinated genetic risk education, assessment, and counseling.

Meeting Time:

Meets every other month on the second Wednesday of the month, from 9 to 10 am, at the American Cancer Society office in Topsham.

Team Leaders:

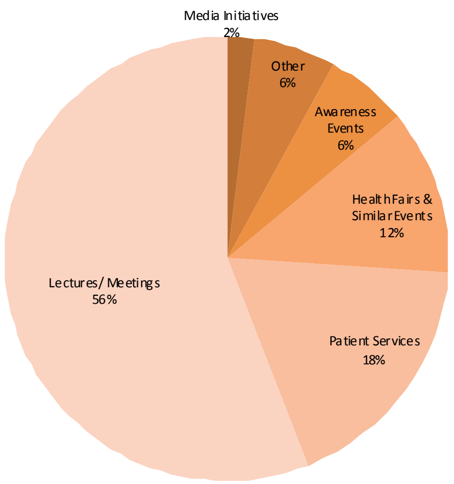
[illegible]

Donna Walsh, [illegible]

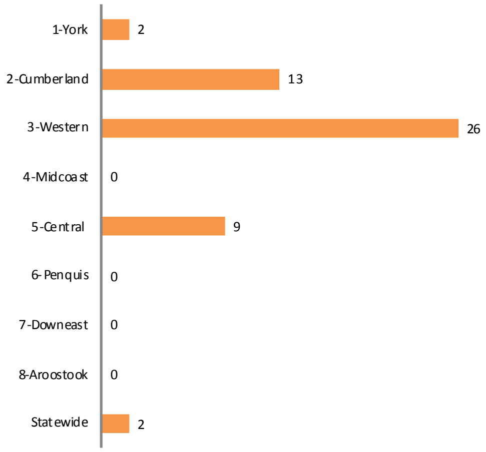
Caroline Zimmerman, [illegible]

Summary of reported early detection activities

Reported early detection activities by category

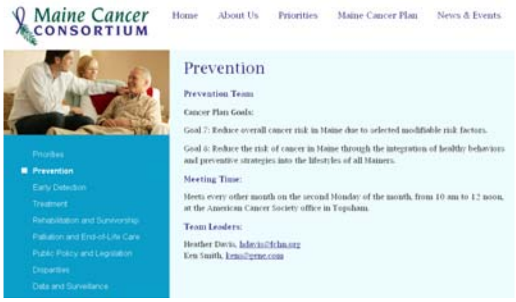


Number of reported early detection activities by district



Summary of reported prevention activities

- A total of 94 prevention activities were reported, reaching an estimated 6,136 people.
- 55 (59%) of those reported were conducted by the Dempsey Center.
- 59 (63%) of those reported took place in District 3 – Western Maine.



Prevention

Prevention Team

Cancer Plan Goals:

Goal 7: Reduce overall cancer risk in Maine due to selected modifiable risk factors.

Goal 6: Reduce the risk of cancer in Maine through the integration of healthy behaviors and preventive strategies into the lifestyles of all Mainers.

Meeting Time:

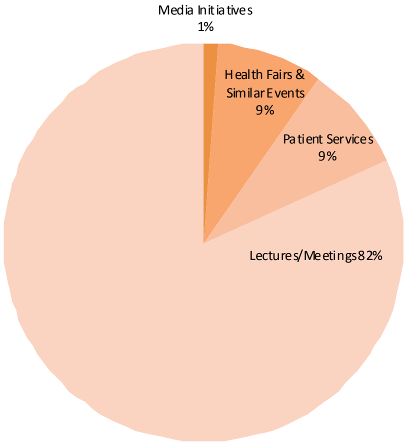
Meets every other month on the second Monday of the month, from 10 am to 12 noon, at the American Cancer Society office in Topsham.

Team Leaders:

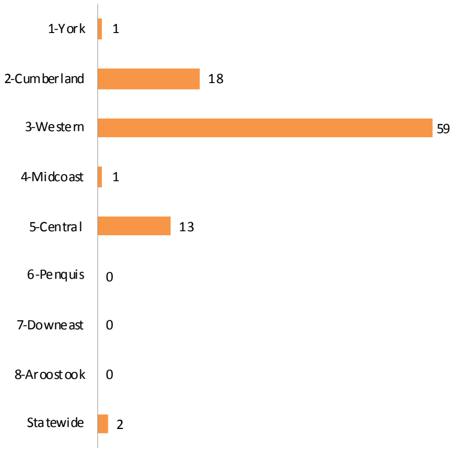
Heather Davis,
Ken Smith,

Summary of reported prevention activities

Reported prevention activities by category



Number of reported prevention activities by district



Summary of reported rehabilitation and survivorship activities

- A total of 22 rehabilitation and survivorship activities were reported, reaching an estimated 3,978 participants.
- 9 (40%) of those reported were conducted by HACCC.
- 10 (45%) of those reported were put on by Maine Medical Center Cancer Institute.

Rehabilitation and Survivorship

Rehabilitation and Survivorship Team

Cancer Plan Goals:

Goal 14: Increase awareness and utilization of rehabilitation and survivorship services throughout Maine.

Meeting Time:

Meets every other month on the second Wednesday of the month, from 12 noon to 1 pm, at the American Cancer Society office in Topsham.

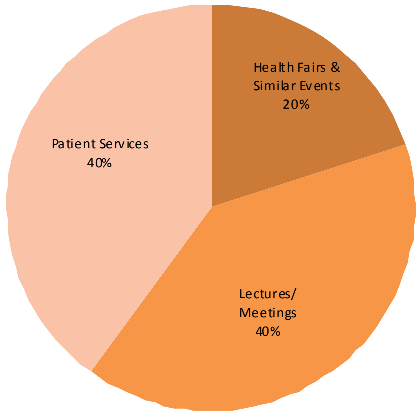
Team Leaders:

Eileen McDonald, mcdone1@mainehealth.org

Cheryl Tucker, cheryl.tucker@cancer.org

Summary of reported rehabilitation and survivorship activities

Reported rehab and survivorship activities by category



Number of reported rehab and survivorship activities by district