

# Staying focused and moving forward: Evaluation of a state cancer coalition.

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## Introduction

Coalitions require periodic evaluation but few make the investment. After 10 years of formation and implementation, Virginia's Cancer Plan Action Coalition (CPAC) believed an evaluation would refocus their energies and empower them to move ahead. In 1998 the Virginia Department of Health (VDH) convened a meeting to develop the Virginia Cancer Plan. Two years later the first Cancer Plan was written and CPAC formed. The Plan underwent several iterations: an addendum in 2003 and baseline data in 2004. VDH offered local organizations mini-grants to begin Plan implementation. Meanwhile Coalition infrastructure work moved at a snail's pace. Between 2003 and 2005 partners worked on infrastructure, bylaws and staffing plans. In 2006 the Coalition hosted a statewide colorectal cancer conference, adopted a fiscal agent (Bon Secours Health System – a partner organization), and appointed an Advisory Board. In 2007, CPAC adopted a new logo, expanded video conferencing sites, testified before the General Assembly, and launched the 2008-2012 Virginia Cancer Action Plan. VDH funded a CPAC evaluation in 2007 to assess, reflect, and inform the Coalition of its strengths, challenge and weaknesses and to provide feedback to improve quality performance. The evaluation empowered the coalition to implement structural and process changes.

## Method

The evaluation kicked off with an initial presentation to the entire membership, "Why Evaluate Coalitions?" Next, evaluators and leaders from both VDH and CPAC collaborated on process and timeline development.

Evaluation tools included the following:

- Document Review applying Stages of Coalition Development<sup>1</sup> and Coalition Effectiveness Inventory (CEI)<sup>2</sup> (adapted)
- Review of Virginia Cancer Plan (*draft version 7*) using an adapted State Plan Index (SPI)<sup>3</sup>
- Membership survey using an adapted electronic Coalition Self-Assessment Survey (CSAS)<sup>4</sup>
- Telephonic Key Informant Interviews

Evaluators employed a mixed-methods approach that provided quantifiable data and a rich depth of descriptive data. Results were triangulated for verification across qualitative and quantitative methods. Records were de-identified for anonymity. Eastern Virginia Medical School Institutional Review Board reviewed the research plan.

## Results

**Figure 1. Stages of Development Scores**

Formation (0-8 points)		Implementation (0-9 points)		Maintenance (0-14 points)		Institutionalization (0-12 points)	
Score	%	Score	%	Score	%	Score	%
6.8	75%	6.8	75%	5.14	64%	4.12	33%

CPAC spent nearly 5 years in *Formation*. Of note, CPAC operated essentially as a volunteer-led coalition with no dedicated staff or budget until 2003. CPAC spent a considerable amount of time in *Implementation* (4.5 years). *Institutionalization* has barely begun.

**Figure 2. CPAC Stages of Development Timeline**

1998 - 2001	2002-2003	2004-2006	2007 - 2008
Institutionalization			
Formation		Implementation	
		Maintenance	

Evaluators rated CPAC's stages of development (Figure 1). Using these findings and reviewing CPAC documents, evaluators developed a timeline to estimate the time CPAC spent in each stage of development (Figure 2).

**Table 1. Coalition sectors, organizations and their representatives**

Sector	Number of Organizations	Number of Members
Labor/Employment/Business	0	0
Professional/Trade Associations	4	5
Religious/Faith-based	0	0
Community-based Organizations (CBOs)	0	3
Medical/Health	6	9
Insurers	1	1
Academic	5	15
Government	2	10
Legislative/Advocacy & Special Interest	4	8

Labor/employment/business, religious/faith-based and community-based organizations are not represented, insurers are under-represented, while academic institutions, medical centers and the government/health sectors (VDH) are over-represented.

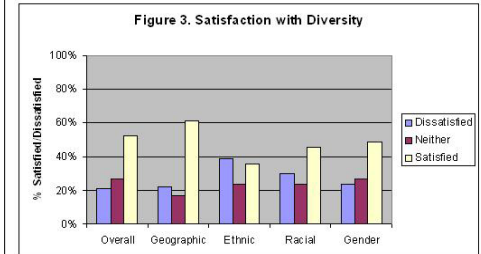
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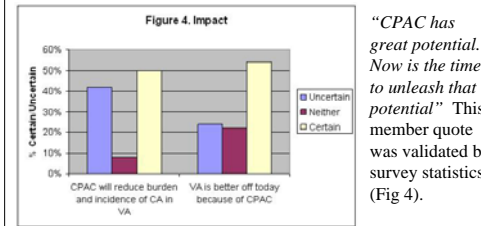
**Table 2. Key indicators of coalition process and outcome**

Year	Planning Products	Services Provided	Resources Generated	Community Action	Community Changes
2003	7	5	2	0	0
2004	5	1	0	1	0
2005	9	5	2	0	0
2006	6	1	0	2	0
2007	7	7	1	3	0
<b>Totals</b>	<b>14</b>	<b>19</b>	<b>5</b>	<b>6</b>	<b>0</b>

Table 3 clearly shows that CPAC created a significantly higher number of planning products and services than it did resources, community actions and community change.



In Figure 3, 52% of respondents were satisfied with CPAC's overall diversity and 61% with geographic member representation. Satisfaction levels dropped when race (46%), ethnicity (36%), gender (49%) were considered.



"CPAC has great potential. Now is the time to unleash that potential" This member quote was validated by survey statistics (Fig 4).

## Discussion and Recommendations

**Communication.** Partners want more face-to-face communications and more information on: Advisory Board, budget, lead agency, and VDH role. They want more work in branding, member development, policy development, broader community awareness and media. **Recommendations:**

- Prioritize internal and external communication.
- Offer regular orientation and mentorship.
- Determine who the lead agency will be.
- Identify external audiences, craft and issue strategic communication messages for each.

**Achievement.** CPAC energies focus on inward work at the expense of outward work. Members are satisfied with CPAC's mission and goals but observe few tangible cancer-related activities. CPAC is making strides to be more active and effective. They want to be a 501(c)(3) organization, to raise funds and employ full-time staff. **Recommendations:**

- Finalize/approve 2008 – 2012 Cancer Plan.
- Review/prioritize Plan goals; focusing on 1-2 next year.
- Pursue 501(c)(3) status.
- Hire part-time director.
- Raise funds to accomplish objectives.

**Sustainability.** CPAC has imbalanced geographic, ethnic and sectoral diversity, especially Hispanic, American Indian and Asian populations and representation from advocacy groups, legislators, faith-based institutions, business and professional societies. Partners want orientation, mentorship and leader training for succession as well as VDH role definition and budget transparency. Decision making process is imbalanced: Executive Committee makes most decisions. **Recommendations:**

- Develop recruitment plan.
- Restructure executive committee.
- Revitalize Advisory Board.
- Reduce number/scope of Action Teams.
- Develop transparent/accountable budgeting process.
- Adopt "one organization, one vote" policy.
- Create decision making policy.
- Conduct systematic annual review of State Plan.
- Consider creation of Virginia Chronic Diseases Coalition, with each chronic disease area working as working groups.

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## For further information

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