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Building Local Comprehensive Cancer Control Coalitions:

Lessons Learned from Local Health Departments

An Action Guide

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

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INTRODUCTION

In 1998, the Centers for Disease Control and Prevention (CDC) established the National Comprehensive Cancer Control Program (NCCCP) to reduce the burden of cancer in the United States through comprehensive cancer control (CCC) efforts. According to the CDC, community mobilization is essential to implementing and sustaining the multi-level building blocks of CCC. As such, the NCCCP funds states, tribal groups, and U.S. territories to establish coalitions that assess the burden of cancer, determine priorities, and develop and implement cancer control and prevention plans. These coalitions play an important role in advancing CDC priorities for CCC.

While state CCC coalitions have the capacity to plan comprehensive strategies for achieving national CCC outcomes, programs and initiatives require community support from local stakeholders to be successful. Local stakeholders are powerful agents of change that have the influence and relationships necessary to leverage community support for implementing state CCC plans at the community level. Local stakeholders can provide access to high-risk populations, influence inclusion of CCC efforts in community health programming, and influence the decisions of policymakers to achieve national CCC outcomes. Unless local stakeholders are involved, it is difficult to obtain the community support and adoption of CCC interventions that are required to have national impact.

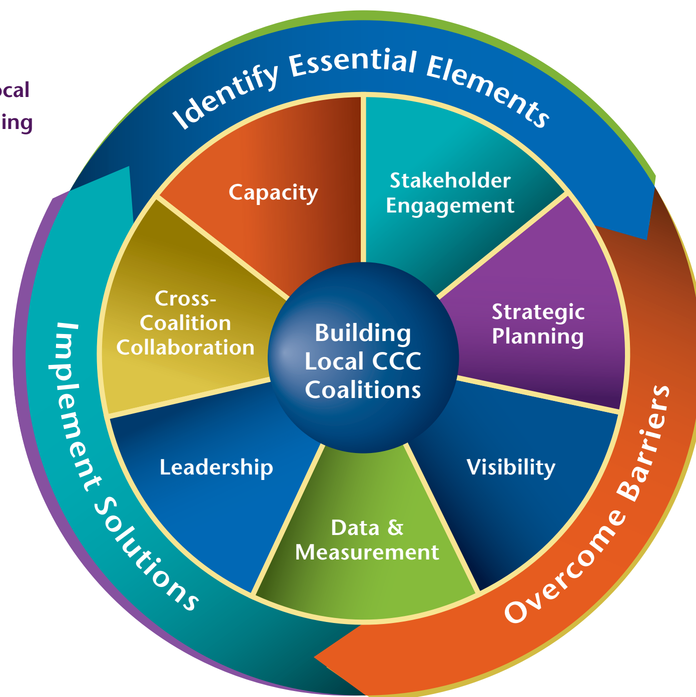
As a platform for convening influential stakeholders and maximizing time, resources, and manpower, local CCC coalitions have the potential to increase the capacity, sustainability, and reach of evidence-based statewide CCC activities. Local health departments (LHDs) are proximal to the communities where CCC actually occurs; due to their proximity, LHDs have existing relationships with local stakeholders that make them a logical fit for leading local coalitions. State CCC coalitions can support LHDs in leading local coalitions to increase the reach, impact, and sustainability of statewide CCC efforts; however, many LHDs struggle to lead local coalitions in the current economic climate in which budget cuts and layoffs are common.

LHDs need guidance for building their capacity to implement community-level CCC efforts through local coalitions; yet, most publications for building and maintaining CCC coalitions are geared toward state health departments. In 2010, the National Association of County and City Health Officials (NACCHO) received funding from the CDC to develop guidance targeting LHDs to help build their capacity for local implementation of CCC coalitions. Consequently, NACCHO conducted the 2011–2012 Cancer Control Efforts in Local Health Departments Assessment to determine the range of CCC activities being implemented by LHDs, including their participation in local coalitions and dynamics of success.

The purpose of the assessment was to identify essential elements of successful local cancer coalitions and barriers that could be translated into focused solutions that LHDs can use to enhance their coalition-building efforts. NACCHO collected such information through Web-based surveys, key informant interviews, and an advisory group of local health officials who were successfully implementing local cancer coalitions in their jurisdictions.

The findings of this research revealed priorities and opportunities for the expansion of CCC activities and services at the local level in alignment with state CCC plans. NACCHO translated these findings into the development of a Framework for Building Successful and Sustainable Local Cancer Coalitions. This action guide synthesizes the components of the framework into general recommendations that local health officials, policymakers, public health practitioners, advocates, and researchers can use to build community coalitions that facilitate the coordination of CCC efforts among national, state, and local partners.

NACCHO's Framework for Building Successful and Sustainable Local Cancer Coalitions helps LHDs apply steps to developing and leading collaborative efforts to prevent cancer in their jurisdictions: (1) Identify essential elements of success, (2) Overcome barriers, and (3) Implement solutions to support infusion of essential elements and removal of barriers. Following these steps involves consideration of seven foundations for carrying out local cancer control and prevention coalition building efforts: (1) Capacity, (2) Stakeholder engagement, (3) Strategic planning, (4) Visibility, (5) Data & measurement, (6) Leadership, and (7) Cross-coalition collaboration.



ABOUT THE RESEARCH THAT SUPPORTS THIS ACTION GUIDE

NACCHO conducted the 2011–2012 Cancer Control Efforts in Local Health Departments Assessment to examine the CCC coalition activities implemented by LHDs, the extent to which LHDs participate in local cancer control coalitions/collaborations, and the factors that facilitate or hinder LHDs' success in their partnerships with local cancer coalitions. A secondary objective was to identify technical assistance opportunities for supporting LHD involvement in leading local CCC coalition efforts in coordination with state CCC coalitions.

Methods

To carry out the assessment, NACCHO administered an online questionnaire to a sample of 212 LHDs drawn from a total of 791 LHDs that reported providing cancer screening as part of their population-based public health activities in NACCHO's 2010 National Profile of Local Health Departments (Profile) study. A stratified sampling design (strata defined by size of jursidiction population) ensured sufficient representation of LHDs that provide cancer screening services. Since there were few LHDs serving large populations (500,000+) in the population participants were drawn from, NACCHO oversampled to ensure that enough members of this subgroup were represented in the study. One hundred and three respondents (response rate: 53%) returned completed portions of the survey, which asked respondents to report their current cancer control/primary prevention activities, coalition involvement, and partnership-related technical assistance needs. Descriptive analysis of responses to each question was employed to characterize the current situation at LHDs nationwide and to examine differences among metro, mixed, and non-metro LHDs. Figure 1a describes LHD classifications.

Figure 1a: LHD Classifications

Classification	Jurisdiction Population Size	Distribution of LHDs in the United States	Distribution of LHDs in the Sample
Metro	500,000+	6%	18%
Mixed	50,000–499,999	33%	41%
Non-Metro	Below 49,999	63%	41%

NACCHO conducted key informant interviews to gain further insight into the data collected via the online survey regarding coalition functioning and to identify new themes that the questionnaire might not have captured. NACCHO selected key informants from a pool of prospective respondents that either completed the survey or responded to an advertisement placed on NACCHO's cancer webpage to solicit success stories from LHDs implementing local CCC coalitions. The research team selected nine key informants who were deemed the best fit for the study, based on the following criteria: (1) currently implementing local coalitions to achieve outcomes across the cancer continuum; and (2) interested in having their CCC successes featured in case studies in NACCHO's guide for local implementation of CCC. The interviews were conducted by phone; each lasted 30–45 minutes. NACCHO recorded, transcribed, coded, and analyzed each interview using NVivo 9 qualitative software. Salient themes were identified by (1) frequency of occurrence in discussions among participants, and (2) concurrence between data captured in the survey and interview. Figure 1b describes the characteristics of coalitions selected for the assessment.

Figure 1b: Coalitions Studied

LHD/Coalition Name	State	Jurisdiction Type	Cancer Focus	Cancer Continuum Focus	Target Audience	Description of Activities
Nodaway County Health Center/ Nodaway County Crusade Against Cancer	MO	Rural, population of 28,000	Colorectal	Prevention and Early Detection	Community residents (factory workers, farmers, ranchers, inmates, students)	• Distribution of free Fecal Occult Blood Test kits, small media, Speakers' Bureau, Community Resident Volunteer Health Educators, and physician outreach
Jessamine County Health Department / Jessamine County Breast and Cervical Cancer Coalition	KY	Mixed, predominately rural, population of 49,000	Breast and cervical	Prevention and Early Detection	Never and rarely screened women aged 40	• The Prevention Pays Program: Incentive and referral-driven mammogram program • The Canine Race for a Cure Fundraiser • Annual Survivors' Celebration Dinner Fundraiser • Breast Cancer License Plate Fund
Northeast Texas Health District/ Tyler Fit City Challenge	TX	Rural, population of 200,000+	All cancers	Prevention	Community residents	• Fit City Challenge Obesity Reduction Campaign using multi-sector partnership strategies to educate the community through resident success stories, fitness walks, and media coverage
Clean Air Sedalia/Pettis County Health Department	MO	Rural, population of 20,000	Lung	Prevention	Community residents	• Clean Air Sedalia Smoke-Free Campaign including advocacy and awareness efforts to support the development of policies supporting tobacco prevention, i.e., smoking bans, increased tobacco tax, air quality study, and community education activities
Southeast Missouri Cancer Control Coalition, Scott County Health Department	MO	Rural, population of 39,000	Skin and lung	Prevention and Early Detection	Youth, adults, and other community residents	• Skin cancer awareness campaign including signage promoting sun safety placed in parks and near lakes and pools • Free lung cancer screenings • Participation in community awareness efforts including health fairs, education in daycare centers, annual breast cancer luncheons, and worksite smoking cessation classes • Implementation of youth-friendly programs such as Smoke Busters, Tattoos, and SWAG

LHD/Coalition Name	State	Jurisdiction Type	Cancer Focus	Cancer Continuum Focus	Target Audience	Description of Activities
Cancer Services Program Partnership, Onondaga County	NY	Urban, population of 467,000	Breast, cervical, and colorectal	Early Detection	Native Hispanics and the uninsured	• Free cancer screenings at the Annual Get Health Connected event and free clinics • Employment of community health outreach worker to conduct education and disseminate small media to promote community awareness
Cancer Free Dutchess Comprehensive Cancer Control Initiative, Dutchess County Health Department	NY	Rural, population of 297,488	Breast	Prevention	Community residents	• Cancer control consortium that develops a local CCC plan that covers the cancer continuum • Develops and manages a cancer resource site, cancerfreedutchess.net • Hosts an annual breast cancer awareness banquet and implements community education activities during breast cancer awareness month
Chronic Disease Prevention Coalition, Austin/Travis County Health Department	TX	Mixed, predominately urban population of 1,024,266	All cancers	Prevention	Community residents	• Serves as an "umbrella" coalition to implement chronic disease prevention efforts to address a range of conditions, including cancer. Cancer-specific programs include a smoke-free campus initiative and clinical systems changes to assess for tobacco use and refer patients for tobacco cessation. • The Mayor's Fitness Council, a program of the coalition, promotes smoke-free worksites and tobacco-free bus stop signs • Implements several policy, environmental, and systems change strategies to create environments that promote physical activity and advocates to influence the Public Housing Authority to implement smoke-free housing policies
Northwest Michigan Cancer Prevention & Awareness Coalition, District Health Department #10	MI	Mixed jurisdiction consisting of 11 counties	Breast, cervical, colorectal, and lung	Prevention and Early Detection	The uninsured and other community residents	• Awareness campaigns to promote access to available cancer prevention services • Dissemination of educational materials • Provision of free cancer screenings and linkages to treatment services • Worksite cancer screening promotion programs

HOW TO USE THIS ACTION GUIDE

This guide provides general recommendations to help programmatic staff identify promising strategies for strengthening LHDs' ability to implement CCC activities at the local level; the recommendations within should not be considered proven techniques for coalition building. The survey respondents were not a representative sample of all LHDs across the country; participants were LHDs that provided cancer screenings as part of their primary prevention services in 2010. Additionally, data were not weighted to account for the oversampling of LHDs serving large populations, which introduces a bias into the results. Last, the low response rate (53%) reduces confidence in the data collected. Therefore, while the data collected via the assessment provide useful insight about the context in which LHDs provide cancer screenings and implement CCC efforts, the data cannot be used to conclude a cause and effect relationship between the factors studied and coalition functioning.

The following pages describe lessons learned from NACCHO's 2011–2012 Cancer Control Efforts in Local Health Departments Assessment about factors that appear to influence the success of LHDs that are building and managing local cancer coalitions, barriers to success, and technical assistance needs. Additionally, this guide offers general recommendations for improving, designing, and expanding activities to enhance LHD-led implementation of CCC efforts on the basis of the research findings reported. Part 1 of the report presents survey data that paint a broad picture of CCC efforts in LHDs and indicate places where local coalitions can focus their efforts. Part 2 summarizes recommendations for effective coalition building uncovered via the key informant interviews.

Part I

CCC Activities in Local Health Departments:
Online Survey Results

What Opportunities Exist to Expand LHD CCC Activities?

The survey data collected via NACCHO's 2011–2012 Cancer Control Efforts in Local Health Departments Assessment provide context for understanding the role of LHDs in carrying out CCC activities and reveal priorities for enhancing local implementation of CCC efforts. Figure 2 describes the activities most frequently implemented by LHDs and reveals opportunities for expanding CCC efforts at the local level.

Few LHDs Surveyed are Implementing Surveillance and Survivorship Activities

Of all LHDs surveyed, most offer cancer-preventing vaccines as part of their CCC activities (80%), and a large number provide preventive cancer screenings (65%). Almost half implement population-based primary prevention activities (49%). However, only 23 percent of LHDs reported carrying out cancer prevention and surveillance activities, and 11 percent reported providing survivorship activities. Although metro LHDs are more likely than other LHDs to conduct cancer surveillance, not many do. **Figure 2** describes the percentage of LHDs implementing CCC activities by size of population served.

Figure 2: ***LHDs Reporting Implementation of Selected CCC Activities by Size of Population Served***

CCC Activity	All LHDs n=83	Metro LHDs n=17	Mixed LHDs n=40	Non-Metro LHDs n=26
Cancer-Preventing Vaccines	80%	76%	83%	77%
Cancer Screenings	65%	71%	68%	58%
Population-Based Primary Prevention	49%	59%	50%	46%
Cancer Epidemiology and Surveillance	23%	41%	25%	8%
Support for Survivorship	11%	12%	5%	19%
Other	23%	29%	20%	23%

Most LHDs Surveyed Provide Breast and Cervical Cancer Screenings

The majority of LHDs surveyed currently screen for breast and cervical cancer; however, less than half screen for colorectal cancer (41%). An even smaller percentage (19%) provides prostate cancer screening activities as part of primary prevention activities. See **Figure 3**.

Figure 3: ***Percentage of LHDs Providing Screenings for Select Cancers by Size of Population Served***

Screening Type	All LHDs n=58	Metro LHDs n=13	Mixed LHDs n=28	Non-Metro LHDs n=17
Cervical	88%	100%	89%	82%
Breast	83%	92%	86%	76%
Colorectal	41%	38%	50%	29%
Prostate	19%	23%	21%	12%
Other	9%	0	7%	18%

More than Half of LHDs Surveyed are Not Involved in the Development of Their State CCC Plan

The survey asked LHDs to rank their familiarity with the CDC's NCCCP and their state CCC plan. On a scale of 1–5, with 1 being not at all familiar and 5 being very familiar, the mean rating of familiarity with NCCCP among LHDs was 2.9, and the rating of familiarity with the state CCC plan was 3.26. Additionally, half of LHDs reported they did not participate in state CCC coalitions and only 30 percent did. The remaining 20 percent did not know the extent of the LHD's involvement **(Figure 4)**. Even fewer LHDs participated in the development of their state CCC plan. For example, only 21 percent of respondents reported participation in this activity, 60 percent reported they did not participate, and 20 percent reported they did not know whether the LHD participates.

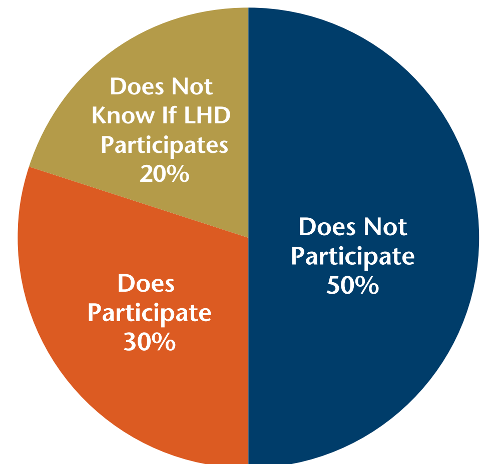


Figure 4: Percentage of LHDs Participating in Their State CCC Coalitions

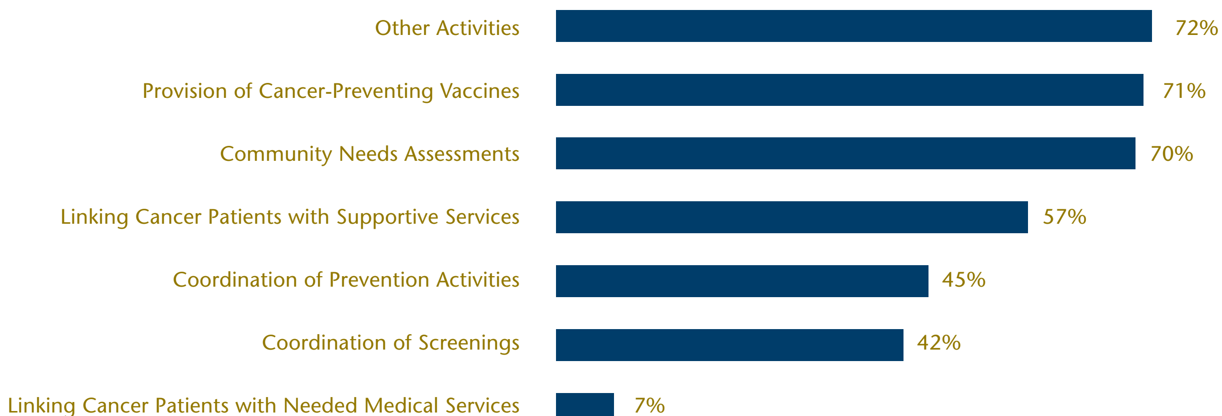
The Majority of LHDs Surveyed Conduct Obesity Prevention and Tobacco Control Efforts as Part of Primary Prevention Efforts

Survey respondents were asked to report their specific population-based primary prevention activities. The most common activities reported include cancer-specific (78%), obesity prevention (76%), and tobacco cessation (78%) programs. Fewer LHDs are providing alcohol reduction as part of their primary prevention activities (22%). An even smaller number (12%) are providing other related primary prevention activities, including media advocacy, educational campaigns, and immunizations.

The Majority of LHDs Surveyed Partner with Healthcare Providers on CCC Efforts

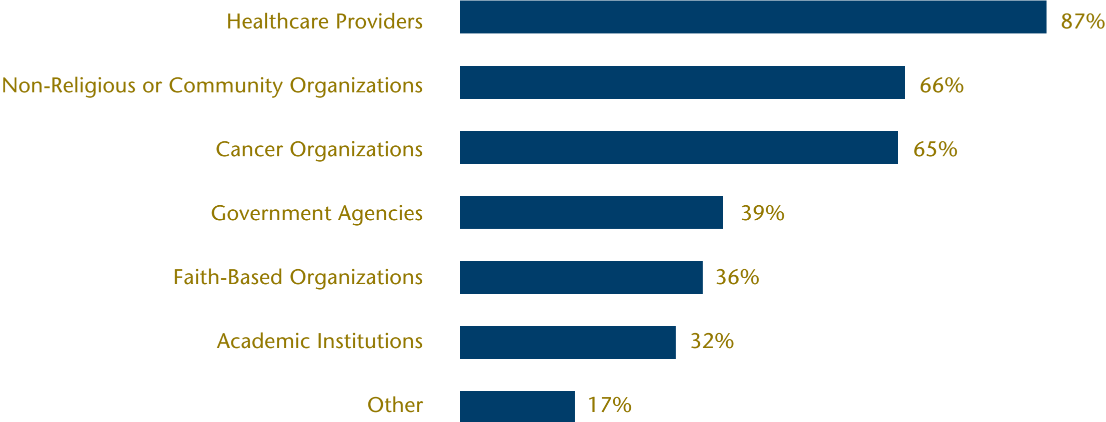
To deal with limited capacity issues, almost all LHDs (96%) collaborate with other organizations to implement CC activities. **Figure 5** presents ways LHDs are collaborating to expand their capacity.

Figure 5: Percentage of LHDs Reporting Collaboration with other Organizations to Implement Selected CCC Activities



LHDs collaborate with healthcare providers more than any other entity (87%) to deliver CCC services. Additionally, more than half of LHDs partner with non-religious community organizations (66%) and cancer organizations (65%). **Figure 6** demonstrates an opportunity to increase LHD partnership with government agencies (39%), faith-based organizations (36%), and academic institutions (32%). Other activities include coordination of well women's programs, contracting with providers to provide cancer screening and diagnostic services, and conducting and coordinating educational activities.

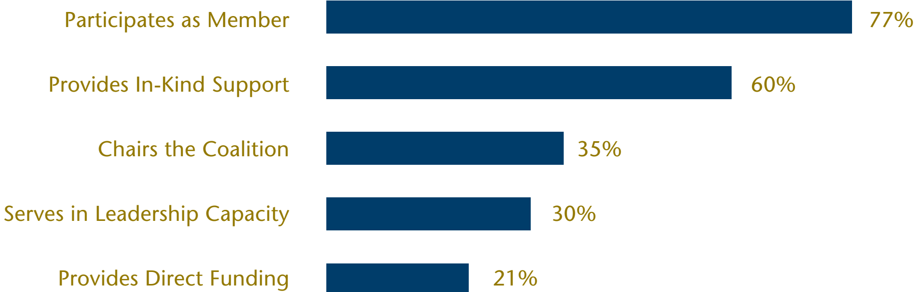
Figure 6:* *Percentage of LHDs Collaborating with Selected Partners



Most LHDs Surveyed Coordinate CCC Efforts with Existing Local CCC Coalitions, Partnerships, Task Forces, and Boards

Local CCC collaborations are present in more than half of surveyed LHDs' jurisdictions (65%), and LHD participation in these collaborative groups is generally high. For example, 81 percent of LHDs reported they participated in such partnerships, and only 11 percent did not; the remaining eight percent did not know if their LHDs participated. The majority of LHDs involved with local CCC coalitions in their jurisdictions participates as members (77%) and provide in-kind support for activities (60%). A third of LHDs participate in a leadership capacity, such as serving on the board of directors (30%). Thirty-five percent chair the local coalition. A few LHDs support local coalitions through direct funding (21%) **(Figure 7)**.

Figure 7:* *Reported Roles of LHDs in Local CCC Coalitions



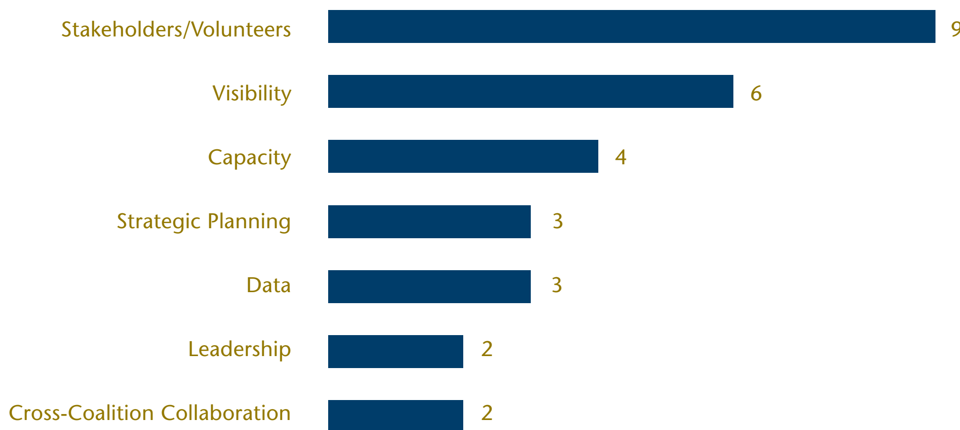
Part II

Local CCC Coalition Building Blocks:
Results from Key Informant Interviews

What are the Essential Elements of Successful and Sustainable Local CCC Coalitions?

While some LHDs struggle to carry out their coalition goals, others excel in achieving tangible outcomes that have impacted the cancer burden in their communities. To identify the factors that enable coalitions to achieve their objectives, NACCHO queried nine key informants, whose coalitions were implementing a range of CCC activities, about the essential elements of their coalitions' success. Participants reported seven essential elements, which are illustrated below in order of salience **(Figure 8)**. NACCHO recommends that local CCC coalitions consider infusing the following elements of successful coalitions into coalition-building efforts.

Figure 8: Essential Elements of Successful and Sustainable Coalitions, n=9



Engaged Stakeholders and Volunteers

All key informants interviewed credit the engagement of stakeholders as a critical component of their success. Coalitions that do not have a group of committed stakeholders stall because they do not have the personnel to accomplish the work of the coalition, which hinders coalition development and ability to meet goals. Conversely, coalitions that possess a core team of dedicated stakeholders that share mutual goals, have a positive attitude, and are willing to volunteer when needed are able to achieve success with a limited budget and lack of staff. Effective engagement of stakeholders requires the use of data, the right stakeholders, and diversity among the sectors, organizations, and cultural backgrounds of those who serve on the coalition.

NACCHO Key Informant Insight

"You've got to develop champions, people who are passionate and caring. If they have influence over local community, you could really impact thousands of peoples' lives directly."

Visibility

Successful coalitions possess high visibility and name recognition, which are fundamental for garnering ongoing community and financial support. Community members and funders are more likely to support initiatives that are in the public's interest. The respondents NACCHO interviewed achieved visibility for their coalitions through branding, consistent dissemination of marketing messages, partnerships with the media, promoting coalition activities through various media outlets, and coordinating events with the activities of existing initiatives that were already visible and respected by community members.

NACCHO Key Informant Insight

"Always try to make relationships out there in the community; get your face out there. Try to brand yourself, get a logo, get a little slogan…and keep that brand going as far, as much, as you can. Don't be afraid to go on TV. If you're invited to go on TV, go. It's not as scary as you think it would be. I mean, that's free advertisement."

Capacity

A coalition's success is affected in large part by available funding to support staff, advertising, and coordination of events. Some coalitions have benefited from a core planning team and coordinator that can facilitate communication among members and organize the meetings, events, and other activities essential for sustaining momentum. In the current economic climate, successful coalitions are finding ways to be creative with limited funding and a diminished workforce through fundraising, volunteerism, free advertising, and grant writing.

NACCHO Key Informant Insight

"I think having resources, having some funds, always brings people to the table."

Strategic Planning

Coalitions with a plan are more efficient and effective in meeting their goals. Strategic planning benefits coalitions by formalizing a sense of purpose, providing direction, ensuring that coalition efforts are feasible and likely to make an impact, and providing a framework to determine if coalitions reach their goals. An effective strategic planning process builds upon data to prioritize goals and evidence to choose and adapt CCC interventions that are likely to achieve desired effects.

NACCHO Key Informant Insight

"Organize a strategic plan…. Figure out what your goals are, set short-term goals. Try to make those short-term goals reachable."

Data

The effective collection, documentation, and reporting of local data are central to local coalition effectiveness. The use of assessment data is critical in the early stages of stakeholder engagement, particularly when coalitions use data to illustrate a problem that impacts stakeholders. Sharing data about the cancer problem in a way that is relevant and easy to understand is an effective way to engage stakeholders and earn their support. Coalition members, funders, and program supporters are more likely to stay committed and active when they can see the impact their participation is making. Funders support programs that are cost-effective, and data can demonstrate how funding coalitions is a good investment in the community. In addition, collecting and reporting sound data that demonstrate coalitions' impact begins the assessment and evaluation planning process. Planning considerations that LHDs managing coalitions should make include determining desired outcomes, available resources, and the coalitions' capacity to collect necessary data.

NACCHO Key Informant Insight

"One of the key things that keeps our coalition going is the fact that when we go in, we do have live data showing what success we've had. So when we're looking at activities that we're doing out in the community, we can come back to the coalition and say, 'Okay. Well, here's what happened. Here's what change was garnered from all of your work and input.'"

Leadership

To succeed, coalitions need an effective leader. Leadership provides the coalition with a clear vision and direction, which are essential to facilitating the growth of the coalition and keeping momentum. Effective coalition leaders are able to organize, inspire, and mobilize members, foster fruitful partnerships, and leverage resources to get results.

NACCHO Key Informant Insight

"Right now, we have a strong leader …. She has a goal and gives us direction in ways that the coalition can grow and build upon…. A good leader knows how to motivate… coalition members, knows how to get things done, knows the right people to talk to, and knows about funding opportunities."

Cross-Coalition Collaboration

Because community mobilization is a core function of public health, many LHDs participate in multiple disease-specific coalitions. Effective coalitions integrate or "cross-fertilize" the work of their coalitions with other initiatives and collaborative groups that are working toward the same goals. Collaboration reduces the number of meetings that stakeholders have to attend, avoids duplication of efforts, and fosters resource-sharing among coalitions. Regionalizing coalitions and broadening their scope of activities from cancer prevention to chronic disease prevention can stimulate cross-fertilization.

NACCHO Key Informant Insight

"There's all kinds of cross fertilization…we periodically convene the chronic disease coalition. And we also have these other coalitions, and [we're working] with a lot of people in the meantime. It's really that mix and cross cutting things that help support all this."

Part III

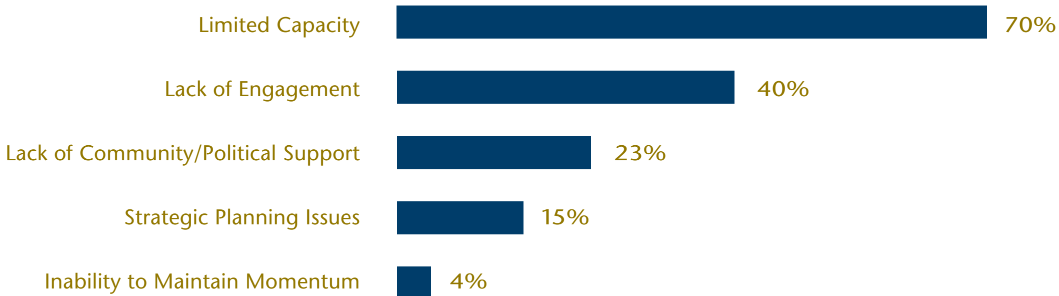
Barriers to Local Coalition Functioning:
Intersections between the Key Informant Interviews and Online Survey

What Factors Hinder Local Cancer Coalitions' Functioning?

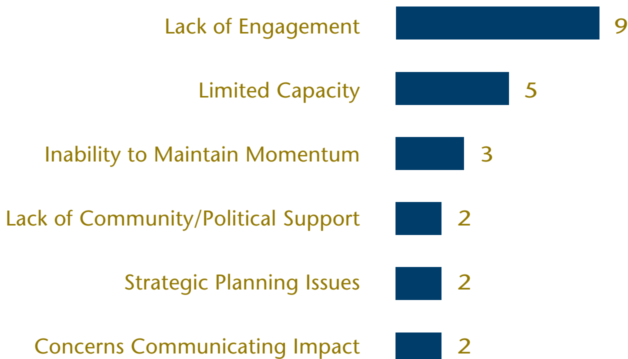
Building a successful and sustainable coalition can be tedious and time-consuming. Through the key informant interviews and survey, NACCHO identified the following barriers that are organic to coalition building (**Figure 9**). If coalitions can anticipate the challenges they might encounter, then they can prepare to decrease the impact of those barriers on coalition's momentum.

***Figure 9:** Frequency of LHD Responses Regarding Coalition Barriers*

Survey Results; n=46



Key Informant Results; n=9



Note: The barrier "Concerns about Communicating Impact" was not a survey option but was a new theme uncovered in the key informant interviews.

Lack of Engagement from Coalition Members

The most frequently reported challenge across the survey respondents and key informants was lack of stakeholder engagement. Some coalitions are struggling to get members to attend meetings; as a result, coalition efforts never advance. Other coalitions achieve high attendance at meetings, and members are invested and have creative ideas for preventing cancer control in their communities, but the energy dies after the meeting for one reason or another and the activities of the coalition halt. When asked why engagement was challenging, respondents reported the reasons listed below, in order of salience.

NACCHO Key Informant Insight

"I get very discouraged because you just feel like you get stalled. You don't have the manpower to seem to get much accomplished…You [go] off in one direction—somebody comes to a meeting. They have a really good idea. So we kind of get geared towards that. Then when those people quit coming, we lose perspective. We don't go any further."

Value and Impact of Participation are Not Clear

When coalition members do not see an impact resulting from their efforts, they begin wondering why they are participating. Once that happens, stakeholders lose interest and stop attending the meetings.

NACCHO Key Informant Insight

"We need to be able to have a good marketing point or selling point as to what's the benefit for [people] to participate in this—what's in it for them…. A lot of times, [people get burned out by attending meeting after meeting], and so we need to be able to identify what's the benefit, what's the big plus, what's in it for them."

Lack of Stakeholder Ownership

People value what they own. If stakeholders participating in the coalition see an initiative as an LHD project, and not a community project, then they begin to question the value of their participation and drop off. This occurs when stakeholders are not given a specific role or project to lead.

NACCHO Key Informant Insight

"They need ownership of the project. This is not a health department project; this is a community project that they support…. We all know that to keep quality volunteers, you have to have something for them to do; otherwise they drift away."

Competing Priorities: Burn-Out, Workforce Changes, and Coalition Fatigue

About 60 percent of key informants attribute inconsistent participation to member burn-out. When members have too many projects to manage outside of their coalition involvement, they have limited time to participate and engage. Members have full-time jobs outside of their coalition participation. In other instances, stakeholders belong to multiple disease-specific coalitions aiming for chronic disease prevention, and their time is split among all coalitions. When workforce reductions occur, the priorities of partnering organizations may change. Coalition staff may be lost, and new staff may be assigned to other projects that are prioritized above continued participation on the coalition.

NACCHO Key Informant Insight

"There are some competing interests.... They all have their own disease-specific coalitions, and a lot of times some of the same players... go to all these different groups.... Everyone's busy."

Lack of Leadership

Due to a limited workforce, some LHDs do not have the funds to assign or hire staff to lead the coalition. Without a leader, coalitions lose vision and focus, which ultimately impacts stakeholder engagement.

NACCHO Key Informant Insight

"When a strong leader was not present, we would see a decrease in membership."

Fear

In some rural areas where coalitions are advocating for policies to support smoke-free restaurants, fear of involvement affects the participation of stakeholders. In some cases, members' homes have been vandalized as a result of participating in smoke-free initiatives. In a few instances, LHD staff received death threats and programmatic materials were vandalized, removed, and damaged.

NACCHO Key Informant Insight

"In a town this size...some people are kind of scared.... They know [bringing about change is] going to get nasty, and people know everybody. I've heard several people say, 'You're probably going to get your house egged if you participate.'"

Lack of Diversity among Stakeholders

Another aspect of stakeholder engagement that challenges coalitions is achieving diversity among stakeholders. Some coalitions have an overrepresentation of cancer-focused groups and not enough participation from survivors and minority groups.

NACCHO Key Informant Insight

"You sort of have an overrepresentation of parties that are more health-focused....[The American Cancer Society is] always going to be [involved]. If [an issue is] cancer related, [the American Cancer Society is] going to be there, and they're going to show up every single time ....There are groups like our minority groups that don't really [participate] as often as [we'd] like them to."

Geographical Distance

Some LHDs manage coalitions that serve multiple jurisdictions across a broad geographical area. Members of these coalitions may be unable to travel to meetings due to the geographic distance. This is a particular concern from local health officials who administer local coalitions from the state level.

NACCHO Key Informant Insight

"The biggest barrier obviously is the geographical distance….Trying to facilitate meetings…amongst 11 counties can be somewhat difficult."

Limited Capacity

Another pervasive challenge that local coalitions have to overcome is limited capacity due to budget cuts and lack of staff to drive the work of the coalition. A coalition must have capacity, which includes expertise, manpower, and resources to infuse the Essential Elements of Successful and Sustainable Coalitions (see Figure 8) into their efforts. During a period of economic recession in the United States, the biggest barrier local CCC coalitions experience is operating on a limited budget with limited manpower. Inadequate funding was reported as a barrier among the largest number of survey respondents (70%), and limited capacity (described as limited funding and staff) was the second most salient barrier reported by key informants.

NACCHO Key Informant Insight

"The first barrier was just the fact that we didn't have a staff or any money to do anything with it…."

Lack of Support from Political Leaders Impacts Community Support: The "Nanny State Perspective"

The influence of endorsements from political leaders can help to garner community and stakeholder support. Yet, coalitions implementing tobacco control policy interventions reported inability to get support from influential political figures, due to the nanny state perspective—the perception that smoking bans interfere with personal choice.

NACCHO Key Informant Insight

"Something I really struggled with is our city council….Two of our main city council people that have been on the city council for years said, 'We're not going to tell people how to run their business. If those waitresses don't want to smell the cigarette smoke, they can get a job someplace else.'"

Inability to Maintain Momentum

The health impact resulting from the health promotion efforts of coalitions happens gradually and requires the implementation of activities that achieve sustainable changes. Many coalitions consider sustainability in their planning efforts; however, some coalitions struggle to maintain the excitement of stakeholders and other supporters in the long term. Coalition momentum is the culmination of the Essential Elements for Implementing Successful and Sustainable Coalitions.

NACCHO Key Informant Insight

"Maintaining momentum is probably the biggest challenge I can think of."

Difficulty with Strategic Planning

Some coalitions have difficulty setting clear and achievable goals, while others face critical decisions regarding incorporation, management, staffing, and prioritizing coalition activities. Employing strategic planning methods is a way to streamline the decision-making process for coalitions.

NACCHO Key Informant Insight

"One of the biggest challenges was just trying to figure out what it was that we wanted to do. It was trying to actually complete a strategic plan that was acceptable and doable by the group."

Need for Support to Communicate Impact Effectively

Demonstrating effectiveness of coalition activities is important for engaging stakeholders and building capacity; however, several respondents reported that they were unsure how to use data to prove their coalition is making an impact to obtain support and active participation from stakeholders, funders, and other community members.

NACCHO Key Informant Insight

"I think the one [elusive] thing that we have worked on…is 'What are our benchmarks?' What kind of data [are]…available to us? We've got some [data] through county health rankings. We've got some [data] through the state, and there are some local data. But we keep getting questions like, 'How are you going to prove that you had an impact?'"

Part IV

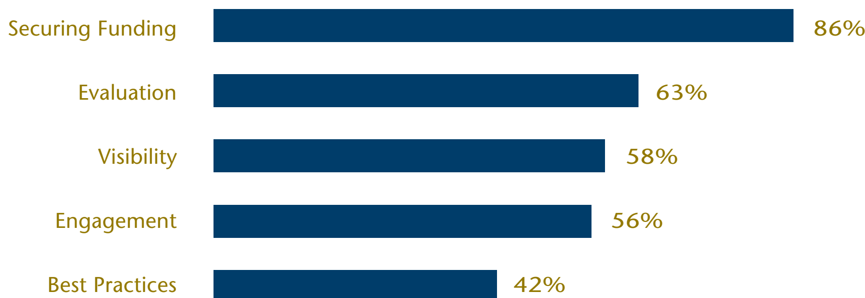
Supporting LHDs in Building Local CCC Coalitions:
Intersections between the Key Informant Interviews and Online Survey

What are the Technical Assistance Needs of LHDs that Want to Build Local CCC Coalitions?

Results from the assessment reveal areas where LHDs need technical assistance to support coalition-building efforts. NACCHO recommends such technical assistance needs as priorities for efforts to enhance LHDs' CCC coalition activities at the local level. The LHDs participating in the study made the greatest demand for tools to assist with stakeholder engagement/volunteerism and securing funding (**Figure 10**). According to key informants, stakeholder engagement is critical in the current economic climate because the support of stakeholders can maximize limited coalition resources. A little more than half requested assistance with carrying out evaluation, increasing coalition visibility, and selecting or implementing best practices in order of salience. Figure 11 summarizes specific topics and tools LHDs requested for each area of technical assistance reported.

Figure 10: ***Frequency of LHDs Reporting Specific Technical Assistance Requests***

Survey Results; n=46



Key Informant Results; n=9

Figure 11: Selected Technical Assistance Topics/Tools Requested by LHDs

Technical Assistance Need Reported	Specific Topics/Tools Requested
Tools for Stakeholder Engagement and Volunteerism	• Support in building, organizing, and maintaining committed stakeholders • Guidance on promoting stakeholder ownership through volunteerism and shared leadership • Orientation toolkit for coalition members • Strategies for promoting the value and impact of participation • Advice for recruiting new and different types of stakeholders • Tips on how to eliminate stakeholder burn-out
Tips for Securing Funding	• Identifying federal and foundation funding opportunities • Strengthening grant writing skills
Training and Resources to Promote Coalition Visibility	• Sample presentations promoting the work of the coalition • Tips for engaging and interacting with the media • Guidance on garnering free advertisement opportunities • An online community for local CCC partners where members can learn about the work of other cancer groups, ask for advice, promote events, and share tools
Assistance Finding and Implementing Model Practices and Evidence-Based Interventions (EBIs)	• Support finding, adapting, and evaluating model practices and EBIs • A platform for sharing model practices and lessons learned
Support with Evaluation, Data, and Measurement	• Guidance on where to find data and what type of data is available • Support with selecting appropriate measures to demonstrate success on a short-term, intermediate, and long-term basis • Tips for developing clear and defined evaluation objectives • Effective ways to communicate data to leverage stakeholder engagement

Recommendations and Implications

The data collected via NACCHO's 2011–2012 Cancer Control Efforts in Local Health Departments Assessment provides context for understanding the role of LHDs in carrying out CCC activities and how they can focus the efforts of their agencies and local CCC coalitions. NACCHO developed the following recommendations for these focus areas based on gaps captured by the assessment. LHDs can use these recommendations to support prioritization of coalition activities in strategic planning.

Develop Infrastructure to Support Local Cancer Surveillance Activities

The Essential Public Health Services provides the framework within which LHDs carry out their core functions. As part of this framework, LHDs monitor the health status of their communities to identify and solve community health problems and ensure access to necessary health services. Surveillance and survivorship activities should be critical components of the services provided by LHDs, yet few LHDs surveyed carried out cancer surveillance. Building local cancer data into the larger state-based registries can provide a clearer picture of communities with high cancer incidence to help states know where to target their efforts. However, some LHDs reported they did not have the infrastructure capacity to participate in state registry data-collection efforts. Future studies should examine ways to build LHD capacity to participate in community-level cancer surveillance.

Conduct Research to Advance Early Detection of Cancers with High Mortality Rates

Early detection of cancer is critical in preventing cancer-related morbidity and mortality. LHDs and local CCC coalitions are in a prime position to ensure the public's access to life-saving preventive screenings for the early identification and treatment of cancer before it leads to death. National data indicate that colorectal cancer is the second leading cause of cancer-related death in the United States, and prostate cancer is the second leading cause among men.[1] The LHDs surveyed fared well promoting early detection of breast and cervical cancer; however, less than half screened for colorectal (41%) and prostate cancer (19%). The fact that low numbers of LHDs screen for prostate cancer is likely due to the lack of evidence to support the benefit of screening in the early detection of the disease and the potential to inflict harm on men screened. Further research is needed to identify effective prostate cancer screening tests, and LHDs can promote the dialogue to advance this agenda. Since sufficient evidence exists to support the effectiveness of colorectal cancer screenings in identifying cancers of the colon and rectum, LHDs have an opportunity to implement early detection interventions to prevent the condition. Future studies should examine ways to build LHD capacity to disseminate colorectal cancer screenings more widely.

Increase LHD Coordination with State CCC Coalitions

LHD coordination with state CCC coalitions is essential to successfully implementing components of state CCC plans at the local level. Yet, many LHDs are unfamiliar with their states' CCC plans, and few participate in their states' CCC coalitions or development of CCC plans. Efforts should be undertaken to raise LHD awareness of state CCC efforts, while facilitating LHD involvement in planning and implementing CCC priorities. State coalitions can garner the involvement of LHDs in CCC efforts by convening and funding a regional network of local partners who implement state CCC priorities, sponsor local events consistent with achieving state CCC plan priorities, and provide technical assistance to local coalitions that are undertaking CCC efforts to ensure alignment with state CCC plans.

Increase the Diversity of CCC Stakeholders Collaborating on CCC Activities

The CDC recommends that stakeholders recruited for CCC program efforts represent diverse perspectives. Such diversity can help broaden the scope of input that allows for the development of dynamic ideas and solutions for preventing cancer. To achieve diversity, local coalitions should include partners from multiple sectors across the cancer continuum. The results of the survey show a need for LHDs to expand their partner base beyond healthcare providers, community, and cancer organizations to increase the diversity of the sectors represented in local CCC efforts. Such partners could include faith-based organizations, businesses, and academic institutions.

Coordinate CCC Efforts with Existing Local CCC Coalitions, Partnerships, Task Forces, and Boards

The presence of local CCC collaborative groups in surveyed LHDs' jurisdictions provides an excellent opportunity for LHDs to expand their capacity for implementing CCC efforts. Such partnerships will help LHDs maximize resources in a restrictive economic climate, avoid duplication, and promote cross-fertilization of efforts between state and local partners to achieve integrated chronic disease prevention outcomes.

Address Factors that Hinder LHDs' Involvement in Local CCC Coalitions

Local CCC coalitions are integral to increasing local implementation of CCC efforts, and LHDs need funding and support to build and maintain them. Technical assistance and support for LHDs implementing CCC coalitions should incorporate methods to help LHDs identify, recruit, engage, and mobilize stakeholders; secure funding or find ways to be creative with limited resources; drive and manage the work of the coalition with a core leadership team; and use and track data to strategically plan coalition activities and demonstrate impact.

LHD administrators, policymakers, and national partners can use the data in this report to support local coalitions in infusing elements of success in their coalition while providing tools to address common barriers. Online tools including webinars and discussion forums may be effective for supporting local CCC coalitions. Mobilizing for Action through Planning and Partnerships (MAPP)[2] can assist LHDs with strategic identification, recruitment, engagement, and mobilization of stakeholders. Additionally, MAPP can assist local coalitions with managing their efforts through a core leadership team and using data to strategically plan coalition activities to demonstrate impact.

Implement Models for Cancer Risk-Reduction Efforts as Part of a Larger Integrated Chronic Disease Prevention Framework

Last, as LHDs and local coalitions prepare to address the cancer burden in their communities, they must consider how cancer control fits into the broader realm of chronic disease prevention. The morbidity and mortality of most cancers and other chronic diseases can be prevented by implementing policies, systems, and environments that protect the health of individuals, provide access to preventive clinical services, and make healthy lifestyle choices the default. Integrated chronic disease prevention has the biggest potential to help LHDs maximize limited resources to make a significant impact on cancer and many other chronic diseases affecting their communities. With the passing of the Affordable Care Act (ACA), LHDs have an opportunity to work with state CCC coalitions to integrate chronic disease prevention efforts, as clinical preventive services have become more accessible and the focus shifts from disease treatment to chronic disease prevention.

CCC coalitions should integrate their work with those of other entities working toward chronic disease prevention. They should advance an agenda that keeps cancer at the forefront of chronic diseases that are public health prevention priorities, while maximizing the opportunities that the ACA has made available to enhance risk-reduction efforts, early detection of cancer through clinical preventive services, and quality care that can lead to survivorship. LHDs need the resources and expertise necessary to forge the cross-sector partnerships that can build and sustain communities that make health an option for all. The use of technology such as GIS mapping and LHD involvement in data-collection efforts build the infrastructure of LHDs to carry out surveillance that can identify high-priority regions to implement an integrated chronic disease prevention model. LHDs can use the National Prevention Strategy as an overarching framework to launch integrated chronic disease prevention efforts that can lead to the achievement of U.S. health objectives. LHDs can also use tools that align with the recommendations of the National Prevention Strategy, such as *The Community Guide to Preventive Services* or the Health in All Policies framework, to develop cross-sector partnerships and select evidence-based recommendations for policies, programs, and interventions.

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