

STATE-BASED INITIATIVE PLANNING TOOL



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ACKNOWLEDGMENTS



WELCOME

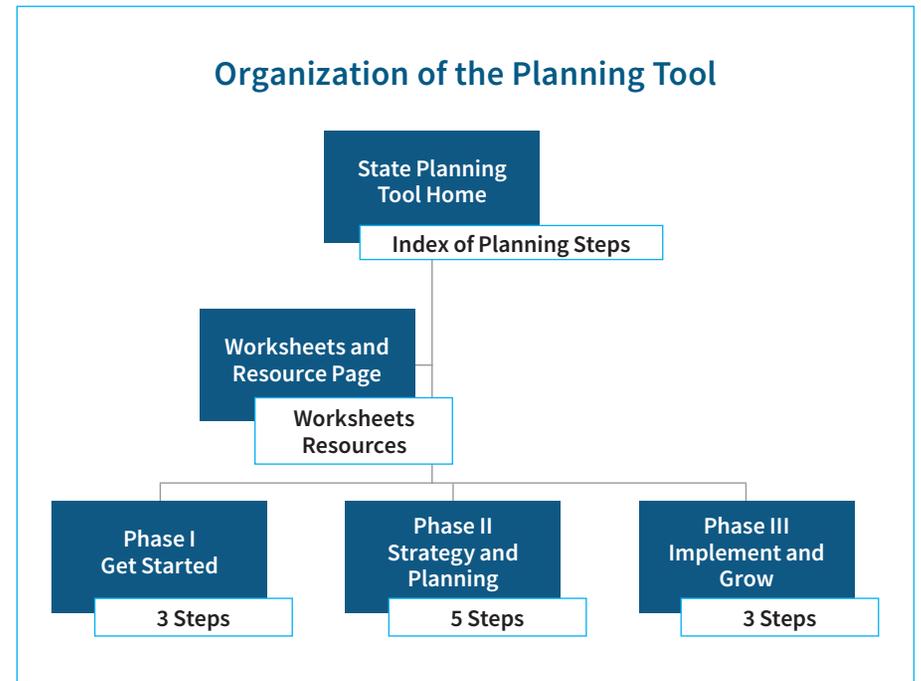
Welcome to the State-Based Initiative Planning Tool. Whether you are new to lung cancer coalition-building or not, this planning tool will help you to succeed in building a state-based coalition to support the goals of the National Lung Cancer Roundtable. The planning tool consists of three phases.

Phase I: The first phase of the planning process is all about getting started. In this phase, you should assess the landscape of existing public health efforts to avoid duplication, build a network of partners with common interests in lung cancer, and establish an organizational structure to help partners work together to achieve the coalition goals.

Phase II: The second phase of the planning process is to hold a kickoff meeting and engage the team in identifying sources of funding, project priorities, and setting goals that can be added to your new action plan.

Phase III: The third and final phase of the planning process is the implementation and growth phase. This phase is an exciting one because it contains the transition from planning into implementation. You get to see your team in action and make visible progress to change and improve the landscape of lung cancer activities.

Organization of the Planning Tool



Each phase includes multiple action steps that the coalition team can take to progress toward the coalition goals and outcomes. The following pages will provide details on action steps, troubleshooting tips, and other resources.

Before we begin, we would appreciate your help filling out the short [user needs survey](#) to let us know how you will be using the tool.

PHASE I GET STARTED

STEP 1 ASSESS THE LANDSCAPE

The first step in getting started is to assess the landscape of current lung cancer initiatives in your state. An assessment helps you to identify potential partners, avoid redundant efforts, identify opportunities that could make a difference, and provide the foundation that you need for your initiative.



Take Action! Identify Existing Lung Cancer Activities

Begin by assessing the current lung cancer activities that are happening or will be happening in the state. This will give you a full picture of lung cancer activities and help to engage the right partners, ensure the right priorities, avoid redundancies, and identify opportunities to fill gaps.

Entities Likely To Be Working In Lung Cancer

The table below will help you to map out the entities and organizations that are most likely to be working on lung cancer or related activities and what they are doing.

WHO	WHAT TO LOOK FOR	WHERE TO START
<ul style="list-style-type: none">■ State Health Department■ Comprehensive Cancer Control Program	<ul style="list-style-type: none">■ Lung cancer content in the state Comprehensive Cancer Control plan. Look for existing activities, priorities, and opportunities.■ Tobacco control/smoking cessation and radon prevention activities.	<ul style="list-style-type: none">■ State Comprehensive Cancer Control Plans.■ Contact information for state Comprehensive Cancer Control Programs.

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PHASE I – STEP 1: ASSESS THE LANDSCAPE

WHO	WHAT TO LOOK FOR	WHERE TO START
<ul style="list-style-type: none"> Healthcare Systems and Providers 	<ul style="list-style-type: none"> Lung cancer screening facilities and treatment facilities located in this state/region. Lung cancer trends (screening/treatment). 	<ul style="list-style-type: none"> Accredited Lung Cancer Screening Programs in Your State Through the ACR and Go2Foundation. Cancer Center members of the NLCRT. Commission on Cancer accredited facilities.
<ul style="list-style-type: none"> Academic Research Centers/ Researchers 	<ul style="list-style-type: none"> Grant-funded projects related to lung cancer and related topics. Researchers who focus on lung cancer and related topics. Researchers who focus on population science and health disparities. 	<ul style="list-style-type: none"> Use the NIH Research Portfolio Online Reporting Tools (RePORT) to identify relevant research in your state. Search PubMed.gov for journal articles on lung cancer topics authored by faculty/researchers affiliated with an academic research center in your state.
<ul style="list-style-type: none"> National or Local Nonprofits or Advocacy Organizations 	<ul style="list-style-type: none"> State presence or state-level initiatives of national organizations. Local lung cancer nonprofits. Tobacco control non-profits/coalitions/advocacy groups. 	<ul style="list-style-type: none"> Search on Charity Navigator or Guidestar (requires free registration). Identify your ACS Regional Partners – ACS4CCC.org.
<ul style="list-style-type: none"> State/Regional Medical Associations and Societies 	<ul style="list-style-type: none"> Lung cancer initiatives being supported. 	<ul style="list-style-type: none"> Contact your state chair for the American College of Surgeons Commission on Cancer. Contact your state chapter of the American College of Radiology.
<ul style="list-style-type: none"> Patients and Caregiver Groups 	<ul style="list-style-type: none"> Understand what is important to the people impacted by lung cancer in the state. 	<ul style="list-style-type: none"> Lung cancer support groups in your state.

Tips and Troubleshooting

This section provides insights from coalition leaders on how to overcome common challenges related to assessing the landscape.

Common Challenge: Identifying all lung cancer initiatives



- It's okay to move on to the next task even if you think something is missing. You may discover more along the way.
- Consider putting out communications – like newsletters or social media posts – that can reach initiatives and get them to come to you.
- “We got stuck feeling like we couldn't move forward unless we knew every single initiative that was happening, but we realized it's okay to move on to the next step. We know that we all identify more along the way.”
- “Ask your resources, Who else do you recommend that I speak with about this? They know who is working in the lung cancer space and might identify sources you had not thought of.”

Common Challenge: Reaching the right people to ask questions



- Ask the people you know if they have contacts in these entities. Sometimes you just have to call around. Many organizations and government entities will have contact information on their websites.

Common Challenge: Adding partners after the coalition has been established



- Interested partners might feel that they are too late to join once a coalition has been established. This can be addressed by including a “Join us!” or “Interested in joining?” link with directions or contact info on websites, presentations, and e-mail communications.
- Ensure that time on agendas is reserved for discussions on the current composition of the group and reporting on the current representation/types of partners that are present in the group.

**A Helpful
Worksheet**

Assess The Landscape of Existing Lung Cancer Activities
This worksheet will help you to collect the information that you need to gather.

PHASE I GET STARTED

STEP 2 BUILD A NETWORK

The second step in getting started is to build a network of multi-sector partners. Building a team can help you to increase partner engagement, introduce you to diverse ideas that you had not considered before, provide you with the necessary influence to get through roadblocks, and help you create more sustainable partnerships and more generalizable results from your efforts.



Take Action! Establish a Diverse Network of Partners

The coalition needs a network of engaged members to be successful. Diverse partners are more impactful, innovative, and productive. Engage partners that represent populations historically underrepresented or marginalized based on race, ethnicity, income, education, gender, sexual orientation, or different abilities. These partners are likely to bring up important goals or barriers that you might not have considered without their perspective.

Prioritize a conversation with your state's Comprehensive Cancer Control Program about how they can be engaged in a lung cancer coalition. They may already have a well-developed program for you to work with or they may want to support the coalition you are building in other ways. Every state's program operates differently, so it is important to understand the priorities and resources of the program in your state.

WHO

- State Health Department

HOW TO ENGAGE

- Ask to meet with the program director for the **Comprehensive Cancer Control Program** to discuss how lung cancer is incorporated into their cancer plan and their current plans for implementation.
- Reach out to the **tobacco program of the state department of health** for their engagement and ideas about other local organizations to engage.

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WHO	HOW TO ENGAGE
<ul style="list-style-type: none"> Healthcare Systems and Providers 	<ul style="list-style-type: none"> Reach out to your local ACS regional partners. They often have relationships with cancer center leadership, PCP leadership, and other key decision-makers in healthcare systems. Connect with Comprehensive Cancer Control offices; health systems with cancer centers will likely be among their partners. Connect with local state medical societies, like AFP, ACP, or ASCO affiliates, along with state hospital associations.
<ul style="list-style-type: none"> National or local nonprofits Advocacy organizations 	<ul style="list-style-type: none"> Many national (and some local) lung cancer nonprofits and advocacy organizations are active in the NLCRT. Reach out to the NLCRT to find the right person within the relevant organization. Reach out directly to local nonprofits and advocacy organizations about your initiative. Let them know that you're interested in learning from them about priorities and goals. Contact your local ACS regional partners to learn more about where and how lung cancer is being addressed in your state. Contact the ACS Cancer Action Network to learn more about what policies or regulations may impact lung cancer in your state.
<ul style="list-style-type: none"> Academic research centers 	<ul style="list-style-type: none"> Use the NIH Research Portfolio Online Reporting Tools (RePORT) to identify the principal investigators on lung cancer-related projects in your state and reach out.
<ul style="list-style-type: none"> Patients and caregiver groups 	<ul style="list-style-type: none"> Contact support group facilitators or patient representatives and learn more about their priorities.
<ul style="list-style-type: none"> State and regional medical associations and societies 	<ul style="list-style-type: none"> Use contact information on chapter websites to identify the most relevant member to talk to about a lung cancer coalition.
<ul style="list-style-type: none"> Political leadership 	<ul style="list-style-type: none"> Search bill legislation/proposed legislation for those who have voted in favor of smoke-free policies, radon protective measures in real estate, or funding increases to cancer screening programs. Useful search tools include Congress.gov and Open States.

PHASE I – STEP 2: BUILD A NETWORK

WHO	HOW TO ENGAGE
<ul style="list-style-type: none">■ State health insurance exchange	<ul style="list-style-type: none">■ Identify contacts through the state’s Medicaid department or other state public health departments.■ If a relationship exists with individual Medicaid plans, they may be able to provide introductions.
<ul style="list-style-type: none">■ Large employers	<ul style="list-style-type: none">■ Consider contacting an Employee Wellness staff member within their Human Resources division or someone in Community Engagement.
<ul style="list-style-type: none">■ Insurance payers (including private, Medicaid, and Medicare)	<ul style="list-style-type: none">■ Contact ACS field offices to help connect.■ Your health care provider partners may have relevant contacts.
<ul style="list-style-type: none">■ Industry (pharma and medical technology)	<ul style="list-style-type: none">■ Reach out to the foundation/charitable arm of a company in your state (or the company itself if no foundation is present in your state). Identify someone who works in community engagement and ask to meet with them to talk about your desire to build a collaborative partnership in your state.
<ul style="list-style-type: none">■ Federally Qualified Health Centers (FQHCs)	<ul style="list-style-type: none">■ Visit County Health Rankings and search for counties in your state that have high adult smoking rates. Reach out to the administration of a large FQHC in that county.
<ul style="list-style-type: none">■ Behavioral health and substance use treatment providers	<ul style="list-style-type: none">■ Contact the appropriate regional office of the Substance Abuse and Mental Health Services Administration (SAMHSA) and ask for connections at the state level. They may also be able to connect you with partner organizations providing these services.
<ul style="list-style-type: none">■ Radon mitigation associations	<ul style="list-style-type: none">■ State Departments of Health work with radon mitigation partners and can be useful connectors.■ State cooperative extension services often have radon education and mitigation programs, often partnering with universities. You can find the one in your state here.
<ul style="list-style-type: none">■ State public health associations	<ul style="list-style-type: none">■ Identify the public health association in your state and reach out.
<ul style="list-style-type: none">■ Indigenous health entities	<ul style="list-style-type: none">■ If your state has a sizable indigenous population, there may be a Tribal Epidemiology Center working with the local American Indian/Alaska Native Tribal communities.

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WHO

HOW TO ENGAGE

- | | |
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| <ul style="list-style-type: none">■ Faith-based organizations | <ul style="list-style-type: none">■ Ask your state health department or Comprehensive Cancer Control Coalition contacts for referrals. Many have active partnerships with faith-based organizations and can introduce you.■ The CDC has partnerships in smoking cessation efforts. You can find more information here. |
| <ul style="list-style-type: none">■ Organizations representing specific populations | <ul style="list-style-type: none">■ Look for organizations that represent diverse communities. This includes groups representing people of color, LGBTQ+ people, people with disabilities, and those experiencing poverty or living in rural spaces. Ask your state health department or Comprehensive Cancer Control Coalition contacts for referrals. |

Tips and Troubleshooting

Common Challenge: Making the case for a lung cancer initiative to potential partners



- “Use your data to illustrate the need and make a strong case for a statewide focus on lung cancer. Share your vision for the new initiative or approach and explain how it is different from what is been done before or how it complements what is already being done.”
- “Do research on what is important to the organization or person you are hoping to partner with. Ask lots of questions – find out something new about their organization, hear about how they became involved with the organization, and ask where they see the organization going in the next five years. Listen for points of potential crossover with your initiative. The most successful partnerships are win-win situations where both parties gain from the process.”

Common Challenge: Engaging the right partners



- ACS regional cancer control field staff and regional ACS CAN staff can often help to engage partners as many ACS staff have relationships across many of these groups. Don't overlook ACS field staff as valuable connectors.
- "I called all the pulmonologists, oncologists, and thoracic surgeons around the state that I knew personally. I explained the need for a State Lung Cancer Roundtable, what the opportunities for improvement were, and what the commitment might be. I asked them if they would suggest or enroll any colleagues that I or they could call I gave them specific opportunities to serve on or chair specific committees. I told them we would meet monthly by phone and annually in person."

Common Challenge: Finding enough individuals or organizations who are willing to get involved



- "Consider whether your initiative can partner with other existing efforts. A full roundtable does not need to be built in every state. If there are existing campaigns around other cancers/all cancers, they may be willing to lend resources that can be adapted toward lung cancer."

A Helpful Worksheet

Establish Diverse Partnerships Worksheet

[This worksheet](#) can help you to establish the diverse partnerships that you need to reach your goal.

PHASE I GET STARTED

STEP 3 ESTABLISH A STRUCTURE

The third step in getting started is to establish an organizational structure for your coalition. Establishing a good structure helps to set the tone for how all partners will interact and work with each other to move the initiative forward. A good structure with the right people in the right roles can help to increase transparency in operation, maintain neutrality where it is important, and align the interests of all members with the interests of the coalition.



Take Action! Establish a Structure

The structure of your coalition forms the foundation of your effort. Establishing a structure for your coalition is an important step and includes choosing an effective coalition model for your lung cancer efforts, identifying and filling key roles, and completing other important tasks such as meeting coordination and project management.

Choose a Model

Choosing an effective coalition model for your lung cancer efforts is important because a good structure can focus your energies and resources and funding efforts on achieving your goals.

MODEL 1	ADVANTAGES	DISADVANTAGES
Lung Cancer Committee within Comprehensive Cancer Control Coalitions	<ul style="list-style-type: none"> Established network of partners and existing coalition infrastructure Potential staff support through the CCC coalitions Potential access to state appropriations to support the work Goal alignment with both the state cancer plan and coalition priorities Connected to other public health chronic disease and prevention programs Access to resources, including professional expertise Access to announcements of new funding and opportunities Alignment with CCC coalition advocacy agenda 	<ul style="list-style-type: none"> CCC coalition scope and state cancer plans may not prioritize lung cancer Potential restrictions on fundraising Potential restrictions on lobbying and advocacy efforts
MODEL 2	ADVANTAGES	DISADVANTAGES
Independent 501(c)3 Lung Cancer Coalitions	<ul style="list-style-type: none"> Fewer restrictions on fundraising Fewer restrictions on engaging in lobbying and advocacy Flexibility to focus on a scope or on work that is different than the CCC coalition scope and state cancer plan 	<ul style="list-style-type: none"> Time-consuming to start a 501(c)3 Time-consuming to fundraise Fundraising may be perceived as competition by existing partners and therefore counterproductive Need to identify paid or volunteer staff Additional effort to coordinate with the CCC coalition
MODEL 3	ADVANTAGES	DISADVANTAGES
Grant-Funded Lung Cancer Project	<ul style="list-style-type: none"> Technical support/assistance from a program officer Connections to other funded initiatives to form broader initiatives Guaranteed funding for a set period 	<ul style="list-style-type: none"> May need to identify a non-profit fiscal agent for funds management. Potential restrictions to spending May have salary caps May not be sustainable beyond the funded project period

Identify And Fill Key Coalition Roles

A successful lung cancer coalition includes the roles shown below.

ROLE	DESCRIPTION
Champion	The champion is usually a passionate, charismatic individual who can provide expertise and intellectual leadership, connect the lung cancer initiative to a network of peer organizations, and legitimize the effort to spur the involvement of others.
Convening Partner	The convening partner houses the initiative and helps to ensure clarity on the agenda and vision alignment. Neutrality is important. This means that the convening partner is not perceived to have a specific organizational agenda.
Project Manager	Designated project management support is critical to moving an initiative forward, especially when team members are not full-time staff on the initiative. Project management support could come from funding through a 501(c)3 organization or grant.

Complete Other Important Tasks

Other tasks are also important for keeping initiatives on track. The following tasks can be led by coalition members, task group members, or other support staff.

- Coordinating and planning calls and meetings, including drafting meeting agendas and minutes
- Following up with committee members on assigned tasks
- Conducting project management
- Finding and coordinating with speakers
- Conducting background research/finding needed data
- Confirming and orienting new members
- Developing and maintaining a website
- Maintaining relationships with policymakers, partners, and decision-makers
- Writing grant applications
- Managing fundraising activities and distribution of funds
- Gathering data to demonstrate program impact
- Drafting annual reports
- Writing and distributing news updates
- Coordinating program planning, implementation, and evaluation

Tips and Troubleshooting

Common Challenge: Finding a neutral convener



- Consider an entity that could be considered non-biased as convener. Some additional work may be required to build trust and create a transparent approach.
- Allow the convener with the most capacity to take the position but ask all supporting partners and institutions to provide time for building the coalition.
- Have more than one convener. Make sure to clarify roles and how the co-conveners can operate as a team.
- “If the partner with the most capacity to convene groups is not perceived as neutral, allow enough time to build trust and cohesiveness within your group to maximize the effectiveness of the group. Consider setting a trial period for the convener to house the initiative, and reevaluate their neutrality after the trial period is over.”

Common Challenge: Building trust and overcoming differences in power dynamics



- Be transparent and make sure all partners have agreed to the initial steps.
- Take the pulse of the group frequently. Ask survey questions regarding clarity and agreement with current roles, mission, and direction. Provide multiple avenues for feedback (email, anonymous surveys, simple pulse, and hand-raising) as some people are not comfortable speaking out in a group.

Common Challenge: Finding an existing structure to join



- “Even if you don’t have the capacity to create a new 501(c)(3) organization, there may be an existing 501(c)(3) that would be willing to house your initiative. If a lung cancer initiative connects to their mission, they may also be able to provide staff time.”

Common Challenge: Determining how persistent to be with invitations



- If two communication attempts of any kind fail, seek out a partner who has effectively collaborated with an organization of the same type, or with that same organization for a different purpose. The organization/individual could be overwhelmed with requests and misses them, has a protocol in place for partnership requests, is not the appropriate contact, or prefers to partner with people introduced through common networks.

A Helpful Worksheet

Establish Diverse Partnerships Worksheet

This worksheet can help you to establish the diverse partnerships that you need to reach your goal.

PHASE II STRATEGY AND PLANNING

STEP 1 HOLD A KICKOFF MEETING

Phase 2 begins with holding a kickoff meeting or summit to discuss the issues, agree on priorities, develop a plan, and secure commitments as you move forward.



Take Action! Plan a Kickoff Meeting

A kickoff meeting helps to establish a shared vision for your coalition. It brings partners to the table to discuss the issues, agree on priorities, develop a plan, and secure commitments to move forward. Here are some key action items to help you plan a successful kickoff meeting.

Pre-Meeting Planning

- Set the meeting goal and objectives (and be solution-oriented)
- Determine the format of the meeting: virtual or in-person
- Create an agenda
- Identify meeting chair and moderators
- Determine the size of the meeting and invitee list
- Define what information you want to gather for pre-meeting and post-meeting surveys

Presentations and Speakers

- Based on the meeting goals and objectives, determine the appropriate thought leaders to speak or moderate on these topics
- Determine the format of presentations
- Invite speakers and moderators

Working Groups and Breakout Sessions

- Identify a task or problem for small groups to discuss
- Have groups identify a vision and potential priorities for the initiative
- Ensure time for breakout groups to report back to the full group for discussion

Post-Meeting

- Conduct a post-meeting survey and analyze results
- Document goals, action items, and assignments
- Distribute meeting notes to all participants
- Ask attendees to review a draft of the report to ensure accuracy and to maintain a sense of ownership for the launch of the effort
- Consider presenting the report in a follow-up webinar to further maintain momentum

Tips and Troubleshooting

This section provides insights from coalition leaders on how to overcome common challenges related to holding a kickoff meeting.

Common Challenge: Making sure the kickoff meeting meets the needs of participants



- “Participants appreciated a detailed meeting agenda, so they knew which panelists were speaking at specific times. It makes for a busy agenda, but in both the in-person and virtual environments, participants are multi-tasking and need that level of detail, so they don’t miss desired presentations.”
- “We all get screen fatigue, so it was important to keep presentations and conversations high-level and fast-paced to encourage engagement. ‘Rapid-fire’ presentations fit this approach nicely. We capped our presentations at 8 minutes to allow for Q&A time at the end of the panel presentations. This is a great way to look at in-person as well. If we keep things exciting and fast-moving, it will keep attendees more focused on the presentations.”

A Helpful Worksheet

Hold a Kickoff Meeting or Summit Worksheet

[This worksheet](#) can help you to establish the diverse partnerships that you need to reach your goal.

PHASE II STRATEGY AND PLANNING

STEP 2 IDENTIFY FUNDING

The second step in Phase 2 is to identify your funding sources and resources so that you can clarify which priorities and activities are feasible and will fit within the constraints of your resources.



Take Action! Identify and Seek Funding and Resources

Work with your partners to brainstorm funding opportunities, including in-kind resources. Use a variety of strategies to support your coalition efforts. Identifying funding and resources helps you to clarify the priorities and activities that are feasible for your initiative.

Types of Funding and Other Resources

Keep in mind that there may be restrictions on how you can raise funds depending on the structure or partners in your coalition.

Grants

- CDC
- American Cancer Society
- State Department of Health
- Health systems
- Foundations
- Pharmaceutical companies and medical technology companies
- Insurance companies (e.g., Blue Cross/Blue Shield conversion foundations)

In-Kind Resources From Partners

- Administrative staff
- Technical staff
- Meeting rooms/donated space
- Videoconference hosting
- Grant writing
- Communications
- Advocacy/Lobbying

Virtual Fundraising

- Birthday challenges on Facebook
- Virtual walk/runs
- Silent auction or raffle using a web platform
- Converting in-person events to virtual events

Direct Fundraising

- Direct mail/email to individual donors/survivors
 - Corporate sponsorships
- Amazon Smile donations
- Events:
 - Races/walks
 - Golf outings
 - Black tie galas/dinners
- Items:
 - Gift basket raffles
 - Create a calendar for sale
- Special collection at your place of worship

Tips and Troubleshooting

This section provides insights from coalition leaders on how to overcome common challenges related to identifying funding.

Common Challenge: There is an eagerness to start the initiative, but funding is hard to find



Identify in-kind resources through your partners to get things going. Here are some examples:

- Hospitals, state health departments, and non-profit organizations can donate the time of clinicians and subject matter experts to work on the initiative.
- Donated administrative staff time can be used to help plan, conduct, and follow-up on meetings (sending emails, scheduling polls, drafting agendas, securing/reserving virtual platforms, sending reminders, writing minutes/action items).
- Space can be donated for meetings or outreach events from community partners with aligned goals: FQHCs, community centers, churches – anywhere near the populations that you are trying to reach.
- Research cores at your academic medical center can help by sharing equipment or other resources (usually requires membership, which tends to be attainable if working on a goal related to funder).
- Vendors or consultants can be willing to do tasks on a volunteer basis in exchange for providing credit for their work.
- Policy expertise can come from pharmaceutical and medical technology companies, insurance companies, or nonprofit partners.
- Medical students, residents, and other learners often seek out internships and community projects. There is usually a course/project/internship director that you can put your name/project in with. List initiatives as potential internship projects and offer to serve as a preceptor.

Helpful Worksheets

Identify Funding and Resources Worksheets

These two worksheets ([one](#), [two](#)) will give you ideas for potential sources of funding or other resources, fundraising opportunities, and in-kind resources.

PHASE II STRATEGY AND PLANNING

STEP 3 ESTABLISH PRIORITIES

The third step in Phase 2 is to establish your lung cancer priorities so that you can focus your resources and partners on specific activities of your work plan.



Take Action! Gather Data to Inform Priorities

Focus on priorities informed by the evidence available to you. Depending on your state, you may find that there is a wide range of priorities important to your partners. In some cases, good data may be hard to find, but use the following questions and sources for data to guide your priority setting:

- What does state data say about lung cancer needs and priorities? (Use the data here to help answer this question.)
- What are the priorities of the active lung cancer initiatives in your state?
- What are the gaps or needs that these initiatives aren't filling or meeting?
- What are the strengths and priorities of your coalition partners?
- What are the health equity priorities that are critical to include?
- What are the existing lung-cancer-related goals and objectives in **your state's cancer plan**?

NLCRT Priorities and Relevant Resources

Consider the existing priorities of the NLCRT listed below. The Resources column lists some tools and resources that can help to inform your chosen priorities.

PRIORITY AREA	RESOURCES
<p>Risk Reduction: Smoking cessation, vaping, tobacco treatment, radon testing/mitigation, second-hand smoke</p>	<ul style="list-style-type: none"> ■ American Cancer Society Comprehensive Cancer Control: Understanding Tobacco Cessation Among Cancer Survivors. ■ American Cancer Society Comprehensive Cancer Control: Tobacco Cessation in Cancer Survivors. ■ CDC Office on Smoking and Health. Includes state fact sheets and funding information. ■ State Tobacco Activities Tracking and Evaluation (STATE) System (cdc.gov). Presents current and historical state-level data on tobacco use prevention and control. ■ Understanding the Data in Tobacco Cessation in Cancer Survivors: What Cancer Coalitions need to Know. 2019 PowerPoint presentation delivered to Comprehensive Cancer Control Coalitions nationwide. ■ Effect of Tobacco Cessation in Cancer Survivors. 2019 PowerPoint presentation delivered to Comprehensive Cancer Control Coalitions nationwide.
<p>Early Detection/LDCT Screening: Access to services, healthcare provider awareness, public awareness, primary care engagement</p>	<ul style="list-style-type: none"> ■ ALA/ATS Lung Cancer Screening Implementation Guide. A pragmatic guide and toolkit of how to design, implement, and conduct a Lung Cancer Screening program based on a survey of experts. ■ 1-page billing guide. Answers to commonly asked questions about lung cancer screening logistics, program requirements, economics, and billing issues. ■ American Lung Association: State Lung Cancer Screening Coverage Toolkit.
<p>Stigma: Towards people at risk or with lung cancer</p>	<ul style="list-style-type: none"> ■ American Cancer Society Comprehensive Cancer Control: Stigma in Cancer Survivors with a Smoking History. 2019 PowerPoint presentation delivered to Comprehensive Cancer Control Coalitions nationwide.

PRIORITY AREA	RESOURCES
Treatment: Access, biomarker testing, financial toxicity/cost of care	<ul style="list-style-type: none"> American Cancer Society Cancer Action Network: Improving Access to Biomarker Testing. A report that explores the current landscape of cancer biomarker testing, describes the challenges that are limiting its adoption and makes recommendations for increasing the uptake of testing and advancing the use of precision medicine in cancer.
Survivorship	<ul style="list-style-type: none"> Overview of approach to lung cancer survivors. An up-to-date subscription is required. American Cancer Society Project ECHO: Preparing for Post-Treatment Survivorship. An overview of key topics in the transition to post-treatment survivorship for patients with lung cancer.
Shared decision-making	<ul style="list-style-type: none"> American College of CHEST Physicians: Shared Decision Making in Lung Cancer Screening (e-learning). American College of Radiology: Shared Decision Making Sample Memo to Providers. ShouldIScreen.Com A lung cancer decision aid.

Tips and Troubleshooting

This section provides insights from coalition leaders on how to overcome common challenges related to establishing priorities.

Common Challenge: Competing priorities or too many priorities



- Use a data-driven approach to determine which priorities have the greatest chance of short, intermediate, and long-term success.
- Map out the feasibility of each priority and prioritize based on feasibility.
- Accept that some partners may not be interested in continuing if their priority is not a focus. Stay in contact! Their organizational priorities and capacity for involvement may change over time.

Common Challenge: Critical data is not available



- If enough data does not exist to make an informed decision, consider including a data collection activity in your plan.

Common Challenge: Partners relevant to the priorities are not engaged or cannot dedicate time



- Consider the resources available during the selection of program priorities. For example, if no clinicians or patient navigators are currently engaged, a clinical intervention will be difficult to implement.

A Helpful Worksheet

Establish Lung Cancer Priorities Worksheet

This worksheet will help you to define priorities and connect them with supportive evidence and partners who have a similar focus or interest.

PHASE II STRATEGY AND PLANNING

STEP 4 SET GOALS

The fourth step in Phase 2 is to develop a vision and set goals for your coalition. They will help to align your partner ambitions, provide inspiration for the team, and form the basis for your action plan.



Take Action! Set Coalition Goals

Set goals to align partner ambitions, provide inspiration, and establish a path for future strategic planning. This step will not only form the basis for your action plan but also will improve the potential for unity and success.

You will want to develop **SMART goals**:

- **Specific** – who, what, when, where, why
- **Measurable** – how much, how many; how you will know when it has been achieved
- **Achievable** – is it feasible and actionable
- **Realistic** – fits within your available or potential capacities
- **Time-bound** – within a defined schedule period

The Comprehensive Cancer Control National Partnerships has created a series of **Cancer Plan Tip Sheets**, walking readers through a step-by-step process to help in updating their state's cancer plan. Two installments in the series address lung cancer control, and give examples of SMART objectives from existing cancer plans: **Tobacco Cessation** and **Lung Cancer Screening**.

Examples of Goals for NLCRT Priorities

Remember that you will need baseline data (your starting point) to measure your goals against.

PRIORITY AREA	SHORT-TERM GOALS	MEDIUM-TERM GOALS	LONG-TERM GOALS
Risk Reduction	<ul style="list-style-type: none"> ■ Increase # of web-based resources educating the public about risk reduction activities and support. ■ Increase resources focused on educating PCPs about risk reduction activities. 	<ul style="list-style-type: none"> ■ Increase # of queries to smoking cessation programs. ■ Increase % of state lung cancer screening programs with integrated smoking cessation programs. ■ Increase # of certified tobacco treatment specialists by X%. 	<ul style="list-style-type: none"> ■ Decrease overall smoking rates by X%. ■ Increase amount of state funds appropriated for lung cancer risk reduction activities by X%.
Early Detection	<ul style="list-style-type: none"> ■ Distribute one-pager on shared decision-making for screening to X% of PCP offices. ■ X% of PCPs have watched a webinar about lung cancer screening. 	<ul style="list-style-type: none"> ■ X% increase knowledge of lung cancer screening in the target audience. ■ Increase # or % of eligible population screened. ■ Increase # or % of primary care providers referring eligible patients. ■ Increase % of lung cancer screening programs contributing to state database/records. 	<ul style="list-style-type: none"> ■ Decrease rates of advanced lung cancer by X%. ■ Increase percentage of lung cancers diagnosed at stage 1 by X%. ■ Increase amount of state funds appropriated for lung cancer detection activities by X%.
Treatment	<ul style="list-style-type: none"> ■ Identify % of patients with advanced lung cancer who receive biomarker testing. ■ Increase referrals for palliative care by X%. 	<ul style="list-style-type: none"> ■ X% increase in biomarker testing in the targeted population. ■ X% increase in health care facility adherence to evidence-based treatment guidelines. ■ X% decrease in patients stopping treatment due to financial distress. 	<ul style="list-style-type: none"> ■ X% increase in the 5-year survival rate for stage 4 lung cancer.

PHASE II – STEP 4: SET GOALS

PRIORITY AREA	SHORT-TERM GOALS	MEDIUM-TERM GOALS	LONG-TERM GOALS
Shared Decision-Making	<ul style="list-style-type: none"> ■ Increase % of PCPs aware of components of SDM for lung cancer screening. 	<ul style="list-style-type: none"> ■ Increase in % of PCPs trained in SDM for lung cancer screening by X%. 	<ul style="list-style-type: none"> ■ Decrease in people going through screening who regret the decision.
Stigma	<ul style="list-style-type: none"> ■ Identify at least X # of people who can speak to audiences about stigma (Survivors, care partners, researchers, health care providers, etc.) through a state speakers bureau. ■ Achieve X% of educational materials adhering to IASLC language guide recommendations. 	<ul style="list-style-type: none"> ■ Media campaign aimed at decreasing stigma towards people with or at risk of lung cancer reaches X (a measure of the audience). 	<ul style="list-style-type: none"> ■ Increase of X% in measures of acceptance and/or empathy in the general population.
Survivorship	<ul style="list-style-type: none"> ■ Increase % of cancer programs using educational resources developed specifically for survivorship. 	<ul style="list-style-type: none"> ■ Increase % of lung cancer survivors who indicate their side effects are well-managed. ■ Reach 50% participation rate of cancer programs in a state-wide survivor surveillance system to monitor symptom/side effect management. ■ Reach 50% participation rate of cancer programs in a state-wide referral network for psychosocial support. 	<ul style="list-style-type: none"> ■ Increase % of lung cancer survivors who indicate their side effects are well-managed.

Tips and Troubleshooting

This section provides insights from coalition leaders on how to overcome common challenges related to setting goals.

Common Challenge: Partners have different goals



- Work together to discuss the goals under consideration, including how they fit into the agreed-upon priorities, funding opportunities, and potential impact of the goals. Reaching consensus means involving all partners in conversation, and it may involve adjusting the goals to ensure that everyone is on the same page.

Common Challenge: We have agreed on a goal but do not have existing data to establish a baseline or target



- If baseline data does not yet exist, consider including a data collection objective as one of your very first objectives.

A Helpful Worksheet

Setting Goals Worksheet

[This worksheet](#) will help you map out the short, medium, and long-term goals for your initiative.

PHASE II STRATEGY AND PLANNING

STEP 5 CREATE AN ACTION PLAN

The fifth and final step in Phase 2 is to create an action plan that will define your implementation path and help to keep your team on it while you progress toward your goals. An action plan also helps to ensure agreement on partner roles and responsibilities as your implementation moves forward.



Take Action! Create an Action Plan

An action plan will help to keep you on track during implementation and ensure that there is agreement on partner roles and responsibilities. Work collaboratively with your partners to create an action plan that includes your SMART goals and the recommended elements for an action plan listed below.

ELEMENTS OF AN ACTION PLAN

Priority Area	Consider choosing 1-3 priorities to focus on at first. You can add as more resources are available to allow expansion.
Target Population	Consider who you want your priorities to impact. You may want to impact a broad population or a very specific population. It helps to define this so that your activities are focused and you involve the appropriate partners.
Activities	The more specific you can be, the better. If an activity has a lot of steps, you can break it into sub-activities.
Timeline	When will the activities occur? Depending on your initiative's timeline, you might break this down by year, quarter, or month.
Leader/Partner	Who will oversee this and contribute to this activity? This may be a task group with a chairperson or a program manager keeping everyone on task.
Status	How are things going with this activity? This is useful when you start tracking progress.
Success Metrics	Make sure you have baseline data for your priorities and goals. Later you will be able to measure your progress.

**A Helpful
Worksheet**

Create an Action Plan with Corresponding Roles and Responsibilities Worksheet
This worksheet will help you to map out the action plan for your initiative.

PHASE III IMPLEMENT AND GROW

STEP 1 MAINTAIN ENGAGEMENT

The first step in Phase 3 is to maintain the engagement that you have built up over the previous phases. In this phase, you work to keep your current partners engaged while you search to bring on new partners to grow your coalition. You also get to see the impact of your previous work!



Take Action! Employ Strategies to Maintain Engagement

Maintain engagement to keep your current partners engaged, bring in new partners, see the impact of your work, and build upon or scale-up your successful activities. Employ one or more of these strategies to maintain the engagement and interest of your partners.

STRATEGIES

Check-In	Schedule regular check-ins with individual partner organizations or task groups.
Share Status	Make the status of activities available to all collaborators to ensure accountability.
Remind	Remind partners of the overarching goal frequently.
Summarize	Create a short summary of your action plan to share with partners, volunteers, and others you want to engage.
Communicate	Regular communication ensures that barriers to engagement are addressed quickly.
Celebrate	Celebrate successes along the way, even small successes.

Tips and Troubleshooting

This section provides insights from coalition leaders on how to overcome common challenges related to maintaining momentum.

Common Challenge: Coalition membership is declining



- Consider using a **partnership self-assessment tool** to identify what might not be working for your coalition members. Hearing from them might help you identify an issue you did not realize was causing problems.
- Review the coalition self-assessment tools and other engagement strategies in the **Nine Habits of Successful Comprehensive Cancer Control Coalitions Guide**.

Helpful Worksheets

Maintain Engagement Worksheet

These two worksheets (**one**, **two**) will help you keep your partners engaged.

PHASE III IMPLEMENT AND GROW

STEP 2 EVALUATE PROGRESS

The second step in Phase 3 is to track and evaluate your progress. This step has many advantages because it helps you to maintain accountability among your partners, monitor progress for your current and future funding needs, and identify problems early enough to fix them. The best part of this step is that you get to show off some of your early successes!



Take Action! Create an Evaluation Plan

Tracking and evaluating progress towards your goals will help you to maintain partner accountability, monitor for current and future funding needs, identify problems early enough to fix them, and show your successes. These things can all help you to secure more engagement, funding, and other support.

Create an evaluation plan to measure both your outcomes and your initiative progress. See the two tables below for examples of outcome and initiative measurements.

Outcome Evaluation: Measure Progress Towards Your Goals

GOAL	STARTING BASELINE	WHERE WE ARE NOW*
Example: Increase lung cancer screening in the eligible population.	Lung cancer screening in the eligible population was 10%.	2 years into the project: Lung cancer screening in the eligible population is 12%. 5 years into the project: Lung cancer screening in the eligible population is 20%.

CONTINUED ON
THE NEXT PAGE 

GOAL	STARTING BASELINE	WHERE WE ARE NOW*
<p>Example: Increase the percentage of people who currently smoke who contact the state Quitline.</p>	<p>The percent of people who smoke who contacted the state Quitline annually was 45%.</p>	<p>The percent of people who smoke who contacted the state Quitline is 60%.</p>
<p>Example: Increase the percentage of patients diagnosed with stage 4 lung cancer who receive biomarker testing at five community hospitals.</p>	<p>The baseline could be for five sites or by individual site. Biomarker testing rates for this target population were 20% across the five sites.</p>	<p>Biomarker testing rates for this target population increased by at least 10% at each of the five sites.</p>
<p>Example: Decrease the percentage of patients with advanced lung cancer who stop treatment due to cost.</p>	<p>50% of patients with advanced lung cancer who expressed financial distress were successfully connected to appropriate financial assistance.</p>	<p>80% of patients with advanced lung cancer who expressed financial distress were successfully connected to appropriate financial assistance.</p>

* Track at a variety of timepoints to make sure you are staying on course. Funders may want to see an annual report, but quarterly reviews can help you see early success or where there are problems that need to be addressed.

Process Evaluation: Measure Coalition Functionality

WHAT TO EVALUATE	HOW TO EVALUATE IT
<p>Coalition Function</p>	<ul style="list-style-type: none"> ■ Survey task group members and leaders using a tool like the Wilder Collaboration Factors Inventory to see how they feel about working together as a coalition. ■ Track attendance at meetings and engagement in activities
<p>Resource Sustainability</p>	<ul style="list-style-type: none"> ■ Assess how your funding and budget are supporting your priorities and activities
<p>Representation</p>	<ul style="list-style-type: none"> ■ Review active partners to see how well your coalition represents diversity in partner groups. ■ Review active members to see how well your coalition represents the needs of underrepresented or marginalized populations

Tips and Troubleshooting

This section provides insights from coalition leaders on how to overcome common challenges related to evaluating progress.

Common Challenge: Not knowing where to start with an evaluation



- Find out what measures the members of your coalition are tracking separately and pull them in to track collectively.

Common Challenge: Evaluating the work accurately



- Find evaluation teams outside of the initiative staff to provide objectivity; they can push and also stand back and evaluate rigorously.
- Lean on specific members who have evaluation expertise.
- Ask coalition members who are affiliated with a university to connect you with their colleagues who work in evaluation.

**A Helpful
Worksheet**

Evaluate Progress Worksheet

This worksheet can help you to track your progress and your impact.

PHASE III IMPLEMENT AND GROW

STEP 3 EXPAND AND EVOLVE

The third and final step of Phase 3 is to expand the scope of your work or evolve so that you keep your strategies and priorities consistent with advances in scientific understanding. You may have an opportunity to restructure your organization when new opportunities with new partners or conveners appear. By this time, your organization will be running smoothly, so you can devote some of your energy or resources to optimization activities rather than building activities.



Take Action! Expand and Evolve Your Coalition

As your coalition advances towards its goals or reaches a point where decisions about future directions need to be made, you and your partners will need to work together to chart a future path. Various factors in the external environment can require or encourage your coalition to adapt to new circumstances. Three potential factors/variables are described below: funding, changing partner capacities, and new information.

Factors That May Trigger Coalition Changes

The factors below can change over time and may require your coalition to adapt by reevaluating its goals and operations.

FACTOR	POTENTIAL CHANGE	ACTION
Funding	<ul style="list-style-type: none">■ New funding sources have opened opportunities for the expansion of the coalition's work.■ A grant-funded project ends, but some partners want to continue the work.	<ul style="list-style-type: none">■ Revisit Phase 2 – C, D, and E: Establish Priorities, Set Goals, and Create an Action Plan to determine how new funding might allow you to add priorities or activities, or invest in progress towards an existing set of goals in a different way.

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THE NEXT PAGE 

FACTOR	POTENTIAL CHANGE	ACTION
Partner Capacity	<ul style="list-style-type: none"> ■ A partner that previously did not have the capacity to convene the lung cancer coalition is now able and interested in becoming the coalition convener. ■ A previously-engaged partner organization goes through a change that restricts its ability to remain involved. 	<ul style="list-style-type: none"> ■ Facilitate candid discussions with other engaged partners about the pros and cons of the interested partner becoming the coalition convener. If a positive consensus is found, consider holding a new kickoff meeting or summit to celebrate the change in their role. ■ Review the activities the partner has been most engaged in and determine if the activities need to be scaled back or if other partners can be activated to take over.
New Information	<ul style="list-style-type: none"> ■ Scientific advances result in original priorities becoming out-of-date and/or necessitating a new approach. ■ Updated state-level data shows advances towards your existing goals, which makes other priorities more urgent. 	<ul style="list-style-type: none"> ■ Revisit Phase 2 – C and D: Establish Priorities and Set Goals to determine how new evidence will impact your work. Consider how to reorient your approach with this new information, and how to report out on changes. ■ Revisit Phase 2 – C and D: Establish Priorities and Set Goals to determine how new data will impact your work. Consider how to reorient your approach with this new information, and how to report out on changes.

Tips and Troubleshooting

This section provides insights from coalition leaders on how to overcome common challenges related to expanding efforts.

Common Challenge: Deciding whether to expand



- A good way to assess if it's time to expand your efforts is by listening to your members. Are they showing strong engagement? If they are, it may be a good sign that you can grow. If they aren't as engaged, now might not be the right time to recruit new members.

Common Challenge: Pursuing funding opportunities



- Don't just follow the money. If you take funding tied to a specific activity or priority that doesn't fit the goals of partners or isn't in line with what would be impactful, you can spend a lot of time and effort for something that can derail your whole effort.

A Helpful Worksheet

Expand and Evolve Worksheet

This worksheet can help you to establish the diverse partnerships that you need to reach your goal.

STATE-BASED PLANNING TOOL WORKSHEETS

PHASE I

PHASE I STEP 1

WHO DID YOU CONTACT?	SUMMARY OF CURRENT LUNG CANCER INITIATIVES	TARGET POPULATION(S)
State Health Department		
Health Systems and Hospitals		
Lung Cancer Healthcare Providers		
Academic Research Centers		
National or Local Nonprofits/ Advocacy Organizations		
State/Regional Medical Associations/Societies		
Patient and Caregiver Groups		
Other:		
Other:		

NOTES:

PHASE I STEP 1



HEALTH EQUITY ASSESSMENT

Look back at specific populations your potential partners are focused on as you consider responses to the following questions.

<p>What health access and health care disparity issues have been identified?</p>	
<p>What are the drivers of health disparities in these populations?</p>	
<p>What have existing lung cancer initiatives done to focus on health access and disparities?</p>	
<p>What are the evidence-based strategies that have worked to address disparities?</p>	

NOTES:

PHASE I STEP 2

POTENTIAL PARTNERS	PARTNER PRIORITIES	POPULATION SERVED	EXPECTED PARTNER COMMITMENT	OUTREACH STATUS
E.g., Health Care System	Increasing reach into specific geographic areas, build awareness of clinical services.		Contributing clinical knowledge in areas of expertise, representative participation in meetings, contribute to goal-setting, and participate in task groups once established.	<input type="checkbox"/> Not yet invited <input type="checkbox"/> Invited <input type="checkbox"/> Accepted <input type="checkbox"/> Declined
				<input type="checkbox"/> Not yet invited <input type="checkbox"/> Invited <input type="checkbox"/> Accepted <input type="checkbox"/> Declined
				<input type="checkbox"/> Not yet invited <input type="checkbox"/> Invited <input type="checkbox"/> Accepted <input type="checkbox"/> Declined
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				<input type="checkbox"/> Not yet invited <input type="checkbox"/> Invited <input type="checkbox"/> Accepted <input type="checkbox"/> Declined
				<input type="checkbox"/> Not yet invited <input type="checkbox"/> Invited <input type="checkbox"/> Accepted <input type="checkbox"/> Declined

PHASE I STEP 2



HEALTH EQUITY ASSESSMENT

What partner(s) represents populations that are underrepresented or marginalized based on age, race/ethnicity, SES, geography, gender identity, LGBTQA+, different abilities, or other characteristics?

If you don't have this partner, who can engage the population of interest?

What resources do you need to understand barriers, disparities and health equity to achieve success with your objective and development of strategies?

NOTES:

PHASE I STEP 3

QUESTION	STRUCTURE
<p>In what capacity or role can the Comprehensive Cancer Control program serve to support a lung cancer initiative at this time?</p>	
<p>Which structure makes sense (considering role of CCC Program and other potential resources)?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Lung Cancer Committee within CCC Coalition <input type="checkbox"/> Independent 501(c)3 Lung Cancer Coalition <input type="checkbox"/> Grant-Funded Lung Cancer Project <input type="checkbox"/> Other
<p>What partners have the capacity/willingness to serve as convener? (If not CCC program).</p>	
<p>How will project management needs be supported?</p>	
<p>What funding needs to be secured to move the project forward?</p>	

PHASE I STEP 3

CHAMPION/CONVENER

Ideally includes a champion and/or convening partner, and implementation lead or program manager.

--

STEERING COMMITTEE

Includes other experts and respected individuals who can commit time on a monthly basis to setting the strategic direction.

--

MEMBERS

For partners who want to be engaged in the initiative but in more specific, task-oriented ways. Once priorities are set, these can be divided into task groups.

--



HEALTH EQUITY ASSESSMENT

Who are the underrepresented or marginalized populations in your state?

How are these populations represented in the different levels of your structure? If they aren't, what groups or thought leaders represent these populations who you can bring to the table?

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NOTES:

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STATE-BASED PLANNING TOOL WORKSHEETS

PHASE II

PHASE II STEP 1

SAMPLE PLANNING QUESTIONS FOR KICKOFF MEETING	
QUESTION	ANSWER
What is/are the meeting goal(s)?	
What are your objectives?	
What are your desired meeting outcomes?	
Who will chair the meeting?	
Are there other key attendees in addition to the chair around whom you should select a meeting date?	
If you are planning on surveying attendees/organizations prior to the kickoff, what would you want to learn from them?	
What are three priority topics that need to be addressed?	1.
	2.
	3.
Who are national or statewide presenters that can help inform these topics and/or offer successful models to address barriers?	
How will you engage all partners before, during, and after the meeting?	Before:
	During:
	After:

IDENTIFY FUNDING AND RESOURCES

PHASE II STEP 2

POTENTIAL FUNDING SOURCES	LEAST REALISTIC			MOST REALISTIC	
	1	2	3	4	5
State Health Department	<input type="checkbox"/>				
American Cancer Society	<input type="checkbox"/>				
State Government	<input type="checkbox"/>				
Local Foundations	<input type="checkbox"/>				
National Grants	<input type="checkbox"/>				
Health Systems	<input type="checkbox"/>				
Other:	<input type="checkbox"/>				
Other:	<input type="checkbox"/>				
Other:	<input type="checkbox"/>				

FUNDRAISING OPPORTUNITIES	LEAST REALISTIC			MOST REALISTIC	
	1	2	3	4	5
Sponsorship	<input type="checkbox"/>				
Individual Donations	<input type="checkbox"/>				
Community Events (Galas, Walks, Golf Scramble, etc.)	<input type="checkbox"/>				
Membership Fees	<input type="checkbox"/>				
Business Partnerships (Restaurants, Sports, etc.)	<input type="checkbox"/>				
Digital Campaign	<input type="checkbox"/>				
Direct Mail	<input type="checkbox"/>				

NOTES:

IDENTIFY FUNDING AND RESOURCES

PHASE II STEP 2

IN-KIND RESOURCE	WHO MIGHT PROVIDE?
Staff Time	
Meeting Space	
Virtual Meeting	
Leadership	
Grantwriting	
Medical Services	
Communications	
Advocacy/Lobbying	
Other:	
Other:	
Other:	

LIST THREE THINGS YOU CAN DO IMMEDIATELY TO RAISE MONETARY AND IN-KIND RESOURCES FOR YOUR EFFORT

RAISE MONEY	IDENTIFY IN-KIND RESOURCES
1.	1.
2.	2.
3.	3.

PHASE II STEP 3

ACTIVE OR POTENTIAL LUNG CANCER PRIORITY	POPULATION IMPACTED	WHAT DOES STATE DATA SHOW TO SUPPORT?	PARTNER WITH THIS STRENGTH/FOCUS/INTEREST
1.			
2.			
3.			



HEALTH EQUITY ASSESSMENT

Consider populations by age, race/ethnicity, SES, geography, gender identity, LGBTQA+, different abilities, or other characteristics.

What populations experience burden/disparities in each area of focus/priority?

How will these populations be supported in the priority areas you are considering?

NOTES:

SET GOALS

PHASE II STEP 4



HEALTH EQUITY ASSESSMENT

Consider how you will tailor your goals to address barriers, disparities, and health equity. Remember to use baseline data to set your goals.

LUNG CANCER PRIORITY	SHORT-TERM GOALS (FIRST YEAR)	MEDIUM-TERM GOALS	LONG-TERM GOALS (IMPACT)
1.			
2.			
3.			
4.			
5.			

NOTES:

PHASE II STEP 5

PRIORITY AREA/GOAL	TARGET POPULATION	ACTIVITIES	TIMELINE	LEADER/PARTNERS	STATUS	SUCCESS METRICS
1.						
2.						
3.						
4.						
5.						
6.						

NOTES:

STATE-BASED PLANNING TOOL WORKSHEETS

PHASE III

PHASE III STEP 1

KEEPING PARTNERS ENGAGED CREATIVELY

DESIGN ACTION-ORIENTED MEETINGS How will we...
Make meetings convenient?
Make meetings interesting and productive?
Keep the focus on achievable actions?
Ensure that all partners feel equally engaged and valued?
Assign responsibility for tasks?
Communicate next steps?

CONDUCT ONGOING COMMUNICATION How might you creatively share outstanding member contributions?
1.
2.
3.

NOTES:

PHASE III STEP 1

UNDERSTAND PARTNER MOTIVATION

PARTNER/MEMBER	HOW DOES THIS PARTNER BENEFIT FROM ENGAGEMENT?	HOW CAN WE USE THIS BENEFIT TO MOTIVATE?

NOTES:

PHASE III STEP 2

GOALS	WHERE WE WERE (GOAL BASELINE STATUS)	PROCESS (PROGRESS ON ACTIVITIES)	WHERE WE ARE (GOAL CURRENT STATUS)
1.			
2.			
3.			
4.			
5.			
6.			

NOTES:

PHASE III STEP 3

WHAT'S NEW?	WHAT'S THE POTENTIAL IMPACT?	WHAT INFORMATION IS NEEDED TO MAKE A DECISION?	WHO NEEDS TO BE INVOLVED IN THE DECISION?	WHAT CHANGE IS NECESSARY?
Funding	On Priorities...			
	On Goals...			
	On Coalition Members...			
Partner Capacity	On Priorities...			
	On Goals...			
	On Coalition Members...			
New Information	On Priorities...			
	On Goals...			
	On Coalition Members...			
Other	On Priorities...			
	On Goals...			
	On Coalition Members...			

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The American Cancer Society National Lung Cancer Roundtable (NLCRT) is a consortium of over 200 member organizations working together to create lung cancer survivors and improve the quality of life for those at risk for lung cancer and lung cancer patients and their families. We engage volunteer experts in multidisciplinary collaborations that drive the national conversation, catalyze action to create, build, and strengthen innovative solutions, and develop and disseminate evidence-based interventions and best practices.

Our collective power and expertise propel us to take on challenges and problem-solve to reduce the impact of lung cancer through promoting risk reduction, tobacco prevention and control, accelerating implementation of and adherence to early detection, assurance of optimal staging and diagnosis to position patients for appropriate and timely therapy and care, eliminating lung cancer-related stigma, and strengthening state-based initiatives.

By working together and avoiding duplication, we will drive progress faster than working alone to overcome lung cancer challenges, accelerate change, and address the determinants of cancer-related health disparities to advance health equity across the lung cancer continuum. This is the unique role of the NLCRT.

The NLCRT is thankful for the financial support from its partners and the American Cancer Society that propel this work forward. We especially wish to thank the NLCRT State-Based Initiative Task Group for their expertise and the many hours of review and deliberation that went into developing the State-Based Initiative Planning Tool. We also wish to thank Small Spark Consulting for coordinating the project and Ohlander Consulting Services, Inc. for website development. Please see the full list of acknowledgments.



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