STATE-BASED PLANNING TOOL WORKSHEETS

GETTING STARTED

PHASE I





ASSESS THE LANDSCAPE OF CURRENT LUNG CANCER INITIATIVES IN THE STATE

| 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: | |
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ASSESS THE LANDSCAPE OF CURRENT LUNG CANCER INITIATIVES IN THE STATE

| HEALTH EQUITY ASSESSME Look back at specific popula | NT tions your potential partners are focused on as you consider responses to the following questions. |
|--|--|
| What health access and health care disparity issues have been identified? | |
| What are the drivers of health disparities in these populations? | |
| What have existing lung cancer initiatives done to focus on health access and disparities? | |
| What are the evidence-based strategies that have worked to address disparities? | |

| NOTES: | | |
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BUILD A NETWORK OF MULTI-SECTOR PARTNERS AND STAKEHOLDERS

| 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. | □ Not yet invited □ Invited □ Accepted □ Declined |
| | | | | □ Not yet invited □ Invited □ Accepted □ Declined |
| | | | | □ Not yet invited□ Invited□ Accepted□ Declined |
| | | | | □ Not yet invited□ Invited□ Accepted□ Declined |
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| | | | | □ Not yet invited□ Invited□ Accepted□ Declined |





BUILD A NETWORK OF MULTI-SECTOR PARTNERS AND STAKEHOLDERS

| 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: | |
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ESTABLISH YOUR STRUCTURE

| QUESTION | STRUCTURE |
|---|--|
| In what capacity or role can the Comprehensive Cancer Control program serve to support a lung cancer initiative at this time? | |
| Which structure makes sense (considering role of CCC Program and other potential resources)? | □ Lung Cancer Committee within CCC Coalition □ Independent 501(c)3 Lung Cancer Coalition □ Grant-Funded Lung Cancer Project □ Other |
| What partners have the capacity/willingness to serve as convener? (If not CCC program). | |
| How will project management needs be supported? | |
| What funding needs to be secured to move the project forward? | |





ESTABLISH YOUR STRUCTURE

| CHAMPION/CONVENER | MEMBERS |
|---|---|
| Ideally includes a champion and/or convening partner, and implementation lead or program manager. | 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. |
| | |
| CTEPING COMMITTEE | |
| STEERING COMMITTEE | |
| Includes other experts and respected individuals who can commit time on a monthly basis to setting the strategic direction. | |
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| 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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