MILESTONES FOR THIS 6-MONTH REPORTING PHASE (SEPT 2018- FEB 2019)

| Lead was a valence of was at levels |
|---|
| Local press release of project launch |
| Activate 2 Community Action Teams: 1) Cancer Prevention |
| and 2)Early Detection |
| CCWW CAB Meeting #1: |
| PCORI Training #1: PCOR Principles 101 |
| CPPE Step #1: Problem assessments, identify root causes |
| CCWW complete consent process |
| . CCWW CAB completes Capacity Survey (time 1) |
| CCWW CAB Meeting #2: |
| CPPE Step #1: Problem assessments, identify root causes |
| (cont'd) |
| CPPE Step #1: Create visual causal models |
| |



MILESTONES FOR THIS 6-MONTH REPORTING PHASE (MARCH 2019 - AUGUST 2019)

| Launch Website | |
|--|--|
| | |
| UVA PCOR training meeting | |
| CCWW CAB Meeting #3: | |
| CPPE Step #1: Create visual causal models, con't | 1 |
| CPPE Step #1: Prioritization | |
| CPPE Step #2: Identification and selection of potential interventions | |
| CCWW CAB Meeting #4: | |
| PCOR training #2: Evidence synthesis on CPPE identified priorities | |
| CPPE Step #2: Identification and selection of potential interventions, | • |
| con't | |
| CCWW completes Capacity Survey (time 2) and qualitative interview | |
| Findings are disseminated back to CCWW CAB | V |
| | CPPE Step #1: Create visual causal models, con't CPPE Step #1: Prioritization CPPE Step #2: Identification and selection of potential interventions CCWW CAB Meeting #4: PCOR training #2: Evidence synthesis on CPPE identified priorities CPPE Step #2: Identification and selection of potential interventions, con't CCWW completes Capacity Survey (time 2) and qualitative interview |



MILESTONES FOR NEXT 6-MONTH REPORTING PHASE (SEPT 2019 – FEBRUARY 2020)

| Website Update | (Sep 2019-Feb 2020) |
|---------------------|--|
| | Website maintenance and dissemination of information |
| CCWW CAB Meeting #6 | CPPE Step #4: Proposal Development |
| | Designs |
| | PCOR training #4: PCOR Funding Opportunities and Study |
| | CCWW CAB Meeting #6: |
| CCWW CAB Meeting #5 | CPPE Step #3: Planning |
| | Strategies and Opportunities in Rural Cancer Control |
| | CPPE identified priorities, con't OR Innovative Research |
| | PCOR training #3: Evidence synthesis and Expert Panel on |
| | CCWW CAB Meeting #5: |

Today!



MILESTONES FOR 6-MONTH REPORTING PHASE (MARCH 2020 - AUGUST 2020)

| | CCWW CAB Meeting #7: |
|-----------------------------------|---|
| | PCOR training #5: Institutional Review Boards and Human Subjects |
| | Research (certification for those interested) |
| CCWW CAB Meeting #7 | CPPE Step #4: Proposal Development, con't |
| | CCWW completes Capacity Survey (time 3) and qualitative interview |
| CCWW Capacity Assessment 3 | Findings are disseminated back to CCWW CAB |
| | Website maintenance and dissemination of information (Mar-Aug |
| Website Update | 2020) |
| | Local press release of project accomplishments. Disseminate |
| Local press release and | contextualized cancer control strategies and evaluation findings at |
| dissemination #2 | local, State, and national levels |



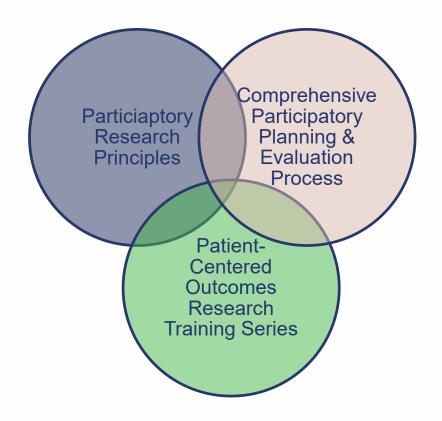
What will or products be?

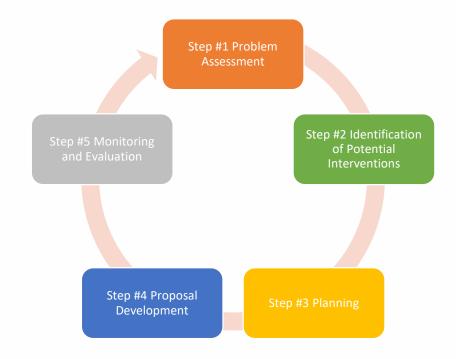
- State-wide Virginia Cancer Plan contextualize and prioritized for our southwest VA region
- Competitive grant proposals
 - Interventions and programs selected and adapted to meet our needs
- Website
 - Increase awareness & collaboration
 - Training materials, specific to cancer control in Appalachia



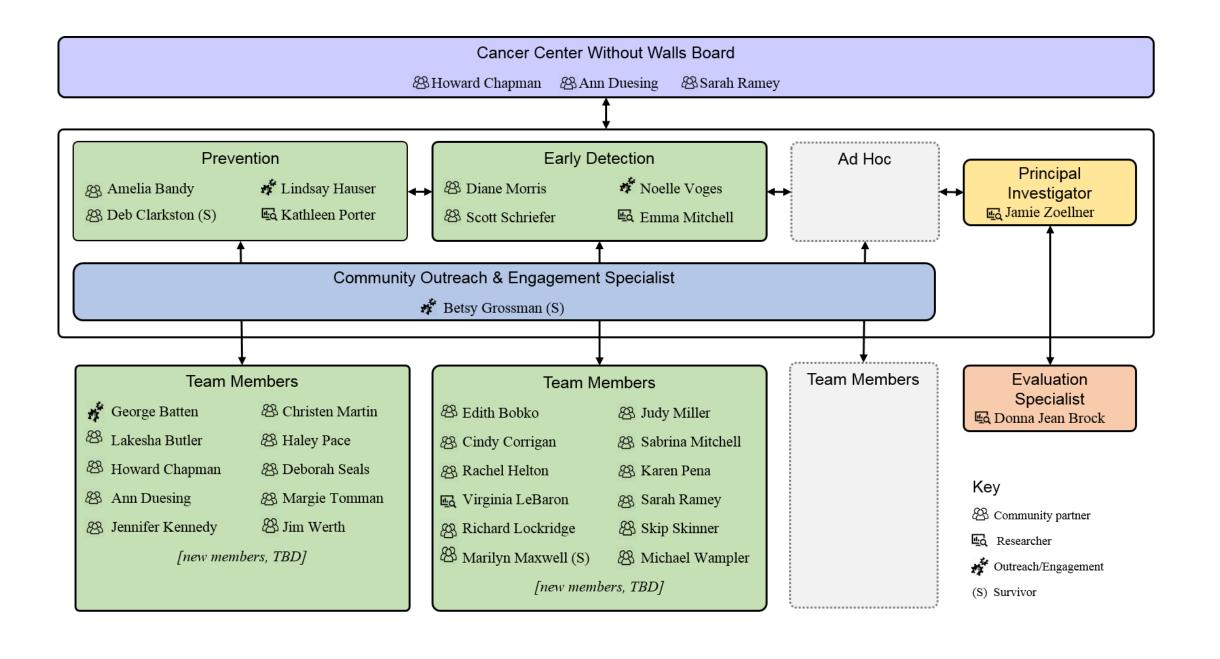
Patient-Centered Approach

Comprehensive Participatory Planning and Evaluation (CPPE)









BUDGET HIGHLIGHTS (\$198,000)

- 7 community members compensated as consultants (~1 day per month for both years 1 & 2)
 - 3 Co-Chair board members
 - 4 Community Action Team leaders
- 3 UVA research team members, 3 outreach & engagement staff, 1 evaluation specialist (~1 day per month for both years 1 & 2)
- \$21,500 to support travel stipends and community members to attend conferences
- Website & meeting expenses



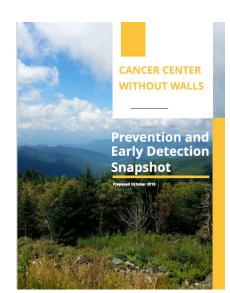
Year 1 Capacity Findings

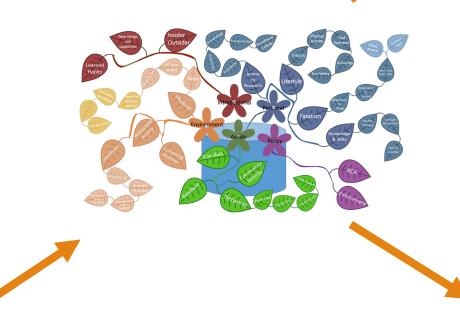
Prevention Action Team

RECAP - OCTOBER 2019









| | Strategy 1: [fill in] | Strategy 2: [fill in] | Strategy 3: [fill in] | Strategy 4: [fill in] | Strategy 5: [fill in] |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| What personal & | | | | | |
| professional | | | | | |
| motivations do you | | | | | |
| have to prioritize this | | | | | |
| strategy? | | | | | |
| If chosen as a | | | | | |
| prioritized strategy, | | | | | |
| how would your | | | | | |
| organization be | | | | | |
| involved? | | | | | |
| What are the existing | | | | | |
| polices and/or available | | | | | |
| resources related to | | | | | |
| this strategy in SWVA? | 10 | | 7 | × | |
| What is the severity of | | | | | |
| NOT addressing this | | | | | |
| strategy in SWVA? | | | | | |
| If chosen as a | | | | | |
| prioritized strategy, | | | | | |
| what is the hope for the | | | | | |
| future in SWVA? | | | | | |





Top 5 going into August Meeting

- TOBACCO -- Increase [evidence-based] educational programs to discourage use of all tobacco products and encourage the use of cessation services.
- OBESITY -- Implement evidence-based engagement strategies to build support for lifestyle/behavior change.
- OBESITY -- Increase reach for evidence-based supports for lifestyle/behavior change through collaborative networks, including youth-serving organizations (e.g., community health workers).
- OBESITY -- Strengthen healthier food access and sales in retail venues and community venues (i.e. farmers markets) through increased availability of fruit and vegetables and more low/no sodium/sugar options, improved pricing, placement, and promotion.
- + Provide education to Virginians (including parents, schools, communities, physicians and other healthcare providers) about the effectiveness of the HPV vaccination in preventing HPV associated cancers AND provide education on HPV and HPV vaccination and/or provide connection to HPV resources.

The 2 (maybe 3) Chosen Strategies

- **TOBACCO** -- Increase [evidence-based] educational programs to discourage use of all tobacco products and encourage the use of cessation services.
- OBESITY -- Implement evidence-based engagement strategies to build support for lifestyle/behavior change.
- ❖ OBESITY -- Increase reach for evidence-based supports for lifestyle/behavior change through collaborative networks, including youth-serving organizations (e.g., community health workers).
- OBESITY -- Strengthen healthier food access and sales in retail venues and community venues (i.e. farmers markets) through increased availability of fruit and vegetables and more low/no sodium/sugar options, improved pricing, placement, and promotion.
- Provide education to Virginians (including parents, schools, communities, physicians and other healthcare providers) about the effectiveness of the HPV vaccination in preventing HPV associated cancers AND provide education on HPV and HPV vaccination and/or provide connection to HPV resources.

Early Detection Action Team

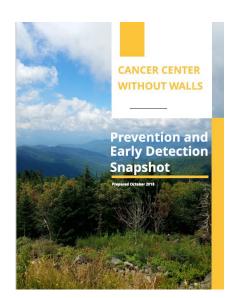
RECAP - OCTOBER 2019

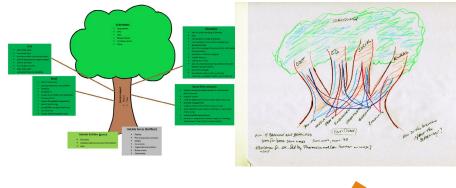




| | Strategy 1: [fill in] | Strategy 2: [fill in] | Strategy 3: [fill in] | Strategy 4: [fill in] | Strategy 5: [fill in] |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| What personal & | | | | | |
| professional | | | | | |
| motivations do you | | | | | |
| have to prioritize this | | | | | |
| strategy? | | | | | |
| If chosen as a | | | | | |
| prioritized strategy, | | | | | |
| how would your | | | | | |
| organization be | | | | | |
| involved? | | | | | |
| What are the existing | | | | | |
| polices and/or available | | | | | |
| resources related to | | | | | |
| this strategy in SWVA? | | | | × | |
| What is the severity of | | | | | |
| NOT addressing this | | | | | |
| strategy in SWVA? | | | | | |
| If chosen as a | | | | | |
| prioritized strategy, | | | | | |
| what is the hope for the | | | | | |
| future in SWVA? | | | | | |









Top 5 going into August Meeting

- Encourage physicians and other healthcare providers to use evidence-based practices to increase cancer screening rates (patient reminders, provider reminders, provider assessment and feedback).
- Provide education to physicians, other healthcare providers, and the public about current national cancer screening guidelines for populations at high risk for cancer.
- Provide education to physicians, other healthcare providers, and the public about available low and no cost cancer screening resources for low-income, under and uninsured populations.
- Reduce barriers to screening among underserved populations through the use of patient navigation and other culturally competent outreach strategies.
- Advocate for state and federal policies that improve access to health insurance and/or free or low-cost screenings.

Top 2 Constructed / Chosen Strategies





Provide education and strategies to reduce barriers to cancer screenings to physicians, other healthcare providers, and the public about low and no cost cancer screening resources for low income, under, and uninsured populations.



Advocate for state and federal policies that improve access to health insurance and/or free or low-cost screenings.

