Comprehensive Cancer Control Council

2011-2015 Strategic Plan

Created: August 10, 11, 12, 2010

Revised 10/30, 12/1, 2010, Revised 01/05/2011

Vision: The Comprehensive Cancer Control Council will provide Comprehensive Cancer Control Programs assistance and resources in helping states, tribes and tribal organizations, territories and Pacific Island Jurisdictions (PIJ) to move populations toward cancer free lives.

Comprehensive Cancer Control Council Core Purpose:

For all Comprehensive Cancer Control Programs the Comprehensive Cancer Control Council exists to emphasize the following concepts.

Provision of leadership

Building and enhancement of program capacity

Identification, definition of, and support for collaboration with national partners and between programs

Provide resources and information regarding:

* CDC Priority Areas as of June 2010:

• Emphasize primary prevention

• Coordinate early detection and treatment interventions.

• Address public health needs of cancer survivors.

• Implement policies to sustain cancer control.

• Eliminate health disparities to achieve health equity.

• Measure outcomes and impact through evaluation.

Strategic Plan

Based on the information and training provided by NACDD, CDC and other national partner resources, the Steering Committee of the Comprehensive Cancer Control Council has formulated the following 2-5 year strategic plan, based on the framework of our parent association, the National Association of Chronic Disease Directors.

**GOAL # 1: Institute nationally recognized standards and competencies for all Comprehensive Cancer Control Programs**

**Council Action: Formation of an Ad Hoc Committee on Standards and Competencies to oversee the progress toward this goal.**

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| **OBJECTIVE** | **STRATEGY** | **COMMENT** | **PROGRESS** | **Responsible** | **Due Date** |
| 1. Assess competencies of CCC staff program staff with regard to discipline, education, longevity and experience to achieve baseline information. | 1.Conduct Assessment of program staff  2. Assimilate information regarding teams in use for program management and delivery. | 1. Use assimilated data of CDC and NACDD.  2.Determine need for further survey of programs |  | D. Bradshaw | Ongoing |
| 2. Analyze assessment to identify needs for staff training and support. | 1. Utilize NACDD staff to assist in data analysis  2.Report identified CCC program training needs to CC Council |  |  | D. Bradshaw | Ongoing |
| **OBJECTIVE** | **STRATEGY** | **COMMENT** | **PROGRESS** | **RESPONSIBLE** | **DUE**  **DATE** |
| 3.Create mentoring and orientation program in collaboration with CDC | 1. Collect existing orientation tools  2. Work with CDC regarding curricula for orientation (webinar) | 1. Retrieve information on orientation and mentoring from NACDD and CDC survey data.  2. Discuss identified areas of need and best practice to meeting the needs. |  | Peer to Peer Mentoring Committee | ongoing |
| 4. Identify all new Program Directors in the Comprehensive Cancer Program | 1.Work with CDC and NACDD for information on new managers | 1. NACDD Consultant to be point person with CDC and get new names and update lists.  2. CCC Council information to become an active part of the CDC Orientation Program. |  | Peer to Peer Mentoring Committee:  Dianah Bradshaw-staff |  |
| 5. Build capacity of all Program Directors (PD) | 1. Utilize assessment to choose areas of management need  2. Work with NACDD and CDC on PD leadership and management needs |  |  | Mentoring Committee:  Dianah Bradshaw-staff |  |
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**Goal # 2: Improve and enhance communication methods and means through use of a Resource Materials Action Plan.**

**Council Action: Formation of an Ad Hoc Committee on Resources and Communications to work on progress toward this goal.**

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| **OBJECTIVE** | **STRATEGY** | **COMMENT** | **PROGRESS** | **Responsible** | **Due Date** |
| 1. Inventory existing communication vehicles in use in CCC Programs. | 1. Obtain data from CDC, NACDD and other national surveyors.  2. Analyze data for missing information needed to identify barriers to communication. | 1. Use assimilated data of CDC, NACDD and others.  2.Determine need for further survey of programs |  | Resource Materials Committee |  |
| 2. Link resources to National Partners providing support and training. | 1. Participate in or receive information from National Partners meetings | 1. Example: Link states with school personnel who need training in working with cancer patients on return to school with the Lymphoma and Leukemia Society’s Welcome Back training. |  | NACDD Staff-Dianah Bradshaw-point, with  Steering Committee |  |
| 3. Explore NACDD and CDC participation in web development and web support for resource sharing. | 1. Work with CDC and NACDD on web sharing and resource posting.  2.. Use NACDD website as portal to resources with link to CDC and others | 1. Work with NACDD staff on web update. |  | NACDD Staff-Dianah Bradshaw-point, with  Steering Committee |  |
| **OBJECTIVE** | **STRATEGY** | **COMMENT** | **PROGRESS** | **RESPONSIBLE** | **DUE**  **DATE** |
| 4. Establish process for compiling resources | 1. Committee work with NACDD staff on methods and organization processes.  2. Share information and gather information on CC Council calls and in meetings. |  |  | Resource Materials Committee |  |
| 5. Establish process for evaluation of resources posted | 1. Develop evaluation format to decide use of resource to programs  2. Work with NACDD staff to utilize format and post resources | 1. Work with CDC and NACDD to establish best practice and evidence based resources and guidelines. |  | Dianah Bradshaw, NACDD Staff with Resource Materials Committee |  |
| 6. Establish process for archival of resources | 1. Develop calendar for archival of posted resources. | 1. Maintain thread to all archived resources |  | Dianah Bradshaw, NACDD Staff with Resource Materials Committee |  |
| 7. Capture and become repository for resources for dissemination through designated channels. | 1. Work with CDC and NACDD regarding use of websites for article and resource dissemination.  2. Discuss new resources with PDs in CC Council calls and in meetings.  3. Stay current with new standards and recommendations for education, care and follow-up. |  |  | Dianah Bradshaw, NACDD Staff with Resource Materials Committee and Steering Committee |  |

**Ad Hoc Committees will work toward these goals through use of the identified strategies. It has been established that all efforts toward attainment of strategies and goals will probably be multi-year tasks. During strategic planning sessions the Council determined that these were priorities for the Council members to begin working toward. These goals will be overarching for many years to come.**

**As new priority areas for the program and Council members are identified, new committees and new goals will be formulated.**