Collaboration Guide
for Pacific Island Cancer and Chronic Disease Programs

This publication was created by the Division of Cancer Prevention and Control of the Centers for Disease Control and Prevention (CDC) with assistance from Strategic Health Concepts.

You can download a PDF of this publication from CDC's National Comprehensive Cancer Control Program Web site at www.cdc.gov/cancer/ncccp. This site also has electronic versions of the tools cited in this publication in other adaptable formats.

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Introduction

Comprehensive cancer control (CCC) is defined as "a collaborative process through which a community and its partners pool resources to reduce cancer risk, find cancer earlier, improve access to quality treatment, and improve survivors' quality of life."[1] Effective CCC programs collaborate with many different types of partners to share information and resources, enhance each other's efforts, and achieve common goals.

Potential partners include other chronic disease programs and coalitions, as well as departments of education and schools. CCC and chronic disease programs often focus on the four most common risk factors for chronic diseases: poor nutrition, lack of physical activity, tobacco use, and excessive alcohol use. In many settings, including in Pacific Island Jurisdictions (PIJs), the people and programs working to reduce cancer risk through CCC are also working on nutrition, physical activity, obesity, and tobacco and alcohol use initiatives.

CCC and chronic disease programs and coalitions are already working together in many communities. But as health resources decrease and more people are negatively affected by chronic diseases, we must find new ways to work together to make the most of limited resources to promote health and prevent chronic diseases and avoid duplicating our efforts.

Purpose of This Guide

CDC developed this publication, *Collaboration Guide for Pacific Island Cancer and Chronic Disease Programs* (or the *Pacific Island Collaboration Guide*), to help CCC programs and coalitions and other chronic disease and school-based programs and coalitions work together. This guide includes practical advice and tools for staff working in CCC programs in the Pacific that are funded by the Centers for Disease Control and Prevention's (CDC's) National Comprehensive Cancer Control Program (NCCCP) and their CCC coalition partners.

Other chronic disease and school-based programs and coalitions that are working to prevent and control cancer can also use this guide. In addition, PIJ health department staff can use it to develop noncommunicable disease plans or to implement specific strategies in these plans. *Noncommunicable diseases* is another term for chronic diseases.

The *Pacific Island Collaboration Guide* has information on how to

- Work with partners on collaborative projects.
- Make the best use of your partners' time so they don't get burned out.
- Leverage resources to support collaborative work.
- Support policy changes to prevent and control chronic diseases.
- Share and use data across chronic disease programs.
- Evaluate collaborative efforts and report on progress.

This guide is not meant to be comprehensive, but to provide specific advice and tips about working with partners. For example, the evaluation section does not provide information on how to conduct evaluations, but on how to track your progress and make the best use of existing expertise and resources.

Limits to Activities Conducted with Federal Funds

CCC is a collaborative process that involves many different partners within a state, tribe, territory, or local community. These partners may include other government agencies, medical societies, advocacy groups, and state or local legislatures. Some organizations may be restricted in the types of activities they can conduct because of the way they are funded.

Organizations that receive federal funding cannot use these funds to lobby Congress or any state or local legislative body. Federal funds also cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby. See Section 4 and additional resources listed for Section 4 in Appendix B for more information. When working with partners, make sure everyone involved has a clear understanding of each partner's role.

What's in This Guide

In this guide, we use the following icons to help you identify different types of information:

Key concepts, terms, or information to help guide you through each section.

Tools such as work sheets, tip sheets, fact sheets, templates, and sample materials that you can use to work with partners. For some of the work sheets, we provide examples of the type of information to collect.

Collaboration in Action: Examples of Success that show how CCC and other chronic disease programs and coalitions have worked together.

Appendix A provides blank copies of the tools used in this guide. These tools can be used in their current form or adapted to fit your needs. Electronic versions of these tools are available in other adaptable formats, along with the electronic version of this publication, on the NCCCP Web site at www.cdc.gov/cancer/ncccp/. Appendix B provides information about resources that you may find helpful.

How to Use This Guide

This guide can help you build new partnerships with other chronic disease programs and coalitions or improve current partnerships. It is not a step-by-step process, but a collection of advice and tools that you can use as needed.

To help you get started, use the **Assess Current Activities and Issues Work Sheet** on page 4 to identify the parts of this guide that will be the most useful to you. This work sheet can help you assess your skills and knowledge about collaboration so you know what you're doing well and where you may need to improve.

> 🔑 Each CCC and chronic disease program and coalition has its own mission. Remember to keep your mission in mind when you work with other groups. Work together in areas that make sense and allow you to have the most impact. Identify specific activities to work on together. It's okay to start with a just one priority and one project. Start small, but start somewhere.

You might also find these tools helpful:

- **National Association of Chronic Disease Directors (NACCD) Domains and Competencies**. This online resource defines skills and knowledge related to leading and managing chronic disease programs that improve the health of the public. The competencies are organized into seven domains, from building support to using public health science. Go to www.chronicdisease.org/?page=DomainsCompetencies for more information. This Web site also provides an NACDD Competency Assessment Tool that you can use to identify your level of proficiency in each of the seven domains. This tool is available at www.nacddarchive.org/professional-development/workforce-development-2013-assess-competency-improve-skills-find-the-right-people.

- **Smarter Partnerships**. You can use this online resource to assess your learning needs related to effective partnerships in the areas of leadership, trust, learning, and managing for performance. The assessment tool will generate a summary of your learning needs and suggested solutions. You can use this tool online or download it at http://businessinnovationfacility.org/forum/topics/tools-for-assessing.

	Assess Current Activities and Issues Work Sheet		

Collaboration Activities	**Are You Doing These Activities?**		**How to Use This Guide**
	Yes	**No**	
Working with nutrition programs or coalitions.			If you put a check in the "yes" column for most activities: • Look at Sections 1 and 2 to see if the tips, tools, or keys to success can improve the way you work with your chronic disease partners. • Look at Sections 3–6 for tips, tools, and keys to success for working with partners on specific issues, such as resources or policy changes. If you put a check in the "no" column for most activities: • Start with Sections 1 and 2 for overall information on how to work with partners. • Use Sections 3–6 for specific information.
Working with physical activity programs or coalitions.			
Working with tobacco control programs or coalitions.			
Working with excessive alcohol use programs or coalitions.			
Working with departments of education or individual schools on chronic disease issues.			
Other activities:			

Collaboration Issues	**What Issues Do You Want to Work on with Your Partners?**	**How to Use This Guide**
Improving how I work with my chronic disease partners.		Start with Sections 1 and 2.
Understanding and sharing resources across chronic disease programs.		Start with Section 3.
Making policy changes across chronic disease programs.		Start with Section 4.
Sharing and using data across chronic disease programs.		Start with Section 5.
Evaluating my efforts across chronic disease programs.		Start with Section 6.

Section 1.
Working on Collaborative Projects

Section 1 provides information on how to collaborate with other chronic disease programs and coalitions. Even if you are working with other groups now, the five steps outlined in this section are a good reminder about what you need to do to build and maintain successful partnerships.

Steps for Working with Chronic Disease Partners

The five steps in this section will help you work with other partners to identify a specific project that you can work on together. You can skip a step or adjust the order as needed to best meet your situation. Just remember to keep your eye on the goal—a plan to work together on a specific project. For Step 1, work with a small group or by yourself. For Steps 2–5, work with the partners you've identified.

The following steps are described in more detail in this section:

Step 1: Identify Potential Partners
Step 2: Make Connections and Identify the Benefits of Collaboration
Step 3: Identify Common Interests and Specific Activities
Step 4: Create a Collaborative Action Plan
Step 5: Implement Your Collaborative Action Plan

Step 1: Identify Potential Partners

Many chronic diseases have common risk factors, such as poor nutrition, lack of physical activity, tobacco use, and excessive alcohol use. You will likely find many areas of common interest with groups that are working to address these risk factors as a way to reduce death and disease. You can use the **Identify Chronic Disease Partners Work Sheet** on page 6 to identify programs and coalitions with common interests that you can work with on collaborative projects.

Identify Chronic Disease Partners Work Sheet

Part 1: Put a check for chronic disease programs or coalitions that are working to address specific risk factors.

Risk Factors	Chronic Disease Programs or Coalitions					
	Cancer	**Diabetes**	**Heart Disease**	**Tobacco**	**School-Based**	**Other***
Poor nutrition	✓					
Lack of physical activity	✓					
Tobacco use	✓					
Excessive alcohol use	✓					

Part 2: Use the information in Part 1 to answer the questions below.

1. Do any risk factors have checks in several columns?

    a. If so, what are the programs or coalitions concerned about each risk factor?

    b. Do these programs work together to address these risk factors?
       If yes, how are they working together and how is each program or coalition involved?

       If no, why not? Have they ever tried to work together? Can you contact these programs or coalitions to talk about collaborative activities?

2. What programs or coalitions do you want to contact and which risk factors do you want to collaborate on?

Programs or Coalitions　　　　　**Risk Factors**

* Identify these programs or coalitions in Part 2.

Step 2: Make Connections and Identify the Benefits of Collaboration

When you've identified potential partners, the next step is to contact them to talk about working together. Specifically, you should

- Contact representatives for each program or coalition to find out if they're interested in working with you.
- Plan and hold meetings with potential new partners.
- Share details about your program or coalition.
- Identify the benefits of working together.

To make contact with potential partners, you can call, send an e-mail, or stop by for a brief visit with a specific person in the program or coalition you've identified. Find out if they're willing to meet with you and others from your program or coalition. Identify potential benefits of working together on a project. For example, by coordinating your efforts, you could

- Reach similar groups of people or work with the same community partners.
- Identify common problems and gaps in services and find new ways to address them.
- Be more effective and efficient.
- Define roles and responsibilities more clearly to prevent duplication of effort.
- Solve similar problems together.
- Learn from each other.

If the person you contact is interested, set up an initial meeting to discuss the benefits of working together in more detail. To prepare for this meeting, use the **Compile Program Details Work Sheet** on page 8 to collect and organize information about your program or coalition. Send a copy of the work sheet to potential partners before you meet, and ask them to fill it out and bring it to the meeting. Sharing information with each other will help you identify common interests.

For the first meeting, focus on what information you need to identify potential ways to collaborate. You can get more details about each program or coalition later, especially if you decide to work together. Focus on a few simple goals, such as

- Getting to know each other.
- Identifying potential areas of collaboration and potential benefits.
- Sharing details about your program or coalition.

If you haven't done so already, talk about the process for getting support from senior leaders in your organization and your partner's organization. This step is critical. You must have support from all partners' leadership before you can continue.

The first meeting should be 1–2 hours long. Use the **Sample Meeting Agenda** on page 8 for ideas on how to structure your meeting.

Compile Program Details Work Sheet
Program or coalition name:
Mission or overall goal:
Staff (type and number):
Data sources your program uses:
Data your program collects:
Populations you try to reach:
Partners (e.g., community members, community groups, other health department programs, government agencies, schools):
Current activities:
Activities you want to do but cannot do now because of limited resources:

Sample Meeting Agenda

- Welcome and Introductions.
- Purpose of the meeting (To identify areas you could work on together.)
- Why work together? (Discuss and identify the benefits of working together.)
- What are some challenges to working together? (Discuss and identify major challenges.)
- Review each partner's completed **Compile Program Details Work Sheet**.
- Identify any overlaps in your programs—such as data sources, populations, or partners.
- Identify and discuss initial thoughts about ways to work together.
- Identify and discuss how to get support from each group's leadership.
- Determine if both sides are interested in meeting again to identify a priority activity to work on together and to develop an action plan.
- Set up a time for the next meeting (within 1 to 2 weeks).

Step 3: Identify Common Interests and Specific Activities

The next step is to identify common interests and specific activities that you and your partners could work on together. You may have discussed some ideas at your first meeting, and you can collect more specific information at later meetings. Work with potential new partners to fill out the **Identify Common Interests and Collaborative Activities Work Sheet** together.

Bring your CCC plan, CDC work plan, and coalition work plans when you meet, and ask your partner to bring similar documents. If your jurisdiction has a noncommunicable disease plan, bring it as well. You can also use information from your **Compile Program Details Work Sheet** (page 8).

Identify Common Interests and Collaborative Activities Work Sheet				
Chronic Disease Risk Factor	**Efforts by CCC Programs or Coalitions to Address This Risk Factor**	**Efforts by Chronic Disease Partner to Address This Risk Factor**	**Efforts by School-Based Partner to Address This Risk Factor**	**Potential Joint Activities**
Poor nutrition				
Lack of physical activity				
Tobacco use	*Example:* CCC program is working with medical providers and medical offices to encourage them to use the Public Health Service's Clinical Practice Guidelines, *Treating Tobacco Use and Dependence: 2008 Update.*	Tobacco program partner will develop and implement a public education campaign on the dangers of tobacco use.	School partner will enforce tobacco-free school regulations.	CCC program and partners will work together to educate decision makers on the science base for tobacco control activities.
Excessive alcohol use				

Start Small

When working with a new partner, start with small activities that are likely to be successful before you move to bigger projects. You will learn a lot about each other, including how to work together. These lessons learned will make future projects easier. To decide what to work on first, look at the list of common interests and activities you identified and ask the following questions about each activity:

- Is it a priority area for all partners involved?
- Is it likely that we can do this activity?
- Will this activity benefit the people that our programs are trying to reach?
- Do all partners have something to contribute to make this activity a success?

> **Sample Collaborative Project**
>
> Health educators in cancer, diabetes, and heart disease programs focus on poor nutrition as a priority risk factor. Each of these programs has printed materials that address the importance of good nutrition. Health educators from these programs agreed to work together to create common nutrition materials with consistent messages. These new materials included contact information for all three programs, and the programs agreed to share development and printing costs.

Build on What You Know

Before you get to the point of identifying new partners and collaborative activities to work on, make sure you've assessed your community to identify the most important problems. Your CCC activities must also be based on evidence-based or practice-based strategies—which means that either the scientific literature has shown them to be effective or someone has tried them and shown that they work. Your partners may have similar requirements to use evidence-based strategies.

The following resources may help you assess your community and identify evidence-based strategies to guide your efforts:

- **The Community Tool Box.** This global resource provides information on essential skills for building healthy communities, including how to do community assessments, at http://ctb.ku.edu/en/dothework/tools_tk_2.aspx.
- **Cancer Control P.L.A.N.E.T. (Plan, Link, Act, Network with Evidence-based Tools).** This resource includes information about Research-tested Intervention Programs at http://cancercontrolplanet.cancer.gov.
- *The Guide to Community Preventive Services*. This resource provides information about evidence-based programs and policies to improve health and prevent disease in your community at www.thecommunityguide.org.
- **Using What Works: Adapting Evidence-Based Programs to Fit Your Needs.** This training tool from the National Cancer Institute is available at http://cancercontrol.cancer.gov/use_what_works/start.htm.

Step 4: Create a Collaborative Action Plan

Use the information you collected in Step 3 to create an action plan to guide your efforts. You should identify at least one priority activity to do first. Work with your partners to fill out the **Develop a Collaborative Action Plan Work Sheet**, and then make sure all participants have a copy of the final plan. If you identify more than one priority activity, use a separate work sheet for each activity.

	Develop a Collaborative Action Plan Work Sheet				
Priority Activity: Develop nutrition education resources for the public that address cancer, diabetes, and heart disease with common messages.					
Tasks	**Program and Person(s) Responsible**	**Due Date**	**Resources You Have** (and Source)	**Resources You Need** (and Source)	**Other Partners to Work With**
Example: Set up a team of people from cancer, diabetes, and heart disease programs in your jurisdiction to review existing nutrition materials and identify common messages.	CCC Program Director will arrange a meeting between the three programs.	By May 30.	• Educational brochures on healthy eating from the cancer and diabetes programs. • National education resources from CDC.	New materials with common messages that all three programs can use.	Nutrition program.

When you have a Collaborative Action Plan, you may need to work with committees or work groups in your program or coalition to implement the activities you've identified. Make sure to bring these groups together in a way that ensures a good working relationship. For example,

- Introduce new partners to the members of your committees or work groups and make sure each partner's role is clearly defined.
- Give new partners the information they need to get involved—such as the dates and times of meetings, background materials on the proposed activity, and copies of work plans and other relevant documents.
- Check in with your new partners often to make sure things are going smoothly and to ask if they have questions or need help with any problems.

Step 5: Implement Your Collaborative Action Plan

To make sure your collaborative project is implemented successfully, stay in touch with everyone involved and continually assess how the process is going. For new projects, plan to talk with your partners in person or by phone at least once a week for the first few weeks. Unexpected problems and challenges can show up quickly at the beginning. By staying in touch with your partners on a regular basis, you can identify and address problems quickly and keep the project moving.

Another way to ensure your project's success is to stay in touch with senior leaders in your program or coalition. Give them a copy of your Collaborative Action Plan and update them regularly on your progress.

Finally, keep track of which parts of the process are working and which parts are not working. These "lessons learned" will help you with future projects and future partners. See Section 6 for more information about ways to track and report on your progress.

> ### Make Your Project a Success
>
> - Make sure to keep your other CCC work going while you work on special projects with partners.
> - Be realistic about your commitments and your partners' commitments. If you find that your planned activities or timeline are too ambitious, adjust your action plan.
> - As you implement your project, tell others what you're doing so you can get as much support as possible—especially from leaders at your health department or ministry of health.
> - Talk with your partners regularly about what is working and what is not.

How to Deal with Common Challenges

If a problem arises, avoid pointing the finger at one person. Instead, focus on solutions that will keep the project moving. For example, you should be understanding when a person occasionally has trouble completing his or her assigned tasks. But if the problem is ongoing, work with the person to find a way to solve the problem. You could reassign the tasks to someone else or divide them between multiple people. Discuss the problem honestly and directly. Focus on the importance of the tasks and how to get them done, not that they weren't done in the past.

Another common challenge is how to assess progress on collaborative activities. Make sure to put simple evaluation measures—to assess both your process and your desired outcomes—in your Collaborative Action Plan.

Involve as many project participants as appropriate in your efforts to solve problems and overcome challenges. You'll also need to talk with your partners about any changes that may affect their work.

Collaboration in Action: Examples of Success Working on Collaborative Projects

Guam

The Non-Communicable Disease (NCD) Consortium on Guam has proven the power of collaboration as a way to make the most of limited resources. With leadership from the Guam Department of Public Health and Social Services (DPHSS), several community organizations, government agencies, nonprofit organizations, private businesses, faith-based organizations, and concerned citizens have worked together to reduce NCDs on Guam.

In 2011, the consortium developed the *Guam Non-Communicable Disease Strategic Plan* with funding from the Secretariat of the Pacific Community (SPC). This plan was in response to the declaration of a state of emergency for NCDs in U.S. Affiliated Pacific Islands, including Guam, in May 2010 by the Pacific Island Health Officers Association (PIHOA). This declaration identified five health issues that are associated with the worst health problems on Guam and other Pacific Islands: smoking, nutrition, alcohol, physical activity, and obesity (SNAPO). In 2010, results from Guam's BRFSS survey found that about 60% of adults were overweight or obese. About 1 of 3 men and 1 of 4 women were obese. In addition, the country's 2007 Youth Risk Behavior Surveillance System survey estimated that 40.9% of middle and high school students were overweight.

The DPHSS provides support and technical assistance to the NCD Consortium through regular monthly meetings. DPHSS staff also work to communicate effectively with consortium members and help the group mobilize community support for its efforts. The consortium's success can be attributed to the willingness and dedication of members of the Guam community to work together. The NCD Consortium represents a diverse community that cuts across ethnic and racial lines, age, gender, socioeconomic status, and social roles in the community.

To help address the leading health problems on Guam, a SNAPO Action Team leads the consortium's growing membership and oversees specific NCD projects in the community. These projects include planting community gardens, promoting alcohol-free activities, promoting policies that restrict smoking, and encouraging physical activity among children and adults.

Partnerships and collaborative activities help make the consortium's efforts a success. By working together, partners can leverage resources, prevent duplication of effort, and improve the health of communities and residents.

Examples of successful projects and activities on Guam that are being supported by active community partnerships and leadership from the DPHSS include:

- Many programs in the Bureau of Community Health Services—including the Office of Minority Health and programs focused on diabetes, tobacco, cancer, NCDs, other chronic diseases, and the BRFSS—work together to share resources. Their efforts include giving information about cancer, diabetes, healthy lifestyles, and medical ethics to nurses and other health professionals that they can share with clients and use to earn continuing education credits. Other efforts include nationwide events to share information about health initiatives on Guam and teach community members how to cook nutritious meals and live a healthy lifestyle.

- The Diabetes Prevention and Control Program has worked to strengthen its partnerships and improve its ability to share resources with other governmental, nonprofit, and private organizations on Guam.

- The DPHSS provides a range of health information, resources, and announcements online through the LiveHealthy.Guam.gov Web site and the LiveHealthyGuam Facebook page.

- A seven-series cooking show called "Eat to Live" was developed in partnership with the Lifestyle Disease Prevention and Control Program, the BRFSS, and the Community Health Clinic. It aired on all major cable networks on Guam, reaching 110,000 subscribers during a 6-month period.

- Partners in the NCD Consortium worked with the Pacific Diabetes Education Program to develop educational materials (in English and other languages) on eye care, immunizations, and other health topics for people with diabetes. More than 3,000 posters and flyers have been distributed.

- A partnership with the National Diabetes Education Program led to development of the *Diabetes Resources Catalog: With Special Resources for Asian Americans, Native Hawaiians, and Pacific Islanders*. This catalog provides information about resources on diabetes and comorbidities that are available in multiple languages.

Partners in these efforts included the Diabetes Prevention and Control Program, Tobacco Prevention and Control Program, Comprehensive Cancer Control Program, and Breast and Cervical Cancer Early Detection Program in the Guam DPHSS, as well as the Guam Diabetes Association, American Cancer Society, Strides for a Cure, and Cancer Awareness Program (funded by CDC's Preventive Health and Health Services Block Grant).

Yap

Since 2008, programs in the Yap Department of Health Services have come together to offer annual, weeklong health screenings during National Women's Health Week in May and National Men's Health Week in June. Participating programs include chronic disease (including the Yap Cancer Program), dental, maternal and child health, family planning, substance abuse and mental health, sexually transmitted disease, and immunization. Although many programs were reluctant to take on a new initiative at first, their efforts have been successful. In 2012, for example, 400 more women were screened for cervical cancer during this weeklong event than during the whole rest of the year.

American Samoa

In 2009 and 2010, the American Samoa Community Cancer Coalition helped plan and implement a territory-wide wellness fair. Coalition members worked with partners in the Department of Education, other programs in the Department of Health (e.g., diabetes, immunization, breast and cervical cancer early detection), a community college, and the island's only hospital, the LBJ Tropical Medical Center. The event focused on young people in 2009, but was expanded to include all age groups in 2010.

Before 2009, programs held their own health fairs or community events to promote health. But these events had limited funding and lacked a comprehensive focus. To overcome these challenges, representatives from each program came together to form a partnership. A planning group was formed, and the new partners combined their resources to negotiate with vendors and share the cost of holding one large event.

Section 2.
Making the Best Use of Your Partners' Time

One of the most challenging aspects of working across chronic disease programs and coalitions is making sure you don't overwhelm or "burn out" partners and volunteers working in multiple areas. For example, your CCC coalition might be working with your jurisdiction's department of education and local schools to increase physical activity. The tobacco control coalition in your jurisdiction might be working with these same partners on initiatives to control and prevent tobacco use. If you and the tobacco control coalition worked together, you could make the best use of your common partner's time and prevent duplication of effort.

Some of your partners may be volunteers—for example, they may be residents who want to help improve their communities or people who are personally affected by cancer. Because volunteers are motivated for reasons other than getting paid, it's important to make the best use of their time. This section includes key concepts and tips on how to work together to keep partners, including volunteers, energized and involved. See Appendix B for more resources.

Look for Ways to Work Together

When you filled out the **Compile Program Details Work Sheet** (page 8) with new partners, did you find that you were already working with some of the same groups? Are some people and groups listed more than once? If so, look for ways to work together. Be strategic about when and how you and your chronic disease partners reach out to busy organizations and volunteers.

Understand Why People Get Involved

Research has shown that key factors motivate people to get involved in organizations. These factors have been called the "6 R's of participation."[2] Keep the 6 R's in mind as you and your partners look for ways to coordinate your efforts with the same people and organizations.

1. **Recognition.** People want to be recognized for their leadership and contributions to your efforts. You can recognize partners with awards or by highlighting their efforts at public events and through the media.
2. **Respect.** By joining community groups and coalitions, people can get respect from their peers that they might not get elsewhere. Respect your partners by holding meetings and events at times that are convenient for them.
3. **Role.** People want to feel needed, and they want to have a clear role. Create meaningful roles for your partners.
4. **Relationship.** Your coalition is a network of relationships. Some people join because of a personal relationship. Others want to connect with other people and organizations in your coalition. Give your partners opportunities to network and build relationships.

5. **Reward.** People will keep coming back when the rewards of participating in your coalition outweigh the costs. Find out what partners want.
6. **Results.** Coalitions that can keep partners involved will succeed. Make sure your efforts can achieve visible short-term success. Share information about your successes regularly with your partners.

Define Roles and Responsibilities

Busy organizations and volunteers want to be clear about their role and your expectations for their involvement. They want to be clear about what they need to do for you, when they need to do it, and how much time and resources you need from them. Without this information, partners may not give you the level of commitment and participation you want.

You can make sure your partners' roles and responsibilities are clear in several ways. For individuals or other health department programs, you can use informal methods that are easier and faster to put into place. For ongoing relationships with an organization, you should use more formal methods. These methods are usually slower and more complicated to implement, but they often result in a firm commitment and more accountability.

Informal methods include:

- Group discussions about who will do what.
- Written documents that include a brief description of the roles and responsibilities of each partner.
- Specific assignments in written action plans or in meeting notes.

Formal methods include:

- Formal meetings with each partner's organizational leadership to specifically define roles and responsibilities for joint projects. Decisions are then documented in writing and agreed to with a signature from each leader.
- A memorandum of understanding or agreement. See a template for this type of document in Appendix A.

Plan for Potential Problems

When you work with other groups, problems and challenges can occur. If you plan ahead, you'll be better prepared to deal with these issues quickly and effectively. Here are some tips on how to plan for and solve problems:

- Follow the 6 R's of participation to encourage and strengthen partnerships with other groups.
- Talk with staff in other programs and coalitions about the benefits of working together. Assure them that their specific program or interest is not going away and that it might be enhanced by collaborative efforts.

- Hold joint meetings with staff in other programs and coalitions. They can be held right before or after their regular staff meetings. Focus on what you can achieve together.

- Plan a social event so members of different groups can get to know each other. People who are involved in multiple coalitions can serve as hosts and introduce other members to each other. Use these events to recognize people for their commitments and provide opportunities for new relationships to form between groups.

- Talk with coalition leaders about combining their groups if there is significant overlap in activities and membership.

- Be flexible enough to allow your partners to miss some meetings. Set up a system to make sure all partners are notified about discussions and decisions made at meetings. Ask your partners if they would like to be involved in other ways than just going to meetings.

- Talk with the people directly affected by problems to see if they have solutions. For example, if you're worried that your partners are getting overwhelmed because they're working on similar issues with different groups, ask them if they feel burned out. Then ask them about possible solutions and follow through on their ideas. If you show people that you care about them and are aware of their hard work, they are more likely to continue be involved and committed to your projects.

You can also use the **How to Fix Partnership Problems: The Five Whys Work Sheet** to help you identify and solve problems that may occur when you work with partners. Managing and maintaining coalitions and partnerships is a skill that improves over time with experience and knowledge. See Appendix B for a list of more resources that may help you.

How to Fix Partnership Problems: The Five Whys Work Sheet

Instructions: When a project or partnership is not going as planned, ask the following questions to get to the root of the problem and identify solutions.

1. **Identify the problem and ask "why?" five times.**

   Problem:

   Why?

   Why?

   Why?

   Why?

   Why?

2. **Is this problem small enough to fix easily? Or is it a large problem that could derail your efforts completely?** Talk with your partner(s) about the specifics of the problem so everyone can agree about how serious it is and what to do to fix it.

Collaboration in Action: Examples of Success Making the Best Use of Your Partners' Time

Palau

On November 14, 2010, Palau celebrated World Diabetes Day with a variety of health-related services and activities. Residents received blood pressure checks, blood sugar tests, and assessments of their body mass index. Educational sessions were offered on many health topics, including physical activity and tobacco control. There were fun activities for adults and children, as well as motivational speeches from former senators, delegates, community leaders, and students.

Two community groups, Ulkerreuil A Klengar (Palau's noncommunicable disease coalition) and Omellemel Ma Ulkerreuil a Bedenged (Palau's cancer coalition), took the lead to plan and organize the event. They received help from several public health groups, including chronic disease programs, and several media and production companies in the country.

Support from so many different groups helped make the event a success. More than 200 people participated in person, and many more tuned in to live radio and TV broadcasts of the event. A majority of participants also joined an ongoing weight monitoring and healthy lifestyle initiative. Government and business leaders have continued to show support for efforts to prevent and control diabetes in Palau and asked for help with health assessments and education for their staff.

Pohnpei

During October 2009–September 2010, cancer and tobacco prevention and control programs in Pohnpei worked with a common partner on a tobacco cessation project. The Kosrae Kolonia Women's Christian Association (KKWCA) modified a traditional tobacco cessation program for its congregations. It received support and approval for this project from the Pohnpei Cancer Coalition.

At the start of the project, communication between the partners was limited. This problem was corrected with regular face-to-face meetings that allowed the KKWCA to update the Cancer Coalition and the Tobacco Control Program on its progress. The KKWCA reported that 22 young people completed the cessation program, and of this group, 11 stopped using tobacco. The KKWCA also shared its materials with the Cancer Coalition and Tobacco Control Program so they can use them in the future.

Section 3.
Leveraging Resources

Leveraging resources means to maximize, build, or expand on available resources to achieve a specific goal. You can use different types of resources to support your effort and help you implement the priorities in your Collaborative Action Plan. Examples include:

- **Direct financial resources** from sources such as government agencies (e.g., tobacco tax revenues set aside for tobacco control programs), grant programs, foundations, individual partners, or community groups.
- **In-kind or donated nonmonetary resources** such as expertise, staff, meeting space, materials, or food.

The resources you need will likely come from multiple sources, including your program or coalition, your current partners, and potential partners. This section will help you identify the resources you have and the resources you need. It will also give you tips on how to get the resources you need and how to manage them.

Identify Resources

In your Collaborative Action Plan, you identified a priority activity and tasks to help you complete this activity. You also made a list of the resources you have and the resources you need for each task. To move forward with your collaborative project, you need to look at this information in more detail. Use the **Identify Resources Work Sheet** to help you collect more information for this process.

Collaborative Action Plan Priority	Resources You Have — Include specific information about amount and source.		Resources You Need — Include specific information about amount and potential source.	
	Financial Resources	**In-Kind Resources**	**Financial Resources**	**In-Kind Resources**
Example: Reduce people's exposure to secondhand smoke.	$1,000 for public education materials from CCC Program.	Heart Disease Coalition willing to organize and promote a media event.	More money to support evidence-based public education.	Policy expertise and analysis from the Tobacco Control Coalition.

Identify Resources Work Sheet

Get the Resources You Need

When you have detailed information about your resources and your needs, you can share this information with potential partners who might be able to help you meet these needs. Getting resources takes time, so make sure you've accounted for this time in your Collaborative Action Plan. You should also make sure your partners understand how much time will be needed to get the resources you need.

Remember that you can't get a resource if you don't ask for it. You will have to develop and deliver effective messages to get the resources you need. Use the **Share Information About Your Resource Needs Work Sheet** and **Tips on How to Ask for Resources** on page 22 to help you work through this process.

Share Information About Your Resource Needs Work Sheet				
Potential Sources	**Major Interests or Concerns**	**Message You Want to Send**	**Talking Points**	**Setting**
Example: Local health foundation.	• How will new policies on clean indoor air affect people's health? • Will the resources that a local health foundation gave to pay for advertising be matched by local TV and radio stations? If so, how?	• Public education to promote the benefits of clean indoor air is vital to reduce secondhand smoke exposure. • We have pooled our existing resources to create public education materials. More resources will help us increase public awareness.	• Clean indoor air policies could reduce smoking by as much as _%. They could also reduce secondhand smoke exposure by _%. • New policies on clean indoor air will reduce the number of local residents who have cancer, heart disease, or strokes. • These policies could help save _ lives on our island.	Individual meetings with the local health foundation's board members.

🗝️ Tips on How to Ask for Resources

Identify Partners Who Can Help

Review the resource needs you identified in your Collaborative Action Plan. Can your program or coalition, your partners, or other groups in your community provide any of these resources? Can you identify organizations in your community that would be interested in supporting your priority activity?

Identify Major Interests or Concerns

Think about people and organizations in your community. Who would be interested in helping you

- Reduce suffering from cancer and other chronic diseases?
- Reduce risk factors for youth?
- Reduce health care costs?
- Address health disparities?
- Increase access to quality care?
- Create consistent messages from multiple chronic disease programs?

Create Your Messages

Work with your partners to create messages or talking points about a specific public health problem and how your priority activity will address this problem. Sample messages include

- A sense of urgency about why the problem should be addressed now.
- How additional resources could help prevent and control chronic diseases in your community.
- How you and your partners are working together to address chronic disease risk factors so you can help more people and make the most of limited resources.
- Past successes that we can build on.
- Gaps where more resources would make your efforts more effective.

Meet with Potential Partners

- Invite representatives of current partners when you meet with potential partners. Your collaboration with others is an important strength.
- Contact potential partners in advance to let them know what you want to talk about and to set an agenda for your meeting. A phone call is usually better than an e-mail.
- Always leave time for questions.
- Focus on the benefits of working together.

Collect Information Before Your Meeting

- Identify the level of detail you need. You can look at past requests and project budgets for guidance. For example, you might need specific dollar amounts, information about categories of funding, and explanations of in-kind resources.
- No matter how much detail you decide to share with others, always have information to justify your budget costs so you can answer questions.
- Use different levels of detail in different settings. The best approach is to give less detail at first and then add more information if you're asked. Too much information at first can be overwhelming.

Types of Information to Use

- A presentation with slides and handouts.
- Fact sheets that include data about the public health problem you need support for.
- A summary of your CCC plan and other chronic disease plans that support your priority activity.
- An executive summary that briefly explains your main messages.

Manage Your Resources

Your project is more likely to be successful if you manage your resources effectively. Talk with your chronic disease partners regularly to make sure you both understand how shared resources are being used. Track your resources so you know what you have, what you've used, what tasks have been completed, and what resources still need to be used. Use the **Track Your Resources Work Sheet** to help you complete this task.

Remember that your partners may be competing for the same resources. For example, tobacco tax revenues could be used for both tobacco control programs and cancer control programs. By building relationships with other chronic disease programs, you can find ways to share limited resources and not duplicate each other's efforts.

Track Your Resources Work Sheet						
Collaborative Action Plan Priority	**Financial Resources for This Priority**		**In-Kind Resources for This Priority**		**Resources Received**	**Resources Remaining**
	Amount	**Source**	**Type**	**Source**		
Example: Reduce secondhand smoke exposure.	• $1,000 for public education materials. • $1,000 for paid ads.	• CCC Program. • Local health foundation.	• Media event. • Policy expertise and analysis.	• Island Cancer Survivor Group. • Tobacco Control Coalition.	$2,000	Policy expertise and analysis.

You can use forms or spreadsheets to track your resources. We've provided two examples of these types of forms—one from the South Puget Intertribal Planning Association CCC Program and one from the Montana Cancer Control Coalition.

Cost Share Estimate: Donated Services/Resources for SPIPA CCCP Implementation
July 1, 2009-June 30, 2010

Meeting Rooms

Date	Amount for Room
Total	

Advisory Member Time - Meeting Attendance

Date	# of hours	# of attendees	total hours donated	average cost/ hour	total donated time
Totals					

Miscellaneous Donations

Date	Item	Cost
	Professional Evaluator	
	Donated Services of tribes	
	Office Visits ($41.37/visit)	
	FOBT (4.50/test)	
	PSA (35.00/test)	
	Donated Svcs of CCCP Partners (training)	
	Dr. X	
	CIS	
Total		$0

Youth Conference

	# Volunteers	hours donated	$/hour	total
Session Coordinators				
Core planners				
Observers				
Total				$0

Other Souces of Funding

Total		$0

Total Donated Services/Resources : $0

Quarterly In-Kind Tracking and Successes

MONTANA CANCER CONTROL COALITION
Working together...

This form tracks non-federal in-kind contributions of time and travel costs incurred; and also goods & services donated by the Montana Cancer Control Coalition members. This is a self-disclosure form on the honor system. Please complete this form if you are **not** requesting reimbursement from the Montana Comprehensive Cancer Control Program or any other organization.

Please document in-kind donations of time and travel costs that individuals or organizations incurred while working on MTCCC business outside of scheduled group meetings (i.e. prep for meetings, specific projects between meetings, etc.) or time and travel costs incurred while attending MTCCC meetings such as Statewide, Steering and Leadership.

Do not count the group conference calls you participated in (i.e. Prevention Team, Data Workgroup). Individual time for these calls is reported by the group managers who take attendance at those meetings.

Name:_____

Time and Travel

MTCCC Meeting or Activity	Date	List name of Organization or "Self" (choose one only for each individual activity or meeting)*	MTCCC Working Time (in Hrs.)	Travel Time (in Hrs.)	Round Trip Miles Traveled	Total Lodging Cost

* If you list your organization, your organization is donating time on your behalf. If you list "Self", you are donating your own time.

Please complete the table below for in-kind goods or services that you or your organization donated to the MTCCC to assist with implementation (i.e. educational materials, meeting supplies, media, conference call costs, copies, etc.).

Goods or Services

Contributor (Organization or "Self")*	Date	Implementation Activity	Good or Service	Total Cost

Signature:_____   Date:_____

In addition, please list the successes you and/or your organization has had this quarter related to the Montana Comprehensive Cancer Control Plan objectives:

_____

_____

_____

_____

Please return completed form to:
Charlotte Lauerman at clauerman@mt.gov, or
Fax: (406) 444-7465, or
PO Box 202951, Helena, MT 59620-2951

[Print Form]

Collaboration in Action: Examples of Success Leveraging Resources

Yap

Health officials and community leaders on the island of Yap, which is one of the four states of the Federated States of Micronesia (FSM), have worked together to share resources to improve the health of island residents. For example, in 2009, the Yap Cancer Program worked with several partners to teach 13 community health assistants and certified birthing attendants from neighboring island communities (outside the main island of Yap Proper) about breast and cervical cancer.

This training included teaching the women how to do breast self-exams and cervical cancer screening with visual inspection with acetic acid (VIA). These types of screening tools are appropriate for areas with limited resources like the FSM. These efforts were supported by combined resources from the Pacific Center of Excellence in the Elimination of Disparities (CEED), Yap Department of Health Services, Yap Immunization Program, Family Planning Program, Sexually Transmitted Infections Program, Yap State Division of Media, Council of Tamol, and community health centers.

Women who participated in training on breast and cervical cancer screening received shirts, bags, and certificates at the closing ceremony.

After their training, the women were able to conduct public education campaigns on breast and cervical cancer on their own islands. They also helped recruit women and girls for a human papillomavirus (HPV) vaccination program. The Division of Media contributed ads on local radio for 6 months to help promote breast and cervical cancer screening and the HPV vaccination program. The traditional leaders on the Council of Tamol, senators from neighboring islands, and the Yap Vicariate Office supported the training program and encouraged trainees to share their new skills in their own communities.

This innovative program was possible because of the shared resources of a variety of partners working together.

Section 4.
Supporting Policy Changes

Policy-related activities can be identified in multiple ways. For example, when you created your Collaborative Action Plan, you may have identified a priority activity and specific tasks that involved the need to change policies locally or across your PIJ. Or you may have discovered the need to change policies as you worked with other chronic disease programs and coalitions to implement your priority activities. Finally, your partners may have asked you to support their efforts to change policies in their communities.

Before you work in this area, you must understand the rules and restrictions that apply to how federally funded organizations can support or promote policy changes. This section provides information about these rules through the **Policy and Anti-Lobbying Restrictions Fact Sheet** on page 28. This section also provides guidance on how you and your partners can work together to support and promote policy changes in appropriate ways.

Policies can help communities make sustainable changes to systems and environments that can improve people's health—including reducing their risk of cancer. For example, evidence-based policy, system and environmental approaches can reduce exposure to secondhand smoke; improve nutrition and physical activity in schools, work sites, and communities; and address vaccine-preventable cancers. To make these types of changes, you will need to build long-term relationships with decision makers and community leaders. You should also remember that policy changes are not always made by lawmakers. They can also happen when communities, organizations, or businesses adopt common practices or agree to make certain changes on their own.

Policy and Anti-Lobbying Restrictions Fact Sheet

Rules

Lobbying and grassroots lobbying for or against proposed or pending legislation with federal funds are strictly prohibited. Federal funds can be used for education and awareness activities. Specifically, federal funds may be used to

- Publish and disseminate research and public health surveillance data.
- Respond to requests from legislators for analysis of public health implications of potential or pending legislation.
- Provide information about a specific public health issue.
- At the invitation or request of a legislator, represent the health agency before a legislative committee.
- Raise awareness about public health interventions through education, coalition building, and partnerships.

For more information, consult CDC's *Anti-Lobbying Restrictions for CDC Grantees, July 2012* at www.cdc.gov/od/pgo/funding/grants/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf.

Definitions

Advocacy: an organized approach to promoting an issue or a cause and motivating others to take action.

Advocates: individuals and organizations that support or promote the cause of another. Cancer advocates can be cancer survivors, support groups, cancer coalitions, community leaders, scientists, medical professionals—essentially anyone willing to advocate for positive change.

Policy: any purposeful action by an organization or institution to address an identified problem or issue through executive, legislative, or administrative means. Policies can be voluntary or legally binding.

Education: giving factual and scientific information with no value judgments or requests for legislative action.

Lobbying: any activity designed to influence action in regard to a particular piece of proposed or pending legislation.

Grassroots Lobbying: efforts directed at inducing or encouraging members of the public to contact their elected representatives at federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Types of Advocacy

Direct: influencing *specific people* who make decisions that create change; common methods of direct advocacy include letter writing, phone calls, and meetings.

Indirect: building support among the *general public* to put pressure on decision makers to make changes; common methods of indirect advocacy include use of mass media and coalitions or networks.

How to Work with Partners to Change Policies

Step 1: Identify Common Interests

You may need help from other chronic disease programs and coalitions to implement the policy-related tasks identified in your Collaborative Action Plan. Your partners may also need help from you to make policy changes in their communities. By working together, you can support each other's efforts and make sustainable changes to systems and environments. Use the **Identify Common Policy Interests Work Sheet** to help you find ways to work together.

Identify Common Policy Interests Work Sheet		
Policy Tasks in Your Collaborative Action Plan	**Specific Action Needed**	**Potential Partners**
Example: Enforce new smoke-free law.	Educate law enforcement agencies on the new law.	Tobacco Control Program.
Policy Interests of Partners	**Specific Action Needed**	**How to Help Each Other**
Example: Establish vending machine policies in schools that reduce consumption of unhealthy foods.	Educate decision makers and community leaders on effective ways to increase consumption of healthy foods in schools.	CCC coalition's policy work group can educate the public and decision makers and testify before governmental committees at the invitation of a legislator.

Step 2: Decide Which Tasks to Focus on

Look at the information you collected with your partners and set priorities. Recognize that you can't do everything, and focus your efforts. Ask the following questions for each policy you identified to help you decide what to do first:

- Should this policy be addressed first, before others? If so, why?
- Can we make significant progress on this policy over the next year?
- Is now the right time to address this policy?
- Do we have people and resources to work on this policy?

Use your answers to identify specific policy-related tasks to work on with your partners. Add these new tasks to your Collaborative Action Plan.

Step 3: Identify Each Partner's Role

You and your partners have different strengths and abilities to offer. Make sure to clearly define each partner's role so you will know who is doing what. For example, your jurisdiction's ministry of health or health department can provide research on the number of residents who are getting and dying of cancer and how much this disease costs individuals, families, society as a whole, and the health care system. It can also provide information on how interventions that have been proven to work can save lives and money.

Academic institutions can disseminate information and educational materials. Partners who are not receiving federal funds can advocate to policy makers. However, before any of your partners take on an advocacy role, they must make sure they are following the laws that govern their actions. Other partners may include survivor groups, health associations, associations of medical professionals working in cancer control, or coalitions that are working to promote health, improve the environment, or prevent chronic diseases.

You will also need to choose an effective spokesperson. Convincing your audience can depend on the messenger as much as the message. You will want a good communicator—someone who is eloquent and convincing, but also credible with the people you're trying to reach. Think about the members of your program or coalition and those working with your partners. Who can best influence your audience? Which individuals or groups does your audience respect or trust? Make sure you also know who your audience dislikes or distrusts, so you don't choose one of these people to speak for you.

After you choose a spokesperson, involve this person in your planning efforts as soon as possible. Give them a copy of your Collaborative Action Plan and make sure they understand your timeline and their role.

Step 4: Update Your Collaborative Action Plan

The steps in this section may have helped you identify new policy-related tasks to work on with other chronic disease programs and coalitions. If so, you will need to add these new activities and tasks to your Collaborative Action Plan. You may also want to review the implementation step in Section 1 of this guide to help you stay focused on your goals.

Collaboration in Action: Examples of Success Supporting Policy Changes

Guam

In Guam, rates of smoking among adults, tobacco-related cancer, and cancer deaths are high.[3] Results of Guam's 2011 BRFSS survey found that 1 of 4 adults smoke cigarettes, compared with 1 of 5 adults across the entire United States. Although the island's smoking rate has decreased slightly in recent years, one person dies each day of a tobacco-related illness such as heart disease, stroke, or cancer.

Since 1999, changes to tobacco control policies have reduced cigarette use by both youth and adults. The most recent change was the enactment of Public Law 30-80 in 2009, which increased tobacco taxes on Guam by 200%. This change was prompted by efforts of the Guam Comprehensive Cancer Control Coalition, which worked with several partners to educate legislators and the general public about the long-term benefits of changing tobacco tax policies. The coalition provided data and key messages that supported the idea of raising tobacco taxes to create a sustainable source of funding for cancer prevention and control programs.

Coalitions on Guam have also worked together to help pass recent laws that provide financial support to cancer patients and prohibit smoking in restaurants and bars, government work sites, within 20 feet of entrances and exits to public places where smoking is prohibited, and in vehicles where children are present.

The Guam Department of Public Health and Social Services (DPHSS) has also worked with coalitions and partners to implement projects funded by the Communities Putting Prevention to Work initiative of the American Recovery and Reinvestment Act (ARRA). For example, the DPHSS implemented a Healthy Vending Machine Policy for government work sites to increase employees' access to healthier snack options. These efforts led to enactment of Public Law 31-141, which mandates healthy vending machine options in all government buildings on Guam.

The ARRA Team also developed a policy to promote a Worksite Wellness Program for all government agencies on Guam. This project began with an assessment survey to identify the health needs of government employees and their preferences for wellness activities. Government agencies now allow staff to take off up to 1 hour a day, three times a week, to engage in physical activities or wellness classes. This policy helps employees get the minimum 150 minutes of physical activity a week recommended by the *2008 Physical Activity Guidelines for Americans*.

The policy also calls for employees to get regular health screenings to monitor leading health indicators. A steering committee was formed to develop rules and regulations for the program, which will also promote the use of government insurance benefits that allow staff to join a gym or participate in wellness classes.

Yap

In Yap, several health groups worked together to educate stakeholders about policies that could reduce secondhand smoke in government buildings, vehicles, vessels, private businesses used for public purposes, and public places such as sporting arenas. These partners included the Yap Cancer Program, the Substance Abuse and Mental Health Program and the Tobacco Program in the Yap Division of Public Health, the Yap Tobacco and Diabetes Free Coalition, the Yap Division of Public Safety, local doctors, and community health centers.

The partners worked together to implement a public education campaign about the negative effects of tobacco use and secondhand smoke. They also held meetings with decision makers to educate them about the costs of tobacco use, including the financial, social, and emotional costs of cancer and other tobacco-related diseases.

Section 5.
Sharing and Using Data

To address risk factors for cancer effectively, you will need accurate information, including data, to define the problem. *Data* are facts or numbers collected through experiments or surveys that can be used to make calculations or draw conclusions. *Information* refers to the collected facts and data about a specific subject. For this guide, we will use the term "data" to mean both data and information.

Chronic disease programs collect and use a variety of data from different sources to help guide their work. Examples include

- Cancer registry data (e.g., disease and death rates from the Pacific Regional Central Cancer Registry).
- Risk factor data (e.g., survey results from the Behavioral Risk Factor Surveillance System and the Youth Risk Behavior Surveillance System and data collected by the Pacific Regional Central Cancer Registry).
- Demographic data (e.g., from the U.S. Census).
- Vital records (e.g., birth and death certificates).
- Program data (e.g., the number of women screened through breast and cervical cancer programs).
- Data collected through community assessments.
- National health plan or insurance provider data.
- Hospital or clinic data on the number of people using certain health services.

Different PIJs collect data in different ways, and not all have the funding they need to collect and maintain data on cancer and its risk factors. In addition, PIJ data are often underrepresented in U.S.-based, national data sources because few Pacific Islanders are surveyed or because data for Pacific Islanders are combined with data for Asians. Despite these limitations, the sources listed above can provide a lot of useful data to help you and your chronic disease partners identify collaborative projects to work on. Focus on working across programs and making the most of the data you have instead of trying to collect new data.

Identify Data

Use the **Identify Data Work Sheet** on page 34 to identify the data you have and the data you need and to organize your thoughts about how to use these data to support your priority activity. You can do the work sheet alone or with your partners. If you want your partners to help with specific tasks, talk with them first to make sure they are willing. You can also use this work sheet to explore data-sharing agreements on other projects, not just to implement your Collaborative Action Plan.

			Identify Data Work Sheet			

Part 1: Use your Collaborative Action Plan to complete this work sheet.

Data You Have:

Data You Need:

Part 2: Use the information in Part 1 to answer the questions below.

Data You Have						
Data Description	**Do you have access to these data? If no, who can help you?**	**Are these data for the correct time period? If no, who can give you updated data?**	**How reliable are the data?**	**Who can help you analyze the data?**	**What is the primary way you plan to use the data?**	**What action steps do you need to take related to the data?**	**Who is responsible for these action steps?**
Example: Regional cancer registry data on lung cancer deaths.	Yes.	No. Data are out of date. Talk with registry director about getting updated data.	Very reliable.	Registry staff and epidemiologist from health department.	To create educational and media campaign materials to promote the effectiveness of clean indoor air policies.	• Contact registry. • Set timeline for sharing data with partners.	CCC Program Coordinator.

Data You Need					
	Do these data exist?				
Data Description	**If yes, who can help you get the data?**	**If no, what type of data collection tool could be used to get these data?**	**What is the primary way you plan to use the data?**	**What action steps do you need to take related to the data?**	**Who is responsible for these action steps?**
Example: Survey data on women's knowledge, attitudes, and beliefs related to tobacco use.	Yes. Tobacco Control Program Director.		To guide tobacco education initiatives and media campaign.	Identify where the survey results are and who can give you access to them.	Tobacco Control Program Director.

Data can help you implement your Collaborative Action Plan in several ways. For example, it can help you tell a story about your efforts as a way to

- Provide feedback to your partners.
- Celebrate your success.
- Motivate others to get involved and support your efforts.
- Show policy makers and those who fund your work what you're doing.
- Justify your funding requests.

You can also use data to tell a story about what you need—more resources and more support from other individuals and organizations to help you improve the health of your community.

Share Data with Partners

By sharing data across programs, you and your chronic disease partners can be more effective in your collaborative efforts. To make sure all partners are clear on the process, you may want to have a formal data-sharing or usage agreement. This agreement is similar to a memorandum of understanding. It should state which data each partner will provide, set specific parameters for how the data will be used and shared, and describe how confidential information will be kept safe. See Appendix A for two sample data-sharing and usage agreements.

Update Your Collaborative Action Plan

Add any new tasks, responsibilities, or resource needs from the **Identify Data Work Sheet** (page 34) to your Collaborative Action Plan. You may also want to review the implementation step in Section 1 of this guide to help you stay focused on your goals.

Collaboration in Action: Examples of Success Sharing and Using Data

American Samoa

In February 2010, the American Samoa Community Cancer Coalition (ASCCC) began evaluating its CCC plan to access how well the implementation process was going. Coalition members intended to use this information to revise the plan and set goals for the next 5 years. Unfortunately, they discovered that the data they needed was scattered across different health organizations, federally funded programs, and academic institutions.

To solve this problem, the CCC program developed a series of fact sheets with data on cancer incidence and death in American Samoa, as well as residents' behaviors, knowledge, attitudes, and perceptions related to cancer and its risk factors. This resource was invaluable to the ASCCC and its partners because they do not have the ability or funds to compile the information themselves. The fact sheets are being shared with other chronic disease programs, and the CCC program plans to regularly update it with new data.

Pacific Regional Central Cancer Registry

The Pacific Regional Central Cancer Registry (PRCCR) began in 2007 with funding from CDC, and all U.S.-affiliated PIJs submit data to the PRCCR. In addition to data on cancer cases and deaths, PIJs also submit information on several comorbid conditions and their risk factors. Examples include coronary artery disease, diabetes, high blood pressure, obesity, tobacco and betel nut use, alcohol use, cirrhosis, kidney disease, vaccination status for hepatitis B and HPV, and screening status for colorectal, cervical, breast, and prostate cancers.

Because these data are collected in one central registry, they can be easily shared across chronic disease programs. The result is more comprehensive information about chronic diseases and risk factors in PIJ populations, which can help ensure that patients with cancer and other chronic diseases get the care they need. Public health officials can also use the data to plan and evaluate new programs and to track disease trends.

For more information about the registry, go to www.pacificcancer.org/programs/pacific-regional-central-cancer-registry.html.

Section 6.
Evaluating Your Efforts

Program evaluation is "the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development."[5] Chronic disease programs and coalitions should evaluate their efforts for many reasons, including:

- All programs and coalitions are interested in evaluating their projects, and many are required to perform this task.
- Evaluation results can tell you if your project is being implemented the way you intended and if you're getting the results you wanted.
- Evaluation results can be used to motivate action. For example, evidence of success may keep your current partners involved and bring support from new partners.

This section provides information on how to assess how well you are implementing your Collaborative Action Plan, how to make the most of limited resources, and how to report your evaluation results. It does not tell you how to conduct evaluations. For guidance on how to evaluate your CCC program, plan, or partnership, see CDC's *Comprehensive Cancer Control Branch Evaluation Toolkit* (www.cdc.gov/cancer/ncccp/prog_eval_toolkit.htm). See Appendix B for more evaluation resources.

Track Your Progress

Use the **Track Your Progress Work Sheet** on page 38 to collect information about how well you are implementing your Collaborative Action Plan. You can use this information to check in regularly with your chronic disease partners and to address any challenges with completing specific tasks.

🧰	**Track Your Progress Work Sheet**

Priority Activity: Develop nutrition education resources for the public that address cancer, diabetes, and heart disease with common messages.

Information from Your Collaborative Action Plan			Status of Task	Problems or Challenges
Tasks	**Program and Person(s) Responsible**	**Due Date**		
Example: Set up a team of people from cancer, diabetes, and heart disease programs in your jurisdiction to review existing nutrition materials and identify common messages.	CCC Program Director will arrange a meeting between the three programs.	By May 30.	Completed.	Health educator from diabetes program was not able to attend the first meeting. Notes from the meeting were sent to all partners. The date for the next meeting will be chosen to make sure all partners can attend.

Share Resources and Staff

Your program may not have a dedicated evaluator on staff, but your health department or some of your partners should have people with these skills. You and your chronic disease partners can work together to make the most of limited resources and staff to evaluate your efforts. Although you may not need someone with specific evaluation expertise to track your progress, these types of skills will be needed if you or your partners have to conduct more formal evaluations.

Report on Progress

Remember that the priority activities in your Collaborative Action Plan are just part of the work that you and your partners are doing. They are part of larger priorities being implemented by your program or coalition and by other chronic disease programs and coalitions. You can use the information you collect to report on your progress to those working on your collaborative project, as well as to the larger set of stakeholders interested in your work.

To share your progress with other stakeholders, you can

- Make time at regular meetings of your program or coalition for partners to share information about collaborative projects. This will give your partners visibility and recognition for their efforts.
- Include project updates or status reports in your program or coalition newsletter or electronic communication.
- Include your partners when you meet with agency leaders such as the director of your health department or your jurisdiction's minister of health. This is a chance to showcase your collaborative efforts and share credit with your partners.

You can also use the information you collect to write progress reports or success stories. A success story can show the value of your efforts and their effect on real people. Meaningful progress reports and success stories take time to write, but they are essential to your ability to continue to build new partnerships and find new resources.

CDC's Division of Oral Health developed a guide on how to write success stories called *Impact and Value: Telling your Program's Story*. This guide is available on CDC's Web site at www.cdc.gov/Oralhealth/publications/library/pdf/success_story_workbook.pdf.

Collaboration in Action: Examples of Success Evaluating Your Efforts

The following stories show how evaluation tasks can be integrated across chronic disease programs. Although they are state examples, their activities are applicable to PIJs. These stories were provided by the National Association of Chronic Disease Directors. For more information about working across programs, visit www.nacddarchive.org/nacdd-initiatives/program-integration/PICC-Library/program-integration-and-collaboration-library.

Arkansas

Several programs in the Arkansas Department of Health pooled their funds to evaluate their individual and collaborative efforts to improve the health of state residents. Resources were contributed by all programs in the department's Chronic Disease Branch, as well as by the Tobacco Prevention and Control Program and the Lifestage Health Branch. The new evaluation process has had a positive effect on the department's ability to integrate its activities across programs. In the Chronic Disease Branch, all programs are using the same evaluation tool, which improves their ability to share resources and identify opportunities for further collaboration and integration.

South Carolina

By pooling funds from federal and private grants, the South Carolina Department of Health and Environmental Control (DHEC) was able to contract with the University of South Carolina's Arnold School of Public Health (USC-SPH) to address its efforts in epidemiology and evaluation in a more integrated way. Funding sources included the DHEC's Division of Diabetes Prevention and Control and its Heart Disease and Stroke Prevention Division, the Robert Wood Johnson Foundation, and Duke University.

The USC-SPH provides staff (e.g., postdoctoral fellows, post graduates) and helps ensure that activities are directly linked to programs within the DHEC's Bureau of Community Health and Chronic Disease Prevention and Office of Minority Health.

References

1. Centers for Disease Control and Prevention. National Comprehensive Cancer Control Web site. www.cdc.gov/cancer/ncccp. Accessed January 16, 2013.
2. Kaye G, Wolff T. *From the Ground Up: A Workbook on Coalition Building and Community Development*. Amherst, MA: AHEC/Community Partners; 1997.
3. Steger C, Daniel K, Gurian GL, Petherick JT, Stockmyer C, David AM, Miller SE. Public policy action and CCC implementation: benefits and hurdles. *Cancer Causes and Control* 2010;21(12):2041–2048.
4. The World Bank. *Curbing the Epidemic: Governments and the Economics of Tobacco Control*. Washington, DC: The World Bank; 1999.
5. Patton, MQ. *Utilization-Focused Evaluation: The New Century Text*. 3rd ed. Thousand Oaks, CA: Sage Publications; 1997.

Appendix A.
Work Sheets and Other Tools

Appendix A provides blank copies of the tools used in this guide, as well as some additional tools and sample documents from grantees. These tools can be used in their current form or adapted to fit your needs. Electronic versions of these tools are available in other adaptable formats, along with the electronic version of this publication, on CDC's National Comprehensive Cancer Control Program Web site at www.cdc.gov/cancer/ncccp. Sample documents from grantees are included to show you what other grantees are doing and to give you ideas. These documents are not edited to CDC style.

- Identify Chronic Disease Partners Work Sheet
- Compile Program Details Work Sheet
- Sample Meeting Agenda
- Identify Common Interests and Collaborative Activities Work Sheet
- Develop a Collaborative Action Plan Work Sheet
- How to Fix Partnership Problems: The Five Whys Work Sheet
- Sample Memorandum of Understanding Template
- Identify Resources Work Sheet
- Share Information About Your Resource Needs Work Sheet
- Tips on How to Ask for Resources
- Track Your Resources Work Sheet
- Policy and Anti-Lobbying Restrictions Fact Sheet
- Identify Common Policy Interests Work Sheet
- Identify Data Work Sheet
- Sample Data-Sharing and Usage Agreement
- Sample Interagency Data-Sharing Agreement
- Track Your Progress Work Sheet

Identify Chronic Disease Partners Work Sheet

Part 1: Put a check for chronic disease programs or coalitions that are working to address specific risk factors.

Risk Factors	Chronic Disease Programs or Coalitions					
	Cancer	Diabetes	Heart Disease	Tobacco	School-Based	Other*
Poor nutrition						
Lack of physical activity						
Tobacco use						
Excessive alcohol use						

Part 2: Use the information in Part 1 to answer the following questions.

1. Do any risk factors have checks in several columns?

   a. If so, what are the programs or coalitions concerned about each risk factor?

   b. Do these programs work together to address these risk factors?
   If yes, how are they working together and how is each program or coalition involved?

   If no, why not? Have they ever tried to work together? Can you contact these programs or coalitions to talk about collaborative activities?

2. What programs or coalitions do you want to contact and which risk factors do you want to collaborate on?

   Programs or Coalitions   **Risk Factors**

* Identify these programs or coalitions in Part 2.

Compile Program Details Work Sheet

Program or coalition name:
Mission or overall goal:
Staff (type and number):
Data sources your program uses:
Data your program collects:
Populations you try to reach:
Partners (e.g., community members, community groups, other health department programs, government agencies, schools):
Current activities:
Activities you want to do but cannot do now because of limited resources:

Sample Meeting Agenda

- Welcome and Introductions.

- Purpose of the meeting (To identify areas you could work on together.)

- Why work together? (Discuss and identify the benefits of working together.)

- What are some challenges to working together? (Discuss and identify major challenges.)

- Review each partner's completed **Compile Program Details Work Sheet**.

- Identify any overlaps in your programs—such as data sources, populations, or partners.

- Identify and discuss initial thoughts about ways to work together.

- Identify and discuss how to get support from each group's leadership.

- Determine if both sides are interested in meeting again to identify a priority activity to work on together and to develop an action plan.

- Set up a time for the next meeting (within 1 to 2 weeks).

Identify Common Interests and Collaborative Activities Work Sheet				
Chronic Disease Risk Factor	**Efforts by CCC Programs or Coalitions to Address This Risk Factor**	**Efforts by Chronic Disease Partner to Address This Risk Factor**	**Efforts by School-Based Partner to Address This Risk Factor**	**Potential Joint Activities**
Poor nutrition				
Lack of physical activity				
Tobacco use				
Excessive alcohol use				

Develop a Collaborative Action Plan Work Sheet					
Priority Activity:					
Tasks	**Program and Person(s) Responsible**	**Due Date**	**Resources You Have** (and Source)	**Resources You Need** (and Source)	**Other Partners to Work With**

How to Fix Partnership Problems: The Five Whys Work Sheet

Instructions: When a project or partnership is not going as planned, ask the following questions to get to the root of the problem and identify solutions.

1. **Identify the problem and ask "why?" five times.**

   Problem:

   Why?

   Why?

   Why?

   Why?

   Why?

2. **Is this problem small enough to fix easily? Or is it a large problem that could derail your efforts completely?** Talk with your partner(s) about the specifics of the problem so everyone can agree about how serious it is and what to do to fix it.

Memorandum of Understanding

Between

(Partner)

and

(Partner)

This Memorandum of Understanding (MOU) sets for the terms and understanding between the (partner) and the (partner) to (insert activity).

Background
(Why partnership important)

Purpose
This MOU will (purpose/goals of partnership)

The above goals will be accomplished by undertaking the following activities:
(List and describe the activities that are planned for the partnership and who will do what)

Reporting
(Record who will evaluate effectiveness and adherence to the agreement and when evaluation will happen)

Funding
(Specify that this MOU is not a commitment of funds)

Duration
This MOU is at-will and may be modified by mutual consent of authorized officials from (list partners). This MOU shall become effective upon signature by the authorized officials from the (list partners) and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the absence of mutual agreement by the authorized officials from (list partners) this MOU shall end on (end date of partnership).
Contact Information

Partner name
Partner representative
Position
Address
Telephone
Fax
E-mail

Partner name
Partner representative
Position
Address
Telephone
Fax
E-mail

_____Date:
(Partner signature)
(Partner name, organization, position)

_____Date:
(Partner signature)
(Partner name, organization, position)

	Identify Resources Work Sheet			
Collaborative Action Plan Priority	**Resources You Have** Include specific information about amount and source.		**Resources You Need** Include specific information about amount and potential source.	
	Financial Resources	**In-Kind Resources**	**Financial Resources**	**In-Kind Resources**

Share Information About Your Resource Needs Work Sheet				
Potential Sources	**Major Interests or Concerns**	**Message You Want to Send**	**Talking Points**	**Setting**

🔑 Tips on How to Ask for Resources

Identify Partners Who Can Help

Review the resource needs you identified in your Collaborative Action Plan. Can your program or coalition, your partners, or other groups in your community provide any of these resources? Can you identify organizations in your community that would be interested in supporting your priority activity?

Identify Major Interests or Concerns

Think about people and organizations in your community. Who would be interested in helping you

- Reduce suffering from cancer and other chronic diseases?
- Reduce risk factors for youth?
- Reduce health care costs?
- Address health disparities?
- Increase access to quality care?
- Create consistent messages from multiple chronic disease programs?

Create Your Messages

Work with your partners to create messages or talking points about a specific public health problem and how your priority activity will address this problem. Sample messages include

- A sense of urgency about why the problem should be addressed now.
- How additional resources could help prevent and control chronic diseases in your community.
- How you and your partners are working together to address chronic disease risk factors so you can help more people and make the most of limited resources.
- Past successes that we can build on.
- Gaps where more resources would make your efforts more effective.

Meet with Potential Partners

- Invite representatives of current partners when you meet with potential partners. Your collaboration with others is an important strength.
- Contact potential partners in advance to let them know what you want to talk about and to set an agenda for your meeting. A phone call is usually better than an e-mail.
- Always leave time for questions.
- Focus on the benefits of working together.

Collect Information Before Your Meeting

- Identify the level of detail you need. You can look at past requests and project budgets for guidance. For example, you might need specific dollar amounts, information about categories of funding, and explanations of in-kind resources.
- No matter how much detail you decide to share with others, always have information to justify your budget costs so you can answer questions.
- Use different levels of detail in different settings. The best approach is to give less detail at first and then add more information if you're asked. Too much information at first can be overwhelming.

Types of Information to Use

- A presentation with slides and handouts.
- Fact sheets that include data about the public health problem you need support for.
- A summary of your CCC plan and other chronic disease plans that support your priority activity.
- An executive summary that briefly explains your main messages.

Collaborative Action Plan Priority	Financial Resources for This Priority		In-Kind Resources for This Priority		Resources Received	Resources Remaining
	Amount	Source	Type	Source		

Track Your Resources Work Sheet

Policy and Anti-Lobbying Restrictions Fact Sheet

Rules

Lobbying and grassroots lobbying for or against proposed or pending legislation with federal funds are strictly prohibited. Federal funds can be used for education and awareness activities. Specifically, federal funds may be used to

- Publish and disseminate research and public health surveillance data.
- Respond to requests from legislators for analysis of public health implications of potential or pending legislation.
- Provide information about a specific public health issue.
- At the invitation or request of a legislator, represent the health agency before a legislative committee.
- Raise awareness about public health interventions through education, coalition building, and partnerships.

For more information, consult CDC's *Anti-Lobbying Restrictions for CDC Grantees, July 2012* at www.cdc.gov/od/pgo/funding/grants/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf.

Definitions

Advocacy: an organized approach to promoting an issue or a cause and motivating others to take action.

Advocates: individuals and organizations that support or promote the cause of another. Cancer advocates can be cancer survivors, support groups, cancer coalitions, community leaders, scientists, medical professionals—essentially anyone willing to advocate for positive change.

Policy: any purposeful action by an organization or institution to address an identified problem or issue through executive, legislative, or administrative means. Policies can be voluntary or legally binding.

Education: giving factual and scientific information with no value judgments or requests for legislative action.

Lobbying: any activity designed to influence action in regard to a particular piece of proposed or pending legislation.

Grassroots Lobbying: efforts directed at inducing or encouraging members of the public to contact their elected representatives at federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Types of Advocacy

Direct: influencing *specific people* who make decisions that create change; common methods of direct advocacy include letter writing, phone calls, and meetings.

Indirect: building support among the *general public* to put pressure on decision makers to make changes; common methods of indirect advocacy include use of mass media and coalitions or networks.

Identify Common Policy Interests Work Sheet

Policy Tasks in Your Collaborative Action Plan	Specific Action Needed	Potential Partners

Policy Interests of Partners	Specific Action Needed	How to Help Each Other

Identify Data Work Sheet

Part 1: Use your Collaborative Action Plan to complete this work sheet.

Data You Have:

Data You Need:

Part 2: Use the information in Part 1 to answer the questions below.

Data You Have

Data Description	Do you have access to these data? If no, who can help you?	Are these data for the correct time period? If no, who can give you updated data?	How reliable are the data?	Who can help you analyze the data?	What is the primary way you plan to use the data?	What action steps do you need to take related to the data?	Who is responsible for these action steps?

Identify Data Work Sheet

Part 2, continued: Use the information in Part 1 to answer the questions below.

Data You Need

Data Description	Do these data exist?		What is the primary way you plan to use the data?	What action steps do you need to take related to the data?	Who is responsible for these action steps?
	If yes, who can help you get the data?	If no, what type of data collection tool could be used to get these data?			

Sample Data-Sharing and Usage Agreement

Rhode Island Department of Health and the Providence Plan

This agreement establishes the terms and conditions under which the Rhode Island Department of Health (RIDOH) and The Providence Plan (TPP) can acquire and use data from the other party. Either party may be a provider of data to the other, or a recipient of data from the other.

1. The confidentiality of data pertaining to individuals will be protected as follows:

   a. The data recipient will not release the names of individuals, or information that could be linked to an individual, nor will the recipient present the results of data analysis (including maps) in any manner that would reveal the identity of individuals.

   b. The data recipient will not release individual addresses, nor will the recipient present the results of data analysis (including maps) in any manner that would reveal individual addresses.

   c. Both parties shall comply with all Federal and State laws and regulations governing the confidentiality of the information that is the subject of this Agreement.

2. The data recipient will not release data to a third party without prior approval from the data provider.

3. The data recipient will not share, publish, or otherwise release any findings or conclusions derived from analysis of data obtained from the data provider without prior approval from the data provider.

4. Data transferred pursuant to the terms of this Agreement shall be utilized solely for the purposes set forth in the "Partnership Agreement".

5. All data transferred to TPP by RIDOH shall remain the property of RIDOH and shall be returned to RIDOH upon termination of the Agreements.

6. Any third party granted access to data, as permitted under condition #2, above, shall be subject to the terms and conditions of this agreement. Acceptance of these terms must be provided in writing by the third party before data will be released.

IN WITNESS WHEREOF, both the Rhode Island Department of Health, through its duly authorized representative, and The Providence Plan, through its duly authorized representative, have hereunto executed this Data Sharing Agreement as of the last date below written.

_____

Medical Director, Division of Family Health
Rhode Island Department of Health

Date: _____

_____

Executive Director
The Providence Plan

Date: _____

Source: www2.urban.org/nnip/ds_sample.html

Sample Interagency Data-Sharing Agreement

Centers for Medicare and Medicaid Services

State of:

<u>Requester</u>

Agency Name:
Data User:
Title:
Address:
Phone:

<u>Data Provider</u>

Agency Name:
Custodian:
Title:
Address:
Phone:

I. PURPOSE

In this section, both parties must state in non-technical language the purpose(s) for which they are entering into the agreement, i.e., how the data will be used, what studies will be performed, or what the desired outcomes are perceived to be as a result of obtaining the data. The source of the data will come from any and all public health or claims databases. The data will only be used for research and/or analytical purposes and will not be used to determine eligibility or to make any other determinations affecting an individual. Furthermore, as the data will be shared within a State, it will be subjected to all applicable requirements regarding privacy and confidentiality that are described herein.

II. PERIOD OF AGREEMENT

The period of agreement shall extend from _____ to _____ .

III. JUSTIFICATION FOR ACCESS

A. Federal requirements: Section 1902(a)(7) of the Social Security Act (as amended) provides for safeguards which restrict the use or disclosure of information concerning Medicaid applicants and recipients to purposes directly connected with the administration of the State plan. Regulations at 42 CFR 431.302 specify the purposes directly related to State plan administration. These include (a) establishing eligibility; (b) determining the amount of medical assistance; providing services for recipients; and (d) conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the plan.

If the State Medicaid agency is a party to this agreement, specifically as the provider of information being sought by the requestor, it must be demonstrated in this section how the disclosure of information meets the above requirements.

An example of permissible data matching/sharing arrangements is the matching of data with a registry of vaccines or diseases for the purposes of improving outreach or expanding Medicaid coverage of populations being served under Medicaid.

States should identify any additional requirements that are needed for the release of additional data in this section.

B. State requirements: Cite specific State statutes, regulations, or guidelines (See Appendices).

IV. DESCRIPTION OF DATA

In this section, the parties provide specific detailed information concerning the data to be shared or exchanged.

V. METHOD OF DATA ACCESS OR TRANSFER

A description of the method of data access or transfer will be provided in this section. The requestor and its agents will establish specific safeguards to assure the confidentiality and security of individually identifiable records or record information. If encrypted identifiable information is transferred electronically through means such as the Internet, then said transmissions will be consistent with the rules and standards promulgated by Federal statutory requirements regarding the electronic transmission of identifiable information.

VI. LOCATION OF MATCHED DATA AND CUSTODIAL RESPONSIBILITY

The parties mutually agree that one State agency will be designated as "Custodian" of the file(s) and will be responsible for the observance of all conditions for use and for establishment and maintenance of security agreements as specified in this agreement to prevent unauthorized use. Where and how the data will be stored and maintained will also be specified in this section.

This agreement represents and warrants further that, except as specified in an attachment or except as authorized in writing, that such data shall not be disclosed, released, revealed, showed, sold, rented, leased, loaned, or otherwise have access granted to the data covered by this agreement to any person. Access to the data covered by this agreement shall be limited to the minimum number of individuals necessary to achieve the purpose stated in this section and to those individuals on a need-to-know basis only.

Note that, if all individually identifiable Medicaid data remains within the purview of the State Medicaid agency, matching with any other data is permissible. Any results of the data matching which contains individually identifiable data cannot be released outside the agency unless the release meets the conditions of Section III.

Any summary results, however, can be shared. Summary results are those items which cannot be used to identify any individual. It should be noted that the stripping of an individual's name or individual identification number does not preclude the identification of that individual, and therefore is not sufficient to protect the confidentiality of individual data.

VII. CONFIDENTIALITY

The User agrees to establish appropriate administrative, technical, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized use or access to it. The safeguards shall provide a level and scope of security that is not less than the level and scope of security established by the Office of Management and Budget (OMB) in OMB Circular No. A-130, Appendix III – Security of Federal Automated Information System, which sets forth guidelines for security plans for automated information systems in Federal agencies.

Federal Privacy Act requirements will usually not apply if this agreement is entered into by agencies of the State and no Federal agencies are involved. The same applies to the Computer Matching and Privacy Protection Act of 1988. However, State laws, regulations, and guidelines governing privacy and confidentiality will apply.

It is strongly suggested that the guidelines presented in the Model State Vital Statistics Act be applied. The guidelines are available from the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Health Statistics, Hyattsville, Maryland (DHHS) Publication No. (PHS) 95-1115.

Where States have enacted laws based on this model, the actual provisions of the statute take precedence.

VIII. DISPOSITION OF DATA

(Sample Language)

The requestor and its agents will destroy all confidential information associated with actual records as soon as the purposes of the project have been accomplished and notify the providing agency to this effect in writing. When the project is complete, the requester will

1. Destroy all hard copies containing confidential data (e.g., shredding or burning);

2. Archive and store electronic data containing confidential information off line in a secure place, and delete all on line confidential data; and

3. All other data will be erased or maintained in a secured area.

IX. DATA-SHARING PROJECT COSTS

In this section, it should be stated in detail how the costs associated with the sharing or matching of data are to be met. If these can be absorbed by the "salaries and expenses," and the partner providing the requested data is agreeable to absorbing such costs that should be noted here. If there are extra costs to be assumed, the parties need to specify here how they will be met. If the requesting party is to bear the burden of specific extra costs, or the party providing the data is unable or unwilling to bear such, these special requirements are to be formalized in this section.

X. RESOURCES

The types and number of personnel involved in the data sharing project, the level of effort required, as well as any other non-personnel resources and material, which are required, are to be listed here.

XI. SIGNATURES

In witness whereof, the Agencies' authorized representatives as designated by the Medicaid Director and Health Commissioner attest to and execute this agreement effective with this signing for the period set forth in Article II.

_____

(Name)

_____

(Title)

_____

(Date)

Source: Centers for Medicare and Medicaid Services

www.ncwd-youth.info/assets/guides/assessment/sample_forms/data_share.pdf

Track Your Progress Work Sheet

Priority Activity:

Information from Your Collaborative Action Plan			Status of Task	Problems or Challenges
Tasks	**Program and Person(s) Responsible**	**Due Date**		

Appendix B.
Resources

Section 1. Working on Collaborative Projects

Building Cross-sector Collaboration
Prevention Institute

Tools on this site include Developing Effective Coalitions: An 8-Step Guide, Tension of Turf, Collaboration Multiplier, and Collaboration Assessment Tool.
www.preventioninstitute.org/tools/partnership-tools.html

Center for Collaborative Planning
Online resources designed to help community leaders solve local health problems.
www.connectccp.org

Journal Article
Slonim A, Wheeler FC, Quinlan KM, Smith SM. Designing competencies for chronic disease practice. *Preventing Chronic Dis*iease 2010:7(2).
www.cdc.gov/pcd/issues/2010/mar/08_0114.htm. Accessed January 14, 2013.

Section 2. Making the Best Use of Your Partners' Time

Partnership Tool Kit: Program Version
Centers for Disease Control and Prevention

This tool kit is designed to help programs funded by CDC's Division of Cancer Prevention and Control build effective partnerships.
http://cancercontrolplanet.cancer.gov/CDCPartnershipToolkit.pdf

The Community Tool Box
University of Kansas

This online resource has information about essential skills for building healthy communities.
http://ctb.ku.edu

Section 3. Leveraging Resources

From Burden to "Best Buys": Reducing the Economic Impact of Non-Communicable Diseases in Low and Middle-Income Countries, World Economic Forum, 2011
World Health Organization

This report addresses gaps in our knowledge about how to address the growing incidence of chronic, noncommunicable diseases. It highlights recent findings about the social and economic costs of these diseases and the resources needed to manage them.
www.who.int/nmh/publications/best_buys_summary.pdf

Closing the Cancer Divide: A Blueprint to Expand Access in Low and Middle Income Countries
Global Task Force on Expanded Access to Cancer Care and Control

This report examines ways to use current resources to expand access to cancer care and control in low- and middle-income countries.
http://ghsm.hms.harvard.edu/uploads/pdf/ccd_report_111027.pdf

Section 4. Supporting Policy Changes

Community Health Assessment aNd Group Evaluation (CHANGE) Tool
Centers for Disease Control and Prevention

The CHANGE tool helps communities develop community action plans. It helps them assess and identify possible areas of improvement and set priorities for making changes that address the root causes of chronic diseases and related risk factors.
www.cdc.gov/healthycommunitiesprogram/tools/change.htm

The Steps Program in Action: Success Stories on Community Initiatives to Prevent Chronic Diseases
Centers for Disease Control and Prevention

The Steps Program funded communities to promote healthier lifestyles and help people make long-lasting, sustainable changes to reduce their risk of chronic diseases. This program is now called the Healthy Communities Program (see www.cdc.gov/HealthyCommunitiesProgram for more information).
www.cdc.gov/healthycommunitiesprogram/evaluation-innovation/pdf/StepsInAction.pdf

Action Strategies Toolkit: A Guide for Local and State Leaders Working to Create Health Communities and Prevent Childhood Obesity
Robert Wood Johnson Foundation

The strategies in this tool kit include promising and evidence-based practices that can help local and state leaders promote healthy, active communities and improve access to affordable healthy foods.
www.rwjf.org/content/rwjf/en/research-publications/find-rwjf-research/2009/05/action-strategies-toolkit0.html

Anti-Lobbying Restrictions for CDC Grantees, July 2012
Centers for Disease Control and Prevention

This document provides a general overview of lobbying restrictions and examples of restricted and permissible activities.
www.cdc.gov/od/pgo/funding/grants/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf

Best Practices for Comprehensive Tobacco Control Programs: Coalitions: State and Community Interventions
Centers for Disease Control and Prevention

This guide focuses on the critical role that coalitions play in a comprehensive tobacco control program.
www.cdc.gov/tobacco/stateandcommunity/bp_user_guide/

Best Practices for Comprehensive Tobacco Control Programs: Youth Engagement: State and Community Interventions
Centers for Disease Control and Prevention

This guide focuses on the role that young people play in advancing policy as part of a comprehensive tobacco control program.
www.cdc.gov/tobacco/stateandcommunity/bp_userguide_youth/

Best Practices for Comprehensive Tobacco Control Programs
Centers for Disease Control and Prevention

This evidence-based guide released in 2007 is designed to help states plan and set up effective tobacco control programs to prevent and reduce tobacco use.
www.cdc.gov/tobacco/stateandcommunity/best_practices/

Publications and Resources
Partnership for Prevention

This site has many relevant publications, including: *Smoke-Free Policies: Establishing a Smoke-Free Ordinance to Reduce Exposure to Secondhand Smoke in Indoor Worksites and Public Places—An Action Guide; Investing in Health: Proven Health Promotion Practices for Workplaces*, and *School-based Physical Education*: *Working with Schools to Increase Physical Activity Among Children and Adolescents in Physical Education Classes—An Action Guide*.
www.prevent.org/Publications-and-Resources.aspx

Advocating for Better Policies
The Praxis Project

This guide has information on how people can advocate for policies to improve their communities.
www.unnaturalcauses.org/assets/uploads/file/UC_PolicyAdvocacy.pdf

Cancer Control: Knowledge into Action: WHO Guide for Effective Programmes: Policy and Advocacy
World Health Organization

This guide is one of six modules developed to help countries improve their cancer control programs.
www.who.int/cancer/FINAL-Advocacy-Module%206.pdf

Stop the Global Epidemic of Chronic Disease: A Practical Guide to Successful Advocacy
World Health Organization

This guide is for people at all levels who want to help prevent and control chronic diseases.
www.who.int/chp/advocacy/chp.manual.EN-webfinal.pdf

Section 5. Sharing and Using Data

National Program of Cancer Registries (NPCR)
Centers for Disease Control and Prevention

The NPCR collects data on the occurrence of cancer; the type, extent, and location of the cancer; and the type of initial treatment. It supports cancer registries in 45 states, the District of Columbia, Puerto Rico, and the Pacific Island Jurisdictions, representing 96% of the U.S. population.
www.cdc.gov/cancer/npcr

United States Cancer Statistics
Centers for Disease Control and Prevention

This Web-based report includes the official federal statistics for state-specific and regional data for cancer cases diagnosed and cancer deaths in the United States.
www.cdc.gov/cancer/npcr/uscs

CDC WONDER
Centers for Disease Control and Prevention

CDC WONDER (Wide-ranging Online Data for Epidemiologic Research) is an easy-to-use, menu-driven system that allows users to access CDC information and data online.
http://wonder.cdc.gov/

Chronic Disease Indicators
Centers for Disease Control and Prevention

This crosscutting set of 97 indicators allows states, territories, and large metropolitan areas to uniformly define, collect, and report chronic disease data that are important to public health practice. The Web site provides information and data resources.
www.cdc.gov/nccdphp/CDI/overview.htm

International Association of Cancer Registries (IACR)
This Web site provides information about the IACR, a professional society that supports cancer registries worldwide.
www.iacr.com.fr

Worldwide Cancer Incidence
Curado MP, Edwards B, Shin HR, et al. *Cancer Incidence in Five Continents. Volume IX.* Lyon, France: International Agency for Research on Cancer; 2007. IARC scientific publication 160.
www.iarc.fr/en/publications/pdfs-online/epi/sp160/. Accessed January 16, 2013.

GLOBOCAN 2008
International Agency for Research on Cancer

GLOBOCAN is a database of the most recent estimates of incidence, mortality, and prevalence for 27 cancers worldwide.
www-dep.iarc.fr/

Making Data Meaningful Part 1: A Guide to Writing Stories about Numbers
United Nations Economic Commission for Europe

The guide is intended as a practical tool for managers, statisticians, and media relations officers.
www.unece.org/stats/documents/writing/MDM_Part1_English.pdf

Cancer Control P.L.A.N.E.T. (Plan, Link, Act, Network with Evidence-based Tools)
This Web site provides links to comprehensive cancer control resources for public health professionals.
http://cancercontrolplanet.cancer.gov

Cancer Statistics
National Cancer Institute

This Web site provides links to data, reports, and other resources.
http://surveillance.cancer.gov/statistics/

Youth Risk Behavior Surveillance—Pacific Island United States Territories, 2007
Centers for Disease Control and Prevention

This report summarizes results from the 2007 Youth Risk Behavior Survey conducted in American Samoa, Commonwealth of the Northern Mariana Islands, Guam, Republic of the Marshall Islands, and Republic of Palau.
www.cdc.gov/mmwr/pdf/ss/ss5712.pdf

Youth Risk Behavior Surveillance System (YRBSS)
Centers for Disease Control and Prevention

The YRBSS monitors priority health risk behaviors and the prevalence of obesity and asthma among youth and young adults across the United States. CDC conducts a national school-based survey for the YRBSS, while state, territorial, and local education and health agencies and tribal governments conduct state, territorial, tribal, and local surveys.
www.cdc.gov/HealthyYouth/yrbs/

Global Youth Tobacco Survey (GYTS)
World Health Organization and Centers for Disease Control and Prevention

The GYTS is a school-based survey designed to (1) help countries monitor tobacco use among youth and (2) guide the implementation and evaluation of tobacco prevention and control programs.
www.who.int/tobacco/surveillance/gyts/en/

Section 6. Evaluating Your Efforts

Evaluation Guide: Developing and Using a Logic Model
Centers for Disease Control and Prevention

This guide is part of a series of evaluation tools developed by CDC's Division for Heart Disease and Stroke Prevention to help states evaluate their heart disease and stroke prevention activities. www.cdc.gov/dhdsp/programs/nhdsp_program/evaluation_guides/docs/logic_model.pdf

CDC's Evaluation Efforts
Centers for Disease Control and Prevention

Resources on this Web site include CDC's Framework for Program Evaluation in Public Health. www.cdc.gov/eval

Comprehensive Cancer Control Branch Program Evaluation Toolkit
Centers for Disease Control and Prevention

The tool kit is designed to help National Comprehensive Cancer Control Program grantees plan and evaluate their programs. It provides general guidance on evaluation principles and techniques, as well as practical templates and tools. www.cdc.gov/cancer/ncccp

Guide to Project Evaluation: A Participatory Approach
Public Health Agency of Canada

This guide provides a comprehensive framework for project evaluation. www.phac-aspc.gc.ca/ph-sp/resources-ressources/guide/index-eng.php

Journal Article
Butterfoss FD. Evaluating partnerships to prevent and manage chronic disease. *Preventing Chronic Disease* 2009;6(2). http://www.cdc.gov/pcd/issues/2009/apr/08_0200.htm. Accessed January 16, 2013.

More Resources

Community Health Resources
Centers for Disease Control and Prevention

This Web site provides a search tool to help you explore CDC resources for planning, implementing, and evaluating community health interventions and programs to address chronic disease and health disparities issues. http://apps.nccd.cdc.gov/dach_chaps/Default/

Journal Article
Slonim AB, Callaghan C, Daily L, et al. Recommendations for integration of chronic disease programs: are your programs linked? *Prev Chronic Dis*. 2007;4(2). http://www.cdc.gov/pcd/issues/2007/apr/06_0163.htm. Accessed January 16, 2013.

National Cancer Control Planning
Union for International Cancer Control

This Web site provides resources for nongovernmental organizations on how to plan national cancer control programs.
www.uicc.org/resources/national-cancer-control-planning-nccp

Cancer Control: Knowledge into Action: WHO Guide for Effective Programmes: Planning
World Health Organization

This guide is one of six modules developed to help countries improve their cancer control programs.
www.who.int/cancer/modules/Planning%20Module.pdf

Preventing Chronic Diseases: A Vital Investment
World Health Organization

This report provides practical suggestions and information about effective interventions that countries can use to prevent and control chronic diseases.

www.who.int/chp/chronic_disease_report/en/

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Cancer Prevention and Control

www.cdc.gov/cancer/ncccp