3RD EDITION

NINE HABITS

OF SUCCESSFUL COMPREHENSIVE CANCER CONTROL COALITIONS

A GUIDE FOR AN EFFECTIVE AND EFFICIENT COALITION

American Cancer Society®

Comprehensive Cancer Control
Collaborating to Conquer Cancer

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A Note from the Comprehensive Cancer Control National Partnership

How Were the *Nine Habits* Developed?

The 1st and 2nd editions of the *Nine Habits of Successful Comprehensive Cancer Control Coalitions* were developed utilizing information from a 2012 evaluation[1] of the attributes of high-performing comprehensive cancer control (CCC) coalitions, real-life experiences of CCC coalitions, and a 2018 unpublished literature review[2] on elements of the *Nine Habits*. This 3rd edition was revised to incorporate health equity principles and examples, across all the habits.

Acknowledgments

The Comprehensive Cancer Control National Partnership would like to thank the Sustaining Coalitions Workgroup members who generously offered their support and review of the 3rd edition of the *Nine Habits* resource guide.

The Comprehensive Cancer Control National Partnership would also like to thank the CCC coalitions and programs across the nation that have used the *Nine Habits* guide and provided feedback, as well as those who have provided powerful examples in this guide of how they have used one or more of the habits to advance their coalition work.

Lastly, the Comprehensive Cancer Control National Partnership would like to thank the American Cancer Society and Strategic Health Concepts for leading the development of the 3rd edition of *Nine Habits*, and LaTisha Zimmerman and Angela Moore from the Centers for Disease Control and Prevention, who conducted a literature review that informed the 2nd edition.

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Important to Remember

The *Nine Habits* are interconnected and comprehensive: The habits all work together and cover the spectrum of a coalition's operations.

The *Nine Habits* must be reflected in the coalition's values: Coalition leadership and members believe in the importance of each of the habits and strive to encourage other members to value them as well. Health equity principles are at the core of a coalition's values.

The *Nine Habits* must be integrated into the coalition's work: The habits are not a temporary focus or approach but are a way of doing business in a coalition.

Health Equity and the *Nine Habits*

A commonly used definition of health equity in the cancer field is that "everyone has a fair and just opportunity to prevent, find, treat, and survive cancer."[3]

Achieving health equity will require us to think of both the equitable outcomes we want to achieve, as well as the equitable process we undertake to get there. It will also require a comprehensive approach to cancer control that considers the individuals, groups, organizations, communities, governments, and systems to uncover problems that lead to inequity and identifies successful ways to address and evaluate them. Health equity is also complex, cyclical, and iterative; it is a process, not just an outcome.[4]

This 3rd edition of the *Nine Habits* guide has been updated to emphasize the key role comprehensive cancer control (CCC) coalitions can play in ensuring health equity is a value of the coalition and clearly illustrates that value in how it functions and operates. CCC coalitions can infuse health equity principles throughout their operations – from communications to leadership succession planning, funding opportunities, evaluation efforts and everything in between. A description of health equity guiding principles can be found in the Robert Wood Johnson Foundation's report "What Is Health Equity? And What Difference Does a Definition Make?"

A coalition's implementation of their cancer plan should focus on evidence-based strategies that are designed to address the unequal burden of cancer for all people. When your coalition is working on specific strategies to achieve the plan's goals and objectives, efforts must consider health equity principles in the design, implementation, and evaluation of strategies.

There are many resources available focused on addressing and incorporating health equity measures in program, policy, systems, and environmental change efforts. The Comprehensive Cancer Control National Partnership has curated a list of resources specifically for CCC coalitions.

The 3rd edition of the *Nine Habits* guide reminds and encourages you to discuss and explore ways that your coalition can embed health equity principles and actions into the core of your coalition.

Review This Example Health Equity Approach from a CCC Coalition

How to Use This Guide

Use the *Nine Habits* information and tools in a variety of ways and settings:

- Discuss one or two habits during each CCC leadership meeting (Board, Steering Committee, Executive Committee, etc.), and utilize the corresponding tools over the course of a year.
- Have coalition workgroups or committees include a discussion of at least one of the habits in their meeting and call agendas.
- Use the self-assessment tools with all members in a full coalition meeting, and have them discuss their answers in small groups and make suggestions for improvement.
- Hold a team-building *Nine Habits* coalition leadership retreat, and use participant discussions to create new approaches to energize the coalition.
- Ask other coalitions how they have used the *Nine Habits* to improve the functioning of their coalition efforts.

"We are what we repeatedly do. Excellence then, is not an act, but a habit."

– Aristotle

Identify Changes to Make

In each of the *Nine Habits* sections in this guide, you will find a short set of questions. These assessment questions will enable you to quickly assess coalition functioning related to that habit. You will also see the varying perceptions of your coalition's efforts in that habit area. We suggest you engage in the following steps to complete the assessment:

STEP 1	As a group, go through the habit information (What you Need to Know, Coalition Spotlight, and the Make It a Habit tool).
STEP 2	Individually, the members of the group should answer the *Nine Habits* assessment questions related to the habit area on which you are working.
STEP 3	As a group, discuss how people rated the coalition and how the ratings are the same or different across team members.
STEP 4	Identify areas where the team agrees the coalition is doing well and where it could improve.
STEP 5	Identify actions that would improve coalition efforts in the habit area.
STEP 6	Create a specific plan to put those actions into practice, including assigned tasks, person(s) responsible, and a timeline. Distribute the plan to your group.

Overview: Habits

HABIT 1

Empowering Leadership

Effective coalition leaders empower their members to make decisions. This empowerment builds trust and encourages accountability among members. Member satisfaction is assessed, and their needs are addressed by the coalition's leadership. Leadership represents the diversity within the coalition and the communities it serves.

HABIT 2

Shared Decision-making

Shared decision-making guides the coalition. Steps are put in place so that no one organization overpowers the decisions made by the coalition. Diverse ideas are sought out and welcomed.

HABIT 3

Value-added Collaboration

Members acknowledge and appreciate the benefits of forging alliances and working on efforts that might not happen unless the coalition works on those efforts together.

HABIT 4

Dedicated Staff

Dedicated support, such as staff from partner organizations who are assigned with specific roles and responsibilities to assist with the coalition's efforts, is essential to the work of the coalition. Coalition members are volunteers who often hold leadership positions within their own organizations, so it is helpful to have dedicated staff to reduce the burden of additional work.

HABIT 5

Diversified Resources

Diversifying your resources can create wider support of the coalition's efforts by engaging a greater number of partners, allowing the coalition to remain viable if one source disappears.

HABIT 6

Effective Communication

Coalition communication is a consistent and purposeful dialogue that uses all appropriate channels for discussion and feedback, including email, websites, phone calls, meetings, and newsletters. Inclusive language is used in communications with partners and with communities.

HABIT 7

Clear Roles and Accountability

Coalition members understand their roles and feel accountable for accomplishing agreed-upon tasks. Members understand the mission of the coalition and how they, as individuals, can help achieve that mission. Coalition member roles are defined and communicated both verbally and in written documents.

HABIT 8

Flexible Structure

The coalition structure is flexible, adapts to challenges, and facilitates implementation of the cancer plan. The coalition strives to operate in a way that maximizes the effective and efficient work of its members.

HABIT 9

Setting and Implementing Priorities

Priorities are chosen and action plans are developed around evidence-based strategies. Action plans clearly articulate the expected outcomes, health equity considerations, and methods to reach those outcomes, responsibilities, and timelines. These plans are used to guide actions and are revised as challenges and opportunities arise and evaluation data is gathered.

NINE HABITS

1. Empowering Leadership
2. Shared Decision-making
3. Value-added Collaboration
4. Dedicated Staff
5. Diversified Resources
6. Effective Communication
7. Clear Roles and Accountability
8. Flexible Structure
9. Setting and Implementing Priorities

Empowering Leadership

Strong coalition leaders show their leadership by paying attention to the health and effective functioning of the coalition. They use the *Nine Habits* to assess all aspects of the coalition and identify ways to improve or enhance the coalition's work. They welcome and encourage decision-making by their members. This type of leadership empowers coalition members to do their best. Empowered members feel trusted, are interested in making progress on coalition activities, and are more likely to hold themselves and others accountable for ensuring progress. Coalition structure, reporting, and accountability measures that are structured around health equity principles should be in place to allow this level of empowerment.

What You Need to Know

Effective leadership within a coalition pays attention to all *Nine Habits* of a successful coalition. Leadership should be actively engaged in ongoing assessment, analysis, and problem-solving related to the development, maintenance, and sustainability of the coalition's operations, functioning, and progress.

The coalition's leadership should understand health equity principles and commit to apply a health equity lens to the coalition's work throughout their tenure as a leader.

Health Equity Principles

- Achieving health equity requires removing obstacles and increasing opportunities to be healthier for everyone, with a focus on those who face the greatest social obstacles and have worse health.
- Policy, systems, and environmental changes have great potential to prevent and reduce health inequities, but only if they focus on health equity.
- Assessing social and medical determinants of health that people experience is critical to achieving health equity.
- Equity is not the same as equality; those with the greatest needs and least resources require more, not equal, effort and resources to equalize opportunities.
- Approaches to achieve health equity build on and optimize existing strengths and assists of populations of focus.
- Piecemeal approaches are rarely successful. Successful approaches address multiple factors, including improving resources and building capacity.
- Achieving health equity requires identifying and addressing not only overt discrimination, but also unconscious and implicit bias and discriminatory effects of structures and policies created by historical injustices.
- Measurement is crucial; without there is no accountability.
- The pursuit of equity is a process and requires constant, systematic, and devoted effort.

(Reference: Robert Wood Johnson Foundation's report, "**What Is Health Equity? And What Difference Does a Definition Make?**"

Different people have different leadership styles; however, all CCC coalition leaders should empower their coalition members. They can do this by:

- Assuring coalition efforts are focused on identifying and implementing evidence-based strategies and ensuring those strategies are incorporated into the cancer plan
- Communicating outcomes from the cancer plan and helping to move the coalition toward those outcomes
- Assessing the composition of the coalition and actively engaging populations of focus to be involved in the coalition
- Valuing and leveraging members' skills and expertise by encouraging others in the coalition to make decisions about how to move forward with implementing the coalition's priorities
- Acknowledging different power dynamics within the coalition and enabling all member efforts by creating a safe environment for communication and participation

Empowering leaders are also good networkers – within the coalition and in the community. Networkers easily connect with other people, drawing them in and finding roles that match their skills and interests, and ensure that diverse perspectives are brought into the discussions and are heard by all.

An empowering leadership style results in CCC coalition members who are:

- Representative of populations of focus
- Satisfied with their involvement in the coalition
- Respected and trusted
- Productive and invested in the outcome of the coalition's work
- Actively engaged with the coalition

Make It a Habit

- Continually review coalition operations to ensure all *Nine Habits* are being integrated into the coalition's culture and operations.
- Recruit and engage other leaders who show strong leadership capabilities. Think about what you can do now to cultivate new leaders and incorporate leadership succession planning into the work of your coalition. Don't rely on luck or wait for volunteers.
- Be intentional about enabling diversity in your leaders and in your membership. Incorporate equity and inclusion in your succession plans. Leaders should be representative of the populations the coalition seeks to serve. A variety of perspectives, experiences, leadership styles, and backgrounds is good for the coalition.
- Ensure there are opportunities for your coalition leadership to communicate the coalition's goals, desired outcomes, progress, and successes.
- Conduct coalition member satisfaction surveys to understand not only how satisfied members are with their involvement in the coalition, but also their needs and hopes for the coalition's future. Assess the composition of the coalition to ensure populations of focus are involved. Communicate the survey results and how leadership plans to address member feedback.
- If you are a coalition leader, you can also ask yourself the questions in the Habit 1 assessment (below) as a self-assessment of your leadership styles and identify areas that you would like to improve upon.

Don't rely on luck or wait for volunteers.

Assessment: How Does Your CCC Coalition Rate?

Circle a Number for Each Statement:
1 = This is Not Happening in Our Coalition ▶ 5 = This Sounds Just Like Our Coalition

HABIT 1: EMPOWERING LEADERSHIP

Our coalition leadership is representative of the populations of focus indicated in our cancer plan objectives and strategies.	1	2	3	4	5
We routinely provide opportunities to educate the coalition's leadership, in addition to members, on health equity issues and principles.	1	2	3	4	5
Our coalition leaders are actively involved in coalition efforts.	1	2	3	4	5
Our coalition leaders regularly communicate our goals, outcomes, progress, and successes.	1	2	3	4	5
Our leaders are dedicated to identifying, adapting, and implementing culturally relevant, evidence-based strategies and ensuring those strategies are incorporated into the cancer plan.	1	2	3	4	5
Our coalition leaders establish equitable processes that encourage decision-making and action from other coalition members.	1	2	3	4	5
In our coalition, we implement succession planning by recruiting diverse leaders and encouraging members into leadership positions.	1	2	3	4	5
Our coalition conducts surveys to ascertain the level of satisfaction of our members, understand needs, and to assess the composition of the coalition to ensure populations of focus are involved.	1	2	3	4	5

Next...

- ✓ **Identify specific examples from your coalition that illustrate why you rated your coalition as you did for the statements above.**
- ✓ **Use the "Make It a Habit" tool at the end of this guide to plan how you will make the change and track your progress.**

Coalition Spotlight: Kentucky — Empowering Leadership

On the heels of a coalition restructure and after several discussions about how to improve communications and operations, the **Kentucky Cancer Consortium** identified the following strategies to help address the hesitancy of its members to take on leadership roles:

- Communicate clearly about leaders' roles and responsibilities.
- Be intentional about pairing individuals with leadership positions that are a good fit.
- Thank leaders early and often. Write notes of appreciation.
- Make KCC staff readily available to offer technical support and serve as a confidential sounding board.

Source: **https://www.kycancerc.org/wp-content/uploads/sites/14/2018/11/poster_communication.pdf**

Do you have leaders in the right role for their skill sets?

Download Kentucky's Communication Tool

Habit 1 Tool: An Empowering Leader

Think of a good leader(s) you have worked with:

Who? _____

From your perspective, what made that person(s) a good leader?

List those characteristics:

- _____
- _____
- _____
- _____
- _____
- _____

Review the list you created. Do you see a theme? Did you identify characteristics about their skills and knowledge?

Being a good leader is not only about being an expert in a field or having an advanced degree, but also how they make others feel about themselves and their work. The quotes to the right reinforce this concept.

"Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change that we seek."

– Barack Obama

"As we look ahead into the next century, leaders will be those who empower others."

– Bill Gates

"A leader…is like a shepherd. He stays behind the flock, letting the most nimble go out ahead, where upon the others follow, not realizing that all along they are being directed from behind."

– Nelson Mandela

Download This Tool

NINE HABITS

1. Empowering Leadership
2. **Shared Decision-making**
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6. Effective Communication
7. Clear Roles and Accountability
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9. Setting and Implementing Priorities

Shared Decision-making

Shared decision-making guides the coalition's actions. No one organization in the coalition overpowers the decisions made for or by the coalition, and mechanisms are in place so that this does not happen. Coalition members see transparency in decision-making and feel they have a voice in decisions. Processes are in place so that decisions are based on data, and all partner input is valued and weighed equally. People making the decisions represent those populations of focus where health equity change is desired.

What You Need to Know

Shared decision-making in a coalition results in increased member satisfaction and engagement and more effective leadership. Its success relies on transparency, in decision-making, strong communication methods, and coalition member involvement in making decisions. To ensure effective decision-making, keep these key principles in mind:

- No one organization overpowers the decisions made in the coalition, and mechanisms are in place to prevent this from happening. These mechanisms can include: voting guidelines that assure a balanced and fair voting process, decision-making criteria that is agreed upon prior to decision-making, and the ability for coalition members to have equal input into decision-making discussions.
- Coalition members need to feel they have a voice in decision-making. They see that many perspectives, organizations, and sources of information are considered as decisions are made.
- Members understand how decisions are made and are involved in decision-making.

Make It a Habit

Communicate and engage members on:

- Decisions to be made (setting priorities, allocating resources, leadership changes, etc.)
- How decisions are made
- When decisions are made
- How everyone has an equal opportunity to be involved in decision-making

Document how your coalition makes decisions (who and what criteria are used) and post or distribute the document for all coalition members to read.

Assessment: How Does Your CCC Coalition Rate?

Circle a Number for Each Statement:
1 = This is Not Happening in Our Coalition ▶ 5 = This Sounds Just Like Our Coalition

HABIT 2: SHARED DECISION-MAKING

Populations of focus are involved in all decisions made related to coalitions' functioning and operations.	1	2	3	4	5
Diverse ideas and ways of thinking and working are valued in our coalition.	1	2	3	4	5
Members have the opportunity to engage in coalition decision-making.	1	2	3	4	5
The process for making decisions (who, how, when) is documented and communicated to coalition members.	1	2	3	4	5
Decisions are made based on a variety of sources, such as data and partner input.	1	2	3	4	5

Next...

- ✓ **Identify specific examples from your coalition that illustrate why you rated your coalition as you did for the statements above.**
- ✓ **Use the "Make It a Habit" tool at the end of this guide to plan how you will make the change and track your progress.**

Coalition Spotlight: Michigan — Shared Decision-making

In 2021, the **Michigan Cancer Consortium** (MCC) underwent a strategic planning process to identify ways to ensure the MCC remains a strong and successful organization, with opportunities for all members to be involved through shared decision-making. The Michigan Department of Health and Human Services (MDHHS) and the Michigan Public Health Institute (MPHI) have provided staff support to the coalition for over 20 years. The strategic planning process involved several planning sessions with MCC leaders, MDHHS/MPHI staff, and Strategic Health Concepts to examine structure and administrative processes to streamline the way MCC works to ensure efforts are focused on state cancer plan implementation.

A key to this effort's success has been the development of a process for identifying and supporting implementation of state plan priorities that enable MCC member organizations to take more of an active role in facilitating workgroup development and leadership. Guidance for priority workgroups was added to the MCC bylaws, outlining criteria and a process for MCC members to suggest priority areas from the Michigan state plan and if agreed upon, development and support for a priority workgroup. Since this process has been added to the workings of the MCC, two priority workgroups have been established. One workgroup is supported by MDHHS staff, and another is supported by a MCC member organization.

Learn more about the Michigan Cancer Consortium

Habit 2 Tool: Shared Decision-making

Your Coalition – How Do You Do It?

Who makes the decisions?	What type of decisions are made by this group?	Is the decision-making process transparent?	In general, are people satisfied with the decisions made?	Ideas for improvement
Chair or Co-chair				
Leadership Group				
Workgroups or Committees				
Dedicated Staff				
General Coalition Membership				
Other?				

Download This Tool

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Value-added Collaboration

Members acknowledge and appreciate the "value-added" benefit of the coalition's collaborative efforts. Coalition members see results from working with other members and forging alliances that otherwise might not be realized. Through these interactions, members share their diverse strengths and resources to achieve common goals that address health disparities. Collaborative efforts are viewed as worthwhile and effective. Ultimately, outcomes are achieved that might not have happened without the collective efforts of coalition members.

Value-added Collaboration — West Virginia

The Issue

Low utilization of lung cancer screening among underserved eligible Medicaid and Medicare patients

The Solution

West Virginia's comprehensive cancer coalition, called **Mountains of Hope** (MOH), formed a Lung Cancer Screening Workgroup, and building upon the collaborative experience of MOH members and their network of partners, they assessed member organizations' previous projects to develop a lung cancer screening pilot program.

MOH focused on improving accessibility to screening by building relationships between the coalition and low-dose computed tomography (LDCT) screening facilities in counties with high rates of late-stage lung cancer diagnosis that could bill Medicaid and Medicare and were located within 20 miles of primary care providers.

MOH created a toolkit for facilities that included steps to build sustainable referral networks and processes with primary care providers, use targeted community advertising, and adapt evidence-based interventions such as community clinic linkages to increase lung cancer screening. The workgroup provided technical assistance through provider/staff training and consultation on lung cancer awareness month activities.

The Results

In 2018-2019 two LDCT facilities participating in the pilot saw a 78% increase in screening from their baseline rates.

In 2019-2020 six facilities participated, and even with the COVID-19 pandemic saw a 30% increase in screening rates. Four of those sites continued the project in 2020-2021 and increased screening by 57%.

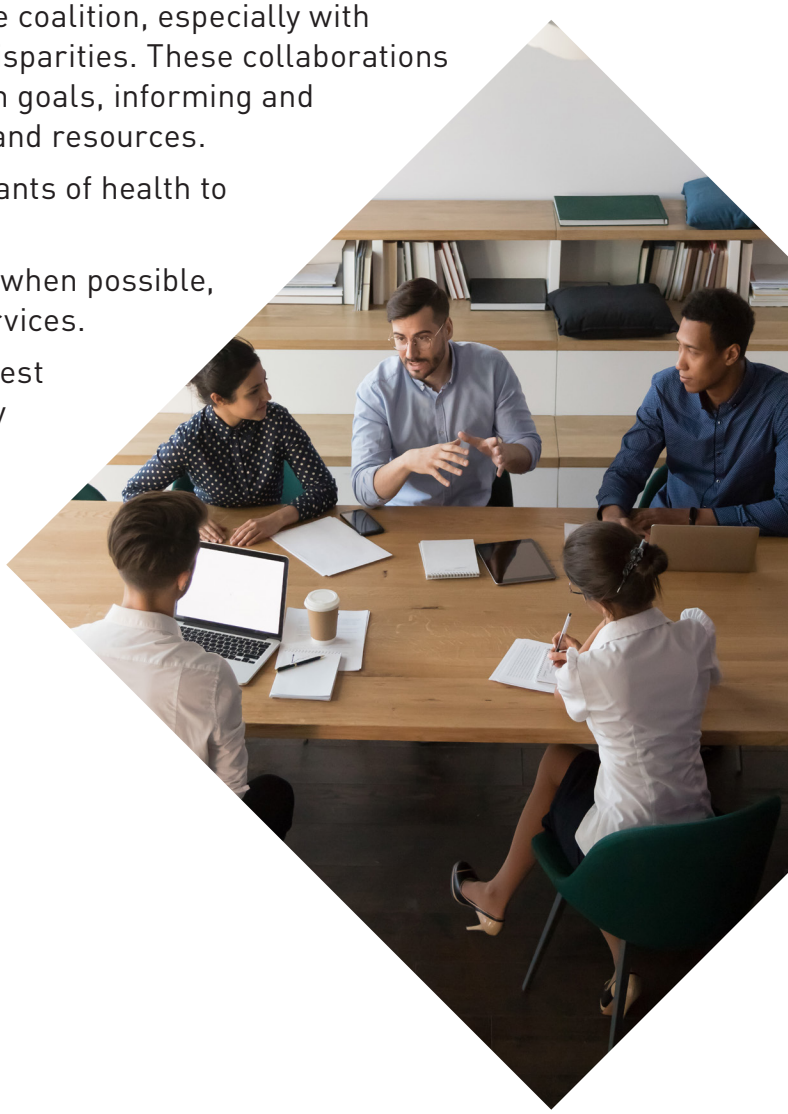
In 2021 a mobile LDCT screening unit began servicing 43 counties in West Virginia with no accredited LDCT facilities, thereby increasing access to screening.

The mobile unit also provided screening to uninsured patients through grants and other funding. Since the start of the pilot program in 2018, a total of 777 patients have been screened for lung cancer. Screening facilities and primary care providers liked the support provided for implementation and felt that once this program was in place, it would be easily sustainable.

West Virginia's Lessons Learned

To address health equity of lung cancer screening, coalitions can:

- Root work in data-informed decision-making.
- Adapt and implement evidence-based interventions from past coalition partner organization projects, **Evidence-Based Cancer Control Programs** (EBCCP), or **The Community Guide**.
- Create shared language for education materials, resources, and media. Language should be clear, at a basic reading level, culturally appropriate, and use consistent terms to increase clarity and credibility.
- Nurture relationships both inside and outside the coalition, especially with partners that serve communities experiencing disparities. These collaborations build capacity by supporting partner organization goals, informing and supporting each other's work, and sharing data and resources.
- Build interventions that address social determinants of health to increase benefit and create sustainable change.
- Use policy, systems, and environmental change, when possible, to connect community members with clinical services.
- Measure the benefit of interventions and share best practices to build lung cancer screening capacity statewide.



What You Need to Know

Value-added collaboration is demonstrated in a coalition when:

- Members ask and identify: "What in the CCC plan would not happen if the coalition didn't work on it?"
- Discussions about value-added collaborative efforts uncover diverse strengths and resources otherwise unknown.
- Coalition efforts work to enhance, expand, and create approaches to address a cancer plan objective, not duplicate efforts of others or focus on a result that would likely happen regardless of the coalition's involvement.
- Several organizations within a coalition advocate together by "speaking with one voice" and can impact decision-makers, government agencies, or other organizations.

Make It a Habit

Be deliberate about what you do.

- Systematically identify where the value-added collaboration opportunities are in your cancer plan. Don't focus your time on things that will happen anyway, without the coalition's collective action.
- Work alongside populations of focus to identify and ensure the value-added collaboration is truly realized.

Demonstrate and communicate the value-added efforts of the coalition. Make sure your potential partners and the public know:

- "We worked on this priority issue together."
- "This wouldn't have happened without the coalition."

Assessment: How Does Your CCC Coalition Rate?

Circle a Number for Each Statement:
1 = This is Not Happening in Our Coalition ▶ 5 = This Sounds Just Like Our Coalition

HABIT 3: VALUE-ADDED COLLABORATION

Members of populations of focus lead in identifying value-added collaboration opportunities.	1	2	3	4	5
Coalition members have connected with each other, which led to them working together or sharing resources.	1	2	3	4	5
Our coalition's efforts influence key decision-makers, government agencies, and other organizations.	1	2	3	4	5
Our coalition has visibility and credibility.	1	2	3	4	5
Our coalition works on things that otherwise wouldn't have happened without our efforts.	1	2	3	4	5

Next...

- ✓ Identify specific examples from your coalition that illustrate why you rated your coalition as you did for the statements above.
- ✓ Use the "Make It a Habit" tool at the end of this guide to plan how you will make the change and track your progress.

Coalition Spotlight: Nevada — Value-added Collaboration

A blog post from the **Nevada Cancer Coalition** describes how a CCC coalition can be the starting point for value-added collaboration to achieve cancer plan goals:

> As a coalition, we love a good story about collaboration and partnership. When we heard that two of our partners were working together on a unique project, funded by a third partner, we knew we had to share it with you. The three-partner project works to increase follow-up and surveillance care for breast cancer survivors transitioning to a primary care setting.
>
> The cancer care team at Renown Institute for Cancer knows that as breast cancer survivors transition from active treatment into post-treatment surveillance and follow-up care, it's vital to have access to primary health care. However, not all of Renown's patients have established relationships with a primary care provider or the insurance coverage to access that care. Building upon an existing partnership with Northern Nevada HOPES, Renown now refers breast cancer survivors without a primary care provider to HOPES to receive follow-up care and surveillance screenings. HOPES is a community wellness center providing primary care, behavioral health services, and low-cost pharmacy, among many other services, oftentimes at little or no cost to those who are uninsured or underinsured. This exciting collaboration employs the use of a bilingual breast health navigator at HOPES to manage follow-up care with breast cancer survivors who are referred by Renown's breast cancer nurse navigator.
>
> The entire program is supported by a grant from Susan G. Komen Nevada. The nonprofit has long been raising funds to support research and services at the national level, but has been keeping the bulk of their funds right here in Nevada to support breast cancer programs for our communities. With this new project, they used a portion of their funding to support women on the other side of breast cancer – those just completing treatment.
>
> We are thrilled to see this type of collaboration, a true example of comprehensive cancer control and a step toward reducing the burden of cancer in our state. Cheers to Susan G. Komen Nevada, Renown, and Northern Nevada HOPES for identifying this need and working together to support northern Nevada's breast cancer survivors.
>
> Source: **https://nevadacancercoalition.org/**

NEVADA CANCER COALITION

Coalition Spotlight: Comprehensive Cancer Control National Partnership — Value-added Collaboration

The Comprehensive Cancer Control National Partnership (CCCNP) was formed in 1999 as a collaborative group of diverse organizations working together to build and strengthen comprehensive cancer control efforts across the nation. Today, the CCCNP is an influential group of **17 leading cancer organizations** that utilize their combined strengths and resources to coordinate national cancer control efforts and to support and facilitate the efforts of state, tribe, territory, and Pacific Island Jurisdiction (PIJ) cancer control coalitions to ultimately change the trajectory of the cancer burden in the US.

Between 1999 and 2013, the primary focus of the CCCNP was supporting the development and implementation of CCC plans and supporting coalition development. In 2014, the CCCNP applied the concept of "value-added collaboration" to its own strategic initiatives and identified three primary focus areas where CCCNP members felt there was an opportunity to take collective action that wouldn't otherwise happen.

These areas were:

1. **HPV vaccination uptake, especially through forging relationships between CCC coalitions and immunization coalitions**
2. **Increasing CRC screening to reach the national goal of 80% screening by 2018, specifically through CCC coalitions**
3. **Increasing the focus of national partners and CCC coalitions on tobacco cessation for cancer survivors**

The CCCNP restructured its workgroups to focus on these three areas and, through coordinated and collaborative action, provided those CCC coalitions with the necessary support and technical assistance they would otherwise not have had.

Source: Vinson, et al. Collaborating to conquer cancer: the role of partnerships in comprehensive cancer control. Cancer Causes and Control (2018) 29: 1173.

Comprehensive Cancer Control
Collaborating to Conquer Cancer

Coalition Spotlight: Minnesota — Value-added Collaboration

The value of a CCC coalition is often its convening power – the ability to bring organizations together to work on an issue in a way that would be more impactful than one organization working alone. One example is the **Minnesota Cancer Alliance**, which convened lung cancer screening thought leaders to discuss how organizations can collaborate to address a specific objective in the cancer plan, while at the same time achieving individual organization goals.

Blog post from November 2, 2018 — The Thought Leader Engagement Strategy Action Group has been working on Objective 4 of Cancer Plan MN 2025. This group of lung cancer leaders (thought leaders) met in April to review the Cancer Plan and identify action steps to improve lung cancer screening numbers. Twenty-four individuals from 13 different organizations, from all over the state, attended the meeting.

At the meeting, the group identified barriers to getting more people screened. Some areas of need that were identified include: identifying primary care partners, using EMR software to identify eligible patients, developing a business model for new screening programs, and underreporting or fear of being screened due to stigma. Although the group identified many needs, they also identified many successes. This meeting provided a chance for organizations to work together and discuss ideas for improving screening throughout the state. Some meeting attendees stated:

"This is the first time that all of these different organizations have been brought together to discuss lung screening in Minnesota."

"Thank you for inviting me to present at this excellent meeting!"

"Very good discussions. Got great ideas on how to improve our program."

Moving forward, this group has identified areas for future work which will help address strategy 4.1 of the Cancer Plan. A Breath of Hope Lung Foundation, the American Cancer Society, the American Lung Association, and partner organizations will continue to meet to plan another meeting in September. For more information about this group or to get involved, please go to **https://mncanceralliance.org/**.

Source: **https://mncanceralliance.org/thought-leader-engagement-strategy-action-group/**

minnesota cancer alliance

Habit 3 Tool: Value-added Collaboration

Name the value-added outcomes your coalition has achieved. In other words, what have you accomplished as a coalition that wouldn't have happened otherwise?

- _____
- _____
- _____
- _____
- _____
- _____

Do you think potentially affected individuals and organizations (those who will be affected by your efforts – such as populations of focus, coalition members, elected officials, funders, state and local health organizations) know about these value-added efforts and outcomes? If not, what are some ways you can communicate with them?

- _____
- _____
- _____
- _____
- _____
- _____

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NINE HABITS

1. Empowering Leadership
2. Shared Decision-making
3. Value-added Collaboration
4. **Dedicated Staff**
5. Diversified Resources
6. Effective Communication
7. Clear Roles and Accountability
8. Flexible Structure
9. Setting and Implementing Priorities

Dedicated Staff

Because coalition members are volunteers who often hold full-time positions in their own organizations, dedicated staff are assigned as added support and to reduce the burden of coalition activities. It is important to clearly communicate what tasks these dedicated staff will do and the limitations of their work with the coalition. Staff support plays an important role in the ongoing progress, coordination, and communication of the coalition's efforts.

What You Need to Know

- Most coalition members hold full-time positions in their own organization; therefore, the burden of work for members needs to be recognized and partially offset by dedicated staff assigned to the coalition.
- Dedicated staff members are paid to assist the CCC coalition with operational work, such as:
  - Coordination
  - Communication
  - Tracking progress
- Coalition members can help identify and recruit dedicated staff, even from their own organizations. Organizations can choose to contribute a portion of an employee's time to their work for the coalition. Having dedicated staff doesn't have to be just one person, or only CCC program staff.
- Stable, effective staff support is critical to coalition functioning. Staff plays an important role in the ongoing coordination, progress, and communication of the coalition's efforts. This in turn can be instrumental in identifying and applying for alternative resources.

Make It a Habit

- Recognize that the skills needed to work with a coalition are often different than those needed for other public health positions.
- Ensure that dedicated staff have knowledge in or are willing to be educated on health equity principles and approaches.
- Match the right people with coalition needs.
- Look beyond the CCC program for staff support.

Skills for Staff

These skills include:

- Effective delegation
- Strong facilitation skills
- Ability to link, connect, and foster relationships among coalition members, as well as external partners
- Ability to listen and acknowledge several perspectives and identify strategies that focus on areas of agreement versus disagreement
- Skilled in connecting efforts to the goals and objectives of the cancer plan
- Understanding of how social determinants and social justice relate to health equity

Assessment: How Does Your CCC Coalition Rate?

Circle a Number for Each Statement:
1 = This is Not Happening in Our Coalition ▶ 5 = This Sounds Just Like Our Coalition

HABIT 4: DEDICATED STAFF

The roles and responsibilities of the coalition's operational needs are clear and well communicated.	1	2	3	4	5
Our staff as well as our members are offered ongoing opportunities to be educated and grow in knowledge about health equity.	1	2	3	4	5
The CCC program staff and other dedicated staff support are sufficient to help the coalition make progress.	1	2	3	4	5
We have asked partners if they can dedicate a portion of their time (or another staff member) to the coalition's specific staff needs.	1	2	3	4	5

Next...

- ✓ Identify specific examples from your coalition that illustrate why you rated your coalition as you did for the statements above.
- ✓ Use the "Make It a Habit" tool at the end of this guide to plan how you will make the change and track your progress.

Coalition Spotlight: Michigan — Dedicated Staff

Members of the **Michigan Cancer Consortium** (MCC) volunteer their time to the coalition. In many cases, these are busy professionals who have full-time positions in their respective organizations, which may limit their ability to carry out administrative functions associated with active involvement. Dedicated staff from the Michigan Department of Health and Human Services (not limited to the state comprehensive cancer control program) have been assigned to provide support with coalition activities. To ensure a smooth-running coalition, the MCC Board of Directors, committees, and workgroups each have dedicated staff liaisons.

These dedicated staff liaisons work with the chairperson of the committee or workgroup to develop agendas, schedule meetings, coordinate and facilitate group work and responses, complete meeting summaries, and other tasks as needed. When a new committee or ad hoc committee is developed within the MCC, it is assigned a staff liaison.

Michigan's "lessons learned" and advice:

- Establish, mentor, and implement dedicated staff to support continuity during staff transitions.
- Dedicated staff doesn't only come from the CCC program. Look to other programs with common interests (breast and cervical, colorectal, etc.) to provide staff support to a committee.
- Staff liaisons ease the burden on chairpersons to maintain/reduce turnover and burnout within the MCC. Staff support is essential to a highly engaged coalition.

Source: **https://www.michigan.gov/mdhhs/keep-mi-healthy/chronicdiseases/cancer/mcc/the-michigan-cancer-consortium**

Habit 4 Tool: Dedicated Staff

Does your coalition have dedicated staff?

Are the dedicated staff knowledgeable in health equity principles and approaches?

If not, are they willing to engage in educational opportunities?

What are the roles and responsibilities of coalition staff?

Is this enough to get the job done? If not, can you think of creative ways to identify additional dedicated staff time to the coalition?

Does your coalition rely too heavily on CCC staff to do the work of the coalition? If so, how can coalition members take on more of the responsibility?

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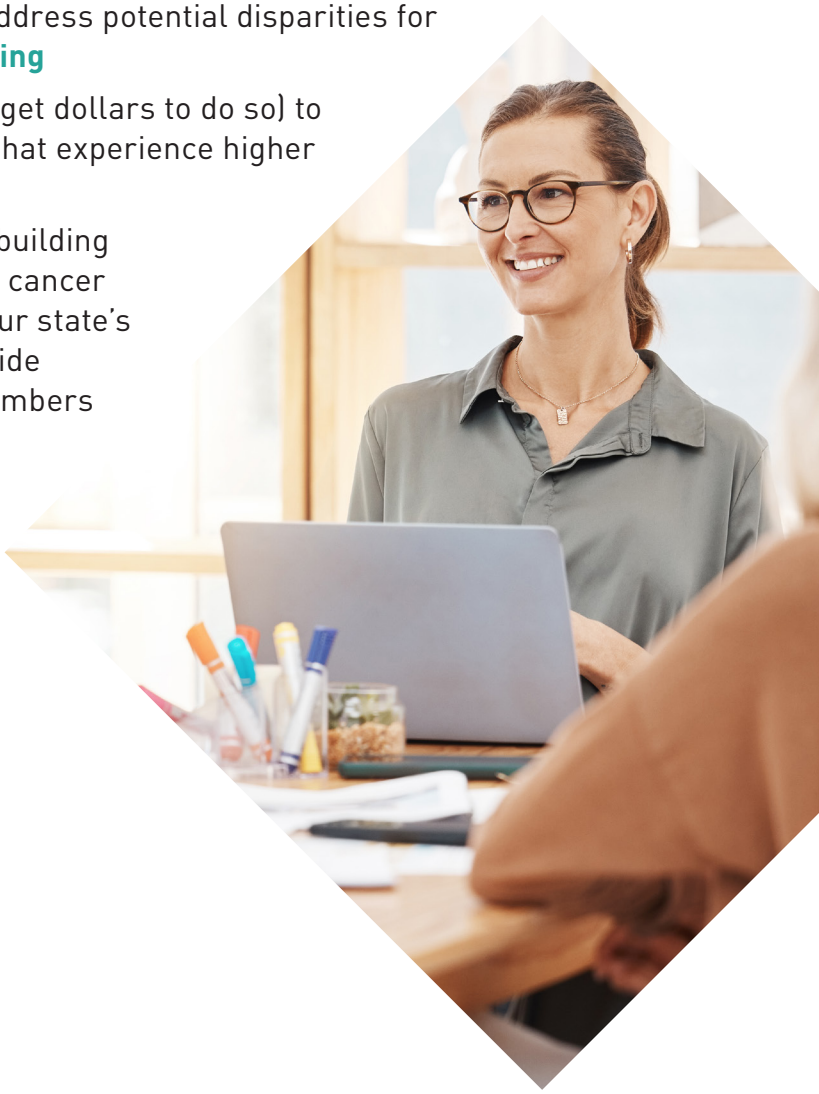
Diversified Resources

Diversified resources are defined as a variety of resources that can help keep the coalition functioning and support implementation of CCC plan priorities. Resources may be in-kind (meeting space, printing, web services, transportation support, etc.), as well as monetary (federal and state government funding, grants, member dues, etc.). Diversified resources allow the coalition to do more work and not falter if one resource is eliminated. Diversified resources help create widespread support and involvement in the coalition's efforts because resources typically come from the coalition members themselves. Coalition members see the importance of diversified resources and become involved in helping to obtain resources for the coalition's efforts.

Diversified Resources — Iowa

The Iowa Cancer Consortium is Iowa's partnership of approximately 500 Iowans working together to advance cancer control through advocacy, equity, and collaboration. The consortium recognizes that to truly work toward achieving health equity in cancer control, we must institutionalize an ongoing focus on equity within our own policies, practices, materials, and technical assistance strategies for members and partners. This long-term process is driven by member interest, implemented by staff, and codified by our board of directors. One example of our work is related to the way we encourage equitable use of resources among consortium members and require applicants to address disparities, including:

- Requiring applicants to identify strategies to address potential disparities for **Iowa Cancer Plan Implementation Grant funding**
- Engaging with contractors (and dedicating budget dollars to do so) to increase outreach staffing within populations that experience higher cancer-related disparities in Iowa
- Dedicating budget dollars to provide capacity-building opportunities for members around addressing cancer disparities. For example, we contracted with our state's leading LGBTQ+ advocacy organization to provide training on inclusive and affirming care for members within health care, public health, and other organizational settings.



What You Need to Know

- Coalitions can think creatively about the resources they need to support their efforts and how they can fulfill those resource needs. Resources do not have to be monetary in nature. Diversified resources allow the coalition to do more and not falter if one source is eliminated.
- Coalition members see the importance of diversified resources and become involved in helping to obtain resources for the coalition's efforts.
- Resources identified within the membership of the coalition create a sense of having "skin in the game," which in turn increases the support and involvement from coalition members.
- Identifying diverse resources that prioritize and are aligned with a coalition's health equity goals is important. Funding sources that reduce or eliminate barriers for small, community-based organizations are important to include in a diverse portfolio of coalition resources.

Make It a Habit

Communicate about resources.

- Share how important diversified resources are to your coalition.
- Write down and communicate widely, "This is what we have and what we don't have. This is what we can do if we had additional resources."

Develop a resource strategy plan.

- Be strategic about obtaining monetary and in-kind resources. Write down a plan that includes prospective sources, how the resources will be used, expected outcomes of having the resources, and who will/how to pursue the opportunity to obtain the resources.
- Identify members of the coalition who are skilled at grant writing and fundraising.

Create a resource "wish list."

- Let everyone know what you need; sometimes all you have to do is ask. Communicate how you'll use the resources and the expected outcome of having those resources.

Assessment: How Does Your CCC Coalition Rate?

Circle a Number for Each Statement:
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HABIT 5: DIVERSIFIED RESOURCES

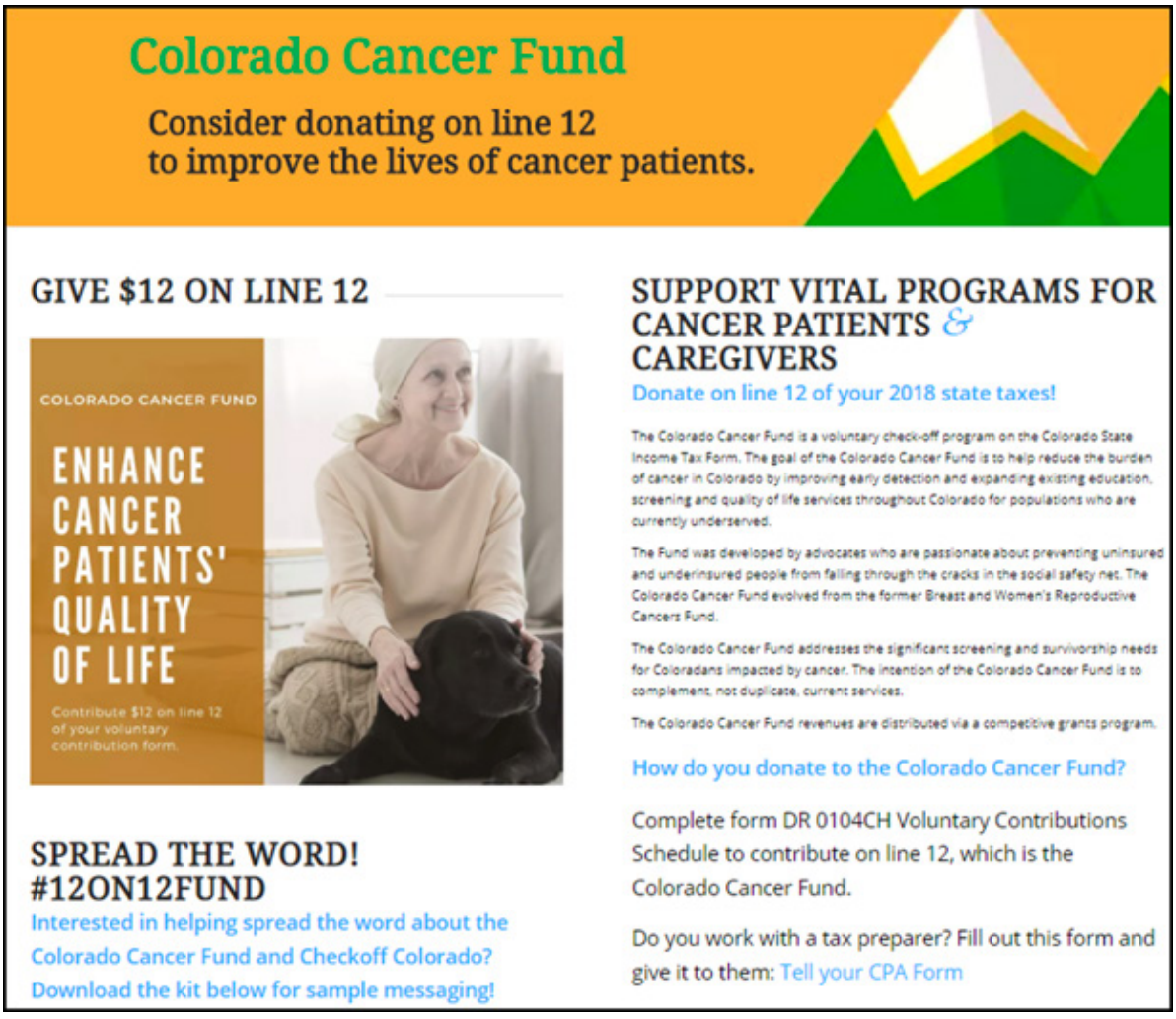
We have a written resource strategy plan that identifies monetary resources and other types of resources needed to implement our cancer plan.	1	2	3	4	5
Resources (time, money) have been allocated to assure our efforts are aligned with our health equity goals.	1	2	3	4	5
We have identified coalition members who are actively working to fill resource needs.	1	2	3	4	5
We have diversified resources to support our coalition's efforts.	1	2	3	4	5

Next...

- ✓ Identify specific examples from your coalition that illustrate why you rated your coalition as you did for the statements above.
- ✓ Use the "Make It a Habit" tool at the end of this guide to plan how you will make the change and track your progress.

Coalition Spotlight: Colorado — Diversified Resources

The **Colorado Cancer Coalition**'s task forces have action plans tied back to the 2016-2020 Colorado Cancer Plan, but the age-old question is – what resources do we have to implement our activities? The coalition has limited funds to implement cancer plan activities. The solution: A "Colorado Cancer Fund" was established with funds earmarked for cancer plan implementation mini-grants.



Established in 2010, the Colorado Breast and Reproductive Cancer Fund provided a mechanism for taxpayers to voluntarily contribute money to support the coalition in implementing its mission and vision. A few very active coalition members worked to get the Colorado Cancer Coalition as a beneficiary on the state tax form. Renamed the Colorado Cancer Fund in 2012 to be more inclusive, the fund continues as an important resource for the sustainability of the Colorado Cancer Coalition and provides the opportunity to fund dozens of organizations to implement Colorado Cancer Plan strategies.

The Colorado Cancer Fund receives anywhere from $50,000 to $90,000 annually to give as grants to organizations throughout Colorado. Every year, the coalition leadership puts together a new Colorado Cancer Plan Implementation Grants Request for Proposal (RFP). Depending on the year or priorities at the time, the leadership may designate specific areas of interest for potential grants. **Click here** for more information about Colorado's RFP.

The RFP is open to the entire state of Colorado to apply for funds to execute Colorado Cancer Plan strategies. Task forces are highly encouraged to apply or work closely with an organization that will act as the fiscal agent to help fulfill the grant work. The RFP is a competitive process and reviewed by the Colorado Cancer Fund board.

The Colorado Cancer Fund has to raise at least $50,000 a year to remain on the voluntary contribution form. To ensure the Colorado Cancer Fund stays listed, the coalition works with a local ad agency to get the word out about the Colorado Cancer Coalition. The coalition is mostly focused on local neighborhood print ads and Facebook digital ads.

Source: **https://www.coloradocancercoalition.org/colorado-cancer-fund/**

Check Out the RFP

Colorado's Keys to Success, Advice to Other CCC Coalitions

- Explore the possibility of requesting voluntary contributions on the state tax form in your state.
- Engage a group of committed coalition members to follow the process to get listed on the form.
- Be intentional, but use generic language about how the funds will be used, so you can have flexibility later on without having to change legislation.
- Get creative with how you market the fund.
- Once you have grantees, build into the requirements that they help market the fund.
- Utilize coalition leadership and members to help draft the RFPs and review completed proposals. This helps with delegation of duties and gives coalition members meaningful ways to engage.

Habit 5 Tool: Key Questions to Ask When Identifying Diverse Resource Sources

- If funding is obtained, who will serve as the fiscal agent for holding and distributing the funds?
- Is there a plan for equitable distribution of funds that enables organizations that represent populations of focus to have opportunities to apply for and receive funds?
- What will you do if a donor or funder wants to fund only a portion of an effort?
- What will you do if someone wants to provide resources for something that is not a priority in your CCC plan?
- What will you do if someone wants to provide resources for something in your CCC plan, but does not like the strategy or strategies you have identified?
- How will you deal with others who view the CCC plan and your efforts as competition for funds for their cause or their organization?

Habit 5 Tool: Steps in Creating a Resource Strategy

STEP 1 **Determining Purpose and Scope of the Resource Strategy**

- Establish the rationale for developing a resource strategy.
- Identify benefits and challenges.
- Select a process for developing the resource strategy.
- Make initial decisions about the scope of the resource strategy.

STEP 2 **Developing the Resource Strategy**

- Ask: Do we have enough detail to develop resource estimates (e.g., amount of staff time, funding needed, materials and equipment needed)?
- Decide what to include in your resource strategy (e.g., current resources).
- Identify budget categories for estimates.
- Develop a list of assumptions needed.
- Identify sources of information for assumptions.
- Develop your resource strategy and estimates.

STEP 3 **Using the Resource Strategy**

Determine how you will present and communicate about your CCC resource needs, including:

- Audience
- Major interests/concerns
- Talking points
- Opportunities to present resource needs

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Effective Communication

Coalition communication should be consistent, purposeful, and effective. Coalitions use a variety of ways to communicate with members, including email, websites, social media, e-newsletters, and virtual and in-person meetings. Communication mechanisms allow for two-way communication and feedback. They are established for several groups, including coalition chairs, coalition leadership groups, workgroups, and the full coalition. Regular communication serves several functions: it keeps coalition members apprised of coalition work, reminds coalition members of their role and accountability in the coalition, and calls coalition members to action when needed. Coalition members feel more connected and have a greater satisfaction in belonging to the coalition when they see their collaborative successes communicated.

Effective Communication — Iowa

The infusion of equity into the Iowa Cancer Consortium's organizational systems has led to enhanced relationships with often underrepresented groups, ensures that equity is always front and center in the consortium's work, and builds the capacity of hundreds of cancer control practitioners across the state. One way the consortium has ensured health equity is center to their work is in the way they communicate as an organization, including:

- Identifying achieving health equity as a key priority in the **Iowa Cancer Plan**
- Expressly identifying equity as a key part of **their brand**

Iowa's Overall Lessons Learned

Addressing health equity is a process that takes constant focus, effort, exploration, and adjustment. Change and impact are seen over time, through one adjustment at a time. It is important to set health equity as a priority for the organization overall and then look at specific ways to implement changes over time.

What You Need to Know

- Coalitions that communicate effectively use a variety of ways to share information with members, including emails, websites, telephone calls, meetings, and newsletters. Coalition communication channels are a way to amplify voices of populations of focus.
- Coalitions can model inclusiveness through their communications. Ensure that you use inclusive language in accessible formats in all your communications. For more about inclusive language, see the CDC's **Health Equity Guiding Principles for Inclusive Communication**.
- Offer training to coalition leaders and members about how to communicate in an inclusive way. For effective communication in meetings, agree on communication standards that reflect the coalition's intention to be inclusive. Also include time for members to talk with each other and coalition leadership, to ask questions and engage in dialogue, and to openly share ideas with others, and to see that progress is being made.
- Diverse communication mechanisms that allow for two-way communication and feedback are best.
- Consider using simultaneous translation and/or ask coalition members or other partners to assist with translating written materials and slides used during coalition meetings.
- Determine the best communication methods for your different groups, including coalition chairs, leadership groups, workgroups, and the full coalition. Ask their preferences for the type of meetings (in-person versus video or conference calls) and the best day/time of day for their schedules. Some coalitions meet annually, semiannually, or quarterly in person, or by video calls, or both. Workgroups often meet or have video calls or telephone calls monthly.
- Effective coalition communication is consistent, purposeful, and timely. A simple communication plan can help ensure effective communication. Regular communication serves several functions:
  - Keeps members apprised of coalition work
  - Reminds members of their role and accountability in the coalition
  - Calls coalition members to action when needed
  - Helps members feel more connected and have a greater satisfaction in belonging to the coalition when collaborative successes are shared
- An established communication schedule (monthly or quarterly) is important so that people know when to expect to hear from you about coalition efforts and plans. Make sure you have some type of evaluation in place to know if your communications are achieving the outcomes you want. For example, are people reading them, are they getting the information they want, do they know how to provide feedback, etc.

Make It a Habit

- Create a simple communication plan.
  - Who, what, when, and how
- Ensure there are ongoing methods for feedback and input.
- Keep communication short and simple.
- If you are asking people to do something, make sure you are making it clear WHAT you want, WHEN you want it, and HOW to follow through with the action.
- Offer training opportunities to coalition leaders and members to foster growth in inclusive communication practices.

Assessment: How Does Your CCC Coalition Rate?

Circle a Number for Each Statement:
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HABIT 6: EFFECTIVE COMMUNICATION

Our communication with coalition members is efficient and effective.	1	2	3	4	5
We have a communication plan that utilizes diverse ways of communicating with our members and other potential collaborators.	1	2	3	4	5
Coalition meetings are interactive; we have meaningful discussions and get work accomplished.	1	2	3	4	5
Our coalition clearly communicates to our members and the public where our coalition stands on equality, diversity, and inclusion.	1	2	3	4	5
We work with populations of focus to ensure communication is tailored and relevant.	1	2	3	4	5
We use inclusive language in our communications, as well as our cancer plan. We offer training to coalition leaders and member regarding inclusive language and communication.	1	2	3	4	5

Next...

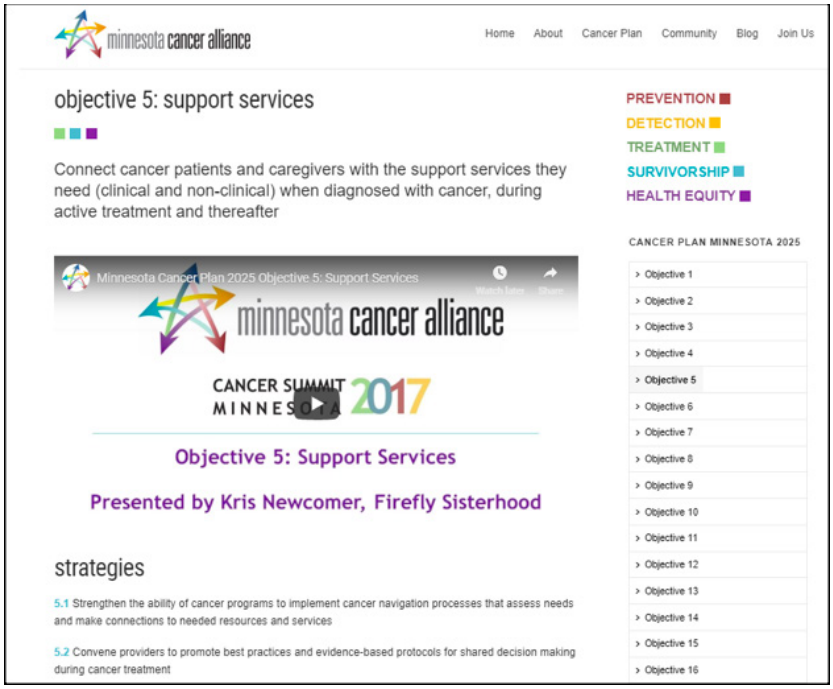
- ✓ **Identify specific examples from your coalition that illustrate why you rated your coalition as you did for the statements above.**
- ✓ **Use the "Make It a Habit" tool at the end of this guide to plan how you will make the change and track your progress.**

Coalition Spotlight: Minnesota — Effective Communication

Website Communications

Many CCC coalitions have found that a website is an effective tool for communicating widely about coalition activities and how others can become involved in the implementation of the cancer plan. The **Minnesota Cancer Alliance** uses their online site to outline their cancer plan, highlighting each objective with a short video presentation that was recorded during a coalition summit.

Source: **https://mncanceralliance.org**.



Social Media Communications

Several CCC coalitions create Facebook pages to communicate with members and interested partners in real-time, like Guam.

Source: **https://www.facebook.com/GuamCCC/**.

Habit 6 Tool: Communication Planning

Do you have a communication plan?

YES If you do, review these questions to see if you are communicating in the most effective way possible.

NO If you don't, create one and ask these questions as you develop your communication strategy!

Communication Strategy

- Do you communicate in multiple ways with your coalition?
- Do you have regular or set times when you communicate with your full coalition?
- Who do you communicate to and how?
  - The full coalition?
  - Workgroups or committees?
  - Population of focus?
  - Non-member individuals and organizations?
  - Policy-makers and decision-makers?
- Do you tailor the method and the content of your communication to your audience?
- Do you use interactive and online communication methods (e.g., dashboards) to engage members and other partners in your cancer plan goals?
- What do you communicate about?
  - Successes?
  - Needs?
  - Challenges?
  - A call to action?

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Clear Roles and Accountability

Coalition members understand the mission of the coalition and how they, both as an individual and an organization, can help achieve that mission. Roles of the members in the coalition are defined and communicated both verbally and in written documents. Members can serve the coalition in a variety of roles and feel they have some flexibility in choosing and changing their roles over time. Because specific role responsibilities are clearly communicated, members understand what is expected from them and what they in turn can expect from other members and groups within the coalition.

What You Need to Know

- Roles should be defined and communicated both verbally and in written documents. This helps coalition members better understand how they, both as an individual and an organization, can help achieve the coalition's goals.
- Include health equity in coalition governance documents – as a value statement or through guiding principles. Ensure that coalition policies are equitable and inclusive.
- Clearly defined roles can foster a sense of accountability among coalition members.
- Members understand what is expected from them and what they in turn can expect from other members and groups of the coalition.
- Let members feel they have some flexibility to choose and change their roles over time.
- Acknowledge member roles and accountability by congratulating and thanking members and highlighting their progress, contributions, and successes!

Make It a Habit

- Create or update written expectations for different roles within the coalition, including length of commitment, number of planning calls and meetings, etc.
- Identify the coalition's implementation role and explain how it differs from a planning role.
- Ask members to recommit to their roles and encourage them to take on new roles if desired.
- Establish systems that identify expectations and then follow through with checking in on assignments (e.g., action plans).
- Create accountability for following up on responsibilities by assigning meeting agenda items to members and asking them to provide progress reports.
- Assure there are ways to thank and congratulate members for their contributions and progress.
- While applying health equity principles is every coalition member's responsibility, it can be helpful to identify specific health equity champions to serve on a committee or task force who can work to ensure the coalition is intentional about addressing health equity and inclusiveness.

Assessment: How Does Your CCC Coalition Rate?

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HABIT 7: CLEAR ROLES AND ACCOUNTABILITY

The coalition's role in implementing the cancer plan is clear to members.	1	2	3	4	5
Our coalition has defined roles for our members and has a recommitment process in place.	1	2	3	4	5
Our coalition has had conversations about and articulated what diversity, equity, and inclusion mean to the coalition.	1	2	3	4	5
Our coalition has measures in place to monitor our accountability to our commitment to health equity, diversity, and inclusion.	1	2	3	4	5
Most members follow through with assignments and meet deadlines.	1	2	3	4	5
When efforts are not being followed through, or progress isn't being made, we discuss the issues and take appropriate action.	1	2	3	4	5

Next...

- ✓ **Identify specific examples from your coalition that illustrate why you rated your coalition as you did for the statements above.**
- ✓ **Use the "Make It a Habit" tool at the end of this guide to plan how you will make the change and track your progress.**

Coalition Spotlight: Wisconsin — Clear Roles and Accountability

After rapid growth in membership of the **Wisconsin Cancer Council** (WCC), which led to declining member engagement in the work of the coalition, the council steering committee identified a need to review and revitalize the WCC. The one-year revitalization project, framed by the *Nine Habits*, set out to address needs identified through WCC member assessments. The process was focused on re-engaging members, improving benefits offered to members to support cancer control efforts, and to enhance the WCC structure to sustain improvements over time. With the *Nine Habits* as a guide, the WCC sought several improvements, including increasing member engagement by taking the following actions:

- Clarified the role of WCC members and Steering Committee members
- Clarified WCC member benefits
- All members were asked to recommit to the WCC and renew membership on a biennial basis.
- The WCC membership application was updated, put online, and incorporated into an online members-only networking directory.
- The steering committee nomination and selection process was clarified and shared with membership.

Source: Hohman et al, Cancer Causes and Control (2018) 29:1195-1203, The Nine Habits of successful comprehensive cancer control coalitions.

Sample Member Benefits

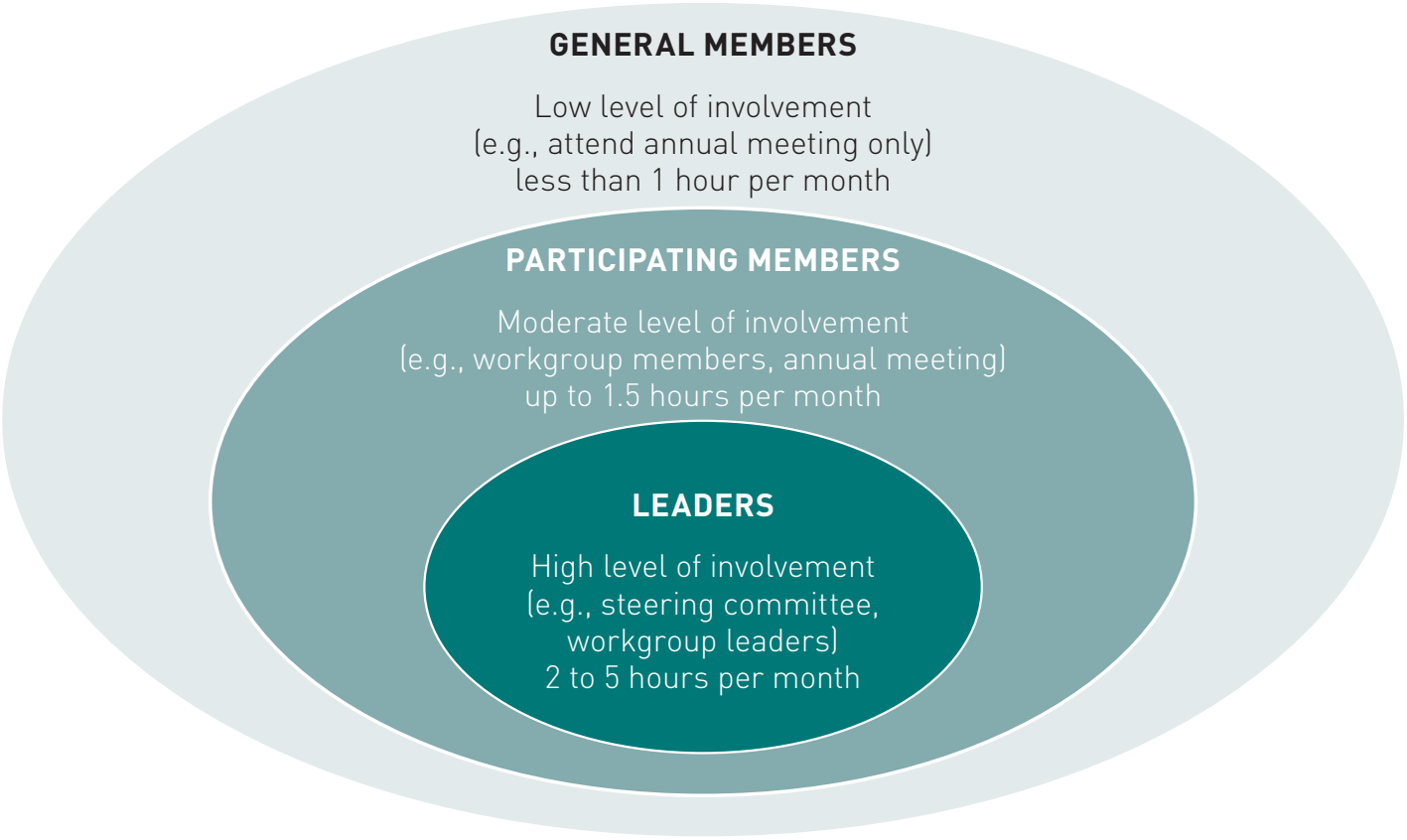
- **Our monthly newsletter, *ENGAGE*, which is full of news and resources**
- **Quarterly Policy Roundup, to help members stay informed of cancer-related policy issues**
- **Email alerts when we release new infographics, issue briefs, and other resources**
- **Invitations to Cancer Council events – at no charge**
- **Access to our members-only networking directory**
- **A wide range of tools to advance member cancer control work**
- **Networking opportunities with cancer control experts across Wisconsin**

Source: **https://wicancer.org/wicancercouncil/join/**.

Coalition Spotlight: Vermont — Clear Roles and Accountability

The **Vermont Taking Action Against Cancer** (VTAAC) cancer coalition provides clear explanations of the different levels of members and the time commitments for each:

VTAAC Membership Levels



Source: **http://vtaac.org/wp-content/uploads/VTAAC-Membership-Levels-3.pdf**

Habit 7 Tool: Clear Roles and Accountability Steps

Take these steps to put this habit into practice:

☐ Reconfirm

Have a specific discussion about the role of the group with its members, together. Reconfirm the purpose of the group and its overall role in relation to others and in the implementation of the cancer plan. Make sure to document the role of your leadership groups, workgroups, and other coalition teams and make this information readily available to everyone. Remind members about their role to help focus efforts and avoid uncertainty about roles. Remember that as individuals come and go those with the institutional memory about the role of the group may get lost.

☐ Recommit

Have a written mission and purpose for the coalition that includes a commitment to health equity and inclusion, and make sure all members are made aware of the role of the coalition when they join. Ask members to sign a recommitment every 1-2 years that states their role as a member. At your next full coalition meeting, spend time talking about the role of members and give examples of how this has looked in the past. Recognizing members for the work they do serves as a reminder to others about their role.

☐ Request

Be specific about how members and other organizations can be involved in the efforts of the coalition, and ask how they want to be involved. One simple way to do this is to create a list of "what you can do" and "what do you want to do" that links to your cancer plan implementation priorities. Disseminate the list widely! If you don't ask, you may never know what organizations can contribute.

☐ Educate

Provide ongoing education regarding the latest information on evidence-based interventions. Members are responsible for implementing evidence-based interventions from the cancer plan. Don't assume they know this information and how to best implement these interventions. Provide ongoing education on using a health equity lens to implement culturally relevant evidence-based interventions.

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Flexible Structure

The coalition structure is flexible, adapts to challenges, and facilitates implementation of the CCC plan. The coalition strives to operate in a way that maximizes the effective and efficient work of its coalition members and advances health equity. As new priorities and efforts are identified, the coalition assesses its structure to assure the strengths and resources of the coalition are aligned with its efforts. This may mean changes in workgroups, changes in leadership, changes in communication methods, etc. It also may mean designing a structure (such as regional coalitions) that effectively reaches all geographic areas and populations. A flexible coalition structure incorporates other habits, including shared decision-making, empowering leadership, and dedicated staff.

Flexible Structure — Colorado Cancer Coalition

In 2021, we learned of a newly forming group that wanted to start a coalition focused on cancer resources for Colorado's Spanish speaking community. Instead of creating a whole new organization or coalition, we began discussions to see if the current Colorado Cancer Coalition (CCC) structure would meet their needs. The result was the **Latino Task Force/Grupo de cáncer en español**.

Together, we have been exploring how we can provide more culturally relevant education and ultimately improve outcomes for Coloradans from Spanish speaking communities. The Latino Task Force/Grupo de cáncer en español has created a vision, mission, and cancer plan priorities aligned with the Colorado Cancer Plan.

Lessons Learned

- Find champions from the community you want to work with.
- Be open to learning how they want to communicate.
- Be flexible if your current structure doesn't meet their needs.
- Work with them to prioritize what organizational documents need to be translated.
- Have an extensive list of reputable interpreters that you can access as you have meetings. Providing an interpreter is vital, so they can participate fully. Ask for their feedback often on how the interpretation services are, so you can adjust if needed.
- Don't overload them with too many requests; help them prioritize their cancer plan and not be inundated with requests from other task forces/workgroups that want to work with the Spanish speaking community.
- You can't just translate one document from English to Spanish. You need to transcreate it (i.e., adapt content from one language to another while maintaining the existing tone and intent), and make sure it's culturally relevant.

To find out more about the Colorado Cancer Coalition's Latino Task Force/Grupo de cáncer en español visit: **https://www.coloradocancercoalition.org/task-forces/grupo-de-cancer-en-espanol/**.

What You Need to Know

To have a flexible coalition structure that leverages the opportunities and effectiveness of its efforts to implement CCC plan priorities, consider these tips:

- As new priorities and efforts are identified, assess the coalition structure to assure the strengths and resources of the coalition are aligned with its efforts.
- The adage of "form follows function" is a good rule to follow. In other words, let your priorities dictate the organization of your coalition.
  - This may mean changes in workgroups, changes in leadership, and changes in communication methods. It also may mean the need to recruit different types of members to effectively implement the coalition's priorities. As workgroups change, ensure that a focus on advancing equity is incorporated by ensuring all workgroups address health equity and/or establish a cross-cutting health equity workgroup or task force that includes coalition equity and diversity champions.
  - For example: Your coalition may have always had a Prevention Workgroup with diverse representation and interests. But if your agreed upon prevention priority is nutrition and physical activity and most of your members are interested in sun safety and tobacco control, you may find you are getting very little participation in the Prevention Workgroup. Consider changing the focus of the Prevention Workgroup so that form does follow function (i.e., make it be focused on nutrition and physical activity). And help workgroup members with an interest in sun safety and tobacco control find a new role or way to be involved in the coalition.

- Assess your coalition's structure to determine how effectively it is reaching and involving populations and communities that represent those experiencing health disparities. Options to address challenges in this area include:
  - Consider regional coalitions. Before embarking on this path, consider the following: Would this be feasible based on the current activity of your coalition, who would manage those coalitions, what communication methods would you use, how would you ensure their work meets their community's needs and still be tied to your cancer plan? How would you ensure that efforts are led by members of the communities themselves?
  - Consider reaching out to and working with other non-cancer focused coalitions to help achieve priorities rather than creating a new structure or workgroup.
  - Consider varying meeting locations or methods. Many coalitions vary their meeting locations and deliberately hold meetings in areas that are geographically distant from the center of coalition activity. Also, you may consider audiovisual connections from multiple communities. If you do this, make sure you test out the connections well in advance of the meetings to troubleshoot any technical issues that may arise.
  - Consider providing simultaneous interpretation and translating slides and meeting materials into languages used by populations of focus.

Discuss and determine how members who don't readily identify with a coalition workgroup can still contribute to the efforts of the coalition as a whole. For example, if a partner is primarily interested in increasing access to breast cancer screening services but the current coalition priority is increasing access to colorectal cancer screening, ask if they could lend their expertise and lessons learned to increasing colorectal cancer screening as well.

Make It a Habit

- Ensure "form follows function."
- Many coalitions have changed (and continue to change) their structure. Ask your leadership group if you need to do this.
- Ask: What do we want to accomplish? Are we set up to do that? How will we ensure a focus on advancing health equity and inclusion in our structure?
- Assess if your coalition is actively involving all areas within your communities and populations of focus. If you think this involvement is lacking, brainstorm with members from those communities about how a stronger connection could be made. This may mean regional coalitions that link to the larger coalition, working with other coalitions outside of cancer, rotating meeting locations, or using technology that allows members to be involved in meetings when not physically present.
- Encourage members to change roles within the coalition. This may mean moving to a different workgroup or taking on a leadership role.
- Assess gaps in membership, and actively recruit new members.
- Assess the coalition's capacity for the number of workgroups within the coalition's structure. It's better to do a few things well, than take on too much at once.
- Don't let bylaws or rules be a barrier to getting work done!

Assessment: How Does Your CCC Coalition Rate?

Circle a Number for Each Statement:
1 = This is Not Happening in Our Coalition ▶ 5 = This Sounds Just Like Our Coalition

HABIT 8: FLEXIBLE STRUCTURE

We assess our coalition to see if we are actively involving communities and populations of focus in our coalition structure.	1	2	3	4	5
Our coalition structure enables populations of focus to lead and be involved in coalition efforts.	1	2	3	4	5
Our coalition structure is flexible and adapts when needed to best implement our priorities.	1	2	3	4	5
Our coalition's capacity is aligned with the number of workgroups we have.	1	2	3	4	5
We have a structure that involves all communities and populations, regardless of their location.	1	2	3	4	5

Next...

- ✓ **Identify specific examples from your coalition that illustrate why you rated your coalition as you did for the statements above.**
- ✓ **Use the "Make It a Habit" tool at the end of this guide to plan how you will make the change and track your progress.**

Coalition Spotlight: Kentucky — Flexible Structure

The **Kentucky Cancer Consortium** (KCC) shared this story about the importance of maintaining a flexible CCC coalition structure:

> KCC conducted a member survey and targeted key informant interviews to evaluate "what was working and what wasn't" in regards to our structure. Through this dialogue, we realized that our structure did not provide an opportunity to productively and efficiently address priority areas of the cancer plan – so we made changes. We had originally focused workgroups on areas of the cancer continuum (prevention, early detection, treatment and care, and quality of life); however, they were too broad and too diverse to effectively implement priority objectives and strategies. We took the bold step to reorganize our workgroups around topical areas that were both timely and data driven. By listening to our members, we learned what their organizations needed to stay engaged – targeted, topical, and timely workgroups. This habit is ongoing; we regularly poll our members, both formally and informally, as to "what is working and what isn't," and maintain a willingness to be flexible in our coalition structure.
>
> One specific example of this process was KCC's decision to prioritize colorectal cancer screening. In order to take advantage of time-sensitive opportunities that required state-level communication, coordination, and collaboration, KCC developed a statewide KCC Colon Cancer Committee. Meeting monthly for six years built trust among our organizations, creating space for difficult conversations when necessary. As time passed, a CRC screening program began to require more time and attention from our KCC committee members. We decided that in order to maximize limited time and resources, our committee should take a hiatus. As a group, we decided to dedicate all our energies to supporting the state screening program and its outreach and education efforts, and our KCC Colon Cancer Committee did not meet for two years. But remember, flexibility is key! When funding for the state screening program vanished, the need for a convening of colon cancer partners resurfaced, and the KCC Colon Cancer Committee was easily reassembled. We held a strategic planning retreat to reinvigorate the membership and redefine our committee's objectives. We decided to meet bimonthly instead of monthly, a minor structural accommodation that served us well.

Kentucky's Advice About Maintaining a Flexible Structure

- Don't keep meeting just to meet. Keep your committee action oriented and be willing to meet more or less frequently to meet committee objectives. Does another committee have a similar goal or objective? Be open to merging like-minded groups.
- Be willing to admit that a committee or workgroup is no longer needed. Articulate clearly to the group your appreciation and the value of that group in its season. Then, provide other timely avenues for participation!

Coalition Spotlight: Vermont — Flexible Structure

Vermonters Taking Action Against Cancer (VTAAC) maintains a flexible structure to allow for emerging priorities and sustained collaboration around cancer plan goals. Here is a description from the **VTAAC website**:

> A VTAAC workgroup is a partnership of members formed and tasked with developing strategies for at least one goal from the Vermont State Cancer Plan. A workgroup would not exist on its own without VTAAC and is formed by the VTAAC Steering Committee. Workgroups may organize task forces to achieve specific goals/objectives.
>
> A task force, on the other hand, is a group of members working on short-term, specific goals from the Vermont Cancer Plan. It can be a subgroup of a workgroup or of the steering committee.
>
> Lastly, VTAAC has several committees that help to carry out specific short- or long-term functions related to VTAAC infrastructure, advocacy, evaluation, promotion, membership, and resources. Always in existence are the executive and steering committees. The steering committee is a small group of members who represent stakeholders in cancer prevention, treatment, and advocacy comprised of state government, nonprofit organizations, academic research, health care providers, business and insurance providers, community groups, and cancer survivors. Co-chairs are selected by the steering committee and facilitate steering and executive committee meetings and represent VTAAC to media and affiliates. The executive committee is comprised of the co-chairs, past co-chair, Comprehensive Cancer Control coordinator from the Vermont Department of Health, and the VTAAC coordinator.
>
> Source: **http://vtaac.org/our-partnerships/**.

VTAAC
Vermonters Taking Action Against Cancer

Habit 8 Tool: Flexible Structure

Does your coalition's structure match up with your priorities?

Coalition Priority or Focus Area	What coalition group is responsible for implementing this priority?	Is this structure set up in an optimal way to implement the priority?	Is a change in our coalition structure needed? If yes, what change and how will it be made?	Are new members needed to implement our priorities?

Download This Tool

1 Empowering Leadership
2 Shared Decision-making
3 Value-added Collaboration
4 Dedicated Staff
5 Diversified Resources
6 Effective Communication
7 Clear Roles and Accountability
8 Flexible Structure
9 Setting and Implementing Priorities

Setting and Implementing Priorities

Processes are in place to assure priority setting, use of action plans, and tracking progress. Systematic operational methods are established, communicated, and adhered to by the coalition members. Members understand how priorities are chosen and that this process will be used periodically to identify new priorities from the cancer plan. The importance of evidenced-based interventions, including those focused on health disparities, is stressed, and ongoing education about evidence-based interventions is provided to all members. Members understand how their work to implement evidence-based interventions supports the CCC plan and the goals and objectives within the plan. Action plans are developed around evidence-based strategies, prioritize health equity efforts, and allow for a clear sense of expected outcomes and methods to reach those outcomes, along with responsibilities and timelines. Populations of focus are involved in action planning, including development, implementation, and evaluation of the cancer plan. Action plans are used to guide actions and are revised as needed as challenges and opportunities arise. Accountability is established through the tracking of progress on action plans, and ultimately on objective measures in the CCC plan.

What You Need to Know

There are two essential components to this habit:

- The coalition determines cancer plan priorities to ensure its efforts are focused, meaningful, address health disparities, and are evidence-based.
- The coalition develops action plans for its priorities to assure work is effective and progress is tracked.

Why determine cancer plan priorities?

- A CCC plan is comprehensive, yet the coalition cannot do everything at once because of limited resources and the need for sequential action.
- Focused efforts on a few things will accelerate your progress.
- The coalition should always determine priorities of the cancer plan that represent CCC coalition value-added efforts.

"If you don't know where you are going, any road will get you there."

– Lewis Carroll

Make It a Habit

Recommended Criteria for Setting Priorities

Ask the following questions for each of the objectives in the cancer plan:

- Will this objective still happen if the coalition doesn't work on it? If the answer is no, then it is a value-added priority the coalition should consider.
- Are we addressing a cancer health disparity?
- Is this a significant area of need? What is the result we expect to achieve if this strategy is implemented successfully?
- Does this have a reasonable chance for success?
- Can we track progress and outcomes?

Are coalition members willing to work on this effort?

- Do we have the right partners at the table to work on this effort? If not, how will we identify and recruit additional partners?

Reassess Priorities Every 1-2 Years by Asking:

- Does the data and other information indicate we've accomplished our objective?
- Is there an individual organization that can continue work on this priority without the efforts of the CCC coalition?
- Have we made progress on this priority? If not, do we need to stop our work, adjust our work, or continue our work?
- Are there other priorities in our cancer plan that we can address at this time?

Priority Action Plans

Coalitions that effectively implement their cancer plans have systematic methods of "getting the work done." These methods are often in the form of priority action plans and are documented, communicated, and adhered to by coalition members.

- Action plans are developed around evidence-based strategies and clearly state populations of focus, expected outcomes, specific tasks, responsibilities, and timelines.
- Action plans guide coalition efforts and are revised as challenges and opportunities arise.
- Accountability is established through tracking progress on action plans, and ultimately on objective measures in the CCC plan.

Assessment: How Does Your CCC Coalition Rate?

Circle a Number for Each Statement:
1 = This is Not Happening in Our Coalition ▶ 5 = This Sounds Just Like Our Coalition

HABIT 9: SETTING AND IMPLEMENTING PRIORITIES

Coalition priorities from the CCC plan are identified every 1-2 years.	1	2	3	4	5
Priorities selected are based on evidence-based interventions/strategies found in the cancer plan.	1	2	3	4	5
Health equity is at the center of decision-making criteria for identifying priorities.	1	2	3	4	5
The coalition focuses its work on the priorities it has identified from the CCC plan.	1	2	3	4	5
Members know about and are involved in developing action plans to implement strategies.	1	2	3	4	5
We have guidelines and follow them regarding sunsetting a priority/priority workgroup.	1	2	3	4	5

Next...

- ✓ **Identify specific examples from your coalition that illustrate why you rated your coalition as you did for the statements above.**
- ✓ **Use the "Make It a Habit" tool at the end of this guide to plan how you will make the change and track your progress.**

Coalition Spotlight: Michigan — Setting and Implementing Priorities

Within a recent Michigan cancer plan, the **Michigan Cancer Consortium** (MCC) identified many objectives as potential priorities (more than 10); however, there were no established plans on how to address them. The MCC needed direction and plans to address its priorities. Additionally, the MCC's limited resources and capacity did not allow implementation of all the previously identified priorities.

To address this issue, the MCC developed a process to identify objectives from its cancer plan as priorities and develop a plan for each priority. The decision was made to select a priority from each goal area of the cancer plan (prevention, early detection, diagnosis and treatment, and quality of life).

A group of subject matter experts used an electronic survey to narrow the list of objectives from each goal area of the cancer plan down to two or three objectives. These top objectives from each area were presented to the MCC Board of Directors to make the final selection. The board used the comments from the subject matter experts to make their decision in choosing the final priorities. In each step along the way, set criteria were used for decision-making.

The MCC set a two-year implementation period for the priorities. Choosing to focus on the priorities for a set time period made the work of implementing the plan more manageable and more likely to yield a measurable impact on the cancer burden. Workgroups within the MCC were assigned a priority objective, and each workgroup developed a two-year statewide project to help them achieve the priority objective. The workgroups then presented their action plan to the Board of Directors for approval and were asked to provide a progress report midway and at the conclusion of the action plan.

As a result of the priority setting and action planning process, the MCC has four priority objectives from the cancer plan along with an action plan for each. The priorities allow the consortium's members to maximize the impact of their efforts by working together on the priorities of the MCC.

Source: **https://www.michigan.gov/mdhhs/keep-mi-healthy/chronicdiseases/cancer/mcc/the-michigan-cancer-consortium**.

Choosing to focus on the priorities for a set time period made the work of implementing the plan more manageable and more likely to yield a measurable impact on the cancer burden.

The priority selection process is documented and overseen by the MCC Evaluation Committee. The priority selection process is embedded in the cancer plan process and has become part of the practice that drives the work of the MCC.

A dashboard for the priority objectives was created so progress can be monitored and is available on the **MCC website**. Each workgroup's action plan is also listed on the website.

1 Determine status of priority workgroups. (Early October)

- Priority workgroups will decide if they want to continue their work on the current objective for 2018-2019.
- Priority workgroups will make recommendations to the Board of Directors.

2 Develop ballots for the board to vote on the priorities. (Late October)

- A ballot for each goal will be prepared.
- Use results from 2015 priority selection survey to list objectives that received the most votes.
- Board of Directors has the option to add one additional objective to each ballot.

3 Board will vote on final priorities. (November)

- A final set of four priorities will be selected by the board at the November board meeting.
- There will be one priority for each of the following areas:
  - Prevention
  - Early Detection
  - Diagnosis & Treatment
  - Quality of Life

4 Present the four priorities for 2018-2019 to the MCC.

More than 50 MCC members participated in at least one step of the priority selection process. Involving the consortium's leadership and stakeholders throughout the process increased buy-in and enthusiasm for working on the priority objectives.

Michigan's Keys to Success Include:

- Provide guidance questions at each step for selecting the priorities and an action plan template to ensure the priorities are actionable and consistent across the workgroups.
- Use existing structures within the MCC organization to implement the priorities to make the process manageable.
- Choose a priority from each goal area that ensures the cancer continuum is covered.
- Involve the MCC members, as well as the leadership, in the selection process.

Source: **https://www.michigan.gov/mdhhs/keep-mi-healthy/chronicdiseases/cancer/mcc/the-michigan-cancer-consortium**.

Habit 9 Tool: Steps for Setting and Implementing Priorities

Step 1: Choose Priorities

How to Choose a Priority From Your Cancer Plan

Your cancer plan includes what is needed to effectively address the cancer burden in your state, tribe, territory, or Pacific Island Jurisdiction (PIJ). Yet resources such as time and money are limited. Therefore, it is necessary to prioritize what you think are the most impactful efforts for your coalition.

It is important to remember that all goals, objectives, and strategies will remain in your cancer plan. But prioritizing what your coalition will do together first is an important step in the successful implementation of the plan. As efforts are completed, additional priorities can be added to your coalition's work.

It is recommended that you prioritize on an objective level (versus goals or specific strategies in your plan). Once a priority objective is determined by the coalition, then a smaller group, such as a workgroup designated to lead the implementation effort, can focus on what evidence-based strategies should be implemented to achieve the objective.

Your coalition can use the following criteria to discuss and determine your priorities from your plan:

- Are we addressing a cancer health disparity?
- Is this an objective we need to work on together? (i.e., it is not likely to be achieved without partners coming together to work on it?)
- Is this a significant area of need? What is the result we expect to achieve if this strategy is implemented successfully?
- Does it have a reasonable chance for success?
- Can we track progress and outcomes?
- Is it likely that we will be able to recruit other individuals and organizations to work on this over the next year?

Step 2: Identify Partners Who Can Help You With Implementation

To assist with implementation, it is important to have the strong support and involvement of collaborating partners – including your populations of focus. The following questions may be helpful to ask as you identify people and organizations to help the coalition on this priority:

- Who is affected by this issue, including populations that experience cancer-related disparities?
- Who has existing systems and networks that are key to this priority?
- Who has influence with the organizations or systems the partnership will want to work with on this effort? For example, government agencies, schools, survivors, elected officials, hospitals, businesses, worksites, etc.
- What type of approach will be used for this strategy (e.g., policy development, community mobilization, system change, communication)? Who in our coalition has experience with this type of approach?
- Who is motivated to do something about this issue?

Who Can Help Implement the Priority Strategy?

Organization and name of person to contact	What do you want them to do?	Why would they want to be involved?

Step 3: Develop a Priority Action Plan

Your cancer plan most likely does not provide the level of detail needed to fully implement the priority. A more detailed plan of action is needed – a priority action plan.

Key items to consider as you develop a plan of action:

- Link to existing successful programs, services, or systems that are already in place and can be leveraged for this effort. These existing efforts do not necessarily need to be cancer related, or even health related. This is an opportunity to be creative and look for new partnerships.
- Populations of focus should be at the center of your planning, implementation, and evaluation. Assure you have their active engagement support and involvement from the beginning of your planning and implementation efforts.

As you develop the priority action plan, discuss these questions:

- What is known about how others have addressed this type of issue?
  - Look for evidence-based interventions you can adopt or adapt.
- Who are the key partners and decision-makers who need to agree to and support this effort?
  - Plan your approach to engage key partners early to help shape the action plan and strategies.

Think through the major tasks needed to implement your priority strategy. Identify each of the major tasks and the information for each task listed in the action plan template below.

Priority Action Plan

Priority Objective from the Cancer Plan: _____

Priority Strategy: _____

Expected Outcomes: _____

Evaluation Milestones (What, When, Targets): _____

Major tasks needed to implement the priority?	Who is responsible for this task?	Partners to contact and work with	Due date	Resources we have (including in-kind)	Resources we need (including in-kind)	How will we track our progress?

Download This Tool

Summary

As you have worked through each of the *Nine Habits*, we hope you have gained insight, had robust discussions, identified new ideas, and made specific plans to help your coalition be even more effective and efficient in your cancer control efforts. Maintaining the health of coalitions is critical to the success of your efforts to implement your CCC plan to reduce the burden of cancer.

"Coming together is a beginning, staying together is progress, and working together is success."

– Henry Ford

Additional Resources

Please send any questions, and share your success stories and challenges with us at **cccnationalpartnership@cancer.org**.

Comprehensive Cancer Control National Partnership (CCCNP)
https://www.cccnationalpartners.org/.

Make It a Habit

As you learn about the *Nine Habits* and identify ways to make your coalition more successful, keep track of the changes you would like to make and how you will make them. Use this tool as a way to identify and track the changes you are making.

HABIT 1 Empowering Leadership

Change to make:

What will be done?

By when? **By whom?**

HABIT 2 Shared Decision-making

Change to make:

What will be done?

By when? **By whom?**

HABIT 3 Value-added Collaboration

Change to make:

What will be done?

By when? **By whom?**

HABIT 4 Dedicated Staff

Change to make:

What will be done?

By when? **By whom?**

HABIT 5 Diversified Resources

Change to make:

What will be done?

By when? **By whom?**

HABIT 6 Effective Communication

Change to make:

What will be done?

By when? **By whom?**

HABIT 7 Clear Roles and Accountability

Change to make:

What will be done?

By when? **By whom?**

HABIT 8 Flexible Structure

Change to make:

What will be done?

By when? **By whom?**

HABIT 9 Setting and Implementing Priorities

Change to make:

What will be done?

By when? **By whom?**

Download This Tool

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