**Supplemental Digital Content**

**Table 1. Select National Comprehensive Cancer Control Program Performance Measures, 2007 – 2012**

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| **Domain** | **Performance Measure** | **Indicators** |
| Build strong partnerships | The extent to which the partnership is active and meets regularly  | One or more of the following response options were checked from the following list:1. All partner meeting convened at least once during this 12-month period (face-to-face)
2. Each workgroups/subcommittees met 3-4 times during this 12-month period (face-to-face or by phone)
3. Executive committee/steering committee met 3-4 times during this 12-month period (face-to-face or by phone)
4. Formal by-laws with written roles and responsibilities are shared routinely with partners
5. Partners provide evidence that they use the CCC Plan
6. Partners volunteer to take the lead on action items identified at meetings
7. Partners report follow-up on action taken in a timely manner
8. CCC program staff members do not lead the majority of CCC activities (partners lead)
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| Build strong partnerships | Inclusion of key sectors in cancer coalitions | Inclusion of partner organizations from the following key sector categories (checklist provided on specific partners in each category): public health programs, other government agencies, professional associations/organizations, academic/medical institutions, business/industry, political leaders, community-based organizations |
| Build strong partnerships | The extent to which the partnership is representative of populations in its area | 1. CCC programs indicate that organizations that represent underserved/underrepresented populations are included on their cancer coalition for each identified racial/ethnic population or geographic location (e.g. rural) in their area (checklist provided):
2. Race/ethnicity (American Indian/Alaska Native, Asian, black or African American, Native Hawaiian or Other Pacific Islander, Hispanic or Latino, other (response specified))
3. Geographic location (urban, rural, other (response specified))
4. CCC programs have one or more partners on their coalition representing the following organization types: organizations representing priority populations, cultural/ethnic organizations (years 4 and 5)
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| Assess the burden of cancer | Use of cancer surveillance data such as incidence and mortality rates and prevalence of cancer risk factors for setting priorities and program planning | 1. CCC programs either responded “yes” or checked off the following activities:
2. Assessment of cancer burden data was completed (at least one time within a 5-year funding cycle); with date reported
3. Results of midpoint (i.e. during project year 3) cancer burden data review were presented to partners during a partnership meeting
4. A written report of the results from the midpoint review was provided to partners
5. The program updated CCC plan goals or objectives based on a review of data and trends
6. The program provided their most recent cancer burden document in CDMIS (years 4 and 5)
7. The program met one or more annual action plan objectives for assessing the burden of cancer (i.e. completed activities related to cancer surveillance) as reported in years 4 and 5
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| Mobilize support for comprehensive cancer control | Ability to garner in-kind resources from partners such as donated staff time, supplies, or meeting space | Total amount of in-kind resources provided for planning and implementation of the cancer plan (in dollar amounts) |
| Implement the cancer plan | Inclusion of key aspects of the cancer care continuum in implementation activities with partners | 1. CCC programs answered “yes” to each one of the following areas in the continuum of care that they addressed in implementation priorities with their coalition:primary prevention, screening/early detection, diagnosis, treatment, palliation/end-of-life care, survivorship
2. In year 2, CCC programs provided the number of partner organizations implementing cancer plan priorities (numerator) and the total number of partner organizations on the coalition (denominator)
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| Implement the cancer plan | The extent to which the interventions being implemented are evidence-based | 1. How many of the interventions are being implemented?
2. How many of the implemented interventions are evidence-based?
3. The percentage of action plan annual objectives that have an evidence-based source cited (years 4 and 5)
4. The percentage of programs with at least one action plan annual objective with any evidence-based or promising practice source (years 4 and 5)
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| Conduct evaluation of the cancer plan | The extent to which the program has a formal annual written evaluation plan that includes a description of the following: stakeholder involvement, data collection and analysis methods, how the goals/objectives link to outcomes (the logic for the activity as well as that for choosing this element to be evaluated), potential effects of selected activities (process and outcome indicators), and plans for communication and utilization of findings | 1. A formal written evaluation plan was developed (yes or no); if yes, date provided
2. Evaluation plan included these components (checklist): stakeholder involvement, data collection and analysis methods, how the goals/objectives link to outcomes, potential effects of selected activities, plans for communication and utilization of findings
3. The program provided their most recent evaluation plan in CDMIS (years 4 and 5)
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| Use systems and environmental strategies to address the cancer burden | CCC program and partners educate stakeholders and decision makers on effective systems and environmental strategies to address cancer | Number of CCC Programs with annual objectives that use one or more environmental or systems change strategies to address the following categories: Health disparities, tobacco, access to care, breast or cervical cancer screening, colorectal cancer screening, nutrition/physical activity/obesity, treatment and care, quality of care, environment, prostate cancer, skin cancer, survivorship, palliation/end of life, infrastructure/funding, surveillance, clinical trials, HPV vaccine, alcohol, research |
| Monitor changes in population-based health outcomes | Demonstration of progress toward achieving preset goals for cancer prevention and control | 1. At least one of these six population-based indicators are monitored by the program and partners on an annual basis: Adult smoking prevalence, adolescent smoking prevalence, adult obesity prevalence, breast cancer screening, cervical cancer screening, colorectal cancer screening
2. CCC programs include the following indicators in their action plans’ five-year project period objectives in years 4 and 5: Adult smoking, adolescent smoking, obesity (any age group), breast cancer screening, cervical cancer screening/human papillomavirus vaccination, colorectal cancer screening
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Abbreviations: CCC, comprehensive cancer control; CDMIS, chronic disease management information system