

2011 OREGON PARTNERSHIP FOR CANCER CONTROL MEMBER SURVEY



10/6/2011

Summary, Analysis and Recommendations for the
OPCC Coordinating Committee

The aim of this evaluation process is to inform the Oregon Partnership for Cancer Control's Coordinating Committee members in order to determine the areas of focus that the coalition should prioritize as it moves forward.

2011 Oregon Partnership for Cancer Control Member Survey

SUMMARY, ANALYSIS AND RECOMMENDATIONS FOR THE OPCC
COORDINATING COMMITTEE

PROJECT BACKGROUND

Introduction

The Oregon Partnership for Cancer Control (OPCC) conducts a membership survey every two years. This evaluation process helped the Partnership's leadership gain new insights and ideas for the future direction of the coalition. This report is intended to be used as a tool to assist the OPCC leadership in setting new priorities and measurable goals for future success.

There were a variety of resources that assisted in making this evaluation a success. The state's comprehensive cancer grant allowed for adequate financial resources. Further, the Partnership conducted previous member satisfaction surveys (2006 and 2008) and these surveys were helpful in the creation of the new evaluation plan to discover lessons learned. Key informant interviews were conducted prior to the implementation of the member survey. These interviews were conducted with key partners to identify what they would like to learn from the evaluation. Resources such as the National Center for Chronic Disease Prevention and Health Promotion's Comprehensive Cancer Control Branch Program Evaluation Toolkit and the Northwest Health Foundation Evaluation Manual were used throughout this project.

Goals of Evaluation

It was clear that committee members wanted to learn more about the demographics of the Partnership's members. This included information about the organizations that respondents represent, their organization's area of cancer control (i.e. prevention, early detection, treatment, survivorship), geographic areas of service, and what ways members actively participate in the coalition or would like to in the future. Another key component of this evaluation was to determine which organization, entities, and individuals are missing from the Partnership that can contribute in the future. Further, there was a desire among key informants to know what members, or potential members, are willing to contribute to the Partnership as it attempts to accomplish goals together.

Active members within the OPCC expressed their desire for the evaluation to provide useful information that can be measured and generate evidence for the Partnership's next steps. Through use of this evaluation's formative

evaluation design it became possible to observe results that can be analyzed and addressed for the Partnership to determine a set of priorities.

METHODS

Key Informant Interviews

The project began by evaluation staff engaging stakeholders through conducting key informant interviews in order to collect evidence and establish Partnership needs. These interviews were completed using a structured set of questions during a one-on-one meeting. Based on the key informant interviews, opinions were synthesized based on key themes and needs of the majority of informants in order to craft the 2011 OPCC Member Survey.

Member Survey

An online survey was conducted using Survey Monkey software from August 29th to October 3rd, 2011. A key element of this evaluation plan was to use the survey as an outreach tool. As part of the introduction to the member survey there was a “snowball effect”, where respondents were asked to forward the survey on to colleagues who may be interested in learning or participating in the OPCC. This helped address the majority of member’s desire to effectively outreach and recruit for the Partnership. In addition, it was possible for the survey to collect contact information from responders. This allowed the coordinating committee to follow-up with individuals or organizations that provided insightful information or wanted to join the Partnership.

Group Discussion

Group discussions were conducted with the OPCC Coordinating Committee to analyze survey results and strategies are being developed to help the Partnership moves towards future success. Survey respondents who provided the Partnership with their e-mail will be followed-up with by the Coordinating Committee to discuss key findings and future opportunities for involvement. Based on these findings, priorities will be created for the Partnership and action steps will be initiated.

SURVEY RESPONSE

The 2011 OPCC Member Survey’s e-mail was sent over the OPCC All Members, Breast and Colorectal Health Task Forces and Coordinating Committee list servs. The survey was also sent to a variety of key stakeholders including a list of Susan B. Komen grantees, contacts from cancer centers throughout the state and a variety of organizations within the cancer community. As a result, the committee did not find it necessary to determine the

number of potential respondents. There were a total of 94 respondents. See the attached appendix for specific survey results.

KEY FINDINGS

This section of the evaluation report is intended to give a brief overview of key findings from the member survey divided into sections. Please see the appended document for more specific data on survey results.

Awareness of the OPCC

The vast majority (80.9%) of survey respondents were aware of the OPCC. Almost half of respondents agreed that the OPCC assists in reducing the burden of cancer throughout the state; however, a quarter of respondents do not have an opinion. This makes sense due to 67.4% of respondents not considering themselves to be active members of the Partnership. In addition, the majority of members that consider themselves to be active members of the Partnership only believe that they are moderately, or minimally, involved.

Many were interested in becoming involved (46.3%) or had participated in the past (51.2%). There was a desire from non-active members to learn more about the OPCC before deciding to officially join. Many respondents were aware of the Cancer Plan (77.8%) and most had received, read, referenced (61.8%) or shared (41.2%) the Plan at some point since it was published.

OPCC Relevance: Making the Partnership Valuable for your organization

There were a variety of statements that would strongly motivate responders to actively join the Partnership, especially statements that focused on reaching goals, collaborating with other organizations and making a stronger impact than a respondent's organizations could on its own. There were less significant barriers than expected. Some of the highest rated barrier statements included issues such as having insufficient time and the Partnership lacking funding to support its activities.

Some of the key feedback we received from respondents in order to make the OPCC more rewarding and relevant are to:

- create a more direct and clear plan to lower disparities;
- focus on more specific initiatives and types of cancers;
- outreach, actively recruit and present at organizations about the importance of the OPCC;
- add a cost value to the Partnership;

- connect organizations to helpful cancer control related resources;
- keep regular communication on activities;
- find more effective ways to communicate to rural organizations;
- create clear short and long-term goals;
- identify a small number of high-priority core objectives that are currently most relevant and achievable;
- organize key partners to be involved in achieving specific and meaningful objectives;
- find ways to try to include people not part of an organization;
- an annual event to clarify the Partnership's message, objectives and intended accomplishments;
- networking meetings at different regions throughout the state;
- easily accessible information on who is part of the Partnership; and
- get buy in from senior leadership of organizations.

Strategies Moving Forward

The majority of individuals that completed this survey stated that their organization focuses on prevention, early detection or advocacy. Around half of respondent's organizations focus on treatment and survivorship. Most (65.6%) of respondents ranked prevention as the area of cancer control the OPCC should focus its efforts on to make the biggest impact in Oregon. Early detection was ranked second and end of life services was ranked last. Some of the key feedback received from respondents regarding how the OPCC should accomplish each focus includes:

- **Prevention:** provide accurate data for the public and policy-makers, create evidence-based education services state-wide, combine the influence of member organizations to focus on systems changes, have clearer communication and messaging from the state on how their work relates to partners, keep members informed on large initiatives and simple ways to get involved, support efforts to raise the tobacco tax and develop stronger relationships with providers

- **Early Detection:** work to increase screening rates in underserved populations, identify funding to support detection, allow more opportunities for mobile screening programs throughout the state, network to increase awareness of colorectal cancer screening and create clearer messages about guidelines
- **Advocacy:** craft clear policy goals to get legislation passed, take advantage of more grant opportunities, engage with partners to effect policy change and continue to focus efforts on the medically underserved

Survey responders would prefer to receive communication from the OPCC via progress reports, educational webinars, the OPCC website and annual coalition meetings. There was less interest in blogs, social media, teleconferences and archived videos of meetings. The majority of respondents would prefer to participate in the OPCC through webinars and trainings, as well as be able to attend OPCC activities and events.

RECOMMENDATIONS AND CONCLUSIONS

This section is intended to give a few recommendations for the OPCC Coordinating Committee to consider as it decides how to effectively use this evaluation report. This evaluation provided a new set of information regarding the future direction of the Partnership. It will be the responsibility of the OPCC's Coordinating Committee to use the results of this evaluation when determining short and long-term goals for the future success of the coalition. In addition, it is important that the OPCC follow-up with survey respondents and determine how to effectively communicate results of this evaluation to partnership members.

One of the most critical pieces of information that can be gleaned from this survey is to consider the ways in which the OPCC crafts its message to outside audiences. Potential members are unclear about what the Partnership is working towards and have a desire to learn the true accomplishments of the OPCC. As a starting point, one way that the Partnership can address this concern is to have a strong understanding of the true resources of the coalition. This can be achieved by learning what members are able to provide in order to enhance the OPCC. This could be through revisiting and revising the roles and responsibilities of partnership members. By members sharing what they can provide, it allows for there to be transparency, recognition of the coalition's scope, assessment of the need for other partners, and it helps to show non-member organizations that the Partnership has credibility and clarity in its structure. Committees and task forces should go through a similar process.

With a focus, the OPCC leadership should be candid and honest about what are considered to be the Partnership's accomplishments, as compared to what are solely the accomplishments of organizations that are part of the OPCC. This will help the Partnership articulate their message as the OPCC attracts new members.

The ways in which the OPCC communicates to its current members was a reoccurring theme throughout the survey. It was surprising to learn the interest for trainings and webinars. This could be a potential new initiative for the Partnership. However, the survey does not make it clear if responders would like OPCC sponsored webinars and trainings that are specific to cancer-related control activities in Oregon, or if they would like the OPCC to be responsible for the coordination and information sharing of outside webinars and trainings that are available to them through other channels. There was also a desire for less information about advancements in the cancer field, and more about initiatives and actions that the OPCC is working on. It would be helpful for the OPCC to help coordinate the identification of organizations and resources for members.

Since there was a desire for progress reports, it may be helpful for the Partnership to consider the ways it utilizes its list-servs in the future. The all-member list would be a more effective means of outreach if it provided information regularly on a weekly basis about upcoming events, training opportunities and OPCC initiatives to ensure that members do not get overwhelmed or confused by the amount of inconsistent messages.

The issue of OPCC funding was mentioned by many respondents and will likely continue to be a barrier into the future. Given limited financial resources, it is still possible to show that the Partnership is relevant and worthwhile for potential organizations to want to join and view as a priority. This can happen through the creation of clear, measurable priorities that are specific and achievable. This survey also exhibited that respondents have a desire to take advantage of potential grant opportunities. This may also be a great opportunity for the OPCC to bring organizations to collaborate and coordinate around grant writing initiatives.

As the OPCC moves forward it will be important for the organization to use its member's influence effectively, attempt to eliminate duplication of work and prioritize on a focused set of measurable goals. It will also be highly beneficial to have a clear organizational structure in place with unity of member organizations behind a few common goals that are assessed on a regular basis.

This evaluation process was created as a tool to give the leadership of the Oregon Partnership for Cancer Control some relevant data to begin discussing needed improvements. This evaluation report is only as useful as its intention to be effectively utilized by members. The hope is that this report will assist in dynamic discussions of the future direction of the coalition.

APPENDIX: 2011 OPCC MEMBER SURVEY RESULTS

Awareness of the OPCC

Q1. Prior to receiving this survey, were you aware of the Oregon Partnership for Cancer Control (OPCC, or the Partnership)?

<u>Answer Options</u>	<u>Response Percent</u>	<u>Response Count</u>
Yes	81.9%	77
No	19.1%	17

Q2. How much do you agree with the following statement: *The OPCC assists in improving the burden of cancer throughout the state of Oregon?*

<u>Answer Options</u>	<u>Response Percent</u>	<u>Response Count</u>
Strongly Agree	21.3%	20
Agree	48.9%	46
Disagree	3.2%	3
Strong Disagree	1.1%	1
No Opinion	25.5%	24

Q3. Do you consider yourself to be actively involved with the OPCC?

<u>Answer Options</u>	<u>Response Percent</u>	<u>Response Count</u>
Yes	31.9%	30
No	68.1%	64

Q4. How involved are you currently in the OPCC?

<u>Answer Options</u>	<u>Response Percent</u>	<u>Response Count</u>
Very	20.7%	6
Moderately	51.7%	15
Minimally	27.6%	8

Q5. How many years have you been involved with the OPCC?

<u>Answer Options</u>	<u>Response Percent</u>	<u>Response Count</u>
less than 1	20.7%	6
1	6.9%	2
2	6.9%	2
3	13.8%	4
4	6.9%	2
5	17.2%	5
6	3.4%	1
more than 6	24.1%	7

Q6. What best describes your level of interest in the OPCC (check all that apply)?

<u>Answer Options</u>	<u>Response Percent</u>	<u>Response Count</u>
I was involved in the past	51.2%	21
I am interested in becoming involved with the Partnership	46.3%	19
I <u>do not</u> wish to become involved in the Partnership	12.2%	5

Highlights

- Wish to only stay informed at this time (x3)
- Interested in learning more about the Partnership before becoming involved (x2)
- Interested in involvement if it will result in measurable improvement (x2)
- Desire to learn how the OPCC fits with organizations goals (x2)

Q7. Are you familiar with the OPCC's Comprehensive Cancer Plan that was created in 2005?

<u>Answer Options</u>	<u>Response Percent</u>	<u>Response Count</u>
Yes	77.8%	70
No	22.2%	20

Q8. How were you involved with the OPCCs Comprehensive Cancer Plan (check all that apply)?

<u>Answer Options</u>	<u>Response Percent</u>	<u>Response Count</u>
I helped write the Plan	23.5%	16
I helped implement the Plan	32.4%	22
I have shared the Plan with providers, colleagues, community members, etc.	41.2%	28
I read or referenced the Plan at some point since it was published	61.8%	42
I received a copy of the Plan at some point since it was published	66.2%	45

OPCC Relevance: Making the Partnership valuable for your organization

Q9. Please indicate to what extent the following would motivate your organization’s active participation in the Partnership:

<u>Answer Options</u>	<u>Strongly Motivating</u>	<u>Moderately Motivating</u>	<u>Not Motivating At All</u>
My organization’s mission or values are aligned with the Partnership’s goals	48	30	4
Developing collaborative relationships	47	32	4
Networking with other organizations	46	28	9
Helping my organization to reach mutual goals	53	27	3
Staying well informed of policy-related issues	43	33	5
Learning new research and other advancements in the field	37	36	9
Jointly advocating for policy change issues	34	40	7
Creating a greater impact than my organization could have had on its own	56	20	6
Acquiring additional financial support for my organization	40	30	12

Q10. Please indicate the extent each of the following are barriers to your organization’s active participation in the Partnership:

<u>Answer Options</u>	<u>Significant Barrier</u>	<u>Moderate Barrier</u>	<u>Not A Barrier</u>
The Partnership is not relevant to me or my organization	6	21	49
The Partnership is not taking any meaningful action	11	23	41
The Partnership lacks clarity in tasks	13	27	35
The distance I need to travel	13	16	45
Problems with the meeting schedule	13	28	33
The Partnership provides inadequate communication	8	21	45
I have insufficient time to participate	21	34	19
I find the collaborative process to be ineffective	5	18	50
The Partnership lacks specific funding to support activities or initiatives	18	32	23

Q11. Please explain ways the Partnership can be a more rewarding and relevant experience for your organization:

Highlights

- It has been so long since I have been involved with it that I would need a review of its mission and progress.
- I know OPCC understands the disparities within cancer, but I don't see a direct to plan to eliminate/lower the disparities.
- Have a focus on Ovarian and Gynecologic Cancers.
- The Partnership has not made an effort to reach out to the tribes and urban Indian communities in a meaningful way. When I volunteered to assist in the effort my participation was not accepted. I am a member of an Oregon Indian tribe, cancer survivor and head of a national Native American cancer organization.
- Participate, attend and present at our organization's monthly meetings to provide information on the OPCC and latest research.
- We are an education focused group and would participate in funded projects to educate rural populations, medical students and rural providers.
- I think it would be interesting to add a cost value to the OPCC. If hospitals and other organizations with a financial interest could see the positive cost savings that OPCC and the implementation of the Cancer Plan could have, maybe they would see it more like an investment; and be more eager to participate.
- Perhaps a state-wide directory where people can go to receive screening and even treatment services, including resources for reduced fee or assistance with payment. For example, we have low income clients who should have colonoscopy following an abnormal pap smear. Frequently they do not receive this service due to cost issues. Our clinics do not offer colonoscopy services; the state BCCP program will not assist women under age 40.
- I participated early in the Partnership, on the Policy Committee. It has been a very long time since that committee has met or had any communication, although I am aware of policy action on a statewide level. I answered the previous questions about barriers to participation as best I could, although I really don't have a good grasp of the actual barriers--this may not be the case for those on other list servs through the partnership. I think knowing how we can move our mutual agendas forward would be very helpful.
- Keeping up to date with things the Partnership is doing has always been helpful to me. The phone conference capability is great as attending meetings is often impossible. Personal contact with us when there is something specific for rural areas would be helpful just in case I miss something!!!! Knowing you are all there working 100% for cancer care is a wonderful resource for rural communities. Thanks for all you do!
- Clear and active leadership for the Partnership, with clearly stated short- and long-term goals and tasks.
- I believe this coalition has great potential and once we complete this planning/restructuring phase we will become more effective. So, in essence, I'd say getting a solid structure in place would be mutually beneficial.
- Keep our organization informed of programs and opportunities available.
- Revisiting the Comprehensive plan to identify a small number of high-priority core objectives that are currently most relevant and achievable in reducing the burden of cancer in Oregon, then organizing the key partners that would be involved in achieving those objectives, identifying the necessary steps to achieve them, and developing a tactical plan, with deadlines, responsible parties, and a system to monitor progress in getting get them accomplished.

- The OPCC should find ways to try to include people not part of an organization.
- Initiatives with funding and resource support in our area/Sharing information more in advance (short notice)/Offering regional meetings to network with partners and become informed
- Recruit, outreach and educate organizations
- The Partnership includes a number of key organizations involved in cancer control in Oregon. If all these organizations can unite behind a few common goals, significant progress can be made. I believe the Partnership needs a more focused approach with measurable outcomes in order to highlight the work that has been done and can be done in the future.
- I believe that the OPCC needs to have a much clearer focus. It'd be great if there was more active recruitment and an annual event was held (similar to a retreat), where key players were in the same room and identified the top few priorities for the Partnership each year. By doing so it would allow us to clarify our message, objectives and know our intended accomplishments.
- Have the OPCC meetings at different locations throughout the state
- Easily accessible information on who is part of the Partnership and what they have accomplished, what they are currently working on and future collaborations that might be of interest to them.
- Get buy in from senior leadership of healthcare organizations.
- Meetings should have clear objectives and a purpose. I would appreciate canceling the meetings vs. meeting just to meet.

Strategies Moving Forward

Q12. What area of cancer control does your organization focus on (check all that apply)?

<u>Answer Options</u>	<u>Response Percent</u>	<u>Response Count</u>
Prevention (such as reduction in tobacco use, poor nutrition, physical inactivity, obesity and alcohol abuse)	84.2%	64
Early Detection (includes education and screening to find pre-cancerous conditions and early stage cancers)	77.6%	59
Treatment (such as direct clinical services, complementary and alternative therapies)	52.6%	40
Survivorship (includes follow-up care, quality of life and support services/resources: social, physical, emotional, spiritual and financial)	55.3%	42
End of Life Services (such as hospice and pain management)	36.8%	28
Advocacy (such as education, patient support services, policymaking and fundraising)	65.8%	50

Q13. As listed above, please rank what areas of cancer control you believe the OPCC should focus its efforts on to make the biggest impact in Oregon (#1=highest priority, #6=lowest priority):

<u>Answer Options</u>	<u>Average Rating</u>
Prevention	1.59*
Early Detection	2.14
Advocacy	3.42
Treatment	3.88
Survivorship	4.32
End of Life Services	5.17**

*Prevention ranked the highest priority among respondents

**End of Life Services ranked the lowest priority among respondents

Q14. For your top 3 priorities in the question above, please explain in more detail how you would like the Partnership to accomplish these initiatives:

Prevention Highlights

- Look at city/town infrastructure and obesity as cancer cause.
- Primary prevention, such as environmental exposures, needs to be the top priority (see 2008-09 President's Cancer Panel report).
- Advocate for screening services state-wide.
- Supportive accurate data to show the public and policy-makers.
- Provide evidenced-based education services in various community settings and starting with individuals at a younger age (i.e. nutrition, exercise, and smoking cessation to younger individuals) teaching in high schools, middle schools elementary schools about cancer prevention.
- Put the combined influence of the member organizations behind policy, environmental and systems changes to address the primary risk factors; smoking and obesity.
- Clear specific messages to public & providers regarding evidence-based ways of preventing cancer.
- Simply by keeping us informed and providing simple ways for the community to be supportive.
- Supporting efforts to raise the tobacco tax; Support and promote nutrition/physical activity efforts.
- Develop stronger relationships with providers.
- I believe this is where the state and partners need the most work. There needs to be better communication and messaging from the state on how their work on prevention relates to the work of partners with other areas of focus.

Early Detection Highlights

- Screening is a top priority for my organization but doesn't seem like it should be the top fit for OPCC.
- Increase screening rates in rural and tribal communities.
- Identify funding for detection.
- Support screening for early detection of cancers that are easily treated in their earliest stages--important for population health and conservation of funds.
- Mobile screening opportunities that are fully funded to reach rural and low income populations.
- Clear specific messages to public & providers regarding guidelines & screenings.
- Help (through funding or outreach) to increase screening campaigns in local communities.
- Use member organizations' networks and resources to increase awareness around colorectal cancer screening.

Treatment Highlights

- Have statewide multi-disciplinary cancer meeting for care providers.
- Improve access to clinical research trials across the state so the best treatments can be received.
- Dealing with side effects of treatment and financial issues.

Survivorship Highlights

- Programs for survivors.
- How to treat patients after they have cancer and then have other diseases that are not treated well (i.e. diabetes or complications as result of surviving the cancer.
- Develop and disseminate clear, useful information about screening and illness management issues for cancer survivors.

End of Life Services Highlights

- N/A

Advocacy Highlights

- Recruiting more advocates from the community not just people who are employed by the state.
- Collaborate with partners such as TOFCO Partners (Lung Association, etc.) on bills.
- Advocate for funding and policies that advance research and prevent cancer. Provide funding so advocates can do their work.
- Coordinate with other public health advocacy groups.
- We need to have clear policy goals and a plan to get the legislation passed. We will need to advocate to receive improved efforts in all the listed categories.
- Through policy implementation, help Oregonians avoid tobacco, obesity and physical inactivity.
- BHTF members collaborate with the Oregon Genetics Program (OGP) to complete grant activities.
- I'd like to see us to have a model similar to ACS's but with more engagement from partners to effect policy change.
- Advocating for increased access to healthcare and services for medically underserved.
- Work with policy makers for advocacy.
- Clear specific messages to public & providers about the importance of family history and proper risk assessment.
- Continue to work with voluntary organizations to find ways to help involve more Oregonians in efforts that will reduce cancer rates.

Q15. How would you prefer to receive communication from the OPCC moving forward (select top 3 choices)?

<u>Answer Options</u>	<u>Response Percent</u>	<u>Response Count</u>
Annual coalition meetings	31.6%	24
Archived video of meetings/events	9.2%	7
Blog	5.3%	4
Direct mail	11.8%	9
In-person regular monthly meetings	14.5%	11
List serv	43.4%	33
Newsletters/progress reports	52.6%	40
Social media (facebook, twitter, etc.)	5.3%	4
Teleconferences	7.9%	6
Webinars (educational)	44.7%	34
OPCC website	31.6%	24

Q16. Which ways would you or your organization like to participate in the Partnership moving forward (check all that apply)?

<u>Answer Options</u>	<u>Response Percent</u>	<u>Response Count</u>
Attend events and activities	57.4%	39
Participate in webinars, teleconferences, and training opportunities	69.1%	47
Play a role in a task force that focuses on <u>breast health</u>	41.2%	28
Play a role in a task force that focuses on <u>colorectal health</u>	29.4%	20
Play a role in a task force that focuses on <u>survivorship</u>	29.4%	20
Take leadership on the OPCC Coordinating Committee	7.4%	5
Advocate for policies that prevent and reduce the burden of cancer in Oregon	45.6%	31

Q17. What organization do you represent that is the most relevant to your participation in the OPCC?

Adventist Health	OODH (x2)
American Cancer Society (x2)	Oregon Area Health Education Center (x2)
American Cancer Society Cancer Action Network	Oregon Health Authority (x10)
American Lung Association	Oregon Medical Association
Asher Community Health Center	Oregon State University
Columbia Memorial Hospital (x2)	Providence Cancer Center (x2)
Columbia River Oncology Program	Ovarian Cancer Alliance of OR and SW WA
Fred Hutchinson Cancer Research Center	Regenerative Therapies
Kaiser Permanente Northwest (x2)	Samaritan Health Services
Komen for the Cure (x2)	Southern Coos Health District
La Clinica del Carino	Steve Baker Colorectal Cancer Alliance (SBCCA)

Legacy Health (x3)	The Corvallis Clinic
NW Indian Health Board (x2)	Tobacco-Free Coalition of Oregon
OHSU Knight Cancer Institute (x5)	Umatilla County Public Health
OHSU Prevention Research Center	

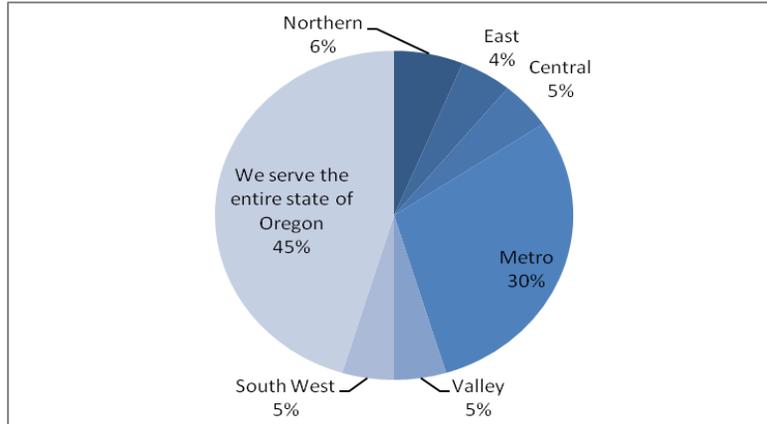
Q18. Do you have any additional relevant affiliations you'd like the OPCC to be aware of?

Fight Colorectal Cancer	OPCC Breast Health Task Force (x3)
Intercultural Cancer Council	OPCC Colorectal Health Task Force
Komen for the Cure	OPHA
Oregon Chapter of American College of Surgeons	Seattle Cancer Care Alliance
OHSU Department of Public Health and Preventive Medicine	TOFCO Partners
Oregon Health Authority	Tribal Epidemiology Liaison for the OPHD
Oregon MPH Program	WSU-Vancouver Graduate Nursing Program

Q19. What best describes your primary organization's affiliation (check all that apply)?

Academia/Education	15
Business/For Profit/Consultant	2
Coalition/Alliance	4
Cultural/Ethnic Organization	3
Faith-based Organization	1
Healthcare Organization	28
Organization Representing Poverty Population	5
Public Relations/Media	2
Advocacy Group	13
Community Member	6
Community Based Organization	13
Elected/Appointed Official	0
Foundation/Philanthropy	5
Health Insurance Company	1
Professional Association	1
Individual	4
Civic Organization	0
Community Health Center	4
Environmental Organization	0
Government Organization	9
Nonprofit Organization	33
Public Health Organization	13

Q20. Which of the following regions best describes your primary organization's geographic area of service?



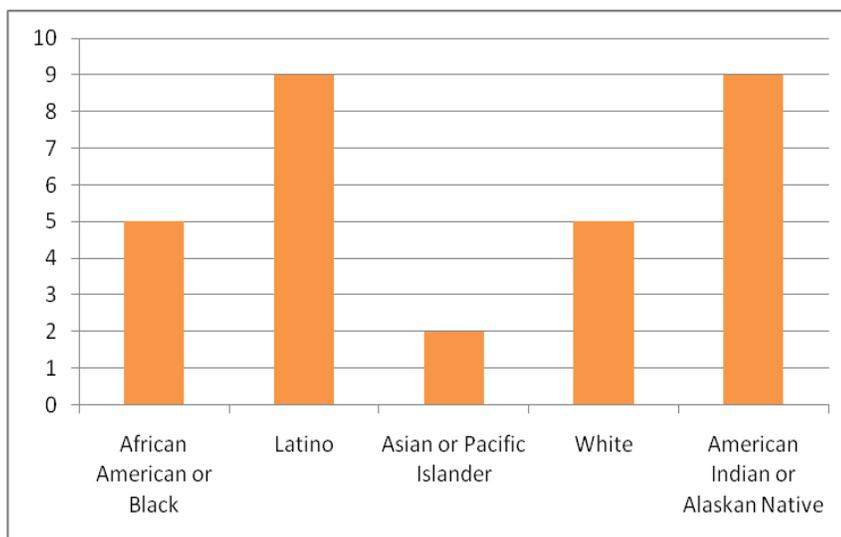
Comment Highlights:

- WA State - Puget Sound & Yakima Valley
- Tribes in Oregon, Washington, and Idaho

Q21. Does your primary organization focus on providing services for a particular population group?

<u>Answer Options</u>	<u>Response Percent</u>	<u>Response Count</u>
No, we serve all people	73.6%	53
Yes	26.4%	19

Q22. Race Populations:



Q24. Additional Populations:

<u>Answer Options</u>	<u>Response Percent</u>	<u>Response Count</u>
Low Socioeconomic	66.7%	8
LGBT	16.7%	2
Urban	41.7%	5
Rural	58.3%	7
Children	33.3%	4
Disability	16.7%	2

Q25. Does your organization focus on providing services for a particular type of cancer?

<u>Answer Options</u>	<u>Response Percent</u>	<u>Response Count</u>
No, we work on all types of cancer issues	69.4%	50
Yes	30.6%	22

Q26. What particular types of cancer does your organization focus on providing services to?

