Decision Matrix for Program 2 of Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations funding opportunity DP22-2202: The National Comprehensive Cancer Control Program

Purpose: This Decision Matrix provides a step-by-step process for how to select appropriate strategies and cancer-related evidence-based interventions for a given population. This framework helps to identify priority areas so that work can be more focused, and resources can be used most effectively.

This matrix should be used by those applying to **Program 2—the National Comprehensive Cancer Control Program (NCCCP)**, contained within the new funding opportunity DP22-2202 Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations. Applicants for Program 2 NCCCP are encouraged to use this guide, along with other Program 2 NCCCP resources, to create the required workplan with activities and goals. Other Program 2 NCCCP resources include a Health Equity Guide, Quickstart Guide, Intervention Guide for Comprehensive Cancer Control, Comprehensive Cancer Control Branch Program Evaluation Toolkit, Logic Model: Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations, and the From SMART to SMARTIE Objectives guide. Together, these resources provide the crucial information needed for effective workplan development and cancer planning for applicants responding to Program 2 NCCCP. During workplan development and cancer planning, applicants should pay particular attention to health equity and strive to plan activities that address and achieve cancer prevention and control among ALL persons in their area. The majority of resources noted in this graphic are also included in either the Health Equity Guide or Quickstart guide. The resources in the graphic are hyperlinked; however, a more detailed list of each hyperlink with its associated web address is provided after the graphic. This detailed list is organized in the order in which the resources appear in the graphic. Associated web addresses are not included within the graphic for ease of presentation.

327719-A

Step 1: Engage coalition members and key partners to bring together resources and expertise to prioritize cancers, populations, geographic locations, and cancer prevention and control interventions.

Health Equity Strategy 1a:

Include organizations that have demonstrated experience, relationships, and credibility with populations who are experiencing the greatest cancer disparities.

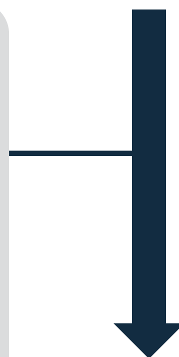
Health Equity Strategy 1b:

Include non-traditional partners and sectors such as education and transportation to address underlying social determinants of health inequities.

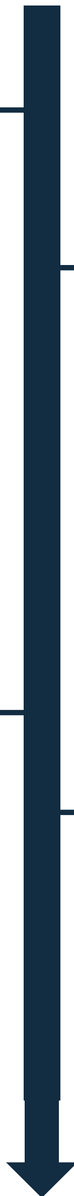
Step 2: Select a conceptual framework to guide program planning. The framework can be used as a communication tool and help map out current areas of work, identify gaps, establish priorities, and support program planning and evaluation.

Health Equity Strategy 2a:

Use a framework that incorporates a health equity lens. Examples include the Health Impact Pyramid, Integrated Conceptual Framework for Understanding and Addressing Social Determinants to Advance Cancer Health Equity, WHO Commission on the Social Determinants of Health Framework, and Social Ecological Model.



Step 3: Use available incidence, survival, and mortality data to describe the cancer burden in the general population and among groups disproportionately affected in your jurisdiction. The U.S. Cancer Statistics Data Visualizations Tool makes it easy for anyone to explore and use the latest official federal government cancer data from United States Cancer Statistics. Other cancer data sources and cancer data and statistical tools can also be found at CDCs Division of Cancer Prevention and Control.



Health Equity Strategy 3a:

Consider age, disability status, gender, geographic residence, immigration status, national origin, race and ethnicity, sexual identity and orientation, socioeconomic status, and other characteristics historically linked to discrimination or exclusion.

Health Equity Strategy 3b:

Examine late-stage cancers, which may indicate lack of access to high-quality care, and race, ethnicity, gender, and other characteristics historically linked to discrimination or exclusion.

Health Equity Strategy 3c:

Examine data from surveillance systems and other sources, such as electronic health record data, geographic information systems, bivariate mapping, web scraping, crowdsourced surveys, and community health needs assessments to help identify groups disproportionately affected.

Health Equity Strategy 3d:

Social determinants of health data and tools to improve community health include City Health Dashboard, County Health Rankings and Roadmaps, Social Vulnerability Index, Tracking Network, and Vulnerable Populations Footprint Tool.

Step 4: Identify leading cancers and related health equity priorities for your jurisdiction.

Health Equity Strategy 4a:

Focus on populations and geographic areas with the highest burden and groups disproportionately affected.

Step 5: Establish program goals and objectives to improve cancer outcomes.

Health Equity Strategy 5a:

Integrate goals and objectives that aim to decrease cancer disparities.

Step 6: Select short-, intermediate-, and long-term strategies using evidence-based interventions to achieve programs goals. See the QuickStart Guide for a comprehensive list of cancer-related evidence-based interventions for cancer control planning.

Health Equity Strategy 6a:

Engage diverse members of the populations you are serving in your planning, implementation, and evaluation.

What problems do community members view as highest priority?

What factors do community members view as contributing to the high-priority problem?

What assets are available to address the problem?

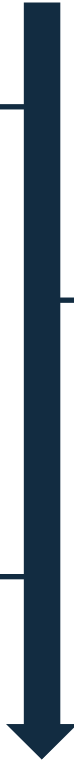
Which of those contributing factors are most important and most changeable?

Health Equity Strategy 6b:

Use data to engage partners and community members to tell their story, identify varied uses of data, and improve data fluency. The County Health Rankings and Roadmap provides Action Learning Guides to Understand and Use Data to Improve Health.

Health Equity Strategy 6c:

Consider short-term strategies that address social needs to decrease cancer disparities while concurrently undertaking long-term strategies to tackle the underlying social determinants of health inequities.



Health Equity Strategy 6d:

Consider innovative approaches to advance health equity and contribute to the evidence base of community-based interventions that address the social determinants of health inequities to reduce cancer disparities. See the Health Equity Guide for guidance on the parameters for innovative approaches.

Health Equity Strategy 6e:

Take into account any unintended consequences and whether inequities can be made worse by determining which groups will benefit from the interventions and whether any groups may be left out and how this could be addressed.

Step 7: Provide annual data that describe the reach of implemented interventions within populations and geographic areas and monitor cancer risk factors. Cancer incidence, survival, and mortality data can be further used to evaluate the overall long-term effectiveness of the program.

Hyperlinks and web addresses for resources in Step 2:

- Health Impact Pyramid (https://ajph.aphapublications.org/doi/10.2105/AJPH.2009.185652)
- Integrated Conceptual Framework for Understanding and Addressing Social Determinants to Advance Cancer Health Equity (https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21586)
- WHO Commission on the Social Determinants of Health Framework (https://www.health.state.mn.us/communities/practice/resources/equitylibrary/docs/coiin-hrsa/story_html5.html)
- Social Ecological Model (http://medbox.iiab.me/modules/en-cdc/www.cdc.gov/cancer/crccp/sem.htm)

Hyperlinks and web addresses for resources in Step 3:

- U.S. Cancer Statistics Data Visualizations Tool (www.cdc.gov/cancer/dataviz/)
- United States Cancer Statistics (USCS) (www.cdc.gov/cancer/uscs/)
- Other cancer data sources (www.cdc.gov/cancer/dcpc/data/other.htm)
- Cancer data and statistical tools (www.cdc.gov/cancer/dcpc/data/tools.htm)
- CDC's Division of Cancer Prevention and Control (www.cdc.gov/cancer/dcpc/about/)
- City Health Dashboard (www.cityhealthdashboard.com)
- County Health Rankings & Roadmaps (www.countyhealthrankings.org)
- Social Vulnerability Index (www.atsdr.cdc.gov/placeandhealth/svi/)
- Tracking Network (https://ephtracking.cdc.gov/)
- Vulnerable Populations Footprint Tool (www.communitycommons.org/collections/Maps-and-Data)

Hyperlink and web address for resource in Step 6:

- Action Learning Guides to Understand and Use Data to Improve Health (www.countyhealthrankings.org/take-action-to-improve-health/learning-guides)

327719-A