

# Minnesota Cancer Alliance

MEMBER SURVEY RESULTS

## **Minnesota Cancer Alliance**

Comprehensive Cancer Control Program

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*Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording. Printed on recycled paper.*

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# Introduction

The Minnesota Cancer Alliance (MCA) is a coalition of individuals and organizations from varying backgrounds and disciplines, from prevention and detection to treatment, survivorship, and end-of-life care, who are dedicated to reducing the burden of cancer in Minnesota. Individuals and organizations can become official members of the MCA, but the MCA also includes interested individuals who may attend MCA events, stay up-to-date on MCA activities, or who are otherwise working in their communities toward goals or objectives of the Minnesota Cancer Plan 2025.

In May 2019, a survey was sent to 1,065 people who were current MCA members or who were on the MCA mailing list. The survey included questions about how people were involved in the MCA, benefits of involvement, MCA functioning, and how the MCA could be improved. The survey was designed to inform MCA planning around member involvement. A total of 121 people completed the survey.

Because of the wide array of experiences respondents had with the MCA, respondents were divided into three groups for analysis. “Involved” respondents were those who said they were a current MCA member or were on a committee, network, or Strategy Action Group (44% of respondents; based on responses in Figure A1). “Interested” individuals included people who were involved in the MCA in other ways, but who were not current members or serving on a committee, network, or Strategy Action Group (50% of respondents). Respondents who were “not involved” said that they had not been involved with the MCA in the past year (6% of respondents).<sup>1</sup>

About half of all respondents (55%) had been involved in the MCA for three years or less, with 38% involved for four or more years (which was generally the same across the “involved” and “interested” groups; Figure A4). However, 61% of respondents said they were “not very involved” in the MCA when asked about their current level of engagement (40% of “involved” participants and 80% of “interested” participants said they were “not very involved”; Figure 5). Accordingly, many respondents answered the subsequent survey questions “I’m not sure.” Some of these responses may point to opportunities for additional engagement or communication. In other cases, respondents, especially those in the “interested” group, may not be expected to have that level of information. In these cases, findings from the “involved” group may more closely reflect MCA functioning.

In the summary below, responses are reported for the “involved” and “interested” groups combined. When responses varied across the two groups, the differences are noted. In cases where this is not noted, the responses were generally comparable. The full set of findings can be found in Appendix A.

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<sup>1</sup> Respondents who selected that they were not involved in the MCA in the last year were skipped to a set of open-ended questions at the end of the survey about what might help them become more involved in the MCA. Accordingly, the percentages described below reflect only the “involved” and “interested” groups.

# Key findings

- Participants said they benefit from being involved in the MCA and that Minnesota is better off today because of the MCA.** Seventy-five percent of respondents strongly agreed or agreed that they benefited from being involved in the MCA (88% of the “involved” group and 63% of the “interested” group; Figure A6). Respondents indicated that the most important benefits of being involved in the MCA were staying informed about cancer-related resources, initiatives, and programs, and making connections with people from other organizations. About three-quarters of respondents from both the “involved” and “interested” groups strongly agreed or agreed that Minnesota is better off today because of the MCA (Figure A28) and 65% said the MCA has a greater impact on the cancer burden than individual organizations could have (Figure A29).
- Respondents felt that the MCA welcomes participation, but were less clear on how to become involved.** More than three-quarters (79%) of all respondents felt that the MCA welcomes the participation of people interested in becoming involved (with 90% of the “involved” group and 68% of the “interested” group strongly agreeing or agreeing; Figure A9). However, only 41% of respondents felt that the MCA makes good use of the skills they have to offer (50% of “involved” members and 33% of “interested” members; Figure A10). There were also some differences in perceptions of ways to become involved in the MCA. Eighty-one percent of the “involved” group and 62% of the “interested” group felt that there were many ways to become involved in the MCA (Figure A8). Respondents were interested in more information on how to become involved in the MCA and a wider variety of opportunities to participate. Although 69% of respondents reported that they knew how to get involved in MCA activities if they wanted to (Figure A15), when asked what would help them become more actively involved, respondents mentioned having more information about ways to participate. Some suggested offering more concrete or time-limited opportunities, in addition to the on-going roles on committees and networks. Several were interested in ways to become involved as individuals operating outside of formal organizations (e.g., patients or retired professionals). Additional suggestions included networking events or collaborative work around a specific topic area.

*Knowing where to start and HOW to be more involved.*

*I think if there were an orientation of sorts of the variety of opportunities available that would be helpful to know where/how to plug in.*

*Identify clear roles in email updates. I have limited time to be involved in standing committees but could participate in one-time events.*

*Clear direction regarding what is needed from MCA for professionals to get involved.*

*There are retired people who remain interested in this work. With all the expected emphasis on organizations and collaborations, it can feel like we are on an island.*

*Provide more mini-events throughout the year to network.*

- **There are opportunities to involve more organizations and groups in the MCA.** Two-thirds (66%) of respondents felt that the people involved in the MCA represent a cross-section of those who have a stake in what the MCA is trying to accomplish (with 26% responding “I’m not sure”; Figure A13). However, fewer (49%) said that the MCA has people involved from all organizations and groups that should be represented (40% responded “I’m not sure”; Figure A14). Respondents offered suggestions for additional organizations and groups that should be represented, including tribal communities, Asian Pacific Islanders, survivors, and patients. Some suggested specific organizations, including the American Association of Radon Scientists and Technologists – North Star, Cancer Survivors Against Radon, the Twin Cities Medical Society – Environmental Health Committee, and the Oncology Nursing Society, and the need for broader geographic representation in general.
- **Respondents were familiar with the Cancer Plan, but were less clear on the goals and structure of the MCA.** Most (83%) of respondents were familiar with the objectives and strategies of the Cancer Plan (slightly more “involved” respondents were familiar with it (92%) compared to 74% of “interested” participants; Figure A17). Although 73% of respondents reported having a clear understanding of what the MCA was trying to accomplish (Figure A19), only 56% were confident they could explain the mission of the MCA to someone not familiar with it (Figure A20). Likewise, only 37% of respondents felt that they were clear about their roles and responsibilities as part of the MCA (54% of “involved” respondents and 21% of “interested” respondents; Figure A11). One third (33%) of “involved” respondents felt that there was a clear process for making decisions within the MCA, with 49% answering “I’m not sure” (29% all respondents agreed, and 56% were not sure; Figure A23).
- **Respondents felt they were informed as often as they should be about what was going on with the MCA, but were interested in more communication about progress toward the Cancer Plan and decision-making.** Most (74%) respondents reported that they were informed as often as they should be about what is going on in the MCA (80% of the “involved” group agreed with this statement and 68% of the “interested” group; Figure A16). Fewer (62%) felt that the MCA provides adequate updates about the progress of the Cancer Plan (Figure A18). In the open-ended questions, respondents mentioned an interest in hearing about promising practices of work being done through the Cancer Plan. Others felt there were opportunities for more communication about decision-making and Steering Committee updates. Respondents generally agreed that the email newsletter and targeted emails about specific work or topics were the best ways for the MCA to communicate with people.

*Keep me informed of the progress made, gaps, and needs.*

*Highlighting innovation and quality improvement that programs are involved in.*

*Continue to provide updates about activities around the state that I may not be aware of.*

*Greater involvement in decision-making process, agenda of meetings, priorities for funds raised, roles and responsibilities of the leadership team.*

*Steering group communications/emails, rather than larger audience marketing and promotion of each action group or individual members.*

*Communication/awareness of events and dates.*

- **The MCA can play a role in connecting organizations and groups around the state and leveraging resources toward specific issues.** When asked how the MCA could better support their work, respondents suggested dedicating more resources to specific issues, including prevention, patient education, insurance access and coverage, community health workers, training and professional development, patient education, and colorectal and lung cancers. Others felt that the MCA could play a role in connecting people working on shared Cancer Plan strategies or topic areas.

*Focusing on coverage access issues more would be good, such as protecting Medical Assistance, MN Care, and MNSure.*

*Provide more Community Health Workers in the field.*

*Take the leading killer, lung cancer, more seriously! Why is the greatest cancer killer in Minnesota such a small focus??*

*Host stakeholder meetings to discuss organizations' targeted work on [a] specific strategy.*

*Finding new partners for outreach and education within the MCA network.*

## Recommendations

The following recommendations, based on the survey findings, are intended to help the MCA Committee consider ways to best engage and support individuals involved in its work moving forward.

- Consider more clearly defining MCA membership for individuals and organizations, including benefits and expectations for members, as well as what engagement looks like for non-members who may still be interested in the MCA.
- Provide a wider variety of ways for people to become involved in the MCA beyond committee and network participation, including time-limited opportunities such as help with the MCA Summit or other events.
- Provide an orientation for new members about the structure of the MCA and how to become involved, and consider adding regular features to the e-newsletter or website with more information about ways people can become involved in the MCA, including through one-time events.
- Assess and engage organizations and groups who may be missing from the MCA, and consider ways to involve individuals who may be part of the cancer community outside of formal organizations, such as patients and survivors.
- Make the Steering Committee minutes publicly available on the website or through the e-newsletter.
- Provide evaluation updates and other types of information (e.g., case studies of current efforts or promising practices) that highlight progress toward the goals and objectives of the Cancer Plan.
- Continue to support ways for people to connect and coordinate work around specific Cancer Plan strategies or topic areas, such as through the networks and Strategy Action Groups, networking opportunities, or other approaches.

- Consider whether the MCA should prioritize strategic issues in addition to providing broad-based support for the work under the Cancer Plan.

## Appendix A: Survey data

In the survey data below, respondents were divided into three groups. “Involved” respondents were those who said that they were a current MCA member or were on a committee, network, or Strategy Action Group based on their response to the first question (Figure A1). “Interested” individuals included people who were involved in the MCA in other ways, but who were not current members or serving on a committee, network, or Strategy Action Group. Respondents who were “not involved” said that they had not been involved with the MCA in the past year.

Respondents who said that they were not involved in the MCA in the last year were skipped to a set of open-ended questions at the end of the survey about what might help them become more involved in the MCA. Percentages in tables may not equal 100% due to rounding.

### Involvement

#### A1. How respondents are involved

Please indicate how you were involved in the MCA in the past year (Check all that apply.)	Involved (N=53)	Interested (N=61)	Not involved (N=7)	Total (N=121)
I work at an organization that is a MCA member.	57%	49%	--	50%
I read the MCA monthly e-newsletter regularly.	66%	34%	--	46%
I attended one or more MCA-sponsored events.	59%	38%	--	45%
I stayed up to date about the work of the MCA.	47%	30%	--	36%
I am a current MCA member.	77%	--	--	34%
I shared information about the MCA with people in my organization.	43%	25%	--	31%
I shared information with the MCA with people outside of my organization.	38%	12%	--	22%
My organization collaborated with one or more MCA member organizations on a specific project.	28%	20%	--	22%
I am a member of an MCA committee.	45%	--	--	20%
I have worked on addressing objectives of the Cancer Plan (outside of a Strategy Action Group).	26%	8%	--	16%
I recruited people to participate in MCA projects and activities.	25%	3%	--	12%
I am a member of an MCA network.	17%	--	--	7%
I am a member of an MCA Strategy Action Group.	9%	--	--	4%
I have not been involved with the MCA in the last year.	--	--	100%	6%
Other*	2%	3%	--	3%

\* Other responses included being involved with the Fond du Lac Cancer team or being new to the MCA or unsure of how they were involved.



**A2. MCN committee involvement (“Involved” group only)**

What committees are you a part of? (check all that apply; N=22)	%
Steering Committee	64%
CHEN – Cancer Health Equity Network	36%
Membership and Communications	36%
Policy	27%
Evaluation Advisory	18%

(If involved in a committee) How active are you in the committee?	I attend most of the meetings and am actively engaged in committee work #	I attend some meetings and engage when/where I can #	I rarely am able to attend meetings and am not very involved in committee work #	I’m not sure #
Steering Committee (N=14)	12	2	0	0
CHEN – Cancer Health Equity Network (N=8)	4	2	2	0
Membership and Communications (N=8)	4	4	0	0
Policy (N=6)	4	2	0	0
Evaluation Advisory (N=4)	2	1	1	0

**A3. Network involvement (“Involved” group only)**

What networks are you a part of? (check all that apply; N=9)	#
Colon Cancer Network	6
Commission on Cancer Network	4

(If involved in a network) How active are you in the network?	I attend most of the meetings and am actively engaged in committee work #	I attend some meetings and engage when/where I can #	I rarely am able to attend meetings and am not very involved in committee work #	I’m not sure #
Colon Cancer Network (N=6)	2	3	1	0
Commission on Cancer Network (N=4)	1	2	1	0

#### A4. Length of involvement

How long have you been involved in the MCA?	Involved (N=53)	Interested (N=61)	Total (N=114)
Less than 1 year	23%	21%	22%
1 to 3 years	32%	34%	33%
4 to 5 years	11%	8%	10%
More than 5 years	30%	26%	28%
I'm not sure	4%	10%	7%

#### A5. Level of involvement

How involved would you say you are with the MCA?	Involved (N=53)	Interested (N=61)	Total (N=114)
Very involved	21%	2%	11%
Somewhat involved	38%	16%	26%
Not very involved	40%	80%	61%
I'm not sure	2%	2%	2%

### Satisfaction and benefits from being involved in the MCA

#### A6. Perceived benefit of MCA involvement

I benefit from being involved in the MCA	Involved (N=53)	Interested (N=61)	Total (N=114)
Strongly agree	28%	15%	21%
Agree	60%	48%	54%
Disagree	0%	8%	4%
Strongly disagree	0%	0%	0%
I'm not sure	11%	30%	21%
Not applicable	0%	0%	0%

### A7. Types of benefits from MCA involvement

What are the three most important benefits you experience from being involved in the MCA? (Select up to three.)	Involved (N=47)	Interested (N=38)	Total (N=85)
Staying informed about cancer-related resources, initiatives, and programs	75%	82%	78%
Making connections with people from other organizations	75%	63%	69%
Coordinating resources more effectively with other organizations working on the same issues	26%	26%	26%
Meeting my own organization's goals by working with others through the MCA	26%	26%	26%
Having the opportunity to influence the future direction of the MCA's efforts	21%	21%	21%
Having access to data about cancer that would have been more difficult to obtain otherwise	21%	13%	18%
Receiving resources that I wouldn't have otherwise received	13%	21%	17%
Having opportunities for professional development	15%	11%	13%
Gaining credibility for my organization's work	6%	8%	7%
Other	0%	0%	0%

## MCA functioning

Please select the extent to which you agree or disagree with the following statements about the MCA.

## Membership and participation

### A8. There are many ways for me to get involved in the work of the MCA.

	Involved (N=51)	Interested (N=53)	Total (N=104)
Strongly agree	26%	9%	17%
Agree	55%	53%	54%
Disagree	0%	4%	2%
Strongly disagree	0%	0%	0%
I'm not sure	16%	25%	20%
Not applicable	4%	9%	7%

**A9. The MCA welcomes the participation of people interested in becoming involved.**

	<b>Involved (N=51)</b>	<b>Interested (N=53)</b>	<b>Total (N=104)</b>
Strongly agree	41%	17%	29%
Agree	49%	51%	50%
Disagree	2%	2%	2%
Strongly disagree	0%	0%	0%
I'm not sure	6%	23%	14%
Not applicable	2%	8%	5%

**A10. The MCA makes good use of the skills that I have to offer.**

	<b>Involved (N=50)</b>	<b>Interested (N=52)</b>	<b>Total (N=102)</b>
Strongly agree	12%	8%	10%
Agree	38%	25%	31%
Disagree	16%	6%	11%
Strongly disagree	0%	0%	0%
I'm not sure	26%	35%	30%
Not applicable	8%	27%	18%

**A11. I am usually clear about my roles and responsibilities as a part of the MCA.**

	<b>Involved (N=50)</b>	<b>Interested (N=53)</b>	<b>Total (N=103)</b>
Strongly agree	8%	4%	6%
Agree	46%	17%	31%
Disagree	16%	2%	9%
Strongly disagree	0%	2%	1%
I'm not sure	22%	32%	27%
Not applicable	8%	43%	26%

**A12. People involved in the MCA invest the right amount of time in our collaborative efforts.**

	Involved (N=48)	Interested (N=53)	Total (N=101)
Strongly agree	10%	11%	11%
Agree	44%	28%	36%
Disagree	8%	0%	4%
Strongly disagree	0%	0%	0%
I'm not sure	38%	49%	44%
Not applicable	0%	11%	6%

**A13. The people involved in the MCA represent a cross-section of those who have a stake in what the MCA is trying to accomplish.**

	Involved (N=49)	Interested (N=53)	Total (N=102)
Strongly agree	16%	13%	15%
Agree	53%	49%	51%
Disagree	10%	0%	5%
Strongly disagree	0%	0%	0%
I'm not sure	20%	30%	26%
Not applicable	0%	8%	4%

**A14. The MCA has people involved from all organizations and groups that should be represented.**

	Involved (N=49)	Interested (N=53)	Total (N=102)
Strongly agree	6%	13%	10%
Agree	47%	32%	39%
Disagree	12%	0%	6%
Strongly disagree	2%	0%	1%
I'm not sure	33%	45%	40%
Not applicable	0%	9%	5%

## Communication

### A15. I know how to get involved in MCA activities if I want to.

	Involved (N=51)	Interested (N=51)	Total (N=102)
Strongly agree	18%	6%	12%
Agree	55%	59%	57%
Disagree	12%	18%	15%
Strongly disagree	0%	0%	0%
I'm not sure	16%	16%	16%
Not applicable	0%	2%	1%

### A16. I am informed as often as I should be about what is going on in the MCA.

	Involved (N=50)	Interested (N=50)	Total (N=100)
Strongly agree	14%	10%	12%
Agree	66%	58%	62%
Disagree	12%	8%	10%
Strongly disagree	0%	0%	0%
I'm not sure	8%	20%	14%
Not applicable	0%	4%	2%

### A17. I am familiar with the objectives and strategies of the Cancer Plan.

	Involved (N=50)	Interested (N=50)	Total (N=100)
Strongly agree	30%	18%	24%
Agree	62%	56%	59%
Disagree	4%	14%	9%
Strongly disagree	0%	2%	1%
I'm not sure	4%	6%	5%
Not applicable	0%	4%	2%

**A18. I feel that the MCA provides adequate updates about the progress of the Cancer Plan.**

	<b>Involved (N=50)</b>	<b>Interested (N=51)</b>	<b>Total (N=101)</b>
Strongly agree	12%	8%	10%
Agree	54%	49%	52%
Disagree	22%	14%	18%
Strongly disagree	0%	0%	0%
I'm not sure	12%	24%	18%
Not applicable	0%	6%	3%

**A19. I have a clear understanding of what the MCA is trying to accomplish.**

	<b>Involved (N=50)</b>	<b>Interested (N=51)</b>	<b>Total (N=101)</b>
Strongly agree	24%	12%	18%
Agree	52%	59%	55%
Disagree	10%	16%	13%
Strongly disagree	0%	2%	1%
I'm not sure	14%	12%	13%
Not applicable	0%	0%	0%

**A20. I am confident that I could explain the mission of the MCA to someone who is not familiar with it.**

	<b>Involved (N=49)</b>	<b>Interested (N=50)</b>	<b>Total (N=99)</b>
Strongly agree	14%	6%	10%
Agree	45%	46%	46%
Disagree	18%	28%	23%
Strongly disagree	4%	4%	4%
I'm not sure	18%	16%	17%
Not applicable	0%	0%	0%

**A21. Communication among people involved in the MCA happens both at formal meetings and in informal ways.**

	Involved (N=50)	Interested (N=50)	Total (N=100)
Strongly agree	12%	12%	12%
Agree	64%	46%	55%
Disagree	2%	6%	4%
Strongly disagree	0%	0%	0%
I'm not sure	20%	28%	24%
Not applicable	2%	8%	5%

**A22. Preferred methods of communication**

What is the best way for the MCA to communicate with you?	Involved (N=51)	Interested (N=50)	Total (N=101)
Email newsletter	78%	80%	79%
Targeted emails about specific work/topics	57%	56%	56%
Committee meetings	29%	4%	17%
The MCA website	14%	14%	14%
The MCA blog	2%	2%	2%
Other ideas*	2%	2%	2%

\* Other ideas included work with community-based organizations.

**Planning and leadership**

**A23. There is a clear process for making decisions in the MCA.**

	Involved (N=49)	Interested (N=51)	Total (N=100)
Strongly agree	6%	6%	6%
Agree	27%	20%	23%
Disagree	16%	4%	10%
Strongly disagree	0%	0%	0%
I'm not sure	49%	63%	56%
Not applicable	2%	8%	5%



**A24. People in the MCA consider different approaches to how we can do our work.**

	<b>Involved (N=50)</b>	<b>Interested (N=51)</b>	<b>Total (N=101)</b>
Strongly agree	10%	8%	9%
Agree	58%	22%	40%
Disagree	6%	4%	5%
Strongly disagree	0%	0%	0%
I'm not sure	22%	61%	42%
Not applicable	4%	6%	5%

**A25. The people in leadership positions for the MCA have good skills for working with other people and organizations.**

	<b>Involved (N=50)</b>	<b>Interested (N=51)</b>	<b>Total (N=101)</b>
Strongly agree	16%	8%	12%
Agree	46%	33%	40%
Disagree	8%	2%	5%
Strongly disagree	0%	2%	1%
I'm not sure	26%	49%	38%
Not applicable	4%	6%	5%

**A26. The MCA has adequate funds to do what it wants to accomplish.**

	<b>Involved (N=48)</b>	<b>Interested (N=51)</b>	<b>Total (N=99)</b>
Strongly agree	2%	2%	2%
Agree	23%	8%	15%
Disagree	17%	8%	12%
Strongly disagree	2%	2%	2%
I'm not sure	52%	75%	64%
Not applicable	4%	6%	5%

## Progress and outcomes

### A27. The MCA has established reasonable goals.

	Involved (N=49)	Interested (N=51)	Total (N=100)
Strongly agree	20%	14%	17%
Agree	59%	45%	52%
Disagree	0%	4%	2%
Strongly disagree	0%	0%	0%
I'm not sure	20%	33%	27%
Not applicable	0%	4%	2%

### A28. Minnesota is better off today because of the MCA.

	Involved (N=48)	Interested (N=51)	Total (N=99)
Strongly agree	38%	31%	34%
Agree	44%	43%	43%
Disagree	0%	0%	0%
Strongly disagree	0%	0%	0%
I'm not sure	19%	24%	21%
Not applicable	0%	2%	1%

### A29. The MCA has a greater impact on the cancer burden than individual organizations could have.

	Involved (N=48)	Interested (N=51)	Total (N=99)
Strongly agree	29%	22%	25%
Agree	40%	40%	40%
Disagree	8%	4%	6%
Strongly disagree	0%	0%	0%
I'm not sure	23%	33%	28%
Not applicable	0%	2%	1%

**A30. The MCA is doing enough to address health disparities.**

	Involved (N=48)	Interested (N=51)	Total (N=99)
Strongly agree	6%	6%	6%
Agree	27%	18%	22%
Disagree	23%	10%	16%
Strongly disagree	0%	2%	1%
I'm not sure	44%	63%	54%
Not applicable	0%	2%	1%

**A31. People involved with the MCA use information about MCA's activities, services, and outcomes to guide future work.**

	Involved (N=48)	Interested (N=51)	Total (N=99)
Strongly agree	13%	8%	10%
Agree	44%	29%	37%
Disagree	4%	2%	3%
Strongly disagree	0%	0%	0%
I'm not sure	40%	57%	49%
Not applicable	0%	4%	2%

**What would help you be a more actively involved in MCA?**

**Greater communication**

*Steering group communications/emails, rather than larger audience marketing and promotion of each action group or individual members.*

*Continue providing periodic updates.*

*More information about on-going and past activities, maybe even an e-mail with links to the website linking to past pilot projects that have happened and synopsis of present funded activities.*

*Greater involvement in the decision making process, agenda of meetings, priorities for funds raised, roles and responsibilities of the 'leadership' team.*

*I will be honest, our lack of activity is related to capacity on our part. Right now, just regular reminders that keep us in the loop so that when we do have capacity, we know you are a resource.*

*Communication/awareness of events and dates.*

*Awareness of the meeting time and dates.*

*Email reminders or being on a committee.*

### **More information on how to become involved**

*Knowing where to start and HOW to be more involved.*

*I think if there were an orientation of sorts of the variety of opportunities available that would be helpful to know where/how to plug in.*

*I need to personally do more research on the MCA and find a way to get involved.*

*I am a new member and am just starting to learn about MCA. I am working on my infusion certification and our facility is looking at starting infusion therapy in the next couple of years.*

*I am not very aware of MCA activities.*

*Better understanding how my organization is involved and how being involved is beneficial to my organization.*

### **More concrete/time-limited ways of becoming involved**

*Perhaps specific requests for help on individual projects? If you put out a call for volunteers you hopefully will then get more than just folks from the core MCA people. Of course, that assumes that people will actually volunteer, smile.*

*Broader time options for participation.*

*Advanced notification of events/meetings, etc. that might be of interest. Clear direction regarding what is needed from MCA for professionals to get involved.*

*Identify clear roles in email updates. I have limited time to be involved in standing committees but could participate in one-time efforts.*

*Clear ask and task that fits my interests.*

*Ask, with clear goals and objectives.*

### **Involving individuals outside of organizations**

*I am a patient and would love to know where patient advocates fit into the MCA.*

*There are retired people who remain interested in this work. With all the expected emphasis on organizations and collaborations, it can feel like we are on an island.*

*I have been very involved - going back to establishing the organization initially. However, I have retired & just keep up with what is happening out of interest.*

*MCA should help with getting involved with community org at community level and not just org level.*

*The one meeting I attended a few years back, no one seemed interested in the perspective of a physical therapist. So, have not been involved since then.*

### **Organizing around a specific topic**

*More interest in radon, involvement of groups interested in radon, action on radon objectives.*

*To identify specific and more structural objectives to work on a strategy, [such as] colon cancer.*

*In 2010-2011, we helped our community members with breast and cervical cancer screenings. We would like to explore new resources to continue these screening works, to prevent cancer incidents.*

*Outreach from other practitioners who do what I do.*

### **Networking events**

*Make the work more relevant to my communities. Provide more events-mini events-throughout the year to network.*

*Happy Hour!*

### **Need for additional follow-up**

*If one would respond to my interest in volunteering I filled out two cards, one I mailed in but I have not heard from anybody.*

*Having more consistent follow-up on committees where I've previously showed interest (policy, in particular) would be helpful.*

### **Individual capacity**

*Time.*

*If my employer supported time away from work to participate in meetings.*

*I currently lack the time to be more involved.*

*Time.*

*Funds*

### **Other**

*If I could tell the organization made a meaningful impact on cancer care or cancer prevention.*

*Payer focus group.*

*Not sure if my agency's interests are in alignment with the goals of MCA.*

## Unsure

*I have only recently come across MCA. I was not aware of its existence. The Cancer Society is the one that people think about when the discussion turns to cancer. So, I am not sure at this point. I have to learn more. I have been to the Summit and one meeting. I do not know people enough as yet.*

*N/A*

*Nothing. I have very much appreciated my time with the MCA thus far.*

*At 71 years of age and being the coordinator of a non-profit, I am doing as much as I can do. I attend the Fond du Lac Cancer team meetings.*

*?*

*Unknown*

## How could the MCA better support your work related to the Cancer Plan?

### More dedicated resources toward a specific issue

*Provide more Community Health Workers in the field.*

*Focusing on coverage access issues more would be good, such as protecting Medical Assistance, MN Care, and MNsure.*

*Funding initiatives and patient education materials.*

*Wish MCA give us more resources to help our community members to prevent breast, cervical cancers.*

*Help fund CCLC collaborative marketing efforts.*

*Focus on improved physical activity, healthy eating and tobacco prevention for diverse communities in Minneapolis.*

*Research and educational seminars across a variety of cancer types, including lung, pancreatic, liver and urological disease states.*

*Take the leading killer, Lung Cancer, more seriously! Why is the greatest cancer killer in Minnesota such a small focus??*

### More networking opportunities/interest in working with others around a specific topic area

*I am mostly interested in prevention and early detection of lung cancer - which comes often down to policy decisions. Might there be a contact for me in such a prevention/detection group?*

*Host stakeholder meetings to discuss organizations targeted work on specific strategy.*

*Opportunity to select goal and measure progress.*

*If I could be part of a committee that's related to my work.*

*Finding new partners for outreach and education within the MCA network.*

*Finding new partners for outreach and education within the MCA network.*

### **Greater communication**

*I would like more updates from all the strategy teams - committee minutes do not tell the whole story.*

*To be informed periodically and get updates from other members of the team.*

*More communication.*

*Highlighting innovation and quality improvement that programs are involved in. IHI has a great website model --- innovations, stories, topics, measurement - collective site for sharing. [Institute for Healthcare Improvement \(http://www.ihl.org\)](http://www.ihl.org)*

*Continue to provide updates about activities around the state that I may not be aware of.*

*Keep me informed of the progress made, gaps and needs.*

### **Other**

*I am sharing information with providers in my organization.*

### **Nothing**

*I think they are doing fine.*

*It is supported. The Fond du Lac Cancer team plan that is.*

*Just continue to do what you are doing.*

*My work is not directly related to cancer but I felt the conference was very beneficial to my understanding and application to my work.*

*Your annual conference is exceptional. Thank you for that.*

### **Unsure**

*Not sure.*

*Again, I am just learning about MCA.*

*Not sure.*

*Nothing at this time.*

MINNESOTA CANCER ALLIANCE: MEMBER SURVEY RESULTS

*Unknown.*

*I don't know.*

*Not sure.*

*Not sure.*