

# Minnesota Cancer Alliance

SUMMARY OF MEMBER INTERVIEWS REGARDING EVALUATION

**Minnesota Cancer Alliance**

Comprehensive Cancer Control Program  
P.O. Box 64882  
St. Paul, MN 55164  
651-201-3661  
lisa.gemlo@state.mn.us  
www.health.state.mn.us

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The Minnesota Cancer Alliance (MCA) is coordinated by staff at the Minnesota Department of Health (MDH) and funded through federal funding from the Centers for Disease Control (CDC). The federal funding requires ongoing evaluation, including information about how the Alliance functions, satisfaction of members, and progress on outcomes identified in the 2025 Cancer Plan Minnesota (“the Cancer Plan”). To help develop and implement a multi-year evaluation plan, MCA contracted with Wilder Research in 2018. One of the early learning opportunities was to learn more about MCA members’ perspectives of the MCA and current and future evaluation activities. This summary highlights themes from interviews Wilder Research staff conducted with 11 MCA members in summer 2018. Participants included Steering Committee members, committee and network chairs, and MDH staff.

## Member involvement

**Members reported that opportunities for collaboration and networking are key benefits of being a part of the coalition.** Members valued working together as a unit and collaborating with other members who have similar goals to decrease the cancer burden across Minnesota. Learning from members who represent different sectors and backgrounds provided new opportunities for partnerships. Members also reported gaining access to new information and promising practices through involvement in MCA. In addition, members noted that they have been able to use the strong reputation of the MCA to engage other organizations and reference the Cancer Plan in assigning priorities to ensure the progress of cancer work.

*Networking and staying connected with folks that are working in the field, learning from others who are doing evaluation work, building my own skills.*

*Through the Alliance you meet others who are interested in what you’re doing. I’ve written some things for the Alliance newsletter and had interest from organizations to expand the work I’m doing. It’s a benefit to me to continue to contribute, network, and identify opportunities.*

*Sometimes you just get indirect benefits... when we have mini-grant opportunities, sometimes organizations that wouldn’t normally work together collaborate to get a little bit of money.*

*It’s helpful when we engage people to be able to reference priorities that are part of the State of Minnesota or a broad coalition of organizations.*

**Members felt that greater clarity of roles and responsibilities and taking more actionable steps could enhance their participation.** Due to recent shifting priorities in federal grant money, Minnesota Department of Health staff involvement has been more limited. Committee members have taken on a more active role to move the work forward. Some members said that competing responsibilities made it difficult to attend meetings and volunteer their time with MCA. One member emphasized that having a clearer understanding of the roles and responsibilities of the Steering Committee, MDH, the CDC, and other MCA committees would be beneficial in understanding the intersection of these entities. Another member shared that she would like to see Steering Committee meetings focused on higher level decision-making and more substantive dialogue around what committees are planning. Another member expressed optimism about moving forward with an actionable evaluation plan to document progress and improve the Alliance's functioning, and others indicated that they are fully invested and committed to the work of MCA.

*The Cancer Alliance sometimes spreads itself a little thin. Recognizing there are some limitations in what the Health Department can do based on funding and the available staff but also what should be done when you are managing a coalition – it should work together.*

*Having some regular reminders or education on the role of the steering committee, the role of MDH, the role of the Alliance, the synergy. A visual would help. It doesn't stick when it's not your job. If there was a one-pager showing the intersections and the governance, and not only MDH but the CDC. Pieces like is it a contract with CDC or a grant? The funding has been reduced, that has been clear. I'm not sure if the steering committee is a requirement of having that grant or contract with CDC.*

*I would like to see higher level decision-making and conversations at the Steering Committee meetings versus just updates and information.*

*Thus far, as an evaluation committee we have been struggling to move forward with actionable work. It will be helpful to have Wilder on board to help move the work forward. What's hard as a committee member is that we all have other jobs and have limited time to stay involved. And we want to see progress.*

## Success for the Alliance

**Members had a clear vision of success which focused on working together to advance the goals of the Cancer Plan.** Members shared a fairly consistent vision of success for the coalition: working collaboratively; making progress on the objectives in the Cancer Plan; and creating an effective, measurable impact. Several mentioned increasing screening rates and expanding access to prevention and survivor services in particular. Other participants mentioned the significance of reducing disparities to ensure that everyone has access to screening and prevention services. A few would like to see membership growing over the next few years as well as continued collaboration work. With changes in CDC funding and MDH involvement, a couple members would

like to see a smooth transition of responsibilities to MCA members to include work around management of finances, strategic planning, and taking meeting notes.

*Success is collaborations, relationships, getting behind a goal and getting people and organizations on board. That's when we have the biggest impact.*

*Success would mean that we're making progress on the objectives outlined in the Cancer Plan; committee people are engaging, working together collectively, and achieving their goals; and... being able to accomplish more by being part of the Alliance.*

*Reducing mortality in the state, increasing screening rates is really what we look at in the end. How effective of a job are we doing with those numbers? Are we able to reduce unneeded deaths due to cancer?*

*Success would mean there's availability of programs for everyone no matter their nationality, their religion, or their economic status. That's a big thing looking at the disparity. There's a lot available to people with cancer if you've got enough money or know about it. Making it an even playing field for everyone because those same treatments aren't available for everybody.*

## Evaluation and planning

**Most members reported using the Cancer Plan as a guiding framework for their work.** When asked whether their committees or groups had a work plan or guiding framework, most interviewees referenced the Cancer Plan. Several noted the strategic plan or MCA logic model, but few noted a specific plan for their committees beyond that.

*Our committee actually functions informally. It works much more effectively than you would expect. Probably because of the length of time it's been in place.*

*Yes, we do have a plan. It's a long-range strategic plan. We did have a plan, the cancer plan was the beginning. That was our roadmap.*

*It might be nice to have a general time frame with everything that can get done. I don't need to know all of the details, but a high level timeline of when we hope things will be done so that it's not just a hope and a prayer.*

**Members had limited knowledge of previous evaluation efforts.** Members who mentioned specific evaluation efforts were most likely to describe the annual member survey required through CDC funding. Most members found it helpful, but several said that it was difficult to gauge respondents' level of involvement with MCA, which made interpreting findings difficult. One interviewee still thought it was beneficial to understand members' perception of the MCA regardless of how active they were on committees and in the Alliance. Members also stated that in the past, evaluation support would come from MDH staff, but with budget cuts that has been limited.

*I know we've been given some reports on evaluation but I don't know if I could articulate it. I know that they've been done, but that's about it.*

*The evaluation that I am aware of has been the CDC has evaluated our plan. I have participated in those site visits and those evaluations, and they've been enlightening and helpful.*

*I think the member survey is generally helpful but I also think it's hard to gauge their involvement through paper surveys. I think some people think of themselves as actively engaged with the Cancer Alliance because they are reading emails and showing up at a summit... But there may be other people who think they are not very engaged because they're a member of only one project, [even though] an active member of one project might be contributing a lot.*

**Members were interested in future evaluation efforts related to MCA functioning, progress towards Cancer Plan objectives, and data-driven decision-making.** Members offered a variety of ideas when asked about additional information that would be helpful for their work. Several were interested in efforts related to MCA functioning. Suggestions including creating a visual representation, such as an infographic, of the Alliance's structure and progress towards objectives of the Cancer Plan, including activities completed under each objective. The infographic's purpose would be to communicate an overarching narrative of the Alliance's work for MCA members and public stakeholders.

*It would be nice to have some infographics so when somebody asks me about what the Cancer Alliance has done. I'm not just trying to think through my brain to the talking points but I could actually pull up the information. I think stuff like that would be very helpful in storytelling, particularly with public stakeholders.*

*In business terms, color-code the 19 objectives (green, yellow, red) based on movement and see how that changes over the quarters.*

Another MCA member suggested reviewing the findings from a survey sent to the 2016 MCA summit participants to learn about why they attended, what they learned, what they found to be most engaging and helpful for their work, and any prospective steps they would like to take. Two interviewees felt that because recruitment and retention were ongoing challenges for MCA, information about how to retain current members or recruit new members, especially from greater Minnesota, would be beneficial.

Others were interested in information that would help MCA track long-term progress and make decisions. One member recommended having an annual update of statistics around new occurrences of cancer and treatments at geographic, population, and hospital levels. Another member thought it would be useful to have training around best practices and evaluation in order to build skills within the network and help members strengthen and advocate for their work.

*Most of the network is folks on the ground doing direct service and it's always hard to measure impact with direct service, so I think it would be great if we could provide skill building for our members. Just allow them some more education and how to make the case for the work that they do. They do the work, but it's just not always bundled nicely with metrics and measured in outcomes. So maybe just skill building for our network. I would love to have annual updated stats on new occurrences in cancer in Minnesota, separated by geographic location. Last few years they've been heavily invested in Native and tribal numbers, but we also have to look at the whole state with cancer and diabetes. Hospital specific stats would be great to identify key players and people receiving treatment. What are we seeing from a hospital standpoint too?*

## Sharing evaluation information

**Members suggested using a variety of communications channels to share the evaluation plan and results.** Members suggested communicating information through organization newsletters, targeted emails, written reports, or posting on the MCA and MDH website. A few members thought it would be helpful to discuss the information in person through meetings or at the annual conference. Most members underscored the importance of offering a variety of communications approaches tailored to different audiences. One member stressed that findings should also be geared towards developing an actionable plan for moving forward.

*I think a good communications plan identifies different audiences and then figures out how to meet them where they are at.*

*Reach everyone. We have the newsletter. That may be the best way. There are a number of organizations, some more involved than other, they'll get a better understanding of what's happening versus someone who isn't as involved.*

*The steering committee would be a great place to present a written report which was sent prior, and [one or two members of the evaluation committee] should come in, review the findings, and give recommendations. When we read the report, we'd know this is what we need to do. I would love a working plan to come out of the results.*



# Issues for discussion

MCA members reported a clear vision for the purpose and benefits of the MCA but described some confusion about the shifting roles and responsibilities among different committees and entities. They also expressed an interest in evaluation focused on MCA functioning and progress towards the Cancer Plan, as well as support for using data and evaluation to inform decision-making. Based on these findings, the following questions are intended to help the Evaluation Committee prioritize evaluation questions and reflect on other considerations, such as member engagement, in the evaluation and communication of findings.

- What evaluation priorities stand out?
- How might the evaluation support greater clarity of members' roles and responsibilities?
- What opportunities exist at the upcoming summit to engage members or gather input?
- What role can the Evaluation Committee play in supporting training about evaluation and data-driven decision-making?
- How should the evaluation plan and key findings be communicated to the Steering Committee and other MCA members? What other audiences should be considered?
- What can the Evaluation Committee do to support MCA in using evaluation results to develop an actionable plan for work moving forward?

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451 Lexington Parkway North  
Saint Paul, Minnesota 55104  
651-280-2700  
[www.wilderresearch.org](http://www.wilderresearch.org)



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#### For more information

For more information about the report, contact Donna McDuffie, Comprehensive Cancer Control Program Director, at 651-201-3620.

Authors: Amanda Hane and Laura Martell Kelly

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