Minnesota Cancer Alliance

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2026 Summit and Member Feedback Survey

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, dedicated to reducing the burden of cancer in Minnesota. Individuals and organizations can become official members of the MCA. The MCA also includes non-members who may attend MCA events, stay up-to-date on MCA activities, or otherwise work in their communities toward the goals or objectives of the Cancer Plan Minnesota. The MCA had a successful Cancer Summit in February 2026. Nearly 300 people attended. Wilder Research received 109 completed surveys with feedback about the Summit and more general questions about being an MCA member. This summary describes findings from that survey for the MCA's internal use to plan for future gatherings and improve MCA membership.

Key takeaways: The 2026 Summit

- The Summit met its objectives of providing attendees with a clear overview of the updated Cancer Plan, and elevating individuals and organizations willing to lead implementation activities.
- Nearly all respondents were satisfied with their experience and would recommend the Summit to colleagues. This was echoed in the open-ended comments.

Key takeaways: MCA feedback

- Nearly all respondents agree that Minnesota is better off today because of the MCA and that their organization benefits from being involved.
- Fewer respondents agree that they had used the Cancer Plan 2025 in the last year; this is an opportunity for growth with the release of the updated Cancer Plan Minnesota.
- The benefits of MCA involvement most frequently mentioned by respondents are: staying informed about cancer-related resources, initiatives, and programs; and making connections with people from other organizations.
- Respondents are interested in lunch-and-learns and social events. Each MCA committee or network could consider hosting one session each year on a topic related to their expertise. A workshop could also be paired with a social event.

Summit feedback

Nearly all respondents were satisfied with the Summit and would recommend it to colleagues. A majority of respondents (95-97%) rated the welcome plenary and policy discussion excellent or good. While everyone who attended the Fireside Connect rated it excellent or good, 21% did not attend, likely because that was the last session of the day. Nearly all respondents also identified an action step they can take as a result of attending the Summit.

1. Attendees' ratings

	Strongly agree	Agree	Disagree	Strongly disagree
Overall, I was satisfied with my experience with the Summit. (N=101)	69%	29%	2%	0%
I would recommend the Summit to colleagues. (N=101)	72%	26%	2%	0%
I identified an action step I can take after attending the Summit. (N=99)	57%	40%	3%	0%
I met someone new I plan to connect with at the Summit. (N=100)	61%	33%	5%	1%
Please rate each session you attended:	**Excellent**	**Good**	**Average**	**Poor**
Welcome plenary (N=95)	62%	33%	5%	0%
Policy discussion (N=92)	68%	28%	3%	0%
Fireside connect (N=79)	68%	32%	0%	0%

Note: Percentages may not sum to 100% due to respondents being able to select more than one response.

All respondents felt that the Summit—to some or great extent—was grounded in the lived experienced of patients, caregivers, and providers (Figure 2). The Summit also provided attendees with a clear overview of the updated Cancer Plan, and elevated individuals and organizations willing to lead implementation activities (a primary objective of this year's Summit).

2. Extent Summit meet its objectives

	A great extent	Some extent	A little	Not at all
The Summit was grounded in the lived experience of patients, caregivers, and providers (N=103)	85%	16%	0%	0%
The Summit elevated individuals and organizations willing to lead or co-lead implementation activities from the Cancer Plan (N=102)	74%	24%	3%	0%
The Summit provided attendees with a clear overview of Minnesota's updated Cancer Plan and priority areas (N=103)	64%	32%	4%	0%
The Summit will activate standing workgroups and align with future initiatives (N=101)	64%	30%	5%	1%

Note: Percentages may not sum to 100% due to respondents being able to select more than one response.

Most beneficial part of the Summit

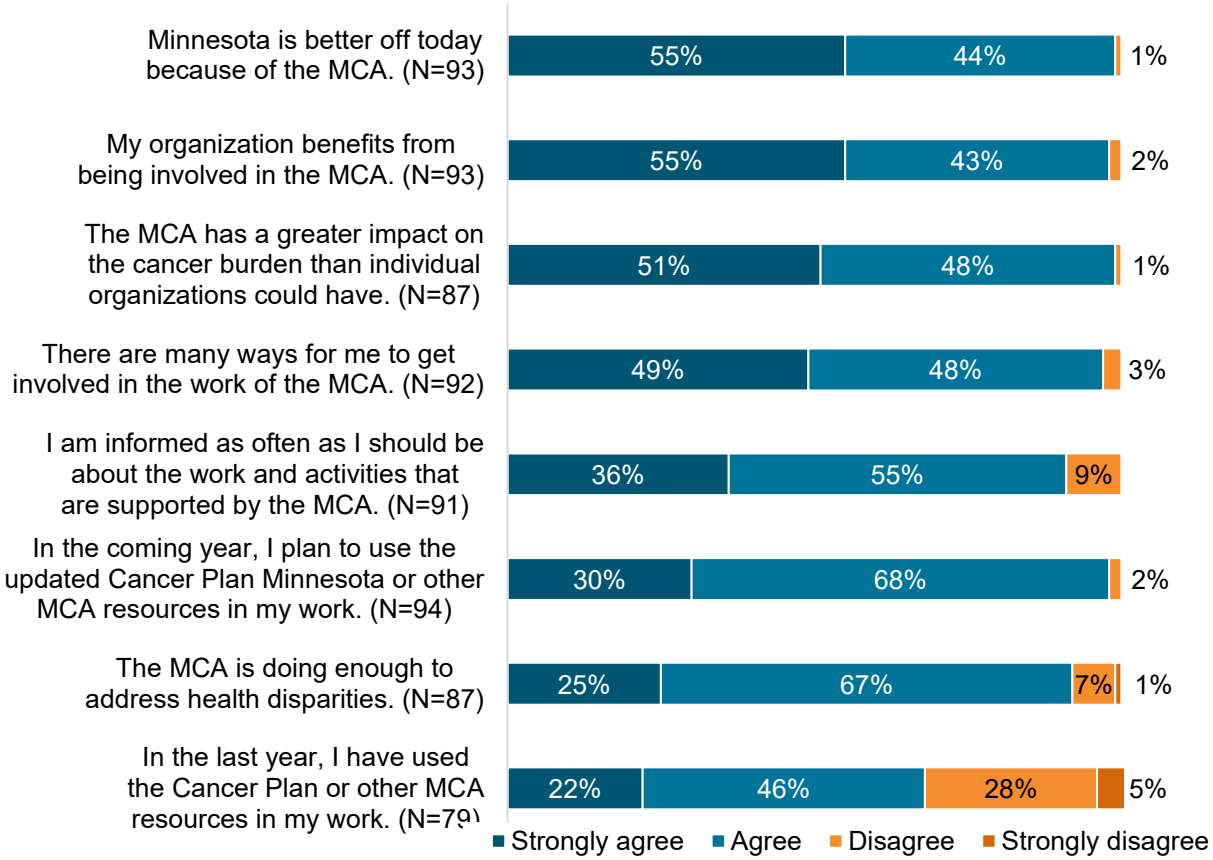
In response to an open-ended question, some respondents shared which session(s) or speaker(s) they found most beneficial for their work in reducing the burden of cancer in Minnesota. Overall, respondents enjoyed all parts of the Summit, including the welcome plenary, fireside conversation, and the policy connect. Some individuals also reported that networking with other attendees was beneficial for their personal and professional work related to cancer. The following are the top sessions respondents said were most beneficial:

- Rural Oncology Home Model (n=8)
- Equitable Access to Clinical Trial (n=7)
- Honoring Culture (n=7)
- Community Outreach, Awareness, and Prevention (n=6)
- Community Health Workers (n=5)
- Role of Food and Cooking Practices (n=5)

Member feedback

Nearly all respondents agree that Minnesota is better off today because of the MCA and that their organization benefits from being involved. The fewest respondents agreed that they had used the Cancer Plan in the last year.

3. Level of agreement about the work of the MCA



In addition, the two top benefits respondents said they get out of being involved with the MCA are: staying informed about cancer-related resources, initiatives, and programs; and making connections with people from other organizations. These are also the top two benefits respondents hope to get from the Alliance; thus, members are getting the benefits they most want.

4. Benefits from MCA involvement

Select up to three.	Most important benefits (N=99)	Most hope to get out of involvement (N=93)
Staying informed about cancer-related resources, initiatives, and programs	73%	74%
Making connections with people from other organizations	71%	61%
Coordinating resources more effectively with other organizations working on the same issues	27%	34%
Having opportunities for professional development	27%	19%
Receiving/accessing resources that I wouldn't have otherwise received	22%	13%
Having access to data about cancer that would have been more difficult to obtain otherwise	20%	25%
Meeting my own organization's goals by working with others through the MCA	16%	23%
Having the opportunity to influence the future direction of the MCA's efforts	11%	16%
Gaining credibility for my organization's work	10%	10%
Other	3%	0%

Note: Percentages may not sum to 100% due to respondents being able to select more than one response.

In an open-ended question on how the MCA could support individuals in implementing the updated Cancer Plan Minnesota, respondents suggested a variety of ways. Some (n=9) encouraged MCA to improve communication when promoting the Cancer Plan Minnesota, specifically by checking with community members about how they are implementing the plan. Others (n=6) also wanted MCA to provide more resources to the communities. This included supporting work in rural areas, providing translations of the Cancer Plan into different languages, and working with communities to share information with people who have limited resources.

> **[W]orking to support efforts to reach communities who truly are disadvantaged and taking into consideration the negative impact the beginning of the year has had on [so] many of our neighbors, [who] are not seeking care, let alone preventative care.**

Respondents (n=10) also discussed the need to understand the next steps for implementing the Cancer Plan Minnesota in their work, including how to become more involved with the MCA, and specific cancer-related topics that align with their work.

> **I'd love to learn how I can personally get involved and help make change. Hearing how we can get involved in monthly meetings, committees, outreach.**

In a close-ended question, most respondents expressed interest in lunch-and-learn webinars, though over half also expressed interest in in-person networking or social events.

5. Interest in future MCA events

	Total (N=86)
Lunch-and-learn webinar	76%
In-person networking or social event	55%
Half-day workshop	40%

Topics of interest for webinars or workshops include (one respondent each):

- Advocacy
- Cancer screening education and prevention, particularly around lung cancer
- Clinical trials and community engagement
- Community engagement and community focused outreach
- Disability-focused event
- End-of-life care
- Integrative and holistic supportive programs
- Intra-system/industry efforts in documenting Cancer Plan impact
- MCA committees and networks (what they are and how to join)
- Models or examples of how the Cancer Plan is being implemented by partners
- Similar topics to the Summit breakout sessions (see Appendix)
- Rural oncology

Description of respondents

Nearly all respondents had previously engaged with the MCA, and over a third of respondents had attended a past Summit or event. A majority of respondents are medical, non-medical, or public health professionals (91%) and work in the Twin Cities (78%), though people in other roles and other regions also attended.

6. Previous engagement with MCA

	Total (N=96)
I attended a past Summit or other MCA event	37%
I am on an MCA committee or network	22%
I am a member	19%
I am working on an MCA Strategy Action Group or SAG-funded activity	7%
None, no prior engagement	

Note: Percentages may not sum to 100% due to respondents being able to select all that apply.

7. Description of respondents

What region(s) of the state do you work in? (Check all that apply)	**Total (N=95)**
Twin Cities (7-county)	78%
Southeast	28%
Central MN	15%
Northwest	15%
Northeast (Arrowhead)	14%
Southwest	13%
What role do you have in the cancer community? (Check all that apply.)	**Total (N=95)**
Medical professional	36%
Public health professional	35%
Non-medical support professional	20%
Survivor	10%
Caregiver	8%
Researcher	8%
Student	1%
Current patient	0%
Other [a]	14%

Note: Percentages may not sum to 100% due to respondents being able to select all that apply.

[a] Other respondent roles included social workers, community health workers, health care administrators, industry partners, lobbyists, nonprofit executives, pharmaceutical nurses, and patient advocacy workers.

Appendix: Breakout session ratings

Appendix A. Ratings of 5 most attended sessions

Title of breakout session	Excellent	Good	Average	Poor
Lung Cancer Screening (n=24)	88%	8%	4%	0%
Community Outreach, Awareness, and Prevention (n=21)	71%	29%	0%	0%
Equitable Access to Clinical Trials (n=29)	69%	31%	0%	0%
Community Health Workers (n=49)	61%	35%	4%	0%
Artificial Intelligence in Cancer (n=31)	39%	58%	3%	0%

Appendix B. Ratings all other sessions

Title of breakout session	Excellent	Good	Average	Poor
Rural Oncology Home Model	16	1	0	0
Expand Colorectal Cancer Screening	12	5	0	0
Honoring Culture	12	3	2	0
Integrating Caregiver Support	11	0	0	0
Connected Pathways for Cancer Survivorship	9	6	1	0
Breast Cancer Champions	9	0	0	0
Comprehensive Cancer Control in a Tribal Nation	5	4	0	0
Vaccine Advocacy	4	4	0	0
Role of Food and Cooking Practices	1	6	1	0
Building a Professional Healthcare Workforce	1	0	0	0

Note: It is Wilder's procedure to report numbers when N's are below 20. These sessions may have additional attendees that did not complete a survey.

For more information

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