

**Comprehensive Cancer Control**

**Cancer Communication Mentorship Program Manual**

**Communication Planning, Implementation, and Evaluation**

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# Contact Information

Contents

[Contact Information 2](#_Toc70406740)

[Introduction 6](#_Toc70406741)

[Background 6](#_Toc70406742)

[Roles and Responsibilities 6](#_Toc70406743)

[The Facilitating Organization 6](#_Toc70406744)

[Mentors 6](#_Toc70406745)

[Mentees 7](#_Toc70406746)

[Public Health Theory and Models 7](#_Toc70406747)

[Mentorship Program Design 9](#_Toc70406749)

[Program Goal (Long-term Outcome) 9](#_Toc70406750)

[Intermediate Outcomes 9](#_Toc70406751)

[Short-term Outcomes 9](#_Toc70406752)

[Core Competencies 9](#_Toc70406753)

[Outputs (Program Deliverables) 11](#_Toc70406754)

[Activities 12](#_Toc70406755)

[Methods of Instruction 12](#_Toc70406756)

[Inputs 15](#_Toc70406757)

[Sample Time Commitment and Expenses 15](#_Toc70406758)

[Required Readings 16](#_Toc70406759)

[Required Trainings 16](#_Toc70406760)

[Required Online Platforms 17](#_Toc70406761)

[Mentorship Program Delivery 18](#_Toc70406762)

[Program Goal (Long-term Outcome) 18](#_Toc70406763)

[Intermediate Outcomes 18](#_Toc70406764)

[Short-term Outcomes 18](#_Toc70406765)

[Outputs (Program Deliverables) 18](#_Toc70406766)

[Recruitment 18](#_Toc70406767)

[Faculty Recruitment 19](#_Toc70406768)

[Implementation, Honoraria and Travel Funds Administration 19](#_Toc70406769)

[Kick-off Meeting 21](#_Toc70406770)

[Monthly and Three- and Six-month Follow-up Online Sessions 24](#_Toc70406771)

[Ad Hoc Technical Assistance 24](#_Toc70406772)

[Evaluation Assessments 24](#_Toc70406773)

[Session 1: Kick-Off Meeting: Laying the Groundwork for a Successful Health Communication Campaign 25](#_Toc70406774)

[Learning Objectives 25](#_Toc70406775)

[Before the Session 25](#_Toc70406776)

[After the Session 25](#_Toc70406777)

[Helpful References 26](#_Toc70406778)

[Session 2: Introduction to Evidence-Based Health Communication 27](#_Toc70406779)

[Learning Objectives 27](#_Toc70406780)

[Before the Session 27](#_Toc70406781)

[After the Session 27](#_Toc70406782)

[Helpful References 28](#_Toc70406783)

[Session 3: Finding Evidence for Your Health Communication Campaign 29](#_Toc70406784)

[Learning Objectives 29](#_Toc70406785)

[Before the Session 29](#_Toc70406786)

[After the Session 29](#_Toc70406787)

[Helpful References 29](#_Toc70406788)

[Session 4: Adapting an Evidence-Based Approach for Your Health Communication Campaign 30](#_Toc70406789)

[Learning Objectives 30](#_Toc70406790)

[Before the Session 30](#_Toc70406791)

[After the Session 30](#_Toc70406792)

[Helpful References 30](#_Toc70406793)

[Session 5: Taking Stock of Potential Partners and Resources 31](#_Toc70406794)

[Learning Objectives 31](#_Toc70406795)

[Before the Session 31](#_Toc70406796)

[After the Session: 31](#_Toc70406797)

[Helpful References 31](#_Toc70406798)

[Session 6: Developing Health Communication Messages 32](#_Toc70406799)

[Learning Objectives 32](#_Toc70406800)

[Before the Session 32](#_Toc70406801)

[After the Session 32](#_Toc70406802)

[Helpful References 32](#_Toc70406803)

[Session 7: Testing Health Communication Messages and Materials 34](#_Toc70406804)

[Learning Objectives 34](#_Toc70406805)

[Before the Session 34](#_Toc70406806)

[After the Session 34](#_Toc70406807)

[Helpful References 34](#_Toc70406808)

[Session 8: Plan your Evaluation 35](#_Toc70406809)

[Learning Objectives 35](#_Toc70406810)

[Before the Session 35](#_Toc70406811)

[After the Session 35](#_Toc70406812)

[Helpful References 35](#_Toc70406813)

[Session 9: Kick Off and Publicize the Campaign 37](#_Toc70406814)

[Learning Objectives 37](#_Toc70406815)

[Before the Session 37](#_Toc70406816)

[After the Session 37](#_Toc70406817)

[Helpful References 37](#_Toc70406818)

[Session 10: Use and Disseminate Evaluation Findings 38](#_Toc70406819)

[Learning Objectives 38](#_Toc70406820)

[Before the Session 38](#_Toc70406821)

[After the Session 38](#_Toc70406822)

[Helpful References 38](#_Toc70406823)

[Session 11: Closing Meeting and Presentation of Projects 39](#_Toc70406824)

[Learning Objective 39](#_Toc70406825)

[Before the Session 39](#_Toc70406826)

[After the Session 39](#_Toc70406827)

[Helpful References 39](#_Toc70406828)

[Session 12: Three-Month Check-In Meeting 39](#_Toc70406829)

[Learning Objective 40](#_Toc70406830)

[Before the Session 40](#_Toc70406831)

[After the Session 40](#_Toc70406832)

[Session 13: Six-Month Check-In Meeting 41](#_Toc70406833)

[Learning Objective 41](#_Toc70406834)

[Before the Session 41](#_Toc70406835)

[After the Session 41](#_Toc70406836)

[References 42](#_Toc70406837)

[Appendix A: Session Worksheets 43](#_Toc70406838)

[Root Cause Analysis/Fish Bone Exercise 43](#_Toc70406839)

[Community Guide and RTIPs Worksheet 47](#_Toc70406840)

[Adaptation Guidance Tool 48](#_Toc70406841)

[CDC’s SWOT Analysis Tool 49](#_Toc70406842)

[Appendix B: Pre and Post Competency Assessment 50](#_Toc70406843)

[Appendix C: Program Evaluation Templates 55](#_Toc70406844)

[Appendix D: Application Forms 62](#_Toc70406845)

[Sample Mentee Application Information Document 62](#_Toc70406846)

[Sample Mentee Application Form 65](#_Toc70406847)

[Sample Supervisor Form 70](#_Toc70406848)

[Sample Mentor Invitation Document 71](#_Toc70406849)

[Sample Mentor Commitment Form 74](#_Toc70406850)

[Appendix E: Sample Final Project Report Outline 78](#_Toc70406851)

# Introduction

## Background

The George Washington University (GW) Cancer Center created the *Comprehensive Cancer Control Cancer Communication Mentorship Program* in response to needs assessment findings that comprehensive cancer control stakeholders desire mechanisms for collaboration and building relationships, as well as technical assistance in planning and implementing evidence-based health communication interventions to increase cancer screening.

The program structure was adapted from the National Cancer Institute’s (NCI) Research 2 Reality (R2R) pilot Mentorship Program (Purcell et al., 2013), and was developed with guidance and input from NCI’s former Mentorship Program staff. This *Comprehensive Cancer Control Cancer Communication Mentorship Program Manual* incorporates lessons learned and improvements from both the GW Cancer Center’s 2015-2016 pilot and 2019-2020 Mentorship Program cohorts. The program content is based on GW Cancer Center’s *Communication Training for Comprehensive Cancer Control (CCC) Professionals 102: Making Communication Campaigns Evidence-Based.*

This program manual serves as a facilitation guide for any institution or organization that wishes to implement their own mentorship program for comprehensive cancer control professionals. Aside from core content, optional elements (indicated via green text) can be adapted to different contextual needs.

## Roles and Responsibilities

### The Facilitating Organization

As a broker between researchers and practitioners, the facilitating organization will provide infrastructure and technical assistance to support the Mentorship Program functioning, content and delivery. They will also provide one-on-one technical assistance to mentors and mentees as needed. For example, the facilitating organization can help connect mentors and mentees to subject matter experts and resources for further education and guidance, and refer to or develop relevant tools and templates.

### Mentors

Mentors play a critical role in the quality of each mentee’s experience and level of professional growth through the Mentorship Program. Mentors should be seasoned comprehensive cancer control or other public health professionals who have experience in planning, implementing and evaluating behavior change communication campaigns such as those aimed at increasing cancer screening. At the start of the Mentorship Program mentors will help mentees create a communication project plan that aligns with their state, tribe or territory’s comprehensive cancer control or communication plan objectives related to cancer screening and guide its implementation. Mentors support mentees throughout the program by communicating responsively, answering questions, providing in-depth guidance when needed, suggesting resources and readings, sharing experiences and information, providing feedback, facilitating professional network connections and being a warm and encouraging presence. Each mentor is assigned one mentee, but interacts with the other mentor/mentee pairs in the program and possibly others from the mentee organization.

### Mentees

Mentees should be early- to mid-career comprehensive cancer control professionals looking for in-depth guidance from a mentor and technical assistance from the facilitating organization on planning, implementing and evaluating an evidence-based communication campaign that aligns with their state, tribe or territory’s comprehensive cancer control or communicationplan objectives related to cancer screening. Mentees are responsible for project deliverables ([described later in the manual](#_Outputs_(Program_Deliverables))), attending meetings, asking questions, seeking assistance, sharing experiences and information and providing feedback.

## Public Health Theory and Models

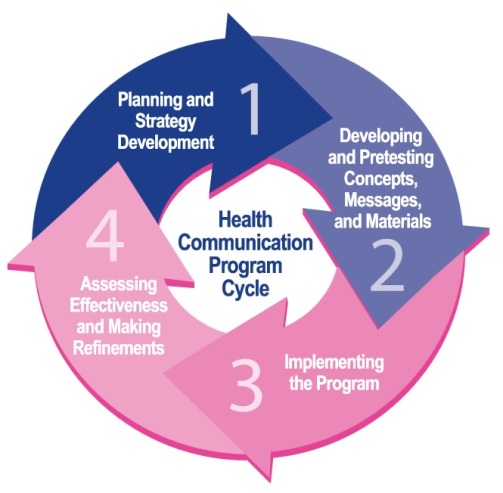
The Mentorship Program spans a year and a half from start to finish. The Mentorship Program focuses on steps 1, “planning and strategy development” and 2, “developing and pretesting concepts, messages and materials” of **NCI’s Health Communication Program Cycle** *(Figure 1).* As mentors, mentees, and their respective organizations will inevitably work at different paces, the learning content will end after a kick-off meeting and a year (11 sessions) of intensive background research, planning and preparation. Mentors and mentees are encouraged to continue to meet frequently thereafter as they work on steps 3, “implementing the program” and 4 “assessing effectiveness and making improvements.” All Mentorship Program participants meet again in three and six months for a 12th and 13th session to report project updates.

Figure 2: NCI's Health Communication Program Cycle

The Mentorship Program is grounded in **Dissemination Theory**, and designed to support comprehensive cancer control program and coalition efforts by achieving the following broad objectives *(Figure 2):*

* Increasing staff skills in core public health competency areas, with a special focus on communication to increase cancer screening ([described more in-depth below](#_Core_Competencies))
* Facilitating completion of high-quality communication projects related to comprehensive cancer control communication/media plan objectives to increase screening
* Encouraging the use and spread of evidence-based practices
* Facilitating **knowledge transfer and exchange** by providing opportunities for networking and collaborative and experiential learning (**theory and practice of knowledge brokering**) (see *Figure 2* for details of brokering role)

**Practice (Mentors and Mentees)**

* Seasoned comprehensive cancer control mentors
* Early- to mid-career comprehensive cancer control mentees

**Experiential Learning**

Technical assistance and support

Mentoring

Planning, implementing and evaluating evidence-based communication campaign

**Brokers (the Facilitating Organization)**

* “Creating a process of social interaction as a mechanism of bringing

about knowledge exchange” (Conklin, Lusk, Harris, & Stolee, 2011)

* “Creating relationships among groups of people with shared concerns

and objectives of implementing their CCC state communication plans” (Conklin, Lusk, Harris, & Stolee, 2011)

* “Creating a mutual understanding between researchers and CCC practitioners” (Conklin, Lusk, Harris, & Stolee, 2011)
* “Facilitating exchange of knowledge between researchers and CCC practitioners” (Conklin, Lusk, Harris, & Stolee, 2011)
* “Helping address issues of organizational change that often accompany attempts to change knowledge” (Conklin, Lusk, Harris, & Stolee, 2011)
* “Engaging in analytical tasks associated with activities” (Conklin, Lusk,

Harris, & Stolee, 2011)

* “Developing new capacity for mentees to work together with mentors to
* find, create, share and use relevant knowledge” (Conklin, Lusk, Harris,

& Stolee, 2011)

# 

**Research (Mentorship Program Faculty)**

* Mentorship Program Faculty: experts in health communication research and best practices

Figure 3: Mentorship Program Model

# Mentorship Program Design

*Figure 3* delineates inputs, activities and outputs of participation in the Mentorship Program from mentors and mentees’ perspectives.

## Program Goal (Long-term Outcome)

The goal of the Mentorship Program for mentors and mentees is to improve knowledge, behavioral and/or cancer-related health outcomes among mentees’ intended audience(s) by individually specified timeframes.

## Intermediate Outcomes

Upon completion of the program, mentees who have fully participated will have planned, implemented and started to evaluate one evidence-based health communication campaign aligned with their state, tribe or territory’s comprehensive cancer control or communication plan objectives related to cancer screening.

## Short-term Outcomes

### Core Competencies

Except for kick-off and the three- and six-month follow-up sessions, each session in the curriculum corresponds with the “communication skills” domain from Tier 2 of the [*Core Competencies for Public Health Professionals*](http://www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2014June.pdf) *(PDF)* developed and adopted by the Council on Linkages (2014):

1. Assess the health literacy of populations served
2. Communicate in writing and orally with linguistic and cultural competence
3. Solicit input from individuals and organizations
4. Select approaches for disseminating public health data and information
5. Convey data and information to professionals and the public using a variety of approaches
6. Communicate information to influence behavior and improve health
7. Facilitate communication among individuals, groups and organizations
8. Communicate the roles of governmental public health, health care and other partners in improving the health of a community

Evaluation

Pre- and post-program competency assessments

Improved knowledge, behavioral and/or cancer-related health outcomes among mentees’ intended audience(s)

Implementation and evaluation of an evidence-based communication campaign aligned with CCC goals related to cancer screening

Increased competence in “communication skills” domain from Tier 2 of the [*Core Competencies for Public Health Professionals*](http://www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2014June.pdf)

**“Building a case for action” \***

* Project logic model/roadmap

**“Identifying contributing factors and points of intervention” \***

* Community assessment
* Root cause analysis (optional)
* Fishbone exercise (optional)

**“Defining the range of opportunities for action”**

* Community Guide and Research-tested Intervention Programs (RTIPs) worksheet (optional)

**“Evaluating potential interventions” \***

* Adaptation Guidance Tool (optional)
* SWOT analysis (optional)

**“Selecting a portfolio of specific policies, programs and actions” \***

* Implementation plan
* Communication messages and/or materials
* Evaluation plan
* Dissemination strategy matrix

\*(Swinburn, Gill, & Kumanyika, 2005).

* Create and use a shared virtual workspace account
* Attend one orientation meeting (in person or virtual)
* Attend 11 monthly online sessions
* Attend three- and six-month follow-up sessions
* Correspond with mentors
* Deliver a community assessment; Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis; project logic model/road map; Community Guide and RTIPs worksheet; Adaptation Planning Tool; implementation plan, communication messages and/or materials; evaluation plan; dissemination strategy matrix; program summary and presentations
* Complete competency assessments
* Implementation funds for mentees (optional)
* Travel funding for kick-off and in-person meetings (optional)
* Facilitating organization infrastructural and human resources
* Reference materials and webcams
* Shared virtual workspace platform
* Organizational and stakeholder support

Figure 3: Mentorship Program Logic Model for Mentors and Mentees

Upon completion of the program, mentees who have fully participated should have high confidence and perceived importance in being able to:

|  |  |
| --- | --- |
|  | **Meets competency number** |
| Explain the importance of health literacy, media literacy and culturally appropriate messaging for health communication strategies | 1, 2, 3 |
| Identify and assess a health problem, media channels and communication activities best suited to reach intended audiences | 4, 5 |
| Identify and use evidence-based approaches for communication campaigns | 4, 5, 6 |
| Create and test communication messages and materials to effectively reach and improve the health of the intended audience | 2, 5, 6, 8 |
| Identify appropriate methods of evaluation for a communication campaign | 3, 5 |
| Create a communication campaign implementation plan | 4 |
| Disseminate evaluation findings and lessons learned | 5, 7, 8 |

## Outputs (Program Deliverables)

Outputs will be due throughout the Mentorship Program and corresponds to the framework for evidence-based prevention in **bold** (Swinburn, Gill, & Kumanyika, 2005). As a reminder, elements highlighted in green text are optional program deliverables, and are dependent on resources available from the facilitating organization.

* **“Building a case for action”**
  + Project logic model/roadmap
* **“Identifying contributing factors and points of intervention”**
  + Community assessment
  + Root cause analysis (optional)
  + Fishbone exercise (optional)
* **“Defining the range of opportunities for action”**
  + Community Guide and Research-tested Intervention Programs (RTIPs) worksheet (optional)
* **“Evaluating potential interventions”**
  + Adaptation Guidance Tool (optional)
  + Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis (optional)
* “**Selecting a portfolio of specific programs and actions”**
  + Implementation plans
  + Draft communication messages and/or materials
  + Evaluation plan
  + Dissemination strategy matrix

Program participants will also complete evaluation instruments and periodically report progress to fellow mentors and mentees and the facilitating organization via:

* Pre/post Core Competencies in the Communication Domain for Public Health Professionals Self-Assessment for mentees
* Brief 6- and 12 month- evaluation surveys/polls of mentors and mentees to assess satisfaction, progress, barriers, facilitators, and ongoing TAT needs
  + Final program evaluation to assess areas for quality improvement, challenges/barriers, and lessons learned with mentors and mentees
* 18-month review of final summary reports submitted by mentees on the implementation of their cancer screening EBI project

## Activities

### Methods of Instruction

Based on program feedback from both the pilot 2015-2016 and 2019-2020 cohorts, the kick-off meeting was ranked as a highly useful program element, allowing for networking, faculty/guest presentations, and project workshopping time. Thus, hosting an in-person kick-off meeting is highly recommended. Budget needs should, ideally, be allocated to account for travel expenses.

* **Kick-off meeting**: This two-day meeting is designed for mentors and mentees to travel to the facilitating organization at the beginning of the program to meet each other and lay the groundwork for individual projects by participating in planning workshops led by mentors and experts.
* **Monthly internal meetings with mentors and mentees on a webinar platform using webcams**: These hour-long meetings include program updates from the facilitating organization, project updates from each of the mentor-mentee pairs and presentations from one of the mentors or a subject matter expert.

Monthly calls with peer discussion and speaker presentations, along with a structured program curriculum, were very helpful for mentees to “run project ideas with the group and build out these ideas by asking questions and offering questions” (Mentee, 2019-2020)

* **Required training:** Mentees are expected to complete the [Communication Training for Comprehensive Cancer Control (CCC) Professionals 102: Making Communication Campaigns Evidence-Based Technical](http://www.gwccacademy.org)**. Mentees have the option of completing the entire training in advance or taking specific modules throughout the mentorship period as laid out in the curriculum. Mentees are also expected to complete the pre and post knowledge tests in the training to assist with assessing program effectiveness.**
* **Required readings**: Mentees are expected to read the guides, textbooks and articles assigned in each session to gain a full understanding of the topics covered
* **Ask-the-Expert (ATE) discussions (1-3)**: These 75-minute sessions are dynamic web-based discussion forums led by experts on health communication and hosted by the facilitating organization. These meetings are open to other comprehensive cancer control professionals and stakeholders; however, the number of participants is limited to 15 to 20 and mentors and mentees’ participation is required. These small-group discussions are designed to encourage participants to ask questions, share experiences and learn from both the expert (who will present using a webcam) and peers. These Ask-the-Expert discussions are followed by a 15-minute internal debrief meeting for the mentor-mentee pairs.

Since finding speakers for ATE discussions can be a time-consuming task for the facilitating organization, if possible, the Mentorship Program should have meeting topics and speakers selected in advance. The facilitating organization may also allocate funding for speakers to ensure their commitment.

* **Optional site**-**visit**: This is an opportunity for mentors and mentees to visit each other’s workplaces to meet and learn from colleagues and partners in their networks. Mentors and mentees have the discretion to decide who visits whom. If time and budget allow, one may be able to both visit and receive the other. Mentors and mentees can decide the timing of the site-visit, depending on convenience and Mentorship Program schedules.
* **Planning, implementing and evaluating an evidence-based communication campaign:** Mentees will apply what they learn throughout the Mentorship Program to plan, implement and evaluate their project with the support of their mentors and technical assistance from the facilitating organization. The majority of communication campaign expenses should come from the state/tribe/territory comprehensive cancer control program; however, the facilitating organization may supplement $500 for each mentor-mentee pair to account for unexpected or unbudgeted but necessary implementation costs.

Based on previous cohorts, the implementation funds were available, but were not always requested by mentees. Thus, the availability and distribution of these funds is at the discretion of the facilitating organization.

* **Deliverables**: Mentees are expected to complete and submit deliverables to program manager as outlined in the syllabus.
* **Presentation at the American Public Health Association (APHA) annual or another national public health conference (optional)**: The facilitating organization may also offer $500 to mentors and mentees who are invited to present on their communication project culminating from the Mentorship Program at the APHA annual or another national public health conference, to cover membership, registration or other associated costs. This can serve as both a professional development opportunity as well as public acknowledgment of the extended time and effort mentees and mentors have dedicated to the project. Further, it serves as a dissemination channel to increase awareness of evidence-based approaches to cancer screening communication campaigns.

## Inputs

### Sample Time Commitment and Expenses

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Time** | **Duration** | **Expenses** | **Expense Purpose** |
| In-person kick-off meeting (1) | Two days | At the beginning of the program | $1,960 per mentor-mentee pair (this may fluctuate based on location) | Travel, lodging and meals can be expensed |
| Refreshments and meals for the kick-off meeting at facilitating organization | Two days | At the beginning of the program | Based on catering prices | Facilitating organization may provide breakfasts and lunches for two days and dinner for one night of the kick-off meeting for mentors, mentees and faculty |
| Mentee time and implementation funds | Kick-off meeting + 13 hours monthly (~10% staff time assuming 40-hour work week) | Over 18 months | $500 per mentor-mentee pair (this amount is flexible) | This stipend will be provided for project materials, *not* staff time. Implementation funds disbursed based on existing levels of interest. |
| Optional in-person site visit to mentor/mentee workplace | Up to three days including travel | Any time during the 12 months of the program | $980 per mentor-mentee pair | Travel, lodging and meals can be expensed |
| Mentor honoraria (5) | Kick-off meeting + 8 hours per month for online meetings and mentorship | The first 12 months | $1,500 per mentor (this amount is flexible) | $1,500 honoraria provided after kick-off meeting |
| Mentorship Program ATE Faculty honoraria (3-5) | 1-1.5-hour online or in-person presentations at kick off meeting or 1-1.5-hour online ATE sessions and additional hours coordinating with facilitating organization | The first 12 months | $500 per faculty (this amount is flexible) | $500 honoraria will be provided after delivering kick-off meeting or ATE session |
| Online meeting webcams (12) | 1-1.5-hours per month | First 12 months | $20 per participant | Webcams will be used for all online meetings to those who need them |
| Books and other materials |  |  | $70 per participant | Brownson (2017)’s book is required reading and will be provided to all participants |
| Optional oral or poster presentation at the APHA annual or other national public health conference | Personal preference | Within the first 12 months | $500 per participant (this amount is flexible) | Membership, conference registration and other expenses will be covered up to $500 if abstract submissions on communication campaigns developed during the Mentorship Program are accepted |

### Required Readings

The facilitating organization will provide all reading materials to mentors and mentee at the kick-off meeting.

* Brownson et al., 2017 *Evidence-Based Public Health (3rd Edition)* (provided)
* [GW Cancer Center’s *Media Planning and Media Relations Guide* (PDF)](http://bit.ly/Comm101Guide)(no-cost)
* [GW Cancer Center’s *Making Communication Campaigns Evidence Based Guide* (PDF)](http://bit.ly/Comm102Guide)(no-cost)
* [NCI’s *Making Health Communication Programs Work* (PDF)](https://www.cancer.gov/publications/health-communication/pink-book.pdf)(no-cost)
* All other required readings and additional references are available online at no-cost

### Required Trainings

The [**Communication Training for Comprehensive Cancer Control (CCC) Professionals 102: Making Communication Campaigns Evidence-Based**](https://cme.smhs.gwu.edu/gw-cancer-center-/group/gw-cancer-center) is free and accessible to mentees prior to the kick-off meeting should they choose to complete it in advance. However, mentees can complete the six training modules throughout the first year of the mentorship program according to the mentorship curriculum below.

### Required Online Platforms

* Mentors and mentees use a shared workspace platform to post activities and deliverables and download reading materials. The facilitating organization will determine which platform may work best for their groups.

Online meetings organized by the facilitating organization will be convened using WebEx, Zoom, or another suitable video-sharing platform.

# Mentorship Program Delivery

*Figure 4* delineates inputs, activities and outputs of delivering the Mentorship Program from the facilitating organization’s perspective.

## Program Goal (Long-term Outcome)

The goal of the Mentorship Program for the facilitating organization is to translate evidence-based health communication approaches to practice among 6 or more comprehensive cancer control professionals by the end of the program.

## Intermediate Outcomes

The Mentorship Program will build “new capacity [for mentees] to work together with mentors to find, create, share and use relevant knowledge” (Conklin, Lusk, Harris, & Stolee, 2011).

## Short-term Outcomes

The Mentorship Program will “create relationships among groups of people with shared concerns and objectives [of implementing their comprehensive cancer control state/tribe/territory communication plans]; promote mutual understanding [between researchers and comprehensive cancer control practitioners]; facilitate exchange of knowledge [between researchers and comprehensive cancer control practitioners]; help address issues of organizational change that often accompany attempts to exchange knowledge; engage in analytical tasks associated with the above activities” (Conklin, Lusk, Harris, & Stolee, 2011).

## Outputs (Program Deliverables)

Outputs of the Mentorship Program include the following:

### Recruitment

The facilitating organization will release announcements recruiting mentors and mentees at least three months before the Mentorship Program launch. Interested participants will have at least six weeks to prepare the required documents delineated below. Recruitment of mentors and subject matter experts should take place more than four months in advance of the Mentorship Program launch, as it will take more time to build those relationships and finalize the curriculum. Below is an approximate recruitment timeline:

* Mentor/Subject Matter Expert recruitment – (Months 1-2)
* Call for mentees – (Month 2)
* Applications open (rolling basis) – (Months 2-5)
* Review applications and send announcements – (Months 5-6)
* Kick-off meeting – (Month 8)

Recruitment materials are listed below. It is highly recommended that these components of the intervention are not changed.

#### Mentor Recruitment

The facilitating organization staff, with the help of the CDC Project Officer, will identify three or more exemplar comprehensive cancer control or other cancer-related communication projects and associated staff, who are considered experts in the field. The [“Comprehensive Cancer Control Communication Mentorship Program Mentor Invitation”](#_Sample_Mentor_Invitation) email will be sent to them, explaining the program, role of mentors, honoraria and expectations. If they are interested, they will be asked to submit:

1. [The Mentor Commitment Form](#_Sample_Mentor_Commitment)
2. Curriculum Vitae or resume

#### Mentee Recruitment

The facilitating organization staff identifies organizations facing unique or numerous challenges in planning, implementing and evaluating communication campaigns to promote cancer screening, for targeted recruitment. Announcements and calls for applications, including the [“Comprehensive Cancer Control Communication Mentorship Program Mentee Application Information”](#_Sample_Mentee_Application) document are distributed via the facilitating organization’s listservs and/or e-newsletters, as well as via Comprehensive Cancer Control National Partnership channels. Interested participants should be asked to submit:

1. [Mentee Application Form](#_Sample_Mentee_Application_1)
2. [Completed Core Competencies in the Communication Domain for Public Health Professionals Self-Assessment](#_Appendix_B:_Pre) (This will serve as the baseline self-assessment in competencies)
3. Curriculum Vitae or resume
4. [Letter of Support from the supervisor](#_Sample_Supervisor_Form)
5. Memoranda of Understanding from key stakeholders (if needed)

Three or more mentees will be chosen for participation in the Mentorship Program.

### Faculty Recruitment

The facilitating organization staff will reach out to three to five public health communication experts with an interest in disseminating research. Faculty are not asked to apply as the facilitating organization reaches out based on specific subject matter expertise.

### Implementation, Honoraria and Travel Funds Administration

See the “[inputs](#_Inputs)” section for details on sample expenses.

**Shared Online Workspace**

The facilitating organization will select an online shared workspace to house Mentorship Program materials such as the syllabus, readings, presentations and announcements. Mentors and mentees will use this platform to post activities and deliverables.

* “Create relationships among groups of people with shared concerns and objectives [of implementing their CCC state/ tribe/ territory communication plans or screening objectives]
* Promote mutual understanding [between researchers and CCC practitioners]
* Facilitate exchange of knowledge [between researchers and CCC practitioners]
* Help to address issues of organizational change that often accompany attempts to change knowledge
* Engage in analytical tasks associated with activities” (Conklin, Lusk, Harris, & Stolee, 2011)
* Recruit up to 5 mentors and 5 mentees
* Secure faculty
* Administer implementation, honoraria and travel funds
* Complete travel reservations and reimbursements
* Develop shared workspace
* Conduct one kick-off meeting
* Conduct monthly online sessions for a year
* Conduct three- and six-month follow-up sessions
* Provide ad hoc TA
* Administer evaluation assessments
* Make program improvements based on evaluation feedback

“Create processes of social interaction as a mechanism of bringing about knowledge exchange” (Conklin, Lusk, Harris, & Stolee, 2011)

* Develop and call for applications
* Secure mentors
* Secure subject matter experts
* Administer implementation, honoraria and travel funds
* Facilitate travel reservations and reimbursements
* Develop shared workspace
* Conduct one kick-off meeting
* Conduct monthly online sessions for a year
* Conduct three- and six-month follow-up sessions
* Provide ad hoc TA
* Funding
  + Implementation funds
  + Travel funds
  + Includes Honoraria for mentors and key faculty
  + Refreshments and meals for kick-off meeting
  + APHA membership
* Facilitating organization infrastructural and human resources

“Develop new capacity [for mentees to work together with mentors] to find, create, share and use relevant knowledge”

(Conklin, Lusk, Harris, & Stolee, 2011)

Translation of evidence-based health communication approaches to practice among CCC programs and coalitions

Figure 4: Mentorship Program Logic Model for Facilitating Organization

Evaluation

Mid- program and post-program evaluation

## Kick-off Meeting

The facilitating organization hosts the kick-off meeting. The sample agenda for the kick-off meeting below can be modified according to the facilitating organization’s preferences.

|  |  |  |
| --- | --- | --- |
| **Sample Detailed Internal Agenda Day 1** | |  |
| 8:30-9:00 | Check-in/Breakfast | Speakers to be listed in this column |
| 9:00-9:30 | Welcome and introductions/ ice-breaker: mentors and mentees exchange names, backgrounds and one fun fact (e.g. pet peeve). They introduce each other to the rest of the group. |  |
| 9:30- 10:00 | Faculty presentation on how to develop a successful mentoring relationship |  |
| 10:00-10:30 | Workshop/discussion: Mentors and mentees pair up to go over reviewer and mentor feedback on mentee project proposal; Mentees introduce their CCC communication/media plan to mentors and provide any progress or updates since application was submitted. |  |
| 10:30-10:45 | Break |  |
| 10:45-11:15 | Faculty presentation on defining health communication, social marketing and advocacy. Quick run through of public health theory as it relates to health communication. |  |
| 11:15-11:45 | Faculty presentation on Using the Community to Guide Translational Cancer Research |  |
| 11:45-12:15 | Workshop/discussion: Group discussion about proposed evidence-based strategies and interventions in mentee proposed projects.  • What challenges did you encounter when selecting an approach for your project?  • What is something new you learned from the speaker that you might be able to incorporate into your project? |  |
| 12:15-1:15 | Lunch (served) |  |
| 1:15-1:45 | Faculty presentation: practice-based perspective on adapting and implementing EBIs, including use of policy and evaluation efforts. |  |
| 1:45-2:15 | Faculty presentation on audience segmentation (who are they communicating to, what do they want to get across, how do we reach them). |  |
| 2:15-2:45 | Workshop/discussion: Pairs review and edit proposed project to reflect a well-defined audience segment and begin to outline appropriate channels through which to reach them. Where will you seek additional information on your audience’s media habits and gather information about what messages will be most likely to resonate with them? |  |
| 2:45-3:00 | Break |  |
| 3:00-3:30 | Faculty presentation on adapting and developing EBIs |  |
| 3:30-4:00 | Workshop/discussion: Pairs review proposed evidence-based intervention and discuss what may require adaptation and what should remain unchanged to ensure intervention fidelity. Begin discussing possible pre-testing, as relevant. |  |
| 4:00-4:30 | Group reflection, wrap-up and adjourn |  |

|  |  |  |
| --- | --- | --- |
| **Sample Internal Detailed Agenda Day 2** | |  |
| 7:30-8:00 | Breakfast | Speakers to be listed in this column |
| 8:00-8:15 | Welcome and overview of the day |  |
| 8:15-8:30 | Quick presentation on logic models/roadmaps |  |
| 8:30-9:00 | Faculty presentation on creating SMART communication, behavioral and health objectives with examples from Idaho. |  |
| 9:00-9:45 | Workshop: Pairs work to draft communication, behavior and health objectives for their projects. Be sure objectives align with the cancer control plan! If you finish early, think about what additional community assessment activities you may still need to do when you get home. |  |
| 9:45-10:00 | Break |  |
| 10:00-11:00 | Workshop: Pairs work to develop logic models based on the previously established communication, behavioral and health objectives. Feel free to use template in your binder! If you finish early, think about what additional community assessment activities you may still need to do when you get home. |  |
| 11:00-12:00 | Mentees report out to the rest of the group their logic models/roadmaps |  |
| 12:00-12:15pm | Group reflection, Meeting evaluation & Next steps  • What input might you need in the next 3 months to move your project forward?  • What is one thing from this meeting that you are going to take home and tell a colleague about? |  |
| 12:15 | Boxed lunch served |  |

### Monthly and Three- and Six-month Follow-up Online Sessions

The facilitating organization will host monthly online sessions on a selected video sharing platform, in accordance with the syllabus. The meetings will take place at the same time and week each month (adaptable).

### Ad Hoc Technical Assistance

The facilitating organization will provide technical assistance as needed. Technical assistance may include introducing mentors and mentees to subject-matter experts and searching for literature and resources.

### Evaluation Assessments

The facilitating organization will conduct process and summative evaluation throughout the Mentorship Program to assess effectiveness and areas for improvement via:

* [Pre/post Core Competencies in the Communication Domain for Public Health Professionals Self-Assessment](#_Appendix_B:_Pre) for mentees
  + Pre-competency assessment to be taken before start of program
  + Post-competency assessment to be taken at end of 12 months
* Brief 6-, 12-month [evaluation surveys](#_Appendix_C:_Program)/ polls of mentors and mentees to assess satisfaction, progress, barriers, facilitators, and ongoing TAT needs
  + Final program evaluation at 12 months to assess areas for quality improvement, challenges/ barriers, and lessons learned with mentors and mentees
* 18-month review of final summary reports by mentees on the implementation of their cancer screening EBI project (please see [Appendix E for final summary report guidance](#_Appendix_E:_Sample))

# Session 1: Kick-Off Meeting: Laying the Groundwork for a Successful Health Communication Campaign

This two-day, in-person kick-off meeting at the facilitating organization is designed for mentors and mentees to meet each other and attend workshops on strategizing and planning the communication campaign based on the mentee’s comprehensive cancer control program or coalition communication/media plan. Subject matter experts (SMEs) will also attend the first day of the kick-off meeting to present on relevant topics and provide consultation to mentees.

## Learning Objectives

* Describe the potential application of health communication, social marketing, or advocacy in cancer prevention and control
* Apply strategies for audience segmentation when implementing elements of the coalition’s communication/media plan
* Establish a foundation for productive mentoring relationship and describe elements of a productive mentoring relationship
* Develop a program logic model with SMART health, behavioral and communication objectives

## Before the Session

* Complete the [Root Cause Analysis/Fishbone Exercise](#_Root_Cause_Analysis/Fish) worksheet (optional)

## After the Session

* Finalize and post [logic model/roadmap](http://bit.ly/Comm102Templates) (Word) on pg. 14 to the shared workspace by the next session
* “Welcome and Overview” and “Introduction: Using a Communication/Media Plan to Launch a Campaign” modules from [*Making Communication Campaigns Evidence-Based*](https://cme.smhs.gwu.edu/gw-cancer-center-/group/gw-cancer-center)by next session
* Read GW Cancer Center’s *Media Planning and Media Relations Guide* “Lesson 1: Health Communication, Social Marketing and Media Advocacy”
* Read GW Cancer Center’s *Making Communication Campaigns Evidence Based Guide* “Lesson 2: Communication Campaign Background and Justification”
* Read GW Cancer Center’s *Making Communication Campaigns Evidence Based Guide’s* “Lesson 5: Communication Campaign Implementation” pg. 80-85
* Read Brownson’s Chapter 9: “Developing an Action Plan and Implementing Interventions”
* Read Johns Hopkins’s “Budgeting for Behavior Change Communication” section (pg. 4) in [“Tools for Behavior Change Communication”](https://www.thecompassforsbc.org/sites/default/files/strengthening_tools/INFO%20Reports_Tools%20for%20BCC_0.pdf) (PDF)
* Read Brownson’s Chapter 4: “Community Assessment”
* Read Brownson’s Chapter 5: “Developing an Initial Statement of the Issue”

## Helpful References

* [NCI’s *Making Health Communication Programs Work* “Overview (PDF)](https://www.cancer.gov/publications/health-communication/pink-book.pdf): The Health Communication Process” pg. 11-13, “Define communication objectives” and “Define and learn about intended audiences” pg. 20-27
* Brownson’s Chapter 3: Understanding and Applying Analytic Tools
* [Johns Hopkins’ “Tools for Behavior Change Communication” (PDF)](https://www.thecompassforsbc.org/sites/default/files/strengthening_tools/INFO%20Reports_Tools%20for%20BCC_0.pdf)
* [CDC Gateway to Health Communication & Social Marketing Practice](http://www.cdc.gov/healthcommunication/healthbasics/index.html)
* [CDCynergy Lite’s Social Marketing Made Simple (PDF)](http://www.cdc.gov/healthcommunication/pdf/cdcynergylite.pdf)
* CDC’s Evaluation Briefs [“Writing Good Goals”](http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3a.pdf) (PDF) and [“Writing SMART Objectives”](http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf) (PDF)
* [Cancer Prevention and Control Research Network’s (CPCRN) Session 2: “Community Assessment” (PowerPoint)](https://cpcrn.org/cms/files/training-session-2-slides)

# Session 2: Introduction to Evidence-Based Health Communication

## Learning Objectives

* Define “evidence” and its role in public health
* Explain the importance of evidence-based approaches in communication campaigns
* Describe behavioral and communication theories to inform evidence-based communication campaigns

## Before the Session

Required training:

* Comm 102 Training Lesson 1: “Welcome and Overview and “Introduction” modules

Required reading:

* Brownson et al.'s Chapter 5: “Conducting a Community Assessment”

Recommended reading:

* Comm 102 Guide Lesson 1: “Health Communication, Social Marketing and Media Advocacy”
* Brownson et al.’s Chapter 1: “The Need for Evidence-Based Public Health “and Chapter 6: “Developing an Initial Statement of the Issue”

## After the Session

* Write and post Phase 1 of the [implementation plan](http://bit.ly/Comm102Templates) (Word) on pg. 3 to the shared workspace by the next session
* Finalize and post your [community assessment](http://bit.ly/Comm102Templates) (Word) on pg. 11 to the shared workspace by the next session
* Explore and familiarize yourself with sources of evidence:
  + Evidence-based approaches and interventions
    - [CDC’s Division of Community Health Media Center](https://nccd.cdc.gov/schmc/apps/overview.aspx)
    - Community Toolbox's list of [Databases of Best Practices](http://ctb.ku.edu/en/databases-best-practices)
    - [The Community Guide to Preventive Services](https://www.thecommunityguide.org/)
    - [RTIPs](https://rtips.cancer.gov/rtips/index.do) searchable program database
    - [Cancer Control P.L.A.N.E.T.](https://cancercontrolplanet.cancer.gov/planet/)
    - [U.S. Preventive Services Task Force](http://www.uspreventiveservicestaskforce.org/Page/Name/recommendations)
  + Academic literature
    - [Cochrane Reviews](http://community.cochrane.org/cochrane-reviews)
    - [PubMed](http://www.ncbi.nlm.nih.gov/pubmed/)
    - [Google Scholar](http://scholar.google.com/)
  + Population-level data
    - [U.S. Census American FactFinder](http://www.census.gov/acs/www/data/data-tables-and-tools/american-factfinder/)
    - [NCI’s State Cancer Profiles](http://statecancerprofiles.cancer.gov/)
    - [CDC’s National Program of Cancer Registries](https://www.cdc.gov/cancer/npcr/)

## Helpful References

* Brownson et al.’s Chapter 3: Understanding and Applying Analytic Tools
* Jacobs, J. A., Jones, E., Gabella, B. A., Spring, B., & Brownson, R. C. (2012). [Tools for implementing an evidence-based approach in public health practice](https://www.cdc.gov/pcd/issues/2012/11_0324.htm). Prev Chronic Dis, 9:110324
* Kim, H. K., Kim, S., & Niederdeppe, J. (2015). “[Scientific uncertainty as a moderator of the relationship between descriptive norm and intentions to engage in cancer risk-reducing behaviors](http://www.tandfonline.com/doi/pdf/10.1080/10810730.2014.977465).” J Health Commun, 20:4, 387-395
* [Cancer Prevention and Control Research Network’s (CPCRN) Session 2: “Community Assessment” (PowerPoint)](https://cpcrn.org/cms/files/training-session-2-slides" \t "_blank)
* [CDC Gateway to Health Communication & Social Marketing Practice](http://www.cdc.gov/healthcommunication/healthbasics/index.html" \t "_blank)
* [CDCynergy Lite’s Social Marketing Made Simple (PDF)](http://www.cdc.gov/healthcommunication/pdf/cdcynergylite.pdf" \t "_blank)
* [CPCRN’s Session 1: “Defining Evidence” (PowerPoint)](https://cpcrn.org/cms/files/training-session-1-defining-evidence" \t "_blank)
* [NCI’s Making Health Communication Programs Work (PDF)](https://www.cancer.gov/publications/health-communication/pink-book.pdf) “Overview: The Health Communication Process” pg. 11-13, “Define communication objectives” and “Define and learn about intended audiences” pg. 20-27
* [NCI’s Theory at a Glance – A Guide for Health Promotion Practice (PDF)](http://www.sbccimplementationkits.org/demandrmnch/wp-content/uploads/2014/02/Theory-at-a-Glance-A-Guide-For-Health-Promotion-Practice.pdf" \t "_blank)
* [University of Twente's Health Communication Theories](http://www.utwente.nl/cw/theorieenoverzicht/Theory%20Clusters/Health%20Communication/" \t "_blank)

# Session 3: Finding Evidence for Your Health Communication Campaign

## Learning Objectives

* Describe methods to collect evidence and search for evidence-based approaches

## Before the Session

Required training:

* Comm 102 Training Lesson 1: “Evidence-Based Health Communication Campaigns” and Lesson 2: “Communication Campaign Background Justification” modules

Required reading:

* Brownson et al.'s Chapter 3: “Assessing Scientific Evidence for Public Health”

Recommended reading:

* Comm 102 Guide Lesson 1: “Evidence-Based Health Communication Campaigns and 2: Communication Campaign Background and Justification”

## After the Session

* Complete and post the [Community Guide and RTIPs Worksheet](#_Community_Guide_and) to the shared workspace by the next session (optional)

## Helpful References

* [NCI’s RTIPs](https://rtips.cancer.gov/rtips/index.do)
* [U.S. Department of Health and Human Services’ The Community Guide](https://www.thecommunityguide.org/)
* [Community Tool Box’s Section 1: “Criteria for Choosing Promising Practices and Community Interventions”](http://ctb.ku.edu/en/table-of-contents/analyze/choose-and-adapt-community-interventions/criteria-for-selectinng/main)

# Session 4: Adapting an Evidence-Based Approach for Your Health Communication Campaign

## Learning Objectives

* Describe ways to adapt an evidence-based intervention to your intended audience

## Before the Session

Required training:

* Comm 102 Training Lesson 3: “Communication campaign Messages, Tactics and Channels for Intended Audiences” module

Required reading:

* Brownson et al.'s Chapter 9: “Developing and Prioritizing Intervention Options”

Recommended reading:

* Comm 102 Guide Lesson 3: “Communication Messages, Tactics and Channels for Intended Audiences” pg. 61-62

## After the Session

* Complete and post the [Adaptation Guidance Tool](#_Adaptation_Guidance_Tool) to the shared workspace by the next session (optional)

## Helpful References

* [Center for Training and Research Translation](http://centertrt.org/)
* Jacobs, J. A., Jones, E., Gabella, B. A., Spring, B., & Brownson, R. C. (2012). [Tools for implementing an evidence-based approach in public health practice](http://www.cdc.gov/pcd/issues/2012/pdf/11_0324.pdf). *Prev Chronic Dis,* 9:110324 (PDF)
* [National Colorectal Cancer Roundtable’s 80% by 2018 Communications Guidebook: Recommended messaging to reach the unscreened](http://nccrt.org/tools/80-percent-by-2018/80-by-2018-communications-guidebook/)
* [CDC’s HPV Vaccination Partner Toolkit](https://www.cdc.gov/hpv/partners/index.html)
* [GW Cancer Center’s Social Media Toolkits](https://smhs.gwu.edu/cancercontroltap/resources/social-media-toolkits) highlighting evidence for communicating about various cancers

# Session 5: Taking Stock of Potential Partners and Resources

## Learning Objectives

* Identify stakeholders, partners, organizational resources and community assets
* Conduct SWOT assessments

## Before the Session

Required reading:

* [NCI’s *Making Health Communication Programs Work* (PDF)](https://www.cancer.gov/publications/health-communication/pink-book.pdf)“Identify Potential Partners” pg. 35-40
* Community Toolbox’s “[SWOT Analysis: Strengths, Weaknesses, Opportunities, and Threats](http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/swot-analysis/main)” and “[Identifying Community Assets and Resources](http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/identify-community-assets/main)”

Recommended reading:

* [CDC’s “Do a SWOT Analysis” (Word)](https://www.cdc.gov/phcommunities/docs/evaluate_swot_analysis_tool.doc)
* Read [Community Toolbox’s “Planning and Writing an Annual Budget”](http://ctb.ku.edu/en/table-of-contents/finances/managing-finances/annual-budget/main)

## After the Session:

* Conduct and post a SWOT analysis, considering internal and external partnerships and resources, to the shared workspace by the next session using any of the below templates (optional):
  + [Community Toolbox’s “SWOT Analysis: Strengths, Weaknesses, Opportunities, and Threats](http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/swot-analysis/main)”
  + [CDC’s “Do a SWOT Analysis”](#_CDC’s_SWOT_Analysis)
* Write and post Phase 2, Activity 4 of the [implementation plan](http://bit.ly/Comm102Templates) (Word) to the shared workspace by the next session

## Helpful References

* Community Toolbox’s “[Planning for Sustainability](http://ctb.ku.edu/en/table-of-contents/sustain/long-term-institutionalization),” “[Developing a Plan for Financial Sustainability](http://ctb.ku.edu/en/table-of-contents/finances/grants-and-financial-resources/financial-sustainability/main)”
* [Program Sustainability Assessment Tool](https://sustaintool.org/)
* [Kentucky Cancer Consortium’s resource plan-related documents (PDF)](https://www.kycancerc.org/wp-content/uploads/sites/14/2018/11/KCC-Res-Plan-7-9-13_final.pdf)
* [CPCRN’s Session 2: “Community Assessment” (PowerPoint)](https://cpcrn.org/cms/files/training-session-2-slides)

# Session 6: Developing Health Communication Messages

## Learning Objectives

* Explain the importance of health literacy and culturally appropriate messaging for health communication strategies
* Explain the importance of media literacy for communication strategies
* Create key communication messages

## Before the Session

Required Reading:

* Comm 102 Guide Lesson 3: “Communication Campaign Messages, Tactics and Channels for Intended Audiences” pg. 50-58

Recommended reading:

* Comm 101 Guide Lesson 2: “Health Literacy and Media Literacy in Public Health Communication”

## After the Session

* Draft or adapt and post [key communication messages](http://bit.ly/Comm102Templates) (Word) on pg. 15, based on appropriate message frames, appeals, presentation of evidence, norms and literacy level to the shared workspace by the next session
  + Refer to the community assessment and research conducted on the intended audience’s knowledge, attitudes and beliefs about the health problem, how they access information, services and other resources, and where they are in the stage of behavior change
  + Browse tested advertisements and communication messaging in various formats from the [CDC's Division of Community Health Media Center](https://nccd.cdc.gov/schmc/apps/overview.aspx)
  + Test the reading level of your messages in Microsoft Word or use [CDC’s Clear Communication Index](https://www.cdc.gov/ccindex/widget.html)
  + Discuss the key messages and make sure they align with best practices with your mentor
* Write and post Phase 2 Activity 5 of the implementation plan to the shared workspace by the next session
* Mentees and mentors to complete [mid-point program evaluation](#_Appendix_C:_Program)

## Helpful References

* [Agency for Healthcare Research and Quality’s Health Literacy Measurement Tools](http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy/index.html)
* Peerson, A. & Saunders, M. (2009). “[Health literacy revisited: What do we mean and why does it matter?](http://heapro.oxfordjournals.org/content/24/3/285.full)” *Health Promot Int*, 24(3), 285-296
* [CDC’s Health Literacy portal](http://www.cdc.gov/HealthLiteracy/)
* [NCI’s *Making Health Communication Programs Work* (PDF)](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjv_MmW6rzRAhVD4YMKHS0aDXwQFggaMAA&url=https%3A%2F%2Fwww.cancer.gov%2Fpublications%2Fhealth-communication%2Fpink-book.pdf&usg=AFQjCNGqzaiwc9uhRhYsOzWMZj3uAVC03A&bvm=bv.143423383,d.eWE) “Explore settings, channels, and activities to reach intended audiences” (p. 27-35)
* [GW Cancer Center’s Colorectal Cancer Social Media Messages for the Unscreened (PDF)](http://nccrt.org/wp-content/uploads/ColorectalCancerSocialMediaMessages_fortheUnscreened.pdf)
* [GW Cancer Center’s webinar and toolkit](http://tinyurl.com/HPVSocialMediaToolkit) on communicating about HPV vaccination
* [National Colorectal Cancer Roundtable’s 80% by 2018 Communications Guidebook: Effective messaging to reach the unscreened](http://nccrt.org/tools/80-percent-by-2018/80-by-2018-communications-guidebook/)
* [University of Virginia’s National Social Norms Center at Michigan State University Website](http://socialnorms.org/)
* [Gallup’s polls on online products](http://www.gallup.com/Search/Default.aspx?s=&p=1&q=media&b=Go)
* [Pew Research Center’s Internet, Science & Tech](http://www.pewinternet.org/)
* [The Southern Center for Communication, Health & Poverty’s Message Testing on a Shoestring Budget Webcast](https://nylearnsph.com/Public/Catalog/Description.aspx?u=kM6WW0gCRpmc5aSnyR34wMcG9VIZqMn%2F9oAJNoCIf5Bkz2vXn5xLVTyX%2BmKI1xsPoaq0TdXKKvE%3D)
* “Ensuring Good-Quality Materials” checklist in [Johns Hopkins’s “Tools for Behavior Change Communication” (PDF)](https://www.thecompassforsbc.org/sites/default/files/strengthening_tools/INFO%20Reports_Tools%20for%20BCC_0.pdf)
* [CDC’s Everyday Words for Public Health Communication](https://www.cdc.gov/other/pdf/everydaywordsforpublichealthcommunication.pdf)
* [CDC’s Simply Put: A guide for creating easy-to-understand materials](http://www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf)
* [CDC’s Guide to Writing for Social Media](http://www.cdc.gov/socialmedia/Tools/guidelines/pdf/GuidetoWritingforSocialMedia.pdf)
* [CDC’s Health Literacy for Public Health Professionals online training](http://www.cdc.gov/healthliteracy/gettrainingce.html) (includes sections on “Writing for the Public,” “Using Numbers and Explaining Risk,” “Creating Easier to Understand Lists, Charts, and Graphs,” and “Speaking with the Public”)
* [NCI’s Making Data Talk: A workbook](http://www.cancer.gov/publications/health-communication/making-data-talk.pdf)
* [CDC’s Social Media Tools, Guidelines & Best Practices](http://www.cdc.gov/socialmedia/tools/guidelines/index.html)

# Session 7: Testing Health Communication Messages and Materials

## Learning Objectives

* Identify methods to pretest communication campaign messaging and materials

## Before the Session

Required reading:

* Comm 102 Guide Lesson 3: “Communication Campaign Messages, Tactics and Channels” pg. 66-68

Recommended reading:

* [CDC’s Executive Summary of Findings: Testing Core Community Health Messages with the Public](http://www.cdc.gov/nccdphp/dch/pdfs/executive-summary-core-messages.pdf)

## After the Session

* Write and post Phase 2 Activity 6 of the [implementation plan](http://bit.ly/Comm102Templates) (Word) to the shared workspace by the next session

## Helpful References

* [NCI’s *Making Health Communication Programs Work* (PDF)](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjA4frv6rzRAhXI4CYKHXr8D-sQFggaMAA&url=https%3A%2F%2Fwww.cancer.gov%2Fpublications%2Fhealth-communication%2Fpink-book.pdf&usg=AFQjCNGqzaiwc9uhRhYsOzWMZj3uAVC03A&bvm=bv.143423383,d.eWE) “Pretest messages and materials” pp. 77-87
* [C-Change’s “Testing Social and Behavior Change Communication (SBCC) Materials”](https://smhs.gwu.edu/cancercontroltap/sites/cancercontroltap/files/TestingSBCCmaterials.pdf)

# Session 8: Plan your Evaluation

## Learning Objectives

* Explain the importance of evaluation in communication campaigns
* Identify metrics for health, behavioral and communication objectives
* Select appropriate methods for evaluation for a communication campaign

## Before the Session

Required training:

* Comm 102 Training Lesson 4: “Planning for Evaluation” module

Required reading:

* Comm 102 Guide Lesson 4: Planning for Evaluation” pg. 69-79
* Brownson et al.’s Chapter 11: “Evaluating the Program or Policy”

Recommended reading:

* [CDC’s Program Evaluation Toolkit](https://www.cdc.gov/cancer/ncccp/pdf/ccc_program_evaluation_toolkit.pdf#page=44) pg. 39-45

## After the Session

* Draft and post evaluation plan using CDC’s template on pg. 46 in the [Program Evaluation Toolkit](https://www.cdc.gov/cancer/ncccp/pdf/ccc_program_evaluation_toolkit.pdf#page=51) (PDF) to the shared workspace by the next session
* Write and post Phase 3 of the [implementation plan](http://bit.ly/Comm102Templates) (Word) to the shared workspace by the next session

## Helpful References

* “Types of Evaluation: Purpose, Questions Answered, and Sample Indicators” on pg. 7 in [Johns Hopkins’s “Tools for Behavior Change Communication” (PDF)](https://www.thecompassforsbc.org/sites/default/files/strengthening_tools/INFO%20Reports_Tools%20for%20BCC_0.pdf)
* [CDC’s “Developing an Effective Evaluation Plan” (PDF)](http://www.cdc.gov/obesity/downloads/CDC-Evaluation-Workbook-508.pdf)
* [CDC’s Evaluation Steps](http://www.cdc.gov/eval/steps/index.htm)
* [NCI’s *Making Health Communication Programs Work* (PDF)](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjA4frv6rzRAhXI4CYKHXr8D-sQFggaMAA&url=https%3A%2F%2Fwww.cancer.gov%2Fpublications%2Fhealth-communication%2Fpink-book.pdf&usg=AFQjCNGqzaiwc9uhRhYsOzWMZj3uAVC03A&bvm=bv.143423383,d.eWE) “Develop a communication strategy for each intended audience; draft communication and evaluation plans” pg. 45-50; “Assessing Effectiveness and Making Refinements” pg. 107-120; Communication Research Methods pg. 125-168
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* [CDC Adolescent and School Health’s “Data Collection & Analysis”](http://www.cdc.gov/healthyyouth/evaluation/data.htm)
* [CPCRN’s Session 7: “Planning for Evaluation” (PowerPoint)](https://cpcrn.org/cms/files/training-session-7-slides)

# Session 9: Kick Off and Publicize the Campaign

## Learning Objectives

* Managing an event launch and promoting your campaign
* Best practices for creating press releases and other announcements
* Working with media and journalists

## Before the Session

Required training:

* Comm 102 Training Lesson 5: “Communication Campaign Implementation” module

Required reading:

* [NCI’s Making Health Communication Programs Work (PDF)](https://www.cancer.gov/publications/health-communication/pink-book.pdf#page=102)“Implementing the Program” pg. 91-97

Recommended reading:

* Comm 101 Guide Lesson 4: “Recognize the needs of and build relationships with media professionals by producing media-friendly materials”
* Comm 102 Guide Lesson 5: “Communication Campaign Implementation” pg. 80-85
* Brownson et al.’s Chapter 10 : “Developing an Action Plan and Implementing Interventions”

## After the Session

* Write and post Phase 4 of the [implementation plan](http://bit.ly/Comm102Templates) (Word) to the shared workspace by the next session

## Helpful References

* GW Cancer Center’s *Media Planning and Media Relations Guide* Appendix B for a “Press Release Template and Sample”
* [CDCynergy’s “Implementation”](http://www.cdc.gov/healthcommunication/cdcynergy/implementation.html)

# Session 10: Use and Disseminate Evaluation Findings

## Learning Objectives

* Analyzing evaluation data
* Tailoring dissemination of evaluation results to meet stakeholder interest and encourage use

## Before the Session

Required reading:

* [CDC’s Program Evaluation Toolkit pg. 50-57](https://www.cdc.gov/cancer/ncccp/pdf/ccc_program_evaluation_toolkit.pdf" \l "page=55)
* [NCI’s *Making Health Communication Programs Work* (PDF)](https://www.cancer.gov/publications/health-communication/pink-book.pdf#page=118) “Assessing Effectiveness and Making Refinements” pg. 107-123

Recommended reading:

* Brownson’s Chapter 11: “Evaluating the Program or Policy”

## After the Session

* Write and post Phase 5 of the [implementation plan](http://bit.ly/Comm102Templates) (Word) to the shared workspace by the next session. Your implementation plan should now be complete
* Write and post the [dissemination strategy matrix](https://www.cdc.gov/cancer/ncccp/pdf/ccc_program_evaluation_toolkit.pdf#page=60) on pg. 55 to the shared workspace by the next session
* Create and post project presentations to the shared workspace by the next session

## Helpful References

* [CDC’s “Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide”](http://www.cdc.gov/eval/guide/CDCEvalManual.pdf)

# Session 11: Closing Meeting and Presentation of Projects

This two-hour internal meeting will consist of final presentations by mentees of their projects. The program funder will be invited to also attend.

## Learning Objective

* Demonstrate applied learning through the presentation of projects

## Before the Session

* Prepare a 10-minute presentation based on the following outline:
  + About the comprehensive cancer control coalition or program
  + About the health problem in the area
  + Findings from the community assessment
    - About the intended audience
  + Project communication, behavioral and health objectives
  + Project timeline
  + Key messages and/or campaign materials for the intended audience(s)
  + Evaluation (planned evaluation or evaluation findings)
  + Report of how implementation funds were used
  + Successes and challenges
  + Plans for future implementation and dissemination
  + Lessons learned about planning, implementing and evaluating an evidence-based communication campaign and advice for other comprehensive cancer control coalitions or programs
  + Advice from mentees for other health professionals on working with a mentor on public health or communication projects
  + Advice from mentors for other health professionals on working with a mentee on public health and communication projects

## After the Session

* 3-month presentation (updates/summary/next steps) posted on the shared workspace
* 6-month presentation (updates/summary/next steps) posted on the shared workspace
* Write and post the project summary to the shared workspace, including evaluation data, which will be made publicly available in a report
* Complete the [post-Mentorship Program evaluation,](#_Appendix_C:_Program) including the [Core Competencies for Public Health Professionals self-assessment and knowledge assessment](#_Appendix_B:_Pre)

## Helpful References

* [Communication Rebel’s “How to Create Compelling PowerPoint Presentations”](http://www.drmichellemazur.com/2013/08/create-powerpoint-presentations.html)

# Session 12: Three-Month Check-In Meeting

This two-hour internal meeting will be held three months after Session 12 and will consist of project updates from mentors and mentees.

## Learning Objective

* Demonstrate applied learning through the presentation of project updates

## Before the Session

* Prepare a 10-minute presentation based on the following outline:
  + Recap of project communication, behavioral and health objectives
  + Updates to the project timeline
  + Recap of key messages and/or campaign materials for the intended audience(s)
  + Evaluation (planned evaluation or evaluation findings)
  + Successes and challenges
  + Plans for future implementation and/or improvements
  + Plans for dissemination

## After the Session

* Write and post the presentation to the shared workspace, including evaluation data

# Session 13: Six-Month Check-In Meeting

This two-hour internal meeting will be held six months after Session 12 and will consist of project updates from mentors and mentees.

## Learning Objective

* Demonstrate applied learning through the presentation of project updates

## Before the Session

* Prepare a 10-minute presentation based on the following outline:
  + Recap of project communication, behavioral and health objectives
  + Updates to the project timeline
  + Recap of key messages and/or campaign materials for the intended audience(s)
  + Evaluation (planned evaluation and evaluation findings)
  + New successes and challenges
  + Plans for/demonstration of implementation and/or improvements
  + Plans for/demonstration of dissemination

## After the Session

* Write and post the presentation to the shared workspace, including evaluation data

# References

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Swinburn, B., Gill, T., & Kumanyika, A. (2005). Obesity prevention: a proposed framework for translating evidence into action. *Obesity Reviews,* 6(1):23-33. doi: 10.1111/j.1467-789X.2005.00184.x

# Appendix A: Session Worksheets

## Root Cause Analysis/Fish Bone Exercise

The next step is to identify concrete actions you can take to promote your efforts to increase cancer screening in your population of interest. The Root Cause Analysis (RCA) will help you prioritize these actions by helping assess which of these strategies are most feasible and which will be especially key to your success. The Fishbone Diagram is a tool used for conducting the RCA.

**Instructions:**

Step 1: **Start by stating your problem** and place it at the head of your fishbone diagram**.** The problem should align directly with the topic area you decided to focus on. You can state your problem in the form of a question. For example: “Why are rates of colorectal cancer screening lower among Asian and Pacific Islander individuals compared to White individuals?”

You can start with either a health outcome or a behavioral outcome. Starting with a health outcome (e.g. lower cancer incidence) will allow you to see the bigger picture. However, it usually takes longer to address health outcomes than it does to change behaviors (e.g. increase screening rates). Depending on what you want to address and what you already know, you can be even more specific (e.g. increase acceptance of screening).

Step 2: **Label the other boxes (body of the fish) with categories that answer the question, “What might be contributing to this problem?”** Some commonly used categories in the Fishbone diagram are *people* (e.g. individuals, patients, providers, other stakeholders, etc.), *policies/procedures* (e.g. FIT test, reimbursement), *systems* (e.g. lack of EMR reminders), and *environment* (e.g. availability of services, structural barriers), but do not limit yourself to those. You can create your own categories at your discretion (for example, “providers” and “patients” can be their own separate categories). For example, under “People” you could state that *Asian and Pacific Islander individuals are less likely than white individuals to seek screening for colorectal cancer.*

Step 3: **For each category, ask “Why does that happen?** List possible causes and attach them to the appropriate branches.

Step 4: **For each cause, again ask “Why does that happen?”** Attach that information as another, smaller branch. Keep asking “Why?” and attaching smaller branches until your team agrees that you’ve arrived at a root cause. Make sure you drill down deep enough to get at a true root cause, but also stick to root causes that are realistic for you to address.

* Don’t stop asking “why” too early, or you may tackle a superficial issue rather than the underlying problem.
* On the other hand, it’s possible to go too far with the exercise—you don’t want all your root causes to be social determinants, like poverty or lack of education. While these are important drivers of disparities in behaviors or health outcomes, some might be outside of your control.

Step 4: **Apply an “equity lens.”** That is, think about which causes contribute to the **difference** in behaviors and outcomes, not just overall low screening rates. Focus on issues that **uniquely** impact different populations and therefore contribute to disparities. Remember the three Cs – culture, communication, and context. This requires asking questions from the perspective of individuals related to the needs of the priority population in order to assess potential barriers to health and health care, such as health literacy or cost, which may be overrepresented among specific minority patients.

Fishbone Diagram of the steps to prioritize root causes



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## Community Guide and RTIPs Worksheet

**Evidence Scavenger Hunt**

Finding evidence-based strategies and programs using The Community Guide and Research-Tested Intervention Program (RTIPs)

***Directions:*** *The Community Guide has systematically reviewed findings from research studies to identify intervention strategies that are evidence based. Use the* [*Community Guide home page*](http://www.thecommunityguide.org) *to answer the following questions:*

1. Go to Topics > Cancer and scroll down to the Summary Table of Task Force Findings. Identify three behavioral and social approaches that the Community Guide recommends to increase cancer screening:

1)

2)

3)

2. What considerations for implementation does the Community Guide provide for increasing cancer screening for the cancer of your project focus? If it does not include any, where might you look for evidence?

***Directions:*** *Use the* [*Research Tested Intervention Programs website (RTIPs)*](https://rtips.cancer.gov/rtips/programSearch.do) *to answer the questions below.*

1. Identify the cancer screening programs available on RTIPs that are for your population of interest:
2. From the programs you identified, list two program products or materials that you may want to download and use for your project – if applicable.

*This worksheet was adapted from Cancer Prevention and Control Research Network’s “Evidence Scavenger Hunt” which included additional questions and different examples*

## Adaptation Guidance Tool

In choosing an evidence-based intervention you may have to make changes to increase fit or compatibility with your audience and/or community. Here is general guidance in terms of things that can and cannot be changed from the original intervention. Remember to refer to any adaptation suggestions from the original developer(s) in making these adaptation decisions.

|  |
| --- |
| **Adaptation Guidance** |
| **Green**  **Things that CAN be changed when adapting the intervention:**   * Names of health care centers or systems * Pictures of people and places and quotes * Hard-to-read words that affect reading level * Wording to be appropriate to audience * Cultural indicators based on population * Ways to reach and recruit your audience * Incentives for participation * Timeline (based on adaptation guides) |
| **Yellow**  **Use caution when adapting these components:**   * Substituting activities and/or adding new activities * Changing the order of the curriculum or steps (sequence) * Altering the length of program activities * Shifting or expanding the primary audience * Varying delivery format/process steps * Modifying who delivers the program * Adding activities to address other risk factors or behaviors |
| **Red**  **Do not change these components:**   * The health communication model or theory * The health topic/behavior * Core components or whole sections of the program * Program timeline or dosage (e.g., activities, time/session)   Refrain from adding strategies that detract from the core components |

\*Tool adapted from: Lesesne, C. A., Lewis, K. M., Moore, C., Fisher, D., Green, D., & Wandersman, A. (2007). Promoting Science-based Approaches to Teen Pregnancy Prevention using Getting To Outcomes: Draft June 2007. Unpublished manual

## CDC’s SWOT Analysis Tool

A SWOT analysis will help you identify internal and external factors in the environment that can help with the development of your organization’s goals and objectives. Complete the SWOT analysis for your organization. Then use your results to help develop your SMART Objectives (via the [**SMART Objectives Template**](https://www.cdc.gov/phcommunities/docs/Evaluate_SMART_Objectives_Template.doc) **(Word)**.

**Evaluate: SWOT Analysis Tool**

State the idea/issue you are assessing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify **S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats (SWOT) for your organization. The presence of weaknesses and threats are gaps to be addressed in planning, while the absence of strengths or opportunities clarifies the need for further planning or development before action is taken.

Adapted from Alan Chapman 1995-2006. 2/2 PHIN CoPs Resource Kit

**Internal**

**Potential criteria:**

* Collective capabilities
* Morale, commitment, leadership
* Governance, participation norms, and defined roles
* Resources, funding, assets, people
* Experience, knowledge, data
* Innovative aspects
* Collaboration tools
* Accreditations, certification, requirements, mandates
* Processes, systems, IT, and communications
* Cultural, attitudinal, behavioral norms

**Factors to Address**

**Factors to Maintain**

**Weaknesses**

In what ways is your organization lacking that might impede your proposed activities?

**Strengths**

What does your organization do well that could support your proposed activities?

**External**

**Potential criteria:**

* Political, legislative, and financial environment
* Stakeholder involvement
* Technology development and innovation
* Quality of partnerships
* Development of knowledge
* Uptake in disseminated knowledge or best practices
* Competing or synergistic efforts outside the organization
* Trends in public health that may affect the organization’s work

**Threats**

What external factors might hinder your proposed activities?

**Opportunities**

What external factors might help facilitate your proposed activities?

# Appendix B: Pre and Post Competency Assessment

Competency Assessment

Tier 2 Public Health Professionals

2014 Version

Adapted by The George Washington University (GW) Cancer Center for the purposes of the

Comprehensive Cancer Control Communication Mentorship Program

Adapted by the Public Health Foundation from an assessment developed by Janet Place, MPH, University of North Carolina (now at the University of South Carolina). Provided by the Council on Linkages Between Academia and Public Health Practice. May be modified as needed.

Technical Note: This assessment was designed for use with Adobe Acrobat/Reader. Scoring and other functions may not operate properly in other PDF viewers. To use the assessment, download and save this PDF form before entering your scores.

**Competency Assessment for Tier 2 Public Health Professionals**[**1**](#_bookmark0)

2014 Version

**Introduction**

The [Core Competencies for Public Health Professionals](http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx) (Core Competencies) are a consensus set of foundational skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. The Core Competencies are organized into eight skill areas or domains that cut across public health disciplines. The purpose of this assessment is to help you explore your level of competence within these eight domains.

A competency is any knowledge or skill of an individual or organization that has been shown to cause or predict outstanding performance. A collection of competencies makes up a behavioral roadmap that is directly related to both individual and organizational performance.

By assessing your level of knowledge or skill for each competency statement described, you will be able to prioritize your learning time to focus on those areas that are most important to you and to concentrate where the need for training and learning may be greatest.

**How to Complete this Competency Assessment**

The competency assessment should take about five minutes to complete. The competency assessment is usually divided into the following eight domains:

* Analytical/Assessment Skills
* Policy Development/Program Planning Skills
* Communication Skills
* Cultural Competency Skills
* Community Dimensions of Practice Skills
* Public Health Sciences Skills
* Financial Planning and Management Skills
* Leadership and Systems Thinking Skills

1. For the purposes of the Mentorship Program, the assessment will focus on the Communication Skills domain. Read each competency statement listed.
2. For each competency statement, think about the level at which you are currently able to perform the skill. Then rate your level of proficiency on each competency statement by selecting the number on the continuum from “None” (1) to “Proficient” (4) that best describes your level of expertise for that statement. **Note:** The competency statements listed in each domain should be interpreted as broadly as possible to apply to your position and principal setting of employment. In the example below, you would select number “4” for “Proficient” if you think you are excelling in this competency or

1 **Tier 2 – Program Management/Supervisory Level:** Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise. Select “1” for “None” if you feel you need a great deal of improvement.

**Example:**

To what degree are you able to effectively…describe factors affecting the health of a community (e.g., equity, income, education, environment)?

|  |  |
| --- | --- |
| 1 = None | I am unaware or have very little knowledge of the skill |
| 2 = Aware | I have heard of, but have limited knowledge or ability to apply the skill |
| 3 = Knowledgeable | I am comfortable with my knowledge or ability to apply the skill |
| 4 = Proficient | I am very comfortable with, am an expert in, or could teach this skill to others |

1. At the end of the assessment, there is a place to write any comments you may have. For example, if you feel like an expert but may still want training or learning opportunities in a particular skill, please enter your comments in the comments section. You may also want to share this assessment with your supervisor, colleagues, or others and ask them to add comments as well. These comments may be helpful to you and your supervisor in planning for your professional development.
2. After you have entered your responses, the sum of your scores will appear in the column next to “Total Score.” Your average score will also appear in the column next to “Average Total.”
3. Review your results and follow the guidance offered in the “Interpreting Your Results” section to determine your next step

**Communication Skills**

1 = None

2 = Aware

3 = Knowledgeable

4 = Proficient

I am unaware or have very little knowledge of the skill

I have heard of, but have limited knowledge or ability to apply the skill I am comfortable with my knowledge or ability to apply the skill

I am very comfortable in, am an expert at or could teach this skill to others

|  |  |  |
| --- | --- | --- |
| **To what degree are you able to effectively…** | | |
| 1 | Assess the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy) | - |
| 2 | Communicate in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images) | - |
| 3 | Solicit input from individuals and organizations (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community | - |
| 4 | Select approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings) | - |
| 5 | Convey data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, press releases) | - |
| 6 | Communicate information to influence behavior and improve health (e.g., use social marketing methods, consider behavioral theories such as the Health Belief Model or Stages of Change Model) | - |
| 7 | Facilitate communication among individuals, groups and organizations | - |
| 8 | Communicate the roles of governmental public health, health care and other partners in improving the health of a community | - |
|  | **Total Score** (Add all scores and enter total here) | 0.0 |
|  | **Average Total** (Divide the “Total Score” by **8** and enter the result here and into the corresponding row of the “Your Results” section) | 0.0 |

**Comments:**

**Interpreting Your Results**

Based on the averages you have for each domain in the “Your Results” section above, you are now ready to identify the strengths in your practice and the areas that you would like to improve or strengthen.

For example, if you have scored a “1” in any competency, you will want to consider focusing your time and energy toward improving these competencies, followed by competencies in which you scored a “2,” with a lower priority given to competencies in which you scored a “3” or higher.

Once you have identified your priorities, you can use this information to guide you in developing a learning plan with one or more personal professional goals for the next year; in engaging in a discussion with your mentor; and in choosing learning opportunities that will help you reach your goals and meet the requirements for continuing competence in your occupation or discipline.

# Appendix C: Program Evaluation Templates

\*To be used at mid-point and conclusion of program

**Mentorship Program Evaluation: Mentees**

Please rate your experience with the Mentorship Program:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Suggestions for Improvement |
| 1. I am satisfied with the mentorship program*.* |  |  |  |  |  |  |
| 1. I have a good relationship with my mentor*.* |  |  |  |  |  |  |
| 1. The facilitating organization provided adequate infrastructure to support the mentorship program. |  |  |  |  |  |  |
| 1. The facilitating organization provided adequate opportunities for technical assistance to support the mentorship program. |  |  |  |  |  |  |
| 1. The mentorship program gave me opportunities for networking. |  |  |  |  |  |  |
| 1. The mentorship program gave me opportunities for experiential learning. |  |  |  |  |  |  |
| 1. The mentorship program enabled me to disseminate evidence-based practices. |  |  |  |  |  |  |
| 1. I made substantial progress on my project as a result of the mentorship program*.* |  |  |  |  |  |  |
| 1. I gained skills that I am able to implement into my professional practice. |  |  |  |  |  |  |
| 1. [If agree or strongly agree with statement #9]: My mentor has increased my skills in implementing evidence-based cancer communication practices. |  |  |  |  |  |  |
| 1. My knowledge on evidence-based communication to increase cancer screenings was enhanced as a result of participating in the Mentorship Program. |  |  |  |  |  |  |
| 1. I am better equipped to use evidence-based communication strategies to increase cancer screenings in my state/tribe/territory as a result of participating in the Mentorship Program. |  |  |  |  |  |  |
| 1. I am more confident in my ability to use evidence-based communication strategies to increase recommended cancer screening as a result of the Mentorship Program. |  |  |  |  |  |  |
| 1. I plan to implement new strategies/skills/information gained from the Mentorship Program to increase cancer screenings in my state/tribe/territory. |  |  |  |  |  |  |

1. In your opinion, which of the program components listed below are the 3 most useful/essential elements for planning and implementing an evidence-based cancer communication project:

*Competitive application requiring organization/supervisor support*

*Kick-off meeting faculty and guest presentations*

*Kick-off meeting project workshopping time*

*Structured program curriculum*

*Required/recommended readings*

*Required/recommended online Communication Training (101 & 102)*

*Shared online workspace platform*

*Monthly calls with peer discussions*

*Monthly calls with presentations from outside speakers*

*One-on-one time with mentor*

*Opportunities to disseminate implementation successes and evaluation findings*

*Opportunity to have a site visit with mentor*

*Technical assistance from [name of facilitating organization]*

*Other:* Click or tap here to enter text.

1. What barriers are you encountering in implementing your project? If so, please explain.
2. What additional support would help you plan and implement your project?
3. What additional support would help you complete and/or evaluate your project (whether from your organization, partners, etc.)?
4. If you have other comments, please leave them here:

**Mentorship Program Evaluation: Mentors**

Please rate your experience with the Mentorship Program:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Suggestions for Improvement |
| 1. I am satisfied with the mentorship program*.* |  |  |  |  |  |  |
| 1. I have a good relationship with my mentee. |  |  |  |  |  |  |
| 1. The facilitating organization staff provided adequate infrastructure to support the mentorship program. |  |  |  |  |  |  |
| 1. The facilitating organization provided adequate opportunities for technical assistance to support the mentorship program. |  |  |  |  |  |  |
| 1. The mentorship program gave me opportunities for networking. |  |  |  |  |  |  |
| 1. The mentorship program gave me opportunities for experiential learning. |  |  |  |  |  |  |
| 1. The mentorship program enabled me to disseminate evidence-based practices. |  |  |  |  |  |  |
| 1. My mentee made substantial progress on their project as a result of the mentorship program. |  |  |  |  |  |  |
| 1. My mentee gained skills that they are able to implement into their professional practice. |  |  |  |  |  |  |
| 1. The shared online workspace provided a designated space for mentors to support each other throughout the program. |  |  |  |  |  |  |

1. Choose which 3 elements below you think are most critical to the success of the mentorship program:

*Competitive application requiring organization/supervisor support*

*Kick-off meeting faculty and guest presentations*

*Kick-off meeting project workshopping time*

*Structured program curriculum*

*Required/recommended readings*

*Required/recommended online Communication Training (101 & 102)*

*Shared online workspace platform*

*Monthly calls with peer discussions*

*Monthly calls with presentations from outside speakers*

*One-on-one time with mentee*

*Opportunities to disseminate implementation successes and evaluation findings*

*Technical assistance from [name of facilitating organization]*

*Other:* Click or tap here to enter text.

1. What barriers did your mentee face when implementing their project?
2. What additional support would have been helpful to you as a mentor in troubleshooting these challenges?
3. What additional support would have helped your mentee plan and implement their project?
4. If you have any other comments, please leave them here:

# Appendix D: Application Forms

## Sample Mentee Application Information Document

[insert Facilitating Organization logo here]

**Comprehensive Cancer Control** **Mentorship Program**

**Mentee Application Information**

Thank you for your interest in the Comprehensive Cancer Control Mentorship Program. This application packet provides information on program benefits, participation expectations and application requirements.

**About the program**:

The Mentorship Program is designed to help you develop public health communication competencies and apply evidence through a mentored project experience, a series of online presentations and relationships with your mentor and peers. The Mentorship Program will consist of five mentor/mentee pairs. With guidance from a mentor, mentees will use National Cancer Institute’s [Health Communication](https://www.cancer.gov/publications/health-communication/pink-book.pdf#22) [Program Cycle](http://www.cancer.gov/publications/health-communication/pink-book.pdf#page=22) framework to plan, implement and evaluate an evidence-based communication project that aligns with their state/tribe/territory comprehensive cancer control plan objectives related to cancer screening. The assigned mentor will be a seasoned professional with experience in health communication campaigns and/or evidence-based cancer screening interventions.

**Mentees will receive**:

* 18 months of one-on-one mentoring
* $500 implementation funds for implementation of an evidence-based communications project
* Up to $3,000 in travel funds per mentor/mentee pair for the kick-off meeting at [facilitating organization] and potential in-person site visits
* Monthly web-based seminars/working meetings on topics relating to communications and translation of evidence-based approaches
* Reference materials, including free copies of: *[Evidence-based Public Health](https://www.amazon.com/Evidence-Based-Public-Health-Ross-Brownson/dp/0190620935/ref=sr_1_1?dchild=1&keywords=evidence-based+public+health&qid=1617221573&s=books&sr=1-1)*[,](http://www.amazon.com/Evidence-Based-Public-Health-Ross-Brownson/dp/0195397894/ref=tmm_hrd_title_0) [*The Mentee’s Guide:*](https://www.amazon.com/Mentees-Guide-Making-Mentoring-Work-ebook/dp/B002O067O2#:~:text=%22The%20Mentee's%20Guide%20inspires%20and,mentee%20in%20this%20evocative%20relationship.) [*Making Mentoring Work for You*,](http://www.amazon.com/Mentees-Guide-Making-Mentoring-Work/dp/0470343583/ref=tmm_pap_swatch_0?_encoding=UTF8&sr=1-1&qid=1427726716) [*Making Health Communication Programs Work*](http://www.cancer.gov/publications/health-communication/pink-book.pdf) *(PDF)*[,](http://www.cancer.gov/publications/health-communication/pink-book.pdf) GW Cancer Center’s Communication Trainings for Comprehensive Cancer Control Professionals [Guides](https://smhs.gwu.edu/cancercontroltap/online-academy), and a mentorship program handbook as well as access to the [Making Communication Campaigns Evidence-Based](https://cme.smhs.gwu.edu/gw-cancer-center-/group/gw-cancer-center) training
* A webcam/microphone (if needed) for videoconferencing
* Up to $500 in annual membership/registration to the American Public Health Association annual or other national public health conference, if an abstract on your project from the Mentorship Program is accepted for presentation

Mentees enrolled in the program are expected to receive numerous benefits including:

* Development of public health communication competencies and skills
* Increased experience in communication planning, implementation, evaluation and use of evidence to promote cancer screening
* Completion of a high quality and evidence-based communications campaign in line with state/tribe/territory comprehensive cancer control plan cancer screening goals
* Intensive guidance, support and access to additional professional development resources
* New connections to other organizations and professional networks

A mentee’s organization is expected to receive numerous benefits including:

* Increased staff skills and capacity in public health communication competencies
* Completion of a high quality and evidence-based communications campaign in line with comprehensive cancer control program cancer screening goals and scope of work
* Creation of a well-developed literature review/contextual assessment, communication plan, evaluation plan, evaluation report and more for the communications campaign. These documents can be used or adapted for funder reporting requirements
* New connections to other organizations and professional networks
* Recognition and visibility of work through the facilitating organization and chosen project dissemination outlets (e.g. presentations, article submissions, etc.)

**What the mentee will be expected to do**:

* Dedicate a minimum of **15-16 hours monthly** to the program for **1.5 years** (approximately 10% of staff time)
* **Mentored project**: With guidance from your mentor, rigorously plan, implement and begin evaluation and dissemination of an evidence-based communication campaign related to cancer screening. You will develop: a community assessment; project logic model/roadmap; planning and adaptation worksheets; SWOT analysis; implementation plan; communication messages/materials; evaluation plan; dissemination strategy; project summary; and presentation
* **Meetings**: Attend the two-day in-person kick-off meeting at [Facilitating Organization] on [date, month]; web-based monthly group meetings via webcam/conference call for the first 11 months featuring research experts. Take the [Making Communication Campaigns Evidence-Based](https://cme.smhs.gwu.edu/gw-cancer-center-/group/gw-cancer-center) training and read materials in advance, share experiences, and participate in group discussions with other mentor/mentee pairs
* **Mentoring relationship**: Communicate regularly and work with your mentor to achieve communication project goals. Mentors and mentees are encouraged to conduct at least one in-person site visit, when they receive or visit the mentor
* **Evaluation surveys**: Participate in surveys and quarterly interviews/progress updates with the facilitating organization for program evaluation purposes
* **Dissemination**: Present project to stakeholders. Choose and initiate next steps for dissemination and/or sustainability
* Communicate all issues and programmatic questions to facilitating staff as they arise

**Eligible applicants**:

* Work full time at an organization performing cancer control or cancer prevention work
* Are heavily involved with the comprehensive cancer control program or coalition, and in a position to spearhead communication campaign planning and implementation. **Since the time commitment is substantial, the proposed mentored project should align well with the program/coalition’s existing comprehensive cancer control plan screening objectives or communication plan and with the mentee’s regular scope of work.** The mentee must have support from his/her supervisor and organization and memorandum of understanding (MOU) with key partners who will be involved in the communication campaign. For example, if you want to market the regional mobile mammography service, mentees must submit a MOU from them
* Have at least one to two years of public health work experience
* Show strong motivation and initiative for doing rigorous work, and for learning and improving upon professional knowledge and skill gaps in communications/evidence-base translation
* Are accessible and able to participate in program activities for the next 18 months (i.e. no plans for retiring, moving out of the country, or changing careers)

**How applicants will be selected**:

Up to five mentees will be selected for the Mentorship Program based on a mix of the following criteria:

* Individual and organizational level of motivation, support and commitment to professional development and high-quality project completion
* Quality and feasibility of project proposal given the timeline and organizational context and resources
* Fit of the proposed competencies and project topic with experience among the mentor cohort

**Application checklist**:

□ Mentee Application form

□ Completed Core Competencies for Public Health Professionals self-assessment

□ Curriculum Vitae or resume

□ Supervisor Information Form

□ Supervisor letter of support (submitted separately by email by supervisor or as part of your application packet)

□ Stakeholder MOUs

**Applications are accepted on a rolling basis until [insert submission date].** To submit your application, please email all documents to [receiving email address] with the subject line “Mentee Application.”

Thank you for taking the time to complete this application. You should receive an acknowledgment e-mail that your application has been received within two business days. The [facilitating organization] will carefully review your application and supporting materials and send a notification e-mail once a decision is made regarding your acceptance and mentor match in [month]. In the interim, feel free to contact us with questions or updates at [receiving email address].

## Sample Mentee Application Form

[Insert Facilitating Organization Logo]

**Comprehensive Cancer Control Mentorship Program**

**Mentee Application Form**

**Section 1: Mentee Background**

Salutation: Click or tap here to enter text.

First and last name: Click or tap here to enter text.

Credentials: Click or tap here to enter text.

E-mail address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Mailing address: Click or tap here to enter text.

Work information:

Job title: Click or tap here to enter text.

How many years have you had this job? Click or tap here to enter text.

Organization of employment (include full information on department etc. if applicable:

Click or tap here to enter text.

* What are your primary work responsibilities? (Max. 150 words)

Click or tap here to enter text.

* What is your involvement in comprehensive cancer control communication activities? (300 words)

Click or tap here to enter text.

* What percent of your time is dedicated to comprehensive cancer control activities? Click or tap here to enter text.

**Section 2: Mentee professional development**

* Describe any previous experience you have with public health communication. (300 words)

Click or tap here to enter text.

* Describe any previous experience with implementing evidence-based interventions, particularly related to cancer screening. (300 words)

Click or tap here to enter text.

* What are your goals for participating in the mentorship program? What specifically do you hope to achieve or gain from this experience? (300 words)

Click or tap here to enter text.

* Briefly describe your preferred learning and communication styles and qualities you would want in a mentor. (300 words)

Click or tap here to enter text.

* The Mentorship Program regularly convenes mentors and mentees for web-based meetings. How comfortable are you with using web cam/webinar/conference call technology? Please describe any challenges (technological or otherwise) that might prevent you from fully participating in all web-based meetings? (300 words)

Click or tap here to enter text.

Core Competencies

Complete the attached Competency Assessment, adapted from the Council on Linkages Between Academic and Public Health Practice. The Mentorship Program will focus on building the Communication Skills domain.

Please indicate the competencies that you would most like to focus on through the mentorship program (check up to 3):

Assess the literacy of populations served

Communicate in writing and orally with linguistic and cultural proficiency

Solicit input from individuals and organizations for improving the health of a community

Select approaches for disseminating public health data and information

Convey data and information to professionals and the public using a variety of approaches

Communicate information to influence behavior and improve health

Facilitate communication among individuals, groups and organizations

Communicate the roles of governmental public health, health care and other partners in improving the health of a community

**Section 3: Project Proposal**

**Instructions:**

Tell us about your proposed project for which you would like mentorship. We will assess: 1) the appropriateness of the project for the Mentorship Program and 2) the feasibility of the project based on your preliminary assessment of available resources, time and support. Please be thoughtful but do not worry if you have not figured out all of the project details. The Mentorship Program has a substantial planning component, which will give you the opportunity to thoroughly develop all elements of the proposed project with guidance from your mentor.

**Each question has a maximum word limit of 500 words.**

Topic requirements: The proposed project must involve the implementation of a communication effort related to an evidence-based cancer screening intervention, have relevance to your cancer control plan, be informed by evidence and be feasible to complete in a 12-18-month period. The specific topic and audience are entirely flexible. Applicants are strongly encouraged to focus on health disparity populations, which may be defined geographically (e.g., rural, deep urban) or socio-demographically (e.g., African American, Hispanic, sexual and gender minorities, etc.)

Proposed project title

The project should ideally promote one of the following screen-able cancers—consider HealthyPeople 2030 cancer screening indicators that your state or region has not met when choosing your focus area:

Cervical cancer screening

Colorectal cancer screening

Breast cancer screening

Lung cancer screening

If "other," please specify:

**Proposed background and description:**

What is the health issue (e.g. low/disparate screening rates) and disease burden in the community you are trying to solve?

Click or tap here to enter text.

Who is your intended audience and what are you trying to communicate?

Click or tap here to enter text.

What are your health, behavior and/or awareness goals of the project?

Click or tap here to enter text.

What evidence exists that makes your project appropriate or conducive to achieving proposed goals in this context?

Click or tap here to enter text.

If you are adapting an existing evidence-based intervention, please include a hyperlink or citation.

Click or tap here to enter text.

What are the major components and activities of you propose this project?

Click or tap here to enter text.

How specifically do you hope participation in the Mentorship Program will help you with this project?

Click or tap here to enter text.

**Project relevance and feasibility:**

How does the project align with goals, objectives or strategies in the state/tribe/territory comprehensive cancer control plan and/or media/communication plan? Specify the relevant comprehensive cancer control objective(s) that align with your project and how your project will move the objective(s) forward. (300 words)

Click or tap here to enter text.

Describe any resources (human, financial, tangible, etc.) available for planning, implementing and evaluating this screening communication project?

Click or tap here to enter text.

What stakeholders are critical for project success? How will you work with these stakeholders? What levels of buy-in do you have from stakeholders that are key to your project's success? Who do you need to convince to work with you and how will you do so? Describe any organizational champions that could help you succeed. Please include memoranda of understanding (MOUs) documenting key partners' commitment to the project, as relevant.

Click or tap here to enter text.

**Project evaluation:**

A strong evaluation will be expected for all projects, so we recommend thinking about it from the very beginning. What major outcome do you hope to achieve? How will you know you achieved it? Discuss preliminary ideas for evaluation questions, outcomes, indicators and data sources. Describe possible data collection, monitoring analysis and interpretation protocols.

Click or tap here to enter text.

**Section 4: Mentee review of understanding**

We want to be sure you have clear expectations of what the Mentorship Program entails so that you and your mentor have the most beneficial and positive experience possible. Please check each statement to indicate understanding and agreement:

I will commit an average of 15-16 hours a month (10% of your time based on a 40-hour work week) to participate in the Mentorship Program and agree to participate in all program activities

I will attend the two-day kick-off meeting at [facilitating organization and date]

I understand that the Mentorship Program will dedicate resources to my professional enhancement over the course of 1.5 years. I do not currently have plans to leave my position during this time period (e.g. retirement, move to another country, etc.) If I change employers, I will work with my existing organization to complete the project to the best of my capacity.

I understand that I am an active partner in my learning and will be proactive and motivated in making my needs known, expressing my preferences, taking advantage of opportunities and seeking guidance from my mentor as needed

I understand I can contact [Facilitating Organization] at any time during the course of the Mentorship Program with questions, issues or other feedback

I agree to participate in [Facilitating Organization] progress updates and brief evaluation surveys

**To formalize your application,** email this completed form PDF to [receiving email address] with the subject line "Mentee Application" by **noon,** [time zone of facilitating organization], [day, month, year]**.**

Don't forget to also include the following as an attachment:

* Completed Core Competencies for Public Health Professionals self-assessment
* Curriculum Vitae or resume
* Supervisor signed information form, letter of support\* and Stakeholder MOU(s) if needed

**Thank you!**

Thank you for taking the time to complete this application. The [facilitating organization] will carefully consider your submitted materials and notify you once a decision is made. You should receive an acknowledgment of receipt within two business days. In the interim, feel free to contact us with questions or updates at [receiving email address].

\*Supervisor may submit the recommendation letter confidentially via email to [receiving email address] if they prefer.

## Sample Supervisor Form

[Insert Facilitating Organization Logo here]

**Comprehensive Cancer Control Mentorship Program**

**Supervisor Information Form**

**Supervisor information**

Salutation Click or tap here to enter text.

Supervisor’s first name Click or tap here to enter text.

Last name Click or tap here to enter text.

Credentials Click or tap here to enter text.

Supervisor’s job title Click or tap here to enter text.

Supervisor’s e-mail address Click or tap here to enter text.

Supervisor’s preferred phone number Click or tap here to enter text.

**Letter of support and review of understanding**

Please submit a letter of recommendation on organizational letterhead. Please highlight why you feel the applicant is a strong, self-motivated candidate who will take full advantage of the program components. Please also touch on the priority level of the project they will be working on during the course of the Mentorship Program. You may submit your letter confidentially via email to [facilitating organization receiving email address] or the applicant can submit it along with their application materials.

Please review the following statements and sign below to show understanding and agreement.

• I understand that my staff is participating in an intensive 1.5 year-long program dedicated to his/her public health communication competency development and the completion of an evidence-based communication project on cancer screening

• I understand that my staff will need an average of 15-16 hours a month (10% of his/her/ their time based on a 40-hour work week) to participate in the Mentorship Program

• I understand that my staff will attend the two-day kick-off meeting at [facilitating organization] in [month, year]

• I understand that my staff will be the primary person responsible for the proposed project, and attest that he/she is in a position that permits successful project execution. I understand that my staff will have access to a seasoned mentor dedicated to guidance his/her project

• I understand that the program does not set expectations for my level of involvement, but welcomes it at any level desired

• I understand that I can contact [Facilitating Organization] at any time during the course of the Mentorship Program with questions, issues or other feedback

• I agree to participate in [Facilitating Organization] progress updates and evaluation surveys

Microsoft Office Signature Line...

## Sample Mentor Invitation Document

[Insert Facilitating Organization logo here]

**Comprehensive Cancer Control Mentorship Program**

**Mentor Invitation**

[Facilitating Organization] would like to invite you to be a mentor for our [start year – end year] Comprehensive Cancer Control Mentorship Program. You have been identified as a potential mentor based on your demonstrated experience in implementing evidence-based projects in cancer control. We believe you are in a capable position to nurture and teach entry to mid-level public health professionals working in cancer prevention and control, and hope that you will seriously consider this mentoring opportunity. The mentoring role and Mentorship Program are described below to help you decide whether the program would be a good fit for you.

**About the program**:

The [Facilitating Organization] Mentorship Program is designed to help mentees working in [comprehensive cancer control](https://www.cdc.gov/cancer/ncccp/index.htm) [d](http://www.cdc.gov/cancer/ncccp/index.htm)evelop public health competencies in communication and apply evidence through an 18-month-long mentored project experience. The program consists of a two-day kick-off meeting in [city, state]; monthly online meetings and presentations over 12 months; one-on-one meetings with your mentee; and optional but highly encouraged in-person site visit to receive or visit your mentee. This program focuses on evidence-based communications with a particular emphasis on promoting cancer screenings.

The Mentorship Program design is based on National Cancer Institute’s [Research to Reality](https://pubmed.ncbi.nlm.nih.gov/23362332/) [(R2R) Mentorship Program,](https://researchtoreality.cancer.gov/mentorship/about) and maintains R2R’s approach and emphasis on using evidence to guide practice. Mentees will complete online course content and readings and produce a community assessment; project logic model/roadmap; completed worksheets and tools to help plan adaptation and implementation of evidence-based interventions; a SWOT analysis; an implementation plan; communication messages and materials; and evaluation and dissemination plans. Towards the end of the year, mentees will present their accomplishments to date and provide updates at three- and six-month follow-up conference calls.

**Mentor role:**

The mentor plays a critical role in the quality of each mentee’s experience and level of professional growth through the Mentorship Program. The mentor will provide guidance as the mentee creates a project plan that aligns with the mentee's state/tribe/ territory comprehensive cancer control plan objectives related to cancer screening and during its implementation. Mentors support mentees throughout the program by communicating responsively, answering questions, in-depth coaching as needed, suggesting resources and readings, sharing experiences and information, providing feedback, facilitating professional network connections and being a warm encouraging presence. Each mentor will have one designated mentee, but will also be interacting with the other mentor/mentee pairs in the program and possibly others from the mentee organization. Mentors will be selected for diversity of skills and experience, and are encouraged to learn from, support and network with other mentors and mentees in the program.

**What the mentor will receive**:

* $1,500 honorarium as a token of appreciation for their time and dedication to the program
* Up to $3000 in travel funds for the kick-off meeting in DC and potential in-person site visit(s)
* Reference materials, including free copies of: [*Evidence-based Public Health*,](https://www.amazon.com/Evidence-Based-Public-Health-Ross-Brownson/dp/0190620935/ref=sr_1_1?dchild=1&keywords=evidence-based+public+health&qid=1617221573&s=books&sr=1-1) [*The Mentor's Guide:* *Facilitating Effective Learning Relationships*,](https://www.amazon.com/Mentors-Guide-Facilitating-Effective-Relationships/dp/047090772X) [*Making Health Communication*](https://www.cancer.gov/publications/health-communication/pink-book.pdf) [*Programs Work*](http://www.amazon.com/The-Mentors-Guide-Facilitating-Relationships/dp/047090772X) *(PDF)*[, GW](http://www.amazon.com/The-Mentors-Guide-Facilitating-Relationships/dp/047090772X) Cancer [Center’s *Communication Trainings for Co*](http://www.amazon.com/The-Mentors-Guide-Facilitating-Relationships/dp/047090772X)[*mprehensive Cancer Control Professionals Gui*](http://www.cancer.gov/publications/health-communication/pink-book.pdf)*des*, and a mentorship program handbook
* A webcam/microphone (if needed) for videoconferencing
* Up to $500 in membership/registration to the American Public Health Association or other national public health conference, if an abstract from the Mentorship Program is accepted for presentation at the annual conference

Mentors devote significant time and energy to the mentees in the program, and receive numerous benefits from the experience as well. Mentors are expected to benefit from:

* Increased skills and experience in mentorship
* Recognition and visibility through [the facilitating organization] and chosen project dissemination outputs (e.g. presentations, article submissions, etc.)
* Opportunities for networking with mentor and mentee organizations in the cohort
* Personal satisfaction of seeing evidence-based communication strategies applied in cancer control

**What the mentor will be expected to do**:

Mentors will be expected to participate in the following program activities:

* Dedicate an average of **eight hours per month** to the program for the duration of the **18 months** of the program
* **Mentored project**: Guide your mentee through all phases (planning, implementation, evaluation/dissemination) of his/her evidence-based communication project
* **Meetings**: Attend the in-person kick-off meeting in [city, state] in [month, year]; web-based monthly group meetings via webcam/conference call for the first 12 months featuring research experts, as well as two check-in calls three and six months later. During these meetings, mentors are expected to provide practice-based examples to their and other mentees and lead or participate in group discussions
* **Mentoring relationship**:
  + Coach mentee on creating a project timeline and work plan at the kick-off meeting and rework mentee intended project deliverables as needed
  + Agree to regular and scheduled meetings (at least monthly) with mentee, monitor and facilitate project quality, success and timely completion
  + Support mentee learning and growth and respond to mentee’s questions and requests for guidance as they arise. Connect mentee with resources, reference materials and professional contacts relevant to his/her project or professional development needs
  + Mentors and mentees are encouraged to conduct at least one in-person site visit
* **Evaluation surveys:** Participate in interviews/progress updates with the [facilitating organization] and brief surveys for program evaluation purposes
* **Summary**: Submit brief comments on the mentoring experience and lessons learned at the end of the program to share with the comprehensive cancer control field
* Communicate all issues and programmatic questions to facilitating staff as they arise

**Document checklist**:

□ Mentor Commitment form

□ Curriculum Vitae or resume

To formalize your commitment, please email all documents to [receiving email address] [w](file://SMHS-DFS.ead.gwu.edu/SMHS/GROUPS/gwci/Comp%20Cancer%20TA/Mentorship/Administration/Application/cancercontrol@gwu.edu)ith the subject line "Mentor Commitment" [date/year].

The [Facilitating Organization] will carefully consider your submitted materials to match you with a mentee. In the interim, feel free to contact us with questions or updates at [receiving email address].

## Sample Mentor Commitment Form

[Insert Facilitating Organization Logo]

**Comprehensive Cancer Control Communication Mentorship Program**

**Mentor Commitment Form**

**Section 1: Mentor Background**

Salutation: Click or tap here to enter text.

First and last name: Click or tap here to enter text.

Credentials: Click or tap here to enter text.

E-mail address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Mailing address: Click or tap here to enter text.

Work information:

Job title: Click or tap here to enter text.

How many years have you had this job? Click or tap here to enter text.

Organization of employment (include full information on department etc. if applicable:

Click or tap here to enter text.

* What are your primary work responsibilities? (150 words)

Click or tap here to enter text.

* What is your past experience with public health communication? Please share your experience with planning, implementation, evaluation and or dissemination of evidence-based programs to promote cancer screening. (300 words)

Click or tap here to enter text.

* What is your experience working with populations experiencing cancer-related disparities, which may be defined geographically (e.g., rural, deep urban) or socio-demographically (e.g., African American, Hispanic, sexual and gender minorities, etc.)? (300 words)

Click or tap here to enter text.

**Section 2: Mentor preferences**

* What are your goals for participating in the Mentorship Program? What do you hope to achieve or gain from this experience? (300 words)

Click or tap here to enter text.

* Briefly describe your preferred mentoring style, communication style and qualities that you would want in a mentee. (300 words)

Click or tap here to enter text.

* The Mentorship Program regularly convenes mentors and mentees for web-based meetings. How comfortable are you with using web cam/webinar/conference call technology? Will there be any barriers or needs (technological or otherwise) related to your participation in web-based meetings? (150 words)

Click or tap here to enter text.

**Section 3: Mentor expertise**

Core Competencies

Please take a moment to review the list of [Core Competencies for Public Health Professionals](http://www.phf.org/resourcestools/Documents/Competency_Assessment_Tier2_2014.pdf), developed by the Council on Linkages between Academic and Public Health Practice. The Mentorship Program will focus on building the Communication Skills domain.

Please indicate the competencies that you feel equipped to mentor (check all that apply):

Assess the literacy of populations served

Communicate in writing and orally with linguistic and cultural proficiency

Solicit input from individuals and organizations for improving the health of a community

Select approaches for disseminating public health data and information

Convey data and information to professionals and the public using a variety of approaches

Communicate information to influence behavior and improve health

Facilitate communication among individuals, groups and organizations

Communicate the roles of governmental public health, health care and other partners in improving the health of a community

**Section 4: Review of understanding**

We want to make sure you have clear expectations of what the mentorship program entails so that you and your mentee have the most beneficial and positive experience possible. Please check each statement to indicate understanding and agreement.

I will commit an average of eight hours per month to attend online meetings and mentor my mentee

I will attend the two-day kick-off meeting in [city, state] in [month, year].

I am available to serve as a mentor for the entire 1.5-year period, and do not currently have plans to leave my position during this time period (e.g. retirement, move to another country, etc.); should my employment change, I will remain committed to mentoring my mentee through the duration of the program period.

I understand that I can contact the facilitating organization at any time during the course of the Mentorship Program with questions, issues or other feedback

I agree to participate in the facilitation organization progress updates and brief evaluation surveys

**To formalize your commitment,** email this completed form PDF to [receiving email address] with the subject line "Mentor Commitment" by **[month, day, year]**

Please be sure to attach your:

* Curriculum Vitae or resume

**Thank you!**

Thank you for taking the time to complete this form. The [facilitating organization] will carefully consider your submitted materials to match you with a mentee. In the interim, feel free to contact us with questions or updates at [receiving email address].

# 

# Appendix E: Sample Final Project Report Outline

**Background**

1. Information about your comprehensive cancer control (CCC) coalition or program

2. Information about the health problem in your setting

3. Information about the intended audience

4. Summary of findings from literature review and or community assessment

**Project Details**

5. Outline of project objectives and logic model

6. Description of project timeline

7. Implementation strategy

8. Key messages used for intended audience(s) OR communication strategy

9. Description of campaign materials

10. Evaluation plan, preliminary evaluation findings (if available) and dissemination strategy

**Reflections**

11. Accomplishments to date

12. Description of successes and challenges

13. Description of lessons learned about planning, implementing and evaluating a communication campaign. Can also include advice for other CCC coalitions and programs

14. Project next steps

15. MENTEES: Description of benefits and challenges of working with a mentor on health communication projects or advice for other health professionals on working with a mentor

16. MENTORS: Advice for other health professionals on working with a mentee

**References**

*Choose your preferred citation style and use consistently throughout the document*

**Appendices**

E.g. questionnaires, focus group guides, communication campaign materials, etc.