

**Comprehensive Cancer Control Plans Implementation
in Appalachian Communities Program**

Phase 2 Report

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Overview of Phase Two

This report describes the activities related to the FY09, and specifically Phase 2, including the timeline and the purpose, process and results of the mini-grant models for the forums, roundtables and storytelling events. The report includes a summary of the Second regional Appalachian Cancer Forum. Outcomes and lessons-learned are also discussed and support documents are included as an attachment.

The objectives for the second phase of the Comprehensive Cancer Control Plans Implementation in Appalachian Communities Program emerged from the original grant application awarded to East Tennessee State University (ETSU) by the Appalachian Regional Commission (ARC) in March, 2006. Program findings from Phase I included identification of unique Appalachian regional characteristics and place-based (13-state geographic, rural mountainous region) cancer disparities. The Community Cancer Control in Appalachia Forum and a Second Program Advisory Board meeting in October, 2007 led to development of an intervention framework and regionally-specific cancer control principles to be demonstrated in Phase II. This second phase used a Request for Proposal process (RFPs) to disburse small grants to engage Comprehensive Cancer Control Programs and Coalitions (CCCs) with Appalachian communities and organizations. The ETSU Office of Rural and Community Health and Community Partnerships (ETSU) promoted mixed methods to encourage participation, supported by ARC, Centers for Disease Control and Prevention (CDC) program officers, and Program Advisory Board members. The Phase II objectives included:

- To enable the Program and representatives in Appalachian states to identify special regional barriers to participation in state cancer plans,
- To define current relationships and awareness of local implementation issues, and
- To identify and promote best practices in cancer control activities across the continuum of cancer control.

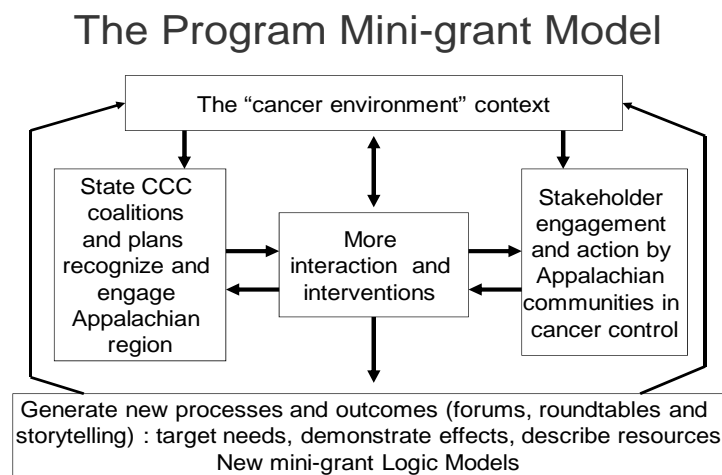
Timeline of Activities

June 2006	Award of grant from Appalachian Regional Commission
December 2007	Complete Phase I including first Advisory Board meeting and first Appalachian Cancer Forum to identify unique Appalachian characteristics and cancer control issues
October 2007	Second Program Advisory Board meeting at which Mini-grant Plan is approved
February 2008	ETSU submit logic models, DRAFT Request for Proposals and evaluation plans to ARC and CDC for Forums, Roundtables and Storytelling projects
March 2008	RFPs for Round 1 distributed to state Comprehensive Cancer Control programs and coalitions, regional Development Districts, and Advisory Board members with activity deadline for December 15, 2008
April 2008	Award of Storytelling contract to Mountain Empire Older Citizens
December 2008	Round 1 mini-grants for Roundtables (10) and Forums (3) completed, and evaluations collected
December 2008	RFPs for Round 2 distributed to state Comprehensive Cancer Control programs and coalitions with activity deadline of June 30, 2009
March 2009	Completion of three Appalachian communities storytelling projects
June 2009	Round 2 mini-grants for Roundtables (8) and Forums (3) awarded, events conducted, and evaluations completed
August 2009	Second Appalachian Cancer Forum and Third Advisory Board meeting to present and review outcomes of Phase II Mini-grant projects

The Mini-Grant Program Model: Description of the Community Engagement Models

Three mini-grant models were designed within a framework approved by the Program Advisory Board in October 2007 and approved by the Appalachian Regional Commission and Centers for Disease Control and Prevention in March 2008. The models were generated through Phase I discussions among comprehensive cancer control programs, Appalachian communities and the Program Advisory Board. This framework is shown in Figure 1 and is intended to engage Appalachian communities and state comprehensive cancer control coalitions. Cancer forums and roundtables were designed to engage state CCC programs and coalitions in discussion, assessment and planning in their Appalachian regions. The storytelling model was designed to demonstrate a means of organizing communities' concerns about cancer by taping the regional propensity for sharing stories as a means of communication, teaching and learning.

Figure 1: Program Model for Mini-Grants



Mini-grant: Replicating the Appalachian Cancer Control Forum

Purpose: To replicate the successful Appalachian Cancer Forum model conducted in 2007 to engage CCCs and Appalachian regional communities to identify and address the unique needs of the Appalachian regions in cancer control.

Process: A request for proposal for mini-grants of up to \$5,000 was distributed in two rounds, first in March and again in December, 2008. Awards were designed to reimburse CCCs or partnering community organizations for expenses of replicating the agenda of the 2007 Forum in the states' Appalachian regions. The RFP required that CCCs identify and collaborate with organizations in their Appalachian regions. Applicants committed to replicate a proscribed agenda including the following elements: regional incidence and mortality report from state cancer registry; best practice panels with speakers drawn from Appalachian region; presentation

of state cancer plan; identification of regional barriers to participation in state cancer control; and discussion of benefits of participation for Appalachian region.

Results:

1. Six forums were conducted in five states (see Table 1).
2. The forum approach was seen as a useful model for promoting communication needed to promote local cancer control implementation. After identifying several key Appalachian regional advocates and linkages through a first forum, Kentucky replicated the forum approach a second time focusing on a statewide priority, colorectal cancer. Both Virginia and North Carolina found additional resources to conduct regional cancer forums outside of their Appalachian regions.

Table 1: Mini-grant Forums

State	Date	Location	Focus	Key Partner
Kentucky	Sept 2008	Renfro Valley		KY Cancer Program
Ohio	Nov 2008	Glouster		ACS
Alabama	Nov 2008	Albertville	Hospice	Local hospice
North Carolina	April 2009	Black Mountain		ACS
Virginia	April 2009	Big Stone Gap		Area Agency on Aging
Kentucky	May 2009	Berea	Colorectal	KY Cancer Program

**Mini-Grant:
Conducting Regional Roundtable Discussions to Understand
Cancer Differences between Bordering Counties and Regions**

Purpose: To replicate the successful Appalachian Cancer Forum model conducted in 2007 to engage CCCs and Appalachian regional communities to identify and address the unique needs of the Appalachian regions in cancer control.

Process: In reviewing the mapped data presented by Dr. Joel Halverson at the first Appalachian Cancer forum, the faculty team and several participants noted counties with high cancer mortality rates contiguous with others with low cancer rates. The opposite situation was also noted. This finding promoted the development of a funding call to support Regional Cancer Roundtables that would encourage community-based regional discussions about the factors that created differences and to promote collaborative thinking between bordering counties or regions that have differences in cancer rates. Mini-grants of up to \$2,500 were announced again in two Rounds (March and December, 2008). Grants were to be awarded to community organizations like development districts in the Appalachian region with state comprehensive cancer control coalitions (CCCs) required to be participants.

Results:

1. Eighteen roundtables were conducted in seven states (see Table 2).
2. The roundtable approach was seen as helpful to CCCs and regional partners as a means of identifying local collaborators in cancer control efforts and introducing the CCC to sub-state regions.

3. Conduct of the roundtables enabled variety in community engagement models:
 - a. Single sessions targeting the full Appalachian sub-state region (Tennessee) or selected Appalachian sub-regions (New York)
 - b. Multiple sequenced roundtables (Mississippi) designed to define then plan to address specific cancer issues
 - c. Multiple consecutive roundtables to reach different Appalachian sub-regions (Kentucky). This approach was linked to an introductory regional Forum to encourage sub-regional participation in assessment and planning.
 - d. Multiple cross-state roundtables (Tri Cities Komen Affiliate) sponsored to solicit community input to update to regional cancer plans.
4. Multiple new Appalachian sub-state regional partnerships were formed. New local and Appalachian regional partners for CCCs included American Cancer Society, Komen for the Cure, Cancer Information Service affiliates, and, local colleges.

Table 2: Mini-grant Roundtable Discussions

State	Date	Location	Focus	Key Partner
Mississippi	Sept 2008	Eupora		Mississippi University for Women
Kentucky	Oct 2008	Somerset		KY Cancer Program
Kentucky	Oct 2008	Hazard		KY Cancer Program
Kentucky	Oct 2008	London		KY Cancer Program
Kentucky	Nov 2008	Paintsville		KY Cancer Program
Mississippi	Nov 2008	Webster Co.	Environmental Concerns	Mississippi University for Women
Kentucky	Nov 2008	Morehead		KY Cancer Program
Kentucky	Nov 2008	Ashland		KY Cancer Program
New York	Nov 2008	Oneonta		Delaware County Cancer Coalition
Tennessee	Nov 2008	Pigeon Forge		Rural Health Association of TN
Virginia	Jan 2009	Big Stone Gap	Breast Cancer	Komen Affiliate
Virginia	Jan 2009	Abingdon	Breast Cancer	Komen Affiliate
Tennessee	Jan 2009	Rogersville	Breast Cancer	Komen Affiliate
Tennessee	Jan 2009	Kingsport	Breast Cancer	Komen Affiliate
North Carolina	Feb 2009	Linville	Breast Cancer	Komen Affiliate
North Carolina	Feb 2009	Marshall	Breast Cancer	Komen Affiliate
New York	Mar 2008	Olean		American Cancer Society
South Carolina	May 2009	Gaffney		American Cancer Society

**Mini-Grant:
Capturing and Telling Your Community's Cancer Story**

Purpose: To explore and demonstrate the effectiveness of storytelling as a tool in cancer control in three Appalachian communities through assistance of and experienced organization in community story development, performance and dissemination process.

Process: A regional RFP was distributed within the Appalachian region in 2008. Mountain Empire Older Citizens (MEOC) of Big Stone Gap, Virginia was awarded the contract. With the assistance of CCCs and Local Development Districts, three rural Appalachian communities were

identified and trained in collecting cancer stories to turn into their community cancer story. In August, 2008, teams from three Appalachian counties Burke County (North Carolina), Webster and Wetzel Counties (West Virginia) participated in a two-day workshop with Roadside Theater trainers. The training provided intensive education and practice with the “story circle” method developed by Roadside Theater to move from collecting stories from individuals to fashioning a product based on each community’s cancer story. Each group returned home to hold story circles, determine themes, and develop a final project. Communities received some technical support and assistance from MEOC during the process. Each community received an additional \$5,000 sub-award from ETSU to offset the costs of developing, producing, and sharing their cancer story product. As part of the award, communities committed to perform and share final products with other local communities and state organizations. All three products were shared at the Second Appalachian Cancer Forum in Johnson City, Tennessee on August 4 - 5, 2009.

Results:

1. Products

- a. **Burke County, NC: Voices of Light.** This DVD has been produced with special effects (background images and music), and tells stories of hope and victory over cancer. Live actors tell their stories of experiencing and overcoming cancer, interspersed with humorous transitions.
- b. **Webster County, WV: Hope’s Café.** Set in a local diner, this one-act drama follows conversation around the diner as patrons share their own experiences and stories of cancer. Sprinkled throughout the conversation are educational bits of information and advice for cancer patients and particularly their loved ones and caretakers.
- c. **Wetzel County, WV: Our Neverending Stories.** This DVD was produced with assistance from a videographer who converted the audio files used in the project to mp3 files and spent weeks walking around town, listening to the stories and hoping to do justice to the people he knows and loves. The final product has audio recording of the stories shared in interweaving pieces throughout the show of images related to the individuals and their stories.

2. Summary of Outcomes

- a. Products are being used in multiple forums:
 - i. Burke County group shared their DVD
 1. At the North Carolina 2009 Cancer Survivor Conference
 2. By loading it onto their cancer center website to share with patients and families and the people of the world
 3. By incorporating the story circle concept into cancer support groups, allowing cancer patients, survivors, and caregivers to share their stories and continue healing and is shown to increase attendance
 - ii. The Webster County group has:
 1. Performed their drama across the state, including the state’s 2009 annual Agents of Hope Celebration Dinner
 2. Conducted additional story circles and is writing two new scripts focused on men’s cancer issues and women’s cancer concerns, one

which takes place in a barber shop, and another taking place in a beauty parlor.

- iii. The Wetzel County group DVD
 1. Was shown throughout their annual 2009 American Cancer Society Relay for Life
 2. Will serve as model for a booth to collect people's stories at the Relay for Life.
- b. Storytelling is recognized by participating communities as part of Appalachian values and an accepted means of communicating beliefs. Stories help people understand what is happening to them and telling stories is a part of their healing process. The value of closeness of family and tight-knit communities is demonstrated throughout all three products. The story projects reiterate common previously identified Appalachian place-based themes (Hutson, et. al., 2009).
- c. The products are intended to have a dual impact: to affect decision-makers and to raise community cancer awareness. Cancer education, information about screenings, risk factors, and treatment, are important messages included throughout the dramas.

Discussion of Outcomes

Participation. Evaluation forms document 578 persons attended twenty-four forums and roundtables. As anticipated, 85 percent attendees lived in Appalachian region. However, only 22% of attendees indicated membership in state cancer control coalition. No data was requested to identify participants involved in the three story telling projects, although their inclusion in statewide cancer conferences would indicate a broad number of attendees.

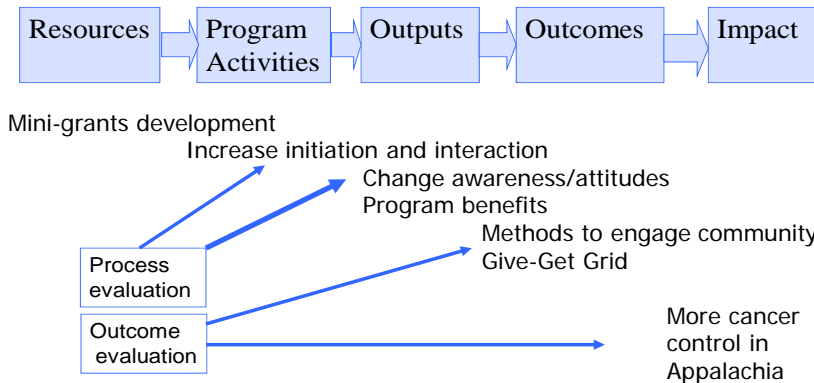
CCC program perceived benefits. ETSU made post-event evaluation calls to each CCC or the primary sub-awardee organization three months following the roundtable or forum. The following is the summarized list of perceived benefits.

- New coalition collaborations
- New members in under-represented regions of state
- New dedicated resources for cancer control in the region
- Revisions to state cancer plans
- New shared priorities for programming
- Use of data in regional presentations and planning

Costs. The cost to conduct of the forums and roundtables was very small. The average billed cost of the six full day forums was \$2,900. Note: some state CCCs and their partners made both direct (cost subsidy for the event) and indirect (meeting space, printing, etc.) contributions. Roundtable events were typically one half-day in length. The average cost for the eighteen roundtables was only \$850 (range from \$2,500 to \$425), primarily in the cost of a community meal or copying expenses. All storytelling communities were provided with direct \$5,000 contracts to support story collection and production expenses.

Figure 2: Program Logic Model

The Program Logic Model



Outcomes. Outcomes are divided into four general categories. Using the Logic Model terminology, we have identified both outcomes (short term) and potential impacts of the Mini-grant approach (See Table 3).

Table 3: Outcomes & Impacts of Mini-grant Method

<p>Short Term</p> <ul style="list-style-type: none"> -Greater visibility of Appalachian region being written into state cancer plans -Networking within own region and new contacts made at state level - Forums and roundtables as new models for engagement - New Appalachian regional cancer data - New ways to present data to community audiences - New coalition members - Adoption of other states' ideas 	<p>Unexpected</p> <ul style="list-style-type: none"> - States have adopted the forum process for other non-Appalachian regions of their states. - Discovery of best practices in Appalachian counties that had bad cancer rates - Events in states raised different themes. - There is desire to involve new partners (faith based community involvement) - New data analysis is now being done by sub-regions and expanded to include multiple-sub-state areas. New Appalachian members became active in statewide cancer control efforts - not just in own region.
<p>Long Term</p> <ul style="list-style-type: none"> -New partners in Appalachian region identified for cancer control activities (schools, preachers, rural organizations) - New regional cancer coalitions organized - Forums and roundtables seen as best practice - Awareness of differences in regional cancer and cancer care attitudes and beliefs and use in cancer messaging and campaigns 	<p>Unintended</p> <ul style="list-style-type: none"> -Universal enthusiasm for storytelling as means of involving community in cancer issues - Potential issue of provision of adequate training to effectively introduce storytelling approach

Understanding unique aspects of cancer control in Appalachia. One key objective of the program was to identify unique barriers to cancer control implementation in Appalachia. In 2007 the Advisory Board reviewed community-perceived Appalachian characteristics that would

influence participation based upon regional cancer attitudes and beliefs. As part of each roundtable and forum, participants were encouraged to complete a pre and post survey to identify their general beliefs about people and cancer issues in Appalachia. A final report of the findings is appended. A final report and discussion about the pre-survey of attitudes and beliefs was presented at the Second Appalachian Cancer Forum. An appreciation of the findings was noted as particularly helpful in developing targeted cancer control messages in the region. Among the beliefs seen as influential in messaging is regional acknowledgement that cancer is a problem in the region and that people in the region remain economically disadvantaged. Cancer is seen as fatal. Results indicate a belief that God (not themselves) determines cancer outcomes. As anticipated, Appalachian people are seen to rely more on themselves rather than the medical system. People in the region seem to tell stories (talk about cancer) rather than be silent about cancer, reinforcing the appropriateness of the storytelling small grants to demonstrate a realistic means of effectively channeling this communication.

The Second Appalachian Cancer Forum

A one and one-half day Appalachian Cancer Forum was conducted in Johnson City, Tennessee, on August 4-5, 2009. The Forum successfully created a vehicle to explore the process and outcomes of three new models of promoting interaction between the partners. Fifty-five persons attended representing thirteen forum and roundtable grantees and the three storytelling community projects, plus the larger subaward with MEOC. Ten states in the Appalachian region were represented. Participants included representatives from the state comprehensive cancer control programs or coalitions and their Appalachian community partners.

Reporting on the success of the three different types of small grant models promoted reflection, learning among state teams and identification of unique cancer control characteristics in the Appalachian regions of multiple states. The agenda was divided into distinct segments:

- ETSU overview of the program, including summary of key points from project reports;
- Presentation of the products of three storytelling projects;
- Summary presentations from twenty-four state forums and roundtables; and
- Best practice panels highlighting creative means of community-state engagement and use of cancer data to promote discussion as part of roundtables and forums.

Evaluative feedback by participants indicated satisfaction with the Regional Forum. In particular, participants enjoyed sharing ideas from each other's presentations to bring back to their coalitions to promote new relationships and networking opportunities. Though the agenda of the first day was seen as very extended, participants agreed that presentations from different states helped identify and repeat themes. Overall, participants consistently noted personal and organizational gains in learning from others through hearing about local cancer control activities in Appalachian communities.

Several key ideas emerged from the presentations and discussions, and were reinforced by the ETSU analysis of the final written reports and the regional Forum evaluations. These include:

1. The mini-grants process offered small budgets but generated many positive outcomes. Seed money and a recognized person/structure are needed to move the process forward.
2. The prescriptive forum agendas, roundtable engagement process and storytelling training and support were good and appreciated processes.
3. The location of events in recognized Appalachian sites was very important.
4. Community involvement is critical for cancer control to be effective. Encouraging local communities to identify “what works” in their communities helps form an understanding of the principles of best practices. Cancer control coalitions can use forums and roundtables to share communities’ successes in the positive context of replicability, measurement and evaluation.
5. Presentation of data excites local communities, invites comparison and focuses questions about “why are we different?”
6. People learned from each other, during their own forums and roundtables and at the Second Appalachian Cancer Forum.
7. Many existing Appalachian community cancer control activities are unknown to or not recognized by state cancer control programs. New methods are needed to find and track community-level activities.
8. New community level partnerships can be built based on concern about common cancer risk factors.
9. Local events such as forums and roundtables should expect the unexpected: organizers should be prepared for local issues that may derail the planned agenda.
10. People like to hear and tell stories about cancer. This understanding can be tapped to encourage community awareness about cancer.
11. Not everyone knows about local/regional cancer resources and best practices. There is a knowledge deficit about cancer resources available to help patients, survivors, families and providers and creative ways are needed to promote awareness.

Key elements from Best Practice Panels

Strategies described for using data to promote discussion

- | | |
|--|--|
| <ul style="list-style-type: none"> - Cancer <ul style="list-style-type: none"> o Types of cancer o Stages at diagnosis o Mortality, incidence o Risk factors - People <ul style="list-style-type: none"> o Geographic area o Race, gender, age segments - What data is presented <ul style="list-style-type: none"> o Numbers/counts o Rates o Trends | <ul style="list-style-type: none"> - How data is presented <ul style="list-style-type: none"> o Charts o Graphs o Maps o Simple statements and comparisons - Do numbers lead to questions of “why” and “so what”? - Do numbers lead to <ul style="list-style-type: none"> o Awareness of risk o Perception of “death warrant” |
|--|--|

Strategies described for engaging communities involvement

Unique	Kept momentum from roundtables Large participation Piggy-backed on another Association meeting Focused on one county	Long-term Benefits New cancer coalition Shared resources Relationships/networks Developing programs Current/future plans affected Give/Get model Annual dialogue
Lessons	Enhanced local participation Face-to-face much better Enhanced local participation	Include Appalachia in existing/future plans/models

Phase II Lessons Learned

The concepts carried out in Phase II were not only good in theory, but in practice. All sub-awardees reflected on the positive impact the events had on comprehensive cancer control in their state. Several liked the process, and particularly appreciated the prescriptive plan – giving guidelines for what to include and share, with enough flexibility to tailor presentation and style to each group/event. Kentucky and Virginia have adopted the model and copied it across their states for use in non-Appalachian areas using their own funds, or those from another source. We have learned through trial-and-error, observations and feedback how this process was effective, and how it might be improved.

Lesson 1: A lot can be accomplished with a little bit of investment.

With time concerns in mind, we were excited to realize what a tremendous amount of engagement can be fostered with very little money. Two sub-awardees were able to use their small amounts of funding, \$2,500, to cover expenses for six roundtable discussions. Both Kentucky and the Tri-Cities Affiliate of the Komen Foundation (serving a tri-state area) were able to gather people, gain information, and use that information to directly inform their plans. In Kentucky the organizers considered the data and listened to their participants to develop a strong focus on colorectal cancer in their state, which directed how the Kentucky Cancer Program shared its funds. The Komen Foundation used what they heard at the six roundtables in two weeks to directly inform their funding priorities for the next few years – putting the greatest amount of their funds into supporting screening efforts. Throughout Appalachia organizers were able to listen to participants and take that information back to their offices with only small financial investments in the outset. Feedback from sub-awardees during the Second Appalachian Regional Cancer Forum reflected these thoughts, indicating surprise that so much could be accomplished with so little. This was particularly gratifying to hear from sub-awardees who initially scoffed at the idea of the small monies available.

Lesson 2: If you want local success, involve a successful local advocate or organization.

We noted the importance of having a local person organize the events. Local people know best locations for meetings, how to balance attendance to avoid narrow biases, and how to be inclusive in invitations to important groups. Local organizers tend to recognize local calendars

and have an awareness of times of day and days of the week most-likely to accommodate attendance. Local organizers are also aware of informal methods to encourage individual attendance. These local organizers were represented by both comprehensive cancer control regional paid staff, by local representatives of national cancer partners, or by local community volunteers interested in cancer issues.

One thing that would assist these organizers is to require them to “think outside of the box” – which can be a danger if the same people are doing the same things they already do. With its somewhat-proscriptive nature this process has addressed this concern, but further direction may still be helpful. For example, some organizers publicized these roundtables and forums the same way they publicize other events, to the same general groups of people. Not surprisingly, the organizers who did things the same way they had always done ended up with the same crowds they always had. The most effective organizers were those who employed multiple communication methods. Perhaps the best way to address is this to require organizers to employ two or three methods of invitation and communication, and to offer categories or other guidelines that would ensure the message reaches new people. In that way the local person can still make decisions based on the unique aspects of their community without being constrained by those familiarities.

Lesson 3: People like to gather new information.

Not surprisingly, every participant reported leaving the roundtable or forum with new information to aid their cancer control efforts. Participants networked and shared information about resources, as well as ideas. Perhaps the most important result from these events is the networking that occurred. We were reminded of the importance of getting people together face-to-face and the tremendous impact it can have. Another observation was the importance of local community cancer advocates meeting state comprehensive cancer control and registry personnel in their own communities – garnering recognition of the distance, geographic and rural issues faced by Appalachians.

Lesson 4: Applicants and potential applicants felt they needed more time to plan and implement.

More time was required than planned for multiple aspects of the mini-grant effort. Proposal deadlines seemed accelerated for some applicants, leading some organizations not to apply. Interestingly, some potential applicants who felt the time frame was too short in our first round of funding did not return to submit proposals even when a second round was announced. The most common reason cited was insufficient time to plan, conduct the event, and report on findings. Some interested organizations cited the timing was out of sequence with their annual workplans. Finally, for some community applicants, grant preparation was an unfamiliar task. The amount and intensity of assistance provided by ETSU varied, something unexpected as part of the original grantmaking plan. Future proposals, contracts, and final reports requirements could scaled back to require smaller amounts of time that could be devoted to even more event planning.

Lesson 5: Be clear, be transparent, and be flexible.

Throughout Phase II we were able to keep up with challenges and concerns and were better prepared for those. Despite the prescriptive nature of the RFPs, we regularly found ourselves

assisting applicants to discern what was required. Challenges included encouraging applicants to access their own cancer registry data, ideas on how and who to invite to participate, sharing ideas of other event partnership configurations, agenda review, ensuring completion of evaluation forms, contracting details, and documentation of meetings as part of final report process.

Lesson 6: Cost-reimbursement contracts can be confusing, and difficult to administer for some awardees.

A large challenge during Phase II was the sub-award process. State regulations dictated the ETUS organization, financial and contracting protocols for awarding money. The documentation and processes proved time consuming and difficult for a few sub-awardees. Cost-reimbursement contracts became an issue for community-based sub-awardees. Community-based groups did not have unrestricted cash to pay costs related to roundtables, forums and storytelling projects and await payment upon submission of invoices. Sub-awardees were required to leverage local sources of support to supply short term cash needs. This was an unintended benefit for the community

Lesson 7: Local views of cancer causes and solutions are varied but follow some common themes.

Appalachian perceptions about cancer have been formed over time, through personal and community experience, and are often unexpectedly place-bound. One example that was consistently raised was environmental causation. The example of Webster County, Mississippi, was instructive to future events. Participants in a first roundtable expressed so much concern about suspected relationships between municipal water supply and cancer rates that the organizers researched local and state water supply data and amended its second roundtable agenda to include the mayor's to respond to concerns. Similarly, central New York participants expressed concern about Radon levels in their area and the likelihood that those levels cause lung cancer. The roundtable moderator was aware of lung cancer comparative statistics and thus able to respond. Acknowledging the theme may be an important lesson, as is the need to be prepared for the surrounding discussions.

Parallel situations were regularly encountered. Appalachian community members, organizational staff, and state employees alike hold hope for deployment of mobile screening units. Questions about availability and regional use of these units spurred questions and positive comments about bringing healthcare closer to home and reducing distance barriers for care.

Lesson 8: Attention to the events and success of engagement is more likely if it is part of someone's on-going agenda.

These forums and roundtables fit into cancer control activities with little adjusting, particularly in Round 2. Most sub-awardees agreed that having earlier notice about these events would be helpful and allow the event to fit into their fiscal year and plans even better. However, as event organizers got more invested in the project, they received stronger and better rewards and involvement by all. Many reported they would be happy to have this opportunity again, and some have continued using this model with other sources of funding throughout their Appalachian regions and across their states.

Appended Materials

Summaries of Appalachian Cancer Roundtables and Forums

Agenda of Second Appalachian Regional Cancer Forum, Johnson City, TN, July 21-22, 2009

Comprehensive Cancer Control in Appalachia Report, October 2008

Evaluation report from of Second Forum

Ideas Learned at the Appalachian Cancer Control Forum That I Will Take Home for Use