

Cancer Control P.L.A.N.E.T. Evaluation Final Report

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The findings and conclusions in this report are those of the authors and do not necessarily represent the views of the funding agency.

November 2007

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EXECUTIVE SUMMARY

The Cancer Control P.L.A.N.E.T. Web portal was launched in 2003 to provide easy access to data and resources that can assist cancer professionals in the design, implementation, and evaluation of evidence-based cancer control programs. The National Cancer Institute contracted with a private research corporation to evaluate whether Cancer Control P.L.A.N.E.T. achieved its goals during the first three years of operation and to provide the foundation and infrastructure for evaluating long-term outcomes over the next several years. The following eight study questions concerning the usability, awareness, and utilization of Cancer Control P.L.A.N.E.T. guided the evaluation:

1. Are the information and tools included in Cancer Control P.L.A.N.E.T. rated by users as accessible, user-friendly, and useful?
2. To what extent are cancer control researchers, practitioners, and Federal program staff aware of the resources available on Cancer Control P.L.A.N.E.T.?
3. How has utilization of Cancer Control P.L.A.N.E.T. changed over time, and what factors are related to utilization patterns?
4. To what extent has Cancer Control P.L.A.N.E.T. been effective in assisting researchers, practitioners, and Federal program staff in prioritizing Cancer Control efforts?
5. To what extent has Cancer Control P.L.A.N.E.T. been effective in fostering partnerships among researchers and practitioners?
6. To what extent has Cancer Control P.L.A.N.E.T. been effective in increasing knowledge and utilization of evidence-based Cancer Control and prevention practices?
7. To what extent has Cancer Control P.L.A.N.E.T. been effective in increasing knowledge and utilization of evidence-based programs?
8. To what extent has Cancer Control P.L.A.N.E.T. been effective in guiding the development, implementation, and evaluation of State comprehensive Cancer Control plans?

The Cancer Control P.L.A.N.E.T. Web portal is designed so that visitors may navigate (using the left hand side of the home page) to access a stepwise approach to developing a comprehensive cancer control program. Visitors may navigate (using the right hand side of the home page) to access specific information tailored to a particular cancer control topic such as breast cancer, sun safety, or tobacco control. The stepwise approach comprises five steps for developing a comprehensive cancer control program. The steps include (1) creating *State Cancer Profiles*, (2) Finding *Cancer Control*

Partners, (3) *Obtaining Evidence Reviews*, (4) *Accessing Research-Tested Intervention Programs (RTIPs)*, and (5) *Planning and Evaluating Comprehensive Cancer Control Programs*. Each step further links the user to a Web site sponsored by one or more of a consortium of agencies, including the NCI, the Centers for Disease Control and Prevention (CDC), the American Cancer Society (ACS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the American College of Surgeons Commission on Cancer (CoC), and/or the Agency for Healthcare Research Quality (AHRQ). Improvements have been and will continue to be made to each of these steps over the lifetime of Cancer Control P.L.A.N.E.T., and new agency partners may be added as new collaborative relationships are developed.

The evaluation had access to four data sources in this Cancer Control P.L.A.N.E.T. preliminary evaluation effort. The data sources included (1) Web server transaction logs from April 2003 through December 2006 for both Cancer Control P.L.A.N.E.T. and the RTIPs Web site, (2) the Assessment of Intermediate Outcomes (AIO) Web survey, launched in December 2006, of people who had attended a Cancer Control P.L.A.N.E.T. training, (3) the Usability and Consumer Satisfaction (UCS) Web survey, launched in December 2006, of visitors to the Cancer Control P.L.A.N.E.T. Web site, and (4) NCI RTIPs requests data logs from May 2003 through December 2006 for both Cancer Control P.L.A.N.E.T. and the RTIPs web site. The UCS Web survey was designed to answer study questions 1, 2, and 3. The AIO Web survey was designed to answer study questions 4, 5, 6, 7, and 8. Data from Web usage and RTIPs requests address study questions 3 and 7.

Many trainings and exhibits, organized by NCI, have taken place to facilitate use and awareness of Cancer Control P.L.A.N.E.T. Trainings focus on teaching users how to get the most out of the resources provided by Cancer Control P.L.A.N.E.T. to enhance their work in cancer prevention and control. Exhibits are staffed by NCI and other national partners and focus on providing conference attendees with information about the Web portal.

Findings. In addition to the eight study questions, the four data sources were examined to address three basic questions: who is using the Cancer Control P.L.A.N.E.T. Web portal, how is the Web portal is being used, and how have changes to the Web portal influenced its use. Descriptive information about who is using Cancer Control P.L.A.N.E.T. suggests that users were mostly female, White, between the ages of 41 and 60, and had Graduate or professional degrees. Users of the Cancer Control P.L.A.N.E.T. Web portal were not utilizing the Cancer Control P.L.A.N.E.T. resources by accessing the five steps in sequence. Users were most interested in the Diet/Nutrition and Breast Cancer Screening topic areas, the *State Cancer Profiles* (Step 1), and the *Guide to Community Preventive Services* (Step 3). Users were least interested in finding cancer control program or research partners (Step 2), and in the tools for

planning, implementing, and evaluating comprehensive cancer control programs (Step 5). Respondents may not have been interested in Step 5 because, when they accessed the Web portal, this has to date been the least developed component. As the number of features in various steps increased, so did the amount of use. Therefore, changes to Cancer Control P.L.A.N.E.T. do seem to have influenced its use and may be expected to do so in the future.

Users found the information and tools on Cancer Control P.L.A.N.E.T. accessible, user-friendly, and useful. The majority of UCS survey respondents strongly agreed that the purpose of the Web portal was clear (59.2%), that the information on the Web site was relevant to their work (69.8%), and that they would visit the Web site again (69.0%). The UCS survey respondents found each of the five components of Cancer Control P.L.A.N.E.T. very useful (ranging from 25.0% to 36.2%). Reports of usefulness of the various components, however, did not correspond to their frequencies of use. Results indicated that, while all of the steps were reported to be very useful, they were not used at the same frequency. The UCS survey respondents reported using the *Cancer Control Partners* (Step 2) component the least (22.7% did not use this feature).

Cancer control researchers, practitioners, and Federal program staff are aware of the resources available on Cancer Control P.L.A.N.E.T. NCI's outreach activities such as trainings, presentations, and exhibits have greatly increased user awareness and knowledge about the Web portal. The majority of AIO survey respondents found out about Cancer Control P.L.A.N.E.T. from trainings (63.8%) and the majority of UCS survey respondents found out about the Web portal from trainings (39.4%) and exhibits (31.4%). However, 10 states did not participate in the Web surveys and it is unclear if cancer control professionals from these states are aware of the resources available on Cancer Control P.L.A.N.E.T.

Whether the utilization of Cancer Control P.L.A.N.E.T. has changed over time and what factors are related to utilization are unclear. Because visits to the Web portal and RTIP requests increased steadily over time, the suggestion is that NCI outreach activities, such as trainings and exhibits, are associated with increased use. Web usage or NCI RTIPs requests data could not be used to determine whether the characteristics of visitors influenced how they used Cancer Control P.L.A.N.E.T. because confidentiality issues prevented the tracking of Internet Protocol (IP) addresses. Furthermore, information about Cancer Control P.L.A.N.E.T. utilization patterns over the study period was not available from the Web surveys, because these surveys have only been administered once and did not ask respondents when they utilized the resources available through the Cancer Control P.L.A.N.E.T. Web portal.

The impact Cancer Control P.L.A.N.E.T. has had on priority cancer control efforts among researchers, practitioners, and Federal program staff is unclear. Only four AIO survey respondents reported using the information obtained from Cancer Control P.L.A.N.E.T. to fully implement a cancer control program. However, most AIO survey respondents reported that they have been involved in the process of planning and developing cancer control programs and were likely to use resources obtained from the Web portal as references.

Partnerships among researchers and practitioners have not been fostered by Cancer Control P.L.A.N.E.T. Results from the AIO survey suggest that information from the *Cancer Control Partners* has not been widely used by respondents. Only 8 respondents out of a total of 111 listed as partners for research or program collaboration were contacted by Cancer Control P.L.A.N.E.T. users for collaboration or partnership purposes. Results from the UCS Survey indicate that 32 respondents used information obtained from Cancer Control P.L.A.N.E.T. to identify program or community partners. However, UCS survey respondents were not asked any other questions about this feature.

Cancer Control P.L.A.N.E.T. has been somewhat effective in increasing knowledge and utilization of evidence-based Cancer Control and prevention practices. Users of the *Guide to Community Preventive Services* were most likely to use information for planning and training purposes and users of the *Guide to Clinical Preventive Services* were most likely to use such information for State plans, projects, or other interventions. However, a considerable portion of AIO respondents have not used the *Guide to Community Preventive Services* (31.2%) and *Guide to Clinical Preventive Services* (52.0%) for their work.

Knowledge and utilization of evidence-based programs have increased in the target audience of Cancer Control P.L.A.N.E.T. The number of evidence-based programs or RTIPs requested through the NCI warehouse increased steadily over the study period with customers who identified themselves as belonging to professional organizations or educational institutions requesting the most RTIPs. Diet/Nutrition programs were the most popular with 515 ordered in December 2006.

Most cancer control professionals have not been guided through the development, implementation, and evaluation of State comprehensive Cancer Control plans by Cancer Control P.L.A.N.E.T. Less than 30 percent of AIO survey respondents used the tools available through Step 5 for program planning and evaluation. A possible explanation is that Step 5 is the least developed component of the Cancer Control P.L.A.N.E.T. Web portal.

Recommendations. Recommendations for continuing to provide cancer control professionals easy access to more data and resources, broadening access to the target audience, and helping cancer control professionals design, implement, and evaluate evidence-based cancer control programs include:

- Continue to add RTIPs because this resource was valuable to users;
- Reassess *Cancer Control Partners* in order to increase utilization;
- Target 10 States who did not participate in the Web surveys in order to determine if Cancer Control P.L.A.N.E.T. assisted professionals from these States;
- Enhance mechanisms for information dissemination about Cancer Control P.L.A.N.E.T. to reach entire target audience; and
- Track historical and media attention to events related to cancer control to take advantage of opportunities for promotion of Cancer Control P.L.A.N.E.T.

Recommendations for developing the foundation and infrastructure of a future long-term evaluation include:

- Combine the AIO and UCS surveys because respondents were similar
- In order to identify factors influencing utilization:
 - Revise the questionnaire to include questions about whether and when visitors used particular features
 - Collect more information about the characteristics of RTIPs users
 - Collect more information about the characteristics of Cancer Control P.L.A.N.E.T. training attendees
 - Collect more information about the characteristics of Cancer Control P.L.A.N.E.T. visitors
 - Collect more information from nonusers of Cancer Control P.L.A.N.E.T.
- Collect longitudinal data and conduct qualitative interviews in order to determine how usage changes over time and to identify other factors influencing utilization

Description of Report. This report is organized into five chapters. The first chapter is an introduction providing the eight study questions which the preliminary evaluation hopes to address, information specific to the five suggested steps in the process for using Cancer Control P.L.A.N.E.T., and an explanation of a timeline detailing the development and evolution of the Web portal. Chapter 2 focuses on the methodology of the preliminary evaluation, explaining each of the four data sources and the

relationship of each of the four data sources to the study questions. Two of these data sources were Web surveys, so respondent characteristics for both are included in this chapter. Chapter 3 presents the results from the descriptive analysis of the data obtained from the four data sources. Based on the information gained from these data analyses, Chapter 4 provides a discussion and summaries speaking to each of the study questions. Finally, recommendations for Cancer Control P.L.A.N.E.T. and recommendations for the long-term evaluation are listed in Chapter 5. The appendixes to the report contain lists of Cancer Control P.L.A.N.E.T. trainings and exhibits, versions of the Web survey questionnaires, materials used for Web survey questionnaire testing and related reports, final Web survey materials, and tables and figures of the data.

ACRONYM LIST

ACS	American Cancer Society
AHRQ	Agency for Healthcare Research Quality
AIO	Assessment of Intermediate Outcomes
CDC	Centers for Disease Control and Prevention
CIS	Cancer Information Service
CoC	American College of Surgeons Commission on Cancer
DCCPS	Division of Cancer Control and Population Sciences
DL	Number of downloads
IP address	Internet Protocol address
NCI	National Cancer Institute
NIH	Federal (research) agency
NREPP	National Registry of Effective Programs and Practices
P.L.A.N.E.T.	Plan, Link, Act, Network with Evidence-based Tools
PV	Number of product previews
RTIPs	Research-Tested Intervention Programs
SAMHSA	Substance Abuse and Mental Health Services Administration
UCS	Usability and Customer Satisfaction
VW	Number of program summary views
WEB	Number of users redirected to a developer's web site

1. INTRODUCTION

Cancer control planners, program staff, and researchers strive to reduce cancer risk, the number of new cancer cases, and the number of deaths from cancer, as well as to enhance the quality of life for cancer survivors. However, many of these professionals do not have easy access to resources to identify, access, and use evidence-based interventions. The Cancer Control Plan, Link, Act, Network with Evidence-based Tools (P.L.A.N.E.T.) Web portal was conceived by the National Cancer Institute (NCI) to provide easy access to data and resources that can help cancer professionals design, implement, and evaluate evidence-based cancer control programs. The Cancer Control P.L.A.N.E.T. is sponsored by a consortium of partner agencies that includes the NCI, the Centers for Disease Control and Prevention (CDC), the American Cancer Society (ACS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the American College of Surgeons Commission on Cancer (CoC), and the Agency for Healthcare Research Quality (AHRQ).

Since the Cancer Control P.L.A.N.E.T. Web portal was launched in 2003, many people have visited the Web site and many features have been added. However, it remains unclear whether providing information through the Web portal is meeting the needs of its target audiences (e.g., cancer control planners, program staff, and researchers). NCI contracted a private research corporation to evaluate the process of use and intermediate outcomes of the Cancer Control P.L.A.N.E.T. Web portal.

To date, there has been no formal evaluation of Cancer Control P.L.A.N.E.T. The results of this evaluation will be used to assess the extent to which Cancer Control P.L.A.N.E.T. achieved its goals during the first 3 years of operation, and to provide the foundation and infrastructure for evaluating long-term outcomes over the next several years. Feedback obtained during this evaluation will also be used for product improvements and to inform future dissemination activities. It is anticipated that the methodology and results of this evaluation will be useful to members of other branches of the NCI, program partners, and organizations interested in promoting research dissemination in a particular area and/or evaluating the success of other Web-based programs. This preliminary evaluation of Cancer Control P.L.A.N.E.T. will answer eight study questions:

1. Are the information and tools included in Cancer Control P.L.A.N.E.T. rated by users as accessible, user-friendly, and useful?
2. To what extent are cancer control researchers, practitioners, and Federal program staff aware of the resources available on Cancer Control P.L.A.N.E.T.?

3. How has utilization of Cancer Control P.L.A.N.E.T. changed over time, and what factors are related to utilization patterns?
4. To what extent has Cancer Control P.L.A.N.E.T. been effective in assisting researchers, practitioners, and Federal program staff in prioritizing Cancer Control efforts?
5. To what extent has Cancer Control P.L.A.N.E.T. been effective in fostering partnerships among researchers and practitioners?
6. To what extent has Cancer Control P.L.A.N.E.T. been effective in increasing knowledge and utilization of evidence-based Cancer Control and prevention practices?
7. To what extent has Cancer Control P.L.A.N.E.T. been effective in increasing knowledge and utilization of evidence-based programs?
8. To what extent has Cancer Control P.L.A.N.E.T. been effective in guiding the development, implementation, and evaluation of state comprehensive Cancer Control plans?

This report begins with background information on Cancer Control P.L.A.N.E.T. including a description of the Web portal's development and expansion and a description of training and dissemination efforts. The appendices referred to in Chapter 1 include lists of Cancer Control P.L.A.N.E.T. trainings and exhibits. Chapter 2 describes the methodology for the evaluation, including Web usage data, descriptions of two Web surveys, and evidence-based program request data. The appendices discussed in Chapter 2 include versions of the questionnaires, materials used for questionnaire testing and related reports, and final survey materials. Chapter 3 presents the study findings and the appendices mentioned are primarily additional tables and figures of the data. The report ends with a summary and conclusions in Chapter 4 and recommendations in Chapter 5.

1.1 Background

The Cancer Control P.L.A.N.E.T. is a Web-based repository of evidence-based cancer control resources designed to provide cancer control planners, program staff, researchers, and others involved in the design, implementation, and evaluation of cancer control programs with the information they need to implement and evaluate effective Cancer Control intervention strategies. The Web portal is located on the Internet at <http://cancercontrolplanet.cancer.gov/>. Cancer Control P.L.A.N.E.T. was designed so that visitors may also navigate (using the left hand side of the home page) to access a stepwise approach to developing a comprehensive cancer control program. Visitors may also navigate

(using the right hand side of the home page) to access specific information tailored to a particular cancer control topic such as breast cancer, sun safety, or tobacco control.

The stepwise approach comprises five steps for developing a comprehensive cancer control program. The steps include (1) creating *State Cancer Profiles*, (2) finding Cancer Control Partners, (3) obtaining Evidence Reviews, (4) accessing Research-Tested Intervention Programs (RTIPs), and Planning and Evaluation Comprehensive Cancer Control Programs (Step 5). Each step links the user to a Web site sponsored by one or more of the national partners.

Step 1: *State Cancer Profiles*. A user of Cancer Control P.L.A.N.E.T. can assess whether a proposed program is targeting the appropriate population by using the *State Cancer Profiles* to identify high-risk populations. The *State Cancer Profiles* provide data from NCI, as well as from the CDC at the state and county level for select types of cancer and for select behavioral risk factors. In addition, the *State Cancer Profiles* provide users with information in the format of quick profiles, comparison tables, interactive graphs and maps, and support data. Quick profiles provide rate/trend comparison data at the state and county level for a selected cancer. Comparison tables provide rate/trend comparisons, death rates, and incidence and mortality rates. Interactive graphs and maps provide 5-year rate changes, historical trends, comparative data displays (micromaps). Support data provide screening and risk factors, demographic data, and peer counties based on user specified criteria.

Step 2: Cancer Control Partners. Through Step 2, Cancer Control P.L.A.N.E.T. attempts to facilitate linkages among similarly interested groups. Cancer Control P.L.A.N.E.T. provides contact information for potential research and program partners from the American Cancer Society's Regional Cancer Control Planners, CDC's Comprehensive Cancer Control Network, American College of Surgeons Commission on Cancer's state liaisons, and NCI's CIS, as well as local researchers funded by ACS, AHRQ, CDC, and NCI. Users decide whether they want to locate a program or research partner. If they are looking for a program partner, they are asked to select a state and are given a list of potential program partners for that state. If users want to locate a research partner, they can first choose the state or territory of interest and then choose from a topic list before being shown a list of potential research partners or get a list of all topic experts. For example, a user could choose Florida and then view potential research partners for a particular topic such as biobehavioral research, cancer screening promotion, diet/nutrition, epidemiology, health communications and informatics, health services research, informed and shared decisionmaking, physical activity, sun safety promotion, survivorship, or tobacco control.

Step 3: Evidence Reviews. This section of Cancer Control P.L.A.N.E.T. provides users with access to systematic evidence reviews of scientific publications that are relevant to the prevention and

early detection of cancer. Systematic reviews of the scientific literature differ from narrative reviews primarily by explicitly defining the inclusion and exclusion criteria, based on the scientific rigor of the studies. As such, the systematic reviews assist in promoting interventions deserving of more widespread programmatic and policy implementation. The systematic reviews available through Cancer Control P.L.A.N.E.T. were chosen based on the clarity of the review process and include the *Guide to Community Preventive Services* (Zaza, Briss, and Harris, 2005), the *Guide to Clinical Preventive Services* (U.S. Preventive Services Task Force, 2004), as well as additional research evidence reviews. The *Guide to Community Preventive Services* is sponsored by the CDC and makes recommendations for population-based intervention approaches. The *Guide to Clinical Preventive Services* is made available by AHRQ and consists of task force recommendations on screening, counseling, and medication regimens. The additional research evidence reviews provide information on treating tobacco use and dependence.

Step 4: Research-Tested Intervention Programs (RTIPs). Research-Tested Intervention Programs (RTIPs) are an additional source of information Cancer Control P.L.A.N.E.T. provides. RTIPs are based on peer-reviewed cancer prevention and control research grants and peer-reviewed publications of the intervention outcome data. All RTIPs programs are made available by the project principal investigators with support from NCI and SAMHSA providing a program summary that allows users to make an informed decision about the programs appropriateness for a specific setting. Program materials (booklets, flyers, videos, training manuals, etc.) are either made available free of charge or can be ordered directly from the developer based on the program copyright status. All programs can be previewed and free programs can be downloaded or ordered from the NCI publication warehouse. As of December 2006, a total of 64 RTIPs in eight topic areas could be requested through the Cancer Control P.L.A.N.E.T. Web portal.

Step 5: Planning and Evaluating Comprehensive Cancer Control Programs. Cancer Control P.L.A.N.E.T. helps users plan, implement, and evaluate their programs by providing the following resources: *Comprehensive Cancer Control Plans* from States, tribes, and territories; *Guidance for Comprehensive Cancer Control Planning*, which are guidelines for developing a comprehensive Cancer Control plan made available by the CDC; and *Put Prevention into Practice*, which provides guidance for linking research and clinical practice made available by AHRQ. This is the least developed component of the Cancer Control P.L.A.N.E.T. Web portal and efforts are currently underway to develop additional tools to help States plan, implement, and evaluate their comprehensive cancer control initiatives.

1.2 Development and Evolution of Cancer Control P.L.A.N.E.T.

Significant changes have occurred since Cancer Control P.L.A.N.E.T. was launched in April 2003. These changes include additional topic areas, more partners, and new Cancer Control materials. Many trainings and exhibits, organized by NCI, have taken place to facilitate use and awareness of Cancer Control P.L.A.N.E.T. The trainings focus on teaching users how to get the most out of the resources that Cancer Control P.L.A.N.E.T. provides to enhance their work in cancer prevention and control. Exhibits have been staffed by NCI and other national partners and provide conference attendees with handouts about the Web site, demonstrations on the portal, as well as with the opportunity to ask questions about the Web portal. The first presentation about Cancer Control P.L.A.N.E.T. was given to CIS Program Directors in October 2002 before the Web portal was launched. Since then, a total of 65 trainings have been conducted in a variety of venues including universities, conferences, and Federal agencies. A detailed list of trainings including dates, type of audience, and number of attendees is provided in Appendix A. A total of 27 Cancer Control P.L.A.N.E.T. exhibits have taken place since the Web portal was launched. A list of these exhibits including dates, locations, and type of exhibit can be found in Appendix B.

2001-2003. The concept for the development of Cancer Control P.L.A.N.E.T. began with the recognized need to disseminate cancer control data and evidence-based intervention programs that had been developed and tested by NCI's Division of Cancer Control and Population Sciences (DCCPS) funded researchers. With respect to intervention programs, in 2001 and 2002, NCI staff began exploring how to request cancer control intervention programs from investigators who had completed their research evaluation, and how to make these programs available via the Web. This was a novel concept to investigators as they had historically submitted final reports to NCI program directors and were not asked to supply program materials as part of their final report. They had never been asked to support further dissemination of their completed research. NCI was cognizant that requesting this information could pose a burden to investigators and program directors and worked to develop a system that would minimize this burden.

In 2002, NCI partnered with SAMHSA's National Registry of Effective Programs and Practices (NREPP) so that they could benefit from the existing review process that NREPP had developed for rating evidence-based programs. NCI, as a research organization, did not want to recommend specific evidence-based programs to community practitioners but wanted to provide information about the intervention impact and the quality of the research design that would allow practitioners to make an informed decision about the most appropriate programs for their settings. Step 4 of Cancer Control

P.L.A.N.E.T., the Research-Tested Intervention Programs (RTIPs) Web site, was well on the way to development.

While RTIPs were being developed, NCI and CDC were collaborating on the development of a different Web product. Staff from DCCPS's Surveillance Research Program were working with CDC's National Program of Cancer Registries to develop an interactive tool that would allow community practitioners to access state and local level cancer and behavioral risk factor data in an easy to use format. Both RTIPs and *State Cancer Profiles* shared a common audience, the State Comprehensive Cancer Control community and national partners. Working with these groups, NCI realized that these tools could either compete for exposure or could be presented together as complementary tools. The national partners decided to develop a more comprehensive cancer control planning tool and the concept for Cancer Control P.L.A.N.E.T. emerged. Based on focus groups and usability testing, the additional steps on the Cancer Control P.L.A.N.E.T. were developed.

When Cancer Control P.L.A.N.E.T. was launched in 2003, the site had two cancer topic areas: Tobacco and Physical Activity. Step 2 included program partners from the ACS, CDC, and NCI. Step 3 provided access to the *Guide to Community Preventive Services*, which had complete reviews for the two topic areas. Step 4 had RTIPs programs for Tobacco and Physical Activity and listed future topic areas. Step 5 linked the user to the CDC Guidance Document for Comprehensive Cancer Control Planning. Usability testing has continuously informed the design of the site and has been conducted whenever additional features and topic areas were added to the site.

2004. In 2004, considerable content was added to the Web portal. New topic areas on Breast Cancer Screening, Cervical Cancer Screening, Diet/Nutrition, and Sun Safety were added to Cancer Control P.L.A.N.E.T. AHRQ became a new partner when its *Guide to Clinical Preventive Services* was added to Step 3 and *Put Prevention Into Practice* was added to Step 5. The site expanded to include research partners on Step 2, additional evidence reviews on Step 3 (where drafts of the Community Guide's Cancer Screening findings were posted prior to being published in the Guide), and State, tribal, and territorial cancer control plans on Step 5. At the end of the year, Informed Decision Making for Cancer Screening was added as a new topic area to the Cancer Control P.L.A.N.E.T. site.

2005. Additional features were added to the Web portal in 2005. A fact sheet, which provides a one-page overview of the five features of the Web portal, became available on the Web portal in a PDF format. On-line training on how to get the most from the resources Cancer Control P.L.A.N.E.T. provides was added to the Web portal so that individuals could train at their own speed from their office or home without having to travel to in-person trainings. Colorectal Cancer Screening was added as a topic

area to Cancer Control P.L.A.N.E.T. in 2005 as well. Finally, readability scores for all RTIPs program products that are delivered to the public were posted along with a protocol for how the scores were calculated.

2006. In 2006, “Using What Works” was added to the RTIPs Web site. This feature is a train-the-trainer module that walks users through adapting an evidence-based intervention to their situations.

The crosswalk between the *Guide to Community Prevention Services* (Step 3) and the Research-tested Intervention Programs Web site (Step 4) was also implemented. This feature allows users reviewing the Guide to Community Preventive Services Web site on Step 3 of Cancer Control P.L.A.N.E.T. to link to research tested program examples from RTIPs in the Cancer, Nutrition, Physical Activity, and Tobacco sections. Users reviewing programs in the Research-tested Intervention Programs Web site on Step 4 of Cancer Control P.L.A.N.E.T. could also link directly to Community Guide findings for the systematic review of the research evidence for similar interventions.

The CoC was also added as a new partner on Cancer Control P.L.A.N.E.T. Most recently the state liaison physicians were trained to navigate Cancer Control P.L.A.N.E.T. and were added as program partners on Step 2. Finally, in 2006, a listserv was launched that allowed individuals to sign up for monthly email updates from Cancer Control P.L.A.N.E.T.

2. METHODOLOGY

This evaluation of Cancer Control P.L.A.N.E.T. uses four data sources: Web usage data for both the Cancer Control P.L.A.N.E.T. Web portal as well as the RTIPs Web site, the Assessment of Intermediate Outcomes (AIO) Survey, the Usability and Customer Satisfaction (UCS) Survey, and Research-Tested Intervention Programs (RTIPs) request data. The RTIPs Web site is available through the Cancer Control P.L.A.N.E.T. Web portal but is a separate Web site with independent usage data.

For purposes of this evaluation, Web server transaction logs for both the Cancer Control P.L.A.N.E.T. Web portal and the RTIPs Web site were examined. Both the AIO and UCS Surveys, initially developed by an NCI fellow, were tested and refined. Data logs of RTIPs requests were obtained and reviewed. Table 2-1 presents a brief description of each data source as well as the study question each data source was intended to answer. This chapter presents more detail on the methodology associated with each of these data sources.

Table 2-1. Cancer Control P.L.A.N.E.T. evaluation data sources

Data source	Brief description	Study question
Web Usage Data	Web server transaction logs	3, 7
AIO Survey	In-depth survey of individuals who attended Cancer Control P.L.A.N.E.T. trainings	4,5,6,7,8
UCS Survey	Brief survey of Cancer Control P.L.A.N.E.T. users	1,2,3
RTIPs Requests Data	NCI RTIPs requests logs	3, 7

2.1 Web Usage Data

The source of Web usage data for the RTIPs Web site is the monthly Web usage trends reports generated by NCI. The source of Web usage data for Cancer Control P.L.A.N.E.T. is the AWStats reports.

The monthly Web usage trends reports generated by NCI provide the RTIPs Web site usage statistics for a given month. These monthly reports cover the period from October 2003 to December 2006. There is a break in the data between April 2003 and September 2003 because the Web server was replaced and the data were not migrated to the new server. Table 2-2 provides the abbreviations, definitions, and notes pertaining to interpretation for the four variables from these reports considered in this evaluation.

Table 2-2. Monthly Web usage trends reports - variables list

Variable abbreviation	Definition	Interpretation notes
DL	Total number of single-product downloads	Each product download is counted separately. Includes preview/download for products without separate previews.
PV	Total number of separate product preview files viewed	Most programs have more than one product. Each product preview is counted separately.
VW	Total number of program summary views	
WEB	Total number of users redirected to program developer's Web site	

The Web usage data source for the Cancer Control P.L.A.N.E.T. Web portal is AWStats,¹ a free standard Web site evaluation tool. The three variables generated by AWStats considered in this evaluation are listed in Table 2-3, as well as their definitions and notes pertaining to interpretation.

Table 2-3. AWStats Web usage data - variables list

Variable	Definition	Interpretation notes
Session Duration	Length of time a visitor spent on P.L.A.N.E.T for each visit.	
Unique Visitor	A unique computer terminal that has connected to Cancer Control P.L.A.N.E.T. at least one time during the monthly reporting period.	If this visitor makes several visits during this monthly period, the visitor is counted only once.
Visits	Number of visits made by all visitors.	Expect multiple visits per unique visitor due to one hour timeout if no pages are accessed.

¹ <http://ccP.L.A.N.E.T.cancer.gov/cgi-bin/awstats.pl?config=cancercontrolP.L.A.N.E.T.cancer.gov>.

2.2 Assessment of Intermediate Outcomes (AIO)

The Assessment of Intermediate Outcomes (AIO) Survey (see Appendix C) was an in-depth Web-based questionnaire comprising 23 open- and close-ended items. The target population for the questionnaire was the target audience for Cancer Control P.L.A.N.E.T. The population was comprised of cancer control researchers who have received funding from Cancer Control P.L.A.N.E.T. partner organizations in the past; public health practitioners who have collaborated with States, tribes, and territories in developing and implementing comprehensive cancer control plans; and Federal program staff at Cancer Control P.L.A.N.E.T., and national partner agencies involved in cancer control and prevention activities. The AIO questionnaire was designed to determine details about who was using the Web site, how the information was being used, and how effectively the information was used. The AIO questionnaire has six sections, the first five of which pertain to the respective five steps of Cancer Control P.L.A.N.E.T. Each of these sections asks the respondents to identify the data and resources accessed, and to report how they applied the data and resources in their work. The last section includes questions about the respondents' demographic characteristics, occupation, work setting, degree of use of Cancer Control P.L.A.N.E.T., and how the respondent first learned of the Web portal. Thus, the AIO questionnaire was designed to address study questions 4, 5, 6, 7, and 8.

2.2.1 AIO Development

Pilot Testing. An NCI fellow who worked on the initial evaluation design for this project developed a draft questionnaire. Two pilot tests were conducted to refine the AIO questionnaire. Each round consisted of nine individuals (chosen from a list of Cancer Control P.L.A.N.E.T. trainings attendees). These individuals received an email with a letter from Dr. Jon Kerner, the Deputy Director for Research Dissemination and Diffusion at NCI, and the AIO questionnaire as attachments. They were asked to complete the questionnaire, which had a text box at the end of each section where they could write any comments such as: additional questions that should be considered, missing response categories for the close-ended questions, suggested edits to improve the clarity of questions, and words or phrases in questions that were not clear. At the end of each round, the completed questionnaires were sent to NCI along with a summary report that included recommendations for changes. Following each round, changes were made to the questionnaire. Copies of the letter, questionnaires, and reports for both rounds of pilot testing for the AIO questionnaire can be found in Appendixes D through H.

Usability and Cognitive Testing. NCI staff programmed the revised questionnaire from the second round of pilot testing and fielded it on the Cancer Control P.L.A.N.E.T. Web site. A combined cognitive and usability test of this Web survey was then conducted. Usability testing of a Web survey assesses the extent to which respondents can complete the questionnaire without errors, difficulties, or hesitations and examines respondents' satisfaction with the questionnaire. Cognitive testing examines the respondents' thinking about the items on the questionnaire. It assesses the extent to which the respondents take the questions to mean what they were intended to mean, find the response categories in multiple choice questions to be exhaustive and mutually exclusive, and are able to summon the appropriate information from memory and select an appropriate response.

NCI provided the evaluator with the names and email addresses of two dozen individuals who had been trained to use Cancer Control P.L.A.N.E.T. and who would be appropriate participants in the combined usability and cognitive evaluation. Each of these potential participants was then sent a personalized email message which briefly explained the evaluation. An individually addressed letter from Dr. Jon Kerner of NCI was attached in PDF format, inviting the recipient to participate in the evaluation (see Appendix I). The first seven people to respond were included in the evaluation. There were four researchers and three clinicians.

The combined usability and cognitive tests were conducted using the WebEx system. WebEx is a commercial Web conferencing system that allowed evaluators and NCI staff to observe the users' computer screens while conversing with the users over the telephone.

The participants were located in different parts of the United States. Each took part in this evaluation individually, from his or her own office computer. First, evaluators made an appointment with the participant. At the time of the appointment, the participant logged on to the WebEx Web site to access the questionnaire, and dialed into a conference line. The evaluator's moderator of the test, other evaluators, and NCI staff simultaneously accessed the WebEx service and the conference line so that they could watch and hear the test. Each participant gave permission to be recorded. The computer screen and the conference call were recorded throughout each session.

The moderator asked the participants to complete the AIO questionnaire as though they were actually completing the questionnaire on their own. The moderator also asked the participants to “think aloud” as they worked, expressing their expectations, reactions, and observations. As appropriate throughout the evaluation, the moderator asked the participants to elaborate or to continue speaking. The goal of these probes was to ensure that the participants expressed their opinions about the questionnaire thoroughly and clearly. When the participants finished the questionnaire, the moderator debriefed them, using the protocol attached as Appendix J.

The report of the combined usability and cognitive test is attached as Appendix K. The report contained recommendations for revising the questionnaire, including the instructions, the layout and length of the questionnaire, the demographic questions, the content of the questions about the steps set forth on the Cancer Control P.L.A.N.E.T. Web portal, and the final page of the questionnaire. The NCI team considered these recommendations and revised the Web survey, creating the final version.

2.2.2 AIO Sample Selection and Implementation

The evaluator obtained lists from NCI of people who had attended a Cancer Control P.L.A.N.E.T. training conducted by NCI between July 2003 and December 2006 and for whom NCI had an email address. These individuals were invited to complete the AIO questionnaire. An invitation letter was sent via email describing the purpose of the evaluation and requesting the respondent’s participation. The letter included a URL link to the Internet survey (see Appendix L). Two reminder emails were sent thereafter (see Appendix M for reminder 1 and Appendix N for reminder 2).

Table 2-4 provides the month and year that the initial and two reminder emails were sent to potential AIO respondents as well as the number of messages both delivered and failed. Typically participants received the first reminder 4 working days after the original email and the second reminder 7 working days after the original email. Variations to this schedule occurred to accommodate holidays and technical difficulties. The delivered columns represent the number of emails that were successfully delivered. The failed columns represent the number of emails that were not delivered. Emails were sent in batches depending on when email addresses were obtained from NCI. The “errors group” consisted of potential respondents who encountered user errors while trying to complete the questionnaire. These individuals were re-invited to participate after errors were fixed. An example of the re-invitation email sent to the error group can be found in Appendix O. All of these mailings were done between December 2006 and January 2007.

Table 2-4. AIO mailings

Mailing	Original email				Reminder 1 email				Reminder 2 email			
	Date	Delivered	Failed	Total	Date	Delivered	Failed	Total	Date	Delivered	Failed	Total
Batch 1	Dec. '06	422	52	474	Dec. '06	398	76	474	Dec. '06	368	76	444*
Batch 2	Dec. '06	147	16	163	Dec. '06	147	16	163	Dec. '06	149	14	163
Batch 3	Jan. '07	24	0	24	Jan. '07	24	0	24	Jan. '07	24	0	24
Errors Group	Jan. '07	5	0	5	Jan. '07	5	0	5	Jan. '07	5	0	5
Total	N/A	598	68	666	N/A	574	92	666	N/A	546	90	636
Wave File 1	Feb. '07	563	98	661	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wave File 2	Feb. '07	565	96	661	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

* The total for Batch 1 Reminder 2 is 444 due to duplicate addresses and requests for removal from mailing list.

In an effort to increase response rates, an audio file was created by Dr. Jon Kerner and emailed to potential AIO respondents. Appendix P contains the script read by Dr. Kerner and recorded for the audio file. The audio file was sent twice in February 2007. The first message containing the audio file gave an incorrect Web address that linked to the UCS questionnaire, so a followup message with an apology was sent with the correct Web address that linked to the AIO questionnaire. These two email messages can be found in Appendix Q and Appendix R, respectively. Information about these mailings is included in Table 2-4 as well.

A total of 598 potential respondents were successfully emailed the questionnaire and 235 responded to some or all the questions, generating a response rate of approximately 39 percent. This response rate approximates the mean response rate of the 49 studies reviewed by Cook, Heath, and Thompson (2000). The daily number of AIO respondents between December 2006 and April 2007 is presented in Figure 2-1.

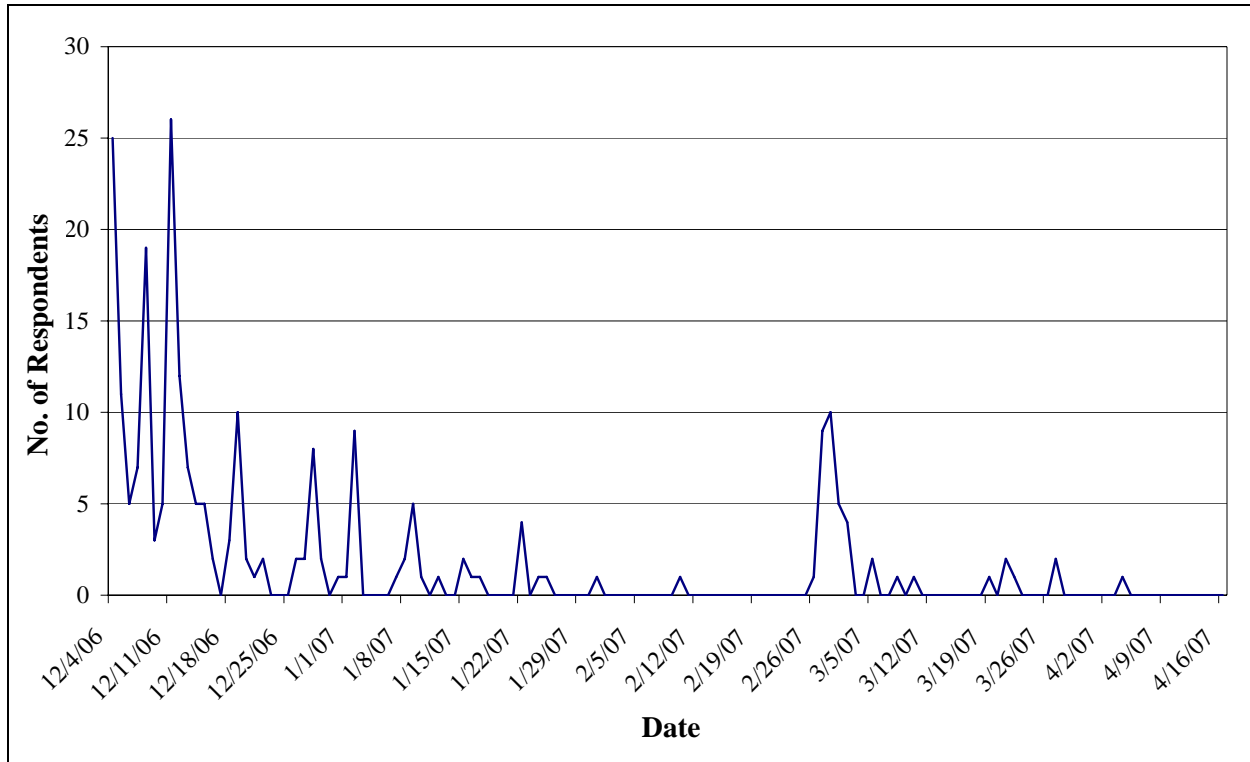


Figure 2-1. Number of AIO respondents by day

2.2.3 AIO Respondent Characteristics

Of the 235 respondents, 53 never accessed or used information through the Web portal. Ten of the 53 people identified themselves as researchers or program evaluators, nine were public health practitioners, and six were health care providers. Most of the 53 respondents worked in an academic setting (11) or a nonprofit organization (9).

Since the purpose of the AIO survey was to ask respondents about their experience accessing or using information obtained from Cancer Control P.L.A.N.E.T., results presented in this report are based on the 182 respondents who indicated accessing or using at least some of the information obtained through the Web portal. However, it is important to note that of these Cancer Control P.L.A.N.E.T. users, at least 41 people did not provide demographic information. Of those who did provide demographic information, the majority were female (70%), non-Hispanic or Latino (91.4%), and White (80.9%) (see Table 2-5). The percentage of respondents with a graduate or professional degree was relatively high, at 80 percent. Over 30 percent of respondents were between the ages of 41 and 50 or the ages of 51 and 60. These respondents were predominately public health practitioners and worked for an educational institution or for a Federal government agency. Detailed information on respondents' age groups by occupation and work setting can be found in Appendix S.

Table 2-5. Demographic characteristics of AIO respondents*

	Frequency	Percent
Gender (n = 140)		
Male	42	30.0
Female	98	70.0
Age category (n = 140)		
20-30	10	7.1
31-40	36	25.7
41-50	44	31.5
51-60	43	30.7
61 and older	7	5.0
Ethnicity (n = 139)		
Hispanic or Latino	12	8.6
Non Hispanic or Latino	127	91.4
Race** (n = 141)		
American Indian or Alaska Native	3	2.1
Asian	7	5.0
Black or African American	18	12.8
Native Hawaiian or other Pacific Islander	1	0.7
White	114	80.9
Education (n = 140)		
High school graduate/GED	1	0.7
Some college	1	0.7
College graduate	26	18.6
Graduate or professional degree	112	80.0

* Of the 182 AIO respondents, 41 or more did not provide some of the requested demographic information.

**Respondents could choose more than one race.

The AIO questionnaire contained two questions that asked respondents about their work setting and occupation. Of the 182 respondents, approximately 77 percent (140) identified their work settings and occupations. Most of these respondents (70%) were public health practitioners (55.7%) or researchers and program evaluators (22.1%) (see Table 2-6). At least one in five respondents reported working in an educational institution (25.7%) or for a Federal government agency (24.3%). Nearly one-fifth of respondents worked for a nonprofit organization (19.3%).

Table 2-6. AIO respondents' work settings by occupations (n = 140)*

	Researcher or program evaluator	Health care provider ¹	Public health practitioner ²	Academia ³	Other ⁴	Total
Frequency (Percent)						
State or local government agency	3 (2.2)	0 (0.0)	15 (10.7)	0 (0.0)	0 (0.0)	18 (12.9)
Federal government agency	3 (2.2)	2 (1.4)	27 (19.3)	0 (0.0)	2 (1.4)	34 (24.3)
Hospital/clinic/HMO community center	2 (1.4)	8 (5.7)	6 (4.3)	0 (0.0)	1 (0.7)	17 (12.1)
Nonprofit organization	2 (1.4)	6 (4.3)	17 (12.1)	0 (0.0)	2 (1.4)	27 (19.3)
Educational institution (school, college, and university)	19 (13.6)	3 (2.2)	9 (6.4)	4 (2.9)	1 (0.7)	36 (25.7)
Other (business-for profit, contractor, etc.)	2 (1.4)	1 (0.7)	4 (2.9)	1 (0.7)	0 (0.0)	8 (5.7)
Total	31 (22.1)	20 (14.3)	78 (55.7)	5 (3.6)	6 (4.3)	140 (100.0)

* Of the 182 AIO respondents, 42 did not identify their occupation and/or work setting.

¹ Physicians and non-physicians.

² Health educators, program planners or managers.

³ Students or teachers.

⁴ Patients, relatives, or friends of a patient, policymakers, etc.

The evaluator further examined respondent occupation by work setting. As shown in Table 2-6, the majority of researchers and program evaluators worked in an academic setting (13.6%). Public health practitioners were likely to work for Federal government agencies (19.3%), nonprofit organizations (12.1%), as well as local or state government agencies (10.7%).

Of the 182 respondents, approximately 74 percent (134) also provided valid postal ZIP codes for their work places including 37 States, the District of Columbia, one U.S. territory (i.e., Guam), and one foreign country (i.e., Canada) (see Figure 2-2 and Table 2-7).

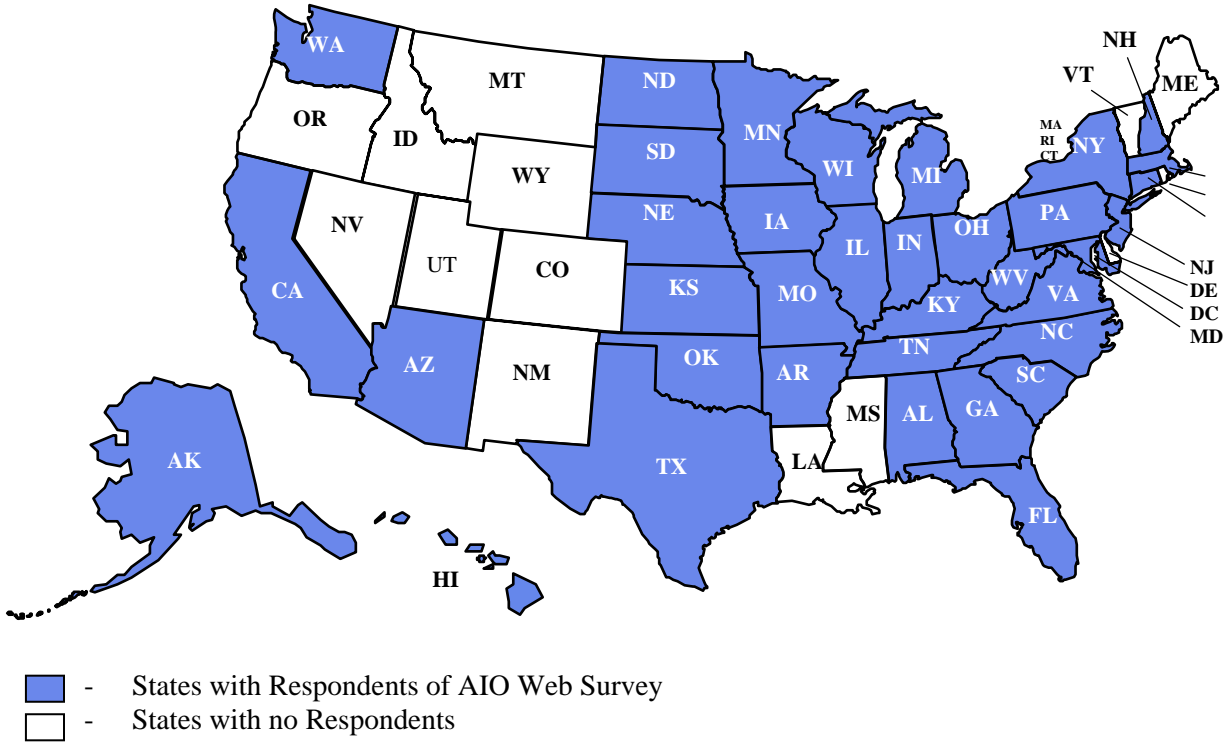


Figure 2-2. States of AIO survey respondents

Table 2-7. Number of AIO respondents by state

Number of respondents	State(s)
0	Colorado, Delaware, Idaho, Louisiana, Maine, Mississippi, Montana, Nevada, New Mexico, Oregon, Rhode Island, Utah, Vermont, Wyoming
1	Arizona, Hawaii, Kansas, New Hampshire, Oklahoma, South Dakota
2	Alabama, Arkansas, District of Columbia, Indiana, Nebraska, North Dakota
3	Massachusetts, Michigan, New Jersey, North Carolina, Tennessee, Virginia, West Virginia, Wisconsin
4	Connecticut, Illinois, Kentucky, Ohio, South Carolina
5	California, Iowa, Missouri, Pennsylvania, Texas
6	Alaska, Florida, Maryland, Minnesota, New York, Washington
9	Georgia

As shown in Table 2-8, the majority of AIO respondents worked in the South (39.5%), followed by respondents working in the Midwest (28.4%), the Northeast (16.4%), and the West (14.2%).

Table 2-8. Region of AIO respondents' work settings (n = 134)

Region	Frequency	Percent
Northeast	22	16.4
Midwest	38	28.4
South	53	39.5
West	19	14.2
Guam/foreign country	2	1.5

2.3 Usability and Customer Satisfaction (UCS)

The UCS questionnaire (see Appendix T) consisted of 19 questions and was administered via the Internet through a link on Cancer Control P.L.A.N.E.T. The target population for the questionnaire was all visitors to Cancer Control P.L.A.N.E.T. The questionnaire was designed to determine the characteristics of Cancer Control P.L.A.N.E.T. visitors, how they learned about the Web site, how frequently they used it, and their level of satisfaction with content and design. The UCS questionnaire was designed to be brief and to measure the outcomes addressed in study questions 1, 2, and 3.

2.3.1 UCS Development

Similar to the AIO survey, the NCI fellow who helped conceptualize the evaluation for this project drafted the initial questionnaire. The AIO survey served as the basis for the UCS survey. Thus, only cognitive testing was conducted to improve the clarity and relevance of the tool. The purpose of cognitive testing is to more fully understand how respondents will interpret the questions and response options, and to provide recommendations for refining the questionnaire. A goal of testing is to ensure that the meaning of the questions and their responses are clear and unambiguous, so that respondents can interpret the questions correctly.

Two rounds of cognitive testing were conducted. The first round was conducted with four participants and the second round was conducted with five participants. These participants were chosen from a list of individuals who attended a Cancer Control P.L.A.N.E.T. training. Participants were invited via email (see Appendix U) to complete and respond to the draft UCS questionnaire while on the phone

with the interviewer. Participants were encouraged to share any confusion or other difficulties they experienced with the questions. The interviewer occasionally probed for the participants' interpretations of the questions, the bases of their answers, and their suggestions for additional response categories. Based on the information obtained from these two rounds of testing, the questionnaire was modified and finalized. Copies of the instruments and reports for both rounds of cognitive testing for the questionnaire can be found in Appendixes V through Y.

2.3.2 UCS Sample Selection and Implementation

The questionnaire was made available to the public from December 2006 through mid-April 2007. Visitors to the Cancer Control P.L.A.N.E.T. Web portal home page were asked to participate. Questionnaire placement, design, and mounting to Cancer Control P.L.A.N.E.T. were completed by a contractor to NCI. AIO respondents, as general users of Cancer Control P.L.A.N.E.T., were not prohibited from completing the UCS questionnaire.

Two efforts were made to increase response rates. Email "blasts" (see Appendix Z) with an attached Evaluation Survey Fact Sheet (see Appendix AA) were sent to Cancer Control P.L.A.N.E.T. listserv members, Cancer Prevention and Control Research Network distribution list, Population Science Directors at NCI-Designated Cancer Centers Distribution List, and Cancer Control P.L.A.N.E.T. Partners in December 2006. An electronic message containing an audio file created by Dr. Jon Kerner was distributed to the Cancer Control P.L.A.N.E.T. listserv in March 2007. Appendix BB contains the message posted to the Cancer Control P.L.A.N.E.T. listserv. Appendix CC contains the script read by Dr. Kerner recorded for the audio file, which explained to potential respondents the importance of the questionnaire and requested their participation.

The UCS questionnaire was posted on the Web site between December 2006 and April 2007. Figure 2-3 presents the daily numbers of respondents to the questionnaire during this period of time. By mid-April 2007, 137 people had responded to some or all of the questions.

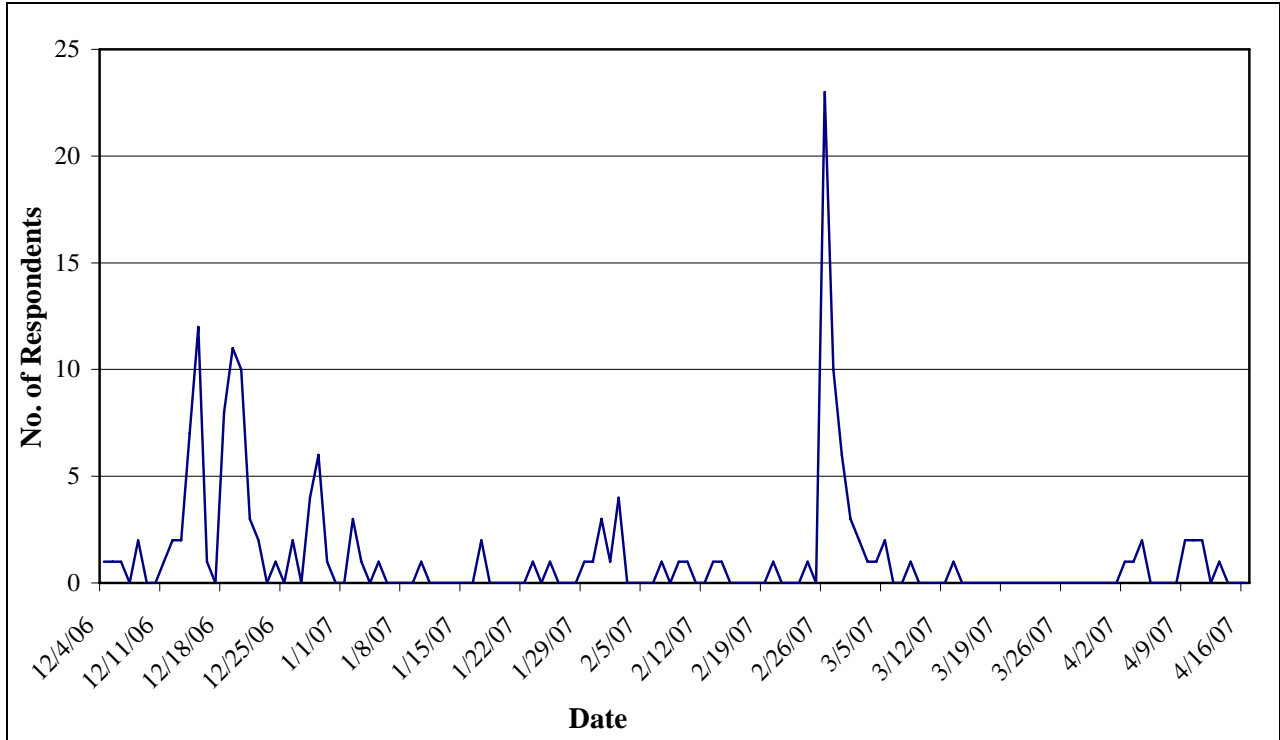


Figure 2-3. UCS respondents by day

2.3.3 UCS Respondent Characteristics

Of the 137 respondents, the majority were female (79.5%), non-Hispanic or Latino (94.7%), and White (82.5%) (see Table 2-9). Approximately three in four respondents had a graduate or professional degree (75.9%). More than one-third of the respondents were between the ages of 51 and 60. Respondents from this age group were largely public health practitioners (24) (see Appendix DD). These respondents were also likely to work for a government agency at the local or state level (13); a health care organization such as a hospital, clinic, or community center (12); or for an educational institution such as a college or university (11).

Table 2-9. Demographic characteristics of UCS respondents

	Frequency	Percent
Gender (n = 132)		
Male	27	20.5
Female	105	79.5
Age Category (n = 134)		
20-30	22	16.4
31-40	26	19.4
41-50	26	19.4
51-60	48	35.8
61 and older	12	9.0
Ethnicity (n = 132)		
Hispanic or Latino	7	5.3
Non Hispanic or Latino	125	94.7
Race* (n = 137)		
American Indian or Alaska Native	3	2.2
Asian	4	2.9
Black or African American	11	8.0
Native Hawaiian or other Pacific Islander	1	0.7
White	113	82.5
Education (n = 133)		
Technical or vocational school	2	1.5
Some college	2	1.5
College graduate	28	21.1
Graduate or professional degree	101	75.9

* Respondents could choose more than one race.

The UCS questionnaire contained two questions that asked respondents about their work setting and occupation. Of the 137 respondents, approximately 97 percent identified their work settings and occupations. Most of these respondents identified themselves as public health practitioners (57.1%), followed by researchers or program evaluators (19.6%), and health care providers (15.8%) (see Table 2-10). At least 25 percent of respondents worked for local or state government agencies (27.1%) and slightly over one-fifth of respondents worked for nonprofit organizations (20.3%). Researchers and program evaluators were likely to work for educational institutions (9.0%), such as schools, colleges or universities. Health care providers were likely to work for health care organizations (e.g., hospitals, clinics, or community centers) (9.0%); public health practitioners were likely to work for local or state government agencies (19.5%) and nonprofit organizations (13.5%).

Table 2-10. UCS respondents' work settings by occupations (n = 133)*

	Researcher or program evaluator	Health care provider ¹	Public health practitioner ²	Academia ³	Other ⁴	Total
	Frequency (Percent)					
State or local government agency	5 (3.8)	4 (3.0)	26 (19.5)	0 (0.0)	1 (0.8)	36 (27.1)
Federal Government agency	4 (3.0)	2 (1.5)	12 (9.0)	0 (0.0)	0 (0.0)	18 (13.5)
Hospital/clinic/HMO community health center	2 (1.5)	12 (9.0)	8 (6.0)	1 (0.8)	0 (0.0)	23 (17.3)
Nonprofit organization	3 (2.3)	2 (1.5)	18 (13.5)	0 (0.0)	4 (3.0)	27 (20.3)
Educational institution (school, college, and university)	12 (9.0)	0 (0.0)	7 (5.3)	3 (2.3)	0 (0.0)	22 (16.5)
Other (business-for profit, contractor, etc.)	0 (0.0)	1 (0.8)	5 (3.8)	0 (0.0)	1 (0.8)	7 (5.3)
Total	26 (19.6)	21 (15.8)	76 (57.1)	4 (3.0)	6 (4.5)	133 (100.0)

* Of the 137 UCS respondents, 4 did not identify their work setting and/or occupation.

¹ Physicians and non-physicians.

² Health educators, program planners or managers.

³ Students or teachers.

⁴ Patients, relatives, or friends of a patient, policymakers, etc.

As shown in Table 2-12, most of these respondents worked in the South, followed by the Northeast (27.7%), the Midwest (24.6%), and the West (14.6%).

Table 2-12. Region of UCS respondents' work settings (n = 130)

Region	Frequency	Percent*
Northeast	36	27.7
Midwest	32	24.6
South	41	31.5
West	19	14.6
U.S. Territories/Canada	2	1.5

* Percents sum to 99.9% due to rounding.

2.4 Research-Tested Intervention Programs (RTIPs) Requests Data

Research-Tested Intervention Programs are evidence-based intervention programs available through Step 4 of the Cancer Control P.L.A.N.E.T Web portal. The RTIPs Web site covers eight topic areas:

- Breast Cancer Screening,
- Cervical Cancer Screening,
- Colorectal Cancer Screening,
- Diet/Nutrition,
- Informed Decision Making,
- Physical Activity,
- Sun Safety, and
- Tobacco Control.

Some RTIPs fall into multiple topic areas (see Appendix EE). The RTIPs Web site, developed by NCI and SAMHSA, is one component of the larger Cancer Control P.L.A.N.E.T. Web portal. The RTIPs Web site is located on the Internet at <http://RTIPs.cancer.gov/RTIPs/>. Although it is accessed through the Cancer Control P.L.A.N.E.T. Web portal, the Web usage data for the RTIPs Web site is completely independent from the Web usage data for the Cancer Control P.L.A.N.E.T. Web portal.

Figure 2-5 presents the cumulative number of RTIPs available in each topic area by month. The first three topic areas released were Diet/Nutrition, Physical Activity, and Tobacco Control in April 2003. Materials on Breast and Cervical Cancer Screening were released in August 2003. Sun Safety materials were released in October 2003, while Informed Decision Making materials were released in November 2003. It was not until March 2005 that programs related to Colorectal Cancer Screening were released. Information in Figure 2-5 is also presented in Appendix FF, which contains two figures with four topic areas each.

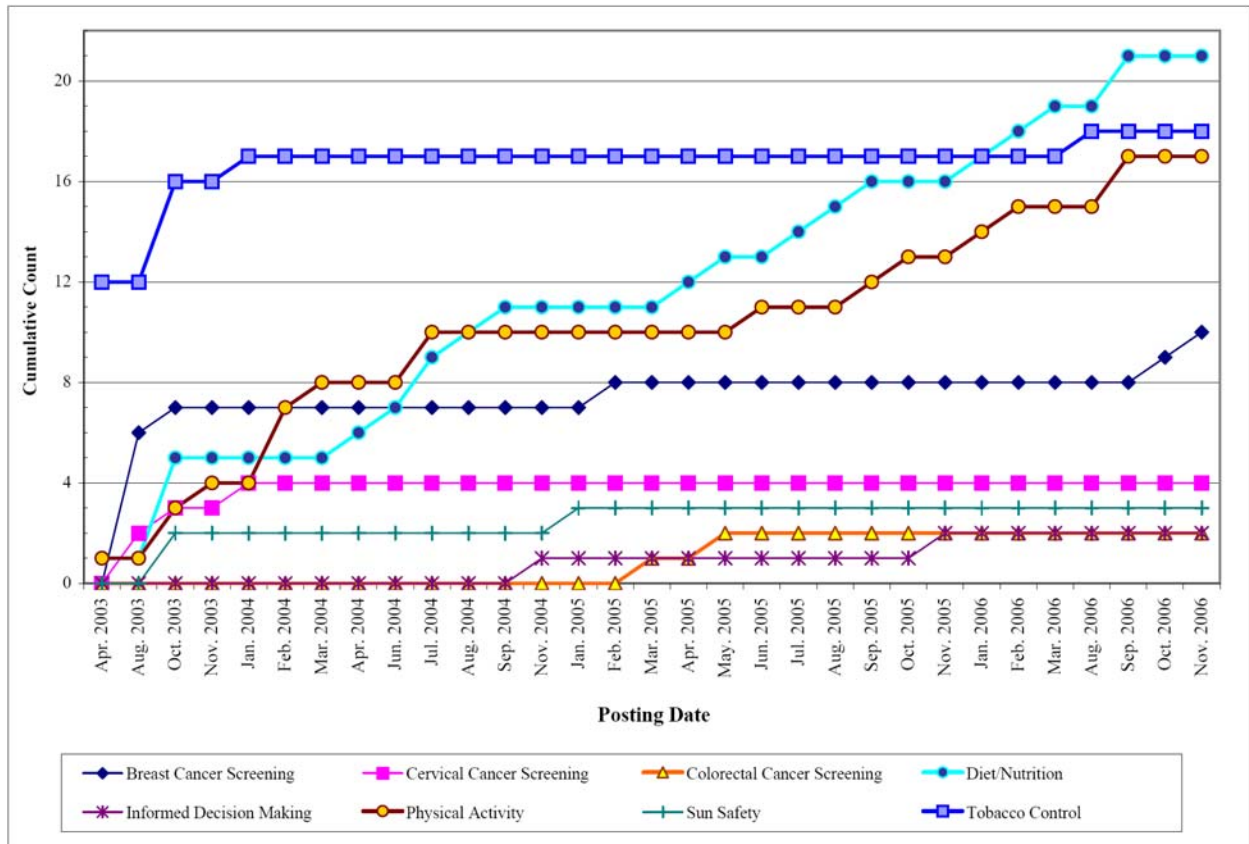


Figure 2-5. Cumulative number of RTIPs in each topic area by month

2.4.1 RTIPs Development

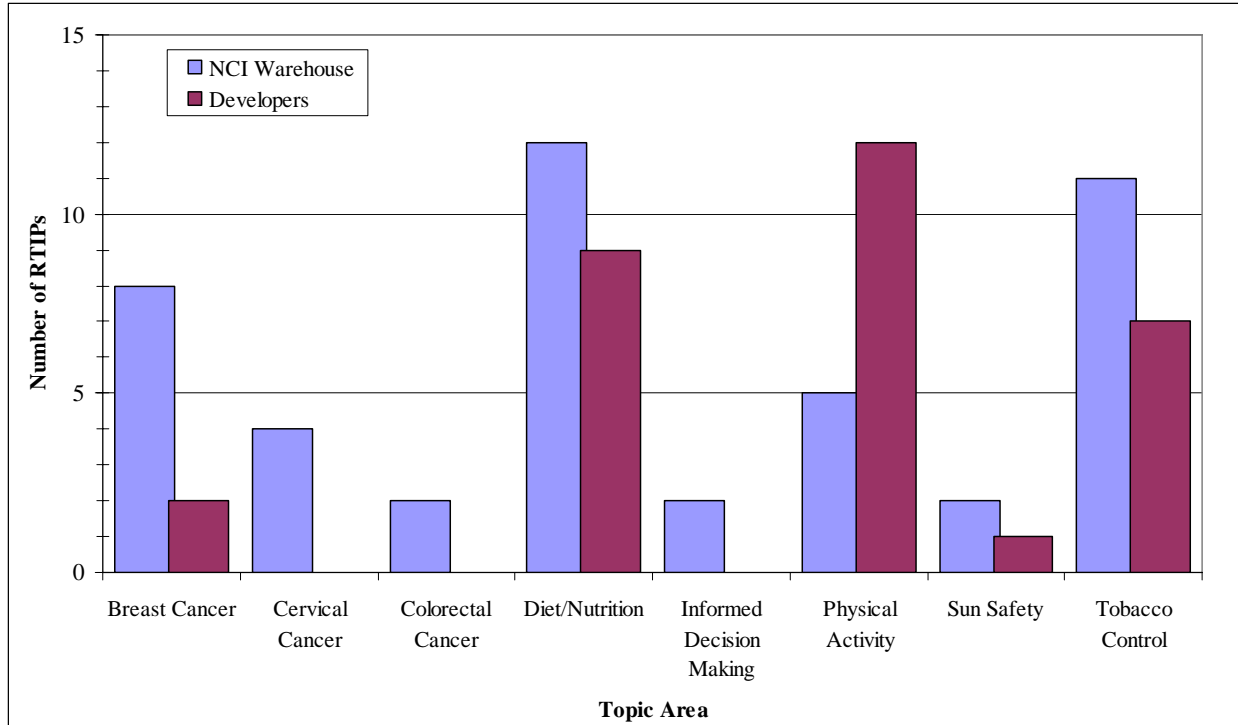
Each intervention must be evaluated in peer-reviewed research grants, published in peer-reviewed journals, and have products, materials, or other intervention components that can be adapted and used in a community or clinical setting to be featured on the RTIPs Web site. Potential RTIPs are

submitted for consideration by the original investigator or developer, or the investigator is invited by NCI to participate based on a review of the literature. Once a potential RTIP is submitted for inclusion on the RTIPs Web site, it undergoes a secondary peer review based on six criteria (see Appendix GG for definitions of these criteria) and then assigned a score. These six criteria include Research Integrity measured on 16 elements (see Appendix HH for definitions of these elements), Dissemination Capability, Cultural Appropriateness, Age Appropriateness, and Gender Appropriateness. After the programs have been rated and summaries have been completed, the original investigators or developers are asked to review and provide final approval for posting. Once final approvals are received, the RTIPs are posted on the RTIPs Web site for use by cancer control planners and practitioners. Links to developers' Web sites are posted on Cancer Control P.L.A.N.E.T. for copyrighted RTIPs. This process generally takes about 3 to 4 months. RTIPs not copyrighted by their program developers are made available free of charge by NCI and SAMHSA. New RTIPs are announced to the Cancer Control community via the Cancer Control P.L.A.N.E.T. listserv and the RTIPs home page on the day they are posted to Cancer Control P.L.A.N.E.T.

2.4.2 NCI Warehouse RTIPs and Developer RTIPs

Of the 64 RTIPs posted by December 2006, 40 are available through the NCI warehouse. The number of RTIPs available from the NCI warehouse by topic area was 12 Diet/Nutrition, 11 Tobacco Control, 5 Physical Activity, 8 Breast Cancer, 4 Cervical Cancer, 2 Sun Safety, 2 Colorectal Cancer, and 2 Informed Decision Making. RTIPs categorized in more than one topic area are counted more than once. The remaining 24 RTIPs are available only through the original developers. The number of RTIPs available from the developers by topic area as of December 2006 was: 12 Physical Activity, 9 Diet/Nutrition, 7 Tobacco Control, 2 Breast Cancer, 1 Sun Safety, 0 Cervical Cancer, 0 Colorectal Cancer, and 0 Informed Decision Making. Again, RTIPs categorized in more than one topic area are counted more than once.

The requests data discussed in this report reflect the 40 RTIPs that could be ordered from the NCI warehouse. The request data for the 24 RTIPs that could only be ordered from their developers are not available. The frequencies mentioned above are presented graphically in Figure 2-6.



Note: RTIP programs may be classified under multiple topic areas.

Figure 2-6. Number of RTIP programs by topic area and distribution source

The request data for the entire study period were obtained from the Cancer Information Service (CIS) Fulfillment System. However, the customer-level data for May 2003 through December 2003 were not available for analysis and the monthly Sales and Inventory Reports for 2003 were used instead. These reports contained the number of requests across all customers only.

3. RESULTS

This section presents results from four data sources: (1) examination of Web server transaction logs or Web usage data from April 2003 through December 2006 for both Cancer Control P.L.A.N.E.T. and the Research-Tested Intervention Programs (RTIPs) Web sites, (2) analysis of the data obtained from the Assessment of Intermediate Outcomes (AIO) Web survey, emailed in December 2006 to people who had attended a Cancer Control P.L.A.N.E.T. training between July 2003 and December 2006, (3) analysis of the data obtained from the Usability and Consumer Satisfaction (UCS) Web survey, launched on the Cancer Control P.L.A.N.E.T. Web portal in December 2006, of visitors to the Web portal, (4) and review of NCI RTIPs requests data logs from May 2003 through December 2006. These data sources are used to determine the extent to which Cancer Control P.L.A.N.E.T. achieved its goals, articulated in the eight study questions which concern usability, awareness, and utilization (see list of study questions provided in the Introduction).

The UCS Web survey was designed to answer study questions 1, 2, and 3. The AIO Web survey was designed to answer study questions 4, 5, 6, 7, and 8. Data from Web usage and RTIPs requests address study questions 3 and 7. Interpretation of how these analyses speak to the goals of Cancer Control P.L.A.N.E.T. and to these study questions is presented in Chapters 4 and 5 of this report.

3.1 Web Usage Results

Since the RTIPs Web site is accessed through the Cancer Control P.L.A.N.E.T. Web portal but is a separate Web site, usage statistics for the RTIPs Web site as well as for Cancer Control P.L.A.N.E.T. are presented in this section.

3.1.1 Cancer Control P.L.A.N.E.T. Web Site Usage Results

The AWStats data provide information on Cancer Control P.L.A.N.E.T. usage including duration of visits, the number of unique visitors, and the number of visits. Figure 3-1 presents information on the visits and unique visitors for the Cancer Control P.L.A.N.E.T. Web site between August 2003 and December 2006. During this time period, the average number of unique visitors a month was 1,807. The lowest number of unique visitors occurred in March 2005 and July 2005 whereas, in the latter half of 2005 and during 2006, the number of unique visitors had leveled off at just fewer than 2,000 unique visitors a month.

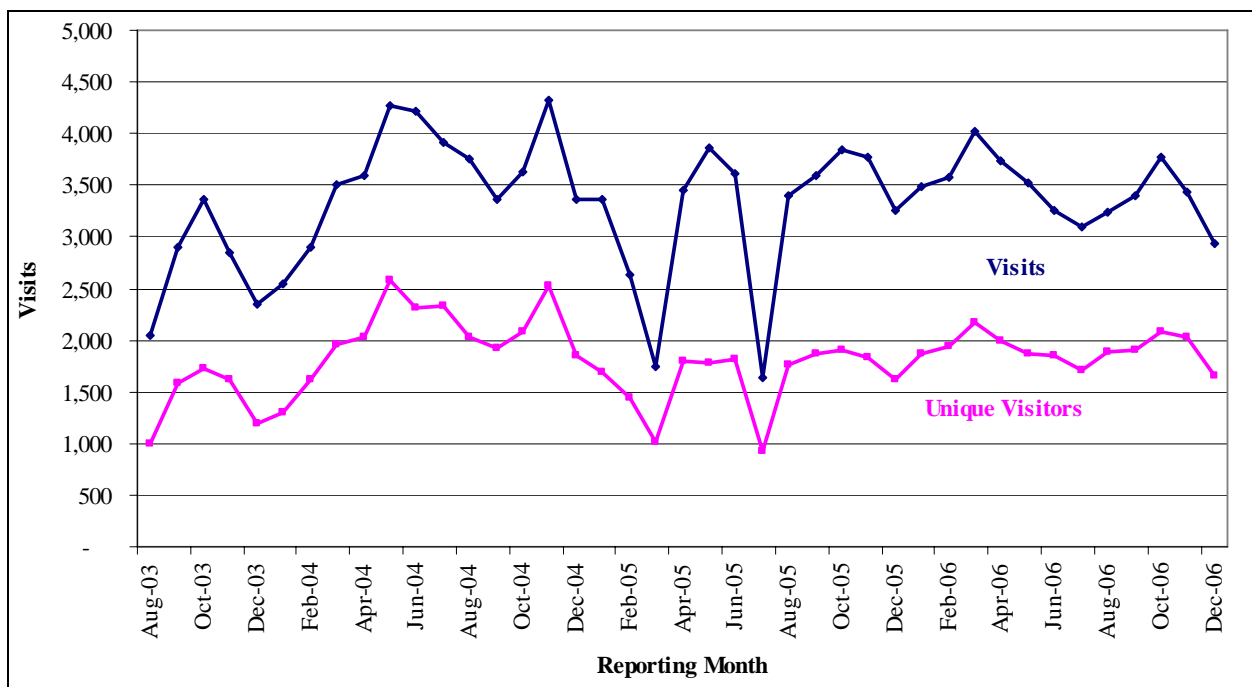


Figure 3-1. AWSTAT CCP Web usage statistics

Table 3-1 presents visit duration for Cancer Control P.L.A.N.E.T. visitors between September 2003 and December 2006. The data indicate that nearly 70 percent of the monthly visits were under 30 seconds in duration and that the median visit duration was between 5 and 15 minutes.

Table 3-1. Distribution of duration of Web site visits (average number of visits per month)

	2003		2004		2005		2006	
	Frequency (Percent)							
0-30sec	1,849	(69)	2,546	(70)	2,198	(69)	2,375	(69)
30s-5min	373	(14)	429	(12)	354	(11)	448	(13)
5-30min	242	(9)	353	(10)	311	(10)	375	(11)
30min +	226	(8)	285	(8)	298	(9)	251	(7)
Total	2,691	(100)	3,614	(100)	3,162	(100)	3,451	(100)

3.1.2 RTIPs Web Site Usage Results

Only two measures in the RTIPs Web Site Usage Reports were collected for all 64 RTIPs. The results of these analyses are, therefore, presented first. These measures were the number of program summary views (VW) and the number of product previews (PV). Programs are complete RTIPs, while products are components of RTIPs. Next, the number of users redirected to a developer's Web site (WEB) for the copyrighted 24 RTIPs is considered. Finally, the number of single-product downloads (DL) for the 40 RTIPs made available is discussed.

Program summary views (VW) and product previews (PV). Figure 3-2 presents the monthly averages for both VWs and PVs. A calculation of the monthly average VWs was made by dividing the number of program summary views by the number of RTIPs available for a given month. Similarly, a calculation of the monthly average PVs was arrived at by dividing the number of product previews by the number of products available for a given month. The number of PVs is smaller than the number of VWs, which is to be expected since products are components of RTIPs and most users are interested in previewing the whole program. On average, each program summary was viewed 22 times a month during 2003, 21 times a month during 2004, 28 times a month during 2005, and 53 times a month during 2006. Each product was previewed on average 0.1 times a month during 2003, 0.2 times a month during 2004, 0.4 times a month during 2005, and 0.8 times a month during 2006.

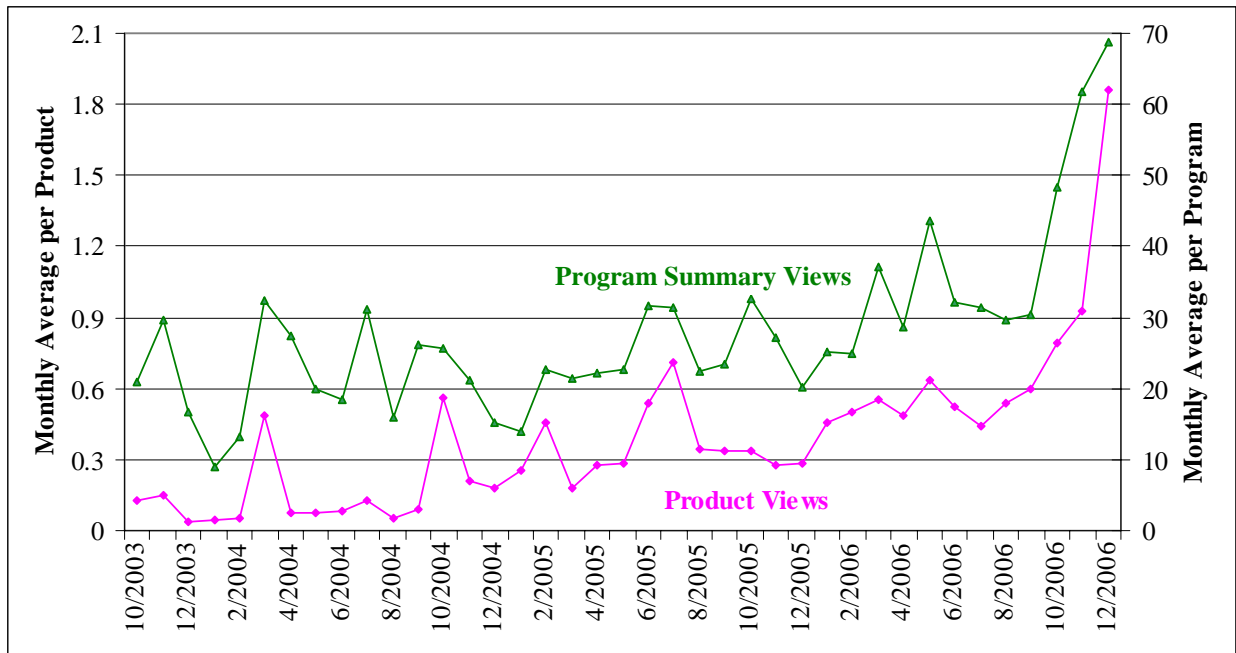


Figure 3-2. Average number of views per product or program

Figure 3-3 presents the monthly average VWs by topic. All eight topic areas show at least a slight increase in monthly average VWs. Breast Cancer Screening had the largest monthly average VWs for the majority of the months. Three topic areas, Colorectal Cancer Screening, Diet/Nutrition, and Informed Decision Making, had dramatic increases in monthly average VWs at the end of 2006. Appendix II provides the monthly average VWs by topic area broken into two figures. One figure is presented for these three topic areas and another is presented for the remaining five topic areas: Breast Cancer Screening, Sun Safety, Cervical Cancer Screening, Tobacco Control, and Physical Activity.

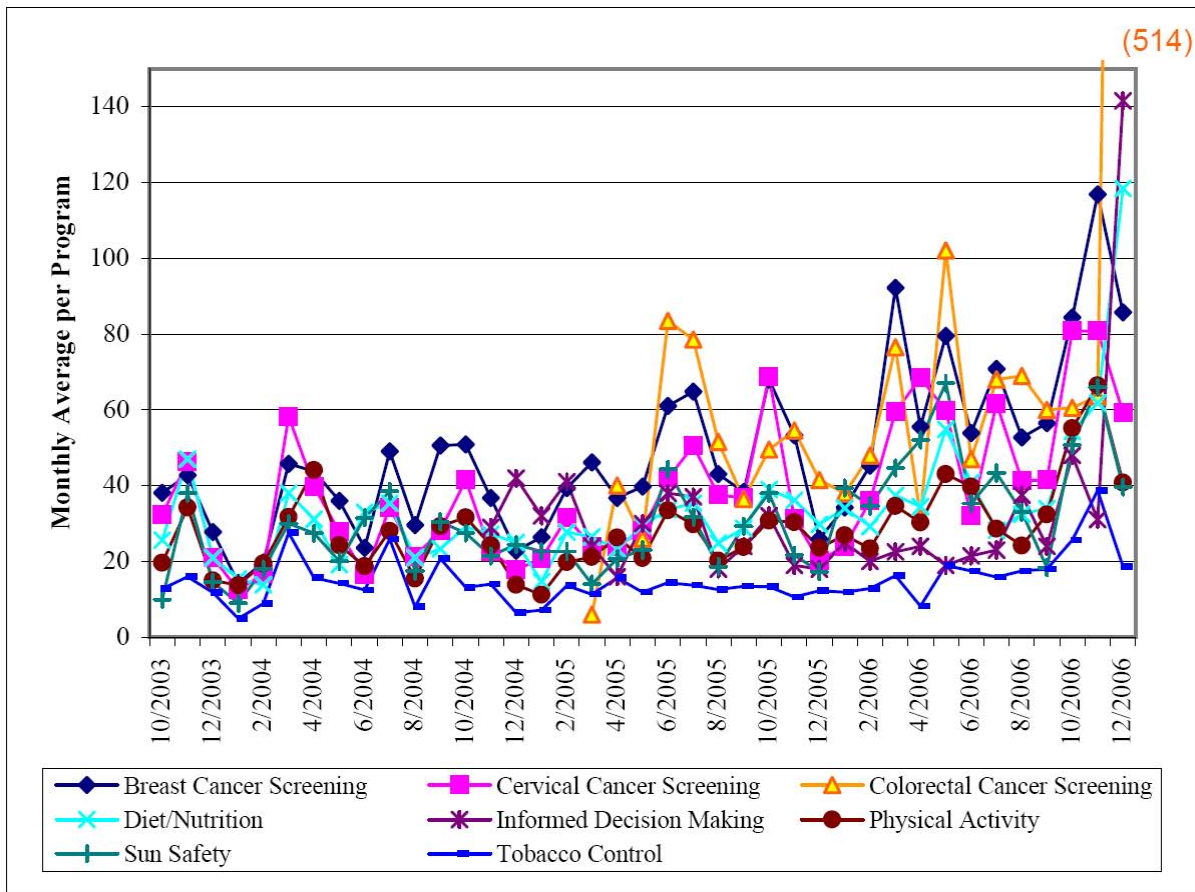


Figure 3-3. Monthly average program summary views by topic areas

Figure 3-4 presents the monthly average PVs by topic. Most topic areas show an increase in monthly average PVs over the time period. Colorectal Cancer Screening had the largest monthly average PVs from March 2005 through September 2006, with the exception of February 2006. Breast Cancer Screening and Cervical Cancer Screening had dramatic increases in monthly average PVs at the end of 2006.

Appendix JJ provides monthly average PVs by topic area broken into two figures. One figure is presented for Colorectal Cancer Screening, Breast Cancer Screening, and Cervical Cancer Screening. Another figure is presented for the remaining five topic areas: Diet/Nutrition, Sun Safety, Informed Decision Making, Tobacco Control, and Physical Activity,

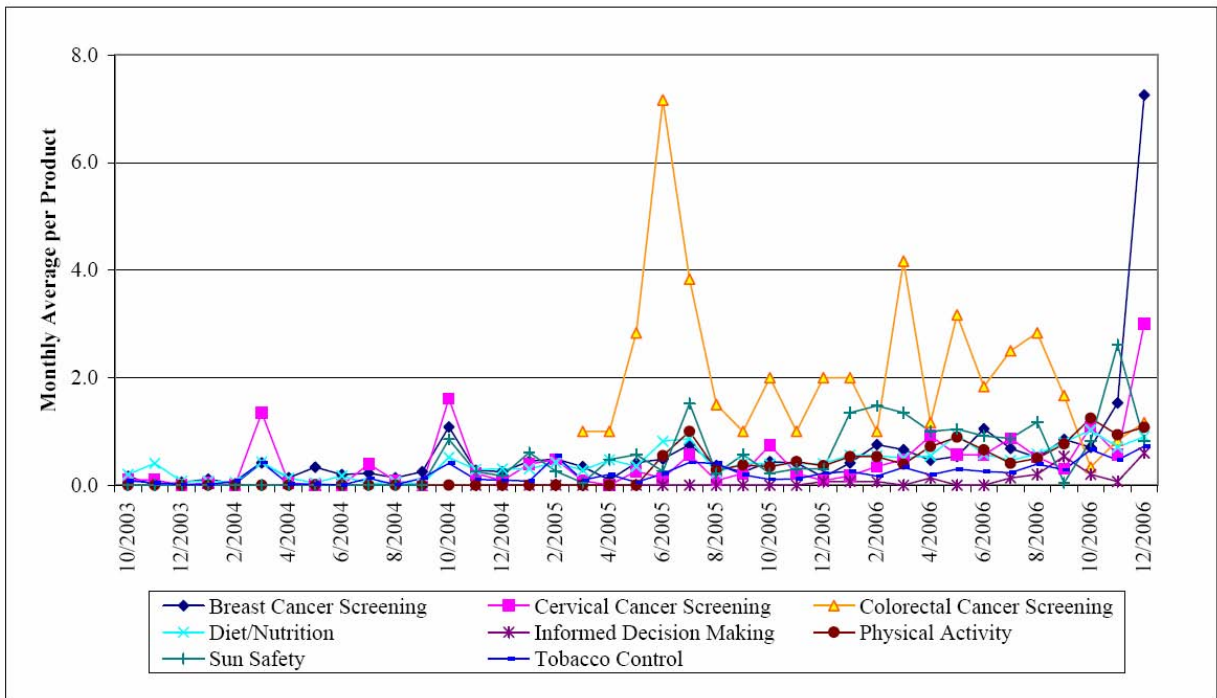


Figure 3-4. Monthly average product previews by topic areas

Developer's Web site (WEB). A measure unique to the developer RTIP programs that does not have an equivalent for the NCI warehouse programs is the number of users redirected to a developer's Web site (WEB). Figure 3-5 reports the number of Cancer Control P.L.A.N.E.T. users who were redirected to developer Web sites. Of all RTIP programs, 37.5 percent are developer RTIP programs. During the study period, 1,470 users were redirected to developer Web sites. Most of these visitors (61%) were redirected to Physical Activity Web sites, 35 percent were redirected to Diet/Nutrition Web sites, and 27 percent were redirected to Tobacco Web sites.² The greatest amount of monthly activity was during February 2005 with 91 redirects.

Appendix KK shows the number of Cancer Control P.L.A.N.E.T. users who were redirected to developer Web sites broken into two figures. One figure includes the Physical Activity, Diet/Nutrition and Tobacco Control topic areas. Another figure includes the remaining two topic areas, Sun Safety and Breast Cancer Screening.

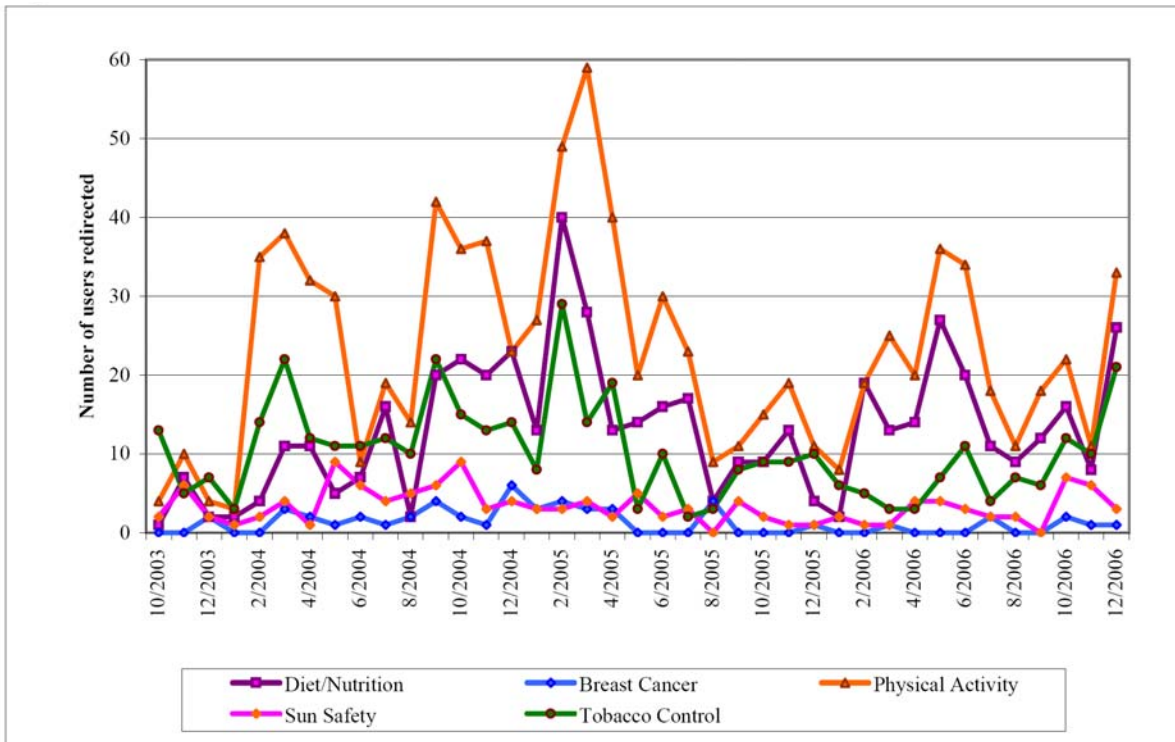


Figure 3-5. Number of users redirected to developer Web site by topic areas

Single-product downloads. Of all RTIP programs, 62.5 percent are NCI warehouse programs. During the study period, 9,864 single-product downloads (DL) occurred for NCI warehouse RTIPs. The majority of downloads were for Breast Cancer Screening products (42%). Diet/Nutrition

² The total is greater than 100 percent because RTIPs are in multiple topic areas.

(23%), Cervical Cancer Screening (22%), and Tobacco Control (17%) each accounted for about one-fifth of the DLs. The total is greater than 100 percent because RTIPs may cover multiple topics. The greatest amount of monthly activity was during December 2006 (674 downloads) with the majority of downloads for Breast Cancer Screening products (478).

Table 3-2 presents the number of RTIPs posted as well as the average number of product DLs per month for each topic area. Because RTIPs or programs could appear in multiple topic areas, the total number of programs posted across topic areas (77) is larger than the actual number of RTIPs (64). In 2003 there were 37 RTIPs posted across topic areas and the products from these programs were downloaded on average 1.4 times a month. In 2004 there were 15 more RTIPs posted across topic areas. However, the average number of product downloads per month for these 52 programs remained the same. In 2005 there were 13 more RTIPs posted across topic areas. But, products for these 65 programs were only downloaded on average 1.0 time a month. Finally, in 2006 there were 12 more RTIPs posted across topic areas and the products for these 77 programs were downloaded on average 1.5 times a month. Therefore, as the number of RTIPs posted across topic areas increased, the average number of product downloads per month did not always increase.

Table 3-2. Number of RTIPs Posted (P) and Average Number of Monthly Downloads (D) by Topic Area

Year	Breast Cancer		Cervical Cancer		Colorectal Cancer		Diet/ Nutrition		Informed Decision Making		Physical Activity		Sun Safety		Tobacco Control		Total	
	P	D	P	D	P	D	P	D	P	D	P	D	P	D	P	D	P	D
2003	7	1.8	3	1.4	0	NA	5	3.5	0	NA	4	4.0	2	0.2	16	0.7	37	1.4
2004	0	2.5	1	2.3	0	NA	6	1.9	1	7.3	6	3.5	0	0.8	1	0.9	15	1.4
2005	1	2.5	0	2.0	2	2.8	5	0.7	1	1.4	3	1.0	1	1.0	0	0.4	13	1.0
2006	2	4.1	0	3.2	0	2.7	5	1.0	0	1.0	4	1.6	0	1.3	1	0.6	12	1.5
Total	10	3.0	4	2.4	2	2.7	21	1.2	2	1.2	17	1.8	3	1.0	18	0.6	77*	1.3

* Total across topic areas and years is 77 because a program could appear in multiple topic areas.

3.2 AIO Results

This section summarizes the quantitative and qualitative data obtained from the 182 Cancer Control P.L.A.N.E.T. users who participated in the AIO survey. Nonusers (53) indicated that they did not use any of the features housed in Steps 1 through 5. Quantitative data were analyzed using descriptive statistics such as frequencies, percentages, and cross-tabulations while qualitative data were recoded and synthesized by evaluation team staff (see Appendix LL for complete record of qualitative data).

The AIO questionnaire contained questions that asked respondents about factors which may have influenced how they used Cancer Control P.L.A.N.E.T. These factors are discussed in Section 3.2.1. The AIO questionnaire also asked respondents a series of questions related to their experience using each component of Cancer Control P.L.A.N.E.T. Findings from these questions are presented in Sections 3.2.2 through 3.2.6. Figure 3-6 provides an overview of the AIO survey data collected.

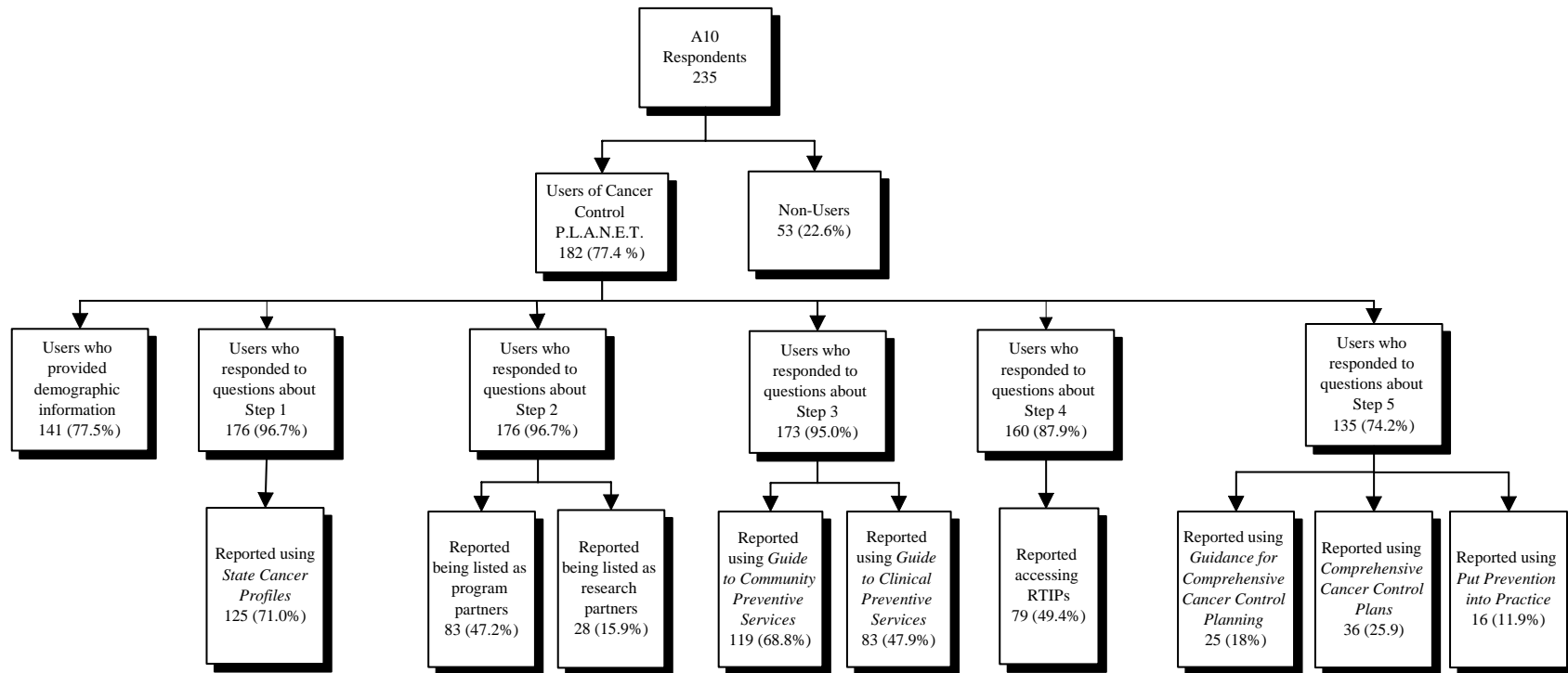


Figure 3-6. Overview of AIO survey data collection

3.2.1 Factors Pertaining to AIO Respondents' Utilization of Cancer Control P.L.A.N.E.T.

Internet use and ways of finding out about Cancer Control P.L.A.N.E.T. The data in Table 3-3 suggest that nearly 90 percent of respondents were experienced Internet users (e.g., 90.7% used Internet several times a day). Most respondents learned about Cancer Control P.L.A.N.E.T. from multiple sources, such as trainings (63.8%), their colleagues (36.2%), and exhibits at professional meetings (23.4%). Only one respondent (0.7%) had never heard of the Web site.

Table 3-3. Internet use and ways of finding out about Cancer Control P.L.A.N.E.T.*

	Frequency	Percent
Frequency of Internet use (n = 140)		
Several times a day	127	90.7
About once a day	6	4.3
3-5 days a week	5	3.6
1-2 days a week	2	1.4
Less often (less than 1-2 days a week)	---	---
Ways of finding out about Cancer Control P.L.A.N.E.T.** (n = 141)		
Trainings	90	63.8
Colleague	51	36.2
Another government Web site	13	9.2
Non-government Web site	3	2.1
Pamphlet/fact sheet/flyer	7	4.9
Search engine	1	0.7
Exhibits	33	23.4
Other***	18	12.8
Never heard of Cancer Control P.L.A.N.E.T.	1	0.7

* Of the 182 AIO respondents, 41 or more did not provide requested information.

**Respondents could choose more than one way of finding out about Cancer Control P.L.A.N.E.T.

***Federal agencies (e.g., NCI/CDC development activities) emails, word of mouth, etc.

The level of awareness of resources available on Cancer Control P.L.A.N.E.T. among target individuals was further examined by the respondent's occupation. As shown in Table 3-4, health care providers (80.0%) and public health practitioners (71.8%) were likely to learn about Cancer Control P.L.A.N.E.T. from trainings, whereas researchers or program evaluators were likely to learn about Cancer Control P.L.A.N.E.T. from colleagues (45.2%).

Table 3-4. Ways of finding out about resources on Cancer Control P.L.A.N.E.T.* by respondent's occupation

	Researcher or program evaluator (n = 31)	Health care provider (n = 20)	Public health practitioner (n = 78)	Academia (n = 5)	Other (n = 6)	Total (n = 140)**
	Frequency (Percent)					
Cancer Control P.L.A.N.E.T. training	12 (38.7)	16 (80.0)	56 (71.8)	3 (60.0)	3 (50.0)	90 (64.3)
Cancer Control P.L.A.N.E.T. exhibit at a professional meeting	7 (22.6)	6 (30.0)	18 (23.1)	2 (40.0)	0 (0)	33 (23.6)
Pamphlet/face sheet/flyer	1 (3.2)	2 (10.0)	4 (5.1)	0 (0)	0 (0)	7 (5.0)
Colleague	14 (45.2)	4 (20.0)	26 (33.3)	3 (60.0)	4 (66.6)	51 (36.4)
Another government Web site	6 (19.4)	0 (0)	7 (11.1)	0 (0)	0 (0)	13 (9.3)
Non-government Web site	0 (0)	0 (0)	3 (3.8)	0 (0)	0 (0)	3 (2.1)
Search engine	1 (3.2)	0 (0)	0 (0)	0 (0)	0 (0)	1 (0.7)
Other***	3 (9.7)	5 (25.0)	10 (12.8)	0 (0)	0 (0)	18 (12.8)
Never heard of Cancer Control P.L.A.N.E.T.	0 (0)	0 (0)	0 (0)	0 (0)	1 (16.7)	1 (0.7)

* Respondents could choose more than one way of learning about Cancer Control P.L.A.N.E.T. Therefore, column totals are not provided.

**Of the 182 AIO respondents, 42 did not identify their occupation.

***For a complete list of responses see Appendix LL About You Question 10.

Frequency of Cancer Control P.L.A.N.E.T. visits. The number of times respondents visited Cancer Control P.L.A.N.E.T. varied considerably (see Table 3-5). Nevertheless, more than 50 percent of respondents visited Cancer Control P.L.A.N.E.T. five times or fewer in the past 12 months. Results also show that public health practitioners (30) visited Cancer Control P.L.A.N.E.T. more frequently than did other professionals (see Appendix MM).

Table 3-5. AIO respondents' frequency of Cancer Control P.L.A.N.E.T. visits*

Number of times visiting Cancer Control P.L.A.N.E.T. in the past 12 months (n = 139)	Frequency	Percent**
1 time	9	6.5
2-3 times	36	25.9
4-5 times	32	23.0
6-10 times	20	14.4
More than 10 times	39	28.1
I have never visited Cancer Control P.L.A.N.E.T.	3	2.1

* Of the 182 AIO respondents, 43 did not provide requested information.

**Percents sum to 99.9% due to rounding.

How often respondents used information obtained from Cancer Control P.L.A.N.E.T.

In addition to visiting the Web site, over 98 percent of respondents used information from Cancer Control P.L.A.N.E.T. (see Table 3-6). More than 60 percent of respondents reported using information obtained from Cancer Control P.L.A.N.E.T. five times or fewer in the past 12 months, while approximately 32 percent (32.3%) of respondents used information obtained from Cancer Control P.L.A.N.E.T. more than six times in the past 12 months.

Table 3-6. Number of times using information on Cancer Control P.L.A.N.E.T.*

Number of times using information obtained from Cancer Control P.L.A.N.E.T. in the past 12 months (n = 136)	Frequency	Percent**
1 time	12	8.8
2-3 times	46	33.8
4-5 times	28	20.6
6-10 times	18	13.2
More than 10 times	26	19.1
Don't know	4	2.9
I have never used Cancer Control P.L.A.N.E.T.	2	1.5

*Of the 182 AIO respondents, 46 did not provide requested information.

**Percents sum to 99.9% due to rounding.

3.2.2 State Cancer Profiles

There were 13 questions and subquestions in the AIO questionnaire that asked respondents about their experience using data from *State Cancer Profiles*, available through Cancer Control P.L.A.N.E.T., to set priorities for cancer control efforts. Respondents were asked to describe the type of data they used, the purpose for using the data, and to assess the usefulness of the data obtained.

Of the 182 Cancer Control P.L.A.N.E.T. users, 176 (96.7%) responded to the questions about their use of the *State Cancer Profiles* data. One hundred twenty-five (68.7%) of these respondents indicated that they used information from *State Cancer Profiles* in the past 12 months (see Table 3-7). Of the 125 users, information from Quick Profiles was used the most (93.6%), followed by Comparison Tables (76.0%), Interactive Graphs and Maps (54%), and Support Data (52%). In the open-ended questions, respondents indicated that they used *State Cancer Profiles* for presentations, reports, proposals, training, or lectures. They also used *State Cancer Profiles* data for priority setting; planning or implementing cancer control projects; comparing state cancer data with other states; and reviewing trends in cancer.

Table 3-7. Experience using data provided in Step 1 of Cancer Control P.L.A.N.E.T. (n = 125)

	Frequency	Percent
Used the Quick Profiles	117	93.6
Used the Comparison Tables	95	76.0
Used the Interactive Graphs and Maps	67	53.6
Used the Support Data	65	52.0

In addition to identifying the type of data used from *State Cancer Profiles*, respondents rated the level of usefulness of the data obtained. A 5-point rating scale, ranging from “not at all useful” to “extremely useful,” was used. As shown in Table 3-8, the majority of the respondents (ranging from 47.8% to 59.0%) rated these data as “very useful.”

Table 3-8. Usefulness of data provided in Step 1 of Cancer Control P.L.A.N.E.T.

	Quick profiles (n = 117)	Comparison tables (n = 94)*	Interactive graphs and maps (n = 67)	Support data (n = 64)
Extremely useful	12 (10.2%)	17 (18.0%)	7 (10.4%)	8 (12.5%)
Very useful	69 (59.0%)	45 (47.9%)	32 (47.8%)	33 (51.6%)
Moderately useful	27 (23.1%)	20 (21.3%)	22 (32.8%)	16 (25.0%)
A little useful	9 (7.7%)	12 (12.8%)	6 (9.0%)	6 (9.4%)
Not at all useful	---	---	---	1 (1.5%)

* One respondent did not provide requested information.

3.2.3 Cancer Control Partners

There were six questions and sub-questions in the AIO survey that asked respondents about their experience as a Cancer Control P.L.A.N.E.T. program or research partner. Respondents who identified themselves as program or research partners were asked to describe their experience of being contacted by Cancer Control P.L.A.N.E.T. users to discuss collaboration or partnership activities.

Of the 182 Cancer Control P.L.A.N.E.T. users, 176 (96.7%) responded to questions about their experience of being a Cancer Control P.L.A.N.E.T. program or research partner. Of these respondents, 83 (47.2%) indicated that they were listed as program partners and 28 (15.9%) indicated that they were listed as research partners (see Table 3-9). Of those who were listed as program partners, only seven (8.4%) reported being contacted by Cancer Control P.L.A.N.E.T. users to discuss collaborative or partnership efforts.

Table 3-9. Potential partners

	Frequency	Percent
Listed as a program partner (n = 83)		
Contacted by a Cancer Control P.L.A.N.E.T. user for collaboration or partnership	7	8.4
Listed as a research partner (n = 28)		
Contacted by a Cancer Control P.L.A.N.E.T. user for collaboration or partnership	1	3.6

Examples of activities resulting from such collaborative efforts included implementing a new program (e.g., Body and Soul), arranging or attending a cancer learning session, and networking with key stakeholders to obtain needed materials for an upcoming event. Of those who were listed as a research partners, only one (3.6%) indicated being contacted by a Cancer Control P.L.A.N.E.T. user for a collaboration or partnership effort. The resulting activity for this participant was to attend a survivorship initiative.

3.2.4 Evidence Reviews

There were four questions and subquestions in the AIO questionnaire that asked respondents about their experience using Cancer Control P.L.A.N.E.T. resources for their work, including information on different intervention approaches. There were two types of resources listed in the survey: (1) *Guide to Community Preventive Services* and (2) *Guide to Clinical Preventive Services*. Respondents were asked whether they accessed these resources through Cancer Control P.L.A.N.E.T., accessed these resources through Web sites other than Cancer Control P.L.A.N.E.T., or did not use these resources. Respondents who accessed these resources also described how they used the information obtained for their work.

Type of resources used. Of the 182 Cancer Control P.L.A.N.E.T. users, 173 (95.1%) responded to the question about their experience using these resources for their work. Of these respondents 119 (68.8%) indicated that they used the *Guide to Community Preventive Services* and 83 (48.0%) indicated that they used the *Guide to Clinical Preventive Services* (see Table 3-10). A considerable proportion of respondents had not used resources from the *Guide to Community Preventive Services* (31.2%) or the *Guide to Clinical Preventive Services* (52.0%) for their work. Respondents were more likely to obtain information from Cancer Control P.L.A.N.E.T. than from other Web sites. Some respondents reported obtaining information from both Cancer Control P.L.A.N.E.T. and other Web sites.

Table 3-10. Type of Cancer Control P.L.A.N.E.T. resources used for work

	Guide to Community Preventive Services (n = 119)	Guide to Clinical Preventive Services (n = 83)
	Frequency (Percent)	
Accessed through Cancer Control P.L.A.N.E.T. only	69 (58.0)	43 (51.8)
Accessed from some Web site other than Cancer Control P.L.A.N.E.T. only	24 (20.2)	26 (31.3)
Access through Cancer Control P.L.A.N.E.T. and from other Web site other than Cancer Control P.L.A.N.E.T.	26 (21.8)	14 (16.9)

In the open-ended questions, many respondents reported using the *Guide to Community Preventive Services* for planning and training purposes. Other respondents indicated using information from the *Guide to Community Preventive Services* to identify and develop evidence-based interventions, strategies, and resources. In addition to the *Guide to Community Preventive Services*, respondents were also likely to use information from the *Guide to Clinical Services* in (1) planning their state plans, projects, or other interventions; (2) training, teaching, or clinical practice; (3) reviewing screening recommendations, standards, and best practices; and (4) evaluating programs and activities.

3.2.5 Research-Tested Intervention Programs (RTIPs)

There were 31 questions and subquestions in the AIO questionnaire that asked respondents about their experience using evidence-based programs through Cancer Control P.L.A.N.E.T. These questions included methods used to access RTIPs, ease of obtaining these programs, extent to which RTIPs were used and modified, and how the respondent's cancer prevention and control activities were changed as a result of using RTIPs.

Of the 182 Cancer Control P.L.A.N.E.T. users, 160 (87.9%) responded to questions regarding their experience accessing and obtaining RTIPs through Cancer Control P.L.A.N.E.T. Of these respondents, 79 (49.4%) indicated that they had accessed RTIPs before. Most of these respondents were public health practitioners (52) and worked for organizations such as Federal government agencies (24), educational institutions (17), nonprofit organizations (12), or state or local government agencies (11).

Of the 79 respondents who reported accessing RTIPs, only 4 (5.1%) reported “fully implementing the RTIPs,” whereas 70 (88.6%) reported “using the RTIPs for reference” (see Table 3-11). One of the four respondents who reported “fully implementing RTIPs” did not provide any demographic information. The remaining three respondents were program managers, found out about Cancer Control P.L.A.N.E.T. from trainings, and were from Kentucky or Tennessee. In addition, slightly over half of the respondents (51.3%) who accessed RTIPs incorporated aspects of such programs into existing or developing programs.

Table 3-11. Experience using the Research-Tested Intervention Programs (RTIPs)

	In the past 12 months, have you		
	Fully implemented the RTIPs (n = 79)	Used the RTIPs for reference (n = 79)	Incorporated aspects of the RTIPs into existing or developing programs (n = 78)*
	Frequency (Percent)		
Yes	4 (5.1)	70 (88.6)	40 (51.3)
No	72 (91.1)	9 (11.4)	36 (46.1)
Don't know	3 (3.8)	0 (0)	2 (2.6)

* One respondent did not provide requested information.

Method and ease of access to RTIPs. The AIO questionnaire asked respondents about ways of obtaining evidence-based programs, including downloading programs through the RTIPs’ Web site, ordering programs through the RTIPs’ Web site, and purchasing programs from a developer’s Web site. From Table 3-12, we see that, of the 79 respondents who reported accessing RTIPs, all but seven RTIPs users (91.1%) downloaded programs from RTIPs’ Web site. A total of 22 of these 79 respondents (27.8%) ordered evidence-based programs through the RTIPs Web site and only three of these respondents (3.8%) purchased evidence-based programs from a developer’s Web site (see Table 3-12).

Respondents were asked to rate their experience obtaining evidence-based programs. Using a 5-point rating scale, their reported experience ranged from “very easy” to “very difficult”. At least 61 percent of those who obtained evidence-based programs through Cancer Control P.L.A.N.E.T. reported that the process of downloading or ordering programs through the RTIPs Web site was “very easy” (see Table 3-12). Although only three respondents purchased evidence-based programs from a developer’s Web site, their experience of obtaining such programs varied, ranging from “very easy” to “very difficult.”

Table 3-12. Ease and method of access to RTIPs programs

	Downloaded program from RTIPs (n = 72)	Ordered program through RTIPs (n = 22)	Purchased program from developer Web site (n = 3)
	Frequency (Percent)		
Very easy	44 (61.1)	15 (68.2)	1 (33.3)
Somewhat easy	18 (25.0)	1 (4.5)	0 (0)
Neither easy nor difficult	8 (11.1)	3 (13.6)	1 (33.3)
Somewhat difficult	2 (2.8)	2 (9.1)	0 (0)
Very difficult	0 (0)	1 (4.5)	1 (33.3)

RTIPs usage. Respondents who reported accessing RTIPs further described the type of evidence-based programs they used in the past 12 months. The eight RTIPs topic areas were listed in the questionnaire including, cancer screening programs (e.g., Breast Cancer, Cervical Cancer, and Colorectal Cancer), Diet/Nutrition programs, Informed Decision Making programs, Physical Activity programs, Sun Safety programs, and Tobacco Control programs. Two types of cancer screening programs (39.2% for Breast Cancer and 34.2% for Colorectal Cancer) and Diet/Nutrition programs (31.6%) were used by more than 30 percent of the respondents (see Table 3-13).

Table 3-13. Ways RTIPs were used by RTIPs program types (n = 79)*

	Breast Cancer Screening program	Cervix Cancer Screening program	Colorectal Cancer Screening program	Diet/ Nutrition program	Informed Decision Making program	Physical Activity program	Sun Safety program	Tobacco Control program
	Frequency (Percent)							
Looked at the program but did not use it	6 (19.4)	4 (30.8)	14 (51.9)	10 (40.0)	8 (61.5)	4 (33.3)	10 (62.5)	8 (44.4)
Used the program as inspiration for other program development	16 (51.6)	4 (30.8)	13 (48.1)	11 (44.0)	5 (38.5)	8 (66.7)	6 (60.0)	10 (55.6)
Implemented the program with no modifications	0 (0)	0 (0)	0 (0)	2 (8.0)	0 (0)	0 (0)	0 (0)	0 (0)
Implemented the program with minor modifications	3 (9.7)	1 (7.7)	0 (0)	2 (8.0)	0 (0)	0 (0)	0 (0)	0 (0)
Implemented the program with major modifications	6 (19.4)	4 (30.8)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Total	31 (39.2)	13 (16.5)	27 (34.2)	25 (31.6)	13 (16.4)	12 (15.2)	16 (20.3)	18 (22.8)

* Respondents could choose more than one RTIP program type. Therefore, row totals are not provided.

Findings suggest that the majority of the respondents who accessed RTIPs tend to use evidence-based programs for reference purposes (see Table 3-13). For example, at least 50 percent of respondents looked at Colorectal Cancer Screening (51.9%), Informed Decision Making (61.5%), and Sun Safety (62.5%) programs but did not use them. In addition, slightly over 50 percent of respondents used Breast Cancer Screening RTIPs as a source for developing other programs. Only two respondents

(8.0%) indicated that they implemented diet/nutrition-related RTIPs with no modifications. Only one of these two respondents reported having “fully implemented RTIPs” earlier in the survey. However, this respondent provided no demographic information.

Of those who implemented RTIPs, a few indicated that they modified selected RTIPs (i.e., Breast Cancer and Cervix Cancer Screening programs) to meet the need of targeted audiences (e.g., tribal women, people with low literacy, rural areas). Another respondent modified a Diet/Nutrition Program by incorporating youth as the driving force to implement activities in the church and in the community. Appendix NN contains tables of respondents settings and occupations by the ways RTIPs were used for each program type.

Respondents were further asked about their role in cancer prevention and control. A few respondents were involved in the design, development, and implementation of cancer prevention and control programs (10). Some were members of state cancer control coalitions (5) or chairpersons of their state programs (4). Others were involved in state planning, dissemination, or providing technical assistance to cancer control organizations.

Respondents also indicated that RTIPs provided from Cancer Control P.L.A.N.E.T. had changed their cancer prevention and control activities. For instance, several respondents reported using the RTIPs in (1) developing programs, (2) adopting or recommending the adoption of the evidence-based approach, or (3) identifying target audiences, resources, examples from other programs, or potential partners. Others indicated that access to the RTIPs with ready-made programs made their work easier.

3.2.6 Planning, Implementing, and Evaluating Comprehensive Cancer Control Programs

There were 11 questions and subquestions in the AIO questionnaire that asked respondents to describe their experience using tools on Cancer Control P.L.A.N.E.T. for planning, implementing, and evaluating comprehensive cancer control programs. Specifically, these tools include *Guidance for Comprehensive Cancer Control Planning*, *Comprehensive Cancer Control Plans*, and *Put Prevention into Practice*. Respondents also described their involvement in activities related to the development of a comprehensive cancer control plan for their state, tribe, or territory. They specified how the information from Cancer Control P.L.A.N.E.T. was used as part of their involvement in such activities.

Of the 182 Cancer Control P.L.A.N.E.T. users, 135 (74.2%) responded to questions regarding the use of tools available through Cancer Control P.L.A.N.E.T. to plan or evaluate their cancer control program. Of these, nearly 27 percent used *Comprehensive Cancer Control Plans*, approximately 19 percent used *Guidance for Comprehensive Cancer Control Planning*, and about 12 percent used *Put Prevention into Practice*.

Of these 135 respondents, close to 60 percent were involved in activities related to developing a comprehensive cancer control plan for their State, tribe, or territory in the past 12 months (see Table 3-14). Over one-third of these respondents (34.1%) used Cancer Control P.L.A.N.E.T. as part of their involvement in these activities.

Table 3-14. Tools on Step 5 of Cancer Control P.L.A.N.E.T. and cancer control program planning involvement (n = 135)

	Frequency	Percent
Tools used in the past 12 months*		
Guidance for Comprehensive Cancer Control Planning	25	18.5
Comprehensive Cancer Control Plans	36	26.7
Put Prevention into Practice	16	11.9
Involved in activities related to a comprehensive cancer control plan development for State, tribe, or territory	79	58.5
Used Cancer Control P.L.A.N.E.T. as part of the involvement in these activities	46	34.1

* Respondents could choose more than one tool.

In the open-ended questions, respondents described that they used these tools mostly for planning or developing cancer control programs. Other respondents used these tools to apply for funding, implement a program or a practice strategy, or as a resource and reference. They also used such information for teaching, presentations, and partnership building and maintenance. More specifically, information from the *Comprehensive Cancer Control Planning* was used to plan or implement a state or community comprehensive cancer program. Information from the *Guidance for Comprehensive Cancer Control Planning* was used as a reference or resource to develop a comprehensive cancer control plan. Information provided from *Put Prevention into Practice* was used as a reference for cancer control planning and development, education, grant application, and implementation of an evidence-based program.

3.3 UCS Results

This section summarizes the quantitative and qualitative data obtained from the UCS survey. Quantitative data are presented using descriptive statistics including frequencies, percentages, and cross-tabulations. Recoded and synthesized qualitative information is also reported in this section (see Appendix OO for complete record of qualitative data). The UCS questionnaire contained questions that asked respondents about factors which may have influenced how they used Cancer Control P.L.A.N.E.T. These factors are discussed in Section 3.3.1. Sections 3.3.2 and 3.3.3 present results from questions pertaining to the type of information sought from Cancer Control P.L.A.N.E.T. and used by UCS respondents and their experience using Cancer Control P.L.A.N.E.T., respectively.

3.3.1 Factors Pertaining to UCS Respondents' Utilization of Cancer Control P.L.A.N.E.T.

Internet use and ways of learning about Cancer Control P.L.A.N.E.T. Since the UCS questionnaire was administered on the Internet, it was not surprising that most of the respondents were experienced and regular Internet users. Approximately 84 percent of respondents reported using the Internet several times a day (see Table 3-15). Most respondents found out about Cancer Control P.L.A.N.E.T. from multiple sources, such as Cancer Control P.L.A.N.E.T. trainings (39.4%), presentations (29.2%), and exhibits (14.6%), as well as from their colleagues (31.4%). Twenty respondents (14.6%) indicated that they learned about Cancer Control P.L.A.N.E.T. from other sources such as state or Federal government agencies, emails, and meetings.

Table 3-15. Internet use and ways of finding out about Cancer Control P.L.A.N.E.T.

	Frequency	Percent
Frequency of Internet use (n = 133)*		
Several times a day	112	84.2
About once a day	12	9.0
3-5 days a week	1	0.7
1-2 days a week	3	2.3
Less often (less than 1-2 days a week)	5	3.8
Ways of finding out about Cancer Control P.L.A.N.E.T. (n = 137)**		
Training	54	39.4
Presentation	40	29.2
Exhibit at a professional meeting	20	14.6
Colleague	43	31.4
Another government Web site	12	8.8
Pamphlet/fact sheet/flyer	7	5.1
Search engine	8	5.8
Other***	20	14.6

* Of the 137 USC respondents, 4 did not provide requested information.

**Respondents could choose more than one way of finding out about Cancer Control P.L.A.N.E.T.

***Federal agencies (e.g., NCI/CDC development activities) emails, word of mouth, etc.

Ways of learning about the resources available on Cancer Control P.L.A.N.E.T. were further examined by respondents' occupations. Specifically examined was how public health practitioners, health care providers, researchers, and program evaluators learned about the Web site.

As shown in Table 3-16, health care providers, researchers, and program evaluators were likely to learn about Cancer Control P.L.A.N.E.T. from their colleagues (38.5% for researchers and program evaluators and 42.9% for health care providers). By contrast, public health practitioners were likely to learn about Cancer Control P.L.A.N.E.T. from trainings (52.6%), presentations (32.9%), and their colleagues (25.0%).

Table 3-16. Ways of finding out about resources on Cancer Control P.L.A.N.E.T.* by respondents' occupations

	Researcher or program evaluator (n = 26)	Health care provider (n = 21)	Public health practitioner (n = 76)	Academia (n = 4)	Other (n = 6)	Total (n = 133)**
	Frequency (Percent)					
Training	7 (26.9)	7 (33.3)	40 (52.6)	0 (0)	0 (0)	54 (40.6)
Presentation	8 (30.8)	5 (23.8)	25 (32.9)	2 (50.0)	0 (0)	40 (30.1)
Exhibit at a professional meeting	4 (15.4)	5 (23.8)	11 (14.5)	0 (0)	0 (0)	20 (15.0)
Pamphlet/face sheet/flyer	4 (15.4)	1 (4.8)	2 (2.6)	0 (0)	0 (0)	7 (5.2)
Colleague	10 (38.5)	9 (42.9)	19 (25.0)	2 (50.0)	3 (50.0)	43 (32.3)
Another government Web site	4 (15.4)	2 (9.5)	5 (6.6)	1 (25.0)	0 (0)	12 (9.0)
Search engine	1 (3.8)	2 (9.5)	3 (3.9)	0 (0)	2 (33.3)	8 (6.0)
Other***	4 (15.4)	1 (4.8)	9 (11.8)	0 (0)	1 (16.7)	15 (11.2)

* UCS respondents could choose more than one way of learning about Cancer Control P.L.A.N.E.T. Therefore, column totals are not provided.

**Of the 137 UCS respondents, 4 did not provide occupation.

***For a complete list of responses see Appendix OO Question 1.

Figure 3-7 shows that NCI's outreach activities (i.e., Cancer Control P.L.A.N.E.T. trainings, presentations, exhibits, pamphlets, fact sheets, and flyers) had the greatest influence on various respondents' knowledge about Cancer Control P.L.A.N.E.T.

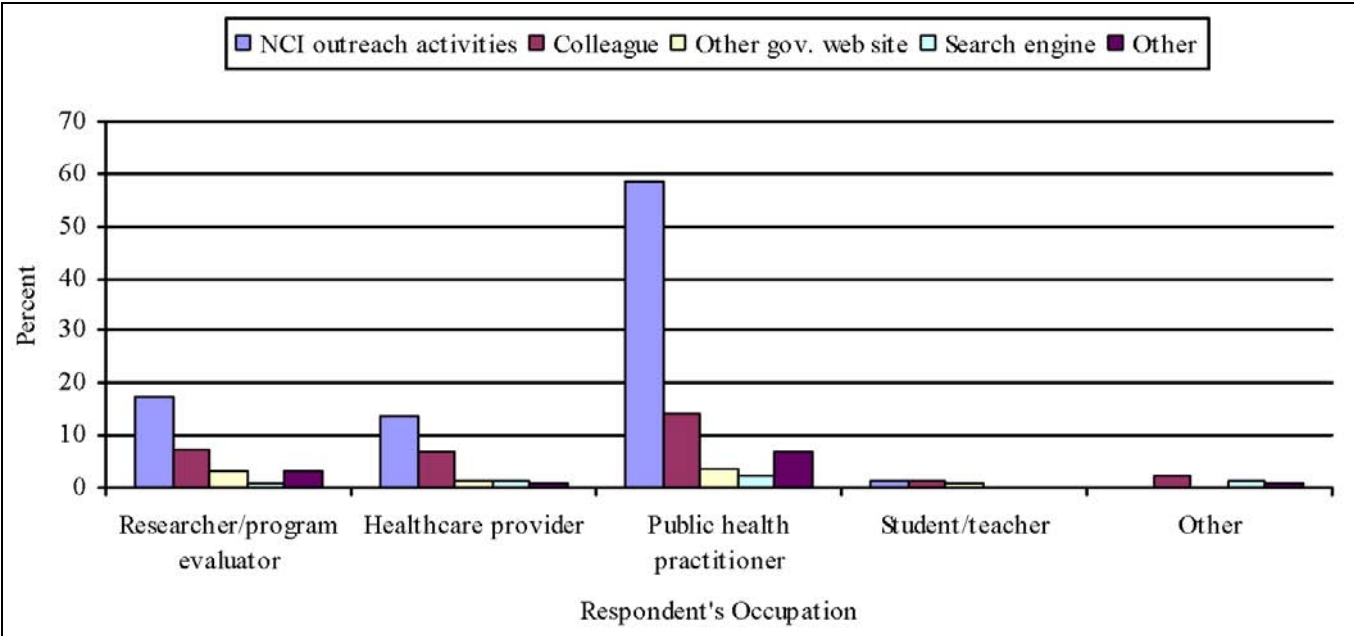


Figure 3-7. Ways of finding out about resources on Cancer Control P.L.A.N.E.T. by respondent's occupation

Frequency of Cancer Control P.L.A.N.E.T. visits. The number of visits to the Cancer Control P.L.A.N.E.T. Web portal varied among the respondents. Over 30 percent of respondents reported visiting the Web portal two to three times in the past 12 months, whereas approximately 7 percent visited the Web portal six to ten times in the past 12 months (Table 3-17).

The frequent Cancer Control P.L.A.N.E.T. users (i.e., visiting the Web site more than 10 times in the past 12 months) were likely to be public health practitioners (20) or researchers/program evaluators (7) (see Appendix PP). They were also likely to work at various organizations such as Federal Government agencies (9), local or state government agencies (6), universities (5), or nonprofit organizations (4). Respondents who used Cancer Control P.L.A.N.E.T. five times or less the past 12 months were also likely to be public health practitioners (49), and most of them indicated that they worked for a local or state government agency (27) (see Appendix PP).

Table 3-17. UCS respondents' frequency of Cancer Control P.L.A.N.E.T. visits (n = 133)*

	Frequency	Percent**
This is my first visit	26	19.5
2-3 times	43	32.3
4-5 times	25	18.8
6-10 times	9	6.6
More than 10 times	28	21.0
Don't know	2	1.5

* Of the 137 UCS respondents, 4 did not provide requested information.

**Percents sum to 99.7% due to rounding.

3.3.2 Cancer Control P.L.A.N.E.T. Information Sought and Used by UCS Respondents

Reasons for visiting Cancer Control P.L.A.N.E.T. The top three reasons respondents gave for visiting Cancer Control P.L.A.N.E.T. were data acquisition (68.6%), learning about effective intervention approaches for cancer control (42.3%), and obtaining evidence-based programs and products (41.6%) (see Table 3-18). Eleven respondents indicated that they visited Cancer Control P.L.A.N.E.T. for other reasons including training and teaching (4), viewing the cancer control plans (2), preparing for grants (1), accessing materials for a presentation (1), responding to the UCS survey (1), and because they had never used Cancer Control P.L.A.N.E.T. before (2).

Table 3-18. Reasons for visiting Cancer Control P.L.A.N.E.T. (n = 137)*

	Frequency	Percent
To obtain data on the cancer and/or risk factor burden within a given State	94	68.6
To identify potential program/community partners	24	17.5
To identify potential research partners	14	10.2
To learn about effective intervention approaches for cancer control	58	42.3
To obtain evidence-based programs and products	57	41.6
To find guidelines for planning and evaluation	33	24.1
To identify other resources	35	25.6
Just to browse	48	35.0
Other**	11	8.0

* Respondents could choose more than one reason for visiting the Web site.

**For a complete list of responses see Appendix OO Question 3.

Respondents' reasons for visiting Cancer Control P.L.A.N.E.T. were further examined by their occupation. As shown in Table 3-19, "obtaining data on the cancer and risk factor burden within a given State" was the most popular reason respondents gave for visiting Cancer Control P.L.A.N.E.T., regardless of occupation. "Learning about effective intervention approaches for cancer control" (44.7%) and "obtaining evidence-based programs and products" (46.0%) were also popular reasons for public health practitioners to visit Cancer Control P.L.A.N.E.T.

Table 3-19. Reasons for visiting Cancer Control P.L.A.N.E.T.* by respondents' occupations

	Researcher/ program evaluator (n = 26)	Health care provider (n = 21)	Public health practitioner (n = 76)	Academia (n = 4)	Other (n = 6)	Total (n = 133)**
	Frequency (Percent)					
To obtain data on the cancer and/or risk factor burden within a given State	16 (61.5)	15 (71.4)	55 (72.4)	2 (50.0)	6 (100.0)	94 (70.7)
To identify potential program/community partners	4 (15.4)	5 (23.8)	14 (18.4)	0 (0)	1 (16.7)	24 (18.0)
To identify potential research partners	2 (7.7)	4 (19.0)	6 (7.9)	0 (0)	2 (33.3)	14 (10.5)
To learn about effective intervention approaches for cancer control	15 (57.7)	5 (23.8)	34 (44.7)	1 (25.0)	3 (50.0)	58 (43.6)
To obtain evidence-based programs and products	13 (50.0)	8 (38.1)	35 (46.0)	0 (0)	1 (16.7)	57 (42.8)
To find guidelines for planning and evaluation	6 (23.1)	6 (28.6)	18 (23.7)	0 (0)	3 (50.0)	33 (24.8)
To identify other resources	6 (23.1)	6 (28.6)	21 (27.6)	0 (0)	2 (33.3)	35 (26.3)
Just to browse	13 (50.0)	6 (28.6)	25 (32.9)	1 (25.0)	3 (50.0)	48 (36.1)
Other***	0 (0)	1 (4.8)	1 (1.3)	1 (25.0)	0 (0)	3 (2.2)

* Respondents could choose more than one reason for visiting Cancer Control P.L.A.N.E.T. Therefore, column totals are not provided.

**Of the 137 UCS respondents, 4 did not provide occupation.

***For a complete list of responses see Appendix OO Question 3.

Topics of information sought on Cancer Control P.L.A.N.E.T. As shown in Table 3-20, topics of information or resources on Cancer Control P.L.A.N.E.T. sought the most by respondents were related to breast cancer (63.5%), colorectal cancer, (54%) and cervical cancer (53.3%). Over one-fifth of respondents also looked for information on tobacco control (28.5%), cancer survivorship (25.6%), diet/nutrition (24.1%), and informed decision making (24.8%). Twenty respondents falling into the other category stated that they sought other topics of information or resources on Cancer Control P.L.A.N.E.T. including information on various cancers (e.g., all cancers, prostate cancer, kidney cancer, and lung cancer), mortality and incidence, research, planning, community-based prevention, state plan, and general information.

Table 3-20. Topics of information or resources sought on Cancer Control P.L.A.N.E.T.* (n = 137)

	Frequency	Percent
Breast cancer	87	63.5
Cervical cancer	73	53.3
Colorectal cancer	74	54.0
Diet/nutrition	33	24.1
Informed decision making	34	24.8
Physical activity	18	13.1
Sun safety	21	15.3
Tobacco control	39	28.5
Cancer survivorship	35	25.6
Other**	20	14.6

* Respondents could choose more than one topic area.

**For a complete list of responses see Appendix OO Question 4.

Table 3-21 presents results of topics of information by respondents' occupations. Regardless of respondents' occupations, the topic on which information sought the most was breast cancer. Researchers, program evaluators, health care providers, and public health practitioners were also interested in information on cervical cancer and colorectal cancer. Research program evaluators were more likely than other professionals to seek information on other topic areas, such as tobacco control (38.5%), diet/nutrition (26.9%), and informed decision making (26.9%).

Table 3-21. Topics of information sought on Cancer Control P.L.A.N.E.T.* by respondents' occupations

	Researcher/ program evaluator (n = 26)	Health care provider (n = 21)	Public health practitioner (n = 76)	Academia (n = 4)	Other (n = 6)	Total (n = 133)**
	Frequency (Percent)					
Breast cancer	18 (69.2)	11 (52.4)	54 (71.1)	0 (0)	4 (66.7)	87 (65.4)
Cervical cancer	15 (57.7)	8 (38.1)	44 (57.9)	2 (50.0)	4 (66.7)	73 (54.9)
Colorectal cancer	15 (57.7)	10 (47.6)	46 (60.5)	0 (0)	3 (50.0)	74 (55.6)
Diet or nutrition	7 (26.9)	4 (19.0)	20 (26.3)	0 (0)	2 (33.3)	33 (24.8)
Informed decision making	7 (26.9)	5 (23.8)	19 (25.0)	0 (0)	3 (50.0)	34 (25.6)
Physical activity	6 (23.1)	0 (0)	10 (13.2)	0 (0)	2 (33.3)	18 (13.5)
Sun safety	5 (19.2)	2 (9.5)	13 (17.1)	0 (0)	1 (16.7)	21 (15.8)
Tobacco control	10 (38.5)	2 (9.5)	25 (32.9)	0 (0)	2 (33.3)	39 (29.3)
Cancer survivorship	7 (26.9)	7 (33.3)	16 (21.1)	1 (25.0)	4 (66.7)	35 (26.3)
Other	4 (15.4)	1 (4.8)	5 (6.6)	1 (25.0)	1 (16.7)	12 (9.0)

*Respondents could choose more than one topic area. Therefore, column totals are not provided.

**Of the 137 UCS respondents, 4 did not provide occupation.

***For a complete list of responses, see Appendix OO Question 4.

Ways of using obtained information. The majority of the respondents (69.3%) indicated that they shared the information they obtained from Cancer Control P.L.A.N.E.T. with their colleagues (see Table 3-22). Over 20 percent respondents also said that they used such information to develop or implement cancer control programs (38%); prepare a manuscript, report, or presentation (29.2%); develop or implement a state cancer control plan (28.5%); identify program or community partners (23.4%); or submit a funding application (21.9%). Eleven respondents falling into the other category in Table 3-22 indicated that they used information obtained from Cancer Control P.L.A.N.E.T. for: training, comparing Cancer Control P.L.A.N.E.T. data with own analyses, or for a family member.

Table 3-9 indicates that eight AIO respondents, listed as program or research partners, reported being contacted by Cancer Control P.L.A.N.E.T. users to discuss collaborative or partnership efforts. Yet Table 3-22 shows that 32 UCS respondents used information obtained from Cancer Control P.L.A.N.E.T. to identify program or community partners. A variety of reasons could account for this difference. The UCS respondents could have identified program or community partners listed on Cancer Control P.L.A.N.E.T. who did not respond to the AIO survey. Identification of potential program or community partners may not have resulted in contact attempts or successful contacts. Contacts could have been successfully made, but those being contacted might not have remembered them. Finally, the people making contact attempts may not have told those they contacted that they got their information from Cancer Control P.L.A.N.E.T.

Table 3-22. Ways of using obtained information (n = 137)*

	Frequency	Percent
Share with colleagues	95	69.3
Share with patients/clients	23	16.8
Identify program/community partners	32	23.4
Identify research partners	12	8.8
Develop/implement cancer control program	52	38.0
Develop/implement state cancer control plan	39	28.5
Submit a funding application	30	21.9
Prepare a manuscript, report, or presentation	40	29.2
Other**	11	8.0

* Respondents could choose more than one way of using information obtained from Cancer Control P.L.A.N.E.T.

**For a complete list of responses, see Appendix OO Question 7.

Ways of using obtained information were further examined by respondents' occupations. In addition to sharing information obtained from Cancer Control P.L.A.N.E.T. with their colleagues, respondents used such information for other purposes. For example, public health practitioners were likely to use obtained information to develop and implement a cancer control program (43.4%); develop and implement a state cancer control plan (31.6%); prepare a manuscript, report, or presentation (27.6%); or to identify program or community partners (26.3%) (See Table 3-23). Researchers and program evaluators used obtained information to develop and implement a cancer control program (46.2%); whereas health care providers shared obtained information with their clients (47.6%).

Table 3-23. Ways of using obtained information or resources* by respondents' occupations

	Researcher/ program evaluator (n = 26)	Health care provider (n = 21)	Public health practitioner (n = 76)	Academia (n = 4)	Other (n = 6)	Total (n = 133)**
	Frequency (Percent)					
Share with colleagues	20 (76.9)	16 (76.2)	52 (68.4)	3 (75.0)	4 (66.7)	95 (71.4)
Share with patients/clients	2 (7.7)	10 (47.6)	7 (9.2)	1 (25.0)	3 (50.0)	23 (17.3)
Identify program/community partners	4 (15.4)	5 (23.8)	20 (26.3)	0 (0)	3 (50.0)	32 (24.1)
Identify research partners	2 (7.7)	3 (14.3)	6 (7.9)	0 (0)	1 (16.7)	12 (9.0)
Develop/implement cancer control program	12 (46.2)	7 (33.3)	33 (43.4)	0 (0)	0 (0)	52 (39.1)
Develop/implement state cancer control plan	6 (23.1)	6 (28.6)	24 (31.6)	1 (25.0)	2 (33.3)	39 (29.3)
Submit a funding application	7 (26.9)	4 (19.0)	18 (23.7)	0 (0)	1 (16.7)	30 (22.6)
Prepare a manuscript, report, or presentation	8 (30.8)	6 (28.6)	21 (27.6)	2 (20.0)	3 (50.0)	40 (30.1)
Other	0 (0)	0 (0)	1 (1.3)	0 (0)	0 (0)	1 (0.7)

*Respondents could choose more than one way using obtained information. Therefore, column totals are not provided.

**Of the 137 UCS respondents, 4 did not provide occupation.

***For a complete list of responses, see Appendix OO Question 7.

3.3.3 UCS Respondents' Experience Using Cancer Control P.L.A.N.E.T.

Amount of information wanted. Of the 137 UCS respondents, 130 (95%) reported the extent of the information they were able to find on Cancer Control P.L.A.N.E.T. Of these 130 respondents, all but four were able to find at least some of the information they wanted (see Table 3-24). In particular, approximately 66 percent of respondents found most if not all of the information they wanted and 30.8 percent found some of the information they wanted.

Table 3-24. Amount of wanted information found on Cancer Control P.L.A.N.E.T. (n = 130)*

	Frequency	Percent
All of what I wanted	21	16.1
Most of what I wanted	65	50.0
Some of what I wanted	40	30.8
None of what I wanted	4	3.1

* Of the 137 UCS respondents, 7 did not provide requested information.

Information wanted but unavailable through Cancer Control P.L.A.N.E.T. In open-ended questions, a few respondents indicated that certain information they wanted was unavailable through the Web portal. For example, some respondents looked for county and ZIP-code level data (4); information on the U.S. Territories and Canada (3); breast cancer and cervical cancer programs for minority and underserved populations (2); lung cancer death rates (1); appropriate contact persons for program and research partners (2); more and recent evidence-based programs (3); results of adapting recommended programs (1); resources and best practices for evaluation at the community level (1); information on informed decision making (1); up-to-date data (2); and cancer staging information (1).

Usefulness of five components. UCS respondents were asked to rate the usefulness of the Cancer Control P.L.A.N.E.T. components using a 5-point scale, ranging from “not at all useful” to “extremely useful.” Two additional answer choices were provided for respondents who did not use or could not find the component.

Findings suggest that the clear majority of respondents found each of the five components to be “useful” or “extremely useful” (see Table 3-25). In particular, more than 80 percent of respondents reported that information from the Step 1: *State Cancer Profiles* (85.1%), Step 3: *Evidence Reviews* (83.5%), and Step 4: *Research-Tested Intervention Programs* (RTIPs) (81.2%) was “useful,” “very useful,” or “extremely useful.” Data from Step 2: *Cancer Control Partners* was the least used component (22.7%) as compared with other components of Cancer Control P.L.A.N.E.T. None of respondents reported having trouble “finding” Cancer Control P.L.A.N.E.T. components.

Table 3-25. Level of usefulness of Cancer Control P.L.A.N.E.T. components*

	Step 1: State Cancer Profiles (n = 128)	Step 2: Cancer Control Partners (n = 128)	Step 3: Evidence Reviews (n = 127)	Step 4: Research- Tested Intervention Programs (n = 127)	Step 5: Planning and Evaluating Comprehensive Cancer Control Programs (n = 128)
Extremely useful	46 (35.9%)	12 (9.4%)	26 (20.5%)	35 (27.6%)	23 (18.0%)
Very useful	46 (35.9%)	32 (25.0%)	46 (36.2%)	40 (31.5%)	33 (25.8%)
Useful	17 (13.3%)	33 (25.8%)	34 (26.8%)	28 (22.1%)	28 (21.9%)
Only somewhat useful	7 (5.5%)	19 (14.8%)	5 (3.9%)	6 (4.7%)	17 (13.3%)
Not at all useful	---	3 (2.3%)	1 (0.8%)	---	2 (1.6%)
I did not use this feature	12 (9.4%)	29 (22.7%)	15 (11.8%)	18 (14.1%)	25 (19.4%)

* Of the 137 UCS respondents, 9 or more did not provide requested information.

Friendliness of Web site. UCS respondents also had the opportunity to assess their overall experience using Cancer Control P.L.A.N.E.T. regarding its purpose, relevancy, accessibility, amount of information, and ease to use. Each respondent answered this group of questions using a 5-point scale, ranging from “strongly agree” to “strongly disagree.”

Although the majority of respondents “strongly agreed” that the purpose of Cancer Control P.L.A.N.E.T. was clear (59.2%), over one-third of the respondents only “somewhat agreed” (34.6%) and some respondents “somewhat disagreed” (5.4%) with that statement (see Table 3-26). Over half of the respondents “strongly agreed” that the information on the Web site was relevant to their work in cancer prevention and control (69.8%) and they would visit the Web site again (69%). The majority (51) of the 89 respondents who “strongly agreed” to visit the Web site again were public health practitioners (see Appendix QQ). They were also likely to work for a local or state government agency (19), nonprofit organization (17), hospital or health care clinic (17), or Federal Government agency (16).

Table 3-26. Respondents’ ratings on purpose and relevancy of Cancer Control P.L.A.N.E.T.

	The purpose of Cancer Control P.L.A.N.E.T. is clear to me (n = 130)*	Information on Cancer Control P.L.A.N.E.T. is relevant to my work in cancer prevention and control (n = 129)*	I would visit Cancer Control P.L.A.N.E.T. again (n = 129)*
	Frequency (Percent)		
Strongly agree	77 (59.2)	90 (69.8)	89 (69.0)
Somewhat agree	45 (34.6)	30 (23.3)	35 (27.1)
Somewhat disagree	7 (5.4)	5 (3.9)	3 (2.3)
Strongly disagree	0 (0)	0 (0)	0 (0)
No opinion	1 (0.8)	4 (3.1)	2 (1.6)

* Of the 137 UCS respondents, 7 or more did not provide requested information.

Table 3-27 shows that more than 32 percent of respondents “strongly agreed” that they were able to easily locate (32.6%) and download (39.5%) needed information; the home page categories helped them find needed information (36.2%); and the Web site was easy to use (33.3%) and visually appealing (34.9%). Although approximately one in five respondents (20.9%) “strongly agreed” that they were able to easily order or purchase needed programs or products, the majority of the respondents (51.2%) had no opinion about such experience. Most respondents were also satisfied with the amount of information on the Web site. Specifically, 38.8 percent “strongly disagreed” and 34.8 percent “somewhat disagreed” that there was too much information on the Cancer Control P.L.A.N.E.T. Web portal.

Table 3-27. Respondents’ ratings on ease of use of Cancer Control P.L.A.N.E.T.

	I am able to locate easily the information I need on Cancer Control P.L.A.N.E.T. (n = 129)*	There is too much information on Cancer Control P.L.A.N.E.T. (n = 129)*	Major categories on Cancer Control home page help me find what I need (n = 130)*	I am able to download easily the programs or information I need (n = 129)*	I am able to order and/or purchase easily the programs or products I need (n = 129)*	Cancer Control P.L.A.N.E.T. is easy to use (n = 129)*	Cancer Control P.L.A.N.E.T. is visually appealing (n = 129)*
	Frequency (Percent)						
Strongly agree	42(32.6)	3 (2.3)	47(36.2)	51(39.5)	27 (20.9)	43(33.3)	45(34.9)
Somewhat agree	64(49.6)	21(16.3)	70(53.8)	44(34.1)	26 (20.2)	65(50.4)	59(45.7)
Somewhat disagree	16(12.4)	45(34.8)	8 (6.2)	14(10.9)	10 (7.7)	15(11.6)	19(14.7)
Strongly disagree	3 (2.3)	50(38.8)	0 (0)	0 (0)	0 (0)	0 (0)	3 (2.3)
No opinion	4 (3.1)	10 (7.8)	5 (3.8)	20(15.5)	66 (51.2)	6 (4.7)	3 (2.3)

* Of the 137 UCS respondents, 7 or more did not provide requested information.

3.4 RTIPs Requests Results

This section presents results of RTIPs requests during the study period. From May 2003 to December 2006 the total number of requests for the 40 NCI warehouse RTIPs was 1,407. Figure 3-8 shows the monthly and cumulative requests for this time period. Overall, the number of requests increased steadily since the RTIPs Web site was launched. The monthly request trend shows several peaks, which often occur around the announcement of a new RTIP. Appendix RR provides data on numbers of requests by topic area.

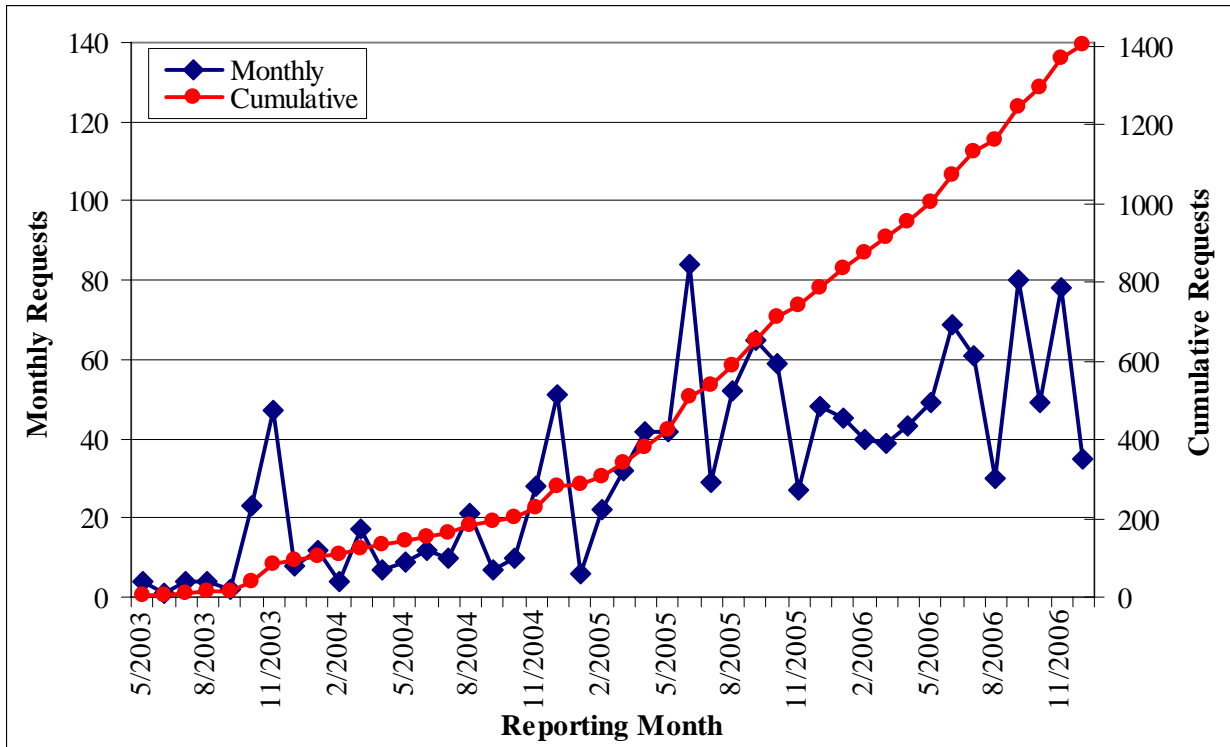


Figure 3-8. NCI warehouse requests monthly and cumulative

Figure 3-9 summarizes the cumulative request trends from May 2003 through December 2006 for the eight topic areas. Within the last year, Diet/Nutrition programs have become the most popular programs ordered, noticeably exceeding the number of orders for programs in any other topic area. Tobacco Control programs and Breast Cancer programs have very similar request numbers and trends for the past few years. These programs are the second most requested. Colorectal Cancer Screening programs and Informed Decision Making programs have distributed the least amount of RTIPs over the life of the Web site.

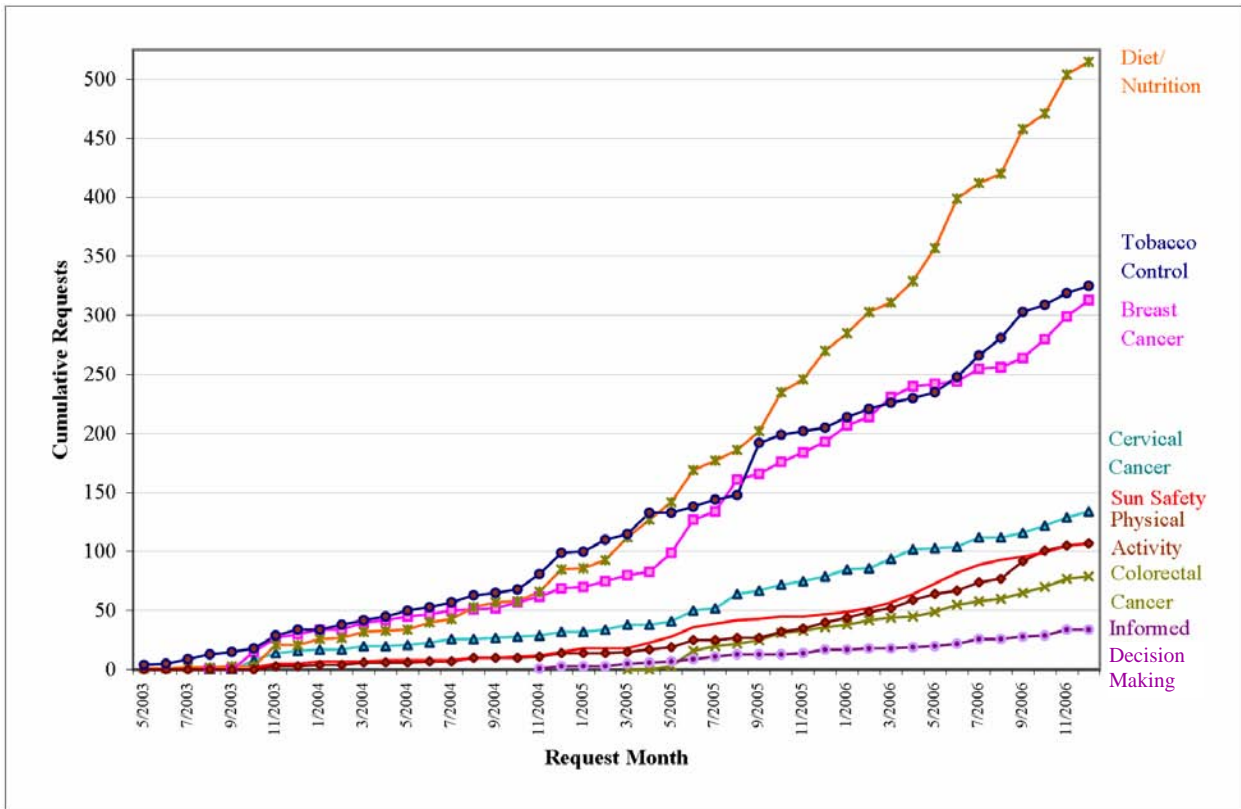


Figure 3-9. Cumulative requests by topic area

Customer type was provided in the data obtained from the CIS Fulfillment System for January 1, 2004 through December 31, 2006. However, customer type was not provided in the data obtained from the Cancer Control P.L.A.N.E.T. Sales Inventory Reports for May 2003 through December 2003. The CIS Fulfillment System data classified customers into 20 categories, which were grouped into 10 customer classes for ease of presentation and analysis. Appendix SS contains definitions and examples of these 10 customer categories.

Figure 3-10 provides a summary of the total requests by customer type. According to the data available, professional association/organization customers are the largest category of customers (33%) and academic customers are the second largest group (19%). Together, health professionals (12%) and consumers (12%) account for another one-quarter of the customers. Appendix TT contains eight figures of the same information broken out by topic area.

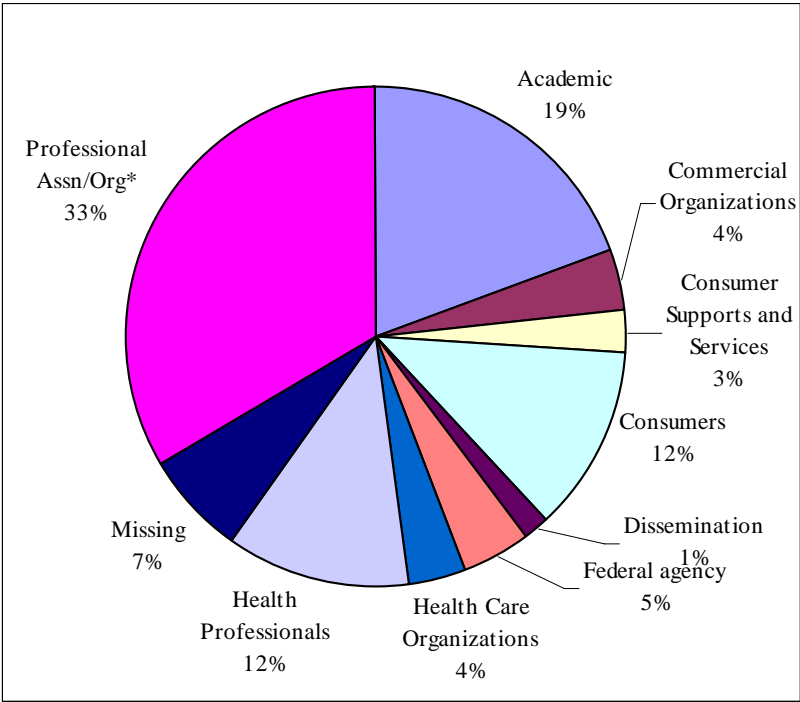


Figure 3-10. Total requests by customer type

* A health profession group that supports the educational needs of its members. Examples include Oncology Nurses Society, American Society of Clinical Oncology, and American Public Health Association.

Table 3-28 summarizes the customer type data from January 2003 through December 2006 for the eight topic areas. Colorectal Cancer Screening programs have a very large percentage of professional association/organization customers (57%) compared to the distributions for other topic areas. Informed Decision Making programs and Physical Activity programs have a large percentage of academic customers (29% and 32%, respectively) compared to the distributions for other topic areas. Breast Cancer programs and Cervical Cancer Screening programs have a smaller percentage of health professional customers (4% and 3%, respectively) compared to the distributions for other topic areas.

Table 3-28. Percentage of requests by customer types and topic areas

Customer Type *	Breast Cancer	Cervical Cancer	Colorectal Cancer	Diet/Nutrition	Informed Decision Making	Physical Activity	Sun Safety	Tobacco Control
Academic	16% (51)	18% (24)	11% (9)	21% (107)	29% (10)	32% (34)	16% (17)	18% (60)
Commercial Organizations	6% (19)	7% (9)	1% (1)	2% (12)	0% (0)	3% (3)	3% (3)	6% (18)
Consumer Supports and Services	2% (6)	3% (4)	5% (4)	5% (24)	0% (0)	7% (7)	2% (2)	1% (2)
Consumers	11% (33)	7% (10)	8% (6)	12% (61)	9% (3)	12% (13)	19% (20)	13% (41)
Dissemination	2% (7)	4% (5)	3% (2)	1% (6)	3% (1)	0% (0)	0% (0)	2% (5)
Federal agency	5% (15)	6% (8)	3% (2)	3% (16)	6% (2)	4% (4)	3% (3)	7% (23)
Health Care Organizations	6% (20)	4% (6)	6% (5)	1% (6)	9% (3)	2% (2)	7% (7)	3% (11)
Health Professionals	4% (11)	3% (4)	6% (5)	16% (82)	9% (3)	10% (11)	12% (13)	16% (51)
Professional Assn/Org	39% (121)	36% (48)	57% (45)	35% (180)	35% (12)	28% (30)	35% (107)	25% (80)
Missing	10% (30)	12% (16)	0% (0)	4% (21)	0% (0)	3% (3)	5% (5)	10% (34)

* One customer type per respondent, but customers appear in multiple topic areas.

4. DISCUSSION AND SUMMARY

The purpose of this preliminary evaluation of Cancer Control P.L.A.N.E.T. was to assess the extent to which Cancer Control P.L.A.N.E.T. achieved its goals during the first three years of operation and to provide the foundation and infrastructure for evaluating long-term outcomes over the next several years. The eight study questions articulate these goals for the Cancer Control P.L.A.N.E.T. Web portal. This chapter presents a discussion and summary of the extent to which Cancer Control P.L.A.N.E.T. has met its goals. The recommendations presented in Chapter 5 are strategies for meeting the goals of the Web portal and for developing the foundation and infrastructure of a future long-term outcome evaluation.

This Cancer Control P.L.A.N.E.T. preliminary evaluation effort used four data sources. These included (1) Web server transaction logs or Web usage data from April 2003 through December 2006 for both Cancer Control P.L.A.N.E.T. and the Research-Tested Intervention Programs (RTIPs) Web sites, (2) data obtained from the Assessment of Intermediate Outcomes (AIO) Web survey, emailed in December 2006 to people who had attended a Cancer Control P.L.A.N.E.T. training between July 2003 and December 2006, (3) data obtained from the Usability and Consumer Satisfaction (UCS) Web survey, launched on the Cancer Control P.L.A.N.E.T. Web portal in December 2006, of visitors to the Web portal, and (4) RTIP data logs from May 2003 through December 2006. This discussion focuses on three basic questions: who is using the Web portal, how is the Web portal is being used, and how have changes to the Web portal influenced its utilization.

Who is using the Cancer Control P.L.A.N.E.T. Web Portal? Of the 235 respondents to the AIO Web survey, 182 indicated that they used Cancer Control P.L.A.N.E.T. A total of 137 Cancer Control P.L.A.N.E.T. visitors responded to the UCS survey. There is some concern that some people responded to both surveys because the demographic characteristics of these two groups are so closely aligned. In fact, the demographic information collected by both surveys indicate that both groups of respondents were mostly female, Non Hispanic or Latino, White, between the ages of 41 and 60, and had Graduate or professional degrees. Furthermore, the majority of both AIO and UCS survey respondents were public health practitioners.

The only demographic indicator of differences between these two groups of respondents was work setting. More AIO survey respondents worked in federal government agencies or in educational institutions whereas more UCS survey respondents worked in state or local government agencies or for hospitals/clinics/HMOs or community health centers. This difference is likely an artifact of how AIO

survey respondents found out about Cancer Control P.L.A.N.E.T. As expected, more of the AIO survey respondents found out about the Web portal from Cancer Control P.L.A.N.E.T. trainings than UCS respondents. The majority of persons who attended Cancer Control P.L.A.N.E.T. trainings were federal employees and worked in educational institutions.

Unfortunately, a more complete picture of the demographic characteristics of visitors to the Cancer Control P.L.A.N.E.T. Web portal is not available from the examination of Web server transaction logs (for both Cancer Control P.L.A.N.E.T. and the Research-Tested Intervention Programs (RTIPs) Web sites) or from the review of NCI RTIPs requests data logs. Due to confidentiality concerns, Internet Protocol (IP) addresses were not collected by the Web server transaction logs for either Cancer Control P.L.A.N.E.T. or the RTIPs Web sites. The most popular method for obtaining RTIPs was to download programs directly from the RTIPs Web site but since IP addresses were not collected by the Web server transaction logs for the site there is no descriptive information about those who downloaded programs. Furthermore, because data collection would have been too burdensome, information describing the characteristics of people who made requests for RTIPs from developers was not collected. The only type of information collected describing the characteristics of people who made NCI RTIPs requests was customer type and these data were only available for January 2004 through December 2006. Those limited data indicate that customers from professional association/organizations were the largest category of users followed by customers from educational institutions.

How is Cancer Control P.L.A.N.E.T. being used? The Cancer Control P.L.A.N.E.T. Web portal is designed so that visitors may access the five steps for developing a comprehensive cancer control program by using the left hand side of the home page or they may access specific information tailored to a particular cancer control topic such as breast cancer, sun safety, or tobacco control by using the right hand side of the home page. Together, the four data sources used in this preliminary evaluation provide a picture of how people are using the resources available through the Cancer Control P.L.A.N.E.T. Web portal. It appears at this point in the development of Cancer Control P.L.A.N.E.T. that visitors are primarily focused on getting specific information rather than using the comprehensive step by step process.

The Web server transaction logs for the RTIPs Web site shows that users are most interested in the Diet/Nutrition and Breast Cancer Screening topic areas. Similarly, the resources on Cancer Control P.L.A.N.E.T. sought most by UCS survey respondents were related to breast cancer and the type of NCI RTIP programs requested the most were Diet/Nutrition programs. The AIO survey indicates that respondents are most interested in using the *State Cancer Profiles* (Step 1) and the *Guide to Community Preventive Services* (Step 3). AIO survey respondents were not as interested in finding cancer control

program or research partners (Step 2), or in using the tools for planning, implementing, and evaluating comprehensive cancer control programs (Step 5). The UCS survey results indicate that the majority of respondents are visiting Cancer Control P.L.A.N.E.T. to acquire data on cancer and risk factor burden within a given State. Finally, the majority of UCS survey respondents indicated that the primary way they used the information obtained from Cancer Control P.L.A.N.E.T. was to share the information with colleagues.

How have changes to Cancer Control P.L.A.N.E.T. influenced its utilization? The Cancer Control P.L.A.N.E.T. Web portal is a dynamic and growing entity which has changed dramatically since inception in April 2003 to December 2006. How visitors use Cancer Control P.L.A.N.E.T. has changed as new features have become available. It is entirely possible that users have not used the tools for planning, implementing, and evaluating comprehensive cancer control programs (Step 5) because NCI had not fully developed these features. Recently NCI added “Using What Works”, a train-the-trainer module that walks users through the process of adapting evidence-based interventions, as a feature to the RTIPs Web site. Visitors to Cancer Control P.L.A.N.E.T. who accessed “Using What Works” may have been more likely to use the information they obtained from Cancer Control P.L.A.N.E.T. to develop or implement cancer control programs. Unfortunately, AIO survey respondents were not asked about this feature because at the time of survey development, “Using What Works” had not been launched on the RTIPs Web site.

Due to the dynamic nature of the Cancer Control P.L.A.N.E.T. Web portal, both AIO and UCS Web survey respondents were evaluating very different Web portals depending on when they accessed Cancer Control P.L.A.N.E.T. The information collected via the surveys indicates when respondents completed the survey, not when respondents accessed the Cancer Control P.L.A.N.E.T. Web portal. Thus, when respondents indicated that they did not use a feature of the Cancer Control P.L.A.N.E.T. Web portal, it is not clear what stage in the features development they accessed.

Eight study questions guided this evaluation. The UCS Web survey was designed to answer study questions 1, 2, and 3 but the information obtained from this survey was found to best address study questions 1, 2, and 5. The AIO Web survey was designed to answer study questions 4, 5, 6, 7, and 8 but the information obtained from this survey was found also to address study questions 1 and 2. The Web usage and RTIPs requests data were found to best address study questions 3 and 7. Summaries of the relevant information for each of the eight study questions are presented below.

Evaluation Question 1: Are the information and tools included in Cancer Control P.L.A.N.E.T. rated by users as accessible, user-friendly, and useful?

UCS Web survey respondents found the information and tools on the Cancer Control P.L.A.N.E.T. Web portal relevant and easy to use. They were able to find most if not all of the information they wanted. They rated each of the five components of Cancer Control P.L.A.N.E.T. “useful” or “extremely useful” to their work.

However, AIO and UCS survey results reveal that the information posted on Step 2 or on *Cancer Control Partners* has not been widely used. Qualitative information from UCS survey respondents indicated that the low usage of *Cancer Control Partners* was due in part to the lack of timely and appropriate contact persons and resource listings. As indicated by respondents, additional and updated information is needed on Cancer Control P.L.A.N.E.T., such as data at the county and community level, other types of cancer and topic areas, up-to-date RTIPs, and the results of adapting evidence-based programs.

Evaluation Question 2: To what extent are Cancer Control researchers, practitioners, and Federal program staff aware of the resources available on Cancer Control P.L.A.N.E.T.?

Results from both Web surveys suggest that NCI’s outreach activities (i.e., Cancer Control P.L.A.N.E.T. trainings, presentations, and exhibits) have greatly increased respondents’ knowledge about the Web portal. The majority of AIO and UCS survey respondents learned about the Web portal from trainings. Respondents to the AIO questionnaire were also likely to find out about Cancer Control P.L.A.N.E.T. from colleagues and exhibits at professional meetings, whereas respondents to the UCS questionnaire were also likely to learn about the Web portal from exhibits and presentations. However, pamphlets, fact sheets, and flyers did not appear to be a primary source for increasing respondents’ knowledge of Cancer Control P.L.A.N.E.T.

Several States were not represented by either the AIO or UCS surveys’ respondents. None of the respondents came from the following ten States: Colorado, Louisiana, Montana, Nevada, New Mexico, Oregon, Utah, Vermont, Washington, and Wyoming. Guam was the only U.S. Territory participating in both surveys. Therefore, it is unclear if Cancer Control P.L.A.N.E.T. has effectively assisted in the development, implementation, and evaluation of cancer control plans and programs of

these ten States and of the remaining U.S. Territories. Qualitative interview with users of Cancer Control P.L.A.N.E.T. in these ten States and other U.S. Territories are especially needed and recommended.

Evaluation Question 3: How has utilization of Cancer Control P.L.A.N.E.T. changed over time, and what factors are related to utilization patterns?

Confidentiality issues prevented the tracking of IP addresses. Therefore, Web usage or NCI RTIPs requests data to determine whether the characteristics of visitors influenced how they used Cancer Control P.L.A.N.E.T. was not possible. Furthermore, information about Cancer Control P.L.A.N.E.T. utilization patterns over the study period was not available from the Web surveys because these surveys were administered only once and did not ask respondents when they utilized the resources available through the Cancer Control P.L.A.N.E.T. Web portal.

Some information is available about Cancer Control P.L.A.N.E.T. utilization patterns over the study period from the Web server transaction logs and review of NCI request data logs. The examination of the Cancer Control P.L.A.N.E.T. Web server transaction logs conducted for April 2003 through December 2006 reveals that the number of unique visitors was fairly stable during this period. The review of NCI RTIPs requests data logs indicated that the number of requests increased steadily since the RTIPs Web site was launched. Beginning in May 2005 and continuing through the end of 2006, Diet/Nutrition programs were the most popular. Breast Cancer and Tobacco Control programs were the next most popular programs during this time period. Visits to the Web portal, RTIP requests, and popularity of RTIP programs were relatively consistent. NCI outreach activities, such as trainings and exhibits, therefore, seem to be associated with increased use.

Evaluation Question 4: To what extent has Cancer Control P.L.A.N.E.T. been effective in assisting researchers, practitioners, and Federal program staff in prioritizing Cancer Control efforts?

AIO Survey respondents reported using information obtained from Cancer Control P.L.A.N.E.T. mainly for planning, priority setting, trainings, and presentations. In particular, results suggest that information provided through *State Cancer Profiles* was very useful in their work. Most respondents reported that they have been involved in the process of planning and developing cancer control programs and are likely to use evidence-based programs obtained from Cancer Control P.L.A.N.E.T. as references. However, only four respondents reported using the information obtained from

Cancer Control P.L.A.N.E.T. to fully implement cancer control programs. Therefore, the extent to which Cancer Control P.L.A.N.E.T. has effectively influenced the implementation of cancer control programs among target audiences is unclear. In order to better understand if Cancer Control P.L.A.N.E.T. has had an impact on prioritizing cancer control efforts among researchers, practitioners, and Federal program staff, qualitative interviews and longitudinal survey data are needed.

Evaluation Question 5: To what extent has Cancer Control P.L.A.N.E.T. been effective in fostering partnerships among researchers and practitioners?

Results from both Web surveys suggest that information from the *Cancer Control Partners* has not been widely used by AIO respondents. One possible reason is that most AIO respondents, in the process of identifying and developing their own cancer control programs, were unlikely to seek collaborative relationships with other organizations. It is unclear whether they already had partners or did not feel the need for new partners. Another possibility is that the data collected to assess this issue was compromised since many of the program or community partners listed on Cancer Control P.L.A.N.E.T. may not have responded to the AIO Survey. Rather, this group may have responded to the UCS survey but were not asked whether they were listed as program or research partners and were not asked whether they had been contacted by a Cancer Control P.L.A.N.E.T. user.

Evaluation Question 6: To what extent has Cancer Control P.L.A.N.E.T. been effective in increasing knowledge and utilization of evidence-based Cancer Control and prevention practices?

AIO respondents were asked about their experience using Cancer Control P.L.A.N.E.T. resources for their work. Results suggest that most respondents obtained evidence reviews through Cancer Control P.L.A.N.E.T. Users of the *Guide to Community Preventive Services*, available through Cancer Control P.L.A.N.E.T., were most likely to use information for planning and training purposes. Users of the *Guide to Clinical Services*, also available through Cancer Control P.L.A.N.E.T., were most likely to use such information for state plans, projects, or other interventions. Findings also suggest a large number of respondents have not used any evidence reviews available through Cancer Control P.L.A.N.E.T. Since the reasons for not using such resources were not asked for, little is known about the specific needs of those non-users.

Evaluation Question 7: To what extent has Cancer Control P.L.A.N.E.T. been effective in increasing knowledge and utilization of evidence-based programs?

The target audiences were accessing Cancer Control P.L.A.N.E.T. information as the number of evidence-based programs or RTIPs requested through the NCI warehouse increased steadily over the study period. As one might expect, topic areas with fewer programs (Informed Decision Making, Colorectal Cancer, Sun Safety, and Cervical Cancer) were not as popular as those with more programs (Tobacco Control, Diet/Nutrition, Physical Activity, and Breast Cancer). Customers who identified themselves as belonging to professional organizations or educational institutions requested the most RTIPs.

Results from the AIO survey show that only a few respondents used evidence-based cancer control and prevention practices provided by Cancer Control P.L.A.N.E.T. Of those users accessing such information (e.g., downloading programs), the process was perceived as “very easy.” Regardless of topics of information, most respondents were likely to review RTIPs instead of implementing these programs. Those who implemented the RTIPs were likely to modify programs to meet specific target populations. Qualitative data also revealed that more up-to-date evidence-based programs are needed.

Evaluation Question 8: To what extent has Cancer Control P.L.A.N.E.T. been effective in guiding the development, implementation, and evaluation of state comprehensive Cancer Control plans?

Results from the AIO survey indicate less than 30 percent of respondents used the *Guidance for Comprehensive Cancer Control Planning, Comprehensive Cancer Control Plans, and Put Prevention into Practice* provided by Cancer Control P.L.A.N.E.T. for program planning and evaluation. It is unclear why the remaining respondents did not use the tools provided through Cancer Control P.L.A.N.E.T. A possible explanation is that the least developed component of the Cancer Control P.L.A.N.E.T. Web portal is Step 5, which houses these tools. To understand the effectiveness of Cancer Control P.L.A.N.E.T. in guiding cancer control professional through the development, implementation, and evaluation of state comprehensive cancer control plans, it is imperative to know the reasons respondents, as well as target audiences, have for not using such resources.

5. RECOMMENDATIONS

Cancer Control P.L.A.N.E.T. has been providing cancer professionals who use the portal easy access to data and resources over the past 3 years. Users indicate that the information is valuable and easy to access. Even so, some questions remain about whether the portal is reaching the entire target audience and whether it could be a more useful resource to cancer professionals who need to design, implement, and evaluate evidence-based cancer control programs. The first set of recommendations in this chapter include strategies for continuing to provide cancer professionals easy access to more data and resources, broadening access to the target audience, as well as helping cancer professionals design, implement, and evaluate evidence-based cancer control programs. The second set of recommendations include strategies for developing the foundation and infrastructure of a future long-term outcome evaluation.

5.1 Strategies for Meeting the Goals of Cancer Control P.L.A.N.E.T.

Continue to add RTIPs. The number of RTIPs requested has increased over the study period as has the number of RTIPs available to users. Users indicate the need for more RTIPs to be available via download, for more up-to-date RTIPs, and for information about how well RTIPs have worked in different settings.

Reassess *Cancer Control Partners*. The *Cancer Control Partners* tool was not widely used by AIO or UCS Web survey respondents. Updated contact lists and contact information are needed as well as additional features to facilitate communication between users; such as a Web board monitored by NCI.

Consider targeting 10 States without input to ensure ability to participate. The AIO and UCS surveys did not capture Cancer Control P.L.A.N.E.T. users from Colorado, Louisiana, Montana, Nevada, New Mexico, Oregon, Utah, Vermont, Washington, and Wyoming. Whether these States are using Cancer Control P.L.A.N.E.T. and, if not, why they are not needs to be determined.

Enhance proactive mechanisms for information dissemination about Cancer Control P.L.A.N.E.T. Target audience members were more likely to find out about Cancer Control P.L.A.N.E.T. through trainings, exhibits, or colleagues than from pamphlets, face sheets, and flyers. Whether those more successful mechanisms are actually the best ones is not clear. However, they seem to have the

intended effect. Thus, trainings and exhibits should continue to inform potential users about Cancer Control P.L.A.N.E.T. In addition, training attendees should be encouraged, as a formal part of trainings, to communicate with their colleagues about Cancer Control P.L.A.N.E.T.

Track historical and news media attention to events related to cancer control. Historical and news media attention to events related to cancer control may have an impact on the number of users and frequency of visits to Cancer Control P.L.A.N.E.T. Therefore, an environmental scan for such events should be conducted on a regular basis for the lifetime of the Cancer Control P.L.A.N.E.T. Web portal. The timing of such events can then be compared to Web usage statistics in order to determine if relationships exist.

5.2 Strategies for Developing a Future Long-Term Outcome Evaluation

Combine the AIO and UCS surveys. Survey findings suggest that some people likely responded to both surveys, thus providing duplicate information for common items and inflated results. One consolidated comprehensive survey targeted to Cancer Control P.L.A.N.E.T. users will provide better data and greater efficiency.

Revise questionnaire strategy. Several design changes will enhance survey efficiency, data quality, and utility. First, it is recommended that a screener question be added at the beginning of the survey to opt nonusers out of answering any of the questions other than those about their demographic characteristics. This will reduce confusion about users. Second, respondents should be asked to estimate when they accessed each of the available resources. Because the development of these resources changes over time, it is important to know the general timeframe when access occurred. Third, when respondents answer that they did not use a resource provided by Cancer Control P.L.A.N.E.T., they should be asked to explain why. Fourth, changes should be made to the presentation of the Web survey on the homepage. The Web survey was hard to find on the homepage, thus reducing the likelihood of higher response. Usability experts should provide input to improving access to the Web survey link.

Collect additional information about RTIPs users. Usage patterns are incomplete without knowledge of all users. The information presented in this report included only users who accessed RTIPs via the NCI warehouse. Clearly, this group was not representative of all RTIPs users. Further, the majority of RTIPs were accessed by users via the download feature. It is recommended that information about these users, such as profession and zip codes, be collected.

Collect more information about Cancer Control P.L.A.N.E.T. training attendees. The characteristics of those who attend Cancer Control P.L.A.N.E.T. trainings provide NCI with a description of some of the population of cancer control researchers and practitioners who use the Cancer Control P.L.A.N.E.T. Web portal. Those who responded to the UCS and AIO Web surveys are not necessarily representative of this target population. It is recommended that information about the characteristics of training attendees, such as occupation, education, and employment setting, be collected.

Collect more information about Cancer Control P.L.A.N.E.T. visitors. The characteristics of those who visit the Cancer Control P.L.A.N.E.T. Web portal will provide NCI with a description of a potentially different population from those who attend a Cancer Control P.L.A.N.E.T. training. Having a better idea of who visits the Cancer Control P.L.A.N.E.T. Web portal would enable NCI to increase Web portal use for these populations. Perhaps the characteristics collected of Web portal users should be the same as those collected for trainees.

Collect more information about Cancer Control P.L.A.N.E.T. nonusers. Of the 182 respondents to the AIO survey, 53 identified themselves as nonusers. The characteristics of these nonusers were collected. However, no information about why they did not use the Web site was collected. Therefore, it is recommended that qualitative data/interviews be collected/conducted for this group.

Collect more qualitative information from Cancer Control P.L.A.N.E.T. users. Qualitative interviews would allow for a better understanding about the utilization of Cancer Control P.L.A.N.E.T. by its users. For example, more needs to be understood about what influences users' decisions to develop new programs rather than to adapt RTIPs. Therefore, it is recommended that future evaluations conduct qualitative interviews with Cancer Control P.L.A.N.E.T. users.

Collect followup data. In order to determine the impact of Cancer Control P.L.A.N.E.T. on the planning, development, implementation, and evaluation of cancer control programs, followup data are needed. For example, surveying Cancer Control P.L.A.N.E.T. users repeatedly within a year for a discrete period of time will allow evaluators to determine how changes to the Web portal influence use. For example, a popup window might appear after a user is on the Web site for 10 minutes asking for an email address so that a survey could be sent at a future date to assist in the Web site evaluation. Users could decline or accept the invitation.

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Appendix A
Cancer Control P.L.A.N.E.T. Trainings

Appendix B
Cancer Control P.L.A.N.E.T. Exhibits

Appendix C
P.L.A.N.E.T. Assessment of Intermediate Outcomes (AIO) Survey

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AIO Letter from NCI

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Appendix F
AIO Survey Pilot Version 1 Report

Appendix G
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Appendix H
AIO Survey Pilot Version 2 Report

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AIO Cover Letter Error Group

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AIO Audio File Email

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UCS Cognitive Testing Report Round 2

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AIO Respondent Number of P.L.A.N.E.T. Visits by Occupation and Work Setting

Appendix NN
AIO Respondents' Settings and Occupation by Ways RTIPs Were Used for Each Program Type

Appendix OO
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Appendix PP
UCS Respondent Number of P.L.A.N.E.T. Visits by Occupation and Work Setting

Appendix QQ
UCS Respondent Ratings on Revisiting P.L.A.N.E.T. by Occupation and Work Setting

Appendix RR
NCI RTIPs Requests by Topic Areas

Appendix SS
Definitions and Examples of Customer Categories

Appendix TT
NCI RTIPs Customer Type by Topic Areas

Key

Color	Category
■	Academic/University
■	Conference/Conference Workshop
■	Comprehensive Cancer Control
■	Federal Agencies/Briefings
■	Federal/Cancer Information Service
■	Federal/NCI Staff

APPENDIX A

Cancer Control P.L.A.N.E.T. Trainings

Start Date	End Date	Broad Category	Audience/Group	Type of Training	Approximate # of participants
10/24/2002	10/24/02	Federal/Cancer Information Service	CIS Program Directors	Presentation	25
2/25/2003	02/27/03	Federal Agencies/Briefings	Cancer Prevention and Control Network	Presentation	50
2/26/2003	02/26/03	Federal Agencies/Briefings	Prevention Res. Ctr's Ca Prevention and Control Network Partners in Atlanta	Computer training	30
4/22/2003	04/24/03	Conference/Conference Workshop	Preister Conference	Presentation	15
5/7/2003	05/07/03	Comprehensive Cancer Control	State Comprehensive Cancer Control	Presentation	25
5/15/2003	05/15/03	Federal/NCI Staff	Mid-Atlantic Navigator Pilot Project in Rockville, MD	Computer training	46
5/15/2003	05/16/03	Federal/Cancer Information Service	CIS Partnership Training and Mid-Atlantic Partnership Training	Computer training	21
5/16/2003	05/16/03	Federal/Cancer Information Service	CIS Partners in Rockville, MD	Computer training	11
6/4/2003	06/05/03	Comprehensive Cancer Control	Comprehensive Cancer Control Program Director's Meeting	Presentation	80
6/11/2003	06/12/03	Federal Agencies/Briefings	USDA/NCI/CDC/ACS Planning Ctte mtg in Rockville, MD	Presentation	83
6/13/2003	06/13/03	Conference/Conference Workshop	Oregon Breast and Cervical Cancer Program Summer Institute	Presentation	125
6/25/2003	06/25/03	Comprehensive Cancer Control	New Jersey State PLANET training	Computer training	28
7/29/2003	08/01/03	Conference/Conference Workshop	NCI/USDA/CDC/ACS Cervical and Breast Cancer Partnership	Presentation	103
9/15/2003	09/15/03	Comprehensive Cancer Control	Wisconsin Comp Cancer	Presentation	50
9/15/2003	09/18/03	Conference/Conference Workshop	2003 Cancer Conference	Computer training	48
9/25/2003	09/25/03	Conference/Conference Workshop	DC Chronic Disease Conference	Presentation	20
10/6/2003	10/06/03	Comprehensive Cancer Control	Montana Planning Assistance Team Meeting	Presentation	50

Start Date	End Date	Broad Category	Audience/Group	Type of Training	Approximate # of participants
10/15/2003	10/15/03	Comprehensive Cancer Control	Cancer Control PLANET Overview for the Comprehensive Cancer Control data and evaluation staff in our 5 state region (IA, MN, WI, ND, SD)	Presentation	47
10/23/2003	10/23/03	Conference/Conference Workshop	HRSA Cancer Collaborative	Presentation	40
11/15/2003	11/15/03	Conference/Conference Workshop	SOPHE	Presentation	40
11/19/2003	11/19/03	Conference/Conference Workshop	APHA	Presentation	35
3/24/2004	03/24/04	Conference/Conference Workshop	ICC Pre-Symposium Training, Bethesda, MD	Computer training	26
3/28/2004	03/30/04	Comprehensive Cancer Control	CCCLI Pilot	Computer training	70
4/27/2004	04/29/04	Comprehensive Cancer Control	CCCLI for TX, KS, MO, NE, OK, AL, AR, KY, LA, MS, TN	Computer training	74
4/30/2004	04/30/04	Conference/Conference Workshop	HRSA Cancer Collaborative	Presentation	40
7/26/2004	07/30/04	Comprehensive Cancer Control	CCCLI for FL, PA, DE, DC, MD, VA, WV, GA, NC, SC	Computer training	97
8/18/2004	08/18/04	Comprehensive Cancer Control	Cancer Control PLANET: Links to Comprehensive Cancer Control (Puerto Rico)	Presentation	50
9/27/2004	10/01/04	Comprehensive Cancer Control	CCCLI for CA, AK, AZ, CO, ID, MT, NV, NM, ND, OR, UT, WA, WY, HI	Computer training	94
10/25/2004	10/29/24	Comprehensive Cancer Control	CCCLI for IO, MN, SD, WI, IL, MI, INNY, NJ, CT, ME, MA, NH, RI, VT	Computer training	89
11/6/2004	11/06/04	Conference/Conference Workshop	American Evaluation Association	Presentation	50
11/12/2004	11/12/04	Academic/University	George Washington University MPH Students	Presentation	30
1/12/2005	01/12/05	Conference/Conference Workshop	Cancer, Culture and Literacy	Presentation	33
1/27/2005	01/27/05	Conference/Conference Workshop	American Psychosocial Oncology Society 2 in Phoenix, AZ		20
1/28/2005	01/28/05	Conference/Conference Workshop	APOS	Presentation	25
3/16/2005	03/16/05	Federal/Cancer Information Service	"Cancer Control PLANET: Next Steps" Presentation at CIS Post Award Meeting	Presentation	75

Start Date	End Date	Broad Category	Audience/Group	Type of Training	Approximate # of participants
4/27/2005	04/27/05	Comprehensive Cancer Control	Iowa State Comp Cancer Team	Presentation	60
4/28/2005	04/28/05	NCI Staff	DCCPS PLANET training	Computer training	22
5/1/2005	05/01/05	Federal Agencies/Briefings	“Cancer Control PLANET: Links to Comprehensive Cancer Control Resources for Public Health Professionals” CDC Division of Cancer Prevention and Control Conference	Presentation	45
5/8/2005	05/10/05	Federal/NCI Staff	NCI small Grants Program for Behl Research in CC in Bethesda, MD		65
5/9/2005	05/09/05	Federal/NCI Staff	Small Grants Grantee Meeting	Presentation	75
7/22/2005	07/22/05	Federal Agencies/Briefings	CDC DNPA	Presentation	20
9/21/2005	09/21/05	Federal/NCI Staff	NCAB	Presentation	30
9/30/2005	09/30/05	Academic/University	"Translating Research into Improved Outcomes: The Cancer Control PLANET" Presentation at GWU School of Public Health	Presentation	30
10/11/2005	10/11/05	Federal Agencies/Briefings	USDA	Presentation	10
10/12/2005	10/12/05	Federal Agencies/Briefings	NIAAA PLANET	Presentation	4
10/13/2005	10/13/05	Federal Agencies/Briefings	NIMH	Presentation	5
10/20/2005	10/20/05	Federal Agencies/Briefings	Community Guide Task Force	Presentation	30
11/30/2005	11/30/05	Federal Agencies/Briefings	NIEHS	Presentation	20
1/23/2006	01/23/06	Federal Agencies/Briefings	NCHS	Presentation	9
2/2/2006	02/02/06	Federal/NCI Staff	DCCPS All Hands	Presentation	65
2/16/2006	02/16/06	Federal Agencies/Briefings	NICHD	Presentation	25
2/19/2006	02/19/06	Conference/Conference Workshop	American Psychosocial Oncology Society 3 in Amelia Island, FL		30
3/2/2006	03/02/06	Federal Agencies/Briefings	NIDA	Presentation	4
3/7/2006	03/07/06	Federal Agencies/Briefings	NIAAA PLANET	Presentation	20
3/9/2006	03/09/06	Federal Agencies/Briefings	USDA	Presentation	10

Start Date	End Date	Broad Category	Audience/Group	Type of Training	Approximate # of participants
3/10/2006	03/10/06	Federal Agencies/Briefings	NHLBI	Presentation	5
4/19/2006	04/19/06	Conference/Conference Workshop	ICC Pre-Symposium Training, Bethesda, MD	Computer training	7
5/9/2006	05/09/06	Conference/Conference Workshop	Women's Health Think Tank, Toronto, Canada	Presentation	35
5/12/2006	05/12/06	Conference/Conference Workshop	ACOS State Liaison Training	Computer training	38
5/19/2006	05/19/06	Conference/Conference Workshop	Cancer Culture and Literacy, Clearwater Beach, FL		10
5/22/2006	05/22/06	Federal Agencies/Briefings	Gingrich Briefing	Presentation	10
6/7/2006	06/07/06	Federal Agencies/Briefings	HRSA-CDC	Presentation	10
7/28/2006	07/28/06	Federal/NCI Staff	Cancer Prevention Fellow	Presentation	100
10/12/2006	10/12/06	Conference/Conference Workshop	AACE San Diego, CA	Pre-conference Workshop	50
10/18/2006	10/18/06	Federal/Cancer Information Service	CIS at University of Miami in FL	Computer training	10
12/7/2006	12/07/06	Comprehensive Cancer Control	Alaska PLANET Training	Presentation	30

Key

Color	Category
Yellow	Conference/ Federally Supported
Cyan	Conference/ Health Disparities
Orange	Conference/Scientific Meeting
Purple	Conference / Scientific Symposium

APPENDIX B

Cancer Control P.L.A.N.E.T Exhibits

Date	Year	Code	Category	Meeting	Location	Type of Exhibit
November 9 - November 13	2002		Conference/ Scientific Meeting	American Public Health Association	Philadelphia, PA	Usability testing during APHA. No real exhibit
November 16 - November 19	2003		Conference/ Scientific Meeting	American Public Health Association	San Francisco, CA	Large booth, two computers, all materials
September 16 - 18	2003		Conference/ Federally Supported	CDC Cancer Conference	Atlanta, GA	Large booth, two computers, all materials
February 18 - February 20	2004		Conference/ Federally Supported	Chronic Disease Directors	Washington, DC	Large booth, two computers, all materials
March 25 - March 27	2004		Conference/ Health Disparities	Intercultural Cancer Council	Washington, DC	Large booth, two computers, all materials
July 12 - 14	2004		Conference/ Scientific Meeting	Translating Research Into Practice Conference	Washington, DC	Large booth, two computers, all materials
November 7 - November 10	2004		Conference/ Scientific Meeting	American Public Health Association	Washington, DC	Large booth, two computers, all materials
January 27 - January 29,	2005		Conference/ Scientific Meeting	American Psychosocial Oncology Society	Phoenix, AZ	Large booth, one computer, all materials
March 1 - March 3	2005		Conference/ Federally Supported	Chronic Disease Directors	Atlanta, GA	Large booth, two computers, all materials
April 13 - April 15	2005		Conference/ Scientific Meeting	Society for Behavioral Medicine	Boston, MA	Large booth, one computer, all materials
May 2 - May 5	2005		Conference/ Federally Supported	CDC Division of Cancer Prevention and Control Conference	Atlanta, GA	PLANET poster, lap top and some materials
May 25 - March 27	2005		Conference/ Scientific Meeting	Society for Prevention Research	Washington, DC	Large booth, one computer, all materials
July 18 - July 20	2005		Conference/ Federally Supported	Center to Reduce Cancer Health Disparities Summit	Bethesda, MD	Large booth, one computer, all materials
October 23 - October 26	2005		Conference/ Scientific Meeting	International Cancer Control Congress	Vancouver, BC	Large booth, one computer, all materials

Date	Year	Code	Category	Meeting	Location	Type of Exhibit
December 11 - December 14	2005		Conference/ Scientific Meeting	American Public Health Association	Philadelphia, PA	Large booth, two computers, all materials
April 20 - April 22	2006		Conference/ Health Disparities	Intercultural Cancer Council	Washington, DC	Large booth, one computer, all materials
May 10	2006		Conference/ Scientific Symposium	Centers for Excellence in Cancer Communication Research Symposium	Bethesda, MD	Table top exhibit, one computer, some materials
May 23 - 26	2006		Conference/ Scientific Meeting	National Conference on Health Promotion and Education	Arlington, VA	Table top exhibit, one computer, some materials
June 6 - 9	2006		Conference/ Federally Supported	Comprehensive Cancer Control Leadership Institute	Quincy, MA	Table top exhibit, one computer, some materials
June 19 - June 20	2006		Conference/ Scientific Symposium	The Commission on Cancer 2006 & Beyond: Measuring the Quality of Your Cancer Care	Chicago, IL	Table top exhibit and some materials
July 8 - July 12	2006		Conference/ Scientific Meeting	International Union Against Cancer	Washington, DC	Large booth, two computers, all materials
July 17 - 19	2006		Conference/ Health Disparities	Cancer Health Disparities Summit	Bethesda, MD	Table top exhibit, one computer, some materials
September 12- 14	2006		Conference/ Federally Supported	CDC's National Health Promotion Conference	Atlanta, GA	Table top exhibit, one computer, some materials
October 11 - October 13	2006		Conference/ Scientific Meeting	American Association of Cancer Educators	San Diego, CA	Table top exhibit, one computer, some materials
October 23 - October 27	2006		Conference/ Federally Supported	Comprehensive Cancer Control Leadership Institute	Seattle, WA	Table top exhibit, one computer, some materials
November 5 - November 8	2006		Conference/ Scientific Meeting	American Public Health Association	Boston, MA	Large booth, two computers, all materials
December 4 - 7	2006		Conference/ Health Disparities	24 th Annual Alaska Health Summit	Anchorage, AK	Table top exhibit and some materials

APPENDIX C

P.L.A.N.E.T. Assessment of Intermediate Outcomes (AIO) Survey



Cancer Control PLANET Survey

OMB# 0925-0046-20
Exp. Date: 10/31/2006

PURPOSE: The Cancer Control P.L.A.N.E.T. is a Web portal that provides access to data and resources that can be used to design, implement, and evaluate evidence-based cancer control programs. The purpose of this survey is to determine the extent to which the Cancer Control P.L.A.N.E.T. has successfully achieved its goals since it was launched in April 2003. We want to know:

- Who is using the web site
- How the information is being used, and
- How effective the information is when used.

INSTRUCTIONS: Please complete the survey which should take 10-12 minutes to complete. The survey is divided into six sections, as follows:

- The first five sections follow the 5 steps on Cancer Control P.L.A.N.E.T.
- The sixth section is information about you

Click on the "Go To..." button when you finish a survey section

Step 1 Assess program priorities

In this section we ask about Step 1 of the Cancer Control P.L.A.N.E.T. which provides information about cancer incidence and mortality at the county, state, and national levels through State Cancer Profiles. Data on risk factors are also available to identify high-risk populations and cancer control priorities.

[View Cancer Control P.L.A.N.E.T. Step 1](#)

1. In the past 12 months, have you used data provided in Step 1 (State Cancer Profiles) of the Cancer Control P.L.A.N.E.T.?

- 1 Yes
2 No (Go to Step 2)
AIO_HaveYouUsedStep1

Please indicate the kind(s) of data you have used from Step 1 of Cancer Control P.L.A.N.E.T. and provide a brief description of how you have used these data:

2a. Did you use the **Quick Profiles** (e.g., reports by geographic sites and/or data by cancer site(s))?

- 1 Yes
2 No (Go to Question 3a)
AIO_QuickProfiles

2b. If yes, how did you use the **Quick Profiles**?

AIO_QuickProfilesDescribe

2c. How useful were the **Quick Profiles** in accomplishing your goals?

- 1 Not at all useful
2 A little useful
3 Moderately useful
4 Very useful

5 Extremely useful
AIO_HowUseful_QuickProfiles

3a. Did you use the **Comparison Tables** (e.g., rates/trends comparison, death rates, and incidence rates)?

- 1 Yes
2 No (Go to Question 4a)
AIO_ComparisonTables

3b. If yes, how did you use the **Comparison Tables**?

AIO_ComparisonTablesDescribe

3c. How useful were the **Comparison Tables** in accomplishing your goals?

- 1 Not at all useful
2 A little useful
3 Moderately useful
4 Very useful
5 Extremely useful
AIO_HowUseful_ComparisonTables

4a. Did you use the **Interactive Graphs and Maps** (e.g., 5-year rate changes, historical trends, latest rates, percents, and counts, and interactive maps)?

- 1 Yes
2 No (Go to Question 5a)
AIO_Graphs

4b. If yes, how did you use the **Interactive Graphs and Maps**?

AIO_GraphsDescribe

4c. How useful were the **Interactive Graphs and Maps** in accomplishing your goals?

- 1 Not at all useful
2 A little useful
3 Moderately useful
4 Very useful
5 Extremely useful
AIO_HowUseful_Graphs

5a. Did you use the **Support Data** (e.g., screening and risk factors, peer counties, and age distribution)?

- 1 Yes
2 No (Go to Step 2)
AIO_SupportData

5b. If yes, how did you use the **Support Data**?

AIO_SupportDataDescribe

5c. How useful was the **Support Data** in accomplishing your goals?

- 1 Not at all useful

- 2 A little useful
 - 3 Moderately useful
 - 4 Very useful
 - 5 Extremely useful
- AIO_HowUseful_SupportData

Step 2 Identify potential partners

In this section we ask about Step 2 of Cancer Control P.L.A.N.E.T. which provides contact information for potential program and research partners.

Program partners include:

- American Cancer Society's (ACS) Regional Cancer Control Planners
- Center's for Disease Control and Prevention's (CDC) Comprehensive Cancer Control funded Network of State Health Department staff
- National Cancer Institute's (NCI) Cancer Information Service

Research partners include:

- Researchers funded by Cancer Control P.L.A.N.E.T. partners (e.g., ACS, CDC, and NCI) are organized by state and topic expertise

[View Cancer Control P.L.A.N.E.T. Step 2](#)

1a. Are you listed as a Program Partner on Cancer Control P.L.A.N.E.T.?

- 1 Yes
 - 2 No (Go to Question 2a)
 - 3 I do not know (Go to Question 2a)
- AIO_ListedAsProgramPartner

1b. Have you been contacted by a Cancer Control P.L.A.N.E.T. user to discuss collaborating or partnering?

- 1 Yes
 - 2 No (Go to Question 2a)
 - 3 I do not know (Go to Question 2a)
- AIO_Program_ContactedCollab

1c. If you have been contacted from the Program Partner list by a Cancer Control P.L.A.N.E.T. user, please indicate who contacted you and describe any resulting activities:

Who Contacted You?	Describe resulting activities (if any):
AIO_Program_DescribeCollab_1	AIO_Program_ResultActivities_1
AIO_Program_DescribeCollab_2	AIO_Program_ResultActivities_2
AIO_Program_DescribeCollab_3	AIO_Program_ResultActivities_3

2a. Are you listed as a Research Partner on Cancer Control P.L.A.N.E.T.?

- 1 Yes
- 2 No (Go to Step 3)

3 I do not know (Go to Step 3)
AIO_ListedAsResearchPartner

2b. Have you been contacted by a Cancer Control P.L.A.N.E.T. user to discuss collaborating or partnering?

1 Yes

2 No (Go to Step 3)

3 I do not know (Go to Step 3)
AIO_Research_ContactedCollab

2c. If you have been contacted as a **Research Partner** by a Cancer Control P.L.A.N.E.T. user, please please indicate who contacted you and describe any resulting activities:

Who Contacted You?	Describe resulting activities (if any):
AIO_Research_DescribeCollab_1	AIO_Research_ResultActivities_1
AIO_Research_DescribeCollab_2	AIO_Research_ResultActivities_2
AIO_Research_DescribeCollab_3	AIO_Research_ResultActivities_3

Step 3 Research reviews of different intervention approaches

In this section we ask about Step 3 of Cancer Control P.L.A.N.E.T. which provides information on the effectiveness of different intervention approaches, based on a systematic review of the literature.

[View Cancer Control P.L.A.N.E.T. Step 3](#)

Which of the following Cancer Control P.L.A.N.E.T. resources have you used for your work?

1a. Guide to Community Preventive Services: (Check all that apply)

Accessed through PLANET AIO_Step3_CommPrev_PLANET

Accessed from some place other than PLANET AIO_Step3_CommPrev_Other

I have not used this resource (Go to Question 2a) AIO_Step3_CommPrev_No

1b. How did you use the information from the Guide to Community Preventive Services?

AIO_Step3_CommPrev_Describe

2a. Guide to Clinical Preventive Services: (Check all that apply)

Accessed through PLANET AIO_Step3_ClinPrev_PLANET

Accessed from some place other than PLANET AIO_Step3_ClinPrev_Other

I have not used this resource (Go to Step 4) AIO_Step3_ClinPrev_No

2b. How did you use the information from the Guide to Clinical Preventive Services?

AIO_Step3_ClinPrev_Describe

Step 4 Find research-tested intervention programs and products

In this section we ask about Step 4 of Cancer Control P.L.A.N.E.T. which provides a storehouse of cancer control

programs proven to be effective in individual scientific studies. On Cancer Control P.L.A.N.E.T., these programs are called Research-tested Intervention Programs (RTIPs). Many RTIPs can be downloaded or ordered free of charge.

[View Cancer Control P.L.A.N.E.T. Step 4](#)

1a. Have you accessed any research-tested intervention programs (RTIPs) available through Step 4 of the Cancer Control P.L.A.N.E.T.?

- 1 Yes
 - 2 No (Go to Step 5)
- AIO_AccessedRTIPsOnPLANET

1b. Please indicate how you accessed the program(s) and rate how easy it was to obtain the program, where 1 is very easy and 5 is very difficult:

Method of Access	Ease of Access					
	1 Very Easy	2 Somewhat Easy	3 Neither Easy nor Difficult	4 Somewhat Difficult	5 Very Difficult	N/A
Downloaded program from RTIPs	<input type="checkbox"/> AIO_Rate_DLProgFromPLANET1	<input type="checkbox"/> ..DL..PLANET2	<input type="checkbox"/> ..DL..PLANET3	<input type="checkbox"/> ..DL..PLANET4	<input type="checkbox"/> ..DL..PLANET5	<input type="checkbox"/> ..DL..PLANET6
Ordered program through RTIPs	<input type="checkbox"/> AIO_Rate_OrdProgFromPLANET1	<input type="checkbox"/> ..Ord..PLANET2	<input type="checkbox"/> ..Ord..PLANET3	<input type="checkbox"/> ..Ord..PLANET4	<input type="checkbox"/> ..Ord..PLANET5	<input type="checkbox"/> ..Ord..PLANET6
Purchased program from developer Web site	<input type="checkbox"/> AIO_Rate_PurchProgFromDeveloper1	<input type="checkbox"/> ..Developer2	<input type="checkbox"/> ..Developer3	<input type="checkbox"/> ..Developer4	<input type="checkbox"/> ..Developer5	<input type="checkbox"/> ..Developer6

In the past 12 months, using Step 4 of Cancer Control P.L.A.N.E.T., have you:

- 2a. Implemented the RTIPs fully? 1 Yes 2 No 3 Don't know
AIO_UsedRTIPsFully
- 2b. Used the RTIPs for reference? 1 Yes 2 No 3 Don't know
AIO_UsedRTIPsReference
- 2c. Incorporated aspects of the RTIPs into existing or developing programs? 1 Yes 2 No 3 Don't know
AIO_UsedRTIPsAspects
- 3a. In the past 12 months, did you use a breast cancer screening program from RTIPs? 1 Yes 2 No
AIO_UsedRTIPs_BC

3b. How did you use the breast cancer screening program?

- 1 Looked at the program but did not use it
 - 2 Used the program as inspiration for other program development
 - 3 Implemented the program with no modifications
 - 4 Implemented the program with minor modifications (Go to Question #c)
 - 5 Implemented the program with major modifications (Go to Question #c)
- AIO_UsedRTIPs_BC_How

3c. Describe how you modified the breast cancer screening program

AIO_UsedRTIPs_BC_Describe

- 4a. In the past 12 months, did you use a cervix cancer screening program from RTIPs? 1 Yes 2 No
AIO_UsedRTIPs_CC

4b. How did you use the cervix cancer screening program?

- 1 Looked at the program but did not use it
- 2 Used the program as inspiration for other program development
- 3 Implemented the program with no modifications

- 4 Implemented the program with minor modifications (Go to Question #c)
 - 5 Implemented the program with major modifications (Go to Question #c)
- AIO_UsedRTIPS_CC_How

4c. Describe how you modified the cervix cancer screening program

AIO_UsedRTIPS_CC_Describe

- 5a. In the past 12 months, did you use a colorectal cancer screening program from RTIPs? 1 Yes 2 No
- AIO_UsedRTIPS_CRC

5b. How did you use the colorectal cancer screening program?

- 1 Looked at the program but did not use it
- 2 Used the program as inspiration for other program development
- 3 Implemented the program with no modifications
- 4 Implemented the program with minor modifications (Go to Question #c)
- 5 Implemented the program with major modifications (Go to Question #c)

AIO_UsedRTIPS_CRC_How

5c. Describe how you modified the colorectal cancer screening program

AIO_UsedRTIPS_CRC_Describe

- 6a. In the past 12 months, did you use a diet/nutrition program from RTIPs? 1 Yes 2 No
- AIO_UsedRTIPS_DN

6b. How did you use the diet/nutrition program?

- 1 Looked at the program but did not use it
 - 2 Used the program as inspiration for other program development
 - 3 Implemented the program with no modifications
 - 4 Implemented the program with minor modifications (Go to Question #c)
 - 5 Implemented the program with major modifications (Go to Question #c)
- AIO_UsedRTIPS_DN_How

6c. Describe how you modified the diet/nutrition program

AIO_UsedRTIPS_DN_Describe

- 7a. In the past 12 months, did you use an informed decision making program from RTIPs? 1 Yes 2 No
- AIO_UsedRTIPS_IDM

7b. How did you use the informed decision making program?

- 1 Looked at the program but did not use it
 - 2 Used the program as inspiration for other program development
 - 3 Implemented the program with no modifications
 - 4 Implemented the program with minor modifications (Go to Question #c)
 - 5 Implemented the program with major modifications (Go to Question #c)
- AIO_UsedRTIPS_IDM_How

7c. Describe how you modified the informed decision making program

AIO_UsedRTIPS_IDM_Describe

8a. In the past 12 months, did you use a **physical activity** program from RTIPs?
AIO_UsedRTIPS_PA

1 Yes 2 No

8b. How did you use the **physical activity** program?

- 1 Looked at the program but did not use it
2 Used the program as inspiration for other program development
3 Implemented the program with no modifications
4 Implemented the program with minor modifications (Go to Question #c)
5 Implemented the program with major modifications (Go to Question #c)
AIO_UsedRTIPS_PA_How

8c. Describe how you modified the **physical activity** program

AIO_UsedRTIPS_PA_Describe

9a. In the past 12 months, did you use a **sun safety** program from RTIPs?
AIO_UsedRTIPS_SS

1 Yes 2 No

9b. How did you use the **sun safety** program?

- 1 Looked at the program but did not use it
2 Used the program as inspiration for other program development
3 Implemented the program with no modifications
4 Implemented the program with minor modifications (Go to Question #c)
5 Implemented the program with major modifications (Go to Question #c)
AIO_UsedRTIPS_SS_How

AIO_UsedRTIPS_SS_How

9c. Describe how you modified the **sun safety** program

AIO_UsedRTIPS_SS_Describe

10a. In the past 12 months, did you use a **tobacco control** program from RTIPs?
AIO_UsedRTIPS_TC

1 Yes 2 No

10b. How did you use the **tobacco control** program?

- 1 Looked at the program but did not use it
2 Used the program as inspiration for other program development
3 Implemented the program with no modifications
4 Implemented the program with minor modifications (Go to Question #c)
5 Implemented the program with major modifications (Go to Question #c)
AIO_UsedRTIPS_TC_How

AIO_UsedRTIPS_TC_How

10c. Describe how you modified the **tobacco control** program

AIO_UsedRTIPS_TC_Describe

11a. Has your use of an RTIPs program changed your cancer prevention and control activities?

- 1 Yes
2 No (Go to Step 5)
3 Do not know (Go to Step 5)
AIO_HasRTIPChangedProg

AIO_HasRTIPChangedProg

11b. Describe your role in cancer prevention and control, and how the RTIPs program(s) changed your cancer prevention and control activities:

Describe your role in cancer prevention and control activities	Describe how RTIPs changed your cancer prevention and control activities
AIO_DescriptionOfWork_1	AIO_DescriptionOfProgChange_1
AIO_DescriptionOfWork_2	AIO_DescriptionOfProgChange_2
AIO_DescriptionOfWork_3	AIO_DescriptionOfProgChange_3

Step 5 Plan and evaluate your program

In this section we ask about Step 5 of Cancer Control P.L.A.N.E.T. which provides guidelines and resources for planning, implementing, and evaluating comprehensive cancer control programs, and tools for putting prevention into practice.

[View Cancer Control P.L.A.N.E.T. Step 5](#)

In the past 12 months, have you used any of the following tools on Step 5 of Cancer Control P.L.A.N.E.T. to plan and/or evaluate your program?

1a. Guidance for Comprehensive Cancer Control Planning

AIO_UsedGuidanceForCCC

1 Yes 2 No (Go to Question #)

1b. If yes, describe

AIO_UsedGuidanceForCCC_Describe

1c. Comprehensive Cancer Control Plans

AIO_UsedCCCPlans

1 Yes 2 No (Go to Question #)

1d. If yes, describe

AIO_UsedCCCPlans_Describe

1e. Put Prevention into Practice

AIO_UsedPPP

1 Yes 2 No (Go to Question #)

1f. If yes, describe

AIO_UsedPPP_Describe

2a. In the past 12 months, have you been involved in any activities related to developing a comprehensive cancer control plan for your state, tribe or territory?

AIO_DevelopedPlanForState

1 Yes 2 No (Go to Question #)

2b. If yes, describe:

AIO_DescribePLANETForState

3a. In the past 12 months, have you used Cancer Control P.L.A.N.E.T. as part of your involvement in these activities?

AIO_DevelopedPlanForStateWithPLANET

1 Yes 2 No (Go to Question #)

3b. If yes, describe:

AIO_DevelopedPlanForStateWithPLANET_Describe

4. Please provide any additional information or feedback about your experience with Cancer Control P.L.A.N.E.T..

We welcome your suggestions for how we may improve this resource.

[AIO_AddComments](#)

About You

Please tell us about yourself. This information is used to help us better meet the needs of the cancer control community. All information is strictly confidential.

1. Which one of the following best describes you?

[AIO_DescribeYourself](#)

- | | |
|--|--|
| 1 <input type="checkbox"/> Health Educator | 7 <input type="checkbox"/> Patient / Relative or friend of patient |
| 2 <input type="checkbox"/> Healthcare Provider (non-physician) | 8 <input type="checkbox"/> Policy Maker |
| 3 <input type="checkbox"/> Healthcare Provider (physician) | 9 <input type="checkbox"/> Program Planner or Manager |
| 4 <input type="checkbox"/> Human Resources Professional | 10 <input type="checkbox"/> Researcher / Program Evaluator |
| 5 <input type="checkbox"/> Job Seeker | 11 <input type="checkbox"/> Student |
| 6 <input type="checkbox"/> Journalist | 12 <input type="checkbox"/> Teacher |
| 13 <input type="checkbox"/> Other, please specify: | |

[AIO_DescribeYourself08](#)

2. Which one of the following best describes your organization?

[AIO_DescribeYourEmployer](#)

- | | |
|--|--|
| 1 <input type="checkbox"/> Advocacy | 6 <input type="checkbox"/> Government Agency - Federal |
| 2 <input type="checkbox"/> Business - For Profit | 7 <input type="checkbox"/> Government Agency - State / Local |
| 3 <input type="checkbox"/> Non-profit Organization | 8 <input type="checkbox"/> Health System / HMO |
| 4 <input type="checkbox"/> Community Health Center | 9 <input type="checkbox"/> Hospital / Clinic |
| 5 <input type="checkbox"/> Contractor | 10 <input type="checkbox"/> School / College / University |
| 11 <input type="checkbox"/> Other, please specify: | |

[AIO_DescribeYourEmployer08](#)

3. How often do you use the Internet?

[AIO_HowOftenInternet](#)

- Several times a day
- Once a day
- 3-5 days a week
- 1-2 days a week
- Less than 1-2 days a week
- Never

4. What is your gender?

[AIO_Gender](#)

- Male
- Female

5. What is your age?

AIO_Age

- 1 20 to 30 years
- 2 31 to 40 years
- 3 41 to 50 years
- 4 51 to 60 years
- 5 More than 60 years

6. What is your ethnicity?

AIO_Ethnicity

- 1 Hispanic or Latino
- 2 Not Hispanic or Latino

7. Which one or more of the following would you say is your race? (Check all that apply)

- American Indian or Alaska Native AIO_Race_AmerInd
- Asian AIO_Race_Asian
- Black or African American AIO_Race_Afram
- Native Hawaiian or Other Pacific Islander AIO_Race_PacIslander
- White AIO_Race_White

8. What is the highest level of education you have completed?

AIO_HighestEducation

- 1 Some high school or less
- 2 High school graduate/GED
- 3 Technical or vocational school
- 4 Some college
- 5 College graduate
- 6 Graduate or professional degree

9. What is your postal or zip code at work?

AIO_EipCode

10. How did you find out about the Cancer Control P.L.A.N.E.T. Web site? (Check all that apply)

- PLANET training AIO_HowFound_AttendTrain
- Colleague AIO_HowFound_Colleague
- Another Government Web site AIO_HowFound_GovtWeb
- Non-government Web site AIO_HowFound_NonGovtWeb
- Pamphlet / Factsheet / Flyer AIO_HowFound_Flyer
- Search engine AIO_HowFound_SearchEng
- PLANET exhibit at a professional meeting AIO_HowFound_Exhibit
- Other: please specify: AIO_HowFound_Other

AIO_HowFound_OtherOS

I had never heard of PLANET. (Go to end of survey) AIO_HowFound_NeverHeard

11. In the past 12 months, how many times have you visited Cancer Control P.L.A.N.E.T.?

AIO_NumberPLANETVisits

- 1 1 time
- 2 2-3 times
- 3 4-5 times
- 4 6-10 times
- 5 More than 10 times
- 6 I do not know
- 7 I have never visited Cancer Control P.L.A.N.E.T. (Go to end of survey)

12. In the past 12 months, how many times have you used information from Cancer Control P.L.A.N.E.T.?

AIO_NumberTimesUsedInfo

- 1 1 time
- 2 2-3 times
- 3 4-5 times
- 4 6-10 times
- 5 More than 10 times
- 6 I do not know
- 7 I have never used information from Cancer Control P.L.A.N.E.T.

APPENDIX D

AIO Letter from NCI



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

January 20, 2005

National Institutes of Health
National Cancer Institute
Bethesda, Maryland 20892

Dear:

We are evaluating the impact of the Cancer Control PLANET and would like your assistance. As you know, Cancer Control PLANET is a web portal that provides access to data and resources that can help planners, program staff, and researchers to design, implement and evaluate evidence-based cancer control programs. You have been invited to participate in this evaluation because you have attended one or more Cancer Control PLANET training sessions.

We are interested in finding out if you have used any of the tools on PLANET in your work, and if so, how you have used these tools. We have developed a survey to assess the use of the PLANET, and are now looking to refine this instrument to make sure that it is user-friendly and that it will give us the information we need in this important evaluation.

We would appreciate it if you could complete the survey, and include any comments or suggestions about how to improve the survey in the comment box at the end of each section.

Comments may address, but are not limited to the following:

- additional questions you think we should consider;
- missing response categories for the close-ended questions;
- suggested edits to improve the clarity of questions;
- words or phrases in questions that are not clear;
- general comments

Any feedback you can provide by **Thursday, February 3, 2006** is very much appreciated. You can complete the survey electronically, and email the document to NickiBush@westat.com. If you have any questions, please email NickiBush@westat.com. Thank you in advance for participating.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Kerner".

Jon Kerner
Deputy Director for Research Dissemination & Diffusion
Division of Cancer Control & Population Sciences
National Cancer Institute

APPENDIX E

AIO Survey Pilot Version 1



Assessment of Intermediate Outcomes SURVEY – DRAFT

Cancer control planners, program staff, and researchers have the same goals: to reduce cancer risk, the number of new cancer cases, and the number of deaths from cancer, as well as enhance the quality of life for cancer survivors. The Cancer Control PLANET is a Web portal that provides access to data and resources that can help planners, program staff, and researchers to design, implement, and evaluate evidence-based cancer control programs.

The purpose of this evaluation is to determine the extent to which the PLANET has successfully achieved its goals since it was launched in April 2003. This survey is designed to be completed electronically. In order to check off any category, use your mouse to click the corresponding box. To add text to a comment box, place your cursor in the box and simply begin typing; there is no limit to the length of your responses. If you have any technical questions about completing the survey, please contact Nicki Bush at NickiBush@westat.com. When you have completed the survey, please save it and send it to NickiBush@westat.com.

ABOUT YOU

Please tell us about yourself. This information is used to help us better meet the needs of the cancer control community. All information is strictly confidential.

1. Which one of the following best describes you? Check only one:
 - Academician / Researcher
 - Government Employee – Federal
 - Government Employee – State / Local
 - Health Educator
 - Healthcare Provider
 - Healthcare Consumer / Patient
 - Human Resources Representative – Federal
 - Human Resources Representative- Non-Federal
 - Job Seeker
 - Journalist / Media
 - Military Personnel
 - Student
 - Teacher
 - Other, please identify:

2. Which one of the following best describes your organization? Check only one:
 - Advocacy
 - Business – For Profit
 - Business – Non-profit (e.g., community organization)
 - Community Health Center
 - Government Agency – Federal
 - Government Agency – State / Local
 - Health System / HMO
 - Hospital / Clinic
 - School / College / University



3. How often do you use the Internet?
- Several times a day
 - About once a day
 - 3-5 days a week
 - 1-2 days a week
 - Less often
 - Never
4. What is your gender?
- Male
 - Female
5. What is your age?
6. What is the highest level of education you have completed?
- Some high school or less
 - High school graduate/GED
 - Technical or vocational school
 - Some college
 - College graduate
 - Graduate or professional degree
7. In what country are you currently located?
- United States If US, please specify the 5-digit zipcode of your current location:
 - Canada
 - Other (please specify):
8. How did you hear about Cancer Control PLANET website? Check all that apply.
- I attended a PLANET training
 - Colleague
 - NCI website
 - Other government website
 - Flyer
 - Search engine
 - Other: please specify
 - I have never heard of PLANET (Go to submission instructions)



9. How many times have you visited Cancer Control PLANET?
- 1-2 times
 - 3-5 times
 - 6-10 times
 - More than 10 times
 - I do not know
 - I have never visited PLANET (Go to submission instructions on page 10)
10. How many times have you used information from Cancer Control PLANET?
- 1-2 times
 - 3-5 times
 - 6-10 times
 - More than 10 times
 - I do not know
 - I have never used information from PLANET (Go to submission instructions on page 10)

If you have never used information from PLANET, please go to the submission instructions at the end of the survey.



ABOUT YOUR EXPERIENCE ON PLANET
 Please tell us about your experience on PLANET.
 This information is used to help us improve PLANET.

Step 1 Assess program priorities

Step 1 of PLANET provides information about cancer incidence and mortality at the county, state, and national level. Data on risk factors are also available to identify high-risk populations and cancer control priorities.

11. Have you used data provided in Step 1 of PLANET?

- Yes
- No (Go to Step 2)

a. Please describe the kind of data you have used from PLANET and a brief description of how you have used these data:

Kind of data used	How data were used

b. How useful were the data and reporting capabilities available in Step 1 of PLANET in accomplishing your goals?

- Not at all useful
- A little useful
- Moderately useful
- Very useful
- Extremely useful

Comments:



Step 2 Identify potential partners

Step 2 of PLANET provides contact information for potential practice and research partners. Practice partners include the American Cancer Society's (ACS) Regional Cancer Control Planners, the Centers for Disease Control and Prevention's (CDC) Comprehensive Cancer Control funded Network of State Health Department staff, and NCI's Cancer Information Service. Research partners include researchers funded by PLANET partners (e.g., ACS, CDC, and NCI) organized by state and topic expertise.

12. Are you listed as a Practice Partner on PLANET?

- Yes
- No (Go to Question 13)
- I do not know

a. Have you been contacted by a PLANET user to discuss collaborating or partnering?

- Yes
- No (Go to Question 13)
- I do not know (Go to Question 13)

b. If you have been contacted from the Practice Partner list by a PLANET user, please describe the nature of the collaboration and any activities resulting from that partnership:

Nature of collaboration	Resulting activities

13. Are you listed as a Research Partner on PLANET?

- Yes
- No (Go to Step 3)
- I do not know

a. Have you been contacted by a PLANET user to discuss collaborating or partnering?

- Yes
- No (Go to Step 3)
- I do not know (Go to Step 3)



- b. If you have been contacted as a Research Partner by a PLANET user, please describe the nature of the collaboration and any activities resulting from that partnership:

Nature of collaboration	Resulting activities
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]

Comments:
[Redacted]

Step 3 Research reviews of different intervention approaches

Step 3 of PLANET provides information about recommended comprehensive cancer control approaches, and the research synthesis (from multiple studies) summarizing the effectiveness of various intervention strategies.

14. Which of the following PLANET resources have you used for your work? Check all that apply:

Guide to Community Preventive Services

- Accessed through the PLANET
- Accessed from someplace other than the PLANET

Guide to Clinical Preventive Services

- Accessed through the PLANET
- Accessed from someplace other than the PLANET

Other Evidence Reviews

- Accessed through the PLANET (please specify which review): [Redacted]
- Accessed from someplace other than the PLANET (please specify which review): [Redacted]
- None



15. For those resources that you selected above, please provide a brief description of how you have used this information:

Resource	Description of how information was used
Guide to Community Preventive Services	
Guide to Clinical Preventive Services	
Other Evidence Reviews	

Comments:
 [Redacted]

Step 4 Find research-tested intervention programs and products

Step 4 of PLANET provides a storehouse of cancer control programs proven efficacious or effective in individual scientific studies. On PLANET, these programs are called Research-tested Intervention Programs (RTIPs). Many RTIPs programs can be downloaded or ordered free of cost.

16. Have you used any research-tested intervention programs available through Step 4 of PLANET?

- Yes
- No (Go to Step 5)

a. Please indicate how you accessed the program(s) and rate how easy it was to obtain the program, where 1 is very easy and 5 is very difficult:

Method of Access	Ease of Access 1 = very easy; 5 = very difficult
▪ Download from PLANET	
▪ Order through PLANET	
▪ Purchase from developer website	



b. Please list which RTIP's programs you have used and provide a brief description of how you have used them:

+

RTIP program used	How RTIP program was used
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

c. Has your use of an RTIP program changed your work in cancer prevention and control?

- Yes
- No

d. If Yes, please briefly describe your work in cancer prevention and control, and how the RTIP program(s) has changed/influenced your work:

Role in cancer prevention and control	Nature of change due to RTIP
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments:



Step 5 Plan and evaluate your program

Step 5 of PLANET provides guidelines and resources for planning, implementing, and evaluating comprehensive cancer control programs, and tools for putting prevention into practice.

17. Have you prepared any program implementation/program delivery grants (i.e., not a research or evaluation grant) using PLANET resources?

- Yes
- No (Go to Question 18)

a. If YES, please describe the primary aims of each grant application and how you have used PLANET resources in preparation of grant application. Please also indicate the funding status.

Primary aim of grant application	Use of PLANET resources in preparation of grant application	Funding status (CHECK ONE)
		<input type="checkbox"/> Application under review <input type="checkbox"/> Application funded <input type="checkbox"/> Application not funded
		<input type="checkbox"/> Application under review <input type="checkbox"/> Application funded <input type="checkbox"/> Application not funded
		<input type="checkbox"/> Application under review <input type="checkbox"/> Application funded <input type="checkbox"/> Application not funded

18. Have you implemented any new cancer prevention or control programs using PLANET resources?

- Yes
- No (Go to Question 19)

a. Please describe each program and how you have used PLANET resources in this work. Please also indicate the estimated number of individuals served by each program.

Program Description	How PLANET resources used	# of individuals served by program



19. Have you been involved in any activities related to developing a comprehensive cancer control plan?

- Yes
- No (Go to Question 20)

a. Have you used PLANET as part of your involvement in these activities?

- Yes
- No (Go to Question 20)

b. Please describe your work in developing a comprehensive cancer control plan and how you have used PLANET resources in this work:

20. Please provide any additional information or feedback about your experience with the Cancer Control PLANET. We welcome your suggestions for how we may improve this resource.

Additional Comments:

Thank you for your participation in this evaluation of the Cancer Control PLANET!

Please save and email the completed form as an attachment to NickiBush@westat.com.

APPENDIX F

AIO Survey Pilot Version 1 Report

Assessment of Intermediate Outcomes Survey

Pilot Testing: Round 1

Number of instruments sent: 9

Number of “bounce back” emails indicating non-valid email address: 1

Number of surveys returned: 5

Observations/Recommendations:

Q1:

Observation: Two individuals selected “Other, specify.” One respondent specified “American Cancer Society.” The other respondent specified “Health educator/program planner.” While the first response does not specify her job duties, we could modify the response options to accommodate those who are in either a policy-making or non-academic research position.

Recommendation: Modify the first response option to say: Academician/Other researcher. Include the following two response options:

- Policy maker
- Program Planner

Q7:

Observation: Participants generally do not complete the “Zip code” box.

Recommendation: Move the “Zip code” box below the “United States” checkbox instead of remaining to the side. Modify the question to read: “If US, please specify your 5-digit Zip code.”

Q11:

Observation: Respondent comments include:

- *For this question, you may want to consider listing out the different options under Step 1. I had to go back to the Web site to see what I was going to fill in.*
- *How to improve the survey? - This is OK, but tio [sic] make it easier, you could do a checklist of data used.*

Recommendation: Develop a checklist of responses for “Kinds of data used (Check all that apply):”

The list should be based on the Step 1 home page:

Quick comparisons:

Area

Cancer

Comparison tables:

Rate/Trend comparisons

Incidence rates

Death rates

Etc.

Q16:

Observation: (Additional Comments section)

How to improve the survey? There was no opportunity to indicate that we have looked at these RTIPs and the degree to which we have utilized them. There is a continuum from having looked at them and discarded them as useless, to having gotten good ideas which you have incorporated into existing programs, through using these programs exactly in the same or different populations.

Recommendation: Question 16b includes room to indicate how the RTIP was used. Perhaps we can provide an example to clarify the question.

APPENDIX G

AIO Survey Pilot Version 2

Assessment of Intermediate Outcomes SURVEY – DRAFT

PURPOSE: Cancer control planners, program staff, and researchers have the same goals: to reduce cancer risk, the number of new cancer cases, and the number of deaths from cancer, as well as enhance the quality of life for cancer survivors. The Cancer Control PLANET is a Web portal that provides access to data and resources that can help planners, program staff, and researchers to design, implement, and evaluate evidence-based cancer control programs. The purpose of this evaluation is to determine the extent to which the PLANET has successfully achieved its goals since it was launched in April 2003.

INSTRUCTIONS: This survey is designed to be completed electronically. It should take approximately 8-10 minutes. *To check off any category, use your mouse to double click the corresponding box and select “Checked”. To add text to a comment box, place your cursor in the box and simply begin typing; there is no limit to the length of your responses.* Comment boxes can be used to provide suggestions for improving questions, or about your experience with the PLANET in general. If you have any technical questions about completing the survey, please contact Nicki Bush at NickiBush@westat.com. When you have completed the survey, please save it and send it to NickiBush@westat.com.

ABOUT YOU

Please tell us about yourself. This information is used to help us better meet the needs of the cancer control community. All information is strictly confidential.

1. Which one of the following best describes you? Check only one:

- Academician / Other
- Government Employee – Federal
- Government Employee – State /Local
- Health Educator
- Healthcare Provider
- Healthcare Consumer / Patient
- Human Resources Representative – Federal
- Human Resources Representative – Non-Federal
- Job Seeker
- Journalist / Media
- Military Personnel
- Policy Maker
- Program Planner
- Student
- Teacher
- Other, please identify:

Which one of the following best describes your organization? Check only one:

- Advocacy
- Business – For Profit
- Business – Non-profit (e.g., community organization)
- Community Health Center
- Government Agency – Federal
- Government Agency – State / Local
- Health System / HMO
- Hospital / Clinic
- School / College / University

3. How often do you use the Internet?

- Several times a day
- About once a day
- 3-5 days a week
- 1-2 days a week
- Less often
- Never

4. What is your gender?

- Male
- Female

5. What is your age?

6. Which one or more of the following would you say is your race?

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

7. Are you of Hispanic or Latino origin or descent, such as Mexican, Puerto Rican, Cuban, or some other Latin American background?

- Yes
- No

8. What is the highest level of education you have completed?

- Some high school or less
- High school graduate/GED
- Technical or vocational school
- Some college

- College graduate
- Graduate or professional degree

9. In what country are you currently located?

- United States:
Please specify your zip code:
- Canada
- Other (please specify):

10. How did you hear about Cancer Control PLANET website? Check all that apply.

- I attended a PLANET training
- Colleague
- NCI website
- Other government website
- Flyer
- Search engine
- Other: please specify
- I have never heard of PLANET (*Go to submission instructions on Page 12*)

11. How many times have you visited Cancer Control PLANET?

- 1-2 times
- 3-5 times
- 6-10 times
- More than 10 times
- I do not know
- I have never visited PLANET (*Go to submission instructions on page 12*)

12. How many times have you used information from Cancer Control PLANET?

- 1-2 times
- 3-5 times
- 6-10 times
- More than 10 times
- I do not know
- I have never used information from PLANET (*Go to submission instructions on page 12*)

**If you have never used information from PLANET,
please go to the submission instructions at the end of the survey.**

ABOUT YOUR EXPERIENCE ON PLANET

Please tell us about your experience on PLANET.
This information is used to help us improve PLANET.

Step 1 Assess program priorities

Step 1 of the PLANET provides information about cancer incidence and mortality at the county, state, and national level. Data on risk factors are also available to identify high-risk populations and cancer control priorities.

13. Have you used data provided in Step 1 of the PLANET?

- Yes
- No (Go to Step 2)

a. Please indicate the kind(s) of data you have used from PLANET and provide a brief description of how you have used these data: (Check all that apply)

KIND OF DATA USED	HOW DATA WERE USED
Quick Profiles	
<input type="checkbox"/> Data by Geographic Area(s):	
<input type="checkbox"/> Data by Cancer Site(s):	
Comparison Tables	
<input type="checkbox"/> Rate/Trend Comparisons	
<input type="checkbox"/> Death Rates	
<input type="checkbox"/> Incidence Rates	

KIND OF DATA USED	HOW DATA WERE USED
-------------------	--------------------

Interactive Graphs and Maps

- 5-Year Rate Changes

- Historical Trends

- Latest Rates, Percents, and Counts

- Interactive Maps

Support Data

- Screening and Risk Factors

- Peer Counties

- Age Distribution

b. How useful were the data and reporting capabilities available in Step 1 of PLANET in accomplishing your goals?

- Not at all useful
- A little useful
- Moderately useful
- Very useful
- Extremely useful

Comments:

Step 2 Identify potential partners

Step 2 of PLANET provides contact information for potential practice and research partners. Practice partners include the American Cancer Society's (ACS) Regional Cancer Control Planners, the Centers for Disease Control and Prevention's (CDC) Comprehensive Cancer Control funded Network of State Health Department staff, and NCI's Cancer Information Service. Research partners include researchers funded by PLANET partners (e.g., ACS, CDC, and NCI) organized by state and topic expertise.

14. Are you listed as a Practice Partner on PLANET?

- Yes
- No (Go to Question 15)
- I do not know

a. Have you been contacted by a PLANET user to discuss collaborating or partnering?

- Yes
- No (Go to Question 15)
- I do not know (Go to Question 15)

b. If you have been contacted from the Practice Partner list by a PLANET user, please describe the nature of the collaboration and any activities resulting from that partnership:

Nature of collaboration

Resulting activities

15. Are you listed as a Research Partner on PLANET?

- Yes
- No (Go to Step 3)
- I do not know

a. Have you been contacted by a PLANET user to discuss collaborating or partnering?

- Yes
- No (Go to Step 3)
- I do not know (Go to Step 3)

- b. If you have been contacted as a Research Partner by a PLANET user, please describe the nature of the collaboration and any activities resulting from that partnership:

Nature of collaboration	Resulting activities
--------------------------------	-----------------------------

Comments:

Step 3 Research reviews of different intervention approaches

Step 3 of PLANET provides information about recommended comprehensive cancer control approaches, and the research synthesis (from multiple studies) summarizing the effectiveness of various intervention strategies.

16. Which of the following PLANET resources have you used for your work? Check all that apply:

Guide to Community Preventive Services

- Accessed through the PLANET
- Accessed from someplace other than the PLANET

Guide to Clinical Preventive Services

- Accessed through the PLANET
- Accessed from someplace other than the PLANET

Other Evidence Reviews

- Accessed through the PLANET (please specify which review):
- Accessed from someplace other than the PLANET (please specify which review):

17. For those resources that you selected above, please provide a brief description of how you have used this information:

Resource	Description of how information was used
Guide to Community Preventive Services	
Guide to Clinical Preventive Services	
Other Evidence Reviews	

Comments:

Step 4 Find research-tested intervention programs and products

Step 4 of PLANET provides a storehouse of cancer control programs proven efficacious or effective in individual scientific studies. On PLANET, these programs are called Research-tested Intervention Programs (RTIPs). Many RTIPs can be downloaded or ordered free of cost.

18. Have you used any research-tested intervention programs (RTIPs) available through Step 4 of the PLANET (this includes implementing the RTIPs fully, using the RTIPs for reference, incorporating aspects of the RTIPs into existing or developing programs, etc.)?

- Yes
- No (Go to Step 5)

a. Please indicate how you accessed the program(s) and rate how easy it was to obtain the program, where 1 is very easy and 5 is very difficult:

Method of Access	Ease of Access 1 = very easy; 5 = very difficult
Downloaded program from PLANET	
Ordered program through PLANET	
Purchased program from developer website	

b. Please list which RTIPs programs you have used and provide a brief description of how you have used them:

Name of RTIP program	Degree to which RTIP was used	How you used the RTIP program
	<input type="checkbox"/> Looked at program(s) from RTIP but did not use any <input type="checkbox"/> Used program from RTIP as inspiration for other program development <input type="checkbox"/> Implemented program from RTIP with major modifications <input type="checkbox"/> Implemented program from RTIP with minor modifications <input type="checkbox"/> Implemented program from RTIP as recommended with no modifications	
	<input type="checkbox"/> Looked at program(s) from RTIP but did not use any <input type="checkbox"/> Used program from RTIP as inspiration for other program development <input type="checkbox"/> Implemented program from RTIP with major modifications <input type="checkbox"/> Implemented program from RTIP with minor modifications <input type="checkbox"/> Implemented program from RTIP as recommended with no modifications	

Name of RTIP program	Degree to which RTIP was used	How you used the RTIP program
----------------------	-------------------------------	-------------------------------

- Looked at program(s) from RTIP but did not use any
- Used program from RTIP as inspiration for other program development
- Implemented program from RTIP with major modifications
- Implemented program from RTIP with minor modifications
- Implemented program from RTIP as recommended with no modifications
- Looked at program(s) from RTIP but did not use any
- Used program from RTIP as inspiration for other program development
- Implemented program from RTIP with major modifications
- Implemented program from RTIP with minor modifications
- Implemented program from RTIP as recommended with no modifications

c. Has your use of an RTIP program changed your work in cancer prevention and control?

- Yes
- No

d. If you answered YES to Question 18c, please briefly describe your work in cancer prevention and control, and how the RTIP program(s) has changed/influenced your work:

Role in cancer prevention and control	Nature of change due to RTIP
---------------------------------------	------------------------------

<p>Comments:</p>

Step 5 Plan and evaluate your program

Step 5 of PLANET provides guidelines and resources for planning, implementing, and evaluating comprehensive cancer control programs, and tools for putting prevention into practice.

19. Have you prepared any program implementation/program delivery grants (i.e., not a research or evaluation grant) using PLANET resources?

- Yes
 No (Go to Question 20)

a. If YES, please describe the primary aims of each grant application and how you have used PLANET resources in preparation of grant application. Please also indicate the funding status.

Primary aim of grant application	Use of PLANET resources in preparation of grant application	Funding status (CHECK ONE)
		<input type="checkbox"/> Application under review
		<input type="checkbox"/> Application funded
		<input type="checkbox"/> Application not funded
		<input type="checkbox"/> Application under review
		<input type="checkbox"/> Application funded
		<input type="checkbox"/> Application not funded
		<input type="checkbox"/> Application under review
		<input type="checkbox"/> Application funded
		<input type="checkbox"/> Application not funded

20. Have you implemented any new cancer prevention or control programs using PLANET resources?

- Yes
 No (Go to Question 21)

a. Please describe each program and how you have used PLANET resources in this work. Please also indicate the estimated number of individuals served by each program.

Program Description	How You Used PLANET Resources	# of individuals served by program

21. Have you been involved in any activities related to developing a comprehensive cancer control plan?

- Yes
- No (Go to Question 22)

a. Have you used PLANET as part of your involvement in these activities?

- Yes
- No (Go to Question 22)

b. Please describe your work in developing a comprehensive cancer control plan and how you have used PLANET resources in this work:

22. Please provide any additional information or feedback about your experience with the Cancer Control PLANET. We welcome your suggestions for how we may improve this resource.

**Thank you for your participation in this evaluation of the
Cancer Control PLANET!**

SUBMISSION INSTRUCTIONS:
**Please save and email the completed form as an attachment
to NickiBush@westat.com.**

APPENDIX H

AIO Survey Pilot Version 2 Report

Assessment of Intermediate Outcomes Survey

Pilot Testing: Round 2

Number of instruments sent: 9

Number of “bounce back” emails indicating non-valid email address: 1 (initially 0, then 1
“bounce back” of the reminder email

Number of surveys returned: 5

Observations/Recommendations:

Q1:

Observation: Respondent wanted to check Federal employee and health educator but could only check one. Respondent is also a contractor, so she is not technically a Federal employee.

Recommendation: The revised Questions 1 and 2 should address both points.

Q9:

Observation: Participants generally do not complete the “Zip code” box (even after the box was moved).

Recommendation: Change the question to read “What is your zip or postal code?”

Q13:

Observation: The question on Quick Profiles is confusing because the section asks the user to select a state and a cancer/all cancers. The question should belong under rate/trend comparisons.

Recommendation: No modification, since the questions mirror the relevant web pages.

Q14:

Observation: The respondent could not find the term “practice partner” on the website. The respondent suggested the use of the term “Program Partner.”

Recommendation: Modify Questions 14 and 14b accordingly.

Q16:

Observation: There is no response option to indicate that the respondent has not used any of the PLANET resources.

Recommendation: Modify the question accordingly.

Q18b:

Observation: One respondent wrote name of new program based on RTIP.

Recommendation: None

Q18c:

Observation: One respondent wrote in “do not know yet.”

Recommendation: Add a response category for “Do not know.”

Q21b:

Observation: No respondents answered this question.

Recommendation: Possibly develop response categories.

Q22:

Observation: No respondents answered this question.

Recommendation: No recommendation at this point.

Q16:

Observation: (Additional Comments section)

How to improve the survey? There was no opportunity to indicate that we have looked at these RTIPs and the degree to which we have utilized them. There is a continuum from having looked at them and discarded them as useless, to having gotten good ideas which you have incorporated into existing programs, through using these programs exactly in the same or different populations.

Recommendation: Question 16b includes room to indicate how the RTIP was used. Perhaps we can provide an example to clarify the question.

APPENDIX I

AIO Cognitive and Usability Testing Email



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
National Cancer Institute
Bethesda, Maryland 20892

August 1, 2006

Dear

The National Cancer Institute will be soon asking people visiting the Cancer Control PLANET web site to complete an online survey. We are requesting 15 - 20 minutes of your time to help us test the survey.

The results of this survey will help NCI understand how people use the Cancer Control PLANET website, and in what ways they may have applied that content in their work. NCI will use the survey results to enhance the web site so that it better serves its users.

For this test, you would fill out the survey on your computer while you are on the telephone with the test moderator. With your permission, we would also be able to monitor your computer screen through a WebEx connection. The WebEx connection is set up automatically when you access the survey. The test will help us identify the parts of the survey that may need to be revised.

Please respond to this email if you would like to participate. Staff from Westat, an NCI contractor who is conducting this test, will email you to arrange a convenient time for you, if you agree to participate.

Thank you in advance for considering this special request. We look forward to hearing from you at your earliest convenience.

A handwritten signature in black ink, appearing to read "Jon F. Kerner".

Jon F. Kerner, Ph.D.
Deputy Director

APPENDIX J

AIO Cognitive and Usability Testing Debriefing

Debriefing (at the conclusion of the session)

After the participant has completed the web survey, the moderator poses the following questions, selecting from the probes as needed based on any issues observed during the session. When appropriate, the moderator displays the relevant page from the survey on the computer screen.

General Reactions/Opening

1. How would you describe your experience doing this web survey?
 - What did you like most about doing this web survey? Why? [If necessary, probe to determine if the participant's observation pertains to the layout or the content of the survey.]
 - What did you like least about doing this web survey? Why?
2. Did the survey allow you to report all the ways that you used Cancer Control PLANET?

Usability and Navigation

1. What do you think about the way you navigated through the survey?
 - [If positive]: Why do you like [the features that the participant mentions]?
 - [If negative]: How would you prefer to navigate?
2. What do you think about scrolling to see the items for some sections of the questionnaire?
3. Was there any time when you wanted to access some type of Help feature?
 - [If yes]: Tell me more about where and why you needed to use help.

Presentation

1. What do you think about the way the screens look?
 - [If positive]: Why do you like [the features that the participant mentions]?
 - [If negative]: How would you suggest changing the look of the screens?

2. What do you think about the way the items are presented on the screen?
 - Is the text easy to read? Why or why not?
 - Do you like or dislike the way the questions and response options are presented? Why?
 - Is there anything you would change?
 - Would you prefer having one page per screen?
 - Would you prefer having a progress bar that shows how much more of the survey is left?
 - Would you prefer a different layout for any type of question?
 - Is the survey too long, too short, or the right length?
 - Does the survey have too many text entry questions?
 - Should the survey have more multiple-choice questions?
 - Answering these questions, do you feel that you were able to accurately write about the parts of Cancer Control Planet that you used and the way that you used them?

Closing

1. Overall, how would you rate the experience of completing this survey? Would you say...
Very negative, somewhat negative, neither negative nor positive, somewhat positive, or very positive?
2. Do you have any other comments about your experience doing this survey?

APPENDIX K

AIO Usability Testing Report

Usability Test of

Assessment of Intermediate Outcomes Survey:

Findings and Recommendations

**Prepared by:
Westat
1650 Research Blvd.
Rockville MD 20850**

September 12, 2006

Background

The National Cancer Institute (NCI) has offered the web portal Cancer Control PLANET since April 2003, enabling researchers and public health professionals to access online data and resources for designing, implementing and evaluating evidence-based cancer control programs. The NCI has developed a survey, called *Assessment of Intermediate Outcomes* (AIO) for people who have been trained to use Cancer Control PLANET. The survey asks the respondents how they have used the data and resources that are available through the web portal.

Cancer Control PLANET is divided into five sections, corresponding to the steps involved in establishing a cancer control program:

- Step 1. Assess program priorities
- Step 2. Identify program partners
- Step 3. Research reviews of different intervention approaches
- Step 4. Find research-tested intervention programs and products
- Step 5. Plan and evaluate the program

The AIO survey is divided into six sections. The first is comprised of questions about the respondents' demographic background, occupation, work setting, degree of use of Cancer Control PLANET, and about how the respondent first learned of the web portal. The other five sections of the survey pertain to the respective five steps of Cancer Control PLANET. Each of these sections of the survey asks the respondents to identify the data and resources that they accessed, and to report the manner in which they applied the data and resources in their work.

The goal of the present evaluation was to help ensure that the AIO survey is understandable, easy to use, and capable of collecting the required information accurately with a reasonable level of respondent burden.

Method

The NCI provided Westat with the names and email addresses of about two dozen individuals who have been trained to use Cancer Control PLANET. Westat sent each of these potential participants a personalized email message, which briefly explained the evaluation. An individually addressed letter from Dr. Jon Kerner of the NCI was attached in PDF format. The letter invited the recipient to participate in the evaluation.

The first seven people to respond were included in the evaluation. There were four researchers and three clinicians. Each participated individually.

The participants were located around the country. Each participated in this evaluation from his or her own office computer via the WebEx service. First, Westat staff made an appointment with the participant. At the time of the appointment, the participant logged on to Westat's WebEx web site to access the survey. NCI staff, Westat's technical staff, and the moderator accessed the survey via WebEx at the same time. The WebEx system was configured so that the participant could complete the survey while everyone else watched.

At the start of the session, the participant, moderator, and other NCI and Westat staff all called into a toll free conference line. First, Westat's technical staff made certain that the WebEx system was working without problem. Then, the moderator and the participant conversed while everyone else listened.

The participants all gave permission to be recorded. The computer screen and the conference call were digitally recorded throughout each session.

The moderator asked the participants to complete the AIO survey as though they were actually completing the survey on their own. The moderator also asked the participants to "think aloud" as they worked, expressing their expectations, reactions, and observations. As appropriate throughout the evaluation, the moderator asked the participants to elaborate or to continue speaking. The goal of these probes was to ensure that the participants expressed their opinions about the survey thoroughly and clearly.

In this report, we summarize the findings of the tests and our recommendations. These recommendations are offered as suggestions to be considered within the context of all other priorities.

Findings

A. Purpose and Instructions

Findings. The participants stated that at the outset of the survey, they needed to know in a general way the nature of the information that they would be asked to provide, and the use that NCI would make of the information. They also needed to understand whether the NCI was directing the survey to all visitors of Cancer Control PLANET, or just particular visitors who met certain criteria.

The instructions to the survey, however, did not quickly convey this information to the participants. Many of the participants skimmed the instructions and purpose sections, and a few skipped them altogether. This finding was consistent with past research that suggests that only a minority of survey respondents read instructions thoroughly.

One participant suggested that the purpose of the survey should be explained as part of the invitation to take the survey, rather than at the start of the survey itself. Another participant thought that the instructions and the purpose should be on their own page. The respondents would click a "next" button to proceed to the survey. This participant thought that this arrangement would increase the likelihood that respondents would read the instructions and the purpose. Another participant thought that the instructions should be in a larger font than the purpose, so that respondents who wished to skim these materials would be more likely to read the instructions thoroughly, while devoting less attention to the purpose section.

When participants skim the purpose and instructions sections, they attempt to gain information from the title of the survey and from the material that they skim. The title of the survey, “Assessment of Intermediate Outcomes,” did not convey the purpose or the content of the survey to the participants. One participant misunderstood the meaning of “intermediate outcomes” and remarked “I thought you were going to ask me about my experience on the PLANET website.” Another user skimmed the words “planners, program staff, and researchers” within the text of the purpose section and wondered whether the survey was intended for her, since she did not identify with any of those roles.

Several participants liked the way that some instructions were placed at the start of each section. For example, the brief explanations of each step helped the participants remember the steps of Cancer Control PLANET. Many participants thought that a few more sentences of instructions should be placed throughout the survey. For example, some participants did not immediately understand what was asked of them when they switched from the first page of the survey, containing demographic questions, to the second page, containing questions about step 1 of Cancer Control PLANET. These participants thought that a sentence explaining that the survey was divided into sections this way would help respondents understand more quickly the organization of the survey.

Recommendations. The findings point to this recommendations:

A.1. Rewrite the purpose section so that it succinctly states the purpose of the survey in a few sentences, to aid people who scan rather than read the text. The purpose section should state how the NCI will use the findings of the survey. The section should be brief, and perhaps employ bulleted clauses to accommodate people who scan rather than read. The first sentence should be rewritten to be informative to those respondents who read no further.

A.2. Emphasize in the purpose section that the NCI hopes that all users of Cancer Control PLANET complete the survey, not just users with particular characteristics. Avoid lists of particular roles because they necessarily omit some roles.

A.3. Include a very brief statement of the purpose of the survey in any invitation or banner that asks users to complete the survey. Currently, the statement “Please tell us about your experience on the PLANET. This information is used to help us improve the PLANET” appears at the start of the Step 1 section. Respondents should understand the purpose of the survey well before this point, ideally at the time that they agree to complete the survey.

A.4. Change the name of the survey to better reflect the purpose of the survey.

A.5. Ensure that the instructions explain that the survey is divided into sections that correspond to the steps of Cancer Control PLANET.

A.6. Rewrite the brief instructions that introduce each section of the survey. Ensure that these instructions inform the respondent about the intent of the section, such as, “This part of the survey asks you about your use of information, available through Cancer Control PLANET, on cancer incidence and mortality...”

A.7. Consider placing the introductory instructions and purpose sections on a separate page.

B. Demographic questions

Findings. The first demographic question asks respondents for their occupation or responsibilities. It is a choose-one question, with an “other-please specify” option. A few of the participants had multiple appointments, such as at a cancer center and a university, and did not know which response would be most appropriate. One participant said that the question format should be changed to choose-all-that-apply. A few other participants hesitated while they thought about the best response. A physician believed that his occupation should be listed separately rather than as part of the much more general health care category.

The second question is about the work setting. Again, some participants with multiple appointments suggested that this question format be changed to choose-all-that-apply. One participant wanted the choice “contractor” to be added.

Several participants were surprised by the question about age. A typical comment was “I am surprised that it is on there.” Several participants would have been more comfortable answering a multiple-choice question in which the response alternatives were age bands.

Similarly, some participants were surprised by the question about race. One participant attempted to skip this question, but the survey would not let her continue without answering.

In summary, many participants did not understand why the age and race questions were included in the survey, why they were mandatory, and why the survey asked for a precise age, rather than a range. These participants did not say that the questions should be removed. They said that they would have preferred some explanation for how these survey responses will be used and why the precise age was required.

The participants did not have any similar objection to the zip code question, but they generally did not know whether to provide their home or work zip code. Many participants typed in their home zip code, while asking which one was appropriate.

This section of the survey had a question about how the respondent heard about Cancer Control PLANET. A few participants did not understand the response alternative “government web site.” The wording “Another government web site” might be clearer.

The question about how frequently the respondent has used Cancer Control PLANET lacks any mention of a time frame. Some participants asked whether the question means “ever used” or “used in the past year” or something else. The participants generally felt that the question implies that the respondents should report the number of times that they have “ever used” Cancer Control PLANET, and that the question would be much easier to answer if it had a time frame like “the past year.” The participants acknowledged the drawback that such a

question would miss respondents who used Cancer Control PLANET intensely a little over a year ago.

The instructions “check only one” and “check all that apply” appear inconsistently in only some of the questions. However, this inconsistency caused confusion only once, with one participant, momentarily.

Two participants omitted responses to demographic questions. One omitted the response to the race question deliberately, and other typed in the “other please specify” field without clicking the “other” choice. Both received a popup directing them to provide responses when they hit the “submit” button. Both were surprised that the survey did not tolerate missing data in this section. The heading “***Warning***” on the popup box may have added to the surprise. The reason that the participants may have been surprised is that demographic sections of surveys typically tolerate item nonresponse.

Demographic questions are commonly placed at the end of surveys rather than the beginning. The advantage to putting these questions at the end is that the respondent already understands and trusts the purpose of the survey when the more personal demographic questions appear. The disadvantage to that approach is that respondents who exit the survey early never answer these questions. The present test did not suggest whether placing the demographic questions at the start of the survey would cause respondents to exit the survey. In the context of this test, none of the participants expressed a desire to terminate the survey.

Recommendations.

B.1. Change the format of the question about occupation to choose-all-that-apply. Change “healthcare provider” to “physician, other healthcare provider.”

B.2. Change the format of the question about work setting to choose-all-that-apply. Add a choice for “contractor.”

B.3. Change the format of the age question to choose-one. The response alternatives should be age ranges in ten-year bands.

B.4. Allow respondents to proceed even if they have omitted the response to any questions. This recommendation applies to the entire survey, but especially the demographic questions. Eliminate the popup box with the “***Warning***” heading.

B.5. Add a statement above the age and race questions that very briefly explains why these data are being collected.

B.6. Explain that the zip code question is concerned with the respondents’ work setting, not the home setting. Since respondents might have more than one occupation, indicate that the work setting should be the one in which the respondents spend most of their time.

B.7. In question 10, change the alternative “government web site” to “another government web site.”

B.8. Add a time frame to question 11, such as “the past 12 months.”

B.9. Use the “choose one” or “choose all that apply” instructions consistently, either with each question, or with none, or only with the choose-all-that-apply questions.

B.10. Automatically check “other please specify” alternatives when respondents start to type in the fill-in field.

C. Step 1

Findings. Some of the participants found the Step 1 page of the survey to be overwhelming. The offhand comment of one, “Oh, it has all this other stuff” suggests that she thought the page was too burdensome and needed to be shortened. Another said, as she completed the page, “I am tired of typing all this stuff, I am just going to say I used it and move on.”

The formatting of the page was deceptive to some participants. A few did not notice the fields below the headings “data by geographic areas” and “data by cancer sites.” They did not quickly recognize that they were expected to type in specific geographical areas and cancer sites in these fields. Another participant asked rhetorically “There are so many open blank boxes, how do I get to the next step?” These participants appeared to be wondering whether this number of questions, and particularly fill-in questions, was required.

In addition, a few of the participants did not immediately remember that Cancer Control PLANET provided data called “Quick Profiles” organized by geographical areas and by the cancer site. The phrases “data by geographic areas” and “data by cancer sites” and the name “Quick Profiles” appear in the survey but they did not always help the respondents to remember. One participant suggested that some kind of help facility would be desirable, such as a “mouse over” feature in which an explanation appeared when the respondent moved the cursor over a phrase.

The participants noticed the checkbox and used it to indicate the data that they accessed.

One participant was certain that she used data such as historical trends and 5-year rate changes, but could not recall precisely how she used those data in her various activities. That is, she did not think about her work in a way that matched the way the survey questions asked about her work. She did not think of Cancer Control PLANET as a source of individual kinds of data, which she applied in differing ways. Instead, she appeared to think of the web portal as a source of many kinds of data, which she applied, all together, in the many activities that comprise her work.

Recommendations.

C.1. Reduce the number of fill-in fields by combining some of them, allowing respondents to describe, generally, the way that they used the data from many sources.

C.2. Change the wording of “data by geographic areas” and “data by cancer sites.” Consider converting these items into questions like “list the geographical areas for which you obtained information about cancer.” Replace the fill-in fields with more conspicuous drop down boxes.

C.3. Consider changing the question on “how data were used” to multiple choice or drop down box format.

C4. Consider replacing some of the fill-in fields with multiple choice questions or drop down boxes. The advantage of questions in the fill-in format is that they potentially can collect quite detailed data. The disadvantage of multiple-choice questions is that they may omit important alternative responses. However, the fill-in fields may be burdensome because they place demands on the respondents’ memories and require the respondents to type. The NCI may also find that the responses, in text format, are difficult to interpret because the various respondents answer in very different ways. The NCI might have to “upcode” a great deal of the data—that is, sort the data into categories for analysis. Multiple-choice questions are less burdensome because they require respondents to recognize, not recall, information and do not require the respondents to type out text answers. Responses to multiple choice questions are already in categories, and therefore do not need to be upcoded.

D. Step 2

Findings. The participants’ comments for this page were similar to their comments for the Step 1 page. The participants thought that the page required them to remember details and to type more than they expected. Some of the participants thought that the questions might be recast in multiple-choice format so that they could recognize, rather than recall, the best answers.

Several users noticed that the automatic skips were inconsistent. When the branch was to a question later in the same page, such as in “No (go to question 15),” the respondents themselves had to move the cursor to the appropriate question. However, when the branch was to a question on the next page, the survey automatically advanced to the appropriate question. This inconsistency created a bit of confusion. At one point, when the survey did not automatically advance, the participant hesitated before moving the cursor herself.

Recommendations.

D.1. Avoid using titles from Cancer Control PLANET that respondents may not remember, like “Other evidence reviews.” Instead use descriptions of the resources.

D.2. Change the automatic skips so that they always advance the cursor to the appropriate question. Warn the respondent with text like, “You will automatically advance to Step 3.”

D.3. Replace fill-in fields with less burdensome multiple-choice questions if the multiple-choice format can provide sufficient data.

E. Step 3

Findings. Some of the participants did not remember the “Other evidence reviews” in Cancer Control PLANET.

The instruction “check all that apply” appears with question 16 but nowhere else on the page.

Once more, some of the participants thought that the fill-in questions required them to type more than they wanted. A few participants blocked and pasted the same response to the three adjacent fields in question 17. They thought that the question would be less burdensome if the three parts were merged so that there were only one fill-in field, or if the fill-in field were replaced with multiple-choice alternatives or with a drop down box.

Recommendations.

E.1. Again, provide descriptions of Cancer Control PLANET resources rather than resource names like “other evidence reviews.”

E.2. Again, use “check all that apply” instructions in a consistent way.

E.3. Consider merging fill-in questions, especially for related questions where the respondents may not draw a meaningful distinction between the manner in which they used resources.

E.4. Consider replacing fill-in questions, which require the respondents to remember Cancer Control PLANET resources and the manner in which they used the distinct resources, with multiple choice questions or drop down boxes, which allow the respondents to recognize and select items from lists.

F. Step 4

Findings. Participants encountered difficulties with the layout of question 18a. Some of the participants could not rate the ease of access of a feature because they never used the feature. They wanted a choice like “I never used this method” or “not applicable, never used” to be available.

Among those who did choose one of the responses on the 1 to 5 scale, participants had a small amount of difficulty with the graphic. The text for “1” (“very easy”) is not aligned above the “1” and the text for “5” (“very difficult”) is not aligned above the “5.” The concepts are quite easy to understand, so the participants hesitated only very briefly.

Question 19 asks respondents how they used research-tested intervention programs. The question contains a parenthetical explanation for the word “used,” so that the respondent can understand how to answer. However, one participant admitted skipping the words between the parentheses, and then being uncertain about the item “how you used the RTIP program.”

All of the participants reported that they did not commit the names of the RTIP programs to memory, and were unprepared to report the names of the programs that they used. One participant commented, “I have no clue about the *name* of the program,” although she could report on the content of the program, if she had been asked. One participant suggested that the names of the RTIPs might be listed in a drop down menu so that respondents could select one. However, the participant was also aware that this drop down menu might be too long to be practical.

In question 19a, the third and fourth column must be completed only if the respondent makes certain selections in the second column. For example, if the respondent chooses “implemented the program...with no modifications” in the second column, the respondent would have no reason to complete the fourth column, which has the heading “How you modified the RTIP program.” However, the survey provides no guidance about when a respondent should deem a column to be inapplicable. This situation caused the participants to hesitate as they completed this question.

A few participants thought that question 19b was worded in a way that made it seem irrelevant to their work. The question reads “Has your use of an RTIP program changed your cancer prevention and control program(s)?” These participants were Principal Investigators of research grants who thought of their work as research projects, not cancer prevention and control programs. One suggested that the wording be changed to “...changed the way you do things in cancer control activities?”

Recommendations.

- F.1. Add a choice to question 18a similar to “never used this resource”
- F.2. Change the layout of question 18a so that the headings of the anchor points “very easy” and “very difficult” appear respectively above the “1” and the “5.”
- F.3. Provide greater detail about the meaning of the word “used” when asking respondents how they used a resource. Perhaps the explanation could be in bulleted format to accommodate respondents who skim these instructions.
- F.4. Avoid asking respondents to name RTIP programs. Alternatives include: 1) Ask them to describe the RTIP, perhaps by providing its topic. 2) Provide a drop down box listing

the names of the RTIPs. (However, this list may be long and cumbersome.) 3). Provide a multiple choice listing of RTIP topics.

F.5. Consider changing the format of question 19a into a series of questions, possibly multiple-choice questions. Clarify the branching with phrases like, “if you modified the program...”

F.6. Change the wording of question 19b to better include respondents who do not consider themselves to be directors of cancer prevention and control programs. The wording “...changed your cancer control activities” should suffice.

G. Step 5

Findings. Some of the participants hesitated while they considered how question 20 differed from question 21. Question 20 asks about “program implementation/program delivery grant applications (i.e., not a research or evaluation grant)” while question 21 asks about “cancer prevention or control programs.” One participant said “I did not see the difference between grant applications and programs so I had to go back and look” and returned to earlier pages of the survey.

Some participants could not remember the manner in which they used Cancer Control PLANET resources to prepare their grant applications with sufficient detail to answer question 20. The participants did not tend to think of preparing a grant application as a process in which they obtained discrete resources and then used them in the application. Instead, they thought of the process as one in which they simultaneously used many resources and acquired a good deal of information which they used together to create the proposal.

For question 21, one participant ran out of room typing in an answer to “number and type of individuals served by program.”

Question 23 asks, “Please provide any additional information or feedback about your experience with the PLANET.” This wording seems clear, but one participant was momentarily unsure whether she should provide feedback about the web portal, or about the Assessment of Intermediate Outcomes survey itself. Another participant thought that she could not answer the question without returning to Cancer Control PLANET and reviewing it. This participant did not remember her reactions to the web portal.

Recommendations.

G.1. Reword or combine questions 20 and 21. Rewording the questions should better highlight the difference between the questions.

G.2. Reword question 20 to ask which Cancer Control PLANET resources were especially useful in preparing a grant application. The respondent can then select responses from a choose-all-that-apply list.

G.3. Increase the size of the fill-in field for question 21.

G.4. Because this survey is not primarily a satisfaction survey, reword question 23 to “Did you use Cancer Control PLANET in any ways that you did not cover in this survey? If so, how?”

H. Final page

Findings. One participant pointed out that the title of the survey, “Assessment of Intermediate Outcomes” was in a large font while the “Thank you” message was in a small font. She thought that the “Thank you” was more important and deserved a larger font.

Recommendation.

H.1. Thank the respondent more prominently on the final page. Perhaps provide contact information so that respondents can know who, or what agency within NCI, is responsible for the survey.

I. General layout

Findings. Some of the participants thought that the “Submit” button signified the end of the survey. One participant thought the survey ended at the bottom of the first page for this reason. The participants thought that a button labeled “Next page” or “Continue” would better convey that the survey was not yet finished. They believed that the “Submit” label should be used only for the button at the bottom of the last page.

One participant thought that a progress thermometer would be desirable. That opinion was not generally shared by all the participants. Also, if the participants were informed at the outset that the survey was comprised of sections corresponding to Cancer Control PLANET’s five steps, they would be able to estimate their progress through the survey.

The fill-in boxes following “other, please specify” choices are too short to accommodate some of the participants’ entries.

Recommendations.

I.1. Change the label “submit” on all of the buttons, except the last one, to “continue” or “next page.”

I.2. Lengthen the “other please specify” fill-in fields.

J. Overall comments

Findings. A few participants thought that the survey was written for a particular subset of people who use Cancer Control PLANET, not for all users. One participant had the sense that the survey was directed at epidemiologists, while another thought that it excluded the staff of cancer prevention programs.

Almost all of the participants thought that the survey was too long. The instructions to the survey predict that respondents will need 10 to 20 minutes. This test can not suggest the actual amount of time required because the think-aloud procedure requires so much time. However, there is little doubt that the survey would demand more than 20 minutes from many respondents. Most of the participants thought that they would not wish to spend more than 20 minutes on the survey.

Most participants stated that one way to make the survey less burdensome was to reduce the number of fill-in fields. They recommended that fields be combined where possible, so that the survey had fewer questions containing fewer sets of multiple fields. They also recommended that some fill-in questions be changed to a format with multiple choice or a drop down box. They also recommended that some questions be made less specific; for example, questions that ask for titles of a resource should instead ask for topics.

Recommendations.

J.1. Emphasize in the purpose text that all users of Cancer Control PLANET are welcome to complete the survey.

J.2. Revise the survey to shorten it and then test it to ensure that it requires no more than twenty minutes to complete. Shortening the survey can entail converting fill-in questions that require respondents to recall information to multiple choice questions that require the respondents to recognize accurate responses. Shortening the survey can also entail combining questions when respondents are unlikely to distinguish among various resources or the manner in which resources were put to use.

APPENDIX L

AIO Invitation Email

January 22, 2007

Dear :

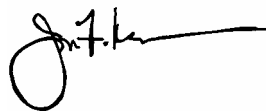
We would like to invite you to participate in an evaluation (via a web-based survey) of the Cancer Control PLANET. Cancer Control PLANET is a web portal that provides access to data and resources that can be used to design, implement, and evaluate evidence-based cancer control programs. The purpose of this evaluation is to help the PLANET partners determine the extent to which the PLANET has achieved these usage goals. You have been invited to participate because our records indicate you attended one or more Cancer Control PLANET trainings.

The survey you are invited to complete is comprised of 36 questions which will assist the PLANET staff in understanding how the web portal and the PLANET resources are being used. The survey takes approximately 10-12 minutes to complete online.

Your responses to these questions will be confidential and not disclosed to any other parties, except as otherwise required by law. This survey is being conducted by an independent evaluator and all data will be reported to the National Cancer Institute (NCI) and its PLANET partners in aggregate form with all identifying information removed. Study staff will not contact you in order to discuss or clarify your responses; please be candid and as descriptive as possible. Your participation in this evaluation is appreciated and strictly voluntary—you may decline to participate at anytime before or during the completion of the survey, prior to submission of the survey instrument.

Please complete the web-based survey at <http://aio.cancer.gov/> no later than 1/31/07. If you have any questions, please email PLANETAio@westat.com. Thank you in advance for participating.

Sincerely,



Jon F. Kerner, Ph.D.
Deputy Director for Research Dissemination & Diffusion
Division of Cancer Control & Population Sciences
National Cancer Institute
Bethesda, MD

APPENDIX M

AIO Reminder 1 Email

January 25, 2007

Dear

Thank you if you have completed the Cancer Control PLANET survey.

If you have not completed the survey, this is notice that the Cancer Control PLANET survey you have been invited to complete is still available online at <http://aio.cancer.gov/>.

Please be sure to complete the survey **before 1/31/07**. Your input is important to all who want to make the Cancer Control PLANET web portal as useful as possible. If you have any questions, please email PLANETAio@westat.com.

If you do not wish to complete the survey and do not wish to receive a reminder email, please email PLANETAio@westat.com so we may remove your name.

Thank you.

APPENDIX N

AIO Reminder 2 Email

January 30, 2007

Dear

Again, thank you if you have completed the Cancer Control PLANET survey.

If you have not completed the survey, this is a final reminder that the Cancer Control PLANET survey you have been invited to complete is available online at <http://aio.cancer.gov/>.

We are emailing you to let you know that the survey will be available for a limited time only, and your input is important to all who want to make the PLANET web portal as useful as possible.

Please be sure to complete the survey before **1/31/07**. If you have any questions, please email PLANETAio@westat.com.

Thank you.

APPENDIX O

AIO Cover Letter Error Group

January 19, 2007

Dear

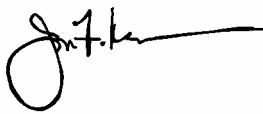
Thank you for your previous participation in the Cancer Control Planet Survey. In December you were invited to participate in the online survey but experienced difficulty completing the survey on the website. We apologize for the difficulty you experienced and have since updated the website. If you have not already done so, you may still participate by completing the web-based survey at <http://aio.cancer.gov/> no later than 1/31/07. Your input is important to all who want to make the Cancer Control PLANET web portal as useful as possible.

The survey is comprised of 36 questions which will assist the PLANET staff in understanding how the web portal and the PLANET resources are being used. The survey takes approximately 10-12 minutes to complete online.

Your responses to these questions will be confidential and not disclosed to any other parties, except as otherwise required by law. This survey is being conducted by an independent evaluator and all data will be reported to the National Cancer Institute (NCI) and its PLANET partners in aggregate form with all identifying information removed. Study staff will not contact you in order to discuss or clarify your responses; please be candid and as descriptive as possible. Your participation in this evaluation is appreciated and strictly voluntary—you may decline to participate at anytime before or during the completion of the survey, prior to submission of the survey instrument.

If you have any questions, please email PLANETAio@westat.com.

Thank you in advance for participating.



Jon F. Kerner, Ph.D.
Deputy Director for Research Dissemination & Diffusion
Division of Cancer Control & Population Sciences
National Cancer Institute
Bethesda, MD

APPENDIX P

AIO Audio File Script from Jon Kerner

Hello. My name is Jon Kerner from the National Cancer Institute and I have a special request. I am sending this message to you to ask for your assistance in evaluating the Cancer Control P.L.A.N.E.T. This web portal is a vital part of our dissemination strategy to promote the consideration and use of data and evidence-based cancer prevention and control programs and practice.

Because you attended one or more Cancer Control P.L.A.N.E.T. training sessions you are our experts on evaluating the utility of this web portal. If you have not yet completed the survey on the Cancer Control P.L.A.N.E.T., we need your help. We need to know the extent to which the Cancer Control P.L.A.N.E.T. is meeting our goal of providing easy access to data and resources that can be used to design, adapt, implement, and evaluate evidence-based cancer prevention and control programs.

Please take five minutes to respond to the survey using the link provided in the text of this email message. If you have already completed this survey, I would like to take this opportunity to sincerely thank you for your help.

Thanks for your consideration of this special request.

APPENDIX Q

AIO Audio File Email

Hello:

Please open the attached audio file to hear a special request from Dr. Jon Kerner at the National Cancer Institute. He is asking for your assistance to evaluate the Cancer Control P.L.A.N.E.T. (*Plan, Link, Act, Network, with Evidence-based Tools*) Web portal.



Message from Jon
Kerner.mp3 (1...

Please take 5 minutes to respond to the survey using the following Web link:
<http://cancercontrolplanet.cancer.gov/>.

If you already completed the survey, I would like to take this opportunity to thank you for your help.

Sincerely,



Jon F. Kerner, Ph.D.

Deputy Director for Research Dissemination & Diffusion
Division of Cancer Control & Population Sciences
National Cancer Institute
6130 Executive Blvd. EPN 6144
Bethesda, MD 20892

Tel: 301-594-7294

Fax: 301-594-6787

APPENDIX R

Corrected AIO Audio File Email

Please accept our apology. The link to the survey in our original message sent 2/26/07 was incorrect. The correct survey link is: <http://aio.cancer.gov/>.

If you have not already listened to the attached audio file, please open the file to hear the special request from me, Dr. Jon Kerner at the National Cancer Institute. I am asking for your assistance to evaluate the Cancer Control P.L.A.N.E.T. (*Plan, Link, Act, Network, with Evidence-based Tools*) Web portal.



Message from Jon
Kerner.mp3 (1...

Please take 5-10 minutes to respond to the survey using the following Web link:
<http://aio.cancer.gov/>.

If you already completed the survey, I would like to take this opportunity to thank you for your help.

Sincerely,



Jon F. Kerner, Ph.D.

Deputy Director for Research Dissemination & Diffusion
Division of Cancer Control & Population Sciences
National Cancer Institute
6130 Executive Blvd. EPN 6144
Bethesda, MD 20892

Tel: 301-594-7294
Fax: 301-594-6787

APPENDIX S

AIO Respondents Age Group by Occupation and Work Setting

Table of AIO Age Group by Occupation							
Age group	Occupation						Total
	Missing	Researcher/pro gram evaluator	Healthcare provider	Public health practitioner	Academic	Other	
Missing	42	0	0	0	0	0	42
	23.08	0	0	0	0	0	23.08
20 to 30 years	0	0	0	8	0	2	10
	0	0	0	4.4	0	1.1	5.49
31 to 40 years	0	10	4	22	0	0	36
	0	5.49	2.2	12.09	0	0	19.78
41 to 50 years	0	8	8	25	2	1	44
	0	4.4	4.4	13.74	1.1	0.55	24.18
51 to 60 years	0	12	5	21	2	3	43
	0	6.59	2.75	11.54	1.1	1.65	23.63
More than 60 years	0	1	3	2	1	0	7
	0	0.55	1.65	1.1	0.55	0	3.85
Total	42	31	20	78	5	6	182
	23.08	17.03	10.99	42.86	2.75	3.3	100

Table of AIO Age Group by Work Setting								
Age group	Work Setting							Total
	Missing	State/local government agency	Federal government agency	Hospital/ clinic/ center	Nonprofit organization	Academic	Other	
Missing	42	0	0	0	0	0	0	42
	23.08	0	0	0	0	0	0	23.08
20 to 30 years	0	3	3	2	1	0	1	10
	0	1.65	1.65	1.1	0.55	0	0.55	5.49
31 to 40 years	0	1	11	5	7	10	2	36
	0	0.55	6.04	2.75	3.85	5.49	1.1	19.78
41 to 50 years	0	6	12	4	7	12	3	44
	0	3.3	6.59	2.2	3.85	6.59	1.65	24.18
51 to 60 years	0	6	8	5	9	13	2	43
	0	3.3	4.4	2.75	4.95	7.14	1.1	23.63
More than 60 years	0	2	0	1	3	1	0	7
	0	1.1	0	0.55	1.65	0.55	0	3.85
Total	42	18	34	17	27	36	8	182
	23.08	9.89	18.68	9.34	14.84	19.78	4.4	100

APPENDIX T

Cancer Control P.L.A.N.E.T. Usability Satisfaction Survey

**Cancer Control PLANET Evaluation.
Usability and Customer Satisfaction Survey**

Please help us improve the Cancer Control PLANET Web site (PLANET) by answering the following questions.

1. How did you find out about PLANET? *(Check all that apply)*

<input type="checkbox"/>	PLANET training	UCS_HowFound_AttendTrain
<input type="checkbox"/>	PLANET presentation	UCS_HowFound_AttendPresent
<input type="checkbox"/>	Colleague	UCS_HowFound_Colleague
<input type="checkbox"/>	Another Government Web site	UCS_HowFound_GovtWeb
<input type="checkbox"/>	Pamphlet / fact sheet / flyer	UCS_HowFound_Pamphlet
<input type="checkbox"/>	Search engine	UCS_HowFound_SearchEng
<input type="checkbox"/>	PLANET exhibit at a professional meeting	UCS_HowFound_Exhibit
<input type="checkbox"/>	Other: please specify	UCS_HowFound_Other
<input type="checkbox"/>	hidden	UCS_HowFound_OtherOS

2. In the past 12 months, how many times have you visited PLANET?

UCS_NumberPLANETVisits

<input type="checkbox"/>	This is my first visit
<input type="checkbox"/>	2-3 times
<input type="checkbox"/>	4-5 times
<input type="checkbox"/>	6-10 times
<input type="checkbox"/>	More than 10 times
<input type="checkbox"/>	Don't know

3. What are your reasons for visiting PLANET? *(Check all that apply)*

<input type="checkbox"/>	To obtain data on the cancer and/or risk factor burden within a given state	UCS_VisitReason_StateData	<input type="checkbox"/>	To find guidelines for planning and evaluation	UCS_VisitReason_PlanEval
<input type="checkbox"/>	To identify potential program / community partners	UCS_VisitReason_ProgramPartner	<input type="checkbox"/>	To identify other resources	UCS_VisitReason_OtherResources
<input type="checkbox"/>	To identify potential research partners	UCS_VisitReason_researchPartner	<input type="checkbox"/>	Just to browse	UCS_VisitReason_JustBrowsing

To learn about effective intervention approaches for cancer control
UCS_VisitReason_Intervention

Other: please specify
UCS_VisitReason_Other

To obtain evidence-based programs and products
UCS_VisitReason_EvidenceBased

UCS_VisitReason_OtherOS

4. For which of the following topics are you seeking information or resources on PLANET? *(Check all that apply)*

Breast cancer
UCS_WhatTopic_BreastCa

Physical activity
UCS_WhatTopic_PhysicalActivity

Cervical cancer
UCS_WhatTopic_CervicalCa

Sun safety
UCS_WhatTopic_SunSafety

Colorectal cancer
UCS_WhatTopic_ColorectalCa

Tobacco control
UCS_WhatTopic_TobaccoControl

Diet or nutrition
UCS_WhatTopic_DietNutrition

Cancer survivorship
UCS_WhatTopic_CaSurvival

Informed decision making
(e.g., making decisions about cancer screening)
UCS_WhatTopic_DecisionMaking

Other: please specify
UCS_WhatTopic_Other

5. How much of the information you want are you able to find on PLANET?
UCS_HowMuchDesiredInfo

All of what I wanted

Most of what I wanted

Some of what I wanted

None of what I wanted

6. If there is any information you are not able to find, please tell us what it is:
UCS_DesiredInfoNotFound

7. How have you used (or how do you plan to use) the information you obtain from PLANET? (Check all that apply)

<input type="checkbox"/> 1	Share with colleagues	<input type="checkbox"/> 1	Develop / implement state cancer control plan
	UCS_HowUsed_ShareColleagues		UCS_HowUsed_DevelopStateProg
<input type="checkbox"/> 1	Share with patients / clients	<input type="checkbox"/> 1	Submit a funding application
	UCS_HowUsed_SharePatients		UCS_HowUsed_SubmitApp
<input type="checkbox"/> 1	Identify program / community partners	<input type="checkbox"/> 1	Prepare a manuscript, report, or presentation
	UCS_HowUsed_ProgramPartner		UCS_HowUsed_PrepareReport
<input type="checkbox"/> 1	Identify research partners	<input type="checkbox"/> 1	Other, please specify:
	UCS_HowUsed_ResearchPartner		UCS_HowUsed_Other
<input type="checkbox"/> 1	Develop / implement cancer control program	<input type="checkbox"/>	
	UCS_HowUsed_DevelopProgram		UCS_HowUsed_OtherOS

8. How useful to your work do you find each of the following PLANET features?

	Extremely useful	Very useful	Useful	Only somewhat useful	Not at all useful	I did not use this feature	I could not find this feature
Step 1: State Cancer Profiles UCS_HowUseful_Step1 p1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Step 2: Cancer Control Partners UCS_HowUseful_Step2 p2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Step 3: Research Evidence Reviews (e.g., Guide to Community Preventive Services) UCS_HowUseful_Step3 p3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Step 4: Research-tested Intervention Programs UCS_HowUseful_Step4 p4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Step 5: Planning and evaluating comprehensive cancer control programs UCS_HowUseful_Step5 p5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

9. Please rate your agreement with each of the following statements:

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	No opinion
a. The purpose of PLANET is clear to me UCS_ClearPurpose	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
b. The information on PLANET is relevant to my work in cancer prevention and control UCS_InfoRelevantToWork	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
c. I am able to locate easily the information I need on PLANET UCS_InfoEasilyLocated	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
d. There is too much information on PLANET UCS_TooMuchInfo	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
e. The major categories on the PLANET home page help me find what I need UCS_CategoriesHelpful	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
f. I am able to download easily the programs or information I need UCS_InfoEasyToDL	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
g. I am able to order and / or purchase easily the programs or products I need UCS_EasyToPurchase	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
h. PLANET is easy to use UCS_EasyToUse	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
i. PLANET is visually appealing UCS_VisuallyAppealing	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
j. I would visit PLANET again UCS_WouldVisitAgain	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

About You

Please tell us about yourself. This information will be used to help us better meet the needs of PLANET users. All information is strictly confidential.

10. Which one of the following best describes you?

UCS_DescribeYourself

<input type="text"/>	Health Educator	<input type="text"/>	Policy Maker
<input type="text"/>	Healthcare Provider (non-physician)	<input type="text"/>	Program Planner or Manager
<input type="text"/>	Healthcare Provider (physician)	<input type="text"/>	Researcher / Program Evaluator
<input type="text"/>	Human Resources Professional	<input type="text"/>	Student
<input type="text"/>	Job Seeker	<input type="text"/>	Teacher
<input type="text"/>	Journalist	<input type="text"/>	Other, please specify:
<input type="text"/>	Patient / Relative or friend of patient		

UCS_DescribeYourselfOS

11. Which one of the following best describes your organization or employer?

UCS_DescribeYourEmployer

<input type="text"/>	Advocacy	<input type="text"/>	Government Agency - State / Local
<input type="text"/>	Business - For Profit	<input type="text"/>	Health System / HMO
<input type="text"/>	Non-profit Organization	<input type="text"/>	Hospital / Clinic
<input type="text"/>	Community Health Center	<input type="text"/>	School / College / University
<input type="text"/>	Contractor	<input type="text"/>	Other, please specify:
<input type="text"/>	Government Agency - Federal		

UCS_DescribeYourEmployerOS

12. How often do you use the Internet?

UCS_HowOftenInternet

<input type="text"/>	Several times a day
<input type="text"/>	About once a day
<input type="text"/>	3-5 days a week
<input type="text"/>	1-2 days a week
<input type="text"/>	Less often

13. What is your gender?

UCS_Gender

<input type="text"/>	Male
<input type="text"/>	Female

14. What is your age?

UCS_Age

15. What is your ethnicity?

UCS_Ethnicity

- 1 Hispanic or Latino
- 2 Not Hispanic or Latino

16. Which one or more of the following would you say is your race? (Check all that apply)

1 American Indian or Alaska Native

UCS_Race_AmerInd

1 Asian

UCS_Race_Asian

1 Black or African American

UCS_Race_Afram

1 Native Hawaiian or Other Pacific Islander

UCS_Race_PacIslander

1 White

UCS_Race_White

17. What is the highest level of education you have completed?

UCS_HighestEducation

- 1 Some high school or less
- 2 High school graduate / GED
- 3 Technical or vocational school
- 4 Some college
- 5 College graduate
- 6 Graduate or professional degree

18. What is your postal or zip code at work?

UCS_ZipCode

19. In the space below, please feel free to provide any additional comments about your experiences using PLANET.

UCS_AddlComments

Thank you for taking the time to participate in this survey.
Click SUBMIT below to submit your responses and return to PLANET.

APPENDIX U

UCS Cognitive Testing Email

Dear

You attended a training conducted by the National Cancer Institute (NCI) on the use of the Cancer Control PLANET website conducted back in March of 2004.

On behalf of the National Cancer Institute (NCI), Westat is conducting a study to evaluate and, ultimately, to improve the PLANET website. One component of the evaluation includes a user satisfaction survey. We are writing to ask for your assistance in finalizing this survey.

In collaboration with NCI, we have developed a set of questions for this user satisfaction survey. Before administering the survey to a large group of users, we would like to pretest it – that is, to make sure the questions make sense to people, and that the response choices adequately capture their reactions to the website.

We would like to email you the survey questions, and have you fill it out while on the phone with a Westat researcher. We expect it will take no more than 15-20 minutes of your time. We will schedule a time for the call that is convenient for you.

If you are interested in participating, please let us know by replying to this email with a few dates and times when you are available in the next 2 weeks.

Thank you,

Nicki Bush

APPENDIX V

UCS Cognitive Testing Version 1

Cancer Control PLANET Evaluation

Usability and Customer Satisfaction Survey

****DRAFT Email Recruitment Version****



Thank you for agreeing to help us evaluate Cancer Control PLANET by completing a Brief Visitor Survey. The survey will take no more than 5 minutes of your time. **All responses will be kept strictly confidential.**

Read Our Privacy Policy
([Hyperlink to OPM Policy](#))

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this form will average 5 minutes. This includes the time it takes to read instructions, gather the necessary facts, and fill out the form. Response is entirely voluntary. Failure to respond will have no adverse impact on any benefits to which you are entitled.

OMB CONTROL NUMBER: nnnn-nnnn
Expires MM/DD/YY

Please help us improve the Cancer Control PLANET website (the PLANET) by answering the following questions.

1. How did you hear about the Cancer Control PLANET website (the PLANET)?

Check all that apply

- Attended a PLANET training
- Attended a presentation about PLANET
- Colleague
- NCI website
- Other government website
- Pamphlet/fact sheet
- Search engine
- Other: please specify

2. How many times have you used the PLANET?

- 1-2 times
- 3-5 times
- 6-10 times
- More than 10 times
- Don't know

3. What were the reasons for your most recent visit to the PLANET?

Check all that apply

- To obtain data on the cancer and/or risk factor burden within a given state
- To identify potential practice partners
- To identify potential research partners
- To learn about effective intervention approaches for cancer control
- To obtain evidence-based programs and products
- To find guidelines for planning and evaluation
- Just browsing
- Other: please specify

4. For which of the following cancer control content areas were you seeking information or resources during your most recent visit to the PLANET?

Check all that apply

- Breast cancer screening
- Cervical cancer screening
- Colorectal cancer screening
- Diet or nutrition
- Informed decision making (e.g., making decisions about cancer screening)
- Physical activity
- Sun safety
- Tobacco control
- Cancer survivorship
- Other: please specify

- I have never looked for information on the PLANET
- I have never used the PLANET

5. How much of the information you wanted did you find during your most recent visit to the PLANET?

- All of what I wanted (Go to Question 6)
- Most of what I wanted
- Some of what I wanted
- None of what I wanted

5a. Please tell us what kind of information you were not able to find:

6. How do you plan to use the information you obtained from your most recent visit to the PLANET?

Check all that apply

- Share with colleagues
- Share with patients/clients
- Contact cancer control organization regarding potential collaboration
- Contact cancer control researcher regarding potential collaboration
- Begin planning cancer control program
- Implement cancer control program
- Incorporate in state cancer control plan and/or action plan
- Submit grant proposal or other funding application
- Publish manuscript or other report
- Other, please specify:

7. How useful to your work did you find each of the following features?

Step 1: State Cancer Profiles

- Extremely useful
- Very useful
- Useful
- Only somewhat useful
- Not at all useful
- I did not use this feature

Step 2: Cancer Control Partners

- Extremely useful
- Very useful
- Useful
- Only somewhat useful
- Not at all useful
- I did not use this feature

Step 3: Guide to Community Preventive Services

- Extremely useful
- Very useful
- Useful
- Only somewhat useful
- Not at all useful
- I did not use this feature

Step 4: Research-tested Intervention Programs

- Extremely useful
- Very useful
- Useful
- Only somewhat useful
- Not at all useful
- I did not use this feature

Step 5: Planning and evaluating comprehensive cancer control programs

- Extremely useful
- Very useful
- Useful
- Only somewhat useful
- Not at all useful
- I did not use this feature

8. Please rate your agreement with each of the following statements:

- a. The purpose of the PLANET is clear to me.
 - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - No opinion

- b. The information on the PLANET is relevant to my work in cancer prevention and control.
 - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - No opinion

- c. I was able to easily locate the information I needed on the PLANET.
 - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - No opinion

- d. The major categories on the PLANET home page helped me find what I needed.
 - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - No opinion

- e. I was able to easily download the products I needed.
 - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - No opinion

8. Please rate your agreement with each of the following statements (*continued*):

- f. I was able to easily purchase the products I needed.
 - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - No opinion

- g. The PLANET was easy to use.
 - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - No opinion

- h. The PLANET was visually appealing.
 - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - No opinion

- i. I would visit the PLANET again.
 - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - No opinion

About You

Please tell us about yourself. This information will be used to help us better meet the needs of PLANET users. All information is strictly confidential.

9. Which one of the following best describes you?

Check only one

- Academician /Researcher
 - Government Employee – Federal
 - Government Employee – State / Local
 - Health Educator
 - Healthcare Provider
 - Healthcare Consumer / Patient
 - Human Resources Representative – Federal
 - Human Resources Representative – Non-Federal
 - Job Seeker
 - Journalist / Media
 - Military Personnel
 - Student
 - Teacher
 - Other, please identify
-

10. Which one of the following best describes your organization?

Check only one

- Advocacy
- Business – For Profit
- Business – Non-profit
- Community Health Center
- Government Agency – Federal
- Government Agency – State / Local
- Health System / HMO
- Hospital / Clinic
- School / College / University

11. How often do you use the Internet?

- Several times a day
- About once a day
- 3-5 days a week
- 1-2 days a week
- Less often

12. What is your gender?

- Male
- Female

13. What is your age?

14. Which one or more of the following would you say is your race?

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

15. Are you of Hispanic or Latino origin or descent, such as Mexican, Puerto Rican, Cuban, or some other Latin American background?

- Yes
- No

16. What is the highest level of education you have completed?

- Some high school or less
- High school graduate/GED
- Technical or vocational school
- Some college
- College graduate
- Graduate or professional degree

17. In what country are you currently located?

- United States -- please specify your 5-digit Zip code: _____
- Canada
- Other (please specify):

18. In the space below, please feel free to provide any additional comments about your experiences using the PLANET.

**Thank you for taking the time to participate in this survey.
Click SUBMIT below to exit the survey and return to the PLANET.**

[standard encryption security notice]

APPENDIX W

UCS Cognitive Testing Report Round 1

Cancer PLANET Usability and Customer Satisfaction Survey Findings and Recommendations from Cognitive Interviews – Round 1 February 21, 2006

Introduction

Interview Participants:

- One is a cancer survivor who runs an independent nonprofit that offers support services to women with cancer.
- One works for a health education center based at a university.
- One works at a state public health department.
- One works at NCI.

Methods:

Each participant read and responded to the draft UCS instrument (Questions 1 to 10 only) while on the phone with the Westat interviewer. Participants were encouraged to share any confusion or other difficulties they experienced with the questions. The interviewer occasionally probed for the participants' interpretations of the questions, the bases of their answers, and their suggestions for additional response categories.

Overall Observations:

The participants experienced very few difficulties responding to the questions. There were no instances of confusion as to what a question was seeking. When probed, participants seemed to have very good bases for their responses. The most notable issues observed were difficulties finding the appropriate response within a long list of response choices (e.g., Question 9).

One thing you might want to consider is whether you really need to restrict some of the questions to the respondent's "most recent visit." By doing so, you may get more valuable information about what people are using the website for. Besides, in survey questions that ask people to focus on only one event out of many, respondents often have difficulty restricting their answers in such a way. It's just something to consider.

Specific question comments and recommendations

Below is a summary of the notable observations for each question, and our recommendation.

Q1:

This probably isn't a serious issue for you, but sometimes respondents won't view the response categories as mutually exclusive. For example, one answered both "Attended a PLANET training" and "Attended a presentation about PLANET." But these were the same events to her – in other words, the presentation she referred to was a training session for the site.

Recommendation: Leave as is.

Q2:

No issues of concern were observed. Participants counted visits to the site just to browse as a "use" for this question, which we understand to be consistent with your intent.

Recommendation: Leave as is. But see comment below (at Q4) regarding persons who have not *used* the PLANET website.

Q3:

One person chose the "To obtain evidence-based programs and products," interpreting it to be information about cancer trials for a specific cancer. I expect, however, that this reason for visiting the site is not typical. Participants offered a couple of suggestions for uses of PLANET that you might consider adding as response categories: 1) To identify links to other resources, and 2) to learn more about their own cancer.

Recommendation: Perhaps it's not worthwhile given that you already have the "Other" category where people enter more specifically what their reason is. But you might consider adding categories, such as:

To identify other resources

To obtain more information about my cancer (or a relative or friend with cancer).

Q4:

One person decided to indicate a number of answers here, saying that although she wasn't planning to use the information, she browsed in these areas to see what was there. However, it turned out she was thinking about the 6 to 10 times she has visited the PLANET site, not just the most recent time. She then replied that she doesn't remember what area she was looking at during her most recent time.

We also noticed that the next to last response category is not consistent with the intent of the question – it refers to “never” having looked for information, whereas the question is about the most recent visit. Also, the last response category might not be necessary. If someone is completing the survey who hasn’t used the website, then Question 2 should include a “not at all” in the response options. Respondents who select “not at all” should then skip to the end of the survey and submit their responses.

Recommendation: When designing the web page, you should probably emphasize “your most recent visit” in some way, such as through underlining. The next to last response category should say:

I did not look for information on my most recent visit to the PLANET.

As discussed above, however, you might reconsider whether you really want respondents to think only of their most recent visit.

Q5:

One participant noted that she had found even more information than she had expected to find. She chose the “All of what I wanted” response category easily enough, but her comment made me wonder if this would be a useful sentiment for you to capture in the survey. Also, one person answered “All of what I wanted” here, but in fact she had not been looking for specific information.

Recommendation: Consider adding response categories such as:

Even more than I wanted

I did not want any information

Q5a:

The person who said she had found more than she wanted overlooked the skip instruction at Q5, and thus answered this item. Even though she was surprised at the amount of information available at the site (hence her response to Q5), she nevertheless said that she could not find certain things she looked for (data broken out by certain population groups).

Recommendation: Remove the skip instruction at Q5 and ask Q5a of everyone. You’ll likely get more information this way. Reword as:

If you were unable to find certain information on your most recent visit, tell us what it was:

Q6:

There were no problems to note, but one person suggested adding a category such as “To get talking points for a presentation.”

Recommendation: Consider revising the “Publish manuscript or other report” category to something like:

For a manuscript, report, or presentation

Q7 and Q8:

No problems were observed here. Each participant answered these series of items easily, and indicated “I have not used this feature” or “no opinion” as appropriate.

Recommendation: Leave as is.

Q9:

One person who was a cancer survivor had difficulty finding the category that applies to her. She also noted that there is no category for someone who is looking at the site on behalf of a family member or friend with cancer. Another suggested that local government employees be separated from state government employees, on the grounds that they would have very different “missions” and uses for the site.

Recommendation: In the interest of making it easier to find one’s answer in the list of response choices, you might consider removing some that would likely be very uncommon. For example, do you really need a category for “teachers?” Also, I would think military personnel using PLANET would also be classified as healthcare providers, educators, students, and so on.

Consider revising the “Healthcare Consumer / Patient” category to something like:

Patient / Relative or friend of a patient

Finally, if deemed useful, consider following the suggestion above to separate local from state government employees.

Q10:

One participant who runs a nonprofit organization had difficulty here. She was reluctant to choose “Business-Non-profit” since in her view the organization is nothing like a business (they are staffed entirely by volunteers and do not charge for their services).

Recommendation: Consider revising this response category to:

Non-profit Organization

You should probably also add an “Other” category here, just in case someone can’t fit their organization into one of your categories.

If you separate local and state government employees in Q9, then you might want to do so here as well.

APPENDIX X

UCS Cognitive Testing Version 2

Cancer Control PLANET Evaluation

Usability and Customer Satisfaction Survey

****DRAFT Email Recruitment Version****

3/7/06



Thank you for agreeing to help us evaluate Cancer Control PLANET by completing a Brief Visitor Survey. The survey will take no more than 5 minutes of your time. **All responses will be kept strictly confidential.**

Read Our Privacy Policy
([Hyperlink to OPM Policy](#))

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this form will average 5 minutes. This includes the time it takes to read instructions, gather the necessary facts, and fill out the form. Response is entirely voluntary. Failure to respond will have no adverse impact on any benefits to which you are entitled.

OMB CONTROL NUMBER: nnnn-nnnn
Expires MM/DD/YY

Please help us improve the Cancer Control PLANET website (the PLANET) by answering the following questions.

8. How did you hear about the Cancer Control PLANET website (the PLANET)?

Check all that apply

- Attended a PLANET training
 - Attended a presentation about PLANET
 - Colleague
 - NCI website
 - Other government website
 - Pamphlet/fact sheet
 - Search engine
 - Other: please specify
-

9. How many times have you visited the PLANET?

- This is my first visit
- 2-3 times
- 4-5 times
- 6-10 times
- More than 10 times
- Don't know

10. What are your reasons for visiting the PLANET?

Check all that apply

- To obtain data on the cancer and/or risk factor burden within a given state
 - To identify potential practice partners
 - To identify potential research partners
 - To learn about effective intervention approaches for cancer control
 - To obtain evidence-based programs and products
 - To find guidelines for planning and evaluation
 - To identify other resources
 - To get information about cancer trials
 - To get information about cancer
 - Just browsing
 - Other: please specify
-
-

11. For which of the following topics have you sought information or resources at the PLANET?

Check all that apply

- Breast cancer
 - Cervical cancer
 - Colorectal cancer
 - Diet or nutrition
 - Informed decision making (e.g., making decisions about cancer screening)
 - Physical activity
 - Sun safety
 - Tobacco control
 - Cancer survivorship
 - Other: please specify
-

12. How much of the information you wanted were you able to find at the PLANET?

- All of what I wanted
- Most of what I wanted
- Some of what I wanted
- None of what I wanted

6. If there was any information you were not able to find, please tell us what it was:

7. How have you used (or how do you plan to use) the information you obtained from the PLANET?

Check all that apply

- Share with colleagues
 - Share with patients/clients
 - Contact cancer control organization regarding potential collaboration
 - Contact cancer control researcher regarding potential collaboration
 - Begin planning cancer control program
 - Implement cancer control program
 - Incorporate in state cancer control plan and/or action plan
 - Submit grant proposal or other funding application
 - For a manuscript, report, or presentation
 - Other, please specify:
-
-

8. How useful to your work did you find each of the following features?

Step 1: State Cancer Profiles

- Extremely useful
- Very useful
- Useful
- Only somewhat useful
- Not at all useful
- I did not use this feature

Step 2: Cancer Control Partners

- Extremely useful
- Very useful
- Useful
- Only somewhat useful
- Not at all useful
- I did not use this feature

Step 3: Guide to Community Preventive Services

- Extremely useful
- Very useful
- Useful
- Only somewhat useful
- Not at all useful
- I did not use this feature

Step 4: Research-tested Intervention Programs

- Extremely useful
- Very useful
- Useful
- Only somewhat useful
- Not at all useful
- I did not use this feature

Step 5: Planning and evaluating comprehensive cancer control programs

- Extremely useful
- Very useful
- Useful
- Only somewhat useful
- Not at all useful
- I did not use this feature

9. Please rate your agreement with each of the following statements:

- i. The purpose of the PLANET is clear to me.
 - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - No opinion

- j. The information on the PLANET is relevant to my work in cancer prevention and control.
 - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - No opinion

- k. I was able to easily locate the information I needed on the PLANET.
 - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - No opinion

- l. There is too much information on the PLANET
 - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - No opinion

- m. The major categories on the PLANET home page helped me find what I needed.
 - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - No opinion

- n. I was able to easily download the products I needed.
 - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - No opinion

9. Please rate your agreement with each of the following statements (*continued*):

- o. I was able to easily purchase the products I needed.

 - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - No opinion

- p. The PLANET was easy to use.

 - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - No opinion

- q. The PLANET was visually appealing.

 - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - No opinion

- i. I would visit the PLANET again.

 - Strongly agree
 - Somewhat agree
 - Somewhat disagree
 - Strongly disagree
 - No opinion

About You

Please tell us about yourself. This information will be used to help us better meet the needs of PLANET users. All information is strictly confidential.

10. Which one of the following best describes you?

Check only one

- Health Educator
 - Healthcare Provider
 - Human Resources Professional
 - Job Seeker
 - Journalist
 - Patient / Relative or friend of patient
 - Policy Maker
 - Program Planner
 - Researcher / Program Evaluator
 - Student
 - Teacher
 - Other, please identify
-

11. Which one of the following best describes your organization?

Check only one

- Advocacy
- Business – For Profit
- Non-profit organization
- Community Health Center
- Government Agency – Federal
- Government Agency – State / Local
- Health System / HMO
- Hospital / Clinic
- School / College / University

12. How often do you use the Internet?

- Several times a day
- About once a day
- 3-5 days a week
- 1-2 days a week
- Less often

13. What is your gender?

- Male
- Female

14. What is your age?

15. Which one or more of the following would you say is your race?
- White
 - Black or African American
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - American Indian or Alaska Native
16. Are you of Hispanic or Latino origin or descent, such as Mexican, Puerto Rican, Cuban, or some other Latin American background?
- Yes
 - No
17. What is the highest level of education you have completed?
- Some high school or less
 - High school graduate/GED
 - Technical or vocational school
 - Some college
 - College graduate
 - Graduate or professional degree
18. In what country are you currently located?
- United States -- please specify your 5-digit Zip code: _____
 - Canada
 - Other (please specify):

19. In the space below, please feel free to provide any additional comments about your experiences using the PLANET.

**Thank you for taking the time to participate in this survey.
Click SUBMIT below to exit the survey and return to the PLANET.**

[standard encryption security notice]

APPENDIX Y

UCS Cognitive Testing Report Round 2

Cancer PLANET Usability and Customer Satisfaction Survey Findings and Recommendations from Cognitive Interviews – Round 2 March 17, 2006

Introduction

Interview Participants:

- One is a Program Manager at a university-based disease prevention research center.
- One is a director for Educational Development at a university-based disease prevention research center (same one as above).
- One works for NCI's Cancer Information Service (is based within a hospital).
- One is program director at the American Cancer Society.
- One is an administrator at a state public health department.

Methods:

Each participant read and responded to the draft UCS instrument (Questions 1 to 11 only) while on the phone with the Westat interviewer. Participants were encouraged to share any confusion or other difficulties they experienced with the questions. The interviewer occasionally probed for the participants' interpretations of the questions, the bases of their answers, and their suggestions for additional response categories.

Overall Observations:

As with the first round of interviews, participants experienced very few difficulties responding to the questions. There were almost no instances of confusion as to what a question was seeking. When probed, participants seemed to have very good bases for their responses. At this point, the instrument seems to need only a few minor revisions.

Specific question comments and recommendations

Below is a summary of the notable observations for each question, and our recommendations.

Q1:

No serious issues arose here. However, one person wondered why only NCI's website is specifically mentioned in the response categories. He knows that PLANET is sponsored additional agencies, and wondered if it was politically insensitive to not include the other agencies (like CDC) here.

Recommendation: Leave as is, unless you believe this respondent has a good point. You could add a category for CDC's website, or create a combined category: "NCI or CDC website."

Q2:

No problems were observed. Four of the five participants were extensive users, answering "More than 10 times."

Recommendation: Leave as is.

Q3:

No serious difficulties were observed. Participants readily checked multiple uses, and tended to view their answers as distinct (rather than overlapping) answers. An exception was a participant who marked both "To learn about effective intervention approaches for cancer control" and "To obtain evidence-based programs and products." These response choices meant essentially the same thing to him, since he viewed "effective intervention approaches" to mean "evidence-based." However, others who chose both of these answers viewed them as distinct, with the first being more "general" than the latter. Finally, one person commented that the options "To get information about cancer trials" and "To get information about cancer" seemed odd here, since as she understands it this information is not contained at PLANET.

Recommendation: Leave as is.

Q4:

The only noteworthy observation here was a respondent who said he could not choose any of the response choices (after probing, he said he'd mark "Other" and write in "None of the above."). This was the Director for Educational Development at a university-based disease prevention research center. He has visited PLANET 6-10 times, and he explained that he was looking for more "global" and "broader brush" information related to program development and evaluation. He also noted that some of his visits have been simply to see what is at the website, so that he can inform others about it.

Recommendation: I don't see this participant's reaction as suggesting a real problem for the question, so leave as is.

Q5 and Q6:

No problems were observed, although one commented that the wording of Q5 sounded odd to her. One could not answer Q6, but only because it has been several months since she last went to the site. Another pointed out that the information he could not find does not really exist, and so it's no fault of PLANET. He suggested we might want to somehow distinguish between not being able to find something due to navigation or usability issues, and not being able to find it due to the data/information not being available anywhere.

Recommendation: From the entries that respondents provide at Q6, I would think you'll know whether the information is on the site or not yet existing. So I would recommend leaving it as is.

Q7:

A couple of persons neglected to mark response choices that they should have. One had earlier mentioned obtaining material from PLANET for grant proposals, yet did not indicate it at this question. When I probed, she noted she hadn't thought of it here since the proposal did not get funded. Another marked "other" and wrote in "needs assessment." Upon probing she noted it would fit under "Begin planning cancer control program." In addition, a few response were obtained here that don't seem to be covered by the list of choices (except by "Other"), including "research purposes," "training purposes," and "planning an evaluation."

Recommendation: I'm reluctant to recommend adding more response categories, since the longer the list is the more difficult it will be for everyone to respond. Consider whether it's worth making an exception for one of suggestions above, but it may be best to leave as is.

Q8:

An interesting observation occurred here: Two people noted that they could not find one of these items, and thus could not rate its usefulness. They did not want to choose the "I did not use this feature" category, and suggested adding a response applicable to them. Another wondered whether "Research-tested Intervention Programs" (Step 4) refers to "evidence-based."

Recommendation: Consider adding another response category for this series:

I could not find this feature

Also, if "Evidence-based Intervention Programs" would be the same thing as "Research-tested Intervention Programs," consider changing the wording. It is generally best to refer to something using consistent wording, else it could cause respondents to think you are referring to different things.

Q9:

At item f., I observed some things that made me wonder what is meant by “products” on the PLANET site. One person answered “somewhat disagree,” on the basis that some researchers didn’t respond to his request – in other words, he was thinking not of things one downloads from the website, but requests he sent to researchers listed at the site. Another based her answer on the fact that she had clicked on links at the site to get fact sheets which she distributed to others. Is this consistent with what you mean by “products?”

Recommendation: If the above observations about “products” concern you (I’m not certain whether or not you would include them in your definition), then you might want to find a way be more specific here. I can’t suggest anything until I know more about what is intended. You could also consider providing some examples to give people a clearer idea of the “products” you are referring to.

Q10:

One person chose “program planner” because it’s the choice that best applies, but noted he manages programs, not just plans them. Another chose the “Other” option and wrote in “HealthCare Administrator.” She might have chosen an option for people who manage programs as well, but I didn’t think to probe her on this at the time.

Recommendation: Consider revising the “Program Planner” category to:

Program Planner or Manager

Q11

The person who works for NCI’s Cancer Information Service chose “Government Agency-Federal.” However, she is actually employed by a hospital, and they have a contract with NCI.

Recommendation: If consistent with your intent for this question, consider revising to:

Which of the following best describes your organization or employer?

APPENDIX Z

Email Blasts Message Text

We have initiated an evaluation of the resources available on the P.L.A.N.E.T. web portal. We would like to request your help in encouraging your partners' and colleagues' participation through the Chronic Disease Directors' network. Please take a moment to review and share the attached fact sheet (which details the purpose and goals of the online evaluation survey) with your partners and colleagues to encourage their completion of the Cancer Control P.L.A.N.E.T. evaluation survey.

Thank you for your participation in the evaluation and for your continued partnership in the support and use of the Cancer Control P.L.A.N.E.T. Best wishes for a happy and healthy holiday season.

APPENDIX AA

Evaluation Survey Fact Sheet



Cancer Control PLANET
Links to comprehensive cancer control resources for public health professionals

Cancer Control PLANET Evaluation Survey

The Cancer Control PLANET has initiated an evaluation of the resources available from the PLANET portal. For the next two months Cancer Control PLANET will have an evaluation survey posted on the [Cancer Control PLANET homepage](#). This evaluation will take no more than five minutes of your time to complete and you will help us to improve the PLANET to fit you and your colleagues' needs. Please take a moment to complete the survey. Your feedback will help us to understand who our users are and how they use the PLANET so that we can improve the resource to fit those needs and help you accomplish your job and disseminate effective evidence-based cancer control programs.

Reasons to participate in the evaluation survey:

- The majority of changes that have occurred on the Cancer Control PLANET since its launch in 2003 have been at the recommendation of our users through online feedback and feedback during trainings. This is one more way for us to gather your feedback to make improvements to Cancer Control PLANET.
- The evaluation also helps us to understand who are our users and who we are missing from our target audience, thus allowing us to reach out to those communities enabling a broader dissemination of evidence-based programs.
- Your responses will help inform the public practice community about the awareness and utilization of Cancer Control PLANET and to what extent Cancer Control PLANET has increased the use of evidence-based programs in cancer control.
- We will learn if Cancer Control PLANET fosters dialogue and/or collaboration with researchers.
- We will learn if and how Cancer Control PLANET enables practitioners to plan their cancer control efforts, including developing or implementing comprehensive cancer control plans.
- We may also learn about other needs not immediately evident that the users have that Cancer Control PLANET may be able to address in the future.

Please consider completing the evaluation survey located on the Cancer Control PLANET homepage and encourage your colleagues to do the same. We appreciate your time and effort to help improve the PLANET.

If you have any questions or suggestions please [Contact Us](#).

APPENDIX BB

Cancer Control P.L.A.N.E.T. Listserv Message about Surveys

- **Cancer Control P.L.A.N.E.T. Evaluation:**

Please open the attached audio file to hear a special request from Dr. Jon Kerner at the National Cancer Institute. He is asking for your assistance to evaluate the Cancer Control P.L.A.N.E.T. (*Plan, Link, Act, Network, with Evidence-based Tools*) Web portal.

As Cancer Control P.L.A.N.E.T. users, you are our experts on evaluating the utility of this Web portal in practice. If you have not yet completed a Cancer Control P.L.A.N.E.T. evaluation survey I hope you will take the time to do so now. The evaluation consists of **two** surveys targeting different audiences.

1) Survey for the general Cancer Control P.L.A.N.E.T. user:

The first survey targets the general Cancer Control P.L.A.N.E.T. user and is located on the Cancer Control P.L.A.N.E.T. homepage. If you have not already done so, please take five minutes to visit the [Cancer Control P.L.A.N.E.T homepage](#) to complete the survey.

2) Survey for those who have received Cancer Control P.L.A.N.E.T. training:

The second survey is more in-depth and targets ONLY those of you who attended a Cancer Control P.L.A.N.E.T. training. If you have not already completed this survey, please take 10 minutes and respond using the following Web link: <http://aio.cancer.gov/>.

Which survey should I complete?

If you complete or have completed the second in-depth survey you do not need to complete the first survey listed on the Cancer Control P.L.A.N.E.T. homepage.

Please note that both surveys will end on April 16, 2007 at 9:00am EST.

Thank you all for your consideration of this special request.

APPENDIX CC

Audio File Script for Cancer Control PLANET Listserv

Hello:

My name is Jon Kerner from the National Cancer Institute and I have a special request. I am sending this message to you to ask for your assistance in evaluating the Cancer Control PLANET Web portal.

As Cancer Control PLANET users, you are our experts on evaluating the utility of this Web portal in practice. If you have not yet completed a Cancer Control P.L.A.N.E.T. evaluation survey I hope you will take the time to do so now. The evaluation consists of two surveys targeting different audiences.

The first survey targets the general Cancer Control P.L.A.N.E.T. user and is located on the Cancer Control P.L.A.N.E.T. homepage. If you have not already done so, please take five minutes to visit the Cancer Control P.L.A.N.E.T. homepage to complete the survey.

The second survey is more in-depth and targets **ONLY** those of you who attended a Cancer Control P.L.A.N.E.T. training. If you have not already completed this survey, please take 10 minutes and respond using the Web link provided in the text of the list serve. Please note that if you complete or have completed this second in-depth survey you do not need to complete the first survey listed on the Cancer Control P.L.A.N.E.T. homepage.

If you have already completed either of these two surveys, I would like to take this opportunity to sincerely thank you for your help.

Thank you all for your consideration of this special request.

APPENDIX DD

UCS Respondents Age Group by Occupation and Work Setting

Table of UCS Age Group by Occupation							
Age group	Occupation						Total
	Missing	Researcher/ program evaluator	Healthcare provider	Public health practitioner	Academic	Other	
Missing	4	0	0	0	0	0	4
	2.92	0	0	0	0	0	2.92
20 to 30 years	0	2	1	15	1	2	21
	0	1.46	0.73	10.95	0.73	1.46	15.33
31 to 40 years	0	7	1	18	0	0	26
	0	5.11	0.73	13.14	0	0	18.98
41 to 50 years	0	4	3	17	0	2	26
	0	2.92	2.19	12.41	0	1.46	18.98
51 to 60 years	0	12	9	24	2	1	48
	0	8.76	6.57	17.52	1.46	0.73	35.04
More than 60 years	0	1	7	2	1	1	12
	0	0.73	5.11	1.46	0.73	0.73	8.76
Total	4	26	21	76	4	6	137
	2.92	18.98	15.33	55.47	2.92	4.38	100

Table of UCS Age Group by Work Setting								
Age group	Work Setting							Total
	Missing	State/local government agency	Federal government agency	Hospital/clinic/center	Nonprofit organization	Academic	Other	
Missing	4	0	0	0	0	0	0	4
	2.92	0	0	0	0	0	0	2.92
20 to 30 years	0	6	3	1	8	1	2	21
	0	4.38	2.19	0.73	5.84	0.73	1.46	15.33
31 to 40 years	0	7	5	4	4	4	2	26
	0	5.11	3.65	2.92	2.92	2.92	1.46	18.98
41 to 50 years	0	6	2	4	7	4	3	26
	0	4.38	1.46	2.92	5.11	2.92	2.19	18.98
51 to 60 years	0	13	7	12	5	11	0	48
	0	9.49	5.11	8.76	3.65	8.03	0	35.04
More than 60 years	0	4	1	2	3	2	0	12
	0	2.92	0.73	1.46	2.19	1.46	0	8.76
Total	4	36	18	23	27	22	7	137
	2.92	26.28	13.14	16.79	19.71	16.06	5.11	100

APPENDIX EE

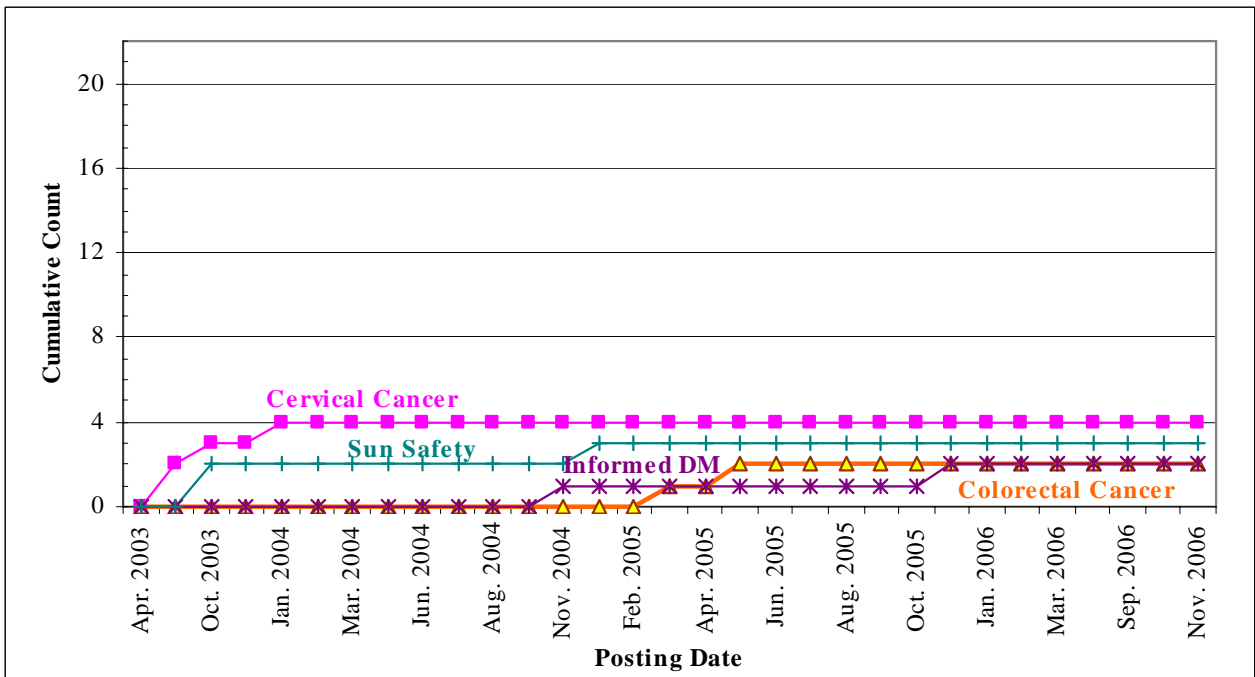
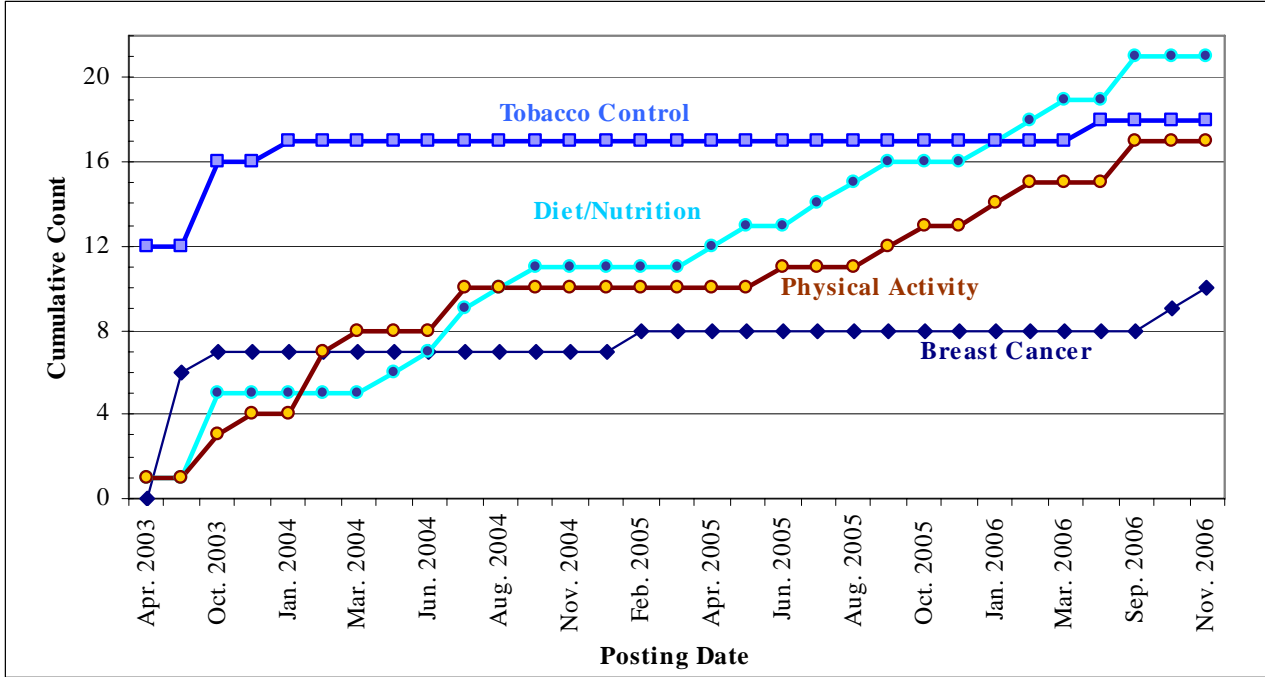
**Research Tested Intervention Programs (RTIPs) –
Posting Dates and Topic Areas**

Posting Date	RTIPs	Breast Cancer	Cervical Cancer	Colorectal Cancer	Diet Nutrition	Informed Decision Making	Physical Activity	Sun Safety	Tobacco Control
4/1/2003	Commit to Quit						✓		✓
4/1/2003	Enhancing Tobacco Control Policies in Northwest Indian Tribes								✓
4/1/2003	Forever Free								✓
4/1/2003	It's Your Life - It's Our Future								✓
4/1/2003	LifeSkills Training								✓
4/1/2003	Native FACETS				✓				✓
4/1/2003	Partnership for Health								✓
4/1/2003	Pathways to Change								✓
4/1/2003	Pathways to Health								✓
4/1/2003	Programa Latino para Dejar de Fumar (Latino Program to Stop Smoking)								✓
4/1/2003	Project Towards Tobacco Use (TNT)								✓
4/1/2003	Sembrando Salud								✓
8/1/2003	Breast Cancer Screening Among n-adherent Women	✓							
8/1/2003	Empowering Physicians to Improve Breast Cancer Screening (EPICS)	✓							
8/1/2003	Friend to Friend	✓							
8/1/2003	Reducing Barriers to the Use of Breast Cancer Screening	✓							
8/1/2003	Targeted Mailing: Increasing Mammogram Screening Among the Elderly	✓							
8/1/2003	The Chinese Women's Health Project		✓						
8/1/2003	The Forsyth County Cancer Screening Project (FoCaS)	✓	✓						
10/1/2003	Clear Horizons								✓
10/1/2003	Coordinated Approach to Child Health (CATCH)				✓		✓		
10/1/2003	Enough Snuff								✓
10/1/2003	Exercise and Physical Functional Performance in Independent Older Adults						✓		
10/1/2003	Gimme 5				✓				
10/1/2003	Increasing Breast and Cervical Cancer Screening Among Filipino American Women	✓	✓						
10/1/2003	Kentucky Adolescent Tobacco Prevention Program								✓
10/1/2003	Physicians Counseling Smokers (PCS) Program								✓
10/1/2003	Seattle 5-a-Day Program				✓				
10/1/2003	Sun Safe							✓	
10/1/2003	Sunny Days Healthy Ways							✓	
10/1/2003	The Treatwell 5-a-Day Program				✓				
11/1/2003	Aerobic Exercise Versus Spinal Flexibility + Aerobic Exercise for Sedentary & Functionally Limited Adults						✓		
1/1/2004	Cambodian Women's Health Project		✓						
1/1/2004	Spit Tobacco Intervention								✓
2/3/2004	Community Healthy Activities Model Program for Seniors (CHAMPS)						✓		
2/3/2004	Patient-centered Assessment and Counseling for Exercise and Nutrition (PACE)						✓		
2/4/2004	Physically Active for Life (PAL)						✓		

Posting Date	RTIPs	Breast Cancer	Cervical Cancer	Colorectal Cancer	Diet Nutrition	Informed Decision Making	Physical Activity	Sun Safety	Tobacco Control
3/1/2004	Sports, Play and Active Recreation for Kids (SPARK)						✓		
4/1/2004	High 5 Fruit and Vegetable Intervention for 4th Graders				✓				
6/1/2004	North Carolina Black Churches United for Better Health Project				✓				
7/9/2004	Eat Well and Keep Moving				✓		✓		
7/9/2004	P.L.A.N.E.T. Health				✓		✓		
8/16/2004	5-a-Day Power Plus				✓				
9/30/2004	Eat for Life				✓				
11/12/2004	The PSA Test for Prostate Cancer: Is it Right for ME?					✓			
1/6/2005	Together for Sun Safety							✓	
2/16/2005	Maximizing Mammography Participation	✓							
3/31/2005	Physician-Oriented Intervention on Follow-Up in Colorectal Cancer Screening			✓					
4/29/2005	Teens Eating for Energy and Nutrition at School (TEENS)				✓				
5/26/2005	The Next Step: Worksite Cancer Screening and Nutrition Intervention for High-Risk Auto Workers			✓	✓				
6/24/2005	Wheeling Walks						✓		
7/21/2005	Body & Soul				✓				
8/23/2005	5 A Day Peer Education Program				✓				
9/27/2005	Healthy Body Healthy Spirit				✓		✓		
10/28/2005	Development and Promotion of Walking Trails						✓		
11/30/2005	Personally Relevant Information about Screening Mammography (PRISM)					✓			
1/24/2006	SHAPEDOWN				✓		✓		
2/24/2006	Bienestar				✓		✓		
3/21/2006	Parents As Teachers (PAT) High 5 Low Fat Program				✓				
8/31/2006	Not-On-Tobacco Program (N-O-T)								✓
9/29/2006	Trim Kids				✓		✓		
9/29/2006	Utilizing the Church and Church Members for Conducting Weight Loss Programs				✓		✓		
10/27/2006	Increasing Mammography Among Long-term Noncompliant Medicare Beneficiaries	✓							
11/3/2006	The Witness Project	✓							

APPENDIX FF

RTIPs Posting Dates Breakdown



APPENDIX GG

RTIPs Program Review Ratings

Criterion	Definition
Dissemination Capability	The readiness of program materials for use by others as well program's capability to offer services/resources to facilitate dissemination. This is measured through (a) the quality of implementation materials; (b) training and technical assistance protocols; and (c) the availability of quality assurance materials to determine whether their implementation is done with high fidelity to the original model.
Cultural Appropriateness	This represents the extent to which the culture of the target audience is specified in the program; the extent to which the program has been evaluated with different cultural groups; and the extent to which materials incorporate salient cultural aspects relevant to the community of interest.
Age Appropriateness	This represents the extent to which the age of the target audience is specified; the extent to which the program has been evaluated with different age groups; and the extent to which materials reflect issues relevant to the age groups targeted.
Gender Appropriateness	This represents the extent to which the gender of the target audience is specified; the extent to which the program has been evaluated with different gender groups; and the extent to which materials reflect issues relevant to the gender group being addressed.
Research Integrity	Integrity reflects the overall confidence reviewers can place in the findings of a program's evaluation based on its scientific rigor. The research integrity rating system comprises 16 criteria scored by external peer reviewers. Scores on each criterion range, on a 5 point scale, from low quality to high quality. The overall integrity score is a weighted average of the 16 criteria reflecting the merits of the science that went into the program evaluation.
Intervention Impact	The intervention impact describes whether, and to what degree, a program is usable and appropriate for widespread application and dissemination. The rating criteria consists of Population Reach and Intervention Effect Size, that are rated separately on a 5 point scale from low to high and then combined into a single rating.

GG-1

APPENDIX HH

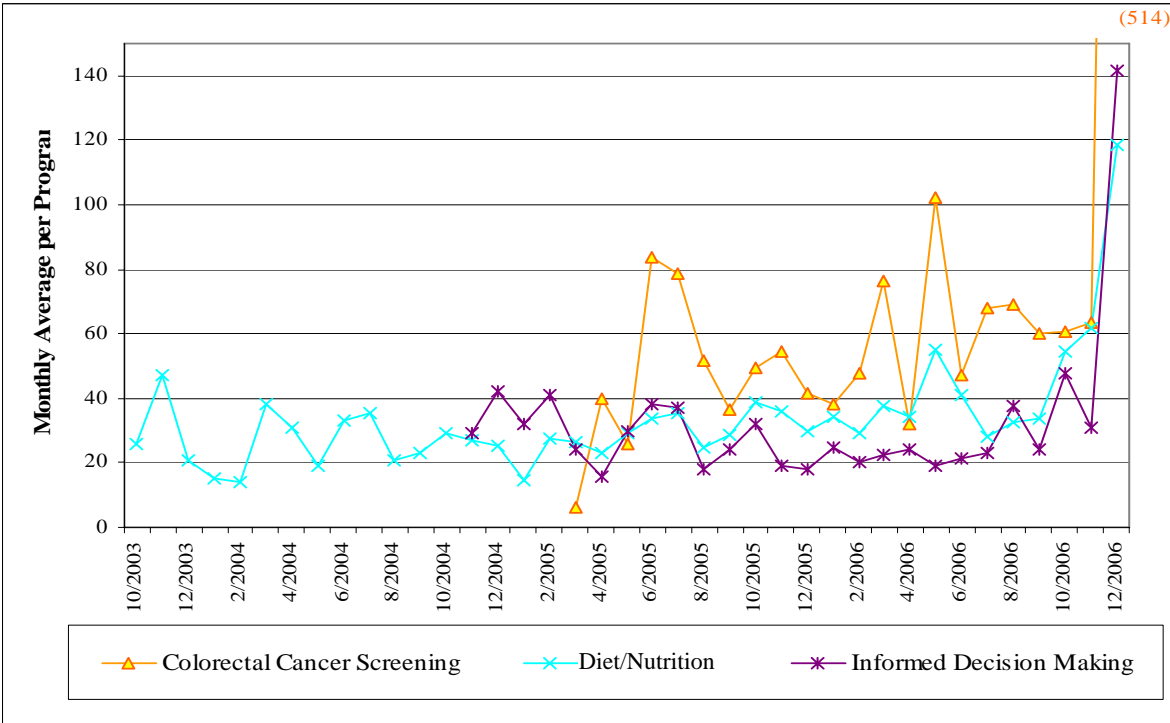
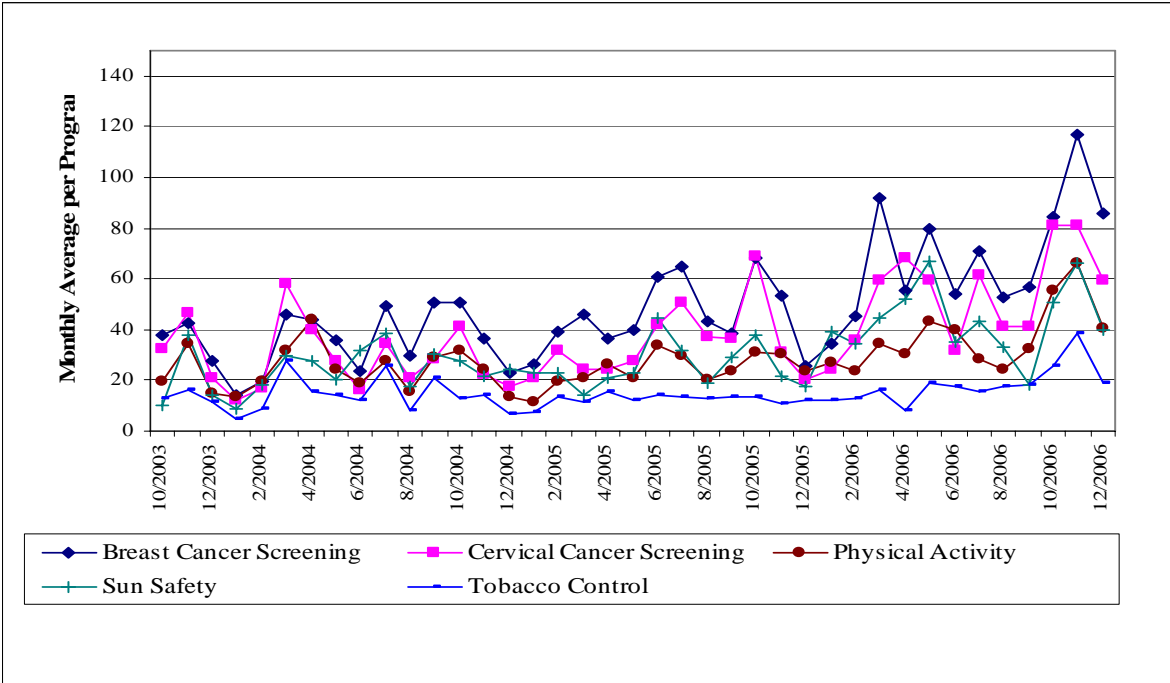
Elements of Research Integrity

Criterion

1. Theory-Driven Measure Selection
2. Reliability
3. Validity
4. Intervention Fidelity
5. Comparison Fidelity
6. Nature of Comparison Condition
7. Assurances to Participants
8. Participant Expectations
9. Standardized Data Collection
10. Data Collection Bias
11. Selection Bias
12. Attrition
13. Missing Data
14. Analysis Meets Data Assumptions
15. Theory-Driven Selection of Analytic Methods
16. Anomalous Findings

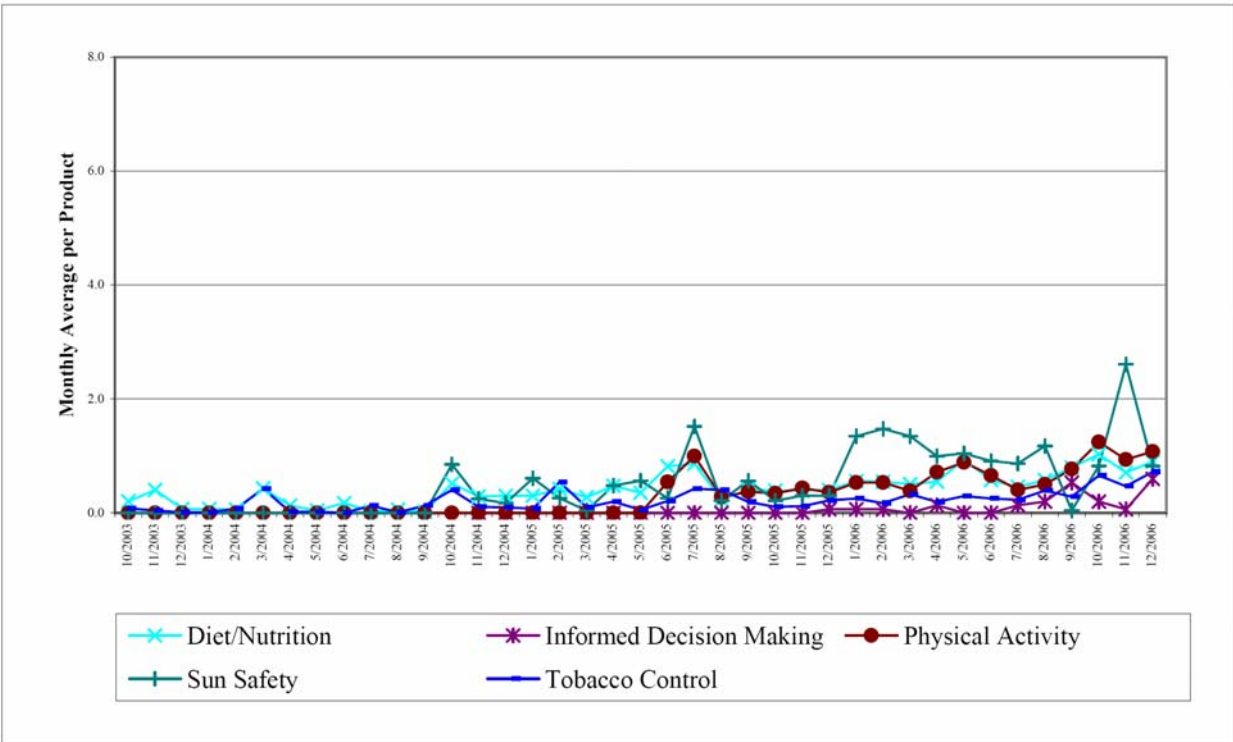
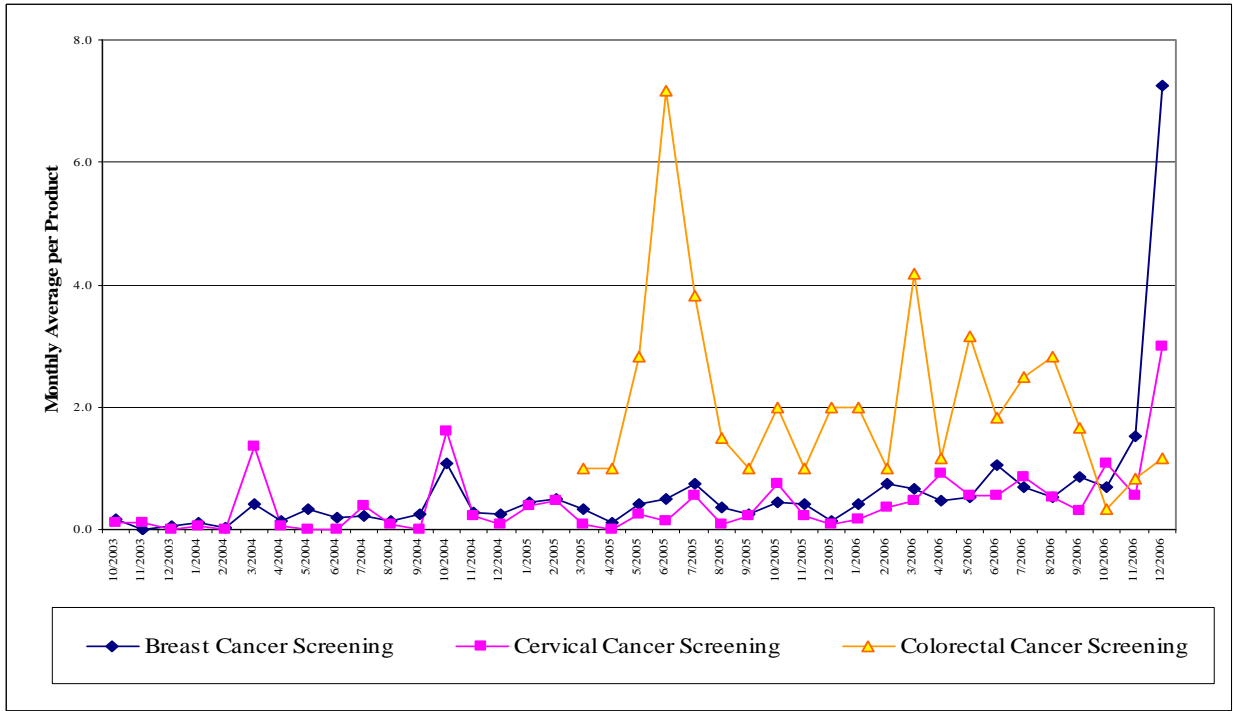
APPENDIX II

Monthly Average Program Summary Views by Topic Areas Breakdown



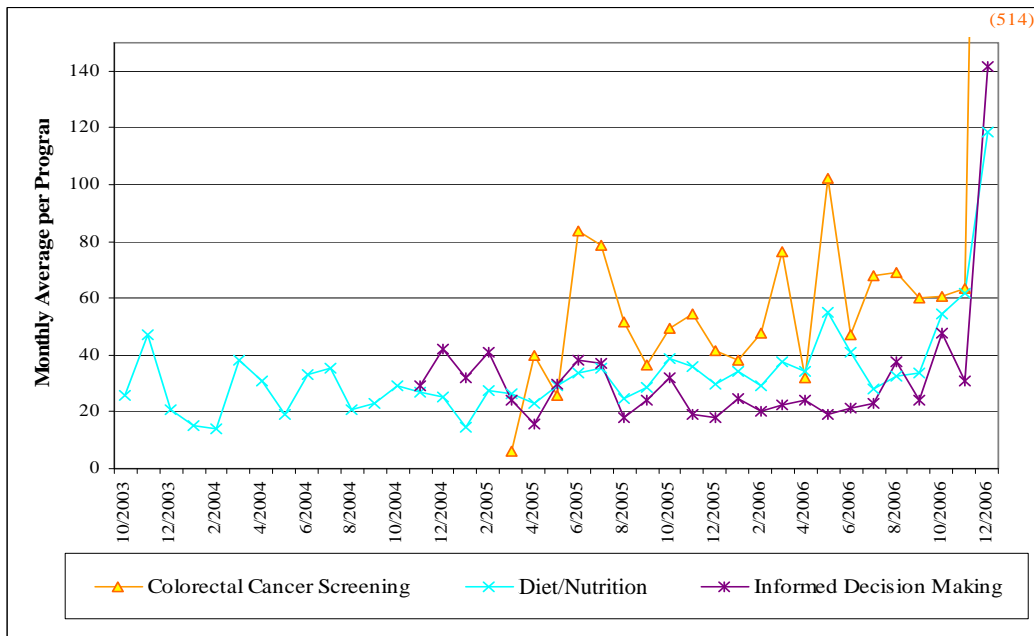
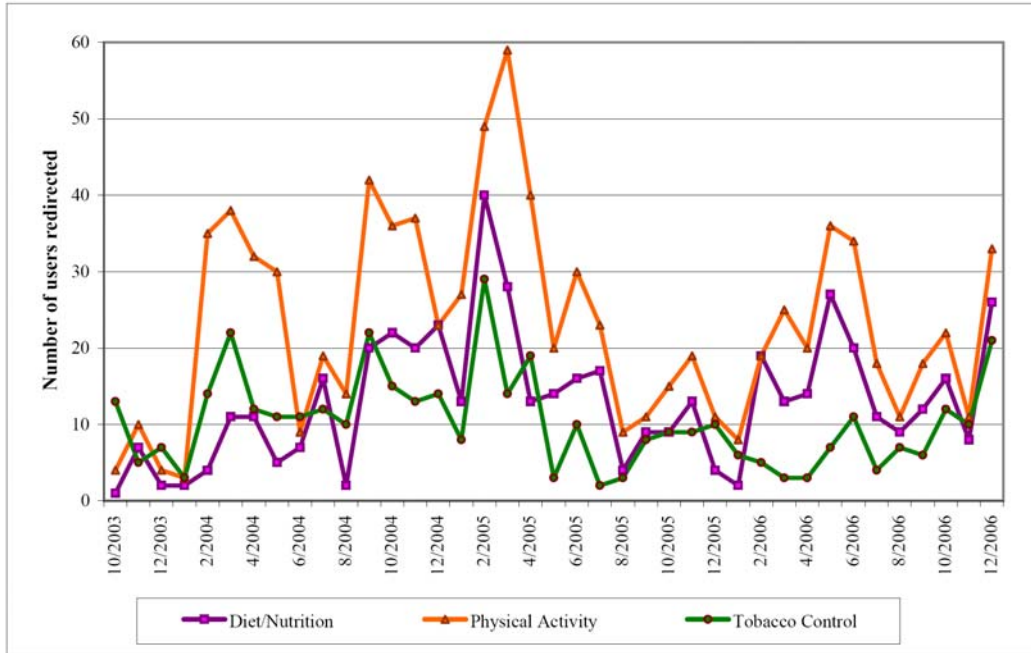
APPENDIX JJ

Monthly Average Product Previews by Topic Areas Breakdown



Appendix KK

Number of Users Redirected to Developer Web Site by Topic Areas Breakdown



APPENDIX LL

AIO QUALITATIVE DATA

AIO ID	Response (STEP 1: Question 2b)
4	discuss hot spots for lung/breast cancer
9	research
10	During a training.
12	by state by site
15	Several reports by geographic, data, and programmatic materials.
16	To look at specific state needs
17	To prepare a lecture for Community Health Centers
18	both
20	for a national presentation.
22	In working on our Comprehensive Cancer Plan and presenting to different groups.
23	Comprehensive Cancer Collaboration and presentations
26	general information that can be passed to lay people and to acquaint other health professionals with cancer matters without using a voluminous report
28	to generate state to national comparisons of incidence and mortality
29	Incidence and prevalence data for identifying which cancer sites are higher than the state/national average
32	To assist in strategic planning
33	I share these with my staff sometimes when they need national data for various topics
34	In a "introduction to cancer control planet" training to state level cancer control planners
35	Used during training of colleagues. And used as part of research for gaps analysis.
36	samples to show other potential users
38	To gather some information for a community partner.
39	Data for presentations. Information for public health officials etc who want to look at additional cancer programming
40	home state data search
41	For teaching purposes
43	phone number lookup of colleagues doing similar research
44	Actually I used it for my community health course I teach - I have the students review the state plan - we talk about data and then talk about community planning - review the goals of each area and discuss it from a community health perspective.

STEP 1: Question 2b. If Yes, how did you use the Quick Profiles? (continued)

AIO ID	Response (STEP 1: Question 2b)
48	spot check
50	in grants and manuscripts in introduction sections and background sections and power/sample size analyses.
51	Lecture
52	Looked at comparative trends in cancer rates by county in 3 states
59	Basic Cancer data to be used in analyses and reports.
65	state cancer stats
69	cancer rates in state and county for women
70	statewide report
73	Conference Grant that was awarded
74	To corroborate the NCDB data base.
75	To prepare slides for a presentation.
77	Used to give talk for the ACS on rural health care in Maryland
78	for research
79	For state and local community talks
80	reports by geographic sites....specific and targeted populations to be reached.
81	Seeking melanoma statistics by state and county
86	Community services and Comprehensive Cancer Program information
94	I used the Quick Profiles in educating collaborators and staff partners. Also, used the quick profiles to assist in presentations as well as planning initiatives.
95	planning for cooking school
98	cancer related to counties
99	Gain sense of other state activities
100	Cancer programming for job and for class presentation as student
101	slides
102	State summary
104	obtain data by geographic sites
105	comparing counties and where they rank for different cancers
111	used it for Florida rates for several different kinds of cancer
112	to explore general trends
118	to prepare summaries of state cancer incidence
119	Data for fact sheets

STEP 1: Question 2b. If Yes, how did you use the Quick Profiles? (continued)

AIO ID	Response (STEP 1: Question 2b)
120	rates/trends and incidence/mortality
121	To examine colorectal cancer in a geographical area
123	resource reference for grant
126	In a small grant I wrote. I used the info in the narrative.
130	Background information
133	comparative cancer incidence to surrounding states
145	For program planning/needs assessment purposes.
147	I used the reports by geographic sites and cancer sites to get a pictures of the types of cancers in the geographic area that I am responsible for educating.
149	For cancer site specific data so to understand what is going on in my state and to compare this to national data.
151	site specific cancer information
154	I used the Quick Profiles to find priority counties in New York State and priority cancer sites. I modified the graphs to find more specific information.
155	Data by cancer site
156	For training purposes (to demonstrate how to obtain quick profile data).
157	Cancer site by various geographic locations
160	To find information on a specific cancer site on a geographic area.
162	To share with colleagues and determine areas of the state with the highest cancer rates. It helps determine priorities across the state.
165	to determine which counties in my region had high incidence and mortality from certain cancers
170	to see how certain cancers vary throughout the state of Wisconsin and to compare to the US
171	I used them in training other health professionals how to use P.L.A.N.E.T. and this particular section.
172	For teaching purposes.
173	for strategic planning
174	to get a report of lung, breast, cervical and prostate cancer for Michigan
176	I was looking for state specific aggregate cancer site data
177	To obtain cancer mortality rates by state and if possible county. Then I compared poverty data to the geographic areas with highest mortality.
178	to look up cancer incidence in a county

STEP 1: Question 2b. If Yes, how did you use the Quick Profiles? (continued)

AIO ID	Response (STEP 1: Question 2b)
179	Incidence and Mortality presentation at Siteman Cancer Center (St. Louis, MO) for a prostate cancer community partnership strategic action workshop. This data was to ensure that all participants understood the level of prostate cancer burden-nationally, state wide, and locally prior to beginning the brainstorming session at this workshop.
181	To see the use of spit tobacco in states
183	I used the data on P.L.A.N.E.T. to help complete my gaps analysis of the counties in my region. I compared the data on P.L.A.N.E.T. with that from the state DOH registry.
184	gaps analysis for strategic planning
185	To do a regional gaps analysis
188	For general information
192	For preparing data needed for gaps analysis.
193	To view the cancer rates in my area as a way to discuss cancer with our newly elected officials
195	to see what information was available for our state.
197	comparisons
198	for QI
199	Only to compare our SEER Stat data
200	frequency distributions
202	Review cancer I&M in our region.
204	I use it as to learn about the cancer trends and if they are moving increasing or decreasing.
205	Provided to community partners to prioritize cancer control topics.
214	As a teaching aid
215	distributions of several common sites in state and region
216	To put in an oral presentation to the SC Cancer Alliance.
217	to look at trends for ovarian, breast and thyroid cancer incidence and mortality rates
218	Data for articles
221	I used them in program planning for our own program, and for training other organizations.
222	Just browsed to see what type of information was available.
223	To look up state cancer statistics
224	To get some data for a presentation I was doing.
225	CNP related data collection efforts for a community-based coalition
226	by geographic site

STEP 1: Question 2b. If Yes, how did you use the Quick Profiles? (continued)

AIO ID	Response (STEP 1: Question 2b)
227	To pull basic cancer data to provide to others
230	To look at incidence and mortality rates and trends
233	Looked at site specific cancer data in my geographic area
236	Reviewed Ohio Data and compared the county data for major cancer sites.
237	As part of a needs assessment
238	I used the profiles to see which counties had rising incidence rates for specific cancer sites.
240	to prioritize geographic areas for outreach plans in several grant proposals
241	Planning for implementation projects in comprehensive cancer control.
242	Seeking state cancer data for use in development of an RFP.

STEP 1: Question 3b. If Yes, how did you use the Comparison Tables?

AIO ID	Response (STEP 1: Question 3b)
9	research
10	During a training.
16	For information compared to National data
18	all examples given
20	same
22	Working on Comprehensive Cancer Plan and presentations
23	Comprehensive Cancer Collaboration and presentations
27	comparing states
28	see above
29	See same answer as 2b
32	To assist in strategic planning
33	I use these primarily to track state and US trends
34	In a "introduction to cancer control planet" training to state level cancer control planners
35	Same as above
36	comparing given states to other states; comparing given states to the nations
37	Comparison across cancer and stratified by some basic variables
39	Same as in question 2. Presentations for school, and other groups who are interested in cancer programming and prevention
40	compared with surrounding states

STEP 1: Question 3b. If Yes, how did you use the Comparison Tables? (continued)

AIO ID	Response (STEP 1: Question 3b)
41	Again, for teaching purposes. I teach in an MPH program and seek to inform students of the resources available to them for assessing community needs.
44	same as above
51	Lectures
52	death rates
59	Basic Cancer data to be used in analyses and reports. Prioritizing places to conduct cancer control and patient services programs.
69	To show the high risk of breast cancer in my state and county
74	To evaluate geographic and racial disparities; however, the data are not granular enough to evaluate the impact of screening and treatment.
75	For the same presentation.
77	presentation
78	comparisons
79	showcase and illustrate our deficiencies and strengths
80	We determined counties for programs by rates/trends
81	Examined trend data by state and county
86	Community services and comprehensive cancer program information
94	Used the comparison tables to assist in presentation preparation as well as cancer control planning initiatives.
95	determining what counties to implement the project
100	cancer programming for state and class presentation
101	slides
102	To compare state and national data
103	to gauge how one group fared against others
105	comparing counties and where they rank for different cancers
111	Ranking counties within Florida for several cancer sites
112	ditto
118	compare screening rates and mortality rates
119	Comparison of death and incidence rates to nation and other states
120	Use to compare to other counties to priorities as well as comparison to state
123	resource reference for grant
129	Used to determine geographically the populations and incidence of cancer

STEP 1: Question 3b. If Yes, how did you use the Comparison Tables? (continued)

AIO ID	Response (STEP 1: Question 3b)
130	same as above
145	To continue to plan for a program and establish incidence and mortality rates.
149	To look at incidence and mortality rates and to also look at the trends for my state.
151	just for additional information
154	To find specific incidence and mortality rates for minority populations in specific counties in New York State
155	To show rates in trend in a specific cancer by ethnicity.
156	For training purposes (to show how to use the tables)
157	all manners - used as background information for administrative staff
162	To share with colleagues and use to determine areas most in need.
165	to highlight cancers of concern in various counties
170	usually to compare men to women or white to black
171	I used them in training other health professionals how to use P.L.A.N.E.T. and this particular section, and in my own program planning and priority setting work.
172	For teaching purposes.
173	comparing underserved populations to general
174	for the state of Michigan vs. the U.S. for breast, prostate, colorectal, and cervical cancer mortality rates
177	I compared the states to the national rates and trends.
179	Same as above answer
183	To rank the top 5 counties by cancer burden in my two regions.
184	gaps analysis for strategic planning
185	used the comparison tables within a region to compare county level data
188	see above
192	Easy way to take a quick look.
193	To demonstrate how important health and the use of evidenced based medicine
195	Again, out of curiosity to see what was available for our state.
198	QI to measure outcomes
200	frequency distribution
202	Reviewed data to national averages
205	To identify resource needs for each issue with community partners.

STEP 1: Question 3b. If Yes, how did you use the Comparison Tables? (continued)

AIO ID	Response (STEP 1: Question 3b)
214	As a teaching aid and for lecture presentations.
215	same as above
217	per above
221	I used them in program planning for our own program, and for training other organizations.
222	Again, just browsing.
223	To compare incidence rates and mortality rates
224	Showed them to a partner organization looking for data.
225	I have used this in CCP trainings.
227	To spot counties with high incidence or mortality with increases over time
230	Compared rates and trends for cancers
233	Trying to look at secular trends in various cities and towns in my geographic area...did not find precisely what I needed.
236	See 2b. I also compared states.
238	I used them to help me understand what the data was saying.
240	to prioritize geographic areas based on key factors, e.g. colorectal cancer mortality
241	Preparing a report for comp cancer partners
242	Comparing data by race/ethnicity across counties in my state.

STEP 1: Question 4b. If Yes, how did you use the Interactive Graphs and Maps?

AIO ID	Response (STEP 1: Question 4b)
4	to show changes
10	During a training.
17	To compare mortality and screening rates
18	in state trends
20	same
22	Comprehensive Cancer Plan and presentations
23	Comprehensive Cancer Collaboration and presentations
26	For my own understanding to prepare a verbal presentation
29	Used these in brief regression analyses. Wish your data included a 10 year rate change, especially with low cell counts.
32	for grant application
34	In a "introduction to cancer control planet" training to state level cancer control planners

**STEP 1: Question 4b. If Yes, how did you use the Interactive Graphs and Maps?
(continued)**

AIO ID	Response (STEP 1: Question 4b)
35	Used as part of training. Used graphs for report on trends in breast cancer.
36	general interest
37	Explored this feature to get familiar with it.
44	same as above
48	for the graphics
49	Related to disparities
52	To printout and share with partners working on a project
59	Basic Cancer data to be used in analyses and reports. Prioritizing places to conduct cancer control and patient services programs.
63	To view the cancer burden of states in my region
74	The tables are useful in collating several data bases to affirm the validity of the general data bases. However, they are no granular enough to evaluate the impact of screening programs and treatment programs.
75	Same presentation.
78	research
79	same
81	Examined trend data by state and county
86	Community services and comprehensive cancer program information
98	compared to historic to show increase
100	same as above
101	slides
105	same as above
112	ditto
118	graph mortality and screening rates
120	Primarily use this function to show audiences how to use the tools (training purposes)
126	comparison and contrast from one year to another
129	strategic planning
145	The historical trends and rate change gave us further information to assist in identifying the extent to which breast and cervical cancer exists and what progress, if any, has been made in reducing incidence and mortality. Additionally, this was part of our needs assessment/program planning investigation.

**STEP 1: Question 4b. If Yes, how did you use the Interactive Graphs and Maps?
(continued)**

AIO ID	Response (STEP 1: Question 4b)
147	Yes I used the map to get a picture of the area for effect will presenting this data to various groups.
156	For training purposes (to show not only how to use the graphs and maps but how participants can obtain data tailored to their region)
157	trends
162	It is especially useful to cut and paste into a power point presentation.
165	to find trends historically. Not as useful since it can not be broken down beyond state level.
170	to compare Wisconsin to the US
171	I used them in training other health professionals how to use P.L.A.N.E.T. and this particular section, and in my own program planning and priority setting work. It is also a particularly useful section for preparing presentations.
172	For teaching purposes.
179	Same as above
183	I reviewed them during a P.L.A.N.E.T. training that I conducted.
188	see above
197	to display data for public use
200	frequency distribution
211	BRFSS trend data for my state
214	As a teaching aid.
215	as above
216	In preparing the CDC comprehensive cancer funding application.
217	per above, all for grant preparation
221	I used them in program planning for our own program, and for training other organizations.
222	Again, just looking.
224	To compare rates for counties in my state.
225	In trainings for community partners as well as providing data for projects with community partners.
227	simple visual displays
230	More for information on changes
233	To get a pictorial view of the areas of interest.

**STEP 1: Question 4b. If Yes, how did you use the Interactive Graphs and Maps?
(continued)**

AIO ID	Response (STEP 1: Question 4b)
236	The graphs and interactives did not have the detailing I was interested in. However, they did provide a high altitude overview.
238	I used them to map county and incidence and mortality data.
240	to identify counties with stable and upward trends in mortality
241	Preparing a report for comp cancer partners
242	Used interactive maps to get cancer mortality by county.

STEP 1: 5b. If Yes, how did you use the Support Data?

AIO ID	Response (STEP 1: 5b)
4	per counties and over spectrum of age and race
9	research
10	During a training.
15	State specific data related to screening, risk factors, and age distribution by county.
17	combined mortality graphic and screening rates for breast, cervical, and colon cancer
18	trends
20	same
22	Comprehensive Cancer Collaboration and presentations
23	Comprehensive Cancer Collaboration and presentations
32	grant application
34	In a "introduction to cancer control planet" training to state level cancer control planners
35	Compared counties in NY
36	general interest
37	Review any data updates on the available supporting data. It will be useful to have historical data for some of these variables.
39	same as in question 3
40	compare with other states
48	as support data
50	background info
52	Screening data

STEP 1: 5b. If Yes, how did you use the Support Data? (continued)

AIO ID	Response (STEP 1: 5b)
59	Basic Cancer data to be used in analyses and reports. Prioritizing places to conduct cancer control and patient services programs.
63	To look at the progress of programs in my region in addressing RFs
69	To compare with age and peer factors with members of support group
74	Corroboration of other data sources.
75	Same presentation...it was a presentation titled Breast Cancer Disparities, and Cancer Control P.L.A.N.E.T. was very helpful in providing data, graphics and also information about existing studies.
78	research
79	same
80	We used the data to determine where the 40-65 woman were in our counties
86	Community services, comprehensive cancer program information
95	planning for cooking school
99	SEER data, get profiles, 5 yr rate changes, etc.
111	Screening and risk factor data
112	ditto
119	Screening and risk factors
120	Risk factors and peer counties. Not Age.
121	To look at the need for colorectal cancer screening services in a geographical area
129	Tailored resource development.
145	Used the screening and peer counties information to further establish our needs assessment and determine program priorities.
149	I used the age distribution and also looked at the screening and risk factors to get a better understanding of my state.
157	risk factor data used to support incidence/mortality data for presentations to administrative staff
160	To find more information about screening per county
162	To share with colleagues.
165	to determine which counties had higher rates of minority groups, older people, etc.
170	I use screening and risk factors to look for explanations in cancer trends or possible future cancer trends because of health behaviors
171	I used them in training other health professionals how to use P.L.A.N.E.T. and this particular section, and in my own program planning and priority setting work.

STEP 1: 5b. If Yes, how did you use the Support Data? (continued)

AIO ID	Response (STEP 1: 5b)
173	strategic planning
177	Screening and risk factors are especially helpful.
183	Again, to demonstrate to partners the types of data on P.L.A.N.E.T..
184	screening trends
193	To demonstrate how important health and cancer matters are and why the state government should champion this cause
198	QI program
200	frequency distribution
205	Prioritize behavior risk factor to target with community partners.
211	Screening rates from BRFSS
214	As a possible teaching aid for a presentation later this spring.
215	not enough there
216	In preparing CDC Comprehensive Cancer funding application.
218	Data for articles
221	I used them in program planning for our own program, and for training other organizations.
225	Peer counties were used for comparison for community partner projects.
230	Looked at screening rates and risk factors compared counties
233	Comparing with the BRFSS web site to see which is more user friendly.
236	The screening, risk factors etc. were interesting and provided a credible base for the data.
237	Used BRFSS in needs assessment
240	to improve the quality of our analysis of cancer burden and increase our knowledge of priority counties
241	peer counties to help justify intervention priorities

STEP 2 IDENTIFY POTENTIAL PARTNERS: Question 1c: If you have been contacted from the Program Partner list by a P.L.A.N.E.T. user, please describe the nature of the collaboration :

Nature of Collaboration 1:

AIO ID	Response (STEP 2: Question 1c)
52	A person from Alabama
74	Lois Hall. Ohio Department of Health
112	Linda Rohret to participate in survivorship initiative

STEP 2 IDENTIFY POTENTIAL PARTNERS: Question 1c: If you have been contacted from the Program Partner list by a P.L.A.N.E.T. user, please describe the nature of the collaboration :

Nature of Collaboration 1: (continued)

AIO ID	Response (STEP 2: Question 1c)
174	American Cancer Society (Metro-Detroit Chapter)
177	Local NCIS partner.
198	Wanda Karzinski
212	The program manager contacted the NCI/CIS

Nature of Collaboration 2:

AIO ID	Response (STEP 2: Question 1c – Nature of Collaboration)
52	Someone from AR

Nature of Collaboration 3:

No responses

STEP 2 IDENTIFY POTENTIAL PARTNERS: Question 1c: If you have been contacted from the Program Partner list by a P.L.A.N.E.T. user, please describe the nature of any activities resulting from that partnership:

Resulting Activities 1:

AIO ID	Response (STEP 2: Question 1c – Resulting Activities)
52	Networked to coordinator who covers that state. She helped them with needed materials for an upcoming event and networked to other partners in their area.
74	Colorectal cancer screening
112	attended one meeting
174	CRAN; Body & Soul
177	Implementing Body and Soul in African American churches.
198	Cancer learning session in Seattle
212	Will conduct a session

Resulting Activities 2:

AIO ID	Response (STEP 2: Question 1c – Resulting Activities)
52	Networked to coordinator in AR who helped by finding a speaker for an event.

Resulting Activities 3:

No responses

STEP 2 IDENTIFYING POTENTIAL PARTNERS: Question 2c. If you have been contacted as a Research partner by a P.L.A.N.E.T. user, please describe the nature of the collaboration and any activities resulting from that partnership: Nature of Collaboration

Nature of Collaboration 1:

AIO ID	Response ((STEP 2: Question 2c - Collaboration
112	Linda Rohret

Nature of Collaboration 2:

No Responses

Nature of Collaboration 3:

No responses

STEP 2 IDENTIFY POTENTIAL PARTNERS: Question 2c: If you have been contacted as a Research partner by a P.L.A.N.E.T. user, please describe the nature of the collaboration and any activities resulting from that partnership: Resulting Activities

Resulting Activities 1:

AIO ID	Response (STEP 2: Question 2c– Resulting Activities)
112	To attend a survivorship initiative

Resulting Activities 2:

No responses

Resulting Activities 3:

No responses

STEP 3: Question 1b. How did you use the information from the Guide to Community Preventive Services?

AIO ID	Response (STEP 3: Question 1b)
4	look at were services are lacking in our area
7	For evidenced based interventions.... Looked for information specific to the American Indian population.
9	education planning
11	to promote the use of evidence-based interventions in planning cancer education interventions with my partners
13	Teaching and project planning.
17	to find guidelines and resources
20	state and local cancer planning
23	Comprehensive Cancer Collaboration
24	Checked on status of evidence-based reviews
29	Program Planning
32	To determine strategies while developing a cancer prevention program
34	In a "introduction to cancer control planet" training to state level cancer control planners
35	Looked for strategies for tobacco control partners to reduce tobacco use among youth
36	Looking to see if strategies in state cancer plans are evidence based
37	To review the consensus on evidence based practice for Community Preventive Services on risk factors
38	To share with comp cancer control coalition partners.
45	I just looked at the programs there for a class I took.
48	To focus our research projects
49	Looking for applicable programs for communities in South Carolina
52	Reference and have trained on some of the recommendations listed to increase screening rates
69	General information for programs and support groups
70	planning and partner discussions
72	Designing evidence based public health training for community health workers.
73	reference resource for creation of cancer fact sheet
74	Have not found them useful.
76	resource
82	Find existing research tested patterns in interventions

STEP 3: Question 1b. How did you use the information from the Guide to Community Preventive Services? (continued)

AIO ID	Response (STEP 3: Question 1b)
94	Staff training and cancer control planning
99	Planning/assessing interventions for implementation of Cancer Plan
100	cancer brief and program planning for state
102	To get screening recommendations
105	To review interventions
107	Looking for evidence based interventions, what has been proven to work. went directly to www.thecommunityguide.org
111	Just to see what is there in this step
113	Checking for evidenced based interventions for cancer program planning and staff education..
118	clarify guidelines, teach others about the resource
119	fact sheets, background/white papers
120	Support for program development, identification of interventions, literature search etc.
123	Virginia Department of Health, Cancer Control Project cancer fact sheets
124	Used in making decision on strategy for intervention to be developed.
128	As a resource for persons who contacted me about evidence-based approaches to prevention.
131	To plan interventions and research.
132	intervention/project planning
134	deciding which sort of community interventions that are worth supporting; also deciding on research agendas
140	In my course that I teach on public health
141	For info on diabetes and tobacco prevention/cessation best practices for RFPs we were developing
142	I showed other partners the availability of this resource.
143	program development
145	To research the evidence that exists for increasing breast and cervical cancer screening.
147	I used the guide to see what types of intervention would work for certain cancers.
148	Used to present to CCC committees to help them develop their interventions and work plans.
149	To look at information on increasing cervical and breast cancer screening rates.
150	To assist me in my work as a Steering Committee member on the Guam Comprehensive Cancer Control Coalition. I was working on the strategic plan related to prevention.

STEP 3: Question 1b. How did you use the information from the Guide to Community Preventive Services? (continued)

AIO ID	Response (STEP 3: Question 1b)
155	Update personal knowledge of the tool
156	For training purposes
160	Researching different projects.
162	To share with coalitions and community members when planning and developing cancer programs.
165	To look up tobacco resources for partners
170	to see what else is going on in Wisconsin in cancer control
171	I used it in training other health professionals on the Community Guide and P.L.A.N.E.T., and in my own program planning.
173	looking for evidence based interventions
174	to assist in planning a breast and cervical cancer screening outreach program
176	I was conducting a search on a number of difference health related topics and local community-based resources.
177	Gather information about culturally appropriate programs/services and to identify materials that were available.
178	determine the effectiveness of program intervention
179	Googled the resource by title
183	To share with others and for self knowledge of the best approaches.
185	training for partners on evidence-based public health
191	Training
193	The best as I can to influence physicians and community leaders
198	QI program
200	research and understanding CoP for Alaska
202	Review recommendations for cancer planning and coalition recommended activities
205	Determine best strategies and dissemination capabilities.
209	shared with partners
211	Review of evidence based strategies for consideration by task forces
212	Review recommendations
215	for state cancer control efforts
216	To review best practices on colorectal cancer screening.

STEP 3: Question 1b. How did you use the information from the Guide to Community Preventive Services? (continued)

AIO ID	Response (STEP 3: Question 1b)
221	I have used it in program planning for this office, and in designing and delivering trainings for other organizations.
222	Reference and training.
223	Best practices and guidelines
224	To look at intervention recommendations for program planning.
232	I used the Guide to look for ways to build sound evaluation activities into the activities/strategies of the Cancer Plan.
233	I use it in teaching students.
234	To see how DC was doing relative to information from other sources
237	Used in a presentation/training for a partner
239	To plan interventions and research.
240	to identify elements of evidence-based strategies for intervention (education, outreach and recruitment)
241	Revised the comp cancer plan and used strategies from the Community Guide
242	Used resource in drafting RFP.
243	Review of interventions for a breast cancer screening coalition that I work with

STEP 3: Question 2b. How did you use the information from the Guide to Clinical Preventive Services?

AIO ID	Response (STEP 3: Question 2b)
4	colonoscopies
9	education planning
11	to access screening recommendations
13	Teaching and project planning.
17	to find guidelines and resources
18	limited
20	same
23	Comprehensive Cancer collaboration
25	Clinical practice at NNMC
29	Program planning of prevention/screening initiatives
32	to review the standards

STEP 3: Question 2b. How did you use the information from the Guide to Clinical Preventive Services? (continued)

AIO ID	Response (STEP 3: Question 2b)
34	In a "introduction to cancer control planet" training to state level cancer control planners
35	Used to help physicians how to address tobacco cessation for patients
36	Looking to see if strategies in state cancer plans are evidence based
37	To review the medical evidence-based practice guidelines of preventive healthcare
38	To share information about screening with community partners.
48	To focus our intervention projects
52	Looked up current recommendations for cancer screening and the wording
58	In assisting a community in developing a prevention intervention plan.
60	Developing proposals. Researching evidence. Understanding state of the art or best practices.
70	planning and partner discussions
72	Same as 1b and for grant application.
73	reference resource for creation of cancer fact sheet
74	Each of the organizations are functioning to complete their own directives. Sharing of resources is not easy because of limited resources.
76	as a resource
82	Double check the guidelines for a CRC screening intervention
87	used for a research proposal
94	Initiative planning
100	cancer brief and cancer planning for the state
102	To get screening recommendations
105	To look at screening recommendations
111	Look up breast cancer and prostate cancer screening guidelines
118	clarify guidelines, teach others
119	referral guides
122	As guidance for the National Breast and Cervical Cancer Early Detection Program
123	Virginia Department of Health, Cancer Control Project cancer fact sheets
131	To plan interventions and research.
132	determine current screening guidelines
134	used to assess which clinical preventive services are worth recommending, both for others that ask me and for my family and myself.

STEP 3: Question 2b. How did you use the information from the Guide to Clinical Preventive Services? (continued)

AIO ID	Response (STEP 3: Question 2b)
140	In my course that I teach on public health.
143	program development
145	To view USPSTF recommendations for cancer screening.
150	I used it as a resource for the screening and prevention component of the draft strategic plan for the Guam Comprehensive Cancer Control Coalition.
154	Provided a partner with information on cancer screening recommendations
156	For training purposes
161	Reference material
162	To share with coalitions and community members when planning and developing cancer programs.
165	To determine worthiness of programs prior to recommending to partners
171	I used it in training other health professionals on the Community Guide and P.L.A.N.E.T., and in my own program planning.
172	For teaching purposes.
173	looking for evidence based interventions
183	To inform others that this resource is on P.L.A.N.E.T..
191	Training
193	Forwarded this information to our providers and encouraged them to use P.L.A.N.E.T. themselves
195	to see what Colorectal Cancer Screening activities were valuable.
200	research for our work
202	Review recommendations for cancer planning and coalition recommended activities, reviewed against RTIPs
205	Determine best strategies and dissemination capabilities
210	Weigh the evidence to do something or not do something.
211	Direct others to the guide
212	Incorporate into proposals
214	For teaching purposes.
215	for state cancer control efforts
221	I have used it in designing and delivering trainings for other organizations.

STEP 3: Question 2b. How did you use the information from the Guide to Clinical Preventive Services? (continued)

AIO ID	Response (STEP 3: Question 2b)
224	To look at screening recommendations when working with CCC coalitions on writing cancer plans.
233	For teaching purposes.
239	To plan interventions and research.
240	to identify some of the key elements for professional education and development, for potential use in health care provider collaboration

STEP 4: Question 11b. Please briefly describe your work in cancer prevention and control:

Description of Work 1:

AIO ID	Response (STEP 4: Question 11b – Description of Work)
11	Team Up Partnership state chair
15	Dissemination of cancer prevention information.
20	state cancer planning
21	implementing breast and cervical cancer outreach program through Extension
29	Provide cancer rates * demographics
36	regional public health advisor for 8 funded programs
52	Work to build coalitions and partnerships to address unequal burden of cancer in the state
72	as health educator / trainer and grant writer
76	project manager
79	executive committee co-chair
82	Researcher
95	implementing and planning cooking school
103	
104	oversee programmatic development for several priority populations on cancer control, tobacco specific
111	Co-chair of Florida Cancer Plan Council and on the gubernatorally appointed Cancer Control and Research Advisory Council.
131	Designer of dissemination research.
148	NCI PP staff
156	Provide training to partner organizations in using Cancer Control P.L.A.N.E.T. and in Using Evidence Based interventions (RTIPs)
162	My role is to work with trusted organizations
183	As a CIS Partnership Program Coordinator, my role is to introduce CCP and RTIPs to community members and offer technical assistance to help them identify and adopt or adapt the RTIP.
184	member of state comp cancer coalitions in CT and RI
202	Steering Committee member on state CCC efforts

STEP 4: Question 11b. Please briefly describe your work in cancer prevention and control:

Description of Work 1: (continued)

AIO ID	Response (STEP 4: Question 11b – Description of Work)
204	I'm part of the NCI/CIS Partnership Program Coordinator; my line of work I provide technical assistance and training on Using What Works.
205	Capacity building, training and technical assistance
212	State cancer program
215	State Cancer Control Chair
232	Program planner and support technical assistance
240	Developing programs and managing staff for cancer-related health disparities reduction, especially for tobacco control and breast, cervical, and colorectal cancer screening among low income African-American, Hispanic, Latino, American Indian, and physically disabled adults
242	I develop programs that are funded in our state.

Description of Work 2:

AIO ID	Response (STEP 4: Question 11b – Description of Work)
11	Comprehensive Cancer Control Coalition Regional Coalition Chair, State CCCCC member
15	Program implementation of cancer prevention activities.
29	Provide consultation to cancer coalition members related to program evaluation efforts.
82	Public health practitioner
162	To deliver cancer information to populations most in need.
202	Serve as T/TA support to CCC partners

Description of Work 3:

AIO ID	Response (STEP 4: Question 11b – Description of Work)
11	NCI Community Network Program partner--development of the Community Action Plan

STEP 4: Question 11b. Briefly describe how the RTIP program(s) changed your cancer prevention and control programs:

Program Change 1:

AIO ID	Response (STEP 4: Question 11b – Program Change)
11	we modeled our intervention on an RTIP
15	Was able to access and use evidence based cancer prevention information. Did not have to reinvent the wheel.
20	" [state cancer planning]
52	Always look for a program on RTIP & Community Guide counsel before working to develop programs
72	I make sure I check the evidence and literature while planning trainings and writing grants.
75	The RTIPs relating to Breast Cancer Screening in diverse communities help us plan our own outreach programs.
76	utilize RTIPS as a resource for information and as a tipping point for program implementation
79	data, guidelines, and model
82	Gave me access to both data and to actual programs, to improve my intervention design
95	RTIPs helped determine where and what women we were targeting
104	helped in the development and provision of technical assistance on cessation efforts for Hispanic/Latinos
111	At this point I am trying to get partners familiar with evidence-based interventions and am doing presentations to cancer control collaborative groups on "Using What Works." The outcome of a Using What Works presentation to the Florida Cancer Plan Council is that the council advocated making evidence-based interventions a requirement of upcoming mini-grant funding from the FL DOH to the regional collaborative.
131	RTIPs gave us tested interventions from which we extracted.
148	RTIPS have given me a tool to use with partners to have them start thinking about evidence based programs and adapting them for their programs
156	When partner organizations are seeking programs, I am able to redirect them to the RTIPs on P.L.A.N.E.T. and discuss benefits in using and/or adapting these programs
162	A resource for learning and getting new ideas
183	RTIPs provide an additional tool that Partnership staff can use to gain entry into a community organization.
184	just used for reference, not ready for implementing any programs yet
202	Assisted in prioritization of activities in prevention and early detection
204	RTIPS has definitely facilitated my work. Many of the partners I work with are looking for best practices in cancer control and RTIPS is a great portal to refer partners.
205	Actual strategies and accompanying products that have been proven effective to provide to community partners.

STEP 4: Question 11b. Briefly describe how the RTIP program(s) changed your cancer prevention and control programs:

Program Change 1: (continued)

AIO ID	Response (STEP 4: Question 11b – Program Change)
212	Distributing funds for min-grant
215	Gave examples from other programs to spark discussions; unfortunately not always directly applicable to our situation.
232	The RTIPs not only gives us up-to-date, tested activities, but they help me with articulating what is happening in a cancer control priority area. It is so valuable to see what the language being used around the country (in order to compete in a more efficient way) but also to communicate with other partners who may be researchers, clinicians, or just community-level advocates. Just having access to the language adds a level of credibility that would not otherwise exist, or at least would be difficult and time consuming to come by.
240	Improved planning and program development process; increased our staff knowledge and competence with evidence-based interventions; improved our evaluation process and identified additional resources for planning and evaluation
242	Greater focus on recommending use of evidence based programs.

Program Change 2:

AIO ID	Response (STEP 4: Question 11b – Program Change)
11	emphasized to Coalition members the importance of using research-tested interventions. Not always able to convince people though (in some cases these are state health dept employees who are resistant.)
15	Was able to ready made evidence based outreach programmatic materials so I would not have to reinvent the wheel.
82	Helped me to give advice to community partners
162	A more research focused way to approach cancer control
202	Using UWW and P.L.A.N.E.T. to support training partners to use RTIPS for successful interventions

Program Change 3:

AIO ID	Response (STEP 4: Question 11b – Program Change)
11	I sent the committee links to R-TIPs so they could access it in their planning. For my own work group, I read all applicable RTIPs and prepared a report listing all appropriate programs to consider and downloaded journal articles about those interventions. We are still in the planning stages.
162	Shows the importance of evidence based interventions and potential outcomes.

STEP 4: Question 3c. Describe how you modified the breast cancer screening program

AIO ID	Response (STEP 4: Question 3c)
11	used in Team Up intervention in my state. Did not do clinic intervention. Implemented intervention in a rural rather than urban setting. Had fewer educational sessions.
15	Brief modification to protocol (low literacy level) to fit need of intended audience
32	Added a cervical cancer component after speaking with the researcher, have not yet implemented the program.
52	Tailored materials to our audience, modified the means outreach and media was implemented, adjusted provider educational piece
89	used some components from FOCAS project in North Carolina
94	Adapted to be culturally appropriate for Appalachian women
132	adapted program using formative research design
240	selected elements from a multi-faceted intervention (FoCaS) that were feasible for implementation in our circumstances
243	The coalition has reviewed several breast ca programs and is moving toward an evidenced-informed approach

STEP 4: Question 4c. Describe how you modified the cervical cancer screening program

AIO ID	Response (STEP 4: Question 4c)
11	see above for breast cancer--same project promoted breast & cervical cancer screening (emphasized cervix cancer much more than breast.) FoCaS materials for cervix cancer were dated so we updated information using newest information on HPV and screening info.
52	Same as above
89	same as with breast program, used FOCAS project information
94	adapted to be more culturally appropriate for Appalachian women
240	selected elements from a multi-faceted intervention (FoCaS) that were feasible for implementation in our circumstances

STEP 4: Question 5c. Describe how you modified the colorectal cancer screening program

No Responses

STEP 4: Question 6c. Describe how you modified the diet/nutrition program

AIO ID	Response (STEP 4: Question 6c)
11	are still in early planning stages in implementing Body & Soul. Also looked at other nutrition R-Tips but did not use them.
225	The Body and Soul program was modified by using youth as the driving force to implement activities in the church and in the community. Still working on how youth will be incorporated into the peer counseling pillar.

STEP 4: Question 7c. Describe how you modified the informed decision making program

No Responses

STEP 4: Question 8c. Describe how you modified the physical activity program

No Responses

STEP 4: Question 9c. Describe how you modified the sun safety program

No Responses

STEP 4: Question 10c. Describe how you modified the tobacco control program

No Responses

STEP 5 1b. Describe how you used the Guidance for Comprehensive Cancer Control Planning

AIO ID	Response (STEP 5 1b)
4	need for more colonoscopy
9	planning programs
18	Platform for discussion
20	course
32	Used as developed comprehensive cancer plan.
40	used in state planning
52	Refer partners and organizations to it
58	In assisting community managers plan a course of action for their communities.
60	Working in the Canadian context looked for evidence and approaches to assist in my planning efforts
73	N/A

STEP 5 1b. Describe how you used the Guidance for Comprehensive Cancer Control Planning

AIO ID	Response (STEP 5 1b)
74	The development of survivorship as an objective for the Ohio Comprehensive Cancer Control Plan.
79	data and guideline
94	Utilized this information in Team Up project and Comp Cancer Planning
99	Completing cancer plan, planning implementation
108	Read through the materials
123	resource for VA-CCC Workplan
126	to see what other programs were in effect and how they were implemented
129	Development of strategic plan
193	As a way to help establish our state comp cancer program
198	Work with Alaska Cancer Coalition
202	Reference in development of CCC plan
212	as a resource
223	Historical perspective, in-depth knowledge of the CCCP process, and as a teaching tool.
232	To re-introduce the partnership building and infrastructure maintenance that most take for granted after a partnership has been active for a number of years.

STEP 5: Question 1d. Describe how you used the Comprehensive Cancer Control Planning

AIO ID	Response (STEP 5: Question 1d)
9	planning
18	Platform for discussion
20	course and state cancer planning
25	Maryland State Data
28	Just looked to see what was included about our plan
32	Reviewed as developed my own state plan
37	Examine the various plans in the states and share information with colleagues and assist staff in their gathering of information.
40	state planning
52	Refer to it
58	Again, in assisting community managers in formulating a course of action.
60	Like the building blocks piece, use it to enrich my work
73	N/A
74	See above.
79	same
82	Used it to guide community partners in making choices about what to implement, how to set up their own planning process, etc.
94	We are continuing to evolve our evaluation efforts
99	Drafting cancer plan, comparisons, etc.
103	checked our state plan to assess its comprehensiveness

STEP 5: Question 1d. Describe how you used the Comprehensive Cancer Control Planning (continued)

AIO ID	Response (STEP 5: Question 1d)
105	Used ideas from the CDC Building Blocks for CCC
108	Read through the materials
123	resource for draft of 2006-2010 Virginia Cancer Plan
126	To see how materials were prepared
129	Information on states with clinical trials focus; determine planning/implementation stage of states/tribes
143	program ideas for cancer interventions related to tobacco
144	Reference for other medical provider groups
154	I used Step 5 to access the NYS Plan to educate the county health department on the cancer control goals and strategies for the state
156	For training purposes and referenced when training partners on Evidence-based approaches
176	Looking at different state comprehensive cancer plans as reference.
184	reading other state plans
191	Used current WV Plan to assist in writing grant
193	As a way to help establish our comp cancer program
195	to compare other plans while ours was being written
198	Work with Alaska Cancer Coalition
202	Reviewed examples from other states
212	as a resource
216	Looked at formats of some SE regional state plans. It takes a long time to pull up plans.
223	Used the CCCP for grant writing
232	We are always looking to "borrow" ideas from other programs who are willing to share practices that work.
241	Looked at other states and how they used evidence-based programs in their plans

STEP 5: Question 1e. Describe how you used the Put Prevention into Practice

AIO ID	Response (STEP 5: Question 1e)
9	education
32	Used as developed comprehensive cancer plan.
40	state planning
52	Refer to it
58	Assisting an organization in preparing an application for grant funding.
73	N/A
79	same
94	Have implemented into a physician practice strategy aimed at instituting reminder recall systems
108	Read through the materials
119	fact sheets, referral guides, cancer prevention initiative proposals/presentations
126	How effective the programs were
127	Advice patient on smoking cessation to prevent oral cancers

STEP 5: Question 1e. Describe how you used the Put Prevention into Practice (continued)

AIO ID	Response (STEP 5: Question 1e)
144	Reference for other medical provider groups
179	Have not used it as of yet, but plan to introduce this to a group of professors and staff at Saint Louis University (funded by the Missouri Foundation For Health) to translate research into practice. Hopefully it will be applicable.
193	Results are not in as this is a new process
195	Research on CRC
212	as a resource
220	used AHRQ notebook

STEP 5: Question 2b. Describe involvement in any activities related to developing a comprehensive cancer control plan for your state, tribe, or territory

AIO ID	Response (STEP 5: Question 2b)
5	I participate in an advisory board for our state Tumor registry. This advisory board works in conjunction with our state cancer coalition.
9	Burlington county and tri-county cancer coalitions
13	Both local and state planning and implementation.
15	Collaborating with others to develop comprehensive cancer protocol for our state.
18	Chair State Plan
20	on state cancer coalition, state chair ACoS COC
25	for mass media (Spanish radio)
27	worked on DE and DC Plan implementation
28	I am chair of our state plan
29	Provide cancer stats; consult with cancer coalition development; consult with social marketing efforts; consult with geo-mapping of cancers by zipcode, and cancer education efforts by zipcode
31	I advise the state cancer registry and several state projects about environmental and cluster concerns
32	Chaired committees sat on executive committee, implemented programs at regional level.
33	I serve on the evaluation committee of the Michigan Cancer Consortium and also the data committee of the Indiana Cancer Consortium.
36	Assisted a state program in finalizing their cancer control plan, preparing it for printing, and unveiling it at a statewide meeting. Assisting a funded tribal program with starting the plan writing process.
38	Work with a few coalitions in my region.
40	Attended session in Seattle
41	Serve on the statewide coalition to provide technical assistance. Involved with conducting needs assessments for colorectal cancer initiative.
47	Participation at Leadership Institute; participation on coalition working groups
49	Chair coalition that guides and supports implementation of State CCCP
52	Worked on Steering committee and several ad-hoc committees for specific interventions

STEP 5: Question 2b. Describe involvement in any activities related to developing a comprehensive cancer control plan for your state, tribe, or territory

AIO ID	Response (STEP 5: Question 2b)
58	Working with the state comprehensive cancer plan in North Carolina.
59	Working with my organization to ensure that we are implementing work that contributes to state plans.
60	Involved in senior level in my province and at the national level
61	Participate in the Florida Cancer Plan Council, Member of the Florida Cancer Control Advisory Committee
69	Helping to implement a cancer conference for my city
70	planning and implementation of the state plan
73	contributing to the draft of the 2006-2010 cancer plan
74	Executive committee member of the OPCC. Chairman of the OPCC task force for treatment and care.
76	developing second plan...ideas
77	attended CCCLI 3 in Boston, MA
78	very active in comp. cancer
79	same
82	Worked with CIS, several tribes, and WA state to develop and further planning and implementation of Cancer Control plans.
93	As part of our work with the CPCRN, we have worked with our CCC planning efforts
94	we are in the implementation phase
99	Exec director, DC Cancer Consortium - completed Plan in April 2006, now in throes of implementation planning
103	on two of the state committees
104	I am the Co Chair of the Research Subcommittee of the California Dialogue on Cancer
105	We provided funds for sun safety programs at several schools throughout Florida.
108	Provided administrative support
113	I am responsible for the development and implementation of our tribal comprehensive cancer program.
122	Facilitating meetings of the breast and cervical committees.
123	member of statewide cancer coalition
125	West Virginia Cancer Plan (revision process)
126	SC Cancer Alliance...putting together information for State Report Card
140	Our University has the contract from the state health department to implement the CDC Comp Cancer Program.
143	strategy development
144	Working with other health care collaborative groups
148	Sit on Steering Committee for state and tribe in region, along with actively participating in many subcommittees.
151	ccc disparities committee
156	Only in a supportive role as part of a training program that I am presenting to partner organizations in the states I work in.

STEP 5: Question 2b. Describe involvement in any activities related to developing a comprehensive cancer control plan for your state, tribe, or territory

AIO ID	Response (STEP 5: Question 2b)
158	Skin Cancer prevention
162	I have been involved in revising a 2nd document to supplement our initial cancer plan.
172	I serve on the Executive Committee of our statewide comprehensive cancer control consortium.
176	Looking at palliative care and end of life services
177	I chair an implementation task force and our organization is on the Steering Committee for the CCC program.
184	member of state comp cancer coalitions
193	Alaska
195	Tribal CCC Plan
197	providing surveillance data, reviewing evaluation plans
198	Working with the state Health Department
202	Served on state and tribal planning groups, including data & evaluation, prevention, early detection, CRC screening committees
205	Serve as a coalition member, trainer and strategic planning resource for local efforts in a rural area.
211	I am the program director for a state-based program which has already completed its plan
212	presently updating state plan
216	We completed our plan in March 2006 and have been addressing selected objectives since that time through the SC Cancer Alliance.
217	PAC3 member
218	I am co-director of our Indiana Cancer Consortium and have used material indirectly through our planning.
224	Have played a role in helping develop cancer control plans for four states.
228	Participant in the state cancer plan group. Cochairman of the treatment and palliation subgroup, including clinical trials
230	have actively been involved with Kentucky Cancer Consortium and consistently involved in cancer education
232	I have been in charge of collecting the information, goals/objectives, etc. and putting them together. Then I have presented the draft for outside comment. Currently the designer has the draft and is working toward a late Spring roll out.
233	Reviewed materials, participated in committees.
238	We are in our third - fourth year of developing our cancer plans through our committees of which I serve on two.
239	On Steering Committee. Participated in Leadership Institute.
241	Working with the Northern Plains Comprehensive Cancer Control Program to develop their plan.
242	Our agency develops and implements our state plan. I have participated in planning for the development of a state action plan or tobacco control.
243	Several members from our office sit on implementation teams for PAC 3 (Pennsylvania Cancer Control Consortium)

STEP 5: Question 3b. Describe how P.L.A.N.E.T. was part of your involvement in these activities

AIO ID	Response (STEP 5: Question 3b)
9	planning
15	Used programmatic materials.
18	limited to look at other state plans
20	aspects of cancer plan, talks, presentations
28	looking at data
32	Used as developed comprehensive cancer plan.
36	Referred to P.L.A.N.E.T. to find strategies that are evidence-based
38	Always encourage coalition members to check P.L.A.N.E.T. out and refer them to different aspects of the site as applicable.
40	state planning
49	Recommended it to colleagues
52	Provided a webinar to partners working in cancer control on the P.L.A.N.E.T.. Refer people to it, including myself
58	Working on a plan of action for the next five years.
59	Prioritizing places to conduct cancer control and patient services programs.
60	Important Reference source
61	Describe the impact of Cervical Cancer in Florida, while developing a position statement on HPV vaccination.
70	It was included in discussions
73	Resource reference for the phrasing of measurable objectives
74	See prior responses.
76	generate ideas
79	as above
82	Always checked planet first, before doing anything. Found it a useful and functional tool Thank you.
94	Project directors have provided info from P.L.A.N.E.T. to steering committee members
99	Obtaining data, reviewing other cancer plans, SEER info, etc.
105	to gather information and ideas
108	the Missouri team has used P.L.A.N.E.T. for development of its activities
123	reference, resource
140	This is part of the program that my staff use
148	Refer partners to P.L.A.N.E.T.
156	As part of an overall training on how to use P.L.A.N.E.T.
177	I use P.L.A.N.E.T. as a reference but should access it more often. I use the data regularly.
184	data
193	Steering committee in addition to the treatment and prevention committee of our states comp cancer program
195	Looking at out plans for various ideas.
198	research for chop cancer program
202	P.L.A.N.E.T. is a great resource for locating information, especially RTIPs

STEP 5: Question 3b. Describe how P.L.A.N.E.T. was part of your involvement in these activities

AIO ID	Response (STEP 5: Question 3b)
205	Promoted it and its use. Referred DHS to the data on P.L.A.N.E.T. to help develop priorities for their county.
211	mostly as a quick link to data
212	yes as a resource
224	In helping put the plan together, looked at other state plans, looked at Clinical Practice Guidelines, and looked at data.
225	I answered no to the question.
228	I used it as a reference, but we did not use it as an intimate part of the planning process, at least in my subgroup.
230	Look at recommendations; compare data
232	For data, for comparisons nationally, state by state, and to look at county trends. I have also used P.L.A.N.E.T. as a portal to other products like the Community Guide.
237	We looked at programs as possible ones to highlight at a training session.
238	I have used the P.L.A.N.E.T. to show prostate cancer incidence and mortality rates through mapping of counties.
241	Searched for evidence-based interventions/strategies to include in the plan.
242	Searched for the latest evidence based info on tobacco control.
243	We have discussed using RTIPS for the implementation of preventive colorectal programs

STEP 5: Question 4. Please provide any additional information or feedback about your experience with the Cancer Control P.L.A.N.E.T.. We welcome your suggestions for how we may improve this resource.

AIO ID	Response (STEP 5: Question 4.)
9	would like more information broken into municipalities
25	I have used this website during my post doctoral fellowship for my work with cervical cancer.
36	Still seems overwhelming to community based partners. Need to do more hands-on trainings.
38	The web site keeps getting better as it gets more robust - keep up the good work!
40	excellent resource
52	Thank you for bringing all these tools together in one place.
58	Always a great resource in community assessments and planning.
73	No additional comments
74	The data for me would be more useful if it provided information that would allow an evaluation of effectiveness of screening and treatment. The data would also be of more value if it provided information on incidence by AJCC Stage. The evidence based protocols are very labour and resource intensive. All the organizations are already over-extended and therefore, are not able to implement these ideas. We need simple protocols that require minimal effort and money.

STEP 5: Question 4. Please provide any additional information or feedback about your experience with the Cancer Control P.L.A.N.E.T.. We welcome your suggestions for how we may improve this resource. (continued)

AIO ID	Response (STEP 5: Question 4.)
99	I wish the home page revealed the range of information available much more completely.
105	Great resource
123	N/A
140	I do not use P.L.A.N.E.T. personally, but my staff do, in planning and priority setting.
148	It may be underutilized..
156	I found the on-line training to be extremely helpful as well as the fact sheet about P.L.A.N.E.T.. These tools only enhance my training efforts.
193	P.L.A.N.E.T. is a great resource and I believe our physicians will reference this for evidenced based medicine as we are not connected by the road system in Alaska and depend on telemedicine and other resources.
202	P.L.A.N.E.T. keeps getting better all the time - glad to see more RTIPs added
211	I think it is more useful in the planning phase. Maybe it will be useful when we update our plan in a couple of years,
212	It is a useful resource for partners/reference
225	Is there any way to move the process along for posting more RTIPs for cancer control - especially for colon and prostate. Very helpful to provide the RTIP link with the Community Guide approach. It makes a connection between the two resources and makes it easier to access.
228	I think it is a tremendous resource. But I have not had the time to dig into the resource as I would like.
230	P.L.A.N.E.T. is a great tool; wish I had more time to spend with it.
232	I am so thankful for a "site" like P.L.A.N.E.T. -- it is so much more than just a site to us. I we really appreciate notifications of updates and changes. Just think how public health professionals did their research years ago. P.L.A.N.E.T. moves us ahead so much faster and with integrity.
242	Information is limited but growing.
243	RTIPs has been a great resource. We encourage coalitions to review and become familiar with them for possible use in the future.

ABOUT YOU: Question 1. Which one of the following best describes you? SPECIFY OTHER:

AIO ID	Response (ABOUT YOU: Question 1.)
17	physician/researcher/planner
25	Administrative Researcher
37	Epidemiologist
49	Consultant
78	ACS
81	Consultant

ABOUT YOU: Question 1. Which one of the following best describes you? SPECIFY OTHER: (continued)

AIO ID	Response (ABOUT YOU: Question 1.)
83	Cooperative Extension
85	NCI Staff
86	Epidemiologist
88	government program officer
97	Professor-Administrator
99	CEO of a cancer consortium
113	Public Health Nurse
128	Fed. public health manager
141	Program Officer
144	Non-profit affiliate
150	CIS Partnership Program Coordinator
151	program coordinator
156	Trainer
158	Coordinator, State Cancer Registry
169	Dir of Govt Relations
170	Epidemiologist
193	RN- Infection control and Cancer support groups
197	cancer epidemiologist/surveillance
200	Director: Quality Improvement Organization
227	Cancer Control Planner

ABOUT YOU: Question 2: Which one of the following best describes your organization? Please Specify:

AIO ID	Response (ABOUT YOU: Question 2)
20	ACoS
49	I work with many organizations
72	not working at the time being
77	ACoS State Chair CLP
113	Tribal Health
141	Health Foundation--non-governmental
164	HEALTH DEPARTMENT
188	Tribal Health System
195	Tribal Health Organization
202	tribal non-profit health corporation
228	Surgical group

ABOUT YOU: Question 10. How did you find out about the Cancer Control P.L.A.N.E.T. website (the P.L.A.N.E.T.) - SPECIFY OTHER:

AIO ID	Response (ABOUT YOU: Question 10)
4	American College of Surgeons
20	ACoS
42	paper session at a conference
45	in a university course I took
50	email sent to me
56	presentation at NCI conference
72	working with NCI
73	Virginia Department of Health
98	American College of Surgeons
101	acs coc
112	emails from NIH
123	Virginia CCC
130	conference
141	Previous job
158	THROUGH work
169	meeting
176	Job Training
180	NCI resource
184	I work for NCI
188	P.L.A.N.E.T. presentations at professional meetings
191	NCI program
193	word of mouth
195	CCC activities
197	NCI/CDC development activities
205	CIS Training
210	Cancer conference
211	P.L.A.N.E.T. presentation at national ccc meeting
228	Comprehensive cancer control conferences

APPENDIX MM

AIO Respondent Number of P.L.A.N.E.T. Visits by Occupation and Work Setting

Number of P.L.A.N.E.T. Visits by Occupation							
Number of P.L.A.N.E.T. Visits	Occupation						Total
	Missing	Researcher/ program evaluator	Healthcare provider	Public health practitioner	Academic	Other	
Missing or Inapplicable	42	0	0	0	0	1	43
	23.08	0	0	0	0	0.55	23.63
1 time	0	6	1	2	0	0	9
	0	3.3	0.55	1.1	0	0	4.95
2-3 times	0	11	8	15	0	2	36
	0	6.04	4.4	8.24	0	1.1	19.78
4-5 times	0	8	3	17	3	1	32
	0	4.4	1.65	9.34	1.65	0.55	17.58
6-10 times	0	2	3	14	1	0	20
	0	1.1	1.65	7.69	0.55	0	10.99
More than 10 times	0	2	4	30	1	2	39
	0	1.1	2.2	16.48	0.55	1.1	21.43
Never visited	0	2	1	0	0	0	3
	0	1.1	0.55	0	0	0	1.65
Total	42	31	20	78	5	6	182
	23.08	17.03	10.99	42.86	2.75	3.3	100

Number of P.L.A.N.E.T. Visits by Work Setting								
Number of P.L.A.N.E.T. Visits	Work Setting							Total
	Missing	State/local government agency	Federal government agency	Hospital/clinic/center	Nonprofit organization	Academic	Other	
Missing or Inapplicable	42	0	0	0	0	1	0	43
	23.08	0	0	0	0	0.55	0	23.63
1 time	0	1	3	1	1	3	0	9
	0	0.55	1.65	0.55	0.55	1.65	0	4.95
2-3 times	0	3	6	5	7	12	3	36
	0	1.65	3.3	2.75	3.85	6.59	1.65	19.78
4-5 times	0	5	4	5	8	10	0	32
	0	2.75	2.2	2.75	4.4	5.49	0	17.58
6-10 times	0	3	6	3	4	3	1	20
	0	1.65	3.3	1.65	2.2	1.65	0.55	10.99
More than 10 times	0	6	15	3	6	5	4	39
	0	3.3	8.24	1.65	3.3	2.75	2.2	21.43
Never visited	0	0	0	0	1	2	0	3
	0	0	0	0	0.55	1.1	0	1.65
Total	42	18	34	17	27	36	8	182
	23.08	9.89	18.68	9.34	14.84	19.78	4.4	100

APPENDIX NN

**AIO Respondents' Settings and Occupations by Ways RTIPs
Were Used For Each Program Type**

Respondents' settings by ways Breast Cancer Screening programs were used (n=25)

	Looked at the program but did not use it		Used the program as inspiration for other program development		Implemented the program with no modifications		Implemented the program with minor modifications		Implemented the program with major modifications		Total	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
State or local government agency	0	0.0	2	8.0	0	0.0	0	0.0	0	0.0	2	8.0
Federal government agency	3	12.0	5	20.0	0	0.0	0	0.0	4	16.0	12	48.0
Hospital/clinic/HMO community health center	0	0.0	2	8.0	0	0.0	0	0.0	0	0.0	2	8.0
Nonprofit organization	1	4.0	1	4.0	0	0.0	2	8.0	0	0.0	4	16.0
Educational institution (school, college, and university)	0	0.0	3	12.0	0	0.0	1	4.0	0	0.0	4	16.0
Other (business-for profit, contractor, etc.)	0	0.0	0	0.0	0	0.0	0	0.0	1	4.0	1	4.0
Total	4	16.0	13	52.0	0	0.0	3	12.0	5	20.0	25	100.0

Respondents' occupations by ways Breast Cancer Screening programs were used (n=25)

	Looked at the program but did not use it		Used the program as inspiration for other program development		Implemented the program with no modifications		Implemented the program with minor modifications		Implemented the program with major modifications		Total	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
Researcher or program evaluator	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Healthcare provider	1	4.0	1	4.0	0	0.0	0	0.0	0	0.0	2	8.0
Public health practitioner	3	12.0	12	48.0	0	0.0	3	12.0	5	20.0	23	92.0
Academic	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	4	16.0	13	52.0	0	0.0	3	12.0	5	20.0	25	100.0

I-NN

Respondents' settings by ways Cervical Cancer Screening programs were used (n=11)

	Looked at the program but did not use it		Used the program as inspiration for other program development		Implemented the program with no modifications		Implemented the program with minor modifications		Implemented the program with major modifications		Total	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
State or local government agency	0	0.0	1	9.1	0	0.0	0	0.0	0	0.0	1	9.1
Federal government agency	2	18.2	1	9.1	0	0.0	0	0.0	3	27.3	6	54.5
Hospital/clinic/HMO community health center	0	0.0	1	9.1	0	0.0	0	0.0	0	0.0	1	9.1
Nonprofit organization	0	0.0	0	0.0	0	0.0	1	9.1	0	0.0	1	9.1
Educational institution (school, college, and university)	1	9.1	1	9.1	0	0.0	0	0.0	0	0.0	2	18.2
Other (business-for profit, contractor, etc.)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	3	27.3	4	36.4	0	0.0	1	9.1	3	27.3	11	100.0

Respondents' occupations by ways Cervical Cancer Screening programs were used (n=11)

	Looked at the program but did not use it		Used the program as inspiration for other program development		Implemented the program with no modifications		Implemented the program with minor modifications		Implemented the program with major modifications		Total	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
Researcher or program evaluator	0	0.0	0	0.0	0	0.0	0	0.0	1	9.1	1	9.1
Healthcare provider	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Public health practitioner	3	27.3	3	27.3	0	0.0	1	9.1	3	27.3	10	90.9
Academic	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	3	27.3	3	27.3	0	0.0	1	9.1	4	36.4	11	100.0

Respondents' settings by ways Colorectal Screening programs were used (n=21)

	Looked at the program but did not use it		Used the program as inspiration for other program development		Implemented the program with no modifications		Implemented the program with minor modifications		Implemented the program with major modifications		Total	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
State or local government agency	2	9.5	4	19.0	0	0.0	0	0.0	0	0.0	6	28.6
Federal government agency	3	14.3	2	9.5	0	0.0	0	0.0	0	0.0	5	23.8
Hospital/clinic/HMO community health center	1	4.8	1	4.8	0	0.0	0	0.0	0	0.0	2	9.5
Nonprofit organization	3	14.3	1	4.8	0	0.0	0	0.0	0	0.0	4	19.0
Educational institution (school, college, and university)	1	4.8	2	9.5	0	0.0	0	0.0	0	0.0	3	14.3
Other (business-for profit, contractor, etc.)	1	4.8	0	0.0	0	0.0	0	0.0	0	0.0	1	4.8
Total	11	52.4	10	47.6	0	0.0	0	0.0	0	0.0	21	100.0

Respondents' occupations by ways Colorectal Screening programs were used (n=21)

	Looked at the program but did not use it		Used the program as inspiration for other program development		Implemented the program with no modifications		Implemented the program with minor modifications		Implemented the program with major modifications		Total	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
Researcher or program evaluator	1	4.8	1	4.8	0	0.0	0	0.0	0	0.0	2	9.5
Healthcare provider	1	4.8	1	4.8	0	0.0	0	0.0	0	0.0	2	9.5
Public health practitioner	8	38.1	8	38.1	0	0.0	0	0.0	0	0.0	16	76.2
Academic	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	1	4.8	0	0.0	0	0.0	0	0.0	0	0.0	1	4.8
Total	11	52.4	10	47.6	0	0.0	0	0.0	0	0.0	21	100.0

AIO respondents' settings by ways Diet/Nutrition programs were used (n=19)

	Looked at the program but did not use it		Used the program as inspiration for other program development		Implemented the program with no modifications		Implemented the program with minor modifications		Implemented the program with major modifications		Total	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
State or local government agency	1	5.3	3	15.8	0	0.0	0	0.0	0	0.0	4	21.1
Federal government agency	2	10.5	1	5.3	0	0.0	1	5.3	0	0.0	4	21.1
Hospital/clinic/HMO community health center	2	10.5	1	5.3	0	0.0	0	0.0	0	0.0	3	15.8
Nonprofit organization	1	5.3	0	0.0	1	5.3	0	0.0	0	0.0	2	10.5
Educational institution (school, college, and university)	0	0.0	6	31.6	0	0.0	0	0.0	0	0.0	6	31.6
Other (business-for profit, contractor, etc.)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	6	31.6	11	57.9	0	5.3	1	5.3	0	0.0	19	100.0

AIO respondents' occupations by ways Diet/Nutrition programs were used (n=19)

	Looked at the program but did not use it		Used the program as inspiration for other program development		Implemented the program with no modifications		Implemented the program with minor modifications		Implemented the program with major modifications		Total	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
Researcher or program evaluator	0	0.0	3	15.8	0	0.0	0	0.0	0	0.0	3	15.8
Healthcare provider	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Public health practitioner	5	26.3	8	42.1	1	5.3	1	5.3	0	0.0	15	78.9
Academic	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	1	5.3	0	0.0	0	0.0	0	0.0	0	0.0	1	5.3
Total	6	31.6	11	57.9	1	5.3	1	5.3	0	0.0	19	100.0

Respondents' settings by ways Informed Decision Making programs were used (n=9)

	Looked at the program but did not use it		Used the program as inspiration for other program development		Implemented the program with no modifications		Implemented the program with minor modifications		Implemented the program with major modifications		Total	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
State or local government agency	0	0.0	2	22.2	0	0.0	0	0.0	0	0.0	2	22.2
Federal government agency	1	11.1	0	0.0	0	0.0	0	0.0	0	0.0	1	11.1
Hospital/clinic/HMO community health center	2	22.2	0	0.0	0	0.0	0	0.0	0	0.0	2	22.2
Nonprofit organization	1	11.1	0	0.0	0	0.0	0	0.0	0	0.0	1	11.1
Educational institution (school, college, and university)	2	22.2	1	11.1	0	0.0	0	0.0	0	0.0	3	33.3
Other (business-for profit, contractor, etc.)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	6	66.7	3	33.3	0	0.0	0	0.0	0	0.0	9	100.0

Respondents' occupations by ways Informed Decision Making programs were used (n=9)

	Looked at the program but did not use it		Used the program as inspiration for other program development		Implemented the program with no modifications		Implemented the program with minor modifications		Implemented the program with major modifications		Total	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
Researcher or program evaluator	2	22.2	0	0.0	0	0.0	0	0.0	0	0.0	2	22.2
Healthcare provider	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Public health practitioner	3	33.3	3	33.3	0	0.0	0	0.0	0	0.0	6	66.7
Academic	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	1	11.1	0	0.0	0	0.0	0	0.0	0	0.0	1	11.1
Total	6	66.7	3	33.3	0	0.0	0	0.0	0	0.0	9	100.0

Respondents' settings by ways Physical Activity programs were used (n=9)

	Looked at the program but did not use it		Used the program as inspiration for other program development		Implemented the program with no modifications		Implemented the program with minor modifications		Implemented the program with major modifications		Total	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
State or local government agency	1	11.1	2	22.2	0	0.0	0	0.0	0	0.0	3	33.3
Federal government agency	1	11.1	0	0.0	0	0.0	0	0.0	0	0.0	1	11.1
Hospital/clinic/HMO community health center	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Nonprofit organization	0	0.0	1	11.1	0	0.0	0	0.0	0	0.0	1	11.1
Educational institution (school, college, and university)	0	0.0	4	44.4	0	0.0	0	0.0	0	0.0	4	44.4
Other (business-for profit, contractor, etc.)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	2	22.2	7	77.8	0	0.0	0	0.0	0	0.0	9	100.0

Respondents' occupations by ways Physical Activity programs were used (n=9)

	Looked at the program but did not use it		Used the program as inspiration for other program development		Implemented the program with no modifications		Implemented the program with minor modifications		Implemented the program with major modifications		Total	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
Researcher or program evaluator	1	11.1	1	11.1	0	0.0	0	0.0	0	0.0	2	22.2
Healthcare provider	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Public health practitioner	1	11.1	6	66.7	0	0.0	0	0.0	0	0.0	7	77.8
Academic	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	2	22.2	7	77.8	0	0.0	0	0.0	0	0.0	9	100.0

Respondents' settings by ways Sun Safety programs were used (n=12)

	Looked at the program but did not use it		Used the program as inspiration for other program development		Implemented the program with no modifications		Implemented the program with minor modifications		Implemented the program with major modifications		Total	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
State or local government agency	1	8.3	2	16.7	0	0.0	0	0.0	0	0.0	3	25.0
Federal government agency	4	33.3	0	0.0	0	0.0	0	0.0	0	0.0	4	33.3
Hospital/clinic/HMO community health center	0	0.0	1	8.3	0	0.0	0	0.0	0	0.0	1	8.3
Nonprofit organization	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Educational institution (school, college, and university)	2	16.7	2	16.7	0	0.0	0	0.0	0	0.0	4	33.3
Other (business-for profit, contractor, etc.)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	7	58.3	5	41.7	0	0.0	0	0.0	0	0.0	12	100.0

Respondents' occupations by ways Sun Safety programs were used (n=12)

	Looked at the program but did not use it		Used the program as inspiration for other program development		Implemented the program with no modifications		Implemented the program with minor modifications		Implemented the program with major modifications		Total	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
Researcher or program evaluator	1	8.3	2	16.7	0	0.0	0	0.0	0	0.0	3	25.0
Healthcare provider	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Public health practitioner	6	50.0	2	16.7	0	0.0	0	0.0	0	0.0	8	66.7
Academic	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	1	8.3	0	0.0	0	0.0	0	0.0	1	8.3
Total	7	58.3	5	41.7	0	0.0	0	0.0	0	0.0	12	100.0

Respondents' settings by ways Tobacco Control programs were used (n=15)

	Looked at the program but did not use it		Used the program as inspiration for other program development		Implemented the program with no modifications		Implemented the program with minor modifications		Implemented the program with major modifications		Total	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
State or local government agency	0	0.0	1	6.7	0	0.0	0	0.0	0	0.0	1	6.7
Federal government agency	4	26.7	3	20.0	0	0.0	0	0.0	0	0.0	7	46.7
Hospital/clinic/HMO community health center	0	0.0	1	6.7	0	0.0	0	0.0	0	0.0	1	6.7
Nonprofit organization	1	6.7	2	13.3	0	0.0	0	0.0	0	0.0	3	20.0
Educational institution (school, college, and university)	0	0.0	2	13.3	0	0.0	0	0.0	0	0.0	2	13.3
Other (business-for profit, contractor, etc.)	1	6.7	0	0.0	0	0.0	0	0.0	0	0.0	1	6.7
Total	6	40.0	9	60.0	0	0.0	0	0.0	0	0.0	15	100.0

Respondents' occupations by ways Tobacco Control programs were used (n=15)

	Looked at the program but did not use it		Used the program as inspiration for other program development		Implemented the program with no modifications		Implemented the program with minor modifications		Implemented the program with major modifications		Total	
	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent	Freq	Percent
Researcher or program evaluator	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Healthcare provider	1	6.7	1	6.7	0	0.0	0	0.0	0	0.0	2	13.3
Public health practitioner	5	33.3	8	53.3	0	0.0	0	0.0	0	0.0	13	86.7
Academic	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	6	40.0	9	60.0	0	0.0	0	0.0	0	0.0	15	100.0

APPENDIX OO

UCS Qualitative Data

Question 1. How did you find out about the Cancer Control P.L.A.N.E.T. Web site (the P.L.A.N.E.T.) - SPECIFY OTHER:

UCS ID	Response
6	Cancer Information Service
8	meetings with CDC
13	email announcement
32	CIS Partnership Program
39	NBCCEDP
47	email from NACDD
60	NCI
64	direct email gov. subcommittee
83	list-serve
87	CIS staff
92	CancerPlan.org
100	ICC Conference in DC
104	IASWRLST@LISTSERV.SC.EDU
114	american cancer society
119	state cancer task force
129	CCCLI
146	on e-mail list
147	CDC
176	Michigan Cancer Consortium

Question 3. What are your reasons for visiting the P.L.A.N.E.T.? SPECIFY OTHER:

UCS ID	Response
19	CCC plans
34	to conduct trainings
48	to respond to this survey
51	use it to teach students
59	not used
120	use maps for presentation
129	training
142	prepare training for staff
145	To review state plans
177	prep for grant

Question 4: For which of the following topics are you seeking information or resources at the P.L.A.N.E.T.? SPECIFY OTHER:

UCS ID	Response
5	All Cancers
47	nothing specific
48	see above
49	Mortality and Incidence data
50	Mortality and Incidence data
59	not used
65	Planning
67	All
73	all other site concerns*
83	community-based prevention
97	all cancers
104	train-the-trainer manual
119	prostate cancer
120	kidney cancer
127	Lung cancer
129	Prostate
145	State plans
148	Prostate cancer
155	Research
177	Prostate cancer
181	mortality rates

* Spelling mistake is a respondent error.

Question 5. If there is any information you are not able to find, please tell us what it is:

UCS ID	Response
4	Some data is not available by county that might be more helpful.
5	I would like to see more evidence based programs. This has greatly improved over time and will continue to improve as it becomes available.
7	Breast cancer screening programs for Hispanic and rural poor women
15	The Evaluation section needs to be strengthened.
25	There is very little on informed decision making
34	Sometimes there are limited options on RTIPS depending on the topic area.
39	viable contacts are not up-to-date. A principal investigator is not the appropriate person for someone to contact at a state office, should be program managers
53	I mainly use P.L.A.N.E.T. as a resource to refer others who are seeking information on cancer control planning.
54	The more evidence based programs you have the better. Right now the CRC offerings are a little thin. I know it takes time and a researcher to be developing/implementing/evaluating an intervention.
60	I'd like to be able to find more information on the numbers of residents in our county who do not have insurance. Perhaps it's on the website, yet hard to find.
61	Needed information on wider audience of breast/cervical cancer interventions.
64	N/A
65	Zip Code level information
67	How successful others have been with using recommended programs
71	Some state data not available
73	Data that is upto county level is not available
79	Information on other cancer types.
83	Resources and best practices for evaluating at the community level
96	I would like information collected on the U.S. Territories included when available. Only state data are included in the website.
98	There is no information for Canada

Question 6. If there is any information you are not able to find, please tell us what it is: (continued)

101	Staging information
102	more recent
104	Using What Works: Adapting Evidence-Based Programs to Fit Your Needs
105	I am just browsing – so I don't know yet.
107	Would like more programs & tools listed on RTIPs. Would like to see testimonials from people who have used evidence based programs
111	Info getting better all the time. Wish that there was a published national median for risk factors -- although I suppose one could generate that by looking at the actual distribution
118	I've been very satisfied overall, just always looking for more RTIPs, but I know that will happen with time.
119	Cancer data is odd - changes regularly - how about a comment or two about how to make decisions based on data when it is less than reliable.
121	Wanted more info. on how obesity and nutritional habits affect Cancer incidence and mortality.
122	There are not a lot of evaluated programs - so the selection is very limited.
129	Local Contact information for Major partners... there is no local contact for ACS in OK
131	don't remember
147	The studies included were mainly from the late 90's. More up to date studies would be beneficial.
148	THE RESOURCE LISTINGS ARE PRETTY MEAGRE
176	As an NCI Comprehensive Center active in a vigorous state cancer control program it is mostly redundant to stuff we already do or know
181	non-lung cancer death rates (all sites but lung). The IARC/Who database breaks that out.
183	Separation by Counties

Question 7. How have you used (or how do you plan to use) the information you obtain from the P.L.A.N.E.T.? SPECIFY OTHER:

UCS ID	Response
30	use data for presentations
47	don't plan on using
59	not used
79	Compare with own analyses.
105	just browsing for now
108	for stepfather
129	training
130	I haven't used it yet
140	conducted training
142	training for staff
176	not much
181	teach

Question 10. Which one of the following best describes you? SPECIFY OTHER:

UCS ID	Response
5	Cancer Coalition Coordinator
51	i fit more than one category!
115	Analyst
116	ACS staff
118	CIS Partnership Staff
119	University Extension Specialist
143	cancer registrar
176	Center Director
177	cancer coalition leader

Question 11. Which one of the following best describes your organization or employer? SPECIFY OTHER:

UCS ID	Response
54	American Cancer Society
59	NYSDOH cancer services program
129	Health Education Org.
154	Commission on Cancer
176	NCI Cancer center
177	cancer survivor coalition

Question 19. In the space below, please feel free to provide any additional comments about your experiences using the P.L.A.N.E.T.:

UCS ID	Response
5	The website has grown and improved dramatically over time. Good work!
10	Excellent site!!!
33	Excellent resource!
38	Data profiles for states is somewhat difficult to navigate.
39	resources are greatly lacking. ACS resource is regional only (a barrier to local people) and state CCC is incorrectly listed as the principal investigator instead of the program manager for CCC and BCC. that can also be a barrier to public inquiry.
44	P.L.A.N.E.T. still seems cumbersome to me and I sometimes have trouble interpreting the data.
54	very helpful tool
58	I thought that the training we received was great. However, there was a lot of information to obtain in such a short time frame that I felt that I did not walk away with the confidence needed to navigate on my own after the training.
60	The biggest problem that I have with P.L.A.N.E.T. is that there are so many parameters to set that it gets cumbersome when looking for information. I usually find it easier to just do a Google or Ask.com search.
62	It is a useful and valued resource.
90	I feel that the site should be publicized more. The general internet population would not be aware of its location or existence
96	Please include information on Guam, U.S.A., and other U.S. Pacific Island jurisdictions that are collected through YRBS, BRFSS, CDC BCCEDP, NPCR, or other avenues where data is available.
105	This is the first time using this site - therefore I didn't feel like I could answer some of the questions.
108	I am new to this site and have come to it in order to become better educated since I have recently learned that a family member has been diagnosed with cancer. I like this site because it seems to be very legit and educational.

Question 19. In the space below, please feel free to provide any additional comments about your experiences using the P.L.A.N.E.T.: (continued)

117	Good work..... but more in-depth facts and creative feedback system is needed for local level planning
127	Question 14 is somewhat sensitive and, at the least, you should provide an age range...
129	Found State Cancer Profiles difficult to read/ understand
145	There is a problem with question #10. I could not use the "other" selection.
147	The website is not very well organized. The entry page is overloaded and it does not give much direction on where to go.
148	Please note that 29208 is in Columbia, SC not Charleston
156	I enjoy using P.L.A.N.E.T. and sharing this resource with others. I find the RTIPs of great value and look forward to more additions to it.
158	P.L.A.N.E.T. is a great resource. Thanks. The requirement to answer every single question before being able to exit this survey is EXTREMELY OBNOXIOUS.
175	Nearly 100% of the time I am able to find the information I need from the Cancer Control P.L.A.N.E.T. website.
177	I am delighted to find your P.L.A.N.E.T. website, and expect it will be very important in my volunteer activity as a prostate cancer patients' advocate and leader.
180	Ethnic specific information hard to locate.
181	I like the microdata feature, but have not yet figured out how to download/photos

APPENDIX PP

UCS Respondent Number of P.L.A.N.E.T. Visits by Occupation and Work Setting

Number of P.L.A.N.E.T. Visits by Occupation							
Number of P.L.A.N.E.T. Visits	Occupation						Total
	Missing	Researcher/ program evaluator	Healthcare provider	Public health practitioner	Academic	Other	
Missing or Inapplicable	4	0	0	0	0	0	4
	2.92	0	0	0	0	0	2.92
1 time	0	5	6	11	1	3	26
	0	3.65	4.38	8.03	0.73	2.19	18.98
2-3 times	0	8	7	25	2	1	43
	0	5.84	5.11	18.25	1.46	0.73	31.39
4-5 times	0	4	6	13	0	2	25
	0	2.92	4.38	9.49	0	1.46	18.25
6-10 times	0	2	1	5	1	0	9
	0	1.46	0.73	3.65	0.73	0	6.57
More than 10 times	0	7	1	20	0	0	28
	0	5.11	0.73	14.6	0	0	20.44
Don't know	0	0	0	2	0	0	2
	0	0	0	1.46	0	0	1.46
Total	4	26	21	76	4	6	137
	2.92	18.98	15.33	55.47	2.92	4.38	100

Number of P.L.A.N.E.T. Visits by Work Setting								
Number of P.L.A.N.E.T. Visits	Work Setting							Total
	Missing	State/local government agency	Federal government agency	Hospital/clinic/center	Nonprofit organization	Academic	Other	
Missing or Inapplicable	4	0	0	0	0	0	0	4
	2.92	0	0	0	0	0	0	2.92
1 time	0	7	0	6	6	4	3	26
	0	5.11	0	4.38	4.38	2.92	2.19	18.98
2-3 times	0	12	5	8	8	8	2	43
	0	8.76	3.65	5.84	5.84	5.84	1.46	31.39
4-5 times	0	8	3	6	6	2	0	25
	0	5.84	2.19	4.38	4.38	1.46	0	18.25
6-10 times	0	2	1	1	2	3	0	9
	0	1.46	0.73	0.73	1.46	2.19	0	6.57
More than 10 times	0	6	9	2	4	5	2	28
	0	4.38	6.57	1.46	2.92	3.65	1.46	20.44
Don't know	0	1	0	0	1	0	0	2
	0	0.73	0	0	0.73	0	0	1.46
Total	4	36	18	23	27	22	7	137
	2.92	26.28	13.14	16.79	19.71	16.06	5.11	100

APPENDIX QQ

UCS Respondent Ratings on Revisiting P.L.A.N.E.T. by Occupation and Work Setting

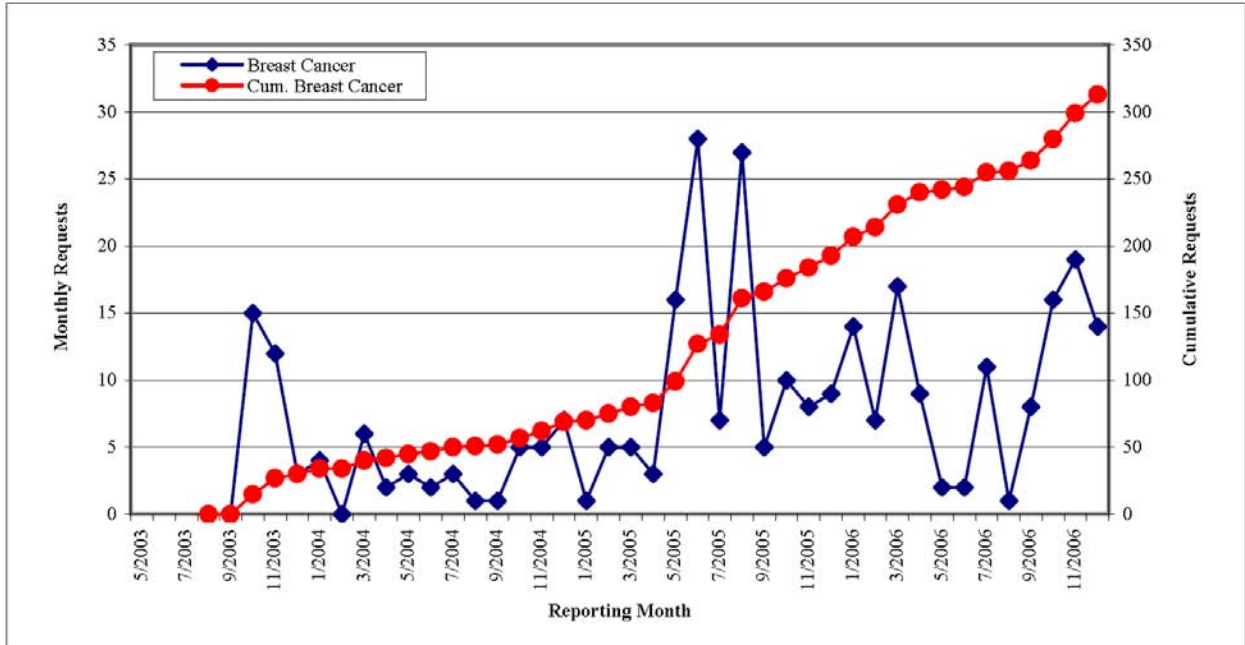
UCS Respondent Ratings on Revisiting P.L.A.N.E.T. by Occupation							
Rating on Revisiting P.L.A.N.E.T.	Occupation						Total
	Missing	Researcher/ program evaluator	Healthcare provider	Public health practitioner	Academic	Other	
Missing or Inapplicable	4	2	1	1	0	0	8
	2.92	1.46	0.73	0.73	0	0	5.84
Strongly Agree	0	15	16	51	3	4	89
	0	10.95	11.68	37.23	2.19	2.92	64.96
Somewhat Agree	0	9	3	20	1	2	35
	0	6.57	2.19	14.6	0.73	1.46	25.55
Somewhat disagree	0	0	1	2	0	0	3
	0	0	0.73	1.46	0	0	2.19
No opinion	0	0	0	2	0	0	2
	0	0	0	1.46	0	0	1.46
Total	4	26	21	76	4	6	137
	2.92	18.98	15.33	55.47	2.92	4.38	100

UCS Respondent Ratings on Revisiting P.L.A.N.E.T. by Work Setting								
Rating on Revisiting P.L.A.N.E.T.	Work Setting							Total
	Missing	State/local government agency	Federal government agency	Hospital/ clinic/ center	Nonprofit organization	Academic	Other	
Missing or Inapplicable	4	0	0	2	0	2	0	8
	2.92	0	0	1.46	0	1.46	0	5.84
Strongly Agree	0	19	16	17	17	15	5	89
	0	13.87	11.68	12.41	12.41	10.95	3.65	64.96
Somewhat Agree	0	16	2	4	8	4	1	35
	0	11.68	1.46	2.92	5.84	2.92	0.73	25.55
Somewhat disagree	0	1	0	0	1	1	0	3
	0	0.73	0	0	0.73	0.73	0	2.19
No opinion	0	0	0	0	1	0	1	2
	0	0	0	0	0.73	0	0.73	1.46
Total	4	36	18	23	27	22	7	137
	2.92	26.28	13.14	16.79	19.71	16.06	5.11	100

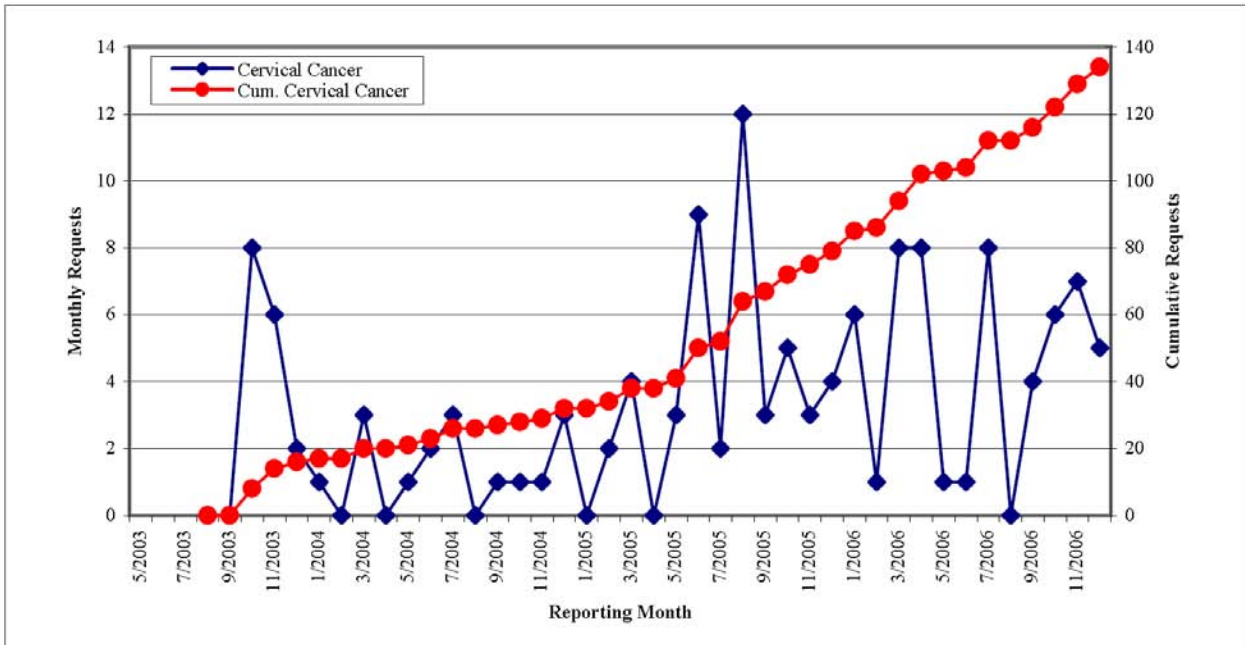
APPENDIX RR

NCI RTIPs Requests by Topic Areas

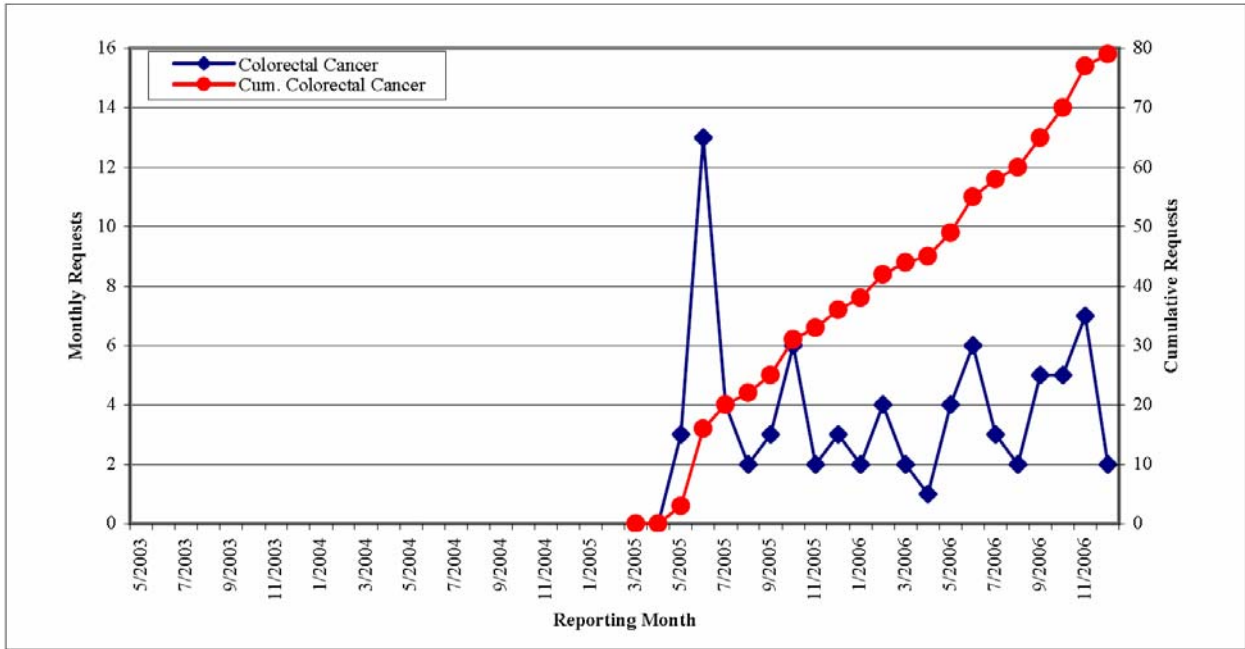
Breast Cancer Requests Monthly and Cumulative



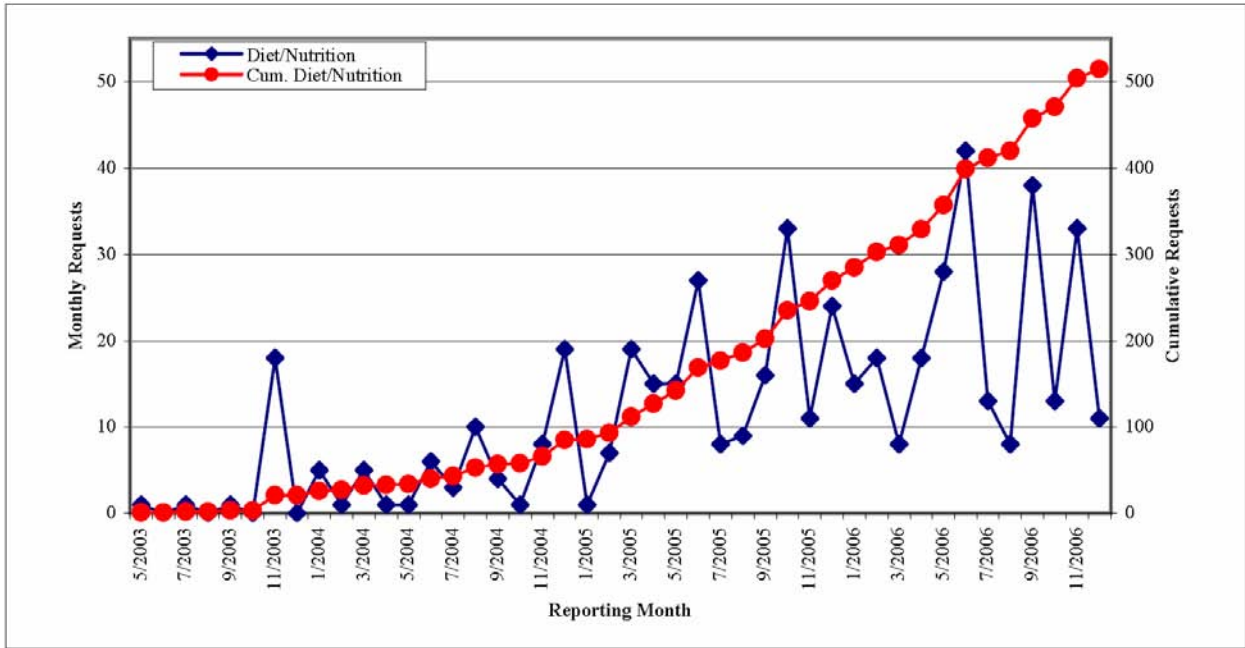
Cervical Cancer Requests Monthly and Cumulative



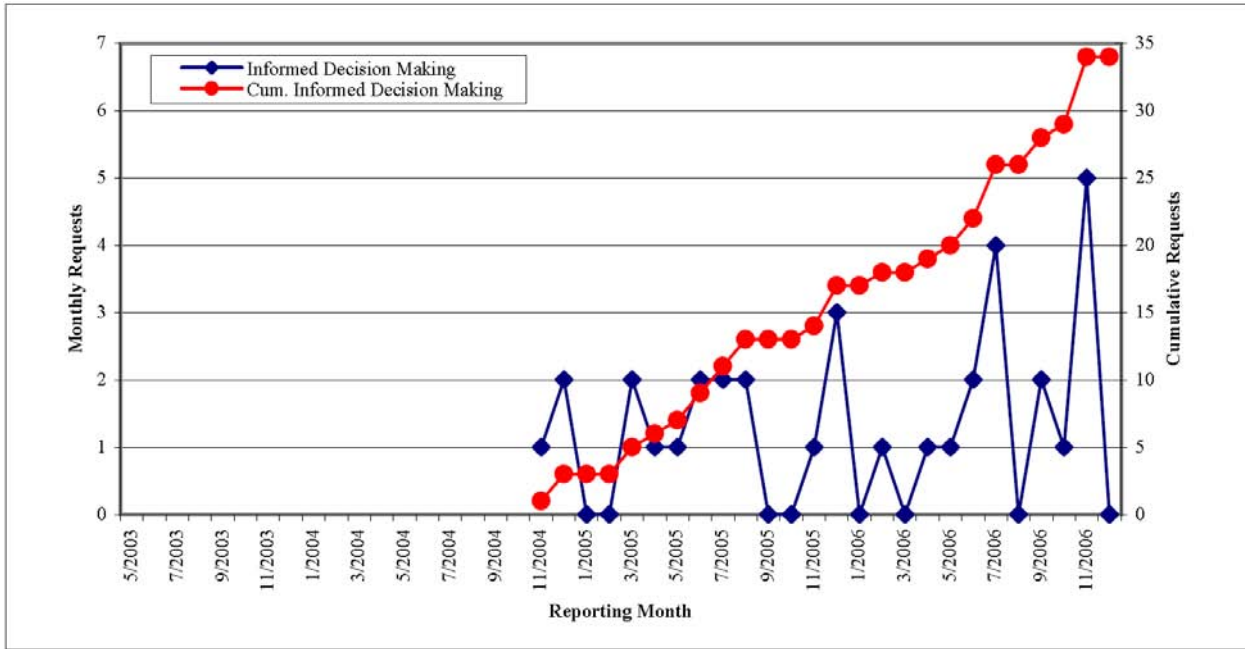
Colorectal Cancer Requests Monthly and Cumulative



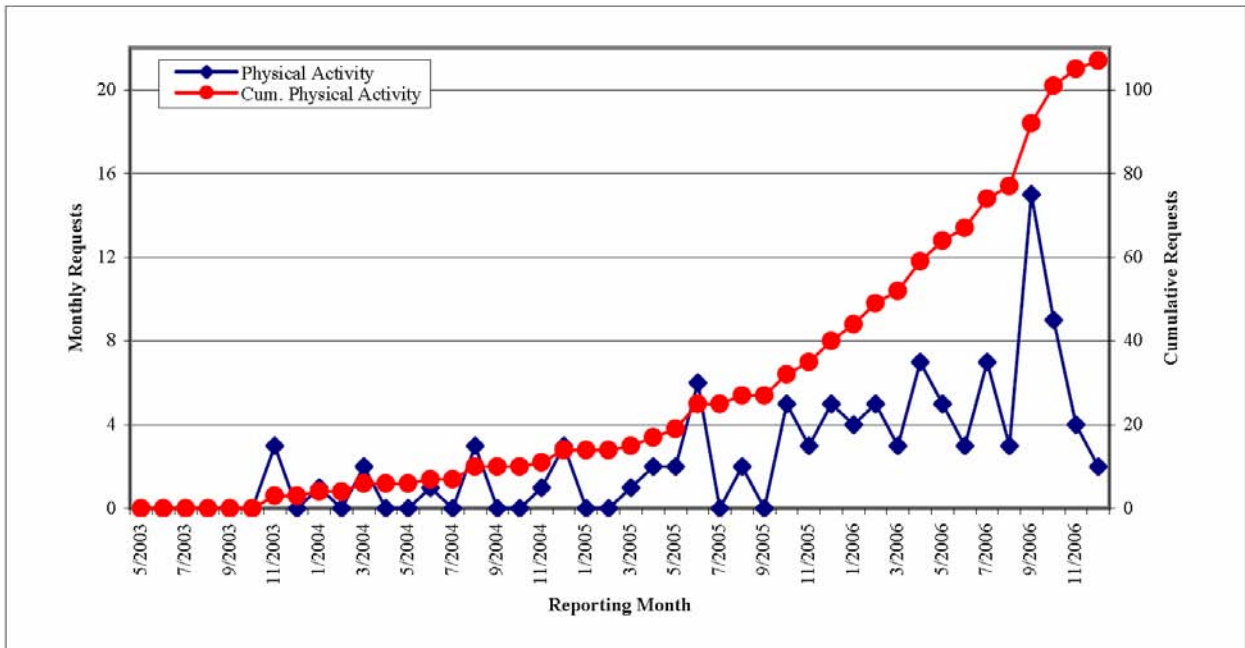
Diet/Nutrition Requests Monthly and Cumulative



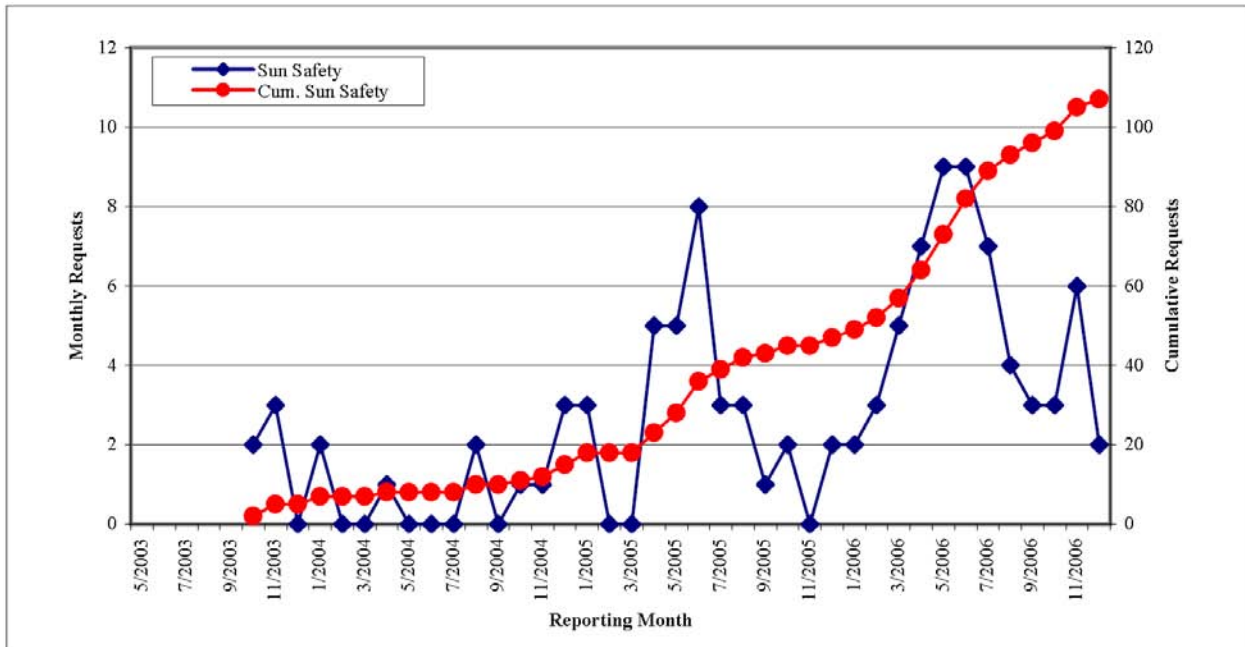
Informed Decision Making Requests Monthly and Cumulative



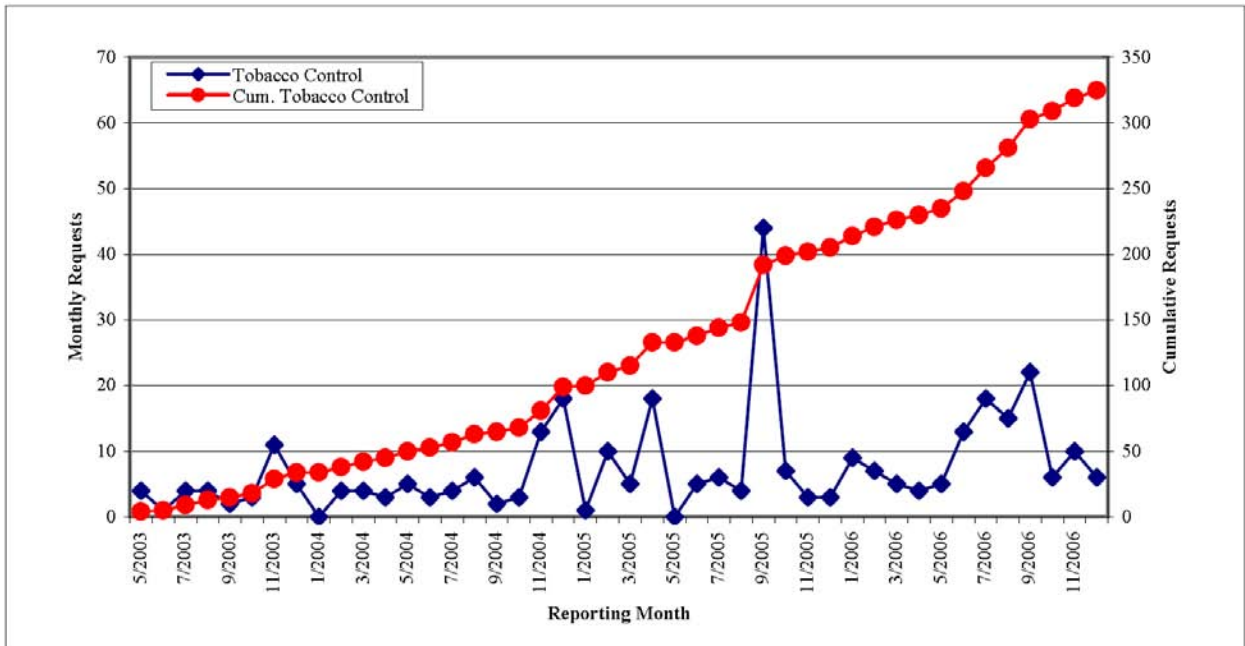
Physical Activity Requests Monthly and Cumulative



Sun Safety Requests Monthly and Cumulative



Tobacco Control Requests Monthly and Cumulative



APPENDIX SS

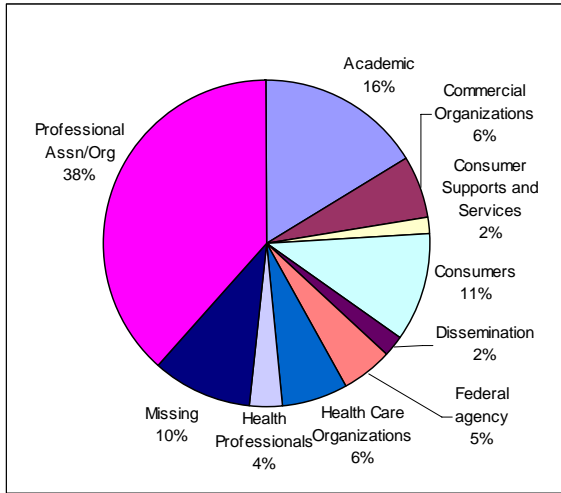
DEFINITIONS AND EXAMPLES OF CUSTOMER CATEGORIES

Customer Category	Definition/Examples
Academic	Academic institutions; educator, teacher, or professor; elementary, middle, high school, college, and university students.
Commercial Organizations	Typically "for profit" organizations, large employers, or purchasers. Examples are Booz Allen, 3M, Northrop Grumman IT, etc.
Consumer Supports and Services	Advocacy or community-based organizations. Examples of advocacy organizations include the American Cancer Society, Lance Armstrong Foundation, Susan G. Komen, etc. Community-based organizations include faith-based organizations and organizations dedicated to promoting health to special populations.
Consumers	Individuals ordering on their own behalf; items are typically shipped to their personal address.
Dissemination	Health information referral services and the Cancer Information Service.
Federal (Research) Agency	NCI/NIH staff.
Health Care Organizations	Hospitals or health clinics that typically do not specialize in cancer, as well as cancer centers or medical facilities that specialize in cancer.
Health Professionals	All health professionals including psychologists, social workers, other mental health professionals, physicians, and nurses.
Professional Assn/Org	Professional associations or health professional groups that support the educational needs of their members. Examples include Oncology Nurses Society, American Society of Clinical Oncologists, and American Public Health Association.
Missing	A customer category was not assigned to these RTIP requests.

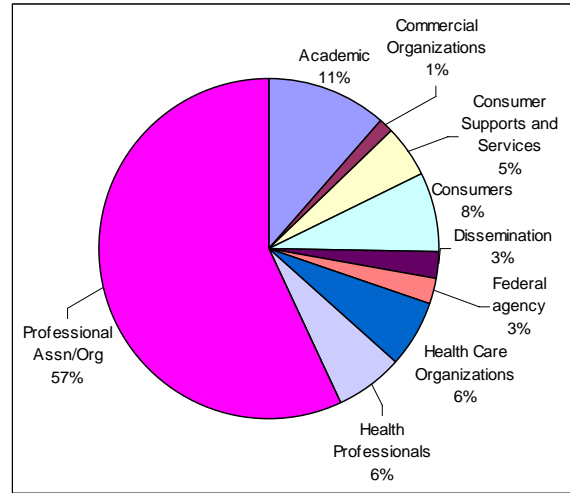
APPENDIX TT

NCI RTIPS CUSTOMER TYPE BY TOPIC AREAS

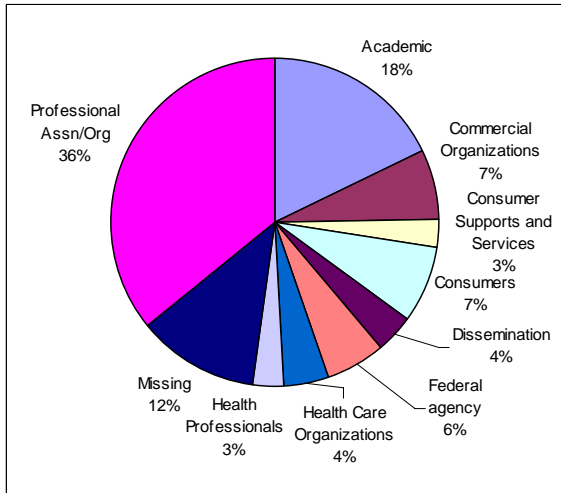
Breast Cancer Requests by Customer Type



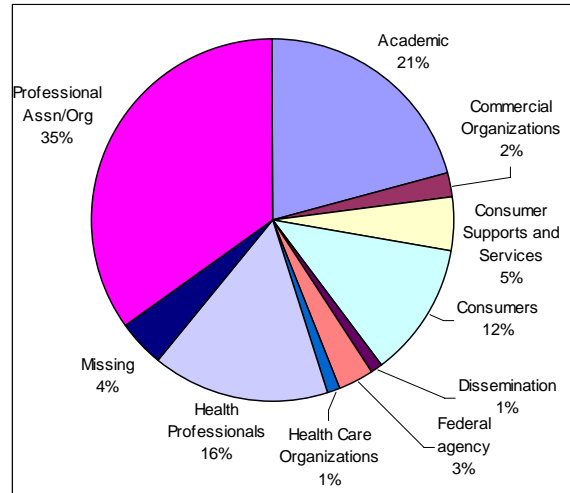
Colorectal Cancer Requests by Customer Type



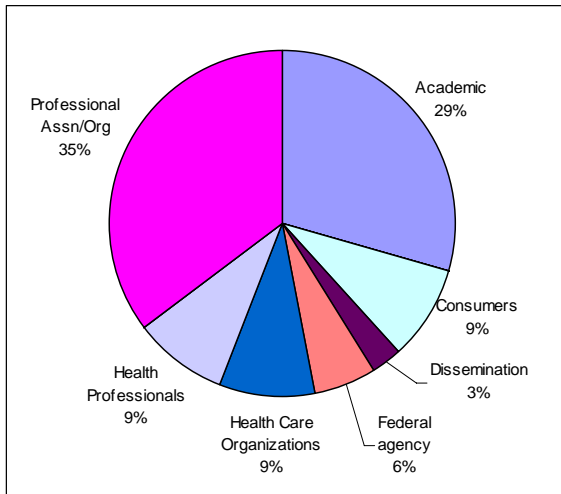
Cervical Cancer Requests by Customer Type



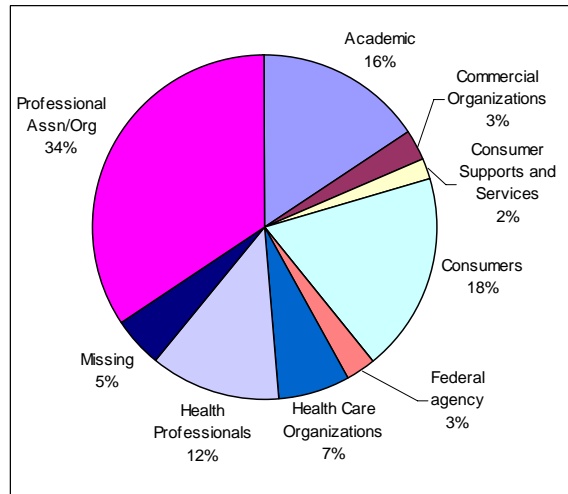
Diet/Nutrition Requests by Customer Type



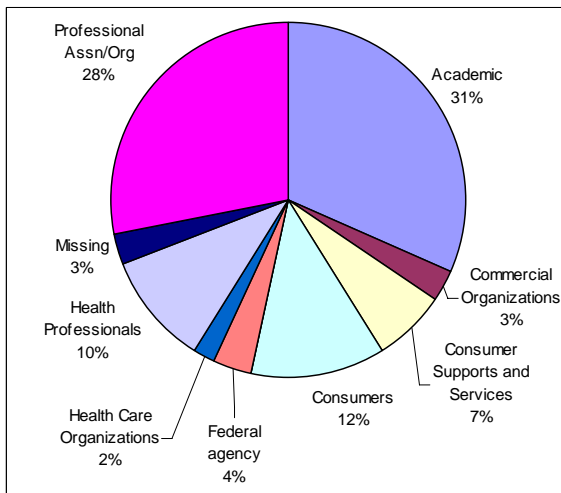
Informed Decision Making Requests by Customer Type



Sun Safety Requests by Customer Type



Physical Activity Requests by Customer Type



Tobacco Control Requests by Customer Type

