

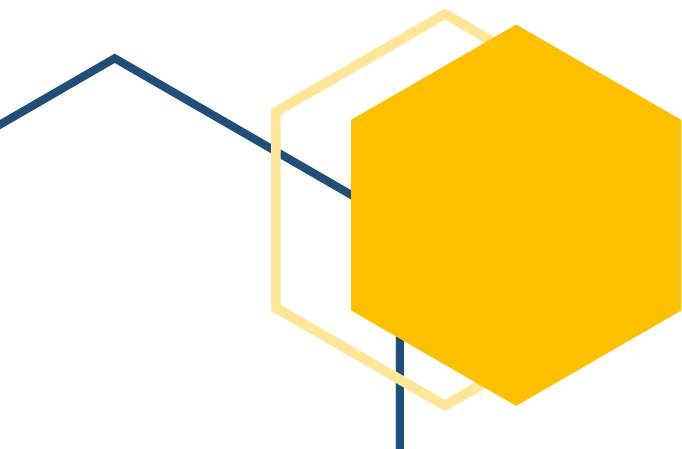


SPOTLIGHT ON PROGRAM CHAMPIONS

**PERSPECTIVES, INSIGHTS AND IMPACT STORIES GAINED FROM A
QUALITATIVE RESEARCH STUDY**

EVA A. MAY, MBA

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Research Team:

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INTRODUCTION

The research-practice gap in cancer care is well documented. The importance of Program Champions as a part of well-designed dissemination and implementation strategies is becoming increasingly recognized. Implementation frameworks, such as the Intervention Mapping framework, include a Program Champion as a key strategy.¹ Well-trained and well-placed Program Champions are consistently found to be important positive influences on implementation effectiveness. [2,3,4,5](#)

While the inclusion of Program Champions is found in many Evidence-Based Program (EBP) implementation publications and summary reports, there is little information available on what type of person can best serve as an effective Program Champion, key roles they can play, and what training and materials they need to be most effective in their roles.

The [Consortium for Cancer Implementation Science \(CCIS\)](#) seeks to advance the implementation science agenda in cancer control. In the 2021 CCIS annual meeting, the Community Participation in Implementation Science action group prioritized the identification and activation of the right champions to result in meaningful and successful outcomes. Several proposals to address this priority, including this one, were selected for funding by the CCIS to develop a public good with the intent to advance the implementation science agenda in cancer care.

This document spotlights effective Program Champions leading the implementation of EBPs across the continuum of cancer care, particularly in community settings that serve vulnerable populations. Specifically, it provides a summary of perspectives and insights gained from a series of 1-on-1 interviews with 15 Program Champions who are recognized as strong contributors to the success of EBP program across the continuum of engagement, particularly in community settings. It also spotlights these Program Champions in a series of Impact Stories.

It is our hope that this document can help inform members of the action group and the broader CCIS community as we seek to identify and activate effective Program Champions to lead the implementation of EBPs in cancer control. Additionally, we hope to inspire more researchers to include Program Champions in their EBP implementation strategies, and to provide them with meaningful tools to aid them in effective implementation.

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EXECUTIVE SUMMARY

Program Champions play an integral role in the successful implementation of Evidence-Based Programs (EBPs) in cancer care. They serve as the catalyst for program implementation into their organization and patient community, striving for strong program results and improved patient outcomes. When these programs are done in collaboration with a research team or grant funding organization, they also typically serve as the primary contact.

Little information is available about Program Champions – who they are, how they became Program Champions, what roles they play in implementation of EBPs, barriers they face to successful program implementation, and what tactics and tools they find particularly effective. In the 2021 CCIS annual meeting, the Community Participation in Implementation Science action group prioritized the identification and activation of the right champions. A series of 15 1-on-1 semi-structured interviews with Program Champions recognized as strong contributors to the success of EBPs across the continuum of cancer care was proposed to address this action group priority and received a [Consortium for Cancer Implementation Science \(CCIS\) public good 2022 award](#).

This document provides key Program Champion insights and perspectives gained from the interviews, as well as a series of Impact Stories featuring the Program Champion research participants.

Program Champions were asked to describe their relevant backgrounds and experience, and to explain how they became Program Champions. Many similarities were seen in the factors that motivated people to become champions, typically having lived experience with cancer as a caregiver or close family member and often attributed to a background in frontline healthcare or education and experience in public health.

Many similarities were also seen in the tools and strategies champions believe are most useful for the effective implementation of EBPs. In addition to goals that align with the organization's mission, efficiency in program implementation, improved workflow, measured and shared results and improved patient care are essential elements of programs that can be implemented successfully for champions at all types of healthcare organizations.

The interviews covered many aspects of implementation, including factors that helped or hindered a program's success. Champions frequently credited

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similar qualities and factors as key to effective program implementation. Many experienced similar barriers to successful implementation, both within their organizations as well as in the patient community. Some could overcome barriers with strategies or tactics provided by or developed with the research and/or internal team. Others developed creative and typically low-cost approaches on their own.

The tireless efforts, persistence and creativity the Program Champions demonstrated in making programs as successful as possible, combined with the significant and sustained improvements in outcomes for many programs implemented, demonstrate the benefits of the inclusion of Program Champions as implementation strategies. Based on research findings, there were no apparent barriers that would limit the inclusion of a Program Champion and no unreasonable or costly “demands” that Program Champions mentioned that would make their inclusion difficult to put into practice.

Researchers developing implementation strategies should be able to incorporate many of the program elements that are appreciated and utilized by these Program Champions into their initiatives, as most are both practical and reasonable. By doing so, they can increase the likelihood that EBP implementation will be accepted by local sites or organizations that can identify and support effective Program Champions, and the likelihood that the program implementation will be effective.

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PROGRAM CHAMPION RESEARCH PARTICIPANTS

 <p>Amy Hensley, DNP, APRN, FNP, develops and implements EBPs for Lung and Prostate Survivorship Care for an Academic Health System</p>	 <p>Kevin Hughes, MD, developed and leads a Hereditary Cancer Clinic at an NCI-Designated Cancer Center</p>
<p>Rebecca (Becky) Griffith, RN, champions a Quality Improvement project with the National Improvement Partnership Network to improve her FQHC's HPV vaccination rates</p> 	<p>Lee Moultrie champions Patient and Community Engagement for EBP Implementation and Research for an NCI-Designated Cancer Center</p> 
 <p>Cord Van Riper, MPH, CPHQ, champions QI Projects to improve cancer screening rates at an FQHC</p>	 <p>Liz Mann champions Cancer Screening Programs at a Rural Health Clinic, partnering with an academic research team</p>
<p>Duane Jones, BS PHARM, develops and leads Medication Therapy Management and Workflow Programs at a Grocery Store/Pharmacy Chain</p> 	<p>Marjorie Locke, RN, BSN, develops and implements a Colorectal Cancer Screening Program using Patient Navigation at an Academic Hospital Center</p> 
 <p>Jeanie Gallegly, MS, MPH, champions Cancer Screening and Education Grant Programs for an Academic Health System, recruiting 2500+ patients for cancer screening each year</p>	 <p>Mary Robertson, MPH, develops and champions Collaborative Programs designed to improve Cancer Prevention and Screening Rates for Health Centers, particularly in rural areas</p>
<p>Jennifer Tran, MD, MBA, develops and leads Colorectal and Breast Cancer Screening Programs at an Academic Hospital Center</p> 	<p>Mike Marosits is an Implementation Support Practitioner for Cancer Prevention/Early Detection EBPs at Health Centers</p> 
 <p>Kate McKenna, MD, MPH, champions multiple EBPs at an FQHC, including Cervical Cancer Prevention and Clinical Research for Early Cancer Detection</p>	 <p>Melinda (Mindy) Conklin, MS, develops and funds Colorectal Cancer Screening Programs at 15 medical sites and champions Community Awareness and Education programs through her non-profit foundation</p>
 <p>Stacy Wentworth, MD, is the creator of a Cancer Survivorship Care Clinic with implementation of multiple EBPs in an Academic Health System</p>	<p>LEARN MORE ABOUT THESE PROGRAM CHAMPIONS IN THEIR IMPACT STORIES on pp. 28-85</p>

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SUMMARY OF KEY FINDINGS

- **Program Champions play different roles in leading the implementation of evidence-based programs into local sites and communities.**
 - Program Champions can lead the implementation of EBPs across the cancer care continuum. Several of the research participants serve as site implementers, typically leading EBPs to improve rates of prevention or screening interventions, which are commonly implemented at primary care clinics.
 - At NCI-Designated Cancer Centers, two participants championed the development of a Cancer Survivorship Clinic, and another created a Hereditary Cancer Clinic.
 - Some collaborated with other Program Champions on the development and implementation of one EBP, dividing up areas of focus to ensure success.
 - Some serve as Implementation Support Practitioners, assisting multiple organizations in their implementation of EBPs, typically training and supporting a Program Champion within each organization.
- **Many Program Champions stepped up to lead implementation programs because they are passionate about the program goals.** This was frequently due to having experienced personal/family cancer issues or having backgrounds in frontline healthcare or public health.
- **Barriers to successful implementation** included:
 - Staff attrition and shortage
 - Little time for care providers to talk about programs
 - Lack of funding
 - Patient refusals /no-shows/lack of interest
 - Barriers to access for patients (particularly if there were cancer detections), transportation, no hospitals nearby**Champions frequently overcame these barriers in creative and low-cost ways.**
- **Program Champions who received training as a part of program implementation were generally appreciative of the information, as well as the opportunity to network with other champions.** Two areas of improvement were especially appealing to Program Champions: 1) patient outcomes and 2) internal workflow.

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- **Program Champions appreciated patient-facing materials** with information about a prevention or screening program or instructions for a self-administered test such as a FIT kit. If materials were not provided in languages that many of their patients spoke, many of the sites would adapt them to Spanish.
- **All Program Champions considered the quality and shared passion of their implementation teams to be essential to the success of the program.** Many have developed relationships with external organizations that collaborate to engage the local community to generate awareness and interest and to improve uptake in the patient community, particularly for prevention and screening programs.
- **Measurable goals and monitoring progress throughout a program's duration were important elements of many programs that appealed to Program Champions.** While some sites had efficient or automatic monitoring capabilities in place, others tabulated information manually. Program Champions really appreciated partners who provided or funded digital dashboards or other types of efficient monitoring/workflow tools.
- **When sustainable improvements were made to a site for an implementation program, they tended to stay in place even if the program (funding) ended.**



DETAILED FINDINGS AND CHAMPION PERSPECTIVES

Program Champions play different roles in the implementation of EBPs into local organizations.

- They can serve as **local site implementers** of programs offered and typically funded by local or national research teams or community health organizations.

“I was asked to be the Program Champion for a Quality Improvement initiative with the National Improvement Partnership Network (NIPN) and the Academic Pediatric Association (APA) to improve adolescent HPV vaccination rates. The partners were helpful and informative, and provided clear guidance throughout the project. They told us what they expected and showed us how we could meet those expectations.”

Becky Griffith

“I have championed several key programs offered by the Oregon Health Authority. These programs have provided support and technical assistance to assess and identify evidence-based interventions to improve colorectal, cervical and breast cancer screening rates. We have also partnered with the Oregon Rural Practice-based Research Network (ORPRN) to increase human papillomavirus (HPV) vaccination and series completion rates among adolescents. We tend to prioritize projects that have funding and that align with at least one of the key measures that we have for health outcomes.”

Cord Van Riper

“Our involvement with the Rural and Minority Health Research Center at the University of South Carolina started with our participation in a colorectal screening program where they partnered with us to help us implement evidence-based interventions to improve our screening rates.”

Liz Mann

SPOTLIGHT ON PROGRAM CHAMPIONS



- They can **source and implement EBPs** that meet an organization's goals without assistance from the developers.

"I founded the HCB2 Foundation to raise awareness and promote early detection and prevention. Our mission is to defeat colorectal cancer by providing education and access to services that move people from awareness to action. We focus on prevention and early detection to prevent the loss of life, emotional despair, financial burden, and the physical impairments that come with surgeries and treatments." Mindy Conklin

"I studied evidence-based interventions used by other institutions to improve colorectal cancer screening and implemented a similar approach at MedStar. I set up a colorectal screening program based on the Centers for Disease Control and Prevention (CDC) and New Hampshire Colorectal Cancer Screening Program (NHCRCS) patient navigation model." Marjorie Locke

"I established and lead a hereditary cancer clinic at the MUSC Hollings Cancer Center. I want to develop digital personalized care plans for patients identified as high risk for hereditary cancer, with the goal of reducing morbidity and mortality. This involves creating a system that scales well and ensures that patients receive the care they need, at the time they need it." Kevin Hughes

"I started with a focus on understanding the patient experience, to identify barriers to care, understand what factors made patients avoid recommended cancer screenings, and identify any other related challenges that patients might face. Then I tried to find ways to address as many barriers and challenges as we could." Jennifer Tran

"I was tasked with creating a comprehensive survivorship program that would improve our cancer center's continuity and quality of care for cancer survivors." Stacy Wentworth

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- They can also **work in collaboration with other Program Champions** and **divide up the roles** needed to successfully implement a program.

“The research team developed the South Carolina Prostate Cancer Screening Program for African American Men (SC AMEN Program). They asked me to become a community ambassador. I promote prostate health, assist with discussions and educational sessions when possible, and encourage men to take proactive steps for their health.” Lee Moultrie

“It's crucial to have a strong team with complementary skills. I work closely with our Nurse Navigator, who specializes in patient navigation. We also have a Community Outreach Champion who partners with community organizations and organizes community events that include colorectal cancer education and screening. Together, we form the "3 pillars" of CRC screening: navigation, primary care, and community outreach. Collaborating to make these pillars sustainable is key to our success.” Jennifer Tran

- They can serve as **Implementation Support Practitioners** (ISPs), supporting multiple organizations in their implementation of EBPs, typically training and supporting a Program Champion within each organization.

“My current role involves braiding or layering multiple funding streams to support patient navigation and rural clinics in Colorado, in order to boost their cancer screening rates. My role involves facilitating this process, keeping it organized, and providing tools for quality improvement.” Mike Marotsis

“Our goal was to improve cancer care by using technology to disseminate evidence-based practices, particularly in rural and underserved areas. The Indiana Cancer Consortium, along with other partners, initiated a Cancer Prevention and Survivorship Care ECHO program to address cancer control in Indiana. The program allows medical professionals to share their experiences and discuss case studies to improve cancer outcomes across the state.” Mary Robertson

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Many Program Champions stepped up to lead implementation programs because they are passionate about the program goals.

This was frequently due to having lived experience with personal/family cancer issues or having backgrounds in frontline healthcare or public health. Many expressed having decided to focus on improving prevention and early detection programs, particularly in underserved communities. Often, the Program Champion role was not a formal appointment, but one that a Champion created to ensure a program's success.

“I got my master’s in public health along with my medical degree. That gave me a broader perspective on healthcare and a focus on preventive care. My passion for public health grew when I worked in the Peace Corps, doing community health in two different countries. This experience taught me the value of working with diverse communities and the importance of preventive health.” Kate McKenna

“My interest in health disparities began during my medical training, where I saw how socioeconomic factors, literacy, and nutrition affected health outcomes. In Washington, DC, where I work, I noticed a trend of patients being diagnosed with late-stage cancers at younger ages, particularly in the underserved areas we serve. There's a high burden of colorectal cancer, especially among our patient population. This motivated me to focus on colorectal cancer screening and find ways to reduce barriers to care. I became a Program Champion because I was passionate about improving our colorectal cancer (CRC) screening program.” Jennifer Tran

“Cancer has deeply affected my family, with nearly everyone on my maternal side having some form of cancer, and all the males on my paternal side diagnosed with prostate cancer. Given this personal connection and my background and education in clinical exercise physiology and public health, I was drawn to cancer prevention.” Jeanie Gallegly

“We serve a rural community with key target populations that include Spanish-speaking individuals, migrant seasonal farm workers, and men, groups that often face barriers to healthcare. I saw that without a Program Champion, these projects might not take off. I took on the role to ensure we could have a positive impact on our patients' health. Cancer screening is crucial for our patient population.” Cord Van Riper

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Program Champions believe that flexibility, persistence, strong connections with the internal staff and local community and passion for program success are attributes that most account for their effectiveness. Having a good team that shares passion for the program's objective and being able to implement the program with an efficient workflow are also very important.

Having a good team that shares passion for the program's objective and being able to implement the program with an efficient workflow are also very important.

This word cloud shows the relative importance of different attributes mentioned by the champions as contributors to their effectiveness in program implementation.



Backgrounds or personal experience in public health, nursing, quality improvement or project management were frequently mentioned as helpful and relevant educational experiences. Frontline healthcare experience, community service projects and experience with rural patient communities or in other countries were also mentioned as opportunities for champions to gain insights and understanding of patient communities and develop practical tools for effective program implementation.

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Program Champions who collaborated with a research team as a part of EBP development or implementation were generally enthusiastic about the improvements they saw in workflow, program development and results.

“We realized we needed to change the perception of the HPV vaccine from a Sexually Transmitted Disease (STD) vaccine to a cancer prevention vaccine. To achieve this, we collaborated with the Center for Implementation Science at the University of Arkansas for Medical Sciences (UAMS). Together, we brainstormed and developed outreach programs to educate patients, families, and healthcare professionals about the importance of HPV vaccinations for cancer prevention. This collaborative approach helped change the stigma around HPV vaccination and increase vaccination rates.”

Duane Jones

“When we worked with the Rural and Minority Health Research Center, we participated in monthly meetings and used Plan-Do-Study-Act (PDSA) cycles. We had to report our results, which was eye-opening for us. We realized that there were many opportunities to improve our screening rates and worked with the center to develop tools and strategies to improve them.”

Liz Mann

“The Rural Adolescent Vaccine Enterprise (RAVE) project aimed to increase Human Papillomavirus (HPV) vaccination rates to prevent cervical cancer. It used a two-pronged approach. One was to use a 13-item questionnaire to regularly measure how our clinic was performing Quality Improvement (QI) processes, what our processes were, and whether we felt they were successful or not. We did a lot of self-reflection.

The researchers were trying to motivate and teach us how to develop a robust system for clinical quality improvement. I thought that was an excellent first step, because we did not have a great QI plan for how to work together across the clinical and administrative teams to improve things.

The other prong was to increase our HPV vaccination rates. We developed a goal and an aim statement, learned how to do Quality Improvement through Plan-Do-Study-Act (PDSA) cycles, and using the PDSA cycle methodology to undergo rapid cycling interventions. Every meeting was a teaching session, as well as a check-in session, as well as a self-improvement process.”

Kate McKenna

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Many Program Champions found ways to identify and support additional Program Champions to lead the implementation of additional programs, to champion programs at additional sites or to champion key elements of program implementation.

“Typically, the Pharmacy Managers serve as the Program Champions in each location. We provide them with detailed written protocols and offer videos and other training materials online to support their role. This training process helps them implement clinical programs and manage staff turnover, ensuring a consistent approach and program continuity across all locations.” Duane Jones

“Designating Program Champions within each health center is key. I provide them with training and guidance throughout the process, and they usually run the change package implementation. For practice transformation, I consider a Quality Improvement (QI) lead, health information systems lead, a health systems provider lead and a patient navigator or navigator supervisor the ‘Dream Team’.” Mike Marotsis

“Program Champions can really contribute to a program’s success. Keep your mind open about what Program Champions can do and who they can be. Champions can do what I do as a professional public champion, and then you can also have that local community member who’s an event or intervention champion, encouraging people in the community to attend an event or to host an event. Keep looking for passionate champions who can lead different phases of your projects, and always be open to new approaches and ideas.” Mary Robertson

“I am a full-time physician who doesn't have a lot of time to work on these projects directly. Being able to motivate and inspire those around me to take charge has been a big positive. It has been awesome to feel that they have become sustainable without me needing to be very involved.” Kate McKenna

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Program Champions identified many common barriers to program success, both in their patient communities as well as within their sites.

Barriers to successful implementation included:

- Staff attrition and shortage
- Little time for care providers to talk about programs
- Lack of funding for programs
- Patient refusals /no-shows/lack of interest
- Barriers to access for patients (particularly if there were cancer detections), transportation, no hospitals nearby

“Convincing patients to prioritize their health can be challenging. We try to find ways to address barriers they may face and make the process as simple and accessible as possible, providing them with education and assistance so that they get their cancer screenings when they need them. But it takes a lot of persistence. Another significant barrier is transportation. In our rural community, there's very little access to taxis or rideshare services.”
Liz Mann

“Public apathy towards cancer screenings is another barrier. Many people are unaware of the benefits of early detection, or they're afraid of what a screening might reveal.
The diminishing availability of funds to support case workers and community health workers is also concerning, as they play a critical role in guiding patients through the healthcare system.”
Jeanie Gallegly

“Another challenge is lack of access to screening facilities, transportation, and general resources.”
Mindy Conklin

“The biggest barrier to our HPV vaccination program's success was parents not wanting their kids to get vaccinated, often saying, 'My kids aren't having sex.' ”
Becky Griffith

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Program Champions have addressed many of their patient barriers in creative and effective ways. Sometimes they use tactics or strategies that are recommended by research teams or program manuals; other times they create their own solutions.

“We participate in the Best Chance Network, which provides no-cost breast and cervical cancer screenings to patients who qualify. We also have a mammography bus that comes to town monthly, providing easy access to walk-in screenings. Our nurse practitioners offer Saturday and evening clinics to accommodate patient schedules.”
Liz Mann

“Initially, we mainly offered colonoscopies as a colorectal cancer screening option, which can be daunting for many patients. By providing other options, such as at-home fecal collection kits (FIT kits and Cologuard tests), we made screening more accessible. I requested a supply of kits so that we could give them out to patients directly and explain how to use them, rather than sending them to a lab to get the kit. Patients can do the collection at home and send the kit to the lab by mail for analysis. This simple change has simplified the process, saved patients time and trips, and improved our screening rates.”
Jennifer Tran

“Once a referral is received, our navigators contact the patient to discuss screening and help them overcome any barriers. We guide them through the process, from initial consults to colonoscopy procedures, and thereafter if needed, using the New Hampshire Colorectal Cancer Screening Program’s (NHCRCSP) Patient Navigation Model for Increasing Colonoscopy Quality and Completion. This approach has significantly improved prep quality and completion rates and reduced no-shows and cancellations.”
Marjorie Locke

“We avoid holding sessions at clinics due to busy traffic and high parking costs. Instead, we host events in places that are convenient for people in the community, like libraries, community centers, churches, and even nightclubs. This approach helps increase participation and makes it easier for people to attend.”
Lee Moultrie

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“Our partnerships with Federally Qualified Health Centers (FQHCs) and free clinics have been crucial to overcoming these barriers. Since 2017, we've distributed over 6,500 FIT kits for CRC screening for medically underserved individuals.”

Mindy Conklin

“We explained that the HPV vaccine is a cancer-prevention vaccine, emphasizing the importance of getting it before children become sexually active. Our Medical Director helped get other providers on board to support this message.”

Becky Griffith

“We created brochures, buttons, and posters to spark conversations about HPV cancer prevention. We collaborated with physicians to ensure a multi-dose vaccine series and to facilitate patient referrals between pharmacists and physicians. This collaborative approach helped change the stigma around HPV vaccination and increase vaccination rates.”

Duane Jones

Our goal is to make it easier for patients to access screenings and other services. We address transportation and time barriers by offering Saturday clinics, extended hours, and drive-through vaccination clinics. We created home delivery programs for medications. We provide bilingual materials in English and Spanish to accommodate our key patient population. We also try to hire bilingual staff, including providers, and offer bilingual pay differentials to encourage staff to become certified interpreters or translators.”

Cord Van Riper

“I find that people living in poverty frequently don't want to know if they have cancer, but they will respond to address immediate healthcare issues. I therefore promote additional services our clinics provide, such as free birth control and diabetes care, in addition to cancer screenings. When a patient shows up, we can address their immediate needs AND get them screened for cancer.”

Jeanie Gallegly

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Program Champions have also addressed many real or potential barriers within their organizations in creative and effective ways.

Collaborating with research teams or support practitioners often resulted in the implementation of meaningful change packages that significantly improved workflow, internal communication and support, and program results. Other collaborations resulted in the deployment of creative tactics that proved very effective in a program's success. Some Program Champions even developed their own successful strategies and tactics.

“We have limited staff, so I work hard to find ways to improve our internal workflows, making them as efficient as possible but still finding ways to improve our patient care. We send reminders in the Electronic Health Records (EHR) to both patients and staff to schedule patient screenings so that everyone is aware that they are due. Whenever any of our staff has contact with a patient, they bring up the screenings and try to schedule them.”

Liz Mann

“Because we have this robust quality improvement structure, and because we have made screening a priority for our patient care, we have seen a dramatic and sustained improvement in our colorectal cancer screening rates. We can see that with the support we are providing to patients, the materials, the navigation, we are helping them accomplish these necessary screenings.”

Cord Van Riper

“The project partners gave us toolkits and materials with lots of examples and ideas that were really helpful. We checked for missed opportunities throughout the project. My goal was to get the nursing staff to be very alert for opportunities to vaccinate, making sure we did not have missed opportunities. Our Electronic Medical Record support coordinator made a list of all pediatric visits. I checked to see that eligible patients got the HPV vaccine during their appointments. I also put clipboards at every nurse's station, and I asked staff to keep track of the patients that did not get the vaccine and the reasons why. This helped our rates increase because it forced the nursing staff to be accountable. It also helped us understand and address the barriers to vaccination.”

Becky Griffith

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“Typically, the Pharmacy Managers serve as the Program Champions in each location. We provide them with detailed written protocols and offer videos and other training materials online to support their role. This training process helps them implement clinical programs and manage staff turnover, ensuring a consistent approach and program continuity across all locations.” Duane Jones

“Our survivorship program was built on an integrated model. We identified Program Champions, or Survivorship Champions, in each disease site. They met with our Program Manager and developed a flow sheet, a disease-specific care plan, and disease-specific resources. Advanced Practice Providers (APPs) from the disease sites come down a half-day a week to see patients in our clinic. With this model, we were able to get really a quick buy-in from many groups, because the providers were known by the patients, and the provider was known by the oncologists.” Stacy Wentworth

“We use text messaging to remind patients about upcoming appointments and encourage them to discuss screenings with their doctors when they are due to get them. We track collection kit distribution and follow up with patients who haven't submitted their samples. Additionally, we partner with the hospital's gastroenterologists and oncologists to streamline immediate follow-up care for patients who need it and navigate them to the proper care provider. We have provider feedback and performance measures that we review every quarter. Our attending physicians can see their respective cancer screening rates in their patient panel.” Jennifer Tran

“We developed a "huddle ticket" system where staff members check patient appointments in advance, identifying patients with screenings that are due or past due. The “huddle tickets” remind the care team to discuss specific screenings with the patient and to encourage them to get their screenings scheduled.” Liz Mann

“Communication is key. We use electronic health records (EHRs) and “smart (standardized) order sets” to facilitate quick and common referrals and streamline workflows. Having PROMIS-29 results ahead of time allows us to focus on patient concerns during appointments, identify issues that need to be addressed and create personalized care plans. We work closely with the primary care doctor and treatment oncologist team and other specialists when needed to ensure seamless care.” Amy Hensley

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Several Program Champions stated that patient materials were important tools to help patients better understand the benefits of participation in a cancer control program.

If the patient community had many patients who preferred to communicate in other languages, Program Champions made sure that materials in those languages were available as well, adapting program materials internally or finding some online if necessary. They appreciated receiving culturally competent health promotion materials from research teams or grant funders.

“We developed educational materials outlining key information on colorectal cancer risk factors, symptoms, and different screening options. These materials help patients understand their options and make informed decisions about their healthcare.”

Marjorie Locke

“We also provided parents with Vaccine Information Statements (VISs) and any other information we had about the HPV vaccine, so that they could make an informed decision.”

Becky Griffith

“HCB2’s work with the Latino community is through the free clinics and FQHCs. HCB2 provides clinics with Spanish-language adaptations of patient materials such as posters and pre-assessment forms, as well as educational infographics and videos.”

Mindy Conklin

“One of the biggest hurdles is the silence surrounding colorectal cancer. To address this, we use creative approaches like our "Can We Talk?" program, featuring a giant inflatable colon, to spark conversations about colorectal cancer. We also offer in-person and online educational presentations to schools, civic groups, and other organizations.”

Mindy Conklin

“Community engagement is vital. We build relationships with local businesses, schools, and community organizations to promote research projects. For instance, during the RAVE project, we partnered with a local Spanish-language radio station and collaborated with The Next Door, a local social service agency that offers health promotion services to the community.”

Kate McKenna

SPOTLIGHT ON PROGRAM CHAMPIONS



Tracking program results was extremely important to all the Program Champions. Many set up meetings with the staff to review results on an ongoing basis, to discuss successes, hurdles and challenges, and to look for ways to improve results.

While program metrics were the primary measurements being evaluated for all of the Champions, some also measured factors such as patient referrals, home test completion rates, patient satisfaction and community participation.

“We measure success through patient satisfaction, the consistency of our staff, and the growth rate in patient visits. In 2022, we had over 1,800 patient visits, a 10% increase from 2021. We also track the number of referrals to address survivor symptoms and the orders for imaging, laboratory testing, and other procedures. Our patient experience scores are consistently high, with 95% of patients finding their survivorship visit informative and empowering.” Stacy Wentworth

“We look at tangible outcomes, like increased HPV vaccination rates or improved colorectal cancer screening rates. I also measure our results by evaluating the relationships and collaborations built within the community and with other research partners. We always aim to keep the needs of our community at the forefront of our work.” Kate McKenna

“Our primary metric is the number of patients screened in a given period. In just one year, we increased our CRC screening rates by about 4%. Before I started the program, rates hovered around the high 50s. Our rates have now moved up to the low 60s, which is great, but it's not enough. We also track the number of FIT kits and Cologuard tests ordered and completed, as well as the number of referrals for colonoscopies. This data helps us evaluate our progress and identify areas for improvement.” Jennifer Tran

“We got a mini-grant that funded a population health dashboard for our Electronic Medical Records (EMR). We can now track screening rates internally, identifying gaps in care or performance, and share these numbers with staff and leadership. It has been extremely motivating.” Liz Mann

“The ultimate measure of success is increased cancer screening rates. I also evaluate progress through patient engagement, clinic team dynamics, and consistent progress on EBIs. Additionally, I monitor patient feedback, clinic leadership support, and collaboration among teams.” Mike Marotsis



TOPLINE CONCLUSIONS

Program Champions can be instrumental in successful Evidence-Based Program (EBP) implementation across the continuum of Cancer Control. While they are typically very creative and resourceful in finding ways to achieve a program's goals, they can benefit from assistance and support from principal investigators and program developers who are striving to implement EBPs in local communities. Given the demonstrated benefits of Program Champions in advancing implementation goals, research and implementation teams should consider having dedicated funding for Program Champions with a clear delineation of roles.

Based on the research conducted with Program Champions, the following ideas are recommended to increase the likelihood of program implementation success:

- Include Program Champions as an implementation strategy
- Develop a dissemination strategy that targets Program Champions throughout the cancer care continuum, providing topline information about EBPs including objectives, types of sites that could implement the program, type(s) of Program Champion needed for successful site implementation, details about available funding, training, support organizations, manuals and materials, timeline, etc. so that appropriate sites can become aware of programs and respond promptly.
- Offer some or all of the following elements to sites (the more the better!)
 - Funding to cover incremental costs of the program
 - Quality Improvement support, offering support to select and implement change strategies using change packages or Plan-Do-Study-Act cycles
 - Personalized coaching/support
 - Networking with other sites (in-person or virtual)
 - Training manuals with examples of tools and strategies that can improve efficiency and keep implementation goals top of minds
 - Patient navigation toolkits
 - Measurement tools and strategies for efficient implementation and performance assessments
 - Patient-facing materials to improve patient understanding, participation and proper completion of program
 - Case studies of successful local site implementation
 - Recognition of strong site performance
 - Availability for support when needed

SPOTLIGHT ON PROGRAM CHAMPIONS



While the implementation of many EBPs incorporates strategies and elements well-known to implementation scientists and researchers, it is likely that many Program Champions will not be aware of the academic terminology. It is important to communicate information using language that community practitioners understand, and to create manuals and toolkits that are engaging and informative to practitioners.

When possible, funding to cover incremental program costs is much appreciated, and often covers expenses to help assist patients with transportation or other out-of-pocket expenses incurred for cancer control, to cover incremental costs of staffing for extra hours or at additional locations to support cancer care programs, and/or for software or dashboard development to improve workflow, reporting, or patient/care team communications.

All members of this project work group hope that this document will help inform members of the action group and the broader CCIS community as we seek to identify and activate effective Program Champions to lead the implementation of EBPs in cancer control. Additionally, we hope to inspire more researchers to include Program Champions in their EBP implementation strategies, and to provide them with meaningful tools and support to aid them in effective implementation.

IMPACT STORIES

The next section of this report is a series of Impact Stories showcasing each Program Champion who participated in the research interviews and providing details and insights about their successful development and implementation of evidence-based programs to improve cancer control in their patient communities. The following page offers an index of topics or tactics so that readers can easily find stories that may be of particular interest.

SPOTLIGHT ON PROGRAM CHAMPIONS



TOPIC-CENTRIC INDEX OF IMPACT STORIES

Click on the Program Champion stories of interest based on characteristics and topics listed below

1. Amy Hensley	6. Jennifer Tran	11. Marjorie Locke
2. Rebecca Griffith	7. Kate McKenna	12. Mary Robertson
3. Cord Van Riper	8. Kevin Hughes	13. Mike Marosits
4. Duane Jones	9. Lee Moultrie	14. Melinda Conklin
5. Jeanie Gallegly	10. Liz Mann	15. Stacy Wentworth

Index of Impact Stories Sorted by Program Champion/Site Characteristics and Topics Included

Type of Site/Organization

- Academic Medical Center and Health System (5, 6, 11, 15)
- NCI-Designated Cancer Center (1, 8, 9, 10, 12, 15)
- Health Center(s) – (2, 3, 7)
- Pharmacy Chain – (4)
- Rural Health Clinic – (10)
- Health Center Operations Support – (13)
- Nonprofit Foundation – (14)

Predominant Patient Communities / Catchment Area

- Black communities (1, 4, 6, 8, 9, 10, 11, 12, 14, 15)
- Hispanic communities (1, 2, 3, 4, 7, 8, 12, 13, 14, 15)
- White communities (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15)
- Rural areas (1, 2, 3, 4, 5, 7, 8, 9, 10, 12, 13, 14, 15)
- Urban areas (6, 11, 14)
- Many uninsured / low-income patients (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15)

Predominant Role as Patient Champion

- Lead Local Implementer of Evidence-Based Program(s) (2, 3, 5, 7, 10)
- Developer of Site-Specific Initiative(s) using Evidence-Based Program(s) (1, 4, 6, 8, 11, 15)
- Supporter/Trainer/Educator/Funder of Local Program Champions (4, 12, 13, 14)
- Co-Champion in Local Evidence-Based Program Implementation(s) (1, 6, 9, 11, 15)

Position at Site/Organization

- Family Nurse Practitioner (1)
- Director of Nursing (2)
- Chief Operating Officer (3)
- Pharmacy Clinical Program Manager (4)
- Preventive Health Services Program Manager (5)

SPOTLIGHT ON PROGRAM CHAMPIONS



- Physician (6, 7)
- Medical Director (8, 15)
- Community Ambassador and Health Advocate (9)
- Practice Manager (10)
- Nurse Navigator (11)
- Cancer Prevention and Screening Lead (12)
- Quality Initiatives Manager (13)
- Founder and Executive Director (14)

Cancer Control Program Focus

- Hereditary Cancer Risk Assessment and Management (8)
- Prevention and Screening (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15)
 - Breast and Cervical Cancer Screening (5, 10)
 - Colorectal Cancer Screening (3, 6, 10, 11, 14)
 - Early Cancer Detection (MCED) (7)
 - Human Papillomavirus (HPV) Prevention (2, 4, 7)
 - Prostate Cancer Screening (9)
- Survivorship (1, 15)
 - Lung Cancer (1)

Identifying and Addressing Barriers to Successful Program Implementation

- Patient Community (2, 3, 4, 5, 6, 7, 9, 10, 11, 13, 14)
- Site/Organization (1, 2, 3, 4, 6, 7, 8, 10, 11, 12, 13, 14, 15)

Designing Processes to Improve Workflow, Navigation and Outcomes

- Patient Navigation and Support (5, 6, 8, 10, 11, 15)
- Care Team Workflow and Guidance (1, 2, 3, 4, 6, 7, 8, 10, 11, 13, 15)

Working with Research Teams during Program Implementation (2, 3, 4, 7, 9, 10, 13)

Community Engagement during Program Implementation (6, 7, 4, 9, 14)

Collaborations with Community Organizations During Program Implementation (5, 7, 9, 11, 12, 14)

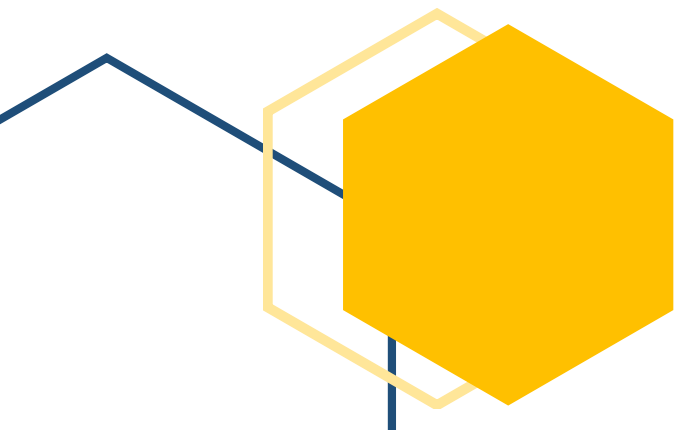
Addressing Language/Cultural Barriers in Patient Community (1, 3, 5, 7, 9, 14)

Measurement Tools and Protocol (2, 3, 4, 5, 6, 7, 10, 11, 13, 14, 15)

Value of Program Champions in Implementation (3, 4, 6, 12, 13)



PROGRAM CHAMPION IMPACT STORIES
Featuring 15 Program Champions
Leading Local Implementation of
Evidence-Based Programs for Cancer Control





AMY HENSLEY, DNP, APRN, FNP

Family Nurse Practitioner

**Cancer Survivorship Clinic, Atrium Health Wake Forest Baptist
Winston-Salem, North Carolina**



Amy has been a Program Champion at the Atrium Health Wake Forest Baptist Cancer Survivorship Clinic since its inception. In June 2018, she developed and championed the pilot program for lung cancer patients who have completed radiation treatment. In June 2019, she led the implementation of a Patient-Reported Outcomes Measurements Information System (PROMIS®) model to help determine what post-treatment support and care lung cancer survivors really need and value. In February 2021, she developed and championed a prostate cancer survivorship program for patients who have completed prostate cancer treatment.

Please tell me about your healthcare background.

Amy: I have been a nurse practitioner at Wake Forest Baptist for 19 years, and have a nursing background in labor and delivery, high-risk pregnancy, and public health. My experiences in rural public health, where access to care was challenging, led me to become a family nurse practitioner to help patients “from the cradle to the grave.” I then transitioned to oncology, initially focusing on surveillance, and then trying to address the late and long-term side effects of cancer treatments.

What factors are key to your success as a Program Champion?

Amy: Listening is crucial, but patients don’t always share their concerns. I try to pick up on nonverbal cues and dig deeper when necessary. My nursing background, which emphasizes holistic care, has been invaluable. Nurses look at how cancer affects the whole person, not just one body part. My personal experience with family members who have had cancer and my rural public health background also give me a unique perspective on the day-to-day struggles many patients face. I think my background and experience has given me an appreciation of how cancer treatment and the needs after treatment differ. You cannot approach cancer treatment or survivorship in a one-size-fits-all approach.

How did you set up the cancer survivorship clinic?

Amy: We started by developing a survivorship treatment summary and plan for each patient as they complete cancer treatment, working with a multi-disciplinary team to determine when they should transition to survivorship. This consistent approach ensures everyone on the care team is aligned. As a part of the treatment plan, we also created a list of resources to help cancer survivors deal with common concerns, post-treatment side effects and other needs and issues, addressing issues many other survivors had faced or questions they had raised.

How do you interact with other members of a patient’s care team?

Amy: In creating the survivorship clinic, we used an Advanced Practice Providers (APP) model, working with Physician Assistants or Nurse Practitioners who interacted with a patient during treatment. This gives us a connection to the treatment team. When patients transition over to the survivorship clinic, they see the connection between the survivorship care provider and their treatment oncologist. We also send a letter to primary care providers when patients transition to the survivorship clinic, introducing them to the treatment summary plans and letting them know that we want to take a team approach to ensure high quality care for each patient.

SPOTLIGHT ON PROGRAM CHAMPIONS



Can you provide details about the lung cancer survivorship program?

Amy: The number of lung cancer survivors is growing due to better and earlier detection as well as improved treatments. Unfortunately, we lack guidelines on how to address late and long-term side effects that patients can experience from the disease and many of the treatments. The neuropathic pain that lung cancer treatments can cause is very different from what breast cancer treatments can cause. And there are no guidelines for relief. Many patients experience some degree of shortness of breath. We try to get survivors into pulmonary rehab as soon as possible, which helps them combat fatigue and shortness of breath. We also offer a specialized tobacco cessation program to our cancer survivors who smoke, where psychologists work with them to identify the underlying stressors that might be leading them to smoke and learn to alleviate these stressors without the need for tobacco.

What methods do you use to determine the care a survivor needs?

Amy: We ask patients to fill out the Patient-Reported Outcomes Measurement System (PROMIS-29) questionnaire. We engaged our Information Technology (IT) department to develop a process to deliver the questionnaire to patients electronically so they can fill it out before coming in for their appointments. Their responses provide us with the information we need to do a needs assessment as well as to better understand each patient's priorities for Quality of Life. Receiving their responses in advance helps us identify areas of concern and prioritize patient concerns, so we can focus on the most critical issues during their visits. It also alerts us to any serious health concerns, allowing us to proactively address them.

How do you ensure that your patients get the care they need?

Amy: Communication is key. We use electronic health records (EHRs) and "smart (standardized) order sets" to facilitate quick and common referrals and streamline workflows. Having PROMIS-29 results ahead of time allows us to focus on patient concerns during appointments, identify issues that need to be addressed and create personalized care plans. We work closely with the primary care doctor and treatment oncologist team and other specialists when needed to ensure seamless care.

What about patients that come from different countries, prefer communication in other languages, or have diverse cultures or beliefs?

Amy: Most of the time, a patient from a different cultural background, especially when English is not their preferred language, will bring in a younger family member that is more in tune with our culture and healthcare

SPOTLIGHT ON PROGRAM CHAMPIONS



approach. This caregiver or significant other can help us talk to the patient about any health concerns or other issues as well as to determine how to provide the proper care for our patient.

To determine the care priorities a patient has and the approach to care a patient wants, we can usually administer the PROMIS-29 questionnaire, since it has been adapted to and validated in a number of languages. We also try to use in-person translators when possible.

What are your proudest moments as a Program Champion?

Amy: There are many small moments that make me proud. Often, it is the sincere thank-you messages from patients who felt heard and valued. One memorable moment was when a patient with chronic obstructive pulmonary disease (COPD) finally agreed to try pulmonary rehab after several visits. He later sent me a message, saying it had changed his life. These moments remind me why I do this work.

NOTE: [Stacy Wentworth, MD](#), the founder of the Cancer Survivorship Clinic, is also featured in an Impact Story.

This Impact Story is based on a semi-structured interview with Amy Hensley, conducted by Eva A. May on 5/25/2023 as a part of a Consortium for Cancer Implementation Science Public Good Award research project. Special thanks to Stacy Wentworth, MD, Atrium Health Wake Forest Baptist Cancer Survivorship Clinic for nominating Amy for inclusion in the 2023 Program Champion Impact Story Series.

REBECCA (BECKY) GRIFFITH, RN

**Director of Nursing
University of Wyoming Family Practice Clinic
Casper, Wyoming**



Rebecca "Becky" Griffith is the Director of Nursing at the University of Wyoming Family Practice Clinic, a Federally Qualified Health Center (FQHC). The clinic serves as a safety net provider to the Casper community, with 20% of its patient population uninsured. In 2018, the National Improvement Partnership Network (NIPN) and the Academic Pediatric Association (APA) collaborated on a [national practice-based quality improvement \(QI\) initiative](#) aimed at improving adolescent human papillomavirus (HPV) vaccination rates through strong provider recommendations and reducing missed opportunities. The University of Wyoming Family Practice Clinic participated in the initiative along with their FQHC partner clinics. Becky was the clinic's Program Champion. Her efforts, along with those of her nursing team, were recognized with the [2019 CDC's "HPV Vaccine is Cancer Prevention" award](#).

SPOTLIGHT ON PROGRAM CHAMPIONS



How did you become a Program Champion?

Becky: After graduating from nursing school in 1992, I worked in hospitals in Cheyenne and Casper. I joined this clinic in 2002 and have been the Nurse Manager for over 7 years as well as the Vaccine Coordinator. I was asked to be the Program Champion for a Quality Improvement initiative with the National Improvement Partnership Network (NIPN) and the Academic Pediatric Association (APA) to improve adolescent HPV vaccination rates.

How did you and your team prepare for the program implementation?

Becky: We had a team of four or five people planning for this 9-month project. We attended several webinars and meetings. We kept the nursing staff and providers regularly updated our progress and plans. The project partners gave us toolkits and materials with lots of examples and ideas that were really helpful.

We wanted to get everybody on board. We presented our plan at an all-staff meeting, which is held once a month. We explained the aim of increasing the HPV vaccine rate and asked for their support.

What factors were key to your success as a Program Champion?

- This project's planning and the resources provided by the partners were crucial.
- I have a great nursing staff, and everybody was on board. We met regularly to see how things were going.
- Persistence and constant reminders were really important. I reminded the nursing staff every day about the importance of increasing our HPV vaccine rates. I put sticky notes on all the computer screens to keep it top of mind.

What tactics did you use to make the program successful?

Becky: We checked for missed opportunities throughout the project. My goal was to get the nursing staff to be very alert for opportunities to vaccinate, making sure we did not have missed opportunities.

Our Electronic Medical Record support coordinator made a list of all pediatric visits. I checked to see that eligible patients got the HPV vaccine during their appointments. I also put clipboards at every nurse's station, and I asked staff to keep track of the patients that did not get the vaccine and the reasons why. This helped our rates increase because it forced the nursing staff to be

SPOTLIGHT ON PROGRAM CHAMPIONS



accountable. It also helped us understand and address the barriers to vaccination. It got easier as the months went by.

What were the big barriers to success? How did you overcome them?

Becky: The biggest barrier was parents not wanting their kids to get vaccinated, often saying, “My kids aren't having sex.” We explained that the HPV vaccine is a cancer-prevention vaccine, emphasizing the importance of getting it before children become sexually active. Our Medical Director helped get other providers on board to support this message.

Another barrier was that the vaccines are not required in Wyoming for school attendance. To address this barrier, we just said, “Your child is due for these vaccines today. Do you have any questions about them?” This change in communication made a big difference.

We also provided parents with Vaccine Information Statements (VISs) and any other information we had about the HPV vaccine, so that they could make an informed decision.

How did you measure your success?

Becky: The Wyoming Immunization Registry (WYIR) provided report cards every few months, showing our progress. Between March and July 2019, our first dose coverage increased from 72% to 80%, and our second dose from 52% to 65%.

Vaccine	Your Current Rate ¹	Your Initial Rate 3/11/19	Natrona County Rate ²	Wyoming Rate ²	National Rate ²	Healthy People 2020 Goal
Tdap ³ - 1 dose	100% ↑	98% ↓	83%	70%	88.7%	80%
MenACWY ⁴ - 1 dose	83% ↑	75%	83%	52%	85.1%	80%
HPV ⁵ - 1 dose	80% ↑	72%	45%	44%	65.5%	N/A
HPV ⁵ - 2 doses	65% ↑	52%	32%	30%	52.2%	80%
Hepatitis B ⁶ - 3 doses	96% ↑	95%	89%	78%	92.9%	N/A
MMW ⁷ - 2 doses	95% ↑	95%	88%	74%	92.1%	N/A
Varicella ⁸ - 2 doses	94% ↑	92%	85%	71%	88.6%	90%
Hep A ⁹ - 2 doses	76% ↑	70%	53%	52%	N/A	N/A
Polio ¹⁰ - 4 doses	95% ↑	94%	N/A	N/A	N/A	N/A

Adolescent Missed Opportunities (13-17 years of age)			
Tdap ³	MenACWY ⁴	HPV 1 dose ⁵	HPV 2 dose ⁵
0% ↓	17% ↓	20% ↓	21% ↓

How was your relationship with the project partners?

Becky: The partners were helpful and informative, and provided clear guidance throughout the project. They told us what they expected and showed us how we could meet those expectations.

How do you feel about your accomplishments as a Program Champion?

Becky: It feels great to know that our efforts made a difference. Convincing reluctant parents to get their kids vaccinated was rewarding, and seeing the results of our hard work made it all worthwhile.

This Impact Story is based on a semi-structured interview with Becky Griffith conducted by Eva A. May on 3/5/2023 as a part of a Consortium for Cancer Implementation Science Public Good Award research project. Images were provided by Becky. Some introductory information about the clinic comes from a [CDC Cancer Prevention Award website](#).



CORD VAN RIPER, MPH, CPHQ

**Chief Operating Officer
Klamath Health Partnership
Klamath Falls, Oregon**



Cord Van Riper has been a Program Champion for various programs in Klamath County since 2017. Before joining Klamath Health Partnership, Cord worked with Cascade Health Alliance. In 2020, Cord joined Klamath Health Partnership as their Quality Director. He has championed multiple cancer screening and prevention initiatives, with a focus on overcoming barriers to care and improving patient outcomes.

As the Chief Operating Officer, Cord continues to play a pivotal role in implementing and sustaining evidence-based practices that contribute to improved cancer care in the community.



SPOTLIGHT ON PROGRAM CHAMPIONS



How did you become a Program Champion?

Cord: My background is in population health management and applied sociology, which led me to healthcare. In 2020, I joined Klamath Health Partnership, a Federally Qualified Health Center (FQHC) and a Community Health Center. I was the Quality Director. That is really where I stepped into the Program Champion role.

Why did you become a Program Champion?

Cord: We serve a rural community with key target populations that include Spanish-speaking individuals, migrant seasonal farm workers, and men, groups that often face barriers to healthcare. I saw that without a Program Champion, these projects might not take off. I took on the role to ensure we could have a positive impact on our patients' health. Cancer screening is crucial for our patient population.

What types of cancer care initiatives have you championed?

Cord: I have championed several key programs offered by the Oregon Health Authority. These programs have provided support and technical assistance to assess and identify evidence-based interventions to improve colorectal, cervical and breast cancer screening rates. We have also partnered with the Oregon Rural Practice-based Research Network (ORPRN) to increase human papillomavirus (HPV) vaccination and series completion rates among adolescents. We tend to prioritize projects that have funding and that align with at least one of the key measures that we have for health outcomes.

What factors do you think are key to program success?

Cord: Collaboration and flexibility are very important. My background in Quality Improvement helps me facilitate projects. My Community Health background helps me understand how to best address the needs of underserved populations. Our partnerships allow us to implement Evidence-Based Interventions (EBIs) and share best practices with other health centers.

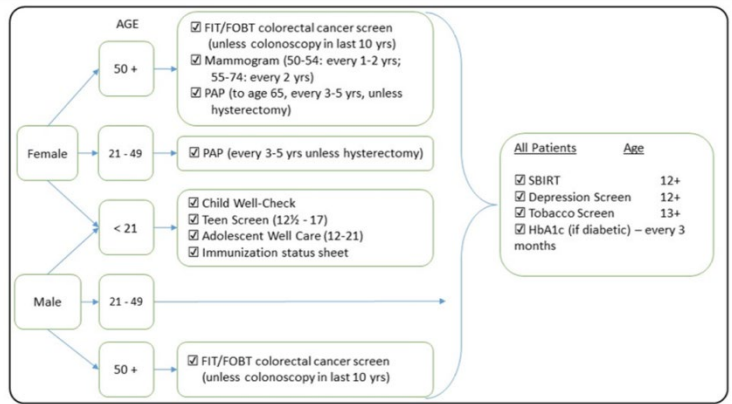
How have Evidence-Based Interventions contributed to success?

Cord: The big EBI that we wanted to implement was a provider assessment piece. We wanted providers to better see their performance on these screenings, and to learn how they could improve their rates by getting that information.

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We designed flowcharts that had age-based screenings and gave them out to all the providers and medical assistants. This way, providers had that information ahead of time, and since we primed them with that, they could also guide the patient with the proper clinical pathways and share the current guidelines and other important information.



Rooming Slip

Name/Age: _____ Date/Time: _____

Reason for visit: _____

Remember patient tracking

BP: _____ HR: _____ Resp: _____ Temp: _____

WT: _____ HT: _____ HC: _____ LMP: _____ Birth Control: _____

O2 Sat: _____ % O2 Device: Room Air or _____ L/min

Comments: _____

Panel Management Notes (Currently Due For): Pap Mammo SBIRT PHQ-9 A1C Colorectal screening Vaccines DM Foot Exam Other: _____

Workflows/Templates: IJNT SOGI BMI & counseling Well child check Tobacco status & counseling School district Ages & Stages (ASQ) Teen screen

In-House POC Needed: A1C Lipid Micro-Alb UA HCG UDS Glucose Hemopoint INR Lead Vision Hearing Flu Mono Strep Ear Lavage - R / L COVID Injections (consent): _____ Other: _____

Orders/Check Out: Dexa FIT Kit Lab Mammo Pap Colpo PFT UGI EKG Neb Diabetic Eye Exam (DEER) XRAY: _____ Other: _____

CT: _____ MRI: _____ With Without Contrast

US: _____ UGI: _____

DX/Info: _____ STAT

Referral to: _____

Colonoscopy PT Ortho Mental Health

Complete Form: Anticoag/warfarin clinic Diabetic Education Infusion Living Young Wt Mgmt C/CA Flex Fund Nutrition MFM Palm Rehab Home Health Keels & Ostestry

AVS: Printed Declined Follow Up: _____

Provider Notes: _____

We also created what we call a *rooming slip* to help providers scrub their schedule and alert them if a patient is due for any preventative care. It has the different screening options for colorectal cancer, Pap tests, mammograms, and other important information. This slip follows the patient through the appointment steps, getting put on the board outside of the room so that everyone who enters the room knows when a preventative care intervention is due.

We then worked with the Medical Assistant team to reduce *missed opportunities*. We asked them to go through their scrub notes each day and set screening tests out that should be administered to patients coming in that day. If all tests are not used at the end

of the day, those are considered missed opportunities.

What team members contribute most to the project success?

Cord: We have a Quality Improvement team and a Quality Management Council that is very multidisciplinary. I lead a smaller group from that team that includes a data analyst, a Provider Champion, 2 clinical information specialists who handle our electronic health records workflows, a population health lead, and me; that is our key project team. We have a weekly meeting where we discuss these things to make sure we are driving everything forward.

How have you overcome patient barriers to timely screenings?

Cord: Our goal is to make it easier for patients to access screenings and other services. We address transportation and time barriers by offering Saturday

SPOTLIGHT ON PROGRAM CHAMPIONS



clinics, extended hours, and drive-through vaccination clinics. We created home delivery programs for medications.

We provide bilingual materials in English and Spanish to accommodate our key patient population. We also try to hire bilingual staff, including providers, and offer bilingual pay differentials to encourage staff to become certified interpreters or translators. We seek to provide high-quality service and improve the health of our patients.

How do you measure your results?

Cord: We use dashboards to track various metrics, like cancer screening rates among our patient population by provider. We developed a cancer-screening-specific dashboard that looks at cervical cancer, breast cancer and colorectal cancer screening rates among our patient population by provider. These measures help us identify areas for improvement and track progress over time and are often required by funders and government institutions.

How do you feel about your accomplishments as a Program Champion?

Cord: When I started here, our colorectal cancer screening rates were at 17%, we are now at 50%! Because we have this robust quality improvement structure, and because we have made screening a priority for our patient care, we have seen a dramatic and sustained improvement in our colorectal cancer screening rates. We can see that with the support we are providing to patients, the materials, the navigation, we are helping them accomplish these necessary screenings. Now we want to get to 80%!

Are there any tips you would like to offer to other Program Champions?

Cord: To be effective, you need collaboration and a passionate team. A Program Champion can initiate change, but it is the collective effort of the team that drives success. Make sure you can inspire others and build a strong network to support your initiatives.

This Impact Story is based on a semi-structured interview with Cord Van Riper conducted by Eva A. May on 6/15/2023 as a part of a Consortium for Cancer Implementation Science Public Good Award research project. Images were provided by Cord. Special thanks to Jennifer (Jen) Coury, Senior Research Associate at Oregon Health & Science University, for nominating Cord for inclusion in the 2023 Program Champion Impact Story Series.



DUANE JONES, BS PHARM

**Pharmacy District Manager, Community Pharmacy Residency Director,
Pharmacy Clinical Program Director, Harps Foods Stores, Inc.
Springdale, Arkansas**



Duane Jones has extensive community pharmacy experience. Throughout his career, Duane developed a passion for improving patient outcomes and collaborating with other healthcare professionals to drive these improvements. Since 2009, Duane has been dedicated to building a strong clinical presence at Harps Pharmacy with a focus on developing medication therapy management services and improving clinical pharmacy workflow.

CPESN® USA is a clinically integrated organization of pharmacy networks designed to advance community-based pharmacy practice. Duane was named CPESN® 2022 Luminary of the Year for his efforts in recruiting pharmacies, inspiring others, and working with payers to demonstrate the value of CPESN pharmacies.

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Why did you become a Program Champion?

Duane: Pharmacists traditionally focus on dispensing medication. I became a Program Champion because I believe that we can make a difference in patient outcomes by focusing on patient care. [A staggering 275,000 people in the U.S. die every year due to non-optimized drug therapy](#)—issues like non-adherence, drug interactions, and medication errors. We should look at how we can optimize therapies for our patients, how we can optimize their medication, as opposed to just dispensing at will. We can make a huge difference in their lives.

How are you championing medication therapy management?

Duane: We are evolving our pharmacies to become patient-centered care centers as opposed to just medication dispensaries. A pharmacist's knowledge and education are about much more than dispensing medicine. It is about medication safety, therapies, and efficacy. We can make a difference by focusing on patient care.

We got a grant from the CDC and the Arkansas Department of Health. We trained all our pharmacists in Medication Therapy Management (MTM) and implemented new workflows into our pharmacies to provide these services to patients. It was a huge success for us. As a result, we have become the top-rated pharmacy in the U.S. for MTM completion rates.

We then extended this program, working with the Arkansas Department of Health. We now teach pharmacists in rural areas of Arkansas how to provide these services and improve patient care in areas where patients have little access to care.



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How did you develop the pharmacist training program?

Duane: Managing 39 pharmacies is challenging without standard operating procedures (SOPs). We first established SOPs to ensure consistency, focusing on best practices and legal compliance. With this platform, we started to build clinical programs. Our first program was an immunization initiative that we developed through a residency program. We treated the workflow as if it were a prescription, ensuring everyone followed a protocol.

We have a central pharmacy that serves as our clinical development hub, where we test and refine new programs before rolling them out to other stores. This iterative process allows us to gather feedback and make adjustments. Once we have a refined program, we gradually expand it to other pharmacies, ensuring it is robust before a full rollout.

Please tell me about your Human Papillomavirus (HPV) vaccination program

Duane: We realized we needed to change the perception of the HPV vaccine from a Sexually Transmitted Disease (STD) vaccine to a cancer prevention vaccine. To achieve this, we collaborated with the Center for Implementation Science at the University of Arkansas for Medical Sciences (UAMS). Together, we brainstormed and developed outreach programs to educate patients, families, and healthcare professionals about the importance of HPV vaccinations for cancer prevention.

We created brochures, buttons, and posters to spark conversations about cancer prevention. We collaborated with physicians to ensure a multi-dose vaccine series and to facilitate patient referrals between pharmacists and physicians. This collaborative approach helped change the stigma around HPV vaccination and increase vaccination rates.

Do you have a Program Champion in each pharmacy?

Duane: Typically, the Pharmacy Managers serve as the Program Champions in each location. We provide them with detailed written protocols and offer videos and other training materials online to support their role. This training process helps them implement clinical programs and manage staff turnover, ensuring a consistent approach and program continuity across all locations.

SPOTLIGHT ON PROGRAM CHAMPIONS



How do you measure success?

Duane: We measure success by evaluating clinical outcomes and patient care. We track metrics including vaccination completion rates and medication synchronization programs to gauge our success.

Our focus on clinical outcomes and MTM has helped us build a strong reputation with the University, the College of Pharmacy, and the state of Arkansas. We attract excellent pharmacists who share our passion for patient care.

What do you consider to be the most important attributes for success as a Program Champion?

Duane: Success requires self-motivation and passion for improving patient outcomes. It is also crucial to align with people who share similar goals and to build a team that holds each other accountable. Our ultimate goal is to achieve positive patient outcomes, and if we don't, then we are not successful. Accountability is key.

What makes you feel really good about being a Program Champion?

Duane: The most rewarding aspect is the positive impact on patient care. It is gratifying to see patients who previously lacked access to healthcare become engaged and learn to manage their health effectively. I feel proud knowing that our efforts are helping improve patient outcomes and empowering patients with the knowledge to take control of their health.

This Impact Story is based on a semi-structured interview with Duane Jones conducted by Eva A. May on 5/15/2023 as a part of a Consortium for Cancer Implementation Science Public Good Award research project. Images provided by Duane. Some of the cover page information comes from the CPESN website. Special thanks to Geoffrey M. Curran, PhD, Director, Center for Implementation Research, University of Arkansas for Medical Sciences for nominating Duane for inclusion in the 2023 Program Champion Impact Story Series.



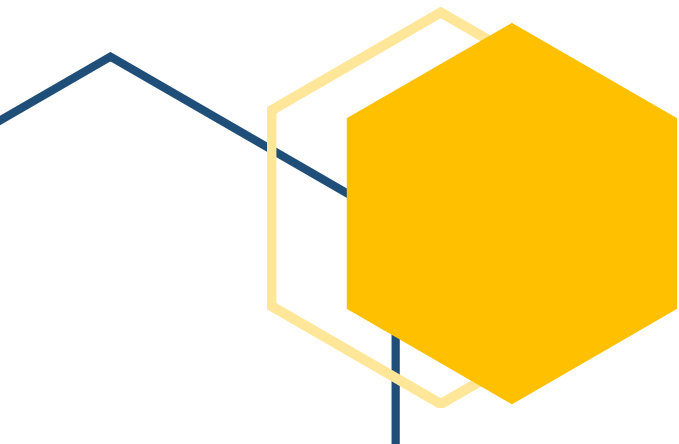
JEANIE GALLEGLY, MS, MPH

**Program Manager, Preventive Health Services
UT Health East Texas/The University of Texas at Tyler
Tyler, Texas**



Jeanie Gallegly has been a cancer screening Program Champion since 2009. From 2009 to 2018, she championed the implementation of evidence-based tobacco prevention and control programs funded by the Department of State Health Services (DSHS).

Since 2014, Jeanie has managed multiple cancer screening and education grants. Her primary focus is on increasing breast and cervical cancer screenings. She also champions screenings and education for prostate and colorectal cancers and human papillomavirus (HPV) vaccine programs.



SPOTLIGHT ON PROGRAM CHAMPIONS



Why did you choose a career in cancer prevention?

Jeanie: Cancer has deeply affected my family, with nearly everyone on my maternal side having some form of cancer, and all the males on my paternal side diagnosed with prostate cancer. Given this personal connection and my background and education in clinical exercise physiology and public health, I was drawn to cancer prevention. After working in tobacco prevention, the opportunity to focus on cancer screening presented itself, and I have been committed to it ever since.

How did you become a Program Champion?

Jeanie: My journey began with a call from a professor who saw my passion for health promotion. He recommended me for a role in tobacco prevention, and later I was recruited to manage cancer screening and education grants. My enthusiasm and commitment to the cause made me a natural fit for these positions. I am known for being vocal and opinionated, which helps when advocating for cancer prevention programs.

What types of programs do you champion?

Jeanie: I started with the Tobacco Prevention and Control Coalitions (TPCCs) in Texas, where I worked on evidence-based programs to reduce tobacco use. Since 2014, I have managed cancer screening and education grants at UT Health East Texas/The University of Texas at Tyler. My focus is on breast and cervical cancer screenings, but we also cover screenings and education for HPV, prostate, and colorectal cancers. I oversee a team that provides screenings, biopsies, and educational programs, funded by grants from the Texas Health and Human Services Commission (HHSC).

How did you develop your strategy for success?

Jeanie: During my interview for the Program Manager role, I was asked how I would approach recruiting low-income women for cancer screenings. While other candidates focused on developing logic models and strategic plans, I proposed a more hands-on approach. I suggested reaching out to people where they live and work—in beauty salons, gas stations, laundromats, and low-income neighborhoods. This direct, personal approach has been key to my success.

SPOTLIGHT ON PROGRAM CHAMPIONS



What factors are key to your effectiveness as a Program Champion?

Jeanie: A combination of personal experience, extensive training, and an unstoppable drive are crucial. I take every opportunity to learn and improve my skills, whether it is through community health training or advanced courses in cancer prevention. My energy and enthusiasm come from having Attention-Deficit/ Hyperactivity Disorder (ADHD), which keeps my mind running non-stop, allowing me to think creatively and stay motivated.

What tactics do you use to make the program successful?

Jeanie: Meeting people where they are is crucial. I use guerrilla marketing tactics to distribute information about our programs. I have printed and distributed over 200,000 small cards with details



about our services. I leave them in places where people who can benefit from our programs will find them. If you live in poverty and have not had healthcare for a long time, seeking healthcare can be traumatic. I find that people living in poverty frequently don't want to know if they have cancer, but they will respond to address immediate healthcare issues. I therefore promote



additional services our clinics provide, such as free birth control and diabetes care, in addition to cancer screenings. When a patient shows up, we can address their immediate needs AND get them screened for cancer.

I make a lot of phone calls, setting up appointments for patients and making sure they will show up. This approach has helped me reach a wider and often overlooked audience and motivate people to get the preventive services and screening that they need.

What barriers have you encountered in achieving your goals?

Jeanie: Collaboration can be challenging, especially within large organizations. Politics and egos often get in the way of effective communication, slowing progress. Public apathy towards cancer screenings is another barrier. Many people are unaware of the benefits of early detection, or they're afraid of what a screening might reveal. The diminishing availability of funds to support case workers and community health workers is also concerning, as they play a critical role in guiding patients through the healthcare system.

SPOTLIGHT ON PROGRAM CHAMPIONS



How do you work with others in community health?

Jeanie: I collaborate with a network of community health workers, teachers, nurses, and professors who share a common goal of helping others. We are constantly seeking opportunities to connect with people and offer support. This network allows us to share resources and ideas, ultimately improving patient outcomes.

How do you measure your success?

Jeanie: I measure success by the number of people I have helped, the smiles I have brought, and the impact I have made. I track metrics related to cancer screenings, HPV vaccinations, and other program-related activities, but the most rewarding moments can't always be quantified. Helping someone navigate the healthcare system or calming their fears can be the most fulfilling part of my job.

What are your proudest moments as a Program Champion?

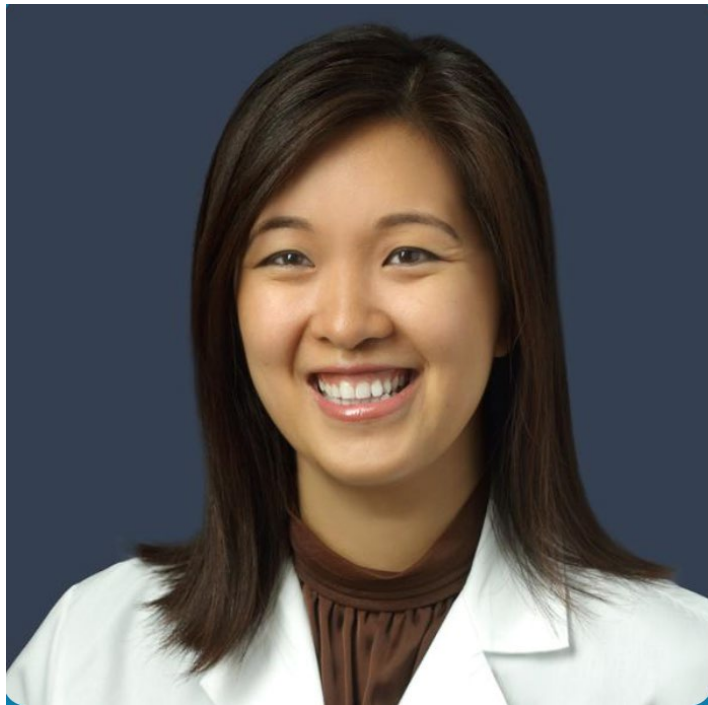
Jeanie: The proudest moments come when I see the light bulb go off in someone's mind—the moment they realize something is important. These moments often lead to action, like scheduling a cancer screening or taking steps to improve their health. It's these individual connections that make all the hard work worthwhile.

This Impact Story is based on a semi-structured interview with Jeanie Gallegly conducted by Eva A. May on 6/19/2023 as a part of a Consortium for Cancer Implementation Science Public Good Award research project. Images were provided by Jeanie.



JENNIFER TRAN, MD, MBA

**Attending Physician
MedStar Medical Group
MedStar Washington Hospital Center
Washington, DC**



Jennifer Tran, MD, serves as the Program Champion for the colorectal and breast cancer screening programs in her clinic. Since the program's launch in 2021, Jennifer has worked to reduce structural barriers from screening to treatment for those diagnosed with colorectal cancer.

The primary target population for these screening programs is the internal medicine clinic's patient base, which includes approximately 19,000 individuals annually. These patients primarily reside in areas of Washington, DC.

Many patients have significant socioeconomic barriers to healthcare, leading to lower colorectal screening rates and higher rates of morbidity and mortality from colorectal cancer.

SPOTLIGHT ON PROGRAM CHAMPIONS



How did you become a Program Champion?

Jennifer: My interest in health disparities began during my medical training, where I saw how socioeconomic factors, literacy, and nutrition affected health outcomes. In Washington, DC, where I work, I noticed a trend of patients being diagnosed with late-stage cancers at younger ages, particularly in the underserved areas we serve. There's a high burden of colorectal cancer, especially among our patient population. This motivated me to focus on colorectal cancer screening and find ways to reduce barriers to care. I became a Program Champion because I was passionate about improving our colorectal cancer (CRC) screening program.

How did you set up the colorectal screening program?

Jennifer: I started with a focus on understanding the patient experience, to identify barriers to care, understand what factors made patients avoid recommended cancer screenings, and identify any other related challenges that patients might face. Then I tried to find ways to address as many barriers and challenges as we could.

Initially, we mainly offered colonoscopies as a colorectal cancer screening option, which can be daunting for many patients. By providing other options, such as at-home fecal collection kits (FIT kits and Cologuard tests), we made screening more accessible. I requested a supply of kits so that we could give them out to patients directly and explain how to use them, rather than sending them to a lab to get the kit. Patients can do the collection at home and send the kit to the lab by mail for analysis. This simple change has simplified the process, saved patients time and trips, and improved our screening rates.

I didn't have specialized training in program management, but learned how to write grants, engage with the community, and find resources for patient support as I championed this project.

What team members have most contributed to the program's success?

Jennifer: It's crucial to have a strong team with complementary skills. I work closely with Marjorie Locke, our Nurse Navigator, who specializes in patient navigation. We also have a Community Outreach Champion who partners with community organizations and organizes community events that include colorectal cancer education and screening. Together, we form the "3 pillars" of CRC screening: navigation, primary care, and community outreach. Collaborating to make these pillars sustainable is key to our success.

SPOTLIGHT ON PROGRAM CHAMPIONS



What are the factors that have most contributed to your effectiveness as a Program Champion?

Jennifer: Resilience is critical—I don't give up in the face of obstacles or when something doesn't go as planned. Partnering with passionate people is also essential. It's important to know your strengths and leverage others' expertise. For example, our Nurse Navigator is excellent at patient navigation, so I rely on her for that. I focus on what I'm good at, and she does the same. This teamwork helps us achieve our goals.

How have you addressed barriers to your program success?

Jennifer: One of the best ways to increase CRC screening is to offer patients options for screening. When patients have the opportunity to choose the screening modality that best suits them, they are more likely to complete it. I provide education to medical trainees and colleagues about offering screening options and explain how these options can increase colorectal cancer screening rates.

I am also part of the faculty here at Washington Hospital Center, teaching residents and trainees about CRC screening. Getting students to think about and understand, from a patient perspective, barriers to care, barriers to screening, and the importance of community outreach has been really rewarding. It stimulates the next generation of physicians to think about health in a different aspect as well, which is really important.

How do you identify patients for colorectal screenings?

Jennifer: As a primary care physician, I and the other physicians review our patients' medical records during their physical exams. Our electronic health record (EHR) system notifies us if a patient is due for a screening. We also train our resident physicians to discuss screenings during other visits, not just physicals, to remind patients that they are due for a screening and to offer eligible patients at-home screening options.

How have you improved test completion rates and follow-up care?

Jennifer: We use text messaging to remind patients about upcoming appointments and encourage them to discuss screenings with their doctors when they are due to get them. We track collection kit distribution and follow up with patients who haven't submitted their samples. Additionally, we partner with the hospital's gastroenterologists and oncologists to streamline

SPOTLIGHT ON PROGRAM CHAMPIONS



immediate follow-up care for patients who need it and navigate them to the proper care provider.

We have provider feedback and performance measures that we review every quarter. Our attending physicians can see their respective cancer screening rates in their patient panel.

How do you measure your results?

Jennifer: Our primary metric is the number of patients screened in a given period. In just one year, we increased our CRC screening rates by about 4%. Before I started the program, rates hovered around the high 50s. Our rates have now moved up to the low 60s, which is great, but it's not enough.

We also track the number of FIT kits and Cologuard tests ordered and completed, as well as the number of referrals for colonoscopies. This data helps us evaluate our progress and identify areas for improvement.

How do you feel about your accomplishments as a Program Champion?

Jennifer: One of my proudest moments was when a patient, who had refused screening for over a year, finally agreed to take a Cologuard test. The test was positive, leading to a colonoscopy that identified cancer. It could have been easy to let it go when the patient initially didn't want to get screened, but by persisting, we potentially saved a life. It's moments like these that remind me why I do this work.

What can you tell others striving to build a successful screening program?

Jennifer: Don't be discouraged by the magnitude of the task. Focus on the small victories—they add up. If you get even one more person screened, that's one more life potentially saved. Remembering that is what keeps us going.

NOTE: [Marjorie Locke, RN, BSN](#), the Nurse Navigator for the CRC screening program, is also featured in an Impact Story.

This Impact Story is based on a semi-structured interview with Jennifer Tran conducted by Eva A. May on 6/21/2023 as a part of a Consortium for Cancer Implementation Science Public Good Award research project. Images were provided by Jennifer.



KATE MCKENNA, MD, MPH

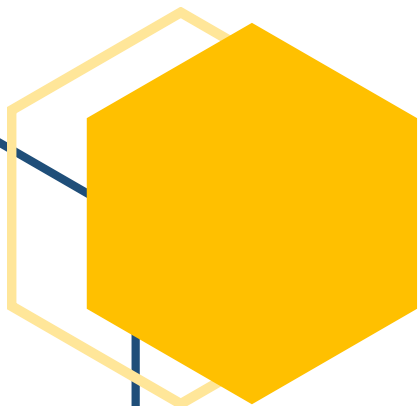
Family Physician
One Community Health
Hood River, Oregon



Kate McKenna, MD, is a primary care physician and Program Champion for clinical research at One Community Health, a Federally Qualified Health Center with several clinics in Oregon and Washington near the Columbia River Gorge.

Since 2017, Kate has played a pivotal role in several cancer research projects aimed at improving patient outcomes. Her journey as a Program Champion began with the RAVE project (Rural Adolescent Vaccine Enterprise), funded by the American Cancer Society, in partnership with the Oregon Rural Practice-Based

Network (ORPRN). The project's goal was to increase HPV vaccination rates to prevent cervical cancer. Kate's work demonstrates a commitment to advancing healthcare through clinical research and improving outcomes for underserved communities.



SPOTLIGHT ON PROGRAM CHAMPIONS



How did you become a Program Champion?

Kate: I got my master's in public health along with my medical degree. That gave me a broader perspective on healthcare and a focus on preventive care. My passion for public health grew when I worked in the Peace Corps, doing community health in two different countries. This experience taught me the value of working with diverse communities and the importance of preventive health.

I joined One Community Health after my residency at Oregon Health and Science University (OHSU). My connection to OHSU and the Oregon Rural Practice-based Research Network (ORPRN) was instrumental in my becoming a Program Champion. ORPRN invited me to join my clinic's first research project, and then to become the chair of their advisory board. This role gave me insight into many research projects and connected me with other champions throughout Oregon.

Please describe your clinic and its patient community.

Kate: One Community Health started as a migrant farm worker clinic in the 1980s. It has expanded over time to include patients with Medicaid, Medicare, private insurance, as well as a large number of uninsured patients. We also have a school-based health center in Hood River and a mobile medical unit that travels to various counties in Oregon and Washington, serving tribal communities and orchard workers. Our patient community is diverse, with about 40% of our patients only speaking Spanish. We offer a range of services, including dentistry, primary care, behavioral health, and some integrative medicine.

What factors are key to your effectiveness as a Program Champion?

Kate: A few key factors have contributed to my effectiveness:

- My connection with OHSU and ORPRN, which provided a network for research and support
- My public health background gives me a broader perspective on community health
- Experience in the Peace Corps, which taught me to work with diverse communities and find common ground
- A leadership change at my clinic, leading to a more open mindset toward innovation and research
- The Covid-19 pandemic, which prompted a reevaluation of our role in the community and opened doors to new research opportunities

SPOTLIGHT ON PROGRAM CHAMPIONS



How do you champion research at your clinic?

Kate: I always start by conducting a needs assessment to understand what the clinic and the community require. I joined the clinic's Quality Improvement Committee early on, which helped me identify key stakeholders and build relationships.

When introducing new research projects, I aim to involve a multidisciplinary team to ensure a broader perspective and sustainable support. I strive to establish a collaborative approach, encouraging team members to take ownership and contribute their expertise.

Having a leadership role in the community and the residency program has also helped. It provides a platform to promote research and inspire others.

Please provide more details about the RAVE research project.

Kate: The Rural Adolescent Vaccine Enterprise (RAVE) project aimed to increase Human Papillomavirus (HPV) vaccination rates to prevent cervical cancer. It used a two-pronged approach. One was to use a 13-item questionnaire to regularly measure how our clinic was performing Quality Improvement (QI) processes, what our processes were, and whether we felt they were successful or not. We did a lot of self-reflection. The researchers were trying to motivate and teach us how to develop a robust system for clinical quality improvement. I thought that was an excellent first step, because we did not have a great QI plan for how to work together across the clinical and administrative teams to improve things. The other prong was to increase our HPV vaccination rates. We developed a goal and an aim statement, learned how to do Quality Improvement through Plan-Do-Study-Act (PDSA) cycles, and using the PDSA cycle methodology to undergo rapid cycling interventions. Every meeting was a teaching session, as well as a check-in session, as well as a self-improvement process.

As a Program Champion, I facilitated meetings, maintained communication, and ensured team members were involved and motivated. I worked with community organizations and stakeholders to promote the project and make it a community-wide effort. This approach helped the project gain traction and become successful. I lead the research curriculum focused on quality improvement for the Providence Hood River family medicine residency program. I included residents in the RAVE project to inspire them to develop projects with similar QI implementation approaches.

SPOTLIGHT ON PROGRAM CHAMPIONS



What role does community engagement play in your work?

Kate: Community engagement is vital. We build relationships with local businesses, schools, and community organizations to promote research projects. For instance, during the RAVE project, we partnered with a local Spanish-language radio station and collaborated with The Next Door, a local social service agency that offers health promotion services to the community.

How do you measure your results?

Kate: We look at tangible outcomes, like increased HPV vaccination rates or improved colorectal cancer screening rates. I also measure our results by evaluating the relationships and collaborations built within the community and with other research partners. We always aim to keep the needs of our community at the forefront of our work.

How do you feel about your accomplishments as a Program Champion?

Kate: One of my proudest moments was when recruiters for the [PATHFINDER 2 Study](#), a multi-center interventional study of GRAIL's multi-cancer early detection (MCED) test, co-located in our clinic to recruit participants and conduct the study. It was a significant step forward, as we had previously not conducted clinical research in our clinic's hallways. It also made me very proud that both ORPRN and the Knight Center hired bilingual and bi-cultural research assistants to conduct the research at our clinic so that we could recruit Spanish- as well as English-speaking participants.

I'm also proud of the progress we've made in expanding research collaborations and promoting our clinic as a leader in research. Hearing our leadership talk about being a research leader and providing cutting-edge care to our community is incredibly rewarding.

I am a full-time physician who doesn't have a lot of time to work on these projects directly. Being able to motivate and inspire those around me to take charge has been a big positive. It has been awesome to feel that they have become sustainable without me needing to be very involved.

This Impact Story is based on a semi-structured interview with Kate McKenna conducted by Eva A. May on 6/2/2023 as a part of a Consortium for Cancer Implementation Science Public Good Award research project. Special thanks to Melinda Davis, PhD, MCR, Associate Professor, Department of Family Medicine & OHSU-PSU School of Public Health and Interim Director, Oregon Rural Practice-based Research Network (ORPRN), for nominating Kate to be included in the 2023 Program Champion Impact Story Series.



KEVIN HUGHES, MD

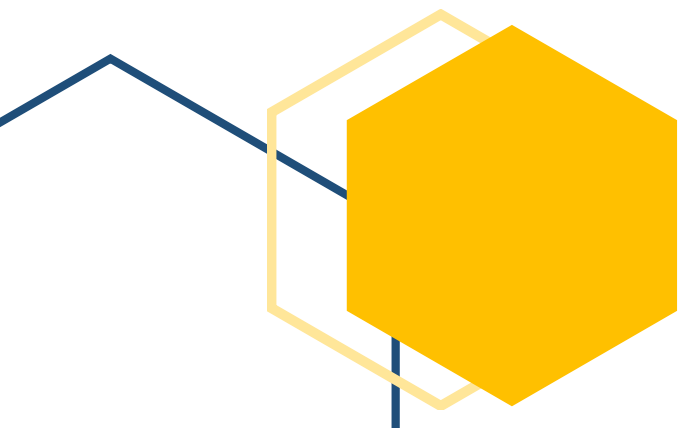
**Director of Hollings Hereditary Cancer Clinic
A. McKoy Rose Jr., MD Endowed Chair in Surgical Oncology
Medical University of South Carolina (MUSC) Hollings Cancer Center
Charleston, South Carolina**



Kevin Hughes, MD, has been actively involved in the diagnosis and treatment of breast cancer for over thirty years. Prior to joining MUSC, he spent 20 years at Massachusetts General Hospital and retains the title of Professor Emeritus, Harvard Medical School.

At MUSC, Kevin established and leads the Hollings Hereditary Cancer Clinic, one of the first in the nation designed to care more effectively for patients with any cancer-related genetic mutations.

His team is developing a hereditary risk management software tool to offer personalized risk assessment and management plans to patients with pathogenic variants.



SPOTLIGHT ON PROGRAM CHAMPIONS



What is your vision as a Program Champion?

Kevin: The older approach to managing patients with pathogenic variants, where a primary care doctor receives a letter from a genetic counselor outlining how to care for their high-risk patient, is not very effective. We found that there was only 50-70% compliance with guidelines at MUSC, depending on the recommended intervention. We saw the need for a more effective process that could ensure better patient care by improving compliance with guidelines.

My vision is to increase the efficiency of genetic testing and make it more accessible. I want to develop digital personalized care plans for patients identified as high risk for hereditary cancer, with the goal of reducing morbidity and mortality. This involves creating a system that scales well and ensures that patients receive the care they need, at the time they need it.

Since patients see various physicians for various reasons, it is essential to communicate each patient's risk factors and risk management recommendations in a platform that can be easily accessed by any care provider. We provide clear and concise guidelines within our patients' electronic health records (EHRs) so that their care providers can follow the correct protocols.

What factors are key to your effectiveness as a Program Champion?

Kevin: Persistence and resilience are key—never taking "no" for an answer. I understand the mechanics of implementing programs like this, including how to obtain resources and institutional support. Having good software and leveraging electronic health records (EHRs) are also crucial. They serve as a *force multiplier*, allowing us to deliver much more with fewer resources.

What do you consider essential for effective program implementation?

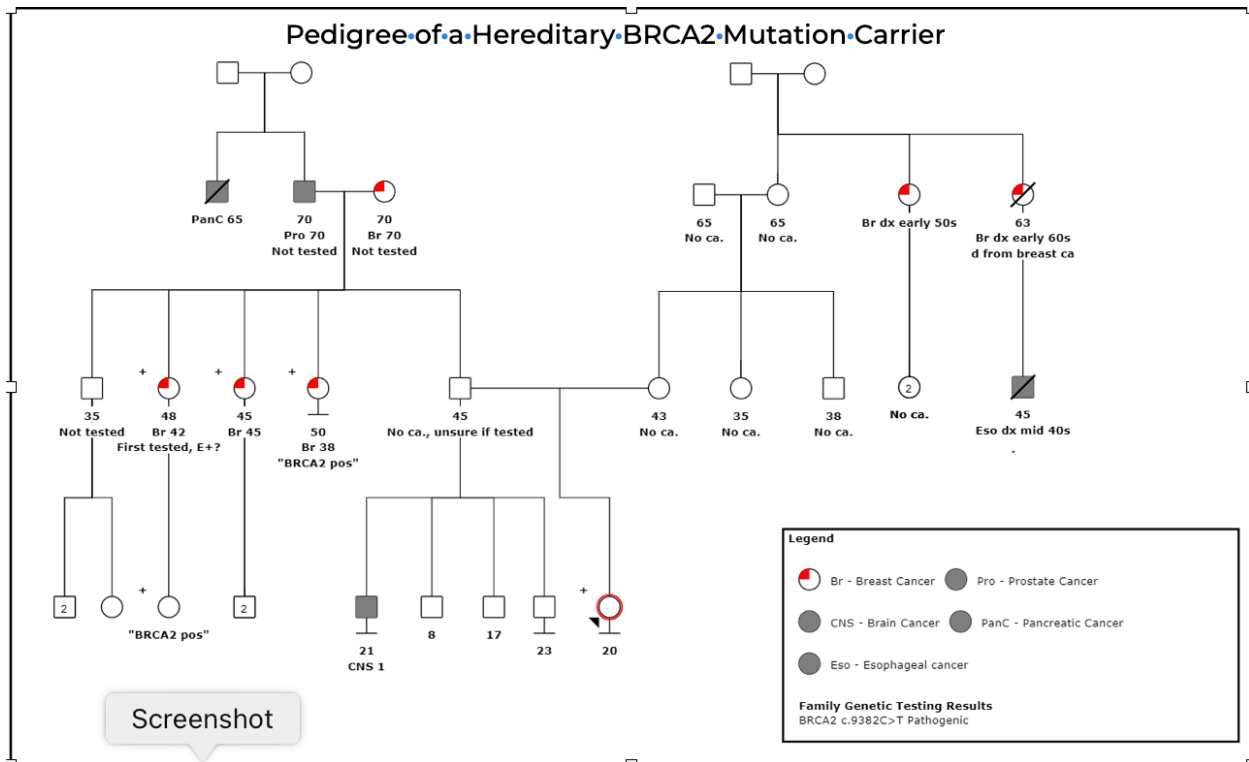
Kevin: You can't start a program without resources or institutional support. You need to show that the current system is not working well and demonstrate that your approach is fiscally responsible and sustainable. Genetic testing is often a loss leader because genetic counselors are not able to bill insurance companies for their services in many states. We needed to create a sustainable process that could generate significant downstream revenue to offset costs.

SPOTLIGHT ON PROGRAM CHAMPIONS



Please provide more details about your risk management software.

Kevin: My team has created a software program to draw hereditary cancer pedigrees, a useful tool to assess inherited cancer risk and to estimate the potential risk of cancer for other family members.



The software can also provide patients, caregivers and clinicians with personalized and actionable risk assessment, management and care plans based on current National Comprehensive Cancer Center (NCCN) guidelines. Using data from a patient's EHR, the software enables us to update each patient's risk profile and risk management plan over time. Our cancer clinic utilizes this software program to develop precision plans for each patient and to offer personalized information about hereditary mutations, cancer risk and management plans to patients carrying one or more of 84 known hereditary cancer genes, throughout their lifetime. It also generates reminders for patients and clinicians about upcoming surveillance or screening appointments and keeps them informed of changes in guidelines that can affect their risk and care plans.

SPOTLIGHT ON PROGRAM CHAMPIONS



How did you gain support from external departments?

Kevin: We identified and recruited champions in different areas of high-risk patient care, to help create awareness and enthusiasm about the information available to care providers and to make sure that risk management recommendations would be followed.

How sustainable is the Hereditary Cancer Clinic?

Kevin: I think it is sustainable at MUSC. We have developed a significant time- and resource-saving software platform and have enabled digitization of hereditary cancer-associated data (digital transformation of cancer genetics). All this data and guidance can now be found in a patient's EHR. We are also trying to develop a software package that can be used at any institution in the country, making the management of patients with hereditary cancer mutations much more efficient, as well as giving us the ability to make risk management more effective by aggregating patient outcome data we receive as the software implementation scales.

How do you feel about your accomplishments as a Program Champion?

Kevin: I take pride in establishing a clinic that has a significant impact on patient care. Building a system that provides personalized care plans, leveraging software, and creating a scalable model for other clinics is very rewarding. It's not just about improving care at one institution; it is about creating a blueprint that can be replicated elsewhere. I see it as a force multiplier, ultimately benefiting patients everywhere.

This Impact Story is based on a semi-structured interview with Kevin Hughes, conducted by Eva A. May on 5/25/2023 as a part of a Consortium for Cancer Implementation Science Public Good Award research project. Images were provided by Kevin. The cover page includes additional information from the Hollings Cancer Center website. Special thanks to Caitlin Allen, PhD, MPH, Assistant Professor, Department of Public Health Science, Medical University of South Carolina, for nominating Kevin for inclusion in the 2023 Program Champion Impact Story Series.



LEE “DA CONNECTOR” MOULTRIE

**Healthcare Advocate
Prostate Cancer Ambassador
Charleston, South Carolina**



Lee Moultrie is a Program Champion for multiple cancer intervention implementation and research initiatives. He is currently one of the ambassadors involved in the community implementation of the [South Carolina Prostate Cancer Screening Program for African American Men](#) (SC AMEN Program), an innovative and timely approach from MUSC Hollings Cancer Center to address prostate cancer disparities. The overarching goal is to reduce these disparities by increasing prostate cancer screening rates among African American men aged 40–69 in South Carolina, through patient education and navigation to appropriate screening and follow-up.

SPOTLIGHT ON PROGRAM CHAMPIONS



How did you become a Program Champion?

Lee: I was looking for a new career path following retirement from the US Air Force at the age of 37 and a subsequent 18-year career in Logistics Management. I am also a prostate cancer survivor.

It all started when I was at a barber shop getting a haircut and saw a flyer about prostate cancer. I called the person listed, and we spoke for about 30 minutes. He invited me to his home for more information, and we ended up talking for three hours. He was involved in prostate cancer advocacy and tobacco prevention at the Medical University of South Carolina (MUSC) and the South Carolina African American Tobacco Control Network. After that conversation, I knew I wanted to get involved in health care advocacy, especially in raising awareness about prostate cancer.

What is your vision as a Program Champion?

Lee: My vision is to promote healthful living and connect people with resources to fight disease and raise awareness of risk factors. I focus on building relationships within the community to facilitate communication and engagement on important health issues like prostate cancer.

What makes you an effective Program Champion?

Lee: I am a native Charlestonian and have gained trust and respect within the health arena and our state for the past 23 years, especially being a Retired Veteran. I build relationships across various communities, including business, faith, political, academic, and working-class people.

My goal is to sit at the table with as many people as possible to share and learn. I also focus on the language I use, preferring "prostate health" over "prostate cancer" to emphasize preventive care and early detection. Humor and a non-judgmental approach are also critical in connecting with people.

What role do you typically play as a Program Champion?

Lee: I'm a relationship builder. I connect with men, their spouses or their partners in places where they're comfortable, like barber shops, churches, grocery stores and networking group meetings. We discuss health topics, and I encourage them to be proactive with their health journey. I also engage with researchers and community leaders to ensure our community programs are relevant and effective.

SPOTLIGHT ON PROGRAM CHAMPIONS



Please describe the prostate cancer education program that you champion.

Lee: Rates of prostate cancer incidence and deaths are twice as high for Black men than White men in South Carolina.

To address this issue, researchers at the MUSC Hollings Cancer Center (MUSC HCC) identified a need for prostate cancer education and patient screening and follow-up.

The research team developed the South Carolina Prostate Cancer Screening Program for African American Men (SC AMEN Program). They asked me to become a community ambassador. I promote prostate health, assist with discussions and educational sessions, when possible, and encourage men to take proactive steps for their health.

FREE

Prostate Cancer Education Training

The South Carolina Prostate Cancer Screening Program for African American Men (SC AMEN Program) is an innovative approach from MUSC Hollings Cancer Center to address prostate cancer disparities. Our virtual 1-hour dynamic training sessions are free and will increase your knowledge about prostate cancer.

HOW IT WORKS

- 1-hour training session
- 3-month follow-up survey
- Compensation is provided

WHAT YOU'LL LEARN ABOUT

- Prostate cancer risk factors
- Prostate cancer screening guidelines
- Prostate cancer treatments
- Steps to reduce cancer risk by improving your overall health

WHY IT MATTERS

- Prostate cancer is the most commonly diagnosed cancer among African American men.
- Prostate cancer is the second leading cause of death among African American men in South Carolina.
- The incidence rate of prostate cancer in African American men in South Carolina is two times higher than the rate in white men.

"What we want to do consistently is to let Black men know that their lives matter to us, and that they are important to their families, their communities, to the state and to Hollings Cancer Center."
— Dr. Marvella Ford, Hollings associate director of cancer disparities

TD Charitable Foundation

How do you gain community support?

Lee: I spend time in places like barber shops, where I build relationships and share information. It's essential to go in with a gentle approach, not as an "I-know-it-all." I distribute flyers and engage in conversations, building trust with the community. I also connect with various community stakeholders, including local businesses, faith groups, and political leaders, to increase support for our programs.

SPOTLIGHT ON PROGRAM CHAMPIONS



How do you typically interact with the researchers on the team?

Lee: I've had a relationship with MUSC researchers for over 23 years. I help them understand the community aspect of their projects and navigate relationships with local stakeholders. My role is to offer a community perspective and ensure that the researchers' goals align with the community's needs.



Where do you typically hold your community programs?

Lee: We avoid holding sessions at clinics due to busy traffic and high parking costs. Instead, we host events in places that are convenient for people in the community, like libraries, community centers, churches, and even nightclubs. This approach helps increase participation and makes it easier for people to attend.

What are the factors that have most contributed to your effectiveness?

Lee: A positive attitude and flexibility are crucial. I approach every interaction with empathy, understanding, and optimism. Humor plays a significant role in my communication style. It's essential to be flexible and make people feel heard, no matter their gender, race, or ethnicity. It's also essential to be comfortable being an ambassador in all types of social settings. Being non-judgmental and open to a variety of perspectives helps build trust and create meaningful connections.

This Impact Story is based on a semi-structured interview with Lee Moultrie, conducted by Eva A. May on 3/27/2023 as a part of a Consortium for Cancer Implementation Science Public Good Award research project. Images were provided by Lee. Information about the SC AMEN Program comes from the SC AMEN website. Special thanks to Caitlin Allen, PhD, MPH, Assistant Professor, Department of Public Health Science, Medical University of South Carolina, for nominating Lee for inclusion in the 2023 Program Champion Impact Story Series.



LIZ MANN

**Practice Manager
Fairfield Medical Associates
Winnsboro, South Carolina**



Liz Mann serves as the Practice Manager for Fairfield Medical Associates, where she has been a key part of the team for over 30 years. In her current role, she oversees day-to-day operations, acting as a crucial link between providers and staff to streamline workflows. Liz played an instrumental role as her clinic's Program Champion for a Rural Health Clinic Colorectal Cancer (CRC) Screening initiative in 2020, which was part of a collaboration with the Rural and Minority Health Research Center at the University of South Carolina.

SPOTLIGHT ON PROGRAM CHAMPIONS



Please tell me about your healthcare background.

Liz: I am the Practice Manager for Fairfield Medical Associates, where I have worked for over 30 years. I manage day-to-day operations, liaise between providers and staff, and oversee workflow improvements. My role involves finding innovative solutions and leading our participation in initiatives that enhance patient care.

Please describe your clinic and patient population.

Liz: Fairfield Medical Associates is a medium-sized, independent health clinic located in a rural community about 30 miles away from Columbia, South Carolina. The clinic has a staff of around 50 people. Our patient population is predominantly Black or White. We are a Medicare-certified rural health clinic. Many patients rely on Medicare or Medicaid. Following the closure of our local hospital in 2016, the only hospital in the area is a free-standing emergency department, which does not offer screening services.

How did you become the clinic's Program Champion?

Liz: As the Practice Manager, I try to take on any new projects to avoid overwhelming others. I keep track of all aspects of our work to ensure smooth operations. I wear many hats, focusing on staff coordination and improved workflow to provide quality care for our patients.

How do you find programs to champion?

Liz: We often find new programs through the Office of Rural Health, which sends out newsletters featuring program opportunities. I particularly seek out initiatives for rural health clinics. Our involvement with the Rural and Minority Health Research Center at the University of South Carolina started with our participation in a colorectal screening program* where they partnered with us to help us implement evidence-based interventions to improve our screening rates. We also regularly work with the American Cancer Society and other partners on various projects.

What factors are key to your effectiveness as a Program Champion?

Liz: My success is driven by a fantastic and supportive team. We work really hard to find better ways to approach patients about the need for timely cancer screenings, and ways to get more screenings completed.

SPOTLIGHT ON PROGRAM CHAMPIONS



What are the biggest barriers to program success?

Liz: Convincing patients to prioritize their health can be challenging. We try to find ways to address barriers they may face and make the process as simple and accessible as possible, providing them with education and assistance so that they get their cancer screenings when they need them. But it takes a lot of persistence.

Another significant barrier is transportation. In our rural community, there's very little access to taxis or rideshare services. Patients often rely on family members or Medicaid's Modivcare, which requires three days' notice.

We have limited staff, so I work hard to find ways to improve our internal workflows, making them as efficient as possible but still finding ways to improve our patient care.

What tactics do you use to make the program successful?

Liz: We developed a "huddle ticket" system where staff members check patient appointments in advance, identifying patients with screenings that are due or past due. The "huddle tickets" remind the care team to discuss specific screenings with the patient and to encourage them to get their screenings scheduled.

We send reminders in the Electronic Health Records (EHR) to both patients and staff to schedule patient screenings so that everyone is aware that they are due. Whenever any of our staff has contact with a patient, they bring up the screenings and try to schedule them. Sometimes we mail out reminders to patients as well.

We participate in the [Best Chance Network](#) which provides no-cost breast and cervical cancer screenings to patients who qualify. We also have a mammography bus that comes to town monthly, providing easy access to walk-in screenings. Our nurse practitioners offer Saturday and evening clinics to accommodate patient schedules.

How do you measure your success?

Liz: When we worked with the Rural and Minority Health Research Center, we participated in monthly meetings and used Plan-Do-Study-Act (PDSA) cycles. We had to report our results, which was eye-opening for us. We realized that there were many opportunities to improve our screening rates and worked with the center to develop tools and strategies to improve them.

Healthcare insurers provide us with "Gap in Care Reports" which identify aspects of patient care that can be improved, including cancer screenings, to ensure that recommended best practices in healthcare are being followed.

SPOTLIGHT ON PROGRAM CHAMPIONS



We got a mini-grant that funded a population health dashboard for our Electronic Medical Records (EMR). We can now track screening rates internally, identifying gaps in care or performance, and share these numbers with staff and leadership. It has been extremely motivating.

What are your proudest moments as a Program Champion?

Liz: Getting a mammography bus for our county was a significant accomplishment. It provides much-needed screening services since our hospital closed. I am also proud of training staff in smoking cessation and motivational interviewing, which are crucial for improving patient health.

What can you say to inspire other Program Champions and their teams?

Liz: Keep at it. Progress takes time, but persistence pays off. Surround yourself with a great team and always look for new ways to improve. The real champions are the people on the front lines, the ones who care for patients every day. I am just here to support them.



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This Impact Story is based on a semi-structured interview with Liz Mann conducted by Eva A. May on 5/22/2023 as a part of a Consortium for Cancer Implementation Science Public Good Award research project. Images provided by Liz. Special thanks to Jan M. Eberth, PhD, Professor and Chair of the Department of Health Management and Policy, Drexel University Dornsife School of Public Health, for nominating Liz for inclusion in the 2023 Program Champion Impact Story Series.

* Fairfield Medical Associates is featured in a project partner video presentation on the lessons learned from the implementation of EBIs in their clinic in the [Rural and Minority Health Research Center at the University of South Carolina's Rural Health Clinical Colorectal Cancer Screening Toolkit website](#)

MARJORIE LOCKE, RN, BSN

Nurse Navigator
MedStar Washington Hospital Center
Washington, DC



Marjorie has been a Program Champion for colorectal cancer screening at the MedStar Washington Hospital Center since 2017. Washington, DC, has some of the highest rates of colorectal cancer.

Marjorie developed a colorectal cancer screening program using evidence-based interventions, a patient navigation model and a seamless referral system. The program's mission is to reduce barriers to colorectal cancer screening, diagnosis and treatment through patient navigation.

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Please tell me about your healthcare background.

Marjorie: My journey into healthcare advocacy began when I lived overseas in Western Samoa. I worked with the Samoa Red Cross Society, where I assisted in developing health education programs and provided first aid training. When a tsunami hit in 2009, our team provided emergency services to the affected communities. This experience showed me the importance of health education and fueled my passion for preventive health. After returning to the United States and becoming a Registered Nurse, I found that my community health experience shaped my approach to nursing, leading me to roles where I could make a difference in patient outcomes.

What factors are key to your effectiveness as a Program Champion?

Marjorie: I believe persistence is essential. We take a multidisciplinary team approach to improve screening rates, involving individuals from various hospital departments, including gastroenterology, colorectal surgery, internal medicine, nursing, and our cancer institute. This collaboration ensures that our program meets the needs of both MedStar and the DC community.

Understanding the whole patient, not just their immediate medical needs, is also crucial. Many of our patients face all kinds of barriers to healthcare. It's important to understand the communities they live in and offer solutions that can address those barriers and provide support.

How did you set up the colorectal screening program?

Marjorie: Our program is based on the Centers for Disease Control and Prevention (CDC) and [New Hampshire Colorectal Cancer Screening Program \(NHCRCS\)](#) patient navigation model. The CDC and NHCRCS developed a replication manual to increase colonoscopy quality and completion through patient navigation. I also researched different evidence-based interventions used by other institutions to improve colorectal cancer screening and implemented a similar approach at MedStar.

How do you support the program within MedStar?

Marjorie: I coordinate the overall design and development of our screening program. I am also responsible for the overall monitoring and evaluation of the program.

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Please describe your patient navigation process.

Marjorie: We have developed a seamless referral process that works really well. For internal referrals, we work closely with Dr. Jennifer Tran and her internal medicine clinic. We developed an electronic health record (EHR) order set that allows providers in Dr. Tran's clinic to easily refer patients for navigation. Once a Primary Care Physician meets with a patient and identifies they are due for screening, they fill out an electronic order for colorectal cancer screening navigation services. The order is then sent directly to our navigation team.

We have developed a similar process with two of the largest Federally Qualified Health Centers (FQHCs) in Washington, DC. Rather than using an electronic referral order, we receive external referrals via a secure fax line.

Once a referral is received, our navigators contact the patient to discuss screening and help them overcome any barriers. We guide them through the process, from initial consults to colonoscopy procedures, and thereafter if needed, using the [New Hampshire Colorectal Cancer Screening Program's \(NHCRCSPP\) Patient Navigation Model for Increasing Colonoscopy Quality and Completion](#). This approach has significantly improved prep quality and completion rates and reduced no-shows and cancellations.

Do you have educational materials for patients?

Marjorie: Yes, we developed educational materials outlining key information on colorectal cancer risk factors, symptoms, and different screening options. These materials help patients understand their options and make informed decisions about their healthcare.

How do you train your patient navigator team?

Marjorie: Our navigators undergo a two-month training program covering colorectal cancer screening, electronic health record systems, barriers assessment and resolution, a rigorous six-topic navigation protocol developed by the NHCRCSPP, and colonoscopy prep instructions. This training ensures that our team is well-equipped to support patients throughout the screening process.

Do you work with outside organizations?

Marjorie: Yes, we collaborate with several external organizations, including DC Health/DC3C, DC Primary Care Association, and two Federally Qualified Health Centers, Unity Health Care and Community of Hope. These

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partnerships expand our reach and improve patient outcomes by connecting them with additional resources and support.

How do you measure your success?

Marjorie: We measure success not only by the number of patients we screen but also by the services we offer to help patients overcome barriers. The goal is to ensure patients have access to the care and support they need.

How do you feel about your accomplishments as a Program Champion?

Marjorie: I am excited about our accomplishments. I feel like we have created a navigation model that can be replicated across different service lines, not just for colorectal cancer screening.

I am passionate about sharing the importance of colorectal cancer screening with MedStar patients and the greater DC community. We have screened approximately 2300 patients within the DC community and hope that we can continue to screen more as time goes on. The most rewarding part of my job is knowing we are catching polyps early before they turn into cancer.

What advice do you have for other Program Champions and their teams?

Marjorie: Be patient and persistent. Not all interventions work on the first try, so it's important to work through challenges and be open to new solutions. Keep the focus on the patient's needs and maintain a positive attitude.

NOTE: [Jennifer Tran, MD](#), the Primary Care Physician championing cancer screening programs at MedStar, is also featured in an Impact Story.

This Impact Story is based on a semi-structured interview with Marjorie Locke, conducted by Eva A. May on 6/6/2023 as a part of a Consortium for Cancer Implementation Science Public Good Award research project. Photo was provided by Marjorie. Special thanks to Jennifer Tran, MD, Attending Physician, MedStar Medical Group, MedStar Washington Hospital, for nominating Marjorie for inclusion in the 2023 Program Champion Impact Story Series.



MARY ROBERTSON, MPH

**Cancer Prevention and Screening Lead
Melvin and Bren Simon Comprehensive Cancer Center
Indiana University
Indianapolis, Indiana**



Mary Robertson has been involved in cancer prevention and care for over five years, playing multiple roles as a Program Champion and recruiting others to support cancer control efforts. She previously served as Executive Director of the Indiana Cancer Consortium, which is responsible for creating, disseminating, and implementing the state's cancer control plan. This role gave her the opportunity to work with a wide range of stakeholders to ensure the successful implementation of cancer programs. Mary currently leads cancer prevention and screening programs at the Indiana

University's Simon Comprehensive Cancer Center's Office of Community Outreach and Engagement. Her work focuses on making sure the community benefits from local research and adopts evidence-based practices from across the country to improve cancer prevention and care.

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How did you become a Program Champion?

Mary: My educational background is in public health, with a concentration in policy and management. My career in public health began when I interned with the Indiana Cancer Consortium. My work with the Consortium involved championing cancer prevention, education, and control across the state. The role allowed me to work on a broad range of public health initiatives, which aligned with my interest in tackling cancer as a chronic disease. I loved that the work touched on multiple aspects of public health, from tobacco use and obesity to cancer screening and survivorship.

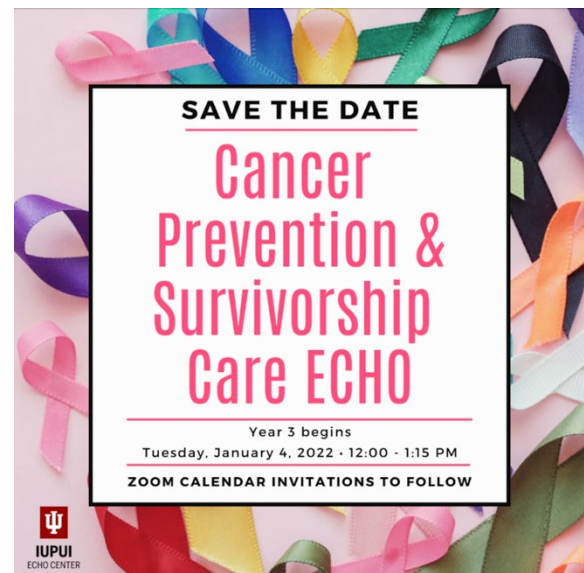
What factors are key to your effectiveness as a Program Champion?

- Community Engagement: Listening to the needs of the community and aligning our goals with theirs.
- Building Trust: Establishing long-term relationships with key stakeholders and showing up consistently.
- Flexibility: Adapting to changing circumstances and being open to feedback.
- Persistence: Working through barriers and keeping the focus on what needs to be achieved.
- Communication: Sharing results and outcomes with all stakeholders to maintain engagement.

Please tell me about a program you've championed.

Mary: Indiana tends to rank as one of the worst states in the US for many health outcomes, especially those that contribute to cancer, such as tobacco use, obesity and so on.

One of the programs I championed was an adaptation of the [Project ECHO \(Extension for Community Healthcare Outcomes\)](#) model, a knowledge-sharing model that connects specialists with provider care teams using technology. The Indiana Cancer Consortium, along with other partners, initiated a Cancer Prevention and Survivorship Care ECHO program to address cancer control in Indiana. The program allows medical professionals to share their experiences and discuss case studies to improve



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cancer outcomes across the state. Our goal was to improve cancer care by using technology to disseminate evidence-based practices, particularly in rural and underserved areas.

To launch our ECHO program, we needed to build a strong network of stakeholders, create a curriculum, and ensure participation from healthcare providers. The "hub and spoke" model used free web-based platforms to connect participants, providing a cost-effective way to share knowledge. The program has since grown and sustained itself through a culture of collaboration and ongoing evaluation.

How did you get support from external organizations?

Mary: The Indiana Cancer Consortium worked with organizations including the Indiana Hospital Association and the Indiana Rural Health Association to promote the Cancer Prevention and Survivorship Care ECHO. They served as gateway organizations and helped us reach out to their members, many of whom are our target audience, to build a broader network. We continuously communicated with stakeholders to gather feedback and adapt our approach as needed.

How do you measure the success of the Cancer Prevention and Survivorship Care ECHO?

Mary: We use post-session surveys and feedback. Attendance trends, feedback from stakeholders, and patient outcomes all play a role in evaluating our programs. We also conduct in-depth evaluations after specific periods to assess impact and make improvements.

There's a lot of research on the benefits of the Project ECHO model. We have published two articles about the success of our ECHO program in the *Journal of Cancer Medicine*. The [Indiana University Indianapolis ECHO Center](#) now

Do you work in cancer prevention screening and survivorship?

SHARE A CASE STUDY

About Cancer ECHO
The Cancer Prevention & Survivorship ECHO program helps prepare health professionals by equipping them with prevention, screening, and treatment tools to comprehensively address cancer prevention, management, and reduce disparities.

*No protected health information (PHI) is ever shared in our ECHO sessions.

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hosts our ECHO programs in addition to other medical and specialty programs developed for our community clinicians.

How do you feel about your accomplishments as a Program Champion?

Mary: I'm proud of the work we've done with Project ECHO and the impact we've made. We've grown the program with a minimal budget and have reached healthcare professionals beyond Indiana. It shows that when people come together with a shared goal, great things can happen. Our success reinforces the importance of collaboration and continuous learning.

What advice do you have for other Program Champions and their teams?

Mary: Build a culture of openness to feedback and continuous improvement. Encourage everyone to share their ideas and be ready to adapt. Collaboration and flexibility are key to success, especially in complex public health initiatives.

Is there anything else you want to share about Program Champions, to help inform future efforts in implementing interventions in cancer prevention and control?

Mary: Program Champions can really contribute to a program's success. Keep your mind open about what Program Champions can do and who they can be. Champions can do what I do as a professional public champion, and then you can also have that local community member who's an event or intervention champion, encouraging people in the community to attend an event or to host an event. Keep looking for passionate champions who can lead different phases of your projects, and always be open to new approaches and ideas.

This Impact Story is based on a semi-structured interview with Mary Robertson conducted by Eva A. May on 6/9/2023 as a part of a Consortium for Cancer Implementation Science Public Good Award research project. Images were provided by Mary. Some Cancer Consortium information comes from the [Indiana Cancer Consortium website](#).



MIKE MAROSITS

**Quality Initiatives Manager
Colorado Community Health Network
Denver, Colorado**



Mike Marosits serves as a practice facilitator, technical assistance provider, and practice transformation coach for the Cancer Prevention and Early Detection (CPED) grant through the CDC and the Colorectal Cancer Control Program (CRCCP) via the Colorado Department of Public Health and Environment (CDPHE). These grants aim to increase screening rates for breast, cervical, and colorectal cancers at Federally Qualified Health Centers (FQHCs) across Colorado. Mike supports participating community health centers in implementing change packages that boost their cancer screening rates. Each health system he works with has at least one internal Program Champion who guides the implementation work on the ground level, focusing on Evidence-Based Interventions (EBIs) that facilitate these

screening programs. Mike acts as the overarching Program Champion, coordinating the efforts across multiple health centers, facilitating communication, and reporting progress to stakeholders at higher levels.

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How did you become a Program Champion?

Mike: Much of my healthcare background is in patient navigation and community health, where frontline staff effectiveness is essential. I've also been involved in implementing Evidence-Based Interventions (EBIs), engaging with patients, reducing barriers, and ensuring follow-up. My current role involves braiding or layering multiple funding streams to support patient navigation and rural clinics in Colorado, in order to boost their cancer screening rates. My involvement in quality improvement processes and Plan-Do-Study-Act (PDSA) cycles, combined with my background in patient navigation and community health have been invaluable in my current role.

What kind of related training and education have you had?

Mike: Initially, I learned on the job as a Community Health Worker. Later, I completed formal training in quality improvement through the Institute for Healthcare Improvement (IHI) Open School, earning a certificate in Quality and Safety. I also use templates and resources from the American Cancer Society. These resources provide a comprehensive framework for implementing strategies and managing workflows to improve cancer screening rates.

Please talk about the change packages you champion with community health centers.

Mike: When a clinic receives grant funding to increase cancer screening rates, we work together to conduct a readiness assessment. After a demographic review, we discuss Evidence-Based Interventions (EBIs) and have the clinic select specific change packages to implement.

The most common change packages include:

1. Reducing Structural Barriers
2. Provider Assessment and Feedback
3. Provider Reminder and Recall
4. Client Reminders
5. Patient Navigation

We focus on engaging the clinics in a facilitated process to identify their priorities and set goals for the selected EBIs. We also create Plan-Do-Study-Act (PDSA) cycles to test and implement changes. My role involves facilitating this process, keeping it organized, and providing tools for quality improvement.

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What are the factors that have most contributed to your effectiveness as a Program Champion?

- **Clinic Champions:** Designating Program Champions within each health center is key. I provide them with training and guidance throughout the process, and they usually run the change package implementation.
- **Organization:** Keeping grant deliverables and timelines clear and well organized reduces administrative pressure on clinics, allowing them to focus on their primary tasks.
- **Project facilitation:** I provide tools and strategies for Quality Improvement (QI) and help facilitate the work the internal teams are doing, offering tools like collaborative online documents to ensure effective and timely communication among stakeholders and consistent progress.
- **Dream Team:** I consider a Quality Improvement (QI) lead, health information systems lead, a health systems provider lead and a patient navigator or navigator supervisor, the “Dream Team” for practice transformation.

How do you measure your results?

Mike: The ultimate measure of success is increased cancer screening rates. I also evaluate progress through patient engagement, clinic team dynamics, and consistent progress on EBIs. Additionally, I monitor patient feedback, clinic leadership support, and collaboration among teams.

How do you feel about your accomplishments as a Program Champion?

Mike: I'm proud of facilitating clinics' work so they can focus on their patients. It's rewarding to hear from clinic champions and teams that our support has reduced their administrative burden and allowed them to focus on and improve patient care. I also enjoy mentoring others in making the transition from direct patient care to support roles. My goal is to be the person I would have wanted to support me during challenging times and transitions to new opportunities.

This Impact Story is based on a semi-structured interview with Mike Marosits conducted by Eva A. May on 6/21/2023 as a part of a Consortium for Cancer Implementation Science Public Good Award research project. Special thanks to Ian Kahn, CDPHE, Colorado Department of Public Health and Environment, for referring Mike to be featured in the 2023 Program Champion Impact Story Series.

MELINDA (MINDY) CONKLIN, MS

**Founder and Executive Director
Hitting Cancer Below the Belt (HCBB2)
Richmond, VA**



Mindy founded HCB2 after losing her husband to colorectal cancer in 2013 at the young age of 43. HCB2 is dedicated to colorectal (CRC) cancer prevention across Virginia. Their mission is to defeat colorectal cancer by providing education and access to services that moves people from awareness to action.

Since 2017, HCB2 has provided fecal immunochemical tests (FIT kits) for CRC screening for medically underserved individuals through partnerships with 15 medical sites across Virginia. Through this program, over 6,500 Virginians have received access to CRC screening. HCB2 also provides community education across the state, using a giant inflatable colon to raise the conversation about CRC and the importance of early detection.

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What motivated you to create the HCB2 Foundation?

Mindy: I founded HCB2 after losing my husband to colorectal cancer in 2013. When the grief began to lift, I realized that nobody was talking about colorectal cancer. It seemed absurd, especially since my husband was so young when he was diagnosed. There were no Virginia nonprofits focused on colorectal cancer, so I decided to do something about it. I founded HCB2 to raise awareness and promote early detection and prevention.

What is the mission of HCB2?

Mindy: Our mission is to defeat colorectal cancer by providing education and access to services that move people from awareness to action. We focus on prevention and early detection to prevent the loss of life, emotional despair, financial burden, and the physical impairments that come with surgeries and treatments. Our approach includes providing FIT colorectal cancer screening kits for the medically underserved and offering community education through innovative programs such as our Junior Board of high school students and our giant inflatable colon. We aim to make a larger impact by partnering with local, state, and national cancer organizations.

What are some hurdles you have encountered, and how have you overcome them?

Mindy: One of the biggest hurdles is the silence surrounding colorectal cancer. To address this, we use creative approaches like our "Can We Talk?" program, featuring a giant inflatable colon, to spark conversations about colorectal cancer. We also offer in-person and online educational



presentations to schools, civic groups, and other organizations.

Another challenge is lack of access to screening facilities, transportation, and general resources. Our partnerships with Federally Qualified Health Centers (FQHCs) and free clinics have been crucial in overcoming these barriers. Since

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2017, we've distributed over 6,500 FIT kits for CRC screening for medically underserved individuals.

What are the key factors that have contributed to your effectiveness as a Program Champion?

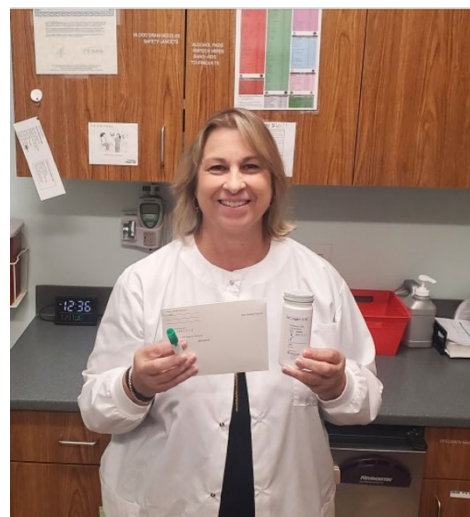
Mindy: Empathy, authenticity, and boldness are key. It's also important to know the landscape, be visionary, and not shy away from doing the hard work. I try to sound the alarm when necessary and take a stand for what's right. My previous experience as a mental health therapist, combined with my focus on wellness, has helped me identify needs in the community and find ways to meet them.

Have you done any outreach programs to the Hispanic community?

Mindy: HCB2's work with the Latino community is through the free clinics and FQHCs. HCB2 provides clinics with Spanish-language adaptations of patient materials such as posters and pre-assessment forms, as well as educational infographics and videos.

How do you measure your success?

Mindy: Our goal is to increase screening rates. We collect data from our clinic partners each quarter. The data we collect includes the number of FIT kits distributed, the number returned, the number of positives who now need a colonoscopy to complete their screen. We also collect the clinics' screening rates at the end of each year.



How do you feel about your accomplishments as a Program Champion?

Mindy: Humble and honored. The annual Boxer Brief 5K event, the FIT screening program, our Junior Board, and our educational initiatives have really expanded over the years. I rarely allow myself to look back and take it all in because when I do, it can bring me to tears. It's an honor to be a part of this journey.

This Impact Story is based on a semi-structured interview with Mindy Conklin conducted by Eva A. May on 6/21/2023 as a part of a Consortium for Cancer Implementation Science Public Good Award research project. Images were provided by Mindy. Special thanks to Victoria (Vicki) Zwicker, MPH, Comprehensive Cancer Control Coordinator, Office of Family Services, Virginia Department of Health, for nominating Mindy for inclusion in the 2023 Program Champion Impact Story Series.



STACY WENTWORTH, MD

Medical Director

**Cancer Survivorship Clinic, Atrium Health Wake Forest Baptist
Asst. Professor, Radiation Oncology, Wake Forest School of Medicine
Winston-Salem, North Carolina**



Stacy graduated from Wake Forest University School of Medicine in 2004 and completed her radiation oncology residency there in 2009. She returned in 2018 to join the NCI-designated Wake Forest Baptist Comprehensive Cancer Center (now Atrium Health Wake Forest Baptist) and was asked to create a multi-disciplinary cancer survivorship clinic. The clinic opened in 2018, helping cancer patients transition from treatments to wellness by providing support services and evidence-based care, including regular physical exams, monitoring for early detection of new or returning cancers, managing side effects related to cancer and treatment, lifestyle coaching and tips to help reduce cancer risk, a

support team with information about community resources, psychosocial and integrative care, and access to research studies on quality of life and survivorship.

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How did you become a Program Champion?

Stacy: I became a radiation oncologist because I enjoyed working with cancer patients and had a strong physics background, which fit well with the field.

About five years ago, I returned to Wake Forest University School of Medicine, where I completed my training. There were space constraints in the cancer center, and access to care was challenging. The bone marrow transplant program and the breast program had started their own survivorship programs, but other care teams had no survivorship services. There was a need to standardize survivorship care across the institution. I had previously worked in private practice and helped build a survivorship program focused on breast cancer survivors. I was tasked with creating a comprehensive survivorship program that would improve continuity and quality of care for cancer survivors.

How did you set up the cancer survivorship clinic?

Stacy: I was given space and a budget to renovate an unused retail area into a survivorship clinic. The Commission on Cancer emphasized the development of survivorship care plans for each patient at that time. We found that these plans took significant time to complete and weren't always found helpful by patients. I decided to focus on a people-over-paper approach, with patient-reported outcomes (PROs) guiding patient visits and care plans serving as a supplemental tool.

Patients who come to our survivorship clinic have a 1-hour survivorship orientation visit. The focus is on the patient-reported outcomes to drive the conversation in the clinic. This approach allows for a shared decision-making visit and shifts the emphasis from written care plans to patient-centric care.

What team members most contribute to the success of the clinic?

Stacy: Our Nurse Manager was critical in getting the program off the ground. She knew the institution well and understood the practical steps to move the program forward.

Our Implementation Science team also played a significant role, helping us understand barriers from different stakeholders and focusing on sustainability.

We use an embedded model, where Advanced Practice Providers (APPs) from various primary care teams work in our survivorship clinic. This model promotes ownership and continuity, with familiar faces for the patients.

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We believe that it is very important to have a consistent face to survivorship.

Our Patient Service Coordinator is that face. Everyone sees her when they walk in the door. She's also the voice that every patient hears on the telephone, the face. She sets the tone for our clinic, creating a welcoming and supportive environment.

We also have a dedicated cancer patient support team, funded through philanthropy, providing counseling and social work support.

What factors are key to your effectiveness as a Program Champion?

- **Leadership support:** If your leadership doesn't understand the value of survivorship, it's tough to move forward.
- **Data and IT support:** We built our workflow into a Tableau database, allowing for real-time data monitoring and feedback.
- **Financial sustainability:** Survivorship needs a solid business case to justify the resources required.
- **A Team of Champions:** Our staff really wants this program to work and for patients to have a good experience that improves their health outcomes and wellbeing. Collaborating as a team to accomplish these goals has been important to our success.

How did you get support from external departments?

Stacy: Our survivorship program was built on an integrated model. We identified Program Champions, or Survivorship Champions, in each disease site. They met with our Program Manager and developed a flow sheet, a disease-specific care plan, and disease-specific resources. Advanced Practice Providers (APPs) from the disease sites come down a half-day a week to see patients in our clinic. With this model, we were able to get really a quick buy-in from many groups, because the providers were known by the patients, and the provider was known by the oncologists.

How do you measure your results?

Stacy: We measure success through patient satisfaction, the consistency of our staff, and the growth rate in patient visits. In 2022, we had over 1,800 patient visits, a 10% increase from 2021. We also track the number of referrals to address survivor symptoms and the orders for imaging, laboratory testing, and other procedures. Our patient experience scores are consistently high, with 95% of patients finding their survivorship visit informative and empowering.

SPOTLIGHT ON PROGRAM CHAMPIONS



What are your proudest moments as a Program Champion?

Stacy: I'm proud of what we've accomplished. We've built a comprehensive survivorship clinic on a shoestring budget, and it's received praise from both patients and leadership. The fact that our program continues to grow and evolve, with a consistent increase in patient visits, is a testament to the hard work and dedication of our team.

What can you tell others about building a successful survivorship program?

Stacy: Survivorship can be daunting, but you don't have to do everything at once. Start with a small, focused area and build from there. Engage with all stakeholders to understand their barriers and needs and create a supportive environment for patients. Just do what you can, build one step at a time, and don't get overwhelmed thinking you have to solve all of survivorship for everyone at once.

Note: [Amy Hensley, DNP, APRN, FNP](#), a Family Nurse Practitioner at the Cancer Survivorship Clinic, is also featured in an Impact Story.

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