

Strategy Action Group Feedback

Minnesota Cancer Alliance

The Minnesota Cancer Alliance (MCA) is a broad-based partnership of organizations and leaders working to reduce the burden of cancer for all people living in Minnesota. The MCA's work is guided by the Cancer Plan 2025, a framework for action with 19 objectives across the areas of prevention, detection, treatment, survivorship, and health equity. The MCA supports collaboration, through approaches like the Strategy Action Group program, among MCA members to help reach the Cancer Plan's goals. The MCA began the SAG program in 2018, providing seed money (up to \$5,000) to partnerships to work on Cancer Plan objectives. Wilder Research interviewed nine SAG representatives in 2021 who received funding between 2018-2020. This report summarizes their feedback on the program, including how they used the funding, what was most helpful, recommendations for improvement, and other ways the MCA might support collaboration.

Impact of the SAG program

The SAG program spurred new collaborations and innovation.

When asked to describe the value of the SAG funding, several representatives noted that the requirement that projects be led by a collaboration across agencies caused them to pursue new partnerships or deepen existing partnerships. The program allowed organizations to innovate with new approaches, which they could replicate, and provided the foundation for future opportunities to collaborate. Focusing on specific Cancer Plan objectives helped them structure their work. Although the amount of funding was relatively small, it filled an important gap; funding for small projects is not always readily available. One respondent shared that it made collaboration easier because group members did not have to figure out how to share costs through their own organizations. Many would not have pursued the projects if it were not for the funding.

SAG funding seeded new efforts, many of which have continued after the funding period.

While most individual groups (SAGs) used their funding as intended during the time allocated, representatives noted ways the work continued. For example, those who used funding to create materials, videos, or web platforms are continuing to use and distribute those resources. Others have or plan to request another grant for a second phase, or have developed new relationships that continue beyond the original project. The COVID-19 pandemic did derail some 2020 projects, but the individual SAGs were able to either make adjustments to follow pandemic protocols or delay their work until 2021.

Recommendations for greater support

SAGs mainly received funding support from the MCA. Most felt the limited involvement from the MCA was appropriate; they preferred to be able to work independently. Several suggested ways the MCA could support SAGs, in particular, and collaborations, in general.

SAGs could benefit from logistical and technical support.

Though the grants were small, the main partner still had to become a vendor within the SWIFT system, a challenging process for individuals and small organizations for a small amount of money. One person suggested a kick-off meeting after the funding is awarded to clarify the expectations of being a state vendor and using the SWIFT system.

Member feedback about the SAG program:

I think the primary value is that it forces organizations to look for partners and ways to collaborate. The second highest value is that it's pretty easy money to get at...It's a big deal to apply for a grant, and this process [was] pretty simplified. For small projects the \$5,000 is just fine.

Broadly speaking, not only does it enable progress to be made against the Cancer Plan, these projects and their written summaries serve as the foundation for replication or expansion of other endeavors to take place, and by doing so, we [can make] even greater progress and ultimately have a greater impact.

I know the money doesn't seem like a lot of money but it's just enough to be able to carve out some time to work together to do some different kind of work. When you are a smaller nonprofit, it's significant.

[When you're collaborating with other organizations], it is difficult to know how to split up costs, and the infrastructure and who manages that, [and so it was helpful to be] able to receive funding to help.

[It was a] great experience and professional development opportunity for me. The opportunity allowed us all to see...the power and impact of collaboration.

SAG representatives, particularly those who were not engaged with the MCA in other ways, noted that they would have appreciated having an MCA representative available for questions, brief, regular check-ins, or to help SAGs orient partners to MCA work.

Some SAGs could benefit from technical assistance related to websites, marketing and branding, or finding data. One person suggested making an intern available to help SAGs with discrete tasks as they arise. While a single SAG may not have sufficient work for a full-time intern, the MCA could provide the overall support and supervision needed.

Additional funding could also help support collaboration.

Some SAGs said they would benefit from ongoing or additional funding to pay for tangible costs that resulted from the project (e.g., website hosting), dissemination products, a second phase of work, or an extended timeline due to COVID-19.

The MCA may consider moving to a formal arrangement led by a dedicated, paid staff member to support SAGs in particular, and collaborative efforts in general, to advance the work of the Cancer Plan.

SAGs were interested in information sharing across groups.

Some representatives were interested in more information on what other SAGs were working on (or had worked on), and on the Steering Committees work. They recommended making SAG final reports available, highlighting how SAGs are advancing their work in the newsletter or blog, or hosting an annual panel with SAG presenters each year. Panels or forums with the Steering Committee could support greater transparency and information sharing across topic areas.

There are opportunities for the MCA to support additional collaboration beyond the SAGs.

SAG representatives saw opportunities to gather and share information with people working in all aspects of cancer in Minnesota. While the Cancer Summit provides one opportunity, ongoing forums or town hall meetings around specific Cancer Plan objectives or other common topics would be beneficial. Specifically, the MCA could establish networks to connect people working on similar activities or goals.

Some SAG representatives noted that professionals working in cancer fields often have common need regardless of what Cancer Plan objectives they work in. For example, whether it be breast cancer, colon cancer, or lung cancer, there are some common barriers to screening that the MCA may help address through a common campaign.

About the SAGs

In 2018, seven SAGs were funded. The MCA also supported the collaboration of four additional groups who were funded through other sources (known as Supported Strategy Action Groups). Based on the success of the program in the first year, the MCA funded seven more groups the following year, with the program continuing into 2020.

SAGs were funded primarily by the MCA.

Most SAG representatives said the funding was the only form of support they got from the MCA. They primarily used the seed money to support staff time across partner organizations. Others used the funding to pay for consultants, materials, or food, or to do project management, create videos, translate materials, host websites, provide technical expertise, or host a convening. Most did not receive funding or support from any other sources beyond the institutional resources of the organizations in the group.

SAGs had diverse partnerships across a variety of topics.

One of the funding requirements was that projects be led by a partnership of organizations. Most SAGs involved representatives across sectors including hospital systems, public health agencies, universities, large health organizations, nonprofits, and individuals who have connections to the cancer community in other ways, such as survivors. Most SAGs did not have a formal collaborative structure in place prior to the SAG funding, but many had informal relationships or had worked on other projects together in the past. The collaborations worked across many different Cancer Plan objectives and topic areas, including lung cancer screening and treatment, HPV screening, radon testing, clinical trials, community health workers, survivorship services, and health equity.

SAG representatives primarily found out about the opportunity through the Steering Committee or the newsletter.

Many participants heard about the funding opportunity through the Steering Committee, either because they were on the Steering Committee themselves or were told about it by someone on the committee. Several others said they heard about it in an email from the MCA.

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FEBRUARY 2021