

# Expanding Awareness of and Access to Free Cancer Support Services in Rural Western Maine

Assessment Report  
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**Prepared for:**

Kerry Irish, LCSW, OSW-C  
Psychosocial Services Manager  
The Dempsey Center  
29 Lowell Street, 5<sup>th</sup> Floor  
Lewiston, ME 04240

**Prepared by:**

Anush Hansen, MS, MA  
Research Associate  
The Muskie School of Public Service  
University of Southern Maine  
34 Bedford Street  
Portland, ME 04104

**Contact:** [anush.hansen@maine.edu](mailto:anush.hansen@maine.edu)



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## Background

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In June 2017, the Dempsey Centers for Quality Cancer Care (Dempsey Center) was awarded a grant from the Maine Health Access Foundation (MeHAF) to conduct an assessment to explore and identify the best approaches for enhanced collaboration among public health coalitions, cancer treatment centers, and cancer wellness support organizations in Franklin, Oxford, and Androscoggin Counties. The Dempsey Center subcontracted with the Muskie School of Public Service, University of Southern Maine (USM) to conduct the assessment. The assessment will help people impacted by cancer, particularly rural and underserved residents, to better access free cancer support services. The following report summarizes findings from this assessment, and will serve as a guide for the Dempsey Center and partner organizations to establish concrete steps for optimizing collaboration, and expanding their reach to rural, underserved Maine residents. Findings will be also be shared with MeHAF, Maine Cancer Foundation, and other stakeholders interested in expanding support services for Mainers affected by cancer.

## Assessment Goals & Methods

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The Dempsey Center and Muskie School undertook this assessment to learn about potential strategies for and barriers to increasing collaboration across regional organizations serving residents impacted by cancer. The assessment gathered data from leaders and staff at these organizations to learn more about systematic ways they could reach rural, underserved populations in Maine. In the three target counties, qualitative interviews were conducted with residents who have been impacted directly by cancer. The Dempsey Center's long-term goal for this assessment is to expand patient awareness of and access to free cancer support services, resources, and wellness programs, specifically for underserved (especially rural) Maine residents and their families.

There were seven organizations in Franklin, Oxford, and Androscoggin Counties that the Dempsey Center identified as key participants for this assessment. They were selected based on their direct experience with and knowledge of underserved and rural populations in the area, and on the assumption that if information-sharing occurs across these specific organizations in an intentionally collaborative manner, it can help the Dempsey Center better reach this population with cancer wellness support services. In December 2017, each of the organizations was approached by the Dempsey Center via email and invited to participate in the assessment. The Dempsey Center was also included in the assessment. The organizations were:

- The Cancer Resource Center of Western Maine
- The Dempsey Center
- DFD Russell Medical Center
- Healthy Androscoggin
- Healthy Community Coalition of Greater Franklin County
- Healthy Oxford Hills
- Oxford County Wellness Collaborative
- Stephen's Memorial Hospital.

The assessment used a two-phase data collection approach. During *Phase One*, data were collected from the eight organizations listed above (including the Dempsey Center) through the administration of the Levels of Collaboration Scale survey, followed by key stakeholder interviews with a representative from each organization. *Phase Two* of the assessment included telephone interviews with individuals (age 18 and older) living in one of the three counties, who have either been diagnosed with cancer during their lifetime, or who have a family member who has been diagnosed with cancer, and who have never used services offered by the Dempsey Center, the Community Cancer Center, or the Cancer Resource Center of Western Maine. This assessment and all related data collection tools and protocols were approved by USM’s Institutional Review Board.

## Phase One: Levels of Collaboration Scale Survey & Key Stakeholder Interviews

### *Levels of Collaboration Scale*

The Levels of Collaboration Scale was developed by Frey and colleagues (2006) to evaluate and measure collaboration across grant partners and collaborators.<sup>1</sup> The Scale draws from existing models of collaboration and develops a framework for defining and measuring varying levels of collaboration across organizations and partners. Table 1 summarizes the authors’ definition of the five levels of collaboration that can exist across organizations/partners:

Table 1. Five Levels of Collaboration and Their Characteristics

Levels of Collaboration				
Networking Level 1	Cooperation Level 2	Coordination Level 3	Coalition Level 4	Collaboration Level 5
Aware of organization	Provide information to each other	Share information and resources	Share ideas	Members belong to one system
Loosely defined roles	Somewhat defined roles	Defined roles	Share resources	Frequent communication is characterized by mutual trust
Little communication	Formal communication	Frequent communication	Frequent and prioritized communication	Consensus is reached on all decisions
All decisions are made independently	All decisions are made independently	Some shared decision making	All members have a vote in decision making	

The Levels of Collaboration Scale survey was sent via email by a Muskie School researcher to representatives from each of the eight partner organizations (including the Dempsey Center) in January 2018. Surveys were completed, scanned, and emailed back to the Muskie School within two months. A copy of the full survey can be found in Appendix A.

Participant responses were summarized and depicted in a collaboration map designed to illustrate the number of connections and level/strength of collaboration across organizations. A mean score

<sup>1</sup> Frey, B.B., Lohmeier, J.H., Less, S.W., & Tollefson, N. (2006). *Measuring Collaboration Among Grant Partners*. *American Journal of Evaluation*, 27(3): 383-392.

was calculated for each organization for the levels of collaboration that they reported across all partners.

### *Key Stakeholder Interviews*

We conducted key stakeholder interviews with leaders and staff at the organizations that were identified by the Dempsey Center as potential collaborators in the three-county region, and that completed the Levels of Collaboration Scale survey. A staff member from the Dempsey Center was also interviewed. Interview questions aimed to identify efforts and strategies with potential for expanding free cancer wellness support services and resources to rural, underserved residents in the region.

A semi-structured interview protocol was developed to gather qualitative data from each key informant about their organization. Specific interview questions included the following:

1. What services and resources does their organization currently provide to cancer patients, survivors, and families in the three county region?
2. Who are their current partners and collaborators? Where do they refer patients and families for cancer support? What is the current reach of their organization?
3. What internal resources are available at their organization for increasing referral practices and/or expanding services for underserved patients through new collaborations?
4. What are the gaps or needs for reaching underserved patients and families? How could these gaps be filled through enhanced regional collaborative efforts?
5. What internal and external barriers get in the way of reaching underserved patients with services and support?
6. How can their organization optimize their referral practices for underserved patients to include cancer wellness support services provided by Dempsey Center and partners?

Key stakeholders were identified at the seven organizations by Dempsey Center staff. A Muskie School researcher contacted each stakeholder to schedule a telephone interview, which were conducted in January and February 2018. All interviews were audio recorded to ensure reporting accuracy.

Interviews were analyzed to identify common themes and to develop recommendations for optimal collaborative approaches across organizations. Rural-specific strategies were also identified to increase access to and uptake of cancer wellness support services for underserved patients and families in the three-county region.

## Phase Two: Interviews with Residents Impacted by Cancer

Telephone interviews were conducted with residents from the three counties who have either been diagnosed with cancer, or who have a family member with a cancer diagnosis, to learn about their need for, knowledge of, and access to free cancer support services, such as those offered by the Dempsey Center and other cancer support organizations. We used a semi-structured interview protocol to ask participants the following questions:

1. Aside from medical treatments for cancer (e.g. radiation), what are the most important services, supports, or resources that people impacted by cancer need during their cancer journey?
2. Of those services, supports, and resources, which ones do you consider accessible in your area?
3. What is the furthest you would be able/willing to travel for these services, supports, and resources?
4. What do you think keeps people impacted by cancer from participating in cancer support programs and services?
5. What do you know about existing cancer support centers such as the Dempsey Center, the Cancer Resource Center of Western Maine, and the Community Cancer Center in Portland?
6. What might influence you to try using the Dempsey Center or other cancer support centers in the future?

At the end of the interview, we asked participants to complete a brief survey ranking the importance of eight specific cancer support services offered by the Dempsey Center (scale of 1-10; survey is included in Appendix B). Ranked services included:

- Yoga and/or meditation sessions
- Nutrition and/or cooking classes
- Support groups
- Counseling and/or art therapy
- Massage and/or Reiki
- Acupuncture
- Fitness classes
- Educational programs about cancer-related matters

Interview participants were recruited through posters, flyers, and advertisements in local free papers and on community social media sites. Muskie School staff led this recruitment, but utilized the help and local knowledge of the eight key stakeholders in hopes of reaching more potential participants. All participants were given a \$30 gift card to Hannaford as a “thank you” for their participation. Telephone interviews were conducted in April and May of 2018, and were audio-

recorded to ensure accuracy. Transcripts were thematically analyzed to identify common threads across interviews.

## Results

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All eight organizations that were identified as potential collaborators completed the Levels of Collaboration Scale survey, and key stakeholders from seven of the eight organizations completed a telephone interview. Interviews lasted between twenty-five and sixty minutes. We completed a total of four interviews with individuals impacted by cancer (two male and two female respondents). All three counties were represented in these interviews.

In this Results section, we present profiles for each organization based on key stakeholder interviews; results from the Levels of Collaboration Scale survey; a summary of the gaps, needs, and barriers that key stakeholders identified when trying to reach rural, underserved residents with services; and their insights into how partners might collaborate better with one another and with the Dempsey Center. We also provide a brief summary of the findings from the interviews with individuals impacted by cancer and their ranking of the importance of cancer support services.

### Collaborating Partner Organization Profiles

Through the key stakeholder interviews, we developed a profile of the services, existing partners, general reach, referral practices, and internal resources available at each organization and potential collaborating partner organization. These profiles are organized by three organization types, which include: four Public Health Community Coalitions and Collaboratives, one hospital, and two Cancer Support Services Organizations.

#### *Public Health Community Coalitions & Collaboratives*

*Healthy Androscoggin (HA)* is a local, comprehensive community health coalition that improves the health and quality of life among residents of Androscoggin County. Their services range from direct service to policy, systems, and environmental changes, including ongoing planning, community action, education, and advocacy. Direct services include nutrition education in schools, childcare settings, senior sites, churches, and other gathering places; substance misuse education; tobacco cessation services (in collaboration with the Dempsey Center); and lead poisoning education in both home and community settings. HA works with several local partners on policy, systems, and environmental changes, including serving on the Lewiston bike and pedestrian committee to promote physical activity and safe transportation in the region, and facilitating a smarter lunchroom makeover for a local public school.

While none of the programs or initiatives led by HA are focused exclusively on residents impacted by cancer, programming is meant to reach different segments of the population, which may include individuals who have been diagnosed with cancer, and their families. Furthermore, many of the programs and services are meant to reach the whole city of Lewiston and/or the entire

county. Last year HA reached 2,723 Androscoggin County participants through nutrition education programming, and conducted obesity-related work in eighty-four sites. Central Maine Healthcare supports HA's work and mission by serving as their fiscal agent.

HA currently partners with numerous organizations, institutions, and coalitions, including:

- Local public schools, childcare settings, and local colleges
- Medical providers, including Saint Mary's Regional Medical Center and DFD Russell Medical Centers
- The Dempsey Center
- Community-based organizations serving New Mainers
- Local police departments
- Area businesses
- CAP (Community Action Programs) agencies
- United Way
- Area pharmacies
- Chambers of Commerce
- Local churches
- Local Municipal departments
- Youth organizations
- Let's Go! 5210
- Maine Snap-Ed
- Local farms and farmers markets
- Statewide coalitions, including the Bicycle Coalition of Maine and elder coalitions

If an Androscoggin county resident inquires with HA about where to go for free cancer support services, they would be referred to the Dempsey Center. HA serves many residents and partners, and could consider increasing communication about Dempsey Center-affiliated programming and making referrals (e.g. through their work in schools and senior living organizations). One limitation is that some of the funding HA receives is very prescriptive and can only be used for very specific purposes, however other existing grant funding is more flexible. HA also sits on many local and regional committees through which they could share information about Dempsey Center offerings, potentially increasing knowledge of and referrals to the Center.

Healthy Community Coalition of Greater Franklin County (HCC) is the public health affiliate of Franklin Community Health Network. HCC uses a coordinated public health approach of education, promotion, and outreach to improve people's wellbeing and health in the Franklin County region. HCC is one of the oldest and largest healthy community coalitions in the US, with a staff of fourteen. Services and programs range from cholesterol, blood pressure, and bone density screenings; skin, breast, cervical, and colorectal cancer early detection; cancer prevention education; substance abuse and tobacco prevention; and physical activity and nutrition promotion, including offering grocery store tours and supporting a harvest garden that provides fresh local to pantries and senior housing facilities.

The Coalition brings services and programming to the places where people live, work, and shop in this very rural and dispersed county. They provide programs to residents at local fairs and events, and operate a thirty-four foot Mobile Health Unit in which they offer cancer and other health screenings, and supportive services such as massage therapy, physicals, and breast exams. Last year, their Mobile Health Unit reached 3,000 residents. HCC recognizes the barriers that rural residents in their county face when trying to engage in healthy behaviors. In addition to the Mobile Health Unit, HCC also offers gas cards and organized rides for residents who have transportation support needs. HCC provides cancer navigators and assistance to individuals looking to enroll in health insurance through the Affordable Care Act. It is also involved in funded initiatives to address the underlying issues of poverty and healthcare delivery transformation.

HCC is a part of what was originally the Franklin County Resource Collaborative, a previously grant-funded collaborative that convenes leadership from area non-profit and social service agencies, and that has continued to thrive beyond the original grant-funding. In order for HCC's programs to be successful in such a rural area, they have built numerous partnerships with businesses and organizations throughout the county, several of which offer the Coalition free use of meeting spaces and advertising space. HCC refers residents in need of cancer support services to the Dempsey Center, particularly those who reside closer to the Androscoggin County line. Residents living in the northern portion of the county would need to drive two hours or more to access the Dempsey Center in Lewiston, so it would be unlikely for them to use on-site services.

HCC is part of an expansive network of partners with a broad reach. Regularly, staff are in the community, connecting with residents, businesses, and other organizations, especially through their Mobile Health Unit and outreach at local fairs and events. Recently, HCC was awarded a planning grant to develop a central hub that residents can access and be connected to the services they need. On a larger scale, HCC is considering developing similar hubs throughout the county to serve as local resource centers for residents. HCC's consistent community outreach and establishment of a central resource center offers potential for educating residents about available cancer support services offered through the Dempsey Center and other similar cancer care organizations.

*Healthy Oxford Hills (HOH)* is a local healthy community coalition serving Oxford County residents with chronic disease prevention services and programs. HOH focuses in the areas of: active living and physical activity promotion; healthy eating; tobacco and substance use prevention; and building community capacity and infrastructure toward improving population health. The Coalition works throughout the community, in schools, and promotes prevention activities and resources with partners such as Snap-Ed, Let's Go! 5210, MaineHealth's Center for Tobacco Independence, New Balance SparkStart school physical activity initiative, and regional resources for physical activity, such as GIS-based maps for hiking, biking, and recreation. The coalition serves all of Oxford County, with a reach of 58,000 people. HOH houses the Oxford County Wellness Collaborative (OCWC), which encompasses a network of community partners engaged in health promotion and prevention activities across a wide spectrum (see below). While HOH's programs and resources are not designed specifically for individuals and families impacted by cancer, their work aims to serve all families in the region, which includes residents impacted by cancer.

The essence of HOH's work is to build partnerships and collaborations. They collaborate with large, statewide organizations such as MaineHealth, University of New England, University of Southern Maine, Let's Go! 5210, and the public health District Coordinating Councils. The coalition works with several other local groups and organizations that have similar goals, including Community Concepts, Stephens Memorial Hospital (which also serves as HOH's fiscal agent), conservation groups and land trusts, the food council, school systems, WIC, churches, law enforcement agencies, businesses, and community members and volunteers who are interested in promoting public health.

HOH does not engage in direct service delivery. However, they do receive general inquiries about available healthcare-related resources. If there were someone in need of cancer support services, they would likely refer them to the Cancer Resource Center of Western Maine. If there were an Oxford County resident living on the southern tip of the county (closer to Lewiston) looking for cancer support, they would also refer them to the Dempsey Center.

One of the key functions that HOH serves is that of an "information clearing house" for health promotion in the County. They share updates and notices about activities, seminars, volunteer opportunities, and other programs through their website, social media, and monthly electronic newsletter. HOH could potentially use these platforms to help raise awareness about Dempsey Center programs and services, especially for residents living on the southern end of Oxford County.

*Oxford County Wellness Collaborative (OCWC)* is housed at HOH and is comprised of 300+ individual and organizational members with a reach that extends throughout Oxford County. The Collaborative connects members and residents to information, resources, and events in the region that aim to promote health. OCWC includes five subgroups: Healthy Eating, Active Living, Community Safety, Behavioral Health, and Community Engagement, and works with numerous partners, including River Valley Healthy Communities Coalition, Let's Go! 5210, Mahoosuc Pathways, municipal recreation programs, area hospitals and health centers, the Cancer Resource Center of Western Maine, and other HOH partners.

OCWC does not offer specific programming, nor does it have a subgroup focused on cancer. However, it shares information about physical activity, nutrition, mental health, and emotional wellness that could be of interest to those impacted by cancer, and could also draw attention to area programs for patients with cancer and their families. To date, OCWC has not received any specific requests for referrals to cancer support services. If they were to receive such a request, they would likely refer them to the Cancer Resource Center of Western Maine, oncology support staff at Stephens Memorial Hospital, or other health centers in Oxford County.

OCWC has a broad reach across its membership, and serves and promotes health for Oxford County residents. These connections could increase knowledge of and referrals to cancer support services in the area. OCWC currently has a Community Engagement workgroup that focuses on how the Collaborative engages with members and the general public. This workgroup could potentially be asked to help improve collaboration with cancer support centers, such as the Dempsey Center and the Cancer Resource Center of Western Maine. While there have been conversations about building a cancer workgroup, the Cancer Resource Center of Western Maine

already leads an existing workgroup. If there were a passion and energy within the Collaborative for focusing more attention to cancer-specific collaboration, OCWC could consider ways to devote more staff and resources to support that work.

### *Hospital*

DFD Russel Medical Center is a Federally Qualified Health Center (FQHC) offering patient-centered primary care services, with integrated behavioral health and tele-psychiatry services to residents of Central Maine. They reach approximately 10,000 patients per year. In the area of cancer, DFD Russell engages in primary diagnoses of cancer, referrals to oncology services, and ongoing support with behavioral health needs or patient assistance. DFD Russel Medical Center has patient assistance coordinators, and three care coordinators at all three of their practices.

As an FQHC, DFD Russell serves a rural, underserved population. Their practice patterns, patient assistance coordinators, and care coordinators are all organized to cater to this populations' specific needs and barriers. For example, they arrange for patient transportation, assist with medications, and provide targeted care coordination for the rural underserved.

Depending on the diagnosis and patient's needs, DFD Russell refers to Lewiston-area providers, MaineGeneral, Maine Medical Center, and Boston-area providers, as well as to the Alford Center for Cancer Care or the Dempsey Center for cancer support services.

### *Cancer Support Services Organizations*

Cancer Resource Center of Western Maine (CRCWM) is a non-profit organization providing support services to those in their service area affected by cancer. Located on the campus of Stephens Memorial Hospital in Norway, CRCWM has its own 501c3 designation and is separate from the hospital. CRCWM offers free comfort items to patients, such as hats, scarves, port protectors, and wigs for patients undergoing cancer treatment. They operate a lending library, and offer pamphlets and informational resources for those impacted by cancer. The Center is currently open on Thursdays and Fridays from 9:00am-3:00pm, with the hope of expanding their hours to include a third day, if resources allow. During those times, they offer drop-in creative expression classes, including art and knitting classes, and hold two regular support groups, a women's support group and a men's rally group. CRCWM also supports a free yoga class held two times per week at CRCWM, an additional weekly yoga class available at Possibilities (a local yoga, wellness and physical therapy center in Norway), and a fitness class at Bader Physical Therapy (also in Norway). All classes are free for both cancer survivors and caregivers.

CRCWM operates a Caring Coupon program for people undergoing active cancer treatment, or who are within one year of finishing treatment. The program offers eight coupons that can be redeemed for free massage, Reiki, or reflexology from local providers. Caregivers of patients undergoing cancer treatment are offered four coupons through the Caring Coupon program. Providers of these services are approved by the Center's Wellness Committee, and are reimbursed \$40 by CRCWM for each service they provide to cancer patients and their caregivers. Currently all providers for this program are located in Norway, but there is a possibility that the program could expand to include providers in other western Maine towns, increasing reach. The

Caring Coupon program has been supported by grant funds from the Stephen's Community Health Care Foundation and through another private donor.

Currently, CRCWM collaborates with several partners including: Stephen's Memorial Hospital and their affiliated Foundations; the Next Generation Foundation of Maine; the Dempsey Center, the Beth C Wright Cancer Resource Center, and the Cancer Community Center; local physical therapy, yoga and wellness centers and providers; the Progress Center in Norway; local churches; and many local volunteers.

In general, the Center serves patients and caregivers in the Oxford Hills area, primarily those who are seen through primary care or oncology through Stephen's Memorial Hospital. CRCWM works closely with Stephen's oncology team, and receives most of its referrals from there. While individuals have traveled from Bethel for CRCWM's support groups, most of whom they serve live in the Norway area. Determining an accurate estimate of reach has been a challenge for the limited staff, and learning from other centers about tracking program reach is a goal of the Center. CRCWM's estimates that 60 people per month use their classes and support groups.

*The Dempsey Centers for Quality Cancer Care (Dempsey Center)* provides free quality of life care to individuals and families impacted by cancer. As an organization, the Dempsey Center is open to anybody who has been impacted by cancer, regardless of where they live, have been treated, or diagnosed. The Dempsey Center offers an array of support groups, nutrition classes and nutrition counseling, as well as yoga, massage, Reiki, tai chi, wellness assessments, counseling (individual, family, and group), children's programs, and a lending library. The Dempsey Center connects people impacted by cancer with financial, transportation, and other support resources. The Center maintains the Maine Fund for Cancer Patients to assist those in treatment, or within 6 months of completing treatment, with needs such as food and gas cards. Regularly, Dempsey Center staff travel to surrounding communities to provide outreach and cancer prevention presentations and education at worksites and schools, and also offer a series of tobacco cessation classes at the Center.

Each year, the Dempsey Center hosts The Dempsey Challenge, a two-day non-competitive run, walk, and cycle fundraiser, which benefits Dempsey Center programming. The reach of the Dempsey Center's programming, support services, education, and events extends throughout Maine, and even beyond. Individuals and groups participating in the annual Dempsey Challenge travel from within and outside the state. In 2017, there were 3,531 participants and 1,039 volunteers who took part in the Dempsey Challenge. Also in 2017, prevention education and outreach activities were delivered to 2,330 individuals (not including contacts made at 18 health fairs), and 1,531 unique individuals accessed Dempsey Center services (in-person and by phone). These 1,531 individuals utilized 16,939 "units of service" (e.g., one counseling session, one support group session). The Dempsey Center is exploring a merger with the Cancer Community Center in South Portland to expand its reach and resources to more Maine residents impacted by cancer.

The Dempsey Center collaborates with numerous partners, including patients and family members; primary care physicians and practices, oncology practices, and hospitals; Maine Cancer Foundation; healthy community coalitions; surrounding cancer support organizations

(CRCWM, Cancer Community Center, Beth Wright Cancer Resource Center); Dempsey Challenge collaborators, corporate and local sponsors; and hundreds of volunteers. In situations where the Dempsey Center cannot provide services due to geographic limitations, the Center refers people to other cancer support service organizations, such as CRCWM. Occasionally, the Center receives inquiries from people in other states to see if they can help connect individuals and families to supports organizations similar to the Dempsey Center.

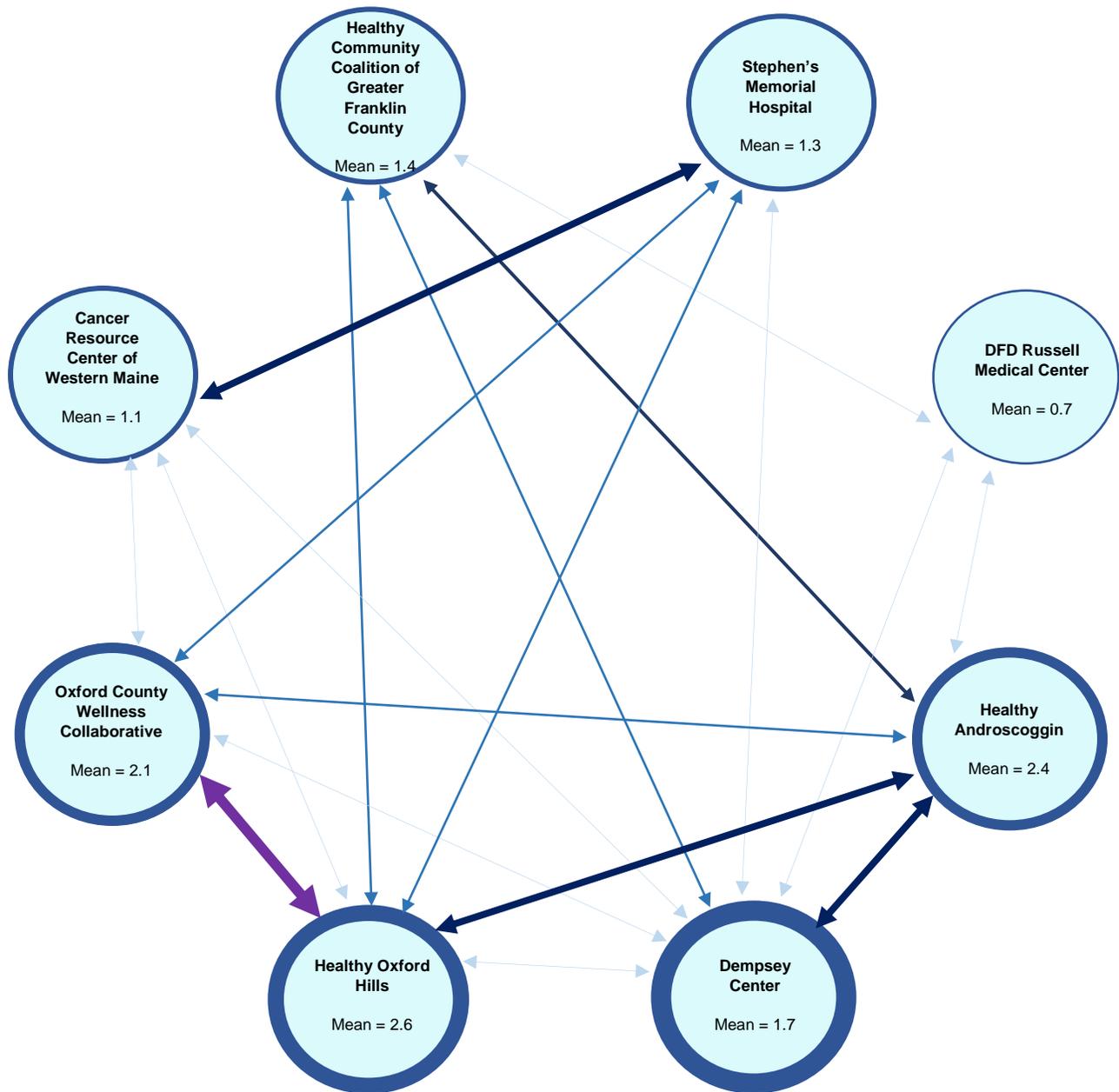
The Dempsey Center is strategically and intentionally assessing ways it can expand its reach to a broader community and do so with a culturally sensitive approach, especially to those who are underserved. The Center remains connected to communities and organizations through a number of activities and partnerships, including through meetings with the Maine Mobile Health Program; prevention presentations for New Mainers; exploring a project ECHO type-model where free cancer supports could be delivered to rural communities via web-based services; staying closely connected with statewide cancer initiatives; and maintaining an up-to-date and informative website that can be accessed by anyone with internet service.

### **Current Levels of Collaboration**

All eight organizations that participated in this assessment completed the Levels of Collaboration Scale survey. Scores ranged from 0-5, with the higher value indicating greater collaboration. The mean score across all responses from all organizations was 1.7, which falls in Level 1, “Networking.” The organization with the highest mean collaboration score with the other organizations was HOH, with a mean score of 2.6 (“Cooperation”). Four organizations had mean collaboration scores in the “Networking” Level (Level 1), while three organizations had a mean collaboration score in the “Cooperation” Level (Level 2). No mean collaboration scores reached the “Coordination,” “Coalition,” or “Collaboration” Levels (Level 3, 4, and 5, respectively); however, some raw collaboration scores reported between individual partners did reach these levels.

Figure 1 is a Collaboration Map, which illustrates the connections and levels of collaboration that were reported across organizations. The number of reported connections to other organizations ranged from 3-7 connections, with a mean of 4.8 connections. Partners with a mean collaboration score below one are not connected by a line on the map. The color and thickness of each two-sided arrow that connects organizations represents the average (mean) collaboration score reported between the two connected organizations. For example, the Dempsey Center reported a score of “2” (“Cooperation”) for the Cancer Resource Center of Western Maine, while the Cancer Resource Center of Western Maine reported a score of “1” (“Networking”) for the Dempsey Center. Therefore, the average (mean) score that is depicted in Figure 1 by the faint blue arrow between those two organizations is “1.5,” which is classified as a Level 1, or “Networking” score. It is important to note that collaboration levels measured through this survey are subjective measures that represent the perceived collaboration with the other organizations. According to the authors of the Levels of Collaboration Scale, situations in which two organizations report different levels of collaboration does not mean that either score is incorrect, but is rather an opportunity for discussion among those entities.

Figure 1. Collaboration Map – Dempsey Center Cancer Support Services Assessment\*\*



-Key-

Level 0 None	No Line	-----
Level 1 Networking	↔	Aware of organization, little communication
Level 2 Cooperation	↔	Provide information to each other, formal communication
Level 3 Coordination	↔	Share information/resources, frequent communication
Level 4 Coalition	↔	Share ideas/resources, frequent/prioritized communication
Level 5 Collaboration	↔	Members belong to one system, mutual trust

➔ Lines are bidirectional, and represent the **mean** value of scores reported by both connected partners

\*\* Mean values inside each organization's circle represent the average level of collaboration they reported across the other 7 organizations.

\*\* Thickness of outline around each circle represents the number of connections (arrows) to other organizations. A thicker line = more connections.

The Collaboration Map in Figure 1 also includes the overall mean score reported by each organization for their collaboration with all of the other organizations. These values are inside each circle below the organization's name. The thickness of the outline surrounding each circle represents the number of connections reported with other organizations (i.e. a thicker outline means more reported connections).

As illustrated in the Collaboration Map (Figure 1), the majority of the mean collaboration scores between individual organizations fell within the "Networking" (Level 1) and "Cooperation" (Level 2) categories. Healthy Androscoggin had the highest/strongest mean levels of collaboration with Healthy Community Coalition of Greater Franklin County (Level 3), Dempsey Center (Level 4), and Healthy Oxford Hills (Level 4). Stephen's Memorial Hospital and Cancer Resource Center of Western Maine had a mean score of 4 ("Coalition"). Healthy Oxford Hills and the Oxford County Wellness Collaborative had the highest possible score of 5 ("Collaboration"). While all partners reported some level of connection to the Dempsey Center, most were at Level 1 ("Networking") and Level 2 ("Cooperation"), except for Healthy Androscoggin, which was at Level 4 ("Coalition").

## **Key Stakeholder Interviews: Reaching Underserved, Rural Residents with Cancer Supports**

The partner organization profiles highlighted earlier in this report demonstrate the breadth and scope of existing programs, services, partners, and internal resources. The Collaboration Map illustrates the current frequency and strength of collaboration reported by these organizations. These data and the Collaboration Map highlight opportunities for improving collaboration in the future. Key stakeholder interviews with staff at partner organizations also allowed for the collection of information about experiences with and impressions for connecting rural and underserved residents who have been impacted by cancer with cancer resources and supports. These insights presented in the following section can help the Dempsey Center and its collaborators develop focused strategies for reaching rural and underserved populations with free and accessible cancer support services.

### **Barriers to Reaching Underserved, Rural Residents**

Key stakeholders shared their experience and understanding of what barriers exist when trying to reach underserved and rural residents with programs, services, and supports. The overarching themes that emerged were related to transportation, isolation, financial, and communication barriers.

#### *Transportation, Isolation and Financial Barriers:*

In these rural and dispersed Maine counties, connecting residents, especially those of low-income and high-need, with programming and services is challenging due to isolation and long travel distances to services, thus limiting accessibility. The Mobile Health Unit operated by the Healthy Community Coalition of Greater Franklin County is one approach that has been successful in reaching isolated residents with prevention and healthcare services. Providing gas cards is another strategy for removing transportation, and financial barriers. However, reliable access to a vehicle and time remain challenges for many in these areas. Underserved, including under- and

un-insured residents, may also have limited or no access to healthcare services in their area, making it unlikely they will be aware of services and programming offered by the Dempsey Center and other cancer-related organizations. Furthermore, long travel distances and small staff size limit the capacity of organizations to bring services and programming to rural residents.

#### *Communication:*

Stakeholders explained that reaching underserved and rural residents with information and messaging related to health promotion and available programs and services is often a challenge, especially since many residents are not engaged in the healthcare system and broadband access is limited. Residents, especially those impacted by cancer, may be overwhelmed by information related to their diagnosis and treatment, and may be unaware of support services. Finding the right strategies for increasing awareness of available programming is a priority for service organizations. For example, OCWC aims to serve as a clearing house that people can call or check the website to find support services. If OCWC is unable to help, they can provide a warm hand-off to other agencies. The Collaborative is also identifying ways to better serve people who would not necessarily know or think to call OCWC, and those who do not have internet access. The Collaborative posts flyers in town offices, laundromats, libraries, and other places where people gather. They are involved in conversations with stakeholders about strategies for improving the internet infrastructure in western Maine, and identifying ways to help residents understand technology and how to connect to the internet. Language is another barrier in some Maine communities as they become more diverse. Translating materials, providing interpretation services, and making sure materials are culturally sensitive are critical to success, and are challenges for smaller organizations.

One stakeholder noted that until cancer impacts an individual or family directly, they may not notice or remember information and communications about cancer support services. Therefore, it is important to provide continuous messaging using principles of health literacy, especially in underserved and rural communities.

It was also reported that there has been confusion among women about how often they should have mammograms and at what age. This confusion reduces residents' confidence about the cancer care information they receive from providers. Ensuring consistent messaging from oncology and healthcare providers is important for gaining the trust of residents, especially among vulnerable and disengaged populations who may already lack trust in the healthcare system.

#### Gaps and Needs for Reaching Underserved, Rural Residents

Key stakeholder interviews revealed several gaps or needs that partner organizations face in their mission to reach underserved, rural residents with services, programs, and supports. These were primarily related to staff capacity, and developing, sharing, and resourcing strategies for reaching isolated residents most in need.

#### *Staff Capacity:*

Partner organization staff are often working on multiple initiatives with limited resources and budgets. While they are committed and passionate about reaching rural, underserved residents with needed supports, it can be a challenge to find the time needed to serve this high-need population. Regular communication of clear and accessible information, as well as answering

questions, and connecting residents to services takes significant staff time. Recent changes and cuts to Maine's public health infrastructure (e.g., the defunding of Healthy Maine Partnerships) has reduced partners' capacity, while making them simultaneously more important in their service area because they are the primary public health organization.

As an example of these funding and capacity changes, OCWC had been focused on engaging residents who do not typically access health promoting activities. While forming relationships, and building trust and personal leverage with residents takes significant effort, OCWC found there is a need, and once people were engaged there was a strong desire to remain engaged. While the Collaborative felt this engagement was important, they had limited resources to provide individualized support to community members. As such, OCWC had to scale back this type of engagement, and is reconsidering its approach to, and capacity for, targeted community engagement activities. Similarly, CRCWM works directly with Stephen's Memorial Hospital, which is increasing their capacity by hiring an oncology social worker. The hospital has an oncology patient navigator, so by adding the social worker they will increase their capacity for connecting patients with services and resources.

#### *Identifying, Sharing, and Resourcing Common Strategies:*

Stakeholders explained that in order to reach a broader range of rural, underserved residents impacted by cancer, partners needed to begin strategizing how to tap into each other's ideas and resources. One way this could start is by prioritizing message-sharing with various entities and potential regional partners. Examples of messaging content could include partnership opportunities with providers to increase access to services such as acupuncture, Reiki, and yoga, and/or finding resources that would allow Dempsey Center staff to travel to rural areas and offer services. Partners could also identify ways to use distance technology to reach rural and/or homebound residents with their programming and services.

Partners were interested in finding support to replicate Dempsey Center programs in their own communities or to partner with the Dempsey Center to provide them. For example, HCC is interested in offering gym memberships for those with cancer, similar to a Dempsey program. An oncology social worker in the area reported her patients are in need of a place to be physically active; however, the cost of a gym membership is prohibitive. While there used to be a cancer support group in the area, there is no longer one available to residents. Sharing resources with partners, like the Dempsey Center, could possibly help establish these supports in the community.

#### **Optimizing Referral Practices for Cancer Support Services**

Stakeholders offered suggestions about ways partner organizations can work together to optimize referral practices for free cancer support services in the region. They presented ideas for improving collaboration and lesson sharing, educating community members and providers about services available through cancer support centers, and increasing referrals to services.

#### *Collaboration & Lesson Sharing:*

Key Stakeholders would like to see improved, regular communication and collaboration across partner organizations. Most are eager to collaborate with the Dempsey Center, and are

encouraging of Dempsey Center staff to visit their rural areas and possibly offer more local programming.

One stakeholder explained that leaders from the Dempsey Center, CRCWM, and the Beth Wright Cancer Resource Center used to meet quarterly. This particular stakeholder stated that it could be very valuable for those regular meetings to resume, and felt that inviting additional partners to those meetings could be beneficial for collective brainstorming, information sharing about programs and funding opportunities, and developing streamlined referral systems. Stakeholders also suggested that partners could engage with the Dempsey Center for more collaborative grant writing, especially given the Dempsey Center's strong name recognition and positive reputation. Some partners' funding streams are very specific about what activities they can do using awarded funds. In order to do more focused cancer support referral work, they would likely need to explore additional funding sources specific to this work.

Some organizations hope that with increased collaboration with the Dempsey Center that their organizations can learn more about how to implement intake, tracking, and data collection systems at their locations. Establishing efficient client tracking systems while maintaining client privacy has been challenging for some organizations, however in order to properly serve their populations and write grants for future programming, leaders understand the need to accurately capture the reach and demographics of those they serve. Partners expressed that it would be helpful to learn lessons from organizations like the Dempsey Center who have been doing this work for some time and on a larger scale.

#### *Educating Providers and Community Members about Cancer Support Services:*

One of the most important steps in making cancer support services accessible to rural, underserved residents is making sure they know those services exist in the first place. Properly marketing services, programs, and supports offered by the Dempsey Center, CRCWM, and the partners that refer to them is critical. Partners offered a number of suggestions for how to educate those impacted by cancer about existing free cancer support services, including:

- Marketing at local health fairs and general community gatherings/events;
- Marketing Dempsey Center and CRCWM services to physicians, oncologists, and other clinical providers so they can refer patients;
- The Dempsey Center serving as a venue where clinical providers can hold their meetings, conferences, and other events so they can see, first hand, what the Dempsey Center has to offer;
- Making sure that services offered through the Dempsey Center and CRCWM (and other cancer support centers) are included in the list of health-related referral organizations provided through Maine's 211 hotline;
- Ensuring residents, community partners, and providers are aware that OCWC and other community health coalitions serve as connectors to cancer-related supports and programs;
- Supporting Dempsey Center staff travel to rural communities to facilitate community conversations and presentations that draw attention to available cancer support services.

### *Connecting Rural Residents with Cancer Support Services:*

When considering strategies for optimizing referrals to Dempsey Center services, stakeholders presented a number of specific ideas for how to better connect rural and underserved residents with free cancer support. These included:

- Bringing Dempsey Center providers and programs to the rural areas that are most lacking cancer supports. Stakeholders mentioned a particular need for cancer support groups. Community partners do not have the financial resources or staff to offer the variety and frequency of supports that residents need;
- Providing training and/or mentoring for local providers through the Dempsey Center. Stakeholders explained there are talented providers (e.g., counselors, yoga and Reiki practitioners, massage therapists), in their community who could be trained and contracted by the Dempsey Center to provide needed support services in rural communities;
- Offering Dempsey Center-funded gym memberships for rural residents to increase access to safe physical activity in their community. This offering would reduce financial barriers that often prevent residents from accessing their local fitness center;
- Developing a partnership between the Dempsey Center and HCC to utilize their Mobile Health Unit to bring free cancer support and services (e.g., massage therapy, Reiki, acupuncture) to rural Franklin County residents;
- Developing web-based meditation, yoga, and other modules that can be offered and streamed through the Dempsey Center website to help those (with internet service) who cannot travel to engage in some of these therapeutic programs.

### **Interviews with Those Impacted by Cancer: Knowledge of and Access to Cancer Supports**

Through telephone interviews, qualitative data were collected from four participants impacted by cancer, and findings supplement this assessment. These data are formative, and can serve to shape future interview or focus group protocols about exploring rural populations impacted by cancer. Interview findings are summarized here:

When asked what kinds of supports or resources are most important to those impacted by cancer (aside from medical treatments), support groups or individual psychological support were the most commonly mentioned. One respondent explained that she would like more support in finding comfort supplies for individuals undergoing cancer treatment. Financial support for transportation was also mentioned.

While two participants felt attending a support group could be very helpful, the other two described they do not want support from the outside (i.e., beyond their family support system). One respondent explained that people in his community like their privacy and to take care of things themselves, and sometimes may feel as though they will be seen “unequally financially” by outsiders (i.e., looked down upon) in a group setting, especially one offered in another community because of their socioeconomic status. Two respondents explained they didn’t want to go to a support group because they may see “the worst of the worst” or “everyone’s horror stories” in terms of people’s struggles with cancer and prognoses. One person suggested it would be helpful to attend social gatherings, potlucks, or other entertainment provided for cancer survivors and their families instead of intensive support groups. She explained this could help survivors to feel less alone, but would offer an opportunity to get her mind off of things. Another respondent who

had just completed his cancer treatment has been searching very hard for a support group, but explained they are “nonexistent” in his area. In fact, the reason he called to participate in our originally scheduled focus group for this assessment was because he was hoping it was a support group. At the end of his interview, he asked for contact information for the Dempsey Center and later let us know he had made an appointment for both he and his wife.

All but one of the respondents were generally unaware of what cancer wellness supports and services are available in their area. Some had heard of the Dempsey Center and CRCWM, but they did not know any details about what those centers provide. One respondent thought the Dempsey Center provided services only for cardiovascular health, and another only knew about the Dempsey Challenge – she did not realize that the Center provided free cancer support services. None of the interview respondents had received any information or materials about the Dempsey Center from any of their or their loved one’s medical providers.

When asked how far they would travel for free cancer support services, respondents described the challenges and cost of traveling in rural Maine, especially for those who live alone, for those who do not feel well enough to drive, for those without a car, and during the winter months. Some felt if there were services or supports they believed would be very beneficial, they would consider driving to Lewiston, Augusta, or Portland. Others said it would be unlikely that they could or would travel far beyond their own community for supports. One participant who lives in an isolated, rural town and needs frequent colonoscopies explained that finding transportation to and from regular screenings is an enormous problem. Because patients that have colonoscopies are not allowed to drive themselves home or take a taxi, they must rely on a family member or friend to drive them. She lives alone, so this requires asking a friend to take an entire day off from work to drive her. She explained that she knows people who skip needed colonoscopies because they cannot find a ride home.

At the end of the interview, respondents completed a brief questionnaire in which they were asked to rank specific cancer wellness supports on a scale of 1 (“not at all important”) to 10 (“extremely important”). The ranked order (and mean ranked values) are presented in Table 2 below:

**Table 2. Ranked Importance of Cancer Support Services\***

Rank #	Mean Ranked Value	Cancer Support Service
1	9.3	Educational programs about cancer-related matters such as “chemo-brain”
2	8.8	Support groups
3 (tie)	8.5	Fitness classes
3 (tie)	8.5	Nutrition and/or cooking classes
4	8.3	Counseling and/or art therapy
5	7.5	Massage and/or reiki
6	6.0	Yoga and/or meditation sessions
7	5.8	Acupuncture

\*Findings are based on only four responses, and are not generalizable.

## Limitations

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The primary limitation that we experienced during this assessment was collecting qualitative data directly from individuals who have been impacted by cancer. We initially set out to conduct two focus groups to gather qualitative data from patients and families impacted by cancer about their knowledge of and access to free cancer support services. However, due to very low interest and response from potential participants, we had to cancel the focus groups, and opted to conduct individual telephone interviews instead. One possible reason for low interest in focus group participation was a lack of funding for participant incentives. The Dempsey Center generously donated \$30 Hannaford gift cards for incentives; however, given the time and travel commitment to participate in a 90 minute focus group, this incentive was likely not enough to justify the financial and opportunity costs of participating. Focus groups were unfortunately scheduled during an extremely challenging winter with multiple major storms, which may have negatively impacted participation. Also, individuals impacted by cancer may not feel well, and may already be overwhelmed by cancer treatments and other priorities related to their or their loved one's health and/or day-to-day responsibilities. Even finding participants willing to take part in a brief telephone interview was challenging. As such, only four interviews were completed. This very small sample size limits the generalizability of assessment findings.

In addition, despite the willingness of all identified partners to participate in the Levels of Collaboration Scale survey, we were unable to connect with one hospital partner to conduct a key stakeholder interview. Gathering insights from an additional hospital would have added value to our findings.

## Recommendations

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Through this assessment, we were able to gather qualitative and quantitative data to help describe current levels of collaboration across the selected community health, cancer support, and healthcare organizations. We learned about their existing programs and services, partnerships, resources, and organizational needs for serving rural, underserved residents, and about current referral practices for free cancer support services; and about their observations and opinions about how organizations can collaborate with the Dempsey Center to better reach this high-need population with services. Although we were only able to complete four interviews with residents impacted by cancer, these conversations helped illuminate their knowledge of, access to, and desire for free cancer support services. Based on our findings, we recommend the Dempsey Center consider the following activities as they move forward in their effort to expand their reach to rural, underserved Mainers in Androscoggin, Franklin, and Oxford Counties.

### Facilitate Collaboration Opportunities across Partner Organizations:

Results from the Levels of Collaboration Scale survey indicate that while some organizations have strong connections and are formally collaborating, the majority reported low levels of collaboration (either “none (0)”, “Networking (1)”, or “Cooperation (2)”). Survey results also showed that although all of the organizations reported some level of connection with the Dempsey Center, five of the seven mean collaboration scores fell within the “Networking (1)” level of collaboration. This

means there is awareness of one another between organizations, loosely defined roles, little communication, and independent decision making. It is promising that organizations feel some level of connection to the Dempsey Center; however, there is room to strengthen connections and facilitate active collaboration. Stakeholders expressed interest in more intentional collaboration with the Dempsey Center. The following activities may help facilitate collaborative activity across organizations:

1. Invite all organizations to participate in quarterly or biannual, face-to-face (when possible) meetings to brainstorm, set priorities, and develop an action plan for improving referral systems and processes that connect rural, underserved residents with free cancer support services. Regular meetings may also allow organizations to engage in resource-, lesson-, and information-sharing, and could help develop trust and group decision making.
2. Seek funding to support staff from each organization to attend and travel to the above-mentioned meetings with the Dempsey Center. Funding and staffing limitations were shared concerns among organizations. Providing a stipend to support staff could help establish and sustain meaningful collaborations.
3. Annually, reassess levels of collaboration using the Levels of Collaboration Scale survey. Conducting an annual survey to measure progress in collaboration over time can help identify areas of progress and areas for continued development.

#### Engage in More Targeted Marketing to Increase Awareness among Patients and Providers:

Stakeholder interviews with partner organization staff and telephone interviews with residents impacted by cancer revealed that some providers are unfamiliar with Dempsey Center services, or do not refer patients with cancer to the Dempsey Center or to CRCWM. Of the four resident interviewees, three were unaware of the free services provided by the Dempsey Center. They explained that none of the providers they encountered had mentioned such services. Two of the interviewees (both cancer survivors) expressed an interest in free cancer support services. The following steps have potential for increasing awareness of and referral to free cancer support services for rural, underserved residents:

1. Work collaboratively with partner organizations to market Dempsey Center services to rural residents through flyers, brochures, newspapers, radio, television, and community social media pages (e.g. town Facebook pages). Utilize the expertise of staff at the partner organizations to identify places where rural, underserved residents visit (both in person and online), and target marketing in those places.
2. Collaborate with partner organizations that are already serving as a “clearinghouse” for information about health-related services (e.g. OCWC). Make sure that staff at those organizations have updated information, and have printed and digital materials available to share with residents who have been impacted by cancer. Consider providing funding/stipends to partner staff to support targeted outreach to residents impacted by cancer and referrals to Dempsey Center services.

3. Send Dempsey Center staff to rural community gathering places and events to market and share information about services and programming.
4. Increase the availability of Dempsey Center brochures and flyers at the offices of clinical providers that serve rural residents. Schedule brief meetings with clinical providers to explain what programs and services are available for patients and families impacted by cancer. Utilize existing relationships between local organizations/partners and clinical providers to increase provider referral to the Dempsey Center.
5. Increase opportunities for providers to hold meetings and conferences at the Dempsey Center to expose them to the Center's facilities and offerings.

### Explore Creative Solutions for Reaching Rural, Underserved Residents:

Distance and transportation challenges emerged as key barriers to accessing free cancer support services. While rural residents may be accustomed to driving long distances to access other services (e.g. healthcare, shopping, worksites), traveling over an hour or two for cancer wellness supports may not be a priority for them. We heard from stakeholders that reaching rural residents most in need with cancer support services may necessitate new, creative, and collaborative strategies. Interviews with residents impacted by cancer showed that rural individuals and families often want to take care of problems themselves, or feel ashamed by their economic status and/or cancer diagnosis. Some may not want organized or group support from others, and take pride in being autonomous and self-reliant. Conversely, others expressed a desire and need for local support groups and other support services. Again, reaching these residents with supports will require creative solutions. Based on these insights, the following strategies could help the Dempsey Center have a broader reach and impact among rural, underserved populations:

1. Develop programs that take Dempsey Center staff and programming to rural areas, especially educational classes about cancer-related concerns and cancer support groups. Groups could be held at local community gathering spaces that are familiar and comfortable for local residents, such as libraries, schools, town offices, or churches.
2. Explore strategies for bringing support programming to rural residents in their own communities, for example:
  - Training and contracting with existing, credentialed local providers, such as acupuncturists, massage therapists, yoga instructors, counselors, and dietitians to deliver Dempsey Center-funded services;
  - Implementing a program similar to CRCWM's "Caring Coupon" program, which offers coupons to those impacted by cancer that can be redeemed for free cancer wellness services offered through local providers (reimbursed by the Dempsey Center);
  - Offering Dempsey Center-funded gym memberships at local fitness centers throughout the three-county region;
  - Working with HCC to explore the possibility of using their Mobile Health Unit to deliver cancer wellness services to rural Franklin County residents;

- Developing web-based instructional and educational videos (e.g., meditation, yoga, nutrition) that can be accessed through the Dempsey Center website to help those who are hesitant to be in a groups, or who cannot travel.
3. As the Dempsey Center looks toward future growth and expansion as an organization, it may consider locating a Center in rural, western Maine (e.g. Farmington) to give residents in this significantly underserved area direct access to Dempsey Center supports and facilities. Locating a Center in a town that rural residents, especially in central and northern Franklin and Oxford Counties, regularly travel to for work and services (e.g. shopping, healthcare) could increase the likelihood that they would utilize Dempsey Center supports.

## Conclusions

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This assessment serves as a guide to help the Dempsey Center collaborate with partner organizations to help better reach and serve rural, underserved Maine residents from Franklin, Oxford, and Androscoggin Counties. In moving forward, the Dempsey Center may consider allocating rural-specific funds to support the above-mentioned strategies. It may be beneficial to seek grant funding to support a more robust qualitative study to gather additional information from rural residents impacted by cancer through multiple focus groups or interviews in rural areas. Findings can inform statewide expansion and reach efforts, which could serve as a model for improving access to comprehensive cancer wellness support services across Maine.

## Appendix A

### Levels of Collaboration Scale

(From Frey, B.B., Lohmeier, J.H., Lee, S.W., & Tollefson, N. (2006). Measuring collaboration among grant partners. *American Journal of Evaluation*, 27, 3, 383-392.)

This form is designed for those who work in one of the organizations that are potential cancer support and care collaborators in Franklin, Oxford, and Androscoggin Counties. Please review the characteristics of the five different levels of collaboration:

Five Levels of Collaboration and Their Characteristics				
Networking Level 1	Cooperation Level 2	Coordination Level 3	Coalition Level 4	Collaboration Level 5
Aware of organization	Provide information to each other	Share information and resources	Share ideas	Members belong to one system
Loosely defined roles	Somewhat defined roles	Defined roles	Share resources	Frequent communication is characterized by mutual trust
Little communication	Formal communication	Frequent communication	Frequent and prioritized communication	Consensus is reached on all decisions
All decisions are made independently	All decisions are made independently	Some shared decision making	All members have a vote in decision making	

- ➔ On the Response Table below, please circle the name of the partner organization group with which you are associated.
- ➔ Using the Collaboration Scale definitions provided above, please indicate the extent to which you **currently** interact with each of the other organizations listed below by circling your collaboration level for each organization (skip your own row):

#### Response Table:

Organization Name	No Interaction at All	Networking Level	Cooperation Level	Coordination Level	Coalition Level	Collaboration Level
Healthy Community Coalition of Greater Franklin County	0	1	2	3	4	5
Cancer Resource Center of Western Maine	0	1	2	3	4	5
Dempsey Center	0	1	2	3	4	5
Oxford County Wellness Collaborative	0	1	2	3	4	5
Healthy Androscoggin	0	1	2	3	4	5
Healthy Oxford Hills	0	1	2	3	4	5
DFD Russell Medical Center	0	1	2	3	4	5
Stephen's Memorial Hospital	0	1	2	3	4	5

## Appendix B

### Dempsey Center Cancer Support Services Assessment Brief Questionnaire

On a scale of 1-10, with 10 being extremely important and 1 being not at all important, how important do you think it is for people impacted by cancer to participate in the following (please circle one choice for each item):

**a) Yoga and/or meditation sessions**

(not at all important) 1 2 3 4 5 6 7 8 9 10 (extremely important)

**b) Nutrition and/or cooking classes**

(not at all important) 1 2 3 4 5 6 7 8 9 10 (extremely important)

**c) Support groups**

(not at all important) 1 2 3 4 5 6 7 8 9 10 (extremely important)

**d) Counseling and/or art therapy**

(not at all important) 1 2 3 4 5 6 7 8 9 10 (extremely important)

**e) Massage and/or Reiki**

(not at all important) 1 2 3 4 5 6 7 8 9 10 (extremely important)

**f) Acupuncture**

(not at all important) 1 2 3 4 5 6 7 8 9 10 (extremely important)

**g) Fitness classes**

(not at all important) 1 2 3 4 5 6 7 8 9 10 (extremely important)

**h) Educational programs about cancer-related matters such as “chemo brain”?**

(not at all important) 1 2 3 4 5 6 7 8 9 10 (extremely important)