

# Evaluation of the Cancer Control P.L.A.N.E.T. Web Portal

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## ABSTRACT

**Context:** The Cancer Control P.L.A.N.E.T. (P.L.A.N.E.T.) Web portal was designed to ease access to data and evidence-based resources for cancer control practitioners and researchers focused on developing, implementing, and evaluating cancer control programs.

**Objectives:** To determine usability, applicability, and opportunities to improve the P.L.A.N.E.T. Web portal after significant changes to the portal over time.

**Design:** The National Cancer Institute surveyed and interviewed cancer control professionals to assess factors influencing utilization of P.L.A.N.E.T. Data were collected from May 2017 to June 2018 via partner agencies, electronic publications, and online links.

**Outcome Measures:** Descriptive statistics with  $\chi^2$  test were used to analyze the quantitative data and examine the relationship among variables. Qualitative interviews further informed the quantitative analysis.

**Results:** Of the 724 participants surveyed, 51% were users of P.L.A.N.E.T., with the majority accessing P.L.A.N.E.T. within the last 6 months. Most users felt that P.L.A.N.E.T. effectively met their needs for accessing specific cancer data, identifying evidenced-based programs, and ascertaining details on various cancer topics. There were statistically significant differences in demographic characteristics between users and nonusers of P.L.A.N.E.T., where users were more likely to have more experience in the cancer field, were older in age, and located in southern states.

**Conclusion:** Results indicate that P.L.A.N.E.T. is seen as a viable and credible source for cancer control program planning and delivery. A reassessment of P.L.A.N.E.T.'s goals is warranted, which may support reaching out to new audiences, amplifying or removing underutilized resources, and adding additional resources and topics. Consideration for training and tutorials on P.L.A.N.E.T. would benefit partner agencies and build capacity for evidence-based program development.

**KEY WORDS:** cancer control, evaluation, evidence-based, implement, intervention programs, PLANET, resources, Web portal

Reducing the burden of cancer takes deliberate commitment and coordinated statewide efforts focusing on specific and unique

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The National Cancer Institute (NCI) received IRB exemption and OMB permission (OMB #0925-0046-20) to conduct an evaluation of the Cancer Control P.L.A.N.E.T. (P.L.A.N.E.T.) portal.

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needs of a population.<sup>1</sup> This mission benefits from comprehensive cancer control planning, including a full assessment of the study population, state and local statistical data, and the integration of evidence-based findings.<sup>1</sup> Integrating evidence-based findings into routine practice defines the work of many practitioners and researchers wanting to improve population-based cancer control. The field of implementation science promotes the translation of research findings into routine practice, which also necessitates the use of effective strategies to scale up or broaden access to evidence-based practices. As the adoption of evidence-based practices becomes more salient in cancer control and prevention efforts, the exigency for accessing the latest data and evidence is apparent. Unfortunately, many cancer control professionals grapple with locating and utilizing available evidence.<sup>2</sup>

The Cancer Control Plan, Act, Network, with Evidence-based Tools (P.L.A.N.E.T.) Web portal, maintained by the National Cancer Institute (NCI) in collaboration with the Centers for Disease Control and Prevention, Agency for Healthcare Research and

Quality, and the International Cancer Control Partnership, was developed in 2003 to make state and local data and evidence-based resources available by providing them in one, easily accessible location. The portal, which was designed to give access to resources and research collaborators allowing users to plan, implement, and evaluate a cancer control program, has evolved since its inception.<sup>3</sup> Results from the first evaluation in 2007 showed that users generally did not use the portal as intended and the characteristics and needs of P.L.A.N.E.T. nonusers were undetermined.<sup>4</sup> Consequently, the portal was redesigned to include new cancer-related topics, resources, and features. Subsequent evaluations in 2008 and 2011 for usage patterns on specific resources within P.L.A.N.E.T. revealed the need for training of users to identify and adopt evidence-based programs.<sup>4,5</sup>

The NCI conducted an evaluation of P.L.A.N.E.T. from 2017 to 2018 to reassess whether P.L.A.N.E.T. was responsive to the needs of the intended users and to identify potential users, patterns of use, gaps in information, and perceived benefits of P.L.A.N.E.T. in the field of cancer prevention and control.

## Methods

The NCI received institutional review board exemption and The Office of Management and Budget (OMB) permission (OMB #0925-0046-20) to conduct an evaluation of the P.L.A.N.E.T. Web portal. Participants completed an online survey; a subset of respondents who volunteered were contacted for an interview to expound on their survey responses. Web analytics were also used to analyze trends in data usage of the portal compared with survey results.

The specific research questions addressed by the evaluation were as follows:

- Are the primary intended users (cancer control public health practitioners and researchers) aware of P.L.A.N.E.T.? How did they find P.L.A.N.E.T.?
- Who is not using P.L.A.N.E.T. but is a member of the intended target population?
- For what purpose(s) is P.L.A.N.E.T. accessed and what is the overall impression from users?
- Who is using P.L.A.N.E.T. frequently? What resources of P.L.A.N.E.T. are used most often?

For each of the main resources of the Web portal—State Cancer Profiles (SCP); Research Synthesis; Research-Tested Intervention Programs (RTIPs); and Evaluation and Cancer Control Plans—the evaluation included the following:

- Who are the users of each resource?
- How are the resources being utilized?

- What is the perception of each resource (relevance, usefulness, reliability, specialization, navigability, efficiency, layout, and effectiveness)?

## Participants

The target population was cancer control professionals who were users and nonusers of P.L.A.N.E.T. To access cancer control professionals, NCI solicited support from partner organizations in the Comprehensive Cancer Control National Partnership. Briefly, the Comprehensive Cancer Control National Partnership seeks to support the needs of states and their coalitions involved in comprehensive cancer control to identify evidence-based resources and tools to adopt and sustain evidence-based programs.<sup>6</sup> The Centers for Disease Control and Prevention, National Association of Chronic Disease Directors, American Cancer Society, George Washington University Cancer Center, and the North American Association of Central Cancer Registries partners were provided unique links to the survey that tracked the number of participants from each partner agency. Other participating organizations included the Agency for Healthcare Research and Quality, Cancer Prevention and Control Research Network, and several NCI-designated cancer centers.

## Study procedures

Recruitment for the study began in May 2017 and ended in June 2018. Participants were recruited through messages in e-newsletters, e-mails, social media, and webinar presentations. The data were collected by an NCI-contracted company that assisted with the development of the survey questions. Survey questions were tested by a convenience sample, revised, and finalized. The survey questions were administered using SurveyMonkey software (SurveyMonkey Inc, San Mateo, California, [www.surveymonkey.com](http://www.surveymonkey.com)). Unique links to the survey were placed on the P.L.A.N.E.T. Web portal and in the bimonthly P.L.A.N.E.T. e-newsletter, with an invitation to participate in the study. The first survey question asked participants to indicate how frequently they used P.L.A.N.E.T. Participants who reported ever using P.L.A.N.E.T. (*users*) completed survey items assessing attitudes and perceptions about the Web portal. Participants who responded that they had never used P.L.A.N.E.T. (*nonusers*) did not complete the survey items and instead were asked to answer basic demographic questions. At survey completion, all respondents—users and nonusers—were invited to provide their e-mail address to be contacted for a follow-up interview.

Two semistructured interview guides were developed and pilot tested by NCI staff with a sample of 9 individuals. The interview guide for users of P.L.A.N.E.T. was developed to collect more detailed information about their intended use of P.L.A.N.E.T., frequency of use, resources used most often, ease of access, and suggestions for improvement and to elicit explanations for their responses to the survey. The interview guide for nonusers was developed to assess their overall impression of the Web portal. With guidance from the interviewer, nonusers reviewed each component of the Web portal and provided feedback on each section in real time.

All qualitative interviews were conducted by at least one senior evaluator, with an additional senior evaluator or other research staff participating as notetaker. Interviews were audio recorded with permission from the participant.

### Statistical analysis

Descriptive statistics were used to characterize P.L.A.N.E.T. users' attitudes and perceptions about the portal and its resources. Further analyses were performed using SAS, version 9.4, to assess demographic characteristics. Chi-square analysis was used to assess whether using P.L.A.N.E.T. was associated with work experience and professional role, through comparing responses about professional role, years in the cancer field, and employment organization between P.L.A.N.E.T. users and nonusers. Web analytics were used to assess frequency of visits to the portal over time, Web resources that refer users to P.L.A.N.E.T., and the institutional affiliation of individuals who frequent P.L.A.N.E.T.

### Qualitative analysis

Interviews were audio recorded and transcribed. Using NVivo software, Version 10, and a codebook, each interview was coded individually by 2 senior evaluators for themes identified such as how P.L.A.N.E.T. resources were utilized in work activities; other/additional resources used for cancer planning; and improvements suggested. Additions or changes to the codebook were made after 6 interviews were coded to ensure common definitions and to add or refine codes. Each coded interview was compared across coders; any discrepancies were resolved through discussion. Results were examined for prominent themes and indicators relevant to the key evaluation questions. Data from the interviews were integrated as case data, enabling queries by users and nonusers of the portal, specified professional role, and other survey variables.

### Results

#### Quantitative phase

Respondents ( $n = 729$ ) accessed the survey primarily through the SCP Web site (<https://statecancerprofiles.cancer.gov/>) (26.4%), the American Cancer Society promotional e-mail (21%), and the P.L.A.N.E.T. e-newsletter (19%). Respondents were classified as users ( $n = 369$ ) and nonuser ( $n = 355$ ); 5 individuals did not answer the question regarding their overall use of P.L.A.N.E.T. Of the 369 (51%) who reported that they were users of P.L.A.N.E.T., more than 75% accessed the portal within the last year and 24% accessed it over a year ago (Table 1). The top resources accessed by P.L.A.N.E.T. users were SCP

**TABLE 1**  
Patterns of Use Among P.L.A.N.E.T. Users—Frequency of Usage Within the Past Year ( $n = 280$ )

Resources Accessed	n <sup>a</sup> (%)	Description
<b>P.L.A.N.E.T.</b>	280 (75.8)	Access to data and evidence-based resources
Data: State Cancer Profiles	278 (75.3)	State and county-level cancer data and risk factors
Topics (13 cancer-related topics)	263 (71.3)	Cancer screening and prevention; survivorship
Research synthesis Community guide <sup>b</sup> USPSTF <sup>c</sup>	241 (65.3)	Evidence-based strategies, approaches, and guidelines based on systematic reviews
Programs: Research-Tested Intervention Programs	135 (36.6)	Evidence-based intervention programs, practices, and policies
Additional resources	132 (35.8)	National data; training
Plans: International and US comprehensive cancer control plans	100 (27.1)	Cancer control plans that address cancer in a specific geography

<sup>a</sup>Denominator did not total 369 because of 24% of P.L.A.N.E.T. users accessing portal over a year ago.

<sup>b</sup>Guide to Community Preventive Services, managed by the Centers for Disease Control and Prevention.

<sup>c</sup>US Preventive Services Task Force, managed by the Agency for Healthcare Research Quality.

(75%), P.L.A.N.E.T. topics (71%), and research synthesis (65%) (Table 1). Most users agreed that the topics on P.L.A.N.E.T. are useful, with cancer-screening topics, human papillomavirus vaccination, and tobacco control being accessed the most. Most users accessed P.L.A.N.E.T. for cancer data and risk, evidence-based programs, practices or policies, and information on a specific topic area. Approximately 73% of users reported that P.L.A.N.E.T. effectively met their needs. Users learned about P.L.A.N.E.T. from a colleague (50%), through a P.L.A.N.E.T. factsheet, exhibit at a meeting or P.L.A.N.E.T. training (34%), and through another Web site (16%) (data not shown).

Approximately 73% of participants ( $n = 531$ ) responded to the demographic characteristics (Table 2). Table 2 shows significant differences between the P.L.A.N.E.T. users and nonusers. Compared with users, nonusers were more likely to be younger than 40 years ( $P = .005$ ), have a college degree or lower ( $P < .001$ ), working in Midwest and Western states ( $P = .004$ ), and 10 or less years of experience in the cancer control field ( $P < .001$ ). Most nonusers indicated their professional role as *Other* (open-ended response option, eg, student, cancer registrar, policy maker, nonprofit manager, retiree, administrator, social worker, and grants manager). Most users had professional roles such as cancer control planner, researcher, health systems manager, and community health worker. The majority of users were also employed in government, academic institutions, or health care delivery organizations. Researchers ( $P < .001$ ) and those employed in government and academic institutions ( $P = .001$ ) were significantly more likely to be users of P.L.A.N.E.T. than nonusers.

Web analytics revealed that P.L.A.N.E.T.'s use has increased over time, with more than 13 000 total visits in 2003 compared with more than 75 000 total visits in 2017 (Figure 1). The number of total visits rose dramatically from 2005 to 2010, peaking in 2010 at 85 000, and decreased somewhat in subsequent years. Note that total visits include the cumulative number of all visitors per month over the calendar year. Unique visits (versus total; data not shown) were calculated monthly and represented approximately 50% of total visits each month.

Web analytics also identified how users accessed the P.L.A.N.E.T. Web portal. Large online search engines provide the dominant entryway to P.L.A.N.E.T. while a small number of users accessed P.L.A.N.E.T. through the US Preventive Services Task Force, SCP, and RTIPs resources (Figure 2). In addition, users with government and academic institutional affiliations accessed P.L.A.N.E.T. more frequently, consistent with the survey results.

### Qualitative phase

The results of the interviews highlighted participants' overall impression, perceived usability, and relevance of P.L.A.N.E.T. as well as attitudes about its resources. Among the 36 individuals who completed the qualitative interview, 19 (53%) were users of P.L.A.N.E.T. Most users found the current structure of P.L.A.N.E.T. to be user-friendly and easy to navigate. However, those who reported not being data-savvy or had not participated in a training on the meaning and use of the data were less likely to perceive the site as easy to use. Among nonusers of P.L.A.N.E.T. ( $n = 17$ ), none had ever heard of the resource prior to this study. However, many found the site to be appealing, inviting, and organized; others thought the site was helpful but dated. As one participant noted, "The site looks simple and slightly outdated, but fits with my needs to quickly retrieve information." Overall, nonusers were impressed with P.L.A.N.E.T. for its convenience and efficiency. Most nonusers reported using Google search, American Cancer Society, or a direct link to specific federal Web sites to search for their cancer control planning information. As one participant noted,

A lot of the information at the (P.L.A.N.E.T.) site is information that we used but I think we found it in other, roundabout ways or either going directly to those sites ... I (use) NCI in general, but I don't remember this particular site.

The consensus from nonusers was that P.L.A.N.E.T. saves time because it provides links to information on one Web site. Feedback from most nonuser participants suggests that training or a tutorial is needed on P.L.A.N.E.T.

Users and nonusers alike appreciated the comprehensive array of topics provided on P.L.A.N.E.T. One respondent commented, "It really seems to cover everything, and it makes it so much easier to find what you're looking for." However, others pointed out that information on health disparities or health equity was not an explicit component of the portal:

I feel like disparities, regardless of race and ethnicity, kind of come down to poverty and education and there is not a ton in (P.L.A.N.E.T.) that I see that kind of correlates. That's not something I would come to P.L.A.N.E.T. for.

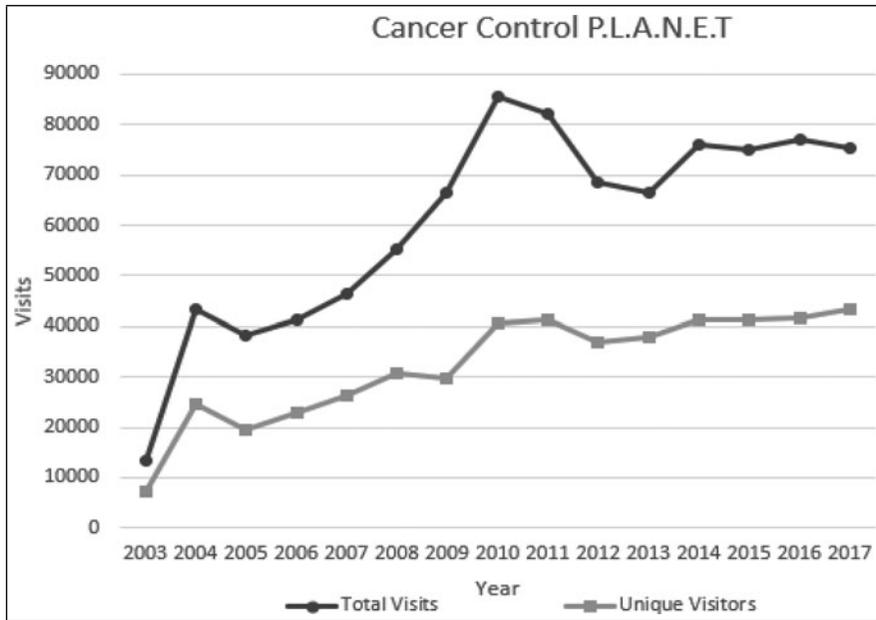
Nonusers were intrigued by SCP and requested a tutorial or better description of the site. Users requested additional features on SCP. One commented, "Consider adding features to the State Cancer Profiles section, such as geo-mapping, and add new data

**TABLE 2**  
**Demographic Characteristics Among Users and Nonusers of P.L.A.N.E.T. (N = 724)<sup>a</sup>**

Demographic Characteristic	Users, n (%)	Nonusers, n (%)	P <sup>b</sup>
Gender (n = 552)			.79
Female	224 (86)	252 (87)	
Male	37 (14)	39 (13)	
Age category (n = 549), y			.005 <sup>c</sup>
18-29	22 (9)	41 (14)	
30-39	33 (13)	67 (23)	
40-49	71 (28)	67 (23)	
50-59	77 (30)	69 (23)	
≥60	51 (20)	51 (17)	
Ethnicity (n = 534)			.99
Not Hispanic or Latino	221 (88)	251 (88)	
Hispanic or Latino	29 (12)	33 (12)	
Race (n = 531)			.28
White	184 (75)	237 (82)	
Black or African American	28 (12)	22 (8)	
Asian	11 (5)	8 (3)	
American Indian/Alaska Native/Pacific Islander	6 (2)	8 (3)	
Multiple races/other	15 (6)	12 (4)	
Education (n = 560)			<.001 <sup>c</sup>
Graduate or professional degree	176 (66)	128 (43)	
College graduate	74 (28)	114 (39)	
Some college or below	15 (6)	53 (18)	
Location (n = 552)			.004 <sup>c</sup>
Northeast	56 (21)	43 (15)	
Midwest	56 (21)	75 (26)	
South	104 (40)	89 (31)	
West	48 (18)	81 (28)	
Professional role (n = 612)			<.001 <sup>c</sup>
Cancer control planner or manager	55 (20)	48 (14)	
Researcher/evaluator	49 (18)	20 (6)	
Health systems manager	44 (16)	47 (14)	
Health educator/patient navigator/community health worker	44 (16)	31 (9)	
All others combined	82 (30)	192 (57)	
Employment organization (n = 544)			.001 <sup>c</sup>
Government agency	76 (28%)	51 (19%)	
Health care delivery organization	47 (18%)	62 (22%)	
Voluntary health organization	37 (14%)	43 (16%)	
Academic institution	50 (19%)	37 (13%)	
State comprehensive cancer coalition/program members	12 (4%)	6 (2%)	
All others combined	45 (17%)	78 (28%)	
Time in cancer field (n = 569), y			<.001 <sup>c</sup>
<5	64 (24%)	158 (52%)	
5-10	64 (24%)	71 (23%)	
11-20	81 (31%)	52 (17%)	
21-30	41 (15%)	17 (6%)	
>30	15 (6%)	6 (2%)	

<sup>a</sup>Denominator did not total 724 since not all of respondents provided information for 1 or more demographic characteristics.

<sup>b</sup>Pearson  $\chi^2$  test; <sup>c</sup>P < .05 which is statistically significant.

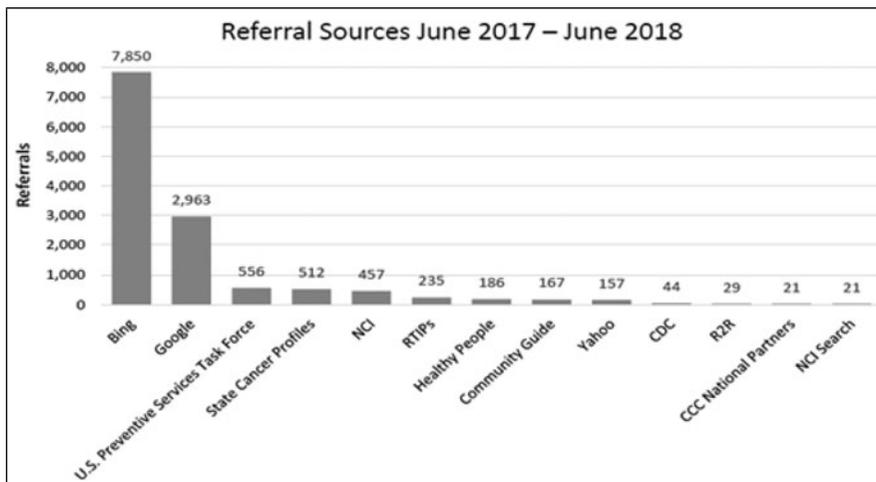


**FIGURE 1** Visits to Cancer Control P.L.A.N.E.T, <https://cancercontrolPLA.N.E.T.cancer.gov/PLA.N.E.T/>, 2003-2017<sup>a</sup>  
<sup>a</sup>Unique visitors are calculated monthly and represent about 50% of visits each month.

manipulation methods ...” Most users accessed US Preventive Services Task Force and Guide to Community Preventive Services (Community Guide) directly instead of through P.L.A.N.E.T. Others requested a better description to distinguish the 2 resources on the home page of P.L.A.N.E.T.

Many users found RTIPs accessible and informative. Many expressed its value and credibility but wanted assistance in adopting and adapting evidence-based interventions. For example, one participant said,

Even though they are evidence-based practices, it does not necessarily mean that because I transplanted something from Hawaii that I am going to find it easy to implement or it’s going to be as effective in New Jersey because the dynamics, so many variables are in the mix which are completely different. Is there ... evidence that these are validated programs, these are evidence-based programs, is there anything that can inform me on so that I can make a better decision.



**FIGURE 2** Online Resources That Refer Its Users to P.L.A.N.E.T.  
 Abbreviations: CCC, Comprehensive Cancer Control; CDC, Centers for Disease Control and Prevention; NCI, National Cancer Institute; R2R, Research to Reality; RTIPs, Research-Tested Intervention Programs.

Almost all users and nonusers mentioned the need for additional resources on program evaluation to be provided on P.L.A.N.E.T.

[I need] help for conducting basic program evaluation ... how do we know that we made a difference and where ... and it's not going to be a research study but some very basic evaluation suggestion for community groups will be very helpful.

## Discussion

The overall objective of this study was to evaluate the accessibility and utility of data and evidence-based resources on P.L.A.N.E.T., a Web portal developed for cancer control professionals. To the best of knowledge, this is the only study that has evaluated a comprehensive cancer control Web portal developed specifically to meet the needs of cancer professionals. Similar Web portals or Web sites that were evaluated provided evidence-based information that was non-disease specific or health care focused and included patients or medical providers.<sup>7-9</sup>

Overall, the respondents in our study found P.L.A.N.E.T. uncomplicated and easy to navigate. Users reported that P.L.A.N.E.T. effectively supported their work and was helpful during time-sensitive tasks and with identifying topics of interest. However, quantitative results showed that many respondents lacked awareness of P.L.A.N.E.T., which was significantly associated with younger ages and less time working in the cancer field. In addition, some who were familiar with the portal visited infrequently. This supports a previous study that reported tools for cancer control professionals were not well known or underutilized, and while P.L.A.N.E.T. was an important source for cancer control planners who use evidence-based resources, 50% of their study participants were aware of the portal but only 36% used it.<sup>2</sup> Our study found that nonusers of P.L.A.N.E.T. were reviewing a variety of resources to locate evidence-based resources, many of which are located on P.L.A.N.E.T. It may be beneficial to consider some of those resources for partnership with P.L.A.N.E.T. This also signifies training on P.L.A.N.E.T. for the orientation of new employees and periodic updates to current users.

Based on the qualitative interviews, most users indicated that they were satisfied with the up-to-date topics and latest research available on the portal. Findings on the utility of specific resources revealed a need for overhaul of some resources, inclusion of additional information, and clarity on how to use specific resources. The low awareness of RTIPs and the belief from many users that the RTIPs content was outdated explain its limited use. Additional

studies also exposed the limited awareness and utilization of RTIPs and challenges in adaptability of interventions.<sup>2,10</sup> One study was convinced on the popularity of RTIPs but supported the need for newer intervention programs.<sup>11</sup> The low use of RTIPs may also signify limited or inadequate community partnerships to leverage resources for evidence-based program delivery.<sup>12,13</sup> Trainings exclusive to RTIPs are likely to increase knowledge and understanding of the resource and elicit usage. Our findings also revealed a need for evaluation tools and resources on P.L.A.N.E.T., accessible by community groups and focused on partnerships.

Several limitations of the study should be noted. Selection bias may have been introduced during the study method of promoting the survey on the home page of specific resources on P.L.A.N.E.T. Because of a large number of participants accessing this study from the SCP home page compared with other P.L.A.N.E.T. resources, SCP users may be overrepresented in the study. Study questions allowed for only regional responses and were not state-specific. It would be beneficial to identify the states that are lacking knowledge about P.L.A.N.E.T. and where to target increased training efforts; especially those states outside the southern region that are likely to be nonusers.

Study results show that there remains a need for the P.L.A.N.E.T. Web portal. Overall, participants of the study had positive feedback about the usability, utility, and quality of the portal and Web analytics show high number of annual visits. The slight decrease in visits to P.L.A.N.E.T. over the past 5 years is likely due to limited training and fewer conference workshop exhibits or presentations, which would benefit cancer control professionals of all ages and those new to the field. Although there is a demand for evidence-based information, support is needed to assist cancer control professionals with identifying and maximizing the use of evidence-based tools. P.L.A.N.E.T. would benefit from engaging and leveraging partnerships as well as fostering new relationships with practitioners and researchers to increase its dissemination potential. Trainings and tutorials on the portal and RTIPs at scientific meetings or disseminating P.L.A.N.E.T. through partner agencies' communication channels (eg, e-mail or e-newsletter) would also contribute to increased awareness and usage. In addition, RTIPs would benefit from an annual review of posted interventions and an improved archival process of those interventions.

As a Web portal, P.L.A.N.E.T. provides access to external evidence-based resources by providing several links. Our findings indicate that there is a need for additional revisions and updates to P.L.A.N.E.T.

## Implications for Policy & Practice

- P.L.A.N.E.T. is a federally sponsored initiative that provides data and evidence-based resources to support national, state, and local efforts to reduce the cancer burden. This study reports that P.L.A.N.E.T. is seen as a viable and reliable evidence-based tool by cancer control public health professionals and researchers.
- P.L.A.N.E.T. is underutilized and likely to be unknown to public health professionals with 10 years or less in the cancer control field. Trainings and leveraging partnerships would likely increase awareness and use of P.L.A.N.E.T., even to cancer control professionals with many years in the field.
- Research shows the impact of evidence-based practices on reducing the risk of advanced cancer. The P.L.A.N.E.T. Web portal serves as a primary location for easy access to evidence-based practices and policies to assist with the development and implementation of cancer control plans, which benefits the cancer control community.

and improved dissemination efforts to better meet the needs of the cancer prevention and control community.

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