

Tools for recruiting a cancer planning group

Sample charge for a small work group

If your partnership has enough members, you may want to break it up into smaller work groups, and ask them to develop a specific part of the cancer plan (for example, early detection or tobacco control sections) and present it to the full partnership for review and approval. Work groups should consist of people who are experts in the area, have an interest in the topic, and/or can help implement that part of the plan later.

For work groups to be effective, they should all receive the same instructions about what to do. This is called a work group “charge”. Here are three examples of work group charges that can fit most cancer-related subject areas.

Example 1: **Early detection of breast cancer work group.**

CHARGE

The early detection of breast cancer work group is charged with completing the following tasks:

1. To determine our national goal for early detection of breast cancer.
2. To identify major resources currently available in or outside our country to help meet this early detection of breast cancer goal.
3. To identify barriers present in our country that may prevent us from meeting our early detection of breast cancer goal.
4. To identify strategies to overcome the barriers identified and/or make better use of the resources we have; and to look for other resources (national or international).
5. To recommend two or three priority strategies from the above list to be implemented during the first year after completion of the cancer plan.
6. To determine key action steps for each priority strategy.
7. To present a report of the work group recommendations to the full partnership by *(fix a date)*, based on the decisions made in numbers 1 – 6 above.
8. To make use of the feedback received during the presentation to the partnership to finalize the recommendations for early detection of breast cancer.

Example 2: **Tobacco prevention work group**

CHARGE

The tobacco prevention work group is charged with completing the following tasks:

1. To determine a tobacco prevention goal for our country. Examples of possible goals include: to increase the price of tobacco products; to reduce youth tobacco use through interventions in schools; to develop a promotional campaign about the dangers of tobacco use; or to ban tobacco use in public places.
2. To sign the World Health Organization Framework Convention on Tobacco Control (WHO FCTC).
3. To identify tobacco companies working in our country and ban their advertising.

4. To identify barriers present in our country that may prevent us from meeting our tobacco prevention goal (e.g. poverty, advertising, contraband, low political priority).
5. To identify strategies to overcome the barriers identified and/or make better use of the resources we have (WHO FCTC, taxes, lawyers, religious leaders, etc.).
6. To recommend two or three priority strategies from the above list to be implemented during the first year after completion of the cancer plan.
7. To determine key action steps for each priority strategy.
8. To present a report of the work group recommendations to the full partnership by (*fix a date*), based on the decisions made in numbers 1 – 6 above.
9. To make use of the feedback received during the presentation to the partnership to finalize the recommendations for tobacco prevention.

Example 3: Palliative care work group

CHARGE

The palliative care work group is charged with completing the following tasks:

1. To determine a palliative care programme for our country.
2. To identify the major human resources (health professionals, NGOs, etc.) currently available in or outside our country to help implement the palliative care programme.
3. To identify the barriers present in our country that may prevent us from meeting our palliative care goal (fear, superstition, lack of knowledge, lack of analgesic medicines (opioïds), state licensing laws and regulations, etc.).
4. To identify strategies to overcome the barriers identified, make better use of the resources we have, and look for international help.
5. To recommend two or three priority strategies from the above list to be implemented during the first year after completion of the cancer plan.
6. To determine key action steps for each priority strategy.
7. To present a report of the work group recommendations to the full partnership by (*fix a date*), based on the decisions made in numbers 1 – 6 above.
8. To make use of the feedback received during the presentation to the partnership to finalize the recommendations for palliative care.

See:

The Community Tool Box, chapters 8-12. Work Group for Community Health and Development, University of Kansas, 2007.

<http://ctb.ku.edu/en/dothework/>