Twist Out Cancer
Strategic Planning Process
Phase I Closeout

Brian Battle
1 April, 2020
Executive Summary

As Twist Out Cancer enters 2020 its growth requires that it take a moment of pause to determine where the organization wants to go in the year and years to come. The group has met and defined whom they serve as well as agreed upon the framework of “Share --> Connect --> Heal” to guide their efforts. Finally, the group has put forth the hypothesis that resilience is how they will define healing for four of the five target segments they seek to serve, with the fifth still to be defined. The group can reasonably declare Phase 1 complete and find a review of the work in the early pages of this deck.

As yet, the specifics of who will be doing what in the Phase 2: Research has not been defined. This will need to be done in order to expedite the research process and arrive at conclusion that will set the basis for Phase 3.

Concurrently, the questions which the research team must answer must be agreed upon to avoid significant scope creep during this phase.

Finally a timeline must be established to contain the research phase and avoid it becoming a doctoral thesis. The timeline will need to establish regular check ins between the research team and the steering committee in order to ensure alignment and accountability.

In the third phase, the team will take the learnings from the research phase to prioritize their scarce resources to maximize the impact they seek. At the end of the exercise the team should have a clear sense of what they seek to achieve, documented evidence that their efforts will lead to that goal, and specific actions they are taking to get there. Armed with this, TOC should be well positioned to attract more members, more enthusiasm, and more funding.
## Macro Action Plan

<table>
<thead>
<tr>
<th>Phase 1 - Define</th>
<th>Phase 2 - Research</th>
<th>Phase 3 - Align</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities</strong></td>
<td></td>
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</tr>
<tr>
<td>✔ Agree on action plan and determine teams</td>
<td>✔ Research and validate or refine what matters about sharing, connecting, and the interplay between the two as it applies to healing the five customer segments</td>
<td>✔ Determine priority &quot;customer segment&quot;</td>
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<tr>
<td>✔ Define target “customer segments” (e.g. survivor, mourner, caregiver, previvor, and supporter)</td>
<td>✔ Determine ongoing research methodology</td>
<td>✔ Determine those connecting and sharing events that create the greatest impact for the target “customer segment”</td>
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<tr>
<td>✔ Validate Share + Connect = Heal</td>
<td>✔ Determine scope of events (i.e. size of “customer” population to serve)</td>
<td>✔ Determine resources needed (including funding)</td>
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<tr>
<td>✔ Define measurable outcome (e.g. “happiness quotient”)</td>
<td>✔ Determine ongoing research methodology</td>
<td>✔ Build plan to execute</td>
</tr>
<tr>
<td>o Set an aspirational 3? year goal</td>
<td>✔ Determine ongoing research methodology</td>
<td>✔ Develop communication materials</td>
</tr>
<tr>
<td>✔ Generate hypothesis of what matters about sharing, connecting, and the interplay between them</td>
<td>❑ Research methodology</td>
<td>❑ Board team</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Board team</td>
</tr>
<tr>
<td>❑ Research Team</td>
</tr>
<tr>
<td>❑ Board team</td>
</tr>
<tr>
<td>❑ Communications/Marketing team</td>
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<tr>
<th>Deliverables</th>
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<tr>
<td>✔ Long term definition of success</td>
<td>✔ Comprehensive list of attributes to sharing and connecting events or activities force ranked for impact on the healing outcome</td>
<td>❑ Action plan defining:</td>
</tr>
<tr>
<td>✔ Delineation of target population</td>
<td>✔ Research methodology</td>
<td>❑ Prioritized events to hold</td>
</tr>
<tr>
<td>o Target goal per population</td>
<td>❑ Required resources</td>
<td>❑ Specific attributes of events</td>
</tr>
<tr>
<td>✔ Positioning Statement based on the framework</td>
<td>❑ Marketing packet(s) for:</td>
<td>❑ Required resources</td>
</tr>
<tr>
<td>✔ Direction for research</td>
<td>❑ Funders</td>
<td>❑ New participants</td>
</tr>
<tr>
<td>❑ …?</td>
<td>❑ …?</td>
<td>❑ …?</td>
</tr>
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</table>
**Target Segments – Phase I**

**Why Do This?** We should be clear about who we are trying to serve and what their needs might be in order to serve them effectively.

<table>
<thead>
<tr>
<th>Segment</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Survivor</strong></td>
<td>Someone who has heard the words “you have cancer”, who has survived that moment</td>
</tr>
<tr>
<td><strong>Caregiver</strong></td>
<td>A family member, loved one, or healthcare worker who is supporting a patient with their battle with cancer</td>
</tr>
<tr>
<td><strong>Mourner</strong></td>
<td>A family member, loved one, or healthcare worker who has lost someone to cancer</td>
</tr>
<tr>
<td><strong>Previvors</strong></td>
<td>Someone whose genetics or life circumstances has them at risk of being diagnosed with cancer</td>
</tr>
<tr>
<td><strong>Supporter</strong></td>
<td>A person in the community who has friends, family, or people in their community who are touched by cancer</td>
</tr>
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</table>

Does this segmentation resonate?  
Is it sufficiently exhaustive?  
Are the descriptions sufficiently accurate?  
Are there segments missing?  
Are there segments we would choose to not focus on?
**Inputs, Outputs, and Outcomes**

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Output</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>In clinical or medical parlance, this would be synonymous with</td>
<td>The result of the inputs. It is what comes out of the system after the</td>
<td>The ultimate (preferably measurable) result of the effort.</td>
</tr>
<tr>
<td>treatments. They are the resources, activities, or initiatives that</td>
<td>inputs went in.</td>
<td>These are different from outputs!</td>
</tr>
<tr>
<td>are employed to achieve an outcome. Inputs can be adjusted for frequency</td>
<td></td>
<td>This is what your funders care about!</td>
</tr>
<tr>
<td>or structure to more optimally achieve the outcome</td>
<td></td>
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</table>

Are we comfortable with these definitions?
We Need to Define, Measure and Improve what our successful party is.
TOC Model Framework

Why Do This? In order to focus its efforts, TOC should align to a single **outcome**

If we facilitate sharing…

…and create connections…

…we help people heal

Does this framework resonate?
The Work Ahead

Why Do This? We need to define what we must learn in order to distribute our limited resources most efficiently.

**CONNECT**
What connections matter to our segments? To whom must they connect? How often? In what venue? What sort of connections yield the most valuable sharing experiences? How do we know people connected?

**SHARE**
What matters in sharing? What must be shared to most effectively heal each segment? How do we facilitate that sharing? How do we know “good” sharing happened?

**HEAL**
What does “Healing” mean for our target segments? What role does sharing and connecting play in that process?

We should consider researching with the end in mind.
Why Do This? We can research ourselves to death, but there is a lot of experience here – can we save time and generate leads?

<table>
<thead>
<tr>
<th>Role</th>
<th>Questions</th>
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</table>
| Survivor | How do we define healing for the Survivor?  
What matters in connecting and sharing?  
What is a reasonable, but aspirational, three-year goal? |
| Caregiver | How do we define healing for the Caretaker?  
What matters in connecting and sharing?  
What is a reasonable, but aspirational, three-year goal? |
| Mourner  | How do we define healing for the Mourner?  
What matters in connecting and sharing?  
What is a reasonable, but aspirational, three-year goal? |
| Previvor | How do we define healing for the Previvor?  
What matters in connecting and sharing?  
What is a reasonable, but aspirational, three-year goal? |
| Supporter | How do we define healing for the Supporter?  
What matters in connecting and sharing?  
What is a reasonable, but aspirational, three-year goal? |
The group settled on exploring the idea that healing will be defined as increasing resilience in four of the target populations with healing for the supporter needing to be defined through research.
How do we define “Resilience” – Some Options

Merriam - Webster

Resilience : ri-’zil-yen(t)s

1: the capability of a strained body to recover its size and shape after deformation caused especially by compressive stress
2: an ability to recover from or adjust easily to misfortune or change

US Department of Health and Human Services

What is Resilience?

Resilience is the ability of individuals to not succumb to adverse experiences and is the typical response to adversity (Southwick Bonanno, Masten et. al, 2014; American Psychological Association, n.d).
We need the research team to answer these questions

Supporters
A. What does the literature pertaining to oncology as studied in both the medical and social realms, as well as similar literature for relatable and applicable disorders (e.g. depression, PTSD, etc), suggest is the best way to describe healing for those identified as “supporters” by this team?

Heal - Resilience
B. What does the literature have to say about resilience, as defined, being a meaningful way to describe healing among previvors, survivors, caregivers, and mourners?

C. Is there a more appropriate or commonly-accepted term used by the community that meets the intent of this group?

D. How does the community measure resilience? Does this differ based on the target populations?

E. How much does resilience change or can it change? Does this differ based on the target populations?

F. What causes resilience to change?
We need the research team to answer these questions (cont’d)

Connect
G. How do we define connecting in the context of what Twist Out Cancer has and hopes to do?

H. What are the characteristics of connection experiences that most influence a positive change in resilience?

Share
I. How do we define sharing in the context of Twist Out Cancer?

J. What are the aspects of sharing that are most likely to lead to the desired characteristics in a connection experience?

Ongoing Research
K. How do we test understanding of what about sharing makes for the best connecting such that resilience is most positively influenced? What is the ongoing research methodology?
Phase 2: Research Phase Team

Dr. Gena A. Khodos
Team Lead

Dr. Lauren Zaluda Rynar
Team member and Clinical Specialist

Board Team

Work auditors and stage gate keepers

Brian Battle
Project Manager
Phase 2: Research Timeline

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Check In I 19 April</th>
<th>Check In II 3 May</th>
<th>Report Out III 17 May</th>
<th>Decision Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Supporter Heal Definition</td>
<td></td>
<td></td>
<td></td>
<td>Agreed upon definition of “healing” for supporters</td>
</tr>
<tr>
<td>B &amp; C. Define Resilience</td>
<td></td>
<td></td>
<td></td>
<td>Agreed upon definition of Resilience for TOC</td>
</tr>
<tr>
<td>D. Resilience Measure</td>
<td></td>
<td></td>
<td></td>
<td>Agreed upon Measure of Resilience for TOC</td>
</tr>
<tr>
<td>E &amp; F. What changes Resilience?</td>
<td></td>
<td></td>
<td></td>
<td>Agreed upon understanding of critical influencers of Resilience</td>
</tr>
<tr>
<td>G &amp; H. Define Connect and What Matters for Healing</td>
<td></td>
<td></td>
<td></td>
<td>Agreed upon definition of Connecting in the TOC context and what characteristics of connecting are most positively influential on Resilience</td>
</tr>
<tr>
<td>I &amp; J. Define Share and What Matters for Connecting</td>
<td></td>
<td></td>
<td></td>
<td>Agreed upon definition of Sharing in the TOC context and what characteristics of sharing are most positively influential on the critical components of Connecting</td>
</tr>
<tr>
<td>K. How do we test the validity of our model?</td>
<td></td>
<td></td>
<td></td>
<td>Ongoing methodology for studying the success of Twist programs</td>
</tr>
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### Phase 1 - Define

- Agree on action plan and determine teams
- Define target “customer segments” (e.g. survivor, mourner, caregiver, previvor, and supporter)
- Validate Share + Connect = Heal
- Define measurable outcome (e.g. “happiness quotient”)
  - Set an aspirational 3? year goal
- Generate hypothesis of what matters about sharing, connecting, and the interplay between them

### Phase 2 - Research

- Define Research Team roles and responsibilities
- Validate questions to answer
- Research and validate or refine what matters about sharing, connecting, and the interplay between the two as it applies to healing the four customer segments
- Propose three-year aspirational goal per target group
- Determine ongoing research methodology

### Phase 3 - Align

- Determine priority “customer segment”
- Determine those connecting and sharing events that create the greatest impact for the target “customer segment”
- Determine scope of events (i.e. size of “customer” population to serve)
- Determine resources needed (including funding)
- Build plan to execute
- Develop communication materials

### Participants

- Board team
- Research Team
- Board team
- Communications/Marketing team

### Deliverables

- Long term definition of success
- Delineation of target population
  - Target goal per population
- Positioning Statement based on the framework
- Direction for research
- Definition and metric for healing
- Proposed three-year goal for each target segment
- Comprehensive list of attributes to sharing and connecting events or activities force ranked for impact on the healing outcome
- Research methodology
- Action plan defining:
  - Prioritized events to hold
  - Specific attributes of events
  - Required resources
- Marketing packet(s) for:
  - Funders
  - New participants
  - …?