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Excellence in Cancer Patient Education Award

Call for Nominations

The **Excellence in Cancer Patient Education Award** recognizes an individual, group, organization, program, or initiative that has made a meaningful contribution to cancer patient education. This award honors creative, accessible, evidence-informed approaches to developing and/or disseminating patient education that reflects health literacy best practices and supports patients, survivors, caregivers, families, and communities across the cancer continuum.

Nominees and nominators **do not have to be members of the American Association for Cancer Education (AAACE)**. However, the award recipient is expected to attend the **International Cancer Education Conference (ICEC)** in the year in which the award is given. This award includes **one complimentary registration** for ICEC and a **crystal award**. When the award is presented to a group, one representative of the group will receive complimentary registration and be presented with the crystal award on behalf of the group in recognition of its collective achievements.

Award Purpose

The award is intended to highlight patient education efforts that are:

- Clear and understandable
- Accessible and inclusive
- Culturally and linguistically responsive
- Evidence-informed
- Patient-centered
- Creative in development and/or dissemination
- Supported by evidence of reach, use, effectiveness, or impact

Eligible Nominees

Eligible nominees may include:

- Individuals
- Teams or groups
- Cancer centers, hospitals, clinics, or health systems
- Community-based organizations
- Nonprofit or advocacy organizations
- Educational institutions
- Patient education programs or initiatives
- Digital, print, multimedia, or community-based patient education projects

The nominated work should focus primarily on **cancer patient education**, broadly defined as education designed for cancer patients, survivors, caregivers, families, communities, or individuals at elevated cancer risk.

The work may address any area of cancer education, including but not limited to:

- Cancer prevention
- Screening and early detection
- Diagnosis
- Treatment options
- Clinical trials
- Symptom management
- Shared decision-making
- Patient navigation
- Survivorship
- Palliative care
- End-of-life care
- Caregiver education
- Financial toxicity
- Communication with health care providers
- Health equity and access to cancer care information

Previous recipients are not eligible to receive the award again for the same work; however, they may be considered for a substantially new or expanded contribution to cancer patient education.

Evidence Required for Nomination

To be competitive, nominations should include **clear evidence of the work** and **evidence of effectiveness or impact**. Nominations that describe the work but do not provide evidence of implementation, use, effectiveness, or impact may be considered less competitive. Nominations should include supporting materials or documentation whenever possible. Evidence of the work and evidence of effectiveness or impact are essential for demonstrating the strength and competitiveness of the nomination.

Evidence of the Work

Nominees should provide documentation that shows what was developed, implemented, disseminated, or sustained. Examples may include:

- Patient education materials
- Toolkits, guides, brochures, or handouts
- Videos, websites, apps, decision aids, or digital platforms
- Training curricula or workshop materials
- Community education campaign materials
- Screenshots, links, publications, presentations, or implementation guides
- Examples of translated, adapted, or culturally tailored materials
- Description of how patients, caregivers, survivors, or communities were involved in development or review

Evidence of Effectiveness or Impact

Nominees should also provide evidence that the work reached, benefited, or influenced the intended audience. Evidence may be quantitative, qualitative, or mixed methods.

Examples may include:

- Evaluation findings
- Pre/post knowledge, confidence, or self-efficacy data
- Patient, caregiver, survivor, or community feedback
- Usability testing results
- Readability or health literacy assessment results
- Number of people reached, trained, served, or engaged
- Website visits, downloads, video views, participation rates, or distribution numbers
- Testimonials or narrative feedback
- Adoption by clinics, hospitals, cancer centers, community organizations, or advocacy groups
- Evidence of improved understanding, communication, preparedness, decision-making, navigation, or access to care
- Publications, reports, abstracts, presentations, or external recognition related to the work

Evaluation Criteria

Nominations will be evaluated based on the following criteria:

- **Significance of the contribution to cancer patient education**
The extent to which the nominated work addresses an important cancer patient education need and makes a meaningful contribution to patients, survivors, caregivers, families, or communities.
- **Demonstrated use of health literacy best practices**
The extent to which the work uses plain language, clear organization, accessible formatting, action-oriented messaging, appropriate readability, usability, and patient-centered communication.
- **Innovation and creativity in development or dissemination**
The originality or creativity of the approach used to develop, deliver, adapt, or disseminate cancer patient education.
- **Reach, dissemination, and implementation**
The extent to which the work was shared, delivered, implemented, or integrated into settings where it could reach the intended audience.
- **Evidence of impact or effectiveness**
The strength of evidence showing that the work benefited patients, survivors, caregivers, families, communities, organizations, or systems.
- **Attention to equity, cultural responsiveness, and accessibility**
The extent to which the work promotes equitable access to cancer education and

addresses the needs of diverse populations, including populations that experience barriers related to language, literacy, disability, culture, geography, income, digital access, racism, discrimination, or other social and structural determinants of health.

- **Sustainability and potential for replication or adaptation**

The likelihood that the work can be sustained, expanded, adapted, scaled, or used as a model for other cancer education efforts.