Comprehensive Cancer Control

*Collaborating to Conquer Cancer*

# Comprehensive Cancer Control Plans
# A Content Review
# December 2005

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

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# Comprehensive Cancer Control Plans: A Content Review

**Table of Contents**

Acknowledgments and Introduction

Methods for Content Review

Comprehensive Cancer Control Plans: Background Information

Content Review Topic Summaries

Topic 1. Coordination with other risk factor or chronic disease programs

Topic 2. Coordination with or demonstration of partnerships with various organizations

Topic 3. Implementing plans

Topic 4. Funding needs and resources

Topic 5. Evidence-based interventions

Topic 6. Survivorship

Topic 7. Disparities

Topic 8. Prevention measures

Topic 9. Treatment services

Topic 10. American Indian/Alaska Native health

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# INTRODUCTION

The Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program (NCCCP) of the Division of Cancer Prevention and Control (DCPC) has been providing support to Comprehensive Cancer Control (CCC) efforts since the mid-1990s. Since 1998, the number of NCCCP-funded programs has grown from 6 to 61 states, territories, and tribal organizations, as of May 2005. Central to NCCCP's efforts to support CCC is to provide guidance and encouragement to states, territories, and tribes to establish broad-based coalitions, assess the burden of cancer, determine priorities for cancer prevention and control, and develop and implement CCC plans. CCC plans are viewed as "the stepping stones for advancing CCC programs—to put the program into action."[1] Recognizing that each state, territory, and tribal organization has a unique cancer burden and has a unique context in which it operates, NCCCP provides general guidance on what should be included in a plan but does not specify a standard format or level of content detail for a CCC plan. The Building Blocks Model[2] describes the steps in the plan development process, emphasizes the importance of documenting activities and strategies in a plan, and suggests that the plan include a problem statement, goals, objectives, and strategies. It also suggests that the plan "perhaps include timelines, cost, and responsible parties" while acknowledging that priorities will be handled in various ways.[3]

As the number of states, territories, and tribes that have developed CCC plans has increased, NCCCP has received an increasing number of questions from within DCPC and from its partners about the content of CCC plans. To help answer these questions, DCPC together with ORC Macro conducted a content review of 31 CCC plans in 2005.

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[1] National Comprehensive Cancer Control Web site. Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, CDC [last reviewed 2005 Sept 20]. Available at http://www.cdc.gov/cancer/ncccp/index.htm.

[2] Guidance for Comprehensive Cancer Control Planning, Volumes 1 & 2. Final report 2002. Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, CDC [version current 2004 Jan 26]. Available at http://www.cdc.gov/cancer/ncccp/guidelines/index.htm.

[3] Guidance for Comprehensive Cancer Control Planning, Volumes 1 & 2. Final report 2002. Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, CDC [version current 2004 Jan 26]. Available at http://www.cdc.gov/cancer/ncccp/guidelines/index.htm.

# EXECUTIVE SUMMARY

## Why conduct a Content Review of CCC plans?

Policy organizations, national cancer organizations, and program staff creating and implementing plans through CDC's NCCCP desire information about the content of CCC plans for a variety of reasons, including understanding the scope and meaning of comprehensive cancer control; exploring models for organizing CCC plans; understanding how to potentially measure the impact of a CCC approach; and, understanding how specific issues are addressed, such as tobacco control, nutrition and physical activity, survivorship, and treatment services.

Until the fall of 2004, CDC relied on CDC staff reviews of existing plans to answer questions from programs and partners. These reviews were valuable; however, as the number of published CCC plans increased – at this writing there are 41 current CCC plans – and some plans were updated, the volume of text to review became too burdensome. As a result, CDC began a formal process to review the content of the current CCC plans by supporting the work of a contractor, ORC/MACRO, to conduct a systematic word search of plans and provide a content review based upon that search. This Content Review includes 31 CCC Plans that were published as of December 31, 2004.

## What is a CCC Plan?

The CCC plan serves as written documentation of both the burden of cancer and the need for addressing that burden. The plan also offers a blueprint for coordinated action by a CCC coalition, ideally laying out measurable objectives and specifying which organizations will be responsible for supporting specific strategies to meet those objectives. Organizing frameworks for CCC plans differ by state, tribe or territory. Plans generally follow two organizing formats the continuum of cancer (e.g., prevention, early detection/screening, diagnosis, treatment, palliation and survivorship) or cancer site, such as breast, cervical, prostate, lung, etc.

By providing grantees flexibility in creating their plan, CDC virtually assured that the plans would reflect the significant variation that is typical among the grantees themselves. The plans themselves are markers for data review, priority-setting and decision-making that characterizes a comprehensive approach to cancer control.

## Methods Highlights from CCC Plans: A Content Review

The Content Review focused on the following 10 topics for examination: Coordination with other chronic disease programs, coordination with or demonstration of partnership with various organizations, implementing plans, funding needs and resources, evidence-based interventions, survivorship, disparities, prevention strategies, treatment services, and American Indian/Alaska Native health. Three key findings from the Content Review in the areas of chronic disease coordination, prevention strategies and treatment services are noted below.

*Coordination with other Chronic Disease Programs*

All plans indicate some level of coordination with other risk factor or chronic disease programs within the context of implementing a CCC plan. The plans vary in how the coordination is identified through the goals and objectives or general discussion elements of the plan. The following highlights the number of plans that include goals or strategies related to coordinating or collaborating with various chronic disease related programs or risk factors for chronic diseases:

- Tobacco: 30 plans
- Nutrition: 27 plans
- Physical Activity: 27 plans
- Ultraviolet Radiation Exposure: 22 plans
- Occupational Carcinogens: 13 plans
- Genetics/Genomics: 15 plans
- Oral Health: 10 plans
- Heart Disease and Stroke: 9 plans
- Diabetes: 5 plans

*Prevention Strategies*

Almost all of the plans addressed cancer prevention strategies in the goals, objectives and strategies. The following highlights the number of plans that discussed in detail and/or mentioned the prevention strategy:

- Colorectal Screening: 29 plans
- Sun Safety: 26 plans
- Nutrition: 28 plans
- Physical Activity: 28 plans
- Environmental Issues: 30 plans
- City or Community Planning: 2 plans
- "Tobacco Cessation": 17 plans
- HPV Vaccine: 19 plans
- Genetics/Genomics: 16 plans

*Treatment Services*

The Content Review focused on the extent to which the plans identify the need to increase accessibility of treatment services related to specific populations or specific cancer sites. All of the plans generally address cancer treatment or treatment services. Many plans contain broad or overarching goals related to treatment services. For example, the West Virginia CCC plan states "Ensure the highest quality diagnosis, treatment, and care are available to all West Virginians. Ensure each West Virginia cancer patient has access to treatment and resources that allow for optimal pain control and end of life support."

## What's Next?

It is important to keep in mind that by just looking at the content of a CCC plan one does not learn the whole story. The variability in the organizing framework of the cancer plans presents a challenge when looking for common content and implementation approaches. Without further analysis of context in which the key words are found, there are limitations in the review of CCC plans.

Very few of CDC's original questions were answered as expected by this project. The use of a keyword search, while fruitful in some respects, has led to the realization that this project has truly searched only the content of the plans. As a result, one can answer yes or no to questions regarding whether the keywords are found in the plans. Finally, one cannot claim to have evaluated the plans themselves, or the quality of the strategies they have proposed, without significant further analysis.

# METHODS FOR CONTENT REVIEW

To conduct a preliminary content review of CCC plans, a searchable index was created and key words related to priority topics were developed. The following describes the methods used to develop the index, the priority topics, and the key words used and includes a discussion of the limitations to this approach.

## Methods

A searchable index was constructed by using Adobe Acrobat Professional (versions 6.0 and 7.0; Adobe Systems Inc, San Jose, CA). The Adobe Acrobat document index allows users to search all the CCC plans by using key words related to each question. With the use of the catalog feature in Adobe Acrobat, an index was created that contains a collection of available CCC plans stored in a single folder in Adobe PDF format. The user specifies the index to use in the search, and all files contained in the index are searched for the terms. The searchable index housed a total of 31 CCC plans. The states and tribal organization that were included in the index are listed below. Only plans that were available in an electronic format and considered current and final as of December 31, 2004, were included in the search. Please note that a few of the CCC programs have published new plans since this project began.

| 31 CCC plans included in the content review | | | |
|---|---|---|---|
| Alabama | Arkansas | California | Colorado |
| Connecticut | Delaware | Florida | Georgia |
| Indiana | Iowa | Kentucky | Louisiana |
| Maine | Maryland | Massachusetts | Michigan |
| Missouri | Nebraska | New Jersey | New Mexico |
| New York | North Carolina | Northwest Portland Area Indian Health Board | Ohio |
| Pennsylvania | Rhode Island | Texas | Utah |
| Virginia | Washington | West Virginia | |

To identify the questions and related key words, DCPC staff developed an initial list of policy questions and used this matrix for discussion at a brainstorming meeting, in August 2004, that included DCPC and ORC Macro staff. ORC Macro continued the process of developing key words by reviewing a sample of CCC plans to identify additional common terms related to the priority topics that are consistently referenced throughout the plans. In addition, various Internet sites (e.g., CDC, National Cancer Institute, and American Cancer Society) were explored to identify other relevant words or phrases that might be used in the review. The list of key search terms for each topic was further refined during the review process. Although questions were the

initial focus of the review, it was later determined that the review did not lend itself to answering the questions specifically, but rather provided information about the general topics framed by the questions.

The following are the 10 content review topics selected and the key words developed for each:

| Content Review Topics | Key Words |
|---|---|
| 1. Coordination with other risk factor or chronic disease programs | Tobacco, smoking, nutrition, diet, physical activity, exercise, (exposure to) ultraviolet (UV) radiation, sun, occupational, diabetes, heart (disease), cardiovascular, stroke, oral (health), genetic(s) |
| 2. Coordination with or demonstration of partnerships with various organizations | Hospital, managed care, HMO, cancer center, for-profit, not-for-profit, university, college, school, registry(ies) |
| 3. Implementing plans | Action, implement, steps, responsibility(ies), operation, practice |
| 4. Funding needs and resources | Fund, source, resource, money, dollar, allocation, budget |
| 5. Evidence-based interventions | Evidence, research, science, proven, effective, established, guidelines, tested, known, efficacious, effective |
| 6. Survivorship | Survivor, survivorship, quality of life, cancer patients, patients with cancer, living with cancer, childhood survivors |
| 7. Disparities | Disparity(ies), disparate, diverse populations, inequities, minority populations, ethnic minorities, medically underserved, high risk |
| 8. Prevention strategies | Colorectal (screening), colon, rectum, sun (safety), ultraviolet, nutrition, diet, physical activity (exercise), environment(al issues), smart growth, city planning, community planning, “tobacco cessation,” HPV vaccine, genetic(s), genomics, family history |
| 9. Treatment services | Treatment services, cancer treatment, cancer care, treatment delivery system, treatment options, follow-up services |
| 10. American Indian/Alaska Native health | American Indian, Native American, Alaska Native |

Each CCC plan was reviewed by using these key words to determine how the topic was addressed in each plan and (with the exception of topic #2) whether specific goals, objectives, or strategies related to the topic were included. Search results were recorded in a Microsoft Excel spreadsheet (Microsoft Corporation, Redmond, WA); narrative examples of specific goals, objectives, or strategies were extracted directly from the plan and pasted into the spreadsheet.

Determining whether the presence of any one or more of the key words searched for a particular topic constituted “addressing” the topic required the reviewer to assess the context in which the words appeared. If a key word was mentioned only briefly in the introduction or in a background section, the plan did not qualify as having addressed the topic associated with the word unless there was more extensive discussion of the key word or other key words associated with the topic. The spreadsheet content for each topic was reviewed to identify key themes. For more information on how the goals and objectives were identified, please see *Comprehensive Cancer Control Plans: Background Information, page 6.*

Summaries of the key themes were prepared for each of the topics. Each of the summaries contains the following components:

1. Content Review Topic
2. Search Methods
3. List of Key Words
4. Limitations
5. Summary of Findings

The summaries focus on identifying basic trends across the key findings and illustrating these trends with plan-specific examples. The summaries for each topic were provided to CDC staff for review and agreement and were revised based on comments. Quality control was accomplished by having a staff person who had not conducted the initial search conduct a second review of the plans for each question. The results of the quality control check were incorporated into the final summaries. In addition, the programs associated with each plan were provided an opportunity to comment on this report. The programs were invited to identify any errors and to clarify any statements made about the CCC plans. Many of the program comments are included in the appendices following each summary.

## Limitations

The word search method revealed trends and patterns across the CCC plans for each of the topics. Some limitations to this approach should be considered when interpreting the results, however. These limitations are summarized below:

- Currently, there is no prescribed or standardized format for CCC plans. Thus, plans vary in organizational structure, length, and level of detail. Supplemental materials may exist that show how a state or tribe is addressing a particular topic or cancer site, but these additional materials (e.g., tobacco control plans) were not reviewed in this process. In addition, some CCC plans focus on priority areas; thus, although the program may be engaged in other activities, these activities may not be explicitly documented in the CCC plans.
- The results are limited by the key words and nomenclature used in the review. It is possible that a plan that addresses a component would not be identified because the plan uses words that differ from the key words identified for these reviews. For instance, one may appropriately interpret that at least “x” plans covered the topic as reviewed, but it is not appropriate to assume that the remaining plans did not cover the topic.
- Although a quality check of the data was conducted, the process entailed a double-check of the initial results rather than a replication of each review by a second, independent reviewer. Conducting two independent reviews for each topic would provide greater assurance that all information contained in the CCC plans was identified; however, this approach would have taken more time and resources than available for this project.

# COMPREHENSIVE CANCER CONTROL PLANS: BACKGROUND INFORMATION

## Methods

Plans were searched for basic background information, including the years of coverage of the plan, the length of the plan, the cancers addressed by the goals or objectives, and the total number of goals and objectives within each plan.

## Summary of Findings

The CCC plans provide a basic understanding of how CCC is approached by each state, territory, or tribe as depicted in the plan. The plans vary in style, length, and the types of information they include.

### General Structure and Years of Coverage

The following table presents the plan lengths and years of coverage for each of the 31 CCC plans reviewed. Length has been categorized into 1) the total length of a plan (including the cover and all preliminary pages) and 2) the length of a plan without appendices or attachments (including the cover and all preliminary pages). In addition, the table presents each plan's years of coverage, including start and proposed end years.

| CCC Program | Total Plan Length | Plan Length (Not Including Appendices or Attachments) | Plan Start Date | Proposed Plan End Date |
|---|---|---|---|---|
| ***Alabama*** | 44 | 36 | 2001 | 2005 |
| ***Arkansas*** | 48 | 37 | 2001 | 2005 |
| ***California*** | 120 | 91 | 2004 | Not Dated |
| ***Colorado*** | 76 | 68 | 2000 | 2005 |
| ***Connecticut*** | 120 | 118 | 2001 | 2004 |
| ***Delaware*** | 75 | 75 | 2002 | 2006 |
| ***Florida*** | 64 | 56 | 2003 | 2006 |
| ***Georgia*** | 66 | 29 | 2001 | 2002 |
| ***Indiana*** | 84 | 84 | 2005 | 2008 |
| ***Iowa*** | 79 | 79 | 2003 | 2005 |
| ***Kentucky*** | 56 | 56 | 2001 | Not Dated |
| ***Louisiana*** | 124 | 94 | 2004 | 2009 |
| ***Maine*** | 98 | 86 | 2001 | 2005 |
| ***Maryland*** | 343 | 330 | 2004 | 2008 |
| ***Massachusetts*** | 63 | 63 | 1998 | Not Dated |
| ***Michigan*** | 61 | 46 | 1998 | 2004 |
| ***Missouri*** | 52 | 52 | 2004 | Not Dated |
| ***Nebraska*** | 50 | 40 | 2004 | 2010 |

| CCC Program | Total Plan Length | Plan Length (Not Including Appendices or Attachments) | Plan Start Date | Proposed Plan End Date |
|---|---|---|---|---|
| ***New Jersey*** | 308 | 293 | 2003 | 2007 |
| ***New Mexico*** | 84 | 84 | 2002 | 2006 |
| ***New York*** | 53 | 45 | 2003 | 2010 |
| ***North Carolina*** | 377 | 377 | 2001 | 2006 |
| ***NPAIHB*** | 74 | 38 | 2003 | 2023 |
| ***Ohio*** | 41 | 41 | 2003 | 2010 |
| ***Pennsylvania*** | 104 | 46 | 2003 | Not Dated |
| ***Rhode Island*** | 176 | 105 | 2003 | Not Dated |
| ***Texas*** | 113 | 113 | 1998 | 2004 |
| ***Utah*** | 58 | 45 | 2001 | 2005 |
| ***Virginia*** | 135 | 109 | 2001 | 2005 |
| ***Washington*** | 168 | 130 | 2004 | 2008 |
| ***West Virginia*** | 147 | 129 | 2002 | 2006 |

## *Organization Type*

As indicated above, 31 plans were reviewed. These plans describe CCC programs in the following types of organizations:

| | |
|---|---|
| ***State*** | 30 |
| ***Tribal Organization*** | 1* |

* Northwest Portland Area Indian Health Board (NPAIHB)

## Number of Goals and Objectives

This search used a tiered approach to identifying goals and objectives. For the purposes of this review, a goal was defined as the broader statement with the objectives beneath it geared toward fulfilling that goal. Therefore, the total counts are representative of the goals and objectives set by all plans regardless of the terms used to identify them (e.g., goal, strategy, etc.).

- Range of Number of Goals (1st tier) = 4 to 95
- Range of Number of Objectives (2nd tier) = 7 to 241
- Plans vary in how they present goals and objectives. Some goals and objectives are clearly presented in tables, whereas others are within the text of the plans.
- Plans use a range of terms for goals and objectives. These terms include objectives and strategies, strategies and activities, tasks and activities, etc.

# CONTENT REVIEW TOPIC SUMMARIES

# TOPIC 1: COORDINATION WITH OTHER RISK FACTOR OR CHRONIC DISEASE PROGRAMS

| Methods |
| --- |
| By using the words listed below, the plans were reviewed to identify the goals and objectives that specifically dealt with the risk factors listed and to determine whether the plans coordinate with other chronic disease programs. |
| **Key Words** |
| Tobacco, smoking, nutrition, diet, physical activity, exercise, (exposure to) ultraviolet (UV) radiation, sun, occupational, diabetes, heart (disease), cardiovascular, stroke, oral (health), genetic(s). |
| **Limitations** |
| The results of this content review should be interpreted with caution. The results are limited by the data source used (CCC plans) and the words searched. Results showing that a word was not found for a particular CCC plan do not indicate that the state or tribal organization is not engaged in activities related to the topic area; rather, the findings indicate either that the activities are not addressed in the CCC plan or that the state or tribe uses terms that differ from those used in this review. |
| **Summary of Findings** |
| Although the level of coordination expressed in the plans varies, overall, all plans indicate some sort of coordination with other risk factor programs within the context of implementation of a CCC plan in their area. Some plans have broadly written goals and objectives that do not specifically identify which cancers or risk factors will be addressed by each goal or objective. |

## Goals and Objectives Related to Each Risk Factor

The table on page 11 lists the plans that have goals or objectives that contain the key words for each risk factor and chronic disease searched.

- Although the CCC plans may not have explicit goals or objectives for all the risk factors, the plans typically include a general discussion or reference to each of the risk factors identified in the introductory sections of the plan.
- The Massachusetts plan has goals and objectives that contain the key words searched for all the risk factors of interest.
- The risk factors most often addressed in the plans' goals and objectives are tobacco (30 plans) and nutrition and physical activity (28 plans).
    - Note that although Missouri does not have a specific goal or objective for tobacco use, the plan does discuss tobacco use as a risk factor for cancers outlined in the plan. This

particular plan, however, has broadly written goals and objectives (which are noted as strategies and activities) that indirectly address a particular cancer or risk factor, including, in this instance, tobacco.

- Five plans (CA, MA, NM, NPAIHB, and VA) have goals and objectives that address diabetes.

## Coordination with Other Programs

- Plans vary in the level of detail provided on the other chronic disease or risk factor programs they coordinate with to implement the goals and objectives for the specific risk factors searched.
  - Some plans provide clear linkages between the risk factor, goals and objectives, and resources, partnerships, or responsibility for implementation. For example, the Delaware plan provides a table that includes the responsible party as well as potential sources of funding, as do other plans.
  - Other plans provide a list of partnerships that have been developed for the overall implementation of the plan but do not link partners to specific goals and objectives.
- For those plans that do show linkages between current goals and objectives and coordination with other programs, the common linkages address tobacco, nutrition, and physical activity. Nutrition and physical activity tend to be addressed together. Plans such as AR, CO, IA, MD, NE, TX, and VA do not show these linkages across all risk factors for which they have set goals and objectives.
- Eight plans (CT, IN, NY, OR, OH, PA, RI, and WA) do not directly mention any coordination with partners. Although other plans (MI, GA, KY, and ME) do list partners and indicate that their partners are involved in implementation, they do not specifically show how each program or organization may be linked to the specific goals and objectives.

| Appendix: | Topic 1 Program Comments |
|---|---|
| **CCC Program** | **Comment** |
| Michigan | The Michigan Cancer Consortium initiative acknowledged that some of the cancer-related risk factors are currently being addressed through other state chronic disease programs (e.g., genetics, environmental health) and thus are not specifically addressed in the 10 priorities for cancer control. |
| Iowa | Iowa's plan states that partnerships will be established with specific state coalitions. |
| Rhode Island | Rhode Island addresses obesity because it is a common cause of cancer, diabetes, heart disease, and stroke. |
| Washington | The Washington plan does mention coordination with other programs or partners, although it does not specifically identify all the partners. |
| Indiana | The matrix does not specify oral health as part of Indiana's goals and objectives. Indiana's primary prevention strategies include encouraging dental providers to discuss smokeless tobacco hazards. |

| Name | Tobacco | Nutrition | Physical Activity | Ultraviolet Radiation | Occupational Carcinogens | Diabetes | Heart & Stroke | Oral Health | Genetics |
|---|---|---|---|---|---|---|---|---|---|
| ***Alabama*** | X | X | X | X | X | | | X | |
| ***Arkansas*** | X | X | X | | | | | | |
| ***California*** | X | X | X | | | X | | X | |
| ***Colorado*** | X | X | X | X | | | X | | X |
| ***Connecticut*** | X | | | X | | | | | X |
| ***Delaware*** | X | X | X | | X | | | | |
| ***Florida*** | X | X | X | X | | | | | X |
| ***Georgia*** | X | | | | | | | | |
| ***Indiana*** | X | X | X | X | | | | | |
| ***Iowa*** | X | X | X | X | X | | | | X |
| ***Kentucky*** | X | X | X | X | X | | X | | |
| ***Louisiana*** | X | X | X | X | X | | X | | |
| ***Maine*** | X | X | X | X | X | | | | X |
| ***Maryland*** | X | X | X | X | X | | | X | X |
| ***Massachusetts*** | X | X | X | X | X | X | X | X | X |
| ***Michigan*** | X | | | | | | | | |
| ***Missouri*** | | X | X | | | | | | |
| ***Nebraska*** | X | X | X | X | X | | X | X | X |
| ***New Jersey*** | X | X | X | X | | | | X | X |
| ***New Mexico*** | X | X | X | X | X | X | | | X |
| ***New York*** | X | X | X | X | X | | | X | X |
| ***North Carolina*** | X | X | X | X | X | | | X | X |
| ***NPAIHB*** | X | X | X | | | X | X | | |
| ***Ohio*** | X | | | | | | | | |
| ***Pennsylvania*** | X | X | X | X | | | | | |
| ***Rhode Island*** | X | X | X | X | | | | X | X |
| ***Texas*** | X | X | X | X | X | | X | X | X |
| ***Utah*** | X | X | X | | | | X | | |
| ***Virginia*** | X | X | X | X | | X | X | | |
| ***Washington*** | X | X | X | X | | | | | X |
| ***West Virginia*** | X | X | X | X | | | | | |
| Total | 30 | 27 | 27 | 22 | 13 | 5 | 9 | 10 | 15 |

# TOPIC 2: COORDINATION WITH OR DEMONSTRATION OF PARTNERSHIPS WITH VARIOUS ORGANIZATIONS

| Methods |
| --- |
| By using the words listed below, the plans were searched to determine how they coordinate their activities with selected types of organizations and how they identify the roles of these organizations in implementing the plans. |
| **Key Words** |
| Hospital, managed care, HMO, cancer center, for-profit, not-for-profit, university, college, school, registry(ies). |
| **Limitations** |
| The results of this content review should be interpreted with caution. The results are limited by the data source used (CCC plans) and the words searched. Results showing that a word was not found for a particular CCC plan do not indicate that the state or tribal organization is not engaged in activities related to the topic area; rather, the findings indicate either that the activities are not addressed in the CCC plan or that the state or tribe uses terms that differ from those used in this review. |
| **Summary of Findings** |
| In general, the selected types of organizations (hospitals, managed care organizations, cancer centers, for-profit, nonprofit, academia, and registries) are consistently mentioned in the plans. However, the level of detail provided about the roles of the various organizations varies. Although some plans provide the name of an organization, distinguishing the type of organization is difficult. In other plans, types of organizations are mentioned, but the specific organization being partnered with is not identified. |

## General Coordination

The plans generally discuss some sort of collaborative effort with the specified types of organizations. However, the plans vary in the level of detail provided about the organizations they are coordinating or partnering with and their roles. For example:

- Plans may provide full lists (in appendices) of stakeholders or plan committee members and their organizational affiliation but are not specific about the role of the organizations in implementing the plan.
- Plans may provide a descriptive summary of existing services offered by some of their partnering organizations.
- Plans may explicitly indicate links between organizations in specific goals and objectives.

Plans may mention the development of workgroups, networks, coalitions, or consortiums to address overall plan implementation. Depending on the plan, these groups include members from various organizations, but generally it is not clearly stated how the organizations are

involved in implementation. Examples from plans that address the coalition or consortium as a whole follow:

- **CT:** "The overall purpose of the Consortium is to coordinate its efforts to reduce the burden of cancer through appropriate surveillance and research goals, effective prevention and control services, program and policy development, and regulatory measures. This Consortium is committed to developing and implementing a state-wide cancer prevention and control plan."
- **GA:** "Collaborate with university, government, nonprofit, and private sector organizations to form a world-class Comprehensive Cancer Coalition."
- **MA:** "The Community Health Network Area (CHNA) Initiative is designed to forge partnerships between service providers, community-based organizations, local and state agencies, schools, hospitals, businesses, consumers, communities of faith, and the general public."

## Hospitals, HMOs, and Cancer Centers

All plans identify hospitals, HMOs, or cancer centers as partners. Examples include:

- **MD:** The plan discusses the integration of hospitals into plan implementation activities. In particular, hospitals are noted as screening centers for cervical cancer and problems with obesity.
- **PA:** Promote synergistic cancer research effectiveness by encouraging and facilitating research collaboration among Pennsylvania cancer centers or other research organizations.

## For-profit and Nonprofit

Distinguishing between for-profit and nonprofit organizations within the plans was challenging. Although the names of organizations are provided, it was not always clear whether an organization was for-profit or nonprofit. For most plans, the nature of the partnerships and collaborations was not clearly noted.

- Examples of the few clearly for-profit organizations include health insurance companies, grocery stores, private oncology practices, cancer treatment centers, pharmaceutical companies, dollar stores, and super stores.
- Nonprofit organizations commonly listed in the plans include the American Cancer Society, the American Heart Association, churches, and other religious organizations.

## Academic Institutions

- Academic institutions are referenced in 30 plans. In particular, coalitions and workgroups include representation from local academic institutions.
- Because the key word search does not limit types of academic institutions to higher education alone, the plans were searched by also using the term *school*. This provided a broader sense of program involvement or collaboration with different levels of academia.
    - Some plans such as Maine describe involvement of academic institutions at the level of primary education. Various activities and strategies in the Maine plan involve local primary schools.

## Cancer Registries

Twenty-nine plans mention use of their cancer registries. The surveillance data provided by the registries supports the plan's evaluation activities, goals, and objectives and informs future plan development.

# TOPIC 3: IMPLEMENTING PLANS

| Methods |
| --- |
| The table of contents, executive summary, and introduction were reviewed to determine how each CCC plan addresses implementation. This included a review of general comments about implementation, the extent to which the plan includes specific action steps or tasks to implement a plan, organizations responsible for completing the steps or tasks, and source of funding. Plans were also reviewed to determine whether specific goals or objectives were related to implementation. |
| **Key Words** |
| Action, implement, steps, responsibility(ies), operation, practice. |
| **Limitations** |
| The results of this content review should be interpreted with caution. The results are limited by the data source used (CCC plans) and the words searched. Results showing that a word was not found for a particular CCC plan do not indicate that the state or tribal organization is not engaged in activities related to the topic area; rather, the findings indicate either that the activities are not addressed in the CCC plan or that the state or tribe uses terms that differ from those used in this review. |
| **Summary of Findings** |
| All plans acknowledge the importance of implementation. In general, plans include a combination of goals and objectives and strategies (also referred to as tasks or activities) for meeting the goals and objectives but do not include specific future action steps. |

## General Comments about Implementation

- Eighteen plans (CA, FL, GA, IN, IA, KY, LA, MI, NE, NJ, NY, NC, OH, PA, UT, VA, WA, and WV) describe general approaches for implementing the plan. Types of implementation approaches include creating working committees or groups charged with implementation, modifying the plan as implementation begins, adapting the partnership structure, securing commitments for implementing the plan from partners, developing a strategic plan for implementation, and identifying additional partners and resources.
- Fifteen plans (AR, CO, DE, GA, IN, IA, KY, ME, NJ, NY, NC, PA, UT, WA, and WV) have specific chapters, sections, or appendices that address implementation.

## Timeframe, Organization, and Sources of Funding

- One plan (DE) includes a specific timeframe for tasks or activities along with the organizations responsible for completing the task, estimated cost, and potential sources of funding.

- Seventeen plans identify some combination of timeframe, responsible organizations, and sources of funding. Of the 17 plans,
  - Four plans (FL, LA, NJ, and NM) include timeframes for meeting objectives and identify the responsible organizations.
  - One plan (AL) identifies the responsible organizations and the sources of funding.
  - Two plans (NC and WV) identify the responsible organizations.
  - Ten plans (AR, CA, CO, MI, NE, NY, NPAIHB, OH, UT, and WA) identify the timeframe for meeting the objectives, but do not identify responsible organizations or funding source.

## Goals and Objectives

Ten plans (AR, CO, DE, ME, NJ, NM, NC, PA, VA, and WV) have specific goals and objectives that are related to implementation. For example,

- **AR:** "Build a comprehensive cancer prevention, control, and care program or coalition that is based on best practices"; "Implement the Arkansas Cancer Plan."
- **CO:** "Continue efforts of the Colorado Cancer Coalition, a public-private collaboration that focuses on comprehensive cancer prevention and control"; "Identify and develop an inventory of organizations and programs that engage in or support cancer control and quality of life-related activities."
- **NJ:** "Conduct capacity and needs assessments"; "Identify funding streams"; "Coordinate/mobilize key stakeholders"; "Develop framework for assessment"; "Plan/coordinate rollout campaign."

# TOPIC 4: FUNDING NEEDS AND RESOURCES

| Methods |
| --- |
| By using the words listed below, the plans were reviewed to determine whether specific goals and objectives address funding needs and issues, the extent to which funding needs and gaps are addressed in general, and the extent to which specific funding sources for strategies in the plan are identified. |
| **Key Words** |
| Fund, source, resource, money, dollar, allocation, budget. |
| **Limitations** |
| The results of this content review should be interpreted with caution. The results are limited by the data source used (CCC plans) and the words searched. Results showing that a word was not found for a particular CCC plan do not indicate that the state or tribal organization is not engaged in activities related to the topic area; rather, the findings indicate either that the activities are not addressed in the CCC plan or that the state or tribe uses terms that differ from those used in this review. |
| **Summary of Findings** |
| All CCC plans reviewed contain the key words related to funding needs and resources. Most plans' goals and objectives contain words that address identifying or securing funding. Few plans identify funding sources. A few plans describe specific committees or groups charged with identifying or securing funding. |

## Goals and Objectives

Twenty-three plans (AL, AR, CA, FL, GA, IN, IA, LA, ME, MD, MA, MI, NJ, NM, NY, NC, NPAIHB, PA, TX, UT, VA, WA, and WV) have some goals, objectives, or strategies containing the key words that address identifying or securing funding for a wide range of specific areas, such as screening, interventions, professional training, clinical trials, increasing staff, and information systems. Examples include

- **AL:** "Collaborate with local communities, medical facilities, foundations, and/or governmental agencies to secure funding for mammography screening for women ages 40-49."
- **AR:** "Expand funding sources for cancer screening, diagnostic, treatment, and supportive services by fostering collaboration among governmental agencies and community organizations." Strategy: "Identify funding sources for additional detection and screening tests."
- **IN:** Strategy regarding mammography: "Support efforts to increase funding for programs providing free screening to low income, uninsured or underinsured women."

- **LA:** "Increase funding for hospital-based tobacco cessation programs to increase accessibility for all smokers."
- **MD:** "Increase funding for colorectal cancer screening among uninsured, low-income Maryland residents, especially in Baltimore City."
- **NJ:** "Advocate for state funding for professional healthcare training." Strategy: "Advocate for funding of a centralized cancer resource information system."
- **NC:** "Identify and approach organizations that might be willing to fund scholarships to support nurses in obtaining oncology certification."
- **NPAIHB:** Proposed strategies include the following: increase the cigarette tax; apply for funding from federal government, foundations, and businesses; raise funds through partnering with industry; work for legislative changes to increase funding; reduce need for more resources (i.e., maximize existing resources).
- **PA:** "Influence policymakers, government, and private industry to increase funding opportunities that focus on cancer information development, management, and dissemination."
- **UT:** "Advocate for funding to support clinical trials to investigate the safety and effectiveness of alternative therapies in the prevention and treatment of cancer."
- **VA:** "Seek and identify sources of research funding for [palliative care] trials."
- **WV:** "Mandate daily physical education K-12 in public and private schools and develop funding to place a qualified physical education specialist in every school."

Four additional plans (CO, DE, KY, and NE) have very general strategies that speak to seeking funding sources. Examples include

- **CO:** "Seek funding sources for the coalition to implement priority strategies in the plan." (CO also has goals and objectives related to increasing tobacco control funding but not for any other specific areas.)
- **KY:** "Encourage Kentucky researchers to apply for federal and nonprofit funding for research projects on environmental carcinogens"; "optimize the use of cancer funds raised by nonprofit organizations within a county to serve the target population locally."
- **NE:** One of the stated purposes of the plan is "to build upon the resources and commitment of statewide partners implementing cancer control strategies."

## Funding Needs and Gaps

- Ten plans (AR, GA, LA, MD, MI, NJ, NM, NC, NPAIHB, and WA) discuss funding gaps, limits, or needs for specific areas.

- Four plans (CA, CT, DE, and TX) have general statements about funding needs or limitations but do not describe limits or needs for specific areas.

## Groups and Committees

Three plans (MI, MO, and NJ) describe groups or committees who are charged with identifying or securing funding sources. Examples include

- **MI:** Resource development specialists from Michigan Cancer Consortium member organizations and other health agencies are working to identify and secure potential sources of funding to support the implementation phase of the initiative.
- **MO:** A Resource Committee goal is to become a clearinghouse to identify and disseminate resources to include financial, scientific, and evidence-based information across the cancer continuum.
- **NJ:** The plan recommends that an action group be dedicated to identifying and obtaining funding for plan implementation and administrative support.

## Funding Sources

Two plans (AL and DE) identify the funding sources for each strategy, and DE also identifies the cost associated with each strategy.

# TOPIC 5: EVIDENCE-BASED INTERVENTIONS

| Methods |
| --- |
| The content review focused on evidence-based interventions, rather than the broader question of the evidence base for the burden of cancer or risk factors. Plans were reviewed to determine the extent to which the evidence base for interventions is cited and whether any goals, objectives, or strategies specify the use of evidence-based interventions. |
| **Key Words** |
| Evidence, research, science, proven, effective, established, guidelines, tested, known, efficacious, effective. |
| **Limitations** |
| The results of this content review should be interpreted with caution. The results are limited by the data source used (CCC plans) and the words searched. Results showing that a word was not found for a particular CCC plan do not indicate that the state or tribal organization is not engaged in activities related to the topic area; rather, the findings indicate either that the activities are not addressed in the CCC plan or that the state or tribe uses terms that differ from those used in this review. |
| **Summary of Findings** |
| In general, the plans indicate an intent to use evidence-based interventions; however, the evidence is not cited for each goal and objective. Plans that address the evidence discuss the relevant research in a background chapter before presenting goals and objectives or as a section immediately before or after the goals and objectives for particular areas. Some plans indicate in their goals and objectives that the evidence base should be used (but do not specify what the evidence is). Several plans also have goals and objectives to develop the evidence base. |

## Citation of Research on the Evidence Base

- One plan (DE) cites sources used after some recommendations; however, it is not clear whether the citation is for the evidence base of the intervention or for the burden.
- Three plans (CT, MD, and WA) have extensive reviews of the evidence base for the interventions and cite multiple studies across multiple interventions.

## Importance of Using an Evidence Base

- Examples of plans that emphasize the importance of using evidence-based interventions in their introduction or indicate that this was a criterion for establishing priority goals and objectives include Alabama, California, Connecticut, Iowa, Louisiana, Maine, Maryland, NPAIHB, and Washington.

## Goals and Objectives

Twenty-seven plans (AL, AR, CA, CO, CT, DE, FL, IN, IA, LA, ME, MD, MA, MI, MO, NE, NJ, NM, NY, NC, PA, RI, TX, UT, VA, WA, and WV) have some recommendations, objectives or strategies that specify the use of evidence-based interventions, dissemination of the evidence to providers and practitioners, or monitoring of the literature on the evidence for the intervention. The number of these types of recommendations, objectives, or strategies varies across plans, but is not extensive in any plan. Examples include

- **WA:** "Establish a website to provide links to online information that provides current evidence-based cancer treatment guidelines."
- **VA:** "Increase the adoption of tested and efficacious tobacco use prevention education into the K-12 school curricula."
- **PA:** "All women in Pennsylvania at higher risk for cervical cancer will have the knowledge and the resources to have Pap smears according to evidence-based guidelines and to receive appropriate follow up of abnormal screening."
- **NM:** "Explore expanding the use of evidence-based, comprehensive programs such as Pathways that improve school food."
- **WV:** "Use evidence-based approaches to increase public and worksite education on breast cancer risks, early detection guidelines, clinical breast exams with breast self-exams and to aggressively promote breast cancer screening programs."

Note that many plans may have evidence-based interventions in their goals and objectives that are not labeled as evidence-based, for example, establishing a statewide telephone cessation line.

## Developing the Evidence Base

Examples of plans that have strategies for developing the evidence base include Alabama, California, Pennsylvania, Utah, and Washington. Pennsylvania and Washington address this more extensively than the other plans. For example,

- **WA:** "Support the development of evidence-based interventions to overcome identified barriers."
- **UT:** "Advocate for funding to support clinical trials to investigate the safety and effectiveness of alternative therapies."

- **PA:** "Increase scientific research and the adoption of interventions that researchers have found to diminish suffering and to overcome barriers to achieving quality of life among persons with cancer in Pennsylvania, their families, friends, and lay caregivers. This is listed as a goal under the topic of Quality Of Life: Survivorship Through End-Of-Life."

| Appendix: | Topic 5 Program Comments |
|---|---|
| **CCC Program** | **Comment** |
| Michigan | The Michigan Cancer Consortium established Cancer Control Guiding Principles before developing the plan. Principle #3 states that "Decisions should be data driven when feasible." |

# TOPIC 6: SURVIVORSHIP

| Methods |
| --- |
| By using the words listed below, the plans were reviewed to identify specific goals, objectives, and strategies that address survivorship issues. The review also focused on how survivorship issues are presented in the plans (e.g., as a separate chapter devoted to this specific topic, as an overarching principle of the entire plan, etc.). |
| **Key Words** |
| Survivor, survivorship, quality of life, cancer patients, patients with cancer, living with cancer, childhood survivors. |
| **Limitations** |
| The results of this content review should be interpreted with caution. The results are limited by the data source used (CCC plans) and the words searched. Results showing that a word was not found for a particular CCC plan do not indicate that the state or tribal organization is not engaged in activities related to the topic area; rather, the findings indicate either that the activities are not addressed in the CCC plan or that the state or tribe uses terms that differ from those used in this review. |
| **Summary of Findings** |
| With the exception of three plans, all plans address survivorship issues and contain the key words. The plans typically include a combination of a general discussion about survivorship and an outline of specific goals and objectives about survivorship issues. Most of the plans address survivorship issues in the overall goals and general recommendations, and several plans devote an entire chapter to survivorship issues. |

## General Comments about Survivorship

- Eighteen plans discuss survivorship in the context of quality-of-life issues.
- No specific goals or objectives (containing the key words searched) were found in the plans for Connecticut, Georgia, and Rhode Island.
- Three plans (CA, NJ, and NY) address issues related specifically to childhood survivorship.
- The plans vary in how they address the topic of survivorship; for example, plans may present this topic as an overarching principle of the plan, as a general goal or recommendation of the plan, or as a separate chapter of the plan.
- Survivorship issues are covered thoroughly in a few plans, and multiple goals and objectives are outlined on this particular topic. For example, the plans for Indiana, New York, and North Carolina provide more than eight goals and objectives on issues related to survivorship in addition to a broad discussion of this topic.

### Presented as an Overarching Principle of Plan

One plan (CA) explicitly acknowledges that survivorship issues are an overarching principle of the entire CCC plan.

- **CA:** Survivorship is a cross-cutting issue that is identified at the beginning of the plan; these survivorship issues are highlighted in order to implement the plan and achieve the stated goals in the plan.

### Presented as an Overall Goal or General Recommendation of Plan

Examples of plans that explicitly address survivorship issues in the stated overall goals or general recommendations include

- **FL:** "Improve quality, continuity and appropriateness of care for all Floridians with cancer"; "Enhance quality of life for Floridians with cancer and their families and friends."
- **IN:** "Improve quality of life for patients with cancer, survivors, and their families."
- **KY:** "Ensure adequate availability of services and equitable quality of life for cancer survivors."
- **ME:** "To increase statewide coordination and provision of high-quality rehabilitation and survivorship services and increase utilization of these services by all Maine residents."
- **MD:** "Enhance the quality of life for all cancer survivors in Maryland."
- **MO:** "The Missouri Department of Health and Senior Services and the Missouri Cancer Consortium are committed to decreasing the number of new cases of cancer, increasing the survivorship of cancer patients once diagnosed, and informing all citizens about the reality of cancer."
- **NE:** "Increase understanding of what it means to be a cancer survivor and improve quality of life for those living with cancer."
- **WV:** "Increase access to care and support services for cancer patients and survivors"; Goal for Advocacy: "Create a strong network of community volunteers, survivors and providers working together on public awareness, legislative action and funding for priority cancer issues."

### Presented as a Separate Chapter in Plan

Examples of plans that devote an entire chapter to survivorship issues include

- **CO:** An entire chapter is dedicated to quality of life, rehabilitation, treatment, and palliation.
- **IA:** An entire chapter is dedicated to assuring that the quality of life of every cancer patient is the best that it can be.

- **LA:** An entire chapter is dedicated to quality of life. The plan includes several goals and objectives about survivorship issues. The overall goal for this chapter is to optimize and expand quality-of-life resources for all cancer patients, survivors, and their families.
- **ME:** An entire chapter is devoted to rehabilitation and survivorship.
- **MD:** An entire chapter is devoted to patient issues and cancer survivorship.
- **NC:** Separate chapters are included on living with cancer/survivorship and childhood survivorship.
- **WV:** An entire section is devoted to patient care and survivorship.

### Addressed Childhood Survivorship Issues

Following are examples of plans that outline goals or objectives specifically related to childhood survivorship issues:

- **CA:** "Promote medical, psychosocial, and educational follow-up care for childhood cancer survivors."
- **NJ:** "To enhance the quality of life of the child, adolescent, and/or young adult patient with cancer from diagnosis through treatment to survivorship across the life span."
- **NC:** A separate chapter on childhood survivorship is included and several objectives are targeted to the unique needs of survivors of childhood cancers.

# TOPIC 7: DISPARITIES

| Methods |
| --- |
| By using the words listed below, the plans were reviewed to identify specific goals, objectives, and strategies that address disparities. The review also focused on how disparity issues are presented in the plans (e.g., as a general discussion about disparities, in a separate chapter devoted to this specific topic, as an overarching principle of the entire plan, integrated into each section of the plan, etc.). |
| **Key Words** |
| Disparity(ies), disparate, diverse populations, inequities, minority populations, ethnic minorities, medically underserved, high risk |
| **Limitations** |
| The results of this content review should be interpreted with caution. The results are limited by the data source used (CCC plans) and the words searched. Results showing that a word was not found for a particular CCC plan do not indicate that the state or tribal organization is not engaged in activities related to the topic area; rather, the findings indicate either that the activities are not addressed in the CCC plan or that the state or tribe uses terms that differ from those used in this review. |
| **Summary of Findings** |
| All plans address disparities and typically include a general discussion about disparities and specific goals and objectives containing the key words searched. Most of the plans address disparity issues in the overall goals or general plan recommendations, and several plans devote an entire chapter to disparity issues. Few plans identify specific populations that are to be addressed by each objective; most of the objectives related to the reduction or elimination of disparities use general terms that are targeted to all priority, special, or minority populations. |

## General Comments about Disparities

- With the exception of one plan (NPAIHB), all plans have explicit goals or objectives that contain the key words.
- The NPAIHB plan does not have specific goals or objectives that contain the key words related to disparities. Because this program targets specific tribal communities, the entire plan is devoted to disparity issues; the overall goal of the plan is to reduce cancer incidence, mortality, and morbidity among American Indians and Alaska Natives in Northwest tribal communities. All of the strategies in the plan are interventions or actions that will be taken to reduce the cancer burden for American Indians and Alaska Natives.

- The plans vary in how disparity issues are addressed; for example, plans may present this topic as an overall goal, as part of the mission statement, as an overarching principle, as a separate chapter, or as an integrated section of each chapter of the plan.
- One plan (NC) uses a special designation to identify specific objectives and strategies in the plan that focus on disparities. In each section of the plan, ** is used to explicitly indicate objectives and strategies that are focused on racial, socioeconomic, educational, or age-related disparities.

## Presented as an Overall Goal or in the Mission Statement of Plan

Examples of plans that explicitly address disparities in the overall goals or the mission statement of the CCC plan include

- **CO:** "One of the six goals of the Colorado Cancer Coalition is to ensure that programs and activities are developed and sustained to eliminate disparities in cancer incidence and mortality in Colorado according to gender, race, ethnicity, insurance status, socioeconomic status, age, and place of residence."
- **FL:** "The mission of the statewide cancer collaborative is to reduce the burden of cancer in Florida; the synergy of our combined efforts will contribute to decreasing cancer-related mortality, morbidity and disparities statewide."
- **LA:** Cancer disparities are addressed in the mission statement of the Louisiana plan. "The Louisiana Cancer Control Partnership's—Action Through Planning is a coalition dedicated to reducing cancer disparities by providing a comprehensive, integrated, and coordinated approach to the continuum of cancer control delivery beginning with prevention, early detection, treatment, rehabilitation, palliation, and survivorship through the end of life."
- **ME:** "The vision of the plan is to dramatically improve the well-being of Maine's citizens; to reduce the human suffering and economic burden caused by cancer in Maine; and to eliminate, to the extent possible, the differences in how cancer affects Maine's population groups." One of the overall goals of the plan is "to increase access to high-quality cancer prevention, detection, treatment, rehabilitation and survivorship, palliative, and hospice care information and services for all residents regardless of geographic, financial, and other demographic factors."
- **MD:** "The overall goals for the plan are to decrease overall cancer mortality, decrease overall cancer incidence, improve the quality of life for all cancer survivors, and reduce cancer disparities among ethnic minorities."
- **MO:** Eliminating health disparities is stated as a key goal of the plan. "The Missouri Cancer Consortium is committed to working with researchers, health-care professionals, community organizations, and others to better determine the causes of health disparities."
- **NE:** The number one goal of the plan is the elimination of cancer disparities. The stated goal is to "eliminate cancer disparities for all people who live in Nebraska."

### Presented as Overarching Principle of Plan

Following are examples of plans that acknowledge that disparity issues are an overarching principle or assumption of the entire CCC plan:

- **CT:** An overarching concern of the Cancer Consortium is to address health disparities that exist in cancer prevention and early detection among racial and ethnic minorities in the state; one of the seven major assumptions in the plan is to "address cancers that pose the greatest burden to the state's population, either by incidence or mortality or disparity of populations."
- **DE:** The Delaware CCC plan emphasizes that disparity issues are an integral part of nearly every other recommendation in the plan.
- **IA: "**One of the guiding principles of the plan is to address the cancer needs of all Iowans while addressing population disparities in the cancer experience. This plan identifies a number of specific issues related to disparities (e.g., language and cultural barriers to early detection services) and proposes strategies for dealing with them. Nevertheless, the Consortium feels strongly that the implementation of every strategy in this plan must account for any associated cancer-related disparities."

### Presented as a Separate Chapter in Plan

Examples of plans that dedicate an entire chapter to disparities include

- **CA:** A chapter is devoted to the unequal burden of cancer.
- **MD:** One chapter is dedicated to cancer disparities, and each individual chapter of the plan includes a discussion of disparities.
- **OH:** A chapter is devoted to eliminating disparities.
- **LA:** The plan includes a chapter on cancer disparities.

### Integrated into Each Chapter in Plan

Examples of plans that integrate specific sections about cancer disparities into each chapter of the plan are listed below:

- **MI:** Each chapter of the plan generally addresses disparities in the "Who's at Greatest Risk?" section.
- **WA:** Each chapter of the plan outlines disparities in the burden of cancer for each cancer site mentioned.

## Addressed Specific Target Populations or Cancer Sites

Following are examples of plans that outline goals or objectives targeted to disparity issues for specific populations or cancer sites:

- **GA:** One of the overall goals of the plan is to "Save More Lives In The Future." To achieve this goal, one of the specific objectives is to address cancer incidence and mortality disparities experienced by Georgia's African American population.
- **IA:** The plan discusses language and cultural belief-related barriers, and one of the specific outcomes is decreased disparity with access to early detection cancer screening services among diverse and non-English-speaking Iowa populations.
- **CA:** Specific objectives are related to reducing disparities in the stage of diagnosis of breast cancer and eliminating disparities in tobacco control.
- **ME:** The plan outlines the following goals for specific cancer sites: reduce disparities in the incidence and mortality of colorectal cancer and reduce disparities in the mortality of prostate cancer.

# TOPIC 8: PREVENTION STRATEGIES

## Methods

By using the words listed below, the plans were searched to determine the extent to which these prevention strategies were discussed in detail or specifically addressed in the plan's goals and objectives. NOTE: Plans with only brief mention of the words searched are not included in the table below.

## Key Words

Colorectal (screening), colon, rectum, sun (safety), ultraviolet, nutrition, diet, physical activity (exercise), environment, environmental (issues), smart growth, city planning, community planning, "tobacco cessation," Human Papillomavirus vaccine, genetic(s), genomic, family history.

## Limitations

The results of this content review should be interpreted with caution. The results are limited by the data source used (CCC plans) and the words searched. Results showing that a word was not found for a particular CCC plan do not indicate that the state or tribal organization is not engaged in activities related to the topic area; rather, the findings indicate either that the activities are not addressed in the CCC plan or that the state or tribe uses terms that differ from those used in this review.

## Summary of Findings

Most plans address the various prevention strategies searched in their goals, objectives, or strategies. Almost all plans address environmental issues and almost all plans address colorectal screening, sun safety, nutrition, and physical activity. Of the words searched, city planning is the topic least often addressed in the plans.

| Name | Colorectal Screening | Sun Safety | Nutrition | Physical Activity | Environmental Issues | City Planning | "Tobacco Cessation" | HPV | Genetics |
|---|---|---|---|---|---|---|---|---|---|
| ***Alabama*** | X | X | X | X | X | | X | | |
| ***Arkansas*** | X | | X | X | X | | | | |
| ***California*** | X | X | X | X | X | | X | X | |
| ***Colorado*** | X | X | X | X | X | | X | | X |
| ***Connecticut*** | X | X | | | X | | X | X | X |
| ***Delaware*** | X | | X | X | X | | | | X |
| ***Florida*** | X | X | X | X | X | | | X | |
| ***Georgia*** | | | | | X | | | | |
| ***Indiana*** | X | X | X | X | | | X | X | |
| ***Iowa*** | X | X | X | X | X | | | | X |
| ***Kentucky*** | X | X | X | X | X | | X | | |
| ***Louisiana*** | X | X | X | X | X | | | | X |
| ***Maine*** | X | X | X | X | X | | | X | X |
| ***Maryland*** | X | X | X | X | X | X | X | X | X |
| ***Massachusetts*** | X | X | X | X | X | | X | X | X |
| ***Michigan*** | X | | | | X | | X | X | |
| ***Missouri*** | X | X | X | X | X | | | X | |
| ***Nebraska*** | X | | X | X | X | | | | X |
| ***New Jersey*** | X | X | X | X | X | | | X | X |
| ***New Mexico*** | X | X | X | X | X | | X | X | X |
| ***New York*** | X | X | X | X | X | | | X | X |
| ***North Carolina*** | X | X | X | X | X | X | | X | X |
| ***NPAIHB*** | X | X | X | X | X | | X | X | |
| ***Ohio*** | X | X | X | X | X | | X | X | |
| ***Pennsylvania*** | X | | X | X | X | | | | |
| ***Rhode Island*** | X | X | X | X | X | | X | X | X |
| ***Texas*** | X | X | X | X | X | | X | | X |
| ***Utah*** | X | X | X | X | X | | X | | |
| ***Virginia*** | | X | X | X | X | | X | X | |
| ***Washington*** | X | X | X | X | X | | | X | X |
| ***West Virginia*** | X | X | X | X | X | | X | X | |
| **Total** | **29** | **26** | **28** | **28** | **30** | **2** | **17** | **19** | **16** |

## Colorectal Screening

- Twenty-nine plans contain words that suggest an effort to address colorectal screening in their goals, objectives, or strategies. Most plans have specific goals and objectives that address colorectal screening. Plans such as Florida have broadly written goals and objectives that are intended to address several priority areas including colorectal cancer.
- Nineteen plans (CA, CO, CT, DE, FL, KY, LA, MD, MA, MI, MO, NJ, NY, NC, PA, RI, UT, WA, and WV) have individual chapters or sections dedicated to discussions about colorectal cancer, including screening efforts.
- Eighteen plans (AL, AR, CO, CT, DE, FL, IN, IA, KY, LA, ME, MA, MI, NE, NM, NC, NPAIHB, and WV) have goals or objectives that focus on increasing the use of colorectal cancer screening services.

## Sun Safety

- Twenty-five plans contain words within their goals and objectives that address sun safety. The remaining six plans (AR, DE, GA, MI, NE, and PA) do not have goals and objectives that contain the words searched for this topic (but may have brief mention of the topic).
- Sun safety is discussed primarily in terms of exposure to ultraviolet light or control of skin cancer (melanoma and nonmelanoma).
- Eighteen plans (IN, IA, LA, ME, MD, MA, MO, NJ, NM, NY, RI, VA, WA, AL, CA, CO, OH, and UT) have sections or chapters devoted to discussion of ultraviolet light exposure, sun protection, or skin cancer prevention.

## Nutrition and Health, Diet, and Physical Activity

- Overall, nutrition and physical activity are discussed together. Sections dedicated to one generally include discussion of the other. In addition, discussions of nutrition (diet) and physical activity (exercise) generally focus on controlling obesity as a means of preventing cancer (reducing cancer risk).
- Three plans (CT, GA, and MI) do not have goals or objectives that contain the words searched for nutrition.
- Three plans (CT, GA, and MI) do not have goals or objectives that contain the words searched for physical activity.

## Environmental Issues

- *Environmental issues* is a broad term that may need to be refined further; it covers topics ranging from environmental tobacco smoke control to radon and UV light exposure to worksite environments.

- Environmental and occupational issues are often addressed together.
- Those plans that deal with tobacco control specifically mention environmental tobacco smoke (ETS) control.

### Community Planning

Two plans (MD and NC) address community planning explicitly and in direct relation to prevention efforts. For example:

- **MD:** "Enhance community planning and zoning processes to reduce health risks by reducing exposures." This is listed as a strategy to address environmental issues.
- **NC:** "Develop skills for conducting groundwork activities such as partnership and coalition building, assessment, community planning, etc. for the delivery of environmental and policy interventions." This is listed under the first goal for physical activity.

### "Tobacco Cessation"

- The specific term *tobacco cessation* is contained in the goals and objectives in 17 plans (AL, CA, CO, CT, IN, KY, MD, MA, MI, NM, NPAIHB, OH, RI, TX, UT, VA, and WV).
- A search on the broader term, *tobacco*, indicated that all plans but MO's contain this key word in their goals and objectives. (*See* Topic 1: Coordination with other Risk Factor or Chronic Disease Programs.)

### HPV, HPV Vaccine

Twenty plans (CA, CT, FL, IN, KY, ME, MD, MA, MI, MO, NJ, NM, NY, NC, NPAIHB, OH, RI, VA, WA, and WV) address HPV in the context of cervical cancer prevention. Most mentions of HPV are not extensive; however, the Washington plan has a subsection completely dedicated to discussion of HPV.

Six of the plans (CA, ME, MD, MO, RI, and WA) explicitly discuss the development of HPV vaccine as a strategy: For example:

- **CA:** An objective under cervical cancer reduction indicates, "When available, promote the vaccine for HPV among high-risk women."
- **ME:** "Promote updated education of health care providers and family planning professionals about HPV-prevention messages, developments in testing and treatment, vaccine developments, and patient counseling for sexually active patients, especially those with HPV infection and their partners."

The remaining plans do not mention the vaccine specifically. For example:

- **MA:** "Encourage barrier methods of contraception (latex condoms) to protect against transmission of HPV." This is listed as a strategy for the goal addressing reduction of risk for cervical cancer.
- **NC:** This plan discusses HPV in the background section about cervical cancer. For example, "Abnormalities associated with Human Papilloma Virus (HPV) infection are the most troublesome in terms of failure to screen and treat appropriately."

### Genetics

- Approximately half (16) of the plans (CO, CT, DE, IA, LA, ME, MD, MA, NE, NJ, NM, NY, NC, RI, TX, and WA) contain the words searched in their goals and objectives.
- Eleven plans (CA, FL, GA, IA, MO, KY, NPAIHB, OH, UT, VA, and WV) contain the words searched in background sections or introductory discussions of risk factors.

| Appendix: | Topic 8 Program Comments |
|---|---|
| **CCC Program** | **Comment** |
| Alabama | Cervical cancer is discussed in the early detection section of the plan. Cervical cancer screening would detect any changes caused by HPV. |
| New York | New York's plan includes strategies that address increasing awareness to reduce initiation of tobacco use and increase cessation. |
| New Jersey | New Jersey's plan contains goals, objectives, and strategies that deal with tobacco cessation and use the terms *tobacco dependency treatment*, *tobacco control*, and *smoking cessation*. |
| Rhode Island | Rhode Island's plan references municipal cancer control task forces, which is city planning. |
| Washington | The specific term *tobacco cessation* is not contained in the Washington plan; however, *smoking cessation* is in the general recommendations and objectives. |
| Delaware | Delaware's plan does not include the term *tobacco cessation* but includes the activity "Maintain and enhance integrated cessation services." |
| Iowa | Iowa's plan does not include the term *tobacco cessation* but includes two strategies: "Increase awareness of and participation in current programs for smoking and other tobacco product cessation" and "Incorporate tobacco product cessation into counseling programs provided by licensed substance abuse treatment agencies." |

# TOPIC 9: TREATMENT SERVICES

| Methods |
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| By using the words listed below, the plans were reviewed to determine whether they include specific goals, objectives, and strategies that address treatment services. The review focused on the extent to which the plans identify the accessibility or provision of treatment services to specific populations or for specific cancer sites. |
| **Key Words** |
| Treatment services, cancer treatment, cancer care, treatment delivery system, treatment options, follow-up services. |
| **Limitations** |
| The results of this content review should be interpreted with caution. The results are limited by the data source used (CCC plans) and the words searched. Results showing that a word was not found for a particular CCC plan do not indicate that the state or tribal organization is not engaged in activities related to the topic area; rather, the findings indicate either that the activities are not addressed in the CCC plan or that the state or tribe uses terms that differ from those used in this review. |
| **Summary of Findings** |
| All plans generally address cancer treatment or treatment services and contain the words searched. Although most plans present very broad goals and objectives related to treatment services, several plans outline specific goals and objectives that are targeted to specific populations or specific cancer sites. The types of references to treatment and the range of treatment services vary within the plans. |

## General Comments about Treatment Services

- All plans include a general or specific reference to a goal or objective that relates to cancer treatment or treatment services.
- The types of references to treatment and the range of treatment services vary within the plans. Some plans may not have explicit goals or objectives about the provision of treatment services but may outline goals or objectives that address knowledge about treatment options and treatment procedures; skills and practices regarding cancer treatment services; the need for analysis of treatment results; referral to treatment centers and clinical trials; health insurance coverage for cancer treatment; and expert panels to review current treatment guidelines and define state-of-the-art treatment.

## Presented as Broad, Overall Goals and Objectives

Examples of plans that present broad goals and objectives related to treatment services are listed below:

- **AL:** "Improve the accessibility, availability, and quality of cancer treatment services and programs in Alabama."
- **CO:** "Increase the proportion of Colorado citizens who have access to state-of-the-art cancer diagnosis, treatment, follow-up, rehabilitation, and palliative care services. Increase the proportion of patients receiving state-of-the-art treatment."
- **GA:** "Increase access to quality care and upgrade the availability of world-class medical care for Georgians with cancer through state-of-the-art technology and methods. Implement a cancer treatment delivery system that provides statewide access to a full range of quality cancer treatments for all Georgians."
- **IA:** "When cancer is found, treat it with the most appropriate therapy. Identify gaps in treatment options and resources for disenfranchised cancer patients."
- **ME:** "Assure that all Maine residents have financial and geographic access to high-quality cancer treatment information and services, including clinical trials that comply with nationally recognized guidelines. Increase access to cancer treatment options, regardless of geography or financial resources for all Maine residents."
- **MA:** "Increase access for all Massachusetts residents to high quality primary health care and cancer services including prevention, screening, detection, treatment, rehabilitation, and support services. Appropriate high quality treatment and follow-up services will be available to all cancer patients."
- **MD:** "Ensure access to prevention, screening, treatment, and follow-up care for all Maryland residents."
- **NY:** "Increase the availability of the best cancer care to all New Yorkers. Provide standard-of-care diagnosis and treatment of cancer for all affected New Yorkers. Assure that high quality cancer treatment and services are accessible to New York State residents, regardless of socioeconomic status, geography or race/ethnicity."
- **NPAIHB:** "Increase access to appropriate treatment and increase funding to pay for screening and treatment." Specific objectives also address increasing access to appropriate diagnosis and treatment for breast cancer, cervical cancer, colorectal cancer, lung cancer, and prostate cancer.
- **WV:** "Ensure the highest quality diagnosis, treatment and care are available to all West Virginians. Ensure each West Virginia cancer patient has access to treatment and resources that allow for optimal pain control and end of life support."

## Treatment Services for Specific Populations

Examples of plans that address the accessibility of treatment services specifically for uninsured or underserved populations are listed below:

- **AL:** "Expand resources and increase usage of early detection and treatment services to underserved populations."
- **DE:** "Pay for cancer treatment for the uninsured. Reimburse the cost of cancer treatment for every uninsured Delawarean diagnosed with cancer up until one year after diagnosis."
- **KY:** "Reduce the inequity of the cancer burden of Kentucky's poor, uninsured and under insured; increase financial access of Kentuckians to state-of-the-art cancer screening and treatment; increase access to cancer screening and treatment in geographically underserved areas; increase demand for cancer screening and treatment in culturally unique and low literacy populations."
- **LA:** "Increase accessibility to cancer treatment for under-insured and uninsured Louisiana cancer patients. Reduce institutional barriers to access to cancer early detection and treatment services for the under- and uninsured."
- **MD:** "Improve access to, and utilization of, cancer screening and treatment options for underserved populations."
- **IN:** "Support efforts to increase funding for programs providing free screening to low income, uninsured or underinsured women."

## References to Evidence-based Treatment Services

Examples of plans that promote the use of evidence-based treatment services are listed below:

- **IN:** "Increase the percentage of patients with cancer who receive evidence-based treatment and follow-up based on acceptable standards of care."
- **LA:** "Provide evidence-based quality treatment for Louisiana cancer patients."
- **NJ:** "To enroll all interested and eligible patients in evidence-based, currently approved clinical research trials for breast cancer and provide similar treatment options for those not interested or eligible."
- **PA:** "Standardize the quality of cancer care for all Pennsylvanians; promote evidence-based treatment practices."

## Treatment Services for Specific Cancer Sites

Examples of plans that outline treatment goals and objectives targeted to specific cancer sites (e.g., breast cancer, prostate cancer, etc.) are listed below.

### *Breast Cancer*

- **CA:** "Develop a coordinated system and resources to provide access for patients to breast cancer detection, diagnosis, and treatment services."
- **MD:** "Ensure continued access to early detection and treatment of breast cancer. Increase the number of individuals with ductal carcinoma in situ and early stage breast cancer that receive treatment appropriate for their diagnosis."
- **NJ:** "To ensure that all New Jersey residents diagnosed with breast cancer receive state-of-the art cancer treatment and services, including clinical trials that comply with nationally recognized guidelines. To enroll all interested and eligible patients in evidence-based, currently approved clinical research trials for breast cancer and provide similar treatment options for those not interested or eligible. Increase treatment and follow-up for those with abnormal mammograms or clinical breast exams."

### *Prostate Cancer*

- **CA:** "Provide all California men diagnosed with prostate cancer timely access to treatment programs and information that will help them make an informed choice among treatment options."
- **KY:** "Reduce mortality from prostate cancer especially among African Americans and others who may be high risk. Strategies: Provide access to state-of-the art information on prostate cancer treatment. Priority: Improve screening and treatment of prostate cancer."
- **NJ:** "Increase access to prostate cancer services for all New Jersey men, including education, screening, treatment, and palliative care."
- **RI:** "Reduce the burden of prostate cancer by increasing the proportion of prostate cancer patients who receive state-of-the-art treatment."
- **MI:** "By 2002, prostate cancer patients will have their knowledge and understanding of prostate cancer, treatment options, side effects, and quality-of-life issues measured by patient surveys."

# TOPIC 10: AMERICAN INDIAN/ALASKA NATIVE HEALTH

| Methods |
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| By using the words listed below, the plans were reviewed to identify specific goals, objectives, and strategies that address American Indian/Alaska Native (AI/AN) health issues. The review also included the extent to which the plans identify the needs of or cite data specific to AI/AN populations. |
| **Key Words** |
| American Indian, Native American, Alaska Native. |
| **Limitations** |
| The results of this content review should be interpreted with caution. The results are limited by the data source used (CCC plans) and the words searched. Results showing that a word was not found for a particular CCC plan do not indicate that the state or tribal organization is not engaged in activities related to the topic area; rather, the findings indicate either that the activities are not addressed in the CCC plan or that the state or tribe uses terms that differ from those used in this review. |
| **Summary of Findings** |
| With the exception of the NPAIHB, none of the plans have specific goals or objectives that contain words that demonstrate an effort to address AI/AN health. However, a few plans include strategies related to AI/AN health that relate to a broader goal or objective. Approximately one-third of the plans cite data on demographics, incidence, risk factors, or mortality for AI/AN populations. |

## Strategies

Six plans (CA, LA, NM, NC, UT, and WA) have one or more strategies containing words specific to AI/AN populations that are intended to help meet a broader objective. The New Mexico and North Carolina plans identified more than one strategy containing the words searched. Several examples are listed below.

- **CA:** "Increase surveillance capacity by increasing funding of the state registry to compile and track tobacco-related data on Asian-Pacific Islander and American Indian populations." This is listed under the objectives for reducing tobacco use, diagnosing at an early stage, and decreasing secondhand smoke.
- **LA:** "Identify and prioritize gaps in cancer treatment services for the medically underserved populations, including Native American Tribes." This is listed under the objective "Increase accessibility to cancer treatment for the under-insured and uninsured."
- **NM:** "Explore expanding the use of evidence-based, comprehensive programs such as Pathways that improve school food." (Pathways is a school-based, comprehensive program to prevent obesity in American Indian children that resulted from collaboration between seven American Indian nations and five universities, including the UNM Center for Health

Promotion and Disease Prevention.) This is listed under the objective "By 2006, increase the number of persons aged 13 and older following dietary guidelines that recommend eating 5 or more servings of fruit and vegetables per day." General recommendations included are "Promote efforts such as the Albuquerque Area Indian Health Service's educational initiatives on palliative care and end-of-life services for American Indians" and "Explore how the policies regulating reimbursement for home health care and end-of-life services can better reflect service delivery needs in small towns and rural areas and be more culturally appropriate for American Indian communities." These are listed under the goal "Increase access to appropriate and effective cancer treatment and care."

- **NC: "**Conduct exploratory research with Hispanic, Native American, and other minority populations to assess cultural beliefs and barriers to colorectal cancer screening." This is listed under the objective "Reduce racial disparities in colorectal cancer incidence and mortality." Strategies included are (1) Obtain tobacco prevalence data reflecting a more accurate representation of diverse ethnic and cultural groups such as Native Americans, Hispanic/ Latinos, and Asian Americans; (2) Address cultural use of tobacco among Native Americans through education on the difference between culturally relevant ceremonial use and addictive use of manufactured tobacco; (3) Raise public awareness to processing and manufacturing of tobacco (chemical additives), especially among Native American communities. These are listed under the objective "Eliminate disparities related to tobacco use."
- **UT: "**Collaborate with the American Indian community to implement a culturally appropriate intervention." This is listed under the objective "Increase breast cancer screening rates for those least likely to get regular exams."
- **WA:** General recommendation related to tobacco control: "Increase adult cessation especially among high-risk populations such as American Indians and Alaska Natives."

## Data Specific to AI/AN Populations

- Ten plans cite data on AI/AN populations.
- The NPAIHB plan cites extensive data because the entire plan addresses cancer control and prevention for AI/AN populations.
- Washington and New Mexico cite fairly extensive data on demographics, incidence, risk factors, and mortality across several risk areas and cancers.
- Four plans (CA, MD, NE, and NJ) cite some demographic, incidence, and mortality data primarily focused on tobacco use and related cancers. The data cited in the Connecticut, Michigan, and North Carolina plans are minimal.
- Although Utah and Louisiana have strategies that address AI/AN populations, their plans do not cite any data specific to these populations.