

Program Planning Case Study: Prevention of Lung Cancer in Uruguay. Atlanta, GA:
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Program Planning Case Study: Prevention of Lung Cancer in Uruguay

OVERVIEW

In this case study, you will assess and analyze public health needs, and develop a program to address the high-priority health issue identified by their analysis. The total amount of work time for this case study is approximately 3 hours.

INSTRUCTIONS

A) Working with a mentor only, not in a classroom:

1. Based on the background information provided below, complete Part 1.
2. Ask your mentor to review your work before you continue on with Part 2.

B) Working with a facilitator in a classroom:

1. Read the background information below.
2. Work with your small group to complete Part 1.
3. Review your work with the rest of the class before continuing on with Part 2.

This exercise was designed as a teaching tool, based on common and scientifically proven methods from the United States, to teach effective program evaluation and its application across health topics.

Please note: While this case study was inspired by real data, the people and events described in this case study are fictitious. This exercise is intended for educational purposes only.

PART 1: ASSESS AND ANALYZE PUBLIC HEALTH NEEDS

Estimated Time: 40 minutes

Background Information

According to the World Health Organization¹ (WHO), chronic noncommunicable diseases account for 70% of deaths in Uruguay and 60% of the country's total healthcare expenditures. Cancer is the second-leading cause of death (23.5%), and lung cancer is the most common type of cancer.

¹ World Health Organization. (2009). Country Cooperation Strategy, at a Glance. http://www.who.int/countryfocus/cooperation_strategy/ccsbrief_ury_en.pdf

The scientific literature² indicates that risk factors for lung cancer include non-modifiable factors such as genetic susceptibility, family history of cancer, sex, race, and age. Modifiable risk factors include tobacco use, diet, occupation, and environmental pollution.

In speaking with health officials and other stakeholders in the capital city of Montevideo, you learn the following about the problem of lung cancer in Uruguay:

- Smoking is the leading risk factor for lung cancer, being implicated in 85-90% of cases. Adults aged 15 and older, 24.7% smoke cigarettes.
- Secondhand smoke exposure is also considered a risk factor, but the population attributable risk is relatively low; active smoking is associated with a far greater percentage of lung cancer cases. A nationwide 100% smoke-free policy was enacted in 2006 for all enclosed public places, workplaces, and public transportation.
- Air quality is somewhat worse in the capital city of Montevideo than more rural areas due to traffic congestion, manufacturing plants and other pollutants; however, among Latin American countries, Uruguay is ranked among the least-polluted, so public officials do not believe pollution to be a high-priority issue.
- Two dietary risk factors, low fruit and vegetable consumption and high fat intake, have been linked to lung cancer, although studies have concluded this risk factor is a minor contributing factor to the burden of lung cancer in Uruguay³. Due to the high prevalence of obesity in urban areas, there is a growing network of organizations promoting healthy eating.
- Occupational exposure to cancer-causing chemicals does occur, but this risk factor plays a limited role in the burden of lung cancer in Uruguay⁴.

² Ruano-Ravinaa, Figueirasa, and Barros-Dios. (2003). Lung cancer and related risk factors: an update of the literature. *Public Health*, 117: 149-156.

³ De Stefani, E., Brennan, P., Boffetta, P., Mendilaharsu, M., Deneo-Pellegrini, H., Ronco, A., et al. (2002). Diet and adenocarcinoma of the lung: a case-control study in Uruguay. *Lung Cancer*, 35(1), 43-51.

⁴ De Stefani, E., Boffetta, P., Brennan, P., Deneo-Pellegrini, H., Ronco, A., & Gutierrez, L. P. (2005). Occupational exposures and risk of adenocarcinoma of the lung in Uruguay. *Cancer Causes Control*, 16(7), 851-856.

Case Study Worksheet #1

Complete the questions below.

1. **Summarize the health issue based on the health data.**

2. **Summarize the health issue based on information from the community and stakeholders.**

3. **Identify risk factors and if necessary, rank by their importance and the potential change that you can make on them.**

	More Important	Less Important
More Changeable		
Less Changeable		

Background Information, continued

Of all these risk factors, stakeholders believe the prevention and control of smoking has the greatest amount of public interest and political support; a national tobacco control program has been operating since 2005, and the National Alliance for Tobacco Control is also well-established.

Because such a large proportion of lung cancer cases in Uruguay have been linked to smoking, you decide to do more research to learn more about who is at risk and what is already being done to address the problem of smoking.

Data from the 2009 Global Adult Tobacco Survey indicate that 25% of Uruguayan adults smoke cigarettes. Twenty-three percent of youths aged 13-15 smoke cigarettes, according to the 2007 Global Youth Tobacco Survey. The prevalence of smoking is highest among individuals aged 20-29 years, and smoking initiation most frequently occurs between the ages of 10 and 19⁵.

4. Identify subgroups at risk and if necessary, rank by using factors such as impact, influence and accessibility.

5. Write a health problem statement (include the what, who, where, when, and how much).

⁵ Menezes, A., Lopez, M., Hallal, P., Muino, A., Perez-Padilla, R., Jardim, J., et al. (2009). Prevalence of smoking and incidence of initiation in the Latin American adult population: the PLATINO study. *BMC Public Health*, 9(1), 151.

PART 2: PLAN A PROGRAM

Estimated Time: 90 minutes

Background Information

The WHO created the MPOWER package⁶ in 2008 to help countries comply with the Framework Convention on Tobacco Control (FCTC), which requires nations to implement tobacco control measures. The MPOWER package consists of the six most effective tobacco control strategies for reducing tobacco consumption, and in turn, easing the burden of tobacco-related disease and death. In your research of existing evidence-based programs and policies within the MPOWER framework, you find the following:

Table 1: MPOWER Progress in Uruguay

MPOWER component	Progress in Uruguay
Monitor tobacco use	<ul style="list-style-type: none"> • Uruguay has a strong infrastructure for conducting ongoing monitoring of tobacco use. • The Global Adult Tobacco Survey (GATS) was implemented in 2009⁷, and the Global Youth Tobacco Survey (GYTS) was implemented in 2000 and 2007⁸.
Protect people from tobacco smoke	<ul style="list-style-type: none"> • A 100% smoke-free policy was enacted in 2006 for all enclosed public places, workplaces, and public transportation. In addition, outdoor areas of healthcare and educational facilities are smoke-free. • Data suggests that while secondhand smoke exposure in the workplace is rare, a large proportion of adults and youths are exposed to secondhand smoke in their homes.
Offer help to quit tobacco use	<ul style="list-style-type: none"> • 49% of Uruguayan adult smokers made an attempt to quit smoking during the past year; however, only 8% who attempted to quit were able to remain smoke-free. • 46% of teenage smokers want to quit smoking, and 56% tried to stop smoking during the past year. • Increasing access to tobacco cessation support has been identified as a priority by the national tobacco control program. • Studies show that receiving a physician's advice can increase the odds that a smoker will succeed in quitting smoking. One medical school pilot-tested a medical training program on tobacco cessation counseling. Physicians that received the training reported having greater knowledge of evidence-based tobacco cessation treatments, and increased intentions to

⁶ World Health Organization. (2009). MPOWER Brochure.

<http://www.who.int/tobacco/mpower/flyer/en/index.html>

⁷ World Health Organization. Global Adult Tobacco Survey (GATS), 2009.

⁸ World Health Organization. Global Youth Tobacco Survey (GYTS), 2007

MPOWER component	Progress in Uruguay
	<p>provide tobacco use treatment to their patients.</p> <ul style="list-style-type: none"> • Noticing the rising use of mobile phones among young adults, a community center in Montevideo has created an automated text message program to help smokers through the process of quitting smoking. The program has been inexpensive to implement and well-liked by participants, and 28% of participants are smoke-free after eight weeks.
Warn about the dangers of tobacco	<ul style="list-style-type: none"> • Uruguayan law requires warning labels with graphic images of tobacco-related health problems to cover 80% of the surface of cigarette packages. • A national anti-smoking media campaign is ongoing, and surveillance data indicate that the majority of adults and youths have seen the campaign's health messages. • 67% of youths report having learned about the dangers of smoking in school during the past year. • 98% of adults are aware that smoking causes serious illness.
Enforce bans on tobacco advertising, promotion, and sponsorship	<ul style="list-style-type: none"> • Uruguay's federal law bans all forms of tobacco advertising, promotion, and sponsorship, except for advertising and displays of tobacco products in stores.
Raise taxes on tobacco products	<ul style="list-style-type: none"> • Uruguay's tobacco taxes have increased in recent years, but several other countries in the Americas have considerably higher taxes (Chile, Cuba and Venezuela). • Many Uruguayan politicians have publicly voiced their opposition to raising taxes of any type, including tobacco taxes.

6. Develop an implementation plan.

a. Describe potential barriers for implementation and how to address them.

b. Develop a Work Plan (refer to attached worksheet; answers will vary).

c. Develop a Communication Plan (refer to attached worksheet; answers will vary).

7. Plan for evaluation: List how you should begin planning for evaluation while you are planning and designing your program.

Work Plan

Long-term Objective(s):

Medium-term Objective(s):

Short-term Objective(s):

Project Manager: _____

Today's Date: _____

Task	Person Responsible	Resources	Time Estimate	Due Date	Date Completed

Communication Plan

What needs to be communicated?	Who is the target of the communication?	What is the purpose of the communication?	How often is the communication needed?	What is the method or location of communication?	Who is responsible for creating/ delivering the communication?	When should the communication take place?