



State Cancer Plans Priority Alignment Resource Guide & Tool

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Introduction

Background

Cancer remains the second leading cause of death in the United States despite overall improvements in incidence (new cases) and mortality (death), and prioritization of its control is evident in national health agendas such as Healthy People 2020.¹ Recognizing the need for collaborative efforts from diverse stakeholders and a strategic approach, the Centers for Disease Control and Prevention (CDC) established the National Comprehensive Cancer Control Program (NCCCP) in 1998. Supported CCC programs exist in 50 states, the District of Columbia, 7 Tribes/Tribal Organizations, and 7 U.S. Territories/Pacific Island Jurisdictions. These programs are responsible for establishing diverse coalitions and partnerships, assessing cancer burden, determining local priorities, creating plans for cancer control across the continuum and implementing activities to reach plan objectives.²

In a 2013 needs assessment conducted by the George Washington University (GW) Cancer Institute, CCC programs indicated that there are many priorities for cancer control, specifically mentioning Healthy People 2020 and the CDC CCC priorities.^{3,4} With numerous sources of recommendations to improve public health at the national level, it is critical for CCC programs and coalitions to understand how their goals and activities can align with these recommendations.

One CDC-recommended strategy for advancing cancer control involves better integration of cancer and chronic disease agendas and activities.⁵ An increased understanding of national public health priorities and potential areas of commonality among cancer and chronic diseases will highlight opportunities for collaboration.

A 2014 report from the CDC Division of Cancer Prevention and Control found that a majority of CCC programs do not use population-based health indicators in their plans.⁶ Aligning state cancer plans with top national priorities and developing specific, measurable, achievable, relevant, and time-phased (SMART) objectives will help programs with evaluation of their activities, and demonstration and communication of health impact.

Purpose & Intended Use

To help states better align their goals and activities with various national public health priorities and indicators, the GW Cancer Institute created a State Cancer Plans Priority Alignment Tool that summarizes top priorities and can be used as a guide for goal setting at the state and local levels. Programs and coalitions who use this tool can expect to:

- Gain a better understanding of current national public health priorities;
- Critically assess the state cancer plan and activities to determine strengths and opportunities for improvement; and
- Review sample goals, objectives and potential indicators for inclusion in the revised plan.

NOTE: The Tool is meant to highlight high-impact opportunities based on current reports. The exclusion of specific cancers does not reflect a lack of value or importance regarding efforts dedicated to those cancers.

Methodology

To develop the State Cancer Plans Priority Alignment Tool, the GW Cancer Institute compiled national health priorities, indicators and strategies from the following sources:

- [The U.S. Surgeon General's National Prevention Strategy](#)⁷
- [CDC Cross-cutting Chronic Disease Indicators](#)⁸
- [Healthy People 2020 Leading Health Indicators](#)⁹
- [CDC Prevention Status Report](#)¹⁰
- [CDC Comprehensive Cancer Control Priorities](#)^{4,11}
- [Comprehensive Cancer Control National Partnership Priority Focus Areas](#)¹²
- [LIVESTRONG Essential Elements Brief](#)¹³
- [The U.S. Surgeon General's Call to Action to Prevent Skin Cancer](#)¹⁴
- [National Action Plan for Cancer Survivorship](#)¹⁵
- [CDC Four Domains of Chronic Disease Prevention](#)¹⁶
- [IOM: "From Cancer Patient to Cancer Survivor: Lost in Transition"](#)¹⁷
- [IOM: "Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs"](#)¹⁸
- [IOM: "Delivering High Quality Cancer Care: Charting a New Course for a System in Crisis"](#)¹⁹

Once the various priorities and indicators were compiled into a single spreadsheet, the GW Cancer Institute began organizing and collapsing indicators into priority categories. Since the focus of this resource is helping CCC programs and coalitions with cancer control planning, the chronic disease priorities that related most to cancer were given more weight; for example, chronic diseases such as heart disease, diabetes and arthritis are not included in this tool, because although they are often cancer comorbidities, they are not primary risk factors for cancer, while poor nutrition, physical inactivity and obesity are. The GW Cancer Institute distilled the priorities to a handful of cancer and chronic disease priorities based on the frequency at which they were mentioned across sources, coupled with diseases that are highly preventable. In addition, weight was given to priorities where there are known gaps and where current windows of opportunity exist in the public health field related to increased attention, policies and funding. The finalized list of top priorities, in order of frequency mentioned across sources, is below.

Cancer Priorities

1. Colorectal cancer (screening)
2. Cervical cancer (and HPV vaccination)
3. Skin cancer
4. Lung cancer
5. Survivorship

Chronic Disease Priorities

1. Nutrition, physical activity and obesity
2. Tobacco and alcohol use
3. Access to health services
4. Mental and emotional wellbeing

The following approaches for addressing the priorities were the most often recommended by the national sources reviewed, listed in order of frequency at which they were mentioned:

- Policy, systems and environmental approaches^{7, 15-19}
- Communication, education and training^{7, 15-19}
- Epidemiology, surveillance and information technology¹⁵⁻¹⁹
- Health disparities; accessible and affordable care^{7, 15, 17-19}
- Health care coordination¹⁷⁻¹⁹
- Managing illness and shared decision making¹⁷⁻¹⁹
- Prevention and early detection^{7, 16, 17}
- Psychosocial health needs¹⁷⁻¹⁹
- Workforce improvement¹⁷⁻¹⁹
- Community-clinical linkages^{7, 16}
- Quality improvement^{18, 19}

A [glossary](#) provides definitions and more details for each of the priorities and approaches identified. On page 31 there are [additional resources](#) for aligning state cancer plans with these national priorities.

GW Cancer Institute

CANCER CONTROL TAP

Tap into resources to control cancer

State Cancer Program

Comprehensive Cancer Control Plan Years

Introduction: The priority alignment tool is intended to help state comprehensive cancer control programs and coalitions assess the extent to which their current state cancer control plans align with the various national health priorities. The results from this tool will help state cancer control leaders with revisions to the cancer plan, activities, and outcome measures collected.

Overview of Plan Alignment

Instructions: Use the checklist below to indicate which national priorities are currently addressed in your state cancer plan. Place a check in each box where you have a goal or objective related to the priority and record the goal or objective numbers from your plan.

National Cancer Priorities

Goal/Objectives Numbers:

1. Colorectal Cancer - Screening
2. Cervical Cancer - HPV Vaccination
3. Skin Cancer - Awareness
4. Lung Cancer
5. Survivorship

National Chronic Disease Priorities

Goal/Objectives Numbers:

1. Nutrition, Physical Activity and Obesity
 2. Tobacco and Alcohol Use
 3. Access to Health Services
 4. Mental and Emotional Wellbeing
-

Strength of Plan Alignment

Instructions: Rate the strength of your state's alignment with each priority based on the 4-point scale. Consider the importance given to each priority in the state cancer plan and the effort and activities exhibited by the state cancer control program, state cancer coalition and coalition partners surrounding that priority.

KEY:

No Alignment = Not present in current cancer plan

Weak Alignment = Present in plan but no activities planned in next 12 months

Moderate Alignment = Present in plan with activities planned in next 12 months

Strong Alignment = Present in plan with activities currently being implemented

	No Alignment	Weak Alignment	Moderate Alignment	Strong Alignment
Colorectal Cancer				
Cervical Cancer				
Skin Cancer				
Lung Cancer				
Survivorship				
Nutrition, Physical Activity, and Obesity				
Tobacco and Alcohol Use				
Access to Health Services				
Mental and Emotional Wellbeing				

Priority Alignment Results

Strengths

Instructions: Review the checklist and scale above. Below, record priority areas you checked that had moderate or strong alignment with national priorities. Great job! These are strengths in your state's cancer plan.

Opportunities for Improvement

Instructions: Review the checklist and scale above. Below, record priority areas that were not checked and has weak or no alignment with national priorities. These are areas you might want to focus on when revising your state's cancer plan.

Improving Priority Alignment

Now that you have identified areas for improving national priority alignment in your state cancer plan, this section will take you through steps to do just that. First, select a priority area that was on your "opportunities for improvement" list to focus on. Then, follow the steps below.

Step 1. Choose a Priority Area

Step 2. Write a Goal Statement

The Centers for Disease Control and Prevention (CDC) defines a goal as "a broad statement of program purpose that describes the expected 5-year effects of your program" and as a "broad general statement about the underlying purpose of the cancer plan."

For example, "Increase implementation of effective physical activity, nutrition, and tobacco-use prevention efforts in schools and school districts." See pages 13-30 for sample goals from state cancer plans on all of the priority areas.

Step 3. Write Objectives

The CDC defines an objective as a statement that "describes results to be achieved and the manner in which results will be achieved. They represent annual mileposts to be achieved relevant to achieving corresponding goals and strategies." Objectives are "what is to be accomplished to achieve the goals." Objectives should be SMART (Specific, Measurable, Achievable, Realistic, and Time-phased). Objectives can focus on processes, learning, behavior change, or program outcome/impact.

For example, "By year two of the project, [coalition] staff will have trained 75% of health education teachers in the school district on the selected scientifically based health education curriculum." See pages 13-30 for sample SMART objectives from state cancer plans on all of the priority areas.

Step 4. Select Strategies

The CDC defines strategies as "specific, discrete activities designed to achieve the objectives stated in the plan. These strategies should [be evidence-based]. That is, the strategy has been evaluated and found to be effective at decreasing the burden of cancer. Examples include those recommended by the United States Preventive Services Task Force, other systematic reviews, peer-reviewed published studies, and other evaluators." In choosing your strategies, we recommend reviewing the approaches suggested by the national sources on pages 11-12 and sample strategies for each of the priority areas on pages 13-30.

Sources: Centers for Disease Control and Prevention, Division of Adolescent and School Health. *Writing good goals and SMART objectives tutorials*. Available at: <http://www.cdc.gov/healthyyouth/tutorials/writinggoal/page001.htm>.

Centers for Disease Control and Prevention, Division of Cancer Prevention and Control. *Cancer plan self-assessment tool*. Available at: <http://www.cdc.gov/cancer/ncccp/cancerselfassesstool.htm>

National Cancer Institute. *Developing Goals and Objectives Handout*. From: Using What Works: Adapting evidence-based programs to fit your needs. Module 3 - Finding and evidence-based program. Available at: http://cancercontrol.cancer.gov/use_what_works/mod3/start.htm

Glossary

Cancer Priorities

Colorectal cancer. While there are national indicators and general priorities surrounding incidence and mortality of colorectal cancer, the current focus of national agendas is on increasing recommended colorectal cancer screening. In particular, both the CDC and the CCC National Partnership have priorities for increasing colorectal cancer screening based on the latest guidelines.^{8,12} Further, the American Cancer Society and the CDC's National Colorectal Cancer Roundtable launched the [80% by 2018](#) movement with the goal of reaching 80% of recommended individuals getting screened for colorectal cancer by 2018, providing an opportunity for public health professionals to make a collective impact.²⁰

Cervical cancer (and human papillomavirus (HPV) vaccination coverage). Cervical cancer is a highly preventable disease. In early 2014, the Presidents' Cancer Panel stated that the acceleration of HPV vaccine uptake is "one of the most profound opportunities in cancer prevention today."²¹ Reducing cervical cancer incidence and mortality and increasing screening are the focus of a number of national sources, including the CDC and Healthy People 2020.^{8,9} In parallel, the National Cancer Institute awarded HPV supplements to 18 cancer centers across the U.S., and there is currently a national focus on increasing HPV vaccination coverage led by the CDC and CCC National Partnership.¹²

Skin cancer. The focus of national skin cancer priorities is on reducing melanoma incidence and mortality, including focusing on indoor tanning, sunburn rates and awareness surrounding the disease and prevention strategies.^{8,9} Moreover, the Surgeon General's Call to Action to Prevent Skin Cancer provides a window of opportunity for targeted interventions to curb skin cancer.¹⁴

Lung cancer. Lung cancer is another highly preventable disease. Healthy People 2020 and the CDC include reducing lung cancer incidence and mortality through smoking cessation and increased screening of high-risk populations as priorities.^{8,9} The [U.S. Preventive Services Task Force \(USPSTF\) "B" recommendation](#) for lung cancer screening for adults aged 55-80 with a history of smoking opened the window to payment for these services.²²

Survivorship. Improving cancer survivorship care and services is a priority for the CDC and national advocacy groups.^{11,13,15} There are a number of approaches to achieving this including research, treatment, and post-treatment survivorship care. In addition, there is currently a national focus on smoking cessation efforts targeting cancer survivors led by the CDC and the CCC National Partnership.^{4,12} For the purposes of this document, survivorship is defined using the National Cancer Institute definition: "survivorship focuses on the health and life of a person with cancer post treatment until the end of life. It covers the physical, psychosocial, and economic issues of cancer, beyond the diagnosis and treatment phases. Survivorship includes issues related to the ability to get health care and follow-up treatment, late effects of treatment, second cancers, and quality of life."²³

Chronic Disease Priorities

Nutrition, physical activity and obesity. As common risk factors for a number of chronic conditions, priorities and indicators surrounding improved nutrition,⁷⁻¹⁰ increased physical activity,⁷⁻¹⁰ and reduction of obesity^{9,10} were ubiquitous among national public health sources.

Tobacco and alcohol use. National priorities focused on behaviors and policies related to tobacco⁷⁻⁹ and heavy alcohol use⁷⁻¹⁰ were also included in many of the national sources referenced.

Access to health services. Improved access to health services is both a Healthy People 2020 priority and approach, especially for reducing health disparities, and includes indicators such as health insurance coverage and having a usual primary care provider.⁹

Mental and emotional wellbeing. Mental health and emotional wellbeing are essential for physical health and overall wellness. Individuals with poor mental health are at higher risk for unhealthy behaviors that could lead to cancer, such as tobacco and alcohol use and risky sexual behavior.²⁴ Further, mental health disorders are associated with prevalence, progression and poorer health outcomes for a number of chronic diseases, including cancer.^{24,25} Additionally, chronic illness can lead to or exacerbate existing mental illness in patients and survivors.^{24,25} The CDC, Surgeon General, and Healthy People 2020 all include aspects of mental and emotional wellbeing in their priorities, including suicide prevention, treatment for depression, and general daily emotional health.⁷⁻⁹

Approaches

Policy, systems and environmental approaches. This comprehensive approach is acknowledged to “promote health and support and reinforce healthful behaviors” in the CDC Chronic Disease Domains.¹⁶ The strategic directions in the Surgeon General’s National Prevention Strategy⁷ and the National Action Plan for Cancer Survivorship¹⁵ also highlight the need for health promotion at the community, environmental and policy levels.

Communication, education and training. The need to enhance communication, education and training is a focus in the National Action Plan for Cancer Survivorship,¹⁵ the strategic directions in the Surgeon General’s National Prevention Strategy⁷ and three IOM reports¹⁷⁻¹⁹ as a way not only to improve clinical care, but also to empower patients to prevent disease.

Epidemiology, surveillance and information technology. Collecting epidemiological data and increasing surveillance, especially by leveraging available technology is a priority approach mentioned in the CDC Chronic Disease Domains,¹⁶ National Action Plan for Cancer Survivorship¹⁵ and multiple IOM reports.¹⁷⁻¹⁹

Health disparities; accessible and affordable care. The elimination of health disparities by improving access to quality and affordable care services, particularly among underserved groups, is a strategic focus in the National Action Plan for Cancer Survivorship,¹⁵ the strategic directions in the Surgeon General’s National Prevention Strategy⁷ and three IOM reports.¹⁷⁻¹⁹

Health care coordination. The coordination of cancer care between specialists, primary care providers and other health professionals is mentioned in multiple IOM reports as priority approaches for improvement.¹⁷⁻¹⁹

Managing illness and shared decision making. Three IOM reports highlight the importance of managing illness and care and supporting patients through shared decision making.¹⁷⁻¹⁹

Prevention and early detection. The strategic directions in the Surgeon General's National Prevention Strategy,⁷ CDC Chronic Disease Domains¹⁶ and an IOM report¹⁷ highlight the importance of the effective delivery of clinical and other preventive services in order to prevent disease.

Psychosocial health needs. Identifying patients that need psychosocial care and support is mentioned as integral to improving health outcomes in three IOM reports.¹⁷⁻¹⁹

Workforce improvement. Ensuring the quality and quantity of the health care workforce is noted in three IOM reports.¹⁷⁻¹⁹

Community-clinical linkages. The strengthening of community-clinical linkages to improve and coordinate care is mentioned as a priority in the CDC Chronic Disease Domains¹⁶ as well as by the strategic directions in the Surgeon General's National Prevention Strategy.⁷

Quality improvement. "Translating evidence into practice, measuring quality and improving performance" is specified in two IOM reports as a priority.^{18,19}

Sample Indicators, Targets and Goals for Aligning State Cancer Plans with National Priorities

After completing the State Cancer Plans Priority Alignment Tool, you should have a better sense of what strengths and opportunities for improvement exist in your state's plan. This section includes information that may be helpful in revising state cancer plans to better align with the identified national priorities. Below are some potential indicators from the national sources for each of the priority areas as well as potential targets that could be used in setting goals and objectives in state cancer plans and for evaluation purposes. Listed are links to population-based data sources that could be used to locate state data on the recommended indicators. Also included are sample goals, objectives and strategies extracted from publically accessible state cancer plans or written based on national guidance. Links to more information on drafting [measurable objectives](#) can be found on page 31.

Potential Population-Based Data Sources:

- [National Center for Health Statistics \(NCHS\)](#)
- The [NCHS Data Online Query System](#) includes all data, search parameters, and output options necessary for custom queries of public health datasets. It does not require commercial statistical software packages (such as SAS or Stata) or file downloads. NCHS DOQS is available 24/7 free of charge.
- The [United States Cancer Statistics \(USCS\)](#) Web-based report includes the official federal statistics on cancer incidence from registries that have high-quality data and cancer mortality statistics for each year and 2007–2011 combined. It combines cancer registry data from CDC's [National Program of Cancer Registries](#) and the National Cancer Institute's [Surveillance, Epidemiology and End Results Program](#) to produce a new set of official federal statistics on cancer incidence (newly diagnosed cases) for a single year.
- The [American Cancer Society's Cancer Facts and Statistics](#) projects the numbers of new cancer cases and deaths expected each year in order to estimate the contemporary cancer burden, because cancer incidence and mortality data lag three to four years behind the current year. In addition, the regularly updated Facts & Figures publications present the most current trends in cancer occurrence and survival, as well as information on symptoms, prevention, early detection, and treatment.
- The [Behavioral Risk Factor Surveillance System \(BRFSS\)](#) is the world's largest, on-going telephone health survey system. The [Youth Risk Behavior Surveillance System \(YRBSS\)](#) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults.
- The [National Health and Nutrition Examination Survey \(NHANES\)](#) is a program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations.
- The [National Health Interview Survey \(NHIS\)](#) has data on a broad range of health topics, collected through personal household interviews. For over 50 years, the U.S. Census Bureau has been the data collection agent for the National Health Interview Survey. Survey results have been instrumental in providing data to track health status, health care access, and progress toward achieving national health objectives.

- The [National Health Care Surveys](#) are designed to answer key questions of interest to health care policy makers, public health professionals, and researchers. These can include the factors that influence the use of health care resources, the quality of health care, including safety, and disparities in health care services provided to population subgroups in the United States.
- The [National Immunization Survey \(NIS\) \(NIS-Teen & NIS-Adult\)](#) are sponsored by the National Center for Immunizations and Respiratory Diseases (NCIRD) and conducted jointly by NCIRD and the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention.

Cancer Priorities

1. Colorectal cancer

Potential Indicators:

- Colorectal cancer screening rates (fecal occult blood test, sigmoidoscopy, colonoscopy)
- Invasive colorectal cancer incidence (new cases)
- Colorectal cancer death rate (mortality)

Potential Targets:

Healthy People 2020 Targets:

- Increase the rate of adults who receive colorectal cancer screening to 70.5%
- Reduce colorectal cancer incidence rates to 83.7 new cases per 100,000 population
- Reduce colorectal cancer death rates to 14.5% deaths per 100,000 population

National Colorectal Cancer Roundtable Target:

- Increase colorectal cancer screening to 80% by 2018

Sample Goals with SMART Objectives and Strategies:

Indiana Cancer Consortium (2010-2014):

- *Goal:* Increase early detection and appropriate screening for cancer.
- *Objective:* By 2014, increase the percentage of adults aged 50 and older who receive risk based colorectal cancer screening (sigmoidoscopy or colonoscopy) and follow-up using accepted professional guidelines from 59 percent to 67 percent as measured by the Indiana Behavioral Risk Factor Surveillance System.
- *Strategies:*
 - Enhance colorectal cancer screening capacity.
 - Explore screening facility capacity issues;
 - Provide training opportunities for existing providers;

- Explore ways to increase the number of providers trained to provide colorectal screening.
- Conduct campaigns to increase public awareness of colorectal cancer risk and the benefits of screening and early detection.
- Develop a resource guide for colorectal cancer screening facilities and services.
- Disseminate culturally appropriate decision making information regarding screening guidelines.
- Employ evidence based interventions that promote patient utilization of colorectal cancer screening.

[New Hampshire Comprehensive Cancer Collaboration \(2010-2014\):](#)

- *Goal:* Reduce cancer morbidity and mortality by increasing awareness and screening rates for those cancers where evidence-based guidelines exist.
- *Objective:* Increase the percent of adults age 50 and older who report being screened for colorectal cancer to 80% [from 69.8% baseline]. (*Data source: NH BRFSS*)
- *Strategies:*
 - Work with healthcare systems to adopt the NH CCC colorectal cancer objective and determine how to measure progress.
 - Work with healthcare providers to implement the use of provider reminder and recall systems.
 - Conduct provider education and training to increase awareness of the need for colorectal cancer screening.
 - Work with health insurance plans to adopt the NH CCC colorectal cancer objective as measured by Healthcare Effectiveness Data and Information Set (HEDIS) rates; to expand benefits for colorectal cancer screening by removing required deductibles and copayments; and to provide coverage for colorectal cancer screening in all plans.
 - Work with employers to implement policies that support colorectal cancer screening, such as providing time off from work as well as expanding health benefits to remove deductibles and copayments.
 - Explore mandatory insurance coverage legislation if other strategies do not decrease the barriers to screening.
 - Promote the development of patient navigation programs specifically for screening.
 - Conduct public awareness and educational activities that include targeted small-media campaigns and large-scale media campaigns.
 - Reduce disparities in colorectal cancer incidence and mortality by implementing and supporting the NHCRCSP to provide a limited number of free colonoscopies to New Hampshire's uninsured or underinsured residents.
 - Expand the NH BRFSS to include questions regarding perceived barriers to colorectal cancer screenings (such as transportation, reimbursement, capacity, loss of work time, fear, and embarrassment) and develop plans to reduce barriers based on the responses to these questions.

Based on National Colorectal Roundtable:²⁶

- *Goal:* Improved links between community health centers (CHC) and the health system.

- *Objectives:*
 - Leverage coalition relationships to make fifteen new connections between local colonoscopy providers and CHCs in 1 year.
 - Within 1 year, 10 local gastroenterologists will agree to include 1 uninsured patient per week for colonoscopy if the CHC does preendoscopy clearance and navigates the patients to ensure adherence.²⁶
- *Strategies:*
 - Help patients and families to better navigate the health system through promotion and implementation of statewide lay navigation program.
 - Train navigators to refer low-income patients to providers participating in the free colonoscopy program.

2. Cervical cancer (and HPV vaccination coverage)

Potential Indicators:

- 1, 2, or 3 shots of HPV vaccine
- HPV vaccine series completion rate*
- Adult screening rates (Papanicolaou smear, HPV test)
- HPV prevalence
- Invasive uterine cancer incidence
- Cervical cancer death rate

Potential Targets:

Healthy People 2020 Targets:

- Increase routine vaccination coverage levels for all adolescents. Three doses of HPV vaccine for females by age 13 to 15 years to 80%
- Increase the proportion of women who receive cervical cancer screening based on the most recent guidelines to 93%
- Reduce cervical cancer incidence rates to 7.1 new cases per 100,000 females
- Reduce cervical cancer death rates to 2.2 deaths per 100,000 females

Sample Goals with SMART Objectives and Strategies:

Georgia Cancer Control Consortium (2014-2019):

- *Goal:* To save every possible life and eliminate disparities in prevention, diagnosis, treatment, and access to care.

* The HPV vaccination completion rate is the proportion of those who get one shot who then finish the series; completion is not the same as the number who get three shots (e.g. 2013 data from NIS-Teen shows that nationally 37.6% of female adolescents had received the recommended 3 doses, 57.3% of females had at least one shot and the completion rate was 70.4% for girls who had started the series, but there are many girls who start the series and do not complete it)²¹

- *Objective:* To increase the number of females and males who receive the Human Papilloma Virus (HPV) vaccine in accordance with the National Advisory Committee on Immunization Practices (ACIP) recommendations.
 - Set a baseline for the number of pediatric providers in Georgia that stock and routinely offer HPV vaccine to all patients within ACIP recommended age limits.
 - Achieve a 50 percent complete vaccination coverage rate in adolescent females and males aged 13-17 years.
 - Reduce the incidence of cervical cancer annually from approximately 8.2 to 7.4 per 100,000 population.
- *Strategies:*
 - Make the offer of HPV vaccination by pediatric providers to parents of boys and girls routine by promoting it in conjunction with other required and recommended childhood and adolescent vaccinations (e.g., seasonal influenza, Tdap, and/or the meningococcal vaccine).
 - Engage community-based organizations to implement a comprehensive, innovative, culturally appropriate cervical cancer communications campaign program targeted at all parents of young children to help them to understand the importance of HPV vaccination.
- *Objective:* Ensure all women, regardless of income, race or employment status, have access to high quality breast and cervical cancer screening as well as genetic screening, counseling, and preventive clinical services related to HBOC.
 - Increase from 87% to 93%, the proportion of women who receive cervical cancer screenings based on the most recent USPSTF guidelines.
- *Strategies:*
 - Sustain existing community-based breast and cervical cancer screening programs that screen at least 60 percent of women from racial/ethnic minority groups.
 - Carry out educational campaigns targeting physicians and patients regarding screening for breast and cervical cancer and HBOC.

Based on the 2014 President's Cancer Panel report:²¹

- *Goal:* Reduce cervical cancer incidence by increasing HPV vaccination among adolescents.
- *Objective:* By 2017 co-administration of the HPV vaccine with meningococcal and tetanus booster at age 11 routine visit to primary care provider will increase by 20% from baseline.
- *Strategies:* Reduce missed clinical opportunities to recommend and administer HPV vaccines.
 - In 1 year, disseminate information to 50 primary care providers about an educational webinar on HPV vaccination practices.
 - Recruit a family practitioner to the coalition to offer small group lunch and learn sessions to reinforce best practices among fellow family medicine and obstetric/gynecologic practitioners including how to make strong recommendations.

3. Skin cancer

Potential Indicators:

- Self-reported sunburn in past 12 months
- Adolescents reporting artificial light for tanning
- Adolescents reporting risk reduction/protective behaviors
- Adults reporting protective behaviors
- Invasive melanoma incidence
- Melanoma death rate

Potential Targets:

Healthy People 2020 Targets:

- Reduce the proportion of adults 18 years and older who reported at least one sunburn in the last 12 months to 33.8%
- Reduce the proportion of adolescents in grades 9 through 12 who report using artificial light for tanning in 2009 to 14%
- Reduce the proportion of adults aged 18 and older who reported using artificial sources of ultraviolet light for tanning in 2010 to 3.6%
- Increase the proportion of adolescents in grades 9 through 12 who follow protective measures that may reduce the risk of skin cancer to 11.2%
- Increase the proportion of adults aged 18 years and older who follow protective measures that may reduce the risk of skin cancer to 73.7%

Sample Goals with SMART Objectives and Strategies:

[Montana Cancer Control Coalition \(2011-2016\):](#)

- *Goal:* Promote cancer risk-reducing behaviors through evidence-based education and advocacy.
- *Objective:* By 2016, reduce the proportion of adolescents who use artificial sources of ultraviolet light for tanning from 16% to 15%. (*Data source:* YRBSS)
- *Strategies:*
 - Partner with dermatology groups in Montana to support public policy restricting artificial tanning facility usage by minors.
 - Utilize community media campaigns to discourage youth from using artificial tanning facilities.

[South Carolina Cancer Alliance \(2011-2015\):](#)

- *Goal:* To reduce new cases and deaths from skin cancer in South Carolina through prevention of excessive UV light exposure.

- *Objective:* By December 31, 2015, to increase the percentage of South Carolina middle school students from 6.2 percent to 8.7 percent who report most of the time or always wearing sunscreen with an SPF of 15 or higher when they are outside for more than one hour on a sunny day. (*Data source: YRBSS*)
- *Strategies:*
 - Educate the public about the dangers of severe burns and the long-term effects of ultraviolet light exposure from the sun or tanning beds.
 - Promote public awareness of the latest ACS sun safety recommendations.
 - Educate new parents about ACS sun safety recommendations for infants and toddlers.
 - Target daycares, elementary schools and city and county recreational facilities to promote policy and environmental change to limit sun exposure of staff and students.

Based on the Surgeon General’s Skin Cancer Call to Action:¹⁴

- *Goal:* Reduce the incidence of melanoma.
- *Objective:* By 2018, decrease the proportion of adolescents who report a sunburn or use of indoor tanning in the past 6 months by 15% from baseline.
- *Strategies:*
 - Support inclusion of sun protection in school policies, construction of school facilities and school curricula.
 - Pilot a sun protection curriculum with five local elementary schools with no existing sun protection education in 1 year.
 - Address the risks of indoor tanning with improved warning labels and updated performance standards.
 - Increase the availability of sun protection in educational settings.
 - Enhance understanding of the burden of skin cancer and its relationship with UV radiation.

4. Lung cancer

Potential Indicators:

- Lung cancer screening rates (*see also tobacco indicators below*)
- Lung cancer incidence
- Lung cancer mortality

Potential Targets:

Healthy People 2020 Targets:

- Reduce lung cancer death rates to 161.4 deaths per 100,000 population.

Sample Goals with SMART Objectives and Strategies:

Kentucky Cancer Consortium (revised 2013):

- *Goal:* Reduce incidence and mortality from tobacco-related cancers (lung, throat, mouth, pancreas, kidney, bladder and cervix) in all populations.
- *Objective:* By 2013, decrease the percentage of current smoking among low income adults (defined by 2008 federal poverty guidelines) to 32%. (*Data Source: BRFSS*)
- *Strategies:*
 - Reduce client out-of-pocket costs for cessation therapies.
 - Conduct multicomponent interventions that include telephone support.
 - Increase number of businesses which prohibit use of tobacco on premises.
 - Increase the number of employers and businesses that offer no-cost cessation and support programs.

Northwest Portland Area Indian Health Board - Northwest Tribal Cancer Coalition (20-yr plan):

- *Goal:* Approaching cancer-free tribal communities.
- *Objective:* Increase percentage of PCPs and dentists who ask patients 6 years and older about tobacco use at every visit. (*Data Source: Chart audit, Survey to providers*)
- *Strategy:* Provide culturally-sensitive education to PCPs for counseling of patient.
- *Objective:* Increase environmental tobacco smoke (ETS) free homes and daycare sites. (*Data Source: BRFSS*)
- *Strategy:* Implement a community education campaign (mentoring, media, tribal leaders). (*Data Source: BRFSS*)
- *Objective:* Increase enforcement of laws regulating sales of tobacco products to minors. (*Data Source: SYNAR*)
- *Strategies:*
 - Inform all local sellers of tobacco products about increased enforcement.
 - Implement protocol for reporting illegal sales without revealing identify of informant.

Based on CDC's National Tobacco Control Program²⁸:

- *Goal:* Reduce tobacco-related deaths among all state residents.
- *Objective:* To reduce lung cancer deaths among African Americans to 161.4 deaths per 100,000 population.
- *Strategies:*
 - Implement state and community interventions to prevent the initiation of tobacco use among young people, such as school-based tobacco education.
 - Promote free and lo-cost cessation programs and resources to facilitate quitting among young people and adults.
 - Advocate for tobacco-free public spaces to eliminate nonsmokers' exposure to ETS.
 - Conduct a state-level, mass-reach health communication intervention using paid and earned media.

- Disseminate a media campaign about the health effects of environmental tobacco smoke (ETS) and the importance of smoke-free homes and automobiles, with tailored messages for African American families.²⁹

5. Survivorship

Potential Indicators:

- Percent of clinicians who report providing a survivorship care plan to post-treatment cancer patients
- Percent of cancer centers meeting [Commission on Cancer standard 3.3](#) for survivorship care planning
- Number of [STAR certified programs](#)
- Number of nurses completing City of Hope's [Preparing Professional Nurses for Cancer Survivorship Care](#) program
- Number of physicians completing GW Cancer Institute's [Cancer Survivorship E-learning Series for Primary Care Providers](#)
- Percent of survivors who are overweight or obese
- Percent of survivors who report:
 - meeting nutrition recommendations for fruit and vegetable intake
 - meeting physical activity guidelines
 - heavy drinking
 - tobacco use
- Percent of survivors who report having health insurance
- Percent of survivors who report receiving a survivorship care plan

Potential Targets^Φ:

Commission on Cancer (COC) Targets³⁰:

- COC-accredited institutions will provide survivorship care plans to 25% of eligible patients by January 1, 2016
- COC-accredited institutions will provide survivorship care plans to all eligible patients by January 1, 2019

Healthy People 2020 Targets:

- Decrease to 12% the proportion of persons who smoke (including cancer survivors)³¹
- Increase the mental and physical health-related quality of life of cancer survivors³²
- Increase the proportion of persons who report that their health care providers always involved them in decisions about their health care as much as they wanted to 56.8% (including cancer survivors)³²

^Φ The field of cancer survivorship is still relatively new and thus for many proposed indicators, specific targets may not yet exist.

- Increase the proportion of population-based Healthy People 2020 objectives for which national data are available for all major population groups (including cancer survivors)³²
- Increase the proportion of Healthy People 2020 objectives that are tracked regularly at the national level (including objectives relevant to cancer survivors)³²

Nutrition and Physical Activity Guidelines for Cancer Survivors:³³

- Increase the proportion of cancer survivors who achieve and maintain a healthy weight
- Increase the proportion of cancer survivors reporting at least 150 minutes per week and including strength training exercises at least 2 days per week (physical activity adherence is positively correlated with health-related quality of life)³⁴
- Increase the proportion of survivors following federal nutrition guidelines for fruit and vegetable consumption (at least 2 to 3 cups of vegetables and 1.5 to 2 cups of fruits each day)

Sample Goals with SMART Objectives and Strategies:

California Dialogue on Cancer (2011-2015):

- *Goal:* Improve California cancer survivors' quality of life through increased awareness, education, and access to survivorship resources and services.
- *Objective:* By 2015, increase the number of cancer patients who have received an aftercare plan after completing treatment by ten percent, from the current baseline of 71.9% to 79.1%. (*Data Source: BRFSS*)
- *Strategies:*
 - Educate healthcare professionals regarding the importance of integrating survivor care plans into standard practice.
 - Promote the use of survivor care plans by healthcare providers and cancer patients.
 - Promote systems change to integrate survivor care plans into systems of care.

New York State Cancer Consortium (2012-2017):

- *Goal:* All New Yorkers will have equal access to evidence-based, evidence-informed and guideline-driven services and appropriate, high-quality follow-up care for cancer survivors, families, and caregivers.
- *Objective:* By 2017, establish a means by which to assess cancer survivor' health outcomes, including those that track: (*Potential Data Sources: BRFSS, [American College of Surgeons](#)*)
 - The proportion of cancer survivors across all populations receiving a written care plan;
 - The mental and physical health-related quality of life of cancer survivors;
 - The proportion of cancer survivors engaging in regular physical activity; and
 - The number of health care facilities adhering to National Quality Forum consensus standards for symptom management and end-of-life care.
- *Strategies:*
 - Develop new, or enhance and leverage existing, regional resource directories to increase cancer survivors' awareness of the availability of community supportive

services, including transportation, housing, nutrition, outpatient treatment, psychosocial support services, disability income, legal supportive services and wellness programs.

- Promote the use of standardized survivorship care plans (a written summary of cancer treatment, future care needs and available resources) by cancer survivors and their health care providers.
- Provide appropriate follow-up care (e.g., guideline-concordant cancer screening) and other appropriate posttreatment support (e.g., tobacco cessation counseling, physical activity recommendation) to cancer survivors.
- Conduct research and education about cancer survivors' needs, including adequacy of follow-up and support services, and barriers encountered during the diagnostic, treatment and post-treatment phases of care.
- Implement policies across multiple settings that deter employment and insurance discrimination.
- Promote health care facility adherence to National Quality Forum consensus standards for symptom management and end-of-life care.
- Track the number of New York cancer treatment facilities with STAR certification as comprehensive cancer rehabilitation programs.

[Northern Plains Cancer Coalition, Aberdeen Area Tribal Chairmen's Health Board \(2008-2012\):](#)

- *Goal:* Ensure that Northern Plains American Indian cancer patients, their families, and their caregivers will have access to programs and services that address their physical, mental, and spiritual needs to improve the length and quality of life.
- *Objective:* By 2012, increase the social support available to cancer survivors during and after their treatment.
- *Strategies:*
 - Develop tribal cancer coalitions/teams comprised of clinicians, community health workers, survivors, family, traditional and spiritual leaders, and community members that provide a multi-function support system for Native Families.
 - Establish Native American cancer survivor support groups.
 - Develop partnerships with cancer centers and other cancer referral centers in order to advocate and facilitate the development of new or the expansion of existing patient navigator programs.

[Oregon Partnership for Cancer Control \(2005-2010\):](#)

- *Goal:* Improve cancer survivors' quality of life through services that address the physical, emotional, social and vocational challenges of survivorship.
- *Objective:* Increase the proportion of cancer patients who use rehabilitation services to reduce or prevent long-term effects of cancer and its treatment.
- *Strategies:*
 - Collaborate with private insurance and government-sponsored insurance plans to improve reimbursement for exercise, nutritional and psychological services.
 - Develop and implement an assessment tool to identify primary access, rehabilitation and psychosocial needs of cancer survivors.

- Increase primary care provider (PCP) awareness of strategies and resources to prevent or reduce long-term side effects of cancer treatment.

Based on GW Cancer Institute's Experience:

- *Goal:* Improve state's resources for post-treatment cancer survivors.
- *Objective:* By January 2018, conduct a baseline assessment of the current resources and services available in the state and delineate further needs.
- *Strategies:*
 - Modify the CDC's Behavioral Risk Factor Surveillance System survey cancer survivorship module to collect desired data and fund state-wide implementation for one survey period.
 - Within 1 year, recruit 5 cancer survivors to participate in the comprehensive cancer control coalition.
 - Within 2 years, conduct 10 focus groups across the state with diverse cancer survivors to ascertain perceived needs.
 - Within 3 years, develop and pilot a training workshop for survivors to advocate for survivorship care plan use at cancer centers across the state.

Chronic Disease Priorities

1. Nutrition, physical activity and obesity

Potential Indicators:

- State physical activity requirement for students
- State nutrition standards policy for food and beverages sold by government agencies (e.g. public schools)
- Adults/youth meeting physical activity guidelines
- Fruit and vegetable consumption among adults/youth
- Television viewing among youth
- Overweight or obesity in children/adults

Potential Targets:

Healthy People 2020 Targets:

- Increase the number of States with nutrition standards for foods and beverages provided to preschool-aged children in child care to 34 States
- Increase the proportion of schools that do not sell or offer calorically sweetened beverages to students to 21.3%
- Increase the proportion of school districts that require schools to make fruits or vegetables available whenever other food is offered or sold to 18.6%
- Increase the number of states that have State-level policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines for Americans to 18 States

- Increase the contribution of total vegetables to the diets of the population aged 2 years and older to 1.1 cup equivalent per 1,000 calories
- Reduce the proportion of adults who are obese to 30.5%
- Reduce the proportion of children aged 2 to 19 years who are considered obese to 14.5%

Sample Goals with SMART Objectives and Strategies:

[Cancer Alliance of Texas \(2012\):](#)

- *Goal:* Reduce cancer risk related to obesity.
- *Objective:* Increase the percentage of adults who are at a healthy weight from 30.9% to 36%. (*Data Source: BRFSS*)
- *Strategies:*
 - Implement policy, systems and environmental change, and other evidence-based strategies that reduce the risk of cancer related to obesity. Evidence-based strategies may include:
 - Implementing evidence-based school and youth community programs that promote healthy weight;
 - Implementing evidence-based worksite and adult community programs that promote healthy weight;
 - Conducting adult-awareness campaigns statewide on the links between obesity, diabetes, and risk of cancer; and
 - Promoting built environment and policy approaches designed to provide opportunities for people to be more physically active and have easy access to healthy foods.
 - Advocate for and dedicate consistent and reliable funding for implementation of evidence-based obesity prevention and control programs and policies.
 - Improve health professional knowledge, practice behaviors, and system support related to increasing provision of or referral to counseling and services that promote obesity reduction and control.
 - Encourage breastfeeding.
 - Promote the adoption of CEO Gold Standard™ for worksites.

[Utah Cancer Action Network \(2011-2015\):](#)

- *Goal:* Improve nutritional intake among Utahns.
- *Objective:* Increase the percentage of youths in 9th through 12th grade who eat five or more fruits or vegetables per day from 18.89% to 20.7% by 2020. (*Data Source: YRBS crude rate*)
- *Strategy:* The UDOH Physical Activity, Nutrition, and Obesity Program (PANO) plans and implements health promotion strategies for physical activity, nutrition, and obesity in Utah. UCAN will support PANO in its efforts to encourage Utahns to be physically active, eat nutritious food, and achieve a healthy weight.

2. Tobacco and alcohol use

Potential Indicators:

- Adult cigarette smoking rates
- Sale of cigarette packs
- Adolescent cigarette smoking past 30 days
- Smokeless tobacco use among youth
- Adolescent use of alcohol or illicit drugs in past 30 days
- Adolescent binge drinking in past 30 days
- Heavy drinking among adult men/women
- State beer/wine/spirits taxes

Potential Targets:

Healthy People 2020 Targets:

- Reduce cigarette smoking by adults to 12%
- Reduce use of cigarettes by adolescents (in the past month) to 16%
- Reduce the proportion of children aged 3 to 11 years exposed to secondhand smoke to 47%
- Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days to 16.6%
- Reduce the proportion of adults of persons engaging in binge drinking during the past 30 days in adults aged 18 years and older to 24.4%

Sample Goals with SMART Objectives and Strategies:

Arizona Cancer Coalition (2005-2010):

- *Goal:* To reduce the risks for developing cancer among all Arizonans by promoting and engaging in healthy behaviors.
- *Objective:* By 2010, decrease the proportion of youth and adults who exceed the national dietary guidelines for alcohol consumption (consuming more than one drink per day for women, more than two drinks of alcohol per day for men, and no alcoholic beverage consumption for adolescents and children) from baseline: (*Data Source: YRBS, BRFSS*)
 - 78.4% of Arizona youth in grades 9-12 have ever had one or more drinks of alcohol
 - 5.4% of Arizona adults were at risk for heavy drinking in 2003 (exceeded one drink per day for women and two drinks of alcohol for men)
- *Strategies:* Disseminate public education messages about the role of alcohol and cancer risk.
 - Educate Arizonans about the relationship between alcohol use and cancer.
 - Increase awareness of the substance abuse prevention services available through the Arizona Department of Health Services.

- Collaborate with organizations such as the Department of Motor Vehicles, Department of Transportation, Mothers Against Drunk Driving, high schools, and community centers to distribute public health and public safety messages regarding the hazards of excessive alcohol use and cancer risk.
- Encourage alcohol and tobacco messages in drug promotion efforts such as Drug Free Arizona.
- Educate college students on the negative health consequences of binge drinking and chronic alcohol use and increased risk for cancer.
- Post signs in bars on the health risks due to excessive alcohol consumption including increased cancer risk.

Nebraska Cancer Coalition (2011-2016):

- *Goal:* Reduce the impact of tobacco use and exposure on cancer incidence and mortality.
- *Objective:* Decrease the percentage of adult males who use smokeless tobacco from 5.0% to 3.0% in 2015. (*Data Source: NE BRFSS*)
- *Strategies:*
 - Support Tobacco Free Nebraska annual work plans and collaborate to achieve common goals.
 - Advocate for tax increase for tobacco products.
 - Implement community wide mass media campaigns and support the Tobacco Free Nebraska Program (TFN).
 - Increase provider to patient education.
 - Support implementation of the TFN Health Disparities State Plan.
 - Challenge employers to provide tobacco cessation programs as part of benefits plans.
 - Collaborate with the DHHS Office of Oral Health and Dentistry and the UNL College of Dentistry.
 - Collaborate with communities and local health care systems regarding development and implementation of tobacco-free campus policies.
 - Increase callers to the Nebraska Tobacco Quit Line.

3. Access to health services

Potential Indicators:

- Percent of persons with medical insurance under 65 years old
- Percent of persons with a usual primary care provider

Potential Targets:

Healthy People 2020 Targets:

- Increase the proportion of persons with medical insurance to 100%
- Increase the proportion of persons with a usual primary care provider to 83.9%

Sample Goals with SMART Objectives and Strategies:

Connecticut Cancer Partnership (2014-2017):

- *Goal:* High-quality comprehensive cancer treatment and the opportunity to participate in clinical trials are available and accessible to all people living in Connecticut.
- *Objective:* Promote and support increased participation in cancer-related clinical trials.
- *Strategies:*
 - Address issues at the state and regional levels, such as barriers to participation in clinical trials and strategies to address these challenges, including the establishment of a system to monitor the level of participation in clinical trials by people living in Connecticut diagnosed with cancer.
 - Monitor efforts at the National Cancer Institute to consolidate Clinical Trials Cooperative Groups regarding molecularly-based therapy clinical trial approaches as appropriate and educate the cancer control community on new development.
 - Establish system-wide changes to disseminate information about available clinical trials using culturally and linguistically appropriate methods.

Fond du Lac Reservation (2007-2012):

- *Goal:* Assess the needs of Fond du Lac community members diagnosed with cancer and Fond du Lac's capacity for providing quality cancer follow-up treatment and services, and identify gaps in services.
- *Objective:* Ensure continuity of care between off-site cancer healthcare providers and Fond du Lac Healthcare providers for Fond du Lac community members with cancer.
- *Strategies:*
 - Provide education for both Fond du Lac Healthcare providers and community members on the importance of continuity in follow-up care for cancer.
 - Establish a communication system between Fond du Lac Healthcare providers and off-site cancer healthcare providers.
 - Explore ways to utilize Fond du Lac's medical clinics computerized NextGen Client Medical Record System to improve communication and continuity of care for cancer patients.
 - Expand Fond du Lac Human Services Division's Public Health Nursing staff to include a Public Health Nurse Cancer Case Manager.
 - Expand Fond du Lac Human Services Division's Clinic staff to include a Registered Nurse specializing in cancer care.
 - Develop program and protocols to assure timely access to supportive services by community members with cancer.

Guam Comprehensive Cancer Control Coalition (2007-2012):

- *Goal:* Improve access to and utilization of cancer screening, diagnosis, treatment, and related services.
- *Objective:* Increase screening rates for cervical cancer by 5% above established baseline of 77.5% by 2012. (Data Source: BRFSS, [NBCCEDP](#))

- *Strategies:*
 - Support community partners, such as the Department of Public Health and Social Services and private clinics in their efforts to implement educational campaigns to inform women about the importance of annual pap smears and pelvic exams.
 - Support the Guam Breast and Cervical Cancer Early Detection Program in the efforts to promote and educate women who do not have access to healthcare regarding the importance of annual pap smears and pelvic exams.

Based on GW Cancer Institute’s Experience:

- Goal: Work with coalition partners to fund and launch a lay navigator program for the oncology continuum.
- Objective: Increase the percentage of state residents with a usual primary care provider from 70% in 2013 to 83.9% in 2020 by implementing a navigation program in partnership with community organizations.
- Strategies:
 - Within 1 year, 5 coalition members will complete the [Executive Training on Navigation and Survivorship](#) offered by GW Cancer Institute.
 - Within 3 years, recruit 20 individuals to complete the [competency-based Patient Navigation training](#) for non-clinically licensed navigators offered by GW Cancer Institute.

4. Mental and emotional wellbeing

Potential Indicators:

- Adolescents with major depressive episodes
- Recent mentally unhealthy days among adults
- Proportion of adults who self-report good or better health
- Suicide rates among cancer patients/survivors³⁵

Potential Targets:

Healthy People 2020 Targets:

- Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes (MDEs) to 7.5%
- Increase the proportion of adults who self-report good or better mental health to 80.1%
- Increase the proportion of cancer survivors who self-report good or better mental health to 80.1%

Sample Goals with SMART Objectives and Strategies:

Mississippi Partnership for Comprehensive Cancer Control (2006-2011):

- *Goal:* Promote the process for comfortable dying with the preservation of autonomy, dignity, and grieving support for the family.
- *Objective:* By 2011, develop and maintain patient navigation systems that can facilitate optimum psycho-social care for cancer patient and family. (*Data Source: Mississippi Department of Health (Home Health), The University of Mississippi Medical Center, MD Anderson Cancer Center, Oncology Nurses Society*)
- *Strategies:*
 - Identify and support programs to assist the health care professional that works with cancer and dying patients.
 - Increase appropriate and timely referral of cancer patients to Mississippi's hospice programs.
 - Increase the capability and use of palliative care principles for cancer patients in all care settings.
 - Increase the number of cancer patients who achieve self determined life closure.
 - Assist cancer patients and families to effectively grieve.
 - Offer annual patient education programs that provide patients information and available resources for addressing their own and/or family members' end of life issues. Encourage patients to advocate for their end of life issues through these educational programs.
 - Promote the education of newly diagnosed cancer patients and/or their families about advanced healthcare directives.

Oklahoma Comprehensive Cancer Network, Oklahoma State Department of Health (2006-2010):

- *Goal:* Increase psycho-emotional and spiritual well-being of the cancer patients, their families, and their caregivers.
- *Objective:* By 2010, identify and disseminate a standardized QOL tool for use by healthcare providers in developing a long-term treatment and follow up plan to optimize quality of life.
- *Strategies:*
 - Identify an interdisciplinary team to evaluate and make recommendations for assessment instruments for use on a statewide basis.
 - Conduct a pilot study to determine the feasibility and ability of implementing a standardized QOL assessment tool in cancer centers across the state.
 - Utilize results of pilot study to promote the use of a standardized QOL assessment tool statewide to address quality of life issues in treatment, follow-up, and survivorship.
 - Distribute standardized QOL assessment tool to cancer centers statewide and provide education/training/feedback on use of instrument.
 - Utilize results from the pilot study to identify and promote research in quality of life issues.

Other Recommended Resources for Creating a Comprehensive Cancer Control Plan

- Assess your plan – CDC’s [Cancer Plan Self-Assessment Tool](#) allows users to evaluate the comprehensiveness of their plan and provides tips for improved structuring.
- See examples of other state/tribe/territory/jurisdiction CCC plans – CDC makes [Comprehensive Cancer Control Plans](#) accessible on this web page. You can also search a goal bank of past and current state cancer control plan goals from your peers on the [GW Cancer Institute’s Comp Cancer 101 webpage](#) launching in January 2015.
- Research current statistics – NCI and CDC’s [State Cancer Profiles](#) provides dynamic views of cancer statistics for prioritizing cancer control efforts in the nation, states and counties.
- Look for resources on Comprehensive Cancer Control – The GW Cancer Institute’s [Cancer Control TAP Resource Repository](#) allows users to search a collection of CCC resources and tools.
- Build SMART Objectives – CDC’s [Communities for Public Health: Develop SMART Objectives](#) is an interactive template that will guide users through the steps needed to define goals and SMART objectives. This will help with monitoring and evaluating your progress toward your goals.
- Use common outcomes measures – NCI’s [Grid-Enabled Measures Database](#) is a web-based collaborative tool containing behavioral, social science, and other relevant scientific measures and CDC’s [Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs](#) provides 120 key tobacco-specific common outcome measures.
- Use evidence-based strategies – [The Guide to Community Preventive Services](#) (The Community Guide), NCI’s [Research Tested Intervention Programs](#) (RTIPs), and the Agency for Healthcare Research and Quality’s (AHRQ) [National Guideline Clearinghouse](#) are public resources for finding out what strategies and interventions have worked and for identifying evidence-based clinical practice guidelines.

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