

The Comprehensive Cancer Control Movement

Ten Years of Success

1998 to 2008

A decade ago there were only a handful of states that had a strategic plan for addressing cancer. And mostly, those plans focused on government actions. Then, a different vision emerged in which organizations from across society would come together with a united approach for addressing cancer in their communities. A decade later, that vision is reality. Fifty states, several American Indian and Alaska Native tribes and tribal organizations, territories and Pacific Island jurisdictions have developed data and evidenced-based comprehensive cancer control (CCC) plans that are now being implemented.

The people who came together to write these plans wanted them to be relevant, timely documents that would be used to guide the work of many, and not simply stored on a shelf. States, tribes and territories began forming multi-sector coalitions that went on to develop plans and are now implementing those plans. The change from just a few states having strategic plans for addressing cancer to nearly all having plans happened because: 1) coalitions of people from all walks of life came together with a passion for accelerating the pace of action against cancer; 2) states, tribes and territories worked hard to harness the enormous energy and passion of those willing to work together; and, 3) a group of dedicated national organizations worked tirelessly and nimbly to do whatever was needed to support the nascent and now full-blown efforts of those states, tribes and territories. This is the story of this highly successful movement and how it happened.

Comprehensive Cancer Control in Action

Robert and Aleta Dolan and their new baby represent an all-too typical example of a family who find themselves unable to afford health care coverage when they need it most. Robert (40), recently laid off from his job, has been diagnosed with early stage colon cancer. Until he ran into his old friend Dale at a cancer awareness booth at the county fair, he didn't realize that he might have options for care.

Dale, a health department health educator, had just returned from a state cancer conference where he learned about a new statewide project that put together the resources to screen for colon cancer and then support follow-up treatment should there be a positive diagnosis. Another encouraging factor in Robert's situation was that a patient navigator had been hired as a part of a local non-profit agency's push to increase access to cancer care among local citizens. She helped Robert and Aleta find transportation assistance and childcare, and complete the myriad of forms and applications required to cover Robert's surgery and follow-up care expenses.

Robert's story is similar to many others repeated across the United States every day. Thankfully the elements that help people like Robert get the quality cancer care they need, when they need it, are coming together throughout this country through a Comprehensive Cancer Control (CCC) movement that has been fostered by the CCC National Partnership in conjunction with state, tribe, territory and Pacific Island jurisdiction CCC coalitions. This movement helps assure that all people of this nation have access to the full continuum of cancer care services.

A Movement

Over the past ten years a new movement emerged across the country to improve the way various organizations coordinate and collaborate in the fight against cancer. Comprehensive cancer control (CCC) is a collaborative movement through which a community and its partners pool resources to reduce the burden of cancer¹. It began through the efforts of a group of dedicated health professionals who recognized that a different approach would be necessary to meaningfully reduce the burden of cancer in the U.S. That group became the Comprehensive Cancer Control National Partnership.

The CCC National Partnership (see text box) has prepared this article to celebrate the ten years of cancer control and prevention progress through the movement. The CCC National Partnership's vision is a national movement of local communities working together within states, tribes, territories, and U.S. Pacific Island jurisdictions to reduce the burden of cancer for all people. Key accomplishments in achieving this vision are described and critical success factors are identified. These factors show lessons learned and are meant to shorten the learning curve for public health programs and initiatives wishing to build on CCC's rich experience. Finally, the CCC National Partnership issues an urgent call to action for all those who participate in public health agencies, clinical care organizations, health systems, cancer survivors, elected officials, private organizations and all those who care about the cancer burden and those it affects so substantially. The call to action is to increase the commitment to comprehensive cancer control in the U.S. to meet the challenges of the next decade as well as they were met in the last.

In The Beginning ...

In 1994, the Centers for Disease Control and Prevention (CDC), the American Cancer Society (ACS), the National Cancer Institute (NCI), the American College of Surgeons (ACOS), the North American Association of Central Cancer Registries (NAACCR) and other public health leaders at the state and national levels, began promoting a comprehensive approach to cancer control that would coordinate and integrate cancer prevention and control programs across specific cancer funding boundaries. From 1995 to 1998, CDC held a series of meetings and workshops to gather input on the feasibility of implementing CCC programs at the state level and on potential barriers to the process. Outcomes of these meetings and workshops included a definition and framework for comprehensive cancer control, essential elements, and a planning model.ⁱⁱ

At the same time, ACS worked with state cancer registries and other state cancer control health department staff and the ACOS to create local data driven cancer control planning activities, known as "Triads." The ACS placed field staff in every ACS Division to help foster these collaborative planning efforts aimed at bringing together the triad of cancer control, cancer data and clinical communities to create cancer plans.ⁱⁱⁱ In 1998, CDC provided funding to Colorado, Massachusetts, Michigan, North Carolina, Texas and the Northwest Portland Area Indian Health Board as a pilot to assist with implementation of their existing CCC plans. This was the beginning of the CDC National Comprehensive Cancer Control Program (NCCCCP).

Finally, in 1998 a unique national cancer collaborative C-Change (formally the National Dialogue on Cancer) was founded. C-Change is composed of organizational leaders from the public, private and non-profit sectors. The development and implementation of evidence based and stakeholder driven state comprehensive cancer control plans has been a strategic focus area of C-Change since its founding. A strategic plan to achieve this goal was developed by a CCC team in 2001, which called for the development and implementation of state CCC plans in all 50 States by 2005 and the provision of targeted interventions to help achieve this goal. This team included representatives of CDC, NCI, ACS and the ACOS as well as representatives of other C-Change member organizations. The efforts of this C-Change CCC team have been subsequently expanded to include tribes, territories and Pacific Island jurisdictions and are currently integrated into collaborative work the CCC National Partnership.

CCC National Partnership

American Cancer Society

American College of Surgeons Commission on Cancer

Association of State and Territorial Health Officials

C-Change

Centers for Disease Control and Prevention

Health Resources Services Administration

Intercultural Cancer Council

Lance Armstrong Foundation

National Association of Chronic Disease Directors

National Association of County and City Health Officials

North American Association of Central Cancer Registries

National Cancer Institute

Early Success Factors

As all of these early partners began working with each other and sharing lessons learned, a strong CCC foundation was set in place and an ever evolving movement was created. Some of the critical factors that facilitated the birth and early adoption of CCC were:

- Expanded cancer data and evidence-based interventions were utilized as a basis to inform cancer plans and to motivate action
- National organizations with common goals vigorously promoted and supported the “promise” of CCC as an approach
- CDC funded the National Comprehensive Cancer Control Program that catalyzed states, tribes and territories to establish coalitions and develop and disseminate CCC plans
- CCC became a priority within national organizations and with staff who worked at the local and regional levels
- Organizations with diverse resources and expertise came to the “table” – partners including community members were in the right place at the right time working towards the same CCC goals

Ten Years of Success

Throughout the past ten years there have been numerous accomplishments at the national, state, and local levels across all comprehensive cancer control programs. Those involved take pride in these accomplishments because they have had an impact in saving lives and building a sustainable direction for the future.

CCC is about the building of strong partnerships that combine resources and coordinate efforts. It is about the daily work of individuals from state health departments, territorial and tribal health agencies, cancer registries, cancer centers and other cancer organizations that have come together to accomplish priorities for cancer in their coalitions. The work groups developed and implemented specific, actionable, coordinated, and time-phased activities, such as awareness campaigns, cancer screening programs, survivor support activities, and advocacy for legislation to improve access to quality cancer care. In turn, the CCC National Partners direct resources to support these implementation efforts at the state, tribe, territory, Pacific Island jurisdiction and local levels. The following are highlights of these accomplishments at the national and coalition level.

National Accomplishments

On the national level there were important factors that contributed to the success. The timeline (below) lists some of the important national level CCC accomplishments over the last ten years. Many of these initiatives, accomplished through collaboration among the CCC National Partnership and with CCC coalitions, are described below.

COMPREHENSIVE CANCER CONTROL TIMELINE

1998 CDC funds first 6 CCC Programs to develop and/or implement plans

1999 First CCC National Partnership meeting

2000 1st CCC Leadership Institute held 2000-2002; C-Change strategic plan includes development of CCC plans

2001 CDC funding expanded to 14 CCC programs, including plan development

2002 CDC publishes Guidance Document for planning

2003 P.L.A.N.E.T. web portal launched; PAT Visits begin

2004 2nd CCC Leadership Institute held

2005 CancerPlan.org launched; Leadership Institute for Tribes and Pacific; special issue of *Cancer Causes and Control* on CCC

2006 3rd CCC Leadership Institute held 2006-2007

2007 Pacific Island Jurisdiction Leadership Institute 2007-2008

2008 National Partnership Strategic Plan; first CCC Policy Summit; local implementation webinar series held

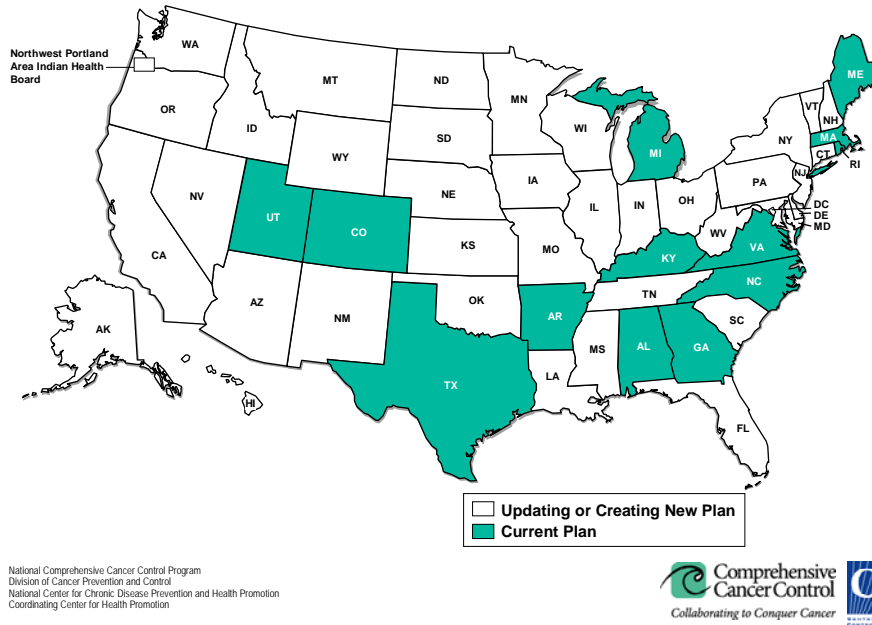
National Accomplishments: Development of CCC Plans

Since 1998 the number of programs participating in CDC's NCCCCP has grown from six to 65, which includes all fifty states, the District of Columbia, 7 tribes/tribal organizations and 7 territories/U.S. Pacific Island jurisdictions. All plans (currently 65 available) are available online at: <http://www.cancercontrolplanet.gov>.

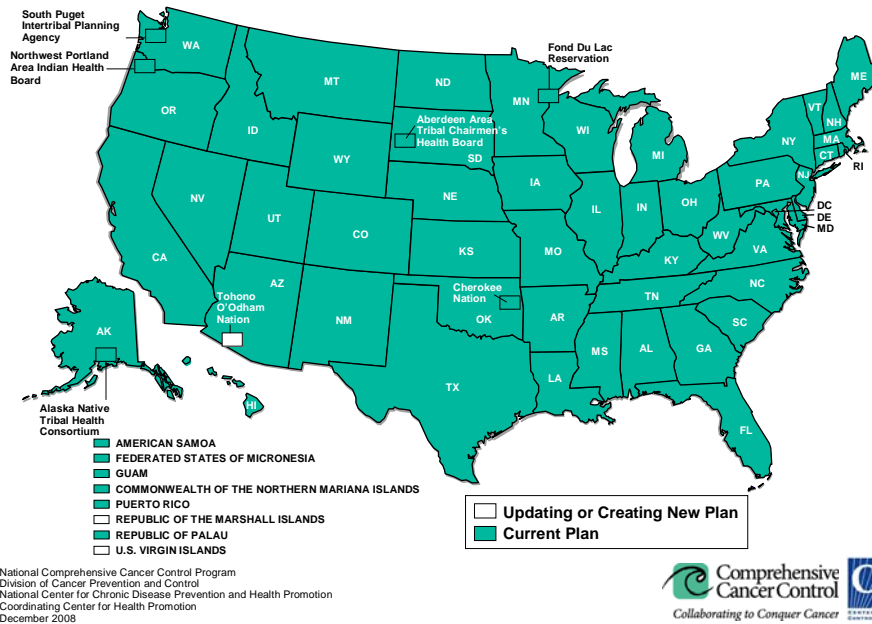
These data-driven and evidence-based CCC plans serve as blueprints for action in each location. The real success comes in the implementation of priority strategies in the plans, such as reducing cancer disparities, creating new cancer policies, improving access to cancer prevention and early detection services, and addressing access and quality of cancer services and end-of-life needs.

The following maps show the expansion of CCC plans across the nation:

2001 National Comprehensive Cancer Control Status of Cancer Plans



2008 National Comprehensive Cancer Control Status of Cancer Plans



Planning Assistance Team (PAT) Visits

In 2003, the CCC National Partnership delivered a number of tailored on-site assistance visits to CCC coalitions who needed help getting their CCC efforts off the ground and their cancer plans completed. Through direct requests for assistance, or through recommendation from CDC and

ACS, the coalitions were able to access timely and appropriate on-the-ground help in developing or finalizing their cancer plans. A total of 13 PAT visits were conducted in 2003, two in 2005 and two in 2008. Teams included CCC National Partnership representatives and consultants who worked with local coalition members to address their specific issues, often sharing the experiences of others who had successfully faced the same problems.

National Accomplishments: Implementation of CCC Plans

The expansion of CCC plans was the result of resource, support, and coordination in conjunction with the hard work of the coalitions. Many CCC coalitions have since secured private, state, tribal, territory and local funding through a variety of innovative and aggressive approaches. Some coalitions have become independent non-profit organizations that work with their members to seek outside contributions to sustain efforts and pay for implementation of CCC priority plan strategies. The National Partners are listening to the voices of those who are implementing these CCC plans and are providing assistance and leadership when needed. The following CCC National Partnership accomplishments which supported implementation of CCC plans have contributed to this success.

Comprehensive Cancer Control Leadership Institute (CCCLI)

The Leadership Institute is a series of forums for teams of leaders from states, tribes, territories and Pacific Island jurisdictions to learn, share and set strategic direction for their CCC initiatives. Three phases of the Institute have been held, each with a specific purpose:

- Phase 1 was focused on coalition and plan development and the basic concepts of CCC and attended by coalition members from all 50 states at regional forums held between 2000 and 2002;
- Phase 2 was focused on issues related to CCC plan implementation, such as addressing disparities, evaluation and advocacy and was again attended by all 50 states at regional forums held in 2004; and
- Phase 3 was focused on selected priority strategies for CCC plan implementation, such as palliative care, tobacco control, health workforce needs, colorectal cancer screening and survivorship and was again attended by all 50 states as well as tribe and tribal organization representatives funded through CDC's NCCCP between 2006 and 2007.

Targeted Leadership Institutes were held for tribes, tribal organizations, territories and Pacific Island Jurisdictions. The first American Indian and Alaska Native Leadership Institute was held in 2005 and attended by over 200 individuals from tribes and tribal organizations who were developing or implementing CCC plans or who were interested in getting involved in CCC efforts. As a result of this Leadership Institute an American Indian and Alaska Native Advisory Group was formed to advise the CCC National Partnership on how to enhance CCC efforts within Indian Country. In addition, three Leadership Institute forums were held for the ten Pacific Island Jurisdictions in 2005, 2007 and 2008, with topics ranging from data collection and evaluation to identifying and adapting best practices in cancer control.

Altogether, thousands of CCC coalition members have attended the Leadership Institutes and as a result have moved forward with completing CCC plans, identified priority strategies for implementation, learned about best practices in cancer control and have put these practices into action in their communities to address the cancer burden.

Cancer Control P.L.A.N.E.T. (Plan, Link, Network with Evidence Based Tools)

The Cancer Control P.L.A.N.E.T. (<http://cancercontrolplanet.cancer.gov>) web portal was launched in April 2003 and is an online data and planning tool to assist CCC practitioners. This collaborative web portal is sponsored by many of the CCC National Partners (NCI, CDC, ACS, ACOS) as well as the Substance Abuse and Mental Health Services Administration and the Agency for Healthcare Research and Quality. The portal provides access to data and resources that can help planners, program staff, and researchers to design, implement and evaluate evidence-based cancer control plans and programs.

CancerPlan.org Website

CancerPlan.org (www.cancerplan.org) is an online resource for CCC programs and coalitions that offers users the opportunity for real-time interaction with their peers and enables sharing of ideas, resource materials and provides regular updates from the CCC National Partnership about national initiatives.

Comprehensive Cancer Control Policy and Practice Summit

In May 2008, the CCC National Partnership, with leadership from C-Change, provided an opportunity for CCC coalition leaders and CCC National Partners to identify and discuss key issues and corresponding policy solutions that have the potential to enhance their CCC efforts. It is important to note, that this summit was the first time chairs from all states were convened to discuss cross-state interests and ideas. Forty-five state CCC coalition chairs attended the policy summit which resulted in recommendations focused in three areas: increasing access to quality cancer care, increasing colorectal cancer screening and increasing funding for CCC initiatives. As a result, the CCC National Partners are drafting a policy agenda and corresponding plans to respond to the specific recommendations raised during the summit. The CCC National Partnership is currently planning policy summits for American Indian and Alaska Native and Pacific Island jurisdiction CCC coalitions for 2009.

Implementation of CCC at the Local Level Webinar Series

In the fall of 2008 the CCC National Partnership hosted a series of three web-based interactive discussions and sharing of information and resources among CCC practitioners related to implementation of CCC priority strategies at a local level. Over 300 individual CCC coalition members from states, tribes, territories, Pacific Island jurisdictions and local communities participated in this first webinar series which was focused on describing approaches to local implementation and the partnerships and resources necessary to support local implementation. The CCC National Partnership plans to use the information presented along with feedback about needs related to local implementation to develop tools for CCC coalitions.

Individual National Partner Contributions

High-level representatives from each of the national cancer control organizations also continue to dedicate considerable resources to planning and implementation support for CCC. As the movement has grown, more national organizations have joined to create an influential National Partnership that has consistently sought to integrate their resources, including funding, to support CCC growth at all levels. Together the CCC National Partners have increased visibility and credibility for individual Partners' organizational efforts. Individually each CCC National Partner contributes to the continued CCC movement. Some examples are:



The CDC’s Division of Cancer Prevention and Control provides base funding and technical assistance for CCC management, cancer control planning and implementation, and sustaining infrastructure. CDC awarded \$22,368,723 in fiscal year 2008 to support 50 states, the District of Columbia, seven tribal governments and organizations, and seven territories and U.S. Associated Pacific Island jurisdictions, in the development and implementation of their CCC programs and plans.



The American Cancer Society supports national and division level staff involvement in CCC initiatives, including key leadership at the local and state coalition level as well as national support for the overall work of the CCC National Partnership. Additionally, ACS provides invaluable expertise and resources in advocating for CCC policy implementation at the national and local levels.



The National Cancer Institute’s Cancer Information Service (CIS) Partnership Program staff collaborates with trusted local, regional, and national organizations to reach minority and medically underserved populations. NCI made CCC an organizational priority and over 75 staff across the country provides technical assistance to the cancer control efforts of the nation’s states, tribes, and territories, including specific technical assistance to CCC coalitions nationwide. In addition, NCI created and supports the Cancer Control P.L.A.N.E.T. portal which provides access to data and resources that can help planners, program staff, and researchers to design, implement and evaluate evidence-based cancer control programs.



The North American Association of Central Cancer Registries has supported the access and use of cancer registry data to assist CCC programs and coalitions in assessing and describing the burden of cancer in their area. NAACCR members also serve as members of CCC coalitions nationwide.



The American College of Surgeons Commission on Cancer supports a physician volunteer network at the state and local levels. This network requires its members to support CCC coalitions and plan implementation through active involvement in those CCC coalitions and through Cancer Liaison Physicians in individual cancer programs at the state and local levels.



C-Change has supported the work of the CCC movement through publications and program assistance, including training and technical assistance. C-Change has also provided financial support for Leadership Institutes and other projects where additional monies were needed. Most recently, C-Change produced: *Increasing Access to Cancer Care: An Action Guide for Comprehensive Cancer Control Coalitions*. The guide is focused on what CCC coalitions can do and are doing to address the complex issues surrounding access to quality cancer care. Additionally, C-Change has produced other tools to aid states, tribes, territories, and Pacific Island jurisdictions in the implementation of their respective CCC Plans. These tools include cancer clinical trials policy and practice guidance documents and patient navigation promotional toolkits, making the business case for cancer prevention and early detection and public communications toolkits. Finally, C-Change recognizes exemplary CCC planning and implementation as well as elected official involvement in CCC efforts through their annual CCC awards program.



The Intercultural Cancer Council provides support through their Regional Network to facilitate the inclusion of American Indian/Alaska Native and other under-represented populations in comprehensive cancer control efforts nationwide. Additionally, ICC addresses specific issues of concern to CCC coalitions and programs, such as a recent project called EDICT (Eliminating Disparities in

Clinical Trials). This project addresses public policy issues involving recruitment and retention of underserved participants in clinical trials.



The Lance Armstrong Foundation provides funding, technical support, networking, and capacity-building trainings to community programs whose activities are aligned with state and tribal CCC programs and coalitions. Additionally, LAF provides materials, resources and ongoing support to cancer survivors and encourages their personal involvement in CCC efforts as survivors and advocates.



The National Association of Chronic Disease Directors supports a CCC Interest Group among its members to facilitate information sharing and networking across chronic disease programs with an interest in CCC efforts and provides mentoring and training of CCC programs and personnel in states, tribes, territories and Pacific Island jurisdictions. NACDD also partners with national cancer coalitions that advocate for cancer control related appropriations and legislation, thereby supporting the advocacy interests of CCC coalitions nationwide.



The Health Resources and Services Administration encourages the involvement of its grantees and partners in CCC coalition efforts. In addition, HRSA has partnered with CDC and other national organizations to support The Cancer Collaborative which is designed to drive organizational change within health center practices such that coordinated and supportive cancer screening (specifically breast, cervical and colorectal cancers) and follow up occur in a predictable, timely fashion.



The Association of State and Territorial Health Officials provides opportunities for its members to learn about CCC national and local efforts as well as advocates for continued CDC funding for the National Comprehensive Cancer Control Program.



The National Association of County and City Health Officials is partnering with CDC to develop a toolkit for local health officials who want to better understand and get involved in CCC efforts at the local level.

Coalition Accomplishments

The CCC coalitions have been successful in advocacy, policy change, program development and expansion to support prevention, early detection, treatment, survivorship, and end-of-life care. Some highlights related to implementation include the following:

Freedom to Breathe: Advocates Join Forces to Help Minnesotans Breathe Easier

On May 16, 2007 Governor Tim Pawlenty signed the Freedom to Breathe Act into law making Minnesota the 20th state to enact a comprehensive smoke-free law. This victory was the result of a strong, sustained and coordinated effort by the Freedom to Breathe Coalition, with many Minnesota Cancer Alliance members joining the effort. Advocating for a comprehensive smoke-free law was a top priority in the state's cancer plan. "Minnesota established the nation's first clean indoor air act in 1975. We're now extending the protections of that law to make sure more Minnesotans have the opportunity to breathe smoke-free air wherever they are in the state," said Commissioner of Health Dr. Sanne Magnan "We're confident that Freedom to Breathe will yield positive health benefits in the months and years to come."

Texas: Advocating for Prevention and Funding of Cancer Control Efforts

In November 2007, Texas voters approved a landmark \$3 billion bond initiative to fund the newly created Cancer Prevention and Research Institute of Texas (CPRIT). The Institute was initially created by the Texas legislature to award grants to expedite innovation to find a cure for cancer, but prevention as an important part was left out. After tireless advocacy efforts by the Texas Comprehensive Cancer Coalition to ensure the addition of prevention to the Institute's focus, they were successful. The word "Prevention" was added to the title, with corresponding legislation that called for up to ten percent of the funding to be awarded for prevention efforts. Not only is CPRIT still committed to the responsibility of implementing the Texas Cancer Plan, but there is now a tenfold increase in funding for cancer prevention over previous years.

In a related effort, the Coalition has prepared a trio of strategic documents for the upcoming legislative session in maintaining and garnering additional support for cancer control funding. The first in this trio is: *Making the Texas Cancer Plan a Reality: Cost Estimates for Implementation*. This document represents the best available estimates of what additional funds are currently needed to reasonably implement the *Texas Cancer Plan* given existing program funding and capacity for services. The Coalition used and developed logical cost models and made realistic assumptions to estimate what additional resources may be needed beyond the current resources to achieve the goals of the *Texas Cancer Plan*.

New Jersey: Diverse Local CCC Partners Come Together to Save Lives, One Beach at a Time

Five hundred forty one people from Ocean County are glad they headed for the beach on August 2nd and 3rd this year because just for being there, they received a free skin cancer check. Forty-seven of those beachgoers were referred for further screenings, eight of whom were referred with the possibility of having developed the more dangerous melanoma.

The Ocean County Cancer Coalition (OCCC), the organization that sponsored the screenings, is one of 21 county-wide coalitions created to help implement the New Jersey comprehensive cancer control plan. The plan includes many priorities, but the one they chose for those days was based on local needs and priorities. New Jersey's Plan and the larger Coalition that supports it illustrate how important it is for state planning and implementation efforts to be flexible. Otherwise it might have been difficult to convince all the volunteers – dermatologists, surgeons, surgical oncologists, and advanced practice nurses from all over Ocean County – to get involved and help during those two days. The people of New Jersey greatly benefit from the work of the dedicated partners of the NJCCC Coalition – and they benefit in many areas of cancer control. Skin cancer education and early detection are just two of those areas.

Cherokee Nation: Ga-Du-Gi Spirit

The meaning of Ga-Du-Gi in Cherokee is essentially a village, or a community working together for a common cause or goal. This working together or "collaborative effort" can be seen in Cherokee Nation as community leaders, health care professionals and CCC partners work together with one goal in mind; to prevent colorectal cancer in the 14 counties of the tribal jurisdictional service area.

In the past several years, health care professionals, community members and partners have come together to increase colon cancer awareness, screening, and access to care for American Indians living in Cherokee Nation. Multi-component activities were used to increase screening rates from 27.7 percent in 2005, to 37.5 percent in 2007. These activities include:

- Increased communication between patient and clinical staff regarding colon cancer screening

- Colorectal cancer awareness campaign at the community level, advertised through local media and cable TV
- Proclamation from the Chief of the Cherokee Nation and Mayor of Tahlequah proclaiming March as colorectal cancer awareness month in Cherokee Nation
- Free screenings provided by the Oklahoma State Health Department and the Oklahoma State University in 2007 and now 2008
- Increased appropriations for Contract Health Services
- Hiring of another surgeon at the Hastings Indian Health Service to increase screening rates
- Education for social workers, nurses, physicians, and clinical staff through the bi-annual Cherokee Nation Cancer Summit
- Increased funding in a grant awarded from the Prevent Cancer Foundation to develop a culturally appropriate cancer brochure, through their Dialogue for Action Campaign.

Before inclusion of these activities, epidemiological data from 1997-2001 showed that only 1 percent of colorectal cancer patients were being diagnosed at the earliest stages. Recent epidemiological data for the years 1997-2004 shows an increase in the number of patients being diagnosed at the earliest stage, at 4 percent. The last few years have been very successful as all partners have pulled together resources to combat the unequal burden of colon cancer in the 14-county area.

American Samoa: Enacting Legislation to Eliminate Smoking in Public Places

The American Samoa Comprehensive Cancer Control Plan focuses on six goals along the cancer care continuum: Prevention, Early Detection, Diagnosis and Treatment, Quality of Life, Data Collection, and Cost. The Prevention goal states: “Prevent cancer from occurring with an emphasis on education and behavior changes.” To achieve that goal, the coalition set a target to increase the number of smoke-free workplaces by 50 percent by 2012. During the first year of implementation, the American Samoa Community Cancer Coalition (ASCCC) decided to make behavioral changes on a policy level a priority. Based on lung cancer rates and Youth Risk Behavioral Factor data, the ASCCC began efforts to advocate for the development of legislation that eliminated secondhand smoke in public places within the territory. To drive the effort, an Action Plan was developed at the Pacific Comprehensive Cancer Control Leadership Institute in April of 2008.

Through the collaborative efforts of the ASCCC and its partners, the coalition achieved passage of the American Samoa Smoke-Free Environment Act through the House of Representatives and Senators on September 18th, 2008. The legislation is currently in review with the Governor to enact into law. The intent of the American Samoa Smoke-Free Environment Act is to eliminate the effects of secondhand smoke by eliminating smoking in all public places within the territory, and it is expected that these changes will be achieved in phases. The first phase will be to implement the policy within all government buildings, buses, and taxis. Later phases will include restaurants, workplaces, and all other public places. Enforcement of the Act will be under the purview of the American Samoa Department of Health and the Department of Public Safety.

Citizen’s for a Healthier Colorado

Under the banner of “Citizens for a Healthier Colorado,” voluntary health organizations, tobacco control advocacy organizations, and statewide chronic disease coalitions, including the Colorado Cancer Coalition, advocated for an increase in tobacco excise taxes that would allocate 16 percent of new revenues for the prevention, early detection, and treatment of cancer, heart disease, and pulmonary

diseases and 16 percent for tobacco prevention. Armed with the Colorado Cancer Plan, a broadly supported strategic action plan based on sound data, the coalition member organizations successfully garnered public support for Amendment 35 and its cancer-related provisions.

Since 2005, nearly \$45 million has been distributed to support statewide and local efforts to prevent, detect, and treat cancer, heart disease, pulmonary disease, and related risk factors through a competitive grants program. An additional \$90 million was distributed to local health agencies and nonprofit organizations for tobacco use prevention and cessation, eliminating exposure to secondhand smoke, and reducing health disparities resulting from tobacco use. Cancer programs, including colorectal cancer screening, skin cancer education, genetics counseling and screening, patient navigation programs, prostate cancer education, and development of a health disparities action team, have received funding as a result.

CCC at the Local Level: Addressing Cancer in Dutchess County NY

In 2006 Dutchess County Executive, William R. Steinhaus, announced the formation of the Dutchess County Comprehensive Cancer Control Initiative. The Department of Health working with community partners has formed The Dutchess County Comprehensive Cancer Consortium, a collaborative effort of individuals and organizations that share information and resources to better promote cancer prevention, improve cancer detection, increase access to health and social services and reduce the burden of cancer on a local level. This is the only county-based CCC initiative in NY and one of few around the country. The Dutchess County Department of Health established its Comprehensive Cancer Control Advisory Council in 2006 to conduct a comprehensive needs assessment of cancer prevention, screening, treatment, and support services in Dutchess County. The needs assessment will form the basis for development of a Comprehensive Cancer Control Plan for the County, to be coordinated with the New York State Comprehensive Cancer Control Plan. For more information, go to www.cancerfreedutchess.net.

Sustaining Success Factors

The national and CCC coalition accomplishments over the last ten years are outstanding. As successes have been realized, some critical factors for sustaining CCC efforts have emerged. They are:

- Expansion of collaborations with diverse partners that represent all geographic and political areas
- Special emphasis given to non-traditional partners, for example business and media
- The increase and maintenance of care for patients along the entire continuum of cancer, with involvement from long-term care facilities, pain management experts, and advocacy as well as from primary care and prevention partners
- Consistent and aggressive appeals for more federal, state, and private resources for implementation of cancer control strategies
- Acquisition and maintenance of skills in cancer control program evaluation in order to ensure continued efficient use of funding
- Support of the philosophy that collaboration and resource sharing will benefit the “greater good.”

The Future of CCC

The future promise of Comprehensive Cancer Control, as shown by the model in Figure 1, is decreased cancer morbidity and mortality, decreased health disparities and an increased quality of life for everyone living in this country. CCC is accomplishing these successes through the development of a shared, comprehensive vision and an integration of programs, organizations, and sectors.

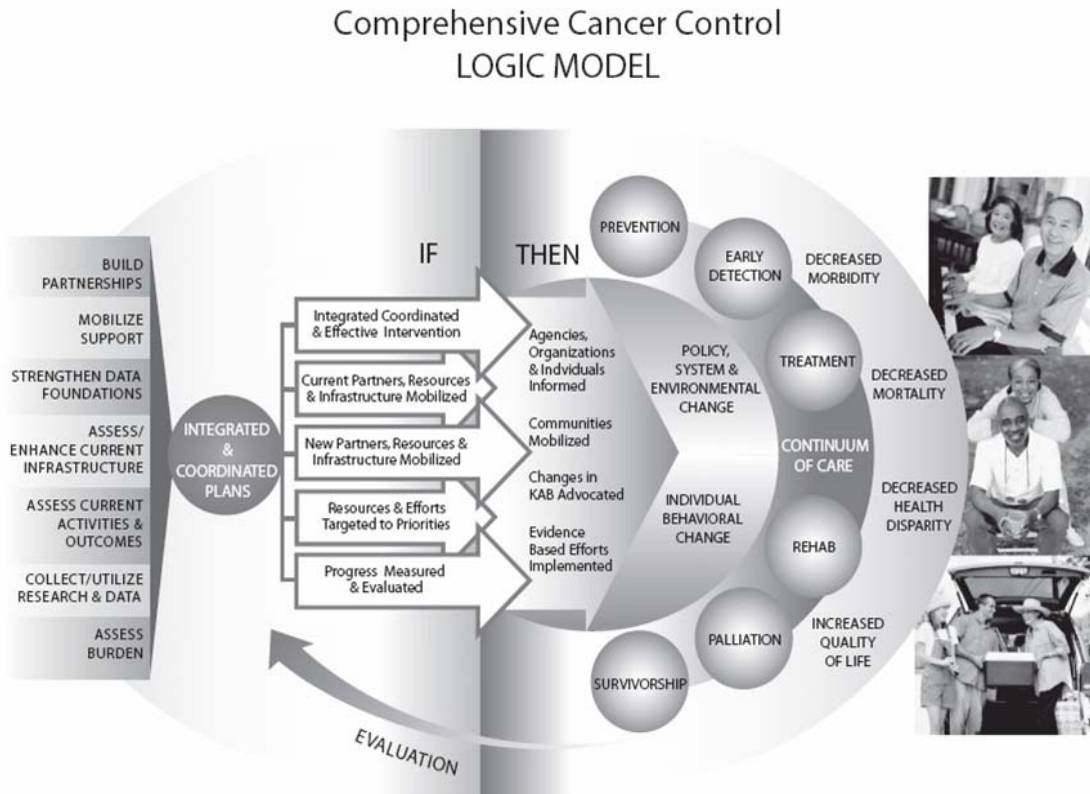


Figure 1^{iv}

Below is an example of how CCC coalitions and partnerships can affect people's lives now and into the future: Seventh grader Cecily Lawson lives in a rural Arkansas community of about 2,500 people. Her teacher, Tabitha Moore has recently received her "Cancer Scholars" certificate for attending five annual educational outreach programs called "Partners in Health Science" where K-12 teachers and their students take part in training around cancer biology and cancer prevention education.

Moore uses the philosophy of getting kids interested in science through cancer biology because she believes that "learning about the science of cancer can be so interesting and motivational for some students that they actually change their minds about career paths."

"What is needed are interest 'hooks' or 'gateways' to engage the audience in learning relevant health science content," says Bob Burns, professor and designer of the "Cancer Scholars" program^v. Professor Burns has used many stories to capture the attention of young minds. He started "Partners" because he had a passion for teaching, and his program has been supported by a coalition of cancer control stakeholders who were looking for innovative ways to get prevention messages out to underserved and

“non-traditional” audiences. “Partners” seemed to fit the bill and so a collaborative relationship was borne.

It makes sense that teaching cancer prevention and control to kids is a winning strategy. The potential long-term outcome is a healthier citizenry. Teaching cancer control to teachers plants very powerful seeds in communities all across states and helps to reinforce what students learn and bring back home. The possibility for the future through support from the CCC coalition is that Cecily and her friends may not have to bear the same burden of cancer as their parents and grandparents because they are being armed with information about how to not become a statistic.

Partnerships in the Future

CCC practitioners adopted collaborative partnering from the beginning as the best way to do business. It was clear that resources and expertise had not been maximized, and competition between agencies and institutions had rendered them somewhat less effective. CCC has and will continue to promote collaborative partnerships as the most effective way to resolve the range of challenges inherent in winning the “war on cancer.”

Further buy-in from stakeholder organizations to the collaborative movement means CCC constituencies will be strengthened and deepened. People who serve the public, work on the front lines, and know the needs of the public firsthand, will be empowered to “fine tune” the priorities of the partnership. It also means that leaders who are frustrated with a system that always asks them to do more with less will be engaged to work together to figure out how to do more.

Because CCC is moving cancer control toward a more collaborative way of thinking, cancer control resources are being used more efficiently. And the difference leads to better patient care outcomes.

Other broad initiatives will benefit as well. Effective partnerships are synergistic. Already CCC partnerships across the country are collaborating with other partners and programs such as those involved in tobacco and diabetes control. CCC has become the public health model that others want to emulate. The tools and assistance provided by the CCC National Partners to CCC coalitions and programs can easily be adapted and used by others, especially those interested in related chronic disease control interventions. Effective collaborative partnerships are the catalysts that allow CCC stakeholders to work smarter, rather than harder – to leverage resources in order to do more.

Comprehensive Cancer Control National Partnership Strategic Plan 2008-2013: Planning for the Future

The CCC National Partners have enjoyed a long-standing relationship with one another, and because of the respect and trust within the group, have been able to work together effectively and to rely on one another for feedback, problem solving, resources and mutual support. Through this relationship, the National Partners decided to put together the Comprehensive Cancer Control National Partnership Strategic Plan 2008-2013, a plan designed to assure continued success in its efforts.

The CCC National Partnership’s Five-Year Strategic Goals are to:

- Provide technical assistance and training to coalitions on implementing their CCC plan priority strategies
- Increase resources for implementation of CCC plans
- Establish communication mechanisms on CCC National Partnership initiatives
- Facilitate the exchange of information between CCC Coalitions

- Summarize and report on progress made through the CCC movement
- Sustain the CCC National Partnership as a model for collaboration

A Call to Action

To accomplish meaningful reductions in cancer morbidity and mortality and increase quality of life many people must be involved, both personally and professionally. The passion for controlling and eliminating cancer must be driven by well-planned, well-funded goals, and must be carried out by identifying specific common priorities, designing effective solutions and then by delivering results.^{vi} Those who are committed to a future in which every CCC Coalition addresses its cancer burden through a CCC program that is well equipped to deliver measurable outcomes must lead the effort. Below are critical factors for a successful future in cancer control:

Critical Success Factors for the Future

- Renewed focus on integration of planning and implementation of programs with natural connections
- Common policy agendas across the nation to support priority CCC plan priorities in a more focused way that facilitates the sharing of knowledge, skills and resources
- Increased and more equitable access to quality cancer services
- An increase in resources and support from local, state, tribe, territory and national government, advocacy and private industry
- Increased commitment and resources devoted to eliminating health disparities among minority and underserved populations
- Ability to redefine and change course (increase momentum) as solutions are found and level of care and service are increased
- Measure the impact of CCC not just in terms of processes and plans, but in the human outcomes for which we strive
- Continued research to identify and describe CCC outcomes and to improve efforts
- More nimble funding mechanisms that respond to changing needs of a national movement

The CCC National Partners invite cancer control, health services providers, elected officials and other community leaders, cancer patients, survivors and those who want to link their efforts to CCC to join in making the critical success factors for the future a reality. There are many opportunities for action, and there are many things that stakeholders can do:

For Elected Officials

- Join the Comprehensive Cancer Control effort in your state, tribe, territory, or local jurisdiction in a way that directly contributes to the coordination and success of the movement.
- Support policies that are effective and will lead to environmental and behavioral changes that impact cancer.
- Encourage constituents to join you in eliminating cancer by building awareness and advocacy for cancer prevention, early detection, access to quality care, eliminating disparities in health, and increasing survival.

For Public Health Leaders

- Join the effort to make sure that strategies to be implemented are effective and will lead to environmental and behavioral changes that impact cancer.

- Engage at every level, agencies that are undertaking the work in the various cancer control components, and make sure they are utilizing the Cancer Plan “roadmaps” as there were intended.
- Take responsibility for implementation of components and encourage others to do the same.

For Hospitals and Clinics

- Ensure that your cancer cases are reported in a timely way.
- Collaborate to sponsor community screenings.
- Acquire or maintain American College of Surgeons accreditation.
- Advocate for all plan priorities effectively using your credible voice within the community.

For Community-based Organizations

- Provide cancer awareness information to constituents.
- Collaborate to provide community prevention programs.
- Make early cancer detection and appropriate treatment a priority.

For Clinicians

- Make sure patients get appropriate cancer screening tests.
- Refer patients to smoking cessation classes and nutrition programs.
- Find out how to enroll patients in clinical trials.

For Individuals

- Stop smoking or never start.
- Know when to be screened and do it on schedule.
- Increase daily levels of physical activity, and eat more fruits and vegetables.
- Show support and care for those who are diagnosed with cancer.

The “War on Cancer” began in 1971, but a real impact on cancer was not seen until after the Comprehensive Cancer Control movement began. We are only now beginning to see a leveling off and reduction in cancer rates for some cancers in some areas. This is a critical time. We are facing large economic and health challenges all across this nation. We cannot afford to miss the opportunity to be involved in the inevitable, sweeping changes in this country’s approach to health and health care. We urge everyone that reads this document to join us in becoming part of the CCC movement to eliminate the burden of cancer in this country and in the world.

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