

Comprehensive Cancer Control

An Opportunity for

[com-pre-hen-sive can-cer con-trol]

The Centers for Disease Control and Prevention (CDC) defines comprehensive cancer control (CCC) as “a collaborative process through which a community and its partners pool resources to reduce the burden of cancer,”¹ resulting in cancer risk reduction, early detection, better treatment, and enhanced survivorship.

CCC is an approach and a practice that seeks to reduce the burden of cancer by maximizing the collective resources of organizations dedicated to cancer control and to reduce unnecessary duplication of their activities. Put simply, CCC is people and organizations working together to achieve outcomes they could not achieve alone. The word “comprehensive” is a critical descriptor of this approach; CCC addresses the entire continuum of cancer care and all priority cancer sites, and involves a variety of stakeholders and disciplines. Figure 1 is a logic model developed by the CDC that shows a graphical representation of the concept.²

Background and History of Comprehensive Cancer Control

Comprehensive cancer control, as a concept, began taking shape in the early 1990s. At that time, the CDC and other national organizations, such as the American Cancer Society, the American College of Surgeons’ Commission on Cancer, and the National Cancer Institute, began to recognize that the current public health approach to reducing the burden of cancer was limiting, in that funding and programmatic and research efforts were primarily focused categorically, within single cancer sites or one point along the cancer continuum (e.g., the CDC’s National Breast and Cervical Cancer Early Detection Program). While these categorical approaches were and continue to be effective in achieving their intended outcomes, an extraordinary gap remained between understanding and

applying what we know works in cancer control, as well as an ever-widening gap between those who have and those who do not have access to quality cancer care. Comprehensive cancer control emerged as an approach that would go beyond categorical lines and offer the opportunity to work across these “silos” to better achieve collaborative synergy³ and shared outcomes, thus addressing the gaps.

In 1994, the CDC and its national partners (see Table 1) took steps to further define CCC and to explore the benefits of this approach with state health departments that had already begun to develop comprehensive cancer plans.⁴ A number of tools were developed by the CDC between 1994 and 2002 to help further the development of CCC. These include a framework, essential elements, and a planning model and guidance document. All of these resources are available on the CDC website at: www.cdc.gov/cancer/ncccp/.

In 1998, the CDC began funding five programs under the National Comprehensive Cancer Control Program (NCCCP). Today the CDC provides funding to all 50 states and a number of tribes, tribal organizations, and U.S.-associated territories to create and implement comprehensive cancer control plans. NCCCP recipients use CDC funding to develop the infrastructure needed to create and begin to implement the CCC plan, including staffing, support for a CCC partnership, and evaluation activities. With increased visibility and support for CCC at the national, state, tribal, territory, and local levels, CCC has moved beyond a concept and into practice as a recognized way to achieve better cancer control outcomes.

An Opportunity for Collaboration

Comprehensive cancer control is a promising means of addressing several key issues:⁵

- Inadequate infrastructure for cancer control
- Limited resources and competition for limited resources
- Limitations of categorical funding for programs and research
- Delay in moving research findings into practice, due to a lack of access to data or evidence, or resources to translate and disseminate findings
- Lack of coordination among cancer programs and services
- Unequal burden of cancer due to disparities in knowledge, access, treatment, and survival among racial and ethnic groups.



Collaboration

by Leslie S. Given, BA, MPA,
and Karin Hohman, RN, MBA

At the same time, CCC offers powerful benefits to the oncology community. A united front is more powerful; comprehensive cancer control offers the power of collaboration to what otherwise might be a lonely fight. The result is a powerful network of groups that speaks with one voice about reducing cancer risk, detecting cancers earlier, improving access to quality cancer treatment, and improving quality of life for cancer survivors. Working together is also more efficient. By putting comprehensive cancer control plans into action, coalitions prevent overlap and direct resources to where they matter most in every state, tribe, and territory. Collective action creates new allies. People from all corners of the cancer community are gaining new supporters by participating in comprehensive cancer control. This collaboration allows them to pool resources, share expertise, and gain new insights into better ways to get the job done. Finally, coalitions can tackle cross-cutting issues. A united front against cancer can tackle challenges—like better access to quality care, survivorship, health disparities, and quality of life—that are too broad and complex for any one organization to confront alone.⁶

Across the nation CCC partners are realizing the benefits of this type of approach. Hundreds of individuals and organizations (public, non-profit, and for-profit) are involved in CCC efforts at the state, tribal, territory, and local level.⁷ They are attracted to CCC because they want and need to work with others and see that their issues can be addressed through the implementation of a CCC plan. Opportunities exist for additional organizations to join as a partner in these CCC efforts, including community cancer centers.

The ABCs of CCC

Individual comprehensive cancer control partnerships, plans, and outcomes can differ widely. Each state, tribe, territory, and local jurisdiction must approach CCC in a way that best fits its needs and set priorities based on the cancer picture unique to its location. There are, however, critical common elements in all CCC efforts. For example, CCC efforts must be:

- Stakeholder driven and representative of the whole community
- Data driven
- Evidence-based
- Collaborative
- Focused on the entire cancer control continuum, from prevention to survivorship.

To fulfill these critical CCC elements, two essential building blocks are required: a CCC plan and a CCC partnership.

CCC plans. Central to a CCC effort is a strategic plan, which includes a description of the cancer problem (burden); identifies existing cancer control resources and gaps; and lays out clear goals, measurable objectives, and

evidence-based strategies to address the gaps. CCC plans are developed by stakeholders and represent their collective agreement regarding the cancer control priorities for their state, tribe, territory, or local community.

As part of this strategic plan, CCC stakeholders use high-quality data from the central cancer registry and other trusted information sources to answer the following six questions:

1. What is the cancer problem(s)?
2. What are the causes of the problems?
3. Who is most affected?
4. What should the actions and outcomes be?
5. What are the evidence-based solutions?
6. How do we document and track progress?⁸

CCC plans include a variety of strategies that reflect the priorities established by the stakeholders. Typical CCC plan components include information about the burden of cancer, the CCC partnership, evaluation strategies, and a number of chapters dedicated to priorities that have been established with descriptions of goals, objectives, and strategies for each priority. All current CCC plans are available for download via a web portal at <http://cancercontrolplanet.cancer.gov>.

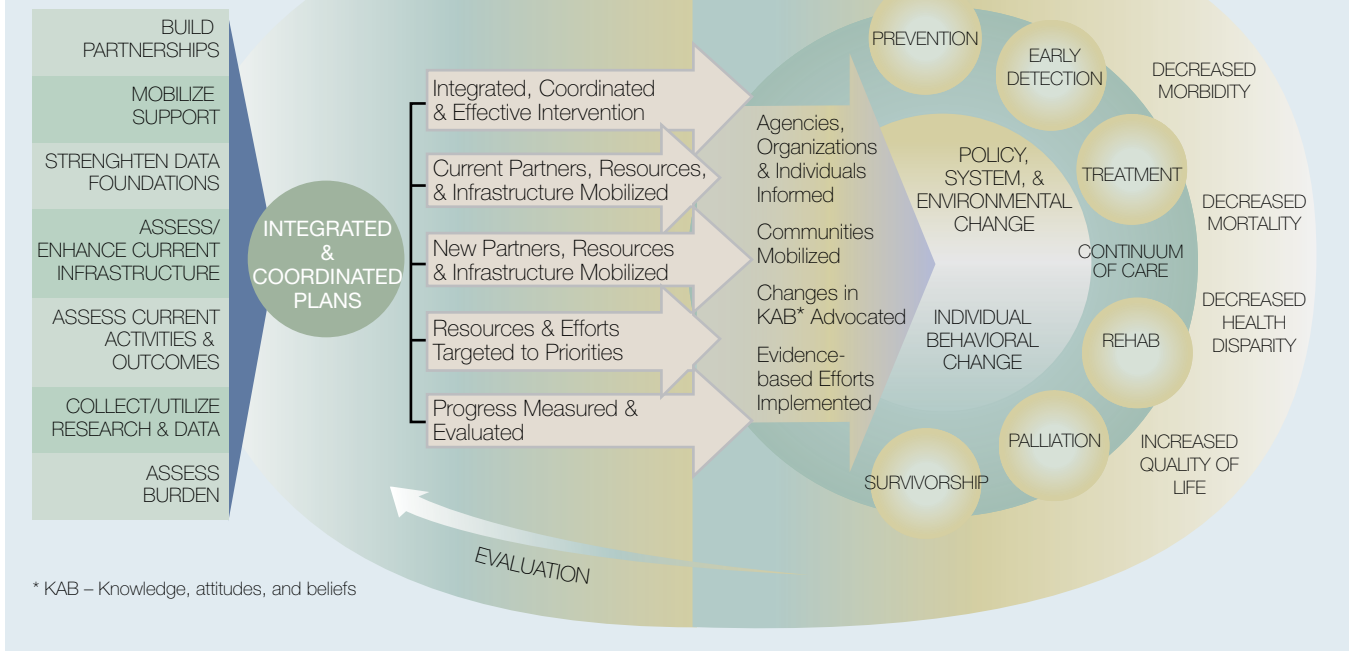
CCC partnerships. Just as a blueprint is important to successful home building; strategic plans are critical to successful CCC efforts. However, plans must be implemented to reach the goals they outline. CCC stakeholders are another critical building block of CCC: a collaborative partnership that is responsible for creating and, most importantly, *implementing* a CCC plan.

CCC partnerships are made up of a variety of individuals and organizations representing many disciplines. Examples of CCC partnership members include: individual cancer survivors, state health department cancer and related risk-factor programs such as tobacco control, community cancer centers, businesses, the media, cancer-related non-profit organizations such as the American Cancer Society, academic institutions, hospitals, professional associations, legislators, and many others.

The success of CCC to date is due to these broad and active partnerships that have formed to create and implement CCC plans. CCC partnership members are responsible for creating the plan, setting priorities for implementation, and identifying resources for plan implementation. They then assure that the strategies are undertaken. In addition, CCC partners work to sustain the collaborative network and to evaluate their activities so that improvements can be made when necessary.

Keep in mind that seeing the benefits of participation helps keep CCC partners actively involved. For example, through CCC partnership members may gain access to additional resources and expertise to address their own orga-

Figure 1. CDC's Comprehensive Cancer Control Logic Model



nizational goals that are in common with the other CCC partners, increased recognition of their efforts and successes, and the opportunity to amplify their voice in advocating for policies and systems changes. The power of each state, tribe, territory, or local CCC partnership is increased by the fact that together they represent a force that is poised to collectively decrease the burden of cancer in the nation.

National and State Level Support

Beginning in 2000, a number of national organizations interested in supporting and expanding the CCC effort nationwide came together as an informal National Partnership for CCC. Members include the American Cancer Society, American College of Surgeons/Commission on Cancer, C-Change, CDC, Intercultural Cancer Council, Lance Armstrong Foundation, National Association of Chronic Disease Directors, National Association of City and County Health Officials, and the National Cancer Institute (see Table 1). Together, these national partners have supported initiatives such as:

- Training and strategic planning opportunities called CCC Leadership Institutes
- Planning Assistance Team (PAT) visits for those trying to get their CCC efforts off the ground
- Web-based resources, such as www.cancerplan.org and <http://cancercontrolplanet.cancer.gov>
- Other guidance and technical assistance tools designed specifically for CCC programs and partnerships.

State, tribe, and territory level CCC initiatives have progressed with the advent of national level support and the development and implementation of CCC plans. In 1998, five states had CCC plans. Today all 50 states have CCC plans and are achieving many of the outcomes they envisioned.

CCC success stories abound. Here are just a few examples:

Colorado—Developing a Strong Financial Infrastructure. The Colorado Cancer Coalition worked with tobacco advocates to establish a permanent tobacco tax, via a constitutional amendment. The Colorado Department of Public Health and Education now receives \$175 million per year for health initiatives. Colorado receives approximately \$28 million per year to implement its CCC plan.

Delaware—Increased Access to Treatment Services. With support from Delaware's governor, the CCC Coalition established the Delaware Cancer Treatment Program. State funding provides treatment for nearly all Delaware residents who cannot afford to pay for their own care. (It covers cancer patients with incomes up to 650 percent of the federal poverty level.) In addition, Cancer Care Coordinators in each Delaware hospital provide cancer patient navigation services to the state's residents.

Wyoming—Increased Access to Colorectal Cancer Screening. Wyoming's CCC Consortium advocates succeeded in establishing the Wyoming Cancer Control Act. The state appropriated \$1.4 million to establish the Wyoming Colorectal Cancer Early Detection Program. This program provides colonoscopies to Wyoming men and women who are at or below 250 percent of the federal poverty level. Another significant outcome for Wyoming CCC Consortium: the creation of a line item in the state general fund for cancer control initiatives that can be expanded and measured over time.

Future Directions

While the development of CCC plans has been very successful, the implementation of these plans will ultimately make a difference in the burden of cancer in the United States. The CCC National Partners understand that the greatest

Table 1. CCC National Partners

- ✓ The American Cancer Society
www.cancer.org



- ✓ The American College of Surgeons
Commission on Cancer
www.facs.org/cancer/



- ✓ C-Change
<http://www.c-change-together.org/>



- ✓ The Centers for Disease Control and Prevention
www.cdc.org

- ✓ Intercultural Cancer Council
<http://iccnetwork.org/>



- ✓ The Lance Armstrong Foundation
www.livestrong.org

- ✓ National Association of Chronic Disease Directors
www.chronicdisease.org

- ✓ National Association of County and City Health Officials
www.naccho.org/



- ✓ National Cancer Institute
www.cancer.gov

hurdle for states, tribes, and territories in implementing their plans is attaining the necessary support and resources. The National Partners are working together now to develop technical assistance tools and opportunities for CCC coalition leaders to increase policy changes and resources that will make CCC plan implementation a reality. In addition, the National Partners believe that CCC partnerships and efforts need to be active at the local level to gain community-level participation and outcomes. Therefore the National Partners are gathering information and developing technical assistance tools to support CCC efforts at the local level.

Additional national partners are necessary to make CCC in the United States a continued success. Organizations such as the Association of Community Cancer Centers could play a key role in expanding support for CCC efforts in every state, tribe, and territory.

Many community cancer centers are already involved in CCC partnerships and play an important role in the successful implementation of CCC plans. Community cancer centers not actively involved in CCC can find many opportunities for collaboration. Here are some ways your cancer program can become involved:

- Read your state CCC plan (and tribe or territory plan, if applicable).
- Contact the CCC partnership or program leadership in your state, tribe, or territory to discuss how you can get involved.
- Match CCC plan priorities with your cancer center priorities and see how you can contribute and benefit.
- Become a member of the CCC partnership and actively participate in implementing plan strategies.

- Become an advocate for CCC policy and system change efforts that are priorities for the CCC partnership and of mutual benefit to your cancer center and community. 📢

Leslie S. Given, BA, MPA, is vice president and owner of Strategic Health Concepts, Inc. a national consulting company based in Atlanta, Ga., and Denver, Colo. Karin Hohman, RN, MBA, is president, co-founder and owner of Strategic Health Concepts, Inc.

References

- Centers for Disease Control and Prevention, National Comprehensive Cancer Control Program website. Available at www.cdc.gov/cancer/ncccp/. Accessed July 12, 2007.
- Given L, Black B, Lowry G, Huang P, et al. Collaborating to conquer cancer: a comprehensive approach to cancer control. *Cancer Causes and Control*. 2005;16(suppl. 1):8.
- Lasker R, Weiss E, Miller R. Partnership synergy: a practical framework for studying and strengthening the collaborative advantage. *The Milbank Quarterly*. 2001;79:2.
- Given L, Black B, Lowry G, Huang P, et al. Collaborating to conquer cancer: a comprehensive approach to cancer control. *Cancer Causes and Control*. 2005;16(suppl. 1):6.
- Given L, Black B, Lowry G, Huang P, et al. Collaborating to conquer cancer: a comprehensive approach to cancer control. *Cancer Causes and Control*. 2005;16(suppl. 1):4.
- Centers for Disease Control and Prevention, Comprehensive Cancer Control Promotional Toolkit. Available at: www.cdc.gov/cancer/ncccp/publications/toolkit.htm. Accessed July 12, 2007.
- True S, Kean T, Nolan P, Haviland E, et al. In conclusion: the promise of comprehensive cancer control. *Cancer Causes and Control*. 2005;16(suppl. 1):82.
- Black B, Cowens-Alvarado R, Gershman S, Weir H. Using data to motivate action: the need for high quality, an effective presentation, and an action context for decision-making. *Cancer Causes and Control*. 2005;16(suppl.1):24.