

Alabama
Comprehensive
Cancer Control
Plan



2001-2005



Alabama Comprehensive Cancer Control Plan

Letter from the Governor



Dear Alabamians:

There are few of us who have not in some way been touched by the tragedy of cancer. These diseases take a devastating toll on our mothers, fathers, sisters, brothers and even our children.

Our country has made tremendous strides in cancer prevention and control over the last decade, and I am confident that we are on the brink of a breakthrough. Unfortunately, all the research, all the discoveries and all the improvements in preventing and treating cancer will mean little if the citizens in Alabama do not benefit.

I would like to commend the Alabama Comprehensive Cancer Control Coalition for developing this very thorough and much needed five-year action plan for Alabama. This diverse group of committed individuals brought together their collective knowledge and expertise for the good of all Alabamians.

The Coalition has shown that by working together, we can ensure a healthier future for the people of Alabama.

Sincerely,

A handwritten signature in black ink, which appears to read 'Don Siegelman'.

Don Siegelman
Governor



Mission Statement

The mission of the Alabama Comprehensive Cancer Control Coalition (ACCCC) is to work toward an integrated and coordinated approach to reduce the incidence, morbidity, and mortality of cancer through prevention, early detection, treatment, rehabilitation, and palliation through the implementation of the Alabama Comprehensive Cancer Control Plan.

- The ACCCC will coordinate, enhance, and strengthen the efforts of public agencies, academic institutions, and community-based private and public organizations that are concerned with cancer prevention, control, and care in Alabama.
- The ACCCC will assist with dissemination and utilization of state registry data as well as the sharing of other information procured by various entities concerned with cancer-related issues throughout the state.
- The ACCCC will continue to work in partnership with the Alabama Department of Public Health (ADPH) and other institutions and organizations to improve cancer prevention, control, and care in Alabama; to evaluate areas of greatest need; and, strive to find the means of satisfying identified needs.
- The ACCCC will act as a clearinghouse for information on cancer control activities in the state and develop strategies, mechanisms, and activities to minimize duplication of effort among involved entities throughout the state.
- The ACCCC will develop and evaluate methods to track progress of comprehensive cancer control in Alabama.



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Executive Summary

The purpose of the Alabama Comprehensive Cancer Control Plan (ACCCP) is to develop an effective infrastructure and framework to facilitate the reduction of deaths from cancer in the state of Alabama. The Plan involves a partnership between the Alabama Department of Public Health (ADPH) and other public agencies, state academic and research institutions, and community-based private and volunteer organizations whose mission is to reduce the burden of these diseases, particularly in populations who suffer an inordinate share of the cancer burden.

Over 22,600 cases of cancer are expected to occur in Alabama in 2001 and 9,000 individuals are expected to die from the disease based on figures from the American Cancer Society. The 1993-1997 death rate of 178.1 per 100,000 for the state of Alabama is higher than the United States rate of 168.3 per 100,000. But more concerning, is the disproportionate share of the cancer burden that is found in minority populations, particularly African Americans who represent a significant proportion of the population of Alabama (26%). For example, in the Black Belt area of Alabama, the adjusted cancer death rate for African Americans is 206.2 compared to 164.2 for Caucasians from the same area. If a significant reduction in cancer incidence and mortality is to be achieved, the ACCCP should include strategies that are likely to reduce cancer mortal-

ity in all populations, but emphasis must be placed on those populations most affected by the disease. The research exists today to significantly reduce the incidence and mortality from cancer; however, this knowledge and technology has not been successfully applied in many special populations.

To be good stewards of the resources available, the Plan's initial focus will be on prevention and control of cancers for which there is sound scientific evidence that interventions are effective in reducing incidence and/or mortality, and in which proven interventions are underutilized. When other resources are obtained or new scientifically proven methods of cancer control are found, the ACCCP will be expanded. The Plan is comprehensive and will consider all cancers in all populations, but the initial priority will be breast, cervical, and tobacco-related cancers, diseases with high mortality particularly in the underserved populations of Alabama. In addition, each of these cancers has proven preventive or early detection methods that clearly reduce mortality.

The three major entities that form the partnership necessary to implement the ACCCP are poised to be successful in this effort. This partnership has already demonstrated its ability to function together as an effective collaborative team. The first arm is the service delivery arm, which is represented by the Alabama Department of Public Health and its statewide system of County Health Departments, Community Health Care Clinics, Rural Health Care Providers and other medical professionals and facilities that provide medical services to underserved populations who otherwise would not have them available. In addition, the Alabama Department of Public Health and other public agencies will provide the infrastructure and management team for implementation of the Plan.

The second arm is the community, particularly underserved communities. This arm consists of a foundation of traditional community-based volunteers, community leaders, and faith-based organizations that have the capacity to give rise to an infrastructure of community-based coalitions. The coalitions will provide links to traditionally hard-to-reach populations. These groups will also be given the major responsibility of promoting and

implementing sound cancer prevention and control practices statewide.

The third arm of the partnership is represented by academic and research institutions. This arm will be responsible for providing scientific guidance to the implementation of the Plan. More importantly, these institutions will be responsible for designing innovative prevention and control initiatives targeting, but not necessarily limited to, the traditionally hard-to-reach populations. Areas of research will include effective behavioral interventions, health communications, genetics, cancer surveillance, and cancer survivorship. It is anticipated that these independently funded research initiatives in cancer prevention and control will lead to the development of effective strategies that can be implemented statewide through the partnership supporting the Plan.

The Plan will be reviewed on an annual basis and priorities revised according to relevant data, expanded scientific knowledge, improved technology and available resources. All partners in the Alabama Comprehensive Cancer Control Coalition are dedicated to the mission of reducing the burden of this relentless disease.



Overview

In 1988, the Alabama Department of Public Health participated in an organization-wide strategic planning process for which specific programmatic areas developed strategic plans. The first statewide comprehensive plan for cancer control in Alabama was a product of this process. A Cancer Control Strategic Planning Committee consisting of eight members was appointed by the State Health Officer to develop the plan. The original members of this committee represented the state health department, academic medical institutions, and clinical professionals. Additional individuals, organizations and agencies were consulted during the development of the plan to assure the appropriateness and inclusiveness of the goals, objectives and strategies addressed. Appendix A contains a listing of the 1988 Cancer Control Strategic Planning Committee.

In July 1998, the Cancer Prevention Branch of the Alabama Department of Public Health initiated a review of the plan for the purpose of updating the plan to carry this state into the next century. Original members were contacted to participate in the revision and to determine the process for conducting this update. Since 1988, much progress has been made in Alabama in the name of cancer prevention and control and the committee decided to expand the scope and layout of the plan. To do this, it was necessary to recruit additional participation from major partners involved in the explosion of cancer prevention and control activities across the state. The members of the initial planning committee and the newly recruited members served as the task force that started the next phase of the cancer

control planning process.

The new group provided the basic layout for the Plan and formulated initial goals and objectives. The next step was to establish a coalition that would be inclusive of those involved in cancer control as well as affected by cancer that would develop new or refine the existing goals and objectives. The Cancer Prevention Branch provided assistance to the task force in expanding the membership.

After much discussions, the task force approached the Alabama Breast and Cervical Cancer Control Coalition (ABCCCC) regarding transitioning this group to include other cancer control representatives, revise the bylaws, and rename the coalition the Alabama Comprehensive Cancer Control Coalition (ACCCC) to reflect its new comprehensive nature. In November 1998, the ABCCCC voted to make the transition and in February 1999, the coalition adopted its new name and revised bylaws that resonated the new mission to incorporate a comprehensive planning approach to cancer prevention and control in Alabama. New members were identified and recruited to join the coalition for the purpose of developing the 2001-2005 Alabama Comprehensive Cancer Control Plan.

A Core Work Group (CWG) consisting of key individuals from the Coalition was formed to identify the process for getting this expanded body together and to facilitate the work of the committees. Coalition members were surveyed as to their areas of interest and expertise and committee assignments were made.

During this same time the Mid-South Triad was also working to determine future directions for the American Cancer Society (ACS). The ACCCC was able to capitalize on the comprehensive analysis conducted by the Triad regarding cancer trends in incidence and mortality, available resources and activities to guide decisions about the most effective strategies to address the cancer burden in Alabama.

This document reflects several years of team experience from the Coalition, which has worked to make this an accurate and comprehensive reflection of the needs of the citizens of Alabama. While the Plan utilizes the resources currently available, it also has an eye to other sources of support with which to achieve full implementation. A membership list for the Alabama Comprehensive Cancer Control Coalition can be found in Appendix B.

The Plan is divided into six primary sections which contains an overall goal statement. Within each section are specific areas, or priorities, to be addressed with sub-goals for each area. Objectives are then identified along with strategies for achieving the objectives, responsible agencies and resources. Related outcome measures, Healthy People 2010 Objectives and Healthy Alabama 2010 Objectives are indicated if available and applicable. In some instances, baseline data are not available but will be a priority of the coalition to establish.

Based on the preceding information, it seems clear that in order to impact cancer in the state of Alabama the following major needs must be addressed.

1. Maintain existing partnerships and assure communication across existing programs, partnerships and cancer control organizations
2. Investigate and implement new cancer control strategies
3. Broaden the partnerships and the community role in cancer control
4. Provide linkages for cancer control research
5. Expand resources and increase usage of early detection and treatment services to underserved populations
6. Enhance surveillance activities to monitor and evaluate cancer prevention and control activities

Note: A list of all abbreviations used in the Plan can be found in Appendix C.



I. Prevention

OVERALL GOAL: Reduce the risks for developing cancer by promoting healthy lifestyle choices through systematic efforts to control environmental carcinogens and modify societal/cultural risk factors.

A. TOBACCO-RELATED

GOAL: To reduce the percent of Alabamians who use tobacco products.

OUTCOME: Reduce from 25% to 21% by 2005 the proportion of adults age 18 and older who use tobacco products.

OUTCOME: Reduce from 31% to 26% by 2005 the proportion of youth 17 years and younger who use tobacco products.

DATA SOURCE: 2000 BRFSS, 2000 YTS

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OBJECTIVE 1: To decrease illegal tobacco sales to minors by reducing successful attempts to purchase.

Strategies:

1. Increase educational efforts about tobacco sales laws and the consequences of the laws to smaller merchants who may be outside the informational loop of merchant associations.

Responsible Agencies: Alabama Department of Public Health (ADPH), American Cancer Society (ACS), Alabama Alcoholic Beverage Control Board's (ABC) Responsible Vendor Program, Tobacco Advisory Board (TAB), Coalition for a Tobacco-Free Alabama

Resources: ADPH Tobacco Control Funds, ABC

2. Continue to educate clerks who sell tobacco products about tobacco laws and consequences of noncompliance.

Responsible Agencies: ABC Responsible Vendor Program, ADPH, Alabama Association of Convenience Stores, Alabama Retailer's Association, Alabama Grocer's Association, Alabama Oilmen's Association, Coalition for a Tobacco-Free Alabama

Resources: ADPH Tobacco Control Funds, ABC

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OBJECTIVE 2: To increase awareness regarding the dangers of tobacco use by youths.

Strategies:

1. Identify tobacco education curriculums currently in use in model school systems and promote statewide use of such programs.

Responsible Agencies: Alabama Department of Education (DOE), Alabama Comprehensive School Health Association (ACSHA), University of Alabama at Birmingham (UAB) School of Public Health (SOPH), American Cancer Society (ACS), American Heart Association (AHA) and American Lung Association (ALA), AISA, Home School Associations, Church Based Schools

Resources: ADPH Tobacco Control, DOE, In-kind support

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OBJECTIVE 3: To provide support for tobacco users who are trying to quit.

Strategies:

1. Increase the number of smoking cessation programs for Alabama school-aged youth.

Responsible Agencies: ACS, ADPH, CIS, DOE, ACSHA, ALA, UAB, the Governor's Office on Substance Abuse, and the ADPH Tobacco Branch

Resources: In-kind

2. Increase access to tobacco cessation programs for adults.

Responsible Agencies: Coalition for a Tobacco-Free Alabama, ADPH, Medicare, ACS, Hospital Associations, ALA

Resources: Employer's Worksite Wellness programs, Alabama State Board of Insurance, CDC Tobacco Funds

3. Increase the proportion of primary care and oral health providers who routinely advise cessation and provide assistance and follow-up for all of their tobacco-using patients.

Responsible Agencies: ADPH, Medical and Dental Associations of the State of Alabama, Coalition for a Tobacco-Free Alabama, AQAF, Alabama Schools of Medicine

Resources: Professional Associations' In-kind Support, CDC Tobacco Funds

4. Develop and conduct training for health professionals through satellite conferences.

Responsible Agencies: ADPH, Professional Associations, Academic Institutions

Resources: ADPH Video Communication's In-kind support ADPH Tobacco Control Funds, and Professional Association's In-kind support

5. Expand Community Health Advisors (CHAs) training to include information provided by ACS and the Cancer Information Service (CIS) regarding smoking cessation programs and information on the health effects of tobacco use.

Responsible Agencies: UAB-SOPH, UAB Comprehensive Cancer Center, ADPH, Alabama Cooperative Extension System (ACES)

Resources: Public and Private Grants, ADPH, ACS, ACES Agents

I. Prevention *(continued)*

OBJECTIVE 4: To support policy changes and legislative efforts to reduce use of tobacco products.

Strategies:

1. Act as an information resource for tobacco pattern use, state and local policy issues, and tobacco related cancers for communities wishing to enact or enhance clean indoor air legislation.

Responsible Agencies: ACS, ADPH, ASCR, AHA, ALA, Coalition for a Tobacco-Free Alabama

Resources: ACS, AHA, ALA, Local Tobacco Control Coalitions, Hospitals

2. Promote reimbursement for cessation counseling and medication aids.

Responsible Agencies: ACS, AHA, ALA, ADPH (CHIPS/ALL Kids)

Resources: ACS, Local Tobacco Control Coalitions, Hospitals

B. ULTRAVIOLET LIGHT EXPOSURE

GOAL: To decrease incidence and mortality rates from skin cancer.

OUTCOME: Reduce from 30% to 25% by 2005 the number of adults having had a sunburn within the past 12 months.

OUTCOME: Increase from 10% to 20% by 2005 the number of youth reporting the use of sun protection.

OUTCOME: Increase the proportion of adults who use sunscreen on their dependent children.

DATA SOURCE: 1999 BRFSS, 1999 YBRFSS

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OBJECTIVE 1: To promote the adoption of the National Skin Cancer Guidelines within Alabama school systems.

Strategies:

1. Disseminate guidelines to educators through the Master Teacher training centers.

Responsible Agencies: DOE, ADPH, ACS, ACSHA

Resources: In-kind

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OBJECTIVE 2: To increase knowledge about hazards of UV light and early detection of skin cancer to the general public.

Strategies:

1. Implement promotional and/or educational programs warning of the hazards of UV light and early detection of skin cancer.

Responsible Agencies: ADPH, UAB-SOPH, Alabama Association of Dermatology, ACSHA, Medical Auxiliaries, ABA, Alabama Advertising Federation

Resources: ACS, CDC Choose Your Cover Media Campaign

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OBJECTIVE 3: To identify and disseminate a children-and-youth focused curriculum about the hazards of natural and artificial sources of light.

Strategies:

1. Utilize existing educational systems to deliver information.

Responsible Agencies: DOE, UAB, ADPH, School Nurse Association

Resources: Slip, Slap, Slop Program, In-kind

2. Promote skin cancer prevention guidelines for children, particularly for those in day care and those participating in organized recreational activities and youth groups.

Responsible Agencies: ADPH, DHR, ACS, ACES, School Nurse Association

Resources: Parks and Recreation Programs, other youth groups (Boy Scouts, Girl Scouts, 4H, etc.)

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OBJECTIVE 4: To assess the need for regulating tanning bed facilities and operators.

Strategies:

1. Convene a task force to investigate the need for regulating tanning facilities and develop a position paper with policy recommendations.

Responsible Agencies: ADPH, ACS, ACES, ACCCC

Resources: In-kind

I. Prevention *(continued)*

C. NUTRITION

GOAL: To improve the overall diet of Alabamians by promoting dietary factors that are known to decrease cancer risks.

OUTCOME: Increase from 38% to 48% by 2005 the number of adults age 18 and older who report being at normal weight, based on body mass index.

OUTCOME: Increase from 23% to 28% by 2005 the number of adults who report eating five or more fruits and vegetables per day.

OUTCOME: Increase from 52% to 62% the number of youth who report being at a normal weight.

DATA SOURCE: 2000 BRFSS, 1999 YBRFSS

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OBJECTIVE 1: To provide effective nutrition education to the public to promote healthy diet choices.

Strategies:

1. Provide education to the public through the school systems, CHA projects, ACES agents, and health professionals regarding how to read nutrition labels and prepare low-fat meals.

Responsible Agencies: ADPH, DOE, ACES, Alabama Department of Agriculture

Resources: ADPH, WIC, ACES, In-kind

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OBJECTIVE 2: To increase fruit and vegetable consumption of Alabamians.

Strategies:

1. Promote 5-a-day programs within the school systems, CHA projects, ACES agents, and among health professionals.

Responsible Agencies: ADPH, ACES Agents, DOE

Resources: Existing educational materials, In-kind support

D. PHYSICAL ACTIVITY

GOAL: To improve overall physical fitness through participation in regular physical activity.

OUTCOME: To increase from 22% to 32% by 2005 the number of people reporting regular and sustained physical activity at least five times per week.

OUTCOME: To increase from 44% to 54% by 2005 the number of adults who report engaging in regular or regular and vigorous leisure time activity.

OUTCOME: To increase from 47% to 51% by 2005 the number of youth who report participating in vigorous activity for 5 or more days per week.

DATA SOURCE: 2000 BRFSS, 1999 YBRFSS

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OBJECTIVE 1: To increase the number of people who participate in mild to moderate physical activity.

Strategies:

1. Promote increasing the number of K-12 students participating in physical education programs.

Responsible Agencies: DOE, Alabama State Association for Health, Physical Education, Recreation and Dance (ASAHPERD), ADPH, ACSHA, Alabama Education Association (AEA), Governor's Commission on Physical Fitness & Sports, ACES

Resources: In-kind

2. To promote and incorporate fitness activities into employee worksite wellness programs, and increase the number of worksites offering wellness programs.

Responsible Agencies: ADPH Worksite Wellness, ASAHPERD, Employee Associations, Governor's Commission on Physical Fitness & Sports

Resources: In-kind

3. To promote and support the creation and utilization of community resources where walking, bicycling, skating, and other types of leisure activities can take place.

Responsible Agencies: Governor's Commission on Physical Fitness & Sports, City Councils, Park and Recreation Departments

Resources: In-kind, Public and Private Grants

4. Promote and support adult and youth sport programs

Responsible Agencies: ADPH, ASAHPERD, Employee Associations, Governor's Commission on Physical Fitness & Sports, City Councils, Park and Recreation Departments

Resources: In-kind



II. Early Detection

OVERALL GOAL: Detect, diagnose, and therefore promote treatment of cancer at an earlier stage when a cure is more likely.

A. BREAST AND CERVICAL

GOAL: To promote, increase, and optimize appropriate cost effective and high-quality breast and cervical cancer screening, diagnostic, and treatment services.

OUTCOME: To increase from 68% to 73% by 2005 the percent of women diagnosed with early stage breast cancer.

OUTCOME: To increase from 60% to 70% by 2005 the percent of women diagnosed with early stage cervical cancer.

OUTCOME: To increase from 40% to 55% by 2005 mammography utilization in the Medicare population.

OUTCOME: To increase from 70% to 80% by 2005 mammography utilization in medically underserved women under age 65 but older than 50 years of age.

OUTCOME: To increase from 48% to 55% by 2005 cervical cancer screening rates in medically underserved women under age 65.

DATA SOURCES: 1996-1998 Alabama Statewide Cancer Registry, 2000 BRFSS, 2000 Medicare Paid Claims Data, ABCCEDP Data

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OBJECTIVE 1: To increase knowledge of all women with regard to the importance of breast and cervical cancer screening.

Strategies:

1. Conduct comprehensive educational campaigns regarding the importance of breast and cervical cancer screening and early detection.

Responsible Agencies: ABCCEDP, UAB, AQAF, ACS, ACES

Resources: CDC, NCI, ACS

2. Increase from 16 counties to 26 counties where Community Health Advisors (CHAs) actively educate and inform their peers.

Responsible Agencies: ADPH, UAB, ACS, Alabama Partnership for Cancer Control in the Underserved Populations (AL Partnership), Alabama Quality Assurance Foundation (AQAF), and CIS

Resources: ABCCEDP, UAB, Public and Private Grants, ACS, AQAF, CIS

OBJECTIVE 2: To promote community-based outreach activities across the state to raise awareness and utilization of low- or no-cost breast and cervical cancer screening.

Strategies:

1. Collaborate with community leaders and organizations to form local breast and cervical cancer coalitions.

Responsible Agencies: ADPH, UAB, ACS, ACES, AQAF, AL Partnership

Resources: ABCCEDP, UAB, ACS, AQAF

2. Increase the number of counties where Community Health Advisors (CHAs) are active.

Responsible Agencies: ADPH, UAB, ACS, ACES, AQAF, AL Partnership

Resources: ABCCEDP, UAB, ACS, AQAF, Public and Private Grants

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OBJECTIVE 3: To ensure that primary care providers are recommending and conducting appropriate screening tests for their patients according to established standards of care.

Strategies:

1. Ensure that primary care providers receive ongoing education regarding appropriate screening guidelines.

Responsible Agencies: ADPH, AQAF, UAB

Resources: ABCCEDP and In-kind

2. Conduct physician surveys and chart reviews to determine appropriateness of screening referrals according to established guidelines.

Responsible Agencies: ADPH, AQAF, UAB

Resources: ABCCEDP, AQAF, In-kind

3. Provide professional educational programs as necessary to improve adherence with established guidelines.

Responsible Agencies: ADPH, AQAF, Professional Associations, Schools of Medicine

Resources: ABCCEDP, AQAF, In-kind

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II. Early Detection *(continued)*

OBJECTIVE 4: To reduce barriers which prevent women from obtaining appropriate breast and cervical cancer education and screening (breast self exams, clinical breast exams, mammography, and Pap smears).

Strategies:

1. Increase the percentage of underserved women participating in low or no cost cancer screening programs. Increase the (availability) of low or no cost cancer screening programs for underserved women.

Responsible Agencies: ADPH, ACS, Komen Foundation, Medical Community, AQA

Resources: ABCCEDP, ACS, Komen Foundation

2. Collaborate with local communities, medical facilities, foundations, and/or governmental agencies to secure funding for mammography screening for women ages 40 to 49.

Responsible Agencies: ADPH, ACS, AL Partnership

Resources: Private Contributions, Government Appropriations

3. Provide transportation services to women who would otherwise be unable to participate in cancer screening activities.

Responsible Agencies: ADPH, ACS, Faith-based Organizations, and Mass Transit Systems

Resources: ACS, ABCCEDP, Public and Private Funds, In-kind

4. Address other barriers, such as provider mistrust and navigating the health care system, that prevent women from accessing available screening services.

Responsible Agencies: ADPH, ACS, Faith-based Organizations, and Mass Transit Systems

Resources: ACS, ABCCEDP, Public and Private Funds, In-kind

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OBJECTIVE 5: To encourage women to utilize follow-up services after an abnormal breast or cervical cancer screening test.

Strategies:

1. Develop appropriate research-based health communication materials.

Responsible Agencies: ADPH, UAB, ACS, CIS, Healthcare providers

Resources: ABCCEDP, NCI, ACS

2. Use CHAs and other community based organizations to reach women with culturally sensitive and accurate health messages.

Responsible Agencies: UAB, ADPH, ACS, CIS

Resources: NCI, ABCCEDP, CDC, ACS

3. Update CHA training with research-based health messages.

Responsible Agencies: UAB, ACS, CIS, ADPH

Resources: NCI, CDC, ABCCEDP, ACS

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OBJECTIVE 6: To provide adequate resources to enable underserved women in need of screening, diagnostic, and treatment services to receive care in a timely and cost effective manner.

Strategies:

1. Participate with the medical community in developing a system for distributing the burden of indigent care among all providers.

Responsible Agencies: ABCCEDP, Medicaid, Alabama College of Surgeons, ADPH, medical associations, Alabama Hospital Association

Resources: ABCCEDP, Medicaid, In-kind

2. Increase state and federal appropriations to provide screening, diagnostic and treatment services for under- and uninsured, low-income women in Alabama.

Responsible Agencies: ADPH, ACS, Medical Associations of Alabama

Resources: In-kind

B. COLORECTAL CANCER

GOAL: To promote, increase, and optimize the appropriate utilization of high-quality colorectal cancer screening and follow-up services.

OUTCOME: To increase from 38% to 48% by 2005 screening by either sigmoidoscopy or fecal occult blood test in people 50 and older.

OUTCOME: To increase from 40% to 45% by 2005 the percent of people diagnosed with early stage colorectal cancer.

DATA SOURCES: 1999 BRFSS, 1996-1998 ASCR

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OBJECTIVE 1: To increase public knowledge and understanding regarding colorectal cancer risk factors and early warning signs, and the need to request screening.

Strategies:

1. Increase air time for CDC's educational program, Screen for Life.

Responsible Agencies: ADPH, ACS, CIS

Resources: ADPH, ACS, private insurance companies, and Alabama Broadcasters Association (ABA)

2. Incorporate colorectal cancer education information into the CHA and other community-based training programs.

Responsible Agencies: ADPH, UAB, AQAF, ACS, CIS, ACES

Resources: ADPH, UAB, ACS, CHA Projects

II. Early Detection *(continued)*

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OBJECTIVE 2: To ensure that primary care providers are recommending and/or conducting appropriate screening tests to their patients according to established guidelines.

Strategies:

1. Conduct physician surveys and chart audits to determine that screening referrals are being made according to established guidelines.

Responsible Agencies: ADPH, ACS, AQAF, UAB

Resources: In-kind

2. Provide professional education programs to primary care providers to improve adherence to guidelines.

Responsible Agencies: ADPH, Professional Associations, Schools of Medicine

Resources: In-kind

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OBJECTIVE 3: To identify and address barriers to screening for men and women age 50 and older.

Strategies:

1. Survey consumers to identify barriers that prevent participation in recommended screening guidelines.

Responsible Agencies: ADPH, ACS, AQAF

Resources: In-kind

2. Develop a low- or no-cost pilot screening program for underserved men and women over 50 years of age.

Responsible Agencies: ACS, CIS, ADPH, Professional Associations

Resources: Private contributions, In-kind

3. Pilot test and evaluate the no- or low-cost screening program in selected counties.

Responsible Agencies: ADPH, ACS, UAB

Resources: Public and Private Grants, ADPH, ACS, CIS

4. Implement the screening program for priority population.

Responsible Agencies: ADPH, ACS, UAB

Resources: Public and Private Grants, ADPH, ACS, CIS

C. PROSTATE CANCER

GOAL: To promote educational programs regarding the benefits and limitations of tests to facilitate informed decision making by providers and patients.

OUTCOME: To be established, see Section VI: Surveillance, Objective 1, Strategy 2.

DATA SOURCE: ACSR

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OBJECTIVE 1: To increase knowledge among men 40 years or older about the risk factors associated with prostate cancer and the benefits and risks of early detection and treatment.

Strategies:

1. Adopt existing or develop new comprehensive, culturally sensitive and educationally appropriate materials.

Responsible Agencies: ADPH, ACS, AQAF, Medical Associations

Resources: In-kind

2. Train CHAs and other community-based organizations to deliver educational messages in underserved communities.

Responsible Agencies: UAB, ADPH, ACS, AQAF

Resources: In-kind

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OBJECTIVE 2: To provide comprehensive educational information and resources to practitioners and patients regarding prostate cancer screening tests.

Strategies:

1. Identify existing or develop relevant patient education materials for medical practitioners to use in discussing prostate cancer screening.

Responsible Agencies: ACS, NCI, CIS, ADPH, UAB

Resources: ACS, NCI, ADPH, AQAF

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OBJECTIVE 3: To increase knowledge among men with screening abnormalities about the benefits and risks associated with diagnostic and treatment procedures.

Strategies:

1. Develop educational materials for health care providers to use in discussing the benefits and risks associated with diagnostic and treatment procedures for prostate cancer.

Responsible Agencies: ACS, NCI, CIS, ADPH, UAB

Resources: ACS, NCI, ADPH



III. Treatment and Care

OVERALL GOAL: Improve the accessibility, availability, and quality of cancer treatment services and programs in Alabama.

A. ACCESSIBILITY

GOAL: To reduce financial barriers to care for cancer patients who are uninsured or underinsured.

OUTCOME: Increase by 10% by 2005 the proportion of patients who receive timely treatment according to established protocols.

DATA SOURCE: 1996-1998 ASCR

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OBJECTIVE 1: To optimize the use of known cancer treatment resources for low-income, under- or uninsured patients.

Strategies:

1. Enroll women diagnosed through the Alabama Breast and Cervical Cancer Early Detection Program in Medicaid and refer to a Medicaid provider.

Responsible Agencies: ABCCEDP

Resources: Alabama Medicaid

2. Educate community groups, social organizations, and health care providers about available low- or no-cost treatment resources.

Responsible Agencies: ACS, Private and Public Organizations, ADPH

Resources: In-kind, Public and Private Foundations

3. Promote the utilization of cancer treatment clinical trials.

Responsible Agencies: UAB, USA, Cancer Treatment Centers, Medical Associations, AL Partnership

Resources: NCI, CIS, Private Research

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OBJECTIVE 2: To make transportation services more readily available to cancer patients.

Strategies:

1. Establish and maintain reliable transportation programs in all counties in Alabama.

Responsible Agencies: ACS, Ministerial Associations, Community, Volunteer, and Public agencies

Resources: ACS, Public and Private Funds

B. AVAILABILITY

GOAL: To ensure geographic access to state of the art cancer treatment services.

OUTCOME: To increase from 25 to 29 by 2005 the number of hospitals accredited by the American College of Surgeons Commission on Cancer (ACoS-CoC).

DATA SOURCE: 1996 -1998 ASCR

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OBJECTIVE 1: To increase by geographic distribution the number of cancer treatment facilities available to all patients.

Strategies:

1. Encourage hospitals or cancer treatment facilities reporting more than 200 cancer cases per year to the Alabama Statewide Cancer Registry to become accredited by the ACoS-CoC.

Responsible Agencies: ASCR Advisory Committee, Alabama Hospital Association, Alabama Chapter of the ACoS

Resources: In-kind

2. Assist hospitals or cancer treatment facilities to become accredited by the ACoS-Co.

Responsible Agencies: ASCR Advisory Committee, Alabama Hospital Association, Alabama Chapter of the ACoS

Resources: In-kind

C. QUALITY

GOAL: To ensure prevailing standards of care are provided to all patients regardless of ability to pay.

OUTCOME: Increase by 10% by 2005 proportion of patients where treatment according to the prevailing standards of care has been recommended and/or received.

DATA SOURCE: 1996-1998 ASCR

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OBJECTIVE 1: To promote the prevailing standards of care for all patients.

Strategies:

1. Conduct review of existing patient databases to determine standard of care provided to patients of differing income level and insurance status.

Responsible Agencies: ASCR, ABCCEDP, AQAF, National Comprehensive Cancer Network (NCCN)

Resources: ADPH, ACS, AQAF

III. Treatment and Care *(continued)*

2. Support the establishment of treatment guidelines for site- and stage-specific cancers.
Responsible Agencies: UAB, Alabama Society of Clinical Oncologists (ASCO), NCI
Resources: Public and Private funds
3. Promote patient education regarding treatment options, communication with physicians, and shared decision making.
Responsible Agencies: ABCCEDP, AQAF, CIS, Medical Community, ASCR
Resources: ADPH, ACS, AQAF

D. PAIN MANAGEMENT

GOAL: To ensure awareness and promote the practice of effective strategies for the management of cancer pain.

OUTCOME: Decrease from 37% to 30% by 2005 the number of cancer patients who report experiencing daily severe or increasing pain.

OUTCOME: Increase by 10% by 2005 cancer patients receiving hospice treatment.

DATA SOURCE: 2000 Facts on Dying: Alabama, Alabama Hospice Association

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OBJECTIVE 1: To support legislative and executive initiatives aimed at reducing cancer pain.

Strategies:

1. Convene a meeting of the palliative care leadership, legislators, executive branch, state agencies, medical associations, DEA, Pharmacy Board Association, and State Board of Medical Licensure in Alabama to facilitate the development of a pain control initiative for cancer patients.

Responsible Agencies: Alabama Hospital Association, Alabama Hospice Organizations, American Cancer Society, UAB Center for Palliative Care, Alabamians for Better Care at Life's End (ABCLE)

Resources: Public or Private Grants, In-kind

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OBJECTIVE 2: To promote awareness and adoption of the Agency for Health Care Policy and Research Cancer Pain Management practice management as a standard of care for pain control in Alabama.

Strategies:

1. Share standard of care information with health professionals within the state.

Responsible Agencies: Alabama Hospice Organization, Medical Associations, ABCLE

Resources: In-kind

OBJECTIVE 3: To promote incorporation of cancer pain issues within the curricula for healthcare professionals, particularly physicians, nurses, and pharmacists.

Strategies:

1. Develop educational curricula, materials, and methods for inclusion of cancer pain control in medical training programs.

Responsible Agencies: Alabama Schools of Medicine, Pharmacy, and Nursing, ABCLE

Resources: In-kind

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OBJECTIVE 4: To promote awareness of knowledge of cancer pain management issues, including ethical and legal, among practicing healthcare professionals with particular emphasis on community-based primary care physicians.

Strategies:

1. Coordinate and conduct presentations at appropriate medical association meetings, conferences and/or grand rounds to promote cancer pain management issues.

Responsible Agencies: Alabama Schools of Medicine, Cancer Centers, Professional Associations, ABCLE

Resources: In-kind

2. Encourage state healthcare professional licensing boards to recommend continuing education in the area of cancer pain management control.

Responsible Agencies: Alabama Schools of Medicine, Cancer Centers, Professional Associations, ABCLE, licensing agencies

Resources: In-kind

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OBJECTIVE 5: To promote the practice of “Pain as the 5th Vital Sign” as a routine assessment standard into the policies of hospitals across the state.

Strategies:

1. Present an implementation process to hospitals across the state to develop the standard of patient assessment to include pain during routine nursing and physician assessments.

Responsible Agencies: Schools of Medicine and Nursing, UAB-Center for Palliative Care, ABCLE, Alabama Hospital Association, VA Hospitals, Alabama Hospice Organization, JCAHO

Resources: In-kind

2. Promote the utilization of standardized pain assessment tools.

Responsible Agencies: Schools of Medicine and Nursing, UAB-Center for Palliative Care, ABCLE, Alabama Hospital Association, VA Hospitals, Alabama Hospice Organization, JCAHO

Resources: In-kind

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III. Treatment and Care *(continued)*

OBJECTIVE 6: To increase the awareness of pain management strategies among patients, family members and the general public.

Strategies:

1. Educate community groups and social organizations about pain management issues.

Responsible Agencies: ACS, CIS, Private and Public Organizations, ADPH

Resources: In-kind

E. PSYCHOSOCIAL

GOAL: To ensure awareness and promote the practice of effective strategies for the management of psychological/psychiatric symptoms and psychosocial distress, including emotional and spiritual issues.

OUTCOME: Increase by 10% by 2005 the number of cancer patients and/or family members who are aware of available psychosocial cancer-related resources.

OUTCOME: Increase by 10% by 2005 the number of cancer patients and /or family members who report participation in at least one support program to reduce the physical and social effects of cancer and to provide psychological and emotional support.

DATA SOURCE: ACS

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OBJECTIVE 1: To assist cancer patients and families in identifying and accessing cancer supportive care services.

Strategies:

1. Develop cancer care and cancer supportive care services resource list for the state.

Responsible Agencies: ADPH, ACS, UAB, USA, Alabama Hospice Organization, ABCLE

Resources: In-kind

2. Disseminate information regarding supportive care resources through hospitals, clinics, ministerial associations, CHA projects, and other community organizations.

Responsible Agencies: ACS, UAB, USA, ADPH, CIS, AL Partnership, Alabama Chapters of Oncology Social Workers Association, Oncology Nursing Association

Resources: In-kind

.....
OBJECTIVE 2: To inventory existing support groups around the state, and to support existing or develop culturally sensitive cancer support groups and services.

Strategies:

1. Conduct statewide survey with annual updates to determine existing support groups.

Responsible Agencies: ACS, UAB, USA, Ministerial Representatives, Community groups

Resources: Private Contributions, Foundation Funds

2. Disseminate survey results to individuals, community groups and health care professionals.

Responsible Agencies: ADPH, ACS, UAB, USA, Volunteer Agencies

Resources: Private Contributions, Foundation Funds

3. Facilitate development of support groups where needed.

Responsible Agencies: ACS, UAB, Alabama Chapters of Oncology Social Workers Association, Oncology Nursing Association

Resources: ACS, Private and Public Donations

.....

OBJECTIVE 3: To promote incorporation of psychosocial, emotional, and spiritual issues arising for oncology patients within curricula for healthcare professionals-in-training, particularly, physicians, nurses, social workers, chaplains, and pharmacists.

Strategies:

1. Develop educational curricula for these issues for inclusion in medical training programs. Include educational institutions of the state in the development of these curricula.

Responsible Agencies: HealthCare Professional Schools, ABCLE

Resources: In-kind

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OBJECTIVE 4: To promote awareness of psychosocial, including emotional and spiritual, oncology issues among practicing health care professionals, with particular emphasis on oncology specialists and community-based primary care physicians.

Strategies:

1. Coordinate and conduct presentations regarding these issues to relevant medical association meetings, conferences and/or grand rounds to promote these issues.

Responsible Agencies: UAB, USA, Professional Associations

Resources: In-kind

2. Encourage state healthcare licensing boards to recommend continuing education in areas of psychosocial, emotional, and spiritual aspects of patient care.

Responsible Agencies: UAB, USA, State Licensing Agencies for Pharmacy, Medicine, and Nursing, Professional Associations

Resources: In-kind



IV. Environmental/Occupational

OVERALL GOAL: To identify, catalog, reduce, and/or prevent exposure to carcinogens in environmental and occupational settings.

OUTCOME: Information on known and suspected carcinogens will be made available for use by public health agencies, industry, and community-based organizations for the reduction and prevention of exposure.

DATA SOURCE: ADPH, ADEM, OSHA, EPA, NIEHS, USDA

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OBJECTIVE 1: To characterize all environmental hazards (e.g. chemical and radiation pollutants) as to their degree of risk for cancer, and to establish guidelines and recommendations for risk reduction as necessary.

Strategies:

1. Establish a database of known and suspected carcinogens.

Responsible Agencies: ADPH - Bureau of Environmental Services, Office of Radiation Control, Epidemiology Division; Alabama Department of Environmental Management

Resources: In-kind

2. Review levels of all known pollutants that are potential carcinogens, and determine which, if any, exceed or approach federal or state guidelines.

Responsible Agencies: ADPH - Bureau of Environmental Services, Office of Radiation Control, Epidemiology Division, ADEM

Resources: In-kind

3. Monitor adherence to recommended federal standards for control of hazardous air pollutants from major sources identified under the Title V Air Pollution Control Program.

Responsible Agencies: Alabama Department of Environmental Management

Resources: In-kind

4. Monitor radiation levels at regulated facilities.

Responsible Agencies: ADPH

Resources: In-kind

.....

OBJECTIVE 2: To characterize all business and industry categories operating in Alabama as to the known or suspected carcinogens to which their employees may be exposed, and to promote adherence to established guidelines for protection of employees on the job (factory, farm, plant, or other work site).

Strategies:

1. Establish a database of all business and industry categories as to their known or suspected carcinogens operating in Alabama.

Responsible Agencies: Center for Economic and Business Development, ADPH Bureau of Environmental Services, ADPH Epidemiology Division, Office of Radiation Control, ADEM, USDA, AL Department of Agriculture and Industry

Resources: In-kind

2. Promote educational programs to improve adherence to established guidelines.

Responsible Agencies:

Resources:

.....

OBJECTIVE 3: To monitor food and drinking water for known or suspected carcinogens.

Strategies:

1. Monitor public drinking water to ensure compliance with federal drinking water standards and maximum concentration limits for regulated pollutants.

Responsible Agencies: ADEM, FDA

Resources: In-kind



V. Research

OVERALL GOAL: To support the development of community-based research to reduce cancer risks and increase participation in clinical trials.

A. CLINICAL TRIALS

GOAL: To enhance the participation of priority populations (rural, low income, minority, and underserved) in cancer research.

OUTCOME: To increase by 10% by 2005 the number of participants in cancer screening, prevention, and treatment clinical trials.

OUTCOME: To increase by 10% by 2005 the number of cancer clinical trials that specifically target African Americans.

OUTCOME: To increase by 10% by 2005 the number of minorities participating in cancer clinical trials.

DATA SOURCE: NCI, UAB Recruitment and Retention Shared Facility, ACS

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OBJECTIVE 1: To increase knowledge about recruitment and retention of priority populations in cancer treatment and prevention clinical trials.

Strategies:

1. Develop a database to determine the characteristics of people who participate in clinical trials in the state.

Responsible Agencies: ADPH, UAB, USA, Cancer Treatment Centers

Resources: In-kind, ADPH, UAB, RRSF, NCI, CDC

2. Incorporate clinical trial information into CHA and other community based educational programs and disseminate information through the projects.

Responsible Agencies: ADPH, AQA, UAB, USA, Private Oncology Groups, Rural Primary Health Care Clinics, AL Partnership

Resources: NCI, CDC, ADPH Educational Programs, County Health Departments, Private Foundations

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OBJECTIVE 2: To support current and encourage new clinical trials that will have an impact on cancer prevention and control in high risk populations.

Strategies:

1. Promote research in institutions participating in clinical trials through referrals, education, and marketing.

Responsible Agencies: UAB Comprehensive Cancer Center, USA Cancer Center, Private Oncology Groups, ACS, UAB Media Services

Resources: NCI, ACS

2. Promote recruitment for existing clinical trials through CHAs, other outreach projects and CIS and ACS telephone services.

Responsible Agencies: UAB, USA, Private Oncology Groups, ACS, CIS, AL Partnership, AQAF

Resources: NCI, ACS, CIS, In-kind

3. Promote participation in clinical trials through the AL Partnership.

Responsible Agencies: UAB, ADPH, AQAF

Resources: UAB, ADPH, ACS, In-kind

4. Stimulate participation by private physicians and agencies in clinical trials.

Responsible Agencies: ADPH, AQAF

Resources: NCI, In-kind

.....

OBJECTIVE 3: To disseminate research findings among relevant populations through appropriate communication channels (e.g. tailored messages).

Strategies:

1. Promote research to determine what are effective messages and appropriate methods of communicating information with special populations.

Responsible Agencies: UAB, ACS, CIS

Resources: NCI, CDC, ACS

2. Make available research findings for dissemination via community based organizations such as CHAs and other outreach projects, the Alabama Partnership, and ACS and CIS telephone services.

Responsible Agencies: ADPH, UAB, ACS, CIS, ACES

Resources: NCI, CDC, ACS, Public and Private Funds

V. Research *(continued)*

B. BEHAVIOR RESEARCH

GOAL: To facilitate the development and implementation of community-based research projects that are relevant to cancer risk reduction in priority populations.

OUTCOME: To increase the number of Alabama community-based cancer control research projects, funded from a peer-reviewed process.

OUTCOME: To provide community-oriented agencies with regular updates about resources and funding mechanisms to support behavioral research.

DATA SOURCE: UAB Research Programs Progress Reports

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OBJECTIVE 1: To establish and maintain closer partnerships among researchers, communities and their leaders.

Strategies:

1. Develop relationships with the gatekeepers to populations being served.

Responsible Agencies: UAB, USA, AQAF, ACES, ADPH, Rural Primary Health Care Clinics, CHA Advisory Boards

Resources: Public and Private grants, In-kind

2. Provide opportunities for community members and organizational representatives to meet with researchers to address community problems and expand knowledge related to cancer control.

Responsible Agencies: UAB, USA, AQAF, ACES, ADPH

Resources: UAB, ADPH, County Health Councils, Medical Community, Ministerial Representatives, Established CHA systems, ACES

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OBJECTIVE 2: Equitably involving community members, organizational representatives and researchers according to their interests and expertise in the research process.

Strategies:

1. Continue to expand the development and implementation of CHA systems across the state.

Responsible Agencies: UAB, USA, AQAF

Resources: Existing CHAs, UAB School of Public Health, Rural Primary Health Care Clinics, County Health Departments, SMHO



VI. Surveillance

OVERALL GOAL: To enhance the data collection capacity of the Alabama Statewide Cancer Registry (ASCR) so that completeness, timeliness, and quality meet existing professional standards.

OUTCOME: To ensure that by 2005 at least 95% of the expected number of reportable cancers are captured by the ASCR.

DATA SOURCE: ASCR

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Objective 1: To achieve Gold Standard certification as designated by North American Association Central Cancer Registries (NAACCR).

Strategies:

1. Increase ASCR casefinding activities by obtaining contract services through collaboration with supporting agencies.

Responsible Agencies: ADPH, ACS, AQAF

Resources: ACS

2. Conduct a study to evaluate the burden of prostate cancer in Alabama.

Responsible Agencies: ADPH-ASCR, ACS, AQAF

Resources: ASCR

3. Activate ASCR Data Quality Section to enhance existing audits through collaboration with supporting agencies.

Responsible Agencies: ADPH-ASCR, ACS, AQAF

Resources: ASCR, ACS, AQAF

4. Enhance existing ASCR death certificate clearance through enhanced data linkage.

Responsible Agencies: ADPH-ASCR, ACS, AQAF

Resources: ASCR, ACS, AQAF, Center for Health Studies

5. Conduct casefinding audit with freestanding cancer treatment centers and physicians to evaluate completeness of case reporting.

Responsible Agencies: ASCR, ACS, AQAF

Resources: ASCR, ACS, AQAF

6. Conduct random surveys of cancer survivors regarding their perception of quality of care.

Responsible Agencies: ASCR, ABCCEDP, AQAF

Resources: ADPH, ACS, AQAF



VII. Evaluation

OVERALL GOAL: To evaluate the extent to which the goals and objectives of the Alabama Comprehensive Cancer Control Plan are achieved and to document barriers to their achievement.

OUTCOME: Ensure implementation of strategies to monitor progress toward reaching goals and objectives of each component of the Cancer Plan.

OUTCOME: Ensure that strategies to document changes in cancer related behaviors are implemented.

DATA SOURCE: 1996-1998 ASCR, BRFSS, YBRFSS, ABCCEDP, and other reliable sources are used to evaluate behavior change and cancer incidence and mortality.

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OBJECTIVE 1: To monitor and assess cancer prevention activities implemented by state agencies, academic partners, and voluntary organizations.

- A.** Document implementation of tobacco-related strategies/activities.
- B.** Document implementation of strategies/activities designed to control exposure to UV light.
- C.** Document implementation of nutrition strategies/activities.
- D.** Document implementation of physical fitness strategies/activities.

Strategies:

- 1.** Use web-based or other reporting methods to record number of events, levels of participation, retention of participants, etc.

Responsible Agencies: ADPH, UA-IRHR, Key Partners

Resources: Public and Private Funds

- 2.** Collect and review evaluation reports from cancer prevention and control programs.

Responsible Agencies: ADPH, ACCCC

Resources: In-kind

- 3.** Review BRFSS, YBRFSS, and other sources to determine trends.

Responsible Agencies: ADPH, ACCCC

Resources: In-kind

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OBJECTIVE 2: To monitor and assess education and screening activities related to early detection of cancer (including but not limited to ABCCEDP, DSN, REACH 2010, and CHA training programs).

- A.** Document implementation of programs for early detection of breast and cervical cancer.
- B.** Document participation in colorectal cancer education activities.
- C.** Document participation in prostate cancer education activities.

Strategies:

- 1.** Record number of educational and screening programs, characteristics of participants, and screening results.

Responsible Agencies: ADPH, ACCCC, Key Partners

Resources: In-kind

- 2.** Obtain information from cancer screening programs' consumer satisfaction (ABCCEDP, PLCO) surveys.

Responsible Agencies: ADPH, Key Partners, SEPE

Resources: In-kind

- 3.** Review BRFSS and ASCR data.

Responsible Agencies: ADPH, ACCCC, SEPE

Resources: In-kind, Public and private funds

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OBJECTIVE 3: To monitor and assess activities related to cancer treatment facilities.

Strategies:

- 1.** Document the number of treatment facilities and programs providing treatment resources to underserved patients.

Responsible Agencies: ADPH, ACS, AQAF, Komen Foundation

Resources: In-kind

- 2.** Assess program effectiveness by comparing number of individuals referred to number receiving recommended treatment.

Responsible Agencies: ADPH, ACS, Cancer Treatment Centers, ASCR

Resources: In-kind

VII. Evaluation *(continued)*

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OBJECTIVE 4: To monitor and assess activities related to environmental and occupational exposure and its relationship to cancer.

Strategies:

1. Document programs that are designed to address environmental/occupational issues.

Responsible Agencies: ADPH, ADEM, UAB, ACCCC

Resources: In-kind

2. Assess programs by documenting and characterizing program participants according to occupational exposure.

Responsible Agencies: ADPH, UAB

Resources: In-kind

3. Track adherence to established guidelines.

Responsible Agencies: Regulatory Agencies, ACCCC

Resources: In-kind

.....

OBJECTIVE 5: To monitor and assess community-based research activities that impact cancer prevention and control behavior.

Strategies:

1. Document number of research programs addressing risk behaviors, screening practices, recruitment and retention in clinical trials, and adherence to follow-up and treatment recommendations.

Responsible Agencies: ADPH, ACCCC

Resources: In-kind

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OBJECTIVE 6: To monitor progress toward reducing cancer incidence, mortality and survival.

Strategies:

1. Monitor cancer incidence and mortality on an annual basis using data from the ASCR, SEER, NCDB, ACS, ACHS, NCHS.

Responsible Agencies: ADPH, ACCC

Resources: In-kind, Mid-South Triad

2. Monitor stage at diagnosis of priority cancer using ASCR data.

Responsible Agencies: ADPH, ACCCC

Resources: In-kind, Mid-South Triad

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3. Monitor cancer survival by reviewing data from ASCR, SEER, and ACS.

Responsible Agencies: ADPH, ACCCC

Resources: In-kind, Mid-South Triad

4. Describe status of incidence and mortality from cancer through screening and early detection by comparing trends in the populations at risk and screening program participation.

Responsible Agencies: ADPH, ACCCC

Resources: In-kind

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OBJECTIVE 7: To produce a comprehensive report on CANCER IN ALABAMA annually, with an expanded report every 5 years, documenting progress toward achieving the goals of the Alabama Comprehensive Cancer Control Plan and present to the annual Alabama Cancer Congress.

Strategies:

1. Utilize data collected to describe:
 - (a) cancer incidence, mortality and survival
 - (b) programs for cancer prevention, screening, and treatment
 - (c) community-based research

Responsible Agencies: ADPH, ACCCC, SEPE

Resources: In-kind, Mid-South Triad

2. Compare these data to stated Plan goals to identify strengths, weaknesses, opportunities, and threats related to the prevention and control of cancer in Alabama.

Responsible Agencies: ADPH, ACCCC, SEPE

Resources: In-kind, Mid-South Triad



Appendix A

1988 Cancer Committee

- **Ruth Harrell, RN, MPH**
Director of Nursing
Alabama Department of Public Health
- **Barbara Karr, RN, PhD**
Public Health Area VI
Alabama Department of Public Health
- **Betty Russell, RN**
Elmore County Health Department
- **Jean Hicks**
Cancer Coordinator
Bureau of Family Health Services
Division of Family Planning
Alabama Department of Public Health
- **Jeanette Free, MSN, RN**
Staff Development Coordinator
Nursing Section
Alabama Department of Public Health
- **Elaine Turnipseed**
Baptist Hospice
Montgomery, Al
- **John Waterbor, MD, DrPH**
Assistant Professor
Staff Development Coordinator
UAB School of Public Health



Appendix B

Alabama Comprehensive Cancer Control Coalition Members

- **Ashley Anderson**
WSFA Television News
Montgomery, AL
- **Shearie Archer**
USA Cancer Center
Mobile, AL
- **Laurie Auffant, MPH***
ADPH - Director
Worksite Wellness
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- **Max Austin, MD**
ABCCEDP-Medical Advisory
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Birmingham, AL
- **Bud Baker**
DCH Cancer Treatment Center
Tuscaloosa, AL
- **Annic Barnhill**
American Cancer Society
Bay Minette, AL
- **Susan Baum, MSW*‡**
UAB - Palliative Care Center
Birmingham, AL
- **Diane Beeson, MBA*‡**
ADPH - Director
Tobacco Control
- **Wanda Biggs**
ABCCEDP - Medical Advisory
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ADPH - Director
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- **Kenneth Brewington, MD*‡**
AABCCEDP-Medical Advisory
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Mobile, AL
- **C. Michael Brooks, EdD**
UAB - Associate Dean
School of Health Related Professions
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- **Patricia Burgess, RN, BSN‡**
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Birmingham, AL
- **Nancy Carnley**
Machis Lower Creek Indians
New Brockton, AL
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ADPH - Outreach Coordinator
ABCCEDP
- **Elizabeth Clemente, DDS**
UAB - School of Dentistry
Birmingham, AL
- **Sandra Coffey**
ACES - Coffee County
New Brockton, AL
- **Donnie Cook, PhD**
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Nutrition Specialists
Normal, AL
- **Ruth Counts, RN**
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- **Debbie Davis**
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- **James DeLong, MD‡**
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- **Peter Dempsy, MD**
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Appendix B *(continued)*

- **Mark Dignan, PhD*‡**
SouthEast Program Evaluation
Lexington, KY
- **Lynn Dyess, MD‡**
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- **Lelia Edwards**
Baptist Medical Center
Birmingham, AL
- **Bill Ely**
Alabama Pharmacy Association
Montgomery, AL
- **Bonnie Embry, MD**
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Huntsville, AL
- **Mary B. Evans, MA‡**
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Center for Community Health Resources Development
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- **Mona Fouad, MD*‡**
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- **Al Fox**
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Montgomery, AL
- **Brenda Furlow**
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- **Melissa Galvin, PhD**
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Montgomery, AL
- **Thomas Gaskin, III, MD‡**
The Surgeons' Group
Birmingham, AL
- **Shyrell Gehman**
Poarch Creek Indians
Atmore, AL
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Center for Health Promotion And Resource Development
- **Yolanda Graham**
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- **Linda Gray**
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Mobile, AL
- **B. Lee Green, PhD**
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- **Paul Greene, PhD‡**
UAB - Center for Health Promotion
Birmingham, AL
- **Becky Gregg**
DCH Cancer Treatment Center
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- **Marsha Grove, RN**
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- **Rebecca Haberman**
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- **Claudia Hardy, MPA**
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Birmingham, AL
- **William Harris, MD‡**
Mobile, AL

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- **Dorothy Harshbarger, MS**
ADPH - Director
Center for Health Statistics
 - **Jack Hataway, MD**
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Chronic Disease Prevention
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 - **Julia Hayes**
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 - **John Higginbotham, PhD, MPH***
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Intercultural Cancer Council
CEO and Medical Director
Jefferson Health System
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 - **Ruth Hunter**
ACES - Barbour Co.
Clayton, AL
 - **E.T. Johnson, MD**
DE Johnson Fund
Montgomery, AL
 - **Kay Johnson, RN, MPH‡**
UAB - Alabamians for Better Care
at Life's End
 - **Chuck Kaysing**
Auburn University - Montgomery
Montgomery, AL
 - **Dennis King, II**
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Cancer Control in Underserved
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Mobile, AL
 - **Connie Kohler, DrPH‡**
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Regional Cancer Control Director
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 - **Jean Lazarus, RN**
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 - **Thomas Miller, MD, MPH**
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Birmingham, AL
 - **Samuel Moseley, MD***
Chair - ACCCC
ABCCEDP - Medical Advisory
Committee
Selma, AL
 - **Binnie Myles**
Alabama Jazz Hall of Fame
Birmingham, AL
 - **Sherry Nath**
Alabama State Nurses Association
Montgomery, AL

Appendix B *(continued)*

- **Carrie Nelson-Hale**
SISTAs CanSurvive, Inc.
Montgomery, AL
- **Wini O'Brian**
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Shared Facility
Birmingham, AL
 - **Deora Tinsley**
USA Breast Cancer Center
Mobile, AL
 - **Earnestine Tucker, RN**
New Women's Health Clinic
Tuscaloosa, AL
 - **John Waterbor, MD, DrPH*‡**
UAB - SOPH
Birmingham, AL
 - **Kirk Whatley, MS*‡**
ADPH - Director -
Radiation Control
Montgomery, AL
 - **Reda Wilson, MPH, RHIT*‡**
ADPH - Director
Alabama State Cancer Registry
Montgomery, AL

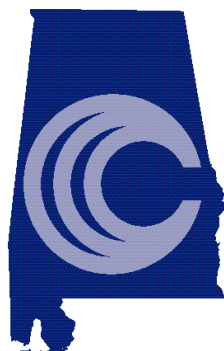
Note: Names will be added as additional individuals or organizations are identified



Appendix C

Abbreviations

ABA	Alabama Broadcasters Association
ABC	Alcoholic Beverage Control
ABCCEDP	Alabama Breast and Cervical Cancer Early Detection Program
ABCLE	Alabamians for Better Care at Life's End
ACCCC	Alabama Comprehensive Cancer Control Coalition
ACCCP	Alabama Comprehensive Cancer Control Plan
ACSHA	Alabama Comprehensive School Health Association
ACES	Alabama Cooperative Extension System
ACoS CoC	American College of Surgeons Commission on Cancer
ACS	American Cancer Society
ADEM	Alabama Department of Environmental Management
ADPH	Alabama Department of Public Health
AHA	American Heart Association
AL Partnership	Alabama Partnership for Cancer Control in Underserved Populations
ALA	American Lung Association
AQAF	Alabama Quality Assurance Foundation
ASAHPERD	Alabama State Association for Health, Physical Education and Dance
ASCO	Alabama Society of Clinical Oncologists
ASCR	Alabama State Cancer Registry
BRFSS	Behavioral Risk Factor Surveillance Survey
CCC	Comprehensive Cancer Center
CDC	Centers for Disease Control and Prevention
CHA	Community Health Advisors
CIS	Cancer Information Service
CWG	Core Work Group
DOE	Department of Education
DSN	Deep South Network
NCI	National Cancer Institute
NAACCR	North America Association Central Cancer Registries
OSHA	Occupational Safety and Health Administration
PLCO	Prostate-Lung-Colorectal-Ovarian Clinical Trial
REACH 2010	Racial and Ethnic Approaches to Community Health by 2010
SEPE	SouthEast Program Evaluation
SOPH	School of Public Health
TAB	Tobacco Advisory Board
UAB	University of Alabama at Birmingham
USA	University of South Alabama
YBRFSS	Youth Behavioral Risk Factor Surveillance Survey



**Alabama
Comprehensive
Cancer Control
Coalition**

Alabama Department of Public Health
Cancer Prevention Branch

**334-206-7018
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