North Carolina's Plan for Comprehensive Cancer Control

A Living Plan for the People of North Carolina

Goals & Objectives

north carolina
cancer partnership

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Developed by:

The North Carolina Advisory Committee on Cancer Coordination & Control
&
Their Many Partners, Cancer Survivors and Other Extraordinarily Committed People of North Carolina

Coordinated by:

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The Vision for Comprehensive Cancer Control for North Carolina

That North Carolina's collective effort will enable the state to become the national leader in responding to the many challenges associated with cancer, including:

- ***The promotion of healthy lifestyles and preventive behaviors***
- ***The provision of universal access to screening and early detection resources***
- ***Patient- and family-centered care that is accessible and affordable***
- ***A cancer survivorship approach that is a collaboration between the patient, the family, the community, and the healthcare system***
- ***The elimination of all disparities related to access to all resources and services***

Dedication

This Plan is dedicated to the many North Carolinians who suffer and have suffered from the effects of cancer. It is also dedicated to their families and the people who care about them. It is our hope that through the continuing development, adoption, and implementation of this Plan, we can truly make a difference in reducing the burden of cancer for the people of North Carolina.

Acknowledgements

Many outstanding individuals and organizations have contributed and will continue to contribute to the NC Cancer Plan. The Plan was developed with the guidance of the North Carolina Advisory Committee on Cancer Coordination and Control and through the coordination of the North Carolina Comprehensive Cancer Program. Specific contributions were provided by the three primary subcommittees of the Advisory Committee—Prevention, Early Detection, and Care; those subcommittees have memberships that include numerous cancer-related organizations, private individuals, and, most importantly, cancer survivors and their families and loved ones.

On-going acknowledgements will include those of you who reviewed and adopted the Plan's goals and objectives.

We also wish to acknowledge the contributions provided to us—unknowingly—by more than fifty comprehensive cancer programs throughout the United States and its territories. Each of those programs has developed a cancer plan for its individual state or territory. We took advantage of their outstanding work by "mining" the plans and extracting almost 900 goals and the associated objectives. The goals and objectives were then subjected to review, modification, and incorporation, if appropriate, into the North Carolina Plan. Should any of our goals or objectives appear to be familiar to those involved in other programs, please take it as acknowledgement of your great work. Please feel free to borrow from us.

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Introduction

Welcome to North Carolina's Plan for Comprehensive Cancer Control—*A Living Plan for the People of North Carolina*. This is *your* Plan and through your involvement in its continuing development and implementation the Vision can be achieved. This Plan is designed to grow and develop and to account for progress that is made in accomplishing the Goals and Objectives. The participation of every individual in North Carolina who is concerned about cancer will make it live and not just become a static document that takes up space on a bookshelf.

History

North Carolina's commitment to cancer prevention and control dates to at least seventy-five years ago when the leadership of the North Carolina Medical Society identified cancer as a major public health issue and laid the foundation for future efforts. Shortly after the Second World War, the Medical Society and the Women's Field Army, precursor of the American Cancer Society, worked successfully to have legislation enacted that created a cancer prevention and control component within North Carolina's Public Health system. Coupled with local efforts in virtually every county of the state, many prevention, screening, and treatment programs were initiated. From then until the early 1990s, there were multiple commissions, task forces, and other officially convened groups that sought to coordinate North Carolina's efforts.

Finally in 1993, legislation formally created the North Carolina Advisory Committee on Cancer Coordination and Control and the North Carolina Comprehensive Cancer Program was designated to be its operational arm. Primary among their required duties was the development (and implementation) of a formal cancer plan for the state. Consequently, two five-year plans were developed and published (1996-2001, 2001-2006).

New Directions

As the third five-year plan was under development in early 2006, it was determined that a major change was needed. It has been said that the Plan had become "the destination and not the roadmap to get there." From this assessment, the concept of the "Living Plan" was born. Rather than produce the traditional printed document that was expected (but few were aware of its existence and content), a more dynamic approach was adopted. The Plan had to be relevant, it had to be widely available, it had to have "buy-in" from all stakeholders, and it had to have the ability to grow, evolve, and to account for progress in meeting the goals and objectives. It also had to be part of a process that encouraged comments and suggestions and that could incorporate those comments and suggestions—helping the Plan to evolve.

Addressing Differences in Recommendations *(9/2/08)*

Knowledge and medical science associated with cancer continues to evolve. However, while that is in process, there may be confusing and even conflicting information and recommendations for prevention, detection, and control. Prostate cancer screening (PSA) and breast self-exam are examples. We urge all individuals to become as knowledgeable as they can and to consult their health care provider so that they can make the very best decision for them and their families. Ultimately, that is where the decision should be.

The New Plan

You are now viewing a version of the Plan that has been and is being developed via the new process. Please visit www.nccancer.com to download the most up-to-date version. *(9/2/08)*

What Can You Do?

Become and stay involved. Contribute to the Plan and be part of its implementation. Join us in reducing the burden of cancer for all the people of North Carolina. Be a local leader in this effort.

The Burden of Cancer in North Carolina

(revised 10/2/08)

The Burden of Cancer

The burden of cancer in North Carolina is immense. It is now the leading cause of death in the state, surpassing heart disease for the first time due to changes in the population and declining heart disease mortality rates.[1]

NOTE: The July/August issue of the NC Medical Journal contains an extraordinary article by William R. Carpenter et al. "Towards a More Comprehensive Understanding of Cancer Burden in North Carolina," is a significant contribution to furthering our knowledge in order to focus our efforts. It can be accessed at: http://www.ncmedicaljournal.com/Jul-Aug-08/Carpenter.pdf

In 2005, cancer caused the death of 16,673 North Carolinians. That same year, over 43,000 new cancer cases were diagnosed statewide.[2] In 2006, 17,267 North Carolinians died from cancer.[3] Current estimates are that 4 of every 10 North Carolinians will develop cancer at some time during their lives.[4] The probability that an individual will develop cancer or die from it at some point during his/her lifetime (lifetime risk) is a little more than 1 in 3 for women, and about 1 in 2 for men.[5]

While lung, colon, female breast, and prostate cancer cause the majority of cancer deaths in our state, dozens of other cancers contribute to cancer death and disability in North Carolina. Tables 1.1 and 1.2 show the top 10 cancers diagnosed in 2004 and the top 10 cancers causing death in 2005 in North Carolina, respectively.

Table 1.1 - Top 10 Cancer Diagnoses in North Carolina in 2005[6]

Men		**Women**	
Cancer	**Incidence Rate***	**Cancer**	**Incidence Rate***
1. Prostate	147.8	1. Breast	147.5
2. Lung/bronchus	102.0	2. Lung/bronchus	57.9
3. Colon/rectum	57.9	3. Colon/rectum	41.8
4. Bladder	34.7	*Other cancers*	*25.9*
Other cancers	*33.5*	4. Corpus uteri	20.5
5. Melanoma	24.2	5. Endocrine	16.7
6. Kidney	22.0	6. Melanoma	16.2
7. Non-Hodgkin's Lymphoma	21.8	7. Brain/CNS, incl. benign	15.7
8. Oral cavity	17.5	8. Non-Hodgkin's Lymphoma	15.1
9. Brain/CNS, incl. benign	14.3	9. Ovary	12.4
10. Leukemia	12.7	10. Kidney	11.3

**Per 100,000 population, age-adjusted to the 2000 US Census.*

[1] Cancer Profiles North Carolina, August 2007. State Center for Health Statistics, NC Division of Public Health, Department of Health and Human Services and the American Cancer Society.
[2] NC Central Cancer Registry. Accessed at http://www.schs.state.nc.us/SCHS/data/cancer.cfm.
[3] NC Central Cancer Registry. Accessed at http://www.schs.state.nc.us/SCHS/CCR/mort2005s.pdf.
[4] *Cancer Profiles North Carolina, May 2005*. State Center for Health Statistics, NC Division of Public Health, Department of Health and Human Services and the American Cancer Society.
[5] *North Carolina Facts and Figures 2004*. State Center for Health Statistics, NC Division of Public Health, Department of Health and Human Services and the American Cancer Society.
[6] NC Central Cancer Registry. Accessed at http://www.schs.state.nc.us/SCHS/CCR/incidence/2005/sex.pdf,

Table 1.2 - Top 10 Causes of Cancer Death in North Carolina in 2006[7]

Men		Women	
Cancer	**Mortality Rate***	**Cancer**	**Mortality Rate***
1. Lung/bronchus	82.9	1. Lung/bronchus	43.1
2. Prostate	27.9	2. Breast	24.1
Other cancers	*25.1*	*Other cancers*	*16.0*
3. Colon/rectum	20.4	3. Colon/rectum	13.8
4. Pancreas	13.3	4. Pancreas	9.5
5. Leukemia	10.3	5. Ovarian	8.1
6. Non-Hodgkin's Lymphoma	8.1	6. Non-Hodgkin's Lymphoma	5.6
7. Esophagus	7.7	7. Leukemia	5.4
8. Liver	7.3	8. Corpus uteri	4.3
9. Bladder	6.8	9. Multiple myeloma	3.6
10. Kidney	6.5	10. Brain/CNS, incl.. benign	3.4

**Per 100,000 population, age-adjusted to the 2000 US Census.*

2008 Projections for North Carolina: New Cases of Cancer & Deaths due to Cancer
According to data from the American Cancer Society, an estimated 42,451 new cases of cancer will be diagnosed and 16,963 cancer deaths will occur in North Carolina in 2008.[8]

A Disparate Burden
Health disparities are a serious concern in North Carolina. Disparities in North Carolina are seen in groups that can be defined by race / ethnicity, disability, sex, age, income, geographic location, and insurance status. Other disparate groups exist as well.

Racial and ethnic disparities are of particular concern due to their high prevalence. Rates of cancer incidence (new cases) and mortality (death) and patterns of top causes of cancer and cancer deaths vary by race and ethnicity. In North Carolina, we are limited in our ability to examine these statistics for some subgroups such as Hispanics/Latinos and American Indians because of small absolute numbers and resultant rate instability. Examples of racial / ethnic disparities follow. (Note: The following data include all non-white persons in the minority category.)

In North Carolina in 2005: [9]

- The cancer incidence rate among whites was 490.1 per 100,000 versus 484.7 per 100,000 among minorities.
- Cancer mortality for whites was 185.6 per 100,000 and 220.2 per 100,000 for minorities.
- The incidence and mortality rates of prostate cancer are markedly higher in minorities than in whites. The incidence rate in minorities was 214.5 per 100,000 population versus 132.0 per 100,000 in whites. The mortality rate for minorities was 62.0 versus 21.4 per 100,000 for whites.
- The incidence of breast cancer was lower in minority women than in white women (147.5 versus 148.3 per 100,000); whereas the mortality was higher in minority women than in white women (30.9 versus 22.7 per 100,000).

[7] NC Central Cancer Registry. Accessed at http://www.schs.state.nc.us/SCHS/CCR/mort2006r.pdf.
[8] Jemal A, Siegal, R, Ward E, Murray T, Xu J, Thun MJ. Cancer statistics, 2007. *CA Cancer J Clin.* 2007;57(1):43-66.
[9] NC State Center for Health Statistics, Division of Public Health, Department of Health and Human Services. Accessed at http://www.schs.state.nc.us/SCHS/CCR/reports.html.

An Economic Burden

Cancer significantly impacts life, longevity, and productivity, and takes an economic toll as well. Death and disability from cancer led to 259,318 years of productive life lost (YPLL) in North Carolina in 2000,[10] which translates into fewer days worked and reduced productivity. Nationally, the projected overall annual costs for cancer were $209.9 billion in 2005.[11] In North Carolina, these costs were an estimated $6.1 billion.[12] Table 1.3 segments these costs into direct medical costs and indirect costs.

Table 1.3 – Estimated 2005 Economic Burden of Cancer: NC versus US

	NC (Actual)[13]	US (Projected)[14]
Direct medical costs (total of all health costs)	$2.15 billion	$74.0 billion
Indirect costs (cost of lost productivity due to illness and premature heath)	$3.95 billion	$135.9 billion
Total costs	$6.1 billion	$209.9 billion

National Benchmark: *Healthy People 2010*

Healthy People 2010 is a set of disease prevention and health promotion objectives that was created to guide states and the nation toward improved health. The overarching cancer goal of *Healthy People 2010* is to "reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer." A number of *Healthy People 2010* objectives address reductions in the rate of deaths caused by different cancers.[15]

An overall annual target of 159.9 deaths per 100,000 population was established for *Healthy People 2010*. In 2004, the nationally-reported North Carolina cancer mortality rate was 195.3 per 100,000, while the US cancer mortality rate was 185.7 per 100,000 (Figure 1.1).[16] (As mentioned previously, 2005 state cancer registry data showed a mortality rate of 192.6 in North Carolina.[17]) It is clear upon comparison of these rates with the *Healthy People 2010* target that much work needs to be done both in North Carolina and across the nation to reach the *Healthy People 2010* target.

While there is not a *Healthy People 2010* target regarding incidence, it is interesting to compare cancer incidence in North Carolina to that of the nation. Data from 2004 indicated an incidence rate of 450.5 per 100,000 in North Carolina versus 458.2 per 100,000 in the US (Figure 1.2).[18] Despite a lower incidence in North Carolina than the nation, the most recent national comparison shows North

[10] Rosenberg D and Buescher P. Years of Potential Life Lost by Sex, Race, and Ethnicity North Carolina, 2000. NC State Center for Health Statistics. Accessed at http://www.schs.state.nc.us/SCHS/pdf/SCHS130.pdf.
[11] Centers for Disease Control and Prevention. Screening to Prevent Cancer Deaths. Accessed at http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/cancer.htm
[12] *What Every Family Physician Should Know about Cancer, Pocket Guide and Resources*. NC Comprehensive Cancer and American Cancer Society. November 2006.
[13] *What Every Family Physician Should Know about Cancer, Pocket Guide and Resources*. NC Comprehensive Cancer and American Cancer Society. November 2006.
[14] National Heart. Lung, and Blood Institute. 2004 NHBLI Fact Book . Accessed at http://www.nhlbi.nih.gov/about/04factpdfa.pdf
[15] Healthy People 2010. Accessed at www.healthypeople.gov
[16] Cancer Control PLANET. Accessed at http://statecancerprofiles.cancer.gov/.
[17] NC Central Cancer Registry. Accessed at http://www.schs.state.nc.us/SCHS/CCR/mort2006r.pdf.
[18] Cancer Control PLANET. Accessed at http://statecancerprofiles.cancer.gov/.

Carolina's death rate to be higher than that of the nation (192.6 in NC versus 185.7 in the US) as shown above.

Figure 1.1 - Cancer Death Rates per 100,000 in the US and NC (2004)[19]

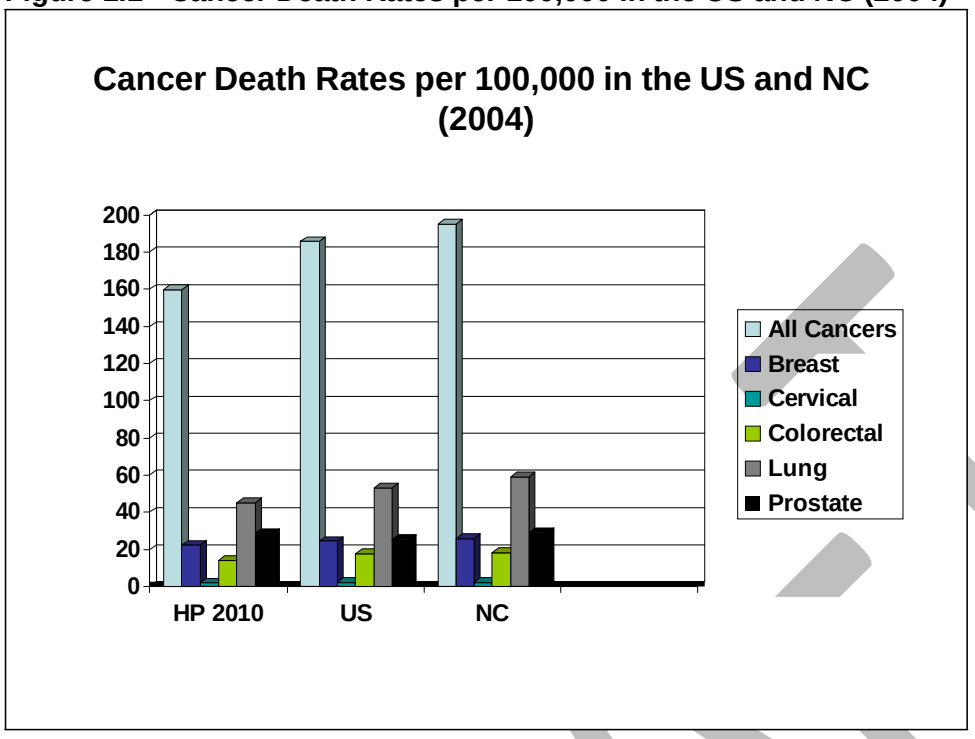
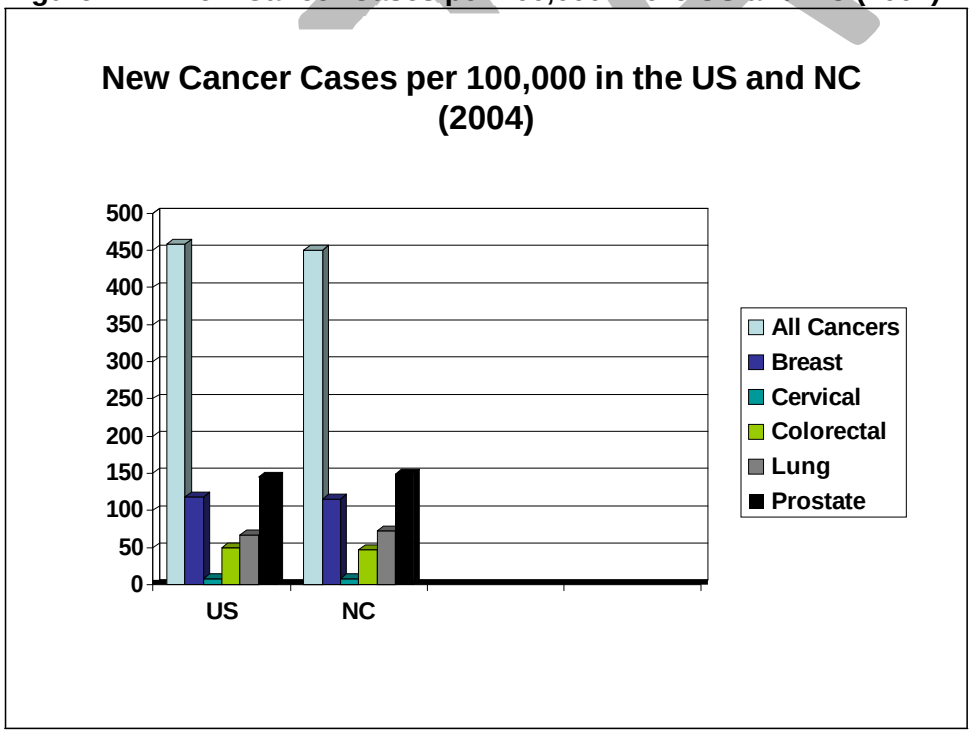


Figure 1.2 – New Cancer Cases per 100,000 in the US and NC (2004)[20]



[19] Cancer Control PLANET. Accessed at http://statecancerprofiles.cancer.gov/.
[20] Cancer Control PLANET. Accessed at http://statecancerprofiles.cancer.gov/.

What does the future look like for North Carolina?

National cancer incidence trends have stabilized and mortality rates are falling.[21] Despite these encouraging trends, cancer will continue to be a significant burden to the state of North Carolina especially as the population grows and ages. Increases in overall population numbers and the number of elderly persons in the population will lead to a relative increase in cancer cases and deaths.

The NC State Data Center predicts a population growth of 4 million people between 2000 and 2030—a 50% increase in population. In addition, the elderly population will more than double during this time, increasing from just under 1 million to 2.14 million. The 85-year-and-over population will more than double from 105,000 to 257,000.[22]

As people age, the risk of cancer also increases. The aging of the population and the increase in risk combined with the downward trend in heart disease deaths resulted in cancer will becoming the leading cause of death in North Carolina. Moreover, it is estimated that from the year 2000 to 2050, the number of new cancer patients will more than double, increasing from 1.36 million to nearly 3.0 million nationwide.[23]

What does a growing and aging population mean for North Carolina's cancer control efforts?

In North Carolina…

- Healthful lifestyle behaviors throughout a person's lifetime will be of utmost importance to prevent death due to cancer.
- Preventive screenings and early diagnosis will be paramount to control death and disability caused by cancer.
- Palliative care and aspects of survivorship will be essential to a growing number of North Carolinians affected by cancer.

North Carolinians will need…

- Low-cost and convenient access to resources that enable North Carolinians to eat nutritiously, be physically active, and quit tobacco use.
- Low-cost and convenient access to quality healthcare.
- Low-cost and convenient access to health insurance.
- A statewide infrastructure that provides support along the continuum of care.

[21] National Cancer Institute. Cancer Trends Progress Report: 2007 Update. Accessed at http://progressreport.cancer.gov/trends-glance.asp.
[22] NC State Data Center. County / State Population Projections. Statewide Trends. Accessed at http://demog. state.ns.us.
[23] Hayat MJ et al. Cancer Statistics, Trends, and Multiple Primary Cancer Analyses from the Surveillance, Epidemiology, and End Results (SEER) Program. *The Oncologist* 2007;12: 20–37.

NC OVERALL CANCER BURDEN RANKING

1- Breast
2- Lung/Bronchus
3- Colon/Rectum
4- Prostate
5- Non-Hodgkins Lymphoma
6- Pancreas
7- Melanoma
8- Leukemia
9- Bladder
10- Kidney
10- iver

- **Ranked by Scoring Based on Frequency and Severity Measures (Incidence, Prevalence, Mortality & Years of Potential Life Lost)**

From: William R. Carpenter et al. "Towards a More Comprehensive Understanding of Cancer Burden in North Carolina." NC Medical Journal, July/August 2008

NC Overall Cancer Goal

Reduce avoidable morbidity and mortality of cancer in North Carolina.
Target:166.2 deaths per 100,000 population
Target Date: 2010
Baseline: 207.8 deaths per 100,000 population (1994-1998)
Datasource: SCHS
North Carolina 2010 Health Objectives

A- Breast Cancer

NC Goal

Reduce avoidable morbidity and mortality of breast cancer in North Carolina.
Target: 22.6 deaths per 100,000 population
Target Date: 2010
Baseline: 28.2 deaths per 100,000 population (1996-1998)
Datasource: State Center for Health Statistics

Objectives

1- Increase knowledge of all women with regard to the importance of breast cancer screening and the need to return on a regular basis for appropriate re-screening and/or diagnostic testing--specifically targeting among minorities and the underserved. **(D)**
Target:
Target Date:
Baseline:
Datasource: BRFSS, BCCCP Data - While the breast cancer incidence rate among white women in the state is 1.1 times greater than the incidence rate among African American women, the death rate among African American women is 1.5 times greater than the death rate for white women). 98 percent of women diagnosed with breast cancer in the earliest stage survive this disease while only 26 percent of women when diagnosed at the most advanced stage survive.

2- Promote public awareness and outreach activities within communities across the state and specifically among minorities and the underserved to raise awareness about breast cancer screening and breast health education. **(D)**
Target:
Target Date:
Baseline:
Datasource: Marketing Campaign Report (BCCCP), ACS, Care line, Komen, Avon statistics, BCCCP Special populations initiative

3- Gather and disseminate educational resources for younger women (under the age of 50) to help them identify if they are high risk for breast cancer. **(D)**
Target:
Target Date:
Baseline:
Datasource:

4- Promote high-quality, optimum, state-of-the art breast cancer care for all breast cancer patients regardless of regional, racial, age, income or other disparities. **(D)**
Target:
Target Date:
Baseline:
Datasource:

5- Increase the proportion of women age 50 and older who have received a mammogram within the last 2 years. Special focus on minority, ethnic, rural and other certain subgroups with higher rates of breast cancer. **(M)**
Target: 85.2%
Target Date: 2010
Baseline: 79.6% (1998-1999) All 82.7%, Hispanic 77.2%, Non Hispanic 83.1%, Other Minorities 75.8% (BRFSS 2006)
Datasource: BRFSS, BCCCP Statistics, Medicare stats

6- Increase the knowledge of providers on appropriate methods for conducting clinical breast examinations and for properly instructing patients on how to perform thorough breast self-examinations. **(D)**
Target:
Target Date:

Baseline:
Datasource: Medical and Nursing Schools, Provider Surveys, Physical Assessment of Adults training Statistics (UNC)

7- Increase the proportion of primary care providers who recommend regular mammograms to their eligible patients and those who may be high risk. **(M)**
Target:
Target Date:
Baseline:
Datasource: BRFSS, Survey PCPS

8- Assure that all specialists who provide care to older women recommend age-appropriate breast cancer screening to their eligible patients. **(D)**
Target:
Target Date:
Baseline:
Datasource: BRFSS, [BCCCP with new state money can now offer mammograms to women aged 40-49]

9- Disseminate and recommend standardized clinical guidelines for providing follow-up care based on each type of mammography result. **(D)**
Target:
Target Date:
Baseline:
Datasource: American College of Radiology, BCCCP

10- Increase the number of providers that perform minimally invasive breast biopsy techniques. **(M)**
Target:
Target Date:
Baseline:
Datasource: Provider Survey

11- Provide ongoing training to radiology technologists and radiologists to improve skills in obtaining and accurately interpreting mammogram results. **(D)**
Target:
Target Date:
Baseline:
Datasource:

12- Determine current state of mammography access in the state of North Carolina. Access is described in terms of capacity, miles from service, hours of operation, financial barriers, geographic location, time off work, and other defined criteria. **(M)**
Target:
Target Date:
Baseline:
Datasource: BRFSS

13- Determine the nature and scope of problems related to timeliness and completeness of follow-up for abnormal breast cancer screening tests. **(D)**
Target:
Target Date:
Baseline: 87.5% of abnormal breast cancer screening cases were properly closed out by September 2007.
Datasource: BCCCP MDEs core indicators in fiscal year 06-07

14- Support increased state funding for breast cancer screening and treatment. **(M)**
Target:
Target Date:
Baseline:
Datasource: NC DMA, General Assembly

B- Lung Cancer

NC Goal
Reduce avoidable morbidity and mortality of lung cancer in North Carolina.

Objectives
1- Support the Goals and Objectives identified in the **Cancer Prevention through Eliminating Tobacco Use & Secondhand Smoke** section of the Cancer Plan.

2- Develop and implement targeted interventions for those who may be determined to be at higher risk for negative behaviors relating to the use of tobacco products—adolescents, young adults, minorities, those with less education, and lower income individuals. **(D)**
Target:
Target Date:
Baseline:
Datasource: NC Tobacco Prevention & Control Branch

3- Increase detection and decrease the proportion of homes and workplaces that have indoor air radon levels in excess of the U.S. EPA action guideline of 4 pCi/L. **(M)**
Target:
Target Date:
Baseline:
Datasource:

4- Promote informed decision making relative to the use of screening and early detection technologies for those persons at risk for lung cancer. **(D)**
Target:
Target Date:
Baseline:
Datasource:

5- Increase participation in early detection and treatment clinical trials for lung cancer. **(M)**
Target:
Target Date:
Baseline:
Datasource:

C- Prostate Cancer

NC Goal

Reduce avoidable morbidity and mortality of prostate cancer in North Carolina.

Objectives

1- Promote public awareness and outreach activities within communities across the state and specifically among minorities and the underserved to raise awareness about prostate cancer risk factors, prostate cancer screening and prostate health education. **(D)**
Target:
Target Date:
Baseline:
Datasource: UsToo, Prostate Cancer Foundation

2- Increase collaborative shared decision-making between patients and health care providers regarding screening for prostate cancer. **(M)**
Target:
Target Date:
Baseline: 65.4 % say yes to the question that health care provider talked about the screening (BRFSS 2006)
Datasource: BRFSS

3- Encourage timely and appropriate follow-up of abnormal Prostate Specific Antigen test results. If results are abnormal, men should be informed of their treatment options. **(D)**
Target:
Target Date:
Baseline:
Datasource:

4- Provide all men diagnosed with prostate cancer timely access to high quality, comprehensive treatment programs and information resources that will help them make an informed choice among treatment options, including the risks, benefits, and the impact of on their quality of life. **(D)**
Target:
Target Date:
Baseline:
Datasource:

5- Provide suggestions to health care providers on how to communicate with patients and their families about their risk for developing prostate cancer. **(D)**
Target:
Target Date:
Baseline:
Datasource: CDC, Us Too, Prostate Cancer Foundation

6- Promote on-going professional education about prostate cancer risk factors, prostate cancer screening and prostate health education.**(D)**
Target:
Target Date:
Baseline:
Datasource:

7- Monitor research in primary, secondary, and tertiary prevention for prostate cancer and the evidence for or against prostate cancer screening. **(D)**
Target:
Target Date:
Baseline:
Datasource: CDC, ACS, UsToo, Prostate Cancer Foundation, ACS, USPTF

D- Colon/Rectum Cancer

NC Goal

Reduce avoidable morbidity and mortality of colon/rectum cancer in North Carolina.
Target: 16.4 deaths per 100,000 population
Target Date: 2010
Baseline: 20.5 deaths per 100,000 population (1996-1998) 18.4 deaths per 100,000 population (SCHS 2001-2005)
Datasource: SCHS
Minority Target:
Target Date:
Baseline: 61.3 deaths per 100,000 (2004)
Datasource: State Center for Health Statistics

Objectives

1- Promote public awareness and outreach activities within communities across the state and specifically among minorities and the underserved to raise awareness about colon/rectum cancer risk, screening and colon/rectum health education. **(D)**
Target:
Target Date:
Baseline:
Datasource: Colon Cancer Alliance, CDC, Cancer Registry

2- Increase the proportion of providers who regularly offer appropriate, high-quality colon/rectum cancer screening services for their patients. **(M)**
Target:
Target Date:
Baseline: 68.1 % say yes to the question that their doctor recommended to be tested for colon cancer (BRFSS 2005)
Datasource: BRFSS, Colon Cancer Alliance, CDC

3- Increase the proportion of adults who have ever had a colorectal cancer screening examination. **(M)**
Target: 49.8%
Target Date: 2010
Baseline: 31.5% adults age 18 and older received a sigmoidoscopy or protoscopy.
Datasource: BRFSS

4- Reduce barriers to colon/rectum cancer screening for all men and women 50 years or older plus those considered to be high risk. **(D)**
Target:
Target Date:
Baseline:
Datasource:

5- Promote financial support for those individuals who receive positive screening test results and are in need of further diagnostic services or treatment. **(D)**
Target:
Target Date:
Baseline:
Datasource: Cancer Registry

6- Provide all persons diagnosed with colon/rectum cancer with timely and convenient access to high quality, comprehensive treatment programs. **(D)**
Target:
Target Date:
Baseline:
Datasource: Cancer Registry

E- Hematological Cancers (Leukemia, Lymphoma, Myeloma)

NC Goal
Reduce avoidable morbidity and mortality of hematological cancers in North Carolina.

Objectives
1- Promote public awareness about the signs and symptoms of hematological cancers. **(D)**
Target:
Target Date:
Baseline:
Datasource:

2- Provide healthcare providers with information on early detection and diagnosis of hematological cancers. **(D)**
Target:
Target Date:
Baseline:
Datasource:

3- Provide all diagnosed hematological cancer patients with timely access to high-quality treatment options and programs that provide appropriate decision-making information, patient support, and family assistance. **(D)**
Target:
Target Date:
Baseline:
Datasource:

4- Promote and increase participation in clinical trials to screen for hematological cancers and to modify treatment methods. **(M)**
Target:
Target Date:
Baseline:
Datasource: **Leukemia and Lymphoma Society**

5- Promote programs for hematological cancer survivorship that includes guidelines for healthy diet and lifestyle post-treatment as well as transferable and continual medical follow-up. **(D)**
Target:
Target Date:
Baseline:
Datasource:

6- Monitor research on identifiable risk factors for developing a hematological cancer. **(D)**
Target:
Target Date:
Baseline:
Datasource:

7- Collect and monitor accurate incidence rates for hematological cancers. **(M)**
Target:
Target Date:
Baseline: Number of Cases Leukemia =1070, Lymphoma=1610, Myeloma =560 (Cancer Facts and Figures 2007)
Datasource: Leukemia and Lymphoma Society, ACS

F- Pancreatic Cancer

NC Goal
Reduce avoidable morbidity and mortality of pancreatic cancer in North Carolina.

Objectives
1- Promote education of the public regarding signs and symptoms of pancreatic cancer, especially for those at higher risk, which includes African-Americans and individuals with diabetes. **(D)**
Target:
Target Date:
Baseline:
Datasource: Pancreatic Cancer Action Network (PanCan)

2- Support the provision of high-quality, accessible early detection and treatment programs for those with pancreatic cancer. **(D)**
Target:
Target Date:
Baseline:
Datasource:

3- Support genetic testing for those at high-risk for pancreatic cancer. **(D)**
Target:
Target Date:
Baseline:
Datasource:

G- Gynecological - Ovarian Cancer

NC Goal
Reduce avoidable morbidity and mortality of ovarian cancer in North Carolina.

Objectives
1- Promote the awareness of ovarian cancer risk factors, signs and symptoms among the general public. **(D)**
Target:
Target Date:
Baseline:
Datasource: NCI, NOCC

2- Increase the number of women receiving genetic counseling who have a high risk of carrying the genetic mutation (those with a family history of breast or ovarian cancer, those diagnosed with ovarian cancer under the age of 50 years/bilateral breast cancer/or both ovarian and breast cancer. **(M)**
Target:
Target Date:
Baseline:
Datasource:

3- Increase informed decision-making about ovarian cancer screening for women in high-risk groups. (D)
Target:
Target Date:
Baseline:
Datasource:

4- Monitor ongoing research into development of screening tools for earlier detection.
Target:
Target Date: Summary of evidence reported annually.
Baseline:
Datasource: Review of literature by NCCCP staff and participating partners.

5- Monitor ongoing research into development of better treatment regimens.
Target:
Target Date: Summary of evidence reported annually.
Baseline:
Datasource: Review of literature by NCCCP staff and participating partners.

6- Educate providers about risk factors, signs, and symptoms associated with ovarian cancer. **(D)**
Target: By 2010, a training component will be developed. By 2012, the training component will be implemented.
Target Date:
Baseline:
Datasource: NOCC, CDC

H- Gynecological - Cervical Cancer

NC Goal
Reduce avoidable morbidity and mortality of cervical cancer in North Carolina.
Target:2.0 deaths per 100,000 population
Target Date: 2010
Baseline: 3.4 deaths per 100,000 population (1996-1998) 2.9 deaths per 100,000 population (SCHS 2005)
Datasource: Cancer Registry

Objectives
1- Increase and maintain public knowledge and awareness efforts regarding cervical cancer risk, prevention and screening. **(D)**
Target:
Target Date:
Baseline:
Datasource: Marketing Campaign Report (BCCCP), ACS, CareLine

2- Improve cervical cancer screening rates and follow-up of abnormal test results through expansion and enhancement of cervical cancer screening programs that target underserved and disparate populations; as well as work towards reduction of cervical cancer incidence and mortality across all groups and populations. **(M)**
Target: 94.7% of women age 18 and older or sexually active would have Pap test within last 3 years
Target Date: 2010
Baseline: 89.3% of women age 18 and older having Pap test within la[illegible]ears
86.8% of women age 18 and older having Pap test within last 3 yea[illegible]RFSS 2006)
Datasource: NC BCCCP, Cancer Registry

3- Provide continuing education to health professionals about cervical cancer risk, screening, prevention, treatment and follow-up. **(D)**
Target:
Target Date: By 2010, a training component will be developed. By 2012, the training component will be implemented.
Baseline:
Datasource: Medical and Nursing Schools, Provider Surveys, Physical Assessment of Adults training Statistics (UNC)

4- Relative to the provision of HPV vaccination—a) provide public and healthcare provider education, b) advocate for third party coverage for vaccine(s), c) development of a public health infrastructure that supports vaccine distribution and administration. **(D)**
Target: 25% of teenage girls, ages 11-19, will be fully vaccinated for HPV
Target Date: 2012
Baseline:
Datasource: Immunization Branch, Women's Health Branch, Medical and Nursing Schools

5- Request additional funding from the North Carolina General Assembly to enhance cervical health programs. **(M)**
Target:
Target Date:
Baseline:
Datasource: NC Division of Medical Assistance, *General Assembly*

Source: NC Cervical Cancer Elimination Task Force Report, 2007

I- Gynecological - [illegible]ometrial Cancer

NC Goal
Reduce avoidable morbidity and mortality of endometrial cancer.

Objectives
1- Promote ongoing events to promote public awareness of the signs and symptoms of endometrial cancer. **(D)**
Target:
Target Date:
Baseline:
Datasource:

2- Increase physician awareness of the signs and symptoms of endometrial cancer. **(D)**
Target:
Target Date: By 2010, a training component will be developed. By 2012, the training component will be implemented.
Baseline:
Datasource:

J- Skin Cancer/Melanoma

NC Goal

Reduce avoidable morbidity and mortality of melanoma and skin cancer in North Carolina.

Objectives

1- Increase the knowledge in the general population about the hazards of UV light (natural and artificial) and about early detection of skin cancer, especially melanoma. **(M)**
Target:
Target Date:
Baseline:
Datasource: Cancer information Service

2- Increase the adoption of sun-protective behaviors and reduce the number of sunburns among persons under age 18. **(M)**
Target:
Target Date:
Baseline:
Datasource: BRFSS

3- Increase the adoption of sun-protective behaviors and reduce the number of sunburns for persons over the age of 18. **(M)**
Target:
Target Date:
Baseline:
Datasource: BRFSS

4- Increase the adoption of sun-protective behaviors and reduce the number of sunburns among outdoor workers. **(M)**
Target:
Target Date:
Baseline:
Datasource: BRFSS

5- Decrease skin damage from tanning machines and other forms of recreational tanning. **(D)**
Target:
Target Date:
Baseline:
Datasource:

6- Increase public awareness of ozone depletion and its relationship to skin cancer. **(D)**
Target:
Target Date:
Baseline:
Datasource:

7- Increase the proportion of melanomas detected "early" by physicians; early is defined as less than or equal to 1.00 mm Breslow depth or in-situ stage. **(M)**
Target:
Target Date:
Baseline:
Datasource:

8- Increase physician awareness about sun safety and skin cancer. **(D)**
Target:
Target Date:

Baseline:
Datasource:

9- Promote counseling by primary care physicians to their patients and family members about the need for sun protection practices. **(D)**
Target:
Target Date:
Baseline:
Datasource: BRFSS

K- Kidney Cancer

NC Goal
Reduce avoidable morbidity and mortality of kidney cancer in North Carolina.

Objectives
1- Increase the knowledge in the general population about the risk factors associated with kidney cancer. **(D)**
Target:
Target Date:
Baseline:
Datasource:

2- Increase the knowledge of the general population about signs and symptoms that may be associated with kidney cancer. **(D)**
Target:
Target Date:
Baseline:
Datasource:

3- Provide healthcare providers with information on risk factors, early detection, and diagnosis of kidney cancer. **(D)**
Target:
Target Date:
Baseline:
Datasource:

4- Increase access to appropriate, high-quality treatment services for those diagnosed with kidney cancer. **(D)**
Target:
Target Date:
Baseline:
Datasource:

L- Childhood Cancers

NC Goal

Enhance the early diagnosis, treatment, and quality of life for those individuals diagnosed with childhood cancer and their families in North Carolina.

Objectives

1- Ensure that all North Carolinians and their families affected by childhood cancer are aware of, and have access to, appropriate, high-quality care. **(D)**
Target:
Target Date:
Baseline:
Datasource:

2- Ensure that all children diagnosed with cancer are seen by a pediatric oncologist. **(D)**
Target:
Target Date:
Baseline:
Datasource:

3- Promote awareness among health care providers of the unique needs of survivors of childhood cancers, including the need for continuity of care between the pediatric oncologists and subsequent health care providers. **(D)**
Target:
Target Date:
Baseline:
Datasource:

4- Educate healthcare professionals, childhood cancer patients, and families about palliative care strategies in the management of cancer-related symptoms including pain. **(D)**
Target:
Target Date:
Baseline:
Datasource:

5- Increase the number of childhood cancer survivor groups across the state, with an emphasis on ensuring geographic availability. **(M)**
Target:
Target Date:
Baseline:
Datasource: Cancer Services, ACS

6- Identify and develop an inventory of childhood cancer support resources available within and outside NC, including financial, legal, physical, social, emotional, psychological, and transportation resources. **(D)**
Target:
Target Date:
Baseline:
Datasource: NPTC, Mercy Medical Airlift

7- Establish and implement methods to assist school administrators, teachers, and students with the unique challenges presented by children with cancer and their siblings. **(D)**
Target:
Target Date:
Baseline:
Datasource: Comp Cancer

8- Identify and address the non-educational needs unique to children with cancer and their siblings. **(D)**
Target:
Target Date:
Baseline:
Datasource: NC Office of Disability and Health

M- Other Cancers

There are around 200 different types of cancer that affect the people of North Carolina. Those previously identified account for approximately three-fourths and represent the majority of the cancer burden for the state. However, if someone has a cancer that is not among the "top ten," it should not diminish its importance and the impact that it can have on an individual and their family.

We address Other Cancers in a more general, inclusive manner but will seek opportunities to become involved and bring attention to each and every one.

Other Cancers

NC Goal

Reduce avoidable morbidity and mortality of other cancers in North Carolina.

Objectives

1- Increase the knowledge in the general population about the risk factors associated with the various types of cancer. **(D)**
Target:
Target Date:
Baseline:
Datasource:

2- Increase the knowledge of the general population about signs and symptoms that may be associated with cancer. **(D)**
Target:
Target Date:
Baseline:
Datasource:

3- Provide healthcare providers with information on risk factors, early detection, and diagnosis of cancer. **(D)**
Target:
Target Date:
Baseline:
Datasource:

4- Increase access to appropriate, high-quality treatment services for those diagnosed with cancer. **(D)**
Target:
Target Date:
Baseline:
Datasource:

5- Address issues associated with disparity in access to information, prevention services, early detection, and diagnosis and treatment for those diagnosed with cancer. **(D)**
Target:
Target Date:
Baseline:
Datasource:

6- Increase access to survivorship resources for those diagnosed with cancer and their families. **(D)**
Target:
Target Date:
Baseline:
Datasource:

N- Cancer Prevention through Eating Smart & Moving More

NC Goal 1

Increase healthy eating and physical activity opportunities for all North Carolinians by fostering supportive policies and environments.

Objectives

1- Increase yearly the number of policies, practices and incentives to promote healthy eating and physical activity wherever North Carolinians live, learn, work, play and pray. **(D)**
Target:
Target Date: December 31, 2012
Baseline:
Datasource: YRBS

2- Increase yearly the number of facilities/environments to promote healthy eating and physical activity where North Carolinians live, learn, work, play and pray. **(D)**
Target:
Target Date: December 31, 2012
Baseline: 31.6 % of children ate 3 or more servings of fruit and on a typical day 47.6 % of children spend 2 hours or more in physically active play. CHAMP 2006
76.2 % say yes to the question of participation in physical activity or exercise (BRFSS 2006)
Datasource: CHAMP, BRFSS, YRBS

NC Goal 2

Increase the percentage of North Carolinians who are at a healthy weight.

Objectives

1- There will be no increase in the percentage of North Carolina adults, youth and children who are classified as overweight or obese. **(M)**
Target:
Target Date: December 31, 2012
Baseline:35.9% Overweight & 21.8% Obese - Adults (BRFSS 2000); 16.2% Overweight Risk & 13.2% Overweight – Middle School Students (YRBS 2001); 14.3% Overweight Risk & 12.9% Overweight – High School Students (YRBS 2001); 14.4% Overweight Risk & 14.4% Overweight – Public Health Dept. Clients Ages 2-18 (NC-NPASS 2001)
Datasource: BRFSS, YRBS, NC-NPASS

NC Goal 3

Increase the percentage of North Carolinians who consume a healthy diet.

Objectives

1- 14 percent more North Carolina adults, youth and children will consume five or more servings of fruits and vegetables each day. (M)
Target:
Target Date: December 31, 2012
Baseline: 22.5 % adults consume at least five servings of fruits and vegetables (BRFSS 2005)
Datasource: BRFSS, YRBS, CHAMP

2- The proportion of North Carolina infants who are breastfed will increase to 75 percent and the proportion of infants who are breastfed for at least six months will increase to 50 percent. (M)
Target:
Target Date: December 31, 2012
Baseline: 66.9 % infants were breastfed (CHAMP 2006) 65.7 % 2005
Datasource: PedNSS, CHAMP

3- When eating out, more North Carolina adults and children will choose foods and beverages generally considered to be healthier. (D)
Target:
Target Date: December 31, 2012
Baseline: 26.9 % say yes (BRFSS 2006)
Datasource: BRFSS

4- 25 percent fewer North Carolina children ages 2-17 will eat fast food three or more times per week. (M)
Target:
Target Date: December 31, 2012
Baseline: 11.3 (CHAMP 2006)
Datasource: CHAMP

5- North Carolinians will prepare and eat their main meal at home at least five times per week. (M)
Target: At least 70%
Target Date: December 31, 2012
Baseline: 78.2 % of middle school students ate dinner with families four or more times during the week (YRBS 2005)
Datasource: YRBS

6- The percentage of North Carolina adults, youth and children who typically consume more than one 12-ounce serving of sugar-sweetened beverages per day will not exceed 50 percent. (M)
Target:50% or less
Target Date: December 31, 2012
Baseline: 95.6 % of middle school students, 90.6 % of high school students (YRBS 2005)
Datasource: YRBS

NC Goal 4

Increase the percentage of North Carolina adults, youth and children ages 2 and up who participate in the recommended amounts of physical activity.

Objectives

1- At least 46 percent of adults will get recommended amounts of physical activity each week and fewer than 15 percent will report no leisure time physical activity. **(M)**
Target:
Target Date: December 31, 2012
Baseline: 42.1 Adults in North Carolina had recommended amounts of physical activity (BRFSS 2005)
Datasource: BRFSS

Eat Smart, Move More: North Carolina's Plan to Prevent Overweight, Obesity and Related Chronic Disease 2007-2012
NC Division of Public Health - Physical Activity & Nutrition Branch

O- Cancer Prevention through Eliminating Tobacco Use & Secondhand Smoke

NC Goal

Significantly reduce youth and adult tobacco products use rates, increase the numbers who successfully quit using tobacco and increase public awareness on cancer incidence and mortality in North Carolina.

Objectives

1- Decrease the proportion of middle school students CURRENTLY using tobacco products from 10.5% to 8%.
Target: 8%
Target Date: June 30, 2010
Baseline: 10.5% (current as of Sept 17th, 2007- YTS 2005)
Data source: NC YTS

2- Decrease the proportion of high school students CURRENTLY using tobacco products from 28.5% to 19.1%.
Target: 19.1%
Target Date: June 30, 2010
Baseline: 28.5% (current as of 9/17/07- YTS 2005)
Data source: NC YTS

3- Decrease the proportion of adults who smoke from 22.1% to 18%.
Target: 18%
Target Date: June 30, 2010
Baseline: 22.1%(as of 9/17/07- NC BRFSS 2006)
Data source: NC BRFSS

4- Reduce the prevalence of tobacco use among Hispanic adults 16.1% to 12%
Target: 12%
Target Date: June 30, 2010
Baseline: 16.1% (as of 9/17/07- NC BRFSS 2006)
Data source: NC BRFSS

5- Reduce the prevalence of tobacco use among African American adults from 22.1% to 18%
Target: 18%
Target Date: June 30, 2010
Baseline: 22.1% (as of 9/17/07- NC BRFSS 2006)
Data source: NC BRFSS

6- Increase the percentage of NC worksites that prohibit smoking for both public and work areas from 77.3% to 85%.
Target: 85%
Target Date: June 30, 2010
Baseline: 77.3% (as of 9/17/07- NC BRFSS 2006)
Data source: NC BRFSS

7- Increase the percentage of public venues and recreational facilities with smoke free policies from 77.2% to 80 %
Target: 80%
Target Date: June 30, 2010
Baseline: 77.2% public venues (as of 9/17/07- NC BRFSS, 2006)
Data source: NC BRFSS

8- Increase the work site nonsmoking policies in blue-collar industries so that coverage increases from 56.9% to 76% of blue-collar workers

Target: 76%
Target Date: June 30, 2010
Baseline: 56.9% (as of 9/17/07- CPS, 2003)
Data source: CPS-Tobacco

9- Increase the work site nonsmoking policies in service industries so that coverage increases from 60.2% to 76% of service workers.
Target: 76%
Target Date: June 30, 2010
Baseline: 60.2% (as of 9/17/07- CPS, 2003)
Data source: CPS-Tobacco

10- Reduce the percentage of high school students who lives with smoker in their home from 42.6% to 40%.
Target: 40%
Target Date: June 30, 2010
Baseline: (current as of 9/17/07- YTS 2005)
Data source: NC YTS

11- Reduce the percentage of middle school students who lives with smoker in their home from 40.5% to 40%.
Target: 40%
Target Date: June 30, 2010
Baseline: (current as of 9/17/07- YTS 2005)
Data source: NC YTS

12- Reduce the prevalence of tobacco use among adults with less than a high school education from 29.6% to 18%
Target: 18%
Target Date: June 30, 2010
Baseline: 29.6% (as of 9/17/07- NC BRFSS, 2006)
Data source: NC BRFSS

13- Increase the NC tobacco tax from 35 cents to $1.07 cents (national average).
Target: $1.07
Target Date: June 30, 2010
Baseline: 35 cents (as of 9/17/07, Campaign for Tobacco Free kids, 2007)
Data source: Campaign for Tobacco Free Kids
(http://www.tobaccofreekids.org/research/factsheets/pdf/0097.pdf)

14- By June 30, 2010 increase from 78% to 100% the proportion of school districts that are 100% tobacco free for students' staff and visitors 24 hours a day 7 days a week campus wide and at school related events.
Target: 100%
Target Date: June 30, 2010
Baseline: 78% (TPCB Program database as of 9/17/07)
Data source: TPCB TFS Database

NC Vision2010: A Comprehensive Plan to Reduce Tobacco Use
NC Division of Public Health - Tobacco Prevention & Control Branch

P- Healthcare Providers: Helping Patients Practice Healthy Behaviors

NC Goal 1 – Infectious Agents

Reduce the impact of infectious agents on cancer incidence and mortality in North Carolina.

Objectives

1- Increase the awareness of cancer risk through specific sexual behaviors by including this information in current media campaigns. **(D)**
Target:
Target Date: 2012
Baseline:
Datasource:

2- Increase public awareness of infectious diseases that may be associated with cancer and the measures that should be taken for prevention, early detection, and treatment (HPV, EBV, HBV, HCV, HIV, HHV-8, HTLV-1, H. pylori, and others). **(D)**
Target:
Target Date:
Baseline:
Datasource:

3- Increase the number of children and adults who receive vaccinations for preventable diseases that may be associated with cancer (HPV, Hepatitis B). **(M)**
Target:
Target Date:2012
Baseline:
Datasource:

4- Encourage primary care providers to educate their patients of infectious disease risk and provide their patients with opportunities for appropriate vaccinations. **(D)**
Target:
Target Date:
Baseline:
Datasource:

NC Goal 2 – Alcohol Use

Ensure that all North Carolina residents decrease cancer risk by limiting their use of alcohol to a moderate level.

Objectives

1- Increase public knowledge of the increased cancer risk for individuals who engage in excessive alcohol consumption. **(D)**
Target:
Target Date:
Baseline:
Datasource:

2- Reduce the percentage of adults and adolescents who engage in excessive drinking, which is defined as greater than 2 drinks per day for males and 1 drink per day for females. **(M)**
Target:
Target Date:
Baseline: 2.9 % say yes to heavy drinking (BRFSS 2005)
Datasource: BRFSS

3- Encourage primary care providers to screen and counsel their patients on the negative health consequences of excessive drinking. **(D)**
Target:
Target Date:
Baseline:
Datasource:

Q- Cancer & the Environment

NC Goal
Protect North Carolinians from environmental risks of cancer by reducing or eliminating chemical, physical, and biological exposures.

Objectives
1- Increase public awareness of known carcinogens in the environment. **(D)**
Target:
Target Date:
Baseline:
Datasource:

2- Increase knowledge base on environmental cancer through fostering additional research. **(D)**
Target:
Target Date:
Baseline:
Datasource:

3- Characterize known and probable carcinogens according to their degree of risk for cancer, and promote guidelines and recommendations for risk reduction. **(D)**
Target:
Target Date:
Baseline:
Datasource:

4- Decrease the proportion of homes and workplaces that have indoor air radon levels in excess of the U.S. EPA action guideline of 4 pCi/L. **(M)**
Target:
Target Date:
Baseline:
Datasource:

5- Decrease the proportion of homes and workplaces that have drinking water with arsenic levels above the World Health Organization guideline of 10 g/L. **(M)**
Target:
Target Date:
Baseline:
Datasource:

6- Develop and implement policies that reduce the public's exposure to known carcinogens in the environment. **(D)**
Target:
Target Date:
Baseline:
Datasource:

R- Genetic Testing for Cancer

NC Goal

Increase awareness and knowledge of cancer genomics by the general public and state-policy makers, and ensure that high-quality, comprehensive genetic screening, follow-up, and support services are available to citizens throughout North Carolina.

Objectives

1- Educate the public about genetics and the relationship to cancer and promote programs that enhance public knowledge of the importance of knowing about their family cancer history and communicating that information to their health care provider. **(D)**
Target:
Target Date:
Baseline:
Datasource:

2- Educate providers regarding the importance of obtaining family cancer history from their patients and encouraging early interventions. **(D)**
Target:
Target Date:
Baseline:
Datasource:

3- Promote access to and use of genetic screening for high-risk populations. **(D)**
Target:
Target Date:
Baseline:
Datasource:

4- Ensure protection from discrimination for individuals who have had genetic testing. **(D)**
Target:
Target Date:
Baseline:
Datasource:

5- Develop and promote a family history cancer risk assessment tool for use in primary care settings. **(D)**
Target:
Target Date:
Baseline:
Datasource:

6- Promote on-going professional education relating to genetic screening. **(D)**
Target:
Target Date:
Baseline:
Datasource:

7- ACOS CoC cancer centers will provide cancer genetic counseling and screening education information to all appropriate cancer patients and their families. **(M)**
Target:
Target Date:
Baseline: no data available yet
Datasource: ACOS CoC cancer centers

Goal NC Public Health Genomics Plan 2004

S- Clinical Trials

NC Goal
Increase awareness of and participation in cancer clinical trials in North Carolina.

Objectives
1- Promote participation in cancer clinical trials through directed public awareness campaigns. **(D)**
Target:
Target Date:
Baseline:
Datasource:

2- Increase the number of persons enrolled in approved cancer clinical trials. **(M)**
Target:
Target Date:
Baseline:
Datasource:

3- Ensure that clinical trials participation is representative of the North Carolina cancer patient population (age, gender, race, ethnicity, income). **(M)**
Target:
Target Date:
Baseline:
Datasource:)

4- Ensure access to cancer clinical trials to all geographic areas of the state. **(M)**
Target:
Target Date:
Baseline:
Datasource:

5- Increase health care provider knowledge and support of cancer clinical trials. **(D)**
Target:
Target Date:
Baseline:
Datasource:

6- Develop a Web-based cancer clinical trials clearinghouse for North Carolina. **(D)**
Target:
Target Date:
Baseline:
Datasource:

T- Palliative Care

NC Goal

Assure that all North Carolinians affected by cancer are aware of, and have access to, appropriate, high quality palliative care. Appropriate palliative care includes medical, psychosocial, and spiritual supportive care during curative or palliative treatment of cancer, from the diagnosis of cancer through the end of life.

Objectives

1- Promote consumer awareness and advocacy of palliative care through education. **(D)**
Target:
Target Date:
Baseline:
Datasource: NHNA (Hospice and Palliative Nurses Association), N[illegible]O

2- Identify, prioritize and reduce barriers to palliative care services in NC. **(D)**
Target:
Target Date:
Baseline:
Datasource:

3- Increase legislative awareness and funding of palliative care through education and legislative advocacy efforts. **(D)**
3.1- Educate state legislators who can serve as advocates in supporting palliative care policies
3.2- Investigate palliative care reimbursement initiatives and engage reimbursement sources in further discussion of reimbursement for palliative care services (including all aspects of palliative care)
Target:
Target Date:
Baseline:
Datasource:

4- Improve professional awareness of effective palliative care techniques and availability of palliative care resources by providing professional education to practicing health care professionals in all venues of care. **(D)**
Target:
Target Date:
Baseline:
Datasource:

5- Encourage and assist in development of curricula for inclusion in professional education in schools of medicine, nursing, pharmacy, social work, clinical psychology programs, divinity schools, and clinical chaplaincy programs. **(D)**
Target:
Target Date:
Baseline:
Datasource:

6- Develop and implement evidence-based, clinical outcome driven measures for the following aspects of palliative care to provide a basis for improvement and funding of palliative care initiatives including Pain management, Symptom management, Psychosocial support, Spiritual support, Family and Caregiver support. **(D)**
Target:
Target Date:
Baseline:
Datasource:

U- Data/Surveillance

NC Goal

To coordinate, facilitate, participate in, and monitor cancer control surveillance and research activities in NC.

Objectives

1- Identify and maintain an inventory of those organizations and programs that engage in or support cancer-related activities. **(M)**
Target:
Target Date:
Baseline:
Datasource:

2- Monitor and facilitate statewide cancer control activities. **(D)**
Target:
Target Date:
Baseline:
Datasource:

3- Develop internal structure to coordinate cross-cutting research efforts for the Comprehensive Cancer Control Plan. **(D)**
Target:
Target Date:
Baseline:
Datasource:

4- Increase the use and timely dissemination of available information to increase knowledge about cancer incidence, prevalence, stage at diagnosis, treatment, hospitalizations, deaths, and related behavioral and environmental risk factors. **(D)**
Target:
Target Date:
Baseline:
Datasource:

5- Create a mechanism for the Data, Surveillance, and Evaluation SubCommittee to assist other committees in developing data collection tools. **(D)**
Target:
Target Date:
Baseline:
Datasource:

6- Implementing data collection and analyzing data required for setting baselines and targets and for measuring progress on objectives. **(D)**
Target:
Target Date:
Baseline:
Datasource:

7- Evaluate the implementation of the Cancer Plan. **(M)**
Target:
Target Date:
Baseline:
Datasource: Comp Cancer

8- Compile a list of databases maintained within NC Division of Public Health, elsewhere in North Carolina, and by regional and federal agencies that are relevant to cancer control in the state. **(M)**

Target:
Target Date:
Baseline:
Datasource:

9- Evaluate identified cancer control databases for content, comprehensiveness, quality, and timeliness. **(D)**
Target:
Target Date:
Baseline:
Datasource:

10- Determine the feasibility of electronically linking databases at the county, zip code, census tract, or individual level, for better understanding of cancer control needs in North Carolina. **(D)**
Target:
Target Date:
Baseline:
Datasource:

11- Disseminate a master table of cancer control databases and promote its use for cancer control interventions and research in North Carolina. **(D)**
Target:
Target Date:
Baseline:
Datasource:

12- Disseminate information on the cancer burden and impact of cancer on populations most affected by cancer. **(D)**
Target:
Target Date:
Baseline:
Datasource:

13- Develop a cancer report card for the state and for each of six NCCCP/ACS regions that includes progress made towards Healthy People 2010 goals on cancer rates, risk factors, screening rates, etc. **(D)**
Target:
Target Date:
Baseline:
Datasource: UNC

V- Professional Education & Awareness

NC Goal

North Carolina health care professionals will have up-to-date knowledge and skills about cancer prevention and control and will use them to provide quality prevention, education, screening, diagnostic, treatment, and support services.

Objectives

1- Promote evidence-based knowledge, best practices, and skills needed to prevent, detect, and treat cancer as well as care for patients with cancer among healthcare professionals, trainees, and students. **(D)**
Target:
Target Date:
Baseline:
Datasource:

2- Promote and provide targeted, relevant and effective professional continuing education programs on cancer-related topics with special emphasis on practitioners in rural and underserved areas, to enhance knowledge, skills, and practices. **(D)**
Target:
Target Date:
Baseline:
Datasource:

3- Increase knowledge about cancer prevention, early detection, patient care and survivorship through the distribution of cancer information, including benefits of screening and cancer diagnostic, treatment and support resources to providers. **(D)**
Target:
Target Date:
Baseline:
Datasource:

4- Increase knowledge of the significance of a family history of cancer and the usefulness of appropriate screening and genetic testing. **(D)**
Target:
Target Date:
Baseline:
Datasource:

5- Obtain or develop and distribute linguistically and culturally appropriate patient cancer education materials. **(D)**
Target:
Target Date:
Baseline:
Datasource:

6- Implement healthcare professional outreach programs in rural and underserved parts of the state to address the availability of treatment options, including clinical trials. **(D)**
Target:
Target Date:
Baseline:
Datasource:

7- Assess healthcare professional knowledge, attitudes, and practice patterns with regard to cancer care. **(M)**
Target:
Target Date:

Baseline:
Datasource: NC Academy of Family Physicians, Oncology Nursing Society

8- Develop and implement educational programs for healthcare institutions and health care professionals designed to increase quality of care for all populations. **(D)**
Target:
Target Date:
Baseline:
Datasource:

9- Increase the number of healthcare providers who report offering cancer prevention-related counseling to their patients. **(M)**
Target: 85%of health care providers
Target Date: 2012
Baseline:
Datasource:

10- Enhance communication between cancer specialists and primary care providers. **(D)**
Target:
Target Date:
Baseline:
Datasource:

11- Educate patients and healthcare professionals about complementary, alternative, and integrative medicine. **(D)**
Target:
Target Date:
Baseline:
Datasource:

12- Educate nursing and medical students about medical genetics as it relates to cancer treatment and follow-up. **(D)**
Target:
Target Date:
Baseline:
Datasource:

13- Provide education to healthcare providers regarding culturally competency and cancer care in North Carolina. **(D)**
Target:
Target Date:
Baseline:
Datasource:

W- Workforce

NC Goal
Ensure an adequate and diverse supply of competently trained workforce to provide comprehensive cancer care in all areas of North Carolina

Objectives
1- Identify current gaps and needs in the current and future North Carolina cancer care workforce. **(M)**
Target:
Target Date:
Baseline:
Datasource: Comp Cancer

2- Ensure that the current and future workforce is adequately prepared to prevent, diagnose and treat cancer; provide palliative care, deal with end-of-life issues, and support cancer survivors. **(D)**
Target:
Target Date:
Baseline:
Datasource:

3- Ensure and enhance the availability of cancer-care providers to underserved, minority and rural areas. **(M)**
Target:
Target Date:
Baseline:
Datasource:

4- Achieve an optimal supply of cancer-care providers in all related professions, especially where shortages have been demonstrated. **(D)**
Target:
Target Date:
Baseline:
Datasource:

5- Increase the number of healthcare providers providing culturally competent healthcare in North Carolina. **(D)**
Target:
Target Date:
Baseline:
Datasource:

6- Promote continuing education programs for all existing practitioners. **(D)**
Target:
Target Date:
Baseline:
Datasource:

7- Promote the adoption of new developments in cancer screening, detection and treatment. **(D)**
Target:
Target Date:
Baseline:
Datasource:

8- Promote educational and training opportunities that attract students and professionals to pursue careers in cancer research, treatment, and caregiving. **(D)**
Target:
Target Date:
Baseline:
Datasource:

9- Increase the number of racial and ethnic minority workers in the healthcare and technical occupations workforce. **(M)**
Target:
Target Date:
Baseline:
Datasource:

10- Assist immigrants who are qualified medical professionals in their countries of origin to become certified to practice in the U.S. **(D)**
Target:
Target Date:
Baseline:
Datasource:

X- Policy

NC Goal
Develop and implement a coordinated public policy action plan for cancer coordination and control in North Carolina.

Objectives
1- Link advocacy and legislative groups toward common objectives of assuring the enactment of quality cancer control legislation. **(D)**
Target:
Target Date:
Baseline:
Datasource:

2- Coordinate the development of policy priorities among cancer organizations. **(D)**
Target:
Target Date:
Baseline:
Datasource:

3- Raise awareness of legislators and other decision makers of the need to have cancer-related issues on their agenda. **(D)**
Target:
Target Date:
Baseline:
Datasource:

4- Build a network of grassroots advocates who are able to represent local, community-based cancer concerns. **(D)**
Target:
Target Date:
Baseline:
Datasource:

5- Design, implement and evaluate medical advocacy for cancer related social and public policies. **(D)**
Target:
Target Date:
Baseline:
Datasource:

Y- Survivorship *(revised November 19, 2008)*

DEFINITION

Cancer survivors are individuals who have been diagnosed with cancer as well as those persons in their lives who are affected by the diagnosis, including family members/other loved ones, friends, and caregivers. In the broadest definition, cancer survivorship begins at the time of diagnosis and continues for the balance of life and makes up the cancer continuum.

According to the National Cancer Institute, *survivorship* covers the physical, psychosocial, and economic issues of cancer, from diagnosis until the end of life. It includes issues related to the ability to get healthcare and follow-up treatment, late effects of treatment, second cancers, and quality of life.

VISION

Develop, implement, and maintain throughout the cancer care continuum a complete system of quality patient and family centered cancer care that embraces and provides for the needs of all those touched by cancer. Care will be accessible and delivered in a culturally sensitive and educationally appropriate manner to diverse populations. Cancer patients, their loved ones, and/or caregivers will be active participants in their care.

Please note: Refer to the Survivorship White Paper that includes information supportive of these Cancer Plan goals, objectives, and strategies.

NC Goal 1. Health Care Access

All North Carolinians will be assured timely and equitable access to healthcare throughout the cancer care continuum from screening, diagnosis, treatment, follow-up, and through end-of-life.

Objectives

1. Eliminate or reduce financial barriers to optimal care and support for cancer patients and their loved ones.

Strategies

a. Minimize or eliminate financial barriers to appropriate clinical trial protocols by changing insurance coverage policies.
b. Educate the public and media on benefits and advantages of clinical trials.
c. Develop networks of cancer specialists who can provide treatment consultation to primary care physicians in medically underserved areas.
d. Identify alternative financial options and other resources available for cancer care for uninsured or low income cancer patients.
e. Compile listing of healthcare providers, programs, and resources in each region who provide or assist with providing uncompensated care and/or low-cost care and which address the patient and loved ones' financial needs and distribute as appropriate.
f. Identify gaps on a regional basis in treatment options and resources and determine local strategies to reduce these barriers.
g. Promote North Carolina General Assembly support of and increase in the monies provided for the Cancer Assistance Unit of the North Carolina Comprehensive Cancer Program.

Target:
Target Date:
Baseline:
Data source:

2. Eliminate or reduce geographic barriers to optimal care and support for cancer patients and their loved ones.

Strategies

a. Identify gaps on a regional basis in treatment options and resources and determine local strategies to reduce these barriers.
b. Increase the number of hospitals throughout North Carolina, but especially in underserved areas, with cancer programs accredited by the American College of Surgeons-Commission on Cancer.
c. Promote efforts to establish linkages among rural healthcare professionals and urban cancer centers to increase accessibility for rural cancer patients.

d. Collaborate among cancer centers, health organizations, community groups, faith-based organizations, private physician offices, local health departments and other health clinics, and others to develop and begin the implementation of community and/or regional transportation plans to ensure cancer patients can get to their treatment site.
e. Coordinate with existing agencies to provide transportation to cancer patients to/from cancer treatment facilities (e.g., the American Cancer Society or the Area Agency on Aging).
f. Identify low-cost lodging facilities and payment resources for those who must travel for treatment and other cancer-related services.

Target:
Target Date:
Baseline:
Data source:

NC Goal 2. Quality Cancer Care Across the Continuum

Ensure access throughout the cancer care continuum to healthcare providers and resources to meet the physical, practical, emotional, and spiritual needs of cancer patients, their loved ones, and/or caregivers.

Objectives

1. Empower survivors, including caregivers, to understand and manage their personal needs as they relate to cancer treatment, cancer-related issues, and overall health, well-being, and survival.

Strategies

a. Identify potential short- and long-term needs of cancer survivors.
b. Provide psychosocial, preventative, maintenance, and other necessary services that allow survivors to obtain optimum quality of life.
c. Provide guidance from registered dietitians who are Certified Specialists in Oncology Nutrition in cancer centers to ensure survivors receive guidelines on management of nutrition impact symptoms during primary treatment as well as health eating during and after treatment and after treatment ends.
d. Assist survivors in defining and reintegrating into their own new normal post-treatment.
e. Provide cancer rehabilitation programs and services to help survivors safely maintain fitness levels and manage symptoms during treatment and regain their physical fitness after primary treatment at all cancer centers.
f. Provide guidance from American College of Sports Medicine certified cancer exercise trainers when available in cancer centers to ensure survivors receive information to exercise safely during primary treatment as well as regain strength after treatment ends.
g. Provide knowledge of the risk and the prevention of lymphedema to all at-risk cancer survivors.
h. Provide survivors access to a wellness coach, when available and if desired, to assist them in facilitating healthy behaviors in their every day lives (eating better, increasing physical activity, reducing stress, losing weight, etc.) to reduce risk of recurrence and improve quality of life as they move from primary treatment to long-term healthy survivorship.

Target: Registered dietitians, social workers, oncology nurses, physical therapists, exercise physiologists, ACSM certified cancer exercise trainers, certified wellness coaches
Target Date:
Baseline:
Data source: American College of Sports Medicine, American Cancer Society, American Dietetic Association

2. Healthcare providers will adopt practice standards for the delivery of quality of cancer care that includes the provision of appropriate physical and psychosocial services for cancer patients, their loved ones, and/or caregivers.

Strategies

a. Identify standards of care to be expected by increasing practitioner knowledge of best practices of treatment services
b. Develop a process to adopt and implement guidelines of care.
c. Provide access for newly diagnosed cancer patients to a multidisciplinary care team when available.
d. Advise, if appropriate and if possible at the intake interview, newly diagnosed cancer patients of their option to obtain a second opinion, as well as other services as needed.
e. Provide newly diagnosed cancer patients patient navigation services if available and if desired.

f. Survey and review existing standards of psychosocial care.
g. Identify or develop a standard assessment tool to be used by healthcare professionals to evaluate and address the needs of cancer survivors.
h. Ensure healthcare professionals will provide appropriate psychosocial health services information. They will design and implement a plan that:
    1) links the patient/caregiver with needed psychosocial care;
    2) coordinates biomedical and psychosocial care; and
    3) engages and supports patients and loved ones in managing their illness and promoting health.
i. Assess patient/caregiver needs and provide links as needed throughout the continuum of care and provide necessary resources to help meet them.
j. Follow-up systematically, re-evaluate, and, if needed, adjust plans.
k. Monitor transition phase by providing necessary support and resources that allow patients to move into *reintegration/new normal*.

Target: Patient navigators, oncology social workers, healthcare professionals working with survivors.
Target Date:
Baseline:
Data source: NCI and CoC-approved cancer centers, cancer clinics/treatment centers

3. Cancer patients, their loved ones, and/or caregivers will be provided with resources to help them address their needs. Psychosocial health services will be identified and included in cancer resources information.

Strategies

a. Assess, identify, and address gaps in available local, regional, and statewide resources.
b. Develop a county-by-county directory of helping agencies and other resources for cancer survivors and caregivers.
c. Determine a method to maintain up-to-date directory information. Survey key stakeholders and review existing resources; develop or obtain. Create a distribution system.
d. Ensure each cancer patient is provided a *Cancer Patient Checklist* as determined necessary by the healthcare professional or upon request.
e. Determine and establish a state standard of patient orientation to provide basic cancer information, system to help track of appointments and other pertinent information at time of diagnosis for use throughout the cancer continuum (e.g., *Cancer Patient Checklist* or a cancer center cancer patient orientation guide).
f. Provide caregivers a list, when available, of appropriate agencies, respite services, and other resources to meet their emotional and practical needs.
g. Evaluate availability and accessibility of resources.

Target: Cancer center administrators, local agencies, social workers, survivors, American Cancer Society, oncology nurses, patient navigators
Target Date:
Baseline:
Data source: American Cancer Society, NCI and CoC-approved cancer centers, other cancer centers/clinics, GIS, Cancer Registry, Comprehensive Cancer Program

4. Provide information and resources that address financial, insurance, legal, employment, and other related hardship issues to cancer patients, their loved ones, and/or caregivers.

Strategies

a. Identify and make available financial, insurance, and/or work-related resources for cancer patients, their loved ones, and/or caregivers.
b. Provide by healthcare professionals an opportunity for cancer patients, their loved ones, and/or caregivers to identity their financial, insurance, or work concerns and initiate appropriate referrals.
c. Provide counseling via a social worker or other healthcare professional who is knowledgeable about local and national resources as needed.
d. Develop and provide entitlement program packets for North Carolina cancer patients, their loved ones, and/or caregivers in need.

Target
Target Date:
Baseline:
Data source:

NC Goal 3. Caregivers

Empower caregivers to care for and advocate for the cancer patient as well as themselves by providing information, resources, and support.

Objectives

1. Caregivers of cancer patients will be provided with information, resources, and support as needed to assume this role.

Strategies

a. Provide caregivers access to assessment tools (e.g., *AMA Caregiver Assessment Tool*), when available and if desired, to help them better understand their role and evaluate their level of concerns/distress.
b. Provide caregivers access to training program information to provide the knowledge and skills to provide care and advocate for the patient, that may include support groups and other kinds of classes.
c. Provide caregivers access to information about materials and services available through the National Cancer Institute's Cancer Information Service, Cancer Resource Connection via the American Cancer Society, Cancer*Care,* and other supportive services.
d. Provide caregivers access to a list of appropriate helping agencies and respite services located in their areas.

Target: Caregivers
Target Date:
Baseline: 100% in NCI and CoC-approved cancer centers and clinics
Data source: NCI and CoC-approved cancer centers and clinics, Cancer Registry

2. Develop and offer caregivers training programs.

Strategies

a. Survey key stakeholders and review existing resources; develop or obtain.
b. Create distribution and implementation system for caregiving training programs.
c. Evaluate and make changes as necessary.

Target: Caregivers
Target Date:
Baseline: 100% in NCI and CoC-approved cancer centers and clinics
Data source: NCI and CoC-approved cancer centers and clinics, Cancer Registry

NC Goal 4. HealthCare Providers

Healthcare professionals will be offered or presented with education opportunities that enhance or increase their knowledge and skills to provide optimal patient and family centered cancer care.

Objectives

1. Healthcare professionals will be offered opportunities via continuing education, training workshops, and/or other formats to develop knowledge and communication skills to meet the needs of multicultural and multiethnic patients, their loved ones, and/or caregivers.

Strategies

a. Assess the state's resources to ensure all cultures and ethnicities are identified and addressed.
b. Review and identify evidence-based training models that have proved successful and appropriate to be utilized for programs.
c. Provide training in appropriate forums to healthcare professionals. Expert leaders across the state may be utilized in providing such trainings.
d. Ensure communication strategies are included in orientation processes for those who will have any contact with cancer survivors.
e. Evaluate and make changes as necessary.

Target: Family physicians, internists, gynecologists, physician assistants, nurses, oncologists, allied health, and others
Target Date:
Baseline:
Data source: Office of State Statistics/American Cancer Society Data/Local Health Department Community Assessments/Cancer Registry/Comprehensive Cancer Program/NCI Cancer Information Service

2. Healthcare professionals will be offered opportunities via continuing education, training workshops, and/or other formats to learn about and implement established guidelines for optimal care that includes the provision of appropriate psychosocial health services to all cancer patients, their loved ones, and/or caregivers.

Strategies

a. Review evidence-based training models that have proved successful and appropriate to be utilized. Tools and techniques already in use by leading oncology providers will be included including psychosocial training**.**

b. Provide training in appropriate forums to healthcare professionals. Expert leaders across the state may be utilized in providing such trainings.

c. Identify standards of care to be expected by increasing healthcare professional knowledge of treatment services best practices

d. Ensure communication strategies are included in orientation processes for those who will have any contact with cancer survivors.

e. Evaluate the processes and make changes, etc.

Target: Family physicians, internists, gynecologists, physician assistants, nurses, oncologists, allied health, and other

Target Date:

Baseline:

Data source: Academy of Family Physicians/American College of Surgeons and CoC-state physicians/Comprehensive Cancer Program

3. Ensure adequate numbers of healthcare professionals, both generalists and specialists, are available to deliver cancer care across the continuum throughout North Carolina.

Strategies

a. Assess areas and collect statewide data of healthcare professional services availability to determine such gaps and needs throughout the state.

Target:

Target Date:

Baseline:

Data source:

Z- Access to Services

NC Goal 1
All North Carolinians will have the opportunity and the accessibility to have a medical care home.

NC Goal 2
Ensure access to appropriate, effective, and high-quality cancer services and care to all North Carolinians prior to and after being diagnosed with cancer. Appropriate care includes comprehensive, culturally competent, language appropriate treatment, management of pain, and support services that address quality of life issues related to living with cancer.

Objectives

1- Communities throughout North Carolina will identify barriers to cancer care in each of their local areas and will develop and implement a plan of how to address a minimum of three of these barriers. **(D)**
Target: 25 communities
Target Date: 2012
Baseline:
Datasource:

2- Community-based cancer groups will ensure that information relating to options for cancer treatment, including the availability of clinical trials, will be distributed to the public in a variety of community settings. **(D)**
Target: 25 communities
Target Date: 2012
Baseline:
Datasource: NC Comp Cancer, ACS, NCI, Cancer Centers, COC

3- Community-based cancer groups will ensure that information to promote a cancer patient's right to consultation with a cancer specialist is distributed to the public in a variety of community settings. **(D)**
Target: 25 communities
Target Date: 2012
Baseline:
Datasource: NC Comp Cancer, ACS, NCI, Cancer Centers, COC

4- All cancer treatment centers will implement and sustain a cancer patient navigation program. **(M)**
Target:
Target Date: 2012
Baseline:
Datasource: ACS, NCI, Pfizer

5- All newly diagnosed cancer patients will have access to cancer patient navigation services if appropriate and requested. **(D)**
Target:
Target Date:
Baseline:
Datasource:

6- Utilize telemedicine to increase access to state of the art diagnosis and treatment techniques and expertise as well as second opinions and resources. **(D)**
Target:
Target Date:
Baseline:
Datasource:

7- Increase the number of oncology-certified nurses and the number of nurses in the state who hold membership in the Oncology Nursing Society. **(M)**

Target:
Target Date: June 30th 2012
*Baseline: (OCN= 902, ONS member nurses = 574) *** (as of 9/20/07)*
Datasource: Oncology Nursing Society

8- Educate consumers about access to cancer screening, care, and other services. Promote and support the development and distribution of individualized patient educational and resource kits. **(D)**
Target:
Target Date:
Baseline:
Datasource: NCCP, CDC ACS, NCI, Cancer Centers,

9- Create a state-level service that would provide a centralized resource for cancer information, including coordination of existing services for cancer patients. **(D)**
Target:
Target Date:
Baseline:
Datasource: NCCP, Cancer Registry, ACS

10- Foster effective communication among all agencies/groups involved in cancer services to avoid duplication of services, encourage collaboration, and increase access for patients. **(D)**
Target:
Target Date:
Baseline:
Datasource: NCCP, ACS

11- Develop an education program for primary healthcare providers on the referral process to specialized oncology care. **(D)**
Target:
Target Date:
Baseline:
Datasource: NCCP, NC Academy of Family Physicians

12- Ensure that all children diagnosed with cancer are seen by a pediatric oncologist. **(D)**
Target:
Target Date:
Baseline:
Datasource:

13- Increase the number of providers, other than oncologists, who are knowledgeable about optimal cancer screening and care. **(D)**
Target: 2012
Target Date:
Baseline:
Datasource: NCCP, NC Specialty Societies (FP, Ped, OBG, IM, NP, PA, etc.)

14- Develop "Regional Partnerships Networks" dedicated to breaking down barriers to access to cancer prevention and control activities. **(M)**
Target: Six Regional Partnership Networks
Target Date:
Baseline:
Datasource: NC Comp Cancer

15- Statewide, increase the number of oncology-specific healthcare professionals who provide non-medical services to patients—certified dieticians, social workers, certified exercise therapists, wellness coaches, physical therapists, occupational therapists, image consultants, and others. **(M)**
Target:

Target Date:
Baseline:
Datasource:

NC Goal 3
Reduce geographic disparities in access to appropriate, high quality care.

Objectives
1- Increase the number of hospitals in NC with cancer programs approved by the American College of Surgeons Commission on Cancer. **(M)**
Target:
Target Date:
Baseline:
Datasource: American College of Surgeons, Commission on Cancer

2- Increase the number of cases reported to the Central Cancer Registry by hospitals that do not have a registry. **(M)**
Target:
Target Date:
Baseline:
Datasource: NC Cancer Registry

3- Support efforts to establish linkages among rural providers and urban cancer centers so that optimal care is more accessible to rural cancer patients. **(D)**
Target:
Target Date:
Baseline:
Datasource:

4- Collaborate with healthcare providers throughout the state to develop and support regional tumor boards and meetings of multidisciplinary teams to discuss treatment options for challenging cases. **(D)**
Target:
Target Date:
Baseline:
Datasource:

5- Increase treatment center housing options for patients and their families to permit them to participate in full treatment regimens. **(D)**
Target:
Target Date:
Baseline:
Datasource:

6- Increase access to cancer screening and treatment in geographically underserved areas. **(D)**
Target:
Target Date:
Baseline:
Datasource: NCBCCCP, NCCCP

7- Improve access to public transportation for cancer patients. **(D)**
Target:
Target Date:
Baseline:
Datasource:

NC Goal 4

Reduce the personal financial burden for patients and their families who are unable to access cancer services because of inability to pay.

Objectives

1- Ensure that health insurance, managed care plans, and public payers facilitate prompt access to and coverage for appropriate cancer screening, treatment and supportive services. **(D)**
Target:
Target Date:
Baseline:
Datasource:

2- Advocate for the inclusion of preventive care, screening, and clinical trials in all health insurance plans and employee benefits' packages offered to North Carolinians. **(D)**
Target:
Target Date:
Baseline:
Datasource:

3- Advocate for providing to all North Carolinians adequate health insurance coverage relating to cancer prevention and control. **(D)**
Target:
Target Date:
Baseline:
Datasource:

4- Enhance the level of funding for the NC Cancer Assistance Program. **(M)**
Target:
Target Date:
Baseline:
Datasource: CDC, NCCCP

5- Encourage the development of local financial assistance programs for comprehensive cancer services. **(D)**
Target:
Target Date:
Baseline:
Datasource:

6- Ensure that those persons with cancer who are eligible are appropriately enrolled in Medicaid and Medicare. **(M)**
Target:
Target Date:
Baseline:
Datasource: HIS

7- Maintain a database of potential and current financial assistance programs, and provide a system of referral for possible assistance. **(D)**
Target:
Target Date:
Baseline:
Datasource:

AA- Public Awareness

NC Goal
All North Carolinians will be provided information about prevention of cancer, the signs and symptoms of cancer, cancer screening guidelines, where screening services are available, and how to access services for cancer care.

Objectives
1- Increase public knowledge about cancer prevention, early detection, patient care and survivorship through the distribution of cancer information, including benefits of screening and cancer diagnostic, treatment and support resources, to patients and providers. **(D)**
Target:
Target Date:
Baseline:
Datasource:

2- Ensure the availability and quality of cancer education materials for medically underserved populations. **(D)**
Target:
Target Date:
Baseline:
Datasource: ACS, CIS, Cancer-Specific Organizations

3- Increase the availability, awareness, and access of credible cancer information by developing links on www.NCCancer.com and other appropriate Websites. **(D)**
Target:
Target Date:
Baseline:
Datasource:

4- Increase public knowledge about cancer screening services. **(D)**
Target:
Target Date:
Baseline:
Datasource:

5- Increase provider-patient dialogue about cancer screening services. **(D)**
Target:
Target Date:
Baseline:
Datasource:

6- Increase requests for cancer screening services information by the general public and populations at increased at risk for cancer. **(M)**
Target:
Target Date:
Baseline:
Datasource:

7- Increase public knowledge of the significance or insignificance of a family cancer history and the usefulness of appropriate screening and genetic testing. **(D)**
Target:
Target Date:
Baseline:
Datasource:

8- Obtain or develop and distribute linguistically and culturally appropriate patient cancer education materials. **(D)**
Target:
Target Date:
Baseline:
Datasource:

9- Develop and implement a comprehensive gender-specific health awareness program to encourage "someone you love" to go to the doctor for checkups that include discussion about cancer screening and risk behaviors, and to increase utilization of early detection cancer screening tests. **(D)**
Target:
Target Date:
Baseline:
Datasource: NC Health Plans

10- Develop model protocol for use by community-based early detection programs and promoted to the public to ensure use of a comprehensive approach that includes: case management; follow-up on suspicious and abnormal lab results; access to treatment and care; and data management. **(D)**
Target:
Target Date:
Baseline:
Datasource:

11- Identify Best Practices, model programs, and promising programs among community-based early detection programs. **(D)**
Target:
Target Date:
Baseline:
Datasource:

12- Promote awareness of policies and programs that are aimed at reducing behaviorally-related causes of cancer (tobacco, UV exposure, alcohol, diet, activity). **(D)**
Target:
Target Date:
Baseline:
Datasource:

AB - Cost & Financing

NC Goal
Understand and eliminate financial barriers to early detection, care and support for cancer patients.

Objectives
1- Minimize or eliminate financial barriers to appropriate clinical trial protocols as an essential means of advancing state-of-the-art therapy. **(D)**
Target:
Target Date:
Baseline:
Datasource:

2- Expand the availability and optimize the use of the NC Cancer Assistance Program. **(M)**
Target:
Target Date:
Baseline:
Datasource:

3- Quantify and reduce the number of patients who have unmet financial needs (e.g., patient charges for medical, palliative, and supportive care not reimbursed by third party payers). **(M)**
Target:
Target Date:
Baseline:
Datasource:

4- Quantify the amount of uncompensated care provided by institutions and physicians and analyze the possible reasons for why this care is uncompensated. **(M)**
Target:
Target Date:
Baseline:
Datasource:

5- Conduct a study to determine the most efficient allocation of resources (e.g. funding the 'front-end') by spending the same overall amount of money for putting the money into prevention instead. **(M)**
Target:
Target Date:
Baseline:
Datasource:

6- Provide funding for case coordinators/social workers, patient navigators, dieticians, exercise therapists, and other professional services for pediatrics and adult cancer care. **(D)**
Target:
Target Date:
Baseline:
Datasource:

Matrix of Goals & Cross-Cutting Issues

	Access	Disparity	Clinical Trials	Survivorship	Quality	Costs	Policy	Public Awareness	Professional Education	Research	Workforce
Breast Cancer	●	●			●	●		●	●		●
Lung/Bronchus Cancer		●	●					●			
Prostate Cancer	●	●			●			●	●	●	
Colon-Rectum Cancer	●	●			●	●		●	●		
Hematological Cancers	●		●	●	●			●	●	●	
Pancreatic Cancer	●	●			●			●		●	
Gynecological Cancers	●	●				●		●	●	●	
Melanoma/Skin Cancer								●	●		
Kidney Cancer	●				●			●	●		
Childhood Cancers	●			●	●			●	●		●
Other Cancers	●	●		●	●			●	●	●	
Healthy Eating, Being Active	●						●	●	●		
Tobacco	●						●	●	●		
Healthy Behaviors	●							●	●		
The Environment							●	●	●	●	
Genetic Testing	●						●	●	●		
Clinical Trials	●	●	●					●	●		
Palliative Care		●		●	●	●	●	●	●		●
Data/Surveillance								●		●	
Professional Ed.	●	●		●					●	●	●
Workforce	●	●		●					●		●
Policy							●	●		●	
Survivorship	●	●	●	●	●	●	●	●	●		●
Access	●	●	●	●	●	●	●	●	●		●
Public Awareness	●	●						●	●		
Costs & Financing	●	●	●			●				●	

Matrix of Goals & Subcommittee Assignment

	Prevention	Early Detection	Care	Legislative
Breast Cancer		●	●	●
Lung/Bronchus Cancer	●	●	●	
Prostate Cancer	●	●	●	
Colon-Rectum Cancer	●	●	●	
Hematological Cancers		●	●	
Pancreatic Cancer		●	●	
Gynecological Cancers	●	●	●	
Melanoma/Skin Cancer	●	●	●	
Kidney Cancer		●	●	
Childhood Cancers			●	
Other Cancers	●	●	●	
Healthy Eating, Being Active	●			
Tobacco	●			●
Healthy Behaviors	●			
The Environment	●			●
Genetic Testing		●		
Clinical Trials	●	●	●	
Palliative Care			●	
Data/Surveillance				
Professional Ed.	●	●	●	
Workforce				
Policy				●
Survivorship			●	●
Access	●	●	●	●
Public Awareness	●	●	●	
Costs & Financing			●	●