Louisiana

Comprehensive Cancer Control Plan

2011 – 2015

Louisiana Cancer Control Partnership

The Louisiana Cancer Control Partnership (LCCP) is part of the National Comprehensive Cancer Control Program administered by the United States Centers for Disease Control and Prevention. The goal of the national program is to achieve significant reductions in the incidence, morbidity, and mortality of cancer among all citizens through a comprehensive, integrated, and coordinated approach to cancer prevention and control that covers the continuum of care from prevention to palliation. The Louisiana Cancer Control Partnership has developed a statewide mission, goal and desired outcomes to guide the comprehensive cancer control process in Louisiana.

Mission

The Louisiana Cancer Control Partnership is a coalition dedicated to reducing cancer disparities by providing a comprehensive, integrated, and coordinated approach to the continuum of cancer control delivery: prevention, early detection, treatment, rehabilitation, palliation, survivorship, and the end of life.

Overarching Goal

To reduce cancer incidence, morbidity, mortality and improve the quality of life for all Louisiana citizens.

Louisiana Senate

Regular Session, 2010

SENATE CONCURRENT RESOLUTION NO. 98

BY SENATOR PETERSON

A CONCURRENT RESOLUTION

To commend the Louisiana Cancer Control Partnership and their efforts to develop the Comprehensive Cancer Control Plan for Louisiana.

WHEREAS, an estimated twenty-two thousand one hundred Louisiana residents were diagnosed with cancer in 2009, according to the American Cancer Society; and

WHEREAS, eight thousand eight hundred Louisiana residents are estimated to have died of cancer in 2009, according to the American Cancer Society; and

WHEREAS, according to the Louisiana Tumor Registry for the years 2002 through 2006, one out of every two males in Louisiana will be diagnosed with invasive cancer during his lifetime and about one out of every three females, will be diagnosed with invasive cancer during her lifetime; and

WHEREAS, the Louisiana Tumor Registry reports that of a total of forty-six thousand five hundred ten residents of Louisiana died of cancer during the years 2002 through 2006, averaging over nine thousand cancer deaths per year; and

WHEREAS, Louisiana cancer mortality rates rank among the highest in the nation; and

WHEREAS, cancer remains the second leading cause of death in Louisiana; and

WHEREAS, the mortality rate for all cancers combined was almost sixty percent higher among males than females, with two hundred and seventy-nine male deaths for every one hundred thousand men in Louisiana, and one hundred seventy-nine female deaths for every one hundred thousand females in Louisiana; and

WHEREAS, the purpose of the Louisiana Cancer Control Partnership is to develop the Louisiana Comprehensive Cancer Control Plan and to develop an effective infrastructure and framework to facilitate the reduction of incidence and mortality from cancer in the state of Louisiana; and

WHEREAS, Comprehensive Cancer Control Planning involves a partnership between the Centers for Disease Control and Prevention, Louisiana State University Health Sciences Center School of Public Health, Louisiana Cancer and Lung Trust Fund Board, Louisiana Tumor Registry, American College of Surgeons, Office of Public Health, American Cancer Society, as well as public agencies, state academic and research institutions, and community-based private and volunteer organizations whose missions are to reduce the burden of these diseases, particularly in populations who suffer a disproportionate share of cancer; and

WHEREAS, in an effort to be good stewards of the resources available to the Louisiana Comprehensive Control Coalition Plan, the focus will be on the prevention and control of cancers for which there is sound scientific evidence that interventions are effective in reducing incidence and mortality, and the promotion and implementation of these interventions.

THEREFORE, BE IT RESOLVED that the Legislature of Louisiana does hereby commend the members of the Louisiana Cancer Control Partnership for their efforts to develop the Louisiana Comprehensive Cancer Control Plan.

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the Louisiana Cancer Control Partnership.

PRESIDENT OF THE SENATE

SPEAKER OF THE HOUSE OF REPRESENTATIVES

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Executive Summary

The 2010-2015 Louisiana Comprehensive Cancer Control Plan is a joint effort of state partner organizations and committed community members. This new plan follows our state's first cancer control plan that was from 2005 to 2009. While this document is important, the dedication of partner organizations and community members is far more important, since it will result in the plan's implementation.

The document begins by detailing the burden of cancer in Louisiana. Clearly some progress has been made in many areas in the past five years. For example, mortality rates for prostate cancer and melanoma are already below our goal for 2015 and melanoma mortality rates are below the national average. However, Louisiana continues to lag behind the rest of the nation in most indicators, and these indicators serve as a baseline from which measurements on our progress over the next five years will be made.

Next are the goals, objectives, and strategies proposed to meet the plan's objectives. They are divided into five sections: cancer burden, prevention, early detection, treatment, and quality of life.

Central to the plan is the reduction of disparities. Issues of access, affordability, adequacy, awareness, and advocacy have been integrated into the plan wherever possible. In the end, the reduction of disparities in cancer prevention, early detection, and treatment will result in better outcomes for the state of Louisiana.

The plan is intended to be a living document that can respond to the needs of the people of Louisiana. It is hope that involvement in its implementation and ongoing evaluation will be widespread and that our fight to reduce the morbidity, mortality, and incidence of cancer in Louisiana will succeed.

Burden of Cancer in Louisiana

All Cancers Combined

Cancer control through research, prevention, early detection, and advocacy is one of the most important health initiatives in our country and in our state. The American Cancer Society estimated that 569,490 Americans lost their lives to cancer in 2010, including 8,480 people in Louisiana (LA). The burden of cancer in Louisiana continues to be devastating; the state ranks fourth for overall cancer death rates, behind Kentucky, Mississippi, and West Virginia (2006).

The American Cancer Society predicted that 1,529,560 people were diagnosed with cancer in the United States in 2010; of these, about 20,950 live in Louisiana. In general, the incidence rates for cancer in men in Louisiana significantly exceed national rates for men, while those for Louisiana women are similar to or lower than national rates for women. In both the United States and Louisiana, the incidence rates for men were much higher than for women. The rates for African-American (AA) men surpassed those for Caucasian men while those for African-American women were the lowest. (All rates are age adjusted to the United States 2000 standard).

Table 1. Cancer Incidence Rates per 100,000, All Sites Combined, by Race/Ethnicity and Gender

	Caucasian		African-American	
	Men	Women	Men	Women
LA 1996-2000	587.6*	401.9**	664.0**	386.4 **
LA 2002-2006	591.3	407.6	684.5	402.5
U.S. 1996-2000	555.9	431.8	696.8	406.3
U.S. 2002-2006	544.3	420.5	633.7	398.9

*Louisiana rate is statistically significantly higher than the U.S. rate.
**Louisiana rate is statistically significantly lower than the U.S. rate.

Although incidence rates in Louisiana tend to be lower than or similar to the nation as a whole except for Caucasian men, mortality rates from cancer are higher in Louisiana than in the United States for all four race/sex groups (Table 2). As with incidence rates, the mortality rates are higher for men than for women in both the state and the nation. In both geographic areas, mortality is higher for African-American men and women than for Caucasians even though African-American women experience lower incidence than Caucasian women do. These statistics indicate that African-American men and women bear an unequal burden of cancer. The need for improved access to care and early detection among the medically underserved population is a focus of this document.

Table 2. Cancer Mortality Rates per 100,000, All Sites Combined, by Race/Ethnicity and Gender

	Caucasian		African-American	
	Men	Women	Men	Women
LA 1996-2000	283.6*	175.0*	394.9*	214.1*
LA 2002-2006	256.8	165.8	359.7	205.3
U.S. 1996-2000	249.5	166.9	356.2	198.6
U.S. 2002-2006	226.7	157.3	304.2	183.7

*Louisiana rate is statistically significantly higher than the U.S. rate.

Site-Specific Cancers

The five most common cancers among men in Louisiana from 1996 to 2000 were cancers of the prostate (28% of total incident cases), lung (20%), colorectal (12%), bladder (5%), and non-Hodgkin's lymphoma (4%). During the same period, the five most common cancers among women were those of the breast (30% of total incidence cases), lung (14%), colorectal (12%), corpus uteri (4%) and non-Hodgkin's lymphoma (4%). These cancers also were the most frequent diagnoses nationally, with exception of non-Hodgkin's lymphoma among women; ovarian cancer is ranked fifth in the United States.

The five most common cancers among men in Louisiana from 2002 to 2006 were cancers of the prostate (30% of total incident cases), lung (18%), colorectal (11%), bladder (6%), and kidney (4%). During the same period, the five most common cancers among women were those of the breast (29% of total incidence cases), lung (15%), colorectal (12%), corpus uteri (4%) and non-Hodgkin lymphoma (4%). These were also the most frequent diagnoses nationally, except that among men nationwide, non-Hodgkin lymphoma ranked fifth.

The Louisiana Comprehensive Cancer Control Plan focuses on six types of cancer that can be prevented in large part, or can be detected at an early stage, when treatment is more effective: lung, breast, cervical, colorectal, prostate, and melanoma. Data on incidence, mortality, and behaviors relating to these six cancers are vital to planning intervention programs.

Lung Cancer

Smoking is the most preventable cause of death in our society; tobacco use is responsible for nearly one in five deaths in the United States. According to the American Cancer Society, lung cancer mortality rates are about 22 times higher for men who currently smoke and 12 times higher for women who currently smoke than for men and women who have never smoked. Louisiana ranked seventh for Caucasian men, eighth for Caucasian women, second for African-American men and 18th for African-American women for lung cancer mortality in the United States in 2004. During the period 2002-2006, an average of 3,441 cases of lung cancer was diagnosed in Louisiana each year, and 2,869 people died each year from the disease. Table 3 reports the incidence and mortality rates for Louisiana and the United States. All four Louisiana race/sex groups had higher mortality rates than their national

counterparts (see Table 3) even though Louisiana African-American women had significantly lower incidence rates than women the United States.

Table 3. Lung Cancer Incidence and Mortality Rates per 100,000, by Race/Ethnicity and Gender

	Caucasian		African-American	
	Men	Women	Men	Women
Incidence				
LA 1996-2000	112.4*	57.3*	139.0*	47.9**
LA 2002-2006	104.5	60.8	128.5	50.9
U.S. 1996-2000	79.4	51.9	120.4	54.8
U.S. 2002-2006	77.7	54.8	104.4	54.7
Mortality				
LA 1996-2000	95.5*	45.2*	128.2*	42.7
LA 2002-2006	87.0	47.5	114.4	42.4
U.S. 1996-2000	78.1	41.5	107.0	40.0
U.S. 2002-2006	69.9	41.9	90.1	40.0

*Louisiana rate is statistically significantly higher than the U.S. rate.
**Louisiana rate is statistically significantly lower than the U.S. rate.

The above data support setting comprehensive tobacco control to reduce lung cancer incidence and mortality rates as a high priority in the plan.

Breast Cancer

Breast cancer, which accounts for nearly one in three cancers diagnosed among American women, is the most common cancer among women. In Louisiana from 2001 to 2005, each year an average of 3,375 women were diagnosed with the disease: 532 in situ cases, and 2,843 invasive breast cancers. As Table 4 shows, Louisiana mortality rates approximated the national levels even though the states incidence rates were significantly below the national average. Both nationally and in the state, Caucasian women had higher incidence than African-American women did, but the latter group was more likely to die from the disease.

Table 4. Female Breast Cancer, Incidence and Mortality Rates per 100,000 By Race/Ethnicity

	Incidence		Mortality	
	Caucasian	African-American	Caucasian	African-American
LA 1996-2000	125.0**	114.6**	27.3	38.2
LA 2002-2006	119.1	122.5	24.6	40.0
U.S. 1996-2000	140.8	121.7	27.2	35.9
U.S. 2002-2006	127.8	117.7	23.9	33.0

**Louisiana rate is statistically significantly lower than the U.S. rate.

The American Cancer Society recommends annual mammograms for women aged forty and older to detect breast cancer at an early stage. According to the Behavioral Risk Factor Surveillance System, the percentages of Louisiana African-American women and Caucasian women receiving mammography in 2008 were essentially the same at 77.7% and 75.7%, respectively. According to the same survey, whereas 80.7% of women with a household income of $50,000 or more reported receiving screening in the past year, the number dropped to 70.1% among women with a household income less than $15,000 per year. Clearly, health initiatives aimed at detecting breast cancer early among low-income women is integral to the reduction of breast cancer deaths in the state.

Cervical Cancer

In Louisiana from 2002 to 2006, an average of 220 women were diagnosed with invasive cervical cancer each year. Table 5 shows that the cervical cancer incidence and mortality rates for Louisiana African-American women exceeded those for their national counterparts. During this period, Louisiana ranked seventh in the nation in incidence of cervical cancer in African-American women. These data underline the need to increase early detection among African-American women in Louisiana.

Table 5. Cervical Cancer, Incidence and Mortality Rates per 100,000, By Race/Ethnicity

	Incidence		Mortality	
	Caucasian	African-American	Caucasian	African-American
LA 1996-2000	9.3	17.2*	2.7	6.8
LA 2002-2006	8.1	13.5	2.1	5.6
U.S. 1996-2000	9.2	12.4	2.7	5.9
U.S. 2002-2006	8.1	10.4	2.2	4.6

*Louisiana rate is statistically significantly higher than the U.S. rate.

Colorectal Cancer

Colorectal cancer is the fourth most commonly diagnosed cancer and the second leading cause of cancer deaths in the United States and in Louisiana among both men and women. In the period 2002-2006, an average of 2,459 new cases were diagnosed, and 949 deaths were attributed to the disease annually in Louisiana. The Louisiana colorectal cancer incidence rates are similar to the United States rates for all but Caucasian men, but the state's mortality rates are higher than the national average for all four race/sex groups (Table 6).

The American Cancer Society recommends beginning at age 50, both men and women should follow one of these testing schedules: Tests that find polyps and cancer include a flexible sigmoidoscopy every 5 years, colonoscopy every 10 years, double-contrast barium enema every 5 years, or CT colonography (virtual colonoscopy) every 5 years. Tests that primarily find cancer are the yearly fecal occult blood test, the yearly fecal immunochemical test (FIT), or a stool DNA test (interval uncertain).

According to the Behavioral Risk Surveillance System (2008), 61% of Louisianans aged 50 and over reported that they had never had a colorectal cancer screening with a fecal occult blood test and 52% of Louisianans aged 50 and over reported that they had a sigmoidoscopy or a colonoscopy, regardless of gender or race. This compliance rate is one of the lowest in the nation, and shows that for all race/sex groups, colorectal cancer early detection awareness and promotion activities are needed.

Table 6. Colorectal Cancer, Incidence and Mortality Rates per 100,000, By Race/Ethnicity and Gender

	Caucasian		African-American	
	Men	Women	Men	Women
Incidence				
LA 1996-2000	72.9*	46.7	74.7	53.6
LA 2002-2006	66.5	44.3	76.4	56.4
U.S. 1996-2000	64.1	46.2	72.4	56.2
U.S. 2002-2006	56.9	42.1	69.4	53.5
Mortality				
LA 1996-2000	27.6*	17.6	39.1*	25.3
LA 2002-2006	25.1	15.3	36.9	24.7
U.S. 1996-2000	25.3	17.5	34.6	24.6
U.S. 2002-2006	21.4	14.9	31.4	21.6

*Louisiana rate is statistically significantly higher than the U.S. rate

Prostate Cancer

Prostate cancer is the most commonly diagnosed cancer among African-American men, and it is the second leading cause of cancer death for men in the United States and Louisiana. In Louisiana during the five-year period from 2001 to 2005, an annual average of 3,283 men were diagnosed with the disease, and an average of 491 a year died from it. Table 7 shows that incidence and mortality rates were markedly higher among African-American men than among Caucasians, both in Louisiana and nationally. Louisiana mortality rates were similar to the United States averages.

Table 7. Prostate Cancer, Incidence and Mortality Rates per 100,000 By Race/Ethnicity

	Incidence		Mortality	
	Caucasian	African-American	Caucasian	African-American
LA 1996-2000	157.2**	223.3**	30.6	70.6
LA 2002-2006	158.5	237.9	23.3	56.7
U.S. 1996-2000	164.3	272.1	30.2	73.0
U.S. 2002-2006	153.0	239.8	23.6	56.3

**Louisiana rate is statistically significantly lower than the U.S. rate.

Melanoma of the Skin

The American Cancer Society estimates that more than one million new cases of basal and squamous cell cancers of the skin are diagnosed each year. In Louisiana from 2001 to 2005, an annual average of 514 melanomas, (the most serious type of skin cancer) were reported, and an annual average of 96 deaths from melanoma occurred.

According to the Louisiana Tumor Registry, the Caucasian male incidence rate for skin melanoma from 2002 to 2006 was 22.1 per 100,000 while the Caucasian female rate was 12.6 per 100,000. Those for African-American men and women were 1.3 and 1.0 per 100,000. The Louisiana melanoma incidence rates for Caucasians were significantly below those for the U.S. Mortality rates for Louisiana Caucasian men also were significantly lower while the rates for the other three race/sex groups were consistent with the United States. Nationally and in the state, Caucasian men developed melanoma at a higher rate than Caucasian women did, and the rates for African-Americans were very low.

Notes:

- United States incidence rate estimates presented in this report are from the Surveillance, Epidemiology and End Results (SEER) program of the National Cancer Institute.
- Statistical significance defined as $p < 0.05$.

Long-term Outcomes

The Louisiana Cancer Control Partnership has developed long-term outcomes that are addressed throughout the cancer control plan. Long-term outcomes are defined as outcomes that measure the disease burden, such as reducing the incidence and mortality rates and diagnosing cancer at an earlier stage.

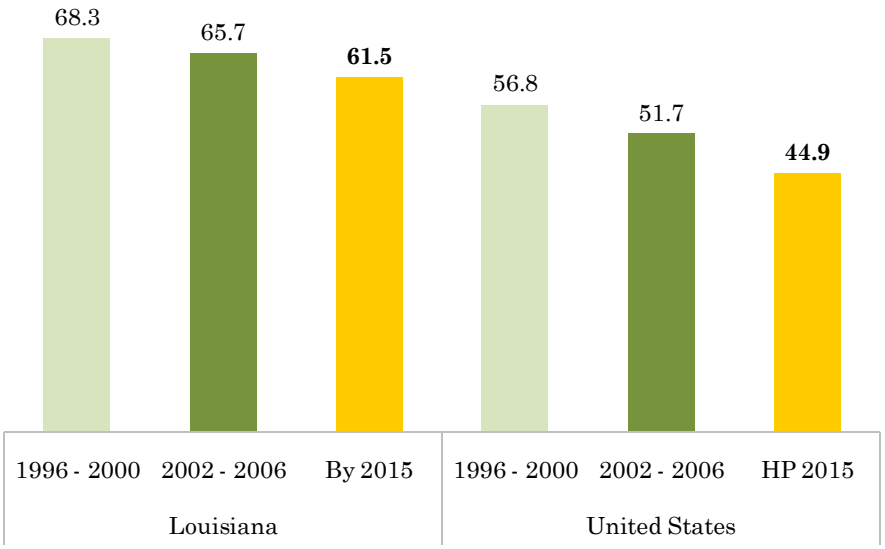
The following long-term outcomes will be accomplished by 2015.

Mortality

Lung Cancer

Reduce lung cancer mortality rates in Louisiana (all races, both genders) from 68.3 per 100,000 to 61.5. (10% improvement. Data Sources: LTR, SEER, HHS.)

Figure 1. Lung Cancer Mortality Rates per 100,000, All Races, Both Genders*

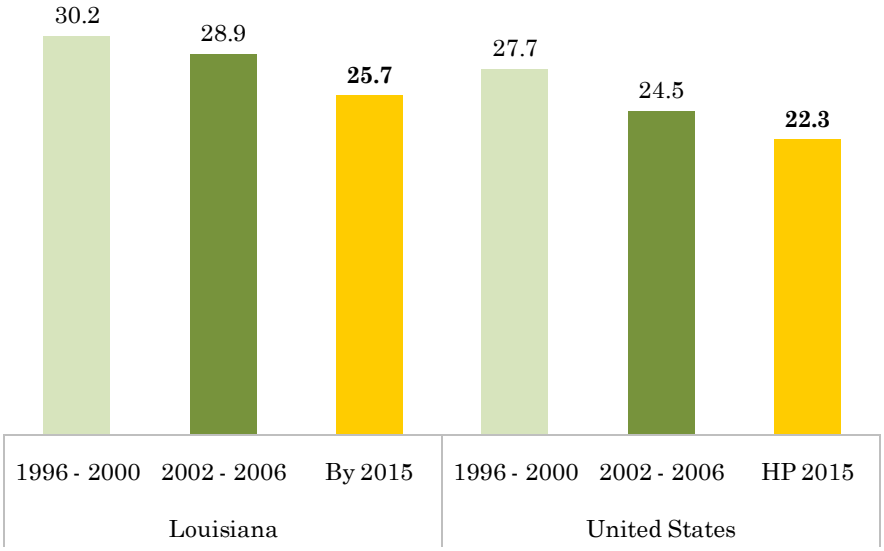


*Age adjusted per 100,000

Breast Cancer

Reduce breast cancer mortality rates in Louisiana women (all races) from 28.9 per 100,000 to 25.7. (11% improvement. Data Sources: LTR, SEER, HHS.)

Figure 2. Female Breast Cancer Mortality Rates per 100,000*

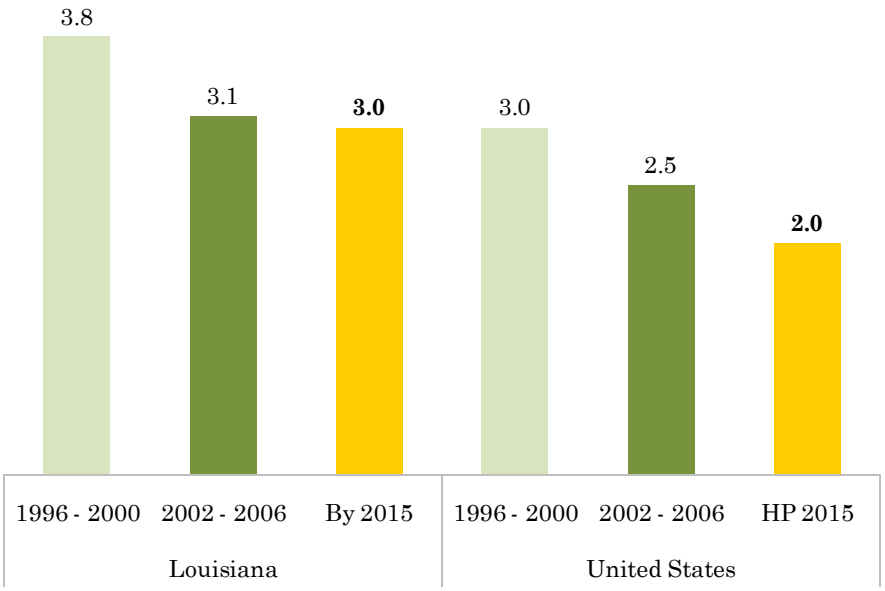


*Age adjusted per 100,000

Cervical Cancer

Reduce cervical cancer mortality rates in Louisiana women (all races) from 3.1 per 100,000 to 2.8. (10% improvement. Data Sources: LTR, SEER, HHS.)

Figure 3. Cervical Cancer Mortality Rates per 100,000, All Races*

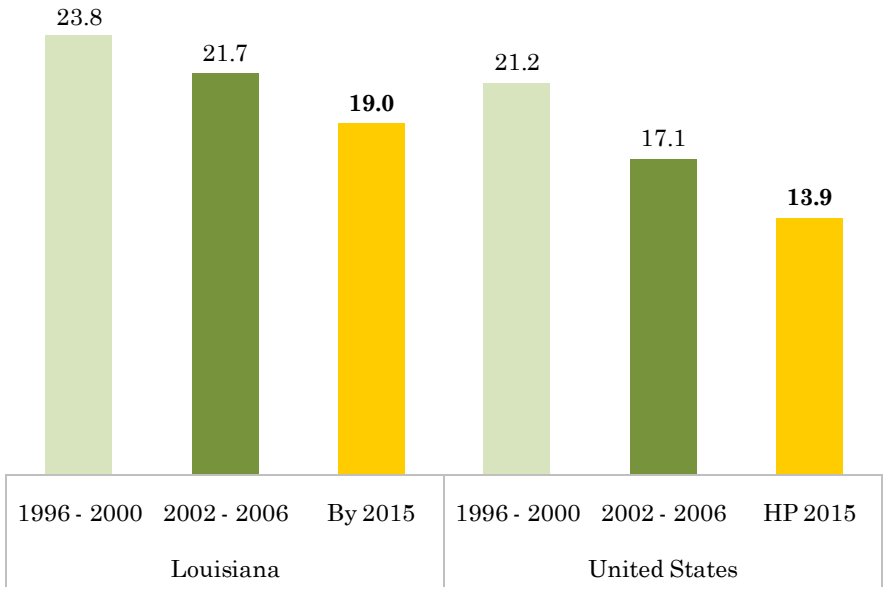


*Age adjusted per 100,000

Colorectal Cancer

Reduce colorectal cancer mortality rates in Louisiana (all races, both genders) from 21.7 per 100,000 to 19.0. (12% improvement. Data Sources: LTR, SEER, HHS.)

Figure 4. Colorectal Cancer Mortality Rates, per 100,000, All Races, Both Genders*

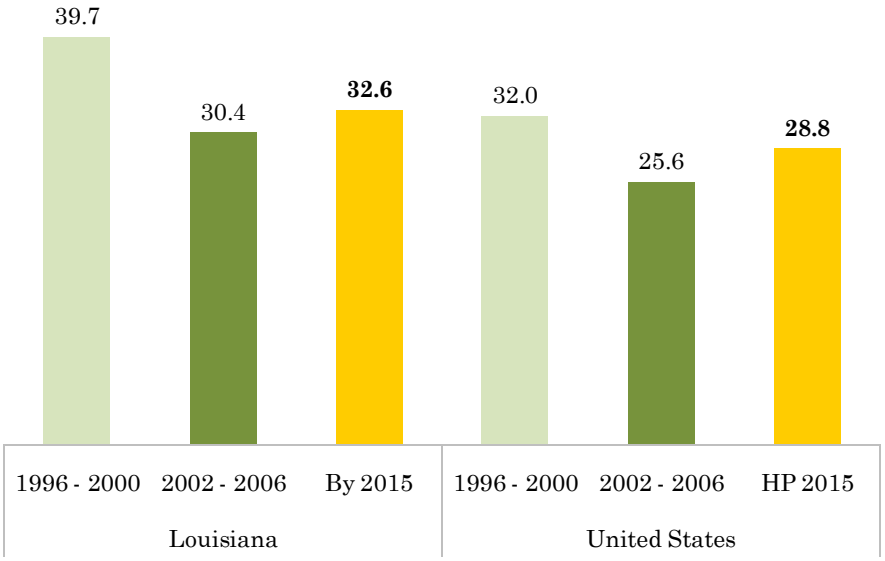


*Age adjusted per 100,000

Prostate Cancer

Reduce prostate cancer mortality rates in Louisiana men (all races) from 30.4 per 100,000 to 29. (5% improvement. Data Sources: LTR, SEER, HHS.)

Figure 5. Prostate Cancer Mortality Rates per 100,000, All Races*

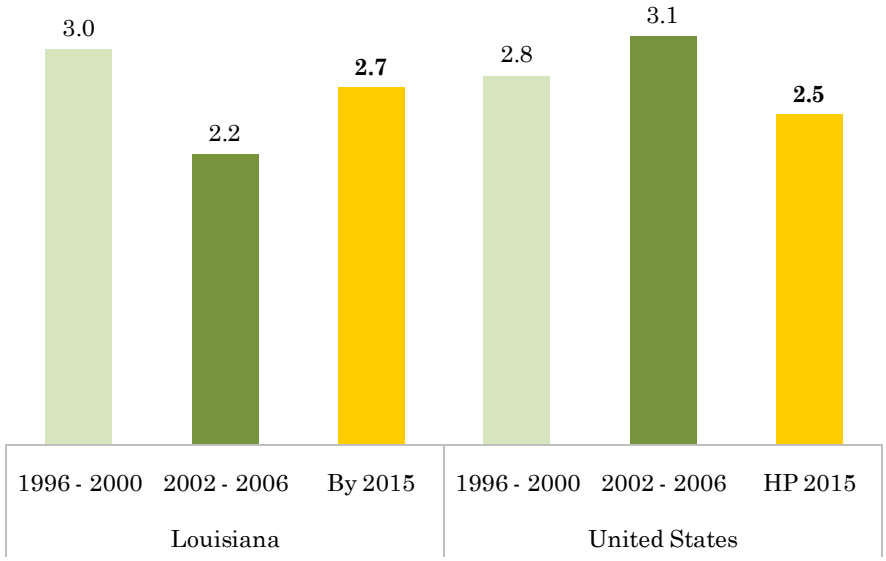


*Age adjusted per 100,000

Melanoma

Reduce melanoma cancer mortality rates in Louisiana (all races, both genders) from 2.2 per 100,000 to 2.0. (9% improvement. Data Sources: LTR, SEER, HHS.)

Figure 6. Melanoma Cancer Mortality Rates per 100,000, All Races, Both Genders*



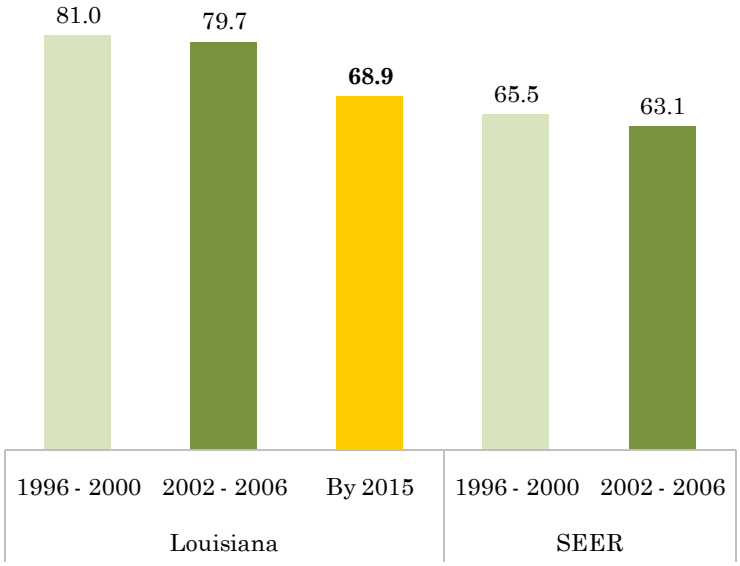
*Age adjusted per 100,000

Incidence

Lung Cancer

Reduce lung cancer incidence rates in Louisiana (all races, both genders) from 79.7 per 100,000 to 68.9 (14% improvement. Data Sources: LTR, SEER.)

Figure 7. Lung Cancer Incidence Rates, per 100,000, All Races, Both Genders*

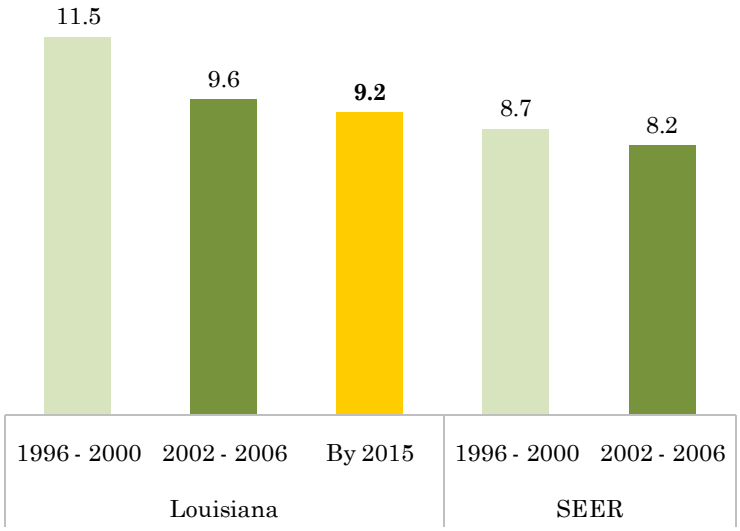


*Age adjusted per 100,000

Cervical Cancer

Reduce cervical cancer incidence rates in Louisiana women (all races) from 9.6 per 100,000 to 9.2 (4% improvement. Data Sources: LTR, SEER.)

Figure 8. Cervical Cancer Incidence Rates, per 100,000, All Races*

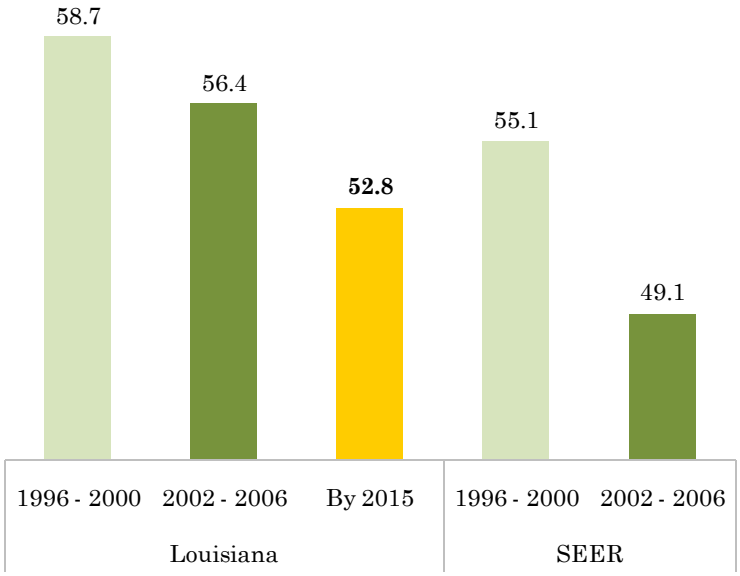


*Age adjusted per 100,000

Colorectal Cancer

Reduce colorectal cancer incidence rates in Louisiana (all races, both genders) from 56.4 per 100,000 to 47.0 (17% improvement. Data Sources: LTR, SEER.)

Figure 9. Colorectal Cancer Incidence Rates, per 100,000, All Races, Both Genders*



*Age adjusted per 100,000

Late Stage Diagnosis

Breast Cancer

Reduce late stage diagnosis of breast cancer in Louisiana AA women from 41% to 32% (22% improvement. Data Source: LTR, SEER)

Reduce late stage diagnosis of breast cancer in Louisiana Caucasian women from 30% to 27% (10% improvement. Data Source: LTR, SEER)

Table 8. Late Stage Diagnosis of Female Breast Cancer, Percentage of All Breast Cancers Diagnosed

	1996-2000		2000-2005		Goal 2015	
	African-American	Caucasian	African-American	Caucasian	African-American	Caucasian
All LA Hospitals	40%	30%	41%	30%	32%	27%
LA Public Hospitals	44%	42%	48%	47%	32%	27%
U.S. Hospitals	35%	27%	37%	29%	35%	27%

Colorectal Cancer

Reduce late stage diagnosis of colorectal cancer in Louisiana AA women from 54% to 52% (4% improvement. Data Source: LTR, SEER)

Reduce late stage diagnosis of colorectal cancer in Louisiana Caucasian women from 54% to 52% (4% improvement. Data Source: LTR, SEER)

Table 9. Late Stage Diagnosis of Female Colorectal Cancer, Percentage of All Colorectal Cancer Cancers Diagnosed in Women

	1996-2000		2000-2005		Goal 2015	
	African-American	Caucasian	African-American	Caucasian	African-American	Caucasian
All LA Hospitals	55%	52%	54%	54%	52%	49%
LA Public Hospitals	64%	60%	61%	66%	52%	49%
U.S. Hospitals	54%	52%	54%	52%	52%	49%

Reduce late stage diagnosis of colorectal cancer in Louisiana African-American men from 56% to 53% (5% improvement. Data Source: LTR, SEER)

Reduce late stage diagnosis of colorectal cancer in Louisiana Caucasian men from 53% to 50% (5% improvement. Data Source: LTR, SEER)

Table 10. Late Stage Diagnosis of Male Colorectal Cancer, Percentage of All Colorectal Cancers Diagnosed in Men

	1996-2000		2000-2005		Goal 2015	
	African-American	Caucasian	African-American	Caucasian	African-American	Caucasian
All LA Hospitals	56%	51%	56%	53%	53%	48%
LA Public Hospitals	69%	66%	65%	62%	53%	48%
U.S. Hospitals	54%	51%	54%	51%	53%	48%

Goals and Objectives

Burden of Cancer

This section explores and identifies data resources that will provide information on Louisiana's cancer burden to be used for cancer control. These data include morbidity, mortality, estimated years lost due to cancer, and economic impacts. While detailed data are preferred, the stability of rates and patient confidentiality must be taken into consideration. The Louisiana Tumor Registry will be responsible for meeting the goals and objectives in this section.

Incidence

Goal 1:
Provide timely cancer incidence by gender, race, geographic area and socioeconomic status (SES).

Objective 1.1
By 24 months after the close of a diagnosis year (shortly after data submission to SEER), list the top five most frequently diagnosed cancers by region and parish of Louisiana.

Mortality

Goal 2:
Provide timely cancer mortality data by gender, race, geographic area and socioeconomic status (SES).

Objective 2.1
By 24 months after the close of state mortality files each year, compile cancer mortality statistics, including counts and age-adjusted rates, by region/geographic area for different gender/race groups in Louisiana.

Objective 2.2
By 24 months after the close of state mortality files each year, compile cancer mortality statistics, including counts and age-adjusted rates, by socioeconomic status (SES) in Louisiana.

Disparities

Goal 3
Identify gaps and disparities among racial-gender groups and geographic areas.

Objective 3.1
Compare and test statistical significance of the differences of cancer incidence and mortality rates among race/gender groups, and geographic areas in the annual Louisiana Tumor Registry monographs.

Objective 3.2
Compare and test the statistical significance of the differences among proportions of late stage at diagnosis for breast and colorectal cancers by race/gender group and geographic area in Louisiana.

Objective 3.3
Develop GIS-based approach to identifying high-risk geographic areas with high proportions of late stage breast and colorectal cancer in Louisiana to be used to plan targeted screening and prevention activities.

Access

Goal 4
Develop indicators or surrogates for measuring access to cancer care.

Objective 4.1
Calculate the proportion of women with greater than 2 cm breast cancer at the time of diagnosis by race/ethnicity and geographic area in Louisiana.

Objective 4.1
Compute time intervals between date of diagnosis and date of first treatment by race/ethnicity and geographic area in Louisiana.

Prevention

According to the World Health Organization at least one third of all cancers are preventable. Prevention offers the most cost effective long term strategy for cancer control. This portion of the plan focuses on strategies that can reduce cancer risk by decreasing obesity, decreasing tobacco use and exposure, and increasing protective behaviors from the sun and ultraviolet (UV) exposures. The goals and objectives in this section will be met by a variety of partners including the Louisiana Cancer Control Partnership, the Louisiana Council on Obesity Prevention & Management, and the American Heart Association.

Nutrition, Physical Activity and Obesity

Reducing the impact of nutrition, physical activity and obesity on cancer incidence and death in Louisiana.

Goal 5
Establishment of policy and environmental changes for healthy food choices and physical activity.

Objective 5.1
By 2015, increase the number of state legislative acts that support healthy food choices and physical activity that will help Louisianans achieve or maintain healthy weights.

Budget: Staff resources from partner organizations.

Strategies:
- Collaborate with partners to develop and maintain an inventory of existing policies that promote healthy eating and/or physical activity.
- Identify areas where policies and environmental changes are needed.
- Promote policy initiatives to address identified needs in health and obesity issues.

Goal 6
Identify and monitor data sources and evaluation reports.

Objective 6.1
By 2012, develop a system to provide rates of obesity and related health indicators to partners for planning, evaluation, and dissemination.

Budget: Resources of the Louisiana Council on Obesity Prevention & Management.

Strategies:
- Identify existing surveillance data sources on obesity and other related health indicators.
- Develop and maintain website links to reliable and accurate data sources.

Goal 7
Increase health education and awareness opportunities on obesity issues.

Objective 7.1
By 2015, increase the number of collaborations to organize individuals, families, schools, worksites, and communities to create opportunities that promote healthy lifestyles and healthy weights.

Budget: Resources of the Louisiana Council on Obesity Prevention & Management and Louisiana Comprehensive Cancer Control Program.

Strategies:
- Identify, develop, and disseminate consistent messages and educational materials regarding obesity and its impact on health and quality of life issues throughout Louisiana.
- Identify and promote state and federal programs that provide grants and funding opportunities that encourage healthy environmental changes.
- Collaborate with partners to develop and maintain inventory of existing programs/projects that promote healthy eating habits and/or physical activity.

Goal 8
Strengthen statewide infrastructure and coordinate with health systems and providers in the recognition, prevention, and management of overweight or obesity according to best practices, standards of care, and established protocols.

Objective 8.1
By 2015, develop a strategic plan to strengthen statewide, regional, and local infrastructure to promote coordination among private and public partners across the state.

Budget: Resources of the Louisiana Council on Obesity Prevention & Management and Louisiana Comprehensive Cancer Control Program.

Strategies:
- Support the re-establishment of the Louisiana Council on Obesity Prevention & Management to provide guidance, leadership and support in impacting obesity in Louisiana.
- Enhance communication and collaboration among the overweight/obesity prevention programs, community partners and statewide stakeholders.
- Educate health care providers and health profession students in the recognition, prevention and treatment of overweight and obesity across the lifespan.
- Identity and secure funding sources.

Malignant Melanoma

Slow the increase in the incidence of malignant melanoma in Louisiana.

Goal 9
Increase the use of sun safety practices such as avoiding exposure during high sun daylight time, wearing hats and protective clothing, and using sun screen.

Objective 9.1
By 2015, increase knowledge of sun safety measures.

Budget: $30,000.

Strategies:
- Enlist the support of the Louisiana Wildlife and Fisheries to include information in its licensing brochures regarding sun safety practices.
- Collaborate with the Department of Education's Health Promotion Coalition to include sun safety practices in its curriculum for distribution to all schools.

- Promote sun safety practices with mothers of newborns who go through the Office of Public Health program.

Tobacco Use and Exposure

Reducing the impact of tobacco use and exposure.

Goal 10
Preventing initiation of tobacco use among young people.

Objective 10.1
By June 2010, the percentage of youth who have seen or heard commercials about the dangers of cigarette smoking will increase by 15%, from a baseline of 69.7% in 2008 to 80.2%.

Objective 10.2
By June 2010, the percentage of Louisiana public school students in grades 6th-12th who would wear or use something with a tobacco company's name on it will decrease by 3%, from the 2008 baseline of 27.7% to 26.9%.

Objective 10.3
By June 2010, the number of Louisiana public school districts that have adopted a tobacco-free policy will increase by three districts, from the 2008 baseline of 16 districts to 19 districts.

Objective 10.4
By June 2010, the percentage of students who participate in tobacco use prevention activities will increase by 5%, from a 2008 baseline of 12.4% to 13%.

Objective 10.5
By June 2010, the percentage of Louisiana public school students who report that their school population is complying with schools' tobacco-free policy will increase by 1%, from 2008 baseline of 89.3% to 90.2%.

Objective 10.6
By June 2011, the level of support for raising the excise tax on tobacco products will increase by 5%, from a 2007 baseline of 59.4% to 62.4%.

Objective 10.7
By 2013, the percentage of youth who are susceptible to experimentation with tobacco products will decrease by 5%, from a baseline of 17.6% to 16.7%.

Objective 10.8
By 2013, Louisiana's tobacco excise tax will increase by $1.00, from $0.36 in 2008 to $1.36.

Objective 10.9
By 2014, the number of Louisiana public school students in grades 6th -12th who have never tried a cigarette will increase by 5%, from a 2007 baseline of 56.9% to 59.7%.

Objective 10.10
By 2014, the youth tobacco smoking prevalence among Louisiana public school students in grades 6th-12th will decrease by 5%, from 2007 baseline of 14.8% to 14.1%.

Goal 11
Eliminating nonsmokers' exposure to secondhand smoke (SHS).

Objective 11.1
By June 2010, the percentage of adults who think secondhand smoke is harmful will increase by 2%, from the 2007 baseline of 90.8% to 92.6%.

Objective 11.2
By June 2010, the percentage of Louisiana public school students who think secondhand smoke is harmful will increase by 2%, from the 2008 baseline of 91.3% to 93.1%.

Objective 11.3
By June 2010, the percentage of the population willing to ask someone not to smoke in their presence will increase by 3%, from the 2007 baseline of 20.7% to 21.3%.

Objective 11.4
By June 2010, the percentage of adults who support creating smoke-free policies in work places will increase by 10%, from 73% to 80.3%.

Objective 11.5
By June 2010, the number of smoke-free ordinances that are stronger than the current statewide Smoke-Free Air Act will increase from the 2008 baseline of nine to 12.

Objective 11.6
By June 2010, maintain the percentage of adults and youth who work in smoke-free environments (80% of adults and 50% of youth).

Objective 11.7
By June 2011, the percentage of adults who have seen or heard commercials about the dangers of cigarette smoking will increase by 8%, from a baseline of 84% in 2008 to 90.7%.

Objective 11.8
By June 2011, compliance with smoke-free policies in the workplace will increase to 90%.

Objective 11.9
By June 2011, the level of support for increasing the excise tax on tobacco products will increase from 5%, from a 2007 baseline of 59.4% to 62.4%.

Objective 11.10
By 2013, the percentage of Louisiana public school students who report that their school population is complying with schools' tobacco-free policy will increase by 1%, from a 2007 baseline of 89.5% to 90.1%.

Objective 11.11
By 2013, the percentage of adults who perceive compliance with smoke-free policies in their workplace will increase by 3%, from 2007 baseline of 86.1% to 88.8%.

Objective 11.12
By June 2014, reduce exposure to Second Hand Smoke among Louisiana adults by 10%.

Objective 11.13
By 2014, the proportion of nonsmokers reporting overall exposure to secondhand smoke will decrease by 5%, from the 2007 baseline of 32.1% to 30.5%.

Objective 11.14
By June 2014, reduce adult smoking prevalence by 5%.

Goal 12
Promoting Quitline use among adults and young people.

Objective 12.1
By June 2010, the number of calls to the Louisiana Tobacco Quitline will increase by 10%, from the baseline of 2377 calls in 2007-2008 to 2615 calls.

Objective 12.2
By June 2010, the number of callers referred by media messages to the Louisiana Tobacco Quitline will increase by 10%, from the baseline of 1266 callers in 2007-2008 to 1393 callers.

Objective 12.3
By June 2010, the percentage of pregnant women callers to the Louisiana Tobacco Quitline will increase by 20%, from the baseline of 35 callers in 2007-2008 to 42.

Objective 12.4
By June 2010, the number of callers referred by healthcare professionals to the Louisiana Tobacco Quitline will increase by 10%, from the baseline of 334 callers in 2007-2008 to 367 callers.

Objective 12.5
By June 2010, increase the percentage of smokers who have used group cessation services by 70%, from a baseline of 6% in 2008 to 10.2%.

Objective 12.6
By June 2010, the percentage of Louisiana residents who have seen or heard commercials about what smokers can do to get help with quitting smoking will increase by 12%, from a baseline of 72% in 2008 to 80.6%.

Objective 12.7
By June 2010, the percentage of smokers who intend to quit will increase by 3%, from the 2007 baseline of 55.4% to 57.1%.

Objective 12.8
By June 2010, the number of health care systems in Louisiana that have fully implemented the Public Health Service guidelines will increase from 0 to 2.

Objective 12.9
By June 2010, the percentage of adults who have been asked by a healthcare professional about smoking will increase by 3%, from the 2007 baseline of 68.3% to 70.3%.

Objective 12.10
By June 2010, the percentage of adults who have been advised by a healthcare professional about smoking will increased by 3%, from the 2007 baseline of 68.3% to 70.3 %.

Objective 12.11
By June 2010, the percentage of Louisiana youth who have been advised by a healthcare professional about smoking will increase from 24% in 2008 to 30%.

Objective 12.12
By June 2010, the percentage of pregnant women who report that a healthcare professional has advised them to quit smoking during a prenatal visit will increase by 5%, from the baseline of 29% in 2004 to 30.4%.

Objective 12.13
By June 2011, the percentage of adult smokers who have made a quit attempt will increase by 10% (from 46% to 51%).

Objective 12.14
By 2013, the percentage of adult smokers who have made a quit attempt will increase by 5%, from the 2007 baseline of 46.2% to 48.5%.

Objective 12.15
By 2013, the percentage of adult smokers who have made a quit attempt using a proven cessation method will increase by 5%, from the 2007 baseline of 32.2% to 33.8%.

Objective 12.16
By 2013, the percentage of young smokers who have made a quit attempt will increase by 5%, from the 2007 baseline of 51.6% to 54.2%.

Objective 12.17
By June 2014, maintain the number of adult former smokers who have sustained abstinence at 92.6%.

Objective 12.18
By June 2014, reduce adult smoking prevalence by 5%.

Objective 12.19
By 2014, the smoking prevalence among Louisiana residents will decrease by 5%, from the 2007 baseline of 22.6% to 21.4%.

Objective 12.20
By 2014, the annual per capita consumption of cigarettes in Louisiana will decrease by 2%, from the 2007 baseline of 86.7 packs to 84.9 packs.

Goal 13
Eliminate disparities related to tobacco use.

Objective 13.1
By June 2010, the population willing to ask someone not to smoke in their presence will increase by 3% among African-Americans, Native Americans, rural communities, populations of low SES, and 18-24 year olds (not in college).

Objective 13.2
By June 2010, the percentage of adults who think secondhand smoke is harmful will increase by 3% among African-Americans, Native Americans, rural communities, populations of low SES, and 18-24 year olds (not in college).

Objective 13.3
By June 2010, maintain the percentage of adults and youth who work in smoke-free environments (80% of adults and 50% of youth).

Objective 13.4
By June 2010, the number of calls to the Louisiana Tobacco Quitline will increase by 10% among African-Americans, Native Americans, rural communities, populations of low SES, and 18-24 year olds (not in college).

Objective 13.5
By June 2010, the number of callers referred to the Louisiana Tobacco Quitline through healthcare providers will increase by 10% among African-Americans, Native Americans, rural communities, populations of low SES, and 18-24 year olds (not in college).

Objective 13.6
By June 2010, the percentage of smokers who have used group cessation services will increase by 70%, from a baseline of 6% in 2008 to 10.2%.

Objective 13.7
By June 2010, the proportion of smokers who intend to quit will increase by 3% among African-Americans, Native Americans, rural communities, populations of low SES, and 18-24 year olds (not in college).

Objective 13.8
By June 2010, the percentage of adults who have been advised by a healthcare professional about smoking will increase by 3%, from the 2007 baseline of 73.4% to 75.6%.

Objective 13.9
By June 2011, compliance with smoke-free policies in the workplace within disparate populations will increase to 90%.

Objective 13.10
By 2013, the proportion of adults who perceive compliance with smoke-free policies in their workplaces will increase by 3% among 5 priority populations: African-Americans, Native Americans, rural communities, low SES, and 18-24 year olds (not in college).

Objective 13.11
By June 2011, the number of adult smokers who have made a quit attempt within disparate populations will increase by 10%.

Objective 13.12
By 2013, the proportion of adult smokers who have made a quit attempt will increase by 5% among African-Americans, Native American, rural communities, low SES, and 18-24 year olds (not in college).

Objective 13.13
By 2013, Louisiana's tobacco excise tax will be increased by 1.00 from 0.36 in 2008 to 1.36.

Objective 13.14
By June 2014, exposure to SHS among Louisiana adults within disparate populations will be reduced by 10% (5% LTCP).

Objective 13.15
By June 2014, adult smoking prevalence within disparate populations will be reduced by 5%.

Objective 13.16
By June 2014, the number of adult smokers within disparate populations who have sustained abstinence will increase to 92.6%.

Objective 13.17
By June 2014, the adult smoking prevalence within disparate populations will decrease by 5%.

Goal 14
Improve statewide coordination.

Objective 14.1
By June 2010, double the number of tobacco industry monitoring reports received from Louisiana community members.

Objective 14.2
Systematically engage disparately impacted communities in all aspects of the statewide tobacco prevention and control movement as measured by 35 of 55 of grantees and contractors participating in the Community of Excellence Plus model trainings.

Objective 14.3
Complete the next phase of alignment as measured by TCP and TFL leadership attendance at 100% of scheduled meetings.

Objective 14.4
Continue to coordinate with TCP, Rapides Foundation, and other partners on statewide paid media campaigns.

Screening and Early Detection

Some types of cancer can be found before they cause symptoms. Screening or checking for cancer (or conditions that may lead to cancer) in people who have no symptoms is important in reducing morbidity and mortality associated with cancer. This portion of the plan focuses on strategies that will increase screening and early detection in order to find and treat some types of cancer early when cancer treatment is generally most effective. The goals and objectives in this section will be met by a variety of partners including the Louisiana Cancer Control Partnership, the Louisiana Comprehensive Cancer Control Program, the Louisiana Cancer and Lung Trust Fund Board, the Louisiana Breast and Cervical Health Program, the American Cancer Society, the Louisiana Office of Public Health, and the Department of Health and Hospitals.

Breast Cancer

Goal 15
Increase the use of client-centered, cost effective, timely, and high quality breast cancer early detection services.

Objective 15.1
Increase the percentage of eligible Louisiana women adhering to recommended breast cancer screening guidelines.

Budget: $30,000.

Strategies:
- Conduct a statewide population-based media campaign to promote appropriate breast cancer early detection in all areas of Louisiana.
- Earned media TV and radio campaigns
- Print media
- Website
- Distribute educational materials through business and other places frequented by women age 40 years and over, such as doctors' offices, churches, beauty shops, and Office of Public Health (OPH), Louisiana Rural Health Association (LRHA), Louisiana Primary Care Association (LPCA), LSU-Health Care Services Division (HCSD), Louisiana Breast and Cervical Health Program (LBCHP) and Louisiana facilities with an emphasis on reaching African-American women, who have the highest mortality rate for breast cancer in Louisiana.
- Conduct physician academic detailing visits to promote breast cancer early detection to providers who serve women aged 40 and older.
- Provide patient navigation services to help women access appropriate breast cancer early detection services.

Objective 15.2
Increase the number of women served by the Louisiana Breast and Cervical Health Program to 25% of the eligible population.

Budget: $5,000,000.

Strategies:
- Promote the availability of low and no-cost services through media campaign, and lay health education/advisory programs.
- Secure funding to increase the state-allocated budget for the Louisiana Breast and Cervical Health program to serve all of the eligible population.

Objective 15.3
Increase the percentage (76%) of women who are enrolled in the Louisiana Breast and Cervical Health Program that are adhering to recommended intervals of breast cancer screening. (Women aged 40+ who had a mammogram within the past 2 years).

Objective 15.4
Increase the number of women who start and complete the early detection process.

Budget: $720,000.

Strategies:
- Develop expand lay health education/patient navigation programs to assist women in locating and accessing breast cancer early detection services.
- Provide patient navigators to assist women with signs and symptoms or abnormal screening results through the diagnostic process and start of treatment.
- Promote and expand resources needed to assist women through the early detection process, including transportation, patient education, and language services.

Cervical Cancer

Goal 16
Increase access to client-centered cost effective, timely and high quality cervical cancer-related services including HPV vaccinations, cervical cancer screening, diagnostic procedures, and referral for treatment services.

Objective 16.1
Increase the routine administration of the HPV vaccine to all females nine to 26 years old.

Budget: Resources from the Louisiana Childhood Vaccine Program, Family Planning Program, and Medicaid.

Strategies:
- Conduct physician academic detailing visits with providers who serve girls and women to promote appropriate cervical screening and HPV vaccination
- Distribute educational materials through businesses and other places frequented by girls and young women, and their family and friends, such as doctors' offices, barbershops, beauty parlors, bars, corner groceries, and Office of Public Health (OPH), Louisiana Rural Health Association (LRHA), Louisiana Primary Care Association (LPCA), LSU Health Care Services Division (HCSD), Louisiana Breast and Cervical Health Program (LBCHP), and Louisiana FIT Colon Program (FITCo) facilities.

Objective 16.2
Increase the percentage of women 18 years and older receiving a Pap test in the past three years to prevent and detect cervical cancer particularly for under-insured and uninsured women. Baseline Source - 2008 BRFSS: 76.7%.

Budget: Resources from Louisiana Comprehensive Cancer Control Program, the Louisiana Breast and Cervical Health Program, State Hospitals, and the Family Planning Program.

Strategies:
- Distribute educational materials through businesses and other places frequented by girls and young women, and their family and friends, such as doctors' offices, barbershops, beauty parlors, bars, corner groceries, and OPH, LRHA, LPCA, HCSD, LBCHP, and FITCo facilities.
- Conduct physician academic detailing visits with providers who serve girls and women to promote appropriate cervical screening and HPV vaccination.
- Provide access to low or no cost cervical cancer screening to low-income women.

Objective 16.3
Increase the number of women who start and complete the early detection process in a timely manner by measuring the time from abnormality to diagnosis and by decreasing the number of women lost to follow-up.

Budget: $720,000.

Strategies:
- Develop expand lay health education/patient navigation programs to assist women in locating and accessing cervical cancer early detection services.
- Provide patient navigators to assist women with signs and symptoms or abnormal screening results through the diagnostic process and start of treatment.
- Promote and expand resources needed to assist women through the early detection process, including transportation, patient education, and language services.
- Measure the intervals of time from abnormality to diagnosis, and women lost to follow up.

Colorectal Cancer

Goal 17
Increase access to client centered, cost effective, timely, and high quality colorectal cancer early detection services.

Objective 17.1
Increase percentage of persons aged 50 and over at average risk for colorectal cancer performing the routine self-administration of fecal occult blood tests (FOBT) or fecal immunochemical tests (FITs). Baseline Source - 2008 BRFSS:

Budget: $1,950,000.

Strategies:
- Secure funding to provide fecal testing kits to un-insured and under-insured men and women age 50 and over.
- Restore state funding for the FITCo, the state's colorectal cancer early detection program, to its original level of $1.5M.

- Conduct a statewide population-based media campaign to promote the appropriate usage of the FOBT/FIT in all areas of Louisiana.
- Earned media TV and radio campaigns
- Print media
- Website
- Distribute educational materials through businesses and other places frequented by men and women aged 50 years and older, such as doctors' offices, churches, barber and beauty shops, and OPH, LRHA, LPCA, HCSD, LBCHP and FITCo facilities.

Objective 17.2
Increase the use of the recommended screening guidelines for colon cancer prevention and early detection in African-American men, the group with highest colorectal cancer mortality rate in Louisiana.
Baseline Source - 2008 BRFSS: African-American men aged 50+ who had a blood stool test within the past 2 years – 27.3%, African-American men aged 50+ who ever had a sigmoidoscopy or colonoscopy – 43.8%

Budget: $535,000.

Strategies:
- Conduct a statewide population-based media campaign to promote appropriate colorectal cancer screening for African-American men.
- Earned media TV and radio campaigns
- Print media
- Website
- Distribute race/sex specific educational materials through businesses and other places frequented by African-American men, such as workplaces, doctors' offices, barbershops, churches, bars, corner groceries, and OPH, LRHA, LPCA, HCSD, LBCHP and FITCo facilities.
- Provide low cost or free colorectal cancer screening to low income African-American men.

Objective 17.3
Increase the number of people who start and complete the early detection process.

Budget: $720,000.

Strategies:
- Develop expand lay health education/patient navigation programs to assist men and women in locating and accessing colorectal cancer early detection services.
- Provide patient navigators to assist men and women with signs and symptoms or abnormal screening results through the diagnostic process and start of treatment.
- Promote and expand resources needed to assist men and women through the early detection process, including transportation, patient education, and language services.

Prostate Cancer

Goal 18

Increase the use of client-centered, culturally and literacy level appropriate prostate cancer screening informed-decision making.

Objective 18.1

Decrease in inappropriate screening for men older than 75 years, African-American men between the ages of 40-45 years, and Caucasian men ages 40-44 years by increasing the use of the informed decision-making model for prostate cancer screening to men and their families. (2008 BRFSS baseline.)

Budget: $100,000.

Strategies:

- Promote informed decision-making and prostate health awareness during National Prostate Month each September.
- Earned media TV and radio campaigns
- Print media
- Website
- Distribute educational materials through businesses and other places frequented by men aged 40 and older, and their friends and families, such as doctors' offices, barbershops, beauty parlors, bars, corner groceries, and OPH, LRHA, LPCA, HCSD, LBCHP and FITCo facilities.
- Conduct physician academic detailing visits with providers who serve men aged 40 and older to promote the informed decision-making model.
- Encourage medical and nursing schools to include the informed-decision making model for prostate cancer early detection in their curriculums.
- Place ads and stories in the Louisiana State Medical Society newsletter and journal on prostate cancer early detection recommendations and resources.

Objective 18.2

Increase prostate cancer early detection informed decision-making to African-American men at higher risk of prostate cancer aged 40 and older by convening and increasing the number of community educational sessions.

Budget: $30,000.

Strategies:

- Conduct peer led small group education using My Brother's Keeper lay education model. Recruit participants through organizations and businesses that serve African-American men aged 40 and older, such as churches, men's groups, Greek organizations, and barbershops in areas with significant numbers of African-American men aged 40 and older.
- Conduct at least 25% of physician detailing visits with providers who see a significant number of African-American men, the group with highest prostate mortality rate in Louisiana.

Objective 18.3

Increase the number of men who complete the early detection process by ensuring timely medical attention from abnormality to diagnosis.

Budget: $720,000.

Strategies:

- Provide patient navigators to assist men with signs and symptoms or abnormal screening results through the diagnostic process and start of treatment.
- Promote and expand resources needed to assist men through the early detection process, including transportation, patient education, and language services.

Treatment

This portion of the plan focuses on strategies to increase the availability, accessibility, and affordability of high quality cancer care for every cancer patient in Louisiana. Each of the following goals and strategies are crucial to the comprehensive control of cancer and will be addressed by a range of partners including the American Cancer Society, the American Cancer Society Cancer Action Network, Nursing Oncology Association, American College of Surgeons Commission on Cancer and the Louisiana Physicians' Council on Cancer.

Goal 19
Ensure that all Louisiana cancer patients have access to a healing environment.

Objective 19.1
Increase five-year survival rates by increasing access to cancer treatment for under-insured and uninsured Louisiana cancer patients.

Budget: Resources from partner organizations.

Strategies:
- Advocate for the state legislature to make the fast-track Medicaid Program available to all under-insured and uninsured cancer patients.
- Develop two regional/community advisory boards - Northern (Alexandria, Monroe and Shreveport) and Southern (Lake Charles, Lafayette, Houma/Thibodeaux, North Shore, Baton Rouge, and New Orleans) to evaluate access-to-care issues.
- Increase awareness of LSU HCSD and LSUHSC-Shreveport services. Expand the community outreach programs for these programs and link programs to the two regional/community advisory boards.
- Promote insurance coverage for cancer treatments, follow-up services, and social services. Convince insurance companies to reduce co-pays for screening and to eliminate payment caps.
- Provide patient navigation to help patients complete their treatment plans
- Identify partners to expand existing programs
- Establish programs in five regions
- Develop and promote a network of navigators, including a website
- Encourage facilitators to send their navigators to evidence-based training programs

Objective 19.2
Increase evidence-based, quality treatment for Louisiana cancer patients by increasing in the percentage of cancer patients treated at ACoS CoC approved facilities.

Budget: In-kind services of staff of both organizations (LCCCP, ACS).

Strategies:
- Encourage patients to seek treatment at facilities with the ACoS CoC accredited programs.
- Educate patients, clinicians, and other staff about clinical trials.
- Promote link to ACS clinical trials matching program and other websites with information about clinical trials on LCCP website.

Objective 19.3
Increase the number of facilities (31) that meet the standards of the ACoS CoC for developing and maintaining a CoC-accredited cancer program.

Budget: In-kind services of ACS staff.

Strategies:

- Establish a mentor program for facilities so that CoC-accredited cancer programs can share strategies and technical assistance to facilities interested in applying for accreditation.
- Enlist the help of the state CoC physician liaison
- Recruit additional hospitals to begin working toward CoC approval
- Recruit more hospital representatives for the LCCP committees and board
- Post list of CoC-approved treatment programs on LCCP members' websites
- Link CoC facilities with smaller hospitals to promote clinical trials
- Promote web-linked, nationally accepted cancer treatment and care guidelines
- Post a list of sources for guidelines on the LCCP website
- Post a list of Louisiana cancer treatment resources on the LCCP website
- Promote easily accessible continuing education credit programs for health care providers
- Provide at least two distance learning educational programs per fiscal year
- Increase physician participation in the LCCP Physician Council through professional organizations.

Quality of Life

Cancer affects many Louisianans. Cancer patients, their loved ones, and cancer survivors need supportive care to improve cancer patients' quality of life throughout the continuum of care. The goals and objectives for this portion of the plan will be met by many partners including the Louisiana-Mississippi Hospice and Palliative Care, the American Cancer Society, and the Louisiana Cancer Control Partnership.

Goal 20
Provide supportive care for cancer patients, survivors, and family member.

Objective 20.1
Increase the number of health care providers who can communicate hospice options to their patient in a culturally competent way.

Measures: Increase in the number of providers that become certified in palliative care. Increases in hospice care services.

Budget: In-kind services LMHPCO.

Strategies:
- Include a cultural competency training session at LMHPCO conference.
- Convene video teleconferencing training for CME/CEU.
- Provide internet access to information to help communicate LMHPCO conference to PCPs, etc.
- Ask LMHPCO to exhibit at other medical society meetings to promote services.

Goal 21
Ensure that cancer patients, survivors, and family members have access to care and support services.

Objective 21.1
Increase coordination of community groups in the development, identification, and dissemination of cancer resources.

Measures: Number of community meetings convened, number of updates tracked on community resource directories, number of hits to resource directory websites.

Budget: In-kind services of ACS staff.

Strategies:
- Create resource development work groups in all nine regional coalitions that will work to identify existing resources, and coordinate efforts to promote and provide resources to cancer patients, caregivers, survivors, and family members.
- Share resources in local coalition members' databases to ensure that no matter where a person in need seeks a resource, each organization will have a comprehensive list to share.
- Maintain a website with links to agencies with resources for cancer patients.

Goal 22
Improve the quality of life of patients with cancer throughout the continuum of care.

Objective 22.1
Support and promote the reestablishment of the Louisiana Pain Initiative to educate patients and health care professionals about pain assessment and management, and advocate for the rights of people with pain.

Budget: In-kind services of LCCP and ACS.

Strategies:

- Advocate for a state resolution to reestablish the Louisiana Pain Initiative.
- Convene meeting of former and new members of the Louisiana Pain Initiative.
- Develop a strategic plan for the Louisiana Pain Initiative.
- Pass legislation to increase access to all pain medication for people in Louisiana who need effective pain management.

Evaluation

Evaluation provides important information on the quality and impact of programs and is used to guide resource allocation decisions. Throughout the comprehensive cancer control implementation process, the Louisiana Comprehensive Cancer Control Program will implement various evaluation strategies, and use the findings to correct processes when necessary.

Goal 23
To understand the effect, if any, of the Louisiana Comprehensive Cancer Control Program.

Objective 23.1
Identify successful strategies for achievement of goals and objectives.

Process Evaluation
Strategies:

- The plan identifies a lead partner or partners for each of the strategies under each objective. LCCCP staff will conduct evaluation interviews in person or via web meeting with partner staff.
- The evaluator will ask each partner to report on its progress at the mid-point and end of the plan period. Strategies will be classified as complete, ongoing, or unable to proceed. If the strategy is still viable, the partner will be asked to supply reasons for being unable to proceed. During this process, there will be opportunities for lead partners to rework strategies or to recommend additional strategies toward the specific objective.
- The evaluation report will include an assessment of what has been accomplished, what is in progress, and what is not being accomplished and why. The LCCCP management team will then review the report. Technical assistance will be provided to partners to improve or facilitate the implementation of strategies have not yet begun or are behind schedule. If a strategy is simply not realistic given the current resources, it will be considered in a planning phase rather than in implementation.
- Annual partner satisfaction survey

Objective 23.2
Evaluate the extent to which the objectives of the Louisiana Comprehensive Cancer Control Plan are achieved.

Impact Evaluation
Strategies:

- Monitor stage at diagnosis for breast, cervical, and colorectal using data from the LTR and the National Cancer Database of the American College of Surgeons (NCDB).
- Monitor progress in complying with early detection recommendations.

Objective 23.2
Evaluate the extent to which the goals of the Louisiana Comprehensive Cancer Control Plan are achieved.

Outcome Evaluation
Strategies

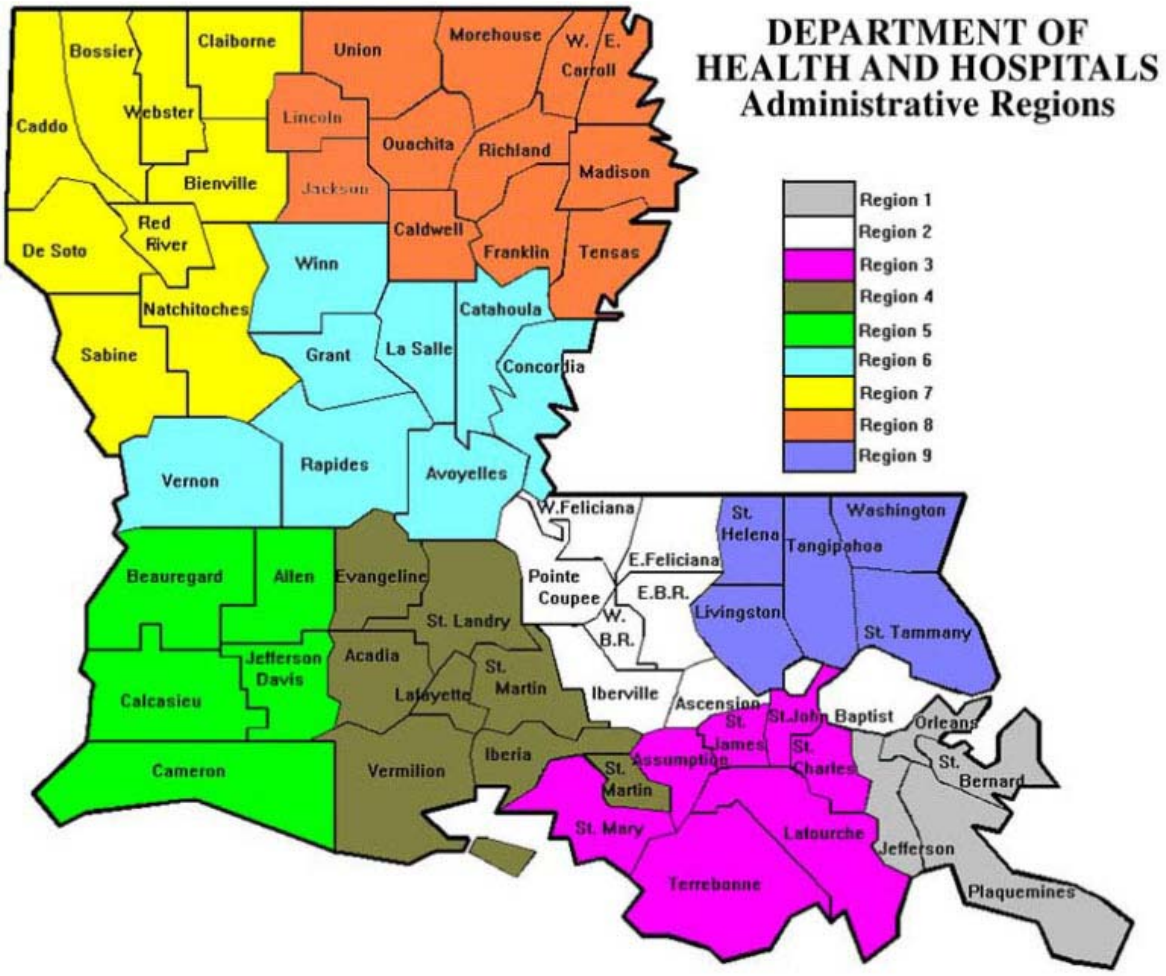
- Monitor cancer incidence and mortality on an annual basis using data from the LTR, NCDB, ACS and others.

- Monitor stage at diagnosis for breast, cervical, colorectal and prostate cancers using data from the LTR and NCDB.
- Monitor progress in complying with early detection recommendations.
- Develop data sources for those objectives for which baseline data currently does not exist.

Appendices

Appendix A

Louisiana's Public Health Regions



Appendix B

Glossary

ACS	American Cancer Society
ACS CAN	American Cancer Society Cancer Action Network
ACoS CoC	American College of Surgeons Commission on Cancer
AHA	American Heart Association
ALA	American Lung Association
CEUs	Continuing Education Units
CDC	U.S. Centers for Disease Control and Prevention
CIS	Cancer Information Services
CLAHEC	Central Louisiana Area Health Education Center
CoC	Commission on Cancer
CTFLA	Coalition for Tobacco Free Louisiana
DHH	Louisiana Department of Health and Hospitals
FITCo	Louisiana FIT Colon Program
HHS	U.S. Department of Health and Human Services
HPV	Human Papilloma Virus
LBCHP	Louisiana Breast and Cervical Health Program
LCCCP	Louisiana Comprehensive Cancer Control Program
LCCP	Louisiana Cancer Control Partnership
LCLTFB	Louisiana Cancer and Lung Trust Fund Board
LMHPCO	Louisiana-Mississippi Hospice and Palliative Care Organization
LPCA	Louisiana Primary Care Association
LPHI	Louisiana Public Health Institute
LRHA	Louisiana Rural Health Association
LSUHSC	Louisiana State University Health Sciences Center
LTCC	Louisiana Tobacco Cession Coalition
LTR	Louisiana Tumor Registry
MBP	Mary Bird Perkins Cancer Center
NCDB	American College of Surgeons National Cancer Database
NCI	National Cancer Institute
OPH	Office of Public Health
PCP	Primary care Provider
SEER	Surveillance Epidemiology and End Results
SES	Socioeconomic Status
SHS	Second Hand Smoke
TCP	Louisiana Tobacco Control Program
TFL	Campaign for Tobacco Free Living
UV	Ultraviolet

Appendix C

Louisiana Cancer Control Partnership

Executive Committee Members

Eric Baumgartner	Louisiana Public Health Institute
Jamey Boudreaux	Louisiana Mississippi Palliative Care & Hospice Organization
Charles Brown	American Cancer Society (LCLTFB)
Vivien Chen	Louisiana Tumor Registry
John T. Cole	Ochsner Clinic Foundation (LCLTFB)
Gerrelda Davis	Bureau of Primary Care and Rural Health, Louisiana Department of Health and Hospitals
Dana Feist	Greater New Orleans Patient Navigation Program
Diane Ferguson	Louisiana Breast Cancer Taskforce
Elizabeth Fontham	LSUHSC - New Orleans, School of Public Health
Chris Gatlin	Louisiana Pain Initiative
Jonathon Glass	LSUHSC - Shreveport (LCLTFB), Feist-Weiller Cancer Center
Linda Harkey	Louisiana Health Care Review
Catherine Haywood	Cancer survivor
Alison Jones	Insurance Commission of Louisiana
Kathleen Kennedy	Xavier University College of Pharmacy (LCLTFB)
Barry Landry	American College of Surgeons, Executive Committee Co-Chair
Augusto Ochoa	LSUHSC - New Orleans, Stanley S. Scott Cancer Center
Jaime Palomino	American Lung Association (LCLTFB)
John M. Rainey	Acadiana Medical Research Foundation (LCLTFB)
Pratap Reddy	American Heart Association
Alton O. Sartor	Tulane University Health Sciences Center, School of Medicine
Patrick Stagg	Louisiana State Medical Society (LCLTFB)
Todd Stevens	Mary Bird Perkins Cancer Center (LCLTFB)
Rosalind Stewart	Louisiana Public Health Institute
Francesco Turturro	Leukemia and Lymphoma Society (LCLTFB)
Matthew Valliere	Chronic Disease Program, LA Department of Health and Hospitals
Donna Williams	Louisiana Comprehensive Cancer Control Program

Appendix D

State Work Group Members

Patricia Andrews	Louisiana Tumor Registry
Deborah Arant-Daigle	LSUHSC - Stanley S. Scott Cancer Center
Danny Barnhill	LSUHSC - New Orleans
Donna Bryant	Office of Public Health Region 6
Shirley Burton	Survivor
Sharon Carter-Sheridan	Advocate
Patricia Davis	St. Thomas Community Health Center
Renea Duffin	Mary Bird Perkins Cancer Center
Denise Duplantis	Advocate and Survivor
Joyce Feagin	Willis-Knighton Health System
Dana R. Feist	Cancer Information Services
Cindy Frazier	Heart of Hospice
Judy Giles	Rapides Regional Medical Center
Tonya Gosa-Pollard	Louisiana Primary Care Association
Leigh Ann Kamerman	LSUHSC - New Orleans
Randi Kaufman	Louisiana Breast and Cervical Health Program
Sue Krueger	W.O. Moss Medical Center
Colleen Lemoine	Interim LSU Public Hospital
Benjamin D. Li	LSUHSC - Shreveport
Becky Majdoch	American Cancer Society
Jerry Mclarty	LSUHSC - Shreveport
John Mendell	Heart of Hospice
Kate Messina	Mary Bird Perkins Cancer Center
Mary-Catherine Moffett	Leukemia and Lymphoma Society
John Rainey	Acadiana Medical Research Foundation
Jo Thompson	E. A. Conway Medical Center

Appendix E

State Partners

American Cancer Society
American College of Surgeons' Commission on Cancer
American Lung Association
Louisiana and Mississippi Hospice & Palliative Care Organization
Louisiana Breast & Cervical Health Program
Louisiana Breast Cancer Task Force
Louisiana Campaign for Tobacco Free Living
Louisiana Cancer and Lung Trust Fund Board
Louisiana Department of Health and Hospitals, Office of Public Health
Louisiana Health Care Review, Inc.
Louisiana Obesity Council
Louisiana Public Health Institute
Louisiana State University Health Sciences Center
Louisiana State University Health Sciences Center, School of Public Health
Louisiana Tumor Registry
US Centers for Disease Control and Prevention, Comprehensive Cancer Control Program