

NATIONAL COMPREHENSIVE CANCER CONTROL PROGRAM PRIORITIES

Emphasize Primary Prevention of Cancer

Support Early Detection and Treatment Activities

Address Public Health Needs of Cancer Survivors

Implement Policy, Systems, and Environmental Changes
To Guide Sustainable Cancer Control

Promote Health Equity as it Relates to Cancer Control

Demonstrate Outcomes Through Evaluation

PRIORITY 1: **Emphasize Primary Prevention of Cancer**

Strategies	Example Activities
1. Coordinate with relevant partners such as tobacco, physical activity, nutrition, obesity, vaccine, and diabetes programs to implement evidence-based primary prevention interventions.	1a. Define the expectations, outcomes, and measures of success for primary prevention of cancer.
	1b. Conduct a gap analysis of partner skills, influence, representation, and participation, and use findings to inform decisions regarding partnership growth and sustainability.
	1c. Employ methods that increase participation and enhance collaboration (e.g., select leaders that can motivate and guide partners to achieve cancer plan objectives, use published partnership models and resources to guide the partners beyond networking and coordinating to collaborating.)
	1d. Create or maintain formal agreements (e.g., MOU) to support and coordinate primary prevention activities with relevant partners.
2. Develop primary prevention policy agenda as part of an overall cancer policy agenda.	2a. Conduct a scan of existing policies in state, tribe, territory, or jurisdiction; identify and address gaps.
	2b. Educate policy makers and key stakeholders on primary prevention health policy evidence base.
	2b. Work with appropriate coalition members to implement effective policies such as: <ul style="list-style-type: none"> • Smoke-free policies and/or tobacco-free policies. • Restricting tobacco sales (internet, to minors, at stores/events). • Human Papilloma Virus (HPV) and Hepatitis B Virus (HBV) vaccine policies. • Policies requiring daily quality physical education (PE) and healthy foods in schools • Regulating use of indoor tanning devices by children and adolescents.
3. Develop and promote primary prevention messages consistent with chronic disease partner messages.	3a. Coordinate with chronic disease partners to ensure use of consistent prevention messages.
	3b. Develop and implement a dissemination plan for prevention messages with partners.
4. Ensure that effective programmatic interventions contribute to the evidence base.	4a. Coordinate with relevant research partners to develop gap analyses of cancer risk factors and cancer outcomes.
	4b. Collaborate with appropriate research partners in the area of primary prevention and evaluate interventions.
	4c. Promote translation of primary prevention research into practice.

PRIORITY 2:

Support Early Detection & Treatment Activities

Strategies	Example Activities
1. Build or sustain coalitions with key stakeholders who can enhance early detection and treatment activities.	1a. Define the expectations, outcomes, and measures of success for coordinated activities that advance early detection and treatment.
	1b. Conduct a gap analysis of partner skills, influence, representation, and participation related to early detection and treatment activities and use findings to inform decisions regarding partnership growth and sustainability.
	1c. Enlist leaders who can motivate partners and build trust so that coalition members will want to work together to accomplish mutually beneficial objectives from the cancer plan.
2. Coordinate with cancer control programs, chronic disease programs, clinical and public health settings, and other key community sectors.	2a. Define the expectations and outcomes of coordinated activities to advance early detection and treatment activities.
	2b. Consider common risk factors across chronic disease programs and implement collaborative activities.
	2c. Identify and implement opportunities to link interventions related to common risk factors and health outcomes across chronic disease programs.
3. Support policy, systems, and environmental (PSE) approaches to expand access to and utilization of early detection and treatment programs.	3a. Use data to identify and justify the selection of PSE interventions.
	3b. Implement and sustain programs intended to reduce disparities, such as patient navigator programs and/or community health worker programs (e.g., workforce development, financing mechanisms for sustainable employment, occupational regulation).
	3c. Facilitate improved healthcare payment and delivery systems and ensure access to medical home.
	3d. Implement systems and environmental changes to promote better access to quality cancer care, including improving availability of transportation, affordable child/elder care support, and culturally appropriate health information.
	3e. Develop an integrated system of health education, screening, referral, and patient navigation.

PRIORITY 3:

Address Public Health Needs of Cancer Survivors

Strategies	Example Activities
1. Use the continuum of cancer survivorship (diagnosis/treatment, secondary prevention, post-treatment, tertiary prevention, palliation) as a framework for interventions.	1a. Continue primary, secondary, and tertiary prevention efforts for survivors.
	1b. Ensure that cancer survivors have access to a medical home post-treatment.
2. Assess and enhance capacity to support survivorship interventions.	2a. Determine whether and to what extent current cancer plan addresses survivorship.
	2b. Determine level of expertise necessary and available to advance survivorship activities.
3. Develop, enhance, and use survivorship surveillance data to define the scope, needs, and health behaviors of the cancer survivor population.	3a. Utilize and maintain the BRFSS and NHIS survivorship modules.
	3b. Use cancer registry data to define and implement interventions for follow-up treatment and care among cancer survivors.
4. Use and contribute to evidence base of survivorship interventions.	4a. Implement evidence-based interventions or promising practices regarding survivorship.
	4b. Evaluate survivorship interventions/activities including development of evaluation measures.
	4c. Disseminate results from survivorship interventions (e.g., peer-reviewed journals, internal reports, conferences, presentations).
5. Increase awareness and knowledge of issues relevant to cancer survivors.	5a. Monitor and track progress of cancer survivors' health, economic, and psychosocial issues.
	5b. Support development and use of plain language resources such as decision-aid tools and survivorship care plans (e.g. treatment summary, follow-up instructions, rescreening guidelines, risk factor reduction).
	5c. Disseminate current clinical management guidelines for cancer survivors.
	5d. Collaborate with relevant research partners to assess health risks associated with cancer treatment.
	5e. Identify and communicate health risks from cancer treatment.

PRIORITY 4:
**Implement Policy, Systems, & Environmental
 Changes To Guide Sustainable Cancer Control**

Strategies	Example Activities
1. Develop or refine an overall cancer policy agenda.	1a. Maintain staff with competency in issue framing, policy analysis, and formulation of a policy agenda.
	1b. Conduct a scan of existing policies in state, tribe, or territory to identify and address gaps
	1c. Participate in workshops or training sessions on the use of policy and environmental change to affect sustainable cancer control.
	1d. Align cancer control policy activities with other CDC-funded chronic disease programs, in a manner that minimizes duplication, capitalizes on existing activities, and fosters rapid implementation.
2. Engage the community, including representatives of high cancer burden and communities experiencing disparities, to identify PSE interventions at the state and local level.	2a. Use cancer data to frame issues and engage representatives of high cancer burden and disparate communities.
	2b. Identify key community groups/individuals/organizations/tribal groups to participate in town hall meetings or other appropriate forums.
	2c. Define a media strategy that includes a focus on earned media and outlines efforts to engage the media in support of policy interventions.
3. Ensure that the partnership includes coalition members who can effectively implement evidence based cancer control PSE interventions	3a. Build and sustain existing policy workgroup or taskforce dedicated to planning and implementing policy and environmental changes, as an extension of the existing Comprehensive Cancer Control Program and/or coalition.
	3b. Include in the task force organizations and individuals who can effectively advance the policy agenda. Examples include, but are not limited to: state and local legislators; state health commissioners; legal/policy experts; tribal leaders; Office of Minority Health; school board members; state education agencies; major health system organizations such as insurance companies and regional hospitals; private health care providers, federally qualified health centers; members of tobacco control, nutrition, or physical activity coalitions or programs; employers; leaders in the philanthropic or non-profit community; community board members; local faith based groups; human services agencies such as nutrition assistance program administrators and housing agencies; physicians; representatives from medical societies; transportation departments; and city planning and land-use experts.
	3c. Define the policy related expectations, outcomes, and measures of success for the CCC coalition.

	3d. Conduct a gap analysis of partner skills, influence, representation, and participation related to PSE change.
	3e. Utilize findings of gap analysis to inform decisions regarding partnership growth and sustainability.
4. Increase awareness among coalition members and key stakeholders to effectively communicate the need for PSE intervention.	4a. Educate policy makers and key stakeholders on evidence based interventions, from such sources as MAPPS Interventions for Communities Putting Prevention to Work (CPPW) or the Policy, Environmental and Systems Change Approaches to Cancer Control (FOA # DP10-1017).
5. Implement PSE interventions that link directly with goals and outcomes in the cancer control plan.	5a. Assess the cancer disease burden for the State/Tribe/Territory/Pacific Island Jurisdiction.
	5b. Determine the highest burden cancers in the state and local level.
	5c. Select policies with broad impact.
	5d. Identify factors that might contribute to the burden of cancer within the identified population. Include policy or environmental barriers.
	5e. Develop and coordinate new PSE initiatives aimed at primary, secondary and/or tertiary cancer preventive measures.
6. Evaluate effectiveness of PSE interventions.	6a. Use action plans to link proposed policy interventions to short and long term health outcomes
	6b. Use action plan and MIS system to monitor progress
	6c. Measure program effectiveness through mixed methods qualitative evaluation, including case studies.

PRIORITY 5:

Promote Health Equity as it Relates to Cancer Control

Strategies	Example Activities
1. Enhance existing data sources used to collect and report incidence, prevalence, morbidity and mortality among subpopulations <ul style="list-style-type: none">by age, gender, race/ethnicity, income, education level, health literacy level, health insurance status, geographic location, language, or other socio-demographic factors	1a. Identify existing data resources to measure disparate disease burden of cancer and related adverse conditions (e.g. use of GIS spatial analysis and electronic health records). 1b. Expand existing or develop new data resources (e.g. state-based data, local surveys enhance registry data systems, create pertinent data linkages).
2. Enhance methods to identify and describe health disparities.	2a. Track progress in eliminating health disparities using periodic status reports. 2b. Document impact and share successes, challenges and lessons learned. 2c. Conduct evaluations that focus on disparate/underserved/under-represented populations and communities.
3. Promote equitable distribution of resources, services, and processes that influence health disparities to achieve health equity.	3a. Strengthen and sustain specific partnerships with those serving underserved/underrepresented populations and communities. 3b. Work with partners to develop common goals, objectives, and action plans that serve high-risk populations.
4. Support workforce development.	4a. Provide training opportunities (e.g., conferences, workshops, fellowships, internships) to diversify the public health workforce. 4b. Work with staff and partners to develop common training goals, objectives, and action plans that serve high-risk populations
5. Build and sustain diversity within the coalition and coalition leadership.	5a. Use enhanced data collection for assessing/monitoring coalition structure. 5b. Recruit and include members of and organizations representing populations experiencing disparities on coalitions and in decision making.

PRIORITY 6:

Demonstrate Outcomes Through Evaluation

Strategies	Example Activities
1. Ensure that all CCC interventions reflect most current data (incidence, mortality, behavioral, risk factors).	1a. Utilize NPCR, YRBS, BRFSS, NHIS, GPRA, and other surveillance data to develop cancer control interventions.
	1b. Scale efforts to address the 3-4 highest burden cancers in each state/tribe/territory/jurisdiction as measured by incidence and mortality data.
2. Ensure that all comprehensive cancer control interventions are evidence based or contribute to the evidence base.	2b. Present and disseminate information on evidence based cancer control interventions to stakeholders.
	2b. Contribute to the evidence based by making it a high priority to evaluate promising practices
3. Develop and enhance capacity to evaluate outcome and impact.	3a. Identify resources (e.g. tools, staff, and training) needed to enhance evaluation capacity.
	3b. Become familiar with and use CDC's Evaluation Framework for Public Health Programs (see activities 4a-4d for steps noted in this framework).
	3c. Partner or consult with others with evaluation expertise.
4. Evaluate the impact of the CCC partnerships, plan and program's interventions.	4a. Identify and engage evaluation stakeholders
	4b. Develop a program description that clarifies all components and intended outcomes, which can then be used to identify the most important evaluation questions.
	4c. Annually determine which components of the partnership, plan and program interventions will be evaluated and how (i.e., evaluation design and methods).
	4d. Disseminate evaluation results and use the findings to inform program improvement efforts.