

**THE COUNCIL OF STATE GOVERNMENTS**  
**RESOLUTION ON COMPREHENSIVE CANCER CONTROL**

**WHEREAS**, cancer is the second leading cause of death in the United States;

**WHEREAS**, in 2005, about 1.4 million new cases of cancer will be diagnosed;

**WHEREAS**, nearly 570,300 Americans—about 1,500 people a day—will die of the disease;

**WHEREAS**, approximately 9.8 million Americans with a history of cancer were alive in January 2001;

**WHEREAS**, 17 percent of Americans under age 65 have no health insurance coverage and about one third of persons age 65 and older have Medicare coverage only;

**WHEREAS**, in 2004, the overall cost of cancer in the United States was \$189.8 billion - \$69.4 billion for direct medical costs, \$16.9 billion for lost worker productivity due to illness and \$103.5 billion for lost worker productivity because of premature death;

**WHEREAS**, the significant growth of cancer prevention and control programs within health agencies has resulted in the recognition that improved coordination of cancer control activities is essential to maximize resources and achieve desired cancer control outcomes;

**WHEREAS**, comprehensive cancer control (CCC) results in many benefits including increased efficiency for delivering public health messages and services to the public;

**WHEREAS**, the Center for Disease Control and Prevention's (CDC's) National Comprehensive Cancer Control Program (NCCCP) is a national resource for supporting comprehensive cancer control efforts;

**WHEREAS**, since 1998, the number of programs pursuing comprehensive approaches to cancer control has grown from 6 to 61, and with this support, state and tribal health agencies continue to establish broad based CCC coalitions, assess the burden of cancer, determine priorities for cancer prevention and control, and develop and implement CCC plans;

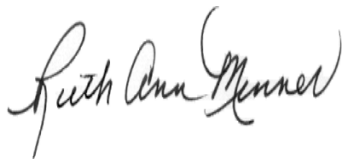
**WHEREAS**, cancer plans are the stepping stones for advancing comprehensive cancer control programs—to put the program into action;

**WHEREAS**, each state or tribal health agency develops an individual cancer plan to address its unique cancer burden; and as states or tribal health agencies implement cancer plans, they integrate expertise and efforts from many disciplines: basic and applied research, evaluation, health education, program development, public policy, surveillance, clinical services, and health communications; and

**WHEREAS**, the states and tribal health agencies currently do not have adequate funding and resources to support their cancer plans from development and planning through implementation and into action;

**BE IT NOW THEREFORE RESOLVED**, that The Council of State Governments encourages state legislators and other elected leaders to support and promote state-wide efforts for partnership development and participation in and support of all types for the development and implementation of their state's comprehensive cancer control plan.

Adopted this 8<sup>th</sup> Day of June, 2005, at the  
CSG Spring Task Force and Committee Meeting  
In Lake Tahoe, California



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Governor Ruth Ann Minner  
2005 CSG President



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Assemblyman Lynn Hettrick  
2005 CSG Chair