



# Attacking Cancer *on All Fronts*

*States are taking a comprehensive approach*

By Dan Lorentz

"Like every other state, we've got a tight budget so we have to be smart in how we fight cancer. And that means getting all the stakeholders and programs working together on a comprehensive plan so that we don't duplicate efforts or miss opportunities. The bottom line is: in fighting cancer we have to make sure that every dollar spent goes as far as it can to save lives."

—*Delaware Gov. Ruth Ann Minner*

**S**ince taking office in 2001, Delaware Gov. Ruth Ann Minner has launched one ambitious anti-cancer initiative after another. Delaware is now spending \$10 million a year for increased cancer awareness, screening and treatment. It has created a cancer registry to identify cancer "hot spots." And the "First State" has just started a pioneering program to pay for cancer treatment for those who can't afford it.

These efforts are not just a grab bag of popular programs. Anyone who knows about how Minner's husband died in 1991 of lung cancer, and about how Delaware's cancer risk and death

rates are among the highest in the United States, also knows that Minner is far too serious about combating cancer to settle for that.

Minner is in earnest; she wants the fight against cancer to be one of her administration's major legacies. If you look beyond the names of the various initiatives she has launched, you'll see that Delaware is taking a comprehensive approach to fighting cancer.

Simply put, the comprehensive approach is about making sure that all of a state's anti-cancer resources—from government programs to private organizations—are working together to fight cancer in every community on all fronts,

from prevention and early detection to treatment, rehabilitation and end-of-life care.

While some states have yet to pursue the comprehensive approach with Delaware's aggressiveness, all are at least planning to implement it. It's not hard to understand why.

## Why the Comprehensive Approach?

The twin pressures of the costs of cancer—in terms of death, suffering and lost productivity—and fiscal constraints are important factors driving states to find smarter, more effective strategies to combat the disease.

Minner, whose state ranks sixth in cancer cases and deaths, says the logic of the comprehensive approach to cancer control is compelling to states.

"Most people in Delaware are like me: they know someone or are related to someone who has been touched by cancer," said Minner. "That helps explain why we are so motivated to fight the disease."

"But like every other state, we've got a tight budget so we have to be smart in how we fight cancer. And that means getting all the stakeholders and programs working together on a comprehensive plan so that we don't duplicate efforts or miss opportunities. The bottom line is: in fighting cancer we have to make sure that every dollar spent goes as far as it can to save lives."

Although fiscal constraints and the continuing cancer toll are important spurs toward a comprehensive approach, the rapid growth of cancer prevention and control programs within state health departments itself highlights the need to better coordinate cancer control activities to maximize resources and outcomes.

For example, while states have implemented successful breast and cervical cancer prevention and early detection programs and have launched effective public awareness campaigns about the risks of cancer from smoking, they often have failed to integrate their cancer efforts.

Because these programs often are built around specific cancers or risk factors, states' ability to fight the overall challenge of cancer can be hampered by duplicated efforts and missed opportunities for coordination.

According to Susan True, program services branch chief in the Division of Cancer Prevention Control of the Centers for Disease Control and Prevention, state officials know they are missing opportunities for coordination, which translates into missed opportunities to save lives. "That's why the interest in comprehensive cancer control approach is rapidly spreading through the states," she explains.

## States Move Forward

Under the traditional approach to cancer control, funding is typically categorical—that is, funding streams go to programs for specific forms of cancer like lung cancer or colorectal cancer, or risk factors like smoking or sun exposure. Planning is usually done within programs, and collaboration with other programs or private and nonprofit organizations is limited. The continuum of

## Fact File

- If current trends continue, one-third of Americans will be diagnosed with cancer in their lifetimes.
- Everyone is at risk of developing some form of cancer.
- More than 1.3 million new cases will be diagnosed in 2005.
- Cancer is now the leading cause of death in the United States among Americans 85 or younger, causing one in four deaths each year.
- The top killing cancers for women are lung, breast and colorectal. For men, the top killers are lung, prostate and colorectal cancer.
- Many cancer deaths can be prevented with early screening and treatment.
- Many new cases of cancer can be stopped from ever developing with the right lifestyle choices.
- Cancer incidence varies by race and ethnicity, with some groups being more susceptible to certain types of cancers than others.

Sources: American Cancer Society, National Cancer Institute

anti-cancer interventions is often fragmented; prevention and early detection efforts are programmatically isolated from treatment, rehabilitation and palliation efforts.

As states move toward a comprehensive approach, those traditional barriers are breaking down.

In Colorado, for example, the state's public health department and a statewide coalition of cancer groups have collaborated on two important projects. In the first, the state is now able to use resources from the coalition to enhance its monitoring of cancer trends. The information-sharing has already led to more targeted anti-cancer efforts. In particular, the state can now do a much better job of tracking trends in the cancer risk factors facing children.

The state and its partners also created the "Colorado Cancer Resource Guide," a central online location for cancer patients and their families to find information about particular types of cancer; treatment options; financial assistance; and local, state and national resources. (Visit the resource guide at [www.ccronline.org](http://www.ccronline.org).)

In Georgia, the state's breast and cervical cancer program uses client navigators to help make sure care is accessible for everyone. The navigators, also called "lay health advisors," come from the communities in which they work, and receive specialized training

## Internet Resources

For more information about the CDC's National Comprehensive Cancer Control Program for states, visit the program's Web site at [www.cdc.gov/cancer/ncccp/index.htm](http://www.cdc.gov/cancer/ncccp/index.htm).

Cancer Control PLANET's Web site at [cancercontrolplanet.cancer.gov](http://cancercontrolplanet.cancer.gov) offers links to comprehensive cancer control resources for public health policy-makers. You can access individual state cancer profiles from this site as well.

To learn more about C-Change, the national cancer collaborative organization, go to [www.ndoc.org/default.asp](http://www.ndoc.org/default.asp).

## Comprehensive Cancer Tool Kit from the Healthy States Initiative

The Council of State Governments' Healthy States Initiative will release a tool kit on the comprehensive approach to cancer control. The tool kit will be designed to give state policy-makers the resources they need to understand and become involved in comprehensive cancer control policies. Look for it at [www.healthystates.csg.org](http://www.healthystates.csg.org) this summer.

in helping others overcome health care system barriers. Thus they are able to guide women in medically underserved areas through a complex health care system so they can get the care they need.

In Michigan, the state's cancer consortium—a group that includes more than 70 cancer organizations—created a special public/private network to address the state's low rates of colorectal cancer screening. Under the leadership of the American Cancer Society, the network grew to include more than 145 organizations, all of which contributed to an aggressive outreach campaign promoting colorectal screening.

In Missouri, the state health department, a major state hospital, the American Cancer Society, local women's health support groups and others formed a coalition to offer a series of cancer screenings and follow-up treatments to women in a large, poor, rural area in the Southeastern part of the state. Eleven of the 459 women screened had breast cancer and were enrolled in the state's breast and cervical cancer treatment and prevention program.

In Texas, one of the state cancer coalition's first undertakings was a rigorous study of the annual cost of cancer in the Lone Star State. The study estimated that in 1998, the total cost due to cancer was about \$14 billion. Of that, direct medical expenses accounted for \$4.9 billion and indirect costs and lost productivity accounted for \$9.1 billion. The report painted a vivid picture for state residents and officials of the need for continuing efforts to fight cancer.

## The National Comprehensive Cancer Control Program

Many of the state-level efforts have been seeded with funds from the CDC's National Comprehensive Cancer Control Program.

The program, which started in 1998 with funding for just six state plans, grew by fiscal year 2004 to a \$12 million program that funds 61 plans serving programs in 49 states, the District of Columbia, tribes and United States territories. With help from this program, states form broad-based coalitions, assess the burden of cancer, determine priorities for cancer prevention and control, and develop and implement statewide comprehensive approaches to cancer control.

"The National Comprehensive Cancer Control Program is here to help states," True said. "The CDC can provide customized, state-specific technical assistance. We have a wealth of written

guidance materials available, and we offer leadership institutes where state policy-makers and health department officials can learn in depth about how to plan and implement the comprehensive approach."

Within the comprehensive control framework, the CDC supports colorectal, prostate and ovarian cancer control activities, as well as activities targeted at more publicized cancers such as those of the breast and lung.

Currently, 21 states are being funded to plan comprehensive approaches. Twenty-eight states are already beginning to implement their statewide plans. By July, every state will be in the planning stages—if not already in action—for comprehensive cancer control.

## What State Legislators Can Do

It's easy to see how a governor like Delaware's Minner can play a pivotal leadership role in pushing a state to take a comprehensive approach to cancer. It's also not hard to see that national programs, state health departments and private and nonprofit cancer organizations are key parts of making statewide collaborative efforts against cancer work. But do state legislators have a role to play?

Yes, they most definitely do, according to Gary Gurian of C-Change, a national cancer collaborative composed of leaders from 130 public, private and non organizations chaired by former President George Bush and his wife, Barbara Bush.

Gurian, whose organization has worked closely with the CDC, the American Cancer Society and the National Cancer Institutes to help many states plan and implement comprehensive approaches, says it would be a mistake for national cancer organizations and programs to take the contributions of state legislators for granted.

"Comprehensive cancer control plans are an important linchpin in our efforts to eliminate cancer as a public health problem," Gurian said. "What state-based comprehensive cancer plans do—and this is particularly important—is make sure that the full continuum of cancer care is in place from prevention and early detection through treatment and palliative care. From providing political support and pressure to allocating resources, state legislators are critical to helping make sure these plans are implemented."

Continued on page 36

## Emergency Management Directors Meet with Federal Officials

The federal government's emergency response during the 2004 Florida hurricane disaster is similar to how it would react to a terrorist attack.

That was the message from Michael D. Brown, undersecretary for emergency preparedness and response in the U.S. Department of Homeland Security, at the 2005 National Emergency Management Association Mid-Year Conference in February.

"One of the biggest natural disaster seasons in Florida history was also a huge lesson in terrorist-response," Brown said in his keynote address to state emergency management directors from around the country. Not only did EP&R/FEMA coordinate disaster assistance to the state, but it also provided medical assistance, food and temporary housing for thousands of individuals and families—the same resources that would be required after a major terrorist event.

The states' ability to respond to and prepare for all hazards was also a main topic at the conference. A priority at the mid-year NEMA meeting, which takes place in Washington, D.C., is to edu-

cate elected officials about critical emergency management issues.

Many state directors and staff members met with their congressional delegations as well as senators and representatives in key leadership positions. They discussed restoring monies to important hazard mitigation programs and the inadequate funding of Emergency Management Performance Grants, which help states cover costs of personnel, planning, training and conducting exercises on a local level as part of the nation's emergency response system.

Also at the conference, NEMA honored four members of Congress who had advanced emergency management and homeland security legislation. The honorees were U.S. Rep. Christopher Cox of California, chair of the House Committee on Homeland Security; Sen. Susan Collins of Maine, who is chair, and Sen. George Voinovich of Ohio, who is a member of the Senate Committee on Homeland Security and Governmental Affairs; and Rep. Martin Olav Sabo of Minnesota, ranking member of the House Appropriations Subcommittee on Homeland Security.



## Attacking Cancer on All Fronts

Continued from page 16

For state legislators who want to become involved in their state's comprehensive cancer control efforts, Gurian has these recommendations:

- **Start by learning about your state's efforts.** The first step for a state legislator is to get in touch with his or her state's comprehensive cancer control program director. A complete list of state contacts can be found at [apps.nccd.cdc.gov/cancercontacts/ncccp/contacts.asp](http://apps.nccd.cdc.gov/cancercontacts/ncccp/contacts.asp). Ask to see a copy of the state's comprehensive plan for cancer control, and ask about efforts already underway. For information about cancer activities in your community, visit this page on the American Cancer Society's Web site: [www.cancer.org/docroot/COM/COM\\_0.asp](http://www.cancer.org/docroot/COM/COM_0.asp).
- **Learn from what other states are doing.** Do you want to find an innovative approach to comprehensive cancer control? Are you looking for ways to tackle a particular cancer-related problem in your state? The best source of policy inspiration is

to learn about what other states are doing. You can find cancer plans for every state on Cancer Control Planet's Web site: [cancercontrolplanet.cancer.gov/state\\_plans.jsp](http://cancercontrolplanet.cancer.gov/state_plans.jsp).

- **Make the case for the comprehensive approach.** Convinced that comprehensive cancer control will help save lives and stretch resources? Then make the case for comprehensive cancer control in speeches, in newsletters, at town hall meetings and on your legislative Web site. The CDC's Division of Cancer Control and Prevention provides a wealth of background information about the comprehensive approach as well as compelling statistics about the burden of cancer. Find links to these resources and more at [www.cdc.gov/cancer/ncccp/index.htm](http://www.cdc.gov/cancer/ncccp/index.htm).

—Dan Lorentz is a health policy analyst at the The Council of State Governments.