

health
disparities

lung cancer

breast cancer

cancer

cultural

awareness

childhood:teens:twenties:thirties:middle:
prevention

health check

prostate

melanoma

colorectal
cancer

cancer

COMPREHENSIVE CANCER CONTROL IN

CALIFORNIA

2004



This publication was prepared by:

California Dialogue on Cancer
P.O.Box 2061
Oakland, CA 94604
(916) 449-5536

Suggested citation:

Comprehensive Cancer Control in California, 2004. Oakland, CA: California Dialogue on Cancer, April 2004.

Production and design by Maggie Burgos, California Cancer Registry

Special thanks to Carol Russell for assistance in preparation of this plan.

Copyright information:

All material in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

FOREWORD FROM THE CALIFORNIA DIALOGUE ON CANCER

An estimated 138,000 Californians will be diagnosed with cancer in 2004 and 53,800 will die from the disease. In the coming years, cancer is expected to strike three out of four California families. The diverse populations in our state bring additional challenges in combating the disease.

Comprehensive cancer control is based on the idea that people and organizations working together to identify problems and develop solutions will lead to better use of limited resources and generation of new resources through new partnerships.

Comprehensive cancer control will reduce the cancer burden on all California citizens by integrating and coordinating approaches for reducing the incidence, morbidity, and mortality of cancer through effective prevention, early detection, treatment, rehabilitation, and palliation efforts.

The California Dialogue on Cancer (CDOC) was formed to provide guidance for comprehensive cancer control activities in California. The development of the state plan is the first step in the ongoing process of implementing comprehensive cancer control. CDOC will be the lead organization in implementation of the plan via working committees specifically formed to address specific strategies and tactics as well as cross-cutting issues.

The California Comprehensive Cancer Plan is a strategic plan of action, developed by dedicated individuals and organizations concerned with the burden of cancer on California citizens. In particular, the American Cancer Society and the California Department of Health Services have assisted in coordinating the process that led to this plan.

This process included:

- I Establishing a Steering Committee for initial guidance in determining overarching issues and the plan's framework.
- II Developing an outline of the plan which resulted in a first rough draft.

III Following completion of the first draft of the plan, convening a meeting of cancer control stakeholders in California to further develop the plan. This stakeholders group was comprised of individuals with expertise in the field and representatives from a broad spectrum of government, health care, business, labor, and community-based organizations. This meeting was attended by over 175 individuals representing more than 75 organizations. This was the process of building our strategic partnerships.

IV The document resulting from this stakeholders meeting was distributed to participants for further review, revision, and finalization. In addition, cross-cutting issues were identified and to be addressed during the implementation process.

This formal plan blends community participation with the science of cancer control, examines the barriers and gaps in cancer control efforts and identifies measurable goals, strategies and tactics needed for the future. The impact of cancer is greater on some people than others. Therefore, recognition of the state's multicultural population is a primary component of this plan of action.

Successful implementation requires the continued support and assistance of many different partners including the state legislature, state and local health agencies, community-based organizations and grassroots efforts. Additional resources will also be needed to support of plan strategies.

We are extremely thankful for all those individuals and organizations who have assisted in developing this agenda for the future. This plan is an end product of the planning process and an important milestone toward reducing the cancer burden on Californians; however, it is just one step in a longer, sustained, comprehensive cancer control process. Every partner organization involved is vital to continuing successful implementation of California's Cancer Control plan, and we look forward to working together on this critical endeavor.

EXECUTIVE SUMMARY

California Confronts Cancer

Cancer is second only to heart disease as a cause of death in California across all population groups, except for Asian/Pacific Islander women where it is the leading cause of death. In the coming years, cancer is expected to strike three out of four California families.

Significant talent and resources have been directed into the effort to control cancer in our state. As a result, California has created a world-class cancer surveillance system and registry. Although encouraged by its progress in controlling cancer, the state is at an important juncture where a comprehensive plan can coordinate control efforts and optimize resources during difficult financial times. A comprehensive plan will also engender greater collaboration and consensus among stakeholders as to what could and should be achieved.

In March 2003, California convened the California Comprehensive Cancer Control Plan Stakeholders Meeting with over 200 participants including state leaders, members of the public, not-for-profit organizations, health, medical, and business communities, the research community, national leaders, survivors, caregivers, and advocates. This meeting resulted in development of the initial draft of California's plan.

The meeting was an inaugural event sponsored by the California Dialogue on Cancer (CDOC), the overarching organization that will take on issues of structure, growth, and outcomes for cancer control in California.

The Cancer Burden in California

Mirroring the rest of the nation, the burden of cancer does not fall equally on all Californians. Californians who are poor, lack health insurance, and lack access to adequate cancer care carry an unequal burden of cancer. The risk of developing cancer varies considerably by race/ethnicity.

Measures of cancer incidence, mortality, survival, and other pertinent data are used as a resource to originate and evaluate comprehensive cancer control as an evidence-based public health program. Evidence-based programs ensure that limited resources are directed toward efforts that will lead to the most meaningful and applicable results.

Cross-Cutting Issues in Cancer Control

In order to implement the comprehensive cancer control plan and achieve its goals, cross-cutting issues, which cut across the full spectrum of cancer control, are highlighted.

- › Access to Quality Care
- › Prevention
- › Survivorship, Palliative Care, and Quality of Life
- › Surveillance and Evaluation
- › The Cost of Cancer
- › Public Policy and Legislation
- › Research
- › The Environment and Cancer

The Unequal Burden of Cancer

California's large multicultural and diverse population also often encounters barriers to optimal cancer care. Disparities exist in knowledge, access, treatment, and survival and result in risk of high cancer incidence, mortality, poor cancer survival, and poor quality of life. Efforts specifically directed to the state's diverse and low-income populations will continue to overcome gaps in its cancer control programs.

Top Strategies to Achieve Goals and Objectives

Key strategies and tactics for making progress in California's efforts to control cancer were developed by participants at the March 2003 Stakeholders Meeting described above. Listed below are the top strategies identified for colorectal, breast, prostate, and lung cancer as well as for the two leading risk factors for cancer overall, i.e. tobacco use, poor nutrition and physical inactivity.

Colorectal Cancer - Top Strategies to Achieve Goals and Objectives

1. By January 1, 2006, develop and support proactive colorectal cancer advocacy groups that will, in turn, support community, state, and national agendas for increasing awareness of colorectal cancer issues.



2. By January 1, 2006, develop and support evidence-based, culturally sensitive public awareness campaigns that focus on the importance of colorectal cancer screening, prevention, and early detection through media, community outreach, and through a collaboration among health care providers and community and voluntary organizations.
3. By January 1, 2006, work toward universal insurance coverage for colorectal cancer screening and treatment.

Breast Cancer - Top Strategies to Achieve Goals and Objectives

1. By January 1, 2006, begin to conduct statewide tracking of women's breast cancer health care.
2. By January 1, 2006, provide education for health professionals, policy makers, and consumers, including diverse populations, regarding breast cancer risk assessment and risk reduction through a variety of materials and mechanisms developed to increase cultural competency and communication skills.
3. By January 1, 2006, develop a coordinated system and resources to provide access for patients to breast cancer detection, diagnosis, and treatment services which ensures quality of life throughout the continuum of cancer care including recovery and palliative care.

Prostate Cancer - Top Strategies to Achieve Goals and Objectives

1. By January 1, 2006, educate the public, health professionals, and policy makers regarding major issues relating to prostate cancer including its risks, treatment options and associated quality of life issues, fears, beliefs and perceptions about the cancer and its treatment, lack of trust in the health care system among diverse groups, the need for easier access to prostate cancer detection and care, and lack of accurate, unbiased information conveniently accessible to men within and outside the health care system.
2. By January 1, 2006, increase state funding for prostate cancer control research that includes basic, translational, clinical, and health services, quality of life, and outcomes research.
3. By January 1, 2006, ensure consistent funding of existing prostate cancer mandates and programs for the low income, uninsured, and underinsured, and ensure that programs are culturally and linguistically appropriate for ethnic communities.

Lung and Oral Cancer and Tobacco Control - Top Strategies to Achieve Goals and Objectives

1. Prevent or control tobacco use by funding and implementing the Tobacco Education and Research Oversight Committee Master Plan to strengthen the California Tobacco Control Program structure (community-based and school-based programs and tobacco-related disease research).
2. Integrate evidence-based and efficacious smoking and smokeless tobacco cessation services into the state's school systems, community-based organizations, public health programs, and health care plans and institutions.
3. Improve current and develop new technologies for screening, early diagnosis, and treatment of lung, oral cancer, and other tobacco-related cancers (e.g. cervical, stomach, pancreatic), and improve the quality of life measures at all stages of the patient's health care and balance of life.

Nutrition, Obesity, Physical Activity, and Cancer - Top Strategies to Achieve Goals and Objectives

Based on the model provided by the successful tobacco prevention campaign in California, identify current funding streams and mobilize new resources to at least a comparable level of California's Tobacco Control Program. Create a similar statewide infrastructure to change state norms regarding healthy dietary and physical activity behaviors as follows:

1. Develop a statewide infrastructure that provides leadership, management, planning, information and intervention dissemination, resource development training, and coordination.
2. Institute environmental and policy change.
3. Implement mass communication strategies.

The individuals and organizations who have contributed to this end product of the planning process are welcomed as a partner in developing this agenda into the future.

This process of building partnerships continues with The California Dialogue on Cancer (CDOC) providing guidance for comprehensive cancer control implementation activities in California via working committees specifically formed to address specific strategies and tactics as well as cross-cutting issues.