



North Carolina Cancer Control Plan: 2011 Annual Report

February 3, 2012

**Department of Health and Human Services
Division of Public Health
Report to the Governor, the Joint Legislative Commission on Governmental
Operations, and the Fiscal Research Division
Relating to the Advisory Committee on Cancer Coordination and Control**

February 2012

The following information is reported, pursuant to *Section 288, Chapter 130A, Part 4, 33.51(b)*, for the report period of July 1, 2010 through June 30, 2011. This *Report* addresses the legislatively-mandated duties and responsibilities of the Advisory Committee on Cancer Coordination and Control (Advisory Committee), the implementation progress of the *North Carolina Cancer Control Plan 2007-2011 (Cancer Plan)*, an accounting of state funds expended, and the anticipated funding needed for the planning, preparation, and initial distribution activities of the upcoming 2012-2017 Cancer Plan.

Background

The DHHS Division of Public Health Comprehensive Cancer Program, the Advisory Committee members, and its partners oversee the implementation of the North Carolina Cancer Control Plan. Funding is provided by the Centers for Disease Control and Prevention (CDC) Cooperative Agreement as well as funds appropriated by the N. C. General Assembly for the Comprehensive Cancer Program (Comprehensive Cancer) via the Advisory Committee. These funds complement each other through the implementation of cancer control, consultation, and infrastructure; they continue to motivate and promote activity and participation among the members of the Advisory Committee and its partners, other agencies and organizations, as well as within the Division of Public Health.

Advisory Committee Membership and Related Responsibilities

The Advisory Committee membership as specified in *G.S.130A-33.50* provides the most cancer-knowledgeable and committed representation of the medical community, government, private organizations, and legislature, as well as private citizens, from all parts of the state. These members serve as members of subcommittees and work groups and provide ongoing expert consultation. The subcommittees include: Prevention, Early Detection, Care, Legislation and Education, and Evaluation and Surveillance.

- The *Prevention Subcommittee* promotes healthy behaviors and environments that reduce the risk of developing cancer related to nutrition, physical activity, tobacco use reduction, and ultraviolet radiation.
- The *Early Detection Subcommittee* works to improve the use of proven cancer-related early detection modalities and appropriate follow-up abnormalities in areas such as colorectal, prostate, breast, cervical, skin, oral, and testicular.

- The *Care Subcommittee* addresses a continuum of services from cancer diagnosis through treatment, palliative care, survivorship, and end-of-life care, and addresses such issues as identifying and reducing financial, geographic, and other barriers to cancer diagnosis, treatment, and health care services as well as pain control and overall survivorship in North Carolina.
- The *Legislation and Education Subcommittee* is made up of legislators who provide policy and funding support for cancer control that includes the awareness of needed policy change and legislative passage as well as funding support for cancer control in North Carolina.
- The *Evaluation and Surveillance Subcommittee* reviews and monitors the effectiveness of the Advisory Committee and the other subcommittees as well as the projects in meeting the goals and objectives of the Cancer Control Plan. There is also evaluation of partners' activities and participation. Surveillance is provided in the monitoring and review of health of the populations data.

Progress of Implementation of the Cancer Control Program and Activities

I. Recommend to the Secretary a plan for the statewide implementation of an interagency comprehensive coordinated cancer control program

Since 1999, the North Carolina Cancer Control Plan is the coordinated plan for addressing cancer throughout the state of North Carolina. The Advisory Committee is in the process of developing the 2012-2017 Cancer Plan. In Fiscal Year 2010 - 2011, Comprehensive Cancer was in year 4 of a 5-year cooperative agreement with the CDC to carry out comprehensive cancer control strategies outlined by the Advisory Committee in the *Cancer Plan*.

As indicated in the previous report, one of the limitations of the current *Cancer Plan* is the lack of measurable outcomes. However, the NC Comprehensive Cancer Program is finalizing an evaluation model to study and assess the outcomes of the current Plan. The Plan has an anticipated ending date of June 30th, 2012, thus results will be indicated in the report for FY 2011-2012.

The highlighted activities for FY 2010-2011 follow:

A. In December 2010, the Advisory Committee and Comprehensive Cancer sponsored a continuing medical education session addressing early lung cancer screening research as well as a cervical cancer update as part of the annual meeting of the North Carolina Academy of Family Physicians. The session established a base of common knowledge and action for the approximately 400 primary care physicians in attendance. In addition to the medical education session, the American Cancer Society (ACS), as an Advisory Committee organization member representative, provided colorectal cancer screening information. The ACS and Comprehensive Cancer partnered to exhibit and provide the information to the family physicians in attendance.

B. In collaboration with the UNC School of Public Health Preventive Medicine Department, the *What Every Family Physician Should Know about Cancer* pocket guide was revised. This pocket guide not only provides important cancer screenings information, but also includes resources for access to family physicians as an online reference tool.

C. In May 2011, the Advisory Committee and Comprehensive Cancer led a prostate health event in Greenville, North Carolina. This day-long event was focused on African-American men to learn about prostate cancer, to be aware of the importance of informed decision making, and to promote local participation in prostate-related community work. Sixty-one prostate cancer survivors, spouses/partners, and other interested individuals registered for the event. Several of the men agreed to become prostate health ambassadors who will give presentations and individualized information as needed or requested in their communities.

D. During the April Advisory Committee meeting, the Care Subcommittee reviewed the results of the *2010 Cancer Survivorship Summit* and made recommendations for the 2011 summit that was held in September 2011. The summit planning took place throughout the summer.

The Chair of the Advisory Committee is the North Carolina state chair for the Commission on Cancer (CoC), a national organization comprised of cancer-liaison physicians who collaborate and work locally on the coordination of cancer control efforts. The CoC is an affiliate of the American College of Surgeons and a national partner of the CDC Comprehensive Cancer Control Program. National emphasis by the CoC's cancer-liaison physician on implementation of each state's cancer plan has helped to mobilize other physicians across North Carolina. They have become more dedicated in fulfillment of the *Cancer Plan* and comprehensive cancer prevention.

II. Identify and examine the limitations and problems associated with existing laws, regulations, programs, and services related to cancer control

Legislation

In order to fully implement the goals and objectives of the *Cancer Plan*, it is necessary to identify legislative and regulatory barriers. Consequently, when appropriate or when necessary, the Care, Early Detection, and/or Prevention subcommittees of the Advisory Committee compile a list of topics/issues for potential legislation. Issues have included but are not limited to: access to screening services; mandated coverage for cancer screening; gaps in current coverage; the role of state and local public health in providing screening for low income or uninsured persons; reimbursement by Medicare or Medicaid; coverage for cancer screenings by health plans; level of coverage for colon cancer screening among health plans; structural barriers to access to colonoscopy (Certificate of Need issue); and other cancer related issues.

The Advisory Committee works through the Division of Public Health to identify those legislative items that should be included for consideration in the legislative agenda for both the Department and the Governor. In addition, organizations represented on the Advisory Committee who have legislative agendas have routinely included the Advisory Committee's recommendations with theirs.

Evaluation and surveillance of programs and services

As part of its responsibility for reviewing and evaluating the effectiveness of cancer-related programs and services, the Advisory Committee performs several roles. In addition to continually monitoring changes in North Carolina's cancer mortality and incidence rates, the Advisory Committee serves as an advisory board to the North Carolina Central Cancer Registry and receives a standing report from the Registry at each Advisory Committee meeting.

Advisory Committee members and partners are also routinely kept abreast of the performance of existing programs and services as well as the need for new activities. The Advisory Committee works with the Division of Public Health and other state agencies as well as with its statewide and local partners to improve programs and services and to plan next steps for cancer coordination and control. The NC Comprehensive Cancer Program held a Partner forum on June 10 at the Derrick L. Davis Forsyth Regional Cancer Center to discuss strategies for cancer control in the state and share resources/best practices as well as challenges. Discussion centered on the following National Comprehensive Cancer Control Program Priorities:

- Emphasize primary prevention of cancer
- Coordinate early detection and treatment activities
- Address public health needs of cancer survivors
- Use policy, systems, and environmental changes to guide sustainable cancer control
- Promote health equity as it relates to cancer control
- Demonstrate outcomes through evaluation

It should be noted that the NC Comprehensive Cancer Program and the Advisory Committee has undergone transition over the past two years. Due to budget constraints, the Advisory Committee met twice in FY 2010-2011. The January meeting provided an orientation to the Committee and the taking of an oath by new members. The April meeting featured information on the burden of cancer in North Carolina; the upcoming Cancer Plan; and subcommittee meetings and reports. In addition, in July, 2010, the previous Manager of the Comprehensive Cancer Program and the Advisory Committee retired. There were also delays in recruiting a new manager because of the hiring freeze. Currently, the Comprehensive Cancer Program and Advisory Committee are recruiting new leadership, with the goal of having a new Program Manager in place during the first quarter of calendar year 2012.

Moving forward in 2011-2012, the Advisory Committee with the assistance of the Central Cancer Registry and the Evaluation and Surveillance subcommittee will

develop objectives in the 2012-2017 Cancer Plan to address gaps in services as well as new and developing trends in cancer incidence/mortality.

III. Examine the financing and access to cancer control services for North Carolina's citizens, and advise the Secretary on a coordinated and efficient use of resources

The Purchase of Medical Care Program (POMC) services were closed as of February, 2009. However, the Advisory Committee Care Subcommittee continues to monitor diagnostic and treatment cost needs of North Carolina citizens. Since POMC funds were eliminated two years ago there has been no new state allocation to assist with coordination of these services. Recommendations regarding needs and benefits were provided by the Advisory Committee during the review of POMC services. For the six months following that decision, the Comprehensive Cancer Program tasked a staff person with fielding and re-directing POMC calls to applicable resources.

IV. Identify and review health promotion and disease prevention issues/strategies relating to the leading causes of cancer morbidity and mortality

The Advisory Committee responsibilities and duties are generally accomplished via the work of the subcommittees and the North Carolina Cancer Partnership. During fiscal year 2010-2011, the subcommittees worked to address and identify various health promotion and disease prevention issues relating to the leading causes of cancer morbidity and mortality. Some of these issues included:

- the need for effective modalities to promote informed-decision-making strategies in the screening for prostate cancer
- the addition of the CDC national comprehensive cancer control priorities to the work of all the Advisory Committee subcommittees
- cancer patient/survivor awareness and use of palliative care from the time of diagnosis throughout the cancer care continuum

V. Recommend standards for oversight and development of cancer control services

To ensure accuracy and adherence to the latest research findings, the Early Detection Subcommittee reviews research data and other guidelines on screenings for certain cancers. Position statements are then written and presented to the full Advisory Committee for final approval and distribution to health care professionals across the state. The Early Detection Subcommittee is in the process of reviewing the recent research data and recommendations for the colorectal, prostate, breast, and HPV vaccine position statements. These should be finalized in Fiscal Year 2011-2012 and will be reported in Fall 2012 to the Governor and the Joint Legislative Commission on Governmental Operations.

Accounting of Funds Expended and Anticipated Funding Needs

I. Funds expended to implement a cancer control program

During Fiscal Year 2010 - 2011, \$126,287 of State funds were certified for the Advisory Committee activities. However, spending restrictions and budget revisions limited spending to only \$83,341, or 66 percent, of original funding. Funds were utilized to fulfill the goals and objectives of the *Cancer Plan* and to comply with the requirements of G.S.130A-33.51(a).

The following table and bulleted explanation of each area reflects the actual distribution of expenditures for FY 2010-2011:

Staff/Staff Support/ <i>Cancer Plan</i> Development	95%
Advisory Committee Activities/Support	5%

- *Staff/Staff Support/Cancer Plan Development* expenses were principally those funds to cover one full-time salary, cost allocated portions of other Cancer Program staff salaries, and related fringe and benefits.
- *Advisory Committee Activities/Support* expenses were those associated with the Advisory Committee meetings. Due to the financial crisis in the state and the inability to work to full capacity, two, rather than quarterly, Advisory Committee meetings were held in Fiscal Year 2010 - 2011. The fulfillment of the Advisory Committee responsibilities was greatly limited.

II. Anticipated funding needs for Advisory Committee

The current state appropriation (FY 2011-2012) of \$119,857 will be used to continue the activities of the Advisory Committee. The plan for FY 2011-2012 is to conduct four quarterly meetings of the Advisory Committee with the addition of several NC Cancer Partnership meetings.

The Advisory Committee and Comprehensive Cancer are currently in the process of developing the 2012-2017 Cancer Plan. The process will include various planning meetings of the Advisory Committee. Expenses of this process will include, but are not limited to: travel, mailings, literature searches, word processing, preparation, printing, and other related expenditures.

If the current funding is not maintained, it will be difficult to generate the input from the Advisory Committee and the NC Cancer Partnership members needed to ensure the accuracy and quality of the Cancer Plan. In addition, Comprehensive Cancer will be limited in the Cancer Plan printing and dissemination that may include an Advisory Committee presentation event, as held in previous years, to the Legislature and public.

ADDENDUM

Advisory Committee on Cancer Coordination and Control *Membership – as of June 30, 2011*

- NC Department of Environment and Natural Resources, *Ms. Jenny Rollins*
- NC DHHS, Public Health, *Ruth Petersen, M.D.*
- NC Department of Public Instruction, *Ms. Paula Hudson Hildebrand*
- NC Community College System, *Ms. Jeannine Hall Woody, M.S.N., R.N.*
- UNC School of Medicine Cancer Control Program, *Paul Godley, M.D.*
- Wake Forest University Cancer Control Program, *Nancy E. Avis, Ph.D.*
- Duke University School of Medicine Cancer Control Program, *H. Kim Lysterly, M.D.*
- ECU School of Medicine Cancer Control Program, *Paul R. Cunningham, M.D.*
- Oncology Nurse Representing the North Carolina Nurses Association, *Deborah Hutchinson Allen, R.N., M.S.N., O.C.N.*
- NC Medical Society Cancer Committee, *Shirish D. Devasthali, M.D.*
- Old North State Medical Society Representative, *Eleanor Greene, M.D.*
- American Cancer Society, *Mr. Morgan Daven*
- NC Hospital Association, *Ms. Karen Gorgan*
- Local Health Directors Association, *Frederick E. Moore, M.D.*
- Licensed Primary Care Physician, *Robert Lee Rich, M.D.*
- American College of Surgeons, *Keith Amos, M.D.*
- NC Oncology Society, *Thomas C. Shea, M.D. (Vice Chair)*
- Association of NC Cancer Registrars, *Ms. Cathy Coggins Rimmer*
- Medical Directors of NC Association of Health Plans, *Sandra J. Newton, M.D.*
- At-Large, *Ms. Sharon Elliott-Bynum*
- At-Large, *Frederick Greene, M.D.*
- At-Large, *Terry Sarantou, M.D. (Chair)*
- At-Large, *Cathy Melvin, Ph.D.*
- Legislator, *the Honorable Bob Atwater*
- Legislator, *the Honorable Gladys Ashe Robinson*
- Legislator, *the Honorable Harris D. Blake*
- Cancer Survivor, *Ms. Mary Swartz*
- Cancer Survivor, *Mrs. Susan Maddox*
- Legislator, *Vacant*
- Legislator, *the Honorable Martha Alexander*
- Legislator, *Vacant*
- Cancer Survivor, *John Hatch, Ph.D.*
- Cancer Survivor, *Ms. Ronna Zimmer*
- Secretary of N.C. Department of Environment and Natural Resources, *Secretary William G. Ross*