Collaborating to Conquer Cancer: Comprehensive Cancer Control Coalitions

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All of these insights 20 plus years ago led key partners to conceive of a more holistic approach – called comprehensive cancer control. You can see the definition here.

The promise of CCC is:

- Coordination across silos – funding, partnerships, delivery of care – the ability to leverage assets
- Less duplication
- A comprehensive approach – prevention to end of life
- A focus on EBIs – getting interventions in the right hands
- A whole of society approach – bringing together public health, academia, medical community, community based orgs, business, insurers, faith based organizations and many others to take a multisector approach
CCC: A National Effort

- CDC funds the National Comprehensive Cancer Control Program (began in 1998)
- 72 grantees have formed CCC coalitions that include diverse partners, including:
  - Government public health programs, academic and professional organizations, survivors, political leaders and many others
- CCC National Partnership collectively supports CCC coalition efforts
2018 National Comprehensive Cancer Control Status of Cancer Plans

- Creating New Plan
- Current Plan or Updating Plan

National Comprehensive Cancer Control Program
Division of Cancer Prevention and Control
National Center for Chronic Disease Prevention and Health Promotion

CDC
CCCNP Member Organizations as of 2018 are:
1. American Cancer Society
2. American Cancer Society Cancer Action Network
3. American College of Surgeons Commission on Cancer
4. Truth Initiative
5. Association of State and Territorial Health Officers
6. Cancer Support Community
7. Centers for Disease Control and Prevention
8. GW Cancer Center
9. Health Resources and Services Administration
10. Intercultural Cancer Council
11. LIVESTRONG
12. Leukemia and Lymphoma Society
13. National Association of Chronic Disease Directors
14. National Association of County and City Health Officials
15. North American Association of Central Cancer Registries
16. National Cancer Institute
17. Susan G. Komen for the Cure
18. YMCA of the USA
CCC National Partnership 2018
Priority Focus Areas

- Increase human papilloma virus (HPV) vaccination uptake
- Increase colorectal cancer screening to 80% by 2018
- Healthy behaviors for cancer survivors
- Sustaining effective CCC coalitions
A bit about how CCC works in the US – it is essentially the intersection of programs, plans and partners
20 years ago CDC began the NCCCP with funding to five programs – now CDC funds all states, several PIJs, and AI/AN to do the following:

- Convene multisector partners
- Develop comprehensive cancer control plans for the state, tribe or territory
- Implement those plans with the partners
- Evaluation progress

All with very little funding for “implementation” of the plan – that’s what partners bring to the table
Coalitions: Diverse group of cancer stakeholders coming together to:

- Leverage collective strengths and resources
- Document areas of greatest need – create the CCC plan
- Identify efforts that otherwise wouldn’t happen
- Avoid duplication of activities

These partnerships/coalitions/consortiums are the cornerstone of CCC in the US and are your essential ally in the development and implementation of a national plan in the US. Many years ago, Jim Marks, who at the time was the director of chronic disease at CDC said that these CCC coalitions are the engines of change for cancer in the US – and it still true today.
Setting priorities and the cancer plan come together in Nebraska:
On the following page are the selected strategies for years one and two, removed from the detailed tables and sorted into the relevant priority areas. These are the strategies listed under the 1 year SMART objective in the detailed tables. These strategies will be carried out by a variety of organizations, require different funding levels and cover the first two years of the Nebraska Cancer Plan. All these details are contained within the tables.
The policy systems and environmental changes and the reducing cancer disparities priorities have been combined because the relevant strategies are crosscutting. During the planning process every effort was made to fill gaps rather than to duplicate existing strategies or to replicate the work of existing programs.
Questions?

Thank you!

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