CDC’s National Comprehensive Cancer Control Program: Overview

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Established in 1998, NCCCP provides the funding, guidance, and technical assistance that programs use to design and implement impactful, strategic, and sustainable plans to prevent and control cancer.
Coalitions are our backbone

Of coalitions in the United States,

- 72% include partners in local, state or national government
- 94% include members of professional organizations
- 76% in people who make laws or local policies
- 95% include members from colleges or hospitals
- 85% include people from local businesses
- 100% include public health program workers
CCC Plans

Every coalition creates a plan to guide its activities by looking at:

- Common types of cancer unique to each community that have the highest burden and include strategies that have worked in other places to help prevent and control those cancers
- Risks that can lead to cancer
- CDC supports cancer plans in:
  - 50 states and DC
  - 7 US PIJs
  - 8 tribes and tribal organizations
Cancer plans are guided by the **NCCCP priorities** that focus coalition efforts on evidence-based strategies that will impact cancer prevention and control across the cancer continuum.
Success Story- Louisiana (Breathe Easy in the Big Easy)

Primary Prevention: Tobacco education program informs a smoke-free law for indoor worksites and public places, including bars and casinos

- Louisiana has the fifth highest cigarette smoking rate among all states in the U.S.
- It is second only to Nevada in the percentage of workers who work in workplaces that are not smoke-free.
- There are barriers that make tobacco prevention and control difficult in New Orleans, including widespread access to inexpensive tobacco, high levels of poverty, frequent exposure to secondhand smoke, and little to no access to health care services like cancer screening.
- LA CCCP and GHEA partnered to raise awareness about the concerns of the city’s bar and casino employees and tourists by speaking with them and sharing their stories, as well as giving stakeholders data on the harmful health effects of smoking and secondhand smoke on New Orleans culture and livelihood.
- Collected information and stories from public health professionals and documented the “Smoke-Free NOLA” parade through the city streets in order to promote awareness of the negative impact of secondhand smoke exposure on the health of the community and its visitors.
- In April 2015, LaToya Cantrell, proposed a comprehensive smoke-free law for indoor worksites and public places, including bars and casinos. The law was unanimously approved by the New Orleans City Council.
Success Story- Maine (Lung Cancer Screening)

Early Detection and Treatment: Annual survey of lung cancer screening facilities provides baseline data and informs current list of options for providers and patients

- Lung cancer is the leading cause of cancer-related death in the state.
- More information was needed to know if patients residing in rural areas had access to LDCT screening.
- Approach: MCCCP conducted a survey to assess the availability of LDCT lung cancer screening in Maine, regardless of eligibility.
- Survey results created a snapshot of the current healthcare environment around screening and were used to create a baseline of Maine facilities providing LDCT lung cancer screening.
- Fourteen facilities responded that they provided LDCT lung cancer screening services during 2015.
- These facilities conducted 1,131 LDCT lung cancer screenings. Most (84.4%) were conducted in the two most populated counties.
- The survey also identified barriers to screening, including limited staffing, lack of patient and provider education, screening costs, and data reporting requirements of the Centers for Medicare & Medicaid Services (CMS).
- The MCCCP will continue to conduct an annual survey of lung cancer screening facilities in Maine.
- The program also added the optional lung cancer screening module to the Maine Behavioral Risk Factor Surveillance System in 2017 to monitor lung cancer screening rates.
Success Story-Alaska (Assessing Tobacco Cessation Needs)

Supporting Cancer Survivors: Alaska Tobacco Quit Line collected information about cancer survivors’ ongoing tobacco cessation needs to educate health care providers

- Tobacco use among Alaskan cancer survivors is 19%, among the highest in the nation.
- To address tobacco cessation needs among cancer survivors who called a quit line for help in quitting tobacco, Alaska's CCCP initiated a partnership with the state's Tobacco Quit Line.
- Alaska's Tobacco Quit Line collected demographic characteristics, health behaviors, cessation referral methods and other information on users.
- Alaska's Tobacco Quit Line interviewed 3,141 smokers, 129 (4%) of whom were previously diagnosed with cancer. Most cancer survivors who called in to the quit line were female (72%), older than 50 years of age (65%), white (67%), and smoked cigarettes (95%).
- Cancer survivors reported a higher prevalence of asthma, COPD and heart disease than the non-cancer cohort.
- Approximately 34% of cancer survivors were referred to the quit line by a health care provider.
- This illustrates the need for health care provider awareness of persistent tobacco use among cancer survivors in Alaska.
Thank you!

Go to the official federal source of cancer prevention information:
www.cdc.gov/cancer