

# **CDC Cancer Program Updates**

**9<sup>th</sup> Annual Arizona Tribal Collaborative Conference:  
Expanding our Horizons  
Flagstaff, AZ**

**November 17, 2015**

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Chief, Program Services Branch  
Division of Cancer Prevention and Control**



**I am so happy to be in Flagstaff!**



Source: Kute Kritters' Facebook Page

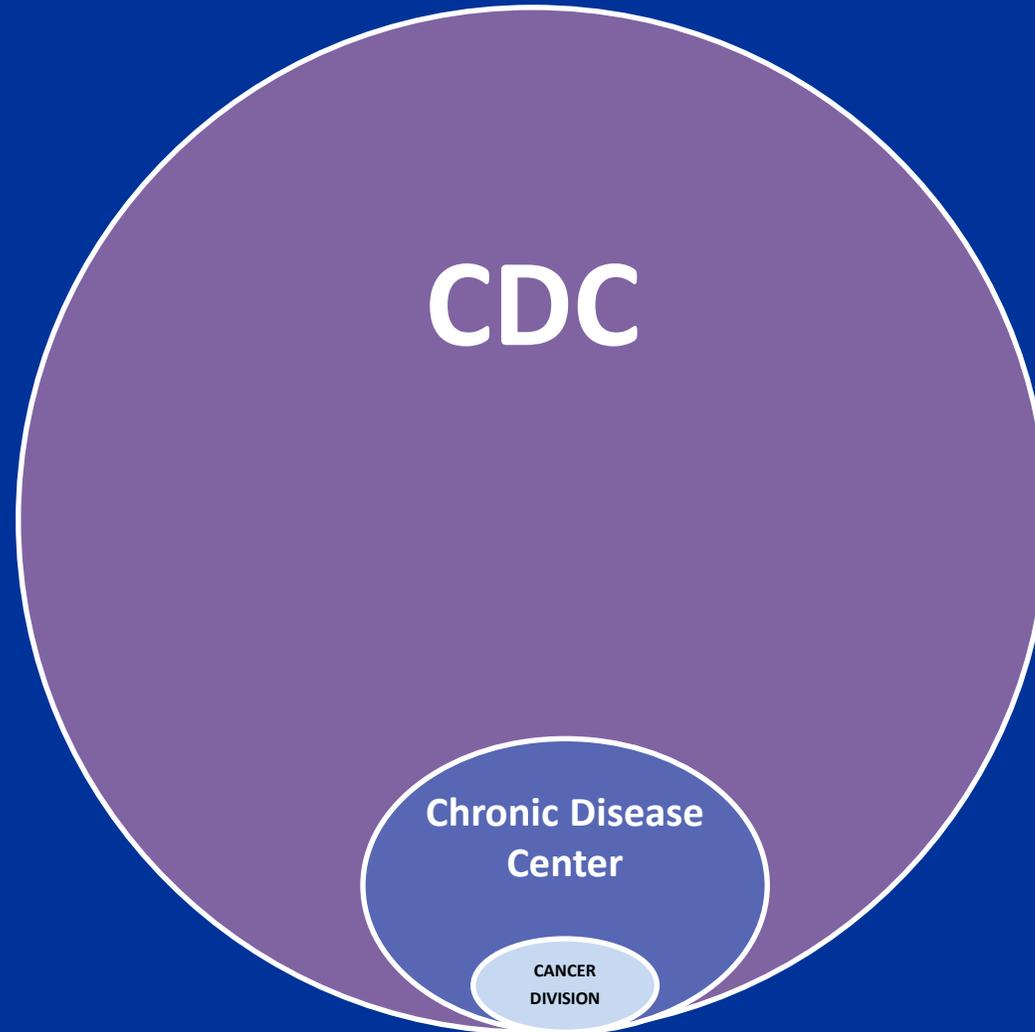
## Presentation Outline

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- Organization of CDC cancer program and activities
- Changing healthcare environment and program implications
- Plans for the future and “expected” changes
- Measurement, program evaluation, and accountability
- Anticipating and leading change is our future...your future

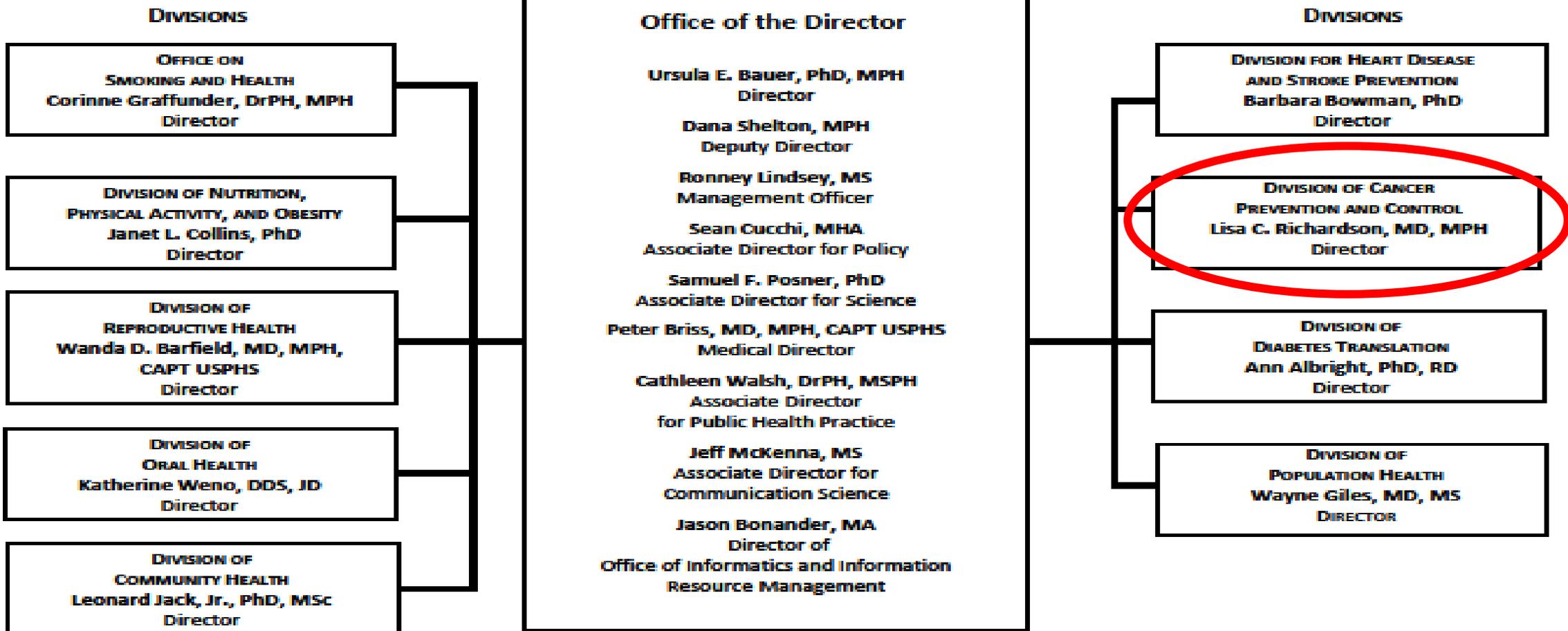
***Organization of Cancer Program and Activities  
within CDC – reporting structure, who handles  
what, etc***

# Where are CDC's cancer activities housed?

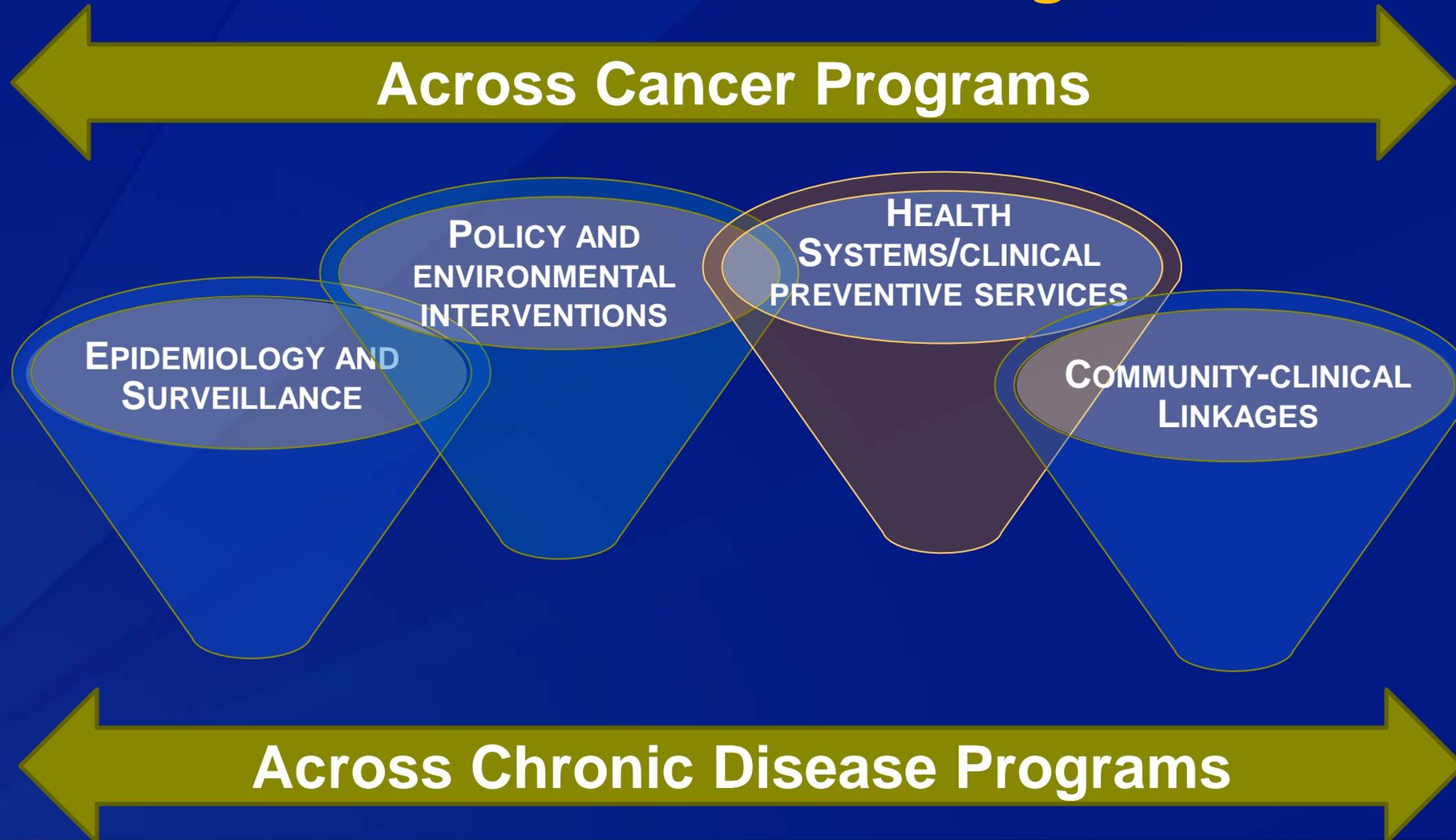




# National Center for Chronic Disease Prevention and Health Promotion



# CDC Four Domains Framework for Chronic Disease Programs



# National Center for Chronic Disease Prevention and Health Promotion

## WHAT WE DO

- Provide leadership and technical assistance
- Monitor chronic diseases, conditions, and risk factors
- Conduct and translate research and evaluation to enhance prevention
- Engage in health communication
- Develop sound public health policies
- Implement prevention strategies

## WHO WE WORK WITH

- State, tribal, territorial, and local governments
- National, state, and local non-governmental organizations

## WHERE WE DO IT

- Communities
- Workplaces
- Schools and academic institutions
- Health care settings
- Childcare settings
- Faith organizations
- Homes

## HOW WE DO IT

### EPIDEMIOLOGY AND SURVEILLANCE

Provide data and conduct research to inform, prioritize, deliver, and monitor programs and population health

### POLICY AND ENVIRONMENTAL INTERVENTIONS

Make healthy behaviors easier and more convenient for more people

### HEALTH SYSTEMS INTERVENTIONS/ CLINICAL PREVENTIVE SERVICES

Improve delivery and use of quality clinical services to prevent disease, detect diseases early, and manage risk factors

### COMMUNITY-CLINICAL LINKAGE INTERVENTIONS

Ensure those with or at high risk for chronic diseases have access to quality community resources to best manage their conditions

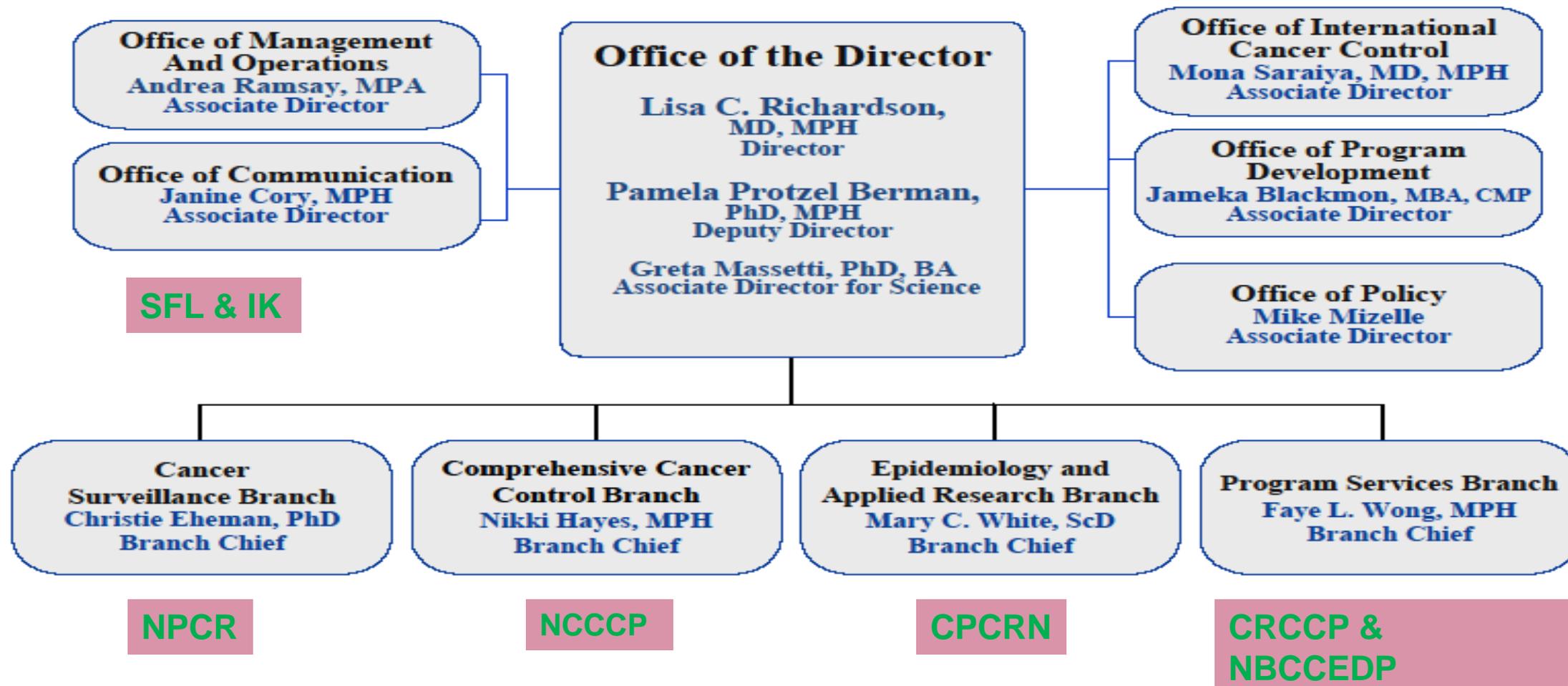
The "Four Domains"

## WHY WE DO IT

- Healthier environments
- Healthier behaviors
- Greater health equity
- Increased productivity
- Lower health care costs
- Increased life expectancy
- Improved quality of life
- LESS TOBACCO USE
- LESS OBESITY
- LESS HEART DISEASE AND STROKE
- LESS CANCER
- LESS DIABETES
- LESS ARTHRITIS
- MORE PHYSICAL ACTIVITY
- BETTER NUTRITION
- BETTER ORAL HEALTH
- HEALTHIER MOTHERS AND BABIES
- HEALTHIER KIDS

NBCCEDP & CRCCP

# Division of Cancer Prevention and Control



# Congressional Appropriations CDC Cancer Prevention and Control Activities



CANCER  
SURVIVORSHIP

CANCER  
REGISTRIES

SKIN

OVARIAN &  
JOHANNA'S LAW  
EARLY ACT

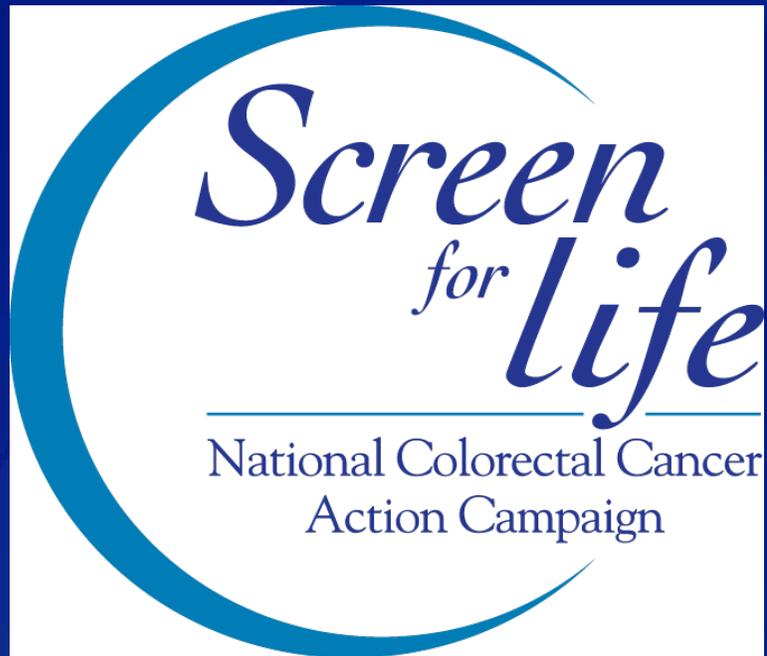
COMPREHENSIVE  
CANCER

PROSTATE

BREAST AND  
CERVICAL

COLORECTAL

# CDC Cancer Campaigns



# CDC has an active and growing presence on social media.

Sharing the message about Cancer Prevention and Control



**>10,000**  
CDC's Breast Cancer FB has received more than 10,000 in less than a year.



**77,000**  
DCPC is averaging 1,500 new followers a month on Twitter



**9.1M**  
More than 800,000 page views of CDC's Cancer Web pages are generated each month.



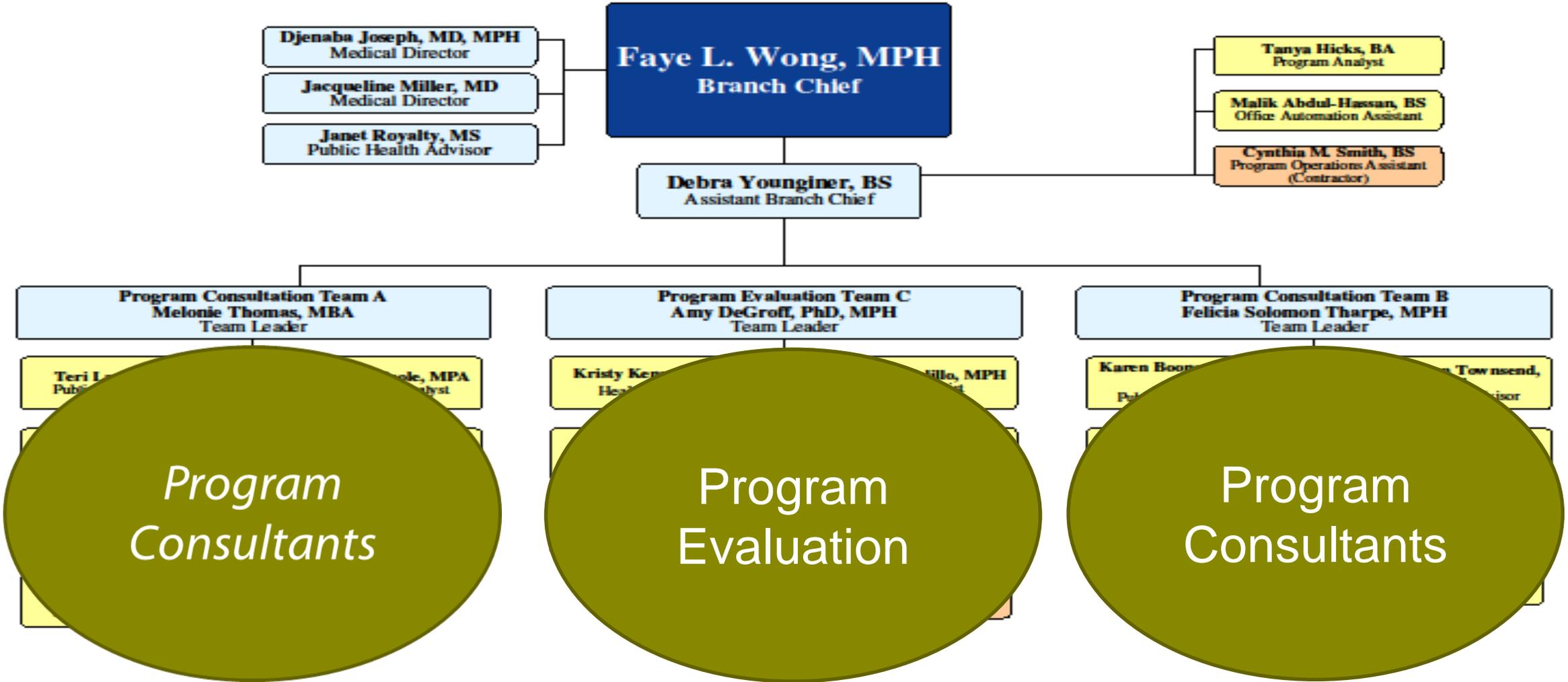
**3,200**  
CDC has a new breast cancer Pinterest page.



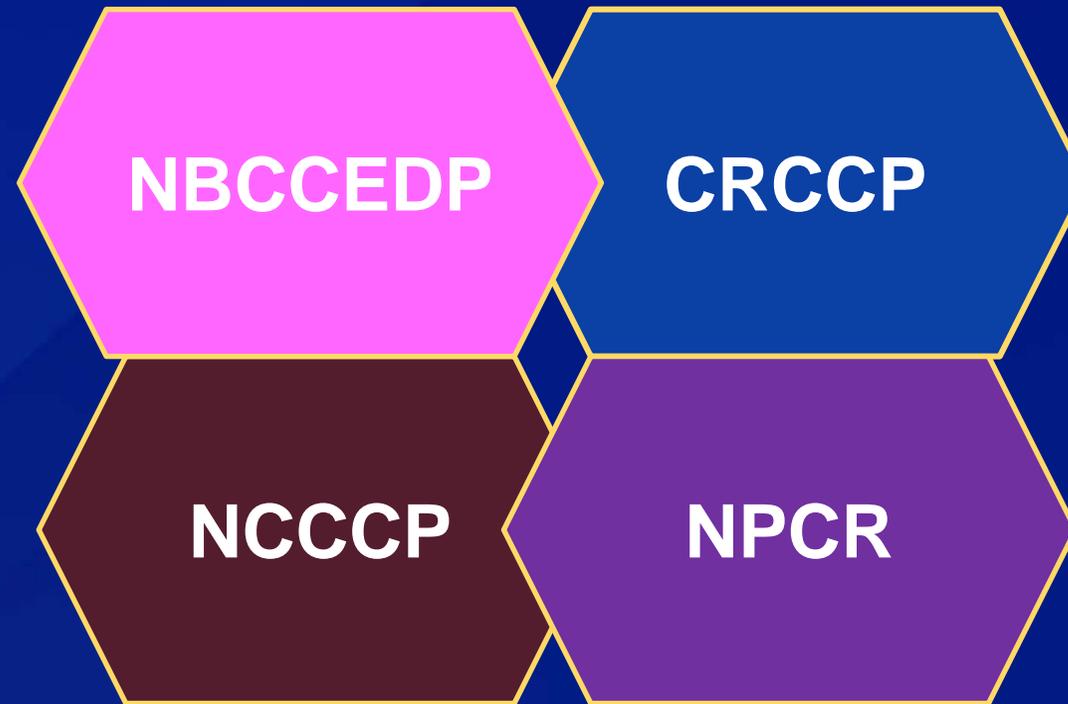
**150,000**  
DCPC's 28 videos have already been viewed almost 150,000 times.



# Program Services Branch



# CDC Cancer Cooperative Agreement ("grant") Programs



CDC Cooperative Agreement Programs

--CRCCP: Colorectal Cancer Control Program

--NBCCEDP: National Breast and Cervical Cancer Early Detection Program

--NCCCP: National Comprehensive Cancer Control Program

--NPCR: National Program of Cancer Registries

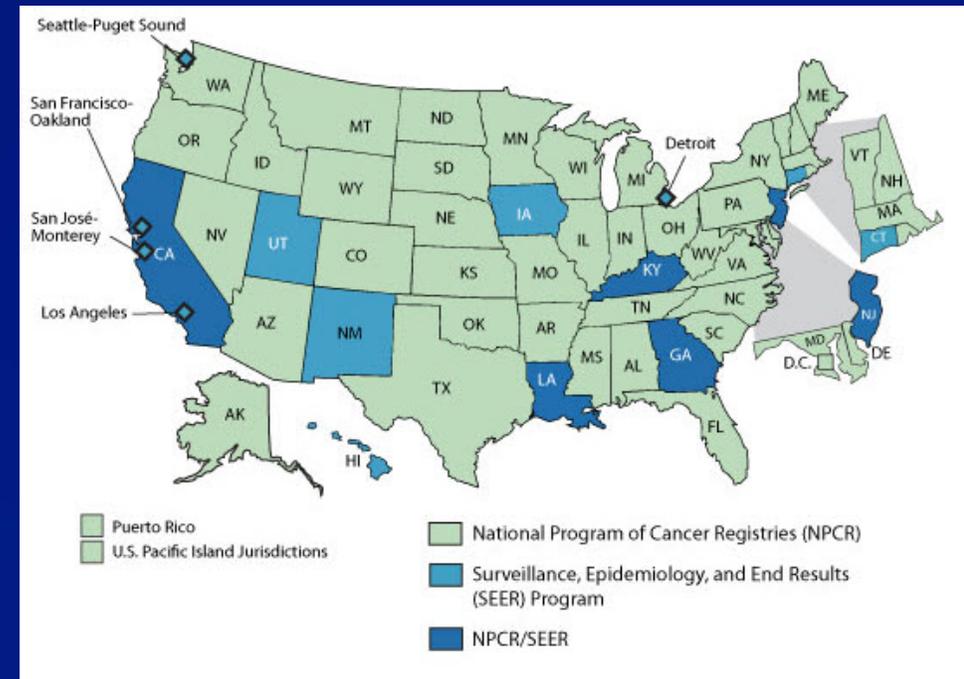
**NPCR**

**NATIONAL  
PROGRAM  
OF CANCER REGISTRIES**

- 1992 Cancer Registry Amendment Act, Public Law 102-515, authorized CDC to establish the National Program of Cancer Registries

# NPCR Population Coverage and Scope

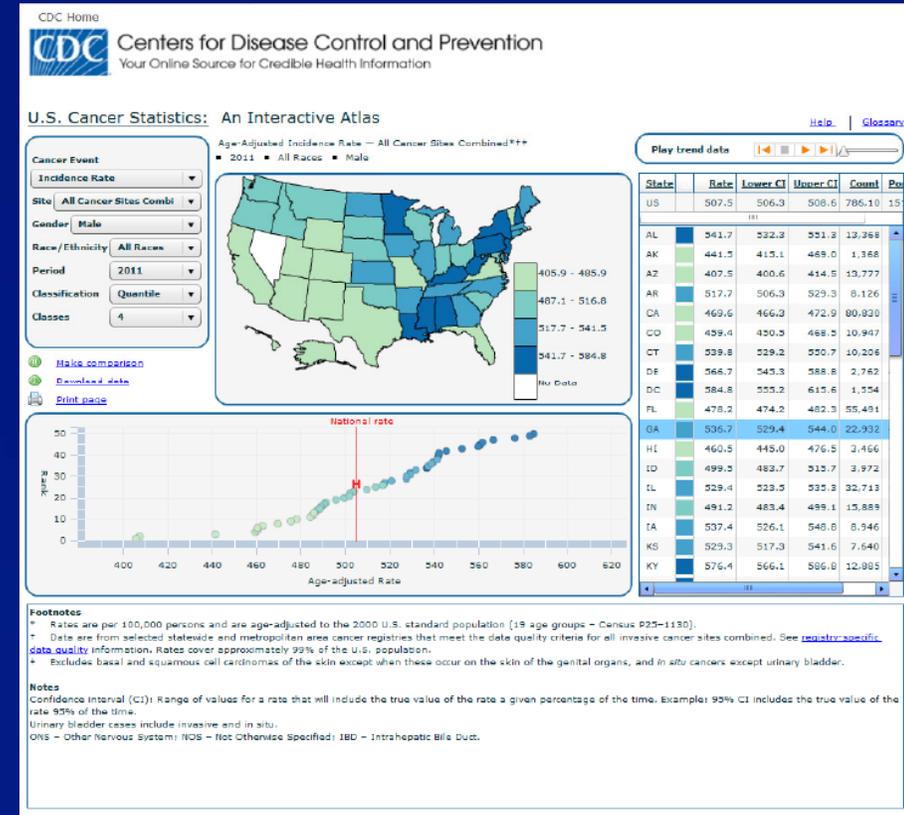
- CDC funds 48 central cancer registries – covers 96% of the US
  - 45 states, DC, Puerto Rico, & Pacific Island Jurisdictions
- Plus NCI's SEER Program, the USCS cover 100% of the US
- ~1.2 M new invasive cancer cases/year



USCS = United States Cancer Statistics; SEER = Surveillance, Epidemiology & End Results

# U.S. Cancer Statistics

- Official Federal cancer statistics
- State and National data
- American Indian and Alaskan Native data are presented
- Linkages are conducted with IHS data to better identify American Indian individuals



# Record Linkage to Improve AI/AN Cancer Data

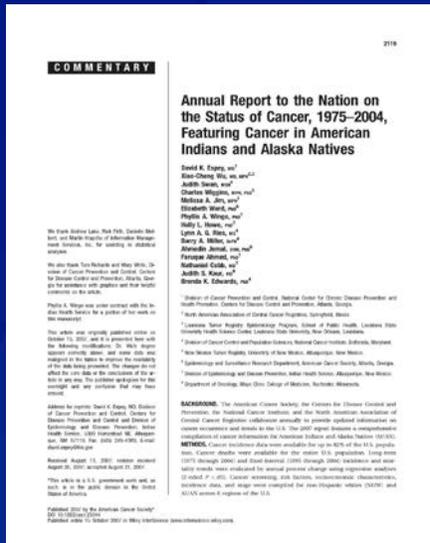
## Background

- Race misclassification of AI/AN occurs in cancer surveillance & vital statistics databases
- Misclassification varies by state
- Decreasing misclassification can improve accuracy of health indicators and program planning/resource allocation

## CDC Linkage Project

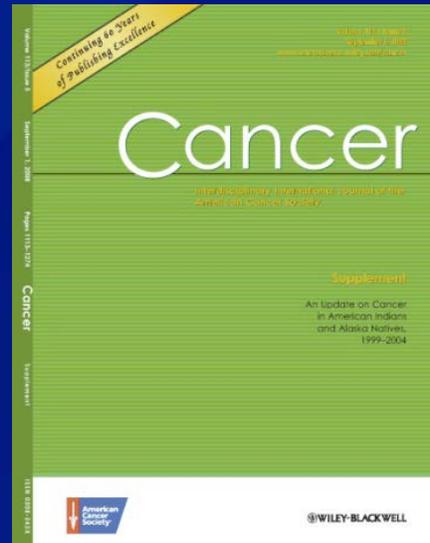
- CDC links IHS patient registration data with central cancer registries records
  - CDC **NPCR** (National Program of Cancer Registries)
  - NCI **SEER** (Surveillance, Epidemiology, and End Results)
- AI/AN cases misclassified as non-Native are identified and corrected

# Reporting of AI/AN Cancer Burden



Annual Report to the Nation on the Status of Cancer, 1975-2004, Featured Cancer in American Indians and Alaska Natives

<http://onlinelibrary.wiley.com/doi/10.1002/cncr.23044/pdf>



Cancer Supplement: An Update on Cancer in American Indians and Alaska Natives, 1999-2004

<http://onlinelibrary.wiley.com/doi/10.1002/cncr.v113:5%2Bissuetoc>



American Journal of Public Health

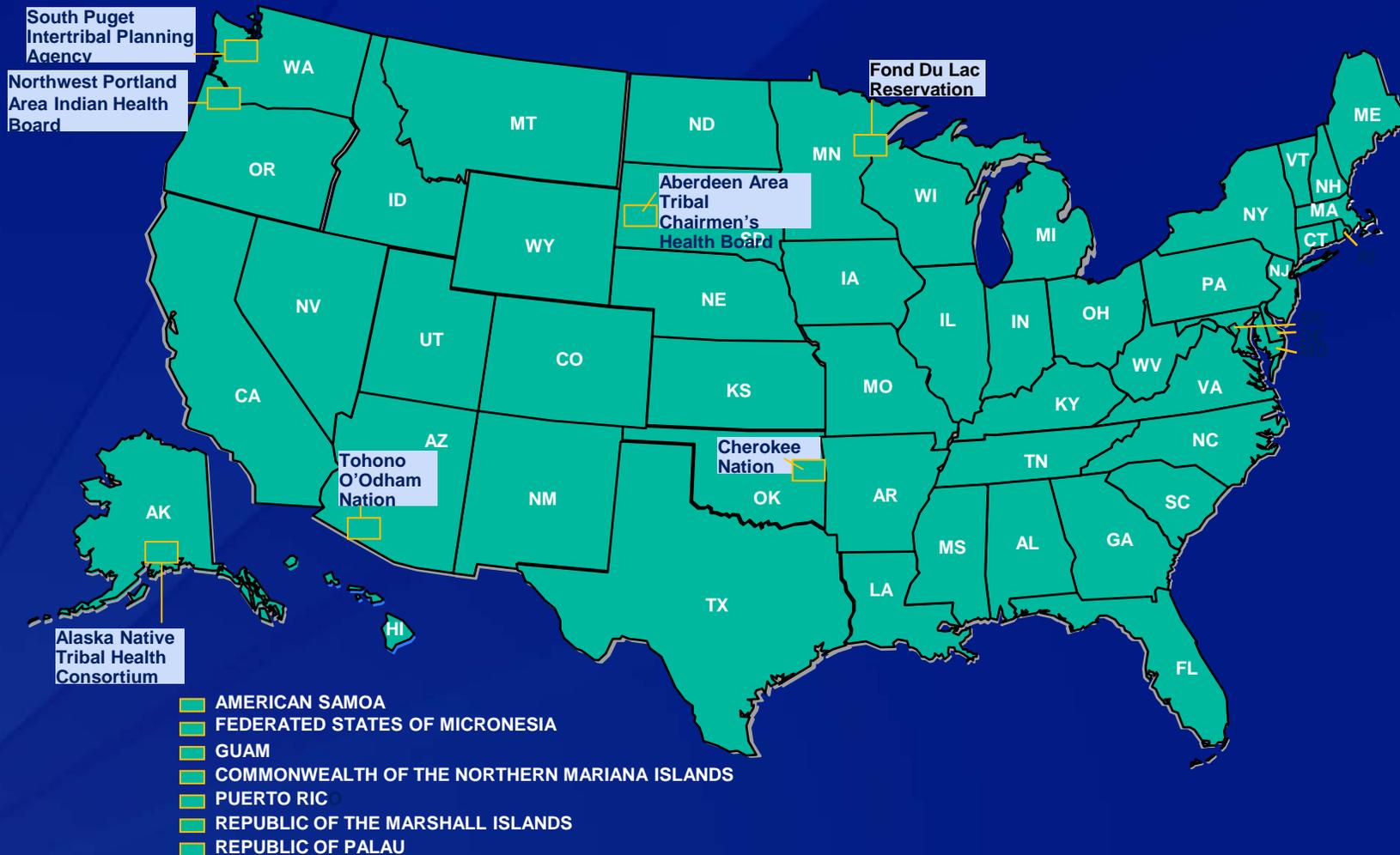
<http://ajph.aphapublications.org/toc/ajph/104/S3>



# Comprehensive Cancer Control

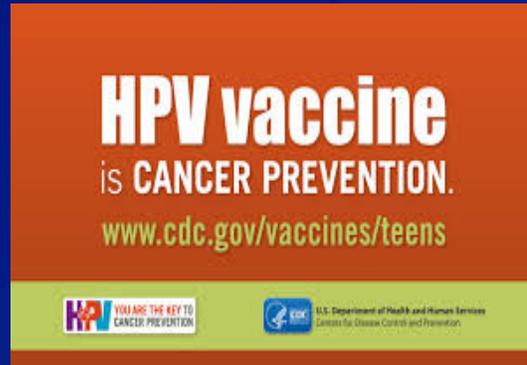
*Collaborating to Conquer Cancer*

# National Comprehensive Cancer Control Program (NCCCP)



Seven tribal CCC Programs

# 1 - NCCCP Priorities...



Emphasize Primary Prevention



Support Secondary Prevention Activities

Promote  
Health  
Equity



## **2016 Summit** (draft): April 26-28, 2016

*“Looking back and Looking Ahead: The State of Cancer Control in AI/AN Community”*

### **Purpose** (draft):

To provide a forum to address topics of mutual interest to DCPC programs:

- Chronic disease prevention
- Cancer screening
- Patient navigation

### **Potential Agenda Topics:**

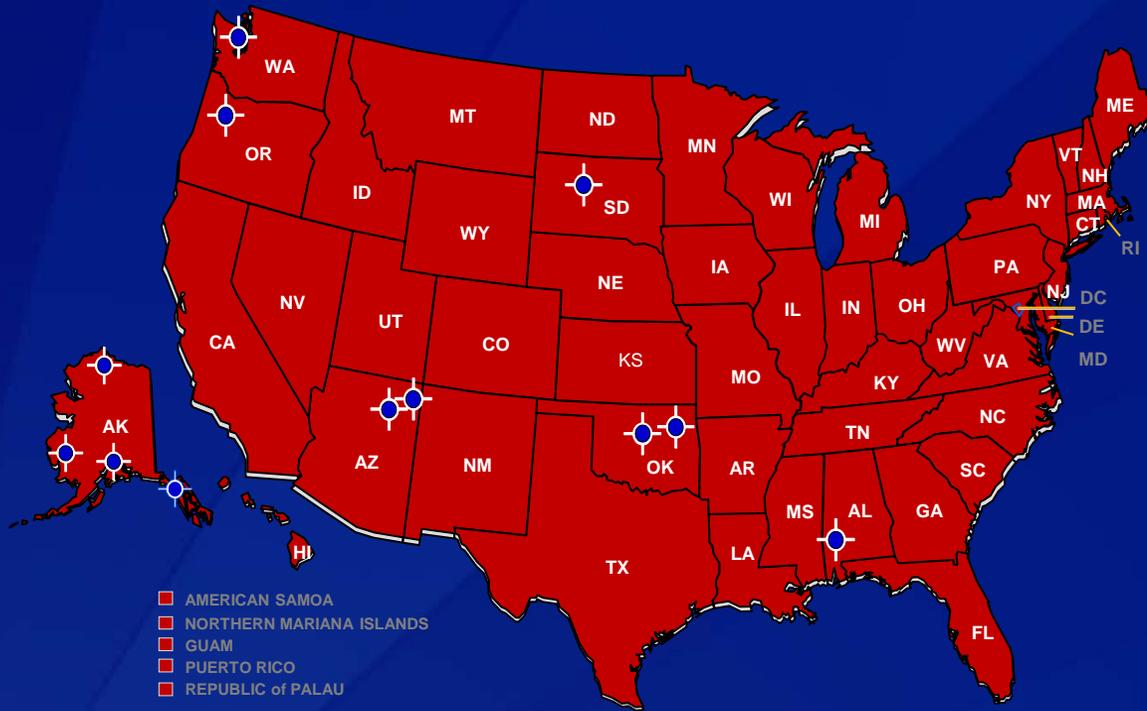
- State of Cancer Control in Indian Country
- Better integration of cancer with chronic disease programs
- Priorities for the next ten years
- Develop work plan to address specific goals

# CDC has organized cancer screening programs and extensive experience partnering with primary care



This infrastructure is an asset in a changing healthcare environment

# National Breast and Cervical Cancer Early Detection Program



- AMERICAN SAMOA
- NORTHERN MARIANA ISLANDS
- GUAM
- PUERTO RICO
- REPUBLIC of PALAU

American Indian Initiative:	
Arctic Slope Native Assn, Ltd - North Slope Borough, Barrow, AK	Native American Rehabilitation Assn of the Northwest, Inc
Cherokee Nation - Tahlequah, OK	Navajo Nation - Window Rock, AZ
Cheyenne River Sioux Tribe - Eagle Butte, SD	Poarch Band of Creek Indians - Atmore, AL
Hopi Tribe - Kykotsmovi, AZ	South Puget Intertribal Planning Agency - Shelton, WA
Kaw Nation - Kaw City, OK	Southcentral Foundation - Anchorage, AK
	Southeast Alaska Regional Health Consortium - Sitka, AK
	Yukon-Kuskokwim Health Corp - Bethel, AK

## 67 NBCCEDP Organized Screening Delivery Systems: 2012-2017

- 50 States
- DC
- 11 Tribes//tribal Organizations
- 5 Territories

# NBCCEDP Clinical Services Delivered

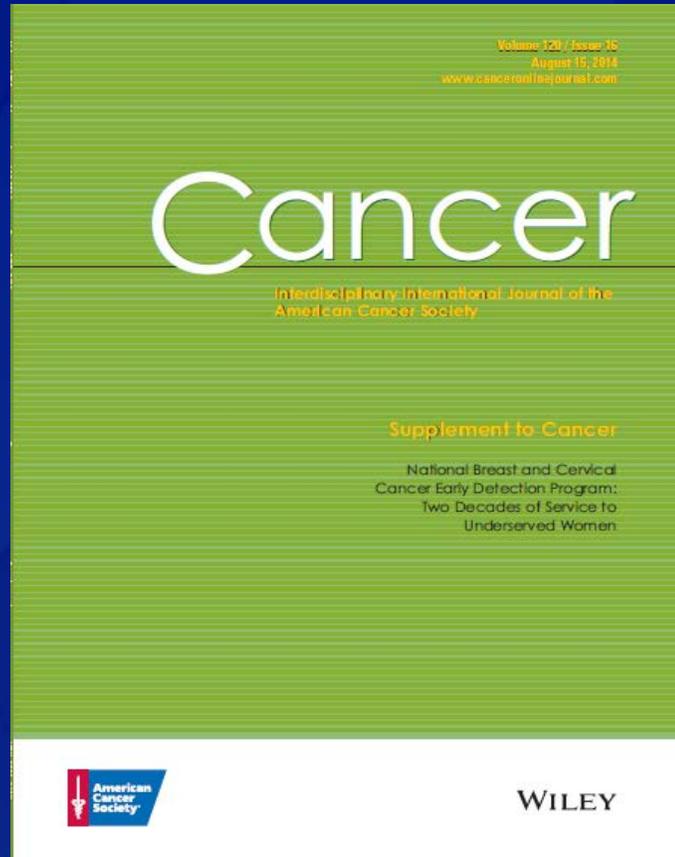
## Since 1991...

- 4.8M women served
- 12M screenings
- 67,959 breast cancers
- 3,715 invasive cervical cancers
- 171,174 premalignant cervical lesions

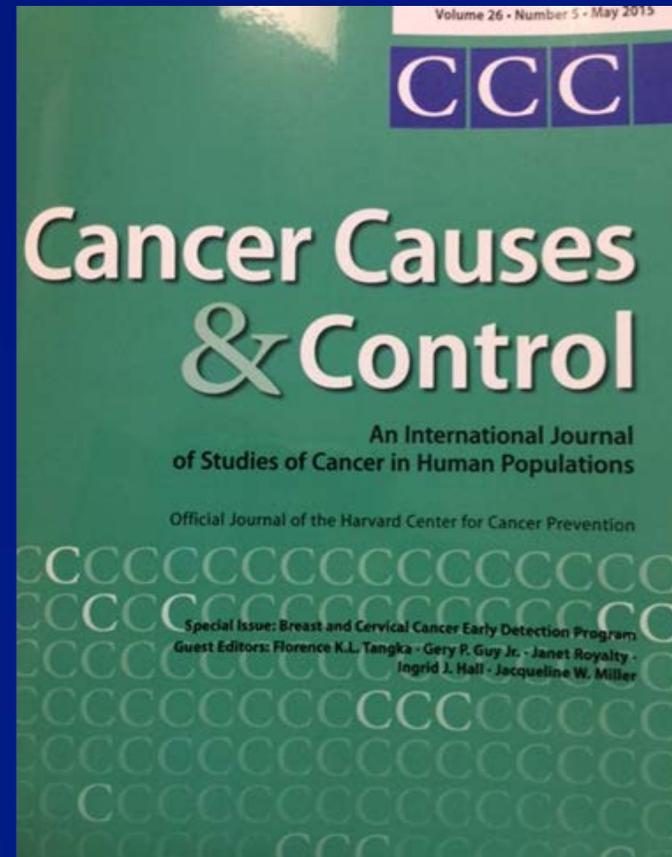
## Annual (PY 2014)

- 179,533 cervical cancer screening
  - 61% first time screened by program
  - 39% previously screened
- 298,726 breast cancer screening
  - 45% first time screened by program
  - 55% previously screened

# National Breast and Cervical Cancer Early Detection Program (NBCCEDP)



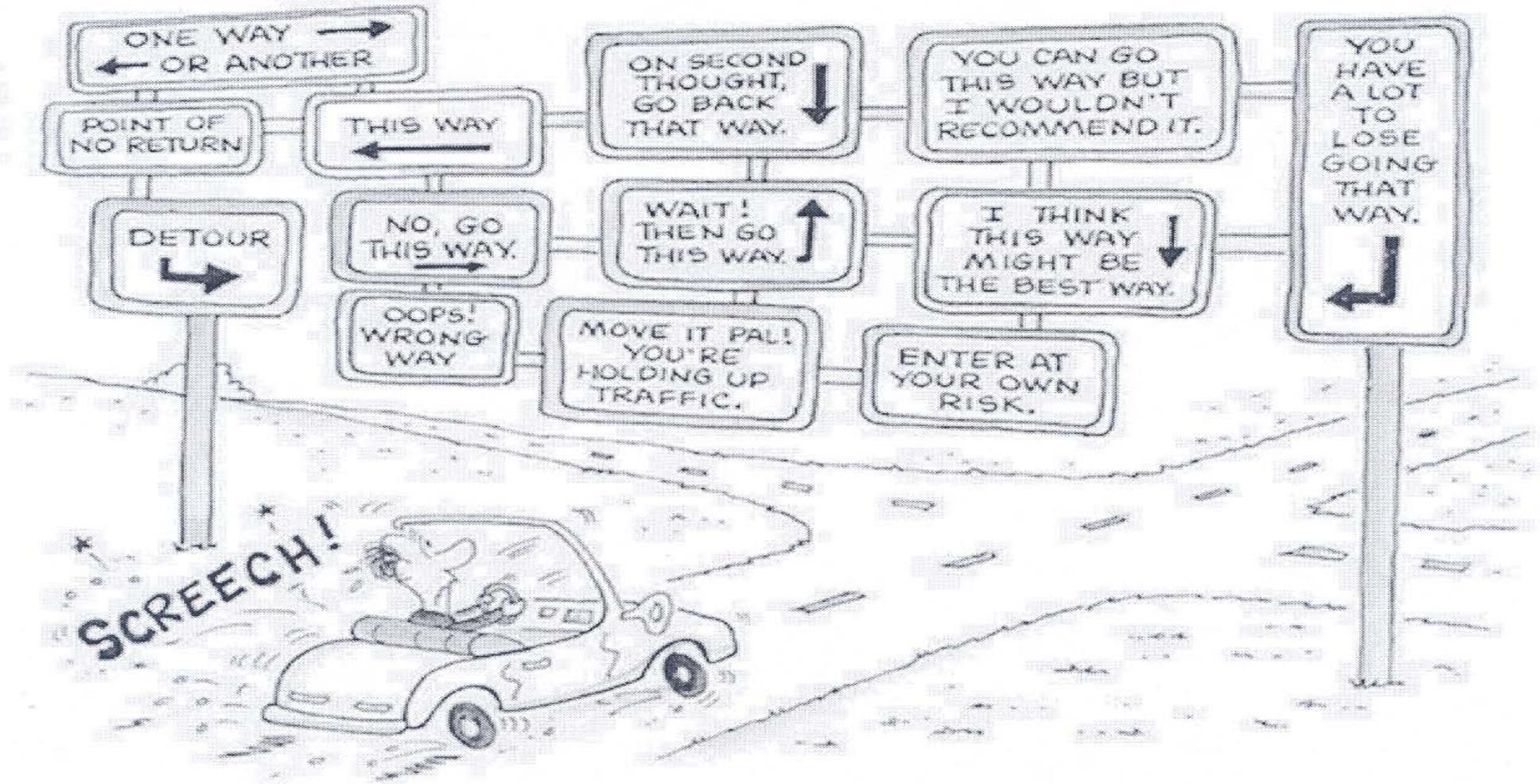
August 2014



May 2015

***Changing Healthcare Environment  
and Program Implications***

***Plans for the Future  
and Expected Changes***





1990...



2010...



2013...



2015...

Listening-Learning-Visualizing the Future...

Organized Cancer Screening Programs



2005-2009  
CRC Screening  
Demonstration

2009-2015





**The Affordable Care Act**  
(signed into law March 23, 2010)



**Health Insurance Marketplace**  
(Opened on October 1, 2013)



**Substantial  
increased access to  
cancer screening**

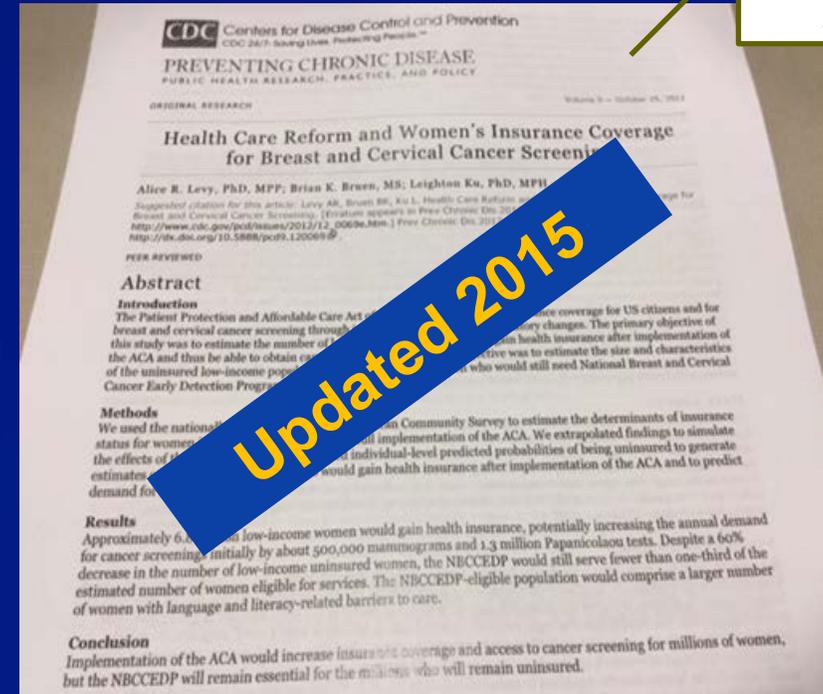
**Increased flexibility to  
achieve screening  
outcomes**



# Health Reform, Cancer Screening and CDC Programs – An Update

- George Washington University modeling study completed for ACS-CAN with CDC
- Leighton Ku, Tyler Bysshe, Erika Steinmetz, Brian Bruen
- April 2015 briefing for ACS-CAN & CDC

Published October 25, 2012



# Findings of Updated GWU Modeling Study

- Percent of uninsured starts out lower and drops more in expansion states
- Disparity in percent uninsured widens between expansion vs non-expansion states
- Number of uninsured will fall  $>1/2$  by 2017
- Number of NBCCEDP program-eligible women will greatly exceed current capacity

# Additional Perspectives on Impact of ACA

- More states may adopt Medicaid expansion
- States may continue to change their Medicaid expansion policies and approaches
- ACA may continue to change additional with court cases, Congressional enactments, and Presidential actions

## Additional Influences

- Updated scientific recommendations about cancer screening may change ACA coverage
- Other new policies may change ACA coverage  
(e.g., definition of CRC screening with FIT/FOBT)

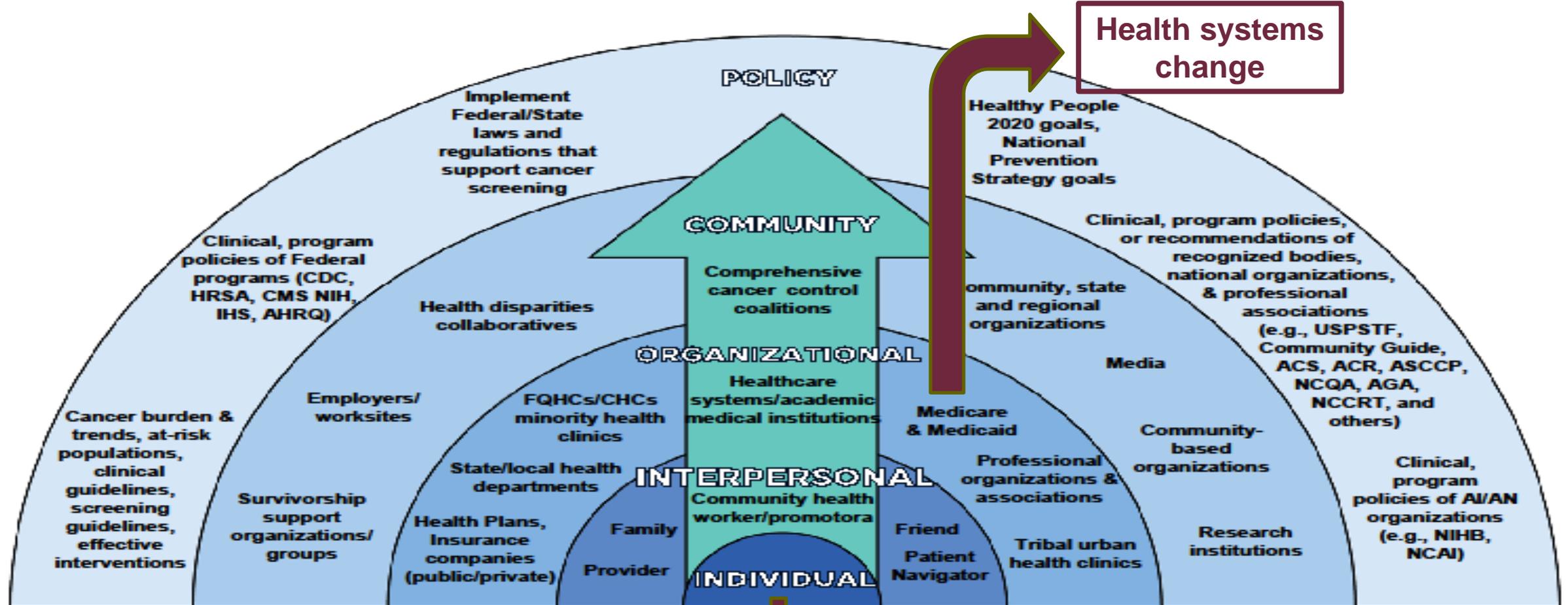
# NBCCEDP and the Affordable Care Act

- Health reform implementation has reduced the eligible population, however...
  - Number of eligible women still exceeds funding
  - Access issues and barriers remain
  - Public health role remains vital, and ACA expands opportunities
  - Data continues to drive public health action

# NBCCEDP and the Affordable Care Act

- NBCCEDP modified policies for flexibility, while closely monitoring implementation
- 60/40 budget allocation requirement eliminated
- Increased outreach/inreach important
- Health systems initiatives could increase NBCCEDP impact

## Appendix A: CRCCP Social-Ecological Framework



\*Some groups may fit within multiple levels of this model.

Direct Screening

# Community Guide Evidence-based Recommendations

for Cancer Screening Interventions (as of April 13, 2015)

Client-Directed Interventions	Breast Cancer	Cervical Cancer	Colorectal Cancer
<i>Increasing Community Demand</i>			
<b>Client Reminders</b>	<b>Recommended</b>	<b>Recommended</b>	<b>Recommended</b>
Client Incentives	Insufficient Evidence	Insufficient Evidence	Insufficient Evidence
<b>Small Media</b>	<b>Recommended</b>	<b>Recommended</b>	<b>Recommended</b>
Mass Media	Insufficient Evidence	Insufficient Evidence	Insufficient Evidence
<b>Group Education</b>	<b>Recommended</b>	Insufficient Evidence	Insufficient Evidence
<b>One-on-One Education</b>	<b>Recommended</b>	<b>Recommended</b>	<b>Recommended</b>
<i>Enhancing Community Access</i>			
<b>Reducing Structural Barriers</b>	<b>Recommended</b>	Insufficient Evidence	<b>Recommended</b>
<b>Reducing Out-of-Pocket Costs</b>	<b>Recommended</b>	Insufficient Evidence	Insufficient Evidence
<b>Provider-Directed Interventions</b>	<b>Breast, Cervical &amp; Colorectal cancers</b>		
<b>Provider Assessment &amp; Feedback</b>	<b>Recommended</b>		
Provider Incentives	Insufficient evidence		
<b>Provider Reminders</b>	<b>Recommended</b>		
<b>Multicomponent interventions</b>	<b>Recommended</b>		

\*[The Community Guide -- http://www.thecommunityguide.org/cancer/index.html](http://www.thecommunityguide.org/cancer/index.html)

\*ACA authorizes The Community Preventive Services Task Force (2010) <http://www.thecommunityguide.org/library/ARC2011/>

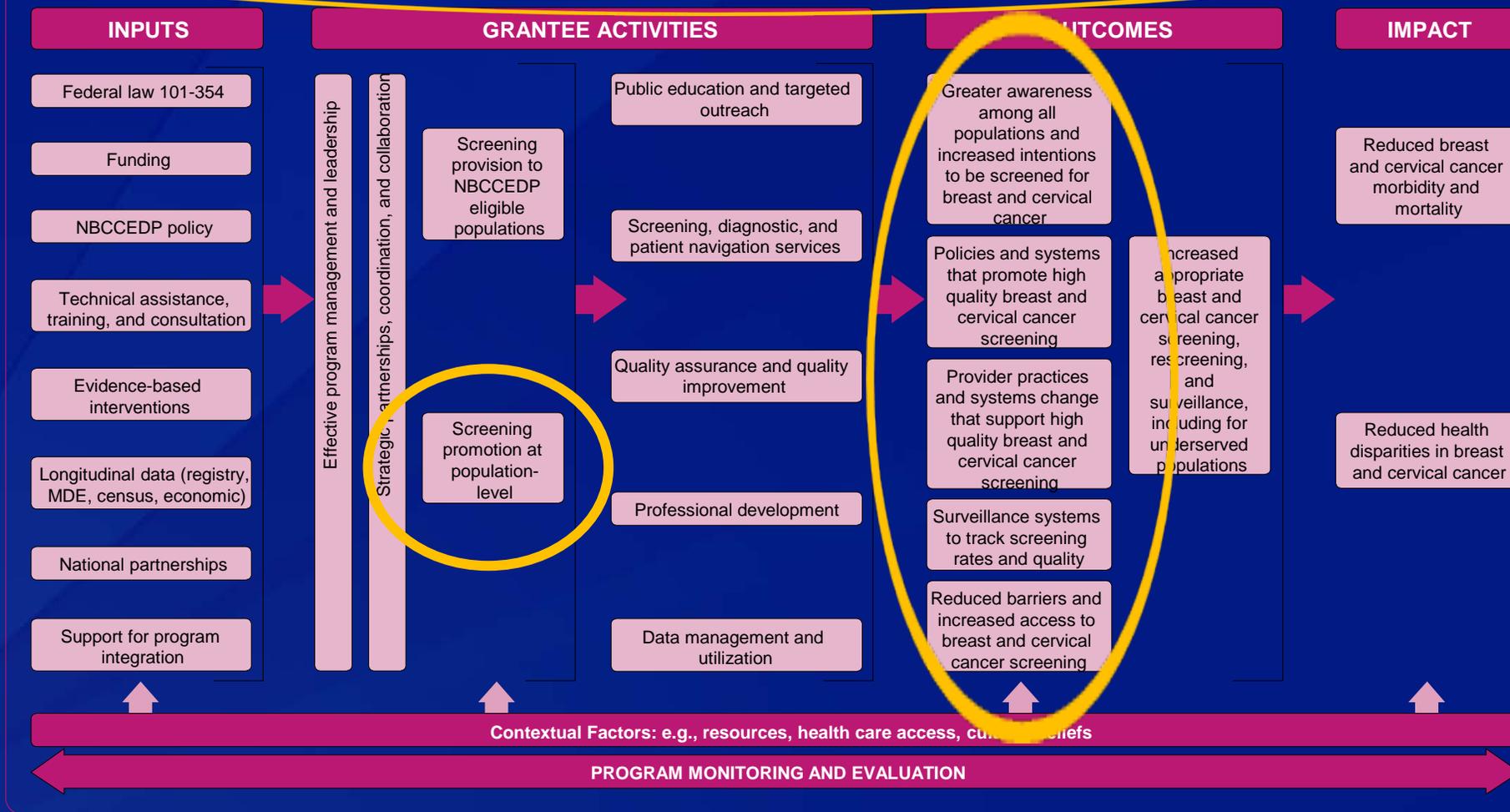
\*Note: Small media is a supporting CRCCP activity

\*\*Note: Community Guide recommendations are based on FOBT. There is insufficient evidence for colonoscopy.

# National Breast and Cervical Cancer Early Detection Program

## NBCCEDP Strategic Direction

Incremental\* transition to a program model using evidence-based strategies aimed at systems and policy change intended to reduce morbidity and mortality of breast and cervical cancers among all population subgroups with emphasis on disparate populations



## Extracted from DP12-1205 NBCCEDP Logic Model

### ***NBCCEDP Strategic Direction:***

**Incremental\* transition to a program model using evidence-based strategies aimed at systems and policy change intended to reduce morbidity and mortality of breast and cervical cancers among all population subgroups with emphasis on disparate populations**

### **Grantee Activities**

### **OUTCOMES**

Greater awareness among all populations and increased intentions to be screened for breast and cervical cancer

Policies and systems that promote high quality breast and cervical cancer screening

Provider practices and systems change that support high quality breast and cervical cancer screening

Surveillance systems to track screening rates and quality

Reduced barriers and increased access to breast and cervical cancer screening

Increased appropriate breast and cervical cancer screening, rescreening, and surveillance, including for underserved populations

# Colorectal Cancer Control Program: 2015 – 2020

## Supporting Organized Approaches



### Component 1: Health System Change to improve and increase CRC Screening

- All 31 grantees are partnering with health systems to implement priority evidence-based strategies and supporting strategies



### Component 2: Direct Screening

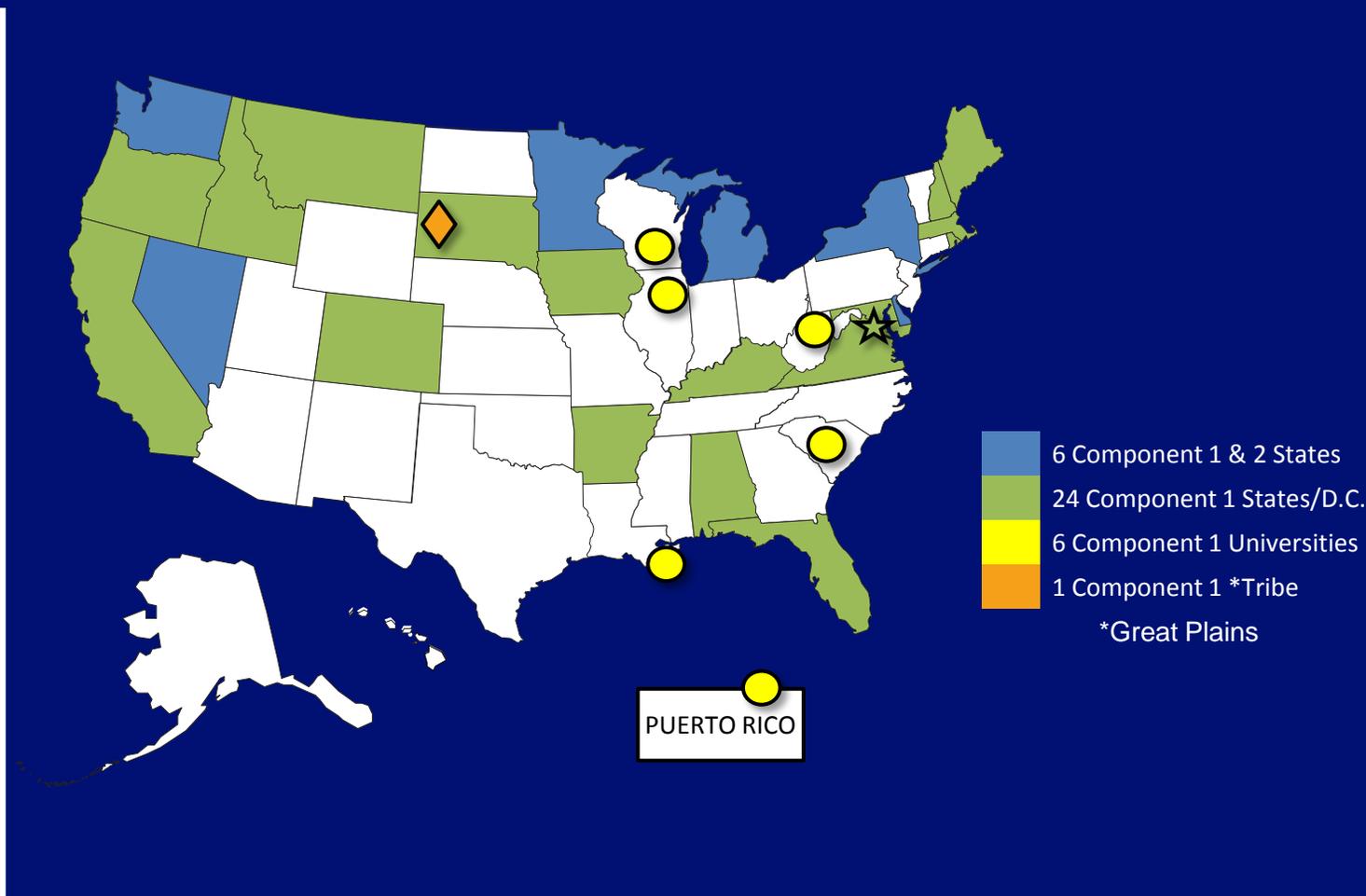
- 6 grantees are funded to support direct screening for low-income adults aged 50-64

### Vision

- Organized cancer screening
- Utilization of evidence-based interventions
- Increase in population-level CRC screening
- Reduce disparities

# Colorectal Cancer Control Program Grantees 2015-2020

- 24 State Grantees
  - 18 Previous
  - 6 New
- 6 New Universities
- 1 New Tribe





1990...



2010...



2013...



2015...

Listening-Learning-Visualizing the Future...

Organized Cancer Screening Programs



2005-2009  
CRC Screening  
Demonstration

2009-2015



2017-2022

New Cancer Programs  
FOA expected to be  
announced in early 2017

# Additional Opportunities for the Future

- Complexity of screening modalities and patient-centered communication
- New and increased use of technology
- Aging population
  - As baby-boomers age, cancer cases will increase
  - Growing number of cancer survivors are living longer
  - Multiple chronic conditions
- Importance of primary prevention
  - Obesity prevention
  - Tobacco cessation
  - Vaccines
  - UV exposure, including tanning beds



**Measurement, Program Evaluation, and  
Accountability plus...**

**Anticipating and Leading Change is our  
future...your future**



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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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

