

Goals and Strategies of the New York State Comprehensive Cancer Control Plan

In the New York State Comprehensive Cancer Control Plan, 45 main goals have been listed as priorities in controlling cancer in New York State. Spanning the nine goal areas of Health Promotion and Disease Prevention, Early Detection, Treatment, Quality of Life, Palliative Care, Health Personnel, Research, Data and Surveillance, and Public Policy, these goals are addressed through a number of recommended strategies. Goals and strategies are as follows:

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Health Promotion and Disease Prevention

Goal 1: Tobacco

By 2010, reduce tobacco use by adolescents to 12%.

By 2010, reduce tobacco use by adults to 15% for cigarette use, 0.4% for spit tobacco use, and 1.2% for cigar use.

Strategies:

- ✓ Decrease the number of individuals who initiate smoking.
- ✓ Work with colleges and universities to encourage adoption of smoke-free campus and dormitory policies.
- ✓ Through a combination of federal, state and local funding, fund the tobacco control program interventions in proportion to CDC recommendations or greater in order to implement effective comprehensive tobacco control.
- ✓ Continue to implement the recommended strategies of the Community Preventive Services Task Force and the CDC to reduce tobacco use and exposure to environmental tobacco smoke; increase awareness to reduce initiation of tobacco use and increase cessation; reduce out of pocket costs for effective therapies to stop using tobacco; promote provider reminders systems and provider education to assess all patients for tobacco use and intervene accordingly; implement community-based partnerships that work to change local tobacco-related policies and change social norms regarding tobacco use.
- ✓ Expand access to cessation assistance including increased use of telephone and web-based cessation help lines for people who want to stop using tobacco.

Goal 2: Reduce Environmental Exposure

By 2010, reduce population risks associated with environmental exposures to known or likely environmental risk factors for cancer.

Strategies:

- ✓ Continue the partnership of federal, state and local governments, businesses, and communities to reduce elevated exposures to known or likely environmental risk factors for cancer (e.g. elevated levels of known or likely human carcinogens at hazardous waste sites, in drinking water supplies, in indoor or outside air, etc.)
- ✓ Increase awareness and promote programs that help consumers decrease their use of chemicals in the home (e.g. promote principles of integrated pest management).

- ✓ Improve the public's understanding of the risks of exposures to chemicals in the environment and continue outreach efforts to promote the effective dissemination of information to the public.
- ✓ Enforce and increase compliance with environmental regulations to reduce exposures to known or likely human carcinogens (e.g. diesel engine fuel) and consider actions that further reduce exposures to elevated levels of known or likely human carcinogens.
- ✓ Expand research into the risks associated with environmental and occupational exposures and promote strategies to reduce elevated exposures.
- ✓ Develop techniques being created as part of environmental public health tracing programs to assist with cancer surveillance.
- ✓ Promote and enforce existing clean indoor policies and continue the comprehensive, statewide, Clean Indoor Air Act.
- ✓ Increase awareness of the harmful effects of secondhand smoke to children and adults exposed in schools, daycare facilities, worksites, colleges, public places, homes, and automobiles.

Goal 3: Genetics

By 2010, increase public and provider awareness about prevention studies for persons at high risk of cancer due to family history or genetics to 85% of those surveyed.

Strategies:

- ✓ Determine knowledge of and attitudes toward use of prevention interventions for individuals considered at high risk of developing cancer.
- ✓ Encourage health care providers to query patients on family history of cancer to identify possible high-risk individuals.
- ✓ Identify prevention clinical trial activities within the state and increase awareness of health care practitioners of these opportunities for their patients.
- ✓ Encourage genetic testing reimbursement for proven genetic testing methodologies with implications for prevention and treatment by managed care plans, insurance plans, Medicaid, and other payors, and inform the public of the availability of this testing.

Goal 4: Sun Exposure

By 2010, increase the proportion of New Yorkers who use sun protective measures to prevent excessive sun exposure to 75%.

Strategies:

- ✓ Increase health care providers' awareness of the risks of sun exposure.
- ✓ Utilize existing, proven programs to promote and educate the public on the benefits of sun protection.
- ✓ Increase awareness of the dangers of artificial sun tanning.
- ✓ Target educational programs to providers of services for young children, such as preschool and child care providers, camp directors, community recreation programs staff, educators and scout leaders.
- ✓ Increase awareness of sun protection needs of infants and young children among pregnant women and new parents.
- ✓ Increase the proportion of elementary schools, day care centers, and parks/recreation centers that have sun protection policies.

Goal 5: Healthy Lifestyle

Diet/Nutrition-- By 2010, increase the proportion of New Yorkers age 2 and older who consume at least five servings of fruits and vegetables daily to 75%.

Physical Activity—Adults: By 2010, increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least thirty minutes per day to at least 30%.

Physical Activity—Children and Adolescents: By 2010, increase the proportion of children and adolescents who engage in moderate physical activity for at least thirty minutes on five or more of the previous seven days to 35%.

Obesity—Adults: By 2010, decrease the proportion of adults who are clinically obese to 15%.

Obesity—Children and Adolescents: By 2010, decrease the proportion of children and adolescents who are clinically obese to 5%.

Strategies:

- ✓ Engage appropriate stakeholders in nutrition and physical activity interventions at a local level: school nutritionists, preschools/day care providers, physical educators, athletes, grocers, young adults, older adults, etc.
- ✓ Increase promotion of existing programs to increase the number of fruits and vegetables consumed daily.

- ✓ Promote low-fat, low-calorie, high-fiber foods.
- ✓ Increase the proportion of schools that provide access to their physical activity spaces and facilities for community members, outside of normal school hours.
- ✓ Increase the number of schools that provide quality instruction on nutrition and healthy eating and daily physical activity as a lifestyle choice.
- ✓ Increase the proportion of schools providing opportunities for nutritious meals and daily exercise, including review or modification of school policies related to lunch menu requirements and availability of non-nutritious foods on campus.
- ✓ By 2006, decrease proportion of overweight or obese adults to 45% (NYS Baseline 57.3%, 2002 BRFSS).
- ✓ Increase the availability of 100 fruit juice and low fat milk in place of soft drinks and other high sugar beverages in school systems.
- ✓ Encourage development of policies at the federal and state levels that offer guidelines for school breakfast and lunch programs, to facilitate school districts' ability to offer students healthier food options.
- ✓ Work with health insurance providers to offer preventive services, such as weight control programs.
- ✓ Increase worksites that support healthy eating, exercise and maintaining healthy weights.
- ✓ By 2006 decrease proportion of overweight youth to 7.5% (NYS Baseline 10.6%, 2001 YRBSS).
- ✓ Promote evidence-based methods for safe physical activity to communities, for all age groups.
- ✓ Promote strategies for more nutritious offerings within the "fast food" industry.
- ✓ Promote the concept of "walkable communities" to increase the availability of safe and attractive public areas and walkways where physical activity can take place (e.g. rails to trails, sidewalk construction, safer crosswalks, etc.).
- ✓ Provide increase opportunities for increased physical activity for children and adolescents.
- ✓ Promote policies and strategies that maximize the use of existing health and fitness facilities in communities.

Goal 6: Assist Health Care Providers in Patient Counseling
By 2010, increase the number of health care providers who report offering cancer prevention related counseling to their patients to 85%.

Strategies:

- ✓ Educate providers, specifically in specialty areas (primary care practitioners, dentists, nurses, etc.) on risk factors and counseling techniques to reduce health risk behaviors.
- ✓ Share proven prevention messages, health education materials and referral sources with health care providers on a regular basis.
- ✓ Develop and encourage the use of consistent messages in cancer prevention counseling.
- ✓ Determine providers' cancer prevention continuing education needs and develop methods to address those needs, including CME classes.
- ✓ Implement tools for providers to use in assessing patient risk of developing cancer.
- ✓ Implement tools providers can utilize as reminders to offer screening at appropriate times.
- ✓ Work with healthcare systems to develop quality improvement programs in medical settings to increase the number of patients receiving health assessment and counseling related to behaviors and lifestyles.

Goal 7: Focused Community Education/Outreach

By 2010, develop and implement community-based strategies for public awareness activities.

Strategies:

- ✓ Promote community-wide efforts toward comprehensive public outreach campaigns addressing all health promotion and prevention areas defined previously.
- ✓ Using principles of social marketing, encourage the partnering of community agencies and stakeholder organizations to develop professional and community conferences on health issues.
- ✓ Utilize existing messages and develop new materials, as needed, on prevention of lower incidence cancers, such as safe sex practices also reducing cervical cancer risk.
- ✓ Engage community partners and encourage the formation of community-base cancer prevention and control coalitions.
- ✓ Use materials and strategies that are age, culturally and linguistically appropriate.
- ✓ Encourage development of peer teaching modules in community education programs.

Early Detection

Goal 1: Knowledge, Awareness and Utilization

By 2010 enhance public and professional awareness, knowledge and utilization of age-appropriate, evidence-based comprehensive screening guidelines.

Strategies:

- ✓ Promote social marketing strategies that influence public acceptance of comprehensive risk assessment and screening guidelines.
- ✓ Encourage development of community-based, peer-to-peer educational programs to increase public awareness of the value of early detection.
- ✓ Target high-risk geographic areas and populations to increase access to screening programs.
- ✓ Promote cross-functional outreach (multiple cancer sites across multiple health profession disciplines) at the community level.
- ✓ Work toward measuring professional outcomes in the areas of age-appropriate comprehensive cancer screening, risk assessment and appropriate referral consistent with existing guidelines, and update as required.
- ✓ Explore the feasibility of utilizing non-physician personnel in providing cancer screening education and counseling to patients.
- ✓ Increase provider understanding of reimbursement mechanisms for screening activities.
- ✓ Reinforce workplace participation in achieving screening goals and work toward financial participation by health insurance plans.
- ✓ Engage the business and payor communities and other partners such as professional groups, hospitals, and community-based organizations, in developing collaborative strategies to enhance use of screening guidelines (incentives, reminders, time off for screening exams, etc.).
- ✓ Explore successful state programs (both within and outside of New York), to determine their replicability in New York.
- ✓ Review and consolidate recent research on cancer screening.
- ✓ Include oral cancer screening as part of a comprehensive cancer early detection examination.

Goal 2: Breast Cancer Early Detection

By 2010, increase the proportion of breast cancers detected at an early stage to 75%. (NYS Baseline: 67.2% [1999])

Strategies:

- ✓ By 2006, increase breast cancer screenings for women over age 40 to 75% (NYS mammography Baseline 63.8%, 2002 BRFSS).
- ✓ Continue efforts to identify high-risk populations and refer for appropriate screening.
- ✓ Continue efforts to enhance access to high quality accredited mammography facilities statewide with reasonable waiting time for obtaining service.
- ✓ Assess appropriateness of existing consumer messages for age appropriateness and cultural/linguistic relevance and revise as needed to increase awareness of the need for screening.
- ✓ Conduct ongoing assessment of the populations of women receiving mammograms to determine changes in characteristics.
- ✓ Increase health care practitioners' use of American Cancer Society Clinical Breast Examination guidelines.

Goal 3: Colorectal Cancer Early Detection

By 2010, increase the proportion of colon & rectum cancers detected at an early stage to 50%. (NYS Baseline: Males 42.6%, Females 39.2% [1999])

Strategies:

- ✓ Increase the use of Fecal Occult Blood Test among New Yorkers over age 50.
- ✓ By 2006, increase colorectal cancer screenings for people over age 50 to 50% (NYS Baseline: 44.6%, 2002 BRFSS).
- ✓ Identify those at high-risk due to personal and/or family history and refer for appropriate screening tests.
- ✓ Develop strategies to assess current capacity for provision of colorectal cancer screening tests and methods to increase capacity, where needed.

Goal 4: Prostate Cancer Early Detection

By 2010, increase the proportion of prostate cancers detected at an early stage to 95%. (NYS Baseline: 87.1% [1999])

Strategies:

- ✓ Increase opportunities for male New Yorkers ages 50+ to discuss PSA testing and digital rectal examination (DRE) with their providers.

- ✓ Education men in high-risk categories (e.g. Black, strong family history of prostate cancer, and those in other high-risk categories) about PSA and DRE.
- ✓ By 2006, increase prostate cancer screenings for men over age 50 to 70% (NYS Baseline 55.4%, 2002 BRFSS).
- ✓ Develop methods to assist health care providers in communicating about prostate cancer and its screening tests with men, including materials targeting those at high risk.
- ✓ Develop culturally, linguistically, and developmentally appropriate messages to increase awareness of the need for screening tests.
- ✓ Review research to identify successful methods of increasing screening rates and consider the feasibility of implementing these strategies in New York State.
- ✓ Develop strategies to assess the current capacity for provision of prostate cancer screening tests and methods to increase capacity, where needed.

Goal 5: Cervical Cancer Early Detection

By 2010, increase the proportion of cervical cancers detected at an early stage to 65%. (NYS Baseline: 55.2% [1999])

Strategies:

- ✓ Increase the number of women over age 21 or sexually active over age 18 receiving pap tests.
- ✓ Create culturally, linguistically, and developmentally appropriate messages to increase awareness of the need for screening tests.
- ✓ Develop targeted educational messages for populations (such as women over 65 and recently emigrated women who have the highest rates of cervical cancer in NYS) known to be less likely to receive pap tests on a regular basis.
- ✓ Increase the number of providers who discuss the importance of pap tests with their patients.
- ✓ Continue research and monitor results of Human Papilloma Virus vaccination trials. (Also a prevention strategy).

Goal 6: Skin Cancer Early Detection

By 2010, increase the proportion of cases of melanoma skin cancer detected at an early stage to 90%. (NYS Baseline: Males 80.1%, Females 85.5% [1999])

Strategies:

- ✓ Increase the number of health care providers who educate patients about the early signs of skin cancer and appropriate responses to such symptoms.
- ✓ Include early detection messages with skin cancer prevention messages.
- ✓ Increase the number of retail outlets selling sun protection products that place early detection messages with their displays.
- ✓ Create culturally, linguistically, and developmentally appropriate messages to increase awareness of the need for screening tests.

Goal 7: Lung Cancer Early Detection Research

By 2010, support research into early detection of lung cancer in New York State, including clinical trials.

Strategies:

- ✓ Promote clinical trials of screening methodologies to the public and to health care providers.
- ✓ Offer technical assistance and letters of support for grant applications.
- ✓ Provide assistance in recruitment efforts of participants for clinical trials.
- ✓ Assist in arranging access to health care systems where screening trials can take place.
- ✓ Promote the enrollment of diverse populations in clinical trials.

Goal 8: Other Early Detection Research

By 2010, support ovarian, testicular and oral cancer early detection research in New York State, including clinical trials.

Strategies:

- ✓ Promote clinical trials to the public and to health care providers.
- ✓ Offer technical assistance and letters of support for grant applications.
- ✓ Provide assistance in recruitment efforts of participants for clinical trials,
- ✓ Assist in arranging access to health care systems where screening trials can take place.
- ✓ Promote the enrollment of diverse populations in clinical trials.

Treatment

Goal 1: Quality of Care: Current Treatment

By 2010, increase the availability of the best cancer care to all New Yorkers.

Strategies:

- ✓ Increase awareness among the public and providers of standard of care for effective treatment and quality cancer care.
- ✓ Make information on cancer site-specific treatment options, benefits and disadvantages, survivorship issues and other information easily available to consumers.
- ✓ Provide access to appropriate care for all age, racial, ethnic, geographic and socioeconomic groups.
- ✓ Encourage quality of care programs at all treatment sites including studying the feasibility of utilizing American College of Surgeons (ACoS) certification of hospitals as a quality of care tool.
- ✓ Test ways to increase use of clinical guidelines among providers and awareness of clinical guidelines among consumers.
- ✓ Conduct research on and assessments of the quality of cancer treatment in New York State.
- ✓ Identify and promote the use of age appropriate, culturally, and linguistically appropriate information.
- ✓ By 2006, increase cancer survivors' satisfaction that cancer-related effects (e.g. pain, fatigue, nutrition) are managed effectively.

Goal 2: Comprehensive Scope of Quality of Care Resources

By 2010, encourage best practice delivery systems recognizing the chronic nature of cancer, including ongoing supports and navigation for families, rehabilitation, education, social and legal services.

Strategies:

- ✓ Develop ways for cancer survivors to routinely rate their satisfaction with cancer treatment services.
- ✓ Engage cancer treatment facilities in plans to support and monitor cancer treatment across the continuum of cancer care.
- ✓ Encourage cancer treatment facilities to develop active quality of care programs that engage and support being treated and their caregivers.

- ✓ Engage organizations to provide support for individuals without active caregivers who are under treatment for cancer.
- ✓ Enhance access to supportive services including transportation, housing, nutrition, outpatient treatment and wellness programs.
- ✓ Disseminate materials relating to the short- and long-term effects of cancer treatment, targeting specific groups in need of this information (childhood cancer survivors, older women, etc.)
- ✓ Encourage research on survivorship issues and the impact of different factors on outcome.

Goal 3: Quality of Care: Integration of Services

By 2010, integrate existing cancer treatment services and develop strategies to reduce service gaps.

Strategies:

- ✓ In rural areas, explore increasing the use of telemedicine as a way to document cancer treatment, data, support services, and financial help to improve the quality of cancer treatments.
- ✓ Explore with managed care organizations, comprehensive case management to meet the range of patient needs.
- ✓ Explore patient navigator systems that utilize a variety of cancer professionals, e.g. oncology social workers to ensure the seamless transition between services and agencies, and assess the costs and benefits (both medical and social) of case management/health navigator models.
- ✓ Encourage integrative care networks that coordinate the range of services required by patients.
- ✓ Collaborate with health care providers throughout the state toward regional tumor boards and meetings of multidisciplinary teams to discuss treatment options for patients with challenging cancer cases.
- ✓ Develop methodologies to assess the need for cancer services by type.
- ✓ Review research findings and encourage the incorporation of evidence-based complementary and alternative therapies into cancer treatment plans.

Goal 4: Treatment Information Resources

By 2010, assess knowledge among, and information dissemination to, health providers and consumers.

Strategies:

- ✓ Determine the baseline number of contacts to cancer information services in New York and track contact rates on an ongoing basis.
- ✓ Identify networks of cancer specialists who can provide diagnostic and treatment consultation to primary care physicians in medically underserved areas.
- ✓ Identify telecommunication systems among medical providers to facilitate their participation and collaboration in a provider network.
- ✓ Identify systems for up-to-date information on clinical trials for health care providers and consumers.
- ✓ Make available information related to age appropriate treatment, that is culturally and linguistically suited to target populations.
- ✓ Make available current regional or local cancer resource catalogs/directories that provide information on cancer institutions, specialists, providers, research, therapies, and support services, including financial.

Goal 5: Geographic Access to Care

By 2010, geographic access issues will be identified and reduced.

Strategies:

- ✓ Determine the capacity of cancer treatment services by type throughout New York State.
- ✓ Using existing data to evaluate cancer care by type of facility, geography, and other variables.
- ✓ Define the essential components of a delivery system for cancer care that assures certain basic services are available locally, and more specialized services are reasonable accessible.
- ✓ Assess regionalization of cancer services, beginning with treatment involving high risk, low incidence procedures.
- ✓ Assess service availability and accessibility as related to the needs of vulnerable populations, such as immigrant populations, incorporating cultural sensitivity and ability to address language barriers effectively.

Goal 6: Financial Access to Care

By 2010, assure that high quality cancer treatment and services are accessible to New York State residents, regardless of socioeconomic status, geography or race/ethnicity.

Strategies:

- ✓ Assess the availability of insurance coverage for cancer treatment.
- ✓ Encourage health insurance and managed care plans to support prompt access to appropriate cancer treatment, supportive services and clinical trials.
- ✓ Encourage managed care organizations to remove barriers to timely referral to out-of-network providers for medically appropriate care when necessary.
- ✓ Promote reimbursement structures that facilitate access to multiple levels and loci of care, inclusive of all patient needs.
- ✓ Use existing data to evaluate cancer care by type of facility, geography, and other variables.
- ✓ Support educational and outreach efforts directed at prevention and early detection as promoted throughout this Plan.
- ✓ Identify and promote the use of culturally and linguistically appropriate information.

Quality of Life

Goal 1: Management and Surveillance

By 2010, 80% of survivors should receive care according to appropriate clinical treatment guidelines throughout their cancer experience (diagnosis to end of life).

Strategies:

- ✓ Collect, assess and distribute appropriate surveillance protocols to primary care and specialist groups.
- ✓ Educate survivors on prevention of secondary cancers and other sequelae.
- ✓ Encourage research into cancer survivors' knowledge of recommended protocols; the barriers encountered when trying to comply with recommendations, and reasons for non-compliance with follow-up recommendations. Consider relevant attitudes, beliefs and behaviors as well as age-appropriate protocols and cultural and linguistic appropriateness.
- ✓ Encourage survivors to be self-advocates and active participants in their courses of treatment.
- ✓ Describe appropriate roles of primary care providers versus specialists in ongoing care of cancer survivors.
- ✓ Actively seek survivors' input into treatment decisions and enable survivors to self-advocate for treatment based upon their needs and preferences.
- ✓ Encourage individualized case management plans that take into account survivor's age, stage of disease, resources available, and other factors.
- ✓ Identify local, 24-hour support systems, where families can obtain answers to questions as they arise, and receive help in emergencies.

Goal 2: Psychosocial Support

By 2010, increase the availability of psychosocial support services for cancer survivors, their families, and friends through all phases of the cancer experience.

Strategies:

- ✓ Make available relevant materials and coordinate activities related to cancer survivorship and quality of life issues.
- ✓ Collect information on the number and type of support groups available to NYS residents (consider those available to patients with specific diagnosis and their families, focused on specific ethnic/cultural groups, etc.).

- ✓ Identify psychosocial support activities not based on the medical model of care, but integrated whenever possible with medical care.
- ✓ Gather information on the efficacy of various types of psychosocial support services.
- ✓ Use cancer survivor and caregiver supportive programs that cross cancer “site-specific” boundaries.
- ✓ Communicate with patients, their families, friends, and health care workers about the availability of such services through use of individually and generally targeted written and electronic materials.
- ✓ Raise awareness of the importance of psychosocial support in conjunction with appropriate medical care.
- ✓ Assist providers in communication with survivors, family members and friends relating to psychosocial and other support issues.
- ✓ Identify ethnically and culturally sensitive psychosocial interventions for those most severely underserved.
- ✓ Provide additional opportunities for cancer survivors to share their expertise with newly diagnosed individuals and their families and friends.
- ✓ Identify reimbursement models that promote comprehensive support throughout cancer treatment and post-treatment.
- ✓ Identify and remediate barriers to utilization of support and educational programs by survivors and their families and friends.
- ✓ Assist children who have a parent and/or caregiver undergoing treatment for cancer or addressing end of life issues.
- ✓ Assist parents and caregivers undergoing treatment for cancer to communicate with their children regarding the treatments, survivorship, and, as necessary, addressing end-of-life issues.

Goal 3: Reduce Employment/Insurance Barriers

By 2010, cancer survivors can be informed about their rights concerning employment and insurance issues from a centralized source.

Strategies:

- ✓ Collect qualitative and quantitative data on barriers to employment and insurance coverage and other relevant issues.
- ✓ Identify offices that help cancer survivors with employment and insurance-related issues.

- ✓ Make available information on disability income support and legal issues such as permanency planning for cancer survivors.
- ✓ Develop collaborative relationships with employers, HMOs, insurers and other payors to reduce negative experiences on the part of cancer survivors related to employment and insurance.

Goal 4: Children and Teens

By 2010, the needs of children and teens undergoing treatment or surviving cancer are met with services that are age appropriate and consider life stage differences.

Strategies:

- ✓ Collect information on young cancer survivors to better understand the unique challenges faced by children and teens with cancer.
- ✓ Provide navigation assistance to families of children with cancer to address the unique needs of this population.
- ✓ Empower young cancer survivors to talk about their experiences with their peers, with treatment providers and with support services providers to enable those individuals to better understand the issues faced by young cancer survivors.
- ✓ Enable teachers and students to understand and support the special needs of children with cancer in schools.
- ✓ Encourage availability of support groups and websites, online chat rooms, and other venues for children and teens that include information on non-cancer related topics.
- ✓ Make available age-appropriate information to hospitals, oncologists' offices, and others regarding available services for children and teens.
- ✓ Make available to the public and providers enhanced levels of information related to the long-term implications of the effects of cancer treatment in children and teens.

Goal 5: Special Populations

By 2010, address disparities affecting cancer survivors and their quality of life.

Strategies:

- ✓ Increase the enrollment of minority and underserved populations in clinical trials.

- ✓ Make cancer-related materials available in languages other than English and assess materials for their relevance in other cultures.
- ✓ Provide opportunities for minority cancer survivors and their families to act as role models for others in the community.
- ✓ Increase outreach to all survivors regarding quality of life issues and where to find support, with input by survivors and their caregivers.
- ✓ Enhance research on the adequacy of follow-up and support services provided to minority cancer patients, their families and friends, and reasons for disparities in services.
- ✓ Use community navigators for the healthcare system and involve them in programs for cancer survivors, their families, and friends.
- ✓ Increase access to existing support services for minority and underserved populations.
- ✓ Encourage research on prediction of recurrence of cancer in survivors.

Palliative Care

Goal 1: Pain Management

By 2010, ensure access to appropriate pain management for all patients throughout all stages of the disease.

Strategies:

- ✓ Identify the availability of cancer centers with pain management services, and develop strategies for providers to offer such services.
- ✓ Balance the control of medications and their appropriate use. Examine the extent to which state law and regulations permit the use of pain medication. Identify impediments to such use and facilitate the availability of medication for all appropriate indications.
- ✓ Dispel myths among the public and professionals regarding controlled medications. Inform the public, cancer patients and their families that pain can be controlled and pain measures should be offered as part of their care.
- ✓ Identify quality assurance programs for pain management, and encourage health care systems to adopt and institutionalize quality standards.
- ✓ Teach pain management courses in medical, nursing and pharmacy schools in the state, and identify sources of continuing education for practicing professionals.
- ✓ Research the role of complementary medicine as an option in pain management services and make findings available to providers and survivors.

Goal 2: Integration of Palliative Care

By 2010, palliative care will be an integral part of oncology practices throughout New York State.

Strategies:

- ✓ Encourage oncology and inpatient programs to incorporate components of palliative care.
- ✓ Include evidence-based, effective palliative and end-of-life curricula in schools of medicine and nursing and other relevant health professional schools and programs.
- ✓ Identify best practice models for quality palliative and hospice care in all relevant settings.
- ✓ Identify standards for optimizing transfer between all relevant palliative and hospice care settings in particular as it relates to the special needs of children and teens.

- ✓ Identify and work toward eliminating barriers to quality palliative and hospice care.
- ✓ Collaborate with professional associations to identify and/or develop competency standards for national certification.
- ✓ Identify quality indicators to monitor implementation of palliative care.
- ✓ Identify reimbursement models that promote expanded palliative care access (including care “upstream” of hospice).
- ✓ Identify and promote the use of culturally and linguistically appropriate information.
- ✓ Incorporate the concept of palliation into support groups for cancer survivors, their families and friends.
- ✓ Encourage inclusion of practitioners of evidence-based complementary therapies in integrated palliative care programs.

Goal 3: Access to Palliative Care Services

By 2010, improve access to a specialist-level palliative care team for all cancer patients in need. (A specialist level implies certification, where certification is available, within each professional discipline).

Strategies:

- ✓ Encourage the availability of palliative care in inpatient and outpatient settings in NCI-designated cancer centers, tertiary hospitals, children’s hospitals and community cancer centers in New York State.
- ✓ Identify best practices models for interdisciplinary collaboration in palliative care, including age-appropriateness and cultural/linguistically appropriate care.
- ✓ Identify relevant parameters for “specialist level” providers for palliative care.
- ✓ Improve assessment of pain and other symptom distress in cancer patients.
- ✓ Identify barriers to access to hospice care for all ages.
- ✓ Utilize hospice providers as palliative care consultants.
- ✓ Reduce the time between diagnosis and referral to hospice for support, considering the survivors preferences.
- ✓ Identify best practices models for palliative care in long term care settings.
- ✓ Encourage partnerships between hospice providers, cancer centers, hospitals, long-term care and other providers.
- ✓ Assess reimbursement systems for changes needed to increase access to palliative care.

- ✓ Develop best practices quality improvement palliative care programs.
- ✓ Support patients and their family and friends in making end-of-life decisions (e.g. death with dignity).

Goal 4: Public Awareness of Palliative Care

By 2010, increase awareness that palliative care is available and an integral part of cancer care at any stage of diagnosis, treatment and survival. Also, encourage earlier referral to hospice care as a means of providing palliative care in the last months of life.

Strategies:

- ✓ Increase awareness of palliative care services as an option for care, and make available materials for providers and institutions for distribution to people undergoing treatment for cancer.
- ✓ Encourage health care providers, institutions, voluntary organizations, government agencies, and others to provide education and information on palliative care and hospice care, including scope of services, locations, access to care, and reimbursement.
- ✓ Identify culturally relevant health care proxies and advance directives for use by cancer patients.
- ✓ Include language in Internal Review Board consent forms for clinical trials that incorporates palliative care.
- ✓ Make available bereavement services to cancer patients and their friends and families.
- ✓ Implement existing National Comprehensive Cancer Network practice guidelines in the domains of palliative care, including pain management, symptom control and psychosocial assessment.
- ✓ Increase cancer survivor's awareness that the consequences of cancer and its treatment-related side effects can be managed.
- ✓ Utilize technology, such as the Internet, as educational tools and provide links to appropriate organizations.

Goal 5: Palliative Care Research

By 2010, increase cancer research in the area of palliative care.

Strategies:

- ✓ Increase awareness among funders of research in New York of the need for funding palliative care research, including

health service research outcomes, research fellowships, demonstration projects, and performance improvement.

- ✓ Identify a core set of palliative care quality measures in accordance with the National Cancer Data Base (NCDB) Report.
- ✓ Encourage research and demonstration studies for children's hospice and palliative care services.

Health Personnel

Goal 1: Cancer Care Workforce System

By 2010, identify gaps and needs, and explore collection, monitoring, analysis, and dissemination of quantitative and qualitative data that will improve decision-making regarding the cancer health workforce in NYS.

Strategies:

- ✓ Identify the data of interest, such as numbers of providers, types of providers, regional distribution, racial/ethnic diversity, primary care/specialist mix, years of experience, number recertified in specific areas, patient/provider ratios, salaries of new/experienced workers, and workforce needs of cancer care providers.
- ✓ Review existing health workforce data such as “Report on Supply and Demand of Registered Nurses,” exit interviews of medical residents trained in NYS.
- ✓ Build cancer workforce data elements into existing data collection systems relating to the health care workforce.
- ✓ Encourage tracking of the cancer care health workforce supply, demand and need.
- ✓ Identify data needed to profile the current workforce providing cancer-related services.
- ✓ Inform the provider community, the health professions education and training community, public policy makers and the public on the data needed and the number and types of workers needed to provide high quality care to individuals with cancer.
- ✓ Project the specific health professional groups expected to be in short supply in the future.
- ✓ Assess the views of survivors, family members and health workers on accessibility, quality and adequacy of the workforce, including staffing levels, skill sets and training.
- ✓ Supplement regular data collection systems by facilitating special studies of the cancer care workforce, exploring factors likely to influence satisfaction and retention.

Goal 2: Adequately Prepared Providers

By 2010, health care providers will have access to continuing educational opportunities that enhance and update their knowledge, skills and competencies in the area of cancer care.

Strategies:

- ✓ Encourage development of model curricula for medical schools, nursing programs, and other health professions schools.
- ✓ Meet the priority continuing education needs of existing providers based on the information gathered from focus groups, surveys and other sources.
- ✓ Assess adequacy of cancer-related material in curricula of various professions' continuing education programs, particularly related to communicating and partnering with patients and families, survivorship issues, palliative care and end-of-life care.
- ✓ Research the feasibility of providing incentives to facilitate providers' (at all levels) access to continuing education opportunities.
- ✓ Facilitate distance learning and web-based education strategies for cancer care practitioners throughout the state.
- ✓ Distribute information about conferences, grand rounds, and other educational opportunities available to NYS practitioners.
- ✓ Assess adequacy of education in "new" areas such as emerging technologies, palliative care guidelines, and cancer genetics.
- ✓ Identify educational tools such as CD-ROMs and "virtual libraries" for isolated providers, such as home health care workers and other providers who cannot leave their patients.
- ✓ Include in educational opportunities help for providers to deal with end-of-life issues and encompass a broader, more enlightened approach to living with cancer.
- ✓ Consider educational modules that will be useful across health professional groups.
- ✓ Offer health care providers continuing education courses on the role of genetics in cancer and counseling, testing and management options for people at higher risk.
- ✓ Strengthen health training in areas of language (bilingual) and cultural sensitivity.

Goal 3: Adequate Supply

By 2010, increase retention of experienced workers providing cancer care services.

By 2010, supply cancer care providers, including providers from underrepresented minority groups, to underserved areas.

By 2010, increase the supply of cancer care providers in professions where shortages have been demonstrated.

Strategies:

- ✓ Respond to the needs of the existing cancer care workforce based on information gathered under Goal #1.
- ✓ Consider criteria utilized in designating magnet hospitals and, if judged likely to affect retention, attempt to increase number of NYS hospitals meeting magnet criteria from 3 to 12.
- ✓ Encourage employers to increase options and flexibility for staff, such as job sharing, benefits for part-time workers, and other options.
- ✓ Convene groups of cancer care practitioners to address issues such as improving collaboration, reducing burnout and interacting with patients and families.
- ✓ Identify financial models aligned with workforce development goals and research strategies such as “sign-on” bonuses and loan repayment programs to increase the number of cancer care providers in rural and other underserved areas of the state.
- ✓ Research the feasibility of providing scholarships and other incentives to increase the number of students in the cancer care arena.
- ✓ Make available to guidance and career counselors in underserved areas, career kits and other useful recruitment tools.
- ✓ Recruit and retain researchers, including graduate students, through the New York State Office of Science, Technology and Academic Research (NYSTAR).
- ✓ Collaborate with Area Health Education Centers (AHECs) on training and recruitment projects in rural and underserved areas.
- ✓ Assist family members, cancer survivors and caregivers in becoming caregivers in the future.
- ✓ Analyze the need for new or additional training programs or voluntary certification for specific professions.
- ✓ Use team delivery models that combine medical, psychosocial, child development and spiritual aspects into a unified approach to outpatient and inpatient care.
- ✓ Test alternate delivery systems and job redesign strategies to increase worker satisfaction, improve productivity, increase patient and family satisfaction, or improve outcomes.

Research

Goal 1: Infrastructure

By 2010, New York State will seek to increase its cancer research funding from federal and other sources by 50%.

Strategies:

- ✓ Promote a statewide cancer research alliance to allow researchers the opportunity to interact and network with peers and obtain input from community members.
- ✓ Work toward increased collaboration through means such as a collaborative database to provide researchers with access to information on research projects, available skills, equipment and laboratory space, and new funding sources.
- ✓ Share information on current cancer research areas, identify the most important research projects that should be pursued in New York State and recommend areas for collaboration among researchers, incorporating input from community members.
- ✓ Enable out-of-state companies and pharmaceutical corporations to support research efforts in New York State through a research fund or other means.
- ✓ Encourage existing and potential start-up companies to develop cancer related business plans and grant applications.
- ✓ Develop, recruit and retain researchers, including graduate students and members of minority and underrepresented groups.
- ✓ Review regulations, statutes and policies that impede research activities and the acquisition of research funds, and make recommendations to revise or eliminate them, as feasible.

Goal 2: Clinical Trial Participation

By 2010, New York State will have a clinical trial population that increasingly represents the age, gender, race, and ethnic distribution of the population.

Strategies:

- ✓ Promote participation in clinical trials by individuals.
- ✓ Increase referrals to cancer prevention trials by primary care and other health care providers.
- ✓ Increase the number of clinical trials focusing on cancer prevention and control in high-risk populations.

- ✓ Identify barriers to minority individuals' participation in clinical trials.
- ✓ Foster and support collaboration on Phase I and Phase II clinical trials.
- ✓ Disseminate research findings among relevant populations.
- ✓ Increase outreach designed to decrease fear of participating in clinical trials.
- ✓ Educate the public regarding the importance and relevance of clinical trials.
- ✓ Identify mechanisms to use as "brokers" for research and collaboration that will also market clinical trials to hospitals across the state.
- ✓ Increase the integration and collaboration among private academic institutions, medical researchers and State University of New York/City University of New York.
- ✓ Utilize and promote existing clinical trial information sources to providers, survivors and their families.

Goal 3: Cancer Burden Studies

By 2010, disseminate information on the cancer burden and impact of cancer on populations most affected by cancer.

Strategies:

- ✓ Identify research funding across the continuum of cancer, including cancer prevention and population-based behavior change.
- ✓ Identify research and studies on the role of prevention, nutrition, and physical activity on cancer burden.
- ✓ Identify studies related to cancer treatment and its impact on quality of life.
- ✓ Encourage people to engage in prevention activities by sharing with them the data on their cancer risk.
- ✓ Disseminate research and population-based studies.
- ✓ Promote health services delivery research on quality, quantity and outcomes of care.
- ✓ Research guidelines for the integration of research initiatives.

Data and Surveillance

Goal 1: Data Availability

Through 2010, collect complete, accurate, and timely data related to cancer in New York.

Strategies:

- ✓ Use the New York State Cancer Registry:
 - Continue to emphasize complete reporting of cancer by non-hospital reporting sources (e.g., pathology laboratories, radiation treatment centers, ambulatory surgery centers, etc.).
 - Accurately record cancer data specific to minority and immigrant populations. Work with reporting facilities to improve the collection of race, Hispanic origin, and birthplace information to SEER standard level.
 - Decrease the percentage of unknown data values including “unknown stage” and “unknown first course of treatment” to SEER program standards.
 - Identify “at-risk” facilities in need of further training, such as those not supplying data or not meeting quality or timeliness standards.
 - Provide pre-certification training programs to enable reporting facilities to comply with the mandate to employ certified tumor registrars for purposes of cancer reporting.
 - Improve the collection of follow-up information on cancer patients through linkage with administrative databases, for the purpose of generating survival data.
 - Link the Cancer Registry web page to other related web sites.
- ✓ Utilize BRFSS data:
 - Collect complete, accurate, and timely data on knowledge and behaviors that affect the risk of the development or detection of cancer (cancer-related behaviors).
 - Generate regional and/or county-level prevalence estimates. Coordinate efforts with New York City.
 - Collect data on cancer-related behaviors critical to the evaluation of the primary prevention and early detection goals.
- ✓ Collect data on the impact of cancer on the health care system and health system capacity for cancer detection, prevention and treatment.

- ✓ Research the feasibility of capturing outpatient service utilization data and data on “quality of life” for cancer patients and their caregivers.
- ✓ Monitor developing technologies and trends in cancer diagnosis and treatment and reflect in data collection relevant procedures.

Goal 2: Data Analysis

By 2010, continue to analyze data on cancer and cancer-related behaviors in New York.

Strategies:

- ✓ Enhance partnerships with organizations such as the American Cancer Society and academic institutions.
- ✓ Compare levels of screening and stage distribution of New York cancer patients belonging to different population groups and analyze survival.
- ✓ Analyze cancer at the county level, utilizing incidence (including stage), mortality, screening and risk factor data.

Goal 3: Data/Information Dissemination

By 2010, make New York cancer surveillance data available, accessible, and useful.

Strategies:

- ✓ Identify data sources relevant to cancer prevention and control. Make data sources available on the New York State Department of Health web site.
- ✓ Describe, for current datasets, the data collection method used, all available variables, limitations of data and potentials for use, level of data available (i.e., record level, county, state, etc.), and procedures for user access.
- ✓ Propose modifications to current datasets if data elements are inconsistent, lack specificity, or are not used. Make recommendations on data that need to be added to increase or create capacity for important analyses.
- ✓ Ensure that data confidentiality is maintained by masking small numbers in all public use datasets.
- ✓ Make available annual incidence, mortality and risk factor analyses through copy dissemination of Cancer Registry and BRFSS publications and through the continued production of the ACS-NYSDOH publication, *New York State Cancer Facts and Figures*.
- ✓ Analyze cancer incidence, stage, mortality and risk factor data by age gender, race, ethnicity and geographic area.

- ✓ Make available data to support cancer profiles for use by local planners, legislators, health departments, and citizen groups.
- ✓ Create public use datasets including incidence and mortality data.
- ✓ Disseminate data to the diverse populations of New York State.
- ✓ Utilize partnerships with organizations and universities to educate communities on the proper use and interpretation of cancer-related statistics. Make available web-base teaching tools on epidemiology and statistical methods.

Goal 4: Evaluation of Data Strategies

By 2010, evaluate cancer surveillance activities.

Strategies:

- ✓ Assess the use of cancer surveillance data in risk reduction programs.
- ✓ Evaluate the use of disseminated cancer surveillance data by provider, community and health organizations.
- ✓ Assess the readability and use of available cancer statistics as well as user satisfaction with the means of information dissemination. Revise the format of data products and methods of dissemination as necessary.

Public Policy

Goal 1: Primary Prevention Policy

By 2010, policies promoting primary prevention of chronic diseases, including cancer, will be in place.

Strategies:

- ✓ Continue to implement policies to change community and individual behaviors toward healthy lifestyles and health promotion, including emphasis on tobacco prevention and cessation, diet and nutrition, and physical activity.
- ✓ Encourage partnering between organizations working on similar issues.
- ✓ Offer consistent health promotion messages across agencies and across private, not-for-profit health organizations.
- ✓ Encourage policies that address the supply of primary care practitioners across geographic areas of the State.
- ✓ Identify reimbursement policies that support health counseling by primary caregivers.
- ✓ Make accessible accurate, scientific information about healthy lifestyles to providers and consumers.
- ✓ Encourage specific policies in schools that address cancer prevention and support of children and families affected by cancer.

Goal 2: Health Communication and Literacy

By 2010, encourage development of policies to promote health literacy on cancer issues.

Strategies:

- ✓ Evaluation health literacy policies and programs.
- ✓ Track measures of health literacy.
- ✓ Increase the reach of interventions to those individuals with low health literacy.
- ✓ Make available accurate information on issues related to cancer prevention, cancer treatment and cancer support services to consumers.
- ✓ Educate practitioners about health literacy and improve communication with patients with low health literacy.
- ✓ Encourage partnerships between organizations to improve health literacy in New York State so citizens can access appropriate health information, understand options and treatments, manage their disease and improve their overall health.

- ✓ Increase awareness among policy makers, including corporations and government officials, about cancer issues.

Goal 3: Diagnosis and Treatment

By 2010, provide standard-of-care diagnosis and treatment of cancer for all affected New Yorkers.

Strategies:

- ✓ Encourage coverage for diagnosis of cancer and treatment for cancer in insurance programs and reimbursement for the provision of the caliber and quality of services described in this plan.
- ✓ Research the feasibility of publicly subsidized insurance supplements to achieve adequate cancer coverage, including buy-in by diagnosed cancer patients without private coverage whose incomes exceed current public program eligibility.
- ✓ Encourage development of partnerships between health care providers to ensure better care navigation systems for the uninsured and under insured.
- ✓ Eligibility for public programs should allow for the buy-in of diagnosed cancer patients without private coverage but whose income exceeds current public program eligibility.
- ✓ Provide accessible cancer screening to all New Yorkers regardless of insurance status or geographic location.
- ✓ Provide New Yorkers with access to quality, IRB-approved clinical trials.
- ✓ Provide cancer patients with prompt access to appropriate cancer treatment and supportive services through appropriate public reimbursement and insurance and access services such as case management or navigation success.
- ✓ Work with managed care organizations to remove barriers to timely referral to out-of-network providers for medically appropriate care when necessary.

Goal 4: Disparity Reduction

By 2010, address health disparities in access to cancer screening and treatments.

Strategies:

- ✓ Require screening and treatment programs to demonstrate how they will reach racial, ethnic, gender, and geographic populations.
- ✓ Include specific geographic, ethnic, gender and racial information in cancer research.

- ✓ Identify research to further understand and reduce disparities.
- ✓ Identify and promote the use of culturally, linguistically and developmentally appropriate information regarding screening and treatments.
- ✓ Increase minority and underserved enrollment in clinical trials.
- ✓ Promote diverse populations in medical and other health professions.