Report: Meeting Focuses on Advancing Bold Initiatives

President George H.W. Bush, C-Change Co-Chair, in calling for support of the Bold Initiatives urged all Members and Partners to “…speak out and get involved. We need your help.”

When LaSalle Leffall, C-Change Board Chair, adjourned the Semi-Annual Meeting on Saturday, October 15, at the Renaissance Hotel in Washington, DC, C-Change Members, Partners, and guests had been given a sneak preview of a moving documentary to air in June on PBS on childhood cancer care; heard a healthcare economist issue a stern outlook for healthcare’s future; reviewed the work of the first class of C-Change Summer Interns; received three “Calls to Action;” heard a panel presentation on the continuing development of C-Change’s priority strategies, including development of major, bold initiatives; and engaged in a lively, earnest Town Hall discussion on those initiatives.

And that was just Saturday’s Plenary Session. On Friday, Members, Partners, and guests participated in seven Team meetings. At the meetings, attendees furthered their Team’s plans for the bold initiatives under development for the entire organization to support. They also continued work on their Team’s ongoing and future programs and plans.

In opening remarks at the Plenary Session, C-Change Co-Chair President George H.W. Bush told attendees that the deliberative process of strategic planning underway would enable the organization to focus its resources on finite, but ambitious projects. He encouraged all “to speak out and get involved. That is the reason you were asked to be part of C-Change,” President Bush said. “We need your help,” he concluded.

In the keynote address by Stuart Altman, the Sol C. Chaikin Professor of National Health Policy at Brandeis University, Altman asked the audience to consider if health care was heading in the same direction the airline industry has gone. After citing several economic comparisons, Altman said health care spending is outpacing inflation. He said about ten percent of the cause is due to an aging population, 18 percent to population growth, while most of the increase in expenditures is due to the use of complex technologies. He raised the question whether the technology will be curative or cumulative—technology generating more technology.

Jim Marks, chair of the Prevention and Early Detection Steering Committee

For the last several months, C-Change has been aggressively planning the development of focused, major initiatives to maximize its ability to leverage the organization and move more rapidly toward its goal of eliminating cancer as a public health threat at the earliest possible time. The following provides an overview of the process being utilized and an update on the latest developments.

C-Change Board Ballots Due December 15, 2005 See related article on pg 3
Transitions

Just as we are ending 2005 and entering a new year, C-Change is involved in significant transitions of its own.

This year brought the development of a strategic planning process that focused the organization's priorities, programs, and processes. The primary decision made this year was that the priority focus for our Members and Partners during 2006 will be Prevention and Early Detection. A Steering Committee has been created to guide that effort.

Board Balance
Since representation from the public, private and not-for-profit sectors is one of the core elements of C-Change, the Board took on the task in 2005 of re-establishing balance among these three sectors. Also, the Board adopted a new approach to Board elections that was developed by the Nominating committee. Instead of staging elections around a Semi-Annual Meeting, Members are voting during a “Special Meeting” which simply requires them to mail or fax ballots to the C-Change office. Remember, ballots are due by December 15. In other Board membership news, Dr. Andrew von Eschenbach resigned as the vice-chair of the C-Change Board which selected Dr. Jim Marks to serve in that role.

Participation and Collaboration
Participation in C-Change meetings, task forces, and teams increased to all-time highs in 2005. They issued a total of six “Calls to Action” to the Membership. Next year will provide evidence of the action on these six specific activities. The Teams are not only more active on their specific initiatives, but there is more collaboration among the teams. Remember, C-Change is holding all of its major meetings in smoke-free cities as a result of a change in Board policy that is being adopted by Member’s organizations.

State Plans
In our battle to conquer cancer, it seems clear that a very important route to real change is through the states. While C-Change works closely with the CDC, ACS, and other organizations to assist states to develop cancer plans, we must continue to look for ways to collaborate at the state-wide level to create the necessary changes to conquer cancer. As we move into 2006, we anticipate working with the states on issues of tobacco, clinical trials, workforce, et. al. We now have three governors as Members, and we will look to them for invaluable guidance.

Personal Transition
Finally, I will be making a transition out of the role of Executive Director of C-Change. The past two years have given me the opportunity to meet and work with many of you. I am grateful for all that you do to improve the lives of patients and caregivers, and appreciate your efforts to incorporate C-Change into your daily efforts. The list of individuals to whom I am indebted is long. As a cancer survivor and a nurse, I know that many of us in the future will work together, to collaborate again to eliminate cancer as a public health threat.
A former federal health administration official, Altman also cited the possibility that if the federal government attempts to control its costs by further reducing payments to providers, subsequent cost shifting will burden the private insurance sector. He projects that private insurance will decline from covering 37 percent of the population to 25 percent and could “crumble” under increased burdens.

On the other hand, he said that if cost shifting is disallowed, hospitals, for example, will be forced to cut costs through greater efficiencies or cut the quantity and quality of services. The potential exists, under this scenario, for some hospitals to provide less to those paying less while some hospitals might attempt to focus only on better paying patients, suggested Altman.

With C-Change Member Eddie Reed and Patricia de Stacy Harrison, President of the Corporation for Public Broadcasting, providing the introductions, the Saturday Plenary Session attendees became one of the first audiences to learn about “A Lion in the House.” “Lion” is an upcoming documentary on PBS that chronicles five families who each deal with a child diagnosed with cancer. Julia Reichert, one of the two filmmakers behind the documentary, gave a moving overview of a six year quest to follow the families for the film. Five families opened their lives and homes to the filmmakers who followed the families for more than five years.

Curran also announced that the Board Membership has been increased temporarily to 17, and seats are now designated by sector to ensure balanced representation from the three sectors of general Membership. Curran announced that a “Special Meeting,” whose sole purpose is to conduct this year’s Board elections, will be held in December (see article below). All Members will vote by mail or fax.

**Special Meeting Board Ballots Due December 15**

C-Change Members are being called to a “2005 Special Meeting of the Members,” but it is one gathering that Members will participate in without ever leaving their homes or offices. Although it is called a Special Meeting for legal purposes, its sole purpose is to conduct an election of Members to available seats on the Board of Directors remotely by paper ballot.

Members have been sent a Meeting notice and ballots that list the candidates who have been named by the Nominating Committee. (See list of candidates below.) The candidates are listed on the ballot by the category in which they are nominated (Nonprofit, for-profit, and public sectors and at-large members). Members can vote for the entire slate in each category, vote for just part of the slate, reject the entire slate, or write in candidates of their own choice.

Members are to return the ballot by mail or fax to Connie Curran at the C-Change office address before the close of business (5 PM, EST) on Thursday, December 15.

**Nominees for the Board of Directors**

**Nonprofit Sector (2 seats)**
- Harold Freeman, MD
- LaSalle D. Leffall, Jr, MD

**Public Sector (2 seats)**
- John Niederhuber, MD
- William Winkenwerder, MD

**For-Profit Sector (1 seat)**
- Robert Ingram

**At-Large (2 seats/Vote for 2)**
- Carolyn (Bo) Aldige
- Marguerite Donoghue Baxter, RN
- Robert Comis, MD
- Gabe Leung, MS

**‘A Lion In the House’ Spotlights Childhood Cancer Issues and Spurs Outreach Campaign**

“A Lion in the House” is a PBS mini-series airing in June 2006 on the Emmy-award winning series, “Independent Lens.” The documentary will bring viewers face-to-face with issues that challenge pediatric cancer patients, their families, and caregivers. Viewers will learn about the effect of late diagnosis on outcomes; how many experimental treatments a child should face; how one parent can be a full-time caregiver to her child while another struggles to hold onto a job with medical benefits; what constitutes the difference between “giving up” and “letting go”; and more.

**Filmmaker Julia Reichert**

The impetus for “A Lion In The House” came from Dr. Robert Arceci, then chief oncologist at Cincinnati Children’s Hospital Medical Center. He invited award-winning filmmakers Steven Bognar and Julia Reichert (whose daughter is a childhood cancer survivor) into the hospital and gave them total access to make an independent film. Five families opened their lives and homes to the filmmakers who followed the families for more than five years.

The mini-series is also triggering a community engagement campaign to help galvanize attention and action around childhood cancer and the key issues presented in the series. The campaign will support work in cancer health disparities, survivorship, pediatric end-of-life and bereavement care, and others. The Independent Television Service (ITVS), a network of community-based outreach professionals, will work with public television stations and cancer-related organizations to hold screenings, workshops, and forums to achieve a wide range of goals in improving the care and quality of life of all childhood cancer patients and their families.

Several organizations represented by C-Change Members and Partners are funding or partnering in the community engagement campaign. The organizations include the Centers for Disease Control and Prevention, Lance Armstrong Foundation, American Cancer Society, Children’s Oncology Group, Intercultural Cancer Council, National Cancer Institute, National Hospital and Palliative Care Organization, and the Oncology Nursing Society.

To learn more about the PBS series and the companion community outreach campaign, go to www.itvs.org/outreach/lioninthehouse or e-mail outreach@itvs.org
### Marks Named New Board Vice Chair

Jim Marks has been selected Vice Chair of the C-Change Board of Directors. Marks replaces Andrew von Eschenbach. Von Eschenbach resigned from the Board when he was named acting Director of the Federal Drug Administration.

Marks was also recently named as chair of the Prevention and Early Detection Steering Committee to help guide C-Change’s first Bold Initiative. He is Senior Vice President and Director of the Health Group at the Robert Wood Johnson Foundation.

### Chronic Disease Directors Adopt Smoke-Free Meeting Policy

The Board of the Association of State and Territorial Chronic Disease Directors (CDD) unanimously approved adoption of a resolution to hold all meetings and conferences in 100% smoke-free venues, effective January 2007.

According to Phil Huang, C-Change Prevention and Early Detection Team Chair, and a Member of the Chronic Disease Directors group, the CDD's resolution is modeled after C-Change's policy adopted by the Board in April and issued as a “Call to Action” at the May Semi-Annual Meeting.

CDD’s resolution also calls for the group to “make every effort to promote compliance for other CDD co-sponsored meetings and conferences for which CDD does not determine the meeting location. CDD will also select smoke-free jurisdictions for meetings prior to January 2007 unless a compelling reason exists to choose another location.”

### Supporting Proposal

<table>
<thead>
<tr>
<th>Supporting Proposal</th>
<th>By Team(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing the Investment in Cancer Prevention and Early Detection: Enhancing the Availability and Accessibility to State and Community-Based Interventions</td>
<td>Prevention/Early Detection, State Cancer Plans, Tobacco Control</td>
</tr>
<tr>
<td>Making the Business Case for Cancer Prevention and Early Detection</td>
<td>State Cancer Plans, Prevention/Early Detection, Tobacco Control</td>
</tr>
<tr>
<td>Define and Pursue a National Agenda for Research in Cancer Prevention and Early Detection</td>
<td>Cancer Research, Cancer Clinical Trials</td>
</tr>
<tr>
<td>Cancer Detectives: Building the Frontline Cancer Corps</td>
<td>Cancer Workforce</td>
</tr>
<tr>
<td>Funding State Comprehensive Cancer Control and Tobacco Plans by Increasing State Tobacco Taxes</td>
<td>Tobacco Control, State Cancer Plans, Prevention/Early Detection</td>
</tr>
<tr>
<td>Standardize Public and Private Insurance Coverage for Cancer Prevention and Early Detection Services</td>
<td>Prevention/Early Detection, State Cancer Plans, Tobacco Control</td>
</tr>
<tr>
<td>Eliminating a Barrier to Cancer Screening: Assuring Timely and Appropriate Cancer Treatment</td>
<td>Access</td>
</tr>
</tbody>
</table>

### Why:

The Board of Directors has defined that the overall purpose for the strategic bold initiatives is “to help achieve our goal of reducing cancer morbidity and mortality. C-Change will pursue as a priority an integrated set of initiatives that lead to an increased and sustained national investment in cancer prevention and early detection through research, practice and policy development.”

### How:

Throughout 2005 the C-Change Board of Directors has undertaken strategic planning efforts, including re-affirmation of the C-Change mission, vision, and development of founding principles to guide the organization.

The Board also defined three key areas for strategic program directions. The areas identified were Cancer Research, Prevention and Early Detection, and Access. These three areas are to be the major focus areas of the strategic plan. To further focus the organization’s efforts, the Board unanimously determined that Prevention and Early Detection will be the initial focus area for strategic initiative development. Research and Access initiatives will follow.

### Role of the Teams:

**On September 8, 2005, the Teams presented seven bold strategic initiatives** supporting Cancer Prevention and Early Detection to the Board of Directors in Washington, D.C. All bold concepts support the mission, vision and founding principles of the organization. The seven proposals reflect comprehensive approaches to many issues of concern and several of the proposals were developed collaboratively by two or more teams. (See chart above)

**Role of the Steering Committee:** The Board also approved the establishment of the Prevention and Early Detection Steering Committee. Appointed by the Executive Committee of the Board, the Steering Committee is composed of select Board members and Team leaders. The Steering Committee will provide guidance and oversight to the Teams as they further define and move to implement the bold concepts.

**Who:** The Prevention and Early Detection Steering Committee includes Carolyn (Bo) Aldige, Anna Barker; Ron Herberman; Phil Huang; Jim Marks, Chair; Matthew Myers; Eddie Reed and Gary Reedy

### What You Can Do:

C-Change encourages all Members and Partners to take an active role in these initiatives that will lead to an increased and sustained national investment in cancer prevention and early detection through research, practice, and policy development.

To get involved in any of these plans, please contact the Steering Committee Members, Team Chairs, or Emilie Tierney, Alison Smith or Gary Gurian of the C-Change staff.
Tour of Hope Rides Through Rain to Success

The 24-member 2005 Tour of Hope National Team

After pedaling more than 3,300 miles in conditions ranging from searing heat to bone-chilling cold, rain was not going to stop the 24-member Tour of Hope National Team and its leader Lance Armstrong from making a triumphant entry into Washington, DC, and finishing their cross-country crusade to promote clinical trials and cancer awareness.

From September 9 starting in San Diego to finishing October 8 in the nation’s capital, the bicyclists promoted the need for research into new approaches to cancer prevention, detection, and treatments. They made appearances at nearly a dozen events in cities ranging from San Diego to Charlotte, North Carolina. Peter Dolan, Chief Executive Officer of Bristol-Myers Squibb (the Tour’s principal sponsor), and a C-Change Board member, told a capacity crowd at the finale at the JW Marriott Hotel, “Our riders have been terrific. Through their individual personal appearances at events and interviews along the way, they have brought the message of the Tour of Hope to millions of people,” Dolan said.

C-Change was a partner in the Tour of Hope for a second consecutive year. Other 2005 partners included The ASCO Foundation; CancerCare; Cancer Research and Prevention Foundation; Coalition of Cancer Cooperative Groups; Lance Armstrong Foundation; National Coalition for Cancer Survivorship; Cancer Advocacy Now!™ (CAN!); and the Oncology Nursing Society.

Kinga Bartoszek, C-Change Director, coordinated C-Change’s participation. “The whole event and process is inspirational,” Bartoszek said. “Everyone involved is passionately committed to combating cancer, especially by increasing participation in clinical trials. And no one is more committed than the National Team riders. Their struggle to overcome cancer personally in some way and their commitment to the challenge of a cross-country cycling trip is testimony to the role the human spirit plays in overcoming such daunting adversities,” Bartoszek said.

Although heavy rains flooded out the Tour’s Washington, DC grand finale at the ellipse and the Baltimore to DC fundraising ride, Bartoszek said the rain could not dampen the spirit of those at the final ceremony. “It was ‘mission accomplished’ for all who made the Tour a reality and a success,” Bartoszek concluded.

Reminder: 2006 Meeting Dates

The dates for the 2006 Semi-Annual Meetings of C-Change have been set. Members and Partners are asked to reserve the dates now.

May 19-20, 2006
Marriott Bethesda
Bethesda, MD

Nov 3-4, 2006
Hyatt Regency
Bethesda, MD

C-Change has adopted a policy, beginning January 2006, that it will hold its meetigs and conferences only in communities that have declared themselves smoke-free. Bethesda is in Montgomery County, which has passed such legislation.

“Calls to Action” Issued at Semi-Annual Meeting

The Workforce and Tobacco Teams issued “Calls to Action” at the October Semi-Annual Meeting. Members and Partners are asked to respond to these requests, leveraging the power of the organization and moving it closer to meeting C-Change’s goal of eliminating cancer as a public health threat at the earliest possible time.

Tobacco

The Tobacco Team has invited Members and Partners to indicate their support for a national, tobacco prevention public education campaign to protect Americans from tobacco’s devastating consequences and counter the $42 million spent daily by the industry to promote its products. Tobacco kills more Americans than any other cause and is the leading cause of preventable deaths. Despite these deadly outcomes, approximately 4,000 Americans become new smokers every day.

To indicate your organization’s willingness and interest in supporting the Tobacco Team’s “Call to Action”, please go to www.changetogether.org and complete and return the form found in the “Calls to Action” section.

Workforce (2)

The Cancer Workforce Team is again coordinating C-Change’s provision of a Summer Internship Program for students interested in exploring careers in cancer. Based on the success of the recently completed inaugural year of summer internships, the Team is expanding the number of internships from 14 to 25 pending Board approval.

Student interns will attend forums, participate in C-Change Semi-Annual Meetings and Team activities, and present a poster session with a mentor at the November meeting. Members and Partners who are interested in having their organization sponsor a Summer Intern should go to the C-Change website and complete and return the Summer Intern form found in the “Calls to Action” section.

The Cancer Workforce Team also called on Members and Partners to support the development of Collegiate Cancer Councils (CCCs) across the country.

CCCs are designed to educate the public about cancer prevention and the additional risks associated with health disparities; influence health policy to reduce overall morbidity, mortality, and health disparities; and promote careers in cancer, with an emphasis on minorities and medically underserved populations.

Members and Partners are urged to help establish these student groups at their local universities as well as serve as advisors or national Honorary Members to mentor future leaders in cancer.

To download CCC materials, go to C-Change’s website at www.c-changetogether.org.

If you have other questions about any of these “Calls to Action,” contact C-Change Directors Gary Gurian (Tobacco) or Alison Smith (Workforce).
Semi-Annual Meeting

Keynote speaker Stuart Altman

A discussion of the Bold Initiatives was introduced with a panel discussion led by (l to r) Jim Marks, Anna Barker, Bob Comis, Matt Myers, and Phil Huang.

Seen & Scenes

Michael Caldwell

Zora Brown

Cheryl Heaton

Karen Stanley

Mike Katz

Bruce Pyenson

Bob Comis

Connie Curran
Semi-Annual Meeting

Andy von Eschenbach and Bill Winkenwerder

Peggy Conlon, John Seffrin, and Margaret Maruschak

Jerry Mande and Ron Herberman

New Member Gov. Jon Huntsman and his family visit with C-Change Co-Chair Mrs. Barbara Bush

LaSalle Leffall was recognized at the Semi-Annual Meeting for authoring his just-released autobiography, No Boundaries, A Cancer Surgeon’s Odyssey.

Ahmed Calvo and Ahmed Al-Kalla

Pearl Moore

John Seffrin, Eddie Reed, and Matt Myers

New Member Gov. Jon Huntsman and his family visit with C-Change Co-Chair Mrs. Barbara Bush

Bob Twillman and Pamela Bennett

Tom David

Maureen Lichtveld
Gov. Bob Wise is interviewed by Michael Weinberg, a member of a Columbia College film crew making a documentary on the Collegiate Cancer Council.
C-Change in Print…Publications Now Available

A Guidance Document For Implementing Effective Cancer Clinical Trials

Developed by the Clinical Trial Team with the assistance of The Lewin Group, the Guidance Document was approved by the Board of Directors in late July and introduced at the October Semi-Annual Meeting. The document provides cancer researchers, clinical trial sites, and policymakers in the public and private sectors with regulatory and functional requirements and the costs associated with conducting Phase II and Phase III cancer clinical trials. Team Chair Robert Comis told the Plenary Session audience at the October Semi-Annual Meeting that the Team was considering dividing the document into two sections: one would contain the functional and procedural information while the other would be focused on the costs.

To obtain a copy, go to www.c-changetogether.com.

Patient Navigation Promotion Initiative

The Access to Quality Cancer Care Team has undertaken a Patient Navigation Promotion Initiative to actively engage national stakeholders and their member organizations in the development of community-based patient navigation programs.

As part of the initiative, the Team has drafted a 24-page paper that provides background information on programs and services available to cancer patients, their families, and caregivers in overcoming barriers to access and to navigate the system. The comprehensive report covers research programs in the literature, explores the history of cancer patient navigation nationally, examines existing access and navigation models, and reviews issues in U.S. health care that affect cancer patients.

The paper concludes that patient navigation services and programs hold the promise of improving timely access to diagnosis and treatment, can assist patients and caregivers in managing and coordinating cancer care, and help them achieve an acceptable quality of life.

The paper will enable C-Change to promote the expansion and use of existing and new national and community-based patient navigation programs and services using professional, nonprofessional, or volunteer navigators within the nation’s oncology care network. C-Change looks to foster the use of cancer patient navigation programs and services through targeted educational and other interventions with national and community organizations, private and government health insurance providers, healthcare and business organizations, and the public.

2004-2005 C-Change Milestones and Accomplishments

This information-packed 12-page report documents the collaborative achievements and activities of C-Change’s leadership, Members, Partners, and Teams as C-Change has moved from dialogue to an accelerated action mode. The brochure will be used in more effectively representing the work of C-Change in its communication efforts to recruit new Members and Partners, collaborating organizations, and other organizational resources. Unveiled at the October Semi-Annual Meeting, the report is designed to be a companion piece to the “We are Collaborating to Conquer Cancer” general information brochure which was introduced at the May Semi-Annual Meeting.

Symposium Report…Making the Business Case…

The Symposium Report covers a special forum held in conjunction with C-Change’s May 2005 Semi-Annual Meeting that brought together approximately 60 leaders from the business, insurance, and healthcare delivery sectors to share information and strategies on how cancer prevention and early detection services can be made more readily available in healthcare delivery systems.

The Symposium highlighted innovations in the three sectors and needed actions for closing the gaps that persist in the delivery of prevention and detection services. The report covers how the Symposium met its objectives of transferring knowledge among the business, healthcare delivery, and insurance sectors; identification of each sector’s role for improving delivery of preventive services; and enabling collaboration among the three sectors.

The Symposium was collaboratively sponsored by The Agency for Healthcare Research & Quality (AHRQ) and C-Change. The key findings of the Symposium are providing guidance for C-Change’s strategic planning.
US National Cancer Calendar

C-Change has launched a web-based calendar that will list cancer-related meetings scheduled in the U.S. The calendar is on a publicly available site that is sponsored in collaboration with the International Cancer Union, which maintains a website listing cancer meetings throughout the world.

To view the U.S. National Cancer Calendar, go to www.cancercal.org. You can also add an event at the website you are sponsoring in the U.S.

Member and Partner Directory

A new, compact, easy-to-use directory of C-Change Members and Partners was distributed at the October Semi-Annual Meeting. The 6” x 8 1/2” spiral bound booklet contains the latest comprehensive contact information on all Members and Partners, Teams, Committees, and staff listings, with cross listings by organizations and states.

Copies are available to Members and Partners only as directory information is not for dissemination outside of C-Change. Members and Partners needing a copy should contact Brian Alexander, Manager of Marketing and Information Services, at 202.756.1600.

Start Your Own Collegiate Cancer Council CD/Guide

This step-by-step CD guide was created to enable student leaders across the country to develop Collegiate Cancer Councils (CCC) on their college campuses to educate the public about cancer prevention and health disparities, to influence health policy and to promote careers in cancer.

The CD, which contains all the documents and information necessary to organize a CCC, was introduced at the October Semi-Annual Meeting as a “Call to Action” by the Cancer Workforce Team. Developed by Ahmed Al-Kalla as part of his C-Change Summer Internship, the CD guide is based on his and others’ work as founding members of the first CCC at the University of Houston.

The guide was made possible by grants from C-Change and the Intercultural Cancer Council. For more information or to help disseminate the CD guide or become involved with a CCC, go to www.ccc.iccnetwork.org.

Nursing Economic$: Addressing the Health Workforce Shortage through a Multidisciplinary Approach

This journal article by C-Change Director Alison Smith provides an overview of one of the Cancer Workforce Team’s collaborative efforts to address the shortage of healthcare workers, especially those in cancer. Smith provides an overview of the rationale and collaborative process followed in creating the “Careers in Cancer Speaker’s Kit” that was introduced at the May Semi-Annual Meeting. The Speaker’s Kit remains available by download from the C-Change website and is now in use by numerous Members and Partners as well as by others providing health career talks to high school and college students.

“Med-Surg Nursing” Journal: Cancer Caring and Conquering

This column in “Med-Surg Nursing” has been made possible by an educational grant from C-Change. Authored by Linda Yoder, PhD, MBA, RN, AOCN, FAAN, the articles will bring greater cancer awareness to thousands of nurses on the frontlines of health care delivery across the country. As Yoder writes, “nurses interface with various types of patients, …cancer survivors, …well people, and …our colleagues who may be at risk for cancer, receiving treatment for cancer, or celebrating survivorship.” The column will cover a range of cancer-related topics of interest to nurses.

Nursing Economic$ Editorial: “A Circle of Friends” by Connie Curran

As editor of Nursing Economic$, Connie Curran took the opportunity in the May/June 2005 issue to urge nurses and their employers across the country to adopt a more meaningful way of celebrating “National Nurses Week.” Curran suggested that nurses join in “Circle of Friends,” a program of the American Legacy Foundation designed to help women quit smoking. She argues that nurses, whose mission is to increase the quantity and quality of life of their patients in every venue every day, should “extend that mission to include the lives of our colleagues and co-workers.”
<table>
<thead>
<tr>
<th>TEAM</th>
<th>Priorities</th>
<th>Recent Actions Taken / Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Quality Cancer Care</td>
<td>Publish proceedings and recommendations from the Surveillance and Information Summit.</td>
<td>Information and Surveillance Summit report approved by the Board and is posted on the C-Change website.</td>
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<tr>
<td></td>
<td>Finalize and pursue the achievement of the priority recommendations generated through the Surveillance and Information Summit.</td>
<td>Developing a strategy to achieve a Summit priority recommendation to be focused on the standardization of information and pursued through Summit II planned for 2006.</td>
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<tr>
<td></td>
<td>Develop patient navigation promotion educational training programs.</td>
<td>Convened a meeting of Member/partner organizations with an active interest in patient navigation programs to plan this initiative, developed a policy statement on patient navigation and a document defining patient navigation. Approved by the Board in fall 2005.</td>
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<td></td>
<td>Develop a palliative care module for use in the Phase III Comprehensive Cancer Control Leadership Institutes (CCCLI).</td>
<td>Module developed and presented at the pilot Phase III Comprehensive Cancer Control Leadership Institutes in November 2005.</td>
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<td></td>
<td>Develop a cancer core library of articles and publications related to access and access-related issues.</td>
<td>Cancer core library under development and will be posted on the C-Change website.</td>
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<tr>
<td>Cancer Research</td>
<td>Propose Bold Strategic Initiative to “Define and Pursue a National Agenda for Research in Cancer Prevention and Early Detection” with the Clinical Trials Team.</td>
<td>Defined the scope of an initial summit conference in collaboration with the Clinical Trials Team. Currently forming the planning committee to outline program content regarding various barriers such as scientific coordination, patent law restrictions, and regulatory burdens.</td>
</tr>
<tr>
<td>Cancer Workforce</td>
<td>Develop a plan to build a national “Cancer Corps” from the health workforce with the necessary surge capacity and competency to deliver cancer care to an aging population.</td>
<td>Refining competency definitions for aspects of prevention, treatment, and palliative care / survivorship through a national expert panel. Planning development of curriculum and competency validation tools for Q1 2006. Project completion targeted for 4/06.</td>
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<td></td>
<td>Conduct initial phase of Summer Internship Program, including 3 C-Change-sponsored interns and 10 Member sponsored interns.</td>
<td>Completed the pilot program for 14 summer interns at October 2005 Semi-Annual Meeting. Conducted poster presentation reflecting impact intern’s work on several C-Change initiatives such as the Collegiate Cancer Council, Cancer Internship Web Portal, and Cancer Core Competencies. Issued a “Call to Action” to the membership to nominate candidates for an expanded program in 2006.</td>
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<td></td>
<td>Develop a “Careers in Cancer” speaker’s kit and issue a call-to-action to members to help recruit students and healthcare professionals into careers in cancer.</td>
<td>Presented and distributed the speaker’s kit at the CCCLI Pilot Program in Atlanta, GA in November for dissemination through state cancer plan coalitions.</td>
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<td></td>
<td>Develop a module and guidance documents on workforce issues to support state cancer planning efforts and future CCCLI workshops.</td>
<td>Developed and presented a module on workforce development at the CCCCLI Pilot Program in Atlanta in November 2005.</td>
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<td></td>
<td>Publish a paper on series of regulatory reforms to expedite the clinical trials process and pursue the paper’s recommendations through a Member organization.</td>
<td>Completed “Reducing the Regulatory Barriers” recommendations. Paper and dissemination plan approved by the Board in June 2005.</td>
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<tr>
<td>TEAM</td>
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<td>Recent Actions Taken / Accomplishments</td>
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<td>Clinical Trials, cont.</td>
<td>Develop a model State Clinical Trials Network designed to increase access and accrual to clinical trials. Conduct and disseminate the findings of a public and patient-focused survey on the attitudes, beliefs, and behaviors associated with clinical trial participation. Develop a clinical trials module, in conjunction with the State Cancer Plans Team Workgroup, for the Phase III Comprehensive Cancer Control Leadership Institute (CCCLI).</td>
<td>Pennsylvania’s Comprehensive Cancer Coalition (PAC3) was awarded a grant and is currently in the development stage of the project. Survey conducted spring 2005 by the University of Chicago under the auspices of the Coalition of Cancer Cooperative Groups. Report is under review. The module was developed and presented at the pilot CCCLI in November 2005.</td>
</tr>
<tr>
<td>Primary Prevention &amp; Early Detection</td>
<td>Work to achieve the remaining communication, promotion best practices, policy development, and other research-related priority recommendations generated from the Prevention and Early Detection Summit.</td>
<td>Held a multi-sector symposium, “Making the Business Case for Delivery of Cancer Prevention and Early Detection Services” with the Agency for Health Care Research and Quality on May 19, 2005. Follow-up plans are part of the Team’s 2006 ongoing Bold Initiatives proposal.</td>
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<td>State Cancer Plans</td>
<td>Conduct Comprehensive Cancer Control Leadership Institutes (CCCLI) for tribal nations. Develop Phase III CCCLI modules on the topics of tobacco control, clinical trials, workforce development, palliative care, survivorship, and colorectal cancer screening. Develop the State Cancer Plans Awards initiative.</td>
<td>Convened tribal nation CCCLI in September 2005 in conjunction with a network of national partners. Developed and presented this series of modules in conjunction with other Change Teams and Member organizations at the pilot Phase III CCCLI in November 2005. State Cancer Plans Awards initiative program approved by Board in October 2005.</td>
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<td>Tobacco Control</td>
<td>Develop a tobacco control module for use at a series of Phase III Comprehensive Cancer Control Leadership Institutes (CCCLI). Provide assistance to five targeted states to help them address a specific tobacco control issue (e.g., clean indoor air legislation). Provide assistance to five targeted states that is designed to enhance the integration of state tobacco control and cancer control programs and facilitate the funding of cancer control plans and state tobacco tax initiatives.</td>
<td>Developed and presented this module at the pilot Phase III CCCLI in November 2005. Developing and implementing state-specific issue intervention. Developing and implementing state-specific integration initiatives.</td>
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