



2013 Comprehensive Cancer Control (CCC) Awards Description of Winners Accomplishments

The development and implementation of state, tribe/tribal, and territory comprehensive cancer control (CCC) plans has been a strategic priority of C-Change since its founding in 1998. To help foster the ongoing development and implementation of these stakeholder and data-driven CCC efforts, the following annual awards were approved by the C-Change Board of Directors:

- **Comprehensive Cancer Control Coalition Impact Award**
In recognition of one state, one tribe/tribal organization and one Pacific Island Jurisdiction (PIJ)/territory CCC coalition that has successfully achieved evidenced-based and measurable impact in projects and/or interventions consistent with priorities in their respective CCC plan.
- **Comprehensive Cancer Control Coalition Champion Award**
In recognition of a volunteer CCC coalition member and/or partner that has gone above and beyond the call of duty to advance projects and/or interventions consistent with priorities in their respective CCC plan.
- **Exemplary Comprehensive Cancer Control Coalition Leadership by an Elected Official Award**
In recognition of an elected official that has been instrumental in advancing projects and/or interventions consistent with priorities in their respective state, tribe/tribal organization, territory or PIJ CCC plan or their active leadership and/or engagement in the CCC coalition.

In August 2013, C-Change solicited nominations from State, Tribe/Tribal Organization, Territory and Pacific Island Jurisdiction CCC Coalitions. A panel of CCC experts representing C-Change member organizations reviewed and competitively scored the nominations and selected the following winners:



State CCC Coalition Impact Award Winner

Kentucky Cancer Coalition

The Kentucky Cancer Consortium (KCC) successfully accomplished their state's cancer plan objective of *decreasing incidence and mortality from colon cancer* by 22% from 2001-2010. Ways in which this was accomplished include:

1. KCC supported policy change that resulted in insurance mandate for colon cancer screening and a screening program for the uninsured.
2. Developed and implemented a statewide public awareness campaign that involved state leaders as well as 15 regional district cancer councils and their communities and implemented several provider-focused trainings and focus groups in order to encourage them to promote screening within their clinics and practices.
3. Supported the development of the Kentucky Cancer Foundation that was created to garner resources to support implementation of the Cancer Action Plan, with initial focus on colon cancer goals and objectives.

Such feat required coordination and collaboration from multiple entities as well as a significant amount of resources. KCC accomplished this objective by engaging its members and partners to support implementation of the plan objective. KCC sought and secured several sources of funding and support to include supplemental funding from CDC from 2004-2012 to focus on colon cancer efforts and support for a statewide Dialogue for Action for Colorectal Cancer from the Prevent Cancer Foundation in 2007-2008. Additionally, 15 local Kentucky Cancer Program District Cancer Councils provided in-kind community support for colon cancer efforts and approximately 30 Consortium members met monthly providing time, travel, resources from 2007 - 2012. KCC used the Kentucky Cancer Registry, to monitor and evaluate the impact of efforts on both incidence and mortality.

Beginning in 2008, a statewide Kentucky Colon Cancer Screening Program Advisory Committee was established and met monthly to implement (and initially find funding) for a statewide screening program. To ensure evidence-based interventions were used to accomplish its objective, KCC reviewed the CDC's "Guide to Community Preventive" (<http://www.cdc.gov/epo/communityguide.htm>) services as well as best practices from other states national organizations to develop the public awareness campaign. Additionally, KCC worked with state and national policy leaders to learn best practices for policy change around increasing access to colon cancer screening. KCC also published information regarding barriers, insurance status and colon cancer incidence in the in the March 2011 issue of the *Journal of the Kentucky Medical Association*.

In April 2012, through leadership and support from the Kentucky Cancer Consortium leadership and staff and connection with a new partner who had a vision, a new foundation was created, known as the Kentucky Cancer Foundation. The Foundation agreed to a public-private partnership with the state of Kentucky if the state agreed to contribute \$1,000,000 for colon cancer screening which the Foundation would match. Through this partnership a total of \$2,000,000 was raised for the Kentucky Cancer Foundation. Currently, the Kentucky Department for Public Health is providing in-kind staff time to manage the Kentucky Colon Cancer Screening Program.



Pacific Island Jurisdiction CCC Coalition Impact Award

American Samoa Community Cancer Coalition (ASCCC)

To further help partners and members understand their roles and responsibilities for CCC implementation the ASCCC felt that it was important to develop a "plan" that was more representative and visually pleasing to its community. Previous plans were at least 20 pages in length and as such were not read by most partners or members. ASCCC developed a planning team to review options to streamline a plan which resulted in a new territorial CCC Plan for 2012-2017 in the form of a CCC "Map" that provides a visual depiction of CCC plan goals objectives and strategies using a road map approach. One side of the map provides a "legend" written description of the necessary steps to CCC planning and the other side the visual description. This new version of the CCC plan has proved helpful in increasing member, partner and community understanding of the steps necessary to accomplish the goals and objectives of the plan.

Following the update of the plan, the ASCCC worked with partners from the LBJ Tropical Medical Center and the Department of Health to establish an Executive Committee tasked with reviewing the current guidelines available regarding breast cancer screening and diagnosis available on island and developing policies and procedures for clinicians to improve efficiency and reduce gaps. The policies were developed, reviewed, and approved by the LBJ Medical Executive Committee. The recommended policies and procedures are evidence-based and provide a standard to increase quality assurance/improvement methods for women and clinical staff. This marked the first time that policies and procedures were written regarding any cancer screening. The breast cancer recommendation project was implemented with funds from the CCC program. Currently the CCC Program provides a certain percentage of funding to the ASCCC as mandated by CDC to help with CCC plan implementation.

Additionally, the ASCCC partnered with the Immunization Registry, which tracks the use of all vaccines on the island, to continue to evaluate the efficacy of the HPV Vaccination Program. New consent forms were developed to be inputted into the database/registry. Information would then be crosschecked with school records to confirm vaccination coverage results. Since the use of a school-based approach for providing vaccinations was identified as an evidence-based approach to improving the levels of vaccinations, the ASCCC secured a small source of funding from JBS International, an organization that focuses on immunizations for underserved populations, to help improve HPV vaccination for both boys and girls within 6-8 grades. Previously, vaccines had only been available through community health centers and dispensaries and not through vaccination activities at schools.

The ASCCC worked with partners from the Department of Education, Department of Health's Breast and Cervical, Immunization, Nursing, and CCC Programs, and Parent and Teacher Associations to develop a vaccination pilot within two elementary schools on the island. One day was spent at each school to provide the target group the first dose. As a result of this one-day, coordinated effort, 82% of the target group was provided the first dose of the HPV vaccine. More children were vaccinated in one day that had been within the 3 year time period during which the vaccination was offered in the community health centers. Current partnerships are continuing to coordinate clinics for target group to receive the second and third vaccination doses.

Exemplary CCC Leadership by an Elected Official Award

Senator Jesse Raglmar-Subolmar Yap State, Federated States of Micronesia

Senator Jesse has been a passionate advocate for strong public health policies that promote health since being elected to the Yap State Legislature. He has also been instrumental in other health promoting policies in line with Yap State CCC Plan to include policies relating to food security, promoting healthy local food production and consumption and other environmentally friendly initiatives. He always makes the effort to call, email, visit our office and attend relevant meetings, workshops and events to keep abreast of current issues relating to how best to promote health in Yap State.

Senator Raglmar Sublomar always makes time to visit the CCC Program staff to get updates on CCC efforts and requests for information and data on the burden of cancer and related risk factors, most especially for tobacco and alcohol. When necessary he also invites cancer program staff and coalition members along with other relevant agencies or programs to provide relevant data at certain public hearings related to various health measures or initiatives he introduces to the Legislature.

In 2010 Senator Raglmar Sublomar was instrumental in passage of the Bill #7-75 which bans smoking within any government building, vehicle and vessel and private businesses used for public purposes such as restaurants, taxi's etc. In addition, there is no smoking allowed within 50 feet of any open entrance, exit or window to the aforementioned buildings and signs have to be posted up. This is the first of this kind of legislation for the State of Yap, FSM and the "no smoking" restriction within 50 feet requirement is most likely the strictest measure even surpassing the Hawaii State legislation on which this bill was modelled. Passage of this law has caused a social shift in behavior. Now, throughout Yap the international "NO SMOKING" symbols are posted on windows, doors and side entrances of affected buildings and businesses, and you will not see anyone smoking within 50 feet of an open entrance, exit or window. Senator Jesse is now working on introducing legislation on raising the tax on imported tobacco to 100% of the cost of each packet imported into Yap State.

Senator Raglmar Sublomar also avails himself to various CCC meetings and workshops to keep abreast of the latest cancer and cancer risk factor efforts. For example in addition to attending the CCCLI in 2010 he has also attended the C-Change PIJ Policy and Practice Summit in Hawaii in September 2009, 2nd FSM Chronic Disease Conference in Yap in February 2012, the CCC Policy Workshop in March 2013 and more recently the FSM FCTC Workshop in September 2013 which was attended by WHO FCTC tobacco experts. Senator Raglmar Sublomar is a caring policy maker who continuously keeps the health of the citizens of Yap at the forefront of his policy efforts.



CCC Champion Award

Warren Larson Minnesota Cancer Alliance

Warren Larson is a passionate and dedicated cancer survivor who is quoted as saying, “our commitment to reduce cancer is strong as we don’t want our children to face cancer health issues in their future.” To honor this commitment, nine years ago Warren became a member and leader in the Minnesota Cancer Alliance (MCA), Minnesota’s comprehensive cancer control (CCC) coalition.

Mr. Larson’s commitment to CCC involves using diverse and creative strategies to engage diverse stakeholders in the community, cancer survivors, public health programs, and elected officials at all levels of government. Prior to the implementation of the policy agenda, Mr. Larson actively worked to increase colorectal screening, especially with Native American populations in greater Minnesota. He successfully advocated for special legislation and the necessary resources to increase colorectal cancer screening on reservations, which was instrumental in securing Sanford Health as a Sage Scopes site. With these resources, Mr. Larson worked with a team of volunteers and professionals to conduct education and awareness campaigns and presentations. Initially, the presentations showed to have little effect on increasing screening rates. Mr. Larson began brainstorming more creative ways to present information and performed a comedy routine complete with song and dance while dressed up as “Polyp Man.” This achieved greater success in engaging and capturing attention, which ultimately increased screening rates on three reservations in northern Minnesota. Even with the success of these presentations, Warren continues to work to further increase screening rates.

Mr. Larson also demonstrates a relentless commitment to developing partnerships and collaborations which reduce the burden of cancer in Minnesota outside of his role in the MCA. For example, Mr. Larson also took an active role in the tobacco cessation work in greater Minnesota and led the fight for Beltrami County, his home county, to be the first in the state to have comprehensive smoke-free policies. For Mr. Larson, addressing teen smoking meant engaging in conversations at schools with teenagers regarding their impressions and thoughts about smoking. By really listening to what the teens were saying, he learned that reducing smoking rates in adults was the key to reducing teen smoking because teens felt adults were not “practicing what they preach.” As such, he began work to create smoke-free environments in workplaces and public areas throughout the community. He also mobilized students from Bemidji State University to conduct health surveys in the community on tobacco use and attitudes and presented this data to county commissioners, based on his belief that you can’t move policy with anecdotal evidence – you need information that will hold up to the opposition of scrutiny. This data successfully influenced the commissioners to move forward with comprehensive smoke-free policies in the community. Soon after his successful efforts in Beltrami County, others across the state began to implement similar policies, and eventually the state of Minnesota followed by implementing the Freedom to Breathe Act.

Mr. Larson is a well-respected community leader who is always more than willing to go the extra mile in advancing legislation that will aide in the collective goal to beat cancer once and for all. He’s not afraid to be bold and think big. He’s not afraid to encourage others to do the same. In the state of Minnesota, Warren Larson is one of the many unsung heroes in the fight against cancer. He has proven his commitment to advancing the Cancer Plan Minnesota, the state’s CCC plan, by providing leadership and prompting collaboration and action from other coalition members and in the community.