

# Using Cancer Surveillance Data for Comprehensive Cancer Control

## Division of Cancer Control & Population Sciences



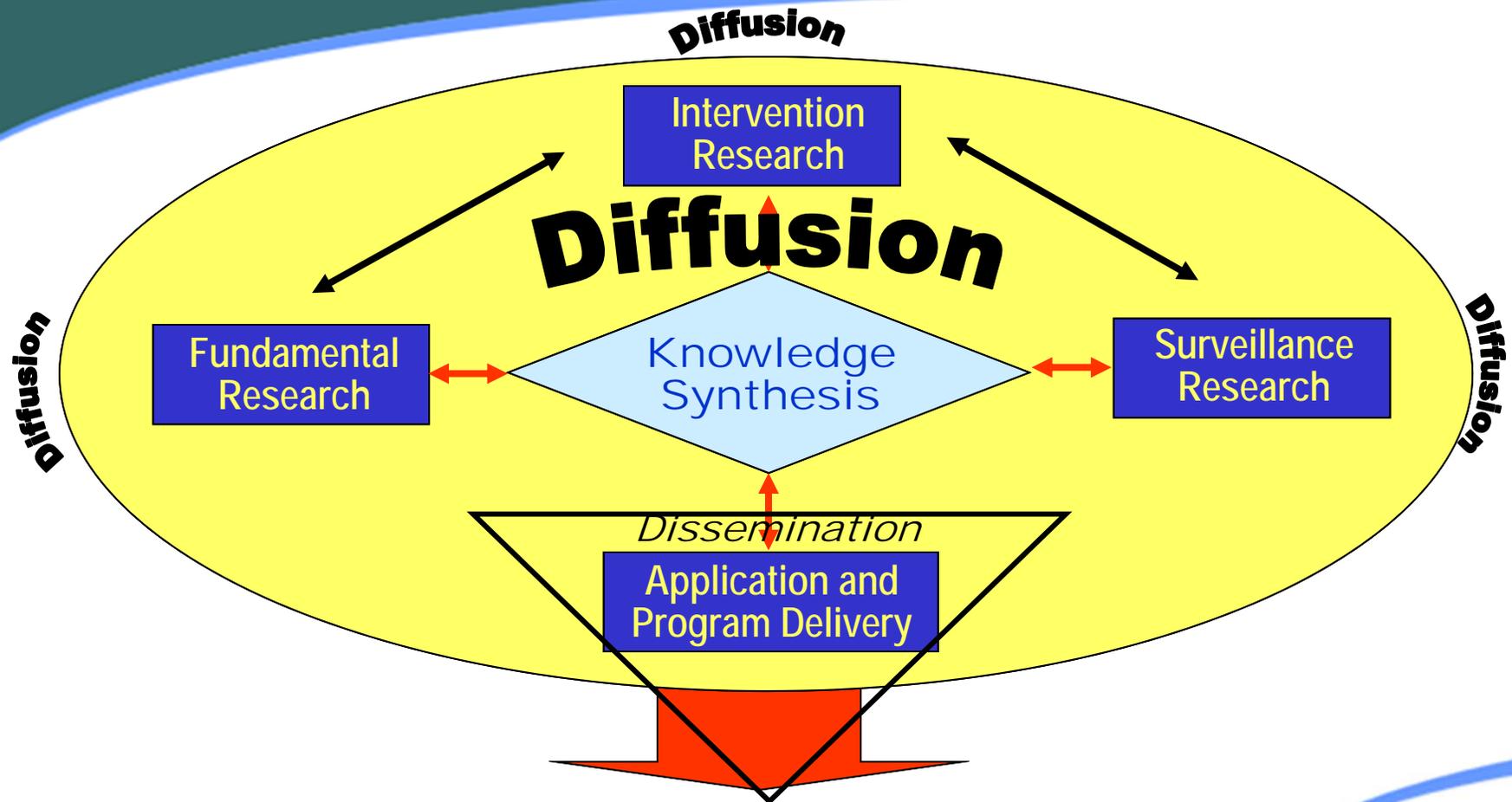
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# NCI's Challenge: Close the Gap Between Discovery and Delivery

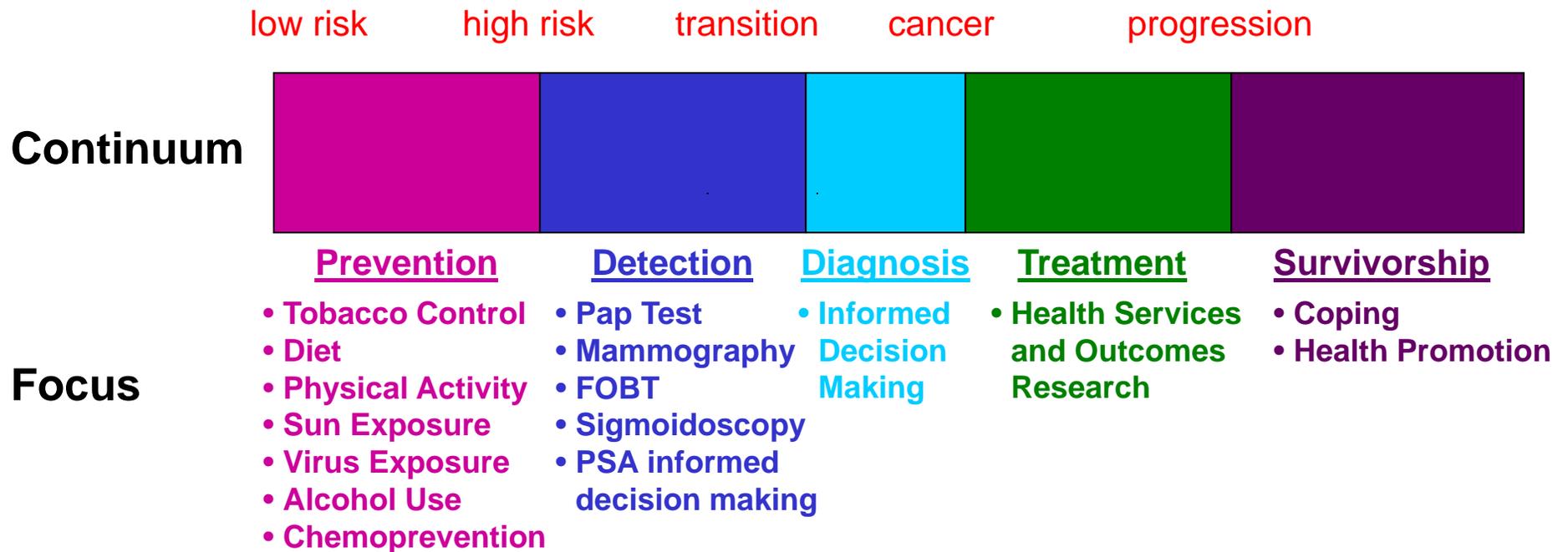
- There is a critical disconnect between research discovery and program delivery and this disconnect is a key determinant of the unequal burden of cancer in our society.
- *Barriers that prevent the benefits of research from reaching all populations, particularly those who bear the greatest disease burden, must be identified and removed.*

# Dynamic Model of Cancer Control Research Diffusion and Dissemination



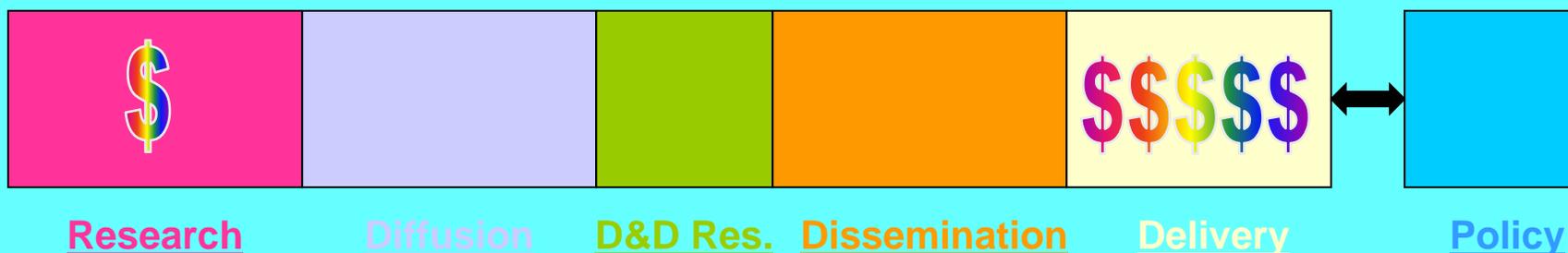
*Reducing the cancer burden*

# THE CANCER CONTROL CONTINUUM

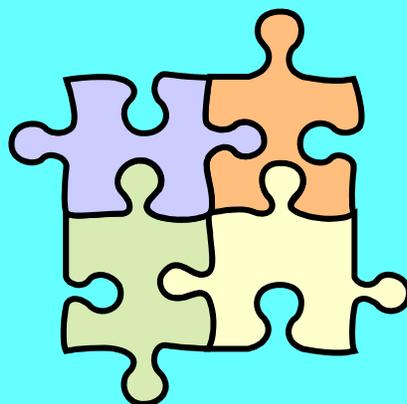


*Adapted from: David B. Abrams, Brown University School of Medicine*

# THE DISCOVERY-DELIVERY CONTINUUM

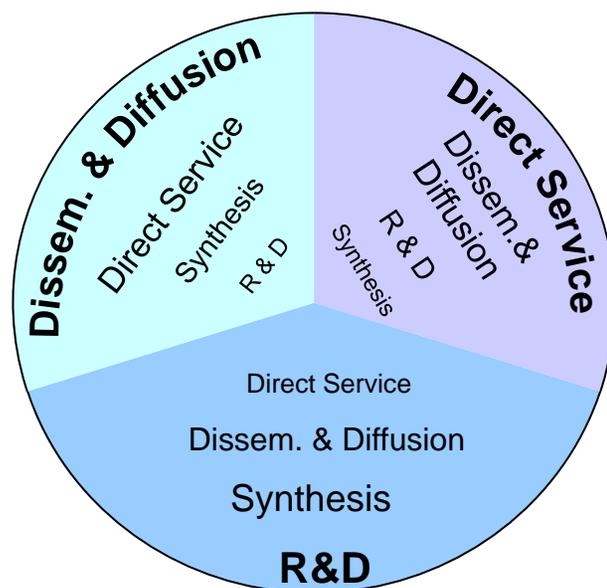


**How do we model Interagency partnership  
across the continuum?**



# Working Together To Make the Whole Greater Than the Sum of Its Parts

## A National Partnership Model for Comprehensive Cancer Control



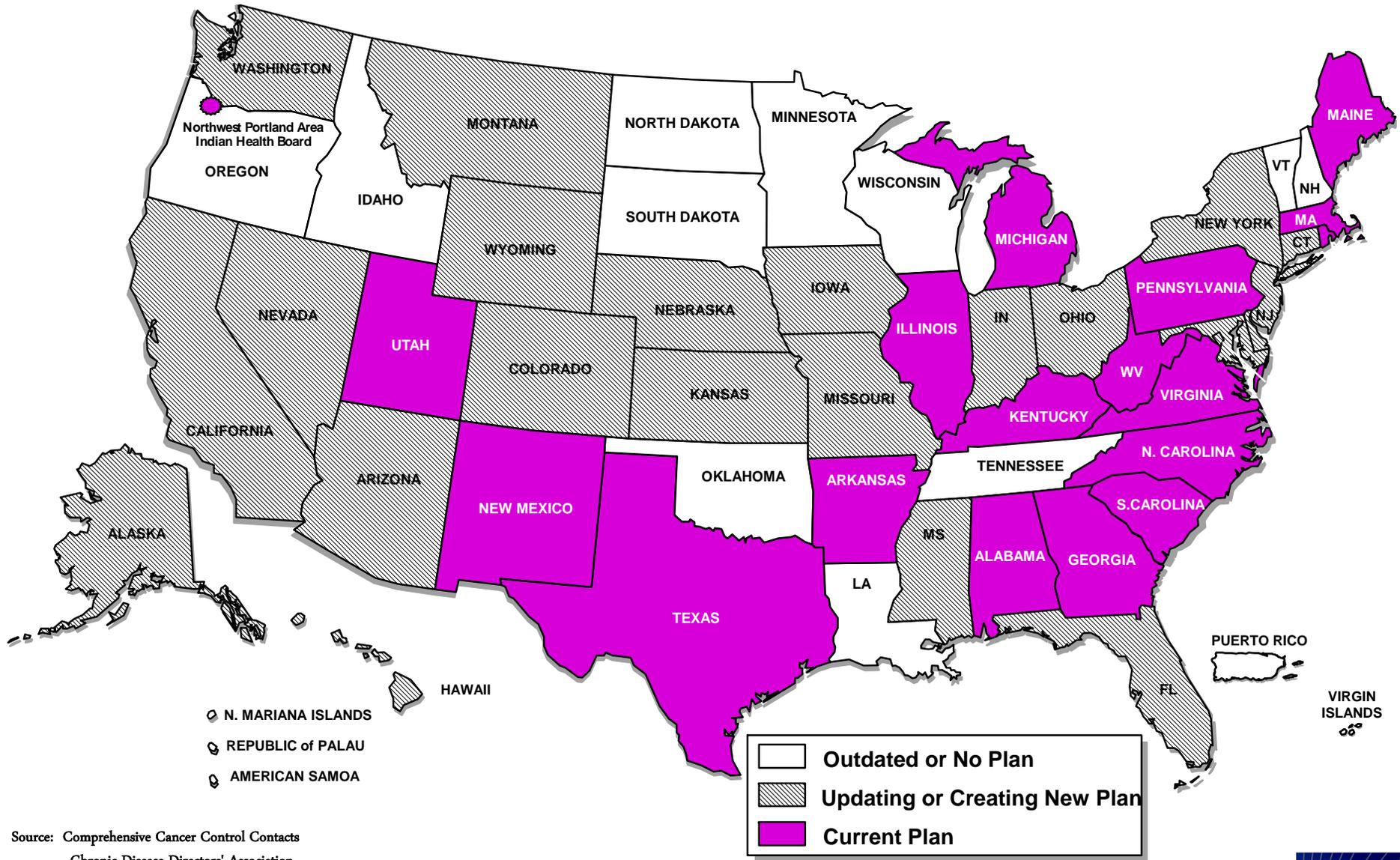
- CDC
- ACS
- NCI



# CDC Definition of Comprehensive Cancer Control

- ◆ **CCC is “an integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation, and palliation.”**

# 2002 National Comprehensive Cancer Control Status of State Plans



Source: Comprehensive Cancer Control Contacts  
 Chronic Disease Directors' Association  
 March, 2002

# NCI Definition of Cancer Control Science

- ◆ **“Cancer control science is the conduct of basic and applied research in the behavioral, social, and population sciences to create or enhance interventions that, independently or in combination with biomedical approaches, reduce cancer risk, incidence, morbidity, and mortality.”**

**How can science inform & influence practice?**

# A SYNERGISTIC MODEL

## Getting Evidence-Based Interventions Into Practice: Roadmaps for the Next Frontier

**GOAL:** To increase the adoption, reach and impact of evidence-based interventions prevention and treatment strategies

**Science/Technology Push**  
*Proving or improving the intervention for wide population use*

**Delivery Capacity**  
*Building the capacity of relevant systems to deliver the intervention*

**Market Pull/Demand**  
*Building a market and demand for the intervention*

- Increase the number of systems providing evidence-based interventions
- Increase the number of practitioners providing evidence-based interventions
- Increase the number of individuals receiving evidence-based interventions

**ULTIMATE GOAL**  
Improve population health and well being

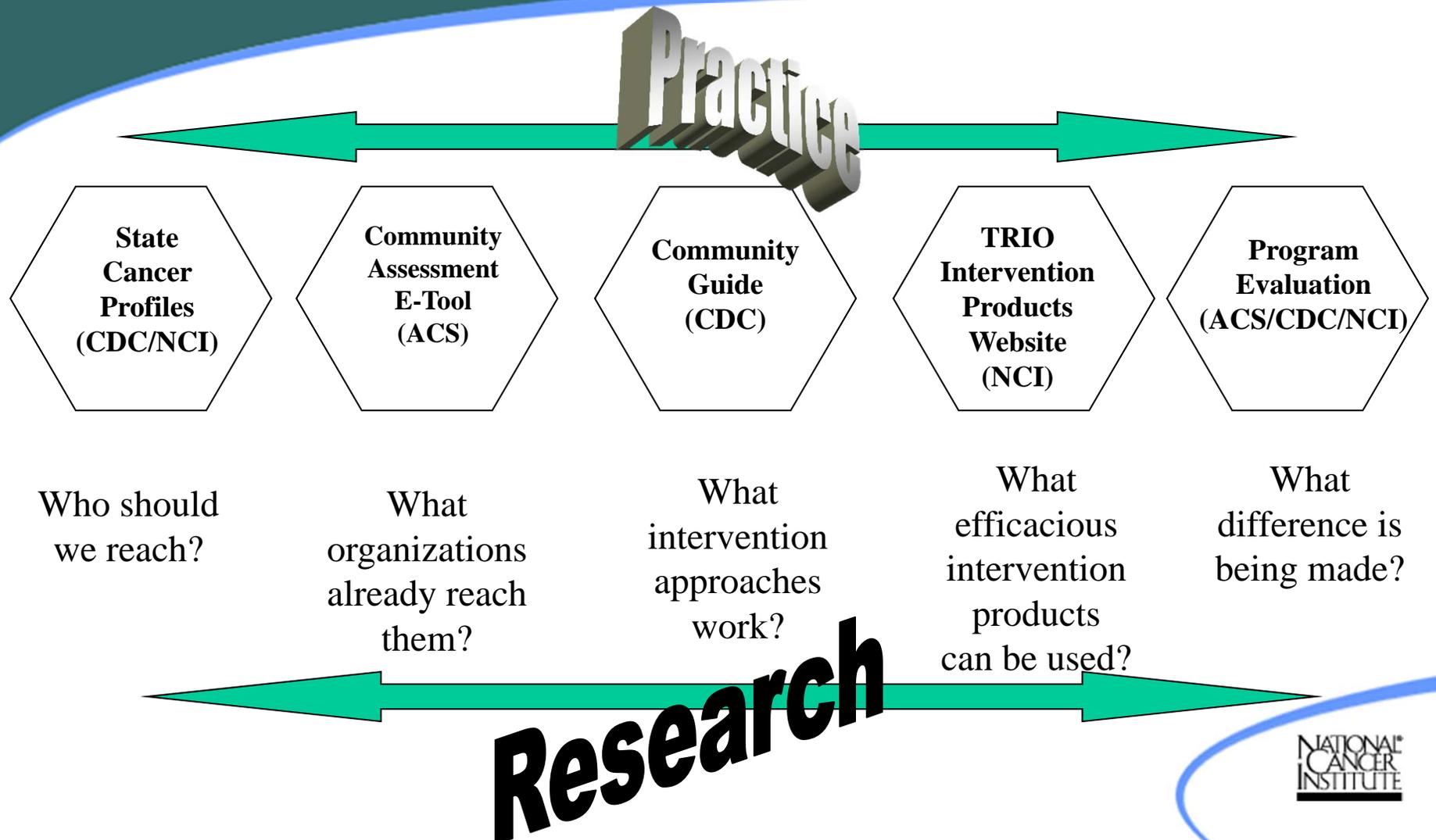
# Translating *Research* into *Improved Outcomes* (*TRIO*)

- Use and communicate cancer and behavioral surveillance data to identify needs, track progress and motivate action.
- Collaboratively develop tools for accessing, and promoting adoption of, evidence-based cancer control interventions.



- Support regional and local partnerships to develop models for identifying infrastructure barriers, expanding capacity and integrating science into comprehensive cancer control planning and implementation.

# ACS, CDC , NCI Research/Practice Partnership Tools Development Framework



Microsoft Internet Explorer

File Edit View Favorites Tools Help



**CANCER CONTROL**  
**PLANET**  
Plan, Link, Act, Network with Evidence-based Tools

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**Making good decisions about cancer control intervention programs**  
Where do you start? This site will help you find who you might want to reach, where to find them, who's already reaching them, and what you might consider doing.

**Just type in your question and click "Ask."**  
For Example: What information is there about clinical trials?

What are the recent cancer mortality trends in New Jersey? 

[Tips on Asking](#) Powered by [Jeeves Solutions™](#)

**What other people are asking the Cancer Control PLANET:**

Are there Spanish-language materials for Hispanic Cancer Control Programs? 



Sponsoring Organizations

**Who**

**Who do you want to reach?**

- Find high-risk and at-risk populations based on cancer rates and behavioral characteristics

**Who else is working on it? Are there any service gaps?**

- Which community organizations are reaching your target population?
- In what settings are they reaching them?

**What**

**What approaches have been shown to be effective?**

- What works and what doesn't? (and what remains uncertain?)

**Which intervention products are best for your situation?**

- Evidence-based products tested in research
- Downloadable products available from the web

**Links to tutorials and other tools**

- [State Cancer Profiles](#) 
- [Community Assessment eTool](#)
- [Guide to Community Preventive Services](#)
- [Cancer Control Products](#)

Internet

Area:

Data:

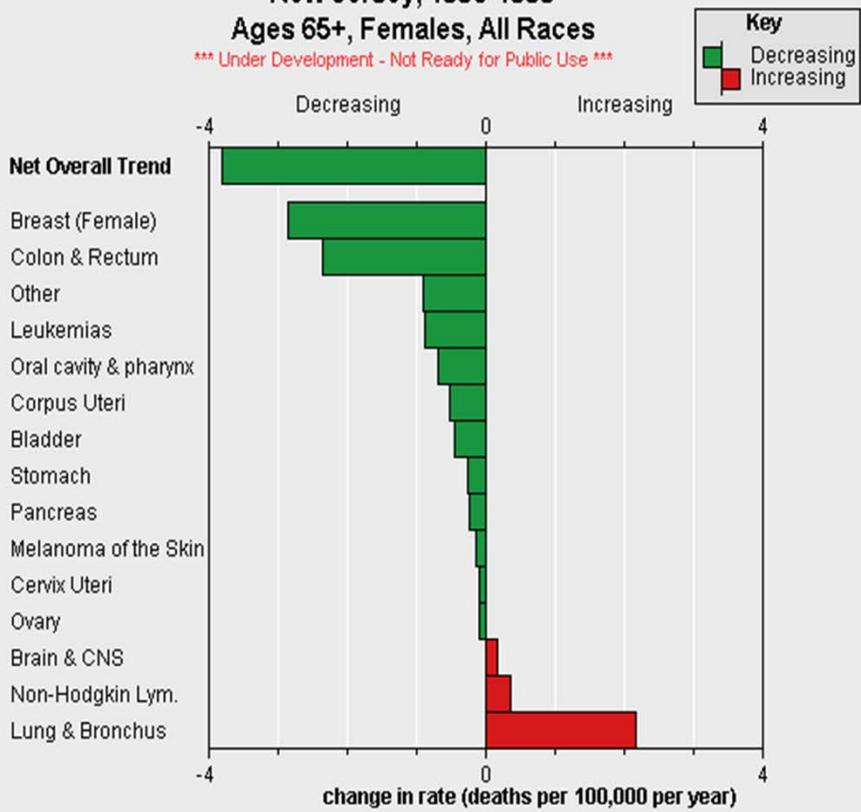
Race:

Sex:

Age:

Create Graph Clear

Trends by Primary Cancer Site - Mortality  
New Jersey, 1995-1999  
Ages 65+, Females, All Races  
\*\*\* Under Development - Not Ready for Public Use \*\*\*



- Data Table
- Interpret Graph
- Help
- Printable View

Source: National Center for Health Statistics.

[D]

State Profiles Home > Latest Rates, Percents, and Counts

Area: New Jersey Counties

Left Column Data

Cancer: Breast (Female)  
Data: Mortality Rate  
Race: All Races  
Sex: Females  
Age: All Ages

Right Column Data

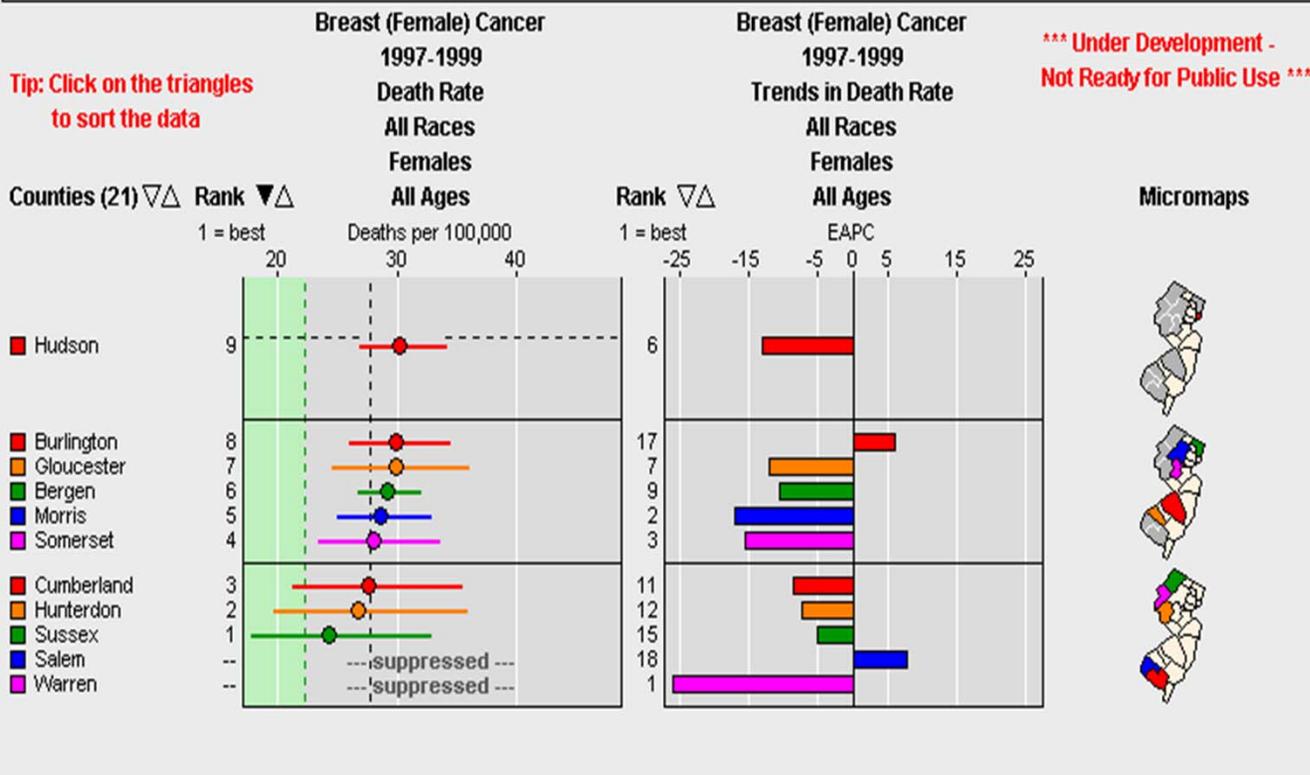
Cancer: Breast (Female)  
Data: Mortality 3 Year Trend  
Race: All Races  
Sex: Females  
Age: All Ages

Draw

Overview

Options

**Key** ● Value and 95% Confidence Interval (CI) ● Healthy People 2010 U.S. Target  
● Rate ● EAPC ● Count ▲ Screening / Risk ● U.S. Rate or Median Percent  
County appears in micromaps: □ Below current map □ Above current map



\*\*\* Under Development -  
Not Ready for Public Use \*\*\*

[View/download chapter publications](#)

- [At a Glance](#)
- [The Task Force](#)
- **Topics**
- [Overview](#)
- [Methods](#)  
*Systematic Review*  
*Changing Risk*  
*Behaviors*
- [Tobacco](#) †
- [Alcohol](#)
- [Other Addictive Drugs](#)
- [Physical Activity](#) †
- [Nutrition](#)
- [Sexual Behavior](#)  
*Reducing Specific Diseases, Injuries, and Impairments*
- [Vaccine-Preventable Diseases](#) †
- [Cancer](#)
- [Diabetes](#) †
- [Improving Pregnancy Outcomes/Infant Mortality and Health](#)
- [Depression and Comorbid factors](#)
- [Motor Vehicle Occupant Injury](#) †
- [Oral Health](#) †
- [Violent and Abusive Behavior](#)

Intervention	Recommendation
<b>Strategies to Reduce Exposure to Environmental Tobacco Smoke (ETS)</b>	
<a href="#">Smoking bans and restrictions</a>	Strongly Recommended
Community education to reduce ETS exposure in the home environment	Insufficient Evidence
<b>Strategies to Reduce Tobacco Use Initiation by Children, Adolescents, and Young Adults</b>	
<a href="#">Increasing the unit price for tobacco products</a>	Strongly Recommended
<a href="#">Mass media campaigns when combined with other interventions</a>	Strongly Recommended
<b>Strategies to Increase Tobacco Cessation</b>	
<a href="#">Increasing the unit price for tobacco products</a>	Strongly Recommended
<a href="#">Mass media education</a>	
<a href="#">Campaigns when combined with other interventions</a>	Strongly Recommended
Smoking cessation series	Insufficient Evidence
Smoking cessation contests	Insufficient Evidence
Interventions appropriate for health care systems	
<a href="#">Provider reminder systems</a> (alone)	Recommended (advice)
Provider education programs (alone)	Insufficient Evidence
<a href="#">Provider reminder + Provider education (with or without patient education)</a>	Strongly Recommended
Provider feedback system	Insufficient Evidence
<a href="#">Reducing patient out-of-pocket costs for effective treatments for tobacco use and dependence</a>	Recommended
<a href="#">Patient telephone support (quit lines) when combined with other interventions</a>	Strongly Recommended

**Policy Implications**



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TRIO - Translating Research into Improved Outcomes

You asked for programs and products that increase fruit and vegetable intake.

	Intervention Program / Product	Intended Population	Setting	Research Quality	Implementation Complexity	Level of Effectiveness
	Seattle 5 A Day Worksite Program 	Employees	Worksite			
	Gimme 5 Fruit and Vegetables for Fun and Health 	Elementary school students	School			
	5 A Day Power Plus 	Multiethnic 4th and 5th grade students	School			
	Peer Education to Increase Fruit and Vegetable Intake 	Lower SES employees	Worksite			
	North Carolina Churches for Better Health Project 	Rural African American church members	North Carolina churches			

**TRIO - Translating Research into Improved Outcomes**

*Seattle 5 A Day Worksite Project: Process Evaluation*



Target Population	Setting	Research Quality	Implementation Complexity	Effect size
Employees	Worksite			

Description: The Seattle 5-A-Day project was based on a theoretical framework that combined environmental and individual interventions. The intervention incorporated community organization principles and used the generic 5-A-Day message—eating five servings of fruits and vegetables a day leads to better health—to foster dietary behavior change. At the environmental level, the intervention used the social context of the work site, including social norms (rules for behavior), the eating context, resource availability, and organizational support. The intervention reduced barriers for change by encouraging increased availability of fruits and vegetables in work sites; it changed the informational climate and provided organizational support.

**Demographics**

The Seattle 5-A-Day Work-Site Project recruited 28 work sites with cafeterias to participate in a randomized controlled trial of work sites. We specifically chose to intervene in work sites with cafeterias to increase the opportunity for environmental-level exposure to the 5-A-Day intervention. We have described the recruitment process and eligibility criteria in detail elsewhere. The main outcome was change in fruit and vegetable intake at 2-year follow-up compared to baseline in intervention compared to control work sites.

There was some association of work-site characteristics with dose of the intervention. Smaller work sites tended to receive more environmental education opportunities per employee than larger work sites, and work sites with fewer than 50% female employees received more environmental educational opportunities than work sites with more than 50% female employees. There was little association between work-site characteristics and behavior change, and between dose received and behavior change in the intervention work sites.

**Community Setting**

The work sites varied in size from 250 to 2,500 employees. The median work-site size was 666. Of the 28 work sites that agreed to participate, 6 were health service organizations, (hospitals); 8 were educational, governmental, or professional agencies; 4 were construction or manufacturing groups; 2 were financial institutions; 2 were retail trade groups; 2 were wholesale trade groups; and the remainder were service organizations. One of the retail trade groups closed during the study, leaving 13 intervention work sites. None of the work-site characteristics were significantly different between intervention and control work sites.



# Next Steps

- Complete testing & launch the PLANET (State Profiles, *Guide*, & Products Database) by 1/03.
- Expand Surveillance & Modeling research D&D.
- Expand support for NCI & NIH D&D research.
- Expand ACS & CDC focus on D&D research support.
- Expand NCI knowledge transfer teams and inter-agency partnerships across the Discovery-Delivery continuum.