Comprehensive Cancer Control in Texas

1998-2002 FINAL REPORT

TEXAS COMPREHENSIVE CANCER CONTROL PROGRAM

Public and Private Partners Working Together to Achieve Cancer Control

ProtectTexas™
Texas Department of Health

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TEXAS COMPREHENSIVE CANCER CONTROL PROGRAM

Background

Cancer in Texas

Adapted from the American Cancer Society's Texas Cancer Facts and Figures 2002-2003

In 2002, it was estimated that close to 82,000 Texans would be diagnosed with cancer and another 36,000 would die from the disease annually. Overall, cancer is the second-leading cause of death, accounting for nearly one fourth of all deaths statewide. Among Texans aged 45-65, cancer is the leading cause of death.

Average Annual Incidence and Mortality Counts and Rates for All Cancer Sites, Texas

	Incidence Count	Incidence Rate	Mortality Count	Mortality Rate
Non-Hispanic White	53,228	469.7	23,485	210.1
African American	7,560	515.7	4,032	288.1
Hispanic	9,693	329.8	4,086	156.2
Other	875	324.3	261	113.6
All Races	71,568	448.0	31,864	207.1

Note: Incidence counts are 4 year average annual (1995-1998), rounded to the nearest whole; Mortality counts are 5 year average annual (1994-1998), rounded to the nearest whole. Rates are average annual and are per 100,000 population, age-adjusted to the 2000 U.S. standard population. All Sites includes all malignant cancers plus in situ bladder cancer. All other in situ cases are excluded.

Source: Texas Cancer Registry

Texas is a large and diverse state in both its geography and demographics. According to the 2000 US Census, there are close to 21 million Texans, with approximately 53% non-Hispanic white, 32% Hispanic, 12% African American and 3% all other races combined.

The actual number of new cancer cases and deaths is highest among non-Hispanic whites. This is because non-Hispanic whites make up the majority of the state's population. However, consistent with national patterns, for every 100,000 population, African Americans are more likely to develop cancer and more likely to die from the disease. In Texas, African Americans have cancer mortality rates approximately 1.4 times higher than mortality rates for non-Hispanic whites, and 1.8 times higher than mortality rates for Hispanics. Overall, Texas Hispanics and other racial/ethnic groups, including Asian/Pacific Islanders and American Indians have lower incidence and mortality rates when compared to non-Hispanic whites and African Americans in the State.

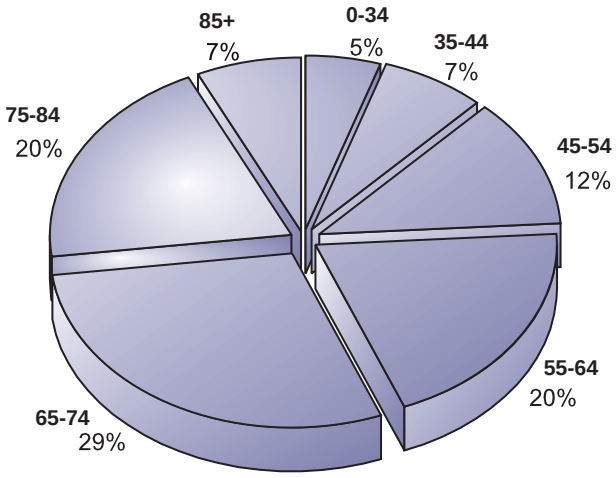
Projected Number of New Cancer Cases and Deaths, Selected Cancer Sites, Texas, 2002

Cancer Sites	Incidence (New Cases) Counts	Percentage of Total Cancer Incidence	Mortality (Deaths) Counts	Percentage of Total Cancer Mortality
Breast (Female)	12,819	15.7	2,657	7.4
Cervix	1,126	1.4	366	1.0
Colon and Rectum	8,790	10.8	3,545	9.9
Lung and Bronchus	11,134	13.7	10,267	28.7
Melanoma of the Skin	2,736	3.4	491	1.4
Prostate	11,607	14.2	1,868	5.2
All Sites	81,561	100.0	35,716	100.0

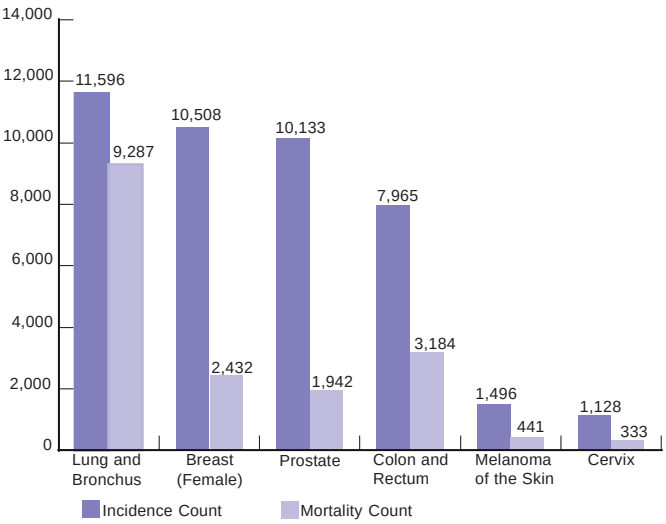
Projected 2002 cancer cases (malignant and in situ bladder) are estimated by applying California 1994-1998 age-, sex-, and race/ethnicspecific average annual incidence rates to the 2002 Texas population. Projected 2002 cancer deaths are estimated by applying Texas 1996-2000 age-, sex-, and race/ethnic-specific average annual mortality rates to the 2002 Texas population. Excludes basal and squamous cell skin cancers and in situ carcinomas except urinary bladder. Melanomas are under-reported.

Source: Texas Cancer Registry

Cancer Incidence by Age, Texas



Average Annual Incidence and Mortality Counts for Selected Cancer, Texas Residents



Incidence counts are 1995-98 average; Mortality counts are 1994-98 average. Melanoma is under-reported.

Source: Texas Cancer Registry

The Role of Public Health in Cancer Control

The public health model includes three core functions: assessment, policy development, and assurance. Assessment includes surveillance, which provides data to locate health problems, identifies high-risk populations, and informs disease prevention and control programs. Policy development includes planning, setting priorities, and mobilizing resources to serve the common good. The assurance function involves making sure critical health care services are available and accessible, to the point of providing them directly when not available in the private sector. Public health addresses health promotion and disease prevention with the three-tiered approach of primary, secondary and tertiary prevention.

Primary prevention emphasizes keeping the population healthy by preventing or reducing the risks for developing disease. This can be done with promotion of behavior changes at the individual level or with changes at a broader level such as through government regulations.

Secondary prevention addresses identifying individuals with a disease, often before they have exhibited symptoms. Screening programs are designed to reach those individuals most susceptible to developing the disease before the disease has advanced. Broad-based screening programs must target diseases that can be diagnosed at early stages and for which effective treatments are available.

Tertiary prevention affects individuals with a disease diagnosis. It emphasizes delaying advancement of the disease, reducing the risks for complication or recurrence, prolonging life, and promoting quality of life. Unlike the other prevention categories, tertiary prevention addresses the needs of individuals rather than population groups.

Comprehensive Cancer Control

The Centers for Disease Control and Prevention (CDC) defines comprehensive cancer control as "…an integrated and coordinated approach to reduce cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation, and palliation." This concept sets out the elements needed for an all-encompassing response to the problem of cancer in a population.

A detailed explanation of the differences between pre-existing 'cancer control' and the concept of 'comprehensive cancer control' is contained in the following excerpt from the CDC's *Comprehensive Cancer Control: A Model Public Health Strategy*:

> "The significant growth of cancer prevention and control programs within state health agencies has resulted in the recognition that improved coordination of cancer control activities is essential to maximizing resources and achieving desired cancer prevention and control outcomes. In recent years, CDC has worked with health agencies to enhance the number and quality of cancer-related programs that are available to the U.S. population.
>
> New organizational structures, increased professional expertise, improved understanding of the challenges of delivering community-based screening services to underserved women, health education and health promotion, and increased ability to demonstrate program

outcomes have reinforced the value of a public health infrastructure for coordinated cancer prevention and control programs at the national, state, and community level.

A comprehensive approach is first and foremost about leadership for cancer prevention and control and is based on two important assumptions. The first is that overall, both individuals and organizations working on specific cancer prevention and control efforts (e.g. categorical programs or in categorical areas) support the idea of coordination and integration that can enhance existing programs, and second, that these individuals and organizations are committed to help define strategies to promote broader cancer prevention and control programs and services. Thus, this concept and process requires that participants see, as part of their responsibility as leaders within their state, the opportunity to assess and address cancer prevention and control from a broader viewpoint."

TEXAS COMPREHENSIVE CANCER CONTROL PROGRAM

Texas was one of the initial, "model" states to implement the CDC's concept of shared planning and investment in cancer control. The achievements, challenges and vision for the future forged from 'the Texas experience' will take on even greater significance when shared – both within and beyond our borders, to other states. This document details that experience, of working to make cancer control truly comprehensive and to improve the lives of all Texans.

Texas Comprehensive Cancer Control Program

The Texas Department of Health (TDH) received a grant from the CDC for Comprehensive Cancer Control in 1998. TDH, in consultation with the Texas Cancer Council (TCC), developed the grant proposal and collaboratively administered the program through 2002. The goals of the program were to :

- Improve and expand the collaborative efforts already in place among the different stakeholders working on cancer control in Texas;
- Increase the use of the Texas Cancer Plan as the statewide document directing cancer control efforts;
- Develop a data-driven and science-based process for prioritizing the elements of the Texas Cancer Plan and
- Disseminate the information available to local communities and provide technical assistance to communities working on local cancer control efforts.

The TDH Program staff and the TCC staff identified and invited members of the cancer stakeholder community to form the Texas Comprehensive Cancer Control Coalition (the Coalition). The Coalition is comprised of consumers as well as public and private educational, treatment, research, and patient support organizations that are the major cancer stakeholders in this state. This group meets quarterly to advance the use of the Texas Cancer Plan. It does this through identifying and addressing gaps in its implementation, and supporting the use of the Plan by all entities in the state that address cancer-related issues. An Executive Committee sets and approves the Coalition's quarterly meeting agendas and provides leadership for the Coalition's interim work.

Texas CCC Program Activities/Reports

The Texas Comprehensive Cancer Control Program and Coalition achieved its goals and objectives in part through the activities and reports described below.

Inventory of Cancer Activities: Organized by Goals and Objectives of the Texas Cancer Plan

The Texas Comprehensive Cancer Control Coalition conducted an inventory in December, 1999 among its membership to determine what cancer-related activities are taking place that are in accordance with the *Texas Cancer Plan*. The *Texas Cancer Plan* is a guide for statewide action created by the Texas Cancer Council with input from governmental leaders, cancer experts, and many individuals and institutions interested in reducing the burden of cancer on all Texans. The Plan is organized into four goals, with objectives and strategies for each.

Goal I:
Prevention Information and Services

Goal II:
Early Detection and Treatment

Goal III:
Professional Education and Practice

Goal IV:
Cancer Data and Planning

To view the inventory and its contents as organized by goals please go to: **http://www.tdh.state.tx.us/tcccp/inventory.htm**

The Cost of Cancer in Texas

Following the direction of the Coalition, Dr. David Warner from the University of Texas LBJ School of Public Affairs, led a team of researchers that developed a comprehensive study of the annual costs of cancer in Texas. The total estimated costs due to cancer in 1998 were about $14 billion. $4.9 billion was attributed to direct medical costs and $9.1 billion to indirect costs and lost productivity. Additional breakdown of the total direct cost estimates by major cancer types were approximately: $1.2 billion for colorectal cancer, $2.2 billion for lung cancer, $1.2 billion for breast cancer and $445 million for prostate cancer.

The report can be accessed at: **http://www.tdh.state.tx.us/tcccp/cancerdata.htm.**

Information Management Enhancements to Improve Texas Cancer Data for Comprehensive Cancer Control

In the process of gathering data for program planning, the Coalition, working with the Texas Department of Health, recognized various gaps and deficiencies in cancer data for the state. In part, these gaps were a result of outdated registry software systems and the lack of specific case reporting requirements in the state registry regulations. Data collected by state central cancer registries enable public health professionals to better understand and

address the cancer burden. Cancer data are used to determine cancer patterns among various populations, monitor trends over time, and advance research.

The Coalition facilitated a review of the various cancer data resources for Texas, as well as the processes and systems involved in collecting data. This review resulted in the publication of *Information Management Enhancements to Improve Texas Cancer Data for Comprehensive Cancer Control*. This publication and *The Cost of Cancer in Texas* also produced for the Coalition were critical resources used by the Coalition to document the extent of the data problems. More importantly, the Texas Cancer Council, the Texas Medical Association, the American Cancer Society Texas Division, and other Coalition members used these reports to educate the health commissioner and state legislators about the need for changes in the rules governing cancer-reporting regulations and for improvements in the state's data management systems.

Community Resource Assessments for Cancer Control

The American Cancer Society (ACS) received assistance from the CCC Program to expand their ongoing Community Assessment for Cancer Control project. The ACS was conducting these assessments throughout the state of Texas to evaluate the needs, strengths, gaps and available resources for cancer control efforts. Through this process the ACS collected accurate and appropriate information to be used in the development of action plans that would improve outcomes for community residents, and ultimately achieve a reduction in cancer mortality and morbidity. The ACS resources would only allow for these assessments to be completed in the major metropolitan areas across the state. Resources were insufficient to conduct these assessments in smaller communities. With the use of unobligated funds, the CCCP program was able to accelerate the performance of these assessments in those smaller communities. By supporting this project the Comprehensive Cancer Control Program further enhanced cooperation, coordination and collaboration among groups involved in cancer control and expanded existing linkages to collect information necessary for planning and targeting comprehensive cancer control efforts. Forty communities were able to conduct local community resource assessments as a result of this collaboration.

Web-based Prostate Cancer Physician Continuing Education Curriculum & Physician's Survey

The Texas Medical Association (TMA) and its Physician Oncology Education Program (POEP) received assistance from the TCCCP to adapt its curriculum on Prostate Cancer Continuing Education for Physicians to a web-based format and to conduct a physician's survey on their knowledge, attitudes and practices of prostate cancer.

The POEP's curriculum for prostate cancer on the web facilitates access for physicians and allows for a continual revision and update to the curriculum without the need of reprinting or redistributing the curriculum. A survey of physicians to assess their knowledge, attitudes and practices of prostate cancer was also conducted. The study compared rural and urban physicians as well as specialists (urologists) and general practitioners. The survey

Texas CCC Program Activities/Reports *(cont.)*

utilized an existing survey methodology that TMA has used for several years and has been demonstrated to capture scientifically significant results from random samples generated by the Texas Board of Medical Examiners database.

The web-based curriculum can be accessed at **http://www.baylorcme.org/prostate/**. The results of the physican's survey can be found in the *Action Plan on Prostate Cancer for the State of Texas* which can be found at **http://www.texascancercouncil.org/pdfs/prostateplan.pdf**.

Behavioral Risk Factor Surveillance System Supplemental Surveys (BRFSS) in Prostate and Colorectal Cancers

Two supplemental surveys in the area of prostate and colorectal cancers were conducted by the TDH with the assistance of the TCCCP. The BRFSS prostate cancer survey was designed specifically to gather information about what male Texans know about prostate cancer. Among other findings, the survey indicated that 91% of men know that age is a risk factor for developing prostate cancer. But only 44% of men know that race is a risk factor with African American men having the least knowledge of this risk even though their race places them at the highest risk.

The BRFSS survey on colorectal cancer focused on the use of screening tests. Results showed that only 41% of Texas adults aged 50 and older had ever had a fecal occult blood test (FOBT), 37% had ever had a sigmoidoscopy, while 33% had ever had a colonoscopy. While the proportion of adult Texans 50 years and older who reported having an FOBT within the past year increased significaly (from 17.5% in 1999 to 42.8% in 2001) the proportion of adult Texans 50 years or older who reported having had a sigmoidoscopy within the past five years decreased significaly (from 32.8% in 1999 to 23.6% in 2001. Overall results showed continuing underuse of these screening tests, despite their effectiveness in reducing incidence and mortality from colorectal cancer.

Prostate and Colorectal Cancers – Supplemental funds projects

As a result of the unexpected availability of some categorical funding in the area of colorectal, prostate and skin cancers, the TDH in collaboration with the TCC submitted several proposals for use of these supplemental funds. These projects were identified and developed using up-to-date information on what was most needed in each of these categories. Coalition input was solicited to gather ideas and develop projects. The CDC awarded monies for all but one request in the area of skin cancer, (which was later funded by TDH through the use of unobligated funds).

"Colorectal Cancer in Texas, A Guide to Community Outreach"

This Guide was developed jointly by the TDH, the TCC and TCC sponsored colorectal cancer projects. The purpose of this guide is to increase awareness of colorectal cancer and find ways to reduce its impact. The Guide is designed to help communities get organized, conduct assessments, identify ideas and events

to involve media to carry a colorectal cancer message to the community. It offers examples of effective work done by community groups in Texas and lessons these groups have learned that might prove helpful, along with step-by-step directions for various activities. A copy of this Guide can be found at: **http://www.tdh.state.tx.us/tcccp/reportfiles/colguide.pdf.**

"Action Plan on Prostate Cancer for the State of Texas"

The Action Plan on Prostate Cancer was developed in 2001. The Texas Medical Association's Physician Oncology Education Program, with direction from the TDH's Prostate Cancer Advisory Committee, oversaw the development and final publication of this report. The goal of this project was to identify the education, testing, treatment and support resources currently available in the state and recommend and prioritize those needing development to reduce the impact of prostate cancer in Texas. This Plan completed the set of "Plans" for the major cancer sites in the state of Texas: prostate, breast and cervical, colorectal, skin and spit tobacco. The Plan can be viewed at: **http://www.texascancercouncil.org/pdfs/prostateplan.pdf.**

"Prostate and Colorectal Cancer Courses for Nursing Continuing Education"

The Nurse Oncology Education Program (NOEP) used funds to support a provider education conference in McAllen, Texas in November, 2001 that included presentations on prostate and colorectal cancer. The presentations addressed epidemiology and risk factors, screening, pathophysiology, clinical presentation, and diagnosis and current treatment modalities for prostate and colorectal cancers. Nurses were provided with complete tools to effectively care for the prostate and colorectal cancer client. This presentation was then developed into a web-based, interactive, multimedia program on prostate and colorectal cancers. Each module was designed to offer one hour of Continuing Nurse Education (1 CNE unit). NOEP promoted the modules through statewide distribution of its newsletter, *The NOEP Informer*; through fliers and announcements at scheduled workshops throughout the state; and on conference brochures. The continuing education programs can be accessed at the following site: **http://www.texasnurses.org/noep/cne.htm.**

Evaluation of Project S.A.F.E.T.Y. (Sun Awareness for Educating Today's Youth)

Under a grant from the Texas Cancer Council, the University of Texas M.D. Anderson Cancer Center developed a combined interactive Computer Assisted Instruction (CAI) version of two established skin cancer awareness and prevention education modules (*Project S.A.F.E.T.Y.*) using CD-ROM technology. These modules are currently in use in elementary and middle schools in Texas and around the country. The CD version blended these two modules and targets students in grades 4-8. This CD version meets state education standards and requirements for science and health education curricula. It contains scientifically accurate information about the consequences of ultraviolet radiation overexpo-

Texas CCC Program Activities/Reports *(cont.)*

sure and the biological/psychological processes and effects of skin cancer. The module concludes with a practical section on prevention, geared to a multi-ethnic, pre-adolescent population. Using unobgliated funds, the TCCCP provided funding to evaluate the effectiveness of this program. A summary of the results indicates that there was strong positive readiness to change/adopt protective behaviors regarding sunscreen use, covering up when outside in the intense sun, and avoiding intense sun exposure as much as possible. Although student responses to these questions indicated their attitude immediately after presentation of the Project S.A.F.E.T.Y. unit, the responses are felt to be strong indicators of subsequent behavior modification regarding sun face practices. For more information about this project, please see **http://www.mdanderson.org/departments/projectsafety/**.

Prostate Cancer Brochures

As part of the TCCCP's continuing efforts to promote prostate cancer education and awareness, the program used unobligated funds to print copies of prostate cancer brochures. These brochures were developed by Dr. Evelyn Chan, from the University of Texas at Houston. Dr. Chan received funding from the Department of Defense to develop culturally-sensitive brochures on informed-decision-making for prostate cancer screening. Dr. Chan used focus groups for designing these brochures. Since the topic of prostate cancer screening is controversial, not many brochures exist that promote informed-decision making, and fewer even address the topic with cultural sensitivity. The brochures were distributed to all local health departments in Texas and all 50 state health departments.

The brochure packet also included a list of other resources and a copy of the brochures on CD-ROM ready for printing. These brochures can be seen and downloaded at the TDH prostate cancer website: **http://www.tdh.state.tx.us/prostate/**

Evaluation of TCCCP

The Coalition has been evaluated through an external evaluator, Dr. Heather Becker, from the University of Texas at Austin. The evaluation began in year 3 of the program and continued through year 4. The main conclusions of the evaluation found:

The Coalition has a unique presence. It is one of the few organizations that can cut across agency lines, interact in political, social and economic circles, and facilitate others doing their jobs effectively . . .

. . . The challenge is to direct the talents and resources of the partners into "ownership" of a new vision for comprehensive cancer control in Texas.

The Executive Summary of the evaluation can be found in its entirety at: **http://www.tdh.state.tx.us/tcccp/reportfiles/granteval.pdf**.

Future

The Texas Comprehensive Cancer Control Program has received renewed funding from the CDC through the year 2007. Some changes have been made to the program to help improve the collaborative relationship with the TCC. Portions of the program are now administered by the TCC through an interagency agreement. TDH retains administrative oversight of all aspects of the program and has retained one staff member to work on expanding the comprehensive cancer control model to regional health departments. Some of the program goals for this year include expanding Coalition membership, having input into the revision of the Texas Cancer Plan and preparing for the next Texas legislative session. Working together to achieve cancer control is the only way to ensure that the progress made to date, continues into the future.

TEXAS COMPREHENSIVE CANCER CONTROL PROGRAM

Coalition Membership

Judy Jonas, Ph.D., R.D.
Karen Torges
AMERICAN CANCER SOCIETY
TEXAS DIVISION, INC.

Amelie Ramirez, Dr.P.H.
BAYLOR COLLEGE OF MEDICINE
Chronic Disease Research Center

Armin D. Weinberg, Ph.D.
BAYLOR COLLEGE OF MEDICINE
Chronic Disease & Control Research Center

Pamela M. Jackson, M.S.
BAYLOR COLLEGE OF MEDICINE
Intercultural Cultural Council

John F. Cole, Ph.D.
CANCER THERAPY & RESEARCH CENTER

Donald R. Butts, M.D.
COLON RECTAL CLINIC – HOUSTON

Ramona Magid, M.B.A.
SUSAN G. KOMEN BREAST CANCER FOUNDATION

Jeffrey Guidry, Ph.D.
TEXAS A&M UNIVERSITY

Audreyjane Castro
Karen B. Heusinkveld, R.N., Dr.P.H.
TEXAS CANCER COUNCIL BOARD

Mickey Jacobs, M.S.H.P.
Don Ray, M.S.
TEXAS CANCER COUNCIL STAFF

Carol Rice, Ph.D., R.N.
TEXAS COOPERATIVE EXTENSION SERVICE

K. Vendrell Rankin, D.D.S.
DENTAL ONCOLOGY EDUCATION PROGRAM
Baylor College of Dentistry, TAMUHSC

Philip Huang, M.D., M.P.H.
Rosamaria Murillo, L.M.S.W.
Paula Traffas
Nancy Weiss, Ph.D.
Anne Williamson, M.Ed.
TEXAS DEPARTMENT OF HEALTH

Elizabeth Sjoberg, R.N., J.D.
TEXAS HOSPITAL ASSOCIATION

Andy Miller, M.H.S.E., C.H.E.S.
TEXAS MEDICAL ASSOCIATION
Physician Oncology Education Program

Joel S. Dunnington, M.D.
TEXAS MEDICAL ASSOCIATION
Diagnostic Imaging

Catherine McGuire, R.N., MP.Aff.
TEXAS NURSES ASSOCIATION
Nurse Oncology Education Program

Lewis Foxhall, M.D.
JoAnn Ward, M.P.H.
Lynne Nguyen, M.P.H.
THE UNIVERSITY OF TEXAS
M. D. ANDERSON CANCER CENTER

Billy U. Philips, Ph.D., M.P.H.
UNIVERSITY OF TEXAS MEDICAL BRANCH – Galveston

Mary Lou Adams, Ph.D., R.N.
UNIVERSITY OF TEXAS – AUSTIN
SCHOOL OF NURSING

Doug Ulman
LANCE ARMSTRONG FOUNDATION

Texas Department of Health Staff

Philip Huang, M.D., M.P.H,
Chief, Bureau of Chronic Disease and Tobacco Prevention

Anne Williamson, M.Ed.
Program Director

Juanita Salinas, M.S.W.
Program Coordinator

Marci Spivey
Information Specialist

Jamie Gardner-Cook
Administrative Assistant

Texas Comprehensive Cancer Control Program
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

(512) 458-7534

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Texas Department of Health