

Maryland Cancer Collaborative
Priority Objectives and Strategies: 2012 - 2014

PRIMARY PREVENTION COMMITTEE

PRIORITY 1:

By the end of 2015, adopt and implement statewide and local public policies that combat tobacco-industry marketing strategies used to promote and sustain the use of existing and emerging tobacco products.

(Chapter 5, Goal 1, Objective 1)

Require that licensed tobacco retailers (a) display effective health warnings about the use of tobacco products; (b) display information on where to get help if you want to quit using tobacco; (c) ban so-called “power walls” (large display of tobacco products and ads) at all licensed tobacco outlets; and (d) ban the distribution of “free samples” of all tobacco products.

PRIORITY 2:

By 2015, ensure that at least 25% of Maryland businesses have policies and supports for promoting healthy eating and physical activity. *(Chapter 6, Goal 1, Objective 2)*

Assess and Address Barriers for Maryland workplaces and businesses to establish worksite wellness programs that encourage healthier behaviors and meet their workers’ health and wellness needs.

EARLY DETECTION AND TREATMENT COMMITTEE

PRIORITY 1:

By 2015, increase the percentage of Marylanders ages 50 years and older who are up-to-date with CRC screening per ACS/Multi Society Task Force guidelines to 80% with special focus on minority groups. *(Chapter 9, Goal 1, Objective 1 combined with Chapter 9, Goal 2, Objective 1)*

Provide targeted educational information that is age/literacy/culturally appropriate to the public regarding CRC screening recommendations (including but not limited to primary care provider offices, pharmacies, public locations).

Utilize nontraditional methods such as navigators, community health workers, and lay health advisors to educate target populations.

PRIORITY 2:

By 2015, increase skin cancer detection education for Maryland healthcare providers and beauty industry providers and improve the early detection of skin cancer by increasing the percentage of melanoma cancers diagnosed at the local stage to 74.1%. (Chapter 7, Goal 1, Objective 2 combined with Chapter 7, Goal 2, Objective 3)

Collaborate with Maryland medical and beauty industry providers to offer CMEs or other types of training in skin cancer recognition and education of patients on skin cancer prevention and detection.

Discuss/present information on skin cancer prevention and detection at dermatological and other medical and nursing association conferences.

SURVIVORSHIP/PALLIATIVE CARE/PAIN MANAGEMENT COMMITTEE

PRIORITY 1:

By 2015, develop and disseminate materials and explore the need/feasibility of providing formal training and/or certification to educate policy and decision makers, community leaders, educators, and health care providers about cancer survivorship including psychosocial issues and the role and value of providing long term care and support services to cancer survivors. (Chapter 4, Objective 4 combined with Chapter 4, Objective 7)

Utilize existing partners and collaborate with local health departments, community health coalitions, support groups, and other community-based organizations to assist with the dissemination of the materials (specifically about survivorship care plans) to their respective policy- and decision makers, community leaders, and local educators.

PRIORITY 2:

By 2015, develop an awareness campaign to educate Maryland citizens about palliative and hospice care, including pain management, within 50% of Maryland jurisdictions. (Chapter 14, Goal 1, Objective 1 combined with Chapter 15, Objective 1).

Organize a patient education summit in partnership with interested organizations on topics such as:

- Importance of pain control.
- Value and process of pain assessment.
- Types and purposes of various pain treatments.
- Effective methods of communication with medical professionals about pain.
- Patients' Pain Bill of Rights as put forth by the American Pain Foundation.
- Palliative and hospice care.

Encourage patients, families, and communities to seek information on palliative and hospice care and advanced care planning from their healthcare providers, public library, national and local cancer agencies, and local health department.

CANCER DISPARITIES COMMITTEE

PRIORITY 1:

By 2015, reduce racial/ethnic minority vs. white cancer disparities in Maryland to:

- **Reduce the black or African American vs. white all-cancer mortality disparity by achieving the all-cancer mortality rates listed (see Cancer Plan).**
- **Reduce the Asian/Pacific Islander vs. white liver cancer and stomach cancer mortality disparities by achieving the liver cancer and stomach cancer mortality rates listed. (see Cancer Plan).**

(Chapter 3, Objective 1)

Enhance Maryland's safety-net insurance plans and safety-net healthcare systems to supply cancer screening and follow-up services to a greater proportion of minority populations who are eligible for and/or enrolled in these plans and systems.

PRIORITY 2:

By 2015, conduct an assessment and create and implement a plan to improve data systems to better identify and track cancer disparities defined by race, ethnicity, language, disabilities, sexual orientation, and other factors.

(Chapter 3, Objective 2)

Partner with Maryland Behavioral Risk Factor Surveillance Systems (BRFSS), Maryland Cancer Registry, and Maryland Vital Statistics Administration to ensure accuracy and completeness of individual data and inclusion of all segments of Maryland's population.

POLICY COMMITTEE

PRIORITY 1:

By 2015, reduce current tobacco use by 10% among high risk populations. (Chapter 5, Goal 1, Objective 2)

Explore an increase of the excise tax on cigarettes and all other tobacco products by an amount that corresponds to a 10% reduction in tobacco use by 2015, based on evidence cited in the Community Guide to Preventive Services. It is recommended that:

- Each increase is in an amount of no less than the equivalent of \$1.00 per pack of 20 cigarettes.
- All other tobacco products are taxed at an equivalent rate.
- No discounts on excise tax rates are available for any reason.

Adopt state and local policies that restrict the sale, advertising, and promotion of tobacco products by (a) prohibiting the sale of menthol and any other flavored tobacco products; (b) require sale of non-premium cigars in packages of at least five cigars; and (c) adopt additional restrictions on the time, manner, and place of tobacco sales consistent with the First Amendment and in support of this objective.

PRIORITY 2:

By 2015, create policies that promote access to healthy food and opportunities for physical activity in 75% of Maryland jurisdictions. (*Chapter 6, Goal 1, Objective 5*)

Implement programs to promote access to healthy foods for high-risk communities (i.e.: virtual supermarkets, healthy corner stores, and use of Electronic Benefits Transfer for WIC, SNAP participants at farmers' markets).

EVALUATION COMMITTEE

PRIORITY 1:

Through 2015, analyze cancer data and develop reports to assist with meeting the needs of the public and researchers. (*Chapter 2, Goal 1, Objective 2*)

Develop the leading cancer indicators (e.g. mortality, incidence, stage at diagnosis, treatment, risk behaviors, avoidable cancer events, and events that are sentinels of problems in cancer prevention and control services) that are used to monitor cancer control in Maryland. In particular, the leading indicators identified for other Committee's goals should be targeted.

PRIORITY 2:

Through 2015, increase public availability and awareness of Maryland cancer mortality, incidence, and risk factor information. (*Chapter 2, Goal 1, Objective 3*)

Expand dissemination of Maryland cancer data reports and publications to the public by a) increasing awareness of publicly available data through various forms of communications (e.g. memos, letter, Internet postings, news media), and b) exploring social media dissemination venues.