Emerging Issues in Cancer Prevention and Control

Marcus Plescia, MD, MPH
Director, Division of Cancer Prevention and Control
Centers for Disease Control & Prevention
Overview

• Where are we?
• Where are we going?
• What is going to change?
Cancer screening in the U.S.

- Most women are up to date with pap smear screening
- Eighty percent of women are up to date with mamography screening
- One-in-three adults age 50-75 are not up-to-date with colon cancer screening
- Insured are almost twice as likely to get screened as uninsured

CDC Strategic Focus Areas

- Excellence in surveillance, epidemiology, laboratory services
- Strengthen support for state, tribal, local, and territorial public health
- Use scientific and program expertise to advance policy change that promotes health
- Better prevent illness, injury, disability, and death
Comprehensive Cancer Control (CCC) Priority Setting Process, 2010:

- Build on success of NCCCP and long standing focus areas
- Emphasis on measurable outcomes, value of efforts, and highest impact
- Support CDC priorities
Emphasize Primary Prevention of Cancer
Support Early Detection and Treatment Activities
Address Public Health Needs of Cancer Survivors
Implement Policy, Systems, and Environmental Changes to Guide Sustainable Cancer Control
Promote Health Equity as it Relates to Cancer Control
Demonstrate Outcomes through Evaluation
Demonstrating the Capacity of Comprehensive Cancer Control Programs to Implement Policy and Environmental Cancer Control Interventions

- Implement 3-5 proposed interventions over 5-yr program period
- Must address primary prevention
- Link with other chronic disease programs and partners, CCC coalition, and Communities Putting Prevention to Work (CPPW)
Summary of Proposed Grantee Policies

- **Primary prevention**
  - 12 of 13 programs proposed tobacco PSE interventions
  - 11 of 13 programs had nutrition/physical activity PSE interventions

- **Secondary prevention**
  - Support patient navigation
  - Reduce structural barriers to cancer screening
  - Implement reminder systems
  - Interface with health systems

- **Tertiary prevention**
  - Cancer Treatment Summaries/Care Plans for Cancer Survivors
Cancer Registry: Advocacy Tools

FIGURE 1. Incidence rates* for male lung and bronchial cancer, by state and U.S. Census region† — United States,§ 2004

* New cases diagnosed per 100,000 persons, age adjusted to the 2000 U.S. standard population.
Late Stage CRC Incidence Rates, Men Aged 50+ Years, 2004-2006, United States*

Rates are per 100,000 and age-adjusted to the 2000 US Std Population (19 age groups – Census P25-1130) standard

*US is NPCR and SEER registries meeting USCS publication criteria, 2004-2006 and covers ~96.1% of the US population (ref 27)
Things come at you fast!

- Changing Demographics
- Budget Challenges
- Health Reform
- Program Integration
One in Five Think the Health Law Has Been Repealed, Another Quarter Not Sure

Q: As far as you know, which comes closest to describing the current status of the health reform law that was passed last year?:

- 52% It is still the law of the land
- 48% 22% It has been repealed and is no longer law
- 26% Don’t know/Refused

Source: Kaiser Family Foundation Health Tracking Poll (conducted February 3-6, 2011)
Health Reform will expand insurance coverage

- **Individual mandate – everyone must have insurance**
  - Employers incentivized to offer insurance
  - Elimination of practices that undermine coverage

- **Medicaid expansion, including all adults**
  - Coverage for incomes below 133% Federal Poverty Level
  - Optional coverage for incomes above 133% FPL

- **Insurance exchanges**
  - Allow group rate purchasing for individuals, small businesses
  - Subsidies for individuals with incomes up to 400% FPL
Health Reform mandates coverage of preventive services

- Mandated coverage of preventive services
  - Private insurers, Medicare
  - Coverage without consumer cost-sharing

- Medicaid incentivized to cover preventive services
  - Increased Federal Medical Assistance Percentage – 1%
  - ~15 million newly eligible

- Preventive services includes:
  - Services with A or B USPSTF recommendation
  - Private insurers required to cover mammography for women 40+
Health Reform supports prevention and public health

- Grows from $500m to $2b annually:

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- In FY 2010 support is provided for PH activities:
  - $250M for primary care workforce
  - $250M for prevention and public health:
    - $126m – Community and Clinical Prevention
    - $70m – Public Health Infrastructure
    - $31m – Research and Tracking
    - $23m – Public Health Training
National Breast and Cervical Cancer Screening Program

- Since 1991:
  - >3.6 million women screened
  - 42,208 breast cancers detected
  - 2,395 invasive cervical cancers detected
Future Directions in Cancer Screening

- Public Education, Outreach, Care Management
- Quality Assurance, Surveillance, Monitoring
- Organized Clinical Services
Community Transformation Grants

- Authorized under the Affordable Care Act
- Evidence-based policy, environmental, programmatic, and infrastructure changes to promote healthy living
- Reductions in prevalence of chronic disease risk factors, including:
  - Poor nutrition and physical inactivity
  - Tobacco use
  - Excessive alcohol use
  - Clinical Preventive Services
- Strategies should be prioritized to reduce health disparities
Chronic Disease Prevention Grants

- Comprehensive approach to chronic disease
- Increase cooperation and integration across related programs
- Provide more coordinated technical assistance
- Includes a Base award to every state
- Could include more funding than is currently available for the various programs combined
Potential Performance Indicators

Intermediate Measures

- Number, reach and quality of policies to reduce tobacco, alcohol and tanning bed use, promote physical activity and increase protective immunization;
- Number, reach and quality of systems to expand screening participation in state Medicaid programs and FQHCs;
- Incentives and regulations to assure electronic reporting of screening data from clinical and diagnostic providers.
- Increased cancer screening rates
Phone and E-Mail Information

For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.