



**Annual Report 2005**

## Section I. Executive Summary, Honors, and Partnership Changes

### Awards and Celebrations

Several inaugural events marked 2005. We planned and convened our **First Annual Cancer Conference**. We built our **Nebraska CARES website**. We held our **First Dialogue for Action** to find ways to increase screening for colorectal cancer. And we were selected by **CDC to pilot colorectal cancer screening**. We conducted a clinical trials interest survey and then organized and convened a **clinical trials interest group**. We were selected by **C-Change** to participate in one of five projects aimed at increasing collaboration between tobacco control and cancer control programs, and considered sustainability strategies.

Nebraska C.A.R.E.S recognized several of its partners during the First Annual Cancer Conference: *American Cancer Society, Good Samaritan Hospital Lifestyles Oncology Exercise Program, Regional West Medical Center, Amber Leed-Kelly, Eva Serenil, Alan Thorson, M.D., June Ryan, Tracy Wiseman, and Thomas W. White, M.D.* received certificates of appreciation for their contributions to Nebraska C.A.R.E.S. **Thomas W. White, M.D.** was our keynote speaker for our First Annual Cancer Conference.

### Staff Changes

Our Partnership Program Coordinator, **Carmela Sanchez de Jimenez** left in December. As the new Executive Director of the Hispanic Center in Lincoln, she will continue to be a key partner with Nebraska C.A.R.E.S. Thanks to Carmela for her dedication and passion for controlling cancer in Nebraska.

**Janelle J. Jacobson** became the new Partnership Program Coordinator on February 27, 2006. Janelle received her Masters in Public Health from the University of Iowa and has experience working with community coalitions around smoking cessation and clean air policy. Welcome aboard, Janelle!

**Jennifer Dunavan** was hired as our Partnership Coordinator. She began working with us on April 3, 2006. Jenny received her Masters in Science from Illinois State University and her BS from the University of Nebraska-Lincoln. Jenny worked previously at One World Community Health Clinic in Omaha.

Nebraska C.A.R.E.S. continues to share a nutritionist with the Nebraska Diabetes and Cardiovascular Programs. **Holly Dingman, M.S., R.D.**, was recently selected to fill a new full-time HHSS position. Holly leads the Healthy Lifestyles-Nutrition work group.

### Advisory Committee Changes

- Hope Krebill, Cancer Information Service joined our Advisory Committee.

### New Partners:

We continue to recruit new partner organizations and representatives of those organizations. Our major growth this year was through Dialogue attendance and organizations involving more staff in projects, work groups and activities. As in the past, our partners participate at various levels--some attend meetings, some review documents, emails, and other communications, and some come forward to work on specific projects. All partners and levels of participation are welcome and needed.

Nebraska C.A.R.E.S grew **from 210 partners in January 2005 to 241 by the end of December 2005**.

A current list of partners and the organizations they represent is posted on our website: [www.hhss.ne.gov/NebraskaCARES/](http://www.hhss.ne.gov/NebraskaCARES/). If you believe your name is incorrectly listed or your contact information is incorrect, please let us know. If you know of others who should be invited to become partners, also let us know.

We are excited that our partnership continues to grow; we challenge each partner to become involved in at least one implementation activity during 2006!

## Section II. 2005 Plans and Accomplishments

**Plan:** We will continue to expand and maintain Statewide Partnership.

**Accomplishments:** Our Partnership grew from 209 to 241; more partners participated in meetings and other activities and collaboration among partners continued to increase.

**Plan:** We will hold two Partnership meetings and four Advisory Committee meetings in 2005.

**Accomplishments:** We held one Partnership meeting, one Dialogue for Action, and three Advisory Committee meetings; one scheduled Advisory Committee meeting was replaced by an electronic "meeting."

**Plan:** Our Advisory Committee will assess and revise, as necessary, its composition and functioning to better support the Statewide Partnership and its many activities.

**Accomplishments:** Our Advisory Committee drafted bylaws that clarify roles and expand Committee membership. The bylaws will be presented to the Statewide Partnership for vote early in 2006.

**Plan:** We will plan and convene our First Annual Cancer Conference in Fall 2005.

**Accomplishments:** We held our First Annual Cancer Conference on October 13, 2005.

**Plan:** We will hold our Dialogue for Action in collaboration with CDC and CRPF.

**Accomplishments:** We held our Dialogue on April 29, 2005; it was attended by 77 clinicians and others who developed an Action Plan for increasing colorectal cancer screening (included as an Attachment.)

**Plan:** We will build Nebraska C.A.R.E.S website for information sharing and enhancing partner interactions.

**Accomplishments:** We opened our website: [www.hhss.ne.gov/NebraskaCARES/](http://www.hhss.ne.gov/NebraskaCARES/) in October 2005.

**Plan:** We will apply for CDC continuing funding to support State Plan implementation.

**Accomplishments:** We applied for CDC funding for plan implementation (basic grant); we also applied for prostate and colorectal cancer optional funding which we did not receive. We applied for and were selected as **one of five pilot states for colorectal cancer screening**. We applied for and were selected as **one of five states by C-Change to support tobacco control-cancer control collaboration**. We applied for but were not selected for clinical trials professional and consumer education grants (C-Change and ENACCT.)

**Plan:** We will support the activities of our work groups through administrative support and \$10,000 mini-grants to each of the work groups.

**Accomplishments:** Ten work groups received funding and other support to help implement activities described more fully below. This strategy was successful and will be used in 2006.

**Plan:** We will continue to identify and seek additional funding sources with joint Nebraska C.A.R.E.S/UNMC Research committee and others to support State Plan implementation.

**Accomplishments:** We continued to build the research committee; we identified expertise and interests of various members. We considered many grants and submitted applications to ENACCT, C-Change and the Komen Foundation. A Komen Foundation grant to support developing a patient navigator program at UNMC was awarded.

**Plan:** We will complete planning evaluation with UNL Bureau of Sociologic Research.

**Accomplishments:** We did not complete this evaluation as planned.

**Plan:** We will continue to work toward achievement of cancer-related goals and priority objectives.

**Accomplishments:** The following section offers highlights of the work groups over the past year.

## **Section III: Work Group Reports**

### **Eliminating Cancer Disparities**

- Prepared and distributed a report: *Eliminating Cancer Disparities in Nebraska*.
- Assisted in planning and hosting the First Hispanic Women's Conference in Scottsbluff.
- Assisted in offering Women, Tobacco and Cancer symposia for two minority groups in Omaha.

### **Reducing Cancer Risks through Tobacco Control**

- Supported Women, Tobacco and Cancer projects in Omaha, Scottsbluff and Columbus.
- Submitted an application to C-Change for enhancing collaboration and addressing sustainability.
- Distributed copies of "A Family Gone Up in Smoke: The Kathy Black Story".
- Worked with TFN planning group around tobacco cessation; developed an action plan.

### **Reducing Cancer Risks through Healthy Lifestyles-Nutrition**

- Promoted national nutrition campaigns; provided nutrition tool kits for Native Americans.
- Collaborated with local 4-H, YWCA, grade schools, UNL and others on raising awareness.
- Obtained approval from HHSS to create a permanent nutritionist position.
- Developed nutrition newsletters that were widely distributed to health departments and others.

### **Early Detection and Early Screening**

- Facilitated collaboration among Omaha, Lincoln and EWM colorectal cancer screening projects.
- Submitted application for CDC demonstration project for colorectal cancer screening.
- Planned and held Nebraska Dialogue for Action; action plan developed/implemented.
- Presented Nebraska's Dialogue experience at American Public Health Association meeting.

### **Networking by Cancer Specialists**

- Promoted cancer centers in the press and at statewide meetings and conferences.
- Hosted Third Annual Cancer Center Conference.
- Introduced Cancer Control Plan to Cancer Committees.

### **Cancer Clinical Trials**

- Held organizing meeting of Cancer Clinical Trials Interest Group.
- Participated in national cancer clinical trials conference to identify resources and programs.
- Provided clinical trials information to numerous partners.

### **Living with Cancer**

- Reviewed CDC- Lance Armstrong Foundation Survivorship Plan; built initial work plan.
- Distributed the Nebraska C.A.R.E.S Resource Directory.
- Reviewed research opportunities; applied for patient navigator project funding.

### **End- of-Life**

- Provided training for staff of AAAs, the Nebraska Respite Network and others.
- Coordinated a statewide initiative to encourage EOL decision making before a crisis.
- Supported development of the Nebraska Hospice and Palliative Care Partnership.

### **Professional and Consumer Education**

- Collaborated with many partners to promote awareness and education about cancer.
- Provided CEU opportunities for nurses and nurse practitioners.

## Section IV. Cancer Control Goals and Priority Objectives for 2006-2007

### **Goal 1: Eliminate Cancer Disparities for all Nebraskans.**

- 1.2: Evaluate barriers to cancer care and develop a plan for aggressively addressing these barriers.
- 1.3: Distribute information to the public on sources of payment for cancer care.
- 1.7: Evaluate geographic distribution of cancer services across the continuum to identify gaps in services.
- 1.8: Document an increase in availability of cancer materials for non-English speaking residents.
- 3.9: Assess cancer screening and diagnostic services to identify gaps in service. Develop an access plan.

### **Goal 2. Reduce Cancer Risks of People who live in Nebraska.**

- 2.1: Document reduction in the number of Nebraskans who use tobacco products.
- 2.2: Partner with existing groups to support/protect tobacco elimination policies and activities.
- 2.3: Document improved overall diet of Nebraskans.
- 2.4: Increase awareness about the links between diet, physical activity and cancer.
- 2.5: Document an increase in the # of Nebraskans participating in physical activity.
- 2.6: Document modification of school and workplace policies that encourage physical activity.
- 2.7: Provide information and resources on physical activity to cancer healthcare professionals.

### **Goal 3: Increase Early Detection and appropriate Screening for Cancer.**

- 3.1: Increase professional training opportunities related to cancer screening and early detection.
- 3.2: Collaborate with partners to promote early detection and cancer screening initiatives.
- 3.3: Provide continuing professional education programs about colorectal cancer screening guidelines.
- 3.4: Support EWM and WW activities/ program in breast and cervical cancer screening.
- 3.5: Disseminate simplified cancer screening guides and recommendations for providers.
- 3.6: Expand the EWM statewide coordinated screening effort for colorectal cancer.
- 3.7 Provide consumer education related to detecting cancer early and at a more treatable stage.

### **Goal 4: Increase Access to Appropriate and Effective Cancer Treatment and Care.**

- 1.5: Distribute information about the ACoS CoC designated Cancer Centers in Nebraska.
- 4.1: Increase access/use of optimal cancer care for residents.
- 4.2: Identify providers, who are knowledgeable about optimal cancer screening and care.
- 4.3: Convene an expert treatment panel to review and disseminate cancer treatment guidelines.
- 4.4: Identify barriers to receiving state-of-the art treatment; develop strategies to overcome the barriers.
- 4.5: Analyze the status of treatment through a review of existing databases and processes.
- 4.6: Encourage eligible hospitals/cancer treatment facilities to become accredited by the ACoS.
- 4.8: Support development of networks for interaction between cancer specialists and other providers.
- 4.9: Promote policies supporting patient's access to a second opinion from a cancer specialist.
- 4.10: Ensure that payers facilitate prompt access to appropriate cancer treatment and supportive services.

### **Goal 5: Increase Understanding of Cancer Survivorship and Quality of Life.**

- 5.3: Gather and use quality of cancer care/quality of patient life evaluation data.
- 5.4: Increase awareness, availability and use of cancer patient and family support services.
- 5.5: Adopt components of CDC Lance Armstrong National Plan for Survivorship.

### **Goal 6: Improve Cancer Knowledge through Education and Training.**

- 6.01: Promote professional continuing education programs on cancer-related topics.
- 6.02: Increase public knowledge about cancer prevention, early detection, patient care and survivorship.
- 6.03: Increase knowledge of family history significance and usefulness of screening and genetic testing.
- 6.04: Obtain/develop/distribute linguistically, culturally appropriate patient cancer education materials.
- 6.05: Identify and promote best practices and current cancer research to providers.

**Section V: 2006 Plans (More specific workplans may be available from work group chairs.)**

**Coordination and Collaboration**

We will continue to expand and maintain our Statewide Partnership.  
We will continue to seek ways to collaborate with many diverse partners across the state.  
We will hold two Partnership meetings, including the Second Annual Cancer Conference.  
We will promote the work of our Partners and increase awareness about their activities and services.  
We will submit proposed bylaws to the Partners for review and adoption (or revision, as needed.)  
We will use the website to better connect with our partners and keep them informed of CARES activities.

**Implement the State Plan**

We will address additional priority objectives, including all of those we planned to complete by 2007.  
We will continue to build and develop our work groups as the action-oriented entities for cancer control.  
We will continue to identify and seek funding to sustain and expand our cancer control efforts.  
We will support the activities of our work groups through staff support and small grants to each work group.

**Goal 1: Eliminate Cancer Disparities**

We will identify and distribute information about potential sources of payment for cancer care.  
We will assess geographic distribution of cancer services and propose suggestions for increasing access.  
We will identify and distribute information about cancer materials for non-English speaking residents.  
We will raise awareness about evidence-based materials and “best practices.”

**Goal 2: Reduce Cancer Risks related to Nutrition and Tobacco**

We will continue to support community symposia for Women on Tobacco and Cancer.  
We will work with faith-based groups to raise awareness about tobacco use and its impact on health status.  
We will work with Tobacco Free Nebraska to implement additional smoking cessation strategies.  
We will support and participate in national nutrition campaigns.  
We will partner with community health educators in local health departments to promote nutrition messages.

**Goal 3: Increase Screening and Early Detection**

We will participate in the National Dialogue for Action and hold our Second Nebraska Dialogue in the fall.  
We will continue to implement our Dialogue Action Plan related to colorectal cancer screening.  
We will continue to implement our statewide colorectal cancer demonstration project with CDC.  
We will collaborate with our Partners around other screening, e.g. breast, cervical, prostate, lung, skin.

**Goal 4: Increase Access to Appropriate and Effective Cancer Treatment and Care**

We will hold our Fourth Annual Cancer Center Meeting with ACoS Commission on Cancer and ACS.  
We will continue the work began by our Clinical Trials Interest Group to increase enrollment in clinical trials.  
We will raise awareness about the accredited cancer centers and support those seeking accreditation.

**Goal 5: Increase Understanding of Living with Cancer (Survivorship) and End-of-Life**

We will develop a resource list of survivor supports and services.  
We will raise awareness about survivorship among health care professionals and consumers.  
We will continue providing training on end-of-life issues.  
We will continue promoting end-of-life decision making before crisis by promoting use of advance directives.

**Goal 6: Increase Professional and Consumer Cancer Knowledge**

We will promote evidence-based or social marketing tested cancer information.  
We will identify and promote best practices.  
We will increase public knowledge about cancer prevention, early detection, patient care and survivorship.

All Partners and others are welcome to join any of the work groups to add their experience and resources to controlling cancer in Nebraska. Please check out the CARES website: [www.hhss.ne.gov/NebraskaCARES/](http://www.hhss.ne.gov/NebraskaCARES/) or contact [june.ryan@hhss.ne.gov](mailto:june.ryan@hhss.ne.gov) .

**Do you know of someone who should become a Nebraska C.A.R.E.S Partner?  
Contact staff and we will send them an invitation to become a Partner.**