Local Implementation and Capacity of Cancer Prevention and Control: A National Review of Local Health Department Activities

September 2018

NACCHO
National Association of County & City Health Officials

Introduction

In 1998, the Centers for Disease Control and Prevention (CDC) established the National Comprehensive Cancer Control Program (NCCCP) to reduce the burden of cancer in the United States through comprehensive cancer control (CCC) efforts. The NCCCP funds all 50 states, Washington, DC, seven tribal groups, and seven U.S. islands/territories to establish coalitions that reduce the burden of cancer. Comprehensive cancer control brings various stakeholders together including state and local health departments, state, local and community organizations, researchers, health care providers, cancer survivors, and others to reduce the burden of cancer in communities.

Local health departments (LHDs) need guidance for building their capacity to implement community-level CCC efforts. The National Association of County and City Health Officials (NACCHO) provides technical assistance to help LHDs implement CCC efforts in their communities.

In 2018, NACCHO, in partnership with American Cancer Society, conducted a survey of local health department officials. Specifically, this assessment had the following goals:

- Catalog the national landscape of current local cancer prevention, education, screening, and control activities and share successes.
- Identify technical assistance and resource needs of LHDs, as well as the capacity to implement evidence-based practices.
- Assess the scope and scale of cancer prevention and control activities across the country.
- Learn how local cancer prevention and control plans align with state-based cancer control plans.
- Inform the development of future cancer prevention, education, screening, technical assistance, and resources.

This project is supported from a sub-award from the American Cancer Society, with funding provided by the CDC Division of Cancer Prevention and Control.

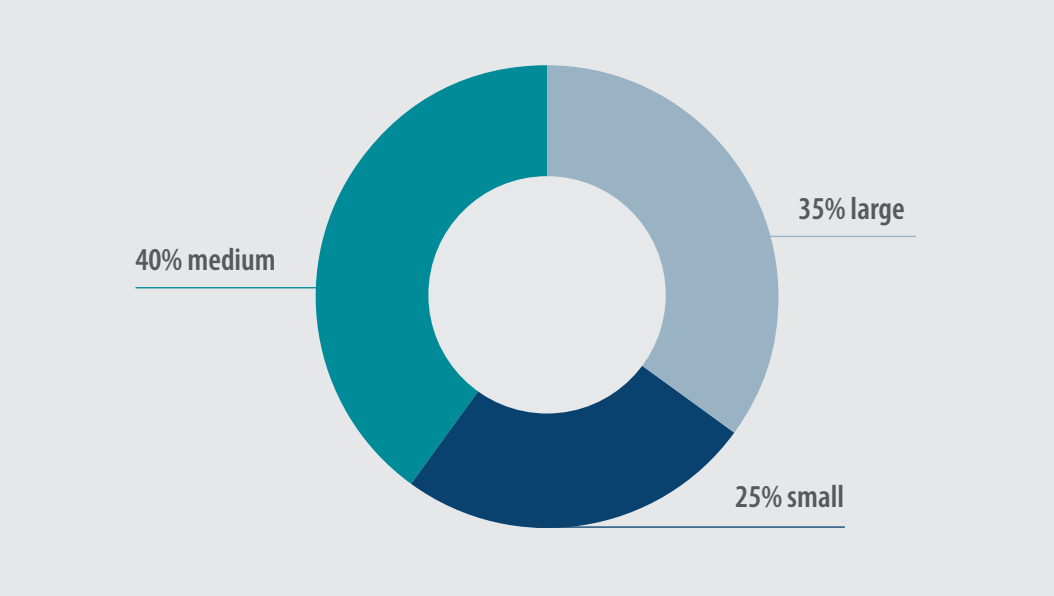
Research Methods

To carry out the assessment, NACCHO administered an online survey in January 2018. A total of 599 LHDs received the survey. Of these, 150 completed the survey for a 27% response rate. A total of 38 states are represented in the participant responses. The assessment included 22 questions and was distributed online via Qualtrics Survey Software™. NACCHO staff reviewed the open-ended responses and identified common themes, which are illustrated in this report.

Findings from the survey are intended to provide a snapshot of the situation confronting many LHDs and may provide some insight into specific barriers or facilitators of LHD response to cancer control and prevention. However, because the survey is not a random sample of LHDs, survey findings do not generalize to all LHDs in the United States. Several known differences exist between these survey members and the general population of LHDs (e.g., only roughly half of all LHDs provide cancer screening services).

Small LHDs serve populations of fewer than 50,000 people. Medium LHDs serve populations of 50,000 to 499,999 people. Large LHDs serve populations of 500,000 people or more. Figure 1 below shows the distribution of responses by health department classification.

FIGURE 1. RESPONSES BY SIZE OF LHD



n=150

CCC Activities in Local Health Departments

The survey data collected via NACCHO's 2017–2018 Local Implementation and Capacity of Cancer Prevention and Control Assessment provides insight for understanding how LHDs carry out CCC activities and establishing priorities to enhance local implementation of CCC efforts.

Of the LHDs surveyed, most offered or provided referrals to at least one or more types of cancer screening; a majority of those services were provided by other organizations in the community independent of LHD funding. Other types of screenings noted by respondents included providing free radon kits, oral cancer screenings, and skin cancer screenings. Figure 2 highlights the screenings offered in communities and describes whether LHDs offer them directly or through others in the community.

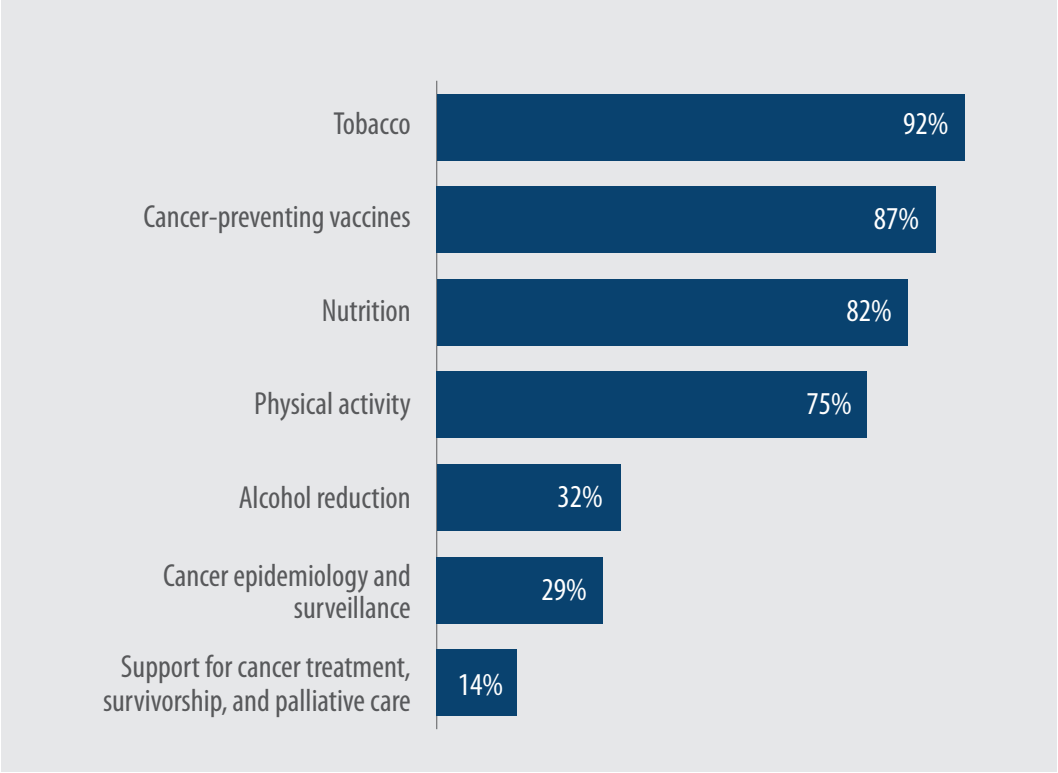
FIGURE 2. COMMUNITY LEVEL CANCER SCREENING SERVICES AND REFERRALS

Type of Screening	Performed directly by LHD	Contracted out by LHD	Provided by others in community, independent of LHD funding	Not available in community
Breast	34%	19%	43%	3%
Cervical	44%	15%	36%	3%
Colorectal	9%	10%	72%	6%
Prostate	4%	4%	79%	6%
Lung	1%	4%	78%	7%
Other	13%	3%	32%	6%

n=146

Of all LHDs surveyed, most offer cancer-related health education and programs in the community. A majority offer education and programs focused on tobacco, cancer-preventing vaccines, nutrition, and physical activity (see Figure 3). For respondents that offer tobacco-related programs (n=132), almost all provide referrals to quitlines (98%). About half provide smoking cessation programs (54%) and fewer provide nicotine replacement therapy (26%).

FIGURE 3. PERCENTAGE OF LHDS PROVIDING HEALTH EDUCATION AND PROGRAMS



n=149

NACCHO previously conducted surveys of cancer control efforts in LHDs to determine the range of CCC activities implemented by LHDs, including participation in local coalitions and the dynamics of success. While direct comparisons cannot be made among the surveys or questions asked, some trends in CCC activities were evident. Figure 4 highlights responses to past assessment questions about cancer control activities.

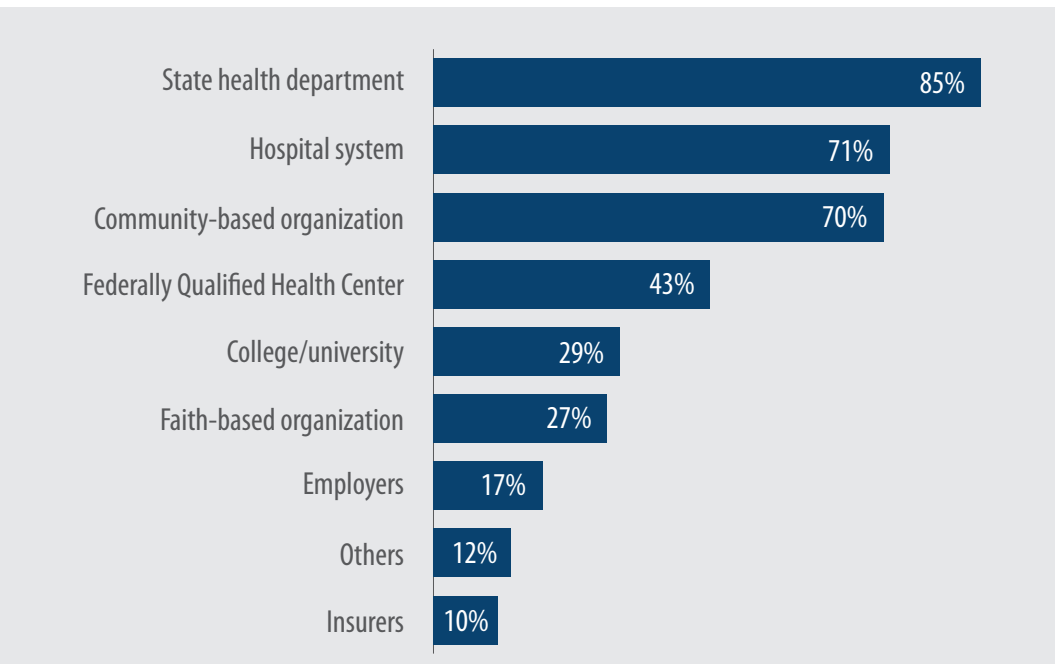
FIGURE 4. NACCHO SURVEYS OF CANCER CONTROL EFFORTS OVER TIME

	2011	2013	2018
Cancer preventing vaccines	88%	80%	87%
Cancer screenings	74%	65%	95%*
Cancer epidemiology and surveillance	26%	23%	29%
Support for survivorship	11%	11%	14%
Tobacco cessation	78%	-	92%
Alcohol reduction	22%	-	32%
Obesity prevention	76%	-	-
Nutrition	-	-	82%
Physical activity	-	-	75%

**This includes directly performing, contracting, or referring for screenings.*

Partnerships with community leaders in education, government, transportation, and business are essential to creating sustainable changes to reduce the burden of chronic disease, including cancer prevention. Almost all LHD's surveyed reported that their state health department was a key partner. Other common partnerships included hospitals and community-based organizations. Figure 5 below shows LHDs' key partnerships.

FIGURE 5. LHD CANCER CONTROL PARTNERSHIPS



n=127

Policy, Systems, and Environmental Strategies

LHDs implement and champion policy, systems, and environmental (PSE) strategies to improve community health. PSE change makes healthy choices easy, safe, and affordable in communities and can have a positive impact on the way people live, learn, work, and play. Based on this qualitative question, most, if not all, LHDs that responded implemented positive PSE strategies within their organizations and applied a health equity lens throughout all of their work. Inclusion is key and by offering diverse programs with cultural acceptance in mind, these LHDs are making strides to improve community health.

FIGURE 6. LHD ENGAGEMENT IN POLICY, SYSTEMS, AND ENVIRONMENTAL STRATEGIES IN PAST TWO YEARS

Strategy	Percentage of respondents engaging in strategy
Smoke-free indoor air (e.g., workplace, multi-unit residential)	77%
Strengthening community clinical linkages and improving health systems	70%
Smoke-free outdoor air (e.g., parks, beaches, playgrounds, sporting events)	64%
Reducing the sale of tobacco to minors	57%
School or child care policies that encourage physical activity	55%
School or child care policies that reduce availability of unhealthy foods	53%
Increasing retail availability of fruits and vegetables	51%
Community-level urban design and land use policies to encourage physical activity	47%
Expanding access to recreational facilities	45%
Regulating e-cigarettes or other electronic smoking devices	44%
Active transportation options	38%
Reducing exposure to alcohol or tobacco advertising	25%
Raising cigarette taxes	18%
Reducing alcohol or drug-impaired driving	18%
Nutritional labeling	14%
Indoor tanning age restrictions or regulations	12%
Fiscal policies to decrease consumption of unhealthy foods or beverages	7%
Raising alcohol taxes	1%
Limiting fast food outlet	1%

n=149

Based on the responses, the majority of LHDs indicated that they have been actively involved in enhancing and implementing smoke-free indoor air policies such as in the workplace and public housing. Many LHDs have strengthened their community-clinical linkages to care, specifically concerning the U.S. Department of Housing and Urban Development's Smoke-Free Public Housing ruling. While working with local and statewide tobacco coalitions, community organizations, public housing authorities, faith-based organizations, the city council, and other partners, these LHDs aimed to increase awareness and implementation of comprehensive indoor and outdoor smoke-free policies. Reducing tobacco sales to minors, increasing cigarette taxes, regulating e-cigarettes or other electronic smoking devices, and reducing exposure to alcohol or tobacco advertising were the priority PSE strategies among LHDs.

As the qualitative data made clear, most of the PSE strategies take into account health equity strategies and concentrated on priority and underserved residents within the community. To this point, many LHDs offer culturally inclusive and multilingual programs to better serve their populations in need. They also offer preventative and counseling services, health assessments, school-based health, and health insurance assistance. Not only are health departments targeting their programs using a health equity lens, they are also bringing it to their workforce through employee trainings.

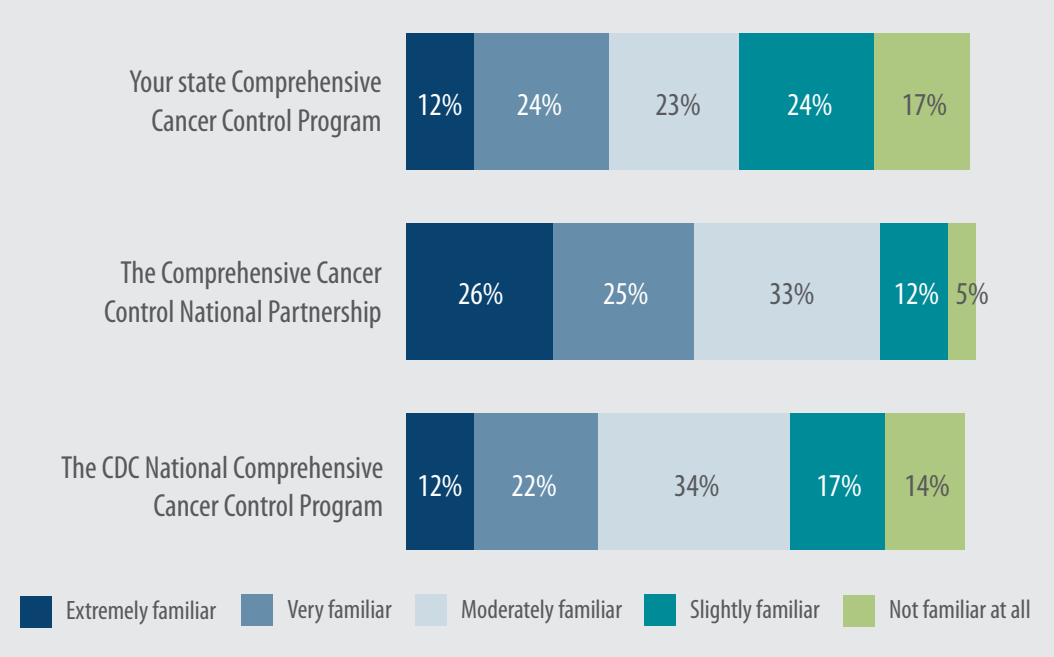
In terms of child health and wellness, many LHDs are actively encouraging schools to make healthier food choices available to all students through school lunch programs as well as increasing physical activity with outdoor exercises and physical education classes. The health department plays a key role in school-based health as the LHD normally provides the school nurses and, in some cases, full medical care via school-based health centers.

Local Health Departments and Cancer Coalitions

Coordination and collaboration among LHDs, their multi-sector stakeholders, and NCCCP-funded coalitions are essential to implementing state cancer control plans at the local level. This section of the assessment provides insight into how local cancer prevention and control plans align with state-based cancer control plans.

Most survey respondents were familiar with the major cancer control programs, including their state Comprehensive Cancer Control Program, the Comprehensive Cancer Control National Partnership, and the CDC's National Comprehensive Cancer Control Program. See Figure 7.

FIGURE 7. LHD FAMILIARITY WITH KEY CANCER CONTROL PROGRAMS

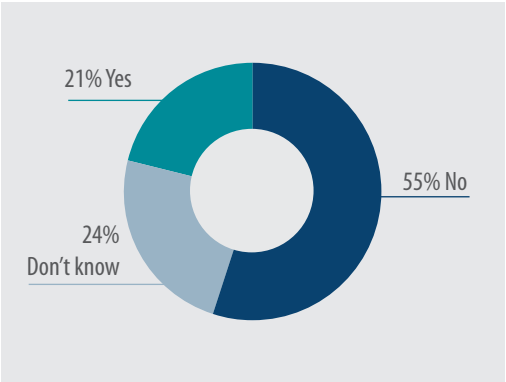


n=143

State Comprehensive Cancer Coalitions and Plans

Most survey respondents (55%) did not participate in a state Comprehensive Cancer Control coalition. See Figure 8. Of the 21% who indicated that their LHD did participate in the state Comprehensive Cancer Control coalition, slightly fewer than half indicated that they participated in the development of the state's cancer plan.

FIGURE 8. LHD PARTICIPATION IN STATE COMPREHENSIVE CANCER CONTROL COALITIONS



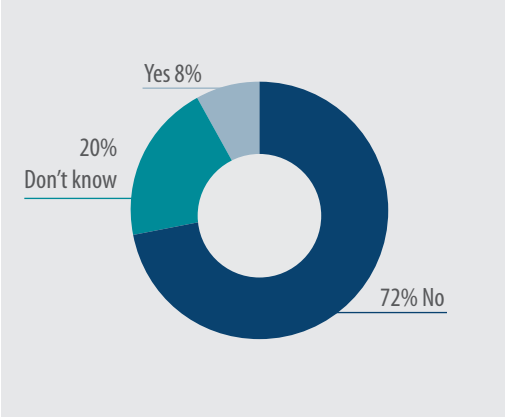
n=143

Local Comprehensive Cancer Control Coalitions and Plans

Most of the LHDs surveyed indicated that they do not have a local Comprehensive Cancer Control Plan. See Figure 9.

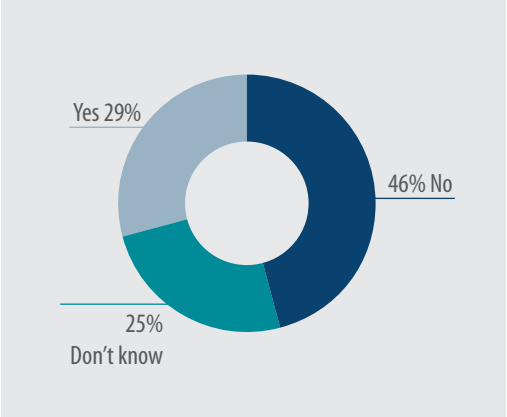
Of LHDs responding to this assessment, 29% reported participation in a local cancer coalition. See Figure 10. For LHDs that reported participating in a local cancer coalition (n=41), the capacity of their involvement varies from chairing the coalition, participating in general membership activities or a subgroup, or providing in-kind support for coalition activities such as space to meet.

FIGURE 9. LHD PARTICIPATION IN LOCAL COMPREHENSIVE CANCER CONTROL PLAN



n=143

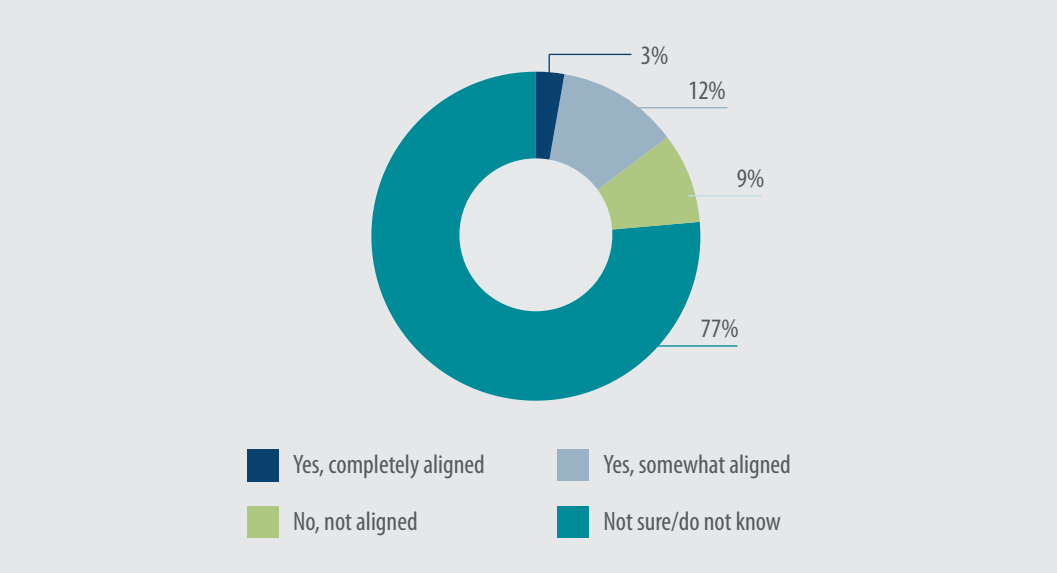
FIGURE 10. LHD MEMBERSHIP AND LOCAL CANCER COALITIONS



n=142

More than three-quarters of LHDs surveyed did not know if their State and Local Comprehensive Cancer Control Plans are aligned. See Figure 11.

FIGURE 11. ALIGNMENT OF STATE AND LOCAL COMPREHENSIVE CANCER CONTROL PLANS

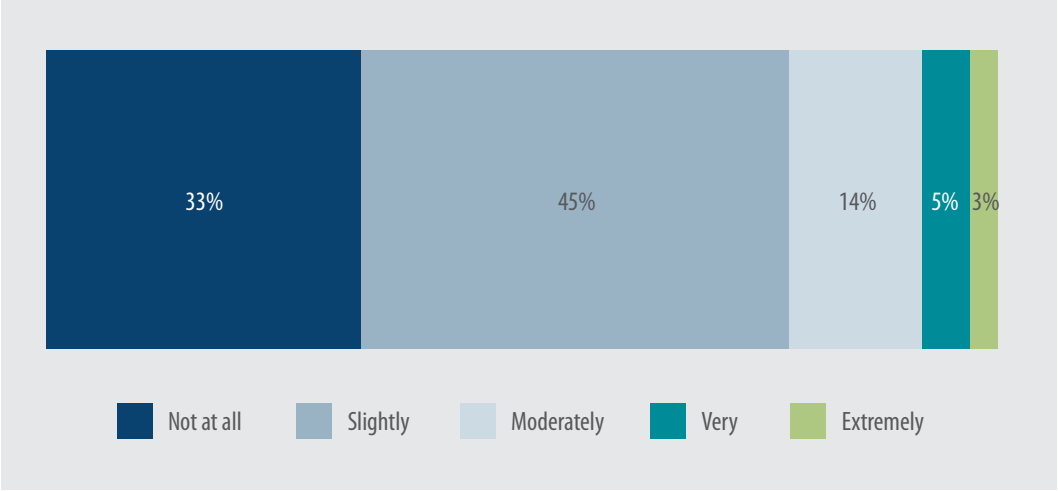


n=138

Local Health Department Use of Existing Technical Assistance and Resources

Most survey respondents (78%) were only slightly or not at all familiar with using evidence-based information to inform their work. See Figure 12.

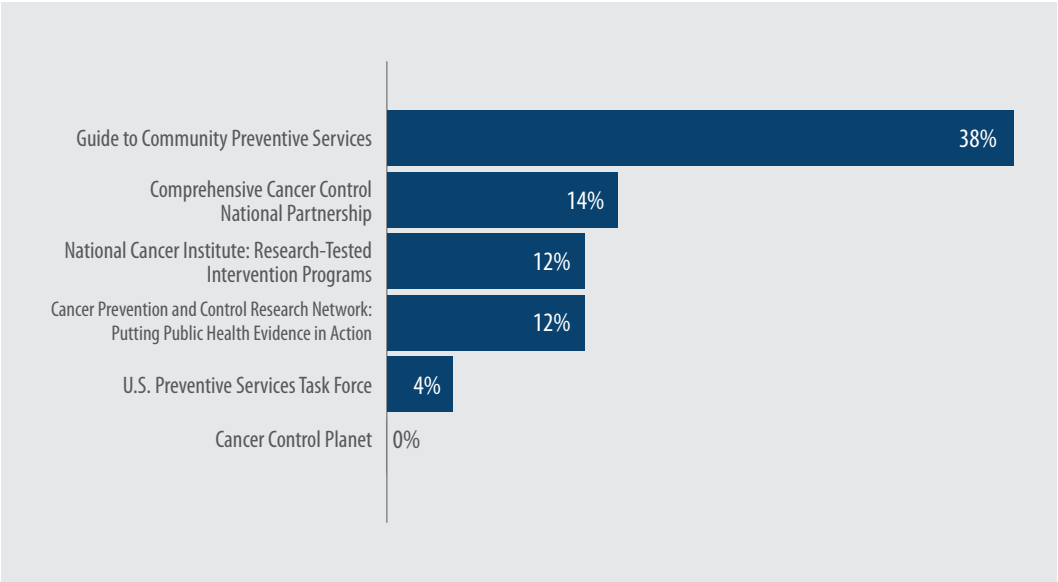
FIGURE 12. FAMILIARITY WITH USING EVIDENCE-BASED INFORMATION TO INFORM PRACTICE AND PROGRAM IMPLEMENTATION



n=141

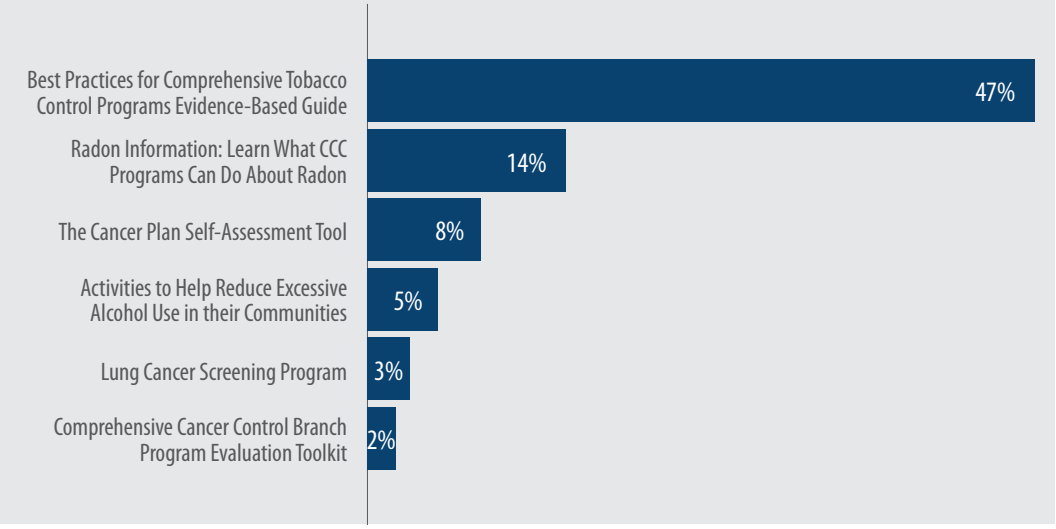
For those utilizing evidence-based information, the most common resource used was the Guide to Community Preventive Services. Respondents also indicated moderate use of NCCCP resources to inform their programs; almost half (47%) reported using the Best Practices for Comprehensive Tobacco Control Programs – Evidence-Based Guide. See Figures 13 and 14.

FIGURE 13. SOURCES OF EVIDENCE-BASED PRACTICE INFORMATION AND SUPPORT



n=137

FIGURE 14. USE OF NATIONAL COMPREHENSIVE CANCER CONTROL PROGRAM RESOURCES



n=121

Technical Assistance Needs of LHDs

Results from this assessment reveal that LHDs need technical assistance to support their cancer prevention and control efforts and support coalition-related work. LHDs participating in this survey made the greatest demands for tools to assist with securing funding and training resources to promote visibility (Figure 15). Specifically related to funding, respondents were most interested in identifying federal and foundation funding opportunities (82%) and strengthening grant writing skills (65%). In regards to training resources and promoting visibility, most respondents were interested in sample presentation and training resources (84%), guidance on obtaining free media advertisement opportunities (59%), and tips for engaging the media (45%).

FIGURE 15. FREQUENCY OF LHD'S REPORTING SPECIFIC TECHNICAL ASSISTANCE REQUESTS

n=131

FIGURE 16. SELECTED TECHNICAL ASSISTANCE TOPICS AND TOOLS REQUESTED BY LHDS

Technical Assistance Need Reported	Specific Topics/Tools Requested
Tips for securing funding	• Strengthening grant writing skills • Identifying federal and foundation funding opportunities
Training and resources to promote visibility	• Sample presentations • Tips for engaging and interacting with the media • Guidance on garnering free advertisement opportunities • An online community where partners can learn about the work of another cancer group, ask for advice, promote events, and share tools
Support for evaluation, data, and measurement	• Guidance on where to find data and what type of data is available • Support for selecting appropriate measure to demonstrate success on the short-term, intermediate, and long-term basis • Tips for developing clear and defined evaluation objectives • Effective ways to communicate data to leverage stakeholder engagement
Assistance finding and implementing model practices and evidence-based interventions	• Support finding, adapting, and evaluating model practices and evidence-based interventions • A platform for sharing model practices and lessons learned
Tools for coalition stakeholder engagement and volunteerism	• Orientation toolkit for coalition members • Advice for recruiting new and different types of stakeholders • Guidance on promoting stakeholder ownership through volunteerism and shared leadership • Support in building, organizing, and maintaining committed stakeholders • Strategies for promoting the value and impact of participation

Recommendations and Next Steps

The data collected via NACCHO's 2017–2018 Local Implementation and Capacity of Cancer Prevention and Control Assessment provides context for understanding the role of LHDs in carrying out cancer control and prevention activities. NACCHO will use this data and share it with its partners to guide LHDs in their cancer prevention and control efforts. The following recommendations illustrate potential focus areas based on gaps captured by the assessment.

1. **Promote the use of evidence-based interventions and resources to inform cancer prevention and control program planning.**

Implementing evidence-based interventions involves using the best available evidence to make informed public health practice decisions. LHDs need additional technical assistance to help them build skills to prioritize, select, implement, and evaluate evidence-based interventions. Connecting LHDs to available evidence-based information and support and promoting resources such as the Guide to Community Preventive Services and NCCCP resources will aid them in creating effective cancer prevention and control programs.

2. **Promote and strengthen alignment of state and local plans and cancer prevention efforts.**

LHD coordination with state cancer prevention efforts is essential to successfully implementing components of the state CCC plans at the local level. Many LHDs are not involved or do not know about their states' CCC plan, and few participate in their state's coalitions or development of CCC plans. Efforts to increase LHD awareness of state efforts should focus on facilitating communication between LHDs and state and local partners and organizations.

Many LHDs have successfully implemented CCC interventions and have valuable lessons to share with others looking to do the same. Disseminating success stories from LHDs and local and state coalitions and creating a menu of potential interventions and PSE strategies would help others successfully implement local cancer prevention and control efforts.

3. **Diversify funding streams to meet the demand for stakeholder engagement, coalition activities, and staffing.**

LHDs need funding and support to implement local CCC efforts and to build and sustain engagement within state and local coalitions. Developing partnerships among a diverse group of stakeholders will help LHDs maximize resources. This assessment also revealed that LHDs need technical assistance to strengthen grant writing skills and help identify federal and foundation funding opportunities.

4. **Incorporate support for policy, systems, and environmental strategies that promote health equity in cancer prevention and control planning at the local level.**

A majority of LHDs responding to this assessment indicated that they have been actively involved in PSE strategies to prevent tobacco use/exposure and improve community clinical linkages. Fewer LHDs were indicated working to make changes to the physical environment to promote healthy eating and active living. Creating and sharing success stories of how LHDs have implemented PSE strategies will provide others with ideas on how to incorporate a range of strategies in their cancer prevention and control efforts.

5. **Support evaluation efforts to build evidence and practice-based success at the local level in cancer prevention and control.**

Results from this assessment indicate that LHDs are requesting support with evaluation, data, and measurement. Suggested technical assistance topics include guidance on where to find data and what type of data is available; support with selecting appropriate measures to demonstrate short-term, intermediate, and long-term success; tips for developing clear and defined evaluation objectives; and effective ways to communicate data to promote successes.

6. **Celebrate success and foster dissemination of best practices for local implementation.**

Many LHDs have successfully implemented CCC interventions and have valuable lessons to share with others looking to do the same. Disseminating success stories from LHDs and local and state coalitions and creating a menu of potential interventions and PSE strategies would help others successfully implement local cancer prevention and control efforts. Additionally, respondents preferred receiving resources through e-mail newsletters, webinars, and toolkits. The CDC and other technical assistance providers can support dissemination of best practices using these modes of communication.

Acknowledgments

This publication and the resources herein were developed by the National Association of County and City Health Officials through an American Cancer Society sub-award funded by the Centers for Disease Control and Prevention Cooperative Agreement #5NU38DP004969. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

FOR MORE INFORMATION, PLEASE CONTACT:

Stephanie Weiss, MPH
Senior Program Analyst
Safe, Healthy, and Resilient Communities Team
sweiss@naccho.org

Melanie Ruhe, MPH
Program Analyst
Safe, Healthy, and Resilient Communities Team
mruhe@naccho.org

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

www.naccho.org

Public Health
Prevent. Promote. Protect.

The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

1201 Eye Street, NW, Fourth Floor • Washington, DC 20005

Phone: 202-783-5550 • Fax: 202-783-1583