

West Central Georgia Cancer Coalition

Proposal Submitted: May 2003
RPE Status: Designated 2003

Planning Grant Award \$223,322
Estimated Match \$471,128

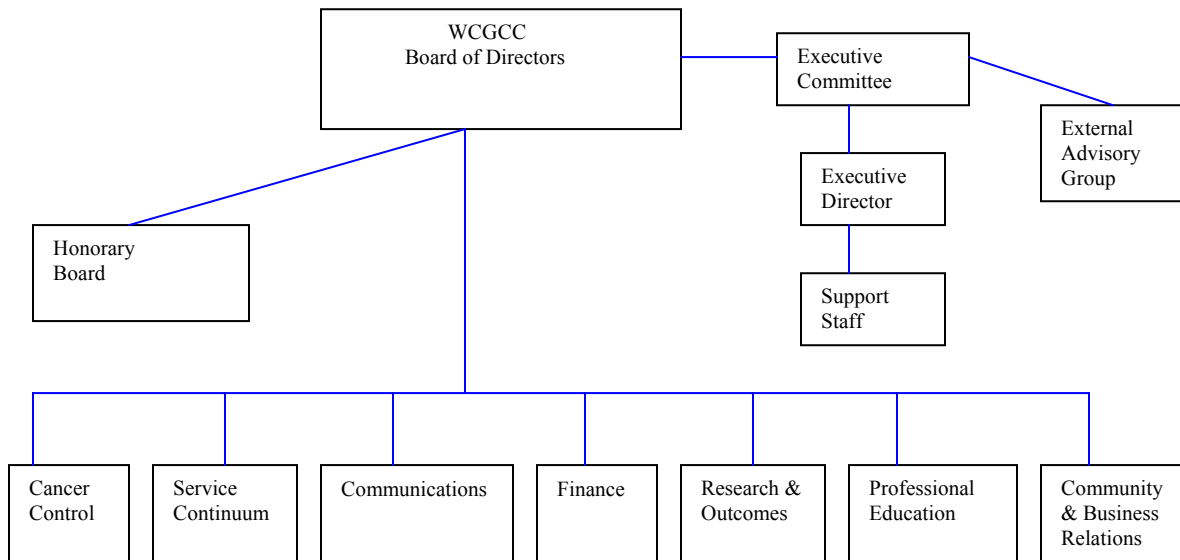
Descriptive Information

- o 10 county region; 3406 square miles
- o Population of 281,267 (45.9 % minorities)
- o 6 Hospitals (One Orthopedic Specialty)
- o 2 Public Health Departments; Nos. 4 & 7 – nine counties in district 7
- o Regional Cancer mortality rates of 192.2 per 100,000

Number of people involved in planning phase: 50 to 75

Strategic Focus: Prevention, Screening and Education

Structure:



Programs

Seven work groups formed to develop plans for region.

- Cancer Control
- Service Continuum
- Communications
- Finance
- Research and Outcomes
- Professional Education
- Community and Business Relations

Four programmatic Strategic Areas:

Cancer Control

a) Prevention/Education

- The WCGCC with assistance from coalition partners will work with schools, faith based organizations, places of employment and other established support groups to enhance the infrastructure for a comprehensive cancer educational plan. This culturally sensitive multi-media plan will include: -
 - i. interactive Healthy lifestyle programs for youth
 - ii. anti-tobacco campaigns such as Fresh Start, and Tobacco Use Prevention Program (TUPP)
 - iii. site specific cancer education and awareness programs
 - iv. collaboration with regional academic institutions to allow for the involvement of their health careers students in community cancer education and behavior modification programs
- The WCGCC will also collaborate with businesses in the region to offer cancer education and screening to their employees

b) Early Detection

- The Coalition plans to facilitate the earlier detection of cancers in the region by:
 - i. initiating the use of Protect and Detect, a screening protocol/guideline for healthcare providers and practitioners. Dissemination has already begun.
 - ii. Enhancing the screening capacity of the Public Health Department
 - iii. Facilitating the screening of individuals in home bound, assisted living and group home populations

Service Continuum

a) Access

- Oncology Access Coordinators will work to ensure that the regions residents will have access to screening and treatment services – Regional Access Program. Coordinator will with the aid of established protocols, move patients into or through Public Health Departments or other area hospitals and will also be able to provide transportation vouchers where necessary. They will be assisted in their tasks by Voluntary Patient Navigators acting as bridge-builders between the community and the health system.
- Nurse Navigators will also be engaged to work with the clinical nurse oncologists at participating hospitals to further assist patients and their families in the navigation of the system while seeing to the coordination of clinical care through multiple points of the disease management continuum.

b) Clinical Services

- Regional hospitals are committed to ensuring access to screening procedures, and capacity reportedly exists in the region to treat 99% of all of its citizens. The John B. Amos Cancer Center is in the final phase of construction of a new freestanding outpatient oncology center, which should be operational in August 2004.
- The WCGCC is committed to facilitating the smooth transition of patients from curative to palliative/hospice services.

Professional Education

- The WCGCC will organize for symposia and teleconferenced educational opportunities for clinicians and allied health professionals within the region. Efforts will be made to keep practitioners aware of national best practices.
- The John B. Amos Center will offer ONS chemotherapy education and certification courses as a part of a continuing education curriculum for oncology nurses.
- An oncology Fellowship program to be offered via a Residency Program for family practitioners is presently in development.

Research and Outcomes

- The Coalition will establish formal links with the Georgia CORE to broaden the scope of participation for practitioners and patients in regional and national clinical trials
- The Coalition will also support community based research projects across the cancer care continuum. The John B. Amos Cancer Center and Morehouse School of Medicine have initiated collaborative efforts in this matter.

Originally Submitted Budget

	Year 1	Year 3 (Cumulative)
GCC request	\$1,465, 638 (36%)	\$3,868,230 (32%)
Match	\$2,522,508	\$8,109,239
Total	\$ 3,988,146	\$11,977,469

GCC costs per capita for year 1 = \$5.22

Revised GCC Request year 1= \$2,323,913