GEORGIA CANCER CONTROL CONSORTIUM

Comprehensive Cancer Control Plan

2024-2029

GEORGIA DEPARTMENT OF PUBLIC HEALTH

ACKNOWLEDGMENTS

The Steering Team of the Georgia Cancer Control Consortium extends its deepest gratitude to the organizations, individual partners, and collaborators from across the state who worked together to create this comprehensive roadmap for cancer control in Georgia through 2029. Your shared wisdom, expertise, and dedication have been instrumental in shaping this plan.

We are especially grateful to the active members of the Consortium's workgroups, roundtables, and subcommittees. Your tireless participation and commitment, combined with your insights and energy, were vital to the success of the plan revision process.

A special acknowledgment goes to Renaldo Wilson, MA, ACSM-CEP, Health Equity Consultant at the Center for Justice in Public Health, National Association of Chronic Disease Directors. His counsel and guidance in ensuring this revision addresses inequities have been invaluable and deeply appreciated.

We also celebrate our enduring partnership with the Georgia Health Policy Center at Georgia State University. Their staff played a pivotal role in assembling the recommendations reflected in this document. They will continue collaborating with us to establish metrics and monitor the implementation progress in the years ahead.

Together, we are making strides toward a healthier and more equitable future for all Georgians.

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GEORGIA DEPARTMENT OF PUBLIC HEALTH

Kathleen E. Toomey, M.D., M.P.H., **Commissioner** / Brian Kemp, **Governor**

200 Piedmont Avenue, SE
Atlanta, Georgia 30334

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Dear Georgians:

The fourth edition of Georgia's Comprehensive Cancer Control Plan is more than a document—it is a rallying cry. It represents an opportunity to celebrate the progress we've made over the past five years, recommit to our mission, and challenge ourselves to think bigger, aim higher, and work harder to combat the devastating impact of cancer in our state.

This ambitious five-year roadmap envisions what we can achieve together, united in purpose and determination. It highlights critical priorities: preventing cancer, promoting early detection and screening, ensuring excellence in diagnosis, treatment, and outcomes, expanding access to palliative care, and enhancing the quality of life for every cancer survivor. The plan targets the cancers most affecting Georgians—breast, cervical, colorectal, lung, and prostate cancers—while steadfastly supporting the survivors who continue to inspire us.

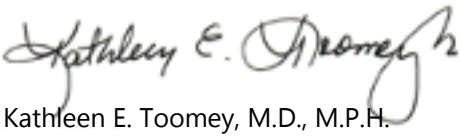
Despite our progress, cancer remains the second leading cause of death in Georgia, claiming far too many lives. We also know that the burden of cancer is not equally shared. Disparities in incidence, access to care, and outcomes persist, disproportionately impacting specific communities. These inequities demand our focused attention and action.

Through the collective power of communities, healthcare providers, researchers, policymakers, and nonprofit organizations, we can reshape the cancer landscape in Georgia. By embracing evidence-based strategies and fostering collaboration, we can drive meaningful change to reduce the burden of cancer for everyone—regardless of where they live, their background, or their circumstances.

I extend my heartfelt gratitude to the dedicated Georgia Cancer Control Consortium members. Your expertise, passion, and unwavering commitment have shaped this plan and will continue to guide its implementation in the years ahead.

Together, we can make Georgia a leader in cancer prevention and control. Together, we can build a future where fewer Georgians are lost to this disease and more are empowered to live full, thriving lives as survivors.

Sincerely,



Kathleen E. Toomey, M.D., M.P.H.
Commissioner and State Health Officer

TRI-CHAIRS

Lynn Durham, Ed.D
James A. Hotz, MD
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Albany Area Primary Health Care

American Cancer Society

American College of Physicians (Georgia Chapter)

Children's Healthcare of Atlanta

Community Health Works

East Georgia Cancer Coalition

Georgia Association of Primary Health Care

Georgia Association of Health Plans

Georgia Center for Oncology Research and Education (Georgia CORE)

Georgia Department of Public Health

Georgia Hospital Association

Georgia Prostate Cancer Coalition

Georgia Regents University

Georgia Research Alliance

Georgia Society of Clinical Oncologists

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Mercer University

Morehouse School of Medicine

Northwest Georgia Regional Cancer Coalitions

Rollins School of Public Health

St. Joseph's/ Candler Health System

West Central Georgia Cancer Coalition

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Emory University

GEORGIA CANCER CONTROL CONSORTIUM

Kathleen Toomey, M.D., M.P.H. Commissioner,
Georgia Department of Public Health
200 Piedmont Avenue, S.E., West Tower
Atlanta, GA, 30303

Dear Dr. Toomey,

As we emerge resilient from the COVID-19 pandemic, the Georgia Cancer Control Consortium (GC3) commits to the rigorous implementation and evaluation of this newly revised state cancer control plan.

For nearly two decades, it has been our honor and privilege to play a significant and facilitative role in supporting the state in achieving gains in cancer control, notwithstanding the challenges brought about by the pandemic.

Over the past year, the GC3's workgroups, subcommittees, and roundtables have been engaged in a process focused on building on the assets and collaborative efforts of the past five years to re-imagine our work and its impact through 2029. We are proud and resolute that the efforts described will continue to focus on minimizing the burden of cancer and increasing survivorship across the state.

For the next five years, the Consortium renews its commitment to partner with the state health department and other cancer control stakeholders to address disparities in cancer outcomes through a laser focus on the inequities that prevent some Georgians from finding access to quality protective, preventive, screening, curative, and palliative care services.

We continue to value the use of evidence-based approaches, including addressing policy, system, and environmental gaps that challenge disease control while recognizing that we have the opportunity to learn from our experiences here in Georgia and, in so doing, contribute to the science of cancer control across the country.

Together, we will work so that Georgia is recognized as a state where we invest in cancer prevention, find and detect cancers earlier, screen appropriately, and provide excellent diagnostic, treatment, and palliative care services for all residents while supporting improved quality of life and addressing the needs of so many who are now living productive lives as survivors.

We look forward to an ongoing and productive working relationship in the service of the people of our state.

With our unwavering support,

James A. Hotz, M.D.
Tri-Chair

Lynn Durham, Ed.D.
Tri-Chair

Brian Rivers, Ph.D., M.P.H.
Tri-Chair

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EXECUTIVE SUMMARY

Cancer remains one of the leading causes of death in Georgia. Between 2016 and 2020, an average of 54,240 Georgians were diagnosed with cancer annually, while nearly 17,500 individuals lost their lives to the disease or its complications each year. Although overall cancer incidence and mortality rates have generally declined during this period, breast cancer incidence has remained stagnant. Additionally, significant disparities persist in both incidence and mortality rates, with people of color facing a disproportionate burden compared to their white counterparts for some of the most impactful cancers.

This fourth revision of Georgia's Cancer Control Plan reaffirms our commitment to ensuring all Georgians have access to high-quality care across the cancer control continuum, from prevention and early detection to diagnosis, staging, treatment, palliative care, and survivorship. A key focus of this iteration is advancing health equity, addressing longstanding disparities, and ensuring access to essential cancer-related services for all residents, particularly those in underserved communities.

Since the last plan revision in 2019, the global COVID-19 pandemic has dominated public health efforts. While the pandemic fostered critical new partnerships and innovations, it also strained healthcare systems, resulting in reduced access to cancer screening and treatment. Despite these challenges, the Georgia Cancer Control Consortium remained steadfast in its oversight of cancer control efforts and stands ready to lead once again as we move forward in what we hope is the post-pandemic era. Significant achievements from the last five years are archived in the Appendix.

For two decades, the overarching goals of Georgia's cancer control planning have remained steadfast:

- **Save lives** by reducing the overall cancer burden.
- **Eliminate disparities** in cancer outcomes to ensure equitable care for all Georgians.

The 2024-2029 Comprehensive Cancer Control Plan will prioritize:

- **Addressing Five Target Cancers:** Lung, colorectal, breast, prostate, and HPV-related cancers (including cervical and certain head and neck cancers).[1] These were selected based on prevalence, mortality rates, opportunities for improvement, and alignment with stakeholder priorities.
- **Leveraging Data and Evidence-Based Strategies:** Utilizing robust data and proven approaches to guide interventions and measure impact.
- **Reducing Inequities and Disparities:** Prioritizing populations most affected by barriers to care[2], including people of color, low-income residents in underserved areas, and individuals who are uninsured or underinsured.

With a clear vision and collaborative effort, Georgia is committed to advancing cancer prevention, improving treatment outcomes, and addressing health inequities. Through focused attention on these priorities, the state will continue its progress toward saving lives, reducing the cancer burden, and closing the gaps in cancer care and outcomes for all Georgians.

1. Top five cancers (decided by rates and the ability/value to address them) – lung, colorectal, breast, prostate, and HPV-related cancers, including cervical and other head and neck cancers.
2. Burdened populations are defined as those most currently adversely affected by lack of access to quality cancer diagnosis, staging, and treatment. This includes people of color, low-income residents in specific geographical regions of the state, and those who are uninsured and underinsured.

These five priorities were established by working groups following a review of the progress and outstanding objectives from the previous plan and an analysis of current priorities outlined in cancer control plans from states across the U.S.

PRIORITIES	KEY OBJECTIVES
Supporting cancer prevention efforts with a focus on HPV and tobacco use	**Objective 1:** Support statewide efforts at addressing tobacco use and control, especially in the most adversely affected communities. **Objective 2:** To raise awareness and education on HPV vaccination as cancer prevention for six HPV-related cancers. **Objective 3:** To increase the percentage of vaccine-eligible individuals in Georgia starting at age 9 up to 26 years old who have completed the HPV vaccination series.
Detecting cancers early and screening appropriately for target cancers	**Objective 1A:** Increase screening rates through the use of evidence-based approaches for the early detection of breast, cervical, colorectal, lung, and prostate cancers in Georgians, with a focus on populations most adversely affected and burdened by these conditions. **Objective 1B**: Increase early detection in high-risk persons who fall outside current criteria and recommendations to address health inequities. **Objective 2:** Reduce disparities in screening rates among people groups and target populations through interventions to address health inequities. **Objective 3:** Increase early detection rates for potentially aggressive cancers for which screening is not currently recommended (e.g., pancreatic, head and neck, and childhood leukemias and lymphomas) and encourage ongoing research.
Maintaining excellence in the diagnosis and treatment of cancers	**Objective 1:** Increase the use of evidence-based practices in cancer diagnosis, staging, and treatment across Georgia, with special emphasis on, though not limited to, the top five cancers and a focus on burdened populations in Georgia. **Objective 2:** Increase equity in cancer care delivery through the identification and redress of root causes of the diagnosis, staging, and treatment disparities in Georgia, with special emphasis on the top five cancers and burdened populations.

Facilitating statewide access to palliative care and support

Objective 1: Comprehensively document and monitor the landscape of oncological palliative care in Georgia.

Objective 2A: Improve clinician awareness, skills, and use of oncological palliative care best practices and quality standards.

Objective 2B: Increase patient knowledge and awareness about oncological palliative care best practices and quality standards, focusing on burdened, underserved, and vulnerable populations.

Objective 3: Improve access to palliative oncological care and services for adults and children living in underserved communities in Georgia.

Improving quality of life for cancer survivors

Objective 1A: Improve the use of quality standards and practice guidelines for the timely diagnosis, staging, and treatment of cancers throughout Georgia, with emphasis on, though not limited to, lung, colorectal, breast, prostate, and cervical cancer.

Objective 2: Reduce diagnoses, staging, and treatment disparities (by race, residence, income, and insurance status) in Georgians with lung, colorectal, breast, prostate, and cervical cancer and study the impact on outcomes.

Objective 3: Study and understand the impact of reductions in diagnosis and treatment disparities on survivorship outcomes.

The Georgia Cancer Control Consortium recognizes the importance of including pediatric cancers as a component of Georgia's overarching cancer planning process. We have begun organizing discussions specifically for pediatric cancers to incorporate the recommendations from this work (task force or round table) into an addendum to our current plan and into the next full iteration of the overall Georgia Cancer Plan.

In Georgia, we understand that tackling cancer or any major public health challenge requires the collective efforts of diverse partners. Our state boasts a robust network of cancer prevention and control programs, driven by strong collaboration among key stakeholders such as the Georgia Department of Public Health, Regional Cancer Coalitions, Georgia Center for Oncology Research and Education, Georgia Society of Clinical Oncologists, and national organizations like the American Cancer Society.

Given the complex causes of cancer and the intricacies of care systems, these programs and partnerships are essential to saving lives across Georgia. Stakeholders from healthcare, public health, hospitals, academia, community organizations, employers, faith-based groups, and national organizations continue to work together to address every aspect of cancer control—from prevention and early detection to diagnosis, treatment, and improving quality of life for survivors. This meaningful collaboration remains vital in advancing our shared mission to reduce the burden of cancer in Georgia.

CANCER BURDEN IN GEORGIA

Text Box 1: Mortality and Incidence by All Cancer Sites, 2016-20203,4

INCIDENCE	MORTALITY
• **271,197** cancers were diagnosed among Georgia residents – an average of **54,240** new diagnoses yearly. • **52%** or **140,582** cases were among males. This is approximately **28,120** new male cancer diagnoses each year. • **48%** or **130,572** cases were among females. This is approximately **26,110** new female diagnoses each year.	• **87,125** cancer deaths occurred among Georgia residents. This is approximately **17,430** cancer deaths each year. • **53%** or **46,160** deaths were among males. This is approximately **9,230** male cancer deaths each year. • **47%** or **40,965** deaths were among females. This is approximately **8,190** female cancer deaths each year.

Cancer Incidence and Mortality

From 2016 to 2020, 54,240 Georgians, on average, were diagnosed with cancer each year. Men made up 52% of that diagnosis. Non-Hispanic African American men were 3% more likely to be newly diagnosed with cancer than their non-Hispanic White male counterparts.[3] Women made up 48% of new cancer diagnoses, and non-Hispanic White women were almost 11% more likely to be newly diagnosed with cancer than their non-Hispanic African American female counterparts.

Georgia's cancer death rate of 153.1 per 100,000 population is significantly higher than the US's rate of 144.1.[4] In Georgia, cancer was the second leading cause of death in 2021, causing one out of every five deaths. In the same year, more than 18,100 Georgians died of cancer, with 52% of those cancer deaths among men and 48% of cancer deaths being women.

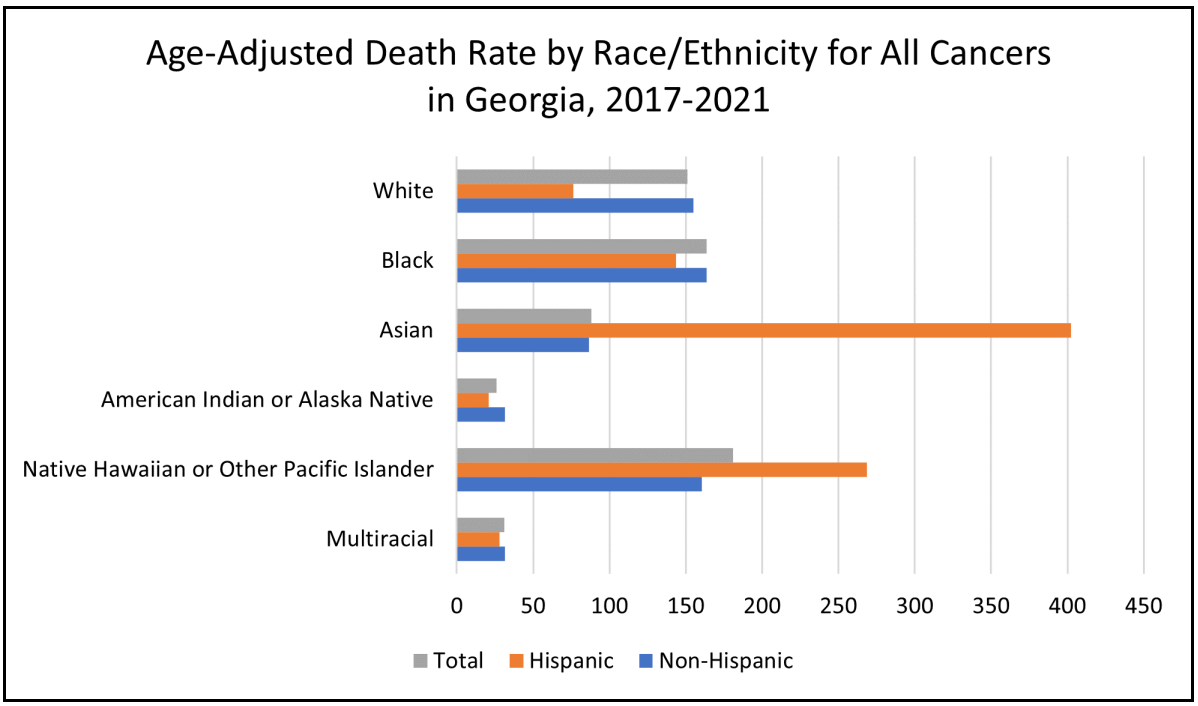
The leading causes of cancer-related death among men in Georgia are lung, prostate, colon, and pancreatic cancer.

The leading causes of cancer-related death among women in Georgia are lung, breast, colon, and pancreatic cancer. These cancers account for almost 50% of cancer deaths in Georgia.[5]

The risk of getting cancer increases as a person's age increases since most cancers affect middle-aged adults or older. For Georgia, about 76% of all cancers are diagnosed among adults aged 55 years and older.[6] Additional risk factors include cigarette smoking, obesity, and lack of regular physical activity.[7] There is no universal cure for all types of cancer; however, treatment options and outcomes can be significantly improved for most types of cancers with early-stage diagnosis, which is accomplished through preventive screening and timely diagnostic protocols. Additionally, new

3. Georgia Department of Public Health. (2016-2020). Georgia Comprehensive Cancer Registry (GCCR). Retrieved from: dph.georgia.gov/chronic-disease-prevention/ georgia-comprehensive-cancer-registry.
4. Georgia Department of Public Health. (2016-2020). Georgia Vital Records. Retrieved from: dph.georgia.gov/VitalRecords.
5. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), and National Vital Statistics System (NVSS), Mortality 2018-2021 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 2018-2021, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.
6. McNamara, C., Bayakly, A.R., & Ward, K.C. (2016). Georgia Cancer Data Report [PDF file]. Georgia Department of Public Health, Georgia Comprehensive Cancer Registry. Retrieved from: https://dph.georgia.gov/sites/dph.georgia.gov/files/Cancer_2016_Final.pdf.
7. CDC (2023). Current Cigarette Smoking Among Adults in the United States. Smoking and Tobacco Use. Retrieved August 14, 2023, from: https://www.cdc.gov/tobacco/php/data-statistics/adult-data-cigarettes/?CDC_AAref_Val=https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm

Figure 1. Age-Adjusted Death Rate by Race/Ethnicity for all Cancers in Georgia, 2017-2021



treatment and preventive options that may lead to cancer prevention are being discovered and developed. The human papillomavirus (HPV) vaccination is one such example of a preventive treatment option being used to prevent and reduce cervical cancer rates.

Disparities in Cancer

While the burden of cancer is shared by all Georgians, from 2017-2021, cancer mortality is disproportionately greater among men than women (182.4 per 100,000 population vs. 128.7 per 100,000 population) and among minority and medically underserved populations. Of all racial groups, Black individuals and Native or Other Pacific Islanders, inclusive of all ethnicities, have the highest age-adjusted death rates at 163.6 deaths and 180.9 deaths per 100,000 per population, respectively, from 2017-2021.

Those who are Hispanic Asian and Hispanic Native Hawaiian, or Other Pacific Islander represent a significantly high proportion of cancer deaths within those specific racial groups; however, since both groups are small population groups, these rates could be overestimated (See Figure 1). Non-Hispanic (NH) Black men were 10% more likely to die of cancer than White men, and NH Black women were 5.6% more likely to die of cancer than White women. Black men in Georgia are 13 percent more likely to die of prostate cancer than White men. From 2017-2021, NH Black men were

2.3 times more likely to die of prostate cancer than NH White men. NH Black women had a higher incidence of breast cancer than NH White women, and NH Black women were 38% more likely to die of breast cancer than NH White women from 2017-2021 (26.8 per 100,000 population vs. 19.3 per 100,000 population).

Additionally, NH Black women have a greater proportion of deaths from cervical and uterine cancers when compared to NH White women. Patterns of screening and access to care may explain this health disparity. Poverty also delays initiating treatment, failure to complete treatment, etc. Black women were less likely than white women in Georgia to have received recommended screenings for cervical or breast cancer in 2020.[8]

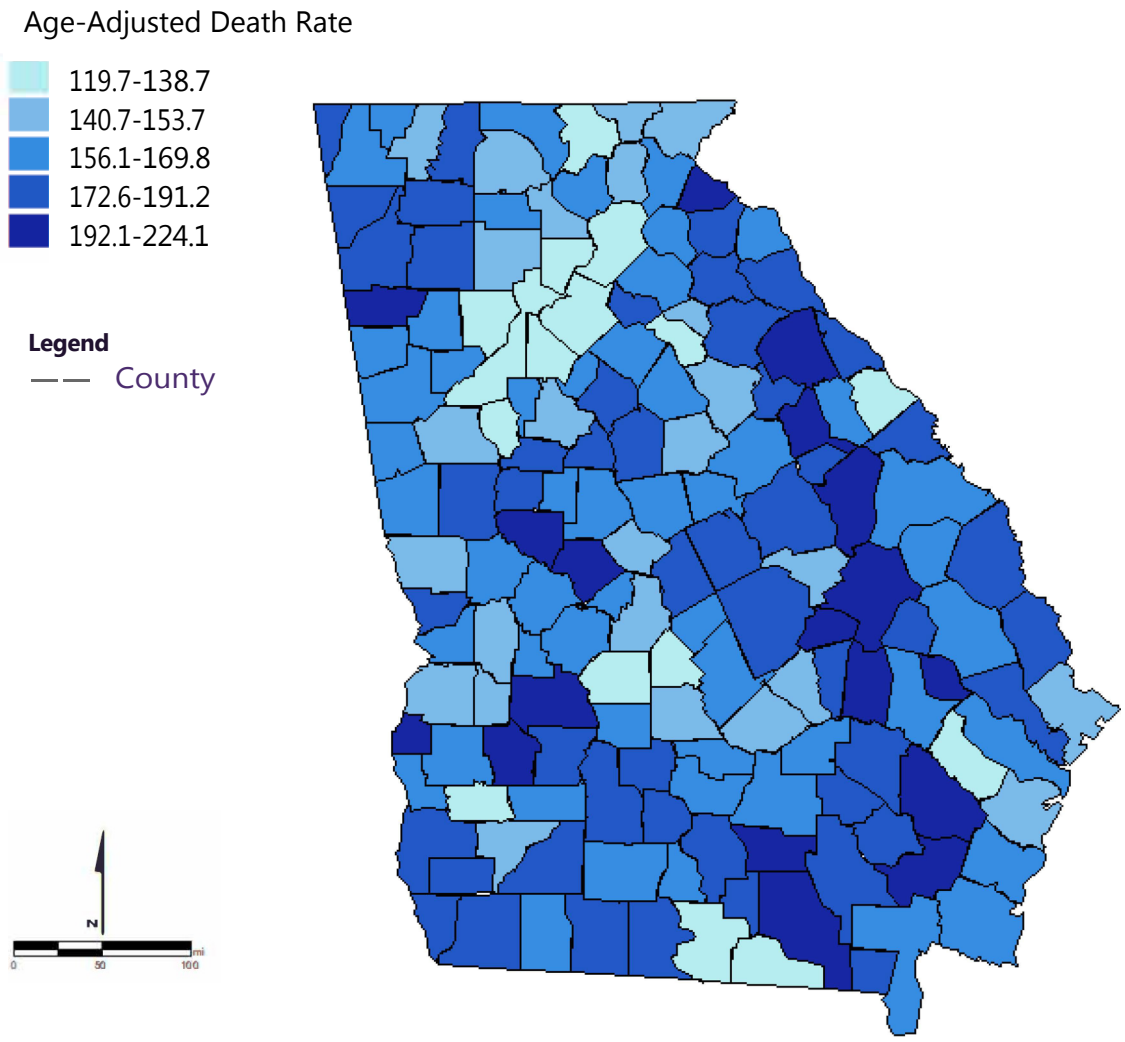
8. Rana Bayakly. (2023). What the Data Tell Us. Georgia Cancer Summit. Retrieved from: https://apps.winshipcancer.emory.edu/admin/Media/Download/7241

Health disparities in colorectal cancer mortality between racial groups and sex assignment at birth may also be explained in part by differences in screening rates. Black men and Black women have a higher incidence of colorectal cancer and higher mortality rates from colorectal cancer than White men and White women. Black adults over age 50 were less likely than Whites of the same age group to have been screened for colorectal cancer.[8]

Regarding geographic location, cancer outcomes vary across the state (See Figure 2 for more information). A larger share of cancer deaths occurs within rural counties, especially within the Southern, Southeastern, Northeastern, and Northwestern regions of the state. Overall, 115 of the 159 counties have higher cancer mortality rates than the state average, and 44 counties have lower mortality rates than the state average.

From 2017-2021, Atkinson County in South GA had the highest age-adjusted cancer death rate (224.1 per 100,000 population), while Pulaski County (119.7 per 100,000) in Central GA had the lowest in the state.

Figure 2. Age-Adjusted Death Rate by County of Residence, Cancers, 2017-2021



Source: Georgia Department of Public Health, Office of Health Indicators for Planning

HEALTH FOR ALL

The National Cancer Institute (NCI) defines cancer health disparities as "adverse differences in cancer measures such as the number of new cases, the number of deaths, cancer–related health complications, survivorship, and quality of life after cancer treatment, screening rates, and stage at diagnosis that exist among certain population groups. These differences in the burden exist between racial and ethnic groups, socioeconomic groups, geography, and more."

Furthermore, individuals of all racial, cultural, and ethnic backgrounds, with a lower socioeconomic status, lack health insurance or have inadequate access to quality cancer screening and treatment experience more cancer diagnoses and death, as well as decreased survival rates. Socioeconomic status, education, language, race, ethnicity, and disability can hinder access to quality health care. Differences exist in disease incidence, prevalence, morbidity, and mortality.

Acknowledging the barriers referenced above, the Georgia Cancer Control Consortium Health Equity Sub-committee was established in 2023 to support efforts that ensure the Cancer Plan infused and operationalized health equity. (See the next section for a discussion of the Consortium's structure). At the inception of the 2024-2029 Cancer Plan, the Consortium's workgroups (which include Palliative Care, Diagnosis, Staging and Treatment, HPV, Early Detection and Screening, and Survivorship) were charged with identifying at least one health equity objective to include in the Cancer Plan.

GC3 Health Equity Sub-Committee Goal:

To reduce cancer disparities in Georgia by identifying and addressing the needs of priority populations to achieve health equity.

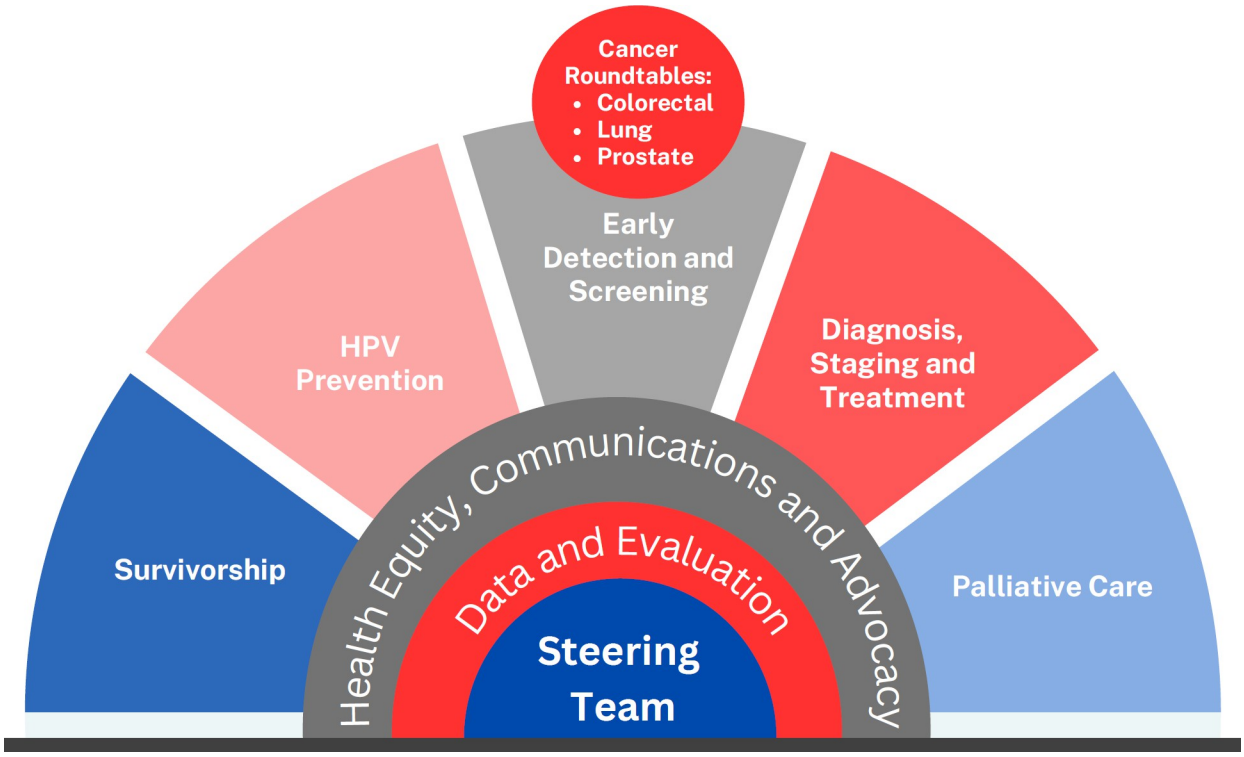
GC3 Health Equity Sub-Committee Objectives:

- Annually, the Health Equity Subcommittee will review the Georgia 2024-2029 Cancer Control Plan for the inclusion of health equity language, including culturally and linguistically appropriate practices, to address health disparities in the state.
- Quarterly, the Health Equity Subcommittee will engage with workgroups to assess and assist with progress.
- Biannually, the Health Equity Subcommittee will review the progress made on all health equity measures.

CONSORTIUM STRUCTURE

At the center of the Consortium's effort is a diverse, multi-organizational, 36-member Steering Team that oversees the effort (See Figure 3). Five Workgroups direct and monitor the strategies outlined in the plan. Currently, three target cancer roundtables – lung, colorectal, and prostate – support the Early Detection and Screening Workgroup in plan implementation with the expectation that two other roundtables – breast and cervical – will be established in the first year of implementation of this plan period. Experts in each area are making purposeful contributions individually and collectively to address Georgia's early detection and screening challenges.

Figure 3. Consortium Structure



Three subcommittees have provided cross-cutting services and support to the Consortium and the Workgroups. They are: (a) Data and Evaluation, responsible for facilitating the Consortium's best use of data and information in guiding decision-making and evaluating progress; (b) Communications, responsible for the development of collateral and other material to enhance the work of the Consortium in the public domain and
(c) Legislative Advocacy is responsible for interacting with state and local policymakers to ensure that fiscal and policy supports are in place to carry out the goals of the state cancer plan.

To ensure that the focus on equity prevails throughout this plan period, the Steering Team established a fourth sub-committee – Health Equity, to drive and measure progress toward achieving the plan's goals of reducing inequities in timely diagnosis and treatment of cancer, etc.

PLAN OF ACTION

The following action plan provides strategic direction for cancer control efforts in Georgia through 2029. The plan is developed from (a) an understanding of previously achieved goals and work that remains due to the impact of the pandemic, (b) local and state partnerships and assets, and (c) a commitment to SMARTIE goals and objectives, i.e., Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive and Equitable.

I. SUPPORTING CANCER PREVENTION EFFORTS WITH A FOCUS ON HPV AND TOBACCO USE

Prevention is a critical element in reducing the burden of cancer in Georgia. There are many risk factors for cancer, including biological makeup, family history, unhealthy behaviors, and exposure to noxious and harmful agents and environments. The plan seeks to address partnerships, policies, health systems, and environmental strategies that might be leveraged to ensure that Georgians can limit their risk of being diagnosed with cancer in their lifetimes.

Over the next five years, the Georgia Cancer Control Consortium will support efforts to eliminate tobacco use, encourage healthy behaviors to reduce obesity, work to decrease exposure to environmental hazards such as radon and promote the use of vaccines that are shown to prevent the development of some cancers.

While supportive of all cancer preventive efforts and actions, for the next 5 years, the Consortium will focus on and emphasize action in two primary areas of cancer risk reduction – Human Papillomavirus (HPV) infection and Tobacco Use.

Cancer Risk Reduction – HPV

OBJECTIVES

Objective 1: To increase the percentage of vaccine-eligible individuals in Georgia, starting at age 9 and up to 26 years old, who have completed the HPV vaccination series.

Objective 2: To raise awareness and education on HPV vaccination as cancer prevention for six HPV-related cancers.

BACKGROUND

High-risk types of HPV have been linked to six HPV-related cancers, which include cervical, vulvar, vaginal, penile, anal, and oropharyngeal cancers.[9] Overall, in the U.S., there are about 37,300 cancer cases attributable to HPV each year.[10]

9. ACS. (2020, July 30). HPV and Cancer. Retrieved August 9, 2023, from American Cancer Society: https://www.cancer.org/cancer/risk-prevention/hpv/hpv-and-cancer-info.html
10. CDC. (2022, October 3). How Many Cancers Are Linked with HPV Each Year? Retrieved August 9, 2023, from Centers for Disease Control and Prevention: https://www.cdc.gov/cancer/hpv/statistics/cases.htm

It is estimated that 70% of oropharyngeal cancers can be attributed to HPV.[6] In women with a cervix, cervical cancer is the most common cancer linked to HPV; in fact, almost all cervical cancers are caused by HPV.[5] HPV vaccines were developed in 2006 and serve as cancer prevention against the six HPV- related cancers. The CDC's Advisory Committee on Immunization Practices recommends HPV vaccination for all adolescents and adults from ages 9 to 26 and for some adults between ages 27 to 45.[11]

The HPV vaccination series is a 3-part series for those who start the series at 15 years of age or older. Only two doses are required for those starting the series under 15 years of age unless the adolescent is considered immunocompromised. Since the HPV vaccines have been in place, HPV infections, associated genital warts, and cervical precancers have decreased. Studies have found that more than 98% of recipients develop an antibody response to HPV types included in the respective vaccines once a month after completing a full vaccination series.[12] Healthcare providers who provide clear, strong recommendations for HPV vaccination among their adolescent patients play an important role in promoting HPV vaccination.[13] In Georgia, HPV vaccination among adolescents is lower than the national rate. There is also a significant disparity when comparing vaccination rates for HPV to the vaccination rates for other routinely recommended adolescent vaccinations (>90%). According to the 2022 CDC National Immunization Survey, NIS, 90% of U.S. adolescents aged 13-17 received one or more HPV vaccination doses, and 62.6% completed the HPV vaccination series.[13] In Georgia, the rate of HPV vaccination among adolescents is 70.8% for one or more doses and 61.5% for up to date (UTD).[13] Among adults aged 18-26, 44.7% reported having had an HPV vaccination in their lifetime; of those vaccinated, 51.6% completed the HPV vaccination series.[14]

11. CDC. (2021, November 16). HPV Vaccination Recommendations. Retrieved August 9, 2023, from Centers for Disease Control and Prevention: https://www.cdc.gov/vaccines/vpd/hpv/hcp/recommendations.html
12. CDC. (2021, November 16). About HPV Vaccines. Retrieved August 9, 2023, from Centers for Disease Control and Prevention: https://www.cdc.gov/vaccines/vpd/hpv/hcp/vaccines.html
13. CDC. (2021, May 14). Vaccination Coverage among Adolescents (13 – 17 Years). Retrieved August 9, 2023, from Centers for Disease Control and Prevention: https://www.cdc.gov/teenvaxview/interactive/?CDC_AAref_Val=https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/ data-reports/index.html
14. CDC. (2023, July 21). 2021 BRFSS Survey Data and Documentation. Retrieved August 9, 2023, from Centers for Disease Control and Prevention: https://www.cdc.gov/brfss/annual_data/annual_2021.html

STRATEGIES/STRATEGIC ACTIONS

STRATEGY	STRATEGIC ACTIONS	TARGET POPULATIONS	KEY COLLABORATORS
Ensure Quality Data and Continuous Learning	Develop a provider survey to better understand provider perspectives and current practices regarding HPV vaccination. Describe HPV vaccination coverage rates by race/ethnicity by country to identify HPV vaccination disparities.	Healthcare providers, such as pediatricians, physicians, pharmacists, and dentists. State and local health department officials who are responsible for data collection and management systems.	American Cancer Society Emory University Augusta University & University of Georgia Medical Partnership Georgia Department of Public Health Hispanic Health Coalition of Georgia
Improve Provider Education, Clinical Training and Practice	Develop and distribute a 1-pager educational piece with HPV guidelines for providers. Collaborate with school-based health clinics to increase HPV vaccine awareness. Provide HPV vaccination requirements/education to staff of FQHCs. Target statewide organizations that have direct engagement opportunities for targeted HPV adolescent populations to address provider confidence and recommendations to start HPV vaccination series at age 9.	Healthcare providers, such as pediatricians, physicians, pharmacists, and dentists. Healthcare organizations clinics, school-based health centers, health plans and payers, and other healthcare institutions. Healthcare and consumer advocacy and professional societies and organizations.	American Cancer Society Emory University Augusta University & University of Georgia Medical Partnership Hispanic Health Coalition of Georgia Unified Healthcare for the Rural Underserved CareSource

STRATEGIES/STRATEGIC ACTIONS

STRATEGY	STRATEGIC ACTIONS	TARGET POPULATIONS	KEY COLLABORATORS
Facilitate Policy Action and Advocacy	Host Cervical Cancer and HPV Awareness Day events at the Capitol to expand public education and advocate for HPV vaccination among policymakers and healthcare providers. Build partnerships with healthcare organizations, school systems, and community-based organizations around increasing HPV vaccination rates and cancer prevention efforts. Utilize social media platforms, including Twitter, Instagram, Facebook, and LinkedIn, to create new partnerships and advocate for HPV vaccination.	All individuals in the state of Georgia, particularly those affected by health inequities that negatively impact vaccination rates and health education, including low-income communities and racial/ethnic minority groups. Healthcare providers, such as pediatricians, physicians, pharmacists, and dentists. Healthcare and consumer advocacy and professional societies and organizations.	Augusta University & University of Georgia Medical Partnership Emory University American Cancer Society Cancer Pathways Hispanic Health Coalition of Georgia Susan Jolly Awareness Program

STRATEGIC ACTIONS	PERCENT	TARGET VALUES
HPV vaccination rate among adolescents aged 13- 17 in Georgia.	61.5%	70%
HPV vaccination rate among adults aged 18-26 years old in Georgia.	51.6%	60%
Several educational provider training sessions have been conducted on HPV vaccination in prioritized public health districts.	None (New Measure)	5
Several HPV awareness initiatives and events were hosted.	None (New Measure)	5
Several established commitments from regional cancer coalitions serve underserved communities in Georgia.	None (New Measure)	5

Cancer Risk Reduction – Tobacco

OBJECTIVES

Objective 1: Support statewide efforts aimed at tobacco use and control to reduce the incidence and prevalence of cancer.

BACKGROUND

Tobacco use causes at least 12 types of cancer and is linked to 40% of all cancer diagnoses. Overall, about 3 in 10 cancer deaths are caused by cigarette smoking, and lung cancer is the leading cause of cancer death for both men and women nationally. Additionally, cancers of the cervix, colon, and rectum can also be linked to tobacco-related cancers.[15]

In Georgia, approximately 18% of adults smoke cigarettes, 87% of lung cancer deaths for men, and 70% of lung cancer deaths for women are due to smoking.[16]

Each year, Georgia spends approximately $1.8 billion in healthcare costs and $3.2 billion in lost productivity costs due to cigarette smoking among adults.[17]

If the current adult smoking prevalence persists, 219,000 Georgia Residents who were between 0-17 years of age in 2010 could die prematurely due to smoking-related illnesses during adulthood.[9] If the current prevalence of smoking continues, 219,000 Georgians who are currently 15-32 years old could die prematurely due to smoking-related illnesses.[17]

Georgia has a statewide Tobacco Use Prevention Program Comprehensive Plan that establishes goals, objectives, and tobacco prevention and control strategies. Additionally, the Georgia Tobacco Use Prevention Program, along with the Georgia Tobacco Quit Line, are free health services available to Georgians who want to quit smoking, vaping, and using other forms of tobacco.

STRATEGY	STRATEGIC ACTIONS	TARGET POPULATIONS	KEY COLLABORATORS
Facilitate Policy Action and Advocacy	Actively participate in oversight, planning, and implementation groups in the DPH tobacco control accountability infrastructure.	Residents of rural health districts and communities Students at schools and universities Employees of health systems State and local policymakers	DPH G-TUPP Advisory Group
	Enable and empower regional cancer coalitions to increase awareness, promote use cessation, and advocate for policy change to support tobacco control.	Residents of rural health districts and communities Students at schools and universities Employees of health systems State and local policymakers	Regional Cancer Coalitions of Georgia American Cancer Society Georgia CORE

15. Centers for Disease Control and Prevention (CDC). (2023). Tobacco and Cancer. Retrieved from: https://www.cdc.gov/cancer/risk-factors/tobacco.html
16. Davis VN, Lavender A, Bayakly R, Ray K, Moon T. Using Current Smoking Prevalence to Project Lung Cancer Morbidity and Mortality in Georgia by 2020. Prev Chronic Dis 2013;10:120271. DOI: http://dx.doi.org/10.5888/pcd10.120271
17. Georgia Department of Public Health. Tobacco. Retrieved from: https://dph.georgia.gov/chronic-disease-prevention/tobacco

II. DETECTING CANCERS EARLY AND SCREENING APPROPRIATELY FOR TARGET CANCERS

OBJECTIVES

Objective 1A: Increase screening rates through the use of evidence-based approaches for the early detection of breast, cervical, colorectal, lung, and prostate cancers in Georgians, with a focus on populations most adversely affected and burdened by these conditions.

Objective 1B: Increase early detection in high-risk persons who fall outside of current criteria and recommendations for screening for breast, cervical, colorectal, lung, and prostate cancers.

Objective 2: Reduce disparities in screening rates among people groups and target populations through interventions to address health inequities.

Objective 3: Increase early detection rates for non-screenable and potentially aggressive cancers for which screening is not currently recommended (e.g., pancreatic, head and neck, and childhood leukemias and lymphomas) and encourage ongoing research in this area.

BACKGROUND

Finding cancer early improves the opportunity for excellent outcomes, including potential cures and long-term survival. Based on current evidence, screening for breast, cervical, lung, and colorectal cancers in appropriate populations by age and/or genetic risk can save lives. Screening for early-stage cancer can save lives because treatments are generally more effective at earlier than later stages of disease. Table 1 describes rates of early-stage disease for the five target cancers.

Over the previous five years, statewide efforts have focused on the use of recommended screening tests and procedures (US Preventive Services Task Force, National Cancer Institute, NCI, and American Cancer Society) to help in the early detection of at least some of the target cancers. The Georgia Department of Public Health, through its cancer programs and local partners, including the Regional Cancer Coalitions, provides support for low-income, uninsured, and underserved individuals to access timely breast, cervical, and colorectal cancer screening, diagnostic services, and treatment through the Breast and Cervical Cancer Screening Program and the Georgia Cancer State Aid Program.

Notwithstanding these efforts, differences in screening rates continue to be challenging throughout the state, with minority, low-income, and rural populations reporting fewer screenings. Because of this and the challenge of the high burden of prostate cancer in the state, the Consortium has adopted the National Academy of Science and Medicine's (NASM) roundtable model and approach to proactively tackle the issue of screening and hand-offs for these cancers. The roundtable model creates sustained partnerships across diverse sectors and communities to tackle long-standing and emerging cancer issues.

Table 1. Early-Stage Disease Rates in GA for Select Cancer Types by Gender and Race (2021)

Cancer Site	All Females		Non-Hispanic Black Females		Non-Hispanic White Females	
	Cases	Rate	Cases	Rate	Cases	Rate
Breast	7661	115.8	2227	111	4818	121.3
Cervical	165	3.1	53	2.9	88	3.4
Colorectal	788	12.2	285	14.5	449	11.5
Lung	960	13.7	211	10.8	717	15.8
Cancer Site	**All Males**		**Non-Hispanic Black Males**		**Non-Hispanic White Males**	
	Cases	Rate	Cases	Rate	Cases	Rate
Prostate	7046	113	2808	172.6	3782	92.8
Colorectal	855	15.3	263	18.6	520	14.5
Lung	854	15.3	185	13.3	633	16.7

An estimated 17,880 cancer deaths in Georgia can be prevented through early detection and screening. According to the 2020-2021 Georgia Behavioral Risk Factor Surveillance System, the self-reported cancer screening rates are:

- 79% of women ages 50 to 74 years reported having had a mammogram in the last two years;
- 77% of women ages 21 to 65 years reported having a Pap test within the past three years;
- 68% of adults ages 50 to 75 years reported having had a fecal occult blood test (FOBT) in the last year, or sigmoidoscopy in the last five years, and/or colonoscopy in the last ten years, and
- Three out of four Georgia men ages 40 and older discussed the advantages of PSA screening with a healthcare provider. Of those men for whom a PSA was recommended by a health professional, about 90% received a PSA, and 70% had done so within the past year.

While the effort will focus on these target cancers, the changing epidemiology of cancer in the state also warrants that surveillance supports and informs approaches to detect, as early as possible, other burdensome cancers for which there are currently no screening guidelines (e.g., pancreatic and pediatric brain cancers).

STRATEGIES/STRATEGIC ACTIONS

STRATEGY	STRATEGIC ACTIONS	TARGET POPULATIONS	KEY COLLABORATORS
Broaden Public Awareness and Engagement	Collaborations on awareness and communication campaigns to improve Georgians' knowledge and understanding of the importance of family history, timing, and screening guidelines in early detection, particularly for those at high risk for these cancers.	Georgia residents and communities, particularly those most adversely impacted by low access to screening.	Georgia Department of Public Health Cancer Survivors Media
Improve Provider Education, Clinical Training and Practice	Work with providers and health systems to conduct educational sessions and trainings that promote evidence-based screening guidelines in identified communities of interest. To support early detection, promote appropriate use of navigation and referral systems to ensure quality and effective follow-up, especially in low-income, rural, and underserved communities. Sustain and further build out the use of roundtable approaches to engage key stakeholders in collaborating and partnering for action. Facilitate the establishment of two additional roundtables – HPV-related cancers and breast cancer. Facilitate targeted health system initiatives to address low screening rates in Georgia, particularly in disparate populations and communities that are/have been challenged by inequities. Promote the use of navigators and community health workers in targeted populations and communities of interest to increase access to appropriate screening.	Clinical and non-clinical providers of services, including primary care physicians, nurses, navigators, and community health workers. Health Systems and Health Plans.	Health systems and Health plans Federally Qualified Health Centers (FQHCs) Local health Departments Professional Associations (Georgia Hospital Association, (GHA), GASCO, GAFP Georgia Association of Community Care Providers (GAACP) etc., ACS)

STRATEGIES/STRATEGIC ACTIONS

STRATEGY	STRATEGIC ACTIONS	TARGET POPULATIONS	KEY COLLABORATORS
Ensure Quality Data and Continuous Learning	Facilitate the creation of an inventory of statewide early detection and screening efforts, including those focused on education and awareness. Ensure ongoing and appropriate screening surveillance and assessments with special emphasis on Uniform Data System (UDS) reports to monitor progress to reduce inequities and disparities in early detection and screening. Promote research and the use of epidemiological data for systems and providers to know, track, and monitor screening rates and disparities. Promote research to develop an "Equity Index" to compile and encourage reporting of screening rates by safety net providers.	Georgia-based researchers and academicians. Public Health Health Systems	Morehouse School of Medicine (MSM) Georgia State University (GSU) Emory Winship Medical College of Georgia (MCG) Georgia Department of Public Health Regional Cancer Coalitions FQHCs Rural Health Clinics (RHCs) free clinics health system access clinics
Facilitate Policy Action and Advocacy	Pursue and support direct and in-kind funding and policy advocacy for cancer screening in low-income and uninsured individuals and communities.	Legislators and policymakers.	Community-based advocacy groups. State professional associations. Survivors

Cancer specific screening roundtables will share responsibility and support the Workgroup in the effort to achieve the set-out objectives.

CANCER-SPECIFIC STRATEGIC ACTIONS

Cervical Cancer

- Facilitate access to high-quality cervical cancer screening for all women, regardless of income, race, insurance, or employment status.
- Sustain existing community-based cervical cancer screening programs, including the Breast and Cervical Cancer Program (BCCP), that screen large populations of women from uninsured and underinsured groups.

Breast Cancer

- Facilitate access to high-quality breast cancer screening as well as genetic screening, counseling, and preventive clinical services related to Hereditary Breast and Ovarian Cancer syndrome (HBOC) for all women, regardless of income, race, insurance, or employment status.
- Sustain existing community-based breast cancer screening programs that screen at least 60 percent of women from racial/ethnic minority groups.
- Promote genetic screening to all low-income, high-risk, and rarely screened women 18 years and older.
- Seek Medicaid and State Health Benefit Plan reimbursement for appropriate genetic screening and counseling, as well as preventive surgeries such as bilateral mastectomies and/or oophorectomy/ salpingectomy for high-risk women.

Colorectal Cancer

- Facilitate access to high-quality colorectal cancer screening.
- Increase screening and appropriate genetic testing for colorectal cancer in adults at high risk and/or with a family history of colorectal cancer regardless of insurance status and increase screening among them.
- Conduct provider education sessions and trainings to promote accuracy of stool-based testing, screening methods, and options.
- Develop and test communications messages aimed at groups with low screening rates and other high-risk groups.
- Conduct community education initiatives to inform communities about changes to the recommended screening age change of 45 years.

Lung Cancer

- Increase the number of eligible Georgia residents screened for lung cancer regardless of income, race, insurance, or employment status.
- Encourage high-quality screening that follows existing US Prevention Task Force and/or NCCN 2 category guidelines.
- Improve access to safe and responsible screening by increasing the utilization of quality lung cancer screening programs throughout Georgia.
- Research to find the best methods for providers to know their screening rates.

Prostate Cancer

- Increase the use of population-specific screening approaches that reduce morbidity and mortality from prostate cancer and its treatment in Georgia.
- Promote the use of informed decision-making to develop appropriate screening approaches.
- Encourage Georgia-based epidemiologic/disparity research on prostate cancer screening, risk factor classification, and effectiveness.

Currently Non-screenable Cancers

- Support the engagement of key stakeholders and clinical providers in improving knowledge and practice that result in earlier detection of non-screenable cancers.
- Support research to find effective screening for other high-impact cancers like pancreatic, kidney, skin, and brain cancers.

STRATEGIES/STRATEGIC ACTIONS

5 YEAR SUCCESS MEASURE	BASELINE VALUES	TARGET VALUES
The proportion of women who receive cervical cancer screenings based on current USPSTF guidelines	77%	83%
Race, geography, income, and insurance coverage disparities in cervical cancer screening		10% reduction in gap (relative)
The proportion of women who receive breast cancer screenings based on current USPSTF guidelines	79%	82%
Race, geography, income, and insurance coverage disparities in breast cancer screening		10% reduction in gap (relative)
The proportion of adults over 45 years who have received colorectal cancer screening*	75%	80% in every community where intervention and measurements occur, including FQHCs; 75% of Behavioral Risk Factor Surveillance System (BRFSS) reporting
Race, geography, income, and insurance coverage disparities in colorectal cancer screening		10% reduction in gap (relative)
Level of reported informed decision-making about prostate screening	66% of Georgia men 40+ did not discuss the advantages or disadvantages of PSA. For men who spoke with providers, 44% only discussed the advantages of PSA, and 37% discussed the disadvantages of PSA testing.	At least 70% of men report having talked with their healthcare provider about the advantages and disadvantages of PSA testing
Amount of Georgia-based prostate cancer screening research		Complete at least two prostate cancer research projects by 2024
Early-stage rates in target cancers (stratified by race and gender)	**Breast**: Overall increase in early stage by 0.3%. **Cervical**: Overall decrease in early stage by 0.9%. **Colorectal**: Overall decrease in early stage by 3.4%. **Lung**: Overall increase by 2.2%. **Prostate:** Overall decrease by 3.8%;	5% increase over the period for the five target cancers
Early detection rates for other cancers - skin cancer, pediatric cancers, etc.		10% increase in the rate of nontarget cancers that are detected

* At the time of creation, the guidelines were for adults over the age of 50; as of 2019, the guidelines have changed, and it has been updated to reflect such.

III. MAINTAINING EXCELLENCE IN THE DIAGNOSIS, STAGING, AND TREATMENT OF CANCERS

OBJECTIVES

Objective 1: Increase use of evidence-based practices in cancer diagnosis, staging, and treatment across Georgia, with special emphasis on, though not limited to, the five target cancers1, and focus on burdened[2] populations in Georgia.

Objective 2: Increase equity in cancer care delivery by identifying and addressing the root causes of the diagnosis, staging, and treatment disparities in Georgia, emphasizing the five target cancers and burdened populations.

BACKGROUND

A focus on early diagnosis of cancer, rapid and accurate staging, and quality evidence-based treatment will potentiate good population-level outcomes throughout the state.

In Georgia from 2013-2019:

- 58% of colorectal cancers were diagnosed at a late stage, while only 38% were diagnosed early.
- 80% of lung cancers were diagnosed at a late stage.
- Among Georgia women, 68% of breast cancers were diagnosed at an early stage.
- Among Georgia women diagnosed with cervical cancer, 41% had early-stage cancers.
- Among Georgia men diagnosed with prostate cancer, 78% had early-stage cancers.

Median time to treatment for target cancers varied for the same period, depending on the type of cancer, with a low of 28 days on average for colorectal cancer to a high of 42 days for cervical cancer.

While currently, 85% of the treatment of patients with cancer is occurring in centers and facilities that have been accredited by the Commission on Cancer (CoC), some populations have more significant barriers to accessing appropriate diagnosis and care.

Though the last plan implementation period was affected by the COVID pandemic, efforts to promote quality care through Project ECHO sessions to enhance the skills of oncologists and other physicians were a staple. There still needs to be more accrual to clinical trials in general and even more marked in populations of color.

STRATEGIES/STRATEGIC ACTIONS

STRATEGY	STRATEGIC ACTIONS	TARGET POPULATIONS	KEY COLLABORATORS
Broaden Public Awareness and Engagement	Increase public awareness of treatment guidelines, standards of care, and access to clinical trials to increase early diagnosis and intervention for cancers with high morbidity and mortality burden. Promote and emphasize care delivery at the Commission on Cancer (CoC) accredited hospitals/centers and underscore the value of using Cancer Program Practice Profile Reports (CP3R) in decision-making.	Georgia-based researchers and academicians. Communities in public health districts with the greatest cancer burden and high social Vulnerability Index (SVI) scores.	Regional Cancer Coalitions Georgia CORE Media outlets Faith-based organizations Civic and Survivorship groups
Improve Provider Education, Clinical Training and Practice	Facilitate regional cross-institutional partnerships (focusing on CoC-accredited and non-CoC-accredited facilities in underserved areas) and ECHO training to increase standards of care, accruals to trials, and adoption of best practices across the state. Collaborate with key stakeholder groups to encourage more nurses to complete the Oncology Nursing Certification (ONC) program. Support the efficiency of hand-offs between screening, diagnosis, and treatment by engaging key referral partners along the continuum, care navigators, and primary care physicians. Facilitate and promote multidisciplinary approaches to oncology care delivery at institutions and within health systems. Monitor, track, and promote changes to care guidelines as recommended and/or incorporated by the CoC.	Primary care and oncology practitioners in public health districts with the greatest cancer burden and high SVI scores.	Professional Associations (Nurses, physicians, other clinicians, tumor registrars, etc.) GHA GAPHC GASCO Kaiser Permanente ACS Georgia CORE Regional Cancer Coalitions Hospital systems serving low-income, uninsured, rural populations.

STRATEGIES/STRATEGIC ACTIONS

STRATEGY	STRATEGIC ACTIONS	TARGET POPULATIONS	KEY COLLABORATORS
Ensure Quality Data and Continuous Learning	Establish the current state of, and actively/ continuously track, the amount and type of diagnosis, staging, and treatment research currently ongoing throughout the state. Support and/or commission statewide and community-based studies to understand: • the impact of health equity improvements and reductions in diagnosis, staging, and treatment disparities on survivorship outcomes. • best practices to increase participation in clinical trials, especially in people of color.	Communities in public health districts have the greatest burden and high social Vulnerability Index (SVI) scores.	Regional Cancer Coalitions Georgia CORE Media outlets Faith-based organizations Civic and Survivorship groups

5 YEAR SUCCESS MEASURE	BASELINE VALUES	TARGET VALUES
% of cancer patients (18-64 yrs.) reporting that they have a personal doctor or health care provider	87%	100%
% cancer patients (18-64 yrs.) reporting they've had a routine check-up in the preceding 12 months	2%	25%
% of cancer patients (18-64 yrs.) reporting that they have no health insurance	5.6%	<1%
% of patients reported that they received instructions from a doctor, nurse, or other health professional about where to return or who to see for routine cancer check-ups after completing treatment for cancer	None (New Measure)	>65%
Number and/or percent (%) of patients who receive oncology services in NCI-designated and/or CoC-accredited institutions and affiliated centers	85%	90% of patients receive care at CoC-accredited institutions
Accrual rate to trials with attention to disparities across groups (race, geography, etc.)	None (New Measure)	5% of patients (CoC and NCORP) report participation in trials
% of cancer patients reporting that they participate in a clinical trial as part of their cancer treatment	None (New Measure)	>20%

STRATEGIES/STRATEGIC ACTIONS

5 YEAR SUCCESS MEASURE	BASELINE VALUES	TARGET VALUES
Median time to treatment	Lung = 34 days Colorectal = 28 days Breast = 37.8 days Prostate = 89 days Cervical = 42 days	Less than 25 - 30 days Less than 25 - 30 days Less than 25 - 30 days Less than 25 - 30 days Less than 25 - 30 days
Late-stage diagnosis rate	Lung M = 7% (decreasing) F = 2.62 (decreasing) Colorectal M = 0.89 (decreasing) F = 0.4% (decreasing) Breast F = 0.1% (increasing) Prostate M = 3% (increasing) Cervical F = 6% (increasing)	3-5% reduction in rate 3-5% reduction in rate 3-5% reduction in rate 3-5% reduction in rate 3-5% reduction in rate
Number of trainings and convenings (including cancer registry training)	N/A	At least one annual convening of providers and key stakeholder groups
Inventory of number and type of diagnosis, staging, and treatment research		Inventory established
Mortality rates with attention to disparities across groups (race, geography, etc.)	**Males** Lung decreased by 5%, Prostate decreased by 2%, Colorectal decreased by 2% **Females** Lung decreased by 3%; Breast decreased by 1%; Colorectal decreased 0.4; Cervical decreased by 0.6%	Reduced mortality rates by 5 - 10% over the period in lung, colorectal, breast cervical, and prostate cancers

IV. FACILITATING STATEWIDE ACCESS TO PALLIATIVE CARE AND SUPPORT

OBJECTIVES

Objective 1: Accurately define the baseline landscape of oncological palliative care by 2024 and establish annual updates by 2029.

Objective 2: Develop and implement a sustainable strategy to connect and inform interdisciplinary professionals (nurses, CNAs, care teams, social workers, chaplains, therapists, interpreters, etc.), providers, patients, organizations, and institutions in Georgia about oncological palliative care best practices.

Objective 3: To educate communities about oncological palliative care, focusing on underserved and vulnerable populations for palliative resources and access.

Objective 4: Improve access to oncological palliative care for adults and children in Georgia.

BACKGROUND

Palliative care is an approach to patient, family, and caregiver-centered healthcare that focuses on optimal management of serious illness, such as cancer. Palliative care focuses on improving the quality of life and alleviating the symptoms of an illness while helping patients and caregivers understand their treatment choices. Palliative care aims to provide a heightened quality of life by incorporating psychosocial and spiritual care that parallels the patient's values, needs, and cultures.[18]

Integrating palliative care into routine cancer care can lead to better patient and caregiver outcomes by mitigating symptoms, improving quality of life, lessening caregiver burden, and improving survival.[19] Palliative care differs from facility to site. Additionally, palliative care access is not equal and universal to all.

Disparities, especially along racial and socioeconomic lines, continue to affect fair access to and use of palliative care negatively.

Several factors contribute to access, including the type of hospital that a patient can access, the geography and location of the hospital/care center, and the patient's race, ethnicity, and socioeconomic background.[20]

The value of palliative care and its recognition as a necessary part of medical and end-of-life care has grown in recent years. The National Comprehensive Cancer Network (NCCN), American Academy of Hospice and Palliative Medicine (AAHPN), the Commission on Cancer (CoC), and the American Society of Clinical Oncology (ASCO) all offer guidance on standards of palliative care, which include some of the following elements.[21]

18. U.S. Department of Health and Human Services, National Institute on Aging. (2021, May 14). What Are Palliative Care and Hospice Care? Retrieved August 24, 2023, from https://www.nia.nih.gov/health/what-are-palliative-care-and-hospice-care.
19. Dans, M., Kutner, J. S., Agarwal, R., Baker, J. N., Bauman, J. R., Beck, A. C., Campbell, T. C., Carey, E. C., Case, A. A., Dalal, S., Doberman, D. J., Epstein, A. S., Fecher, L., Jones, J., Kapo, J., Lee, R. T., Loggers, E. T., McCammon, S., Mitchell, W., Ogunseitan, A. B., … Campbell, M. (2021). NCCN Guidelines® Insights: Palliative Care, Version 2.2021. Journal of the National Comprehensive Cancer Network: JNCCN, 19(7), 780–788. https://doi.org/10.6004/jnccn.2021.0033
20. American Cancer Society, Cancer Action Network. (2021, February 4). Disparities in Palliative Care. Retrieved on August 24, 2023, from https://www.fightcancer.org/sites/default/files/ Disparities%20in%20Access%20to%20Palliative%20Care%2020th%20Anniversary_.pdf.
21. American College of Surgeons. (2023). Optimal Resources for Cancer Care: 2020 Standards. Retrieved on August 24, 2023, from https://www.facs.org/quality- programs/cancer-programs/commission-on-cancer/standards-and-resources/2020/.

- All cancer patients are to be screened for palliative care needs at their initial visit, at appropriate intervals, and when determined clinically necessary. The time to start palliative care is as soon as a patient's cancer becomes advanced.

- Institutions and facilities should develop processes and policies for integrating palliative care into cancer care as part of usual oncology care for patients with specialty palliative care needs.

- Palliative care should include relationship building with patients and their caregivers; symptom management including (but not limited to) nutrition assistance, pain management, clarification of treatment goals, support of coping needs, and assistance with medical decision-making through collaboration with the patient and other care providers.

- Palliative care specialists and interdisciplinary palliative care teams, including board-certified palliative care physicians, advanced practice nurses, physician assistants, social workers, chaplains, and pharmacists, should be readily available to provide consultative or direct care to patients/ families/caregivers and/or health care professionals who request or require their expertise.

- Quality of palliative care should be monitored by institutional quality improvement programs that focus on improving access to on-site and off-site palliative care services, having a policy or procedure in place regarding palliative care services that includes all the elements of quality palliative care, and a process for providing and referring palliative care services to patients that are monitored, evaluated, and reviewed for improvement at regular intervals.

STRATEGIES/STRATEGIC ACTIONS

STRATEGY	STRATEGIC ACTIONS	TARGET POPULATIONS	KEY COLLABORATORS
Ensure Quality Data and Continuous Learning	Develop and maintain a palliative care resource inventory to better understand the baseline of palliative care services in GA so that areas with inadequate access can be addressed. To be available in multiple languages.	The whole state of GA, but the result will show where (geographically) access to Palliative Care is lacking.	Winship at Emory GHPCO Georgia Center for Oncology Research and Education (GA CORE) Piedmont Health Systems WellStar Health Systems Georgia Health Care Association (GHCA)
Broaden Awareness and Engagement	Improve access to palliative care resources and education for cancer patients and their families.	All Georgians will focus on low socioeconomic status peoples, immigrants, non-English speaking, Black/AA and Latinx communities.	Winship at Emory Piedmont Health Systems WellStar Health System
Improve Provider Education, Clinical Training and Practice	Utilize ECHO to its fullest potential to educate, connect, and track involvement by contacting big health systems/organizations (DPH, WellStar, Winship, etc.) to promote ECHO meetings. Encourage the identification/ Increase in the number of interprofessional palliative care providers.	Interdisciplinary professionals, patients, organizations, and institutions in Georgia.	Winship at Emory Piedmont Health Systems WellStar Health Systems Georgia Department of Public Health
Facilitate Policy Action and Advocacy	Collaborate with health insurers and legislators to increase the number of Georgians whose insurance covers x services or covers the standard of care for palliative care. Improve telemedicine as a point of access.	Medical/ clinical professionals in Georgia, legislators, and community leaders.	Georgia Medical Directors Association (GMDA)

STRATEGIES/STRATEGIC ACTIONS

5 YEAR SUCCESS MEASURE	BASELINE VALUES	TARGET VALUES
A completed "heat map" that shows where there are disparities in terms of access to care.*	Not applicable (N/A)	A completed heatmap representation of the state of palliative care in Georgia based on where palliative care providers and facilities are available.
Creation of a website/resource that lists all existing Palliative Care providers in the state, with the resource available in the top 3 most frequently spoken languages in GA (English, Spanish, Korean).*	Not applicable (N/A)	A completed searchable dashboard/website that contains all the palliative care providers and centers in the state of GA, which is translatable/available in 3 languages (English, Spanish, Korean).
Tracking attendance (i.e., people who show up consistently, newcomers, demographic data, etc.) to ECHO meetings.*	Not applicable (N/A)	A tracking sheet that contains ECHO attendance data.
Pre/Post surveys will be used to gauge whether the ECHO training is effective.*	Not applicable (N/A)	Surveys distributed to ECHO attendees that ask questions relevant to the training, how participants heard about ECHO, etc.
Number of new presenters (and demographics).*	Not applicable (N/A)	Number of new speakers and their demographic information.
Number of activities/events focusing on these communities and attending events/seminars.*	Not applicable (N/A)	To Be Determined (TBD)
Number of hits/metrics on social media for community events.*		
Communications/partnership with the Composite Medical Board (CMB) to advocate for expanding telemedicine for palliative care.**	Not applicable (N/A)	A solidified partnership or working agreement with the CMB that centers on expanding telemedicine for palliative care.
The number of providers increased (%) (baseline comparison to end-of-cycle comparison).	1.9 certified prescribing palliative care providers (MDs or APRNs) per 100,000 residents in GA	To Be Determined (TBD)

* There is a dearth of publicly available data to measure palliative care. This plan aims to generate a baseline for measurement, which can be reported and measured in the future.
** Section IV.B. in the strategies/strategic actions above

V. IMPROVING QUALITY OF LIFE FOR CANCER SURVIVORS

OBJECTIVES

Objective 1: Assess, establish, and report on the needs/status of Georgia's cancer survivors.

Objective 2: Support quality in clinical practice knowledge and skills of those providing regular care to survivors.

Objective 3: Enhance the engagement of health workers (i.e., patient navigators, community health workers, patient advocates, and Promotoras) to support survivors in accessing improved services.

BACKGROUND

Georgians, like all Americans, are living longer after a diagnosis of cancer. A cancer survivor is any individual from the time of diagnosis through the balance of their life. The National Cancer Institute defines survivorship as "being focused on the health and wellness of a cancer patient post-treatment until the end of life. It covers the physical, psychosocial, and economic issues of cancer beyond the diagnosis and treatment phases. Survivorship includes issues related to the ability to get health care and follow-up treatment, late effects of treatment, second cancers, and quality of life." Survivorship includes family members, friends, and caregivers impacted by the survivorship experience.

As of January 2022, there are approximately 18.1 million cancer survivors in the United States, constituting roughly 5% of the population. It is anticipated that by 2032, the number of cancer survivors will experience a significant rise of 24%, reaching a total of 22.5 million individuals.[22,23] The estimated number of cancer survivors in Georgia as of January 2022 is 485,770 individuals with cancer.[24] Based on the most recently reported data, the most common cancer sites among adult survivors in Georgia are breast (16%), skin (14%), and prostate (17%).[25] Of the cancer survivors, 75% are 50 years old or older, and approximately 25% of cancer survivors had an income level of $75,000 or more.[26]

Cancer survivorship is dependent on the stage of the disease when the cancer is diagnosed. The five-year relative survival rate for individuals diagnosed with cancer of any site is 69%. Relative survival provides an estimation of the percentage of patients who are anticipated to survive the impact of their cancer, focusing solely on cancer-related mortality and excluding the risk of death from other unrelated causes. There are more female survivors (58%) than male survivors (42%).[27] Among females, non-Hispanic whites have the highest survival rates compared to other groups.

22. National Cancer Institute. (2022). Division of Cancer Control and Population Sciences. National Institutes of Health (NIH). Statistics and Graphs. Retrieved from: https://cancercontrol.cancer.gov/ocs/statistics.
23. The National Cancer Institute's definition of a survivor includes defines a cancer survivor as: "An individual is considered a cancer survivor from the time of diagnosis, through the balance of his or her life. Family members, friends, and caregivers are also impacted by the survivorship experience and are therefore included in this definition."
24. American Cancer Society. (2022). Cancer Treatment and Survivorship Facts and Figures 2022-2024. Retrieved from: https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-treatment-and-survivorship-facts-and-figures/2022-cancer-treatment-and-survivorship-fandf-acs.pdf.
25. Georgia Department of Public Health. (2017). Georgia Behavioral Risk Factor Surveillance System
26. National Cancer Institute. (2019). Division of Cancer Control and Population Sciences. Surveillance Research Program. Retrieved from: https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-treatment-and-survivorship-facts-and-figures/cancer-treatment-and-survivorship-facts-and- figures-2019-2021.pdf
27. CDC and NIH. (2016-2020). State Cancer Profiles. Retrieved from: https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=georgia#t=3.

The CDC National Comprehensive Cancer Control Program's priorities include utilizing surveillance to assess survivors' needs, offering education programs to empower the survivors, caregivers, and providers in making informed decisions, implementing patient navigation systems to optimize treatment and care, and advocating for policies and systems changes to enhance access to palliative care and other vital cancer resources and services.

According to the American Society of Clinical Oncology, survivorship care is a specific approach taken to address the long-term needs of cancer survivors, including monitoring for and managing long-term and late effects and health promotion. In Georgia, disparities are evident among cancer survivors, as they experience higher rates of cardiovascular disease, diabetes, and obesity compared to adults who have never received a cancer diagnosis.28

It is important to improve the quality of life for cancer survivors. This can be improved through continued surveillance, applied research, and evaluation. Increasing and maintaining physical activity among cancer survivors also improves the quality of life.

STRATEGIES/STRATEGIC ACTIONS

STRATEGY	STRATEGIC ACTIONS	TARGET POPULATIONS	KEY COLLABORATORS
Ensure Quality Data and Continuous Learning	Complete one data survivorship needs reassessment among cancer survivors and caregivers over the implementation period with a focus on underserved and disproportionately affected communities and target populations. Track health, pathological conditions, and health behaviors among cancer survivors from BRFSS data biennially through DPH to inform survivorship education and support efforts with a focus on low-income and uninsured populations. Disseminate the need for reassessment findings and data analysis in culturally appropriate ways amongst key stakeholders, non-profits that serve cancer survivors, and CoC hospitals within Georgia.	Survivors and caregivers with emphasis on the target population. Survivors with emphasis on the target population. Survivors, healthcare professionals, nonprofit organizations, community leaders, and faith-based organizations.	Georgia CORE Emory University Georgia Department of Public Health Survivor Associations

28. CDC and National Cancer Institute. (2020). U.S. Department of Health and Human Services. U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018). Retrieved from: www.cdc.gov/cancer/dataviz

STRATEGIES/STRATEGIC ACTIONS

STRATEGY	STRATEGIC ACTIONS	TARGET POPULATIONS	KEY COLLABORATORS
Improve Provider Education, Clinical Training and Practice	Organize and host at least two interdisciplinary cancer survivorship conferences. Develop online and in-person cancer survivorship training for professional cadres (i.e., patient navigators, community health workers, patient advocates, and promotors) focused on connecting cancer survivors to available resources. Conduct data collection to assess health professionals' perspectives in clinical/non-clinical settings to improve patient-reported outcomes (PROs) and health-related quality of life (HQRLs) for cancer patients/co-survivors.	Survivors Nonprofits Researchers Caregivers Policymakers Community Health Workers, patient navigators advocates promotors Patient-facing healthcare professionals Primary care providers Patient advocates Liaisons Financial counselors Social workers	American Cancer Society (ACS) Georgia Center for Oncology Research and Education (Ga CORE) Morehouse School of Medicine Mercer School of Medicine Emory University Medical College of Georgia (MCG) Cancer Patient Navigators of Georgia (CPNG) Georgia Community Health Worker Network Oncology Nursing Society (ONS) Association of Oncology Social Work (AOSW) Georgia Society of Clinical Oncology (GASCO)
Facilitate Policy Action and Advocacy	Create partnerships with community-based organizations to expand the reach of survivorship efforts. Create partnerships with primary care providers to provide community-based care for survivors throughout the state. Secure funding and other resources to support survivorship efforts and community-based collaborations.	Community-based organizations Primary Care Providers Funders	Regional Cancer Coalitions Georgia CORE Georgia Association for Primary Health Care (GAPHC) Georgia Academy of Family Physicians (GAFP) Georgia Society of Clinical Oncology (GASCO) Emory University American Cancer Society (ACS)

STRATEGIES/STRATEGIC ACTIONS

5 YEAR SUCCESS MEASURE	BASELINE VALUES	TARGET VALUES
Survivorship Needs Reassessment completed	Not applicable (N/A)	One Survivorship Needs Reassessment will be completed.
Data reports completed	Not applicable (N/A)	At least two data reports will be completed.
Number of communication materials distributed	Not applicable (N/A)	Communication materials will be distributed at the GASCO Annual Meeting and the American Public Health Association (APHA) Conference.
The survivorship conference hosted and the number of attendees	Not applicable (N/A)	At least two conferences will be held.
Number of partnerships created to expand survivorship care and resources	Not applicable (N/A)	To Be Determined (TBD)
Number of educational sessions and materials Follow up with evidence-based guidelines and implementations	Not applicable (N/A)	At least ten educational sessions will be held.
Number of grants submitted and amount of funding received	Not applicable (N/A)	To Be Determined (TBD)
Number of surveys completed Survivors' quality of life	Not applicable (N/A)	At least two surveys will be completed.

APPENDIX A

CALL TO ACTION: DOING YOUR PART

BACKGROUND

Everyone plays a role in the fight against cancer. If you are a cancer survivor, caregiver, policymaker, employer, school staff, student, community leader, or healthcare professional...your contribution and participation are vital in the fight against cancer.

A call to action encourages people to act on an issue. By providing clear direction through actions and opportunities, the Georgia Cancer Control Consortium hopes to create an urgency, facilitate interaction, and create a path for all Georgians to be engaged in the Cancer Plan

WHAT CAN INDIVIDUALS DO?

	Prevention	Early Detection	Care/Survivorship	Policy/System Change
Personally	• Stop smoking or vaping, or never start. Call the Georgia Tobacco Quit Line (877-270-STOP) to receive support in stopping tobacco use. • Avoid secondhand smoke. • Plan and fix healthy meals and snacks. Eat more healthy foods. • Maintain a healthy weight. Be more active. • Protect skin and eyes from sun/ UV radiation. • Stay current on vaccines – especially the HPV vaccine for children and youth. • Test your home for radon. Eliminate high levels.	• Get recommended screenings. • Discuss your family health history with other family members and your health care providers. Get recommended screenings.	• Support individual cancer survivors and caregivers in your community with transportation, meals, and childcare. • Encourage cancer patients to explore clinical trials.	Urge grocery stores, bodegas, corner stores, etc., to include healthy food options.
Community	• Support healthy food and drink standards for schools and community buildings. • Sponsor tobacco prevention and cessation programs. • Support public recreation programs.	• Encourage family, friends, and coworkers to get recommended screenings. • Support screening programs in your community.	Volunteer with and/or support agencies and organizations that help cancer survivors.	• Educate legislators and/or policymakers about community cancer needs. • Be an advocate for funding needed for cancer prevention, screening, treatment, and research. • Educate staff of local governments and agencies about the need for healthy lifestyle programs and expanded clean air initiatives in schools, communities, workplaces, and places of worship.

WHAT CAN COMMUNITY ORGANIZATIONS DO?

	Prevention	Early Detection	Care/Survivorship	Policy/System Change
Personally	• Adopt a smoke-, tobacco- and vape-free policy inside and outside of buildings. • Provide healthy food at events, meals, and in vending machines. • Encourage employees and volunteers to take time during the day for physical activity. • Provide safe spaces for physical activity. • Provide sun protection to employees and volunteers who work outside.	• Provide health screening events. • Encourage employees and volunteers to get regular health screenings. • Provide cancer awareness information to employees and volunteers.	• Provide support for employees and volunteers during cancer treatment. • Provide survivorship information and services to employees and volunteers.	Adopt Policies that: 1. Make all facilities smoke-, tobacco-, and vape-free; 2. Encourage healthy eating; 3. Encourage physical activity 4. Provide safe spaces for physical activity; and 5. Provide sun protection. 6. Provide health insurance coverage and access to care, if possible.
Community	• Start tobacco cessation programs. Promote the Georgia Tobacco Quit Line (877-270- STOP) to tobacco users. • Encourage physical activity through walking clubs or other organized activities. • Encourage sun-safe behaviors and sun-protected physical environments. • Educate others about the need for radon testing and mitigation in homes, schools, workplaces, and public buildings. • Partner with others in the community to sponsor prevention programs.	• Partner with others in the community to sponsor health screening events. • Provide cancer awareness information to constituents.	• Promote patient navigation and community health worker programs. • Provide community services like support groups and counseling. • Set up programs to help individual cancer survivors, e.g., provide transportation to treatment, meals, respite care for caregivers, childcare, etc. • Encourage participation in clinical trials.	• Educate legislators/ policymakers about the need for cancer prevention, screening, treatment, and research. • Encourage local government agencies to develop healthy living programs and clean-air policies. • Establish programs to provide cancer prevention, education, screening/follow-up, and support for cancer patients.

WHAT CAN BUSINESSES DO?

	Prevention	Early Detection	Care/Survivorship	Policy/System Change
Personally	• Adopt a smoke-, tobacco-, and vape-free policy inside and outside of buildings. • Encourage employees to adopt a healthy lifestyle, including healthy meals and physical activity. • Provide healthy food at events, meals, and in vending machines. • Provide safe spaces for physical activity. • Provide sun-protective clothing and sunscreen for outside workers. • Educate employees about home radon testing.	• Provide full financial coverage for recommended cancer screenings. • Allow paid time off for cancer screenings. • Promote the Georgia Tobacco Quit Line (877-270-STOP) to tobacco users.	• Educate employees about patients' rights in the Americans with Disabilities Act. • Carry or offer short and long-term disability insurance. • Educate employees on how to help a coworker return to work after cancer treatment.	• Adopt policies that support healthy behaviors. • Adopt a smoke, tobacco, and vape-free policy inside and outside of buildings. • Provide health insurance coverage to all employees.
Community	• Team up with other businesses to start tobacco cessation programs. • Promote the Georgia Tobacco Quit Line (877-270- STOP) to tobacco users. • Encourage physical activity through walking clubs or other activities. • Encourage sun-safe behaviors and sun-protected physical environments.	Partner with community members to support outreach education and health screening events.	Participate with partners in community events that sponsor cancer screening opportunities and support cancer survivors.	• Educate legislators and/or policymakers about the funding for cancer prevention, screening, treatment, and research. • Ensure all evidence-based treatment is provided by insurance with no cost to the patient.

WHAT CAN SCHOOLS DO?

	Prevention	Early Detection	Care/Survivorship	Policy/System Change
Personally	• Provide healthy foods and drinks. • Provide daily recess and incorporate physical activity into regular classroom lessons. • Encourage sun-safe behaviors. • Incorporate healthy living messages in classes. • Incorporate cancer prevention messages in health classes. • Test buildings for radon.	Educate students about the importance of age-appropriate cancer screenings.	Work with students to ease a student's return to school after cancer treatment.	• Educate policymakers about the need for healthy lifestyle programs on campus. • Educate legislators and/or policymakers about the funding for cancer prevention, screening, treatment, and research.
Community	• Maintain smoke-, tobacco- and vape-free campuses. • Adopt a campus-wide policy promoting healthy foods and drinks. • Increase physical education requirements and physical activity opportunities. • Offer sun-protected play areas for children. • Educate students and parents about the HPV vaccine. • Provide educational opportunities for parents to learn about the importance of healthy food and physical activity for their family.	Provide educational opportunities for parents to learn about the HPV vaccine to prevent cervical cancer.	• Educate staff and faculty about patients' rights in the Americans with Disabilities Act. • Educate school personnel about cancer treatment and survivorship issues. • Educate school personnel on how to ease a student or staff member's return to school after cancer treatment. • Provide counseling services for students whose parents are going through cancer treatment.	Adopt policies that: 1. make all facilities smoke, tobacco, and vape-free; 2. encourage healthy eating; 3. encourage physical activity; 4. provide safe spaces for physical activity; and 5. provide sun protection.

WHAT CAN HEALTHCARE PROFESSIONALS DO?

	Prevention	Early Detection	Care/Survivorship	Policy/System Change
Personally	• Encourage patients and staff to 1. adopt a healthy lifestyle: 2. avoid tobacco use, secondhand smoke and vaping; 3. eat healthy foods; 4. be physically active; and 5. use sunscreen. • Refer tobacco users to the Georgia Tobacco Quit Line (877- 270-STOP). • Maintain a smoke, tobacco, and vape-free environment inside and outside facilities. • Administer appropriate vaccines.	• Recommend and/or provide appropriate cancer screenings. • Allow time off work for cancer screenings. • Provide insurance coverage for cancer screenings.	• Provide appropriate medical care, information, and referral for survivors. • Use patient navigators and community health workers when appropriate. • Coordinate between specialists and primary care providers to meet survivors' health needs. • Encourage participation in clinical trials as a treatment option. • Provide tobacco treatment or referrals to cancer survivors who smoke or use tobacco products.	Integrate tobacco treatment clinical practice guidelines into clinical protocols.
Community	• Team up with others in the community to: • start tobacco cessation programs; • sponsor walking clubs or other physical opportunities; and • sponsor educational opportunities on healthy lifestyles and sun safety.	Partner with community members to support outreach education and health screening events.	Offer survivorship educational forums for patients and caregivers.	• Work for policy changes to support healthy behaviors. • Establish programs to provide cancer prevention, education, screening/ follow-up, and support for cancer patients. • Educate legislators/ policymakers to ensure the availability and support for cancer prevention, screening, and treatment.

APPENDIX B

ACHIEVEMENTS

General:

A successful Georgia Cancer Summit occurred in January 2023. The meeting, jointly sponsored by DPH, Georgia CORE, and Winship Cancer Center, provided meaningful sharing and discussion among cancer control stakeholders across the state.

GA CORE celebrated its 20th anniversary and honored many individuals integral to the state's cancer control efforts. More than 300 people were present at the event, which was noted to be extraordinarily high quality.

The Consortium's Legislative and Advocacy subcommittee continues to plan and host Cancer Prevention Day at the Capitol. The event allows members of the Georgia Cancer Control Consortium to interface with key state legislators and provide them with information about the successes of the Consortium and the expected strategic direction for the next few years.

The Consortium supported ACS CAN in building a coalition supporting the legislation to broaden access to biomarker testing and requiring state-regulated insurance plans to cover biomarker testing if a physician deems it necessary. The bill passed both floors and was signed into law by the Governor. Other legislative highlights include:

- Vaping was added to the Clean Air Act, which means that designated non-smoking areas also include vaping.
- A clinical trials bill was passed, clarifying state law that reimbursement for participation in clinical trials does not constitute illegal inducement.

In support of the Georgia Cancer Control Consortium efforts, the DPH developed an interactive cancer measures dashboard with incidence, mortality, prevalence statistics, staging data, survivorship measures, and screening rates/risk factors. The dashboard will also overlay social determinants of health data and other environmental risk factors.

Community Health Workers are being deployed by the state cancer regional coalitions as cancer patient navigators, community educators, and connectors to cancer prevention and screening resources.

DS&T: Diagnosis, Staging & Treatment

The group has facilitated using ECHO technology and approaches to connect providers from Commission on Cancer (CoC) accredited and non-CoC accredited institutions to improve the opportunity for quality cancer care across the state. A series of monthly sessions was developed to support non-CoC accredited institutions in becoming accredited through a phase-based approach.

The Georgia Center for Oncology Research and Education (Georgia CORE) and the Georgia Society of Clinical Oncology (GASCO) cohosted a one-day statewide Cancer Clinical Trials Disparities Summit for oncology professionals to discuss overcoming barriers to clinical trial participation.

ED&S: Early Detection & Screening

Georgia is one of 16 states to receive funding from the American Cancer Society (ACS) ($15,500) to support the work of the screening Roundtables. The funding is being used to focus on engagement activities centered around lung cancer and colorectal cancer roundtables, including conducting outreach with professional organizations to share the importance of screening and targeting messaging.

Over the period, three Roundtables have been fully established to address the state's lung, colorectal, and prostate cancers. The Steering Team has restructured how this Workgroup will function, and it is expected, in the coming year, to have responsibility for aligning the work of the Roundtables and promoting the practice of evidence-informed screening methodologies that help in the early detection of cancers. Using ECHO technology (Extension for Community Health Outcomes) has been a significant component of the ED&S activities.

The Prostate Cancer Roundtable was established with three Co-Chairs – Brian Rivers, Al Bartell, and Scott Miller. The group created a subcommittee structure with a dedicated initial focus on (a) policy, (b) awareness and communication, and (c) access. Initial actions will likely address provider education and data challenges to understand the true scope of challenges to clients and the care system. This is the first prostate roundtable in the country.

The Colorectal Cancer Roundtable has grown to include over 50 organizations that have pledged support to increase the number of eligible individuals screened and decrease the number of individuals presenting with late-stage disease. This group has also used ECHO as a mechanism for engaging providers.

HPV:

The HPV Workgroup reached the following notable achievements:

Expanded Partnerships:

- Formulated partnerships with healthcare and community-based organizations, such as CareSource, Cancer Pathways, Hispanic Health Coalition of Georgia, and Northside Hospital.
- Partnered with Human Rights Watch and Southern Rural Black Women's Initiative for Social and Economic Justice on a research report on access to cervical cancer care in rural Georgia, published on January 20, 2022.
- Collaborated with the Georgia Campaign to Prevent Teen Pregnancy (GCAPP) in developing a parent toolkit on HPV and the HPV vaccine and presented the toolkit during the 2022 Sex Ed Summit.
- Hosted Cervical Cancer Awareness Day at the Capitol annually and offered virtual access starting in 2020.
- Hosted HPV Awareness Day annually starting in 2021 and expanded access by offering virtual participation (reaching over 400 stakeholders for Awareness Days in 2022). Continuing education credits were offered starting in 2022.

Other notable achievements:

- Wrote a successful competitive application, making Georgia one of 11 states selected for CDC's two-day HPV workshop, which led to the development and execution of a 12-month HPV work plan.
- Successful partnership for passage of Senate Bill 41, expanding access across Georgia to vaccines through pharmacists.

HPV:

- Developed an HPV Roadmap resource document, supporting coalitions and community organizations with resources and a step-by-step framework for hosting Someone You Love film screenings and other HPV awareness events. This document will be offered in English and Spanish.

Palliative Care:

Baseline for Palliative Care in GA: The Palliative Care Workgroup has been striving to understand the baseline foundation of Palliative Care in Georgia for several years. The COVID-19 pandemic served as a disrupter for this work. However, the workgroup successfully engaged a Winship Center researcher to accumulate data on Palliative Care providers in Georgia and create a repository (2023).

Project ECHO: The Palliative Care ECHO project was planned and launched in January 2022. The workgroup is offering CME and CEUs to healthcare professionals. Meetings were scheduled and planned monthly starting in 2022. The Palliative Care Workgroup has established new goals for project ECHO in the 2024-2029 Strategic Plan to serve as a point of education and networking that brings interdisciplinary medical professionals from across the state together and can serve as an opportunity to inform people about palliative care needs and best practices.

Survivorship:

The Survivorship Workgroup has achieved notable accomplishments, which include:

- **Increased Membership:** Currently, the Workgroup has thirteen active members, including two co-chairs.
- **Developed a Business Case:** The Workgroup worked with students from the Rollins School of Public Health at Emory University to survey business leaders about the value of meeting the needs of survivors and to understand what businesses need to improve support to employees, clients or consumers who are survivors.

Collecting and Disseminating Information: The Workgroup worked with students from the Rollins School of Public Health at Emory University to collect evidence-based resources to address the top unmet needs of survivors in the state as identified by the second-round needs assessment that was completed with disparate populations of cancer survivors around the state.

- Developed survivorship brochures and a website of resources to meet the needs of survivors. Worked with Georgia CORE to disseminate survivorship brochures and the website.
  - Brochures can be downloaded from georgiacancerinfo.org/ survivorship/.
- **Hosted Web Series:** A Survivorship Advocacy Council was constituted and convened four times. The Council also hosted a two-part web series titled "Your Voice, Your Power: Self-Advocacy Series."
  - View recordings here: https://www.georgiacancerinfo.org/video-library.aspx.

Other Events and Advocacy: Georgia CORE hosted different events and conferences (both in-person and virtual) to reach more cancer survivors and to provide them with the necessary information and resources to improve their lives.

- Events can be found here: https://www.georgiacancerinfo.org/events.aspx.

APPENDIX C

GEORGIA CANCER CONTROL

Steering Team

Tri-Chairs

James Hotz	Clinical Services Director, **Albany Area Primary Health Care**
Brian Rivers	Director, Cancer Health Equity Institute, **Morehouse School of Medicine**
Lynn Durham	Chief Executive Officer, **Georgia Center for Oncology Research and Education**

Members

Smitha Ahamed	Interim CEO, **East Georgia Cancer Coalition**
Fred Ammons	Executive Director, **Central Georgia Cancer Coalition**
Dennis Ballard	Program Director, **Winship Cancer Institute of Emory University**
Al Bartell	Interim Executive Director, **Georgia Prostate Cancer Coalition**
Rana Bayakly	Chief Epidemiologist, Chronic Disease, **Georgia Department of Public Health**
Karen Beard	Director, **Georgia Society of Clinical Oncology**
Shirley E. Borghi	Executive Director, **Hispanic Health Coalition of Georgia**
Brian Boyce	MD, Assistant Professor, Head and Neck Cancer Surgeon/Faculty, **Emory University**
Katharine Brock	MD, Assistant Professor of Pediatric Oncology & Palliative Care, **Emory University Children's Healthcare of Atlanta**
Monyette Childs	Deputy Director, Chronic Disease Prevention, **Georgia Department of Public Health**
Kimberly Curseen	Director of Emory Supportive/ Palliative Care Clinical Services, **Emory University**
Cati Diamond Stone	Vice President, Community Health, **Susan G Komen Foundation**
Mary Daniels	Executive Director, **American College of Physicians (Georgia Chapter)**
Cynthia George	Executive Director, **Horizons Community Solutions**
Jade Gibson	Adolescent and Young Adult Patient Advocate, Survivor, **Susan G. Komen**
Erin Hernandez	Executive Vice-President, **Northwest Georgia Regional Cancer Coalition**
Cheryl Johnson	Executive Director, **West Central Georgia Cancer Coalition**
Nancy Johnson	Administrator and PSA Director, **St. Joseph's/Candler Health System**
Adam Jones	Radiation Oncologist, **Phoebe Putney Health System**
Uzma Khan	Director, Victim Witness Program, **Gwinnett County**
Joseph Lipscomb	Professor, Health Policy & Management, **Emory University**
Colleen McBride	Associate Director for Community Outreach and Engagement, **The Winship Cancer Institute of Emory University**
Scott Miller	Urologist, **Wellstar Health System**
Pooja Mishra	Vice President, Oncology & Sickle Cell Service Line, **Grady Health System**
Yolanda Palmer	Program Manager, Cancer State Aid, **Georgia Department of Public Health**
Tonya Phillips	Associate Director, State Partnerships, **American Cancer Society**
Maria Russell	Surgical Oncologist, **Emory University & State Chair, Commission on Cancer**
Paula Sanders	Executive Director, **Georgia Hospice and Palliative Care Organization**
Sarah Sessoms	Executive Director, **Insure Georgia at Community Health Works**
Toby Sidman	Founder, **Georgia Breast Cancer Coalition**
Robert Smith	Senior Director, Cancer Control, **American Cancer Society**
Kia Toodle	Director, Chronic Disease Prevention, **Georgia Department of Public Health**
Nannette Turner	Chair, Associate Professor, DPH, College of Health Professions, **Mercer University**
Kevin Ward	Georgia Center for Cancer Statistics, **Emory University**
Karen Wasilewski-Masker	Clinical Director, The Aflac Cancer & Blood Disorders Center at Scottish Rite, **Children's Healthcare of Atlanta**
Astrid Wilkie-McKellar	Community Outreach Manager, **Northside Hospital Cancer Institute**

APPENDIX D

WORK GROUP MEMBERSHIP

HPV Prevention

Co-Chairs

Brian Boyce	Assistant Professor, Head and Neck Cancer Surgeon/Faculty, **Emory University**
Astrid Wilkie-McKellar	Manager, **Community Outreach & Engagement Program, Northside Hospital**

Members

Allison Agnew	Outreach Coordinator, **Northwest Georgia Regional Cancer Coalition**
Leanne Alexander	Associate Director, **U.S. Vaccine Policy and Government Relations, MERCK**
Bob Bednarczyk	Assistant Professor, **Winship Cancer Institute**
Shirley E. Borghi	Co-Vice Chairman and Executive Director - Federal Certified Navigator**, Hispanic Health Coalition of Georgia**
Andre Vasi	Research Associate, **Georgia Health Policy Center**
Noreen Dahill	Immunization Coordinator, **Georgia Chapter American Academy of Pediatrics**
Gabrielle Darville	Strategic Director, **The National HPV Roundtable**
Crystal Hand	Associate Director, **Three Rivers AHEC**
Triana James	**Susan Jolly Foundation Awareness Program**
Adrian King	Public Health Research/ Evaluation Specialist, **ICF**
Jana Mastrogiovanni	Program Manager, **Cancer Pathways**
Roland Matthews	Obstetrician/Gynecologist, **Morehouse School of Medicine**
Tonya Phillips	Senior Manager of State and Primary Care Systems, **American Cancer Society**
Kenneth Simon	Associate Director of Vaccine Sales, **MERCK**
Kaprice Welsh	Clinical Liaison, **Georgia Obstetrical and Gynecological Society**
Teresa McLean	Executive Director, Georgia Colon Cancer Prevention Project, **Unified Healthcare for the Rural Underserved**
Amy Baldwin	Associate Professor of Microbiology, **University of Georgia**
Lisa Pennington	Women & Children's Health Outcomes Manager, **CareSource**
Annerieke Smaak Daniel	Researcher, **Human Rights Watch**
Ed Brown	Patient Advocate, **The Oral Cancer Foundation**
Cemonia Hall	Cervical Cancer Survivor
Courtney Petagna	Public Health Program Associate, **Emory University**
Jill Remick	Associate Professor, **Emory University**
Jose Rodriguez	Pediatrician, **Wellstar**
Sarah Bobrow-Williams	Researcher, **Southern Rural Black Women's Initiative**
Mira Colter	Oral Health Program Manager, **Georgia Department of Public Health**
Cam Escoffery	Professor and Interim Chair, **Emory University**
Keri Hill	Senior Director, School-based Initiatives, **GCAPP**
Kyra Hester	Vaccine Exemplar Project Coordinator, **Emory University**
Shelia Lovett	Director, Immunization Program, **Georgia Department of Public Health**
Anne Bruno-Gaston	Public Health Educator, **Georgia Department of Public Health**

Early Detection and Screening

Co-Chairs

James Hotz	Co-Chair and President, **Albany Area Primary Health Care**
Nanette Turner	Chair, Associate Professor, Department of Public Health, College of Health Professions, **Mercer University**

Members

Madelyn R Adams	Director, Community Benefit, **Kaiser Permanente of Georgia**
Fred Ammons	President/CEO, **Community Health Works**
Denise Ballard	Program Director, **Winship Cancer Institute of Emory University**
Karen Beard	Director, **Georgia Society of Clinical Oncology**
Vickie Beckler	I-ELCAP Coordinator, RN, **WellStar Health System**
Shirley Borghi	Co-Vice Chairman and Executive Director, **Hispanic Health Coalition of Georgia**
Terri Dumas	Director, Women's Health District Programs, BCCP & Family Planning, **Georgia Department of Public Health**
Mary Daniels	Executive Director, **American College of Physicians (Georgia Chapter)**
Kelly Durden	Account Representative, State Health Systems, **American Cancer Society-Georgia Chapter**
Cam Escoffrey	Associate Professor, Department of Behavioral Sciences and Health Education, **Rollins School of Public Health, Emory University**
Danny Futrell	Medical Director, **CIGNA**
Cynthia Merchant	CEO, **Horizons Community Solutions**
Erin Hernandez	President/CEO, **Northwest Georgia Regional Cancer Coalition**
Tenetta Holt	Regional Education Coordinator, **West Central Georgia Cancer Coalition**
Cheryl Johnson	President/CEO, **West Central Georgia Cancer Coalition**
Adam Jones	Radiation Oncology Associates, **Phoebe Putney Health System**
Alice Kerber	Advanced Practice Nurse in Oncology and Genetics, **Georgia Center for Oncology Research and Education**
Jim Kruse	Chief, Surgical Oncology; Associate Professor of Surgery, **Augusta University**
Bill Mayfield	Chief Surgical Officer, **WellStar Health System**
Christina Meyers	Health Program Coordinator, **Center for Pan Asian Community Services**
Scott Miller	Urologist, **ProstAware**
Brian Rivers	Director, Cancer Health Equity Institute, **Morehouse School of Medicine**
Morphia Scarlett	Oncology Resource Liaison, **Curtis and Elizabeth Anderson Cancer Institute at Memorial Health University Medical Center**
Robert Smith	Senior Director, Cancer Control, **American Cancer Society – Georgia Chapter**
Citi Stone	CEO, **Susan G. Komen Greater Atlanta**
Bill Warren	Chief Executive Officer, Founder, and Pediatrician, **Good Samaritan Health Center**
Catherine Willard	Nurse Consultant, **Georgia Department of Public Health**

Diagnosis Staging and Treatment

Co-Chairs

Nancy Johnson	Administrator and PSA Director, **St. Joseph's/Candler Health System**
Adam Jones	Radiation Oncology Associates, **Phoebe Putney Health System**

Members

Debbie Chambers	District 5-2, Georgia Comprehensive Cancer Registry, **Georgia Department of Public Health**
Arnold Conforti	Radiation Oncologist, State Chair, **Commission on Cancer**
Kelly Durden	Account Representative, State Health Systems, **American Cancer Society**
Jennifer Forstner	Account Executive, **MERCK**
Joan Kines	Department Manager, **Harbin Clinic Radiation Oncology**
Scott Miller	Urologist, **WellStar Health System**
Gabriella Oprea	Assistant Professor, **Emory University**
Yolanda Palmer	Program Manager, Cancer State Aid, **Georgia Department of Public Health**
Asit Jha	Medical Director, **St. Joseph's/Candler and Wayne Memorial Oncology Service**

Palliative Care

Co-Chairs

Paula Sanders	**Georgia Hospice and Palliative Care Organization**
Kimberly Curseen	Director of Emory Supportive and Palliative Care Outpatient Services, Associate Professor, **Emory University and Healthcare**

Members

Katharine Brock	Assistant Professor of Pediatric Oncology and Palliative Care, **Emory University Children's Healthcare of Atlanta**
Tim Adams	Palliative Care Nurse Coordinator, **Tanner Health**
Carol Babcock	Director, Medical Center **Navicent Health**
Melissa Dowd	Clinical Director, Live Well Department, **University Cancer and Blood Center**
Khaliah Johnson	Pediatrician, **Children's Healthcare of Atlanta**
Ashima Lal	Associate Medical Director for the Grady Palliative Care, **Emory Healthcare**
Melissa Murray	Director of Hospice Services, **Affinis Hospice LLC**
Tammy Owenby	Director of Case Management, **Tanner Health**
Bob Waggoner	Community Case Liaison, **Hospice and Community Palliative Care Program**
Sharon Beall	Hospice Medical Director, **Affinis Hospice LLC**
Jessica Hutcheson	Administration, **Affinis Hospice LLC**
Sherri Johnston	Chief Population Health Officer, **ALLHealth CHOICE**
Ann Mertens	Professor, Hematology/ Oncology, **Emory University School of Medicine**

Survivorship

Co-Chairs

Jade Gibson	AYA Patient Advocate, Survivor, **Susan G. Komen**
Katrina Davis	Program Manager, **Georgia CORE**

Members

Angie (Andria) Caton	RN, Assistant Nurse Manager Oncology Services, **Northeast Georgia Medical Center, Gainesville**
Shirley Borghi	Co-Vice Chairman & Executive Director, **Hispanic Health Coalition of Georgia**
Uzma Khan	Interim Executive Director, **Georgia Prostate Cancer Coalition**
Cam Escoffery	Professor, Rollins School of Public Health, **Emory University**
Tiah Tomlin-Harris	Founder/CEO, **My Style Matters**
Melissa Dowd	Clinical Director, Live Well Department, **University Cancer & Blood Center**
Avirup Guha	Inaugural Director of Cardio-Oncology, **Medical College of Georgia (Augusta University)**
Patricia Shearer	Practice Owner, Pediatric Oncologist and Palliative Care Physician, **Vital Pediatrics for Complex Kids, LLC**
Gail McCray	Community Health Educator, Community Health & Preventive Medicine, **Morehouse School of Medicine**
Marquita Bass	Writer, Educator, Consultant
Bobbie Menneg	Founder and Advocate, **Beyond the Ribbon Inc.**
Pooja Mishra	Vice President, Oncology & Sickle Cell Service Line, **Grady Health System**
Valorie Coen	Director of Operations and Physician Practices, **St. Joseph's/Candler (Savannah)**
Kim Emory	Board President, **Georgia Ovarian Cancer Alliance (GOCA)**

Data and Evaluation

Co-Chairs

Rana Bayakly	Chief Epidemiologist, Chronic Disease, **Georgia Department of Public Health**
Joseph Lipscomb	Professor, Health Policy & Management, **Emory University**

Members

Fred Ammons	President/CEO, **Community Health Works**
Jennifer Hale	Executive Director, **Georgia Hospice and Palliative Care Organization**
Kevin Ward	Georgia Center for Cancer Statistics, **Emory University**

GEORGIA CANCER CONTROL CONSORTIUM

COMPREHENSIVE CANCER CONTROL PLAN

2024 - 2029