The Partnership to Reduce Cancer in Rhode Island

ANNUAL REPORT

JUNE 2010

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RHODE ISLAND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM DATA FOR 2007 ARE PROVIDED BY THE CENTER FOR HEALTH DATA AND ANALYSIS, RHODE ISLAND DEPARTMENT OF HEALTH, AND SUPPORTED IN PART BY THE NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, CENTERS FOR DISEASE CONTROL AND PREVENTION COOPERATIVE AGREEMENT U58/CCU122791 (2003–2007).

DEAR COLLEAGUES

The Partnership to Reduce Cancer in Rhode Island is pleased to provide you with its 2010 annual report. This report highlights our work over the last year and identifies the cancer control initiatives we plan to focus on for the next twelve months. As you know, this year posed challenges for Rhode Islanders across the state. The economic climate, the H1N1 flu scare, and the recent flooding were tumultuous and led to many changes for individuals, organizations, and government. I am pleased to say that despite the circumstances, the Partnership pulled together and demonstrated strength in the face of adversity. Our members continued to carry out the mission of the Partnership and move forward implementing the goals and objectives of the Rhode Island Comprehensive Cancer Control State Plan.

The mission of the Partnership continues to focus on reducing the burden of cancer for all Rhode Islanders by working collaboratively to educate, advocate, promote research and ensure that all Rhode Islanders have access to care, prevention, early detection, treatment and support services for cancer. The members of our workgroups, comprised of extraordinary volunteers from diverse backgrounds, are responsible for putting this vision into action. You will see their work for the year highlighted in detail in the workgroup section.

The Partnership collaborates with organizations throughout the state to deal with issues related to cancer. This year we worked with partner organizations to successfully advocate to keep the Women's Cancer Screening Program from a gap in services because of a lack of funding due to increased demand for free cancer-screening services. The Partnership participated in numerous community health fairs and assisted in the planning of events such as the National Cancer Survivorship Day. And finally, we continue to build bridges within the statewide cancer community through our annual cancer summit. In the coming year we expect to collaborate with other state coalitions to advocate on healthcare reform polices that affect cancer care both at the national and local levels.

The cancer registrars in Rhode Island provided the information for the burden section of this report. This group of dedicated professionals has a profound effect on the mission of the Partnership. The compiled statewide cancer data collected by the registrars is used to inform the goals and objectives of the Partnership's state cancer plan. The Partnership expresses gratitude and appreciation for the enormous effort by these individuals to provide data that is not only accurate but also relevant to our mission of reducing the burden of cancer in Rhode Island.

I hope you find this annual report informative and inspiring. We will continue to build the Partnership so that all sectors of the Rhode Island community are joined together to beat this disease and the toll it takes, socially, emotionally and financially.

Best wishes,

Linda M. Dziobek, RN
Chair, The Partnership to Reduce Cancer in Rhode Island

THE BURDEN OF CANCER IN RI

CANCER INCIDENCE, PREVALENCE, AND MORTALITY

Cancer is a major cause of morbidity and mortality both in the United States and in Rhode Island. The National Cancer Institute estimates that approximately 1 in 2 men and 1 in 3 women in the United States will develop cancer at some point during their lives. In 2009, approximately 1,479,350 new cancer cases were diagnosed in the United States and approximately 6,250 of those cases were in Rhode Island. It is estimated that there are 11.4 million people living with cancer in the United States, roughly 3.8% of the population. The same is true in Rhode Island; roughly 43,000 Rhode Islanders are currently living with cancer, which is approximately 4% of the state population. Cancer is the second leading cause of death for Americans, second to heart disease.

Roughly 43,000 Rhode Islanders are currently living with cancer.

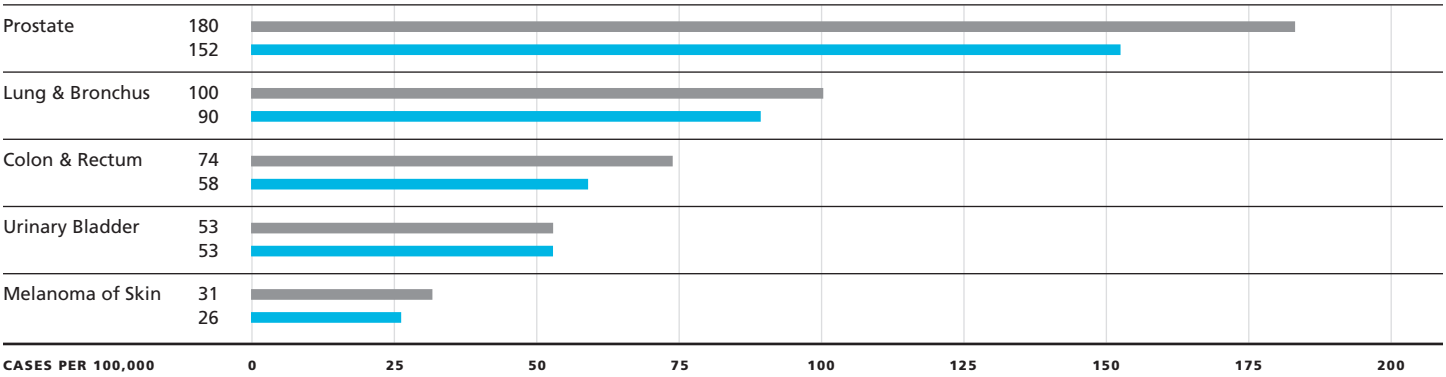
In 2009, approximately 562,340 people in the United States died from cancer, 2,220 of whom were Rhode Islanders. Cancer is ubiquitous in that almost every Rhode Islander has been affected either physically, emotionally, or financially.

THE FINANCIAL COST OF CANCER

Cancer poses an economic burden to the individual, his or her family, and society as a whole. Working from American Cancer Society estimates of cancer costs for the nation, and prorating them on the basis of new cancer cases for 2009, cancer costs Rhode Island about $964 million per year—$395 million in direct medical costs, $77 million in indirect morbidity costs (lost productivity due to illness), and $492 million in indirect mortality costs (loss of productivity due to premature death).

FIGURE 1. LEADING MALE CANCER TYPES

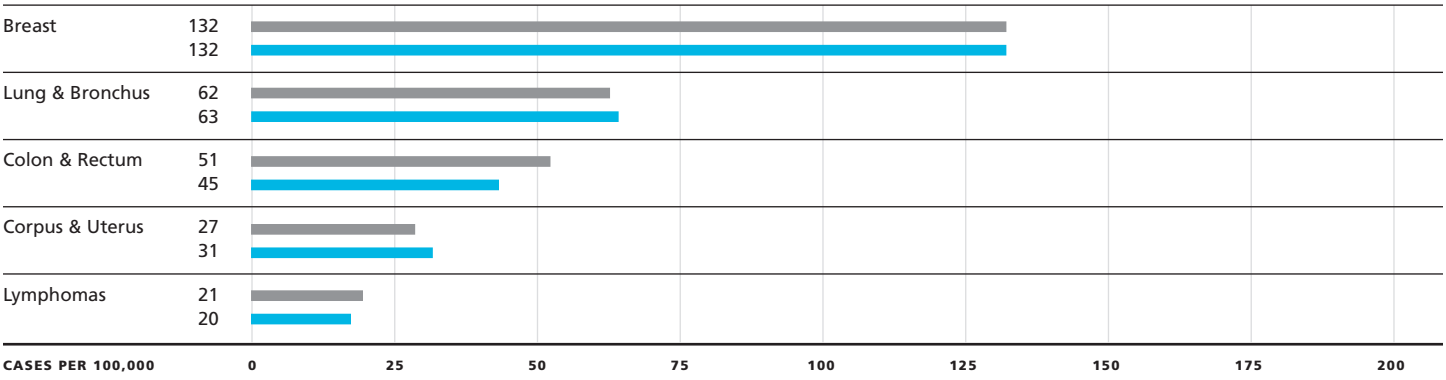
CANCER INCIDENCE RATES,* MALES, RI (1999–2003 AND 2004–2008)



*Rates are per 100,000 and age-adjusted to the 2000 US standard population (19 age groups—census p25-1130).
Source: Rhode Island Cancer Registry

FIGURE 2. LEADING FEMALE CANCER TYPES

CANCER INCIDENCE RATES,* FEMALES, RI (1999–2003 AND 2004–2008)



*Rates are per 100,000 and age-adjusted to the 2000 US standard population (19 age groups—census p25-1130).
Source: Rhode Island Cancer Registry

MOST COMMON CANCERS IN RHODE ISLAND

According to American Cancer Society estimates, the five most commonly diagnosed cancers among both men and women are cancers of the lung & bronchus, female breast, prostate, colon & rectum, and urinary bladder. Together, these cancers represent 53% of all cancers diagnosed, roughly 3,320 out of 6,250 new cancer diagnoses. Four of the five most common cancers, mentioned above, are also among the top five most common causes of cancer death. The five most common causes of cancer death are cancers of the lung & bronchus, colon & rectum, female breast, pancreas, and prostate. The total number of cancer deaths, in Rhode Island in 2009, is estimated to be 2,220.

CURRENT CANCER TRENDS

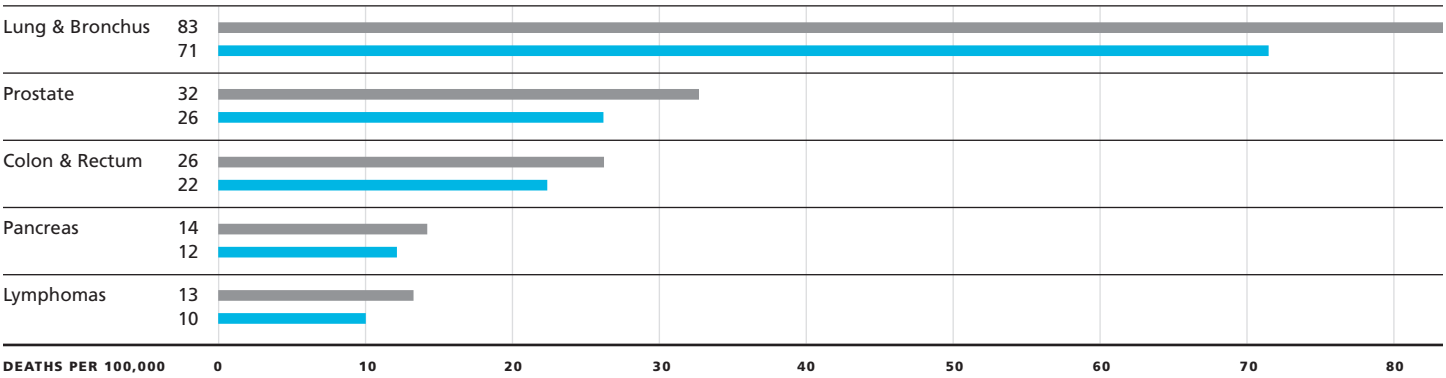
Over the past decade, Rhode Island men have seen declines in three major types of cancers (prostate, lung & bronchus, and colon & rectum), while Rhode Island women have seen a decline in one cancer type (colon & rectum). (See Figures 1 and 2.)

Figures 3 and 4 depict cancer mortality rates from 1997–2001 compared to 2002–2006 by cancer type among men (Figure 3) and women (Figure 4). Among Rhode Island men, mortality from all major cancers has declined recently. Among women in the state, mortality from cancers of the breast and colon & rectum has declined.

Please note that cancer statistics take many years to compile and check for accuracy. The numbers presented in this report represent the most recent cancer data available.

FIGURE 3. LEADING MALE CANCER DEATHS

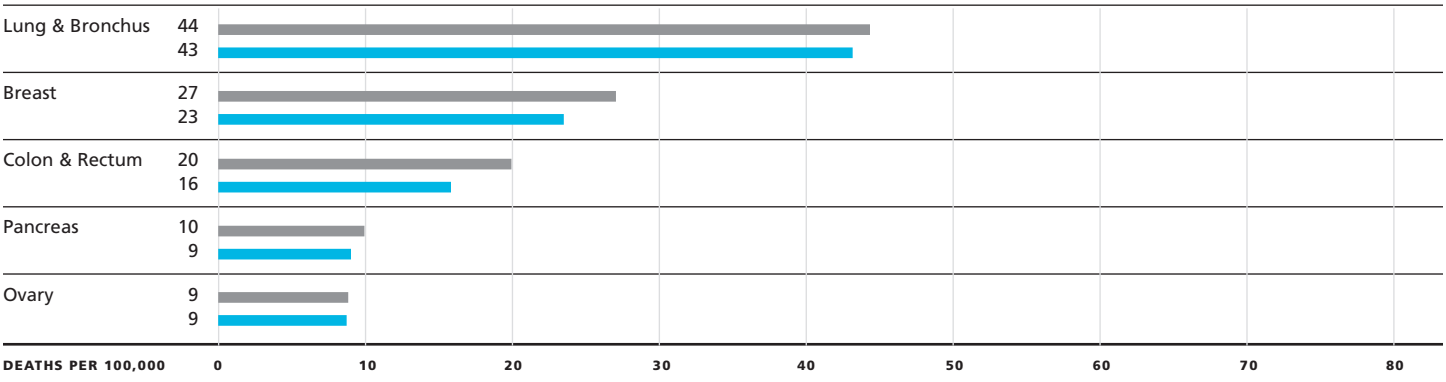
CANCER MORTALITY RATES,* MALES, RI (1997–2001 AND 2002–2006)



*Rates are per 100,000 and age-adjusted to the 2000 US standard population (19 age groups—census p25-1130).
Source: National Center for Health Statistics (www.cdc.gov/nchs)

FIGURE 4. LEADING FEMALE CANCER DEATHS

CANCER MORTALITY RATES,* FEMALES, RI (1997–2001 AND 2002–2006)



*Rates are per 100,000 and age-adjusted to the 2000 US standard population (19 age groups—census p25-1130).
Source: National Center for Health Statistics (www.cdc.gov/nchs)

CURRENT RACIAL AND ETHNIC CANCER DISPARITIES

To ensure comparisons can be made between cancer rates at the state level and the national level, all of the following data and figures have been age standardized to the US population based on year 2000 US census estimates. This data was then averaged over five years to avoid random year-to-year fluctuations.

Figure 5 illustrates cancer incidence rates in Rhode Island compared to the United States by race and gender. For white males and females, cancer incidence in Rhode Island is higher than the United States average. The same is true for black/African American females. On the contrary, for black/African American males, cancer incidence is lower in Rhode Island than the national average.

Figure 6 depicts cancer mortality rates in Rhode Island compared to the United States by race and gender. Cancer mortality rates for white males and females are higher than national rates. On the other hand, cancer mortality rates for black/African American males and females are lower in Rhode Island than in the United States.

Figure 7 illustrates cancer incidence rates in Rhode Island compared to the United States by ethnicity and gender. Non-Hispanic males and females have higher cancer incidence rates in Rhode Island than the US. However, Hispanic males and females in Rhode Island experience the opposite trend: they have lower cancer incidence rates than the United States as a whole. See the box below for details about how cancer incidence rates for Hispanics are estimated in Rhode Island.

Figure 8 compares cancer mortality rates in Rhode Island and the United States by ethnicity and gender. Non-Hispanic males and females in Rhode Island have slightly higher cancer mortality rates than non-Hispanic males and females in the United States. The opposite trend is again seen for people of Hispanic ethnicity. Specifically, Hispanic males and females in Rhode Island have lower rates of cancer mortality than the average US rates for Hispanic males and females.

EXPLANATION OF ESTIMATED HISPANIC CANCER INCIDENCE RATES IN RHODE ISLAND

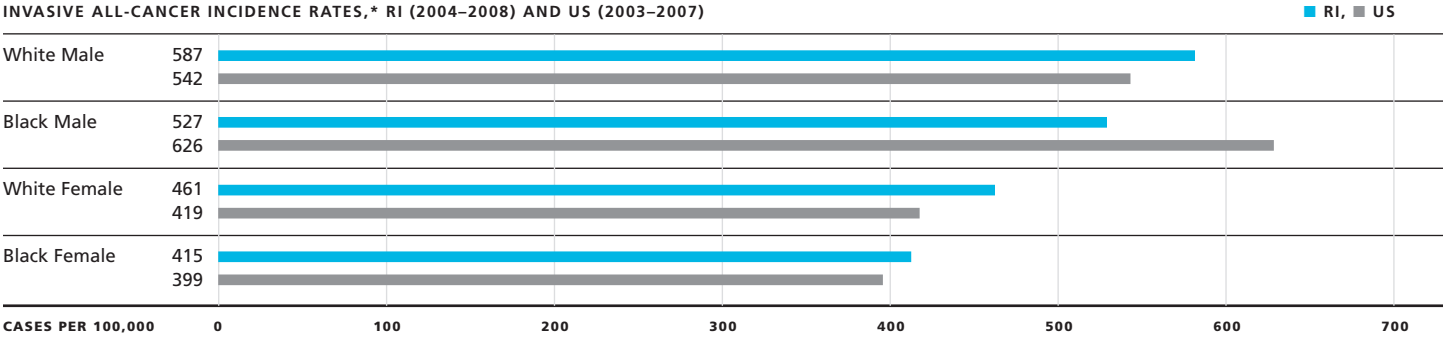
Careful analysis by central cancer registrars around the nation has demonstrated a pervasive underidentification of Hispanic ethnicity in hospital records, from which most of the cases used to construct cancer incidence rates are derived. For this reason, NHIA (The North American Association of Central Cancer Registries [NACCR] Hispanic Identification Algorithm) was designed and tested extensively by NACCR, to identify individuals of Hispanic ancestry on the basis of surname (or maiden name) and other key variables (e.g., country of origin).

NHIA has been used in Rhode Island to develop estimates of Hispanic cancer incidence. However, recent, intensive investigation of the applicability of NHIA to the Rhode Island population has revealed that NHIA does not work well in the context of the state's ethnic mix. In short, because people of Hispanic, Portuguese, and Italian ancestries share (some) surnames that NHIA considers "heavily Hispanic," the presence of many people of Portuguese and Italian ancestries inflates the number of Hispanics that NHIA purports to find. Therefore, the Rhode Island Cancer Registry has decided not to apply NHIA to its case reports in the future.

An alternative, less risky cancer incidence estimation method was applied in Rhode Island to estimate Hispanic cancer incidence and its corollary, underidentification of Hispanic cancer cases. A well-proven quality assurance measure, the incidence-to-mortality rate ratio is used as the basis of the estimation. The incidence to mortality rate ratio is estimated by taking the ratio of the U.S. age-adjusted Hispanic all-cancer incidence rate (corrected for underidentification of Hispanics) to the U.S. age-adjusted Hispanic all-cancer mortality rate (uncorrected for underidentification of Hispanics). This number is computed and applied to the Rhode Island age-adjusted Hispanic all-cancer mortality rate (uncorrected for the under-identification of Hispanics) to yield an estimate of the Rhode Island age-adjusted Hispanic all-cancer incidence rate. This method may be applied by gender. The estimates, which result from the application of this method, are qualitatively robust but quantitatively imprecise. (Imprecision is caused by the use of age-adjusted summary rates and by unknown modifiers of the incidence-to-mortality rate ratio at the local level.)

FIGURE 5. CANCER INCIDENCE BY RACE AND GENDER

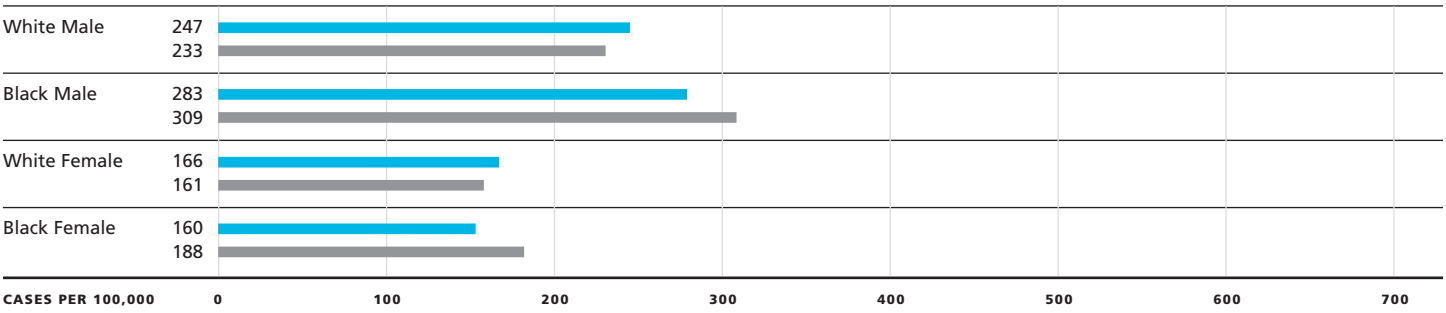
INVASIVE ALL-CANCER INCIDENCE RATES,* RI (2004–2008) AND US (2003–2007)



*Rates are per 100,000 and age-adjusted to the 2000 US standard population (19 age groups—census p25-1130).
Source: Rhode Island Cancer Registry; National Cancer Institute Surveillance Epidemiology and End Result (NCI/SEER) Program

FIGURE 6. CANCER MORTALITY BY RACE AND GENDER

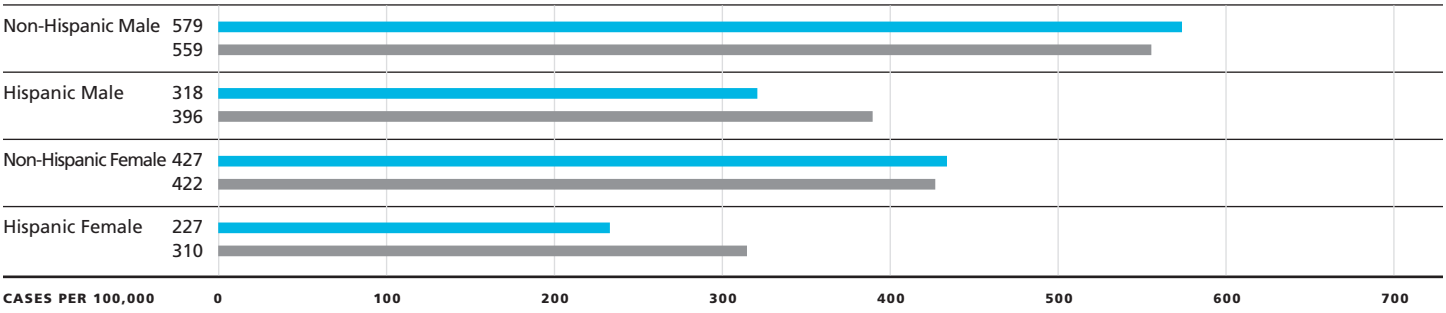
INVASIVE ALL-CANCER MORTALITY RATES,* RI AND US (2002–2006)



*Rates are per 100,000 and age-adjusted to the 2000 US standard population (19 age groups—census p25-1130).
Source: National Center for Health Statistics (www.cdc.gov/nchs)

FIGURE 7. CANCER INCIDENCE BY ETHNICITY AND GENDER

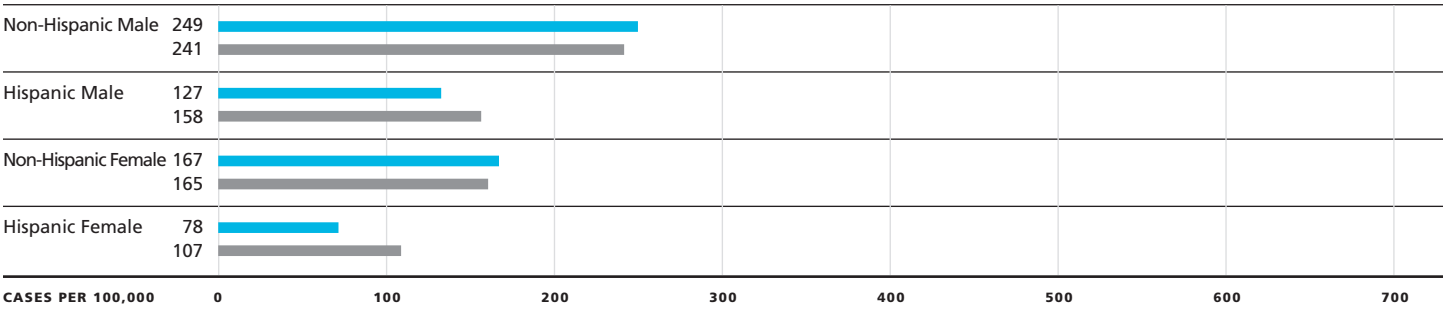
INVASIVE ALL-CANCER INCIDENCE RATES,* RI AND US (2002–2006)



*Rates are per 100,000 and age-adjusted to the 2000 US standard population (19 age groups—census p25-1130).
Source: Rhode Island Cancer Registry; National Cancer Institute Surveillance Epidemiology and End Result (NCI/SEER) Program

FIGURE 8. CANCER MORTALITY BY ETHNICITY AND GENDER

INVASIVE ALL-CANCER MORTALITY RATES, RI AND US (2002–2006)



*Rates are per 100,000 and age-adjusted to the 2000 US standard population (19 age groups—census p25-1130).
Source: National Center for Health Statistics (www.cdc.gov/nchs)

PUTTING VISION INTO ACTION

The Rhode Island Comprehensive Cancer Control State Plan is a reflection of the community's priorities, current efforts, and the vision of what can and should be done in Rhode Island to conquer cancer. It is intended to serve as a "blueprint" to address cancer control in the state. It was developed in conjunction with HEALTH's Comprehensive Cancer Control program by the members of the Partnership's workgroups who are charged with the implementation of the goals and objectives outlined in the State Plan: Prevention, Detection & Screening, Treatment, Survivorship and Palliative Care.

Partnership members are all volunteers and have donated over 3,000 hours to the effort to reduce the burden of cancer in Rhode Island.

As the workgroups defined their goals and objectives, each one identified cross-cutting efforts that require action in these areas:

» Surveillance & Evaluation – An overarching workgroup, its members provide recommendations to other workgroups for the specific uses of cancer surveillance data in the planning, development and management of existing and projected cancer control programs.

» Health Disparities – Each workgroup addresses disparities and disparate populations within the context of their topic and uses this information to shape goals, objectives and strategies.

» Workforce Development – In order to carry out the prevention, detection, treatment, and survivorship support efforts outlined in the plan, Rhode Island needs an adequate supply of qualified, skilled personnel trained in all aspects of cancer care and control.

Recognizing that these three disciplines support the continuum of cancer care, all Partnership Workgroups strive to work collaboratively to meet goals and objectives in these three areas.

The Rhode Island Comprehensive Cancer Control Plan includes 5-year state plan objectives (2007-2012) for each workgroup. Each workgroup selects objectives from the state plan to focus on annually and designs strategies and activities for the year aimed to achieve each objective. The last year (July 2009 to June 2010) was marked with success. The workgroups are currently planning for the next year (July 2010 to June 2011) as they continue working to reduce the burden of cancer in Rhode Island.

WORKGROUPS: FIVE-YEAR STATE PLAN GOALS [2007–2012]

PREVENTION
Reduce cancer risk through changes in behavior, policies, and the environment that promote healthy lifestyles.

DETECTION & SCREENING
Increase proven, science-based, cancer screening rates among all populations in Rhode Island.

TREATMENT
Improve cancer treatment access, quality, and experience and increase cancer clinical trial participation in Rhode Island.

SURVIVORSHIP
Promote the well-being and quality of life of Rhode Island residents who are living with, through, and beyond cancer.

PALLIATIVE CARE
Improve access to palliative care for all patients seeking end-of-life care due to cancer.

OVERARCHING THEMES: FIVE-YEAR STATE PLAN GOALS [2007–2012]

SURVEILLANCE & EVALUATION
Assure the use of timely, complete, and accurate cancer surveillance data in the planning, management, and evaluation of cancer control programs.

HEALTH DISPARITIES
Every person in Rhode Island—regardless of age, gender, race, ethnicity, income, education, geographic location, disability, or sexual orientation—will have equal access to cancer resources and care.

WORKFORCE DEVELOPMENT
Reduce workforce gaps and ensure an adequate supply of diverse and highly trained professionals in all aspects of cancer care and control.

WORKGROUP

PREVENTION

ANNUAL FOCUS: This year, the workgroup focused on increasing rates of HPV vaccination among females in accordance with the Centers for Disease Control and Prevention guidelines. The human papillomavirus (HPV) is a common virus that is spread through sexual contact. Some HPV types can cause cancer in women and men. These include cervical, vulvar, vaginal, penile, anal, and some head and neck cancers. The HPV vaccine works by preventing the most common types of HPV that cause cervical cancer and genital warts. It is given in a three-dose vaccine series.[1] An objective of the Prevention Workgroup is a 75% completion rate of the three-dose HPV vaccine series among Rhode Island children by the age of 13.

Reduce cancer risk through changes in behavior, policies, and the environment that promote healthy lifestyles.

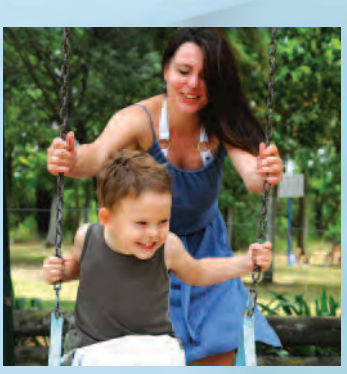
ACHIEVEMENTS: The workgroup collaborated with HEALTH's Immunization Program to increase access to HPV vaccination in schools to include all female high school students in grades 9-12 through the expansion of their Vaccinate Before You Graduate program. This change was spurred by the increase in acceptance for school-based vaccination following the effectiveness of school-based H1N1 flu vaccination clinics.

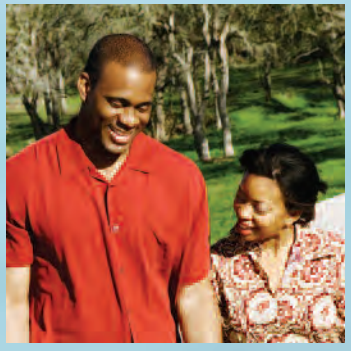
In addition the workgroup assisted HEALTH's Immunization Program's efforts to include HPV tracking information on the school physical form. The workgroup initiated conversations with key stakeholders throughout the state around increasing rates of HPV vaccination, including expanding health insurance reimbursement of HPV vaccine costs to mass-immunization companies, not just healthcare providers.

Finally, the workgroup held cancer prevention health fairs offering free HPV vaccinations to women 16 to 26 years of age, information about cancer prevention (breast cancer, skin cancer, lung cancer, and healthy weight), and interactive booths. One hundred percent of the women who received HPV vaccine during the health fairs completed the three-dose series.

FUTURE DIRECTION: Next year, the workgroup plans to focus on cancer prevention policy initiatives related to HPV vaccination, skin cancer prevention, and tobacco control.

1 U.S. Department of Health and Human Services. Centers for Disease Control and Prevention, HPV associated cancers. Found at http://www.cdc.gov/cancer/hpv/ (accessed May 1, 2010)





PREVENTION WORKGROUP: 5-YEAR STATE PLAN OBJECTIVES [2007-2012]
Reduce smoking among adults and adolescents.
Reduce exposure to environmental tobacco smoke.
Increase fruit and vegetable consumption among adults, adolescents, and children.
Decrease fast food and sugar-sweetened drink consumption among adolescents and children.
Increase physical activity among adults, adolescents, and children.
Increase breastfeeding rates.
Increase HPV vaccination rates.
Increase the use of skin protection strategies.
Increase home radon testing.
Establish more stringent vehicle emissions standards.

WORKGROUP

DETECTION & SCREENING

ANNUAL FOCUS: The workgroup focused their efforts this year on increasing rates of screening for colorectal cancer, one of the most commonly diagnosed cancers and a leading cause of cancer death in Rhode Island. The workgroup recommended screening for adults over the age of 50 by colonoscopy—currently the most effective screening technique for colon cancer.

Increase proven, science-based cancer screening rates among all populations in Rhode Island.

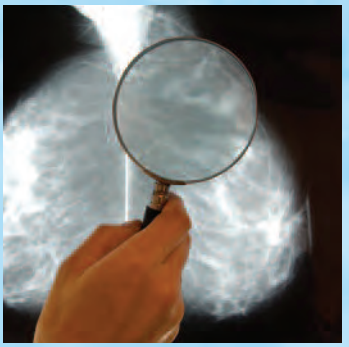
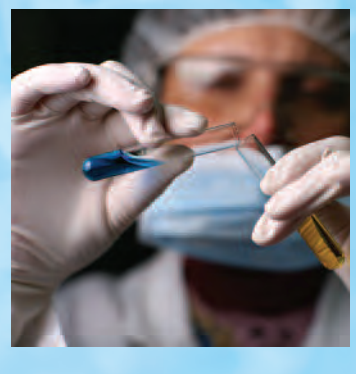
ACHIEVEMENTS: The workgroup successfully executed many of their strategies throughout the year, while also strengthening their relationships with many local hospitals and community health centers.

A major highlight was supporting a volunteer task force for increasing colorectal cancer screenings among uninsured and underinsured Rhode Islanders, called Screening Colonoscopies for Uninsured Persons, or SCUP. The group provided 130 free colonoscopies in its first year. Committee members provided ongoing training to primary care providers and patient navigators from the Rhode Island Chronic Care Collaborative. The group also created a database to monitor colonoscopies for the underserved population.

Additionally, the workgroup developed two education campaigns. The first campaign targeted medical practices and aimed to increase physician awareness of colorectal cancer screening guidelines. Presentations were made to family practice and OB-GYN clinics. Educational e-smart briefs were sent electronically to primary care and family practice clinics and mutli-lingual, culturally-competent patient educational materials were developed for use in primary care practices. The second campaign aimed to increase colon cancer and colonoscopy awareness among senior citizens. A best practices education model was developed for seniors living independently and senior center newsletters were used to educate seniors about the importance of colonoscopy.

Finally, the workgroup met their objective of creating a data collection mechanism that differentiates between sigmoidoscopy or colonoscopy through an important distinction made on the Behavioral Risk Factor Surveillance System (BRFSS), a nationally representative public health survey, regarding endoscopic screening surveillance. Having the ability to track rates of colorectal cancer screening and the screening methods used will have major implications on future colorectal cancer health initiatives.

FUTURE DIRECTION: Next year, the workgroup plans to continue to focus on increasing rates of colorectal cancer screening using colonoscopy. Additionally, they plan to develop initiatives on skin cancer screening and detection.


DETECTION & SCREENING WORKGROUP: 5-YEAR STATE PLAN OBJECTIVES [2007-2012]
Increase access to primary care and cancer screening for the medically underserved.
Increase colonoscopies among the 50+ age group.
Increase public awareness of screening recommendations.
Improve access to screening among un/underinsured persons.
Refine data collection methods.
Increase mammogram rates.
Increase pap test rates among the 18+ age group.
Increase knowledge about prostate screening and detection.
Increase the use of skin self-exams.

CHAIR: MICHAEL VEZERIDIS, MD
CO-CHAIR: BRIAN DENTON
CO-CHAIR: KRISTINE DIANA

WORKGROUP

TREATMENT

ANNUAL FOCUS: This year, the Treatment Workgroup focused on improving the infrastructure in Rhode Island hospitals to eliminate barriers to clinical trial participation across the state. This began with the development of a clinical trials assessment survey. While essential to cancer research, clinical trials traditionally have a low level of adult enrollment.

Improve cancer treatment access, quality, and experience and increase cancer clinical trial participation in Rhode Island.

Additionally, the workgroup encouraged the use of nationally-recognized treatment guidelines and standards in Rhode Island hospitals and encouraged equipping hospitals with resource centers for cancer treatment information.

ACHIEVEMENTS: There were many workgroup achievements this year. First and foremost was the development of the clinical trials survey to establish a baseline for cancer clinical trial participation in Rhode Island and assess the barriers to awareness, access, and participation among cancer patients. In an effort to increase awareness of clinical trials, the workgroup also developed a train the trainer program for educating healthcare professionals about cancer clinical trials and communicating about them to cancer patients and their families. Awareness was also increased through the Partnership's statewide cancer summit: "Translational Research: Moving Cancer Care from Bench to Bedside."

Secondly, the Treatment Workgroup initiated training on Culturally & Linguistically Appropriate Standards (CLAS) for organizations as part of the effort to eliminate racial and ethnic disparities.

Finally, the Treatment Workgroup met one of its major objectives, ensuring that 100% of Rhode Island hospitals treating cancer patients are American College of Surgeons (ACoS) approved. As a result, the workgroup strengthened relationships and increased collaboration with state cancer registrars and local hospitals.

FUTURE DIRECTION: Next year, the workgroup will focus on completion and analysis of the clinical trials survey. In addition, the workgroup plans to support the Rhode Island Cancer Registry and other organizations to expand their capacity to collect and report data on participation in cancer clinical trials at Rhode Island facilities.




TREATMENT WORKGROUP: 5-YEAR STATE PLAN OBJECTIVES [2007-2012]
Increase equitable access to treatment.
Assure access to a pediatric cancer center.
Ensure that providers follow NCCN treatment guidelines.
Ensure that hospitals treating cancer patients are ACoS approved.
Improve quality of treatment data maintained by the RI Cancer Registry.
Increase patient satisfaction with the treatment experience.
Ensure all treatment is culturally/linguistically appropriate.
Increase patient transportation options for cancer treatment.
Ensure all hospitals provide treatment education and information.
Increase cancer clinical trial participation.

CO-CHAIR: LINDA DZIOBEK
CO-CHAIR: JIM WILLSEY

WORKGROUP

SURVIVORSHIP

ANNUAL FOCUS: This year, the Survivorship Workgroup had two main priorities. First, the workgroup sought to better understand cancer care in Rhode Island by developing a Cancer Survivorship Survey which assessed the needs of cancer survivors, gaps in cancer care, and socio-demographic cancer disparities. Second, the workgroup identified and promoted existing resources for cancer survivors throughout Rhode Island.

Promote the well-being and quality of life of Rhode Island residents who are living with, through, and beyond cancer.

ACHIEVEMENTS: The workgroup's most significant achievements this year were the development of its Cancer Survivorship Survey and the initiation of the survey implementation process.

In addition, the workgroup:

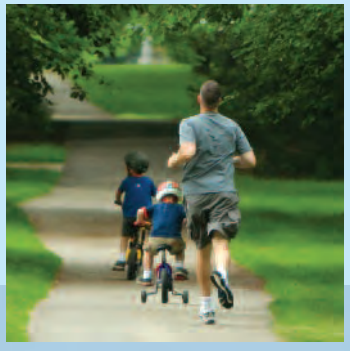
» Launched a statewide website with links to cancer survivorship resources.

» Assisted with the planning of the annual Rhode Island Cancer Summit. This summit provided survivors with numerous cancer care resources as well as educational sessions on survivorship and quality of life.

» Supported local and national cancer advocacy efforts throughout the year and brought socio-cultural diversity to the group by inviting various organizations to participate in meetings and activities.

FUTURE DIRECTION: The main focus of the Survivorship Workgroup for next year will be implementation and analysis of the Cancer Survivorship Survey. Additionally, the workgroup plans to continue identifying resources that are available for cancer survivors in Rhode Island, as well as increase physician involvement in activities.

SURVIVORSHIP WORKGROUP: 5-YEAR STATE PLAN OBJECTIVES [2007-2012]
Complete an initial assessment of survivorship needs.
Identify currently existing survivorship resources.
Begin community education initiative addressing the needs of survivors and the available resources.
Develop an implementation strategy to meet survivors' needs.




WORKGROUP

PALLIATIVE CARE

ANNUAL FOCUS: The workgroup focused their efforts this year on increasing the number of Rhode Island hospitals with inpatient palliative care teams.

ACHIEVEMENTS: The Palliative Care Workgroup reconvened in May 2010 and completed an action plan for the upcoming year.

Improve access to palliative care for all patients seeking end-of-life care due to cancer in Rhode Island.

FUTURE DIRECTION: The newly-formed Palliative Care Workgroup plans to work with hospitals in the state to ensure they have functioning palliative care teams. These teams will work to reduce pain and improve the quality of life for patients and their families during times of severe illness. Second, the workgroup plans to work with Rhode Island health insurance companies to ensure that cancer patients have coverage for palliative care services.

PALLIATIVE CARE WORKGROUP: 5-YEAR STATE PLAN OBJECTIVES [2007-2012]
Ensure all acute care hospitals have inpatient palliative care teams.
Improve pain management quality measures in nursing homes.
Increase nursing home residents' access to palliative care and hospice care.
Require all licensed health insurance companies, HMOs, and non-profit medical and hospital service corporations to provide cancer patients with palliative care treatment benefits.
Ensure equitable access to quality palliative and end-of life care for cancer patients.

PARTNERSHIP MEMBERS

Partnership members are experts in the cancer community and include representatives from public health programs, professional associations and organizations, academic and medical institutions, business and industry, community-based organizations, survivors, and individuals who continue to provide support, information, and advocacy in the hope of improving the quality of life for those with cancer. We recognize the efforts of our individual members as well as the following member organizations:

ABC6 News
African Alliance of Rhode Island
American Cancer Society
Blue Cross & Blue Shield of Rhode Island
Brown University - The Warren Alpert Medical School
Center for Hispanic Policy and Advocacy (CHisPA)
Center for OB-GYN, Inc.
Colon Cancer Alliance, Voices of Rhode Island
Commission on Cancer, American College of Surgeons
Electric Boat General Dynamics
F.O.R.C.E. – Facing Our Risk of Cancer Empowerment
GlaxoSmithKline
Gloria Gemma Breast Cancer Resource Foundation
Governor's Commission on Disabilities
Hasbro Children's Hospital
Home and Hospice Care of Rhode Island
Hospital Association of Rhode Island
Kent County Memorial Hospital
Lance Armstrong Foundation
Landmark Medical Center
Latino Cancer Control Task Force of Rhode Island
Leukemia & Lymphoma Society
Lifespan
Lifespan Community Health Services
Memorial Hospital of Rhode Island
Merck & Company
The MAE Foundation
The Miriam Hospital
National Cancer Institute's Cancer Information Service
National Ovarian Cancer Coalition
Naval Health Care New England
Neighborhood Health Plan of Rhode Island
Newport Hospital
Northern Rhode Island Hematology/Oncology Program
Our Lady of Fatima Hospital
Pawtucket Cancer Control Task Force
Pfizer Oncology
Progreso Latino
Providence Community Health Centers
Providence Veterans Affairs Medical Center
Quality of Life Counts
Quality Partners of Rhode Island
Rhode Island Army National Guard
Rhode Island Attorney General's Office
Rhode Island Brain & Spine Tumor Foundation
Rhode Island Cancer Council
Rhode Island Health Center Association
Rhode Island Hospital
Rhode Island Breast Cancer Coalition
Rhode Island Department of Health
Rhode Island Veterans Home
Roger Williams Medical Center
Salvatore Mancini Resource & Activity Center
Society of Rhode Island Clinical Oncologists
South County Hospital
Southern New England Regional Cancer Center
St. Joseph Health Services of Rhode Island
Tri-Town Community Action Agency
University of Rhode Island, Center for Wellness & Education
University Surgical Associates
United Way
Visiting Nurse Service of Greater Rhode Island
The Wellness Company
The Westerly Hospital
Women and Infants Hospital
Woonsocket Cancer Control Task Force
Worksite Wellness Council of Rhode Island
YMCA of Greater Providence
YWCA of Northern Rhode Island

To learn more about the Partnership to Reduce Cancer in Rhode Island,
contact Pam Wilson, Partnership Manager at 401-222-7899 or visit www.cancercoalition.ri.gov.
Information on this website is available in English and Spanish.

www.health.ri.gov | www.cancercoalition.ri.gov | www.cdc.gov/cancer/ncccp

RHODE ISLAND DEPARTMENT OF HEALTH

The Partnership to Reduce Cancer in Rhode Island

Comprehensive Cancer Control
Collaborating to Conquer Cancer