



C-Change

Collaborating to Conquer Cancer

Comprehensive Cancer Control Plans: A powerful policy tool for state resources for public health programs

APHA

November 5, 2007

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C-Change/CDC Initiative

- Reach Nation's Cancer Goals
- Fund State CCC & Tobacco Control Plans
- Bring Together State Cancer & Tobacco Control Forces
- Write Tobacco Goals into State CCC Plan
- Raise State Tobacco Tax Whenever Possible



Collaborating to Conquer Cancer

Initiative Partners

- C-Change
- CDC
- Tobacco-Free Kids
- American Cancer Society
- National Cancer Institute
- Association of American Cancer Institutes



Collaborating to Conquer Cancer

C-Change

- Originally founded in **1998** as the National Dialogue on Cancer.
- In **2004**, the organization publicly launched itself as “C-Change,” a 501(c)(3) organization of top cancer leaders from the **public, private and non-profit** sectors.
- **Mission** – to eliminate cancer as a major public health problem at the earliest possible time.

- President **George H.W. Bush**
March 3, 2004 Media Launch

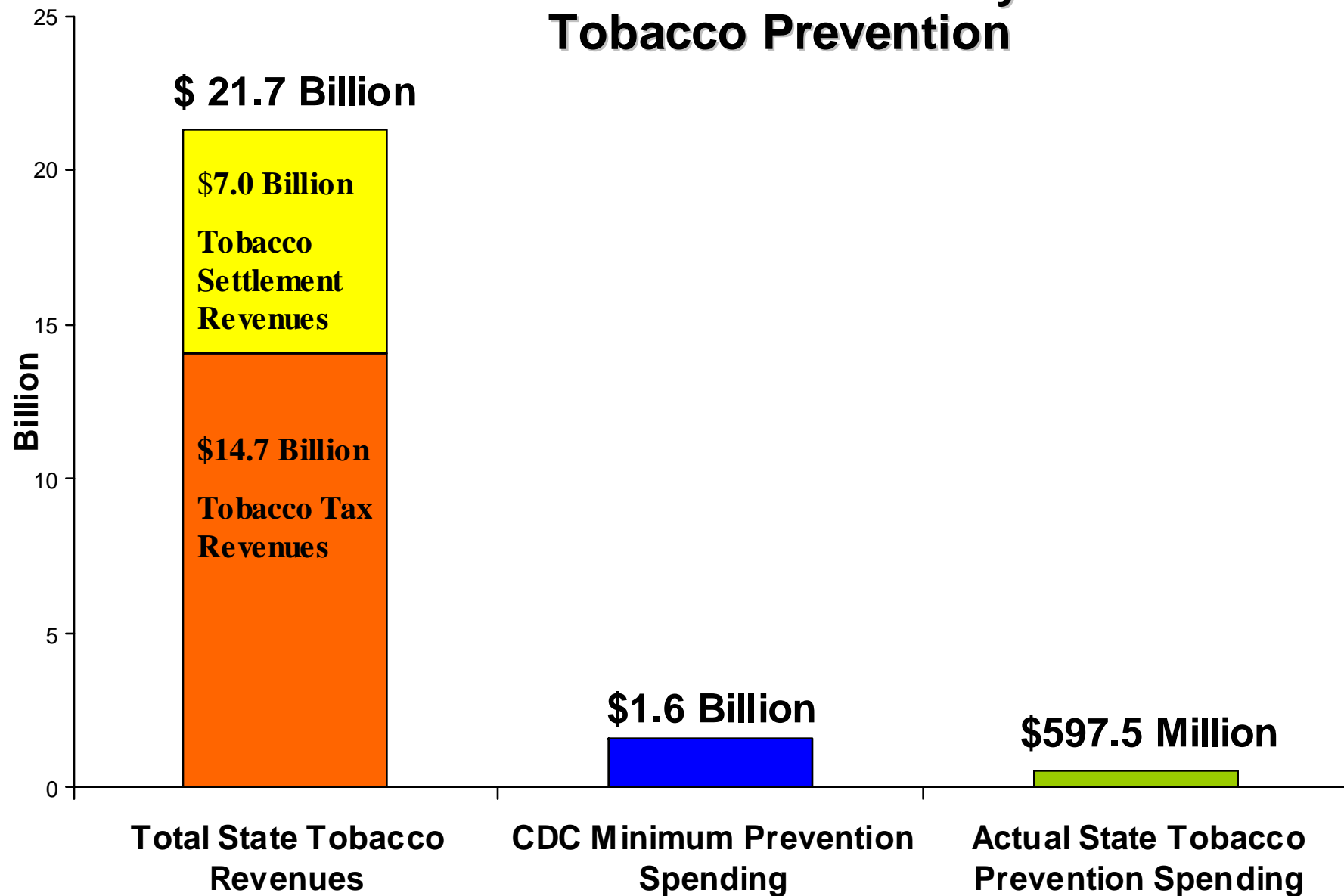




**STRENGTHENING COLLABORATION
BETWEEN CANCER CONTROL
AND TOBACCO CONTROL COMMUNITIES:**

Results of a Symposium Sponsored by
C-Change's Tobacco Control Team
(Formerly the Task Force on State Tobacco Funding)
November 24, 2003
Silver Spring, Maryland

FY 2007 Tobacco Money for Tobacco Prevention



State CCC Plans



COMPREHENSIVE CANCER CONTROL:

Definition

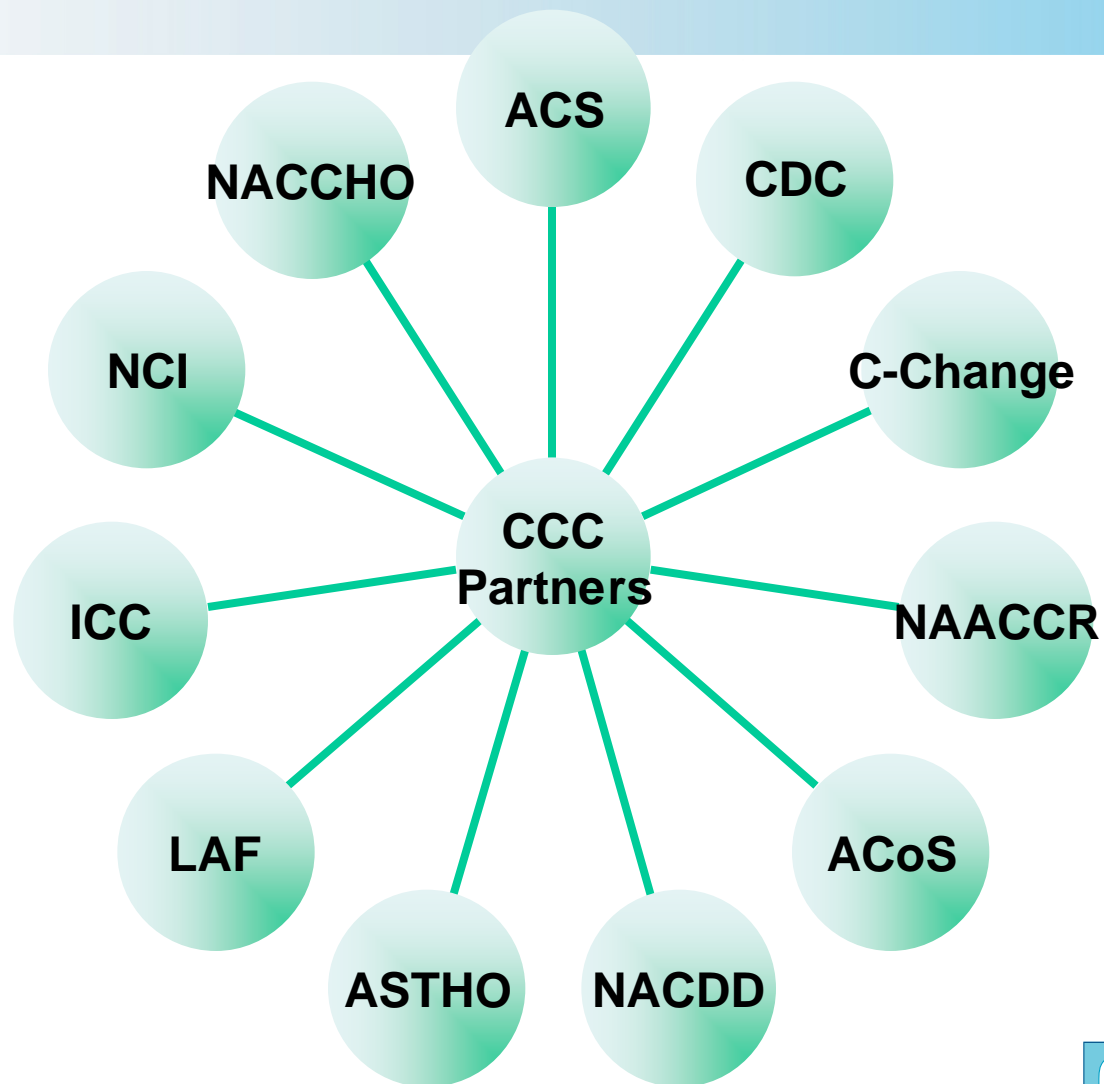
Comprehensive Cancer Control is a collaborative process through which a community pools resources to reduce the burden of cancer that results in

- **Risk reduction**
- **Early detection**
- **Better treatment**
- **Enhanced survivorship**



Collaborating to Conquer Cancer

National CCC Partners



Tobacco Taxes and Public Health

- “The single most direct and reliable method for reducing consumption is to increase the price of tobacco products, thus encouraging the cessation and reducing the level of initiation of tobacco use”

*National Academy of Sciences
Institute of Medicine, 1998*

New Tobacco Revenue

- \$12-15 billion more per year if states raise their tax to \$2.57 (New Jersey)
- \$1 billion more per year beginning April 2008 from MSA Strategic Contribution Fund (Bonus Payment)

POLICY

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Setting Priorities for Connecticut Tobacco Control: Agenda for Action



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Best Practices

for Comprehensive
Tobacco Control
Programs

August 1999



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office on Smoking and Health

National Cancer Institute

*Recommendations from the
NCI-designated Cancer Center Directors*

ACCELERATING SUCCESSSES AGAINST CANCER

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

C-Change States

- Connecticut
- Iowa
- Kansas
- Nebraska
- New Hampshire
- North Carolina
- Utah
- Wyoming
- California
- DC
- North Dakota
- Ohio
- Pennsylvania
- South Carolina
- Texas
- West Virginia



Collaborating to Conquer Cancer

2006-2007 Results

- 2006
 - Connecticut - \$7MM
- 2007
 - DC - \$30MM for cancer & tobacco
 - Iowa - \$1 tax = \$6.5MM tobacco + \$700K cancer
 - New Hampshire - \$2MM, \$4MM in '08
 - Wyoming - \$2.17MM

Next Steps -- 2008 Plans

- Select additional states
- Pilot expansion to nutrition/physical activity/obesity
- Other chronic disease connections?

National Partners Priority

- By 2009, to develop practical tools and guidance documents to assist CCC Coalitions in the development of budgets for the implementation of CCC plans.

Tobacco Tax Trends

- -In 2000, 2 states - average increase 29.5 cents
- -In 2001, 4 states - average increase 18.9 cents
- -In 2002, 21 states - average increase 43.0 cents
- -In 2003, 16 states & DC - average increase 35.1 cents
- -In 2004, 7 states - average increase of 39.1 cents
- -In 2005, 12 states - average increase of 58.3 cents
- -In 2006, 5 states - average increase 24.5 cents
- -In 2007, 11 states - average increase 58.5 cents

