

## Southeast Georgia Cancer Alliance

**Proposal Submitted: March 2003**  
**RPE Status: Designated June 2003**

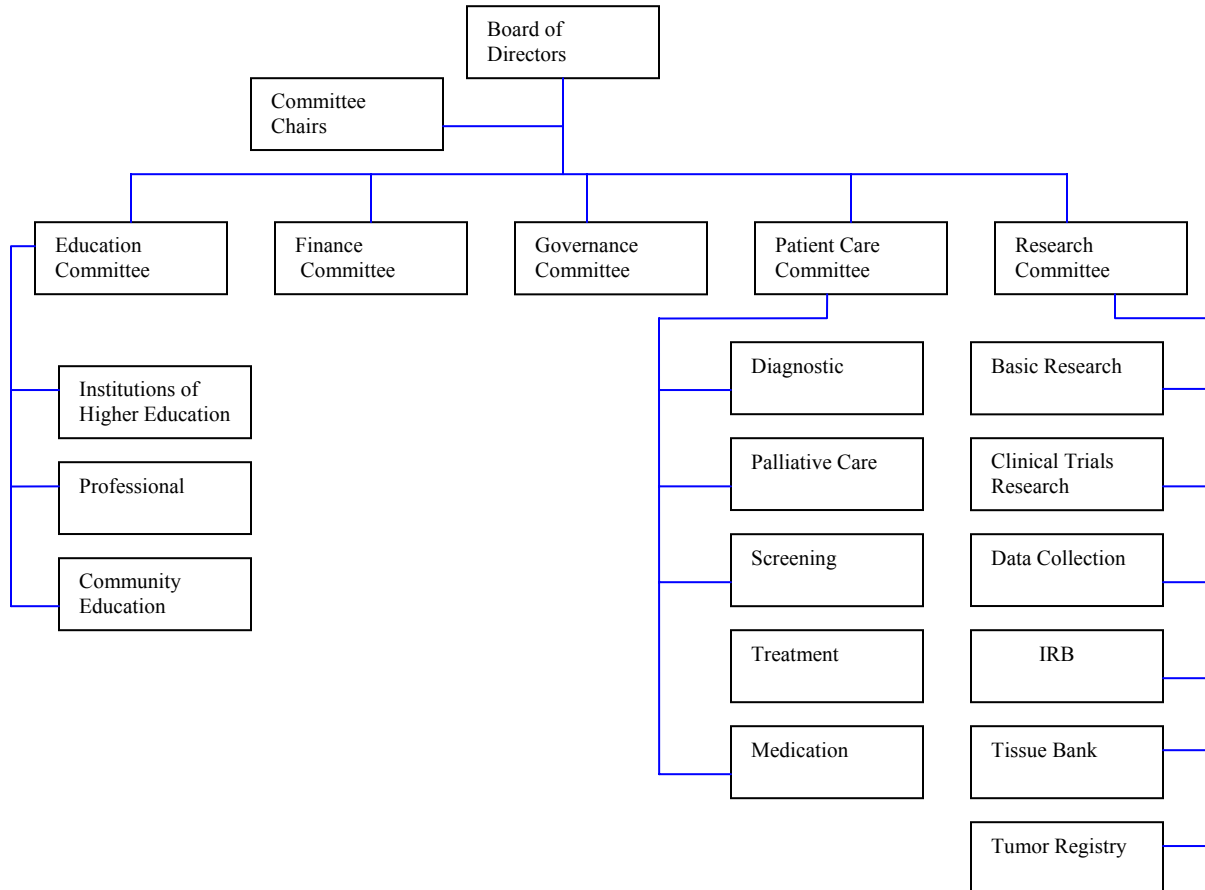
**Planning Grant Award: \$309,113**  
**Estimated Match: \$ 530,753**

### Descriptive Information

- Serves 24 counties, 12,533 square miles
- Population 806,121, 21% of GA; mostly rural; 34% minority
- 20 Healthcare systems/ hospitals
- Public Health districts 9-1,9-2, 9-3
- 2600 diagnosed with cancer in 2000, mortality of 1450

**Number of people involved in planning phase: 200 - 250**  
**Strategic Focus: Community Health Promoter**

### Structure



## **Programs**

### **Cancer Prevention and Detection**

- a) Tobacco Prevention and Cessation – Implementation of an assortment of youth anti-tobacco strategies aimed at reducing initiation in school aged youth as well as increasing the awareness of the Public and advocating for policy change in the region.
- b) Put Prevention into Practice – Use of Academic detailing of physicians to encourage physician participation in this program that seeks to ensure that appropriate prevention strategies are being applied by providers.
- c) Breast, Cervical, Prostate, and Colorectal Screening - Funding for screening service program expansion especially in underserved areas. Pilot programs for one region in each of the three Public Health Districts.
- d) Community Health Promoter – The Alliance will partner with the Health Departments and community based organizations, to identify and provide incentives for, individuals from local communities to be trained in educating their peers and fellow residents about cancer prevention, screening, and access issues.

### **B. Continuum of Care**

- a) ACOS certification – Program that will seek to increase the number of hospitals that are certified as well as increasing the level of certification. The Alliance will also provide consultation in this regard.
- b) Pediatric Oncology – A Pediatric Hem/Oncologist is to be hired to establish and coordinate regional programs that will provide in-service education for local physicians and nurse practitioners that will allow them to take over some of the clinical treatment that children must leave the area to receive at this stage.
- c) Medication Support – Nurse Care Managers will work with Pharmaceutical Assistance Programs to help indigent patients find gap medication and chemotherapy.
- d) Travel Support – Ongoing study will be done to determine needs. The alliance will negotiate with transportation and fuel providers for vouchers for distribution to patients. They will also encourage support of programs already in place, such as the ACS Road to Recovery and the HOST program.
- e) Nurse Navigators – Training of nursing professionals to assist patients in the arrangement for their clinical and supportive care to ensure fluency of access within the system of care. Program will be piloted in two rural communities.
- f) Palliative Care & Critical Conditions – Establishment of Palliative Care Center that will inform the public, educate the provider, and offer palliative care services. The Alliance will also implement the use of the Critical Conditions Program.

### **C. Research**

- a) IRB – The region started the process of hiring an Administrator for the Institutional Review Board whose responsibility was to coordinate the activities related to centralizing the control of cancer research projects in the region. Due to lack of funding these IRB plans were deactivated.
- b) Basic Research and Data – Seed grants are to be used to pilot region specific cancer projects. The Alliance will also seek to support the completion of the Anderson Cancer Institute Research building. Permission has also been granted for the use of the ACS e-tool to monitor and evaluate cancer data.
- c) Clinical Research & Trials – The participation of regional oncologists in recruitment of individuals for trials will be encouraged. At the same time programs informing and educating the public about such trials will also be put in place. The Alliance has committed to working with Georgia CORE.

- d) Genetics – The Alliance will seek to further examine the role of genetics in cancer causation and will educate physicians and the public about the signs of hereditary cancer and provide for genetic counseling services.
- e) Tissue Banks – The region will set up multiple source centers and will train personnel at partnering NCI centers. The centers will be linked to a main Biorepository at MCG.

Educational

- a) Professional Development – In collaboration with regional AHEC, The Alliance will coordinate resources to initiate courses with CME and CEU credits. There is to be dissemination of NCCN guidelines for use by Primary Care Physicians.
- b) Health Education Network – to expand the use of videoconferencing and internet technology to tumor education with the potential for use as an agent for telemedicine.
- c) Website Development – The website will serve as a health resource and information guide.
- d) Tumor Registrar Training – Establishment of a tumor registrar preparation program at a tertiary academic institution in collaboration with a regional hospital.
- e) Workforce Development – Regional Institutions are gearing up to train more of the following
  - i. Medical Technologist
  - ii. Nuclear Medicine Technologist
  - iii. Nurses
  - iv. Nurse Oncologists
  - v. Radiographers
  - vi. Sonographers

**Originally Submitted Budget**

	<b>Year 1</b>	<b>Year 3 (Cumulative)</b>
<b>GCC request</b>	\$9,706,121 (47%)	\$26,253,309 (38.4%)
<b>Match</b>	\$11,070,379	\$42,111,937
<b>Total</b>	\$20,776,500	\$68,365,246

GCC costs per capita in year one = \$12.04

**Revised GCC request year 1 = \$8,218,531**