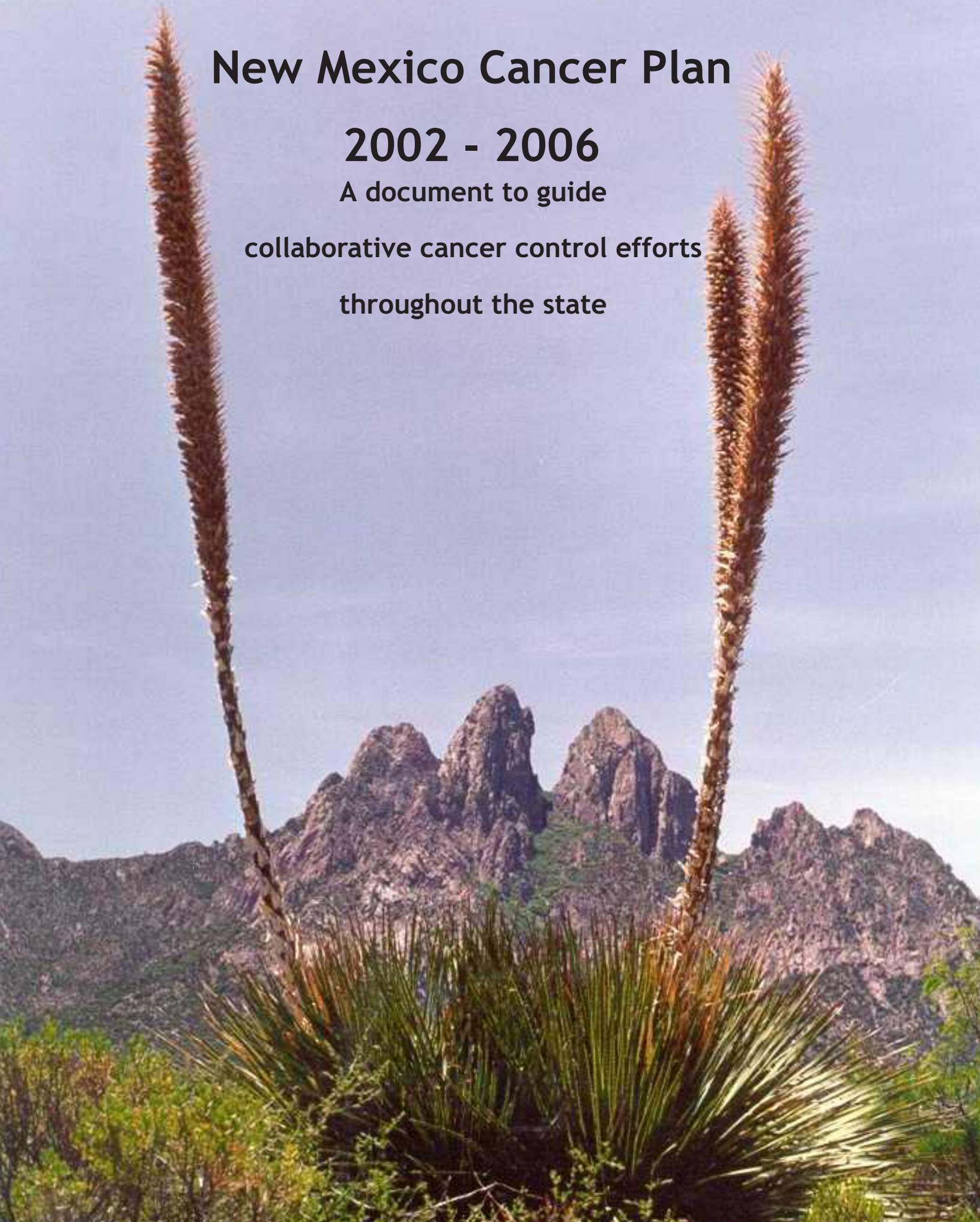
New Mexico Cancer Plan

2002 - 2006

A document to guide

collaborative cancer control efforts

throughout the state



Cover photograph of the Organ Mountains in southern New Mexico
by Catherine Logan-Carrillo

From the Secretary of Health

NEW MEXICO DEPARTMENT OF HEALTH

I am pleased to present the 2002 *New Mexico Cancer Plan*, a document to guide the state's cancer control efforts for the next five years. This plan is the result of the collaborative efforts of more than 150 individuals and organizations with expertise ranging from medical to public health to grass-roots advocacy and support.

Cancer is a term used to describe numerous diseases caused by uncontrolled cell growth. Each year, approximately 6,900 New Mexicans are diagnosed with cancer, and an estimated 40,000 New Mexicans are alive today after being diagnosed with cancer.

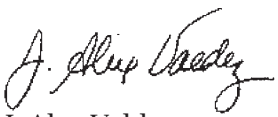
However, cancer is still the second leading cause of death in the United States and in New Mexico. Approximately 3,000 New Mexicans die each year of the disease. Changing individual behaviors could prevent many of these deaths.

Tobacco use is responsible for almost 90 percent of lung cancers and for 29 percent of all cancers, including those of the kidney, bladder, and esophagus. Smoking rates among New Mexico's adult population have been fairly steady in recent years at 22 percent. Of great concern is an increase in tobacco usage among the state's youth, with 77 percent of high school students in 1999 reporting they have tried cigarette smoking. Our challenge as a state is to give our youth the tools to make healthy lifestyle choices.

Maintaining a healthy weight and eating a balanced diet with plenty of fruits, vegetables, and whole grains is another personal choice that can reduce cancer risk. Only 20 percent of adult New Mexicans eat the recommended five or more servings of fruit and vegetables per day. The American Cancer Society estimates that 35 percent of all cancers could be avoided by eating a healthy, balanced diet.

Cancer rates nationally have declined for the first time in history as a result of risk reduction education, early detection advances, and cutting-edge treatments from research. Unfortunately, these advances have not reached our state's citizens equally, and much work remains to be done to improve the health of all New Mexicans.

This *New Mexico Cancer Plan* offers a template for working towards reducing cancer risks; diagnosing disease early, when treatment is most effective; and providing high quality treatment and support services to those diagnosed with cancer. Collaboration among all members of the cancer community is key to this plan's success.



J. Alex Valdez
Secretary
New Mexico Department of Health

New Mexico Cancer Plan
2002 - 2006

Funded by the New Mexico Department of Health and the Centers for Disease Control and Prevention

ACKNOWLEDGMENTS

Individuals who contributed to this *NMCP*

Over 150 people representing more than 50 organizations participated in the creation of this 2002 *New Mexico Cancer Plan* (*NMCP*) in many ways: responding to a written survey evaluating the 1996 plan, participating in community meetings seeking input for the plan, serving on the Steering Committee guiding the plan's development, recommending strategies and objectives for meeting the plan's goals, and providing information on special topics.

In addition, countless New Mexicans have worked tirelessly over the years to improve cancer control services in the state. Many others are currently working on cancer control issues in all areas of the state. This *NMCP* builds upon the efforts of all of these individuals.

Steering Committee

A Steering Committee of experts in many areas of cancer control guided the creation of this *New Mexico Cancer Plan*. Their generous donations of time and expertise in developing a vision for the future of cancer control in New Mexico are gratefully acknowledged.

Deborah Borbely, MS - NMDOH Tobacco Use Prevention and Control Program
Jayne Bukowski, BSN, RN - NMDOH Breast and Cervical Cancer Early Detection Program
Dan Burke - Health Centers of Northern NM
Judith Candelaria, MSN - NMDOH Chronic Disease Prevention and Control Bureau
Jane Cotner, MS - NMDOH Comprehensive Cancer Program
Barbara Damron, PhD, RN - educational consultant in private practice
J.R. Damron, MD - Santa Fe Radiology
Carla Herman, MD, MPH - UNM Epidemiology and Cancer Control Program
Richard Hoffman, MD, MPH - NM Veterans Affairs Health Care System, UNM School of Medicine
Charles Key, MD, PhD - UNM New Mexico Tumor Registry
Harriet Kraye - People Living Through Cancer
Gena Love - People Living Through Cancer, NCI Director's Consumer Liaison Group
Gloria Martinez - American Cancer Society Northern NM Region
Barbara McAneny, MD - NM Oncology Hematology Consultants Ltd., NM Medical Society
Jane McGrath, MD - NMDOH Office of School Health
James Neidhart, MD - San Juan Regional Cancer Center
Frederick Pintz, MD - NMDOH Chief Medical Officer
Donald Reece - Indian Health Service
Albert Rizzoli, MD - Presbyterian Health Plan, Clinical Prevention Initiative
Alice Salcido - Senator Bingaman's Las Cruces office
Ron Shafer, CHE - Eastern NM Medical Center
Cheryl Willman, MD - UNM Cancer Research and Treatment Center

Subcommittee Members

The following individuals participated in meetings to craft the strategies and objectives for addressing the 2002 *NMCP*'s five broad goals.

Lynda Alfonso, BSN, RN
Mavis Alleyne, MS, CRNA, RN
Yolanda Amaya, MBA, BSN, RN
Lloyd Aragon
Gretchen Aschoff, RN
Maryle Jackson Barber
Patricia Biehl, BS, RN
Jenny Black
Pilar Gandara
Connie Garcia, MA
Teresa Huff
Sherryl Jordan, BSN, RN
Jill Joseph, BSN, RN
Kristin Kuhlmann
Robert LaPorte, MD
Susan Lowe
Jamie McDonald, MSW, LISW
Robert Neel
Veronica Perez, MPH
Ana Quiroz
Fran Robinson, RN, OCN
Robert Sherman
Annalisa Tucker
Anne Warren
Brenda West, MSW, RN
Margy Wienbar, MS

Special Thanks

The following people are acknowledged for sharing their expertise and assisting with special issues: Carla Herman, MD, MPH; Rich Hoffman, MD, MPH; Charles Key, MD, PhD; Veronica Perez, MPH, and Lloyd Aragon, American Cancer Society; Jamie McDonald, MSW, LISW, Presbyterian Healthcare Services; Larry Farrow, Texas & New Mexico Hospice Organization; Lloryn Swan, New Mexico Tumor Registry; Jamie Searcy, MA; Lori Ballinger, MS, CGC, and Katherine Hunt, MS, UNM Epidemiology and Cancer Control Program; Susan Baum, MD, MPH, Terry Bryant, MS, Jayne Bukowski, BSN, RN, Judith Candelaria, MSN, Gabriel Chavez, Jane Cotner, MS, Hoang Dang, MPH, Penny McCreight-Garcia, and Lisa McNichol, MS, CHES, New Mexico Department of Health.

Catherine Logan-Carrillo is gratefully acknowledged for her professionalism and expertise in researching, writing, and formatting this *NMCP*.

Beth Pinkerton coordinated the activities involved with this document's creation, including setting up and facilitating meetings, researching contents, and writing and editing the *NMCP*.

Funding sources for creating this *NMCP*

The New Mexico Department of Health (NMDOH) developed this *New Mexico Cancer Plan* with financial support from the federally-funded Centers for Disease Control and Prevention and state monies through the Comprehensive Cancer Program. This document is a revision of the statewide cancer plan published by NMDOH in 1996.

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ACRONYMS

AAIHB	Albuquerque Area Indian Health Board
ACS	American Cancer Society
B&CC	Breast and Cervical Cancer Early Detection Program
BRFSS	Behavioral Risk Factor Surveillance System
CCP	Comprehensive Cancer Program, New Mexico Department of Health
CDC	The Centers for Disease Control and Prevention, an agency within the U.S. Department of Health and Human Services
CDPC	New Mexico Chronic Disease Prevention Council
CPI	Clinical Prevention Initiative, a project of the New Mexico Department of Health and the New Mexico Medical Society
CRTC	The Cancer Research and Treatment Center at the University of New Mexico
DRE	Digital rectal exam
EpiCC	Epidemiology and Cancer Control Program of the University of New Mexico CRTC
ETS	Environmental tobacco smoke/second hand smoke
FOBT	Fecal occult blood test
HMO	Health maintenance organization
IHS	Indian Health Service
NCI	The National Cancer Institute
NIH	The National Institutes of Health
NM	New Mexico
NMCAT	New Mexicans Concerned About Tobacco
NMCLC	New Mexico Cancer Leadership Council
NMCP	*New Mexico Cancer Plan*
NMDOH	New Mexico Department of Health
NMMRA	New Mexico Medical Review Association
NMMS	New Mexico Medical Society
NMTR	New Mexico Tumor Registry, a program of the University of New Mexico CRTC
PCSANM	Prostate Cancer Support Association of New Mexico
PLTC	People Living Through Cancer
PSA	Prostate-specific antigen
SEER	The Surveillance, Epidemiology, and End Results Program of the NCI
SPF	Sun protection factor, rating for sunscreen products
SSD	Social Security Disability
SSI	Supplemental Security Income
TUPAC	Tobacco Use Prevention and Control Program, NMDOH
UNM	University of New Mexico
UV	Ultraviolet
YRBS	Youth Risk Behavior Surveillance System
YRRS	Youth Risk and Resiliency Survey
YTS	Youth Tobacco Survey

EXECUTIVE SUMMARY

This *New Mexico Cancer Plan* (*NMCP*) is a revision of the 1996 plan and was developed by the New Mexico Department of Health and its partners with funding from the State of New Mexico and the national Centers for Disease Control and Prevention. The New Mexico Department of Health is taking leadership in the process but not ownership, as the agency values working in public/private partnerships and sees its role in developing health plans as a facilitator in collaboration with state partners in order to maximize resources.

More than 150 individuals from across the state, representing over 50 organizations, participated in the creation of this plan. A steering committee made up of cancer prevention and control experts provided oversight and guidance that included determining the cancer sites to address, setting the goals, providing detailed input, and approving the final document.

The intended audience is broad, with the hope that this plan will be used by people in all areas of cancer prevention and control throughout the state. In addition, it is hoped the planning process itself will lead to increased communication and collaboration among all those working in the cancer field.

Cancer in New Mexico

Cancer is the second leading cause of death in New Mexico. In 2001 the American Cancer Society (ACS) estimated that approximately 6,900 new cancers would be diagnosed among New Mexicans and approximately 3,000 people in the state would die of the disease.[1] Cancer incidence and mortality rates vary, depending on site, age, sex, ethnic/racial group, access to health care, and other factors. In New Mexico and the United States, four cancer sites — lung/bronchus, colon/rectum, prostate, and breast — comprise the majority of cancers diagnosed in adults.

Goals for Cancer Control in New Mexico

This cancer plan is based on the public health model of promoting health and preventing disease using risk reduction, screening, treatment, surveillance, public policy, and program evaluation.

The 2002 *New Mexico Cancer Plan* has five broad goals, with objectives and strategies for meeting each. The goals are

- Reduce the risks for developing cancer. (Primary prevention.)
- Increase early detection and appropriate screening for cancer. (Secondary prevention.)
- Increase access to appropriate and effective cancer treatment and care.
- Address quality of life issues for health care consumers affected by cancer.
- Improve coordination and collaboration among cancer control efforts.

This *New Mexico Cancer Plan* addresses only a portion of the broad range of cancer control issues. It is a living document that will be modified to reflect the changing needs and capacities of the state. Improving coordination and collaboration — the fifth goal — will be a key factor in accomplishing all of the goals and objectives of this *NMCP*.

INTRODUCTION

This *New Mexico Cancer Plan* is being written at a time when many participants in the cancer community in the United States have genuine optimism about advances in cancer control. Measurable progress has been made, and the future is promising.

Purpose of This *NMCP*

This *NMCP* addresses all aspects of cancer control: prevention, early detection, treatment, quality of life issues, and end-of-life care. It includes information about existing programs and services, describes facilitating and inhibiting factors for successful cancer control efforts, and recommends a vision for improving cancer control statewide. Strategies for attaining the broad goals included in this plan incorporate public and professional education, collaboration and coalition building, policy changes, and surveillance. The plan identifies areas of common interest and need, and it offers a road map to guide action.

This *NMCP* is intended for use by people in all areas of cancer control statewide. The goals are broad and are directed at improving the lives of all New Mexicans. The objectives and strategies included in this plan are varied and are intended to provide numerous "binding sites" with which interested partners can connect. Implementation of this plan will include local activities in communities across the state, collaborative efforts among small groups around specific areas of interest, and statewide efforts. Progress toward meeting the goals in this *NMCP* will be evaluated annually, and a report will be distributed.

Companion Piece to This *NMCP*

Much of the background data used in this plan came from the American Cancer Society's *New Mexico Cancer Facts & Figures 2000 - 2001*. This publication includes comprehensive cancer incidence and mortality data provided by the University of New Mexico (UNM) New Mexico Tumor Registry and the New Mexico Department of Health Office of Vital Records and Health Statistics. Also included are in-depth descriptions of selected cancer sites, information on reducing the risks for developing cancer, and explanations on data interpretation. ACS will update this publication every few years. (See inside back cover for information on requesting a copy of *New Mexico Cancer Facts & Figures 2002 - 2001* or this *New Mexico Cancer Plan.*)

Process for Developing This *NMCP*

The 2002 *New Mexico Cancer Plan* is the culmination of meetings, interviews, and written comments from more than 150 individuals, representing more than 50 agencies, coalitions, and consumer groups. A work group made up of New Mexico Department of Health (NMDOH) staff and a contractor hired to write the plan met frequently throughout the revision process. Collection of background information began in January 2000 and included a survey mailed to 400 individuals involved with cancer prevention and control across the state. Later that year, meetings seeking input for the plan were held in seven communities throughout New Mexico and recommendations from those meetings were categorized.

A Steering Committee was convened to guide the process, defining the overall scope of the plan, identifying main goals, determining which cancer types to address, and setting guidelines for the subcommittees that drafted the objectives and strategies.

Subcommittees composed of interested individuals and agencies from the community meetings drafted objectives and strategies for attaining the goals. The Steering Committee reviewed and amended the objectives and strategies, and reviewed and approved the final draft of the plan.

Role of NM Department of Health in Cancer Planning

New Mexico Department of Health Mission and Planning Role

The mission of the Department of Health is to promote health and sound health policy, prevent disease and disability, improve health services systems, and assure that essential public health functions and safety net services are available to New Mexicans.

The agency's primary responsibility is to assess, monitor, and improve the health status of New Mexicans. Core functions include the development of broad health policy and assurance that critical safety net services and interventions are provided.

In its 2001 Strategic Plan, the New Mexico Department of Health (NMDOH) sets an objective to "prevent and reduce disability due to chronic disease including cancer." Implementation of this *New Mexico Cancer Plan* is the first strategy towards meeting that objective.

The NMDOH values working in public/private partnerships and sees its role in developing health plans as one of facilitating collaboration with statewide partners in order to maximize resources. The largest division within the NMDOH is the Public Health Division, which includes the Chronic Disease Prevention and Control Bureau. As lead agency in developing this *New Mexico Cancer Plan*, the NMDOH has the following two programs within the Chronic Disease Prevention and Control Bureau to support the plan's implementation.

1.) NMDOH Cancer Programs

The NMDOH Cancer Programs include the Breast and Cervical Cancer Early Detection Program and the Comprehensive Cancer Program.

- The Breast and Cervical Cancer Early Detection Program (B&CC Program) is a federally-funded program that provides free breast and cervical cancer screening to low-income women in New Mexico. Healthcare providers throughout the state screen women who qualify for the program and are reimbursed by the program for their professional services. During the B&CC Program's first 10 years, 144,240 Pap tests and 87,630 screening mammograms were funded. During that time, 883 women were diagnosed with cervical cancer and 505 women were diagnosed with breast cancer through the B&CC Program.
- The Comprehensive Cancer Program (CCP) is funded by the State of New Mexico. In the fourth quarter of 2001, the CCP was awarded funding through a four-year cooperative agreement with the Centers for Disease Control and Prevention to help implement this *NMCP*. The CCP's mission is to promote the health of New Mexicans through comprehensive cancer prevention and control efforts. Projects include skin cancer prevention education; prostate cancer education on early detection and treatment, and support for patients and their families; support and education for cancer survivors with any type of cancer and their families; cancer patient housing; and colorectal cancer early detection education.

2.) NMDOH Tobacco Use Prevention and Control Program

The NMDOH Tobacco Use Prevention and Control Program (TUPAC) works to achieve a significant reduction in the prevalence of smoking and tobacco use and to reduce exposure to secondhand smoke. The TUPAC Program is based on the Centers for Disease Control and Prevention's (CDC) *Best Practices for Comprehensive Tobacco Control Programs* and is funded by the CDC and the State

of New Mexico. Since the year 2000, the New Mexico state legislature has appropriated tobacco settlement monies to TUPAC. TUPAC Program goals include eliminating exposure to secondhand smoke, preventing initiation among youth, promoting cessation among adults and youth, and identifying and eliminating disparities among population groups relative to tobacco use. The primary components of the TUPAC Program are community- and school-based interventions, strategic use of media, program policy and regulation, and surveillance and evaluation.

Public Health Model

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This cancer plan is based on the public health model. The three core functions of public health are assessment, policy development, and assurance. Assessment includes surveillance, which provides data to locate health problems, identifies high-risk populations, and informs disease prevention and control programs. Policy development includes planning, setting priorities, and mobilizing resources to serve the common good. The assurance function involves making sure critical health care services are available and accessible, to the point of providing them directly when not available in the private sector. Public health addresses health promotion and disease prevention with the three-tiered approach of primary, secondary, and tertiary prevention.

Primary prevention emphasizes keeping the population healthy by preventing or reducing the risks for developing disease. This can be done with promotion of behavior changes at the individual level or with changes at a broader level such as through government regulations.

Secondary prevention addresses identifying individuals with a disease, often before they have exhibited symptoms. Screening programs are designed to reach those individuals most susceptible to developing the disease before the disease has advanced. Broad-based screening programs must target diseases that can be diagnosed at early stages and for which effective treatments are available.

Tertiary prevention affects individuals with a disease diagnosis. It emphasizes delaying advancement of the disease, reducing the risks for complication or recurrence, prolonging life, and promoting quality of life. Unlike the other prevention categories, tertiary prevention addresses the needs of individuals rather than population groups.

Overview of Cancer

Cancer is the umbrella term to describe many different diseases in which cells grow and reproduce out of control. The human body is made up of millions of cells, and, normally, new cells are created to replace old cells that die. When something goes wrong with this process, cells may keep dividing and multiplying out of control, creating cancer.

Some cancers form solid tumors made up of masses of cells. Others (leukemia and lymphoma) form and circulate in the bloodstream and lymphatic system. Most cancers are named for the organ or type of cell where they start, such as lung, breast, prostate, or skin. Cancer cells can spread from the initial site to other parts of the body and start new tumors in a process called metastasis.

Cancer is most treatable when diagnosed before it metastasizes, when the disease is still localized. Treatments vary depending on the type of cancer, if and how much it has metastasized, its size and location, the patient's overall health,

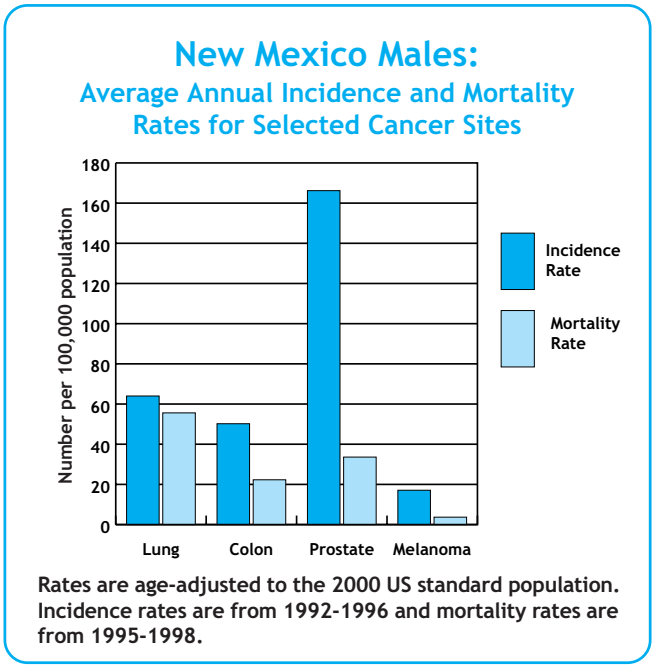
and other factors. Men are more likely to develop cancer, and to die from it, than are women. (See figures 1 and 2 on pages 4 and 5.) Most cancers are a phenomenon of aging, with incidence rates increasing with age. With the exception of cervical cancer, all of the cancers addressed by this plan are more common among New Mexicans aged 55 or older.[2]

Although it is relatively rare, cancer does occur in children. Overall, childhood cancers account for less than one percent of all cancers, so they are not addressed specifically in this *NMCP*. In New Mexico, approximately 70 cancer cases per year are diagnosed in children and young adults under age 20. Leukemias account for almost one third of all cancers among children under age 15 and one quarter of all cancers diagnosed before the age of 20.[2] Survival rates for childhood cancers have improved dramatically over the last 25 years, in large part because of improved treatments for leukemia. Effective new treatments resulting from clinical trials are now available for many types of childhood cancers.

Cancer Sites Addressed in This *NMCP*

The criteria for identifying cancer sites to focus on in this *NMCP* were incidence rate and the existence of scientifically-validated methods of prevention, early detection, and/or effective treatments. In New Mexico and the United States, four cancer sites — lung/bronchus, colon/rectum, breast, and prostate — comprise the majority of cancers diagnosed in adults. In addition to these four, this *NMCP* also focuses on melanoma and cervical cancer. Quality of life issues addressed in this plan relate to all types of cancer.

Figure 1



Rates are age-adjusted to the 2000 US standard population. Incidence rates are from 1992-1996 and mortality rates are from 1995-1998.

Source: Dang, H.; Espey, D. (Ed.). (2000). *New Mexico Chronic Disease Surveillance Report*. Albuquerque, NM: Chronic Disease Prevention and Control Bureau, Public Health Division, New Mexico Department of Health.

Lung and bronchus cancer

Lung and bronchus cancer is the second most commonly diagnosed of all cancers in the U.S. and in New Mexico, and it is the number one cancer killer among both men and women when all racial and ethnic groups are combined. Lung cancer mortality rates for non-Hispanic White men have been decreasing in recent years; however, rates for Hispanic men and women and for non-Hispanic White women have increased. Overall, more women die from lung cancer than from breast cancer.

On average, 700 New Mexicans are diagnosed with lung and bronchus cancer each year. Approximately 600 New Mexicans die from the disease each year. Because almost 90% of lung cancers are caused by tobacco exposure, most of these lung cancer casualties could have been prevented.[2]

Early detection of lung and bronchus cancer is difficult because the disease is usually fairly advanced by the time symptoms appear. Treatments are available and vary depending on how advanced the cancer is. Nationally, one-year relative survival rates for lung cancer have increased from 34% in 1975 to 41% in 1996.[1] For New Mexicans diagnosed between 1973 and 1999, the one-year relative survival rate for all stages of lung cancer combined was 39.5%. The rates for localized disease were 62%; for regional disease, 47%; and for remote disease the one-year relative survival rate was 19%.[3]

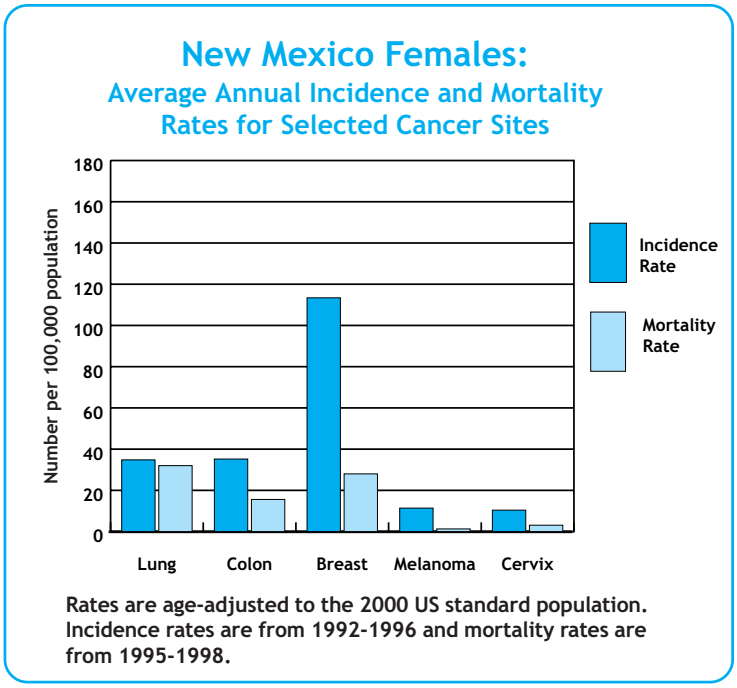
Colon and rectum cancer

Cancers of the colon and rectum, also known as colorectal cancer, are diagnosed in approximately 600 New Mexicans annually. Colorectal cancer is the state's third leading cause of cancer deaths for both men and women, causing approximately 270 deaths each year. Among men, colorectal cancer mortality ranks third after lung and prostate cancers; among women, it follows lung and breast cancers. Colorectal cancer incidence is highest among non-Hispanic White men, but mortality rates are highest among African American men. American Indian women have both the lowest incidence and mortality rates in the state.[2]

Eating a healthy, low-fat diet and engaging in regular physical activity are associated with overall good health and may decrease the risk of developing colorectal cancer. While recent scientific studies have raised questions about the protective role of dietary fiber against colorectal cancer, many other scientific studies have identified a strong association between diets high in vegetables and fruits and reduced colorectal cancer risk. In addition, there is no evidence that diets high in vegetables and fruits have adverse health effects.[4]

Nationally, colorectal cancer incidence rates declined by more than two percent a year between 1992 and 1996.[5] Early detection has been shown to be effective in reducing both the incidence and mortality of colorectal cancer. Screening with fecal occult blood test cards, colonoscopy, flexible sigmoidoscopy, or air-contrast barium enema can detect early stage cancers and pre-cancerous polyps; these growths can be removed during colonoscopy or during more extensive surgery. For New Mexicans diagnosed between 1973 and 1999, the five-year relative survival rate for localized colorectal cancer was 76%. The five-year relative survival rate for regional stage was 55%; for distant stage the rate dropped to 7%.[3]

Figure 2



Source: Dang, H.; Espey, D. (Ed.). (2000). *New Mexico Chronic Disease Surveillance Report*. Albuquerque, NM: Chronic Disease Prevention and Control Bureau, Public Health Division, New Mexico Department of Health.

Breast cancer

Breast cancer is the most frequently diagnosed cancer among women of all racial and ethnic groups in New Mexico. It is the leading cause of cancer deaths among Hispanic, American Indian, and African American women, and it is second to lung cancer as the leading cause of cancer death among non-Hispanic White women. Incidence and mortality rates are highest among non-Hispanic White women in the state, followed by African American, Hispanic, and American Indian women, respectively. Approximately 900 cases of breast cancer are diagnosed among New Mexico women each year, and more than 200 women die from the disease every year.[2]

Between 1973 and 1997, the New Mexico Tumor Registry tracked a dramatic increase in breast cancer incidence, especially among Hispanic and American Indian women. Although the cause of the higher rates has not been determined, it is believed to be related to the increased screening activities in the state.

Of the known risk factors for breast cancer such as age, sex, and family history, most cannot be modified. Breast cancer is most common among women over

age 55; however, approximately 15% of New Mexican women diagnosed with breast cancer are under age 45.[2]

Early detection, such as through mammography, offers the best possibility for survival. For New Mexicans with local stage breast cancer diagnosed between 1973 and 1999, the five-year survival rate was 90%. During this period, the five-year survival rate for regional stage was 70% and for distant stage was 21%.[3]

Prostate cancer

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Prostate cancer is the most frequently diagnosed cancer among men of all racial and ethnic groups in New Mexico. It is the leading cause of cancer death among American Indian men and the second leading cause, after lung cancer, among non-Hispanic White, Hispanic, and African American men. Each year in New Mexico, approximately 1,000 men are diagnosed with prostate cancer, and almost 200 men die of the disease.[2] African American men have the highest prostate cancer mortality rates in New Mexico and in the world.

Known risk factors for prostate cancer include age, race or ethnicity, and family history. Men over age 55 account for 95% of New Mexicans diagnosed with prostate cancer.[2] A first-degree relative with prostate cancer almost doubles a man's risk of developing the disease.

Current screening for prostate cancer includes the prostate specific antigen (PSA) blood test and digital rectal exam (DRE). Nationally, rates of prostate cancer incidence increased greatly between 1989 and 1992. This rise was probably the result of introducing the PSA test, which detected increased numbers of early-stage cancers. Incidence rates declined after 1992 and had leveled off as of 2001. For New Mexicans diagnosed between 1973 and 1999, the five-year relative survival rate for local and regional stage prostate cancer was 83% and 84%, respectively; for distant stages, the rate was 28%. For all stages of prostate cancer combined, the five-year survival rate increased from 74% in 1997 to 77% in 1999.[3]

Despite the ability to diagnose prostate cancer earlier, controversy exists about the efficacy of widespread screening. Screening offers the benefit of diagnosing prostate cancer at an early stage; however, it is unknown if this will result in improved outcomes. In addition, current prostate cancer detection techniques generate a high rate of false positive results, which leads to many unnecessary prostate biopsies and may cause undue worry, physical difficulties, and stress for men and their families. Prostate cancer is often slow growing, and in many cases the disease will never become a serious health problem. It is a disease of aging, and many men with prostate cancer will die from another age-related disease. Aggressive prostate cancer treatments can have serious adverse consequences, including incontinence, impotence, and bowel problems.

Studies are underway to determine if widespread prostate cancer screening can save lives. Also needed are methods to determine which cancers require aggressive treatment and which would be better treated with "watchful waiting."

Melanoma skin cancer

Skin cancer can be separated into two main categories: non-melanoma, which includes basal cell and squamous cell cancers, and melanoma, which is much less common but more likely to be life-threatening. Nationally, melanoma incidence is increasing faster than any other cancer. Approximately 200 cases of melanoma are diagnosed in New Mexico every year, making it the fourth most common cancer among men and the sixth most common among women; 40 New

Mexicans die of the disease each year.[2] Melanoma is the most common cancer among people 25 to 29 years old.[6] Skin cancer is more prevalent among non-Hispanic Whites; however, it can occur in all ethnic and racial groups.

Risk factors for both categories of skin cancer include exposure to ultraviolet (UV) radiation; fair skin; family history; and long-term exposure to coal tar, pitch, creosote, arsenic compounds, or radium. A history of one or more severe, blistering sunburns during childhood or adolescence is a risk factor for both melanoma and basal cell carcinoma. Long-term overexposure to UV radiation increases the risk for squamous cell carcinoma. More than half of an individual's lifetime exposure to UV radiation occurs by age 18, making prevention through sun safety a key to reducing skin cancer incidence.

Australia, which has the world's highest incidence of skin cancer, has become a model for skin cancer prevention activities. A sun-safety public health campaign that began in the 1980s has been very successful in changing attitudes and policies throughout the country. As of the year 2000, these behavior changes had resulted in an 11% decrease in the incidence of basal cell carcinoma among 14 to 50 year old Australians.[7]

Skin cancer rates in the United States are increasing, and it is estimated that more than a million new cases of skin cancer are diagnosed each year. Cancer registries generally do not track non-melanoma skin cancers and in situ melanoma because these cancers are as numerous as all other cancers combined and are usually not life threatening. However, the New Mexico Tumor Registry conducted a special survey between 1998 and 1999 that found 12,013 non-melanoma skin cancers diagnosed in 7,887 patients. In addition, approximately 130 in situ melanomas are diagnosed each year.[2]

As with other cancers, early detection of skin cancer is important for survival. For New Mexicans diagnosed between 1973 and 1999, the five-year survival rate for localized melanoma was 89%, but the survival rate dropped to 47% and 14% for regional and distant metastases, respectively.[3]

Cervical cancer

Incidence rates of cancer of the uterine cervix, also known as cervical cancer, have been declining for the past 25 years, largely as a result of widespread use of the Papanicolaou (Pap) test. Of the approximately 400 cases diagnosed each year in New Mexico, fewer than 100 are invasive cancers. The balance of cases are in situ (cancer that has not invaded surrounding tissue), for which 10-year survival rates for women in New Mexico diagnosed between 1973 and 1999 were 99%. The 10-year survival rates were 83% for local stage and 41% for regional stage.[3] Each year, approximately 25 New Mexican women die of cervical cancer. Both incidence and mortality rates among Hispanic and American Indian women are higher than the rates for non-Hispanic White women.[2]

Although the majority of cervical cancer cases are diagnosed in women under age 55, the mortality rate is higher in women over age 55. This is likely the result of late-stage diagnosis. Older women and women living in rural areas are less likely to have access to care and thus are less likely to receive regular cervical cancer screening.

Risk factors for cervical cancer include early age of first sexual intercourse, multiple sexual partners, smoking, infection with HPV (human papilloma virus), and low socioeconomic status. Fortunately, most cervical cancers can be prevented. The Pap test can detect pre-cancerous conditions, allowing for treatment before cervical cancer develops. The test also can detect cancer in its earliest stages when positive response to treatment is most likely. Widespread screening has the potential to almost eliminate deaths from cervical cancer.

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PLANNING ENVIRONMENT

This *New Mexico Cancer Plan* is a vision for cancer control throughout the state. In recent decades, great strides have been made in the areas of cancer prevention, early detection, treatment, quality of life, and end-of-life care. This document is a plan for the future that builds on past strengths.

Nationally, cancer incidence declined approximately 1.3% per year from 1992 to 1997. For all cancers combined, death rates have decreased an average of 0.6% per year from 1990 to 1996.[8,9] This follows a period of steady increases: from 1973 to 1990 death rates increased by 0.4% per year.[10] In addition, many people who are diagnosed with cancer are living longer and with better quality of life.[8]

Nevertheless, cancer is still a major health problem. It is the nation's second leading cause of death and a major cause of illness and suffering. One out of every four deaths in the United States is caused by cancer. Approximately one of every two males and one of every three females will develop some type of cancer in their lives. The financial cost of the disease is estimated to be over $100 billion every year.[11]

Ground-breaking cancer research has created new hope that the goal of eradicating much, if not all, of this cancer burden may be fulfilled. However, experts from all parts of the cancer community — from the National Cancer Institute to community providers to consumer advocacy groups — have acknowledged that there is still much to be done. Many new scientific findings need to be translated into public health initiatives and patient care to fulfill their potential, and there are still many unanswered questions about how to control the disease.

In addition, not all Americans are sharing equally in the progress that has been made. The *Unequal Burden of Cancer*, published by the Institute of Medicine (IOM) in 1999, assessed the disparities in cancer research and cancer programs on a national level. The IOM found that although many ethnic/racial minority groups experience significantly lower incidence rates of some cancers than non-Hispanic Whites, other minority groups have much higher rates. Minority populations were also found to have poorer survival rates than non-Hispanic Whites. In addition, people from all ethnic groups who are poor were found to have high cancer incidence and low survival rates. The IOM report stresses the importance of including ethnic/racial minority groups, poor Americans, and others who are medically underserved in research and programs of the National Institutes of Health so that benefits will reach all Americans.[12]

National and State Initiatives Set the Stage for This *NMCP*

The development of this *NMCP* follows national and state initiatives that have already set goals and objectives to improve cancer control. These include Healthy People 2010, a health promotion and disease prevention initiative of the U.S. Department of Health and Human Services, and the New Mexico Department of Health (NMDOH) strategic plan.

Healthy People 2010 has two major goals for the decade: (1) to help individuals of all ages increase life expectancy and improve their quality of life, and (2) to eliminate health disparities among different segments of the population. Cancer is one of 28 focus areas for Healthy People 2010. The goal for cancer is to reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer. The initiative sets targets for improvements in 15 categories, including overall cancer deaths, death rates from specific types of cancer, prevention and screening methods, surveillance, and five-year cancer survival.

Several NMDOH plans also help set the stage for this *NMCP*. The *New Mexico Department of Health Strategic Plan, September 2001* establishes the following objective for cancer control: "Prevent and reduce disability due to chronic disease including cancer." The first strategy for this objective is the implementation of the 2002 *New Mexico Cancer Plan*. Other goals and objectives related to cancer control have been set by the NMDOH Tobacco Use Prevention and Control Program and the Diabetes Prevention and Control Program.

The Border Health Office of the NMDOH (see page 11) has established cancer-related objectives for the New Mexico/Mexico border area as part of a plan called "Healthy Gente, Year 2010." These include reduction of the female breast cancer death rate by 20%, reduction of the cervical cancer death rate by 30%, and reduction of the proportion of adult and adolescent tobacco users by 33%.

All of the above described plans are closely related to the goals, objectives, and strategies outlined in this *NMCP*. By design, some of the objectives and strategies set in these plans have been incorporated into this *NMCP*.

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New Mexico Demographics

New Mexico is the fifth largest state in land mass but has one of the lowest population densities. (See figure 3, page 11.) Census 2000 figures show that only eight cities in the state had populations over 30,000. The state's total population in 2000 was 1,819,046, ranking it 36th among the 50 states.[13]

In the 2000 census, the largest racial group in New Mexico was White at 66.8%, followed by American Indian and Alaska Native at 9.5%, Black and African American at 1.9%, Asian American at 1.1%, and Native Hawaiian and Other Pacific Islander at 0.1%. Other groups, which includes people who listed Some Other Race or those who listed more than one race on the census, accounted for 20.6% of the population. No one ethnic group represents a majority of the population, with non-Hispanic Whites accounting for 44.7% and people of Hispanic origin accounting for 42.1% of New Mexicans.[14]

The Hispanic population in the state is not homogeneous. Many New Mexican Hispanics trace their lineage to Spanish colonizers in the 15th century. A significant number of these Hispanics are bilingual, speaking Spanish as a first language but also speaking fluent English. Another large group is made up of more recent immigrants from Mexico and Central America, many speaking only Spanish or very little English.

Among all the states, New Mexico has the highest percentage of American Indians.* American Indians in New Mexico include members of 19 Pueblos, approximately one-third of the population of the Navajo Nation, and members of two Apache Tribes. Many of the older residents living on tribal land speak only their native language. As many as 60% to 70% of the American Indians in New Mexico live off reservation, mostly in urban areas. In addition to American Indians from tribes in New Mexico, the urban American Indian population includes a significant number of people from tribes based outside of the state.

The median age of New Mexicans is relatively young. In 1998, the median age was 34.1, compared to 35.2 nationally. Within the state, the Hispanic, American Indian, and African American populations have a younger median age than the non-Hispanic White population.[15]

* Note: This does not include Alaska Natives. The state of Alaska has the highest percentage of combined American Indian and Alaska Native populations.

Historically, New Mexico has had one of the lowest levels of income of all the states. The 1990 census ranked New Mexico 48th among the states, with a per capita income of less than $20,000. More than 20% of New Mexicans lived below the poverty line, compared to 13% nationally. Nearly one half of American Indians and one quarter of Hispanics living in the state were at or below the poverty level. Some counties were particularly notable that year: Cibola and Mora Counties had poverty levels around three times the national average and Guadalupe and McKinley counties had four times the national average.[15]

Diverse Regions in New Mexico

A number of regions within the state have populations with distinct characteristics. Counties in the north central mountainous part of the state have particularly high percentages of Hispanics, many with family roots in the area going back four or five centuries. Counties in the southeastern portion of the state have a high percentage of African Americans when compared to the rest of the state. Five counties, all in the northwestern part of the state, have a high percentage of American Indians.

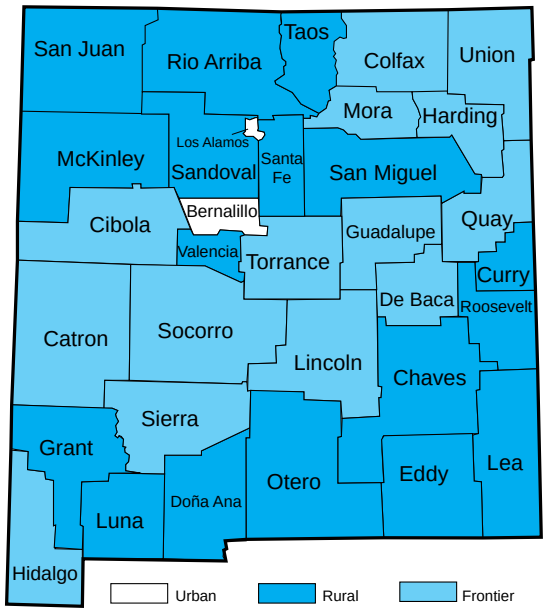
The border region of the state, which include those counties within 100 kilometers of the United States/Mexico border (Doña Ana, Grant, Hidalgo, Luna, Otero, and Sierra Counties), also has distinguishing characteristics. It has a large Mexican immigrant population and in the last decade has experienced some of the fastest population growth in the state. Immediately south of the border and 100 kilometers into Mexico, the population is also growing at a rapid rate. A United States/Mexico Border Health Commission was developed in 1994 to create a binational forum for discussion of public health issues in the area. In 1993, the NMDOH established the Border Health Office in Las Cruces to help address the health issues created by rapid population growth and economic development in the region.

Many American Indians in New Mexico live on tribal reservations. In New Mexico there are 19 Pueblos, four separate Navajo reservations, and two Apache Tribes. The Pueblos are Acoma, Cochiti, Isleta, Jemez, Laguna, Nambe, Picuris, Pojoaque, San Felipe, San Ildefonso, San Juan, Sandia, Santa Ana, Santa Clara, Santo Domingo, Taos, Tesuque, Zia, and Zuni. The Jicarilla Apache reservation is in the northern area of the state, and the Mescalero Apache reservation is in the south central area. Part of the main Navajo Nation reservation is in the northwest area of the state. There are also three smaller Navajo reservations located away from the main reservation: the Alamo, To'hajiilee (formerly Cañoncito), and Ramah Navajo reservations. Although a portion of the Ute Mountain Ute Tribe reservation extends into northern New Mexico, the two communities on the Ute Reservation are in Colorado and Utah.

Each tribe and pueblo is legally recognized as a sovereign nation with inherent powers of self-government and has an independent political structure. The tribes and pueblos relate to the federal and state governments on a government-to-government basis.

Figure 3

Urban, Rural, and Frontier Counties



Designations are based on population density per square mile.

Source: Primary Care/Rural Health Bureau. (2001). *Atlas of Primary Care Access in New Mexico*. Albuquerque, NM: Health Systems Bureau, Public Health Division, NM Department of Health.

The 1990 census showed that 31% of those living on tribal land lived below the poverty level. Although final 2000 census figures were not yet available when this document went to press, there may have been improvement since 1990 because some — but not all — tribes in New Mexico have sustained significant economic development in the past decade. Other factors that affect the health status of people living on tribal lands include geographic isolation and limited infrastructure.

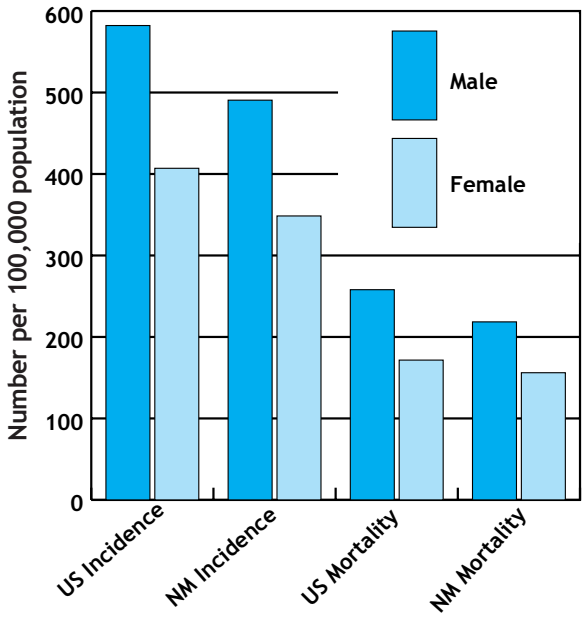
Since 1955, health care for tribal members has been provided by the Indian Health Service (IHS), an agency of the Public Health Service of the U.S. Department of Health and Human Services. Following the implementation of the Indian Self Determination Act of 1978, an increasing number of tribes and pueblos are choosing the option of contracting to provide their own health care services to tribal members. Almost 20% of the IHS budget in the state is now contracted to tribal health care programs.

The Burden of Cancer in New Mexico

The American Cancer Society estimated that approximately 6,900 new cancers would be diagnosed among New Mexicans and approximately 3,000 people in the state would die of the disease in 2001.[1] Cancer is the second leading cause of death in the state: approximately one in every five deaths (21.3% of deaths in 1998) is caused by cancer.[2] (See figure 4.)

Figure 4

Average Annual Incidence and Mortality Rates by Sex for All Cancer Sites, US and NM



Rates are age-adjusted to the 2000 US standard population. US and NM incidence rates are from 1992-1996. US mortality rates are from 1997. NM mortality rates are from 1995-1998.

Source: Dang, H.; Espey, D. (Ed.). (2000). *New Mexico Chronic Disease Surveillance Report*. Albuquerque, NM: Chronic Disease Prevention and Control Bureau, Public Health Division, New Mexico Department of Health.

According to the Centers for Disease Control and Prevention (CDC), New Mexico has the third lowest overall cancer mortality rate when compared with other states and Washington, DC. From 1993 to 1997, the average annual age-adjusted cancer mortality rate per 100,000 persons in New Mexico was 145.1, while the nation's overall rate was 168.3.[16] The five-year relative survival rate for New Mexicans diagnosed with cancer in 1973-1999 was 61%; the national five-year relative survival rate for 1974-1996 was 60%.[3,1]

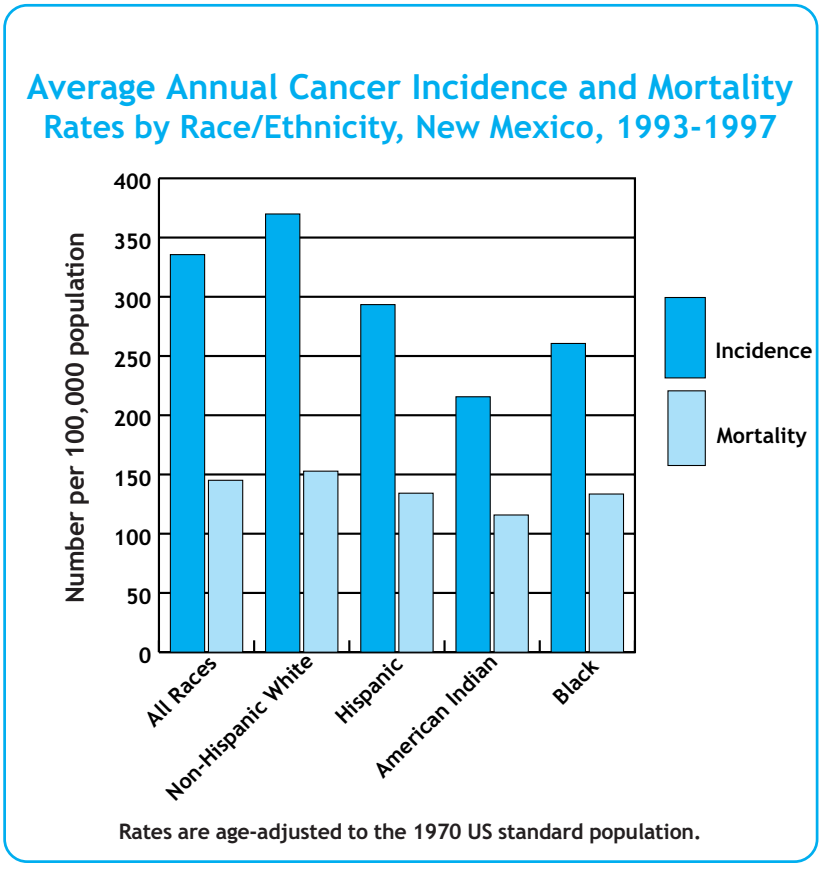
The most commonly diagnosed cancers among New Mexicans for the years 1992-1996 were cancers of the prostate, female breast, lung/bronchus, and colon/rectum. However, the specific cancers that occurred most commonly differed between males and females and from one ethnic/racial group to another. Lung cancer, for example, which is among the three most commonly diagnosed cancers for both non-Hispanic Whites and Hispanics, is not among the three most common cancers for the state's American Indian population.[17]

Usually the most important predictor of the outcome of cancer is how far it has advanced at diagnosis. In 1999, about 56% of all new cancers in the state were diagnosed at relatively early stages (in situ or local stages) and had not spread beyond the original site. Almost 20% were diagnosed at regional stages, having spread into the surrounding organs or tissues. Twelve percent were diagnosed after the cancers had spread to remote areas when cancers are very unlikely to be controlled. Ten percent were unstaged, and two percent were staged as disseminated.[3] (See figures 9 and 10, pages 18 and 19.)

Disparities

The burden of cancer in New Mexico affects different ethnic/racial groups at different rates. Non-Hispanic Whites in the state have a significantly higher overall cancer incidence and mortality than Hispanics or American Indians. Consistently over the past 30 years, non-Hispanic Whites have had higher incidence and mortality rates than Hispanics and American Indians for the most commonly occurring cancers such as lung, colon, breast, and prostate. Some cancers are more prevalent among Hispanics or American Indians, including gall bladder, stomach and cervical/uterine cancers. For the most part, American Indians and Hispanics in the state have been diagnosed at later stages for many cancers, and they have had shorter periods of survival after diagnosis.[18] (See figure 5.)

Figure 5



Source: *New Mexico Cancer Facts & Figures 2000-2001*. (2000). Phoenix, AZ: American Cancer Society, Southwest Division, Inc.

New Mexico Tumor Registry (NMTR) data suggest that ethnic/racial differences in cancer rates in New Mexico may be narrowing. The cancer incidence and mortality rates among non-Hispanic Whites have been fairly stable in recent years, with rates of some major cancer sites going down, such as lung cancer in non-Hispanic White men and colon cancer in non-Hispanic White women. At the same time, incidence and mortality rates for Hispanics and American Indians, although still significantly lower than rates for non-Hispanic Whites, are increasing.

In stage of diagnosis, Hispanics and American Indians are now being diagnosed for some major cancers at earlier stages than in the past. Probably most noticeable is the shift to earlier stage diagnosis for breast and cervical cancers among these groups. For cervical cancers, the shift among American Indians is most likely the result of extensive use of the Pap test by the Indian Health Service (IHS). The shift to earlier stage breast cancer diagnoses is most likely a result of cooperative screening efforts by the federally funded Breast and Cervical Cancer Early Detection Program, the New Mexico Department of Health, and the Indian Health Service.[18]

The NMTR gathers and reviews cancer data for all of New Mexico, including the African American and Asian American populations. However, for these two populations the numbers are difficult to interpret. Because these populations are small, only a few cases are diagnosed, and just two or three cases can cause large fluctuations in rates. According to the NMTR Medical Director, it appears the cancer rates for New Mexico's African American and Asian American populations are comparable to national rates for these groups.

New Mexico's Success Stories in Cancer Control

Over the years, New Mexicans have developed some strong programs and have had a number of dramatic successes in cancer control.

Epidemiology and Cancer Control Program and New Mexico Tumor Registry

One of the most important assets in the state's cancer control efforts is the Epidemiology and Cancer Control Program (EpiCC), which houses its founding program, the New Mexico Tumor Registry (NMTR), established in 1966. In 1973, the NMTR became one of seven original registries of the National Cancer Institute's (NCI) Surveillance, Epidemiology, and End Results Program (SEER) and has received continual NCI funding since then. EpiCC is part of the University of New Mexico's Cancer Research and Treatment Center.

In addition to its important contributions to the understanding of cancer control on a national level, the NMTR provides clinicians, researchers, and public health workers with more than a quarter century of consistent, comprehensive data to guide cancer control efforts in the state. The NMTR participates in the SEER Program that addresses emerging cancer research issues. EpiCC builds on that work in its studies on the causes and control of cancer, including occupational, lifestyle, environmental, and genetic risk factors related to cancer and on the quality of life of those diagnosed with and treated for cancer.

The work and success of the NMTR is supported by cooperative relationships with tumor registries in health care centers around the state and the NMDOH Office of Vital Records and Health Statistics.

Figure 6

A Brief History of Cancer Data Collection in New Mexico

1922	Cancer designated a "reportable disease" by NMDOH. Data collection begins.
1940s-1950s	Pathologists notice a difference in patterns of cancer incidence among the state's different ethnic groups. The New Mexico Medical Society passes a resolution suggesting the creation of a state cancer registry to study population-based cancer incidence.
1957	The report *"Cancer in New Mexico"* written by the director of the Division of Chronic Diseases of the state Department of Health.
1960s	First studies of cervical cancer and cervical cytology screening programs show rates of cervical cancer in American Indian women to be three times as high as in non-Hispanic White women.
1966	UNM Medical School successfully applies to the U.S. Department of Health, Education and Welfare for funding to establish a statewide tumor registry.
1967	New Mexico Tumor Registry (NMTR) begins gathering data from seven hospitals.
1969	Systematic statewide population-based data on cancer incidence begins. Since 1969, NMTR has been the major national source of cancer data on Hispanics and American Indians.
1971	President Nixon declares "War on Cancer," and the National Cancer Act creates a national cancer program.
1973 - present	The National Cancer Institute establishes the Surveillance, Epidemiology, and End Results (SEER) Program to measure progress on the "War on Cancer." NMTR becomes one of the seven original SEER registries and begins conducting epidemiological studies of cancer.
1994	The Epidemiology and Cancer Control Program is created, with NMTR as its core program.

NMTR data are distributed through reports, publications, and on line at http://hsc.unm.edu/epiccpro/.

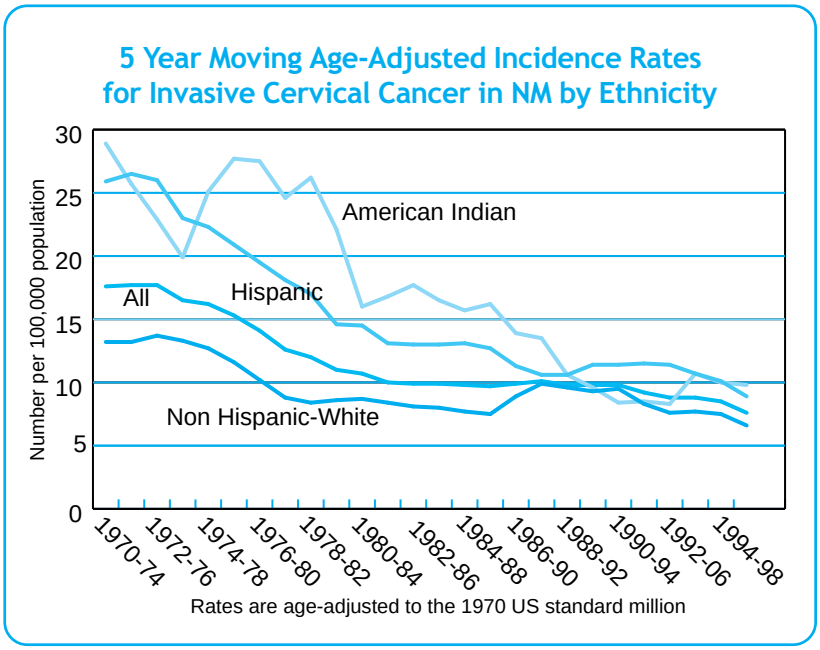
Cervical and breast cancer screening among American Indian women

Reduction of cervical cancer incidence and mortality rates for American Indian women in New Mexico has been remarkable. Reaching back for perhaps 30 years, vigorous screening efforts by the IHS and the CDC, and since 1991 the NMDOH B&CC Program, have resulted in a marked reduction in incidence of invasive cervical cancer and mortality from cervical cancer and an increase in the incidence of in situ cervical cancer. (See figure 7, page 15.) According to the Principal Chronic Disease Consultant for the IHS National Epidemiology Program, sustaining these rates will require

continued aggressive efforts in screening.

A 1999 study by the University of New Mexico found that use of preventive services was "surprisingly high among rural American Indians in New Mexico, including cancer screening for the most common women's cancers."[19] Among American Indian women in the state, 88.3% reported having a Pap smear at some time in their lives, 79.5% reported ever having a clinical breast exam, and 75.6% reported ever having a mammogram. The study concluded that these results likely were due to "the uniquely well-coordinated partnership between the Indian Health Service, the State and Tribal Departments of Health, and the Centers for Disease Control and Prevention," combined with the provision of these services without charge at locations in rural communities. According to "Special Report: Native Americans Community-Based Cancer Projects" (Moffet Cancer Center & Research Institute), New Mexico "now has higher breast and cervical cancer screening rates among Native Americans than any other state."[20]

Figure 7



Source: New Mexico Tumor Registry, Epidemiology and Cancer Control Program. (2001). *Malignancies Diagnosed 1999, State of New Mexico*. Albuquerque, NM: University of New Mexico Cancer Research and Treatment Center.

New Mexico Department of Health Breast and Cervical Cancer Early Detection Program (NMDOH B&CC Program)

The NMDOH B&CC Program was created in July 1991 as part of the National Breast and Cervical Cancer Early Detection Program, a CDC program established by Congress in 1990. The program provides access to screening mammography and Pap smears for low income women who are uninsured and underinsured. It is designed to reduce barriers to and raise utilization of screening for breast and cervical cancers among the target population in New Mexico. The program primarily serves women 50 years of age and older.

Through August 2001, the NMDOH B&CC Program funded 144,240 Pap smears, 148,630 clinical breast exams, and 87,630 screening mammograms. Of the 100,220 women served, almost 40% were American Indian and 37% were Hispanic. (In recent years, two tribes have begun screening programs of their own, lowering the percentage of American Indian women screened by the NMDOH B&CC Program. Since that time, the percentage of Hispanic women served by NMDOH has increased.)[21] The program's work is done in cooperation with health care providers and clinics throughout the state. In 2001, the NMDOH B&CC Program had 213 service sites and 111 providers.

Historically, Hispanic and American Indian women in the state have had relatively late stage diagnoses of breast cancer and poor survival rates. Statewide data from the NMTR were compared for two periods: the five years before and the five years after 1991, when the NMDOH B&CC Program began. Results showed increased percentages of earlier stage diagnoses for both American Indians and Hispanics in the later five-year period. Hispanic women showed an increased percentage in local stage disease (46.0% to 51.3%) and in situ stage disease (8.8% to 12.7%). For American Indian women, the percentage of local stage disease at diagnosis increased (from 40.6% to 50.4%) and disease diagnosed at the in situ stage nearly doubled (6.3% to 11.9%). [22]

There are other successful cancer control programs in the state, many of which are mentioned in the next section. The scope of this *NMCP* does not allow a full accounting of them all.

New Mexico's Current Status in Cancer Control

A broad spectrum of services exists in the state to address many of the issues associated with cancer control. However, many programs are limited in scope, and significant gaps exist.

Facilitating factors

This state is home to many high-quality programs that address risk reduction and prevention, screening and early detection, treatment, end-of-life care, and quality of life issues.

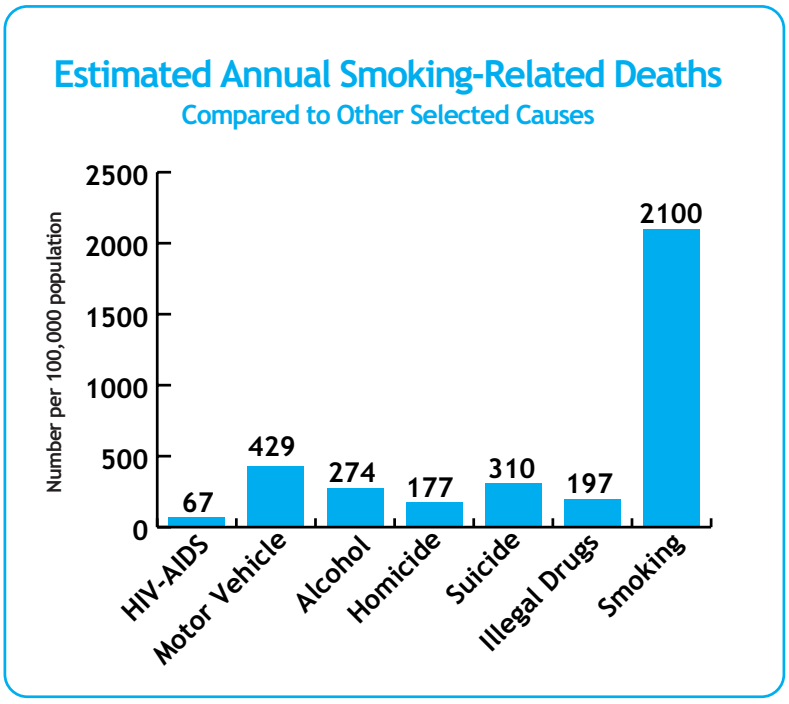
Risk reduction and prevention

Risk reduction and prevention have considerable potential for cancer control. It is important to note that there are no known methods of prevention or risk reduction for some cancers. Nevertheless, lifestyle and behavioral changes such as eliminating tobacco use, improving eating habits, and adopting sun safe behavior could significantly reduce deaths from cancer.[23] For example, cigarette smoking accounts for 30% of all cancer deaths.

In New Mexico, there is no comprehensive method to educate the public about cancer risk reduction and prevention. Cancer education in schools is limited. The New Mexico State Department of Education publishes health education content standards for kindergarten through 12th grade that are requirements for state accreditation; however, they do not address cancer specifically. There is no requirement to have health education classes in the schools, and many schools do not have them. Every school district develops its own health curriculum and few schools in the state have health educators. The American Cancer Society (ACS) has cancer prevention education programs available to schools.

Although cancer education in the schools is limited, other public education efforts on risk reduction and prevention focus on tobacco control and skin cancer prevention. The most active area of education is in tobacco prevention and cessation.

Figure 8



Data Source: New Mexico Department of Health Office of Vital Records and Health Statistics, 1997.

Tobacco control

The most important risk factor for developing an array of cancers and other diseases is tobacco use. New Mexico has made significant strides in the areas of tobacco use prevention and cessation. For example, in 2000 the Center for Health Promotion and Disease Prevention at UNM Health Sciences Center established a statewide directory of tobacco use prevention, cessation, advocacy, policy, media, and other related projects. In less than a year, the directory listed over 170 programs. They included programs from virtually every community and from a diverse group of program sponsors: health organizations, schools and universities, state agencies, city and tribal councils, Air Force dental squadrons, fire and police departments, boys and girls clubs, and multi-cultural coalitions. (The directory is available on line at http://hscapp.unm.edu/chpdp/orgs.cfm.)

Many of these programs have partnerships with two organizations that have statewide

impact: New Mexicans Concerned About Tobacco (NMCAT), a statewide coalition of individuals advocating for tobacco control policies; and the NMDOH Tobacco Use Prevention and Control Program (TUPAC). NMCAT advocates for tobacco control policies, setting an annual public policy agenda and advocating for that agenda at the state level. In 2001, there were 12 other tobacco control coalitions in New Mexico, including one statewide youth group and 11 community coalitions.

TUPAC helps develop public health policy concerning tobacco use and works to eliminate exposure to secondhand smoke, prevent young people from starting tobacco use, promote cessation, and eliminate disparities among population groups relative to tobacco use. It oversees state contracts to tobacco control programs; more than $5 million in contracts were awarded in funding year 2002.

UNM also sponsors a wide variety of tobacco programs. These include epidemiological studies and tobacco education, information, and cessation programs. The American Cancer Society is another major participant in the state's tobacco use prevention activities, and its Tobacco Core Team helps set and implement the state's tobacco control agenda. Many other organizations, such as the American Lung Association, are also important tobacco control advocates.

Despite all of these activities, tobacco use remains a serious problem in the state and the single most important cause of preventable death. (See figure 8, page 16.) Studies suggest that 22.6% of New Mexican adults and 36.2% of the state's teens are smokers, and around 11.1% of the state's youth use smokeless tobacco.[24] Teen smoking rates have been increasing for the last 20 years and are especially high among Native American and Hispanic teens. In a 1997 survey, 60% of Native American teens and 48% of Hispanic teens reported smoking cigarettes in the past year, compared to 41% of non-Hispanic White teens. (Albuquerque teens were not included in the survey.)[25]

In the first quarter of this century and beyond, New Mexico has an unprecedented opportunity to reduce tobacco use in the state. As part of a $264 billion settlement that tobacco companies made with the states, New Mexico will receive $1.2 billion over 25 years, and payments will continue every year thereafter. (The 25-year figure is used to gauge the enormity of the settlement.)

In August 1999, the New Mexico Chronic Disease Prevention Council, a coalition of more that 25 prominent New Mexico health organizations, recommended that the state legislature allocate $13.2 million ($7.79 per capita) from the first year's $48 million in settlement monies. According to CDC recommendations, this was a conservative estimate of what is needed to combat tobacco use in the state.

The allocation to tobacco control from the first year's settlement monies was $2.2 million, 17% of the CDC's recommended amount. New Mexicans Concerned About Tobacco and the New Mexico Chronic Disease Prevention Council (CDPC) have recommended to the state legislature an annual incremental increase of tobacco prevention and cessation funding out of the annual tobacco settlement money. In the second year of availability of tobacco settlement money, the legislature allocated $5 million. NMCAT and the CDPC have made recommendations to the legislature to allocate $8 million in year three, $12 million in year four, and the CDC minimum recommendation of $14 million ($7.79 per capita based on 1.8 million residents) in year five. There will be continuing efforts to educate the state's legislators on the necessity to increase settlement money allocations for tobacco control in coming years, with a goal of building stronger tobacco use prevention and cessation programs throughout the state.

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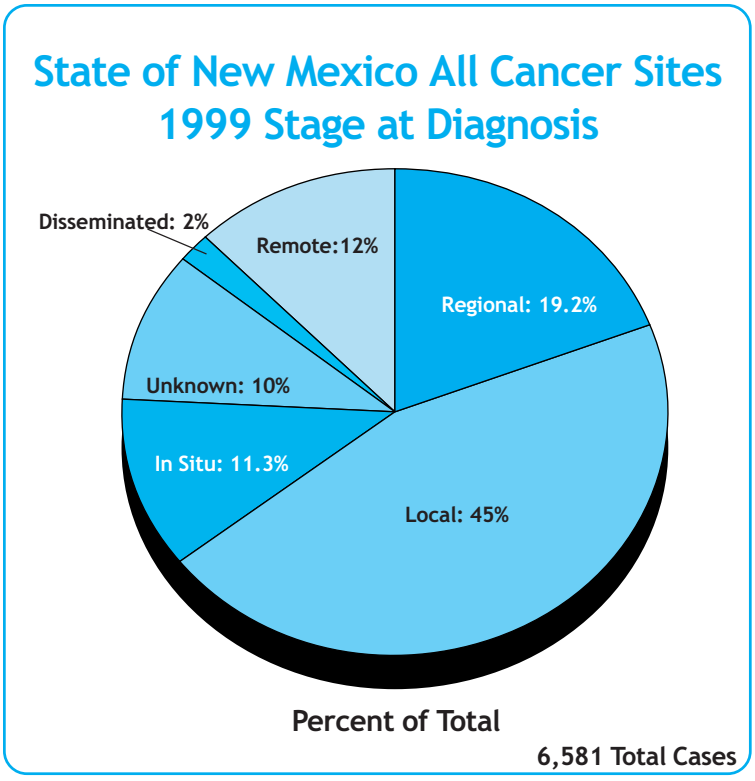
Other activities in risk reduction and prevention education

New Mexicans face an unusually high risk for skin cancer. Several educational programs have been implemented to teach children about sun safe behavior. In 2001, ACS sponsored the Sun Safe Community pilot project in the Albuquerque area. The Skin Cancer Core Team of the ACS Greater Albuquerque Region collaborates with Albuquerque Public Schools, the NMDOH, and the UNM Health Sciences Center to raise awareness of sun safe behavior in Albuquerque elementary schools. In collaboration with ACS, the NMDOH has also promoted the "Slip, Slop, Slap, Wrap" program (Slip on a shirt, Slop on sunscreen, Slap on a hat, and Wrap on sunglasses) to children and their parents and caregivers across the state. For teens and young adults, the NMDOH promotes CDC's "Choose Your Cover" sun safety campaign.

The NMDOH Comprehensive Cancer Program has limited funding for cancer risk reduction and prevention education projects. It sponsors activities in skin cancer prevention; publishes a quarterly newsletter, *The Cancer Connection*; has a cancer control web site, www.cancernm.org; and distributes information at health fairs. It works in partnership with and supports other cancer prevention programs such as the ACS Core Teams, the Clinical Prevention Initiative (a joint initiative sponsored by the NMDOH and the New Mexico Medical Society with wide participation of other organizations), and programs based at the UNM Cancer Research and Treatment Center. The NMDOH Comprehensive Cancer Program also oversees cancer control contracts funded by allocations from the state legislature. For example, one of its contracts with the University of New Mexico in 2001 supported cancer prevention education to young, low income mothers in the East San José and South Broadway neighborhoods of Albuquerque through the Community Sisters and Baby Amigo outreach programs.

Figure 9



Source: New Mexico Tumor Registry, Epidemiology and Cancer Control Program. (2001). *Malignancies Diagnosed 1999, State of New Mexico*. Albuquerque, NM: University of New Mexico Cancer Research and Treatment Center.

Screening and early detection

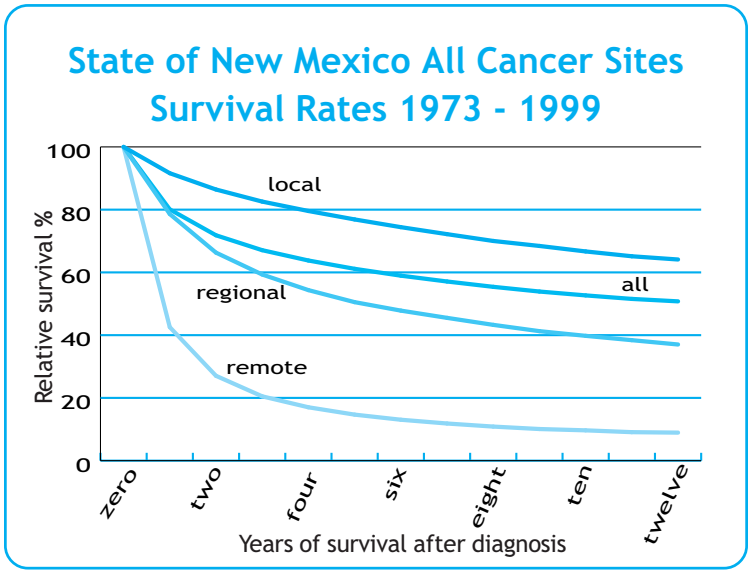
For some cancers, morbidity and mortality can be significantly reduced by routinely screening at-risk population groups. Studies have shown that following screening guidelines for cancers of the breast, cervix, and colon/rectum lowers death rates from these cancers. Unfortunately, routine screening methods are not available for many types of cancer.

Screening rates in New Mexico for cancers of the cervix, breast, and colon/rectum are slightly lower than national rates. Screening for cervical cancer with Pap smears has proven to be highly effective for both prevention of the disease, by identifying and treating precancerous lesions, and for detection of cancer at early stages. In 1998, an estimated 82.2% of women in the state 18 years old and older who did not report a hysterectomy had a Pap smear within the previous three years, slightly below the national rate of 84.8%. The Healthy People 2010 objective for this screening is 90%. Rates for screening mammograms received in the previous two years among New Mexican women 50 years old and older are 74.7%, just under the national rate of 75.3%.[24]

A number of organizations are actively working to increase rates for screening mammograms. In

addition to the B&CC programs and other programs that promote breast and cervical cancer screening to low income women who are uninsured or underinsured, managed care organizations have programs to promote screening for breast cancer. In 2001, New Mexico's managed care health plans provided coverage to approximately 750,000 members enrolled through commercial, Medicare+Choice, and Medicaid Salud health plans. As of 2001, each of the four New Mexico-based health plans was accredited by a national quality assurance organization that monitors performance in screening for breast cancer and cervical cancer. These screening rates are part of the criteria that determine health plan accreditation, adding another incentive to provide education and outreach efforts. In addition, health plans work with their physicians to identify women who may be due for breast or cervical cancer screening. Each of New Mexico's health plans has staff nurses and physicians with training and experience in quality improvement and preventive health.

Figure 10



Source: New Mexico Tumor Registry, Epidemiology and Cancer Control Program. (2001). *Malignancies Diagnosed 1999, State of New Mexico*. Albuquerque, NM: University of New Mexico Cancer Research and Treatment Center.

The New Mexico Medical Review Association (NMMRA) is also working to increase breast cancer screening rates. NMMRA is the organization charged with Medicare quality assurance and improvement. In 2000, increasing breast cancer screening mammogram rates was one of six initiatives in the organization's three-year scope of work. To improve rates, NMMRA provides both professional and Medicare beneficiary education.

Screening rates in New Mexico for colorectal cancer are below the national average, even though this is the second leading cancer killer in New Mexico and the effectiveness of screening has been well established both for prevention, by removal of polyps, and early detection. Although the U.S. Preventive Services Task Force recommends that all persons aged 50 and older be screened for colorectal cancer, in 1998 only 15% of these New Mexicans had received a fecal occult blood test in the previous year, compared to 18% on a national level, and only 26.8% had received a sigmoidoscopy or proctoscopy within the previous five years, compared to 30% nationally.[24] For many years in New Mexico there have been programs, facilities, and trained professionals in place working to increase screening for cervical and breast cancers; however, in 2001, infrastructure was not yet in place to handle major increases in screening for colorectal cancer.

Although some consumer advocates in New Mexico support regular and widespread screening for prostate cancer, it remains controversial. Professional medical organizations are divided on the issue, even for men in high-risk groups. The American Cancer Society and American Urological Association recommend routine screening for prostate cancer. However, according to the CDC, the American College of Physicians, and the U.S. Preventive Services Task Force, widespread screening for early detection of prostate cancer is not scientifically justified at this time because:

- scientific evidence is insufficient to determine whether screening and treating early stage prostate cancer reduces morbidity and mortality, and
- currently, health practitioners cannot determine accurately which prostate cancers will progress to become clinically significant and which will not.

National scientific studies are underway to determine the efficacy of population-wide screening for prostate cancer. Results from the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial are expected in 2006.

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Treatment

Surgery, chemotherapy, and radiation therapy have long been the mainstays of cancer treatment. In more recent years, new approaches such as biologic response modifiers and monoclonal antibodies have been added to standard treatment options. The goals of cancer treatment vary from patient to patient. The goal may be removing a precancerous lesion or polyp, curing the cancer, managing the disease as a chronic illness, alleviating discomfort or suffering caused by cancer or cancer treatment, or providing comfort during a patient's final months or days of life.

Most of New Mexico's cancer patients receive treatment in Albuquerque, where the largest treatment facilities in the state are found. The city also has three large private oncology practices, one HMO-based oncology practice, the state's only private gynecological oncology practice, and many surgeons, urologists, and other medical specialists who treat cancer patients. One of Albuquerque's private oncology practices will open a new, free-standing, multidisciplinary cancer center in the city in 2002.

Cancer patients around the state also have the option of receiving treatment in other metropolitan areas including Carlsbad, Farmington, Las Cruces, Roswell, and Santa Fe, and in a number of small communities including Gallup, Grants, and Hobbs. In addition, there are plans to build a cancer center in Clovis early in this decade.

In 2001, at least seven small communities had satellite or outreach centers with oncologists traveling to these sites one to four times a month from Albuquerque or Santa Fe. These outreach centers have professional staff administering treatment to patients as needed on a daily or weekly basis. Outreach clinics are located in Las Vegas, Española, Taos, Raton, Clovis, Ruidoso, and Silver City.

These small clinics offer chemotherapy treatment but do not offer radiation therapy. They provide the opportunity for some patients who live in outlying areas to have treatment close to home, avoiding long commutes or temporary relocation during treatment. The clinics also have informal atmospheres that may add an important comfort level to the treatment experience.

Most of the treatment facilities and oncology practices in the larger communities provide a variety of treatment options, including clinical trials, and have departments or staff dedicated to research. Some facilities and practices offer unique diagnostic or treatment options not available elsewhere in the state. Some also have supportive services for patients and family members provided by professionals such as social workers dedicated to oncology care. These services include individualized counseling, relaxation sessions, support groups, and cancer education tailored to a specific patient. ACS programs such as I Can Cope, an educational series; Look Good Feel Better, a service to teach women beauty techniques; and Reach to Recovery, a support program for breast cancer patients, are also provided at some treatment facilities.

A private oncology practice in Santa Fe is piloting a complementary and integrative care program in addition to standard cancer treatment. It already offers patients acupuncture and massage for treatment of side effects and pain, and it will be adding psychological services, nutrition counseling, yoga, art and music therapy, and support groups. Other facilities also offer limited complementary care such as massage.

Cancer pain is an important issue for patients, their families, and health care professionals. According to the National Comprehensive Cancer Network, approximately one-third of cancer patients in treatment have pain and two-thirds of patients with advanced cancer experience pain. Most of the pain cancer patients

experience is caused by the cancer; however, cancer treatments may also result in pain. Some of the barriers to pain management are the fear of drug addiction (which is very rare in patients with no history of addiction), uncomfortable side effects (which can often be controlled), patients' reluctance to discuss pain with their health care providers, and inadequate training for health care providers.[26]

The field of palliative care addresses relieving pain and other symptoms associated with cancer or its treatment, especially as patients are nearing death. While pain management is a key aspect of hospice care, it is important during any stage of cancer treatment when pain is present. Various methods of relief are available, depending on the source and severity of the pain. Treatment options include medication with non-opioids (such as acetaminophen or ibuprofen), opioids (such as codeine or morphine), steroids, and local anesthetics. Other treatments for pain include surgery, radiation therapy, and chemotherapy.

Home care and hospice

Home health care services play an important role in the treatment and health care of many cancer patients. Services may include post surgery wound care, pain management, or other symptom control. Generally, home health care reimbursement is applicable when a patient is home bound and needs skilled medical services. For the most part, Medicare's standards for home care services are followed by New Mexico's Medicaid program and private insurers.

The "2000 Provider List," published by the New Mexico Association for Home Care, records 78 licensed or certified home care agencies in the state. (There are some additional home care agencies in New Mexico that do not belong to the organization.) Fifteen of those licensed agencies are located in Albuquerque and 18 are based in the state's seven other largest metropolitan areas (populations over 30,000). The remaining 45 agencies are in small communities.

In 2001 there were fewer than 25 hospice services in the state; approximately one third of them are located in Albuquerque. To qualify for Medicare coverage, a patient must have a life expectancy of six months or less and no plans for aggressive treatment. Hospice agencies have expertise in pain management and palliative care, but they may not be called upon until it is too late to provide adequate comfort to dying patients and their families.

Most hospice care is provided in patients' homes, although many health care facilities in Albuquerque have inpatient units with a limited number of beds set aside for hospice care, including respite care for patients dying at home. The state's longest running hospice program was one of the first such programs introduced in the U.S. in the late 1970s.

Training in palliative care for nursing, pharmacy, and medical students is currently being incorporated into the curriculum at the UNM Health Sciences Center. The UNM Cancer Research & Treatment Center has a Palliative Education, Research and Training Center (PERT). PERT promotes community awareness and provides training in New Mexico's culturally diverse rural communities. In 2001, PERT worked cooperatively with hospice programs in Alamogordo, Gallup, Los Alamos, Roswell, Silver City, and Taos. PERT encourages each community to decide for itself what it wants in end-of-life care and then helps it build the capacity to monitor its own standards. PERT is also involved with the Zuni Home Health Care Agency and the IHS in their work to establish a palliative care program for Zuni Pueblo patients for whom cure is no longer possible.

The Albuquerque Area Indian Health Service, which serves American Indians throughout New Mexico, began actively promoting initiatives to improve palliative and end-of-life care in 1998. Beliefs and traditions about end-of-life issues are diverse, and hospice and palliative care models used in other communities are often not appropriate for American Indian communities. IHS has published many articles and sponsored conferences and talking circles for providers and lay health workers on palliative care, pain control, and end-of-life issues in Native American communities. It has also established a formal policy for a pain management/palliative medicine program for the Albuquerque Area IHS.

There are significant gaps in home care and hospice services. These are summarized below under "Inhibiting factors." (See page 27.)

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Community-based supportive services

An estimated 40,000 New Mexicans alive today have histories of cancer. These cancer survivors, their family members, and others close to them have immediate and long-term physical and psychosocial needs. (A cancer survivor is defined as anyone who has been diagnosed with cancer, from the day of diagnosis forward.) In addition to health care providers, New Mexico has a number of freestanding organizations that offer emotional support, information, education, and other tangible and material services such as transportation, medical equipment, and housing.

The American Cancer Society is perhaps the best known of these organizations. New Mexico is in the ACS Southwest Division, headquartered in Phoenix. ACS offers extensive cancer information through a telephone hot line and print materials. The Greater Albuquerque Regional Office offers four of the organization's signature programs, Reach to Recovery, Look Good Feel Better, I Can Cope, and Road to Recovery, as well as referral and information services and a loan closet with wigs, ostomy supplies and other items. ACS also has community organization satellite offices in Santa Fe and Clovis and offers services in communities around the state through volunteer contacts, including some remote areas.

People Living Through Cancer (PLTC), a cancer survivor organization, provides peer support and information to cancer patients and their family members through individual consultation, a wide variety of support groups, one-to-one peer support, educational seminars and conferences, and a lending library. Twice a year PLTC sponsors trainings for its own support volunteers and group facilitators and for peer support leaders from diverse communities around the state. PLTC has a toll-free telephone line for support and information, including information on support groups throughout the state.

The Prostate Cancer Support Association of New Mexico (PCSANM) works to increase prostate cancer awareness among men throughout the state. PCSANM provides information on the detection and treatment options available to men in New Mexico and the advantages of early detection and treatment. The organization maintains a central office with a resource library and offers one-to-one peer support, toll-free telephone access to its services, and an ongoing statewide outreach program.

The New Mexico/El Paso Chapter of the Leukemia & Lymphoma Society has its office in Albuquerque and provides services for patients with blood-related cancers and their family members. The organization has limited financial assistance for transportation and chemotherapy drugs, and has support services that include a support group housed at an Albuquerque hospital and a one-to-one peer support program. The Society has an education program for classmates of children with

leukemia and provides information through print material, a web site, and a toll-free telephone line with the latest information on treatments including clinical trials.

There are a number of active peer support groups in Las Cruces, including a Y-Me breast cancer group and an Us Too prostate cancer support group. Other active support networks and groups in communities around the state include those in Farmington, Isleta Pueblo, Las Vegas, Santa Fe, Santa Rosa, Santo Domingo Pueblo, and Tucumcari. In addition, there are dozens of trained support volunteers who serve as contacts for support networks in local communities.

Two housing facilities in New Mexico specialize in low-cost housing for patients and their families while patients are in treatment away from their home communities. In Albuquerque, Casa Esperanza has 28 family units with private baths and also provides fully-equipped kitchens and a dining area, free laundry facilities, children's recreational areas, and outdoor patios. Cancer patients from the Four Corners area who are receiving treatment in Farmington can stay at Connelly Hospitality House, which accommodates eight families and includes a community kitchen, laundry facilities, a library, quiet rooms, an activity room, and a garden. The fees at these facilities are minimal and no one is turned away because of inability to pay. There are other organizations that provide limited financial assistance for cancer patient and family housing, including the Masonic Charities of New Mexico.

Coalitions and other collaborative efforts

Cancer-related coalitions and other formalized cooperative efforts play a significant role in cancer prevention and control in New Mexico. Below are some of the more active groups.

Two cooperative groups are directly related to the 1996 *New Mexico Cancer Plan*: the *New Mexico Chronic Disease Prevention Council* and the *New Mexico Cancer Leadership Council*. The Chronic Disease Prevention Council (CDPC) grew directly out of follow-up activities related to the 1996 Plan. It was established in June of 1997 and works with existing organizations to reduce common risk factors for chronic diseases. The CDPC is primarily Albuquerque based and represents most of the major participants in the health care field. Its quarterly meetings are coordinated by the NMDOH Cancer Program. The CDPC was heavily involved in writing the recommended plan for use of tobacco settlement funds.

The New Mexico Cancer Leadership Council (NMCLC) is charged with oversight of the 1996 Plan's third goal: "To improve the quality of life for people living with cancer." The Council was founded in 1997 by People Living Through Cancer under a contract with the NMDOH. The NMCLC is made up of leaders of cancer peer support programs across the state. Twice a year they have a half-day meeting to exchange ideas and improve their skills in order to help cancer survivors and their families in local communities and to review progress toward meeting the quality of life goal.

Under the leadership of the UNM Cancer Research and Treatment Center, the *New Mexico Cancer Care Alliance* was established in order to increase the number of New Mexicans receiving the best possible cancer care, including participation in clinical trials. In the year 2000, the Alliance began its work by building a base in the Albuquerque metropolitan area through partnerships with all of the

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state's major health care systems as well as physicians involved in cancer care. The Alliance plans to expand its partnerships in 2002 to include other cancer-related organizations and private practitioners across the state.

The primary objective for the Alliance is to gain designation as an NCI Comprehensive Cancer Center for the UNM Cancer Research and Treatment Center (CRTC). Although CRTC is the only treatment facility in the state that is in a position to receive this designation, it cannot qualify without the cooperative efforts of others throughout the state represented by the Alliance. The Alliance will concentrate its efforts on a cooperative clinical trials program, a prerequisite to NCI designated status. The Alliance is organized as an independent 501(c)(3) organization, a public-private joint venture involving cancer care providers throughout the state.

To improve the quality and consistency of clinical preventive services in the state, the *Clinical Prevention Initiative* (CPI) was established in 2000 by the New Mexico Medical Society (NMMS) and the NMDOH. Members of the CPI, which meets quarterly, include representatives from the state's providers, payers, and health care administrators. Work groups plan and carry out specific interventions. The goal is to make prevention easier for physicians to provide throughout the state.

Three of the CPI's top priority interventions are cancer-related: mammography screening, tobacco use prevention and cessation counseling, and colorectal screening. Strategies for each intervention include information and education for clinicians, suggestions for office systems, and coding and claims guidance for reimbursement. For example, the group working on tobacco cessation and prevention counseling has prepared a packet of information for physicians that includes counseling recommendations and a resource guide, a description of office system options to help make tobacco use counseling a standard part of more practices, and information on coding claims for reimbursement for tobacco use prevention and cessation services.

The *Albuquerque Area Indian Health Board* (AAIHB) is an organization serving as a prime contractor of specialized health services to the tribal communities of To'Hajiilee, Ramah Navajo, Alamo Navajo and the Mescalero and Jicarilla Apache Tribes in New Mexico. Services are also provided to the Southern Colorado Tribes of Southern Ute and Ute Mountain. In 2001, AAIHB initiated a program to compile and present tribe-specific cancer data and to develop and implement plans to address cancer-related issues in tribal communities. The program also works to establish a grassroots cancer-related advocacy network, provide training within communities, and build the foundation for quality of life talking groups.

The *Cancer Prevention and Control Advisory Council* was formed in 1991 to provide input and recommendations to the NMDOH B&CC Program. The Council serves as an expert advisory panel for the Program.

The American Cancer Society promotes coalitions of local professionals and cancer survivors by sponsoring *ACS Core Teams* organized around specific cancer issues. The ACS Greater Albuquerque Region has four active Core Teams working on breast cancer, skin cancer, prostate cancer, and tobacco control. Core Teams typically work on advocacy issues related to public policy and on cancer education such as the Sun Safe Community pilot project that reaches children at schools, recreational programs, and day care centers.

The *Albuquerque Cancer Coalition* is an alliance of cancer support agencies, hospital treatment centers, and government agencies in the Albuquerque area. It

was created in 1998 to inform New Mexicans of available resources and to educate and advocate to meet the needs of cancer patients and their families. Meetings of the 17 organizations in the coalition are coordinated by the staff of Casa Esperanza. In 2001, the Coalition published a brochure listing Albuquerque-area resources for new cancer patients and their families that was distributed throughout the state.

The *New Mexico Society of Clinical Oncology* is the state chapter of the American Society of Clinical Oncology. It provides education for physicians on cancer care, including breaking issues like genetic screening, and on practice management. It sponsors two educational symposia a year and publishes a newsletter.

New Mexico cancer prevention and control programs are also involved in collaborative efforts with cancer control organizations and programs located outside of the state. Some examples are:

- The NMTR participates in special studies, most of which are sponsored by NCI's SEER Program, that involve cancer centers and tumor registries throughout the country.
- People Living Through Cancer, A Gathering of Cancer Support (a Santo Domingo-based cancer support and education program), and the IHS collaborate to provide Cancer Survivorship in Indian Country, a national training program for American Indians and Alaska Natives throughout the country who want to develop cancer support and education programs in their communities.
- The NMDOH B&CC Program collaborated with the Arizona B&CC Program in 1995 to support B&CC activities on the Navajo and Hopi reservations through the Four Corners Consortium.

Professional and public education

Cancer education efforts for health care providers include tumor boards and publications from the New Mexico Medical Society, the Greater Albuquerque Medical Association, the American Society of Clinical Oncologists, the Oncology Nursing Society, and other local and national organizations.

In addition, the New Mexico Department of Health, in cooperation with the UNM Health Sciences Center, has published three handbooks for providers — breast cancer, prostate cancer, and cervical cancer — with a handbook on colorectal cancer to be published in 2002. The NMDOH Breast and Cervical Cancer Early Detection Program hosts an annual provider conference that includes information about cancers such as colorectal and skin in addition to breast and cervical cancers.

Public education about cancer takes many forms. These include brochures, health fairs, free and low-cost screening clinics, billboards, television and radio public service announcements, conferences, and seminars.

Many agencies employ community health workers, often called Promotoras or community health representatives. These workers' roles include helping people access health care and other social service agencies, identifying local resources, and educating individuals and groups about a variety of issues. Promotoras in many communities offer education about breast and cervical cancer and encourage women to seek appropriate screening.

Inhibiting factors

As the previous section illustrates, New Mexico has numerous and varied cancer control programs. However, there are many factors that limit effective cancer control in the state, some of which are described below.

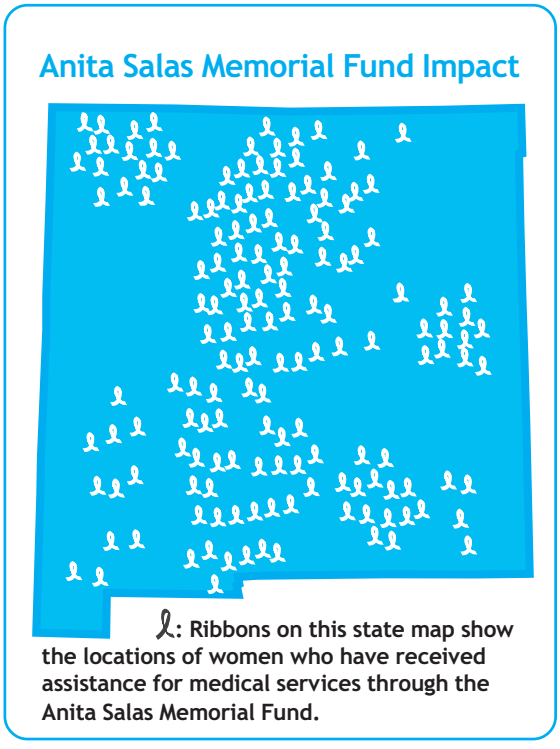
Gaps in programs and services

Some gaps in services will require the development of new infrastructure and additional resources. Some will require changes in public policy. Others can be addressed by improving access to existing programs and reducing barriers to care.

Examples of gaps that cannot be filled without additional infrastructure or resources

- Although colorectal cancer is a major cancer killer and screening has been shown to be effective in lowering mortality from the disease, screening rates are low in New Mexico, as they are nationally. However, before there can be public education campaigns to increase the number of New Mexicans seeking screening for colorectal cancer, an assessment of the state's capacity will be needed to determine if additional infrastructure is required such as more trained professionals, facilities, and equipment.
- The NMDOH B&CC Program has proven to be effective in reaching low income, underinsured or uninsured older women across the state for breast and cervical cancer screening; however, additional resources are needed. In Silver City, for example, the B&CC Program ran out of money in the 2000-2001 fiscal year, and for several months there was only enough funding available to continue services to women who had been previously enrolled in the Program in the Silver City area.

Figure 11



Source: New Mexico Department of Health Comprehensive Cancer Programs.

- In August 2000, the NMDOH B&CC Program stopped admitting women younger than 50 years of age into the program. The change was required in order to meet federal guidelines to reach the target population of women over age 50. CDC's funding for the program is limited, and the decision was made to focus on older women who have the greatest risk for breast and cervical cancers. Although there are programs that provide some of these services to younger women, such as the federally-funded Family Planning Program, YWCA's ENCORE*plus*, and county indigent funds, these programs also have limited funding.

Some programs have been developed specifically to fill particular gaps in services. Soon after the NMDOH B&CC Program began its screening services in 1991, a critical problem was recognized: there were no funds available to follow up with diagnostic services or cancer treatment for women found to have suspicious screening results. In 1996, the NMDOH Cancer Program, in collaboration with People Living Through Cancer, Inc., initiated the Anita Salas Memorial Fund to raise money for the needed follow-up services of women screened through the state B&CC Program. (See figure 11.) In addition, in 2002 the state is expected to appropriate money to match federal funds available as a result of the national Breast and Cervical Cancer Prevention and Treatment Act (81% federal / 19% state). Funds would be used to provide full Medicaid benefits to uninsured women under age 65 who are identified through the B&CC Program and are in need of

treatment for breast or cervical cancer. Legislation will be introduced in January 2002, authorizing the state to pay its portion of the matching costs.

Examples of gaps in services that might be addressed through policy changes

The delivery of health care in New Mexico is adversely affected by Medicare reimbursement rates that are lower than rates in many other states. Compounding this is the high percentage of New Mexicans relying on Medicare and Medicaid (23%) and those who are uninsured (22%). When the cost of providing care exceeds the amount Medicare reimburses, the cost is passed along to health care organizations, physicians, and privately-insured individuals. In addition, many other health care reimbursement systems match Medicare rates, further limiting the pool of resources to recoup extra costs. Medicare reimbursement rates are calculated by the Centers for Medicare & Medicaid Services (formerly the Health Care Financing Administration) based on a national formula. A change in legislation would be required to increase the rates to better reflect the cost of providing care in New Mexico.[27]

Most counties in the state lack even sufficient primary health care services. (See figure 12.) There are also serious gaps in home health care services. Many of these gaps are directly related to Medicare policies, which also set the standards for Medicaid and private insurance in the state. For example, since 1991 the state has had a nursing shortage, and because Medicare reimbursement rates have been low, home care agencies have been unable to pay competitive wages. This has been a major contributor to the fact that more than 35 agencies in the state closed down between 1999 and 2001.

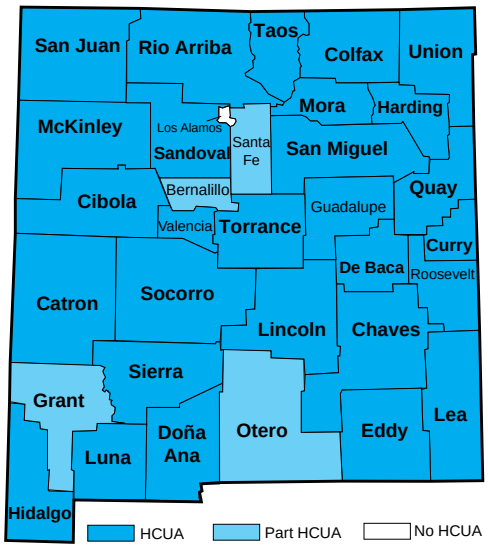
Some experts in the home health care field believe that metropolitan areas in the state have adequate numbers of agencies. However, there was a shortage of agencies serving rural areas in 2001. Even in rural areas close to metropolitan areas, such as Mountainair and Stanley that are in the Albuquerque service area (75 miles and 50 miles away respectively), there is a shortage of home care services because agencies cannot afford to service those areas.

In addition, many home care needs do not qualify for reimbursement because policy dictates that reimbursables require skilled care of professionals. Custodial care is not covered, including services like bathing and help with medications, even though this care is needed by many home care patients. Medicare also requires that patients be home bound, yet allows only for intermittent care — no more than three weeks at a time. As a result of these gaps, family members often either have to quit work to care for a loved one or hire private nursing services, which few families can afford.

Patients who apply for Supplemental Security Income (SSI) or Social Security Disability (SSD) often have difficulties navigating government systems. Oncology social workers are trained to guide patients through the system; however, the SSI and SSD programs are not well coordinated. For example, if an SSI recipient is approved to receive SSD, the SSD benefit amount may be too high to continue receiving Medicaid. Because there is a two-year waiting period before SSD recipients become eligible for Medicare coverage, the patient might have to apply for other programs or may be unable to receive adequate care. New policies may be needed to coordinate these programs.

Figure 12

Health Care Underserved Areas (HCUAs)



The NM Department of Health designates geographic areas as Health Care Underserved Areas based on a lack of sufficient primary health care services available to the population.

Source: Primary Care/Rural Health Bureau. (2001). *Atlas of Primary Care Access in New Mexico*. Albuquerque, NM: Health Systems Bureau, Public Health Division, NM Department of Health.

Improving access to existing services

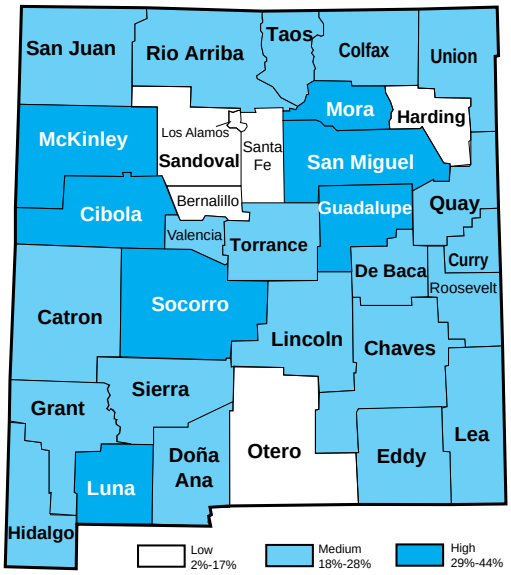
There are opportunities to address gaps that do not necessarily require new services, significant increases in resources, or changes in policy. In some cases, education that changes perceptions of the public and/or providers about existing services could narrow gaps.

For example, even though hospice reimbursement covered six months of care in 2001, the average length of stay in hospice in the state was two months. This limitation to optimum end-of-life care is believed to be primarily the result of negative attitudes and mistaken beliefs about hospice on the part of patients, family members, and health care providers. A number of reasons for this situation have been cited. Frequently, physicians do not refer to hospice soon enough. Furthermore, patients and families usually do not know enough about the scope and value of hospice services and may not be open to facing the reality of end-of-life situations. Because feelings and beliefs about death and dying are as deeply held as any religious beliefs, health care providers must be sensitive to different ways patients and their families approach end-of-life issues. Educational efforts to inform the public about the benefits of hospice care may improve utilization of these services.

Another educational approach that could significantly narrow gaps that affect the welfare of New Mexico's diverse population groups is enhancing culturally and linguistically appropriate information and programs along the continuum of care, from prevention and risk reduction to screening and diagnostic follow-up, treatment, survivorship programs, and end-of-life care. At the screening and diagnosis stages alone, this could positively impact the unequal burden that Hispanics and American Indians bear as a result of late stage diagnoses.

Figure 13

1990 Poverty Rates in New Mexico Counties



Counties are ranked (Low, Medium, High) relative to each other in New Mexico. Los Alamos County had the lowest percentage of people living in poverty at 2%. McKinley had the highest percentage at 44%.

Source: Primary Care/Rural Health Bureau. (2001). *Atlas of Primary Care Access in New Mexico*. Albuquerque, NM: Health Systems Bureau, Public Health Division, NM Department of Health.

Practical barriers to cancer care

A number of practical barriers sometimes prohibit or delay cancer care for some New Mexicans. Practical problems can also affect treatment decisions and make compliance with regular screening, treatment plans, and follow-up care difficult.

Financial barriers

Financial limitations create significant barriers to cancer care for many New Mexicans. According to the *State of Health in New Mexico: 2000 Report*, one in five New Mexicans lives in poverty. (See figure 13.) Research has demonstrated that poverty has a negative impact on cancer survival rates. In 1990, the American Cancer Society estimated poor Americans had a 10% to 15% lower rate of cancer survival than others in the U.S.[12] Historically, New Mexico has had one of the lowest levels of income nationwide: between 1996 and 1998, an average of 22.4% of New Mexicans lived below the federal poverty level. This level is the highest of all states (second only to Washington, DC) and compares to a 13.2% national poverty rate.[28] According to the 1990 U.S. Census, nearly one half of American Indians and one quarter of Hispanics in New Mexico lived at or below the poverty level.[15]

In 1998, 21% of adults and 17% of children in the state had no health coverage for all or part of the year. Many other New Mexicans are underinsured with coverage that does not include the full continuum of cancer care.[25]

For the working poor, many of whom are also uninsured or underinsured, leaving work for medical care adds to their financial burden. Low income farming and ranching families in rural areas are sometimes unable to afford private health insurance, yet may be ineligible for government health care programs. Their assets in land and equipment — vital to their livelihood — may place them above eligibility levels.

Native Americans/Alaska Natives are eligible to receive health care provided by the Indian Health Service either within IHS-owned facilities or at the expense of IHS through the Contract Health Services (CHS) Program, depending on the patient's eligibility status for CHS. Historically, the IHS has been underfunded by Congress and the trend continues today. In 2001, IHS was funded at 60% of the funds needed to meet the health care needs of Native Americans/Alaska Natives. Cancer requires specialized care that IHS is unable to provide in its own facilities. As such, the IHS depends on services provided by others in the private sector. Because of limited funding of the Contract Health Services Program and great unmet need, funds often are exhausted prior to the end of the fiscal year, resulting in dangerous delays in treatment and follow-up care for some individuals.

Other practical barriers

Transportation in this largely rural state is a significant barrier to cancer care, with many of the state's residents living hundreds of miles from metropolitan areas where most of the cancer care services are offered. The Disabled American Veterans organization operates an extensive, volunteer, statewide transportation system for VA patients, and the ACS offers its Road to Recovery program in some areas. Nevertheless, for many New Mexicans transportation issues pose major problems to accessing cancer care. Housing also presents major problems for some rural cancer patients and family members, especially when a treatment plan requires regular, sometimes daily, appointments at a cancer treatment facility far from their homes.

Social barriers

Psychological and social barriers to cancer care affect all patient groups to some degree, regardless of culture, income level, or age. These barriers have been shown to lower screening rates, delay follow up of abnormal screening results, influence choices in treatment options and compliance with treatment, and create emotional distress throughout the continuum of care.

One of the most prevalent psychological barriers is fear. Fear of the medical procedure itself can be a deterrent, but probably more common is fear of discovering the disease and its potential, real or perceived, for a devastating impact on the lives of the patient and family members. For some patients, mistrust of physicians, western medicine, and the health care establishment contributes significantly to fear.

Embarrassment and anxiety about loss of privacy are also issues for people of all cultures although they may be more commonplace in some cultures and some age groups. Depression and shock are common emotional responses to a cancer diagnosis that can be serious deterrents to receiving care, contributing to lack of follow up and confusion about decisions affecting medical care. For patients and family members who are isolated and without adequate social support, these common psychological barriers can be particularly troublesome.

For all groups of people, lack of information and knowledge about cancer and the health care system can be a significant impediment to care. This may be

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more prevalent among patients from low socioeconomic populations who tend to have lower education levels. Some public health specialists believe that low socioeconomic status is the most important risk factor for inadequate health care, regardless of culture or race/ethnicity.

Generally speaking, elderly patients from all cultures are less comfortable than younger patients with the culture of high technology that is so much a part of modern medical care, and they are also more uncomfortable with the loss of privacy. In addition, older people from minority groups are less likely to be acculturated to the dominant culture.

Cultural barriers

Although none of the ethnic/racial groups in New Mexico is homogeneous, and barriers to care vary widely within any group, some barriers to cancer care are more prevalent in certain population groups. Language may be the easiest barrier to identify. It is a very real problem in a state that has two major languages (English and Spanish), numerous American Indian languages, and many residents who do not speak English, the dominant language in the medical system.

Differences in communication styles also vary from culture to culture. Simple translation from one language to another is often inadequate for clear communication. Some American Indian languages in the state do not even have a word for cancer. Beliefs about illness in general and cancer specifically also vary significantly. In some groups, cancer may be defined as a death sentence, believed to be contagious, or carry a stigma that makes talking about the disease difficult.

Among some Hispanics, fatalism — acceptance that every event is inevitable — may be a major deterrent to seeking medical care for cancer. The influence of strong family ties often plays a role in decision making among Hispanics. Decisions are more likely to be made by the family as a whole, rather than by the patient, and some Hispanics may be inclined to make medical decisions based on their responsibilities to their families, weighing those responsibilities more heavily than personal medical needs. For some American Indians, not only the family, but also the community plays an important role in decisions about medical care.

Decisions about health care are always made within a cultural context. In New Mexico the rich diversity of cultures requires that providers and health care systems be knowledgeable about cultural differences and flexible about the many different approaches that patients bring into health care settings.

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The objectives and strategies outlined in this NMCP are designed to identify the next steps in addressing some of these gaps and barriers — within the limitations of resources already dedicated to cancer control in the state. A comprehensive approach to addressing the gaps in cancer care will require development and implementation of a plan to acquire new cancer control resources and additional infrastructure in New Mexico.

GOALS, OBJECTIVES, AND STRATEGIES FOR CANCER CONTROL IN NEW MEXICO

This *New Mexico Cancer Plan* has five goals:

1. Reduce the risks for developing cancer. (Primary prevention.)
2. Increase early detection and appropriate screening for cancer. (Secondary prevention.)
3. Increase access to appropriate and effective cancer treatment and care.
4. Address quality of life issues for health care consumers affected by cancer.
5. Improve coordination and collaboration among cancer control efforts.

Wherever possible, the objectives and strategies for meeting these goals are measurable and time-bound, indicating the source for collecting data. Emphasis was placed on having objectives and strategies that are realistic given the state's current and expected resources available for cancer control. Attention was given to serving all parts of the state and all of the state's diverse populations, and to addressing cancer-related health disparities.

Not all objectives and strategies meet this standard. Some objectives are included because of their importance in cancer control, even though there is no existing source for data collection or no agency currently working in the area. Numerous important issues came out of the community meetings, some of which are outside the direct scope of this plan. Many of these are included in the form of general, policy, or research recommendations included under each goal.

This *NMCP* addresses only a portion of the broad range of cancer control issues. It is a living document that will be modified to reflect the changing needs and capacities of the state. Limited resources are among the many challenges facing cancer control efforts in New Mexico. Improving coordination and collaboration — the fifth goal — will be a key factor in accomplishing all of the goals and objectives of this *NMCP*.

Goal #1: Reduce the risks for developing cancer

Cancer prevention is a proactive approach to keeping the population healthy by reducing the risks for developing cancer. These risks include heredity, age, environmental exposure to carcinogens, and lifestyle factors. While risk factors such as age and family history cannot be altered, individuals can significantly reduce their risk by modifying some behaviors. Business policies and government regulations have an important role in cancer prevention for larger segments of the population. For example, regulatory standards for asbestos exposure were developed in the 1970s because of the strong link between asbestos and lung diseases.

Scientists estimate that more than half of all cancer deaths could be prevented if individuals modified their behaviors.[23] Eliminating tobacco use, limiting exposure to ultraviolet radiation, and incorporating healthy eating practices would have a significant positive impact on reducing cancer rates over time.

Tobacco Use

Tobacco use is the leading preventable cause of death in New Mexico and the United States. It is responsible for 87% of all lung cancers and is a contributing factor in other cancers, including esophageal, bladder, pancreatic, uterine cervix, and kidney cancers.[1] Each year, more than 2,000 New Mexicans die from smoking-related causes.[29]

To address the negative effects of smoking on health, the Centers for Disease Control and Prevention (CDC) formed the National Tobacco Control Program in 1999. The four goals of this program are eliminating exposure to environmental tobacco smoke, preventing initiation among young people, promoting quitting among adults and young people, and identifying and eliminating disparities among populations.

Preventing young people from becoming smokers is a critical piece of any tobacco control plan, because most adult current smokers started smoking before the age of 18. Of New Mexico adults who smoke every day, 72% report having started when they were 18 or younger.[30]

Sun Exposure

Exposure to the sun's ultraviolet (UV) radiation is a known cancer risk factor. Since more than half of a person's lifetime skin damage from sun exposure occurs by the age of 18, educating parents, caregivers, and children is critical. Sun safe behaviors can protect against the two categories of skin cancer.

Non-melanoma cancers — basal cell and squamous cell carcinomas — are highly curable. Melanoma is the less common but more serious form of skin cancer. The risk for squamous cell carcinoma is strongly associated with long-term overexposure to UV radiation. Episodes of severe, blistering sunburn are a major risk factor for both melanoma and basal cell carcinoma.

Behaviors to reduce the risk of skin cancer include staying out of the sun between 10:00 am and 4:00 pm and wearing protective clothing, including a wide-brimmed hat and sunglasses. Sunscreen with a minimum sun protection factor (SPF) of 15 should be used in addition to other sun protection behaviors.

Nutrition and Diet

Healthy eating practices, including reduced fat intake and increased consumption of fruits, vegetables, and whole grains, may offer protection from certain types of cancer. In addition, limiting foods high in nitrates (used as a preservative in some meats) and foods that are pickled, smoked, or heavily salted can reduce the risk of stomach cancer; using alcohol in moderation, if at all, can reduce the risk for oral cancer; and eating a diet low in fat, especially low in saturated fat, may reduce the risk of prostate cancer.

Research suggests that one third of all cancer deaths are associated with nutritional factors and obesity.[23] The National Cancer Institute recommends a diet including five or more servings of fruits and vegetables a day, whole grains, and low-fat foods because of indications that this may reduce the risk for developing cancer.

Physical Activity

Regular, moderate physical activity has been demonstrated to benefit health and decrease overall mortality. Research suggests that regular physical activity may reduce the risk for developing colon cancer.[31] In addition, physical activity may serve to reduce the incidence of tobacco use.

Cancer prevention and risk reduction involves a long-term commitment to improving the health of the population. It includes efforts at all levels of society, including public policy, public health initiatives, and informed personal choices.

Although many cancers could be prevented by lifestyle changes, there are no known risk factors for some cancers. For many of these, early detection is the best defense.

Objective 1.1: By 2006, reduce the percentage of youth that report smoking in the past 30 days

target: 17 % grades 6 - 8
32 % grades 9 - 12

baseline: 21 % grades 6 – 8 (unweighted data from 2000 Middle School YRBS)
36.2 % grades 9 - 12 (unweighted data from 1999 YRBS)

data/evaluation sources:
1999 Youth Risk Behavior Surveillance System (Youth Risk & Resiliency Survey beginning fall 2001); 2000 Middle School Youth Risk Behavior Surveillance System; Youth Tobacco Survey

key partners: NMDOH Tobacco Use Prevention and Control Program, New Mexicans Concerned About Tobacco, New Mexico's 12 additional tobacco coalitions, American Cancer Society Tobacco Use Core Team, NMDOH Office of School Health, school boards and superintendents, State Department of Education School Health Unit, local church and community youth groups

Strategies:

- Increase media literacy skills of middle and high school students and community leaders in New Mexico to effectively evaluate the impact of tobacco and other advertising
- Increase counter advertising by developing and placing tobacco prevention messages in appropriate locations for youth
- Provide comprehensive technical assistance to local grassroots coalitions working on youth tobacco prevention initiatives
- Replicate successful programs that use peer-based education – youth advisors or youth advocates
- Increase the number of schools that are implementing CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction
- Involve local church and community youth groups in youth tobacco prevention efforts

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Objective 1.2: By 2006, increase the percentage of youth smokers in grades 9 - 12 that attempted to quit in the past year

target: 60 %

baseline: 56.4 % (unweighted data from 1999 YRBS)

data/evaluation sources:
1999 Youth Risk Behavior Surveillance System (Youth Risk & Resiliency Survey beginning fall 2001)

key partners: NMDOH Tobacco Use Prevention and Control Program, New Mexicans Concerned About Tobacco, New Mexico's 12 additional tobacco coalitions, Clinical Prevention Initiative, American Cancer Society Tobacco Use Core Team, National Cancer Institute's Cancer Information Service, NMDOH Office of School Health, school boards and superintendents, youth agencies, primary care clinics, major insurers, State Department of Education School Health Unit, local church and community youth groups

Strategies:

- Conduct train-the-trainer workshops in teen cessation for health care providers, high school personnel, and youth agency staff in communities statewide to increase availability of cessation services to adolescents
- Conduct teen cessation train-the-trainer workshops in Spanish
- Promote existing tobacco cessation services for youth
- Increase the number of high schools delivering smoking cessation services to students
- Replicate successful programs that use peer-based education – youth advisors or youth advocates
- Build the capacity of existing health care systems, including the Department of Health, Primary Care Clinics and major state insurers, to provide direct delivery of cessation services to youth
- Assist patients/physicians in obtaining reimbursement for tobacco use cessation counseling and pharmaceuticals
- Involve local church and community youth groups in youth tobacco cessation efforts

Objective 1.3: By 2006, reduce the prevalence of cigarette use by adults

target: 21.0 %

baseline: 22.4 %

data/evaluation sources: CDC Behavioral Risk Factor Surveillance System, 1999 (NM Department of Health, Public Health Division, Office of Epidemiology, 2000); Research & Polling, Inc., *New Mexico Adult Tobacco Survey — April 2001*

key partners: NMDOH Tobacco Use Prevention and Control Program, New Mexicans Concerned About Tobacco, New Mexico's 12 additional tobacco coalitions, American Cancer Society Tobacco Use Core Team, Clinical Prevention Initiative, primary care clinics, major insurers, National Cancer Institute's Cancer Information Service, Indian Health Service

Strategies:

- Conduct English- and Spanish-language train-the-trainer workshops in adult cessation for health care providers in communities statewide to increase availability of cessation services to adults
- Promote existing tobacco cessation services
- Increase the number of public education messages that include the role of tobacco products in cancers other than lung cancer, such as colon and bladder cancers, etc. – list all cancers known to be tobacco related
- Increase the number of adults in New Mexico who call the NCI Cancer Information Service smoking cessation toll-free number, 1-800-4-CANCER. Baseline: 31 calls in 2000; 2,397 calls in 2001.
- Build the capacity of existing health care systems, including the Department of Health, Primary Care Clinics and major state insurers, to provide direct delivery of cessation services
- Assist patients with receiving coverage for pharmaceuticals and other services related to tobacco use cessation
- Assist health care providers in obtaining reimbursement for tobacco use cessation counseling
- Develop and implement a statewide educational campaign for providers on tobacco use prevention and cessation
- Reduce tobacco use among women who are pregnant or believe they may be pregnant

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Objective 1.4: By 2006, reduce exposure to environmental tobacco smoke (ETS)

target: 70 % of New Mexico homes will be smoke-free at all times
77 % of New Mexico indoor workplaces will be smoke-free

baseline: 64 % of New Mexico homes were smoke-free in 2001
65.7 % of New Mexico indoor workplaces were smoke-free in 1996

data/evaluation sources:
Research & Polling, Inc., *New Mexico Adult Tobacco Survey - April 2001*; Current Population Survey, National Cancer Institute, 1998 (1996 data on workplaces)

key partners: NMDOH Tobacco Use Prevention and Control Program, New Mexicans Concerned About Tobacco, New Mexico's 12 additional tobacco coalitions, American Cancer Society Tobacco Use Core Team, youth agencies, local church and community groups

Strategies:

- Increase the number of New Mexican communities that have clean indoor air ordinances prohibiting smoking in all public places from 5 in 2000 to 11 in 2006
- Establish and support community-based coalitions with an emphasis on tobacco control in each county
- Conduct community education initiatives, with information about the hazards of ETS exposure, in 16 counties
- Provide culturally-appropriate materials on the health risk that ETS poses to children

Objective 1.5: A. Increase the number of educational efforts to encourage sun safe behaviors among all New Mexicans, with special emphasis on children and their parents

data/evaluation source:
NMDOH Cancer Programs

B. Determine the percentage of New Mexicans reporting one or more sunburns in the past year

tentative data/evaluation source:
CDC Behavioral Risk Factor Surveillance System (2003)

C. Increase the number of New Mexicans using at least one of the following protective measures to reduce the risk of skin cancer:

- **avoid the sun between 10 a.m. and 4 p.m.**
- **wear sun-protective clothing when exposed to sunlight**
- **use sunscreen with a sun-protective factor of 15 or higher**
- **avoid artificial sources of ultraviolet light**

data/evaluation source:
unknown

key partners: American Cancer Society Skin Cancer Core Team, NMDOH Cancer Programs, local school boards and superintendents, NMDOH Office of School Health, media/meteorologists, intramural sports groups, city governments, NMDOH health promotions programs

Strategies:

- Work with public schools to develop policies that reflect sun-safe behaviors, including the provision of shaded play areas and policies allowing/encouraging the use of hats outdoors
- Increase the number of day care centers that promote healthy behaviors in regards to sun exposure and protective clothing
- Increase the number of employers with outdoor workers that have education programs to encourage protection from sun exposure
- Increase the number of cities with public transportation that provide covered bus shelters
- Promote social marketing messages about sun safety, reaching the average resident 8-12 times a year
- Explore the applicability of a statewide sun safety outreach program modeled after the successful Australian sun protection outreach program
- Use the Environmental Protection Agency's ultraviolet (UV) monitoring network already in place to provide the public with practical guidelines for reducing by a factor of two the annual cumulative exposure to UV radiation
- Work with meteorologists in the state's mass media outlets to
  - add UV radiation intensity level reporting, including advice on what specific sun safe behaviors should be used to reduce UV exposure, and
  - develop and promote a media-based UV warning system similar to the "green/red drop day" used for water conservation
- Develop a surveillance source for determining the number of New Mexicans who use at least one protective measure to reduce the risk of skin cancer

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Objective 1.6: By 2006, increase the number of persons aged 13 and older following dietary guidelines that recommend eating 5 or more servings of fruit and vegetables per day

target: 25 % of adults
27.5 % of youth, ages 13 - 17

baseline: 20.1 % of adults
22.5 % of youth, ages 13 - 17
(unweighted data from 1999 YRBS)

data/evaluation sources:
CDC Behavioral Risk Factor Surveillance System, 1999 (NM Department of Health, Public Health Division, Office of Epidemiology, 2000); 1999 Youth Risk Behavior Surveillance System; YRRS (beginning 2001)

key partners: NMDOH Diabetes Program; Women, Infants and Children Supplemental Nutrition Program; UNM Family Development; nutrition groups; NM Chronic Disease Prevention Council; local school boards and superintendents; tribal diabetes programs; National Diabetes Prevention Center Southwest; pediatricians; primary care providers; grocery stores; NM Children, Youth & Families Department Family Nutrition Bureau; school food service workers; UNM Center for Health Promotion and Disease Prevention

Strategies:

- Work with the NM Chronic Disease Prevention Council, dietetic organizations, school food service workers, and school boards to improve the quality of foods and beverages in schools
- Explore expanding the use of evidence-based, comprehensive programs such as Pathways* that improve school food
- Explore implementing evidence-based programs that use youth advisors and peer leaders
- Increase the number of social marketing messages about the benefits of healthy eating that reach the average resident
- Provide counseling to mothers in the WIC (Women, Infants and Children Supplemental Nutrition) Program on the importance of reducing dietary fat and increasing consumption of fruits, vegetables and whole grains

* Pathways is a school-based, comprehensive program to prevent obesity in American Indian children that resulted from collaboration between seven American Indian nations and five universities, including UNM Center for Health Promotion and Disease Prevention.

Objective 1.7: By 2006, increase the number of persons aged 13 and older getting regular exercise

target: 55 % of adults
75 % of youth, ages 13 - 17

baseline: 50.4 % of adults exercise at least 20 minutes per day, three days per week

62.5 % of youth, ages 13 - 17, participate in vigorous physical activity three or more days per week (unweighted data from 1999 YRBS)

data/evaluation sources:
CDC Behavioral Risk Factor Surveillance System, 1998 (NM Department of Health, Public Health Division, Office of Epidemiology, 1999); 1999 Youth Risk Behavior Surveillance System; YRRS (beginning 2001)

key partners: NMDOH Diabetes Program; UNM Family Development; NM Chronic Disease Prevention Council; local school boards and superintendents; tribal diabetes programs; National Diabetes Prevention Center Southwest; pediatricians; primary care providers; UNM Center for Health Promotion and Disease Prevention

Strategies:

- Work with the NM Chronic Disease Prevention Council, the NMDOH Diabetes Program, the State Deptartment of Education School Health Unit, and school boards to increase the number of middle and high schools that require participation in physical education at least one day a week
- Explore implementing evidence-based programs that use youth advisors and peer leaders
- Work with the NM Chronic Disease Prevention Council to increase participation in worksite physical activity programs

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Recommendations for Goal #1: Reduce the risks for developing cancer

General Recommendations:

- Support efforts by the NMDOH TUPAC Program to implement the Youth Tobacco Survey in schools throughout the state
- Identify and implement a surveillance system to measure the number of residents who use at least one protective measure to reduce the risk of skin cancer
- Monitor the efforts of the scientific community to investigate possible links between the environment and cancer
- Replicate successful, evidence-based cancer prevention programs
- Support workplace cancer prevention initiatives

Policy Recommendations:

- By 2006, work with the state legislature to raise the annual allocation for tobacco use control from the tobacco settlement to at least the lowest CDC recommended level for comprehensive tobacco control programs ($7.79 per capita)
- Because cost has been shown to be an effective deterrent to tobacco use, work with the state legislature to significantly increase the excise tax on tobacco products
- Support efforts to pass statewide product placement legislation that requires clerk-assisted tobacco product sales
- Continue to guard against preemptive laws related to tobacco use — efforts to change existing state statutes that allow communities in New Mexico to pass ordinances and policies that are more restrictive than state laws with regard to tobacco use and placement and clean indoor air
- Work with tribes, tribal agencies and the Indian Health Service to explore appropriate tobacco control initiatives for tribal communities
- By 2002, work with the state legislature to fund the Breast and Cervical Treatment Act of 2000, matching federal funds (81% federal / 19% state) to provide Medicaid benefits to uninsured women under age 65 who are identified through the B&CC Program and are in need of treatment for breast or cervical cancer

Goal #2: Increase early detection and appropriate screening for cancer

Screening large segments of the population for certain types of cancer has proven to increase survival rates. Mammograms for detecting breast cancer, Pap tests for detecting cervical cancer, and fecal occult blood tests and endoscopic procedures for detecting colorectal cancer are used to identify cancer at its earliest stages when treatment is most successful. Widespread screening has not yet been shown to increase survival rates of other cancers such as lung and prostate cancers; however, studies continue to identify new methods for early detection and treatment of these and other cancer types.

Objective 2.1: By 2006, increase the percentage of women age 40 and older receiving annual mammograms and clinical breast exams*

target: 54 %

baseline: 51.3 %

data/evaluation sources:

ACS *New Mexico Cancer Facts & Figures 2000-2001*; CDC Behavioral Risk Factor Surveillance System, 1999 (NM Department of Health, Public Health Division, Office of Epidemiology, 2000); NCI Breast Cancer Surveillance Program

key partners: NMDOH B&CC Program, Indian Health Service, University of New Mexico, NM Medical Review Association, Clinical Prevention Initiative, American Cancer Society, Encore*plus*, Planned Parenthood, People Living Through Cancer, National Cancer Institute's Cancer Information Service, Y-Me

Strategies

- Promote campaigns to educate the public about the importance of mammography
- Educate health care providers about the importance of encouraging women aged 50 and older to receive regular screening mammograms
- Use prior research, especially in the area of barriers to care, to make improvements in delivery of screening and diagnostic services
- Promote existing programs that provide breast cancer screening and diagnostic services for low income, uninsured or underinsured women including those who do not qualify for the B&CC Program, Medicare or Medicaid
- Provide a toll-free phone number and/or a web site for access to locations of mammography sites and information on which health plans cover services at different facilities
- Support HMO and quality assurance initiatives to increase professional and public education efforts aimed at increasing mammography rates
- Support the ongoing practice of mammography reminders sent by health plans to their members and encourage increased physician acceptance of this practice
- Work to increase funding for programs providing free screening to low income, uninsured or underinsured women

* Recommendations on screening mammography vary. Women should consult with a physician on how often to have a screening mammogram.

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Objective 2.2: By 2006, increase the percentage of women receiving cervical cancer screening

target: 88 %

baseline: 83.2% of women 18 and older (who had not had a hysterectomy) had a Pap test in the past three years

data/evaluation sources: ACS *New Mexico Cancer Facts & Figures 2000-2001*; CDC Behavioral Risk Factor Surveillance System, 1999 (NM Department of Health, Public Health Division, Office of Epidemiology, 2000); Indian Health Service

key partners: NMDOH B&CC Program, NMDOH Family Planning Program, Planned Parenthood, Indian Health Service, NM Medical Review Association, HMOs, college and university student health centers, primary care clinics

Strategies:

- Continue, enhance, and develop outreach campaigns targeting:
  - women who qualify for the B&CC Program
  - low-income, uninsured & underinsured women under age 50 who are not covered by the B&CC Program or Medicare
  - women who qualify for IHS services
  - women who are covered by HMOs, private insurers and Medicaid
- Explore the use of a reminder system to increase the number of women who receive regular cervical cancer screening
- Support and enhance existing avenues to fund screening for women not covered by private or government programs

Objective 2.3: By 2006, increase the percentage of New Mexicans aged 50 and older following recommended screening guidelines for colorectal cancer, and increase the proportion of those at increased risk for colorectal cancer receiving recommended screening

target: 40.0 % of adults aged 50 and over have received either a fecal occult blood test (FOBT) within the past year or endoscopy within the past five years

baseline: 35.3 % of adults aged 50 and over have received either FOBT within the past year or endoscopy within the past five years

data/evaluation sources:
CDC Behavioral Risk Factor Surveillance System, 1997 (NMDOH Public Health Division, Office of Epidemiology, 2000); ACS *New Mexico Cancer Facts and Figures 2000-2001*

key partners: Clinical Prevention Initiative, American Cancer Society, NMDOH Cancer Programs, Prostate Cancer Support Association of New Mexico

Strategies:

- Assess capacity (trained professionals, facilities and equipment) in NM to provide colorectal cancer screening and to follow up all abnormal FOBT screening results using either colonoscopy or flexible sigmoidoscopy and air-contrast barium enema
- Increase the capacity as needed to follow up all abnormal FOBT screening results with colonoscopy or flexible sigmoidoscopy and air-contrast barium enema, and to provide colorectal cancer screening with colonoscopy or flexible sigmoidoscopy
- Publish and distribute a handbook for primary providers that reviews the current literature on colorectal cancer – epidemiology, pathophysiology, screening and treatment referral
- Educate health care providers about the importance of encouraging New Mexicans aged 50 and older to receive regular screening for colorectal cancer
- Increase the number of social marketing messages about colorectal cancer screening that reach the average resident

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Objective 2.4: By 2004, bring together key partners to deliver consistent and appropriate messages reflecting the best medical knowledge available to help health care consumers and providers make informed decisions about prostate cancer screening and follow up*

key partners: Prostate Cancer Support Association of New Mexico, American Cancer Society Prostate Cancer Core Team, NMDOH Cancer Programs, UNM CRTC Epidemiology and Cancer Control Program, Us-Too

Strategies:

- Monitor research on prostate cancer screening
- Assure that all men who ask about screening for prostate cancer are given objective information about early detection and the potential benefits and risks of screening and treatment
- Encourage men at higher risk for prostate cancer – African Americans and men having one or more first-degree relatives with prostate cancer – to begin discussing at an earlier age the potential benefits and risks of prostate cancer screening and treatment with their physicians
- Ensure that a high proportion of men from racial/ethnic minority groups are included in any prostate cancer prevention, screening, treatment, or outcomes studies
- Obtain or develop and distribute English- and Spanish-language materials on making informed decisions about prostate cancer screening and treatment

* Currently there is no consensus among professional medical organizations on recommending routine prostate cancer screening. Men should consult with their health care providers to make informed decisions about prostate cancer screening.

Objective 2.5: By 2006, develop programs to provide cancer genetic counseling and testing to New Mexicans

target: To establish a fully staffed, full-time clinic for hereditary cancer risk assessment and counseling

data/evaluation source: UNM Cancer Genetics Clinic

key partners: UNM CRTC; UNM Departments of OB/GYN, Family and Community Medicine; UNM Epidemiology & Cancer Control Program; New Mexico Cancer Care Alliance; members of the New Mexico Society of Clinical Oncology; and clinicians in various specialties around the state (OB/GYN, Family Practice, Oncology, Gastroenterology, Surgery, etc.)

Strategies:

- Obtain funding for staffing of a hereditary cancer risk assessment clinic
- Provide cancer genetic counseling and screening education statewide to health care providers
- Publish patient materials on hereditary cancer for distribution by health care providers
- Establish a database to evaluate programs and services
- Ensure patient privacy and protection of genetic information
- Clarify and educate the public about insurance and insurability guidelines regarding hereditary cancer risk assessments

Recommendations for Goal #2: Increase early detection and appropriate screening for cancer

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General Recommendations:

- As new screening methods are developed, they should be promoted and made available to the state's residents, including the medically underserved, in an appropriate way
- Monitor changes in Pap test recommendations and any subsequent impact on women's compliance with other preventive health recommendations and ensure that providers and the public are informed
- Ensure all screening initiatives offer counseling and have systems for following up with patients
- Disseminate literature for education and screening that is scientifically sound, culturally appropriate, and written in Spanish and other languages necessary for the state's various population groups. These should be a standard part of all early detection programs.
- Develop and support strategies and policies that will help standardize cancer screening services throughout the state
- Work with tribal communities and minority populations to increase participation in screening and early detection clinical trials

Policy Recommendations:

- Support efforts to increase the state's capacity to provide state-of-the-art mammography services, increasing the number of qualified technicians and radiologists, equipment and facilities
- Support the New Mexico Medical Society/New Mexico Department of Health Clinical Prevention Initiative on mammography screening to:
  - provide technical information and education to providers
  - assist providers with reimbursement for services from third party payers
  - decrease lag time in payment for services
- Support initiatives to increase Medicare reimbursement rates for mammography
- Develop strategies to raise reimbursement rates for the cost of cytology and pathology related to Pap tests
- Support efforts to provide for the protection of patient privacy of genetic information as well as sanctions for those who misuse information or who violate privacy

Goal #3: Increase access to appropriate and effective cancer treatment and care

Treatment facilities for cancer care, including surgery, chemotherapy, radiation, and palliative care, are located primarily in New Mexico's larger population centers. Barriers to accessing care include lack of health insurance, transportation, and childcare.

For many New Mexicans, these barriers will impact stage of diagnosis, treatment decisions, and compliance with care. Lack of transportation is compounded by long distances to treatment centers from rural and isolated areas.

Objective 3.1: By 2006, increase the state's capacity to provide optimal cancer care

data/evaluation sources:
UNM CRTC Epidemiology and Cancer Control Program, NM Medical Review Association, NM Hospitals & Health Systems Association

key partners: UNM Cancer Research and Treatment Center; New Mexico Veterans Affairs Health Care System; hospital-based cancer treatment centers in Albuquerque, Carlsbad, Farmington, Las Cruces, Roswell, and Santa Fe; private oncology practices and physicians; NM Cancer Care Alliance, Indian Health Service

Strategies:

- Enhance the level of cancer treatment through collaborative physician groups that share information through regular statewide tumor boards and other education forums
- Promote and support the establishment of an NCI-designated comprehensive cancer center in New Mexico
- Support legislation to expand financial resources available to provide cancer treatment, by expanding Medicaid and subsidizing health insurance premiums for low-income cancer patients
- Improve scientific knowledge and offer cutting-edge therapies by increasing participation in FDA-approved clinical trials
- Build statewide networks of physicians who collaborate in clinical trial recruitment and administration to increase statewide participation in FDA-approved clinical trials
- Explore avenues to help financially stabilize oncology-related practices in small communities
- Because clinical trials provide access to either the best available standard treatment or a promising new treatment, work with members of medically underserved populations, including residents of tribal communities, to increase the participation of these populations in FDA-approved clinical trials
- Identify and prioritize gaps in services

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Objective 3.2: By 2006, increase the number of providers other than oncologists who are knowledgeable about optimal cancer screening and care

key partners: NMDOH and Indian Health Service B&CC Programs, NM Medical Society, NM Medical Review Association, Greater Albuquerque Medical Association, Oncology Nursing Society, New Mexico Society of Clinical Oncologists, National Cancer Institute

Strategies:

- Identify and utilize existing processes to educate providers on the most recent practice guidelines regarding screening and referral for cancer care
- Increase the number of physicians trained in cancer detection techniques and practices
- Educate providers on how to interpret and discuss screening results with patients
- Increase the number of providers who are fully informed about late effects of treatment and who provide appropriate follow up and information on treatment-related disorders

Objective 3.3: By 2006, increase access to optimal cancer care for New Mexicans living outside of the major metropolitan areas

key partners: American Cancer Society, NM Cancer Care Alliance, county indigent funds, Casa Esperanza (Albuquerque), Connelly Hospitality House (Farmington), private oncology practices, hospital-based cancer treatment centers, Cancer Services of New Mexico

Strategies:

- Implement a comprehensive state-wide program to address transportation barriers to care
- Promote and support existing services that provide housing for patients in cancer treatment and their family members when optimal treatment requires staying away from their homes in communities closer to treatment facilities
- Increase the number of home health and hospice services that reach New Mexicans living in small communities and remote areas

Objective 3.4 By 2006, enhance end-of-life services for all New Mexicans

key partners: UNM School of Medicine; UNM Cancer Research and Treatment Center; NM Cancer Care Alliance; New Mexico Palliative Care Network; New Mexico Palliative Education, Research and Training Center; Zuni Home Health Care Agency; New Mexico Association for Home Care; home health care and hospice agencies; Indian Health Service; Texas and New Mexico Hospice Organization

Strategies:

- Increase the amount of training on end-of-life care for students preparing for cancer-related health care professions
- Provide educational opportunities for health care providers in cancer-related fields on culturally appropriate end-of-life services for all of the state's diverse populations
- Increase the number of home health care and end-of-life services that reach New Mexicans living in small communities and remote areas

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Recommendations for Goal #3: Increase access to appropriate and effective cancer treatment and care

General Recommendations:

- Promote efforts such as the Albuquerque Area Indian Health Service's educational initiatives on palliative care and end-of-life services for American Indians
- Explore how the policies regulating reimbursement for home health care and end-of-life services can better reflect service delivery needs in small towns and rural areas and be more culturally appropriate for American Indian communities

Research Recommendations:

- Gather current research on and develop methods to reduce barriers to services by low income groups, residents living in small communities and remote areas, and undocumented residents
- Study cancer care issues in the New Mexico/Mexico border area
- Review literature on the impact of low Medicare reimbursement rates on cancer treatment

Policy Recommendations:

- Support state legislation to select the option of Medicaid coverage for follow-up treatment of women under age 65 diagnosed with cancer through the B&CC Program
- Establish policies to ensure that funding is available for necessary follow-up care for the medically underserved who are screened for cancer through clinical trials and government-supported screening programs
- Establish polices to ensure that funding is available for necessary follow-up care for those living in tribal communities who are screened for cancer through clinical trials and government-supported screening programs
- Support federal legislation to raise Medicare reimbursement rates
- Support efforts to reduce/eliminate gross receipts tax on medical services and products
- Support state legislation to expand Medicaid to provide increased cancer treatment coverage
- Support state legislation to expand the NM Insurance Assistance Program to help low-income cancer patients maintain their medical insurance coverage
- Support legislation to coordinate Supplemental Security Income and Social Security Disability with Medicaid to facilitate continuing coverage of medical treatment

Goal #4: Address quality of life issues for health care consumers affected by cancer

Quality of life is a concept that encompasses spiritual, psychological, emotional, financial and physical well being. It is influenced by age, sex, sexual orientation, urban/rural location, socioeconomic status, level of education, immigration status, culture, and access to health care.

Research into quality of life issues is encouraged; however, it should not preclude offering services to address the needs of people dealing with cancer in their daily lives. New Mexico's best current source of information and services to improve quality of life is its strong community of cancer survivor organizations and individuals. (A cancer survivor is anyone who has ever been diagnosed with cancer.) The exceptional diversity of New Mexico's population presents both a challenge and an asset to addressing quality of life issues.

Objective 4.1: By 2006, increase activities to inform the public about quality of life issues related to cancer and the available resources that address those needs

key partners: Albuquerque Cancer Coalition, NM Cancer Leadership Council, People Living Through Cancer, American Cancer Society, Casa Esperanza, Prostate Cancer Support Association of New Mexico, Leukemia and Lymphoma Society, Us Too, Y-Me, Connelly Hospitality House, NMDOH Cancer Programs

Strategies:

- By 2003, develop presentations on quality of life issues for health care consumers, including:
  - available resources
  - information on how to locate additional local and national resources
- Beginning in 2003, make presentations each year on quality of life issues and resources to at least two "I Can Cope" classes and to the NM Cancer Leadership Council
- By 2003, compile information that will assist consumers in locating resources that address quality of life issues and disseminate through NMDOH Cancer Program website with links to other New Mexico cancer-related web sites
- Maintain and distribute an updated list of cancer support groups around the state
- Provide information on available quality of life resources to health care providers

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- Make quality of life resources more accessible to underserved populations 53
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Objective 4.2: By 2006, increase activities to inform those affected by cancer of their right to participate fully in their care and encourage them to participate as fully as they are comfortable

key partners: Albuquerque Cancer Coalition; People Living Through Cancer; American Cancer Society; NMDOH Cancer Programs; New Mexico Palliative Care Education, Research and Training Center; Casa Esperanza; Prostate Cancer Support Association of NM; NM Cancer Leadership Council; Leukemia and Lymphoma Society; Us Too; Y-Me; oncology social workers; NM Association for Home Care; Texas and NM Hospice Organization

Strategies:

- By 2003, develop presentations on patient empowerment for health care consumers, including:
  - how consumers can make well-informed decisions about medical treatment, complementary and alternative therapies, and integrating different kinds of therapies
  - how to empower patients to consider a wide variety of options to improve quality of life
  - how consumers can advocate for themselves and navigate the healthcare system
  - the need for appropriate and effective follow-up care
  - the importance of learning about the long-term and late effects of cancer and treatment and how to access this information
  - home health care, palliative care, and end-of-life information and available services
  - how to locate evidence-based information on healthy lifestyles and reducing risks for cancer
- Make presentations each year on patient empowerment issues and resources to at least two "I Can Cope" classes and to the NM Cancer Leadership Council beginning in 2003
- Develop and deliver a campaign to educate the general public about palliative care and end-of-life services
- Explore the possibility of using patient guides/advocates at clinical sites to help patients navigate the medical system
- Provide easy access to consumer information through agencies, web sites, and cancer care facilities

Objective 4.3: By 2004, identify and promote successful approaches that make existing quality of life resources more accessible to the state's underserved populations; define and support the creation of new resources where needed

key partners: Albuquerque Cancer Coalition; People Living Through Cancer; American Cancer Society; NMDOH Cancer Programs; Casa Esperanza; Prostate Cancer Support Association of NM; NM Cancer Leadership Council; Leukemia and Lymphoma Society; Us Too; Y-Me

Strategies:

- Convene an annual meeting of lay health workers and public health employees within the context of an existing annual conference to discuss strategies to improve the quality of life of survivors and family members, especially those who are isolated in small communities and rural areas; publish a report; and implement the strategies identified.
- Within the context of an existing conference, develop a workshop on specific strategies for addressing fear and anxiety of those who receive abnormal screening test results but have not yet followed up with definitive diagnostic procedures

Objective 4.4: By 2006, educate the medical community about quality of life studies

key partners: UNM CRTC Epidemiology and Cancer Control Program, UNM School of Medicine, NMDOH Cancer Program, People Living Through Cancer, Prostate Cancer Support Association of NM, Casa Esperanza, Leukemia and Lymphoma Society

Strategies:

- Develop expertise in NM on quality of life research and the benefits of psychosocial interventions for cancer patients
- Review the literature on quality of life studies with a focus on studies done in New Mexico
- Educate healthcare providers about quality of life issues related to cancer and the available resources that address these issues

Goal #5: Improve coordination and collaboration among cancer control efforts

Communication between cancer control programs is complicated by New Mexico's vast size. Efforts to create networks between people working in similar fields throughout the state and to identify channels for communication will enhance distribution of effective programs. In addition, improved communication will foster collaboration, thereby reducing duplication of efforts.

Objective 5.1: By 2003, develop a comprehensive web site on cancer control services and programs in New Mexico

key partners: NMDOH Cancer Programs with cancer control partners throughout state

Strategies:

- Expand resource list on existing NMDOH Cancer Programs' web site to include descriptions of and links to additional cancer control programs
- Explore avenues for disseminating information on funding opportunities from web site
- Include information that helps consumers access cancer-related services
- Update web site at least twice each year
- Include information in Spanish

Objective 5.2: Encourage the development and growth of partnerships throughout the state

key partners: NMDOH Cancer Programs with cancer control partners throughout state

Strategies:

- Support the efforts of the NM Cancer Care Alliance in establishing partnerships among cancer control agencies
- Support the efforts of the NM Chronic Disease Prevention Council, the NM Cancer Leadership Council, the Albuquerque Cancer Coalition, and other statewide and local cancer control collaborations
- Work to reduce duplication of efforts by accessing existing channels of communication and developing new ones where gaps are identified

Objective 5.3: Establish a structure and time line for oversight of the *New Mexico Cancer Plan*

key partners: NMDOH Cancer Programs with cancer control partners throughout state

Strategies:

- Identify and engage new partners to participate in implementing this *NMCP*
- Create workplan with time line to monitor progress
- Set up committees to prioritize actions and work to accomplish objectives and strategies
- Hold semi-annual meetings to evaluate progress and publish an annual report

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Recommendations for Goal #5: Improve coordination and collaboration among cancer control efforts

General Recommendations:

- Develop pathways to disseminate cancer control programs and materials that have been shown to be effective
- Encourage cooperation among cancer control programs on public policy issues
- Increase the amount of research that is applied in New Mexico cancer control programs (facilitate transfer from bench to bedside)

GLOSSARY

Cancer. The umbrella term to describe many different diseases in which cells grow and reproduce out of control.

Clinical Trials. Research studies of new methods or agents to prevent, detect, or treat a disease, or to study quality of life issues. Treatment trials with cancer patients usually involve three phases to compare the current best treatment to a promising new treatment.

Digital Rectal Exam (DRE). Manual examination of the lower rectum.

Endoscopy. In this publication refers to examination of the lining of the gastrointestinal tract using a thin, flexible, lighted tube. Flexible sigmoidoscopy allows examination of the rectum and lower part of the colon. Colonoscopy allows examination of the rectum and entire colon; polyps can be removed during this procedure.

Incidence. The number of newly-diagnosed cases of a disease occurring in a specific population in a given period of time.

Mammogram. An X-ray of the breast used for the early detection of breast cancer.

Melanoma. The least common but most life-threatening form of skin cancer.

Metastasis. The spread of cancer cells from the original site to other parts of the body.

Morbidity. Illness or disability resulting from a disease or its treatment.

Mortality. In this publication refers to death resulting from cancer.

Pap (Papanicolaou) Test. A test for cervical cancer that examines cells that are scraped from the cervix; can detect cancer and pre-cancerous conditions.

Prevention. Primary prevention is preventing or reducing the risks for developing disease.
Secondary prevention addresses identifying individuals with a disease, often before they have exhibited symptoms.
Tertiary prevention emphasizes delaying advancement of the disease, reducing the risks for complication or recurrence, prolonging life, and promoting quality of life.

Prostate-Specific Antigen (PSA) Test. A test to detect levels of a blood protein. Elevated PSA levels may indicate prostate cancer, prostate inflammation, or benign prostate conditions.

Rate. A calculation that enables data comparisons more accurately than by the number of cases of, or the number of deaths from, a specific disease. In this publication, rates are per 100,000 individuals to allow for comparisons irrespective of the size of the population. Rates in this publication are age-adjusted to the 1970 or 2000 U.S. standard million population to allow for direct comparisons of populations that may have different age distributions.

Risk Factor. Something that increases a person's chance of developing a disease, such as age, sex, or tobacco use.

Screening. Includes a range of procedures used by medical professionals to identify individuals with early cancer.

ENDNOTE REFERENCES

1. *Cancer Facts and Figures 2001*. (2001). Atlanta, GA: American Cancer Society, Inc. (Estimates exclude more that a million cases of basal and squamous cell skin cancers and in situ cancers, except urinary bladder, that will be diagnosed in 2001. Lung cancer rates include bronchus cancer. State totals rounded to the nearest 100.)
2. *New Mexico Cancer Facts & Figures 2000-2001*. (2000). Phoenix, AZ: American Cancer Society, Southwest Division, Inc.
3. New Mexico Tumor Registry, Epidemiology and Cancer Control Program. (2002). *Malignancies Diagnosed 1999, State of New Mexico*. Albuquerque, NM: University of New Mexico Cancer Research & Treatment Center. Retrieved April 16, 2002, from http://hsc.unm.edu/epiccpro/nmtr1999.html
4. National Institutes of Health. (November 2000). *5 A Day for Better Health Program Evaluation Report*. Bethesda, MD: National Cancer Institute. NIH Publication No. 01-4904.
5. *Cancer Facts and Figures 2000*. (2000). Atlanta, GA: American Cancer Society, Inc.
6. Centers for Disease Control and Prevention. (n.d.). *Facts and Statistics About Skin Cancer*. Retrieved July 20, 2001, from http://www.cdc.gov/ChooseYourCover/skin.htm
7. Data provided by Craig Sinclair, Sunsmart Campaign Manager, Anti-Cancer Council of Victoria. (March 5, 2001). Victoria, Australia.
8. National Cancer Institute. (July 2000). *The Nation's Investment in Cancer Research: A Plan and Budget Proposal for Fiscal Year 2002*. [Review Draft] Bethesda, MD: Office of Science Planning and Assessment, National Cancer Institute, National Institutes of Health.
9. Wingo, P.A.; Ries, L.A.G.; Giovino, G.A.; Miller, D.S.; Rosenberg, H.M.; Shopland, D.R.; Thun, M.J.; Edwards, B.K. (1999). Annual report to the nation on the status of cancer, 1973-1996, with a special section on lung cancer and tobacco smoking. *Journal of the National Cancer Institute*, 91, 675-690.
10. Wingo, P.A.; Ries, L.A.G.; Rosenberg, H.M.; Miller, D.S.; Edwards, B.K. (1998). Cancer incidence and mortality, 1973-1995: a report card for the U.S. *Cancer*, 82, 1197-1207.
11. Brown, M.L.; Hodgson, T.A.; and Rice, D.P. (1996). Economic impact of cancer in the United States. In: Schottenfeld, D., and Fraumeni, Jr., J.F. (Eds.), *Cancer Epidemiology and Prevention* (2nd ed.). New York, NY: Oxford University Press.
12. Haynes, M.A.; Smedley, B.D. (Eds.). Committee on Cancer Research Among Minorities and the Medically Underserved, Institute of Medicine. (1999). *The Unequal Burden of Cancer: An Assessment of NIH Research and Programs for Ethnic Minorities and the Medically Underserved.* Washington, DC: National Academy Press.
13. U.S. Census Bureau. (April 2, 2001). Census 2000 Redistricting Data (Public Law 94-171) S File and 1990 Census. Retrieved August 16, 2001, from http://www.census.gov/population/cen2000/phc-t2/tab01.txt
14. U.S. Census Bureau. (n.d.). Census 2000 Redistricting Data (Public Law 94-171) Summary File, Matrices PL1, PL2, PL3, and PL4. Retrieved August 16, 2001, from http://factfinder.census.gov/bf/_lang=en_vt_name=DEC_2000_PL_U_QTPL_geo_id=04000US35.html
15. New Mexico Vital Records and Health Statistics. (October 2000). *1998 New Mexico Selected Health Statistics Annual Report*. Santa Fe, NM: The State Center for Health Statistics, Public Health Division, New Mexico Department of Health.
16. Centers for Disease Control and Prevention. (n.d.). State/Territory Cancer Data: State Cancer Burden Data fact sheet, New Mexico [Portable Document Format file]. Retrieved August 16, 2001, from http://www.cdc.gov/cancer/dbdata.htm
17. Athas, W.F. (1998). *Cancer in New Mexico 1970-1996: Changing Patterns and Emerging Trends*. Santa Fe, NM: Office of Epidemiology, Public Health Division, New Mexico Department of Health.

Endnote References, continued

18. UNM New Mexico Tumor Registry data provided by Charles Key, MD, PhD, Medical Director, New Mexico Tumor Registry, Epidemiology and Cancer Control Program, University of New Mexico Cancer Research and Treatment Center. (February 2000). Albuquerque, NM.
19. Gilliland, F.D.; Mahler, R.; Hunt, C.; Davis; S.M. (1999). Preventive Health Care among Rural American Indians. *Preventive Medicine, 28*, 194-202.
20. Burhansstipanov, L. (1999). Special Report: Native American Community-Based Cancer Projects — Theory Versus Reality. *Cancer Control: Journal of the Moffitt Cancer Center, 6,* 620-626.
21. Data supplied by Penny Garcia, Data Manager, Systems Analyst, New Mexico Department of Health Breast and Cervical Cancer Early Detection Program. (January 28, 2002). Albuquerque, NM.
22. New Mexico Department of Health Breast and Cervical Cancer Early Detection Program. (May 1997). Grant Application to Centers for Disease Control and Prevention. Public Health Division, New Mexico Department of Health.
23. Harvard Center for Cancer Prevention. (1996). *Harvard Report on Cancer Prevention Volume 1: Causes of Human Cancer*. Published as a supplement to the journal *Cancer Causes and Control*, 7. Retrieved August 17, 2001, from http://www.hsph.harvard.edu/Organizations/Canprevent/publications/reports.html#volume1
24. Dang, H.; Espey, D. (Ed.). (2000). *New Mexico Chronic Disease Surveillance Report*. Albuquerque, NM: Chronic Disease Prevention and Control Bureau, Public Health Division, New Mexico Department of Health.
25. Office of Epidemiology. (2000). *State of Health in New Mexico, 2000 Report*. Santa Fe, NM: Public Health Division, New Mexico Department of Health.
26. National Comprehensive Cancer Network and American Cancer Society. (January 2001). *Cancer Pain: Treatment Guidelines for Patients*, Version I [Portable Document Format file]. Retrieved December 20, 2001, from National Comprehensive Cancer Network Web site: http://www.nccn.org/patient_gls/_english/_pain/index.htm
27. Quigley, W.H. (July 6, 2000). *Losing the Fight: Health Care and Medicare in New Mexico*, A White Paper of the New Mexico Medical Society. Albuquerque, NM: New Mexico Medical Society.
28. Dalaker, J. (1999). U.S. Census Bureau, Current Population Reports, Series P60-207. *Poverty in the United States: 1998* [Portable Document Format file]. Washington, DC: U.S. Government Printing Office. Retrieved December 20, 2001, from http://www.census.gov/prod/99pubs/p60-207.pdf
29. Office of Epidemiology. (1999). *State of Health in New Mexico, 1999 Report*. Santa Fe, NM: Public Health Division, New Mexico Department of Health.
30. Research & Polling, Inc. (2001). *New Mexico Adult Tobacco Survey — April 2001*. Albuquerque, NM: Tobacco Use Prevention and Control Program, Public Health Division, New Mexico Department of Health.
31. U.S. Department of Health and Human Services. (1996). *Physical Activity and Health: A Report of the Surgeon General* [Portable Document Format file]. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Retrieved November 15, 2001, from http://www.cdc.gov/nccdphp/sgr/contents.htm

RESOURCES
for Locating Cancer Control Services in New Mexico

The following list of organizations and agencies is intended to be a resource for locating cancer control services throughout the state. This listing does not include all cancer control organizations, nor does it constitute an endorsement of these organizations or their programs by the New Mexico Department of Health.

Cancer Surveillance

New Mexico Department of Health Public Health Division

Office of Epidemiology
The office conducts cancer investigations and manages CDC's Behavioral Risk Factor Surveillance System for New Mexico.
P.O. Box 26110
Santa Fe, NM 87502-6110
Phone: 505-827-0006, Fax: 505-476-3589
http://epi.health.state.nm.us/

Office of Vital Records and Health Statistics
The Bureau collects and reports on birth and death data in the state.
1105 S. St. Francis Dr.
Santa Fe, NM 87505
Phone: 505-827-0121, Fax: 505-827-1751
http://dohewbs2.health.state.nm.us/VitalRec/

New Mexico Tumor Registry, Epidemiology & Cancer Control Research Program, University of New Mexico Cancer Research and Treatment Center
A population-based cancer registry for the entire state of New Mexico and the American Indian population of Arizona. The tumor registry's data are used in epidemiologic studies to identify disease trends and patterns, and to identify risk factors for cancer prevention and control.
2325 Camino de Salud NE
Albuquerque, NM 87131-5306
Phone: 505-272-5541, Fax: 505-272-8572
http://hsc.unm.edu/epiccpro/

Prevention and Risk Reduction Services

Albuquerque Area Indian Health Board
Provides community education services to the communities of To'Hajiilee, Ramah Navajo, Alamo Navajo, and the Mescalero and Jicarilla Apache Tribes in New Mexico. Services are also provided to the Southern Colorado Tribes of Southern Ute and Ute Mountain.
2301 Renard Place SE, Suite 101
Albuquerque, NM 87106
Phone: 505-764-0036, Fax: 505-764-0466
http://www.nihb.org/ - web site for National Indian Health Board

American Cancer Society
Programs include cancer prevention education, advocacy, and research. Focus areas include tobacco control, breast cancer, prostate cancer, and skin cancer.

Albuquerque Region
5800 Lomas Blvd NE
Albuquerque, NM 87110
Phone: 505-260-2105, Fax: 505-266-9513

Northern New Mexico Region
531 Harkle Road, Suite B
Santa Fe, NM 87505
Phone: 505-988-5548, Fax: 505-986-1940
Toll free nationwide: 800-4-CANCER / 800-422-6237
http://www.cancer.org/ - web site for national organization

American Lung Association - New Mexico Branch
Programs address lung diseases, with special emphasis on asthma, tobacco control, and environmental health.
216 Truman NE
Albuquerque, NM 87108
Phone: 505-265-0732, Fax: 505-260-1739
http://www.lungusa.org/ - web site for national organization

Centers for Disease Control and Prevention Comprehensive Cancer Prevention and Control Programs
Includes the National Breast and Cervical Cancer Early Detection Program. Other programs provide information and education on skin cancer and colorectal cancer prevention and control, prostate cancer awareness and education, and an ovarian cancer initiative to identify factors related to early disease detection and treatment.
4770 Buford Hwy, NE
MS K64
Atlanta, GA 30341
Toll-free information line: 888-842-6355
Fax: 770-488-4760
http://www.cdc.gov/cancer/

Prevention and Risk Reduction Services, continued

Clinical Prevention Initiative
A collaboration of the New Mexico Medical Society and the New Mexico Department of Health created to assist office-based practitioners with the provision of clinical prevention services. Information on tobacco control, mammography, and colorectal screening is available to health care providers in the state by contacting the New Mexico Medical Society:
7770 Jefferson NE, Suite 400
Albuquerque, NM 87109
Phone: 505-828-0237
Email: ajung@nmms.org
http://www.nmms.org/

Henry J. Kaiser Family Foundation
Minority Health Activities
Activities focus on efforts to reduce racial and ethnic disparities in health care access.
http://www.kff.org/sections.cgi?section=minority

Intercultural Cancer Council
Organization working to eliminate the unequal burden of cancer among racial and ethnic minorities and medically underserved populations in the United States and its territories, using policies, programs, partnerships, and research.
PMB-C
1720 Dryden
Houston, TX 77030
Phone: 713-798-4617, Fax: 713-798-3990
http://iccnetwork.org/

New Mexicans Concerned About Tobacco
A statewide coalition advocating tobacco prevention policies.
Phone: 505-988-3473
Email: nmcat@earthlink.net

New Mexico Chronic Disease Prevention Council
Works with existing organizations to reduce common risk factors for chronic diseases. Major areas of focus are tobacco prevention and cessation, physical activity, nutrition, and surveillance.
625 Silver SW, Suite 325
Albuquerque, NM 87102
Phone: 505-841-4549, Fax: 505-841-4595
Email: bethp@doh.state.nm.us

New Mexico Department of Health Cancer Programs

Breast and Cervical Cancer Early Detection Program
Provides free comprehensive breast and cervical cancer screening services to low-income women statewide. Funded by the federal Centers for Disease Control and Prevention. For a list of health care providers that contract with the B&CC program to offer screenings, call the toll-free number or visit the web site.
625 Silver SW, Suite 203
Albuquerque, NM 87102
Phone: 505-841-5860, Fax: 505-841-5865
Toll free: 877-852-2585
http://www.cancernm.org/

Comprehensive Cancer Program
The program's mission is to promote the health of New Mexicans through comprehensive cancer prevention and control efforts. Projects include skin cancer prevention education, prostate cancer early detection information and support, cancer survivor support and education, cancer patient housing, and colorectal cancer early detection education.
625 Silver SW, Suite 325
Albuquerque, NM 87102
Phone: 505-841-4549, Fax: 505-841-4595
http://www.cancernm.org/

New Mexico Department of Health
Tobacco Use Prevention and Control Program (TUPAC)
The program utilizes public health strategies to reduce the health burden caused by tobacco. TUPAC's goals include eliminating exposure to second-hand smoke, preventing tobacco use initiation among youth, promoting cessation among adults and youth, and identifying and eliminating disparities among population groups relative to tobacco use. Web site includes listing of tobacco control coalitions throughout the state.
625 Silver SW, Suite 202
Albuquerque, NM 87102
Phone: 505-841-5840, Fax: 505-841-5865
http://www.TheStink.org

Office of Minority Health, US Department of Health and Human Services
Mission is to improve the health of racial and ethnic populations through the development of effective health policies and programs that help to eliminate disparities in health. The Office of Minority Health publishes *Closing the Gap*, a newsletter that addresses specific health topics of concern to minority communities; call 1-800-444-6472 to be placed on the mailing list.
Office of Minority Health Resource Center
P.O. Box 37337
Washington, D.C. 20013-7337
Toll Free: 1-800-444-6472, Fax: 301-230-7198
TDD: 301-230-7199
http://www.omhrc.gov/

Planned Parenthood of New Mexico

Provides comprehensive reproductive health care services, including screening for cervical cancer. To locate the nearest center, call the toll-free number.
Phone: 505-265-5976, Fax: 505-266-1017
Toll free in New Mexico: 800-230-PLAN
http://www.plannedparenthood.org/AFFILIATES/state-nm.html

Presbyterian Project CHOICE (Choosing Healthy Options in Cancer Prevention)

Cancer education program for school children.
Presbyterian Healthcare Center
6301 Forest Hills NE Albuquerque, NM 87109
Phone: 505-823-8307
http://www.phs.org/aboutpres/choice.htm

University of New Mexico Center for Health Promotion and Disease Prevention

The center develops and implements chronic disease prevention research programs to promote healthy behavior choices, with a special focus on New Mexico's unique population and issues. Programs include tobacco control and obesity prevention.
2701 Frontier NE, Surge Bldg. Suite 251
Albuquerque, NM 87131
Phone: 505-272-4462, Fax: 505-272-4857
http://hsc.unm.edu/chpdp/
http://hscapp.unm.edu/chpdp/index.html - Tobacco Control Directory includes information about New Mexico organizations with tobacco use prevention, cessation, advocacy, policy, and media programs.
http://hsc.unm.edu/pathways/ - Pathways is a school-based program that promotes increased physical activity and healthful eating behaviors and is designed to prevent obesity among American Indian children.

Screening and Early Detection – resources for locating medical services

American Cancer Society

Programs include cancer prevention education, advocacy, and research. Focus areas include tobacco control, breast cancer, prostate cancer, and skin cancer.

Albuquerque Region
5800 Lomas Blvd NE
Albuquerque, NM 87110
Phone: 505-260-2105, Fax: 505-266-9513

Northern New Mexico Region
531 Harkle Road, Suite B
Santa Fe, NM 87505
Phone: 505-988-5548, Fax: 505-986-1940
Toll free nationwide: 800-4-CANCER / 800-422-6237
http://www.cancer.org/ - web site for national organization

American Medical Association

Physician/group practice search feature has information on almost all licensed physicians in the United States, including doctors of medicine (MD) and doctors of osteopathy or osteopathic medicine (DO). Credentials are checked for accuracy and verified with accrediting agencies, medical schools, residency training programs, licensing boards, and other sources. Web sites allow searches for a physician/group practice by name or by specialty.
515 N. State Street
Chicago, IL 60610
Physician search: http://www.ama-assn.org/aps/amahg.htm
Group practice search: http://www.ama-assn.org/ - from "Patients" button choose "Medical Group Practice Finder"

Food and Drug Administration – Certified Mammography Facilities

Search web site by zip code to list all mammography facilities certified by the Food and Drug Administration as meeting baseline quality standards for equipment, personnel and practices under the Mammography Quality Standards Act of 1992. Listing is updated weekly.
http://www.fda.gov/cdrh/mammography/certified.html

New Mexico Board of Medical Examiners

State agency responsible for licensing and regulating New Mexico's medical doctors (MDs) and physician assistants (PAs). The web site's Physician & Physician Assistant Locator feature allows searches by a physician's name or license number.
2nd Floor, Lamy Bldg.
491 Old Santa Fe Trail
Santa Fe NM 87501
Phone: 505-827-5022, Fax: 505-827-7377
Toll free within NM: 800-945-5845
http://www.state.nm.us/nmbme/

New Mexico Department of Health Cancer Programs Breast and Cervical Cancer Detection and Control Program

Provides free comprehensive breast and cervical cancer screening services to low-income women statewide. Funded by the federal Centers for Disease Control and Prevention. For a list of health care providers that contract with the B&CC program to offer screenings, call the toll-free number or visit the web site.
625 Silver SW, Suite 203
Albuquerque, NM 87102
Phone: 505-841-5860, Fax: 505-841-5865
Toll free: 877-852-2585
http://www.cancernm.org/cp_bcc_program.htm

Screening and Early Detection – resources for locating medical services, continued

New Mexico Primary Care Association
Resource for locating Federally Qualified Health Centers, which include community health centers, tribal health clinics, migrant health services, and health centers for the homeless. Screening services at clinics are limited to Pap tests.
4545 McLeod NE, Suite D
Albuquerque, NM 87109
Phone: 505-880-8882, Fax: 505-880-8885
http://www.nmpca.org/

Planned Parenthood of New Mexico
Provides comprehensive reproductive health care services, including screening for cervical cancer. To locate the nearest center, call the toll-free number.
Phone: 505-265-5976, Fax: 505-266-1017
Toll free in New Mexico: 800-230-PLAN
http://www.plannedparenthood.org/AFFILIATES/state-nm.html

YWCA of the Middle Rio Grande
ENCORE*plus* Program
Breast and cervical cancer control program for medically underserved women. Provides education, low-cost exams and screenings, transportation assistance, and support.
303 San Mateo NE
Albuquerque, NM 87108
Phone: 505-254-9922, Fax: 505-254-9953
http://www.ywca.org - web site for national organization

Treatment - resources for locating medical services

American Cancer Society
Programs include cancer prevention education, advocacy, and research. Focus areas include tobacco control, breast cancer, prostate cancer, and skin cancer.

Albuquerque Region
5800 Lomas Blvd NE
Albuquerque, NM 87110
Phone: 505-260-2105, Fax: 505-266-9513

Northern New Mexico Region
531 Harkle Road, Suite B
Santa Fe, NM 87505
Phone: 505-988-5548, Fax: 505-986-1940
Toll free nationwide: 800-4-CANCER / 800-422-6237
http://www.cancer.org/ - web site for national organization

American Board of Medical Specialties®
The umbrella organization for U.S.-approved medical specialty boards. Coordinates activities of its member boards and provides information to the public on medical specialization and certification issues.
1007 Church Street, Suite 404
Evanston, IL 60201-5913
Phone verification of certification: 866-ASK-ABMS / 866-275-2267 (not toll-free)
http://www.abms.org/

American Medical Association
Physician/group practice search feature has information on almost all licensed physicians in the United States, including doctors of medicine (MD) and doctors of osteopathy or osteopathic medicine (DO). Credentials are checked for accuracy and verified with accrediting agencies, medical schools, residency training programs, licensing boards, and other sources. Web sites allow searches for a physician/group practice by name or by specialty.
515 N. State Street
Chicago, IL 60610
Physician search: http://www.ama-assn.org/aps/amahg.htm
Group practice search: http://www.ama-assn.org/ - from "Patients" button choose "Medical Group Practice Finder"

American Society of Clinical Oncology
A non-profit organization dedicated to issues unique to clinical oncology, including resources for physicians and the general public. ASCO's web site has a locator service to help people find oncologists in their area.
1900 Duke Street, Suite 200
Alexandria, VA 22314
Phone: 703-299-0150, Fax: 703-299-1044
http://www.asco.org/

Cancer Information Service, National Cancer Institute
Provides accurate cancer information for patients, their families, the general public, and health professionals. Includes information on cancer prevention, screening, and treatments; clinical trials; and coping with side effects.
Rocky Mountain Cancer Information Service
P.O. Box 7021
Colorado Springs, CO 80933
Toll-free number: 800-4-CANCER (800–422-6237)
TTY: 800-332-8615
http://cis.nci.nih.gov/

Food and Drug Administration – Cancer Liaison Program, Office of Special Health Issues

FDA program that answers questions by patients, their friends and family members, and patient advocates about therapies for life-threatening diseases.
5600 Fishers Lane HF-12 Room 9-49
Rockville, MD 20857
Phone: 301-827-4460, Fax: 301-443-4555
Toll free: 888-INFOFDA
http://www.fda.gov/oashi/cancer/cancer.html

healthfinder®

An online guide developed by the U.S. Department of Health and Human Services to provide reliable consumer health and human services information. Listings include government agencies and not-for-profit organizations that produce reliable information for the public such as online publications, web sites, and support and self-help groups.
http://www.healthfinder.gov/
http://www.healthfinder.gov/espanol/

New Mexico Board of Medical Examiners

State agency responsible for licensing and regulating New Mexico's medical doctors (MDs) and physician assistants (PAs). The web site's Physician & Physician Assistant Locator feature allows searches by a physician's name or license number.
2nd Floor, Lamy Bldg.
491 Old Santa Fe Trail
Santa Fe NM 87501
Phone: 505-827-5022, Fax: 505-827-7377
Toll free within NM: 800-945-5845
http://www.state.nm.us/nmbme/

New Mexico Department of Health
Health Facility Licensing and Certification Bureau

State agency that licenses all health care facilities, including hospitals, nursing homes, hospice care, and community health clinics.
2040 S. Pacheco St., 2nd Floor, Room 413
Santa Fe, NM 87501
Phone: 505-476-9025, Fax: 505-528-6027

Major Government Health Care Facilities and Payers

Indian Health Service (IHS)

Albuquerque Area Indian Health Service provides health services to communities on the To'Hajiilee, Ramah, and Alamo Navajo Reservations and the Mescalero and Jicarilla Apache Reservations in New Mexico; the Southern Ute and Ute Mountain Ute Reservations in Colorado; and the Ysleta Del Sur Reservation in Texas. In addition, numerous tribal members from throughout the United States who live in the urban centers of the Albuquerque area receive services in health facilities operated by the IHS.
5300 Homestead Road, NE
Albuquerque, NM 87110
Phone: 505-248-4102, Fax: 505-248-4115
http://www.ihs.gov/FacilitiesServices/AreaOffices/Albuquerque/albuq.asp

Navajo Area Indian Health Service (NAIHS) provides health services to American Indians in portions of Arizona, New Mexico, and Utah. In addition to its primary responsibility of providing health care to members of The Navajo Nation and Southern Band of San Juan Paiutes, NAIHS also serves the Zuni and Hopi Reservations.
P.O. Box 9020
Window Rock, AZ 86515-9020
Phone: 928-871-5811, FAX: 928-871-1415
http://www.navajohealthjobs.ihs.gov/

Medicaid
Human Services Department - Medical Assistance Division

A joint federal and state program that pays for health care to eligible, low income New Mexicans. Administers the SALUD! Medicaid Managed Care program that utilizes managed care organizations to provide medical services to Medicaid clients.
New Mexico Medicaid
P.O. Box 2348,
Santa Fe, NM 87504-2348
Phone: (505) 827-3100, Fax: (505) 827-3185
Toll Free Client Information 1-888-997-2583
http://www.state.nm.us/hsd/mad/Index.html

Medicare

A federal health insurance program for people 65 years or older, certain people with disabilities, and people with end-stage renal disease. Medicare has two parts - Part A is hospital insurance, and Part B is medical insurance. Web site includes a Participating Physician Directory to locate Medicare participating physicians by zip code or county.
Toll free: 1-800-MEDICARE (1-800-633-4227)
http://www.medicare.gov/
http://www.medicare.gov/Physician/Home.asp
- Participating Physician Directory

Major Government Health Care Facilities and Payers, continued

New Mexico Medical Review Association
Serves as the Centers for Medicare and Medicaid Services' (formerly the Health Care Financing Administration) contracted Quality Improvement Organization for New Mexico. Quality improvement objectives include assuring the quality, cost effectiveness, and appropriateness of services delivered to the Medicare beneficiary population.
P.O. Box 3200
Albuquerque, NM 87190
Phone: 505-998-9898, Fax: 505-998-9899
http://www.nmmra.org/

University of New Mexico Cancer Research and Treatment Center, UNM Health Sciences Center
Provides comprehensive cancer diagnosis and treatment services as well as performing basic and clinical research.
900 Camino de Salud NE
Albuquerque, NM 87131
Toll free in New Mexico: 800-432-6806
http://hsc.unm.edu/crtc/

Veterans Affairs Health Care System
Provides health care through a medical center in Albuquerque and a system of Community Based Outpatient Clinics located in Alamogordo, Artesia, Clayton, Clovis, Espanola, Farmington, Gallup, Hobbs, Las Cruces, Las Vegas, Raton, Santa Fe, Silver City, and Truth or Consequences.
New Mexico VA Health Care System
1501 San Pedro Drive, SE
Albuquerque, NM 87108-5153
Phone: 505-265-1711, Fax: 505-256-2855
http://www.va.gov/sta/guide/state.asp?divisionid=1&STATE=NM

Home Care and Hospice/Palliative Care - resources for locating services

End of Life Physician Education Resource Center
A program located at the Medical College of Wisconsin with educational materials and information about end of life issues for physicians.
http://www.eperc.mcw.edu/
Phone: 414-456-4353

healthfinder®
An online guide developed by the U.S. Department of Health and Human Services to provide reliable consumer health and human services information. Listings include government agencies and not-for-profit organizations that produce reliable information for the public such as online publications, web sites, and support and self-help groups.
http://www.healthfinder.gov/
http://www.healthfinder.gov/espanol/

National Association for Home Care
Represents the interests and concerns of home care agencies, hospices, home care aide organizations, and medical equipment suppliers. Consumer information includes criteria for choosing a home care agency, along with a listing of accrediting agencies.
228 Seventh Street, SE
Washington, DC 20003
Phone: 202-547-7424, Fax: 202-547-3540
http://www.nahc.org/

New Mexico Association for Home Care
Serves the needs of member organizations and supports efforts to educate the public about home care services. List of providers by region is available on web site.
3200 Carlisle Blvd. NE
Albuquerque, NM 87110
Phone: 505-889-4556, Fax: 505-889-4928
http://www.nmahc.org/

New Mexico Department of Health
Health Facility Licensing and Certification Bureau
State agency that licenses all health care facilities, including hospitals, nursing homes, hospice care, and community health clinics.
2040 S. Pacheco St., 2nd Floor, Room 413
Santa Fe, NM 87501
Phone: 505-476-9025, Fax: 505-528-6027

Palliative Education, Research and Training Center c/o University of New Mexico Cancer Research and Treatment Center
A program to promote community awareness and provide training on palliative care in specific communities in rural New Mexico.
Phone: 505-272-4868

Texas and New Mexico Hospice Organization
Supports its membership network with education and research; promotes quality of life for patients dealing with a terminal illness. A directory of providers is available on the web site.
P.O. Box 15465
Austin, Texas 78761-5465
Phone: 512-454-1247, Fax: 512-454-1248
Toll free: 800-580-9270
http://www.txnmhospice.org/

Patient Support and Information and Patient Housing Services

A Gathering of Cancer Support
Provides support and education to Pueblo families dealing with cancer.
PO Box 83
Santo Domingo, NM 87052
Phone: 505-465-0325
http://members.aol.com/kuchinok/

Albuquerque Cancer Coalition
c/o Casa Esperanza
A coalition of cancer support agencies, hospital treatment centers, and government agencies working to educate the community about available resources.
Phone: 505-277-9880

American Cancer Society
Programs include cancer prevention education, advocacy, and research. Focus areas include tobacco control, breast cancer, prostate cancer, and skin cancer.

Albuquerque Region
5800 Lomas Blvd NE
Albuquerque, NM 87110
Phone: 505-260-2105, Fax: 505-266-9513

Northern New Mexico Region
531 Harkle Road, Suite B
Santa Fe, NM 87505
Phone: 505-988-5548, Fax: 505-986-1940
Toll free nationwide: 800-4-CANCER / 800-422-6237
http://www.cancer.org/ - web site for national organization

Cancer Care, Inc.
Provides emotional support, information, and practical help to people with cancer and their loved ones, including information on similar services in locations nationwide.
275 Seventh Avenue
New York, NY 10001
Phone: 212-712-8080
Toll free: 800-813-HOPE / 800-813-4673
http://www.cancercare.org/

Cancer Services of New Mexico
Addresses gaps in services by providing cancer-related services that are not available through other organizations.
13800 Vic Road NE
Albuquerque, NM 87112
Phone: 505-259-9583
Email: CancerServicesNM@aol.com

Candlelighters Childhood Cancer Foundation
A support and advocacy organization serving families of children with cancer, survivors of childhood cancer, and the professionals who care for them. Services in Albuquerque include a bi-monthly support group for parents.
UNM Pediatric Hematology and Oncology Program — Yolanda or Gina
Ambulatory Care Center
UNM School of Medicine
Albuquerque, NM 87131-5311
Phone: 505-272-4461, Fax: 505-272-8699
Toll-free number for national organization: 800-366-2223
http://www.candlelighters.org/ - web site for national organization

Casa Esperanza
A home away from home for out-of-town cancer patients and their family members while the patient undergoes treatment in Albuquerque.
1005 Yale NE
Albuquerque, NM 87106
Phone: 505-277-9880, Fax: 505-277-9876
http://www.casaesperanzanm.org/

Connelly Hospitality House
A home away from home for out-of-town cancer patients and their family members while the patient undergoes treatment in Farmington.
710 S. Lake
Farmington, NM 87401
Phone: 505-324-2273, Fax: 505-324-2271
http://www.nahhh.org/ - web site for National Association of Hospital Hospitality Houses, Inc.

Leukemia & Lymphoma Society – New Mexico/El Paso Chapter
Provides services for patients with blood-related cancers and their family members, including support groups and limited financial assistance for transportation and chemotherapy drugs.
3150 Carlisle NE, Suite 35
Albuquerque, NM 87110
Phone: 505-830-6040, Fax: 505-830-6041
Toll free: 888-286-7846
http://www.leukemia-lymphoma.org/ - web site for national organization

New Mexico Cancer Leadership Council
c/o People Living Through Cancer
Leaders of cancer peer support programs from across the state. Council meets twice a year.
Toll free in New Mexico: 888-441-4439

Patient Support and Information and Patient Housing Services, continued

New Mexico Department of Health Cancer Programs Comprehensive Cancer Program

The program's mission is to promote the health of New Mexicans through comprehensive cancer prevention and control efforts. Projects include skin cancer prevention education, prostate cancer early detection information and support, cancer survivor support and education, cancer patient housing, and colorectal cancer early detection education.
625 Silver SW, Suite 325
Albuquerque, NM 87102
Phone: 505-841-4549, Fax: 505-841-4595
http://www.cancernm.org/

People Living Through Cancer

Provides cancer education and peer support services to people who have personal and family experiences with cancer. Maintains a listing of cancer support groups and organizations statewide.
3939 San Pedro Boulevard NE, Bldg C-8
Albuquerque, NM 87110
Phone: 505-242-3263, Fax: 505-242-6756
Toll free in New Mexico: 888-441-4439
http://www.pltc.org/

Prostate Cancer Support Association of New Mexico

Educates and encourages men who have been diagnosed with prostate cancer and increases public awareness about the disease.
909 Virginia NE #109
Albuquerque, NM 87108
Phone: 505-254-7784, Fax: 505-254-7786
Toll free in New Mexico: 800-278-7678
http://home.att.net/%7Epcsanm/wsb.html

Ronald McDonald House

A home away from home for families of seriously ill children who are undergoing medical treatment at an Albuquerque facility.
1011 Yale Blvd. NE
Albuquerque, NM 87106
Phone: 505-842-8960
http://www.sjuw.org/emergshelter/ronald.mcdonald.html

Published by the New Mexico Department of Health, 2002.

To request a copy of the
2002-2006 New Mexico Cancer Plan or the
ACS *New Mexico Facts and Figures 2000 - 2001*,
contact
The NMDOH Comprehensive Cancer Programs
625 Silver SW, Suite 325
Albuquerque, NM 87102
Tel: 505-841-4549 · Fax: 505-841-4595
Email: bethp@doh.state.nm.us

Comprehensive Cancer Program
625 Silver SW, Suite 325
Albuquerque, NM 87102
505-841-4549
http://www.cancernm.org

Centers for Disease Control and Prevention
Cancer Prevention and Control Program
Toll free nationwide: 1-888-842-6355
http://www.cdc.gov/cancer