

Proactive Surveillance to Augment Local Health Department Cancer Outreach Planning

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SUMMARY

Local health departments (LHDs) may have limited resources for understanding and addressing the cancer burden in their jurisdiction. New York State Cancer Registry (NYSCR) surveillance staff have started working with LHDs to provide tailored data and analysis to meet local needs. For initial outreach, the surveillance program and the NYSCR conducted a webinar for LHDs in our state introducing NYSCR operations, our data dashboard, and our analytical capabilities for providing tailored cancer data to address specific needs. The program is now working to develop a framework for proactive surveillance directed at working with LHDs to strengthen public health capacity that goes beyond publicly available data to address hyper-local needs.

CHALLENGES

LHDs are vital partners who have local knowledge and ability to implement public health programs. To be successful, they generally:

- Require data to justify and guide interventions.
- Have limited data analytics staff.
- Lack direct access to or in-depth knowledge of cancer registry data.
- Need to focus interventions to make an impact with limited resources.
- Require more focused insight than is available on public data portals.

SOLUTION

The surveillance program offered to work with interested LHDs to provide enhanced data analysis based on a standard set of preliminary incidence and mortality analyses, and targeted follow-up on a limited set of local priorities.

RESULTS

Our staff worked with two of the state's most populous counties, which approached our program for assistance. The first county wanted local incidence data for female breast and colorectal cancer along with neighborhood race and ethnicity distribution to inform outreach planning for cancer screening. Our program provided sub-county data for these two cancers using census tract aggregations developed by CDC's Environmental Public Health Tracking program. The second county was concerned that publicly available data suggested a disproportionately high cancer mortality rate relative to county-wide incidence. We provided an overview of the county trends and are working with the LHD staff to determine which analyses to include in a targeted second round of analysis.

CONCLUDING REMARKS

The initial partnerships made in this endeavor provided additional insight to LHDs for program planning. More work is needed to define the tools and scope of our response. We have also begun conversations with partners at the state health department to ensure we are coordinating with those responsible for risk factor surveillance, environmental public health tracking, cancer screening data, and cancer services. We plan to document this effort by gathering outcomes information from partnering LHDs. A clear, organized strategy and good communication with partners will allow us to set realistic expectations and work effectively with LHD colleagues in this endeavor.