NC BCCCP
Program Manual

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health

north carolina
bcccp
breast & cervical
cancer control
program

EDITION 18

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ACRONYM LIST

BCCCP: Breast and Cervical Cancer Control Program (without NC before BCCCP refers to the local provider)

BCCM: Breast and Cervical Cancer Medicaid

CBE: Clinical breast examination

CCL: Community clinical linkages

CDC: Centers for Disease Control and Prevention

CER: Contract expenditure report, (used by contracted providers to request per capita reimbursement for patients enrolled and served by their BCCCP)

CKC: Cold knife conization of the cervix (a surgical procedure used to diagnose and treat cervical dysplasia or very early cervical cancer)

CRC: Colorectal cancer (screening status must be assessed for each patient aged 45 and older)

DSS: Department of Social Services

ECC: Endocervical curettage (a procedure that gently scrapes the endocervical canal lining for tissue examination)

EHR: Electronic health record

HPV: Human papillomavirus (a group of more than 200 related viruses, some of which are sexually transmitted. Sexually transmitted HPV types fall into two groups, low risk and high risk. Low risk HPVs mostly cause no disease, but high-risk HPVs can cause several types of cancer including cervical cancer. NC BCCCP funds can only be used to screen for high-risk HPV).

LEEP: Loop electrosurgical excision procedure (may be used as part of a patient's diagnostic work-up or may be a treatment to remove precancerous cells or cancerous cells from the cervix)

LHD: Local health department

MDES: Minimum data elements

MEDICARE PART B: Patients who are not eligible for Medicare Part B or who cannot afford the premium may receive NC BCCCP services if they are income eligible.

MER: Monthly expenditure report (document used by LHDs to request per capita reimbursement for patients enrolled and served by their BCCCP)

NC BCCCP: North Carolina Breast and Cervical Cancer Control Program (with NC in front of BCCCP refers to the state level NC Cancer Prevention and Control Branch, Breast and Cervical Cancer Control Program)

NC CCCP: NC Comprehensive Cancer Control Program

NBCCEDP: National Breast and Cervical Cancer Early Detection Program (CDC-created program that helps those with low incomes who do not have adequate insurance gain access to timely breast and cervical cancer screening, diagnostic, and treatment services. NBCCEDP also provides patient navigation services to help patients overcome barriers and get timely access to quality care).

PN: Patient navigation

PROGRAM COMPONENTS

Background and Mission

The North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) provides free or low-cost breast and cervical cancer screenings and follow-up to eligible patients in North Carolina. NC BCCCP provides screening for the early detection of breast and/or cervical cancers and provides diagnostic workups to arrive at a definitive diagnosis. It then navigates patients to Breast and Cervical Cancer Medicaid (BCCM), to cover costs associated with treatment of breast or cervical cancer or precancerous lesions. Breast cancer and cervical cancer screening services are available through NC BCCCP with funding provided by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

The goal of NC BCCCP is to reduce breast and cervical cancer morbidity and mortality in eligible patients in North Carolina by providing breast and cervical cancer screening services, diagnostic services, and patient navigation services.

Program Requirements (local level)

Program requirements and scope of work can be found in the Agreement Addendum (AA) for LHDs and in contracts for other providers.

Local BCCCP providers can find all current program related forms, policies, and documents on the NC BCCCP website.

All local BCCCP vendors, providers, and contractors must follow HIPAA guidelines and have a written policy that outlines methods to protect the confidentiality of clients. Confidentiality must be maintained for each BCCCP client, in all aspects of the program. Patients must consent to receiving local BCCCP services and to having data regarding their BCCCP encounter shared with NC BCCCP.

All patients should receive a standardized risk assessment to determine if they are at high risk for breast and/or cervical cancer.

Additional program requirements are on the following pages:

- Clinical Requirement – Page 4
- Data Collection Requirement – Page 7
- Staff Requirements – Page 9

Eligibility

Eligibility requirements for enrollment into BCCCP services are as follows:

- Uninsured or underinsured.
- Without Medicare Part B or Medicaid.
- Ages 40-64 for breast screening services.
- Ages 21-64 for cervical screening services.
- Living at or below 250% of the Federal Poverty Guidelines.

BCCCP Services

Enrollment for Diagnostic Services

Providers can enroll patients in NC BCCCP for diagnostic procedures and follow-up diagnostic testing after an abnormal screening by a non-BCCCP provider.

Enrollment for Patient Navigation-Only Services

Providers can enroll eligible patients in NC BCCCP for patient navigation-only services (to help patients diagnosed with breast and/or cervical cancer or precancerous lesions outside NC BCCCP apply for Breast and Cervical Cancer Medicaid [BCCM]).

Tobacco Cessation

Assess the tobacco status of every patient screened. People using tobacco should be referred to a cessation program such as QuitlineNC. Document if a patient declines referral. It is well known that tobacco use is associated with many cancers and chronic diseases that impact the health of individuals.

Free tobacco cessation services are available to any North Carolina resident who needs help quitting commercial tobacco use through QuitlineNC. English Telephone Line: 1-800-QUIT-NOW (1-800-784-8669), or the Spanish Telephone Line: 1-855-Déjelo-Ya (1-855-335-3569).

Colorectal Cancer Screening Status

Assess patients aged 45 and above for colorectal cancer screening.

Insurance Status

Assess insurance status at each visit and refer uninsured patients to available insurance options, such as the health insurance marketplace or NC Medicaid. If the patient's visit does not coincide with open enrollment, they must be provided with information about how to enroll at the next opportunity.

Clinical Requirements/Services (Guidelines)

Clinical Records

Maintain clinical records for each enrolled patient receiving BCCCP services. Once a year, all providers must audit a random sample of at least five BCCCP patient records to verify compliance with program requirements.

Screening Services

Reimbursement is provided for breast and cervical cancer screening and diagnostic services for eligible individuals between the ages of 21 – 64.

The priority patient population for NC BCCCP **mammography services** is:

1. disproportionately burdened, low-income (below 250% of federal poverty level),
2. without a breast cancer screening result in the past year, and
3. ages of 40 and 64.

The priority population for NC BCCCP **cervical cancer screening services** is:

1. disproportionately burdened, low-income (below 250% of federal poverty level),
2. new to screening or rarely ever (greater than 10 years) been screened for cervical cancer, and
3. ages of 21 and 64.

Routine Breast Cancer Screening

NC BCCCP funds can be used to reimburse for screening mammograms for:

1. asymptomatic patients ages 40-64,
2. asymptomatic patients under the age of 40, if they are at high risk for developing breast cancer, and/or
3. diagnostic services for symptomatic patients under the age of 40,
4. abnormal findings (including a discrete palpable mass, nipple discharge, and skin or nipple changes). A patient can be provided a diagnostic work-up including a referral for surgical consultation.

Breast Cancer Risk Assessment

Patients at high risk include those with a:

- personal history of previous breast cancer
- known genetic mutation
- 1st-degree relative (e.g., mother, sister, daughter, etc.) with premenopausal breast cancer or known genetic mutation
- history of radiation therapy to the chest area before the age of 30 (typically for Hodgkin's lymphoma) or a
- lifetime risk of 20% or more based on a validated risk assessment tool (such as Tyrer-Cuzick or Gail model)

NC BCCCP funds can also be used to reimburse for:

1. screening mammograms for asymptomatic patients **under age 40** if they are at high risk for developing breast cancer,
2. diagnostic services for symptomatic patients **under age 40**, or
3. screening services for patients **age 65 and older** if no other source of funding is available

Breast Cancer Screening for Patients at High-Risk

Those at high risk for breast cancer should be screened with an annual mammogram **AND** an annual breast MRI.

Breast Cancer Screening for Patients Under 40 and Over 65 Years of Age

- Patients 65 years or older enrolled in Medicare Part B are not eligible for NC BCCCP clinical services because Medicare Part B covers this screening at 100%. Patients not enrolled in Medicare Part B, or have only Medicare Part A, may enroll in NC BCCCP if eligible.
- Patients under age 40 and **symptomatic** can be provided with a clinical breast exam, diagnostic mammogram, ultrasound, and/or surgical consultation.
- **Asymptomatic** patients under age 40 and at high risk for breast cancer can be evaluated using NC BCCCP funds.

Breast Cancer Screening for Transgender Women

Transgender women (male-to-female), who have taken or are taking hormones and meet all program eligibility requirements are eligible to receive breast cancer screening and diagnostic services through NC BCCCP.

Breast Cancer Screening for Transgender Men

Transgender men (female-to-male), who have not undergone a bilateral mastectomy and meet all program eligibility requirements are also eligible to receive breast cancer screening and diagnostic services through NC BCCCP.

Breast Cancer Screening for Males

Although 1% of males may develop breast cancer, there is currently no scientific evidence indicating that routine screening mammograms are recommended. Cisgender men (assigned male at birth and identify as male) who do not meet above criteria are NOT eligible to receive breast cancer screening and/or diagnostic services through NC BCCCP.

Routine Cervical Cancer Screening

NC BCCCP funds can be used to reimburse Pap testing alone **every 3 years** for patients ages 21 to 29. NC BCCCP funds cannot be used to reimburse for cervical cancer screening in patients under the age of 21.

For those ages 30 to 64, funds can be used to reimburse for:

1. pap testing alone **every 3 years,**
2. co-testing with a combination of Pap and HPV testing **every 5 years,** or
3. primary HPV testing alone **every 5 years.**

Patients with a history of cervical cancer/pre-cancer can be screened with NC BCCCP funds for routine cervical cancer surveillance for 20 years post treatment (even past the age of 65) or as long as recommended by a provider, based on patient's history and risk assessment.

Cervical Cancer Risk Assessment

Patients at high risk include those:

- who are living with HIV infection,
- who have had an organ transplantation,
- who may be immunocompromised from another health condition, and/or
- who had Diethylstilbestrol (DES) exposure in utero.

Cervical Cancer Screening for Patients at High-Risk

Annual or more frequent cervical cancer screening can be performed for patients considered high-risk. Recommended screening intervals will be based upon individual high-risk criteria, history, and discussion with a health care provider. Those at high risk for cervical cancer should be screened more frequently per American Society for Colposcopy and Cervical Pathology (ASCCP) Guidelines.

Cervical Cancer Screening for Patients Over Age 64

Cervical cancer screening is not recommended for those older than 65 years who have had adequate screenings and are not high risk. Adequate screening is defined as: no history of cervical changes and either three negative pap tests in a row, two negative HPV tests in a row, or two negative co-tests in a row within the past 10 years per American Society for Colposcopy and Cervical Pathology (ASCCP) Guidelines.

Encourage eligible patients over 64 to enroll in Medicare if screening is needed. Medicare Part B recipients are not eligible for NC BCCCP clinical services. People ineligible for Medicare Part B, and those who are Medicare-eligible but cannot pay the premium, may receive clinical services through NC BCCCP.

For patients with a history of cervical cancer/pre-cancer, NC BCCCP funds can be used to reimburse for routine cervical cancer surveillance for 20 years post treatment (even past the age of 65 years) or as long as recommended by a provider, based on patient's history and risk assessment.

Cervical Cancer Screening Following Hysterectomy or Other Treatment for Cervical Neoplasia or Cancer

NC BCCCP funds cannot be used for cervical cancer screening in patients with total hysterectomies (i.e., those without a cervix), unless the hysterectomy was performed because of cervical neoplasia or invasive cervical cancer, or if it was not possible to document the absence of neoplasia or reason for the hysterectomy. A one-time pelvic exam is permitted to determine if a patient has a cervix. Patients who have had a total hysterectomy for cervical intraepithelial neoplasia (CIN) disease should undergo cervical cancer screening for 20 years post hysterectomy, even if it goes past the age of 65.

Cervical Cancer Screening for Transgender Men

Transgender men (female-to-male) who have not undergone a total hysterectomy (i.e., still have a cervix) and meet all other eligibility requirements are eligible to receive cervical cancer screening and diagnostic services through NC BCCCP.

Managing and Follow Up Services

Managing Services for Patients with Abnormal Breast or Cervical Cancer Screening Results

With prior authorization from an NC BCCCP nurse consultant, program funds may be used to reimburse for additional diagnostic services not listed in the fee schedule when screening results are abnormal, such as:

- core biopsy,
- breast MRI, and/or
- diagnostic excisional procedures (such as LEEP or cold knife conization).

Timeliness of Follow-up for Patients with Abnormal Screening Results

Provider should ensure the interval between abnormal breast and/or cervical cancer screening results and final diagnosis should be 60 days or less.

Timeliness of Treatment for Patients Diagnosed with Cancer

The interval between diagnosis of invasive breast and/or cervical cancer and initiation of treatment should be **no more than 60 days.**

Patient Navigation

NC BCCCP defines Patient Navigation (PN) as individualized assistance provided to help patients overcome barriers and facilitate timely access to quality screening and diagnostic services, as well as begin timely treatment in the case of a cancer diagnosis. Patient navigation must be provided for each patient enrolled and served by BCCCP as a strategy aimed to reduce such disparities. See the Patient Navigation Kit for more detailed information (Place holder for hyperlink, will be housed in a new location once this manual is complete).

Patient Navigation Needs Assessment

- Complete a patient navigation needs assessment for all patients enrolled in BCCCP. If there are no barriers identified, a care plan is not required. Not all patients with identified needs will want or accept assistance, however, all participants must be assessed.

Patient Navigation for Identified Barriers

- When barriers are identified, create and document a plan to address identified needs to the extent possible.

Breast and Cervical Cancer Medicaid (BCCM)

NC BCCCP is the only portal of entry for BCCM services. NC BCCCP patients who require **treatment** for breast or cervical cancer or other certain pre-cancerous lesions and meet Medicaid eligibility criteria, are eligible for treatment under the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA).

Patients diagnosed outside NC BCCCP (who meet all other NC BCCCP eligibility criteria) may also be eligible to apply for BCCM. Refer to the BCCM Application Flow Sheet for more information.

The document, DMA-5087 Checklist for Breast and Cervical Cancer Medicaid (BCCM) Application, provides guidance for completing a BCCM application packet.

Required BCCM Application Forms

- *DHB-5081 (Verification of Screening Diagnosis, and Treatment Form) and*
- *DHB-5079 (Breast and Cervical Cancer Medicaid Application).*
- Once a patient is approved for BCCM services, they are no longer eligible for NC BCCCP services until discharged from treatment and meet eligibility criteria.
- BCCCP Navigators will assist with the BCCM renewal/recertification process.
- BCCCP Navigators are responsible for assisting the patient with the BCCM recertification process and collaborating with the oncology/ cancer navigator to request the updated treatment plan necessary to complete DHB-5081R.

DATA REPORTING AND COLLECTION

All providers are required to collect and submit data to NC BCCCP for patients receiving BCCCP funded services. In turn, NC BCCCP is required by the CDC to collect and submit specified **minimum data elements (MDEs),**

There are five categories of required data elements for both breast and cervical services.

1. **Demographics** on all NC BCCCP patients
2. **Screening** services (initial screening or diagnostic mammogram)
3. **Results** of screening services
4. **Diagnostic** work-up services, if needed
5. **Treatment,** if needed

The sum of this data describes a screening cycle that tracks the patient from screening, through follow-up of abnormal findings to completion of the diagnostic evaluation and initiation of treatment.

Data collection that meets all data quality standards set by the CDC will:

- provide quality assurance and evaluation of services rendered by BCCCP providers,
- ensure services are timely, complete, accurate,
- measure NC BCCCP's efficiency and effectiveness,
- drive federal grant award amount, and
- communicate efforts and successes to the public, legislators, Congress, and advocates.

Contact the NC BCCCP Data Manager for any data training needs.

Data Submission

For most patients, the screening cycle ends with a normal screening result. However, for those with abnormal results requiring follow up, the cycle is not closed until the Cervical Final Diagnosis and Treatment Sections or the Breast Final Diagnosis and Treatment Sections are completed.

Standardization of reporting required by the screening cycle definition does not always fit the realities of clinical practice. This can prompt a short-term follow-up record to be opened.

Short-Term Follow-Up

Short-term follow-up is defined as cases in which the provider decides that immediate diagnostic work-up is not needed, and there is a planned delay between the current and the subsequent visit for the patient. Short-term follow-up is **defined by the provider's intent,** not the amount of time that passes. It begins a new cycle of reporting; therefore a new data sheet must be opened. This is different from data entry for patients requiring immediate diagnostic follow-up, which is reported on the same data sheet as their initial screening test.

BUDGET AND FINANCE

North Carolina Medicare reimbursement rates are applied to BCCCP services.

Providers receive a $325 per capita reimbursement for each patient who is enrolled and receives BCCCP services (e.g., CBE, mammogram, Pap smear, HPV test, diagnostic service, etc.) or $50 per capita reimbursement for each patient who receives patient navigation only services to apply for Breast & Cervical Cancer Medicaid.

Provider Agreement Addenda and contracts state that NC BCCCP funds must be maintained by the local provider in a separate budget cost center to ensure proper auditing of expenditures. Refer to your Agreement Addenda/Contracts for budget reporting requirements related to NC BCCCP.

- Only services for eligible and enrolled BCCCP patients can be billed.
- NC BCCCP reimbursement rates are based on the highest allowable Medicare rates for NC.
- Providers must accept the contracted fees listed on the current NC BCCCP Services Fee Schedule as full payment for services.
- NC BCCCP Services Fee Schedules are updated yearly and posted on the NC BCCCP website at (Place holder for hyperlink, will be housed in a new location once this manual is complete)
- Additional nonpublished CPT codes may be approved by NC BCCCP Nurse Consultants on a case-by-case basis.

RECRUITMENT AND MARKETING

Recruitment should be used to specifically reach groups of people who are underserved or have lower rates of cancer screenings. The four goals of recruitment are to encourage active participation in cancer screenings, promote program services/benefits, increase referral/retention rates, and educate/engage communities.

- Local BCCCP sites' ability to reach clients will impact the success of the program. Through the identification of barriers to screening, and providing means to overcome the barriers, BCCCP can enroll patients most in need of ongoing screening services.
- Free promotional materials are available from NC BCCCP and can be customized to each specific screening site. An order form is available on the NC BCCCP website at (Place holder for hyperlink, will be housed in a new location once this manual is complete)
- Local BCCCP sites are encouraged to disseminate public education and provide outreach in their respective communities. BCCCP sites are encouraged to work with their public health educator(s) and/or public relations staff to promote BCCCP services. Social media messaging is available from NC BCCCP coordinator.
- Additionally, it is important to work with local community organizations, medical professionals, and local government to bring awareness of BCCCP services to improve the health of the community. Community clinical linkages bridge the gap between clinical providers and community-based organizations to educate, decrease barriers to care, increase access to screenings, resources, and support services while addressing health equity and improving patient and population health overall. Expand Your Horizons Guide: Connect with New Partners is a guide that will walk you through simple steps to identify, contact and establish relationships with groups that may or may not be involved in cancer prevention and control in your community. The Guide provides steps for developing a plan to reach out to new partners get referrals for BCCCP services.

HEALTH EQUITY

Health equity focuses on care and treatment based on need and prioritizes social justice. Patients can also belong to more than one identifying group. For example, African Americans living in rural areas or Hispanics who also identify as LGBTQIA+. NC BCCCP encourages health equity training including implicit bias and determinants of health for all local BCCCP providers. Health equity training can be obtained from the local agency, or a web-based course from the CDC. To access CDC's complete web-based health equity training plan visit: Health Equity Training Plan - TRAIN Learning Network - powered by the Public Health Foundation. To view recommendations from the NCDHHS Office of Health Equity for engaging patients from underrepresented groups, click here.

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

-Robert Wood Johnston Foundation NC BCCCP Staffing Requirements

NC BCCCP STAFFING REQUIREMENTS

Local BCCCP Staff Training

Local BCCCP staff must attend at least one NC BCCCP sponsored staff training each program year. Newly hired local BCCCP staff must attend the first NC BCCCP sponsored training that occurs after their hire date. Local BCCCP staff must complete a Staff Change Notification Form each time someone vacates or fills a position. NC BCCCP staff will coordinate and conduct orientation training with new local BCCCP staff as needed between sponsored trainings.

Local BCCCP Program Requirements

Local BCCCP staff and roles will vary by location, but each program is required to meet the following requirements:

1. Assure that all patients enrolled in the agency's BCCCP meet all financial and age eligibility requirements as specified in the NC BCCCP Agreement Addendum or Scope of Work and annual financial eligibility scale.
2. Assure that all patient services and quality assurance activities are provided, as specified in the agency's BCCCP Policy and Procedures Manual and the annual Agreement Addendum or Scope of Work.
3. Assure that all patients obtain the appropriate screening and follow up services and that they are contacted for annual rescreening according to NC BCCCP policy.
4. Assure that a referral and tracking system for the diagnosis and treatment of all abnormal findings is in place. The local BCCCP provider shall designate a primary person who shall be responsible for implementing a protocol that ensures all patients receive follow-up services or medical treatment when required. Cross-training is strongly encouraged. Follow-up of abnormal screening results must be completed within 60 days of the patient's screening visit for breast cancer screening and/or cervical cancer screening.
5. Assure a referral system for treatment services for all patients diagnosed with breast or cervical cancer is developed, if appropriate, including assistance with application for Breast and Cervical Cancer Medicaid (BCCM) for eligible patients.
6. Assure that counseling of patients with abnormal screening results is provided.
7. Assure that staff with professional licensure maintain their credentials through continuing professional development.
8. Attend all NC BCCCP-sponsored professional development activities.
9. Assure that a public education, outreach, and recruitment program is in place to promote awareness of the agency's BCCCP for patients and the general public.
10. Assure that all providers of agency's BCCCP services have the appropriate and required professional credentials, including the local mammography facilities, laboratory facilities, and any other person or agency providing services to the agency's BCCCP patients.
11. Assure that all BCCCP data are submitted accurately and on time.
12. Maintain and update BCCCP manuals, materials, and correspondence and assure that all local staff have access to these resources for reference and guidance.
13. Develop partnerships with local, state, and national agencies in order to expand the agency's BCCCP services in the community.
14. Consult with NC BCCCP staff on any program component, especially follow up activities and patient navigation for patients diagnosed with breast or cervical cancer.
15. Attend and document regular staff meetings to discuss screening activities, quality assurance, patient navigation and the general operation of the agency's BCCCP.
16. Assist with BCCM application/recertification process.

Local BCCCP Staff Changes

Compete and submit a Staff Change Notification Form Notify NC BCCCP when there is a change in local BCCCP staff to ensure timely transition of responsibilities.

NC COMPREHENSIVE CANCER CONTROL PROGRAM

The NC Comprehensive Cancer Control Program (NC CCCP) takes an integrated approach for cancer prevention and control that promotes early detection/screenings and increases access to care as well as resource and support services to address the burden of cancer. NC CCCP works with providers and partners to make community and clinical linkages to connecting patients, survivors, clinics, clinicians, and community resources. Free patient educational and promotional materials are available for download or to order hard copies at NC CCCP Resource Hub. NC CCCP staff are available to provide consultation and assistance.

NC WISEWOMAN PROGRAM

CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) offers the opportunity to target other chronic diseases among patients, including heart disease. The national Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Program is an extension of the NBCCEDP that provides cardiovascular disease screening, risk reduction counseling, and healthy behavior support referrals for NC BCCCP eligible patients. The NC WISEWOMAN Program receives funding from the national program to implement a program in North Carolina.

- The national WISEWOMAN Program legislation provides chronic disease risk factor screening and health education interventions to patients enrolled in BCCCP to lower their risk of heart disease and stroke.
- NC WISEWOMAN Program expands preventive services offered to patients served by BCCCP providers.
- NC WISEWOMAN Program screenings are integrated into the BCCCP screening office visit. See below guidance for integrated office visits.
- Coupling the two programs help to ensure that as many patients ages 35-64 as possible who are enrolled in BCCCP also receive appropriate cardiovascular disease risk assessment and risk reduction services.

Please contact NC BCCCP and NC WISEWOMAN Program state staff to inquire if interested in NC WISEWOMAN Program services.

NC ADVISORY COMMITTEE ON CANCER COORDINATION AND CONTROL (ACCCC)

NC CCCP works with ACCCC to determine North Carolina's cancer priorities, reduce the incidence and death rates of cancer in NC, adopt and evaluate the NC Cancer Plan strategies which equip others to take action on cancer health disparities, structural barriers, and access to care. Additionally, the ACCCC partners with NC CCCP to develop the NC Cancer Data Guide to provide a snapshot in time of the cancer burden at the state and local level. The ACCCC is comprised of thirty-four appointed members and works closely with cancer partners throughout the state. The members are appointed by the North Carolina Governor, NC House of Representatives, and NC Senate. Traditional and non-traditional partners from across North Carolina partner with the ACCCC. For more information, contact NC CCCP staff.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

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