

# American Cancer Society: Program of Work

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## Introduction

The program of work is the translation of the Board-approved mission, financial, organizational health and market outcomes into the priority enterprise programs and activities. It summarizes the organization's priority activities, and directs how we will invest the majority of our resources (people, dollars and leadership time). Activities or programs not in the program of work will be minimally resourced or phased out over time. The program of work is the basic framework for Division, Department or business unit specific planning during the strategic planning process.

## *Outcomes and Principles*

While the program of work focuses on the immediate priority enterprise programs and activities, it is directly connected to our Board defined outcomes, and our transformation principles. The Board defined outcomes include mission, financial, organizational health and market goals for the American Cancer Society. The mission outcomes were revised in 2011 by the Mission Outcomes Committee and the Board approved new outcomes for financial, organization and market health in February 2012. The revised mission outcomes focus our work in 6 specific areas.

### **Lung Cancer/Tobacco Control:**

- Increase tobacco excise taxes in all jurisdictions including increasing the federal excise tax
- Increase percentage of the population covered by comprehensive smoke free laws, with the goal of comprehensive, non-preemptive federal smoke free law
- Develop lung cancer screening guidelines

### **Nutrition and Physical Activity**

- Promote environmental change that will improve nutrition and physical activity and advocate for related legislative policy at all levels of government

### **Colorectal Cancer**

- Increase interventions to reduce colorectal cancer death rates in specific communities that have the highest colorectal cancer death rates

### **Breast Cancer**

- Increase interventions to reduce breast cancer death rates in specific communities that have the highest breast cancer death rates

### **Survivorship and Quality of Life**

- Provide multi-channel resource navigation options
- Increase delivery of services (direct and indirect) to reduce barriers to receiving care

### **Access to Care (This outcome cuts across all areas)**

- Implement key provisions of the Affordable Care Act related to (a) prevention; (b) patient-based coverage and delivery reforms; (c) establishment of state-based insurance exchanges; (d) essential benefit packages; (e) Medicaid; and (f) Medicare

The organization health and sustainability outcome is: The American Cancer Society is a healthy, competitive and sustainable organization. This broad outcome will be measured by the Board in the following three areas:

**Financial Health**

- Strong financial performance
- Continuous improvement in efficiency

**Organizational Health**

- Attract and develop strong volunteers and provide good volunteer experience
- Attract and develop high-quality staff
- Healthy and high-performance environment for staff and volunteers

**Market Health**

- Highest awareness of any cancer nonprofit, continually growing understanding
- Maintain positive reputation
- Provides program and services that have an impact on people's lives
- Maintain a healthy customer base

In addition to these outcomes, the program of work is also guided by the transformation principles. These principles are:

- Greater interdependence: Trust and support for each other nationwide
- Greater role clarity: Leadership's expectations and accountabilities aligned
- Customer culture: Customers' experiences and needs at the center
- Flexible resources: Dynamically optimizing resource allocation
- Rapid innovation: On-going development and more rapid scaling of next-generation methods
- Talent Focus: A talent-focused organization

## **Mission Delivery**

The Mission Delivery Program of Work identifies the strategies to achieve mission priorities approved by the Society's Board of Directors; its role is to provide a focused strategic framework to guide departments/divisions as they develop mission delivery operational plans and as they tailor and implement activities to meet the needs of specific populations and markets.

The Program of Work comprises five Signature Strategies: 1) research, 2) public policy advocacy, 3) systems policy and practice, 4) cancer information and empowerment, and 5) resource navigation. These Signature Strategies and their specific supporting strategies serve as the focal points for the mission delivery work of the Society.

The Program of Work emphasizes –

1. Focus –The 2013-2015 Program of Work provides an increasingly focused vision for mission delivery. It recognizes that fewer highly-visible strategies that are based on best available evidence and delivered consistently across the enterprise will have the greatest mission impact and increase our return on investment. This includes a sharpened focus on what we do, for whom we do it, how much we do (in some cases), and at what cost.
2. Outcomes – The Society can distinguish itself by becoming one of the few organizations of its kind to be truly outcomes-driven. The Program of Work looks to a blending of our expertise in research, cancer control science, evaluation, and mission delivery to center our strategies on measurable outcomes. The goals: to increase our accountability and effectiveness, and to help us tell our story, not just by stating what we do, but by articulating the outcomes we achieve and the value we provide.
3. Impact – Three of our Signature Strategies -- research, public policy advocacy, and system policy and practice change – have the most significant potential to impact mission outcomes and improve population health. The Program of Work includes an increasing emphasis on these strategies for achieving the mission priorities of the Board and related outcomes.
4. Health equity – The Program of Work increases the focus on disparities-reducing strategies designed to reach populations with the poorest health outcomes.
5. Enterprise-wide consistency – The Program of Work facilitates a strategic consistency throughout the enterprise, while recognizing the importance of tailoring strategies to meet the needs of specific populations or geographies.

### Transitioning to the 2013 Program of Work

The 2013 Program of Work comprises a combination of current strategies and strategies undergoing modification or development. Implementing the Program of Work will require a period of transition, and the timetable for implementation of new or modified strategies will vary. In some cases, the Society will need time to adjust structure and processes to support implementation of a specific strategy. In other cases, it will take time to transition the new or modified strategies to health systems, volunteers, and other constituents. Work teams have been put in place to prepare for the new Program of Work and develop implementation timetables.

### Enterprise Mission Delivery Program of Work

Outcome	Strategy	Priority Systems
<p><b>Tobacco Control</b></p> <p>Increase tobacco excise taxes including increasing the federal excise tax.</p> <p>Increase the percentage of the population covered</p>	<p><b>Strategic focus (how ACS will concentrate its resources)</b></p> <p><u>What we will do:</u> implement evidence-based strategies that measurably decrease prevalence of tobacco use throughout the nation. Emphasis will be placed on public policy advocacy and systems policy and practice change.</p> <p><u>Populations of focus:</u> Resources will be focused on states and localities that are identified as “red” and “yellow” in the ACS CAN publication “How Do You Measure Up”. As required, “green” state and local laws will be actively defended. In addition, a portfolio of resources to decrease tobacco prevalence will be available to all people throughout the nation (e.g. cancer.org, earned media, culturally appropriate materials).</p> <p><b>Signature strategy – Public Policy Advocacy</b></p> <p><u>Federal</u></p> <ul style="list-style-type: none"> <li>• Advocate for federal appropriations that support nationwide cessation programs.</li> </ul>	<p><b>All Levels of Government</b></p> <p><b>Health systems</b> (Healthcare providers, health plans, QIOs, FQHCs, Medicaid, and others)</p> <p><b>Large Employers</b></p> <p><b>Public health</b> (e.g. state cancer plans)</p>

by comprehensive smoke free laws, with the ultimate goal of a comprehensive, non-preemptive federal smoke free law.

Develop lung cancer screening guidelines.

## **Tobacco Control (continued)**

- Ongoing implementation of the Family Smoking Prevention and Tobacco Control Act.
- Through ACS CAN's pro bono Judicial Advocacy Initiative (JAI), support litigation in defense of anti-tobacco legislation enacted at all levels of government.
- Continue to leverage potential opportunities to increase the federal tobacco excise tax.

### State and local

- Advocate for comprehensive smoke-free laws in targeted states and localities.
- Advocate for increased tobacco excise taxes in targeted states and localities (these campaigns will advocate for portion of tax revenue increase to fund tobacco control and prevention).
- Targeted state campaigns to achieve funding levels recommended by the CDC Best Practices for Comprehensive Tobacco Control Programs.

### **Signature strategy - System Policy and Practice**

- Implement interventions within health systems (these could include interventions such as developing and promoting informed decision making materials related to lung cancer screening, promoting development of quality assurance program for lung cancer screening and accreditation model, promoting smoking cessation for current smokers seeking lung cancer screening).
- Implement system-change interventions within large employers, including promotion of tobacco cessation.

### **Signature strategy – Cancer Information and Empowerment**

- Promote informed decision making related to lung cancer screening and smoking cessation for current smokers seeking screening.
- Assess/evaluate/implement the use of evidenced based cancer communication strategies using targeted channels that are population specific and age appropriate.
- Utilize other available media.

### **Signature strategy – Research (Extramural, Intramural, Cancer Control Science)**

- Link intramural and extramural research to Board mission priorities.
- Foster collaboration and cross-functional planning between Cancer Control Science, ACS CAN, HP, mission staff, and intramural and extramural research to identify research priorities and opportunities for integration of research and program.
- Utilize specific Requests for Applications in applied research.
- Continue strong focus on taxes and other economic and policy interventions in International Tobacco Control Research, and expand research on international trends in tobacco related diseases.
- Continue strong focus on effectiveness of policy interventions at the state and Federal level on tobacco control and disease measures in the U.S.
- Continue to conduct research on disparities and trends and risk factors for tobacco-related diseases

	<p>and harms related to specific forms of tobacco.</p> <ul style="list-style-type: none"> <li>• Continue to conduct research on behavioral and medical interventions for tobacco cessation.</li> <li>• Develop lung cancer screening guidelines (cancer control science).</li> </ul>	
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Outcome	Strategy	Priority Systems
<p><b>Nutrition and Physical Activity</b></p> <p>Promote environmental change that will improve nutrition and physical activity and advocate for related legislative policy at all levels of government.</p>	<p><b>Strategic focus (how ACS will concentrate its resources)</b>  <u>What we will do:</u> Develop integrated strategic plan for nutrition/physical activity including identification of additional evidence-based interventions to reduce barriers to healthy eating and active living and to decrease prevalence of overweight/obesity. Implement evidence-based strategies, with emphasis on public policy advocacy and systems policy and practice change.  <u>Populations of focus:</u> Most resources will be focused on public policy and systems change efforts that support strategies to increase physical activity and good nutrition. In addition, a portfolio of resources to improve nutrition and physical activity and decrease the prevalence of overweight/obesity will be available to all people throughout the nation (e.g. cancer.org, earned media, culturally appropriate materials).</p> <p><b>Signature strategy – Public Policy Advocacy</b>  <u>Federal</u></p> <ul style="list-style-type: none"> <li>• On-going implementation of the Childhood Nutrition Act of 2010.</li> <li>• Advocate for appropriations that support nutrition and physical activity.</li> <li>• Developing legislative approach within Medicare for seniors to incentivize wellness and nutrition.</li> <li>• Partner with employer-community to develop agreed upon voluntary standards for workplace wellness programs dealing with physical activity, healthy nutrition and tobacco cessation.</li> </ul> <p><u>State and local</u></p> <ul style="list-style-type: none"> <li>• 2013 campaign targets finalized in fall of 2012 (post state legislative sessions). Focus will be physical education and activity requirements in schools, school nutrition standards, walkable communities/complete streets, and access to healthy affordable foods in under-served communities.</li> </ul> <p><b>Signature strategy – Cancer Information and Empowerment</b></p> <ul style="list-style-type: none"> <li>• Continue to enhance written and online materials and leverage other communication vehicles to promote importance of healthy living in reducing cancer risk.</li> </ul> <p><b>Signature strategy – Research (Extramural, Intramural, Cancer Control Science)</b></p> <ul style="list-style-type: none"> <li>• Link intramural and extramural research to Board mission priorities.</li> <li>• Foster collaboration and cross-functional planning between mission, Cancer Control Science, and research to identify research priorities and opportunities for integration of research and program.</li> <li>• Utilize specific Requests for Applications in applied research.</li> </ul>	<p><b>All Levels of Government</b></p> <p><b>Health systems</b>  (Healthcare providers, health plans, QIOs, FQHCs, Medicaid, and others)</p> <p><b>Large Employers</b></p> <p><b>Public health</b> (e.g. state cancer plans)</p> <p><b>Education agencies and large school systems</b></p>

<b>Nutrition and Physical Activity (continued)</b>	<ul style="list-style-type: none"> <li>• Continue strong focus on the role of excess body weight, poor nutrition, and insufficient physical activity on cancer risk and outcomes.</li> <li>• Enhance research portfolio on policy and behavioral interventions to promote achieving and maintaining a healthy weight throughout life.</li> <li>• Contribute to the development of a position paper outlining ACS’s role and position in nutrition and physical activity “space”.</li> <li>• Publication of guidelines for both prevention and survivorship.</li> </ul>	
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Outcome	Strategy	Priority Systems
<b>Breast cancer</b>  Increase interventions to reduce breast cancer death rates in specific communities that have the highest breast cancer death rates.	<p><b>Strategic focus (how ACS will concentrate its resources)</b>  <u>What we will do:</u> implement evidence-based strategies that measurably increase prevalence of breast cancer screening, with most focus on public policy advocacy and system policy and practice. In addition, other outcomes (e.g. access to quality treatment, completion of treatment) will be considered depending upon the drivers of high mortality rates within the communities of focus. Increase portfolio of evidence-based breast cancer interventions (cancer control science, research, and mission staff).  <u>Populations of focus:</u> Most resources to increase breast cancer screening will be focused on specific communities that have the highest breast cancer mortality rates. Both enterprise-wide and division-level communities of focus will be identified. In addition, a portfolio of resources to increase prevalence of breast screening will be available to all people throughout the nation (e.g. cancer.org, earned media, culturally appropriate materials).</p> <p><b>Overall</b></p> <ul style="list-style-type: none"> <li>• Implement breast cancer platform or women’s health platform that integrates mission, income, and event strategies and enhances and/or builds new mission offerings for ACS breast cancer constituents</li> </ul> <p><b>Signature strategy - System Policy and Practice</b></p> <ul style="list-style-type: none"> <li>• Increase the prevalence of breast screening and increase access to quality treatment through evidence based system-change interventions in health systems (e.g. implementation of system screening policy and/or office-based reminder systems, key nationwide or state partnerships that can influence screening or access to quality treatment, Community Health Worker outreach).</li> <li>• Increase breast screening through evidence-based interventions in worksites and community organizations.</li> <li>• Increase ability to promote high quality breast cancer screening in underserved areas.</li> </ul> <p><b>Signature strategy – Public Policy Advocacy</b>  <u>Federal</u></p> <ul style="list-style-type: none"> <li>• Advocate for federal appropriations that support cancer research sponsored by the National Institutes of Health and the Centers for Disease Control.</li> </ul>	<p><b>Health systems</b>            (Healthcare providers, health plans, Quality Improvement Organizations, Medicaid, Federally Qualified Health Centers, Commission on Cancer treatment centers).</p> <p><b>Large employers</b></p> <p><b>All Levels of Government</b></p> <p><b>Public health</b> (e.g. state cancer plans)</p> <p><b>Community organizations</b></p>

<p><b>Breast cancer (continued)</b></p>	<ul style="list-style-type: none"> <li>• Advocate for federal funding of the BCCEDP in CDC appropriations.</li> <li>• Advocate for elimination of all patient out-of-pocket costs associated with breast cancer screening.</li> <li>• Advocate for robust drug development review resources for the FDA.</li> <li>• Oppose legislative efforts to eliminate categorical CDC-based cancer control programs into a chronic disease block grant combined with reduced funding.</li> </ul>	
	<p><u>State and local</u></p> <ul style="list-style-type: none"> <li>• Opportunistic targeted campaigns to protect state funding of the BCCEDP and to assure access to treatment for those diagnosed with cancer.</li> <li>• Education and advocacy to maintain program for under-served populations who remain uninsured after the ACA is fully implemented.</li> </ul> <p><b>Signature strategy – Cancer Information and Empowerment</b></p> <ul style="list-style-type: none"> <li>• Continue to enhance written materials and other communication vehicles (e.g. cultural appropriateness, proper literacy levels) to increase screening via increased knowledge and empowerment.</li> <li>• Assess/evaluate/implement the use of evidence-based cancer communications strategies using targeted channels to promote screening, increase public understanding of importance of knowing family history of breast cancer, and provide other relevant information.</li> <li>• Utilize other available media.</li> </ul> <p><b>Signature strategy – Research (Extramural, Intramural, Cancer Control Science)</b></p> <ul style="list-style-type: none"> <li>• Link intramural and extramural research to Board mission priorities.</li> <li>• Foster collaboration and cross-functional planning between mission, Cancer Control Science, and research to identify research priorities and opportunities for integration of research and program.</li> <li>• Utilize specific Requests for Applications in applied research.</li> <li>• Continue to conduct research on disparities in screening, early detection, treatment, and mortality for breast cancer.</li> <li>• Continue to conduct research on the etiology and prevention of breast cancer.</li> <li>• Expand research on international trends and patterns of breast cancer incidence and mortality.</li> <li>• Develop epidemiologic study approaches to quantifying risk factors for late stage diagnosis.</li> <li>• Develop and promote state-of-the-art cancer prevention and early detection guidelines for average and high risk adults (cancer control science).</li> </ul>	

Outcome	Strategy	Priority Systems
	<p><b>Strategic focus (how ACS will concentrate its resources)</b>  <u>What we will do:</u> implement evidence-based strategies that measurably increase prevalence of colorectal cancer screening. Most focus will be on public policy advocacy and system policy and practice. In addition, other outcomes</p>	<p><b>Health systems</b> (Healthcare providers, health</p>

<p><b>Colorectal cancer</b></p> <p>Increase interventions to reduce colorectal cancer death rates in specific communities that have the highest colorectal cancer death rates.</p>	<p>(e.g. completion of treatment) may be considered depending upon the drivers of high mortality rates within the communities of focus. Increase portfolio of evidence-based colorectal cancer interventions (cancer control science, research, and mission staff).</p> <p><u>Populations of focus:</u> Resources to increase colorectal screening will be applied to all populations age 50+ with a focus on specific communities that have the highest colorectal cancer mortality rates. Both enterprise-wide and division-level communities of focus will be identified. In addition, a portfolio of information resources to increase screening rates will be available to all people throughout the nation (e.g. cancer.org, earned media, culturally appropriate materials).</p> <p><b>Signature strategy - System Policy and Practice</b></p> <ul style="list-style-type: none"> <li>• Increase prevalence of colorectal cancer screening through evidence based system-change interventions in health systems (e.g. implementation of system screening policy and/or office-based reminder systems, key nationwide or state partnerships that can influence screening in community health centers, Community Health Worker outreach).</li> <li>• Increase screening through evidence-based interventions in worksites and community organizations.</li> <li>• Increase ability to promote high quality colorectal cancer screening in underserved areas.</li> </ul> <p><b>Signature strategy – Public Policy Advocacy</b></p> <p><u>Federal</u></p> <ul style="list-style-type: none"> <li>• Advocate for federal appropriations that support cancer research sponsored by the National Institutes of Health and the Centers for Disease Control.</li> <li>• Advocate for federal funding of the National Colorectal screening program and other CDC based colorectal cancer control efforts.</li> <li>• Support elimination of all patient out-of-pocket costs associated with colorectal cancer screening.</li> </ul> <p><u>State and local</u></p> <ul style="list-style-type: none"> <li>• Opportunistic campaigns to protect state funding of colorectal screening and treatment programs for under-served populations.</li> <li>• Education and advocacy to maintain colorectal screening and treatment programs for under-served populations who remain uninsured after the ACA is fully implemented.</li> </ul> <p><b>Signature strategy – Cancer Information and Empowerment</b></p> <ul style="list-style-type: none"> <li>• Continue to enhance written materials and other communication vehicles (e.g. cultural appropriateness, proper literacy levels) to increase screening via increased knowledge and empowerment.</li> <li>• Assess/evaluate/implement the use of evidence-based cancer communications strategies using targeted channels to promote screening, increase public understanding of importance of knowing family history of colorectal cancer, and provide other relevant information.</li> <li>• Utilize other available media.</li> </ul>	<p>plans, Quality Improvement Organizations, Medicaid, Federally Qualified Health Centers, Commission on Cancer treatment centers).</p> <p><b>Large employers</b></p> <p><b>All Levels of Government</b></p> <p><b>Public health</b> (e.g. state cancer plans)</p> <p><b>Community organizations</b></p>
<p><b>Colorectal cancer (continued)</b></p>		

	<p><b>Signature strategy – Research (Extramural, Intramural, Cancer Control Science)</b></p> <ul style="list-style-type: none"> <li>• Link intramural and extramural research to Board mission priorities.</li> <li>• Foster collaboration and cross-functional planning between mission, Cancer Control Science, and research to identify research priorities and opportunities for integration of research and program.</li> <li>• Utilize specific Requests for Applications in applied research.</li> <li>• Continue to conduct research on disparities in colorectal cancer screening, incidence, and mortality.</li> <li>• Continue to conduct research on the etiology of colorectal cancer and pathways to prevention.</li> <li>• Enhance portfolio of policy-relevant research related to colorectal cancer screening.</li> <li>• Enhance portfolio of intervention and evaluation research for program and systems initiatives to increase colorectal cancer screening rates.</li> <li>• Develop and promote state-of-the-art cancer prevention and early detection guidelines for average and high risk adults (cancer control science).</li> </ul> <p><b>Developmental Strategy</b></p> <ul style="list-style-type: none"> <li>• Conduct feasibility study for potential colorectal cancer platform, including assessment of convener and collaborator roles for the Society.</li> </ul>	
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Outcome	Strategy	Priority Systems
<p><b>Survivorship and Quality of Life</b></p> <p>Provide multi-channel resource navigation options.</p> <p>Increase delivery of services (direct and indirect) to reduce barriers to receiving</p>	<p><b>Strategic focus (how ACS will concentrate its resources)</b>  <u>What we will do:</u> implement evidence-based strategies that measurably reduce barriers to the receipt of care – both curative and palliative. Focus will be on public policy advocacy, system policy and practice, and the provision of direct and indirect services. Increase portfolio of evidence-based Quality of Life interventions that address health disparities (cancer control science).  <u>Populations of focus:</u> A portfolio of patient services will be available enterprise-wide to all populations (e.g. NCIC). Some services such as hospital-based patient navigators and transportation will have increased focus on those populations most vulnerable to obstacles to care.  <u>Volume receiving services from the Society:</u> To maximize its impact on outcomes, the Society will focus less on increasing the overall volume of patients served and focus more (although not exclusively) on increasing the percentage of patients served from vulnerable populations and on increasing and measuring the impact of services provided. In essence, this is a movement from volume to value.</p> <p><b>Signature strategy – Resource Navigation</b></p> <ul style="list-style-type: none"> <li>• Provide patient information, support, and navigation utilizing multiple channels through integration of NCIC, PSC and hospital-based navigators to provide: <ul style="list-style-type: none"> <li>- <i>Resource Referral</i> - Enhance resources listed in the Cancer Resource Connection, with an emphasis on</li> </ul> </li> </ul>	<p><b>Health systems</b> (Treatment centers, health plans, FQHCs).</p> <p><b>Large employers</b></p> <p><b>All Levels of Government</b></p> <p><b>Public health</b> (e.g. state cancer plans)</p>

care.

transportation and lodging.

- *Resource Coordination* - Position the Society's Patient Service Center(s) to primarily provide in-depth resource coordination to the most vulnerable patients; focusing on reducing barriers to care such as transportation and lodging.

- *Patient Navigation* - Revise criteria for placement of Society-based patient navigators to increase focus on vulnerable patients.

- Increase vulnerable patients served with transportation services.
- Lodging – Provide Hope Lodge and guestroom housing services where appropriate.
- Develop Hope Lodge comprehensive strategy (e.g. placement of Lodges, promotion, funding).

**Signature strategy - System Policy and Practice**

- Increase implementation of systematic patient referral processes with treatment centers to facilitate patient access to Society information and services. Do so in a way that brings value to the health systems (e.g. compliance with accreditation standards).
- Develop/pilot approaches with treatment centers that increase patient access to services such as palliative care, symptom management, clinical trials, and patient navigation. (The intent is to develop further the Society's role, not just as a provider of services, but as a catalyst for health systems to provide or arrange for services such as patient navigation and palliative care.)
- Catalyze development of transportation resources in select communities via policy, systems, collaboration.

**Signature strategy – Cancer Information and Empowerment**

- Leverage technology to provide patient support programs that increase knowledge and empowerment through updated and less resource-intensive Reach to Recovery and Look Good Feel Better programs.
- Transition remaining support programs (either exiting from them or establishing much less resource intensive models with significantly fewer demands on staff time and other resources).
- Continue to develop content or services that increase cancer knowledge and empowerment and provide it via multiple channels including telephone-based (NCIC), on-line, and various social and mass media.
- Utilize other available media.

**Signature strategies – Public Policy Advocacy**

Federal

- Advocate for state and federal legislation to address workforce issues critical to comprehensive cancer care (e.g. palliative care, patient navigators); federally-supported research to establish a strong science base for palliative care; and wide-spread availability of pain and palliative care in hospitals, nursing homes and community settings through changes in measurement, payment and accreditation standards.

State and local

**Survivorship and  
Quality of Life  
(continued)**

	<ul style="list-style-type: none"> <li>• 2013 campaign targets finalized in fall of 2012 (post state legislative sessions). Preliminary focus includes: <ul style="list-style-type: none"> <li>- targeted campaigns determined by grade on state pain report card (both legislative and regulatory)</li> <li>- developing more explicit and consistent nationwide campaign messaging to leverage our public polling research that shows significant public support for pain and palliative care for cancer patients.</li> <li>- identifying potential opportunities during the implementation of the Affordable Care Act to highlight the need for and to advance palliative care, pain and quality of life policy.</li> </ul> </li> </ul> <p><b>Signature strategy – Research (Extramural, Intramural, Cancer Control Science)</b></p> <ul style="list-style-type: none"> <li>• Link intramural and extramural research to Board mission priorities.</li> <li>• Foster collaboration and cross-functional planning between mission, Cancer Control Science, and research to identify research priorities and opportunities for integration of research and program.</li> <li>• Utilize specific Requests for Applications in applied research.</li> <li>• Continue to conduct research on quality of life throughout the continuum from active treatment to long term survivor and end-of-life.</li> <li>• Continue to develop methods for surveillance of symptoms and symptom management among cancer patients and survivors.</li> <li>• Increase research portfolio related to the impact and effectiveness of ACS impact on cancer patients, survivors, and caregivers.</li> <li>• Identify gaps in evidence that hinder development of evidence-based prospective surveillance guidelines and issue recommendations for targeted research.</li> </ul>	
<p><b>Services to be reviewed or transitioned</b></p>	<ul style="list-style-type: none"> <li>• Divisions can provide youth scholarships and camps in 2013; the continuation of those programs beyond 2013 will be addressed as part of an overall review of the Society’s pediatric strategy.</li> <li>• Transition plans will be developed for a set of other services such as nutritional supplements, durable medical equipment, and direct financial assistance to patients.</li> <li>• In addition, transition plans will be developed for some support programs (e.g. I Can Cope, Man to Man), either exiting from them or establishing much less resource intensive models with significantly fewer demands on staff time and other resources.</li> </ul>	

Outcome	Strategy	Priority Systems
<p><b>Access to Care</b></p> <p>Implement key provisions of the</p>	<p><b>Strategic focus (how ACS will concentrate its resources)</b></p> <p><u>What we will do:</u> Implementation of critical patient care provisions of the Affordable Care Act (ACA), as well as defense of Medicaid (federal &amp; state funding) that supports the Breast and Cervical Center Early Detection Program and prevention efforts, including cessation.</p> <p>NOTE: NCIC Health Insurance Assistance Service (HIAS) should be considered a critical data and support function for access to care.</p>	<p><b>Health systems</b></p> <p>(Treatment centers, health plans, Federally Qualified Health Centers).</p>

<p>Affordable Care Act related to prevention, patient-based insurance reforms, establishment of state-based insurance exchanges, essential benefits packages, Medicaid, and Medicare.</p> <p><b>Access to Care (continued)</b></p>	<p><u>Populations of focus:</u> Uninsured, underinsured, private insurance, Medicare and Medicaid populations.</p> <p><b>Signature strategies – Public Policy Advocacy</b></p> <p><u>Federal</u></p> <ul style="list-style-type: none"> <li>• Advocate for continuation and full funding of the ACA patient protection provisions through appropriations and against repeal efforts.</li> <li>• Advocate for full funding of the Public Health and Prevention fund ensuring universal access to low and no cost preventive services.</li> <li>• Defend key provisions of Medicaid and Medicare that are important to access to care.</li> <li>• Actively engage in critical regulatory efforts related to implementation both solely and through coalition, with more in-depth effort on implementation of health insurance exchanges and the essential health benefit.</li> <li>• Continued campaign efforts and media advocacy as required to ensure the patient voice is represented in the many implementation debates of the ACA.</li> <li>• Advocate for an adequate and high quality cancer care workforce across the continuum of cancer care (prevention, detection, treatment, and survivorship) (Federal and state efforts)</li> <li>• Assess, evaluate, and advocate for high quality cancer care in new health care delivery models in Medicare, Medicaid, and private health insurance plans - i.e. medical homes, accountable care organizations, global payments, and capitated health plans. (Federal and state efforts)</li> </ul> <p><u>State and local</u></p> <ul style="list-style-type: none"> <li>• Campaign tactics – and breadth of work in all 50 states –based upon five distinct categories of states’ approaches to ACA implementation. Number and size of campaigns dependent upon assessment of opportunity for impact on cancer patients.</li> <li>• State emphasis has been to enact state exchange legislation that is favorable to consumers and patients. Additionally, 2013 will see significant work at the state level on the essential health benefits.</li> <li>• Medicaid program expansion is also of priority in 2013 to ensure conformity to the principles in the 4 A’s and provides access to important cancer screenings and treatment.</li> <li>• More explicitly leveraging consistent campaign messaging and public polling that shows public support for cancer patient protection provisions in the Affordable Care Act.</li> </ul> <p><b>Signature strategy - System Policy and Practice</b></p> <ul style="list-style-type: none"> <li>• Work with ACS CAN to assure appropriate liaisons with community organizations, agencies, etc. that will be key in implementing healthcare reform.</li> <li>• Promote patient centered care through health system delivery reform, such as Medical Homes, which better support cancer screening, treatment, shared decision making and preventive counseling.</li> </ul>	<p><b>Large employers</b></p> <p><b>All Levels of Government</b></p> <p><b>Public health (e.g. state cancer plans)</b></p>
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	<p><b>Signature strategy – Cancer Information and Empowerment</b></p> <ul style="list-style-type: none"> <li>Assess/evaluate/implement the use of evidence-based communications strategies about the impact of Access to Care using targeted channels that are population specific.</li> </ul> <p><b>Signature strategy – Research (Extramural, Intramural, Cancer Control Science)</b></p> <ul style="list-style-type: none"> <li>Link intramural and extramural research to Board mission priorities.</li> <li>Foster collaboration and cross-functional planning between mission, Cancer Control Science, and research to identify research priorities and opportunities for integration of research and program.</li> <li>Utilize specific Requests for Applications in applied research.</li> <li>Continue to conduct research on stage of diagnosis and quality of care by insurance status and racial and ethnic disparities.</li> <li>Continue collaboration to enhance the quality of surveillance data for evaluating cancer treatment and outcomes.</li> </ul>	
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Outcome	Strategy
<b>Mission-General</b>	<p><b>CPS-3</b></p> <ul style="list-style-type: none"> <li>Implement CPS-3 based on enterprise-wide plan</li> </ul>
<b>New Mission Opportunities</b>	<p><b>Strategic focus (Opportunities to be explored)</b></p> <p>While we continue to focus our mission activities, we will also have the opportunity to explore new opportunities for the Society that could have the potential to enhance our mission offerings, impact, and community presence. Some examples include:</p> <ul style="list-style-type: none"> <li>Conduct feasibility study for potential youth approach</li> <li>Integration of Research with mission priorities: The work done by the Research transformation group called for greater alignment with mission priorities. This could expand how we define Research activities and allow for us to focus on the testing of new evidence based interventions.</li> <li>Integration of Income, Marketing, Communications and Mission: Move towards a more consistently defined enterprise wide portfolio of mission activities that is closely tied with income, marketing, and communication strategies</li> </ul>

## Income Development

The Income Development priority programs and activities –

1. Focus on under-tapped opportunities to drive future growth as well as opportunities to improve returns
2. Is a more proactive and focused portfolio management approach, with more aggressive management of costs through mix and efficiency improvements
3. Builds on ACS's community support and engagement, involving a wide variety of audiences
4. Invests in new products with high growth potential







<p><b>New Strategies</b></p> <p><b>2013 – Build Business Case, Identify and Resolve Barriers</b></p>	<p><b>Integrated Multi-Channel Direct Response</b></p> <ul style="list-style-type: none"> <li>• Build business case</li> <li>• Engagement of proven strategic vendor</li> <li>• Develop and test model &amp; messaging on a pilot basis for further validation and proof of business case</li> </ul> <p><b>Major Gifts</b></p> <ul style="list-style-type: none"> <li>• Develop integrated approach and strategies for major donors, including planned giving, major gifts and leadership/partnership role (e.g. CEO)</li> <li>• Build &amp; test Research 3.0 fundraising plan</li> <li>• Build business case for nationwide Laureate Society of sustained givers as a foundation</li> </ul> <p><b>CEOs/Corporations</b></p> <ul style="list-style-type: none"> <li>• Develop integrated approach and strategies for all corporate relationships</li> <li>• Build enterprise CEOS against Cancer strategy</li> <li>• Build corporate enterprise recognition and engagement strategy</li> </ul>	<p><b>Donating Public Donors to Cancer organizations</b></p> <p><b>Wealthy Individuals</b></p> <p><b>CEOs and Corporations</b></p>
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Priority	Strategy	Target Audience
Strategies minimally resourced or transitioned out	<p><b>Daffodil Days</b></p> <p><b>Other Special Events not within recommended Core Priorities</b></p>	