

# The North Carolina Cancer Plan – 2008

**GOAL:** \_\_\_\_\_ **OBJECTIVE:** \_\_\_\_\_ **FOCUS:** \_\_\_\_\_

Strategy # \_\_\_\_: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lead Organization(s): \_\_\_\_\_

\_\_\_\_\_

Partners/Participants: \_\_\_\_\_

\_\_\_\_\_

Strategy # \_\_\_\_: \_\_\_\_\_

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\_\_\_\_\_

Lead Organization(s): \_\_\_\_\_

\_\_\_\_\_

Partners/Participants: \_\_\_\_\_

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Strategy # \_\_\_\_: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lead Organization(s): \_\_\_\_\_

\_\_\_\_\_

Partners/Participants: \_\_\_\_\_

\_\_\_\_\_

## NC CANCER PLAN – STRATEGY TEMPLATE

### Instructions

- Using the Cancer Plan, identify a specific Goal and associated Objectives. For example, select Breast Cancer. It has an alphabetic designation as **A** and there are 14 Objectives. On the form, put an **A** in the **GOAL** space and then use the number for an objective to put in the **OBJECTIVE** space. Solicit ideas on how to actually achieve the objective and complete a Strategy(ies). Identify what organization or agency (typically statewide but may be regional) should take the Lead responsibility. Then, identify what local partners/participants should be involved and “at the table.”
- If certain targeted groups or regions of the state need special attention or focus, complete separate forms for those and indicate the group or region.

**GOAL:**   A        **OBJECTIVE:**   1        **FOCUS:**   Minority Women  

Strategy #   1   :   Place culturally-appropriate educational materials in & have partnerships with minority churches.  

Lead Organization(s):   ACS, Komen, NC Comp Cancer, NC BCCCP, Ctr for Health & Healing  

Partners/Participants:   Local churches, civic clubs, sororities, community centers  

- Suggestions will be compiled and, where possible, linked to evidenced-based programs or promising practices.
- If contributors know of specific programs that may be employing the suggested strategies, information relating to those programs (contact information, references, etc.) should be provided on the reverse side of the form.

Return completed forms to:

NC Comprehensive Cancer Program  
1922 Mail Service Center  
Raleigh, NC 27699-1922

[nccompcancer@ncmail.net](mailto:nccompcancer@ncmail.net)

Fax – 919-870-4811