INDIANA
Cancer Control Plan
2018-2020

Action for Cancer Prevention and Control

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LETTER from INDIANA CANCER CONSORTIUM CHAIRS

Dear Hoosiers,

Throughout the years, Indiana has made great strides in addressing the burden of cancer. Although our state cancer rates have decreased, cancer is still the second leading cause of death in Indiana. Approximately two in five Hoosiers now living will eventually have cancer—impacting every individual, family, and community throughout the state.

Developed by the Indiana Cancer Consortium (ICC), the Indiana Cancer Control Plan 2018-2020 is a comprehensive roadmap for actions that will guide cancer control efforts and promote collaboration between organizations and the citizens of Indiana.

The plan consists of four focus areas: primary prevention, early detection, treatment, and survivorship. Each section has an overarching goal, and supporting objectives and strategies, which adhere to evidence-based interventions and scientific studies. This plan is for everyone in our state looking for ways to join the fight against cancer.

As co-chairs of the ICC, we ask you to take an active role in reducing the cancer burden in Indiana by:

- Reading this plan to keep informed about this disease
- Leading a healthy lifestyle through proper nutrition, adequate physical activity, eliminating tobacco, and limiting alcohol consumption
- Following the recommended screening guidelines and knowing your risks
- Passing this plan on to your family, friends, neighbors, and co-workers and encouraging them to be proactive about cancer prevention and early detection

Day by day, as more partners implement the strategies from this plan, extraordinary accomplishments are made. *This* is the power of our unique cancer control alliance.

Together, we are stronger than cancer.

Sincerely,

Paul Halverson, DrPH, FACHE
ICC Board of Directors, Chair

Katherine Crawford
ICC Board of Directors, Vice-Chair

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INDIANA CANCER CONSORTIUM
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Floyd County Tobacco Coalition
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Indiana Primary Health Care Association
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MHIN, Inc
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Outrun the Sun, Inc.
Ovar'coming Together, Inc.
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Pink Ribbon Connection
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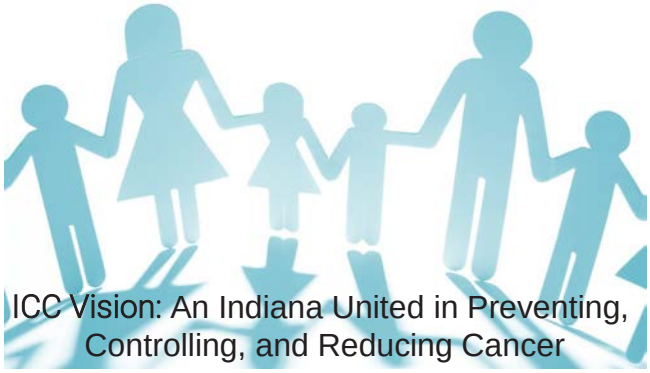
Purdue Extension, Wayne County
Purdue University Center for Cancer Research
Raphael Health Center
Ready Set Quit Tobacco
Schneck Medical Center
Smokefree Communities
Spencer County Tobacco Free Coalition
St. Mary's Health
St. Joseph County Health Department
Susan G Komen Evansville Tri-State
Susan G. Komen Central Indiana
SV Anderson Regional Cancer Center
The Claire E. and Patrick G. Mackey Children's Cancer Foundation
The Colon Club
Tobacco Education and Prevention Coalition for Porter County
Tobacco Free Allen County
TOUCH INC.
United Health Services
University of Southern Indiana College of Nursing and Health Professions
YMCA of Greater Indianapolis
YMCA of Michiana, Inc.
YMCA of Southwestern IN
YWCA Women's Cancer Program

COLLABORATING to **CONQUER** Cancer

The Comprehensive Cancer Control National Partnership is a movement of states, tribes, territories, U.S. Pacific Island Jurisdictions, and local communities working together to reduce the burden of cancer for all people. In the Hoosier state, the Indiana Cancer Consortium (ICC) serves as that comprehensive cancer control coalition, responsible for developing, implementing, and evaluating a statewide cancer control plan, which addresses cancer from prevention through end-of-life.



ICC Vision: An Indiana United in Preventing, Controlling, and Reducing Cancer

Collaborating to Conquer Cancer is the underlying philosophy and model that guides all ICC efforts, as well as those of our partners across the nation. In Indiana, we are proud to say that *Collaborating to Conquer Cancer* represents the more than 300 organizational and individual members of the ICC who collaborate to bring together Indiana's cancer community, identify disease challenges facing both state and local communities, and develop evidence-based solutions that make a difference.

The ICC membership plans, contributes, and takes advantage of a full range of free services – including professional trainings, educational publications, funding opportunities, and guidance. By listening to our partners, public health and medical experts, and other interested Hoosiers, we continually evolve to better address the gaps in cancer prevention and control across the state. The larger our coalition grows, the bigger impact and voice we have.

ICC MISSION

The ICC Reduces Indiana's Cancer Burden Through The Coordinated, Collective Actions Of Its Members And The Sharing Of Resources, Knowledge, And Passion.

ORGANIZATIONAL PRIORITIES

- **Lead the development, implementation, and evaluation of a comprehensive plan to reduce cancer morbidity and mortality in Indiana.**
- **Recognize excellence in cancer prevention and control.**
- **Provide guidance on current issues in cancer policy, research, detection, treatment, and survivorship.**
- **Convene a multi-sectored and diverse membership to discuss cancer-related challenges facing Indiana.**
- Strengthen communication, resource sharing, and collaboration to reduce duplication and inefficiency.
- **Educate Indiana's public health and healthcare workforce to implement evidence-based strategies.**
- **Advocate for strong policy, systems, and environmental changes that decrease cancer risk factors.**
- **Increase dedicated funding to cancer prevention and control in Indiana.**

WHAT YOU NEED TO KNOW: Cancer in Indiana

WORKING TOGETHER, Indiana has made great strides over the past several decades in regards to our cancer burden. Although our state cancer rates have seen decreases, cancer is still the second leading cause of death.

WHAT is Cancer?

Cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells.

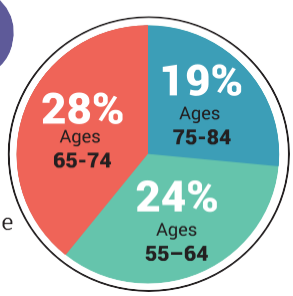
The cancer cells form tumors that destroy normal tissue. If cancer cells break away from a tumor, they can travel through the blood stream or the lymph system to other areas of the body, where they might form new tumors (metastases). If this growth is not controlled, cancer might be fatal.

Approximately **2 in 5 Hoosiers** now living will eventually have cancer

Suggesting that every Hoosier will have a personal connection to cancer in some way.

WHO gets Cancer?

In Indiana, in 2015, 72% (71.7) of all cancer cases were diagnosed among people ages 55–84.



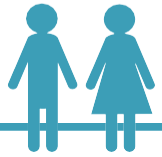
ANYONE can get cancer at any age; however middle-aged and older people are most likely to develop cancer.

Individuals who have been exposed to certain external and internal risk factors have an increased risk of developing cancer, such as male smokers, who are about 23 times more likely to develop lung cancer than nonsmokers.

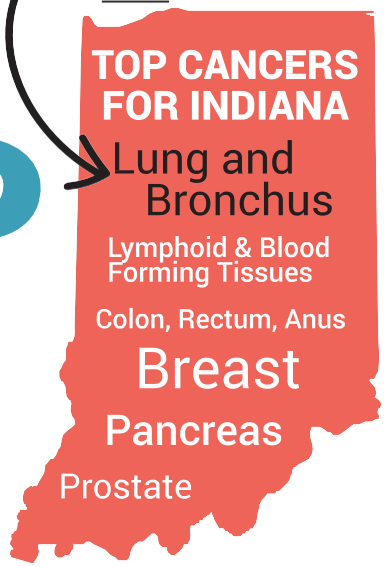
WHAT are the Most Common Cancers?

The most commonly occurring cancers for both the state and the nation are the same. Excluding skin cancers, breast and prostate are the most prevalent cancers among females and males, respectively. Lung, including bronchus, and colon cancers are the next most common cancers among both sexes. Annually, lung cancer is responsible for the most cancer-related deaths among both sexes.

#1 Breast and Prostate
AMONG BOTH FEMALES AND MALES



Responsible for the Most Cancer-Related DEATHS among both sexes.



HOW Many Hoosiers Will Get Cancer?

Nationally, men have nearly a 1 in 2 chance of developing cancer in their lifetime; for women, the lifetime risk of developing cancer is a little more than 1 in 3.

ESTIMATED NUMBER OF NEW CANCER CASES IN 2017
(AMERICAN CANCER SOCIETY 2016 CANCER FACTS AND FIGURES)

36,440

Approximately FOUR New Cases of Cancer Every Hour of Every Day

These estimates did not include cases of non-melanoma skin cancer and carcinoma in situ (except for in situ urinary bladder cancer cases).

ESTIMATED NUMBER OF CANCER DEATHS IN 2017
(AMERICAN CANCER SOCIETY 2016 CANCER FACTS AND FIGURES)

13,590

Approximately 37 People Every Day

WHAT Are the Costs of Cancer?

IN 2016, $2.01 BILLION WAS THE ESTIMATED DIRECT COST OF TREATING INDIANA RESIDENTS WITH CANCER.

THE ESTIMATED INDIRECT COSTS TOTAL $12.33 BILLION.

The Milken Institute estimated that, should current trends continue, Indiana residents would spend $2.42 billion on direct costs and $14.96 billion on indirect costs for cancer care in 2020.

HOW Does Cancer Incidence and Mortality in Indiana Compare With the Rest of the U.S.?

Indiana's age-adjusted cancer incidence rate during 2011–2015 was 455.0 per 100,000 people. This was statistically higher than the 2013 national rate of 439.0 per 100,000 people.

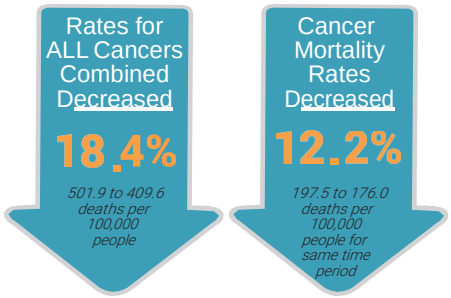
Indiana's age-adjusted mortality rate was 10% higher than the national rate.

♂ This included being 12% higher among Indiana MALES (228.0 versus 204.0 deaths per 100,000 males)

♀ 8% higher among Indiana FEMALES (155.3 versus 143.4 deaths per 100,000 females).

IS the Cancer Burden in the U.S. and Indiana Lessening?

In Indiana from 2006 to 2015



However, trends varied among the different cancer types.

These statistics indicate that progress continues to be made in the early detection and treatment of certain cancers, and that the incidence and mortality of some cancers is declining.

A SIGNIFICANT CANCER BURDEN STILL EXISTS AMONG HOOSIERS THAT REQUIRES CONTINUED AND MORE TARGETED CANCER CONTROL EFFORTS.

HOW does Indiana Track Cancer Risk and Risk Behavior Data?

The Indiana State Cancer Registry was established in 1987 to compile information on cancer cases and other related data necessary to conduct epidemiological studies of cancer and develop appropriate preventive and control programs. The data in this registry allows for the evaluation of cancer prevention efforts and the measurement of progress toward reaching the state goal of reducing cancer incidence and mortality among Indiana residents.

Additionally, several data sources are used to describe the burden of risk factors (e.g., obesity) and cancer screening rates among Indiana residents. The Behavioral Risk Factor Surveillance System (BRFSS) is the main source utilized to do this because it provides yearly data that can be used to generate Indiana-specific estimates for a large number of cancer risk and preventative factors. Findings are tracked and compared to other states to monitor Indiana's progress.

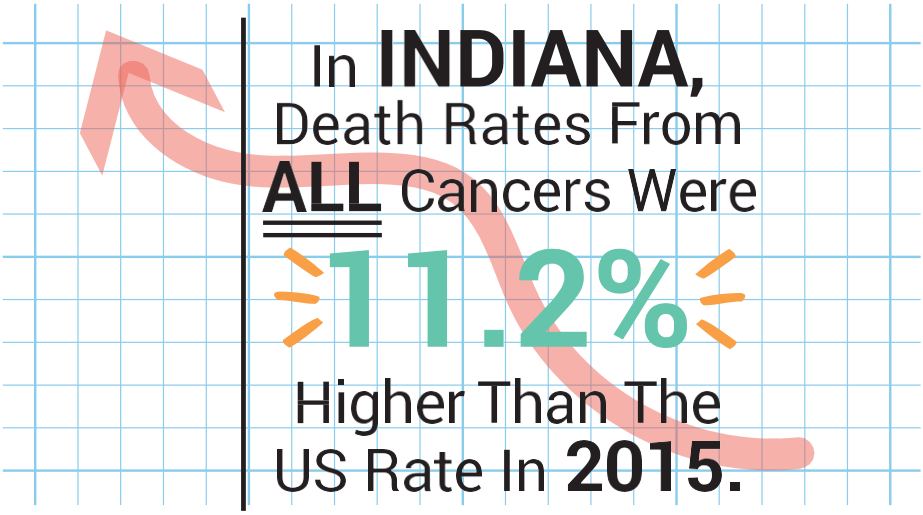
Many baseline and target measures established throughout this plan will be tracked using these two data sources.

CANCER DISPARITIES in INDIANA

The National Cancer Institute defines "cancer health disparities" as adverse differences in cancer incidence (new cases), cancer prevalence (all existing cases), cancer death (mortality), cancer survivorship, and burden of cancer or related health conditions that exist among specific population groups in the United States. These population groups may be characterized by age, disability, education, ethnicity, gender, geographic location, income, or race.

Differences in the Indiana Cancer Burden Exist By:

- **AGE:** During 2015, nearly 72 (71.7) percent of all cancer cases were diagnosed among people ages 55 to 84.
- **RACE:** During 2011 – 2015, the cancer incidence rate for African-Americans was 1.6 percent greater than the rate for whites (461.4 vs. 454.3, respectively), and the African-American cancer mortality rate was 17 percent higher than the rate for whites (209.4 vs. 178.8, respectively). When comparing 2006 – 2010 to 2011 – 2015, the disparity in incidence rates was reduced more than two-thirds, from 5.1 percent to 1.6 percent, while the disparity in mortality rates remained similar, decreasing from 19.9 percent to 17.1 percent.
- **ETHNICITY:** In the Hispanic/Latino community, cancer was the leading cause of death in 2015. During 2009 – 2013, for all cancers combined, incidence and mortality rates were significantly lower among Hispanics than among non-Hispanics.
- **GEOGRAPHIC LOCATION:** During 2011-2015, the age-adjusted mortality rate for all cancers was significantly higher for rural counties than the state (186.2 versus 180.4 deaths per 100,000 people).

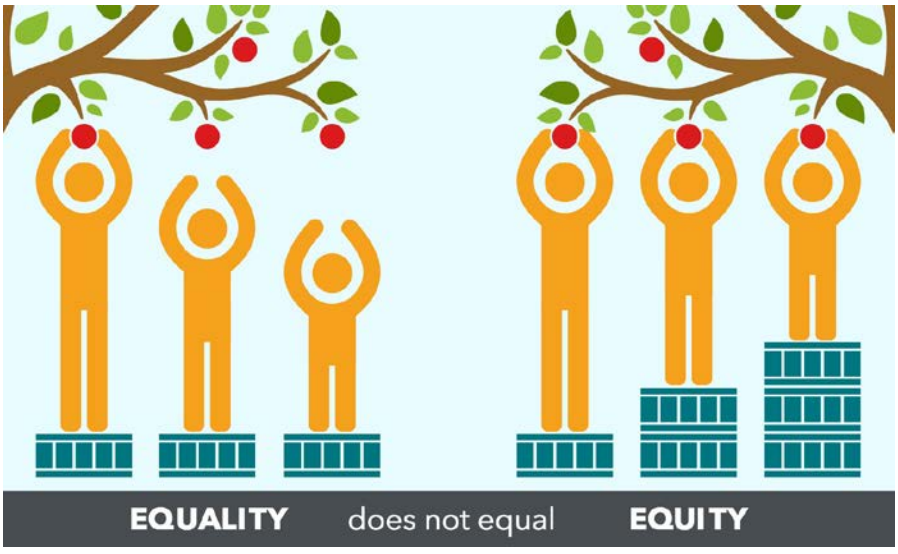


Nationally, cancer health disparities are due to numerous complex factors, which can include inequalities in access to care, such as screening, treatment, or preventive services. People who are poor, lack health insurance, and have limited or no access to quality health care—regardless of ethnic and racial background—often bear a greater burden of disease than the general population.

Barriers that contribute to cancer health disparities in Indiana include:

- Poverty is the largest contributing factor – According to the BRFSS, in 2016, higher education and income levels correlated with a higher likelihood that women aged 21-65 obtained a Pap test within the past three years, women aged 50-74 had a mammogram within the past two years, and adults aged 50-75 had a colorectal cancer screening that met the United States Preventive Services Task Force's recommendation.
- Lack of health insurance or a personal doctor or health care provider – According to the 2016 Indiana BRFSS, adults with healthcare coverage or a personal doctor/health care provider had significantly higher rates of cancer screenings than adults without coverage or a personal doctor.
- Socioeconomic status (income, education)
- Cultural values or beliefs regarding healthcare
- Discrimination and social inequalities, including communication barriers and provider/patient assumptions

Cancer disparities can be eliminated if we focus on promoting **HEALTH EQUITY** for everyone. Healthy People 2020 defines health equity as the *"attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."*



INDIANA
Cancer Control Plan
2018-2020:

The Indiana Cancer Control Plan 2018-2020 identifies the policies, changes, and actions required at all levels, from statewide to individual, to reduce Indiana's cancer burden.

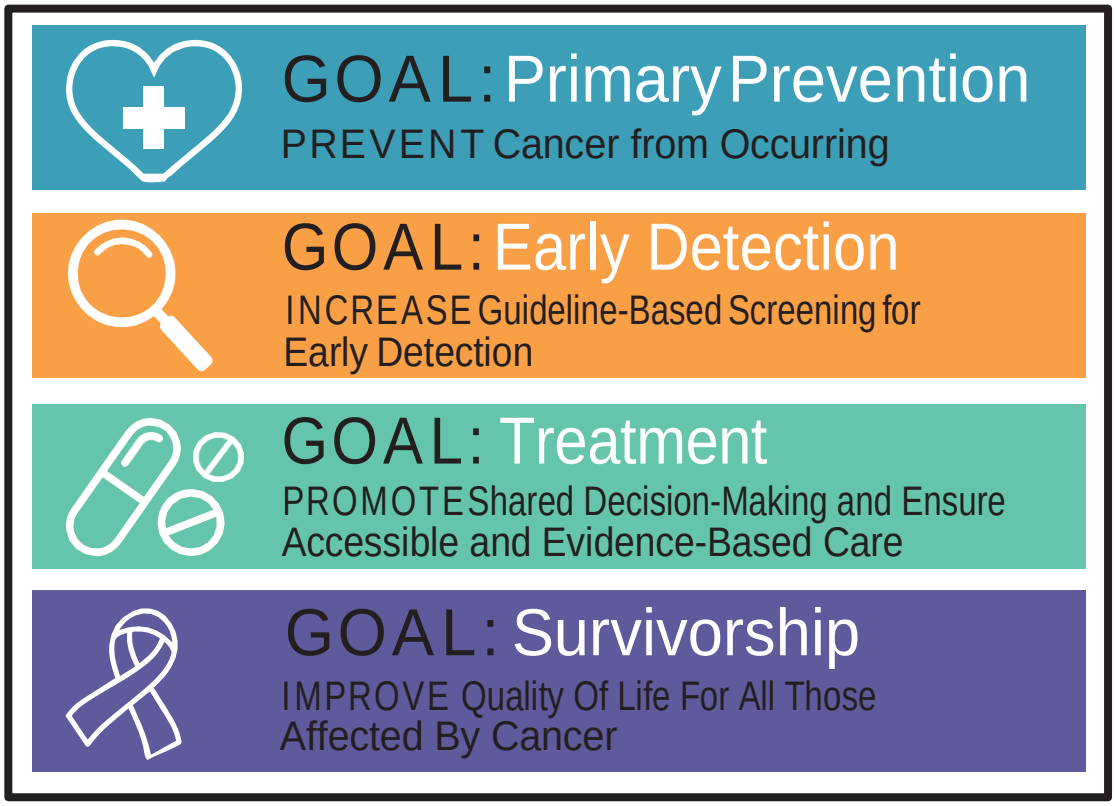
The collaborative processes of the ICC are best reflected through the development and implementation of this plan, a targeted roadmap to coordinate cancer control efforts. Gathering around the ICC table, experts and key stakeholders in the fields of public health, cancer research, and treatment identify the most important strategies that, when implemented, can significantly impact cancer in Indiana. Day by day, as more partners engage in strategies from this plan, extraordinary accomplishments are made. This is the power of our unique cancer control alliance.

[TOGETHER, We are STRONGER than CANCER]

The Indiana Cancer Control Plan 2018-2020 builds on previous plans, and contains goals, objectives, measures, and strategic actions as defined below.

GOALS

The goals of the plan are modeled after the cancer control continuum. Goals establish and advise the general outcomes of the plan.

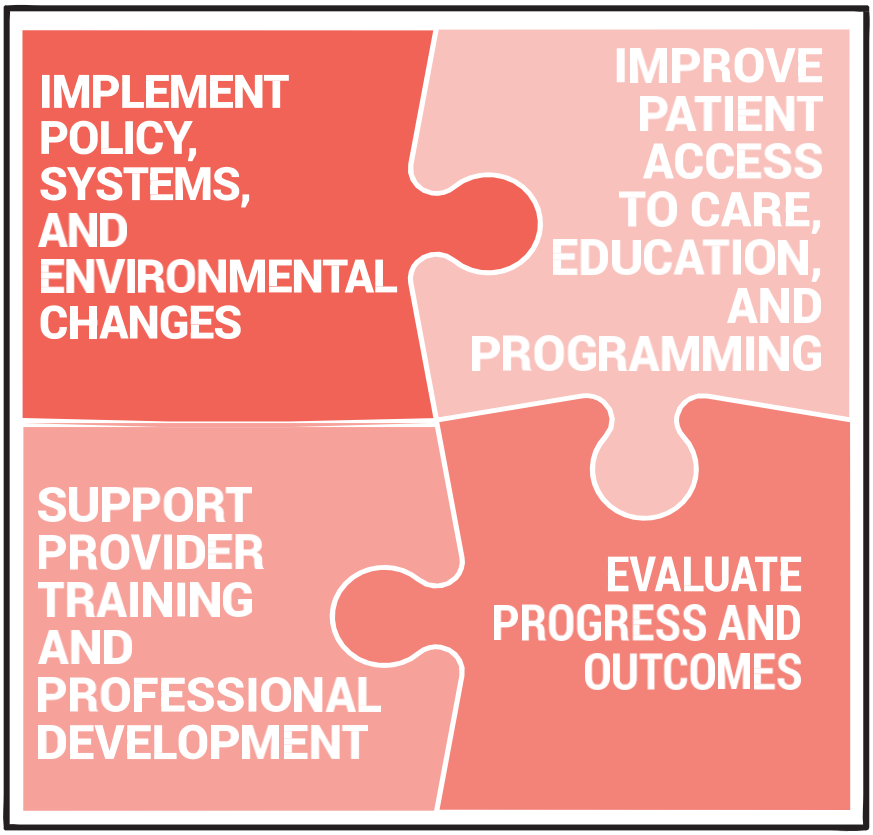


OBJECTIVES

Objectives identify key priorities that will make the most significant impact on Indiana's cancer burden. Each objective was developed and reviewed by subject matter experts who elevated priorities based on current research, achievability, equitability, effectiveness, and sustainability. There are currently 12 objectives in the plan; however, as priority cancer control topics emerge and evidence increases, other objectives can be added. Most of the objectives are SMART (specific, measurable, attainable, relevant, and time-phased) objectives. However, formulating SMART objectives is not always possible, especially when baseline data is scarce or unavailable. These types of objectives exist throughout the plan and are identified as developmental objectives.

STRATEGIC ACTION CROSS-CUTTING THEMES

Each objective is supported by evidence-based, best, or promising practices, which if implemented will drastically increase the likelihood of meeting the plan's targets. Strategic actions are policies, programs, communications, interventions, or activities that are categorized by cross-cutting themes. The following identified cross-cutting themes are vital to improving cancer control efforts in each phase of the cancer continuum.



MEASURES

Measures present information to evaluate progress toward specific objectives. Objectives can have primary and secondary measures. If measures are to be identified at a later date, it will be noted. It is expected that each objective will be met by December 31, 2020.

SUMMARY of OBJECTIVES

GOAL: Primary Prevention

PREVENT cancer from occurring.

1. Increase the percentage of Hoosiers at a healthful weight.
2. Reduce the proportion of Hoosiers who use tobacco.
3. Reduce exposure to UV rays.
4. Increase completion rates for vaccines that have been shown to reduce cancer.
5. Reduce radon exposure.

GOAL: Early Detection

INCREASE guideline-based screening for early detection.

1. Increase rates of evidence-based cancer screening.

GOAL: Treatment

PROMOTE shared decision-making and ensure accessible and evidence-based care.

1. Decrease variation in cancer treatment by improving adherence to evidence-based standards of care.
2. Increase participation in clinical trials.
3. Increase the number of updated advance care planning documents for all cancer patients.

GOAL: Survivorship

IMPROVE quality of life for all those affected by cancer.

1. Increase the delivery of comprehensive, individualized survivorship care plans.
2. Decrease the number of reported unhealthy days among cancer survivors.
3. Improve healthy lifestyle behaviors of cancer survivors.

INFLUENCERS to CONQUER Cancer

To achieve the greatest impact, the objectives and strategic actions recommended throughout this plan need support and engagement from relevant society influencers. Influencers are representatives from sectors of society that have a responsibility to implement these recommended cancer control activities. When working in concert, these influencers will accomplish the proposed targets set forth in this plan, and ultimately, reduce Indiana's cancer burden.

In an effort to lead our partners, the Indiana Cancer Control Plan 2018-2020 outlines influencers that can impact objectives throughout the plan. The list below provides a definition for each influencer.

HEALTH CARE ORGANIZATIONS AND PROVIDE

Health care organizations and providers have a direct influence on the health and well being of Hoosiers. Health care professionals are trusted and have ample opportunities to promote quality, evidence-based cancer prevention, detection, treatment, and survivorship recommendations. Additionally, hospitals can find areas to improve internal systems and environments to foster stronger collaboration, professional development, and support for cancer patients, survivors, and caretakers.

PAYERS

Insurance partners and other payers, both on and off health exchanges, play a key role in providing access to health care services and other comprehensive cancer control and prevention strategies.

EMPLOYERS

Employers can play a pivotal role in the state of health in Indiana. From internal workplace processes to advocacy, employers have a significant opportunity to aid in cancer prevention, detection, and survivorship issues.

GOVERNMENT

- Government agencies are responsible for protecting, maintaining, and improving public health. Reducing Indiana's cancer burden requires the implementation of policy and regulation change, as well as committed leadership from policy-makers and executive officers to join cancer prevention and control efforts.
- Legislators are key partners in the fight against cancer, as they enact laws that create the environment for healthy choice and change.

CIVIL SOCIETY AND COMMUNITY ORGANIZATIO

Society and community organizations are often non-profits that can develop, advocate, and sustain policies or programming that will ultimately improve Indiana's cancer outcomes. Along with providing expert guidance, these organizations can represent the interest and needs of those Hoosiers affected by cancer.

UNIVERSITIES AND SCHOOLS

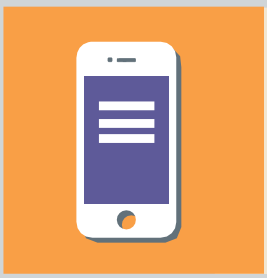
Universities and schools have a dual role to play as effective health role models, as well as important partners in the research, policy and communications processes. Schools can enhance the learning of healthy behaviors by establishing good practices, as well as ensure that students and teachers work together to implement strong cancer prevention policies within local communities. They can provide evidence for effective cancer prevention interventions, impact structural change, and ensure research collaboration across institutions and partners, in order to fund innovative cancer-related research and broaden the evidence base for collective policy work. Schools and universities play an additional role in their continued education of medical and health professionals and are often on the cutting-edge of health education.

BIOPHARMACEUTICAL/ BIOTECHNOLOGY INDUSTRY

The biopharmacutical/biotechnology industry plays a critical role in multiple areas of cancer research and clinical care. Strong partnerships with academia and patient advocates work to drive the discovery and clinical development of new therapeutic and diagnostic options for cancer patients, improve access to clinical trials, enable access to investigational therapies, and provide medical education and support programs for approved therapies.

FAITH-BASED ORGANIZATIONS

Places of worship are natural centers for spiritual, emotional, and physical wellness. Spiritual leaders and communities can bring cancer-related education and resources to those in need.



MEDIA

Print, broadcast, digital, and mobile media play a key role in cancer awareness and education. Media channels can help improve the public's interest and knowledge by consistently covering cancer prevention and control issues.

INDIVIDUAL HOOSIERS

Indiana residents should be advocates for their own health as well as the health of their families and colleagues. Together, Hoosiers can influence significant change that will improve access to treatment, care, and healthier environments.

GOAL: Primary Prevention
PREVENT Cancer from Occurring

Experts agree that cancer can be caused by both internal and external factors. These factors can sometimes act together, or in sequence, to cause cancer. While risk factors such as family history or age cannot be avoided, many cancers can be prevented through changes in lifestyle and behavior. According to the American Cancer Society (ACS), all cancers caused by tobacco use and heavy alcohol consumption could be prevented completely.[1] In 2016, the ACS reported that 188,800 of the estimated 595,690 cancer deaths in the nation were caused by cigarette smoking.[1] In addition, according to the Centers for Disease Control and Prevention, overweight and obesity are associated with increased risk of 13 types of cancer. These cancers account for about 40 percent of all cancers diagnosed in the United States in 2014.[2] Other preventive behaviors include practicing sun safety, such as using sunscreen, avoiding indoor tanning devices, and wearing protective clothing, and getting recommended vaccines that can prevent cancer, such as the human papillomavirus (HPV) vaccine, which can prevent cervical, head, neck, and other cancers.

Cancer prevention goes beyond individual efforts. Every sector of society can play a part in addressing cancer prevention by implementing policy, systems and environmental changes; supporting provider education and training; and improving patient access to care, education and programming.

The ICC has identified five objectives that support primary prevention.

1. INCREASE the percentage of Hoosiers at a healthful weight.
2. REDUCE the proportion of Hoosiers who use tobacco.
3. REDUCE exposure to UV rays.
4. INCREASE completion rates for vaccines that have been shown to reduce cancer.
5. REDUCE radon exposure.

[1]American Cancer Society. Cancer Facts and Figures 2016. Atlanta: American Cancer Society; 2016.
[2]Steele CB, Thomas CC, Henley SJ, et al. Vital Signs: Trends in Incidence of Cancers Associated with Overweight and Obesity — United States, 2005–2014. Centers for Disease Control and Prevention; 2016.

GOAL: Primary Prevention
PREVENT Cancer from Occurring

OBJECTIVE 1: ***INCREASE*** *THE PERCENTAGE OF HOOSIERS AT A HEALTHFUL WEIGHT.*

MEASURES»

Data Sources:
2016 Behavioral Risk Factor Surveillance System (BRFSS), 2016 National Survey of Children's Health

ADULTS at a Healthful Weight
BASELINE: 31.0%
TARGET: **35.3%**

YOUTH at a Healthful Weight
(10-17 years)
BASELINE: 60.3%
TARGET: 70.4%

MAKE AN IMPACT:

IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

1. Increase number of Hoosiers served by healthy built environments *(safe routes to school, complete streets, shared use, etc.).*
2. Require school-based physical activity of at least 30 minutes per day in elementary schools.
3. Support public transportation improvements to ensure healthy eating options are more accessible to all Hoosiers.
4. Develop and strengthen policies and programs that increase access to healthy foods and beverages in communities, workplaces, parks, schools, and childcare environments *(farm to institution, concession/vending machine modifications, cafeteria service, etc.).*
5. Utilize electronic medical records (EMR) to increase screening for obesity and referral to treatment.

IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

1. Develop and strengthen programs that increase access to more options for physical activity in communities, workplaces, parks, schools, and childcare environments.
2. Include physical activity, nutrition, and weight management education as part of a comprehensive cancer prevention and control curriculum in secondary education settings.
3. Support programs and educational campaigns that increase breastfeeding initiation, duration, and exclusivity.
4. Support educational campaigns that emphasize the benefits of physical activity and risks of inactivity and cancer.
5. Promote educational campaigns that emphasize the benefits of healthy nutrition and the risk of poor dietary choices and cancer.

SUPPORT PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

1. Train health care providers on how to identify and treat obesity in their patients.
2. Train health care providers on brief action planning and motivational interviewing.
3. Train curriculum planners and teachers about how to incorporate physical movement into the school curriculum.
4. Promote active space planning with building construction or renovation.

EVALUATE PROGRESS AND OUTCOMES

1. Maintain and promote surveillance systems to monitor and respond to related adult and youth behavior trends.

GOAL: Primary Prevention
PREVENT Cancer from Occurring

OBJECTIVE 2: ***REDUCE*** *THE PROPORTION OF HOOSIERS WHO USE TOBACCO.*

MEASURES

ADULTS

Who Use Cigarettes	Who Use Other Tobacco Products
BASELINE: 21.1%	BASELINE: 4.1%
TARGET: 18.0%	TARGET: 1.7%

YOUTH *(13-17)*

Current Smoking Among High School Youth	Youth Using Combustible
BASELINE: 8.7%	BASELINE: 14.4%
TARGET: 5.0%	TARGET: 10.0%

Youth Using Non-Combustible	Use of e-cigarettes Among High School Youth
BASELINE: 6.4%	BASELINE: 10.5%
TARGET: 3.5%	TARGET: 7.0%

Data Sources: *2016 BRFSS; Indiana Youth Tobacco Survey, 2016*

MAKE AN IMPACT:

IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

1. Increase the price on all tobacco products through a tax parity act that would equalize the total unit price.
2. Advocate for state or local comprehensive smoke-free air laws to protect all Hoosiers from second hand smoke.
3. Advocate for tobacco-free environments *(school and campus, work and grounds, home and public).*
4. Increase the number of health care systems that have integrated the Indiana Tobacco Quitline referral into their EMR.
5. Increase funding level for the state tobacco control program.

IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

1. Conduct counter-marketing, anti-tobacco campaigns targeted at youth and adults.
2. Encourage statewide school stakeholder organizations and youth-serving organizations to include tobacco prevention in strategic planning.
3. Create initiatives to encourage physicians and other health care professionals to take a more active role with their patients in smoking cessation.
4. Promote the services available through the Indiana Tobacco Quitline.
5. Utilize online and social media strategies to generate messages that can be disseminated to targeted audiences.
6. Support consumer education initiatives encouraging individuals to adopt healthy behaviors.

SUPPORT PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

1. Improve the capacity of health care providers to identify youth tobacco users at annual visits and to provide appropriate tobacco treatment-counseling.
2. Educate and encourage health plans, employers, and health insurance providers to provide comprehensive tobacco use cessation as a health care benefit.
3. Educate decision makers and the public on the need for a statewide smoke-free air law that covers all workplaces and all workers.

EVALUATE PROGRESS AND OUTCOMES

1. Maintain and promote surveillance systems to monitor and respond to adult and youth tobacco use trends.

GOAL: Primary Prevention
PREVENT Cancer from Occurring

OBJECTIVE 3: ***REDUCE*** *EXPOSURE TO UV RAYS.*

MEASURES»

ADULTS

Who Protect their Skin from the Sun When Spending Time Outdoors
BASELINE: DEVELOPMENTAL
TARGET: DEVELOPMENTAL

Who Used Indoor Tanning Device In Last 12 Months
BASELINE: DEVELOPMENTAL
TARGET: DEVELOPMENTAL

YOUTH *(13-17)*

Who Wear Sunscreen Most of the Time
BASELINE: 8.4%
TARGET: 11.2%

Who Engage In Indoor Tanning
BASELINE: DEVELOPMENTAL
TARGET: DEVELOPMENTAL

Data Sources:
2016 BRFSS; 2015 Youth Risk Behavioral Surveillance System

MAKE AN IMPACT:

IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

1. Ban the use of tanning beds for minors.
2. Increase taxation of tanning bed providers.
3. Incorporate sun safety education into required school curriculum at the district or state level.
4. Increase campus policies that discourage indoor tanning.
5. Advocate for shade planning in the overall process of designing, building, and improving outdoor spaces *(parks, playgrounds, pools, etc.)*.

IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

1. Establish agreements with vendors in outdoor recreational areas to sell sun protection equipment.
2. Provide broad-spectrum sunscreen with an SPF of 15 or higher in dispensers with prompts and signs that tell people how to apply sunscreen in high-UV areas.
3. Develop and promote effective messaging that educates on sun safety and skin cancer prevention education in schools, workplaces, health systems, and outdoor spaces.
4. Include sun safety and skin cancer education as part of a comprehensive cancer prevention and control curriculum in secondary education settings.

SUPPORT PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

1. Increase clinician counseling in primary care settings to patients with fair skin aged 10-24 years to minimize UV exposure and reduce the risk of skin cancer.
2. Educate university health care related programs *(medical schools, nursing schools, etc.)* on sun safety and skin cancer.

EVALUATE PROGRESS AND OUTCOMES

1. Develop system to track, measure, and evaluate adherence to key performance standards.
2. Maintain and promote surveillance systems to monitor and respond to related adult and youth behavior trends.
3. Promote shade auditing processes and tools to help ensure effective shade planning.

GOAL: Primary Prevention
PREVENT Cancer from Occurring

OBJECTIVE 4: ***INCREASE*** *COMPLETION RATES FOR VACCINES THAT HAVE BEEN SHOWN TO REDUCE CANCER.*

MEASURES»

Data Sources:
Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report 2017, National Immunization Survey, 2016

♀ FEMALES *(13-17 years old)* HPV Vaccination	♂ MALES *(13-17 years old)* HPV Vaccination	MALES & FEMALES *(19-35 months)* Hep-B Vaccination
BASELINE: 43.5%	BASELINE: 24.7%	BASELINE: 94.5%
TARGET: 80.0%	TARGET: 80.0%	TARGET: 99.5%

MAKE AN IMPACT:

IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

1. Support inclusion of HPV vaccination as part of the vaccination regime for students entering sixth grade.
2. Achieve insurer-based incentives for providers who increase their adolescent vaccine completion outcomes to achieve a 95% adolescent vaccination rate in their patient populations.
3. Implement provider vaccination reminders into EMR systems as well as patient reminder/recall systems to improve vaccination series completion.
4. Advocate for Indiana State Department of Health (ISDH) use of evidence-based reminder recall messaging to increase HPV vaccination completion.
5. Advocate for pharmacy-based opportunities to offer HPV vaccinations.

IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

1. Achieve a standing order allowing for all adolescent vaccinations to be covered in non-traditional settings by insurers, Medicaid, Vaccines for Children (VFC), etc. (example settings: pharmacies and schools).
2. Improve access to HPV vaccination through programs that bring vaccination to schools and organized child-care settings.
3. Conduct educational campaigns to increase public awareness of the link between HPV and cancer.

SUPPORT PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

1. Target HPV vaccination communication messaging to pediatricians who report adolescent vaccinations but not HPV.
2. Encourage clear communication from doctors, nurses, and other health care professionals about the negative health impact of HPV infection and the importance of the HPV vaccine to cancer prevention.
3. Encourage health care professionals to routinely and strongly recommend HPV vaccination as part of the adolescent vaccination platform at ages 11-12 years *(MCV4, HPV, Tdap, and Influenza vaccines).*
4. Offer HPV vaccine continuing medical education for primary care, family medicine, obstetrics and advanced practice health care providers.
5. Encourage public and private insurers to incentivize physicians who complete the entire adolescent vaccine regime *(including HPV).*

EVALUATE PROGRESS AND OUTCOMES

1. Issue a *"Cancer Vaccine Report Card"* for Indiana with focus on cancer causing vaccine preventable diseases *(Hep B and HPV).*
2. Promote the use of data from national surveillance systems.

GOAL: Primary Prevention
PREVENT Cancer from Occurring

OBJECTIVE 5: ***REDUCE*** *RADON EXPOSURE.*

MEASURES»

Data Sources:
ISDH Environmental Public Health Division, 2015

Number of Homes Tested for Radon	
BASELINE:	17,150
TARGET:	25,109

Percentage of Homes that Test ABOVE/EQUAL to 4.0 pCi/L that get Mitigation	
BASELINE:	27.5%
TARGET:	44.3%

MAKE AN IMPACT:

IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

1. Require radon testing every two years and mitigation policies for public places - worksites, local schools and school districts, day care centers and licensed home day care providers, city, county, and state owned public buildings.
2. Require radon disclosures tested in last two years as part of single or multifamily homes or apartment sales.
3. Require home mortgage lending sources to require radon testing and mitigation *(including leasing, refinancing, etc.)*.
4. Require new homebuilders to use radon-resistant techniques as outlined in the International Residential Code for One- and Two-Family Dwellings Appendix F - Radon Control Methods.

IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

1. Educate realtors on radon.
2. Increase access by promoting low-cost radon test kits obtained from local health departments.
3. Conduct public awareness campaigns to educate on radon and exposure related illnesses.

EVALUATE PROGRESS AND OUTCOMES

1. Support surveillance systems that increase the use and quality of data.

SUPPORT PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

1. Educate health care providers, including physicians, nurses, and respiratory therapists on radon.
2. Include questions about in-home radon testing every two years as part of healthy lifestyle provider questions.
3. Include questions about in-home radon testing by lung cancer medical personnel, such as pulmonologists, pulmonary disease specialists, and respiratory therapy providers.
4. Educate university health care-related programs *(medical schools, nursing schools, etc.)* on radon.

GOAL: Early Detection

INCREASE Guideline-Based Screening for Early Detection

Early detection of cancer through screening reduces mortality from cancers of the breast, uterine cervix, colon and rectum, and lung. Screening refers to testing individuals who are asymptomatic for a particular disease (i.e., they have no symptoms that indicate the presence of disease). In addition to detecting cancer early, screening for colorectal and cervical cancers can prevent these cancers by identifying precancerous lesions that can be removed.[1] Detecting cancer in an early stage or a pre-cancerous stage can increase survival rates and reduce treatment complications.

The United States Preventive Services Task Force (USPSTF) is an independent panel of national experts that makes evidence-based recommendations about clinical preventive and detection services, such as screenings, counseling services, and preventive medications. Task Force members come from the fields of preventive medicine and primary care, including internal medicine, family medicine, pediatrics, behavioral health, obstetrics and gynecology, and nursing. Their recommendations are based on a rigorous review of existing peer-reviewed evidence and are intended to help primary care clinicians and patients decide together whether a preventive service is right for a patient's needs.

There are a number of options for screening, and guidelines are continually changing as scientific updates are developed.[2] At the time of publication, current USPSTF screening guidelines for the following cancers included:

- BREAST - The USPSTF recommends biennial screening mammography for women aged 50 to 74 years.
- CERVICAL - The USPSTF recommends screening for cervical cancer in women age 21 to 65 years with cytology (Pap smear) every three years or, for women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and HPV testing every five years. (Topic in the process of being updated.)
- COLORECTAL - The USPSTF recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years. The risks and benefits of different screening methods vary.
- LUNG - The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

Increasing the use of cancer screening is critical in reducing mortality from cancer. Strategies to increase cancer screening fall under three categories: implementing policy, systems, and environmental changes; supporting provider education and training; and improving patient access to care, education, and programming. Many individuals gained access to health care coverage and preventive care through the Affordable Care Act. Taking a systematic approach enables interventions to reach individuals at many levels including healthcare systems, workplaces, and health plans. In addition, despite more individuals having access to health care coverage and preventive screenings, several strategies have been directed at increasing public awareness around the risk and benefits of cancer screening, provider knowledge around promoting shared decision-making about the risk, benefits, and options for cancer screening, and interventions to increase screening.

[1]American Cancer Society. Cancer Prevention & Early Detection Facts & Figures 2017-2018. Atlanta: American Cancer Society; 2017.
[2]For the most up-to-date USPSTF screening guideline recommendations, visit https://www.uspreventiveservicestaskforce.org.

GOAL: Early Detection

INCREASE Guideline-Based Screening for Early Detection

OBJECTIVE 1: ***INCREASE*** *RATES OF EVIDENCE-BASED CANCER SCREENING.*

MEASURES»

BREAST	CERVICAL	COLORECTAL	LUNG
FEMALES (50-75 years old who have had a mammogram in the past two years)	FEMALES (21-65 who have had a pap test within the last three years)	ADULTS (Adults age 50-75 who have had a colonoscopy, flexible sigmoidoscopy, or blood stool test within the appropriate time frame)	ADULTS (55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years)
BASELINE: 72.5%	BASELINE: 74.9%	BASELINE: 64.6%	BASELINE: DEVELOPMENTAL
TARGET: 81.1%	TARGET: 93.0%	TARGET: 80.0%	TARGET: DEVELOPMENTAL

Data Sources: *2016 BRFSS*

MAKE AN IMPACT:

IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

1. Advocate for legislative investment in cancer screening, especially in underserved populations *(rural and underinsured).*
2. Advocate for third-party payer coverage of recommended cancer screenings according to USPSTF to determine gaps in coverage.
3. Encourage Hoosier employers to join the Indiana Cancer Consortium's Employer Gold Standard or the National CEO Employer Gold Standard.
4. Expand the use of provider reminder systems, small media, and one-on-one education for cancer screenings.

IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

1. Promote free screening to low income, uninsured, and underinsured individuals.
2. Provide simple language and tools for health care providers to use to discuss screening recommendations with patients.
3. Utilize patient reminder tools and decision aids to inform patients about cancer screening recommendations.
4. Improve access to cancer screenings by enhancing capacity and provider knowledge *(number of providers, training opportunities, expanded clinic hours, lower cost opportunities, etc.).*
5. Conduct campaigns to increase public awareness of the risks of cancer as well as the benefits and risks of cancer screening and early detection.
6. Disseminate culturally appropriate decision making information regarding cancer screening guidelines and the options patients have regarding all cancer screenings.
7. Reduce financial barriers for medically underserved populations.

SUPPORT PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

1. Promote informed and shared decision-making about the benefits, risks, and options for all cancer screenings.

EVALUATE PROGRESS AND OUTCOMES

1. Support surveillance systems that increase the use and quality of data.

GOAL: Treatment

PROMOTE Shared Decision-Making and Ensure Accessible and Evidence-Based Care

When a patient is diagnosed with cancer, their survival and quality of life can depend on the availability of timely, quality treatment. It is important to eliminate or limit the number of barriers that cancer patients face in receiving cancer treatment. Many barriers exist that affect quality of care, including those based on geography, culture, language, age, or socioeconomic status.

The accessibility, availability, and quality of cancer treatment are broad and complicated issues, yet there are significant and identifiable areas where action can be taken. Improving health care delivery systems requires: appropriate funding and access to cancer research; sharing and coordinating best practices between providers and partners; increasing the quantity, skill, and expertise of Indiana's health care workforce; enhancing Indiana's health care providers technological infrastructure; and empowering patients to be an informed and active part of the treatment process.

The Commission on Cancer (CoC), a program of the American College of Surgeons, recognizes cancer care programs for their commitment to providing comprehensive, high-quality, and multidisciplinary patient centered care. The CoC is dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care. Nationwide, approximately 70 percent of new cancer cases are diagnosed and treated by CoC-accredited cancer care programs each year. Indiana currently hosts 46 CoC-accredited cancer centers, serving patients throughout the state.[1]

Cancer treatment delivery will be improved and barriers will be reduced by implementing policy, systems and environmental changes; supporting provider education and training; and improving patient access to care, education, and programming. Every sector of society can play a part in addressing quality and timely cancer care.

The ICC has identified three objectives that support treatment.

1. DECREASE variation in cancer treatment by improving adherence to evidence-based standards of care.
2. INCREASE participation in clinical trials.
3. INCREASE the number of updated advance care planning documents for all cancer patients.

[1] American College of Surgeons and American Cancer Society. National Cancer Database. Accessed at https://www.facs.org/quality-programs/cancer/ncdb on 11/1/2017.

GOAL: Treatment

PROMOTE Shared Decision-Making and Ensure Accessible and Evidence-Based Care

OBJECTIVE 1: ***DECREASE*** *VARIATION IN CANCER TREATMENT BY IMPROVING ADHERENCE TO EVIDENCE-BASED STANDARDS OF CARE.*

MEASURES»

Data Sources:
CoC National Cancer Database, Cancer Program Practice Profile Reports, 2014

Percent of CoC Hospitals that Meet or Exceed Standards Met in Scorecard *(Indiana as a whole)*

BASELINE: 78.6% TARGET: 100%

Percent of Non-CoC Hospitals that Meet or Exceed Standards Met in Scorecard *(Indiana as a whole)*

BASELINE: **DEVELOPMENTAL** TARGET: **DEVELOPMENTAL**

MAKE AN IMPACT:

IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

1. Work to promote and support the efforts of health care providers and health systems to meet national standards on accreditation, certification, and other recognition.
2. Develop systems to refer cancer patients to appropriate, evidence-based cancer support services *(therapy, nutrition, smoking cessation).*
3. Utilize electronic medical records (EMR) to implement standards of care.
4. Encourage intra-and inter-network access to multidisciplinary tumor board conferences.

IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

1. Utilize leading cancer agencies as patient resources for information and advertise appropriate contact information for local representatives.
2. Promote referrals to evidence-based smoking cessation, rehabilitation, and nutrition and physical activity support services throughout the continuum of care.
3. Ensure communications and services are accessible to all patient populations.

SUPPORT PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

1. Increase practitioner awareness and utilization of evidence-based treatment and surveillance guidelines for cancer care.
2. Promote educational initiatives and resources that outline evidence-based treatment guidelines *(such as those outlined by the National Comprehensive Cancer Network)* aimed at decreasing practice variation.
3. Support individualized cancer therapies by increasing provider engagement and competencies in informed and shared decision-making.

EVALUATE PROGRESS AND OUTCOMES

1. Develop system to track, measure, and evaluate adherence to key performance standards for non-CoC accredited hospitals.
2. Build partnership with CoC to track performance of Indiana accredited hospitals.

GOAL: Treatment

PROMOTE Shared Decision-Making and Ensure Accessible and Evidence-Based Care

OBJECTIVE 2: ***INCREASE*** *PARTICIPATION IN CLINICAL TRIALS.*

MEASURES»

Data Sources:
2016 Behavioral Risk Factor Surveillance System (BRFSS)

Participation in Clinical Trials

BASELINE: 6.2%

TARGET: 10.0%

MAKE AN IMPACT:

IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

1. Develop structural changes that minimize barriers for clinical trial research, enrollment, and follow-up *(clinical trial coordinators, patient advocates).*
2. Incorporate clinical trials in clinical care algorithms, where appropriate.
3. Develop and implement provider reminder systems that identify patients eligible for clinical trials.

IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

1. Inform cancer patients about the availability, purpose, and the potential benefits and risks of clinical trials.
2. Develop a statewide tumor/tissue bank to be paired with information in the Indiana State Cancer Registry.
3. Develop and implement public educational campaigns to promote clinical trials.

SUPPORT PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

1. Educate healthcare providers on the availability, purpose, and benefits of clinical trials.
2. Improve health and prevent harm through valid and useful genomic tools in clinical and public health practices.

EVALUATE PROGRESS AND OUTCOMES

1. Support surveillance systems that increase the use and quality of data.
2. Recognize state-based cancer researchers and clinical trial initiatives.

GOAL: Treatment

PROMOTE Shared Decision-Making and Ensure Accessible and Evidence-Based Care

OBJECTIVE 3: ***INCREASE*** *THE NUMBER OF UPDATED ADVANCE CARE PLANNING DOCUMENTS FOR ALL CANCER PATIENTS.*

MEASURES»

Data Sources:
2016 BRFSS

Number of Updated Advance Care Planning Documents

BASELINE: **DEVELOPMENTAL**

TARGET **DEVELOPMENTAL**

MAKE AN IMPACT:

IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

1. Incorporate structural changes that increase the accessibility and use of advance care documents.
2. Utilize EMRs to improve the availability, implementation, and review of a patient's advance care plan.
3. Develop structural changes that aid in the ability to implement an advance care plan throughout cancer treatment and survivorship.

IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

1. Provide tools and resources that facilitate culturally competent conversations about advance care planning.
2. Develop resources that explain the advance care planning process to diverse cancer patient populations.
3. Conduct educational campaigns about the purpose and importance of advance care planning.
4. Increase access to palliative and hospice care throughout the cancer care continuum.

SUPPORT PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

1. Educate providers about the purpose and importance of advance care planning.
2. Support clinicians in completing specialized training to facilitate advance care planning conversations.
3. Increase awareness of role and responsibility cancer care teams have in implementing advance care planning.
4. Develop and promote trainings for end-of-life conversations.
5. Ensure primary care providers are engaging in advance care planning conversations.

EVALUATE PROGRESS AND OUTCOMES

1. Develop system to track, measure, and evaluate adherence to key performance standards.
2. Support surveillance systems that increase the use and quality of data.
3. Use quality improvement measures to assess baseline rates of advance care planning.
4. Regularly monitor rates of advance care planning in diverse cancer patient populations.

GOAL: Survivorship

IMPROVE Quality Of Life For All Those Affected By Cancer

Cancer touches us all, whether we have been personally affected or know someone who has been. Due to advances in early detection and treatment, more and more people are living after a cancer diagnosis. In 2015, there were 298,425[1] cancer survivors in Indiana, and that number continues to grow. A cancer survivor is any person who has been diagnosed with cancer, from the time of diagnosis through the balance of life.[2]

It is increasingly important to ensure everyone diagnosed and treated for cancer achieves the highest level of quality of life possible. Improving the quality of life for a cancer survivor means working with the survivor throughout the continuum of cancer. Many survivors experience long-term negative physical, psychosocial, and financial consequences from cancer and have a greater risk for additional cancer diagnoses. Unfortunately, survivors are often lost in transition as they are transferred from a structured system of cancer care to a less structured health care system. Cancer survivorship focuses on the health and life of a person beyond the acute phase of diagnosis and treatment. Survivorship aims to both prevent and control adverse outcomes and provide knowledge regarding timely follow-up care, surveillance, and optimize quality of life after cancer treatment.

Every sector of society can play a part in addressing cancer survivorship issues (or needs). By implementing policy, systems and environmental changes; supporting provider education and training; and improving patient access to care, education and programming. Indiana can significantly improve the quality of life for cancer survivors and their caregivers.

The ICC has identified three objectives to improve the quality of life for all those affected by cancer.

1. INCREASE the delivery of comprehensive, individualized survivorship care plans.
2. DECREASE the number of reported unhealthy days among cancer survivors.
3. IMPROVE healthy lifestyle behaviors of cancer survivors.

[1] *Indiana State Cancer Registry, Indiana State Department of Health; 2015. Accessed at https://www.in.gov/isdh/24360.htm on 10/2/2017.*

[2] *American Cancer Society. Cancer Treatment and Survivorship Facts & Figures 2014-2015. Atlanta: American Cancer Society; 2014.*

GOAL: Survivorship

IMPROVE Quality Of Life For All Those Affected By Cancer

OBJECTIVE 1: ***INCREASE*** *THE DELIVERY OF COMPREHENSIVE, INDIVIDUALIZED SURVIVORSHIP CARE PLANS.*

MEASURES»

Data Sources:
2016 Behavioral Risk Factor Surveillance System (BRFSS)

Delivery of Survivorship Care Plans	
BASELINE:	64.1%
TARGET:	75.0%

MAKE AN IMPACT:

IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

1. Support funding for survivorship research in cancer treatment follow-up care.
2. Build existing treatment summaries into systems of care.
3. Design benefits, payment policies, and reimbursement mechanisms to facilitate coverage for evidence-based aspects of care and care plan services.
4. Support systems to auto-populate survivorship care plans.
5. Minimize adverse effects of cancer on employment.

IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

1. Ensure cancer survivors have access to adequate and affordable health insurance.
2. Promote cultural awareness in cancer planning material and messaging to accommodate all cancer survivors.

EVALUATE PROGRESS AND OUTCOMES

1. Support surveillance systems that increase the use and quality of data.
2. For CoC-accredited institutions, follow the participation in survivorship care plans as outlined in Standard 3.3.

SUPPORT PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

1. Support Indiana providers in achieving national standards for distributing survivorship care plans.
2. Increase practitioner awareness of evidence-based survivorship guidelines such as those published by the American Cancer Society.
3. Promote coordinated care within health care teams to assist survivors in receiving appropriate follow-up care.
4. Provide educational opportunities to health care professionals to educate them on the post-treatment care and quality of life issues facing cancer survivors.
5. Recognize survivorship care as an essential part of cancer care.

GOAL: Survivorship

IMPROVE Quality Of Life For All Those Affected By Cancer

OBJECTIVE 2: ***DECREASE*** *THE NUMBER OF REPORTED UNHEALTHY DAYS AMONG CANCER SURVIVORS.*

MEASURES»

Data Sources:
2016 BRFSS

SURVIVORS Who Had The Same or Fewer Poor Mental Health Days Over The Past 30 Days As People Without Cancer

SURVIVORS Who Had The Same or Fewer Poor Physical Health Days Over The Past 30 Days As People Without Cancer

BASELINE: **67.1%**

TARGET: **72.0%**

MAKE AN IMPACT:

IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

1. Develop and enhance patient-centered navigation systems and pathways based on best practices to ensure optimum care across the continuum of cancer survivorship.
2. Minimize adverse effects of cancer on employment.

IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

1. Promote the use of survivorship care plans by health care providers.
2. Improve the quality of life for cancer survivors by providing referrals to rehabilitation services that address unmet physical, social, and emotional needs.
3. Increase awareness about healthy living and physical and mental health after a cancer diagnosis.
4. Increase knowledge of survivorship issues for the general public, cancer survivors, health care professionals, and policy makers.

SUPPORT PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

1. Provide educational opportunities to health care professionals to educate them on the post-treatment care and quality of life issues facing cancer survivors.

EVALUATE PROGRESS AND OUTCOMES

1. Support surveillance systems that increase the use and quality of data.

GOAL: Survivorship

IMPROVE Quality Of Life For All Those Affected By Cancer

OBJECTIVE 3: ***IMPROVE*** *HEALTHY LIFESTYLE BEHAVIORS OF CANCER SURVIVORS.*

MEASURES»

Data Sources:
2016 BRFSS

SURVIVORS At a Healthful Weight

BASELINE: 28.0%

TARGET: 37.6%

SURVIVORS Who Currently Use Cigarettes

BASELINE: 21.3%

TARGET: 10.1%

MAKE AN IMPACT:

IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

1. Promote policy changes that support addressing cancer as a long-term, chronic disease.
2. Increase the dissemination and utilization of survivorship care plans that include information about healthy lifestyle behaviors.

IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

1. Promote tobacco cessation in cancer patients and survivors.
2. Promote the concept of survivorship as a chronic condition that people can live with and manage with healthy lifestyle behaviors.
3. Establish educational forums for patients on survivorship in partnership with professional organizations.
4. Develop primary prevention education programs to inform survivors about their susceptibility and any behavioral changes they can make to reduce their risk.
5. Support programs that emphasize the importance of appropriate physical activity and nutrition during and after cancer treatment.

SUPPORT PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

1. Educate health professionals in local medical communities through grand rounds, tumor board meetings, continuing education trainings, and other venues about healthy lifestyle behaviors for survivors in order to reduce their risk of cancer recurrence and new cancers *(and symptoms from disease and treatment).*
2. Establish educational forums for providers on survivorship in partnership with professional organizations.

EVALUATE PROGRESS AND OUTCOMES

1. Support surveillance systems that increase the use and quality of data.

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FACEBOOK.COM/
INDIANACANCER

IndianaCancer.org

TWITTER.COM/
IN_CANCER