The Ohio Cancer Plan: 2010

OUR CALL TO ACTION

Ohio Partners for Cancer Control

A statewide blueprint for cancer prevention and control in Ohio

November 2006

Dear Ohioans:

Did you know that approximately 60,000 new cases of cancer will be diagnosed in Ohio this year?

Did you know that cancer claims about 25,000 lives in Ohio each year?

Did you know that 1 in 3 Ohioans now living will eventually have cancer?

You may not have known these startling statistics about cancer, but you undoubtedly know someone who has been affected by the disease – a family member, friend, coworker, or perhaps, you yourself. The second leading cause of death in Ohio, cancer leaves virtually no family untouched.

In 2003, Ohio Partners for Cancer Control, Ohio's statewide comprehensive cancer control partnership, recognized the need to dramatically impact the cancer burden and created *The Ohio Cancer Plan: 2010,* a plan to reduce cancer incidence and mortality in Ohio by 2010. Three years after the release of this original cancer plan, Ohio Partners for Cancer Control is pleased to present *The Ohio Cancer Plan: 2010, Our Call to Action*. Created with the assistance of more than 50 organizations, the publication has been updated to reflect emerging issues and new strategies in cancer prevention, detection, care, and survivorship. It serves as a blueprint for cancer prevention and control activities at the state and local level and even gives guidance about what you, personally, can do to assist in the battle against cancer.

Thank you for using *The Ohio Cancer Plan: 2010, Our Call to Action*. Ohio Partners for Cancer Control invites you to learn more about our efforts and to join us as we seek to "make cancer history for all Ohioans."

Sincerely,

J. Nick Baird, MD, Co-Chair
Director,
Ohio Department of Health

Don McClure, Co-Chair
Chief Executive Officer,
American Cancer Society, Ohio Division

Contents

Executive Summary

In 2006, approximately 60,000 Ohioans will be told, "You have cancer." They will join thousands of individuals in the state who are already living with the disease. Their family and friends will join thousands more who battle cancer alongside their loved ones. Unfortunately, there is almost no one in Ohio who has not been touched by cancer.

In 2000, Ohio Partners for Cancer Control was formed to reduce the cancer burden in Ohio through a collaborative and comprehensive approach. *The Ohio Cancer Plan: 2010* was published in 2003 to serve as a blueprint for the state's cancer prevention and control activities and to identify goals, objectives, and strategies in the following priority areas:

Primary Prevention
Early Detection
Treatment and Care
Research and Clinical Trials
Palliation and Quality of Life
Data and Surveillance

The partnership has made significant progress since 2003, fully or partially achieving 83% of the objectives identified in *The Ohio Cancer Plan: 2010*. Three years after the original publication of the plan, Ohio Partners for Cancer Control is pleased to present *The Ohio Cancer Plan: 2010, Our Call to Action*. This updated cancer plan reports on our partnership's progress to date and includes revised objectives and strategies that will better equip us to meet our 2010 goals.

The Ohio Cancer Plan: 2010, Our Call to Action increases emphasis on Ohio's ever-growing population of cancer survivors by featuring a new goal related to:

Cancer Survivorship

This addition to the original plan highlights Ohio's need to better serve and engage those living through and beyond cancer. In their honor, *The Ohio Cancer Plan: 2010, Our Call to Action* features photographs and stories from Ohio cancer survivors, several of whom are members of Ohio Partners for Cancer Control for whom cancer is a personal, as well as a professional, issue.

The updated publication also includes information on efforts to eliminate health disparities and on actions any Ohio citizen can take to help prevent and control cancer.

The Ohio Cancer Plan: 2010 is a "Call to Action" for government, the private sector, the nonprofit sector, and Ohio's communities to help "make cancer history for all Ohioans."

Introduction

Why Care about Cancer?

Cancer continues to be the second leading cause of death after heart disease, and in Ohio alone, cancer claims about 25,000 lives each year. In persons under age 55, cancer is the leading cause of death. Approximately 1 in 3 Ohioans now living will eventually have cancer. We know that many of these cancers can be avoided. Nearly 65% of new cancer cases and 33% of cancer deaths could be prevented through lifestyle changes such as eliminating tobacco use, improving dietary habits, exercising regularly, maintaining a healthy weight, obtaining early detection cancer screening tests, and obtaining timely and appropriate treatment.

While many health systems, health care professionals, and researchers are working to reduce Ohio's cancer burden, there are not enough resources to fully address this important health issue. Improvements must be made in the coordination of information, personnel, resources, and efforts among those working to fight cancer in order to maximize their ability to prevent and control cancer.

What is Ohio Partners for Cancer Control?

Formed in 2000, Ohio Partners for Cancer Control is a statewide consortium dedicated to reducing the cancer burden in Ohio. This consortium is comprised of representatives of organizations who have cancer prevention and control as a focus of their mission. Organizations represented include hospitals, universities, cancer centers, health care professional associations, nonprofit organizations, government agencies, minority health coalitions, and community organizations. Ohio Partners for Cancer Control has as its mission "to make cancer history for all Ohioans." This group stresses a unified fight against cancer through collaboration and use of a comprehensive approach. Ohio Partners for Cancer Control will achieve far greater success than could be accomplished by individual organizations.

What is Comprehenisve Cancer Control?

Comprehensive cancer control continues to grow in importance throughout the nation as states seek to address this second leading cause of preventable death. Comprehensive cancer control, as defined by the Centers for Disease Control and Prevention, is "a collaborative process through which a community pools resources to reduce the burden of cancer that results in risk reduction, early detection, better treatment, and enhanced survivorship." Ohio Partners for Cancer Control is dedicated to this approach.

How is Comprehensive Cancer Control Accomplished?

Comprehensive cancer control relies on active involvement by concerned citizens and key stakeholders and uses data in a systematic process to:

- determine the cancer burden;
- identify the needs of communities and/or population-based groups;
- prioritize these needs;
- develop interventions and infrastructure to address the needs;
- mobilize resources to implement interventions; and
- evaluate the impact of these interventions on the health of the community/population.

Ohio Partners for Cancer Control is a statewide consortium dedicated to reducing the cancer burden in Ohio.

The Cancer Burden in Ohio

What is cancer?

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death.

Who gets cancer?

Anyone can develop cancer, but the risk increases with age. About 76% of all cancers are diagnosed at 55 and older. Lifetime risk refers to the probability that an individual (born free of cancer and living to 80) will develop cancer over the course of a lifetime. In the US, men and women have about a 1 in 3 lifetime risk of developing invasive cancer. It is the second leading cause of death among adults in Ohio following heart disease, and the second leading cause of death in children between ages 5 and 14 following deaths from injuries.

How many new cases of cancer are expected to occur this year?

In 2006, approximately 60,000 Ohio residents are expected to be diagnosed with cancer. This amounts to more than six new cases of cancer diagnosed every hour of every day. This estimate does not include nonmelanoma skin cancer and carcinoma *in situ* (for sites other than the urinary bladder).

How many people are expected to die of cancer this year?

In 2006, about 25,000 Ohioans are expected to die of the disease, which is approximately 70 people every day or almost three people every hour.

Can cancer be cured?

Yes. In general, for most types of cancer, if a person's cancer has been in remission (all signs and symptoms of the disease are absent) for five years, the cancer is considered cured. The length of remission at which a person is considered cured differs for various kinds of cancer. Certain types of skin cancer are considered cured as soon as the lesion is removed. With other cancers, eight to 10 years must pass before the person is considered cured.

What percent of people survive cancer?

The five-year relative survival rate for all cancers diagnosed between 1996 and 2002 is 66%, up from 50% in 1975-1977, partly because of improvements in early detection and treatment. After adjusting for normal life expectancy (factors such as dying of heart disease, injuries, and diseases of old age), the five-year relative survival rate represents persons who are living five years after diagnosis, whether disease-free, in remission, or under treatment with evidence of cancer. While five-year relative survival rates are useful in monitoring progress in the early detection and treatment of cancer, they are not good predictors of an individual's prognosis. This is because five-year relative survival rates are based on patients who were diagnosed from 1996-2002 and do not reflect recent advances in detection and treatment.

Could more people be saved?

Yes. All cancers caused by cigarette smoking and heavy use of alcohol could be prevented completely. The American Cancer Society estimates that in 2006 more than 170,000 cancer deaths in the US and 7,500 cancer deaths in Ohio will be caused by tobacco use. Scientific evidence suggests that about one-third of the 564,830 US cancer deaths expected to occur in 2006 will be related to poor nutrition, physical inactivity, obesity, and other lifestyle factors and could be prevented.

In addition, many of the more than 1 million skin cancers expected to be diagnosed in 2006 could be prevented by protection from the sun's rays.

(Source: *Ohio Cancer Facts & Figures: 2006,* American Cancer Society, Ohio Division)

Cancer Plan Progress, 2003-2006

A review of Ohio Partners for Cancer Control's efforts during these past three years shows areas of significant progress and success, as well as areas that need improvement. A summary of results for each of the six original priority areas follows.

Primary Prevention

Ohio Partners for Cancer Control has made significant progress in collecting data to meet the primary prevention objectives. The coalition surveyed approximately 700 community-based organizations, local health departments, hospitals, and Ohio Partners for Cancer Control member organizations to determine the availability of cancer prevention and early detection programs and to assess where gaps in programming exist. A comprehensive workplace wellness survey was also conducted to ascertain a baseline level of availability of wellness programming and cancer screening services among Ohio's workforce. The data indicated that much work can be done to incorporate comprehensive cancer prevention and control messages among Ohio's employers and their employees.

OPCC members also completed a review of commonly available cancer education and awareness materials to determine their appropriateness for various audiences. As a result of this project, members have chosen to develop an "appropriateness and effectiveness" tool for use by those searching for materials. The coalition has also developed a statewide recognition system for "Model Programs in Cancer Control," and the first awards will be given by Ohio Partners for Cancer Control to exemplary cancer prevention and control programs in 2007.

In 2006, Ohio Partners for Cancer Control endorsed the "smoke-free Ohio" statewide public smoking ban. In addition, Ohio Partners for Cancer Control has supported the use of tobacco settlement funds for tobacco control purposes and counts the Ohio Tobacco Prevention Foundation among its member organizations. Through the resources of the Foundation and Ohio's other tobacco prevention and cessation programs, Ohio citizens are able to search for and find local programs and services to meet their tobacco prevention and/or cessation needs.

Overall, Ohio gets credit for its declining smoking rates among adults. In 2004, 26% of Ohio adults reported that they were smokers. By 2005, that percentage fell to 22%. However, fruit and vegetable consumption, physical activity, and obesity rates show little or no improvement. Statistics also show that those Ohioans who are older, who have low incomes, and who have less education are less likely to consume healthy foods and get enough exercise and are more likely to be obese.

Early Detection

Ohio Partners for Cancer Control members have made great progress in providing colon cancer early detection screenings. Over the past three years, partners identified counties with high colorectal cancer burdens and hosted colorectal cancer summits to engage community members in identifying strategies to reduce those burdens. Thanks to partner collaboration and commitment and to community interest and mobilization, 11 Ohio counties now offer free or sliding-fee colonoscopies. Colon cancer screening rates reflect this accomplishment. The percentage of Ohioans age 50 or over who reported that they had ever had a sigmoidoscopy or a colonoscopy grew from 41% in 2002 to 46% in 2005.

Pap test screening to detect cervical cancer in women also increased. Eighty-six percent of Ohio adult women had had a Pap test within the last three years in 2002. In 2005,

that percentage grew to 88%. Falling breast, cervical, and colon cancer death rates in Ohio are likely attributable to increased use of cancer early detection screening services.

In 2006, partners joined other health care groups around the country to lobby against a federal bill that would allow health insurers to ignore state requirements for minimum health care benefits and could have eliminated coverage for cancer screenings. Thanks to thousands of cancer advocates who contacted their Senators in opposition to the legislation, the bill did not receive enough support for a vote. Securing or maintaining insurance coverage for cancer screening services is an ongoing task for the coalition, as is ensuring the availability and use of screening services throughout Ohio.

Treatment & Care

In 2003, Ohio Partners for Cancer Control conducted a survey to measure health care provider knowledge, attitudes, and beliefs about access to cancer treatment, care, and support services for their patients. The partners also created maps to show the geographic distribution of American College of Surgeons Commission on Cancer (CoC) accredited hospitals. Commission on Cancer accreditation indicates that a hospital complies with standards for quality cancer care. Another initiative undertaken by Ohio Partners for Cancer Control improved reporting of the use of adjuvant chemotherapy for Stage III colon cancer. Adjuvant chemotherapy is treatment given after a patient's primary cancer treatment to increase the chances of a cure and is the recommended course of treatment for Stage III colon cancer.

Over the past few years, coalition members have been actively educating Cancer Liaison Physicians and Cancer Committee Chairmen about cancer disparities and cancer survivorship issues. Cancer Liaison Physicians are volunteers who provide leadership and direction to their hospitals' cancer program. Cancer Committee Chairmen oversee their hospitals' Cancer Committee or Tumor Board, which is responsible for review and oversight of cancer cases and care. One aspect of this outreach and education is to promote the use of Ohio Partners for Cancer Control-endorsed quality indicators as benchmarks for cancer treatment and care.

Ohio Partners for Cancer Control conducted a study of the impact of poverty on the stage of diagnosis of colon cancer. The results indicated that access to and utilization of colon cancer screening needs to be improved statewide. Ohio Partners for Cancer Control continues to collect baseline data to accurately reflect the availability and quality of cancer treatment in Ohio.

Research & Clinical Trials

Questions about providers' knowledge, attitudes, and beliefs regarding patient enrollment and participation in cancer clinical trials were included in the health care provider survey. However, some respondents indicated reluctance to refer patients to cancer clinical trials. In an effort to counteract this reluctance and to ensure that providers and cancer patients have access to information about available cancer clinical trials in Ohio, Ohio Partners for Cancer Control compiled a directory of all cancer clinical trials occurring in the state. Statistics show that only about 3% of adults with cancer participate in clinical trials and about 85% of cancer patients are either unaware of or unsure about clinical trials as a treatment option. Clearly, there is still much work to be done to increase awareness of and access to cancer clinical trials.

Palliation & Quality of Life

Increasing public and provider knowledge about palliation is a difficult task. The word "palliation" is often unknown or misunderstood. Ohio Partners for Cancer Control has made progress in its work to ensure that more people know about available resources to relieve the symptoms and side effects of cancer and cancer treatment. The coalition developed and adopted an Ohio-specific definition of "palliative care" (see definition on page 18). They also worked together to provide statewide professional education opportunities to increase health care professional understanding of the clinical, legal, and societal issues surrounding cancer pain management.

At the state level, several policies and structural changes have occurred regarding the use of opioids in pain therapy. The Ohio Pain Advisory Committee was expanded and is now the Pain and Palliative Care Advisory Committee, pulling in expertise from the broader professional landscape to address issues and concerns around pain and treatment. Regarding physician use of opioids, it has been reported that the

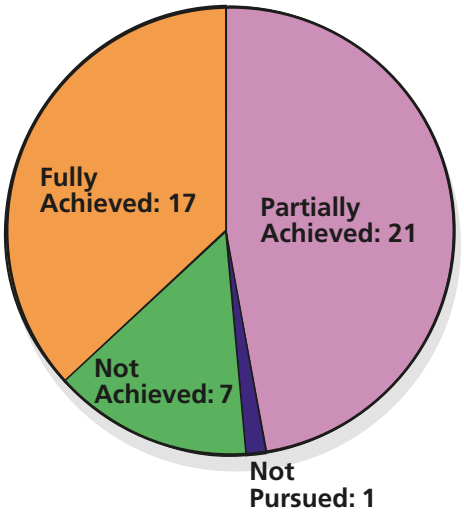
policy environment has became somewhat less restrictive. However, language that perpetuates the misconception that opioid use hastens death was recently adopted by the legislature and continues to plague the opioid treatment debate. Only time will tell if this environment has improved.

Data & Surveillance

The partnership accomplished the majority of its objectives related to cancer reporting. A plan to increase reporting from non-hospital sources was developed and implemented, and the proportion of electronically reported cases has correspondingly increased. Ongoing professional education opportunities for local registrars and hospital staff have been offered to increase reporting accuracy and timeliness and to increase the number of licensed tumor registrars in the state. A review of current reporting requirements among key organizations was also conducted to ensure Ohio's compliance with all standards. Action plans have been implemented in organizations to improve reporting.

Despite this progress, Ohio's cancer registry reporting compliance does not meet the nationwide goal of capturing at least 95% of the expected number of reportable cases. Currently, Ohio's statewide cancer registry information is 93% complete. In the past, the cancer registry has received the Silver Award for 95% compliance, and the Ohio Partners for Cancer Control is determined to reclaim this status in the near future.

Progress Toward Completion of Original 46 Cancer Plan Objectives: 2003-2006



Janice Cicero
Burghill, *Pancreatic Cancer Survivor*

"I've been cancer free for two years and six months. What a miracle! I had a tumor in the head of my pancreas. I was able to have the whipple procedure (at University Hospital of Cleveland) to remove the acorn-sized tumor. They also removed some of my lymph nodes. During the 10 1/2 hour surgery, I was given radiation, then in about a month, I had seven weeks of radiation and chemotherapy. I received the chemo 24 hours a day, seven days a week. My husband and I were able to stay in a place called Hope Lodge* in Cleveland during that time. I was very blessed to be able to stay there because I got so sick. I couldn't have made the 1 1/2 hour trip to the hospital every day. The road to recovery was hard. I believe an important part of my recovery is having a positive attitude. Since there is only a 1% survival rate with pancreatic cancer, it would be easy to feel sorry for myself and wallow in fear. But life is short, and I thank God every day that I am alive and cancer free."

* Hope Lodge is the American Cancer Society's free home-away-from-home for cancer patients who must travel to receive treatment.

Partnership Progress and Priorities

Barbara Beckwith
Columbus, *Breast Cancer Survivor*

"I know that I have been blessed and given a second chance at life. My goal is to be the best cancer advocate I can be. Survivors must understand that their goal may not have anything to do with cancer education, detection, diagnosis, etc., and that is fine. The new goal just needs to be something that they are passionate about and willing to act on. We as survivors can accomplish great things. We are at a decision point as a group and as individuals. We can sit and think, or we can band together and act. I prefer to act!"

In addition to working to achieve the goals outlined in *The Ohio Cancer Plan: 2010, Our Call to Action,* Ohio Partners for Cancer Control seek to maintain a strong partnership. Effective leadership and prudent governance are keys to the partnership's success.

Ohio Partners for Cancer Control's recent efforts to strengthen its partnership include:

- creating and approving a set of governance guidelines;
- electing an experienced and active Executive Board;
- hiring, with funding from the American Cancer Society, an Executive Director to manage the daily work of the coalition;
- circulating a bimonthly newsletter, "Ohio Partners for Cancer Control Connection" among partners and their constituents; and
- forming committees to manage the partnership's ongoing administrative and operational activities.

OPCC Committees

The Membership Committee makes recommendations to the Executive Board regarding nominations for membership in Ohio Partners for Cancer Control and for recruitment of new members to ensure a diverse and representative partnership.The coalition seeks to expand to include additional agencies, organizations, and individuals already working along the cancer continuum.

The Communications Committee is responsible for outreach and marketing efforts for the state comprehensive cancer control plan and for Ohio Partners for Cancer Control.

The Resources Committee identifies and generates monetary and in-kind resources for the state comprehensive cancer plan activities and for the ongoing administration of the partnership. The committee is developing a budget for the implementation of *The Ohio Cancer Plan: 2010, Our Call to Action* objectives and strategies.

The Advocacy Committee monitors the current political environment as it relates to decision-making about cancer prevention and control and makes policy recommendations to the partners.

The Evaluation Committee develops a plan for the partnership and the comprehensive cancer plan to review progress, track activities, and measure results.

A member satisfaction survey completed in 2005 showed that, overall, members are satisfied with the partnership. Members had the strongest positive response to the survey when asked whether Ohio Partners for Cancer Control has constituent support, indicating that members within their organizations support the partners' mission. Members had the strongest negative response when asked if the partnership had adequate resources to fulfill its mission. The Resources Committee is working hard to secure funding for partnership activities in order to reverse this negative response.

Eleven Goals for Comprehensive Cancer Control, 2006-2010

In 2003, the Ohio Partners for Cancer Control identified 10 goals to advance cancer control in Ohio over the next seven years (2003 to 2010). These goals were intended to be a broad road map that communities could follow, each in their own way, to get to the same destination: fewer new cancer cases and cancer deaths in Ohio. Since 2003, the OPCC has periodically evaluated its progress toward meeting those goals, and in 2006, the partnership decided to revise the goals and add a new goal that emphasizes cancer survivorship issues to better guide its journey to reduce the cancer burden in the state.

The 11 goals in this edition represent needs identified by experts in the field of cancer control and public health, and concerns raised by Ohio citizens. They were developed with input from individuals and more than 50 professional, academic, and community-based organizations that have worked together since 2003 as members of the Ohio Partners for Cancer Control.

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These goals represent needs identified by experts in the field of cancer control and public health, and concerns raised by Ohio citizens.

Primary Prevention Goals

1) Increase outreach and education on primary prevention for all cancers among diverse populations.

2) Decrease youth and adult tobacco use rates, increase public support for smoke-free environments, and advocate for tobacco control legislation.

3) Educate employers and health plans on the importance of wellness benefits. Encourage them to include wellness benefits as part of their overall benefits packages.

Early Detection Goal

4) Promote awareness of, and implement, early detection initiatives that include appropriate follow-up and treatment among the general public, high-risk groups, and health care professionals.

Treatment and Care Goals

5) Identify disparities in treatment among diverse populations. Develop and implement interventions to address them.

6) Implement health care professional outreach programs in rural and underserved parts of the state to address the availability of treatment options, including clinical trials.

Research and Clinical Trials Goals

7) Improve health care professionals' knowledge, attitudes, beliefs, and practices regarding cancer clinical trials.

8) Increase awareness of, and enrollment in, clinical trials especially among diverse populations through public education and physician outreach.

Palliation and Quality of Life Goal

9) Increase patient, caregiver, and health care professional awareness of quality of life issues and options; and increase access to and utilization of palliation and pain control techniques.

Survivorship Goal

10) Improve Ohio cancer survivors' quality of life through education and outreach initiatives to address the physical, emotional, social, and vocational challenges of survivorship among diverse populations.

Data and Surveillance Goal

11) Improve the quality, completeness, and integrity of reporting of cancer incidence, mortality, and staging data for diverse populations in Ohio.

Primary Prevention

Definition: Encouraging behaviors to prevent cancers from developing, such as improving diet and exercise habits, eliminating tobacco use, and avoiding the sun's rays.

Goal 1: Increase outreach and education on primary prevention for all cancers among diverse populations.

Objective 1: By 12/31/08, ensure that cancer prevention and control programs are routinely entered into and updated in the American Cancer Society's (ACS) Cancer Resource Database (CRD).

Strategies:
- Make program solicitation form available to partners and to others.
- Widely promote and disseminate information on how to access the CRD.
- Ensure that new technologies and services (e.g., genetic evaluation) are included in the CRD.
- Develop statewide "Model Programs" recognition plan.

Objective 2: By 12/31/08, identify gaps in programming in each region.

Strategies:
- Use information in the CRD to identify regions that lack primary prevention programming.
- Obtain and monitor state and national information provided by the ACS.
- Work with partners and communities to fill recognized gaps in service and/or information.

Objective 3: By 12/31/08, assist partners, professionals, and communities in determining appropriateness of cancer prevention and control materials available for use with priority populations.

Strategies:
- Develop a checklist or tool to determine publication appropriateness.
- Disseminate this tool to partners, professional organizations, and others.
- Compile, distribute, and maintain a list of reputable sources of cancer prevention educational materials for community use to ensure that consistent and accurate messages are shared.

Objective 4: By 12/31/08, build capacity of community-based organizations and others to implement the plan and use available tools.

Strategies:
- Develop a speaker's bureau package for partners to provide basic, consistent information concerning prevention strategies, risk factors, genetic evaluation, and available services and programs.
- Provide technical assistance to community-based organizations, employers, schools, faith-based organizations, and others who are implementing portions of the plan.
- Provide train-the-trainer programs for partners and others to provide speaker's bureau and technical assistance services to the public.
- Produce user-friendly, basic information about OPCC membership, structure, mission, and tools for partners' use within their organizations.

GOAL 2: Decrease youth and adult tobacco use rates, increase public support for smoke-free environments, and advocate for tobacco control legislation.

Objective 1: By 12/31/10 (and ongoing), support existing efforts to maintain tobacco settlement funds for tobacco control purposes.

Objective 2: By 12/31/07, define and document appropriate tobacco use cessation programs for youths and adults.

Strategies:
- Promote and publicize the Association for the Treatment of Tobacco Use and Dependence (ATTUD) guidelines.
- Ensure that appropriate programs adhere to the ATTUD guidelines.
- Assist in training tobacco use cessation professionals.

Objective 3: By 12/31/10, expand availability of and participation in appropriate youth and adult tobacco use cessation programs.

Strategies:
- Monitor trends in tobacco use among youths and adults.
- Promote and publicize existing tobacco use cessation programs.

Objective 4: By 12/31/08, evaluate previously reported evidence-based programs to assess their adaptability to priority populations in Ohio.

Strategy:
- Pilot programs in Ohio and evaluate their effectiveness.

Objective 5: By 12/31/08, encourage local school boards to have policies and programs to promote tobacco use cessation among youths and adults.

Strategies:
- Develop and share template policies.
- Promote and publicize effective policies and programs.
- Participate in training those who will develop and implement these policies and programs.
- Advocate for local implementation.

Objective 6: By 12/31/10, work with hospitals to provide smoking cessation programs for hospitalized smoking patients.

Strategies:
- Develop and share template policies and tools.
- Participate in training those who will develop and implement these programs.
- Develop monitoring and evaluation plan.

GOAL 3: Educate employers and health plans on the importance of wellness benefits. Encourage them to include wellness benefits as part of their overall benefits packages.

Objective 1: By 12/31/07, identify cancer prevention and control criteria which employers should meet to be considered a "healthy workplace."

Strategies:
- Use evidence-based approaches as model for program.
- Include health promotion, early detection, tobacco use policies, benefits coverage, and community involvement in criteria for "healthy workplace" designation.
- Collaborate with the Healthy Ohioans Business Council to develop and implement the "healthy workplace" program.

Objective 2: By 12/31/10, continue to compile and monitor trends in cost-effectiveness of employee wellness programs.

Objective 3: By 12/31/10, continue to disseminate information on model employee wellness programs (including cost benefits) through outreach to Ohio employers, third party administrators, health plans, and purchasers.

Early Detection

Definition: Obtaining cancer screening tests to detect cancer early and at a more treatable stage. Examples of early detection cancer screening tests include Pap tests for cervical cancer, mammograms for breast cancer, colonoscopy for colorectal cancer, and prostate-specific antigen (PSA) for prostate cancer.

GOAL 4: Promote awareness of, and implement, early detection initiatives that include appropriate follow-up and treatment among the general public, high-risk groups, and health care professionals.

Objective 1: By 12/31/10, facilitate provision of continuing education (CE) courses with a distance learning option to promote the importance of early detection tests.

Strategies:

- Priority audiences include primary care physicians (i.e., family practice, internal medicine, and OB/Gyn), nurse practitioners, physician assistants, and other health care professionals.
- Develop strategies to share member organizations' CE offerings and lessons learned.
- Assist health care systems in using practice-based tools and techniques that will ensure cancer early detection services are discussed/provided to all eligible patients, according to recommended guidelines.

Objective 2: By 12/31/10, ensure that available early detection services are routinely entered into and updated in the American Cancer Society's (ACS) Cancer Resource Database (CRD).

Strategies:

- Solicit information about early detection activities from community organizations and health care providers and ensure that these are entered into the CRD by the ACS.

Objective 3: By 12/31/10, utilize cancer screening rate data from available sources (e.g., KePro, BRFSS, HEDIS) to identify and assist communities in developing strategies to increase screening related to cancers of the breast, colon/rectum, prostate, and cervix.

Strategies:

- Monitor trends in screening rate data to identify opportunities for improvement in availability and utilization of screening services.
- Identify resources to increase availability of services in areas and populations where services are currently insufficient.
- Utilize available mobile screening services to increase access to early detection services among priority populations.

KePro: Ohio's Medicare quality improvement organization that provides information on Medicare through public use data.

HEDIS: A set of standardized performance measures designed to compare the performance of managed health care plans. HEDIS is sponsored, supported and maintained by National Committee for Quality Assurance.

BRFSS: The Behavioral Risk Factor Surveillance System, conducted by the Ohio Department of Health, in conjunction with the Centers for Disease Control and Prevention (CDC), collects data on the health behaviors of Ohioans.

Objective 4: By 12/31/07, begin to promote successful community efforts across Ohio related to improving men's health, addressing men's risk behaviors, and the need for appropriate cancer screening for men.

Strategies:

- Utilize evidence-based approaches to design and implement pilot-tested initiatives.
- Include evaluation in program design to document effectiveness.

Objective 5: By 12/31/08, identify and disseminate information to providers about comprehensive approaches to early detection to ensure tracking and follow-up of abnormal results and referral for treatment and care.

Strategies:

- Encourage clinical providers and other partners to enhance and expand existing screening programs and services for follow-up of abnormal results and referral for treatment.
- Identify best practices of current programs utilizing comprehensive approaches.
- Include health-insuring organizations, charitable organizations, and employers within the community to increase coverage for follow-up services for both insured and uninsured populations.

"Successful treatment of many kinds of cancer depends largely on how early the cancer is detected."

Centers for Disease Control and Prevention

Sheila Massie
Canfield, *Pancreatic Cancer Survivor*

"I have been cancer-free for 6 1/2 years now. Overcoming all these hardships has been the hardest thing I have ever had to do. It has made me a better person all around. It has strengthened my faith in God and my fellow man. I have been volunteering with the Patient Navigator program for about four years. All but one of my patients have died within one year of their diagnosis. This hasn't exactly been easy to accept. It does remind me how I have been blessed. My major recommendation is this: only you know your own body. When something doesn't seem right, pursue it until you are satisfied. It could be the difference between life and death. Early detection is key!"

Treatment and Care

Definition: Ensuring that all citizens have access to and financial coverage for timely and appropriate cancer treatment and ensuring the highest quality of care among diverse populations.

GOAL 5: Identify disparities in treatment among diverse populations. Develop and implement interventions to address them.

Objective 1: By 7/1/07, establish baseline of facilities that provide cancer treatment and delineate the type of cancer treatment available and the population served (e.g., geographic distribution, demographics, socioeconomic status, payor mix).

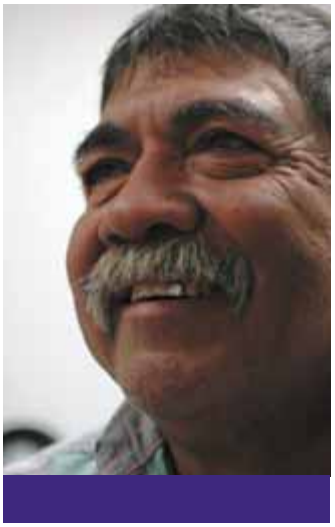
Objective 2: By 7/1/07, assess baseline of standards of care by determining use of treatment guidelines (e.g., National Cancer Comprehensive Network, American Society of Clinical Oncology) among those institutions providing cancer care.

Objective 3: By 7/1/07, map data gathered in Objectives 1 and 2 to assess access issues.

Objective 4: By 12/31/07, using previously published studies and literature regarding disparities, identify known differences affecting populations in treatment and care based on age, socioeconomic status, geographic region, access, and other related variables that can be applied to similar populations in Ohio.

Objective 5: By 12/31/07, identify data sources and develop methodology to identify differences in treatment and care across demographic variables such as age, gender, race, and socioeconomic status.

Objective 6: By 12/31/08, develop and implement educational outreach to communities to help them understand appropriate treatment and care options and to learn to ask for the care they are entitled to receive.



GOAL 6:
Implement health care professional outreach programs in rural and underserved parts of the state to address the availability of treatment options, including clinical trials.

Objective 1: By 12/31/08, identify methods of improving health care institutions' and professionals' care patterns, data collection, and outcomes designed to increase quality of life for all populations. Identify most appropriate means for dissemination and implement.

Objective 2: By 12/31/10, advocate at the state and federal level for fair and equal access to appropriate and adequate medical care.

- SPECIAL TEAR OUT PAGE -

The Ohio Cancer Plan: 2010, Our Call to Action

What can you do?

The Ohio Cancer Plan: 2010, Our Call to Action lays out 11 broad goals that will make significant progress in reducing the burden of cancer among all Ohioans. To accomplish these goals, everyone needs to be involved in the effort. Ohio Partners for Cancer Control and their constituent groups will work to achieve these goals, and there are things that each of us can begin to do right now to help work toward the mission of making cancer history for all Ohioans.

Below are a few examples of what you can do to help work toward the goals presented here. Use these examples, and think of other actions you can take to reduce the burden of cancer throughout Ohio. Fill in the blank spaces with your own ideas. Share your ideas by sending them to Ohio Partners for Cancer Control, 5555 Frantz Rd, Dublin, OH 43017 Attention: Ann-Hilary Hanly.

If you are a hospital

- **Ensure that your cancer cases are reported in a timely way.**
- **Provide meeting space for cancer support groups.**
- **Collaborate to sponsor community screening programs.**
- **Aquire or maintain American College of Surgeons membership.**

OR_____

If you are a local health department

- **Provide cancer awareness information to citizens.**
- **Collaborate in community walking campaigns.**
- **Work with physicians to promote screening programs and case reporting.**
- **Provide space for survivor support groups.**

OR_____

If you are a community-based organization

- **Provide cancer awareness information to constituents.**
- **Promote cancer screening among clients.**
- **Encourage participation in clinical trials.**
- **Collaborate to provide community prevention programs.**

OR_____

If you are a professional organization

- **Provide cancer awareness information to constituents.**
- **Promote cancer screening among clients.**
- **Encourage participation in clinical trials.**
- **Collaborate to provide community prevention programs.**

OR_____

If you are an employer

- **Provide healthy foods in vending machines and cafeterias.**
- **Encourage employees to increase physical activity.**
- **Collaborate with hospitals to host screening events.**

OR_____

The Ohio Cancer Plan: 2010, Our Call to Action

What can you do?

If you are a school/university

- Include cancer prevention messages in health classes.
- Provide healthy foods in vending machines and cafeterias.
- Increase physical education requirements.
- Make your entire campus a smoke-free environment.

OR_____

If you are a faith-based organization

- Provide cancer prevention information to members.
- Learn how to provide healthy potlucks and meeting meals.
- Open your building for walking clubs in cold weather.
- Encourage members to get cancer screening tests on time.

OR_____

If you are a physician

- Make sure patients get appropriate cancer screening tests.
- Refer patients to smoking cessation classes and nutrition programs.
- Be sure your cancer cases are reported in a timely way.
- Find out how to enroll patients in clinical trials.
- Make earlier referrals to hospice for end-of-life care.

OR_____

If you are a legislator

- Appropriate funding for comprehensive cancer control.
- Raise constituents' awareness about cancer prevention and control programs in your district or help establish new programs where needed.
- Sponsor or support legislation that promotes cancer prevention and control.
- Ensure that all Ohioans have access to health care and to cancer early detection screening services.
- Ensure that tobacco settlement funds are used for tobacco and cancer control purposes.

OR_____

If you are an Ohioan

- Stop smoking or never start.
- Eat more fruits and vegetables and maintain a healthy weight.
- Increase your daily physical activity.
- Know when to be screened and do it on schedule.
- Support smoke-free environment legislation.
- If diagnosed, consider enrolling in a clinical trial.
- Show your support and care for those who are diagnosed.
- Volunteer with your hospital, health department, faith community, or local American Cancer Society.

OR_____

Ohio Partners for Cancer Control

We are NOT powerless against cancer! Each of us can DO many things each day that will ultimately reduce both our own personal risk of cancer, and in turn, Ohio's overall cancer burden. In the end we will look back and say we had a part in "making cancer history for all Ohioans!"

Research and Clinical Trials

Definition: Identifying priorities for cancer research, advocating for funding for cancer research, finding ways to prevent and detect cancer, and improving treatment options through increased participation in clinical trials.

GOAL 7: Improve health care professionals' knowledge, attitudes, beliefs, and practices regarding cancer clinical trials.

Objective 1: Provide education to 50 health care professionals and students on cancer clinical trials every two years.

Objective 2: Publish semiannual highlights and updates on cancer clinical trials from the National Cancer Institute in newsletters reaching health professionals.

Objective 3: By 12/31/07, survey Ohio's academic institutions to identify clinical trials curriculum needs and summarize results.

Objective 4: By 12/31/08, partner with Ohio's academic institutions to include or enhance clinical trials curricula.

GOAL 8: Increase awareness of and access to cancer clinical trials, especially among diverse populations, through public education and outreach.

Objective 1: The Ohio Partners for Cancer Control Research and Clinical Trials Workgroup will act as a liaison between parties interested in cancer clinical trials education and content experts/resources.

Objective 2: Publish semiannual highlights and updates on cancer clinical trials from the National Cancer Institute in newsletters reaching the general public.

Objective 3: By 12/31/07, identify and document cancer clinical trials education and awareness activities to determine gaps and future initiatives.

Objective 4: By 12/31/08, develop and implement a plan to expand outreach to underserved communities, based on the cancer clinical trials education gaps identified.

Objective 5: Advocate for improved access and increased insurance coverage for clinical trials on an ongoing basis.

Palliation and Quality of Life

Definition: Ensuring that more people know about available resources for palliation and quality of life and use them to help cope with the effects of cancer and cancer treatment.

GOAL 9: Increase patient, caregiver, and health care professional awareness of quality of life issues and options; and increase access to and utilization of palliation and pain control techniques.

Objective 1: By 12/31/07, develop, implement, promote, and evaluate an Ohio-specific Quality of Life definition and assessment tool.

Strategy:
- Increase utilization of Quality of Life assessment tool.

Objective 2: By 12/31/08, participate in the development of a Quality of Life addendum to enhance the Durable Power of Attorney.

Strategy:
- Promote the use of addendum among Ohio's oncology programs.

Objective 3: By 12/31/10, provide a system for monitoring use of Respecting Choices educational materials among oncology programs.

Objective 4: By 12/31/10, evaluate improvement in patient Quality of Life.

Objective 5: By 12/31/10, develop criteria for compliance with OPCC Quality of Life Standards to earn OPCC commendation.

Objective 6: By 12/31/10, participate in efforts to update and promote Advance Care Planning guidelines.

Ohio Partners for Cancer Control defines palliative care as "active total care for people with serious medical illness, especially chronic and progressive life-limiting conditions. The primary goal of palliative care is to help patients and their families live as fully and comfortably as possible and have the best possible quality of life. Palliative care begins at the time of diagnosis and continues based on an ability to meet identified goals of care."

Strategies:
- Participate in professional education to train doctors and nurses in how to include Advance Care Planning conversations in their patient care processes (long-term, mid-term, and proximal).
- Work with faith-based and community-based organizations to promote discussion of Advance Care Planning among members and constituents.
- Develop, implement, and evaluate a public education strategy and campaign around palliation and Advance Care Planning efforts.

Objective 7: By 12/31/10, promote adequate and effective pain control through public and professional education offerings and materials.

Advance Care Planning: Making decisions about the care you would want to receive if you became unable to communicate your own wishes due to a medical condition.

Durable Power of Attorney: An authorization to act on someone else's behalf even after the grantor is not mentally competent or physically able to make decisions.

Quality of Life Assessment Tool: Instrument used to understand the effects of cancer on the quality of life of affected patients and to optimize management and care.

Respecting Choices: Educational program that seeks to systemize effective Advance Care Planning and end-of-life decision making.

Survivorship

Definition: Improving the quality of life for people diagnosed with cancer who are living with, through, or beyond cancer from the moment of diagnosis. The term "survivor" also includes family members, friends, and caregivers.

GOAL 10: Improve Ohio cancer survivors' quality of life through education and advocacy initiatives to address the physical, emotional, social, and vocational challenges of survivorship among diverse populations.

Objective 1: By 12/31/10, increase cancer survivors' awareness of and access to survivorship resources and services.

Strategies:

- Establish a baseline of existing survivorship resources and services, including therapy and rehabilitation services, support and education groups, and other cancer care resources at local, state, and national levels.
- Promote understanding and use of The American Cancer Society's Cancer Resource Database (CRD) for locating local survivorship resources and services.
- Review existing written survivorship care plans for survivors who have completed primary cancer treatment and adapt for use in Ohio.
- Collaborate with Palliation and Quality of Life Workgroup to develop, implement, promote, and evaluate an Ohio-specific Quality of Life definition and assessment tool and increase utilization of tool.

Objective 2: By 12/31/10, educate health care providers (including family physicians, primary care providers, oncology professionals, and medical students) about the long-term needs of cancer survivors.

Strategies:

- Develop and disseminate educational materials and tools on survivorship issues via trainings, the OPCC Web site, and electronic and print communication.
- Promote the use of an OPCC adopted written survivorship care plan for every survivor discharged from primary cancer care.

Objective 3: By 12/31/10, collaborate with community points of contact to increase awareness among the general public, policymakers, survivors, providers, and others about cancer survivorship issues and impacts.

Strategies:

- Increase the knowledge, availability, and use of patient navigation services.
- Partner with regional and community cancer centers and nonprofit organizations to offer survivorship seminars.

Objective 4: By 12/31/10, develop and mobilize a grassroots network of survivor advocates.

Strategies:

- Identify other states' and organizations' best practices in recruiting and engaging survivors.
- Engage survivors who represent the diversity of the state and the diversity of cancer sites, types, treatments, and issues.
- Empower survivors to advise OPCC on cancer control and survivorship issues and to assist in the accomplishment of cancer plan goals.

What is a survivor advocate?
An advocate is a person who supports or defends an idea or a cause. A survivor advocate can give information and advice about survivorship issues and bring the concerns and needs of survivors to the attention of the public, elected officials, and other community change agents.

Data and Surveillance

Definition: Improving the ability of reporting sources such as hospitals and physician offices to report new cancer cases in a timely and accurate manner, as required by law, and using the data to direct interventions and evaluate progress toward making "cancer history for all Ohioans."

Goal 11: Improve the quality, completeness, and integrity of reporting of cancer incidence, mortality, and staging data for diverse populations in Ohio.

Objective 1: By 12/31/10, increase annual reporting compliance by adding/increasing the number of non-hospital reporting sources by 10%.

Objective 2: By 12/31/10, have 90% electronic reporting through the Gateway (electronic date reporting system).

Strategy:
- Develop grants to reporting sources for information technology needs.

Objective 3: By 12/31/10, ensure all reporting sources abide by the ODH/OCISS reporting requirements by having a score of 90% or more on a quality control audit, which will take place once every five years. In areas with identified deficiencies, quality control audits will occur annually.

Strategies:
- Develop quality criteria.
- Focus on improved race reporting.
- Reduce unknown data elements, especially staging *in situs*.

Objective 4: By 12/31/10, conduct semi-annual three-day pre-certification workshops.

Objective 5: By 12/31/10, provide ongoing continuing education to reporting source personnel.

Objective 6: By 11/15/08, develop online Certified Tumor Registrar course. This curriculum will be used as a model to develop similar programs across Ohio.

Strategies:
- Develop curriculum.
- Develop paid internships to place students in registries.

Objective 7: By 12/31/08, develop scholarship program for Certified Tumor Registrars to be administered by the Ohio Cancer Registrars Association (OCRA). Preference will be given to facilities seeking ACoS accreditation.

Objective 8: By 2008, develop and implement communication plan to stress importance of reporting accurate, timely, and complete data.

Objective 9: By 12/31/10, encourage non-accredited hospitals to seek ACoS accreditation by communicating benefits of ACoS membership.

Objective 10: By 12/31/10, develop collaborations between physicians, hospitals, and state associations to increase reporting to the registry by focusing on OHA, KePro, VA, NCDB, national, and state oncology associations.

Strategies:
- Visit new physicians to discuss reporting source requirements.
- Re-educate existing physicians on reporting source requirements.

ACoS: American College of Surgeons

KePro: Ohio's Medicare Quality Improvement Program

NCDB: National Cancer Database

ODH/OCISS: Ohio Department of Health's Ohio Cancer Incidence Surveillance System

OHA: Ohio Hospital Association

VA: Veterans Administration

Eliminating Disparities

Cancer can affect most anyone. People of both genders, all age groups, all races, and all ethnic groups are at risk of developing cancer. However, some groups of people may be disproportionately affected by cancer because of health care disparities. A disparity is a lack of equality between people or things. Health care disparities occur when population groups experience different kinds of health problems or receive different kinds of health services.

Research shows that disparate populations may be more likely to:

- Be diagnosed with late-stage cancers;
- Die from preventable cancers;
- Receive no treatment or substandard treatment; and
- Suffer from cancer due to inadequate pain control and palliative care.

Despite research demonstrating the existence of cancer disparities, there is still much to discover about the causes of disparities and how to prevent them. Health insurance coverage, race, socioeconomic status, cultural, behavioral, and genetic factors, geographic location, and age may account for much of the unequal cancer burden.

Health Insurance Coverage

- More than 1 in 10 Ohio residents were without health insurance in 2001, approximately 1.25 million Ohioans.

- Risk of uninsurance is higher among those Ohioans with lower incomes and less education and among younger age groups, minorities, and those living in Appalachian counties.

Race

- In 2001, African American Ohioans had higher age-adjusted mortality rates than whites for all chronic diseases.

- African American Ohioans were significantly more likely than white Ohioans to report poor to fair health.

- The average annual cancer incidence rate for all sites and types combined is slightly higher among African American Ohioans than white Ohioans.

- African American Ohioans had higher rates of lung, prostate and colorectal cancers compared to white Ohioans. White females in Ohio had higher rates of breast cancer than African American females.

- The greatest disparity is observed in prostate cancer: African American males have twice the rate of mortality of white males.

- African American adults were significantly more likely than their white counterparts to report clinics, emergency rooms, hospital outpatient departments, and other sources (military and veterans' facilities, family members, and friends) as their usual source of health care.

Socioeconomic Status

- According to the 1998 Ohio Family Health Survey, low-income adults were significantly more likely

than non low-income adults to report a chronic health condition.

- Low-income adults were significantly more likely than non low-income adults to report unmet health care needs.

- Low-income adults had significantly lower average ratings of satisfaction with access to specialists and were significantly more likely to report poor satisfaction with access to specialists than their non low-income counterparts.

Culture, Behavioral, and Genetic Factors

- Cultural and behavioral factors pertaining to diet and screening use may cause certain populations to have higher or lower cancer incidence and mortality rates.

- Genetic differences among population groups may explain differences in cancer rates. For example, women of Ashkenazi Jewish descent may have an increased frequency of mutations in the BRCA1 and BRCA2 genes, causing higher rates of breast, colorectal, and ovarian cancers.

Geographic Location

- Twenty-nine of Ohio's counties are classified as Appalachian. This region has a high prevalence of risk factors for cancer, including tobacco use, lack of physical activity, and inadequate access to medical care.

- From 1994-1998, death rates for cervical, lung, and colorectal cancers for Appalachia were significantly higher than the corresponding US death rate for this period.

Age

- In the United States, the number of persons aged 65 years and older is expected to increase from approximately 35 million in 2000 to 71 million in 2030, and the number of persons aged 80 years and older is expected to increase from 9.3 million in 2000 to 19.5 million in 2030.

- Age is a primary risk factor for cancer, and the growing number of adults with cancer and other chronic diseases will increase demands on public health, medical, and social services and impact health care costs.

These cultural and sociodemographic factors can impact not only a cancer patient's chances of survival but also the patient's survivorship experience. For example, research shows that Hispanic breast cancer survivors may suffer more from the physical symptoms of their cancer than Caucasian, African American, or Asian women; cancer survivors who live in rural areas have greater concerns about the financial impact and isolation of cancer than their urban counterparts; and those in poverty have an increased risk of suffering adverse psychological and/or social effects as a result of their cancer treatment.

Eliminating cancer disparities is a primary focus of Ohio Partners for Cancer Control. The partnership is committed to working with researchers, health care professionals, community organizations, and others to better determine the causes of health disparities, to determine the needs of our aging population, and to develop interventions to address these issues.

Cultural and sociodemographic factors can impact not only a cancer patient's chances of survival but also the patient's survivorship experience.

Cynthia F. Bearer MD, PhD, Cleveland Heights, *Breast Cancer Survivor*

"I was diagnosed with breast cancer two days before my son's second birthday. I was panic stricken, not for myself, but the thought that my son would grow up without me. I soon got over this feeling as I learned more and more that this diagnosis was not a death sentence, but an early warning that I was mortal and to do what was most important for me every day of my life. And this chance to go on living with a "priority adjustment" was a gift of all the women who went before me who participated in all those cancer trials to find the therapies that were prolonging my life. Nothing is harder or scarier than being asked to participate in a clinical trial to either take the course that is known, with its known success/failure rate, or to push off into the unknown, hoping for a better outcome."

Healthy People 2010

The goal of eliminating health disparities is one of many common aspects between the Partners' comprehensive cancer plan and the Healthy People 2010 objectives issued by the United States Department of Health and Human Services.

Healthy People 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century.

Healthy People 2010 is committed to a single, overarching purpose: promoting health and preventing illness, disability, and premature death.

The following table provides a look at the Healthy People 2010 cancer-related objectives and Ohio's progress toward meeting those objectives.

Selected Healthy People 2010 Cancer-Related Objectives: Ohio Progress to Date, September 2006

Healthy People 2010 Cancer-Related Objective	Baseline Ohio Status (Based on available data in 2002)	Current Ohio Status (Based on available data in 2006)	Additional change needed in Ohio to meet HP2010 Objective (as of 2006)
Objective 3-1: Reduce the overall cancer death rate. Target: 159.9 deaths per 100,000 population.	219.1 average annual (1996-1999) cancer deaths per 100,000 population, age-adjusted to 2000 US census.[4]	211.0 average annual (1998-2002) cancer deaths per 100,000 population, age-adjusted to 2000 US census.[8]	24.2% reduction in Ohio cancer mortality rate.
Objective 3-2: Reduce the lung cancer death rate. Target: 44.9 deaths per 100,000 population.	64.0 average annual (1996-1999) lung cancer deaths per 100,000 population, age adjusted to 2000 US census. [4]	62.0 average annual (1998-2002) lung cancer deaths per 100,000 population, age-adjusted to 2000 US census.[8]	27.6% reduction in Ohio lung cancer mortality rate.
Objective 3-3: Reduce the breast cancer death rate. Target: 22.3 deaths per 100,000 females.	30.9 average annual (1996-1999) female breast cancer deaths per 100,000 population, age adjusted to 2000 US census. [4]	28.9 average annual (1998-2002) female breast cancer deaths per 100,000 population, age-adjusted to 2000 US census.[8]	22.8% reduction in Ohio female breast cancer mortality rate.
Objective 3-4: Reduce the death rate from cancer of the uterine cervix. Target: 2.0 deaths per 100,000 females.	3.1 average annual (1996-1999) cervical cancer deaths per 100,000 population, age adjusted to 2000 US census. [4]	2.8 average annual (1998-2002) cervical cancer deaths per 100,000 population, age-adjusted to 2000 US census. [8]	28.6% reduction in Ohio cervical cancer mortality rate.
Objective 3-5: Reduce the colorectal cancer death rate. Target: 13.9 deaths per 100,000 population.	24.6 average annual (1996-1999) colorectal cancer deaths per 100,000 population, age adjusted to 2000 US census.[4]	22.8 average annual (1998-2002) colorectal cancer deaths per 100,000 population, age-adjusted to 2000 US census. [8]	39.0% reduction in Ohio colorectal cancer mortality rate.
Objective 3-6: Reduce the oropharyngeal cancer death rate. Target: 2.7 deaths per 100,000 population.	2.7 average annual (1996-1999) oropharyngeal cancer deaths per 100,000 population, age adjusted to 2000 US census. [4]	2.6 average annual (1998-2002) oropharyngeal cancer deaths per 100,000 population, age-adjusted to 2000 US census. [8]	Ohio currently better than HP2010 goal.
Objective 3-7: Reduce the prostate cancer death rate. Target: 28.8 deaths per 100,000 males.	34.8 average annual (1996-1999) prostate cancer deaths per 100,000 population, age adjusted to 2000 US census. [4]	31.2 average annual (1998-2002) prostate cancer deaths per 100,000 population, age-adjusted to 2000 US census.[8]	7.7% reduction in Ohio prostate cancer mortality rate.
Objective 3-8: Reduce the rate of melanoma cancer deaths. Target: 2.5 deaths per 100,000 population.	2.7 average annual (1996-1999) melanoma cancer deaths per 100,000 population, age adjusted to 2000 US census. [4]	2.6 average annual (1998-2002) melanoma cancer deaths per 100,000 population, age-adjusted to 2000 US census.[8]	3.8% reduction in Ohio melanoma mortality rate.

Selected Healthy People 2010 Cancer-Related Objectives: Ohio Progress to Date, September 2006

Healthy People 2010 Cancer-Related Objective	Baseline Ohio Status (Based on available data in 2002)	Current Ohio Status (Based on available data in 2006)	Additional change needed in Ohio to meet HP2010 Objective (as of 2006)
Objective 3-9: Increase the proportion of persons who use at least one of the following protective measures that may reduce the risk of skin cancer: avoid the sun between 10 a.m. and 4 p.m., wear sun-protective clothing when exposed to sunlight, use sunscreen with a sun-protective factor (SPF) of 15 or higher, and avoid artificial sources of ultraviolet light.	No Ohio data available.	30% of US adults use some form of sun protection. [12] No Ohio data available.	No Ohio data available.
Objective 3-10: Increase the proportion of physicians and dentists who counsel their at-risk patients about tobacco use cessation, physical activity, and cancer screening.	No Ohio data available.	53% of dentists/oral hygienists nationally do head/neck exams for cancer; less than half counsel on tobacco use (2004 data). [11] No Ohio data available.	No Ohio data available.
Objective 3-11: Increase the proportion of women who receive a Pap test. 3-11a: Women aged 18 years and older who have ever received a Pap test: 1998 baseline 91%, target 97%. 3-11b: Women aged 18 years and older who received a Pap test within the preceding three years: 1998 baseline 79%, target 90%.	a. Ohio data: 95% of Ohio adult women responded that they had ever had a Pap test. [1] b. 86% of Ohio adult women had had a Pap test within the last three years. [1]	a. 95.6% of Ohio adult women responded that they had ever had a Pap test. [10] b. 86.5% of Ohio adult women had had a Pap test within the last three years.[9]	a. 1.4% increase in percent of Ohio women ever had a Pap test. b. 3.9% increase in percent of Ohio women who had a Pap test in past three years.
3-12a: Adults aged 50 years and older who have received a fecal occult blood test (FOBT) within the preceding 2 years: 1998 baseline 35%, target 50%. 3-12b: Adults aged 50 years and older who have ever received a sigmoidoscopy: 1998 baseline 37%, target 50%. [1]	a. 31% of Ohioans aged 50 or over said that they had had a home blood stool test in the past two years. [1] b. 41% of Ohioans aged 50 or over said that they had ever had a sigmoidoscopy or a colonoscopy.	a. 25.2% of Ohioans aged 50 or over said that they had had a home blood stool test in the past two years. [9] b. 53.2% of Ohioans aged 50 or over said that they had ever had a sigmoidoscopy or a colonoscopy. [9]	a. 49.6% increase in percent of Ohioans over 50 who had FOBT in past two years. b. Ohio currently meets HP2010 goal.

Selected Healthy People 2010 Cancer-Related Objectives: Ohio Progress to Date, September 2006

Healthy People 2010 Cancer-Related Objective	Baseline Ohio Status (Based on available data in 2002)	Current Ohio Status (Based on available data in 2006)	Additional change needed in Ohio to meet HP2010 Objective (as of 2006)
Objective 3-14: Increase the number of states that have a statewide population-based cancer registry that captures case information on at least 95% of the expected number of reportable cancers. Target: 45 states.	Ohio has had a cancer registry since 1991. 1996 data were 86% complete, 1997 data were 93% complete, 1998 data were 94% complete, and 1999 data were 96% complete. [4]	Ohio has had a cancer registry since 1991. 2000 data are 93% complete. 2002 data are 91% complete. [8]	Ohio currently meets HP2010 goal.
Objective 3-15: Increase the proportion of cancer survivors who are living five years or longer after diagnosis. Target: 70%.	Approximately 58,700 Ohioans were diagnosed with cancer in 2002, and 36,000 survived five years after the diagnosis. About 61% of Ohioans diagnosed with cancer survived at least five years after diagnosis. [3]	No Ohio data available.	No Ohio data available.

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Updated October 5, 2006

Tom Tower
Columbus,
Non-Hodgkin's Lymphoma Survivor

"With the support of my family & friends, I have been more encouraged than discouraged."

Jerry Tona,
Akron, *Prostate Cancer Survivor*

"I had prostate cancer that was treated with radiation. I finished it up last January. Prostate cancer is one of the easiest cancers to cure if you catch it in time. No matter how minor it is, it is a scary thing to go through. I got it in my head that it would be horrible to have to fight lung cancer, so I quit smoking. I heard about the Ohio Tobacco QUIT LINE* (1-800-934-4840). I started using their patches, and I haven't smoked since. It was a great help."

* The Ohio Tobacco QUIT LINE is the Ohio Tobacco Prevention Foundation's statewide toll-free telephone counseling service, available free of charge to all Ohio health care providers and residents.

Summary

Cancer is the second leading cause of death in the United States and in Ohio. In 2006, approximately 60,000 Ohioans will be diagnosed with cancer, and an estimated 25,000 will die of cancer. Ohio's disadvantaged populations are disproportionately affected by cancer. These are all significant enough reasons to act, but the need for a call to action becomes even more urgent when one considers that the burden of cancer extends even further – to families, caregivers, employers, the health care system, and Ohio communities.

Ohio Partners for Cancer Control believe that we can "make cancer history for all Ohioans." To be successful, everyone – each individual, health care professional, hospital, school, organization, association, employer, and community – must work together.

- Together we can identify ways to address the goals outlined in this plan and ways to improve our health, the health of our loved ones, and the health of our communities.
- Together, we can increase access to information and resources on cancer prevention and control, work to eliminate disparities among diverse populations in Ohio, and work to improve the quality of life for all those touched by cancer.
- Together, we will heed the call to action and make cancer history for all Ohioans.

For more information on the Ohio Partners for Cancer Control or for additional copies of this plan, please contact the American Cancer Society, Ohio Divison at 1-888-ACS-OHIO.

Acknowledgements

Since the original Ohio Cancer Plan: 2010 was published in 2003, Ohio Partners for Cancer Control have held countless meetings and conference calls to assess our progress and to update the goals, objectives, and strategies in this plan. Thanks to all of the individuals and organizations who contributed to this statewide cancer plan.

Ohio Partners for Cancer Control Members

American Cancer Society, Ohio Division

The American College of Obstetricians and Gynecologists

American College of Surgeons, Ohio Chapter

Appalachia Community Cancer Network

Cancer Prevention Institute

Case Comprehensive Cancer Center/Ireland Hospital

Columbus Community Clinical Oncology Program

Dayton Clinical Oncology Program

Diversity Enhancement Program,
The Ohio State University

Governor's Office of Appalachia

Leukemia and Lymphoma Society

National Cancer Institute's Cancer Information Service

National Black Leadership Initiative on Cancer

Northeastern Ohio Universities School of Public Health

Office of Ohio Health Plans

Ohio Academy of Family Physicians

Ohio Academy of Family Physicians Foundation

Ohio Academy of Pediatrics

Ohio Association of Community Health Centers

Ohio Association of Occupational Health Nurses

Ohio Breast & Cervical Cancer Coalition

Ohio Cancer Registrar's Association

Ohio Colorectal Cancer Coalition

Ohio Commission on Minority Health

Ohio Dental Association

Ohio Department of Health

Ohio Dermatological Society

Ohio Dietetic Association

Ohio Hospice and Palliative Care Organization

Ohio Hospital Association

Ohio House of Representatives

Ohio KePro

Ohio Nurses Association

Ohio Osteopathic Association

Ohio Pain Initiative

Ohio Psychological Association

Ohio Public Health Association

Ohio Senate

Ohio Society of Pathologists

Ohio State Medical Association

The Ohio State University Comprehensive Cancer Center
and School of Public Health

Ohio Tobacco Prevention Foundation

Ohio/West Virginia Hematology Oncology Society

Oncology Nursing Society

Regional Genetics Centers

Toledo Community Hospital Oncology Program

University of Cincinnati Cancer Center

University of Toledo Department of Public Health and
Homeland Security

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Barb Anderson
Dublin, *Hodgkin's Lymphoma Survivor*

"During six months of chemotherapy, I kept working. I would have my chemotherapy on Friday afternoon, go home and sleep to ward off the nausea, and be back to work on Monday morning. I still remember very clearly each treatment, each x-ray, each time I had to have blood tests. But now I remember how it changed my life, how it made me more appreciative of the people and events in my life. I would have never thought that 22 years ago that I would be sharing my story, helping other cancer patients, and be a healthy, happy, wife and mother."

Ohio Partners for Cancer Control

Participation Form – Yes, I Want to Be Involved!

The purpose of Ohio Partners for Cancer Control is to develop and implement *The Ohio Cancer Plan: 2010, Our Call to Action*. The partnership invites individuals and organizations with an interest in cancer prevention and control to participate in Ohio Partners for Cancer Control's mission "to make cancer history for all Ohioans."

By completing this form, you will be added to the partnership's mailing and email list and will be contacted by the Membership Committee.

Name:_____

Credentials and Title:_____

Organization:_____

Address:_____

Phone/Fax:_____

Email
Address:_____

My particular area of interest is:

- ❑ Primary Prevention
- ❑ Early Detection
- ❑ Treatment and Care
- ❑ Research and Clinical Trials
- ❑ Palliation and Quality of Life
- ❑ Cancer Survivorship
- ❑ Data and Surveillance
- ❑ Other, please note:

❑ I know other individuals/organizations that might be interested in participating in Ohio Partners for Cancer Control. I recommend you contact:

Name:_____

Phone/Email:_____

Please fax this form to Ohio Partners for Cancer Control at 614-718-3845 or mail it to:

Ohio Partners for Cancer Control
5555 Frantz Road
Dublin, OH 43017


Ohio Partners
for Cancer Control