





# Indiana Cancer Consortium

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## MISSION

The Indiana Cancer Consortium (ICC) is a statewide network of public and private partnerships whose mission is to reduce the cancer burden in Indiana through the development, implementation, and evaluation of a comprehensive plan that addresses cancers across the continuum from prevention through palliation.

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## DEDICATION

The Indiana Cancer Control Plan 2010-2014 is dedicated to all the Hoosiers affected by cancer and those who have died from the disease.

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## IN MEMORY OF STEPHEN D. WILLIAMS, M.D.

On Feb. 15, 2009, Stephen D. Williams, M.D., 62, died of cancer - the very disease he dedicated his career to fighting.

Dr. Williams was instrumental in the establishment of the ICC. He worked with the American Cancer Society and Indiana State Department of Health in forging the Indiana Cancer Control Plan 2005-2008 to ensure Indiana received federal funding for comprehensive cancer control. Under his leadership, the ICC grew from a few organizations interested in cancer control to a statewide partnership of 79 member organizations.

Dr. Williams was a research physician who became the founding director of the Indiana University Melvin and Bren Simon Cancer Center in 1992. He served as the HH Gregg senior chair in Oncology and associate dean of Cancer Research at the IU School of Medicine. Dr. Williams received IU's highest faculty honor, the President's Medal for Excellence, in 2008.

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## CANCER CONTROL

- Preventing the disease
- Finding it early
- Treating it promptly
- Promoting quality living
- Deciding with data
- Advocating for change



January 2010

Dear Hoosiers,

Indiana has made great strides over the last several years in addressing cancer. Cancer incidence rates continue to decline. However, cancer is still the second leading cause of death in the state, impacting every individual, family, and community.

Developed by the Indiana Cancer Consortium, the Indiana Cancer Control Plan 2010-2014 is a comprehensive blueprint for actions that will guide cancer control efforts and promote collaborations between organizations and the citizens of Indiana.

This plan consists of six focus areas; primary prevention, early detection, treatment, quality of life, data, and advocacy. Each focus area has one goal, and multiple objectives and strategies. Cancer survivors are featured throughout this plan. Their hope, courage, and strength should inspire each and every Hoosier to become involved in cancer control.

As your state health commissioner, I ask you to take an active role in reducing the cancer burden in Indiana by:

- Reading this plan so you are 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

A great deal of progress has been made in raising awareness about cancer, improving early detection methods, increasing treatment options and survival rates, and improving the quality of life for cancer patients and caregivers. But cancer still claims too many Hoosier lives, so there is much work to be done.

This plan is provided to Hoosiers as a comprehensive strategy to reduce the cancer burden in Indiana. Major progress towards cancer control cannot be made without everyone working together to defeat this dreaded disease.

Sincerely,

*Judith A. Monroe, M.D.*

Judith A. Monroe, M.D.  
State Health Commissioner



## WHY CARE ABOUT CANCER?

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We all know someone who has been affected by cancer – a family member, friend, coworker, or perhaps, yourself. As the second leading cause of death in Indiana, cancer touches us all. In Indiana, cancer claims about 12,688 lives each year. Although heart disease continues to be the leading cause of death for the total population, in Indiana like in other states, cancer is very visible and prominent. Approximately two in five Hoosiers now living will eventually have cancer.

This is a sad prognosis, but many cancers can be avoided. Nearly 30 percent of new cancer cases are caused by tobacco use and another 43 percent exist because of lifestyle factors such as poor dietary habits, lack of exercise, not maintaining a healthy weight, occupational factors, and excessive alcohol intake. Nearly 65 percent of new cancer cases and 33 percent 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. Together we can make a difference.

# A UNIFIED FIGHT AGAINST CANCER

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The Indiana Cancer Consortium (ICC) is a statewide network of public and private partnerships whose mission is to reduce the cancer burden in Indiana through the development, implementation, and evaluation of a comprehensive plan that addresses cancer across the continuum from prevention through palliation. The ICC now has 83 formal member organizations and over 400 individuals deeply committed to making a difference in cancer through a collaborative process.

The ICC is an association of diverse organizations representing health care providers and delivery systems, cancer programs, health insurance plans, employers, public health agencies, professional organizations, minority groups, health profession schools, advocacy groups, research institutions, and wellness organizations. In addition, the ICC maintains close working relationships with the Indiana State Department of Health and the American Cancer Society, Great Lakes Division, Inc. Their ongoing support and multiple resources for cancer control have been crucial in moving this partnership forward.

## WHAT IS COMPREHENSIVE CANCER CONTROL?

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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.” The ICC 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 provides a framework for assessing and addressing the cancer burden through:

- Enhancing infrastructure and resources for planning and implementation
- Mobilizing statewide support
- Using data and research to assess the cancer burden
- Developing broad partnerships of public and private stakeholders
- Developing a plan to address the cancer burden
- Evaluating outcomes and the collaborative process

The ICC is the vehicle for collaborative comprehensive cancer control planning and implementation efforts in this state.

# EXECUTIVE SUMMARY

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This plan builds on the Indiana Cancer Control Plan 2005-2008 and provides a roadmap for cancer control in Indiana from 2010 through 2014.

The Indiana Cancer Control Plan 2010-2014 consists of six focus areas, with one goal per focus area:

- **Primary Prevention** – Decrease cancer risk through lifestyle behavioral interventions
- **Early Detection** – Increase early detection and appropriate screening for cancer
- **Treatment** – Promote informed decision making and utilization of appropriate cancer treatment
- **Quality of Life** – Improve quality of life for cancer patients, survivors, and their families
- **Data** – Increase the quantity, quality, and availability of complete and timely cancer and related data
- **Advocacy** – Advocate for cancer-related policy initiatives

The goals are supported by SMART – Specific, Measurable, Attainable, Realistic, and Time-phased – and developmental objectives. The objectives are supported by recommended strategies.

The Indiana Cancer Consortium (ICC) utilizes these goals, objectives, and strategies to guide its efforts, and promote collaboration between public and private organizations and the citizens of Indiana.

## Plan Development

In July 2008, the ICC Steering Committee established a subcommittee to revise the existing plan. The subcommittee chose to maintain the six focus areas of the plan and their overarching goals.

Twenty subject matter experts attended a retreat in September 2008 to develop new objectives for the plan. Objectives were developed based upon the latest data available, feasibility, timeliness, and potential for impact and collaboration.

Once the proposed objectives were approved in November 2008, strategies were developed from evidence based and best practice interventions. Evidence based practice refers to the preferential use of interventions for which research has provided evidence of effectiveness as treatments for specific problems.

From June through November 2009, the original objectives were revised as SMART objectives, and phrased in terms of existing baseline data or an evidence based description of the status quo. Formulating SMART objectives is not always possible, especially when baseline data are scarce or unavailable. These types of objectives exist throughout the plan and are identified as developmental objectives.

The Indiana Cancer Control Plan 2010-2014 is a living document and will be updated periodically over the next five years.



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# CANCER BURDEN

The Indiana Cancer Consortium (ICC) - the state's vehicle for cancer control – relies on data from the Indiana State Cancer Registry, Indiana Behavioral Risk Factor Surveillance System, and other sources to guide its cancer prevention and control efforts.

Behind heart disease, cancer is the second leading cause of death in Indiana. Despite recent progress to decrease smoking and the effects of exposure to second-hand tobacco smoke, lung cancer is still the leading cause of cancer deaths in both men and women.

## **Incidence**

The definition of cancer incidence is the number of newly diagnosed cases of cancer occurring in a population during a given time. The 2007 Indiana cancer incidence rate for all cancers combined for both sexes is 461.3 per 100,000, age-adjusted to the 2000 U.S. Standard Population. This is above the 2005 U.S. rate of 458.4 per 100,000 diagnosed.\* The four newly diagnosed cancers in Indiana include lung and bronchus, breast, colorectal, and prostate.

## **Deaths**

The definition of cancer mortality is the number of deaths due to cancer in a given period of time. In 2007, Indiana's overall cancer mortality rate was 198.5, which was higher than the national mortality rate from 2005 of 184.0.\* The leading causes of cancer death (in order) from 2006 Indiana mortality data are lung and bronchus, lymphoid and blood forming tissue, colorectal, breast, pancreas, and prostate.

## **Risk Factors**

There are many risk factors and preventive services to reduce cancer incidence and mortality. According to the American Cancer Society (ACS), tobacco use is responsible for one in five deaths in the U.S. Smoking accounts for 30 percent of all cancer deaths and 87 percent of lung cancer deaths. In Indiana, 26 percent of adults and 18 percent of high school students report being current smokers.

According to the Centers for Disease Control and Prevention (CDC), physical inactivity and unhealthy eating contribute to overweight and obesity and a number of chronic diseases, including some cancers. In Indiana, 63.6 percent of Hoosier adults and 29.1 percent of Hoosier teenagers report being overweight or obese.

Early detection and screening can reduce the mortality rates for a number of cancers. According to the CDC, mammography screening can reduce mortality due to breast cancer from 20 to 25 percent over 10 years for women aged 40 and older. In 2007, 26.1 percent of women in Indiana aged 40 years or older reported not having a mammogram within two years. Up to 60 percent of deaths from colorectal cancer could be prevented if persons 50 and older were screened regularly. In 2007, 40.7 percent of Hoosiers aged 50 years or older reported never having a sigmoidoscopy or colonoscopy.

# CANCER BURDEN

## CHAPTER ONE

### **Cost**

According to the National Institute of Health, in 2008, cancer cost the U.S. an estimated \$228.1 billion; including \$18.8 billion for lost productivity from illness, \$116.1 billion for lost productivity from premature death, and more than \$93.2 billion for direct medical costs. According to the ACS, barriers to health care are due to a lack of health insurance. A 2008 National Health Interview Survey reported 24 percent of Americans aged 18 to 64 and 13 percent of children had no health insurance coverage for at least part of the past year.

### **Disparities**

Cancer health disparities are essentially differences in the incidence, prevalence, mortality, and burden of cancer and related adverse health conditions that exist among specific population groups. These population groups may be characterized by gender, age, ethnicity, education, income, social class, disability, geographic location, or sexual orientation.

According to Cancer Disparities in Indiana: An Epidemiologic Profile, key cancer disparities that exist among Indiana populations include:

- The greatest excess in cancer incidence and mortality among Indiana men is for cancers known to be associated with tobacco use and alcohol abuse.
- Cancer disparities among African-American women in Indiana are observed for lung cancer, cancer of the pancreas, cancer of the kidney, and colorectal cancer.
- Indiana Hispanic women have the greatest cancer disparity for cervical cancer.
- Cancer disparities among Indiana white women are observed for cancers of the kidney, corpus uteri, and lung.
- Excess risk among Indiana African-American men is greatest for cancers of the prostate, larynx, kidney, and lung.
- White men in Indiana have excess risk for lung cancer.
- The entire population of Indiana (youth and adults) has excess rates of tobacco use, with the greatest disparities observed among those who have not completed high school.
- The Indiana adult population has excessive disparity for physical inactivity, with the greatest disparities seen among those with annual income less than \$15,000. Among Indiana youth, Hispanic youth had the lowest proportion meeting national guidelines.
- Disparities in obesity are greatest among Indiana African-American adults, male youth and African-American and Hispanic youth.
- Overall, cancer screening rates are lower among Indiana populations compared with U.S. populations (for colorectal, cervical, prostate, and breast).

\*National data for 2007 was not available during the time of this publication.

## WHAT CAN YOU DO?

The Indiana Cancer Control Plan 2010-2014 consists of six focus areas; primary prevention, early detection, treatment, quality of life, data, and advocacy. Each focus area has one goal, and multiple objectives and strategies. The Indiana Cancer Consortium and its members will work to achieve these goals and objectives. However, to make the most impact, everyone needs to be involved in these efforts to reduce the cancer burden. This strategic plan is designed so all Hoosiers can contribute to cancer control.

Please see the following examples of what you and your organization can do to help work towards the goals and objectives outlined in this plan. Use these examples, along with any of the suggested strategies, to determine what actions you can take to reduce the cancer burden in Indiana. Or, fill in the blank spaces with your own ideas. Share your ideas by sending them to the Indiana Comprehensive Cancer Control Program, 2 N. Meridian St. 7-P, Indianapolis, IN, 46204, Attention: Program Manager.

### HOSPITALS

- Provide cancer awareness information to your employees and patients
- Ensure your cancer cases are reported in a timely manner
- Provide meeting space for cancer support groups
- Collaborate to sponsor community screening programs
- Acquire or maintain American College of Surgeons certification
- Other: \_\_\_\_\_

### LOCAL HEALTH DEPARTMENTS

- Provide cancer awareness information to your employees and community
- Facilitate healthy lifestyle campaigns
- Work with physicians to promote screening programs and case reporting
- Provide space for survivor support groups
- Other: \_\_\_\_\_

### COMMUNITY-BASED ORGANIZATIONS

- Provide cancer awareness information to your employees and constituents
- Promote cancer screening among clients
- Encourage participation in clinical trials
- Collaborate to provide community prevention programs
- Other: \_\_\_\_\_

### PROFESSIONAL ORGANIZATIONS

- Provide cancer awareness information to employees and constituents
- Promote cancer screening among clients
- Encourage participation in clinical trials
- Collaborate to provide community prevention programs
- Other: \_\_\_\_\_

# CANCER BURDEN

## CHAPTER ONE

### EMPLOYERS

- Provide healthy foods in vending machines and cafeterias
- Encourage employees to increase physical activity
- Collaborate with health care providers to host screening events
- Incentivize healthy behaviors
- Other: \_\_\_\_\_

### SCHOOLS AND UNIVERSITIES

- Include cancer prevention messages in health classes
- Provide healthy foods in vending machines and cafeterias
- Increase physical education requirements
- Make your entire campus smoke-free
- Other: \_\_\_\_\_

### FAITH-BASED ORGANIZATIONS

- Provide cancer prevention information to members
- Encourage healthy potlucks and meeting meals
- Open your building for walking clubs in cold weather
- Promote compliance with recommended cancer screening guidelines
- Other: \_\_\_\_\_

### PHYSICIANS

- Ensure patients get appropriate cancer screening tests
- Refer patients to smoking cessation resources, such as the Indiana Tobacco QUITLINE, and nutrition programs
- Be sure your cancer cases are reported in a timely manner
- Encourage patients to enroll in clinical trials
- Make earlier referrals to hospice for end-of-life care
- Other: \_\_\_\_\_

### LEGISLATORS

- Appropriate funding for comprehensive cancer control
- Sponsor or support legislation that promotes cancer prevention and control
- Ensure that all Hoosiers have access to health care
- Advocate for a statewide comprehensive smoke-free air bill
- Other: \_\_\_\_\_

### HOOSIERS

- Be tobacco-free
- Consume the recommended servings of fruits and vegetables daily
- Increase your daily physical activity
- Educate yourself on recommended screenings and commit to being screened
- Advocate for cancer prevention and control legislation
- Consider enrolling in a clinical trial, if diagnosed
- Show your support and care for those who are diagnosed with cancer
- Volunteer with a hospital, health department, faith community, or local American Cancer Society
- Other: \_\_\_\_\_



# CANCER SURVIVORS

According to the National Action Plan for Cancer Survivorship, the term “cancer survivors” refers to those people who have been diagnosed with cancer and the people in their lives who are affected by the diagnosis, including family members, friends, and caregivers.

While there have been major advances in cancer prevention and cancer treatment, the lifetime risk of developing cancer is one in three for women, and one in two for men. In January 2005, approximately 11.1 million Americans who had previously been diagnosed with cancer were alive. From 1996 to 2004, the five-year survival rate for all cancers diagnosed was 66 percent. This percentage has significantly increased over the years due to diagnosing cancers at early stages and improvements in treatment.

Cancer survivors can face physical, emotional, social, spiritual, and financial challenges during diagnosis and treatment. This hardship can be very straining to cancer patients and their families. To address these important issues, the Indiana Cancer Consortium (ICC) strives to impact public health initiatives that affect cancer patients, families, and public health professionals across Indiana.

The ICC is proud to feature the following cancer survivors in the Indiana Cancer Control Plan 2010-2014: Kyle Winkel (Page 7), Molly Woodridge (Page 10), Ted Stansbury (Page 13), Darlene Hochstetler (Page 17), Karie Schlukebir (Page 20), Dan Snow (Page 21), Ruth L. Lambert (Page 22), Addie Smith (Page 25), Kelly Motz (Page 28), David Caldwell (Page 32), Karen Stump (Page 33), Benita Kimbrough (Page 35), Cheryl Lilly (Page 42), Michal Bell (Page 47), Laura Gano (Page 50), and Betty Shaw (Page 55).

To read these survivors’ full stories, please go to [www.indianacancer.org](http://www.indianacancer.org).

## SURVIVOR

### Kyle Winkel

Acute Lymphocytic Leukemia

Age 14

Bloomington, IN

Riley Children’s Hospital

Read Kyle’s story at [www.indianacancer.org](http://www.indianacancer.org)





# PRIMARY PREVENTION

Primary prevention includes those steps taken by individuals, organizations, or communities to prevent the development of disease. Adopting specific lifestyle behaviors can lower cancer risk. The healthy lifestyle behaviors most effective in preventing cancer include avoiding tobacco products and secondhand smoke, minimizing alcohol intake, following a balanced diet, exercising regularly, and protecting against ultraviolet exposure. Other behaviors linked to cancer prevention include breastfeeding and practicing healthy sexual behavior. Raising awareness about the impact people can have on their health status through adopting healthy lifestyles is a step towards cancer prevention.

**Goal:** Decrease cancer risk through lifestyle behavioral interventions

## TOBACCO PREVENTION

There is no question that tobacco is harmful to the body. Tobacco harms nearly every organ in the body and is a known risk factor for 15 types of cancer. According to the American Cancer Society, decreased tobacco use has reduced cancer deaths among men by at least 40 percent from 1993 to 2003. Cigarette smoke is a complex mixture of chemicals produced by the burning of tobacco and its additives. The smoke contains tar, which is made up of more than 4,000 chemicals, including over 60 known to cause cancer. Studies show that smoking tobacco products in any form is the major cause of lung cancer. In Cancer Facts & Figures 2009, lung cancer is the leading cause of cancer death and the most preventable form of cancer death in the U.S. for both men and women. Each year, about 3,000 non-smoking adults die of lung cancer as a result of breathing secondhand smoke.

**Objective 1:** By 2014, maintain Indiana smoking rates among middle school students at 4 percent as measured by the Youth Tobacco Survey.

- Increase the unit price of tobacco
- Support statewide youth serving organizations with funding to enhance VOICE
- Maintain surveillance systems to monitor youth tobacco trends and attitudes
- Expose industry tactics used by tobacco industry to entice youth
- Support youth mobilization to increase anti-tobacco attitudes
- Promote school based policy and interventions



# PRIMARY PREVENTION

## CHAPTER TWO

### TOBACCO PREVENTION (CONT)

**Objective 2:** By 2014, decrease Indiana smoking rates among high school students from 18 percent to 17 percent as measured by the Youth Tobacco Survey.

- Increase the unit price of tobacco
- Decrease exposure of pro-tobacco messages that reach youth (movie, advertising)
- Expose industry tactics used by tobacco industry to entice adults and kids
- Conduct annual statewide media campaign using the VOICE brand
- Make environments smokefree

**Objective 3:** By 2014, decrease the percentage of middle school students who are current tobacco users from 8 percent to 6 percent as measured by the Youth Tobacco Survey.

- Increase the unit price of all tobacco products
- Support statewide youth serving organizations with funding to enhance VOICE
- Maintain surveillance systems to monitor youth tobacco trends and attitudes
- Expose industry tactics used by tobacco industry to entice youth
- Support youth mobilization to increase anti-tobacco attitudes
- Promote school based policy and interventions

## SURVIVOR

### Molly Woodridge

Lung Cancer

Age 31

Morgantown, IN

Mary Lou Mayer, M.D.

Read Molly's story at [www.indianacancer.org](http://www.indianacancer.org)





# PRIMARY PREVENTION

## CHAPTER TWO

**Objective 4:** By 2014, decrease the percentage of high school students who are current tobacco users from 27 percent to 24 percent as measured by the Youth Tobacco Survey.

- Increase the unit price of all tobacco products
- Decrease exposure of pro-tobacco messages that reach youth (movie, advertising)
- Conduct annual statewide media campaign using the VOICE brand
- Make environments smokefree

**Objective 5:** By 2014, increase the proportion of middle school students not exposed to secondhand smoke in a room or car from 50 percent to 55 percent as measured by the Youth Tobacco Survey.

- Conduct secondhand smoke public education campaign
- Increase support for smokefree environments
- Maintain surveillance systems on exposure to secondhand smoke and knowledge and attitudes related to secondhand smoke

**Objective 6:** By 2014, increase the proportion of high school students not exposed to secondhand smoke in a room or car from 38 percent to 40 percent as measured by the Youth Tobacco Survey.

- Conduct secondhand smoke public education campaign
- Increase support for smokefree environments
- Maintain surveillance systems on exposure to secondhand smoke and knowledge and attitudes related to secondhand smoke

**Objective 7:** By 2014, increase the percentage of school districts with a 100 percent tobacco free campus policy from 60 percent to 85 percent as measured by Indiana Tobacco Prevention and Cessation Policy Tracking.

- Promote school based policy and interventions
- Provide training to schools on effective smokefree air policy
- Increase the number of tobacco free schools

### TOBACCO CESSATION

Tobacco use is harmful to the body; consequently, stopping use has many health benefits. According to the National Cancer Institute, people who stop smoking and never start again lower their risk of developing lung cancer or of having lung cancer recur. Within five years of quitting, the risk of death from lung cancer decreases by 21 percent. Nearly two-thirds of deaths among current smokers were caused by cigarette smoking, compared with only 28 percent among former smokers. It is never too late to quit using tobacco. The sooner smokers quit, the more likely they can reduce their chances of getting cancer and other diseases. Within minutes of smoking the last cigarette, the body begins to restore itself.

**Objective 1:** By 2014, increase the percentage of Indiana residents who work in a smokefree workplace from 9 percent to 100 percent through the passage of a comprehensive smokefree air law as measured by Indiana Tobacco Prevention and Cessation Policy Tracking.

- Coordinate a group of statewide partners to mobilize for smokefree air workplace policies
- Educate local and statewide partners on effective smokefree air policy
- Implement a statewide, comprehensive smokefree air law that covers all workplaces
- Implement an appropriate evaluation plan for smokefree workplace laws (public opinion, air monitoring, compliance)

**Objective 2:** By 2014, increase the percentage of current smokers who attempt to quit from 50 percent to 65 percent as measured by the Adult Tobacco Survey.

- Increase the unit price of tobacco
- Institute health care systems changes recommended by the Clinical Practice Guideline for Tobacco Treatment specific to health care providers
- Increase the number of health professional programs providing comprehensive training for tobacco cessation treatment
- Promote the Indiana Tobacco Quitline (1-800-QUIT-NOW)
- Conduct mass media education campaign promoting quitting and how to get help



**1-800-QUIT NOW**  
Indiana's Tobacco Quitline

# PRIMARY PREVENTION

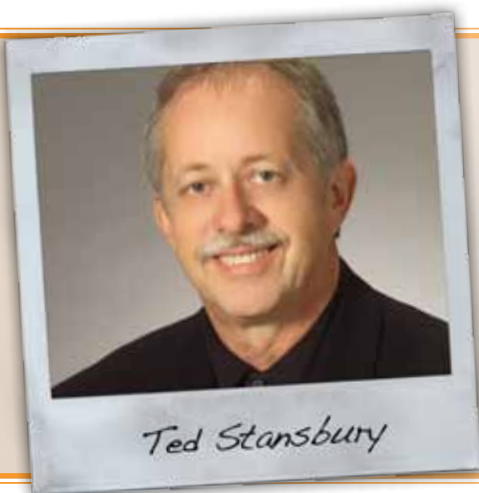
## CHAPTER TWO

**Objective 3:** By 2014, decrease the prevalence of adults (18 and older) who smoke from 26 percent to 18 percent as measured by Behavioral Risk Factor Surveillance System.

- Increase the unit price of tobacco
- Make environments smokefree (school, work, home, public)
- Promote the services available through the Indiana Tobacco Quitline (1-800-QUIT-NOW)
- Ensure that employers provide recommended tobacco treatment as a covered health benefit
- Support health data surveillance systems

**Objective 4:** By 2014, increase the percentage of adults with health care insurance who report coverage of tobacco treatment services from 51 percent to 65 percent as measured by the Adult Tobacco Survey.

- Ensure that employers provide recommended tobacco treatment as a covered health benefit
- Promote and enhance tobacco cessation benefits for State of Indiana employees
- Promote tobacco cessation services through small employers
- Advocate that state of the art, recommended tobacco treatment benefits are provided by the Indiana Medicaid program
- Disseminate return on investment messages to influence business, legislature, and public on investing in cessation



## SURVIVOR

### Ted Stansbury

Thymoma

Age 60

Columbus, IN

IU Simon Cancer Center

Read Ted's story at [www.indianacancer.org](http://www.indianacancer.org)

### TOBACCO CESSATION (CONT)

**Objective 5:** By 2014, increase Indiana cigarette tax from 99.5 cents to \$2 as reported by the Department of Revenue.

- Educate state policymakers on the effects of increased tobacco tax on cessation and prevention
- Improve data collection systems to better monitor tobacco product consumption

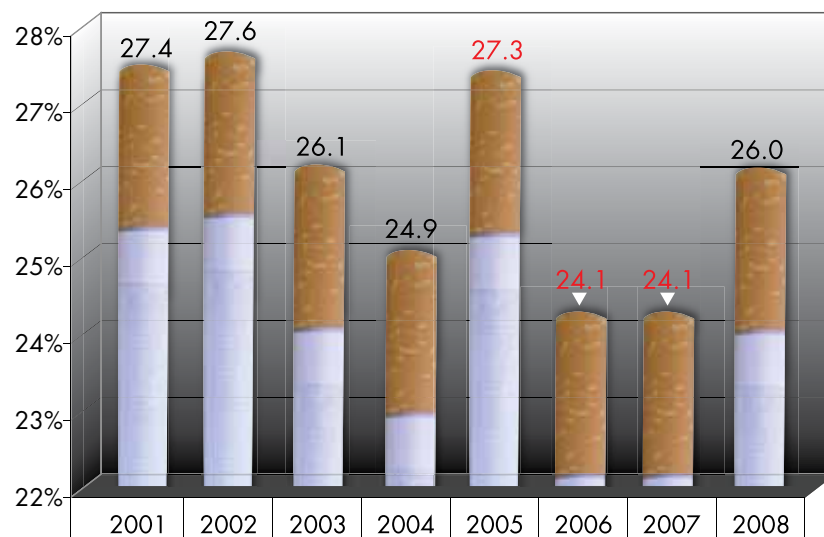
**Objective 6:** By 2014, increase state tax on other tobacco products from 24 percent of whole sale price to 45 percent as reported by the Department of Revenue.

- Educate state policymakers on the effects of increased tobacco tax on cessation and prevention

**Objective 7:** By 2014, increase the proportion of smokers who report a health care professional advised them to quit smoking from 70 percent to 90 percent as measured by the Adult Tobacco Survey.

- Increase the number of health professional programs providing comprehensive training for tobacco cessation treatment
- Institute health care systems changes recommended by the Clinical Practice Guideline for Tobacco Treatment specific to health care providers

### Adult Smoking Prevalence Indiana 2001-2008



Note: Percents in red indicate a statistically significant difference between 2005 and 2006-2007  
Source: 2001-2008 Indiana BRFSS



### NUTRITION

The food we put into our bodies has a significant impact on our health status. Better nutrition means stronger immune systems, less illness, and better health. According to the American Cancer Society, approximately 35 percent of cancer deaths in the U.S. may be avoidable through dietary modification. Epidemiological studies have shown that populations whose diets are high in vegetables and fruits and low in animal fat, meat, and/or calories have a reduced risk of the most common types of cancer: lung, oral, esophageal, stomach, and colon cancer.

**Objective 1:** By 2014, increase the percentage of adults who consume the recommended amounts of fruits and vegetables per day from 23 percent to 25 percent as measured by the Indiana Behavioral Risk Factor Surveillance System.

- Increase awareness of the importance of healthful eating habits to maintain a healthy weight and reduce the risk of cancer
  - Increase understanding of the importance and benefits of eating a plant-based diet rich in fruits and vegetables
  - Increase understanding about the critical role of overall vegetable consumption to health, especially dark green and orange vegetables, starchy vegetables, and dry beans
  - Educate the public on the amounts of fruits and vegetables they need daily
  - Educate the public that all forms of fruits and vegetables matter – fresh, frozen, canned, dried, and 100 percent juice
  - Promote the Fruit and Veggies—More Matters™ health initiative materials and Web site
  - Promote dietary guidelines and food guides
  - Provide ongoing support for the state nutrition and physical activity plan, the Indiana Healthy Weight Initiative
  - Support community wide media campaigns and programs tailored to youth and families to promote increased fruit and vegetable consumption
  - Promote and provide educational opportunities to teach families how to prepare and cook fruits and vegetables
  - Educate restaurants on the value of providing healthy fruit and vegetable options on menus
  - Provide ongoing public access to nutrition information through multiple communication channels

### NUTRITION (CONT)

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- Increase demand for fruits and vegetables to maintain a healthy weight and reduce the risk of cancer
  - Utilize grocery store point of purchase prompts, product placement and nutrition education to increase retail demand
  - Offer point-of-sale incentives and pricing strategies that increase demand for fruit and vegetable menu options in restaurants
  - Promote vegetable consumption as a part of convenience at home or in restaurant foods eaten away from home
  - Support industry efforts to get more vegetables on to restaurant menus
  - Promote and support counter-advertising for unhealthy foods choices
  - Promote and support calorie/menu labeling
  - Educate employers and vending companies about the value of providing low fat/ low calorie nutritious snacks in vending machines and limiting access to foods and beverages that promote weight gain
  - Model healthy organizational practices by ensuring that healthy foods are available and promoted in cafeterias, vending machines, coffee carts, and other concessions
- Increase access to fruits and vegetables to reduce the risk of cancer
  - Provide healthy foods in cafeterias, vending machines, coffee carts, and other concessions
  - Limit unhealthy food/drink availability in cafeterias, vending machines, coffee carts, and other concessions
  - Learn how to provide healthy potluck or meeting meals
  - Increase awareness of and access to local and regional farmers markets
  - Increase availability of fruits and vegetables through community gardens, farmer's markets, and promotion of the Senior and WIC Farmers Market programs
  - Promote government and voluntary policies that support recommendations for the current Dietary Guidelines in all state-level nutrition programs, such as the Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC), Food Distribution Programs, and School Meal Programs which include the following: breakfast (SBP) lunch (NSLP), the Fresh Fruit & Vegetable Program (FFVP), and the Department of Defense (DoD) Fresh Fruit & Vegetable Program

# PRIMARY PREVENTION

## CHAPTER TWO

- Support the creation of a regional infrastructure for the production, distribution, and processing of local and regionally grown healthy foods, including links with grocery stores, hospital systems, food banks, childcare, and after-school programs
- Support incentives for institutional procurement of local and regionally grown healthy foods for grocers, schools, childcare facilities, employers, and other community institutions
- Increase advocacy efforts and public support for initiatives, policies, and legislation that supports healthy eating to reduce the risk of cancer
  - Advocate for point-of-sale marketing and “value pricing” of fruits and vegetables in grocery stores
  - Advocate for calorie/menu labeling
  - Provide ongoing support for the state nutrition and physical activity plan, the Indiana Healthy Weight Initiative
  - Advocate for government and voluntary policies that support recommendations for the current Dietary Guidelines
  - Collaborate with public schools to plan and implement programs to increase healthy eating
  - Advocate for policies that promote increased fruits and vegetables in child care, schools, workplaces, and communities
  - Form or build upon existing statewide partnerships, coalitions, and advisory boards to promote policies and action plans across multiple agencies and organizations to support increased fruit and vegetable access and consumption in communities
  - Support efforts that promote policy change for the treatment of obesity and nutrition



## SURVIVOR

### Darlene Hochstetler

Oligodendroglioma (Brain Tumor)

Age 58

Goshen, IN

Cleveland Clinic Cancer Institute

Read Darlene's story at [www.indianacancer.org](http://www.indianacancer.org)

### NUTRITION (CONT)

**Objective 2:** By 2014, increase the percentage of high school students who consume the recommended amounts of fruits and vegetables per day from 18 percent to 21 percent as measured by the Youth Risk Behavior Surveillance – United States.

- Increase awareness of the importance of healthful eating habits to maintain a healthy weight and reduce the risk of cancer
  - Educate high school students about the importance and benefits of eating a plant-based diet rich in fruits and vegetables
  - Educate high school students about the critical role of overall vegetable consumption to health, especially dark green and orange vegetables, starchy vegetables, and dry beans
  - Educate high school students on the amounts of fruits and vegetables they need daily
  - Educate and promote that all forms of fruits and vegetables matter – fresh, frozen, canned, dried, and 100 percent juice
  - Promote the Fruit and Veggies—More Matters™ health initiative materials and Website whose purpose is to motivate people to eat more fruits and vegetables
  - Promote dietary guidelines and food guides
  - Promote the Indiana Healthy Weight Initiative School K-12 strategies to increase fruit and vegetable consumption
  - Provide ongoing access to nutrition information through multiple communication channels (e.g., Department of Education's Office of School and Community Nutrition, the Indiana School Nutrition Association, school, staff and parents)
  - Promote and provide educational opportunities to teach families how to prepare and cook fruits and vegetables
- Increase demand for fruits and vegetables to maintain a healthy weight and reduce the risk of cancer
  - Increase availability, attractiveness and variety of fruits and vegetables in school lunch programs
  - Offer point-of-sale incentives and pricing strategies that encourage consumption of fruits and vegetables in schools
  - Support nutritious breakfast, lunch, and snack programs to all students in school
  - Provide consistent nutrition education for staff, students and parents



# PRIMARY PREVENTION

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## CHAPTER TWO

- Strengthen existing school policies/standards to increase access to healthy foods
  - Encourage restaurants to provide healthy fruit and vegetable options on menus
  - Promote vegetable consumption as a part of convenience at-home or in-restaurant foods eaten away from home
  - Support industry efforts to get more vegetables onto restaurant menus
  - Promote and support counter-advertising for unhealthy foods choices
  - Promote and support calorie/menu labeling
  - Model healthy organizational practices by ensuring that healthy foods are available and promoted in school cafeterias, vending machines, coffee carts, and other concessions
  - Promote and provide educational opportunities to teach school staff, parents, and students how to prepare and cook fruits and vegetables
- Increase access to fruits and vegetables to reduce the risk of cancer
    - Provide only healthy foods in school cafeterias, vending machines, coffee carts, and other concessions
    - Limit unhealthy food/drink availability in school cafeterias, vending machines, coffee carts, and other concessions
    - Increase awareness of and promote local and regional foods in school
    - Promote government and voluntary policies that support recommendations for the current Dietary Guidelines in all state-level nutrition programs, such as the Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC), Food Distribution Programs, and School Meal Programs which include the following: breakfast (SBP) lunch (NSLP), the Fresh Fruit & Vegetable Program (FFVP), and the Department of Defense (DoD) Fresh Fruit & Vegetable Program
    - Support the creation of a regional infrastructure for the production, distribution, and processing of local and regionally grown healthy foods, including links with grocery stores, hospital systems, food banks, childcare, and after-school programs
    - Support incentives for institutional procurement of local and regionally grown healthy foods for schools

### NUTRITION (CONT)

- Increase advocacy efforts and public support for initiatives, policies, and legislation that supports healthy eating to reduce the risk of cancer
  - Advocate for point-of-sale marketing and “value pricing” of fruits and vegetables
  - Advocate for menu labeling
  - Promote and advocate for the Indiana Healthy Weight Initiative’s strategies for increasing fruit and vegetable consumption
  - Advocate for government and voluntary policies that support recommendations for the current Dietary Guidelines
  - Implement effective school-based programs statewide that address one or more of the Dietary Guidelines for Americans
  - Collaborate with public schools to plan and implement programs to increase healthy eating
  - Advocate for policies that promote increased fruits and vegetables in schools, workplaces, and communities
  - Form or build upon existing statewide partnerships, coalitions, and advisory boards to promote policies and action plans across multiple agencies and organizations to support increased fruit and vegetable access and consumption in communities
  - Support efforts that promote policy change for the treatment of obesity and nutrition

## SURVIVOR

### Karie Schlukebir

Melanoma

Age 29

Played tennis for Indiana University

The Angeles Clinic and Research Institute

Read Karie’s story at [www.indianacancer.org](http://www.indianacancer.org)





# SURVIVOR

## Dan Snow

Tongue and Lung Cancer (four years apart)

Age 52

Greenwood, IN

St. Francis Cancer Center

Read Dan's story at [www.indianacancer.org](http://www.indianacancer.org)

**Objective 3:** (Developmental) By 2014, decrease consumption of high energy dense foods among Indiana residents.

Potential data sources: Indiana Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance – United States

- Obtain baseline data from the Indiana Behavioral Risk Factor Surveillance System regarding the consumption of high energy dense foods
- Increase awareness of the negative impact of high energy dense food on health and weight management
  - Promote the adoption of healthy eating habits through increased awareness of healthy food preparation, balanced nutritional intake, and appropriate portion sizes
  - Educate communities about existing resources for decreasing high energy dense food
  - Advocate for nutrition education in schools using a quality health education curriculum
  - Encourage caregivers to provide meals that are lower in fat, sugar, and sodium
- Increase the demand for healthier food options to reduce the risk of cancer
  - Advocate for an evaluation of food services in educational institutions, childcare facilities, and workplaces to bring them in line with federal guidelines and improve the quality of these services
  - Limit energy-dense, nutrient-poor foods at school and workplace celebrations by implementing strong wellness policies
  - Adopt worksite practices that promote healthy eating
  - Reduce point-of-sale marketing of energy-dense, nutrient-poor foods to children in grocery stores
  - Place healthier food items at eye level, the ends of aisles, and in prominent places in grocery, convenience, and small stores

### NUTRITION (CONT)

- Increase access to healthier food options to reduce the risk of cancer
  - Encourage schools and childcare organizations to provide meals and snacks that include appropriate portion sizes of healthy foods and beverages
  - Model healthy organizational practices by ensuring that healthy foods are available and promoted in cafeterias, vending machines, coffee carts, and other concessions
  - Encourage restaurants to provide healthy foods and beverages by reformulating existing menu items, adding healthier menu items, offering affordable and reasonably-sized portions, and making healthier items the standard for children's meals
  - Increase overall shelf space devoted to healthy items in grocery, convenience, and small stores
  - Improve the nutritional quality of competitive foods and beverages and school meals by providing appropriate portion sizes of healthy foods and beverages
- Identify and implement policies to decrease the consumption of high energy dense foods to reduce the risk of cancer
  - Promote and support local school wellness policies to ensure healthy school food environments that limit access to fast food, reduce portion sizes, and require calorie information on snack containers
  - Promote healthy food options for employees during the workday and at all meetings through catering policies
  - Advocate for policies that require fast-food and chain restaurants to list calorie and nutrient information on menus

## SURVIVOR

**Ruth L. Lambert, Ph.D., C.F.L.E.**

Colon Cancer

Age 66

Indianapolis, IN

IU Simon Cancer Center

Read Ruth's story at [www.indianacancer.org](http://www.indianacancer.org)



# PRIMARY PREVENTION

## CHAPTER TWO

**Objective 4:** By 2014, decrease consumption of sugar-sweetened beverages among high school students from 36 percent to 34 percent as measured by the Youth Risk Behavior Surveillance – United States.

- Increase awareness of the negative impact of sugar-sweetened beverages on health and weight management
  - Educate communities about the importance of reducing the consumption of beverages high in sugar
  - Educate parents, children, and youth about the risks and health issues related to excessive consumption of sugar-sweetened beverages
  - Educate communities about existing resources for decreasing sugar-sweetened beverage consumption
- Increase the demand for healthier beverage options for weight management
  - Promote the consumption of healthy beverages through marketing campaigns and media
  - Place healthier food items at eye level, the ends of aisles, and in prominent places in grocery, convenience, and small stores
- Increase access to healthy beverage options for weight management
  - Model healthy organizational practices by ensuring healthy beverages are available and promoted in cafeterias, vending machines, and other concessions
  - Make plain, drinkable water available throughout the day and at no cost in schools, childcare facilities, and worksites
- Identify and implement policies to decrease the consumption of sugar-sweetened beverages for weight management
  - Promote and support local school wellness policies to ensure healthy school food environments that limit access to sugar-sweetened beverages
  - Advocate for and implement policies that promote healthy beverage choices in schools, workplaces, and communities





# PRIMARY PREVENTION

## CHAPTER TWO

### PHYSICAL ACTIVITY

Regular physical activity is important for the health and well being for people of all ages. Many adults and children are not physically active on a regular basis. According to the American Cancer Society, physical activity helps balance caloric intake with energy expenditure and regulates the bodies' metabolism, while reducing concentrations of insulin and related growth factors. The National Cancer Institute has found that physical activity is associated with a reduced risk of several types of cancer, including cancers of the breast and colon, and can provide other important health benefits.

**Objective 1:** By 2014, increase the percentage of high school students in Indiana who engage in 60 minutes or more of moderate or vigorous physical activity daily from 32 percent to 35 percent as measured by the Youth Risk Behavior Surveillance – United States.

- Increase awareness of the importance of physical activity for health promotion and disease prevention for students
  - Educate parents and students about the importance of daily physical activity
  - Advocate that all students receive 60 minutes of quality physical activity daily through physical education classes, before- and/or after-school programming, and through home activities
  - Educate students about the value of all types of physical activity
  - Educate schools and communities about existing resources and programs for increasing physical activity among students
- Increase the demand for opportunities for students to be physically active
  - Promote moderate, fun physical activity daily, including outdoor activities whenever possible
  - Recommend an evaluation of physical education and physical activity programs in educational institutions and workplaces to increase the quality and quantity of physical education programs and opportunities for physical activity
- Increase access to places and opportunities for students to be physically active
  - Offer year round physical activity programs for students within and outside the school environment
  - Support the development, renovation, and maintenance of parks, playgrounds, and recreation facilities
  - Provide and promote community based physical activity programs in underserved residential areas
  - Connect roadways to complementary systems of trails and bicycle paths to provide safe places for students to walk and bike

# PRIMARY PREVENTION

## CHAPTER TWO

- Increase policies that support physical activity for students
  - Advocate for Safe Routes to School programs that include both infrastructure projects and educational activities to facilitate safe walking and bicycling to school
  - Advocate for the development and enforcement of comprehensive school policies to provide quality physical activity and education in the school setting
  - Encourage the involvement of public health and school officials to integrate health impact considerations into planning and land-use decision-making processes

**Objective 2:** By 2014, increase the percentage of adults in Indiana who accumulate 150 minutes per week of moderate physical activity or 75 minutes of vigorous activity per week or an equivalent combination of moderate and vigorous activity per week from 48 percent to 50 percent as measured by the Indiana Behavioral Risk Factor Surveillance System.

- Increase awareness of the importance of physical activity for health promotion and disease prevention for adults (and families)
  - Educate the public about the national physical activity guidelines and associated health benefits
  - Educate communities about existing resources and programs for increasing physical activity across the lifespan
  - Educate the public about and promote creative strategies for reintegrating physical activity into everyday life
  - Increase awareness about how the built environment (i.e., roads, sidewalks, trails, buildings, neighborhoods, etc.) can facilitate increased physical activity behavior

## SURVIVOR

### Addie Smith

Breast Cancer

Age 46

Indianapolis, IN

Ruemu E. Birhiray, M.D.

Read Addie's story at [www.indianacancer.org](http://www.indianacancer.org)



### PHYSICAL ACTIVITY (CONT)

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- Increase the demand for opportunities for adults (and families) to be physically active
  - Encourage community groups to conduct an assessment of the availability of places to be physically active in their local communities
  - Advocate for increased availability and accessibility of affordable and safe opportunities for physical activity within communities
  - Encourage worksites to provide flexible work/break time for employees to engage in physical activity
  - Encourage worksites and organizations to provide physical activity breaks for meetings lasting longer than one hour
  - Encourage employers to promote walking, bicycling, and taking transit to work through employee commuter programs and the 2009 Bicycle Commuter Tax Benefit
  - Use mass media to promote appropriate physical activity for all ages, levels and cultures
  - Encourage healthcare professionals, local health departments, and public and private community clinics to promote physical activity to clients
- Increase access to places and opportunities for physical activity for adults (and families)
  - Advocate for public/private partnerships to increase access to places, programs, and equipment for physical activity
  - Encourage public-private partnerships to create new parks and establish programs, such as Adopt-a-Park, to help maintain the beauty and safety of parks
  - Advocate for improved access to public parks, trails, and greenways
  - Encourage employers to provide facilities in the workplace that support physical activity such as walking paths, bicycle storage, showers, and exercise facilities, or provide incentives or partial reimbursement to employees for fitness club memberships
- Increase policies that support physical activity for adults (and families)
  - Develop and implement worksite policies that support and promote physical activity
  - Develop joint-use agreements to allow the use of public schools and facilities for recreation by the public during non-use hours

- Advocate for Smart Growth policies for new and renovated development projects to encourage the design of neighborhoods and commercial developments that connect people with their destinations so active transportation via walking and bicycling can replace the current heavy reliance on automobile transportation
- Advocate for Complete Streets policies within communities and across the state to ensure streets are designed to accommodate all types of transportation including transit, cars, pedestrians, cyclists, as well as being accessible and safe for older adults, children, and those with disabilities
- Form or build upon existing statewide partnerships, coalitions, and advisory boards to promote policies and action plans across multiple agencies and organizations to support active living communities

**Objective 3:** By 2014, decrease the percentage of high school students in Indiana who watch three hours or more of television per day from 29 percent to 25 percent as measured by the Youth Risk Behavior Surveillance – United States.

- Increase awareness of the health issues and risks related to excess television viewing
  - Educate the public about the health issues and risks related to excessive television viewing for children, youth, and adults
  - Educate parents and communities about existing resources and programs for decreasing television viewing time
  - Educate parents and caregivers about the importance of modeling reduced television viewing time
  - Educate school personnel and childcare providers about the importance of using television for homework and educational purposes only
- Decrease demand for television viewing
  - Monitor and limit the use of television, video, video games, and computers for non-educational purposes to children and youth
  - Monitor and limit the marketing of poor nutritional choices and sedentary behaviors to children and youth in television and other electronic media

### WEIGHT MANAGEMENT

Achieving and maintaining a healthy weight can lower the risk of cancer. According to the Centers for Disease Control and Prevention, approximately two-thirds of adults in the U.S. are characterized as overweight or obese, widely considered a public health epidemic. In a study published in the New England Journal of Medicine, overweight and obesity may account for 20 percent of all cancer deaths in U.S. women and 14 percent in U.S. men. That means 90,000 cancer deaths could be prevented each year if Americans could only maintain a normal, healthy body weight. According to the American Cancer Society, being overweight or obese is associated with increased risk for cancers at several sites: breast, colon, endometrium, adenocarcinoma of the esophagus, gallbladder, pancreas, and kidney. Efforts to establish healthful weight, physical activity habits, and patterns of weight gain should begin in childhood.

**Objective 1:** By 2014, decrease the percentage of adults in Indiana who are obese from 26 percent to 25 percent as measured by the Indiana Behavioral Risk Factor Surveillance System.

- Increase awareness of the cancer related risks of overweight and obesity
  - Educate the public about the link between cancer and overweight/obesity, poor nutrition and physical inactivity, particularly among ethnically and culturally diverse populations
  - Educate the public about the protective benefits of healthy nutrition and physical activity and weight management
  - Inform women about the cancer-related risks of weight gain and breast cancer
  - Provide education to cancer survivors about the link between diet and improved health
  - Provide education and programs to address cultural perceptions of obesity among special populations
  - Engage the public with appropriate health messages related to nutrition, physical activity, obesity, and cancer via the media

## SURVIVOR

### Kelly Motz

Ovarian Cancer

Age 49

Bedford, IN

IU Simon Cancer Center

Read Kelly's story at [www.indianacancer.org](http://www.indianacancer.org)





# PRIMARY PREVENTION

## CHAPTER TWO

- Increase demand for overweight and obesity prevention efforts including weight management, nutrition, and physical activity programs to reduce the risk of cancer
  - Advocate for standards of practice among healthcare providers to include routine BMI (body mass index) screening and weight management counseling during office visits
  - Encourage healthcare professionals and public and private community clinics to promote weight management to overweight and obese clients
  - Promote and advocate for coordination and collaboration between state and local public and private entities working on issues related to weight management and obesity
  - Advocate for and support an infrastructure within state government to support and promote healthy nutrition, physical activity, and weight management behaviors
  - Ensure that state government has dedicated staff responsible for oversight of improvements to support healthy living environments
- Increase access to programs for weight management to reduce the risk of cancer
  - Advocate for and provide evidence based behavioral interventions to improve dietary choices, physical activity behavior, and weight management
  - Form or build upon existing partnerships, coalitions, or advisory boards to address the availability of and access to healthy food and opportunities for physical activity
  - Form or build upon existing partnerships, coalitions, or advisory boards to provide community level weight management programs and resources
- Increase advocacy efforts and public support for initiatives, policies, and legislation that supports healthy eating, physical activity, and weight management to reduce the risk of cancer
  - Collaborate with the Indiana Healthy Weight Initiative to formulate statewide policies and strategies for weight management for children, youth, and adults
  - Encourage communities (including policy makers and leaders) and organizations to make nutrition, physical activity, and weight management issues a priority by providing incentives for the adoption of healthy lifestyle policies

### WEIGHT MANAGEMENT (CONT)

- Promote and support state and local legislation and policies that create environments conducive to healthy eating, daily physical activity, and healthy weight
- Form or build upon existing partnerships, coalitions, or advisory boards to promote policies and action plans across multiple agencies and organizations in support of healthy communities

**Objective 2:** By 2014, decrease the percentage of high school students in Indiana who are obese from 14 percent to 13 percent as measured by the Youth Risk Behavior Surveillance – United States.

- Adopt standards of practice that include routine screening and counseling of BMI (body mass index) for youth
- Provide evidence based behavioral interventions to improve dietary choices, physical activity, and healthy weight management for youth
- Advocate for changes to policies, programs, and practices to make school environments more supportive of healthy eating, physical activity, and healthy weight management
- Collaborate with the Department of Education and other statewide partners to strengthen, implement, and enhance federally mandated local wellness policies for all school districts



### BREASTFEEDING

Breastfeeding provides protection from cancer for both mother and child in several ways. Evidence shows for each year a mother breastfeeds her child, her relative risk for developing breast cancer is reduced by 4.3 percent. Additionally, breastfeeding causes anovulation, which is thought to help prevent ovarian cancer. Breastfeeding may also offer protection from endometrial cancer. A child who is breastfed receives the benefit of a decreased risk for childhood obesity, which can prevent cancer later in life. Some studies show that breastfeeding may offer a small bit of protection from certain childhood cancers as well.

**Objective 1:** By 2014, increase the percentage of new mothers who initiate breastfeeding from 67 percent to 75 percent as measured by the Indiana State Department of Health Data Analysis Team.

- Promote the WHO/UNICEF “Ten Steps to Successful Breastfeeding” and encourage all hospitals to seek the Baby Friendly Hospital Initiative (BFHI) designation
- Encourage breastfeeding education for all health professionals who work with pregnant women, new mothers, and infants
- Support the provision of breastfeeding counseling and assistance by lactation professionals (International Board Certified Lactation Consultants) for mothers both in the hospital and after they return home from the hospital
- Use social marketing to support and encourage breastfeeding
- Encourage insurance coverage of lactation education, consultation, and supplies

**Objective 2:** By 2014, increase the percentage of new mothers who exclusively breastfeed through three months of age from 30 percent to 40 percent as measured by the Centers for Disease Control and Prevention National Immunization Survey.

- Promote the WHO/UNICEF “Ten Steps to Successful Breastfeeding” and encourage all hospitals to seek the BFHI designation
- Support programs providing one-to-one peer counseling to facilitate access to breastfeeding assistance and support
- Use social marketing to influence mothers’ attitudes toward exclusive breastfeeding
- Support behavioral interventions provided by health and lactation professionals targeting mothers during pregnancy and after they return home from the hospital
- Encourage insurance coverage of lactation education, consultation, and supplies

### BREASTFEEDING (CONT)

**Objective 3:** By 2014, increase the percentage of new mothers who continue to breastfeed for at least 12 months from 19 percent to 25 percent as measured by the Centers for Disease Control and Prevention National Immunization Survey.

- Encourage policies and practices in hospitals and outpatient medical facilities to support successful initiation and continuation of breastfeeding
- Encourage breastfeeding support groups facilitated by peer counselors
- Include fathers and others who support new mothers in breastfeeding education
- Encourage ongoing breastfeeding support by lactation professionals to mothers through telephone contact, home visits, and outpatient visits
- Use imagery (in TV, radio, printed materials, or outdoor advertising) to strengthen perceptions of breastfeeding as a normal, accepted activity
- Increase awareness of legislation protecting a woman's right to breastfeed in public and pump her milk when she returns to work
- Encourage insurance coverage of lactation education, consultation, and supplies

## SURVIVOR

### David Caldwell

Prostate Cancer

Age 69

Connersville, IN

IU Simon Cancer Center

Read David's story at [www.indianacancer.org](http://www.indianacancer.org)



## SURVIVOR

### Karen Stump

Melanoma

Age 59

Union, MI

Goshen Center for Cancer Care

Read Karen's story at [www.indianacancer.org](http://www.indianacancer.org)



## SUN SAFETY

Sun safety reduces the risks of getting skin cancer, the most common of all cancer types. More than 1 million skin cancers are diagnosed each year in the U.S. According to the American Cancer Society, the majority of skin cancers are caused by overexposure to the ultraviolet (UV) rays of the sun – which can cause damage to the DNA of skin cells. Children and adolescents in particular need to protect their skin from the sun, as it may reduce cancer risks later in life.

**Objective 1:** (Developmental) By 2011, establish ongoing assessments of sun exposure and sun protective behaviors.

Potential data source: Indiana Behavioral Risk Factor Surveillance System

- Add questions regarding sun safety behaviors to the Indiana Behavioral Risk Factor Surveillance System questionnaire
- Educate the public about the causes of skin cancer and methods of prevention
- Collaborate to provide free skin cancer screenings



### IMMUNIZATIONS

Receiving certain immunizations can be a preventative measure against cancer. According to the National Cancer Institute, vaccines boost the immune system's natural ability to defend the body against infection and to protect it from dangers posed by certain types of damaged or abnormal cells, including cancer cells. Currently, the Food and Drug Administration has approved two preventative cancer vaccines in the U.S. which fight against the Hepatitis B virus and the human papilloma virus (HPV) - types 16 and 18. In chronically ill patients, the Hepatitis B virus can cause liver cancer. HPV is responsible for 70 percent of all cervical cancer cases.

**Objective 1:** By 2014, maintain the percentage of children in Indiana who receive the Hepatitis B vaccination series at 94 percent as measured by the Centers for Disease Control and Prevention National Immunization Survey.

- Reduce the out-of-pocket expense for vaccination
- Support vaccination programs in schools
- Utilize multi-component interventions that include education
- Encourage parent reminder and recall systems
- Increase awareness of the value of vaccination
- Support vaccination requirements for child care, school, and college attendance

**Objective 2:** By 2014, increase the number of girls (12 to 18 years) in Indiana who receive the HPV vaccination series from 26 percent to 37 percent as measured by the Centers for Disease Control and Prevention National Immunization Survey – Teen.

- Utilize multi-component interventions for expanding access in healthcare settings
- Reduce client out-of-pocket costs
- Encourage vaccination programs in schools
- Support vaccination programs in WIC settings
- Encourage providers to utilize client reminder and recall systems
- Support vaccination requirements for child care, school, and college attendance

### HEALTHY SEXUAL BEHAVIOR

Practicing healthy sexual behaviors can decrease the risk factors associated with cancer. According to the American Cancer Society, having unprotected sex or having many sexual partners is a contributing factor for getting the human papilloma virus (HPV), which causes 70 percent of cervical cancer cases. In addition, studies have shown that HIV infections and Chlamydia infections may pose greater risks for cervical cancer. Condoms may help protect against HPV and other sexual diseases if used correctly. Also, a study suggested that more sexual partners for a male may increase the chances of getting prostate cancer.

**Objective 1:** By 2014, decrease the percentage of high school students who have had sexual intercourse from 49 percent to 45 percent as measured by the Youth Risk Behavior Surveillance – United States.

- Utilize media channels to convey sexual abstinence message to adolescents and parents of teens
- Support the implementation of community-based programs that stress sexual abstinence
- Foster statewide collaboration among youth-serving organizations in their sexual abstinence and adolescent pregnancy prevention efforts

**Objective 2:** By 2014, increase the percentage of condom usage among sexually active high school students from 57 percent to 62 percent as measured by the Youth Risk Behavior Surveillance – United States.

- Provide free condoms to local health departments, community health centers, and community-based organizations
- Offer comprehensive risk counseling services stressing the importance of correct and consistent condom use
- Provide health education regarding the importance of safe sex and correct and consistent condom use
- Utilize the media to deliver safe sex message

## SURVIVOR

### Benita Kimbrough

Breast Cancer  
Age 47  
Indianapolis, IN  
Wishard Hospital

Read Benita's story at [www.indianacancer.org](http://www.indianacancer.org)





# EARLY DETECTION

Cancer occurs when abnormal cellular activity produces a tumor or growth in the body. For certain cancers, screening tests can detect cancerous or pre-cancerous changes at an early stage, allowing prompt treatment and the increased likelihood of a positive outcome. Early detection through regular screening examinations saves lives by identifying cancers when they are most curable and treatment is most likely successful. Cancers that can be detected through early screening include breast, colon, rectum, cervix, prostate, testis, oral cavity, and skin. Early detection of certain cancers, however, is not without risk; each cancer site should be addressed individually.

**Goal:** Increase early detection and appropriate screening for cancer

**Objective 1:** By 2014, increase the percentage of women aged 40 and older who receive annual breast cancer screening from 62 percent to 67 percent as measured by the Indiana Behavioral Risk Factor Surveillance System.

- Promote evidence based interventions that target women not receiving annual mammography and clinical breast exams
  - Expand the use of provider reminder systems for annual mammograms and clinical breast exams
  - Use interventions targeted to population characteristics and tailored on breast cancer risks and cognitive, attitudinal, and socio-cultural factors
- Support efforts to increase funding for programs providing free screening to low income, uninsured, and underinsured women
- Disseminate information related to breast cancer screening through lay health advisors, peer educators, and community outreach workers
- Promote media campaigns to inform the public of the need for regular breast cancer screening

**Objective 2:** By 2014, increase the percentage of adults aged 50 and older who receive risk based colorectal cancer screening (sigmoidoscopy or colonoscopy) and follow-up using accepted professional guidelines from 59 percent to 67 percent as measured by the Indiana Behavioral Risk Factor Surveillance System.

- Enhance colorectal cancer screening capacity
  - Explore screening facility capacity issues
  - Provide training opportunities for existing providers
  - Explore ways to increase the number of providers trained to provide colorectal screening

# EARLY DETECTION

## CHAPTER THREE

- Conduct campaigns to increase public awareness of colorectal cancer risk and the benefits of screening and early detection
- Develop a resource guide for colorectal cancer screening facilities and services
- Disseminate culturally appropriate decision making information regarding screening guidelines
- Employ evidence based interventions that promote patient utilization of colorectal cancer screening

**Objective 3:** By 2014, increase the percentage of men aged 40 and older who have had an individual discussion with their health care providers regarding the risks and benefits of prostate cancer screening from 49 percent to 57 percent as measured by the Indiana Behavioral Risk Factor Surveillance System.

- Support efforts that promote informed decision making about prostate cancer screening
- Distribute information to primary care physicians and primary care extenders about prostate cancer risk and screening
- Offer culturally sensitive education to the public regarding prostate cancer screening
- Implement existing evidence based practices to address prostate cancer screening issues
- Disseminate information about prostate cancer and screening issues to the public via multiple settings
- Utilize community-based organizations to hold informational sessions about prostate cancer
- Organize church-based educational programs and health fairs to promote informed decision making
  - Create an educational program utilizing community health workers to deliver important messages about prostate cancer and screening
  - Develop computer programs to increase appropriate decisions regarding prostate cancer screening

**Objective 4:** By 2014, increase the percentage of women aged 18 and older who have had a Pap smear in the last three years from 79 percent to 87 percent as measured by the Indiana Behavioral Risk Factor Surveillance System.

- Support efforts to increase funding for programs providing free screening to low income, uninsured, and underinsured women



# EARLY DETECTION

## CHAPTER THREE

- Promote evidence based interventions that target women not receiving recommended Pap smears
  - Expand the use of provider reminder systems
  - Use interventions targeted to population characteristics and tailored on cervical cancer risks and cognitive, attitudinal, and socio-cultural factors
- Promote the need for regular cervical cancer screening and diagnostic services to the public
  - Increase public awareness of the need for age-appropriate and risk-based Pap smears
  - Increase the percentage of women who receive timely and culturally relevant follow-up for abnormal cervical cancer screening tests

**Objective 5:** (Developmental) By 2014, reduce barriers to screenings and diagnostic services for disparate populations.  
Potential data sources: Indiana Behavioral Risk Factor Surveillance System, U.S. Census 2000 and 2010

- Develop a way to measure disparities and barriers related to cancer screening and diagnostic services
- Increase health care providers' awareness of current cancer screening guidelines and follow-up recommendations
- Analyze legislative mandates and insurance coverage for cancer screening to determine gaps in coverage
- Disseminate culturally appropriate guides related to informed decision making for cancer screening
- Promote culturally sensitive and family-friendly screening experiences
- Disseminate information about low-cost or free cancer screening services to medically underserved populations
- Explore geographic disparities in mammography use
- Identify barriers to access to dental care
- Increase access for persons with dental insurance or access to dental care by increasing the number of mobile dental clinics and identifying providers who offer free/low-cost care



# TREATMENT

Cancer treatment varies by type of cancer, stage at diagnosis, age, general health, and personal decision factors. Successful treatment involves a partnership between health care providers, patients, and family/caregivers. Patients who fully understand their treatment program tend to experience greater satisfaction with their care and are more likely to complete treatment. When patients understand the nature and risks of their cancer diagnosis and potential risks and benefits of treatment, they can make informed decisions that are consistent with their personal preferences and values.

**Goal:** Promote informed decision making and utilization of appropriate cancer treatment

**Objective 1:** (Developmental) By 2014, minimize barriers and increase access for cancer patients to receive evidence based treatment services and appropriate follow-up in the state of Indiana.

Potential data sources: American College of Surgeons, Indiana State Cancer Registry

- Develop a way to measure barriers and access for cancer patients to receive evidence based treatment services and appropriate follow-up
- Increase the percentage of American College of Surgeons accredited institutions in Indiana
- Support legislation to expand access to cancer treatment for uninsured and underinsured patients
- Provide opportunities for health care providers to become more culturally sensitive and effectively communicate with patients from diverse populations
- Assist patients and families to better negotiate the health care system through promotion and implementation of statewide nurse navigation program
- Increase awareness among patients, providers, and the general public about myths related to cancer and cancer treatment
- Promote institutional participation in established regulatory and monitoring programs i.e. American College of Surgeons Commission on Cancer (COC)

# TREATMENT

## CHAPTER FOUR

**Objective 2:** (Developmental) By 2014, foster the statewide adoption of multidisciplinary, evidence based care by physicians involved in the treatment of patients with cancer.

Potential data source: American College of Surgeons

- Develop a way to measure the statewide adoption of multidisciplinary, evidence based care by physicians involved in the treatment of patients with cancer
- Adopt statewide adherence to prospective cancer staging by cancer care professionals and subsequent reference to published stage-specific treatment guidelines i.e. National Comprehensive Cancer Network and American Society of Clinical Oncology guidelines
- Promote the awareness and use of existing Internet resources to provide balanced, unbiased information about cancer treatment options, outcomes, and quality of life
- Increase patient and family awareness of treatment-related symptom management options so as to promote successful completion of planned cancer therapy
- Distribute educational tools to assist clinicians in helping patients diagnosed with cancer and their families understand treatment recommendations and options
- Encourage health care providers to offer educational opportunities regarding evidence based, stage-specific treatment options to patients with cancer
- Assess institutional treatment pattern variations that impact access to appropriate treatment of cancer patients
- Promote informed decision making in high risk patient populations regarding screening and disease prophylaxis

## SURVIVOR

### Cheryl Lilly

Ovarian Cancer

Age 52

Ft. Wayne, IN

Florida Hospital Cancer Institute

Read Cheryl's story at [www.indianacancer.org](http://www.indianacancer.org)



*Cheryl Lilley*

# TREATMENT

## CHAPTER FOUR

**Objective 3:** (Developmental) By 2014, promote monitoring the institutional quality of cancer treatment statewide in Indiana.

Potential data source: National Cancer Data Base

- Develop a way to measure the promotion of monitoring institutional quality of cancer treatment
- Encourage practitioner membership and participation in the Indiana Cancer Consortium
- Encourage all institutions in Indiana that provide cancer care to obtain American College of Surgeons accreditation for their cancer programs
- Promote and increase awareness of the COC

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*This experience has taught me to be an encourager, reaching out to others. I treasure each new day. I don't want to take life for granted as if I were promised tomorrow. I celebrate life, every breath.*

– Darlene Hochstetler

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# QUALITY OF LIFE

Quality of life issues cut across every aspect of the cancer continuum, from prevention through palliation. Quality of life is subjective and is best assessed from the patient's perspective. The impact of cancer on the quality of life of patients and their families can be severe. Cancer may affect quality of life in the short and long term, and the same type and stage of cancer may affect quality of life differently for different individuals.

**Goal:** Improve quality of life for cancer patients, survivors, and their families

**Objective 1:** (Developmental) By 2014, increase access to resources for cancer survivors.  
Potential data source: Indiana Behavioral Risk Factor Surveillance System

- Develop cancer survivorship questions for inclusion in the Indiana Behavioral Risk Factor Surveillance System questionnaire
- Provide evidence based program information that enhances quality of life to membership, healthcare providers, and community
- Compile and disseminate information about effective methods of alleviating the prostate cancer post-treatment symptomology burdens of bowel incontinence, proctitis, urgency, diarrhea, and sexual dysfunction
- Compile and disseminate information about dealing with post-treatment physical, psychological, and social issues related to breast, cervical, colorectal, and tobacco-related cancers
- Explore employment and insurance issues related to cancer survivorship
- Disseminate web links providing accurate information about survivorship issues, wellness, and support networks
- Identify and support patient navigation programs that can facilitate optimum care for cancer survivors and their families
- Educate decision makers about insurance barriers related to health care for cancer survivors

**Objective 2:** (Developmental) By 2014, increase cancer survivors' utilization of end of life care.

Potential data source: Indiana Hospice & Palliative Care Organization, Inc.

- Provide evidence based information that enhances quality of life to membership, healthcare providers, and community
- Encourage health care providers to proactively discuss end of life concerns with patients and their families
- Develop an educational campaign about patient rights regarding end of life care and advance directives, targeting the public and families of patients with cancer
- Increase professional participation in educational opportunities related to palliative care, hospice, and end of life care
- Disseminate information about hospice eligibility and end of life services to health care providers, patients, and families
- Support efforts to recruit more minorities into the health professions
- Explore issues related to treatment while in hospice care
- Explore cultural, psychosocial, and spiritual issues related to end of life issues, hospice care, and symptom management
- Expand health care provider awareness about the benefits of an interdisciplinary team approach to providing end of life care that enhance quality of life for patients and families



## SURVIVOR

### Michal Bell

Colon and Liver Cancer

Age 46

Pendleton, IN

IU Simon Cancer Center

Read Michal's story at [www.indianacancer.org](http://www.indianacancer.org)

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*Cancer doesn't automatically mean a terminal diagnosis. You must be vigilant in seeking help from others and taking care of yourself. Taking care of yourself means being screened on a regular basis, being aware of unusual symptoms, and living a healthy lifestyle.*

— David Caldwell

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# DATA

Cancer is a reportable disease. Comprehensive and timely cancer data are essential for evaluating progress toward cancer prevention and control. Incidence, mortality, and survival rates and staging data help identify populations at greater risk for developing or dying from cancer. Current cancer incidence, staging, and mortality data make it possible to review the burden of cancer in the state, set priorities, and begin cancer control planning. In addition to gathering data for short, intermediate, and long-term evaluation of the goals and objectives in this plan, specific efforts are focused on improving access to cancer-related data. Access to accurate, timely, and user-friendly data allows Hoosiers to make informed decisions regarding their health.

**Goal:** Increase the quantity, quality, and availability of complete and timely cancer and related data

**Objective 1:** (Developmental) By 2014, increase awareness of relevant data among Indiana Cancer Consortium (ICC) members.

Potential data source: ICC Annual Membership Satisfaction Survey

- Add questions to ICC Annual Membership Satisfaction Survey to measure members' awareness of relevant data
- Support regular publication of cancer and related data
- Disseminate information to help individuals more easily find public-use data
- Publish a list of readily available data sources on the ICC Web site
- Increase the use of Geographic Information Systems (GIS) data maps
- Develop a guide to the identification and assessment of target populations
- Explore partnership opportunities with the Indiana Health Information Exchange (IHIE) to provide useful data to cancer stakeholders
- Encourage eligible ICC members to explore partnership opportunities with the IHIE
- Explore mechanisms to work with Medicaid and Medicare to make their cancer-related data more available to ICC members and the public

**Objective 2:** (Developmental) By 2014, increase use of relevant data among ICC members.  
Potential data source: ICC Annual Membership Satisfaction Survey

- Add questions to ICC Annual Membership Satisfaction Survey to measure members' use of relevant data
- Increase the use of GIS data maps
- Develop a guide to the identification and assessment of target populations
- Provide training in evaluation methods to ICC committee and action team members
- Work with ICC committees and action teams to develop and implement appropriate ways to measure their objectives, strategies, and activities

**Objective 3:** By 2014, increase electronic submission of reportable data to the state cancer registry from 91 percent to 93 percent as measured by the Indiana State Cancer Registry.

- Support creation and adoption of information technology needed to enhance data collection
- Work with the Indiana State Cancer Registry to support training in the use of new technologies, such as Web-based reporting
- Promote the use of AERRO (Advancing E-cancer Reporting and Registry Operations) as it becomes operational as the preferred method of submission by smaller reporting sites

**Objective 4:** (Developmental) By 2014, increase utilization of state cancer registry data among ICC members.  
Potential data sources: Indiana State Cancer Registry, ICC Annual Membership Satisfaction Survey

- Develop means to track/measure utilization of state cancer registry data
- Increase awareness of state cancer registry data availability and utility

# SURVIVOR

## Laura Gano

Breast Cancer

Age 43

Indianapolis, IN

Morgan Hospital Cancer Care Center

Read Laura's story at [www.indianacancer.org](http://www.indianacancer.org)



**Objective 5:** (Developmental) By 2014, increase utilization of Indiana Behavioral Risk Factor Surveillance System data among ICC members.  
Potential data sources: Indiana Behavioral Risk Factor Surveillance System, ICC Annual Membership Satisfaction Survey

- Develop means to track/measure utilization of Indiana Behavioral Risk Factor Surveillance System data
- Increase awareness of Indiana Behavioral Risk Factor Surveillance System data availability and utility
- Provide Indiana Behavioral Risk Factor Surveillance System annual updates and trend data summaries in ICC communications

**Objective 6:** By 2014, increase the Indiana Behavioral Risk Factor Surveillance System sample size from 4,900 (2008) to a minimum of 6,000 per year as measured by the Indiana Behavioral Risk Factor Surveillance System.

- Secure additional funding for the Indiana Behavioral Risk Factor Surveillance System

**Objective 7:** (Developmental) By 2014, increase electronic submission of reportable data to the National Cancer Data Base.  
Potential data source: National Cancer Data Base

- Increase the number of American College of Surgeons Commission on Cancer-accredited programs

**Objective 8:** (Developmental) By 2014, increase utilization of National Cancer Data Base data from baseline to target as measured by the National Cancer Data Base.  
Potential data source: National Cancer Data Base

- Increase awareness of data availability and utility
- Increase the number of American College of Surgeons Commission on Cancer-accredited programs





# ADVOCACY

Advocacy is action directed toward influencing the way the public and policymakers at all levels think and act regarding a given issue. An advocate is anyone who participates in the process of influencing policy. By informing and educating the public and policymakers, cancer control advocates can positively influence the laws, regulations, and rules that impact the experience of cancer from prevention through palliation.

**Goal:** Advocate for cancer-related policy initiatives

**Objective 1:** By 2014, increase the Indiana Cancer Consortium's (ICC) communications distribution by 50 percent from 336 to 504 as measured by the Indiana Comprehensive Cancer Control Program's listserv database.

- Encourage members to distribute information within their own organizations
- Expand distribution lists by identifying additional organizations with shared goals/objectives

**Objective 2:** (Developmental) By 2014, increase ICC member participation in legislative advocacy.

Potential data source: ICC Annual Membership Satisfaction Survey

- Add questions to ICC Annual Membership Satisfaction Survey to measure member participation in legislative advocacy
- Develop linkages with public, private, and non-governmental policy makers
- Distribute regular legislative updates on cancer-related bills during the Indiana General Assembly sessions
- Distribute legislative updates on cancer-related national legislative issues
- Distribute cancer-related advocacy information from ICC member organizations

**Objective 3:** By 2014, increase the number of funding sources from one to three to supplement the Comprehensive Cancer Control program and implementation of the cancer control plan.

- Identify other potential funding sources
- Develop spokesperson information packet to assist ICC members in advocating for increased funding



**Objective 4:** By 2014, reduce disparities by increasing the number of adults who report health insurance coverage from 88 percent to 90 percent as measured by the U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

- Monitor Indiana funding of and participation in Healthy Indiana Plan (HIP)
- Support national and state health care reform that increases access to preventive and early detection health services

**Objective 5:** (Developmental) By 2014, increase ICC members' knowledge of cancer-related disparities.

Potential data source: ICC Annual Membership Satisfaction Survey

- Add question(s) to ICC Annual Membership Satisfaction Survey to measure members' knowledge of cancer-related disparities
- Publish cancer-related disparities information in the ICC newsletter
- Forward latest research on disparities to members of the ICC
- Recruit experts to speak on the topic of disparities at ICC meetings

**Objective 6:** (Developmental) By 2014, increase ICC communication with the general public to strengthen public awareness of emerging cancer-related policy initiatives.

Potential data sources: ICC Annual Membership Satisfaction Survey, Indiana Comprehensive Cancer Control Program

- Add question(s) to ICC Annual Membership Satisfaction Survey to measure members' public information efforts
- Identify priority statewide vehicles for public education
- Provide orientation and assistance to ICC workgroups to support meeting this objective
- Identify emerging policy initiatives that require broad public support
- Identify issue-specific partners in community education outside of the ICC
- Collaborate with partners in creating and delivering unified, consistent messages



# SURVIVOR

## Betty Shaw

Lung Cancer

Age 73

Indianapolis, IN

Nasser Hanna, M.D.

Read Betty's story at [www.indianacancer.org](http://www.indianacancer.org)

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*Cancer patients, survivors, and the general public would do well to realize that cancer is a chronic disease like asthma or diabetes, which can be managed with vigilance and by making ongoing positive life and health choices. As we learn more of the etiology of cancer and as pharmacological interventions improve, cancer is no longer the death sentence that it was in the past; patients and survivors are well advised to invest in hope.*

— Laura Gano

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# GLOSSARY

**American College of Surgeons** - A scientific and educational association of surgeons that was founded in 1913 to improve the quality of care for the surgical patient by setting high standards for surgical education and practice.

**Anovulation** - Suspension or cessation of ovulation.

**Body Mass Index (BMI)** - A measure of body fat based on height and weight.

**Cancer** - A general term for more than 100 diseases in which abnormal cells grow out of control. Also used to refer to a malignant tumor or cancerous tumor.

**Cancer health disparities** - Differences in the incidence, prevalence, mortality, and burden of cancer and related adverse health conditions that exist among specific population groups.

**Clinical breast exam** - Seeks to detect breast abnormalities or evaluate patient reports of symptoms to find palpable breast cancers at an earlier stage of progression.

**Clinical trials** - Medical research studies done in patient volunteers. Each study is designed to answer scientific questions and to find better ways to detect, prevent, or treat cancer or its side effects.

**Colonoscopy** - Examination of the inside of the colon using a colonoscope, inserted into the rectum. A colonoscope is a thin, tube-like instrument with a light and a lens for viewing. It may also have a tool to remove tissue to be checked under a microscope for signs of disease.

**Commission on Cancer** - A consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care.

**Continuum of care** - In medicine, describes the delivery of health care over a period of time. In patients with a disease, this covers all phases of illness from diagnosis to the end of life.

**Diagnostic service** - Imaging and laboratory capabilities available for determining the cause of an illness.

**Epidemiology** - The study of the patterns, causes, and control of disease in groups of people.

**Etiology** - The cause or origin of disease.

# GLOSSARY

## C H A P T E R E I G H T

**Hospice** - A program that provides special care for people who are near the end of life and for their families, either at home, in freestanding facilities, or within hospitals.

**Incidence rate** – The number of new cases of a disease that occur in a specific time period within a specific population, divided by the size of the population at risk.

**Mammogram** – X-ray of the breast.

**Mortality rate** – The number of deaths that occur in a specific time period within a specific population divided by the size of the population at risk for the disease.

**Palliation** – Relief of symptoms and suffering caused by cancer and other life-threatening diseases. Palliation helps a patient feel more comfortable and improves the quality of life, but does not cure the disease.

**Pap smear** – A procedure in which cells are scraped from the cervix for examination under a microscope. It is used to detect cancer and changes that may lead to cancer. A Pap smear can also show conditions, such as infection or inflammation, that are not cancer.

**Patient navigation** - Refers to individualized assistance offered to patients, families, and caregivers to help overcome health care system barriers and facilitate timely access to quality medical and psychosocial care from pre-diagnosis through all phases of the cancer experience.

**Proctitis** – Inflammation of the mucous membrane that lines the rectum (the last several inches of the large intestine closest to the anus).

**Prophylaxis** - An attempt to prevent disease.

**Quality of life** – Overall enjoyment of life.

**Screening** – Checking for disease when there are no symptoms.

**Sigmoidoscopy** - Examination of the lower colon using a sigmoidoscope, inserted into the rectum. A sigmoidoscope is a thin, tube-like instrument with a light and a lens for viewing. It may also have a tool to remove tissue to be checked under a microscope for signs of disease.

**Surveillance** – In medicine, the ongoing collection of information about a disease, such as cancer, in a certain group of people. The information collected may include where the disease occurs in a population and whether it affects people of a certain gender, age, or ethnic group.

**Tumor** - An abnormal growth of cells or tissues. Tumors are either benign (non-cancerous) or malignant (cancerous).



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Indiana Osteopathic Association  
Indiana Primary Health Care Association  
Indiana Public Health Association  
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Indiana State Medical Association  
Indiana Surgical Specialists  
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**[www.indianacancer.org](http://www.indianacancer.org)**

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