



# Kentucky Cancer Action Plan

A blueprint for cancer  
prevention and control  
in our state

*Revised December 2012*



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# PURPOSE

Kentucky's Cancer Action Plan (CAP) serves as a blueprint for cancer prevention and control throughout the state. Its purpose is to provide statewide coordination of ongoing and/or needed public and private cancer control efforts. The Plan is intended for use statewide by individuals and organizations in all areas of cancer control.

Kentucky's CAP addresses cancer issues along the continuum of care, from prevention and early detection through treatment and quality of life. It also addresses cross-cutting issues including data, health disparities and advocacy. The CAP comprises 12 goals and related objectives aimed at reducing the burden of cancer and improving the lives of Kentuckians. The strategies for achieving these goals and objectives are quite varied and address public and professional education, individual behavior change, access to clinical and support services, systems improvement, and policy.

By using the CAP as a blueprint, organizations and communities will become part of a statewide effort to reduce the burden of cancer in a comprehensive and unified manner.

## **Kentucky Cancer Consortium** - *who we are...*

The Kentucky Cancer Consortium (KCC) oversees a coordinated and integrated process for implementing the Kentucky Cancer Action Plan. The Consortium is a network of over 40 organizations that provide leadership for the development and coordination of effective state and multi-regional programs addressing cancer prevention and control. The Kentucky Cancer Consortium encourages cooperative, comprehensive, and complementary planning among the public, private, and volunteer sectors involved in cancer control efforts in Kentucky.



# PREVENTION

## **Goal 1: Reduce incidence and mortality from tobacco-related cancers (lung, throat, mouth, pancreas, kidney, bladder and cervix) in all populations.**

### **Objective Category: Initiation of tobacco use**

**OBJECTIVE 1.1:** By 2013, decrease the percentage of middle school students (grades 6 to 8) who report smoking cigarettes on one or more of the previous 30 days to 10% or less. [2006 baseline is 12.1%]

**OBJECTIVE 1.2:** By 2013, decrease the percentage of high school students (grades 9 to 12) who report smoking cigarettes on one or more of the previous 30 days to 20% or less. [2006 baseline is 24.5%]

**OBJECTIVE 1.3:** By 2013, decrease the percentage of middle school students who have used smokeless tobacco on one or more of the past 30 days from 8.1% to 7.3%. [10% reduction from 2006 baseline]

**OBJECTIVE 1.4:** By 2013, decrease the percentage of high school students who have used smokeless tobacco on one or more of the past 30 days from 13.5% to 12.2%. [10% reduction from 2006 baseline]

### **Strategies to reduce tobacco use initiation**

- Promote the use of evidence-based strategies and

best practices for youth tobacco prevention.

- Integrate evidence and research based tobacco use prevention into the school curriculum at all grade levels.
- Support the increase or establishment of an excise tax for all tobacco products.
- Increase the unit price for tobacco products.\*
- Eliminate promotion of tobacco products.
- Promote youth engagement in tobacco prevention education and advocacy.
- Engage the education community to support a comprehensive tobacco-free environment policy, promoting school/ community forums (could be facilitated by Regional Prevention Centers, KY ASAP Boards, Champions, etc).
- Raise youth awareness through the media.
- Distribute prevention messages through existing youth-oriented community-based channels, such as youth sports, Scouts, 4-H Clubs, youth recreational organizations, YMCA/YWCA, and church groups.
- Conduct mass media education campaigns along with other interventions.\*
- Establish community-level youth advocacy groups statewide that engage youth in developing and implementing tobacco control interventions and

include teacher training and parental involvement.

### Strategies to restrict minors' access to tobacco products

- Promote governmental and voluntary policies to restrict youth access to tobacco products, and strengthen enforcement of laws prohibiting the sale of tobacco products to minors.
- Mobilize the community through community-wide interventions aimed at focusing public attention on the issue of youth access to tobacco products, and mobilize community support for efforts to reduce that access while conducting additional interventions.
- Conduct community education about youth access to tobacco products.\*
- Pass sales laws directed at retailers.\*
- Actively enforce sales laws directed at retailers when used alone.\*
- Educate retailers with and/or without reinforcement and information on health consequences.\*
- Pass laws directed at minors' purchase, possession, or use of tobacco products.\*

### Objective Category: Tobacco cessation

**OBJECTIVE 1.5:** By 2013, reduce the proportion of adults age 18 and older who smoke from 28.2% [BRFSS 2007] to 25%.

**OBJECTIVE 1.6:** By 2013, reduce the proportion of adults age 18 and older who use smokeless tobacco from 5% [BRFSS 2007] to 4.5%.

**OBJECTIVE 1.7:** By 2013, decrease the percentage of current smoking among low income adults (defined by 2008 federal poverty guidelines) from 39.8% [BRFSS 2006] to 32%.

**OBJECTIVE 1.8:** By 2013, decrease the percentage of current smoking among adults with less

than a high school education from 43.7% [BRFSS 2006] to 36%.

**OBJECTIVE 1.9:** By 2013, decrease the percentage of current smoking among African-American adults from 31.5% [BRFSS 2007] to 24%.

**OBJECTIVE 1.10:** By 2013, decrease the percentage of current smoking among Hispanic/Latino adults from 11.8% [BRFSS 2004] to 10%.

**OBJECTIVE 1.11:** By 2013, reduce smoking among pregnant women from 26.1% [BRFSS 2005] to 20% by 2013.

### Strategies to increase smoking cessation

- Increase the unit price for tobacco products.\*
- Conduct mass media campaigns combined with additional interventions.\*
- Conduct a series of mass media segments to recruit, inform, and motivate tobacco users to quit.\*
- Conduct tobacco cessation contests that use mass media to promote the event, recruit participants, and motivate them to commit to quitting on a target date or during a specific period.\*
- Reduce client out-of-pocket costs for cessation therapies.\*
- Conduct multicomponent interventions that include telephone support.\*
- Increase availability and access to cessation resources for adults and youth, including components targeting diverse/special populations.\*
- Provide culturally competent evidence-based smoking prevention and cessation interventions for the African-American and Hispanic/Latino communities, the low SES population, women of child-bearing age, and pregnant women.
- Increase public awareness of evidence-based smoking cessation services available in the community—e.g., pharmacotherapy, Kentucky's Tobacco Quit Line (1-800-QUIT-NOW), the Cooper/Clayton Method to Stop Smoking, Become an Ex, Freedom From Smoking (American Lung Association), 5 A's,

and the Baby and Me program.

- Evaluate effectiveness of the Cooper/Clayton Method to Stop Smoking program.
- Conduct community needs assessments to determine health systems infrastructure regarding smoking cessation services.

### **Strategies utilizing businesses to increase smoking cessation**

- Utilize incentives and competitions to increase smoking cessation when combined with additional interventions.\*
- Increase number of businesses which prohibit use of tobacco on premises.
- Increase the number of employers and businesses that offer no-cost cessation and support programs.
- Encourage businesses to train facilitators and conduct Cooper/Clayton Method to Stop Smoking classes.

### **Strategies utilizing insurers to increase smoking cessation**

- Increase private insurance coverage (including Medicaid) for smoking cessation counseling and pharmacotherapy.
- Reduce the cost of insurance premiums for people who do not use tobacco.

### **Strategies utilizing providers to increase smoking cessation**

- Utilize provider reminder systems used either alone or with provider education.\*
- Educate providers.\*
- Organize opportunities for provider assessment and feedback.\*
- Identify health care professionals, organizations and agencies that represent the interest of pregnant women and encourage them to participate in tobacco prevention and cessation efforts.
- Encourage health care providers to expand the

definition of tobacco use to include smokeless and spit tobacco in patient health assessments.

- Encourage pediatric health care providers to assess exposure to secondhand smoke and encourage parents/family members to quit and/or “take it outside.”
- Educate health care providers on evidence-based strategies for treating tobacco use dependence.
- Establish partnership between providers and the tobacco quit line that includes enhancement of services, such as free or low cost NRT and other pharmaceuticals for tobacco cessation.

### **Objective Category: Secondhand smoke**

**OBJECTIVE 1.12:** By 2013, Kentucky will have enacted a comprehensive statewide smoke-free law according to Fundamentals of Smoke-Free Workplace Law recommendations.

**OBJECTIVE 1.13:** By 2013, all state buildings will be smoke-free.

### **Strategies to reduce exposure to environmental tobacco smoke (ETS)**

- Enact smoking ordinances and restrictions.\*
- Conduct community education to reduce exposure to ETS in the home.\*
- Educate the public on overall dangers of second-hand smoke.
- Encourage, educate and assist in implementation of tobacco-free policies in work places, day care facilities, schools and other public locations.
- Enforce existing laws related to smoke-free environments.
- Mandate that schools and all school-sponsored events be tobacco free campus-wide for faculty, staff and students.
- Mobilize agencies and organizations to adopt or strengthen secondhand smoke policies.
- Promote state and local policies, including voluntary ones, that restrict smoking in all public places.

- Engage advocacy groups and communities to support passage of Kentucky smoke-free law and eliminate exemptions (comprehensive statewide Clean Indoor Air Act).
- Encourage health care providers to assess and educate patients/clients on health effects of exposure to secondhand smoke and interventions to establish smoke-free homes.
- Implement a social marketing campaign designed to decrease percentage of children exposed to tobacco smoke.
- Promote adoption of smoke-free policies to reduce tobacco use among workers.\*

### Objective Category: Funding

**Objective 1.14:** By 2013, increase direct funding for statewide comprehensive tobacco prevention and control services from \$0.85 per capita [2007 CDC Best Practices for Comprehensive Tobacco Control Programs] to \$13.59 (the lower CDC-recommended level for Kentucky).

### Strategies to increase funding

- Disseminate tobacco use data to Kentucky legislators including but not limited to: cost benefit analysis examining smoking; attributable cost; health care cost; tobacco prevention and control cost.
- Launch a legislative and public advocacy campaign to mobilize support for increasing funding to expand and enhance the state quit line (1-800-QUIT-NOW).

### Objective Category: Infrastructure

**OBJECTIVE 1.15:** By 2013, create a sustainable infrastructure to increase coordination and collaboration of tobacco control efforts on local, regional and state levels.

### Strategies to sustain infrastructure

- Increase the number of partner organizations that endorse and/or support the state strategic plan for tobacco control.
- Support local health departments with technical

assistance for promulgating and enforcing local, comprehensive clean indoor air act.

- Participate in individual one-on-one meetings with key influential stakeholders to discuss current tobacco prevention and control issues.
- Develop an external communication system to disseminate information, share resources, and recruit other organizations within the state tobacco control program as partners.

## Goal 2: Reduce incidence from cancers related to nutrition, physical activity and obesity.

### Objective Category: Nutrition<sup>1</sup>

**OBJECTIVE 2.1:** By 2013, increase the percentage of Kentucky adults who eat five or more servings of fruits and vegetables daily from 18.4% (2007 BRFSS) to 25%.

**OBJECTIVE 2.2:** By 2013, increase the percentage of Kentucky youth (grades 9-12) who eat five or more servings of fruits and vegetables daily from 13.2% (2007 YRBS) to 20%.

### Strategies to promote the availability of affordable healthy food and beverages

- Increase availability of healthier food and beverage choices in public service venues.<sup>2</sup>
- Improve availability of affordable healthier food and beverage choices in public service venues.
- Improve geographic availability of supermarkets in underserved areas.
- Provide incentives to food retailers to locate in, and/or offer healthier food and beverage choices in, underserved areas.
- Improve availability of mechanisms for purchasing foods from farms.
- Provide incentives for the production, distribution, and procurement of foods from local farms.
- Require menu labeling at fast food and chain

restaurants.

### Strategies to support healthy food and beverage choices

- Restrict availability of less healthy foods and beverages in public service venues.<sup>2</sup>
- Institute smaller portion size options in public service venues.<sup>2</sup>
- Limit advertisements of less healthy foods and beverages.
- Discourage consumption of sugar-sweetened beverages.
- Utilize multi-component counseling or coaching to effect weight loss, using computer or web applications.\*
- Require state-funded agencies to serve healthy foods.
- Require standards for nutrition and physical activity in licensed child care centers.

### Strategies to increase breastfeeding<sup>3</sup>

- Provide breastfeeding CME/CEU opportunities to health professionals.
- Increase the number of International Board Certified Lactation Consultants in Kentucky.
- Increase the number of statewide trained breastfeeding peer counselors.
- Encourage businesses to provide space and flexible scheduling for breastfeeding or expressing milk in the workplace.

### Objective Category: Physical activity<sup>1</sup>

**OBJECTIVE 2.3:** By 2013, increase the percentage of Kentucky adults who participated in any physical activity in the past month from 69.5% (BRFSS 2008) to 72%.

**OBJECTIVE 2.4:** By 2013, require daily physical activity for all Kentucky public school students from K-8 and increase physical education requirements in high school.

**OBJECTIVE 2.5:** By 2013, there will be daily physical activity requirements for children in after school and child care settings.

### Strategies to encourage physical activity or limit sedentary activity among children and youth

- Require physical education in schools.
- Promote sun safety in schools.
- Increase the amount of physical activity in physical education programs in schools.
- Increase opportunities for extracurricular physical activity.
- Reduce screen time in public service venues,<sup>2</sup> in homes through behavioral interventions, and using mass media interventions.
- Provide school-based programs to prevent overweight and obesity.\*
- Require standards for nutrition and physical activity in licensed child care centers.
- Increase number of child care settings that require structured moderate to vigorous physical activity for all participants daily.

### Strategies to encourage physical activity or limit sedentary activity among adults

- Utilize multi-component counseling or coaching to effect weight loss, using technology such as computer or web applications.\*

### Strategies to create safe communities that support physical activity

- Improve access to outdoor recreational facilities.
- Enhance infrastructure supporting bicycling.
- Enhance infrastructure supporting walking.
- Support locating schools within easy walking distance of residential areas.
- Improve access to public transportation.



- Support zoning for mixed-use development.
- Enhance personal and traffic safety in areas where persons are or could be physically active.
- Establish “Complete Streets” policies. [Definition: Complete Streets movement aims to develop integrated, connected networks of streets that are safe and accessible for all people, regardless of age, ability, income, ethnicity, or chosen mode of travel. Complete Streets makes active transportation such as walking and bicycling convenient; provide increased access to employment centers, commerce, and educational institutions; and allow greater choice in traveling so that transportation doesn’t drain a family’s financial resources.]
- Increase the utilization of joint use agreements with Kentucky schools to provide communities with more opportunities to increase physical activity.

### Objective Category: Obesity<sup>1</sup>

**OBJECTIVE 2.6:** By 2013, increase the percentage of Kentucky adults who are a healthy weight (BMI less than 24.9) from 33.2% (BRFSS 2008) to 35%.

**OBJECTIVE 2.7:** By 2013, decrease the percentage of Kentucky youth (grades 9-12) who are obese (students who were  $\geq 95$  percentile for body mass index (BMI) by age and sex based on reference data) from 15.6% (YRBS 2007) to 13.5%.

### Strategies to improve surveillance

- Establish a BMI surveillance system for youth.

### Strategies to encourage communities to organize for change

- Participate in community coalitions or partnerships to address obesity.
- Provide worksite programs to control overweight and obesity.\*
- Provide worksite wellness tax credits to businesses.
- Encourage worksite cultures that promote and incorporate healthy nutrition and physical activity.
- Encourage worksite cultures that offer benefits and programs that help to prevent cancer.

### Strategies oriented to healthcare professionals

- Ensure that pre-services curricula for various public health professionals include nutrition and physical activity.<sup>3</sup>
- Develop measurable guidelines regarding fitness for physicians.<sup>3</sup>
- Conduct academic detailing review of physician needs concerning nutrition and physical activity.<sup>3</sup>
- Develop easily accessed CMEs/CEUs for various health professionals on counseling about nutrition and physical activity.<sup>3</sup>
- Promote nutrition and physical activity strategies in health care environments.<sup>3</sup>
- Educate providers.\*
- Organize opportunities for provider feedback.\*
- Utilize provider reminder systems.\*
- Utilize multi-component interventions along with client interventions.\*

### Objective Category: Alcohol

**OBJECTIVE 2.8:** By 2013, reduce percentage of Kentucky adults who are binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion) from 11.3% (2008 BRFSS) to 10.3%.

**OBJECTIVE 2.9:** By 2013, reduce percentage of Kentucky youth (grades 9-12) who currently use alcohol (had at least one drink of alcohol at least one day during the 30 days before the survey) from 40.6% (2007 YRBSS) to 39%.

## Goal 3: Reduce incidence and mortality of cancers related to environmental carcinogens.

**OBJECTIVE 3.1:** By 2016, increase the percentage of buildings that are remediated due to radon levels exceeding the U.S. EPA action guideline of 4 pCi/L. (Developmental baseline: Kentucky Radon Program)

**OBJECTIVE 3.2:** Identify evidence-based policies,

systems and environmental changes for workers and communities exposed to known environmental carcinogens.

## Strategies

- Work with existing agencies and organizations to determine the number of existing homes with elevated radon levels that have undergone mitigation, and newly built homes with radon-resistant new construction features.
- Support implementation and enforcement of new statute (2011) regulating use of certified radon contractors in home mitigation.
- Support the Kentucky Radon Program in their efforts to increase public awareness of the potential dangers of high radon levels in homes and workplaces.
- Support efforts to educate health care providers as to radon-induced cancer risk.
- Support efforts to incentivize radon mitigation retrofitting of existing housing.
- Encourage building code changes/enforcement to require radon reduction venting in new construction.
- Encourage schools, daycare centers and workplaces to test for radon at regular intervals.
- Request that the State Board of Education use radon resistant new construction in new schools.<sup>6</sup>
- Encourage Kentuckians to test their home for radon through short-term free kits available through the Kentucky Radon Program.
- Collaborate with real estate firms to test for radon early in the selling process.<sup>6</sup>
- Encourage the dispensing of radon information as part of the property transfer process.<sup>6</sup>
- Utilize Environmental Law Institute, [www.eli.org](http://www.eli.org) as a potential data source for Objective 3.2.
- Support research on the etiology of environmental cancers.

- Encourage Kentucky researchers to apply for federal and nonprofit funding for research projects on environmental carcinogens.
- Monitor cancer incidence and potential environmental exposures.
- Increase public education and awareness of environmental carcinogens.

## Goal 4: Increase awareness about the human papilloma virus (HPV) vaccine.

**OBJECTIVE 4.1:** Increase awareness about HPV vaccine among women 18 years and older from 58% (2006 BRFSS) to 75% by 2013.

### Strategies<sup>4</sup>

- Repeat the 2006 HPV questions on subsequent Kentucky BRFSS surveys.
- Develop an educational curriculum on HPV that is culturally sensitive.
- Train Community Health Outreach Workers (CHOWs) to deliver consistent HPV messaging one-on-one and/or through group education in the community.
- Encourage collaboration with at least three organizations (i.e., community leaders and/or educational institutions) to deliver consistent HPV messaging.

**OBJECTIVE 4.2:** Increase the percentage of Kentucky females ages 13-17<sup>5</sup> who have completed the recommended HPV vaccine series from 12.7% (2008 National Immunization Survey-Teen) to 15% by 2013.

### Strategies

- Support CHOWs to conduct community group education seminars on HPV among African-American women.
- Conduct a public awareness campaign promoting the HPV vaccine.
- Encourage providers to recommend the vaccine

- Encourage providers to administer multiple adolescent vaccines in a single visit.
- Implement reminder and recall tools in healthcare providers' office systems.
- Organize opportunities for provider audit and feedback.

\* Strategy is discussed in the *Guide to Community Preventive Services*. Accessed December 2009. We encourage you to visit the Web site to further explore the strength of each particular strategy.

**[www.thecommunityguide.org](http://www.thecommunityguide.org)**

<sup>1</sup> Unless otherwise noted, strategies listed in the Nutrition, Physical Activity and Obesity sections of the Kentucky Cancer Action Plan are taken from "Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide," by Keener, D., Goodman, K., Lowry, A., Zaro, S., & Kettel Khan, L. (2009). Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

<sup>2</sup> Public service venue: Facilities and settings open to the public that are managed under the authority of government entities (e.g., schools, child care centers, community recreational facilities, city and county buildings, prisons, and juvenile detention centers).

<sup>3</sup> Strategies taken from the "Kentucky Nutrition and Physical Activity State Action Plan," 2005, Kentucky Dept. for Public Health, Div. of Maternal and Child Health.  
**<http://chfs.ky.gov>**.

<sup>4</sup> Strategies taken from the "Kentucky REACH (Racial and Ethnic Approaches to Community Health) Community Action Plan."  
**[www.kycancerc.org/REACH.html](http://www.kycancerc.org/REACH.html)**.

<sup>5</sup> While the CDC recommends vaccination beginning at age 11, we utilized age 13, as our ability to measure vaccination completion is limited to ages 13 - 17 (as of 2009).

<sup>6</sup> Strategy from *Healthy Kentuckians 2010*.

Other documents consulted:

Kentucky Tobacco Prevention and Cessation Program Strategic Plan 2005-2013. **<http://chfs.ky.gov/dph/info/>**

### **[dpqi/hp/tobacco.htm](http://www.dpqi/hp/tobacco.htm)**

*Shaping Kentucky's Future: Policies to Reduce Obesity, Partnership for a Fit Kentucky, 2009.* **[www.fitky.org](http://www.fitky.org)**  
*National Comprehensive Cancer Control Program state comprehensive cancer control plans, accessed at <http://apps.nccd.cdc.gov/cancercontacts/ncccp/contacts.asp> and [www.cancerplan.org](http://www.cancerplan.org)*

*Vaccination Coverage Among Adolescents Aged 13 - 17 Years - United States 2007.* *Journal of the American Medical Association*; 301(7): 713-715.



# SCREENING AND EARLY DETECTION

## **Goal 5: Reduce the proportion of late-stage diagnosis and mortality from breast cancer through screening and early detection.**

**OBJECTIVE 5.1:** Increase the percentage of Kentucky women age 40 years and older who have had a mammogram within the past two years from 75% (2008 BRFSS) to 80% by 2013.

**OBJECTIVE 5.2:** Increase the percentage of African-American women in Kentucky aged 40 years and older who have had a mammogram within the past two years from 80% (2008 BRFSS) to 85% by 2013.

**OBJECTIVE 5.3:** Increase the percentage of Kentucky women with less than a high school education aged 40 years and older who have had a mammogram within the past two years from 62.2% (2008 BRFSS) to 65% by 2013.

**OBJECTIVE 5.4:** Increase the percentage of Kentucky women with an income of less than \$15,000 per year aged 40 years and older who have had a mammogram within the past two years from 61.8% (2008 BRFSS) to 63% by 2013.

**OBJECTIVE 5.5:** Increase percentage of Kentucky women diagnosed at an early stage of breast cancer from 84% (2006 KCR) to 87% by 2013.

### **Strategies oriented to the individual**

- Utilize client reminders (e.g., letters, postcards or phone calls) to alert clients that it is time for their mammogram.\*
- Utilize client incentives (e.g., small rewards such as cash or coupons) that encourage women to have a mammogram.\*
- Utilize small media (videos, letters, brochures, newsletters) to inform and motivate women to have a mammogram.\*
- Utilize mass media (TV, radio, newspaper, magazines, billboards) to educate and motivate women to have a mammogram.\*
- Educate groups on the indications for, benefits of, and ways to overcome barriers to receiving mammograms, with the goal of informing, encouraging, and motivating participants to seek a mammogram.\*
- Educate one-on-one, either in person or via telephone, on the indications for, benefits of, and ways to overcome barriers to receiving a mammogram, with the goal of informing, encouraging, and motivating participants to seek a

mammogram.\*

- Reduce structural barriers such as screening location, limited hours of operation, lack of childcare, and language and cultural factors.\*
- Reduce out-of-pocket costs for screening.\*
- Promote and expand community-level programs, such as breast cancer coalitions, to increase education about the risk of breast cancer and the need for screening at appropriate intervals.
- Train Community Health Outreach Workers (CHOWs) to deliver evidence-based cancer prevention interventions with consistent screening messaging in African-American communities, businesses, churches and social groups.<sup>1</sup>
- Support CHOWs in conducting community group seminars about available mammography screening resources for African-American women.
- Support CHOWs in conducting follow-up calls with women who do not show up for a scheduled mammography, and identify barriers.
- Train CHOWs to identify uninsured women, refer them to the Kentucky Women's Cancer Screening Program (KWCSP), and track their referral.

### **Strategies oriented to healthcare professionals**

- Promote healthcare provider utilization of current screening guidelines through professional journals and association newsletters.
- Organize opportunities for provider assessment and feedback (ex. how often providers offer and deliver screening services to clients and then give providers information about their performance).\*
- Utilize provider incentives, such as monetary rewards or CMEs, that motivate providers to perform screening or refer clients for screening.\*
- Utilize provider reminder and recall systems (e.g., chart stickers; electronic medical records).\*

- Utilize CHOWs to evaluate and provide feedback on client reminders and/or small media to assure that they are culturally sensitive.<sup>1</sup>

### **Strategies utilizing advocacy**

- Mobilize grassroots advocates for legislative change.
- Increase the use of available financial resources for routine screening for uninsured and underinsured women.
- Encourage in-state self-insured companies and in-state branches of companies located outside Kentucky to provide screening mammography coverage in accordance with evidence-based screening guidelines.
- Ensure that age-eligible women in counties without mammography facilities have adequate access to breast cancer screening through facilities in adjoining counties and/or mobile mammography units.

### **Strategies utilizing workplace wellness**

- Encourage worksite cultures that offer benefits and programs that facilitate detecting cancer at its earliest stages.
- Offer employee health benefit plans that eliminate cost as a barrier to accessing breast cancer screenings.
- Ensure that employee health benefit plans include breast cancer screening provisions that adhere to the American Cancer Society (ACS) Guidelines or the US Preventive Services Task Force (USPSTF) Guidelines.
- Incorporate breast cancer prevention and early detection information into worksite wellness programs.
- Conduct assessment related to feasibility of implementing health promotion programs within Kentucky worksites, with special emphasis on cancer prevention and control.

## Goal 6: Reduce incidence and mortality from cervical cancer through increased screening and early detection.

**OBJECTIVE 6.1:** Increase the percentage of Kentucky women aged 18 years and older who have had a Pap test within the past three years from 81.7% (2008 BRFSS) to 83% by 2013.

**OBJECTIVE 6.2:** Increase the proportion of uninsured African-American women ages 21-64 with incomes below 250% of federal poverty level who receive yearly Pap tests through KWCS by at least 5% by 2013.

**OBJECTIVE 6.3:** Increase the percentage of Kentucky women with less than a high school education aged 18 years and older who have had a Pap test within the past three years from 61.2% (2008 BRFSS) to 65% by 2013.

**OBJECTIVE 6.4:** Increase the percentage of Kentucky women with an income of less than \$15,000 per year aged 18 years and older who have had a Pap test within the past three years from 65.5% (2008 BRFSS) to 67% by 2013.

**OBJECTIVE 6.5:** Increase percentage of Kentucky women diagnosed with early-stage cervical cancer from 63% (2006 KCR) to 65% by 2013.

### Strategies oriented to the individual

- Utilize client reminders (e.g., letters, postcards, phone calls) to alert clients that it is time for their Pap test.\*
- Utilize client incentives (e.g., small rewards such as cash or coupons) that encourage women to have a Pap test.\*
- Utilize small media (videos, letters, brochures, newsletters) to inform and motivate women to have a Pap test.\*
- Utilize mass media (TV, radio, newspaper, magazines, billboards) to educate and motivate women to have a Pap test.\*

- Educate groups on the indications for, benefits of, and ways to overcome barriers to having a Pap test, with the goal of informing, encouraging, and motivating participants to seek a Pap test.\*
- Educate one-on-one, either in person or via telephone, on the indications for, benefits of, and ways to overcome barriers to receiving a Pap test, with the goal of informing, encouraging, and motivating participants to seek a Pap test.\*
- Reduce structural barriers such as screening location, limited hours of operation, lack of childcare, and language and cultural factors.\*
- Reduce out of pocket costs to obtain screening.\*
- Train Community Health Outreach Workers (CHOWs) to deliver evidence-based cancer prevention interventions with consistent screening messaging in African-American communities, businesses, churches and social groups.<sup>1</sup>
- Support CHOWs in conducting community group seminars about available cervical cancer screening resources among African-American women.
- Support CHOWs in conducting follow-up calls with women who do not show up for a scheduled Pap test, and identify barriers.
- Train CHOWs to identify uninsured women, refer them to the Kentucky Women's Cancer Screening Program (KWCS), and track their referral.

### Strategies oriented to healthcare professionals

- Organize opportunities for provider assessment and feedback (e.g., how often providers offer and deliver screening services to clients) and then give providers information about their performance.\*
- Utilize provider incentives, such as monetary rewards or CMEs, that motivate providers to perform screening or refer clients for screening.\*
- Utilize provider reminder and recall systems (e.g.,

chart stickers, electronic medical records).\*

- Utilize CHOWs to evaluate and provide feedback on client reminders and/or small media to assure that they are culturally sensitive.<sup>1</sup>

### Strategies utilizing advocacy

- Mobilize grassroots advocates for legislative change.
- Increase the use of available financial resources for routine screening for uninsured and underinsured women.

### Strategies utilizing workplace wellness

- Encourage worksite cultures that offer benefits and programs that facilitate detecting cancer at its earliest stages.
- Offer employee health benefit plans that eliminate cost as a barrier to accessing cervical cancer screenings.
- Ensure that employee health benefit plans include cervical cancer screening provisions that adhere to the American Cancer Society (ACS) Guidelines or the US Preventive Services Task Force (USPSTF) Guidelines.
- Incorporate cervical cancer prevention and early detection information into worksite wellness programs.
- Conduct assessment related to feasibility of implementing health promotion programs within Kentucky worksites, with special emphasis on cancer prevention and control.

## Goal 7: Reduce incidence and mortality from colon cancer\*\* through prevention and early detection.

**OBJECTIVE 7.1:** By 2012, increase colon cancer screening among adults ages 50 and older from 58.6% (2006 BRFSS) to 75%.

**OBJECTIVE 7.2:** By 2012, increase percentage of Kentuckians diagnosed at an early stage of colon cancer from 50% (2005 KCR) to 60%.

**OBJECTIVE 7.3:** By 2016, increase colon cancer screening among Kentuckians who have not completed high school from 49.5% (2010 BRFSS) to 72%.

### Strategies oriented to the individual

- Develop lay health navigator services to increase awareness and follow-through with colon cancer screening.
- Provide colon cancer education and outreach activities that dispel fatalistic beliefs/myths and emphasize colon cancer can be prevented.
- Find local resources and support to identify and address transportation barriers.
- Provide colon cancer education and outreach activities that use positive messages and experiences provided by trusted leaders and survivors in the community.
- Provide colon cancer education and outreach activities in all areas of the state that encourage patients to be proactive in asking health care providers about colon cancer screening tests.
- Tailor small media (videos and printed materials such as letters, brochures, and newsletters) to inform and motivate people to be screened for colon cancer.\*
- Implement a statewide public awareness campaign on colon cancer screening that uses simple, consistent messages that can be tailored and delivered to organizations and individuals.\*
- Involve faith-based communities in delivery of colon cancer screening messages.
- Utilize client reminders (e.g., letters, postcards or phone calls to alert clients that it is time for their colon cancer screening).\*
- Utilize client incentives (e.g., small rewards such

as cash or coupons to encourage clients to be screened for colon cancer).\*

- Organize opportunities for group education.\*
- Organize opportunities for one-on-one education.\*

### **Strategies oriented to healthcare professionals**

- Support the adoption of the direct referral system in all primary care practices.
- Promote healthcare provider utilization of current screening guidelines through professional journals and association newsletters.
- Increase the number of providers using best practices in fostering trust, cultural competency, and value-based decision making as well as choosing the best screening method based on the individual.
- Encourage involvement of dentists, pharmacists, and other health care provider groups not usually targeted for colon cancer screening recommendations.
- Increase primary care practice interventions that include provider assessment and feedback.
- Reduce structural barriers such as screening location, limited hours of operation, lack of childcare, and language and cultural factors.\*
- Promote utilization of patient navigators to increase follow-through of referrals for colon cancer screening.
- Work with healthcare professionals to address local barriers to colon cancer screening.
- Identify and address gaps in access and capacity for colon cancer screening services.
- Promote the utilization of US Preventive Services Task Force (USPSTF) colon cancer screening guidelines.

- Implement patient reminder and tracking systems (letters, postcards, or phone calls) in primary care practices to alert clients that it is time for their colon cancer screening test.
- Organize opportunities for provider assessment and feedback.\*
- Utilize provider incentives.\*
- Utilize provider reminder and recall systems.\*
- Conduct community needs assessments to determine health systems infrastructure regarding colon cancer screening services.

### **Strategies utilizing advocacy**

- Disseminate information on new colon cancer screening legislation through established partnerships and networks.
- Identify gaps in legislative mandates and advocate for reducing those gaps.
- Advocate for funding and resources to support a statewide colon cancer screening program for the uninsured and the underinsured.
- Educate state and local policy makers concerning the health and economic benefits of prevention and early detection of colon cancer.

### **Strategies utilizing workplace wellness**

- Encourage worksite cultures that promote and incorporate appropriate colon cancer screening behaviors.
- Offer employee health benefit plans that eliminate cost as a barrier to accessing colon cancer screenings.
- Ensure that employee health benefit plans include colon cancer screening provisions that adhere to the American Cancer Society (ACS) Guidelines or the US Preventive Services Task Force (USPSTF) Guidelines.
- Incorporate colon cancer prevention and early



detection information into worksite wellness programs.

- Conduct assessment related to feasibility of implementing health promotion programs within Kentucky worksites, with special emphasis on cancer prevention and control.

### Strategies utilizing insurers

- Identify gaps in co-pays and insurance coverage of colon cancer screening and advocate for reducing those gaps.
- Monitor colon cancer screening through Healthcare Effectiveness Data and Information Set (HEDIS) measures and identify needs for performance improvement.
- Work with healthcare plans to promote and increase the utilization of colon cancer screening.
- Reduce out-of-pocket costs.\*

## Goal 8: Kentucky men will be able to make informed decisions regarding the risks and benefits associated with prostate cancer screening.

**OBJECTIVE 8.1:** By 2014, develop a baseline measure for the percentage of Kentucky men ages 40 and older who have had the risks and benefits of prostate cancer screening explained to them by a provider.

### Strategies

- Fund the addition of a BRFSS question, for men aged 40 and older, to read 'Has a health care professional discussed with you the risks and benefits of being screened for prostate cancer?'

## Goal 9: Reduce lung cancer mortality through screening and early detection for those Kentuckians who meet the eligibility criteria for the National Lung Cancer Screening Trial (NLST).

**OBJECTIVE 9.1:** Among the Kentucky men and women who meet the NLST criteria [age 55-74 who have cigarette smoking histories of 30 or more pack-years, and if they are former smokers, have quit within the last 15 years (NLST guidelines)], increase the percentage who have discussed the risks and benefits of being screened for lung cancer with low-dose CT scan with their healthcare provider. (Data source: TBD)

**OBJECTIVE 9.2:** Develop a baseline measure to collect data regarding the number of Kentucky men and women who meet NLST criteria who have been screened for lung cancer using a low-dose CT scan.

**OBJECTIVE 9.3:** Increase the percentage of Kentuckians diagnosed at an early stage (Stage 1,2) of lung cancer [Baseline: 26%, KCR 2005-2009].

\* Strategy is discussed in the Guide to Community Preventive Services. Accessed December 2009. [Http://www.thecommunityguide.org](http://www.thecommunityguide.org)

\*\* Includes the colon and rectum, also known as colorectal cancer

<sup>1</sup> The Breast and Cervical Cancer Early Detection and Screening strategies pertaining to CHOWs (Community Health Outreach Workers), cultural sensitivity, and African-American women were taken from REACH KY's (Racial and Ethnic Approaches to Community Health) Community Action Plan (November 2009).



# TREATMENT AND CARE

## **Goal 10: Promote access to and appropriate utilization of quality cancer diagnostic and treatment services for all Kentuckians.**

**OBJECTIVE 10.1:** By 2012, establish baseline regarding the number of patients who receive care according to the American College of Surgeons Commission on Cancer's "Cancer Program Practice Profile Reports (CP3R)" standards.

Definition: CP3R are web-based reports from the ACOS Commission on Cancer, offering local providers comparative information to assess adherence to and consideration of standard of care therapies for major cancers. CP3R provides a platform from which to promote continuous practice improvement to improve quality of patient care at the local level and also permits hospitals to compare their care for these patients relative to that of other providers. The aim is to empower the healthcare community to work cooperatively and collaboratively to identify problems in practice and delivery and to implement best practices that will diminish disparities in care across CoC-accredited cancer programs.

### **Strategies utilizing data and surveillance**

- Monitor American College of Surgeons Commis-

sion on Cancer CP3R standards.

- Work with Kentucky Cancer Registry to support coordination of comparative effectiveness studies assessing treatment patterns in selected cancer types/stages which have clearly established guidelines (CP3R).

### **Strategies oriented to the individual:**

- Increase free or low-cost transportation and housing options for persons in remote areas who have to travel for treatment services.
- Increase awareness and utilization of reputable cancer information resources by cancer patients and their families.
- Educate the community regarding how and where to access care if uninsured and ineligible.
- Increase availability, awareness and utilization of culturally and linguistically diverse and low-literacy cancer treatment information resources.
- Promote use of Spanish language cancer information services.
- Cultivate distribution channels in special population communities.

- Promote awareness of insurance coverage for treatment under clinical trials.
- Increase patient education on the purpose and benefits of clinical trials.
- Increase development and utilization of resources that increase health literacy.
- Increase access to information regarding clinical trial protocols available in Kentucky.

### **Strategies oriented to healthcare professionals**

- Expand continuing medical educational opportunities regarding treatment guidelines through increased programming, distance learning, and teleconference capabilities in rural areas throughout the state.
- Promote opportunities to retain/increase the number of healthcare professionals in underserved areas.
- Increase health professionals' awareness and use of the National Cancer Institute's PDQ and continuing medical education.
- Integrate professionally accepted practice guidelines into health professional school curricula.
- Increase physician-to-patient education as to the appropriate professional treatment guidelines for their situation.
- Educate healthcare professionals and lay health workers on how to best provide reputable cancer information.
- Expand network of patient navigators, including volunteers and trained social workers.
- Integrate patient-provider cultural and communication training into healthcare and allied health education and training programs.
- Present latest American College of Surgeons

Commission on Cancer CP3R standards to tumor boards throughout the state.

- Encourage Kentucky healthcare professional academic institutions to add cultural competency courses to their curriculum.
- Increase access to clinical trial protocol information appropriate for their patients.
- Encourage health and healthcare professionals to inform and educate cancer patients about the availability and benefits of clinical trials, and to offer participation in clinical trials as a choice
- Promote programs addressing patient safety throughout the cancer continuum.

### **Strategies utilizing insurers**

- Raise awareness of policies ensuring that in-state self-insured companies and in-state branches of companies based out of state must provide cancer treatment coverage in accordance with current evidence based treatment guidelines.

### **Strategies utilizing advocacy**

- Work with opinion leaders within special populations to disseminate appropriate treatment messages.
- Promote enrollment of people who are currently eligible for health care services through Medicaid.
- Promote collaborations to reduce duplication of services and maximize reach and effectiveness.
- Increase KCC involvement in initiatives addressing social determinants of health, especially related to education.

### **Strategies utilizing workplace wellness**

- Encourage worksite cultures that provide access to high-quality treatment, including cancer clinical trials.
- Conduct assessment related to feasibility of

implementing health promotion programs within Kentucky worksites, with special emphasis on cancer prevention and control.



# QUALITY OF LIFE

## **GOAL 11: Promote overall health of Kentucky cancer survivors from diagnosis onward, to increase quality of life.**

### **Objective Category: Public health needs of cancer survivors**

**OBJECTIVE 11.1:** By 2013, establish baseline percentage of cancer survivors who don't smoke, are a healthy weight, and are not limited in their activities because of physical, mental, or emotional problems resulting from their cancer. [Data source: TBD]

#### **Strategies**

- Develop and disseminate a brief survey to be used by cancer centers in Kentucky with their cancer patients over a designated time period (2-weeks).
- Oversample BRFSS in an attempt to obtain enough responses for a valid sample size.
- Conduct focus groups with cancer survivors in selected cancer centers throughout Kentucky.
- Utilize E-health systems to query needed information for cancer patients.
- Educate providers on the continued public health needs of cancer survivors.
- Promote sun safety with survivors who have been

treated with radiation, as well as those who have a weakened immune system.

- Encourage worksite cultures that provide the support needed when a diagnosis of cancer becomes a reality.
- Conduct assessment related to feasibility of implementing health promotion programs within Kentucky worksites, with special emphasis on cancer prevention and control.

### **Objective Category: Childhood cancer survivors**

**OBJECTIVE 12.2:** By 2012, establish a baseline number of organizations that provide resources to enhance the quality of life for children with cancer in Kentucky.

#### **Strategies**

- Increase the number of organizations who take the "Kentucky Cancer Consortium Survivorship Committee Organization Survey"
- Work with Kentucky Children's Oncology Camp Association (COCA) member organizations to create a list of resources utilized by camp attendees and their families.

**OBJECTIVE 11.3:** By 2013, establish baseline number of continuing education opportunities available to health care professionals who work with childhood cancer survivors (includes primary care to oncology).

## Strategies

- Conduct an online survey of continuing medical education staff at cancer facilities listed on the American College of Surgeons website as providing cancer care, as well as the Kentucky Medical Association, to inquire as to CME opportunities involving childhood cancer survivor follow-up treatment.

**OBJECTIVE 11.4:** By 2013, establish baseline number of educational resources available to childhood cancer survivors.

## Strategies

- Conduct website research to identify available childhood cancer educational resources.
- Work with COCA member organizations to create a list of childhood cancer resources utilized by camp attendees and their families.

## Objective Category: Awareness and utilization of resources

**OBJECTIVE 11.5:** By 2012, create a baseline of organizations that provide cancer survivorship services to Kentuckians.

## Strategies

- Increase the number of organizations who take the “Kentucky Cancer Consortium Survivorship Committee Organization Survey”

## Category: Patient navigation

**OBJECTIVE 11.6:** Increase the number of statewide cancer patient navigation systems to address the public health needs of cancer survivors from 0 to 1. (Data Source: KCC)

- Conduct a cancer patient navigation forum to share best practices and consider development of an ongoing network of professionals.

## Strategies

- Develop working definition of “cancer patient navigation” for use by Kentucky Cancer Consortium.

- Via e-mail, web-based and/or phone survey, query KCC member organizations as to what they currently collect regarding the existence and utilization of cancer patient navigation services in their facilities/organizations.
- Collaborate with comprehensive cancer control planners in neighboring Appalachian states regarding best practices in cancer patient navigation.

## Objective Category: Hospice and palliative care

**OBJECTIVE 11.7:** By 2011, establish baseline number of palliative care programs in Kentucky.

## Strategies

- Utilize the database available through the Center for Advancement of Palliative Care to identify palliative care programs in Kentucky.

**OBJECTIVE 11.8:** By 2011, establish baseline percentage of hospice patients with cancer whose length of stay is 0-7 days.

## Strategy

- Utilize the “Kentucky Annual Hospice Utilization Report” generated by the Cabinet for Health and Family Services Office of Health Statistics, Vital Statistics to determine the percentage of hospice patients with cancer whose length of stay of 0-7 days.