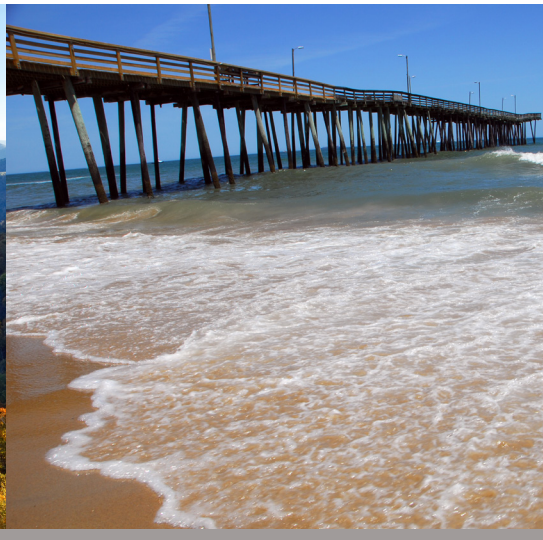
VIRGINIA CANCER PLAN 2013-2017





The Virginia Cancer Plan 2013-2017

THE CANCER ACTION COALITION OF VIRGINIA

Visit www.vahealth.org/cdpc/cancerprevention for more information about cancer in Virginia.

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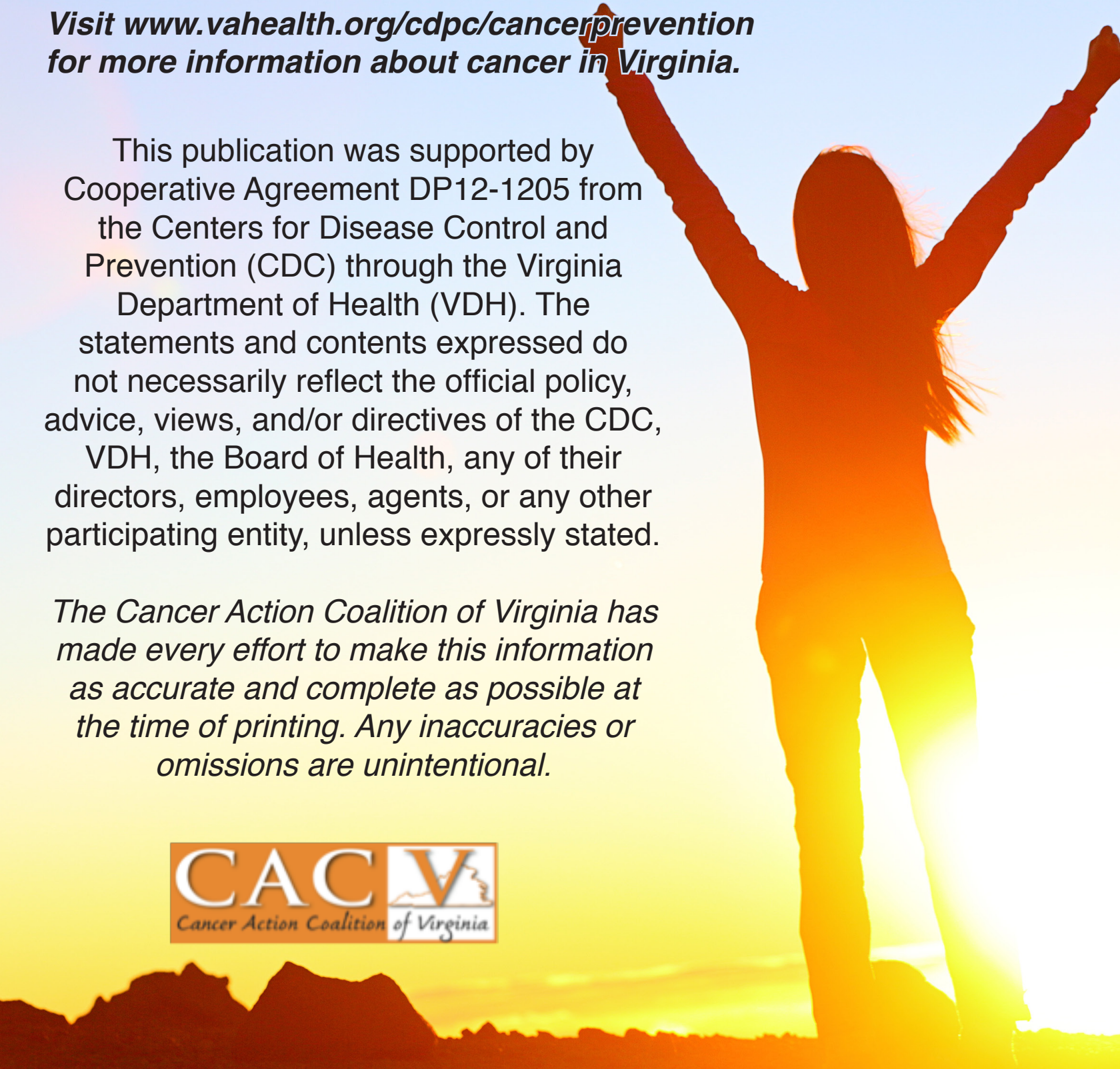
CAC V
Cancer Action Coalition of Virginia



To the citizens of Virginia:

The impact of cancer on the lives of all Virginians is significant. Whether as a cancer survivor, a caregiver, or as a friend, cancer touches us all. During the past 12 months, under the auspices of the Cancer Action Coalition of Virginia (CACV), citizens of the Commonwealth have worked with the cancer experts at the Virginia Department of Health to create the third edition of the Virginia Cancer Plan.

CACV, which was established in 1998, is a 501(c)(3) organization focusing on eliminating preventable cancers and minimizing the burden of cancer in Virginia. Partners from across the Commonwealth are members, including not-for-profit organizations, academic institutions, public health agencies, government offices, community-based organizations, individuals, private businesses, and healthcare organizations.

CACV strengthens alliances and provides education and outreach for cancer stakeholders in the Commonwealth. Researchers, lay citizens, public health professionals, and healthcare providers volunteer their expertise to identify the burden of cancer, to carry out strategies that reduce cancer risks, to enhance survivorship, and to increase availability of state-of-the-art treatment. (A current list of member organizations can be found in page 6).

CACV proudly supports the 2013–2017 Virginia Cancer Plan. This working document is a framework that presents priority goals and strategies to eliminate preventable cancers and minimize deaths and disabilities. It provides guidance for designing, implementing, monitoring, and evaluating cancer-related actions and issues. Members of the public, people with cancer and their families, healthcare providers, policymakers, and healthcare experts all will benefit from the guidance the plan offers.

The CACV Board expresses its appreciation to the coalition's Action Teams and their chairs, and to other members, for their commitment to develop and put into practice the 2013–2017 Virginia Cancer Plan. This plan is dedicated to those who fight the battle against cancer: patients, survivors, and their families. The Cancer Action Coalition of Virginia invites you to join us in this major effort to eliminate cancer and make a difference in the health and quality of life for all Virginians.

Nila Saliba	Leigh Ann Bolinskey	Vernal Branch
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September 25, 2013

Dear Colleagues:

I am pleased to support the 2013 – 2017 Virginia Cancer Plan (VCP). The Cancer Action Coalition of Virginia (CACV) in partnership with the Virginia Department of Health's Comprehensive Cancer Control Program (VA-CCCP) has produced the Virginia Cancer Plan 2013-2017. This State Plan was developed to help address and seek effective ways to reduce the burden of cancer in the Commonwealth of Virginia.

As the second leading cause of death in Virginia, cancer is a major public health concern. Cancer affects millions of Virginians, their families, friends, and communities. It is estimated that 40,870 Virginians will be newly diagnosed with cancer in 2013.

The plan focuses on four topic areas: Prevention, Early Detection, Treatment, and Survivorship & Palliative Care. The CACV has identified priority goals, objectives and strategies in each area that will provide guidance for the implementation of the plan. The plan serves as a working document and a "Call to Action" urging CACV, its members and fellow Virginians to work together across sectors and professional disciplines to help promote the plan, implement its strategies and evaluate its success in the fight against cancer. Effective cancer prevention and control requires thorough, collaborative planning and coordination.

We are thankful for the individuals and organizations who dedicated their time and expertise to this important endeavor. Experts in the fields of oncology, survivorship, health care, and treatment have contributed to and reviewed this plan. All Virginians have an important role in addressing cancer issues that plague our respective communities. Working together, we will increase our ability to make progress in our efforts to prevent and control cancer – a deadly disease.

Sincerely,

Cynthia C. Romero, MD, FAAFP
State Health Commissioner

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American Hospice Foundation
Anthem Blue Cross/Blue Shield
Arlington Free Clinic
ASK Childhood Cancer Foundation
Boat People SOS
Bon Secours Richmond Health System
Cancer Center at Virginia Hospital Center
Cancer Resource Center of Southern Virginia
Carillion Cancer Center
HCA Chippenham Johnston Willis Hospital
Heartland Hospice
Guardian Angels
INOVA Fairfax Cancer Center
INOVA Fairfax Hospital/Health System
INOVA Health System, Community Health and Cultural Competency
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Komen for the Cure, Richmond Affiliate
Leukemia & Lymphoma Society
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LINC (Legal Information Network for Cancer)
Martha Jefferson Hospital
Mary Washington Hospital
Memorial Hospital of Martinsville and Henry County
Mountain Empire Older Citizens, Inc
Mount Rogers Health District
National Cancer Institute-Cancer Information Service
National Ovarian Cancer Coalition, Central Virginia Division
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Oncology Nursing Society
Patient Advocate Foundation
Peninsula Cancer Prevention Coalition
Pittsylvania County Health District
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Piedmont Access to Health Services
Powerpact, Inc.
Riverside Health System
Rockingham Memorial Hospital
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Sentara Healthcare
Southside Regional Medical Center
Southwest Virginia Community Health Systems
The Virginia General Assembly
University of Virginia Cancer Center
University of Virginia Office of Telemedicine
University of Virginia at Wise Health Sciences Library Outreach
University of Virginia School of Nursing
Virginia Breast Cancer Foundation
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Virginia Commonwealth University, Department of Social and Behavioral Health
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Office of Family Health Services
Breast and Cervical Cancer Early Detection Program
Chronic Disease Unit
Comprehensive Cancer Control Program (VA-CCCP)
Tobacco Use Control Program
Division of Policy and Evaluation
Office of Minority Health and Health Equity
Virginia Cancer Registry
Division of Radiological Health
Virginia Department of Medical Assistance Services
Virginia Foundation for Healthy Youth
Virginia Oncology Associates
Virginia Prostate Cancer Coalition
Virginia Tech, Institute for Community Health
Virginia Tobacco Settlement Foundation
West Piedmont Health District
Wise County Health District
Women's Cancer Advocacy Network
Women's Health Virginia

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A Call to Action: Why a Plan?

Cancer is the second leading cause of death after heart disease in the United States. It impacts the physical, economic and social well-being of individuals and families in Virginia. An estimated 41,380 people were newly diagnosed with cancer in 2012 alone in the Commonwealth. Unfortunately, according to the American Cancer Society (ACS), over 14,000 cancer patients in Virginia died in 2012.[1]

Screenings play an important role in combating cancer. About half of all the new cases of cancer are preventable or detected early through a variety of screenings. When cancer is found through screenings, it initiates prompt treatment that may result in better prognoses, longer survival and fewer deaths. Sixty-eight percent (68%) of all Virginia cancer survivors are expected to live at least five years after diagnosis.[2]

Since 1998, the Centers for Disease Control and Prevention's (CDC) National Comprehensive Cancer Control Program (CCCP) has made great strides to reduce the burden of cancer, determine cancer control priorities, address disparities, and develop and implement cancer plans in the United States. Nationally, cancer coalitions that partner with CCCP form groups of dedicated individuals, community members, professionals, and cancer survivors who share their expertise, resources, and ideas to address cancer control priorities and cancer disparities that are too broad for one entity to reach.

The five-year Virginia Cancer Plan (VCP) 2013–2017 is based on an evaluation of the most important cancer concerns for the Commonwealth of Virginia. The goals and objectives of the plan are to be addressed throughout the Commonwealth, and require engaging individuals and organizations involved in the prevention, detection, treatment, and post-cancer care of Virginia residents.

The Virginia Cancer Plan 2013 – 2017 provides a roadmap for the next five years to help direct Commonwealth of Virginia residents to address the burden of cancer. The Plan is a framework with key goals, objectives, and strategies within each of the following areas: Prevention, Early Detection, Treatment, Survivorship, and Palliative Care.

How This Plan Fits With Other Chronic Disease and Health Promotion Initiatives

The Virginia Cancer Plan incorporates objectives, strategies, and measures from plans that partners statewide have developed to address common issues such as healthy eating, active living, and environmental risk reduction as well as common risk factors such as obesity and tobacco use. Chronic disease prevention programs such as the Virginia Chronic Disease Prevention and Health Promotion Collaborative Network (referred to as the Network) were organized by the Virginia Department of Health in 2012 to share common goals, objectives, and prevention strategies. Access the link to the Shared Agenda created by the Network at: *http://www.vdh.virginia.gov/ofhs/Prevention/collaborative/agenda.htm.*

Virginia at a Glance

The Commonwealth of Virginia covers a land area of over 39,000 square miles and has a population density of 202.6 persons per square mile (US = 87.4).[7] The topography is diverse, ranging from gentle, rolling hills in the southwest to sandy beaches in the east. The population is over 8 million, with a higher concentration (200,000+ per county/city) of residents in northern Virginia as compared to 50,000 per county/city in rural areas, such as southwest and central Virginia.

The population is racially and ethnically diverse, with a composition of 71.3 percent white residents, 19.8 percent black residents, 5.8 percent Asian residents, and 0.5 percent American Indian residents. Residents of Hispanic origin make up 8.2 percent of the population.[8] White residents make up a larger proportion of the population in the southwest region of the state; while black residents are equally represented in the south central and eastern regions of the state. A larger proportion of Asian populations and persons of Hispanic origin reside in the northern area of the state.

Virginia is culturally rich and diverse; 11 percent of its total residents are foreign born. Of these, 45.2 percent are naturalized U.S. citizens. Foreign born residents are primarily from Asia (40.6 percent) and Latin American (36.8 percent). For 85.6 percent of Virginians, English is their primary language; but 14.4 percent speak a language other than English, which often challenges public health and other healthcare professionals in developing and delivering meaningful and culturally appropriate messages.[9]

The average age of the population will increase as the baby boom generation enters retirement age. The population of Virginians age 60 and over will grow to an estimated 25 percent of the total population by 2025 when there will be more than 2 million Virginians in this age group. The proportion of the population affected by chronic diseases and cancer will increase as the population ages.

Impact on Access to Care: A Problem for Many Virginians

Socioeconomic status, education, language, race, ethnicity and disability can be predictors of access to quality health care. Educational attainment is often a strong predictor of personal wealth and well-being and is directly related to health inequities. In Virginia, 5.4 percent of the population has less than a 9th grade education, 8 percent has a 9th to 12th grade education with no diploma and 25.6 percent have a high school education with diploma.[3] (**See Figure 1**)

Education level	Avg. annual	% of US median annual salary
Not a high school graduate	$21,332	65.2
High school graduate	$27,351	83.6
Some college	$31,988	97.8
Bachelor degree	$42,877	131.1
Advanced degree	$55,242	168.8

Figure 1. Virginia education level, average annual salary and percentage of US median salary

The number of Virginia residents living in poverty increased by more than 173,000 from pre-recession levels (between the years 2007 and 2008). The northern region, located just south of Washington, D.C., is densely populated and includes six of the twenty highest income counties in the United States. Conversely, poverty rates were the highest across southern Virginia.[4] The poverty rate varies by locality but overall stands at 11.6 percent.

Data indicate that the number of uninsured in Virginia increased by 10 percent between 2009 and 2010, which is a higher rate than the 7 percent increase in the national average. Currently, nearly 15 percent of Virginians under age 65 are uninsured. More than 70 percent of all uninsured Virginians had an income 200% below the federal poverty limit. The majority of the uninsured are working families who are U.S. citizens and represent all racial and ethnic minorities.[5]

In 2010, the Central Region (15.5 percent), Eastern Region (14.5 percent), Northwest Region (15.6 percent), and Southwest Region (16.9 percent) had the highest uninsured rates; the Northern Region (13.0 percent) had the lowest rate.[6] (**See Figure 2**)

Figure 2. Virginia Health District Regions

The percentage of people who seek cancer screening differs in important ways. For example, women who do not have a mammogram at regular intervals differ from women who do relative to education, income, and insurance status. Women whose education is relatively low, whose income is not high, and who lack insurance receive mammograms less often than women with higher education, more income, and health insurance. This circumstance repeats for oral, cervical, prostate, and colorectal cancer, regardless of gender. Education level, income level, and insurance status influence the chance that a person will receive cancer screening. (**See Figure 3**)

Cancer risk and screening behavior	Income		Education		Insurance	
	Less than $50,000	More than $50,000	High school or less	More than high school	Yes	No
Overweight	62.0	62.7	65.0	59.1	61.7	57.3
Smoking	26.7	11.8	28.5	12.5	15.1	40.4
Sunburn	24.4	38.3	27.7	34.0	32.2	31.0
Colorectal screening	59.7	67.0	60.0	65.5	65.2	38.3
Mammography	71.4	82.8	73.8	80.6	80.2	51.7
Oral cancer	30.9	55.0	28.7	53.5	47.0	19.3
Pap test (cervical)	77.5	92.3	75.2	88.0	86.1	71.3
PSA test (Prostate)	52.0	59.3	48.0	61.0	58.4	33.7

Figure 3. Cancer Risk and Screening Behavior by Income, Education, and Insurance Status

Some cancers can be prevented by avoiding behavior that favors developing them. For example, using any form of tobacco puts one at risk of developing oral, throat, lung, and colorectal cancer.

Trained experts use screening tests to look for cancers that exist or may develop: dentists perform inspections of the mouth to screen for oral cancers; physicians use Pap smears to test for cervical cancer; gastroenterologists perform colonoscopies to inspect for existing cancers in the bowel and for signs cancer may develop. Screening tests do not exist for all types of cancer. Currently, no screening test exists to detect lung cancer; however, scientists are working to develop one.

Equity and Equality in Cancer Care

Equity and equality in cancer care are important issues. The National Cancer Institute (NCI) defines cancer health disparities as "differences in the incidence, prevalence, mortality, and burden of cancer and related adverse health conditions that exist among specific population groups in the United States." Individuals of all ethnic backgrounds who are poor, lack health insurance, or have less than adequate access to quality cancer screening and treatment experience higher cancer incidence and mortality and poorer survival rates.

Similar to the national picture, not all areas of Virginia's population are affected by cancer the same way. The segments of the population who are more likely to have undesirable cancer outcomes include rural communities, older residents, racial and ethnic minorities, people with disabilities, individuals who have lower socioeconomic status, and people without health insurance. Equity and equality in cancer care means that all Virginians have access to quality cancer care throughout the entire cancer continuum.

For information on cancer disparities by race in Virginia: http://www.vdh.virginia.gov/ofhs/prevention/cpc//data.htm

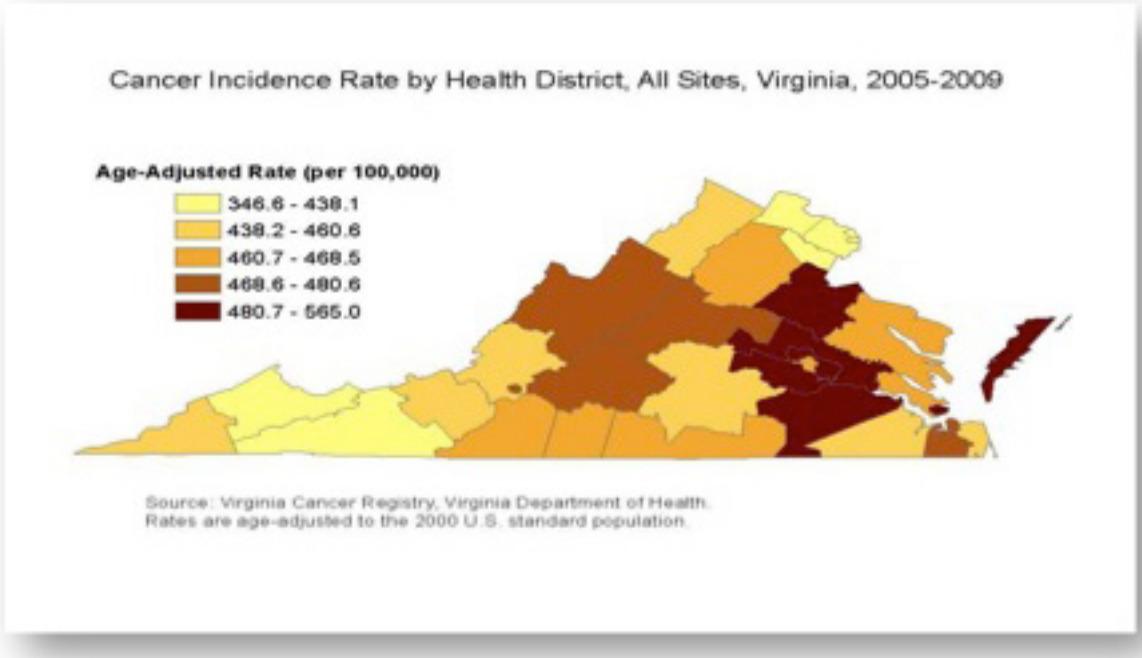
For information on Health Equity issues in Virginia, access the Health Equity Report at:
http://www.vdh.virginia.gov/OMH-HE/2012report.htm

Virginia Cancer Incidence

From 2005-2009, the incidence rate of cancer in Virginia was 454.4 cases per 100,000. (U.S. rate = 465.2 cases per 100,000)[10]

The five health districts with the highest cancer rates for all sites in Virginia were Chesterfield, Crater, Hampton, Rappahannock, and Chickahominy. The five health districts with the lowest rates were Alexandria, Arlington, Fairfax, Loudon, and Cumberland Plateau. There appears to be a band of high cancer incidence that stretched from the Crater Health District up to the northwest through Rappahannock/Rapidan Health District.[11] (**See Figure 4**)

Figure 4. Cancer Incidence Rate by Health District Region, Virginia, 2005 -2009



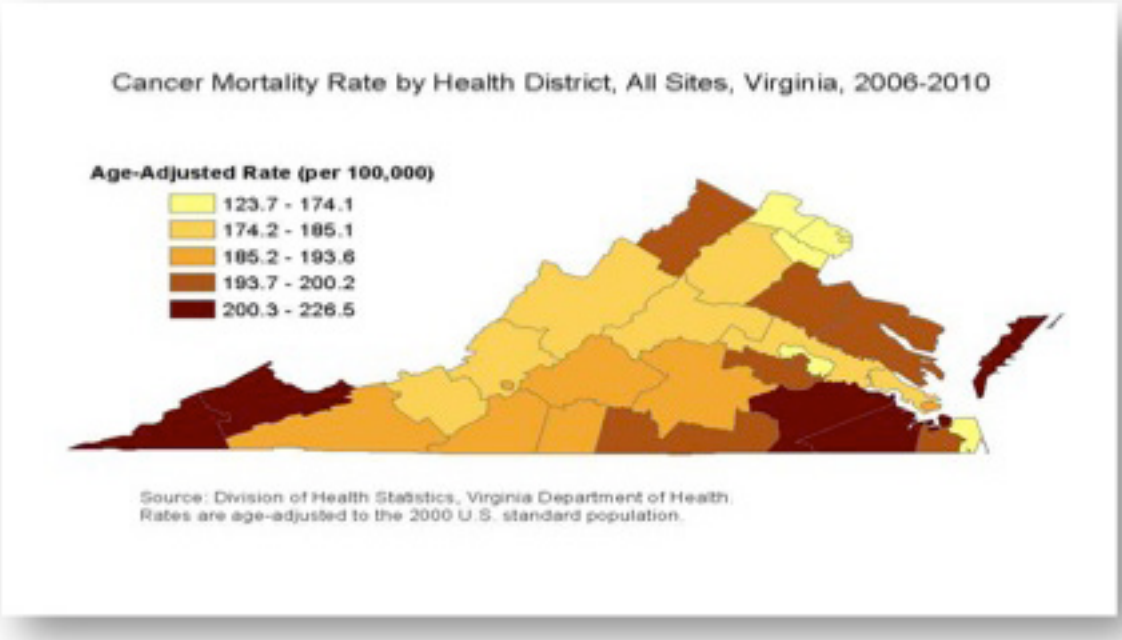
Overall, African-Americans had a higher all sites cancer incidence rate than whites due to an especially high rate in African-American males. Of African-American and white males and females, African-American males had the highest cancer incidence followed by white males and white females. African-American females had the lowest incidence rate.[12]
For more information on Virginia's cancer burden, access Cancer in Virginia: Overview and Tables at: *http://www.vdh.virginia.gov/ofhs/prevention/cpc//data.htm*

Virginia Cancer Mortality

From 2006-2010, the mortality rate for cancer in Virginia was 177.4 deaths per 100,000.[13] (U.S. rate = 175.3 deaths per 100,000)[14]

The five Virginia health districts with the highest cancer mortality rates were Portsmouth, Crater, Western Tidewater, Eastern Shore, and Lenowisco. The five health districts with the lowest rates were Alexandria, Arlington, Fairfax, Loudoun, and Virginia Beach.[15] (**See Figure 5**)

Figure 5. Cancer Mortality Rate by Health District Region, Virginia, 2006 – 2010



African-Americans had a higher cancer mortality rate than whites. The cancer mortality rate was especially high among African-American males. African-American males and females had higher mortality rates than white males and females, respectively.[16]
For more information on Virginia's cancer burden, access Cancer in Virginia: Overview and Tables at: *http://www.vdh.virginia.gov/ofhs/prevention/cpc//data.htm*

Costs Associated With Cancer

In Virginia in 2011, there were 22,198 inpatient hospitalizations for cancer at a total cost of over $1 billion. The average length of stay was a little over 6 days and the average charge per stay was $53,568.[17]

Figure 6. Virginia Inpatient Hospitalization Costs Associated With Cancer in 2011

Cancer Site	Number of Stays	Total Charges (in millions)	Average Charge Per stay	Number of patient days	Average Length of Stay (in days)
Breast (female)	4,328	$146.3	$33,803	18,536	4.28
Cervix	454	$16.7	$36,784	2,352	5.18
Colon and rectum	5,475	$261.8	$47,817	39,098	7.14
Trachea, bronchus, and lung	9,465	$390.9	$41,300	59,796	6.32
Lip, oral cavity, and pharynx	1,066	$54.0	$50,657	7,235	6.79
Ovary	1,446	$55.3	$38,243	8,811	6.09
Skin melanoma	376	$13.7	$36,436	1,765	4.69
Prostate	4,768	$180.4	$37,836	21,337	4.48
All sites (combined)	**$2,198**	**$1,189.1**	**$53,568**	**144,280**	**6.52**

The Tobacco Burden

In the United States, cancer is the second leading cause of death and was one of the first diseases linked to smoking. Smoking causes more than 85% of lung cancers. A third of all cancer deaths in the United States are linked to tobacco use. According to the American Cancer Society, lung cancer is the most preventable form of cancer death and is the leading cause of cancer death in the U.S. for both males and females.[18]

On average, 9,242 Virginians will die each year from smoking-related illnesses. Overall, Virginians die at a rate of 267 deaths per 100,000 each year from smoking-related causes. Men in Virginia are more likely to die from smoking-related diseases than women, particularly from cancer (173.7 vs. 69.8 deaths per 100,000) and from cardiovascular diseases combined (126.6 vs. 53.8 deaths per 100,000).[19]

Quitting smoking entirely is the only proven strategy for reducing tobacco-related cancer risks. Smokers who quit entirely cut their chance of developing cancer of the mouth, throat, esophagus, and bladder in half within 5 years. Within 10 years, the risk of dying from lung cancer drops by half.[20]

For information and resources on how to quit smoking and other tobacco use, see Appendix B or call QUIT NOW Virginia at 1-800-QUITNOW (1-800-784-8669).

For information about tobacco use and control, please visit the Virginia Department of Health's Tobacco Use Prevention and Control Program website at: http://www.vahealth.org/cdpc/tucp/ .

QUIT NOW
VIRGINIA

Tobacco User Quitline • 1-800-QUIT-NOW

Other Cancer Risk Factors

In addition to tobacco use, alcohol, poor diet, lack of physical activity and obesity can have a significant impact on one's risk for developing cancer. It is important for Virginians to understand that where they live, learn, work and play can influence their lifestyle choices (healthier choices).

The 2011 adult Virginia Behavioral Risk Factor Surveillance Survey (BRFSS) found that:[21]

» 34.2% were overweight (BMI 25.0 – 29.9)
» 29.2% were obese (BMI 30.0 – 99.8)
» 25.0% did not participate in any physical activities in the month before the survey call
» 47.6% did not participate in 150 minutes or more of aerobic physical activity per week
» 72.7% adults consumed less than five portions of fruits and vegetables per day

The 2011 Virginia Youth Risk Behavior Survey (YRBS) indicated that among high school students:[22]

» 11% were obese (students who were
» 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts)
» 6% did not eat fruit or drink 100% fruit juices during the 7 days before the survey
» 6% did not eat vegetables during the 7 days before the survey
» 16% did not participate in at least 60 minutes of physical activity on any day
» 82% did not attend Physical Education classes 5 days in an average week when they were in school
» 31% watched television 3 or more hours per day on an average school day

CACV Action Teams

There are four action teams at the center of CACV and they are Prevention, Treatment, Early Detection and Survivorship & Palliative Care. The teams consist of individuals and representatives of organizations who select the goals and objectives they want to achieve. They develop and implement the steps and strategies that are needed for success. All new CACV members join an action team upon enrolling in the organization and they contribute their time and efforts, primarily, to the team and its activities. Action team members work together to accomplish defined objectives that contribute to achieving larger goals.

Work to be Done

Goals, Objectives and Strategies

The following sections outline measurable goals and objectives in the areas of Prevention, Early Detection, Treatment, Survivorship and Palliative Care. Included under each section are baseline data (when available), targets, data sources, and strategies for achieving the goals and objectives of this plan. The goals, objectives, and strategies stated in this plan will be the focus of the Commonwealth stakeholders for 2013 – 2017.

PREVENTION

Cancer prevention includes those actions individuals and communities take to promote healthy lifestyles through changes in behaviors, policies, and environments. Cancer prevention efforts focus on reducing the number of people each year who develop cancer and have a decreased quality of life. Efforts also include supporting the use of proven strategies and exploring new strategies for reducing the risk of cancer throughout Virginia's population.

The Virginia Cancer Plan identifies the following prevention goals, objectives, and strategies to address prevention issues and needs.

GOAL:
Reduce risks of cancer for all Virginians through awareness, education, and behavior change.

OBJECTIVE 1: Reduce exposure to cancer causing substances such as tobacco and second-hand smoke, ultraviolet radiation, potential carcinogenic additives, and environmental carcinogens such as radon.

STRATEGY 1: Promote and encourage the development of state-wide policies that reduce an individual's exposure to tobacco.

STRATEGY 2: Promote policies and education addressing skin cancer including sunscreen use, sun protective clothing, and the hazards of tanning bed use.

STRATEGY 3: Advocate for community and Virginia school district education policies regarding skin cancer, including sunscreen use, sun protective clothing, and shade structures.

STRATEGY 4: Promote public awareness regarding radon exposure and encourage enforcement of current radon policies for all schools and residences in Virginia.

STRATEGY 5: Promote the utilization of funding for the state Quit Now Virginia, Tobacco User Quitline.

Indicator	Source	Baseline	Target
Adolescents who currently smoke	CDC Youth Risk Behavioral Survey, Virginia Results, 2011	13.0% (56,600)	10%
Adults who currently smoke	CDC Youth Risk Behavioral Survey, Virginia Results, 2011	20.9% (1,304,700)	17%
Youth exposed to second hand smoke	CDC Youth Risk Behavioral Survey, Virginia Results, 2011Note: Based on youth exposed to second-hand smoke at home.	336,000	236,000
Smokers who successfully quit in the last year	Quit Now Virginia Tobacco User Quitline Note: Based on 30- day quit rate and 3,026 callers for Jan-Dec 2012 who completed at least one call with a quit coach.	17%	20%
Public awareness of radon exposure	Virginia Department of Health, Radiological Health	No current data.	Increased radon testing and results documentation from mitigators, real estate professionals and schools; Increased preventative measures
Percent of adolescents in grades 9 through 12 reported using artificial sources of ultraviolet light for tanning	Healthy People 2020	15.6%	14%
Tobacco prevention spending	CDC Youth Risk Behavioral Survey, Virginia Results, 2011 Note: Target based on CDC recommended spending on Tobacco Prevention	$8.4 million (FY 2012 & 2013)	$103.2 million

OBJECTIVE 2: Reduce the risk of cancer for all Virginians by encouraging an active lifestyle and healthy eating.

STRATEGY 1: Partner with Virginia worksite wellness campaigns that encourage active lifestyles and healthy eating.

STRATEGY 2: Promote and encourage community developments that increase physical activity.

STRATEGY 3: Collaborate with Virginia school districts to develop and strengthen school wellness policies.

STRATEGY 4: Educate and encourage access to healthier food choices in Virginia communities.

Indicator	Source	Baseline	Target
Adults participated in any physical activity in the past month	Behavioral Risk Factor Surveillance System, Virginia, 2009	78.1%	80%
Youth who did not attend PE classes 5 days in an average week when in school	CDC Youth Risk Behavioral Survey, Virginia Results, 2011	82%	78%
Adult obesity rates (BMI 30.0 – 99.8)	Behavioral Risk Factor Surveillance System, Virginia, 2009	25.5%	21%
Adolescents obesity rates	CDC Youth Risk Behavioral Survey, Virginia Results, 2011 Note: Based on students who were >95th percentile for body mass index, based on sex and age specific reference data from the 2000 CDC growth charts.	11%	8%

OBJECTIVE 3: Improve public awareness and knowledge of age-appropriate preventive action as well as screenings and self-examinations.

STRATEGY 1: Promote and encourage Virginia businesses, including public and private insurance companies, to educate and promote appropriate preventive cancer screenings in the workplace.

STRATEGY 2: Advocate for an increase in the number of adolescents and young adults that receive the HPV vaccination.

STRATEGY 3: Promote the education about self–examinations for all types of cancer.

STRATEGY 4: Partner with other CACV action team members to promote prevention strategies.

Indicator	Source	Baseline	Target
HPV compliance rates for 6th graders	Virginia Department of Education	No current data.	Documented increase HPV compliance self-reports among 6th graders

EARLY DETECTION

Early detection means finding cancer when there are no symptoms or signs of a problem. For many types of cancer, it is easier to treat and cure cancer if it is found early. Decreasing the incidence of late-stage cancer diagnosis is a primary goal of early detection efforts. Depending on risk factors such as age and family history, health professionals may recommend screening for certain types of cancer earlier than recommended for the general population. Some doctors recommend that people who are at high risk or have a family history of certain cancers should be screened regularly. Based on Virginia incidence and mortality data, the Early Detection section goals, objectives and strategies focus on four cancers: breast, cervical, colon, and prostate.

The Virginia Cancer Plan identifies the following early detection goals, objectives, and strategies to address early detection issues and needs.

GOAL:
Virginians are diagnosed with cancer at its earliest (local), most curable stage.

OBJECTIVE 1: Increase the dissemination of public information of age-appropriate, evidence-based, comprehensive cancer screening guidelines and resources and encourage an increase in educational activities in the Virginia health districts with the highest mortality rates.

STRATEGY 1: Collaborate with and engage businesses and other community partners such as professional groups, hospitals, and community-based organizations in identifying evidenced-based strategies to enhance knowledge about screening guidelines (educational sessions, incentives, time off for screening exams, etc.).

STRATEGY 2: Increase awareness for the use of genetic screening based on the individual's level of risk.

STRATEGY 3: Educate patients about how to talk effectively with providers through use of resources promoting early detection methods that are right for the individual.

STRATEGY 4: Partner with other CACV action team members to promote early detection awareness.

OBJECTIVE 2: Increase cancer screening rates among Virginians by 10%.

STRATEGY 1: Work with the health districts, businesses and other community partners in identifying evidenced based strategies to increase screening rates.

STRATEGY 2: Advocate at the state level for improved access to evidenced-based programs for early detection.

STRATEGY 3: Increase the awareness of evidenced-based programs across the state that provide screenings.

STRATEGY 4: Encourage additional educational activities in the cities and counties of Virginia with the highest cancer incidence and mortality rates.

STRATEGY 5: Increase educational efforts and identify barriers of access to screening services in health districts with the lowest screening rates.

OBJECTIVE 3: Support Virginia health care providers in promoting age-appropriate, evidence-based screening early detection guidelines.

STRATEGY 1: Identify effective training programs aimed at enhancing health care professionals' knowledge and enhance available resources, including culturally appropriate communication tools.

STRATEGY 2: Identify and promote promising health system practices that improve early detection screening rates.

STRATEGY 3: Disseminate information on evidenced-based cancer screening guidelines to health care professionals (e.g., family physicians, OB-GYNs, other physicians, internists, nurse practitioners) performing or recommending cancer screening to their patients.

Indicator	Source	Baseline	Target
Cancer mortality rates Note: Primarily focus early detection educational activities within health districts with highest mortality rates (i.e. Portsmouth, Crater, Western Tidewater, Eastern Shore and Lenowisco).	Virginia Department of Health, Health Statistics, 2010	177.4 cases per 100,000	160.6 cases per 100,000
Incidence of cancers diagnosed at the local stage	Virginia Department of Health – Virginia Cancer Registry, 2009	447.7 cases per 100,000	443.2 cases per 100,000
Mammogram in the last 2 years (age 40+)	Behavioral Risk Factor Surveillance System, Virginia, 2010	77.8%	86%
Mammogram in the last 2 years (age 50+)	Behavioral Risk Factor Surveillance System, Virginia, 2010	79.1%	87%
Pap smear in the last 3 years (age 21+)	Behavioral Risk Factor Surveillance System, Virginia, 2010	85.2%	94%
Blood Stool Test within the last 2 (age 50+)	Behavioral Risk Factor Surveillance System, Virginia, 2010	18.8%	21%
Sigmoidoscopy/colonoscopy ever (age 50+)	Behavioral Risk Factor Surveillance System, Virginia, 2010	69.3%	75%
Melanoma, percentage diagnosed local stage	Virginia Department of Health – Virginia Cancer Registry, 2009	71.0%	78%
PSA in the last two years	Behavioral Risk Factor Surveillance System, Virginia, 2010	54.6%	60%

TREATMENT

The goal of cancer treatment is to cure the person with cancer or control the progression of the disease while maintaining the highest quality of life. Each cancer behaves and responds differently to treatments. Treatment options depend on the type and stage of cancer as well as on the age, health status, and personal preferences of the individual. Quality care is based on national standards, including evidence-based guidelines and access to the results of clinical trials.

The Virginia Cancer Plan identified the following treatment goals, objectives and strategies to address treatment issues and needs.

GOAL:
Virginians with cancer will have access to appropriate and effective cancer treatment and care.

OBJECTIVE 1: Increase Virginia healthcare providers' awareness of national cancer care standards and guidelines.

STRATEGY 1: Centralize access to up-to-date national cancer care standards and guidelines for Virginia healthcare providers.

STRATEGY 2: Increase awareness of national cancer care standards and guidelines by oncology care practitioners and facilities not accredited by the Commission on Cancer (CoC).

STRATEGY 3: Develop and implement healthcare provider educational programs about national cancer care standards and guidelines.

Indicator	Source	Baseline	Target
Healthcare providers awareness of cancer care standards/guidelines	American College of Surgeons/ Commission on Cancer (CoC) & National Comprehensive Cancer Network (NCCN)	Establish 2013 baseline on number of guidelines that CoC accredited and non-accredited CoC educational programs provided.	Improved linkage to National Guidelines on CACV website & promote access; Education programs provided on standards/ guidelines to healthcare providers.

OBJECTIVE 2: Increase Virginians' knowledge and awareness of patient navigation programs and services.

STRATEGY 1: Identify and catalog cancer navigation resources.

STRATEGY 2: Disseminate and increase availability of information about cancer navigation programs and services.

STRATEGY 3: Identify and make available culturally sensitive, low literacy/plain language navigation resources.

Indicator	Source	Baseline	Target
Cancer patient navigation resources	Virginia Cancer Patients Navigators Network (VaCPNN) Cancer Action Coalition of Virginia (CACV)	Establish 2013 baseline via CACV survey	Comprehensive online patient navigation directory and resources.

OBJECTIVE 3: Connect Virginians with information and access to innovative and dence based cancer treatments.

STRATEGY 1: Collaborate with public and private sector institutions to catalog available teleconference and telemedicine network resources.

STRATEGY 2: Develop partnerships to provide clinical trials and education programs in communities throughout Virginia.

STRATEGY 3: Increase patient and provider awareness of educational programs and information on the availability of genetically guided therapies and personalized medicine for clinical decision making.

STRATEGY 4: Collaborate with public and private partners to support reform of high out-of-pocket costs and insure that National Comprehensive Cancer Network (NCCN) guidelines are reflected in insurance company's policies.

Indicator	Source	Baseline	Target
Number of insurance plan policies that reflect national cancer guidelines	Virginia Health Care Association (VHCA) Virginia Association of Health Plans (VAHP) Joint Health Care Commission. State Corporation Commission-Bureau of Insurance (SCC)	Establish 2013 baseline via CACV assessment	All public/private payers policies reflect current national cancer guidelines to ensure cancer treatments are accessible, affordable and non-discriminatory.
Awareness and access to personalized medicines for cancer treatment to improve patient outcomes	The National Comprehensive Cancer Network (NCCN)	Establish baseline via CACV Treatment Action Team strategy implementation	Established resource entity providing personalized medicine treatment information for Virginians.
Types of Clinical Quality Measures providers and health systems use	Clinical Quality Measures - Centers for Medicaid and Medicare Services (CMS)	Establish baseline via CACV Treatment Action Team strategy implementation	Improved adoption of meaningful use of Health Information Technology (HIT).

SURVIVORSHIP & PALLIATIVE CARE

Survivors are people diagnosed with cancer who are living with, through or beyond cancer. Survivors also include the people who are affected by an individual's diagnosis, such as family members, friends, and caregivers. Palliative care assists people to function in daily life, including employment, and to deal with practical, legal and financial needs. Examples of this include advanced directives, powers of attorney, wills, health insurance, and medical expenses. Survivorship and palliative care consider the physical, psychosocial, and economic issues of cancer, from diagnosis until the end of life. Included are issues related to the ability to get treatment and follow-up care, long-term side effects of treatment, recurrent or second cancers, and quality of life. The legal, financial, physical, and emotional challenges cancer survivors and their families face do not stop when the disease process changes or disappears.

The Virginia Cancer Plan identifies the following survivorship and palliative care goals, objectives, and strategies to address survivorship and palliative care issues and needs.

GOAL:
Optimize the quality of life for every person affected by cancer across the continuum of care.

OBJECTIVE 1: Increase the number of cancer patients who are provided with a comprehensive care summary and follow-up plan.

STRATEGY 1: Educate health care providers, including primary care physicians, on the value of care plans and how to structure them to meet patient needs.

STRATEGY 2: Promote comprehensive care summaries and follow-up plans and resources to patients, their families, and caregivers.

STRATEGY 3: Advocate for the collection and analysis of data related to the structure and implementation of survivorship care plans.

OBJECTIVE 2: Increase utilization of survivorship support services by survivors, cancer patients, families, and caregivers in Virginia.

STRATEGY 1: Develop and promote educational and psychosocial resources about survivorship for survivors, the general public, providers, and policy makers.

STRATEGY 2: Develop and enhance patient navigation systems based on best practices to ensure optimum care for cancer survivors.

STRATEGY 3: Increase knowledge and awareness of the comprehensive support service needs of the cancer survivor during each stage of survivorship.

STRATEGY 4: Increase the understanding and access to end of life services, including timely referral to hospice care.

OBJECTIVE 3: Increase education among patients, families and health care providers about palliative care.

STRATEGY 1: Identify and reduce barriers to ensure equal access to palliative care.

STRATEGY 2: Increase the number of palliative care providers.

STRATEGY 3: Advocate for healthcare policies that promote appropriate use of palliative care.

STRATEGY 4: Collaborate with organizations that provide palliative care services, education and support for patients and healthcare providers.

Indicator	Source	Baseline	Target
"Survivorship Concerns" based on National Comprehensive Cancer Network (NCCN) Survivorship guidelines – baseline assessment.	National Comprehensive Cancer Network (NCCN) http://www.nccn.org/professionals/physician_gls/pdf/survivorship.pdf	Established via 2013- 2014 baseline assessment on survivorship concerns such as anxiety, depression, cognitive function, exercise, fatigue, immunizations and infections, pain, sexual function, and sleep disorder.	Comprehensive baseline data on survivorship concerns such as anxiety, depression, cognitive function, exercise, fatigue, immunizations and infections, pain, sexual function, spiritual care, and sleep disorder.

Help Us Achieve Our Goals and Get More Involved!

If you are a school/university

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

If you are a faith-based organization

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

If you are a legislator

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

If you are a physician

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

If you are a Virginian

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

Acronyms

ACA Affordable Care Act

ACS American Cancer Society

BMI Body Mass Index

BRFSS Behavioral Risk Factor Surveillance Survey

CACV Cancer Action Coalition of Virginia

CDC Centers for Disease Control and Prevention

CME Continuing Medical Education

CMS Centers for Medicare & Medicaid Services

CoC Commission on Cancer (American College of Surgeons)

CPAC Cancer Plan Action Coalition

EWL Every Woman's Life

HIT Health Information Technology

HPV Human Papillomavirus

NCCN National Comprehensive Cancer Network

NCI National Cancer Institute

NCQA National Committee for Quality Assurance

PSA Prostate Specific Antigen

SCC State Corporation Commission (Virginia)

USDA US Department of Agriculture

VAHP Virginia Association of Health Plans

VA-CCCP Virginia Comprehensive Cancer Control Program

VaCPNN Virginia Cancer Patient Navigators Network

VCP Virginia Cancer Plan

VCR Virginia Cancer Registry

VDH Virginia Department of Health

VHCA Virginia Health Care Association

YRBSS Youth Risk Behavior Surveillance Survey

Glossary of Terms

Age-adjusted – A statistical method used to compare groups of people with different age compositions. Without adjusting for age, it may appear that the cancer rates in one group of people are quite different from another group of people.

Behavioral Risk Factor Surveillance System (BRFSS) – State findings are based on 2006 data unless noted otherwise. Percentages are population-weighted. For more in¬formation about the BRFSS, go to the CDC website, http://www.cdc.gov/brfss.

Carcinogen – Any substance known to cause cancer.

Clinical Trials – Research studies designed to find improved ways to prevent, detect, diagnose, or treat cancer and to answer scientific questions. Treatment trials with cancer patients usually involve three phases to compare the best treatment to a promising new approach.

Commission on Cancer (CoC) – 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.

Culturally Competent – Cultural and linguistic competence is a set of learned behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. Competence means having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

Epidemiology – The study of disease incidence and distribution in populations, and the relationship between environment and disease.

Ethnicity – Refers to the social group a person belongs to based on a shared culture.

Five-Year Survival Rate – Refers to the chance of being alive five years after being diagnosed with cancer.

Health Disparities – Differences in the incidence, prevalence, mortality, and burden of cancer and related adverse health outcomes that exist among specific population groups.

Health Equity – Equal access to comprehensive, culturally competent, community-based health care systems that are committed to serving the needs of the individual and promoting community health regardless of age, gender, race, ethnicity, income, education, geographic location, disability, and sexual orientation.

Radon - a chemically inert, naturally occurring radioactive gas that has no smell, color, or taste. It is produced from the natural radioactive decay of uranium found in rocks and soil. Radon is the second most important cause of lung cancer after smoking. Radon is much more likely to cause lung cancer in people who smoke. For most people, the greatest exposure to radon comes from the home. The concentration of radon in a home depends on a variety of factors and levels are usually higher in basements, cellars, and other structural areas in contact with soil.[23]

QUIT NOW
VIRGINIA

Tobacco User Quitline • 1-800-QUIT-NOW

- Funded by the Virginia Department of Health Tobacco Use Control Project, launched November 2, 2005
- Toll-free phone service provided to Virginia residents aged 18 and older
- Access through the national numbers, 1-800-QUIT NOW (1-800-784-8669) and 1-855-DEJELO-YA (1-855-335-3569)
- Services are available in English and Spanish. Translation services are available in over 180 different languages
- Services for the hearing impaired are available through a separate TTY line (1-877-777-6534)
- Calls are answered 24 hours a day, seven days a week
- Callers can listen to topic-specific messages and/or leave a message for a callback if a Registration Intake Specialist is not immediately available
- Callers can receive mailed information or self-help materials
- Callers can receive information about local community resources
- All adult tobacco users are eligible to speak with a Quit Coach to develop a quit plan
- There is no limit to the number of times anyone can call the Quitline
- Tobacco users who are uninsured and who are ready to quit within 30 days are eligible for the comprehensive counseling program
- Specialized counseling services are provided to pregnant/prenatal smokers
- Fax referral system available for healthcare providers to refer patients during an office visit
- Alere Wellbeing provides Quitline counseling services for VDH. Alere is a highly specialized tobacco treatment provider for health plans, employers and government organizations all over the USA

TOBACCO QUITLINE INFORMATION

1-800-QUITNOW (1-800-784-8669)
1-855-DEJELO-YA (1-855-335-3569)

Every Woman's Life

The Virginia Department of Health's Every Woman's Life program provides low-income, uninsured and underinsured women access to timely, high-quality breast and cervical cancer screening and diagnostic services. Since the program began in 1998, EWL has served almost forty thousand women across the state of Virginia.

Eligibility

Every Woman's Life screenings are free to women who:

- Live in Virginia
- Are 40-64 years of age (18-39 if symptomtic)
- Meet low– income guidelines (200% of the federal poverty level or below)
- Do not have health insurance or cannot afford insurance dedutible for screening tests

Every Woman's Life
For Your Breast and Cervical Health
VDH

About EWL

- There are 29 Every Woman's Life screening sites located throughout Virginia.
- Regardless of test results, Every Woman's Life helps women through the etire screening process
- Women who are diagnosed with cancer through Every Woman's Life may be able to receive treatment services through Medicaid.

What Services are Covered?

- Clinic visit (including showing you how to examine your breasts)
- Breast and cervical screening exams (Clinical breast exam, Mammogram, Pelvic exam and Pap test)
- Any necessary diagnostic procedures

What If There is a Breast Or Cervical Cancer Diagnosis?

- The patient may be eligible to have treatment paid for by Medicaid.
- There will be a small fee for Medicaid services. For example, the charge for a clinic visit may be $1.
- When treatment is over, Medicaid coverage will end.

For more information, or questions regarding eligibility for this program, please visit EWL's website: www.vdh.virginia.gov/ofhs/prevention/ewl/ or call 1-866-EWL-4YOU to nd your nearest screening location

Resources

American Cancer Society, http://www.cancer.org

American College of Surgeons, http://www.facs.org/about/about.html

Behavioral Risk Factor Surveillance System (BRFSS), http://www.cdc.gov/brfss

Cancer Action Coalition of Virginia, http://cancercoalitionofvirginia.org/

Cancer Control P. L. A. N. E. T., http://cancercontrolplanet.cancer.gov/

Cancer Disparities by Race in Virginia, http://www.vdh.virginia.gov/ofhs/prevention/cpc//data.htm

Cancer Law, www.healthcare.gov/law/index.html

Cancer in Virginia: Overview and Tables, http://www.vdh.virginia.gov/ofhs/prevention/cpc//data.htm

Clinical Quality Measures - Centers for Medicaid and Medicare Services (CMS), http://www.cms.gov/Regulations-andGuidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html

Every Woman's Life, www.vahealth.org/breastcancer

Joint Health Care Commission, http://www.jointcommission.org/

State Corporation Commission-Bureau of Insurance, http://www.scc.virginia.gov/boi/

The National Comprehensive Cancer Network, http://www.nccn.org/index.asp

Virginia Health Care Association, http://www.vhca.org/

Virginia Association of Health Plans, http://www.vahp.org/

Virginia - 2012 Health Equity Report, http://www.vdh.virginia.gov/OMHHE/2012report.htm

Virginia Department of Health - Comprehensive Cancer Control Program, http://www.vdh.virginia.gov/ofhs/prevention/cpc/

Virginia Cancer Registry, http://www.vahealth.org/cdpc/cancerregistry/

World Health Organization, Radon and Cancer, http://www.who.int/mediacentre/factsheets/fs291/en/

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Virginia Cancer Plan Activity Tracking

The Virginia Department of Health – Comprehensive Cancer Control Program is committed to measuring the outcomes of specific activities and track progress to meet targets that are set in Virginia Cancer Plan. Ultimately, tracking progress made in implementing this plan can help assess the success of addressing cancer prevention, early detection, treatment and survivorship & palliative care issues in Virginia. It is essential that our partner organizations and potential partners be engaged in the process of documenting the success and progress of their hard work in addressing the burden of cancer in the Commonwealth.

Please access the Virginia Cancer Plan Activity Tracking form to document your organization's activity online at: www.surveygizmo.com/s3/1209656/Virginia-Cancer-Plan-Activity-Tracking-Log
You will be allowed to attach any materials associated to your activity (e.g., participant evaluation results, flyers, newsletters, press releases, etc.).

If you have further questions about this tracking form, please contact:

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More information about Virginia's cancer prevention and control efforts and the Virginia Comprehensive Cancer Control Program can be found at www.vdh.virginia.gov/ofhs/prevention/cpc/.