Utah's Comprehensive Cancer Prevention and Control Plan

ucan do something about cancer
Utah Cancer Action Network

2011-2015

Updated November 28, 2011

UTAH DEPARTMENT OF HEALTH

Prepared by: Utah Cancer Action Network, Utah Department of Health

UCAN do something about cancer

Utah Cancer Action Network

Funded by:
Centers for Disease Control and Prevention Utah Department of Health Utah Cancer Action Network

PURPOSE OF THIS DOCUMENT

The Utah Cancer Control Program (UCCP) within the Utah Department of Health (UDOH), in coordination with the Utah Cancer Action Network (UCAN), developed this plan as a resource for all those interested in fighting cancer in Utah. Utah Cancer Action Network committees, partner organizations, and others will find it contains useful information on the burden of cancer in Utah and provides evidence-based strategies beneficial to improving the outlook for those who face cancer now or may in the future.

By working together to implement the objectives and strategies contained in this plan, duplication of efforts can be reduced and resources combined to produce a greater impact on the burden of cancer than any individual or organization can do alone.

Office of the Governor

State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

November 10, 2010

My Fellow Utahns:

Many of us have been touched by cancer—whether in our own lives or through the lives of someone we know. Cancer has become the second leading cause of death in Utah.

The fight against cancer is stronger than ever. We fight by supporting early detection. We fight by protecting ourselves and our children from harmful substances. We fight by supporting medical research and providing state-of-the-art treatment. Last, but certainly not least, we fight by providing cancer survivors and their loved ones with programs and services that address their physical, mental, and emotional needs, thereby increasing their quality of life.

The Utah Cancer Action Network (UCAN) joined this fight in 2001. UCAN offers their time, talents, and other resources to address primary prevention, early detection, treatment, survivorship, quality of life, professional education, and public policy related to cancer prevention and control.

The 2011-2015 Utah Comprehensive Cancer Prevention and Control Plan will be used to continue this noble fight. This is the third comprehensive cancer plan for the State of Utah, and it will guide Utahns as we make a positive impact on cancer.

By working together and using this plan, we can increase awareness of what causes cancer, how to detect it early, how to treat it correctly, and how to improve the quality of life for the courageous cancer survivors in our state. Together we can help Utahns live happier, healthier lives.

Sincerely,

Gary R. Herbert

Gary R. Herbert
Governor

State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

Utah Department of Health
Executive Director's Office

DAVID N. SUNDWALL, M.D.
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Deputy Director, Public Health Practice

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Deputy Director, Medicaid and Health Finance

November 2010

Dear Fellow Utah Citizens,

I am proud to share with you the third edition of Utah's Comprehensive Cancer Prevention and Control Plan. Every five years, the Utah Cancer Action Network (UCAN) develops a new cancer plan for Utah, evaluating the burden of cancer and how to most effectively address its effect on Utahns. UCAN is a community coalition made up of individuals throughout the state with a vested interest in fighting against cancer. Together they developed a roadmap to reduce the number of new cancer cases and the number of deaths caused by cancer over the next five years.

Utah's 2011-2015 Comprehensive Cancer Prevention and Control Plan outlines the vision for cancer control in Utah and gives Utahns short-term, intermediate, and long-term goals to work towards. It addresses many areas proven to reduce the incidence and mortality of cancer , including advocacy and public policy, primary prevention and awareness, early detection and treatment, survivorship and quality of life, and professional education.

Reducing the burden of cancer requires the efforts of many individuals and organizations. It can only be accomplished by coming together as a statewide community to implement evidence-based practices. This plan is an excellent resource to identify areas where we can combine our talents and resources that will have the greatest impact on reducing the number of cancer cases and deaths in Utah.

Thank you to all of the members of UCAN for the many hours of hard work it took to develop this plan. Everyone makes a difference in the fight against cancer. Please visit www.UCAN.cc to find out more information on what is being done to fight cancer in Utah and how you can get involved.

Sincerely,

David N. Sundwall

David N. Sundwall, M.D.
Executive Director

UTAH DEPARTMENT OF HEALTH

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November 2010

Dear Utahns:

The Utah Cancer Action Network (UCAN) and the Utah Department of Health (UDOH) are pleased to present the third edition of Utah's Comprehensive Cancer Prevention and Control Plan. Many individuals and organizations dedicated to reducing the burden of cancer came together to develop this plan, which will serve as a roadmap for fighting cancer in Utah. UCAN members, along with the UDOH and outside experts, spent months researching the current state of cancer in Utah to determine areas of focus for the next five years and to develop goals, objectives, and strategies for reducing cancer. Contributors then came together in July 2010 to review, refine, and finalize the plan.

This plan will be used to determine the best, evidence-based course of action for UCAN to follow. Strategies focus on five key components of cancer prevention and control – advocacy and public policy, primary prevention and awareness, early detection and treatment, survivorship and quality of life, and professional education. Specialized UCAN committees will implement the strategies of the plan by developing action plans and determining the resources necessary to implement and evaluate their projects. We encourage other individuals and organizations to do the same.

Anyone seeking a greater understanding of the impact cancer has on Utah will find the information in this plan useful, including current trends in the number of new cancer cases and cancer-related deaths, as well as cancer screenings and disparities.

As the current leaders of UCAN, we would like to thank our executive committee, committee leaders, members, the Utah Department of Health, and the many others who contributed to developing this plan. Please use this plan to identify ways in which you can help to reduce the burden of cancer in Utah.

Sincerely,

Peter Fisher, MD
Utah Cancer Action Network
Co-Chair

Joe Eyring, MD
Utah Cancer Action Network
Co-Chair

Cancer is the second leading cause of death (mortality) in Utah. In 2009, there were 91 cancer deaths for every 100,000 Utahns.

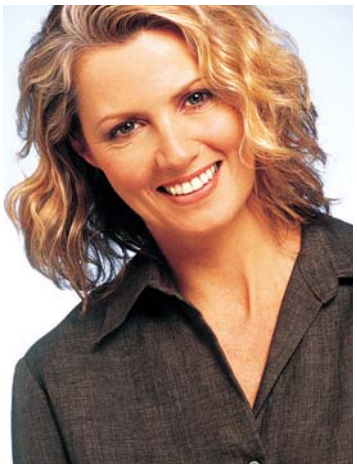
The goal of UCAN is to reduce cancer incidence (new cases) and mortality in Utah through collaborative efforts. These efforts will provide services and programs directed toward comprehensive cancer prevention and control. Utah's Comprehensive Cancer Prevention and Control Plan is updated every five years to provide a framework for UCAN and its partners.

Utah's Comprehensive Cancer Prevention and Control Plan for 2011-2015 contains seven key areas of focus: Cancer Morbidity and Mortality; Advocacy and Public Policy; Primary Prevention and Awareness; Early Detection and Treatment; Survivorship and Quality of Life; Professional Education and Practice; and Data Acquisition, Utilization, and Management. Each area of focus contains goals, measurable objectives, and strategies that aim to decrease the burden of cancer in Utah.

There are many different ways to get involved in this effort to fight cancer. Individuals, organizations, and communities can participate in the following ways:

- Read the goals, objectives, and strategies in this plan to learn how to partner with others
- Join UCAN by visiting www.UCAN.cc and clicking on the "Join UCAN" link
- Partner with other individuals and organizations that share similar goals and interests related to cancer to implement one or more strategies in the plan
- Implement the strategies contained in this plan
- Encourage policymakers to support changes that will help reduce the burden of cancer in Utah
- Report your efforts to UCAN

Cancer is the second leading cause of mortality in Utah. There were 91 cancer deaths for every 100,000 Utahns in 2009.



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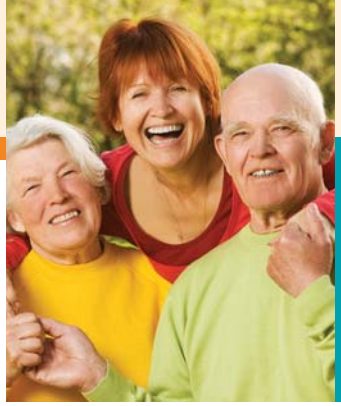

ABOUT UCAN

The Utah Cancer Action Network (UCAN) was formed in 2001. The current membership of UCAN includes more than 107 individuals, organizations, and health care professionals dedicated to reducing the burden of cancer in Utah. Implementation teams were created from the UCAN membership to help develop and implement Utah's Comprehensive Cancer Prevention and Control Plan, 2011-2015.

Coalition partners consist of cancer survivors and cancer advocates. Partners include health care providers, insurance providers, non-profit/community-based organizations, local health departments, and the Utah Department of Health.

UCAN provides many opportunities for collaboration among coalition partners through activities designed to address the many facets of cancer prevention and control. Additionally, UCAN links partners to available funding opportunities through regular e-mails and information posted on the UCAN website. UCAN members work to connect eligible patients to screening services, increase awareness and screening among Utah's underserved populations, provide professional and patient education, and distribute educational materials.

The coalition meets once per quarter to report on events and activities, and to provide updates on current cancer issues. The coalition is funded by the Utah Department of Health (UDOH) through a federal grant from the Centers for Disease Control and Prevention (CDC). The CDC is located in Atlanta, Georgia.

Structure of UCAN

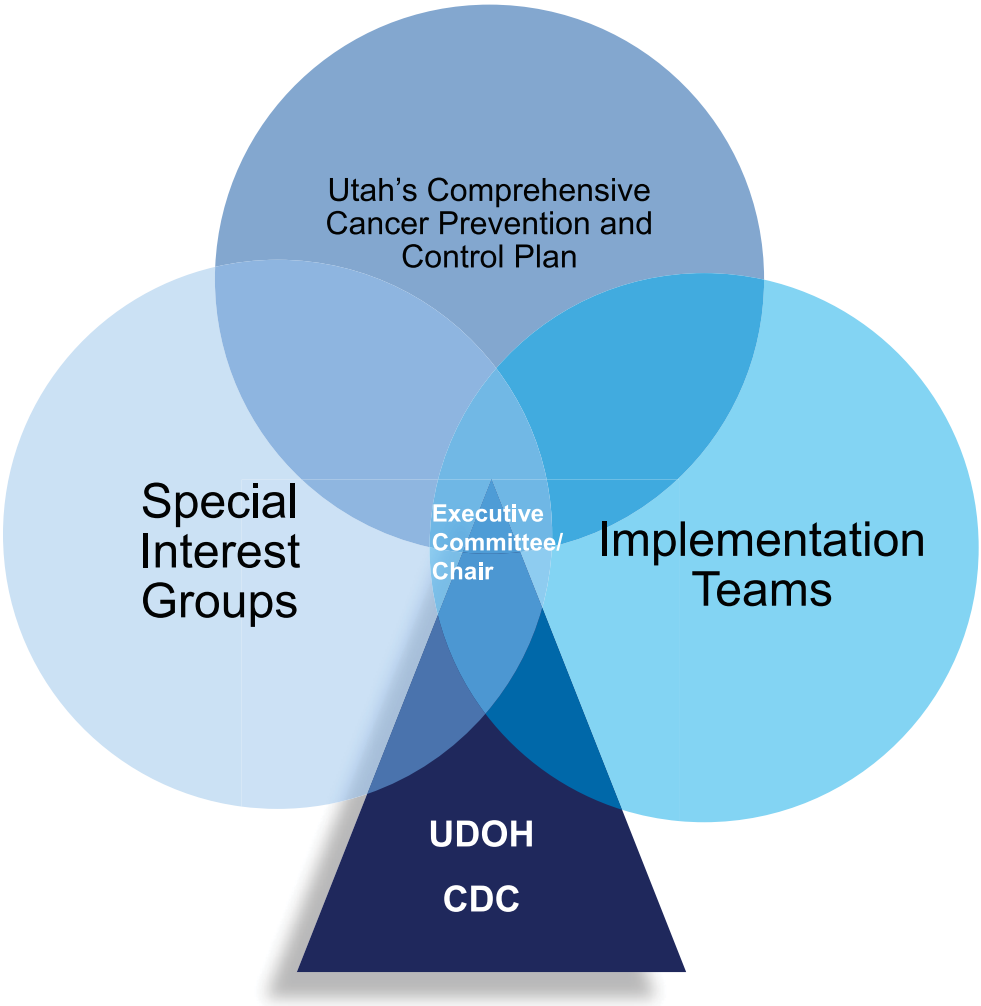

Figure 1: Structure of UCAN

UCAN is composed of special interest groups and implementation teams that provide input to the coalition. The work of UCAN is guided by Utah's Comprehensive Cancer Prevention and Control Plan. Projects from the plan are implemented by seven groups known as implementation teams. These teams are Cancer Morbidity and Mortality; Advocacy and Public Policy; Primary Prevention and Awareness; Early Detection and Treatment; Survivorship and Quality of Life; Professional Education and Practice; and Data Acquisition, Utilization, and Management. Each team selects one objective or strategy to work on each year and meets on a regular basis to accomplish it. Special Interest Groups meet as needed to work on special projects. There are four special interest groups: Colon Cancer, Prostate Cancer, Skin Cancer, and Women's Cancers.

The UCAN Chairs and Executive Committee (composed of implementation team and special interest group leaders) provide oversight and support to the groups. The UDOH and CDC provide funding and technical assistance to UCAN.

UCAN VISION STATEMENT

Every Utahn will have the opportunity to receive evidence-based cancer prevention, state-of-the-art cancer detection and treatment, and the highest possible quality of life provided through objectives and strategies contained in Utah's Comprehensive Cancer Prevention and Control Plan, 2011-2015.

UCAN GUIDING PRINCIPLES

We value our coalition partners and believe that by collaborating we can accomplish more together than we can accomplish alone to reduce the burden of cancer in Utah.

We support data-driven and evidence-based approaches to address cancer control across the cancer care continuum.

We value reaching out to and engaging all Utahns.

We believe that patients and their families must be empowered to make decisions based on information presented and shared in a manner they can understand.

We support equal access to cancer services for all Utahns.

We support the elimination of fragmented care for cancer patients.

We support efforts to more effectively and equitably use public and private resources to continuously, transparently, and measurably decrease suffering from cancer.

We believe in using population-based approaches and changes based on a systems perspective to help reduce the burden of cancer.

We are collectively accountable for the implementation and success of Utah's Comprehensive Cancer Prevention and Control Plan, 2011-2015.

We believe that implementing Utah's Comprehensive Cancer Prevention and Control Plan, 2011-2015 will require robust, visionary leadership, broad-based commitment, and sound stewardship of resources.

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HISTORY OF THE INITIATIVE

In 1999, the UDOH received funding to support the planning and development of a statewide comprehensive cancer plan. Evidence-based goals and objectives identified during the planning process were categorized to address the cancer continuum and include prevention, early detection, treatment, and quality of life.The first five-year plan, Utah Comprehensive Cancer Control Initiative Plan, was published in 2001. The Utah Cancer Action Network was established at that time to implement and evaluate the plan. The Utah Comprehensive Cancer Control Plan (the second five-year plan) was published in July 2006.

The Utah Cancer Action Network (UCAN) grew from 78 members on July 1, 2006 to 107 members as of June 30, 2010.

The following section contains a review of the major accomplishments of UCAN and its partners between 2006 and 2010.

REVIEW OF THE UTAH COMPREHENSIVE CANCER CONTROL PLAN, 2006-2010

ADVOCACY AND PUBLIC POLICY

The Advocacy workgroup became an official UCAN workgroup in July 2006. This workgroup dedicated itself to gaining legislative support for cancer-related issues. Between fiscal year (FY) 2007 and FY 2010, the workgroup advocated for several pieces of legislation. Examples of legislation supported by the UCAN Advocacy and Public Policy workgroup include:

- **HPV education funding**
- **Tobacco tax increase**
- **Parental consent required for teens to use tanning beds**

In addition to supporting legislation, the Advocacy workgroup educated legislators on specific cancer issues.

NUTRITION and PHYSICAL ACTIVITY

Several UDOH programs focus on nutrition and physical activity because of the important role they play in the prevention of chronic diseases, including cancer.

Several UCAN member organizations received UCAN mini-grants for activities focused on nutrition and physical activity. Mini-grant recipients provided education on the relationship between cancer, lack of physical activity, and poor nutrition in Utah schools and communities. The Huntsman Cancer Institute (HCI), a UCAN partner, created nutrition presentations for middle school and high school students, community groups, church groups, and worksites. The presentations covered the importance of developing healthy eating habits and how nutrition plays a role in cancer. **Staff made more than 100 presentations to 3,400 people and distributed more than 3,000 printed materials.**

ENVIRONMENT

The environment committee became an official UCAN committee in FY 2008. This committee focuses on educating the public on the dangers of radon and how radon levels can be reduced.

Several UCAN mini-grants were awarded to UCAN member organizations focusing on radon-reducing activities. UCAN mini-grants funded the distribution of educational materials and more than 700 radon test kits. Funding also provided classes on radon resistant construction techniques.

UCAN partners also implemented many radon awareness projects. The Department of Environmental Quality, Division of Radiation Control and members of HCI's Thoracic Team conducted a survey to assess indoor radon awareness in the community. **More than 475 people responded to the survey, and researchers found only 38% of people understood the health risks of radon gas and only 19% had tested their homes for radon gas.**

TOBACCO

The UDOH Tobacco Prevention and Control Program focuses on tobacco-related goals and activities.

Of particular note is the Utah Indoor Clean Air Act which bans smoking in all indoor areas of public access and publicly-owned buildings. Final requirements went into effect on January 1, 2009.

Multiple community-based organizations received UCAN mini-grants to fund tobacco-related activities. Funded activities included:

- **Translating and printing smoking cessation booklets in Spanish**
- **Hosting 25 mobile medical events providing tobacco education to 932 people**
- **Providing 10 community-based organizations with training on smoke-free policy changes and decreasing the social acceptability of tobacco**

HCI worked with the Utah Tobacco Prevention and Control Program to create tobacco prevention presentations for middle school and high school students, establish a tobacco cessation group facilitator training program, and run smoking cessation groups.

HCI also revised and reprinted the brochure, **"How to Help Your Loved One Stop Using Tobacco."**

GENERAL CANCER/GENOMICS

UCAN members gave 85 general cancer presentations in English and Spanish to more than 3,400 people.

HCI created **"What You Need to Know about Cancer"** presentations for middle schools, high schools, college students, community groups, church groups, and worksites. Information included cancer biology, basic statistics, prevention/risk reduction, early detection, and cancer treatment.

The Utah Cancer Foundation offers free alternative or complementary medicine to cancer patients. Treatments include massage, Reiki Therapy, and acupuncture. Other services include the Look Good…Feel Better program and Housekeeping Helpers.

Using tools developed by the former UDOH Genomics Program, UCAN helped educate Utahns on the importance of keeping a family medical history, particularly a family history of cancer.

BREAST CANCER

The Utah Cancer Control Program (UCCP) within the UDOH offers free or low-cost health screenings to low-income, under-insured women in Utah. Screenings offered by the UCCP include:

- **Breast cancer screenings (clinical breast exams and mammograms)**
- **Cervical cancer screenings (Pap tests and pelvic exams)**

In 2005, the UCCP developed a very successful media campaign to educate women across Utah about the free breast and cervical cancer screenings available in Utah. The UCCP still uses materials from this campaign.

Utah Cancer Resource and Education for Women (UCREW), now known as Needs Beyond Medicine, is a non-profit organization providing financial assistance and cancer education to Utahns. Between 2006 and 2010, UCREW conducted educational seminars on breast and cervical cancer screenings for the public. UCREW also raised funds for the Needs Beyond Medicine program, which provides women suffering from cancer with financial resources for needs other than prescriptions and treatment.

The UCCP received a five-year WISEWOMAN grant from the Centers for Disease Control and Prevention (CDC) in 2008. This grant provides heart disease and diabetes screenings to women when they receive their cancer screenings through the UCCP. Women who participate in the program also receive individualized risk reduction counseling and lifestyle interventions.

UCAN provided multiple mini-grants to UCAN member organizations for activities related to the breast cancer goals and activities as described in the Utah Comprehensive Cancer Control Plan, 2006-2010.

Other UCAN partners also implemented breast cancer projects. Examples of projects include:

- **making outreach reminder calls to women overdue for breast cancer screenings**
- **hosting community forums on breast cancer**
- **hosting weekend retreats for women with breast cancer**

CERVICAL CANCER

UCREW educational sessions included information on cervical cancer screening.

The UCCP sponsored an online contest to increase awareness of cervical cancer prevention and early detection.

Altius Health Plans made reminder calls to women who were overdue for their cervical cancer screenings.

COLORECTAL CANCER

Two media campaigns ran during FY 2007 to increase colorectal cancer awareness. A post-media survey conducted in May 2007 determined that, of 500 Utah residents aged 50-74, 71% said they had seen, heard, or read colon cancer advertisements. **The survey indicated 82% of those who saw, heard, or read the advertisements were able to correctly recall the message presented.**

Several public relations and grassroots activities occurred between July 1, 2006 and June 30, 2010. Activities included press releases, Ask the Expert events, radio interviews, and TV interviews.

Local health departments distributed Fecal Occult Blood Test (FOBT) kits.

During FY 2010, the UCCP received a CDC grant to fund colon cancer screenings and education. Screenings began in January 2010.

LUNG CANCER

The UDOH Tobacco Prevention and Control Program conducts the majority of tobacco-related activities. Activities conducted and/or funded by the Comprehensive Cancer Control Program can be found in the “Environment” and “Tobacco” sections.

OVARIAN CANCER

The UCCP hosted the first Ovarian Cancer Dialogue for Action™ in the nation for health care providers on May 5, 2007. Education presented at the event included ovarian cancer epidemiology, screening, treatment, and advocacy.

Several events followed the Ovarian Cancer Dialogue for Action™, including the development and release of a fact sheet for health care providers, a telehealth presentation on ovarian cancer, and the development of an educational DVD about ovarian cancer. The DVD helps health care providers better triage possible ovarian cancer patients.

PROSTATE CANCER

Activities related to prostate cancer included a media campaign, an Ask the Expert event, news releases, and the distribution of urinal screens to men's public restrooms that promote prostate cancer awareness. **A post-media survey was conducted in May 2007. Of the 504 Utah men aged 40-74 surveyed, 78% reported seeing, hearing, or reading prostate cancer advertisements. Seventy-eight percent (78%) of men who saw or heard the advertisements could correctly identify the main message.**

UCAN prostate committee members attended a provider education seminar in FY 2007. Twenty-seven Utah urologists attended. UCAN hosted a prominent booth at the event.

SKIN CANCER

The UCCP and UCAN developed the "Sun Guy" media campaign. A survey conducted in May 2007 determined that of 1,518 Utah residents between age 18 and age 74 who were contacted, **59% saw or heard the skin cancer prevention advertisments. Of those who saw or heard the commercials or ads, 85% could correctly recall the message (stay safe in the sun).**

The UCCP and UCAN partnered with the Utah Department of Education to provide elementary schools and high schools with skin cancer awareness materials. This partnership produced two posters and distributed them to Utah schools.

Many local health departments and other UCAN member organizations received UCAN mini-grants to conduct activities related to skin cancer prevention and early detection. Activities included:

- **educating students in local schools**
- **holding free skin cancer screening events**
- **disseminating educational materials to the public and health care providers**
- **planting shade trees at schools**

HCI also created skin cancer prevention presentations to give at schools, community groups, church groups, and worksites. Staff gave more than 100 presentations to more than 4,500 people. Attendees included students, lifeguards, ski instructors, and community groups.

HCI also hosted free skin cancer screenings between 2007 and 2010. More than 1,360 people were screened and 450 were referred to a dermatologist.

ACCESS TO QUALITY CARE

Many UCAN member organizations received UCAN mini-grants to fund activities that increased access to quality care among Utah residents with cancer. Activities focused on ensuring that all cancer patients in Utah have the opportunity to receive state-of-the-art services and reducing barriers which create disparities in access to care for underserved populations.

CLINICAL TRIALS

The UCAN clinical trials committee collaborated with the HCI to develop and implement a radio campaign to increase awareness of clinical trials.

QUALITY OF LIFE/SURVIVORSHIP

The UCCP and UCAN worked with the HCI to develop a cancer resource guide for Utah cancer patients and their families.

The UCCP and UCAN hosted a conference for health care providers on cancer survivorship issues in May 2007.

The UCAN Quality of Life Workgroup hosted a one-day survivorship conference in FY 2008, FY 2009, and FY 2010. Conference sessions provided information to survivors and their families on the topics of physically, emotionally, and financially coping with cancer.

Multiple UCAN member organizations received UCAN mini-grants to support various cancer survivorship activities. Funds supported different types of activities, including advertising the Cancer Survivors' Summit and implementing the Cancer Wellness House's Peer to Peer program, a cancer survivor support network.

END OF LIFE

The End of Life Partnership received a UCAN mini-grant to support the development of a presentation to educate the public on palliative care and pain management.

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THE BURDEN OF CANCER IN UTAH

In 2009, the majority of Utahns (92.7%) were white. Also, 87.7% of Utahns were of non-Hispanic origin. Utah tends to have a younger population with about 42% of the state under the age of 24. Men comprise 50% of the population, and 75% of Utahns live in four adjacent urban counties (Davis, Salt Lake, Utah, and Weber counties).

Table 1

2009 Utah Population Estimates by Race/Ethnicity		
	Number	Percent
Total	2,784,572	100%
Race		
White	2,580,338	92.7%
Black or African American	38,164	1.4%
American Indian or Alaskan Native	39,289	1.4%
Asian	57,120	2.1%
Native Hawaiian or Other Pacific Islander	21,629	0.8%
Two or more races	48,032	1.7%
Ethnicity		
Non-Hispanic/Latino origin	2,441,408	87.7%
Hispanic/Latino origin	343,164	12.3%

Population Estimates Program, U.S. Bureau of the Census

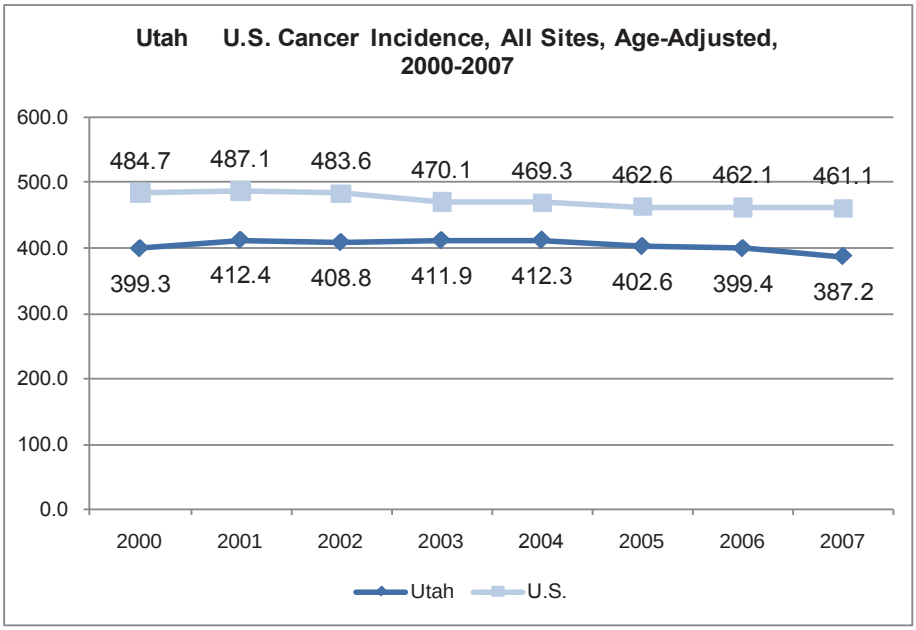
This section describes the number of new cancer cases (cancer incidence) and cancer-related deaths (cancer-related mortality) in recent years. It is examined both in general and by cancer site.

Where possible, Utah's Healthy People 2020 goals (referred to as "targets") have been included to better evaluate progress made. When a Utah Healthy People 2020 goal was not available, the most current U.S. rate was used for comparison.

All statistics presented are based on the most current data available.

In 2007, the age-adjusted Utah incidence rate for all cancers was 387.2 per 100,000 population, according to the Utah Cancer Registry (UCR). The Utah cancer incidence rate decreased slightly from 2006 (399.4 per 100,000 population), although the change was not statistically significant. Since 2000, Utah's cancer incidence rate has always been statistically lower than the U.S. rate.

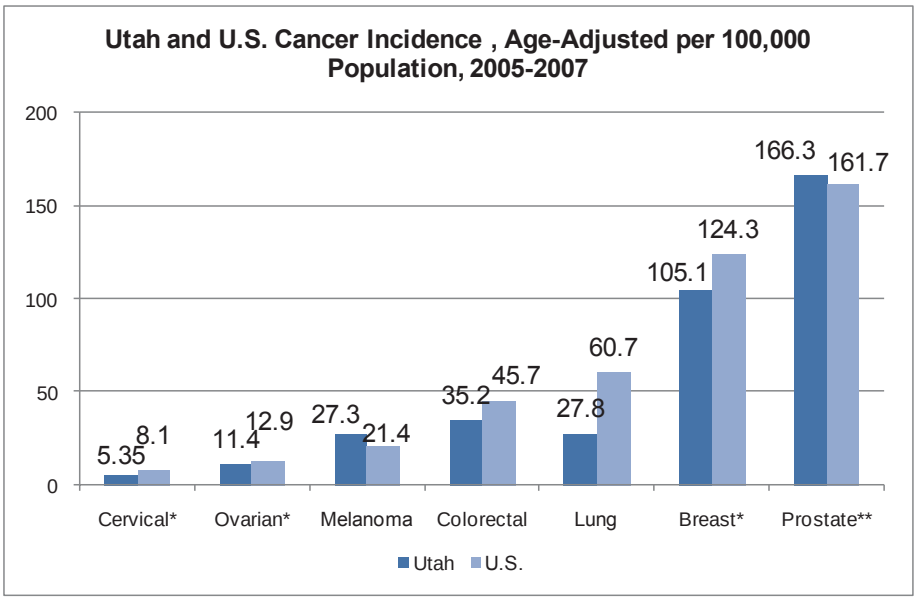
Figure 2



Data Sources: Utah Data: Utah Cancer Registry; GOPB (population)
U.S. Data: SEER
Data retrieved on: October 14, 2010

Between 2005 and 2007, the age-adjusted Utah cancer incidence rates were lower than those of the U.S., except for melanoma and prostate cancer. The rate of melanoma incidence was significantly higher in Utah than in the U.S.

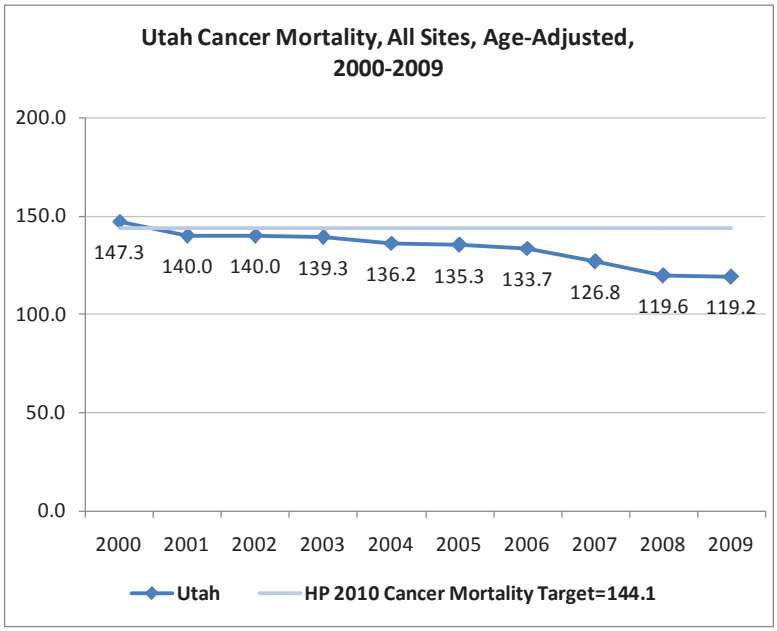
Figure 3



Data Sources: Utah Data: Utah Cancer Registry; GOPB (population)
U.S. Data: SEER
Data retrieved on: October 25, 2010
**Females only*
***Males only*

In 2009, the age-adjusted Utah cancer mortality rate reached a low of 119.2 per 100,000 population. In the last 10 years, the cancer mortality rate has decreased 21% and is below the Healthy People 2020 goal.

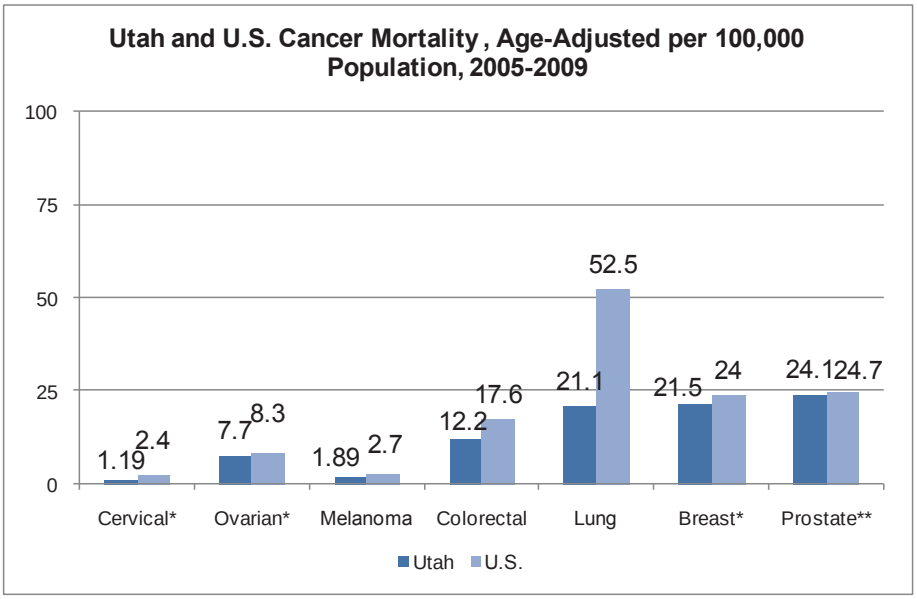
Figure 4



Data Sources: Utah Data: Utah Vital Records
Data retrieved on: October 25, 2010

Between 2005 and 2009, age-adjusted Utah cancer mortality rates were generally lower than those of the U.S. Prostate cancer was the one exception; it was slightly higher than the U.S. rate.

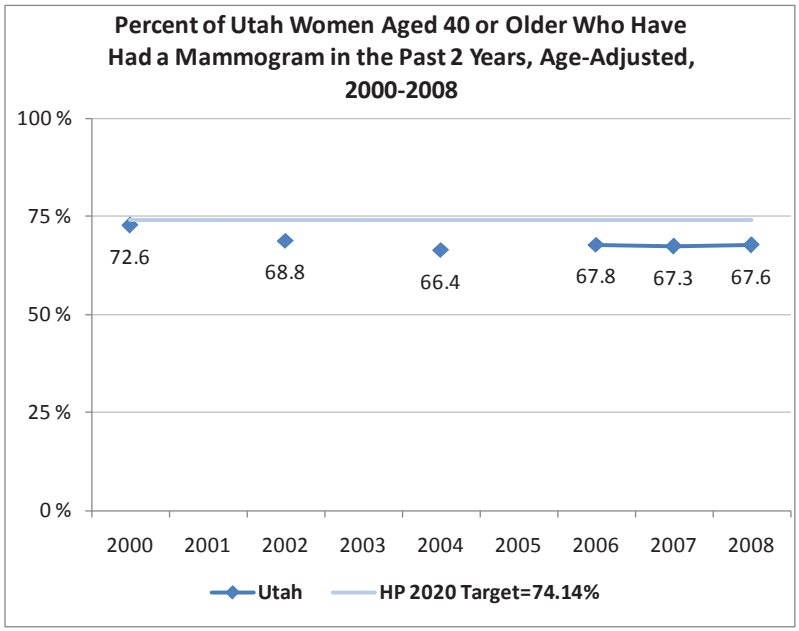
Figure 5



Data Sources: Utah Data: Utah Vital Records
U.S. Data: SEER
Data retrieved on October 25, 2010
**Females only*
***Males only*
ICD-10 Codes: cervical C53; ovarian C56; melanoma C43; colorectal C18-C21; lung C33-C34; breast C50; prostate C61.

Utah's age-adjusted mammogram rate has not changed significantly since 2000. In 2000, 72.6% of Utah women aged 40 and older had had a mammogram in the last two years. In 2008, the number dropped to 67.6%.

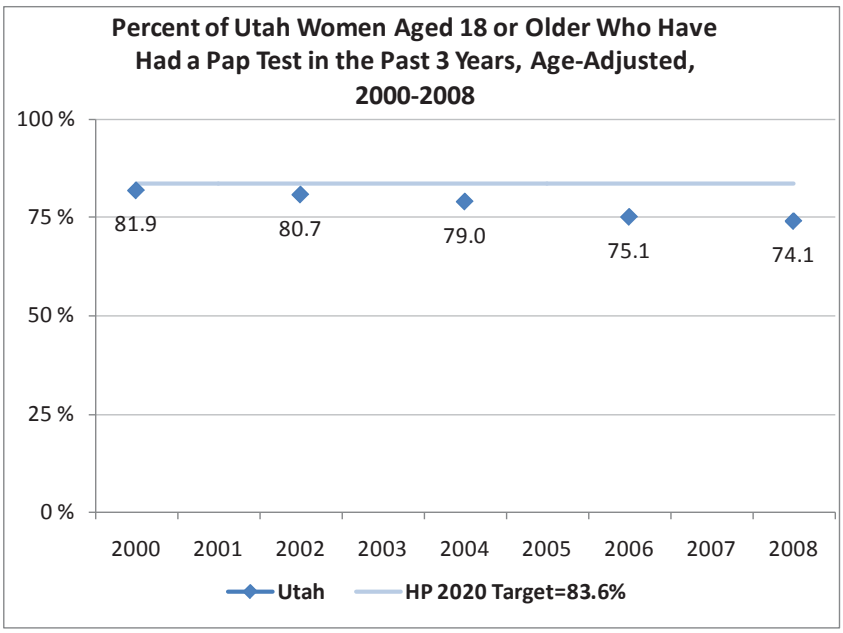
Figure 6



Data Sources: Utah Data: Utah BRFSS [i*]
Data retrieved on October 25, 2010

The age-adjusted percentage of Pap tests performed among Utah women aged 18 and older has been decreasing. In 2000, 81.9% of women had a Pap test in the past three years and in 2008, the number had decreased to 74.1%.

Figure 7

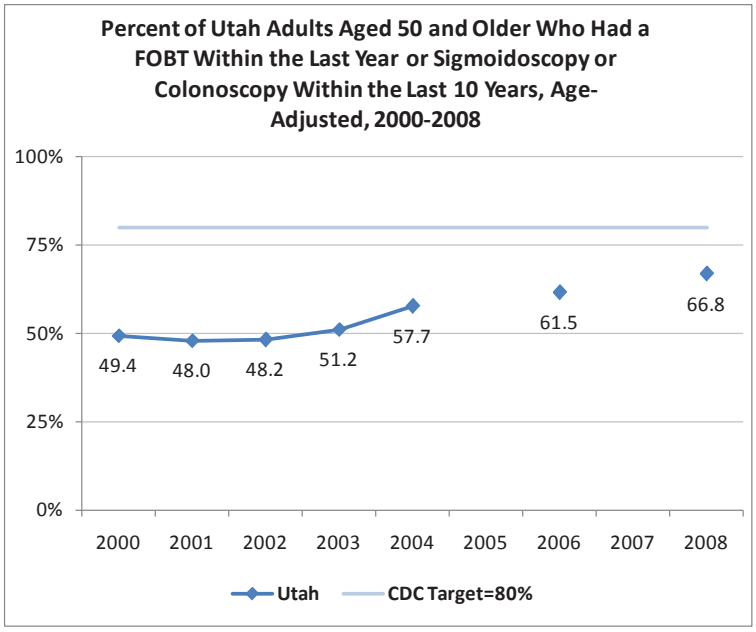


Data Sources: Utah Data: Utah BRFSS [i]
Data retrieved on October 25, 2010

*Endnotes are denoted by Roman numerals i-iv, and can be found on page 82.

The age-adjusted percentage of adults in Utah aged 50 and older who had a colonoscopy or sigmoidoscopy in the past 10 years, and/or a Fecal Occult Blood Test (FOBT) in the last year, increased from 49.4% in 2000 to 66.8% in 2008.

Figure 8



Data Sources: Utah Data: Utah BRFSS[i]
Data retrieved on October 25, 2010

The age-adjusted rate of Prostate-specific Antigen (PSA) testing among Utah men aged 40 and older has remained stable. In 2008, 60.9% of men aged 40 and older had ever had a PSA test and in 2001, 57.6% had ever had a PSA test.

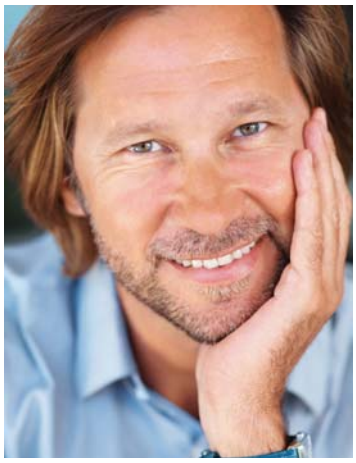
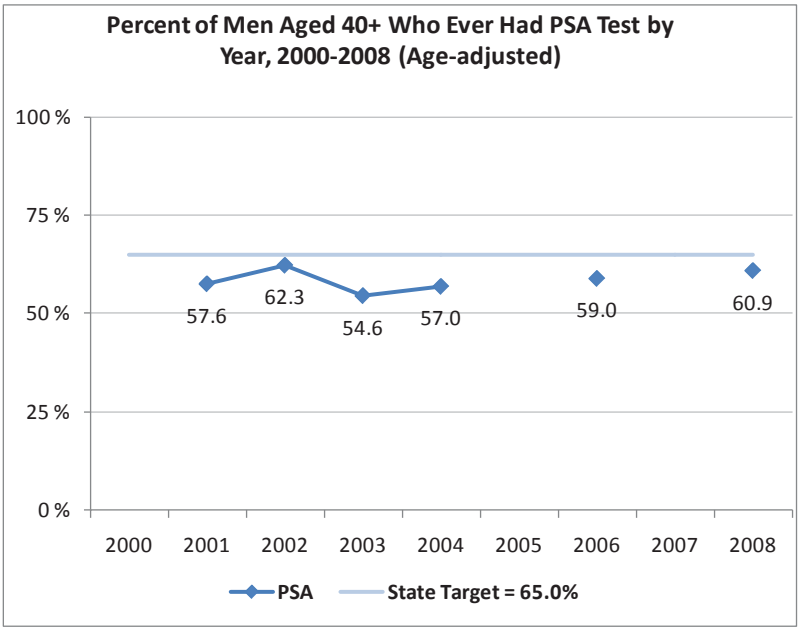


Figure 9



Data Sources: Utah Data: Utah BRFSS[i]
Data retrieved on October 25, 2010

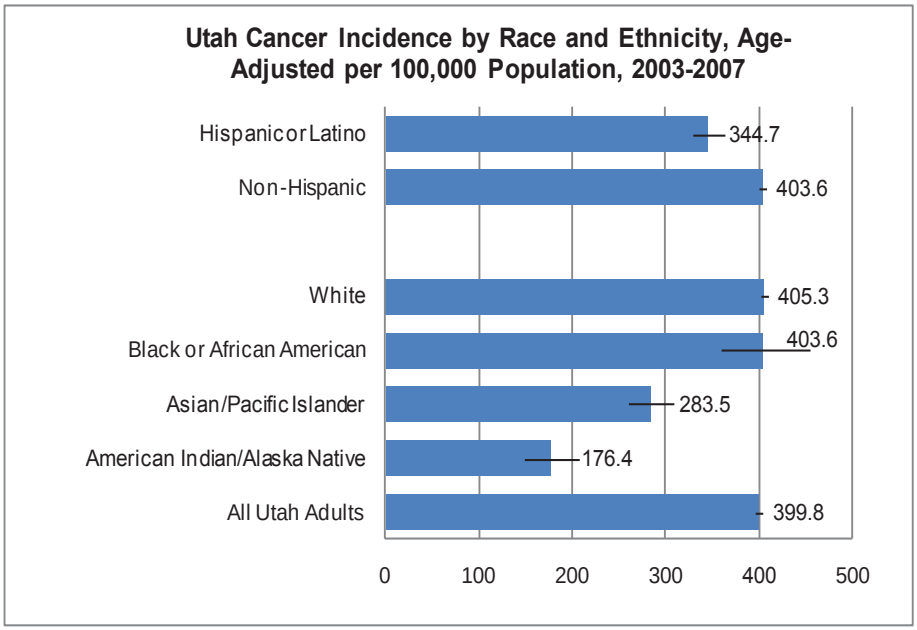
CANCER DISPARITIES IN UTAH

Health disparities are differences in the incidence, prevalence, mortality, burden of disease, and other adverse health conditions or outcomes that exist among specific population groups in the United States. Health disparities can affect population groups based on gender, age, ethnicity, socioeconomic status, geography, sexual orientation, disability, or special health care needs. Disparities also affect groups that have persistently experienced historical trauma, social disadvantage, or discrimination, and who systemically experience worse health or greater health risks than more advantaged social groups (National Association of Chronic Disease Directors).

Other than ethnicity, many factors contributing to health disparities affect all population groups. Socioeconomic status and the effects of poverty have the largest impact on health disparities across the board. Since this is such an overarching part of cancer control in Utah, a determination was made to consider this issue cross-cutting and integrate it into the implementation areas of the 2011-2015 Plan.

Utah Hispanics were significantly less likely to have been diagnosed with cancer than non-Hispanics. American Indians/ Alaskan Natives and Asian/Pacific Islanders were significantly less likely to have cancer than Blacks or Whites.

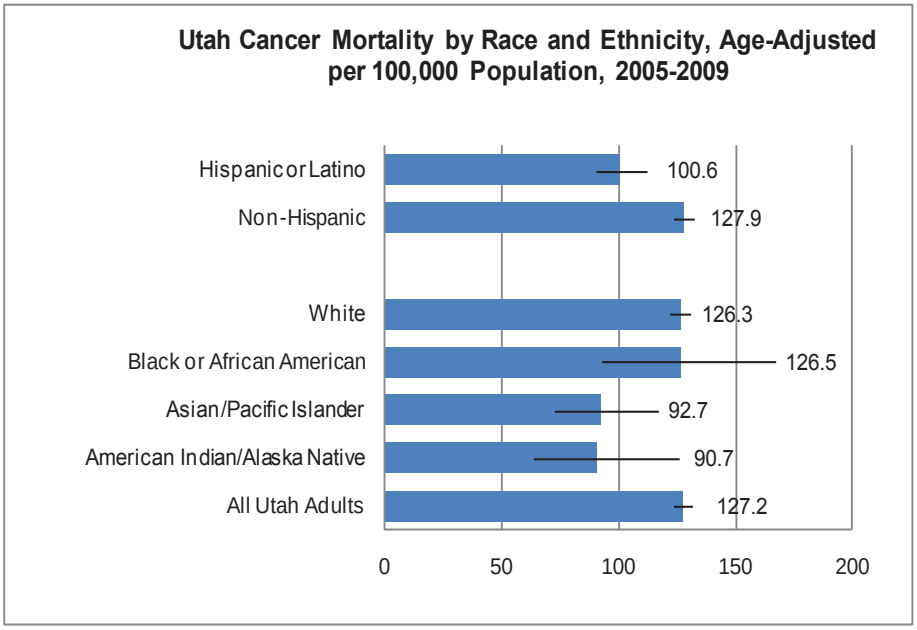
Figure 10



Data Sources: Utah Data: SEER
Data retrieved on October 28, 2010

Utah non-Hispanics were significantly more likely to have died of cancer than Hispanics. Utah Whites and Blacks were also more likely to have died of cancer compared with Asian/ Pacific Islander and American Indian/Alaskan Natives.

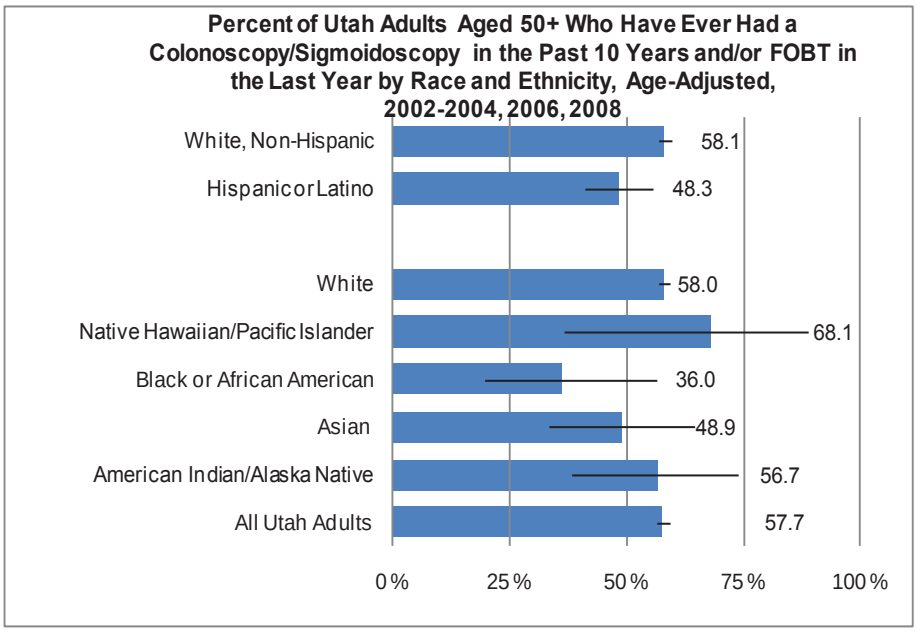
Figure 11



Data Sources: Utah Data: Utah Vital Records
Data retrieved on November 11, 2010

Hispanics/Latinos were significantly less likely to have had a colonoscopy compared with non-Hispanics/Latinos. There were no significant differences between racial groups for any cancer screening.

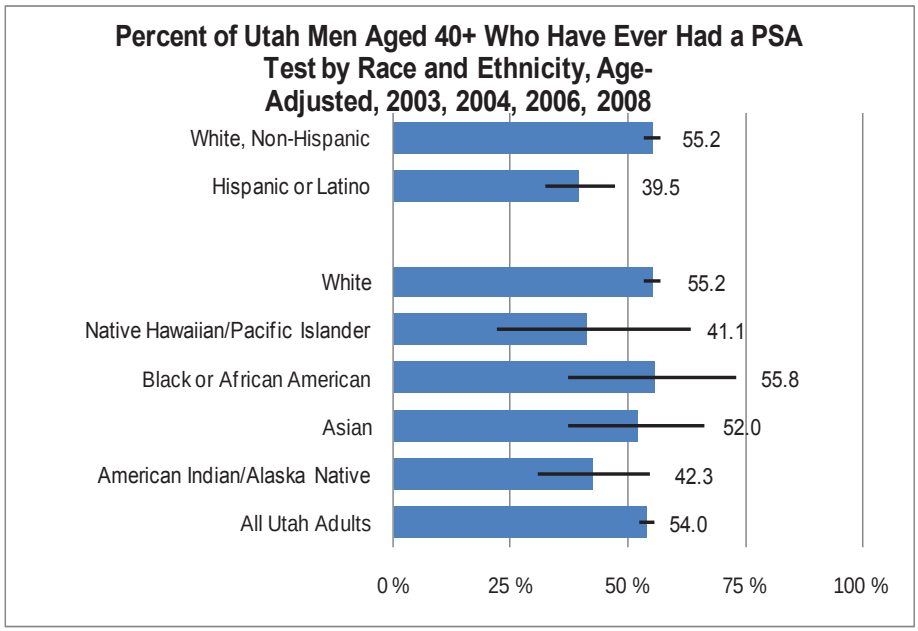
Figure 12



Data Sources: Utah Data: Utah BRFSS[i]
Data retrieved on October 25, 2010

Hispanics/Latinos were significantly less likely to have had a PSA test compared with non-Hispanic/Latinos.

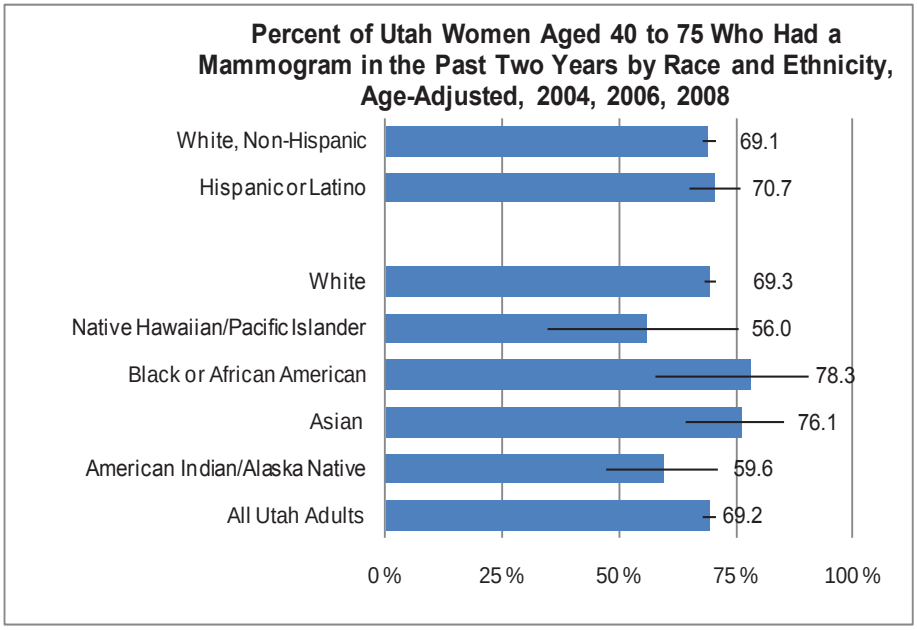
Figure 13



Data Sources: Utah Data: Utah BRFSS[i]
Data retrieved on October 25, 2010

There were no significant differences between any ethnicities or races in mammogram screening rates.

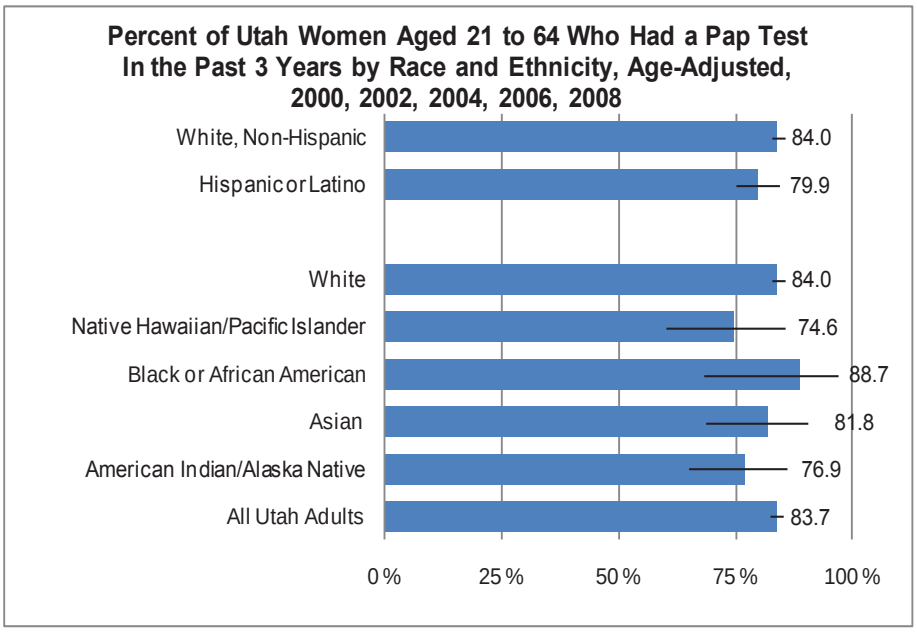
Figure 14



Data Sources: Utah Data: Utah BRFSS[i]
Data retrieved on October 25, 2010

There were no significant differences between any ethnicities or races in Pap test screening rates.

Figure 15



Data Sources: Utah Data: Utah BRFSS[i]
Data retrieved on October 25, 2010

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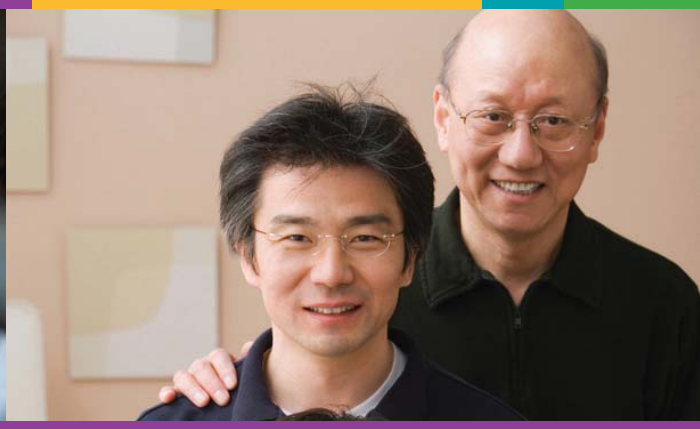


THE PLANNING PROCESS

UCAN members and others dedicated to reducing the burden of cancer in Utah met throughout the spring and summer of 2010 to develop the goals, objectives, and strategies presented in this plan. Coalition leaders divided UCAN members into seven implementation teams based on their individual/organizational interests: (1) Cancer Morbidity and Mortality, (2) Advocacy and Public Policy, (3) Primary Prevention and Awareness, (4) Early Detection and Treatment, (5) Survivorship and Quality of Life, (6) Professional Education and Practice, and (7) Data Acquisition, Utilization, and Management. Creating teams based on the key components of cancer prevention and control, as well as the cancer continuum of care, ensured each area was addressed.

Each implementation team completed five steps while developing goals, objectives, and strategies for their sections:

(1) Reconvene the team and invite others who could provide valuable insight
(2) Review the available information
(3) Reassess and refine the goals and objectives from the Comprehensive Cancer Control Plan, 2006-2010
(4) Recommend strategies
(5) Refine strategies and determine resources needed

The teams came together on July 31, 2010 to share their work and receive feedback. Implementation teams continued to meet following the July 2010 meeting to further refine their goals, objectives, and strategies based on the feedback received.

IMPLEMENTATION OF THE 2011-2015 PLAN

The Utah Cancer Action Network consists of seven implementation teams: Cancer Morbidity and Mortality; Advocacy and Public Policy; Primary Prevention and Awareness; Early Detection and Treatment; Survivorship and Quality of Life; Professional Education and Practice; and Data Acquisition, Utilization, and Management. Each of these teams is led by a chairperson and is comprised of individuals representing a variety of organizations and interests.

Each team is asked to select at least one objective or strategy to work on over the course of a year. On an annual basis, teams will develop an action plan that provides an outline for accomplishing their chosen intervention. As part of the action plan, teams identify which goal, objective and strategy they will work on, what will be measured, and what activities will need to be completed in order to accomplish the task. For each activity listed, a lead person is selected, key partners are identified, a timeline is set, and needed resources are determined.

The UCCP serves as a resource to UCAN teams and partners, providing them with available resources including technical support and data.

UCAN Action Plan Template*

Cancer Plan Goal *ENTER prioritized **Goal** from CCC Plan HERE*							
Objective	*ENTER information about prioritized **Objective** from CCC Plan in table BELOW*						
Description	**What Will be Measured**	**Direction of Change**	**Unit of Measurement**	**Baseline**	**Target**	**Data Source**	**Timeframe**

Priority Strategy	
Strategy	*ENTER prioritized **Strategy** from CCC Plan HERE*
Rationale/Evidence-base	*ENTER the **Rationale/Evidence-base** for the Strategy HERE (See information on evidence below)*

Specific Tasks to Achieve Strategy *ENTER information about the prioritized **strategy** BELOW*				
Description	**Lead Personnel Assigned**	**Key Partners Assigned**	**Timeframe**	**Resources We Have / Need (specify)**
1 –				
2 –				
3 –				
4 –				

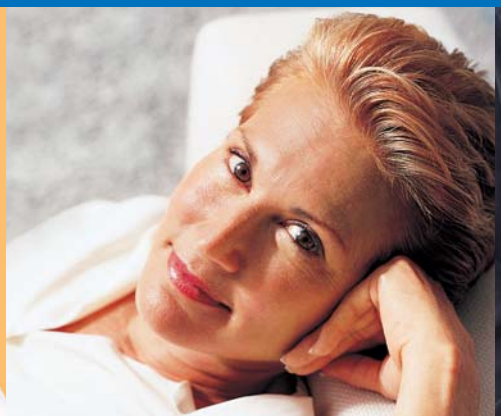
Figure 16: Implementation Team Action Plan Template ***Complete an Action Plan for each priority strategy**

GETTING INVOLVED

Everyone has the ability to make a positive impact in the fight against cancer. Individuals, organizations, and communities can help in the fight by:

- Reading the goals, objectives, and strategies in this plan to learn how to may partner with others
- Joining UCAN by visiting www.UCAN.cc and clicking on the “Join UCAN” link
- Implementing the strategies in the plan
- Partnering with other individuals and organizations with similar goals and interests related to cancer to implement one or more strategies in the plan
- Encouraging policymakers to support changes that will help to reduce the burden of cancer in Utah
- Reporting your efforts to UCAN

MEASURING PROGRESS: SURVEILLANCE AND EVALUTION



UCAN and the UCCP will develop an evaluation plan based on the CDC's Framework for Program Evaluation in Public Health (refer to page 72). Development of the evaluation plan will involve program stakeholders (UCAN partners, funders, UCCP personnel) in order to ensure goals are being met. Evaluation results will be shared with stakeholders and others through the UCAN website and quarterly meetings. UCAN and the UCCP will use the results to improve the implementation of future programs.

Evaluation Focus

The Evaluation Plan will focus on the partnership, plan, and program. The CDC defines these three Ps as follows:

Partnerships: the quality, contributions, and impacts of UCAN (Utah's Comprehensive Cancer Control [CCC] coalition)
Plan: the quality and implementation of the state cancer plan
Program: the extent to which interventions in the action plans are executed and yield intended results

Data Sources

Evaluators will use various sources to collect data related to the various components of the plan. Data sources may include:

- **Behavioral Risk Factor Surveillance Survey**[i]
- **Observation**
- **Program Records**
- **Utah Cancer Registry**
- **Utah Vital Records**
- **Youth Risk Behavior Survey**

Implement the Evaluation Plan

As a result of the Evaluation Plan, UCAN and the UCCP will conduct a midpoint evaluation of Utah's Comprehensive Cancer Prevention and Control Plan, 2011-2015 in 2013. A final evaluation of the 2011-2015 Plan will be conducted after 2015.

The midpoint evaluation of the Utah Comprehensive Cancer Control Plan, 2006-2010 is available at www.UCAN.cc.

Distribute the Findings

UCAN will distribute the evaluation findings through presentations at UCAN quarterly meetings and written reports available on the UCAN website. A hard copy of the written reports will be distributed at UCAN quarterly meetings. UCAN partners will also receive electronic copies of the reports via e-mail.

The evaluation report will include:

- **the purpose and background of the evaluation**
- **a program description**
- **evaluation methods**
- **results and limitations**
- **recommendations for improvement**

Utilize the Findings

When evaluation findings are presented at UCAN quarterly meetings, UCAN partners and other stakeholders will have time to discuss the findings and identify ways to implement the recommendations.

UCAN leaders and UCCP staff will encourage UCAN special interest groups, implementation teams, and partners to review evaluation findings and recommendations when planning future programs.

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GOALS, OBJECTIVES, AND STRATEGIES

The following sections contain the product of the efforts, theories, and data discussed thus far in this document. They present the cancer prevention and control goals, objectives, and strategies identified by the implementation teams and are organized in the following categories:

I. Cancer Morbidity and Mortality

II. Advocacy and Public Policy

III. Primary Prevention and Awareness

IV. Early Detection and Treatment

V. Survivorship and Quality of Life

VI. Professional Education and Practice

VII. Data Acquisition, Utilization, and Management

Each section includes a vision statement, goals, measurable objectives, and evidence-based strategies. Every objective includes a target measure. Objectives associated with Healthy People 2020 have ten-year targets. All other targets are to be met by 2015.

Note: Objectives have Utah-specific targets unless otherwise noted by end note number two (ii). End notes are located on page 78.

I. CANCER INCIDENCE AND MORTALITY

Cancer incidence and mortality refers to the number of new cases (incidence) and the number of deaths (mortality) caused by cancer. In order to effectively impact the burden of cancer, it is important to set goals for improved incidence and mortality rates, and to monitor the current rates on a regular basis to determine if progress is being made. UCAN recognizes the importance of monitoring cancer-related trends on a regular basis and has established the following vision, goals, objectives, and strategies.

Vision:
Monitor cancer data and trends on a regular basis.

Goal 1: Comply With Healthy People (HP) 2020 Objectives.

Objective 1.1: Present annual cancer morbidity, screening, and mortality data to the UCAN membership each year. (Utah Specific)
Data Source: UCAN Records

Objective 1.2: Reduce the overall cancer death rate from 125.83 to 107.3 per 100,00 population by 2020. (HP Cancer [C]-1)
Data Source: 2005-2009 Utah Vital Records, age-adjusted rate, IBIS-PH

Objective 1.3: Reduce the lung cancer death rate from 21.1 to 19 per 100,000 population by 2020. (HP C-2)
Data Source: 2005-2009 Utah Vital Records, age-adjusted rate, IBIS-PH

Objective 1.4: Reduce the female breast cancer death rate from 21.5 to 20.6 per 100,000 females by 2020. (HP C-3)
Data Source: 2005-2009 Utah Vital Records, age-adjusted, IBIS-PH

Objective 1.5: Maintain the death rate from uterine cervical cancer at 0.9 per 100,000 females by 2020. (HP C-4)
Data Source: 2008 Utah Vital Records, age-adjusted IBIS-PH

Objective 1.6: Reduce the colorectal cancer death rate from 12.2 to 11 per 100,000 population by 2020. (HP C-5)
Data Source: 2005-2009 Utah Vital Records, age-adjusted, IBIS-PH

Objective 1.7: Maintain the oropharyngeal cancer death rate at 1.36 per 100,000 population by 2020. (HP C-6)
Data Source: 2005-2009 Utah Vital Records, age-adjusted, IBIS-PH

Objective 1.8: Reduce the prostate cancer death rate from 24.1 to 21.2 per 100,000 males by 2020. (HP C-7)
Data Source: 2005-2009 Utah Vital Records, age-adjusted, IBIS-PH

Objective 1.9: Reduce the melanoma death rate from 3.29 to 2.96 per 100,000 population by 2020. (HP C-8)[ii]
Data Source: 2005-2009 Utah Vital Records, age-adjusted, IBIS-PH

Objective 1.10: Decrease the incidence of invasive colorectal cancer from 35.2 to 32 per 100,000 population by 2020. (HP C-9)
Data Source: 2005-2007 SEER, age-adjusted

Objective 1.11: Maintain the incidence of invasive uterine cervical cancer at 4.6 per 100,000 females by 2020. (HP C-10)
Data Source: 2007 SEER, age-adjusted

Objective 1.12: Decrease incidence of late-stage disease breast cancer from 43.0 to 38.7 per 100,000 females by 2020. (HP C-11)
Data Source: 2004-2008 SEER, age-adjusted

Objective 1.13: Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis from 66.5% to 73.2% by 2020. (HP C-13)
Data Source: 2004-2008 SEER

Objective 1.14: (Baseline in development) Increase the mental and physical health-related quality of life of cancer survivors. (HP C-14)
Data Source: BRFSS[i], age-Adjusted

Objective 1.15: Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines from 76.0% to 83.6% by 2020. (HP C-15)[1, ii]
Data Source: 2004-2008 BRFSS[i], age-adjusted, IBIS-PH

Baseline: women aged 21 to 65 years who received a Pap test in the past three years.

Objective 1.16: Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines from 62.9% to 70% by 2020. (HP C-16)[2]
Data Source: 2004-2008 BRFSS[i], Age-Adjusted, IBIS-PH

Objective 1.17: Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines from 67.4% to 74.14% by 2020.[3] (HP C-17)[ii]
Data Source: 2006-2008 BRFSS[i], Age-adjusted, IBIS-PH

Objective 1.18: (Baseline in development) Reduce the proportion of adolescents in grades 9 through 12 who report sunburn by 2020. (HP C-20.1)
Data Source: YRBS

Objective 1.19: Reduce the proportion of adults aged 18 and older who report sunburn from 47.8% to 43.0% by 2020. (HP C-20.2)
Data Source: 2003-2004 BRFSS[i], Age-Adjusted

Objective 1.20: (Baseline in development) Reduce the proportion of adolescents in grades 9 through 12 who report using artificial sources of ultraviolet light for tanning to 14% by 2020. (HP C-20.3)[ii]
Data Source: YRBS

Objective 1.21: (Baseline in development) Reduce the proportion of adults aged 18 and older who report using artificial sources of ultraviolet light for tanning by 2020. (HP C-20.4)
Data Source: BRFSS[i], Age-Adjusted, IBIS-PH

Objective 1.22: Increase the proportion of adults aged 18 and older who follow protective measures that may reduce the risk of skin cancer from 65.3% to 72.0% by 2020. (HP C-20.6) [4, ii]
Data Source: 2004-2008 BRFSS[i], Age-Adjusted, IBIS-PH

Objective 1.23: (Baseline in development) Increase the proportion of women with a family history of breast and/or ovarian cancer who receive genetic counseling by 2020. (HP Genomics [G]-1)

Objective 1.24: (Baseline in development) Increase the proportion of persons with newly diagnosed colorectal cancer who receive genetic testing to identify Lynch syndrome (or familial colorectal syndromes) by 2020. (HP G-2)

[2] Baseline: adults aged 50 to 75 who had a colonoscopy/sigmoidoscopy in the past ten years and/or FOBT in the past year.

[3] Baseline: women aged 40 to 74 years who had a mammogram in the past two years.

[4] Baseline: adults who use sunscreen, avoid the sun, and wear protective clothes.

II. ADVOCACY AND PUBLIC POLICY

UCAN believes advocacy work and public policy play an important role in cancer prevention and control. They are powerful tools in the fight against cancer, and can be used to impact the physical and social environment around us (see the Social-Ecological Model presented on page 68). Examples of cancer-related public policy that positively impact cancer prevention and control efforts include the federal Affordable Care Act, Utah's Clean Air Act, and restricting the sale of tobacco products to people under age 19. Policies in municipalities, worksites, and schools also have a great impact on the cancer burden by creating healthier places for children, adolescents, and adults. Public policy changes would be much harder to achieve without the work of the many people who advocate for change and encourage policymakers to act in the interest of reducing the cancer burden in Utah. The Advocacy and Public Policy implementation team selected the following vision, goals, objectives, and strategies as priorities for the next five years:

Vision:
To advance public policy that can improve the ability to prevent and treat cancer.

Goal 1: Reduce the impact of tobacco use and exposure to secondhand smoke on the burden of cancer in Utah.[5]

Objective 1.1: Maintain the incidence of tobacco use among youths in 9th through 12th grade at 9.14% by 2020.[6] (HP Tobacco Use [TU]-2)
Data source: 2007, 2009, 2011 YRBS crude rate

Strategy 1.1.1: Seek approval of state legislation that bans the sale of all flavored tobacco products in Utah, along with the sale of all non-tobacco nicotine products that are not approved by the FDA.

Objective 1.2: Maintain the incidence of cigarette use among adults at 9.8% by 2020.[7] (HP TU-1)
Data source: 2006-2009 BRFSS age-adjusted rate[i]

Strategy 1.2.1: Seek legislation that augments tobacco cessation coverage provided by public programs to comply with the May 2008 Update of the U.S. Department of Health and Human Services Public Health Service, Clinical Practice Guideline, Treating Tobacco Use and Dependence.

[5-7] See also Primary Prevention and Awareness

Goal 2: Increase health care provider and patient compliance with cancer screening guidelines in Utah.[8]

Objective 2.1: Increase the proportion of adults aged 50 years and older who have received a colonoscopy or sigmoidoscopy in the last ten years and/or FOBT in the last year from 62.9% to 70% by 2020 based on the most recent screening guidelines.[9] (HP C-15)
Data Source: 2004-2008 BRFSS, age-adjusted rate[i]

Objective 2.2: Increase the proportion of women aged 40 years and older who reported having a mammogram in the last two years from 67.4% to 74.14% by 2020 based on the most recent screening guidelines. (HP C-17)[10, ii]
Source: 2006-2008 BRFSS, age-adjusted[i]

Strategy 2.1.1 - 2.2.1: Educate the public and policymakers regarding the provisions of the affordable care act related to preventive services, including colonoscopies and mammograms.

Goal 3: Reduce the incidence of skin cancer in Utah.[11]

Objective 3.1: Once baseline data are established, reduce the proportion of adolescents in grades 9 through 12 who report using artificial sources of ultraviolet light for tanning to 14% by 2020.[12, ii] (HP C-20.3)
Data Source: YRBS

Strategy 3.1.1: Seek state legislation requiring all tanning parlors to distribute information regarding the dangers of tanning prior to selling tanning sessions.

Goal 4: Increase physical activity among Utahns.[13]

Objective 4.1: Increase the percentage of adults who participate in the recommended[iv] level of physical activity from 56.99% to 62.69% by 2020.[14] (HP Physical Activity [PA]-2)
Data source: 2007, 2009, 2011 BRFSS age-adjusted rate[i]

Objective 4.2: Increase the percentage of youths in 9th through 12th grade who participate in the recommended level of physical activity from 47.3% to 50.0% by 2020.[15] (HP PA-3)
Data source: 2005 YRBS crude rate

Strategy 4.2.1: Work in collaboration with the UDOH Physical Activity, Nutrition, and Obesity Program (PANO) to encourage local and county governments to adopt PANO-suggested healthy community guidelines.

[8, 9] See also Early Detection and Treatment
[10-15] See also Primary Prevention and Awareness

Goal 5: Secure the resources needed to execute the CCC Plan.

Objective 5.1: By 2015, two of the following eight strategies will be implemented.
Data Source: UCAN Records

Strategy 5.1.1: Preserve current funding for cancer-related programs.

Strategy 5.1.2: Seek additional appropriation of tobacco settlement funds by the state legislature for the Tobacco Prevention and Control Program.

Strategy 5.1.3: Seek additional funding from the state legislature for the Utah Cancer Control Program Breast and Cervical Cancer Early Detection Program.

Strategy 5.1.4: Seek funding from the state legislature for a prostate cancer awareness program.

Strategy 5.1.5: Seek funding from the state legislature to expand the Gold Medal Schools program to include a sun safety curriculum along with enhancing nutrition, physical fitness, and tobacco prevention curricula, as well as asthma and the Utah Partnership for Healthy Weight.

Strategy 5.1.6: Advocate for federal legislation that benefits cancer control efforts.

Strategy 5.1.7: Seek funding from the state legislature for a public awareness campaign on the dangers of UV light exposure.

Strategy 5.1.8: Seek funding for childhood cancer research.

Goal 6: Reduce the risk of cancer due to environmental carcinogens.[16]

Objective 6.1: Increase radon awareness and testing in Utah homes from 3,085 to 4,000 in 2015.[17]
Data Source: 2009 Department of Environmental Quality Program Records

Strategy 6.1.1: Advocate municipalities in high-risk areas to adopt appendix F (Radon Systems) of the International Residential Code.

[16, 17] See also Primary Prevention and Awareness

III. PRIMARY PREVENTION AND AWARENESS

There are three types of health prevention–primary, secondary, and tertiary. Primary prevention activities keep a disease from occuring. Secondary prevention activities focus on screening for diseases, while tertiary prevention efforts focus on preventing damage and other problems due to the disease. The primary prevention and awareness efforts of UCAN focus on educating Utahns on how they can reduce their risk of cancer due to modifiable risk factors such as radon exposure, tobacco use, ultraviolet light exposure, poor nutrition, lack of physical activity, obesity, and human papillomavirus (HPV) infection.

The UCAN Primary Prevention and Awareness implementation team identified the following vision, goals, objectives, and strategies as important to reducing the burden of cancer in Utah:

Vision:
Reduce the risk factors that lead to cancer (e.g., environmental carcinogens, tobacco use, ultraviolet light exposure, poor nutrition, inactivity, obesity, and human papillomavirus infection).

Goal 1: Reduce the risk of cancer due to environmental carcinogens.[18]

Objective 1.1: Increase radon awareness and testing in Utah homes from 3,085 to 4,000 in 2015.[19]
Data source: 2009 Department of Environmental Quality Program Records

Strategy 1.1.1: Provide Radon Awareness classes for the general public.

Strategy 1.1.2: Promote radon testing in schools.

Strategy 1.1.3: Support National Radon Action Month (NRAM).

Strategy 1.1.4: Support the National Radon Poster Contest.

Strategy 1.1.5: Provide Utahns with discounted radon test kits ($6).

Strategy 1.1.6: Provide free radon test kits to new mothers through Utah hospitals.

Strategy 1.1.7: Recruit a UCAN member from the Environmental Public Health Tracking Program.

[18, 19] See also Advocacy and Public Policy

Objective 1.2 Increase the number of radon mitigation systems installed in Utah homes with elevated radon levels from 457 each year to 650 each year in 2020. (HP Environmental Health [EH]-14)
Data source: 2009 Department of Environmental Quality Program Records

Strategy 1.2.1: Provide the *Radon for the Real Estate Professional* course for Realtors.

Objective 1.3: Increase the number of education courses offered on radon resistant new construction from four per year to six per year in 2015.
Data source: 2009 Department of Environmental Quality Program Records

Strategy 1.3.1: Provide *Radon Resistant New Construction* course for builders.

Strategy 1.3.2: Recruit a UCAN member from Habitat for Humanity.

Goal 2: Reduce the impact of tobacco use and exposure to secondhand smoke on the burden of cancer in Utah.[20]

Objective 2.1: Maintain the incidence of tobacco use among youths in 9th through 12th grade at 9.14% by 2020.[21] (HP TU-2)
Data source: 2007, 2009, 2011 YRBS crude rate

Objective 2.2: Maintain the incidence of cigarette use among adults at 9.8% by 2020.[22] (HP TU-1)
Data source: 2006-2009 BRFSS age-adjusted rate[i]

Strategy 2.1.1 - 2.2.1: UCAN will support the UDOH Tobacco Prevention and Control Program (TPCP) in their efforts and strategies. UCAN and its member organizations will partner with TPCP to promote tobacco prevention and cessation.

Goal 3: Reduce the incidence of skin cancer in Utah.[23]

Objective 3.1: Reduce the percentage of adults who report sunburn in the last twelve months from 47.8% to 43.0% by 2020.[24] (HP C-20.2)
Data source: 2003-2004 BRFSS age-adjusted rate[i]

Strategy 3.1.1: Implement *Pool Cool* or *Pool Cool Plus* at public pools in Utah.

Strategy 3.1.2: Implement *Go Sun Smart* for ski area employees.

[20-24] See also Advocacy and Public Policy

Objective 3.2: (Baseline in development) Reduce the proportion of adolescents in grades 9 through 12 who report sunburn by 2020. (HP C-20.1)
Data Source: YRBS

Objective 3.3: Once baseline data are established, reduce the proportion of adolescents in grades 9 through 12 who report using artificial sources of ultraviolet light for tanning to 14% by 2020.[25, ii] (HP C-20.3)
Data source: YRBS

Strategy 3.3.1: Implement the *SunWise* program in Utah schools.

Strategy 3.3.2: Add a question on tanning behavior to the YRBS and BRFSS.

Strategy 3.3.3: Find an evidence-based strategy for adults to distribute among providers and other community organizations.

Strategy 3.3.4: Find an evidence-based strategy for middle and high school-aged students.

Strategy 3.3.5: Find an evidence-based strategy for educating the public on the dangers of tanning.

Goal 4: Improve nutritional intake among Utahns.

Objective 4.1: Increase the percentage of adults who eat five or more fruits or vegetables per day from 23.68% to 26.1% by 2020.[iii] (HP Nutrition and Weight Status [MWS] - 14 & 15)
Data source: 2007, 2009, 2011 BRFSS age-adjusted rate[i]

Objective 4.2: Increase the percentage of youths in 9th through 12th grade who eat five or more fruits or vegetables per day from 18.89% to 20.7% by 2020.[iii] (HP NWS-14 & 15)
Data source: 2007, 2009, 2011 YRBS crude rate

Strategy 4.1.1 - 4.2.1: The UDOH Physical Activity, Nutrition, and Obesity Program (PANO) plans and implements health promotion strategies for physical activity, nutrition, and obesity in Utah. UCAN will support PANO in its efforts to encourage Utahns to be physically active, eat nutritious food, and achieve a healthy weight.

Goal 5: Increase physical activity among Utahns.[26]

Objective 5.1: Increase the percentage of adults who participate in the recommended level of physical activity from 56.99% to 62.69% by 2020.[27, iv] (HP PA-2)
Data source: 2007, 2009, 2011 BRFSS age-adjusted rate[i]

[25-28] See also Advocacy and Public Policy

Objective 5.2: Increase the percentage of youths in 9th through 12th grade who participate in the recommended level of physical activity from 47.3% to 50.0% by 2020.[28] (HP PA-3)
Data source: 2005 YRBS crude rate

Strategy 5.1.1 - 5.2.1: The UDOH Physical Activity, Nutrition, and Obesity Program (PANO) plans and implements health promotion strategies for physical activity, nutrition, and obesity in Utah. UCAN will support PANO in its efforts to encourage Utahns to be physically active, eat nutritious food, and achieve a healthy weight.

Goal 6: Reduce the proportion of Utahns who are overweight or obese.

Objective 6.1: Reduce the proportion of adults who are identified as overweight or obese from 59.75% to 53.78% by 2020. (HP NWS-9)
Data source: 2009 BRFSS age-adjusted rate[i]

Objective 6.2: Reduce the proportion of youths in 9th through 12th grade who are identified as overweight or obese from 17.0% to 15.3% by 2020. (HP NWS-10)
Data source: 2009 YRBS crude rate

Strategy 6.1.1 - 6.2.1: The UDOH Physical Activity, Nutrition, and Obesity Program (PANO) plans and implements health promotion strategies for physical activity, nutrition, and obesity in Utah. UCAN will support PANO in its efforts to encourage Utahns to be physically active, eat nutritious food, and achieve a healthy weight.

Goal 7: Reduce the number of cervical cancer cases in Utah.

Objective 7.1: Once baseline data are established, increase the number of females vaccinated against human papillomavirus (HPV) by 5% by 2020. (HP Immunization and Infectious Disease [IID]-11.4)
Data Source: Utah Statewide Immunization Information System

Strategy 7.1.1:

The UDOH Immunization Program provides HPV vaccines free or at low-cost to eligible children between the ages of 9 and 18. UCAN will support efforts to increase HPV vaccination among this population.

IV. EARLY DETECTION AND TREATMENT

Finding cancer early is one of the most important ways to increase a person's chances of survival. Breast cancer, cervical cancer, prostate cancer, and colon cancer can be detected at an early stage when they are easiest to treat. The key to finding cancer early is through routine cancer screenings.

Using state-of-the-art, nationally-recommended treatment guidelines also increases a person's chances of survival.

UCAN encourages all people to receive regular cancer screenings. The Early Detection and Treatment implementation team developed the following vision, goals, objectives, and strategies related to early detection and treatment:

Vision:
Ensure all Utahns have the opportunity to be screened for cancer according to cancer screening guidelines. Ensure all Utahns diagnosed with cancer have the opportunity to be treated according to national guidelines.

Goal 1: Increase early detection of breast cancer among Utah women.

Objective 1.1: Increase the proportion of women aged 40 years or older who reported having a mammogram in the last two years from 67.4% to 74.14% by 2020 based on the most recent screening guidelines. (HP C-17)[29, ii]
Source: 2006-2008 BRFSS, age-adjusted[i]

Strategy 1.1.1: Continue to educate the general public about the availability of free mammograms through the Utah Cancer Control Program's "1-2-Free" media campaign.

Increase mammography among women aged 40 to 74, who are:

Sub-objective 1.1.a: insured

Sub-objective 1.1.b: not insured

Sub-objective 1.1.c: low income (earn <250% of the Federal Poverty Level)

[29] See also Advocacy and Public Policy

Sub-objective 1.1.d: members of a racial or ethnic minority

Sub-objective 1.1.e: living in rural areas of Utah

Objective 1.2: Reduce the rate of breast cancer diagnosed at a regional or distant stage from 43.0 per 100,000 women to 38.7 per 100,000 women by 2020. (HP C-11)
Data Source: 2004-2008 SEER, age-adjusted

Goal 2: Increase early detection of cervical cancer among Utah women.

Objective 2.1: Increase the proportion of women aged 18 years or older who reported having a Pap test in the past three years from 76.0% to 83.6% by 2015 based on the most recent screening guidelines. (HP C-15)[ii]
Source: 2004-2008 BRFSS, age-adjusted[i]

Strategy 2.1.1: Continue to educate the general public about the availability of free Pap tests through the Utah Cancer Control Program's "1-2-Free" media campaign.

Increase Pap tests among women aged 21 and older who are:

Sub-objective 2.1.a: insured

Sub-objective 2.1.b: not insured

Sub-objective 2.1.c: low income (earn <250% of the federal poverty level)

Sub-objective 2.1.d: members of a racial or ethnic minority

Sub-objective 2.1.e: living in rural areas of Utah

Objective 2.2: Maintain the rate of cervical cancer diagnosed at a regional or distant stage at 2.6 per 100,000 women by 2015.
Data Source: 2004-2008 SEER, age-adjusted

Goal 3: Increase early detection of colorectal cancer among Utah men and women.

Objective 3.1: Increase the proportion of adults aged 50 or older who had a colonoscopy or sigmoidoscopy in the last ten years and/or FOBT in the last year from 62.9% to 70% by 2020 based on the most recent screening guidelines.[30] (HP C-16)
Data Source: 2004-2008 BRFSS, age-adjusted[i]

Strategy 3.1.1: Continue to educate the general public through the Utah Cancer Control Program's colonoscopy media campaign.

Strategy 3.1.2: Continue to provide free colonoscopies for low-income, uninsured/underinsured Utahns, aged 50 to 64 years who have no symptoms of colon cancer.

Strategy 3.1.3: Increase the proportion of persons with newly diagnosed colorectal cancer who receive genetic testing to identify inherited syndromes.

Increase the proportion of people aged 50 and older who are screened for colorectal cancer among those who are:

Sub-objective 3.1.a: insured

Sub-objective 3.1.b: not insured

Sub-objective 3.1.c: low income (earn <250% of the Federal Poverty Level)

Sub-objective 3.1.d: at high risk due to family or personal medical history of colorectal cancer

Sub-objective 3.1.e: living in rural areas of Utah

Objective 3.2: Reduce the rate of colorectal cancers diagnosed at a regional or distant stage from 17.7 per 100,000 population to 15.9 per 100,000 population by 2015.
Data Source: 2004-2008 SEER, age-adjusted

Goal 4: Increase early detection of oropharyngeal cancer among Utahns.

Objective 4.1: Provide information on oral cancer screenings based on recommendations by the American Dental Association to 25% of dental providers in Utah.[31]
Data Source: UCCP Records

Strategy 4.1.1: Work with the Utah Oral Health Program at the Utah Department of Health to promote oral cancer screenings.

[30] See also Advocacy and Public Policy
[31] See also Professional Education and Practice

Goal 5: Increase early detection of prostate cancer among Utah men.

Objective 5.1: Increase the proportion of men aged 40 and older who have ever had a Prostate-Specific Antigen (PSA) test from 59.7% to 66.0% by 2020 based on the most recent screening guidelines. (HP C-19)
Data Source: 2004-2008 BRFSS, age-adjusted[i]

Increase the proportion of men aged 40 and older who are screened for prostate cancer among those who are:

Sub-objective 5.1.a: insured

Sub-objective 5.1.b: not insured

Sub-objective 5.1.c: low income (earn <250% of the federal poverty level)

Sub-objective 5.1.d: African-American

Sub-objective 5.1.e: at an increased risk of prostate cancer due to family history

Sub-objective 5.1.f: living in rural areas of Utah

Objective 5.2: Maintain the rate of prostate cancers diagnosed at a regional or distant stage at 4.7 per 100,000 males by 2015.
Data Source: 2004-2008 SEER, age-adjusted

Strategy 5.2.1: Partner with the Utah Healthy Living Foundation to hold the third annual 5k/1mi race "Stampede for Men's Health."

Goal 6: Provide culturally sensitive information to Utahns affected by cancer regarding treatment and services in Utah.

Objective 6.1: Educate Utahns affected by cancer by providing information to patients and their loved ones about navigating the health care system by 2015.
Data Source: UCAN Records

Strategy 6.1.1: Research what information is already available, what is missing, what patients want, and how we can supplement material that is already available.

Strategy 6.1.2: Create a document outlining steps for patients to take when diagnosed with cancer and make the document available on the UCAN website, as well as on other member organizations' websites.

Objective 6.2: Provide information to health care providers in Utah about the National Comprehensive Cancer Network (NCCN) treatment guidelines by 2015.
Data Source: UCAN Records

Strategy 6.2.1: Create a letter and brochure regarding NCCN treatment guidelines and provide them to health care providers in Utah.

Strategy 6.2.2: Make cancer treatment guideline links available on the UCAN website.

Objective 6.3: Provide information to health care providers about available clinical trials in Utah by 2015.
Data Source: UCAN Records

Strategy 6.3.1: Include a clinical trials section in future editions of the Utah Cancer "Resource Guide."

Strategy 6.3.2: Make Utah clinical trials information available on the UCAN website.

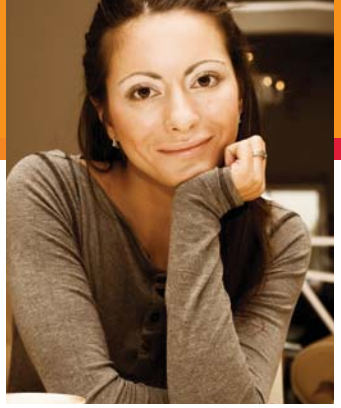
Strategy 6.3.3: Publicize the UCAN website as a source of information about clinical trials.

Goal 7: Analyze cancer screening and treatment services by age, gender, race/ethnicity, income, educational level, health literacy level, health insurance status, geographic location, language, and other sociodemographic factors.

Objective 7.1: Create one screening report by 2015.

Objective 7.2: Create one treatment report by 2015.

A person becomes a cancer survivor when he or she is first diagnosed with the condition. Cancer



survivors in all stages of survivorship face various needs related to their diagnosis, whether physical, mental, emotional, or financial. Survivorship and quality of life refer to programs and resources designed to meet the needs of cancer survivors and help them live a happy, healthy life despite having cancer.

UCAN is committed to making sure cancer survivors and their families have access to these services. The Survivorship and Quality of Life implementation team developed the following vision, goals, objectives, and strategies to guide their work in this area.

Vision:
To promote quality of life for all cancer patients in Utah.

Goal 1: Educate acute and extended stage cancer survivors to maximize control over their lives through appropriate use of resources.

Objective 1.1: Publish on a biannual basis an updated Utah cancer "Resource Guide."

Strategy 1.1.1: Maintain accurate and current resource data on all available web-sourced programs and information links.

Strategy 1.1.2: Identify and add to the cancer quality of life resources currently available to increase access for cancer survivors and their caregivers.

Strategy 1.1.3: Promote increased distribution of the Utah cancer "Resource Guide" to underserved populations in Utah, including rural areas.

Objective 1.2: Plan and hold a cancer survivorship conference in Utah on an annual basis.

Strategy 1.2.1: Provide updated and ongoing educational tools at an annual cancer survivorship conference addressing both emotional and physical needs.

Strategy 1.2.2: By 2012, conduct a needs assessment at the annual cancer survivorship conference to identify age-specific programs currently available to meet the needs of age-specific and underserved populations (rural or racially diverse).

Strategy 1.2.3: Identify underserved populations in Utah and increase yearly

promotion and distribution of the Utah Cancer Survivorship Conference brochure.

Goal 2: Educate permanent stage cancer survivors to deliberate pain management and end-of-life decisions.

Objective 2.1: By 2014, identify and evaluate current supportive care, pain management programs, and end-of-life resources to determine whether sufficient resources are available to cancer survivors in urban, suburban, and rural areas.

Strategy 2.1.1: Develop and conduct a survey of providers throughout the state to identify available resources and perceived deficiencies.

Strategy 2.1.2: Evaluate the results of the provider survey and compare against the National Consensus Project for Quality Palliative Care guidelines.

Strategy 2.1.3: Foster continuing improvements to end-of-life programs that promote consistency and reliability of services.

Objective 2.2: Educate both patients and health care providers regarding the Life With Dignity Order by 2015.

Strategy 2.2.1: Increase awareness of the Physician Order for Life Sustaining Treatment (POLST), also known as the Life With Dignity Order, by making it available on the Utah Cancer Action Network website, as well as member and community organization websites.

Strategy 2.2.2: Make the POLST available to all providers, including all cancer centers and provider offices for distribution or website access.

Goal 3: Ensure childhood cancer survivors, siblings, and their families are provided age-appropriate services.

Objective 3.1: Implement and evaluate an annual education program to inform school administrators, teachers, school nurses, and families of the unique challenges presented by children with cancer by 2015.

Strategy 3.1.1: Identify and evaluate current educational programs within school systems to assist with the adaptation of childhood cancer survivors back into their school schedules.

Strategy 3.1.2: Improve awareness among school system professionals of the late effects of cancer treatment and their educational implications, which can lead to long-term health issues among childhood cancer survivors.

Objective 3.2: Implement and evaluate programs and services to enhance quality of life and improve coping skills of those diagnosed with childhood cancer, their parents or caregivers, and siblings by 2015.

Strategy 3.2.1: Provide segmented and age-based support groups for the patient, parents/caregivers, and siblings that are facilitated by a licensed professional.

Strategy 3.2.2: Provide wellness activities and services offered both in the hospital and by community organizations such as massage, yoga, and meditation.

Strategy 3.2.3: Provide therapeutic and recreational activities for patients, caregivers and siblings, as well as encouragement, psychosocial support, camaraderie, the opportunity for a respite from the illness, and a focus on play.

Strategy 3.2.4: Support adolescents' and young adults' unique developmental and social networking needs via monthly structured activities.

Objective 3.3: Establish a sibling support program in Utah to increase the number of siblings of children with cancer receiving appropriate care and support by 2015.

Strategy 3.3.1: Assess gaps in the availability and appropriateness of services and resources for siblings of children with cancer.

Strategy 3.3.2: Support community-based ownership in promoting materials and services throughout collaborations.

Goal 4: Educate cancer patients about safe, effective and recognized best practices for alternative and complementary medicines in cancer care in Utah.

Objective 4.1: On a biannual basis, include recognized resources for alternative and complementary medicine on the UCAN website.

Strategy 4.1.1: Increase patient, health care provider, and institutional awareness of available complementary therapies from which cancer patients have shown to benefit.

Strategy 4.1.2: Publish and post recognized resources on the UCAN website.

Objective 4.2: Include a biannual alternative and complementary medicine session at the annual Utah Cancer Survivor Conference beginning in 2011 (see objective 1.2).

Strategy 4.2.1: Educate survivors and their caregivers biannually on services

and resources available in the areas of alternative and complementary medicines that may benefit cancer survivors.

Objective 4.3: Collaborate with community organizations to develop a pilot program to disseminate information about best practices for cancer patients in Utah by 2015.

Strategy 4.3.1: Evaluate resources and services for reliability and best practices with standards established by program guidelines.

VI. PROFESSIONAL EDUCATION AND PRACTICE

Screening and treatment recommendations are continually updated based on current and ongoing medical research on cancer. Providing physicians, midlevel providers, and nurses with professional education opportunities is important in order to provide cancer survivors with the best treatment and support available.

This section outlines the vision, goals, objectives, and strategies chosen by the Professional Education and Practice implementation team to educate clinicians on the leading cancer prevention, early detection, treatment, survivorship, and quality of life guidelines.

Vision:
All Utah primary care providers will be educated about current practices covering the cancer spectrum: prevention, early detection, treatment, survivorship, and quality of life.

Goal 1: Increase access and utilization of cancer education and resources by health care providers (primary care physicians, midlevel practitioners, and nurses) in all areas of Utah.

Objective 1.1: Increase primary care counseling about cancer prevention and resources.

Strategy 1.1.1: Assess needs and barriers health care providers face regarding cancer prevention counseling.

Strategy 1.1.2: Partner with UCAN's Primary Prevention and Awareness implementation team and the Utah Department of Health for materials to distribute to health care providers.

Strategy 1.1.3: Establish relationships and participate in appropriate associations' meetings for ongoing education and distribution of resources.

Objective 1.2: Provide information on oral cancer screenings based on recommendations by the American Dental Association to 25% of dental providers in Utah.[32]
Data Source: UCAN Records

Strategy 1.2.1: Work with the Utah Oral Health Program at the Utah Department of Health to promote oral cancer screenings.

[32] See also Early Detection and Treatment

Objective 1.3: Increase primary care provider counseling about current age, gender, and lifestyle-appropriate cancer screening recommendations.

Strategy 1.3.1: Distribute educational tools for providers to use when discussing risk factors and cancer screening with patients.

Strategy 1.3.2: Educate and encourage providers to refer patients for appropriate cancer screening.

Strategy 1.3.3: Educate pediatricians on childhood cancer.

Objective 1.4: Supply information to providers in Utah about national cancer treatment guidelines by 2015.

Strategy 1.4.1: Provide an annual accredited professional education offering specific to cancer.

Objective 1.5: Increase the number of patient referrals to cancer-related care and resources.

Strategy 1.5.1: Educate providers on the specific needs of cancer survivors.

Strategy 1.5.2: Educate providers on the Physician Order for Life Sustaining Treatment (POLST) paradigm and encourage them to discuss these issues with patients.

Strategy 1.5.3: Inform providers of existing palliative care services to ensure timely referrals.

Strategy 1.5.4: Supply a list of websites to providers to help patients find current clinical trials.

VII. DATA ACQUISITION, UTILIZATION, AND MANAGEMENT

Data are used to demonstrate progress and evaluate strategies for effectiveness. By collecting and using data, UCAN gains a better understanding of how to best implement strategies to reduce the burden of cancer and create better outcomes for cancer survivors and their families.

Below are UCAN's vision, goals, objectives, and strategies for data acquisition, utilization, and management.

Vision:
To analyze and disseminate cancer data while maintaining high standards of data quality.

Goal 1: On an annual basis, monitor cancer morbidity and mortality.

Objective 1.1: Every April, present cancer morbidity and mortality data to UCAN.

Strategy 1.1.1: By March 2011, develop a data presentation to be updated and presented annually.

Goal 2: Analyze and disseminate cancer-related data.

Objective 2.1: By 2015, analyze incidence, mortality, and screening rates by geography, ethnicity, race, sex, socioeconomic level, age, disability, and insurance status.

Strategy 2.1.1: Utilize existing Utah Cancer Registry (UCR), Behavioral Risk Factor Surveillance Survey (BRFSS), and Utah Vital Records data to develop and present a report on disparities to UCAN.

Objective 2.2: By 2015, analyze childhood cancer data.

Strategy 2.2.1: Publish a special report on childhood cancer.

Objective 2.3: By 2015, increase the cancer cluster information available on the UCAN website.

Strategy 2.3.1: Recruit an environmental epidemiologist to UCAN.

Objective 2.4: By 2015, increase the dissemination of Utah Cancer Control Program (UCCP) screening data.

Strategy 2.4.1: UCCP data will be added to annual UCAN data presentations.

Objective 2.5: Continuously support implementation teams with data collection and analysis.

Strategy 2.5.1: UDOH epidemiologists will respond to data requests from implementation teams as needed.

Objective 2.6: By 2015, increase the dissemination and use of Utah Cancer Registry Data.

Strategy 2.6.1: The Utah Cancer Registry will work with UDOH to expand the data available through Utah's Indicator-Based Information System (IBIS-PH) queriable sources.

Objective 2.7: By 2015, improve the availability, accessibility, and utilization of cancer-related data.

Strategy 2.7.1: On an annual basis, update and link to Utah queriable data sources (SEER, IBIS-PH, NCI, EPHT, CDC WONDER, NAACCR) on the UCAN website.

Objective 2.8: Utilize and help create Healthy People (HP) 2020 targets.

Strategy 2.8.1: Update cancer plan with federal- or state-created HP 2020 targets. Revise targets as needed.

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Effective programs are based on theories and models shown to provide a strong foundation for the planning process to take place. The U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework provided the basis for the creation of this plan.

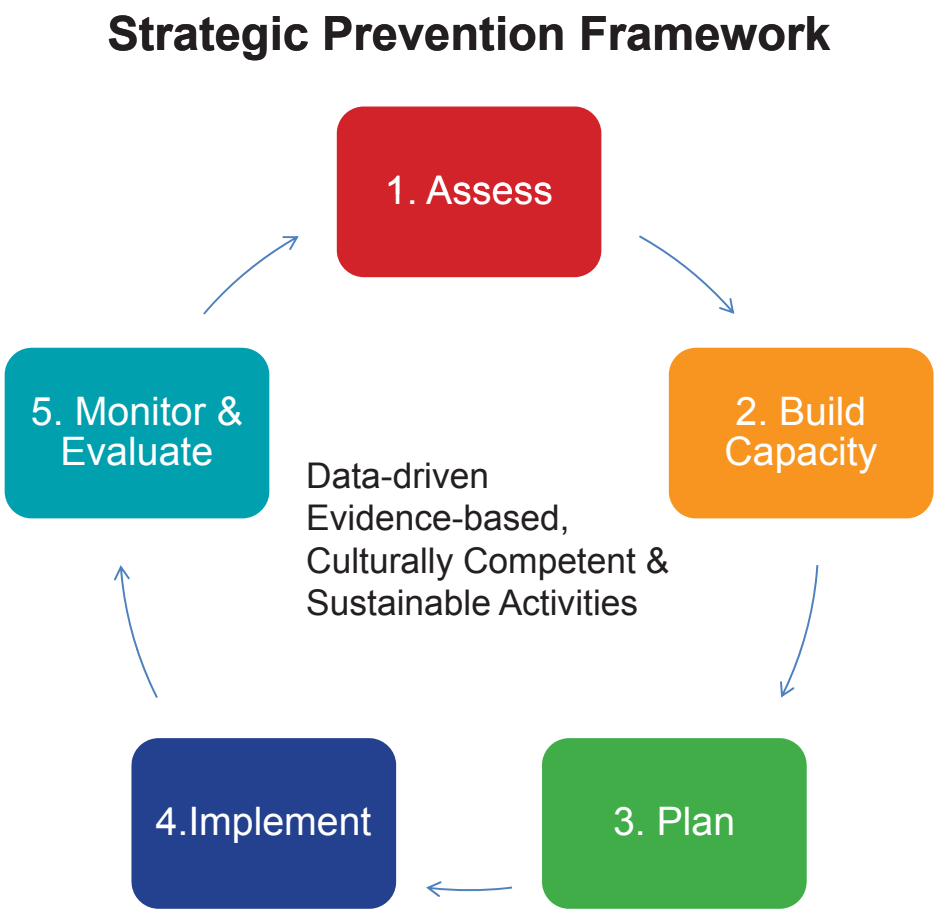

Figure 17: Strategic Prevention Framework, SAMHSA (Department of Health and Human Services Substance Abuse and Mental Health Services Administration)

The Strategic Prevention Model shows the necessary steps for planning public health efforts:

1. Assess community needs, resources, and readiness to move forward.

2. Build capacity among potential partners and staff.

3. Develop a plan with goals and measurable objectives for priority activities.

4. Implement prioritized strategies, including evidence-based interventions and activities.

5. Monitor and evaluate activities, programs, and outcomes to ensure progress.

It is important that public health planning be guided by solid public health data, rather than anecdotal information or personal opinions.

Chosen interventions must be evidence-based. The Centers for Disease Control and Prevention (CDC) considers "evidence-based interventions to include those that are recognized as appropriate based upon systematic reviews and recommendations by bodies such as the Community Preventive Services Task Force or the U.S. Preventive Services Task Force; other systematic reviews in the literature; research-tested individual interventions; or reports based on expert consensus from bodies such as the Institute of Medicine or the International Agency for Research on Cancer."

To be sustainable over time, interventions must be backed by adequate resources from funders and partner organizations.

STEP 1: ASSESS

Step 1 of the Strategic Prevention Framework is to assess needs, resources, and readiness to move forward in a specific community. A full assessment should identify disparities in services, screening behaviors, and health outcomes by population as verified by data. It should also address:

- **the size of the problem**
- **geographical areas where the need is greatest**
- **risk factors contributing to the problem**
- **protective factors against the problem**
- **the assets and resources of the community and coalition**

Once the assessment is complete, the most significant problems become clear and act as a guide to planners when developing goals, objectives, and strategies in step three of the framework (Plan).

Community needs, resources, and readiness may be evaluated through various sources, including databases, surveys, records reviews, and interviews.

Planning and implementation of Utah's Comprehensive Cancer Prevention and Control Plan, 2011-2015 will be guided by many types of data and from many sources.

In 2009, the UCCP and UCAN conducted a midpoint review of the Utah Comprehensive Cancer Control Plan, 2006-2010. The UCCP and UCAN measured progress toward accomplishing the goals and objectives of the plan by analyzing current cancer morbidity, mortality, and screening rates.

Implementation teams used the Utah Comprehensive Cancer Control Plan, 2006-2010 Midpoint Review to assess current rates and trends related to various UCAN priorities where success had been achieved and identified where there is more to be done. The Midpoint Review may be read in full by visiting www.UCAN.cc.

RESOURCES:

Cancer in Utah
www.UCAN.cc

STEP 2: BUILD CAPACITY AMONG PARTNERS AND STAFF

Step 2 of the Strategic Prevention Framework addresses building capacity and creating partnerships.

Creating and implementing a comprehensive strategic plan to control cancer requires diverse perspectives and resources. Health care providers, oncology specialists, researchers, cancer survivors, advocates, public health professionals, insurers and employers all need to be involved in the process. The makeup of each workgroup, as well as the statewide coalition, should reflect multiple perspectives.

Build Capacity and Mobilize Partners

Figure 18: Build Capacity and Mobilize Partners

Coalitions can expand their capacity by answering the following questions to identify other potential partners:

- Who is already at the table?
- Who else should be involved?
- Who can lead which activities?
- What resources (data, funds, skills, training) will we need to accomplish our goals?

Other key activities in this step of the Strategic Prevention Framework include educating and training stakeholders, organizing networks, gathering resources, and building leadership.

Once the needs of the community are assessed and the capacity of the coalition is expanded, Step 3 of the Strategic Prevention Framework is to create a strategic plan. It should include goals, measurable objectives and priority strategies that derive from – and help to achieve – a shared vision for Utah's Comprehensive Cancer Prevention and Control Plan, 2011-2015:

Every Utahn will have the opportunity for evidence-based, state of the art cancer prevention, detection, treatment, and the highest possible quality of life provided through a coordinated, comprehensive cancer plan.

Vision: Ultimate Impact by 2015
all
Utahns.

Goals: Broad statements of what we would like to accomplish in five years, along the continuum of care.

Objectives: SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) statements of progress toward indicators for each goal.

Strategies: Groupings of coordinated interventions that target specific behaviors, practices, or populations to achieve objectives.

Activities: Specific tasks to achieve a strategy.

Figure 19: Strategic Planning

The goals, objectives, and strategies of a comprehensive strategic plan should address the problems identified in step 1 of the Strategic Prevention Framework (Assess). Goals and objectives should be based on data, and selected strategies should be evidence-based or best practices. Objectives should also include performance indicators, baseline data, and target goals.

THE CONTINUUM OF CARE

Utah's Comprehensive Cancer Prevention and Control Plan, 2011-2015 contains goals and objectives organized along the continuum of care.

The cancer continuum of care refers to health care given at all stages of the cancer experience: prevention, early detection (screening), diagnosis, treatment, survivorship (quality of life), and end of life. The needs of cancer survivors vary at each stage of the continuum. Using the continuum of care framework ensures a more comprehensive approach is taken to plan and implement strategies to meet the needs of cancer survivors and their families.

The Plan identifies strategic priorities in the following areas of the cancer continuum of care: primary prevention and awareness, early detection and treatment (including diagnosis), and survivorship and quality of life (including end of life).

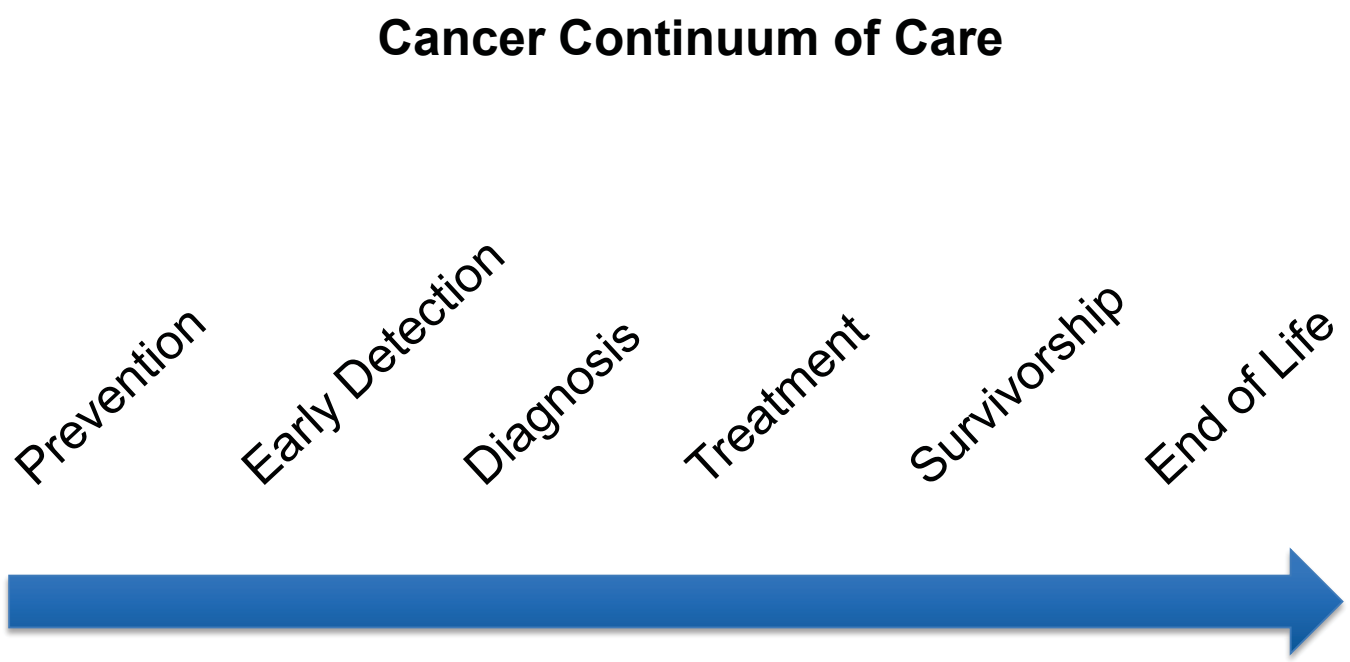

Figure 20: Cancer Continuum of Care

THE SOCIAL-ECOLOGICAL MODEL

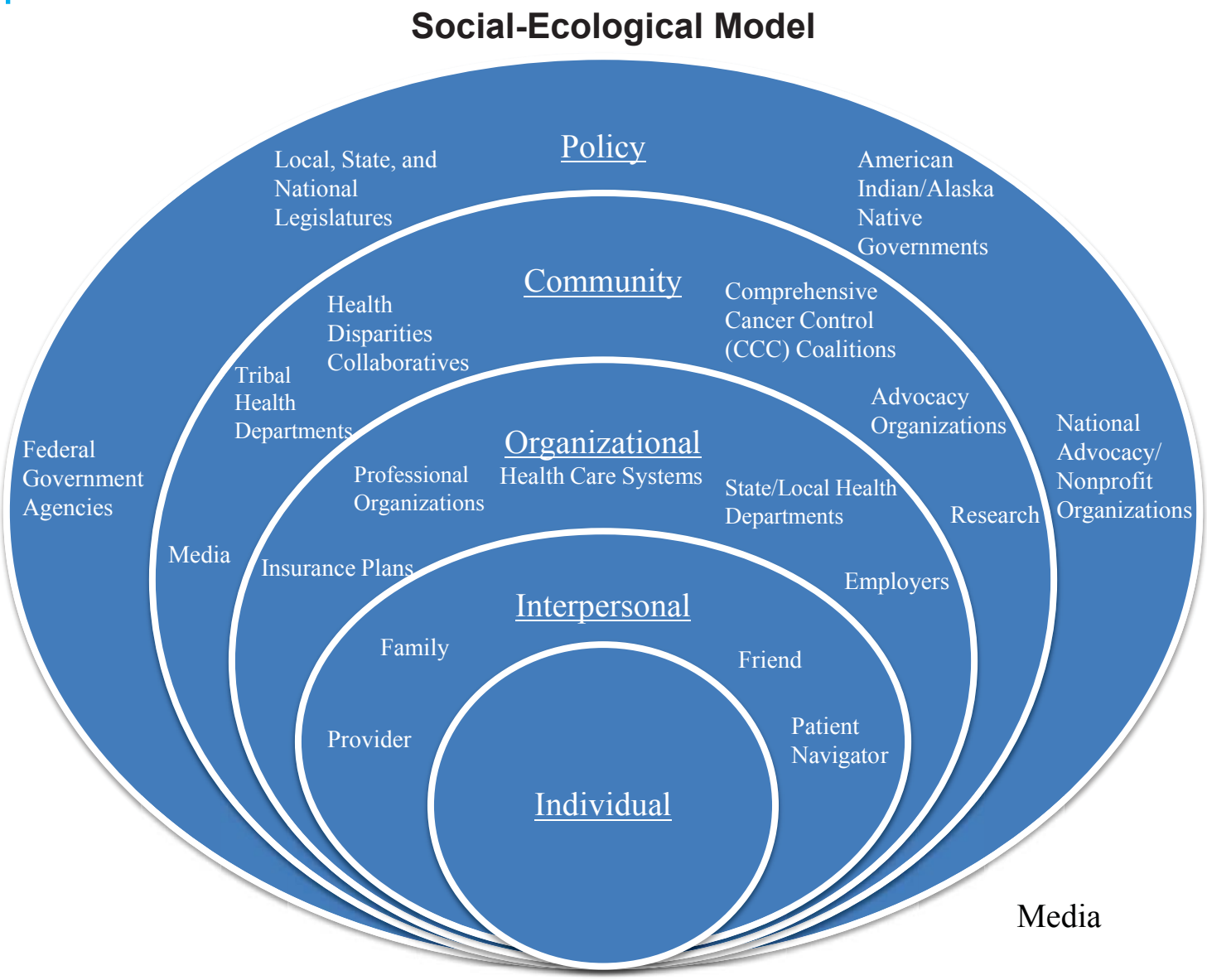

Figure 21: Social-Ecological Model

The Social-Ecological Model provides a framework to understand the multiple levels of opportunities to influence individual behaviors in the direction of the ultimate outcome: Every Utahn will have the opportunity to receive evidence-based cancer prevention, state-of-the-art cancer detection and treatment, and the highest possible quality of life provided through objectives and strategies contained in Utah's Comprehensive Cancer Prevention and Control Plan.

The Social-Ecological Model is based on knowledge, attitudes, and beliefs that influence personal health decisions, which are supported by relationships with family and peers. They fall within the organizational settings where a majority of people spend most of their time. These organizational systems are located in geographic and cultural communities with their own traditions, norms, and built environments. All of these are governed by an interwoven system of local, state and federal laws, regulations, economic and cultural influences, and media that provide the background of our shared experience.

IDENTIFYING BEST PRACTICES

There are several organizations that offer training and resources to help coalitions and others identify interventions based on best practices.

Resources:

Centers for Disease Control and Prevention's *The Community Guide*

Intervention recommendations by the Task Force on Community Preventive Services on various health topics, including cancer, physical activity, nutrition, obesity, and tobacco. (www.TheCommunityGuide.org)

National Cancer Institute's *Cancer Control P.L.A.N.E.T.*

Links to various resources for cancer prevention and control, including data, potential partners, and evidence-based interventions. Also includes planning and evaluation guidance. (http://CancerControlPlanet.cancer.gov)

National Cancer Institute's *Research-tested Intervention Programs (RTIPs)*

Provides research-tested materials on a variety of topics. (http://RTIPs.cancer.gov)

National Cancer Institute's *Research to Reality*

Provides an opportunity to learn from others in cancer prevention and control via online discussions and seminars. (https://ResearchToReality.cancer.gov)

U.S. Preventive Services Task Force

Panel of primary care experts in prevention and evidence-based medicine. The Task Force recommends various preventive services based on reviews of scientific evidence. (www.uspreventiveservicestaskforce.org)

STEP 4: IMPLEMENT THE PLAN

Step 4 of the Strategic Prevention Framework is to implement the goals, objectives, and strategies developed in Step 3 (Plan).

Multiple objectives and strategies from the comprehensive strategic plan may be implemented simultaneously by the coalition through various implementation teams, special interest groups, and partners. By implementing a variety of interventions, the coalition may provide a comprehensive response to the needs identified in Step 1 (Assess) of the Strategic Prevention Framework.

While the goals, objectives, and strategies identified in step 3 should be evidence-based and best practices, it is vital that they be adapted to be culturally competent and fit the unique needs of the target community.

CULTURAL COMPETENCE

The term “cultural competence” first surfaced in 1988 and moved into the mainstream health care industry a decade later. Over the years the term has provoked fear and feelings of inadequacy just at its mention. However, much has been learned over the years to allay those fears and instill confidence while functioning within other cultures. Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations (Cross et al., 1989; Isaacs & Benjamin, 1991). Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services, thereby producing better outcomes (Davis, 1997 referring to health outcomes). The word “culture” is used because it implies the integrated patterns of human behavior that include thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. The word “competence” is used because it implies having the capacity to function in a particular way—the capacity to function within the context of culturally integrated patterns of human behavior defined by a group. Being culturally competent means having the capacity to function effectively in other cultural contexts (King, Sims, & Oshe, Center for Effective Collaboration and Practice).

Step 5 of the Strategic Prevention Framework is to monitor progress made on the goals and objectives developed in step 3 (Plan) and evaluate the implemented strategies for effectiveness. Monitoring and evaluating the implementation of the plan on a regular basis will identify any questions or concerns stakeholders may have. It also allows the coalition and others to identify ways to improve the work of the organization, coordinate effectively, be accountable to stakeholders, and celebrate progress and successes.

Reporting progress, successes, and lessons learned helps to build a base of knowledge about effective interventions and informs the vision, goals, and objectives of future efforts.

Based on the CDC's Framework for Program Evaluation in Public Health (figure 22), there are six key steps to monitoring and evaluating progress. Following these six steps results in effective program evaluations.

Step 1: Engage Stakeholders
Stakeholders are those who implement the program, are affected by the program, and the primary users of the evaluation. Involvement varies among types of stakeholders and types of evaluations.

Step 2. Describe the Program
Clear program descriptions assist in other steps of evaluation planning and provide a context for evaluation results.

Step 3: Focus the Evaluation Design
Focusing the design of the evaluation on the issues of greatest concern to the stakeholders ensures an appropriate evaluation is developed.

Step 4: Gather Credible Evidence
The indicators, sources, quality, and quantity of the data, as well as the logistics of the evaluation, all impact the credibility of the evidence. Credible evidence strengthens the resulting recommendations.

Step 5: Justify Conclusions
Link conclusions from the evidence gathered to the evaluation based on standards, analysis and synthesis, interpretation, judgment, and recommendations.

Step 6: Ensure Use and Lessons Learned
Share results with stakeholders and use them to improve the program.

CDC's Framework for Program Evaluation in Public Health

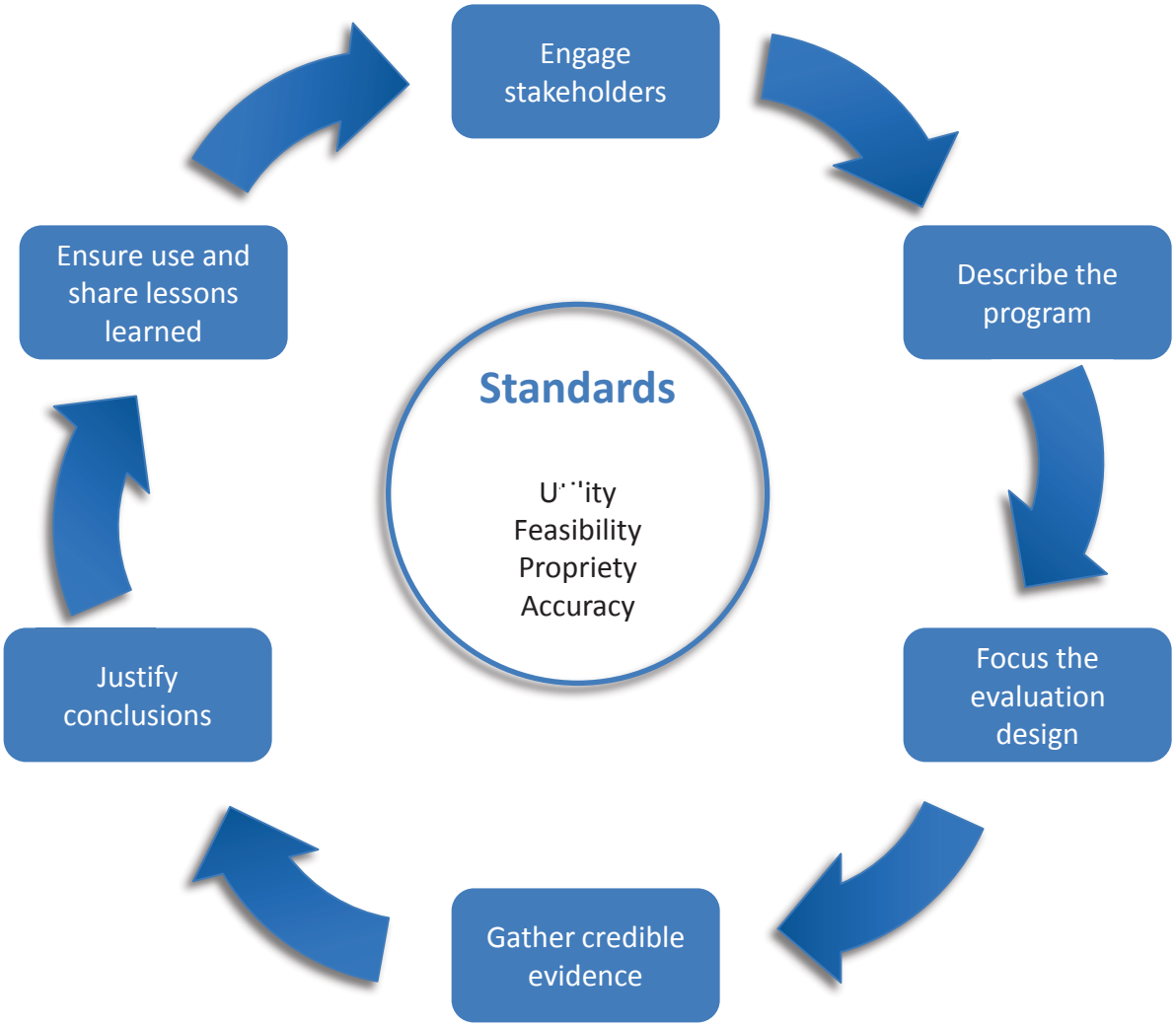

Figure 22: CDC's Framework for Program Evaluation in Public Health, Comprehensive Cancer Control Branch Program Evaluation Toolkit

At the center of the CDC's Framework for Program Evaluation in Public Health is a set of guidelines, or standards, designed to guide evaluators toward quality, effective, evaluations.

Standard 1: Utility	The evaluation meets the needs of the users.
Standard 2: Feasibility	The evaluation is practical.
Standard 3: Propriety	The evaluation is ethical.
Standard 4: Accuracy	The findings are reliable.

LOGIC MODELS

Logic models are an effective tool for describing the program and evaluating progress. They provide visual representations of the steps a program follows to move from inputs to outcomes.

Logic models show how inputs such as staff, coalitions, partners, funders, and consumers contribute to various activities. The completion of these activities contributes to the immediate outputs such as enhanced program capacity and improved programs based on evaluation findings. These immediate outputs in turn contribute to the realization of the ultimate outcomes (decreased morbidity, reduced disparities, increased quality of life, and decreased mortality) via short-term, intermediate, and long-term outcomes.

In the Comprehensive Cancer Control Branch Program Evaluation Toolkit, inputs, activities, outputs, and outcomes are defined as follows:

- & Inputs are the resources invested in a program activity. They include financial, personnel, and donated resources.
- & Activities are actions or events completed by the program.
- & Outputs are the direct, often immediate results of program activities or projects.
- & Outcomes are the desired results of the program.

Basic Logic Model

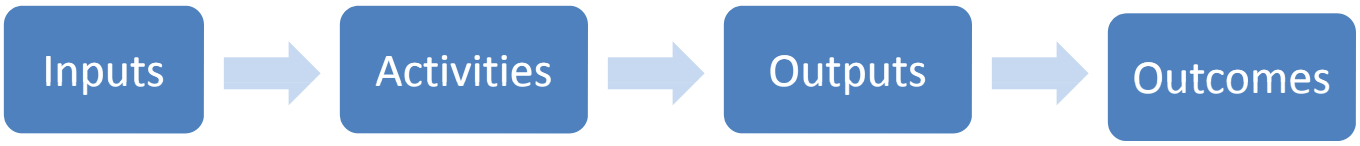

Figure 23: Basic Logic Model

The following logic model (figure 24, pg. 82) brings together several of the conceptual models presented thus far in the plan.

Logic Model - A Road Map to Success for 2015

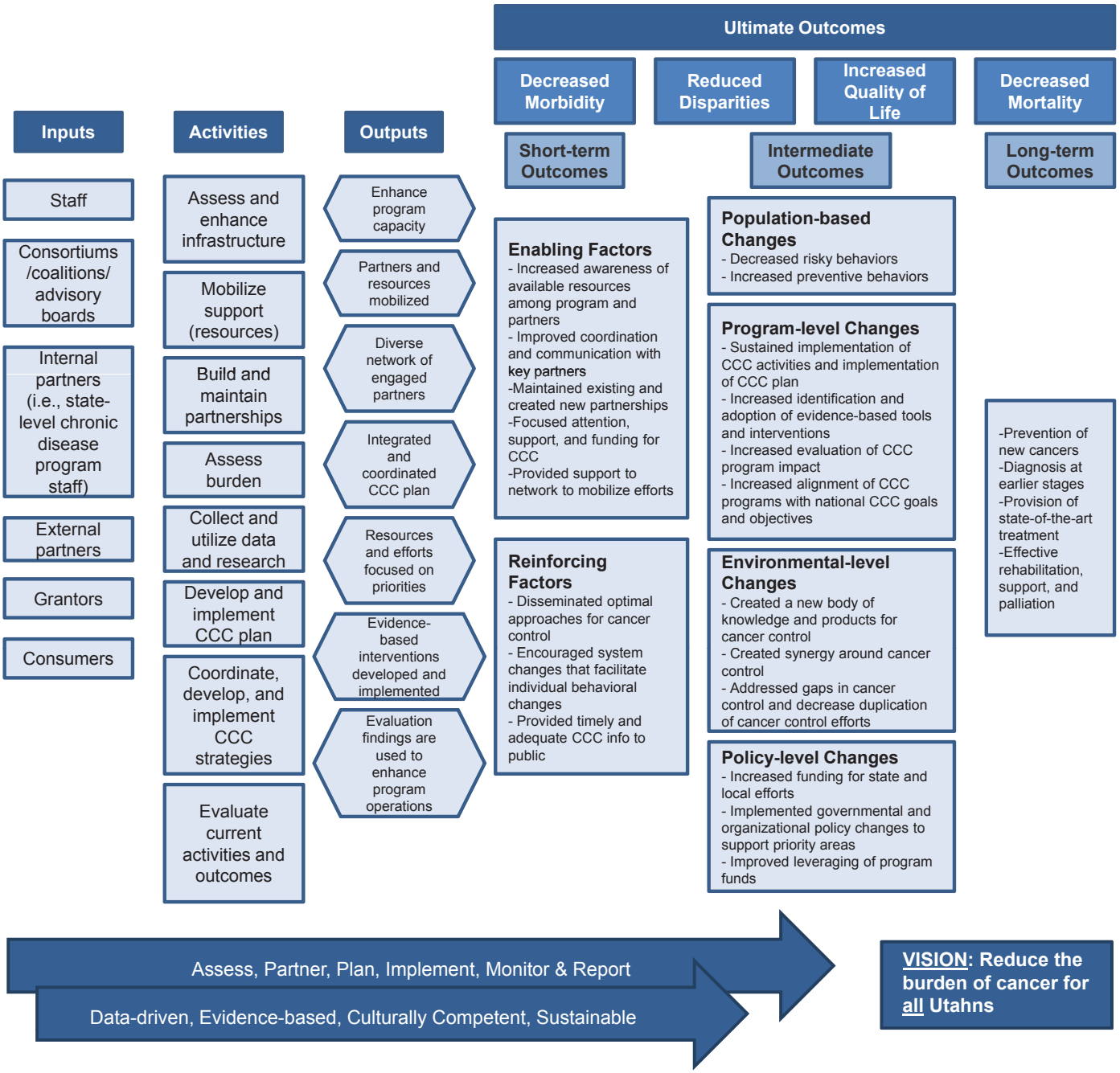

Figure 24: Logic Model - A Road Map to Success for 2015, Comprehensive Cancer Control Branch Program Evaluation Toolkit

Acute Stage Cancer Survivor	The time from when a patient is diagnosed until they have completed treatment.
Best Practices	Interventions that experts feel make a significant positive impact on the problem. Not all best practices are research tested.
BRFSS	Behavioral Risk Factor Surveillance System (See “Explanation of Data Sources” for more information).
CDC WONDER	Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research. A CDC database.
Continuum of Care	A representation of the various types of health care a person receives at different points in their disease experience.
Cultural Competence	To be aware of and sensitive to differences among various groups of people.
Distant Stage	Cancer that has spread beyond the surrounding organs or tissues, and/or to distant lymph nodes or other distant tissues.
EPHT	Centers for Disease Control and Prevention’s Environmental Public Health Tracking Program.
Evidence-based Practices	Interventions proven to be effective by research.
Extended Stage Cancer Survivor	Treatment is effective and the patient does not need to be seen by a healthcare provider regularly.
Goal	The overall purpose to be achieved.
IBIS-PH	The Utah Department of Health’s Indicator-Based Information System for Public Health (See “Explanation of Data Sources” for more information).
Incidence	The number of new cases of the disease or condition in a specific time period.
Late Stage	Regional stage cancer and distant stage cancer.
NAACCR	North American Association of Central Cancer Registries
NCI	National Cancer Institute

Objective	Specific outcome to be achieved.
Permanent Stage Cancer Survivor	Long-term survival of the patient. Cancer is no longer present and the patient is healthy. Permanent Stage Cancer Survivors may still experience long-term effects.
Recommended Physical Activity, Adults	20 minutes of vigorous physical activity 3 or more days of the past seven, 30 minutes of moderate physical activity on 5 or more days of the past seven.
Recommended Physical Activity, Youth	60 minutes of physical activity per day, 5 or more days of the week.
Regional Stage	Cancer that has spread to immediately surrounding organs or tissues and/or to regional lymph nodes and appears to have spread no further.
SEER	Surveillance Epidemiology and End Results program (See “Explanation of Data Sources” for more information).
SMART Objectives	SMART objectives are Specific, Measureable, Achievable, Reachable, and Time-bound.
Stage	How far the cancer has progressed.
Strategy	An intervention or activity that will contribute to achieving the objective.
UCR	Utah Cancer Registry (See “Explanation of Data Sources” for more information).
YRBS	Youth Risk Behavior Survey (See “Explanation of Data Sources” for more information).

Behavioral Risk Factor Surveillance System (BRFSS): The BRFSS is conducted as a random telephone survey of the non-institutionalized adult population. The survey is administered in every month of the calendar year. After annual data collection is complete, individual responses are weighted to be representative of the state's adult population, and analysis is performed on the weighted data. Utah BRFSS data were retrieved through IBIS (see description below). Starting in 2011, BRFSS weighting methodology will be changing, which may affect rates. These rates will be updated in the Cancer State Plan Midpoint Review. To find out more about BRFSS visit: www.cdc.gov/brfss/.

Healthy People 2020 (HP 2020): Healthy People 2020 is a set of health objectives for the nation to achieve between 2010 and 2020. Healthy People 2020 was developed through a broad consultation process, built on the best scientific knowledge and designed to measure programs over time. To learn more about HP 2020 visit: www.healthypeople.gov.

Utah's Indicator-Based Information System for Public Health (IBIS): This site provides statistical numerical data, as well as contextual information on the health status of Utahns and the state of Utah's health care system. It houses frequently requested public health publications, indicator reports, and health datasets. For this report, data from BRFSS, the Utah Cancer Data Registry, and Utah Vital Records were queried using IBIS. To learn more about IBIS visit: http://ibis.health.utah.gov.

Surveillance Epidemiology and End Results (SEER): SEER currently collects and publishes cancer incidence and survival data from population-based cancer registries covering approximately 26 percent of the U.S. population. It has also been used by UDOH to determine the U.S. cancer incidence and mortality rates. The SEER Program registries routinely collect data on patient demographics, primary tumor site, first course of treatment, follow-up for vital status, tumor morphology and stage at diagnosis. To find out more about SEER visit: http://seer.cancer.gov/.

Utah Cancer Registry: Cancer data were provided by the Utah Cancer Registry, which is funded by the National Cancer Institute's SEER Program, with additional support from the Utah Department of Health and the University of Utah. Utah Cancer Registry staff members and cancer registrars at local health care facilities identify cases of cancer through routine and systematic review of pathology reports, medical records, hospital discharge lists, and vital records. Rates are computed using number of persons in the population according to IBIS population numbers and all data were retrieved using IBIS. To learn more about the Utah Cancer Data Registry visit: http://ucr.utah.edu/index.htm.

Utah Vital Records/Death Certificate Database: Death certificates are usually completed by physicians, coroners, and funeral directors. Death certificate data go through extensive edits for completeness and consistency. All death data are provided for Utah residents, regardless of where the death occurred. Mortality data for this report were retrieved through IBIS.

Youth Risk Behavior Survey (YRBS): A national, school-based survey conducted by the CDC and state and local education and health agencies. It provides health data representative of U.S. high school students in grades 9-12. Each YRBS uses a two-stage cluster sample design.

[i] The BRFSS will be going through major changes in the coming years. In years past, only landline phones were called; cell phones are now being included. Currently, questions and weighting methodolgies are being revised by the CDC. This document provides current data as of 2010. These data may change due to BRFSS modifications, as well as the completion of HP 2020.

[ii] UCAN has adopted the Healthy People 2020 target for this objective.

[iii] Please note the fruits and vegetables questions that contribute to the five or more fruits or vegetables per day will be changing on the BRFSS beginning in 2011.

[iv] The definition of recommended physical activity for adults will be changing on the BRFSS in 2011.

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Thank you to the many people who contributed to this plan. A list of contributors can be found on pages 79-81.

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