CANCER ACTION PLAN
for KENTUCKY
Outline

Approved by the Steering Committee
May, 2005
Colon Cancer and Tobacco Sections Revised 2009

Purpose of Kentucky's *Cancer Action Plan*:

Kentucky's *Cancer Action Plan* serves as a blueprint for cancer prevention and control throughout Kentucky. The purpose is to provide statewide coordination of public and private cancer control efforts that are ongoing or needed within our state. It is intended for use by individuals and organizations in all areas of cancer control statewide.

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

By using Kentucky's *Cancer Action Plan* as a blueprint, organizations and communities will become part of a statewide effort to battle cancer in a comprehensive and unified manner.

The Kentucky Cancer Consortium:

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

WEBSITE LINK: www.kycancerc.org/ActionPlan.htm

PREVENTION

Goal 1: Reduce incidence and mortality from tobacco-related cancers in all populations.

Initiation of Tobacco Use

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

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

Objective 1.3: By 2013, decrease the percentage of middle school (6th-8th) students who have used smokeless tobacco on one or more of the past 30 days from 8.1% to 7.3%. [10% reduction from 2006 baseline]

Objective 1.4: By 2013, decrease the percentage of high school (9th-12th) students who have used smokeless tobacco on one or more of the past 30 days from 13.5% to 12.2%. [10% reduction from 2006 baseline]

Strategies:

- Promote the use of evidence-based strategies and best practices for youth tobacco prevention.
- Integrate evidence and research based tobacco use prevention into the school curriculum at all grade levels.
- Promote both governmental and voluntary policies to restrict youth access to tobacco products/strengthen enforcement of laws prohibiting the sale of tobacco products to minors.
- Support the increase or establishment of an excise tax for all tobacco products.
- Eliminate promotion of tobacco products.
- Promote youth engagement in tobacco prevention education and advocacy, adhering to the philosophy of “Not about me, without me.”

- Engage the education community to support a comprehensive tobacco-free environment policy, promoting school/community forums (could be facilitated by Regional Prevention Centers, KY ASAP Boards, Champions, etc).
- Raise youth awareness through the media.
- Distribute prevention messages through existing youth-oriented community-based channels, such as youth sports, Scouts, 4-H Clubs, youth recreational organizations, YMCA/YWCA and church groups.

Tobacco Cessation

Objective 1.5: Reduce the (prevalence of smoking or) proportion of those aged 18 and older who smoke from 28.2% to no more than 25% and from 5% to 4.5% for adults who use smokeless tobacco. [2007 baseline]

Objective 1.6: By 2013, decrease the percent of current smoking among low income adults (defined as 2008 federal poverty guidelines for a typical household of four persons with an income of less than $21,200) to 32%. [2006 baseline is 39.79%]

Objective 1.7: By 2013, decrease the percent of current smoking among African American adults to 24%. [2007 baseline is 31.5%]

Objective 1.8: By 2013, decrease the percent of current smoking among Hispanic/Latino adults to 10%. [2004 baseline is 11.8%]

Objective 1.9: Reduce cigarette smoking among pregnant women to 20% by 2013. [2005 baseline is 26.1%]

Strategies:

- Increase availability and access to cessation resources for adults and youth, including components targeting diverse/special populations.
- Increase number of businesses which prohibit use of tobacco on premises.
- Provide culturally competent evidence-based smoking prevention and cessation interventions for the African American and Hispanic/Latino communities.
- Increase private insurance coverage (including Medicaid) for smoking cessation counseling and pharmacotherapy.
- Increase the number of employers and businesses that offer no-cost cessation and support programs.
- Establish partnership between providers and the tobacco quit line that includes enhancement of services, such as free or low cost NRT and other pharmaceuticals for tobacco cessation.

- Provide culturally competent evidence-based smoking cessation interventions for the low SES population women of child-bearing age.
- Increase public awareness of evidence-based smoking cessation services available in the community – e.g., pharmacotherapy, Kentucky's Tobacco Quit Line (1800-QUIT-NOW), the Cooper/Clayton Method to Stop Smoking, 5 A's, Baby and Me.
- Increase the number of tobacco users receiving evidence-based cessation services.
- Identify and encourage participation of health care professionals, organizations and agencies that represent the interest of pregnant women in tobacco prevention and cessation.
- Encourage health care providers to expand definition of tobacco use to include smokeless and spit tobacco in patient health assessments.
- Provide culturally competent evidence-based smoking cessation intervention among pregnant women.
- Establish community level youth advocacy groups/implement effective community based organizations statewide that engage youth in developing and implementing tobacco control interventions and include teacher training and parental involvement.
- Encourage pediatric health care providers to assess exposure to secondhand smoke and encourage parents/family members to quit and/or "Take It Outside."
- Educate health care providers on evidence-based strategies for treating tobacco use dependence.
- Encourage businesses to train facilitators and conduct the Cooper/Clayton Method to Stop Smoking.
- Reduce the cost of insurance premiums for people who do not use tobacco products.

Secondhand Smoke

Objective 1.10: By 2013, Kentucky will have enacted a comprehensive smoke-free law according to Fundamentals of Smoke-Free Workplace Law.

Objective 1.11: By 2013, all state buildings will be smoke-free.

Strategies:

- Encourage, educate and assist in implementation of tobacco-free policies in work places, day care facilities, schools and other public locations.
- Enforce existing laws relating to smoke-free environments.
- Mandate that schools be tobacco free campus-wide for faculty, staff and students (including all school-sponsored events).
- Mobilize agencies and organizations to adopt or strengthen secondhand smoke policies.

- Promote state and local policies including all voluntary policies that restrict smoking in all public places.
- Engage advocacy groups and communities to support passage of Kentucky smoke-free law and eliminate exemptions (comprehensive statewide Clean Indoor Air Act).
- Educate the public on dangers of secondhand smoke.
- Encourage health care providers to assess and educate patients/clients on health effects of exposure to secondhand smoke and interventions to establish smoke-free homes.
- Implement a social marketing campaign designed to decrease % of children exposed to a room with tobacco smoke.

Funding

Objective 1.12: By 2013, increase direct funding for statewide comprehensive tobacco prevention and control services to $9.13 (the lower CDC recommended level for Kentucky). [2007 baseline is $0.85 per capita]

Strategies:

- Disseminate tobacco use data to Kentucky legislature including but not limited to cost benefit analysis examining smoking, attributable cost, health care cost, tobacco prevention and control cost.
- Launch a legislative and public advocacy campaign to mobilize support for increasing funding. (Funding to expand and enhance the quit line)

Infrastructure

Objective 1.13: By 2013, create a sustainable infrastructure to increase coordination and collaboration of tobacco control efforts on local, regional and state levels

Strategies:

- Increase the number of partner organizations that endorse and/or support the state strategic plan for tobacco control.
- Support local health department with technical assistance for promulgating and enforcing local, comprehensive clean indoor air act.
- Participate in individual one-on-one meetings with key “grass-tops” (influential stakeholders) to discuss current tobacco prevention and control issues.
- Develop an external communication system to disseminate information, share resources and to recruit other partner organizations within the state tobacco control program.

Goal 2: Reduce incidence and mortality from colon cancer and other cancers related to inadequate nutrition and lack of physical activity.

Objective 2.1: Increase the percentage of Kentuckians who eat five or more servings of fruits and vegetables daily.

Strategies:

- Increase awareness of the nutrition goals and health benefits of proper nutrition through the media and other communication channels.
- Encourage consumer education by food retailers.
- Increase the capacity of health care providers to provide nutrition advice, counseling and referrals.
- Encourage availability of healthy food choices at fast-food concessions in worksites, congregate eating sites and other locations.
- Support efforts to eliminate unhealthy food selections in schools, including vending machines.
- Incorporate nutrition education into the school curriculum at all grade levels.

Objective 2.2: Increase the percentage of Kentuckians who exercise moderately on a daily basis.

Strategies:

- Increase awareness among Kentuckians of the health benefits of physical activity and ways to incorporate it into daily activities.
- Incorporate accessible physical activities within urban and rural community developments (i.e. “walkability” of a community).
- Incorporate physical activity education into the school curriculum at all grade levels.

Goal 3: Reduce incidence and mortality of skin cancers resulting from solar radiation.

Objective 3.1: Increase the proportion of people of all ages who limit sun exposure, use sunscreen and protective clothing when exposed to sunlight and avoid artificial sources of ultraviolet light (i.e. sun lamps, tanning booths and other devices).

Strategies:

- Integrate sun safety and skin cancer prevention into the school curriculum at all grade levels.
- Educate and encourage schools and day care facilities to protect children from sun exposure.
- Encourage designers of playgrounds and outdoor recreational facilities to provide adequate shade (i.e. sunscreen kiosk).

- Educate and encourage farmers, construction workers and others in outdoor occupations to practice sun protection.
- Increase public awareness of sun safety and the hazards of artificial light sources.

Goal 4: Reduce incidence and mortality of cancers related to environmental carcinogens.

Objective 4.1: Increase the knowledge base on environmental carcinogens in Kentucky's environment.

Objective 4.2: Foster research and education on Kentucky-specific environmental causes of cancer.

Strategies:

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

EARLY DETECTION AND SCREENING

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

Objective 5.1: Increase the proportion of women who engage in breast cancer screening behaviors, according to appropriate guidelines, with special attention to "high risk" populations.

Strategies:

- Establish an integrated, ongoing public information program to foster a high degree of knowledge among women of all ages about breast cancer risks and benefits of early detection.
- Promote and expand community level programs, such as breast cancer coalitions, to increase education about the risk of breast cancer and the need for screening (and re-screening) at appropriate intervals.
- Encourage health care providers to routinely counsel women in their care to undergo breast cancer screening.
- Integrate reminder systems into physicians' practices.
- Increase the use of available financial resources for routine screening for uninsured and underinsured women.
- Encourage in-state self-insured companies and in-state branches of companies located outside Kentucky to provide screening mammography coverage in accordance with evidence based screening guidelines.
- Ensure that age-eligible women in counties without mammography facilities have adequate access to breast cancer screening through facilities in adjoining counties and/or mobile mammography units.
- Encourage hospitals and other health service organizations to offer free or low-cost breast cancer screening.
- Develop and implement interventions targeting at-risk populations.

Objective 5.2: Assure quality (including compliance with guidelines) and effectiveness of screening methods.

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

Objective 6.1: Increase screening according to appropriate guidelines with special attention to "high risk" populations.

Strategies:

- Establish an integrated, ongoing public information program to foster a high degree of knowledge among women about cervical cancer risks and early detection.
- Develop and monitor programs that specifically target older women with the message about screening.
- Increase the number of health providers who perform or refer women for regular pap tests and pelvic exams.
- Reduce access barriers to screening.
- Develop and implement standards of care for patient reporting, tracking and follow-up.

Objective 6.2: Assure quality and effectiveness of Pap tests in laboratories serving Kentucky women.

Strategies:

- Monitor laboratories in reading Kentucky pap tests for compliance with rules and regulations of CLIA (Clinical Laboratory Improvement Amendments of 1988).
- Develop and implement standards of care for patient reporting, tracking and follow-up.

Goal 7: Reduce incidence and mortality from colon cancer* through prevention and early detection.
*includes the colon and rectum, also known as colorectal cancer

Objective 7.1: Increase colon cancer screening among adults ages 50 and older to 75% by 2012.

Objective 7.2: Increase percentage of Kentuckians diagnosed at an early stage of colon cancer to 60% by 2012.

Provider Strategies:

- Support the adoption of the direct referral system in all primary care practices.
- Increase the number of providers using best practices in fostering trust, cultural competency and value-based decision making as well as choosing the best screening method based on the individual.
- Encourage involvement of dentists, pharmacists and other health care provider groups not usually targeted for colon cancer screening recommendations.
- Increase primary care practice interventions that include provider assessment and feedback.
- Reduce structural barriers such as location, hours of operation, availability of child-care and others.
- Promote utilization of patient navigators to increase follow-through of referrals for colon cancer screening.

- Work with healthcare professionals to address local barriers to colon cancer screening.
- Identify and address gaps in access and capacity for colon cancer screening services.
- Promote the utilization of US Preventive Services Task Force (USPSTF) colon cancer screening guidelines.
- Implement patient reminder and tracking systems in primary care practices (Patient reminders include letters, postcards, or phone calls to alert clients that it is time for their colon cancer screening).

Public Strategies:

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

Advocacy Strategies:

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

Worksite Wellness Strategies:

- Encourage worksite cultures that promote and incorporate appropriate colon cancer screening behaviors.
- Offer employee health benefit plans that eliminate cost as a barrier to accessing colon cancer screenings.

- Ensure that employee health benefit plans include colon cancer screening provisions that adhere to the American Cancer Society (ACS) Guidelines or the US Preventive Services Task Force (USPSTF) Guidelines.
- Incorporate colon cancer prevention and early detection information into worksite wellness programs.

Health Plan Strategies:

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

Goal 8: Reduce mortality from prostate cancer by early detection through increased screening.

Objective 8.1: Increase screening according to appropriate guidelines with special attention to "high risk" populations, such as African Americans.

Strategies:

- Develop targeted education and outreach programs for African American men that focus on prevention, early detection and information on best practices for prostate cancer treatment.
- Provide access to current information on best practices for prostate cancer treatment.
- Encourage men to talk to their health care providers about early detection of prostate cancer.

Objective 8.2: Assure quality and effectiveness of screening methods.

Strategies:

- Support research on the cause, detection and treatment of prostate cancer.

TREATMENT AND CARE

Goal 9: Increase the proportion of cancer patients with access to state-of-the-art cancer treatment services.

Objective 9.1: Decrease the disparity in access to state-of-the-art treatment services based on financial and/or insurance status.

Strategies:

- Educate community regarding how and where to access care if uninsured and ineligible.
- Encourage in-state self-insured companies and in-state branches of companies located outside Kentucky to provide cancer treatment coverage in accordance with current evidence based treatment guidelines.
- Promote and enroll people who are currently eligible for health care services through Medicaid, and expand the eligibility.
- Promote insurance coverage of treatment under clinical trials.
- Work with policy makers to include diagnostic services in health care plans.

Objective 9.2: Decrease the disparity in access to state-of-the-art treatment services based on geography.

Strategies:

- Expand educational programming, distance learning and teleconference capabilities to cover rural areas throughout the state.
- Encourage health care providers in remote areas to work collectively to increase access to screening facilities and arrange for treatment specialists to establish office hours in their areas.
- Increase free or low-cost transportation and housing options for persons in remote areas, who have to travel for treatment services.
- Invest in local health facilities and other community-based resources.
- Increase the number of certified nurses, social workers, translators and other healthcare professionals and funding for retaining professionals in underserved areas.

Objective 9.3: Increase patient participation in clinical trials.

Strategies:

- Encourage physicians to inform and educate cancer patients about the availability and benefits of clinical trials and to offer participation in clinical trials as a choice.
- Increase patient education on the purpose and benefits of clinical trials.
- Reduce financial and geographic barriers to participation in clinical trials.

Goal 10: Increase health professionals' capacity to provide state-of-the-art cancer treatment services.

Objective 10.1: Increase the number of health care providers who follow practice guidelines of national professional organizations (i.e., NCCN)

Strategies:

- Increase health professionals' awareness and use of the National Cancer Institute's PDQ and continuing medical education.
- Integrate professionally accepted practice guidelines into health professional school curricula.
- Increase physician-to-patient education as to the appropriate professional treatment guidelines for their situation.
- Enhance relationships between medical specialists and academic medical facilities and researchers.

Goal 11: Improve treatment outcomes by increasing the number of patients receiving care according to established professional treatment guidelines.

Objective 11.1: Expand community capacity for providing patient access to cancer treatment information.

Strategies:

- Work with community organizations to increase their awareness of cancer information resources.
- Promote existing community and cancer information resources.
- Improve and promote resource guides for cancer patients and their families.
- Educate home health workers and others having contract with patients on providing information and referrals.
- Expand network of patient navigators, including volunteers and trained social workers.

Objective 11.2: Increase available culturally diverse and low-literacy cancer treatment information resources.

Strategies:

- Identify special populations and work with opinion leaders in these cultures to disseminate appropriate treatment messages.
- Promote and disseminate cancer treatment information, especially for special populations and low literacy groups.
- Increase distribution channels in special populations communities.
- Promote use of Spanish language cancer information services.

Objective 11.3: Integrate patient-provider cultural and communication training into healthcare and allied health education and training programs.

Strategies:

- Advocate Kentucky medical schools to add culturally competency courses to their curriculum.

QUALITY OF LIFE

Goal 12: Increase the proportion of cancer patients receiving services that improve the quality of life from diagnosis onward.

Objective 12.1: Identify quality of life programs proven to be effective (i.e. best practices).

Strategies:

- Establish quantifiable criteria to determine which programs are among the best practices for addressing cancer survivor needs.
- Identify best practices based on agreed upon criteria and rank order programs accordingly.
- Identify gaps in survivorship research and provide funding to test new models and approaches.

Objective 12.2: Increase quality of life resources available to patients and their families, with special attention to end of life resources.

Strategies:

- Increase availability of support groups/systems, information and counseling services.
- Develop and support multidisciplinary palliative care teams specifically committed to symptom management that begins at diagnosis (inpatient and outpatient).
- Encourage the development and/or use of cancer resource centers as a clearinghouse for cancer information. Educate health care providers in the use of these facilities.

Objective 12.3: Increase utilization of available services that enhance quality of life for cancer patients from diagnosis onward.

Strategies:

- Increase awareness of available services that enhance quality of life for cancer patients from diagnosis onward.
- Work at the community level to increase access to cancer support services, through low cost transportation and placement of services in rural medical facilities.

- Develop patient navigation or case management programs that improve quality of life.
- Increase human resources/workplace education regarding patient rights.
- Advocate for more appropriate reimbursement of medically necessary psychosocial and palliative care.
- Ensure adequate services and equitable quality of life for culture specific groups by focusing outreach efforts where people are, with an emphasis on utilizing outreach in faith based groups, community centers, workplaces, etc.

Objective 12.4: Increase health professionals' provision of care that is sensitive to quality of life issues from diagnosis onward.

Strategies:

- Refer all patients to existing community support services in a supportive and timely manner.
- Increase referrals to hospice in a timely manner.
- Inform physicians and nurses about the provision of the ADA so that they may be able to assist cancer patients in obtaining entitlements under the statute.
- Educate providers regarding resources and referrals on all legal and ethical end of life care options and how best to discuss them with their patients.
- Educate providers on effective pain management procedures.
- Increase equitability of prescriptive practices amongst all Kentucky cancer survivors.

Objective 12.5: Increase awareness of concept of cancer as a chronic disease.

Strategies:

- Include updated definitions of survivorship in cancer treatment messages.
- Conduct trainings for health professionals, community health workers and patient navigators on evolving concept of cancer survivorship.
- Promote and disseminate printed survivorship information, for both providers and patients, to medical facilities across Kentucky.
- Promote and disseminate information on effective pain management, from diagnosis onward.