Kentucky Cancer Action Plan:
Goals and Objectives

For the full Plan, including strategies, visit kycancerc.org

A blueprint for cancer prevention and control in our state

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PURPOSE

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

Kentucky’s CAP addresses cancer issues along the continuum of care, from prevention and early detection through treatment and quality of life. It also addresses cross-cutting issues including data, health disparities and advocacy. The CAP comprises 11 goals and related objectives aimed at reducing the burden of cancer and improving the lives of Kentuckians. The strategies for achieving these goals and objectives are quite varied and address public and professional education, individual behavior change, access to clinical and support services, systems improvement, and policy.

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

Kentucky Cancer Consortium - who we are...

The Kentucky Cancer Consortium (KCC) oversees a coordinated and integrated process for implementing the Kentucky Cancer Action Plan. The Consortium is a network of over 50 organizations that provide leadership for the development and coordination of effective state and multi-regional programs addressing cancer prevention and control. The Kentucky Cancer Consortium encourages cooperative, comprehensive, and complementary planning among the public, private, and volunteer sectors involved in cancer control efforts in Kentucky.
Goal 1: Reduce incidence and mortality from tobacco-related cancers (lung, throat, mouth, pancreas, kidney, bladder and cervix) in all populations.

Objective Category: Initiation of tobacco use

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

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

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

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

Objective Category: Tobacco cessation

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

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

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

**OBJECTIVE 1.8:** By 2013, decrease the percentage of current smoking among adults with less than a high school education from 43.7% [BRFSS 2006] to 36%.

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

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

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

- pharmaceuticals for tobacco cessation.
Objective Category: Secondhand smoke

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

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

Objective Category: Funding

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

Objective Category: Infrastructure

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

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

Objective Category: Nutrition

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

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

Objective Category: Physical activity

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

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

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

Objective Category: Obesity

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

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

Objective Category: Alcohol

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

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

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

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

OBJECTIVE 3.2: Identify evidence-based policies, systems and environmental changes for workers and communities exposed to known environmental carcinogens.
• Monitor cancer incidence and potential environmental exposures.

• Increase public education and awareness of environmental carcinogens.

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

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

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

\(^\circ\) While the CDC recommends vaccination beginning at age 11, we utilized age 13, as our ability to measure vaccination completion is limited to ages 13-17 (as of 2009).

Documents consulted:


SCREENING AND EARLY DETECTION

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

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

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

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

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

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

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

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

**OBJECTIVE 6.2:** Increase the percentage of Kentucky women with less than a high school education aged 18 years and older who have had a Pap test within the past three years from 61.2% (2008 BRFSS) to 65% by 2013.

**OBJECTIVE 6.3:** Increase the percentage of Kentucky women with an income of less than $15,000 per year aged 18 years and older who have had a Pap test within the past three years from 65.5% (2008 BRFSS) to 67% by 2013.

**OBJECTIVE 6.4:** Increase percentage of Kentucky women diagnosed with early-stage cervical cancer from 63% (2006 KCR) to 65% by 2013. Women who do not show up for a scheduled Pap test, and identify barriers.
Goal 7: Reduce incidence and mortality from colon cancer** through prevention and early detection.

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

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

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

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

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

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

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

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

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


** Includes the colon and rectum, also known as colorectal cancer
Goal 10: Promote access to and appropriate utilization of quality cancer diagnostic and treatment services for all Kentuckians.

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

Definition: CP3R are web-based reports from the ACOS Commission on Cancer, offering local providers comparative information to assess adherence to and consideration of standard of care therapies for major cancers. CP3R provides a platform from which to promote continuous practice improvement to improve quality of patient care at the local level and also permits hospitals to compare their care for these patients relative to that of other providers. The aim is to empower the healthcare community to work cooperatively and collaboratively to identify problems in practice and delivery and to implement best practices that will diminish disparities in care across CoC-accredited cancer programs.
GOAL 11: Promote overall health of Kentucky cancer survivors from diagnosis onward, to increase quality of life.

Objective Category: Public health needs of cancer survivors

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

Objective Category: Childhood cancer survivors

OBJECTIVE 11.2: By 2012, establish a baseline number of organizations that provide resources to enhance the quality of life for children with cancer in Kentucky.

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

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

Objective Category: Awareness and utilization of resources

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

Objective Category: Patient navigation

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

Objective Category: Hospice and palliative care

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

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