COLORADO
Department of Public Health & Environment

Public Comment for the 2016-2020 CO Cancer Plan

Welcome

Introduction

Thank you for your interest in the 2016-2020 Colorado Cancer Plan. The public is invited to comment on the plan from August 19, 2015 through September 30, 2015. We have involved many partners from across the state in the development of this draft document. To learn more about the process, please click here. This public comment period enables all Coloradans an opportunity to provide input on the goals, objectives, measures and strategies for the 5-year plan. A summary of all submitted comments and responses will be posted weekly at the state's Cancer Plan Public Comment webpage at coloradocancerplan.org. Please note that your name will be posted along with your comments. Final decisions on what will be included in the plan will be made by the Cancer Plan Steering Committee.

Questions to consider in your review:

- Are these the right goals, objectives and measures?
- Are there any key strategies that are missing, or any strategies listed that do not make sense? (Please note, only key strategies are listed, and the strategies are not meant to be comprehensive.)

Instructions

To provide feedback on the Plan's goals, objectives, measures and strategies, please add your comments to the boxes below which correspond to the goal(s), objective(s) and strategies you wish to address. When you are done, please copy and paste your comments into the online Survey Monkey tool or save this PDF and email it to **cdphe_cancerplan@state.co.us.**

You may review the goals in any order, and skip any goals and/or objectives that you do not wish to review. You can review and change your comments for any section until you close the survey window in your browser. You can also repeat the survey if you have additional feedback at a later time. Alternatively, you can download a PDF version of this form to print or view offline. Please click here for a glossary of acronyms used throughout the cancer plan.

* **Please enter your name, organization and email so that we can contact you if we have any questions about your comments. Thank you.**

Name

Organization

Email Address

* **Check the first goal that you would like to review. When you have finished reviewing the objectives for that goal, you will have the opportunity to select an additional goal. You will have the opportunity to repeat these steps allowing you to review as many objectives as you would like.**

- ◯ I have a general comment about the plan not related to a particular goal or objective.
- ◯ Goal 1: Reduced initiation and use of tobacco products (3 objectives)
- ◯ Goal 2: Increased prevalence of healthy behaviors (3 objectives)
- ◯ Goal 3: Increased uptake of clinical interventions to prevent cancer (3 objectives)
- ◯ Goal 4: Decreased environmental exposures that lead to cancer (3 objectives)
- ◯ Goal 5: Increased high quality cancer screening and early detection rates (3 objectives)
- ◯ Goal 6: Consistent access to, and application of, quality diagnostic and treatment services adherent with nationally recognized standards (4 objectives)
- ◯ Goal 7: Increased participation in high quality clinical trials (2 objectives)
- ◯ Goal 8: Improved physical, mental and social well-being among cancer survivors (2 objectives)
- ◯ Goal 9: Expanded evidence base surrounding quality of life and survivorship (2 objectives)
- ◯ Goal 10: Improved compliance with post-treatment follow-up guidelines (3 objectives)
- ◯ Goal 11: Expanded availability of and access to palliative and end-of-life care services (3 objectives)
- ◯ Goal 12: Increased patient engagement and health literacy (2 objectives)
- ◯ Goal 13: Improved infrastructure, planning and collaboration (3 objectives)

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Chapter: Prevention

Goal 1: Reduced initiation and use of tobacco products

Objective 1.1: Decrease tobacco use.

Measures	Baseline	Target	Source
Current high school smokers	10.7% (2013)	5.0%	HKCS
Current adult smokers	15.7% (2014)	12.0%	BRFSS
Straight-to-work young adults ages 18–24 who have ever smoked cigarettes	43.3% (2012)	30.0%	TABS

Comment about objective and measures

Strategies:

1. Establish, promote and enforce laws prohibiting the sale and restricting the marketing of tobacco products to minors, including increasing the allowable age to purchase tobacco products to 21 and increasing local point-of-purchase ordinances designed to protect minors.
2. Increase purchase price of tobacco products.
3. Implement health systems change strategies to increase access to and use of, evidence based cessation services, including referrals to the Quitline.
4. Educate youth on risks of tobacco use and support positive youth development skills, targeting those under 18 years old and those 18-24 years old.
5. Implement community outreach and education programs designed to reduce all forms of tobacco use.

Comment about strategies

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Chapter: Prevention

Goal 1: Reduced initiation and use of tobacco products

Objective 1.2: Decrease exposure to second-hand smoke.

Measures	Baseline	Target	Source
Exposure to second-hand smoke in multi-unit housing	54.4% (2011)	26.0%	BRFSS
Children who live with a smoker in the home who are exposed to secondhand smoke	53.6% (2012)	28.0%	CCHS

Comment about objective and measures

Strategies:

1. Maintain enforcement of no smoking rules within 25 feet of building entries.
2. Develop, implement, monitor, protect, strengthen and expand policies that protect populations from second-hand smoke exposure at home, in outdoor public places, work and in multi-unit housing. For example, smoking bans in public housing units.

Comment about strategies

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Chapter: Prevention

Goal 1: Reduced initiation and use of tobacco products

Objective 1.3: Increase successful quit attempts among tobacco users.

Measures	Baseline	Target	Source
Adult smokers who successfully quit tobacco in the past 12 months	9.3% (2012)	15.0%	TABS
Adults smokers who attempted cessation in the past 12 months	63.0% (2014)	75.0%	BRFSS

Comment about objective and measures

Strategies:

1. Implement media campaigns with cessation promotion messaging to increase the number of quit attempts and successes among smokers, focusing on low-socioeconomic status adults.
2. Expand access to and utilization of tobacco cessation services, including the Quitline, and treatment, particularly among Medicaid clients, through interventions focused on health care delivery.

Comment about strategies

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Chapter: Prevention

Goal 2: Increased prevalence of healthy behaviors

Objective 2.1: Decrease the prevalence of overweight and obesity.

Measures	Baseline	Target	Source
Low-income children ages 2–5 years who are overweight or obese	22.9% (2012)	20.6%	WIC
Children ages 2–14 years who are overweight or obese	26.4% (2013)	23.8%	CCHS
Adolescents in grades 9–12 who are overweight or obese	19.3% (2013)	17.4%	HKCS
Adults ages 18+ who are overweight or obese	57.4% (2014)	50.8%	BRFSS
Adults ages 18+ who are obese	21.3% (2014)	20.0%	BRFSS

Comment about objective and measures

Strategies:

1. Promote model policies and programs that lead to increased access to walking, biking and other physical activity.
2. Develop policies and programs that protect, promote and support breastfeeding-friendly environments.
3. Improve nutrition and physical activity environments for children younger than 18 years via early childhood education centers and schools, especially those that serve low-income populations.
4. Increase access to worksite wellness programs that implement and communicate best practices in worksite wellness activities

Comment about strategies

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Chapter: Prevention

Goal 2: Increased prevalence of healthy behaviors

Objective 2.2: Decrease the proportion of adults exceeding dietary guidelines for moderate drinking.

Measures	Baseline	Target	Source
Women ages 21+ who exceed dietary guidelines for moderate drinking	39.6% (2014)	35.0%	BRFSS
Men ages 21+ who exceed dietary guidelines for moderate drinking	43.4% (2014)	40.0%	BRFSS
Men ages 18+ who binge drank in the past 30 days	22.8% (2014)	20.0%	BRFSS
Women ages 18+ who binge drank in the past 30 days	12.2% (2014)	11.0%	BRFSS

Comment about objective and measures

Strategies:

1. Strengthen accountability in Colorado to hold social hosts liable for alcohol attributable harm.
2. Increase purchase price of alcohol.
3. Promote the use of electronic screening and brief intervention (e-SBI) to facilitate delivery of personalized feedback about risks and consequences of excessive drinking.
4. Educate the general public on cancer risk related to alcohol use.

Comment about strategies

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Chapter: Prevention

Goal 2: Increased prevalence of healthy behaviors

Objective 2.3: Decrease exposure to Ultraviolet (UV) Radiation.

Measures	Baseline	Target	Source
Youth in grades 9–12 using a tanning bed	6.1% (2013)	5.0%	HKCS
Adults 18+ who have used a tanning bed in the last 12 months	TBD (2016)	TBD	BRFSS
Adults 18+ who use at least one method of sun protection when outside during a sunny summer day for more than one hour	70.3% (2014)	75.0%	BRFSS
Children (0–14) who use at least one method of sun protection when outside for more than 15 minutes between 11am and 3pm	77.8% (2012)	82.0%	CCHS
Decrease sunburns in adults in the past year	33.3% (2014)	30.0%	BRFSS
Decrease sunburns in children (0–14) in the past year	45.6% (2012)	40.0%	CCHS

Comment about objective and measures

Strategies:

1. Raise awareness through schools regarding the risks of UV tanning.
2. Explore adding warning labels to UV tanning bed advertisements.
3. Restrict use of indoor UV tanning devices by minors.
4. Develop educational materials for state and local policymakers on the risks of indoor tanning.
5. Raise awareness of indoor tanning as a liability for institutes of higher education and strategies that reduce or eliminate indoor UV tanning.
6. Educate adults on the risks of indoor UV tanning beds.
7. Advocate for workplaces to establish sun safety guidelines, procedures and policies for workers.
8. Advocate for local governments and parks departments to establish design guidelines and policies to promote increased sun protection and shade.
9. Educate adults and children, in particular those who participate in outdoor recreation, on sun safety behaviors.
10. Advocate for schools, preschools and childcare centers to establish sun safety guidelines, procedures and policies.
11. Educate students in Kindergarten-8th grade about sun safety and the effects of ultra-violet (UV) radiation, and reinforce by modeling, demonstration or role-playing.

Comment about strategies

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Chapter: Prevention

Goal 3: Increased uptake of clinical interventions to prevent cancer

Objective 3.1: Increase collection and use of family history of cancer to ensure appropriate and risk-based cancer prevention messaging, screening and referrals.

Measures	Baseline	Target	Source
Adults who discussed their family's history of cancer with a health care provider	TBD (2016)	TBD	BRFSS
After family history of cancer discussion, providers who made cancer screening recommendations	TBD (2016)	TBD	BRFSS
After family history of cancer discussion, providers who made lifestyle recommendations	TBD (2016)	TBD	BRFSS
Adults at high risk (based on family history) who ever had an appointment with a genetic counselor	TBD (2016)	TBD	BRFSS

Comment about objective and measures

Strategies:

1. Administer a provider survey to determine the proportion of providers who collect cancer family history and the tools they are using and/or questions being asked.
2. Educate providers on guidelines for family history collection and referral for genetic counseling and testing.
3. Conduct demonstration projects that implement family history screening tools in primary or specialty care settings to identify patients at risk for hereditary cancer.
4. Develop referral and communication systems, including tele-counseling, for genetic counseling for Commission on Cancer facilities.
5. Identify funding sources for genetic counseling and testing for at-risk individuals are unable to pay.
6. Promote appropriate insurance coverage, especially Medicaid coverage, of genetic counseling, testing and ensuing clinical services for high-risk individuals.
7. Promote informed decision making post-genetic testing, in particular when prophylactic options are under consideration.

Comment about strategies

Goal 3: Increased uptake of clinical interventions to prevent cancer

Objective 3.2: Increase HPV and Hepatitis B vaccine uptake.

Measures	Baseline	Target	Source
Adolescent females ages 13–17 who have received at least one dose of the HPV vaccine	58.2% (2013)	80.0%	NIS-Teen
Adolescent males ages 13–17 who have received at least one dose of the HPV vaccine	33.5% (2013)	80.0%	NIS-Teen
Adolescent females ages 13–17 who have received three or more doses of the HPV vaccine	39.1% (2013)	80.0%	NIS-Teen
Adolescent males ages 13–17 who have received three or more doses of the HPV vaccine	9.9% (2013)	80.0%	NIS-Teen
Adults ages 18-49 who have received an HPV vaccine	14.7% (2014)	**	BRFSS
Among adults ages 18-49 who received an HPV vaccine and completed the series	61.0% (2014)	**	BRFSS
Adolescents ages 13-17 who have received three valid does of Hepatitis B vaccine	90.0% (2013)	95.0%	NIS-Teen
Infants who received a Hepatitis B birth dose	60.0% (2013)	75.0%	NIS-Children (aged 19-35 months)

*** Target not set due to year of vaccine introduction (2006) and inability for full adult age range (18-49) to have obtained the vaccine.*

Comment about objective and measures

Strategies:

1. Promote vaccination programs and requirements in schools and hospitals.
2. Educate parents about the Hepatitis B and HPV vaccine as a cancer prevention method.
3. Implement vaccine reminder and recall systems targeted at both providers and clients in pediatric and primary care provider offices.
4. Participate in the Colorado Immunization Information System to track vaccine uptake within clinics.
5. Implement provider assessment and feedback quality improvement processes.
6. Implement provider reminder systems to discuss vaccines with parents/guardians.
7. Implement standing provider orders for Hepatitis B and HPV vaccination.

Comment about strategies

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Cancer: Prevention

Goal 3: Increased uptake of clinical interventions to prevent cancer

Objective 3.3: Decrease chronic cases of Hepatitis C.

Measures	Baseline	Target	Source
Newly reported cases of chronic Hepatitis C	2982 (2013)	*	CO Viral Hepatitis Program
Adults born between 1945-1965 who have been tested for the Hepatitis C antibody	3.0% (2013)	30.0%	APCD

** An increase in testing could result in an increase in the number of people who are identified. With new information on testing, we will try to assess difference year-to-year in the ratio of those tested and those positive.*

Comment about objective and measures

Strategies:

1. Educate high risk populations, including injection drug users, on how to prevent contracting Hepatitis C.
2. Educate high risk populations, including veterans and baby boomers, on the importance of getting tested for Hepatitis C.
3. Implement standing provider orders for Hepatitis C testing of adults born between 1945-1965 and those considered to be at high risk.
4. Promote access and coverage to Hepatitis C treatment among public and private health plans.

Comment about strategies

Goal 4: Decreased environmental exposures that lead to cancer

Objective 4.1: Increase testing of household drinking water wells.

Measures	Baseline	Target	Source
Households with drinking water wells that are tested in the last 5 years	37.0% (2011)	47.0%	BRFSS
Households with drinking water wells that are sampled for arsenic	1.38% (2013)	5.0%	COEPHT

Comment about objective and measures

Strategies:

1. Partner with local public health agencies to educate private drinking well water owners and consumers on the facts and risks associated with arsenic.
2. Encourage testing of wells, including arsenic sampling at least once, targeting the northeastern and southern areas of Colorado.
3. Partner with water testing labs to educate consumers on the importance of testing for cancer related toxins.

Comment about strategies

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Chapter: Prevention

Goal 4: Decreased environmental exposures that lead to cancer

Objective 4.2: Increase knowledge and community infrastructure to decrease exposure to radon.

Measures	Baseline	Target	Source
Adults who know about radon	72.0% (2012)	80.0%	BRFSS
Adults who test their homes for radon	42.0% (2012)	50.0%	BRFSS
Cities and counties with local building codes for radon-resistant features in new construction	26 (2015)	30	CO Radon Program

Comment about objective and measures

Strategies:

1. Educate the public on what radon is and promote environmental equity through programs and outreach efforts directed at minority or indigent populations.
2. Educate homeowners, building owners and policy makers on the relationship of radon and risk of lung cancer.
3. Include information on radon facts and health effects in middle or high school curriculums.
4. Engage and educate realtors on how to share radon information and encourage radon testing during real estate transactions.
5. Engage homebuyers and sellers on the importance of radon testing and information disclosure during real estate transactions.
6. Educate builders, code officials, city councils and county commissioners on radon facts, health effects and implementation of radon resistant features in new construction.

Comment about strategies

Goal 4: Decreased environmental exposures that lead to cancer

Objective 4.3: Decrease exposure to asbestos and diesel exhaust.

Measures	Baseline	Target	Source
Data Source & Baseline to be determined	TBD (201X)	TBD	TBD

Comment about objective and measures

Strategies:

1. Encourage use of certified workers during renovation or demolition activities.
2. Educate homeowners on asbestos risk.
3. Educate adults and students on the relationship between diesel exhaust and risks of respiratory illnesses and lung cancer.
4. Promote and implement workplace policies to reduce exposure to carcinogens.

Comment about strategies

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Chapter: Screening & Early Detection

Goal 5: Increased high quality cancer screening and early detection rates

Objective 5.1: Increase high quality, guideline adherent, cancer screening rates.

Measures	Baseline	Target	Source
Women ages 50+ who had a mammogram within the last two years	72.4% (2014)	82.0%	BRFSS
Women ages 24–65 who had a Pap smear within the last 3 years	85.6% (2014)	93.0%	BRFSS
Men and women ages 50–75 who are adherent with colorectal cancer screening guidelines (FOBT in 1 year, Flexible Sigmoidoscopy in 5 years + FOBT in 3 years, or Colonoscopy in 10 years)	67.6% (2014)	80.0%	BRFSS
Men and women with appropriate smoking history risk (as determined by USPSTF guidelines) who are adherent with lung cancer screening guidelines	TBD	TBD	TBD

Comment about objective and measures

Strategies:

1. Educate primary care providers about cancer screening guidelines and the importance of a provider recommendation.
2. Promote informed decision making at both the provider and individual level regarding uncertainties, differing guidelines, risks and benefits of cancer screenings (e.g., mammography or prostate-specific antigen tests).
3. Educate patients and primary care providers on the importance of early detection of lung cancer among those who are high risk, and on the risks and benefits of screening.
4. Promote all modes of colorectal cancer screenings to providers and individuals: colonoscopy, flexible sigmoidoscopy and stool test (promote use of FIT and fecal DNA rather than guiac-based FOBT).
5. Educate providers on cervical cancer screening guidelines, including use of an HPV co-test.
6. Implement client reminder systems (e.g., print or phone) to advise individuals in need of a cancer screening. The system's messages may be tailored or general.
7. Implement provider oriented strategies including: (a) reminders and recalls to inform a provider an individual is in need of, or overdue for, a cancer screening test, including family history based risk, and (b) assessment and feedback interventions that present providers with information about screening provision.
8. Deliver one-on-one or group education conducted by health professionals or trained laypeople to motivate individuals to seek screenings by addressing indications for and benefits of screening, and what to expect during screening services. Use small media (e.g., brochures or newsletters) to support this education.
9. Implement evidence based practices when using patient navigators to cancer screening processes.
10. Educate endoscopists on the use of adenoma detection rates as a quality measure.
11. Implement provider assessment and feedback systems, including the use of GIQuIC, related to adenoma detection rates for purposes of improving the quality of colonoscopies.

Comment about strategies

Goal 5: Increased high quality cancer screening and early detection rates

Objective 5.2: Increase high quality, guideline adherent, cancer screening rates among targeted populations.

Measures	Baseline	Target	Source
Women age 50+ in poverty (under 250% FPL) who had a mammogram in the last two years	60.4% (2012)	66.4%	BRFSS
Women age 50+ who live in rural of frontier counties who had a mammogram in the last two years	64.0% (2012)	70.0%	BRFSS
Women ages 24-65 who live in rural or frontier counties who had a Pap smear within the last 3 years	83.7% (2012)	90.0%	BRFSS
Men and Women ages 50–75 in poverty (under 200% FPL) who are adherent with colorectal cancer screening guidelines (FOBT in 1 year, Flexible Sigmoidoscopy in 5 years + FOBT in 3 years, or Colonoscopy in 10 years)	48.5% (2012)	55.0%	BRFSS
Men and women ages 50–75 who live in rural or frontier counties who are adherent with colorectal cancer screening guidelines (FOBT in 1 year, Flexible Sigmoidoscopy in 5 years + FOBT in 3 years, or Colonoscopy in 10 years)	60.9% (2012)	70.0%	BRFSS
Hispanic/Latino Coloradans aged 50-75 who are adherent with colorectal screening guidelines	54% (2012)	65.0%	BRFSS
African-American men who engage in informed decision making about prostate cancer screening	TBD	TBD	BRFSS

Comment about objective and measures

Strategies:

1. Increase access to cancer screening services in rural areas, including colonoscopy and low-dose lung CT screening, by implementing mobile services, traveling providers, upgrading equipment or increasing Medicaid reimbursement.
2. Partner with community based organizations to reduce barriers (financial, cultural or regional) to obtaining cancer screening services.
3. Provide culturally relevant screening services for medically underserved communities, and promote culturally sensitive informed decision making about screening.
4. Educate Medicaid-eligible Coloradans about their cancer screening coverage, including locations that accept Medicaid.
5. Educate employers on the importance of providing paid leave for cancer screenings (especially for hourly employees).
6. Encourage Medicaid to adopt lung CT screening guidelines that match Medicare guidelines.

Comment about strategies

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Chapter: Screening & Early Detection

Goal 5: Increased high quality cancer screening and early detection rates

Objective 5.3: Increase early detection rates of non-screenable cancers.

Measures	Baseline	Target	Source
Melanomas (less than or equal to 1.00 mm Breslow depth or in situ)	76.0% (2010-12)	82.0%	CCCR
In situ or localized stage ovarian cancer	21.6% (2012)	25.0%	CCCR
In situ or localized stage oral cancer	35.7% (2012)	40.0%	CCCR

Comment about objective and measures

Strategies:

1. Increase awareness of the symptoms of non-screenable cancers among health care providers and individuals.
2. Educate medical and health care students via structured programs about ovarian cancer symptoms, risk factors, early detection, genetic counseling and genetic testing.
3. Educate dental health professionals on how to assess an individual for signs of oral cancer.
4. Disseminate information on new FDA-approved cancer screening tests as they become available (ex. potentially for ovarian cancer).

Comment about strategies

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Chapter: Screening & Early Detection

Goal 6: Consistent access to, and application of, quality diagnostic and treatment services adherent with nationally recognized standards

Objective 6.1: Reduce financial barriers for individuals receiving quality cancer treatment.

Measures	Baseline	Target	Source
Data Source & Baseline to be determined	TBD (201X)	TBD	TBD

Comment about objective and measures

Strategies:

1. Identify financial barriers to obtaining and sustaining quality diagnostic and treatment services, including potential public and private insurance barriers post Affordable Care Act implementation.
2. Educate decision makers (e.g., legislators, policy makers) regarding barriers to obtaining health plan coverage, including pharmacy benefits, in order to access treatment services.
3. Educate and connect uninsured Coloradans on resources to access quality cancer treatment.
4. Engage patient navigators and care coordinators to assist patients with overcoming financial barriers.
5. Implement a universal financial assistance application accepted by Colorado organizations that offer financial support to individuals during cancer treatment.

Comment about strategies

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Public Comment for the 2016-2020 CO Cancer Plan

Chapter: Screening & Early Detection

Goal 6: Consistent access to, and application of, quality diagnostic and treatment services adherent with nationally recognized standards

Objective 6.2: Increase the use of systematic methods to ensure patients and/or caregivers can make timely, informed decisions about treatment, including the prevention or mitigation of long-term and late effects.

Measures	Baseline	Target	Source
Data Source & Baseline to be determined	TBD (201X)	TBD	TBD

Comment about objective and measures

Strategies:

1. Create sustainable information-sharing models and systems that cancer diagnosis and care providers can implement in their organizations.
2. Engage patient navigators to educate patients and caregivers on the importance of timely informed decision making, including potential long term and late effects.
3. Educate providers, patients and caregivers of pediatric, young adults and adults of child bearing age about the potential impacts of cancer treatment on an individual's future fertility and options to preserve fertility.
4. Promote shared decision making regarding cancer treatment decisions among individuals who have multiple treatment options, including those with pediatric, adolescent and young adult cancers.
5. Ensure availability of patient materials that adhere to CDC health literacy standards.

Comment about strategies

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Chapter: Screening & Early Detection

Goal 6: Consistent access to, and application of, quality diagnostic and treatment services adherent with nationally recognized standards

Objective 6.3: Reduce geographic barriers to accessing specialty care for quality cancer treatment.

Measures	Baseline	Target	Source
Number and type of cancer treatment specialty providers by health statistic region	TBD (201X)	TBD	TBD

Comment about objective and measures

Strategies:

1. Conduct a needs assessment to identify regional barriers to accessing specialty cancer treatment, including availability of specialists, transportation and technology.
2. Develop and implement solutions to barriers identified during the needs assessment, such as telemedicine, traveling provider specialists, transportation resources.
3. Support treatment access for individuals whose cancer type has demonstrated improved outcomes when treated by certain board certified oncology specialists (e.g., ovarian cancer patients accessing a gynecologic oncologist).
4. Educate providers on decreased rates of cancer recurrence when ovarian cancer patients are initially treated by a gynecologic oncologist.

Comment about strategies

Goal 6: Consistent access to, and application of, quality diagnostic and treatment services adherent with nationally recognized standards

Objective 6.4: Increase percent of tumor testing and molecular profiling in cancer diagnoses when targeted therapies are proven or emerging.

Measures	Baseline	Target	Source
Data Source & Baseline to be determined	TBD (201X)	TBD	TBD

Comment about objective and measures

Strategies:

1. Disseminate information to laboratories and cancer specialists about best practices in tumor testing (e.g., testing colorectal cancer tumors for Lynch syndrome) and molecular profiling (e.g., to assess breast cancer risk in ovarian cancer survivors).
2. Advocate for universal testing and profiling of tumors.

Comment about strategies

Goal 7: Increased participation in high quality clinical trials

Objective 7.1: Increase education of high-quality clinical trials among pediatric, adolescent, young adult and adult cancer survivors, providers and caregivers.

Measures	Baseline	Target	Source
Data Source & Baseline to be determined	TBD (201X)	TBD	TBD

Comment about objective and measures

Strategies:

1. Promote online educational resources that contain comprehensive clinical trial considerations, links to resources and links to current clinical trials, to patients and cancer care professionals.
2. Increase visibility of clinical trials among the cancer community, particularly patients and cancer specialty practices.
3. Implement processes to systematically inform and encourage newly diagnosed patients and caregivers of the availability of clinical trials, as a component of treatment planning.
4. Create and promote educational resources to help individuals understand, evaluate and make informed decisions about participation in clinical trials, such as key questions to discuss with providers, treatment differences, the meaning of randomization and definitions of the three phases of clinical trials. Ensure resources are linguistically and culturally tailored to the population.

Comment about strategies

Goal 7: Increased participation in high quality clinical trials

Objective 7.2: Reduce barriers to clinical trial participation.

Measures	Baseline	Target	Source
Cancer patient enrollment in clinical trials at Colorado Commission on Cancer (CoC) accredited cancer programs	TBD (201X)	TBD	CO CoC Hospitals
Socio-economic, racial and ethnic diversity among clinical trial participants	TBD (201X)	TBD	TBD
Young adult and adult cancer survivors enrolled in clinical trials	TBD (201X)	TBD	TBD
Pediatric and adolescent cancer survivors enrolled in clinical trials	TBD (201X)	TBD	TBD

Comment about objective and measures

Strategies:

1. Identify and address barriers to clinical trial participation, including those that can increase diversity among clinical trial participants.
2. Educate legislators, employers and insurance carriers to promote policies that support availability of, patient access to, and participation in clinical trials.
3. Educate private health plans about the ACA requirement to cover routine medical care for patients enrolled in approved clinical trials.
4. Develop mechanisms to reduce travel expenses related to clinical trial participation.
5. Implement screening processes at cancer care settings to identify patients eligible for clinical trials.

Comment about strategies

Goal 8: Improved physical, mental and social well-being among cancer survivors^

** Aligned with the World Health Organization's definition of health*

^ Includes all cancer survivors, regardless of treatment status (e.g. in treatment, post-treatment)

Objective 8.1: Improve physical health among cancer survivors.

Measures	Baseline	Target	Source
Adult cancer survivors who are current smokers	14.0% (2009)	10.0%	BRFSS
Adolescent and young adult cancer survivors who are current smokers	TBD	TBD	TBD
Cancer survivors who report no leisure time physical activity	30.0% (2009)	25.0%	BRFSS
Cancer survivors who report poor physical health on 14 or more of the past 30 days	20.0% (2009)	15.0%	BRFSS
Cancer survivors who consume at least five servings of fruit and vegetables each day	27.0% (2009)	32.5%	BRFSS
Cancer Survivors who are obese or overweight	TBD (20XX)	TBD	BRFSS

Comment about objective and measures

Strategies:

1. Educate onocology providers on tobacco counseling and referral services.
2. Implement evidence-based tobacco cessation programs in the cancer survivor population.
3. Reduce out of pocket costs for evidence-based cessation treatments, such as medication and counseling.
4. Track Quitline calls from cancer survivors and provide direct education to survivors on the effects of tobacco on treatment efficacy, recurrence risk and second cancers.
5. Implement evidence-based health behavior change and self-management programs for, or adapted to, the cancer survivor population.
6. Educate survivors on maintaining a healthy lifestyle as a way to decrease risk of cancer recurrence, side-effects from treatment, additional primary cancers and/or other co-morbidities.
7. Assess the availability and use of cancer rehabilitation services, including those provided in clinical settings, community programs, and by personal trainers with advanced certification in oncology rehabilitation, and increase access where needed.
8. Assess the availability and use of oncology certified Registered Dieticians who provide services to cancer survivors, and increase access as needed.
9. Educate employers and providers about the physical needs of cancer survivors.
10. Educate school administrators, teachers and support staff on the needs of children during and after cancer treatment.
11. Provide a mechanism for consolidated cancer resources in the state, for example through a directory or referral service, that includes mental health and spans all age ranges.
12. Assess health insurance coverage of reconstructive surgery for cancer survivors and identify gaps, barriers and solutions.

Comment about strategies

*Goal 8: Improved physical, mental and social well-being among cancer survivors^*

** Aligned with the World Health Organization's definition of health*

^ Includes all cancer survivors, regardless of treatment status (e.g. in treatment, post-treatment)

Objective 8.2: Improve mental health among cancer survivors.

Measures	Baseline	Target	Source
Cancer survivors who report poor mental health on 14 or more of the past 30 days	11.0% (2009)	8.0%	BRFSS
Policies in place at hospitals, treatment centers and medical offices to ensure provision of distress screening during pivotal medical visits	TBD (20XX)	TBD	TBD
Referrals made or resources provided based on distress screening outcomes	TBD (20XX)	TBD	TBD
Schools with policies that support survivors transition back to school	TBD (20XX)	TBD	TBD

Comment about objective and measures

Strategies:

1. Support physical and behavioral health integration initiatives in Colorado (e.g., State Innovation Model grant).
2. Provide access to research tested psychosocial support programs, for example those found on R-TIPS, for survivors and caregivers, while assessing and addressing availability of these services in rural regions.
3. Educate employers and providers about the mental and emotional needs of cancer survivors and resources available to support them.
4. Implement distress screenings during cancer diagnosis, treatment, surgical, survivorship or transition appointments.
5. Conduct a literature review of transition clinic outcomes to identify mental health needs among pediatric, adolescent and young adult survivors.
6. Educate school administrators, teachers and support staff on the needs of children during and after cancer treatment.
7. Develop model policies for schools to adopt that support pediatric and adolescent survivors successful transition back to school.
8. Provide a mechanism for consolidated cancer resources in the state (e.g., through a directory or referral service) that includes mental health and spans all age ranges.
9. Promote and assess activities considered to be promising practices which are provided in and outside of clinical settings to improve mental and emotional health, for example yoga, meditation or mentor programs.

Comment about strategies

COLORADO
Department of Public Health & Environment

Public Comment for the 2016-2020 CO Cancer Plan

Chapter: Post-Treatment Survivorship & End-of-Life Care

Goal 9: Expanded evidence base surrounding quality of life and survivorship

Objective 9.1: Increase the number of research projects conducted in Colorado focusing on the effectiveness of quality-of-life interventions for cancer survivors.

Measures	Baseline	Target	Source
Research projects to assess quality-of-life interventions for cancer survivors	Unknown (2015)	10	TBD

Comment about objective and measures

Strategies:

1. Conduct a needs assessment on the number and type of cancer survivorship programs and create a plan to address the gaps.
2. Develop and implement research projects to measure the effectiveness of support groups or other psychosocial interventions for understudied cancer types.
3. Develop and implement research projects to measure the effectiveness of non clinical approaches, for example yoga or massage, on cancer survivor quality of life.

Comment about strategies

Goal 9: Expanded evidence base surrounding quality of life and survivorship

Objective 9.2: Evaluate the effectiveness of survivorship care plans on improving long-term clinical and quality-of-life outcomes.

Measures	Baseline	Target	Source
Research projects assessing Survivorship Care Plans	TBD (201X)	TBD	TBD

Comment about objective and measures

Strategies:

1. Partner with academic institutions to assess the impact of survivorship care plans on quality of life and health outcomes for cancer survivors.
2. Collect and analyze data related to pediatric and adolescent/young adult survivorship care plans.

Comment about strategies

Goal 10: Improved compliance with post-treatment follow-up guidelines

Objective 10.1: Increase provision of survivorship planning services to eligible cancer survivors.

Measures	Baseline	Target	Source
Individuals treated with curative intent who receive a survivorship care plan at the end of treatment	TBD (201X)	TBD	CCCR
Individuals treated at CoC-accredited facilities that receive a TS/SCP	Unknown (201X)	90%	CoC survey
Non-CoC accredited cancer treatment facilities actively providing TS/SCPs to survivors	Unknown (201X)	10	Colorado hospital survey
Pediatric and adolescent/young adult cancer survivors who receive a survivorship care plan	TBD (201X)	+25.0% (above baseline)	TBD

Comment about objective and measures

Strategies:

1. Provide technical support to hospitals regarding effective implementation of the Commission on Cancer standards regarding the delivery survivorship care plans.
2. Provide resources and training to providers in facilities not accredited by the Commission on Cancer, about the development and delivery of survivorship care plans.
3. Advocate for legislation which would reimburse for the costs associated with development and delivery of survivorship care plans.
4. Identify a data source and baseline for post-treatment follow-up visits for pediatric, adolescent and young adult cancer survivors. Explore the All-Payer Claims Database as well as the Hope Clinic and TACTIC programs as possible sources.
5. Assess barriers to follow-up care among pediatric, adolescent and young adult cancers survivors who did not receive follow-up care.
6. Disseminate post-treatment follow-up guidelines to oncologists and primary care providers.
7. Identify existing patient/family materials or design new materials about the importance of follow-up care for cancer survivors, and disseminate to clinical cancer care organizations as well as non-profit cancer support organizations.

Comment about strategies

Goal 10: Improved compliance with post-treatment follow-up guidelines

Objective 10.2: Increase adherence to nationally recognized follow-up care guidelines for cancer survivors among oncologists and primary care providers.

Measures	Baseline	Target	Source
Oncologists treating pediatric, adolescent and/or young adult cancer survivors and use the Children's Oncology Group guidelines	TBD (201X)	TBD	TBD
Oncologists treating adult cancer survivors and use surveillance guidelines from the National Comprehensive Cancer Network (NCCN) or American Society of Clinical Oncology (ASCO)	TBD (201X)	TBD	TBD
Primary care providers treating adult cancer survivors and are familiar with surveillance guidelines from the National Comprehensive Cancer Network (NCCN) or American Society of Clinical Oncology (ASCO)	TBD (201X)	TBD	TBD

Comment about objective and measures

Strategies:

1. Identify data sources and baselines to track adherence to post-treatment guidelines.
2. Promote continuing medical education opportunities, for example through COPIC, on long-term effects of cancer treatment on other health issues and chronic diseases.
3. Disseminate post-treatment follow-up guidelines, from NCCN or ASCO, to oncologists and primary care providers.
4. Motivate individuals and providers to ask about and share post-treatment documentation received, such as a treatment summary or survivorship care plan.
5. Implement identification and tracking methods of cancer survivors in electronic medical records, in particular for pediatric and adolescent survivors, for whom there may be a long period of time between cancer diagnosis and treatment, and receiving future health care as an adult.

Comment about strategies

Goal 10: Improved compliance with post-treatment follow-up guidelines

Objective 10.3: Increase pediatric and adolescent and young adult survivors of a genetically-linked cancer who are referred for counseling about further genetic risk.

Measures	Baseline	Target	Source
Eligible pediatric and adolescent/young adult cancer survivors who receive genetic counseling about further cancer risk	TBD (201X)	TBD	TBD

Comment about objective and measures

Strategies:

1. Establish a data source and baseline to track pediatric and adolescent/young adult cancer diagnoses receiving genetic counseling regarding further cancer risk.
2. Assess the availability of genetic counselors in the state, and increase the workforce of genetic counselors as needed.
3. Implement electronic health record reminders based on personal or family history of cancer to trigger referrals to genetic counseling.
4. Implement telephone-based or telemedicine for genetic counseling.
5. Educate patients about cancers that may pose further risk by partnering with genetic counselors, oncology providers and survivorship clinics.

Comment about strategies

Goal 11: Expanded availability of and access to palliative and end-of-life care services

Objective 11.1: Increase palliative care and end-of-life services.

Measures	Baseline	Target	Source
Hospices providing palliative care services	36% (2013)	50%	CIVHC Survey
Hospitals providing palliative care services	26% (2013)	50%	CIVHC Survey
Rural or frontier counties with access to hospice or hospital based palliative care services	5 (2013)	15	CIVHC Survey
Palliative Care Provider Consults	TBD	TBD	Life Quality Institute
State grade on palliative care	B (2011)	A	Center to Advance Palliative Care

Comment about objective and measures

Strategies:

1. Assess number and type of current palliative and end of life care providers.
2. Partner with health care workforce development organizations, especially in rural areas, to prepare and recruit palliative and end of life care providers.
3. Assess reimbursement barriers and implement a plan to improve reimbursement and access to services across the state.
4. Support research on the benefits of palliative care during chronic illness in addition to end of life stages.

Comment about strategies

COLORADO
Department of Public Health & Environment

Public Comment for the 2016-2020 CO Cancer Plan

Chapter: Post-Treatment Survivorship & End-of-Life Care

Goal 11: Expanded availability of and access to palliative and end-of-life care services

Objective 11.2: Increase access to non-pharmacologic interventions for cancer pain management, palliative care and wellness.

Measures	Baseline	Target	Source
Data Source & Baseline to be determined	TBD (201X)	TBD	TBD

Comment about objective and measures

Strategies:

1. Propose to the Colorado Division of Insurance a list of preferred non-pharmacologic interventions that should be included as covered benefits, based on an assessment of current coverage for at least 3 major health plans and Medicaid/Medicare.
2. Collaborate directly with health plans to increase coverage of non-pharmacologic interventions.
3. Educate cancer survivors on non-pharmacologic options.

Comment about strategies

COLORADO
Department of Public Health & Environment

Public Comment for the 2016-2020 CO Cancer Plan

Chapter: Post-Treatment Survivorship & End-of-Life Care

Goal 11: Expanded availability of and access to palliative and end-of-life care services

Objective 11.3: Increase the use of end-of-life care for those with a prognosis of six months or less to live.

Measures	Baseline	Target	Source
Individuals with a cancer prognosis of six months or less who access end of life care	TBD (201X)	TBD	TBD

Comment about objective and measures

Strategies:

1. Work with the Center for Improving Value in Health Care (CIVHC) and the Hospice and Palliative Care Association of the Rockies to develop ongoing provider messaging and support about how to explain the relative benefits and risks of continued treatment vs. end-of-life care to terminally ill patients and their families.
2. Assess the availability of patient education materials about end-of-life, and implement a plan to make materials more accessible to cancer survivors and caregivers.

Comment about strategies

Goal 12: Increased patient engagement and health literacy

Objective 12.1: Increase cancer related materials (educational and clinical) targeting the general public that adhere to CDC health literacy standards.

Measures	Baseline	Target	Source
Data Source & Baseline to be determined	TBD (201X)	TBD	TBD

Comment about objective and measures

Strategies:

1. Revise or identify new pediatric and adolescent/young adult cancer survivor and caregiver materials to meet CDC health literacy standards based on an assessment of current materials.
2. Disseminate CDC health literacy standards to primary care and oncology providers, in addition to cancer treatment centers, hospitals and clinics.

Comment about strategies

Goal 12: Increased patient engagement and health literacy

Objective 12.2: Increase the availability of patient navigation services along the cancer care continuum.

Measures	Baseline	Target	Source
Cancer treatment facilities using patient navigators	TBD (201X)	TBD	TBD
Community health clinics using patient navigators	TBD (201X)	TBD	TBD

Comment about objective and measures

Strategies:

1. Assess the availability of patient navigation services, including focus area as it relates to the cancer care continuum.
2. Support a statewide, competency based, patient navigation credentialing process, including a voluntary registry of individuals who passed a skills assessment test.
3. Educate organizations on the role, competencies and benefits of patient navigators.
4. Implement evidence based patient navigation at clinics, hospitals and cancer treatment centers and community health workers within communities and community based organizations.
5. Implement system integration activities to increase the use and availability of patient navigators, for example by including patient navigators on a care team.
6. Prioritize populations with health inequities that may see an increased benefit from patient navigation if resources are limited.

Comment about strategies

Goal 13: Improved infrastructure, planning and collaboration

Objective 13.1: Increase the amount and quality of cancer data reported to the Colorado Central Cancer Registry through electronic mechanisms.

Measures	Baseline	Target	Source
Eligible providers who actively report cancer cases to the Cancer Registry as part of Meaningful Use (MU)	0% (2015)	40.0%	CCCR
Providers who allow automated reporting of cancer data through a Health Information Exchange (HIE)	0 (2015)	20	CCCR
Ambulatory practices who actively and electronically report cancer data to the Cancer Registry, outside of HIE or MU requirements	TBD (2015)	10	CCCR

Comment about objective and measures

Strategies:

1. Educate ambulatory care providers on cancer reporting as an option for Stage II Meaningful Use.
2. Partner with Health Information Exchange organizations on direct reporting to CCCR.
3. Educate HIE reporting providers about the benefits of automatic data sharing with the CCCR.
4. Implement tools that allow for rapid case reporting.

Comment about strategies

Goal 13: Improved infrastructure, planning and collaboration

Objective 13.2: Increase diversity and collaboration among cancer plan implementation participants.

Measures	Baseline	Target	Source
Data Source & Baseline to be determined	TBD (201X)	TBD	TBD

Comment about objective and measures

Strategies:

1. Conduct an annual assessment of those implementing activities related to the cancer plan.
2. Implement strategies to fill partnership gaps as identified in annual assessments.
3. Track leveraged resources related to cancer plan implementation activities.

Comment about strategies

COLORADO
Department of Public Health & Environment

Public Comment for the 2016-2020 CO Cancer Plan

Chapter: Cross-Cutting Objectives Across the Continuum

Goal 13: Improved infrastructure, planning and collaboration

Objective 13.3: Maintain an annual report that describes progress made related to the 2016-2020 Colorado Cancer Plan.

Measures	Baseline	Target	Source
Annual Cancer Plan progress report	0 (2015)	5	CO Comprehensive Cancer program records

Comment about objective and measures

Strategies:

1. Develop annual report format and annually gather pertinent content.
2. Identify additional sources of data that may be used to gather and track information about progress made on this Plan, particularly sources related to treatment and survivorship objectives.
3. Disseminate annual reports using a strategic communication plan to deliver information to diverse audiences such as medical communities, employers, local public health agencies, universities, social service organizations and faith communities.

Comment about strategies

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Public Comment for the 2016-2020 CO Cancer Plan

General Feedback

Additional comments about the 2016-2020 Cancer Plan not related to a specific goal or objective.