# INDIANA

## CANCER CONTROL PLAN

## 2023-2027

ACTION FOR CANCER PREVENTION AND CONTROL

INDIANA
CANCER
CONSORTIUM

*This publication was supported, in part, by grant Number NU58DP007166, Indiana Cancer Prevention and Control, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.*

# LETTER FROM
# INDIANA CANCER CONSORTIUM CHAIRS

Dear Hoosiers,

In February 2022, President Biden reignited the Cancer Moonshot, an effort to accelerate the rate of progress against cancer, with renewed leadership and new ambitious goals. With goals to reduce the death rate from cancer by at least 50 percent over the next 25 years and improve the experience of people and their families living with and surviving cancer— this initiative aims to end cancer as we know it today.

Cancer is a complex and costly disease; addressing it takes an all-hands-on-deck approach. Developed by the Indiana Cancer Consortium (ICC) and diverse partners from across the state, the 2023-2027 Indiana Cancer Control Plan is a comprehensive roadmap for actions that will guide cancer control efforts and promote collaboration between organizations and the citizens of Indiana.

Although Indiana's cancer rates have decreased throughout the years, approximately two in five Hoosiers now living will eventually have cancer—impacting every individual, family, and community throughout the state.

The plan is intended for use by all cancer control professionals throughout the state, including health care providers and administrators; public health professionals; academics; representatives of community, nonprofit, and advocacy organizations; volunteers; and many others looking for ways to join the fight against cancer. You can take an active role in reducing the cancer burden in Indiana by reading this plan to keep informed about the disease.

The plan consists of five focus areas: health equity, primary prevention, early detection, treatment, and survivorship. Each section has an overarching goal, supporting objectives, and strategies that adhere to evidence-based interventions and scientific studies. A glossary of terms is available at the end of this document to provide general information about words and terms associated with cancer.

We urge you to pass this plan on to your family, friends, neighbors, and co-workers and encourage them to be proactive about cancer prevention and early detection.

Day by day, as more partners implement the strategies from this plan, extraordinary accomplishments are made. This is the power of our unique cancer control alliance. *Together, we are stronger than cancer.*

Sincerely,

| | |
|---|---|
| **Beth Wrobel**<br>ICC Board of Directors, Chair | **Rachelle Anthony**<br>ICC Board of Directors, Vice-Chair |

## TABLE OF CONTENTS

# ACKNOWLEDGEMENTS

## INDIANA CANCER CONTROL PLAN OVERSIGHT COMMITTEE

Tim Arndt
Jessica Beckstrand
Dana Carter
Pamela Clark
Cynthia Cunningham
Taylor Eisele
Tina Elliott
Julie Gries
Lisa Harman
Ruth Hoffman
Tiffany Nichols
Mary Robertson
Demarcus Sneed
Robyn Spoon
Krista Wilson

## ICC STEERING COMMITTEE

Susan Ambruso
Rachelle Anthony
David Caldwell
Victoria Champion
David Lahm
Kelvin Lee
Melody Littrell
Jon Macy
Lori Mangum
Lexi Moore
Eric Richards
Janet Seabrook
Krista Wilson
Beth Wrobel

## GRAPHIC DESIGN

Casey Miser

## ADDITIONAL SUBJECT MATTER EXPERTS

Rhonda Boyd-Alstott
Jeff Brown
Lisa Cauldwell
Angie Cavalieri
Stephanie Cohen
Anita Day
Fred Duncan
Michelle Dyer
Aimee Formo
Kelly Freeman
Lauren Fryzel
Heather Garvey
Kevin Garvey
Jessica Gellert
Faith Griffaw
Daniel Hardesty
Lisa Hayes
Megan Henderson
Kelly Hite
Jessica Jackson
Tiffany Kerrigan
Caleb Levell
Anna McIntire
Lindsey Mickler
Paula Pettis-Garrett
Mandy Pietrykowski
Natalia Rodriguez
Katelin Rupp
Jennifer Sarkey
Kelsey Turner
Sarah Vivo
Amanda Wills

# INDIANA CANCER CONSORTIUM

## PARTNER ORGANIZATION LIST

American Cancer Society
American Childhood Cancer Organization
Anthem
Baptist Health Floyd
Boone County Health Department
Butler University--EPICS Program
Cancer Pathways Midwest
Cancer Prevention and Control Program of Indiana University Simon Cancer Center
Cancer Resource Center of Lutheran Hospital
Cancer Services of Grant County
Cancer Services of Northeast Indiana
Cancer Support Community Central Indiana
Center for Healing and Hope
Center for Health Equity at the Indiana Institute on Disability and Community, Indiana University-Bloomington
Center of Wellness for Urban Women
Central Indiana Prostate Cancer Foundation, Inc
Chemo Buddies
Clark Memorial Hospital
Colon cancer prevention project
Community Action of Southern Indiana - Minority Health Initiative
Community Healthcare System
Community Solutions, Inc.
Daviess Community Hospital
Decatur County Memorial Hospital
Digestive Health Associates
Dubois County Health Department
Eskenazi Health, EMBRACE Program
Esophageal Cancer Education Foundation
Floyd County Tobacco Coalition
Gennesaret Free Clinic
Get Fit Get Healthy
Gilda's Club Kentuckiana
Good Samaritan Hospital
Goshen Health
Grace College
Hancock County Tobacco Free Coalition
Harper Cancer Research Institute
Health by Design
HealthVisions Midwest
Healthy Communities of La Porte County
Hello Gorgeous! Of Hope, INC
Henry Community Health
Henry County Health Department
Hitachi Astemo
Hoosier Cancer Research Network
Indiana Association of School Nurses
Indiana Breast Cancer Awareness Trust, Inc.
Indiana Hospital Association
Indiana Latino Institute
Indiana Lifestyle Medicine Network
Indiana Minority Health Coalition
Indiana Primary Health Care Association
Indiana Public Health Association
Indiana Rural Health Association
Indiana University
Indiana University Health Ball Memorial Hospital
Indiana University Melvin and Bren Simon Cancer Center
Indiana University Northwest School of Nursing
IU Health Bloomington Hospital
IU National Center of Excellence in Women's Health
IUPUI Center for HPV Research
Jay County Hospital
Karuna Precision Wellness Center
King's Daughters' Health
Kosciusko County Tobacco Free Coalition
Kristen Forbes EVE Foundation, Inc.
Leukemia & Lymphoma Society
Little Red Door Cancer Agency
Live Well Kosciusko
LuCa National Training Network
Madison County Community Health Center
Maple City Health Care Center
Marion County Public Health Department
Marram Health Center
Meals on Wheels of Central Indiana
MHIN, Inc
Monroe County Health Department
National Institute for Public Safety Health
North Vernon Plain Dealer
Oncology Hematology Associates of Southwest Indiana
Outrun the Sun, Inc.
Ovar'coming Together, Inc.
Parkview Comprehensive Cancer Center
Peppermint Giggles Project
Pink Ribbon Connection
Pink-4-Ever Inc
Purdue Extension- Porter County
Purdue Extension, Wayne County
Purdue University Center for Cancer Research
Raphael Health Center
Reaching To End Disparities, Inc.
Ready Set Quit Tobacco
Schneck Medical Center
Smokefree Communities
Spencer County Tobacco Free Coalition
St. Joseph County Health Department
St. Mary's Health
St. Vincent Cancer Care Services
St. Vincent Health - Ascension
Susan G. Komen
SV Anderson Regional Cancer Center
The Claire E. and Patrick G. Mackey Children's Cancer Foundation
The Colon Club
Tobacco Education and Prevention Coalition for Porter County
Tobacco Free Allen County
TOUCH INC.
United Health Services
University of Southern Indiana College of Nursing and Health Professions
YMCA of Greater Indianapolis
YMCA of Michiana, Inc.
YMCA of Southwestern IN
YWCA Women's Cancer Program

# COLLABORATING TO CONQUER CANCER

The Comprehensive Cancer Control National Partnership is a movement of states, tribes, territories, U.S. Pacific Island Jurisdictions, and local communities working together to reduce the burden of cancer for all people. In the Indiana state, the Indiana Cancer Consortium (ICC) serves as that comprehensive cancer control coalition, responsible for developing, implementing, and evaluating a statewide cancer control plan, which addresses cancer from prevention through end-of-life.

Collaborating to Conquer Cancer is the underlying philosophy and model that guides all ICC efforts, as well as those of our partners across the nation. In Indiana, we are proud to say that Collaborating to Conquer Cancer represents the more than 400 organizational and individual members of the ICC who collaborate to bring together Indiana's cancer community, identify disease challenges facing both state and local communities, and develop evidence-based solutions that make a difference.

The ICC membership plans, contributes, and takes advantage of a full range of free services – including professional trainings, educational publications, funding opportunities, and guidance. By listening to our partners, public health and medical experts, and other interested individuals, we continually evolve to better address the gaps in cancer prevention and control across the state. The larger our coalition grows, the bigger impact and voice we have.

## ICC MISSION

**The ICC Reduces Indiana's Cancer Burden Through the Coordinated, Collective Actions of Its Members and The Sharing of Resources, Knowledge, and Passion.**

## ICC VISION

**An Indiana united in preventing, controlling, and reducing cancer.**

## ORGANIZATIONAL PRIORITIES

- **LEAD** the development, implementation, and evaluation of a comprehensive plan to reduce cancer morbidity and mortality in Indiana.
- **RECOGNIZE** excellence in cancer prevention and control.
- **PROVIDE** guidance on current issues in cancer policy, research, detection, treatment, and survivorship.
- **CONVENE** a multi-sectored and diverse membership to discuss cancer-related challenges facing Indiana.
- **STRENGTHEN** communication, resource sharing, and collaboration to reduce duplication and inefficiency.
- **EDUCATE** Indiana's public health and healthcare workforce to implement evidence-based strategies.
- **ADVOCATE** for strong policy, systems, and environmental changes that decrease cancer risk factors.
- **INCREASE** dedicated funding to cancer prevention and control in Indiana.

# WHAT YOU NEED TO KNOW:

## CANCER IN INDIANA

**WORKING TOGETHER,** Indiana has made great strides over the past several decades in regards to our cancer burden. Although our state cancer rates have seen decreases, cancer is still the second leading cause of death.

### WHAT IS CANCER?

Cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells. The cancer cells form tumors that destroy normal tissue. If cancer cells break away from a tumor, they can travel through the bloodstream or the lymph system to other areas of the body, where they might form new tumors (metastases). If this growth is not controlled, cancer might be fatal.

**APPROXIMATELY 2 IN 5 PEOPLE IN INDIANA**

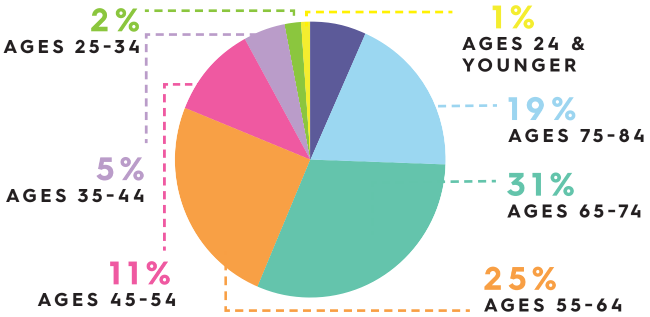
now living will eventually have cancer. Suggesting that every resident will have a personal connection to cancer in some way.

### WHO GETS CANCER?

In Indiana, in 2019, **75% (74.6)** of all cancer cases were diagnosed among people ages 55–84.

Individuals who have been exposed to certain external and internal risk factors have an increased risk of developing cancer, such as male smokers, who are about 23 times more likely to develop lung cancer than nonsmokers.

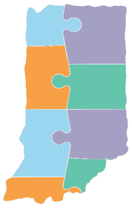
Anyone can get cancer at any age; however middle-aged and older people are more likely to get cancer.[1]



### WHAT ARE THE MOST COMMON CANCERS?

The most commonly occurring cancers for both the state and the nation are the same. Excluding skin cancers, breast and lung (including bronchus) are the most prevalent cancers among males and females, respectively. Prostate (among men) and colorectal cancers (among both sexes) are the next most common cancers. Annually, lung cancer is responsible for the most cancer related deaths among both sexes.[2]

### TOP CANCERS FOR INDIANA



- Lung & Bronchus
- Lymphoid & blood forming tissues
- Colorectal
- Breast
- Kidney & Urinary Bladder
- Prostate[1]

Data Sources: (1) Indiana State Cancer Registry, (2) Centers for Disease Control and Prevention

# WHAT YOU NEED TO KNOW:
## CONTINUED

### HOW MANY PEOPLE IN INDIANA WILL GET CANCER?

- Nationally, men have nearly a 1 in 2 chance of developing cancer in their lifetime; for women, the lifetime risk of developing cancer is a little more than 1 in 3.[1]
- The American Cancer Society (ACS) estimates 40,270 new cancer cases in 2023. **Approximately 4 new cancer cases every hour of every day**.
- The ACS also estimates 13,660 cancer deaths in 2023. **Approximately 37 people every day.**
- These estimates did not include cases of basal and squamous cell skin cancers and in situ carcinomas (except for in situ urinary bladder cancer cases).

### WHAT ARE THE COSTS OF CANCER?

- The overall costs of cancer care are rising. According to the American Cancer Society Cancer Action Network, approximately $183 billion was spent in the U.S. on cancer related health care in 2015. This amount is projected to grow to $246 billion by 2030—an increase of 34%.[2]

### HOW DOES CANCER INCIDENCE AND MORTALITY IN INDIANA COMPARE WITH THE REST OF THE US?

- Indiana's age-adjusted cancer incidence rate during 2019 was 410 per 100,000 people. This was lower than the 2017 national rate of 439 per 100,000 people.
- The national incidence rate (439) was higher than the Indiana rate (410 per 100,000 people).
    - However, the national mortality rate (146) was lower than the Indiana rate (163.3 per 100,000 people).
- Indiana's age-adjusted mortality rate was 11.4% higher than the national rate in 2019.
    - This included being 13.7% higher among Indiana MALES (198.5 versus 173 deaths per 100,000 males); and
    - 9.5% higher among Indiana FEMALES (138.6 versus 126 deaths per 100,000 females).[3]

### IS THE CANCER BURDEN IN INDIANA LESSENING?

- In Indiana from 2010 to 2019:
    - Cancer incidence rates **decreased** from 485.4 to 451.3 new cases per 100,000 people.
    - Cancer death rates **decreased** from 186.1 to 159.2 deaths per 100,000 people.
- However, trends varied among the different cancer types.
- These statistics indicate that progress continues to be made in the early detection and treatment of certain cancers, and that the incidence and mortality of some cancers is declining. Even though the rate is going down, the number of new cases and deaths is going up. This happens because the size of our population is growing and aging each year.
- **A significant cancer burden still exists among Indiana residents that requires continued and more targeted cancer control efforts.**[4]

### HOW DOES INDIANA TRACK CANCER RISK AND RISK BEHAVIOR DATA?

- The Indiana State Cancer Registry was established in 1987 to compile information on cancer cases and other related data necessary to conduct epidemiological studies of cancer and develop appropriate preventive and control programs. The data in this registry allows for the evaluation of cancer prevention efforts and the measurement of progress toward reaching the state goal of reducing cancer incidence and mortality among Indiana residents.
- Additionally, several data sources are used to describe the burden of risk factors (e.g., obesity) and cancer screening rates among Indiana residents. The Behavioral Risk Factor Surveillance System (BRFSS) is the main source utilized to do this because it provides yearly data that can be used to generate Indiana-specific estimates for a large number of cancer risk and preventative factors. Findings are tracked and compared to other states to monitor Indiana's progress.
- Many baseline and target measures established throughout this plan will be tracked using these two data sources.

Data Sources: (1) National Cancer Institute's Surveillance Epidemiology and End Results database (2) ACSCAN The Costs of Cancer 2020 (3) U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2019 submission data (1999-2017): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, released in June 2020 (4) Indiana State Cancer Registry

# CANCER DISPARITIES
## IN INDIANA

The National Cancer Institute defines “cancer health disparities” as adverse differences in cancer measures such as: incidence (new cases), prevalence (all existing cases), mortality (death), survivorship (including quality of life after cancer treatment), financial burden or related health conditions, screening rates, and stage at diagnosis. Cancer disparities can also be seen when outcomes are improving overall but the improvements are not seen in some groups relative to other groups. Population groups that may experience cancer disparities include groups defined by race/ethnicity, disability, gender identity, geographic location, income, education, age, sexual orientation, national origin, and/or other characteristics.

## DIFFERENCES IN THE INDIANA CANCER BURDEN EXIST BY:

### AGE

During 2019, nearly 80 (81.2) percent of all cancer cases were diagnosed among people ages 55 and older.[1]

### RACE

During 2015 – 2019, the cancer incidence rate for whites was higher than the rate for African-Americans (482.3 vs. 471.4, respectively), but the African-American cancer mortality rate was higher than the rate for whites (184.3 vs. 167.4, respectively). [1]

### ETHNICITY

In the Hispanic/Latino community, cancer was the leading cause of death for females and the second leading cause of death for males in 2021. During 2015 – 2019, for all cancers combined, incidence and mortality rates were significantly lower among Hispanics than among non-Hispanics.[1]

## IN INDIANA

Death Rates from ALL
Cancers were

**11.4%**
**HIGHER**

than the US Rate in 2019.[2]

Data Sources: (1) Indiana State Cancer Registry (2) U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2019 submission data (1999-2017): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, released in June 2020.

# CANCER DISPARITIES
## CONTINUED

Nationally, cancer health disparities are due to numerous complex factors, which can include inequalities in access to care, such as screening, treatment, or preventive services. People who are poor, lack health insurance, and have limited or no access to quality health care— regardless of ethnic and racial background—often bear a greater burden of disease than the general population.

### BARRIERS THAT CONTRIBUTE TO CANCER HEALTH DISPARITIES IN INDIANA INCLUDE:

- Poverty is the largest contributing factor – According to the BRFSS, in 2020, higher education and income levels correlated with a higher likelihood that women aged 21-65 obtained a Pap test within the past three years, women aged 50-74 had a mammogram within the past two years, and adults aged 50-75 had a colorectal cancer screening that met the United States Preventive Services Task Force's recommendation.
- Lack of health insurance or a personal doctor or health care provider – According to the 2020 Indiana BRFSS adults with healthcare coverage or a personal doctor/health care provider had significantly higher rates of cancer screenings than adults without coverage or a personal doctor.
- Socioeconomic status (income, education).
- Cultural values or beliefs regarding healthcare.
- Discrimination and social inequalities, including communication barriers and provider/ patient assumptions.
- Structural racism can make health care difficult to access, navigate, and pay for, especially for historically marginalized groups.
- Geographic location, including travel distances and transportation to access care.

Cancer disparities can be eliminated if we focus on promoting health equity for everyone. The Centers for Disease Control and Prevention states that "health equity is achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

# INDIANA CANCER CONTROL PLAN

## 2023 - 2027

The Indiana Cancer Control Plan 2023-2027 identifies the policies, changes, and actions required at all levels, from statewide to individual, to reduce Indiana's cancer burden. The collaborative processes of the ICC are best reflected through the development and implementation of this plan. A targeted roadmap to coordinate cancer control efforts.

Over the course of 2022 and 2023, the ICC utilized virtual meetings to develop this plan. The ICC and its volunteer leadership brought together experts and key stakeholders in the fields of public health, cancer research, and treatment to identify the most important strategies that, when implemented, can significantly impact cancer in Indiana. This iteration contains the baseline and updated measures, as well as updated strategies addressing objectives extended from the previous plan.

The emergence of COVID-19 has impacted cancer control. From the risk of infection for those undergoing treatment, to the use and availability of screenings, and the increased use of telehealth. According to the American Cancer Society, an estimated 22 million cancer screenings were cancelled or missed between March and June of 2020 alone. The possibility of emerging COVID-19 variants as well as the possible spread of other infectious diseases will remain a challenge to cancer control.

Day by day, as more partners engage in strategies from this plan, extraordinary accomplishments are made. This is the power of our unique cancer control alliance.

### TOGETHER, WE ARE STRONGER THAN CANCER

The Indiana Cancer Control Plan 2023-2027 builds on previous plans, and contains goals, objectives, measures, and strategic actions as defined below.

### GOALS

**GOAL**
**HEALTH EQUITY**

PROMOTE
Health Equity as it Relates to Cancer Control Across the Continuum

**GOAL**
**PRIMARY PREVENTION**

PREVENT
Cancer from Occurring

**GOAL**
**EARLY DETECTION**

INCREASE
Guideline-Based Screening for Early Detection

**GOAL**
**TREATMENT**

PROMOTE
Shared Decision-Making and Ensure Accessible and Evidence-Based Care

**GOAL**
**SURVIVORSHIP**

IMPROVE
Quality of Life For All Those Affected By Cancer

# INDIANA CANCER CONTROL PLAN

## CONTINUED

### OBJECTIVES

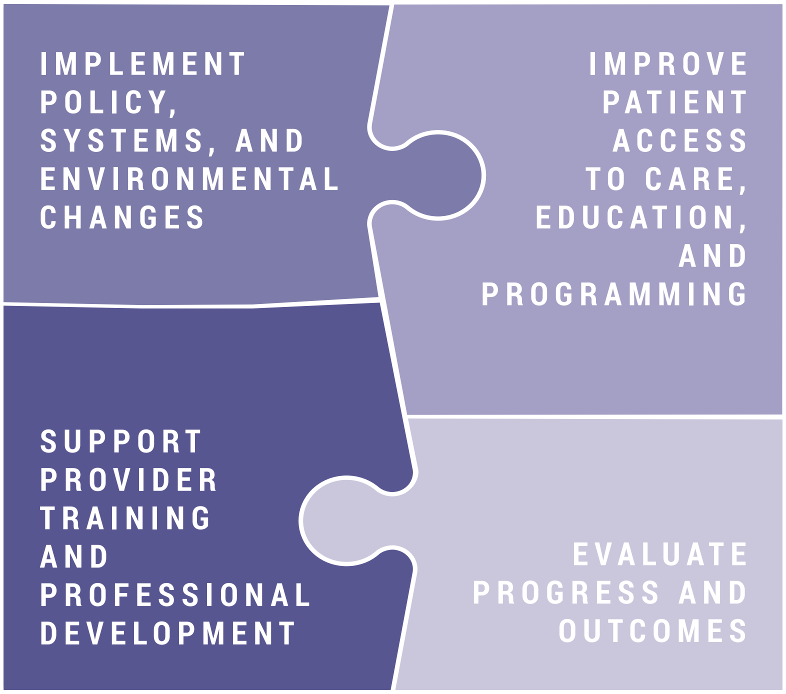
Objectives identify key priorities that will make the most significant impact on Indiana's cancer burden. Each objective was developed and reviewed by subject matter experts who elevated priorities based on current research, achievability, equitability, effectiveness, and sustainability. While proven and valuable objectives are extended from previous plans; as priority cancer control topics emerge and evidence increases, other objectives can be added. Most of the objectives are SMART (specific, measurable, attainable, relevant, and time-phased) objectives. However, formulating SMART objectives is not always possible, especially when baseline data is scarce or unavailable. These types of objectives exist throughout the plan and are identified as developmental objectives.

### MEASURES

Measures present information to evaluate progress toward specific objectives. Objectives can have primary and secondary measures. If measures are to be identified at a later date, it will be noted. It is expected that each objective will be met by December 31, 2027.

### STRATEGIC ACTION CROSS-CUTTING THEMES

Each objective is supported by evidence-based, best, or promising practices, which if implemented will drastically increase the likelihood of meeting the plan's targets. Strategic actions are policies, programs, communications, interventions, or activities that are categorized by cross-cutting themes. The following identified cross-cutting themes are vital to improving cancer control efforts in each phase of the cancer continuum.



# SUMMARY OF OBJECTIVES

**GOAL**

**HEALTH EQUITY**

### PROMOTE Health Equity as it Relates to Cancer Control Across the Continuum

1. Increase access to regular and quality healthcare.
2. Increase collaborations among all critical stakeholders to reduce the burden of cancer.

**GOAL**

**PRIMARY PREVENTION**

### PREVENT Cancer from Occurring

1. Increase the percentage of Indiana residents at a healthful weight.
2. Decrease exposure to tobacco and secondhand smoke.
3. Reduce exposure to UV rays from natural and artificial sources.
4. Increase completion rates of vaccines that have been shown to reduce cancer.
5. Reduce radon and environmental exposures.

**GOAL**

**EARLY DETECTION**

### INCREASE Guideline-Based Screening for Early Detection

1. Increase screening rates for breast cancer.
2. Increase screening rates for cervical cancer.
3. Increase screening rates for colorectal cancer.
4. Increase screening rates for lung cancer.
5. Increase access to cancer genetic risk assessment and counseling.

**GOAL**

**TREATMENT**

### PROMOTE Shared Decision-Making and Ensure Accessible and Evidence-Based Care

1. Decrease variation in cancer treatments by improving adherence to evidence-based standards of care.
2. Increase participation in clinical trials.
3. Increase the number of updated advance care planning documents for all cancer patients.
4. Increase access to targeted therapy options, including biomarker testing.
5. Provide high-quality childhood and adolescent/young adult (AYA) oncology care to every child with cancer in Indiana.

**GOAL**

**SURVIVORSHIP**

### IMPROVE Quality of Life For All Those Affected By Cancer

1. Increase the delivery of comprehensive, individualized survivorship care plans.
2. Increase access to services and resources for patients and families, including palliative care and end of life care.
3. Increase awareness of issues relevant to cancer survivors and caregivers.
4. Increase the number of reported healthy days among cancer survivors.
5. Improve healthy lifestyle behaviors and cancer screenings of cancer survivors.
6. Improve long-term follow-up care for childhood and young adult cancer survivors.

# INFLUENCERS TO CONQUER CANCER

To achieve the greatest impact, the objectives and strategic actions recommended throughout this plan need support and engagement from relevant society influencers. Influencers are representatives from sectors of society that have a responsibility to implement these recommended cancer control activities. When working in concert, these influencers will accomplish the proposed targets set forth in this plan, and ultimately, reduce Indiana's cancer burden.

In an effort to lead our partners, the Indiana Cancer Control Plan 2023-2027 outlines influencers that can impact objectives throughout the plan. The list below provides a definition for each influencer.

## HEALTH CARE ORGANIZATIONS AND PROVIDERS

Health care organizations and providers have a direct influence on the health and well-being of Indiana residents. Health care professionals are trusted and have ample opportunities to promote quality, evidence-based cancer prevention, detection, treatment, and survivorship recommendations. Additionally, hospitals can find areas to improve internal systems and environments to foster stronger collaboration, professional development, and support for cancer patients, survivors, and caretakers.

## PAYERS

Insurance partners and other payers, both on and off health exchanges, play a key role in providing access to health care services and other comprehensive cancer control and prevention strategies.

## EMPLOYERS

Employers can play a pivotal role in the state of health in Indiana. From internal workplace processes to advocacy, employers have a significant opportunity to aid in cancer prevention, detection, and survivorship issues.

## GOVERNMENT

Government agencies are responsible for protecting, maintaining, and improving public health. Reducing Indiana's cancer burden requires the implementation of policy and regulation change, as well as committed leadership from policy-makers and executive officers to join cancer prevention and control efforts. Legislators are key partners in the fight against cancer, as they enact laws that create the environment for healthy choice and change.

## CIVIL SOCIETY AND COMMUNITY ORGANIZATIONS

Society and community organizations are often non-profits that can develop, advocate, and sustain policies or programming that will ultimately improve Indiana's cancer outcomes. Along with providing expert guidance, these organizations can represent the interest and needs of Indiana residents affected by cancer.

## UNIVERSITIES AND SCHOOLS

Universities and schools have a dual role to play as effective health role models, as well as important partners in the research, policy and communications processes. Schools can enhance the learning of healthy behaviors by establishing good practices, as well as ensure that students and teachers work together to implement strong cancer prevention policies within local communities. They can provide evidence for effective cancer prevention interventions, impact structural change, and ensure research collaboration across institutions and partners, in order to fund innovative cancer-related research and broaden the evidence base for collective policy work. Schools and universities play an additional role in their continued education of medical and health professionals and are often on the cutting-edge of health education.

## BIOPHARMACEUTICAL/BIOTECHNOLOGY INDUSTRY

The biopharmaceutical/biotechnology industry plays a critical role in multiple areas of cancer research and clinical care. Strong partnerships with academia and patient advocates work to drive the discovery and clinical development of new therapeutic and diagnostic options for cancer patients, improve access to clinical trials, enable access to investigational therapies, and provide medical education and support programs for approved therapies.

## FAITH-BASE ORGANIZATIONS

Places of worship are natural centers for spiritual, emotional, and physical wellness. Spiritual leaders and communities can bring cancer-related education and resources to those in need.

## MEDIA

Print, broadcast, digital, and mobile media play a key role in cancer awareness and education. Media channels can help improve the public's interest and knowledge by consistently covering cancer prevention and control issues.

## INDIVIDUALS

Indiana residents should be advocates for their own health as well as the health of their families and colleagues. Together, the people of Indiana can influence significant change that will improve access to treatment, care, and healthier environments.

# HEALTH EQUITY

## PROMOTE HEALTH EQUITY AS IT RELATES TO CANCER CONTROL ACROSS THE CONTINUUM

Everyone in Indiana deserves a fair and just opportunity to live a healthy life free from cancer regardless of how much money they make, the color of their skin, their sexual orientation, gender identity, disability status, or where they live.

Cancer is a disease that can affect anyone, but it doesn't affect everyone equally. Unfortunately, in Indiana today, some populations are more likely to develop and die from cancer due to social determinants of health such as where they live, their race or ethnicity, education, physical or mental abilities, or income.

These differences in health among groups of people that are linked to social, economic, geographic, or environmental disadvantages are known as health disparities. For example, it's hard to eat healthy food if there are no grocery stores or fresh food markets near where you live or work. If you live in an unsafe neighborhood or there are no sidewalks in your community, it's hard to be physically active.

These disparities can be eliminated when we focus on promoting health equity for everyone. When applied to cancer, equity means everyone has an equal opportunity to prevent cancer, detect cancer early, and receive treatment as soon as possible. By incorporating health equity into cancer control efforts, we can reduce the unequal burden of cancer in Indiana.

### THE ICC HAS IDENTIFIED TWO OBJECTIVES THAT SUPPORT HEALTH EQUITY.

1. Increase access to regular and quality healthcare.
2. Increase collaborations among all critical stakeholders to reduce the burden of cancer.

### OBJECTIVE 1:

Increase access to regular and quality healthcare

| | **ADULTS**<br>Who have visited a doctor for a routine checkup within the last year. | **ADULTS**<br>Who report having one or more doctors that they think of as their personal health care providers. |
|---|---|---|
| BASELINE | 77.0% | 79.7% |
| TARGET | 85.0% | 95.0% |
| ACTUAL | 75.4% | 84.6% |

*Data Sources: 2018/2021 BRFSS*

### IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Increase availability of and access to comprehensive health coverage.
- Increase available clinical hours for cancer screenings, treatment and other services.
- Increase availability of telemedicine services and infrastructure.
- Increase in-person translation services available to all patients and families requesting them.

# HEALTH EQUITY CONTINUED

- Seek opportunities to increase coverage among the employed but uninsured.
- Identify and address obstacles for the insured including co-pays, cost-sharing, and high deductibles.

### SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Provide information and education to Indiana's health care workforce on cultural competence in health care.

### IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Promote and increase awareness of qualified public and private insurance plans for adults and children.
- Encourage all patients to find a primary care provider.
- Encourage patients to schedule an annual physical and exam or wellness visit with their primary care provider.
- Increase availability of culturally and linguistically appropriate cancer education materials.

### EVALUATE PROGRESS AND OUTCOMES

- Support surveillance systems that increase the use and quality of data.

## OBJECTIVE 2:

Increase collaborations among all critical stakeholders to reduce the burden of cancer.

### NUMBER OF ICC ORGANIZATIONAL MEMBERS

| | |
|---|---|
| **BASELINE** | 112 |
| **TARGET** | 127 |
| **ACTUAL** | 112 |

**Data Sources:** *Indiana Cancer Consortium 2023*

### IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Engage traditional and nontraditional partners in coordinated cancer control efforts.
- Increase resource sharing between cancer control partners.
- Encourage all cancer control partners in Indiana to use the Indiana Cancer Control Plan for planning, funding and advocacy
- Coordinate with partners to ensure the use of consistent and accurate cancer control messages.
- Increase collaborative efforts among county public health departments.
- Increase the number and diversity of Hoosiers engaged in collaborative work through the Indiana Cancer Consortium.
- Establish multisector collaborations and relationships to address the needs and gaps in service to support underserved communities to address cancer care.

### SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Conduct annual conferences featuring specific cancer types, such as childhood cancer, highlighting treatment centers and stakeholders.

### IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Increase awareness of opportunities for education.
- Target and increase involvement of populations most affected by cancer.

### EVALUATE PROGRESS AND OUTCOMES

- Increase utilization of the Indiana Cancer Control Plan data dashboard.

# PRIMARY PREVENTION

## PREVENT CANCER FROM OCCURING

While some risk factors, such as age or genetic risk, cannot be changed, other risk factors, such as health behaviors, can be modified to lower risk and prevent cancer. It's estimated that in the United States, four out of every 10 cancer cases are associated with preventable risk factors.[1]

**In Indiana, we can reduce cancer risk significantly by:**

- Decreasing tobacco use and exposure.
- Decreasing high-risk alcohol consumption.
- Maintaining a recommended weight through physical activity and a healthy diet.
- Increasing protective behaviors from sun and UV exposure.
- Increasing HPV and Hepatitis B vaccine utilization.
- Reducing radon exposure.

While some risk factors for cancer may be avoided, many are not always within the control of an individual. Cancer prevention goes beyond individual efforts. Every sector of society can play a part in addressing cancer prevention by implementing policy, systems, and environmental changes; supporting provider education and training; and improving patient access to care, education, and programming.

Together, we can reduce risk and prevent cancer by supporting health behavior changes and ensuring every community has the resources to support healthy environments.

### THE ICC HAS IDENTIFIED FIVE OBJECTIVES THAT SUPPORT PRIMARY PREVENTION.

1. Increase the percentage of Indiana residents at a healthful weight.
2. Decrease exposure to tobacco and secondhand smoke.
3. Reduce exposure to UV rays from natural and artificial sources.
4. Increase completion rates of vaccines that have been shown to reduce cancer.
5. Reduce radon and environmental exposures.

### OBJECTIVE 1:

Increase the percentage of Indiana residents at a healthful weight.

| | ADULTS<br>At a healthful weight | YOUTH (10-17)<br>At a healthful weight |
|---|---|---|
| BASELINE | 31.0% | 60.3% |
| TARGET | 35.3% | 70.4% |
| ACTUAL | 28.6% | 59.9% |

***Data Sources:*** *2016/2019 Behavioral Risk Factor Surveillance System (BRFSS); 2016/2019 National Survey of Children's Health*

Data Sources: 1 The American Association for Cancer Research. Disparities in the Burden of Preventable Cancer Risk Factors

# PRIMARY PREVENTION CONTINUED

## IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Increase the number of Hoosiers served by healthy built environments (safe routes to school, complete streets, shared use, etc.).
- Require school-based physical activity of at least 30 minutes per day in elementary schools.
- Support public transportation improvements to ensure healthy eating options are more accessible to all Hoosiers.
- Develop and strengthen policies and programs that increase access to healthy foods and beverages in communities, workplaces, parks, schools, and childcare environments (farm to institution, concession/vending machine modifications, cafeteria service, etc.).
- Utilize electronic medical records (EMR) to increase screening for obesity and referral to treatment.
- Incorporate physical activity during screen time, such as virtual physical activity courses.
- Increase access to healthy food by utilizing food delivery programs.
- Educate decision makers on adequate reimbursement for treating obesity.

## SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Support health care providers on identifying and treating obesity in their patients.
- Train health care providers on brief action planning and motivational interviewing.
- Train curriculum planners and teachers about how to incorporate physical movement into the school curriculum.
- Promote active space planning with building construction or renovation.

## IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Develop and strengthen programs that increase access to more options for physical activity in communities, workplaces, parks, schools, and childcare environments.
- Include physical activity, nutrition, and weight management education as part of a comprehensive cancer prevention and control curriculum in secondary education settings.
- Support programs and educational campaigns that increase breastfeeding initiation, duration, and exclusivity.
- Support educational campaigns that emphasize the benefits of physical activity and risks of inactivity and cancer.
- Promote educational campaigns that emphasize the benefits of healthy nutrition and the risk of poor dietary choices and cancer.
- Educate adults of legal drinking age that they can choose not to drink alcohol, or to drink in moderation (two drinks or less in a day for men or one drink or less in a day for women).

## EVALUATE PROGRESS AND OUTCOMES

- Maintain and promote surveillance systems to monitor and respond to related adult and youth behavior trends.

## OBJECTIVE 2:

Decrease exposure to tobacco and secondhand smoke.

### ADULTS

|  | BASELINE | TARGET | ACTUAL |
|---|---|---|---|
| Who use cigarettes | 21.1% | 15.0% | 17.3% |
| Smoking prevalence rate amoung Indiana Medicaid members | 34.3% | 25.0% | 35.4% |

### YOUTH (13-17)

|  | BASELINE | TARGET | ACTUAL |
|---|---|---|---|
| Current smoking among High School youth | 8.7% | 4.0% | 1.8% |
| Current e-cigarette/vape prevalence rate among Indiana high school youth | 18.5% | 10.0% | 9.2% |
| Current poly-tobacco product use prevalence rate among Indiana high school youth | 9.0% | 6.0% | 3.2% |
| Decrease flavored tobacco product use prevalence rate, including menthol, among Indiana middle school youth who currently use tobacco | 53.4% | 40.0% | 64.7% |
| Decrease flavored tobacco product use prevalence rate, including menthol, among Indiana high school youth who currently use tobacco | 64.6% | 50.0% | 74.5% |
| Overall tobacco product use prevalence rate among Indiana middle school youth | 8.1% | 5.0% | 3.3% |

***Data Sources:** 2016/2019 BRFSS; Indiana Youth Tobacco Survey, 2016/2018/2022*

# PRIMARY PREVENTION CONTINUED

## IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Promote school-based policy interventions.
- Educate about the need for tobacco-free environments for all youth (school, work, home, public).
- Educate state-level school stakeholder organizations and local school administrators and policymakers on the importance of strong tobacco-free school policies that include alternatives to suspension consequences.
- Work for change that addresses tobacco sales, such as minimum packaging of tobacco products and prohibiting sale of single tobacco products such as little cigars and cigarillos and cigarettes.
- Educate stakeholders on the need for strong smoke-free air protections, including Electronic Smoking Devices, marijuana, and tobacco smoke, that cover all workplaces.
- Educate key leaders from health care, faith, business, education, and community organizations on the impacts of secondhand smoke, including Electronic Smoking Devices (ESDs).

## SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Support school nurses in disseminating proactive anti-tobacco and anti-nicotine use messaging to students.
- Increase collaboration with chronic disease healthcare providers to raise awareness of secondhand smoke exposure within chronic disease management.
- Educate health care systems on the U.S. Public Health Service Clinical Practice Guidelines for Tobacco Use Treatment and Dependence.

## IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Increase capacity of healthcare providers to identify youth tobacco users at annual visits and to provide appropriate tobacco treatment/counseling for youth as recommended by the U.S. Public Health Service, Clinical Practice Guideline for Tobacco Treatment and Dependence.
- Create initiatives to encourage physicians and other healthcare professionals to take a more active role with their patients in tobacco cessation.
- Enhance collaboration and partnerships with cancer treatment centers/pavilions to further expand access and delivery of tobacco treatment.

## EVALUATE PROGRESS AND OUTCOMES

- Work collaboratively among state organizations and agencies that conduct health data surveys to maximize efficiencies in data collection procedures while maintaining data integrity.
- Localize and disseminate national research for state and local public education efforts.
- Support research and evaluation efforts to show efficacy of cessation initiatives and the need for sustained services of the Indiana Tobacco Quitline.

## OBJECTIVE 3:

Reduce exposure to UV rays from natural and artificial sources.

| | ADULTS | | YOUTH (13-17) | |
|---|---|---|---|---|
| | Who protect their skin from the sun when spending time outdoors | Who use indoor tanning device in last 12 months | Who wear sunscreen most of the time | Who engage in indoor tanning. |
| BASELINE | DEVELOPMENTAL | DEVELOPMENTAL | 8.4% | DEVELOPMENTAL |
| TARGET | DEVELOPMENTAL | DEVELOPMENTAL | 11.2% | DEVELOPMENTAL |

*Data Sources: 2021 BRFSS; Youth Risk Behavioral Surveillance System*

# PRIMARY PREVENTION CONTINUED

## IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Ban the use of tanning beds for minors.
- Increase taxation of tanning bed providers.
- Incorporate sun safety education into required school curriculum at the district or state level.
- Increase campus policies that discourage indoor tanning.
- Advocate for shade planning in the overall process of designing, building, and improving outdoor spaces (parks, playgrounds, pools, etc.).

## SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Increase clinician counseling in primary care settings to patients with fair skin aged 10-24 years to minimize UV exposure and reduce the risk of skin cancer.
- Educate university health care related programs (medical schools, nursing schools, etc.) on sun safety and skin cancer.

## IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Establish agreements with vendors in outdoor recreational areas to sell sun protection equipment.
- Provide broad-spectrum sunscreen with an SPF of 15 or higher in dispensers with prompts and signs that tell people how to apply sunscreen in high-UV areas.
- Develop and promote effective messaging that educates on sun safety and skin cancer prevention education in schools, workplaces, health systems, and outdoor spaces.
- Include sun safety and skin cancer education as part of a comprehensive cancer prevention and control curriculum in secondary education settings.

## EVALUATE PROGRESS AND OUTCOMES

- Develop a system to track, measure, and evaluate adherence to key performance standards.
- Maintain and promote surveillance systems to monitor and respond to related adult and youth behavior trends.
- Promote shade auditing processes and tools to help ensure effective shade planning.

## OBJECTIVE 4:

Increase completion rates of vaccines that have been shown to reduce cancer.

| | FEMALES (13-17)<br>HPV Vaccination | MALES (13-17)<br>HPV Vaccination | MALES & FEMALES (19-35MO)<br>Hep--B Vaccination |
|---|---|---|---|
| BASELINE | 43.5% | 24.7% | 94.5% |
| TARGET | 80.0% | 80.0% | 99.5% |
| ACTUAL | 62.0% | 48.7% | 93.8% |

*Data Sources: Centers for Disease Control and Prevention Teen Vax View and Child Vax View 2019/2021*

## IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Support communication around inclusion of HPV vaccination as part of the vaccination regimen for students entering sixth grade.
- Achieve insurer-based incentives for providers who increase their adolescent vaccine completion outcomes to achieve a 95% adolescent vaccination rate in their patient populations.
- Implement provider vaccination reminders into EMR systems as well as patient reminder/recall systems to improve vaccination series completion.
- Advocate for the use of evidence-based reminder recall messaging to increase HPV vaccination completion.
- Advocate for pharmacy-based opportunities to offer HPV vaccinations.
- Ensure Hep-B vaccination accessible in health care, evaluation, or treatment settings, where a high proportion of clients have known risk factors for HBV infection.

# PRIMARY PREVENTION CONTINUED

## SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Target HPV vaccination communication messaging to pediatricians and family practices who report adolescent vaccinations but not HPV.
- Offer HPV vaccine continuing medical education for primary care, family medicine, obstetrics, oral health, and advanced practice health care providers.
- Encourage public and private insurers to incentivize physicians who complete the entire adolescent vaccine regimen (including HPV).
- Encourage clear communication from doctors, nurses, pharmacists and other health care professionals about the negative health impact of HPV and Hep-B infection and the importance of these vaccines to cancer prevention.
- Encourage health care professionals to routinely and strongly recommend HPV vaccination as part of the adolescent vaccination platform at ages 11-12 years (MCV4, HPV, Tdap, and Influenza vaccines).
- Educate oral health providers on how to communicate with parents about HPV vaccination as a preventive measure for cancer at routine cleanings.
- Utilize targeted vaccination messaging to providers and parents in the geographic areas with low vaccination uptake.
- Encourage immediate postpartum vaccination as an opportunity to capture populations with health coverage.

## IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Achieve a standing order allowing for all adolescent vaccinations to be covered in non-traditional settings by insurers, Medicaid, Vaccines for Children (VFC), etc. (example settings: pharmacies and schools).
- Improve access to HPV vaccination through programs that bring vaccination to schools and organized child-care settings.
- Conduct educational campaigns to increase public awareness of the link between HPV, HBV and cancer and opportunities to access vaccination.
- Collaborate and partner with alternative community groups to increase male HPV vaccination rates.

## EVALUATE PROGRESS AND OUTCOMES

- Issue a “Cancer Vaccine Report Card” for Indiana with focus on cancer-causing vaccines for preventable diseases (Hep B and HPV).
- Promote the use of data from national surveillance systems.
- Promote data transparency to help providers become aware of their vaccination rates.

## OBJECTIVE 5:

Reduce radon and environmental exposures.

| | Number of homes tested for Radon | Percentage of homes that test ABOVE/ EQUAL to 4.0 pCi/L that get Mitigation |
|---|---|---|
| BASELINE | 17,150 | 27.5% |
| TARGET | 30,000 | 44.3% |
| ACTUAL | 27,803 | 14.5% |

***Data Sources:*** *Indiana Department of Health Environmental Public Health Division 2015/2021*

## IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Require radon testing every two years and mitigation policies for public places - worksites, local schools and school districts, day care centers and licensed home day care providers, city, county, and state-owned public buildings.
- Require radon disclosures tested in the last two years as part of single or multi-family homes or apartment sales.
- Require home mortgage lending sources to require radon testing and mitigation (including leasing, refinancing, etc.
- Require new homebuilders to use radon-resistant techniques as outlined in the International Residential Code for One- and Two-Family Dwellings Appendix F - Radon Control Methods.

# PRIMARY PREVENTION CONTINUED

### SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Educate health care providers, including physicians, nurses, and respiratory therapists on radon.
- Include questions about in-home radon testing every two years as part of healthy lifestyle provider questions.
- Include questions about in-home radon testing by lung cancer medical personnel, such as pulmonologists, pulmonary disease specialists, and respiratory therapy providers.
- Educate university health care-related programs medical schools, nursing schools, etc.on radon.

### IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Educate realtors on radon.
- Increase access by promoting low-cost radon test kits obtained from local health departments.
- Conduct public awareness campaigns to educate on radon and exposure related illnesses.

### EVALUATE PROGRESS AND OUTCOMES

- Support surveillance systems that increase the use and quality of data.

# EARLY DETECTION

## INCREASE GUIDELINE-BASED SCREENING FOR EARLY DETECTION

Screening and early detection can find cancer at earlier stages when it is easier to treat and can identify pre-cancers that can be addressed before cancer occurs. Several cancer screening tests are considered effective and recommended by expert groups including breast, cervical, colorectal, and lung cancer screening. Unfortunately, there are cancers that do not have a specific screening test and require additional research.

Cancer screening recommendations evolve and develop over time. As of 2023, the US Preventive Services Task Force (USPSTF) recommends the following screening guidelines for those at average risk (screening may begin earlier for high-risk individuals):

- Breast: Biennial screening mammography for women aged 50 to 74 years.
- Cervical: Screening every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).
- Colorectal: Screening for colorectal cancer starting at age 45 years and continuing until age 75 years.
- Lung: Annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

Some patients and families have a higher genetic risk for certain cancers. Genetic counseling and testing can help identify patients who may need increased cancer screening or screening at earlier ages. Ultimately, Hoosiers should work with their medical team to determine their risk for developing certain cancers and which screening methods are best for them.

Increasing the use of cancer screening is critical in reducing mortality from cancer. However, significant disparities must be addressed to ensure equitable cancer screening benefits. This section describes the individual, community, clinical, policy and systems approach needed in Indiana to support the early detection of cancer.

**Together, we can save lives and reduce suffering by detecting cancer at the earliest stage possible.**

### THE ICC HAS IDENTIFIED FIVE OBJECTIVES THAT SUPPORT EARLY DETECTION.

1. Increase screening rates for breast cancer.
2. Increase screening rates for cervical cancer.
3. Increase screening rates for colorectal cancer.
4. Increase screening rates for lung cancer.
5. Increase access to cancer genetic risk assessment and counseling.

# EARLY DETECTION CONTINUED

## OBJECTIVE 1:

Increase screening rates for breast cancer

### BREAST

**FEMALES (50-74)**

Who have had a mammogram in the past two years

| | |
|---|---|
| BASELINE | 72.5% |
| TARGET | 81.1% |
| ACTUAL | 73.6% |

*Data Sources: 2016/2020 BRFSS*

## IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Reduce structural and personal barriers such as availability, operational hours, finances, time, etc.
- Increase the implementation of evidence-based strategies and quality improvement efforts, including but not limited to patient and provider reminders, patient education, patient navigation, small media, small group education, and tailored messages.
- Promote and support the efforts of health care providers and health systems to meet national standards on accreditation, certification, and other recognition.
- Advocate for benefits, payment policies, and reimbursement mechanisms to facilitate coverage for evidence-based aspects of care and care plan services.
- Design benefits, worksite policies, payment plans, and reimbursement mechanisms to facilitate coverage for evidence-based aspects of cancer care and care plan services.
- Advocate for funding to support systems to track, measure, and evaluate adherence to key performance standards and effectiveness of programs.
- Promote the use of available financial resources for routine screening for uninsured and underinsured women, such as the Indiana Breast and Cervical Cancer Program.
- Train and deploy community health workers to identify uninsured women, refer them to the Indiana Breast and Cervical Cancer Program, and track their referral.

## SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Educate providers to address racial and socioeconomic disparities surrounding breast cancer mortality, stage of diagnosis, diagnostic testing, and age of diagnosis.
- Collaborate with Indiana's breast cancer awareness organizations to promote existing resources and data bases throughout Indiana and increase the utilization of these resources by providers, patients, and survivors.
- Promote informed and shared decision making between providers and patients about the benefits, risks, and options for breast cancer screening.
- Expand breast cancer screening by individualizing outreach efforts to Indiana's unique community populations.

## IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Promote education, increased and affordable screening, and diagnostic testing among low-income, uninsured, and underinsured women with an emphasis on reaching minority populations by race/ethnicity, age, and geographic location.
- Conduct culturally competent campaigns to disparate populations to increase awareness of the risks of breast cancer, benefits of early detection, and breast cancer screenings options based upon personal risk factors.
- Utilize preventive services campaigns including how providers have made it safe to get screened during public health emergencies.

## EVALUATE PROGRESS AND OUTCOMES

- Develop systems to track, measure, and evaluate adherence to key performance standards for non-CoC accredited hospitals
- Support surveillance systems that increase the use and quality of data.

# EARLY DETECTION
## CONTINUED

### OBJECTIVE 2:

Increase screening rates for cervical cancer

**CERVICAL**

**FEMALES (21-65)**

Who have had a pap test within the last three years

| | |
|---|---|
| **BASELINE** | 74.9% |
| **TARGET** | 93.0% |
| **ACTUAL** | 75.7% |

*Data Sources: 2016/2020 BRFSS*

### IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Promote the use of available financial resources for routine screening for uninsured and underinsured women, such as the Indiana Breast and Cervical Cancer Program.
- Reduce structural barriers such as screening location, limited hours of operation, lack of childcare, and language and cultural factors.
- Reduce out-of-pocket costs to obtain screening.
- Train and deploy community health workers to identify uninsured women, refer them to the Indiana Breast and Cervical Cancer Program, and track their referral.

### SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Educate healthcare providers and staff on cervical cancer screening utilizing a patient/healthcare provider shared decision-making model and evidence-based screening guidelines and latest guideline updates (eg. primary HPV testing).
- Increase provider assessment and feedback (e.g., how often providers offer and deliver screening services to patients).
- Utilize provider reminder and recall systems.

### IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Educate communities about risk factors, including family history, which may change standard cancer screening recommendations.
- Educate groups on the indications for, benefits of, and ways to overcome barriers to having a Pap test, with the goal of informing, encouraging, and motivating participants to seek a screening.
- Utilize mass media (TV, radio, newspaper, magazines, billboards) to educate and motivate women to have get screened.
- Promote education, increased and affordable screening, and diagnostic testing among low-income, uninsured, and underinsured women with an emphasis on reaching minority populations by race/ethnicity, age, and geographic location.
- Train Community Health Workers to identify uninsured community members.

### EVALUATE PROGRESS AND OUTCOMES

- Encourage health systems to identify or develop quality improvement metrics and processes to improve cancer screening rates and diagnostic services.

# EARLY DETECTION
# CONTINUED

## OBJECTIVE 3:

Increase screening rates for colorectal cancer

### COLORECTAL
### ADULTS (45-75)

Who have had a colonoscopy, flexible sigmoidoscopy, or blood stool test within the appropriate time frame

| | |
|---|---|
| BASELINE | 64.6% |
| TARGET | 80.0% |
| ACTUAL | 71.2% |

*Data Sources: 2016/2020 BRFSS*

## IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Encourage healthcare systems to initiate colorectal (CRC) screening campaigns.
- Reduce barriers to screening such as financial costs, transportation, and others created by public health emergencies.
- Advocate for policy coverage and increased grant support for CRC screening which facilitates patients undergoing subsequent testing as indicated.
- Advocate for increased insurance coverage for stool-based testing.
- Work to promote and support the efforts of healthcare providers and health systems to meet national standards on accreditation, certification, and other recognition for the complex colon and rectal cancer cases.
- Support CRC screenings by providing paid time off for employees.

## SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Educate providers and staff on all evidence-based screening options for colorectal cancer and recommendations from the United States Preventive Services Task Force and American Cancer Society.
- Educate providers about the effectiveness of stool-based tests for those at average risk of developing CRC.
- Educate providers and staff on financial resources to share with patients to better navigate financial toxicity associated with treatment.
- Provide educational opportunities focusing on minority populations (African American, LGBTQ+) with high incidence rates.
- Encourage intra- and inter-network access to multidisciplinary tumor board conferences.
- Educate healthcare professionals on the rise in the under 45 population being diagnosed with colon cancer.
- Promote use of biomarkers that are CRC specific to improve patient outcomes.

## IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Increase awareness and accessibility of alternative testing, including less invasive and expensive screening options.
- Provide focused education to underrepresented populations through community partnerships.
- Utilize small and large media and personal messaging campaigns to promote CRC screening options.

## EVALUATE PROGRESS AND OUTCOMES

- Advocate for development of improved CRC personal risk assessment, including family history, to enhance risk-based screening and surveillance.
- Develop systems to track screening rates.
- Develop improved survivorship tracking measures to impact patient outcomes for this phase of cancer patient care.

# EARLY DETECTION CONTINUED

## OBJECTIVE 4:

Increase screening rates for lung cancer

### LUNG

### ADULTS (50-80)

Who have a 20 pack-year smoking history and
currently smoke or have quit within the past 15 years

| | |
|---|---|
| **BASELINE** | **DEVELOPMENTAL** |
| **TARGET** | **DEVELOPMENTAL** |
| **ACTUAL** | **DEVELOPMENTAL** |

*Data Sources: 2016/2020 BRFSS*

## IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Utilize recall systems to increase appropriate referrals for lung cancer screening.
- Reduce structural and personal barriers such as availability, operational hours, finances, time, etc.
- Promote cultural systems change to address the stigma often associated with lung cancer.
- Ensure that educational materials for lung cancer screening are culturally and linguistically appropriate.

## SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Educate healthcare providers and staff on lung cancer screening utilizing a patient/healthcare provider shared decision-making model and the USPSTF recommendations.
- Promote use of biomarkers that are lung cancer specific to improve patient outcomes.

## IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Develop public awareness campaigns designed to reach communities and populations at greatest need for cancer screening.
- Inform cancer patients about the availability, purpose, and the potential benefits and risks of low dose CT scans.
- Ensure that educational materials for lung cancer screening are culturally and linguistically appropriate.

## EVALUATE PROGRESS AND OUTCOMES

- Explore and address access barriers within the state for implementation of high-quality lung cancer screening programs.

# EARLY DETECTION
## CONTINUED

## OBJECTIVE 5:

Increase access to cancer genetic risk assessment and counseling

Percent of adults who have ever had a genetic/DNA test to determine their cancer risk

|  |  |
|---|---|
| **BASELINE** | **DEVELOPMENTAL** |
| **TARGET** | **DEVELOPMENTAL** |
| **ACTUAL** | **DEVELOPMENTAL** |

### IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Educate policy makers on the need for health insurance coverage of genetic counseling and testing according to evidence-based guidelines.
- Eliminate payer requirements for pretest counseling by a certified genetic counselor or medical geneticist.
- Provide culturally and linguistically appropriate materials to providers and patients.
- Encourage policymakers to recognize genetic counselors as healthcare providers by CMS.

### SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Train the health care team on the importance of cancer genetic risk assessment and counseling, including how to access genetics professionals.

### IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Create targeted public awareness campaign on what genetic risk assessment and counseling are and their importance.
- Encourage Indiana residents to know their family history and share with their provider care team.

### EVALUATE PROGRESS AND OUTCOMES

- Collect genetic test results from tumor registry data for baseline information.

# TREATMENT

## PROMOTE SHARED DECISION-MAKING AND ENSURE ACCESSIBLE AND EVIDENCE-BASED CARE

When cancer is found, an individual's survival and quality of life can depend on the availability of timely, quality treatment.

Cancer treatments can take a physical, mental, emotional, social, and financial toll on patients, their caregivers, and their support systems. It is crucial to eliminate or limit the number of barriers cancer patients face when receiving cancer treatment. These barriers can include but are not limited to delayed diagnosis, insurance coverage, distance from cancer treatment facilities, and difficulty navigating the complex healthcare system.

The accessibility, availability, and quality of cancer treatment are broad and complicated issues, yet there are significant and identifiable areas where action can be taken. Improving healthcare delivery systems requires:

- Appropriate funding and access to cancer research;
- Sharing and coordinating best practices between providers and partners;
- Increasing the quantity, skill, and expertise of Indiana's healthcare workforce;
- Enhancing Indiana's healthcare providers' technological infrastructure;
- Empowering patients to be an informed and active part of the treatment process.

Cancer treatment delivery will be improved, and barriers will be reduced by implementing policy, systems and environmental changes; supporting provider education and training; and improving patient access to care, education, and programming. Every sector of society can play a part in addressing quality and timely cancer care.

- Employers can support working adult patients going through cancer treatment by establishing flexible workplace policies.
- Providers can expand treatment options for childhood cancer patients by increasing parents' awareness of clinical trials.

Every Hoosier deserves access to affordable, timely, quality cancer treatment options. **Together, we can increase access to quality cancer care, non-clinical support, and clinical trials to reduce death and suffering caused by cancer.**

### THE ICC HAS IDENTIFIED FIVE OBJECTIVES THAT SUPPORT TREATMENT.

1. Decrease variation in cancer treatments by improving adherence to evidence-based standards of care.
2. Increase participation in clinical trials.
3. Increase the number of updated advance care planning documents for all cancer patients.
4. Increase access to targeted therapy options, including biomarker testing.
5. Provide high-quality childhood and adolescent/young adult (AYA) oncology care to every child with cancer in Indiana.

# TREATMENT CONTINUED

## OBJECTIVE 1:

Decrease variation in cancer treatments by improving adherence to evidence-based standards of care.

### INDIANA AS A WHOLE

| | Percent of CoC Hospitals that meet or exceed standards met in scorecard | Percent of Non-CoC Hospitals that meet or exceed standards met in scorecard |
|---|---|---|
| **BASELINE** | 78.6% | DEVELOPMENTAL |
| **TARGET** | 100% | DEVELOPMENTAL |

***Data Sources:*** *CoC National Cancer Database, Cancer Program Practice Profile Reports, 2014*

## IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Work to promote and support the efforts of health care providers and health systems to meet national standards on accreditation certification and other recognition.
- Develop systems to refer cancer patients to appropriate, evidence-based cancer support services (therapy, nutrition, smoking cessation).
- Utilize electronic medical records (EMR) to implement standards of care.
- Encourage intra- and inter-network access to multidisciplinary tumor board conferences.

## SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Increase practitioner awareness and utilization of evidence-based treatment and surveillance guidelines for cancer care.
- Promote educational initiatives and resources that outline evidence-based treatment guidelines (such as those outlined by the National Comprehensive Cancer Network) aimed at decreasing practice variation.
- Support individualized cancer therapies by increasing provider engagement and competencies in informed and shared decision making.

## IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Utilize leading cancer agencies as patient resources for information and advertise appropriate contact information for local representatives.
- Promote referrals to evidence based smoking cessation, rehabilitation, and nutrition and physical activity support services throughout the continuum of care.
- Ensure communications and services are accessible to all patient populations.

## EVALUATE PROGRESS AND OUTCOMES

- Develop system to track, measure, and evaluate adherence to key performance standards for non-CoC accredited hospitals.
- Build partnership with CoC to track performance of Indiana accredited hospitals.

# TREATMENT
# CONTINUED

## OBJECTIVE 2:

Increase participation in clinical trials.

Participation in clinical trials

| | |
|---|---|
| **BASELINE** | 6.2% |
| **TARGET** | 10.0% |
| **ACTUAL** | 3.3% |

*Data Sources:* 2016/2020 BRFSS

### IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Develop structural changes that minimize barriers for clinical trial research, enrollment, and follow-up (clinical trial coordinators, patient advocates).
- Incorporate clinical trials in clinical care algorithms, where appropriate.
- Develop and implement provider reminder systems that identify patients eligible for clinical trials.
- Advocate for the need for novel therapies for childhood cancers among research institutions, start-up pharmaceuticals, and corporate pharmaceuticals in Indiana.

### SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Educate healthcare providers on the availability, cost, purpose and benefits of clinical trials.
- Improve health and prevent harm through valid and useful genomic tools in clinical and public health practices.
- Educate healthcare providers on the intrinsic biases against particular groups that act as barriers to increasing trial participation.
- Expand opportunities for childhood oncology providers to support clinical trial work.

### IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Inform cancer patients about the availability, purpose and the potential benefits and risks of clinical trials.
- Develop a statewide tumor tissue bank to be paired with information in the Indiana State Cancer Registry.
- Develop and implement public educational campaigns to promote clinical trials.
- Increase visibility of state-based cancer researchers and clinical trial initiatives.
- Identify and address the need for consumer-friendly explanations of childhood clinical trials, informed consent, and referral patterns.

### EVALUATE PROGRESS AND OUTCOMES

- Identify and utilize surveillance systems that increase the use and quality of data.
- Establish a baseline of trials offered for childhood cancer patients within the state of Indiana.

## OBJECTIVE 3:

Increase the number of updated advance care planning documents for all cancer patients.

Number of updated advance care planning documents

| | |
|---|---|
| **BASELINE** | DEVELOPMENTAL |
| **TARGET** | DEVELOPMENTAL |

# TREATMENT
## CONTINUED

### IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Incorporate structural changes that increase the accessibility and use of advance care documents.
- Utilize EMRs to improve the availability, implementation, and review of a patient's advance care plan.
- Develop structural changes that aid in the ability to implement an advance care plan throughout cancer treatment and survivorship.

### SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Educate providers about the purpose and importance of advance care planning.
- Support clinicians in completing specialized training to facilitate advance care planning conversations.
- Increase awareness of the roles and responsibilities that cancer care teams have in implementing advance care planning.
- Develop and promote trainings for end-of-life conversations.
- Ensure primary care providers are engaging in advance care planning conversations.

### IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Provide tools and resources that facilitate culturally competent conversations about advance care planning.
- Develop resources that explain the advance care planning process to diverse cancer patient populations.
- Conduct educational campaigns about the purpose and importance of advance care planning.
- Increase access to palliative and hospice care throughout the cancer care continuum.

### EVALUATE PROGRESS AND OUTCOMES

- Develop a system to track, measure, and evaluate adherence to key performance standards.
- Support surveillance systems that increase the use and quality of data.
- Use quality improvement measures to assess baseline rates of advance care planning.
- Regularly monitor rates of advance care planning in diverse cancer patient populations.

### OBJECTIVE 4:

Increase access to targeted therapy options, including biomarker testing.

Number of genetic counselors in Indiana

**BASELINE** DEVELOPMENTAL

**TARGET** **DEVELOPMENTAL**

**ACTUAL** **DEVELOPMENTAL**

### IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Support insurance coverage and timely access to biomarker testing.
- Promote use of biomarkers for population research and surveillance.

### SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Educate providers about current biomarker testing guidelines.
- Equip providers and institutions with tools (e.g. clinical decision support), resources (e.g. access to a tumor board), and training for the efficient collection and handling of tissue for testing and for proper test selection, administration, and interpretation.

### IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Educate the public about biomarker testing.

### EVALUATE PROGRESS AND OUTCOMES

- Encourage health systems to identify or develop quality improvement metrics and processes to increase targeted therapy options.

# TREATMENT
## CONTINUED

### OBJECTIVE 5:

Provide high-quality childhood and adolescent/young adult (AYA) oncology care to every child with cancer in Indiana.

Decrease percent of children without health insurance

| | |
|---|---|
| **BASELINE** | 7.1% |
| **TARGET** | 5% |
| **ACTUAL** | 6% |

***Data Sources:*** *Georgetown University - Children's Health Care Report Card 2019/2021*

### IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Increase the number hospitals utilizing Children's Oncology Group standards of care.
- Advocate for dedicated funding for novel childhood therapies.

### SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Expand workforce training around the unique needs of children with cancer for supportive care as needs arise (e.g. port access for labs and emergencies, neutropenia fever procedures) at regional hospitals.
- Expand workforce training in childhood palliative care and increase awareness among stakeholders (e.g. patients, caregivers, practitioners).

### IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Raise the awareness of patients, parents, and medical professionals about the need for shared decision making.

### EVALUATE PROGRESS AND OUTCOMES

- Establish a baseline of children in Indiana being treated in a COG hospital in Indiana or out of state.
- Update the Indiana Childhood Cancer Toolkit with information regarding COG treatment options in Indiana as well as COG hospitals that accept Indiana Medicaid.

# SURVIVORSHIP

## IMPROVE QUALITY OF LIFE FOR ALL THOSE AFFECTED BY CANCER

The American Cancer Society uses the term “cancer survivor” to refer to anyone who has ever been diagnosed with cancer, no matter where they are in the course of their disease.

Due to advances in early detection and treatment, more and more people are living after a cancer diagnosis. In the United States, there are more than 15.5 million people living with a history of cancer, according to the American Cancer Society. If current projections continue, there will be an estimated 20.3 million cancer survivors nationwide by 2026.

Cancer survivorship focuses on the health and life of a person beyond the acute phase of diagnosis and treatment. Whether that occurred in childhood or as an adult. Survivorship, like cancer itself, is complex and can be difficult to navigate. Cancer survivors regularly report unique challenges, health issues, and quality-of-life concerns long after treatment ends. Cancer survivorship issues can include:

- The long-term physical, mental, emotional, social, and financial effects of cancer
- The ability to access health care and follow-up treatment
- The transition from active cancer treatment to post-treatment primary care
- The effects of cancer that are late to emerge
- The risk of subsequent cancers
- Quality of life and well-being

Every sector of society can play a part in addressing cancer survivorship needs. Cancer should be considered a chronic disease with long-term risks, adverse health impacts, and unique quality-of-life concerns that may last throughout a person’s lifetime. Special efforts should be taken to educate providers about survivorship needs. To reduce the burden of subsequent cancers among survivors, we should focus on risk reduction, prevention, and screening strategies within this population.

**Together, we can improve the long-term quality of life for the growing number of cancer survivors.**

### THE ICC HAS IDENTIFIED FIVE OBJECTIVES THAT SUPPORT SURVIVORSHIP.

1. Increase the delivery of comprehensive, individualized survivorship care plans.
2. Increase access to services and resources for patients and families, including palliative care and end of life care.
3. Increase awareness of issues relevant to cancer survivors and caregivers.
4. Increase the number of reported healthy days among cancer survivors.
5. Improve healthy lifestyle behaviors and cancer screenings of cancer survivors.
6. Improve long-term follow-up care for childhood and young adult cancer survivors.

# SURVIVORSHIP
## CONTINUED

### OBJECTIVE 1:

Increase the delivery of comprehensive, individualized survivorship care plans.

Delivery of survivorship care plans

| | |
|---|---|
| BASELINE | 32.9% |
| TARGET | 75.0% |
| ACTUAL | 40.8% |

*Data Sources:* 2016/2021 BRFSS

### IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Support funding for survivorship research in cancer treatment follow-up care.
- Build existing treatment summaries into systems of care.
- Design benefits, payment policies, and reimbursement mechanisms to facilitate coverage for evidence-based aspects of care and care plan services.
- Support systems to auto-populate survivorship care plans.
- Minimize adverse effects of cancer on employment.

### SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Support Indiana providers in achieving national standards for distributing survivorship care plans.
- Increase practitioner awareness of evidence-based survivorship guidelines such as those published by the American Cancer Society.
- Promote coordinated care within health care teams to assist survivors in receiving appropriate follow-up care.
- Provide educational opportunities to health care professionals to educate them on the post-treatment care and quality of life issues facing cancer survivors.
- Recognize survivorship care as an essential part of cancer care.
- Provide Continuing Medical Education for Primary Care Providers to increase competency in treating cancer survivors.

### IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Ensure cancer survivors have access to adequate and affordable health insurance.
- Promote cultural awareness in cancer planning material and messaging to accommodate all cancer survivors.

### EVALUATE PROGRESS AND OUTCOMES

- Support surveillance systems that increase the use and quality of data.
- For CoC accredited institutions follow the participation in survivorship care plans as outlined in Standard 3.3.

# SURVIVORSHIP CONTINUED

## OBJECTIVE 2:

Increase access to services and resources for patients and families, including palliative care and end of life care.

State Palliative Care Grade - Indiana

| | |
|---|---|
| **BASELINE** | 76.7% |
| **TARGET** | 90.0% |
| **ACTUAL** | 76.7% |

***Data Sources:*** *Center to Advance Palliative Care 2023*

### IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Encourage payers to provide coverage for transportation and mental health care for cancer patients, families and caregivers.
- Increase resources and support for the unique needs of caregivers.
- Monitor changes in State and Federal legislation and funding regarding palliative care, and serve as a source of this information for health care providers, institutions, voluntary organizations and others.
- Educate decision makers on the need for adequate childhood home, hospice and palliative care.

### SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Educate health care providers on financial resources available to patients.
- Promote training for health professionals in both adult and childhood hospice and palliative care.

### IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Increase financial assistance programs, social support and mental health resources for cancer patients, families and caregivers.

### EVALUATE PROGRESS AND OUTCOMES

- In development

# SURVIVORSHIP

## CONTINUED

### OBJECTIVE 3:

Increase awareness of issues relevant to cancer survivors and caregivers.

At ECHO: Number of providers and care team members trained

| | |
|---|---|
| **BASELINE** | 661 |
| **TARGET** | 800 |
| **ACTUAL** | 661 |

***Data Sources:*** *Indiana University - Cancer Prevention & Survivorship Care ECHO 2023*

### IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Educate policymakers and the public about key issues in cancer survivorship.
- Integrate post-treatment care and cancer survivor quality of life screenings into health systems.
- Promote policy and system change to screen for psychosocial distress and/or quality of life issues and provide multidisciplinary referrals to support services within the health system and community as needed.

### SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Encourage development and use of survivorship care plans by educating health care teams on evidence-based modalities for post-treatment care.
- Train health care providers on how to communicate difficult information, including end-of-life conversations.
- Work with associations representing health care professionals to promote hospice and palliative care certification and credentialing.
- Provide education to physicians and other healthcare providers regarding the Psychosocial Standards of Care for childhood Oncology.

### IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Promote appropriate follow-up care (e.g., guideline concordant cancer screening) and other appropriate post-treatment support (e.g., tobacco cessation counseling, physical activity recommendations) to cancer survivors.
- Educate survivors on the benefits of physical activity to support the prevention of new or recurring cancers or to treat the side effects of cancer or its treatment.
- Improve access to peer support through cancer survivor groups in all communities.
- Increase access to evidence-based survivor wellness strategies including nutrition education and exercise options through health systems.
- Educate patients, parents, educators and stakeholders on academic challenges faced by childhood cancer patients.

### EVALUATE PROGRESS AND OUTCOMES

- Conduct research and education about cancer survivors' needs, including adequacy of follow-up and support services, and barriers encountered during the diagnostic, treatment and post-treatment phases of care.
- Advocate for research regarding the state of support services for Indiana childhood cancer patients, survivors, caregivers and overall family system.

# SURVIVORSHIP
# CONTINUED

## OBJECTIVE 4:

Increase the number of reported healthy days among cancer survivors.

### SURVIVORS

| | Who had the same or fewer poor mental health days over the past 30 days as people without cancer | Who had the same or fewer poor physical health days over the past 30 days as people without cancer |
|---|---|---|
| **BASELINE** | 76.4% | 62.2% |
| **TARGET** | 82.6% | 72.0% |
| **ACTUAL** | 73.0% | 63.7% |

*Data Sources: 2016/2021 BRFSS*

## IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Develop and enhance patient-centered navigation systems and pathways based on best practices to ensure optimum care across the continuum of cancer survivorship.
- Minimize adverse effects of cancer on employment.

## SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Provide educational opportunities to health care professionals to educate them on the post-treatment care and quality of life issues facing cancer survivors.

## IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Promote the use of survivorship care plans by health care providers.
- Improve the quality of life for cancer survivors by providing referrals to rehabilitation services that address unmet physical, social, and emotional needs.
- Increase awareness about healthy living and physical and mental health after a cancer diagnosis.
- Increase knowledge of survivorship issues for the general public, cancer survivors, health care professionals, and policy makers.

## EVALUATE PROGRESS AND OUTCOMES

- Support surveillance systems that increase the use and quality of data.

# SURVIVORSHIP
## CONTINUED

### OBJECTIVE 5:

Improve healthy lifestyle behaviors and cancer screenings of cancer survivors.

**SURVIVORS**

| | At a healthful weight | Who currently use cigarettes |
|---|---|---|
| **BASELINE** | 28.0% | 21.3% |
| **TARGET** | 37.6% | 10.1% |
| **ACTUAL** | 23.8% | 20.3% |

*Data Sources: 2016/2021 BRFSS*

### IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- Promote policy changes that support addressing cancer as a long-term, chronic disease.
- Increase the dissemination and utilization of survivorship care plans that include information about healthy lifestyle behaviors.

### SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Educate health professionals in local medical communities through grand rounds, tumor board meetings, continuing education trainings, and other venues about healthy lifestyle behaviors for survivors in order to reduce their risk of cancer recurrence and new cancers (and symptoms from disease and treatment).
- Establish educational forums for providers on survivorship in partnership with professional organizations.

### IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Promote tobacco cessation in cancer patients and survivors.
- Promote the concept of survivorship as a chronic condition that people can live with and manage with healthy lifestyle behaviors.
- Establish educational forums for patients on survivorship in partnership with professional organizations.
- Develop primary prevention education programs to inform survivors about their susceptibility and any behavioral changes they can make to reduce their risk.
- Support programs that emphasize the importance of appropriate physical activity and nutrition during and after cancer treatment.

### EVALUATE PROGRESS AND OUTCOMES

- Support surveillance systems that increase the use and quality of data.

# SURVIVORSHIP
# CONTINUED

## OBJECTIVE 6:

Improve long-term follow-up care for childhood and young adult cancer survivors.

### CHILDREN (0-19)

5-year Survival Rate

| | |
|---|---|
| **BASELINE** | **DEVELOPMENTAL** |
| **TARGET** | **DEVELOPMENTAL** |
| **ACTUAL** | **DEVELOPMENTAL** |

### IMPLEMENT POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

- In development

### SUPPORTING PROVIDER TRAINING AND PROFESSIONAL DEVELOPMENT

- Educate healthcare providers, patients, and their families to ensure childhood cancer survivors are provided with written documentation of their diagnosis, treatment history, and potential late effects of treatment consistent with COG's Passport for Care.

### IMPROVE PATIENT ACCESS TO CARE, EDUCATION, AND PROGRAMMING

- Advocate for fertility preservation options and reproductive endocrinology services to be offered through treatment and in the survivorship years.
- Support and promote awareness for programs that provide psychosocial, physical, logistical, and emotional support for patients and their families.
- Educate patients and their families about the need for long term follow-up to monitor for late effects of childhood cancer treatment.

### EVALUATE PROGRESS AND OUTCOMES

- Increase data collection regarding the mental and physical health of those treated for childhood cancer to annual surveys, and extend surveys inclusive of the entire lifespan.

# GLOSSARY

## OF TERMS

**ADULTS**
People aged 18 years and older

**AFRICAN AMERICAN**
For the means of this report, African American is encompassing of all Black individuals diagnosed or died of cancer in the United States and Indiana regardless of country of birth.

**AGE-ADJUSTED RATES**
Older age groups generally have higher cancer rates than younger age groups. For example, in Indiana, more than 80 percent of new lung cancer cases occur in those aged 60 and older. As a result, if one county's lung cancer incidence rate is higher than another, the first question asked is whether the county with a higher rate has an older population. To address this issue, all mortality and incidence rates presented in this report, unless otherwise noted, have been age-adjusted. This removes the impact of different age distributions between populations and allows for direct comparisons of those populations. Additionally, age-adjustment allows for a comparison of rates within a single population over time. On the other hand, age-specific rates are incidence or mortality rates for specific age groups.

**AGE-SPECIFIC RATE**
The total number of new cases or deaths among residents in a specific age group divided by the population of that age group then multiplied by 100,000.

**AMERICAN CANCER SOCIETY (ACS)**
A nationwide, community-based non-governmental health organization dedicated to eliminating cancer. Headquartered in Atlanta, Georgia, the ACS supports six geographic regions with 350 offices nationwide, and has both a national and global community presence. Additional information is available at cancer.org.

**BURDEN**
The number of new cases or deaths from cancer or overall impact of cancer in a community.

**CANCER**
Cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells. The cancer cells form tumors that destroy normal tissue. If cancer cells break away from a tumor, they can travel through the bloodstream or the lymphatic system to other areas of the body, where they might form new tumors (metastases). If this growth is not controlled, cancer might be fatal.

**CANCER RATES**
Cancer rates represent the number of new cases of cancer per 100,000 people (incidence) or the number of cancer deaths per 100,000 people (mortality) during a specific period [see example below]. Typically, incidence rates are calculated based only on the number of invasive cancer cases that occurred during a period and do not include in situ cases. Invasive cancer is cancer that has spread beyond the layer of tissue in which it developed and is growing into surrounding, healthy tissues. See Page 12 for additional information about in situ cancer.

**CARCINOGEN**
Any chemical, physical, or viral agent that is known to cause cancer.

**CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)**
A federal agency that conducts and supports health promotion, prevention, and preparedness activities in the United States (US), with the goal of improving overall public health. Additional information is available at cdc.gov.

**CHILDHOOD CANCER**
A term used to describe cancers that occur between birth and 14 years of age. Childhood cancers are very rare and may differ from adult cancers in the way they grow and spread, how they are treated, and how they respond to treatment. The most common types of childhood cancer are leukemia, brain and spinal cord tumors, lymphoma, neuroblastoma, Wilms tumor (a type of kidney cancer), retinoblastoma, and cancers of the bone and soft tissue. Also called pediatric cancer.

**HEALTH DISPARITIES**
Preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups, and communities. Health disparities exist in all age groups, including older adults.

# GLOSSARY
## OF TERMS

**HEALTH EQUITY**
The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

**INCIDENCE (NEW CASES)**
Annual incidence is the number of new cases of cancer diagnosed during a calendar year. Average annual incidence is the number of new cases diagnosed during a specified number of years. Indiana resident incidence data in this report, unless otherwise noted, were obtained from the ISCR. To ensure case completion, according to state law, cancer cases are reported to the ISCR within six months of diagnosis or first encounter. All data must be verified as correct and complete prior to publication, therefore, the most current data available for this report were from 2017. Visit www.in.gov/isdh/24360.htm for data requests and more publications available.

**LIFETIME RISK OF DEVELOPING OR DYING FROM CANCER**
The chance a person has, over the course of his or her lifetime (from birth to death), of being diagnosed with or dying from cancer.

**METASTASIS**
Cancer that spreads to a different part of the body from where it started.

**MORBIDITY**
The rate of disease in a population during a specific period of time.

**MORTALITY**
The rate of death in a population during a specific period of time.

**MORTALITY (DEATHS)**
Annual mortality is the number of deaths during a calendar year among those who had a diagnosis of cancer. The death and diagnosis might not occur in the same year. Average annual mortality is the average number of deaths during a specified number of years. Indiana resident mortality data in this report, unless otherwise noted, are from the ISCR, which obtains annual death certificate record information from the Indiana State Department of Health Vital Records Department. Data from 2017 were the most current mortality data available for this report. Visit www.in.gov/isdh/24360.htm for data requests and more publications available.

**NATIONAL CENTER FOR HEALTH STATISTICS (NCHS)**
Housed at the CDC, the NCHS is the nation's principal health statistics agency. The organization compiles statistical information to guide actions and policies to improve public health. Additional information is available at cdc.gov/nchs.

**PREVALENCE**
The proportion of people with a certain disease or condition at a specific point in time.

**RISK FACTOR**
Anything that increases a person's probability of getting a disease. Risk factors can be lifestyle-related, environmental, or genetic (inherited).

**SOCIAL DETERMINANTS OF HEALTH**
The nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems.

**STAGING**
The process of finding out whether cancer has spread and if so, how far. There is more than one system for staging (See Pages 12-13 for additional information).

**STATISTICAL SIGNIFICANCE**
When comparing two cancer incidence or mortality rates, either between two counties or between men and women, it is often of interest to determine if the difference in rates is statistically significant. This means that the difference between two rates is unlikely to be the result of chance alone. Statistically significant differences in cancer rates between one county compared to another, or in one group

# GLOSSARY

## OF TERMS

compared to another, can help identify potentially modifiable risk factors for cancer such as health equity disparities, geographic or cultural factors, or challenges in access to care. The term “statistical significance” refers only to the process and results of the statistical calculations and in no way implies any judgment about the importance or significance of cancer.

**STRUCTURAL RACISM**
The way key areas of society (education, employment, health care, housing, and law enforcement) are structured to benefit the group in power and hinder racial and ethnic minority groups. Because of structural racism, health care can be difficult to access, navigate, and pay for, especially for historically marginalized groups.

**SURVIVORSHIP**
The percentage of people who are alive five years after their cancer is diagnosed. While statistically valid, these percentages are based on historical data and might not reflect current advances in treatment. Therefore, five-year survival rates should not be used to predict an individual’s survival with cancer.

INDIANA CANCER CONSORTIUM

INDIANACANCER.ORG

INDIANA CANCER CONSORTIUM

IN_CANCER