

Executive Summary

2001-2005 Virginia Cancer Plan Addendum

This document is an addendum to the 2001-2005 Virginia Cancer Plan (VCP). This plan was initiated by the Virginia Department of Health with funding and some oversight from the Centers for Disease Control and Prevention, Atlanta, Georgia. The overall purpose of the Virginia Cancer Plan (VCP) for 2001-2005 is to guide cancer prevention and control planning, implementation, and evaluation efforts within the state.

The creation of the VCP Addendum represents “the growth and functioning of the Cancer Plan Action Committee (CPAC) as it transitions itself from a Plan-writing organization to a Plan-implementing Organization” (2001-2005 VCP, p. 3). The CPAC developed goals, recommendations, and strategies to evaluate its sustainability, effectiveness, and adaptability (p. 99). The VCP Addendum addresses CPAC Goal I: Be accountable in proposing and implementing the VCP. Some of the recommendations and strategies of this goal are to (p.100-101):

- determine/establish baseline data for VCP’s goals and recommendations
- identify existing data sources...gaps in data sources...and data driven proposed objectives
- develop measurable objectives...
- continuously monitor the feasibility and measurability of proposed objectives
- use verifiable on-going public databases when possible
- use databases that correspond to national databases and/or definitions when possible

The CPAC coalition members were divided into subcommittees and submitted where possible objectives with baseline measures, 2005 target measures, and references. The subcommittees corresponded to the following areas of comprehensive cancer control: prevention, early detection, treatment, rehabilitation and palliative care, and surveillance and evaluation.

Each committee was encouraged to review the information for clarity, content, and accuracy and identify specific suggestions, corrections, and concerns. Two specific issues include the lack of measurable objectives that directly address health disparities and the values of the percent changes from the baseline measure to the target measure.

The measurable objectives will be used in part to design the 2001-2005 VCP evaluation and serve as a foundation for the 2006-2010 VCP. Where possible, the VCP questions and targets are aligned with Healthy Virginians 2010 and national databases. Not included in the addendum are measurable targets for change to reduce incidence, morbidity, and mortality. The CPAC must decide if this is by design or an oversight.

Virginia Cancer Plan (2001-2005) Addendum
Goals and Measurable Objectives

Prevention Goal I: Reduce the number of youth in Virginia who begin using tobacco products

- Decrease tobacco use by students in grades 9 through 12 from baseline of 26% (estimated) to 22% (HV2010 goal; Youth Tobacco Survey 2003, Tobacco Use Control Project -TUCP)
- Increase the proportion of youth in Virginia who have never smoked (Developmental; Youth Tobacco Survey 2003, TUCP)
- Increase the average age of first use of tobacco from baseline of 12 to 14 (HP2010 goal; Youth Tobacco Survey 2003, TUCP)
- Increase excise tax on tobacco products sold in Virginia from baseline of 2.5¢ by 75¢ (BL & Goal-Virginians for a Healthy Future Goal)

Prevention Goal II: Reduce the use of tobacco among Virginians

- Decrease cigarette smoking by Virginians 18 and older from baseline of 52.3% to 49% (BRFSS, 2002)
- Increase number of Virginia institutes of higher education that offer a tobacco prevention and control educational component (Developmental; data source, TUCP)
- Increase smoking cessation attempts among adults from baseline of 55% to 75% (BRFSS, 2002)
- Increase smoking cessation attempts among youth from baseline of 76% to 84% (HP2010 goal; Youth Tobacco Survey 2003, TUCP)
- Increase number of anti-tobacco media messages (Developmental; data sources, Virginia Tobacco Settlement Foundation-VTSF, American Legacy Foundation, Phillip Morris Foundation)
- Increase excise tax on tobacco products sold in Virginia from baseline of 2.5¢ by 75¢ (BL & Goal-Virginians for a Healthy Future Goal)

Prevention Goal III: Reduce Virginians' exposure to environmental ("secondhand") tobacco smoke

- Decrease the proportion of nonsmokers exposed to environmental tobacco smoke from baseline of 21.4% to 17% (HV 2010 goal; SERL 2001 and BRFSS, 2001)
- Increase the number of smoke-free restaurants by 100 (Developmental; data source, VTSF)
- Increase the number of smoke-free facilities by 50 (Developmental; data sources, TUCP, VTSF)
- Reduce the proportion of nonsmokers exposed to environmental tobacco smoke in the workplace from baseline of 78.3% to 68.3% (HV 2010 goal; BRFSS 2002)
- Increase the number of institutes of higher education in Virginia providing smoke-free public areas and dormitories (Developmental; data source, TUCP)

- Increase proportion of smoke-free public Virginia K-12 school grounds from baseline of 33% to 100% (listed in VCP, unsure of source; HP2010 BL: 37%, goal 100%)
- Increase percentage of smoke-free homes in which children live from baseline of 74% to 84% (Commonwealth Poll, 27% of children 6 and under lived in household where someone smoked inside at least 4 days per week in 1994), (another potential source, Fire Prevention-VDH)

Prevention Goal IV: Improve the quality of indoor air for Virginians

- Decrease radon exposure in homes built in high radon potential counties (Developmental; need to identify data source)
- Decrease radon exposure in K-12 schools (Developmental; need to identify data source)
- Decrease radon exposure in publicly funded housing (Developmental; need to identify data source)

Prevention Goal V: Increase skin cancer prevention knowledge and behaviors among Virginians

- Decrease percentage reporting “never used sunscreen” among youth (Developmental; need data source)
- Decrease percentage reporting “never used sunscreen” among adults from baseline of 38.2% to 35% (BRFSS 2002) [47% to 75% HP2010 goal]

Prevention Goal VI: Reduce cancer risk in Virginians through healthy diet and physical activity

- Increase the proportion of adults who consume at least five fruits and vegetables a day from a baseline of 28% to 31% (BRFSS, 2002)
- Increase the proportion of youth who consume at least five fruits and vegetables a day (Developmental; need data source)
- Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day from baseline of 18% to 23% (HV2010 goal; source, VA BRFSS)
- Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion from 29.2% to 34.2% (HV2010 goal)

Prevention Goal VII: Reduce the number of Virginians who practice risky sexual behavior

- Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active (Developmental; HP2010 goal; potential source, HIV/STD AIDS)
- Increase the proportion of sexually active persons who use condoms from 23% to 30% (HP2010 & HV2010 goal; potential source, VA BRFSS, HIV/STD AIDS)
- Decrease the proportion of persons with HPV infection (Developmental; potential source, HIV/STD AIDS)

- HP2010: Reducing the number of new HPV (human papillomavirous) cases can help to minimize the overall number of cases of high-risk subtypes associated with cervical cancer in females aged 15 - 44 years.

Early Detection Goal I: Increase the knowledge of health care providers and the general public regarding early detection guidelines and the importance of screening

- Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding two years from baseline of 73% to 75% (HV2010 goal, BRFSS, 2002)
- Increase the proportion of women age 18 and older who have had Pap test within the last two years from baseline of 83.5% to 90% (HV2010 goal, BRFSS, 2002)
- Increase the proportion of adults 50 or older who receive a sigmoidoscopy or colonoscopy colorectal cancer screening examination within the preceding two years from baseline of 53.3% to 56% (BRFSS, 2002)
- Increase the proportion of men who have ever received a prostate cancer screening exam (Developmental; No HV2010 GL; No HP2010 GL; No CDC GL)
 - PSA [Prostate Specific-Antigen] (50 y +): 73.2 % to 76 % (BRFSS, 2002)
 - DRE [Digital Rectal Exam] (40 y+): 77.7% to 82% (BRFSS, 2002)

Early Detection Goal II: Ensure access to cancer screening, adequate referral, and timely follow-up for all Virginians

- Increase the percent of cancer that is diagnosed in the early stage from baseline of 50.4% to 53% (9.8/40.6-in situ/local)(1996-2000, VCR in ACS Facts & Figures, 2003)
 - Breast from baseline of 68.3% (16.2/52.1- in situ/local) to 71%
 - African-American baseline 61.9% (15.2/46.7)
 - White baseline 69.7% (16.3/53.4)
 - Prostate from baseline of 69.7% to 73%
 - African-American baseline 66.2%
 - White baseline 72.1%
 - Lung and Bronchus-Male from baseline of 19.5% to 23%
 - African-American baseline 16.5%
 - White baseline 20.3%
 - Lung and Bronchus-Female from baseline of 45.7% to 49%
 - African-American baseline 6.3%
 - White baseline 38.4%
 - Colorectal-Male from baseline of 37.9% to 41%
 - African-American baseline 34.1%
 - White baseline 38.8%
 - Colorectal-Female from baseline of 34.4% to 37%
 - African-American baseline 32.9%
 - White baseline 34.7%

Early Detection Goal III: Promote policies and environmental support for the early detection of cancer

- Increase the proportion of Virginians that are aware of laws that mandate insurance coverage for regular and appropriate cancer early detection screening (Developmental; need data source)

Treatment Goal I: Reduce the percentages of Virginians who do not have adequate access to cancer care

- Decrease the proportion of Virginians who do not have adequate access to cancer care (Developmental; need data source)

Treatment Goal II: Increase public and health professional access to best practices in the treatment of cancer

- Increase the number of methods best practices in the treatment of cancer are made available to the public and health professionals (Developmental; need data source)

Treatment Goal III: Develop working partnerships between public health and managed care to increase availability of comprehensive cancer control services in Managed Care Organizations (MCO).

- Increase the number of partnerships between public health and managed care to increase the availability of comprehensive cancer control services in MCOs (Developmental; need data source)

Rehabilitation and Palliation Goal I: Ensure that every individual with cancer is assured the highest level of function possible through the course of illness

- Increase the proportion of Virginians with cancer having the highest level of function possible through the course of illness (Developmental; need data source)

Rehabilitation and Palliation Goal II: Ensure that every individual with untreatable or incurable cancer is assured optimal comfort care until death

Increase the proportion of Virginians with untreatable or incurable cancer having optimal comfort care until death (Developmental; need data source)

Surveillance Goal I: Collect complete, accurate, and timely data on cancer in Virginia (VCR)

- Within 12 months of the close of the diagnosis year, 90% of expected, unduplicated cases will be available to be counted as incident cases at the central cancer registry
- Within 24 months of the close of the diagnosis year, 95% of expected, unduplicated cases are available to be counted as incident cases at the central cancer registry
- Within 24 months of the close of the diagnosis year, the state will have performed death clearance, and 3% or fewer of cases in the database will be reported by death certificate only at the central cancer registry
- Within 24 months of the close of the diagnosis year, 1 or fewer duplicate cases per 1,000 will be present in the database at the central cancer registry
- Within 12 months of the close of the diagnosis year, 97% of cases will pass an NPCR-prescribed set of standard data edits
- Within 24 months of the close of the diagnosis year, 99% of cases will pass an NPCR-prescribed set of standard data edits

Surveillance Goal II: Analyze data on cancer and cancer-related behaviors in Virginia

- Within 12 months of the end of the diagnosis year (and with data at least 90% complete), analyze data including at minimum, age-adjusted incidence rates and age-adjusted mortality rates for the diagnosis year by sex for selected cancer sites and, where appropriate, by sex and race and ethnicity for selected cancer sites

Surveillance Goal III: Make Virginia cancer surveillance data available, accessible, and useful

- Within 12 months of the end of the diagnosis year (and with data at least 90% complete), the state will produce an annual report (hardcopy or electronic) for selected cancer sites
- Within 24 months after the completion of the diagnosis year, an analytic data set that meets NPCR standards for data completeness and quality will be available for research purposes
- The VCR will maintain a website to include the annual report, additional data tables that do not appear in the report, and special studies performed by the registry at the current address: <http://www.vdh.state.va.us/epi/cancer/index.ASP>

Surveillance Goal IV: Evaluate the efficacy of cancer surveillance activities

- The quality of the VCR data in will be favorably evaluated by the CDC in the following reports; SSR1-Standard Status Report (Report on Quality, Completeness and Timeliness of Data, Report on Quality, Completeness and Timeliness of Data-Submission Average with Range, Estimated Completeness of Case Ascertainment for Blacks and Whites, and Estimated Completeness Summary) and SSR2-Submission Summary Report (Submission Summary, Percentage Critical Errors, and Percentage Non-Critical Errors)

References

Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2002.

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US Department of Health and Human Services. Healthy People 2010: Understanding and Improving Health and Objectives for Improving Health. 2nd ed. Vol 1. Washington, DC: US Government Printing Office; November 2000.

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The Commonwealth Poll. Virginia Commonwealth University. Retrieved December 15, 2003 from http://www.vcu.edu/commonwealthpoll/research_services.htm

At-A-Glance

Summary of Year 2005 Measurable Objectives for the Virginia Cancer Plan Addendum

Virginia Cancer Plan 2005 Objective Baseline	Target	
Youth Tobacco Use Grades 9-12	22%	26% ⁱ
Youth Never Smoked	---	---
Ages ≤ 17 (Establish Baseline Data-Youth Tobacco Survey)		
Tobacco First Use Age	14 y	12 y ^f
No-tobacco Messages	---	

(Establish Baseline-VA Tobacco Settlement Foundation (VTSF))		
Excise Tax, Tobacco Products	75¢	2.5¢
Cigarette Smoking, Now Ages ≥ 18	49%	52.3% ^a
Tobacco Prevention and Control Educational Component (Establish Baseline-Tobacco Use Control Program (TUCP))	---	---
Smoking Cessation Attempts, past 12 months Ages ≥ 18	75%	55% ^a
Smoking Cessation Attempts, Youth	84%	76% ^f
Ages ≤ 17		
Non-smokers exposed to environmental tobacco smoke	17%	21.4% ⁱ
Smoke-free Restaurant (increase to) (Baseline-VTSF)	100	---
Smoke-free Facilities (increase by) (Baseline-VTSF or TUCP)	50	---
Worksite smoking policies (reduce non-smokers exposed)	68.3%	78.3% ^a
Smoke-free Public Areas and dormitories (increase number to) (Baseline-TUCP)	---	---
Smoke-free K-12 grounds	100% ^f	33%
Smoke-free homes with children	84%	74% ^h

Radon Exposure, Homes in High Radon Potential Counties Establish Baseline Data	---	---
Radon Exposure, K-12 Establish Baseline Data	---	---
Radon Exposure, Publicly Funded Housing Establish Baseline Data	---	---
Never used sunscreen, outside 1-hr+ Ages \geq 18	35%	38.2% ^c
Never used sunscreen, outside 1-hr+, Youth Ages \leq 17	---	---
5+ Fruits/Vegetables per day Ages \geq 18	31%	28% ^a
5+ Fruits/Vegetables per day, Youth Ages \leq 17 (Establish baseline)	---	---
Moderate Physical Activity, 30 minutes +, preferably daily Ages \geq 18	23%	18% ^f
Vigorous Physical Activity, 20 minutes+, 3+ days per week Ages \leq 17	34.2%	29.2% ^f
Abstain from Sexual Intercourse or Use a Condom, Adolescent Ages \leq 17 (Check with HIV/STD AIDS)	---	---
Use of Condoms, Sexually Active Persons	30%	23% ⁱ
HPV (Human Papillomavirous) Infection (Check with HIV/STD AIDS)	---	---
Mammogram, Within Past 2 Years Females, Ages \geq 40	75%	73% ^a
Clinical Breast Exam and Mammogram, Uninsured/Underinsured Females, Ages 40-64	8.9%	9.5% ^g
Pap Test, Within Past 2 Years Females, Ages \geq 18	90%	83.5% ^a
Sigmoidoscopy or Colonoscopy, Within Past 2 Years Ages \geq 50	56%	53.3% ^a
PSA (Prostate-Specific Antigen) Test, Ever Had Males, Ages \geq 50	76%	73.2% ^a
DRE (Digital Rectal Exam), Ever Had Males, Ages \geq 40	82%	77.7% ^a
Cancer Diagnosed in Early Stage (in situ/local)	53%	50.4% ^c

Breast Cancer Diagnosed in Early Stage (in situ/local)	71%	68.3% ^c
Prostate Cancer Diagnosed in Early Stage (in situ/local)	73%	69.7% ^c
Lung and Bronchus, Male, Diagnosed in Early Stage (in situ/local)	23%	19.5% ^c
Lung and Bronchus, Female, Diagnosed in Early Stage (in situ/local)	49%	45.7% ^c
Colorectal Cancer, Male, Diagnosed in Early Stage (in situ/local)	41%	37.9% ^c
Colorectal Cancer, Female, Diagnosed in Early Stage (in situ/local)	37%	34.4% ^c
Cancer Insurance Coverage Laws, Early Detection Screening (Awareness) Establish Baseline Data	---	---
Adequate Access to Cancer Care Establish Baseline Data	---	---
Best Practices Methods, Cancer Treatment Establish Baseline Data	---	---
Partnerships, Comprehensive Cancer Control Services in MCOs Establish Baseline Data	---	---
Highest Level of Function/Quality of life Establish Baseline Data	---	---
Optimal Comfort until Death/Pain Management Establish Baseline Data	---	---
Cancer Incident Cases, Within 12 Months of Close of Diagnosis Year (MCDY)	90% ^d	---
Cancer Incident Cases, Within 24 MCDY	95% ^d	---
Death Clearance, Within 24 MCDY	97% ^d	---
Duplicate Database Cases, Within 24 MCDY	≤ 1per 1000 ^d	---
Cases Passed, NPCR-Prescribed Standard Data Edits, Within 12 MCDY	97% ^d	---
Cases Passed, NPCR-Prescribed Standard Data Edits, Within 24 MCDY	99% ^d	---
VCR^d Analyze Data, Within 12 MCDY	---	---
Annual Report Produced for Selected Cancer Sites, Within 12 MCDY	---	---
Analytic Data Set Available, NPCR Standards, Within 24 MCDY	---	---
VCR^d Website Maintained	---	---
Receive Favorable Evaluation by CDC in Reports	---	---

CDC, BRFSS 2002^a

CDC, BRFSS 2001^b

CDC, BRFSS 2000^c

Virginia Cancer Registry (VCR),^d 1996-2000^e

Healthy People 2010^f

VA BCCEDP 2003^g

Commonwealth Poll^h

Healthy Virginians 2010ⁱ

--- indicates no baseline data but data source identified; or, need to establish base line data and identify data source

References

Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2002.

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Notes

BRFSS – Behavioral Risk Factor Surveillance System is survey administered by telephone to civilian, non-institutionalized population 18 years of age and older. Questions on the survey cover behavioral risk factors, preventive health measures, HIV/AIDS, health status, limitation of activity, and health care access and utilization.

Virginia Cancer Registry (VCR) – a partner in statewide activities to promote cancer prevention, early detection, and successful treatment and care. The VCR is located at the Virginia Department of Health and adheres to National Program of Cancer Registries (NPCR) standards for data completeness and quality.

Virginia Breast & Cervical Cancer Early Detection Program (VA BCCEDP) – increase public awareness, public education and health care professional education associated with the early detection of breast and cervical cancer and conduct free breast and cervical cancer screenings.

Health People 2010 – a comprehensive document that establishes targets for improving the health of all people in the United States.

Commonwealth Poll – offers custom-designed data collection services to gather objective information on the opinions, experiences, knowledge, and the needs of the public. The Commonwealth Poll is located at Virginia Commonwealth University.