

Priority Goal: Cancer

Goal 2: Reduce the number of new cancer cases as well as illness, disability, and death caused by cancer.

Targets/Performance Measures

Screening: “Appropriate” screening methods are based on most recent recommendations by the U.S. Preventive Services Task Force (U.S.P.S.T.F.). Local targets were set to achieve a 6% improvement over the next 6 years, consistent with the target of 10% change over 10 years set by Healthy People 2020.

- Increase percentage of women aged 50-74 years who are up-to-date on breast cancer screening (mammogram within the last 2 years, U.S.P.S.T.F. , 2009)
Baseline: 70.0% (State 69.9%) BRFSS, 2012
Target: 74.2%
- Increase percentage of women aged 21-65 years who are up-to-date on cervical cancer screening rates (women without hysterectomy who had pap test within the last 3 years, U.S.P.S.T.F. , 2012)
Baseline: 80.4% (State 83.1%) BRFSS, 2012
Target: 85.2%
- Increase percentage of adults aged 50-75 years who are up-to-date on colorectal cancer screening (annual fecal occult blood test (FOBT), OR sigmoidoscopy every 5 years + FOBT every 3 years, OR colonoscopy every 10 years, U.S.P.S.T.F. , 2008)
Baseline: 57.1% (State 63.6) BRFSS, 2012
Target: 60.5%
- Developmental: Increase the proportion of men 40 years and older who have discussed with their health care provider the advantages and disadvantages of the prostate-specific antigen (PSA) test to screen for prostate cancer (U.S.P.S.T.F. guidelines of May 2012)
Baseline: Local baseline unknown; 2010 National Baseline = 14.4% (NHIS, CDC/NCHS)
- Developmental: Increase the proportion of youth and adults who follow protective measures that reduce the risk of skin cancer

Incidence/Mortality: Rates based on 100,000 population (Nebraska Vital Statistics, source years: Incidence 2003-07; Mortality 2004-08)

- Reduce incidence / mortality rates due to Female Breast Cancer
Baseline: 128.9 (state 123.2) / 19.0 (state 22.0)
Target: 121.2 / 18.0
- Reduce incidence / mortality rates due to Cervical Cancer
Baseline: 9.9 (State 7.2) / 0.0 (State 1.8)
Target: 9.6 (incidence)
- Reduce the incidence / mortality rates due to Colorectal Cancer
Baseline: 64.7 (state 56.2) / 15.5 (state 18.5)
Target: 60.9 / 14.6
- Reduce incidence / mortality rates due to Prostate Cancer
Baseline: 161.3 (state 158.9) / 25.1 (24.5)
Target: 151.6 / 23.6
- Reduce incidence / mortality rates due to Skin Cancer
Baseline: 18.5 (state 17.1) / 4.6 (State 3.0)
Targets: 17.4 / 4.3

- Reduce incidence / mortality rates due to Lung Cancer
Baseline: 66.2 (state 65.6) / 48.2 (state 47.2)
Target: 62.3 / 45.3

Cancer Prevention Strategies

C-1. Community Partnerships: Increase the number of community partners involved in the implementation of the Community Health Improvement Plan (CHIP)

Setting: Community

- A. Expand the local Colon Cancer Coalition to encompass all cancers and increase the number of local community members involved in the Cancer Coalition (cancer providers, survivors, representatives from organizations providing services for populations with low incomes, and representatives from organizations serving as community connections and communication channels for traditionally underserved populations)
- B. Increase # of organizations providing services and resources for populations with low incomes
- C. Increase # of organizations serving as community connections and communication channels for traditionally underserved populations.

C-2. Prevention & Screening: Increase the number of community members who actively participate in recommended prevention/screening activities

Setting: Community, health care, schools, worksites

- A. Use evidence-based small media/group education to reach target populations with accurate and consistent messaging about cancer prevention/screening through community partners and events
 - Radon awareness and low cost testing
 - Colorectal cancer education and FOBT kit distribution
 - Tobacco free activities
 - Breast cancer and breast cancer screening education - EWM project
 - Nutrition/physical activity initiatives
 - Identify/recruit local prevention champions for each cancer type (providers and/or survivors)
 - Deliver easy-to-understand explanations about cancer screenings and other preventive health benefits under the Affordable Care Act.
 - Support health literacy initiatives
- B. Develop local community health worker program/system as a link between providers of cancer prevention/screening services and target populations.
- C. Pursue funding or appropriate partnerships to provide recommended cancer screening services for those not covered by EWM, included those with high deductibles.

C-3. Survivorship: Increase the duration and quality of life for cancer survivors in our communities

Setting: Community, health care

- A. Assist seniors in accessing healthcare and related support services for cancer care (e.g., managed care plan assistance, partner development and referral, MAA programs).
- B. Partner to increase the number of local program offerings that provide support for survivors (e.g., A Time to Health, Reach to Recovery, ACS Transportation Program, YMCA's LiveStrong nutrition and physical activity, Living Well chronic disease management training, MLH survivorship care planning, ACS Library, etc.).

C-4. Empowered People: Enhance the ability of the general public and referral agents to connect with needed resources related to cancer prevention and health.

Setting: Community, health care, social media

- A. Partner in the development of a database system/search engine of local information for public and referring organizations and include links with regional, state and national cancer resources (e.g., VNA Financial Assistance Program, ACS, Komen Nebraska) and investigate Apps for access via mobile phones.
- B. Collaborate with the local library system to enhance available healthy living resources and serve as a channel for educational healthy living programming and cancer resources (e.g., Cancer Corners program through Nebraska Cancer Coalition) and use librarians as information brokers (e.g., Hastings Public Library, Republican Valley Library Association, school librarians, school computers, Bookmobile to nursing homes).