

WV CANCER PLAN  
2016-2020

MISSION:

To facilitate and coordinate collaborations, statewide and at the community level, to address Mountains of Hope's designated priority areas.

VISION:

To reduce the human and economic impact of cancer in West Virginia.

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*\*Underlined words in this document are defined in the glossary on page 27.*

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INTRODUCTION

What is Comprehensive Cancer Control?

The Centers for Disease Control and Prevention (CDC) defines Comprehensive Cancer Control as “a collaborative process through which a community pools resources to reduce the burden of cancer that results in risk reduction, early detection, better treatment, and enhanced

survivorship.” West Virginia (WV) is dedicated to this approach and believes that this is the best way to reduce the impact of cancer for all West Virginians. The CDC created the National Comprehensive Cancer Control Program to help states, tribes, and territories form coalitions to conduct comprehensive cancer control. WV first received funding from the CDC in 2002 to establish WV’s Comprehensive Cancer Control Program and the Mountains of Hope Cancer Coalition (MOH).

#### Mountains of Hope Cancer Coalition

MOH is a group of individuals and organizations in WV who are part of the effort to reduce the impact of cancer in the state. These cancer control stakeholders represent a variety of organizations and interest areas, including state and local governments; private and nonprofit organizations; health, medical, and business communities; academic institutions; researchers; cancer survivors; caregivers; and advocates. MOH develops and implements WV’s Comprehensive Cancer Plan.

#### What Is West Virginia’s Cancer Plan 2016-2020?

The WV Cancer Plan 2016-2020 (The Plan) serves as a framework to provide healthcare practitioners, policymakers, advocates, the public health community, and other stakeholders a common set of objectives and strategies designed to encourage collaboration and consensus building. Key objectives and strategies are identified ranging from prevention, early detection and treatment, to survivorship and end of life. To the extent possible, updated plan strategies draw from existing, evidence-based guidelines and best practices and are linked to specific and measurable objectives. The Plan is a working document and will be revised on a regular basis to reflect changing priorities and available resources in an effort to help us reduce the human and economic impact of cancer in WV.

#### How was The Plan Updated?

The revision process was managed by MOH’s Steering Committee. A group of compassionate, dedicated, and diverse individuals, including MOH members and content area specialists, devoted their time, expertise, and efforts over a two-year period to develop The Plan.

#### Funding for The Plan Implementation

Having necessary resources are a “must” for successful implementation of The Plan and an important part of the strategy for all of The Plan’s objectives. To implement The Plan, MOH will secure funding from government, private, and other sources. MOH also recognizes that its members and partner organizations are the coalition’s strongest asset. Their dedication and in-kind support will remain the most critical component to meeting The Plan’s objectives.

## BACKGROUND

### Evaluation

Evaluation is a key part of The Plan, creating a framework for ongoing assessment and review as we work towards achieving The Plan’s five overarching goals and communicating updates and success stories. Additionally, evaluation efforts address the structure and activities of the

coalition by regularly asking for feedback to measure member satisfaction and to encourage participation and input.

A combination of processes, impact, and outcome evaluation methods will be employed to monitor and evaluate activities related to 25 Aims. Measures compiled from various data sources emphasize realistic targets for achieving improved health equity and long-term sustainable change.

There are several data limitations which must be considered when reviewing The Plan. These limitations should not hinder the use of these data, but should be considered when reviewing The Plan.

- Survey Data
  - Screening and lifestyle behavior estimates come mainly from self-reports and are subject to both over reporting and under reporting.
  - People do not always report accurate or truthful health behaviors, such as height and weight, when they are asked in a survey.
  - Most surveys contact adults living in households. This means that people living in a group setting, such as a nursing home, military facility, or prison are not surveyed.
  - Other sources of bias may result from difficulty contacting some persons, from higher refusal rates, or from lower telephone coverage (land line or cell phone). Nonetheless, survey data are the only source of state-specific data on many health behaviors and therefore provide important insight for strategic planning.
- Incidence and Mortality Data
  - The calculation of cancer incidence and mortality data are hampered by reporting delay. Incidence and mortality data typically lag between two and three years behind the current year due to the time required for data collection, particularly for receipt of out-of-state cancer diagnoses and deaths, data compilation, and data validation.
  - Cancer incidence and mortality rates are tracked on an annual basis in order to determine significant changes in rates over time and to track the long term impact of comprehensive cancer prevention interventions on mortality. While cancer mortality rates may not be obvious in the short term, the specific strategies listed in The Plan will contribute to reduced cancer mortality by promoting primary prevention of cancer, appropriate cancer screening and early detection, and proper treatment of cancer.
- Hospice Data

- Patients who seek cancer care outside of WV may not be captured in hospice data collection.
- Not all hospice facilities are members of the WV Hospice Council and their data are not collected.

#### WV Cancer Facts and Figures

The following information is provided by the WV Cancer Registry and health Statistics Center.

#### **Cancer incidence in WV:**

- Each year an average of 11,128 West Virginians are diagnosed with cancer.
- For most cancer sites the risk of developing cancer increases with age.
- Four cancer sites (lung, prostate, breast, and colorectal) account for over half of all new cancers diagnosed each year.
- WV has higher rates of lung and colorectal cancer than the nation as a whole.
- Lung cancer is the most frequently diagnosed cancer in men and women combined, with an average of 2,010 new cases diagnosed each year.
- Prostate cancer is the most common cancer in WV men.
- Breast cancer is the most common cancer in WV women.

Additional information regarding the WVCR can be found at: [WV Cancer Registry](#)

WV cancer incidence statistics can be obtained at:

#### WV Cancer Incidence

#### **Cancer mortality in WV:**

- Each year an average of 4,715 West Virginians die from cancer.
- Cancer causes more than one in five of all deaths in WV.
- WV has one of the highest cancer death rates in the nation.
- WV has a significantly higher age-adjusted death rate for lung cancer, colorectal cancer, and overall cancer than the US rate.
- Cancer is the second leading cause of death in WV. It is exceeded only by heart disease.
- If trends continue, cancer will become the state's leading cause of death in the next decade.

- For both men and women, cancer death rates are higher in WV than the nation as a whole.
- Lung, prostate, breast, and colorectal cancers account for approximately half of all cancer deaths in WV.
- Nearly one in three of all cancer deaths in WV are from lung cancer.
- Lung cancer is the leading cause of cancer deaths in WV, followed by colorectal cancer, female breast cancer, pancreatic cancer, and prostate cancer.
- Men consistently have a higher cancer death rate than women in WV.
- Among WV women, the leading cause of cancer death is lung cancer; followed by breast cancer, colorectal cancer, pancreatic cancer, and ovarian cancer.
- Among WV men, the leading cause of cancer death is lung cancer; followed by colorectal cancer, prostate cancer, pancreatic cancer, and liver cancer.

Additional information regarding mortality can be found at: [WV Health Statistics Center](#)

#### Integration across Chronic Disease and other Programs

MOH recognizes the relationship that exists between cancer and other chronic diseases. Research has shown that three risk factors: poor nutrition, smoking, and physical inactivity (no leisure-time exercise) attribute to nearly 35% of all chronic disease. The CDC estimates that eliminating these three risk factors would prevent 80% of heart disease and stroke, 80% of type 2 diabetes, and 40% of cancer.

To address chronic disease, state and public health departments along with various community partners have worked in “siloes” program areas that focused on single-disease illnesses such as cardiovascular disease, asthma, type 2 diabetes, cancer, etc. Public health officials realized that greater impact can be made by working in interdisciplinary teams as opposed to working in silos. By integrating programs (diabetes, tobacco, cancer, etc.), activities (data collection), staff (ideas and problem solving), and resources (partnerships), it creates the opportunity to increase efficiency in addressing chronic disease.

The Plan seeks to encompass mutual aims, objectives, and strategies from plans established by other chronic disease programs. These plans have all been developed based on the Healthy People 2020 goals, which provide science-based, 10-year national objectives for improving the health of all Americans. By aligning these goals and aims across multiple focus areas, the efforts set forth in The Plan can be maximized to benefit current and future generations of West Virginians.

## POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGE

What Is Policy, Systems, and Environmental Change (PSE)?

PSE approaches are a way of modifying the environment to make healthy choices practical and available to all community members. By changing laws and shaping our physical landscapes, a big impact can be made with little time and resources. By changing policies, systems and/or environments, communities can help tackle health issues like cancer as well as other chronic diseases like obesity and diabetes.

The Plan includes strategies to encourage public health efforts throughout WV to move toward a focus on PSE interventions that will provide a foundation for long-lasting, population-wide change. PSE is a new way of thinking about how to effectively improve health in a community. Until recently, health programs focused on individual behavior, thinking that if you teach people what will make them healthy, they will find a way to do it, however being healthy is not just about individual choices.

What is Policy Change?

Policy change may be laws, resolutions, mandates, regulations or rules. Policy change refers not only to the enactment of new policies, but also to a change in or enforcement of existing policies.

Positive Examples of Policy Change:

- Adding a tax on unhealthy food
- Passing a law allowing residents to plant community gardens in vacant lots
- Schools establishing a policy that prohibits junk food in school fundraising drives
- Laws and regulations that restrict smoking in public buildings
- Organizational rules that promote healthy food choices in a worksite

What is Systems Change?

Systems change affects all levels of an organization, institution, or provider practice. The change may include individual, policy, or environmental change strategies.

Positive Examples of Systems Changes:

- Universities creating a smoke-free campus
- Schools creating a certification system for school bake sales to ensure they are in line with school wellness policy
- Health care providers implementing client reminder systems

What is Environmental Change?

Environmental change involve physical or material changes to the economic, social, or physical environment. There is growing recognition that the physical structures and infrastructure of communities plays a significant role in shaping health. The designated use of a community's



physical structures (housing, businesses, transportation systems and recreational resources), affect patterns of living (behaviors) that, in turn, influence health.

Positive Examples of Environmental Change:

- Municipalities undertaking a planning process to ensure better pedestrian and bicycle access to main roads and parks
- Communities developing neighborhood corridors with pedestrian accommodations meeting the needs of seniors (e.g. adequate benches and ramped sidewalks)
- Communities incorporating sidewalks, walking paths, and recreation areas into community development design
- High school making available health snacks and beverages in all of its vending machines
- Parks and Recreation Departments identifying smoke-free parks

#### HEALTH EQUITY

WV is the only state that lies entirely within the boundary of Appalachia and its culture is greatly influenced by a strong set of values. Positive core values include: strong sense of community, strong family support systems and social ties, religious affiliation, pride in self and family, independent self-reliance, strong work ethic, trustworthiness, and a feeling of belonging in the mountains. Other cultural norms that affect Appalachians include: fatalistic outlook, distrust of outsiders, and distrust of formalized medical systems. All of these factors influence how West Virginians interact with the health care system.

The socioeconomic position of many West Virginians also affects the overall health of the state's population. Generally, West Virginians tend to be older, poorer, less educated, and more likely to be challenged with access to health care including prevention and treatment services. Factors such as lack of public transportation, fewer community services, and a shortage of health care providers create additional barriers.

Race, ethnic background, and sexual orientation are other factors that affect health access for West Virginians. Despite improvements, differences persist in health care quality among racial and ethnic minority groups. Lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals face health equity challenges due to stigma, fear, discrimination, and denial of their civil and human rights. All of these issues are often referred to as health disparities or health inequities and greatly affect many West Virginians.

These health inequities are also complicated by lifestyle behaviors such as tobacco use and obesity. The combination of these behaviors and other factors, such as poverty and lack of education, may contribute to health inequities and make West Virginians more likely to get cancer, be diagnosed at later stages, and perhaps even die sooner than individuals from other parts of the country. Low health literacy levels in Appalachia contribute to these inequities. Health literacy refers to the degree to which an individual is able to obtain, communicate,

process, and understand basic health information and services to make appropriate health decisions. All of these issues make it more difficult to eliminate the cancer inequities in WV.

The Plan uses Appalachian core values and strengths as the foundation to address the goals, aims, objectives, and strategies outlined in this document. All of our combined efforts will focus on health equity in cancer care for all West Virginians.

#### GETTING INVOLVED

There is a great deal of interest in supporting cancer efforts in WV as most people in our region are touched by cancer in some way. For some organizations, individuals and groups, the task is not always easy. Documents such as The Plan may seem daunting to someone trying to make a difference. S/he may feel overwhelmed by thinking that one person cannot make much of a difference. The following two pages were designed to provide examples of ways individuals and groups can support the evidence-based aims, objectives, and strategies of The Plan. Combining our individual efforts can make a difference for the people in our state! Everyone is encouraged to join MOH at no cost. It is open to all who support the coalition's mission and vision. Refer to page 33 for a membership application or for more information, contact:

#### **Mountains of Hope**

PO Box 9350

Morgantown, WV 26506

Phone: 304-293-2370 Fax: 304-293-9211

[WV Mountains of Hope website](#)

How to get started if you are a:

Hospital or Health-Care Organization

- Acquire or maintain American College of Surgeons (ACOS) membership and/or ACOS Commission on Cancer Accreditation.
- Collaborate to sponsor community screening programs· Increase access to and utilization of patient navigation programs.
- Implement office-based reminders that identify patients due for cancer prevention and screening services.
- Ensure access to cancer clinical trials.
- Provide a meeting space for cancer support groups.
- Provide tobacco cessation services for employees, patients, and their families.

Health-Care Provider

- Enroll patients in clinical trials.
- Learn about clinical cancer research studies available to patients.
- Make earlier referrals to hospice for end-of-life care.

- Provide cancer patients with a written summary of their care plan.
- Recommend appropriate cancer screening tests.
- Refer patients to tobacco-cessation services and nutrition programs.
- Routinely ask patients about healthy lifestyle factors including tobacco use, physical activity, diet, and in-home radon testing.

Local Health Department

- Provide access to low-cost radon test kits and cancer screenings.
- Provide cancer awareness education to the community.
- Support community wellness campaigns.
- Provide tobacco cessation services and education.

Community and Faith-Based Organization

- Collaborate to provide community prevention programs.
- Create a local action plan to reduce barriers to cancer screenings.
- Provide cancer awareness information.
- Provide community-based educational forums to address the specific and unique needs of cancer survivors.
- Provide tobacco cessation services and education.

Professional Organization

- Inform professional members of the importance and benefits of providing cancer clinical trials.
- Provide education to members on survivor needs and best practices.
- Support policy changes and increased funding for survivorship services.
- Promote cancer screening and other early detection efforts.

Survivor

- Consider joining an advocacy group or organization working to improve survivors' experiences.
- Mentor other survivors.
- Share personal experiences to help educate the public about the needs of survivors.

Business or Employer

- Encourage employees to increase physical activity.
- Provide full financial coverage for recommended cancer screenings and time off for employees to get screened.
- Provide healthy foods and beverages in vending machines and cafeterias.
- Provide information to cancer survivors and their co-workers about issues faced as survivors return to work.
- Provide protective clothing to employees applying fertilizers, pesticides, and insecticides.
- Provide sun protective gear to individuals working outside.
- Provide a tobacco free environment for all employees and visitors.
- Provide tobacco cessation services for all employees and family members.

Public or Private School, Community College, University, or Researcher

- Include cancer prevention messages in health classes.
- Increase physical education requirements.
- Make campuses tobacco-free environments.
- Open recreational facilities for walking or healthy activities in bad weather.
- Provide healthy foods and beverages in vending machines and cafeterias.
- Provide information to cancer survivors and schools about issues faced as survivors return to school.

State, County, or Municipal Official

- Appropriate funding for comprehensive cancer control including cancer prevention programs.
- Ensure that all West Virginians have access to health care and to cancer screening services.
- Raise constituents' awareness about cancer prevention and control programs and help establish new programs where needed.
- Support cancer research efforts across the state.
- Support or establish a cancer caucus in the WV Legislature to provide the most up-to-date cancer information to all members of the legislature.

- Increase the WV Tobacco Tax to the national average.

West Virginian

- Join the Mountains of Hope Cancer Coalition at no cost.
- Ask organizations in your community what they are doing to support The Plan.
- Eat more fruits and vegetables, and maintain a healthy weight.
- If diagnosed with cancer, consider enrolling in a clinical trial.
- Increase daily physical activity.
- Know when to be screened and do it on schedule.
- Show support and care for those who are diagnosed with cancer.
- Stop smoking or never start.
- Support cancer control legislation.
- Test homes for radon.
- Volunteer with organizations that support those living with cancer.
- Wear protective clothing when applying fertilizers, pesticides, and insecticides.
- Wear sunscreen, seek shade, and wear protective eye wear and clothing when outdoors.

GOALS

The 2016-2020 WV Cancer Plan is based on the following five overarching goals:

- Goal 1 – Prevent cancer from occurring.
- Goal 2 – Detect cancer at its earliest stages.
- Goal 3 – Treat cancer patients with the most appropriate and effective therapy.
- Goal 4 – Improve the quality of life for every West Virginian affected by cancer.
- Goal 5 – Achieve health equity across the cancer care continuum.

AIMS

The timeframe for all objectives is 2020 unless otherwise notes.

AIM 1

Reduce the use of tobacco products and electronic nicotine delivery systems among adults.

OBJECTIVES

- 1.1 Decrease the prevalence of current cigarette smoking among adults from 26.7%<sup>a</sup> to 24.5%.
- 1.2 Increase the Federal and State tax on all tobacco and tobacco-derived products from \$0.55 per pack of cigarettes and 7% wholesale cost tax on “other” tobacco<sup>b</sup> products to \$1.55 per pack of cigarettes and 50% wholesale cost tax on “other” tobacco products.
- 1.3 Increase the number of local health department clean indoor air regulations that cover all enclosed public places and enclosed workplaces from 29 counties<sup>c</sup> to 39 counties.
- 1.4 Decrease the percentage of women in who smoke during pregnancy from 28.1%<sup>d</sup> to 23.0%.
- 1.5 Increase the prevalence of adult smokers who tried to quit smoking in the past 12 months from 52.7%<sup>a</sup> to 54.0%.
- 1.6 Increase the number of adult tobacco users who enrolled in Quitline services from an average of 392/month<sup>e</sup> to 500/month.
- 1.7 Increase the number of tobacco users who enrolled in WV Tobacco Cessation Quitline services and self-reported that they remained “quit” (at 12 months after completion of the Quitline Cessation services) from 392 per month<sup>e</sup> to 500 per month.
- 1.8 Increase the prevalence of adults currently using tobacco who were advised by a doctor/allied health professional (DR/AHP) to quit tobacco use from 65.4%<sup>f</sup> to 70.0%.
- 1.9 Reduce the prevalence of current smokeless tobacco use among males from 16.5%<sup>g</sup> to 14.4%.
- 1.10 Decrease the prevalence of current use of e-cigs (or e-hookahs, e-cigars, or vape pens) among adult by 5% from baseline<sup>x</sup>.

(a) BRFSS, 2014 (b) DTP, 2014 (c) DTP CIA, 2014 (d) VSS, 2014 (e) DTP CP, 2014 (f) ATS, 2014 (g) BRFSS, 2016

## STRATEGIES

- Expand comprehensive tobacco cessation benefits to all West Virginians.
- Promote use of WV Tobacco Cessation Quitline and other comprehensive tobacco cessation services.
- Create and implement policies that leverage all aspects of tobacco cessation.
- Deliver tobacco cessation services for population groups with high prevalence of tobacco use.
- Increase health care provider education to promote tobacco cessation to all patients.
- Develop tobacco cessation programs targeted to cancer patients, survivors, and their families.
- Advocate to increase the tax on all tobacco products sold in WV.
- Advocate for public policies that will reduce access to tobacco products for WV youth.
- Educate women of child-bearing age about the harmful effects of tobacco, electronic nicotine delivery systems, vaping devices, and other alternative nicotine products.
- Advocate to increase the number of counties with comprehensive, all-workplace, clean indoor air regulations.
- Expand comprehensive tobacco cessation services to all West Virginians.

## AIM 2

Reduce the use of tobacco products and electronic nicotine delivery systems among youth (under 18) and young adults (18-34 years old).

## OBJECTIVES

- 2.1 Decrease the prevalence of current cigarette smoking among public high school students from 18.6%<sup>g</sup> to 14.7% by 2019.
- 2.2 Increase the prevalence of making at least one attempt to quit smoking in the past 12 months among high school students (among established smokers) from 65.3%<sup>h</sup> to 75.0% by 2019.
- 2.3 Decrease the percentage of women who smoke during pregnancy from 28.1%<sup>d</sup> to 23.0%.
- 2.4 Increase the number of DR/AHP trained in the Agency for Healthcare Research and Quality clinical guidelines to provide face to face tobacco cessation counseling from no data collected in 2015<sup>e</sup> to 100 DR/AHP.

- 2.5 Increase the prevalence of high school students who said they were advised by a DR/AHP to not use tobacco of any kind from 36.1%<sup>h</sup> to 40.0% by 2019.
- 2.6 Decrease the prevalence of current cigarette smoking among young adults (age 18-34) from 36.0%<sup>a</sup> to 32.0%.
- 2.7 Decrease the prevalence of current use of e-cigs (or e-hookahs, e-cigars, or vape pens) among young adults by 2% from baseline<sup>g</sup>.
- 2.8 Reduce the prevalence of current use of e-cigs among public high school students from 4.9% to 1.7%<sup>h</sup>.
- 2.9 Increase the number of adult tobacco users who have been enrolled in WV Tobacco Cessation Quitline services from 392 per month<sup>e</sup> to 500 per month.
- 2.10 Reduce the prevalence of current smokeless tobacco use among male high school students from 25.0%<sup>g</sup> to 23.6% by 2019.

(a) BRFSS, 2014 (d) VSS, 2014 (e) DTP CP, 2014 (g) BRFSS, 2016 (h) YTS, 2013

#### STRATEGIES

- Educate youth and adults about the harmful effects of tobacco, electronic nicotine delivery systems, vaping devices, and other alternative nicotine products.
- Educate women of child-bearing age about the harmful effects of tobacco, electronic nicotine delivery systems, vaping devices, and other alternative nicotine products.
- Continue RAZE, the multifaceted statewide, youth empowered tobacco prevention program.

#### AIM 3

Reduce exposure to secondhand smoke.

#### OBJECTIVES

- 3.1 Increase the number of local health department clean indoor air regulations that cover all enclosed public places and enclosed workplaces from 29 counties<sup>e</sup> to 39 counties.
- 3.2 Increase the percentage of adults reporting that smoking is not allowed anywhere in their own home from 71.1%<sup>f</sup> to 80%.
- 3.3 Increase the percentage of public high school students living in a smoke-free home from 68.6%<sup>h</sup> to 75.0%.

(c) DTP CIA, 2014 (f) ATS, 2014 (h) YTS, 2013

#### STRATEGIES

- Advocate to increase the number of counties with comprehensive, all workplace, clean indoor air regulations.



- Educate youth and adults about the harmful effects of secondhand smoke from tobacco, electronic nicotine delivery systems, vaping devices, and other alternative nicotine products.
  - Conduct targeted media campaigns about the dangers of secondhand smoke.
  - Encourage everyone to not allow smoking in homes, vehicles, and enclosed spaces.

AIM 4

Increase healthy eating among people in WV.

OBJECTIVES

- 4.1 Increase the prevalence of people eating five or more servings of fruits and vegetables per day among adults from 9.8%<sup>i</sup> to 10.3% by 2019.
- 4.2 Increase the prevalence of public high school students who consume five or more servings of fruits and vegetables per day from 21.1%<sup>j</sup> to 30.0% by 2019.

(i) BRFSS, 2013 (j) YRBS, 2013

STRATEGIES

- Implement policy, systems, and environmental changes that promote healthy eating.
- Promote healthy food access in retail food outlets.
- Encourage healthy food access through promotion of community gardens, farmers' markets, and other healthy food access programs.
- Encourage providers and educators to engage patients about healthy food options.
- Identify food deserts in WV to assist in addressing Aim 4 and its objectives.
- Promote the adoption of worksite and organizational policies that support healthy food access.
- Partner with other organizations that promote healthy eating initiatives.

AIM 5

Increase physical activity among people in WV.

OBJECTIVES

- 5.1 Increase the prevalence of adults who report leisure-time physical activity from 71.3%<sup>a</sup> to 75.0%.
- 5.2 Increase the prevalence of adults who meet the 2008 Physical Activity Guidelines for Americans from 12.7%<sup>i</sup> to 14.0% by 2019.

- 5.3 Increase the prevalence of public high school students who say they were physically active for at least 60 minutes per day from 31.0%<sup>j</sup> to 45.0% by 2019.
- 5.4 Increase the prevalence of public high school students who participate in a daily physical education class from 30.7%<sup>j</sup> to 40.0% by 2019.

(a) BRFSS, 2014 (i) BRFSS, 2013 (j) YRBS, 2013

#### STRATEGIES

- Implement policy, systems, and environmental changes that promote physical activity.
- Promote access to physical activity opportunities.
- Encourage physician referrals to physical activity opportunities for their patients.
- Promote the adoption of worksite/organizational policies that support physical activity.
- Partner with other organizations that support increased physical activity.

#### AIM 6

Increase the number of people with healthy weight in WV.

#### OBJECTIVES

- 6.1 Decrease the prevalence of obesity (body mass index (BMI) 30.0 and above) among adults from 35.5%<sup>a</sup> to 35.0%.
- 6.2 Increase the prevalence of adults with healthy BMI (BMI 18.5-24.9) from 28.4%<sup>a</sup> to 29.5%.
- 6.3 Decrease the prevalence of public high school students who are classified as obese (BMI >95th percentile) from 15.6%<sup>j</sup> to 13.0% by 2019.
- 6.4 Increase the prevalence of public high school students who are classified as healthy weight from 68.9%<sup>j</sup> to 72.0% by 2019.
- 6.5 Increase the percentage of children with healthy weight (<85th BMI percentile) among 5th grade CARDIAC participants by 2019 from the 2014 rate of 52.8%<sup>k</sup>.
- 6.6 Increase the percentage of children with healthy weight (<84.99 BMI percentile) among 2nd grade CARDIAC participants by 2019 from the 2014 rate of 63.1%<sup>k</sup>.

(a) BRFSS, 2014 (j) YRBS, 2013 (k) CARDIAC, 2014

#### STRATEGIES

- Implement policy, systems, and environmental changes that promote healthy weight.
- Encourage physicians to advise their patients on weight management.
- Encourage physicians to assess body mass index and waist circumference regularly.

- Educate the public about the connection between obesity and cancer through educational sessions.

AIM 7

Minimize exposure to known environmental and occupational carcinogens.

OBJECTIVES

- 7.1 Increase the number of radon test kits provided to the public each year from 999<sup>l</sup> to 1,500.
- 7.2 Educate the public annually on environmental and/or occupational carcinogens<sup>m</sup>.
- 7.3 Increase the number of counties adopting a Radon Resistant New Construction (RRNC) building code enforcement ordinance as found in the International Residence Code (IRC) Appendix F from two<sup>n</sup> to ten.
- 7.4 Increase the number of birthing facilities providing radon outreach materials in newborn care packets from zero to 27<sup>l</sup>.

(l) OEHS, 2014 (m) MOH (n) EPA-WV

STRATEGIES

- Educate the public, employers, health professionals, and policy makers about cancer-related environmental exposures.
- Support worker health and safety policies and programs that prevent exposure to environmental carcinogens.
- Demonstrate the importance, feasibility, and value of radon testing and mitigation.
- Educate the public about the economic benefits of testing and mitigation for radon, and provide direct support to reduce the risk for those who lack sufficient resources.
- Educate stakeholders, including legislators, county commissioners, building code enforcement officials, home builders, real estate agents, and nonprofit agencies about exposure to radon, as well as the IRC Appendix F—RRNC.
- Provide outreach materials regarding radon exposure, possible health effects, and testing to WV's birthing hospitals to be included in their newborn packets to parents.

AIM 8

Reduce the use of artificial ultra-violet (UV) light for tanning.

OBJECTIVES

- 8.1 Strengthen legislation to prohibit the use of tanning beds from individuals 14 and under to 18 and under<sup>o</sup>.
- 8.2 Develop at least one public service announcement (PSA) and/or social media campaign on the dangers of using tanning beds<sup>m</sup>.

(m) MOH (o) WV SB, 2011

STRATEGIES

- Support efforts to strengthen current legislation to prohibit use of tanning beds for individuals age 18 and under.
- Support existing regulations to require that adults receive health warnings and sign consent forms for tanning bed use.
- Conduct ongoing education to all ages regarding the dangers of exposure to UV light and artificial tanning.

AIM 9

Raise awareness of sun-safety among adults, adolescents, and children.

OBJECTIVES

- 9.1 Decrease the prevalence of adults experiencing a sunburn with redness lasting more than a day in the last 12 months by 5% from baseline<sup>g</sup>.
- 9.2 Develop at least one PSA or social media campaign on sun safety<sup>m</sup>.

(g) BRFSS, 2016 (m) MOH

STRATEGIES

- Promote sun-safety awareness through education and resources.
- Promote sun-safety practices (use sunscreen, wear a hat, protective clothing, stay in the shade, etc.).
- Support health education activities related to skin cancer prevention.

AIM 10

Increase the immunization rates for vaccines shown to decrease the risk of cancer.

OBJECTIVES

- 10.1 Increase the percentage of girls age 13-17 who receive at least one dose of the HPV vaccine from 58.0%<sup>p</sup> to 90%.

- 10.2 Increase the percentage of girls age 13-17 who start and complete the series of HPV vaccine from 40.0%<sup>p</sup> to 80%.
- 10.3 Increase the percentage of boys age 13-17 who receive at least one dose of HPV vaccine from 42.7%<sup>p</sup> to 90%.
- 10.4 Increase the percentage of boys age 13-17 who start and complete the series of HPV vaccine from 23.5%<sup>p</sup> to 80%.
- 10.5 Increase the percentage of newborns in WV hospitals or birthing centers who received one birth dose of Hepatitis B vaccine by the time of hospital discharge from 82.2%<sup>d</sup> to 85.0%.

(d) VSS, 2014 (p) NIS-T, 2014

#### STRATEGIES

- Collaborate with partners to raise awareness of the HPV and Hepatitis B vaccines through targeted outreach to parents including statewide PSA promoting evidence-based campaigns; letter to parents that they can present to a provider, , and a pilot project in school-based clinics.
- Encourage provider initiated vaccination through education using evidence-based campaigns for provider communication intervention and a pilot project in school-based clinics.
- Partner with the Board of Pharmacy to change the current statewide pharmacy rule to allow pharmacists to provide the HPV vaccine to those  $\geq$  years of age.
- Advocate for the implementation of harm reduction programs at the community level, which include Hepatitis B vaccination.

“I am grateful to be alive. We found my cervical cancer early enough for me to be cured. I kept my life, but lost something we could not cure. I lost friendships, my confidence, my financial security, relationships with people I loved, and the ability to have children. Vaccination could have prevented it all. If you do not think that prevention is worth it, try living with the cure.”

Shelly Dusic, Morgantown, WV

#### AIM 11

Increase risk-appropriate screening for colorectal cancer.

#### OBJECTIVE

- 11.1 Increase the prevalence of adults age 50-75 who have had a fecal occult blood test (FOBT) in the past year from 10.3%<sup>a</sup> to 12.0%.
- 11.2 Increase the prevalence of adults age 50-75 who have had a sigmoidoscopy within the past five years from 1.7%<sup>a</sup> to 2.0%.

- 11.3 Increase the prevalence of adults age 50-75 who have had a colonoscopy within the past ten years from 60.4%<sup>a</sup> to 75.0%.
- 11.4 Increase the prevalence of adults age 50-75 who received a FOBT in the past year, a sigmoidoscopy in the past five years and FOBT in the last three years, or a colonoscopy in the past ten years from 64.3%<sup>a</sup> to 75.0%.
- 11.5 Decrease the number of new cases of invasive colorectal cancer per 100,000 population (age adjusted to the year 2000 standard population) from 47.6 new cases per 100,000<sup>q</sup> to 42.8 new cases per 100,000.
- 11.6 Decrease the number of new cases of late-stage colorectal cancer among adults 50 and over per 100,000<sup>q</sup> (age adjusted to the year 2000 standard population) from 74.0 new cases per 100,000 to 66.6 new cases per 100,000.
- 11.7 Increase colorectal cancer screening rates at Health Resources and Service Administration granted Federally Qualified Health Centers from 32.9%<sup>r</sup> to 80%.

(a) BRFSS, 2014 (q) WV CR, 2008-2012 (r) HRSA, 2014

#### STRATEGIES

- Promote colorectal cancer screening among adults ages 50-75.
- Provide appropriate colorectal cancer screening information to the public and healthcare providers.
- Implement evidence-based system changes within health systems that increase risk-appropriate screening.
- Reduce barriers (financial, structural, access, transportation, etc.) for colorectal cancer follow-up testing.
- Conduct targeted outreach that utilizes evidence-based interventions, such as client reminders, small media, one-on-one education, reducing structural barriers, provider assessment and feedback, and provider reminder/recall systems to improve colorectal cancer screening rates in WV.
- Support the nation-wide screening initiative of 80% by 2018.
- Identify counties with high rates of late stage diagnosis (regional and distant metastasis) and implement evidence-based interventions.
- Develop a colorectal cancer toolkit for both the public and providers using currently available materials from the CDC, American Cancer Society, and National Colorectal Roundtable.

“Colorectal cancer is preventable, beatable, and treatable. There are a number of screening tests available to everyone; the best test is the one that gets done. Get screened, it could save your life.” Kevin Tephabock, Morgantown, WV

AIM 12

Increase risk-appropriate screening for breast cancer.

OBJECTIVES

- 12.1 Increase the prevalence of women, age 50 and older, who had a mammogram within the previous two years from 74.2%<sup>a</sup> to 77.0%.
- 12.2 Increase the prevalence of women, age 40 and older, who have had a mammogram within the previous two years from 71.8%<sup>a</sup> to 75.0%.
- 12.3 Increase the prevalence of women, age 50-74, who have had a mammogram within the previous two years from 75.5%<sup>a</sup> to 77.0%.
- 12.4 Decrease the number of new cases of late-stage breast cancer diagnosis among women 50 and older per 100,000 females (age adjusted to the year 2000 standard population) from 97.7 new cases per 100,000<sup>q</sup> to 87.9 new cases per 100,000.

(a) BRFSS, 2014 (q) WV CR, 2008-2012

STRATEGIES

- Promote breast cancer screening among adults ages 50-75.
- Provide appropriate breast cancer screening information to the public and healthcare providers.
- Reduce barriers (financial, structural, access, transportation, etc.) for breast cancer screening and follow-up testing.
- Conduct targeted outreach that utilizes evidence-based interventions, such as client reminders, small media, group education, one-on-one education, reducing structural barriers, reducing out of pocket costs, provider assessment and feedback, and provider reminder/recall systems to improve breast cancer screening rates in WV.
- Maintain mobile mammography program.

AIM 13

OBJECTIVES

- 13.1 Increase the prevalence of women, age 21 and older, who have had a Pap test within the previous three years from 75.7%<sup>a</sup> to 79.5%.
- 13.2 Decrease the number of new cases of invasive cervical cancer per 100,000 females (age adjusted to the year 2000 standard population) from 10.3 new cases per 100,000<sup>q</sup> to 9.3 cases per 100,000.

13.3 Increase the prevalence of women, age 21-65, who have had a Pap test within the previous three years from 80.9%<sup>a</sup> to 85.0%.

(a) BRFSS, 2014 (q) WV CR, 2008-2012

STRATEGIES

- Promote cervical cancer screening.
- Provide appropriate cervical cancer screening information to the public and health care providers.
- Reduce barriers (financial, structural, access, transportation, etc.) for cervical cancer follow-up testing.
- Conduct targeted outreach that utilizes evidence-based interventions, such as client reminders, small media, one-on-one education, reducing structural barriers, provider assessment and feedback, and provider reminder/recall systems to improve cervical cancer screening rates in WV.

AIM 14

Increase risk-appropriate screening for lung cancer.

STRATEGIES

- Promote low-dose computed tomography (LDCT) screening for those who are at high risk (as reported by the National Lung Screening Trial (NLST)).
- Ensure that best practices for LDCT screening and follow-up care are utilized by primary care physicians, hospitals, and cancer centers throughout the state.
- Present lung cancer screening as a continued process, not a single test, and encourage screening in high risk individuals within a comprehensive multidisciplinary program.
- Promote a discussion between the physician and high-risk patient about the risks and benefits of repeated screening.
- Advocate for funding for lung cancer screening and third party coverage by all WV insurance plans.
- Provide LDCT screening information at tobacco cessation classes and on the WV Quitline.
- Provide smoking cessation options and contact information to smokers who get LDCT screening.



AIM 15

Promote shared decision making for prostate cancer screening and treatment.

OBJECTIVES

15.1 Increase the prevalence of men 50 and older who discussed the advantages and disadvantages of a prostate specific antigen (PSA test) with a health care professional from 42.2%<sup>a</sup> to 45.0%.

(a) BRFSS, 2014

STRATEGIES

- Increase overall awareness of prostate cancer.
- Promote informed decision making by physicians and their patients about screening, treatment, and after-treatment options to enhance quality of life.
- Reduce barriers (financial, access, transportation, etc.) for prostate cancer screening, treatment, and follow-up.
- Improve support to men diagnosed with prostate cancer and their families by increasing availability of information and emotional support.

“My doctor guided me through all of the alternatives I needed to know to make a decision about prostate cancer screening and treatment. I’m confident I made the right choice.” Ralph Ranson, Cross Lanes, WV.

AIM 16

Encourage appropriate utilization and reimbursement for genetic counseling and testing for hereditary cancers.

OBJECTIVES

16.1 Provide at least two education sessions on genetic counseling and testing for hereditary cancers to the public<sup>m</sup>.

(m) MOH

STRATEGIES

- Promote public awareness of genetic services.
- Educate the public and health care providers about genetic tests, resources available to aid with risk assessment, and development of management plans.
- Promote access to genetic testing for hereditary cancers and to genetic counselors or individuals trained in cancer genetics.
- Educate newly diagnosed colorectal cancer patients about genetic testing to identify familial colorectal cancer syndromes.

- Promote access to genetic counseling for women with a family history of breast and/or ovarian cancer.
- Advocate for reimbursement of genetic counseling and genetic testing.

AIM 17

OBJECTIVES

Increase participation in cancer clinical trials.

- 17.1 Increase the number of sites participating in the WV Cancer Clinical Trials Network from six to ten<sup>s</sup>.
- 17.2 MOH to develop a data collection system to track WV cancer clinical trial accruals to aid in reporting, advocating, and supporting efforts to increase participation in cancer clinical trials<sup>m</sup>.
- 17.3 Increase the prevalence of cancer survivors who have participated in a clinical trial as part of their cancer treatment by 5% from baseline<sup>g</sup>.

(m) MOH (s) WVCTN, 2015 (g) BRFSS, 2016

STRATEGIES

- Educate the public about clinical trials, biospecimen collection, and the benefits of participating in cancer clinical trials.
- Educate practicing and student physicians, nurses, social workers, and other appropriate clinic staff about the benefits of and the management, documentation, and regulatory issues related to cancer clinical trials.
- Support the growth and ongoing operation of the WV Cancer Clinical Trials Network (WVCTN).
- Collaborate with the WV Oncology Society and the WVCTN to develop and conduct a media campaign aimed at increasing participation in cancer clinical trials.

AIM 18

Elevate the quality of cancer treatment in WV to meet or exceed national standards.

OBJECTIVES

- 18.1 Support at least two professional opportunities per year related to aspects of quality cancer treatment for oncology professionals through 2020<sup>m</sup>.

(m) MOH

STRATEGIES

- Provide information regarding American College of Surgeons (ACS) Commission on Cancer (CoC) standards and other national cancer quality initiatives.

- Support the maintenance of ACS CoC accredited cancer programs in WV.
- Ensure access to state-of-the-art clinical services and equipment for all phases in the cancer continuum; primary prevention, screening and early detection, diagnostics, treatment, rehabilitation, and support services.
- Promote the use of treatment care plans, treatment summaries, and survivorship care plans for all cancer patients.
- Support the development of quality assurance programs that monitor and improve all aspects of patient care.

AIM 19

Ensure family members and other informal cancer caregivers are an important part of the cancer care continuum.

OBJECTIVES

19.1 Conduct a biennial meeting related to caregiving for healthcare professionals and caregivers<sup>m</sup>.

(m) MOH (t) AARP, 2014

STRATEGIES

- Educate the public, healthcare providers, and health systems about, “The Caregiver Advise, Record, Enable (CARE) Act” and support its statewide implementation.
- Promote the development of public policies and programs that support family and informal caregivers.
- Distribute information about caregiving and respite care to diverse community and civic groups
- Provide information, counseling, and other support services to caregivers
- Increase awareness among physicians of the important health care role of family caregivers.
- Help caregivers gain the knowledge and skills they need to interact more effectively with both health professionals and the healthcare system.
- Educate employers on understanding issues related to caregivers.

AIM 20

Improve the quality of life for cancer survivors in WV.

OBJECTIVES

20.1 Increase the knowledge of West Virginians regarding quality of life issues for survivors<sup>m</sup>.

- 20.2 Identify at least ten quality of life programs and/or resources proven to be effective<sup>m</sup>.
- 20.3 Increase the prevalence of cancer survivors who have ever been given a written summary of all of their cancer treatments they have received by a health care professional by ten percent from baseline<sup>g</sup>.
- 20.4 Increase the prevalence of cancer survivors who have ever received instructions from a health care professional on routine cancer check-ups after completing cancer treatment by ten percent from baseline<sup>g</sup>.
- 20.5 Increase the prevalence of cancer survivors who have ever received written instructions from a health care professional on routine cancer check-ups after completing cancer treatment by ten percent from baseline<sup>g</sup>.

(g) BRFSS, 2016 (m) MOH

#### STRATEGIES

- Assess and compile existing survivorship resources available to cancer survivors in WV.
- Conduct an annual statewide patient navigation/survivorship meeting.
- Promote and support comprehensive survivorship services which address the needs of cancer survivors throughout the full spectrum of cancer care, from diagnosis, active treatment, and throughout remainder of life.
- Promote expansion of patient navigation programs within WV health care systems as appropriate for specific survivor populations to be served.
- Distribute information about survivorship resources and services.
- Promote and support organizational partnerships that decrease barriers to survivorship resources for minorities and underserved populations.
- Promote the use of the comprehensive care summary and follow-up plans for all cancer survivors after completing treatment.
- Partner with state-wide organizations to conduct a survey to identify navigators (by title, social workers, self-identified, community health worker, or other) to get baseline data.

“Having cancer is forever...even if you are in remission...it affects your life in so many ways.”  
Patricia Davis, Romney, WV

#### AIM 21

Increase the use of advance directives, living wills, and medical powers of attorney.

OBJECTIVES

- 21.1 Increase the number of advance directive documents distributed annually by the WV Center for End-of-Life Care from 76,831<sup>u</sup> to 92,197.
- 21.2 Increase the percentage of West Virginians who reported completing a living will or medical power of attorney from 62%<sup>v</sup> to 75%.
- 21.3 Increase the number of physicians and health care organizations that have access to the WV e-Registry from 100<sup>u</sup> to 150.
- 21.4 Increase the number of advance directive documents received by the WV e-Registry from 46,931<sup>u</sup> to 100,000.

(u) WV CEOLC, 2015 (v) WV APTEOLC

STRATEGIES

- Promote completion of advance directive documents for all adults.
- Educate health professionals and first responders on how to access and use the WV e-Directive Registry.
- Educate physicians, nurses, social workers, and other appropriate clinic staff to facilitate culturally competent conversations about advance directives.
- Conduct statewide National Health Care Decision Day activities annually.

AIM 22

Increase access to palliative care and supportive services

OBJECTIVES

- 22.1 Increase the number of facility-based palliative care programs from 11<sup>w</sup> to 18.
- 22.2 Increase the number of outpatient palliative care programs from one to five<sup>u</sup>.
- 22.3 Increase the number of cancer patients receiving palliative care services from 1,221<sup>w</sup> to 1,526.

(u) WV CEOLC, 2015 (w) WV PCTR, 2014

STRATEGIES

- Educate health care professionals on palliative care issues.
- Ensure access to palliative care services for cancer patients.
- Educate health care facilities about the benefits of palliative care programs.
- Promote to improve pain management for palliative care patients.
- Advocate for a standard of care to be established in WV.

“Hospice helped me deal with a world that was spinning out of control. Their loving and constant support helped me care for my loved one and myself throughout the final stage of life.” Linda Butler, Triune, WV

AIM 23

Increase utilization of hospice care.

OBJECTIVES

23.1 Increase the number of cancer patients admitted to a hospice program from 3,600<sup>x</sup> per year to 3,960.

23.2 Increase the average time cancer patients receive hospice services from 43.7 days<sup>x</sup> to 55 days.

(x) WV HCAR, 2014

STRATEGIES

- Encourage referral to hospice earlier in the disease process for cancer patients.
- Conduct targeted outreach and education with partner organizations to health care providers about the benefits of hospice care.
- Increase public awareness about the benefits of hospice care through civic presentations, standard media, and social media.
- Develop a data collection plan for cancer patients who are referred to hospice from an out of state facility.

AIM 24

Ensure that all children and adolescents have access to the full scope of cancer care.

OBJECTIVES

24.1 Develop and distribute fact sheets about childhood cancers to at least three WV cancer centers<sup>m</sup>.

24.2 Conduct a biennial meeting for children and adolescent cancer providers in WV<sup>m</sup>.

(m) MOH

STRATEGIES

- Raise awareness of childhood and adolescent cancers.
- Develop transportation programs to serve children and adolescents.
- Promote translational research and clinical trials enrollment to all children and adolescent cancer patients.

- Educate families about palliative and hospice care resources available to children who are receiving active cancer treatment.
- Collect survivorship data on children and adolescents to aid in the development of survivorship programs.
- Support cooperative efforts among organizations that serve children and adolescent cancer patients.

“Being diagnosed with cancer at age 16 changed my plans for life. Although my treatment was successful, my life is still affected by cancer in many ways.” Jeremy Huff, Scott Depot, WV

#### AIM 25

Conduct educational activities about cancer and related topics.

#### OBJECTIVES

- 25.1 Conduct at least two educational presentations to the public per year<sup>m</sup>.
- 25.2 Provide at least four social media updates per month<sup>m</sup>.
- 25.3 Provide at least five educational resources through the MOH listserv per month<sup>m</sup>.
- 25.4 Distribute at least 500 educational materials per year<sup>m</sup>.

(m) MOH

#### STRATEGIES

- Develop a Speaker’s Bureau for MOH.
- Educate the public about general cancer information or specific cancer types.
- Conduct outreach to healthcare professionals outside the oncology community.
- Provide cancer-related information via MOH listserv and social media outlets.
- Conduct cancer-related presentations.
- Promote awareness of MOH and The Plan.

“All West Virginians should have the opportunity to learn about how to prevent cancer, the importance of detecting it early, and how to have excellent quality of life through cancer survivorship.” Jean Tenney, Diana, WV

## SCREENING GUIDELINES

The US Preventive Services Task Force (USPSTF) recommends the following cancer screening guidelines for most adults. Screening tests are used to find cancer before a person has any symptoms. Everyone should talk with their health care provider to determine if screening is right for their individual situation.

THE USPSTF RECOMMENDS (AS OF 12/4/15):

**Breast cancer\*\*** Biennial (every other year) screening mammography for women 50-74 years.

**Cervical cancer** Screening women ages 21 to 65 years with cytology (Pap test) every three years, or for women ages 30 to 65 years who want to lengthen the screening with a combination of cytology and HPV testing every five years.

**Colorectal cancer\*\*** Screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.

**Lung cancer Annual** Screening for lung cancer with low-dose computed tomography in adults aged 55 to 80 years who have a 30 pack/year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once the individual has not smoked for 15 years or develops a health problem that significantly limits life expectancy or the ability or willingness to have curative lung surgery.

\*\* In the process of being updated; visit [US Preventive Services Task Force](#) for the most current information.

## COLORECTAL CANCER 80% BY 2018 CAMPAIGN

WV Governor Earl Ray Tomblin was the first governor in the US to sign the 80% by 2018 pledge. The Pledge is a national movement to increase colorectal cancer screening rates to 80% by the year 2018.



GLOSSARY

**2008 Physical Activity Guidelines** - US Department of Health and Human Resources 2008  
Physical

Activity Guidelines include:

- At least 150 minutes of moderate-intensity aerobic activity
- 75 minutes of vigorous physical activity
- An equivalent combination of the two each week along with at least two days of muscle strengthening activity per week

**Advance care planning** - Learning about the types of decisions that might need to be made, considering those decisions ahead of time, and then letting others know about your preferences.

**Advance directive** - A written legal document that explains end-of-life care decisions and gives patients a way to convey their wishes to family, friends, and health care professionals.

**Age-adjusted death rate** – A technique used to allow populations to be compared when the age profiles of the populations are quite different; also called age adjustment or age standardization

**BMI** – Body mass index

**Cancer caregivers** – Anyone helping a loved one get through cancer treatment is considered a cancer caregiver. Many cancer caregivers do not consider themselves a caregiver, but are just caring for someone they love. They may be family members or friends helping with daily needs including going to doctor visits, making meals, picking up medicines, and helping a loved one cope with feelings.

**Cancer survivors** – Individuals who have been diagnosed with cancer. They also include the people who are affected by an individual's diagnosis, such as family members, friends, or caregivers.

**Carcinogens** – Any substance that is directly involved in causing cancer

**CARDIAC** – Coronary Artery Risk Detection in Appalachian Communities

**CDC** – Centers for Disease Control and Prevention

**Cessation** – The act of stopping

**Comprehensive cancer control** – A process through which communities and partner organizations pool resources to reduce the burden of cancer

**Evidence-based** – Applying the best available research results (evidence) when making decisions about health care. Examples of places to find evidence-based information are The

Community Guide, RTIPs (research-tested intervention programs), and Cancer P.L.A.N.E.T. (Plan, Link, Act, Network with Evidence-based Tools).

**Food deserts** – Areas without easy access to fresh fruits, vegetables, and other healthful whole foods.

**Health disparities and health inequities** – Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. 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

**Hospice care** – Focused care on a terminally ill or seriously ill patient’s pain and symptoms as well as their emotional and spiritual needs. The scope of care also includes the family.

**Incidence** – The occurrence, rate, or frequency of a disease or something undesirable

**In-kind support** – Contributions of goods or services, other than cash and can include goods, services, or expertise

**LDCT** – Low-dose computed tomography (also called a low-dose CT scan). This test uses an x-ray machine to scan the body and uses low doses of radiation to make a series of detailed pictures.

**MOH** – Mountains of Hope, WV’s state-wide cancer coalition

**Mortality** – The number of people who die

**Palliative care** – Specialized medical care for people with serious illness. It focuses on providing patients with relief from the symptoms (such as pain, nausea, vomiting, shortness of breath, and fatigue) and stress of a serious illness. It also attends to the emotional and spiritual well-being along with physical symptoms. The goal is to improve the quality of life for both the patient and the family.

**Prevalence** – The proportion of a population who have a specific characteristic in a given time period

**PSA** – Public service announcement

**Socioeconomic** – A person or group’s position within a social structure; depends on a combination of factors including their occupation, education, income, wealth, and place of residence.

**Stakeholder** – A person or group that has an investment, share, or interest in something

**The Plan** – The WV Cancer Plan 2016-2020

**UV** – Ultra-violet light

**WV** – West Virginia

**WVCR** – The WV Cancer Registry (WVCR) collects data on all cancers with the exception of basal and squamous cell carcinoma of the skin and in situ cervical cancer. The data collection and analysis performed by WVCR allows us to compare WV cancer rates and trends to other states or the nation as a whole to see how those rates and trends vary by age, gender, race and geographic region.

ORGANIZATIONS REPRESENTED		
Allied Nursing & Community Services	Compassionate Warriors	Kanawha Valley Senior Services, Inc.
American Cancer Society	Coordinated School Health	King's Daughters Home Medical
American Cancer Society—Cancer Action Network	Davis Medical Center	Komen For the Cure—WV Affiliate
American Heart Association	Davis Medical Center Cancer Care Center	Lewis County Family Resource Network
American Lung Association of WV	Department of Environmental Protection	Lincoln Primary Care Center
Appalachia Community Cancer Network	Dignity Hospice	Marshall University School of Medicine
Arrhythmia Treatment Associates	Doddridge County Health Department	Marshall University
Arthur N. Gustke Child Shelter School	Eastern WV Community & Technical College	Marshall University Research Corporation
AT&T	Ebenezer Medical Outreach, Inc.	Mary Babb Randolph Cancer Center (MBRCC)
Barbour County Health Department	Edwards Comprehensive Cancer Center	Merck
BEAT - Boone Education & Awareness Taskforce	Energy Corporation of America	Mid-Ohio Valley Health Department
Belington Community Medical Services, Inc.	Fairmont Regional Medical Center	Mineral County Cancer Coalition
Blanchette Rockefeller Neurosciences Institute	Fairmont State University	Mineral County Family Resource Network
Bluefield Regional Medical Center/Radiation Oncology	Family Resource Network of Greenbrier County	Minnie Hamilton Health System
Bluefield State College	FamilyCare Health Center	Minority Health Advocacy Group
Bob's Wish	Fayette County FRN	Mon Co Schools HS
Bonnie Wells Wilson Mobile Mammography	First United Methodist Church	Monongalia General Hospital
Boone Memorial Hospital	Frontier	Monroe County Coalition for Children and Families
Braxton County Memorial Hospital	Genesis Marmet Center	Mountain Cap of WV, Inc.

WV CANCER PLAN 2016-2020

ORGANIZATIONS REPRESENTED

Broadmore Assisted Living	Grafton City Hospital	Mountain Line Transit Authority
C3: Colorectal Cancer Coalition	Grant County Health Department	Myriad Genetics
Cabell County Extension	Greenbrier Valley Breast Cancer Coalition	N&S Railway
Cabell Huntington Health Department	Halleck CEOs	National Center of Excellence in Women's Health
Cabell Huntington Hospital	Hampshire Center Genesis Health Care	National Ovarian Cancer Coalition—WV Chapter
Cabell Huntington Hospital Regional Pain Mgmt. Center	Hampshire County Cancer Coalition	Ohio County Family Resource Network
Calhoun Chronicle	Hampshire County Health Department	Ohio County PATCH
Calhoun County Family Resource Network	Hampshire Wellness and Fitness	Ohio Valley Breast Cancer Awareness, LLC
CAMC	Health Access Free Clinic	Ohio Valley Medical Center
CAMC Breast Center	Health Plan of the Upper Ohio Valley	Oncology State Society Network at ACCC
CAMC Center for Health Service and Outcomes Research	Holzer Center for Cancer Care	PalliativeCare Center
CAMC Cancer Center	Holzer Health Systems	Pancreatic Cancer Action Network
CAMC Foundation	HOPE Coalition	PATCH/TEACH—Taylor County
CAMC Health Education & Research Institute	Hospice Care Corporation	Pfizer Pharmaceutical Company
Camden Clark Medical Center	Hospice Council of WV	Pocahontas County Family Resource Network
Camden Clark Medical Center Foundation	Hospice of Huntington	Pocahontas County Senior Citizens
Center for Rural Health Development, Inc.	House of Delegates	Prestera Center
CEOs—Wetzel County	Hygeia Facilities Foundation	Princeton Community Hospital
Charleston Area Ostomy Association	I Believe In Tomorrows	Randolph-Elkins Health Department
Claude W. Benedum Foundation	Jackson County Health Department	Regional Family Resource Network
Clay County Health Department	Joan C. Edwards School of Medicine	Rehabilitation Services

WV CANCER PLAN 2016-2020

ORGANIZATIONS REPRESENTED

Clinical Genomics	Kanawha Coalition for Community Health Improvement	River Valley Health & Wellness Center
Coalition for a Tobacco Free WV	Kanawha County Schools	Roane General Hospital
Colony Drug & Wellness Center	Kanawha Hospice Care, Inc.	Roane General Medical Center
Robert C. Byrd Clinic	Wheeling Jesuit University School of Nursing	WV Bureau for Children and Families
St. Francis Hospital	Wilson Cancer Consulting	WV Bureau for Medical Services
St. Mary's Medical Center	WV Aging and Disability Resource Center	WV Div. of Infectious Disease Epidemiology
Sterling Life Insurance	WV Area Health Education Centers	WV Div. of Health Promotion and Chronic Disease
Suttle & Stalnaker PLLC	WV Breast and Cervical Cancer Screening Program	WV Off. of Maternal, Child & Family Health (OMCFH)
Taylor County Collaborative FRN	WV Bureau for Public Health	WV Fostering Healthy Kids
Tug River Health Association, Inc.	WV Cancer Registry	WV Office of Minority Health
UMWA Health and Retirement Funds	WV Department of Education	WV Off. of Community Health Systems & Health Promotion
Unicare	WV Department of Health and Human Resources	WVU Cancer Institute (WVUCI)
United Hospital Center	WV Division of Tobacco Prevention	WVUCI Cancer Prevention and Control
United Methodist Church	WV Division of Tobacco Prevention—Cessation Program	WVUCI Clinical Trials Research Unit
University of Pennsylvania, School of Nursing	WV Cancer Clinical Trials Network	WVU Department of Surgery
Us Too!	WV Comprehensive Cancer Program	WVU Extension Service
Valley Health	WV Council of Home Care Agencies, Inc.	WVU Healthcare: Ruby Memorial Hospital
Valley Health Systems, Inc.	WV Health Improvement Institute	WVU Healthcare: Cancer & Infusion Center
Wayne County Board of Education	WV Health Right, Inc.	WVU Institute for Community and Rural Health
Wayne County Health Department	WV Health Statistics Center	WVU Institute of Technology

WV CANCER PLAN 2016-2020

ORGANIZATIONS REPRESENTED

Wayne County Watch Group	WV Hospital Association	WVU Quality of Life Institute
Wayne Nursing and Rehabilitation Center	WV Kids Cancer Crusaders	WVU School of Medicine
Webster County Cancer Education Project	WV Medical Institute	WVU School of Medicine—Harper's Ferry
Webster County Family Resource Network	WV Office of Environmental Health Services	WVU School of Nursing
Webster County Health Department	WV Oral Health Program	WVU School of Nursing—Charleston Division
Webster County Memorial Hospital	WV School of Osteopathic Med Ctr. for Rural & Community Health	WVU School of Nursing—Eastern Division
Wetzel County Cancer Coalition	WV School-Based Health Assembly	WVU School of Pharmacy
Wetzel County Family Resource Network	WVU Medicine	WVU School of Public Health
Wheeling Health Right	WV Wesleyan College	WVU School of Social Work
Wheeling Hospital	WV WISEWOMAN	Zelda Stein Weiss Cancer Center of Mon General Hospital

DATA SOURCES

- a WV Health Statistics Center, Behavioral Risk Factor Surveillance Systems (BRCSS), 2014
- b WV Division of Tobacco Prevention (DTP), 2014
- c WV Division of Tobacco Prevention CIA Program (DTP CIA), 2014
- d WV Health Statistics Center, Vital Statistics System (VSS), 2014
- e WV Division of Tobacco Prevention Cessation Program (DTP CP), 2014
- f WV Division of Tobacco Prevention, Adult Tobacco Survey (ATS), 2014
- g WV Health Statistics Center, Behavioral Risk Factor Surveillance System (BRFSS), 2016
- h WV Division of Tobacco Prevention, Youth Tobacco Survey (YTS), 2013
- i Health Statistics Center, Behavioral Risk Factor Surveillance System (BRFSS), 2013
- j WV Department of Education, Youth Risk Behavior Survey (YRBS), 2013
- k CARDIAC, 2014
- l WVDHHR, Office of Environmental Health Services (OEHS), 2014

- m Mountains of Hope (MOH)
- n US EPA – WV (EPA-WV)
- o WV Senate Bill No. 78 (WV SB)), 2011
- p National Immunization Survey – Teen (NIS-T), 2014
- q WV Cancer Registry (WV CR), 2008-2012
- r Uniform Data System, Health Resources and Services Administration (HRSA), 2014
- s West Virginia Cancer Clinical Trials Network (WVCTN), 2015
- t AARP Report: State Long-Term Services and Supports Scorecard (AARP), 2014
- u West Virginia Center for End-of-Life Care data (WV CEOLC), 2015
- v West Virginians Attitudes and Practices Toward End-of-Life-Care – The Manahan Group 2013 – projected for completion 2019 – and 2019 (WV APTEOLC)
- w West Virginia Palliative Care Team Report, CAMC Centers for Health Services and Outcomes Research (WV PCTR), 2014
- x WV Health Care Authority Report (WV HCAR), 2014

## THANK YOU

**The Plan** could not have been developed without the diligence of the Mountains of Hope Cancer Coalition’s Steering Committee and all of its coalition members and partners. The coalition’s network highlights the state’s dedication to improving the quality of life for all West Virginians using experts in cancer prevention, detection, treatment, rehabilitation and survivorship, palliation and end-of-life care, data, and evaluation. It would be impossible to list the names of all of the people who devoted time and effort into the development of The Plan, but without them, this blueprint for addressing the inequity of cancer in WV would not have been possible.

The MOH Steering Committee will continue to work with all of the priority area workgroups throughout the life of this five-year plan to track progress and provide updates on an annual basis. It should be mentioned that the information used in The Plan was the most up-to-date at the time The Plan was written. As The Plan continues to evolve with new data and medical advances, updates will be posted to the MOH website at: [wvmountainsofhope.org](http://wvmountainsofhope.org).

In addition, we would like to acknowledge the Minnesota Cancer Alliance who graciously allowed us to use Cancer Plan Minnesota 2011-2016 as a framework and starting point for the revision process.

MEMBERSHIP FORM

Complete the form and return it via email, fax, or postal mail to become a member of Mountains of Hope.

**Name:**

**Work Title:**

**Employer:**

**Address:**

**Home Work**

**City:**

**State:**

**Zip Code:**

**E-Mail:**

**Phone:**

**Please add me as a (circle all that apply):**

**Regular Member**

**Agent of Hope – community volunteers who actively promote cancer awareness in their local communities and support and promote the mission and vision of Mountains of Hope.**

**Please initial:**

As a member of Mountains of Hope, I agree to have my photograph and name used in communications regarding Mountains of Hope.

**Signature and Date:**

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