

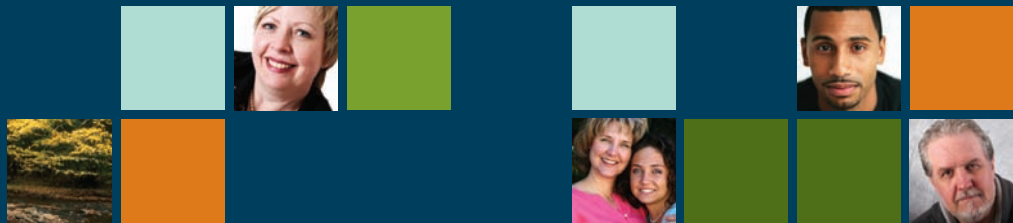
The West Virginia Cancer Plan

*Quick
Reference
Guide*



*Mountains
of Hope*

*West Virginia Cancer Coalition
Collaborating to Conquer Cancer*



Cover Photo Credit: Dale Porter

West Virginia Cancer Plan

2nd Edition

A statewide blueprint for cancer prevention and control, the *West Virginia Cancer Plan* is a consensus-based, strategic document for public and private sector cancer control activities. This comprehensive approach can help you reduce the cancer burden in your community – and, with the help of others like you, throughout West Virginia.

Background

- In 2002, the West Virginia Comprehensive Cancer Program and Mountains of Hope Cancer Coalition were established through funding from the Centers for Disease Control and Prevention.
- Over 135 citizens representing more than 65 organizations from around the state of West Virginia donated their time, expertise and experience to revise the *West Virginia Cancer Plan*.
- Mountains of Hope is West Virginia’s Cancer Coalition and is made up of more than 130 community-based organizations, research and academic institutions, public and private agencies, coalitions, voluntary associations, patient advocacy groups, and other cancer-related organizations.
- Mountains of Hope is the author of the *West Virginia Cancer Plan*.

Our Mission:

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

Our Vision:

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

Prevention Challenges

Tobacco Use:

- West Virginia has traditionally had high adult rates of cigarette smoking. In 2004, the state's rate of adult smoking was 26.9%, significantly higher than the BRFSS national median of 20.8% and the highest rate among all 50 states. In recent years the gap between the national median and West Virginia's rate of current cigarette smoking has widened.
- Smoking rates among high school students in West Virginia have declined from 38.5% in 2000 to 27.8% in 2005, a statistically significant difference. While progress has been made, it is still critical to reduce the incidence further.
- West Virginia men have traditionally reported high usage rates of smokeless tobacco. In 2004, 16.6% of men used smokeless tobacco. According to 2005 YTS data, 22.0% of high school males reported using smokeless tobacco.

Diet/Obesity:

- In 2003, only 18.7% of West Virginian adults and 20.6% of high school students reported that they consumed the recommended five servings of fruits and vegetables daily.
- The prevalence of obesity among adults in the state increased from 15.0% in 1990 to 27.6% in 2004. In 2003, 13.4% of high school students were overweight, with even higher numbers at risk for overweight.



Physical Activity:

- While there has been a marked decline in physical inactivity among West Virginia's adults since 1990, one-fourth (24.5%) still reported being sedentary in 2004. According to data from the 2003 YRBS, 30.1% of high school students reported participating in insufficient physical activity during the week preceding their interview.

UV Exposure:

- In the 2003 BRFSS 38.1% of West Virginia adults reported experiencing a sunburn lasting more than 12 hours during the 12 months prior to the survey. This may account for the increase in the state's incidence rate for melanoma of the skin.

Human Papillomavirus (HPV):

- Results from the 2006 Annenberg National Health Communication Survey, in which a representative sample of 635 US adults took part, only 57% had ever heard of the human papillomavirus, a co-factor in the development of cervical and other cancers.



Prevention

GOAL 1: Prevent initiation and reduce tobacco use among West Virginians.

Objective 1.1: Reduce the prevalence of cigarette smoking among adults aged 18 and older to 20% or lower.

Objective 1.2: Reduce the proportion of youth in grades 9-12 who report smoking in the previous month to 20% or lower.

Objective 1.3: Reduce smokeless tobacco use among adult men aged 18 and older to 10% or lower.

Objective 1.4: Reduce the proportion of young men in grades 9-12 who report smokeless tobacco use to 19% or lower.

Objective 1.5: Increase the number of WV counties with locally enforced comprehensive smoking bans from 37 (65%) to 55 (100%).

GOAL 2: Improve healthy dietary habits among West Virginians.

Objective 2.1: Increase from 19% to 25% the percentage of adults aged 18 and older who consume at least five servings of fruits and vegetables daily.

Objective 2.2: Increase from 21% to 28% the proportion of youth under the age of 18 who consume at least five servings of fruits and vegetables daily.

Objective 2.3: Decrease from 44.4% to 25% the number of youths who have consumed alcohol in the past month.

GOAL 3: Reduce the prevalence of obese and overweight West Virginians.

Objective 3.1: Reduce to 20% the proportion of adults who are obese as defined by having a BMI of 30 or greater.

Objective 3.2: Reduce the proportion of children and adolescents who are overweight by 5% from baseline.

GOAL 4: Promote physical activity among West Virginians to decrease sedentary behavior and lifestyles.

Objective 4.1: Increase the percentage of West Virginia adults aged 18 and older who participate in moderate physical activity for at least 30 minutes five times per week or vigorous physical activity for at least 20 minutes three times per week from 43% to 50%.

Objective 4.2: Increase the percentage of West Virginia adults aged 18 and older who participate in leisure-time physical activity from 72% to 75%.

Objective 4.3: Increase the percentage of West Virginia's youth in grades 9-12 who participate in moderate activity from 27% to 35%.

GOAL 5: Reduce incidence of melanoma among West Virginians.

Objective 5.1: Decrease from 38% to 28% the prevalence of individuals experiencing sunburn with redness lasting at least 12 hours in the past 12 months.

Objective 5.2: Increase awareness among all ages about ultraviolet radiation exposure and risk for melanoma.

GOAL 6: Increase knowledge and awareness about the relationship between Human Papillomavirus (HPV) and some cancers.

Objective 6.1: Educate the public, health professionals, and key decision makers about HPV as a co-factor in the development of some cancers.

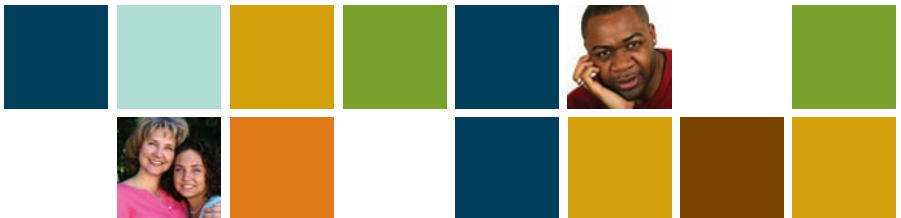
GOAL 7: Increase current funding levels (federal, state, and private) for evidence-based prevention programs and activities in West Virginia.

Objective 7.1: Develop a sound fiscal management plan for primary cancer prevention that includes increasing current tobacco funding to CDC Best Practices recommended levels.

Objective 7.2: Identify and pursue new comprehensive cancer funding opportunities.

Early Detection Challenges

- The American Cancer Society (ACS) estimates that the five-year relative survival rate for people with cancers for which early detection tests are available is about 86%. The challenge is to increase utilization of cancer screening by West Virginians.
- Comparing state BRFSS data from 2000-2004 with U.S. data from 2002 shows that both African-American and white women in West Virginia are less likely than their national counterparts to have received a mammogram in the past two years.
- Incidence and mortality rates for cervical cancer in the state have been consistently higher than those in the nation, but the gap is narrowing. Still troubling is that, in 2004, 17.5% of women aged 18 and older in West Virginia reported no Pap test in the past three years, compared with 14.1% of women nationwide. Additionally, the percentage of cervical cancers diagnosed at the distant stage has increased, from 6.4% in 1994-1998 to 9.2% in 1999-2003.
- In 2005 West Virginia was second in the nation in the percentage of its population aged 65 and older (15%). The incidence of many cancers, including prostate cancer, increases dramatically with advancing age. For the period 1999-2003 more than 70% of new prostate cancer cases in West Virginia were diagnosed in men age 65 and older.



- Prostate cancer mortality rates are higher among African-American men than among white men in both the state and the nation. In West Virginia, the average annual mortality rate from 2000-2004 among white men was 28.3 deaths per 100,000 men; among African-American men, the average annual rate was 67.2.
- Prostate cancer mortality has decreased significantly since PSA testing was approved by the FDA in 1986, allowing earlier detection and treatment. In 2004, the prevalence of men over the age of 40 in West Virginia who had not had a PSA test in the past two years was 47.4%, similar to the national mean of 48.3%.
- Colorectal cancer is West Virginia's second most deadly cancer among males and third most deadly among women. The rates among African-American men in West Virginia from 1990 through 2004 were markedly higher than those among whites and African-American women.
- According to 2004 BRFSS data, 53.7% of West Virginians aged 50 and older reported that they had never had a sigmoidoscopy or a colonoscopy, a significantly higher prevalence than the national average of 46.7%.



Early Detection

GOAL 8: Improve access to and utilization of evidence-based and guideline-specific cancer screening and diagnostic follow-up services for all West Virginians, including those who are under- or uninsured.

Objective 8.1: Increase the percentage of women aged 40 and older who have had a mammogram within the previous 2 years to at least 75%.

Objective 8.2: Increase the percentage of women aged 40 and older who have had a clinical breast exam (CBE) within the previous 2 years to at least 78%.

Objective 8.3: Increase the percentage of women aged 18 and older who have had a Pap test within the previous 3 years to at least 85%.

Objective 8.4: Increase the percentage of men and women aged 50 and older who have had a FOBT within the previous year to at least 22%.

Objective 8.5: Increase the percentage of men and women aged 50 and older who have had endoscopy (sigmoidoscopy or colonoscopy) within the previous 10 years to at least 50%.

Objective 8.6: Increase percentage of men aged 50 and older who have had a PSA in the past year to at least 59%.

Objective 8.7: Increase percentage of men aged 50 and older who have had a DRE (as part of a prostate examination) in the past year to at least 55%.

GOAL 9: Address major barriers to early detection of cancers in order to increase screening rates and to reduce health disparities.

Objective 9.1: Develop a *West Virginia Screening Barriers Action Plan* to address the top three to five concerns related to the following cancers: breast, colorectal, cervical, and prostate.

Objective 9.2: Implement at least 50% of the activities in the *WV Screening Barriers Action Plan*.

GOAL 10: Educate the public, health professionals, and decision makers about the risk factors, symptoms, key clinical advances, and policy changes for cancers including ovarian, prostate, head and neck, and lung.

Objective 10.1: Through semiannual updates, the Coalition and its partners will have access to the most recent information about clinical advances and policy changes related to early detection, screening, and follow-up services for these cancers.

GOAL 11: Educate the public, health professionals, and decision makers about evidence-based comprehensive cancer screening guidelines.

Objective 11.1: Health professionals and students will have accurate and relevant early detection, screening, and other cancer control information, including knowledge about the important role that provider recommendations play in a patient's decision to undergo screening.

Objective 11.2: Educate and raise awareness of the public about the importance of undergoing evidence-based cancer screenings.

GOAL 12: West Virginia will have comprehensive and responsive cancer data and information systems for planning, implementing, and evaluating programs, policies, and cancer research.

Objective 12.1: Enhance existing cancer data systems to fully support the needs of West Virginia health care professionals, policymakers, planners, researchers, and the general public.

Objective 12.2: Utilize quality data to support outcome-driven cancer control planning and evaluation.

GOAL 13: Increase current funding levels (federal, state, and private) for evidence-based early detection, screening, and follow-up programs and activities in West Virginia.

Objective 13.1: Develop a sound fiscal management plan that includes increased current funding levels for breast and cervical cancer screening and provides funding for colorectal cancer screening for West Virginia's under- or uninsured citizens.

Quality of Life Challenges

- In 2004, 18.5% of the state's adults had no health care coverage. The state was 16th in the percentage of residents enrolled in Medicaid.
- In 2005 West Virginia was second in the nation in the percentage of its population aged 65 and older (15%). West Virginia also ranks 1st among the 50 states and the District of Columbia in the percentage of residents enrolled in Medicare.
- As of March 2006, 48 of the state's 55 counties were classified as federally designated medically underserved areas (MUAs) or included sub-county MUAs. Approximately 80% of West Virginia's counties (45 out of 55) were designated as primary care health professional shortage areas (HPSAs).
- Fourteen percent (13.9%) of the state's population is designated as underserved by primary care practitioners, compared with a national average of 11.5%.
- Residents in 14 out of 55 West Virginia counties must drive more than 55 miles to the closest Commission on Cancer-approved programs for treatment.



- Rural residents generally have fewer visits with physicians, lower levels of preventive care, later stage diagnoses, lack of access to follow-up care and standard treatment options, and very limited participation in clinical trials.
- Ninety percent of cancer patients with advanced disease experience severe pain, and 30% of all cancer patients, regardless of the disease stage, suffer pain.
- Currently 39% of West Virginians have completed an advance directive.
- Presently 37% of patients referred to hospital-based palliative care programs have a cancer diagnosis.
- There is a lack of definitive data documenting the issues faced by West Virginia cancer survivors.



Quality of Life

GOAL 14: Coordinate a statewide effort to address major needs of WV’s cancer patients and survivors, especially those who are under- or uninsured, addressing concerns such as increased access to quality care, improved economic assistance, and transportation options.

Objective 14.1: Identify and recruit at least 50% of the unaffiliated key Quality of Life stakeholders into Mountains of Hope (MOH).

Objective 14.2: Develop and disseminate a *West Virginia Cancer Survivorship Action Plan* to address the top five concerns of West Virginia cancer survivors.

Objective 14.3: Pursue funding for a West Virginia Cancer Transportation Fund.

Objective 14.4: Increase clinical trials enrollment.

GOAL 15: Educate health care professionals and students about cancer survivorship.

Objective 15.1: Health professionals and students will have accurate and relevant information about cancer survivors and their quality of life issues.

GOAL 16: Promote access to high quality evidence-based information, resources, and support programs for cancer patients, cancer survivors, and the public.

Objective 16.1: Cancer patients, survivors, and the public will be knowledgeable about existing information, resources, and support programs.



Objective 16.2: Develop, test, and promote at least one formal patient navigation system by January 1, 2009.

GOAL 17: Assess and enhance access to end-of-life services.

Objective 17.1: Identify gaps in hospice and palliative care for WV cancer survivors.

Objective 17.2: Increase the number of cancer survivors who receive inpatient palliative care and hospice services at their end of life.

Objective 17.3: Increase completion of advance directives and Physician Orders for Scope of Treatment (POST) forms by cancer survivors.

Objective 17.4: Determine pediatric cancer patient and survivor needs.

GOAL 18: Promote effective pain management for cancer patients.

Objective 18.1: As an MOH affiliate, the West Virginia Pain Initiative will grow by 60%.

Objective 18.2: Educate health care providers about cancer pain as a survivorship issue through a West Virginia Pain Summit at least biennially.

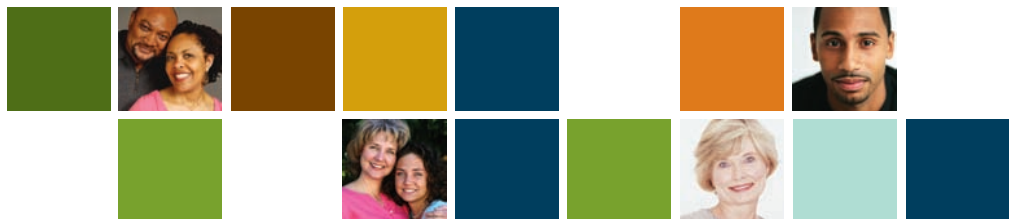
Objective 18.3: Develop a Pain Resources Section for the *West Virginia Cancer Resources: A Patient's Guide*.



The *West Virginia Cancer Plan* is available online and in print.

Online (downloadable):
www.wvmountainsofhope.org

For a print version write, call or fax your request to:
Mountains of Hope
PO Box 6886
Morgantown, WV 26506
(304) 293-2370
(304) 599-1552



Mountains of Hope Founding Organizations:



This publication was paid for by the West Virginia Comprehensive Cancer Program of the West Virginia Department of Health and Human Resources with support from Cooperative Agreement Number U55/CCU321950-05 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the Centers for Disease Control and Prevention.