

Ohio Cancer Plan Objectives and Strategies 2021-2030

Primary Prevention

Goal: Prevent Cancer from Occurring

Cancer Genetics

Objective 1: By 2030, increase by 20% the yearly overall number of individuals who receive Ohio Cancer Genetic Network Cancer Risk Assessment services (baseline=12,358; target=14,830; midpoint (5-year) yearly target=13,594).

Strategies

- Conduct and track education events for providers about referral guidelines for cancer risk assessment (e.g., students, allied health professionals and physicians).
- Provide access to evidence-based resources regarding hereditary cancer for both the public at large, as well as for health care providers.
- Create and foster new partnerships with an array of community organizations to identify the need of underserved populations including minorities, low-income communities, and LGBTQ+ communities in order to improve genetic counseling practices and outreach.
- Update and rerecord the Cancer Genetics in Your Practice presentations on OhioTrain.
- Update the map on the ODH Genetics Services Program website that contains the contact information of all Ohio Cancer Genetics Risk Assessment sites on a quarterly basis.
- Continue collaboration among cancer genetic counselors and hospital registries to identify patients and families appropriate for genetic counseling. Use data to identify approaches to increase referrals to a genetics risk center.
- Collect and evaluate genetic counseling service models utilized (including traditional in-person visits and telehealth visits) for new unique patient consults to improve access to service across the state.
- Establish baseline data across Ohio pediatric cancer genetics sites regarding genetic counseling referrals for pediatric cancer, with an emphasis on referrals for specific pediatric cancers which have a greater than 10% chance of carrying a germline mutation.

Exposure to Environmental Carcinogens

Objective 2: By 2030, increase the number of new radon mitigation systems installed in Ohio homes from 67,668 to 167,668 (baseline: ODH RADMAT, Licensed Radon Contractors quarterly reports).

Strategies

- Increase public awareness of the connection between radon and cancer risk.
- Encourage home buyers and sellers to hire Ohio licensed radon professionals.
- Educate realtors, building code officials, medical professionals and housing authorities about radon, the risk of lung cancer, and their role in reducing lung cancer.
- Support legislation for building codes that include Appendix F of the International Building Code.
- Reduce out-of-pocket costs associated with radon testing and mitigation.

Liver Cancer

Objective 3: Reduce the incidence rate of liver cancer from 7.2 to 6.5 by 2025 and to 5.76 by 2030 (baseline: 2017 OCISS).

Strategies

- Promote the use of electronic screening and brief intervention (e-SBI) to facilitate understanding and self-assessment about the risks and consequences of excessive drinking.
- Increase notification and education targeting patients admitted to a hospital-based system with an increased risk of alcohol withdrawal requiring CIWA (Clinical Institute Alcohol Withdrawal Assessment for Alcohol Scoring Guidelines) utilization to intervene and reduce alcohol dependence.
- Reduce alcohol-related cirrhosis by influencing policy change to increase alcohol taxes, decrease access by limiting days and hours of alcohol sales, enforce the prohibition of sales to minors, and limit outlet density of alcohol sales.
- Encourage active lifestyle change with the goal of weight reduction and management to reduce the incidence and complications of NASH (nonalcoholic steatohepatitis) resulting in cirrhosis and/or hepatocellular carcinoma.
- Increase access and educational awareness of Hepatitis B vaccination including the benefits of vaccination.
- Increase affordable access to treatment in populations unable to obtain medication for hepatitis C and hepatocellular cancer.

Objective 4: Reduce the percent of Ohioans diagnosed with late stage liver cancer from 40.3% to 36.8% in 2025 and 33.3% in 2030 (baseline: 2017 OCISS).

Strategies

- Educate providers and patients to increase usage of recommended screening tests (i.e., ultrasound and alpha-fetoprotein) for patients who are at increased risk for hepatocellular cancer from underlying cirrhosis, specifically in the African American population, who have the highest rate of liver cancer incidence and mortality.

- Incorporate provider reminders within an EMR (electronic medical record) for eligible patients to promote appropriate recommended screening.

Objective 5: Increase the percent of adults screened for hepatitis C from 0.87% to 20% in 2025 and 40% in 2030 (baseline: 2019 electronic health record data from OhioHealth and Promedica).

Strategies

- Recruit additional hospital systems, health care providers, insurers, and third-party payers to promote and educate about hepatitis C screening per national guidelines.
- Educate disparate populations and health care providers about the impact of hepatitis C including transmission, complications, and curative treatment.
- Obtain data regarding population screening results for hepatitis C from additional health systems, providers, and third-party payers including Medicaid.

Physical Activity

Objective 6: By 2030, increase the percent of children, 6 to 11 years of age, who are physically active at least 60 minutes per day from 29% to 35% (baseline: BRFSS).

Strategies

- School based programs to increase physical activity (e.g., active recess, physically active classrooms, physical education enhancements).
- Implement Safe Routes to School programs.
- Change the built environment to encourage physical activity (e.g., green spaces and parks, bike and pedestrian master plans, Complete Streets, zoning regulations, mixed-use development).
- Exercise prescriptions from healthcare providers.

Objective 7: By 2030, decrease the percent of adults, age 18 and older, reporting no leisure time physical activity from 29.6% to 26% (baseline: BRFSS).

Strategies

- Change the built environment to encourage physical activity (e.g., green spaces and parks, bike and pedestrian master plans, Complete Streets, zoning regulations, mixed-use development).
- Exercise prescriptions from healthcare providers.
- Implement workplace physical activity programs and policies (e.g., worksite obesity prevention interventions, active commuting, incentives for using public transportation).

Nutrition

Objective 8: By 2030, decrease the percent of high school students who did not eat fruit or drink 100% fruit juices during the past 7 days from 10.6% to 9.6% (baseline: 2018 YRBS).

Objective 9: By 2030, decrease the percent of high school students who did not eat vegetables (excluding french fries, fried potatoes or potato chips) during the past 7 days from 8.7% to 7.7% (baseline: YRBS).

Strategies

- Increase fruit and vegetable access and education (e.g., community gardens, school gardens, farm to institution programs, taste testing's).
- Implement fruit and vegetable incentive programs (e.g., Produce Perks).
- Increase healthy food retailers (e.g., farmers' markets, healthy corner stores, incentives to bring retailers to under-served communities).
- Encourage adherence to food and beverage guidelines (e.g., healthy vending, healthy food offerings in cafes and cafeterias).
- Produce prescriptions from healthcare providers.

Obesity

Objective 10: By 2030, increase the percent of Ohio adults with a healthy weight (BMI 18.5-24.9) from 30% to 32% (baseline: 2018 BRFSS).

Strategies

- Provide evidence-based worksite programs for weight loss.
- Promote awareness about the connection between cancer risk and prevention, and nutrition, physical activity, and obesity for all ages.
- Support third-party reimbursement for primary care treatment of individuals who are overweight or obese by medical providers, registered dietitians, and other qualified health-care professionals.
- Develop and disseminate guidelines for the use of evidence-based strategies to prevent and manage obesity in primary care.
- Encourage the consumption of water as the beverage of choice.

Objective 11: By 2030, increase the percent of Ohio high school students (grades 9 to 12) with a healthy weight (BMI18.5-24.9) from 61% to 63% (baseline: 2018 YRBS).

Strategies

- Implement digital health interventions for adolescents who are overweight or obese.
- Implement nutrition and physical activity interventions in preschool and childcare.
- Promote awareness about the connection between cancer risk and prevention, and nutrition, physical activity, and obesity for all ages.

- Develop and disseminate guidelines for the use of evidence-based strategies to prevent and manage obesity in primary care.
- Support third-party reimbursement for primary care treatment of individuals who are overweight or obese by medical providers, registered dietitians, and other qualified health-care professionals.
- Encourage the consumption of water as the beverage of choice.

Tobacco Use

Objective 12: By 2030, decrease the percent of Ohio adults age 18 years of age or older who report any current tobacco/nicotine use from 27.6% to 22.1%. (baseline: BRFSS).

Table 1. Adult Tobacco Use by Product Type (2018 BRFSS)

Product Type	Percent Prevalence
Any Tobacco/Nicotine	27.6
Cigarettes	20.5
Flavored tobacco	12.3
RYO tobacco	9.1
E-cigarettes	5.4
Smokeless tobacco	4.3
Cigars	2.8
Little cigars/cigarillos	2.5
Waterpipe/hookah	0.8

Strategies

- Identify and promote guidance on quality improvement (QI) initiatives to change systems to routinely screen for tobacco use, refer to cessation treatment, and follow-up on referrals to cessation.
- Increase opportunities for financial and technical support for health systems to implement QI initiatives to systematize screening, referral, and follow-up.
- Enact policies that establish a uniform benefit for cessation across payers (e.g., Medicaid, Medicare and private insurers that provide insurance in Ohio) at no cost to participant.
- Conduct mass media campaigns that drive tobacco users to the Ohio Tobacco Quit Line which is available to all.
- Conduct media and communication campaigns that direct tobacco users to community-based resources.
- Conduct communication activities directed toward healthcare professionals regarding availability of QI resources and promoting screening and referral of tobacco-users to cessation resources.
- Expand tobacco and smoke-free environments in the state.

- Improve systems to gather data to better define health inequities related to tobacco.

Objective 13: By 2030, decrease the percent of Ohio middle and high school youth who use tobacco/nicotine by 20% from baseline. (baseline: YRBS).

Table 2. Youth Tobacco Use by Product Type – Percent Prevalence (2019 YRBS/YTS)

Product Type	High School	Middle School
Any Tobacco/Nicotine	35.6	16.5
E-cigarettes	29.0	11.9
Flavored tobacco	13.6	6.4
Smokeless tobacco	9.9	4.1
Cigars and Cigarillos	7.2	4.8
Cigarettes	4.9	3.0
Waterpipe/hookah	3.0	1.6

Strategies

- Enact an excise tax at point of sale for e-cigarette and vaping products of an amount that will deter youth use and allow for effective enforcement of sales-to-minors laws, including retailers that sell only e-cigarette and vaping tobacco products. Ensure excise tax for these and other tobacco products are at equity to cigarette excise tax.
- Assure statutory definitions of tobacco include e-cigarette and vaping products and language to cover all commercial nicotine and emerging products so that these can be regulated to restrict youth access and prevent youth initiation.
- Enact state and/or local retailer licensing policies that align with model policies to provide options for reducing the density of retail tobacco establishments and that limit proximity of retail establishments to areas frequented by youth, including, but not limited to, schools, campuses, and parks.
- Promote adoption of smoke-free and tobacco-free policies aimed at changing norms of tobacco use and protecting youth from exposure to second-hand smoke (e.g., multi-unit housing and vehicles).
- Enact state and local restrictions on all flavored tobacco products, including e-liquids. Flavor restrictions should include menthol flavor.
- Conduct coordinated state and local mass media campaigns that use multiple-media formats and including hard-hitting graphic images. Campaigns should focus on changing knowledge, beliefs, attitudes, and behaviors affecting tobacco use (including e-cigarette and vaping product use) and that provide youth with information and resources on how to quit.

Objective 14: By 2030, Ohio's Comprehensive Smoke-Free Law will be expanded to include all grounds owned by the State of Ohio.

Strategies

- Facilitate education and promotion of the impact of tobacco-free grounds on changing social norms on tobacco use and, therefore, initiation and use of tobacco.
- Promote grass-roots support of tobacco-free state property.
- Develop non-traditional partnerships (e.g., environmental and natural resources) to promote improved environmental and human health impacts.
- Collaborate to produce a document in support of smoke-free state properties that can be used to promote the initiative to decision makers.
- Engage youth and youth advocacy resources to promote these efforts and like efforts in their own communities to build statewide support.
- Develop and conduct mass media and other communication strategies to increase knowledge and awareness of the impact of these actions and to promote actions to maximize opportunities for policy adoption.

Objective 15: By 2030, increase the cigarette excise tax and tax on e-cigarette vaping taxes, improving Ohio's ranking from 27th (2020) to at least 15th (baseline: The Tax Burden on Tobacco).

Strategies

- Coordinate efforts to promote increased knowledge among partners and stakeholders on the impact of cigarette taxes on tobacco use.
- Promote actions to support a cigarette excise tax increase and to tie the percentage of tax revenue to funding for comprehensive tobacco prevention and control.
- Adopt a cigarette excise tax increase as part of organizational legislative agendas.
- Include the promotion of a statewide cigarette excise tax in local community action plans as a strategy to impact tobacco use.

Objective 16: By 2030, decrease existing smoking disparities in Ohio adult populations by 20% from baseline.

Table 3. Percent Prevalence Gap – Tobacco Use Disparities (2018 BRFSS)

Adult Population	Percent Prevalence Gap
Did not graduate from HS/HS graduate or higher	21.5
Frequent poor mental health days/Infrequent poor mental health days	20.1
Income < \$15,000/Income GTE \$15,000	19.5
Persons living with disability/Persons not living with a disability	12.4
LGBT/Non-LGBT	7.9

Strategies

- Implement existing evidence-based or promising practice strategies to address tobacco burden inequities (e.g., increase cigarette excise tax, tobacco retail licensing to reduce retail tobacco store densities in poor or minority neighborhoods, policies that provide for equal access to no-cost treatment for tobacco cessation).
- Promote statewide opportunities for learning about health inequity and disparities that exist in terms of tobacco burden.
- Conduct research to contribute to evidence base about how to improve health equity and impact disparate burden of tobacco use.
- Promote community-based tobacco health equity work through increased funding opportunities and technical support for community engagement projects.
- Prioritize health systems change work (e.g., improvements in screening for tobacco use and referral to treatment for cessation) to health systems and practices that serve high percentages of individuals that are disparately impacted by tobacco use.
- Prioritize promotion of tobacco screening and available cessation resources to clinical healthcare practitioners serving high-risk populations.
- Prioritize smoke-free and tobacco-free policy adoption efforts in communities and organizations or businesses with highest populations of high-risk individuals.

Skin Cancer and Ultraviolet (UV) Exposure

Objective 17: Improve reporting of melanoma cases from 3,343 cases to 3,510 cases by 2026 and 3,677 cases by 2030 (baseline: 2017 OCISS).

Strategies

- The Ohio Cancer Incidence Surveillance System (OCISS) will help dermatology offices overcome barriers for reporting (e.g., develop process for entering faxed reports, simplify reporting, provide training, utilize volunteers).
- Disseminate information about reporting to potential dermatology reporters through the Ohio Dermatological Association.
- Identify and work with dermatopathology labs to increase reporting (e.g., through Clinical Laboratory Improvement Amendments).

Objective 18: By 2030, increase education of Ohio youth about skin cancer prevention (and/or reducing UV exposure) through partnerships with three organizations that serve youth.

Strategies

- Contact youth organizations (e.g., school districts, 4-H, scouts) to urge development of UV safety policies (e.g., sunscreen, hats, sun covering clothing).
- Produce and disseminate videos about sun/UV avoidance.
- Provide education about melanoma in individuals with darker skin tones.

Objective 19: By 2030, restrict the use of tanning devices for those under the age of 18, with no exemptions, by supporting state-wide and/or federal legislation as measured by passage of a law that meets model language.

Strategies

- Support Ohio legislation that does not allow for parental permission for use of tanning devices.
- Work with advocacy groups to gain support for proposed legislation.
- Use digital media (e.g., social media) to encourage Ohioans to contact their legislators (i.e., calls to action).

Vaccines for Cancer Prevention/HPV-Associated Cancers

Objective 20: Increase the percent of adolescents 13 to 17 years of age who are up-to-date with Human Papillomavirus (HPV) vaccine, especially among disparate populations residing in non-metropolitan (rural) areas of the state from 59.2% to 70% in 2025 and 80% in 2030 (baseline: National Immunization Survey - Teen Survey).

Data Source		Baseline	Target (2025)	Target (2030)
National Immunization Survey	Females	59.1%	70%	80%
	Males	57.3%	70%	80%
	All	58.2%	70%	80%
	Non MSA	42.3%	60%	80%

Strategies

- Educate students and adolescents about the HPV vaccine (e.g., HPV Vaccination Education Comic Book, Someone You Love: The HPV Epidemic).
- Educate parents and guardians on HPV-associated cancers and the importance of HPV vaccination (e.g., HPV Vaccination Education Comic Book, Someone You Love: The HPV Epidemic).
- Educate health and dental providers about current Advisory Committee on Immunization Practices (ACIP) recommendations regarding HPV vaccination to improve health and dental professional knowledge, practice behaviors, and system support.
- Encourage healthcare professional schools (e.g., medical, nursing, dental and dental hygiene) to include HPV vaccination information for students in curriculum (e.g., Cancer Prevention through HPV Vaccination–Action Guides).
- Promote statewide public awareness campaigns that encourage HPV vaccination and cancer prevention.

- Partner with local organizations to increase outreach and education efforts targeting community awareness of the benefits of HPV vaccination.
- Facilitate enrollment and participation in the state’s Vaccine for Children (VFC) program for providers who serve adolescent population and would like to participate.
- Implement health systems changes including client reminder and recall systems, provider reminders, and provider assessment and feedback.

Objective 21: Increase the percent of young adults 18 to 26 years of age who are up-to-date with HPV vaccine from 25.1% to 50% in 2025 and 80% in 2030 (baseline: 2018 National Center for Health Statistics).

Data Source		Baseline (US)	Target (2025)	Target (2030)
National Center for Health Statistics	Females	35.3%	60%	80%
	Males	9.0%	40%	80%
	All	21.5%	50%	80%

Strategies

- Educate young adults in postsecondary education programs (e.g., trade and vocational schools, universities, colleges) to increase knowledge on HPV and HPV vaccination utilizing the HPV Vaccination Education Comic Book, Someone You Love: The HPV Epidemic, and Indiana University’s HPV-Free Collegiate Vaccination Toolkit.
- Educate young adults in worksites to increase knowledge on HPV and HPV vaccination utilizing the HPV Vaccination Education Comic Book, Someone You Love: The HPV Epidemic, and Indiana University’s HPV-Free Collegiate Vaccination Toolkit.
- Partner with local organizations to increase outreach and education efforts targeting community awareness in disparate populations (residing in non-metropolitan and rural areas of the state) on the benefits of HPV vaccination.
- Educate providers about current ACIP recommendations regarding HPV vaccination to improve health and dental professional knowledge and practice behaviors, and system support.
- Encourage postsecondary education programs to require HPV vaccinations for new students.

Objective 22: By 2030, decrease the HPV-associated cancer incidence rate in Appalachia Ohio (14.3 per 100,000) to the rate in non-Appalachia Ohio (12.4 per 100,000) to eliminate the disparity between Appalachia and non-Appalachia Ohio (baseline: 2017 OCISS).

Data Source		Baseline
Ohio Cancer Incidence Surveillance System	Ohio	12.7 per 100,000
	Appalachian	14.3 per 100,000
	Non-Appalachian	12.4 per 100,000

Strategies

- Focus HPV vaccine promotion in Appalachian Ohio, where HPV-associated cancer rates are higher than the rest of the state, with tailored messaging to encourage completion of the HPV vaccine series.
- Educate parents and the public in lunch-and-learn webinars on the six types of cancer associated with HPV and raise awareness about HPV vaccine and cancer prevention for girls and boys.
- Distribute an HPV snapshot on data and vaccination rates with call-to-action-steps you can take to make a difference.

Early Detection

Goal: Detect Cancer at its Earliest Stage

Breast Cancer

Objective 1: By 2030, increase the percent of women 50 to 74 years of age who have been screened for breast cancer in accordance with United States Preventive Services Task Force recommendations from 78% to 95% (baseline: 2018 BRFSS).

Strategies

- Develop and disseminate tailored tool kits for partner organizations and businesses in the community (e.g., faith-based, salons, libraries) to educate women and to promote breast cancer screenings among various audiences including disparate populations.
- Develop and disseminate small and social media that educate women and dispel myths about breast cancer screening and prevention in a variety of languages and featuring members of specific groups (e.g., Somali testimonials).
- Educate the Ohio General Assembly about the Breast and Cervical Cancer Project (BCCP) to ensure funding in the state budget for the program is sufficient to meet the need and stated objective.
- Actively partner with Ohio Medicaid managed care plans to improve mammography screening rates (e.g., quality improvement, education, access incentives).
- Establish best practices for encouraging mammograms at recommended intervals, such as mammography and appointment reminders in key languages, tiered interventions (personal calls vs. only letters, physician-signed letters, text messages), and encouraging scheduling when patients are in clinics.
- Develop and implement a quality improvement process for healthcare providers that incorporates evaluation of cancer screening practices and feedback to improve screening rates.
- Educate providers and human services agencies about BCCP to improve referral and utilization of the program.
- Work with community partners to provide group education sessions with the goal of informing, encouraging, and motivating participants to seek recommended screening.
- Conduct group or one-on-one education in conjunction with mobile mammography screenings in underserved communities (e.g., Appalachia) and at health fairs (e.g., Asian Festival) using the aforementioned education tool kit.

Objective 2: By 2030, increase the percent of breast cancer detected at an early stage from 72.5% to 80% (baseline: 2017 OCISS).

Strategies

- Increase provider education regarding the evaluation of patients for referral to high-risk specialists.
- Partner with community providers to encourage conversations regarding family cancer history.
- Utilize lay patient navigation to reduce barriers and support counseling. Encourage health systems to adopt at least key elements, if there is no dedicated personnel.

Objective 3: By 2030, increase the percent of women 50 to 74 years of age on Ohio Medicaid managed care plans, who had a mammogram from 53.7% to 70% (baseline: 2019 HEDIS Aggregate Report for the Ohio Medicaid Managed Care Program).

Strategies

- Actively partner with Ohio Medicaid managed care plans to improve mammography screening rates (e.g., quality improvement, education, access incentives).
- Advocate for the addition of breast cancer screening HEDIS (Healthcare Effectiveness Data and Information Set) measures as a pay-for-performance measure for Ohio Medicaid managed care plans.

Cervical Cancer

Objective 4: By 2030, increase the percent of women 21 to 65 years of age who have been screened for cervical cancer in accordance with United States Preventive Services Task Force recommendations, especially among disparate populations including Appalachian and Hispanic women to 85.0% (baseline: 79.2% (all women); 74.0% (Appalachian women); 73.4% (Hispanic women) 2018 BRFSS).

Data Source		Baseline	Target (2030)
Behavioral Risk Factor Surveillance System	All Women	79.2%	85.0%
	Appalachian	74.0%	85.0%
	Hispanic	73.4%	85.0%

Strategies

- Conduct a mass media (e.g., TV, radio newspaper) campaign during Cervical Cancer Awareness Month (January) and Gynecologic Cancer Awareness Month (September) to educate and motivate women to have a cervical cancer screening.
- Train local women to provide one-on-one education to increase knowledge about cervical cancer screening and available services and resources to obtain screening.
- Educate healthcare providers and staff (via the Clinical Learning Collaborative) to provide clinical updates and best practice sharing, and pre-recorded presentations on cervical cancer screening and strategies to increase cervical cancer screening test rates.

- Utilize electronic health records (EHR) to implement clinic systems changes including client reminder, recall systems, and provider reminders.
- Develop low-literacy educational materials in various languages (e.g., Spanish, Somali, Napoli, and Mandarin) to address language barriers among women to understand cervical cancer screening and available resources.

Objective 5: By 2030, decrease the percent of women diagnosed with cervical cancer at late stages (regional and distant stages), especially among disparate populations to 45% (baseline: 51.1% (all women); 61.2% (African American women); 55.0% (women living in metropolitan counties); 54.9% (women living in Appalachian counties); 53.8% (Hispanic women) 2017 OCISS).

Data Source		Baseline	Target (2030)
Ohio Cancer Incidence Surveillance System	All Women	51.1%	45.0%
	African American	61.2%	45.0%
	Metro*	55.0%	45.0%
	Appalachian	54.9%	45.0%

**Metropolitan counties include Cuyahoga, Franklin, Hamilton, Lucas, Montgomery, and Summit.

Strategies

- Work with clinical service providers to use patient navigation for women with abnormal screening results to improve adherence to diagnostic and care resolution.
- Establish guidelines and encourage policy makers to enact legislation to ensure women with abnormal results are not lost to follow-up care.
- Develop low-literacy educational materials in various languages (e.g., Spanish, Somali, Napoli, and Mandarin) to address language barriers to understand abnormal results and diagnostic care.

Objective 6: By 2030, reduce the rate of invasive cervical cancer, especially among disparate populations including Appalachian and Hispanic women to 7.5 (baseline: 7.9 (all women); women living in Appalachian counties (10.8); Hispanic women (10.9) 2017 OCISS).

Data Source		Baseline	Target (2030)
Ohio Cancer Incidence Surveillance System	All Women	7.9	7.5
	Appalachian	10.8	7.5
	Hispanic	10.9	7.5

Strategies

- Establish a standard for follow-up care among women with abnormal results to receive diagnostic resolution within 60 days and start treatment within 60 days of diagnosis, especially among disparate populations.
- Promote patient navigation for patients needing diagnostic care and cervical cancer treatment.
- Provide healthcare professionals education on the latest guidelines regarding follow-up care and treatment of cervical cancer.
- Establish an HPV Pap Registry to monitor the complete continuum of cervical cancer prevention in Ohio.

Colorectal Cancer

Objective 7: By 2030, increase the percent of adults 50 to 75 years of age who receive a colorectal cancer screening based on the most recent United States Preventive Services Task Force guidelines from 67.2% to 80% (baseline: 2018 BRFSS).

Objective 8: By 2030, reduce the rate of invasive colorectal cancer for people of all ages from 39.5 to 32.9 (baseline: 2017 OCISS).

Strategies

- Provide Colorectal Cancer (CRC) screening education, including the availability of screening test options, through a variety of social media and small media channels to build public awareness and demand for cancer screening.
- Implement tailored client reminders to inform patients that they are due for CRC screening
- Identify and promote free or reduced cost CRC screening options to low income, uninsured, and underinsured individuals.
- Educate clinical providers on the benefits of recommending varied options for colorectal cancer screenings (e.g., colonoscopy, fecal occult blood test, fecal immunochemical test).
- Work with clinical service providers to promote the use of provider reminders and recall systems, including utilization of reminders in electronic health record systems.
- Work with partners, community organizations and businesses to reduce structural barriers to screening (e.g., transportation solutions, counseling and patient navigation, flexible appointment hours, assistance with administrative process).
- Develop and implement a quality improvement process for health care providers that incorporates the evaluation of CRC cancer screening practices and feedback to improve CRC screening rates.
- Educate clinicians on the need for timely diagnostic testing for young adults who present with signs or symptoms of colorectal cancer and ensuring that those patients receive a proper diagnostic work up.
- Educate all adults, including those under 50 years of age, about the signs or

symptoms of colorectal cancer and empower them to talk to their doctor about being screened, providing tools that can facilitate the discussion (e.g., National Colorectal Roundtable tools and resources).

- Increase partnerships between healthcare organizations and non-healthcare organizations to lower the negative effects of disparities in CRC cancer.
- Work with healthcare organizations to train physicians and their care teams to systematically screen their patients for essential needs, social risks, and to make appropriate referrals for services.

Lung Cancer

Objective 9: Increase the percent of individuals who have had a lung cancer screening in eligible risk-adjusted, age-appropriate individuals from 5.2% to 15% by 2025 and 25% by 2030 (baseline: 2020 State of Lung Cancer Report, American Lung Association).

Strategies

- Institute policy change in Ohio Medicaid and Medicare coverage to recognize newly adopted United States Preventive Services Task Force recommended lung cancer screening guidelines for risk-appropriate populations.
- Promote efforts to compel health insurers and third-party payers to adopt a cost-free policy for lung cancer screening, especially to increase participation and remove any hindrance of payment or copayment to increase access and facilitate screening for risk appropriate populations.
- Increase the accuracy and availability of data regarding lung cancer screenings, particularly among high-risk populations, and increased community sharing and cooperation between screening sites and stakeholders.
- Create and promote educational programs about lung cancer screening and treatment, with commensurate continuing medical education (CME) credit, directed at health care providers.
- Create and utilize media and promotional tool kits to distribute and reproduce to reduce the stigma associated with lung cancer and increase awareness about lung cancer screening benefits and appropriate participation.

Objective 10: By 2030, increase the percent of Ohioans diagnosed with lung cancer at the local stage from 26% to 35% (baseline: 2017 OCISS).

Strategies

- Establish through the Ohio Department of Health a lung cancer project with specific attention and tactics to increase screening accessibility and participation in disparate populations.
- Increase the number of lung cancer screening sites; increase mobile access via mobile CTs (computerized tomography), especially in southern Ohio Appalachian regions and underserved locations, and among populations with limited access to screening sites; and streamline the screening process from approval by insurers and providers to completion.

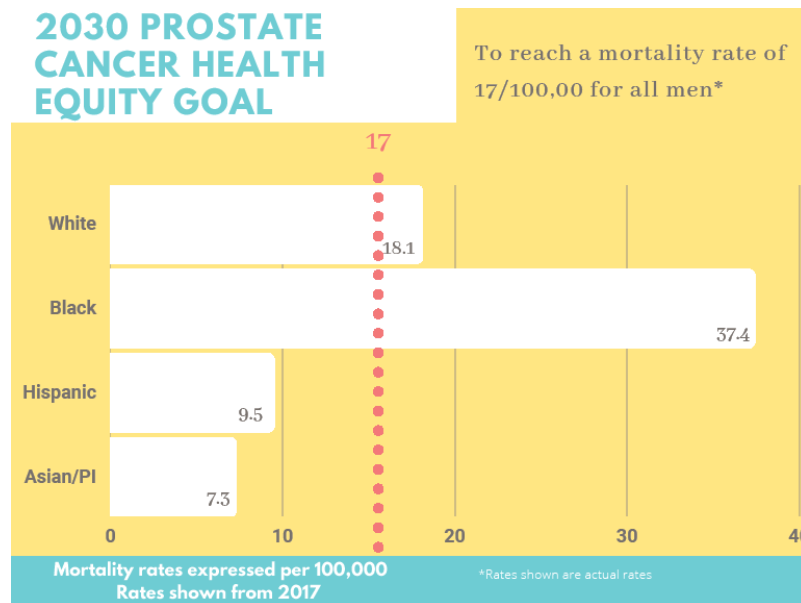
- Recruit health systems to promote and increase lung cancer screening, public awareness, and utilization of EMR (electronic medical record) and patient portals to trigger screening recommendations.

Objective 11: By 2030, increase overall survival for individuals diagnosed with lung cancer in Ohio from 19% to 26.5% (baseline: 2009-2015 five-year relative survival).

Strategies

- Utilize health systems-based interventions and apply functional, automated, EMR assisted programs to alert, track, and provide appropriate follow-up care for pulmonary nodules seen on imaging according to guidelines.
- Promote reduction in time-lapse from lung cancer nodule detection to lung cancer diagnosis and initiation of appropriate treatment to improve outcomes especially in disparate populations.
- Increase the number of patients tested who qualify for lung cancer-specific testing, including biologic marker, hereditary germline mutations, and tumor-specific next-generation sequencing to guide appropriate therapy.
- Increase awareness, understanding, and benefits for clinical trial participation, and promote increased participation by risk-appropriate populations.
- Directly educate appropriate at-risk populations with educational material created explicitly for maximum cultural acceptance and understanding.

Prostate Cancer



Objective 12: By 2030, decrease the prostate cancer mortality rate to less than or equal to 17 per 100,000 for all Ohio men in each racial/ethnic group (baseline: 2017 OCISS).

Strategies

- Use current census data, geospatial mapping tools, and market research data to identify areas at the census tract level with high percentages of African-American and Caucasian men over the age of 40, unlikely to visit a healthcare provider to focus education and awareness activities in those locations.
- Partner with medical societies and healthcare systems in Ohio to offer primary care providers continuing education units to utilize appropriate risk assessment tools and provide comprehensive, consistent, and balanced information about prostate cancer screening to promote informed decision making for all men.
- Work with community groups which aim to increase levels of trust between African-American communities and health care systems.
- Work with Ohio cancer epidemiologists, the Ohio Hospital Association and other state level and community based organizations (e.g., National Medical Association, Black Nurse Associations, American Academy for Family Physicians) to identify or develop a surveillance method for measuring and tracking participation of above-average risk men in prostate cancer screening.
- Work with ODH epidemiologists to explain and disseminate the methodology for a threshold analysis to effectively use data to help set measurable health equity targets.
- Work with clinical service providers in developing and implementing enhancements to system changes that improve prostate cancer screening, including but not limited to electronic medical record screening reminders and identifiers for high risk men, and increased screening data reporting to ODH.

Objective 13: By 2030, increase the percent of males 40 years of age and older who have had a discussion with their healthcare provider on the advantages and disadvantages of the PSA (prostate-specific antigen) test from 15.8% to 25.3% (baseline: BRFSS).

Strategies

- Strategically partner with community-based organizations (e.g., African-American Male Health Initiative, national medical organizations, Chief Diversity Officers in healthcare systems, local Offices of Minority Health coalitions) to provide prostate cancer education and emotional support.
- Educate Black men 40 years of age and older who are at high risk for prostate cancer about prostate cancer risk factors, screening benefits and options, and the importance of consulting their healthcare providers and participating in shared decision making regarding prostate cancer screening.
- Support the development and implementation of pre-screening tools that seek to educate prostate cancer risk factors, and the benefits and risks of screening.
- Use a variety of culturally competent media to communicate prostate cancer screening information to diverse populations (e.g., African-American men) in a variety of settings.

Quality of Life for Persons Affected by Cancer

Goal: Optimize the Well-Being of Every Person Impacted by Cancer

Cancer and Aging

Objective 1: By 2030, conduct two statewide assessments among cancer specialists to determine rates of Geriatric Assessment, or components thereof (e.g., frailty and/or functional stratification) according to national guidelines.

Strategies

- Develop a system to evaluate if a geriatric assessment tool or components thereof are being used in older adult cancer care delivery.
- Analyze data collected from the statewide assessment to identify strengths and gaps in geriatric assessment use and delivery among older adults with cancer.
- Develop and implement educational programs to increase healthcare provider knowledge regarding a geriatric assessment.
- Work with existing community-based organizations to develop a comprehensive cancer and aging campaign for older adults with cancer.
- Evaluate Medicare geriatric assessment wellness exam rates among older adults with cancer.
- Create an online presence for Ohio that links to established national resources (e.g., National Comprehensive Cancer Network) that describes a geriatric assessment to increase awareness about comprehensive cancer care in concert with age related health changes for patients, caregivers, and healthcare teams.

Objective 2: By 2025, conduct two statewide assessments of cancer screening rates and guideline consistency for older adults with cancer (specifically cancer screening when less than or equal to 65 years of age and/or diagnosed with malignancy).

Strategies

- Develop an assessment tool to determine if healthcare providers are following older adult cancer screening recommendations.
- Analyze data collected from the statewide assessment to identify barriers and over or under screening among older adults with cancer.
- Conduct healthcare provider education events with targeted physician specialist groups regarding established cancer screening guidelines (e.g., National Comprehensive Cancer Network, Centers for Disease Control and Prevention, American Society of Clinical Oncology, American Society of Preventive Oncology).
- Develop and disseminate promotional materials to increase awareness about cancer screening services including methods to locate local programs.

Financial Burden and Barriers

Objective 3: By 2030, increase the number of patients who report that they have discussed their health care costs with their provider prior to receiving treatment from 37% to 50% (baseline: 2017 Cancer Experience Registry).

Strategies

- Contact and connect with the three largest healthcare systems in the state of Ohio to determine what procedures and policies are in place to inform patients of their financial responsibilities related to their care.
- Conduct a focus group or virtual questionnaire to gain insight into the need and value of financial transparency for cancer survivors and caregivers.
- Disseminate findings from the previous two strategies with relevant parties in Ohio via awareness raising campaigns and events (e.g., patient and provider fairs).

Objective 4: By 2022, create and implement an assessment tool to measure and collect baseline data regarding Telehealth and telemedicine's role in reducing financial burden for cancer patients. By 2030, assess baseline data on Telehealth and telemedicine's role in reducing financial burden for cancer patients.

Strategies

- Establish and convene a diverse workgroup of experts to examine and assess telehealth's role in the reduction of financial burden for cancer patients.
- Conduct a thorough review of the relevant literature and engage with community members via focus groups to assist in the production of a summary statement addressing the need and importance of this work.
- Implement an assessment tool throughout the state to gather data and establish baseline measurements.
- Analyze the data collected and develop a plan and timeline to apply the knowledge gained in a way that directly helps those with the aforementioned financial burdens in Ohio.
- Identify potential funding opportunities to assist in the implementation of these strategies.

Objective 5: By 2030, increase the number of patients who enroll in Breast and Cervical Cancer Project prior to obtaining their breast and/or cervical screenings from 4,558 to 6,381 for breast cancer screenings and from 2,189 to 3,074 for cervical cancer screenings (baseline: 2019 MedIT).

Strategies

- Maintain continued conversation and relationship with ODH's Breast and Cervical Cancer Project (BCCP) leadership regarding their needs and financial capacity to

provide screenings and diagnostic testing.

- Organize and implement an annual or biennial campaign to bring awareness to the tax check-off donation option, in which individuals can choose to allocate all or a portion of their tax refunds to BCCP.
- Continue legislative advocacy efforts on behalf of BCCP to assist in sustaining and increasing BCCP-related funding.
- Identify individuals (e.g., volunteers) to help raise awareness amongst providers to encourage that they direct potentially eligible patients to enroll in BCCP prior to receiving screenings.
- As necessary, assist BCCP staff in identifying remaining providers throughout the geographic regions that are not yet contracted with BCCP to provide BCCP services.

Palliative Care and Hospice Care

Objective 6: By 2030, increase the number of care professionals certified in hospice and palliative care by: 25% for physicians from 297 to 371, 40% for nurses from 1,634 to 2,288, and 50% for social workers from 102 to 153 (midway targets: 12% increase for physicians, 20% increase for nurses, and 25% increase for social workers).

Strategies

- Track hospice and palliative care (HAPC) certifications for physician assistants, pharmacists, and chaplains.
- Promote the benefits of becoming a HAPC-certified professional in Ohio.
- Focus on outpatient, home-based and community clinic-based palliative care in rural communities.
- Use the Center to Advance Palliative Care (CAPC) mapping tool to identify and target service areas with few or no palliative care services.

Objective 7: By 2030, convene five educational sessions (e.g., webinar, conference, roundtable, breakout session, grand round) to increase awareness of the importance of an early assessment of Ohio cancer patients for palliative care need and referral to care.

Strategies

- Encourage all palliative care programs to report in the GetPalliativeCare.org provider directory.
- Increase the number of clinic-based palliative care and home-based programs to report in the GetPalliativeCare.org provider directory.
- Assess curriculum reform efforts to include a minimum number of instruction hours in palliative care communication skills and palliative care assessment and referral protocols
- Support the existing National Comprehensive Cancer Network palliative care instrument by promoting it to Ohio listserv groups.

Objective 8: By 2030, convene five educational sessions (e.g., webinar, conference, roundtable, breakout session, grand round) to increase public and clinician awareness of the difference between palliative care and hospice care in Ohio.

Strategies

- Encourage all palliative care programs to report in the GetPalliativeCare.org provider directory.
- Increase the number of clinic-based palliative care and home-based programs to report in the GetPalliativeCare.org provider directory.
- Assess curriculum reform efforts to include a minimum number of instruction hours in palliative care communication skills and palliative care assessment and referral protocols.
- Support the existing National Comprehensive Cancer Network palliative care instrument by promoting it to Ohio listserv groups.

Delivery of Patient-Centered Services

Objective 9: By 2030, conduct a grassroots statewide assessment of patient navigators and medically underserved populations to identify barriers contributing to lack of access to cancer support programs and community resources, and preferences for interventions to improve access (baseline=0; target=2).

Strategies

- Develop assessment and plan for distribution.
- Collect data and analyze results of assessment.

Objective 10: By 2030, implement three activities to increase the percent of adults from medically underserved populations who have access to cancer support programs and community resources (baseline=0; target=3).

Strategies

- Use results of statewide assessment of patient navigators and medically underserved populations to develop activities to increase the percent of adults from medically underserved populations who have access to cancer support programs and community resources.
- Develop a database of survivorship programs and community resources for the OPCC website.
- Promote survivorship programs and community resources at community health events that reach medically underserved populations.
- Partner with employers of medically underserved communities to promote evidence-based cancer survivorship programs and resources to their employees.

Objective 11: By 2030, increase the proportion of eligible adult cancer patients who enroll in clinical trials from 6% to 8%, focusing on survivors representing medically underserved populations.

Strategies

- Analyze BRFSS data to identify inequities in clinical trial enrollment.
- Develop educational resources on clinical trials for the OPCC website; promote the use of those resources to health care professionals and cancer support communities.
- Conduct an assessment of cancer patients to identify barriers to clinical trial participation; educate health care professionals on these barriers to facilitate reduction of barriers and increased clinical trial participation.
- Create a series of webinars to educate patients and care providers on cancer clinical trials including participation, phases and community impact.

- Encourage researchers to broaden criteria for participation in clinical trials including: pediatric patients under 18, older adults, patients with central nervous system metastases, - patients with human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) infections.
- Encourage Ohio researchers to include patient or caregiver input or support in the funding applications for clinical trials.

Pediatric Cancer

Objective 12: By 2030, implement three or more new programs to better support pediatric cancer families medically and emotionally, as they transition from diagnosis, to treatment, to survivorship/palliative care.

Strategies

- Develop and support a Pediatric Cancer Medical Portal online that will house diverse resources available to all Ohio families and target underserved populations.
- Expand the use of the national long term follow up care program, “Passport for Care,” to enhance the tracking of demographics of families receiving survivorship care.
- Enhance existing Peer-to-Peer Mentor Programs, measuring the number of families utilizing them, and increase the number of referrals within underserved populations.

Objective 13: By 2030, implement three or more new programs and/or processes that will reduce the financial impact on families of children, teens, and young adults with cancer in Ohio.

Strategies

- Expand awareness of the existing Children with Medical Handicaps program by ensuring that resources are linguistically and culturally tailored and shared with underserved populations.
- Assemble and distribute resource folders that will share state assistance and nationwide and local resources with families that are newly diagnosed with pediatric cancer.
- Create an Ohio Pediatric Cancer Collaborative, a diverse community of stakeholders, to share best practices, pain points, and health equity disparities.

Objective 14: By 2030, hold two or more annual events to increase awareness for pediatric cancer with a greater emphasis on research, clinical trials, and effective treatment options.

Strategies

- Establish an annual “Go Gold” campaign in September that will increase awareness of pediatric cancer and its challenges (e.g., effective treatment options, fertility, health equity disparities, and palliative care).
- Create an educational awareness plan with quarterly scheduled events.
- Host an annual Ohio Pediatric Cancer Summit with prominent speakers sharing data and innovative and supportive resources for those impacted by pediatric cancer.