	•	improved	•	no change	•	worsened	
Primary Prevention				0			
		Baseline	Current	Progress	Target	Target	
Cancer Genetics	Baseline	Year	Progress	Year	2025	2030	Status
Increase the number of individuals who receive Ohio Cancer Genetic		SFY2017-					
Network Cancer Risk Assessment services (ODH genetics database).	12,358	2019	14,711	SFY2021	13,594	14,830	•
Exposure to Environmental Carcinogens							
Increase the number of new radon mitigation systems installed in Ohio							
homes (ODH RADMAT).	67,668	2015-2020	79,594	2015-2022		167,668	•
Liver Cancer							
Reduce the incidence rate of liver cancer (OCISS).	7.2	2017	7.6	2019	6.5	5.76	•
Reduce the percentage of Ohioans diagnosed with late stage liver cancer (OCISS).	40.00/	0017	44.00/	0010	00.00/	00.00/	•
Increase the percentage of adults screened for hepatitis C (OhioHealth,	40.3%	2017	44.3%	2019	36.8%	33.3%	
Promedica).	0.87%	2019	1.3%	2021	20%	40%	•
Physical Activity, Nutrition, and Obesity							
Increase the percentage of children, 6 to 11 years of age, who are							
physically active at least 60 minutes per day (NSCH).	29.0%	2016-2017	29.6%	2019-2020		35%	•
Decrease the percentage of adults reporting no leisure time physical activity							
(BRFSS).	25.4%	2018	24.5%	2020		22%	•
Decrease the percentage of high school students who did not eat fruit or							
drink 100% fruit juices during the past 7 days (YRBS).	10.6%	2019	NA			9.6%	
Decrease the percentage of high school students who did not eat							
vegetables (excluding french fries, fried potatoes or potato chips) during the							
past 7 days (YRBS).	8.7%	2019	NA			7.7%	
Increase the percentage of Ohio adults with a healthy weight (BMI 18.5-							
24.9) (BRFSS).	30.0%	2018	29.2%	2020		32%	
Increase the percentage of Ohio high school students with a healthy weight							
(BMI 18.5-24.9) (YRBS).	59.8%	2019	NA			61.8%	

Progress made as of may 2022	•	improved	•	no change	• \	worsened	
Primary Prevention							
		Baseline	Current	Progress	Target	Target	_
Skin Cancer and Ultraviolet (UV) Exposure	Baseline	Year	Progress	Year	2026	2030	Status
Improve reporting of melanoma cases (OCISS).	3,343	2017	3,825	2019	3,510	3,677	•
Increase education of Ohio youth about skin cancer prevention (and/or							
reducing UV exposure) through partnerships with organizations that serve							•
youth (workgroup).	0	2020	0	2022		3	
Restrict the use of tanning devices for those under the age of 18, with no							
exemptions, by supporting statewide and/or federal legislation as measured							•
by passage of a law that meets model language (Ohio Revised Code).	0	2020	0	2022		1	
Tobacco Use							
Decrease the percentage of Ohio adults who report any current							
tobacco/nicotine use (BRFSS).	27.6%	2018	28.1%	2020		22.1%	•
Decrease the percentage of Ohio middle school youth who use	21.070	2010	20.170	2020		22.170	
tobacco/nicotine (YRBS).	16.5%	2019	NA			13.2%	
Decrease the percentage of Ohio high school youth who use							
tobacco/nicotine (YRBS).	35.5%	2019	NA			28.5%	
Expand Ohio's Comprehensive Smoke-Free Law to include all grounds							
owned by the State of Ohio (Ohio Revised Code).	0	2020	0	2022		1	•
Increase the cigarette excise tax and tax on e-cigarette vaping taxes,							
improving Ohio's ranking (The Tax Burden on Tobacco).	27th	2019	NA			15th	
Decrease existing smoking disparities in Ohio adult populations: Did not							
graduate from HS/HS graduate or higher (BRFSS).	21.5%	2018	23.3%	2020		17.2%	
Decrease existing smoking disparities in Ohio adult populations: Frequent							•
poor mental health days/Infrequent poor mental health days (BRFSS).	20.1%	2018	17.9%	2020		16.1%	-
Decrease existing smoking disparities in Ohio adult populations: Income <							
\$15,000/Income GTE \$15,000 (BRFSS).	19.5%	2018	22.4%	2020		15.6%	•
Decrease existing smoking disparities in Ohio adult populations: Persons							•
living with a disability/Persons not living with a disability (BRFSS).	12.4%	2018	12.9%	2020		9.9%	
Decrease existing smoking disparities in Ohio adult populations: LGBT/Non-	0.00/	0010	0.70/	0000		0.00/	•
LGBT (BRFSS).	8.2%	2018	3.7%	2020		6.3%	-

Progress Made as of May 2022

improved

no change

• worsened

Primary Prevention

Vaccines for Cancer Prevention/HPV-Associated Cancers	Baseline	Baseline Year	Current Progress	Progress Year	Target 2025	Target 2030	Status
Increase the percentage of adolescents 13 to 17 years of age who are up-to- date with Human Papillomavirus (HPV) vaccine (NIS-T).	58.2%	2018	53.2%	2020	70%	80%	•
Increase the percentage of female adolescents 13 to 17 years of age who are up-to-date with Human Papillomavirus (HPV) vaccine (NIS-T).	59.1%	2018	49.7%	2020	70%	80%	•
Increase the percentage of male adolescents 13 to 17 years of age who are up-to-date with Human Papillomavirus (HPV) vaccine (NIS-T).	57.3%	2018	56.5%	2020	70%	80%	•
Increase the percentage of adolescents 13 to 17 years of age who are up-to- date with Human Papillomavirus (HPV) vaccine, especially among groups experiencing disproportionate effects residing in non-metropolitan (rural) areas of the state (NIS-T).	42.3%	2018	33.0%	2015-2019	70%	80%	•
Increase the percentage of young adults 18 to 26 years of age who are up- to-date with HPV vaccine (US) (NHIS).	21.5%	2018	NA		50%	80%	
Increase the percentage of female young adults 18 to 26 years of age who are up-to-date with HPV vaccine (US) (NHIS).	35.3%	2018	NA		60%	80%	
Increase the percentage of male young adults 18 to 26 years of age who are up-to-date with HPV vaccine (US) (NHIS).	9.0%	2018	NA		40%	80%	
Decrease the HPV-associated cancer incidence rate in Appalachia Ohio to the rate in non-Appalachia Ohio to eliminate the disparity between Appalachia and non-Appalachia Ohio (OCISS).	14.3	2017	16.5	2019		12.4	•

	•	improved	•	no change	•	worsened	
Early Detection							
		Baseline	Current	Progress	Target	Target	
Breast Cancer	Baseline	Year	Progress	Year	2025	2030	Status
Increase the percentage 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 (BRFSS).	77.7%	2018	78.3%	2020		95%	
Increase the percentage of breast cancer detected at an early stage							
(OCISS).	72.5%	2017	73.0%	2019		80%	•
Increase the percentage of women 50 to 74 years of age on Ohio Medicaid							
managed care plans who had a mammogram (HEDIS).	53.7%	2019	NA			70%	
Cervical Cancer							
Increase the percentage of women 21 to 65 years of age who have been							
screened for cervical cancer (BRFSS).	79.2%	2018	77.4%	2020		85%	•
Increase the percentage of Appalachian women 21 to 65 years of age who							
have been screened for cervical cancer (BRFSS).	74.0%	2018	73.4%	2020		85%	•
Increase the percentage of Hispanic women 21 to 65 years of age who							
have been screened for cervical cancer (BRFSS).	73.4%	2018	77.4%	2020		85%	•
Decrease the percentage of women diagnosed with cervical cancer at late							
stages (OCISS).	51.1%	2017	51.1%	2019		45%	•
Decrease the percentage of African American women diagnosed with							
cervical cancer at late stages (OCISS).	61.2%	2017	50.8%	2019		45%	•
Decrease the percentage of women living in Metro counties diagnosed with							•
cervical cancer at late stages (OCISS).	55.0%	2017	50.3%	2019		45%	•
Decrease the percentage of Appalachian women diagnosed with cervical							
cancer at late stages (OCISS).	54.9%	2017	53.6%	2019		45%	•
Decrease the percentage of Hispanic women diagnosed with cervical							
cancer at late stages (OCISS).	53.8%	2017	40.0%	2019		45%	•
Reduce the rate of invasive cervical cancer (OCISS).	7.9	2017	8.0	2019		7.5	•
Reduce the rate of invasive cervical cancer among Appalachian women							•
(OCISS).	10.8	2017	9.7	2019		7.5	•
Reduce the rate of invasive cervical cancer among Hispanic women							
(OCISS).	10.9	2017	6.1	2019		7.5	

		improved	•	no change	• • worsened				
Early Detection									
		Baseline	Current	Progress	Target	Target			
Colorectal Cancer	Baseline	Year	Progress	Year	2025	2030	Status		
Increase the percentage 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 (BRFSS).	67.2%	2018	74.2%	2020		80%			
Reduce the rate of invasive colorectal cancer for people of all ages (OCISS).	39.5	2017	37.8	2019		32.9	•		
Lung Cancer									
Increase the percentage of individuals who have had a lung cancer									
screening based on the most recent United States Preventive Services Task							•		
Force guidelines (State of Lung Cancer, American Lung Association).	5.2%	2020	7.3%	2021	15%	25%			
Increase the percentage of Ohioans diagnosed with lung cancer at the local	0.270								
stage (OCISS).	26%	2017	28.3%	2019		35%	•		
Increase overall survival for individuals diagnosed with lung cancer in Ohio									
(OCISS).	19%	2009-2015	22.6%	2012-2018		26.5%	•		
Prostate Cancer									
Decrease the prostate cancer mortality rate for all Ohio men (white) (ODH									
Bureau of Vital Statistics).	18.1	2017	17.7	2019		17	•		
Decrease the prostate cancer mortality rate for all Ohio men (Black) (ODH									
Bureau of Vital Statistics).	37.4	2017	32.5	2019		17	•		
Decrease the prostate cancer mortality rate for all Ohio men (Hispanic)									
(ODH Bureau of Vital Statistics).	9.5	2017	NA	2019		17			
Decrease the prostate cancer mortality rate for all Ohio men (Asian/PI) (ODH									
Bureau of Vital Statistics).	7.3	2017	NA	2019		17			
Increase the percentage 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 (BRFSS).	16.5%	2018	16.2%	2020		25.3%			

Progress Made as of May 2022

improved
no change
worsened

Quality of Life for Persons Affected by Cancer

Concer and Asing		Baseline Year	Current	Progress	Target 2025	Target 2030	Chatwa
Cancer and Aging	Baseline	Tear	Progress	Year	2025	2030	Status
Conduct two statewide assessments among cancer specialists to							
determine rates of Geriatric Assessment according to national guidelines	0	0000	0	0000		0	•
(workgroup).	0	2020	0	2022		2	
Conduct two statewide assessments of cancer screening rates and	0	0000	0	0000	0		•
guideline consistency for older adults with cancer (workgroup).	0	2020	0	2022	2		
Delivery of Patient-Centered Services							
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 (workgroup).	0	2020	0	2022		2	
Implement activities to increase the percentage of adults from medically							
underserved populations who have access to cancer support programs and							•
community resources (workgroup).	0	2020	0	2022		3	
Increase the proportion of eligible adult cancer patients who enroll in clinical							
trials, focusing on survivors representing medically underserved populations							•
(BRFSS).	5.9%	2014	4.0%	2020		8%	
Financial Burden and Barriers							
Increase the number of patients who report that they have discussed their							
health care costs with their provider prior to receiving treatment (Cancer							
Experience Registry).	37%	2017	NA			50%	
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 (workgroup).	0	2020	0	2022	1 (2022)		
Assess baseline data on Telehealth and telemedicine's role in reducing							•
financial burden for cancer patients (workgroup).	0	2020	0	2022		1	
Increase the number of patients who enroll in the Breast and Cervical							•
Cancer Project prior to obtaining their breast cancer screenings (Med-IT).	4,558	GY2020	5,032	GY2021		6,381	
Increase the number of patients who enroll in the Breast and Cervical							•
Cancer Project prior to obtaining their cervical cancer screenings (Med-IT).	2,189	GY2020	2,626	GY2021		3,074	•
	_,.00	0	_,520	0		0,011	

Progress Made as of May 2022

improved
no change

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• worsened

Quality of Life for Persons Affected by Cancer

Palliative Care and Hospice Care	Pasalina	Baseline Year	Current Progress	Progress Year	Target 2025	Target 2030	Status
	Baseline	Tear	Flogless	Ieal	2025	2000	Status
Increase the number of physicians certified in hospice and palliative care							•
(American Board of Medical Specialties Board of Certification Report).	297	2018-2019	318	2020-2021	333	371	
Increase the number of nurses certified in hospice and palliative care		As of		As of			_
(Hospice and Palliative Care Credentialing Center).	1,634	8/1/2020	1,379	4/11/2022	1,961	2,288	•
Increase the number of social workers certified in hospice and palliative		As of		As of			
care (National Association of Social Workers).	102	8/1/2020	109	4/1/2022	128	153	•
Convene educational sessions to increase awareness of the importance of							
an early assessment of Ohio cancer patients for palliative care need and							•
referral to care (workgroup).	0	2020	0	2022		5	
Convene educational sessions to increase public and clinician awareness of							•
the difference between palliative care and hospice care in Ohio (workgroup).	0	2020	0	2022		5	
Pediatric Cancer							
Implement new programs to better support pediatric cancer families							
medically and emotionally, as they transition from diagnosis, to treatment,							•
to survivorship/palliative care (workgroup).	0	2020	1	2022		3	
Implement new programs and/or processes that will reduce the financial							
impact on families of children, teens, and young adults with cancer in Ohio							•
(workgroup).	0	2020	0	2022		3	
Hold annual events to increase awareness for pediatric cancer with a							
greater emphasis on research, clinical trials, and effective treatment options							•
(workgroup).	0	2020	1	2022		2	

Data Sources

Behavioral Risk Factor Surveillance System (BRFSS) Healthcare Effectiveness Data and Information Set (HEDIS) National Health Interview Survey (NHIS) National Immunization Survey-Teen (NIS-T) National Survey of Children's Health (NSCH) Ohio Cancer Incidence Surveillance System (OCISS) Online Medical Information Tracking System (Med-IT) Youth Risk Behavior Surveillance System (YRBS)