We acknowledge the Centers for Disease Control and Prevention, for its support of the Indiana Cancer Sections, under cooperative agreement 5U58DP003884-02 awarded to Indiana State Department of Health. The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
a note from the chairs

Dear Members, Colleagues, and Friends,

The Indiana Cancer Consortium (ICC) has accomplished much during the past year, and these successes are reflected in the 2013 Annual Report. On behalf of the ICC Steering Committee, we applaud the dedication and commitment of each ICC volunteer. Nothing in this report would be possible without the extraordinary efforts contributed by the ICC membership.

This year, just like every other year, ICC accomplishments are achieved through collaboration. We are extremely proud that our membership represents a diverse collection of multi-sectored organizations and passionate individuals. We know that each member works to achieve their own unique mission, vision, and goals; however, we are inspired by the extra time members dedicate to attend ICC meetings, hear from other ICC partners, and unite to create solutions that benefit Hoosiers in the battle to prevent and control cancer. We can all agree that the path of collaboration is not always the easiest, but as you’ll see throughout the 2013 Annual Report, the result of our actions and voices are much more impactful when we work together.

Throughout this report, you will find how ICC members are standing together to make a difference in cancer. Activities range from supporting the ICC policy agenda, disseminating timely and relevant cancer data, and providing education and networking sessions for health professionals in the fields of cancer prevention, services, and research.

We are also delighted to announce the first edition of Hoosier Stories of Success in Cancer Prevention and Control, which you will find at the end of this report. The Hoosier Stories of Success highlight a few of the individual accomplishments of our partners. We hope others are inspired by these stories and continue adopting, implementing, and evaluating strategies from the Indiana Cancer Control Plan 2010-2014. We look forward to sharing more stories throughout the next year.

We thank you for your ongoing commitment and efforts, and are ready to take on another successful year as we collaborate to conquer cancer.

Sincerely,

Steve Tharp, M.D. Sara Edgerton
Co-Chair, ICC Co-Chair, ICC

2013 award winners

David Caldwell Survivorship Award
Lisa Hayes

Outstanding Contributions to Cancer Control by an Organization
Susan G. Komen for the Cure Central Indiana

Anna Miller Award for Outstanding Contributions to Cancer Control by an Individual
Victoria Rakowski, R.N., E.T.

Cancer Control Champions
Matilda Barber, R.N.
Kirk Forbes
Teasa Thompson, M.P.H.
Sara Edgerton  
ICC Steering Committee Co-Chair  
Community Cancer Care, Inc.

Stephen D. Tharp, M.D.  
ICC Steering Committee Co-Chair  
St. Vincent Health

Sally Acton, R.N., M.S.M., O.C.N  
Schneck Medical Center

David Caldwell  
Community Member and Cancer Survivor

Katie Crawford  
American Cancer Society

Nicole Fallowfield  
Gibson Insurance Group

Robert Goulet, Jr., M.D., FACS  
Community Health Network

Patrick Loehrger, Sr., M.D.  
Indiana University Melvin and Bren Simon Cancer Center

Adrienne May, R.N., M.P.A.  
Hospice of the Calumet Area

Calvin Roberson, M.H.A., M.P.H.  
Indiana Minority Health Coalition

Doug Schwarzentuber, M.D., FACS  
Indiana University Melvin and Bren Simon Cancer Center

Gregory A. Wilson, M.D.  
Indiana University Fairbanks School of Public Health

William VanNess, M.D.  
Indiana State Department of Health

Rick Zachary  
United Auto Workers

Gregory Zimet, Ph.D.  
Indiana University School of Medicine
The Comprehensive Cancer Control National Partnership is a movement of states, tribes, territories, U.S. Pacific Island Jurisdictions, and local communities working together to reduce the burden of cancer for all people. In the Hoosier state, the ICC serves as that comprehensive cancer control coalition, responsible for developing, implementing, and evaluating a statewide cancer control plan, which addresses cancer from prevention through palliation.

Collaborating to Conquer Cancer is the underlying philosophy, vision, and model that directs the ICC, as well as our partners across the nation. In Indiana, we are proud to say that Collaborating to Conquer Cancer represents the more than 200 organizational and individual members of the ICC who work to bring together Indiana’s cancer community, identify disease challenges facing both state and local communities, and develop evidence-based solutions that make a difference.

The ICC is involved in many initiatives and partnerships, some of which are reflected throughout our 2013 Annual Report. Our membership plans, contributes, and takes advantage of a full range of free services – including professional trainings, educational publications, mini-grants, and guidance. By listening to our partners, public health and medical experts, and other interested Hoosiers, we continually evolve to better address the gaps in cancer prevention and control across the state. The larger our coalition grows, the bigger impact we have.

**The Plan**

The collaborative process is best reflected in the *Indiana Cancer Control Plan 2010 – 2014*, our roadmap to coordinate cancer control efforts. The plan is comprised of six focus areas - including primary prevention, early detection, treatment, quality of life, data, and advocacy. Within those six areas, experts in the fields of public health, cancer research, and treatment identified the most important activities that, when implemented, can reduce cancer in Indiana. Day by day, as more partners implement strategies from this plan, extraordinary accomplishments are made. This is the power of our unique cancer control alliance. Together, we are stronger than cancer.

**Key Activities**

- Lead in the ongoing development, implementation, and evaluation of an Indiana-focused comprehensive cancer control plan that addresses cancer across the continuum.
- Provide guidance to members on current issues in cancer advocacy, research, detection, and treatment.
- Provide a forum for a multi-sectored and diverse membership to discuss the cancer issues challenging Indiana.
- Increase the quantity, quality, and availability of complete and timely cancer and related data.
- Strengthen communication, resource sharing, and collaboration in the cancer community, and reduce duplication and inefficiency.
- Train Indiana health workers and cancer advocates on current evidence-based strategies and best practices.
- Support and educate Indiana on policy, systems, and environmental changes that decrease risk factors which impact Hoosier communities (see ICC policy agenda).
advocating for effective cancer policies

The ICC Advocacy Committee is dedicated to creating and supporting policies, systems, and environments that make healthy lifestyle choices easy and safe. In 2011, the following policy agenda was adopted by the ICC Steering Committee and membership:

1. **Pass a statewide comprehensive smoke-free air law**

   Update: Indiana’s first statewide smoke-free air law went into effect July 1, 2012. This statewide policy prohibits smoking in most public places and many workplaces. The statewide law allows cities and counties throughout Indiana to develop more comprehensive policies. There are currently 18 communities (plus the Indianapolis International Airport) that have implemented comprehensive policies. Approximately 30 percent of Hoosiers are covered by a comprehensive smoke-free air policy which includes workplaces, bars, and restaurants. While this is a tremendous accomplishment, there is still work to do. The ICC continues to coordinate with partners to educate about the importance of smoke-free air policies and the health dangers of secondhand smoke. It is important that 100 percent of Hoosiers are protected from secondhand smoke exposure in public places.

2. **Increase the cigarette tax from 99.5 cents to $2 per pack**

   Update: The ICC works with coalition members to educate public health professionals, decision makers, cancer advocates, and the general public about the benefits of increasing the price of tobacco. An increase in tobacco tax prevents adults and youth from starting tobacco and encourages current tobacco users to quit. Indiana’s cigarette tax has been unchanged since 2007.

3. **Increase the number of Complete Streets policies at the Metropolitan Planning Organization, county, or local level from three to seven**

   Update: Since 2009, Indiana has adopted 12 Complete Streets policies, either at the local, county, or Metropolitan Planning Organization level. Over 3 million Hoosiers (46.4 percent of the population) are currently covered by a Complete Streets policy. Following the success of Indianapolis’s top Complete Streets policy in 2012, the National Complete Streets Coalition listed Peru, Indiana as having the second-best Complete Streets policy adopted in 2013. The ICC stands committed in educating the cancer community in the overall health and safety benefits of strong Complete Streets policies.

4. **Require school corporations to provide at least 30 minutes per day of the recommended 60 minutes per day of physical activity in elementary schools**

   Update: Overweight and obesity is a serious public health concern that has nearly tripled in adolescents during the past 30 years. The ICC educates members, public health professionals, decision makers, and the general public about the benefits of regular physical activity, the link between physical activity and obesity, and how staying physically active can reduce the risk of obesity and cancer. The ICC supports 30 minutes a day of physical activity in elementary schools as a way to establish healthy behaviors at a young age and reduce cancer risk. Currently, there are 17 school districts in Indiana that have 30 minutes of physical activity written into their school wellness policy, covering approximately 79,703 students.
Indiana Cancer Burden at a Glance

Approximately 2 in 5 Hoosiers now living will eventually have cancer.

23% of all deaths in 2011 are cancer-related.

2 of 10 Hoosier deaths are cancer-related.

Estimated cancer deaths in 2014 from American Cancer Society:

13,370

Estimated number of new cancer cases in 2014 from American Cancer Society:

35,560

Screening rankings (2012 BRFSS):

- Females with mammogram within past 2 years:
  - 40 years: Indiana = 67.7%, National Median = 74%
  - 50 years: Indiana = 69.5%, National Median = 77%

- Females with PAP test within past 3 years:
  - 18 years: Indiana = 73.2%, National Median = 78%

- Adults who have ever had sigmoidoscopy or colonoscopy:
  - 50 years: Indiana = 62.5%, National Median = 67.3%

Risk factors:

- Adult smokers:
  - Indiana = 24%
  - National Median = 19.6%

- Adult considered overweight or obese:
  - Indiana = 65.5%
  - National Median = 63.4%

- Adult with less than 150 minutes of physical activity in past week:
  - Indiana = 54%
  - National Median = 48.3%

*Behavioral Risk Factor Surveillance System
April is recognized as National Cancer Control Awareness Month, and each year, the ICC hosts a conference for the full ICC membership to network, share successes, and learn about current trends in cancer prevention and control in Indiana and across the nation. However, most of the coalition’s planning and evaluation activities are completed throughout the remainder of the year. Each ICC committee or action team meets monthly, bi-monthly, or quarterly (as decided by committee members) to review the Indiana Cancer Control Plan, identify and implement priority activities, and share organizational updates and accomplishments. ICC members are welcome and encouraged to join any committee or action team. The more ICC members participate, the greater the possible outcome!

**timeline of notable coalition and committee events:**

**APRIL 2013**

**2013 ANNUAL MEETING:** Approximately 120 people attended the 2013 Annual Meeting, titled “Navigating Cancer Care: What we know, what we don’t know, and what we believe.” Keynote speaker Otis Brawley, M.D., Chief Medical and Scientific Officer of the American Cancer Society, elegantly covered the theme of the meeting reflecting on the flaws in the current American health care system, a system which over-treats the insured and under-treats those in need. His presentation ended with a call to save the future of our medical system by practicing scientifically justifiable medicine and working to prevent chronic disease through the promotion of tobacco prevention and cessation, increased physical activity, and proper nutrition. Julie Silver, M.D., and Monica Bryant, Esq., furthered the discussion on the day’s theme by presenting on what is known, unknown, and believed in the areas of cancer rehabilitation and health care reform.

**JUNE 2013**

**PROSTATE CANCER HEALTH SUMMIT:** In recognition of Men’s Health Week, the ICC Prostate Cancer Committee hosted the Prostate Cancer Health Summit. Taking place at the Indiana Landmarks Center in Indianapolis, this event provided an informative overview of prostate cancer prevention, early detection, and treatment. The day’s in-depth discussion topics focused on informed decision making from both the patient and health professional perspective, the risks and benefits of prostate cancer screening, and the current treatment options and emerging research in fighting prostate cancer.

**SHARED LEARNING IN MICHIGAN:** A team of ICC Advocacy Committee members attended a quarterly board meeting of the Michigan Cancer Consortium to share policy interventions and successes. The meeting was also attended by the Utah Cancer Action Network and the Ohio Partners for Cancer Control.

**AUGUST 2013**

**NATIONAL COALITION WORKSHOP:** ICC leadership attended a coalition workshop, titled “From Ideas to Action: Making an Impact through Your CCC Coalition,” hosted by the Comprehensive Cancer Control National Partnership. The workshop, attended by 20 other state coalitions, was designed to help coalitions learn from one another in the implementation of comprehensive cancer control plans. The ICC was recognized as a national model for our website design, communication efforts, and recognition of partner contributions.
OCTOBER 2013

**IPHA FALL POLICY CONFERENCE:** Many ICC members attended the Indiana Public Health Association Fall Policy Conference, which addressed how coalitions and their partners can effectively influence public health policy. Speakers covered topics such as the story of coalitions, the legislative process, data visualization and communication, and how coalitions and their members can effectively approach legislators.

NOVEMBER 2013

**SHARED LEARNING WITH KENTUCKY:** The ICC Steering Committee hosted representatives from the Kentucky Cancer Coalition to discuss coalition growth and sustainability. Throughout 2014, ICC leadership hopes to take part in similar learning opportunities.

JANUARY 2014

**RALLY AT THE ROTUNDA:** During National Cervical Health Awareness Month, the ICC Advocacy Committee, the Indiana Immunization Coalition, and Cervical Cancer-Free Indiana jointly hosted a free educational symposium and awareness rally at the Indiana State Capitol. This educational event was collaboratively planned by over a dozen Indiana organizations and shared the necessary resources and information to increase cervical cancer prevention, research, and awareness. Over 90 people from around the state convened at the statehouse to listen to researchers from the Indiana University School of Medicine, survivor stories, and legislators including Indiana State House Representatives Ed Clere, District 72, and Sue Errington, District 34.

FEBRUARY 2014

**DISTRICT 6 BREAST HEALTH SUMMIT:** The ICC District 6 Cancer Control Coalition hosted a Breast Health Summit at the Henry County Fairgrounds. The summit incorporated several different topics including an overview of the state and local resources available for working professionals, an understanding of the unique needs of the breast cancer patient, and the effects patient navigators and community health workers can have on cancer patients. Over 50 health professionals attended the summit from nine different counties (seven of which were from the District 6 area).

MARCH 2014

**ACTIVE LIVING RESEARCH CONFERENCE:** Representatives from Health by Design, ICC, and the Indiana State Department of Health Cancer Control Section presented *Built Environment Strategies for Cancer Prevention and Control* at the 2014 Active Living Research Conference in San Diego. The presentation discussed the important and effective partnership between the ICC, Cancer Control Section, and Health by Design, and how through these relationships, we are able to support Complete Streets policies happening in Indiana.

**HEALTH CARE REFORM PANEL 2013 ANNUAL MEETING**

**DR. OTIS BRAWLEY**
AMERICAN CANCER SOCIETY, CHIEF MEDICAL AND SCIENTIFIC OFFICER
2013 ANNUAL MEETING
identifying the cancer burden

The American Cancer Society estimates that cancer will claim approximately 13,370 lives this year throughout Indiana. Progress continues to be made in the early detection and treatment of certain cancers, and the incidence and mortality rates of some cancers are declining. However, cancer remains the second leading cause of death in Indiana, and approximately two in five Hoosiers now living will eventually have cancer — suggesting every Hoosier has, or will have, a personal connection to cancer.

Therefore, a significant cancer burden exists among Hoosiers that requires continued, targeted cancer control efforts. In fact, nearly 65 percent of cancer cases and 33 percent of cancer deaths could be prevented through lifestyle changes such as eliminating tobacco use, improving dietary habits, exercising regularly, maintaining a healthy weight, obtaining early detection cancer screenings, and obtaining timely and appropriate treatment.

timeline of notable coalition and committee activities:

2013-2014

CANCER AWARENESS TOOLKITS: The ICC Data Committee partnered with the Indiana State Department of Health to create and regularly update 10 cancer specific toolkits. Currently, the ICC has toolkits for general cancer, breast cancer, cervical cancer, childhood cancer, colorectal cancer, lung cancer, melanoma/skin cancer, ovarian cancer, prostate cancer, and the cancer burden among African-Americans. The toolkits are updated with current state cancer registry and Behavioral Risk Factor Surveillance System (BRFSS) data, relevant fact sheets, and additional resources.

JULY 2013

SKIN CANCER INFOGRAPHIC: The ICC Data Committee reminds us of proper sun safety in the infographic titled Exposing Skin Cancer. This data visualization unveils all the good and bad that can happen with sun safety and skin cancer in only 10 minutes. The infographic shares key information on skin cancer risk factors, self-screening, and tanning bed restrictions nationwide. Data for the Exposing Skin Cancer infographic was compiled from a number of resources including the Indiana State Cancer Registry, the Indiana BRFSS, the American Cancer Society’s Cancer Facts and Figures 2013, and the CDC. Keep up with all of our infographic designs at IndianaCancer.org.

Full infographic can be found at IndianaCancer.org.
**JANUARY 2014**

**CANCER AND OBESITY REPORT:** The Cancer Control Section at the Indiana State Department of Health developed *The Burden of Obesity Related Cancers and the Promotion of Physical Activity in Indiana* which outlines policy, systems, and environmental change strategies that provide increased opportunities for physical activity in adults and children by making the healthy choice the easy choice. The report educates communities, organizations, school districts, employers, and decision makers about the burden of obesity-related cancers and the current state of physical activity and overweight and obesity trends in Indiana. The ICC Advocacy Committee and ICC Data Committee are helping to disseminate the report findings and educate partners about evidence-based strategies aimed at improving levels of physical activity in community and school settings.

Percent Obese Adults (age 20+), by County of Residence in Indiana, 2004 and 2009*

**MARCH 2014**

**REGIONAL DATA PRESENTATIONS:** The ICC District 6 Regional Cancer Control Coalition invited the Cancer Epidemiologist and Cancer Surveillance Section Director from the Indiana State Department of Health to present on the burden of cancer in the District 6 area. A record number of members attended this meeting to learn about the most current cancer data concerning their communities. Several main points were concluded from the presentation such as the counties that are at the highest risk for potential years of life lost due to cancer. Attendees were also introduced to the Indiana State Cancer Registry Online Data Report Generator.

**APRIL 2015**

**INDIANA CANCER FACTS AND FIGURES 2015:** A collaborative effort of the ICC Data Committee, the American Cancer Society Lakeshore Division, and the Indiana State Department of Health, the *Indiana Cancer Facts and Figures 2015* will mark the fourth installment of the burden report, which is released every three years. The report includes the most up-to-date cancer information available and identifies current cancer trends and their potential impact on Indiana residents. The ICC uses the report to measure Indiana’s progress toward meeting the goals and objectives outlined in the *Indiana Cancer Control Plan*. This publication is an exemplary application of collaboration in public health. Please let us know if you or your organization is interested in taking part in this process.
implementing evidence-based health interventions

Connecting Indiana’s private, public, and non-profit sectors, our organization leverages a collective knowledge and expertise from Indiana’s leaders to make a difference in cancer through a collaborative process. The ICC functions as an opportunity to identify specific disease burdens facing our state and communities, and as a stimulus for effective, collaborative action.

**timeline of notable coalition and committee activities:**

**2013-2014**

**EMPLOYER GOLD STANDARD:** Hoosier employers are invited to take an active part in the ICC Employer Gold Standard. This free certification program establishes the workplace as a key way to reach average-risk, age appropriate adults for screenings that lead to prevention and early detection. The Breast and Cervical Cancer Committee has hosted, and will continue to host, webinars informing employers about how cancer screenings can decrease healthcare costs, reduce cancer morbidity and mortality, and increase productivity. The ICC looks forward to recognizing the first Gold Standard employers in 2014.

**MAY 2013**

**BROWN CIGARETTES REPORT:** The ICC Advocacy Committee and the Little Red Door Cancer Agency partnered to release the Brown Cigarettes Report. While brown cigarettes are sold in packs of 20, and are the same diameter, length, and shape as regular cigarettes, they are taxed as “other tobacco products.” Under Indiana tax law, other tobacco products are taxed at 24 percent of the wholesale price, while regular cigarettes have a state excise tax of $0.995 cents per pack. The Brown Cigarettes Report educates public health professionals, decision makers, medical professionals, and the general public about the dangers of brown cigarettes and the evidence-based strategies to reduce consumption among youth in Indiana.

**JUNE 2013**

**CANCER PREVENTION IN SCHOOL:** The ICC Primary Prevention Committee supports initiatives related to physical activity and improved nutrition in schools. The committee funded a mini-grant program to two community schools in Indiana. The grants supported a walking trail and cancer memorial garden in one school and a community garden project in another school. The trail opened in November and includes messages educating about the benefits and importance of physical activity, and highlights the link between physical activity and cancer risk.

Help implement activities like these by becoming a member at Indianacancer.org!
CERVICAL CANCER AWARENESS:

As part of the Rally at the Rotunda event during National Cervical Cancer Awareness Month, the ICC Advocacy Committee Human Papillomavirus (HPV) Task Force put together three HPV toolkits – one specific to patients, one specific to providers, and one specific to parents of juvenile patients. Similar to other ICC toolkits, each contained relevant data, information, and resources. The toolkits were made available during the rally event, and have been shared through the ICC website.

MEDIA ADVOCACY TRAININGS: The Indiana Tobacco Prevention and Cessation Commission, the Indiana Complete Streets Coalition, and the ICC Advocacy Committee hosted two free media advocacy trainings. The trainings covered advocacy topics including Spokesperson 101, building relationships with local media, social media advocacy, and breakout sessions that focused on the latest policy efforts for both tobacco prevention and cessation and Complete Streets. The events took place in Gibson County and LaPorte County.

SCREENING RESOURCES: In 2012, among Indiana adults, roughly 73.2 percent of women ages 18 and older received a pap screening during the past three years, and 67.7 percent of women ages 40 and older had a mammography screening during the past two years. These numbers show there is a consistent group of females who are not being screened. In response, the ICC Breast and Cervical Cancer Committee developed tools, which can be found on the ICC website, for health care providers to use while discussing screening options with women. Resources include an interactive asset map to find local screening providers and a flow chart to identify programs for under or uninsured populations.

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The ICC strives to gather and use member feedback to guide and strengthen our coalition. A subcommittee of the ICC, called the Evaluation Advisory Group (EAG), was formed in 2013 to oversee all of the evaluation activities, to ensure that evaluation findings lead to recommendations and – most importantly – to see that those recommendations lead to action. To this end, the EAG developed an Evaluation Action Plan that it completes with the ICC Steering Committee following each key evaluation activity. Two key evaluation activities that occurred during the last year are two surveys of members and partners: the ICC Member Satisfaction Survey (July 2013) and the Partner Organization Survey (December 2013).

**member satisfaction survey**

The purpose of the annual ICC Member Satisfaction Survey is to assess stakeholders’ degree of satisfaction with the structure, leadership, resources, communication, and impact of the ICC. In July 2013, 78 of the ICC’s members, partners, and collaborators completed this survey. Of those who responded to the survey, most (83%) are members of the ICC. The information collected through the Satisfaction Survey is used by the Steering Committee to strengthen and grow the ICC and to find better ways to serve the membership.

Respondents identified collaboration and partnership as the greatest benefit to ICC membership, with networking and access to up-to-date information about cancer-related issues as the second and third greatest benefits, respectively. Overwhelmingly, the biggest challenge to participation cited was lack of time and competing priorities. Based on the survey findings, four action items were developed by the ICC Steering Committee and are currently underway, including:

- Beefing up recruitment and new member communication materials
- Cataloguing members interests and skills
- Using member information to identify potential committee members
- Working to increase member engagement among members living outside of Central Indiana and from other sectors

**partner organization survey**

The purpose of the Partner Organization Survey is to assess the extent to which ICC partner organizations are addressing the goals, objectives, and strategies outlined in the Indiana Cancer Control Plan. The Partner Organization Survey is administered bi-annually, most recently in December 2013. The survey recruitment process was modified so that only one representative from each member organization (or, a representative from each division of very large member organizations) was invited to complete the survey. A total of 40 respondents completed the survey.

Survey results are being used to understand implementation practices among member organizations and their efforts as they relate to the Indiana Cancer Control Plan, to identify gaps in implementation of the Plan, and to develop strategies to redouble efforts where necessary. The Steering Committee is reviewing survey results to identify areas on which additional focus is needed and then communicates those needs to the appropriate committees and partners. The information is also being used to develop strategic priorities for member recruitment and engagement. Through this information, the ICC can better position itself to ensure that all of the objectives detailed in the Indiana Cancer Control Plan are being addressed throughout the state.

In addition to the level of engagement in each goal area being high, the average levels of engagement among objectives within each goal area were high. In other words, participants reported being engaged in multiple objectives and strategies, in addition to multiple goal areas. The goal area with the highest average level of engagement in all objectives was Early Detection, followed by Quality of Life. The goal areas with the lowest average engagement in all objectives (among survey participants) were Data, Advocacy, and the Primary Prevention subareas of Breastfeeding and Healthy Sexual Behavior.

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Table 1 illustrates the percentage of responding agencies that are addressing Indiana Cancer Control Plan goal areas.

<table>
<thead>
<tr>
<th>Goal Area</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Primary Prevention</td>
<td>60%</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>83%</td>
</tr>
<tr>
<td>Early Detection</td>
<td>73%</td>
</tr>
<tr>
<td>Advocacy</td>
<td>45%</td>
</tr>
<tr>
<td>Data</td>
<td>41%</td>
</tr>
<tr>
<td>Primary Prevention</td>
<td></td>
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<tr>
<td>Quality of Life</td>
<td></td>
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<td>Early Detection</td>
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<tr>
<td>Advocacy</td>
<td></td>
</tr>
<tr>
<td>Data</td>
<td></td>
</tr>
</tbody>
</table>

The survey asks respondents to select goals, objectives, and strategies in the Indiana Cancer Control Plan on which their organizations are working.
The ICC is proud of the accomplishments of our partner organizations, and is aware of the impact these accomplishments have in saving lives and building a sustainable direction for cancer prevention and control. Therefore, the ICC Steering Committee is delighted to announce the first Hoosier Stories of Success in Cancer Prevention and Control as a way to share the accomplishments of ICC partner organizations. We hope that others are able to learn from these accomplishments and further adapt strategies from the Indiana Cancer Control Plan to align with individual program goals.

LITTLE RED DOOR
CANCER AGENCY:
HURU Tobacco Education Program

Every day an estimated 3,800 kids in the United States will smoke their first cigarette. Eighty percent of smokers started when they were teenagers, and 99 percent of smokers started before the age of 26. According to the 2011 Indiana Youth Risk Behavior Survey, 18 percent of Indiana high school students smoke. Those who become lifelong smokers will die about 13 years earlier than non-smokers from lung and other cancers as well as a host of diseases linked to tobacco use.

As Indiana’s oldest and largest independent cancer agency, Little Red Door Cancer Agency (LRD) felt compelled to change these statistics. HURU (or rather Who Are You?) is a free, multi-media tobacco education program that LRD offered to central Indiana middle schools in the spring of 2013.

HURU is a one session, interactive presentation led by trained peer educators from local colleges/universities. The presentation, designed to help students make informed decisions, covers many topics, including: meaningful statistics, health consequences, side effects, impact on family, financial impact, the addiction process, chemicals in cigarettes, tobacco industry marketing, heroes in the fight against tobacco, dangers of secondhand smoke, and resources to quit. Pre- and post-tests are used to measure self-reported knowledge and intent to be tobacco free. HURU closely aligns with several of Indiana’s Academic Standards for Health Education for middle school, and additional resources are provided to the teachers to extend tobacco-free messages through science, math, creative writing, or art projects.

Assessing students’ knowledge about tobacco is a vital part of the program. During HURU’s pilot year, LRD engaged five school districts, conducted 37 presentations, and interacted with 1,179 students. Data from the pilot year showed a 36 percent increase in student knowledge on tobacco. Ninety-three percent of the students agreed or strongly agreed with the statement “I have made the choice to be tobacco free.” A teacher at Plainfield Middle Community School shared that of the five students who had admitted to him that they smoked, four of them told him after the HURU presentation that they were going to quit.

Youth education is part of a comprehensive, evidence-based approach to lowering tobacco use. HURU strives to maintain and decrease smoking rates among Indiana middle and high school students, as well as increase the proportion of students not exposed to secondhand smoke by exposing tobacco industry tactics and risks of secondhand smoke. In 2014, LRD expects to share HURU with twice as many central Indiana schools and students in an effort to encourage many more students to choose a tobacco-free identity.

LRD’s mission is to reduce the physical, emotional, and financial burdens of cancer for medically underserved residents of central Indiana. One critical way LRD is reducing the cancer burden is with a strong focus on cancer prevention among our youth.
BUTLER UNIVERSITY: Increasing Cancer Screenings Through the Workplace

In 2013, Butler University’s Employee Health and Wellness Program, Healthy Horizons, partnered with the Cancer Control Section at the Indiana State Department of Health for the Workplace Cancer Screening Initiative. This pilot program focuses on the workplace as an important setting for cancer prevention and screening interventions. As part of the initiative, Healthy Horizons chose to focus on colorectal cancer for the following reasons:

- It affects both men and women;
- The screening rate for colon cancer is only 24 percent among eligible participants at Butler University; and
- General concerns of the safety of a colonoscopy expressed by employees.

As part of this initiative, patients are educated on colorectal cancer risk, basic lifestyle and dietary recommendations for prevention, and the benefits of screening and early detection through Annual Wellness Consultation appointments. Patients 49 years of age and older are provided additional counseling and education regarding colorectal cancer risk factors, signs and symptoms, and recommended screening options.

With these goals in mind, Healthy Horizons created a birthday card campaign that provides basic age-based screening recommendations for men and women, and invites employees to make an appointment with Healthy Horizons for their Annual Wellness Consultation. The intention for the birthday card campaign was not only to provide employees with screening recommendations, which they could also share with family members, but to invite employees who may have had no previous exposure to the services provided by Healthy Horizons to make an appointment for a consultation.

Since the implementation of the birthday card reminders, Healthy Horizons has provided basic screening and lifestyle recommendations to 129 patients and provided additional counseling and colorectal cancer screening to 15 patients who met the age requirements. In addition, at least 13 employees have been established as new patients due to receiving their birthday card.

As a result of this intervention, Healthy Horizons has received several comments from employees who are grateful to see programs like this being offered in the workplace. For example, this message was received from an employee:

“As a colon cancer survivor (at the age of 45), and after losing several family members to this horrible disease, I am glad to see this program being offered. This is not an easy subject to get people excited about, but it literally can save a life. Thanks for doing this.”

The next step for this program is to enhance these efforts to include the creation of a cost comparison tool for employees to use when it is time to complete a colorectal cancer screening. This tool will include basic cost information for available colorectal cancer screenings, as well as costs for local facilities based on Butler’s Anthem insurance and United Healthcare. This tool will continue to break down the barriers patients face when deciding to get screened for colorectal cancer. By providing patients with education, screening options, and pricing information, we hope to not only empower patients to follow through with the decision to get screened for colorectal cancer and encourage their family members to do the same, but ultimately, to help the ICC reduce the burden of cancer in Indiana.
INDIANA UNIVERSITY
HEALTH BALL MEMORIAL:
Making Cancer Screenings More Accessible in East Central Indiana

Indiana Cancer Control Plan Focus: Early Detection

- Objective 4: Increase the percentage of women 18 and older who have had a Pap smear in the last three years.
- Objective 5: Reduce barriers to screening and diagnostic services for disparate populations.

Cervical cancer affects an average of 258 Hoosier women each year. According to the Indiana Cancer Facts and Figures 2012 report, during 1999-2008, the incidence rate for cervical cancer decreased; however, the mortality rate remained constant. Cervical cancer is almost 100 percent preventable through routine screening with a Pap test and a human papillomavirus (HPV) test, avoidance of controllable risk factors, and vaccination against HPV.

According to the 2012 Behavioral Risk Factor Surveillance System, at 73.2 percent, Indiana ranks 47th in the nation for women ages 18 and over who have had a Pap test within the past three years. Barriers such as office co-pay or a lack of adequate insurance, inconvenient hours, or limited access to healthcare are often cited. Indiana University Health (IUH) Ball Memorial Hospital – including the IUH Ball Memorial Cancer Center, Family Medicine Residency Center, Ball Memorial Hospital Foundation and Lab – worked with Little Red Door Cancer Services of East Central Indiana to make screening available to more women in East Central Indiana by focusing on those with limited or no insurance.

The Cervical Cancer Screening Planning Committee was established to raise awareness for cervical cancer and offer screening to women. Thanks to partnerships, a free breast and cervical cancer screening was offered on September 5, 2013.

Sixty-seven women took part in the free cervical cancer screening. Sixty-nine percent of those women reported having no insurance, and 20 percent of the women had not had a Pap test in the last five years.

While screening is important, it is also imperative that women with abnormal findings receive appropriate follow-up care. The committee worked together to ensure this was part of the process. All women received lab reports of their Pap test results along with a letter outlining any next steps necessary. The Family Medicine Residency Center provided follow-up testing for all abnormal Pap test findings.

Below are quotes from partner agencies:

“The partnership between the Cancer Center, the Little Red Door Cancer Services of East Central Indiana, IU Health Labs, and the Family Medicine Residency Center stands apart because it combines the strengths of each organization to best serve the people in our community. The screenings are held on one night, in one location, and in a very efficient manner. There is on-site access to the breadth of services that may otherwise not be available to individuals, especially those without insurance or a way to pay for preventive care. In addition to assisting our community, there is tremendous benefit to the residents who participate in the screening event, as they are exposed to the value of collaboration and better understand how a team approach to health care can truly impact a community. They are learning efficiency in patient care, health care systems analysis, economics of health care delivery, and best practices in evidence-based care…all the while learning how to be compassionate and attend to the unique needs of each individual participating in our combined event.”

– Dr. Jennifer Bunch, IUH Ball Memorial Hospital Family Medicine Residency Center

“Improving access to healthcare is one of IUH Ball Memorial Hospital Foundation’s five community outreach priority areas. It was identified as a need in the most recent community health needs assessment. The Foundation’s financial support of breast and cervical screenings is an important initiative to improve access to care for the underserved in our community. It also upholds our mission to support activities which promote excellence in wellness and healthcare services for the people of East Central Indiana.”

– Tricia A. Stanley, President IUH Ball Memorial Hospital Foundation

“The opportunity to extend the partnership to include breast exams along with cervical cancer screenings is another example of how collaboration not only saves resources, but directly benefits our medically underserved community. Women who rarely visit a physician due to lack of income or insurance, or a variety of other reasons, are grateful to be able to receive these two valuable screenings.”

– Cheryl Mathews, Cancer Services East Central Indiana/Little Red Door
 Seeing Spots

When it comes to skin cancer and melanoma, prevention and early detection may mean the difference between life and death. However, most medical school students who are not focused on dermatology as a specialty receive little dermatologic training while in medical school. A scenario arises where some graduates do not always know how to recognize skin cancer and, as a result, provide a disservice to their patients who rely on them. When patients’ skin cancers finally are detected, they may have advanced to late stages, requiring costly and systemic treatment. Unfortunately, this could even cost patients their lives.

Outrun the Sun, Inc. (OTS), an Indianapolis-based non-profit organization supporting skin cancer education and melanoma research, recognized that all medical school students need to receive proper dermatologic training to better serve their future patients’ needs. Partnering with the Indiana University School of Medicine (IUSM) Department of Dermatology, OTS initiated, and supported, an expanded dermatologic curriculum. IUSM faculty member, Lawrence Mark, M.D., Ph.D., managed the development of the program, which includes clinical, classroom, and online components. As a result, all IUSM students now receive some form of dermatologic training each year. Together, OTS and the IUSM Department of Dermatology are in the process of packaging the curriculum for distribution to medical schools nationwide.

Taking this program one step further, OTS and IUSM now are poised to create and accredit a dermatologic continuing medical education program for practicing physicians. The goal of the continuing medical education program is twofold:

- To compel physicians to discuss sun safety and skin cancer prevention with their patients; and
- To educate physicians about skin cancer: how to recognize it, differentiate among the different types, and approach treatment options.

Due to the collaboration between OTS and the IUSM Department of Dermatology, new generations of physicians will be trained to detect skin cancer in its earliest stages, leading to better outcomes for patients. Furthermore, the expansion of the program will better educate and prepare practicing physicians in the prevention and detection of skin cancer and melanoma.

Quotes from Partner Organizations:

“Detecting skin cancer in its earliest stages must be a combined effort between patients and their medical professionals. When a patient is proactive and visits a doctor because of a skin issue, that physician needs to be confident in his or her assessment of the situation. Our program helps strengthen the physician’s ability to provide a correct diagnosis.”

--Anita J. Day, Co-founder and Executive Director, OTS, Inc.

“The incidence of melanoma is increasing and we felt that it was very important for our medical students to get better training at recognizing melanoma, particularly in the early stages when it is more curable. This melanoma training program is unique because it is comprehensive and spans all four years of the students’ medical education.”

--Lawrence A. Mark, M.D., Ph.D.
Charles W. Lewis Investigator and Assistant Professor of Dermatology
Wishard Dermatology Service Chief

This program was supported by the William Paul Peterson Melanoma Education Fund at OTS.
The Schneck Medical Cancer Center is invested in improving the quality of life for cancer patients, survivors, and their families. Part of this effort includes an interdisciplinary palliative care team that improves the process of symptom burden management. This team is made up of a palliative care nurse practitioner, a registered nurse, a medical director who is a hospitalist board certified in internal medicine, a chaplain, a psychologist, and a social worker.

Recent patient satisfaction surveys identified a need to better recognize symptom burdens and provide patients with earlier interventions to improve this burden. Based on feedback, the National Comprehensive Cancer Network distress tool was implemented. Cancer treatment patients are asked to complete this tool each time they see the physician and receive treatment. This allows patients to communicate their level of concern for financial, psychosocial, spiritual, and physical needs on a scale from one to ten. Modifications in the electronic medical record (EMR) allow patient responses to be recorded into the EMR. The system is then set to produce an automatic referral to the appropriate interdisciplinary palliative care team member for any responses greater than five.

A retrospective review of our interdisciplinary palliative care team consultations over a six-month period demonstrated that 47 outpatient cancer patients were referred to the interdisciplinary palliative care team.

Of those, 89 percent were referred for symptom management, and 13 percent for patient and family education. The top three symptoms included pain (68 percent), anxiety (17 percent), and nausea (4 percent). The top three cancers were breast (23 percent), lung (23 percent), and colorectal (13 percent). Referrals to the interdisciplinary team included social work (47 percent), chaplain (33 percent), and psychologist (23 percent).

Additionally, with the utilization of the Edmonton Symptom Assessment System, symptom management continues after treatment during palliative care assessments.

Since we began this process, patients have recorded improved symptom scores, which indicates fewer symptoms, and therefore a better quality of life. Our interdisciplinary palliative care team members, as well as our oncology nurses, were vital in the implementation and follow through of symptom management tools. The patient satisfaction scores are now in the 99th percentile, mainly due to this initiative. Through improving the quality of life for our cancer patients, we have also improved the lives of their families, friends, and community.