

Indiana Cancer Control Plan, 2021-2022

Data Compendium

Contents

About this Document.....	1
Data Sources.....	1
Primary Measures.....	4
GOAL AREA: Primary Prevention	4
Objective 1: Increase percentage of Hoosiers at a healthful weight.....	4
Objective 2: Reduce percentage of Hoosiers who use tobacco.....	4
Objective 3: Reduce exposure to UV rays.....	5
Objective 4: Increase completion rates for vaccines that have been shown to reduce cancer.....	5
Objective 5: Reduce radon exposure.....	6
GOAL AREA: Early Detection.....	6
Objective 1: Increase rates of evidence-based cancer screenings.....	6
GOAL AREA: Treatment	7
Objective 1: Decrease variation in cancer treatment by improving adherence to evidence-based standards of care	7
Objective 2: Increase participation in clinical trials	7
Objective 3: Increase the number of updated advance care planning documents for all cancer patients.....	7
GOAL AREA: Survivorship.....	8
Objective 1: Increase the delivery of comprehensive, individualized survivorship care plans.....	8
Objective 2: Decrease the number of reported unhealthy days among cancer survivors.....	8
Objective 3: Improve healthy lifestyle behaviors of cancer survivors	9
Secondary Measures.....	9
GOAL AREA: Primary Prevention	9
GOAL AREA: Early Detection.....	11
GOAL AREA: Survivorship.....	11

About this Document

Developed by the Indiana Cancer Consortium and funded by Centers for Disease Control and Prevention, the *Indiana Cancer Control Plan 2021-2022 (ICCP 2021-2022)* is a comprehensive roadmap for actions that will guide cancer control efforts and promote collaboration between organizations and the citizens of Indiana. The plan consists of four primary focus areas: primary prevention, early detection, treatment, and survivorship. Each section has an overarching goal, and supporting objectives and strategies, which adhere to evidence-based interventions and scientific studies.

Progress toward the objectives outlined in the *ICCP 2021-2022* will be monitored via a set of primary and secondary measures. The primary measures are included in the *ICCP 2021-2022* and were determined to be the measures that best summarize progress. While not included in the *ICCP 2021-2022*, the secondary measures provide relevant information and are also tracked. The document below includes separate sections for primary measures, organized by goal and objective, and secondary measures. The document also includes the baseline numbers and years for each measure and will be updated regularly to include recent data points for each measure.

Data Sources

The primary and secondary measures used to monitor progress toward the objectives outlined in the *ICCP 2021-2022* come from the following sources.

Behavioral Risk Factor Surveillance System (BRFSS)

Centers for Disease Control and Prevention, U.S. Department and Health & Human Services

BRFSS is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. BRFSS collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world. Raw response data are weighted to known proportions of age, race/ethnicity, sex, and geographic region to more accurately represent the statewide population. In the state of Indiana, approximately 4,500 -10,000 adults are surveyed annually, though some questions are asked on a biennial basis.

Cancer Program Practice Profile Reports (CP³R)

National Cancer Database, Commission on Cancer, American College of Surgeons

The Web-based CP³R offers local providers comparative information to assess adherence to and consideration of standard of care therapies for major cancers. This reporting tool provides a platform from which to promote continuous practice improvement to improve quality of patient care at the local level and also permits hospitals to compare their care for

these patients relative to that of other providers. The aim is to empower clinicians, administrators, and other staff to work cooperatively and collaboratively to identify problems in practice and delivery and to implement best practices that will diminish disparities in care across Commission on Cancer (CoC)-accredited cancer programs. CP³R currently reports 23 quality measures covering 9 primary sites.

Indiana Youth Tobacco Survey (IYTS)

Tobacco Prevention and Cessation Commission, Indiana State Department of Health

The IYTS is the most comprehensive, statewide representative source of tobacco-related behaviors and the only source of such data for middle school students (grades 6-8) in Indiana. The IYTS uses a standard set of questions and procedures developed by the Centers for Disease Control and Prevention (CDC) for surveys on adolescent tobacco use. The IYTS has previously consisted of 75-100 questions covering prevalence, demographics, smoking initiation and cessation, secondhand smoke exposure, tobacco access and purchasing, attitudes and beliefs, and family and social influences. Results from the IYTS can therefore be compared against results from other states as well as the National Youth Tobacco Survey. The Tobacco Prevention and Cessation Commission conducts the YTS throughout the state for grades 6-12. The samples are divided between middle school (grades 6-8) and high school (9-12). Since 2000, the IYTS has been conducted on a biennial basis, during even years, with data available to the public the following year.

National Immunization Survey (NIS)

National Center for Immunization and Respiratory Diseases (NCIRD), Centers for Disease Control and Prevention, U.S. Department and Health & Human Services

The NIS provide current, household, population-based, state and local area estimates of vaccination coverage among children and teens using a standard survey methodology. The surveys collect data through telephone interviews with parents or guardians in all 50 states, the District of Columbia, and some U.S. territories. Landline and cell phone numbers are randomly selected and called to enroll one or more age-eligible child or teen from the household. The parents and guardians of eligible children are asked during the interview for the names of their children's vaccination providers and permission to contact them. With this permission, a questionnaire is mailed to each child's vaccination provider(s) to collect the information on the types of vaccinations, number of doses, dates of administration, and other administrative data about the health care facility. Estimates of vaccination coverage are determined for child and teen vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP), and children and teens are classified as being up-to-date based on the ACIP recommended numbers of doses for each vaccine. The NIS is conducted annually.

National Immunization Survey-Teen (NIS-Teen)

National Center for Immunization and Respiratory Diseases (NCIRD), Centers for Disease Control and Prevention, U.S. Department and Health & Human Services

Launched in 2006 as a supplement to the NIS, the NIS-Teen monitors vaccination coverage among teens (age 13-17) at the national, state, selected local levels, and some in U.S. territories. The NIS-Teen includes coverage of the following routine adolescent vaccines tetanus, diphtheria, acellular pertussis (Tdap), meningococcal conjugate (MenACWY), human papillomavirus (HPV), influenza vaccine (Flu). The NIS-Teen is conducted annually.

National Survey of Children's Health (NSCH)

Maternal and Child Health Bureau, Health Resources and Services Administration in partnership with National Center for Health Statistics, Centers for Disease Control and Prevention, U.S. Department and Health & Human Services

The National Survey of Children's Health (NSCH) was conducted three times between 2003 and 2012 and annually as of 2016/2017. It provides rich data on multiple, intersecting aspects of children's lives—including physical and mental health, access to quality health care, and the child's family, neighborhood, school, and social context. The NSCH was conducted using telephone methodology and including a sample size of 91,000-102,000 non-institutionalized children age 0-17 nationally, including 1,800-2,200 respondents per state.

Youth Risk Behavior Surveillance System (YRBSS)

Centers for Disease Control and Prevention, U.S. Department and Health & Human Services

The YRBSS biennial survey of youth that was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. In addition, the YRBSS monitors the prevalence of obesity and asthma and other priority health-related behaviors plus sexual identity and sex of sexual contacts. From 1991 through 2015, the YRBSS has collected data from more than 3.8 million high school students nationally. The YRBSS is conducted during odd years, with data available to the public the following year. Indiana-specific data are not available for some years, including 2017, due to sample sizes that were too small to weight accurately.

In addition to these data, the *ICCP 2021-2022* includes radon-related measures for which data are provided directly by the Indiana State Department of Health Environmental Health Division.

As data are not available or accessible to measure all of the objectives in the *ICCP 2021-2022*, there are several developmental measures included in the Plan. These are measures that are still under development as data sources are working to be identified. Developmental measures are indicated as such in the document.

Primary Measures

GOAL AREA: Primary Prevention

Objective 1: Increase percentage of Hoosiers at a healthful weight

Adults at a healthy weight is the percentage of adults ages 18 and over who have a body mass index (BMI) between 18.5 and 24.9.

Baseline: 31.0% (2016) Target: 35.3% Update: 28.8% (2019)

Source: Behavioral Risk Factor Surveillance System

Youth at a healthful weight is the percentage of youth ages 10 to 17 who have a BMI in the 5th to 84th percentile for their age and gender.

Baseline: 60.3% (2015) Target: 70.4% Update: 54.7% (2019)

Source: National Survey of Children's Health

Objective 2: Reduce percentage of Hoosiers who use tobacco

Adults who use cigarettes is the percentage of adults ages 18 and over who currently smoke cigarettes every day or some days. The target for this measure was chosen to align with the corresponding target in the Indiana Tobacco Control Strategic Plan.

Baseline: 21.1% (2016) Target: 18.0% Update: 19.1% (2019)

Source: Behavioral Risk Factor Surveillance System

Adults who use other tobacco products is the percentage of adults ages 18 and over who currently use smokeless tobacco (chewing tobacco, snuff, or snus) every day or some days. E-cigarettes are not included.

Baseline: 4.1% (2016) Target: 1.7% Update: 4.6% (2019)

Source: Behavioral Risk Factor Surveillance System

Current smoking among high school youth is the percentage of high school youth (ages 13-17) who smoked cigarettes on one or more of the past 30 days.

Baseline: 8.7% (2016) Target: 5.0% Update: 4.3% (2018)

Source: Indiana Youth Tobacco Survey

Youth using combustible is the percentage of high school youth (ages 13-17) who used combustible tobacco products on one or more of the past 30 days. Combustible tobacco products include cigarettes, pipe, cigar/cigarillos/little cigars, hookah, bidis, and flavored cigars/cigarettes. E-cigarettes are not included.

Baseline: 14.4% (2016) Target: 10.0% Update: 10.1% (2018)

Source: Indiana Youth Tobacco Survey

Youth using non-combustible is the percentage of high school youth (ages 13-17) who used non-combustible tobacco products on one or more of the past 30 days. Non-combustible tobacco products include smokeless tobacco, snus, and/or dissolvable tobacco. E-cigarettes are not included.

Baseline: 6.4% (2016) Target: 3.5% Update: 20.2% (2018)

Source: Indiana Youth Tobacco Survey

Use of e-cigarettes among high school youth is the percentage of high school youth (ages 13-17) who used e-cigarettes or other electronic vapor products on one or more of the past 30 days.

Baseline: 10.5% (2016) **Target: 7.0%** **Update: 18.5% (2018)**

Source: Indiana Youth Tobacco Survey

Objective 3: Reduce exposure to UV rays

[Developmental] **Adults who protect their skin from the sun when spending time outdoors**

Baseline: TBD **Target: TBD**

Source: TBD

[Developmental] **Adults who used indoor tanning device in the last 12 months**

Baseline: TBD **Target: TBD**

Source: TBD

Youth who wear sunscreen most of the time is the percentage of high school youth (ages 13-17) who responded ‘always’ or ‘most of the time’ to a question about how often they wear sunscreen with an SPF of 15 or higher when outside for more than an hour on a sunny day. The target for this measure was chosen to align with the corresponding target for Healthy People 2020.

Baseline: 8.4% (2015) **Target: 11.2%** **Update: 2019 data unavailable**

Source: Youth Risk Behavior Surveillance System

Objective 4: Increase completion rates for vaccines that have been shown to reduce cancer

Females (13-17 years old) HPV vaccination is the percentage of females ages 13-17 who are up-to-date on their HPV series based on required number of doses for completion (2-doses separated by 5 months [minus 4 days] for immunocompetent adolescents initiating the series before their 15th birthday and 3 doses for all others). The target for this measure was chosen to align with the corresponding target for Healthy People 2020.

Baseline: 43.5% (2016) **Target: 80.0%** **Update: 41.5% (2019)**

Source: National Immunization Survey-Teen

Males (13-17 years old) HPV vaccination is the percentage of males ages 13-17 who are up-to-date on their HPV series based on required number of doses for completion (2-doses separated by 5 months [minus 4 days] for immunocompetent adolescents initiating the series before their 15th birthday and 3 doses for all others). The target for this measure was chosen to align with the corresponding target for Healthy People 2020.

Baseline: 24.7% (2016) **Target: 80.0%** **Update: 40.9% (2019)**

Source: National Immunization Survey-Teen

Males and females (19-35 months) HepB vaccination is the percentage of youth ages 19-35 months who have completed the three-dose Hepatitis B vaccination series.

Baseline: 94.5% (2015) **Target: 99.5%** **Update: 92.1% (2018)**

Source: National Immunization Survey

Objective 5: Reduce radon exposure

Number of homes tested for radon is the number of lab results analyzed for homes tested for radon using home testing kits.

Baseline: 17,769 (2015) Target: 25,109 Update: 16,535 (2019)

Source: Indiana State Department of Health Environmental Health Division

Percentage of homes that test above/equal to 4.0 pCi/L that get mitigation is the percentage of homes that are tested for radon, test at or above the acceptable level of radon (4.0 pCi/L), and get mitigation through the state's Environmental Health Division.

Baseline: 16.6% (2015) Target: 44.3% Update: 12.9% (2019)

Source: Indiana State Department of Health Environmental Health Division

GOAL AREA: Early Detection

Objective 1: Increase rates of evidence-based cancer screenings

Females (50-74 years old) who have had a mammogram in the past two years is the percentage of women ages 50-74, within the U.S. Preventive Services Task Force's (USPSTF) recommended age range for breast cancer screening, who self-report that they have gotten a mammogram for breast cancer screening within the past two years, which is the recommended timeframe. Percentage of age-appropriate females who completed screening within its recommended timeframe calculated by the Indiana State Department of Health (ISDH). This question is asked only during even years. The target for this measure was chosen to align with the corresponding target for Healthy People 2020.

Baseline: 72.5% (2016) Target: 81.1% Update: 76.6% (2018)

Source: Behavioral Risk Factor Surveillance System

Females (21-65) who have had a Pap test within the last three years is the percentage of women ages 21-65, within the USPSTF's recommended age range for cervical cancer screening, who self-report that they have gotten a Pap test for cervical cancer screening within the last three years, which is the recommended timeframe. Percentage of age-appropriate females who completed screening within its recommended timeframe calculated by the ISDH. This question is asked only during even years. The target for this measure was chosen to align with the corresponding target for Healthy People 2020.

Baseline: 74.9% (2016) Target: 93.0% Update: 80.6% (2018)

Source: Behavioral Risk Factor Surveillance System

Adults (age 50-75) who have had a colonoscopy, flexible sigmoidoscopy, or blood stool test within the appropriate time frame is the percentage of all adults ages 50-75, within the USPSTF's recommended age range for colorectal cancer screening, who self-report that they have gotten at least one of the following screening procedures: colonoscopy in the past ten years, flexible sigmoidoscopy in the past five years, or blood stool test in the past year. Percentage of age-appropriate adults who

completed at least one screening within its recommended timeframe calculated by the ISDH. This question is only asked during even years. The target for this measure was chosen to align with the corresponding target for 80 by 2018.

Baseline: 64.6% (2016) **Target: 80.0%** **Update: 67.9% (2018)**

Source: Behavioral Risk Factor Surveillance System

[Developmental] **Adults (55-80 years) who have a 30 pack-year smoking habit and currently smoke or have quit within the past 15 years**

Baseline: TBD **Target: TBD**

Source: TBD

GOAL AREA: Treatment

Objective 1: Decrease variation in cancer treatment by improving adherence to evidence-based standards of care

Percent of CoC hospitals that meet or exceed standards met in Scorecard (Indiana as a whole) is the percentage of the Commission on Cancer (CoC) performance measures for Indiana that exceed the average of all CoC approved programs. Calculation based on 14 measures included in CoC report.

Baseline: 78.6% (2014) **Target: 100%**

Source: Commission on Cancer, National Cancer Database, Cancer Program Practice Profile Reports

[Developmental] **Percent of non-CoC hospitals that meet or exceed standards met in Scorecard (Indiana as a whole)**

Baseline: TBD **Target: TBD**

Source: TBD

Objective 2: Increase participation in clinical trials

Participation in clinical trials is the percentage of individuals who responded ‘Yes’ when asked if they participated in a clinical trial as part of their cancer treatment out of the individuals who reported that they have had cancer.

Baseline: 6.2% (2016) **Target: 10.0%** **Update: 3.9% (2018)**

Source: Behavioral Risk Factor Surveillance System

Objective 3: Increase the number of updated advance care planning documents for all cancer patients

[Developmental] **Number of updated advance care planning documents**

Baseline: TBD **Target: TBD**

Source: TBD

GOAL AREA: Survivorship

Objective 1: Increase the delivery of comprehensive, individualized survivorship care plans

Delivery of survivorship care plans is the percentage of adults ages 18 and over who reported that they have had cancer and responded ‘Yes’ to each of three questions related to survivorship care plans: ‘Yes’ when asked if a doctor, nurse, or other health professional ever gave them a written summary of all the cancer treatments they received; ‘Yes’ when asked if they ever received instructions from a doctor nurse, or other health professional about where they should return or whom they should see for routine cancer check-ups after completing their cancer treatment; and ‘Yes’ when asked if the instructions they received were written down or printed on paper for them. Composite analysis was completed by the ISDH. The baseline value was updated from earlier versions of the *ICCP 2018-2020* and *Data Compendium* to reflect changes in how this measure is calculated. The target for this measure was chosen to align with the corresponding target for CoC hospitals.

Baseline: 32.9% (2016) Target: 75.0% Update: 41% (2018)

Source: Behavioral Risk Factor Surveillance System

Objective 2: Decrease the number of reported unhealthy days among cancer survivors

Survivors who had the same or fewer poor mental health days over the past 30 days as people without cancer is the percentage of adults ages 18 and over who reporting having had any type of cancer, excluding skin cancer, who reported having the same or fewer number of poor mental health days in the previous 30 days as the average number of poor mental health days reported by adults without cancer. Individuals with skin cancer are excluded from the analysis of cancer survivors due to issues related to melanoma and non-melanoma types of skin cancer. The baseline value was updated from earlier versions of the *ICCP 2018-2020* and *Data Compendium* to reflect changes in how this measure is calculated. Analysis completed by the Indiana State Department of Health.

Baseline: 76.4% (2016) Target: 82.6% Update: 77.6% (2019)

Source: Behavioral Risk Factor Surveillance System

Survivors who had the same or fewer poor physical health days over the past 30 days as people without cancer is the percentage of adults ages 18 and over who reporting having had any type of cancer, excluding skin cancer, who reported having the same or fewer number of poor physical health days in the previous 30 days as the average number of poor physical health days reported by adults without cancer. Individuals with skin cancer are excluded from the analysis of cancer survivors due to issues related to melanoma and non-melanoma types of skin cancer. The baseline value was updated from earlier versions of the *ICCP 2018-2020* and *Data Compendium* to reflect changes in how this measure is calculated.

Baseline: 62.2 (2016) Target: 72.0% Update: 57.5% (2019)

Source: Behavioral Risk Factor Surveillance System

Objective 3: Improve healthy lifestyle behaviors of cancer survivors

Survivors at a healthy weight is the percentage of adults ages 18 and over who reported having had any type of cancer, excluding skin cancer, who with a Body Mass Index between 18.5 and 24.9. Individuals with skin cancer are excluded from the analysis of cancer survivors due to issues related to melanoma and non-melanoma types of skin cancer. Analysis completed by the ISDH.

Baseline: 28.0 % (2016) Target: 37.6% Update: 23.8% (2019)

Source: Behavioral Risk Factor Surveillance System

Survivors who currently use cigarettes is the percentage of adults ages 18 and over who reported having had any type of cancer, excluding skin cancer, whose currently use cigarettes every day or some days. Individuals with skin cancer are excluded from the analysis of cancer survivors due to issues related to melanoma and non-melanoma types of skin cancer. Analysis completed by the ISDH.

Baseline: 21.3% (2016) Target: 10.1% Update: 18.8% (2019)

Source: Behavioral Risk Factor Surveillance System

Secondary Measures

GOAL AREA: Primary Prevention

O1: Adults who are overweight is the percentage of adults ages 18 and over who have a BMI between 25.0 and 29.9.

Baseline: 34.7% (2016) Target: 32.1% Update: 33.8% (2019)

Source: Behavioral Risk Factor Surveillance System

O1: Adults who are obese is the percentage of adults ages 18 and over who have a BMI between 30.0 and 99.8.

Baseline: 32.5% (2016) Target: 28.4% Update: 35.3% (2019)

Source: Behavioral Risk Factor Surveillance System

O1: Youth who are overweight or obese is the percentage of youth ages 10 to 17 with a BMI in the 85th percentile or greater for their age and gender. Youth who are overweight is defined as BMI in 85th to 95th percentile for age and gender, while youth who are obese is BMI greater than the 95th percentile for age and gender.

Baseline: 33.9% (2015) Target: 25.0% Update: 36.6% (2019)

Source: National Survey of Children's Health

O2: Adults who use e-cigarettes is the percentage of adults ages 18 and over who currently use e-cigarettes or other electronic “vaping” products every day or some days.

Baseline: 4.7% (2016) Target: 3.0% Update: 6.7% (2018)

Source: Behavioral Risk Factor Surveillance System

O2: Adults who currently use cigars, cigarillos, or little cigars is the percentage of adults ages 18 and over who used these types of tobacco every day or on some days.

Baseline: 5.6% (2013) **Target: 3.0%**

Source: Behavioral Risk Factor Surveillance System

O2: Middle school youth who are current smokers is the percentage of middle school students who smoked cigarettes on one or more of the past 30 days. The target for this measure was chosen to align with the corresponding target in the Indiana Tobacco Control Strategic Plan.

Baseline: 1.8% (2016) **Target: 0.5%** **Update: 1.9% (2018)**

Source: Indiana Youth Tobacco Survey

O2: Middle school youth who use combustible tobacco products is the percentage of middle school students who used combustible tobacco products on one or more of the past 30 days. Combustible tobacco products include cigarettes, pipe, cigar/cigarillos/little cigars, hookah, and/or bidis. E-cigarettes are not included. The target for this measure was chosen to align with the corresponding target in the Indiana Tobacco Control Strategic Plan.

Baseline: 3.0% (2016) **Target: 2.0%** **Update: 3.6% (2018)**

Source: Indiana Youth Tobacco Survey

O2: Middle school youth who use non-combustible tobacco products is the percentage of middle school students who used non-combustible tobacco products on one or more of the past 30 days. Non-combustible tobacco products include smokeless tobacco, snus, and/or dissolvable tobacco. E-cigarettes are not included.

Baseline: 1.5% (2016) **Target: 0.5%** **Update: 6.8% (2018)**

Source: Indiana Youth Tobacco Survey

O2: Middle school youth who use e-cigarettes is the percentage of middle school students who used e-cigarettes or other electronic vapor products on one or more of the past 30 days.

Baseline: 2.8% (2016) **Target: 1.0%** **Update: 5.5% (2018)**

Source: Indiana Youth Tobacco Survey

O5: Homes that test above/equal to 4.0 pCi/L is the percentage of homes tested for radon that test at or above the acceptable level of radon (4.0 pCi/L).

Baseline: 33.4% (2015) **Target: 23.3%** **Update: 29.6% (2019)**

Source: Indiana State Department of Health Environmental Health Division

O5: Homes that get mitigation that have less than 4.0 pCi/L at post-test is defined as the percentage of homes tested for radon that initially test above acceptable levels (4.0 pCi/L), get mitigation through the state's Environmental Health Division, and then have levels below 4.0 pCi/L upon re-test after mitigation.

Baseline: 35.3% (2015) **Target: 56.9%** **Update: Available 2019**

Source: Indiana State Department of Health Environmental Health Division

GOAL AREA: Early Detection

O1: Females age 40-74 years who have had a mammogram within the past two years is the percentage of women ages 40-74, which is the full age range for which breast cancer screening is recommended for women across sources (including the American Cancer Society and National Comprehensive Cancer Network), who self-report that they have gotten a mammogram for breast cancer screening within the past two years, which is the recommended timeframe. Percentage of age-appropriate females who completed screening within its recommended timeframe calculated by the ISDH. Question is asked only during even years.

Baseline: 68.4% (2016) **Target: 80.3%** **Update: 72.3 (2018)**

Source: Behavioral Risk Factor Surveillance System

O1: Adults age 50-75 years who have ever had a sigmoidoscopy or colonoscopy is the percentage of all adults ages 50-75, within the USPSTF's recommended age range for colorectal cancer screening, who self-report that they have gotten either a sigmoidoscopy or colonoscopy in their lifetime. Percentage of age-appropriate females who completed at least one screening within its recommended timeframe calculated by the ISDH. Question is asked only during even years. The target for this measure was chosen to align with the corresponding target for 80 by 2018.

Baseline: 67.4% (2016) **Target: 80.0%** **Update: 69.4% (2018)**

Source: Behavioral Risk Factor Surveillance System

O1: Adults 50-75 who have had a blood stool test within the past two years is the percentage of all adults ages 50-75, within the USPSTF's recommended age range for colorectal cancer screening, who self-report that they have gotten a blood stool test within the previous two years. Percentage of age-appropriate females who completed screening within its recommended timeframe calculated by the ISDH. Question is only asked during even years.

Baseline: 7.8% (2016) **Target: 10.4%** **Update: 8.8% (2018)**

Source: Behavioral Risk Factor Surveillance System

GOAL AREA: Survivorship

O1: Cancer survivors who have ever received a written summary of all the cancer treatments from any doctor, nurse, or other health professional is the percentage of individuals who reported that they have had cancer and responded 'Yes' when asked if a doctor, nurse, or other health professional ever gave them a written summary of all the cancer treatments they received. The baseline value was updated from earlier versions of the *ICCP 2018-2020* and *Data Compendium* to reflect changes in how this measure is calculated.

Baseline: 41.4% (2016) **Target: 95.4%** **Update: 48.7% (2018)**

Source: Behavioral Risk Factor Surveillance System

O1: Cancer survivors who have ever received written instructions on where to return or who to see for routine cancer check-ups after completing cancer treatment from a doctor, nurse, or other health professional is the percentage of individuals who reported that they have had cancer and responded ‘Yes’ when asked if they ever received instructions from a doctor nurse, or other health professional about where they should return or whom they should see for routine cancer check-ups after completing their cancer treatment and ‘Yes’ when asked if the instructions they said they received were written down or printed on paper for them. Composite analysis completed by the ISDH. The baseline value was updated from earlier versions of the *ICCP 2018-2020* and *Data Compendium* to reflect changes in how this measure is calculated.

Baseline: 58.4% (2016) **Target: 88.3%** **Update: 63.5% (2018)**

Source: Behavioral Risk Factor Surveillance System

O3: Survivors who are overweight is the percentage of adults ages 18 and over who reported having had any type of cancer, excluding skin cancer, who have a Body Mass Index between 25.0 and 29.9. Individuals with skin cancer are excluded from the analysis of cancer survivors due to issues related to melanoma and non-melanoma types of skin cancer. Analysis completed by the ISDH.

Baseline: 35.4% (2016) **Target: 27.0%** **Update: 33.8% (2019)**

Source: Behavioral Risk Factor Surveillance System

O3: Survivors who are obese is the percentage of adults ages 18 and over who are cancer survivors and have a Body Mass Index between 30.0 and 99.8. Individuals with skin cancer are excluded from the analysis of cancer survivors due to issues related to melanoma and non-melanoma types of skin cancer. Analysis completed by the ISDH.

Baseline: 34.8% (2016) **Target: 26.0%** **Update: 39.6% (2019)**

Source: Behavioral Risk Factor Surveillance System