



RHODE ISLAND CANCER PREVENTION AND CONTROL

2013–2018 STRATEGIC PLAN



 The Partnership
to Reduce Cancer
in Rhode Island

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This publication was supported by the Centers for Disease Control and Prevention Cooperative Agreement. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Suggested citation:
The 2013–2018 Rhode Island Cancer Prevention and Control Plan. Providence, RI: Rhode Island Comprehensive Cancer Control Program, October 2013.



This Comprehensive Cancer Prevention and Control Plan for Rhode Island offers an opportunity to work together by increasing our efforts to prevent and control cancer as well as to improve the quality of life for cancer survivors. It serves as a blueprint for statewide coordination of ongoing and necessary public and private cancer control efforts. This plan addresses several key cross-cutting issues: primary prevention of cancer; coordinated early detection and treatment; cancer survivorship needs; policy, systems and environmental change; and health disparities and equity, which are all critically important to improving the lives of Rhode Islanders.

The Partnership to Reduce Cancer worked closely with staff at the Rhode Island Department of Health to develop new priority goals, objectives, and strategies. We envision collaborating with many stakeholders, including government, business, healthcare, research, and non-profit organizations to achieve common goal of reducing the burden of cancer in Rhode Island.

THE PARTNERSHIP TO REDUCE CANCER

The Partnership to Reduce Cancer in Rhode Island (The Partnership) is a broad-based coalition of stakeholders who coordinate and integrate processes to implement the Comprehensive Cancer Prevention and Control Plan. Specifically, the Partnership works collaboratively to:

- Educate and advocate on cancer issues
- Increase early detection and prevention of cancer through screening
- Ensure Rhode Islanders have access to care, treatment, and support services
- Report on and promote the latest cancer research
- Implement policy, systems, and environmental interventions to guide prevention and sustainable cancer control

The Partnership encourages organizations and communities to join our statewide effort to promote the plan and implement its strategies.



PREVENTION

TOBACCO

Goal: Reduce tobacco use and tobacco-related cancers, disabilities, and deaths by implementing evidence-based policy, systems, and environmental changes.

Objective 1

By 2018, decrease the proportion of the population reporting exposure to secondhand smoke in their homes to 5.65 (Baseline: 10.6, National Adult Tobacco Survey, 2010).

Strategies

- 1.1 Increase the number of public/private multi-unit agencies that adopt a smokefree policy.
- 1.2 Promote the use of the Tobacco Control Program smokefree housing tool kits.
- 1.3 Educate the public on the overall dangers of smoke in residential settings.

Objective 2

By 2018, decrease the prevalence of smoking among adults to 12% (Baseline: 20.2%, Behavioral Risk Factor Surveillance System, 2011).

Strategy

- 2.1 Promote and facilitate access to quit referral services in community-based settings.

Objective 3

By 2018, decrease the rate of youth initiation of tobacco use to 2.2% (Baseline: 4.2%, National Survey on Drug Use and Health, 2011).

Strategies

- 3.1 Increase the number of communities that pass local tobacco license ordinances.
- 3.2 Promote a mass media campaign to discourage high school and incoming college students to start smoking.
- 3.3 Educate youth, parents, educators, and community coalitions about access to tobacco products.
- 3.4 Support the increase of or establish an excise tax for all tobacco products.

Objective 4

By 2018, decrease the ratio of low-income and higher-income adults who smoke to 1.5:1 (Baseline: 2.25:1).

Strategies

- 4.1 For uninsured smokers, facilitate access to and use of tobacco cessation services and nicotine replacement therapy.
- 4.2 Support expanding Medicaid cessation coverage benefits.
- 4.3 Promote communication campaigns to encourage smokers to quit and utilize cessation services.



**This is a
Smoke-Free
Campus**



HEALTHY WEIGHT

Goal: Reduce the incidence of cancers related to poor nutrition, physical inactivity, and obesity.

Objective 5

By 2018, decrease the percentage of children ages 24 to 59 months of age who are overweight and obese to 31% (Baseline: 33%, Women Infant and Children Database, 2011).

Strategies

- 5.1 Support changes to Department of Children, Youth, and Families regulations for licensed child care providers and centers on physical activity, healthy foods and beverages, breastfeeding, and screen time.
- 5.2 Develop early learning and quality rating standards for physical activity for children, birth to five years old, and distribute them to early educators, center administrators, parents, and key stakeholders.
- 5.3 Provide training, tools, and technical assistance on child care obesity prevention to early childhood educators and administrators.

Objective 6

By 2018, decrease the percentage of high school students who report being overweight or obese to 24% (Baseline: 26%, Youth Risk Behavior Survey, 2009).

Strategies

- 6.1 Assist school districts with implementing an evidence-based physical education curriculum aligned with Rhode Island Department of Education standards.
- 6.2 Provide technical assistance to school districts to ensure that all foods and beverages available on school campuses meet the state laws and Rhode Island Nutrition Regulations guidelines.
- 6.3 Educate about health risks associated with consuming sugar-sweetened beverages.

Objective 7

By 2018, decrease the percentage of Rhode Island adults who report being overweight or obese to 63% (Baseline: 64%, Behavioral Risk Factor Surveillance System, 2011).

Strategies

- 7.1 Promote the adoption of food procurement and vending guidelines by state agencies, local government, and community organizations to increase opportunities for healthy eating.
- 7.2 Limit the availability of sugar-sweetened beverages and provide access to healthy, affordable alternatives.
- 7.3 Support the use of zoning policy to increase access to safe places for physical activity in schools and in the community.
- 7.4 Strengthen municipalities' comprehensive plans to include improvements for access to recreation and healthy foods.

Objective 8

A: By 2018, increase the proportion of infants who are breastfed at 6 months to 61% (Baseline: 50.2% per CDC Report Card 2013).

B: By 2018, increase the proportion of infants exclusively breastfed at 6 months to 26% (Baseline: 16.7% per CDC Report Card 2013).

Strategies

- 8.1 Support all birthing hospitals in their intent to achieve and/or maintain the "Baby-Friendly Hospital" designation, which aims to protect, promote, and support breastfeeding initiation.
- 8.2 Encourage insurance coverage of appropriate lactation education, consultant, and quality supplies, utilizing changes from the Affordable Care Act and HealthSource RI.



HUMAN PAPILLOMAVIRUS (HPV)

Goal: Reduce risk factors for developing cancer among Rhode Islanders by increasing awareness of the Human papillomavirus (HPV) vaccine.

Objective 9

A: By 2018, increase the rate of 13-15 year old females who received all three recommended doses of the HPV vaccine to 80% (Baseline: 56.8%, 2011, National Immunization Survey).

B: By 2018, increase the rate of 13-15 year old males who received all three recommended doses of the HPV vaccine to 50% (Baseline: N/A, National Immunization Survey).

Strategies

- 9.1 Educate healthcare providers on the federal HPV vaccination recommendations.
- 9.2 Educate the public about the risks of HPV infection and the need for insurance coverage according to Centers for Disease Control and Prevention HPV vaccination recommendations.
- 9.3 Organize opportunities for educating oral health professionals about HPV vaccination recommendations.
- 9.4 Conduct public awareness campaigns to promote the HPV vaccine to parents, school-age youth, and young adults.
- 9.5 Promote the state-level adoption of access to HPV vaccine for all females and males in the recommended age group.





ENVIRONMENTAL EXPOSURES

Goal: Protect all Rhode Islanders from cancer-related environmental exposures at home and in the workplace.

Objective 10

By 2018, increase the number of schools that receive an Asbestos Hazard Emergency Response Act inspection each year to 45 (Baseline: 42, Lead and Asbestos Inspection Reporting System Database 2012).

Strategies

- 10.1 Promote asbestos awareness training to school maintenance and custodial workers.
- 10.2 Support educating parents and school staff about asbestos abatement plan availability.

Objective 11

By 2018, reduce asbestos exposure by maintaining the number of asbestos abatement plans reviewed at 60 (Baseline: 42, Lead and Asbestos Inspection Reporting System 2012).

Strategy

- 11.1 Support initiatives that educate the public on the risks of asbestos exposure.

Objective 12

By 2018, reduce unhealthy radon exposure by increasing the percentage of homes with unacceptable radon levels greater than or equal to 4.0 picoCuries per Liter (pCi/L) that receive mitigation to 80% (Baseline: 65%, Rhode Island Department of Health Radon Database 2010).

Strategies

- 12.1 Promote the adoption of radon-resistant new construction requirements.
- 12.2 Educate the public about radon, testing, mitigation, and cancer-related exposures.
- 12.3 Promote the continued radon surcharge fee assessment on new construction.

SCREENING AND EARLY DETECTION

COLORECTAL CANCER SCREENING

Goal: Increase early detection of colorectal cancer among Rhode Islanders.

Objective 13

By 2018, increase the percentage of adults ages 50 and older who have ever had a sigmoidoscopy or colonoscopy to 87% (Baseline: 75%, Behavioral Risk Factor Surveillance System 2012).

Strategies

- 13.1 Promote a public awareness campaign on colon cancer screening.
- 13.2 Promote low- or no-cost colorectal cancer screening programs available to uninsured and underinsured populations.
- 13.3 Educate state policymakers on the health and economic benefits of prevention and early detection of colorectal cancer.
- 13.4 Develop patient navigator services within the Federally Qualified Health Centers and primary care clinics to increase awareness and use of colorectal cancer screening.
- 13.5 Promote healthcare provider use of current screening guidelines, particularly for those with a higher risk of colorectal cancer.
- 13.6 Encourage state funding for colorectal cancer screening and treatment programs to provide care to the medically underserved populations.
- 13.7 Work with Rhode Island-based health insurers to address disparities in health insurance coverage in regards to screening versus diagnostic procedures for all preventive cancer screening services.





BREAST CANCER SCREENING

Goal: Increase early detection of breast cancer among Rhode Islanders.

Objective 14

By 2018, increase the percentage of women ages 50 through 74 who have had a mammogram in the past two years to 94% (Baseline: 88%, Behavioral Risk Factor Surveillance System 2010).

Strategies

- 14.1 Educate women one-on-one and in group settings about the benefits of mammograms and ways to overcome barriers to screening.
- 14.2 Use small media, such as videos, letters, brochures, and newsletters, to inform and motivate women to have a mammogram.
- 14.3 Support and promote community-based events that encourage increases in breast cancer screening.
- 14.4 Reduce structural barriers to screening by providing transportation, adjusting appointment hours, and providing screening in various settings.
- 14.5 Support the state's Women's Cancer Screening Program, which provides routine screening and treatment for uninsured and underinsured women.
- 14.6 Work with Rhode Island-based health insurers to address disparities in health insurance coverage in regards to screening versus diagnostic procedures for all preventive cancer screening services.

CERVICAL CANCER SCREENING

Goal: Increase early detection of cervical cancer among Rhode Islanders.

Objective 15

- A. By 2018, increase the percentage of women ages 21 through 29 who have had a Pap test in the past three years to 89% (Baseline: 73%, Behavioral Risk Factor Surveillance System 2012).
- B. By 2018, assure that all women ages 30 through 64 who have had a screening Pap test are co-screened for HPV. Increase the percentage of women ages 30 through 64 who have been co-screened in the past five years to 95% (Baseline: 91%, Behavioral Risk Factor Surveillance System 2012).

Strategies

- 15.1 Educate women one-on-one about the benefits of a Pap test and ways to overcome barriers to screening.
- 15.2 Use small media, such as videos, letters, brochures, and newsletters, to inform and motivate women to have a Pap test.
- 15.3 Support the use of patient reminders such as letters, mailings, and phone calls to alert clients that it is time for their Pap test.
- 15.4 Support the state's Women's Cancer Screening Program, which provides routine screening and treatment for uninsured and underinsured women.
- 15.5 Work with Rhode Island-based health insurers to address disparities in health insurance coverage in regards to screening versus diagnostic procedures for all preventive cancer screening services.

SKIN CANCER SCREENING

Goal: Reduce the incidence of and mortality from skin cancer through prevention and early detection.

Objective 16

By 2018, increase public awareness and implement skin cancer policies changes to encourage sun safe behaviors (Baseline: N/A).

Strategies

- 16.1 Promote skin cancer prevention and screening education and policy approaches in primary school settings.
- 16.2 Educate and screen individuals who work in outdoor recreational areas.
- 16.3 Increase the availability of sunscreen (SPF 30 Broad Spectrum) in schools and outdoor recreational areas.
- 16.4 Strengthen existing tanning facility regulations to promote safety and ban the use of tanning beds by minors ages 17 years and younger.





TREATMENT

Goal: Increase access to optimal treatment for all Rhode Islanders diagnosed with cancer.

Objective 17

By 2018, maintain the number of the American College of Surgeons Commission on Cancer (CoC) accredited hospitals that provide high-quality cancer treatment at 11 (Baseline: 11, Database CoC 2012).

Strategies

- 17.1 Promote the CoC Patient-Centered Care Standards at all appropriate coalition activities.
- 17.2 Collaborate with the hospitals to assist in implementation of the new Patient-Centered Care Standards.
- 17.3 Promote Partnership activities through CoC-approved cancer committees.

Objective 18

By 2018, establish a baseline for cancer clinical trial participation in Rhode Island (Baseline: N/A).

Strategies

- 18.1 Increase awareness of the availability and potential benefits of clinical trials among healthcare providers and cancer patients.
- 18.2 Develop physician-to-physician-based awareness programs to increase the proportion of patients enrolled in clinical trials.
- 18.3 Develop survivor-based awareness and education.
- 18.4 Develop patient-based awareness and education about clinical trials through mass media and events sponsored by the Partnership using national, regional, and Rhode Island resources.





Objective 19

By 2018, increase the percentage of cancer cases reviewed by the Rhode Island Cancer Registry within two weeks of diagnosis to 50% (Baseline: <10%, Rhode Island Cancer Registry 2013).

Strategies

- 19.1 Promote the development of a rapid case ascertainment system.
- 19.2 Inform clinicians and researchers about the development of the rapid case ascertainment system and its potential uses for research and enrollment in clinical trials.

Objective 20

By 2018, increase the number of statewide cancer patient navigation systems to facilitate optimal care for cancer survivors to 1 (Baseline: 0. Data Source: Rhode Island Department of Health 2013).

Strategies

- 20.1 Assess existing patient navigation systems for services currently provided.
- 20.2 Expand the existing patient navigation system to include specific competencies related to cancer and chronic disease care.
- 20.3 Promote policies to require insurance coverage of patient navigation services.
- 20.4 Develop effective patient navigator tools that address issues of disparities among survivors.
- 20.5 Partner with the Rhode Island Department of Health and key stakeholders to create a patient navigation training program.

Objective 21

By 2018, promote the expansion of a cancer registrar internship program that includes both didactic and clinical experience for individuals who have completed academic requirements.

Strategies

- 21.1 Recruit individuals with an interest in a cancer registrar certification for a maximum of three internships per year.
- 21.2 Raise awareness of the internship among potential candidates through the use of mass media.

SURVIVORSHIP

Goal: Promote the overall health of Rhode Island cancer survivors.

Objective 22

By 2018, create a baseline of Commission on Cancer hospitals that use a statewide cancer Survivorship Care Plan.

Strategies

- 22.1 Collaborate with cancer center administrators and key stakeholders regarding the existence and use of cancer Survivorship Care Plans.
- 22.2 Educate survivors and providers regarding the value of Survivorship Care Plans.
- 22.3 Educate primary care providers about Survivorship Care Plans and the continued need of cancer survivors
- 22.4 Educate cancer survivors about transitioning back to a primary care setting.





Objective 23

By 2018, establish a baseline number of organizations that provide cancer survivors with access to psychosocial services.

Strategies

- 23.1 Collaborate with key partners and Partnership member organizations to collect information regarding the existence and utilization of psychosocial services in their facilities/organizations.
- 23.2 Promote the use of a standardized evaluation tool for measurement of patient psychosocial needs.
- 23.3 Promote the use of available psychosocial support.

Objective 24

By 2018, establish a baseline number of nutritional services and physical activity programs that address the needs of cancer survivors.

Strategies

- 24.1 Conduct an assessment to identify available nutrition and physical activity services and resources for cancer survivors.
- 24.2 Educate cancer survivors on the importance of nutrition and physical activity during and post-treatment.
- 24.3 Promote the role of the oncology dietitian and physical activity programs at the start of treatment and throughout the course of survivorship.
- 24.4 Promote evidence-based physical activity and healthy living programs to cancer survivors.

Objective 25

By 2018, establish a baseline number of oncology rehabilitative programs that promote symptom management and an increase in quality of life in Rhode Island.

Strategies

- 25.1 Identify program databases that include oncology rehabilitation programs in the state.
- 25.2 Encourage all healthcare professionals to educate patients about oncology rehabilitative services at the time of cancer diagnosis.

PALLIATIVE CARE

Goal: Improve access to palliative care services for all cancer survivors and their families.

Objective 26:

By 2018, maintain Rhode Island's grade on the Center to Advance Palliative Care Report Card at an "A" (Baseline: A, Center to Advance Palliative Care 2011).

Strategies

- 26.1 Educate primary care physicians, oncologists, and other medical professionals on palliative care and hospice care services, locations, and reimbursement.
- 26.2 Promote the availability of palliative care services and educate cancer survivors, caregivers, and families in inpatient and outpatient cancer centers.
- 26.3 Integrate palliative care services into patient-centered medical homes.
- 26.4 Work with associations, hospital cancer committees, and higher education institutions to promote hospice and palliative care through continuing education opportunities, certification, and credentialing.

Objective 27:

By 2018, promote system changes to increase access to palliative care services for all cancer survivors.

Strategies

- 27.1 Assess the availability and scope of palliative services in the state.
- 27.2 Convene a forum to clarify the perceived and actual competing interests of oncology practices, hospices, palliative care services, and other providers as they serve people with cancer.
- 27.3 Identify and pursue strategies for optimal use of services.







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