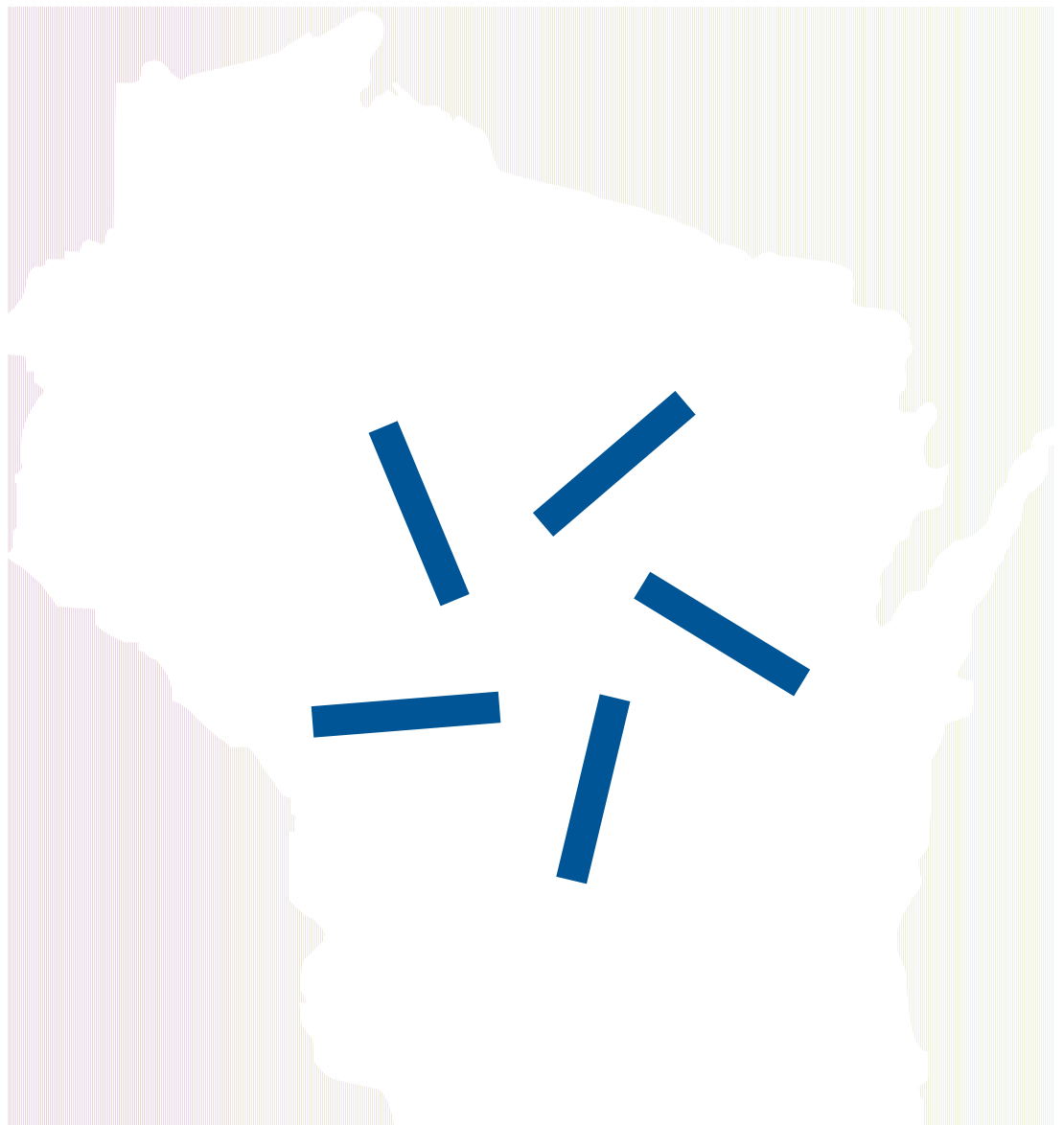


Wisconsin
Comprehensive Cancer Control **Plan**

2015-2020



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Acknowledgements

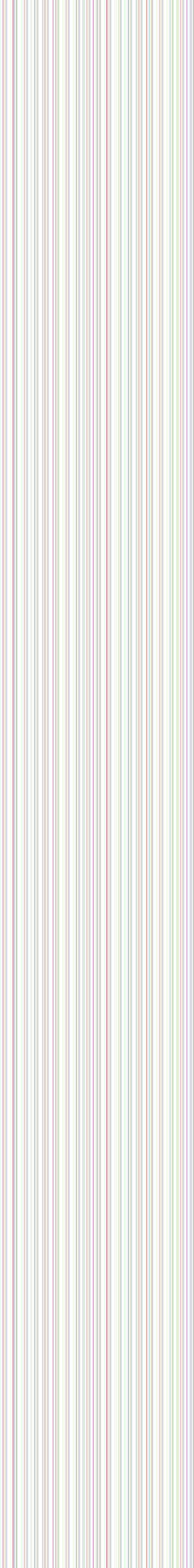
A Special Thank You

This Plan is dedicated to the strong spirit and determination of all Wisconsinites who have been touched by cancer -- to survivors, family members, caregivers, and especially to those whose lives have been lost in the fight against cancer.

The Wisconsin Comprehensive Cancer Control Plan 2015-2020 was created in the spirit of collaboration using a consensus process. We are grateful to the many dedicated individuals and Wisconsin Cancer Council member organizations (listed on the following page) for their expertise, time, and commitment given to this process. We offer a special thank you to the WCC Steering Committee for their ongoing leadership.

With the continued engagement of partners around the state we will put the Wisconsin Comprehensive Cancer Control Plan 2015-2020 into action.

Together we will reduce the burden of cancer in Wisconsin.



ABCD: After Breast Cancer Diagnosis
 Affinity Health Systems
 Agnesian Healthcare
 Agrace Hospice Inc.
 American Cancer Society – Midwest Division
 American Heart Association – Wisconsin
 American Lung Association – Wisconsin
 Angel on My Shoulder
 Appleton Health Department
 Aspirus Wausau Hospital
 Aurora Health Care
 Bad River Health and Wellness Center
 Bayfield County Health Department
 Bellin Cancer TEAM
 Breast Cancer Family Foundation
 Breast Cancer Recovery Foundation
 Bureau of Community Health Promotion
 Bureau of Environmental and Occupational Health
 Calumet County Activity and Nutrition Coalition
 Cardinal Stritch University – School of Nursing
 Center for Diagnostic Imaging
 Center for Patient Partnerships
 Center for Tobacco Research and Intervention
 CHANGE Coalition
 Childhood Obesity Prevention Collaborative
 City of DePere Health Department
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 Clark County Health Department
 Collaborative Center for Health Equity
 Columbia – St. Mary's
 Community Memorial Hospital-Menominee Falls
 Couleecap, Inc.
 Dean Medical Center/ Dean Health Systems
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 Elevate, Inc.
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 Froedtert Memorial Lutheran Hospital
 Gilda's Club of Madison
 Gundersen Health
 Ho-Chunk Nation Health Department
 Hmong Cancer and Health, Inc.
 HOPE Cancer Connection, Inc.
 HOPE of Wisconsin
 Indianhead Community Action Agency
 Jackson County Health Department
 KW2: Knupp, Watson & Wallman
 La Crosse Area Family YMCA
 La Crosse County Health Department
 Leukemia and Lymphoma Society
 Marquette County Health Department
 Marquette University College of Nursing
 Marshfeld Clinic
 Mayo-Franciscan Healthcare
 Medical College of WI
 Mercy Health System
 MetaStar Inc.
 Mid-State Technical College
 Milwaukee Chapter National Black Nurses Association
 Milwaukee Consortium for Hmong Health
 Miriam B. White Foundation
 Oconto County Health and Human Services
 Oncology Nursing Society – Southeastern WI
 Outagamie Public Health Department
 Pancreatic Cancer Action Network
 Peter Christensen Health Center

Planned Parenthood of Wisconsin
 Prairie Clinic – Sauk City
 ProHealth Regional Cancer Center
 Restoring Hope Transplant House
 Richland County HHS Public Health
 Rural WI Health Cooperative
 Sacred Heart Hospital-Eau Claire
 Sawyer County Health & Human Services
 Scenic Bluffs Community Health Center
 Shawano-Menominee counties Health Department
 St. Joseph's Hospital-Marshfeld
 Sisters 4 Cure, Inc. -- Milwaukee
 Southeastern Wisconsin Oncology Nursing Society (SWONS)
 Starting Point of Ozaukee County
 St. Mary's Hospital-Madison
 St. Vincent Hospital/Regional Cancer Center
 State Laboratory of Hygiene
 Stillwaters Cancer Support Services
 Susan G Komen for the Cure—Central WI Affiliate
 Susan G Komen for the Cure—South Central Affiliate
 Susan G Komen for the Cure—Southeast WI Affiliate
 ThedaCare
 Together for Jackson County Kids, Inc.
 Tricia's Troops Cancer Connection
 Turville Bay MRI & Radiation Oncology Center
 Unity Hospice
 UW Clinical Genetics Center
 UW Department of Obstetrics and Gynecology
 UW LaCrosse Dept. of Health Education & Health Promotion
 UW Carbone Cancer Center
 UW Population Health Institute
 UW Center for Urban Population Health
 UW Cancer Center – Riverview
 UW Extension Adams County
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 West Allis Health Department
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 WI Society of Health Care Consumer Advocates
 WI Society of Radiation Oncology
 WI Surgical Society
 WI Tribal Health Directors' Association
 WI Women's Health Foundation
 Wood County Health Department
 YMCA of Dane County
 YMCA of Metropolitan Milwaukee
 YMCA of the Northwoods
 Young Survival Coalition

WCC Member Organizations

The Wisconsin Cancer Council is a coalition of organizations dedicated to the development and coordination of a comprehensive cancer control program in Wisconsin.

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Introduction

The Wisconsin Comprehensive Cancer Control Plan (WI CCC Plan) 2015-2020 is a common framework for action in cancer prevention and control to be implemented over five years. The WI CCC Plan 2015-2020 is designed to provide program leaders, policy makers and researchers with a carefully crafted vision of what needs to be done and the resources needed to reduce the burden of cancer in Wisconsin.

Why did Wisconsin update its comprehensive cancer control plan?

Starting in 2009, deaths due to cancer surpassed those caused by heart disease. In 2010, the cancer mortality rate of 173.7 exceeded the heart disease mortality rate of 163.3. Nearly 30,000 Wisconsin residents per year are diagnosed with cancer, and over 11,000 Wisconsinites die annually from cancer. Although cancer is the leading cause of death in Wisconsin, the rates of new cases and deaths from cancer are declining. Advances in prevention, screening, and treatment are responsible for this decrease in cancer incidence and mortality. As a result, the rate of cancer survival has increased, with almost 280,000 cancer survivors living in Wisconsin.

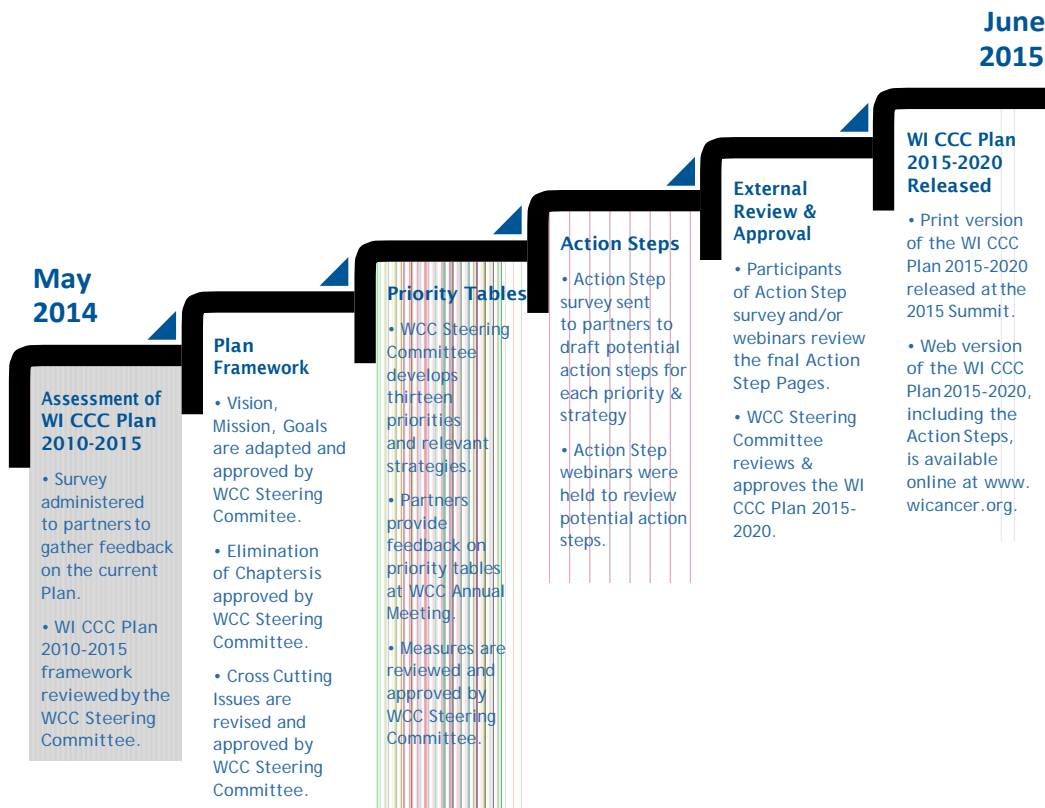
Comprehensive cancer control is defined by the Centers for Disease Control and Prevention (CDC) as “an integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation, and palliation.” CDC’s National Comprehensive Cancer Control Program (NCCCP) provides funding and technical assistance to states for developing and implementing comprehensive cancer control (CCC).

State cancer plans are the roadmap for advancing cancer prevention and control. Each state or tribal health agency develops an individual cancer plan to address its unique cancer burden. In September 2002, Wisconsin’s Department of Health Services was awarded a comprehensive cancer control planning grant from the Centers for Disease Control and Prevention. With this grant, diverse partners from all over the state came together to create Wisconsin’s first Comprehensive Cancer Control Plan 2005-2010. After five years of implementation, the WI CCC Plan was revised. From the first Plan, there were strategies that were successfully completed that could be eliminated. There were strategies that needed to be re-addressed and there were new, emerging issues in cancer control that needed to be included in a revised WI CCC Plan. Partnerships were renewed and recharged in developing the second WI CCC Plan for 2010-2015. In 2014, we were now building on two successful CCC Plans and it was agreed that it was best to revise and update the existing Plan. A large network of partners convened to develop the WI CCC Plan 2015-2020, recommitting to previous priorities and addressing new and existing cancer control concerns in Wisconsin.

WI CCC Plan 2015-2020 Update Process

The WI CCC Plan 2015-2020 was updated by almost 150 partners across the state which included advocates, nurses, physicians, public health professionals, researchers, social workers, survivors and more. These partners represented the 128 Wisconsin

Cancer Council member organizations throughout Wisconsin that are dedicated to reducing the burden of cancer in the state. This update process occurred over the course of one year from May 2014 to June 2015. It is illustrated below.



WI CCC Plan 2015-2020 Framework

VISION: A healthier Wisconsin by reducing the impact of cancer.

MISSION: To engage diverse public, private and community partners to develop, implement and promote a statewide comprehensive approach to cancer control.

GOALS: The WI CCC Plan 2015-2020 is working to achieve these five overarching goals.

- 1 Reduce the risk of developing cancer.
- 2 Increase early detection through appropriate screening for cancer.
- 3 Reduce death and suffering from cancer.
- 4 Improve the quality of life for cancer survivors.
- 5 Improve the quality and use of cancer-related data.

CROSS CUTTING ISSUES: The WI CCC 2015-2020 Plan also has cross cutting issues that encompass the continuum of cancer care. These cross cutting issues do not have a separate goal but instead are threaded throughout each priority to ensure that strategies and action steps developed in this Plan include:

- **Health Disparities:** Differences in the incidence, prevalence, mortality, survivorship and burden of cancer or related health conditions that exist among specific population groups in Wisconsin.
- **Access to Health Care:** Equal access to services throughout the continuum of cancer for all Wisconsin residents.
- **Policy, Systems and Environmental Change:** Population-based and system changes made to the economic, social or physical environment.
- **Workforce Development:** Address labor needs to better serve Wisconsin residents across the continuum of cancer.

PRIORITIES represent changes needed in order to reduce the burden of cancer in Wisconsin. The thirteen priorities of the WI CCC Plan 2015-2020 cross the entire continuum of cancer care.

All thirteen priorities are printed in tables that include strategies and measures. The action steps for each strategy are not in this printed version of the WI CCC Plan 2015-2020. They are printed in the web version of the Plan only – see note below.

STRATEGIES are evidence-based approaches to address the thirteen WI CCC Plan 2015-2020 priorities. Strategies are broad to allow for flexibility in developing action steps for the many diverse stakeholders implementing the WI CCC Plan.

MEASURES are used to monitor and evaluate change in each priority area. Each measure includes a baseline and

target. The baseline is the starting point for the priority being measured and uses data closest to the published date of the WI CCC Plan 2015-2020. The target is the goal in which the WI CCC Plan 2015-2020 strives to achieve over the next five years. Baseline years and data sources for each measure can be found on page 19 of the Plan.

ACTION STEPS are specific activities for partners to use to successfully implement a strategy of the WI CCC Plan 2015-2020. Online, action steps can be updated as needed to maintain relevance and will include links to resources to support implementation.

NOTE: Action steps are only found in the online version of the WI CCC Plan 2015-2020 and can be found by visiting www.wicancer.org.

PRIORITIES OF THE WI CCC PLAN 2015-2020

- | | | | |
|---|---|----|---|
| 1 | Decrease tobacco use and exposure to tobacco | 8 | Increase access to cancer genetic risk assessments and counseling |
| 2 | Increase healthy, active lifestyles | 9 | Increase access to quality cancer care and services |
| 3 | Decrease high risk alcohol consumption | 10 | Increase awareness and knowledge of issues relevant to cancer survivors |
| 4 | Increase HPV vaccine completion | 11 | Increase advance care planning |
| 5 | Decrease exposure to ultraviolet radiation | 12 | Increase participation in cancer clinical trials |
| 6 | Decrease exposure to radon | 13 | Improve WI specific cancer related data collection and use |
| 7 | Increase use of recommended cancer screenings | | |

WI Cancer Incidence and Mortality Rates and 2020 Goals

During development of the Wisconsin Comprehensive Cancer Control Plan 2015-2020, the most recent data available for cancer incidence and mortality rates were 2011 data. Rather than project incidence and mortality rates out to 2020, it was decided to project 5 years to 2016 as those data will likely be the most recent available at the end of the 2020 plan.

To set targets, trend lines were estimated using 1995-2011 data from the Wisconsin Cancer Reporting System. Trends were estimated separately for each cancer

site and for all sites total for both incidence and mortality. The trend line was projected from 2011 to the estimated 2016 data point to determine the target. For incidence targets for all sites and for prostate cancer, data for 2001-2011 were used to estimate trends and project the 2016 data point. For melanoma incidence, the target was set equal to the 2011 rate; melanoma incidence rates have increased steadily over the time period and it was determined that remaining at the 2011 rate would be an improvement.

CANCER TYPE	INCIDENCE		MORTALITY	
	2011 Rate	2020 Goal	2011 Rate	2020 Goal
ALL SITES	471.3	461.7	175.0	163.7
Colorectal	39.2	33.1	14.8	11.6
Female Breast	127.6	121.1	21.4	17.9
Lung	61.8	61.4	47.3	45.9
Prostate	129.1	111.3	23.5	18.1
Cervical	5.8	4.5	1.7	1.1
Melanoma	20.3*	20.3	2.9	2.7

- Rates in this table are age-adjusted to the 2000 U.S. standard population per 100,000 population

* Caution is warranted when interpreting the incidence rate for melanoma. Melanoma is the most underreported cancer for males (estimated at 76% complete) and second most underreported cancer for females (estimated at 82% complete).

PRIORITY I: Decrease tobacco use and exposure to tobacco

STRATEGIES

- A** Prevent youth access to tobacco products
- B** Increase access to and use of evidence based tobacco addiction treatment
- C** Protect and strengthen clean air laws

MEASURES

1.1	
Percent of adults who are currently smoking	
Baseline: 18%	Target: 15%

1.2	
Percent of high school students who are using tobacco	
Baseline: 20%	Target: 10%

1.3	
Percent of middle school students who are using tobacco	
Baseline: 3%	Target: 2%

1.4	
Percent of high school students who are using e-cigarettes	
Baseline: 8%	Target: 3%

PRIORITY 2: Increase healthy, active lifestyles

STRATEGIES

- A** Create environments that support physical activity
- B** Create environments that support healthy diets
- C** Increase the screening of and treatment for obesity

MEASURES

2.1	
Percent of adults who are at a healthy weight	
Baseline: 34%	Target: 40%

2.2	
Percent of high school students who are at a healthy weight	
Baseline: 75%	Target: 77%

2.3	
Percent of adults who participated in 150 minutes or more of Aerobic Physical Activity per week in the past month	
Baseline: 53%	Target: 63%

2.4	
Percent of high school students who were physically active for a total of at least sixty minutes per day on all of the past seven days	
Baseline: 24%	Target: 29%

2.5	
Percent of adults who consumed at least five servings of fruits or vegetables a day in the past month	
Baseline: 14%	Target: 25%

2.6	
Percent of high school students who consumed at least five servings of fruits or vegetables a day in the past month	
Baseline: 20%	Target: 22%

PRIORITY 3: Decrease high risk alcohol consumption

STRATEGIES

- A** Increase awareness of the connection between alcohol consumption and cancer risk
- B** Create environments that discourage excessive use of alcohol
- C** Increase screening and treatment for high risk alcohol consumption

MEASURES

3.1	
Percent of adults who are heavy drinkers	
Baseline: 8%	Target: 6%

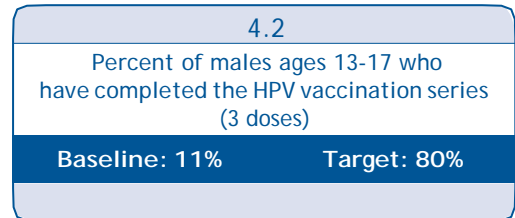
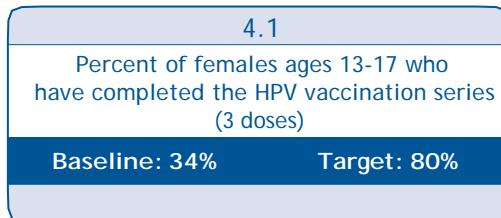
3.2	
Percent of high school students who had five or more alcoholic drinks within three hours, on one or more of the past 30 days	
Baseline: 18%	Target: 14%

PRIORITY 4: Increase HPV vaccine completion

STRATEGIES

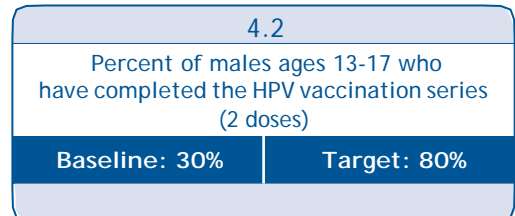
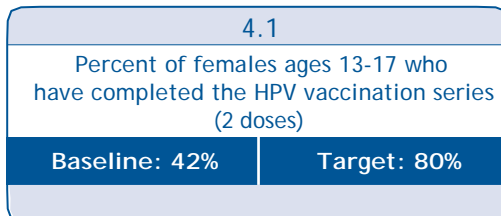
- A** Increase access to HPV vaccine services
- B** Increase parent, caregiver and patient acceptance of the HPV vaccine
- C** Reduce missed clinical opportunities to recommend and administer the HPV vaccine

MEASURES



REVISED MEASURES AS OF APRIL 2017

CDC now recommends two doses as a “completed HPV vaccination series” instead of three. This changes the baseline for the measure but the 2020 Target remains the same.





PRIORITY 5: Decrease exposure to ultraviolet radiation



STRATEGIES

- A** Increase opportunities for sun protection in outdoor settings
- B** Increase awareness about skin cancer prevention
- C** Decrease indoor tanning use



MEASURES

5.1

Percentage of high school students who used an indoor tanning device such as a sunlamp, sunbed, or tanning booth one or more times during the past 12 months

Baseline: 13%

Target: 12%

5.2

Percentage of high school students who most of the time or always wear sunscreen with an SPF of 15 or higher when they are outside for more than one hour on a sunny day

Baseline: 15%

Target: 17%

PRIORITY 6: Decrease exposure to radon

STRATEGIES

- A** Increase awareness of the connection between radon and cancer risk
- B** Increase the testing and mitigation of homes and other buildings for radon
- C** Increase the number of residential buildings built or remodeled using radon reducing methods

MEASURES

6.1	
Number of houses tested and reported to DHS annually	
Baseline: 5,475	Target: 8,200

6.2	
Number of home mitigations performed by certified contractors and reported by DHS annually	
Baseline: 6,000	Target: 9,000

6.3	
Percent of adults whose household air has been tested for radon gas	
Baseline: 2014 data when available	Target:

PRIORITY 7: Increase use of recommended cancer screenings

STRATEGIES

- A** Increase awareness of recommended cancer screenings
- B** Implement health care system based strategies to increase cancer screenings
- C** Increase access to recommended cancer screenings

MEASURES

7.1

Percent of adults age 50-75 who are up to date on colorectal cancer screening

Baseline: 72%	Target: 80%
----------------------	--------------------

7.2

Percent of women 40 years or older who have had a mammogram in the past 2 years

Baseline: 78%	Target: 90%
----------------------	--------------------

7.3

Percent of women age 21-64 who have had a pap test within the past three years

Baseline: 86%	Target: 93%
----------------------	--------------------

PRIORITY 8: Increase access to cancer genetic risk assessments and counseling

STRATEGIES

- A** Educate providers and patients about assessing cancer genetic risk
- B** Increase the number of qualified professionals who offer cancer genetic risk assessment and counseling
- C** Advocate for health insurance coverage of cancer genetic risk assessment and counseling

MEASURES

8.1	
Number of Board Certified Genetic Counselors in Wisconsin	
Baseline: 42.5 FTE	Target: 47.0 FTE

REVISED MEASURE AS OF APRIL 2017

Measure 8.1 is being revised to “Number of Board Certified Genetic Counselors in Wisconsin **providing cancer genetic counseling.**” This revised measure will better assess the current FTE for certified or board eligible genetic counselors in Wisconsin that are working specifically in cancer but the baseline is much lower so the 2020 Target is also revised.

Measure 8.1 of the WI CCC Plan 2015-2020 is being revised to be:

8.1	
Number of Board Certified Genetic Counselors in Wisconsin providing cancer genetic counseling	
Baseline: 17.65 FTE	Target: 25.0 FTE

PRIORITY 9: Increase access to quality cancer care and services

STRATEGIES

- A** Increase conversations between cancer patients, their families and providers about treatment options and goals of care
- B** Increase providers' use of standards of care for cancer treatment and symptom management
- C** Increase access to palliative care for all cancer patients
- D** Increase implementation of best practices for transition from active treatment to post-treatment care
- E** Increase patient and caregiver access to non-clinical support services
- F** Increase access to quality end of lifecare

MEASURES

9.1
Percent of people diagnosed annually who receive treatment at a Commission on Cancer (CoC) accredited facility

Baseline: 79%	Target: 90%
----------------------	--------------------

9.2
Percent of people with physical pain from cancer or cancer treatment whose pain is under control

Baseline: 72%	Target: 80%
----------------------	--------------------

9.3
Percent of adults who have completed treatment for cancer who received a written summary of all their cancer treatments

Baseline: 34%	Target: 40%
----------------------	--------------------

9.4
Percent of hospice patients with a length of stay 8 days or longer

Baseline: 70%	Target: 80%
----------------------	--------------------

9.5
Percent of Medicare beneficiary patients who die in hospice

Baseline: 49%	Target: 60%
----------------------	--------------------

PRIORITY 10: Increase awareness and knowledge of issues relevant to cancer survivors

STRATEGIES

- A** Educate health care providers about cancer survivorship issues
- B** Educate cancer survivors on how to be active partners in their health
- C** Educate policy and decision makers about cancer survivorship issues

MEASURES

10.1	
Percent of adults who have completed cancer treatment who have ever received written instructions from a health professional about where to return or who to see for routine cancer check-ups after completing treatment	
Baseline: 53%	Target: 58%

10.2
Five year survival rates for various types of cancer
WI specific survival rates will be included in online version of the Plan in late 2015.

REVISED MEASURE AS OF APRIL 2017

In September 2016, the Wisconsin Cancer Reporting System within the Wisconsin Department of Health Services released its first report on Wisconsin Cancer Survival. When the WI CCC Plan was written in 2015, Measure 10.2 on WI specific 5 year cancer survival rates was included without data until this report was released. Measure 10.2 is now the WI five year cancer survival rates for various types of cancer.

2020 Targets have not been set yet because this is the first set of WI specific survival rates. Targets will be set when additional years of WI specific 5 year cancer survival rates become available. The full report 'Wisconsin Cancer Survival' can be found at: <https://www.dhs.wisconsin.gov/publications/p01585.pdf>

10.2	
WI five year survival rates for various types of cancer	
Cancer Type	2011 Rate
All Cancers	64%
Colorectal	67%
Breast	89%
Lung	19%
Prostate	96%
Cervical	67%
Melanoma	89%

PRIORITY II: Increase advance care planning

STRATEGIES

- A** Increase the number of advance care planning (ACP) conversations
- B** Increase the number of updated advance care planning documents for all cancer patients early in their treatment
- C** Improve accessibility of advance care planning documents within and across health care systems

MEASURES

11.1	
Number of patients offered an ACP facilitated conversation	
Baseline: 1,056	Target: 1,500

11.2	
Number of new advance care directives entered into the patient's electronic medical record	
Baseline: 491	Target: 750

PRIORITY 12: Increase participation in cancer clinical trials

STRATEGIES

A Increase patient awareness of available clinical trials

B Implement health care system based strategies to increase patient referrals to clinical trials

C Increase research funding for clinical trials

D Ensure insurance coverage of clinical trials

MEASURES

12.1

Percent of adults who have completed cancer treatment who participated in a clinical trial as part of their cancer treatment

Baseline: 7%

Target: 10%


PRIORITY 13: Improve WI specific cancer related data collection and use


STRATEGIES

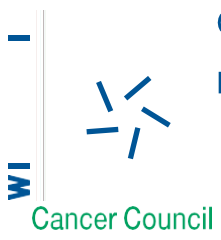
- A** Improve the completeness, timeliness, and accuracy of the WI Cancer Reporting System (WCRS)
- B** Improve data collection for existing cancer related data sources
- C** Improve utilization of existing data
- D** Improve linkages with other data systems
- E** Address cancer data gaps identified throughout the WI CCC Plan

MEASURES

13.1	
Number of National Program of Cancer Registry Requirements for 2017 that have been met by the WCRS	
Baseline: 6 of the 10 requirements met.	Target: All requirements met by 2017.

Measures' Baseline Years and Data Sources

Measure	Baseline Year	Data Source
1.1 2.1 2.3 2.5 3.1 12.1	2013	Centers for Disease Control and Prevention. BRFSS: Behavioral Risk Factor Surveillance System. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Atlanta, GA. 2015. <i>Note: Healthy weight in Measure 2.1 = those adults who are not overweight or obese.</i> <i>Note: Heavy drinkers in Measure 3.1 = adult men having more than two drinks per day and adult women having more than one drink per day.</i>
1.2 1.4	2014	Wisconsin Tobacco Prevention and Control Program. Wisconsin Youth Tobacco Survey (YTS) High School Fact Sheet. Wisconsin Department of Health Services, Division of Public Health. Madison, WI. 2015.
1.3	2014	Wisconsin Tobacco Prevention and Control Program. Wisconsin Youth Tobacco Survey (YTS) Middle School Fact Sheet. Wisconsin Department of Health Services, Division of Public Health. Madison, WI. 2015.
2.6	2011	Centers for Disease Control and Prevention (CDC). High School Youth Risk Behavior Survey. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Atlanta, GA. 2015.
4.1 4.2	2013	Wisconsin Immunization Registry. Wisconsin Department of Health Services. Madison, WI. 2013.
2.2 2.4 3.2 5.1 5.2	2013	Centers for Disease Control and Prevention (CDC). High School Youth Risk Behavior Survey. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Atlanta, GA. 2015. <i>Note: Healthy weight in Measure 2.2 = those students who are not overweight or obese.</i>
6.1 6.2	2013	Creswell PD, Christenson ML, Vogt C, Godecker A, Reynolds EA, Maloney J. Lung Cancer Risk and Radon in Wisconsin: The Need for Increased Testing and Improved Reporting. WI CCC Issue Brief, January 2015, Volume 11 No. 1. Accessed at http://www.wicancer.org/uploads/pub_84037.pdf , April 27, 2015.
6.3	2014	Centers for Disease Control and Prevention. BRFSS Statistical Brief on Cancer Screening Questions. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Atlanta, GA. 2015.
7.1 7.2 7.3	2012	Centers for Disease Control and Prevention. BRFSS Statistical Brief on Cancer Screening Questions. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Atlanta, GA. 2015. <i>Note: Up to date in Measure 7.1 = having received one or more of the recommended CRC screening tests within the recommended time interval: (1) high-sensitivity FOBT (guaiac-based FOBT or fecal immunochemical test [FIT]) annually, (2) colonoscopy every 10 years, or (3) sigmoidoscopy every 5 years with FOBT every 3 years.</i>
8.1	2015	The Wisconsin Cancer Risk Program Network provided names and affiliations for member health systems statewide. The WI CCC Program contacted each listed health system to ascertain the number of genetics counselors.
9.1	2012	Wisconsin Cancer Reporting System
9.2 9.3 10.1 12.1	2012	Centers for Disease Control and Prevention. BRFSS: Behavioral Risk Factor Surveillance System - Cancer Survivorship Module. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Atlanta, GA. 2015.
9.4 9.5	2013	The 2013 Report on Wisconsin Hospices and Patients. The Hospice Organization and Palliative Experts (HOPE) of Wisconsin. Madison, WI. 2015.
11.1 11.2	2014	Data from Honoring Choices Wisconsin (HCW) annual report of new conversations conducted for the most recent cohort of participating organizations. Participants report new conversations and written plans over a 6 month period, after which they may continue to facilitate conversations and written plans but do not report data to HCW. Conversations & written plans may also be facilitated by others, such as trained volunteers, who do not document in the medical record.
13.1	2014	Wisconsin Cancer Reporting System Staff



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Program

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