Maine Cancer Plan 2021-2025 Metrics

Maine Cancer Plan 2021-2025 Performance Measures Progress			Baseline	Current	U.S. Compare	Progress	Target	Data Source	
iΟA	L 1: PREVENTION – R	educe Cancer Risk Thro	ough Evidenc	e-Based Stra	tegies				
oba	cco Objectives	,		ľ	T	ľ	1 F		
1.1	Reduce the percentage of Maine youth that smoke cigarettes:	A. Middle school students	1.5% (1.2-1.7) 2019	2.0% (1.7-2.3) 2023	N/A	•	1.4%	MIYHS	
		B. High school students	7.1% (6.6-7.5) 2019	5.6% (5.1-6.0) 2023	N/A		6.4%		
1.2	Reduce the percentage of Maine youth that smoked cigarettes and/or cigars and/or	A. Middle school students	7.6% (6.9-8.3) 2019	6.2% (5.5-7.0) 2023	N/A	•	6.8%		
	used chewing tobacco, snuff, dip, dissolvable tobacco product or an	B. High school students	29.6% (28.4-30.8) 2019	16.5% (15.6-17.5) 2023	N/A		26.6%	MIYHS	
	of Maine youth that are exposed to environmental tobacco	A. Middle school students	22.1% (20.8-23.3) 2019	19.9% (18.4-21.5) 2023	N/A	•	19.9%	MIYHS	
		B. High school students	27.0% (25.4-28.6) 2019	19.3% (18.2-20.5) 2023	N/A		24.3%	WITTIS	
1.4	Reduce the percentage of Maine adults that smoke cigarettes.		17.6% (16.4-18.8) 2019	15.6% (14.6-16.6) 2021	13.4% (13.2-13.7) 2021	•	15.8%	BRFSS	
	Reduce the percentage of Maine adults that report currently using any tobacco products (cigarettes, smokeless tobacco, e-cigarettes, or other tobacco products).		23.5% (21.2-25.8) 2015	24.7% (22.6-26.7) 2019	N/A	•	21.2%	BRFSS	
	Reduce the percentage o that someone (including cigarettes, cigars or pipes home in the past 30 days	8.5% (7.2-9.8) 2017	9.6% (8.3-10.9) 2019	N/A	•	7.7%	BRFSS		

Performance Measures Table Definitions

Baseline established using the most recent data available during the development of the plan

BRFSS – Behavioral Risk Factor Surveillance System CAPC Survey – Center to Advance Palliative Care ImmPact – Maine Immunization Information System MIYHS – Maine Integrated Youth Health Survey MCR – Maine Cancer Registry MTN – Maine Tracking Network MRP – Maine Radon Program NIS-Teen – National Immunization Survey – Teen NSDUH – National Survey on Drug Use and Health



	ine Cancer Plan 2 ormance Measures Pro		Baseline	Current	U.S. Compare	Progress	Target	Data Source
		ce Cancer Risk Through E	vidence-Bas	ed Strategie	s continuec			
	ity Objectives							
	Increase healthy eating and pl	nysical activity among Maine yo	outh.					
		1. Grade 5-6 students	46.6% (44.5-48.6) 2019	46.8% (44.2-49.3) 2023	N/A	•	51.3%	
	A. Youth who consume 100% fruit juice, fruits, and/or vegetables five or more times a day:	2. Middle school students	20.9% (19.9-21.8) 2019	18.9 % (18.0-19.9) 2023	N/A	•	23.0%	
1.7		3. High school students	15.2% (14.3-16.0) 2019	14.2% (13.5-14.9) 2023	N/A	•	16.7%	MIYHS
	B. Youth who are physically	1. Middle school students	25.5% (24.6-26.3) 2019	27.9% (26.9-29.0) 2023	N/A	•	28.1%	
	active for at least one hour per day:	2. High school students	20.9% (20.1-21.7) 2019	24.0% (23.1-24.9) 2023	N/A	•	23.0%	
	Increase healthy eating and pl	nysical activity among Maine ad	lults.					
	A. Adults who consume fruits or vegetables one or more times per day:	1. Fruits	63.9% (62.0-65.8) 2019	65.0% (63.7-66.3) 2021	60.2% (59.8-60.5) 2021	•	70.3%	
1.8		2. Vegetables	87.1% (85.7-88.5) 2019	86.9% (85.9-87.9) 2021	79.3% (79.0-79.6) 2021	•	95.8%	BRFSS
	B. Adults who participate in enough physical activity to meet guidelines. Question changed in 2021 to include any physical activity		20.1% (18.7-21.5) 2017	73.5% (72.3-74.7) 2021	76.1% (75.8-76.4) 2021	Unable to denote progress due to change in question	22.7% Based on 2017 question	
Alcol	nol Objectives					question		
1.9	Decrease past 30-day alcohol use in high school students.		22.9% (21.8-24.0) 2019	20.5 (19.2-21.7) 2023	N/A		20.6%	MIYHS
1.10	Decrease past 30-day alcohol	use by 18–25-year-olds.	63.4% (59.2-67.4) 2017-2018	60.1% (55.8-64.2) 2018-2019	54.7 (53.9-55.5) 2018-2019	•	57.0%	NSDUH
Rado	n and Arsenic Objectives							
	Increase radon testing in:			1	1	; i		
1.11	A. Owner-occupied structures.		35.3% (33.9-36.8) 2015-2016	38.6% (36.4-40.7) 2021	N/A		38.8%	BRFSS
	B. Non-seasonal residential rental properties.		32.5% (29.5-35.4) 2015-2016	23.5% (19.2-27.8) 2021	N/A	•	35.8%	MTN
1.12		Increase the number of households that install a radon mitigation system when they receive a high radon test result.		1,551 2023	N/A	•	2,510	MRP
1.13	Increase the proportion of priv	vate wells tested for arsenic.	55.5% (52.8-58.3) 2017	56.1% (53.4-58.9) 2021	N/A	•	65.0%	BRFSS

	ne Cancer Plan 20 prmance Measures Prog		Baseline	Current	U.S. Compare	Progress	Target	Data Source
GOAL	. 1: PREVENTION – Reduce	e Cancer Risk Through Ev	vidence-Base	ed Strategie	s continued			
HPV C	bjective							
1.14	Increase the completion rate of male and female 13-year-olds. Unable to obtain data from ImmPa Immunization Survey-Teen in 2024	-	44.8% December 2019 ImmPact	66.2% (59.4-72.4) 2022	60.6% (58.6-62.6) 2022	Unable to denote progress due to change in data source	49.3% Based on ImmPact 2019	NIS-Teen
Ultrav	violet Radiation Objectives							
		A. Grade 5 & 6	48.5% (45.4-51.7) 2019	46.9% (44.6-49.2) 2023	N/A	•	53.4%	
1.15	Increase the proportion of youth that use a SPF of 15 or higher when outside for more than one hour on a sunny day:	B. Middle school students	32.2% (30.0-34.4) 2019	31.0% (28.6-33.5) 2023	N/A	•	35.5%	MIYHS
		C. High school students	23.6% (22.0-25.1) 2019	24.3% (22.5-26.0) 2023	N/A	•	26.0%	
1 16	Reduce the proportion of youth who use indoor tanning devices:	A. Middle school students	4.0% (3.3-4.7) 2019	3.6% (2.8-4.3) 2023	N/A	•	2.0%	MIYHS
1.10		B. High school students	8.1% (7.1-9.1) 2019	4.7% (3.9-5.4) 2023	N/A		4.1%	
GOAL	. 2: SCREENING – Increase	evidence-based screeni	ng for all Ma	ainers				
Breast	t Screening Objectives							
2.1	Increase the percentage of Mai had a mammogram in the past		80.9% (78.6-82.9) 2018	81.6% (79.7-83.5) 2022	76.3% (no Cl) 2022	•	81.5%	BRFSS
2.2	Reduce the rate of new cases of female breast cancer diagnosed as late stage.		38.9 per 100,000 (36.4-41.5) 2016-2018	41.2 per 100,000 (38.7-43.9) 2019-2021	US compare not yet available	•	35.0 per 100,000	MCR
Cervic	al Screening Objectives							
2.3	Maintain the percentage of Maine women ages 21-65 years old who had a Pap test within the past 3 years. Not asked in 2022		81.9% (79.5-84.4) 2018	80.3% (77.9-82.7) <mark>2020</mark>	78.0% (77.3-78.6) <u>2020</u>	•	81.9%	BRFSS
2.4	Rate of new cases of cervical cancer diagnosed as late stage is lower than (or does not exceed) current rate.		2.3 per 100,000 (1.7-3.0) 2016-2018	2.9 per 100,000 (2.2-3.8) 2019-2021	US Compare not yet available	•	2.3 per 100,000	MCR
Colore	ectal Screening Objectives							
2.5	Increase colorectal cancer screening among eligible adults based on current U.S. Preventive Services Task Force guidelines. Note: Age to begin colorectal screening lowered to 45 in 2021— increasing the number eligible for screening.		75.8% (74.2-77.5) 2018	72.2% (70.5-73.8) 2022 Ages 45-75	66.9% (no CI) 2022 Ages 45-75	Unable to denote progress due to change in guidelines	83.4% Based on ages 50-75	BRFSS
2.6	Reduce the rate of new cases of colorectal cancer diagnosed as late stage.		20.4 per 100,000 (19.1-21.6) 2016-2018	20.7 per 100,000 (19.5-22.0) 2019-2021	US compare not yet available	•	18.4 per 100,000	MCR

	ne Cancer Plan rmance Measures Pl	Baseline	Current	U.S. Compare	Progress	Target	Data Source	
GOAL	2: SCREENING – Increa	ase evidence-based screeni	ng for all Ma	ainers contir	nued			
Lung So	creening Objectives			1	1			1
2.7	Increase lung cancer screening among eligible adults based on current U.S. Preventive Services Task Force guidelines.		11.8% (7.7-15.9) 2017-2018	14.1% (11.6-16.7) 2022	9.9% (no Cl) 2022	•	25.0%	BRFSS
2.8		Increase the rate of shared decision making among adults who have received low dose CT screening.		24.5% (19.8-29.4) 2021	N/A	•	32.0%	BRFSS
2.9	Reduce the rate of new cases of late-stage lung cancer.		48.4 per 100,000 (46.6-50.2) 2016-2018	42.2 per 100,000 (40.6-43.8) 2019-2021	US compare not yet available	*Uncertain trend	43.6 per 100,000	MCR
2.10	Reduce the proportion of late-stage lung cancer.		68.2% (66.8-69.6) 2016-2018	64.3% (62.8-65.7) 2019-2021	US compare not yet available	*Uncertain trend	61.4%	MCR
Prostat	te Screening Objectives							
	Increase evidence-based prostate specific antigen (PSA) screening: (Screening rates by age categories are determined by the USPSTF.) Not asked in 2022	A. Among men aged 40 to 54	11.3% (8.6-13.9) 2016	9.8% (6.2-13.5) <mark>2020</mark>	N/A	•	t	
2.11		B. Among men aged 55-69	37.3% (33.9-40.8) 2016	32.1% (28.6-35.6) 2020	N/A	•	+	BRFSS
		C. Among men over 70	42.2% (37.9-46.5) 2016	40.3% (36.5-44.3) 2020	N/A	•	t	
2.12	Reduce the rate of new cases of late-stage prostate cancer.		23.9 per 100,000 (22.2-25.9) 2016-2018	26.2 per 100,000 (24.4-28.1) 2019-2021	US compare not yet available	•	21.5 per 100,000	MCR
GOAL	3: TREATMENT – Incre	ease timely, high-quality, ar	nd evidence	based cance	er treatmer	nt for all M	ainers	
3.1	Establish a baseline and monitor the number of patients treated at Commission on Cancer accredited hospitals in Maine.		83.3% (85.0-86.4) 2019	87.9% (87.3-88.6) 2021	N/A		t	MCR
3.2	Increase the percentage of Mainers that participate in clinical trials as part of cancer treatment. Only asked in 2011, 2012 and 2020—will not continue		7.6% (5.3-9.9) 2011-2012	5.1% (2.7-7.4) 2020	N/A	Unable to denote progress due to lack of data	Unable to denote target due to lack of data	BRFSS

*Data preliminary – use caution when comparing

⁺ Metric is for monitoring purposes only and no target is set

	ne Cancer Plan 202 rmance Measures Progres	Baseline	Current	U.S. Compare	Progress	Target	Data Source	
GOAL	4: SURVIVORSHIP - Improve	the quality of life fo	r cancer surv	vivors in Ma	ine			
4.1	Increase the percentage of Maine cancer survivors who receive a holistic/comprehensive survivorship care plan which includes a treatment summary, surveillance, recommendations for health promotion, and risk reduction. Only asked in 2011, 2012 and 2020—will not continue		37.5% (32.1-43.0) 2011	36.2% (30.6-41.9) 2020	N/A	Unable to denote progress due to lack of data	Unable to denote target due to lack of data	
	Improve the following health out	comes for Maine cancer su	urvivors:					
	A. Reduce the percentage of survivors using tobacco.		15.1% (12.5-17.7) 2018	13.0% (10.5-15.5) 2021	12.0% (11.5-12.5) 2021	•	13.6%	
	B. Increase the percentage of survivors who consume:	1. Fruits one or more times per day	69.5% (66.0-73.1) 2017	68.9% (66.2-71.6) 2021	63.2% (62.3-64.0) 2021	•	76.5%	BRFSS
4.2		2. Vegetables one or more times per day	88.4% (86.0-90.9) 2017	86.9% (84.8-89.0) 2021	82.0% (81.3-82.8) 2021	•	97.2%	
	C. Increase the percentage of survivors who engage in physical activity. Question changed in 2021		20.8% (18.0-23.7) 2017	67.9% (65.1-70.7) 2021	70.9% (70.2-71.7) 2019	Unable to denote progress due to change in question	22.9% Based on 2017 question	
	D. Reduce the percentage of surv health days (past month >13 days	15.0% (12.4-17.6) 2018	12.8% (10.5-15.0) 2021	14.5% (13.9-15.1) 2021	•	13.5%		
	E. Reduce the percentage of survivors who have poor physical health days (past month >13 days).		23.8% (20.8-27.1) 2018	19.7% (17.1-22.2) 2021	19.8% (19.1-20.5) 2021	•	21.5%	
	5: PALLIATIVE CARE - Ensure r diagnosis and treatment	e all patients have co	mprehensiv	e, high-quali	ty palliativ	e care thro	oughout t	heir:
5.1	Increase utilization of palliative ca	76.9 B Grade 2019	All New Engla a	nd states have ccept Maine.	e an A grade	+	<u>CAPC</u> <u>Survey</u>	
GOAL	6: END-OF-LIFE - Ensure tim	ely, high-quality end	of-life supp	ort for cance	er patients			
6.1	No way to measure how many people in Maine are utilizing the						Medicare Utilization Hospice Compare	

⁺ Metric is for monitoring purposes only and no target is set



The Department of Health and Human Services ("DHHS") does not discriminate on the basis of disability, race, color, sex, gender, sexual orientation, age, national origin, religious or political belief, ancestry, familial or marital status, genetic information, association, previous assertion of a claim or right, or whistleblower activity, in admission or access to, or the operation of its policies, programs, services, or activities, or in hiring or employment practices. This notice is provided as required by and in accordance with Title II of the Americans with Disabilities Act of 1990 ("ADA"); Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Age Discrimination Act of 1975; Title IX of the Education Amendments of 1972; Section 1557 of the Affordable Care Act; the Maine Human Rights Act; Executive Order Regarding State of Maine Contracts for Services; and all other laws and regulations prohibiting such discrimination. Questions, concerns, complaints or requests for additional information regarding the ADA and hiring or employment practices may be forwarded to the DHHS ADA/EEO Coordinators at 11 State House Station, Augusta, Maine 04333-0011; 207-287-4289 (V); 207-287-1871(V); or Maine Relay 711 (TTY). Questions, concerns, complaints or requests for additional information regarding the ADA and programs, services, or activities may be forwarded to the DHHS ADA/Civil Rights Coordinator, at 11 State House Station, Augusta, Maine 04333-0011; 207-287-5014 (V); Maine Relay 711 (TTY); or ADA-<u>CivilRights.DHHS@maine.gov</u>. Civil rights complaints may also be filed with the U.S. Department of Health and Human Services, Office of Civil Rights, by phone at 800-368-1019 or 800-537-7697 (TDD); by mail to 200 Independence Avenue, SW, Room 509, HHS Building, Washington, D.C. 20201; or electronically at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Individuals who need auxiliary aids for effective communication in program and services of DHHS are invited to make their needs and preferences known to the ADA/Civil Rights Coordinator. This notice is available in alternate formats, upon request.