

Priorities for Cancer Reduction: Maine CDC Perspective



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Paul R. LePage, Governor

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Selection of Cancer Priorities



- State-based
- Data driven
- Influenced by funding/national priorities, e.g.. US CDC
- Collaboration with partners

Forces in Action: U.S. CDC



- Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations - 2012
 - Cancer addressed through four components:
 - Program management, leadership and coordination
 - **Policy, systems and environmental changes and community-clinical linkages**
 - Health systems change and quality preventive services
 - Surveillance

Health Impact Pyramid

**Increasing
Population
Impact**

**Increasing
Individual Effort
Needed**

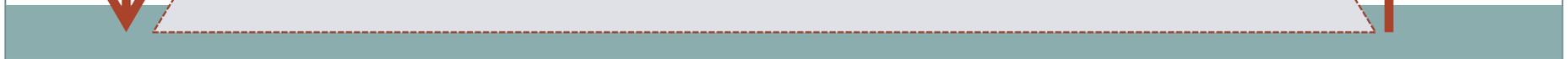
**Counselin
g
&
Education**

**Clinical
Interventions**

**Long-Lasting
Protective Interventions**

**Changing the Environment to Make
Individuals' Default Decisions Healthy**

Changes in Socioeconomic Factors



Policy, Systems and Environmental Change

- Focuses on “upstream” or early factors that make the healthy choice the easy choice
- Creates an environment to either make it easier or more difficult to engage in a behavior
- Results in long-lasting sustainable change that doesn't rely solely on individual behavior change
- Policies may be legislative, community or organizational

What are the basic strategies to reduce cancer in Maine?



**PREVENTION/EDUCATION
POLICY
EARLY DETECTION
SURVEILLANCE**

What are some specific prevention priorities?



PREVENT TOBACCO USE (YOUTH)

REDUCE ADULT SMOKING RATES

REDUCE SECONDHAND SMOKE EXPOSURE

**PREVENT OBESITY THROUGH INCREASED
PHYSICAL ACTIVITY AND IMPROVED NUTRITION**

Some Specific Prevention Priorities (continued)



REDUCE EXPOSURE TO RADON

**REDUCE UNNECESSARY RISK FROM
EXPOSURE TO RADIATION**

Examples of Public Education



- Tobacco: messages in media campaigns about the dangers of tobacco use, secondhand smoke exposure, and encouraging youth to stay tobacco free
- Environmental health: increase awareness of arsenic in private well water and encourage testing. Radon testing: e.g. magnet “Radon Gets you where you live” with 1-800 number for information
- Integrated with other activities such as cancer screening programs - provide information about tobacco quit line at registration (& cross refer for other screening)

Examples of Workforce Education



- Training for child care centers and schools on how to incorporate physical activity and nutrition into the day
- Training health care providers in tobacco treatment
- Retailer training to assist store clerks in complying with youth access laws to prevent underage tobacco sales
- Continuing education program for Maine Mammography Technicians annually
- Training (with CEUs) for Maine's Certified Tumor Registrars & other hospital cancer reporters annually

Public Policies: Recent Examples



- Radon: 2009 law requires radon testing in all residential rental properties by 3/1/2014
- Tobacco: Laws regulating smoking in public places and workplaces, with support for enforcement
- Drinking Water: Regulation of arsenic and disinfection by-products (both carcinogenic) in public water supply to reduce exposure
- Tanning: 2009 Tanning Booth Regulations for Teens

Early Detection



- **Maine CDC Breast and Cervical Health:**
 - Major component: provides screening services (60% of award) for low-income women who are uninsured or underinsured. Includes case management/patient navigation and screening promotion. Partners with providers, labs, & mammography facilities.
 - Messages about importance of screening
- **Maine CDC Colorectal Cancer:**
 - Major component: screening promotion to increase population screening rates. Partners with 4 major health systems to achieve
 - Provides screening services (<33% of award).

Surveillance Examples



- Behavioral Risk Factor Surveillance Survey (BRFSS):
Adults 18+
- Maine Integrated Youth Health Survey (MIYHS):
Youth
- Cancer Registry: collects all new cancer cases from multiple sources – hospitals, labs, physicians and other states
- Radon Program: reporting from testers, labs, remediation contractors [plus questions on BRFSS]

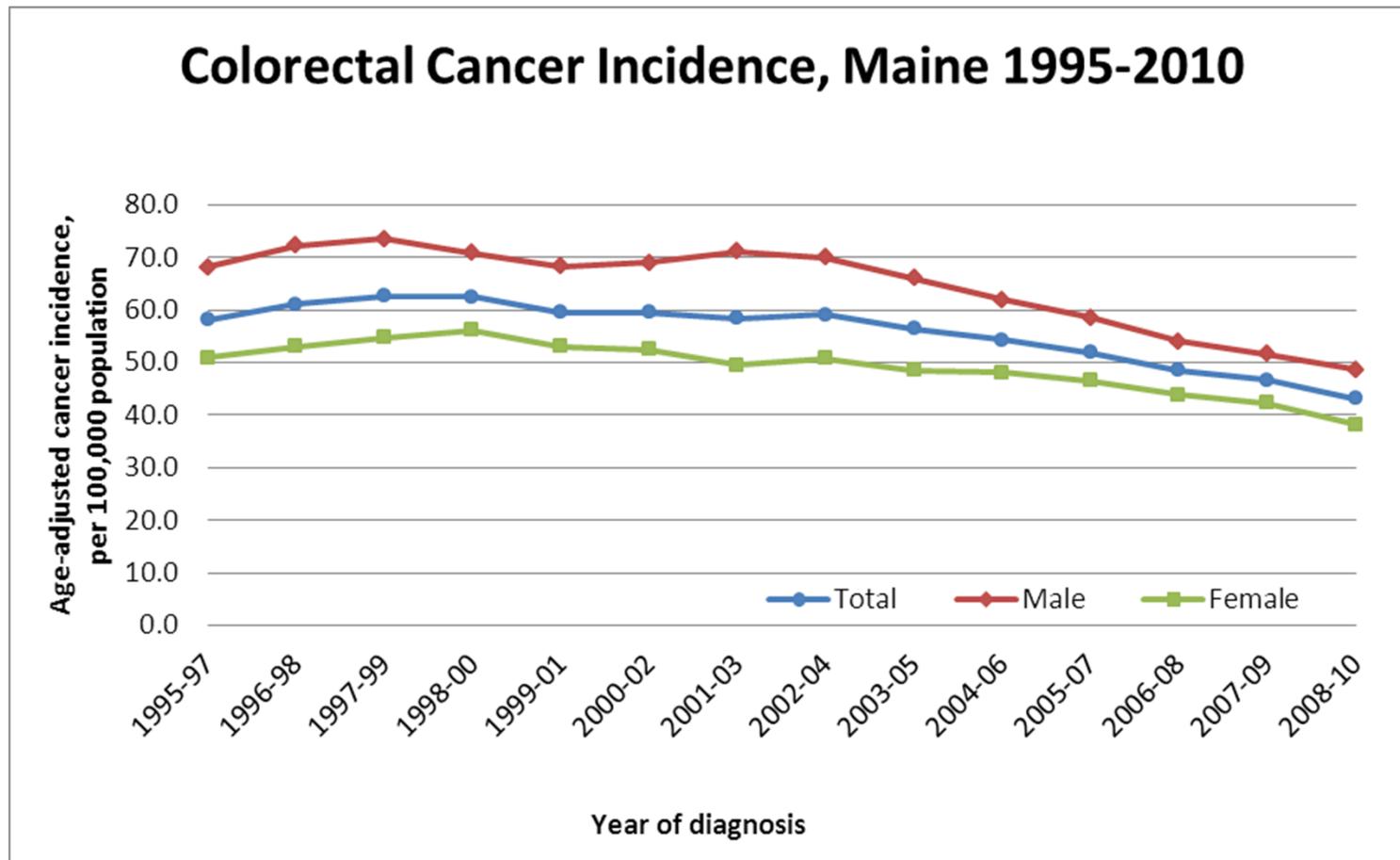
Analysis & Use of Data



- Trends over time – cancer incidence & mortality
- Cancer stage (at diagnosis)
- Use of data to monitor outcomes:
- Set and evaluate state cancer plan goals
- Set Healthy Maine 2020 cancer goals, State Health Improvement Plan priorities
- Provide background to the Cancer Consortium
- Inform the legislative process, reporters & their readers

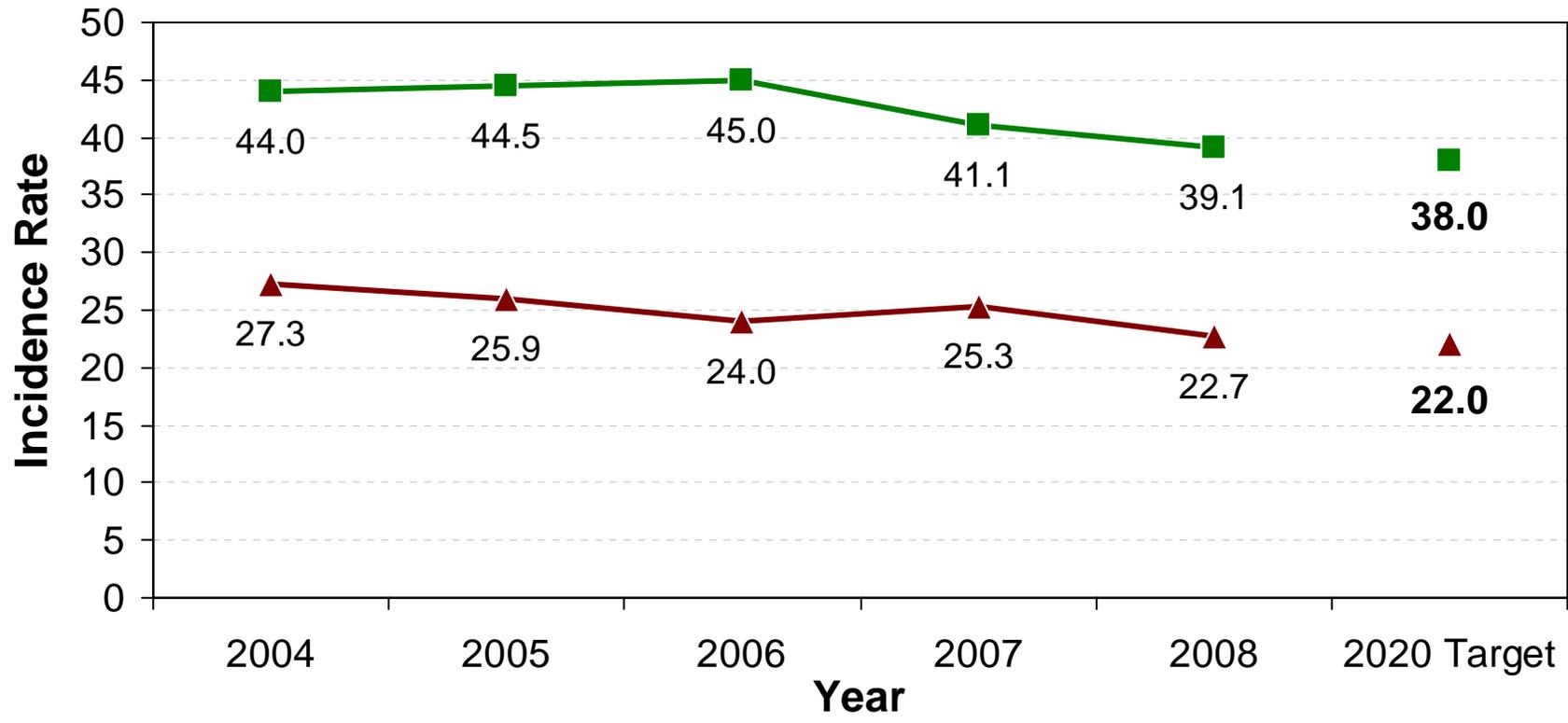
Cancer INCIDENCE

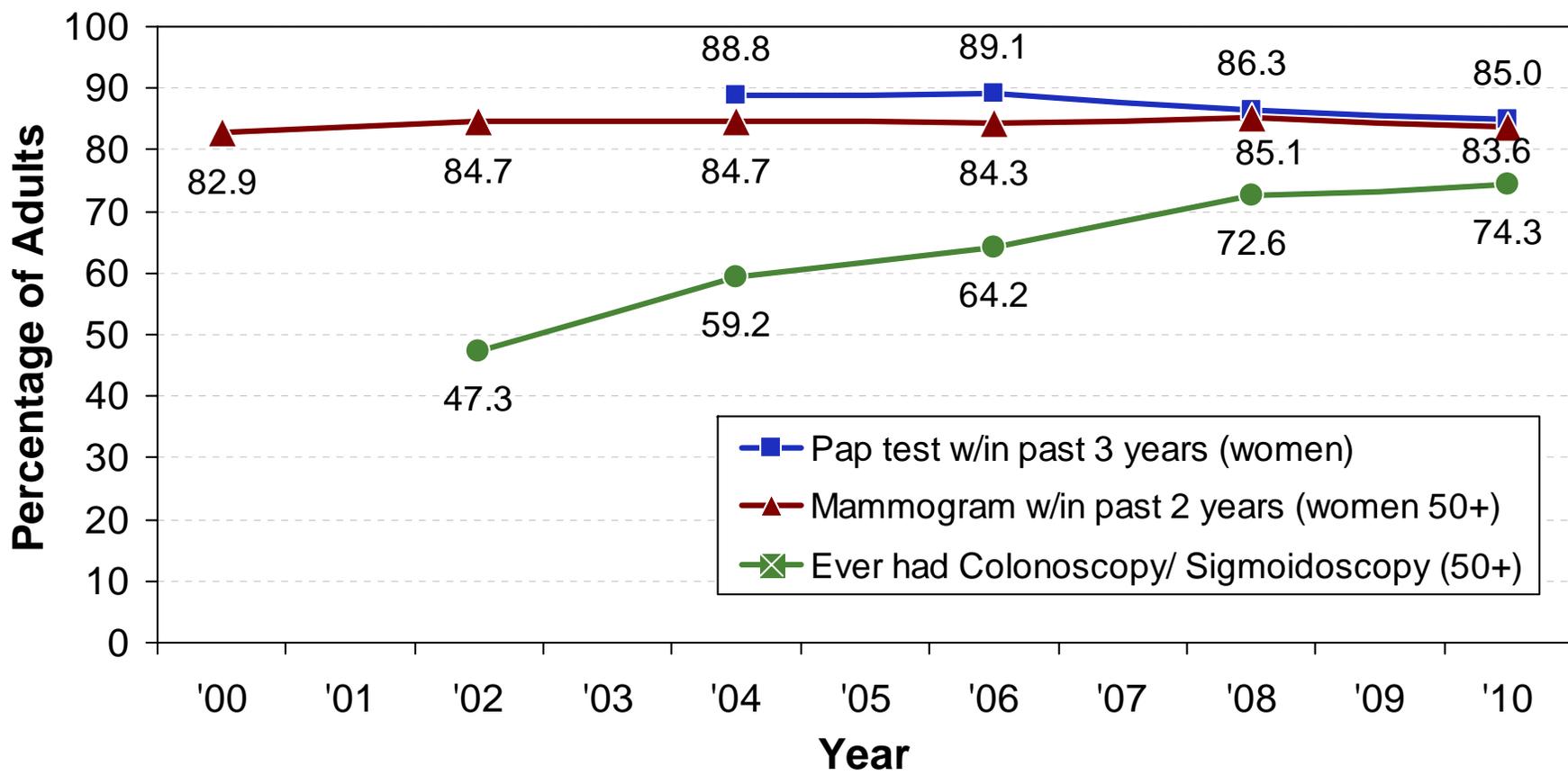
AGE-ADJUSTED INCIDENCE OF COLORECTAL CANCER, MAINE 1995-2010



Data Source: Maine Cancer Registry, 1995-2010 NPCR-CSS submission

■ Late-stage female breast cancer ▲ Late-stage colorectal cancer





Additional Resources



- Web site for Cancer Registry:
- <http://www.maine.gov/dhhs/mecdc/population-health/mcr/index.htm>
- Environmental public health tracking portal:
<https://data.mainepublichealth.gov/tracking>
- CDC: <http://apps.nccd.cdc.gov/USCS/index.aspx> and
- <http://apps.nccd.cdc.gov/StateCancerFacts/index.aspx>

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