# Vermont State Cancer Plan 2018: Midterm Status Report

**Published September 2018**

For additional information, please contact:
Allison Verbyla, MPH CPH
Public Health Analyst
Comprehensive Cancer Control Program
802.951.1211
Allison.Verbyla@vermont.gov

| Cancer Plan Objective # (*sub-objective) | | Data Source | Baseline Year(s) | Baseline Value | Current Year(s) | Current Value | 2020 Target | Midterm Progress |
|---|---|---|---|---|---|---|---|---|
| **Reduce disparities in behavioral risks, early detection, treatment and survivorship of cancer in Vermont** | | | | | | | | |
| 1 | Disparities Goal/Objectives (no specific objectives) | | | | | | | |
| **Prevention: Prevent cancer from occurring or recurring** | | | | | | | | |
| 2.1 | Decrease % of adults who smoke cigarettes. | BRFSS | 2014 | 18% | 2016 | 18% | 12% | |
| 2.1a* | Decrease % of adults below 250% of FPL who smoke cigarettes. | BRFSS | 2014 | 29% | 2016 | 28% | 12% | |
| 2.1b* | Decrease % of adult cancer survivors who smoke cigarettes. | BRFSS | 2014 | 26% | 2016 | 25% | 12% | |
| 2.2 | Decrease % of adolescents in grades 9-12 who smoke cigarettes. | YRBS | 2015 | 11% | 2017 | 9% | 10% | ✪ |
| 2.3 | Increase % of adult smokers attempting to quit in the past year. | BRFSS | 2014 | 59% | 2016 | 49% | 80% | ✖ |
| 2.4 | Decrease % of adult non-smokers exposed to secondhand smoke.[§] | ATS | 2014 | 48% | 2016 | 44% | 30% | |
| 2.5 | Decrease incidence rate of tobacco-associated cancers. (Per 100,000 persons)[†] | VCR | 2008-2012 | 197.5 | 2011-2015 | 167.6 | 202.8 | |
| 3.1 | Increase % of adults using the dental system yearly. | BRFSS | 2014 | 72% | 2016 | 71% | 85% | |
| 3.1a* | Increase % of adult cancer survivors who use the dental system yearly. | BRFSS | 2014 | 70% | 2016 | 67% | 85% | |
| 3.2 | Increase % of children in grades K-12 using the dental care system yearly.[‡] | School Nurse Reports | 2014 | K-6: 74% | 2017 | K-6: 77% | K-6: 80% | ✪ |
| | | | 2014 | 7-12: 60% | 2017 | 7-12: 62% | 7-12: 70% | ✪ |
| 4.1 | Decrease % of adults age 20+ who are obese. | BRFSS | 2014 | 25% | 2016 | 28% | 20% | |
| 4.1a* | Decrease % of adults age 20+ below 250% of the FPL who are obese. | BRFSS | 2014 | 31% | 2016 | 32% | 20% | |
| 4.1b* | Decrease % of cancer survivors age 20+ who are obese. | BRFSS | 2014 | 21% | 2016 | 36% | 20% | |

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| 4.2 | Decrease % of adolescents in grades 9-12 who are obese. | YRBS | 2015 | 12% | 2017 | 13% | 8% | |
| 4.3 | Increase % of adults who meet physical activity guidelines. | BRFSS | 2013 | 59% | 2015 | 59% | 65% | |
| 4.4 | Increase % of adults eating the daily recommended servings of fruits per day. | BRFSS | 2013 | 35% | 2015 | 32% | 45% | |
| | Increase % of adults eating the daily recommended servings of vegetables per day. | BRFSS | 2013 | 18% | 2015 | 20% | 35% | |
| 4.5 | Increase % of adolescents in grades 9-12 eating the daily recommended servings of fruits per day. | YRBS | 2015 | 34% | 2017 | 33% | 40% | ✕ |
| | Increase % of adolescents in grades 9-12 eating the daily recommended servings of vegetables per day. | YRBS | 2015 | 18% | 2017 | 18% | 20% | |
| 4.6 | Decrease incidence rate of obesity-associated cancers. (Per 100,000 persons)† | VCR | 2008-2012 | 172.2 | 2011-2015 | 156.3 | 194.6 | |
| 5.1 | Increase % of females & males age 13-17 years receiving at least one dose of HPV vaccine.▪ | IMR | 2014 | F: 67% | 2017 | F: 73% | F: 70% | |
| | | | 2014 | M: 54% | 2017 | M: 68% | M: 57% | |
| 5.2 | Increase % of females & males age 13-17 years who are up-to-date on HPV vaccinations. (modification of VCP objective based on new guidelines)▪Δ | IMR | 2014 | F: 46% | 2016 | F: 60% | F: 48% | ◆ |
| | | | 2014 | M: 30% | 2016 | M: 51% | M: 32% | ◆ |
| 5.3 | Increase % of adolescents who have started the HPV series by age 15.▪ | IMR | 2014 | 36% | 2017 | 52% | 38% | |
| 5.4 | Decrease incidence rate of HPV-associated cancers. (Per 100,000 persons)† | VCR | 2008-2012 | 10.9 | 2011-2015 | 10.6 | 9.9 | |
| 6.1 | Decrease % of youth in grades 6-8 reporting sunburns in the past 12 months. | YRBS | 2015 | 54% | No data available | No data available | 51% | |
| | Decrease % of youth in grades 9-12 reporting sunburns in the past 12 months. | YRBS | 2015 | 65% | No data available | No data available | 61% | |

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| 6.2 | Decrease % of youth in grades 9-12 who have used a tanning booth or sun lamp in the past 12 months. | YRBS | 2015 | 4% | No data available | No data available | 3% | |
| 6.3 | Decrease incidence rate of invasive melanoma. (Per 100,000 persons) | VCR | 2008-2012 | 29.0 | 2011-2015 | 33.1 | 27.6 | ✕ |
| 6.4 | Increase % of households that install a radon mitigation system when they receive a high radon test result. | Radon Program | 2015 | 49% | 2017 | 39% | 55% | |
| 6.5 | Increase % of persons served by public water supplies that meet Safe Drinking Water Act standards.‡‡ | VT DEC | 2014 | 97% | 2017 | 100.0% | 100% | |
| **Early Detection: Detect cancer at its earliest stage** | | | | | | | | |
| 7.1 | Increase % of adults age 50-75 who received recommended colorectal cancer screening. | BRFSS | 2014 | 71% | 2016 | 72% | 80% | |
| 7.1a* | Increase % of adults age 50-75 below 250% of FPL who received recommended colorectal cancer screening. | BRFSS | 2014 | 61% | 2016 | 64% | 80% | |
| 7.1b* | Increase % of adults age 50-64 who received recommended colorectal cancer screening. | BRFSS | 2014 | 67% | 2016 | 69% | 80% | |
| 7.2 | Reduce rate colorectal cancers diagnosed at an advanced stage among adults age 50+. (Per 100,000 persons) | VCR | 2008-2012 | 62.4 | 2011-2015 | 60.6 | 59.3 | |
| 8.1 | Increase % of women age 21-65 who received a Pap test in the past three years.** | BRFSS | 2014 | 86% | 2016 | 80% | 100% | |
| 8.1a* | Increase % of women age 21-65 below 250% FPL who received a Pap test in the past three years.** | BRFSS | 2014 | 82% | 2016 | 74% | 100% | |
| 8.2 | Decrease rate of cervical cancer diagnosed at an advanced stage among women age 20+. (Per 100,000 women) | VCR | 2008-2012 | 2.0 | 2011-2015 | 1.8 | 1.9 | |
| 9.1 | Increase % of women age 50-74 who received a mammogram in the past two years. | BRFSS | 2014 | 79% | 2016 | 79% | 95% | |
| 9.1a* | Increase % of women age 50-74 below 250% FPL who received a mammogram in the past two years. | BRFSS | 2014 | 70% | 2016 | 72% | 95% | |

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| 9.1b* | Increase the number of women age 50-74 who received a mammogram in the past two years as documented in the VT Mammography Registry.[ΔΔ] | VMR | 2012-2013 | 60,531 | 2015-2016 | 61,671 | 63,558 | |
| 9.2 | Decrease rate of breast cancer diagnosed at an advanced stage among women age 50+. (Per 100,000 women) | VCR | 2008-2012 | 96.5 | 2011-2015 | 91.8 | 91.7 | |
| 9.3 | Decrease rate of breast cancer diagnosed at an advanced stage among women age 40-49. (Per 100,000 women) | VCR | 2008-2012 | 64.7 | 2011-2015 | 65.0 | 61.5 | |
| 9.4 | Increase % of women age 40-49 that talk to their provider about breast cancer risk & screening. (Developmental objective) | N/A | No data available | No data available | No data available | No data available | N/A | |
| 10.1 | Decrease rate of lung cancer diagnosed at an advanced stage among adults 55+. (Per 100,000 persons) | VCR | 2008-2012 | 210.0 | 2011-2015 | 193.6 | 199.5 | |
| 10.2 | Decrease % of lung cancers diagnosed at an advanced stage among adults 55+. | VCR | 2008-2012 | 80% | 2011-2015 | 74% | 76% | |
| 10.3 | Increase % of adults age 55-80 that are current or former smokers (quit within 15 years) with no history of cancer that had discussed lung cancer screening with a health care provider. | ATS | No data available | No data available | No data available | No data available | N/A | |
| 11.1 | Increase % of primary care providers who conduct prostate cancer risk assessment with their adult male patients ages 50-70. (Developmental objective) | N/A | No data available | No data available | No data available | No data available | N/A | |
| **Cancer Directed Therapy & Supportive Care: Treat cancer with appropriate, quality care** | | | | | | | | |
| 12.1 | Increase % of prospective cases presented at a multi-disciplinary cancer conference at CoC-accredited cancer programs. | CoC Accredi-ted Programs | 2014 | 96% | 2017 | 96% | 100% | |
| 12.2 | Increase % of annual analytical cases accrued to clinical trials at CoC-accredited cancer programs. | CoC Accredi-ted Programs | 2014 | 21% | 2017 | 17% | 22% | |

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| 12.3 | Increase % of CoC Quality of Care Measures with national benchmarks that are met or exceeded by CoC-accredited cancer programs. | NCDB | 2013 | 86% | No data available | No data available | 90% | |
| 13.1 | Increase number of palliative care health care providers (MDs, APNs, and RNs) practicing in Vermont. | ABMS (physician) HPCC (nurses) | 2014 (physicians) 2015 (nurses) | Phys.: 23; Nurses: 57 | 2016-2017 (Physicians); 2018 (Nurses) | Phys.: 27; Nurses: 59 | Phys.: 25; Nurses: 60 | |
| 14.1 | Increase % of VT CoC-accredited cancer programs with associated Complementary Integrative Medicine practitioners utilizing evidence-based methods such as acupuncture &/or massage therapy. | CoC Accredited Programs | 2015 | 83% | 2017 | 60% | 100% | |
| **Survivorship & End-of Life Care: Assure the highest quality of life possible for cancer survivors** | | | | | | | | |
| 15.1 | Increase the % of cancer patients treated by CoC-accredited cancer programs who have received survivorship care plans. | CoC Accredited Programs | 2014 | 2% | 2017 | 54% | 100% | ✪ |
| 16.1 | Decrease % of adult cancer survivors reporting poor mental health on most days. | BRFSS | 2014 | 11% | 2016 | 18% | 10% | ✖ |
| 16.2 | Increase % of adult cancer survivors who report always or usually receiving social and emotional support needed. | BRFSS | 2014 | 81% | 2016 | 82% | 90% | |
| 16.3 | Increase % of adult cancer survivors who report that their general health is good to excellent. | BRFSS | 2014 | 72% | 2016 | 68% | 85% | |
| 16.4 a, b,c* - Cancer survivor-specific prevention sub-objectives (2.1b, 3.1a, 4.1b) | | | | See above | | | | |
| 17.1 | Increase % of people who died from cancer who received hospice care within the 30 days before death. | Vital Stats | 2013 | 72% | 2016 | 74% | 77% | |
| 17.2 | Increase average number of hospice days during the last month of life for Medicare beneficiaries age 66-99 with a poor prognosis cancer diagnosis. | Atlas of Health Care (Dartmouth) | 2012 | 8.3 | No data available | No data available | 8.7 | |

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| 18.1 | Increase the number enrolled each year in the Vermont Advanced Directives Registry (ADR). | ADR | 2014 | 5,618 | 2017 | 4,686 | 5,899 | |

§ Baseline and current values are age-adjusted to the 2000 U.S. population to be consistent with other Healthy Vermonters 2020 objectives. They cannot be compared to earlier published values. This baseline value and current value cannot be compared to the target value because the target value is not age-adjusted.

Δ Current values cannot be compared to baseline or target values. For objective 5.2, the recommendation for HPV vaccinations has changed since 2016, for more information, please visit

https://www.cdc.gov/vaccines/vpd/hpv/hcp/recommendations.html

ΔΔ Current values cannot be compared to baseline or target values. For objective 9.1b, typically Vermont residency status is determined using the zip code given by the patient at the time of the mammography. For the 2015-2016 value, 11% of patients did not report their zip code. As a result, the patient's zip code from a previous mammography was used instead.

** Due to a difference in how the cervical cancer questions were asked in 2016***, comparisons over time cannot be made.

*** Usually women who have had a hysterectomy are excluded from cervical cancer screening calculations. In 2016, women 45-65 were not asked whether they've had a hysterectomy, and as such the proportion meeting PAP test screening recommendations is underestimated.

† Baseline values and 2020 targets were recalculated using the CDC methodology released in October 2017 and cannot be compared to earlier published values. For more information on CDC methodology, please visit,

https://www.cdc.gov/cancer/npcr/pdf/public-use/predefined-seer-stat-variables.pdf

Current values were calculated using the CDC methodology released in April 2018 (limited to microscopically confirmed diagnoses only) and cannot be compared to baseline or 2020 target values.

‡ Use caution when interpreting statistical significance. Self-reported data is gathered each year by a parent/caregiver survey. Missing responses are counted as a student who did not have a dental visit. An increase in the precentage of children visiting the dentist may reflect less missing data. A greater proportion of missing responses occurs for grades 7-12 in comparison to grades K-6.

▪ Baseline and current values are exact and are calculated based on provider immunization records for **all** persons born in (or seeking medical care in) Vermont.

‡‡ Current value cannot be compared to baseline value as a Revised Total Coliform Rule went into effect 4/1/2016. This revised rule eliminated a non-acute total coliform measurment from the maximum contaminant level (MCL) criteria. This revised criteria increases the proportion of the population meeting health-based standards.

To learn more about the Comprehensive Cancer Control Program in Vermont, please visit, http://www.healthvermont.gov/wellness/cancer.