

Cancer Data Pages

Chapter 5: Cancer Survivorship

Department of Health Surveillance Published August 2022



Table of Contents

Topic	e
<u>Cancer Prevalence</u> 5	
Survivorship Health:	
General Health9	
Emotional or Social Support11	
Survivorship Compared to Experience of Individuals Never Diagnosed with Cancer:	
Poor Health Days	
<u>Co-Morbidities</u> 14	
Health Systems16	
Food Insecurity17	
Prevention18	
Risk Factors19	
Tobacco Use20	
Data Sources and Notes21	

Introduction: Cancer Survivorship

Cancer is a group of more than 100 different diseases that often develop gradually as the result of a complex mix of lifestyle, environmental, social and genetic factors.

Cancer prevalence is the number or proportion of people alive today who have ever been diagnosed with cancer. This includes individuals who are newly diagnosed, in active treatment, have completed active treatment and those living with progressive symptoms of the disease. Prevalence is often compared to *incidence*, which is defined as the number or rate of new cancer diagnoses during a year.

A person who is diagnosed with cancer is most commonly called a *cancer survivor*, though this term is not universally accepted. Similarly, *survivorship* is the experience of those who have ever been diagnosed with cancer and describes the time from diagnosis to the end of the individual's life.

Throughout this presentation, cancer refers to any type of cancer except skin cancer.

Vermont Health Equity Priority Populations

The Vermont Department of Health recognizes that some individuals are more likely to be affected by cancer than others due to social, environmental and economic disadvantages.

In developing the <u>2025 Vermont Cancer Plan</u>, four populations of focus were chosen to track to assess disparities in health behaviors and outcomes. These four populations are highlighted in these data pages as well to support work focusing on decreasing disparities.

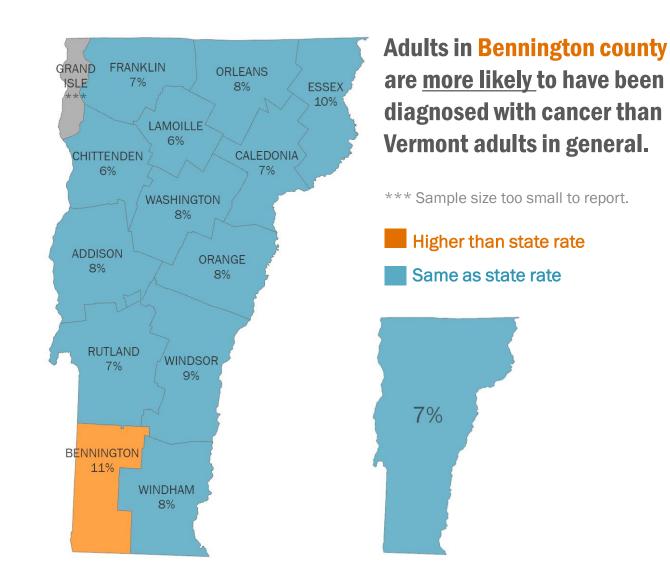
The four populations of focus are defined in the following ways, based on data available from VDH's data sources:

- Black, Indigenous and people of color (BIPOC): Individuals who self-identified that they were of Hispanic, Latino/a, or Spanish origin, and/or responded that their race is one or more of the following: Black or African American, American Indian or Alaska Native, Asian, Pacific Islander.
- Lesbian, gay, bisexual, transgender and queer (LGBTQ+) Vermonters: Data sources only ask respondents to self-identify if they are lesbian, gay, bisexual and/or transgender. To best represent the available data therefore, we use LGBT when discussing findings from these data sources.
- **Vermonters living with disabilities:** Individuals who self-identified as having one or more of the following conditions: sight impairment, being deaf or having serious difficulty hearing, difficulty walking, difficulty making decisions, difficulty doing errands alone, difficulty getting dressed alone.
- Low-income Vermonters: Individuals who have a household income that is 250% or less of the federal poverty limit.

Cancer Prevalence

Vermonters have been diagnosed with cancer at the <u>same rate</u> as the US population.

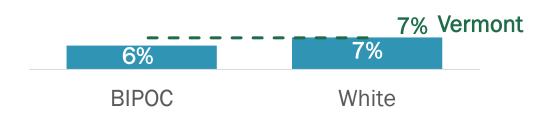


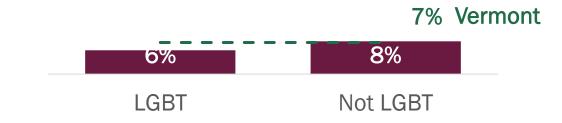


Cancer Prevalence in Vermont

BIPOC and White, Non-Hispanic adults have been diagnosed with cancer at a <u>similar rate</u>.

LGBT and non-LGBT adults have been diagnosed with cancer at a <u>similar rate</u>.



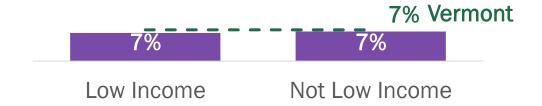




Adults with a disability have been diagnosed with cancer at a <u>higher rate</u> than those without a disability.

Adults with and without a low income have been diagnosed with cancer at the <u>same rate</u>.

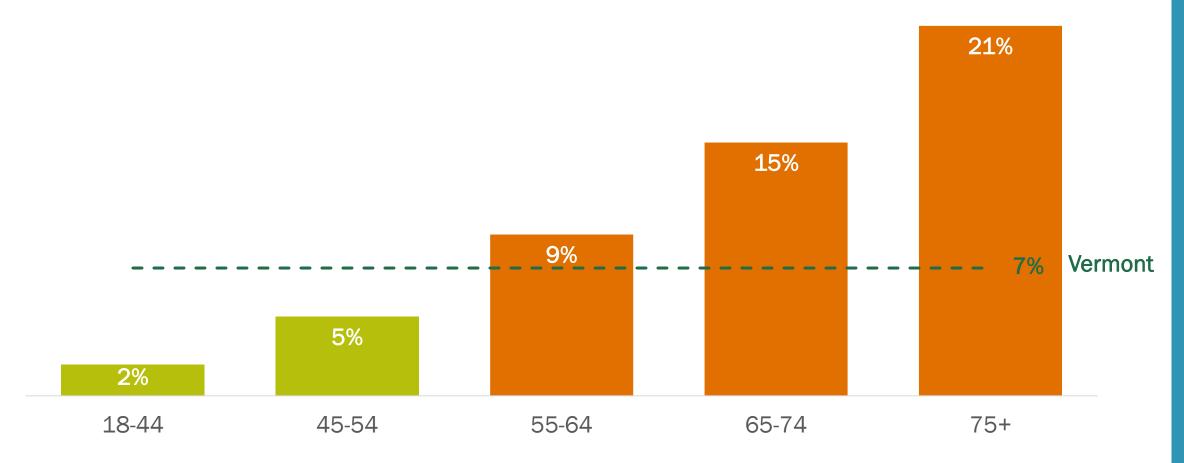




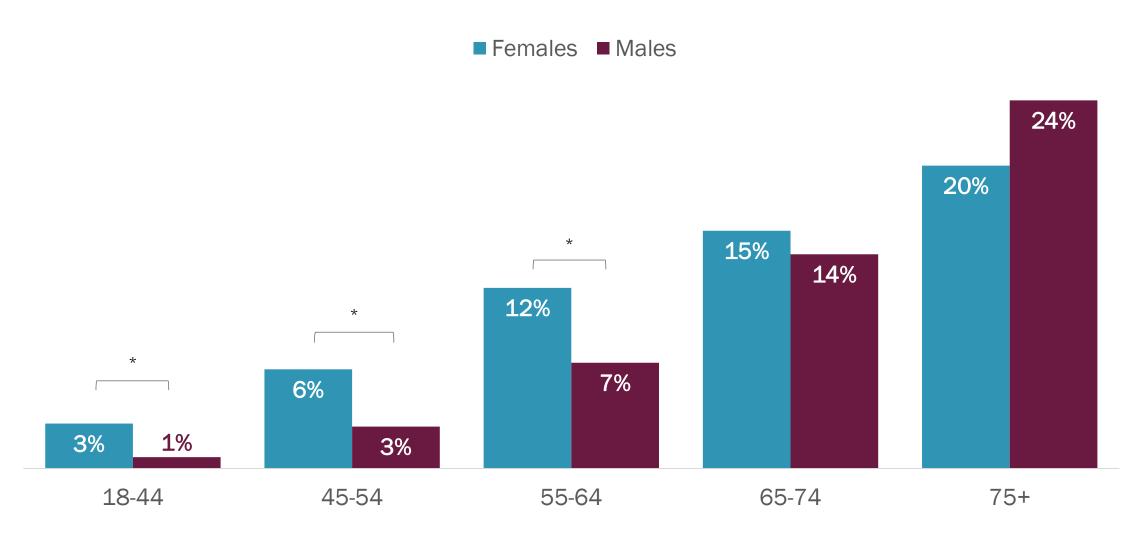
Vermont Department of Health Source: BRFSS 2018 and 2019

The prevalence of cancer increases as age increases.

Vermonters ages 55+ have been diagnosed with cancer more than Vermonters in general.

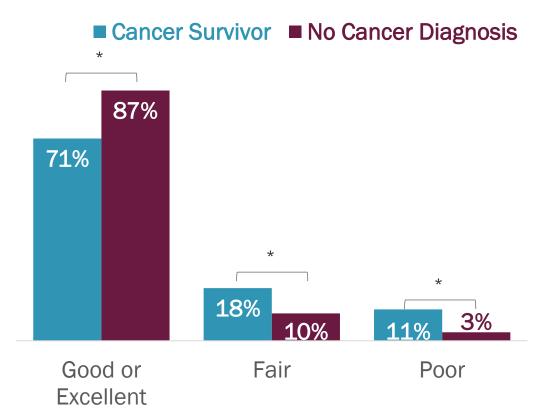


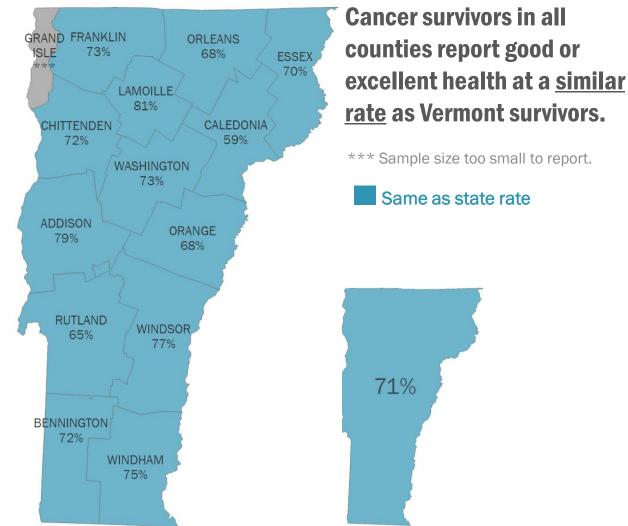
Females under the age of 65 are more likely to have been diagnosed with cancer than males of the same age.



General Health

Cancer survivors report good or excellent health <u>less</u> and fair and poor health <u>more</u> than those without a cancer diagnosis.



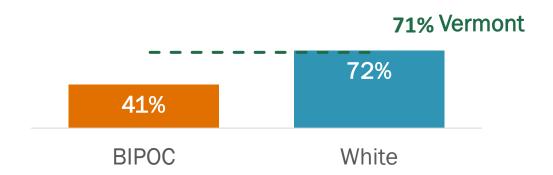


Cancer Survivorship

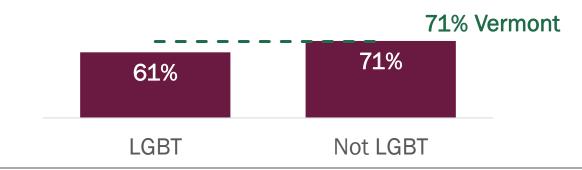
General Health



BIPOC cancer survivors report good or excellent health <u>less</u> than White, Non-Hispanic survivors.

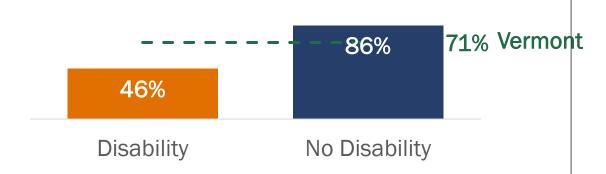


LGBT and non-LGBT cancer survivors report good or excellent health at a <u>similar rate</u>.



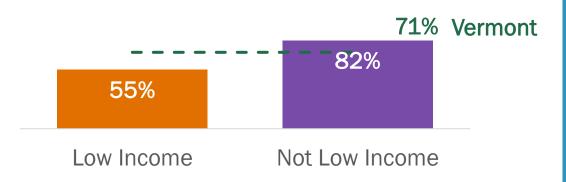


Cancer survivors with a disability report good or excellent health <u>less</u> than those without a disability.





Cancer survivors with a low income report good or excellent health <u>less</u> than those without a low income.

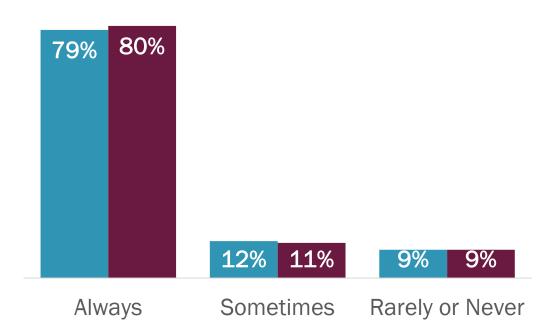


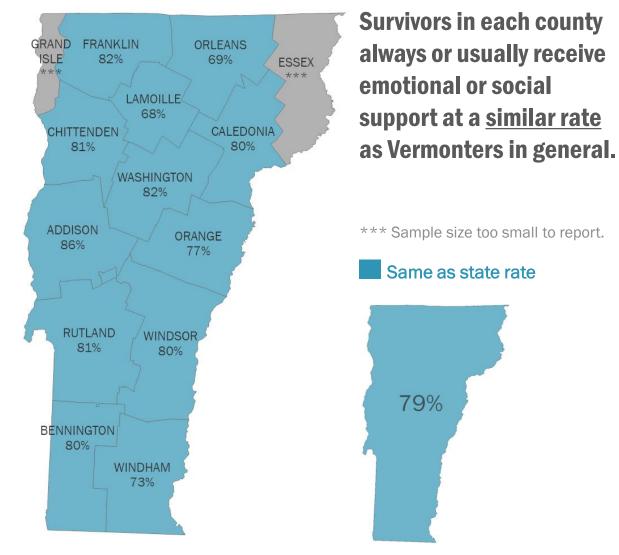
Vermont Department of Health Source: BRFSS 2016 and 2018

Emotional or Social Support

Cancer survivors receive emotional and social support at a <u>similar rate</u> as those never diagnosed with cancer.

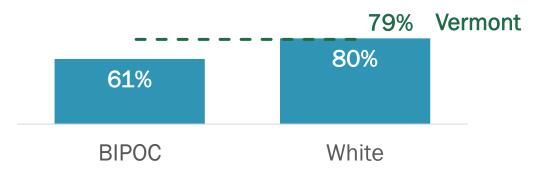
■ Cancer Survivors ■ No Cancer Diagnosis



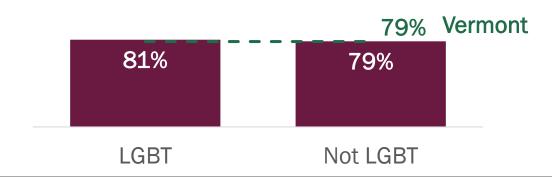


Emotional or Social Support

BIPOC and White, Non-Hispanic cancer survivors always or usually receive emotional or social support at a <u>similar rate</u>.

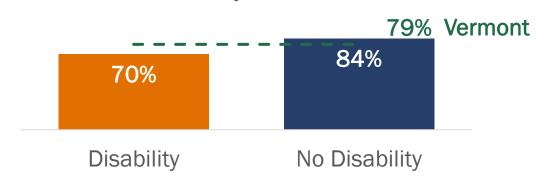


LGBT and non-LGBT cancer survivors always or usually receive emotional or social support at a similar rate.



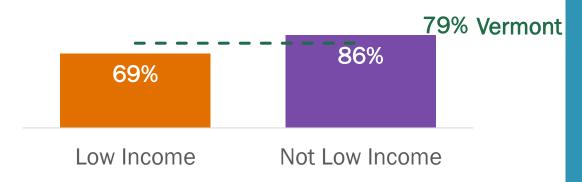


Cancer survivors with a disability always or usually receive emotional or social support <u>less</u> than those without a disability.





Cancer survivors with a low income always or usually receive emotional or social support less than those without a low income.



Vermont Department of Health Source: BRFSS 2016 and 2018

Cancer survivors are more likely to report poor health than those never diagnosed with cancer.

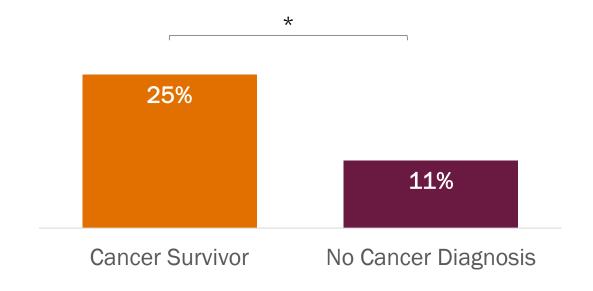


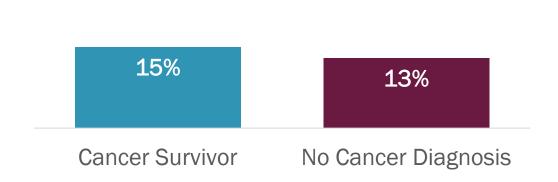


Cancer survivors are <u>more likely</u> to report poor **physical health** more than 13 days a month than those never diagnosed with cancer.



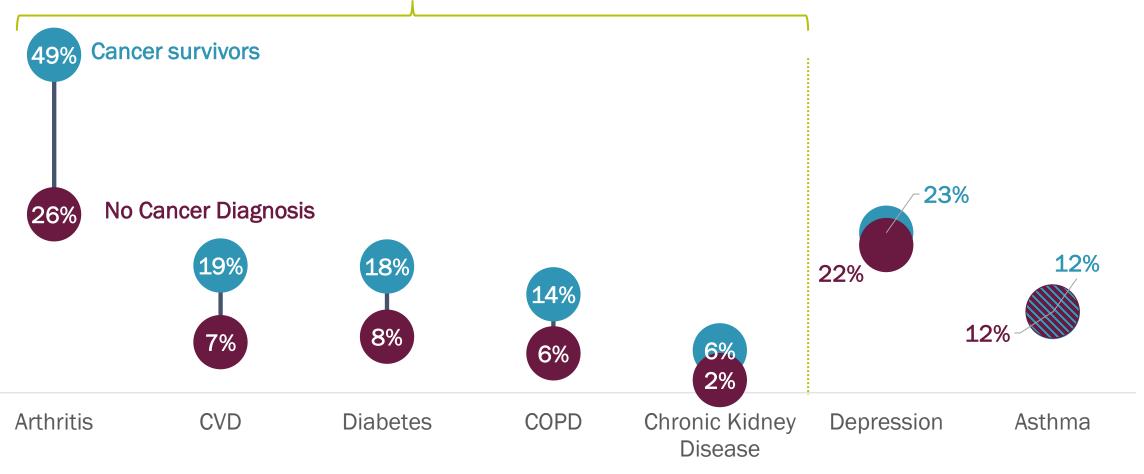
Cancer survivors and those never diagnosed with cancer report poor mental health more than 13 days a month at a similar rate.





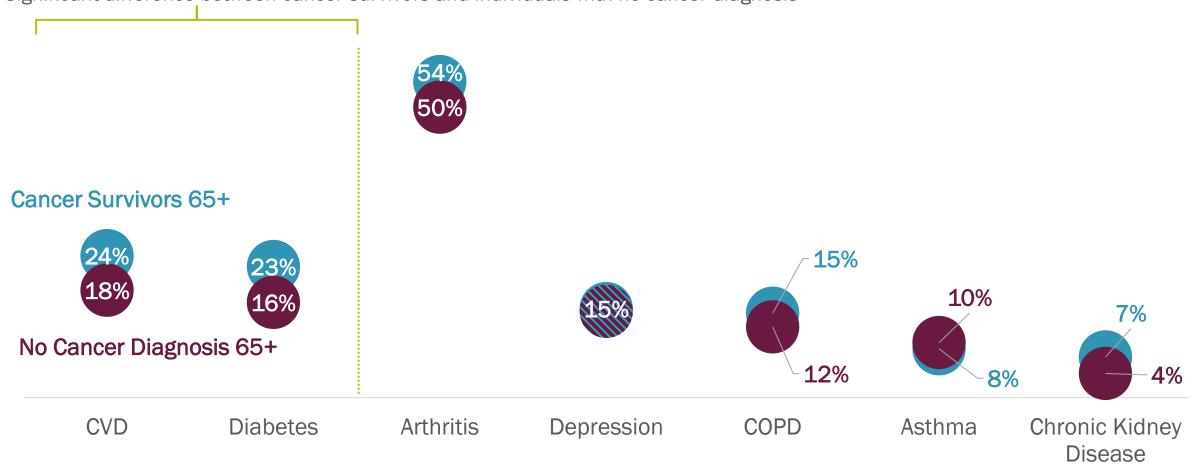
Cancer survivors are more likely to report arthritis, cardiovascular disease, diabetes, COPD and chronic kidney disease than those with no cancer diagnosis.

Significant difference between cancer survivors and individuals with no cancer diagnosis



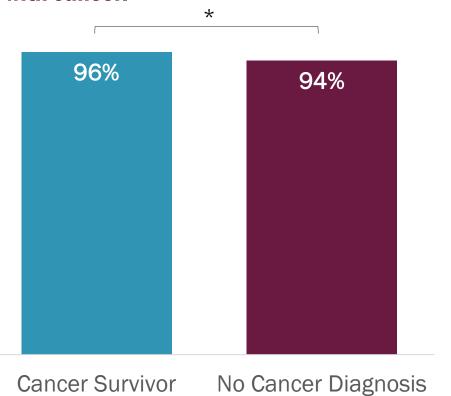
When comparing Vermonters <u>65+</u>, <u>cancer survivors</u> are more likely to report cardiovascular disease and diabetes than **those with no cancer diagnosis**.

Significant difference between cancer survivors and individuals with no cancer diagnosis

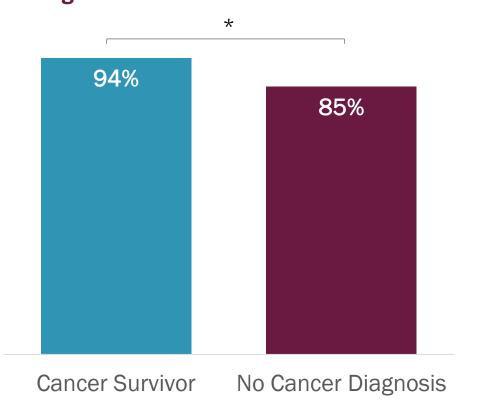


Cancer survivors are more likely to access health systems than those never diagnosed with cancer.

Cancer survivors are more likely to have health coverage than those never diagnosed with cancer.



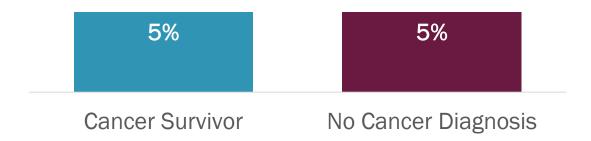
Cancer survivors are more likely to have a <u>primary care provider</u> than those never diagnosed with cancer.



^{*}Indicates significant difference between groups.



Survivors and those with no cancer diagnosis report **not having enough food** in the past month at the same rate.



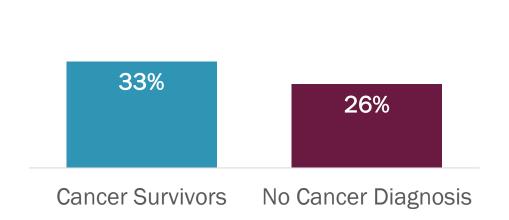
Prevention

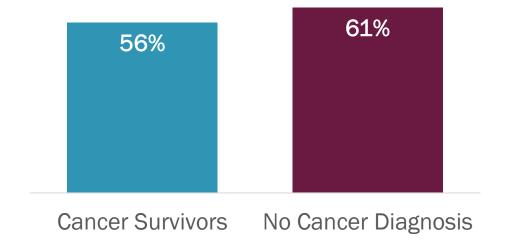


Cancer survivors eat 5 or more servings of fruits and vegetables at a <u>similar rate</u> as those never diagnosed with cancer.



Cancer survivors meet physical activity recommendations at a similar rate as those never diagnosed with cancer

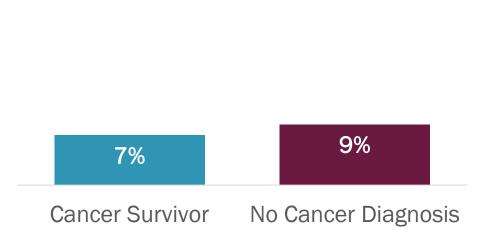


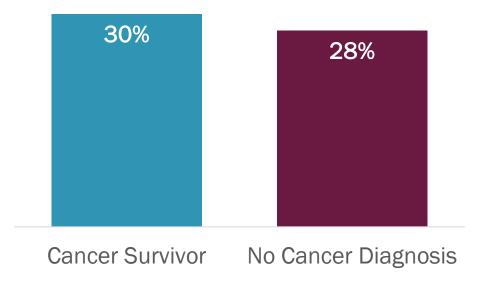


Risk Factors

Cancer survivors drink heavily at a <u>similar</u> rate as those never diagnosed with cancer.

Cancer survivors and those never diagnosed with cancer have obesity at a <u>similar rate</u>.

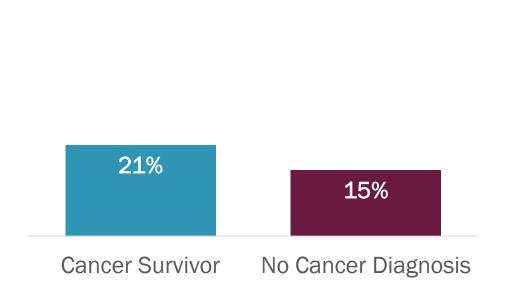


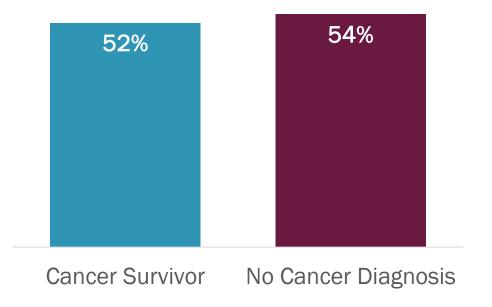


Tobacco Use

Cancer survivors **smoke** at a <u>similar rate</u> as those never diagnosed with cancer.

Cancer survivors and those never diagnosed with cancer who smoke make quit attempts at a <u>similar rate</u>.





Data Notes

Behavioral Risk Factor Surveillance System (BRFSS): Vermont tracks risk behaviors using this telephone survey of adults. The results are used to plan, support, and evaluate health promotion and disease prevention programs. Vermont, along with the 49 other states and three territories, has participated in the BRFSS with the Centers for Disease Control and Prevention (CDC) since 1990. An adult (18 or older) in the household is asked a uniform set of questions. The results are weighted to represent the adult population of the state.

Age Adjustment: Many measures throughout this document are age adjusted. Age adjustment eliminates variation that results from differences in a populations' age distributions. Measures from BRFSS are adjusted for age only if they are Healthy Vermonters 2020 goals. Age adjustment groupings come from those determined by Healthy People 2020.

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