



# Hawai'i Cancer Plan 2030



## Aloha kākou,

Cancer remains the second leading cause of death in our state and affects every individual, family, and community. We are very proud to present the fourth rendition of the Hawai'i Cancer Plan. The plan was created with input from a group of diverse, focused, and compassionate individuals dedicated to saving the lives of and improving the quality of life for people affected by cancer.

The Hawai'i Cancer Plan 2030 is intended as a road map for the next ten years that will guide state cancer control efforts and promote collaboration between public and private agencies. We are encouraged by the progress already achieved and mindful that much work needs to be done. The battle against cancer requires the collective effort, cooperation, and collaboration of a multitude of organizations including government, business, health care, research, and non-profit, as well as communities and individuals to achieve our state vision of “No More Cancer.”

This dynamic document will navigate our state toward a more integrated and impactful approach to reducing cancer's impact on our diverse residents.

Our health is one of the most important investments we can make for our future. We are thankful to those individuals who volunteered their time and expertise in order to create this road map for change.

*‘A‘ohe Hana Nui Ke Alu ‘Ia  
No task is too big when done together by all*



**Elizabeth A. Char, M.D.**

*Director, Hawai'i State Department of Health*

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# INTRODUCTION

The Hawai'i Cancer Plan (HCP) 2030 is a guide for collective action in cancer prevention and control. The plan provides program leaders, policy makers, and researchers a carefully crafted vision of the goals, strategies, and resources needed to reduce the burden of cancer across the state.

The HCP 2030 is designed to reduce the cancer burden in the state through the implementation of the following objectives:

- » Build prevention and screening capacity and services through policy, systems, and environmental (PSE) change.
- » Provide services that increase the quality of life for cancer patients, survivors, and families.
- » Serve as the primary forum for information exchange for critical cancer control issues in Hawai'i.
- » Ensure that the strategies detailed in the HCP 2030 are implemented.





# VISION

No More Cancer

# MISSION

Bringing people together to help coordinate cancer prevention, early detection, equitable access to care, and ongoing research efforts to improve the quality of life for all residents of Hawai'i.

# GOALS

- » Identify and eliminate cancer disparities.
- » Prevent future cancers by reducing exposure to known risk factors.
- » Increase early detection to decrease late stage cancer.
- » Provide all Hawai'i residents, including the most vulnerable and the medically underinsured populations, access to state-of-the-art cancer prevention, screening, and treatment.
- » Improve the quality of life for survivors and loved-ones battling the effects of cancer.

# GUIDING PRINCIPLES

- » Determine strategies based on the best available surveillance data and scientific evidence.
- » Identify cancer disparities using existing data and direct resources where needed.
- » Coordinate and collaborate with all stakeholder communities, organizations, and institutions.
- » Promote strategies and policies that achieve equal access to comprehensive cancer services for all people in Hawai'i.







# ABOUT THE HAWAI‘I CANCER PLAN 2030

## Purpose of the Plan

The purpose of the plan is to provide a framework for collective action in cancer prevention and control across the state. The plan outlines measurable objectives, strategies, and guidelines for cancer prevention and early detection. The Hawai‘i Cancer Plan 2030 works in coordination with other chronic disease prevention and management plans in the state, specifically the following:

- Healthy Hawai‘i Strategic Plan 2030
- Hawai‘i Asthma Plan 2030
- Hawai‘i Diabetes Plan 2030
- Hawai‘i Heart Disease and Stroke Plan 2030
- Hawai‘i Physical Activity and Nutrition Plan 2030
- Hawai‘i Tobacco Prevention and Control Plan 2030





# Plan Framework

The HCP 2030 incorporates principles of the Social Ecological Model and is organized into four sector areas: Community Design and Access, Education, Health Care, and Worksite. The plan prioritizes goals, objectives, and strategies that lead to PSE change. Objectives were developed using current data, best practices, and evidence-based science, and reflect one or more cross-cutting themes.\*

## » SOCIAL ECOLOGICAL MODEL

To align with national priorities and work in conjunction with other chronic disease plans for the state, the HCP 2030 relies on the Social Ecological Model. This model recognizes the interwoven relationship that exists between the individual and their environment. While individuals are responsible for maintaining a healthy lifestyle, behavior can be largely determined by the environment in which they live through social norms, attitudes, and public policies. Effective chronic disease prevention programs should address multiple levels of the model with attention on PSE change.



## Cancer Interventions Based on the Social Ecological Model

LARGEST IMPACT	<b>Society</b> Federal, state, and local policy, systems, and environmental levels		Advocacy and implementation of legislation that supports cancer prevention, early detection, access to care, and cancer survivorship.
	<b>Community</b> Neighborhoods, cities, and counties		Advocacy, policy, and legislation that supports cancer prevention and screening where people live, learn, work, and play.
	<b>Organizational</b> Schools, health care systems, businesses, government and community-based organizations		Implementation of policy and system changes through client and provider reminder systems, coverage and expansion of benefits for screenings, and adoption of worksite wellness policies that support cancer prevention and screening.
	<b>Interpersonal</b> Relationships including those with family, friends, co-workers, support groups, social and cultural networks		Public health education that involves changing people's awareness, knowledge, values, beliefs, attitudes, and preferences regarding cancer prevention, screening, survivorship, and access to care and treatment.
SMALLEST IMPACT	<b>Individual</b> Individual attitudes, beliefs, knowledge, and behaviors		Public health education and/or campaigns to change awareness, knowledge, values, beliefs, and attitudes about cancer prevention, screening, timely initiation of treatment, survivorship, and palliative care.

\*Additional information on the plan framework can be found at the following website: [www.HHSP.hawaii.gov](http://www.HHSP.hawaii.gov)

## » POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGE

Integral to the framework and design of the HCP 2030 is the focus on policy, systems, and environmental change. The plan's long-term goals, objectives, and strategies were developed to align with national guidelines and recommendations and to reflect or lead to policy, systems, or environmental change.

### POLICY

**Policies at the legislative or organizational level.**

Institutionalizing new rules or procedures as well as passing laws, ordinances, or resolutions are examples of policy changes.

### SYSTEMS

**Changes made to rules within an organization.**

Systems change and policy change often work hand-in-hand. Often systems change focuses on changing infrastructure within a school, park, worksite, or health setting.

### ENVIRONMENTAL

**Changes that are made to the physical/built environment.**

Physical (structural changes or programs or service), social (a positive change in attitudes or behavior about policies that promote health) and economic factors (presence of financial disincentives or incentives to encourage a desired behavior).





## » CROSS-CUTTING THEMES

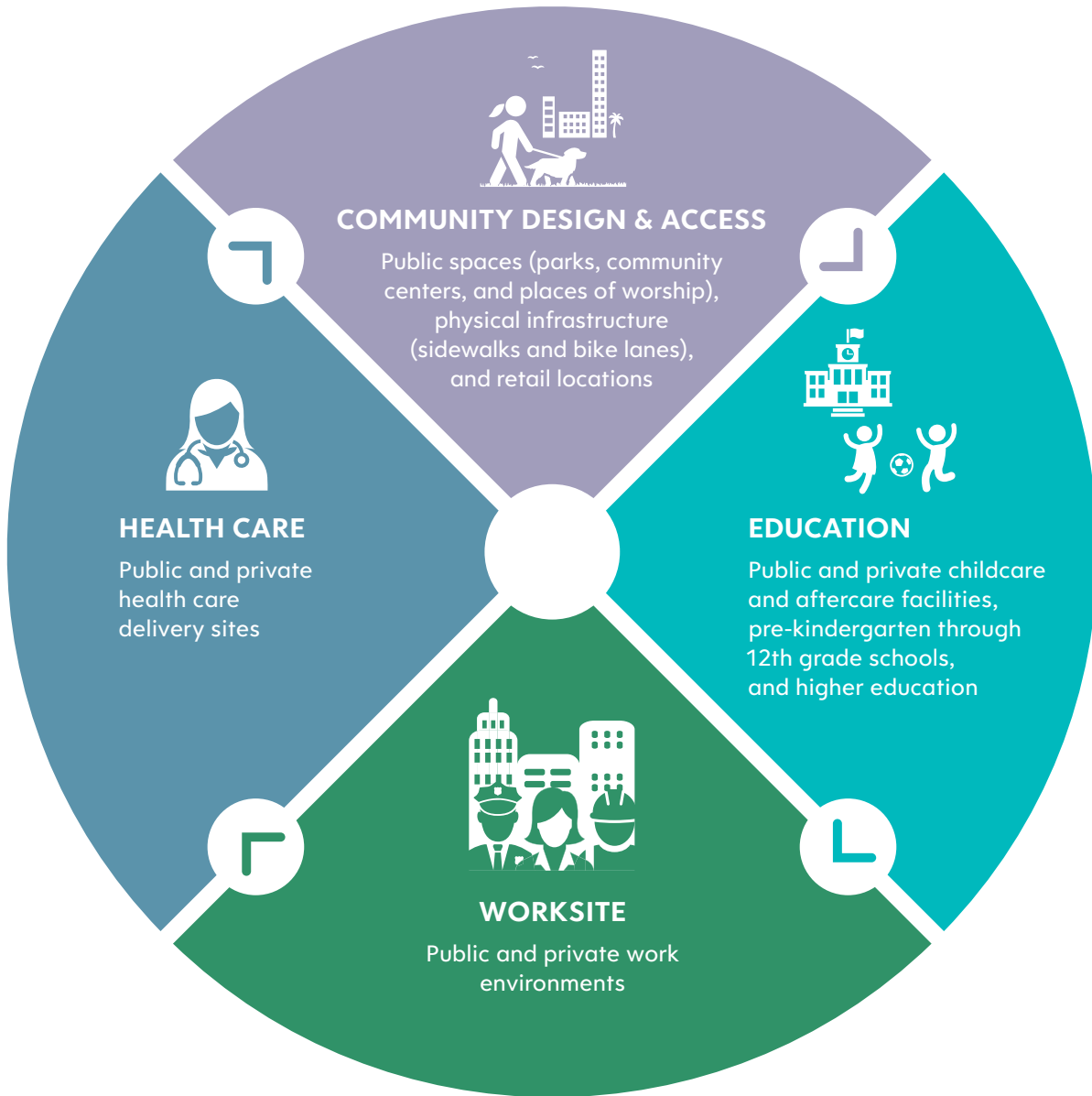
After review of evidence-based practices for chronic disease prevention, program staff and partners identified six cross-cutting themes to recur frequently throughout the plan.

Objectives in the HCP 2030 were developed to reflect one or more of these cross-cutting themes:

<b>Epidemiology, Surveillance, and Evaluation</b>	<p>Epidemiology, surveillance, and evaluation should be used to understand the effectiveness and progress in achieving a plan’s goals and objectives. Data should be utilized to monitor progress, address gaps in health improvements, and prioritize next steps.</p>
<b>Quality of Life</b>	<p>Quality of life can encompass many areas of life, such as psychological well-being, social life, support system, health status and function, and functional or career well-being.</p>
<b>Community Clinical Linkages</b>	<p>Community clinical links help ensure that people with or at high risk of chronic diseases have access to the resources they need to prevent or manage these diseases. Improved links between the community and clinical setting offer community delivery of proven programs that clinicians can refer patients to.</p>
<b>Health Equity</b>	<p>Health disparities exist when there is a major difference in a health outcome between population groups. Chronic disease plans should recognize the importance of addressing health equity and prioritize population groups more likely to experience poor health outcomes.</p>
<b>Public Education and Communications</b>	<p>Public education and communications can be used as strategic tools to influence people, places, and environmental conditions. Public education and communications can be prioritized to advance the goals and objectives of each chronic disease plan.</p>
<b>Coordination</b>	<p>A coordinated approach and common vision are essential to achieving the goals and objectives of this framework. Cross-coalition collaboration, greater information sharing, and the leveraging of resources will provide a more effective approach to implementing the policy, systems, and environmental change necessary to support healthy lifestyles and reduce premature death due to chronic disease.</p>

» **SECTOR AREAS**

The HCP 2030 also utilizes a framework of four sectors: Community Design and Access, Education, Health Care, and Worksite. This approach acknowledges the complexity of disease origins and promotes strategies that occur in multiple settings, e.g., where people live, learn, work, and play. Policy, systems, and environmental change in each of these settings will allow healthy options to become the easiest choice for Hawai'i residents.



**SECTOR AREAS**

Places (both physical & virtual) where policy, systems, and environmental change can be established to support the formation and maintenance of healthy behaviors, achieving health equity, and maximizing chronic disease prevention, management, and treatment.





# Health Disparities

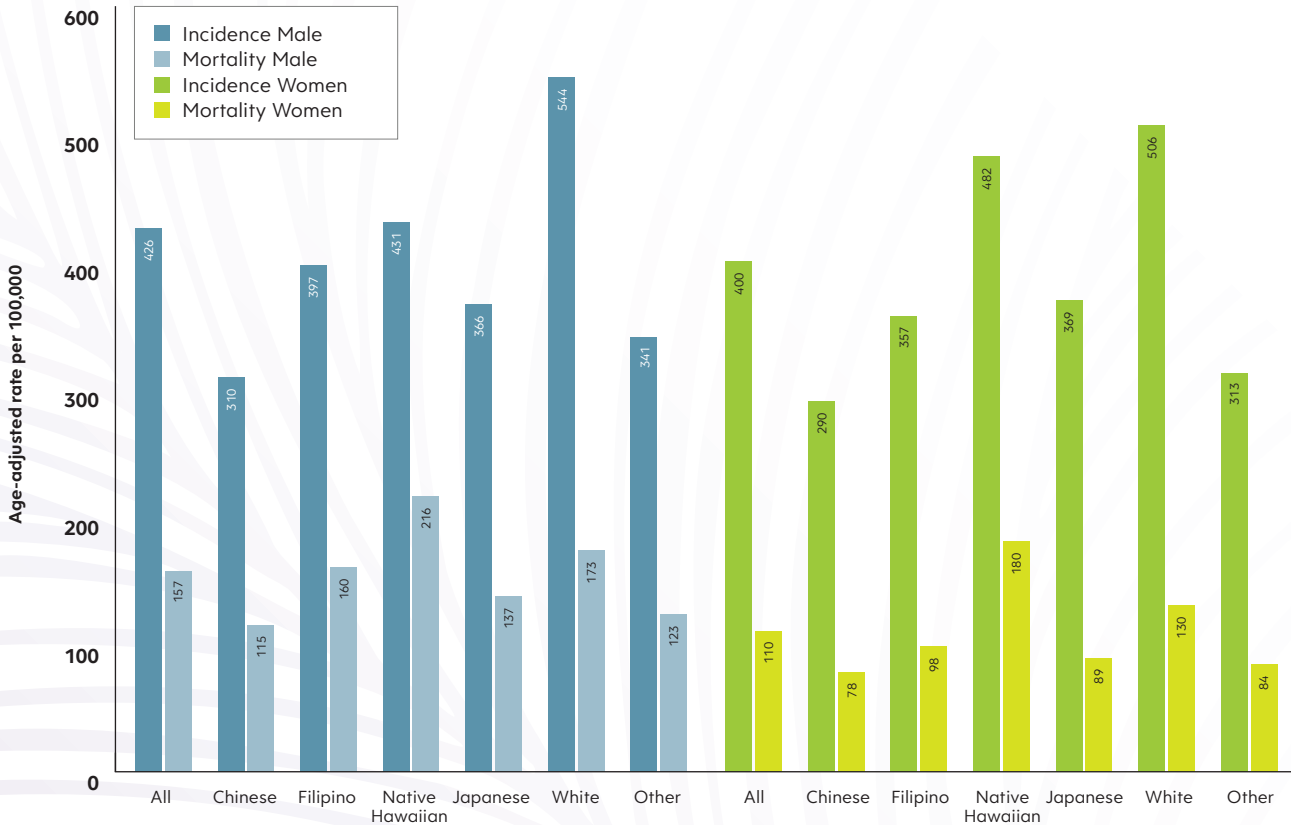
Cancer disparities take a substantial toll on society in terms of premature death, lower productivity, and the costs of medical care. According to the Centers for Disease Control and Prevention (CDC), health disparities are preventable differences in the burden of disease, injury, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. These populations can be defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), or sexual orientation. Health disparities are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.

There are significant societal and economic costs that cancer health disparities impose on Hawai'i. These costs adversely affect all population groups, even those who are traditionally in the most advantageous and privileged parts of society. A 2014 study commissioned by C-Change and completed by Johns Hopkins University found that in the U.S. cancer disparities are estimated to cost 37 billion dollars.<sup>1</sup> Socioeconomic disparities in cancer incidence reflect that persons living in poorer communities or less educated communities are consistently disadvantaged. Disadvantaged groups tend to have lower screening rates, leading to later diagnoses and reduced survival rates. Cancer mortality data show that poorer and less educated communities have higher rates of death compared to affluent and better educated communities. This pattern holds true in Hawai'i's multi-ethnic population.

Cancer health disparities result from multiple factors, including poverty, environmental threats, inadequate access to healthcare, individual and behavioral factors, and educational inequalities: these are commonly called the social determinants of health. Language barriers and rural setting or neighbor island settings in Hawai'i are known to influence the early detection of cancer and outcomes. Additionally, there are complex and less understood factors that perpetuate cancer health disparities among Native Hawaiians, Filipinos, Other Pacific Islanders, and those who are socioeconomically disadvantaged.<sup>2</sup>

As a state that ranks second nationally in the number of diverse racial and ethnic groups, Hawai'i's cancer leaders and advocates have prioritized engaging underserved groups to identify specific, cultural strategies that effectively reduce cancer risks. The Hawaii Comprehensive Cancer Coalition (HCCC) pledges to remain a leader in planning, improving and expanding cancer prevention and treatment services, including the promotion of healthy lifestyle choices that can reduce cancer risks for all ethnic, geographic, and socioeconomic populations of Hawai'i.

**Incidence and mortality by ethnicity in Hawai'i**

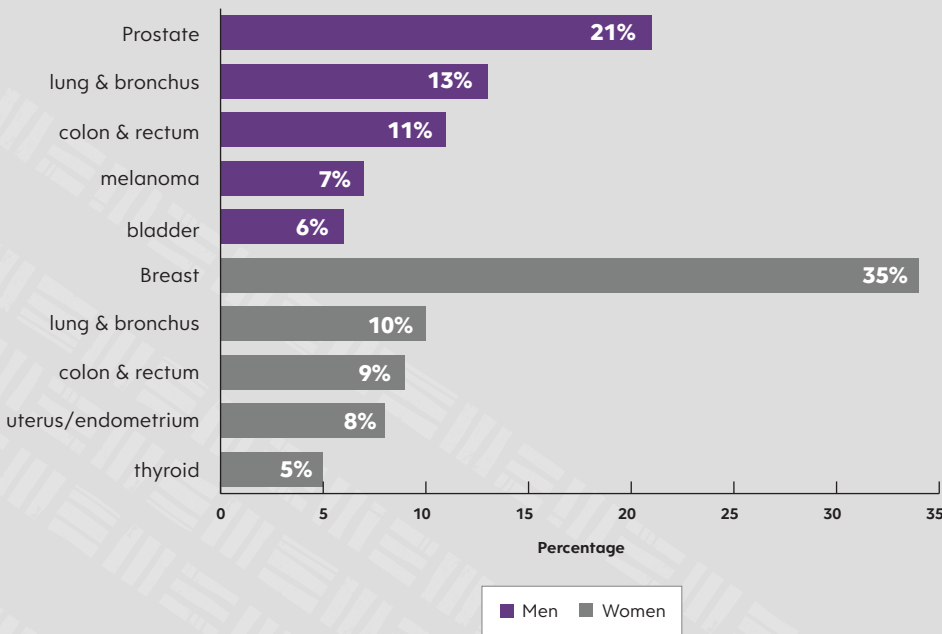




# Hawai'i's Cancer Burden

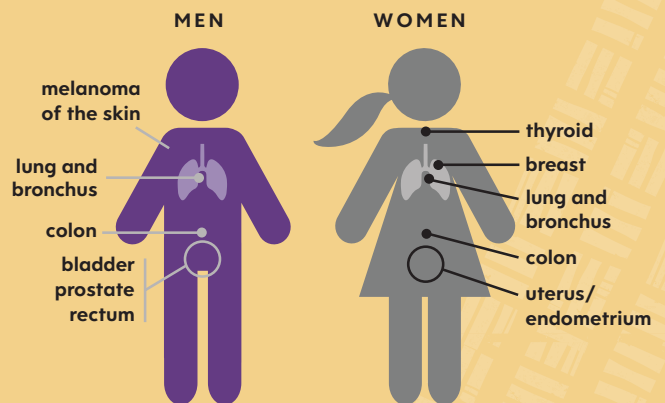


Top five leading cancers for men and women in Hawai'i



**7,000+**

HAWAI'I RESIDENTS ARE DIAGNOSED WITH INVASIVE CANCER EACH YEAR



Most Common Cancers

# Cancer Goal Areas

The science and understanding of all aspects of cancer prevention and control is constantly evolving. New and improved methods of cancer prevention, screening, and treatment have come to the forefront. Clinical trials, development of new technologies, and research advances in the fields of informatics, immunology, genomics, and epigenetics, have made the possibilities of better cancer care more robust. Evidence-based guidelines and recommendations for cancer prevention and care today will change over time. Current recommendations may be modified with the emergence of new scientific knowledge, including screening guidelines for breast, cervix, colon and rectum, prostate, and lung cancers. The HCP 2030 is structured to accommodate new cancer science and address cancer across the spectrum of care, from prevention to palliative care.

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## PREVENTION

### HEPATITIS B VACCINE

Hepatitis B is a vaccine-preventable liver disease caused by the Hepatitis B virus (HBV). Hepatitis B is transmitted during sexual contact through the blood, semen, or other body fluid of a person infected with the HBV; through contact with infected blood; or through transmission from an infected mother to baby during childbirth. HBV is carcinogenic, and chronic Hepatitis B can lead to serious health issues such as cirrhosis or hepatocellular carcinoma (liver cancer).

The best way to prevent Hepatitis B is by getting vaccinated. The vaccine is usually given as two or three shots over a 6-month period. Infants should get their first dose of Hepatitis B vaccine at birth. All children and adolescents younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated. Hepatitis B vaccine is recommended for unvaccinated adults who are at risk for the HBV virus infection based on exposure to blood or body fluids.

### HPV VACCINE

To protect against cancers caused by Human Papillomavirus (HPV) infections, the CDC and the Advisory Committee on Immunizations Practices (ACIP) recommends that 9 to 12-year-olds receive two doses of HPV vaccine. The second dose of HPV

vaccine should be given 6 to 12 months after the first dose. ACIP also recommends vaccination for everyone through age 26 years, if not adequately vaccinated previously. HPV vaccination is given as a series of either two or three doses, depending on age at initial vaccination. Catch-up HPV vaccination is now recommended for all persons through age 26 years. For adults aged 27 through 45 years, the public health benefit of HPV vaccination in this age range is minimal, but shared clinical decision-making is recommended to determine if vaccination would be beneficial to certain individuals.





## SKIN CANCER PREVENTION

The Surgeon General's Call to Action to Prevent Skin Cancer calls on prevention partners to increase awareness of skin cancer and to implement actions that reduce skin cancer risks. Skin cancer is the most commonly diagnosed cancer in the U.S., and most cases are preventable.<sup>3</sup> Because most skin cancers are at least partially caused by Ultraviolet (UV) exposure, reducing exposure can reduce skin cancer risk. All individuals, regardless of complexion, are at risk for skin cancer. Individuals can take steps to reduce their risk by using protection that helps prevent the harmful effects of UV exposure, which includes sunburn, skin cancer, premature skin aging, and eye damage.

Half of an individual's lifetime, UV skin damage occurs before age twenty. Sunburns in childhood are a clear risk factor for skin cancers later in life, and building healthy habits early, when children are more receptive, can lead to increased sun protection into adulthood. If children, adolescents, and young adults avoid intermittent high-intensity sun exposures, sunburns and indoor UV tanning, they can reduce skin cancer risks by 50% to 80%. Because children spend a considerable amount of time in school settings, most skin cancer prevention efforts for children have focused on sun-safety education in schools and on changes to the school environment to promote sun-safe behaviors.

## TOBACCO

Tobacco use remains the leading cause of preventable death in Hawai'i. Although smoking prevalence in Hawai'i continues to decline, in 2018 the state's national status fell from 3rd to 8th lowest in the nation. Significant tobacco-related disparities persist for certain vulnerable populations, specifically those with mental health and substance use conditions. Recently, another factor impacting tobacco use rates nationally and in the state are electronic cigarettes (e-cigarettes). E-cigarette use among adolescents has accelerated so dramatically that the Surgeon General declared it a national epidemic. The marketing and manufacturing of e-cigarettes continues to be severely under-regulated, and access to tobacco cessation services are not equitably distributed. Hawai'i's Tobacco Prevention



and Control Plan 2030 and the Healthy Hawai'i Strategic Plan 2030 focus on these emerging issues and provide detailed tobacco control strategies for the state's priority populations.

## HEALTHY BEHAVIORS AND CANCER

In Hawai'i, less than one in four adults meet the national recommendations for physical activity; less than one in five consume the recommended servings of fruit and vegetables; one in seven adults smoke; and one in five report excessive alcohol use. Encouraging behaviors that characterize a healthy lifestyle and reduce risk factors can minimize the health and economic burden of cancer. Experts estimate that between 30% and 40% of worldwide cancer cases could be prevented with widespread adoption of a healthy lifestyle.



Cigarette smoking is the **#1 cause of lung cancer.** Quitting smoking at any age can lower the risk of lung cancer.



## PHYSICAL ACTIVITY

The 2018 U.S. Department of Health and Human Services Physical Activity Guidelines for Americans recommend that, for substantial health benefits and the reduction of chronic diseases such as cancer, adults engage in the following:

- 150 to 300 minutes of moderate-intensity aerobic activity, 75 to 100 minutes of vigorous aerobic activity, or an equivalent combination of each intensity each week. This physical activity can be done in episodes of any length
- muscle-strengthening activities at least 2 days a week
- balance training, in addition to aerobic and muscle-strengthening activity

The American College of Sports Medicine International Multidisciplinary Roundtable also reported the following cancer and physical activity findings:

- strong evidence that moderate-intensity aerobic training and/or resistance exercise during and after cancer treatment can reduce anxiety; depressive symptoms; fatigue; and improve health-related quality of life and physical function
- strong evidence that exercise training is safe in persons who have or might develop breast-cancer-related lymphedema
- some evidence that exercise is beneficial for bone health and sleep quality
- insufficient evidence that physical activity can help prevent cardiotoxicity or chemotherapy-induced peripheral neuropathy; or improve cognitive function, falls, nausea, pain, sexual function, or treatment tolerance

## FAMILY HISTORY OF CANCER

Collecting an accurate family history can help screen for genetic disorders and identify susceptibility to health problems such as cancer. A family history of breast, ovarian, prostate, or colorectal cancer often indicates a higher individual risk of developing cancer. The level of risk is typically greater when an affected relative is diagnosed at a younger

age or if multiple family members are affected. While the majority of cancer occurs sporadically, approximately 5% to 30% of all cancers are either familial or hereditary. Early identification of familial or hereditary risk of cancer offers opportunities for prevention and treatment options, such as increased surveillance, lifestyle changes, surgical intervention, and/or other preventative medical measures.



### Is physical activity beneficial for cancer survivors?

Yes. A report of the 2018 American College of Sports Medicine International Multidisciplinary Roundtable on Physical Activity and Cancer Prevention and Control concluded that exercise training and testing are generally safe for cancer survivors and that every survivor should maintain some level of physical activity.

# EARLY DETECTION

## BREAST CANCER SCREENING

The U.S. Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women between the age of 50 to 74 years.

## CERVICAL CANCER SCREENING

The USPSTF recommendations for cervical cancer screenings are:

- Women age 21 to 65 years with cytology (Pap test) every three years.
- Women age 30 to 65 years who want to lengthen the screening interval, screening with a combination of cytology and HPV testing every five years.
- The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).

## COLORECTAL CANCER SCREENING

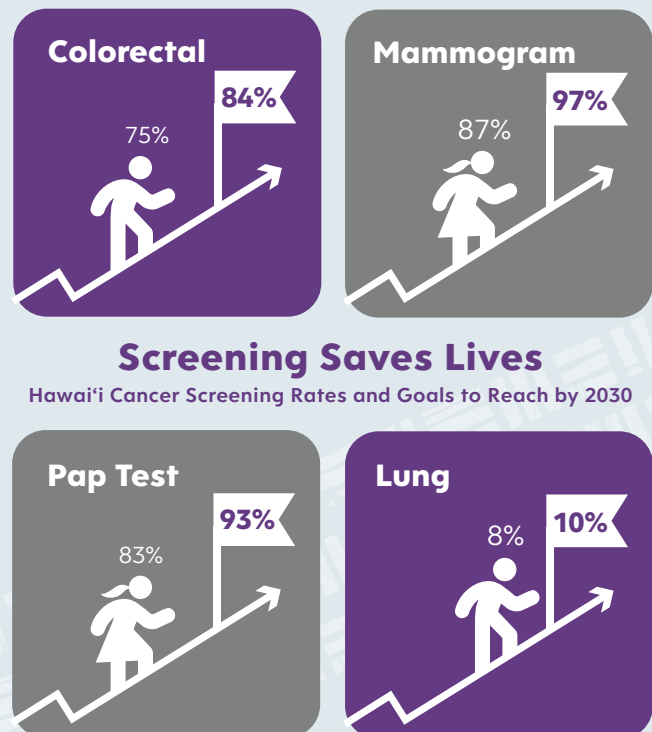
The Comprehensive Cancer Control National Partnership (CCCNP) is a group of fifteen leading cancer organizations who have joined together to build and strengthen comprehensive cancer control efforts across the nation. The CCCNP has made colorectal cancer screening a focus area and is working with the National Colorectal Cancer Roundtable (NCCRT) to promote “80% in Every Community,” an initiative that reemphasizes the progress and commitment of the NCCRT’s previous “80% by 2018” national initiative. The USPSTF recommends colorectal cancer screening for average risk adults ages 45 to age 75 using fecal occult blood testing, sigmoidoscopy, or colonoscopy. It is recommended that the decision to screen individuals aged 76 to 85 years be individualized based on screening history and overall health

status.<sup>4</sup> The benefits of national screening initiatives have not impacted all communities equally. Rural communities, certain racial and ethnic communities, and low income communities continue to show lower colorectal cancer screening rates. The NCCRT continues to work towards eliminating all barriers to screening so that all people can live a life free from colorectal cancer.

## PROSTATE CANCER SCREENING

Prostate cancer is the most commonly diagnosed cancer for men in Hawai‘i, and is the third leading cause of cancer death among men in the state. Many men who develop prostate cancer never have symptoms and do not benefit from treatment. The treatment for prostate cancer may cause moderate to substantial side effects, such as erectile dysfunction, urinary incontinence, and bowel dysfunction. Due to the effects of treatment and gaps in the currently available early detection methods, screening for prostate cancer remains medically controversial.

Prostate cancer community advocates recommend that Prostate-Specific Antigen (PSA) screening begin at age 45 to enable better detection of early onset prostate cancer, which is frequently lethal and





resulting from germline mutations. Those with first line relatives with a history of prostate, and related ovarian or breast cancer, and/or African-American ethnicity are encouraged to seek baseline PSA earlier, at age 40. In addition, the upper limit for screening should be extended beyond age 69 and determined mutually between the clinician and patient, who are familiar with the general health and remaining life span of the patient.

For men between the age of 55 to 69, the USPSTF currently recommends individual choice about screening after consultation with a clinician and review of potential risks and benefits. Men who are 70 years old and older should not be screened for prostate cancer routinely. This recommendation applies to men who 1) are at average risk for prostate cancer; 2) are at increased risk of prostate cancer; 3) do not have symptoms of prostate cancer; and 4) have never been diagnosed with prostate cancer.

## LUNG CANCER SCREENING

The USPSTF recommends yearly lung cancer screening with low-dose computed tomography (LDCT) for individuals who:

- have a history of heavy smoking, **and**
- smoke now or have quit within the past 15 years, **and**
- are between 55 and 80 years old.

*Heavy smoking* means a smoking history of 30 pack years or more.<sup>5</sup> A *pack year* is smoking an average of one pack of cigarettes per day for one year. For example, a person could have a 30 pack-year history by smoking one pack a day for 30 years or two packs a day for 15 years.

Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy, or the ability or willingness to have curative lung surgery.

Although in Hawai'i lung cancer is the top cancer killer for both men and women, few resources are dedicated to increasing awareness and screenings, or decreasing the stigma related to cancer. The



# Lung Cancer

IS THE BIGGEST CANCER KILLER IN BOTH MEN AND WOMEN IN HAWAI'I.

EVERY YEAR OVER **800** PEOPLE IN HAWAI'I ARE DIAGNOSED WITH LUNG CANCER AND **500** PEOPLE DIE FROM THE DISEASE

success of lung cancer initiatives requires informing healthcare providers and eligible patients about screening guidelines; supporting medical facilities to offer screening and support services; and engaging the insurance and research industries to promote early detection and increase effective treatments.

Anyone can get lung cancer and everyone can play a role in raising awareness and eliminating the number one cancer killer in our state. The majority of lung cancer cases are amongst current and former smokers, which is why placing significant resources behind lung cancer screening will help reduce lung cancer mortality in Hawai'i.



## CLINICAL TRIALS

Clinical trials provide the highest level of quality care for patients with cancer. A clinical trial is a research study with volunteers to find better ways to detect, prevent, and treat cancer.

The Hawai'i Cancer Consortium leads cancer clinical trials efforts in the state. Members of the Consortium include the University of Hawai'i (UH) Cancer Center, Hawai'i Pacific Health, Kuakini Medical Center, The Queen's Health System, the UH John A. Burns School of Medicine, Hawai'i Medical Service Association, and other community partners. The Consortium's vision is to substantially reduce the burden of cancer for the people of Hawai'i and elsewhere through the support of clinical and translational cancer research.

The Hawai'i Minority Underserved National Cancer Institute Community Oncology Research Program enables the UH Cancer Center faculty to participate in a national network of leading scientists and cancer care institutions to design and conduct better ways to care for cancer patients. By providing these clinical trials and cancer patient care, Hawai'i residents have the opportunity to achieve the best possible outcomes within the state.

## SURVIVORSHIP



**5%**

Percentage of Hawai'i adults with cancer who participated in a cancer-related clinical trial

Increased screening and advances in early detection and treatment are improving cancer outcomes. The number of cancer survivors is on the rise, and more individuals are living many years after a cancer diagnosis. This has created a need to develop education, resources, and support to improve a cancer survivor's quality of life after treatment.

Cancer survivors face a host of short- and long-term issues that affect their quality of life. Some of these issues include the physical effects of cancer treatment, spiritual and emotional needs, pain control, and, for some, decisions about end-of-life care. Supportive, comprehensive follow-up care after the conclusion of treatment is needed. To address the needs of cancer survivors, the Commission on Cancer (CoC) Standards require survivorship program services to be offered on-site or by referral. Included in the CoC recommendations is the criteria that all patients receive a survivorship care plan (SCP).

## CANCER SURVIVOR

An individual is considered a cancer survivor from the time of diagnosis, through the balance of his or her life. There are many types of survivors, including those living with cancer and those free of cancer. This term is meant to capture a population of those with a history of cancer rather than to provide a label that may or may not resonate with individuals.

Adapted from the National Coalition for Cancer Survivorship

## QUALITY OF LIFE

Quality of life can be defined as the overall enjoyment of life, including an individual's sense of wellbeing and ability to carry out various activities. This term is used to characterize how well an individual is doing and can be applied to any point of one's life. It can encompass many areas of life, such as psychosocial wellbeing, social life, support system, health status and function, and functional and/or career wellbeing.

## SURVIVORSHIP CARE PLAN

The SCP describes any ongoing issues that need to be addressed, and includes the treatment plan and



summary, as well as information on follow-up care and ongoing concerns.

### TREATMENT SUMMARY

The treatment summary is a document that details the cancer treatments a patient has received, including when and where treatment was received.

### PALLIATIVE CARE

Palliative care is specialized medical care for people living with a serious illness. This type of care is

There are  
over 62,000  
adult Cancer  
Survivors  
in Hawai'i

LESS THAN  
**37%**

OF CANCER SURVIVORS  
IN HAWAI'I COMPLETED  
AN ADVANCE HEALTH  
CARE DIRECTIVE

focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and the family.

- Palliative care is provided by a specially-trained team of doctors, nurses, and other specialists who work together with a patient's other doctors to provide an extra layer of support.
- Palliative care is based on the needs of the patient, not on the patient's prognosis.
- This care is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

Center to Advance Palliative Care (2019)

### ADVANCE CARE PLANNING AND END OF LIFE CARE

Advance Health Care Directives serve as a guide for families and physicians to understand what a patient would want during a serious illness and at the end of life. Advance Health Care Directives ensure patients will have a voice no matter what stage of illness they are in. Everyone, regardless of age or illness, is encouraged to complete an Advance Health Care Directive.

### HOSPICE CARE

Hospice provides expert palliative care for patients in the terminal stage of illness. It involves an interdisciplinary approach to medical care, provides emotional and spiritual support, as well as assistance with social services for patients with a life expectancy of six months or less. Hospice can be provided in a patient's home, nursing home, or inpatient facility. Many patients with end stage cancer can benefit from timely hospice enrollment as a way to maximize quality of life and provide support for their families.





# Objectives and Strategies

The HCP 2030 objectives strive to create sustainable change that will transform our communities, schools, health care, and worksites to enhance cancer control and prevention efforts and support the health of the people of Hawai'i. Stakeholders developed the HCP 2030 objectives to shape PSE change in the four sector areas: Community Design and Access; Education; Health Care; and Worksite. The objectives are showcased by sector area and include key strategies, baseline, and target measures. The HCP 2030 is meant to be a living document that is reviewed and updated throughout the plan's timeframe. Implementation of the plan will be a collective effort by individuals and organizations across the state.

Additional background information, including definitions of some terminology used in the objectives and strategies, can be found at the following website: [www.HHSP.hawaii.gov](http://www.HHSP.hawaii.gov)



Objectives with this icon are being worked on by multiple program areas.



## Community Design and Access Sector Objectives

**GOAL** >> All of Hawai'i's people will live in communities that have access to tobacco- and nicotine-free settings, healthy food choices, physical activity opportunities, evidence-based chronic disease self-management programs, and minimal exposure to unhealthy options through policy, programs, communications, and environmental supports.

OBJECTIVE

BASELINE: 0 TARGET: 2

CANCER-01

**Develop at least one multi-island, small media campaign to promote Hepatitis B virus vaccination.**

STRATEGIES

- Identify stakeholders such as DOH Hepatitis Program and Hawai'i Comprehensive Cancer Coalition's (HCCC) Vaccine-Preventable Cancer Workgroup to establish a communications workgroup to develop a small media campaign
- Identify and secure resources for the campaign
- Evaluate the effectiveness of the campaign



OBJECTIVE

BASELINE: 0 TARGET: 6

CANCER-02

**Develop at least one multi-island, small media campaign to increase awareness about each of the following topics: cancer as a chronic disease; the importance of family history for cancer; clinical trials; palliative care and hospice; prostate cancer; and cancer survivorship and issues faced by cancer survivors.**

STRATEGIES

- Collaborate with cancer partners like the University of Hawai'i Cancer Center and Kokua Mau, the Hawai'i Genomics Program, and the HCCC Quality of Life Action Team to establish a communications workgroup to develop a small media campaign
- Identify and secure resources to develop the campaign
- Evaluate the effectiveness of the campaign

OBJECTIVE

BASELINE: 0 TARGET: 1

CANCER-03

**Develop at least one cancer survivorship and caregiver resource guide that will include follow-up care, lifestyle, psychosocial, and financial information.**

STRATEGIES

- Establish a working group to develop the cancer survivorship resource guide in partnership with the HCCC Quality of Life Action Team
- Evaluate the validity and value of the cancer survivors and caregivers' resource guide
- Identify and secure resources to develop and update the guide

OBJECTIVE

BASELINE: 4.80% TARGET: 5.80%

CANCER-04

**Increase by 20%, the proportion of adults who are diagnosed with cancer and participated in a cancer-related clinical trial.**

STRATEGIES

- Address barriers to clinical trial participation and increase promotion of counter messages through outlets such as print, broadcast, and web-based media
- Integrate clinical trials into the training curriculum of academic institutions
- Identify and implement strategies to improve efficiency and resources related to clinical trials coordination for physicians
- Support access to clinical trials for neighbor island residents diagnosed with cancer



## Education Sector Objectives

**GOAL** >> All of Hawai'i's educational settings will promote tobacco- and nicotine-free lifestyles, healthy eating, daily physical activity, and health management through programs, policies, environmental supports, and professional development opportunities.

OBJECTIVE

BASELINE: Pending TARGET: Increase by 5

CANCER-05

**Increase by five, the number of schools that implement 1 to 2 of the recommended CDC Sun Protection Guidelines.**

### STRATEGIES

- Conduct an assessment of the readiness of one or more schools to implement one or more of the recommended CDC Sun Protection Guidelines
- Partner with cancer partners such as the Hawai'i Skin Cancer Coalition to promote the recommended CDC Sun Protection Guidelines

OBJECTIVE

BASELINE: Pending TARGET: 100%

CANCER-06

**100% of eligible school-based clinics become Vaccines for Children providers.**

### STRATEGIES

- Conduct an assessment of eligible schools to determine their ability to become Vaccines for Children (VFC) providers
- Partner with the HCCC's Vaccine Preventable Cancers Workgroup to promote the importance of making vaccines (e.g., HPV) available





## Health Care Sector Objectives

**GOAL** >> All of Hawai'i's health care systems will promote health equity and maximize utilization of prevention, early detection, and evidence-based chronic disease self-management services by improving coverage, health information technology, programs, practices, and guidelines.

### OBJECTIVE

BASELINE: Pending TARGET: Increase by 10

CANCER-07

**Increase by ten, the number of health care systems that use Health Information Technology (HIT) to address Hepatitis B vaccination.**

### STRATEGIES

- Identify key HIT stakeholders to establish a HIT workgroup
- Convene HIT workgroup regularly to identify the HIT priorities to enhance Hepatitis B vaccination rates
- Assess capacity of partner Federally Qualified Health Centers (FQHCs) to track and remind providers about Hepatitis B immunization rates
- Compile best practice models to increase immunization rates using HIT at FQHCs
- Identify and secure resources to implement HIT at partner FQHCs

### OBJECTIVE

BASELINE: 0 TARGET: 10

CANCER-08

**Increase by ten, the number of new community pharmacies that implement activities to increase Hepatitis B vaccination.**

### STRATEGIES

- Identify pharmacies that serve communities at risk for Hepatitis B (e.g., Asian and Pacific Islander populations)
- Develop a workplan for increasing patient recruitment and reimbursement
- Identify and secure resources to implement the workplan

BASELINE	TARGET
LUNG: 8.5%	LUNG: 9.5%
BREAST: 87.0%	BREAST: 97.4%
CERVICAL: 82.7%	CERVICAL: 92.6%
COLORECTAL: 75.1%	COLORECTAL: 84.1%

### OBJECTIVE

CANCER-09

**Increase the proportion of adults receiving lung, breast, cervical, and colorectal cancer screenings.**

### STRATEGIES

- Partner with the Hawai'i Primary Care Association to increase and implement evidence-based interventions (EBI) at FQHCs
- Identify resources and secure funding for implementation
- Evaluate the effectiveness of the implementation of the EBI

OBJECTIVE

BASELINE: 36.7% TARGET: 41.1%

CANCER-10

**Increase the proportion of adults who have an Advance Health Care Directive.**

STRATEGIES

- Develop an educational and promotional program that emphasizes the importance of advance care planning and having an Advance Health Care Directive
- Provide education to health professionals about the benefits of advance care planning that includes sensitivity to culturally diverse patient needs
- Educate employers on the importance of advance care planning, especially Advance Health Care Directive

OBJECTIVE

BASELINE  
TREATMENT SUMMARIES: 43.8%  
CANCER SURVIVORSHIP CARE PLANS: 32.1%

TARGET  
TREATMENT SUMMARIES: 49.5%  
CANCER SURVIVORSHIP CARE PLANS: 33.1%

CANCER-11

**Increase the proportion of cancer survivors who have received treatment summaries and cancer survivorship care plans.**

STRATEGIES

- Conduct an assessment of Commission on Cancer accredited cancer programs in the state on their methods of providing treatment summaries and cancer survivorship care plans
- Develop a plan in partnership with the HCCC Quality of Life Action Team members to educate cancer survivors on the benefits of treatment summaries and cancer survivorship care plans
- Develop a training for health care providers on ways to increase utilization of treatment summaries and cancer survivorship care plans





## Worksite Sector Objectives

**GOAL** >> All of Hawai'i's worksites will create a culture of wellness through supportive programs and policies that promote tobacco-and nicotine-free workplaces; breastfeeding; healthy food and beverage choices; physical activity and active commuter opportunities; health screenings; and early detection, risk reduction, and self-management of chronic diseases.

### OBJECTIVE

BASELINE: Pending TARGET: Increase by 5

CANCER-12

**Increase by five, the number of employer groups that adopt a policy that allows time off for cancer screenings.**

### STRATEGIES

- Assess the employer groups ability to establish a policy that allows time off for cancer screenings
- Partner with selected employer groups to develop a policy
- Implement the policy and evaluate the effectiveness of the policy

### OBJECTIVE

ASTHMA-11 • DIABETES-07 • HEART DISEASE AND STROKE-09  
PHYSICAL ACTIVITY AND NUTRITION-19 • TOBACCO-12

CANCER-13

**Implement a statewide, comprehensive worksite wellness recognition program that at least 10 very small-, 15 small-, 10 medium-, and 5 large-employers will participate in.**

### STRATEGIES

- Identify stakeholders and convene an advisory group to develop a Hawai'i-specific, evidence-based worksite wellness recognition program that includes the following areas:
  - Asthma
  - Cancer
  - Diabetes
  - Heart Disease and Stroke
  - Physical Activity and Nutrition
  - Tobacco
- Pilot the recognition program with a group of diverse employers and modify the program based on their feedback.

BASELINE:  
very small = 0  
small = 0

medium = 0  
large = 0

TARGET:  
very small = 10  
small = 15

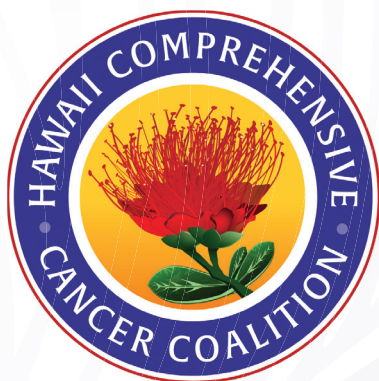
medium = 10  
large = 5

# HOW THE PLAN WAS DEVELOPED

## PLANNING PROCESS

Through guidance and support from the Centers for Disease Control and Prevention (CDC) and National Comprehensive Cancer Control Partners (NCCCP), the first Hawaii Cancer Plan developed in 2003. The NCCCP continue to support the work of CCC coalitions and their plans. Established in 1998, the NCCCP provides the funding, guidance, and technical assistance that programs use to design and implement impactful, strategic, and sustainable plans to prevent and control cancer. NCCCP currently supports all fifty states and the District of Columbia, seven U.S.-associated Pacific Islands/territories, and eight tribes and tribal organizations.

In 2003, the Hawai'i State Department of Health, cancer leaders in health care, non- and for-profit organizations, and the community came together and formed the Hawai'i Comprehensive Cancer Control (HCCC) Coalition. The HCCC created the following mission for the state: "Bringing people together to help coordinate cancer prevention, early detection, equitable access to care, and ongoing research efforts to improve the quality of life for all residents of Hawai'i. This group of diverse stakeholders then developed and implemented a strategic plan to carry out the vision of "No more cancer."



Statewide collaboration between stakeholders and partners reduces duplication of efforts and leverages resources to effectively address common risk factors through evidence-based policies, programs, and services.

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In 2010, key leaders convened again, reviewed the progress of the plan's goals and objectives, and revised the plan using data from the Hawai'i Cancer Facts & Figures 2010. Beginning in 2018, through a coordinated effort with other chronic disease prevention partners, cancer stakeholders worked together to develop objectives and strategies that utilize data, best practices, and evidence-based science. The result of these efforts is the HCP 2030, which represents the collective work, recommendations, and passion for fighting cancer shared by the dedicated members of the HCCC.

## IMPLEMENTATION

The rapidly increasing prevalence of chronic diseases and their associated risk factors in Hawai'i demands effective coordination of chronic disease prevention and management efforts. Statewide collaboration between stakeholders and partners reduces duplication of efforts and leverages resources



to effectively address common risk factors through evidence-based policies, programs, and services. Program area stakeholders continue to meet regularly to implement the plan’s objectives and strategies, and to monitor and evaluate progress. The stakeholder groups will continue to expand membership to include new, community representatives and to assure an inclusive, community-based participatory approach to realizing the plan’s goals. The HCP 2030 is meant for public dissemination and is available online at [www.HHSP.hawaii.gov](http://www.HHSP.hawaii.gov).

## LONG-TERM MEASURES

LONG-TERM MEASURE	BASELINE	TARGET
Cancer death rate	128.5 per 100,000 (CDC National Center for Health Statistics National Vital Statistics System, 2017)	122.7 per 100,000
Lung cancer death rate	28.4 per 100,000 (CDC National Center for Health Statistics National Vital Statistics System, 2017)	25.1 per 100,000
Breast cancer death rate	15.6 per 100,000 (CDC National Center for Health Statistics National Vital Statistics System, 2017)	15.3 per 100,000
Colon cancer death rate	11.7 per 100,000 (CDC National Center for Health Statistics National Vital Statistics System, 2017)	8.9 per 100,000
Prostate cancer death rate	14.5 per 100,000 (CDC National Center for Health Statistics National Vital Statistics System, 2017)	12.6 per 100,000
Mammogram in the past 2 years (ages 50-74)	87.0% (BRFSS, 2018)	97.4%
Pap test in the past 3 years (ages 21-65)	82.7% (BRFSS, 2018)	92.6%
Colorectal cancer screening (ages 50-75)	75.1% (BRFSS, 2018)	84.1%
Five-year cancer survivorship	66.7% (BRFSS, 2012)	78.7%
Sunscreen use (ages 11-18)	Middle school students: 11.5% (YRBS, 2017) High school students: 11.7% (YRBS, 2017)	Middle school students: 13.0% High school students: 13.2%

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<b>American Cancer Society</b>	<b>Hawai'i Medical Service Association</b>	<b>Kaiser Permanente</b>	<b>Pacific Cancer Foundation</b>
<b>American Cancer Society Cancer Action Network</b>	<b>Hawai'i Pacific Health System</b>	<b>Kalihi-Palama Health Center</b>	<b>Pacific Cancer Institute of Maui</b>
<b>American College of Obstetricians and Gynecologists</b>	<b>Kapiolani Medical Center for Women &amp; Children</b>	<b>Ke Ola Mamo</b>	<b>Pacific Health Research Institute</b>
<b>American College of Surgeons Commission on Cancer</b>	<b>Straub Clinic &amp; Hospital</b>	<b>Kokua Kalihi Valley Comprehensive Family Services</b>	<b>Susan G. Komen Hawaii</b>
<b>American Legacy Foundation</b>	<b>Wilcox Memorial Hospital</b>	<b>Kokua Mau</b>	<b>The Queen's Medical Center</b>
<b>Alu Like, Inc.</b>	<b>Hawai'i Pacific University, School of Nursing</b>	<b>Kuakini Health System</b>	<b>UsToo</b>
<b>American Lung Association</b>	<b>Hawai'i Primary Care Association</b>	<b>Lance Armstrong Foundation</b>	<b>University of Hawai'i Cancer Center</b>
<b>Asian American Network for Cancer Awareness Research &amp; Training</b>	<b>Hawai'i Prostate Cancer Coalition</b>	<b>Lawyers for Equal Justice</b>	<b>University of Hawai'i Cancer Center, University of Guam Partnership</b>
<b>Association of State and Territorial Health Officials</b>	<b>Hawai'i Public Health Institute</b>	<b>LIVESTRONG</b>	<b>University of Hawai'i Cancer Center/Hawai'i Tumor Registry</b>
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<b>Centers for Disease Control and Prevention</b>	<b>Hui Ma-lama Ola Na-Oiwi</b>	<b>National Association of Chronic Disease Directors</b>	
<b>Hamakua Health Center</b>	<b>Hui No Ke Ola Pono</b>	<b>National Association of County and City Health Officials</b>	
<b>Hawai'i Children's Cancer Foundation</b>	<b>Intercultural Cancer Council</b>	<b>National Cancer Institute</b>	
<b>Hawai'i Community Genetics</b>	<b>American Cancer Society</b>	<b>North American Association of Central Cancer Registries</b>	
<b>Hawai'i COPD Coalition</b>	<b>John A. Burns School of Medicine</b>	<b>Office of Hawaiian Affairs</b>	
<b>Hawai'i Department of Health</b>	Department of Family Medicine & Community Health, Department of Public Health Sciences	<b>OnCare Hawai'i</b>	
<b>Hawai'i Health System Corporation</b>	<b>Hawai'i Department of Health Viral Hepatitis Prevention Program</b>	<b>Oncology Nursing Society—Hawai'i</b>	
<b>Hilo Medical Center</b>	<b>Hawai'i Department of Health Genetics Program</b>	<b>Pacific Cancer Coalition</b>	
<b>Kona Community Hospital</b>	<b>Hawai'i Pacific Health</b>	<b>Cancer Council of Pacific Islands</b>	
<b>Maui Memorial Medical Center</b>	<b>Hawai'i Prostate Cancer Coalition/UsToo</b>		

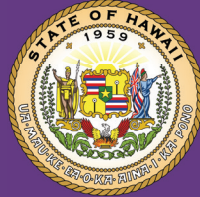


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