MONTANA COMPREHENSIVE CANCER

CONTROL PLAN

MONTANA
CANCER CONTROL
PROGRAMS

2022–2026

MONTANA CANCER COALITION (MTCC)

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Thank You

The leadership of the Montana Cancer Coalition would like to acknowledge the truly unique and unprecedented nature of our world over the past two years. We know that each and every person has been touched by the pandemic in a variety of ways, and each of us has faced struggles we've likely never faced before.

We also know that most, if not all of our coalition members have been on the front lines of the pandemic in many different ways. From hands on health care, to public health strategies for improving testing, minimizing damage, effectively educating the public, and increasing prevention, to figuring out how to care for and support people and communities in new and constantly changing ways, our members have truly led the response to COVID-19 across our state and our region. We are beyond honored to serve with such dedicated and passionate individuals.

We are eternally grateful that on top of all of this, our members have somehow managed to still provide their time, resources, and expertise to the coalition. We cannot do the work of the coalition without each and every one of our members.

The words thank you are not nearly enough to convey the depth and strength of our gratitude. Your work, your heart, your compassion, and your strength are an inspiration. We are awed and humbled to have walked through this time with you all.

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The Burden of Cancer in Montana

Among Montana residents, cancer is the second-leading cause of death, after diseases of the circulatory system, such as heart disease and stroke. Each year, approximately 6,300 new cases of cancer are diagnosed among Montanans, and an average of 2,100 Montanans die from the disease.[1] Furthermore, it is estimated that 81,000 Montana adults are cancer survivors.[2] Montana has significantly higher incidence of melanoma, prostate cancer, bladder cancer, and female breast cancer than the United States as a whole. The mortality rate from prostate cancer was also significantly higher in Montana than in the US overall.[1]

1 Montana Department of Public Health and Human Services (2021 March). Cancer in Montana – Annual Report 2014-2018: https://dphhs.mt.gov/assets/publichealth/Cancer/TumorRegistry/MCTRAnnualReport20142018.pdf

2 Montana Department of Public Health and Human Services (2021, October 1) Cancer Survivorship among Montana Adults: https://dphhs.mt.gov/assets/publichealth/Cancer/DataPublications/cancerSurvivorReport2020.pdf

Among Montana residents, cancer is the second-leading cause of death.

Four kinds of cancer—prostate, breast, lung, and colorectal—account for 49% of all incident cancers and 45% of all cancer deaths in Montana. No other kind of cancer accounts for more than 6% of cases, and the great majority account for 1% of cases or less.[1]

Tobacco prevention and cessation is the single greatest cancer prevention measure that can be implemented.

- Between 80 and 90% of lung and bronchus cancer deaths are attributed to cigarette smoking and exposure to secondhand smoke. These cancers, which account for 12% of all newly diagnosed cases in Montana, are almost entirely preventable.[3]
- 30% of all cancer deaths in the US are attributable to tobacco use.[4]
- Cigarette smoking also increases the risk of cancers of the sinuses, mouth, throat, liver, pancreas, stomach, kidneys, bladder, colon, rectum, and cervix.[1]
- Screening for breast, cervical, colorectal, and lung cancers has proven effective and can save lives. Screening can find cancer at an early stage, when the cancer is most treatable; screening can also find precancerous lesions so they can be treated before they progress.
- Colorectal cancer accounts for 8% of all cancer cases[1] and can be screened by either fecal occult blood testing (FOBT/FIT) or endoscopic screening.
- 68% of colorectal cancer deaths could be prevented if all eligible adults got recommended screening tests.[5]

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3 American Cancer Society. Cancer Facts & Figures (2022): https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2022/2022-cancer-facts-and-figures.pdf

4 American Cancer Society. (2020, October 28) Health Risks of Smoking tobacco: https://www.cancer.org/healthy/stay-away-from-tobacco/health-risks-of-tobacco/health-risks-of-smoking-tobacco.html

5 Sharma, K. P. S. P., Grosse, S. D., Maciosek, M. V. M. V., Roy, K. R., Richardson, L. C. R. C., Jaffe, H. J., & Joseph, D. J. (2020, October 8). Preventing breast, cervical, and colorectal cancer deaths: Assessing the impact of increased screening. Centers for Disease Control and Prevention.: https://www.cdc.gov/pcd/issues/2020/20_0039.htm#:~:text=Our%20estimate%20of%2068%25%20(35%2C530,from%2060%25%20to%20100%25.

- Invasive cervical cancer has been almost eliminated by the widespread use of Papanicolaou (Pap) screening.
- Mammography is a minimally invasive procedure that can discover a large portion of breast tumors at an early stage when they are most treatable. In Montana, more than 95% of women whose breast cancer is diagnosed at the local stage survive for five or more years after diagnosis. In comparison, only 36% of women whose cancer is diagnosed at distant stage survive five years following diagnosis.[1]

Health Equity

As the process to update Montana's Comprehensive Cancer Control Plan began in 2019, the MTCC hosted a workshop with experts from George Washington Cancer Center trained in helping coalitions to identify and address opportunities to advance health equity. The purpose of this workshop was to frame the development of the next cancer plan through the lens of health equity – that is, a state in which everyone has the opportunity to be as healthy as possible.

Health disparities or inequities are types of health differences closely linked with social, economic, or environmental disadvantages – otherwise known as Social Determinants of Health (SDOH) – that disproportionately affect certain populations. People in these groups not only experience worse health outcomes, but also tend to have less access to resources that support health. In Montana, many historically marginalized communities experience health disparities. The largest of these communities include American Indians, people with disabilities, and rurally-located individuals. Other groups, for example, Black/African American and LGBTQ communities, also need to be considered and included when designing equitable solutions.

The COVID-19 pandemic has further underscored the impact that social determinants have on health. The full scope and impact of the pandemic's effect on key indicators of health – such as preventive cancer screenings, healthy behaviors, education, and access to treatment and care – on groups of people who have been systemically excluded is yet to be fully understood. By ensuring each goal, objective, and strategy of the Montana Comprehensive Cancer

This framework recognizes that reducing cancer and its impact cannot be achieved through health education strategies, better treatments, or traditional skills-based behavior change alone.

Control Plan is designed with health equity as an overarching theme.

The MTCC aims to implement this cancer plan by acknowledging and addressing how the following determinants, identified as a framework by CDC, influence the coalition's ability to advance health equity:

1. **BUILT ENVIRONMENT:** These are the physical parts of where people live and work, such as homes, buildings, streets, roads, parks, and other human-made surroundings.
2. **COMMUNITY-CLINICAL LINKAGES:** These are the connections made among health care systems and services, public health agencies, and community-based organizations to improve population health.
3. **FOOD AND NUTRITION SECURITY:** Food and nutrition security exists when all people, at all times, have physical, social, and economic access to food which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate sanitation, health services and care, allowing for a healthy and active life.
4. **SOCIAL CONNECTEDNESS:** Social connectedness is the degree to which individuals or groups of individuals have and perceive a desired number, quality, and diversity of relationships that create a sense of belonging and being cared for, valued, and supported.
5. **TOBACCO-FREE POLICY:** Tobacco-free policies are population-based preventive measures to reduce tobacco use and tobacco-related morbidity and mortality.

This framework recognizes that reducing cancer and its impact cannot be achieved through health education strategies, better treatments, or traditional skills-based behavior change alone. These determinants and other forces influence the prevalence of major risk factors for cancer, diabetes, heart disease, and stroke, and acknowledging that disparities exist, and that certain populations have been institutionally oppressed, is a vital step in assuring a Montana where every person has the opportunity to live their healthiest life possible.

Purpose of the 5 Year Plan

The Montana Comprehensive Cancer Control Plan (CCC Plan) is an updated framework for action created by partners of the Montana Cancer Coalition (MTCC) to address the substantial burden of cancer in Montana. The five-year plan delivers to planners, providers, policymakers, the public health community, and others working in the realm of cancer a common set of objectives and strategies designed to keep partners moving in the same direction. This action plan is consistent with content from the Centers for Disease Control and Prevention (CDC), the Montana Department of Health and Human Services, Healthy People 2030, the Montana Public Health and Safety Division Strategic Plan, the Montana State Health Improvement Plan, as well as the Companion Cancer Control Plan developed by the Montana American Indian Women's Health Coalition (MAIWHC).

Key objectives and strategies are identified across the continuum of cancer control, such as prevention, early detection, treatment and research, quality of life and survivorship, and pediatric cancer.

To the extent possible, updated plan strategies address those who have historically experienced health disparities; draw from existing, evidence-based guidelines and best practices; and are linked to specific and measurable objectives.

The Montana Cancer Coalition (MTCC) strives to ensure better quality of life and enhance the odds of survivorship through prevention, early detection, and state-of-the-art cancer care.

What is the Montana Cancer Coalition?

The Montana Cancer Coalition (MTCC) strives to ensure better quality of life and enhance the odds of survivorship through prevention, early detection, and state-of-the-art cancer care.

THE MISSION OF THE MTCC IS:

1. To reduce cancer incidence, morbidity, and mortality through a collaborative partnership of private and public individuals and organizations.
2. To develop, implement, promote, and advocate for a statewide, coordinated, integrated approach to cancer control for all Montanans.
3. To ensure quality of life through prevention, early detection, treatment, research, rehabilitation, and palliation.

Implementation of the Montana Comprehensive Cancer Control Plan

MTCC members and statewide partners work to implement the CCC Plan through coordinated and collaborative efforts. Montanans have many different roles as fathers and mothers, sisters and brothers, teachers, friends, mentors, advocates, and more. The CCC Plan enables all individuals and organizations to get involved in cancer control by implementing strategies and working together to reduce the burden of cancer.

How To Get Involved

The Montana Comprehensive Cancer Control Plan is a living document representing Montana's determination to change the state of cancer.

The CCC Plan describes priorities for cancer control activities that encompass the full cancer continuum, from prevention and early detection to quality of life and survivorship or end-of-life. The following are ways to get involved in cancer control and activities that support the CCC Plan:

IF YOU ARE A MONTANA RESIDENT:

- Avoid tobacco use.
- Engage in at least 30 minutes of physical activity daily.
- Choose nutritious foods.
- Get recommended cancer screenings and encourage family members and friends to do the same.
- Become an active member of the MTCC.
- Participate and volunteer in cancer control activities in your community.
- Get recommended vaccinations such as Hepatitis B and Human Papilloma Virus.

IF YOU ARE A CANCER SURVIVOR:

- Share your experience to educate the public about the needs of survivors and the benefit of early screening.
- Mentor survivors and co-survivors to empower them to actively participate in their healthcare decisions.

- Join a support group.
- Encourage employers and schools to support cancer survivors and their needs as they transition through their cancer diagnoses.
- Join an advocacy group or organization, such as the MTCC, to improve survivor experiences and quality of life.

IF YOU ARE AN EDUCATOR:

- Promote healthy lifestyle behaviors to students, families, and staff.
- Provide information on the return-to-school transition process for childhood cancer survivors, families, and school staff.
- Encourage staff to get recommended cancer screenings.
- Provide healthy food and sun protective options to students and staff.
- Organize student advocacy groups to support cancer control activities.
- Learn how to work with kids and families when cancer touches their lives.
- Encourage cancer-preventing vaccines such as Human Papilloma Virus and Hepatitis B.

IF YOU ARE A HEALTHCARE PROVIDER:

- Ask all patients whether they use tobacco and other nicotine-delivery products and provide cessation interventions to patients who do.
- Support patients working to achieve or maintain a healthy lifestyle.
- Recommend evidence-based cancer screenings to every eligible patient at every opportunity.
- Provide cancer patients with a comprehensive survivorship care plan.
- Pursue continued education to understand survivor needs and available best practices.
- Talk with patients about the benefits of palliative care and hospice.
- Work with the MTCC to include cancer control messages on display boards and advertising spaces.
- Recommend evidence-based vaccines to appropriate populations.

The Montana Comprehensive Cancer Control Plan is a living document representing Montana's determination to change the state of cancer.

IF YOU ARE AN EMPLOYER:

- Provide access to tobacco-use cessation programs for employees.
- Implement a worksite wellness program.
- Encourage employees to be physically active and to select nutritious foods.
- Provide sun-protective gear or products for employees working outside.
- Provide full coverage for recommended cancer screenings and time off for employees to get screened.
- Provide information on return-to-work transition issues to survivors and their co-workers and implement systems to allow employees to continue their work during treatment.
- Keep worksites tobacco free.

IF YOU ARE A POLICY MAKER:

- Support policies to improve funding for cancer survivorship services, screening, treatment, research, and surveillance.
- Support policies that assist and encourage healthy lifestyle choices, such as tobacco cessation, decreased artificial tanning, increased physical activity, and improved nutrition.
- Support policies that improve access to healthcare, such as increase the number of Montanans signed up for affordable and adequate health insurance.

Joining the Montana Cancer Coalition (MTCC)

MTCC membership is open to any person or organization interested in reducing the burden of cancer in Montana. Please visit our website at www.mtcancercoalition.org or contact the

Montana Cancer Control Programs with the State of Montana, Department of Public Health and Human Services: cancerinfo@mt.gov.

Scan QR code to register at MTCC

How The Montana Comprehensive Cancer Control Plan was Developed and Updated

In September 2019, 43 MTCC members convened in Helena to discuss health equity and strategies to develop the cancer plan using a health equity lens. A planning grant was received from the George Washington Cancer Center to develop and deliver the in-person workshop to kick off the development of the next MTCC five-year cancer control plan with a focus on incorporating a priority of health equity. Outcomes included a strategy to engage stakeholders in plan development.

The MTCC Administrative Team revised the timeline and began scheduling working meetings. Then the nation was hit by the pandemic. Lives drastically changed. The first statewide meeting was cancelled. However, MTCC persevered with planning via Zoom meetings and emails.

A survey was developed and distributed in May 2020. Following this, a statewide roundtable, titled "Envisioning Equity," was held via zoom in November 2020. The keynote speaker from George Washington Cancer Center, Mandi Pratt Champman, delivered her presentation "Nationally Speaking: A call to Address Health Equity." Furthermore, Implementation Teams evaluated the past plan and identified areas to address.

Throughout 2021, Implementation Teams met via Zoom to revise the plan. The Fall 2021 MTCC Statewide Roundtable provided members the opportunity to comment on goals, objectives, strategies, and to set priorities. Suggestions were incorporated and the revised plan was reviewed by physicians and accompanying medical professionals, representatives from the University of Montana Rural Institute for Inclusive Communities Disability and Health Program, American Indian representatives, and representatives from the State of Montana Department of Public Health and Human Services.

Measurable goals and objectives with evidence-based strategies were chosen for inclusion in the updated CCC Plan. Strategies focused on health equity throughout the plan.

Integration Across Chronic Disease Program Areas

The Montana Comprehensive Cancer Control Plan incorporates common objectives, strategies, and measures from plans developed by statewide partners working on nutrition, physical activity, and tobacco control. As state chronic disease prevention programs and partnerships implement an increasing number of disease-focused activities, opportunities abound for cross-program integration through commonalities in venue (e.g., worksites); approaches (e.g., the use and/or training of community health workers); audiences (e.g., particular communities); and partners (e.g., health plans). Identifying and leveraging these opportunities should enable MTCC to more effectively and efficiently reduce the burden of chronic diseases in Montana and to help people live longer, healthier lives.

Policy, Systems and Environmental Change

The Montana Comprehensive Cancer Control Plan includes strategies and interventions intended to encourage public health efforts in Montana to move toward policy, systems, and environmental change approaches that will provide a foundation for population based change. Long-lasting and sustainable change to tobacco use, physical activity, and nutrition requires systems change driven by new and improved policies. Policy, systems, and environmental changes make it easier for individuals to adopt healthier choices and get the treatment, survivorship, and end-of-life care they need, provided in an accessible way.

Policy interventions may be laws, resolutions, mandates, regulations, rules, or funding sources. Examples are laws and regulations that restrict smoking in public buildings and organizational rules that promote healthy food choices

in a worksite. Policy change refers not only to the enactment of new policies but also to a change in or enforcement of existing policies.

Systems interventions are changes that impact all elements of an organization, institution, or system; they may include a policy or environmental change strategy. Two examples include a school district providing healthy lunch menu options in all school cafeterias in the district and a health plan adopting a health reminder intervention system-wide.

Environmental interventions involve physical or material changes to the economic, social, or physical environment. Examples are the incorporation of sidewalks, walking paths, and recreation areas into community development design or the availability of healthy snacks and beverages in all high school vending machines. There is growing recognition that the built environment—the physical structures and infrastructure of communities—plays a significant role in shaping health. The designated use, layout, and design of a community's physical structures, including its housing, businesses, transportation systems, and recreational resources, affect patterns of living (behaviors) that, in turn, influence health.

Evaluation

Measuring the outcomes of specific initiatives and tracking progress in meeting targets in the Montana Comprehensive Cancer Control Plan is essential to achieving the goals of the MTCC. Evaluation extends to assessing success in engaging partner organizations and in the partner organizations' satisfaction with MTCC's structure and activities. A Montana Cancer Control Programs staff oversees these components of evaluation in close collaboration with the MTCC

Montana's vast geography, and sparse population distribution pose distinct challenges to the delivery of healthcare services.

Steering Committee. Selection of targets is based on considerations such as the existing baseline and trends, goals that other states have proved achievable, and the desire to attain health equity.

MTCC objectives related to cancer occurrence rely on data from the Montana Central Tumor Registry (MCTR), which is part of the Montana Department of Public Health and Human Services.

Because of the MCTR's work in collecting information on stage of diagnosis, treatment, and race, it is possible to compare cancer rates and trends among specific kinds of cancers in Montana with those in the nation and to see how those rates and trends vary by region, age, gender, and race.

Evaluation analysis will be conducted in partnership between the Montana Cancer Control Programs and the MTCC. Specific areas of evaluation include:

- MTCC Partnerships
- Montana CCC Plan
- Montana Cancer Control Programs Outcomes

Evaluation results are disseminated by the MCCP to the CDC, MTCC Steering Committee, and at MTCC meetings.

Rural Montana

Although the fourth largest state in the nation geographically, Montana ranks 48th nationally in population density. With just over a million residents – 65% of whom live in rural areas[6]– Montana's vast geography and sparse population distribution pose distinct challenges to the delivery of healthcare services. Only 1 of Montana's 56 counties is considered urban (>50 persons/square mile); 10 are classified as rural (6-50 persons/square mile); and the remaining 45 counties are designated as frontier (<6 people/square mile) [7].

6 U.S. Department of Agriculture Economic Research Service. (October 8, 2021). State Fact Sheets: Montana: https://data.ers.usda.gov/reports.aspx?StateFIPS=30&StateName=Montana&ID=17854

7 Rural Health Information Hub. (n.d.) Montana: https://www.ruralhealthinfo.org/states/montana

Cancer Among American Indians in Montana

Cancer presents a significant burden to American Indians (AI) throughout Montana. From 2015-2019 cancer was the second leading cause of death among Montana American Indians. On average, there are 310 newly diagnosed cancers and 100 cancer deaths each year among Montana American Indians.[1]

The rate of new cancer cases (incidence) and deaths due to cancer (mortality) have decreased significantly among both AI and white Montanans since 2004 (**Figure 1**). Cancer incidence among AI in Montana decreased from 625 new cases per 100,000 people in 2004 to 550 in 2019 for an average annual percent change (APC) of -1.32%. Cancer mortality among AI also decreased, going from 277 deaths per 100,000 people in 2004 to 224 in 2019 for an APC of -2.11%. The decrease was greater among AI Montanans than among white Montanans for both cancer incidence and mortality. However, cancer incidence and mortality are still significantly higher among Montana AI compared to Montana whites.

Five types of cancer account for the increased cancer incidence and mortality among AI; liver, kidney, stomach, lung, and colorectal cancers all have significantly higher incidence and mortality among AI compared to whites. AI Mon-

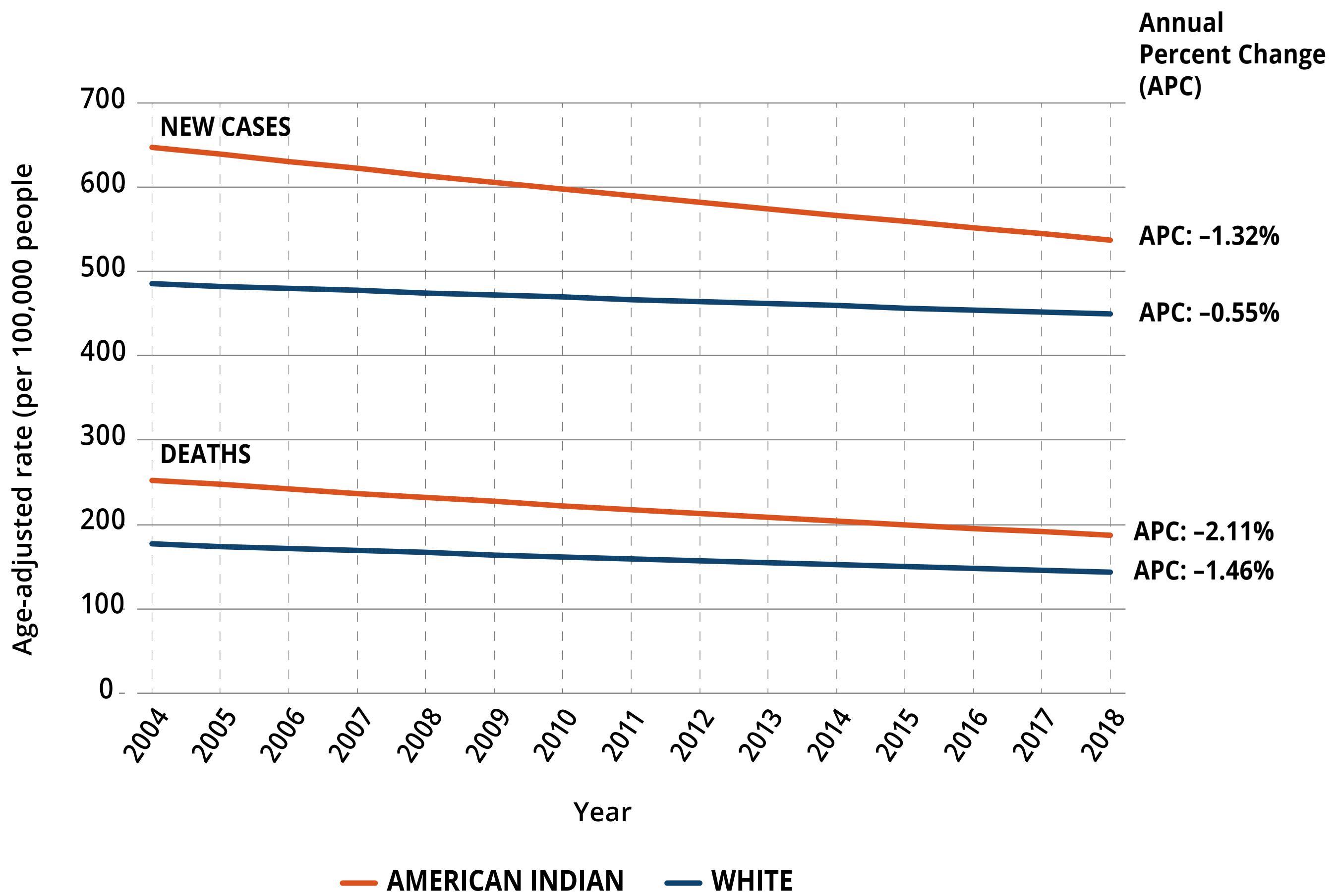

Figure 1: Cancer Incidence (new cases) and Mortality (deaths) Trends among American Indian and white Montanans, 2004 – 2019

Data source: Montana Central Tumor Registry, 2004-2019; Montana Vital Statistics, 2004-2019

tanans have more than two times the incidence of liver, kidney, stomach, and lung cancer and more than two time the mortality of kidney, liver and stomach cancer as white Montanans (**Figure 2A & 2B**).

These five cancers also have many risk factors in common; commercial tobacco use, excessive alcohol use, and infections all increase the risk of three or more of these cancers (**Table 1**). In 2020, the percentage of Montana AI adults who reported being current smokers was significantly higher than white Montanans; 40% of AI adults vs. 15% of white adults.[1] There was no significant difference in reported binge drinking or heavy drinking between AI and white adults or high school students.

Colorectal cancer can also be prevented by proper screening. The United States Preventive Services Task Force recommends that all average risk adults start colorectal cancer screening

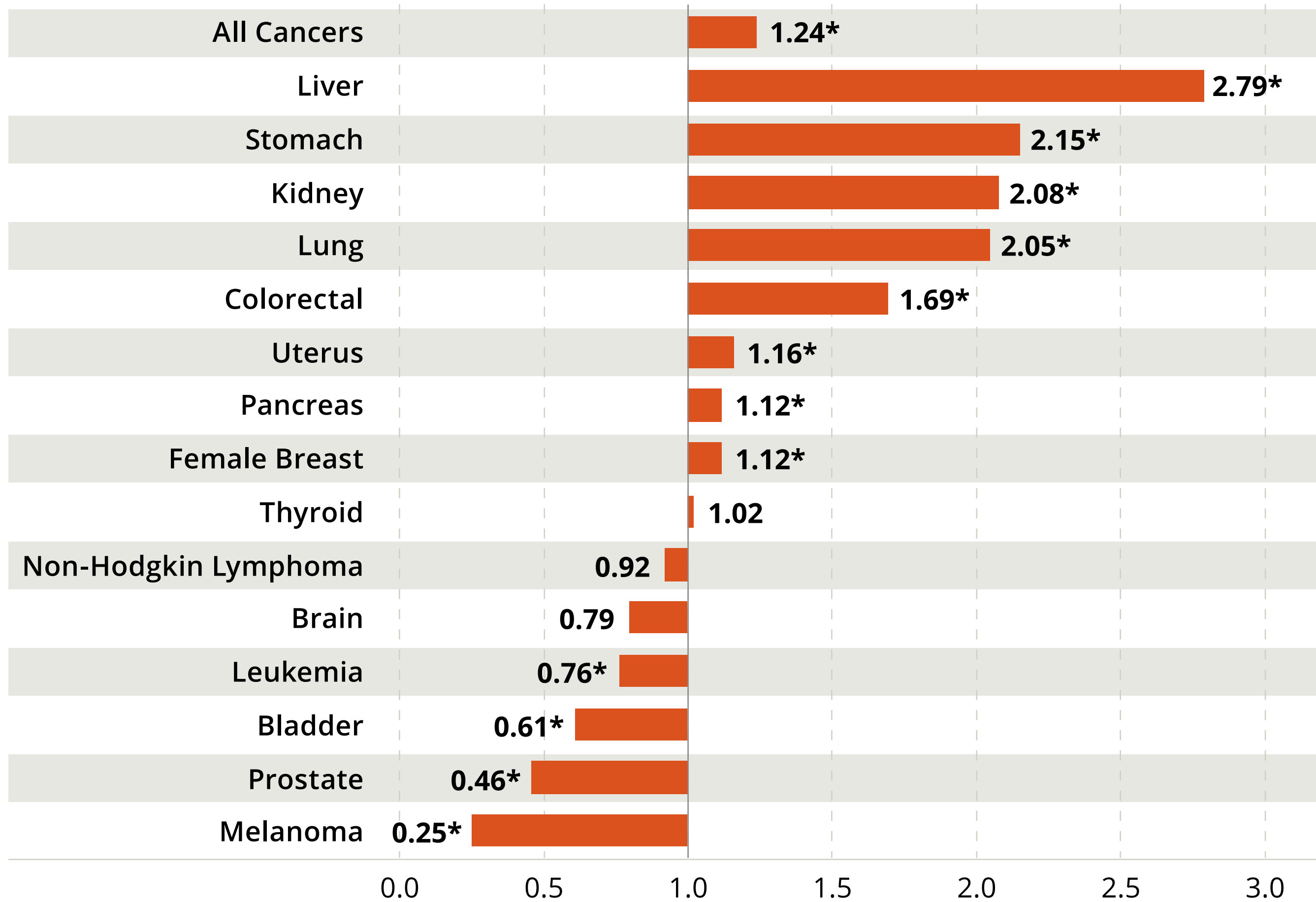

Figure 2A: Ratio of Cancer Incidence by Cancer Type among American Indian Montanans Compared to white Montanans, 2015 – 2019

**indicates a statistically significant difference*

at the age of 45.[8] Unfortunately, only 58% of American Indians were up to date with colorectal cancer screening in 2020.[9] This is far below the national goal of 80% and presents an important opportunity for reducing incidence of colorectal cancer among AI.[10]

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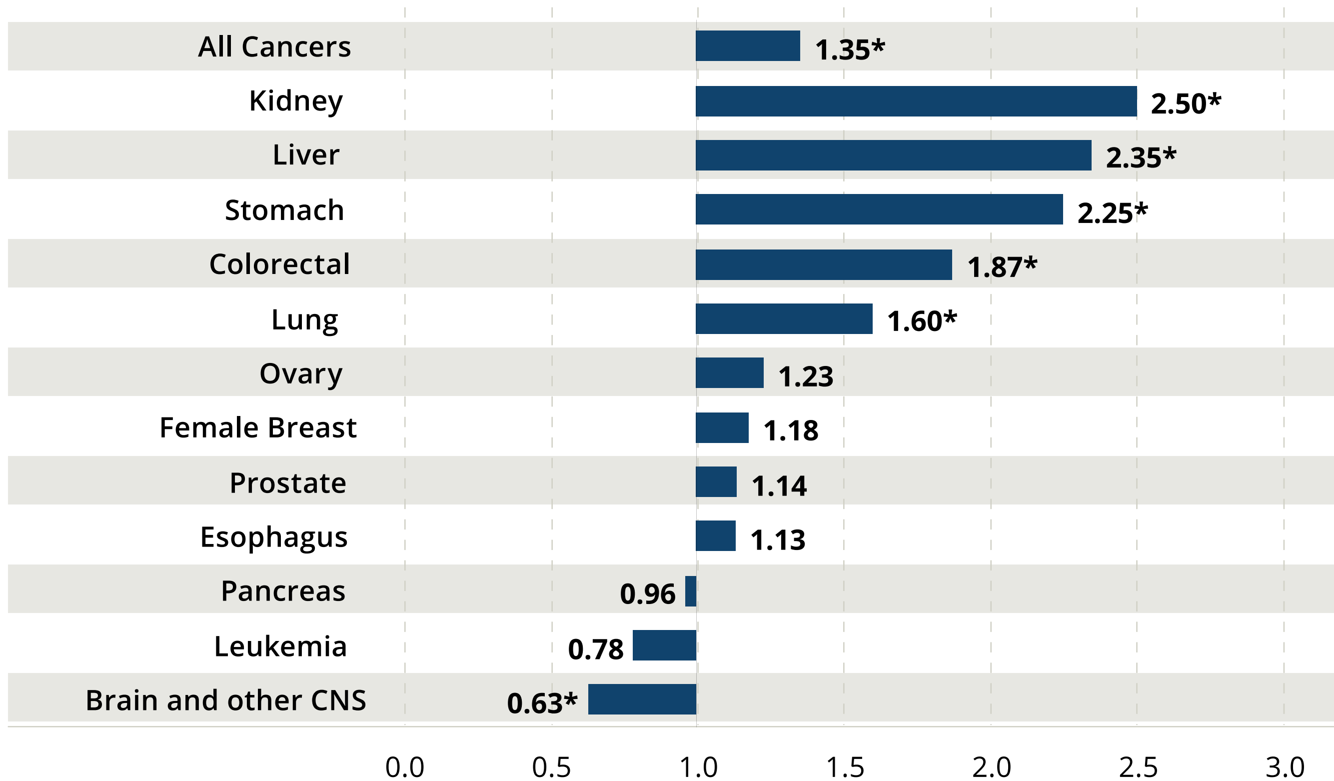
8 United States Preventive Services Task Force. Colorectal Cancer: Screening.: https://www.uspreventiveservicestaskforce.org/uspstf/index.php/recommendation/colorectal-cancer-screening

9 Montana Department of Public Health and Human Services (2020), Behavioral Risk Factor System Survey Data

10 National Colorectal Cancer Roundtable. 80% in Every Community Strategic Plan: https://nccrt.org/80-in-every-community/



Standard Mortality Ratio among American Indian Montanans Compared to white Montanans, 2015 – 2019

Figure 2B: Ratio of Cancer Mortality by Cancer Type among American Indian Montanans Compared to white Montanans, 2015 – 2019

**indicates a statistically significant difference*

Cancer Among People with Disabilities

Similar to American Indians, cancer presents a significant burden to Montanans with disabilities. People with disabilities are twice as likely to ever have had cancer (10.5%) compared to people without disability (5.5%). This is despite the fact that people with disability are equally likely to be up-to-date with their cancer prevention screenings, such as a mammogram, cervical or colorectal screening, and an annual routine check-up[11]. However, not all people with disability have equal opportunity to healthcare.

11 Montana Department of Public Health and Human Services, Behavioral Risk Factor Surveillance System, 2019.

	COMMERCIAL TOBACCO USE	EXCESSIVE ALCOHOL USE	CHRONIC INFECTIONS
Liver and Bile Duct	X	X	Hepatitis B Hepatitis C
Kidney and Renal Pelvis	X		Hepatitis C
Stomach	X	X	H. Pylori
Lung and Bronchus	X		
Colorectal	X	X	

Table 1: Cancers with Modifiable Risk Factors

Nationally, the CDC reported that:

...young and middle-aged adults with a vision disability had the lowest prevalence of having health insurance coverage (74.9% and 81.3%, respectively), a usual health care provider (64.0% and 82.3%, respectively), and, among younger adults, of having received a check-up during the preceding 12 months (58.0%).

…by age 65 years, approximately 98% of Americans have access to Medicare coverage[10] and might have increased access to health care services. Nonetheless, older adults reporting self-care disability might face more financial strain because of a higher level of medical need compared with persons without such disability.[12]

In addition, people with disabilities are more likely to experience the common modifiable risk factors associated with the five cancers showed in Table 1. In 2019, the percentage of Montana adults with disability who reported being current smokers was significantly higher than Montanans without disability; 25.4% vs. 12.2%. Adults with disability were also less likely to achieve the physical activity guidelines compared to adults without disability, 21.6% vs. 30.3%. Similar to AI, there was no significant difference in reported binge drinking or

12 Okoro, C. A., Hollis, N. D., Cyrus, A. C., & Griffin-Blake, S. (2018). Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults — United States, 2016. MMWR. Morbidity and Mortality Weekly Report: https://www.cdc.gov/mmwr/volumes/67/wr/mm6732a3.htm

heavy drinking between adults with disability and those without.[13]

It must also be noted that the severity of these risk factors often increase when a person is from multiple groups that experience health inequities (e.g., American Indian with a disability). Having intersectional identities often compounds social and structural barriers, which lead to health disparities. For example, adults with disability and American Indians in Montana smoke at a similar rate (25.0% and 26.7%, respectively).[13] The smoking rate is significantly higher (39.3%) when a person is both American Indian and has a disability.[14]

In conclusion, people with disabilities are a diverse group with varying needs and resources to consider when planning for cancer control across Montana. Therefore, the removal of health care barriers experienced by people with disabilities must be considered when promoting early detection services, treatment and management options, and survivor resources in Montana.[15] These considerations must be understood within the health equity framework of this plan because barriers experienced by people with disabilities are complex. While there is growing focus on removing structural barriers and on promoting accessible health care resources[16], people with disabilities report poor satisfaction with the quality of their interactions with health care providers.[15] Some people with disability will travel long distances to meet with a health care provider who will respect their needs and develop a patient-centered treatment plan with them. (S. Johnston-Gleason, personal communications, February 16, 2022) Public health professionals and health care providers need more training and opportunities to work with disability organizations to develop inclusive public health approaches to cancer control. Overall, we need to understand and eliminate health disparities as they relate to cancer control in Montana for all Montanans with disabilities and among Montanans who may be members of other historically marginalized groups experiencing health disparities.

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13 Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, Division of Human Development and Disability. Disability and Health Data System (DHDS) Data: https://dhds.cdc.gov

14 Hicks, E., Traci, M. A., Jones, M. G., White, L., Welch, H., & Foster, D. (2021). AI/AN Health and Disability: A Culturally Responsive Conceptualization. Paper presented at the American Public Health Association, Denver, CO

15 Iezzoni, Davis, R. B., Soukup, J., & O'day, B. (2002). Satisfaction with quality and access to health care among people with disabling conditions. International Journal for Quality in Health Care: https://doi.org/10.1093/intqhc/14.5.369

16 ADA Technical Assistance Network. Accessible Diagnostic Equipment Standards: https://adata.org/factsheet/accessible-medical-diagnostic-equipment

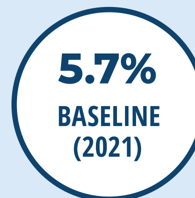
Prevention

GOAL: Prevent cancer from occurring.

OBJECTIVE 1: Reduce the proportion of adolescents who use artificial sources of ultraviolet light for tanning.

STRATEGY 1: Advocate for policy prohibiting the use of tanning beds for minors.

Percent of high school students (boys and girls) who reported that they used an indoor tanning device one or more times in the past 12 months.



Data Source: YRBS

** The target for this objective aligns with the U.S. target set by the U.S. Department of Health and Human Services' Healthy People 2030. Even though Montana exceeded the Healthy People 2030 target in 2015, the MTCC will continue to strive to reduce indoor tanning among high school students.*

STRATEGY 2: Educate and strengthen existing regulations requiring adults to receive warnings and to sign consent forms before using tanning beds.

STRATEGY 3: Conduct culturally relevant community media campaigns to educate and raise awareness of the dangers of artificial UV light among various target populations.

OBJECTIVE 2: Increase the number of statewide, regional, and tribal organizations that implement sun safety practices.

STRATEGY 1: Determine the baseline number of professional organizations that have outdoor activities and distribute educational materials.

STRATEGY 2: Encourage compliance with existing sun safety practices for individuals in outdoor worksites.

STRATEGY 3: Promote sun safety policy and environmental changes in settings where outdoor activities occur.

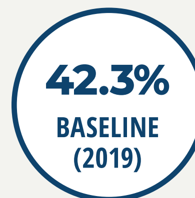
OBJECTIVE 3: Increase the percentage of adolescents fully immunized against human papillomavirus (HPV).

STRATEGY 1: MTCC will partner with the Montana Immunization Program and other stakeholders to promote policy and systems change and educate youth and parents to increase HPV vaccination rates.

STRATEGY 2: Work with stakeholders to ensure educational materials are culturally appropriate for American Indian, rural, and frontier populations.

The percent of adolescent girls aged 13-17 years in Montana who are fully immunized against Human Papilloma Virus (HPV).

The percent of adolescent boys aged 13-17 years in Montana who are fully immunized against Human Papilloma Virus (HPV).



Data Source: National Immunization Survey — Teen

OBJECTIVE 4: Support the work of the Montana Tobacco Use Prevention Program (MTUPP) to reduce the impact of tobacco use on cancer risk and decrease the prevalence of commercial tobacco and e-cigarette use and exposure to secondhand smoke.

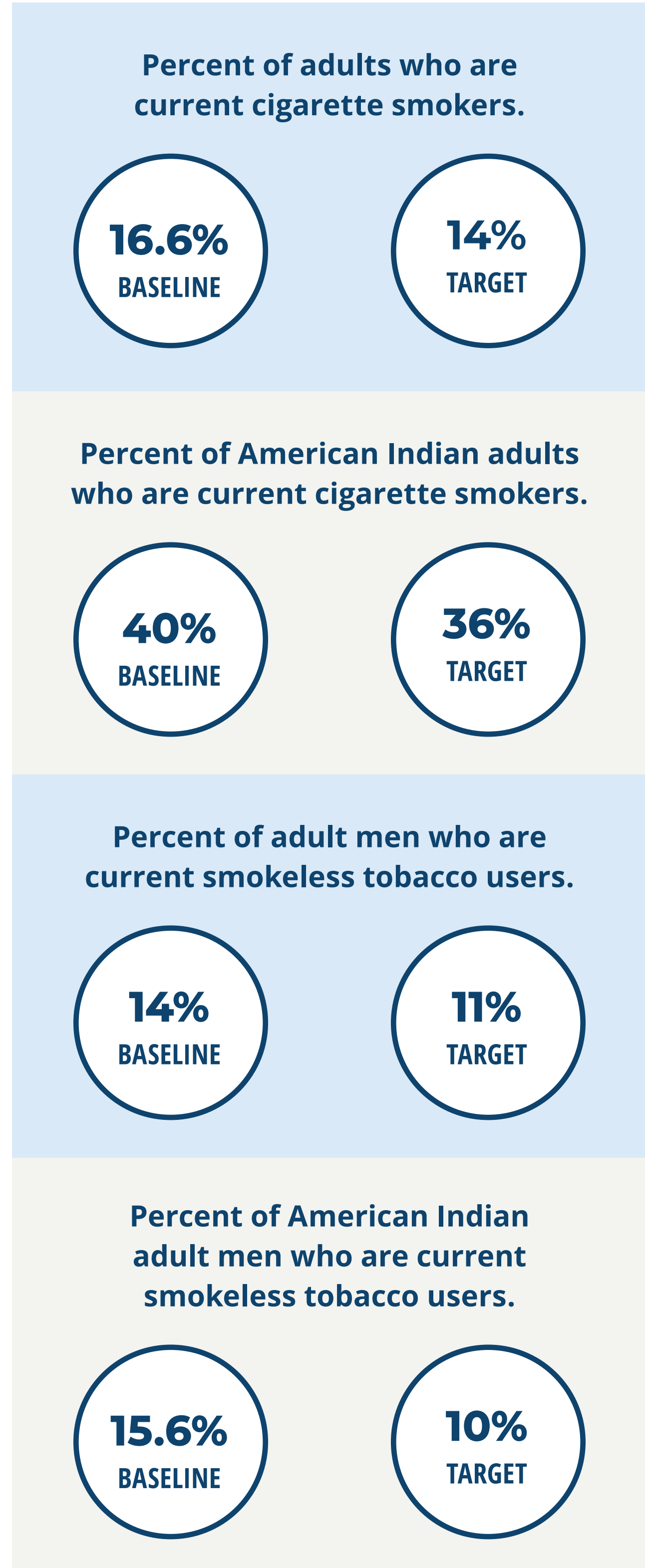
STRATEGY 1: Promote the use of the Montana Tobacco Quit Line, the Montana American Indian Quit Line, My Life My Quit, Quit Now Montana Pregnancy Program, and other existing evidence-based resources to increase cessation attempts.

STRATEGY 2: Support MTUPP's React Against Corporate Tobacco (reACT) program to prevent the initiation of tobacco use among youth.

STRATEGY 3: Support MTUPP's efforts to eliminate disparities in low-income and American Indian populations related to commercial tobacco use and its effects.

STRATEGY 4: Educate stakeholders and partners on e-cigarettes and other nicotine delivery devices as well as tobacco industry marketing tactics.

STRATEGY 5: Advocate for the continued protection and expansion of the Montana Clean Indoor Air Act (MT CIAA).



Data Source: MT BRFSS

Percent of high school students who are current cigarette smokers.

Percent of American Indian high school students who are current cigarette users.

Percent of high school students who are current electronic vapor product users.

Data Source: YRBS

** The target for this objective aligns with the U.S. target set by the U.S. Department of Health and Human Services' Healthy People 2030. Even though Montana exceeded the Healthy People 2030 target in 2015, the MTCC will continue to strive to reduce indoor tanning among high school students.*

OBJECTIVE 5: Increase access to physical activity, nutrition, and health promotion.

STRATEGY 1: Identify and implement priority health improvement strategies with Chronic Disease Prevention and Health Promotion Bureau (CDPHP); Tribal Health, Indian Health Service; Urban Indian Health Programs; and other relevant stakeholders.

STRATEGY 2: Advocate for sustained and increased funding of local and statewide health improvement programs.

STRATEGY 3: Support worksite snack bars and cafeterias in creating policies that encourage healthy nutrition standards for food and beverages provided at meetings, trainings and/or conferences.

STRATEGY 4: Support worksites in creating policies that establish guidelines to promote a work environment that increases opportunities for employees to engage in physical activity.

STRATEGY 5: Promote smoke-free and tobacco-free environments, such as tobacco-free behavioral health facilities, smoke-free housing, and tobacco-free parks.

STRATEGY 6: Support the building of healthy community relationships across Montana through food security and food sovereignty.

The percent of adults who report they engage in no leisure time physical activity.

Data Source: MT BRFSS

- Provide education on food preparation and production to improve food security for more nutrient dense foods.
- Support indigenous and locally grown food and home gardening.

STRATEGY 7: Work with the Office of Public Instruction (OPI) and school districts to strengthen school wellness policies to:

- Support free lunch program.
- Encourage “active transportation” to school with programs such as Safe Routes to School.
- Provide quality and age-appropriate physical education to all students.
- Open recreation facilities to the community after hours.
- Support screen-time usage that incorporates physical activity, unstructured times, and interactive activities.

Early Detection

GOAL: Detect cancer at its earliest stages.

OBJECTIVE 1: Increase screening using nationally recognized guidelines for breast, cervical, colorectal, and lung cancers.

STRATEGY 1: Promote screening through culturally appropriate education, ADA accessible, and health equity approaches using one-on-one education, small media, and working directly with target populations.

STRATEGY 2: Educate providers, Indian Health Service and Tribal Health on screening guidelines, insurance coverage, referrals, state programs, and access barriers.

STRATEGY 3: Advocate for policy and practice changes within healthcare systems:

- Provide technical assistance to support office system changes, such as electronic medical records, champions, patient reminders, and provider reminders.
- Reduce structural barriers to screening.
- Provide technical assistance to support patient navigation to increase awareness of screening services.

Measure	Baseline (2020)	Target
Percentage of Montana men and women aged 50-75 who report being up-to-date with colorectal cancer screening.	69.9%	80%
Percentage of Montana American Indian men and women aged 50-75 who report being up-to-date with colorectal cancer screening.	58.3%	80%
Percentage of Montana women aged 50+ who report having had a mammogram in the past two years.	73.4%	80%
Percentage of Montana American Indian women aged 50+ who report having had a mammogram in the past two years.	64.7%	80%
Percentage of Montana women aged 21-65 years who report having had a Pap test in the past three years.	74.8%	86%
Percentage of Montana American Indian women aged 21-65 years who report having had a Pap test in the past three years.	75.3%	86%

Data Source: MT BRFSS

STRATEGY 4: Work with payers and providers to provide lung cancer screening following the most current clinical recommendations.

OBJECTIVE 2: Increase the use of hereditary cancer risk assessment through genetic counseling and appropriate genetic testing for those whose family histories are associated with an increased risk for genetic mutations.*

STRATEGY 1: Educate providers, Indian Health Service, Tribal Health, and all Montanans about appropriate genetic testing and counseling for all whose family history may be associated with an increased risk for genetic mutations.

** At date of publication, USPSTF guidelines support routine genetic counseling or BRCA testing for women whose family history is associated with an increased risk for potentially harmful mutations in the BRCA1 or BRCA2 genes.*

STRATEGY 2: Advocate for policy and practice changes within healthcare systems.

- Reduce structural barriers to hereditary cancer risk assessment through genetic counseling.
- Provide technical assistance and training to primary care providers regarding how and why to refer to genetic counselors.

Access to Care for All

GOAL: Ensure all Montanans have access to the most effective patient and family centered cancer care and cancer screening.

OBJECTIVE 1: Increase availability of and access to evidence based and best practice resources on diagnostic and cancer treatment modalities.

STRATEGY 1: Increase the number of Montanans signed up for affordable and adequate health insurance including Medicaid, HELP Act, and the Affordable Care Act Exchange.

STRATEGY 2: Collaborate with stakeholders including Indian Health Service and Tribal Health to provide education on the importance of obtaining a primary healthcare provider, and the benefits of having healthcare coverage and advocating for one's own health.

STRATEGY 3: Review access to healthcare related to travel distance needed, identify gaps, and develop ways to increase the number of people in Montana who travel 100 miles or less to healthcare.

The percent of Montanans aged 18–64 years with health insurance.

88.5% BASELINE	100% TARGET

The percent of Montana American Indians aged 18–64 years with health insurance.

93.10% BASELINE	100% TARGET

Data Source: BRFSS

STRATEGY 4: Assess workforce numbers of oncology care providers and staff (Medical Oncologists, Radiation Oncologists, Nurse Practitioners and Physician Assistants, Oncology Nurses, Radiation Therapists, Dosimetrist, and Oncology Social Workers) across the state.

OBJECTIVE 2: Increase access and utilization of telehealth services.

STRATEGY 1: Increase understanding and awareness of utilization of telehealth reimbursement changes.

STRATEGY 2: Promote education and awareness of the use of available telehealth services for patients and oncology practitioners.

OBJECTIVE 3: Improve the health equity of oncology care in Montana by increasing awareness of cultural and linguistic preferences among diverse populations.

STRATEGY 1: Review and educate Montana oncology providers on the US Department of Health and Human Services Culturally and Linguistically Appropriate Services (CLAS) standards to implement culturally appropriate care in their practices.

STRATEGY 2: Provide CLAS resources, education and/or training to all oncology healthcare workers to implement culturally appropriate care delivered with empathy, respect, and humility.

OBJECTIVE 4: Assess burnout in oncology healthcare workers in Montana.

STRATEGY 1: Create and distribute survey to assess baseline data on burnout amongst Montana oncology healthcare workers in partnership with Montana State Oncology Society (MSOS).

STRATEGY 2: Determine action steps based on results of baseline data collected.

- Utilizing ASCO resources, partner with healthcare facilities to provide education and resources to hospitals and Montana cancer center leadership regarding burnout in relation to culture of workplace.

Quality of Life & Survivorship

GOAL: Enhance quality of life during survivorship for every person affected by cancer.

OBJECTIVE 1: Increase the number of cancer treatment centers where the oncologist connects the patient with a Primary Care Provider (PCP) to work in partnership from time of diagnosis through long-term survivorship.

STRATEGY 1: Develop a strategy for PCPs to receive training on survivorship care that includes offering Continuing Medical Education credits and cancer survivor care certificate.

STRATEGY 2: Develop a patient care process that includes a PCP in the care team and promotes the use of tools such as a Survivorship Care Plan.

STRATEGY 3: Implement a pilot in one Montana Cancer Center that includes an intake process that incorporates PCPs at time of diagnosis. In year 3, share the process and outcome measures with other cancer centers.

STRATEGY 4: Educate cancer patients to request PCP trained in survivorship needs as part of their oncology and survivorship care using culturally appropriate and sensitive resources.

OBJECTIVE 2: Increase knowledge of available services for psychosocial, palliative care, pain, and physical support as a best practice standard in cancer care delivery.

STRATEGY 1: Maintain current and accurate list of services available in Montana through the Quality of Life Services Map.

STRATEGY 2: Educate patients and care providers on the availability of psychosocial, palliative care, pain and physical support services and their role in survivorship care using culturally appropriate and sensitive resources.

STRATEGY 3: Complete a promotional campaign to increase awareness of the Quality of Life Services map.

STRATEGY 4: Create a YouTube video on map use; distribute and make available; track hits/clicks.

OBJECTIVE 3: Increase access to emotional and physical support services for cancer patients, families, and caregivers across Montana, focusing on rural communities and American Indian Reservations.*

STRATEGY 1: Utilize the statewide map to identify gaps and barriers to services that exist across Montana.

STRATEGY 2: Identify support service organizations throughout the state to address gaps and barriers in services, including strategies and a timeline for action.

STRATEGY 3: Develop a schedule to track progress in filling gaps and adjust strategies as needed.

** Non-clinical support services encompass resources beyond medical treatment that are essential for people experiencing a life altering health challenge. Often needed are resources to support emotional, spiritual, and physical changes that impact a person's well-being, as well as resources for transportation, health insurance, day-to-day needs, long range planning, general finances, as well as youth and family support*

Pediatric Cancer

GOAL: Ensure Childhood Cancer Patients And Families Are Provided Patient-Centered Treatment And Survivorship Services That Improve Quality Of Life.

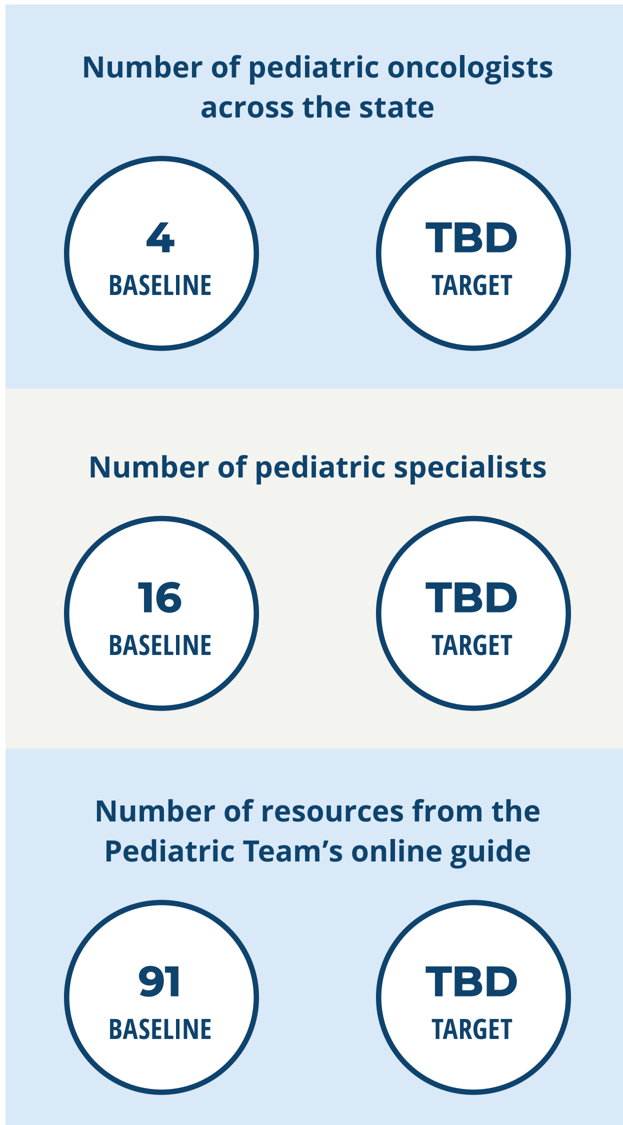
OBJECTIVE 1: Increase Montana's capacity to provide a long-term survivorship care for youth with cancer.

STRATEGY 1: Increase Montana's awareness of the in-state pediatric oncologists and pediatric specialists.

STRATEGY 2: Collaborate with Montana Children's Special Health Services to ensure that milestone development is incorporated into the care plan early in the diagnosis.

STRATEGY 3: When in-state primary treatment is not possible, incorporate a Montana Board Certified Pediatric Oncologist into a child's treatment plan for supportive care.

STRATEGY 4: Develop a framework for pediatricians/family practice doctors in Montana



Data Source: Cancer Treatment Center Records; MTCC Website

to work with Pediatric Oncologists (in-state and out-of-state) for maintaining long-term survivorship plans.

STRATEGY 5: Increase access to home and hospice care for pediatric patients.

OBJECTIVE 2: Increase education to schools, families, primary care providers, health departments, Indian Health Service and Tribal Health Care on the physical, emotional, and cognitive impact of childhood cancer on patients and families.

STRATEGY 1: Educate healthcare providers, Indian Health Service and Tribal Health on resources and pediatric oncology services available in Montana to treat children with cancer.

STRATEGY 2: Develop and maintain a list of resources connected with the Montana Cancer Resource Guide for families affected by pediatric cancer.

STRATEGY 3: Educate state nurses, K-12 educators, and school counselors on the physical, emotional, and cognitive impacts of childhood cancer.

OBJECTIVE 3: Increase the number of support services (psychosocial, financial, logistical) available in Montana for youth and families.

STRATEGY 1: Collaborate with key partners and partnership member organizations to collect and disseminate information on psychosocial and rehabilitative services available.

STRATEGY 2: Assess and address gaps in psychosocial support services for youths and their families statewide.

Resources

Agency for Healthcare Research and Quality (AHRQ)
www.ahrq.gov

American Cancer Society (including American Cancer Society Facts and Figures)
www.cancer.org

American College of Surgeons, Commission on Cancer
https://www.facs.org/quality-programs/cancer

American Society of Clinical Oncology
www.asco.org

American Society of Clinical Oncology (ASCO)— Cancer.net
www.cancer.net/

Cancer Care
www.cancercare.org

Centers for Disease Control and Prevention (CDC)
www.cdc.gov

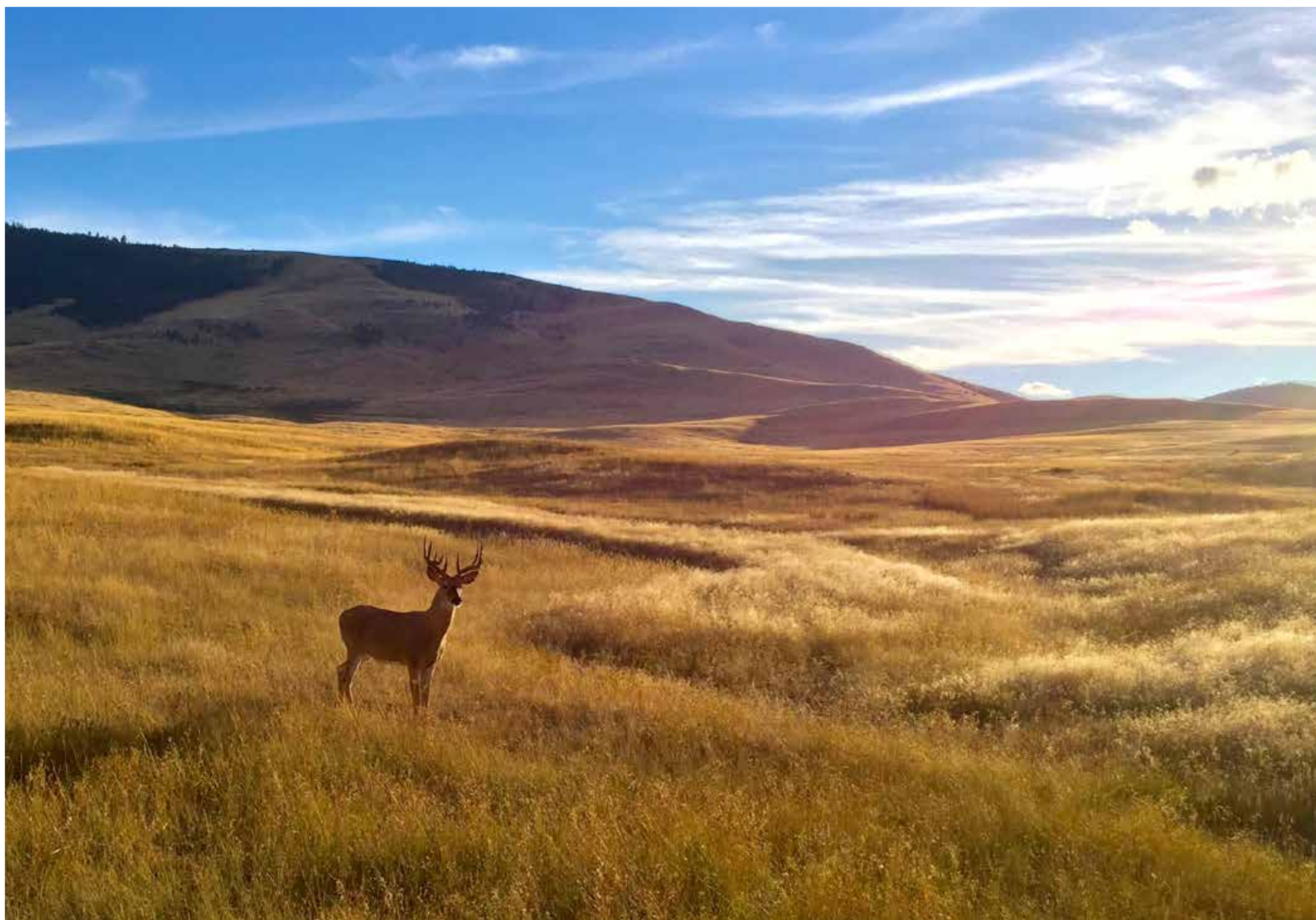
Cancer Support Community Montana
www.cancersupportmontana.org

George Washington Cancer Center – Cancer Control and Health Equity
https://cancercenter.gwu.edu/research-program/cancer-control-and-health-equity

Healthy People 2030
https://health.gov/healthypeople

Montana Central Tumor Registry Annual Report
https://dphhs.mt.gov/assets/publichealth/Cancer/MCTRAnnualReportFeb2022.pdf

National Comprehensive Cancer Control Program
www.cdc.gov/cancer/ncccp/index.htm



National Cancer Institute (NCI)
www.cancer.gov

NCI Cancer Progress Report
www.progressreport.cancer.gov

National Coalition for Cancer Survivorship www.canceradvocacynow.org

National Colorectal Cancer Roundtable
www.nccrt.org

National Comprehensive Cancer Network
www.nccn.org

National Consensus Project on Quality Palliative Care
www.nationalconsensusproject.org

Prevent Cancer Foundation
https://www.preventcancer.org/

Glossary

ADVANCED DIRECTIVE: A legal document that allows a person to convey decisions about end- of-life care ahead of time. It provides a way to communicate personal wishes to family, friends, and healthcare professionals.

CANCER: An umbrella term used to describe many different diseases in which cells grow and reproduce out of control.

CANCER BURDEN: The overall impact of cancer in a community.

CARCINOGEN: Any substance known to cause cancer.

CESSATION: To cease or end.

CLINICAL TRIALS: Research studies that involve patients. Studies are designed to find better ways to prevent, detect, diagnose, or treat cancer and to answer scientific questions.

COGNITION (or Cognitive): The set of all mental abilities and processes related to knowledge, attention, memory and working memory, judgment and evaluation, reasoning and computation, problem solving and decision making, comprehension and production of language, etc.

CULTURALLY APPROPRIATE: Term used to describe how healthcare providers and organizations understand and respond effectively to the cultural and linguistic needs of a patient. This includes being able to recognize and respond to a patient's beliefs and values, disease incidence, and prevalence and treatment outcomes.

DISABILITY: Any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them. With the removal of environmental barriers and the right supports, people with disability can fully participate in the world.

DISSEMINATE: To spread or disperse (something, especially information) widely.

EPIDEMIOLOGY: The study of disease incidence and distribution in populations, and the relationship between environment and disease. Cancer epidemiology is the study of cancer incidence and distribution as well as the ways surroundings, occupational hazards, and personal habits may contribute to the development of cancer.

ENDOSCOPY (or Endoscopic): Looking inside the body for medical reasons using an endoscope, an instrument used to examine the interior of a hollow organ or cavity of the body.

EVIDENCE-BASED: Refers to the use of research and scientific studies to determine best practices.

FOLLOW-UP: Monitoring a person's health over time after treatment. This includes keeping track of the health of people who participate in a clinical study or clinical trial for a period of time, both during the study and after the study ends.

GENETICS: The study of genes, heredity, and genetic variation in living organisms.

GERONTOLOGY: The study of the social, psychological, cognitive, and biological aspects of aging.

GOAL: A limited number of critical ends toward which a plan is directed. Goals address broad, fundamental components of success. They represent a general focus area, without specifications about how to achieve them.

HEALTHCARE PROVIDERS: Practitioners in disease prevention, detection, treatment, and rehabilitation. They include physicians, nurses, dentists, dietitians, social workers, therapists, Indian Health Service units, tribal health care facilities, complementary medicine providers, and others.

HEALTH EQUITY: When all people have the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.

HEALTH DISPARITIES: Differences in the incidence, prevalence, mortality, and burden of cancer and related adverse health conditions that exist among specific population groups in the United States.

HIGH-RISK: Describes an individual or group of people for whom the chance of developing cancer is greater than for the general population. People may be considered to be at high risk from many factors or a combination of factors, including family history, personal habits, and exposure to carcinogens.

HOSPICE: Special care and assistance for people in the final phase of illness as well as for their families and caregivers; usually provided in the patient's home or a homelike facility.

HUMAN PAPILLOMA VIRUS (HPV): A virus with subtypes that cause diseases in humans ranging from common warts to cervical cancer.

INCIDENCE: The number of times a disease occurs in a given population. Cancer incidence is the number of new cases of cancer diagnosed each year. The Montana Central Tumor Registry maintains cancer incidence data in Montana.

INCIDENCE RATE: A measure of the rate at which new events occur in the population. The number of new cases of a specified disease di-

agnosed or reported during a defined period of time is the numerator, and the number of persons in the stated population in which the cases occurred is the denominator.

INVASIVE: Pertaining to a disease tending to spread prolifically and undesirably or harmfully.

LOCALIZED STAGE: Cancer that is limited to the site of origin. There is no evidence of metastasis elsewhere in the body.

MALIGNANCY (or Malignant): Cancerous; able to invade nearby tissue and to spread to other parts of the body.

MAMMOGRAPHY: A technique using X-rays to diagnose and locate tumors of the breasts.

METASTATIC CANCER STAGE: Cancer that has spread from the place in which it started to other parts of the body.

MEASURE: Providing information to gauge progress toward an intended outcome or objective.

MORBIDITY: Any departure, subjective or objective, from a state of physiological or psychological well- being. In this sense, sickness, illness, and morbid conditions are similarly defined and synonymous.

MORTALITY RATE: A rate expressing the proportion of a population who dies of a disease, or of all causes.

NONINVASIVE: An early-stage cancer that has remained localized and confined to the layer of tissue from which it first developed and has not spread (metastasized) to surrounding tissue or other parts of the body.

OBJECTIVE: Specific, measurable outcomes that will lead to achieving a goal.

PALLIATIVE CARE: Care that does not alter the course of a disease but does improve quality of life.

PAPANICOLAOU (PAP) SCREENING / PAP TEST: A test to detect cancer of the cervix or lining of the uterus.

PRECANCEROUS LESION: A change in some areas of the skin that carries the risk of becoming skin cancer.

PREVALENCE: In medical terminology, the number of cases of a disease that are present in a population at a point in time. In the case of smoking prevalence in a population, the term is used to define the number of people in that population who are regular smokers.

PRIMARY PREVENTION: The reduction or control of factors believed to be causative for health problems; prevention strategies might

include risk reduction, education, health service intervention, or preventive therapy.

PSYCHOSOCIAL: Of or relating to the interrelation of social factors and individual thought and behavior.

QUALITY OF LIFE: The degree to which an individual is healthy comfortable, and able to participate in or enjoy life event. Within the arena of health care, quality of life is viewed as multidimensional, encompassing emotional, physical, material, and social well-being.

REGIONAL CANCER: Cancer that extends beyond the limits of the site of origin into surrounding organs or tissues or regional lymph nodes.

RISK FACTOR: Anything that has been identified as increasing the chance of getting a disease, for example, tobacco use, inactivity, age, or family history of some cancers.

SECONDHAND SMOKE: Smoke that comes from the burning end of a cigarette and smoke exhaled by people who smoke.

STRATEGY: Specific processes or steps undertaken to achieve objectives. To the extent possible, strategies are evidence-based.

SURVIVOR: A person who has been diagnosed with cancer from the day of diagnosis throughout his or her life.

SURVIVORSHIP CARE PLAN: A record of a patient's cancer history and recommendations for follow-up care. It should define the responsibilities of cancer-related, non-cancer-related, and psychosocial providers.

TERTIARY PREVENTION: Involves providing appropriate supportive and rehabilitative services to minimize morbidity and maximize quality of life, such as rehabilitation from injuries. It includes preventing secondary complications.

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CANCER CONTROL
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