



# HAWAI'I STATE CANCER PLAN

2016 - 2020



OUR VISION IS CLEAR  
"NO MORE CANCER"



*“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.”*



# *Aloha kākou,*

Cancer remains the second leading cause of death in our state and affects every individual, family, and community. The Hawai'i State Cancer Plan was created by the Hawai'i Comprehensive Cancer Coalition, a group of diverse, focused, and compassionate individuals, community partnerships, and organizations that are dedicated to saving the lives and improving the quality of life for those impacted by cancer in Hawai'i.

The Hawai'i State Cancer Plan will guide our states' cancer control and prevention efforts, and will enhance collaboration between public and private agencies and organizations for the next five years. We are encouraged by the measurable progress that has already been realized from the previous cancer planning efforts and we are mindful that much remains to be done. The battle against cancer requires the collective effort, cooperation, and collaboration between a multitude of organizations. The effort will include government, healthcare, physicians, organized research resources, businesses, non-profit community-based organizations, private organizations, and individuals, to achieve our states' vision of "No More Cancer".

As a key partner in cancer prevention and control, the Hawai'i State Department of Health looks forward to promoting and helping with implementation of the Hawai'i State Cancer Plan. The people of Hawai'i deserve our best effort.

Mālama pono,



**Virginia Pressler, M.D.**

*Director*

*Hawai'i State Department of Health*

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## **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:**

- 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 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.



In 2003, key cancer, healthcare, and community leaders came together and formed the Hawai'i Comprehensive Cancer Coalition (HCCC). At that time, the HCCC worked together to develop a strategic plan that would carry out the vision of "No More Cancer." In 2010 and again in 2015, leaders convened, reviewed plan progress, and revised the plan to include the focus areas of *prevention, early detection, equitable access to care, and quality of life* issues. The results were a plan that represent the collective expertise, thoughts, goals, strategies, and passion for fighting cancer that are shared by the dedicated members of the Coalition. This plan is intended to be a road map for reducing the cancer burden in Hawai'i through the implementation of the following objectives:

- **Build prevention and screening capacity and services around policy, systems, and environmental (PSE) initiatives.**
- **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 cancer plan are implemented.**

## HCCC INFRASTRUCTURE

### COALITION STEERING COMMITTEE

The Steering is composed of 15 members that are representative of those professions, organizations, and agencies addressing cancer control in Hawai'i.

Officers  
Chair  
Vice Chair  
Immediate past chair

### COALITION ACTION TEAMS

The Coalition established Action Teams that engage in activities related to the strategies in the Hawai'i State Cancer Plan.

- Prevention
  - Vaccine-Preventable Cancers Workgroup
- Early Detection
  - Colorectal Task Force
- Equitable Access to Care
- Quality of Life
- Data Surveillance Promoting Health Equity



# Health Disparities

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. 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.

Cancer disparities take a substantial toll on society in terms of premature death, lower productivity, and the costs of medical care. There are significant societal and economic costs that cancer health disparities impose on Hawaii's community. Notably, the societal and economic costs adversely affect all parts of the population, 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.

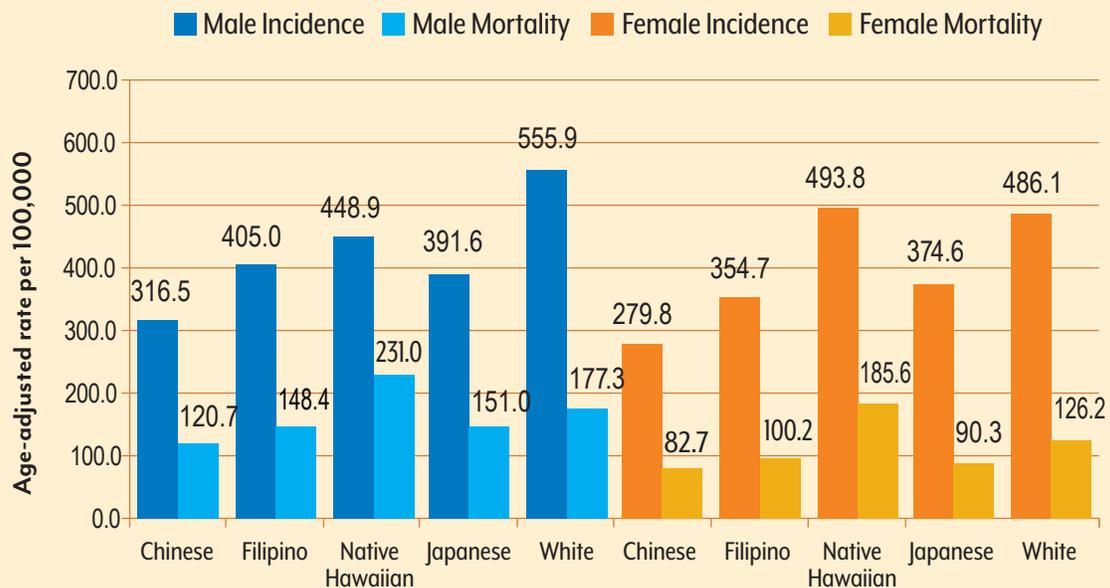
Hawai'i has consistently placed a high value on providing accessible, top quality healthcare for all. Nationally, socioeconomic disparities in cancer incidence reflect that persons living in poorer communities or less educated communities are consistently disadvantaged. Disadvantaged groups tend to have lower screening rates such that cancers are diagnosed at advanced stages when survival is poorer. Cancer mortality show that poorer and less educated communities have higher rates of death compared to affluent and better educated communities. This pattern holds true in Hawaii's multi-ethnic population. Continuing Hawaii's progress to reduce the toll of cancer-related pain and suffering, loss of life, and added healthcare costs, requires reducing existing health inequities.

*“Hawai'i has consistently placed a high value on providing accessible, top quality healthcare for all.”*

Cancer health disparities result from multiple factors, including poverty, environmental threats, inadequate access to healthcare, individual and behavioral factors, and educational inequalities which are commonly called the social determinants of health. Language barriers and rural setting/neighbor island settings in Hawai'i are known to influence the early detection of cancer and outcomes. Other complex and less understood factors perpetuate cancer health disparities among Native Hawaiians, Filipinos, Pacific Islanders, and others who are socio-economically disadvantaged.

As a state whose population ranks second nationally in the number of diverse racial and ethnic groups, engagement with these underserved groups is needed to identify specific cultural strategies that help reduce cancer risks. Hawai'i has a strong community tradition of working to improve the health and well-being of its people, including new immigrants and Pacific Island migrants. The HCCC is determined to take the steps needed to identify and implement tailored solutions that reduce Hawaii's death and incidence rates from cancer, and help promote PSE changes that will decrease existing cancer health disparities. HCCC pledges to remain engaged 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 socio-economic populations of Hawai'i.

## HAWAI'I DEATH AND INCIDENCE RATES



Source: Hawai'i Tumor Registry, University of Hawai'i Cancer Center (2009 - 2013). All cases are invasive except bladder cancer which is in situ and invasive.

# HAWAII'S CANCER BURDEN

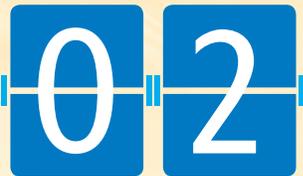


Each year, approximately 6,700 Hawai'i residents are diagnosed with invasive cancer.

MORE THAN  
**2,200**

**HAWAII RESIDENTS DIE OF CANCER EACH YEAR.**

**CANCER IS THE**



**LEADING CAUSE OF DEATH**

(after cardiovascular disease) in Hawai'i residents.



In 2016, there were over **58,000** Hawai'i residents living with cancer including those newly diagnosed and those diagnosed with invasive cancer in the past.

## TOP FIVE CANCER SITES IN NEWLY DIAGNOSED CASES & DEATHS, HAWAII, 2009 - 2013

INCIDENCE		MORTALITY	
MALE AVG. %/YR.	FEMALE AVG. %/YR.	MALE AVG. %/YR.	FEMALE AVG. %/YR.
PROSTATE 22.2%	BREAST 33.0%	LUNG 24.7%	LUNG 22.3%
LUNG 13.0%	LUNG 10.2%	COLORECTAL 10.4%	BREAST 12.4%
COLORECTAL 12.1%	COLORECTAL 9.4%	PROSTATE 8.1%	COLORECTAL 9.5%
MELANOMA 6.1%	CORPUS UTERI 7.4%	PANCREAS 7.7%	PANCREAS 8.7%
BLADDER 5.1%	THYROID 5.1%	LIVER 6.9%	OVARY 4.6%

\*Lung includes = Lung and Bronchus; Colorectal includes = Colon and Rectum; Melanoma includes = Melanoma of the Skin; Liver includes = Liver and Intrahepatic Bile Duct; Corpus Uteri includes = Corpus Uteri/ Endometrium

Source: Hawai'i Tumor Registry, University of Hawai'i Cancer Center. All cases are invasive except bladder cancer which is in situ and invasive.

# HAWAII'S CANCER BURDEN

## TOP CANCERS IN HAWAI'I

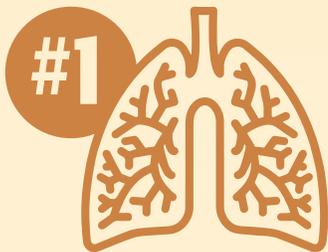
PROSTATE  
LUNG & BRONCHUS  
COLON & RECTUM  
MELANOMA OF THE SKIN  
BLADDER



**MOST  
COMMON  
CANCERS**



BREAST CANCER  
LUNG & BRONCHUS  
COLON & RECTUM  
UTERUS/ENDOMETRIUM  
THYROID



### LEADING CAUSE OF CANCER DEATH IN MEN AND WOMEN: LUNG & BRONCHUS CANCER



Lung & bronchus cancer is the leading cause of cancer death in men followed by cancers of the colon & rectum, prostate, pancreas, and liver.

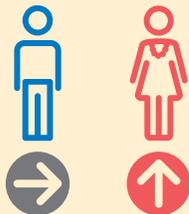


Lung & bronchus cancer is the top cause of cancer death in women followed by cancers of the breast, colon & rectum, pancreas, and ovary.

## TRENDS IN INCIDENCE AND MORTALITY IN HAWAI'I

### FROM 1984 – 2013

#### OVERALL CANCER INCIDENCE RATES



Overall cancer incidence rates remained relatively stable in males while increasing in females; overall cancer mortality rates steadily decreased in both sexes.

#### OVERALL CANCER MORTALITY RATES



### FROM 2004 – 2013

#### OVERALL CANCER INCIDENCE RATES



Overall cancer incidence declined in males and increased in females; overall cancer mortality rates decreased in both sexes.

#### OVERALL CANCER MORTALITY RATES



**INCIDENCE  
INCREASED  
2004 – 2013**

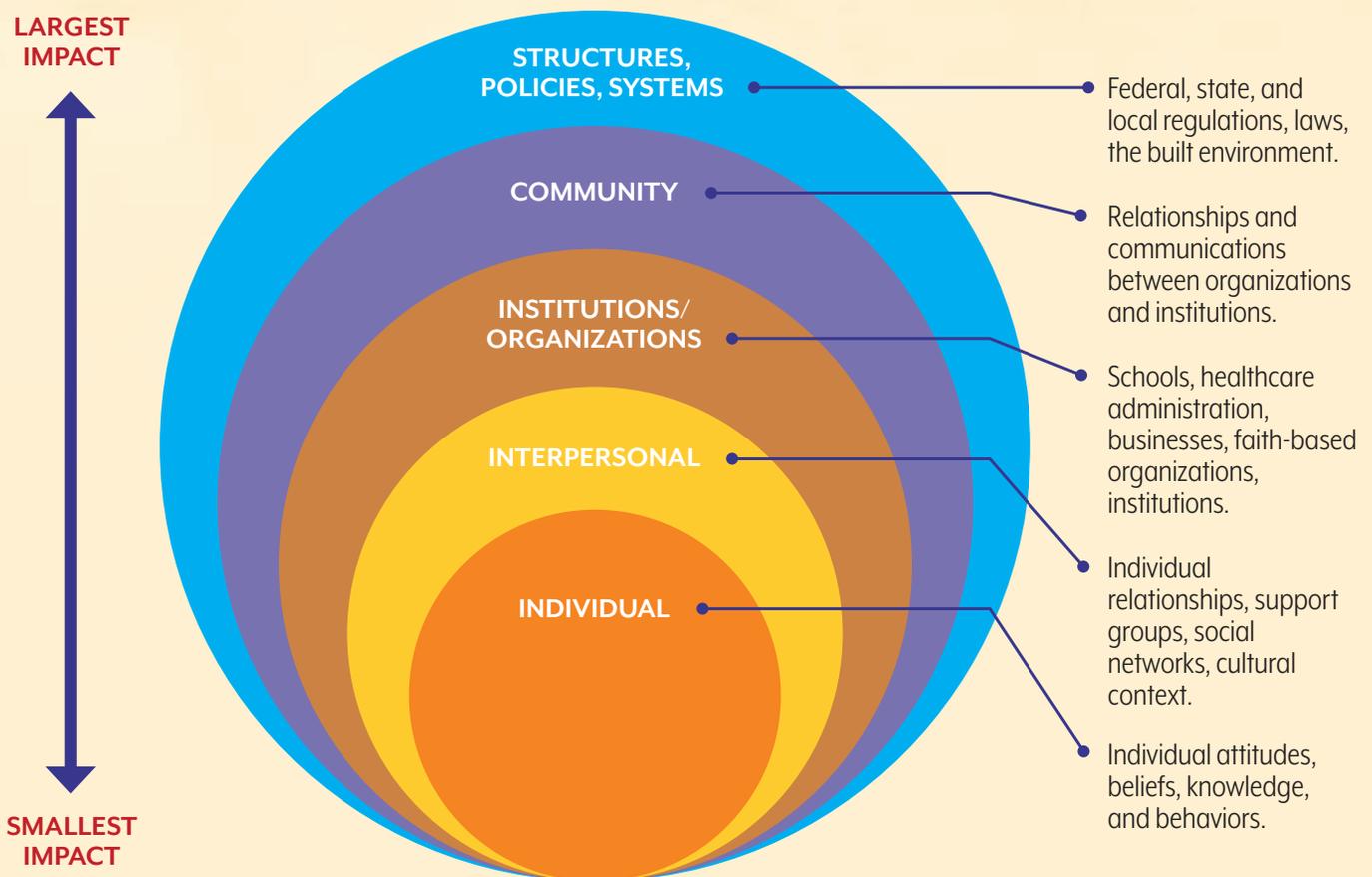
Incidence increased for cancers of the thyroid, kidney and renal pelvis, liver and intrahepatic bile duct, myeloma, soft tissue, pancreas, non-Hodgkin lymphoma and leukemia (males and females), breast, lung and bronchus, uterus/endometrium, and melanoma.

Source: Hawai'i Tumor Registry, University of Hawai'i Cancer Center. All cases are invasive except bladder cancer which is in situ and invasive.

# Hawai'i State Cancer Plan Framework

The Hawai'i State Cancer Plan 2016 - 2020 utilized a **Social Ecological Model** (framework) on which to base its strategic plan. **The Socio-Ecological Model (SEM) uses cross-coalition collaboration, coordination, and information sharing as a means of problem solving.** SEM provides a framework that accounts for the intricate relationships between the individual and their social, financial, and physical environment. While individuals are responsible for maintaining a healthy lifestyle, healthy behaviors are often determined by the environment and through social norms, attitudes, and public policies.

## SOCIAL ECOLOGICAL MODEL



## Categorizing the Sector Areas

The Rationale:

- To create cohesion among partners and plans to assist in enhanced communication and understanding to identify opportunities and actions to be undertaken for greatest impact.
- To encourage cross-coalition collaboration and coordination, greater information sharing, and the leveraging of resources to provide a more effective approach to implementing PSE changes.

### ORGANIZATION BY SECTOR AREAS

<b>Community</b>	Successful community efforts require inclusive, community-based participation, and collaborations between state and county initiatives, local organizations, the private sector, educational settings, worksites, and healthcare systems.
<b>Educational Systems</b>	Educational systems include public and private facilities, (e.g., work place, churches, community centers, colleges, and universities).
<b>Healthcare Systems</b>	Healthcare systems include all public and private healthcare providers and facilities, as well as third-party payers, Medicare and Medicaid. It is essential that policy for healthcare delivery systems promote the reduction of health disparities, by leveraging existing programs for risk-reduction, prevention, early detection, and evidenced-based chronic disease self-management services, and establish programs where they do not exist.
<b>Worksite</b>	Worksites are ideal places to institute and support opportunities to engage in healthy lifestyles and to participate in risk reduction and self-management programs.

### INCORPORATION OF CROSS-CUTTING THEMES

<b>Epidemiology and Surveillance</b>	Health or disease surveillance, epidemiology, and evaluation are 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.
<b>Health Disparities</b>	Health disparities exist when there is a major difference in a health outcome between population groups. This plan recognizes the importance of addressing health disparities and prioritize at-risk population groups that are more likely to experience poor health access and outcomes.
<b>Public Education and Communications</b>	Public education and communications can be used as strategic tools to educate, influence, and motivate people to reduce risk through awareness of unhealthy practices, places, and environmental conditions. Public education and communications can be prioritized to advance the goals and objectives of the plan.
<b>Coordination</b>	A coordinated approach and common vision is essential to achieving the goals and objectives of this framework. Cross collaborations include shared expertise, dissemination of information and leveraging of resources provide an effective approach to implementing PSE changes.
<b>Community Clinical Linkages</b>	Community clinical linkages help to ensure access to the resources needed to prevent or manage chronic diseases. Improved links between the community and clinical setting offer community delivery of proven programs, to which patients may be referred by a clinician.

# Coordinating Chronic Disease Prevention and Control Efforts

Given the rapidly increasing prevalence of chronic disease conditions and their associated risk factors in Hawai'i, there is an ever growing need to coordinate across chronic disease prevention and management efforts. Coordinated practice improves collaboration between stakeholders, reduces duplication of efforts, and leverages resources to effectively address common risk factors through evidence-based policies, programs, and services. The *Hawai'i State Cancer Plan 2016 - 2020* was created to complement and align with the activities of other state chronic disease prevention and management efforts. Although the indicators and strategies presented in this plan are unique to Hawaii's cancer goals, the plan identifies links, and references strategies from other chronic disease and prevention plans that support cancer prevention and control in Hawai'i. (Examples of the Department of Health (DOH) chronic disease prevention and control plans can be accessed at: <http://health.Hawai'i.gov/chronic-disease/state-plans/>).

## CANCER CONTROL LINKS TO CHRONIC DISEASE PREVENTION PRIORITY AREAS

CHRONIC DISEASE PREVENTION AREA	DIRECT LINK TO CANCER	COORDINATING OPPORTUNITIES
<b>Tobacco</b>	A priority of the <i>Tobacco Use Prevention and Control in Hawai'i 2016 - 2020, Five-Year Strategic Plan</i> is to promote quitting tobacco and tobacco products. Cigarette smoking increases the risk of cancers of the oral cavity and pharynx, larynx, lung, esophagus, pancreas, uterine cervix, kidney, bladder, stomach, colon & rectum, liver and acute myeloid leukemia. Prevention and cessation of tobacco use (primarily cigarette smoking) has shown evidence of the ability to prevent new cancers or cancer recurrence, increase survival, and strengthen quality of life after a cancer diagnosis.	Partner with the Tobacco Prevention & Education Program to increase smoking cessation among cancer survivors.
<b>Physical Activity and Nutrition</b>	A priority in the <i>Hawai'i Physical Activity and Nutrition Plan 2013 - 2020</i> is to promote healthy eating and active living. The most commonly diagnosed cancers have demonstrated strong associations with health behaviors, such as diet and physical activity. In Hawaii, less than one in four adults meet national recommendations for physical activity and less than one in five consume the recommended servings of fruit and vegetables. Being obese or overweight has been linked to an increased risk of many cancers, including cancer of the colon & rectum, esophagus, pancreas, kidney, uterus, breast, thyroid, and gallbladder.	Partner with Physical Activity and Nutrition programs to promote policies and laws that increase access to healthy foods and encourage physical activity.
CHRONIC DISEASE PREVENTION AREA	INDIRECT LINK TO CANCER	COLLABORATIVE EFFORTS
<b>Asthma</b>	A priority in the <i>Hawai'i Asthma Plan</i> is to improve indoor air quality by promoting evidence-based strategies that reduce secondhand smoke exposure. Secondhand smoke has been classified as a known human carcinogen, and inhaling secondhand smoke causes lung cancer in nonsmoking adults.	Partner with the Asthma and Tobacco programs to reduce secondhand smoke exposure through policy, systems, and environmental changes.
<b>Diabetes</b>	Type 2 diabetes mellitus is associated with an increase of particular cancers. Current scientific studies suggest that cancers of the liver, pancreas, and endometrium (uterus lining) are twice as likely to occur in people with diabetes. The link between diabetes and other cancers (colon & rectum, breast, and bladder) is less conclusive. Of note is that certain cancer treatments may affect blood sugar metabolism in patients with diabetes. Radiation therapy, steroids and some chemotherapy medications can cause blood sugar levels to rise.	Partner with the Diabetes and Heart Disease and Stroke programs to increase enrollment in evidence-based self-management programs such as Chronic Disease Self-Management and Cancer: Thriving and Surviving.
<b>Heart Disease and Stroke</b>	Obesity, hyperinsulinemia, and type 2 diabetes are risk factors for cancer. Reducing these conditions is important for effective cancer control. In addition, certain cancer treatments may be harmful to the heart muscle (cardio-toxic). Partnership between cancer and cardiology research to reduce cardiac toxicity in cancer treatment is essential for cancer survivors.	



# HAWAI'I STATE CANCER PLAN OBJECTIVES AND STRATEGIES

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. This includes screening guidelines for breast, cervix, colon & rectum, prostate, and lung; recommendations regarding how aspirin should be utilized in colon cancer prevention; and improving access to vaccines for human papillomavirus (HPV) and Hepatitis B.

The Hawai'i State Cancer Plan 2016 - 2020 and the HCCC are structured to assess and accommodate new cancer science and to keep abreast of the current cancer related needs and capacity of the local health services in our geographic and ethnic communities. The social determinants of health should be a central focus of Hawaii's cancer prevention and control initiative. The plan and the stakeholders of the HCCC must remain flexible and agile to achieve the best health for Hawaii's people.

# PREVENTION

## TOBACCO

Tobacco use remains the leading cause of preventable death. Although there have been significant gains in tobacco prevention and control in Hawai'i, challenges to tobacco control still exist. In 2014, Hawai'i, saw for the first time in years an increase in the adult smoking prevalence rate, possibly due to increasing smoking rates in some priority populations. The use of electronic smoking devices more than tripled in adolescents, there are currently no regulations around the marketing of these products, and enforcement of smoke-free laws remains a challenge. The ***Tobacco Use Prevention and Control in Hawai'i 2016 - 2020, Five-Year Strategic Plan*** focuses on these issues and very specifically on tobacco control in priority populations.

## HEALTHY BEHAVIORS AND CANCER

In Hawai'i, less than one in four adults meet 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. Even more concerning is the clustering of health-risk behaviors that characterize the lifestyle of most U.S. adults, which is reported as the strongest contributor to mortality and health costs. Conversely, the health and economic burden of cancer can be minimized by replacing health-risk behaviors with behaviors that characterize a healthy lifestyle. Experts estimate that between 30% and 40% of worldwide cancer cases could be prevented with widespread adoption of a healthy lifestyle. The ***Hawai'i Physical Activity and Nutrition Plan 2013 - 2020*** focuses on these issues.



## SKIN CANCER PREVENTION

The Surgeon General's Call to Action to Prevent Skin Cancer calls on partners in prevention 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. Because most skin cancers are at least partially caused by Ultraviolet (UV) exposure, reducing exposure can reduce skin cancer risk. Individuals can take steps to reduce their risk by using protection that helps prevent the harmful effects of UV exposure, including sunburn, skin cancer, premature skin aging, and eye damage. 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. Given the amount of time children spend 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.

# PREVENTION

## HUMAN PAPILLOMAVIRUS (HPV) VACCINE

To protect against cancers caused by HPV infections, the CDC and the Advisory Committee on Immunizations Practices (ACIP) recommends that 11- to 12-year-olds receive two doses of HPV vaccine at least 6-12 months apart rather than the previously recommended three doses. Teens and young adults who start the series later, at ages 15 through 26 years, should receive three doses of HPV vaccine to protect against the cancer-causing HPV infection.

## 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 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, like cirrhosis or hepatocellular carcinoma (liver cancer). The best way to prevent Hepatitis B is by getting vaccinated. The vaccine is usually given as three or four 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 Hepatitis B virus infection based on sexual activity and work-related exposure to blood or body fluids.

## FAMILY HISTORY OF CANCER

Collecting an accurate family history is a well-established method to recognize genetic disorders as well as to identify susceptibilities to future health problems, including cancer. Having a family history of cancer can often be a risk factor for an individual to develop cancer themselves. There are a number of cancers in which a family history of cancer in a close relative indicates a higher individual risk of several types of cancer, including breast, ovarian, prostate, colorectal cancer, and others. 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 5-30% of all cancers are either familial or hereditary. When someone is determined to be at risk for familial or hereditary cancer, they can be offered prevention and treatment options such as increased surveillance, lifestyle changes, surgical intervention, and/or other preventative medical measures. Early identification of individuals and families who could be at risk of familial or hereditary cancers is crucial to improving health outcomes.



# PREVENTION

## LEGEND



COMMUNITY



EDUCATIONAL SYSTEMS



HEALTHCARE SYSTEMS



WORKSITE

OBJECTIVES	STRATEGIES
<p>Reduce the proportion of adults who report sunburn.</p> <p><b>*BASELINE: 19%</b> <i>BRFSS 2012</i></p> <p><b>**TARGET: 33%</b></p>	<ul style="list-style-type: none"> <li> • Promote knowledge and awareness on the importance of preventing sunburns.</li> <li> • Increase education and policy approaches in outdoor recreation settings and recreational or tourist settings.</li> <li> • Advocate for policies that will increase shade structures and other environmental protection from sun exposure.</li> </ul>
<p>Increase the proportion of high school youth who report following protective measures that may reduce the risk of skin cancer.</p> <p><b>*BASELINE: 10.7%</b> <i>HS YBRS 2013</i></p> <p><b>**TARGET: 11.2%</b></p>	<ul style="list-style-type: none"> <li> • Promote within educational institutions knowledge and awareness on the importance of preventing sunburns.</li> <li> • Promote in schools, recreation, and tourism settings, education and policies that can improve sun safety behaviors such as limiting unprotected exposure to UV light.</li> <li> • Support employers in the adoption and implementation of sun safety guidelines, procedures, or policies.</li> </ul>
<p>Increase the proportion of male and female youth (13-17 years) receiving vaccine coverage with 3 doses of HPV vaccine.</p> <p><b>*BASELINE: 52.4% FEMALES / 36.2% MALES</b> <i>NIS Teen 2015</i></p> <p><b>**TARGET: 55% FEMALES / 38% MALES</b></p>	<ul style="list-style-type: none"> <li> • Develop statewide media campaign for HPV vaccine to prevent cancer.</li> <li> • Develop HPV teaching curriculum that can be used by high school students to educate other teens regarding HPV.</li> <li> • Collaborate with Health Academies in the high schools to utilize HPV curriculum to provide HPV education in their schools.</li> <li> • Develop a program that utilizes college students in healthcare fields (i.e. nursing, pharmacy, medical) to promote HPV vaccinations in the high schools and middle schools.</li> <li> • Increase provider education.</li> <li> • Improve the use of Electronic Health Record (EHR) technology to enhance vaccination rates.</li> <li> • Incentivize reporting of the HPV Healthcare Effectiveness Data and Information Set (HEDIS) measure.</li> </ul>
<p>Increase the proportion of susceptible, at-risk adults (18 years and older) completing the 3-dose Hepatitis B vaccine series.</p> <p><b>*BASELINE: TBD</b> <i>HHI Rolling Survey</i></p> <p><b>**TARGET: TBD</b></p>	<ul style="list-style-type: none"> <li> • Develop culturally and linguistically appropriate statewide media campaign targeting at risk communities, especially foreign-born Asians and Pacific Islanders.</li> <li> • Develop consistent messaging about “what is high-risk” across systems (providers, pharmacies etc.).</li> <li> • Develop Hepatitis B curriculum for peer educators to educate older community members (e.g., parents, grandparents, aunts, uncles) about the importance of Hepatitis B screening and vaccines.</li> <li> • Implement simplified Hepatitis B assessment and vaccine workflow at community pharmacies.</li> <li> • Update or implement worksite wellness policies that include Hepatitis B vaccination information and resources (e.g., pharmacy hours and locations).</li> </ul>

\* Data Source: Behavioral Risk Factor Surveillance System (BRFSS); High School Youth Behavioral Risk Survey (HS YBRS); National Immunization Survey (NIS) – Teen; Healthy Hawaii Survey (HHI) Rolling Survey  
 \*\* The Healthy People (HP) 2020 target for the objective is used as the state target. In some instances, Hawai'i has already met or exceeded the HP 2020 targets. In these cases, a new target is set, and determined by calculating a 5% improvement over the current prevalence rate to remain achievable over a five-year timeframe. In a subset of cases, targets set by other national agencies.

# PREVENTION

## LEGEND



COMMUNITY



EDUCATIONAL SYSTEMS



HEALTHCARE SYSTEMS



WORKSITE

### OBJECTIVES

Increase the proportion of adults (18 years and older) at risk of hereditary cancers who are offered or receive genetic counseling.

\***BASELINE: TBD**  
BRFSS 2017

\*\***TARGET: TBD**

### STRATEGIES



- Promote the collection of family health history through a statewide campaign, social media and/or public service announcements.
- Support programs that increase the general population's knowledge regarding familial risk, genetic testing and counseling, treatment options, and best practices.
- Develop educational resources, including web-based resources, to provide information to the public about the importance of family history for cancer risk assessment.
- Develop and test strategies to fill gaps in statewide cancer genetic risk assessment, testing, and counseling services.
- Explore data collection methods to identify individuals with a family health history of cancer or genetic susceptibility to cancer.



- Identify educational partners with whom to collaborate to reach different target audiences and implement teaching, learning, sharing sessions.
- Facilitate Continuing Education Units (CEU) offerings for providers to learn about USPSTF guidelines for family health history, genetic counseling, and BRCA1/2 testing.
- Identify local oncology/tumor boards and present family health history data at their meetings.



- Identify educational partners with whom to collaborate to reach different target audiences and implement teaching, learning, sharing sessions.
- Facilitate CEU offerings for providers to learn about USPSTF guidelines for family health history, genetic counseling, and BRCA1/2 testing.
- Identify local oncology/tumor boards and present family health history data at their meetings.

\* Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

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# EARLY DETECTION

## **BREAST CANCER SCREENING**

The USPSTF recommends biennial screening mammography for women age 50 to 74 years.

## **CERVICAL CANCER SCREENING**

The USPSTF recommends screening for cervical cancer in women age 21 to 65 years with cytology (Pap test) every three years or, for 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.

## **COLORECTAL CANCER SCREENING**

The Comprehensive Cancer Control National Partnership (CCCNP) is a group of 15 leading cancer organizations in the U.S. who have joined together to build and strengthen comprehensive cancer control efforts across the nation. The CCCNP has made colorectal cancer screening one of three focus areas and is working with the National Colorectal Cancer Roundtable (NCCRT/Roundtable) to promote the “80% by 2018” initiative. The Roundtable launched 80% by 2018 to substantially reduce colorectal cancer as a major public health problem. For adults, beginning at age 50 years and continuing until age 75 years, the USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy.

## **PROSTATE CANCER SCREENING**

Prostate cancer is the most commonly diagnosed cancer in men in Hawai'i, and is the third leading cause of cancer death among Hawai'i men. Cancer of the prostate is often slow growing. Many men who develop prostate cancer never have symptoms and do not benefit from treatment. The treatment for prostate cancer can often 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 is not universally endorsed. The screening recommendations set forth by the USPSTF do not recommend Prostate Specific Antigen (PSA) based screening for men who do not have symptoms. Research is ongoing to identify more effective prostate cancer screening methods. Until such methods are identified, healthcare providers should carry out prostate cancer risk assessment with adult male patients and have open conversations with patients who have questions about prostate cancer and PSA screening.

## **LUNG CANCER SCREENING**

The USPSTF recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 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 exist that are dedicated to increasing awareness and screenings, and to decreasing the stigma related to cancer. Critical to the work and conversation around lung cancer is informing healthcare providers and eligible patients of the 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. More patients, who have never smoked or who were former smokers, are sharing stories of lung cancer diagnoses. Anyone can get lung cancer and everyone can play a role in eliminating the number one cancer killer in our state.

# EARLY DETECTION

## LEGEND



COMMUNITY



EDUCATIONAL SYSTEMS



HEALTHCARE SYSTEMS



WORKSITE

OBJECTIVES	STRATEGIES
<p>Increase the proportion of women (50-74 years) who have had a mammogram in the past 2 years according to the most recent guidelines.</p> <p><b>*BASELINE: 85.7%</b> <i>BRFSS 2015</i></p> <p><b>**TARGET: 90%</b> (HP 2020 TARGET OF 81.1% EXCEEDED)</p>	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>● Promote evidence-based interventions and outreach efforts that target women not receiving recommended mammography and Pap tests.</li> <li>● Develop a consistent, public message about evidence-based breast and cervical cancer screening guidelines for use by government and private entities.</li> <li>● Increase knowledge of and access to the federally funded breast and cervical cancer screening program (e.g., BCCCP).</li> </ul> </li> <li> <ul style="list-style-type: none"> <li>● Partner with insurance carriers who promote cancer screening activities.</li> <li>● Increase cancer patient navigation services for all women undergoing screening, diagnostic, and treatment services.</li> <li>● Expand the use of provider reminder systems.</li> </ul> </li> </ul>
<p>Increase the proportion of women (21-65 years) who have had a Pap test in the past 3 years according to the most recent guidelines.</p> <p><b>*BASELINE: 79.3%</b> <i>BRFSS 2015</i></p> <p><b>**TARGET: 93%</b></p>	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>● Disseminate cancer screening toolkits for worksites.</li> <li>● Encourage employers to offer time off for screenings to remove a barrier of time to be screened.</li> <li>● Provide employers cancer screening education for their employees.</li> </ul> </li> </ul>
<p>Increase the proportion of adults (50-75 years) who have had a colorectal cancer screening according to the most recent guidelines.</p> <p><b>*BASELINE: 70.5%</b> <i>BRFSS 2015</i></p> <p><b>**TARGET: 80%</b> (HP 2020 TARGET OF 70.5% MET)</p>	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>● Promote public education on colorectal cancer in combination with other screenings.</li> <li>● Identify barriers to colorectal cancer screening among underserved, hard-to-reach population groups, and develop effective strategies to overcome those barriers.</li> <li>● Increase public knowledge about family history as a risk factor for colorectal cancer.</li> <li>● Implement small media interventions.</li> </ul> </li> <li> <ul style="list-style-type: none"> <li>● Utilize provider/client reminder systems to ensure timely compliance to screening.</li> <li>● Partner with Community Clinics and Federally Qualified Health Centers to implement evidenced-based screening interventions.</li> </ul> </li> <li> <ul style="list-style-type: none"> <li>● Partner with union organizations and employer groups to provide cancer screening education to members.</li> </ul> </li> </ul>
<p>Increase the proportion of annual screenings for lung cancer with low-dose computed tomography (LDCT) in adults (55-80 years) who are current or former smokers.</p> <p><b>*BASELINE: TBD</b> <i>HHI Rolling Survey</i></p> <p><b>**TARGET: TBD</b></p>	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>● Promote nationally recognized lung cancer screening guidelines to healthcare providers.</li> <li>● Collaborate with lung cancer stakeholders to identify other causes of lung cancer.</li> </ul> </li> <li> <ul style="list-style-type: none"> <li>● Promote nationally recognized lung cancer screening guidelines to healthcare providers.</li> <li>● Conduct provider education and training to increase awareness of the need for lung cancer screening and the use of risk assessment to determine who should be screened.</li> </ul> </li> </ul>
<p>Increase the proportion of primary care providers who conduct a prostate cancer risk assessment with their adult male patients (50-70 years).</p> <p><b>*BASELINE: TBD</b> <i>BRFSS 2017</i></p> <p><b>**TARGET: TBD</b></p>	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>● Promote nationally recognized prostate cancer screening recommendations to the public.</li> <li>● Collaborate with existing organizations such as the Hawai'i Prostate Cancer Coalition and UsToo to educate and increase awareness of prostate cancer.</li> </ul> </li> <li> <ul style="list-style-type: none"> <li>● Promote appropriate risk assessment tools to providers to promote informed decision-making at appropriate ages depending upon patient's risk factors.</li> <li>● Promote to primary healthcare physicians and specialists on the value of current diagnostic tools and risks such that they can provide the most appropriate health guidance to their patients.</li> </ul> </li> <li> <ul style="list-style-type: none"> <li>● Educate employer groups through partnerships with medical and community organizations.</li> </ul> </li> </ul>

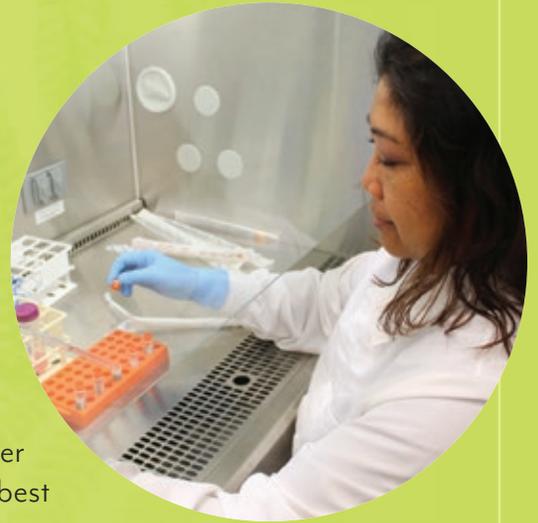
\* Data Source: Behavioral Risk Factor Surveillance System (BRFSS); Healthy Hawai'i Survey (HHI) Rolling Survey

\*\* The HP 2020 target for the objective is used as the state target. In some instances, Hawai'i has already met or exceeded the HP 2020 targets. In these cases, a new target is set, and determined by calculating a 5% improvement over the current prevalence rate to remain achievable over a five-year timeframe. In a subset of cases, targets set by other national agencies.

# EQUITABLE ACCESS TO CARE

## CLINICAL TRIALS

The Hawai'i Cancer Consortium members are comprised of the following entities: the University of Hawai'i (UH) Cancer Center, Hawai'i Pacific Health, Kuakini Medical Center, OnCare Hawai'i, Queen's Medical Center, and the UH John A. Burns School of Medicine. The Consortium's mission is to facilitate, support, and conduct impactful patient research to substantially reduce the burden of cancer and cancer suffering for the people of Hawai'i and elsewhere. The NCI Community Oncology Research Program (NCORP) award enables the UH Cancer Center faculty to participate in a national network of the country's best 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 are offered the opportunity for the best possible outcomes without having to leave the state.



## CANCER PATIENT NAVIGATION

Patient navigation addresses cancer health disparities and barriers to care for cancer patients and their families. These disparities and barriers can result in disparate cancer incidence and outcomes.

A patient navigation process is

- driven by a community needs assessment.
- designed to address healthcare disparities and identified barriers to care for patients.
- provides resources and referrals to address identified barriers.
- updated and enhanced on a regular basis to address additional barriers that are identified.

Because of their potential to create greater equity in outcomes, patient navigation programs are now part of accreditation or recognition by the Commission on Cancer (CoC) and the Association of Community Cancer Centers.

# EQUITABLE ACCESS TO CARE

## LEGEND



COMMUNITY



EDUCATIONAL SYSTEMS



HEALTHCARE SYSTEMS



WORKSITE

OBJECTIVES	STRATEGIES
<p>Increase participation in cancer clinical trials.</p> <p><b>BASELINE: 4.8%</b> <i>UH Cancer Center.</i></p> <p><b>TARGET: 5.0%</b></p>	<ul style="list-style-type: none"> <li> Identify and address barriers to clinical trial participation, in particular those that can decrease diversity among clinical trial participants, such as fear, cultural beliefs, and potential medical expenses.</li> <li> Advocate for policies that support patient access to and participation in clinical trials.</li> <li> Identify and implement strategies to improve efficiency and resources related to clinical trial coordination for physicians, including paperwork and data management.</li> <li> Educate employers to promote policies that support availability of, patient access to, and participation in clinical trials.</li> </ul>
<p>Increase the number of cancer programs with patient navigators.</p> <p><b>BASELINE: TBD</b> <i>Cancer Programs Assessment</i></p> <p><b>TARGET: TBD</b></p>	<ul style="list-style-type: none"> <li> Assess the number of cancer programs statewide that utilize patient navigators.</li> <li> Promote community-based and accessible training for patient navigators and community health workers within the cancer care continuum.</li> <li> Increase cultural sensibility training of medical staff.</li> <li> Improve integration of community health workers into healthcare systems.</li> <li> Increase the number of cancer patient navigators that are medical translators.</li> </ul>

# QUALITY OF LIFE

## SURVIVORSHIP

Due to increases in screening and improvements in detection and treatment of cancer, the rates of long-term survivorship have been steadily increasing. Quality of life is an important term and has become a term often used to characterize our estimate of how well an individual is doing and can be applied at any point in our lives. Quality of life can encompass many areas of life, such as our psychological wellbeing, social life, and support system, health status and function, and our functional and/or career wellbeing. Within each of these larger domains, certain aspects are more or less relevant for a given individual. This suggests that while we can use the domains as general guidelines, understanding what is crucial to wellbeing for each individual is important.

## TREATMENT SUMMARIES AND SURVIVORSHIP CARE PLANS

With the complex nature of cancer treatment and the common occurrence of patients seeing many physicians, over time it has become apparent that more specific and comprehensive guidelines are needed for cancer survivors. Little guidance was often available, for survivors and healthcare providers alike, to overcome the medical and psychosocial problems that may arise following treatment. Due to this finding, the Institute of Medicine (IOM), released a seminal report in 2004 (*From Cancer Patient to Cancer Survivor: Lost in Transition*) suggesting that once a person has completed cancer therapy, he or she should be provided with a summary of the treatments received and a follow-up care plan.

**A treatment summary** is a document that details the cancer treatments a patient has received, including when and where these treatments were received.

**A survivorship care plan** should summarize the following: potential late effects, including their symptoms and treatment, recommendations for cancer screening (recurrence or new primary), psychosocial effects and outcomes of testing in this regard (including relationships and sexual fertility), financial issues (work and employment), recommendations for a healthy lifestyle, genetic counseling (if appropriate), effective prevention options, referrals for follow-up care, and a list of support resources.



# QUALITY OF LIFE

## LIFE AFTER TREATMENT

In order to better the lives of the people who have been diagnosed with cancer in Hawai'i, efforts in this plan are focused towards increasing the number of people who receive cancer survivorship care plans, identifying more specific needs of those who have been diagnosed with cancer, sharing resources through widely visible channels, and continuing to provide behavioral interventions to improve the physical and emotional life of those diagnosed with cancer. The goal is to help make this transition a time that leads to an even richer and more meaningful life for as many people in our state as possible.

## PALLIATIVE CARE

Palliative care is specialized medical care for people with serious illness. It focuses on providing patients with relief from the symptoms, pain, and stress of serious illness – whatever the diagnosis. The goal is to improve the quality of life for the patient, as well as their family. Palliative care is provided by a team of doctors, nurses, and other specialists who work together with the patient's doctors to provide an extra layer of support. It is appropriate at any age and stage of a serious illness and can be provided along with curative treatment. This care is especially appropriate and beneficial to patients with cancer. Cancer patients often have significant palliative needs including pain management, as well as psychosocial and spiritual needs throughout the disease continuum. For patients with advanced disease or a terminal diagnosis, palliative, and hospice care play an even greater role in improving quality of life for patients and for supporting family and caregivers.

Despite increasing availability of palliative and hospice care, there continues to be barriers to their timely use. One of the most common of these is the persistent association of palliative care and hospice care with imminent death. Neither palliative care or hospice programs are designed or restricted to those patients who are imminently dying, but this perception can limit acceptance of appropriate palliative care interventions. Palliative care can and should be delivered concurrently with anticancer treatments. The National Comprehensive Cancer Network (NCCN) guidelines states, "The goal of palliative care is to prevent and relieve suffering and to support the best possible quality of life for patients and their families, regardless of the stage of disease or the need for other therapies. Palliative care can be delivered concurrently with life-prolonging care or as the main focus of care."

**Although there is no specific measure to increase education to the public and medical community on the importance and availability of palliative, hospice, and end-of-life care services, it is an important strategy in assuring quality of life care. Strategies include:**

- Develop and disseminate public education that empowers cancer survivors to seek palliative care specific to their needs.
- Support education in medicine, nursing, social work, chaplaincy, and other health fields in primary palliative care.
- Support opportunities for providers and health professionals to receive continuing medical education in palliative care and hospice care. This includes certification for nurses by End of Life Nursing Education Consortium (ELNEC) and health professionals by Education for Palliative and End-of-life Care Project (EPEC).
- Educate providers and health professionals on the benefits of palliative care services for key populations (e.g., pediatric, geriatric, and specific ethnic populations).
- Support health plans to implement promotion of palliative care benefits to their members.
- Educate employers on palliative care, hospice care, and health plan benefits available to their employees.

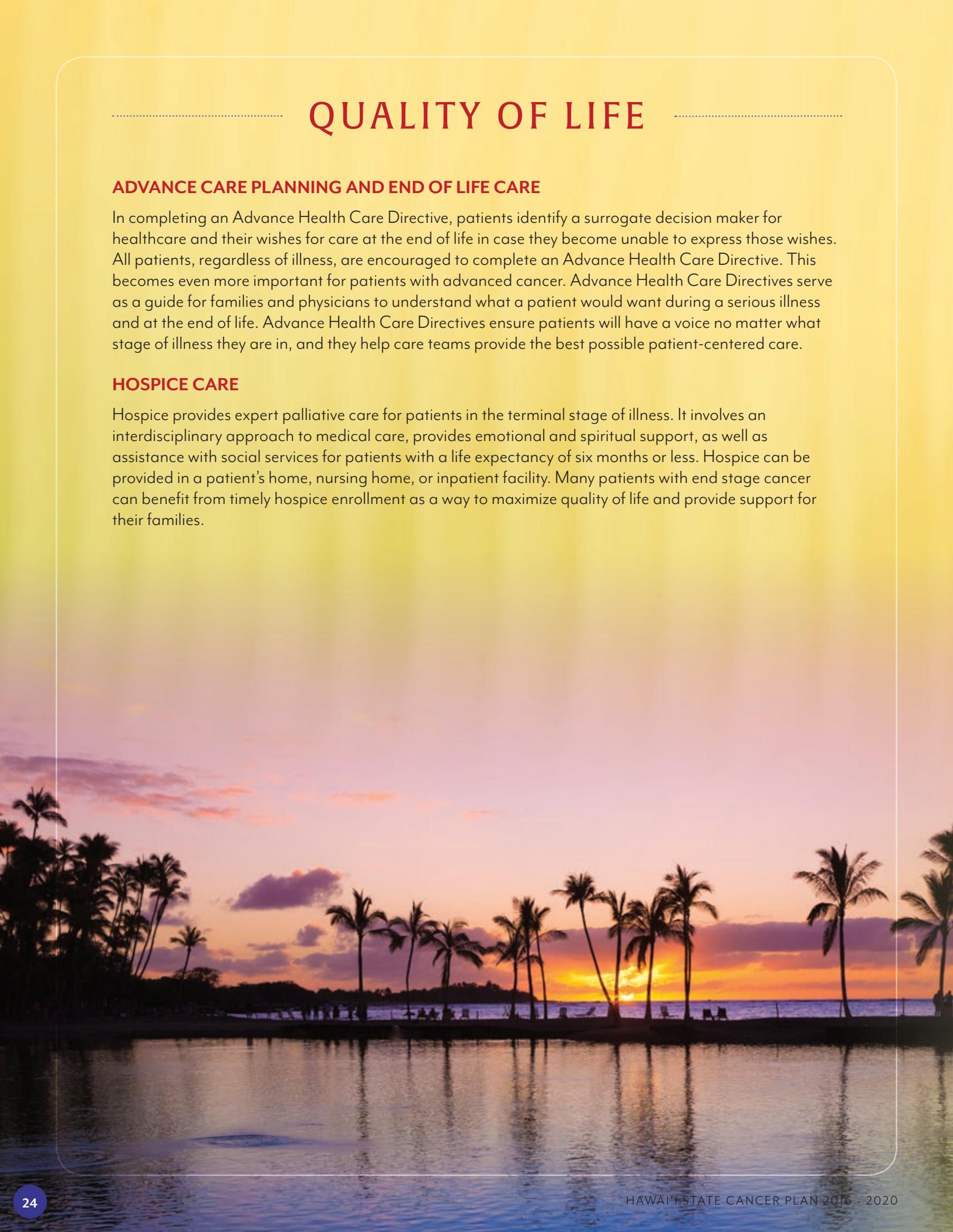
# QUALITY OF LIFE

## **ADVANCE CARE PLANNING AND END OF LIFE CARE**

In completing an Advance Health Care Directive, patients identify a surrogate decision maker for healthcare and their wishes for care at the end of life in case they become unable to express those wishes. All patients, regardless of illness, are encouraged to complete an Advance Health Care Directive. This becomes even more important for patients with advanced cancer. 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, and they help care teams provide the best possible patient-centered care.

## **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.



# QUALITY OF LIFE

## LEGEND



COMMUNITY



EDUCATIONAL SYSTEMS



HEALTHCARE SYSTEMS



WORKSITE

OBJECTIVES	STRATEGIES
<p>Increase the proportion of cancer survivors who have received treatment summaries and survivorship care plans.</p> <p><b>*BASELINE: TBD</b> <i>BRFSS 2017</i></p> <p><b>**TARGET: TBD</b></p>	<ul style="list-style-type: none"> <li> • Encourage community organizations to integrate survivorship care plans into community-based services and interventions (e.g., support groups, patient navigators, Community Health Workers).</li> <li>• Educate survivors about how to use their survivorship care plans.</li> <li> • In partnership with academic institutions, evaluate the effectiveness of survivorship care plans on improving long-term clinical and quality of life outcomes for all ages of cancer survivors.</li> <li>• Encourage the inclusion of survivorship curricula (that includes cultural competency and communication skills) into professional education and training programs.</li> <li> • Support CoC accredited cancer programs in developing the systems needed to implement survivorship care plans.</li> <li>• Educate primary care providers about the importance and use of survivorship care plans with their patients.</li> <li>• Support the inclusion of smoking cessation in survivorship care plans.</li> <li> • Educate employers on survivorship issues and the needs during and post-cancer treatment.</li> </ul>
<p>Increase the proportion of adults (18 years) who have Advance Health Care Directive.</p> <p><b>*BASELINE: TBD</b> <i>HHI Rolling Survey</i></p> <p><b>**TARGET: TBD</b></p>	<ul style="list-style-type: none"> <li> • Develop an educational and promotional program that emphasizes the importance of advance care planning.</li> <li>• Promote conversations about completion of advance care planning documents particularly with cancer patients prior to or near time of diagnosis.</li> <li> • Support education in medicine, nursing, social work, chaplaincy and other health fields on the importance of advance care planning.</li> <li> • Provide education to health professionals about the benefits of advance care planning that includes sensitivity to culturally diverse patient needs.</li> <li> • Educate employers on the importance of advance care planning, especially Advance Health Care Directive.</li> </ul>
<p>Increase the usage of hospice care services for people with cancer.</p> <p><b>*BASELINE: TBD</b> <i>OHSM-VSS</i></p> <p><b>**TARGET: TBD</b></p>	<ul style="list-style-type: none"> <li> • Promote public awareness of the benefits of hospice care, especially for people with cancer.</li> <li> • Support education in medicine, nursing, social work, chaplaincy, and other health fields on the importance of hospice care.</li> <li> • Provide education to health professionals about the benefits of hospice care.</li> <li> • Educate employers on the importance and availability of hospice care.</li> </ul>

\* Data Source: Behavioral Risk Factor Surveillance System (BRFSS); Vital Statistics Section (OHSM-VSS); Healthy Hawaii Survey (HHI) Rolling Survey  
 \*\* The HP 2020 target for the objective is used as the state target. In some instances, Hawai'i has already met or exceeded the HP 2020 targets. In these cases, a new target is set, and determined by calculating a 5% improvement over the current prevalence rate to remain achievable over a five-year timeframe. In a subset of cases, targets set by other national agencies.



## Providers and Healthcare Systems

- Provide patient navigation for cancer screening, treatment, and survivorship.
- Refer to or provide mental health services for cancer survivors.
- Use electronic health records and other reminder systems to track patient cancer screenings and preventative vaccinations.
- Implement brief interventions, such as motivational interviewing, to improve individual health behaviors.
- Use best practices to assess personal or family cancer history.
- Connect patients and survivors to cancer research opportunities.
- Report cancer cases to the state cancer registry, Hawai'i Tumor Registry directly or through the Hawai'i Health Information Exchange.



## Health Insurers and Policy Makers

- Support access to and coverage of smoking cessation classes, nutrition programs, cancer patient navigation, mental health services, and cancer treatment drugs.
- Ensure out-of-pocket expenses for all recommended cancer screenings and immunizations.
- Streamline access and reduce out-of-pocket costs to participate in cancer research, including clinical trials.
- Support policies that make it easy for Hawai'i residents to make healthy choices, and that reduce their exposure to environmental carcinogens.

## Employers and Professional Organizations

- Educate the public, employees, and policymakers about best practices for cancer screening, treatment, and survivorship support, including the importance of organized cancer research funding and active surveillance efforts.
- Support cancer survivors so they can continue to be successful employees.
- Offer employee benefits that encourage wellness.
- Provide employees time off to obtain recommended cancer screenings and immunizations.

# Partners and Resources

The Hawai'i Comprehensive Cancer Coalition gratefully acknowledges the contributions of time, energy, and expertise provided by many individuals and organizations to create and implement the Hawai'i State Cancer Plan 2016 - 2020.

**American Cancer Society**

[www.cancer.org/myacs/highplainshawaiiipacific](http://www.cancer.org/myacs/highplainshawaiiipacific)

**American Cancer Society Cancer Action Network**

[www.acscan.org](http://www.acscan.org)

**American College of Obstetricians and Gynecologists**

[www.acog.org](http://www.acog.org)

**American College of Surgeons Commission on Cancer**

[www.facs.org/cancer](http://www.facs.org/cancer)

**American Legacy Foundation**

[www.legacyforhealth.org](http://www.legacyforhealth.org)

**Alu Like, Inc.**

[www.alulike.org](http://www.alulike.org)

**American Lung Association**

[www.lung.org/associations/states/hawaii](http://www.lung.org/associations/states/hawaii)

**Asian American Network for Cancer Awareness Research & Training**

[www.aancart.org](http://www.aancart.org)

**Association of State and Territorial Health Officials**

[www.astho.org](http://www.astho.org)

**C-Change**

[www.c-changetogether.org](http://www.c-changetogether.org)

**Castle Medical Center**

[www.castle-med.org](http://www.castle-med.org)

**Centers for Disease Control and Prevention**

[www.cdc.gov](http://www.cdc.gov)

**Coalition for a Tobacco Free Hawai'i**

[www.tobaccofreehawaii.org](http://www.tobaccofreehawaii.org)

**Hamakua Health Center**

[www.hamakua-health.org](http://www.hamakua-health.org)

**Hawai'i Children's Cancer Foundation**

[www.hccf.org](http://www.hccf.org)

**Hawai'i Community Genetics**

[health.hawaii.gov/genetics/hcg](http://health.hawaii.gov/genetics/hcg)

**Hawai'i COPD Coalition**

[www.hawaiicopd.org](http://www.hawaiicopd.org)

**Hawai'i Department of Health**

[health.hawaii.gov](http://health.hawaii.gov)

**Hawai'i Health System Corp.**

[www.hhsc.org](http://www.hhsc.org)

**Hawai'i Tumor Registry**

[www.hawaiitumorregistry.org](http://www.hawaiitumorregistry.org)

**Hilo Medical Center**

[www.hilomedicalcenter.org](http://www.hilomedicalcenter.org)

**Kona Community Hospital**

[www.kch.hhsc.org](http://www.kch.hhsc.org)

**Maui Memorial Medical Center**

[www.mauiemorialmedical.org](http://www.mauiemorialmedical.org)

**Hawai'i Medical Service Association**

[www.hmsa.com](http://www.hmsa.com)

**Hawai'i Pacific Health System**

[www.hawaiiipacifichealth.org](http://www.hawaiiipacifichealth.org)

**Kapiolani Medical Center for Women & Children**

[www.hawaiiipacifichealth.org/kapiolani](http://www.hawaiiipacifichealth.org/kapiolani)

**Straub Clinic & Hospital**

[www.straubpacifichealth.org](http://www.straubpacifichealth.org)

**Wilcox Memorial Hospital**

[www.hawaiiipacifichealth.org/wilcox](http://www.hawaiiipacifichealth.org/wilcox)

**Hawai'i Pacific University, School of Nursing**

[www.aboutnursingschools.com/nursingschool/hawaii-pacific-university-2/](http://www.aboutnursingschools.com/nursingschool/hawaii-pacific-university-2/)

**Hawai'i Primary Care Association**

[www.hawaiiipca.net](http://www.hawaiiipca.net)

**Hawai'i Prostate Cancer Coalition**

[www.hawaiiiprostatacancer.org](http://www.hawaiiiprostatacancer.org)

**Hawai'i Public Health Institute**

[www.hiphi.org](http://www.hiphi.org)

**Hospice Hawai'i**

[www.hospicehawaii.org](http://www.hospicehawaii.org)

**Hui Ma-lama Ola Na-Oiwi**

[www.huimalamaolanaoiwi.org](http://www.huimalamaolanaoiwi.org)

**Hui No Ke Ola Pono**

[www.hnkop.com](http://www.hnkop.com)

**Imi Hale**

[www.imihale.org](http://www.imihale.org)

**Intercultural Cancer Council**

[www.interculturalcancer.council.org](http://www.interculturalcancer.council.org)

**John A. Burns School of Medicine**

[jabsom.hawaii.edu](http://jabsom.hawaii.edu)

**University of Hawai'i**

[www.hawaii.edu](http://www.hawaii.edu)

**Department of Family Medicine & Community Health**

[www2.jabsom.hawaii.edu/FamilyMedicine](http://www2.jabsom.hawaii.edu/FamilyMedicine)

**Department of Public Health Sciences**

[www.catalog.hawaii.edu/schoolscolleges/medicine/phse.htm](http://www.catalog.hawaii.edu/schoolscolleges/medicine/phse.htm)

**Kaiser Permanente**

[healthy.kaiserpermanente.org](http://healthy.kaiserpermanente.org)

**Kalihi-Palama Health Center**

[www.kphc.org](http://www.kphc.org)

**Ke Ola Mamo**

[www.keolamamo.org](http://www.keolamamo.org)

**Kokua Kalihi Valley**

[www.kkv.net](http://www.kkv.net)

**Kuakini Health System**

[www.kuakini.org](http://www.kuakini.org)

**Lance Armstrong Foundation**

[www.lancearmstrong.com](http://www.lancearmstrong.com)

**Lawyers for Equal Justice**

[www.hiappleseed.org](http://www.hiappleseed.org)

**Leukemia and Lymphoma Society**

[www.lls.org](http://www.lls.org)

**LIVESTRONG**

[www.livestrong.org](http://www.livestrong.org)

**Molokai General Hospital**

[www.molokaigeneralhospital.org](http://www.molokaigeneralhospital.org)

**National Association of Chronic Disease Directors**

[www.chronicdisease.org](http://www.chronicdisease.org)

**National Association of County and City Health Officials**

[www.naccho.org](http://www.naccho.org)

**National Cancer Institute**

[www.cancer.gov](http://www.cancer.gov)

**North American Association of Central Cancer Registries**

[www.naacr.org](http://www.naacr.org)

**Office of Hawaiian Affairs**

[www.oha.org](http://www.oha.org)

**OnCare Hawai'i**

[www.oncarehi.com](http://www.oncarehi.com)

**Oncology Nursing Society – Hawai'i**

[www.ons.org](http://www.ons.org)

**Pacific Cancer Coalition**

[www.pacificcancer.org](http://www.pacificcancer.org)

**Cancer Council of Pacific Islands**

[www.pacificcancer.org](http://www.pacificcancer.org)

**Pacific Cancer Foundation**

[www.pacificcancerfoundation.org](http://www.pacificcancerfoundation.org)

**Pacific Cancer Institute of Maui**

[www.pacificcancerinstitute.com](http://www.pacificcancerinstitute.com)

**Pacific Health Research Institute**

[www.phrei.org](http://www.phrei.org)

**Papa Ola Lokahi**

[www.imihale.org](http://www.imihale.org)

**Susan G. Komen for the Cure**

[ww5.komen.org](http://ww5.komen.org)

**The Queen's Medical Center**

[www.queensmedicalcenter.org](http://www.queensmedicalcenter.org)

**Us Too**

[www.ustoo.org](http://www.ustoo.org)

**Kokua Mau**

[www.kokuamua.org](http://www.kokuamua.org)

**University of Hawai'i Cancer Center**

[www.uhcancercenter.org](http://www.uhcancercenter.org)

**To join the Hawai'i Comprehensive Cancer Coalition:  
Call or e-mail (808) 692-7480 or e-mail [valerie.yoshida@doh.hawaii.gov](mailto:valerie.yoshida@doh.hawaii.gov)**





David Ige, Governor of Hawai'i  
Virginia Pressler, MD, Director of Health

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Additional copies of this plan can be downloaded from [www.Hawaii.gov/health/cancer](http://www.Hawaii.gov/health/cancer)

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