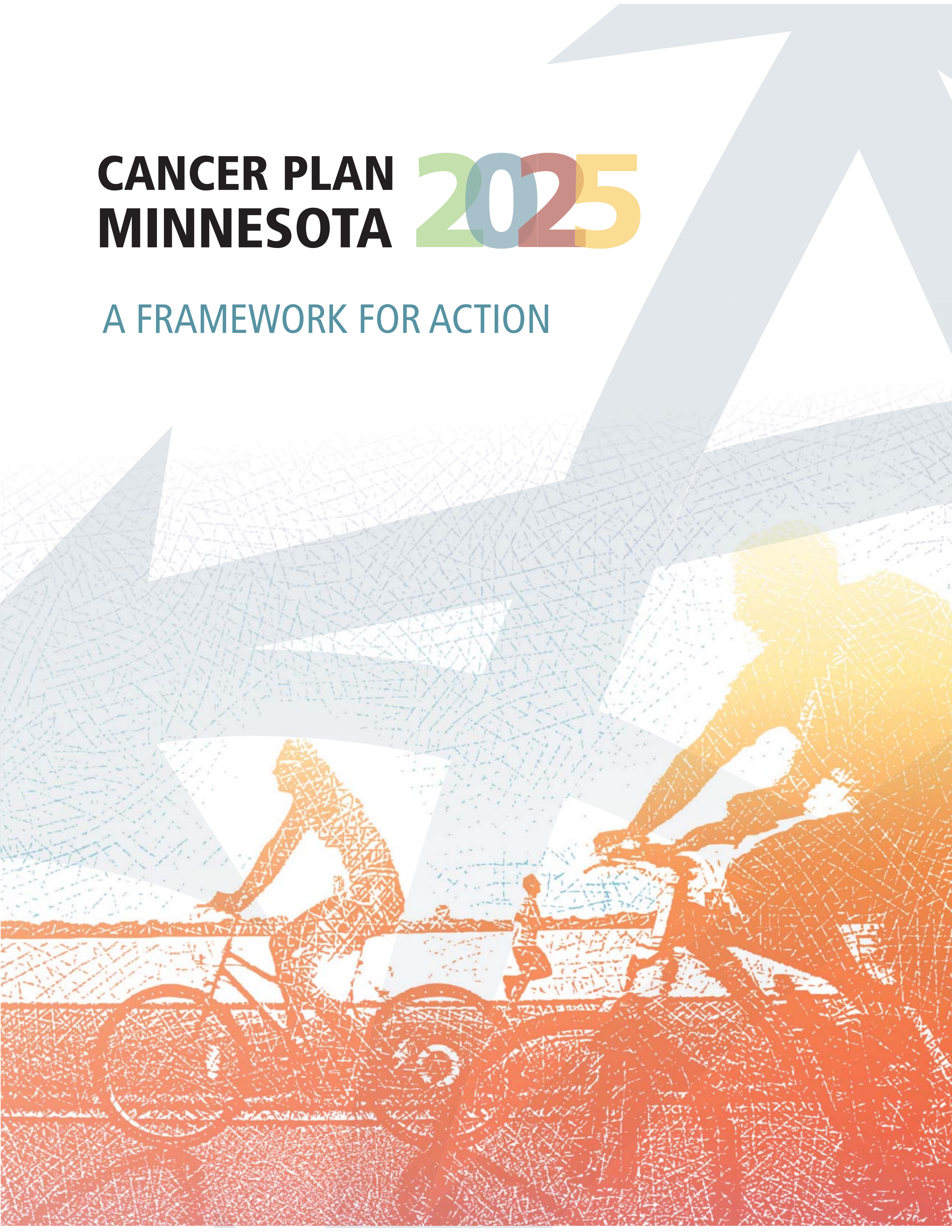
CANCER PLAN MINNESOTA 2025

A FRAMEWORK FOR ACTION



The Minnesota Cancer Alliance is a coalition of organizations and individuals committed to reducing the burden of cancer in Minnesota. Since its founding in 2005, the Alliance has made progress on many fronts. But the work is far from done. Join the Alliance in its efforts to support and implement Cancer Plan Minnesota: Mncanceralliance.org/membership/joinus.

Robert DesJarlait
Mora, Minnesota
Enrolled member of the Red Lake Band of Chippewa.
Husband, father, grandfather, artist, and cancer educator.
Diagnosed with colon cancer at age 67;
metastatic liver cancer at age 69.
3+ year survivor.

(photo credit: Ivy Vainio)

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Cancer touches the lives of Minnesotans and their loved ones every day. Throughout this report, you will find photos of Minnesotans whose brief stories remind us why we do this work. They remind us that cancer does not discriminate by age, gender, race, ethnicity or national origin. It affects all of us.

Introduction

Every year, nearly 30,000 Minnesotans are diagnosed with cancer. It is the leading cause of death in our state, accounting for approximately 10,000 deaths annually. Each one represents a painful loss. Still, there is cause for hope. The overall death rate from cancer has been declining for almost three decades, and more people than ever are surviving with a diagnosis of cancer. In 2016, an estimated 276,770 Minnesotans were cancer survivors. Not all Minnesotans have shared equally in this progress, however. Persistent disparities in the risk factors for cancer, use of cancer screening and access to state of the art treatment and non-clinical support services are real and must be addressed.

Cancer Plan Minnesota is a framework for action that invites everyone to get involved in reducing the burden of cancer and promoting health equity. It challenges organizations and individuals in every sector and every region of the state to step up, work together and make a difference for all Minnesotans.

Five overarching goals have guided the MN Cancer Alliance since its founding in 2005. They continue to guide the current work and provide an organizing structure for this plan.

PREVENTION

Prevent cancer from occurring

Imagine a cancer-free Minnesota. What would it take? Not every cancer can be prevented. Yet, almost two thirds of cancers can be prevented if people would stop smoking cigarettes, get more exercise and eat healthier food. Achieving such lifestyle changes is not easy, however. Many Minnesotans live in neighborhoods and communities where they lack access to healthy food and places to be physically active. Some are exposed to environmental toxins like radon gas, which can cause cancer. Cancer Plan Minnesota suggests ways to address such factors.

DETECTION

Detect cancer at its earliest stage

Many cancers can be effectively treated when detected early, and some cancers, such as cervical cancer and colorectal cancer, can be prevented through screening. Yet despite good evidence to support the use of screening, changes in guidelines, uncertainties about insurance coverage, the need to take time away from work and the cost of transportation to get to screening appointments create barriers for many people. People whose lives are complicated by poverty, job insecurity and language and cultural differences face even greater challenges. Cancer Plan Minnesota seeks to counteract these and other barriers to early detection.

TREATMENT

Treat all cancer patients with the most appropriate and effective therapy

Immunotherapy, precision medicine, new miracle drugs – these terms were in the headlines when this plan was being formulated. Along with the hope they offer, novel therapies such as these have been accompanied by sky-rocketing costs. Helping patients and their families understand their treatment choices, work through the financial and legal challenges that often accompany a cancer diagnosis, and access the rehabilitation, wellness and non-clinical support services they need are among the objectives Alliance members plan to emphasize over the next decade. Often felt most acutely during active treatment, these needs are survivorship issues, too.

SURVIVORSHIP

Optimize the quality of life of every person affected by cancer

Advances in detection and treatment allow more and more people to not only survive but thrive following a diagnosis of cancer. Still, a cancer diagnosis remains a life-changing event not just for the survivor, but also for family members, friends and caregivers. Financial stress, physical and mental effects of treatment, hard-to-ignore worries about whether the cancer will return are just a few of the challenges cancer survivors face. Guidelines for survivorship care differ according to cancer type, stage at diagnosis and treatment regimen, but they all call for regular check-ups and good primary care post-treatment through the end of life. Cancer Plan Minnesota seeks to help cancer survivors live their best possible lives.

HEALTH EQUITY

Eliminate disparities in the burden of cancer

This plan looks ahead almost a decade. The world around us will undoubtedly change during that time. Scientific breakthroughs will open new avenues for fighting cancer, and progress on the socio-political front hopefully will lessen the inequities and barriers that keep too many people from getting the health care they need. Achieving health equity is at the forefront of this plan. It is an integral component of every objective and strategy. The challenge is to move from plan to action. The Alliance urges every reader to take up that challenge.

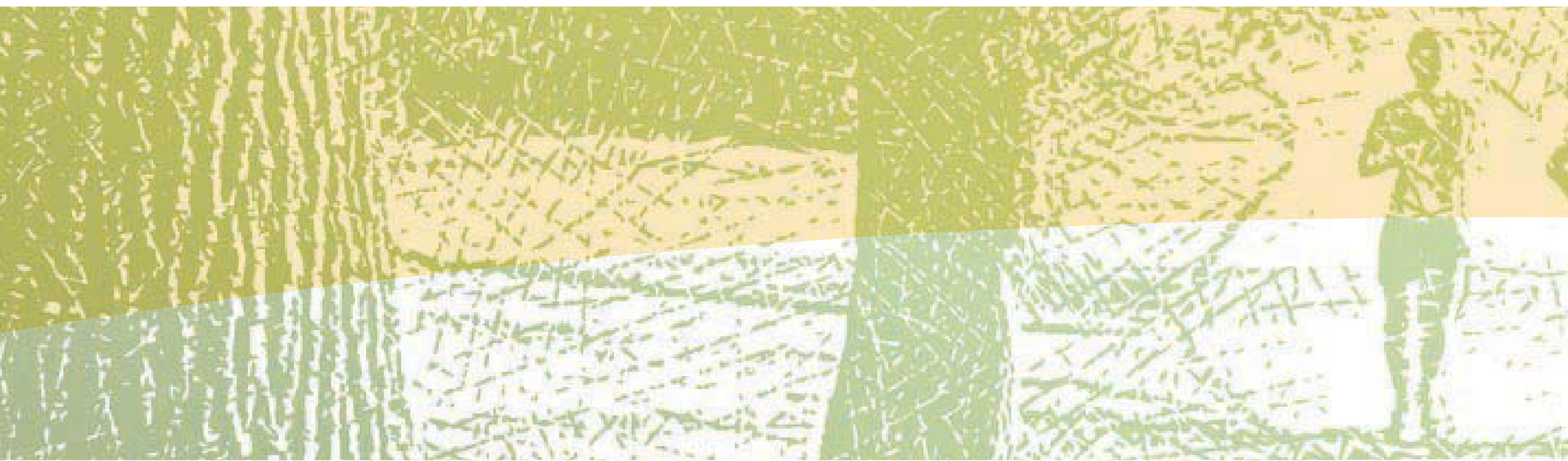
How The Plan Was Crafted

The Minnesota Department of Health's Comprehensive Cancer Control Program staff led the planning effort. The MN Cancer Alliance's Steering Committee will spearhead its implementation. An Advisory Team ensured the process was inclusive, open and forward-thinking. More than 30 listening sessions and online feedback informed six workgroups that recommended objectives and strategies for the plan. Three criteria guided their recommendations:

Alignment - What other organizations already are working toward complementary ends? Could they be enlisted to help?

Change Potential - Can objectives be accomplished through a change in policy, systems or the environment? What strategies will help achieve and sustain change?

Health Equity - Will recommended objectives and strategies reduce disparities and spark action that will benefit every Minnesotan affected by cancer?



How to Use The Plan

The core of the plan consists of 19 objectives and 92 strategies. Color-coded bullets identify which of the Cancer Alliance's five overarching goals is addressed by each objective. Use the color-coded markers to find the objectives and strategies that align most closely with your work or interests.

The measurement section of Cancer Plan Minnesota 2025 identifies targets for action. Where baseline data are available, they are reported. However in several cases the data that mark progress don't exist because the proposed work is new. "TBD" means that lead indicators need to be determined; action plans need to be developed; data need to be collected and analyzed.

Most importantly, we challenge users to be guided and inspired to action by the brief portraits of survivors whose stories are sprinkled throughout the plan. Their faces remind us that the work of cancer control is about people. These individuals and their families represent the courage, hope and spirit of fellow Minnesotans who have experienced the burden of cancer. To them, we extend a special thank you.

Committed to Action And Results

Cancer Plan Minnesota 2025 depends on people taking action to achieve the objectives and strategies it identifies. Its ability to move traditional and non-traditional partners to action will be the plan's true measure of success.

The important thing to understand about this strategic plan is that it marks a starting point, not an end point. It will undoubtedly be amended over the next decade. Watch the Cancer Alliance website for updates: Mncanceralliance.org.

Get Involved: Here's How You Can Participate

- Join the Alliance
- Serve on a committee
- Participate in a network
- Work on a strategy
- Form a new action group or network
- Contact a member of the Alliance

Learn about these and other options by visiting the Alliance website: Mncanceralliance.org.

The Minnesota Cancer Alliance recognizes that cancer health disparities exist in Minnesota and seeks to reduce the burden of cancer in all populations and cultures. The objectives put forth in Cancer Plan Minnesota 2025 will be approached through a health equity lens, in a manner that takes into account all determinants of health including culture, race, ethnicity, gender identity, environment, geographic location, socioeconomic status, and sexual orientation. Cancer health equity means achieving the conditions in which all people have the opportunity to attain their highest possible level of health through equitable opportunities for prevention, detection, treatment, clinical research opportunities, survivorship, and end of life support. These objectives will be continuously re-evaluated and improved, with an opportunity for future amendments in response to the needs and priorities of the community.

Cancer Health Equity Network – Fall 2016

OBJECTIVES AND STRATEGIES

OBJECTIVE 1

Expand the scope and quality of data used to measure the success of cancer control efforts in Minnesota

STRATEGIES

1.1 Advocate for increased funding for the Minnesota Cancer Reporting System to expand its capacity for data analysis, community engagement and cancer communications to the public

1.2 Standardize the collection and reporting of race, ethnicity, preferred language and country of origin for cancer-related datasets

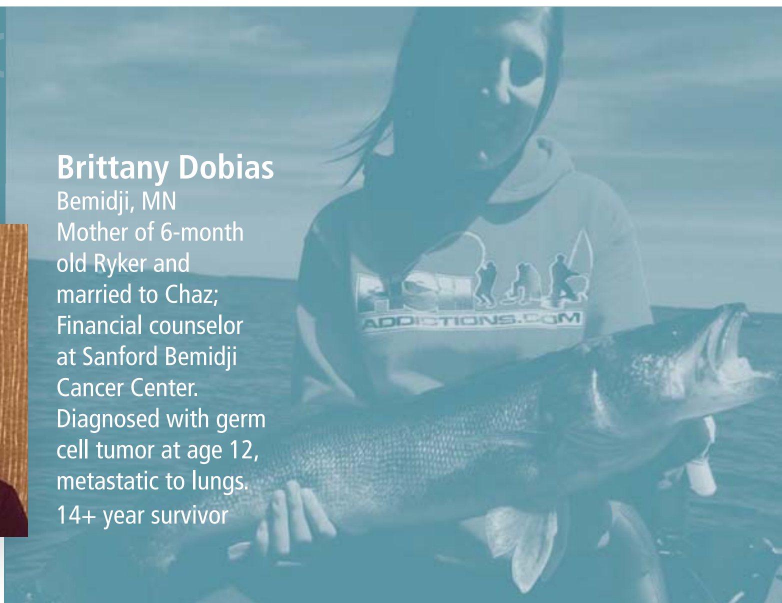
1.3 Engage under-represented communities in identifying critical data gaps

1.4 Collect aggregate data from Commission on Cancer-accredited programs to assess progress on cancer plan objectives for detection, treatment and survivorship

1.5 Explore the feasibility of using the Minnesota All Payer Claims Database to monitor strategic priorities

1.6 Develop and conduct a statewide survey to assess survivorship needs and services

Luella Williams
Minneapolis, MN
Mother and wife;
Fighter, survivor, warrior;
Breast cancer educator and advocate.
First diagnosed with breast cancer at age 29, new diagnosis at age 49 and again at age 51.
28+ year survivor



Brittany Dobias
Bemidji, MN
Mother of 6-month old Ryker and married to Chaz;
Financial counselor at Sanford Bemidji Cancer Center.
Diagnosed with germ cell tumor at age 12, metastatic to lungs.
14+ year survivor

OBJECTIVE 2

Increase risk-appropriate screening for breast, cervical and colorectal cancers

STRATEGIES

2.1 Partner with community organizations to develop culturally appropriate cancer screening education and outreach programs to reduce disparities

2.2 Encourage health care providers to use consistent messaging for patients to begin breast cancer screening and colorectal cancer screening based on personal, family history, genetic-risk and/or relevant risk factors

2.3 Share best practices on how to increase screening

2.4 Reduce financial and structural barriers to screening and diagnostic services

2.5 Encourage health care providers to recommend multiple colorectal cancer screening test options for average risk patients

OBJECTIVE 3

Increase the use of genetic counseling and testing for hereditary breast, ovarian and colorectal cancers

STRATEGIES

3.1 Conduct targeted outreach and education to segments of the population at elevated risk for hereditary breast, ovarian and colorectal cancer

3.2 Identify and increase referral of women diagnosed with breast cancer under age 45; triple negative breast cancer under age 60; or a family history of these cancers

3.3 Identify and refer all women with ovarian cancer or a family history of ovarian cancer

3.4 Promote universal Lynch syndrome screening for all new diagnoses of colon and uterine cancer through tumor or direct gene testing

3.5 Advocate for policies that reduce insurance barriers to genetic counseling and testing

OBJECTIVE 4

Increase low-dose CT scan screening among persons at high risk for lung cancer

STRATEGIES

4.1 Educate primary care providers about lung cancer screening guidelines based on age and smoking history
4.2 Add pack-years to smoking history captured in data systems to determine who is eligible for lung cancer screening
4.3 Expand public awareness of lung cancer screening guidelines
4.4 Conduct targeted outreach activities in populations with high rates of smoking and lung cancer
4.5 Provide eligible quitline users with information about lung cancer screening programs

Santiago Astorga Amirjo
Sleepy Eye, MN
Widower, corn/pea-pack field worker, sole caretaker of son disabled by cerebral palsy.
Diagnosed with kidney cancer at age 76; recurrent brain tumor at age 79.
3+ year survivor

OBJECTIVE 5

Connect cancer patients and caregivers with the support services they need (clinical and non-clinical) when diagnosed with cancer, during active treatment and thereafter

STRATEGIES

- 5.1 Strengthen the ability of cancer programs to implement cancer navigation processes that assess needs and make connections to needed resources and services
- 5.2 Convene providers to promote best practices and evidence-based protocols for shared decision making during cancer treatment
- 5.3 Promote psychosocial distress screening for cancer patients
- 5.4 Build community capacity to address the non-clinical support needs of cancer patients and their caregivers
- 5.5 Promote tools that help providers talk with clients who have low health literacy

OBJECTIVE 6

Expand the cancer workforce to include more community health workers, patient navigators and care coordinators

STRATEGIES

- 6.1 Increase the availability of and access to certificate programs for community health workers
- 6.2 Work to integrate a high-quality cancer curriculum in community health worker training and certificate programs
- 6.3 Promote cancer care training and certification programs to prepare health care professionals to serve as cancer patient navigators and care coordinators
- 6.4 Conduct an assessment of community health worker certificate holders and lay patient navigators to determine their level of employment in cancer-related activities
- 6.5 Promote policies, including payment reform, that support the effective deployment of community health workers
- 6.6 Advocate for financial reimbursement for cancer patient navigators and care coordinators

OBJECTIVE 7

Increase the use of survivorship care plans

STRATEGIES

7.1 Educate patients and health care providers (including nurse practitioners, physician assistants, primary care physicians, surgeons, oncologists) about the key components of survivorship care, including the development and communication of survivorship care plans

7.2 Improve communication between the oncology team and primary care providers and devise efficient, timely methods to get survivorship care plans from oncology to primary care

7.3 Expand the survivorship care plan to include referrals to services

7.4 Promote policies that support adequate reimbursement for development of survivorship care plans by a multi-disciplinary team and communication of the plan to the patient

Truong Vu
Minneapolis, MN
Father of three, loving spouse of Bong Nguyen; Vietnamese refugee, chef and restaurant owner.
Diagnosed with liver cancer at age 67.
Died in 2016 at age 70

OBJECTIVE 8

Reduce financial and legal burdens on cancer patients

STRATEGIES

8.1 Develop initiatives, including Medical Legal Partnerships, that address the financial and legal issues cancer patients face during and after treatment

8.2 Advocate for local, state and national policies to enhance and protect financial security when facing cancer (for example, mandatory paid sick leave, decreased wait period for Social Security Disability Insurance cash benefits and Medicare coverage to begin)

8.3 Use hospitals' Community Health Needs Assessments to demonstrate cancer patients' need for financial support and legal care services

8.4 Advocate for inclusion of financial and legal care provisions in bundled oncology care packages and other payment mechanisms

8.5 Work with nonprofit hospitals to direct community benefit dollars to agencies and partnerships that provide financial support and legal care services to cancer patients in need

8.6 Develop and pilot a short course on the social determinants of health and cancer for medical and law school students

OBJECTIVE 9

Increase access to cancer rehabilitation and wellness services

STRATEGIES

9.1 Work with major medical training programs in Minnesota to develop a curriculum and coursework in cancer rehabilitation and cancer exercise

9.2 Develop innovative technologies and programs to provide access to rehabilitation services in areas where they are not available

9.3 Work with state payers on models of care that lead to better outcomes by providing adequate coverage for rehabilitation and cancer fitness/wellness services

OBJECTIVE 10

Increase participation in cancer treatment clinical trials

STRATEGIES

10.1 Implement a statewide, culturally and linguistically appropriate media campaign to increase public awareness about the benefits of participating in clinical trials
10.2 Create a statewide centralized clinical trial database that enables health care providers and patients to locate current and accurate information about open trials
10.3 Establish and fund a Cancer Care Equity Program to help patients overcome financial barriers to participating in a clinical trial
10.4 Ensure that insurance companies provide coverage for participation in clinical trials

OBJECTIVE 11

Reduce use of commercial tobacco and nicotine delivery devices*

STRATEGIES

11.1 Maintain high prices for commercial tobacco products and electronic nicotine delivery systems (e-cigarettes, for example)
11.2 Restrict the retail sale of menthol and other flavored tobacco products and electronic nicotine delivery systems
11.3 Increase the minimum legal age to purchase commercial tobacco products to 21 years
11.4 Continue compliance and enforcement of existing policies and laws with dedicated resources
11.5 Assure the ongoing administration of the Minnesota Student Survey, the Youth Tobacco Survey and the Adult Tobacco Survey

**See the Minnesota Comprehensive Tobacco Control Framework 2016-2021 for additional strategies to reduce tobacco use and improve health: http://www.health.state.mn.us/divs/hpcd/tpc/docs/MN_tobacco_control_framework.pdf.*

OBJECTIVE 12

Reduce disparities in commercial tobacco use

STRATEGIES

12.1 Establish consistent and reliable funding for tobacco control at the level recommended by the Centers for Disease Control and Prevention to fund best practices in tobacco control
12.2 Create partnerships to develop and implement community driven solutions to eliminate nicotine dependence
12.3 Advocate for policies to create indoor and outdoor environments free of tobacco and e-cigarettes
12.4 Collect data on commercial tobacco use and tobacco related disease from communities that have high rates of tobacco use, employing sufficiently large and culturally appropriate sampling strategies

OBJECTIVE 13

Reduce the prevalence of obesity

STRATEGIES

13.1 Promote healthy eating in schools, childcare settings, worksites, health care facilities, and communities by supporting the Minnesota Food Charter strategies
13.2 Implement state and local policies that foster safe and accessible opportunities for physical activity
13.3 Improve community infrastructure to promote safe and accessible opportunities for physical activity (for example, comprehensive street design, bicycle parking at work places and transit stops, multi-use trail networks, way-finding signs)
13.4 Promote physical activity in schools, through quality physical education, active recess, active classrooms, before and after school programs and safe routes to school

Chris Heffelbower
Minneapolis, MN
Loving mother, wife, daughter, sister, friend, attorney, colon cancer advocate.
Diagnosed with colon cancer at age 37.
Died in 2015 at age 40

OBJECTIVE 14

Increase HPV vaccination

STRATEGIES

14.1 Include HPV vaccination (human papillomavirus) as a standard immunization measure
14.2 Improve public understanding about the safety of the HPV vaccine and its importance in cancer prevention
14.3 Conduct outreach activities to motivate populations that experience disproportionate numbers of HPV cancers and those with low vaccination rates
14.4 Create regular opportunities to teach health care personnel about the HPV vaccine and how to effectively recommend it to patients
14.5 Support and promote opportunities for health care organizations to participate in quality improvement programs aimed at improving HPV vaccination rates

OBJECTIVE 15

Reduce exposure to radon in residential properties and other buildings

STRATEGIES

15.1 Develop partnerships that will promote and increase testing and mitigation in residential properties and other buildings
15.2 Secure funding or policies that offset the cost of radon mitigation in low income neighborhoods
15.3 Require landlords in rental properties to test for radon and notify renters about radon levels in their building
15.4 Require building owners to test for and disclose radon in non-residential buildings such as schools and child care locations
15.5 Enhance data collection to compare the impact of radon in different geographic and socioeconomic communities
15.6 Build public awareness about the link between radon and lung cancer

Addison Haynes
New Ulm, MN
Daughter, granddaughter, sister, lover of pets and gymnastics.
Diagnosed with acute lymphoblastic leukemia at age 4.
6+ year survivor

Chris Davis
Esko, MN
Enrolled member of the Fond du Lac Band of Lake Superior Chippewa.
Mother of Amanda and Samantha and married to Dale;
Family Nurse Practitioner and medical clinic coordinator at the Min No Aya Win Clinic, Fond du Lac Reservation.
Diagnosed with breast cancer at age 41.
3+ year survivor

OBJECTIVE 16

Reduce exposure to ultraviolet light

STRATEGIES

16.1 Promote shade planning and individual sun-protective behaviors in outdoor settings, including schools, worksites and recreational areas
16.2 Strengthen existing laws governing indoor tanning facilities
16.3 Conduct an education campaign on the harms of indoor tanning

OBJECTIVE 17

Increase the use of advance care planning

STRATEGIES

17.1 Conduct a large-scale community awareness and education campaign about advance care planning (See also Objective 18 and Objective 19)
17.2 Educate health care professionals about tools and resources they can use to facilitate meaningful, culturally sensitive conversations with patients and families about advance care planning
17.3 Collaborate with electronic medical record vendors and health care systems to develop best practices for accessing, storing and retrieving advance care planning materials in the electronic medical record
17.4 Promote the use of advance care planning resources shortly after the time of diagnosis or early in treatment for cancer
17.5 Partner with payers to improve reimbursement for advance care planning conversations to supplement Centers for Medicare and Medicaid Services payment rates
17.6 Work to mandate advance care planning services for all Minnesotans
17.7 Partner with health care systems to work collaboratively to promote expanded and effective use of advance care planning

OBJECTIVE 18

Increase the utilization of palliative care services

STRATEGIES

- 18.1 Conduct a large-scale community awareness and education campaign that uses consistent messaging about palliative care
- 18.2 Support collaborative learning ventures among partners that help establish and grow new palliative care programs
- 18.3 Increase the number of health professionals trained in adult and pediatric palliative care
- 18.4 Promote systems change to integrate palliative care, following practice guidelines, with routine cancer care
- 18.5 Educate health care professionals about tools and resources they can use to facilitate meaningful, culturally sensitive conversations with patients and families about palliative care

Scott Nelson
Minneapolis, MN
Enjoying life to the fullest with family and friends;
Patient advocate helping in the fight against cancer.
Diagnosed with pancreatic cancer at age 50.
12+ year survivor

OBJECTIVE 19

Increase the utilization of hospice services

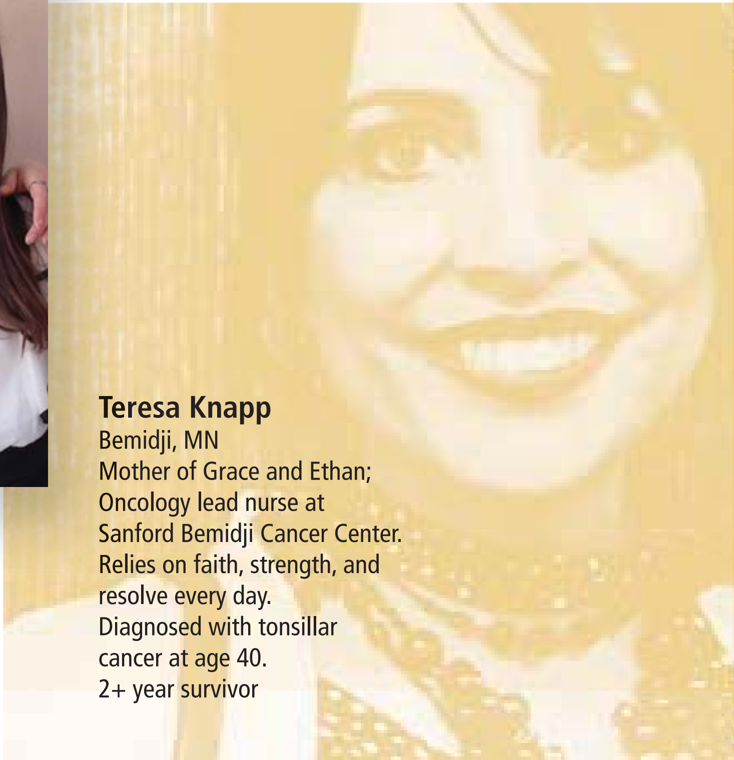
STRATEGIES

19.1 Conduct a large-scale community awareness and education campaign that uses consistent messaging about palliative care and hospice

19.2 Educate health professionals, including those in training, about tools and resources that can help them to have meaningful, culturally sensitive conversations with patients and families about hospice and palliative care services

19.3 Increase the number of primary care providers receiving continuing medical education about hospice care

19.4 Increase the number of nurses completing palliative care training courses



Teresa Knapp
Bemidji, MN
Mother of Grace and Ethan;
Oncology lead nurse at
Sanford Bemidji Cancer Center.
Relies on faith, strength, and
resolve every day.
Diagnosed with tonsillar
cancer at age 40.
2+ year survivor

MEASURES AND 2025 TARGETS FOR ACTION

1. Scope and quality of data

Measure: Number of cancer plan objectives that have meaningful measures of success
Data Source: Cancer Plan Minnesota 2025
Baseline: 12 (2016) **Target**: 19

2. Breast, cervical and colorectal cancer screening

Measure: Mammography screening among women enrolled in Minnesota Health Care Programs
Data Source: MN Community Measurement
Baseline: 61.5% (2015) **Target**: 80%

Measure: Mammography screening among women insured by other purchasers
Data Source: MN Community Measurement
Baseline: 76.8% (2015) **Target**: 85%

Measure: Cervical cancer screening among women enrolled in Minnesota Health Care Programs
Data Source: MN Community Measurement
Baseline: 61.6% (2015) **Target**: 80%

Measure: Cervical cancer screening among women insured by other purchasers
Data Source: MN Community Measurement
Baseline: 74.2% (2015) **Target**: 80%

Measure: Colorectal cancer screening among men and women enrolled in Minnesota Health Care Programs
Data Source: MN Community Measurement
Baseline: 53.9% (2015) **Target**: 74%

Measure: Colorectal cancer screening among men and women insured by other purchasers
Data Source: MN Community Measurement
Baseline: 74.3% (2015) **Target**: 84%

3. Genetic counseling and testing

Measure: Percent of women with breast cancer age 45 or younger who are referred for genetic counseling
Data Source: TBD (Potential use of MN All Payer Claims Database)
Baseline: TBD **Target**: 25% increase

4. Lung cancer screening

Measure: Utilization of low dose CT screening
Data Source: TBD (Potential use of All Payer Claims Database)
Baseline: TBD **Target**: TBD

5. Support services

Measure: Percent of cancer patients, caregivers and survivors who receive needed clinical and non-clinical support services
Data Source: Minnesota Cancer Survivorship Survey (to be developed)
Baseline: TBD **Target**: TBD

6. Patient navigation

Measure: Number of community health workers, cancer patient navigators and cancer care coordinators in the workforce
Data Source: TBD
Baseline: TBD **Target**: TBD

7. Survivorship care plans

Measure: Percent of cancer patients who receive a survivorship care plan
Data Source: Minnesota Behavioral Risk Factor Surveillance Survey
Baseline: 48.7% (2014) **Target**: 75%

8. Financial and legal burdens

Measure: Percent of cancer patients and survivors who experience financial and legal burdens
Data Source: Minnesota Cancer Survivorship Survey (to be developed)
Baseline: TBD **Target**: TBD

9. Rehabilitation

Measure: Percent of cancer survivors referred for (or who receive) cancer rehabilitation and wellness services
Data Source: Minnesota Cancer Survivorship Survey (to be developed)
Baseline: TBD **Target**: TBD

10. Clinical trials

Measure: Number of cancer patients participating in cancer treatment clinical trials
Data Source: TBD
Baseline: TBD **Target**: TBD

11. Tobacco use - general

Measure: Percent of adults who smoke
Data Source: Minnesota Adult Tobacco Survey
Baseline: 14.4% (2014) **Target**: 10.5%

12. Tobacco use - disparities

Measure: Percent of Minnesotans with no education beyond high school who smoke
Data Source: Minnesota Adult Tobacco Survey
Baseline: 21.7% (2014) **Target**: 18.5%

13. Obesity

Measure: Percent of Minnesotans who are obese
Data Source: Minnesota Behavioral Risk Factor Surveillance Survey
Baseline: 26.1% (2015) **Target**: 23.1%

MEASURES AND 2025 TARGETS FOR ACTION

14. HPV vaccination

Measure: Percent of adolescents age 13-17 who complete the recommended 2-dose series of HPV vaccinations
Data Source: National Immunization Survey - Teen
Baseline: Being re-established to reflect 2016 change in ACIP (Advisory Committee on Immunization Practices) recommendations **Target**: 85%

15. Radon

Measure: Number of residential properties/units in low income neighborhoods that install radon mitigation equipment
Data Source: MDH Indoor Air Unit Radon Survey (in development)
Baseline: TBD **Target**: 10% increase

16. Sunburn and indoor tanning

Measure: Percent of adults who report sunburn in the last 12 months
Data Source: Minnesota State Survey, University of Minnesota
Baseline: 23.9% (2013) **Target**: 16%

Measure: Percent of White female 11th graders who tan indoors
Data Source: Minnesota Student Survey
Baseline: 9% (2016) **Target**: 1%

Measure: Percent of American Indian female 11th graders who tan indoors
Data Source: Minnesota Student Survey
Baseline: 8% (2016) **Target**: 1%

17. Advance care planning

Measure: Percent of adults who have completed a health care directive
Data Source: Minnesota Behavioral Risk Factor Surveillance Survey
Baseline: 31.6% (2014) **Target**: 40%

18. Palliative care

Measure: Claims for palliative care services
Data Source: TBD (Potential use of All Payer Claims Database)
Baseline: TBD **Target**: TBD

19. Hospice

Measure: Median length of stay in hospice for cancer patients
Data Source: Hospice Analytics
Baseline: 22 days (2014) **Target**: 25 days

STEERING COMMITTEE 2016

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Vice Chair **Cathy Skinner**, *The Art of Well*
Secretary/Treasurer **Ruth Bachman**, *Masonic Cancer Center Community Advisory Board*

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Katie Engman, *Association for Non-Smokers - MN*
DeAnna Finifrock, *Fond du Lac Health and Human Services*
Matt Flory, *American Cancer Society*
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minnesota cancer alliance