**Florida Cancer Plan 2030 Planning Meeting
Subgroup on Prevention/Risk Reduction
July 15, 2025 at 3:00 PM**

**Quick recap**

The team reviewed their agenda and discussed moving forward with Step 3 of their goals, focusing on goal 3, which was deemed comprehensive and not in need of changes. They explored incorporating screening and intervention practices for alcohol and tobacco use into their goals and strategies, discussing data sources and setting objectives for initiatives 3.1 and 3.2 related to ever-tried rates for Florida youth. The group also discussed tobacco use targets, addressing disparities across different population groups, and agreed to start working on HPV and skin goals at their next meeting.

## **Summary**

## **Goal 3 Crosswalk Plan Review**

The group reviewed their agenda and discussed moving forward with Step 3 of their goals, focusing on goal 3, which was considered comprehensive and requiring no changes. Laura prepared a crosswalk plan document to align with other state cancer plans, which was included as an attachment in their workbook. Throughout the review, Bobbie reiterated several major Florida Cancer Plan goals in the chat for reference, including goals to reduce the incidence and mortality from tobacco-related cancers, eliminate cervical cancer as a public health problem by increasing HPV vaccination and screening, decrease the incidence of skin cancer, increase use of genomic cancer risk assessments, decrease alcohol misuse, and address risks from obesity and radon. The team agreed to continue discussing goals and objectives together, with some subgroups assigning homework to propose reweighted goals. Catalina noted her plan to comment on the DOH’s involvement, but the transcript ended before further elaboration.

## **Alcohol and Tobacco Screening Strategies**

The group discussed incorporating screening and intervention practices for alcohol and tobacco use into their goals and strategies. Catalina suggested adding objectives related to increasing screening practices and providing brief interventions, referencing the practical utility of resources such as "A Practical Guide to Help Your Patients Quit Using Tobacco." Leslie raised important questions about measurement—whether these screening/referral measures are captured in BRFSS or HINTS survey data. Laura confirmed that the Florida Adult Tobacco Survey is a relevant data source for tracking provider screening and cessation methods. Catalina also volunteered to work with Tracy on the alcohol goals for subsequent meetings. Leslie recommended that Catalina review and suggest changes to existing plan strategies, referencing the current plan document for guidance.

## **Florida Youth Ever-Tried Rate Targets**

The team discussed setting objectives for initiatives 3.1 and 3.2, focusing on youth ever-tried rates. Laura presented data showing a 30.5% change over the past 5 years, which would translate to 7.3% and 9.2% targets for the next 5 years. After debate about whether to use 2024 or 2025 data, Clement recommended using 2024 as the baseline. The team agreed to aim for a 10% change in ever-tried rates, with a target of decreasing to less than 9% for initiative 3.1, and initiative 3.2 aiming to decrease to less than 9% from a baseline of 15.6%. Supporting these discussions, Catalina referenced Monitoring the Future (MTF) data, noting lifetime nicotine vaping rates between 15% and 31% for middle- and high-school adolescents. She additionally cited past-30-day vaping rates of 6% to 15%.

## **E-Cigarette Reduction Strategy Discussion**

The group discussed reducing ever-tried e-cigarette use among 11- to 17-year-olds to less than 10%, with Ramzi affirming this as feasible from a current prevalence of about 14%. Karin raised the need to align Florida’s targets with the state’s tobacco strategic plan, which includes specific targets for youth combustible and e-cigarette use and never-users, as well as for secondhand smoke exposure among both youth and adults. Karin posted these benchmarks directly in the chat. Laura clarified that Florida’s strategic plan presently tracks current tobacco use, not ever-tried rates, leading the group to consider whether to adopt the state plan’s metrics for consistency with ongoing tobacco tracking efforts.

## **Florida Tobacco Survey Target Discussion**

The team discussed the Florida Youth Tobacco Survey as a data source, with Heather confirming its continued use as a state record. Specific county-level questions may be included every three years. Jen emphasized that for target 3.1, the goal remained 8% or less and advocated for maintaining this target, noting it was not met but the current rate is still an improvement over prior years. Bobbie and Ramzi agreed, citing current figures as being lower than previous cycles.

## **Youth Tobacco Use Target Updates**

The team discussed tobacco use targets, focusing on youth combustible products and e-cigarette prevalence. They agreed to maintain the 1% goal for combustible tobacco products and set a new target of 5% or lower for youth e-cigarette use, using data from the Florida Youth Tobacco Survey. For adult tobacco use, the team noted stagnating rates at 10.5%. Ramzi suggested a conservative approach, given historic lows. The team considered updating targets for the cancer plan to be more ambitious, given the plan’s three-year extension.

## **Tobacco Disparities Strategic Planning**

The group discussed how to address disparities in tobacco use across different population groups. Laura explained current targets are tailored to disproportionately affected groups including Black non-Hispanic adults and LGBTQ populations, who consistently smoke at higher rates. Leslie contributed a resource, the Kansas Cancer Plan, highlighting how other states present disparities data visually. Clement suggested formulating a strategy to compare metrics across groups rather than assigning each population its own objective, while Ramzi proposed allowing some deviation from overall averages as a disparity benchmark. Melissa suggested an overarching “bucket” for disparities objectives across the plan. Leslie recommended, as the meeting closed, that tobacco control experts convene in a working group before the next subgroup call to finalize objectives, and that other topic areas consider a similar process.

## **Health Goals Progress and Planning**

The group discussed their progress on health goal setting, with tobacco as the current focal point and HPV/skin cancer goals planned for the next meeting. Lisa asked about the history of objectives, with Clement explaining that goals and strategies have previously been set by committee with subject matter expert input; he reminded the group that all objectives can be refined further. Bobbie confirmed the next meeting invite would go out soon, scheduled for two weeks later.

## **Next Steps**

* Laura to provide a snippet of the adult consumption goal area from the Florida tobacco strategic plan to the group.
* Bobbie is to send out a calendar invite for the next meeting on July 29th.
* Laura to pull additional information on tobacco-related data and disparities for the next meeting.
* HPV and Skin Cancer goal/objective leads are to prepare for potential discussion in upcoming meetings.
* Lisa to review and potentially propose new goals/objectives for the genetic testing section based on her expertise.
* All members are to review the current goals and objectives for their assigned sections and consider potential changes or updates.
* Catalina to work with Tracy on alcohol goals for future sessions.
* Tobacco control subject matter experts convene before the next subgroup meeting to propose finalized objectives.

## **References**

* Florida Cancer Plan (as reference for strategy review):
<https://www.ccrab.org/_cache/files/9/4/94b3ac9b-60b7-46b5-83df-ea6c505becd7/4F7A466B2B401810685ADB77AA15E8D5.flacancerplan-2022-updatejune3.pdf>
* Kansas Cancer Prevention & Control Plan (disparities resource):
<https://www.kdhe.ks.gov/DocumentCenter/View/42196/2022-2027-Kansas-Cancer--Prevention-Control-Plan-PDF?bidId=>