



FLORIDA CANCER PLAN

Updated 2021



**Florida Cancer Control
& Research Advisory Council**

FLORIDA CANCER PLAN



2020-2025

Summary of Plan Goals | GOALS AT A GLANCE

COLLABORATION

Goal 1: Maximize cancer control resources by increasing collaboration among Florida cancer control stakeholders.

DATA

Goal 2: Ensure collection of comprehensive and high-quality cancer-related data from all Florida cancer patients to inform cancer prevention and control programs.

PREVENTION AND RISK REDUCTION

Goal 3: Reduce the incidence and mortality from tobacco-related cancers in all Floridians.

Goal 4: Eliminate cervical cancer as a public health problem in Florida by increasing vaccination against human papillomavirus (HPV) and increasing cervical cancer screening.

Goal 5: Decrease the incidence of skin cancer in all Floridians by reducing exposure to natural and artificial sources of ultraviolet (UV) light.

Goal 6: Increase the use of genomic cancer risk assessments, including genetic counseling and appropriate genetic testing.

Goal 7: Decrease heavy alcohol use and binge drinking by Florida youth and adults.

Goal 8: Reduce the risk of cancer in all Floridians through maintenance of healthy body weights, physical activity, and healthful diets.

Goal 9: Reduce radon gas exposure in all Florida households, workplaces, and other buildings.

SCREENING AND EARLY DETECTION

Goal 10: Reduce lung cancer mortality through early detection of lung cancer in Floridians.

Goal 11: Reduce breast cancer mortality through early detection of breast cancer in Floridians.

Goal 12: Reduce colorectal cancer mortality through early detection of colorectal cancer in Floridians.

Goal 13: Reduce prostate cancer mortality in Florida men at high risk for aggressive prostate cancer through screening and early detection*

Goal 14: Eliminate hepatitis C virus (HCV) as a public health problem in Florida by increasing screening and linkage to care.

DIAGNOSIS AND TREATMENT

Goal 15: Achieve excellent clinical outcomes for all Floridians through access to high-quality, evidence-based cancer treatment.

QUALITY OF LIFE, SURVIVORSHIP AND END OF LIFE CARE

Goal 16: Achieve excellent quality of life for all Floridians with cancer and their caregivers from Day 1 of diagnosis, during treatment, and after treatment.

Goal 17: Achieve high-quality survival of all Floridians with history of cancer.

CHILDHOOD CANCERS

Goal 18: Provide high quality pediatric oncology care to every child with cancer in Florida.

Goal 19: Ensure that Floridians surviving childhood cancer will live long and prosperous lives.

Goal 20: Establish Florida as a nationally renowned state for innovative and impactful pediatric cancer research.

RESEARCH AND TECHNOLOGY DEVELOPMENT

Goal 21: Achieve a national reputation in Florida for innovative and impactful cancer research.

For more information, visit ccrab.org

* Updated 2021



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The Purpose of the Florida Cancer Plan

The overall goal of the Florida Cancer Plan is to provide a blueprint to reduce the burden of cancer in Florida. We envision Floridians living longer and healthier lives through healthy personal lifestyles, healthy families, healthy communities, and health-promoting systems that protect all people from the threats of cancer.

This Plan represents the collective thinking and action of cancer stakeholders - both individuals and organizations - throughout Florida. It is a plan for all individuals and organizations concerned about the cancer burden in Florida.

Cancer Plan Development: Stakeholder Driven

Developing the Florida Cancer Plan was an inclusive process led by CCRAB and involved many cancer stakeholders in drafting, providing input, reviewing, editing, and considering implementation roles. Criteria were established to guide the selection of impactful, measurable, and equitable goals, objectives, and strategies.

Contributing stakeholders included CCRAB Council Members, the Florida Department of Health, the Regional Cancer Control Collaboratives, Florida Prostate Cancer Advisory Council (PCAC), and many individuals and organizations throughout the state. The Florida Cancer Plan was also reviewed by specialists in cancer prevention, early detection, and control, including the Florida Academic Cancer Center Alliance and the 15 organizations represented on CCRAB.



Important health policy tools and reports were used to evaluate and optimize the comprehensiveness of the Florida Cancer Plan, including the CDC's Cancer Plan Self-Assessment Tool and the National Academy of Science, Engineering, and Medicine's (NASEM) Consensus Report entitled, "Guiding Cancer Control."

Cancer Control Progress in Florida and Opportunities for Improvement

Leading up to this Florida Cancer Plan is CCRAB's 40-year history of coordinated cancer prevention, early detection, and control. In the last 20 years, the number of lung cancer cases in Florida has significantly fallen due to effective campaigns to stop and prevent tobacco use. In the last 5 years, over 80% of older Florida women report using mammography for the early detection of breast cancer when it is more likely to be in curative stages. Also in the past 5 years, the State of Florida has invested much needed support for the state cancer registry and created a new pediatric cancer research program, the Live Like Bella Pediatric Cancer Initiative.

While there has been much progress in preventing and controlling cancer in Florida, there are many opportunities for further reducing the state's cancer burden. The state cancer registry is finishing pilot programs for more complete case capture but is now in need of identifying and archiving cancer screening data, molecular disease characteristics, treatment, and case outcomes. This evolution will transform our state cancer registry from an archive to a data engine for comprehensive and proactive cancer surveillance. There are many Floridians who cannot access or participate in cancer screenings for lung cancer or colorectal cancer due to a multitude of issues ranging from inability to get to the screening facility, to lack of health insurance coverage, to unawareness that cancer screening is recommended. Palliative care, end-of-life care, and survivor care are unevenly available in number and quality across the state. There is a significant gap in research funding between the number of highly meritorious research proposals and the amount of support available to conduct impactful research. Particular populations of Floridians are at higher risk for cancer, yet simultaneously disadvantaged by socioeconomic biases in accessing cancer prevention, screening, diagnosis, or treatments. Florida has the opportunity to eliminate from its population certain cancers such as cervical cancer if it can expand a concerted effort that includes vaccinating against human papillomaviruses (HPV) and cervical cancer screening according to guidelines.



What Is in This Plan?

The Florida Cancer Control Plan strives to address cancer issues and opportunities in a comprehensive approach. Therefore, this plan is organized and has sections related to both the cancer continuum and infrastructure needed to support cancer control efforts:

- Collaboration
- Data
- Prevention and Risk Reduction
- Screening and Early Detection
- Diagnosis and Treatment
- Quality of Life, Survivorship and End of Life Care
- Childhood Cancer
- Research and Technology Development

Within each of the sections, evidence-based interventions can be found such as policy and system changes, building on and leveraging existing programs and systems, and public and professional education. These approaches offer opportunities for collaborative and coordinated work with CCRAB, Regional Cancer Collaboratives, and with other individuals and organizations throughout Florida.

Within each section of the Plan the reader will see the following:

- **Goals** – major transformations achieved through comprehensive cancer control (CCC) efforts
- **Objectives** – what must be accomplished to achieve the goals
- **Strategies** – how the objectives will be achieved using evidence-based strategies based on research or proven best practices

Burden of Cancer in Florida

Each year, over 120,000 Floridians are newly diagnosed with cancer. Cancer affects Floridians in all 67 counties with slightly higher age-adjusted incidence in the Central and North Florida regions.

The most common cancers in Florida are lung and bronchus cancer, breast cancer, prostate cancer, and colorectal cancer. Overall, the incidence of cancer in Florida is decreasing thanks to the combined efforts of tobacco prevention and cessation, vaccinations to prevent cancer-causing infections such as hepatitis B virus (HBV), an increased number of people undergoing appropriate cancer screening which can detect and remove pre-cancerous masses, awareness and removal of environmental carcinogens such as radon, sun safety programs, and other prevention efforts. New immuno-oncology treatments are also prolonging survival time in Floridians with cancer, including those with historically lethal cancers like lung cancer and melanoma.

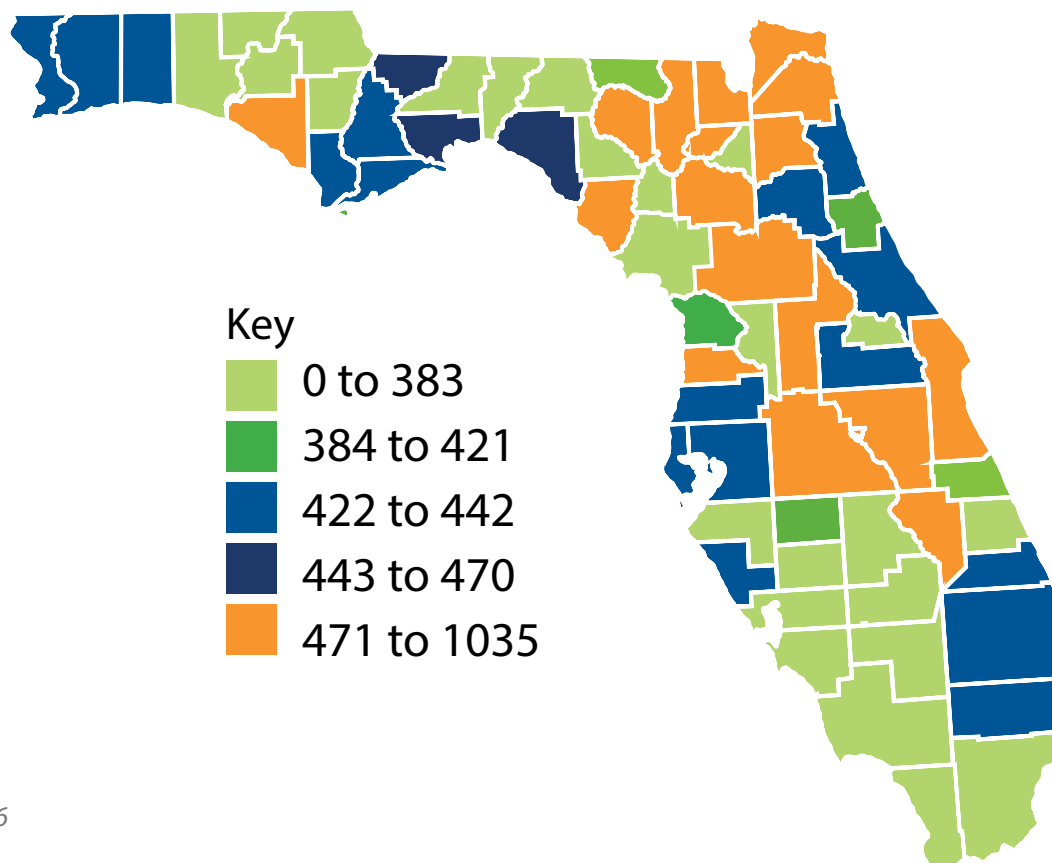
Despite this progress, there is room for improvement in multiple areas and for multiple cancer types. For example, there been an alarming increase in the number HPV-related cancers, such as throat cancers in men and women; yet vaccination rates against HPV are low. The incidence of hepatocellular cancer (also called liver cancer) is on the rise in Florida. Screening for hepatitis C virus (HCV) and treating those who test positive have the potential to reverse this dreadful trend. In addition, there is currently an epidemic of e-cigarette use among Florida youths, which brings grave concerns for direct exposure to toxins and laterality to combustible tobacco products. Funding for tobacco prevention and cessation programs are below target and consistently threatened in Florida.

Additionally, participation in cancer screening is low for lung cancer and colorectal cancer. And in certain populations at higher risk for specific cancers, such as Black men and prostate cancer, screening rates are also low. Furthermore, in Florida, one in five homes tested had elevated levels of radon.

Cancer Incidence by Florida County

Age-adjusted cancer incidence is lower in Florida's metropolitan areas. However, Florida counties in the less populated center and Northeast corner of the state have higher levels of newly diagnosed cancers.

Age-adjusted cancer incidence rates per 100,000



Source: FCDS, 2006-2016

Cancer is a leading cause of death in Florida. Every year, over 40,000 Floridians die of cancer. The highest number of deaths from cancer in Florida are due to lung cancer, colorectal cancer, breast cancer, prostate cancer, non-Hodgkin lymphoma, bladder cancer, and head and neck cancer. Overall, the death rate from cancer in Florida has decreased steadily over the last 20 years. This progress is thanks to multiple efforts including Florida's coordinated tobacco prevention and cessation program, cancer screening which can detect cancers in earlier stages when curative intervention is possible, patient navigators to ensure timely care and treatment follow-through, better surgical techniques, improved radiation therapy methods, advances in chemotherapies, new biotherapies such as immunoncology agents, and improved supportive care.

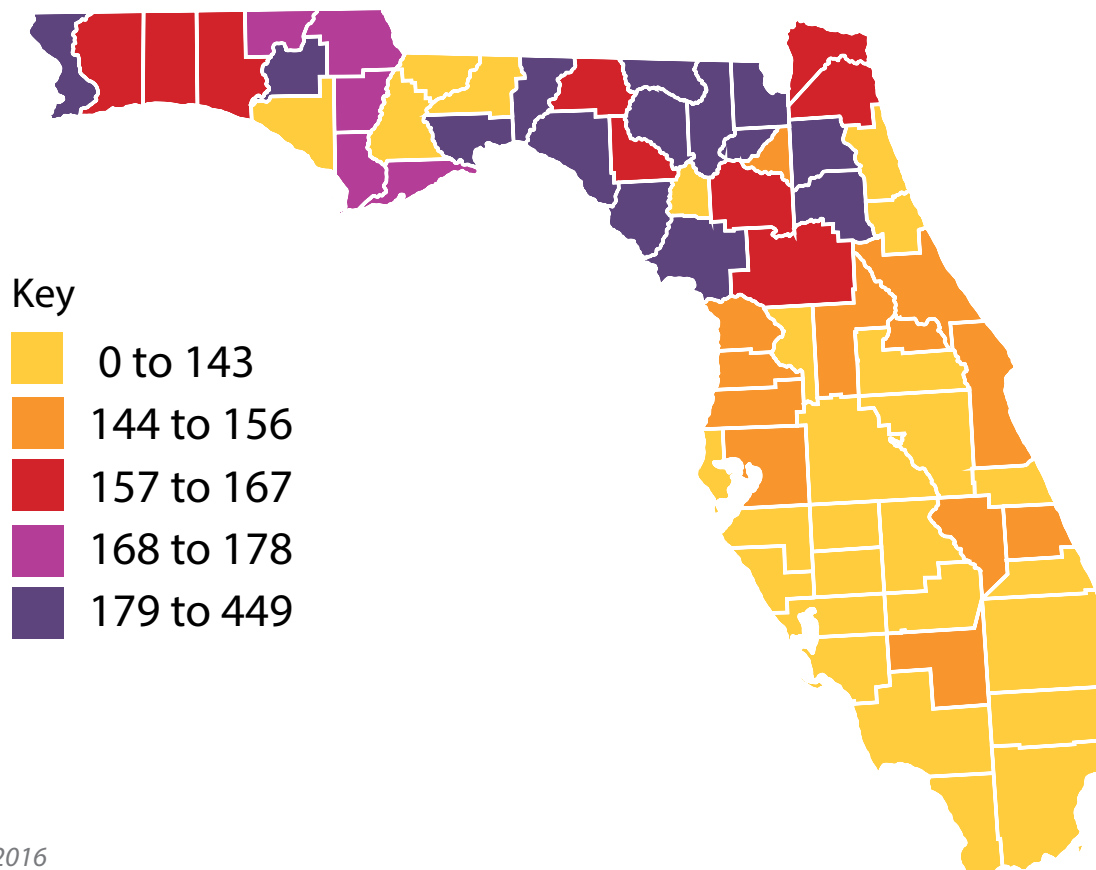
Although progress has been made in reducing the death rate of cancer in Florida, the number of Floridians dying from cancer has increased due to an increasing state population number, aging of the population, and challenges in accessing high quality health care which affects some groups of people in Florida more than others. For certain cancers, such as pancreatic cancer, leukemias and the myelodysplastic syndromes, hepatobiliary cancers, cervical cancer, and head and neck cancers, there has been no decrease in death rate in the last 10 years. People with these cancers often present with advanced disease. Better diagnostic methods and treatment strategies are needed for people with these cancers. In Florida, a major challenge in inventing and testing these newer technologies is a merit gap in funding for cancer research – where our Florida cancer scientists and physicians propose highly rated research that go unfunded.

Florida has a unique opportunity to lessen the toll that cancer takes on its residents. It is a state with commitments to health, quality of life, individual freedom and responsibilities, commerce, agriculture, hospitality, and technology. This Plan describes opportunities for leveraging these strengths to reduce the burden of cancer in Florida.

Florida Map of Cancer Mortality by County

Deaths from cancer are lower in more populated counties such as South Florida, but higher in less populated counties in the Florida Panhandle. This disparity is worthy of study and likely reflective of the rural-urban disparity seen nationally.

Age-adjusted cancer mortality rates per 100,000



Source: FCDS, 2006-2016



COLLABORATION

Goal 1: Maximize cancer control resources by increasing collaboration among Florida cancer control stakeholders.

The mission of all Florida cancer stakeholders is to reduce the burden of cancer in Florida. This Florida Cancer Plan was produced by a united effort, bringing together various strengths of insight and foresight that led to even better ideas. Our goal now is to build on that same collaborative synergy by bringing together all Florida cancer stakeholders on high priority issues for reducing Florida's cancer burden.

Objective 1.1: By 2021, create a list of cancer control stakeholder organizations and regional cancer collaboratives in Florida to aid in better sharing about Plan implementation activities.

Objective 1.2: By 2025, conduct two collaborative campaigns shared among Florida's cancer control stakeholder organizations and Regional Cancer Collaboratives.

Strategies:

- Floridians interested in joining the fight against cancer should contact their local Regional Cancer Collaborative, local cancer center, or local cancer patient advocacy organization.
- Encourage all Florida cancer control stakeholders to use the Florida Cancer Plan for planning, funding, and advocacy.
- Coordinate with stakeholders and regional collaboratives to use consistent and accurate cancer control messages.
- CCRAB in close collaboration with Regional Cancer Collaboratives and other cancer control stakeholders in Florida identify two areas for focused campaigns.
- Increase the number and diversity of Floridians engaged in collaborative cancer control activities.
- Communicate Plan successes, progress, and areas of continued need among stakeholders periodically throughout the year.

DATA

Goal 2: Ensure collection of comprehensive and high quality cancer-related data from all Florida cancer patients to inform cancer prevention and control programs.

State cancer registry data are the foundation for Florida's comprehensive cancer control plan. Reducing Florida's cancer burden requires accurate measurements to assess change. The cancer data community in Florida includes numerous participants, all of whom are crucial to the data chain between an individual cancer case and aggregated data informing state policy. Florida has one of the best state cancer registries in the nation thanks to high quality data collection, archiving, and dissemination by the Florida Cancer Data System (FCDS). As we better understand cancer as a genetic disease, there is now a demand to incorporate cancer biology data for each case in the FCDS. Towards reducing cancer risk and increase cancer screening, there is now a demand to incorporate these data elements into our state cancer registry. To close gaps in health care disparities and inequities, there is now a demand for more robust case demographics and social determinants of health. By meeting this goal, we will evolve our state cancer registry into a more comprehensive data repository that aids health policy makers, health care providers, and researchers in the development of more efficient technologies for cancer screening, diagnosis, and treatment, which will ultimately reduce cancer morbidity and mortality in the State of Florida.

Objective 2.1: By 2021, form a state cancer data workgroup consisting of members from CCRAB, Florida Department of Health, FCDS, Florida Hospital Association (FHA), Florida Agency for Health Care Administration (AHCA), and other key stakeholders to develop strategies for adding cancer biology data, social determinants of health data, cancer screening data, and precancerous cervical pathology test results (CIN2/3, CIS) to the state cancer registry. The workgroup should meet regularly and may form subgroups for focused discussions.

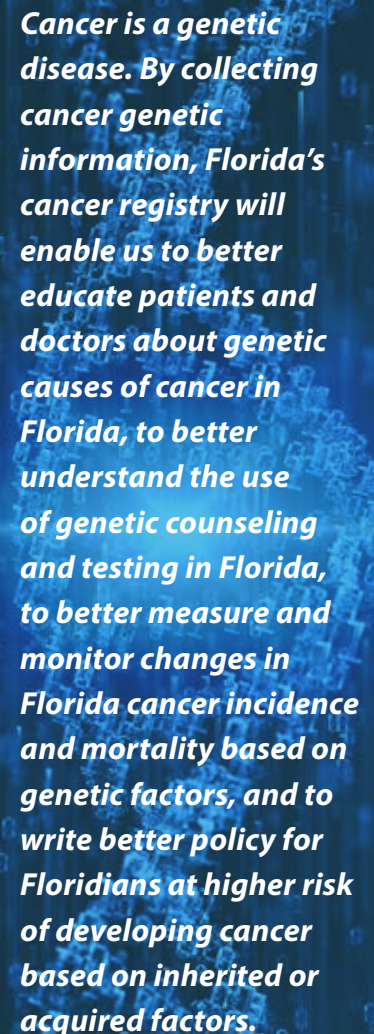
Strategies:

- The workgroup should review all currently available data items and definitions from other registry sources. Identify opportunities and strategies for data sharing among organizations that collective and archive data, including data linkage among organizations that collect and archive chronic disease data in Florida. When required, the workgroup may define new data items and definitions to add to the state cancer registry.
- The workgroup should review current legislation and administrative code governing statewide cancer data collection and surveillance, and enact enhancements where needed to meet cancer plan objectives for adding prioritized cancer biology data, social determinants of health data, cancer screening data, and precancerous cervical pathology test results (CIN2/3, CIS) to the state cancer registry.
- Develop pilot study plans for adding cancer biology data, social determinants of health data, cancer screening data, and precancerous cervical pathology test results (CIN2/3, CIS) to the state cancer registry.
- Determine funding necessary to implement pilot studies and seek increased funding.
- Recruit healthcare organizations to participate in pilot studies.

Objective 2.2: By 2025, pilot the addition of cancer biology data such as somatic gene mutations or National Cancer Institute/ North American Association of Central Cancer Registries defined site-specific data items as data collected and archived by Florida's statewide cancer data and surveillance program.

Objective 2.3: By 2025, pilot the addition of social determinants of health and additional patient demographics such as occupation or country of origin as data collected and archived by Florida's statewide cancer data and surveillance program.

Objective 2.4: By 2025, pilot the addition of cancer screening data as items collected and archived by Florida's statewide cancer data and surveillance program.



Cancer is a genetic disease. By collecting cancer genetic information, Florida's cancer registry will enable us to better educate patients and doctors about genetic causes of cancer in Florida, to better understand the use of genetic counseling and testing in Florida, to better measure and monitor changes in Florida cancer incidence and mortality based on genetic factors, and to write better policy for Floridians at higher risk of developing cancer based on inherited or acquired factors.



Objective 2.5: By 2025, pilot the addition of adding cervical intraepithelial neoplasia 2 (CIN2), CIN3, and cervical carcinoma in situ (CIS) as reportable conditions to Florida's statewide cancer data and surveillance program.

Strategies:

- Pilot with willing reporters, such as hospitals, clinics, health care providers, and laboratories, to determine the feasibility of collecting and archiving cancer biology data, social determinants of health, additional patient demographics, cancer screening data, and precancerous cervical pathology test results (CIN2/3, CIS) to the state cancer registry.
 - Upon completion of pilot studies:
 - Determine if prudent to move to population level.
 - Determine and seek increased funding to sustain data collection statewide.
 - Develop implementation plan for statewide data collection.
 - Measure progress against milestones and regularly report progress to CCRA.

Objective 2.6: By 2025, increase access to and utilization of cancer related data archived in the state cancer registry (FCDS) by diverse stakeholder groups across Florida.

Strategies:

- Educate cancer control stakeholder organizations and regional cancer collaboratives in Florida about data available from FCDS and the CDC, and about proper methods of accessing, analyzing, and interpreting these data to inform local cancer prevention and control programs.
- Work with FCDS to improve online data visualization tools for the Regional Cancer Collaboratives and the Florida public to explore of Florida's cancer data.
- Streamline data sharing agreements between the Agency for Health Care Administration (AHCA), the Florida DOH Bureau of Vital Statistics, and FCDS to enhance registry data quality and reduce the need for multiple data use agreements by data requestors.
- Survey local and state cancer stakeholder organizations such as the Regional Cancer Collaboratives to determine data needs and gaps in accessing and using cancer data from FCDS.

Examples of social determinants include:

- *Availability of resources to meet daily needs (e.g., safe housing and local food markets)*
- *Access to educational, economic, and job opportunities*
- *Access to health care services*
- *Quality of education and job training*
- *Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities*
- *Transportation options*
- *Public safety*
- *Social support*
- *Social norms and attitudes (e.g., discrimination, racism, and distrust of government)*
- *Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)*
- *Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)*
- *Residential segregation*
- *Language/Literacy*
- *Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)*
- *Culture*

Source: <https://www.healthypeople.gov/>

PREVENTION AND RISK REDUCTION

Goal 3: Reduce the incidence and mortality from tobacco-related cancers in all Floridians.

Tobacco use is a leading cause of cancer in Florida. People who use tobacco (smoke, chew, snuff) or are around smoked tobacco (also called secondhand smoke) have an increased risk of cancer. Tobacco use causes many types of cancer such as cancers of the lung, larynx (voice box), mouth, esophagus, throat, bladder, kidney, liver, stomach, pancreas, colon, rectum, cervix, and bone marrow (leukemias and myelodysplastic syndromes). There is no safe level of tobacco use or exposure. In Florida, tobacco is the most important modifiable risk factor for cancer and many other diseases such as heart disease, stroke, emphysema, and dental diseases. All Floridians are strongly urged to avoid or quit using tobacco of any kind. This Florida Cancer Plan goal and its objectives align with the Florida Tobacco Plan, in full support of the Florida Tobacco Education and Use Prevention Advisory Council (TAC) and its coalition of tobacco prevention and cessation stakeholders.

Tobacco Initiation

Objective 3.1: By 2025, decrease the percentage of Florida youths (ages 11-17) who have ever tried cigarettes, cigars, or smokeless tobacco from 14.3% (Baseline, 2019 FYTS) to 8% or less.

Objective 3.2: By 2025, decrease the percentage of Florida youths (ages 11-17) who have ever tried electronic cigarettes or vaping from 27.9% (Baseline, 2019 FYTS) to 10% or less.

Strategies:

- Promote the use of evidence-based strategies for preventing youth from initiating tobacco.
- Integrate tobacco prevention into school curricula at all grade levels.
- Raise the minimum legal sale age of tobacco products, including electronic cigarettes and nicotine delivery devices, to 21 years old.
- Require that electronic nicotine delivery devices, including e-cigarettes, be held to the same regulatory, advertising, promotion and sponsorship standards as all other tobacco and nicotine products.
- Include youth, youth groups, and teachers in tobacco prevention education and advocacy.
- Prohibit smoking on all school, college, and university campuses at all grade levels.



Tobacco Cessation

Objective 3.3: By 2025, decrease the percentage of Florida youths (ages 11-17) who currently use cigarettes, cigars, or smokeless tobacco from 3.8% (Baseline, 2019 FYTS) to 1% or less.

Objective 3.4: By 2025, decrease the percentage of Florida youths (ages 11-17) who currently use electronic cigarettes or vaping from 16.6% (Baseline, 2019 FYTS) to 10% or less.

Objective 3.5: By 2025, decrease the percentage of adult Floridians (18 years or older) who are current smokers from 14.5% (Baseline, 2018: Behavioral Risk Factor Surveillance System [BRFSS]) to 13% or less.

Objective 3.6: By 2025, increase the percentage of current and former adult smokers aged 18 years or older in Florida who reported a past-year quit attempt from 67.6% (Baseline, 2017 BRFSS) to 73% or greater.

Strategies:

- Floridians who currently smoke tobacco or use electronic cigarettes seek help today by utilizing any of Tobacco Free Florida's Quit Your Way services. Learn how by calling 1-877-U-CAN-NOW (1-877-822-6669) or by visiting <https://tobaccofreeflorida.com/how-to-quit-tobacco/smoking-cessation-programs/>
- Increase the excise tax for all tobacco products in Florida.

- Conduct mass media campaigns educating the public about the necessity and opportunities for tobacco cessation.
- Reduce barriers to initial and continued access to evidence-based tobacco cessation programs.
- Conduct community needs assessments on an ongoing basis to assess barriers and infrastructure needs for accessing evidence-based tobacco cessation services.
- Increase the number of employers that offer no-cost evidence-based tobacco cessation services to their employees.
- Educate health care providers about evidence-based clinical practice guidelines for tobacco cessation interventions and methods for assisting quit attempts by offering free CME and CEU courses.
- Promote tobacco cessation referrals and interventions for cancer patients who continue to use tobacco at any stage during and after cancer diagnosis.
- Promote implementation of electronic referral to cessation services within electronic health records to among health care facilities, cancer centers and health care associations
- Increase health insurance coverage (including Florida Medicaid) for tobacco cessation counseling and pharmacotherapy.
- Reduce out-of-pocket expenses for tobacco cessation therapies, including medical treatments, especially among vulnerable populations in Florida who are uninsured, underinsured, or covered by a Medicaid Managed Care plan.

Secondhand Smoke

Objective 3.7: By 2025, decrease the percentage of Florida youths (ages 11-17) who have been exposed to secondhand cigarette smoke or electronic cigarette aerosol from 52.6% (Baseline, 2019 FYTS) to 40% or less.

Objective 3.8: By 2025, enact law that prohibits tobacco smoking and electronic cigarette device usage on public beaches and public parks.

Strategies:

- Eliminate exemptions within the Florida Clean Indoor Air Act to ensure equitable protection from secondhand smoke for all populations.
- Conduct community education to reduce exposure of secondhand smoke and electronic cigarette aerosol in the home and car.
- Promote state and local policies, including voluntary policies, that restrict smoking and electronic cigarette vaping in public places.
- Encourage healthcare providers to ask their patients about secondhand smoke and electronic cigarette aerosol, and provide those patients with evidence-based strategies to reduce such exposure.

Funding

Objective 3.9: By 2025, increase direct funding for statewide comprehensive tobacco prevention and control services from \$3 per capita per year (Baseline, 2018) to \$7 per capita per year, which is the lower CDC-recommended level for Florida (Target, 2014 CDC Best Practices for Comprehensive Tobacco Control Programs Report, Section C, Florida).

Strategies:

- Educate Florida policy makers on the costs of tobacco use to the state's health, and the necessity for anti-tobacco messaging to the general public.
- Engage Florida cancer control stakeholders to cooperatively advocate for increased funding.

Goal 4: Eliminate cervical cancer as a public health problem in Florida by increasing vaccination against human papillomavirus (HPV) and increasing cervical cancer screening.

Each year in Florida, over 1,000 women are diagnosed with cervical cancer and over 300 women die from the disease. The age-adjusted incidence of cervical cancer in Florida is 9.6/100,000. HPV causes nearly all of cervical cancers. HPV infection is also causing an epidemic of throat cancers in Florida men and women. Approximately 90% of HPV-related cancers can be prevented by HPV vaccination. The Papanicolaou test (also known as the Pap Test) can detect pre-cancerous changes in the cervix, which empowers women and their doctors to use additional prevention measures that avoid developing cervical cancer. Doctors can also test the cervix for evidence of HPV infection using a standard HPV test. The combined use of HPV vaccination and the Pap Test and/or HPV test will be used eliminate cervical cancer as a public health problem in Florida, targeting an age-adjusted incidence of cervical cancer to <4/100,000.

Objective 4.1: By 2025, increase the percentage of youth (aged 13-17 year old, female and male) who are up to date (UTD) with the HPV vaccination series from 46.5% (Baseline, 2018 NIS-Teen) to 80%.

Strategies:

- Educate individuals aged 9 to 45 years old (males and females) and their guardians about the importance of vaccinating against HPV as effective cancer prevention.
- Educate the general public (youth, parents, adults) about HPV-related diseases including cervical and throat cancers, and the necessity for HPV vaccination to eliminate these diseases among males and females.
- Educate clinicians about practical and proven strategies to increase HPV vaccination rates in their practices.
- Broaden health insurance coverage (including Florida Medicaid) of HPV vaccinations to include females and males aged 9 to 45 years old.
- Support pediatric practices and other clinics in developing and implementing system changes that improve HPV vaccination, including electronic health record tools that help providers identify patients in need for vaccination.

Objective 4.2: By 2025, increase the percentage of women aged 21 to 65 years old in every community who have had a Pap cytology test and/or HPV test in the past 3 years from 79.4% (Baseline, 2018 BRFSS) to 93% or higher.

Objective 4.3: By 2025, identify or develop a surveillance method that measures the percentage of Florida women who receive appropriate follow up after an abnormal cervical cancer screening test result.

Strategies:

- Encourage women aged 21 to 65 years old to ask their doctors for cervical cancer screenings.
- Educate the public about the causes of cervical cancer, methods of preventing the disease, the necessity for cervical cancer screening to detect pre-cancerous and cancerous tissue, and which populations are recommended for routine screening.
- Update primary care providers about evidence-based guidelines and best practice methods of effective cervical cancer prevention, cervical cancer screening, and patient follow-up after abnormal test results.
- Reduce barriers to access cervical cancer screening including but not limited to screening location, transportation, hours of operation, childcare, language, cultural factors, and out-of-pocket expenses.
- Ensure employee health benefit plans and worksite wellness programs include coverage for cervical cancer screening and HPV vaccination according to national guidelines.
- Increase funding for Florida's Mary Brogan Breast and Cervical Cancer Early Detection Program.
- Ensure all health insurance companies operating in Florida (including Medicaid) cover follow-up tests for abnormal cervical cancer screening results.
- Support primary care practices and other clinics in developing and implementing system changes that improve cervical cancer screening, including electronic health record tools that help providers identify patients for cervical cancer screening and refer patients with abnormal test results for timely follow up testing and treatment.

Goal 5: Decrease the incidence of skin cancer in all Floridians by reducing exposure to natural and artificial sources of ultraviolet (UV) light.

Each year in the Sunshine State, over 6,000 Floridians are diagnosed with melanoma and over 600 die from the disease. Ultraviolet radiation from the sun and indoor tanning devices are the leading causes of melanoma and other skin cancers and diseases. Proven methods for reducing risk for skin cancers like melanoma include wearing sunscreen (on skin and lips), wearing protective clothing and hats, avoiding peak sun rays at midday, and avoiding indoor tanning beds. Our goal is Fun in the Sun that's also safe for everyone.

Objective 5.1: By 2025, decrease the percentage of youth (aged 11 to 17 years old) reporting sunburns from the sun or indoor tanning in the past twelve months from 57.2% (Baseline, 2017 YRBS) to 50% or less.

Objective 5.2: By 2025, decrease the percentage of youth (aged 11 to 17 years old) using an indoor tanning device, such as a sunlamp, sunbed, or tanning booth, one or more times in the last twelve months from 5.6% (Baseline, 2017 YRBS) to 1% or less.



Objective 5.3: By 2025, enact a ban on the use of artificial or indoor UV tanning devices by all minors under the age of 18.

Strategies:

- Encourage Floridians and visitors to the state to practice sun safety every day and protect and teach their children about sun safety.
- Provide sun shades, such as tree shades or shade sails, and sunscreen in outdoor areas to shelter Floridians and visitors from prolonged sunlight.
- Educate the public about sun safety. High priority audiences and settings include pools, beaches, schools, summer camps, and other outdoor recreational or occupational settings.
- Promote and expand the Sun's Up, Cover Up awareness project at every state park in Florida. The Sun's Up, Cover Up project is a collaboration between the Florida Department of Health and the Florida Department of Environment Protection.
- Educate the public and policymakers about the harms of artificial UV irradiation from indoor tanning devices and their propensity to cause skin cancers like melanoma.

Goal 6: Increase the use of genomic cancer risk assessments, including genetic counseling and appropriate genetic testing.

Cancer is a genetic disease. The instructions for the cells of the human body are written down in a code called DNA. A stretch of DNA called a 'gene' instruct how to make a specific protein. Humans have approximately 25,000 genes tightly packaged in nearly every cell of our body. Some people are born with misspelled genes (also called germline gene mutations) that instruct their body's cells to make over-active or under-active proteins. When those abnormal proteins control how a cell stays awake or how a cell divides into two, then that abnormal protein may cause cancerous growths. Misspelled genes can sometimes be passed on from parents to their children. However, most cancers affecting Floridians are not germline gene mutations passed down from their parents. Instead, most cancers begin in a small collection of cells exposed to carcinogens such as tobacco or radon or UV irradiation or aging. The carcinogen damages the DNA in genes of those cells, and then the cells grow out of control. Those kinds of mutations are called somatic gene mutations. Thanks to biomedical research in our universities and cancer centers, reading people's genes (germline or somatic) has become much easier and less costly. Strong evidence shows that using genetic information leads to better clinical outcomes for people and their families. This evidence has led to guideline recommendations for patients and families with cancers diagnosed at younger ages, multiple cancers, and certain cancers at any age such as ovarian cancer and advanced stage prostate cancer. It is currently unknown how many Floridians are taking advantage of evidence-based genetic counseling and testing. Our goal is for all Floridians to access and use this high quality, next-generation health care.



Objective 6.1: By 2025, assess Florida health insurance coverage for genetic counseling and genetic testing by comparing Florida health plan policies (including Florida Medicaid) to US Prevention Services Task Force (USPSTF) recommendations.

Objective 6.2: By 2025, identify or develop a surveillance method for measuring the percentage of Florida women with a family history of breast and/or ovarian cancer who receive genetic counseling and testing.

Objective 6.3: By 2025, pilot a method of bidirectional reporting between the state cancer registry and health care providers for identifying cancer cases that may benefit from genetic counseling and germline genetic testing. Cases at high risk for germline genetic mutations may include, but are not limited to, patients with one or more of the following: breast cancer diagnosed before the age of 50 years, ovarian cancer diagnosed at any age, male breast cancer, pancreatic cancer diagnosed at any age, individuals diagnosed with multiple primary cancers, or men with high-risk, very high-risk, regional or metastatic prostate cancer (as defined by National Comprehensive Cancer Network [NCCN] guidelines).

Objective 6.4: By 2025, increase the number of accredited genetic counseling training programs in Florida from one to three.

Strategies:

- Form a workgroup that advises Florida's statewide cancer data and surveillance program on developing a method of bidirectional reporting cancer cases that may benefit from genetic counseling and germline genetic testing.

- Educate the public on the indications for genetic testing to assess cancer risk and how to seek qualified and certified assistance in interpreting those results. Material could also include how to interpret results from direct-to-consumer genetic testing.
- Train primary care providers on how to interpret direct-to-patient/consumer genetic testing and when to refer patients for genetic counseling through free CME and CEU programs.
- Conduct and respond to knowledge gap assessments of health care providers on their understanding of cancers driven by hereditary or germline genetic mutations, indications from referring such cases for genetic counseling and testing, and evidence-based recommendations from monitoring such cases for cancer development.
- Educate Florida policymakers about the need for genetic testing in cancer (germline and somatic genetic testing), the need for qualified and certified genetic counselors in assisting in the interpretations of the results, and the need for health insurance coverage of genetic counseling and testing according to evidence-based guidelines.
- Explore instituting Florida state licensure for certified genetic counselors in consultation with Florida cancer control stakeholders and the Florida Association of Genetic Counselors.
- Support Florida's institutions of higher education to meet the standards for achieving and sustaining accredited genetic

Goal 7: Decrease heavy alcohol use and binge drinking by Florida youth and adults.

Drinking alcohol increases the risk of developing certain cancers, such as cancers of the mouth, throat, larynx (voice box), esophagus, colon, rectum, liver, and breast. The less alcohol you drink, the lower the risk of cancer

Objective 7.1: By 2025, decrease the percentage of Florida youth (aged 13-17 years) reporting current use of alcohol on at least one day within the past 30 days from 27% (Baseline, 2017 YRBS) to 20% or less.

Objective 7.2: By 2025, decrease the percentage of Florida youth (aged 13-17 years) reporting binge drinking within the past 30 days from 12.7% (Baseline, 2017 YRBS) to 10% or less.

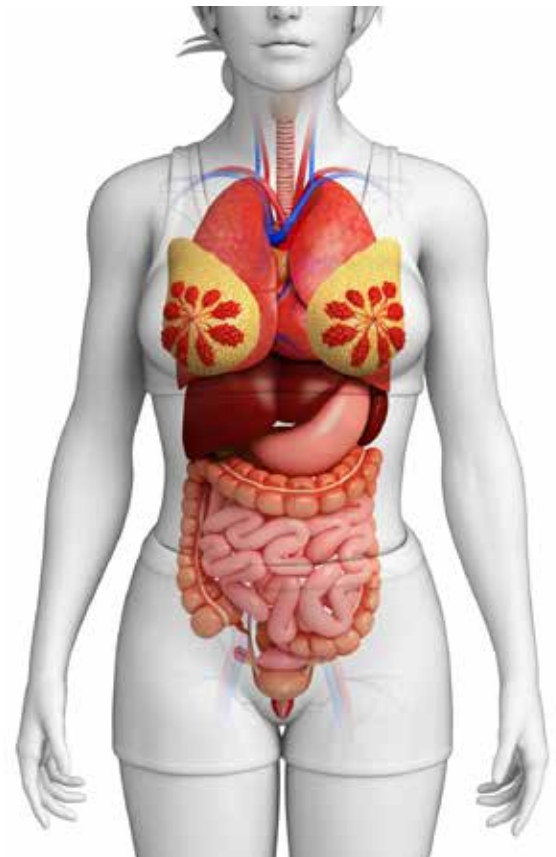
Objective 7.3: By 2025, decrease the percentage of Florida adults (aged 18 years or older) who report heavy or binge drinking within the past 30 days from 23.4% (Baseline, 2018 BRFSS) to 20% or less. Heavy drinking is defined by the CDC as men having more than 14 drinks per week and women having more than 7 drinks per week. Binge drinking is defined by the CDC as men having five or more drinks on one occasion or women having four or more drinks on one occasion.

Strategies:

- Educate the public, including Florida youth and young adults, on cancer risk related to alcohol usage.
- Support the enforcement of laws prohibiting alcohol sales to minors and other public policies that discourage underage drinking.
- Collaborate with Florida institutes of higher education to support campus safety programs that reduce binge drinking.
- Promote alcohol behavioral counseling referrals and interventions for cancer patients who continue to use alcohol at any stage during and after cancer diagnosis.
- Among persons meeting the diagnostic criteria for alcohol dependence, promote the use of alcohol misuse screening and brief behavioral counseling interventions via traditional (face to face) or electronic means, and referrals to specialty treatment.

Goal 8: Reduced risk of cancer in all Floridians through maintenance of healthy body weights, physical activity, and healthful diets.

Being overweight or obese and lack of physical inactivity are risk factors for developing cancers of the colon, rectum, breast, uterus, pancreas, kidney, in addition to other diseases such as cardiovascular disease. Although, these risk factors are modifiable by healthful diets and exercise, there has been a steady increase in the percentage of Floridians who are obese or physically inactive. Reversing this trend in Florida is necessary for preventing cancer and other lethal diseases.





Objective 8.1: By 2025, decrease the percentage of Florida adults (aged 18 years or older) who are obese (BMI \geq 30) from 30.7% (Baseline, 2018 BRFSS) to 25% or lower.

Objective 8.2: By 2025, decrease the percentage of Florida youth (aged 13-17) who are obese (BMI \geq 95th percentile based on sex- and age-specific reference data from the CDC growth charts) from 10.9% (Baseline, 2017: YRBS) to 9% or lower.

Objective 8.3: By 2025, increase the percentage of Florida adults (aged 18 years or older) who participate in 150 minutes or more of aerobic physical activity per week from 49.5% (Baseline, 2017 BRFSS) to 52% or higher.

Objective 8.4: By 2025, increase the percentage of Florida youth (aged 13-17) who were physically active at least 60 minutes per day on 5 or more days from 39.3% (Baseline, 2017 BRFSS) to 44% or higher.

Strategies:

- Educate Floridians on how to calculate their body mass index (BMI) to determine their weight status category (i.e., obese, overweight, healthy, or underweight) by using calculators such as the CDC BMI calculators located via <https://ccrab.org/bmi>.
- Promote policies and initiatives that increase opportunities for physical activity such as:
 - Working with local school districts to ensure schools comply with state physical activity requirements.
 - Promoting and supporting joint use agreements to open public areas and facilities for safe physical activity.
- Promote policies and initiatives that increase access to affordable, nutritious foods, such as:
 - Adopting healthy food procurement and vending guidelines in public schools, state agencies, local governments, and community-based agencies and their vendors.
 - Increasing retail availability of affordable healthy foods that meet community needs.
- Promote health plan coverage of medical nutrition therapy and lifestyle change programs (e.g., diabetes prevention programs) that help individuals eat healthier and participate in more physical activity.
- Support primary care practices and other clinics in developing and implementing system changes that improve healthy weight, healthy diet, and healthy activity screening, electronic health record tools that help providers identify and refer patients who need help with nutrition and physical activity.

To calculate your body mass index (BMI) visit:

https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html

<https://www.cdc.gov/healthyweight/bmi/calculator.html>



Goal 9: Reduce radon gas exposure in all Florida households, workplaces, and other buildings.

You can't see it, smell it, or taste it. Radon, a Class A carcinogen, is the second leading cause of lung cancer. Radon comes from the radioactive breakdown of naturally occurring radium found in most Florida soils. As a gas in the soil, it enters buildings through small openings in the foundation. Since the building can hold the radon similarly to smoke trapped under a glass, indoor radon concentrations can increase to many times that of outdoor levels. The U.S. Environmental Protection Agency (EPA) has established 4 picocuries per liter (pCi/L) as an action level for which one should initiate measures to mitigate the amount of radon in buildings. In Florida, one in five homes tested had elevated radon levels above the action level of 4 pCi/L. Elevated radon levels have been found in all types of Florida buildings, including manufactured homes, schools, and high-rise condominiums. Radon is an important and modifiable risk factor for cancer in Florida.

Objective 9.1: By 2025, increase the annual number of homes measured for radon from 16,940 to 25,420 homes (increase by 7% annually).*

Objective 9.2: By 2025, increase the annual number of homes mitigated for radon from 1,950 to 2,600 homes (increase by 5% annually). *

Objective 9.3: By 2025, increase the number of local jurisdictions that have adopted radon resistant construction standards from 8 to 13 jurisdictions (increase by 10% annually).

Objective 9.4: By 2025, increase the number of Florida real estate transactions that include radon testing from 8,080 to 10,220 in five years (increase by 4% annually).*

Strategies:

- Educate the Florida public, real estate professionals, builders, and healthcare providers about radon as a modifiable risk factor for cancer, certified methods for measuring radon in homes and buildings, how to access locational radon sampling results in their communities, and certified methods of mitigating high radon levels.
- Incentive compliance for facility types, such as schools and assisted living facilities, in locations that require radon testing.
- Enact local construction ordinances that include radon-resistant language.
- Support the development and implementation of system changes that increasing the number of buildings tested for radon level and facilitating radon mitigation when radon levels exceed the EPA action level.

SCREENING AND EARLY DETECTION

Goal 10: Reduce lung cancer mortality through early detection of lung cancer in Floridians.

Lung cancer is the most frequently diagnosed cancer in Florida and is also the number one most lethal cancer in Florida. One of the greater challenges in diagnosing lung cancer is that patients often present with advanced stage disease that cannot be cured. In 2011, we learned from the National Lung Screening Trial that current and former heavy tobacco smokers had a 15-20% lower risk of dying from lung cancer with annual low-dose computed tomography (LDCT) scans compared to annual chest X-ray exams. Moreover, these LDCT-visible lung cancers were diagnosed at earlier and more limited stages when curative interventions are possible. Consequently, the USPSTF in 2013 recommended annual screening for lung cancer with 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. Given the problem of advanced stage lung cancer in Florida, our goal is to use annual lung cancer screening in Floridians at higher risk for lung cancer to catch the tumors when they are small and haven't spread, thus creating opportunities for curative interventions.

Objective 10.1: By 2025, within the population of Floridians newly diagnosed with lung cancer, increase the percentage of those with limited stage disease (Stage 1 and 2) from 34.5% (Baseline, 2016 FCDS) to 40% or higher.

Objective 10.2: By 2025, identify or develop a surveillance method that measures the percentage Florida adults aged 55 to 80 years old who are at higher risk for lung cancer and who have undergone annual lung cancer screenings.

Strategies:

- Educate Floridians who smoke tobacco or have smoked in the past should ask their doctors about their personal need for yearly lung cancer screenings.
- Educate the public about who is at risk for developing lung cancer, who should undergo lung cancer screening, the early signs and symptoms of lung cancer, and where to seek screening.
- Incorporate lung cancer screening recommendations in tobacco control messaging to the Florida public.
- Educate primary care providers about guideline-directed lung cancer screening.
- Support primary care practices and other clinics in developing and implementing system changes that improve lung cancer screening, including electronic health record tools that help providers identify and refer Floridians patients who need lung cancer screening or evaluation. Tools are also needed to aid providers in the follow up of patients with abnormal screening test results.
- Improve access to LDCT screening facilities in all Florida communities.
- Reduce out-of-pocket costs for Floridians undergoing guideline-directed lung cancer screening.
- Work with Florida epidemiologists to identify or develop a surveillance method for measuring and tracking the percentage of Florida adults who are at higher risk for lung cancer and who have undergone annual lung cancer screen. This strategy may include recommendation to the State of Florida and CDC to add questions to their behavioral risk factor surveillance surveys.

Goal 11: Reduce breast cancer mortality through early detection of breast cancer in Floridians.

In Florida, breast cancer is the cancer with highest age-adjusted incidence and the most frequently diagnosed cancer in Florida women. Mammograms and clinical breast examinations by doctors are two evidence-based methods that can detect breast cancer in earlier stages when curative interventions are possible. The percentage of Florida women over the age of 50 who undergo breast cancer screening has steadily increased. However, women in certain Florida communities and women who are uninsured or underinsured women face challenges in accessing breast cancer screening.

Objective 11.1: By 2025, among Floridians newly diagnosed with breast cancer, increase the percentage of those with limited stage disease (Stage 1 and 2) from 67.4% (Baseline, 2016 FCDS) to 75% or higher.

Objective 11.2: By 2025, increase the percentage of Florida women aged 50 to 74 years old in every Florida community who undergo mammogram

Strategies:

- Educate Florida women aged 25 to 40 years old to ask their doctors about yearly clinical breast examinations by their doctors.
- Educate Florida women aged 40 to 49 years old to ask their doctors about when to begin regular mammograms and clinical breast examinations.

- Educate Florida women with a first-degree family member (parent, sibling, child) diagnosed with a breast cancer or with a known genetic predisposition for breast cancer (for example, women with BRCA1 or BRCA2 gene mutations) to ask their doctors about special breast cancer screening.
- Educate Florida women aged 50 to 74 years to undergo biennial (every 2 years) mammograms and clinical breast examinations by their doctors.
- Educate the Florida public about the importance of regular mammogram screening and clinical breast examinations; who, when, and how often women should undergo breast cancer screening; signs and symptoms of breast cancer; and what happens when screening exam results are abnormal.
- Update Florida's primary care providers about breast cancer screening for average risk and above-average risk women.
- Increase funding for Florida's Mary Brogan Breast and Cervical Cancer Early Detection Program.
- Reduce out-of-pocket costs for breast cancer screening examinations.
- Collaborate with mobile mammography programs to expand access to early breast cancer detection and breast health education.
- Create and maintain a database of all mammography services offered in Florida.
- Develop policies that support women wellness visits.
- Support primary care practices and other clinics in developing and implementing system changes that improve breast cancer screening, including electronic health record tools that help providers identify and refer Floridians who need breast cancer screening or breast cancer diagnostic work-up. Tools are also needed to aid providers in the follow-up of patients with abnormal screening test results.

Goal 12: Reduce colorectal cancer mortality through early detection of colorectal cancer in Floridians.

Each year, over 10,000 Floridians are diagnosed with colorectal cancer and nearly 4,000 Floridians die of the disease. Screening using home stool tests can detect colorectal cancer early. Screening with colonoscopies can also detect colorectal cancers early and has the added advantage of removing pre-cancerous polyps before they have a chance to develop into cancerous growths. Despite the strong evidence of using screenings for colorectal cancer, they can be embarrassing and challenging to complete. Some Floridians are further challenged by not having a way to access these screenings because of issues with transportation to a screening facility, lack of health insurance coverage, and/or lack of awareness of personal need for screening. Certain communities within Florida are particularly affected by these issues. To achieve our goal of reducing colorectal cancer in all Florida communities, we must overcome these challenges and expand the use of colorectal cancer screening using all available evidence-based options.

Objective 12.1: By 2025, among Floridians newly diagnosed with colorectal cancer, increase the percentage of those with limited stage disease (Stage 1 and 2) from 42.5% (Baseline, 2016 FCDS) to 50% or higher.

Objective 12.2: By 2025, increase the percentage of Floridians aged 50 to 75 years old who have fully met the US Preventive Services Task Force (USPSTF) recommendation for colorectal cancer screening from 70.4% (Baseline, 2018 BRFSS) to 80% or higher.

Objective 12.3: By 2025, draft legislation that builds upon the Florida Colorectal Cancer Control Program that supports both systems change to increase clinic screening rates and colorectal screening costs of uninsured and underinsured Floridians similar to the Mary Brogan Florida Breast and Cervical Cancer Early Detection Program.

Strategies:

- Educate Floridians aged 40 to 49 years old to ask their doctors about when to begin colorectal cancer screening and which screening methods to use.
- Educate Floridians aged 50 to 75 years old to undergo colorectal screening.
- Educate Floridians younger than age 50 with high risk for colorectal cancer (e.g., strong family history, germline genetic mutations, first-degree family member with colorectal cancer diagnosed at an early age) to ask their doctors for special instructions on their colorectal cancer screening plan.
- Educate the Florida public about the importance of asymptomatic colorectal cancer screening for adults 50-75 years.
- Update primary care providers about colorectal cancer screening guidelines, methods, high risk populations, and special instructions for screening high risk populations.
- Provide recurring funding for the Florida Colorectal Cancer Control Program.
- Increase funding for the Florida Colorectal Cancer Control Program.
- Eliminate out-of-pocket costs (e.g., deductible, co-pay, coinsurance) when a polyp is removed during a screening colonoscopy or flexible sigmoidoscopy.
- Eliminate out-of-pocket costs (e.g., deductible, co-pay, coinsurance) for colonoscopies performed after an abnormal result from stool screening tests.

- Support primary care practices and other clinics in developing and implementing system changes that improve colorectal cancer screening, including electronic health record tools that help providers identify and refer Floridians who need colorectal cancer screening or colorectal cancer diagnostic work-up. Tools are also needed to aid providers in the follow up of patients with abnormal screening test results.

Goal 13: Reduce prostate cancer mortality in Florida men at high risk for aggressive prostate cancer through screening and early detection.*

Each year, over 12,000 Florida men are diagnosed with prostate cancer and over 2,000 will die of disease. The Florida Prostate Cancer Advisory Council (PCAC) studied new screening data and recently changed screening guidelines, and it recommends patient-doctor discussions beginning at age 40 years old for Floridians with average risk of prostate cancer about the advantages and disadvantages of prostate cancer screening; and to begin screening



at age 50 years old for Floridians who give informed consent. For Florida men with above-average risk of prostate cancer, PCAC recommends prostate cancer screening starting at age 40 years old. Populations at above-average risk include Florida men of African American race, families with strong history for prostate cancer, known germline gene mutations (e.g., BRCA1, BRCA2), and known exposure to Agent Orange. Moreover, African American men when diagnosed with prostate cancer are more likely to have more aggressive disease. This goal and its objectives are aligned with PCAC recommendations.

Objective 13.1: By 2025, increase the percentage of Florida men aged 40 to 85 years old who have ever discussed the advantages and disadvantages of the PSA blood test with a healthcare provider from 17.2% (Baseline, 2018 BRFSS, PCPSADI1 and PCPSAAD3) to 25% or higher.

Objective 13.2: By 2025, identify or develop a surveillance method that measures the percentage of Florida men who are at above-average risk for prostate cancer and who have undergone prostate cancer screenings.

Strategies:

- Educate Florida men age 40 years old and older to talk to their doctors about the advantages and disadvantages of prostate cancer screening.
- Educate Florida men with above-average risk of prostate cancer to talk to their doctors about screening.
- Communicate to the public the Florida PCAC recommendations on prostate cancer screening.
- Update Florida primary care providers about prostate cancer screening guidelines and the recommendations from Florida PCAC about prostate cancer screening in the general Florida population and above-average risk men.
- Use a variety of culturally competent media to communicate prostate cancer screening information to diverse populations in a variety of settings, such as African American men.
- Reduce the out-of-pocket cost of diagnostic prostate cancer screening.
- Work with Florida cancer epidemiologists to identify or develop a surveillance method for measuring and tracking participation of above-average risk Florida men in prostate cancer screening. This strategy may include recommendation to the State of Florida and CDC to add questions to their behavioral health surveys.
- Support primary care practices and other clinics in developing and implementing system changes that improve prostate cancer screening, including electronic health record tools that help providers identify and refer Floridians who need to discuss prostate cancer screening or prostate cancer diagnostic work-up. Tools are also needed to aid providers in the follow up of patients with abnormal screening test results.

Goal 14: Eliminate hepatitis C virus (HCV) as a public health problem in Florida by increasing screening and linkage to care.

Approximately 151,000 Floridians are living with hepatitis C virus (HCV). Each year, over 1,000 Floridians die of HCV-related complications including liver cancer. One-quarter of Floridians living with HCV were born between 1945 and 1965. Certain Florida populations are at higher risk to have HCV, including African Americans and anyone with a history of injection drug use. HCV is a contagious infection spread when the blood of an infected person enters the body of someone who is not infected. Although there are no vaccines yet to prevent HCV infection, there are screening tests and treatments to detect and get rid of the infection. The longer someone lives with active HCV infection, the more damage is done to organs like the liver. Chronic liver irritation is a risk factor for developing liver cancer and other diseases such as scarring of the liver (also called cirrhosis). To eliminate the public health problem of HCV in Florida, this goal aims to better identify Floridians living with HCV, prevent the spread of HCV, and link Floridians living with HCV to treatment.



Objective 14.1: By 2025, identify or develop a surveillance method that measures the percentage of Floridians aged 18 to 79 years old who were offered and received HCV testing.*

Objective 14.2: By 2025, enact law to increase HCV screening in all Florida communities to ensure timely HCV diagnosis and linkage to care.

Strategies:

- Collaborate with Florida Department of Corrections to increase HCV screening of Florida's incarcerated individuals and definitely treat those testing positive for HCV.
- Educate Floridians to undergo HCV screening if they have ever injected drugs (even once many years ago), received a blood transfusion before 1992, were told they had hepatitis B virus (HBV), were told they had human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS), or were ever on long-term hemodialysis.
- Educate Floridians born between 1945 and 1965 to undergo one-time HCV screening.
- Educate the public about the importance of one-time HCV screening (for Florida adults born between 1945 and 1965) and encourage them to discuss HCV screening with their health care providers.
- Update health care providers about the need for HCV screening, populations to be tested, laboratory tests to order, follow-up of abnormal screening test results, and linkage to definitive HCV treatment.
- Ensure health insurance coverage (including Florida Medicaid) for HCV screening and treatment.
- Support primary care practices and other clinics in developing and implementing system changes that improve HCV screening, including electronic health record tools that help providers identify and refer Floridians who need HCV screening or viral hepatitis diagnostic work-up. Tools are also needed to aid providers in the follow up of patients with abnormal screening test results and linkage to care.
- Work with Florida epidemiologists to identify or develop a surveillance method for measuring and tracking HCV screening in Florida. This strategy may include recommendation to the State of Florida and CDC to add questions to their behavioral health surveys.
- Empower Floridians living with HCV infection to:
 - Discuss treatment options with their health care provider
 - Avoid sharing needles for injecting drugs, tattooing, piercing or any other reason
 - Avoid sharing razors, toothbrushes or nail clippers
 - Avoid alcohol
 - Get vaccinated against hepatitis A virus and hepatitis B virus
 - Join a support group
 - Get regular health check-ups
 - Use a latex condom when having sex

DIAGNOSIS AND TREATMENT

Goal 15: Achieve excellent clinical outcomes for all Floridians through access to high-quality, evidence-based cancer treatment.

Objective 15.1: By 2025, increase the percentage of Floridians aged 18-64 years old with any kind of health care insurance coverage from 79.1% (Baseline, 2018 BRFSS) to 85% or higher.

Strategies:

- Educate the Florida public about how and where to access health insurance coverage if uninsured or underinsured.
- Close the coverage gap of uninsured Floridians who are ineligible for Florida's Medicaid coverage and ineligible for Marketplace coverage (Affordable Care Act).
- Ensure that health insurance companies in Florida (including Medicaid) cover costs of cancer diagnosis, cancer treatment, cancer follow-up, routine care even when cancer patients join clinical trials, and treatment follow-up in accordance with evidence-based treatment guidelines.

Objective 15.2: By 2025, increase the number of cancer patient care facilities in Florida participating in quality improvement programs, such as the American College of Surgeons' Commission on Cancer® (CoC) accreditation program and/or the American Society of Clinical Oncology's (ASCO) Quality Oncology Practice Initiative (QOPI®) certification program, from 72 (2019: 61 CoC + 11 QOPI) to 80 or higher.

Strategies:

- Increase free or low-cost transportation and housing options for Floridians in need of cancer-related clinical services.
- Increase the availability and utilization of culturally sensitive, linguistically diverse, and low-literacy information resources about cancer diagnosis and treatment.
- Assist cancer centers, oncology clinics, and hospitals throughout Florida in their application for evidence-based quality improvement program accreditation or certification by providing administrative support, data collection support, data analysis support, peer-review, and/or grant funding.
- Incentivize cancer centers, oncology clinics, and hospitals throughout Florida to participate in evidence-based quality improvement programs through public recognition and eligibility for grant funding for those clinical entities that achieve or maintain accreditation or certification.
- Support the development and implementation of system changes that improve quality of care for Florida cancer patients at the local or state level, including data tools that help identify quality deficits and electronic health record tools that assist providers in delivering timely and accurate oncology patient care. Projects may include collaboration with FCDS.

Objective 15.3: By 2025, increase the number of high-quality, oncology-certified Registered Nurses and Advanced Practice Registered Nurses (OCN®, AOCNP®, CBCN®, CPHON®, BMTCN®), and nurse and patient navigators (ONN-CGSM, OPN-CGSM, ONN-CG(T)SM) in Florida from 2137 to 2200 or higher.

Strategies:

- Increase the recruitment and retainment of nursing faculty with oncology specialization in baccalaureate and graduate nursing degree programs in Florida.
- Every pre-licensure nursing education program in Florida should include comprehensive content about cancer and high-quality cancer patient care in their curricula and minimum competency criteria.
- Educate Florida healthcare employers about the Oncology Nursing Certification Corporation's resources to assist and encourage Florida nurses to obtain oncology certifications.
- Cancer centers, oncology clinics, and hospitals in Florida offer free continuing education units (CEUs) that educate their nurses on latest cancer technologies and emerging cancer therapies.
- Primary care clinics and other non-oncology clinics in Florida appropriately designate and train nursing professionals when cancer patient care is being provided.
- Academic cancer centers and professional nursing organizations in Florida collaborate to train prelicensure and graduate nursing students in oncology through such initiatives as internships, mentorships, or advanced practice programs.
- To ensure that nurse navigators and patient navigators have the knowledge to competently demonstrate effective navigation services across the cancer care continuum.
- Increase the number of oncology-certified navigators in Florida through incentives, such as developing resources that assist and encourage certification, rewarding clinics and cancer centers based on the ratio of certified navigators to cancer-patients, providing free continuing education courses for maintaining certification, and hosting forums for certified navigators to share resources, share methods of patient advocacy, and learn latest cancer technologies and emerging therapies.

Objective 15.4: By 2025, determine Florida's supply of and demand for physicians in cancer-related specialties.

Strategies:

- Form a workgroup to assess Florida's current labor landscape of oncology physicians, define and project Florida's future needs for oncology physicians, and identify underrepresented physician demographics and locations with respect to Florida's population and oncology physician shortage areas.
- Support oncologist outreach to rural and underserved areas in Florida through the use of telehealth and other technologies.
- Support the development and implementation of innovative educational technology aimed at improving and maintaining high-quality training of oncology physicians practicing in Florida, such as simulation training and other interactive online methods.

QUALITY OF LIFE, SURVIVORSHIP AND END OF LIFE CARE

Goal 16: *Achieve excellent quality of life for all Floridians with cancer and their caregivers from Day 1 of diagnosis, during treatment, and after treatment.*

Palliative care is a way of caring for people with life-threatening illnesses, which focuses on quality of life. It is provided by a team of doctors, nurses, dietitians, pharmacists, social workers, and other specialists who provide an extra layer of expertise in helping oncologists manage patient symptoms from cancer, such as pain, tiredness, loss of appetite, nausea, vomiting, shortness of breath, sleep difficulties, anxiety, depression, hot flashes, swollen arms or legs due to lymphedema, dry mouth, and others. The primary missions for palliative care are to maximize quality of life, provide psychosocial support for patients and caregivers, successful symptom management, and reduce costs. Palliative care is provided throughout the cancer care continuum in the hospital, in the clinic, in the community and in the home from Day 1 of diagnosis, during treatment, after treatment, and at end of life. Strong evidence shows that not only does the involvement of palliative care improve quality of life of patients, it also reduces medical costs.

Hospice care is palliative care more specifically for end of life patients and their families. Often, patients such as those with cancers that regrow quickly despite all available treatments choose hospice care to focus on quality of life therapies. Hospice care is also provided by a team of doctors, nurses, pharmacists, social workers, and other specialists who provide medical services, emotional support, spiritual resources, and other forms of practical support for cancer patients and their families. Hospice care can be delivered in the hospital, in a specialized hospice facility, and in the home.

In Florida, there are a number of barriers to providing palliative care services to all Floridians with cancer and their families. There is a need for sufficiently trained professionals including physicians, nurses, social workers, and child life specialists certified to provide evidence-based palliative care services. There is a need for formal multi-disciplinary team formation within cancer centers, hospitals, and clinics serving Floridians with cancer then their families. Many Florida hospitals and clinics depend on philanthropic support for palliative care services, but charity isn't a sustainable mechanism for funding comprehensive palliative care services to all Floridians. Historically, palliative care has been misunderstood as just pain control or giving up to cancer. A more accurate understanding of palliative care and end of life care is needed by the Florida public and health care providers. In the midst of the opioid crisis, it is also necessary to recognize the needs of Florida cancer patients suffering from cancer pain. The Florida Cancer Plans' goal, objectives, and strategies pertaining to palliative and end of life care align with the 2016 report from the Florida Palliative Care Ad Hoc Committee.



Palliative care has been defined as an organized service that sees patients, identifies needs, makes treatment recommendations, facilitates patient and/or family decision making, and/or directly provides palliative care to patients with a serious illness and/or their families.

-2016 Florida Palliative Care
Ad Hoc Committee Report

Hospice care has been defined as palliative care services provided by a multi-disciplinary team to patients at end of life and their families.

Objective 16.1: By 2025, standardize the definition of palliative care services in Florida state statute.

Objective 16.2: By 2025, develop minimum standards that Florida health care agencies have to meet in order for the agencies to report that they provide palliative care services.

Objective 16.3: By 2025, increase the number of Accreditation Council for Graduate Medical Education (ACGME) accredited Hospice and Palliative Medicine fellowship programs in Florida from 12 to 15 or higher.

Strategies:

- Educate the Florida public about the definitions of palliative care and hospice care.
- Update Florida health care providers about need for palliative care services beginning from Day 1 of cancer diagnosis, services offered by palliative care teams, and emerging palliative care therapies through the use of free, accredited CME and CEU programs.
- Work with Florida organizations and national organizations to establish minimum state standards for palliative care that are consistent with national standards.
- Educate Florida health care providers, cancer patients, caregivers, and the public about evidence-based management of cancer pain, including appropriate use of opioid analgesics, alternatives to opioids, and how to screen, identify, counsel and treat opioid use disorder.
- Support studies that rigorously examine potential therapeutic effects and negative effects of Cannabis, cannabinoids, and other complementary and alternative therapies for the palliation of cancer-related side effects.
- Provide incentives for palliative care fellows training in Florida to remain in Florida after graduation.
- Encourage cancer centers to create training programs for students of pharmacy, nursing, and social work to learn evidence-based and best practice palliative care for cancer patients and their families.
- Provide incentives for the use of multidisciplinary palliative care teams in every cancer case by increasing member capitation payments for those with palliative care team involvement.
- Establish a Florida website that serves as a clearinghouse for information on accessing palliative care and hospice care services.
- Encourage advance care planning by the Florida public and their health care providers through the creation of Living Wills, Health Care Advanced Directives, and Durable Powers of Attorney for Health Care (also known as Health Care Proxy) in accordance with Florida law.
- Support Program Directors of Hospice and Palliative Medicine fellowship training programs by providing sufficient protected time and financial support for their educational and administrative responsibilities.
- Support research in palliative care for cancer patients and their families, such as comparative effectiveness research between traditional allopathic means to manage cancer symptoms versus non-traditional means such as acupuncture, meditation, and supplements.

Goal 17: Achieve high-quality survival of all Floridians with history of cancer.

Currently, nearly 2 million Floridians have a history of cancer. The number of cancer survivors in Florida is expected to grow even larger because of population growth and aging. Cancer survivors are at higher risk for serious medical problems resulting from their cancer and its treatment. Primary care providers may be unfamiliar with the latest evidence-based guidelines for cancer survivor care. Follow-up with the same primary care provider or oncologist can be challenging due to changes in provider availability, provider retirement, and health insurance coverage. Survivors are often unable to provide the details of their cancer treatment.

Objective 17.1: By 2025, identify or develop a surveillance method that measures the percentage of Floridians with history of cancer who have ever received a written cancer treatment summary and survivorship care plan.

Strategies:

- Promote to Florida cancer survivors and Florida health care providers the interactive series “Talk to Someone” for cancer survivorship advice at <https://www.cdc.gov/cancer/survivors/life-after-cancer/talk-to-someone-simulation.htm> offered by the CDC.
- Encourage Florida oncologists, primary care providers, oncology-certified nurses, cancer patient navigators, and cancer patients to work together to create a standardized tool for creating a cancer survivorship plan to be used statewide and provided to each cancer patient in Florida after they complete treatment of their cancer. The Passport for Care® system for pediatric cancer patients may serve as a model.

- Promote to Florida health care providers the free CME module, “Mental Health Care of Cancer Survivors” at <https://simulations.kognito.com/pemhccs/> offered by the National Association of Chronic Disease Directors (NACDD) and the CDC.
- Work with Florida cancer epidemiologists to identify or develop a surveillance method that measures the percentage of Floridians with history of cancer who have ever received a written cancer treatment summary and survivorship care plan. This strategy may include recommendation to the State of Florida and CDC to add questions to their behavioral health surveys.
- Update primary care providers about cancer survivor care plans and evidence-based guidelines for cancer survivor care by offering free, accredited CME courses.
- Support the use of cancer survivorship coordinators and cancer survivorship clinics to personally educate Florida cancer patients about their survivorship care plan, to coordinate with primary care providers and specialists, and to ensure appropriate surveillance and prevention measures are being used.
- Extend the capacity of Florida health care providers to deliver cancer survivorship care via Internet-based interventions and telehealth, to support surveillance, patient self-management, and communication.
- Support the development and implementation of effective innovations from cancer survivorship research to community care settings.
- Maintain the legal protections provided to cancer survivors by the Americans with Disabilities Act, the Family and Medical Leave Act, the Genetic Information Non-Discrimination Act, the Individuals with Disabilities Education Act, and Florida law.
- Promote policies that support caregivers, including tax credits, Social Security credits, workplace accommodations, and payment for caregiving services.
- Raise awareness of financial toxicity of cancer treatment and how it might affect patient choice of treatment or adherence to treatment.

CHILDHOOD CANCERS

Goal 18: Provide high quality pediatric oncology care to every child with cancer in Florida.

In Florida, about half of our children depend on Florida KidCare, which is an umbrella brand for four government-sponsored health insurance programs: Florida’s Medicaid program for children (birth through 18 years), MediKids (ages 1 year through 4 years old), Florida Healthy Kids (ages 5 years through 18 years old), and Children’s Medical Services Managed Care Plan (birth through 18 years old with special healthcare needs). These programs are supported by State of Florida dollars and matching funds from federal Children’s Health Insurance Program (CHIP). Despite this coverage, over 300,000 children in Florida are without health insurance coverage and the number is growing larger. Rates of uninsurance are highest for Florida children living just above the poverty line in working families who earn low or moderate wages. These families may not be aware of Florida KidCare. They may have also already applied but were denied health insurance coverage for their children because of missing information on their applications, small mistakes, and/or inadequate time to provide more information or fix errors. Having health insurance coverage is a necessary first step to diagnosing cancer in children and essential for curative treatments and follow-up.



Objective 18.1: By 2025, decrease the percentage of Florida children without health insurance from 7.6% (Baseline, 2018 US Census Bureau’s American Community Survey) to 5.2% (national average) or lower.

Strategies:

- Educate the Florida public about how to access Florida KidCare. <https://www.floridakidcare.org>
- Help parents of children without health insurance to apply for Florida KidCare.

- Regularly appraise and further streamline the new and renewal applications for Florida's Medicaid program, MediKids, Healthy Kids, and the Children's Medical Services Managed Care Plan to ensure simplicity and resistance to errors by including past and prospective applicants in the review processes.
- Support Florida's Department of Children and Families (DCF) by increasing staff support for processing and facilitating new and renewal applications for Florida's Medicaid program, MediKids, Healthy Kids, and the Children's Medical Services Managed Care Plan.
- Increase support for Florida's Medicaid transportation assistant program.
- Increase transportation options for Florida children and their families living in rural and underserved areas.

Goal 19: Ensure that Floridians surviving childhood cancer will live long and prosperous lives.

Over 80% of children are cured of cancer in Florida thanks to more effective therapies. However, health problems can develop in survivors of childhood cancers many years after treatment has ended. For this reason, survivors need lifelong regular visits to their primary care doctors for personalized care and screening tests. Challenges in accessing survivorship care include having a written treatment summary and survivorship plan, transitioning from pediatric to adult primary care, and providers with up-to-date knowledge on evidence-based guidelines for survivor care. In addition to health problems, survivors of childhood cancers can also face challenges with employment, higher education, insurance coverages, and learning how to advocate for themselves from pediatric health systems that are often family-oriented to adult health systems that are often individual-oriented and complex.

Objective 19.1: By 2025, create a website for Florida survivors of childhood cancer and their health care providers that provides access to the Passport for Care® program.

Strategies:

- Incentive usage of the Passport for Care® in all Florida pediatric oncology clinics and hospitals by publicizing those with participation and creating support opportunities eligible only for those with high participation. Clinical care provider access is at <https://www.passportforcare.org>
- Host an awareness event during Childhood Cancer Month (September) with inclusion of childhood cancer survivors that promotes the usage of Passport for Care® by survivors. Survivor access is at <https://cancersurvivor.passportforcare.org>
- Appraise the ACGME-accredited Hospice and Palliative Medicine fellowship programs in Florida for their trainee exposure to pediatric palliative and hospice care services.
- Support programs that facilitate job training for childhood cancer survivors.
- Support programs that teach self-advocacy to survivors of childhood cancer before they transition to an adult health system.
- Celebrate Cancer Survivor Day (June 1st) with inclusion of childhood cancer survivors.
- Regularly update Florida pediatric primary care providers and adult primary care providers about evidence-based, personalized care and screening for childhood cancer survivors through free, accredited CME programs.
- Incentive the creation and maintenance of pediatric cancer survivor clinics by publicizing them and creating grant opportunities that assist their infrastructure.
- Support the development and implementation of systems changes that establish seamless continuum of care between pediatric and adult primary care for childhood cancer survivors, including electronic health record tools that help providers identify patients for transitioning, referral with records to adult primary care providers, and personalized recommendations for survivorship screening in adulthood.

Goal 20: Establish Florida as a nationally renowned state for innovative and impactful pediatric cancer research.

Objective 20.1: By 2025, increase the number of applicants for the Florida Live Like Bella Pediatric Cancer Research Initiative from 18 applications to 25 or higher.

Strategies:

- Publicize to Florida cancer centers and institutes of higher learning the Florida Live Like Bella Pediatric Cancer Research Initiative.
- Publicize examples of successful pediatric research led by Florida researchers and supported by the Florida Live Like Bella Pediatric Cancer Research Initiative.
- Increase support for studying pediatric cancers with lower survival rates and improving survivor care including prevention and mitigation of late effects.

RESEARCH AND TECHNOLOGY DEVELOPMENT

Goal 21: Achieve a national reputation in Florida for innovative and impactful cancer research.

Objective 21.1: By 2025, close the merit gap for the Bankhead-Coley Biomedical Research Program by raising annual funding from \$10 million per year to \$40 million per year.

Objective 21.2: By 2025, close the merit gap for the James & Esther King Biomedical Research Program by raising annual funding to the program from \$10 million per year to \$30 million per year.

Objective 21.3: By 2025, increase the number of National Cancer Institute (NCI) designated cancer centers headquartered in Florida from 2 (Baseline, 2019 NCI) to 3 or higher.

Objective 21.4: By 2025, increase the number of NCI Community Oncology Research Program (NCORP) sites headquartered in Florida from 17 (Baseline, 2019 NCI) to 20 or higher.



Strategies:

- Educate Florida legislators about the large number of Florida cancer research and tobacco research applications each year with excellent scores by peer-reviewers that go unfunded.
- Educate Florida legislators about the high return on investment of all of the Biomedical Research Programs.
- Support research projects that seek to correct disparities in health care for patients with cancer.
- Support Florida implementation projects that translate Biomedical Research Program supported research into clinical settings.
- Support the development and implementation of a Florida Cancer Health Policy Scholar Program for early, mid-career, and late-career oncology providers.
- Support star recruitment programs that attract highly productive cancer researchers across the career spectrum to move to a Florida cancer research center.
- Incentive attainment and maintenance of NCI-designated cancer center status in Florida by providing funding support for new and renewal applications.
- Incentive attainment and maintenance of NCORP designation in Florida by providing funding support for new and renewal applications.
- Educate the Florida public about cancer clinical trials and how to participate. Also provide culturally and linguistically diverse material to Florida communities with historically low rates of participation in clinical trials.
- Support the development and implementation of systems changes that improve Florida health care provider awareness of patient-relevant clinical trials, rapid referrals, rapid consultation, and more efficient clinical trial operations, including but not limited to electronic health record tools and telehealth technologies.
- Incentive start-up companies based in Florida that are bringing to market technologies for cancer prevention, early detection, or control by providing seed funding for companies that are using technology derived from a Florida Biomedical Research Program Grant.

IMPLEMENTATION OF THE PLAN

The Florida State Cancer Plan is a useful guide and roadmap for assuring a well thought out approach to reducing Florida's cancer burden. The key to a successful plan lies in the implementation of the plan itself. CCRA believes effective implementation of this plan must ensure that efforts are:

- Coordinated and collaborative
- Non-duplicative
- Leverages the strengths of individuals and organizations involved in cancer control efforts
- Action based on gaps in efforts
- Measurable efforts
- Utilizes existing, in-kind, and new resources

Because of limited resources, not all objectives in the Florida Cancer Plan plan can be worked on immediately or simultaneously. The Florida Cancer Plan is a five-year plan, and priority objectives will be selected by CCRAb in close collaboration with the Regional Cancer Collaboratives and other state cancer control stakeholders from year to year based on criteria that consider need and impact, feasibility, likelihood for success, and interest in working on the issue. CCRAb in close collaboration with the Regional Cancer Collaboratives and other state cancer control stakeholders will select evidence-based strategies in this plan that correspond to the priority objectives and cooperatively develop action plans for each of the strategies.

KEY PLAYERS IN IMPLEMENTATION

The Florida Cancer Control and Research Advisory Council (also called CCRAb) was established in 1979 as an advisory body to the Florida Legislature, Florida Surgeon General, and Florida Board of Governors on ways to reduce Florida's burden of cancer. CCRAb serves as a steering body for developing and implementing the Florida Cancer Plan. At each of CCRAb's biennial meetings, it will review the state's progress toward each objective by reviewing data relative to each objective's baseline and target. CCRAb will also make public progress toward each objective and the overall Plan in ongoing reports, such as its annual Florida Cancer Report. CCRAb is made up of 15 members representing 15 cancer stakeholder organizations including the Florida Department of Health (DOH). The DOH is instrumental in collecting data for measuring progress towards several of the objectives. The DOH will also implement many of the strategies in the Plan to achieve the stated objectives. The Florida Department of Health uses CDC support to coordinate the activities of six Regional Cancer Collaboratives. The Collaboratives are essential in implementing many of the Plan's strategies. Florida has a rich environment of cancer control stakeholders within Florida's many communities, clinics, hospitals, and boardrooms. Achieving the goals and objectives of this plan will require all cancer control stakeholders to collaborate.

What Can You Do to Help?

If you would like to help implement this cancer plan, we encourage you to look at the suggestions below:

INDIVIDUALS

- Join your local Regional Cancer Collaborative by locating your nearest one at this website: <http://www.floridahealth.gov/diseases-and-conditions/cancer/cancer-control-florida.html>
- Don't use tobacco.
- If you don't use tobacco, don't use e-cigarettes.
- Floridians who currently smoke tobacco or use electronic cigarettes seek help today by utilizing any of Tobacco Free Florida's Quit Your Way services. Learn how by calling 1-877-U-CAN-NOW (1-877-822-6669) or by visiting <https://tobaccofreeflorida.com/how-to-quit-tobacco/smoking-cessation-programs/>
- Individuals aged 9 to 45 years old should ask their doctors about vaccination against HPV to prevent cervical cancer, throat cancer, and other HPV-related diseases.
- Florida women aged 21 to 65 years old should ask their doctors about cervical cancer screening.
- Practice safe sun safety by seeking shade, wearing sunscreen, wearing protective clothing and hats, and avoiding prolonged direct sun exposure.
- Women who drink more than 7 alcoholic drinks per week and men who drink more than 14 alcoholic drinks per week should ask their doctor about ways to reduce alcohol because of risks for cancer and other diseases.
- Calculate your body mass index and know your weight category. Individuals who are overweight or obese should ask their doctors about how to get to a healthy weight for their height, gender, and condition.
- Test for radon level in your home. If your radon level is too high, then contact a contractor to reduce radon from your home.
- Individuals who have smoked tobacco in the past or currently smoke should ask their doctor about lung cancer screening.
- Florida women should talk to their primary care providers about when to begin breast cancer screening, what screening tests are available, and how often screening should be performed.
- Florida women without health insurance coverage should contact the Florida Breast and Cervical Cancer Early Detection Program for assistance with cancer screenings.
- Individuals age 40 years old and older should see a primary care provider and begin discussions about when, how, and how often to undergo colorectal cancer and prostate cancer screening.
- Individuals born between 1945 and 1965 should ask their doctor about one-time screening for HCV.
- Parents of children without health insurance should apply for Florida KidCare at <https://www.floridakidcare.org>
- Survivors of cancer should ask their doctors for a written treatment summary and survivorship plan to share with their primary care doctors.
- Individuals diagnosed with cancer should ask their doctor about clinical trial opportunities.
- Individuals with cancer should complete advance care planning.

- Individuals with cancer who take over-the-counter supplements or who use non-standard cancer treatments should discuss their use of supplements with their oncologist, because of risk for supplement-drug interactions and compounding side effects.

HEALTH PROFESSIONALS

- Attend CMEs on updating on evidence-based cancer prevention, early detection, treatment, palliative care, and cancer survivor care.
- Participate in Regional Cancer Collaborative meetings to understand and respond to community needs.
- Primary care providers should assess their cancer screening rates and set goals to increase rates.
- Oncology providers should choose evidence-based measures of high-quality care and set goals to improve performance.

HEALTH SYSTEMS

- Support the development and implementation of systems changes that bring greater efficiency and accuracy in detecting, referring, and caring for patients with cancer.
- Support oncology certifications of nurses and navigators.

INSURERS

- Reduce out-of-pocket expenses for cancer prevention and early detection.
- Incentive evidence-based cancer prevention, early detection, control, and survivorship care.

EMPLOYERS

- Eliminate smoking tobacco and e-cigarettes in the workplace.
- Offer no cost tobacco cessation services to employees.
- Ensure health insurance covers cancer prevention, early detection, treatment, and survivorship care.
- For healthcare employers, take advantage of the Oncology Nursing Certification Corporation's resources that assist and encourage Florida nurses to obtain oncology certifications.

SCHOOLS

- Collaborate with Tobacco Free Florida and other cancer control stakeholders to educate students about the lethality and harms of using tobacco and e-cigarettes.
- Use curricula teaching healthy weight, physical activity, and healthful diets.

CANCER CENTERS

- Academic cancer centers and professional nursing organizations in Florida collaborate to train prelicensure nursing students in oncology through such initiatives as internships, mentorships, or advanced practice programs.
- Attain and maintain NCI designation using support from the State of Florida
- Encourage researchers to apply for the Bankhead-Coley, James & Ester King, and Live Like Bella Initiative grants.
- Host forums for certified oncology navigators (nurse and patient) to share resources, share methods of patient advocacy, and learn latest cancer technologies and emerging therapies
- Create training opportunities and programs for students of pharmacy, nursing, and social work to learn evidence-based and best practice palliative care for cancer patients and their families.
- Support with your local Regional Cancer Collaborative by providing logistical assistance and specialists for presentations and community outreach.
- Support the attainment and maintenance of an ACGME-accredited Hospice and Palliative Medicine Fellowship and help recruit highly qualified trainees.

LOCAL HEALTH DEPARTMENTS

- Participate in your local Regional Cancer Collaborative.
- Collaborate with your local Regional Cancer Collaborative to educate patients on cancer prevention, early detection, and survivorship care.
- Participate in the Florida Breast and Cervical Cancer Program.
- Participate in the Florida Colorectal Cancer Control Program.

FLORIDA'S ELECTED OFFICIALS

- Increase support for the Bankhead-Coley and James & Esther King Biomedical Research programs.
- Learn about the need for genetic testing in cancer (germline and somatic genetic testing), the need for qualified and certified genetic counselors in assisting in the interpretations of the results, and the need for health insurance coverage of genetic counseling and testing according to evidence-based guidelines.

- Explore instituting Florida state licensure for certified genetic counselors in consultation with Florida cancer control stakeholders and the Florida Association of Genetic Counselors.
- Learn about the harms of artificial UV irradiation from indoor tanning devices and their propensity to cause skin cancers like melanoma.
- Enact law that prohibits tobacco smoking and electronic cigarette device usage on public beaches and public parks.
- Eliminate exemptions within the Florida Clean Indoor Air Act to ensure equitable protection from secondhand smoke for all populations.
- Enact local construction ordinances that include radon-resistant language.
- Enact a ban on the use of artificial or indoor UV tanning devices by all minors under the age of 18.
- Enact law to increase HCV screening in all Florida communities to ensure timely HCV diagnosis and linkage to care.

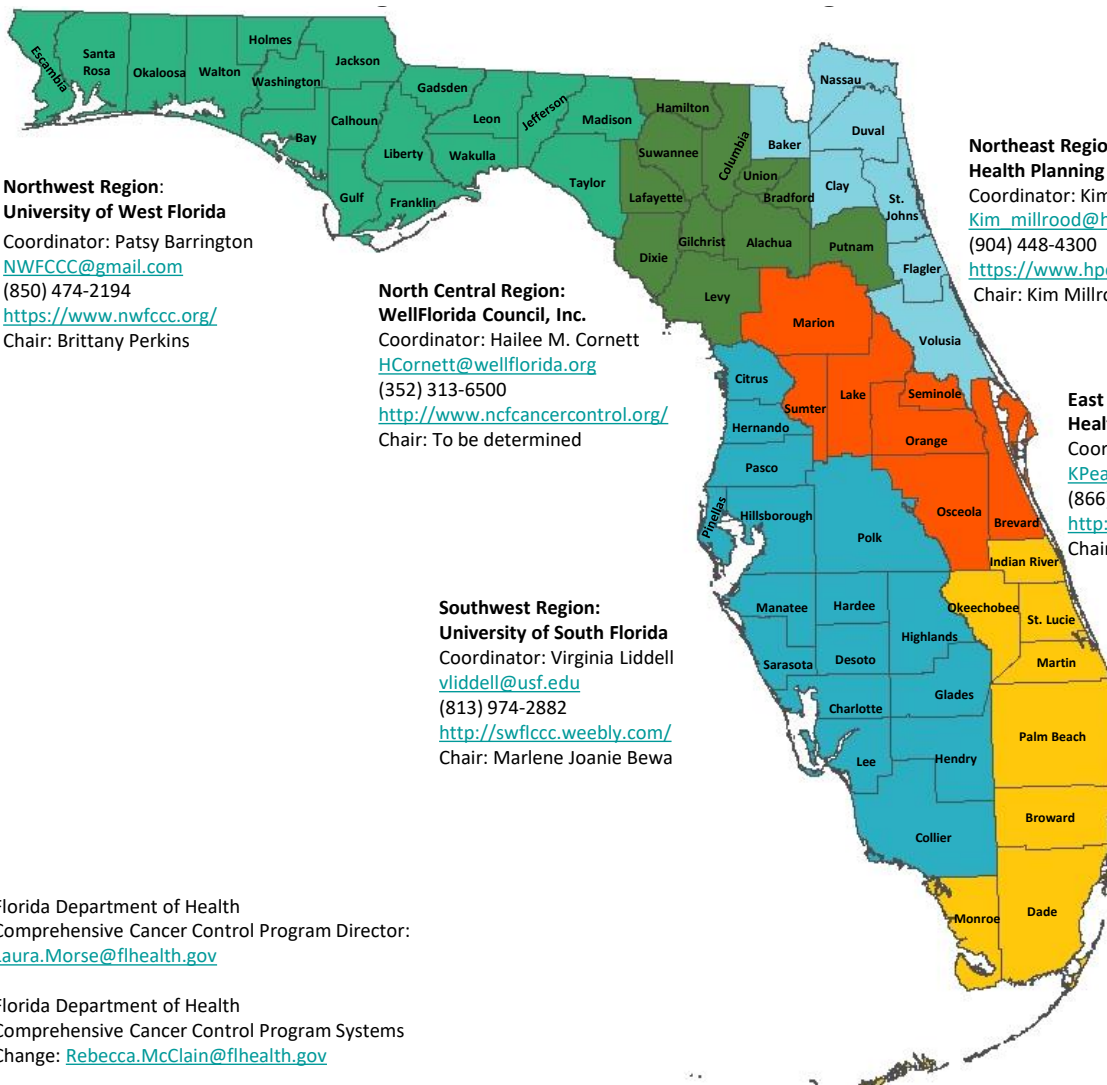
FAITH-BASED AND CHURCH GROUPS

- Collaborate with your local Regional Cancer Collaborative to educate about cancer prevention, early detection, treatment, and survivorship care
- Provide spiritual support for those with cancer and their families
- Provide respite support for caregivers of those with cancer

Become a Member of Your Local Regional Cancer Collaborative

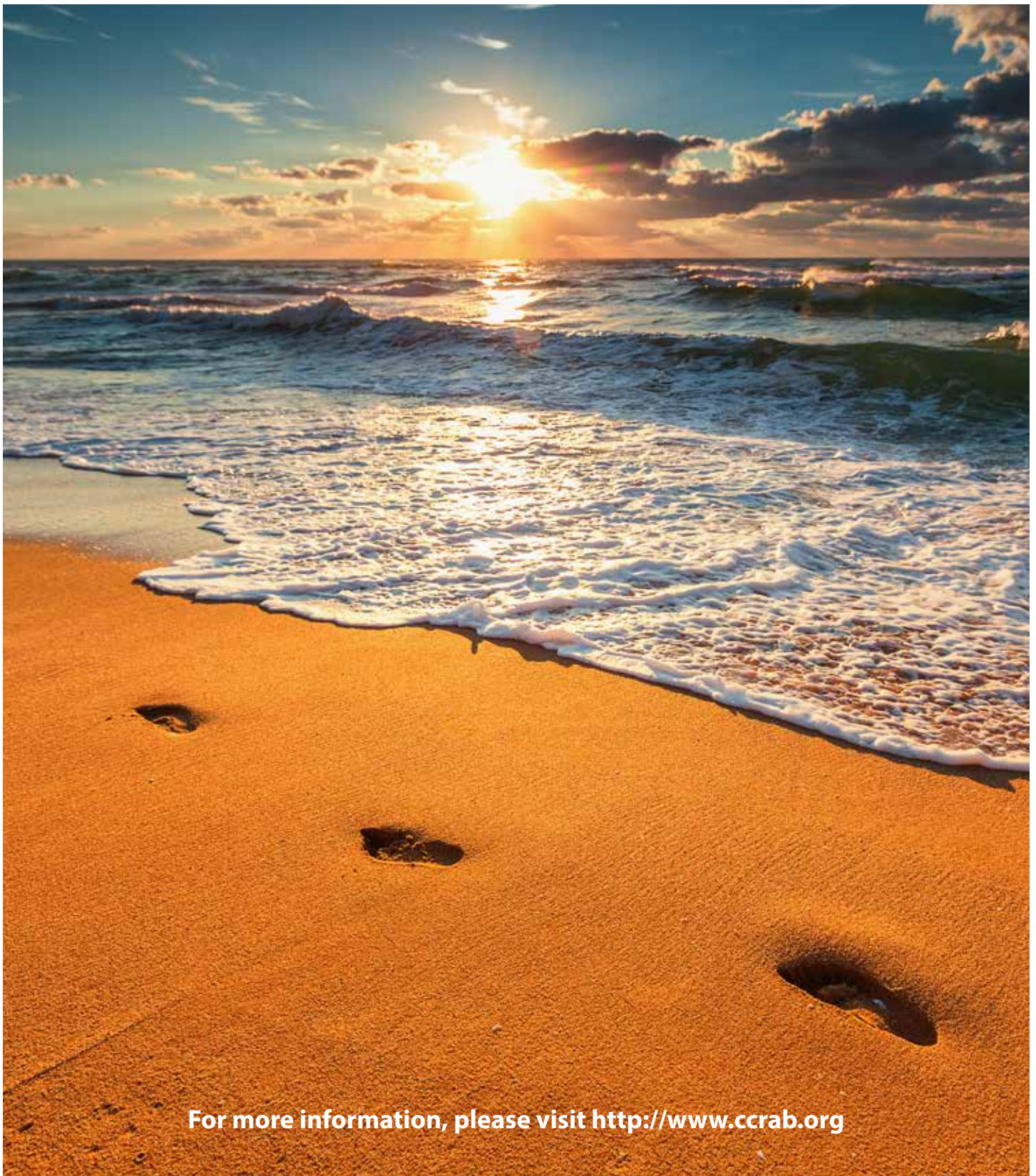
Florida Regional Cancer Control Collaborative:

Reducing the Cancer Burden through Collaboration



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For more information, please visit <http://www.ccrab.org>



Florida Cancer Control
& Research Advisory Council