



Goal 1: Foster communities and systems that support and reinforce healthy lifestyles.

There is ongoing research that confirms the link between health status and where people live. Poverty, access to healthy food, opportunities for physical activity, access to healthcare, transportation, child care, employment, and receiving information in a persons' own language, all impact how much influence a person has on their own health. Communities that support and reinforce healthy lifestyles will have better health outcomes for their community members. The CCC will focus efforts on making change through public policy as well as community and organizational systems change.

^Objective relates to improving health equity.

Tobacco

Objective 1: Increase direct funding for statewide comprehensive tobacco prevention and control services to the CDC recommended level. ^

Baseline: \$125,000 per year

Target: CDC recommended level of \$16.5 m.

Strategies:

- Support raising the NH Tobacco Tax (Send letters to government officials and state legislators, request meetings with NH Legislature, advocate for legislation).
- Increase License Fee (Retail or Other) so fees can be used for tobacco prevention - (Send letters to government officials and state legislators, request meetings with NH Legislature, advocate for legislation).

Objective 2: Decrease the percentage of adolescents who report tobacco use in the past 30 days. ^

Baseline: 14%% (YRBS, 2011)

Target: TBD

Strategy:

- Support raising the Tobacco Excise Tax by \$1.50 (Send letters to government officials and state legislators, request meetings with NH Legislature, advocate for legislation).

Objective 3: Decrease the percentage of NH adults who report currently smoking cigarettes. ^

Baseline: 16.2% (BRFSS, 2013, Goal HP2020 and SHIP).

Target: 12%

Strategies:

- Raise the Tobacco Excise Tax by \$1.50 (Send letters to government officials and state legislators, request meetings with NH Legislature, advocate for legislation).
- Encourage tobacco free campuses.

- Raise awareness among NH Health Protection program recipients of the inclusion of NRT as a benefit of quitting) 3: Decrease the percent of NH adults who report currently smoking cigarettes.

Objective 4: Reduce the percentage of children and adults who report being exposed to secondhand smoke. ^

Baseline: 3.8% (National Survey of Children's Health, NH data, 2011/12).

Target: 3.0%

Strategy:

- Support HUD strategy

Objective 5: (Developmental) Increase the percentage of health care centers that report having a system in place to assist smokers with tobacco treatment.

Baseline: TBD Data Source: TBD

Strategies:

- Identify gaps among NH health care providers (i.e. cancer centers, mental health, substance abuse and dental providers) to determine policies and practices for employees and patients.
- Inventory financial policies affecting health systems and insurers in order to promote financial benefits of providing tobacco treatment services in all health care settings.
- Increase awareness and attention to the evidence-based and promising practices for treatment of tobacco use disorder for all providers.
- Meet with insurer and large self-insured employers to increase their awareness about tobacco treatment evidence-based and promising practices to promote coverage of these services.

Obesity

Objective 6: (Developmental) Increase synergistic and targeted work with Healthy Eating Active Living (HEAL) NH in HEAL defined Communities of Need to prevent cancer. ^

Strategy:

- Support HEAL to increase opportunities for active recreation in vulnerable communities.

Human Papillomavirus (HPV) Vaccine

Objective 7: Increase the percentage of NH youth who complete the recommended HPV vaccination series.

Baseline: 43% in girls, 18% in boys (National Immunization Survey, 2013).

Target: 75% in girls and 30% in boys

Strategy:

- Support NH Immunization Program to increase outreach by pediatricians who are HPV vaccine champions to practices with low HPV immunization rates.

Breastfeeding

Objective 8: Increase the percentage of low income women who initiate and continue breastfeeding.

Baseline: Initiation 71.7% (2011 PedNSS)

Goal: 75%

Baseline: Breastfeed for 6 months, 22%, and 12 months, 15% (2011 PedNSS)

Goal: 25% and 15% respectively.

Baseline: Exclusive at 3 months, 22.9% and 6 months, 8.8% (2011 PedNSS)

Goal: 25% and 12% respectively.

Strategy:

- Support the work on the NH Breastfeeding Task Force efforts to increase the number of Baby Friendly Designated Hospitals in NH with attention to hospitals serving minority and low income women.

Sun Safety

Objective 9: Reduce the percentage of teens who report indoor tanning.

Baseline: 13.5% girls, 3.8% boys (YRBS, 2013)

Target: 13% girls, 3% boys

Strategies:

- Support legislative initiatives to ban the use of tanning beds by minors.
- Advocate for the inclusion of sun safety practices into the NH Child Care Licensing regulations.
- Monitor the development of evidence-base for changing teen tanning social norms.

Objective 10: (Developmental) Increase the percentage of worksites, schools, municipalities and recreational programs that have sun safety policies.

Baseline: TBD Data Source: TBD

Strategies :

- Support the work of the Melanoma Foundation as they target specific middle schools to build awareness of guidance re: sun safety: targeting school nurses
- Contact NHIAA, NH Association of Parks & Rec, NH Campers Association, to speak at their association meetings.

Goal 2: Prevent and detect cancer at its earliest stage.

Screening at appropriate intervals can help to prevent and detect some types of cancer (e.g., breast, cervical, colorectal and lung) before they cause symptoms. Finding cancer at the earliest stage allows doctors to provide the most effective treatment, which should lead to reduced cancer morbidity and mortality. Despite increased access to health insurance and coverage for preventive screenings, disparities remain in screening rates among NH residents. In order to ensure health equity the NH CCC is focused on improving health systems to support these services, navigate patients and improve community-clinical linkages.

Objective 1: Increase percentage of people who receive screening for colorectal, cervical, and breast cancer based on the most recent US Preventive Services Task Force (USPSTF) guidelines, with an emphasis on disparate populations. ^

Colorectal Cancer Screening

Baseline: 75% (BRFSS, 2012)

Target: 80%

NOTE: Age 50-75 with FOBT (fecal occult blood test) within the past year; or flexible sigmoidoscopy within the past 5 years and FOBT within the past 3 years; or colonoscopy within the past 10 years

Cervical Cancer Screening

Baseline: 87% (BRFSS, 2012)

Target: TBD

NOTE: The baseline data refers to women age 21-65 who received a Pap test in the previous three years, this does not reflect the current US Preventive Services Task Forces (USPSTF) recommendation. The target will be established after determining a new baseline after the addition of an item to BRFSS that captures whether a woman had an HPV test in conjunction with her Pap test.

Breast Cancer Screening

Baseline: 85% (BRFSS, 2012)

Target: 89%

NOTE: Women age 50-75 reported having a mammogram within the past two years

Strategies:

- Monitor and track implementation of WISDOM, the DHHS on line data portal and make recommendations to improve cancer data needs identified by the Collaboration.
- Reach out to Community Health Centers and Federally Qualified Health Center to build capacity to collect baseline cancer screening rates per current USPSTF guidelines.
- Develop/support mechanism to share information regarding resources to support chronic disease prevention, screening and management of best practices.
- Use targeted small media such as videos letters brochures, social media to inform and motivate individuals' for routine cancer screenings.
- Maintain the NH Colorectal Cancer Screening Program, NH National Breast and Cervical Cancer Early Detection Program (NBCCEDP) for uninsured and low income NH individuals and partnerships maintained statewide for service delivery.
- Identify community partners to reach the target population who are not presenting at a health care facility.
- Seek supplemental funding to support cancer screening and diagnosis follow-up ie., Komen and NH Breast Cancer Coalition.
- Increase the percentage of NH individuals that have one person they think of as their personal doctor or healthcare provider.
- Support the development of health systems that include community-clinical linkages to reach disparate populations (e.g., community health worker reimbursement).
- Support pilot project to evaluate the impact of a community health worker on cancer screening rates (e.g., breast, cervical, and colorectal) and follow-up to inform future policy, development of a cancer-specific certification training and to develop a toolkit for implementation.
- Convene community health care centers, FQHCs to accelerate progress of screenings.

Developmental

Objective 2: Increase access to informed and shared decision making for cancer screenings.

Baseline: TBD

Strategies:

- Convene a panel of experts to review and select evidence-based Cancer Screening Aids that NHCCC can endorse and make available to NH residents.
- Facilitate statewide Shared Decision Making training opportunities for health professionals to increase the capacity for patients to experience shared decision making (initially for screening but ultimately for all cancer-related decision making).
- Message to patients and families the importance of informed and shared decision making, so that they insist on it.
- Advocate to insurers and self-funded employers the value of providing reimbursement for Shared Decision Making consultations with a trained health professional.

Goal 3: Optimize quality of life for those affected by cancer.

Improving the health and well-being of cancer patients, their families and caregivers begins at the time of diagnosis and continues across the natural trajectory of the disease. Work on this goal will focus on improving access to high quality health services through policy, system and environmental strategies that promote access to comprehensive and cutting-edge treatment. Strategies will need to be data-driven and may require considerable efforts to identify and utilize existing data, develop new data and identify disparities.

Developmental

Objective 1: Improve access to quality; diagnostic and treatment services, clinical trial / research, and palliative care for all citizens of NH. ^

Baseline: TBD **Data Source:** TBD

Strategies:

- Decrease the percentage of persons living with cancer who report unmanaged pain.
- Increase the percentage of timely referrals to palliative care.
- Support efforts of the Clinical Trial Coordinator Group in advancing utilization of clinical trials.

Developmental

Objective 2: Increase availability and access to systems that provide relevant, evidence based and / or recommended survivorship programs and services designed to improve quality of life. ^

Baseline: TBD **Data Source:** TBD

Strategies:

- Assess the need for transition services post cancer treatment for children.
- Decrease the percentage of persons living with cancer who report unmanaged pain.
- Establish a resource list of oncology rehabilitation programs.

Developmental

Objective 3: Increase access to quality end of life care. ^

Baseline: TBD **Data Source:** TBD

Strategies:

- Reduce the percentage of late referrals to hospice care.
- Improve completion of and accessibility to Advanced Care Directives. [Note: support this initiative]
- Decrease the percentage of persons living with cancer who report unmanaged pain.

