

New Mexico Cancer Plan Progress Report

October 2005

*Pursuant to Senate Memorial 43
of the 47th Legislative Session*

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Introduction

Senate Memorial 43 commends the New Mexico Department of Health for “its role in formulating and continually developing approaches to detection and treatment of cervical cancer through the *New Mexico Cancer Plan*” and charges the Department with preparing an annual progress report “regarding the successes achieved through the *New Mexico Cancer Plan*.” This report shall be presented to the Governor, the President Pro Tempore of the Senate and the Speaker of the House of Representatives, in addition to being posted on the Department of Health Cancer Program web site.

The New Mexico Tumor Registry (NMTR) 2001 Annual Report states that there are approximately 84 cases of cervical cancer diagnosed annually, and 23 fatalities from cervical cancer each year in New Mexico. In addition, the 2001 NMTR Annual report shows that the incidence rate of cervical cancer among White women dropped dramatically between 1969-1972 (32 per 100,000) and 1998-2001 (5 per 100,000). A similar decrease in the incidence rate of cervical cancer was seen for Hispanic women, but a less marked decrease was seen for Native American women in New Mexico over the same time period.

The American Cancer Society’s New Mexico Cancer Facts and Figures 2000-2001 indicated that cervical cancer represents approximately 3% of all female cancer incidence and 2% of female cancer mortality in New Mexico.

The New Mexico Breast and Cervical Cancer Early Detection Program (BCC) has provided 164,534 Pap tests since the Program began in 1991. As a result, 56 invasive cervical cancers and over 1,000 pre-cancerous conditions requiring treatment were identified. In addition, the New Mexico three-year relative survival rate for cervical cancer increased from about 70% to 85% during the first four years of the BCC Program, 1990-1991 to 1994-1995 (NMTR Annual Report, 2001).

This is the first annual report on the progress of the *New Mexico Cancer Plan*. It is based on a study conducted by the staff of the University of New Mexico Prevention Research Center and data collected by the New Mexico Department of Health (NMDOH) through the Behavioral Risk Factor Surveillance System (BRFSS). Future reports will be enhanced by information provided by member organizations of the newly-formed New Mexico Cancer Council. The Council was recently convened to participate in the revision of the current Cancer Plan and member organizations are required to provide annual reports of the activities undertaken in support of the Cancer Plan goals and objectives.

Executive Summary

A mail survey was conducted in May 2005 to determine (1) the extent to which cancer control organizations in New Mexico utilized the *New Mexico Cancer Plan 2002-2006* to guide the goals, objectives, and cancer control activities that they provide to the public, (2) the degree to which these organizations evaluate the impact of the services that they provide to the public, and (3) the degree to which organizations collaborate and coordinate cancer control services within the state.

The study findings showed that many New Mexico cancer control organizations did not have a copy of the *Cancer Plan*, and did not adhere to the goals and objectives of the *Plan*. Many of the organizations surveyed felt that they were not meeting the information and support services needs of their clients. Few respondent organizations maintained records of client interactions or conducted systematic evaluations of their cancer control activities. Many of the study organizations stated that they collaborated with other cancer control organizations with regard to research and policy issues. Collaboration in the form of referring clients to appropriate cancer control organizations was deficient.

The study findings suggested several key areas for improving cancer control efforts in New Mexico: (1) improve the availability of cancer information by organizations to clients, (2) improve the ability of organizations to refer clients to appropriate services, (3) refine the language of *Cancer Plan* objectives so that they are specific, measurable, achievable, realistic, and time-bound, (4) include suggested mechanisms for assessing the impact of cancer control activities in the *Cancer Plan*, and (5) ensure that the *New Mexico Cancer Plan 2007-2011* is available in print and web-based formats, and is launched with widespread publicity.

This report is intended to help the New Mexico Department of Health Comprehensive Cancer Program to develop the *New Mexico Cancer Plan 2007-2011*. The *New Mexico Cancer Plan 2002-2006* is available in PDF format at www.cancernm.org.

Background

The *New Mexico Cancer Plan 2002-2006 (NMCP)* is a document developed by the New Mexico Department of Health, in collaboration with some 150 individuals representing more than 50 agencies, coalitions, and consumer groups associated with cancer research and care. This *Plan* promotes five goals: (1) to reduce the risks for developing cancer, (2) to increase early detection and appropriate screening for cancer, (3) to increase access to appropriate and effective cancer treatment and care, (4) to address quality of life issues for health care consumers affected by cancer, and (5) to improve coordination and collaboration among cancer control efforts. The fifth goal recognizes the important role that cancer control organizations play in achieving the first four goals.

The purpose of the *NMCP* is to guide cancer control activities throughout the state by providing goals, objectives, and strategies for delivering cancer information and services. Specifically, the *NMCP* presents guidelines for (1) providing community-based support services, (2) delivering public education about cancer, and (3) improving the coordination and collaboration among cancer control programs in New Mexico. The intended audience for the *New Mexico Cancer Plan 2002-2006* was people working in cancer control (i.e., prevention, early detection, treatment, quality of life issues, and end-of-life care) statewide.

In May 2005, the University of New Mexico Prevention Research Center conducted a mail survey of New Mexico-based cancer information and service organizations to determine (1) the extent to which these organizations used the *Cancer Plan 2002-2006* to guide the goals, objectives, and cancer control activities that they provide to the public, (2) the degree to which these organizations evaluate the impact of the services that they provide to the public, and (3) the degree to which organizations collaborate and coordinate cancer control services within the state.

This report presents findings from the mail survey of the selected New Mexico cancer control organizations. These findings will be used by the New Mexico Department of Health Comprehensive Cancer Program to (1) determine the usefulness of the *NMCP 2002-2006*, and (2) contribute to the development of the next five-year cancer plan for the state of New Mexico.

1. Methodology

Study Design Overview

Mail surveys are a quantitative research data collection method in which respondents complete questionnaires on paper and return them via the mail. A mail survey was conducted for the present study. The evaluator developed a large-font, 10-page questionnaire. The questionnaire was pretested with a random sample of eight cancer control organizations in New Mexico. The survey instrument was revised based on the results of the pretest.

The Dillman total survey design approach to mail surveys (Salant & Dillman, 1994) was used to maximize the response rate for the cancer plan evaluation survey. First, a cover letter was written that briefly explained the study, excluding any information that might bias the respondents. A mailing packet including (1) the cover letter (printed on University of New Mexico Prevention Research Center letterhead), (2) a copy of the questionnaire, and (3) a stamped pre-addressed return envelope, was sent to each of the organizations selected for the present study.

The questionnaire was mailed in two waves. The initial questionnaire was mailed on May 19, 2005. One week later, a follow-up letter was sent to each organization to thank those who returned the completed questionnaire, and to request that those who had not returned the questionnaire do so in a timely manner. The evaluator kept a log of the questionnaire return rate for the study.

On June 10, 2005, a second mailing packet was sent to those organizations that had not returned a completed questionnaire by June 9, 2005. This second mailing packet included (1) a revised cover letter asking the organization to complete the survey questionnaire, (2) a replacement questionnaire, and (3) a stamped return envelope. Follow-up telephone calls were made to those organizations that had not returned the completed questionnaire by June 20, 2005. The present study had a mail survey return rate of 50 percent (N=32).

Study Population

The present study population was 72 organizations in the New Mexico Department of Health Comprehensive Cancer Program database for cancer control organizations. These organizations represent a sample of cancer control organizations in New Mexico.

Eight organizations were used for the survey instrument pretest. These eight organizations were eliminated from the list of 72 organizations, leaving a total of 64 organizations for the present study. A census sample was used, that is, all of the 64 organizations were asked to respond to the mail survey questionnaire.

Data Analyses

Data from the mail survey questionnaires were analyzed using SPSS 13.0 statistical analysis software. The unit of analysis was the organization (not the individual respondent). The first step in the analyses was to examine the study variables and provide summaries about the sample and the measures (e.g., frequencies, central tendencies, and distributions). Bivariate statistics were used to explore the relationships between two variables as appropriate.

2. Findings

This section summarizes the demographic information for the 32 organizations that responded to the mail survey, and presents findings regarding (1) the extent to which organizations used the *Cancer Plan 2002-2006*, (2) the degree to which these organizations evaluate the impact of their services, and (3) the degree to which the organizations collaborate and coordinate cancer control services in the state of New Mexico.

Organization Demographics

The majority of organizations (81 percent) that responded to the mail survey have been in operation for at least 10 years. Two organizations have been providing information and services for less than three years; two organizations have been in operation for 4 to 6 years; and two organizations have been offering services for 7 to 9 years. The number of staff (not including volunteers) ranged from one to 1,200, with about half of the organizations having 7 or fewer staff members.

The majority of organization respondents (91 percent) were senior-level personnel (i.e., directors, vice president, chief executive officers, treasurer, managers, program coordinators, administrators, and one medical doctor). Two respondents identified themselves as staff members, and one identified him/herself as a volunteer.

At least 91 percent of organization respondents (N=29) had worked for their organization for more than four years. Twelve respondents had worked in their organizations for 10 years or more; five respondents had been employed in the same organization for 7 to 9 years; twelve respondents had worked for their employer between 4 and 6 years; two respondents had worked for 1 to 3 years; and one respondent had worked in their organizations for less than one year (Figure 1).

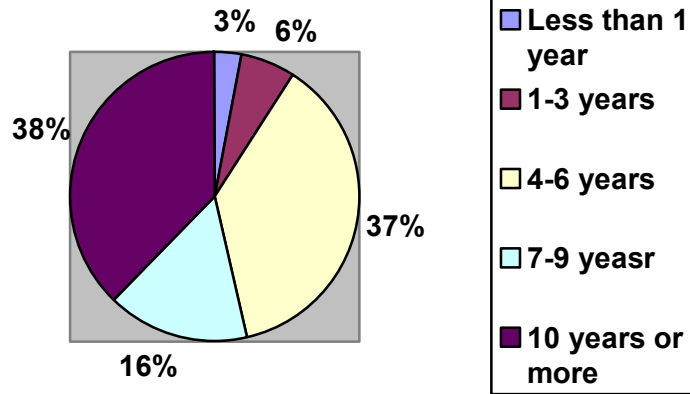


Figure 1. Number of Years the Respondent Has Worked for the Organization.

Some 17 organizations identified themselves as being located in urban settings, and 12 responded as being rural establishments.

Respondents were asked to identify the resources available at their facility for staff use and for client use. Table 1 shows that more than half (N=19) of the 32 organizations that responded to the survey had a reference library that their staff could access for reference materials. Less than one third of the organizations (N=10) had a library that clients could use. At least half of the responding organizations had a meeting room in which cancer support groups could meet. Only nine organizations had computer terminals that clients could use to access the Internet for information about cancer and cancer-related issues.

Table 1. Resources Available for Staff Use and Client Use.

Resource	Number of Organizations with the Resource (%)
1. Library for in-house use	19 (59%)
2. Lending library for clients	10 (31%)
3. Meeting room for client counseling	14 (44%)
4. Meeting room for client support groups	16 (50%)
5. Computer terminals for organization staff	26 (81%)
6. Computer terminals for client Internet access	9 (28%)
7. Clinical service	1 (3%)
8. 24-hour telephone answering service	1 (3%)

Each organization was asked to identify the mission of their organization. Organization respondents nominated multiple mission statements from the response categories provided in the questionnaire. The majority of organizations had as their mission to provide a range of cancer information and support, namely prevention, screening, treatment, and support services (Table 2).

Table 2. Number (%) of Organizations That Identified With Each of the Mission Statements

Organization Mission	Number of Organizations (%)
1. To provide information about cancer <u>prevention</u> to clients	21 (66%)
2. To provide information about cancer <u>screening</u> to clients	22 (69%)
3. To provide information about cancer <u>treatment</u> to clients	19 (59%)
4. To provide information about <u>palliative care</u> for people living through cancer	15 (47%)
5. To provide support services to people living through cancer	15 (47%)
6. To provide support services to the family members of people living through cancer	13 (41%)
7. To provide cancer screening	19 (59%)
8. To provide medical care to cancer patients	10 (31%)
9. To provide financial assistance	1 (3%)
10. To provide clinical trials	1 (3%)
11. To provide lodging for cancer patients	1 (3%)

Cancer Control Services Provided by Organizations

Most of the respondent organizations (72%) provided cancer control information and services throughout New Mexico. One organization included the state of Colorado in their catchment area. The majority of organizations (N=24) serve all ethnic groups (i.e., they do not target a particular ethnic group) and all income levels. One organization specified that they do target the “medically underserved”.

Respondents were asked to identify the types of support services that their organization provides to clients (Table 3). All of the respondents indicated that their organization provided pamphlets about cancer prevention and control to clients.

Table 3. Cancer Support Services Provided by Respondent Organizations.

Services	Number of Organizations (%)
1. Informational pamphlets or brochures	32 (100%)
2. Health fairs	26 (81%)
3. Telephone support services	19 (59%)
4. Outreach activities in urban community settings	14 (44%)
5. Outreach activities in rural community settings	16 (50%)
6. Newsletter to client subscribers	12 (38%)
7. In-person support groups	11 (34%)
8. Referrals to other healthcare services	26 (81%)
9. Screening events	12 (38%)
10. Cancer treatment	12 (38%)
11. Provider education materials	18 (56%)
12. Clinical services	2 (6%)
13. Financial assistance	1 (3%)
14. Education retreats	1 (3%)
15. Cancer needs survey	1 (3%)
16. Lending library	1 (3%)
17. Lodging for cancer patients	1 (3%)

About half of all organizations (52%) received 10 or fewer telephone calls from clients requesting information about cancer prevention, screening, or treatment. The remaining organizations (48%) received between 25 and 120 telephone calls about cancer prevention and control.

Eighteen out of the 32 organizations (56%) felt that they were meeting the information needs of their clients. The remaining organizations gave the following reasons for not meeting the information needs of clients: (1) a lack of informational materials (“need better education materials”), (2) a lack of resources or under-use of resources (“not utilizing resources well”), (3) the volume of client needs (“the need is too great”), and (4) not knowing where to refer clients (“the need for referral sources”).

Fifty-six percent (N=18) of organizations surveyed stated that they were meeting the needs of clients seeking support services. The only reasons stated for not meeting client support services needs were: (1) “large amount of staff turnover,” (2) “small number of patients.”

Cancer Plan Use

The mail survey questionnaire contained questions regarding the extent to which the study organizations used the *Cancer Plan 2002-2006* to guide the goals,

objectives, and cancer control activities that they provide to the public. Of the organizations surveyed, 18 (56%) had a copy of the *New Mexico Cancer Plan 2002-2006*. Ten organizations (31%) did not have a copy of the *Plan*. The remaining four organizations did not know whether their organization had a copy of the *Cancer Plan*.

Fifteen out of the 32 respondent organizations were involved in developing the *New Mexico Cancer Plan 2002-2006*. Two organizations stated that they were not involved in the development of the *Cancer Plan* document. The remaining 15 respondents either did not know about their organizations involvement (N=4), or opted not to answer the question (N=11).

Some 14 organizations (44%) used the *New Mexico Cancer Plan 2002-2006* to guide their organization’s cancer prevention and control activities. Four organization respondents (13%) indicated that their organization did not use the *Cancer Plan* to guide their cancer control activities. The remaining organization respondents did not know whether the *Cancer Plan* document was instrumental in the development of activities (N=4), or did not answer the question (N=11).

Respondents were asked to determine the frequency for referring to the *New Mexico Cancer Plan 2002-2006*. Figure 2 shows that about 19 percent of organizations refer to the *Cancer Plan* “very often” or “often,” while 22 percent refer to the document on occasion. Some 9% of organization respondents indicated that they never refer to the *Cancer Plan*.

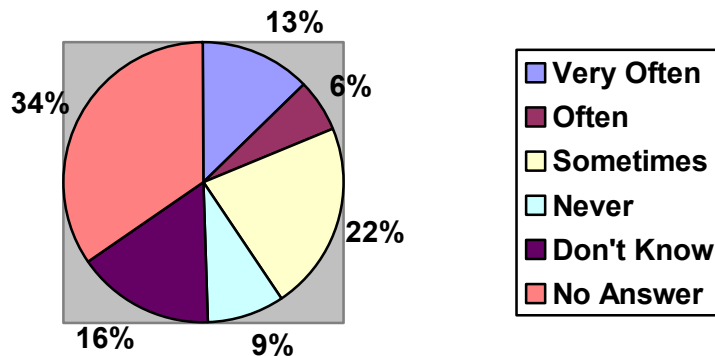


Figure 2. Frequency of Referring to the *New Mexico Cancer Plan 2002-2006*.

Only four respondents (12%) stated that they, or the individuals in their organization, referred to the Internet version of the *New Mexico Cancer Plan 2002-2006* that can be accessed through the New Mexico Department of Health Cancer Program website.

Some 17 respondents (53%) indicated that they or the members of their organization were familiar with the New Mexico Department of Health Cancer

Program website. Twelve respondents (38%) had accessed this website in the last six months. Nine respondents (28%) felt that this website was useful for coordinating their organization’s cancer prevention and control activities.

Assessment of the *Cancer Plan* Contents

Respondents were asked to assess the degree to which they believed that the *New Mexico Cancer Plan 2002-2006* accurately reflected the current cancer control needs of the state of New Mexico. Figure 3 shows that 40 percent of respondents thought that the *Cancer Plan* was either “very accurate” or “accurate” in reflecting the state’s cancer control needs.

Some 13 percent of respondents viewed the objectives in the *New Mexico Cancer Plan 2002-2006* as “very realistic”. Twenty-two percent of respondents stated that the *Cancer Plan* objectives were “somewhat realistic,” and 9 percent felt that the objectives were “not very realistic”. The majority of respondents (56%) did not know if the objectives were realistic, or did not respond.

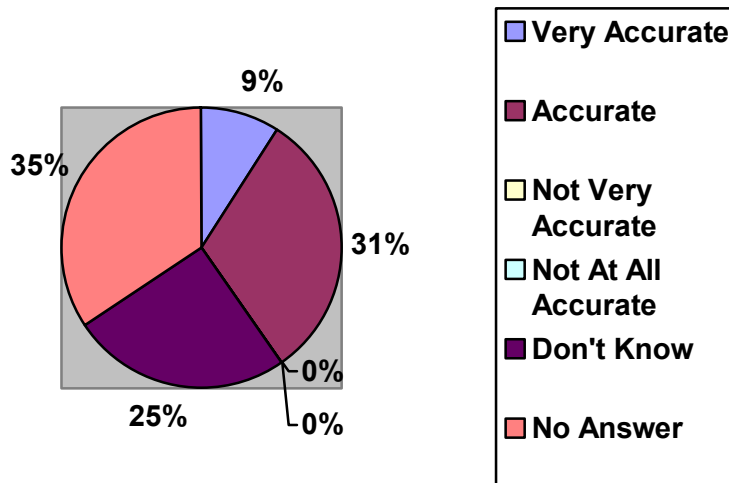


Figure 3. Perceived Accuracy of the Reflection of the *Cancer Plan 2002-2006* for Current Cancer Control Needs in New Mexico.

Only 12 organization respondents (38 percent) stated that the organization in which they worked adhered to the goals of the *New Mexico Cancer Plan 2002-2006* that were considered relevant to their organization. Some 14 organizations (44%) said that their organization adhered to the objectives of the *New Mexico Cancer Plan 2002-2006* that were considered relevant to their organization.

Comments on the *Cancer Plan* Format

More than half of all respondents (56%) stated that the *Cancer Plan* had a user-friendly format. Only two respondents (6%) felt that the font used in the *Cancer Plan* should be larger. Five respondents suggested that the cancer control

objectives in the *Cancer Plan* be more specific. Ten respondents (31%) thought that there should be more publicity surrounding the *Cancer Plan*. One respondent suggested that the *Cancer Plan* include guidelines for a “funding process for evaluation”.

Organizational Use of Evaluation

Client Records: Eighty-one percent of the organizations surveyed (N=26) kept a record of the clients that visited their facility. Some 53 percent of organizations (N=17) maintained a current list of their clients. About 25 percent of organizations (N=8) maintained a record of their incoming calls for cancer prevention or control information. Only 19% (N=6) of organizations recorded information about calls for cancer support services.

Client Satisfaction: Client satisfaction was measured by 44% (N=14) of the organizations in the study. Of those organizations that measured client satisfaction, 5 organizations conducted their assessment annually, 1 organization evaluated client satisfaction bi-annually, 3 organizations measured satisfaction quarterly, 1 organization performed client satisfaction evaluations 5 times per year, 1 organization performed a client satisfaction evaluation monthly, and 3 organizations conducted an evaluation following every support or outreach activity.

The methods used to assess client satisfaction included: (1) mail survey (N=9), (2) telephone survey (N=3), (3) in-person interviews (N=4), (4) exit surveys at outreach activities (N=2), (5) exit surveys at support group meetings (N=3), and (6) on-site surveys (N=2).

Outreach Activities: Nine out of the 16 organizations that performed outreach activities conducted evaluations of the effectiveness of their outreach activities. Only four organizations conducted these assessments following every outreach activity. The methods used to evaluate outreach activities included mail surveys, telephone surveys, in-person interviews, and exit surveys at the outreach sites.

Support Services: Only 7 out of the 32 study organizations (22%) conducted an evaluation of the effectiveness of the support services that they provide to clients. These assessments were carried out annually (N=2), bi-annually (N=1), quarterly (N=1), and/or following every support group meeting (N=3). The primary methods for assessing support service effectiveness were (1) mail survey (N=5), (2) pre-posttest survey questionnaires at support group meetings (N=6), (3) in-person interviews (N=3), and (4) telephone survey (N=1).

Organizational Collaboration and Coordination

Collaboration: At least 62 percent of the study organizations (N=20) said that they shared information with other cancer control organizations in New Mexico.

Some 72 percent (N=23) stated that they collaborated with organizations that conduct cancer prevention and control in the state. Of those organizations that collaborate with others, 17 (53%) collaborate on research activities, and 10 (31%) collaborate on policy issues.

Coordination: Some 17 of the 32 organizations surveyed were aware that improving coordination among cancer control programs was a goal of the *New Mexico Cancer Plan 2002-2006*. More than half of the organizations that responded to the mail survey (53%) indicated that they coordinate outreach activities with other cancer control program in New Mexico. About 56% of the study organizations coordinate support service activities with other New Mexico-based cancer control programs.

Membership in Cancer Control Organizations: Of the 32 organizations surveyed, 11 organizations had an employee that was a member of the New Mexico Cancer Council. Ten out of the 11 organizations that claimed membership in the Cancer Council had a member that attended a Council meeting in the last 6 months. Other cancer control-related organizations that the study organizations belonged to included: (1) the New Mexico Chronic Disease Prevention Council (N=8), (2) the Albuquerque Cancer Coalition (N=8), (3) the New Mexico Cancer Survivorship Leadership Council (N=4), (4) the Department of Health (N=1), (5) the Clinical Prevention Initiative (N=1), (6) the Breast Cancer Core Team (N=1), (7) American Society of Clinical Oncology (N=1), and (8) the American Cancer Society (N=1).

3. Discussion

The present New Mexico Comprehensive Cancer Program *Cancer Plan* Assessment Study identified (1) the nature of cancer control services and programs within the New Mexico cancer control community, (2) the awareness and use of the *New Mexico Cancer Plan 2002-2006* by a sample of cancer control organizations, (3) the use of evaluation by cancer control organizations to assess the impact of cancer control activities on clients or patients, and (4) the degree to which cancer control organizations in New Mexico collaborate and coordinate cancer control activities.

In general, the study showed that New Mexico-based cancer control organizations have broad missions and are operating with limited resources. Almost all of the organizations surveyed had as their mission to provide cancer information and support services to clients and their families. Every organization reported distributing informational pamphlets and brochures. Fewer than half of the respondent organizations, however, had information outlets (e.g., lending libraries, computer terminals) for clients. Several organizations offered outreach activities, health fairs, and screening events. Such activities, however, are

intermittent and do not provide clients with sustained access to cancer-related information. Only one organization provided 24-hour telephone support for their clients.

Only slightly more than half of all respondent organizations felt that they were meeting the information and support needs of their clients. The under-use of, or lack of, resources was cited by many organizations as a reason for not meeting their clients' needs. Improved resource management within and among cancer control organizations could help to meet the information and support needs of clients. The study organizations reported collaborating on research activities and policy issues. These organizations may have other resources that can be exchanged and shared to increase the awareness and knowledge about cancer, and improve the support services, for clients and their families throughout New Mexico.

Another important reason cited for not meeting client needs was the lack of knowledge about where to refer clients when one organization cannot meet that client's needs. Cancer control organization employees are not aware of the range of information and support services available within the state.

Cancer Plan Use

In general, fewer than half of all organizations adhered to the goals and objectives laid out in the *New Mexico Cancer Plan 2002-2006*. Only slightly more than half of the mail survey respondents had a copy of the *2002-2006 Plan*. **The majority of those organizations that had a copy of the *Plan* used it as intended, that is, to guide the organization's cancer prevention and control activities.**

Users of the *Cancer Plan* liked the format and contents. They perceived the objectives as realistic, but not specific enough.

Very few organizations maintained records of client interactions, or conducted systematic evaluations of their cancer control activities. Those organizations that did assess their outreach or support activities did so infrequently. The *Cancer Plan* does not specifically recommend and identify mechanisms for assessing the impact of cancer control activities.

Limitations of the Study

One limitation of the present study was the relatively low response rate to the mail survey. In general, a "good" survey response rate is about 85 percent, and a response rate of 60 percent is deemed adequate. Mail surveys typically have lower response rates than other types of surveys, which may introduce error into the study. The evaluator took the necessary steps to promote responses,

including sending follow-up letters, including postage-paid envelopes, and personally contacting potential respondents and asking them to participate.

The majority of mail survey respondents were long-time, senior-level employees of their organizations. Thus, they were in a position to respond accurately to the survey questions. Nevertheless, many respondents answered “don’t know” or “no answer” to several of the questions pertaining to the use of the *Cancer Plan*. It may be that those individuals were not aware of the content of the *Plan*.

References

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Progress Made Toward Selected Objectives: New Mexico Cancer Plan 2002-2006

Goal #1: Reduce the risks for developing cancer.

Tobacco Use Objectives:

Objective 1.1: By 2006, reduce the percentage of youth that report smoking in the past 30 days.

	<u>Baseline</u>	<u>Target</u>	<u>Actual</u>
Grades 6-8	21%	17%	10% (2004 NMYTS)
Grades 9-12	36.2%	32%	30% (2003 YRRS)

Objective 1.2: By 2006, increase the percentage of youth smokers in grades 9-12 that attempted to quit in the past year.

	<u>Baseline</u>	<u>Target</u>	<u>Actual</u>
Grades 9-12	56.4%	60%	55% (2003 YRRS)

Objective 1.3: By 2006, reduce the prevalence of cigarette use by adults.

	<u>Baseline</u>	<u>Target</u>	<u>Actual</u>
Adults	22.4%	21.0%	20.3% (2004 BRFSS)

Objective 1.4: By 2006, reduce exposure to environmental tobacco smoke.

	<u>Baseline</u>	<u>Target</u>	<u>Actual</u>
Percent of smoke-free homes	64%	70%	78% (2003 NMATS)
Percent of smoke-free workplaces	65.7%	77%	81% (2003 NMATS)

Sun Exposure Objectives:

Objective 1.5 A: Increase the number of educational efforts to encourage sun safe behaviors among all New Mexicans, with special emphasis on children and their parents.

Activities to reduce the risk of skin cancer by promoting sun-safe behaviors are occurring throughout the state; however, there is currently no mechanism for tracking all of these efforts. The NMDOH Comprehensive Cancer Program, with funding from the State general fund and the Centers for Disease Control and Prevention, supports the RAYS (Raising Awareness in Youth about Sun Safety) project. Between 2002 and 2004, the RAYS project funded sun-safety education for over 32,000 children, their parents, and other community members.

In addition to curriculum implementation, over 10 schools have modified/adopted new policies to support sun-safe behaviors as a result of RAYS project. Albuquerque Public Schools (the state's largest school district) instituted sun-safe policies for elementary schools in 2000.

To promote statewide education on the importance of sun safety for skin cancer prevention, the Comprehensive Cancer Program contracted with a local television station to air 700 impressions of CDC's "Choose Your Cover" public service announcements in 2002.

Objective 1.5 B: Determine the percentage of New Mexicans reporting one or more sunburns in the past year.

According to the CDC BRFSS, 2003, 34.9% of NM adults over age 18 had a sunburn in the past year. A higher percentage of men versus women had a sunburn (40.4% vs. 29.7%) and by age the highest percent was in 18-24 year olds (52.1%).

Objective 1.5 C: Increase the number of New Mexicans using at least one of the following protective measures to reduce the risk of skin cancer:

- **avoid the sun between 10 a.m. and 4 p.m.**
- **wear sun-protective clothing when exposed to sunlight**
- **use sunscreen with a sun-protective factor of 15 or higher**
- **avoid artificial sources of ultraviolet light**

According to the CDC BRFSS, 2003, 36% of adult New Mexicans seldom or never use sunscreen or sunblock when they are outside on a sunny day for more than an hour and 34% seldom or never wear a hat that shades their face, ears and neck. In households with children under age 13, 74% of survey participants reported that the youngest child's skin was protected by using sunscreen,

sunblock or wearing hats or protective clothing when outdoors on a sunny day for at least half an hour. Questions to be asked of adults about protecting themselves and their children were developed and proposed for the 2004 BRFSS, however survey length constraints prevented inclusion of the questions in 2004.

Nutrition and Diet Objective:

Objective 1.6: By 2006, increase the number of persons aged 13 and older following dietary guidelines that recommend eating 5 or more servings of fruit and vegetables per day

	<u>Baseline</u>	<u>Target</u>	<u>Actual</u>
Ages 13-17	22.5% (unweighted YRBS, 1999)	27.5%	17% (weighted YRRS, 2003)
Adults	20.1%	25%	22.4% (2003 BRFSS)

Overall, 83% of 2003 NM YRRS respondents reported not eating five or more servings of fruits and vegetables a day, on average, over the past seven days. Thirty-four percent of 2003 NM YRRS respondents ate no green salad in the last seven days, 17% ate no fruit, and 21% ate no other vegetables in the same time period.

In adults, a far greater proportion of women (26.1%) eat five or more fruits or vegetables per day than men (18.5%). The lowest percentages of NM adults consuming the recommended amounts are in the 25-24 and 35-44 age groups. Overall, the proportion of adults meeting the required five or more fruits and vegetables per day increases with increasing income and with increasing education.

Physical Activity Objective:

Objective 1.7: By 2006, increase the number of persons aged 13 and older getting regular exercise

	<u>Baseline</u>	<u>Target</u>	<u>Actual</u>
Ages 13-17	62.5% (unweighted YRBS, 1999)	75%	56% (weighted YRRS, 2003)
Adults	50.4%	55%	48.8% (2003 BRFSS new variable)

For youth, the 2003 YRRS showed that 56% of the respondents participated three or more days during the previous week in 20 minutes of vigorous physical activity, while 18% did not exercise at all. Thirty-four percent watched television three or more hours on an average school day, and 9% did not watch any television.

For adults, the CDC calculated a new BRFSS variable for physical activity in 2003. The variable incorporates answers to questions on moderate activity and on vigorous activity to have a single measure of meeting guidelines for either moderate or vigorous activity at least three times a week for 30 minutes. More men than women meet the guidelines (51.6% vs. 46.1%), and a higher percentage of younger adult New Mexicans get the recommended level of physical activity than their older counterparts.

Goal #2: Increase early detection and appropriate screening for cancer.

Breast Cancer Detection and Screening

Objective 2.1: By 2006, increase the percentage of women age 40 and older receiving annual mammograms and clinical breast exams.

	<u>Baseline</u>	<u>Target</u>	<u>Current</u>
Women 40 and over	51.3% (1999)	54.0%	55.4% (2004 BRFSS)

According to the most recent data available (CDC BRFSS, 2004), 55.4% of New Mexican women, aged 40 years and older, reported having a mammogram and clinical breast exam in the past year. This percentage is an improvement over the 1999 baseline estimate, and exceeds the 2006 target set for this objective.

Cervical Cancer Detection and Screening

Objective 2.2: By 2006, increase the percentage of women age 18 and older receiving cervical cancer screening.

	<u>Baseline</u>	<u>Target</u>	<u>Current</u>
Women 18 and over	83.2% (1999)	88.0%	84.5% (2004 BRFSS)

According to the CDC BRFSS, 2004, 84.5% of New Mexican women aged 18 years and older (who had not had a hysterectomy) reported having a Pap test in the past three years. This percentage is an improvement over the 1999 baseline estimate but has not yet reached the 2006 target set for this objective.

Colorectal Cancer Detection and Screening

Objective 2.3: By 2006, increase the percentage of New Mexicans aged 50 and older following recommended screening guidelines for colorectal cancer, and increase the proportion of those at increased risk for colorectal cancer receiving recommended screening.

<u>Baseline</u>	<u>Target</u>	<u>Current</u>
35.3% (1997)	40.0%	51.1% (2004 BRFSS)

The 2004 BRFSS data is for ages 50 and older who have either had an FOBT within the last year or have had an endoscopic screening (flexible sigmoidoscopy or colonoscopy) within the last five years. By gender, a higher proportion of NM men (55.8%) are current with colorectal cancer screening versus 47.1% for women.

Goal #3: Increase access to appropriate and effective cancer treatment and care.

Objective 3.2: By 2006, increase the number of providers other than oncologists who are knowledgeable about optimal cancer screening and care.

Several CME accredited Provider Handbooks on specific cancers were produced and widely distributed. Each booklet includes chapters on the specific cancer's epidemiology, risk factors, screening tests and recommendations, and diagnosis, treatment and prevention. The Cervical Cancer booklet was updated in 2002 and mailed to 1,700 primary care physicians and physician assistants (PAs) with NM licenses and NM addresses. The Colorectal Cancer booklet was created in 2002 and updated in 2004. Over 5,000 were distributed including 1,500 directly mailed to MDs and PAs.

Two CDC slide sets for health care providers were replicated onto CD-ROM, along with accompanying bibliographies and resources, and disseminated to clinicians statewide. "Screening for Prostate Cancer: Sharing the Decision," which provides information on the importance of informed decision making for prostate cancer screening, was mailed to 2,400 health care providers. "A Call to Action: Prevention and Early Detection of Colorectal Cancer," which discusses the importance of screening for the prevention and early detection of colorectal cancer, was mailed to 600 health care providers. In addition to the CD, each clinic site received sample public educational materials and an order form for requesting additional materials free from the NMDOH Comprehensive Cancer Program.

In 2005, three CME-accredited presentations on colorectal cancer were given at geographically dispersed rural health center locations. Attendees included: Primary Care MDs/DOs, Nurse Practitioners, Physician Assistants, Registered Nurses, Hospital Cancer Registrars, Laboratory Technicians and Community Health workers.

Key to Abbreviations and Acronyms

BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CME	continuing medical education
DO	doctor of osteopathy
FOBT	fecal occult blood test, a screening test for colorectal cancer
NMATS	New Mexico Adult Tobacco Survey
NMDOH	New Mexico Department of Health
NMYTS	New Mexico Youth Tobacco Survey
PA	physician assistant
YRBS	Youth Risk Behavior Surveillance (no longer done in NM)
YRRS	Youth Risk and Resiliency Survey