West Virginia
Comprehensive Cancer Program
Evaluation Report

2009 – 2010

Bureau for Public Health
Office of Community Health Systems
and Health Promotion
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Charleston, WV 25301

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West Virginia
Comprehensive Cancer Program
Evaluation Report
2009-2010

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This publication was paid for by the West Virginia Comprehensive Cancer Program of the West Virginia Department of Health and Human Resources with support from Cooperative Agreement Number U55/CCU000768 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.
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West Virginia Comprehensive Cancer Program

The West Virginia Comprehensive Cancer Program (WVCCP) is committed to coordinating cancer prevention and control efforts in the state of West Virginia in order to implement activities in the West Virginia Cancer Plan. The WVCCP consists of a program manager, a program coordinator, and an epidemiologist. The WVCCP conducts educational events, displays cancer related information at public events, provides resources for the WV Ovarian Cancer Initiative (Reaching Out), and facilitates and manages the Mountains of Hope Cancer Coalition (MOH).

WV Comprehensive Cancer Program Evaluation Results

Goal 1: Enhance program, initiative, and coalition infrastructure.

All WVCCP, Reaching Out, and MOH staff completed continuing education and Centers for Disease Control and Prevention (CDC) trainings in order to expand their knowledge, skills, and abilities to more effectively meet the needs of the cancer prevention and control community in West Virginia.

Goal 2: Build strong partnerships.

Four Mountains of Hope (MOH) membership meetings were held over the course of the grant year in July 2009, November 2009, January 2010, and April 2010, with a total of 236 attendees. The MOH membership meetings bring together members to work on the West Virginia Cancer Plan, serve as a networking opportunity, and provide educational sessions for the members. Overall ratings for the MOH membership meetings were 3.6 out of 4 indicating a rating of very good. A total of 10 MOH steering committee meetings were held during the year. Two community meetings were held and 18 community presentations were conducted for the purpose of MOH marketing and recruitment. An Agents of Hope celebration dinner was held in April 2010 to recognize the work of community volunteers and cancer survivors. A patient navigation network was developed during the year. Additionally, MOH added 62 new members during the year.

Goal 3: Mobilize support for comprehensive cancer control.

The WVCCP and MOH utilize several communication strategies including an email listserv, newsletters, and websites to keep coalition members and the general public up to date about cancer prevention and control advances and education. A total of 23 grants were awarded this year for community based projects that addressed goals, objectives, and key strategies in the West Virginia Cancer Plan. In addition to funds from CDC, the WV Department of Health and Human Resources also allocated $100,000 of their budget to assist MOH with implementation of the West Virginia Cancer Plan. Over $50,000 of in kind resources were given to MOH including coalition member time. Additionally, MOH received grants for physician and community education about clinical trials.
Goal 4: Implement the *West Virginia Cancer Plan*.

The WVCCP conducted 9 cancer information displays with over 1,150 people in attendance. Over 2,000 cancer prevention and education brochures were distributed during the year. Additionally, 80 copies of the *West Virginia Cancer Resources: A Patient’s Guide* were distributed. This resource is also available on the WVCCP website. The WVCCP maintains a website containing information about comprehensive cancer prevention and control; specialized information about prostate, colorectal, and ovarian cancers; cancer statistics; and the Mountains of Hope coalition. During the year, the WVCCP website logged 22,243 total hits. MOH’s subcommittees (Prevention, Early Detection, Quality of Life) identified 6 priority goals from the *West Virginia Cancer Plan* for the year and implemented key strategies for each (described in more detail later).

Goal 5: Effect policy change.

During the year, WVCCP and its partners advocated for policy changes congruent with *West Virginia Cancer Plan* objectives. MOH members advocated for policy changes by interacting with appropriate officials. MOH maintains an advocacy committee to assist with this goal and promotes advocacy opportunities on coalition listserv. Approximately 43 advocacy messages were sent out on the coalition listserv (out of 72 total messages).

Goal 6: Maintain and enhance surveillance and evaluation systems to support comprehensive cancer.

The WV Health Statistics Center (HSC) calculated HPV vaccine use prevalence estimates for 2008 and cancer mortality rates for 2008. Through a data sharing agreement, the Health Statistics Center obtained access to hospital discharge data from the WV Health Care Authority. Additionally, the WVCCP and HSC collaborated to ensure use of Behavioral Risk Factor Surveillance System (BRFSS) cancer survivor module for the 2010 survey. The 2009 BRFSS cancer prevalence estimates were also calculated and a HSC Statistical Brief entitled “Cancer Prevalence and Survivorship in WV, 2009” was published on the HSC and WVCCP websites. Evaluation of the WVCCP, Ovarian Cancer Initiative, MOH, and WV Cancer Plan for the 2009-2010 grant year was also conducted during the year. The 2007-2008 WVCCP evaluation report was presented to the coalition and 70 copies were distributed to members. The report is also posted on the WVCCP website. A surveillance and evaluation training was also held at the MOH grant writing workshop.

**WV Ovarian Cancer Initiative Evaluation Results**

The WV Ovarian Cancer Initiative, Reaching Out, is funded by the WVCCP and managed by Marshall University Joan C. Edwards’ School of Medicine in collaboration with the Edwards Comprehensive Cancer Center. Accomplishments of Reaching Out are described below.
Goal 1: Educate the public, health professionals, and decision makers about the risk factors, symptoms, key clinical advances and policy changes for ovarian cancer. (Consistent with West Virginia Cancer Plan Early Detection Goal 10)

Goal 2: Promote access to high quality, evidence based information, resources and support programs for cancer patients, survivors, and the public. (Consistent with West Virginia Cancer Plan Quality of Life Goal 16)

Reaching Out conducted four community driven ovarian cancer educational events in four counties (Pendleton, Greenbrier, Kanawha, and Taylor). Those events were attended by 107 community members and their knowledge increased 300%.

![Mean Ovarian Cancer Knowledge Scores by Location](image)

Participants reported an overwhelmingly positive experience and a high level of satisfaction with the programs. The speaker received high marks from all participants (100%). Additionally, nearly all participants (99%) who completed the evaluation indicated that they understand the risk factors and symptoms of ovarian cancer and 96% believe that it is important to receive an annual pelvic exam.

Reaching Out participated in three local ovarian cancer awareness outreach events for Ovarian Cancer Awareness Month in September 2009 and during the grant year. The initiative also participated in two ovarian/BCCSP collaborative screening/educational programs with 245 attendees and distributed 142 ovarian cancer information packets. Reaching Out also maintained the Ovarian Cancer Advisory Committee during the grant year. This year, the Reaching Out program also implemented the Ovarian Cancer National Alliance (OCNA) program called Survivors Teaching Students: Saving Women’s Lives. The program educated 50 medical students about the experience of living with ovarian cancer.
WV Comprehensive Cancer Program Partnerships

The WVCCP collaborates with internal West Virginia Bureau for Public Health partners and external partners from outside the Bureau. WVCCP funds the Mountains of Hope Cancer Coalition (MOH) which includes a group of individuals and organizations dedicated to reducing the burden of cancer in West Virginia. MOH members set state cancer priorities, implement various key strategies in the West Virginia Cancer Plan, and advocate for policy changes related to cancer prevention and control.

MOH Membership Meeting Evaluation

The Mountains of Hope Cancer Coalition (MOH) has general membership meetings on a quarterly basis. During the meetings, MOH members network, share success stories, listen to educational sessions, and engage in a ‘Working on the Cancer Plan’ session. MOH’s three standing subcommittees, Prevention, Early Detection, and Quality of Life, meet during the ‘Working on the Cancer Plan’ session to discuss activities they are working on as a group to implement key strategies in the West Virginia Cancer Plan.

![Working on the Cancer Plan Session Ratings](chart.png)

Data Source: West Virginia Comprehensive Cancer Program Evaluation System

MOH membership meetings were held in Charleston on July 16, 2009, November 5, 2009, January 28, 2010, and April 15, 2010. Fifty-nine people attended the July meeting with 38 submitting completed meeting evaluation forms. Of those who completed evaluations, 10 attended the Prevention workgroup, 14 attended the Early Detection workgroup, and 10 attended the Quality of Life workgroup (4 completed evaluations were missing subcommittee
information). Forty-seven people attended the November meeting with 37 submitting evaluations (12 in Prevention, 10 in Early Detection, 13 in Quality of Life, 2 missing). Seventy people attended the January meeting with 40 completing evaluations (9 in Prevention, 12 in Early Detection, 9 in Quality of Life, 10 missing). Sixty people attended the April meeting with 41 completing evaluations (14 in Prevention, 15 in Early Detection, 10 in Quality of Life, 2 missing).

**Overall Coalition Membership Meeting Rating**

<table>
<thead>
<tr>
<th>Year</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2009</td>
<td>3.6</td>
</tr>
<tr>
<td>November 2009</td>
<td>3.6</td>
</tr>
<tr>
<td>January 2010</td>
<td>3.6</td>
</tr>
<tr>
<td>April 2010</td>
<td>3.7</td>
</tr>
</tbody>
</table>

Data Source: West Virginia Comprehensive Cancer Program Evaluation System

**Agents of Hope Event**

MOH members can designate themselves as an ‘Agent of Hope’ when they join the coalition. Agents of Hope are community volunteers who actively promote cancer awareness in their local communities and support and promote the mission and vision of MOH. Agents of Hope also encourage positive behavior change, especially in rural and isolated communities. Quite a few of MOH’s Agents of Hope are cancer survivors and share their cancer story with community members. MOH leadership acknowledges the Agents of Hope each year with special activities. This grant year, MOH hosted an Agents of Hope event that included special recognition of the Agents of Hope at a dinner and special event program. The special program was a healthy food and cooking demonstration at Huntington’s Kitchen. Huntington’s Kitchen was initially developed by chef Jamie Oliver for his “Food Revolution” television program and was named Jamie’s Kitchen. Ebenezer Medical Outreach took over the community kitchen and renamed it Huntington’s Kitchen. Huntington’s Kitchen is a community resource where people can learn how to cook healthy meals.
A total of 29 people attended the event and 26 returned an evaluation form. Of the 26, 14 designated themselves as an Agent of Hope. Overall, the evaluation results indicate that the event was a success. The overall rating for the event was 3.8 out of 4, indicating a nearly excellent rating. The mean event rating among the Agents of Hope was 3.9 and 3.7 for other attendees. When asked what brought the participant to the event, responses indicated multiple reasons including to celebrate, to support MOH, and to see Huntington’s Kitchen. Participants also responded that they liked the healthy food, the cooking demonstration, and the location.
West Virginia Cancer Plan

The West Virginia Cancer Plan is a document developed by Mountains of Hope Cancer Coalition (MOH) members based on the burden of cancer in West Virginia. The Plan is comprised of three main sections: Prevention, Early Detection, and Quality of Life. Each section contains detailed goals, objectives, and key strategies for each objective. The Plan provides a blueprint for cancer prevention and control efforts in West Virginia. The WVCCP and its’ partners work together to ensure that the West Virginia Cancer Plan is implemented in an appropriate manner.

MOH Subcommittee Activities

MOH has three standing subcommittees (Prevention, Early Detection, and Quality of Life). The subcommittees conduct a “Working on the Cancer Plan” session at each coalition meeting. At the July 2009 coalition meeting the subcommittees determined which activities they wanted to focus on for the year and completed a work plan describing those activities. These activities were conducted by members of the subcommittee on behalf of the coalition. At the November 2009, January 2010, and April 2010 meetings, the subcommittees completed progress reports based upon the activities in the work plans. Below are summaries of work completed during the 2009-2010 grant year by each of the MOH subcommittees.

Prevention Subcommittee

The Prevention subcommittee chose West Virginia Cancer Plan Goals 2 and 4 as priorities for this grant year. The goals are related to improving the nutritional and physical activity habits of West Virginians. Speakers from the WV Nutrition Network, WV WISEWOMEN nutrition intervention programs, and Huntington’s Kitchen presented educational sessions about their programs at the January MOH membership meeting.

The subcommittee also provided four community grants related to improving nutrition habits. Grant recipients included

- Belington Community Medical Association Inc to implement PANIC Physical Activity and Nutrition in the Community for Barbour County residents
- Davis Health System to educate Randolph County residents about link between physical activity, nutrition, and cancer
- First United Methodist Church/Webster County Cancer education Project to promote healthy eating and physical activity among Webster County residents
- Mid-Ohio Valley Health Department to implement DREAM Diet Record Exercise Activity Monitoring program for adults in Calhoun, Pleasants, Ritchie, Roane, Wirt, and Wood counties

The subcommittee also provided two community grants related to increasing physical activity. Grant recipients included

- Putnam on Wellness Coalition/Regional family Resource Network Inc to implement a physical activity program for Putnam County residents
• Wetzel County Cancer Coalition to implement the Wii R Moving program in four community senior centers in Wetzel county

Early Detection Subcommittee

The Early Detection subcommittee chose West Virginia Cancer Plan Goals 9 and 11 as priorities for this grant year. Work began on a media campaign for colorectal cancer screening for the 2010-2011 grant year. The subcommittee also sponsored speakers for the April MOH membership meeting who presented educational sessions about cancer genetic testing and HPV. Additionally, the subcommittee awarded 9 community grants for cancer screening education for the public and health professionals. The projects included
• Edwards Comprehensive Cancer Center distributed cancer screening recommendations to attendees at the First Annual Physician Cancer Conference/Cancer Update for Primary Care Physicians 2010
• Wayne Awareness Toward Cancer & Health WATCH Coalition conducted two public educational events focused on providing information about cancer screening guidelines for breast, cervical, ovarian, prostate, and colorectal cancers
• First United Methodist Church/Webster County Cancer Education Project conducted a cancer screening guidelines education program for in home care providers
• Roane General Hospital’s Fitness Complex conducted a colorectal education and free screening clinic
• Rainelle Medical Center conducted an educational event focusing on breast, cervical, ovarian, and prostate cancers
• Health Access Inc conducted free cancer screenings at their clinics
• Belington Community Medical Services Association Inc provided educational information to 40 women who received pap tests and breast exams at the clinic
• WV Health Right developed posters encouraging early detection cancer screening which were displayed in medical and pharmacy waiting rooms, procedure and examination rooms at clinic
• Wheeling Health Right conducted an educational session for health care providers focusing on breast cancer

Quality of Life Subcommittee

The Quality of Life subcommittee chose West Virginia Cancer Plan Goals 14 and 16 as priorities for this grant year. A grant writing workshop for MOH members was conducted on June 23, 2010 with 29 in attendance and a patient navigation network meeting was held on November 12, 2009. The Quality of Life subcommittee also awarded three community grants for transportation expenses and three community grants for support groups. The organizations awarded transportation grants included
• Belington Community Medical Services Association Inc Making TRACKS (Transportation Reimbursement Available for Cancer Kare Services) program distributed 100 information packets and 30 gas card of $100 each to local hospitals
• Cabell Huntington Hospital/Edwards Comprehensive Cancer Center provided up to $200 in gas cards to each cancer patient with a total of 262 cards distributed (meal cards were also provided)
• Grant County Health Department provided assistance to 6 people from Grant, Hardy, and Pendleton counties

Support group grants were awarded to
• Davis Health Systems
• The First United Methodist Church/Webster County Cancer Education Project’s Storytelling Project Hope’s Café was conducted at two locations with over 100 people in attendance

MOH Member Activities

Coalition members were asked to fill out the Member Activity Inventory at each MOH membership meeting and additional requests for information are sent out via the coalition listserv, mail, and the WVCCP and MOH websites. The Member Activity Inventory is a tool that was developed to gather information about cancer prevention and control efforts occurring in communities across the state. This section of the report details activities reported to WVCCP by hospitals, primary care centers, and cancer centers around the state.

Cabell Huntington Hospital/Edwards Comprehensive Cancer Center
• Conducted 6 Cancer Center Grand Rounds for 15 physicians, researchers, nurses, and physician assistants.
• Conducted free prostate cancer screenings for 383 men.
• Held a breast cancer survivor dinner for 80 women.
• Conducted free and reduced rate breast cancer screening for 138 women.
• Held a breast cancer education seminar regarding treatment with 65 community members and health care providers in attendance.
• Held a balloon launch for breast cancer awareness for 50 attendees.
• Donated $80,000 to Cabell County Schools to improve school lunches.
• Donated $50,000 to Healthy Lifestyle Healthy Life program for Huntington’s Kitchen to provide healthy cooking classes for community members.
• Holds monthly support group for breast cancer and ovarian cancer.
• Hosts ACS program Look Good Feel Better monthly.
• Conducted a health fair at Bethel Church.
• Held a free and reduced cost cervical and breast cancer screening for 107 women.
• Conducted the 1st Annual Cancer Update for Primary Care Physicians continuing education conference for 132 health care providers.
• Conducted a Health Expo at Big Sandy Arena in Huntington and educated 40 women about breast health/cancer and skin cancer.
• Held a Working Women’s Luncheon and educated 43 women about breast health/cancer and skin cancer.
• Conducted a health fair at Alcon and educated 43 about skin cancer.
• Hosted the 4th Annual Regional Cancer Nursing Symposium continuing education conference with 72 in attendance.
• Conducted a health fair at Milton Middle School for 400 students and included tobacco education and oral exams.
• Conducted a health fair at the Mercer County Health Department with 27 attendees.
• Conducted a skin cancer screening and community awareness event with 103 participants.
• Conducted a health fair at the Wayne County Health Department with 12 attendees.
• Hosted Cancer Survivors Day with over 300 in attendance.
• Hosted Relay for Life event.

Charleston Area Medical Center/David Lee Cancer Center
• Conducted a presentation about cancer survivorship at the annual breast cancer survivors meeting in Madison.
• Held the CAMC Health Fest and provided free prostate cancer screening.
• Hosted a breast cancer awareness celebration at Charleston Post Office.
• Held classes for newly diagnosed cancer patients.
• Developed a local Oncology Nursing Society chapter.
• Participated in the Susan G. Komen for the Cure walk.
• Participated in Relay for Life.

Change, Inc. Family Medical Care
• Participated in health fair at Macy’s with 100 attendees.
• Conducted ALA’s Freedom from Smoking program.
• Participated in Senior Expo in Weir with 200 attendees.
• Participated in the Health and Wellness fair in Fort Steuben with 200 attendees.
• Hosted the 2 Change, Inc. Health Fairs with 300 attendees.
• Participated in the Family Fun Day at Weirton Community Center with 200 attendees.
• Hosted a health fair at Weirton Senior Center with 60 attendees.

Health Access Inc
• As a WVBCCSP provider, conducts cervical and breast cancer screening for eligible women.
• Refers high risk patients for colon cancer screening.

WV Health Right
• Held 2 Women’s Appreciation Days for 80 under- and uninsured women.
• Held 2 Men’s Appreciation Days for 80 under- and uninsured men.
• Held 7 health fairs.
• Provided telephone based assistance for patients with limited resources.

Shenandoah Community Health Center
• Conducted a Freedom from Smoking clinic for 5 community members.

Implementation of West Virginia Cancer Plan Key Strategies

Each section of the West Virginia Cancer Plan has goals and objectives pertaining to the topic areas of Prevention, Early Detection, and Quality of Life. Each objective has several key
strategies for successful attainment of the objective. Organizations and programs from all over the state of West Virginia are working to reduce the burden of cancer. Because the WV Cancer Plan is a statewide plan for addressing cancer, all cancer prevention and control efforts in the state apply to the Plan. The process of tracking those efforts is a monumental undertaking. In conjunction with our partners and the MOH coalition, the WVCCP attempts to track all cancer efforts and activities occurring in West Virginia. This year, a total of 59 of the 144 key strategies in the WV Cancer Plan were implemented during the grant year (41%).

**West Virginia Cancer Plan Objective Tracking**

This year, activities were implemented to address 35 of the 48 objectives in the West Virginia Cancer Plan (73%). Three objectives were changed in July 2009 due to changes in the data source. Objective 2.3 was changed to reflect a proportion as a target rather than a number. Objective 4.3 was rewritten because the Youth Risk Behavior Survey questions about physical activity were changed. Objective 5.1 was deleted due to lack of a data source because CDC no longer offered the question as an option on the BRFSS questionnaire. No objectives were achieved this year but progress is being made on several of the objectives. Data are presented below only for the objectives that have data sources.

**Prevention**

**GOAL 1: Prevent initiation and reduce tobacco use among West Virginians.**

**Objective 1.1:** Reduce the prevalence of cigarette smoking among adults aged 18 and older to 20% or lower. *(Baseline: 26.9%; Source: BRFSS, 2004)*

![Graph showing the prevalence of cigarette smoking from 2004 to 2015](image)

Data Source: WV Health Statistics Center, Behavioral Risk Factor Surveillance System

**Objective 1.2:** Reduce the proportion of youth in grades 9-12 who report smoking in the previous month to 20% or lower. *(Baseline: 27.8%; Source: YTS, 2005)*

![Graph showing the proportion of youth smoking from 2005 to 2015](image)

Data Source: WV Division of Tobacco Prevention, Youth Tobacco Survey
Objective 1.3: Reduce smokeless tobacco use among adult men aged 18 and older to 10% or lower. *(Baseline: 16.6%; Source: BRFSS, 2004)*

**Graph 1:**
- Baseline 2004: 16.6%
- 2008: 17.6%
- 2009: 17.1%
- 2014: 10.0%

Data Source: WV Health Statistics Center, Behavioral Risk Factor Surveillance System

Objective 1.4: Reduce the proportion of young men in grades 9-12 who report smokeless tobacco use to 19% or lower. *(Baseline: 22%; Source: YTS, 2005)*

**Graph 2:**
- Baseline 2005: 22.0%
- 2007: 26.6%
- 2009: 24.8%
- 2015: 19.0%

Data Source: WV Division of Tobacco Prevention, Youth Tobacco Survey

Objective 1.5: Increase the number of WV counties with locally enforced comprehensive smoking bans from 37 (65%) to 55 (100%).

**Graph 3:**
- Baseline 2006: 37
- 2007: 42
- 2009: 55

Data Source: WV Division of Tobacco Prevention

GOAL 2: Improve healthy dietary habits among West Virginians.

Objective 2.1: Increase from 19% to 25% the percentage of adults aged 18 and older who consume at least five servings of fruits and vegetables daily. *(Baseline: 19%; Source: BRFSS, 2003)*

**Graph 4:**
- Baseline 2003: 18.7%
- 2005: 20.0%
- 2009: 19.7%
- 2011: 16.2%

Data Source: WV Health Statistics Center, Behavioral Risk Factor Surveillance System
Objective 2.2: Increase from 21% to 28% the proportion of youth under the age of 18 who consume at least five servings of fruits and vegetables daily. *(Baseline: 21%; Source: YRBS, 2003)*

![Graph showing the increase from 21% to 28% from 2003 to 2015.](data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAQAAAAECAIAAADJzv16AAAABlBMVEX///8D/7///wAAAAAElFTkSuQmCC)

Data Source: WV Department of Education, Youth Risk Behavior Surveillance System

Objective 2.3: Decrease from 44.4% to 25% the proportion of youths who have consumed alcohol in the past month. *(Baseline: 44.4%; Source: YRBS)*

![Graph showing the decrease from 44.4% to 25% from 2003 to 2015.](data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAQAAAAECAIAAADJzv16AAAABlBMVEX///8D/7///wAAAAAElFTkSuQmCC)

Data Source: WV Department of Education, Youth Risk Behavior Surveillance System

GOAL 3: Reduce the prevalence of obese and overweight West Virginians.

Objective 3.1: Reduce to 20% the proportion of adults who are obese as defined by having a BMI of 30 or greater. *(Baseline: 28%; Source: BRFSS, 2002)*

![Graph showing the decrease from 28% to 20% from 2002 to 2015.](data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAQAAAAECAIAAADJzv16AAAABlBMVEX///8D/7///wAAAAAElFTkSuQmCC)

Data Source: WV Health Statistics Center, Behavioral Risk Factor Surveillance System

Objective 3.2: Reduce the proportion of children and adolescents who are overweight by 5% from baseline. *(Baseline: 13%; Source: YRBS 2003)*

![Graph showing the decrease from 13% to 8% from 2003 to 2015.](data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAQAAAAECAIAAADJzv16AAAABlBMVEX///8D/7///wAAAAAElFTkSuQmCC)

Data Source: WV Department of Education, Youth Risk Behavior Surveillance System
GOAL 4: Promote physical activity among West Virginians to decrease sedentary behavior and lifestyles.

**Objective 4.1:** Increase the percentage of West Virginia adults aged 18 and older who participate in moderate physical activity for at least 30 minutes five times per week or vigorous physical activity for at least 20 minutes three times per week from 43% to 50%. *(Baseline: 43%; Source: BRFSS, 2003)*

**Objective 4.2:** Increase the percentage of West Virginia adults aged 18 and older who participate in leisure-time physical activity from 72% to 75%. *(Baseline: 72%; Source: BRFSS, 2003)*

**Objective 4.3:** Increase the percentage of West Virginia’s youth in grades 9-12 who participate in physical activity for at least 60 minutes per day, 5 days a week, from 42.8% to 50%. *(Baseline: 42.8%; Source: YRBS 2007)*

Data Source: WV Health Statistics Center, Behavioral Risk Factor Surveillance System

Data Source: WV Department of Education, Youth Risk Behavior Surveillance System
Early Detection

GOAL 8: Improve access to and utilization of evidence-based and guideline-specific cancer screening and diagnostic follow-up services for all West Virginians, including those who are under- or uninsured.

**Objective 8.1:** Increase the percentage of women aged 40 and older who have had a mammogram within the previous 2 years to at least 75%. *(Baseline: 72.5%; Source: WVBRFSS, 2004)*

**Objective 8.2:** Increase the percentage of women aged 40 and older who have had a clinical breast exam (CBE) within the previous 2 years to at least 78%. *(Baseline: 75.3%; Source: WVBRFSS, 2004)*

**Objective 8.3:** Increase the percentage of women aged 18 and older who have had a Pap test within the previous 3 years to at least 85%. *(Baseline: 82.6%; Source: WV BRFSS, 2004)*
**Objective 8.4:** Increase the percentage of men and women aged 50 and older who have had a FOBT within the previous year to at least 22%. *(Baseline: 19.8%; Source: WVBRFSS, 2004)*

![Graph for Objective 8.4](image)

Data Source: WV Health Statistics Center, Behavioral Risk Factor Surveillance System

**Objective 8.5:** Increase the percentage of men and women aged 50 and older who have had endoscopy (sigmoidoscopy or colonoscopy) within the previous 10 years to at least 50%. *(Baseline: 42.1%; Source: WVBRFSS, 2004)*

![Graph for Objective 8.5](image)

Data Source: WV Health Statistics Center, Behavioral Risk Factor Surveillance System

**Objective 8.6:** Increase percentage of men aged 50 and older who have had a PSA in the past year to at least 59%. *(Baseline: 54.8%; Source: WVBRFSS, 2004)*

![Graph for Objective 8.6](image)

Data Source: WV Health Statistics Center, Behavioral Risk Factor Surveillance System

**Objective 8.7:** Increase percentage of men aged 50 and older who have had a DRE (as part of a prostate examination) in the past year to at least 55%. *(Baseline: 50.9%; Source: WVBRFSS, 2004)*

![Graph for Objective 8.7](image)

Data Source: WV Health Statistics Center, Behavioral Risk Factor Surveillance System
For more information about the West Virginia Comprehensive Cancer Program:
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