

2018-2022 Iowa Cancer Plan Evaluation Plan



Iowa Cancer
Consortium

www.canceriowa.org/cancerplanevaluationplan

*This plan was developed using the CDC's "Comprehensive Cancer Control Evaluation Toolkit"
https://www.cdc.gov/cancer/ncccp/pdf/ccc_program_evaluation_toolkit.pdf



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2018-2022 Iowa Cancer Plan Description:

Each year, an estimated 17,400 Iowans are diagnosed with cancer and 6,200 lose their lives. Cancer remains the second-leading cause of death in Iowa.ⁱ

All Iowans have a role in reducing the state's cancer burden. The 2018-2022 Iowa Cancer Plan serves as a roadmap for comprehensive cancer control efforts in Iowa for the next five years. It is meant to help provide direction and guide all Iowans involved in cancer to work together towards accomplishing the same goals.

The Iowa Cancer Plan identifies five priorities that must be addressed in order to reduce the burden of cancer in Iowa. These priorities are overarching issues that appear throughout the Iowa Cancer Plan:

- **Prevention:** Prevent cancer from occurring whenever possible.
- **Screening:** Detect cancer at its earliest stages.
- **Treatment:** Improve the accessibility, availability and quality of cancer treatment services and programs.
- **Quality of Life:** Ensure the highest possible quality of life for all Iowans affected by cancer.
- **Health Equity:** Identify and eliminate cancer health disparities.

The plan is organized by goals, actions and targets. Goals are measurable aims that address one or more of the above priorities. Under each goal there are actions, or activities that help accomplish a specific goal. At the end of each goal are data targets. These targets are data benchmarks that are used to measure and evaluate progress towards the outlined goals. Throughout the plan, specific actions are outlined that address policy, systems and environments. These approaches are needed for long-term, sustainable improvements in comprehensive cancer control.



Iowa Cancer Consortium Description:

The Iowa Cancer Consortium is a statewide nonprofit coalition of health care providers, public health professionals, caregivers, researchers, cancer survivors, volunteers and advocates working together to reduce the burden of cancer in Iowa.

What Does the Consortium Do?

- Establishes and grows partnerships between individuals and organizations, enhancing partners' abilities to address cancer issues.
- Provides a neutral setting for agencies competing for the same funding and patient base to work together to reduce duplication of efforts and advance common cancer control issues.
- Leverages state and federal funds to the fullest extent by using the expertise of volunteers and members.
- Provides capacity-building opportunities, resources and support for cancer control work.
- Provides funding through a competitive grants process to programs and projects that advance priorities in the Iowa Cancer Plan.

The Iowa Cancer Consortium envisions an Iowa where cancer is not a burden. Our mission is to reduce cancer incidence and mortality in Iowa through collaborative efforts that provide services and programs directed towards comprehensive cancer prevention and control.

Above all, the Iowa Cancer Consortium is *collaborative*. We connect new and sometimes unlikely partners who want to make bigger impacts with their work and resources. We create partnerships that strengthen cancer prevention, screening, treatment and quality of life for all Iowans.



Introduction and Purpose:

The purpose of the Iowa Cancer Plan evaluation plan is to annually review the impact that the Iowa Cancer Consortium (Consortium) has made towards the goals, actions and data targets outlined in the 2018-2022 Iowa Cancer Plan. This plan was developed and created by partners in Iowa who all have a stake in cancer control and prevention. The evaluation plan will help Iowans better implement the approaches outlined in the 2018-2022 Iowa Cancer Plan. The evaluation plan focuses on four sections of work that the Consortium actively facilitates. The sections described below all work towards the main goal of reducing the burden of cancer in Iowa. The following information will be assessed in the evaluation plan:

- **Section 1: Data Targets Yearly Scorecard:** Evaluate progress made towards the goals, actions and data targets of the 2018-2022 Iowa Cancer Plan.
- **Section 2: Workgroup and Committee Impact:** Evaluate the Consortium programs (workgroup/committee meetings and projects) that use the 2018-2022 Iowa Cancer Plan as an evidence-based guide to implement cancer control initiatives in Iowa.
- **Section 3: Iowa Cancer Plan Implementation Grants:** Evaluate the Consortium grants progress made towards the goals, actions and data targets of the 2018-2022 Iowa Cancer Plan.
- **Section 4: Revising the Iowa Cancer Plan (working document):** Evaluate when to revise the 2018-2022 Iowa Cancer Plan, making the 2018-2022 Iowa Cancer Plan a working document.

The evaluation plan was developed using CDC's Comprehensive Cancer Control Branch Program Evaluation Toolkit, which recommends that Comprehensive Cancer Control Programs focus evaluation efforts on three main focus areas:

1. Partnerships: the quality, contributions and impacts of comprehensive cancer control coalition.
2. Plan: the quality and implementation of the statewide comprehensive cancer control plan.
3. Program: the extent to which interventions outlined in your comprehensive cancer control plan are executed and yield intended results.

The Iowa Cancer Consortium will create a limited report of progress each fiscal year, with the fifth year report being more comprehensive. The evaluation report addresses the most important outcomes from the sections and will be created by the Consortium data and evaluation committee along with the help of the Consortium staff. The annual evaluation report will be shared out with Consortium partners when completed to help communicate the impact of the activities implemented and help to determine the Consortiums direction for the following fiscal year.

The Evaluation Matrix below gives a high level overview of how the evaluation sections will be completed. See the individual sections for an in-depth explanation on how to complete each section.



Table 1. Evaluation Matrix.

Evaluation Section	Evaluation Questions	Indicators	Data Collection Sources	Data Collection Methods	Data Collection Timing	Data Analysis
Example Key	What does the Consortium want to know? <i>(About the Cancer Plan?)</i>	The type of data the Consortium will use to address the evaluation question. <i>(Quantitative or qualitative, or combination?)</i>	Where will the Consortium get the data? <i>(Cancer Plan, surveys, facilitated discussions, information interviews, etc.).</i>	How will the Consortium collect the data? <i>(Utilize our data resources: State Health Registry, BRFSS, other sources outlines in Cancer Plan).</i>	When will the Consortium collect the data? <i>(Decide based on what we are looking to evaluate.)</i>	How will the Consortium organize and interpret the data? <i>(TBD)</i>
Section 1: Data Targets Yearly Scorecard	<p>1. Have we seen positive or negative change towards the data targets?</p> <ul style="list-style-type: none"> If there is a significant change in a positive or negative direction, please provide an explanation of this change and why it is important to note. <p>2. If we have seen change in the positive direction, are we on track to meet our five year goal?</p>	The Consortium will use the data for Appendix A to indicate the progress made towards the data targets.	Data sources are indicated with the data target in the 2018-2022 Iowa Cancer Plan. See Appendix A for source of the data targets.	The Consortium assigned data targets to BRFSS and the State Health Registry who have agreed perform a yearly data target analysis.	The yearly Data Target Analysis will take place in July/August prior to the Annual Iowa Cancer Summit.	The Consortium staff will fill in Appendix B and work to share finding with partners at the Annual Iowa Cancer Summit.
Section 2: Workgroup and Committee Impact	<p>1. How many meetings have been held for each workgroup and committee in FY XX?</p> <p>2. On average, how many attendees were present at each workgroup meeting?</p> <p>3. Has the workgroup or committee established or defined their purpose? If yes, please describe what progress has been made towards the purpose.</p>	The Consortium staff along with workgroup and committee leadership will work together to analyze the questions. The analysis of these questions will indicate the status of the workgroup or committee.	Data collection will be done by the Iowa Cancer Consortium staff and workgroup or committee leadership through a focus group or informational interview, as well as a survey conducted via Qualtrics or Survey Monkey.	The workgroup or committee will use one meeting each fiscal year to facilitate the collection of the evaluation questions. This meeting will be done via Zoom and be recorded and transcribed.	The data collection will occur during one of the last workgroup or committee meetings of the fiscal year.	The Consortium staff and workgroup or committee leadership will work together to analyze the group. They will then work together to make suggestions for the group for the next fiscal year.



	<p>(Yes/No) and explain.</p> <p>4. If the workgroup or committee has worked on a project or is actively working on a project, what are the outcomes of that project? Did the project accomplish its specific goal?</p> <p>5. Please see additional workgroup and committee analysis.</p>					
Section 3: Iowa Cancer Plan Implementation Grants	See Section 3 page ___ for evaluation questions.	Indicators for the grants will differ based on the specific grant, please see each grant proposal for specific indicators.	Data collection will be done by the grantees, the source of their data is based on what they write in their evaluation plan, please see each grant proposal for specific indicators.	The Consortium will use that data provided by the grantees on their mid and end of year reports.	The data collection will occur at the mid-year and the end of year for each of the project. The Consortium staff will send each grantee the evaluation document at the mid-year and end of year time points of each grant.	The Consortium staff in charge of grants will work with grantees to analyze their progress made towards the 2018-2022 Iowa Cancer Plan.
Section 4: Revising the Iowa Cancer Plan (working document)	<p>1. As a working document, are there any changes that are being considered?</p> <p>2. How will the change impact cancer control in Iowa?</p> <p>3. Are there any drawbacks including or changing this in the cancer plan?</p>	The indicator for this measure is dependent on the proposed revision.	The source for the change will depend on what the suggested update or addition. For example it could include data that is out of date and has to be updated or it could include new evidence-base that suggests a change to the plan.	The data collection method for this measure is dependent on the proposed revision.	The data collections timing for this measure are dependent on the proposed revision.	The data analysis for this measure is dependent on the proposed revision.



Section 1: Data Targets Yearly Scorecard:

Each year identified partners will work with Consortium staff to fill in the Cancer Plan scorecard ([Appendix A](#)) with the most recent data. The most important pieces of the scorecard will be shared with the Consortiums membership each year and will guide the priorities for the Consortium for the next fiscal year. Prior to the annual Iowa Cancer Summit, the Consortium’s data and evaluation committee will meet and work with staff and identified workgroup leadership to decide which data targets will be shared at the annual meeting.

Steps to creating and filling in the Iowa Cancer Plan scorecard each year:

1. Staff and the leadership of the data and evaluation committee will engage partners from the State Health Registry of Iowa, the Iowa Department of Public Health (IDPH) Behavioral Risk Factor Surveillance System (BRFSS) and any other partners who have knowledge of the cancer plan data targets to fill in the Iowa Cancer Plan scorecard. Partners will fill in their respective data points and report them back to the Consortium staff.
2. Staff, leadership and the data and evaluation committee will convene a meeting to evaluate and discuss the changes that have occurred.
3. If a data target has been met, the Iowa Cancer Consortium data and evaluation committee will discuss revising the data goal. If a change is being considered, the Consortium will use [Section 4](#) of this evaluation plan to decide if the change is necessary.
4. Staff will use the table in Appendix B to complete the data targets yearly scorecard. This document will then be made available to Consortium membership.

Table 1.1. Evaluation Matrix Section 1: Data Targets Yearly Scorecard.

Evaluation Section	Evaluation Questions	Indicators	Data Collection Sources	Data Collection Methods	Data Collection Timing	Data Analysis
Section 1: Data Targets Yearly Scorecard	1. Have we seen positive or negative change towards the data targets? <ul style="list-style-type: none"> • If there is a significant change in a positive or negative direction, please provide an explanation of this 	The Consortium will use the data for Appendix A to indicate the progress made towards the data targets.	Data sources are indicated with the data target in the 2018-2022 Iowa Cancer Plan. See Appendix A for source of the data targets.	The Consortium assigned data targets to BRFSS and the State Health Registry who have agreed perform a yearly data target analysis.	The yearly Data Target Analysis will take place in July/August prior to the Annual Iowa Cancer Summit.	The Consortium staff will fill in Appendix B and work to share finding with partners at the Annual Iowa Cancer Summit.



	<p>change and why it is important to note.</p> <p>2. If we have seen change in the positive direction, are we on track to meet our five year goal?</p>					
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Section 2: Workgroup and Committee Impact:

Workgroup and committee leadership along with Consortium staff will be responsible for evaluating the progress of the workgroups and committees each year.

Workgroup and committee leadership will meet every June with their group to evaluate the direction and progress made towards their identified goal in the 2018-2022 Iowa Cancer Plan. A facilitated discussion will be conducted by the Consortium staff and workgroup/committee leadership. These meetings will be recorded via Zoom and will include the following questions:

1. The number of meetings the workgroup held in the listed fiscal year (including dates).
2. The average number of attendees at each meeting.
3. Has the workgroup established or defined their purpose? If so, what is working? If not, what is hindering success?
4. If the workgroup or committee has worked on a project or is actively working on a project, what are the outcomes of the project? Did the project accomplish its specific goal?
5. Additional workgroup and committee analysis see questions below.

Every fiscal year, Consortium workgroups and committees will also conduct a survey for each workgroup and committee. This will include a more in-depth qualitative analysis on individual perspectives of the workgroups and committees. The analysis will be conducted via Survey Monkey or Qualtrics and include questions about the individuals satisfaction with the groups. See questions below:

1. How much do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I understand the direction of this workgroup or committee.					
I feel that my contributions in					



this workgroup or committee are valued.					
I am satisfied with the direction of this workgroup or committee.					
I feel that my expectations of this workgroup or committee are being met.					
As a result of this workgroup or committee, I have gained new knowledge applicable to my work?					
I am satisfied with the time commitment of this workgroup.					

2. Is there anything else you would like to share about your experience in this workgroup or committee?

Table 1.2. Evaluation Matrix Section 2: Workgroup and Committee Impact.

Evaluation Section	Evaluation Questions	Indicators	Data Collection Sources	Data Collection Methods	Data Collection Timing	Data Analysis
Section 2: Workgroup and Committee Impact	1. How many meetings have been held for each workgroup and committee in FY XX? 2. On average, how many attendees were present at each workgroup meeting? 3. Has the workgroup or committee established or defined their purpose? If yes, please describe what progress has been made towards the purpose. (Yes/No) and explain. 4. If the workgroup or	The Consortium staff along with workgroup and committee leadership will work together to analyze the questions. The analysis of these questions will indicate the status of the workgroup or committee.	Data collection will be done by the Iowa Cancer Consortium staff and workgroup or committee leadership through a focus group or informational interview, as well as a survey conducted	The workgroup or committee will use one meeting each fiscal year to facilitate the collection of the evaluation questions. This meeting will be done via Zoom and be recorded and transcribed.	The data collection will occur during one of the last workgroup or committee meetings of the fiscal year.	The Consortium staff and workgroup or committee leadership will work together to analyze the group. They will then work together to make suggestions for the group for the next



	<p>committee has worked on a project or is actively working on a project, what are the outcomes of that project? Did the project accomplish its specific goal?</p> <p>5. Please see additional workgroup and committee analysis.</p>		<p>via Qualtrics or Survey Monkey.</p>			<p>fiscal year.</p>
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Table 2. Tracking the Consortiums workgroup and committee impact for each identified fiscal year.

Workgroup/Committee	Meetings (list dates) held in FYXX	Average number of attendees per meeting	Has the workgroup or committee established or defined their purpose? If yes, please describe what progress has been made. (Yes/No) and explain.	If the workgroup or committee has worked on a project or is actively working on a project, what are the outcomes of that project? Did the project accomplish its specific goal?	Was additional analysis done this year? (Yes/No) If so please report findings here.
Access Workgroup					
Breast Cancer Screening Workgroup					
Collaboration Workgroup					
Colorectal Cancer Workgroup					
Health Equity Workgroup					
Human Papilloma Virus (HPV) Workgroup					
Nutrition and Physical Activity (NUPA) Workgroup					
Quality of Life (QoL) Workgroup					
Radon Workgroup					
Research/Clinical Trials Workgroup					
Tobacco Workgroup					
Ultra Violet (UV)/Sun Safety Workgroup					
Communications Committee					
Data & Evaluation Committee					
Systems & Environmental Change Committee					



Section 3: Iowa Cancer Plan Implementation Grants:

For grants awarded by the Consortium, all mid-year and end-of-year reports will require evaluation of progress towards the goals and actions outlined in the 2018-2022 Iowa Cancer Plan. This evaluation will be included in the mid-year and end-of-year reports for grantees, and the information can be pulled from these documents. See below for more information:

Mid-Year and End of Year Evaluation Questions:

- Please evaluate the progress you made towards the 2018-2022 Iowa Cancer Plan goals and/or actions identified in your project proposal by answering the questions below:
- Did you evaluate the progress of your project as planned (based on the evaluation plan you included in your project proposal)?
 - If you did, please describe how your project made progress towards each goal(s) and/or action(s) outlined in your project proposal.
 - If not, please describe what you did differently and how you know if your project made progress towards the goals and/or actions outlined in your project proposal. Include details to support the work towards goals and/or actions even if objectives in project proposal were not achieved.
- Please describe any and all factors (planned/unplanned) that have contributed to project success:
- Please describe any barriers or issues affecting the success of the project to date and the impact on the project:
- How did you, or in the future how will you, address barriers/issues encountered?
- How did/can the Iowa Cancer Consortium assist you in addressing these barriers/issues?
- Please describe any unanticipated outcomes to date resulting from your project:

Table 3. Tracking of Consortium implementation grants for each identified project.

Funding Year	Type of Implementation project Examples: (IFP/Boost/Concept/Other)	Project Title	Iowa Cancer Plan Goal Addressed	Iowa Cancer Plan Actions Addressed	Mid-year progress	End of year progress
					See evaluation questions above	See evaluation questions above

Table 1.3. Evaluation Matrix Section 3: Iowa Cancer Plan Implementation Grants.

Evaluation Section	Evaluation Questions	Indicators	Data Collection Sources	Data Collection Methods	Data Collection Timing	Data Analysis



Section 3: Iowa Cancer Plan Implementation Grants	See Section 3 page ___ for evaluation questions.	Indicators for the grants will differ based on the specific grant, please see each grant proposal for specific indicators.	Data collection will be done by the grantees, the source of their data is based on what they write in their evaluation plan, please see each grant proposal for specific indicators.	The Consortium will use that data provided by the grantees on their mid and end of year reports.	The data collection will occur at the mid-year and the end of year for each of the project. The Consortium staff will send each grantee the evaluation document at the mid-year and end of year time points of each grant.	The Consortium staff in charge of grants will work with grantees to analyze their progress made towards the 2018-2022 Iowa Cancer Plan, this information will be shared in the annual report to show progress made.
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Section 4: Revising the Iowa Cancer Plan (working document):

Framework for revising the 2018-2022 Iowa Cancer Plan:

1. Create a recommended revision form for the 2018-2022 Iowa Cancer Plan that will be included on the Consortium website and shared with membership. Form includes:
 - Name of person
 - Email address
 - Goal, action or data target that should be revised for the 2018-2022 Iowa Cancer Plan
 - Explanation of why the goal, action or data target needs to be revised.
2. The suggested revision will be presented to the coinciding workgroup or committee, who will discuss the revision and make a recommendation. If revision does not align well with a workgroup or committee, a group of experts will be convened to discuss the proposed revision and provide their recommendation.
3. If the proposed revision is a major change (i.e. adding or taking away some from the plan), then the Consortium Board of Directors will make a final decision regarding the change.
4. If the proposed revision is not a major change, then the workgroup or committee can make the recommendation to the Consortium staff.
5. If the proposed revision is approved, the Consortium staff will make changes to the 2018-2022 Iowa Cancer Plan. These changes will include an update log which will link to an explanation as to why the revision was made.

Table 1.4. Evaluation Matrix Section 4: Revising the Iowa Cancer Plan (working document).

Evaluation Section	Evaluation Questions	Indicators	Data Collection Sources	Data Collection Methods	Data Collection Timing	Data Analysis
Section 4:	1. As a working	The indicator for	The source for	The data	The data	The data



<p>Revising the Iowa Cancer Plan (working document)</p>	<p>document, are there any changes that are being considered?</p> <p>2. How will the change impact cancer control in Iowa?</p> <p>3. Are there any drawbacks including or changing this in the cancer plan?</p>	<p>this measure is dependent on the proposed revision.</p>	<p>the change will depend on what the suggested update or addition. For example it could include data that is out of date and has to be updated or it could include new evidence-base that suggests a change to the plan.</p>	<p>collection method for this measure is dependent on the proposed revision.</p>	<p>collections timing for this measure are dependent on the proposed revision.</p>	<p>analysis for this measure is dependent on the proposed revision.</p>
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Table 4. Tracking of revisions made to the 2018-2022 Iowa Cancer Plan.

<p>Goal, Action or Data Target being updated</p>	<p>Consortium staff responsible for the revision discussion</p>	<p>Reason for revision</p>	<p>Date revised</p>	<p>Why is the change being made? (Brief explanation)</p>	<p>How will the change impact cancer control in Iowa?</p>	<p>Are there any drawbacks to including or changing this in the cancer plan?</p>



Appendix A: Data Targets Yearly Scorecard Reporting Document

Table 5: Color Coded table corresponding with information from Yearly Data Targets Scorecard found in excel document.

Who's Responsible	Data Target Goals	Color
State Health Registry of Iowa	Goal(s): 2, 6, 7 and 10	
IDPH BRFS	Goal(s): 2, 3, 4 and 9	
IDPH Immunization Bureau	Goal(s): 5	
Iowa Cancer Consortium and Other (Iowa Youth Survey)	Goal(s): 1, 2, 4, 6, 7, 8, 10, 11, 12, 13, 14 and 15	

Table 6: State Health Registry of Iowa Data Targets List.

Goal 2: Decrease tobacco and nicotine use and exposure.							
Goal 7: Decrease exposure to radon and other environmental substances linked to cancer.							
Data Targets	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
Decrease the age-adjusted incidence per 100,000 for lung cancer.	2012-2014: 63.2	49.1					
Decrease the age-adjusted mortality per 100,000 for lung cancer.	2012-2014: 45.3	41.7					

Goal: 6 Increase protective behaviors from sun/ultraviolet (UV) exposure.							
Data Targets	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
Decrease the age-adjusted incidence per 100,000 for skin melanoma.	2012-2014: 24.9	27.5					
Decrease the age-adjusted mortality per 100,000 for skin melanoma.	2012-2014: 2.9	2.7					

Goal 10: Increase access to quality cancer care and services.							
Data Targets	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
Increase the percentage of survivors living 5 years after their initial cancer diagnosis.	2007-2010: 66.4 %	73.0%					
Percentage of people who survived at least 5 years after their cancer diagnosis, Iowa, 2007-2010 (Source: State Health Registry)							

Other Cancer Types Incidence	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
All Cancer Sites	2012-2014: 459.5	402.0					
Late Stage Female Breast	2012-2014: 39.1	29.3					
Colorectal	2012-2014: 44.8	33.9					
Cervical	2012-2014: 7.3	3.6					
Liver	2012-2014: 6.2*	7.3*					



Prostate	2012-2014: 101.9	88.7					
Other Cancer Types Mortality	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
All Cancer Sites	2012-2014: 167.3	153.9					
Late Stage Female Breast	2012-2014: 19.3	19.0					
Colorectal	2012-2014: 15.6	13.7					
Cervical	2012-2014: 2.0	1.8					
Liver	2012-2014: 4.8	4.4					
Prostate	2012-2014: 19.6	18.0					

Table 7: IDPH BRFSS Data Targets List.

Goal 2: Decrease tobacco and nicotine use and exposure.							
Data Targets	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
Decrease tobacco use among adults. Percent of Current Smokers, All Races, Both Sexes, Ages 18+ (Source: BRFSS 2016)	2016: 16.7%	15.0%					
Increase adult cessation attempts. Percent of Current Smokers Trying to Quit for a Day or More, All Races, Both Sexes, Ages 18+ (Source: BRFSS 2016)	2016: 52.5%	57.8%					
Increase the portion of lowans who don't allow smoking inside their homes. Which statement best describes the rules about smoking inside your home? 1. Smoking is not allowed anywhere inside your home. (Source BRFSS 2016)	2016: 85.4%	93.9%					
Increase the proportion of lowans reporting no hours of exposure to secondhand smoke. In a typical week at work, how many hours would you say that you are in a room or car with smoke from someone else's cigarettes, cigars, or pipe? Zero hours. (Source: BRFSS 2016)	2016: 57.9%	63.7%					

Goal 3: Increase efforts that support healthy eating, physical activity and healthy weight status.							
Data Targets	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
Decrease proportion of adults who are overweight or obese. Overweight or obese lowans (body mass index	2016: 68.7%	61.8%					



greater than or equal to 25.0 kg/m ²), All Races, Both Sexes, Ages 18+ (Source: BRFSS 2016)							
Increase proportion of adults getting recommended levels of physical activity. Iowans Getting Recommended Level of Physical Activity, All Races, Both Sexes, Ages 18+. Recommended physical activity was defined as either regular physical activity 30 or more minutes per day for 5 or more days per week or vigorous activity 20 or more minutes per day for 3 or more days per week. (Source: BRFSS 2015)	2015: 48.8%	53.7%					
Decrease proportion of adults who are obese. Obese (body mass index greater than or equal to 30.0 kg/m ²), All Races, Both Sexes, Ages 18+ (Source: BRFSS 2016)	2016: 32.0%	28.8%					
Increase level of reported fruit and vegetable consumption among adults. Percentage of Iowans Who Consumed Five or More Fruits/Vegetables per Day, All Races, Both Sexes, Ages 18+ (Source: BRFSS 2015)	2015: 13.5%	14.9%					

Goal 4: Decrease excessive alcohol consumption.							
Data Targets	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
Decrease the percentage of adults in Iowa who are heavy drinkers. The percentage of adults in Iowa who are heavy drinkers (defined as an average of greater than 14 drinks per week for men and seven drinks per week for women). (Source: BRFSS 2015)	2016: 5.9%	5.3%					
Decrease the percentage of adults in Iowa who report at least one binge drinking episode in the past 30 days. The percentage of adults in Iowa who reported at least one binge drinking episode defined as when a man drinks more than five drinks or a woman drinks more than four	2016: 19.8%	17.8%					



drinks on one occasion) in the past 30 days. (Source: BRFSS 2015)							
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Goal 9: Increase understanding of and adherence to recommended cancer screening guidelines.							
Data Targets	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
Increase the percent of women between 50-74 years of age who have had a mammogram in the past two years. (Source: BRFSS 2016)	2016: 77.6 %	85.4%					
Increase the percent of people age 50-75 years of age who had a colorectal screening test. Proportion of people 50-75 years of age with stool test in past year OR colonoscopy within past 10 years OR sigmoidoscopy within past five years. (Source: BFRSS 2016)	2016: 68.6%	80.0%					
Increase the percent of women age 21 years and older who had a Pap test within the past three years. Proportion of women 21 years of age and older who have had a Pap test in past three years. (Source: BFRSS 2016)	2016: 81.6%	89.8%					

Table 8: IDPH Immunization Bureau Data Targets List.

Goal 5: Increase vaccination completion rates for all vaccines proven to reduce the risk of cancer.							
Data Targets	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
Increase routine vaccination coverage levels for adolescent boys and girls aged 13 to15. Percentage of boys and girls aged 13-15 in the IRIS system that have up-to-date 3-1-2-1-2 coverage. (Source: Iowa Immunization Program Annual Report 2016)	2016: 58.0%	63.8%					
Increase number of adolescents vaccinated against hepatitis B. Percentage of adolescent boys and girls aged 13-15 in the IRIS system who have completed the Hepatitis B vaccine doses. (Source: Iowa Immunization Program Annual Report 2016)	2016: 89.0%	97.9%					



Increase number of children aged 2 years vaccinated against hepatitis B. Percentage of boys and girls aged two in the IRIS system who have completed the Hepatitis B vaccine doses. (Source: Iowa Immunization Program Annual Report 2016)	2016: 87.0%	95.5%					
Increase number of boys and girls aged 13 to 15 vaccinated against HPV. Percentage of adolescent boys and girls aged 13-15 in the IRIS system who have completed the HPV vaccine doses. (Source: Iowa Immunization Program Annual Report 2016)	2016: 27.0%	29.7%					

Table 9: Iowa Cancer Consortium and Other (Iowa Youth Survey) Data Targets List.

Goal 1: Increase collaboration among organizations, coalitions, businesses and individuals to maximize cancer control resources and efforts.

Data Targets	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
Increase the number of Iowa counties that are represented within the Iowa Cancer Consortium membership.	2017: 51 Counties	99 Counties					
Increase the number of organizational Iowa Cancer Consortium members.	2017: 44 Members	55 Members					
Increase the number of individual Iowa Cancer Consortium members.	2017: 156 Members	250 Members					

Goal 2: Decrease tobacco and nicotine use and exposure.

Data Targets	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
Decrease youth tobacco initiation. Percentage of 11th grade students who have ever smoked tobacco or used any tobacco products (not including electronic cigarettes). (Source: Iowa Youth Survey 2016)	2016: 19.0%	17.0%					
Decrease tobacco use among youth. 11th grade overall tobacco use rate including cigarettes, smokeless, cigars, pipes, and water pipes. (Source: Iowa Youth Survey 2016)	2016: 10.0%	9.0%					

Goal 4: Decrease excessive alcohol consumption.

Data Targets	Baseline and	2022	FY18	FY19	FY20	FY21	FY22
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	year	Goal					
Decrease alcohol use among youth. Percentage of 11th grade students who have ever used alcohol. (Source: Iowa Youth Survey 2016)	2016: 48.0%	43.2%					
Decrease youth alcohol initiation. Percentage of 11th grade students currently using alcohol. (Source: Iowa Youth Survey 2016)	2016: 21.0%	18.9%					

Goal 6: Increase protective behaviors from sun/ultraviolet (UV) exposure.

Data Targets	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
Decrease the percentage of high school students who use an indoor tanning device such as a sunlamp, sunbed or tanning booth one or more times during the past 12 months. Baseline and targets are not included because this data is not currently collected in Iowa. (Source: Youth Risk Behavior Survey)	TBD	TBD					
Decrease the percentage of high school students who most of the time or always wear sunscreen with an SPF 15 or higher when they are outside for more than one hour. Baseline and targets are not included because this data is not currently collected in Iowa. (Source: Youth Risk Behavior Survey)	TBD	TBD					

Goal 7: Decrease exposure to radon and other environmental substances linked to cancer.

Data Targets	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
Increase the percent of households who have tested for radon gas.	TBD	TBD					
Increase the number of home mitigations performed by certified contractors.	TBD	TBD					

Goal 8: Increase access to cancer risk assessment and genetic counseling services.

Data Targets	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
Increase the number of licensed Genetic Counselors in Iowa.	2016: 0 Counselors	19 Counselors					



Currently the state of Iowa does not license genetic counselors; the target established is based on the number of certified genetic counselors at time of print. (Source: National Society of Genetic Counselors)							
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Goal 10: Increase access to quality cancer care and services.

Data Targets	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
Maintain the number of American College of Surgeons approved cancer programs in Iowa. (Source: American College of Surgeons Commission on Cancer)	2016: 14 Programs	14 Programs					
Decrease the percentage of Iowans with no health insurance. (Source: U.S. Bureau of the Census, Health Insurance Coverage in the United States: 2015 Current Population Reports. 2016)	2015: 5.0%	0%					

Goal 11: Increase the number of oncology and other health care providers trained and practicing in Iowa.

Data Targets	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
Increase the number of community health workers, cancer patient navigators and cancer care coordinators in the workforce.	TBD	TBD					

Goal 12: Increase awareness of and participation in cancer research, including clinical trials, focused on cancer prevention, early detection and treatment.

Data Targets	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
Increase the number of open cancer clinical trials in Iowa. (Source: ClinicalTrials.gov Search Criteria: TBD Condition/Disease: Cancer Country: United States State: Iowa Find a study to participate in)	2016: 253 Trials	278 Trials					



Number of Cancer Centers in Iowa reporting open clinical trials and number patients participating in clinical trials to a statewide clinical trials database. (Source: TBD)	2016: 0 Centers	14 Centers					
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Goal 13: Increase access to and awareness of quality-of-life services available to cancer patients during and after cancer treatment.							
Data Targets	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
Increase the number of Iowa hospitals with a palliative care program. (Source: Center to Advance Palliative Care 2015, America’s Care of Serious Illness: A State-by-State Report Card on Access to Palliative Care in Our Nation’s Hospitals.)	2015: B	A					
Maintain the state grade for pain policies. (Source: Pain & Policy Studies Group 2013, Achieving Balance in State Pain Policy: A Progress Report Card)	2015: A	A					

Goal 14: Improve the health equity of cancer control interventions and services.							
Data Targets	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
Increase number of Iowa Cancer Consortium member organizations who predominately serve minority populations to inform culturally specific cancer control and prevention activities.	2017: 6 Organizations	11 Organizations					

Goal 15: Increase access to cancer related data, and educate Iowans on ways to apply data to cancer control activities.							
Data Targets	Baseline and year	2022 Goal	FY18	FY19	FY20	FY21	FY22
Number of Iowa Cancer Plan goals that have meaningful measures of success.	2017: 14 Goals	15 Goals					



Appendix B: Evaluation Plan Reporting Document

Below are the sections of the evaluation plan that will be reported every year. Please note that all the section headers link to the instructions, please see each individual section on how to fill in this reporting document.

Section 1: Data Targets Yearly Scorecard:

When filling in this document, please indicate the fiscal year in which the data was reported in the FYXX column and the years that the data was collected, for example is the data was from 2013-2015, please note those dates in the column.

Table 5: Color Coded table corresponding with information from Yearly Data Targets Scorecard found in excel document.

Who's Responsible	Data Target Goals	Color
State Health Registry of Iowa	Goal(s): 2, 6, 7 and 10	
IDPH BRFS	Goal(s): 2, 3, 4 and 9	
IDPH Immunization Bureau	Goal(s): 5	
Iowa Cancer Consortium and Other (Iowa Youth Survey)	Goal(s): 1, 2, 4, 6, 7, 8, 10, 11, 12, 13, 14 and 15	

Table 6: State Health Registry of Iowa Data Targets List.

Goal 2: Decrease tobacco and nicotine use and exposure.			
Goal 7: Decrease exposure to radon and other environmental substances linked to cancer.			
Data Targets	Baseline and year	2022 Goal	FYXX
Decrease the age-adjusted incidence per 100,000 for lung cancer.	2012-2014: 63.2	49.1	
Decrease the age-adjusted mortality per 100,000 for lung cancer.	2012-2014: 45.3	41.7	

Goal: 6 Increase protective behaviors from sun/ultraviolet (UV) exposure.			
Data Targets	Baseline and year	2022 Goal	FYXX
Decrease the age-adjusted incidence per 100,000 for skin melanoma.	2012-2014: 24.9	27.5	
Decrease the age-adjusted mortality per 100,000 for skin melanoma.	2012-2014: 2.9	2.7	

Goal 10: Increase access to quality cancer care and services.			
Data Targets	Baseline and year	2022 Goal	FYXX
Increase the percentage of survivors living 5 years after their initial cancer diagnosis.	2007-2010: 66.4 %	73.0%	



Percentage of people who survived at least 5 years after their cancer diagnosis, Iowa, 2007-2010 (Source: State Health Registry)			
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Other Cancer Types Incidence	Baseline and year	2022 Goal	FYXX
All Cancer Sites	2012-2014: 459.5	402.0	
Late Stage Female Breast	2012-2014: 39.1	29.3	
Colorectal	2012-2014: 44.8	33.9	
Cervical	2012-2014: 7.3	3.6	
Liver	2012-2014: 6.2*	7.3*	
Prostate	2012-2014: 101.9	88.7	
Other Cancer Types Mortality	Baseline and year	2022 Goal	FYXX
All Cancer Sites	2012-2014: 167.3	153.9	
Late Stage Female Breast	2012-2014: 19.3	19.0	
Colorectal	2012-2014: 15.6	13.7	
Cervical	2012-2014: 2.0	1.8	
Liver	2012-2014: 4.8	4.4	
Prostate	2012-2014: 19.6	18.0	

Table 7: IDPH BRFSS Data Targets List.

Goal 2: Decrease tobacco and nicotine use and exposure.			
Data Targets	Baseline and year	2022 Goal	FYXX
Decrease tobacco use among adults. Percent of Current Smokers, All Races, Both Sexes, Ages 18+ (Source: BRFSS 2016)	2016: 16.7%	15.0%	
Increase adult cessation attempts. Percent of Current Smokers Trying to Quit for a Day or More, All Races, Both Sexes, Ages 18+ (Source: BRFSS 2016)	2016: 52.5%	57.8%	
Increase the portion of lowans who don't allow smoking inside their homes. Which statement best describes the rules about smoking inside your home? 1. Smoking is not allowed anywhere inside your home. (Source BRFSS 2016)	2016: 85.4%	93.9%	
Increase the proportion of lowans reporting no hours of exposure to secondhand smoke. In a typical week at work, how many hours would you say that you are in a room or car with smoke from someone else's cigarettes, cigars, or pipe? Zero hours. (Source: BRFSS 2016)	2016: 57.9%	63.7%	



Goal 3: Increase efforts that support healthy eating, physical activity and healthy weight status.			
Data Targets	Baseline and year	2022 Goal	FYXX
Decrease proportion of adults who are overweight or obese. Overweight or obese lowans (body mass index greater than or equal to 25.0 kg/m ²), All Races, Both Sexes, Ages 18+ (Source: BRFSS 2016)	2016: 68.7%	61.8%	
Increase proportion of adults getting recommended levels of physical activity. lowans Getting Recommended Level of Physical Activity, All Races, Both Sexes, Ages 18+. Recommended physical activity was defined as either regular physical activity 30 or more minutes per day for 5 or more days per week or vigorous activity 20 or more minutes per day for 3 or more days per week. (Source: BRFSS 2015)	2015: 48.8%	53.7%	
Decrease proportion of adults who are obese. Obese (body mass index greater than or equal to 30.0 kg/m ²), All Races, Both Sexes, Ages 18+ (Source: BRFSS 2016)	2016: 32.0%	28.8%	
Increase level of reported fruit and vegetable consumption among adults. Percentage of lowans Who Consumed Five or More Fruits/Vegetables per Day, All Races, Both Sexes, Ages 18+ (Source: BRFSS 2015)	2015: 13.5%	14.9%	

Goal 4: Decrease excessive alcohol consumption.			
Data Targets	Baseline and year	2022 Goal	FYXX
Decrease the percentage of adults in Iowa who are heavy drinkers. The percentage of adults in Iowa who are heavy drinkers (defined as an average of greater than 14 drinks per week for men and seven drinks per week for women). (Source: BRFSS 2015)	2016: 5.9%	5.3%	
Decrease the percentage of adults in Iowa who report at least one binge drinking episode in the past 30 days. The percentage of adults in Iowa who reported at least one binge drinking episode defined as when a man drinks more than five drinks or a woman drinks more than four drinks on one occasion) in the past 30 days. (Source: BRFSS 2015)	2016: 19.8%	17.8%	

Goal 9: Increase understanding of and adherence to recommended cancer screening guidelines.			
Data Targets	Baseline	2022	FYXX



	and year	Goal	
Increase the percent of women between 50-74 years of age who have had a mammogram in the past two years. (Source: BRFSS 2016)	2016: 77.6 %	85.4%	
Increase the percent of people age 50-75 years of age who had a colorectal screening test. Proportion of people 50-75 years of age with stool test in past year OR colonoscopy within past 10 years OR sigmoidoscopy within past five years. (Source: BFRSS 2016)	2016: 68.6%	80.0%	
Increase the percent of women age 21 years and older who had a Pap test within the past three years. Proportion of women 21 years of age and older who have had a Pap test in past three years. (Source: BFRSS 2016)	2016: 81.6%	89.8%	

Table 8: IDPH Immunization Bureau Data Targets List.

Goal 5: Increase vaccination completion rates for all vaccines proven to reduce the risk of cancer.			
Data Targets	Baseline and year	2022 Goal	FYXX
Increase routine vaccination coverage levels for adolescent boys and girls aged 13 to15. Percentage of boys and girls aged 13-15 in the IRIS system that have up-to-date 3-1-2-1-2 coverage. (Source: Iowa Immunization Program Annual Report 2016)	2016: 58.0%	63.8%	
Increase number of adolescents vaccinated against hepatitis B. Percentage of adolescent boys and girls aged 13-15 in the IRIS system who have completed the Hepatitis B vaccine doses. (Source: Iowa Immunization Program Annual Report 2016)	2016: 89.0%	97.9%	
Increase number of children aged 2 years vaccinated against hepatitis B. Percentage of boys and girls aged two in the IRIS system who have completed the Hepatitis B vaccine doses. (Source: Iowa Immunization Program Annual Report 2016)	2016: 87.0%	95.5%	
Increase number of boys and girls aged 13 to 15 vaccinated against HPV. Percentage of adolescent boys and girls aged 13-15 in the IRIS system who have completed the HPV vaccine doses. (Source: Iowa Immunization Program Annual Report 2016)	2016: 27.0%	29.7%	

Table 9: Iowa Cancer Consortium and Other (Iowa Youth Survey) Data Targets List.

Goal 1: Increase collaboration among organizations, coalitions, businesses and individuals to maximize



cancer control resources and efforts.			
Data Targets	Baseline and year	2022 Goal	FYXX
Increase the number of Iowa counties that are represented within the Iowa Cancer Consortium membership.	2017: 51 Counties	99 Counties	
Increase the number of organizational Iowa Cancer Consortium members.	2017: 44 Members	55 Members	
Increase the number of individual Iowa Cancer Consortium members.	2017: 156 Members	250 Members	

Goal 2: Decrease tobacco and nicotine use and exposure.			
Data Targets	Baseline and year	2022 Goal	FYXX
Decrease youth tobacco initiation. Percentage of 11th grade students who have ever smoked tobacco or used any tobacco products (not including electronic cigarettes). (Source: Iowa Youth Survey 2016)	2016: 19.0%	17.0%	
Decrease tobacco use among youth. 11th grade overall tobacco use rate including cigarettes, smokeless, cigars, pipes, and water pipes. (Source: Iowa Youth Survey 2016)	2016: 10.0%	9.0%	

Goal 4: Decrease excessive alcohol consumption.			
Data Targets	Baseline and year	2022 Goal	FYXX
Decrease alcohol use among youth. Percentage of 11th grade students who have ever used alcohol. (Source: Iowa Youth Survey 2016)	2016: 48.0%	43.2%	
Decrease youth alcohol initiation. Percentage of 11th grade students currently using alcohol. (Source: Iowa Youth Survey 2016)	2016: 21.0%	18.9%	

Goal 6: Increase protective behaviors from sun/ultraviolet (UV) exposure.			
Data Targets	Baseline and year	2022 Goal	FYXX
Decrease the percentage of high school students who use an indoor tanning device such as a sunlamp, sunbed or tanning booth one or more times during the past 12 months. Baseline and targets are not included because this data is not currently collected in Iowa. (Source: Youth Risk Behavior Survey)	TBD	TBD	



<p>Decrease the percentage of high school students who most of the time or always wear sunscreen with an SPF 15 or higher when they are outside for more than one hour.</p> <p>Baseline and targets are not included because this data is not currently collected in Iowa. (Source: Youth Risk Behavior Survey)</p>	TBD	TBD	
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Goal 7: Decrease exposure to radon and other environmental substances linked to cancer.			
Data Targets	Baseline and year	2022 Goal	FYXX
Increase the percent of households who have tested for radon gas.	TBD	TBD	
Increase the number of home mitigations performed by certified contractors.	TBD	TBD	

Goal 8: Increase access to cancer risk assessment and genetic counseling services.			
Data Targets	Baseline and year	2022 Goal	FYXX
<p>Increase the number of licensed Genetic Counselors in Iowa.</p> <p>Currently the state of Iowa does not license genetic counselors; the target established is based on the number of certified genetic counselors at time of print. (Source: National Society of Genetic Counselors)</p>	2016: 0 Counselors	19 Counselors	

Goal 10: Increase access to quality cancer care and services.			
Data Targets	Baseline and year	2022 Goal	FYXX
<p>Maintain the number of American College of Surgeons approved cancer programs in Iowa.</p> <p>(Source: American College of Surgeons Commission on Cancer)</p>	2016: 14 Programs	14 Programs	
<p>Decrease the percentage of Iowans with no health insurance.</p> <p>(Source: U.S. Bureau of the Census, Health Insurance Coverage in the United States: 2015 Current Population Reports. 2016)</p>	2015: 5.0%	0%	

Goal 11: Increase the number of oncology and other health care providers trained and practicing in Iowa.			
Data Targets	Baseline and year	2022 Goal	FYXX
Increase the number of community health workers, cancer patient navigators and cancer care coordinators in the workforce.	TBD	TBD	

Goal 12: Increase awareness of and participation in cancer research, including clinical trials, focused			
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on cancer prevention, early detection and treatment.			
Data Targets	Baseline and year	2022 Goal	FYXX
Increase the number of open cancer clinical trials in Iowa. (Source: ClinicalTrials.gov Search Criteria: TBD Condition/Disease: Cancer Country: United States State: Iowa Find a study to participate in)	2016: 253 Trials	278 Trials	
Number of Cancer Centers in Iowa reporting open clinical trials and number patients participating in clinical trials to a statewide clinical trials database. (Source: TBD)	2016: 0 Centers	14 Centers	

Goal 13: Increase access to and awareness of quality-of-life services available to cancer patients during and after cancer treatment.			
Data Targets	Baseline and year	2022 Goal	FYXX
Increase the number of Iowa hospitals with a palliative care program. (Source: Center to Advance Palliative Care 2015, America's Care of Serious Illness: A State-by-State Report Card on Access to Palliative Care in Our Nation's Hospitals.)	2015: B	A	
Maintain the state grade for pain policies. (Source: Pain & Policy Studies Group 2013, Achieving Balance in State Pain Policy: A Progress Report Card)	2015: A	A	

Goal 14: Improve the health equity of cancer control interventions and services.			
Data Targets	Baseline and year	2022 Goal	FYXX
Increase number of Iowa Cancer Consortium member organizations who predominately serve minority populations to inform culturally specific cancer control and prevention activities.	2017: 6 Organizations	11 Organizations	

Goal 15: Increase access to cancer related data, and educate Iowans on ways to apply data to cancer control activities.			
Data Targets	Baseline and year	2022 Goal	FYXX
Number of Iowa Cancer Plan goals that have meaningful measures of success.	2017: 14 Goals	15 Goals	



Section 2: Workgroup and Committee Impact:

Workgroup/Committee	Meetings (list dates) held in FYXX	Average number of attendees per meeting	Has the workgroup or committee established or defined their purpose? If yes, please describe what progress has been made. (Yes/No) and explain.	If the workgroup or committee has worked on a project or is actively working on a project, what are the outcomes of that project? Did the project accomplish its specific goal?	Was additional analysis done this year? (Yes/No) If so please report findings here.
Access Workgroup					
Breast Cancer Screening Workgroup					
Collaboration Workgroup					
Colorectal Cancer Workgroup					
Health Equity Workgroup					
Human Papilloma Virus (HPV) Workgroup					
Nutrition and Physical Activity (NUPA) Workgroup					
Quality of Life (QoL) Workgroup					
Radon Workgroup					
Research/Clinical Trials Workgroup					
Tobacco Workgroup					
Ultra Violet (UV)/Sun Safety Workgroup					
Communications Committee					
Data & Evaluation Committee					
Systems & Environmental Change Committee					

Section 3: Iowa Cancer Plan Implementation Grants:

Funding Year	Type of Implementation project Examples: (IFP/Boost/Concept/Other)	Project Title	Iowa Cancer Plan Goal Addressed	Iowa Cancer Plan Actions Addressed	Mid-year progress	End of year progress



Section 4: Revising the Iowa Cancer Plan (working document):

Goal, Action or Data Target being updated	Consortium staff responsible for the revision discussion	Reason for revision	Date revised	Why is the change being made? (Brief explanation)	How will the change impact cancer control in Iowa?	Are there any drawbacks to including or changing this in the cancer plan?

¹ Iowa Cancer Registry. 2017 Cancer in Iowa. (2017, March). Retrieved August 22, 2017, from http://www.public-health.uiowa.edu/shri/wp-content/uploads/2016/12/Cancer_in_Iowa_2017.pdf