

# Maine Cancer Plan 2021-2025 Metrics

Maine Cancer Plan 2021-2025 Performance Measures Progress		Baseline	Current	U.S. Compare	Progress	Target	Data Source	
<b>GOAL 1: PREVENTION – Reduce Cancer Risk Through Evidence-Based Strategies</b>								
<b>Tobacco Objectives</b>								
1.1	Reduce the percentage of Maine youth that smoke cigarettes:	A. Middle school students	1.5% (1.2-1.7) 2019	2.0% (1.7-2.3) 2023	N/A	◆	1.4%	MIYHS
		B. High school students	7.1% (6.6-7.5) 2019	5.6% (5.1-6.0) 2023	N/A	▲	6.4%	
1.2	Reduce the percentage of Maine youth that smoked cigarettes and/or cigars and/or used chewing tobacco, snuff, dip, dissolvable tobacco product or an electronic vaping product on one or more of the past 30 days:	A. Middle school students	7.6% (6.9-8.3) 2019	6.2% (5.5-7.0) 2023	N/A	●	6.8%	MIYHS
		B. High school students	29.6% (28.4-30.8) 2019	16.5% (15.6-17.5) 2023	N/A	▲	26.6%	
1.3	Reduce the percentage of Maine youth that are exposed to environmental tobacco smoke:	A. Middle school students	22.1% (20.8-23.3) 2019	19.9% (18.4-21.5) 2023	N/A	●	19.9%	MIYHS
		B. High school students	27.0% (25.4-28.6) 2019	19.3% (18.2-20.5) 2023	N/A	▲	24.3%	
1.4	Reduce the percentage of Maine adults that smoke cigarettes.		17.6% (16.4-18.8) 2019	15.6% (14.6-16.6) 2021	13.4% (13.2-13.7) 2021	●	15.8%	BRFSS
1.5	Reduce the percentage of Maine adults that report currently using any tobacco products (cigarettes, smokeless tobacco, e-cigarettes, or other tobacco products).		23.5% (21.2-25.8) 2015	24.7% (22.6-26.7) 2019	N/A	●	21.2%	BRFSS
1.6	Reduce the percentage of Maine adults that indicate that someone (including themselves) had smoked cigarettes, cigars or pipes anywhere inside their home in the past 30 days.		8.5% (7.2-9.8) 2017	9.6% (8.3-10.9) 2019	N/A	●	7.7%	BRFSS

**Symbol Key:** ▲ = Improving ● = No statistically significant change ◆ = Worsening

Ninety-five percent confidence intervals are provided for most measures. If the 95 percent confidence intervals for two estimates overlapped, they were considered similar. If the confidence intervals did not overlap, the estimates were considered to be significantly different.

### Performance Measures Table Definitions

Baseline established using the most recent data available during the development of the plan

BRFSS – Behavioral Risk Factor Surveillance System  
 CAPC Survey – Center to Advance Palliative Care  
 ImmPact – Maine Immunization Information System  
 MIYHS – Maine Integrated Youth Health Survey  
 MCR – Maine Cancer Registry

MTN – Maine Tracking Network  
 MRP – Maine Radon Program  
 NIS-Teen – National Immunization Survey – Teen  
 NSDUH – National Survey on Drug Use and Health



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<b>GOAL 1: PREVENTION – Reduce Cancer Risk Through Evidence-Based Strategies continued</b>								
<b>Obesity Objectives</b>								
1.7	Increase healthy eating and physical activity among Maine youth.							MIYHS
	A. Youth who consume 100% fruit juice, fruits, and/or vegetables five or more times a day:	1. Grade 5-6 students	46.6% (44.5-48.6) 2019	46.8% (44.2-49.3) 2023	N/A	●	51.3%	
		2. Middle school students	20.9% (19.9-21.8) 2019	18.9% (18.0-19.9) 2023	N/A	◆	23.0%	
		3. High school students	15.2% (14.3-16.0) 2019	14.2% (13.5-14.9) 2023	N/A	●	16.7%	
	B. Youth who are physically active for at least one hour per day:	1. Middle school students	25.5% (24.6-26.3) 2019	27.9% (26.9-29.0) 2023	N/A	◆	28.1%	
		2. High school students	20.9% (20.1-21.7) 2019	24.0% (23.1-24.9) 2023	N/A	◆	23.0%	
1.8	Increase healthy eating and physical activity among Maine adults.							BRFSS
	A. Adults who consume fruits or vegetables one or more times per day:	1. Fruits	63.9% (62.0-65.8) 2019	65.0% (63.7-66.3) 2021	60.2% (59.8-60.5) 2021	●	70.3%	
		2. Vegetables	87.1% (85.7-88.5) 2019	86.9% (85.9-87.9) 2021	79.3% (79.0-79.6) 2021	●	95.8%	
	B. Adults who participate in enough physical activity to meet guidelines. <i>Question changed in 2021 to include any physical activity</i>	20.1% (18.7-21.5) 2017	73.5% (72.3-74.7) 2021	76.1% (75.8-76.4) 2021	Unable to denote progress due to change in question	22.7% <i>Based on 2017 question</i>		
<b>Alcohol Objectives</b>								
1.9	Decrease past 30-day alcohol use in high school students.	22.9% (21.8-24.0) 2019	20.5 (19.2-21.7) 2023	N/A	▲	20.6%	MIYHS	
1.10	Decrease past 30-day alcohol use by 18–25-year-olds.	63.4% (59.2-67.4) 2017-2018	60.1% (55.8-64.2) 2018-2019	54.7 (53.9-55.5) 2018-2019	●	57.0%	NSDUH	
<b>Radon and Arsenic Objectives</b>								
1.11	Increase radon testing in:							BRFSS MTN
	A. Owner-occupied structures.	35.3% (33.9-36.8) 2015-2016	38.6% (36.4-40.7) 2021	N/A	▲	38.8%		
	B. Non-seasonal residential rental properties.	32.5% (29.5-35.4) 2015-2016	23.5% (19.2-27.8) 2021	N/A	◆	35.8%		
1.12	Increase the number of households that install a radon mitigation system when they receive a high radon test result.	2,281 2019	1,551 2023	N/A	◆	2,510	MRP	
1.13	Increase the proportion of private wells tested for arsenic.	55.5% (52.8-58.3) 2017	56.1% (53.4-58.9) 2021	N/A	●	65.0%	BRFSS	

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<b>GOAL 1: PREVENTION – Reduce Cancer Risk Through Evidence-Based Strategies continued</b>								
<b>HPV Objective</b>								
1.14	Increase the completion rate of HPV vaccination among male and female 13-year-olds. <i>Unable to obtain data from ImmPact – changed to National Immunization Survey-Teen in 2024</i>	44.8% December 2019 ImmPact	66.2% (59.4-72.4) 2022	60.6% (58.6-62.6) 2022	Unable to denote progress due to change in data source	49.3% Based on ImmPact 2019	NIS-Teen	
<b>Ultraviolet Radiation Objectives</b>								
1.15	Increase the proportion of youth that use a SPF of 15 or higher when outside for more than one hour on a sunny day:	A. Grade 5 & 6	48.5% (45.4-51.7) 2019	46.9% (44.6-49.2) 2023	N/A	●	53.4%	MIYHS
		B. Middle school students	32.2% (30.0-34.4) 2019	31.0% (28.6-33.5) 2023	N/A	●	35.5%	
		C. High school students	23.6% (22.0-25.1) 2019	24.3% (22.5-26.0) 2023	N/A	●	26.0%	
1.16	Reduce the proportion of youth who use indoor tanning devices:	A. Middle school students	4.0% (3.3-4.7) 2019	3.6% (2.8-4.3) 2023	N/A	●	2.0%	MIYHS
		B. High school students	8.1% (7.1-9.1) 2019	4.7% (3.9-5.4) 2023	N/A	▲	4.1%	
<b>GOAL 2: SCREENING – Increase evidence-based screening for all Mainers</b>								
<b>Breast Screening Objectives</b>								
2.1	Increase the percentage of Maine women ages 50-74 who had a mammogram in the past two years.	80.9% (78.6-82.9) 2018	81.6% (79.7-83.5) 2022	76.3% (no CI) 2022	●	81.5%	BRFSS	
2.2	Reduce the rate of new cases of female breast cancer diagnosed as late stage.	38.9 per 100,000 (36.4-41.5) 2016-2018	41.2 per 100,000 (38.7-43.9) 2019-2021	US compare not yet available	●	35.0 per 100,000	MCR	
<b>Cervical Screening Objectives</b>								
2.3	Maintain the percentage of Maine women ages 21-65 years old who had a Pap test within the past 3 years. <i>Not asked in 2022</i>	81.9% (79.5-84.4) 2018	80.3% (77.9-82.7) 2020	78.0% (77.3-78.6) 2020	●	81.9%	BRFSS	
2.4	Rate of new cases of cervical cancer diagnosed as late stage is lower than (or does not exceed) current rate.	2.3 per 100,000 (1.7-3.0) 2016-2018	2.9 per 100,000 (2.2-3.8) 2019-2021	US Compare not yet available	●	2.3 per 100,000	MCR	
<b>Colorectal Screening Objectives</b>								
2.5	Increase colorectal cancer screening among eligible adults based on current U.S. Preventive Services Task Force guidelines. <i>Note: Age to begin colorectal screening lowered to 45 in 2021—increasing the number eligible for screening.</i>	75.8% (74.2-77.5) 2018	72.2% (70.5-73.8) 2022 Ages 45-75	66.9% (no CI) 2022 Ages 45-75	Unable to denote progress due to change in guidelines	83.4% Based on ages 50-75	BRFSS	
2.6	Reduce the rate of new cases of colorectal cancer diagnosed as late stage.	20.4 per 100,000 (19.1-21.6) 2016-2018	20.7 per 100,000 (19.5-22.0) 2019-2021	US compare not yet available	●	18.4 per 100,000	MCR	

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<b>GOAL 2: SCREENING – Increase evidence-based screening for all Mainers continued</b>								
<b>Lung Screening Objectives</b>								
2.7	Increase lung cancer screening among eligible adults based on current U.S. Preventive Services Task Force guidelines.		11.8% (7.7-15.9) 2017-2018	14.1% (11.6-16.7) 2022	9.9% (no CI) 2022	●	25.0%	BRFSS
2.8	Increase the rate of shared decision making among adults who have received low dose CT screening.		19.2% (15.3-23.1) 2019	24.5% (19.8-29.4) 2021	N/A	●	32.0%	BRFSS
2.9	Reduce the rate of new cases of late-stage lung cancer.		48.4 per 100,000 (46.6-50.2) 2016-2018	42.2 per 100,000 (40.6-43.8) 2019-2021	US compare not yet available	▲ *Uncertain trend	43.6 per 100,000	MCR
2.10	Reduce the proportion of late-stage lung cancer.		68.2% (66.8-69.6) 2016-2018	64.3% (62.8-65.7) 2019-2021	US compare not yet available	▲ *Uncertain trend	61.4%	MCR
<b>Prostate Screening Objectives</b>								
2.11	Increase evidence-based prostate specific antigen (PSA) screening: (Screening rates by age categories are determined by the USPSTF.) <b>Not asked in 2022</b>	A. Among men aged 40 to 54	11.3% (8.6-13.9) 2016	9.8% (6.2-13.5) <b>2020</b>	N/A	●	†	BRFSS
		B. Among men aged 55-69	37.3% (33.9-40.8) 2016	32.1% (28.6-35.6) <b>2020</b>	N/A	●	†	
		C. Among men over 70	42.2% (37.9-46.5) 2016	40.3% (36.5-44.3) <b>2020</b>	N/A	●	†	
2.12	Reduce the rate of new cases of late-stage prostate cancer.		23.9 per 100,000 (22.2-25.9) 2016-2018	26.2 per 100,000 (24.4-28.1) 2019-2021	US compare not yet available	●	21.5 per 100,000	MCR
<b>GOAL 3: TREATMENT – Increase timely, high-quality, and evidence-based cancer treatment for all Mainers</b>								
3.1	Establish a baseline and monitor the number of patients treated at Commission on Cancer accredited hospitals in Maine.		83.3% (85.0-86.4) 2019	87.9% (87.3-88.6) 2021	N/A	▲	†	MCR
3.2	Increase the percentage of Mainers that participate in clinical trials as part of cancer treatment. <b>Only asked in 2011, 2012 and 2020—will not continue</b>		7.6% (5.3-9.9) 2011-2012	5.1% (2.7-7.4) <b>2020</b>	N/A	Unable to denote progress due to lack of data	Unable to denote target due to lack of data	BRFSS

\*Data preliminary – use caution when comparing

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<b>GOAL 4: SURVIVORSHIP - Improve the quality of life for cancer survivors in Maine</b>								
4.1	Increase the percentage of Maine cancer survivors who receive a holistic/comprehensive survivorship care plan which includes a treatment summary, surveillance, recommendations for health promotion, and risk reduction. <i>Only asked in 2011, 2012 and 2020—will not continue</i>	<b>37.5%</b> (32.1-43.0) 2011	<b>36.2%</b> (30.6-41.9) <b>2020</b>	N/A	Unable to denote progress due to lack of data	Unable to denote target due to lack of data	BRFSS	
Improve the following health outcomes for Maine cancer survivors:								
A. Reduce the percentage of survivors using tobacco.		<b>15.1%</b> (12.5-17.7) 2018	<b>13.0%</b> (10.5-15.5) 2021	<b>12.0%</b> (11.5-12.5) 2021		<b>13.6%</b>		
4.2	B. Increase the percentage of survivors who consume:	1. Fruits one or more times per day	<b>69.5%</b> (66.0-73.1) 2017	<b>68.9%</b> (66.2-71.6) 2021	<b>63.2%</b> (62.3-64.0) 2021			<b>76.5%</b>
		2. Vegetables one or more times per day	<b>88.4%</b> (86.0-90.9) 2017	<b>86.9%</b> (84.8-89.0) 2021	<b>82.0%</b> (81.3-82.8) 2021			<b>97.2%</b>
C. Increase the percentage of survivors who engage in physical activity. <i>Question changed in 2021</i>		<b>20.8%</b> (18.0-23.7) 2017	<b>67.9%</b> (65.1-70.7) 2021	<b>70.9%</b> (70.2-71.7) 2019	Unable to denote progress due to change in question	<b>22.9%</b> <i>Based on 2017 question</i>		
D. Reduce the percentage of survivors with poor mental health days (past month >13 days).		<b>15.0%</b> (12.4-17.6) 2018	<b>12.8%</b> (10.5-15.0) 2021	<b>14.5%</b> (13.9-15.1) 2021		<b>13.5%</b>		
E. Reduce the percentage of survivors who have poor physical health days (past month >13 days).		<b>23.8%</b> (20.8-27.1) 2018	<b>19.7%</b> (17.1-22.2) 2021	<b>19.8%</b> (19.1-20.5) 2021		<b>21.5%</b>		
<b>GOAL 5: PALLIATIVE CARE - Ensure all patients have comprehensive, high-quality palliative care throughout their cancer diagnosis and treatment</b>								
5.1	Increase utilization of palliative care services in Maine.	<b>76.9</b> <b>B Grade</b> 2019	All New England states have an A grade except Maine.			+	<a href="#">CAPC Survey</a>	
<b>GOAL 6: END-OF-LIFE - Ensure timely, high quality end-of-life support for cancer patients</b>								
6.1	Increase awareness/utilization of quality hospice care in Maine.	No way to measure how many people in Maine are utilizing the www.medicare.gov site. In many rural areas there is not a choice. Will need to revise metric when the plan is updated.					<a href="#">Medicare Utilization Hospice Compare</a>	

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