Arkansas Cancer Coalition

4TH EDITION

ARKANSAS Cancer Plan

THE POWER OF A COALITION

Contents

There is Hope

Cancer affects one in two males and one in three females at some point in their lives. The statistics are daunting and broad, but to each individual patient and family, a diagnosis is a personal crisis. But there is hope. The Arkansas Cancer Coalition has developed a roadmap leading to partnerships that help Arkansans access education, screening and navigate their cancer diagnoses and treatment with knowledge and compassion.

Cancer remains the second leading cause of death in our state. An estimated 17,200 Arkansans learned in 2020 that they have cancer, and an estimated 6,730 died from the disease. Some types of cancer, however, have better projected outcomes. There has been a decline in the death (mortality) rate associated with lung cancer, which was the type of cancer with the highest death rate in Arkansas between 2013 and 2017. Melanoma, too, has shown a decline in the death rate. The state has also recorded a decline in the overall number of new lung and cervical cancer cases occurring during that time period as well.

Education about how important it is to reduce common risk factors, such as use of tobacco products, exposure to ultraviolet light, physical inactivity and poor nutrition, can result in the prevention of some cancers as can encouraging vaccination against Human Papillomavirus, in the case of cervical cancer. Screening for certain cancers can identify the disease in its earliest, highly treatable stages.

A cancer diagnosis, while never welcome, is more common among some groups than others. Socioeconomic statuses, based on income, education level, occupation, social status and location, can directly affect whether patients are covered by insurance and how and when they access health care services. Indirectly, those issues have an impact on a person's risk of developing cancer and surviving it.

Addressing disparities among socioeconomic groups is an overarching goal of the Arkansas Cancer Coalition, through efforts that target specific, individual needs of cancer patients, providers and caregivers. To that end, assistance may come in the form of physician referrals, counseling or financial aid for transportation and lodging.

In 2009, following the passage of the Tobacco Excise Tax, the Arkansas General Assembly authorized $1.8 million in annual funding to the Arkansas Department of Health for the Arkansas Cancer Plan. The Arkansas Cancer Coalition, in accordance to the plan, has: provided an overview of cancer control in the state, formed partnerships to increase education and screening efforts to build a support network, and maintained a plan of goals and strategies, all within their mission of reducing the burden of cancer upon Arkansans.

Purpose of the Arkansas Cancer Plan

The purpose of the Arkansas Cancer Plan (ACP) is to serve as an outline for what can and should be done at the state and local levels for cancer prevention, early detection, and care efforts in Arkansas. It identifies activities for coordinated action by government, the private sector, the nonprofit sector, and Arkansas's citizens and communities. This plan is a living document and will serve as a guide for individuals and organizations in the fight against cancer.

Recognizing the need to dramatically impact the cancer burden in our state, the Arkansas Cancer Coalition (ACC), Arkansas's statewide comprehensive cancer control partnership, has updated the ACP.

If you are not sure where to start, become a member of the ACC by visiting us online at www.arcancercoalition.org. Also, please turn to Call to Action on page 30 for examples of actions Arkansans can take to work toward the goals outlined in this plan.

> **The Arkansas Cancer Plan is a living document and will serve as a guide for individuals and organizations in the fight against cancer.**

Who Should Use This Plan? All Arkansans!

- Business owners and employers
- Cancer survivors
- Caregivers
- Community-based organizations
- Consumers
- Corporations
- Educators
- Faith-based organizations
- Fraternities
- Government agencies
- Health care organizations
- Media
- Minority and underserved populations
- Payers and insurance providers
- Physicians and health care providers
- Professional organizations
- Public health departments
- Public policy advocates
- Sororities
- Universities and researchers

ACC'S MISSION

ACC's mission is to facilitate and provide partnerships to reduce the human suffering and economic burden from cancer for the citizens of Arkansas. The coalition works to:

Provide a current overview of cancer control in Arkansas

Strengthen and sustain the cancer control partnership and support network

Direct goals and strategies in the Arkansas Cancer Plan

About the Arkansas Cancer Coalition

Although ACC serves to fight all cancers, the group was first formed in 1993 to help support the state's new breast cancer control program. Thanks to a number of national and statewide partnerships, Arkansans were given access to early detection services in 1995.

The Coalition led the way for the passage of The Breast Cancer Act of 1997, which appropriated $3.2 million per year in state general revenue to provide education, screening, diagnosis and treatment for eligible Arkansas women. A tobacco tax in 1999 provided backup funding.

In 2000, the Coalition created the state's first major cancer conference, the Arkansas Cancer Summit, where the framework for a statewide plan began to emerge.

By the end of the year, the original Coalition merged with the Arkansas Department of Health's comprehensive cancer planning taskforce to form the Arkansas Cancer Coalition.

In late 2001, the Arkansas Cancer Plan: A Framework for Action was published and led the way for implementation funding from the Centers for Disease Control.

Over the past decade, ACC has served nearly 1,000 members, more than doubled its dedicated staff and secured multiple grants.

ACC's role is to convene partners so as to develop, update and implement the Arkansas Cancer Plan.

The Arkansas Cancer Coalition team. ***Upper Row:*** *Wonder Lowe, Health Program Specialist; Kirsty DeHan, Communications Specialist; Eva Lepe, Executive Assistant; Miriam Karanja, Director of Programs* ***Lower Row:*** *Trena Mitchell, Executive Director; , Nicole Butler, Grants Manager; Rachael Moore, Operations Manager*

ACC's Arkansas Cancer Plan Goals & Objectives

1

Goal 1: Develop and maintain active partnerships.

Objective 1:1 Maintain organizational infrastructure that provides a neutral forum to convene and support partners in implementing the ACP.

2

Goal 2: Enhance healthcare professionals' knowledge, skills, and practices regarding cancer prevention, early detection, treatment and survivorship.

Objective 2:1 Increase educational and screening opportunities to improve healthcare professionals ability to prevent and detect cancer and navigate patients to treatment.

3

Goal 3: Fully implement cancer surveillance in Arkansas.

Objective 3:1 Develop and maintain a database to track and monitor cancer control data from ACC grantees, work groups, and partners.

4

Goal 4: Ensure implementation of the Arkansas Cancer Plan.

Objective 4:1 Provide technical assistance and funding to support the implementation of the ACP.

Arkansas Cancer Coalition Cancer Plan Grants

How to use the Arkansas Cancer Plan

The 2009 Arkansas General Assembly authorized the Arkansas Department of Health to allocate $1.8 million to implement the Arkansas Cancer Plan each year. ACC provides support and funding for organizations that coordinate and advance evidence-based cancer control strategies based on the Arkansas Cancer Plan. The coalition also processes grant requests for smaller events and activities on a short-term basis through mini-grants. Only coalition partners are eligible to apply for funding.

Each year, ACC awards grants to qualifying organizations and institutions in Arkansas. Grants support community level programs of cancer awareness, prevention, screening and survivorship support. Survivorship support includes transportation or transportation funding so that cancer patients and survivors can travel for treatment and posttreatment services. Grant-supported programs may be statewide or focused on "Red County" communities where cancer incidence rates are highest, and where populations are economically or medically disadvantaged.

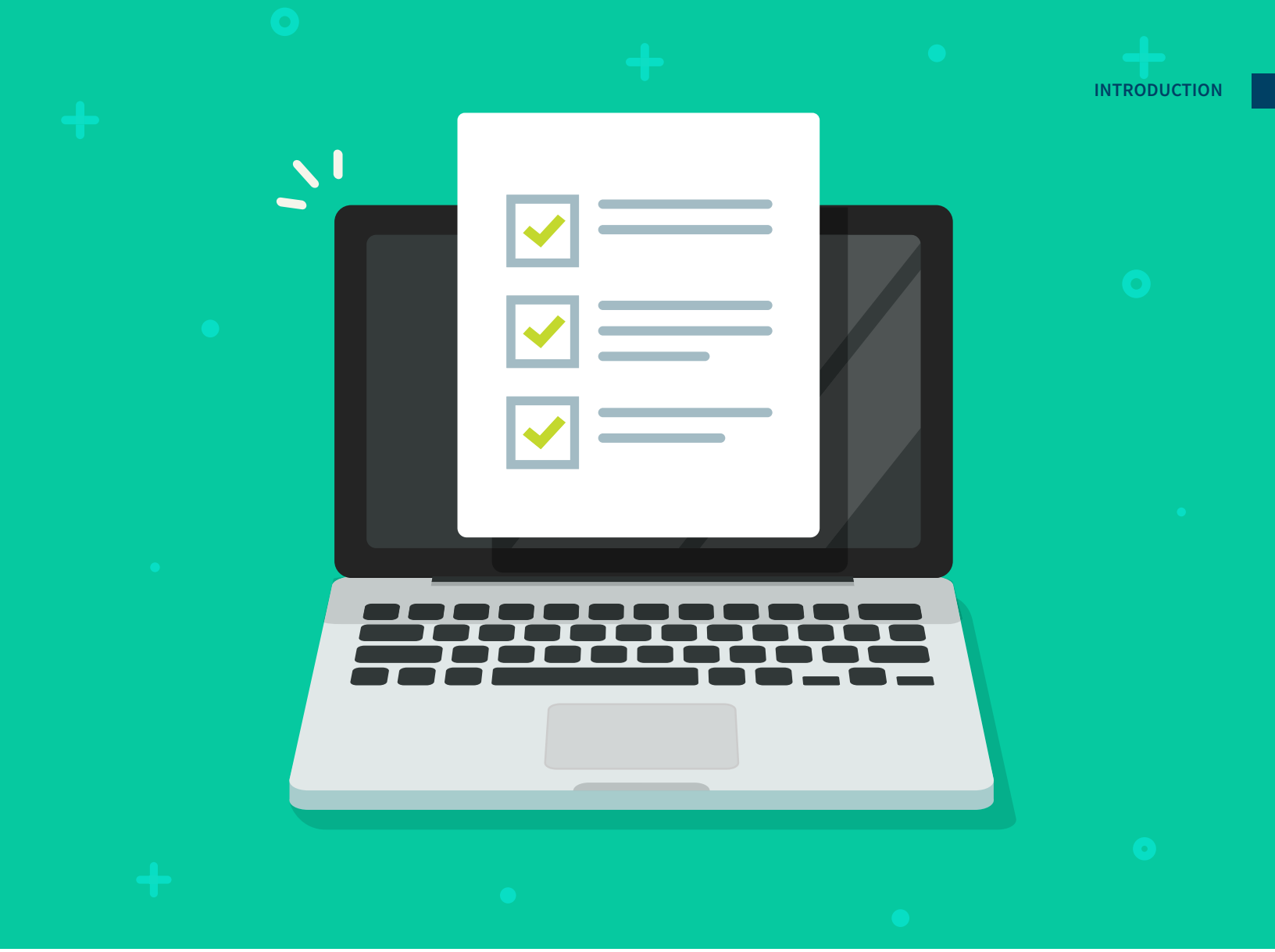
In addition to survivorship services, grant recipients have been engaged in tobacco control and the control of breast, cervical, colorectal, skin and oral cancers.

The table below was created by the ACC Grants Manager, in consultation with the ACC External Grant Evaluator. It is a summative table that is the result of analyzing ACC's grant making over the past 10 years. In addition to providing data related to ACC's Competitive Grant Program, the ACC also provides funding through its Mini-Grant Program which supports public health initiatives with smaller program expenses and/or projects in the pilot/developmental stage that may eventually be considered for a future ACC Competitive Grant award.

Over the past 10 years, 71 organizations have submitted a total of 237 applications for funding through ACC's Competitive Grant Program.

Arkansas Cancer Coalition Competitive Grant Program

Grant Making History	Total No. of Organizations Submitted	Total No. of Applications Submitted	Number of Organizations Awarded	Number of Awarded Applications	Toal Funding Awarded	Average Award Amount
2 year	24	39	10	14	$602,138.50	$43,009.89
5 year	34	90	19	38	$1,682,196.60	$44,268.33
10 year	71	237	28	81	$3,592,134.78	$44,347.34



Of the 71 organizations who submitted applications over the past 10 years, 28 or 39.4% of them were awarded Competitive Grant awards. Of the 237 AR Cancer Plan Implementation Grant applications submitted over the past 10 years, 81 or 34.2% of them were awarded. This represents a total amount of funding provided through the ACC Competitive Grant Program over the past 10 years of $3,592,134.78, with the average grant award being $44,347.34.

ACC has awarded over $3.5 million to advance the goals of the Arkansas Cancer Plan

Request for Application

If anyone is interested in applying for an Arkansas Cancer Plan grant from the ACC, the Request for Applications (RFA) is released during the second quarter of the fiscal year to provide support and funding for organizations that coordinate and advance evidence-based cancer control strategies based on the Arkansas Cancer Plan. The coalition also processes grant requests for smaller events and activities on a short-term basis through mini grants. Only coalition partners are eligible to apply for funding. Become a member today to receive RFA notices from the ACC. Join the ACC at https://arcancercoalition.org/member-benefits/.

Cancer Facts & Figures

Arkansas Central Cancer Registry

Since 1996, through funding from the Centers for Disease Control and Prevention (CDC), National Program of Cancer Registries (NPCR), the Arkansas Central Cancer Registry (ACCR) has been collecting population-based cancer incidence data among residents in Arkansas. The ACCR collects high-quality and complete data, and has been consistently certified as a gold-standard registry designated by the North American Association of Central Cancer Registries and as a Registry of Distinction by the CDC-NPCR.

The ACCR is located within the Center for Public Health Practice at the Arkansas Department of Health, which includes branches for Vital Records, Health Statistics, and Epidemiology. The ACCR has experience in the collection of cancer data from a variety of hospitals and non-hospital medical sources, specialty clinics, and pathology laboratories and institutions. The ACCR also serves as an information resource for cancer research and provides information to assist public health activities and policy initiatives.

A strong collaborative relationship exists between the ACCR and Arkansas' cancer control community. ACCR helped staff ACC work groups and provided data for the ACP. The ACP objectives from the previous 3rd edition were used in this plan along with the new Healthy People 2030 cancer objectives available from https://health.gov/healthypeople/objectives-and-data/browse-objectives/cancer.

ACP objectives are written in S.M.A.R.T format: Specific, Measurable, Achievable, Realistic, and Timely. Baselines and projections for data are available where possible.

Since 1996, the Arkansas Central Cancer Registry has been collecting population-based cancer incidence data among residents in Arkansas.

Newly Diagnosed Cancers

During 2020, it is estimated that 17,200 Arkansas residents were diagnosed with invasive cancer and in situ bladder cancers. New cancers by county are provided representing urban and rural locations in the map figure on the next page. The top 5 cancers with trends by sex are displayed below.

Table 1

New Cancers in Females, 2013 - 2017

Cancer Type	# of Cases	% of Total
Breast	10,883	27.5%
Lung	6,288	15.9%
Colorectal	3,616	9.1%
Uterine Corpus	2,195	5.5%
Melanoma of the Skin	1,453	3.7%
All Others	15,166	38.3%

Table 2

New Cancers in Males, 2013 - 2017

Cancer Type	# of Cases	% of Total
Prostate	10,064	22.4%
Lung	8,129	18.1%
Colorectal	4,182	9.3%
Urinary Bladder	2,821	6.3%
Kidney & Renal Pelvis	2,247	5.0%
All Others	17,459	38.9%

Deaths From Cancer

Cancer is the second leading cause of death in Arkansas. During 2020, it is estimated that 6,730 Arkansans died from cancer. The top 5 cancers with trends by sex are displayed. Lung cancer remains the leading cause of cancer deaths in men and women. Deaths from cancer by county are provided representing urban and rural locations in the map figure on the next page.

Table 3

Cancer Deaths in Females, 2013 - 2017

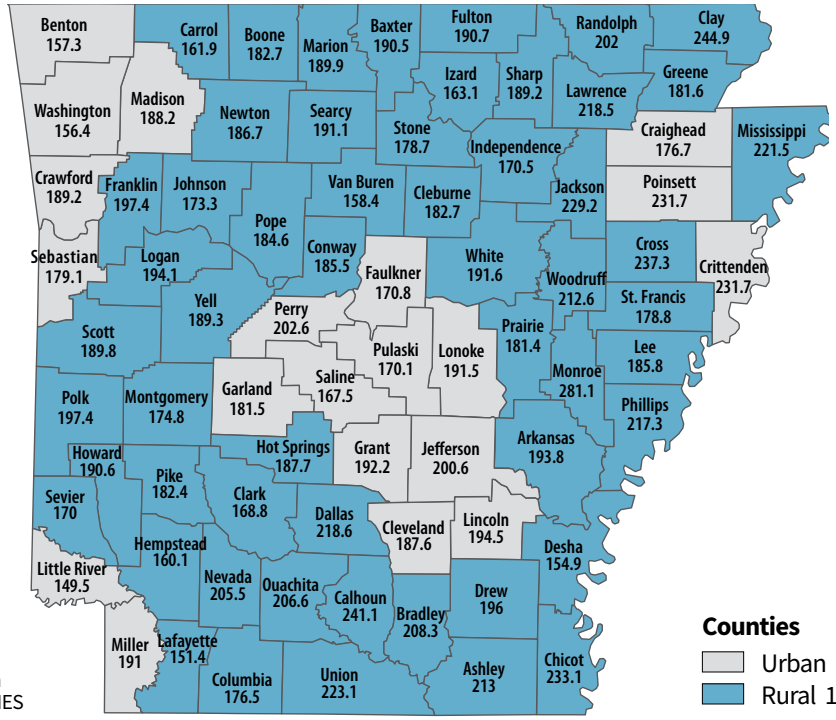
Cancer Type	# of Cases	% of Total
Lung	4,305	28.9%
Breast	2,032	13.6%
Colorectal	1,342	9.0%
Pancreas	970	6.5%
Ovary	695	4.7%
All Others	5,564	37.3%

Table 4

Cancer Deaths in Males, 2013 - 2017

Cancer Type	# of Cases	% of Total
Lung	6,001	33.0%
Colorectal	1,591	8.8%
Prostate	1,375	7.6%
Pancreas	1,044	5.7%
Liver & Intrahepatic Bile Duct	867	4.8%
All Others	7,304	40.2%

Age-standardized Mortality Rates, All Cancers, Urban and Rural, Arkansas, 2013 - 2017



Date: August 5, 2020
Source: Arkansas Department of Health
Map created by: Mallory Jayrce, M.S. CHES

Cancer remains the second leading cause of death in our state. In 2020, an estimated 17,200 Arkansans learned that they have cancer, and an estimated 6,730 died from the disease.

Cancer & COVID-19

Cancer patients, especially those who are undergoing chemotherapy or a stem cell transplant, as well as cancer survivors may have weakened immune systems that leave them exceptionally vulnerable to COVID-19. According to the American Cancer Society, cancer patients and their caregivers should lower their risk of contracting COVID-19 by following guidelines set by the Centers for Disease Control and Prevention (CDC).

The CDC recommends that cancer patients limit interactions with other people as much as possible to reduce their chance of contracting COVID-19. Depending on transmission rates in their community, they may need to delay surgery or treatment to avoid exposure. Additional options for addressing some health care needs could be telehealth or switching to an oral medication rather than going to a treatment center for infusions. However, the CDC warns against altering treatment plans or schedules without consulting a physician. Staying in touch with cancer care teams is the best way for patients to determine the best course of treatment during the pandemic. Cancer patients who begin to feel sick and think they may have COVID-19 should contact their physicians within 24 hours.

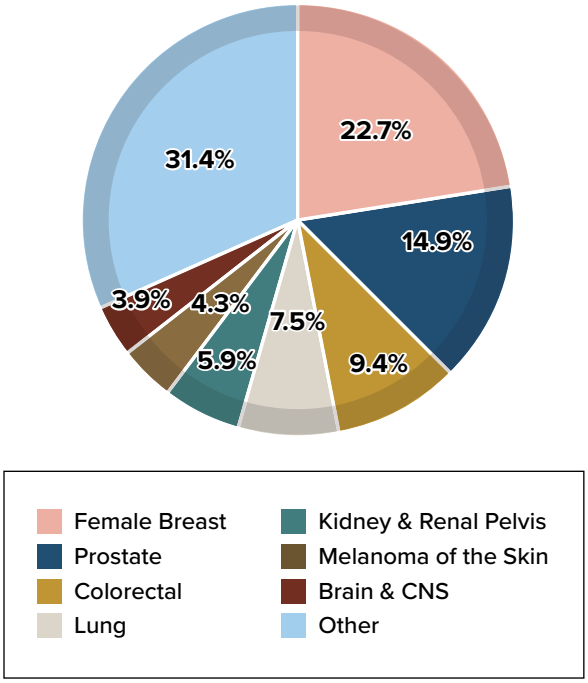
COVID-19, the illness caused by the novel coronavirus "SARS-CoV-2," was first reported in China in December 2019 and has spread across the globe since then. The virus spreads from person to person through close contact, less than 6 feet, via respiratory droplets created by coughing, sneezing, talking, singing or even breathing. Droplets can linger in the air for minutes to hours, even after an infected person has left, and may travel farther than 6 feet, though airborne transmission is believed to be less common than transmission through close contact. The virus can also live on surfaces and be spread through contact with those surfaces, though this type of transmission is uncommon, according to the CDC.

People may be infected but asymptomatic. Those people may still be contagious, which is why the CDC recommends everyone follow the latest recommendations to prevent spreading the virus, including:

- Wash hands with soap and water for at least 20 seconds or, if soap and water are not available, use hand sanitizer containing at least 60 percent alcohol.
- Wear a mask that covers your nose and mouth when out in public and when around people who don't live in your home.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Maintain at least 6 feet of distance between people who don't live in the same household.
- Cover coughs and sneezes with tissue, or cough or sneeze into your elbow.
- Regularly clean and disinfect frequently touched surfaces with household cleaning spray.
- Only travel when necessary. Staying home is the best way to avoid getting sick.
- Get vaccinated if approved by your healthcare provider.

Some medical offices temporarily closed during the pandemic and some screenings have been put on hold, but people exhibiting signs or symptoms of cancer should not delay medical care.

Cancer Patients Diagnosed with COVID-19 by Cancer Type



Source: ADH data includes patients diagnosed with cancer between 1996-2020 (provisional 2018-2020) and diagnosed with COVID-19 by June 1, 2020. (N=255)

Scientists are learning more about COVID-19 all the time. Doctors are studying the effects of COVID-19 in cancer patients, according to the American Cancer Society, to determine outcomes of cancer patients who develop COVID-19 and whether certain anti-cancer treatments change those outcomes. Data is being collected through registries like the COVID-19 and Cancer Consortium and studies such as the NCI COVID-19 in Cancer Patients Study.

COVID-19 Vaccines in People with Cancer

According to the American Cancer Society, vaccines (also called immunizations or vaccinations) are used to help a person's immune system recognize and protect the body against certain infections. Vaccines are now available to help protect against COVID-19.

Many expert medical groups recommend that most patients with cancer or a history of cancer should get a COVID-19 vaccine. Since the situation for every person is different, it is best to discuss the risks and benefits of getting the COVID-19 vaccine with your cancer doctor, who can advise you. For more information on COVID-19 Vaccines in People with Cancer, go to https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/low-blood-counts/infections/covid-19-vaccines-in-people-with-cancer.html#isitsafeforcancerpatientstogetanytypeofvaccine

Health Equity & Social Determinants of Health

Where people live, what kind of work they do and the color of their skin, can all impact health. According to the American Cancer Society, the overall rate of people dying from cancer in the United States has dropped by 27 percent in the last 25 years. Some groups, however, are not seeing the same improvement.

Research by the Robert Wood Johnson Foundation shows that individual and structural racism has created barriers for people of color since our country was founded. Studies relate the disparities in health and lifespan to systematic disadvantage and social inequities from birth through adulthood. "Perceived Discrimination among African American Adolescents and Allostatic Load: A Longitudinal Analysis with Buffering Effects" *(Child Dev. 2014 May)* links perceived discrimination across adolescence with higher levels of allostatic load, or wear and tear on biological systems.

One indicator of allostatic load, cortisol, can contribute to the development of some types of cancer, as well as diabetes and heart disease, when unregulated. This has contributed to a significant difference in lifespans between whites and people of color (10 years or more).

As part of a $10 million, five-year grant to find ways to promote health equity, the Robert Wood Johnson Foundation commissioned a report with the National Academies of Sciences, Engineering and Medicine about the causes and solutions of health inequities in the United States. The report calls for community leaders in education, transportation, housing, planning, public health and business to prioritize health equity. It also makes specific recommendations related to funding and research on health disparities and health inequities. One of the research priorities includes understanding and impacting implicit bias. Organizations working to address health inequity should prioritize affordable housing and add outreach processes so that all demographics of their communities are represented in

policy development. They should also collaborate with public health agencies to determine whether benefits and burdens of policies will be equitably distributed. There should be a focus on expanding policies that aim to improve quality of care, improve population health and control health care costs for the most vulnerable and underserved. Supporting education, compliance and enforcement of civil rights laws and prioritizing health equity and equity in social determinants of health through investments in low-income and minority communities are also encouraged.

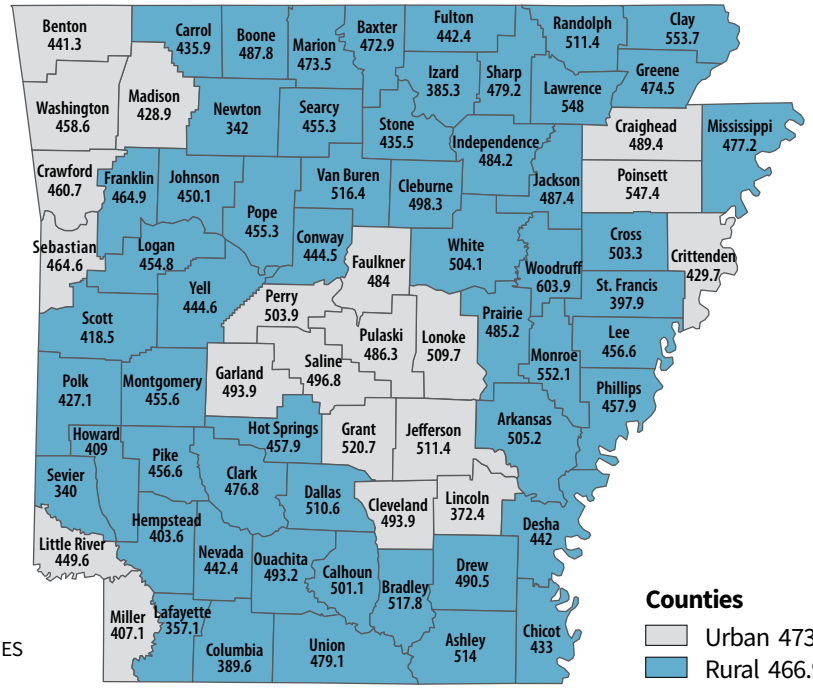
The American Cancer Society points out that a lack of access to cancer screening and treatment as well as to care after cancer is a substantial barrier to lowering the cancer mortality rate.

Addressing issues related to where people live and work and ensuring their access to transportation can help eliminate those disparities. The authors of the American Cancer Society Journal article "Understanding and addressing social determinants to advance cancer health equity in the United States: A blueprint for practice, research and policy," recommend training health care providers to ask about how those issues affect their patients, as well as including community health care centers, hospitals and payers in assessments of social factors. Because patients in Medicaid expansion states are more likely to be insured, have access to care and be diagnosed at an early stage of cancer than those in no expansion states, supporting Medicaid expansion under the Affordable Care Act is another way to advance health equity, according to the authors. Also, collaborations that work to lower negative effects of disparity in cancer patients, such as a health insurance company partnering with a transportation company can reduce the number of medical appointments patients miss.

For Health Equity and Social Determinant of Health, visit https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Age-standardized Incidence Rates, All Cancers, Urban and Rural, Arkansas, 2013 - 2017

This map represents all cancer incidence rates in Urban and Rural areas. Rates are higher outside Central and Northwest Arkansas Regions



Date: August 7, 2020
Source: Arkansas Department of Health
Map created by: Mallory Jayrce, M.S. CHES

Trena Mitchell display's ACC's MEGA colon exhibit in partnership with Hope Cancer Resources in Springdale, Arkansas.

Sources of Goals & Objectives

The Arkansas Cancer Plan identifies the policies, changes and actions required to reduce the burden of cancer in Arkansas.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths.

Other effective prevention and risk reduction strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

Goal Status	Objective Status
• 5 Overarching Goals	• 28 Baseline Only • 1 Developmental • 3 Research

Source: Healthy People 2030

The Guide to Community Preventive Services (The Community Guide) is a collection of evidence-based findings of the Community Preventive Services Task Force (CPSTF). It is a resource to help health professionals in states, communities, community organizations, businesses, healthcare organizations, or schools to select interventions to improve health and prevent disease.

The Community Guide

- Uses a science-based approach to determine whether an intervention approach works and is cost-effective.
- Helps health professionals identify and select intervention approaches for behavior change, disease prevention, and environmental change across more than 22 health topics
- Identifies where there is insufficient evidence and more research is needed
- Complements decision support tools, such as Healthy People 2030, and the Guide to Clinical Preventive Services

https://www.thecommunityguide.org/about/about-community-guide

At a Glance: Arkansas Cancer Plan Goals & Objectives

Prevention and Risk Reduction

Goal 1: Improve health by promoting healthy eating and making nutritious foods available.

1. Reduce the proportion of adults who are overweight and obese by 5% from a baseline of 70.6% in 2015 to 67.1% by 2025.

2. Reduce the proportion of children who are obese by 5% from a baseline of 22.1% in 2015 to 21.0% by 2025.

3. Increase the proportion of fruits and vegetables in diets by 5% from a baseline of Fruits one or more per day, 53.7% in 2015, Vegetables one or more per day, 78.6% in 2015 by 2025.

Goal 2: Improve health, fitness, and quality of life through regular physical activity.

1. Increase the proportion of adults who meet current physical activity by 5% from a baseline of 16.5% in 2015 to 17.3% by 2025.

2. Reduce the proportion of high school students who were not active at least 60 minutes, 7 days a week by 5% from a baseline of 77.3% in 2015 to 73.4% by 2025.

Tobacco Prevention and Cessation

Goal 3: Reduce tobacco use and exposure to secondhand smoke in adults and youth

1. Reduce tobacco use in adults; Cigarette smoking, Smokeless tobacco, E-cigarette use by 5% from a baseline of Cigarettes, 20.2%; Smokeless, 5.8%; and E-cigarette, 5.7% in 2015 to Cigarettes, 19.2%; Smokeless every day and somedays, 5.5%; and E-cigarette use, 5.4% by 2025.

2. Reduce current tobacco use by (high school); Tobacco products, Cigarettes, Smokeless products, Cigars, E-cigarettes use by 5% from a baseline of: Tobacco products, 29.2%; Cigarettes, 9.7%; and Smokeless products, 7.3%; Cigars, 8.4%; and E-cigarettes, 24.3% in 2015 to Tobacco products, 27.7%; Cigarettes, 9.2%; Smokeless products, 6.9%; Cigars, 8.0%; and E-cigarettes, 23.1% by 2025

3. Increase comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency. comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency. https://www.cdc.gov/mmwr/volumes/69/wr/mm6906a2.htm

4. Reduce the illegal sale rate to minors through enforcement of laws prohibiting sales of tobacco products by 5% from a baseline of 2.0% in 2015 to 1.9% by 2025.

5. Reduce the proportion of people who are exposed to secondhand smoke — TU 19, Baseline only

General Cancer Objective for Community and Grassroots Organizations

Goal 4: Reduce new cases of cancer and cancer related illness, disability, and death.

1. Reduce the overall invasive cancer incidence rate by 5% from a baseline of 468.3/100,000 to 444.9/100,000 by 2025. Baseline only

2. Reduce the overall lung cancer mortality rate by 5% from a baseline of 50.9/100,000 to 48.4%/100,000 by 2025. Baseline only

3. Reduce the overall female breast cancer mortality rate by 5% from a baseline of 20.8/100,000 to 19.8%/100,000 by 2025. Baseline only

4. Reduce the overall colorectal cancer mortality rate by 5% from a baseline of 15.5/100,000 to 14.7/100,000 by 2025. Baseline only

5. Reduce the overall prostate mortality rate by 5% from a baseline of 17.2/100,000 to 16.3/100,000 by 2025. Baseline only

6. Reduce the overall melanoma of the skin mortality rate by 5% from a baseline 1.6/100,000 to 1.5/100,000 by 2025 Baseline only

Continued on page 18

A press conference at the Little Rock Capitol to raise awareness about the dangers of tobacco use. Pictured are Dr. Thaddeus Bartter, Trena Mitchell, Katherine Donald, Joyce Raynor and Representative Fred Allen.

Continued from Goal 4 on page 17

Screening, Early Detection & Preventative Objectives for Community Clinics and Hospital Systems

1. Increase the proportion of adults who receive lung cancer screening based on most recent guidelines by 5% from a baseline of 2.5% in 2015 to 2.6% by 2025.

2. Increase the proportion of women who receive breast cancer screening based on most recent guidelines by 5% from a baseline of 72.7% in 2015 to 76.3% by 2025.

3. Increase the proportion of females at increased risk who get genetic counseling for breast and/or ovarian cancer — C-D01Developmental

4. Increase the proportion of adults who get screened for colorectal cancer — C-07 Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

5. Increase the proportion of people with colorectal cancer who get tested for Lynch syndrome — C-R03 Research

6. Increase the proportion of women who receive cervical cancer screening based on most recent guidelines by 5% from a baseline of 80.1% in 2015 to 84.1%by 2025.

7. Increase the proportion of youth who get recommended doses of the HPV vaccine by 5% from a baseline of: Overall, 67.9%; Females, 71.0%; and Males, 64.9% in 2015 to Overall, 71.3%; Females, 74.6%; Males, 68.1% by 2025.

8. Increase the proportion of oral and pharyngeal cancers detected at the earliest stage — OH 07 Data Source: To be determined Surveillance System (BRFSS)

Survivorship, Nutrition and Healthy Eating/ Physical Activity (NUPA)

Goal 5: Increase quality of life for cancer survivors

1. Increase the proportion of cancers survivors who are living 5 years or longer after diagnosis by 5% from a baseline of 54% in 2015 to 57% by 2025.

2. Reduce the proportion of adults overweight and obese by 5% from a baseline of 70.6% in 2015 to 67.1% by 2025.

3. Reduce the proportion of children who are obese by 5% from a baseline of 22.1% in 2015 to 21.0% by 2025

4. Increase the proportion of fruits and vegetables in diets by 5% from a baseline of Fruits one or more per day, 53.7% in 2015, Vegetables one or more per day, 78.6% in 2015 by 2025

5. Increase the proportion of adults that meet current physical activity by 5% from a baseline of 16.5% in 2015 to 17.3% by 2025.

6. Reduce the proportion of high school students who were not active at least 60 minutes, 7 days a week by 5% from a baseline of 77.3% in 2015 to 73.4% by 2025.

Full Version: Arkansas Cancer Plan Goals & Objectives

Prevention and Risk Reduction

Factors that increase risk for cancer include: environmental factors, genetic factors, gene-environment interactions, medication (or pharmaceutical) exposure, infectious agents, health behaviors and social determinants of health.

Nutrition and Physical Activity

According the Center for Disease Control and Prevention, poor nutrition and inadequate physical activity are significant risk factors for obesity and other chronic diseases, such as Type 2 Diabetes, heart disease, stroke, certain cancers, and depression. Fewer than 1 in 10 children and adults eat the recommended daily amount of vegetables. Only half of adults get the physical activity they need to help reduce and prevent chronic diseases, and more than 93 million are obese. During 1999–2016, obesity prevalence increased from 31% to 40% for adults and from 13.9% to 18.5% for children. https://www.cdc.gov/chronicdisease/resources/publications/aag/dnpao.htm

For more information on Nutrition and Physical and Activity, go to the CDC and Prevention, Division of Nutrition and Physical Activity and Obesity at https://www.cdc.gov/nccdphp

The National Cancer Institute (NCI) found that obesity is an increased risk for several types of cancer including endometrial, esophageal, breast, ovarian, gastric cardia, liver, colon and rectum, kidney, multiple myeloma, meningioma, pancreas, thyroid, gallbladder, and possibly other types of cancer such as mouth (Obesity and Cancer Risk, 2017).

Risk Factors

The Arkansas Cancer Coalition has identified three Healthy People 2030 objectives in this edition to increase awareness of increased risk.

Goal 1: Improve health by promoting healthy eating and making nutritious foods available.

1. Reduce the proportion of adults who are overweight and obese by 5% from a baseline of 70.4% in 2015 to 67.1% by 2025.

2. Reduce the proportion of youth who are obese by 5% from a baseline of 22.1% in 2015 to 21.0% by 2025.

3. Increase the proportion of fruits and vegetables in diets by 5% from a baseline of Fruits, one or more per day, 53.7%; Vegetables, one or more per day, 78.6% by 2025.

Evidence-Based Strategies

- Increase access to healthy foods and beverages
- Provide access to healthier food retail (grocery stores, small stores, farmers markets, bodegas, and mobile food retail)
- Promote adoption of the food service guidelines or other nutrition standards
- Implement nutrition standards/food services guidelines in priority settings (Early Care and education, workplaces, communities)

Additional evidence-based strategies resource; https://www.cdc.gov/nccdphp/dnpao/state-local-programs/nutrition.html

MEASURES

GOAL / OBJECTIVE	BASELINE, 2020	MEASUREMENT PERIOD	TARGET, 2025: 5% IMPROVEMENT	DATA SOURCE
Reduce the proportion of adults who are overweight and obese	70.4%	2018	66.9%	BRFSS
Reduce the proportion of children who are obese	22.1% (20.0 - 24.4)	2019	21.0%	YRBS
Increase proportion of fruits and vegetables in diets	Fruits one or more per day, 55.6% (53.0-58.3) Vegetables one or more per day, 80.8% (78.6-83)	2017	Fruits one or more per day, 58.4% Vegetables one or more per day, 84.8%	BRFSS

Goal 2: Improve health, fitness, and quality of life through regular physical activity.

1. Increase the proportion of adults who meet current physical activity by 5% from a baseline of 16.5% in 2015 to 17.3% by 2025.

2. Reduce the proportion of youth (high school students) who were not active at least 60 minutes, 7 days a week by 5% from a baseline of 77.3% in 2015 to 73.4% by 2025.

Evidence-Based Strategies

- Activity friendly routes to everyday destinations
- Access to places for physical activity
- School and youth programs
- Community-wide campaigns
- Social supports
- Individual supports
- Prompts to encourage physical activity
- Equitable and inclusive access

Additional evidence-based strategies resource; https://www.cdc.gov/physicalactivity/activepeoplehealthynation/strategies-to-increase-physical-activity

MEASURES

GOAL / OBJECTIVE	BASELINE, 2020	MEASUREMENT PERIOD	TARGET, 2025: 5% IMPROVEMENT	DATA SOURCE
Increase the proportion of adults who meet current physical activity	16.5% (14.5-18.6)	2017	17.3%	BRFSS
Reduce the proportion of high school students who were not active at least 60 minutes, 7 days a week	77.3% (75.4-78.1)	2019	73.4%	YRBS

Tobacco Prevention & Cessation

Smoking harms nearly every organ of the body, causing many diseases and affecting the health of smokers in general. The Centers for Disease Control and Prevention's Office on Smoking and Health (OSH) helps states and communities implement tobacco control programs by featuring national and local campaigns and events, linking to state and community resources, producing guidelines, and compiling data. https://www.cdc.gov/tobacco/stateandcommunity/tobacco_control_programs/index.htm

Goal 3: Reduce tobacco use and exposure to secondhand smoke in adults and youth

1. Reduce tobacco use in adults; Cigarette smoking, Smokeless tobacco, E-cigarette use by 5% from a baseline of: Cigarettes, 20.2%; Smokeless, 5.8%; and E-cigarette, 5.7% in 2015 to Cigarettes, 19.2%; Smokeless every day and somedays, 5.5%; and E-cigarette use, 5.4% by 2025.

2. Reduce current tobacco use in youth (high school); Tobacco products, Cigarettes, Smokeless products, Cigars, E-cigarettes use by 5% from a baseline of: Tobacco products, 29.2%, Cigarettes, 9.7%; and Smokeless products, 7.3%; Cigars, 8.4%; and E-cigarettes, 24.3% in 2015 to Tobacco products, 27.7%; Cigarettes, 9.2%; Smokeless products, 6.9%; Cigars, 8.0%; and E-cigarettes, 23.1% by 2025.

3. Increase comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency

4. Reduce illegal sale rate to minors through the enforcement of laws prohibiting sales of tobacco products by 5% from a baseline of 2.0% in 2015 to 1.9% by 2025.

5. Reduce the proportion of people who are exposed to secondhand smoke — TU 19 Baseline only

Evidence-Based Strategies

- High-impact anti-tobacco mass media campaigns
- Increasing the price of tobacco products
- Comprehensive smoke-free policies
- Quitline referral interventions for healthcare systems and providers.

Additional evidence-based strategies resource:

- https://www.cdc.gov/policy/hst/hi5/tobaccointerventions/index.html
- https://www.thecommunityguide.org/

MEASURES				
GOAL / OBJECTIVE	**BASELINE, 2020**	**MEASUREMENT PERIOD**	**TARGET, 2025: 5% IMPROVEMENT**	**DATA SOURCE**
Reduce tobacco use in adults: Cigarette smoking/ Smokeless tobacco/ E-cigarette use	Cigarettes: 22.7% (21.0-24.5) Smokeless every day and somedays: 6.4% E-cigarette use: 5.7% (4.3-7.1)	2018 2017 E-cigarette use	Cigarettes: 21.6% Smokeless every day and somedays: 6.1% E-cigarette use: 5.4%	BRFSS
Reduce tobacco use in youth (high school): Tobacco products/ Cigarettes Smokeless products/Cigars/ E-cigarettes	Tobacco products: 29.2% (25.3-33.4) Cigarettes: 9.7% (7.3-12.9) Smokeless products: 7.3% (5.9-9.1) Cigars: 8.4% (6.8-10.4) E-cigarettes: 24.3% (20.5-28.6)	2019	Tobacco products: 27.7% Cigarettes: 9.2% Smokeless products: 6.9% Cigars: 8.0% E-cigarettes: 23.1%	YRBS
Increase comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency	Counseling = yes NRT patch = yes NRT gum = yes NRT lozenge = no NRT nasal spray = no NRT inhaler = no Bupropion (Zyban) = yes Varenicline (Chantix) = yes	2018 State Medicaid Coverage for Tobacco Cessation Tx https://www.cdc.gov/mmwr/volumes/69/wr/mm6906a2.htm	Counseling = yes NRT patch = yes NRT gum = yes NRT lozenge = yes NRT nasal spray = yes NRT inhaler = yes Bupropion (Zyban) = yes Varenicline (Chantix) = yes	CDC MMWR
Reduce illegal sale rate to minors through the enforcement of laws prohibiting sales of tobacco products	2.0%	2019	1.9%	Synar

General Cancer Objectives for Community & Grassroots Organizations

Cancer is the second leading cause of death in the United States. The CDC recommends Arkansans to be screened according to evidence-based guidelines for lung, breast, cervical, and colorectal (colon) cancers early, when treatment is likely to work best and recommends shared decision making for prostate cancer screening. Avoiding ultraviolet rays through shade structures, protective clothing, and sunscreen can reduce the likelihood of developing skin cancer. https://www.thecommunityguide.org/topic/cancer

Grassroots and community-driven organizations can support the implementation of the Arkansas Cancer Plan by providing Arkansans with cancer risk reduction information and access to screening resources within their community.

Goal 4: Reduce new cases of cancer and cancer-related illness, disability, and death.

1. Reduce the overall invasive cancer incidence rate by 5% from a baseline of 468.3/100,000 in 2015 to 444.9/100,000 by 2025.

2. Reduce the overall lung cancer mortality rate by 5% from a baseline of 50.9/100,000 in 2015 to 48.4%/100,000 by 2025.

3. Reduce the overall female breast cancer mortality rate by 5% from a baseline of 20.8/100,000 in 2015 to 19.8%/100,000 by 2025.

4. Reduce the overall colorectal cancer mortality rate by 5% from a baseline of 15.5/100,000 in 2015 to 14.7/100,000 by 2025.

5. Reduce the overall prostate mortality rate by 5% from a baseline of 17.2/100,000 in 2015 to 16.3/100,000 by 2025.

6. Reduce the overall melanoma of the skin mortality rate by 5% from a baseline of 1.6/100,000 in 2015 to 1.5/100,000 by 2025.

Evidence-Based Strategies

Reducing structural barriers for lung, breast, cervical, colon and prostate cancer.

- Help patients schedule appointments
- Offer screening at more locations
- Provide transportation
- Provide translation services
- Provide childcare

Skin Cancer Community Intervention;

- Educational approaches (e.g., providing informational messages about sun protection to workers through instruction, small media such as posters or brochures, or both)
- Activities designed to influence knowledge, attitudes, or behavior of workers (e.g., modeling or demonstrating behaviors)
- Environmental approaches to encourage sun protection (e.g., providing sunscreen or shade)
- Policies to support sun protection practices (e.g., requiring sun protective clothing)

- Additional evidence-based strategies resources: https://www.thecommunityguide.org/content/evidence-shows-community-based-skin-cancer-prevention-works

- Additional evidence-based strategies can be found at: https://www.cdc.gov/screenoutcancer/interventions/index.htm

MEASURES

GOAL / OBJECTIVE	BASELINE, 2020	MEASUREMENT PERIOD	TARGET, 2025: 5% IMPROVEMENT	DATA SOURCE
Reduce the overall invasive cancer mortality rate	173.6/ 100,000 (169.3-177.9)	2017	164.9 / 100,000	ACCR
Reduce the overall lung cancer mortality rate	50.9 / 100,000 (48.6 – 53.2)	2017	48.4 / 100,000	CDC Wonder
Reduce the overall female breast cancer mortality rate	20.8 / 100,000 (18.7 – 22.8)	2017	19.8 / 100,000	CDC Wonder
Reduce the overall colorectal cancer mortality rate	15.5 / 100,000 (14.2 – 16.8)	2017	14.7 / 100,000	CDC Wonder
Reduce the overall prostate mortality rate	17.2 / 100,000 (15.1 – 19.3)	2017	16.3 / 100,000	CDC Wonder
Reduce the overall melanoma of the skin mortality rate	1.6 / 100,000 (1.2 – 2.0)	2017	1.5 / 100,000	CDC Wonder
Reduce the proportion of adults 18 and older who report sunburn	34.7%	2013	33.0%	BRFSS – state added only
Reduce the proportion of adults 18 and older who use artificial sources of UV light for tanning	6.6%	2013	6.3%	BRFSS – state added only
Increase the proportion of adults 18 and older who follow protective measures to reduce skin cancer	26.3%	2013	27.6%	BRFSS – state added only
Reduce the overall childhood cancer mortality rate (age-specific, 0-19 years)	2.1 (1.7 – 2.7)	2014 – 2017 combined	2.0 / 100,000	CDC Wonder
Reduce overall blood cancer (Lymphoma, Leukemia, Myeloma) mortality rate	15.4 / 100,000 (14.1 – 16.6)	2017	14.6 / 100,000	CDC Wonder

Screening, Early Detection & Preventative Objectives for Community Clinics & Hospitals

1. Increase the proportion of adults who receive lung cancer screening based on most recent guidelines by 5% from a baseline of 2.5% in 2015 to 2.6% by 2025.

2. Increase the proportion of women who receive breast cancer screening based on most recent guidelines by 5% from a baseline of 72.7% in 2015 to 76.3% by 2025.

3. Increase the proportion of females at increased risk who get genetic counseling for breast and/or ovarian cancer — C-D01 Developmental

4. Increase the proportion of adults who get screened for colorectal cancer — C-07
   Source: BRFSS

5. Increase the proportion of people with colorectal cancer who get tested for Lynch syndrome — C-R03 Research

6. Increase the proportion of women who receive cervical cancer screening based on most recent guidelines by 5% from a baseline of 80.1% in 2015 to 84.1%by 2025.

7. Increase the proportion of adolescents who get recommended doses of the HPV vaccine by 5% from a baseline of: Overall, 67.9%; Females, 71.0%; Males, 64.9% in 2015 to Overall, 71.3%; Females, 74.6%; Males, 68.1% by 2025.

8. Increase the proportion of oral and pharyngeal cancers detected at the earliest stage — OH 07
   Source: CDC Wonder

Evidence-Based Strategies

Client (patient) reminders

- Offer to schedule cancer screenings for a patient during a clinic visit.
- Contact patients to schedule screenings.
- Send reminders about appointments and tests.
- Provide support to help patients overcome barriers and prepare for tests (like colonoscopies).

Provider reminders

- Put stickers or notations on the medical charts of patients or program electronic health records to send alerts to providers.
- Print a daily list of active patients who are due for cancer screening.

Provider assessment and feedback

- Track screening numbers for clinics and individual providers.
- Review clinic policies and practices.
- Tell providers how many of their patients get screened and receive follow-up care.

Additional evidence-based strategies resources: https://www.cdc.gov/screenoutcancer/interventions/index.htm

MEASURES				
GOAL / OBJECTIVE	**BASELINE, 2020**	**MEASUREMENT PERIOD**	**TARGET, 2025: 5% IMPROVEMENT**	**DATA SOURCE**
Increase the proportion of adults who receive lung cancer screening based on most recent guidelines	In Arkansas, 2.5% of those at high risk were screened, which was lower than the national rate of 4.2 percent. It ranks 40th among all state.	no year provided	2.6%	https://www.lung.org/research/state-of-lung-cancer/states/arkansas
Increase the proportion of women who receive breast cancer screening based on most recent guidelines	72.7% (69.8-75.6)	2018	76.3%	BRFSS
Increase the proportion of adults who get screened for colorectal cancer.	66.6%	2018	69.93	BRFSS
Increase the proportion of women who receive cervical cancer screening based on most recent guidelines	80.1% (77.0-83.3)	2018	84.1%	BRFSS
Increase the proportion of the HPV vaccine series	HPV Vaccination Rate (AR) ≥ 1 dose Overall = 67.9% Females = 71.0% Males = 64.9%	2019	HPV Vaccination Rate (AR) ≥ 1 dose Overall = 71.3% Females = 74.6% Males = 68.1%	National Immunization Survey https://www.cdc.gov/vaccines/imz-managers/nis/datasets-teen.html
Reduce the overall oral cavity and pharynx mortality rate	2.9 / 100,000 (2.3 – 3.4)	2017	2.8 / 100,000	CDC Wonder
Increase the number of palliative care programs in hospitals across the state	41.2% (14/34) of hospitals in AR with 50 or more beds have palliative programs	2019	43.3%	Center to Advance Palliative Care (CAPC) report card https://reportcard.capc.org/state/arkansas/

Survivorship, Nutrition & Healthy Eating/Physical Activity (NUPA)

CDC works with public, non-profit, and private partners to develop and implement ways to help the growing number of cancer survivors in the United States. The Arkansas Cancer Coalition's goal is to ensure cancer patients stay healthy during and after cancer treatments and to improve quality of life for cancer survivors.

Goal 5: Increase quality of life for cancer survivors

1. Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis by 5% from a baseline of 54% in 2015 to 57% by 2025.

2. Reduce the proportion of adults who are overweight and obese by 5% from a baseline of 70.6% in 2015 to 67.1% by 2025.

3. Reduce the proportion of youth who are obese by 5% from a baseline of 22.1% in 2015 to 21.0% by 2025.

4. Increase the proportion of fruits and vegetables in diets by 5% from a baseline of Fruits one or more per day, 53.7%, Vegetables one or more per day, 78.6% in 2015 by 2025.

5. Increase the proportion of adults who meet current physical activity by 5% from a baseline of 16.5% in 2015 to 17.3% by 2025.

6. Reduce the proportion of high school students who were not active at least 60 minutes, 7 days a week by 5% from a baseline of 77.3% in 2015 to 73.4% by 2025.

Evidence-Based Strategies

You can lower your risk of getting cancer again by making healthy choices like:

- Staying away from tobacco. If you smoke, try to quit (ask for help in quitting!), and stay away from other people's smoke
- Limiting the amount of alcohol you drink
- Protecting your skin from exposure to ultraviolet rays from the sun and avoiding tanning beds
- Eating lots of fruits and vegetables
- Keeping a healthy weight
- Being physically active
- Request and implement a survivorship care plan personalized for cancer patients

Additional evidence-based strategies resources:

- https://www.cancer.org/content/dam/cancer-org/cancer-control/en/reports/systems-policy-and-practice-clinical-survivorship.pdf
- https://www.cdc.gov/cancer/survivors/patients/staying-healthy-during-cancer-treatment.htm

Tobacco Cessation Services

The Arkansas Department of Health (ADH) launched Be Well Arkansas, an enhancement of previous tobacco cessation services, to provide Arkansans with resources to improve their health and well-being.

With Be Well Arkansas, Wellness Counselors answer calls from Arkansans who are interested in improving their health. This could be anything from managing diabetes to quitting smoking. Arkansans can call 833-283-WELL or visit BeWellArkansas.org.

MEASURES				
GOAL / OBJECTIVE	**BASELINE, 2020**	**MEASUREMENT PERIOD**	**TARGET, 2025: 5% IMPROVEMENT**	**DATA SOURCE**
Increase the proportion of cancers survivors who are living 5 years or longer after diagnosis	Overall 5-year survival = 54%	2013 – 2017 combined	Overall 5-year survival = 57%	ACCR
Increase the proportion of breast cancer survivors living 5-years or longer after diagnosis	Overall 5-year survival = 80%	2013 – 2017 combined	Overall 5-year survival = 84%	ACCR
Reduce the proportion of adults who are overweight and obese	70.4%	2018	66.9%	BRFSS
Increase the proportion of adults who meet current physical activity	16.5% (14.5-18.6)	2017	17.3%	BRFSS
Increase the proportion of fruits and vegetables in diets	HPV VacciFruits one or more per day, 55.6% (53.0-58.3) Vegetables one or more per day, 80.8% (78.6-83)	2017	Fruits one or more per day, 58.4% Vegetables one or more per day, 84.8%	BRFSS
Increase smoking cessation attempts by youth smokers	57.3% (51.0-63.5)	YRBS	60.2%	YRBS
Increase comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency	Counseling = yes NRT patch = yes NRT gum = yes NRT lozenge = no NRT nasal spray = no NRT inhaler = no Bupropion (Zyban) = yes Varenicline (Chantix) = yes	2018 State Medicaid Coverage for Tobacco Cessation Tx https://www.cdc.gov/mmwr/volumes/69/wr/mm6906a2.htm	Counseling = yes NRT patch = yes NRT gum = yes NRT lozenge = yes NRT nasal spray = yes NRT inhaler = yes Bupropion (Zyban) = yes Varenicline (Chantix) = yes	CDC MMWR

Call to Action: What can YOU do?

The overall success of the Arkansas Cancer Plan depends on the cooperation, collaboration and resources of many partners across the state. Below are a few examples of what you can do to work toward the goals presented in the plan.

Use these examples and think of other actions you can take to reduce the burden of cancer in your community and throughout Arkansas.

If you are a health system

- Ensure that your cancer cases are reported in a timely way
- Provide meeting or virtual space to host community cancer support groups
- Collaborate to sponsor evidence-based community screening programs
- Acquire or maintain American College of Surgeons (ACoS) Commission on Cancer (CoC) accreditation
- Educate health care professionals and the public about genetics and cancer risk

If you are a local health department

- Promote effective cancer prevention policy, systems and environmental changes
- Implement and enforce a tobacco-free campus
- Provide cancer risk reduction and healthy lifestyle education
- Collaborate with communities to support changes in the built environment, including walkability
- Support evidence-based cancer screening and early detection efforts
- Encourage HPV vaccination among adolescents and young adults
- Educate health care professionals and the public about genetics and cancer risk
- Provide meeting or virtual space to host community survivor support groups

If you are a community-based organization

- Provide cancer risk reduction and healthy lifestyle information to constituents
- Promote evidence-based tobacco treatment (smoking cessation) programs
- Partner with advocacy groups to support tobacco control policies
- Promote evidence-based cancer screening among clients
- Encourage participation in clinical trials
- Collaborate to provide community cancer prevention and screening programs

If you are an employer

- Become a CEO Cancer Gold Standard™ certified workplace
- Provide healthy foods in vending machines and cafeterias
- Encourage employees to increase physical activity
- Collaborate with hospitals to host screening events

If you are a school/university

- Include cancer risk reduction and healthy lifestyle messages in classes
- Provide healthy foods in vending machines and cafeterias
- Increase physical education requirements
- Make your entire campus a tobacco-free environment
- Provide tobacco treatment (smoking cessation) resources for faculty, staff and students

If you are a faith-based organization

- Provide cancer risk reduction information to members
- Learn how to provide healthy potlucks and meeting meals
- Open your building to support healthy lifestyle activities
- Encourage members to get cancer screening tests on time

ACC, American Cancer Society and many other partners celebrate the signing of a bill to protect Arkansans from colorectal cancer.

If you are a health care professional

- Make sure patients get appropriate evidence-based cancer screening tests
- Refer patients to smoking cessation classes, tobacco quitline, nutrition and physical activity programs
- Be sure your cancer cases are reported in a timely way
- Collect cancer family history from patients and provide referrals to genetic counseling
- Find out how to enroll patients in clinical trials
- Make earlier referrals to hospice for end-of-life care

If you are a Community Health Worker, Navigator or a Promotora

- Provide cancer risk reduction and healthy lifestyle information to clients
- Promote evidence-based cancer screening
- Encourage participation in clinical trials
- Collaborate to provide community cancer prevention and screening programs

If you are an elected official

- Appropriate funding for comprehensive cancer prevention and control and research
- Support tobacco prevention policies
- Sponsor or support legislation that promotes cancer risk reduction, early detection, access to quality treatment and survivorship.
- Raise constituents' awareness about cancer risk reduction and control programs in your district or help establish new programs where needed
- Ensure that all Arkansans have access to health care and to cancer early detection and screening services

If you are an Arkansan

- Stop tobacco use or never start
- Support tobacco-free policies and legislation
- Eat more fruits and vegetables and maintain a healthy weight
- Increase your daily physical activity
- Know when to be screened and do it on schedule
- Know your family health history, including any family history of cancer
- If diagnosed with cancer, consider enrolling in a clinical trial
- Show your support and care for those who are diagnosed with cancer
- Volunteer with your hospital, health department, faith community, or local American Cancer Society (ACS)

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Tobacco Cessation Services
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Contributors

Trena Mitchell, MA, CNP
Executive Director, Arkansas Cancer Coalition

Miriam Karanja, BCOM, MBA
Director of Programs, Arkansas Cancer Coalition

Kirsty Dehan
Communications Specialist, Arkansas Cancer Coalition

Treg Long
American Cancer Society

Mallory Jayroe, M.S., CHES
Cancer Epidemiologist, Arkansas Department of Health
Arkansas Central Cancer Registry

Abby Holt, MPH MLIS
Director, Arkansas Central Cancer Registry
Arkansas Department of Health

Rhonda D. Brown, RN, BSN
Cancer Prevention and Control Section Chief
Arkansas Department of Health

Bala Simon, MD, DrPH, DipABOM, DipABLM, FAAFP
(former name: Appathurai Balamurugan)
Acting Chief Medical Officer
State Chronic Disease Director

Content created by
Kim Dishongh, Writer
501-425-7228
kimdishongh@gmail.com

Editor
Jennifer Redmond Knight, DrPH
Coalition Coach and Consultant

Layout and Design created by
Kara Darling Creative, Graphic Designer
501-208-3583
kara@karadarlingcreative.com

Arkansas Cancer Coalition
www.arcancercoalition.org

10825 Financial Centre Pkwy, Suite 425
Little Rock, AR 72211

Phone 501.404.2363 | Fax 501.404.2364
info@arcancercoalition.org

www.arcancercoalition.org

@ARCancerCoalition
@AR_ACC
@arcancercoalition