



It Takes a Village (Web): Challenges and Progress in Working Towards A Cancer-Free Arkansas

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25th Arkansas Cancer Summit
May 9, 2024



Addressing Systems/Practices Driving Disparities



“

We are concerned about the constant use of federal funds to support this most notorious expression of segregation. Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death.

”


Rev. Martin Luther King, Jr.

*March 25, 1966, Medical
Committee for Human
Rights Annual Meeting*


All People Free of Cancer

Aspirations


PREVENTION

Eliminate preventable cancers 

SCREENING

All people get the right screening at the right time for the best outcome 

CANCER SURVIVORS

Cancer Survivors live longer, healthier lives 

Strategic Priorities

Reduce risk of cancer

Scale best practices to increase screening outcomes

Improve health and wellbeing for cancer survivors

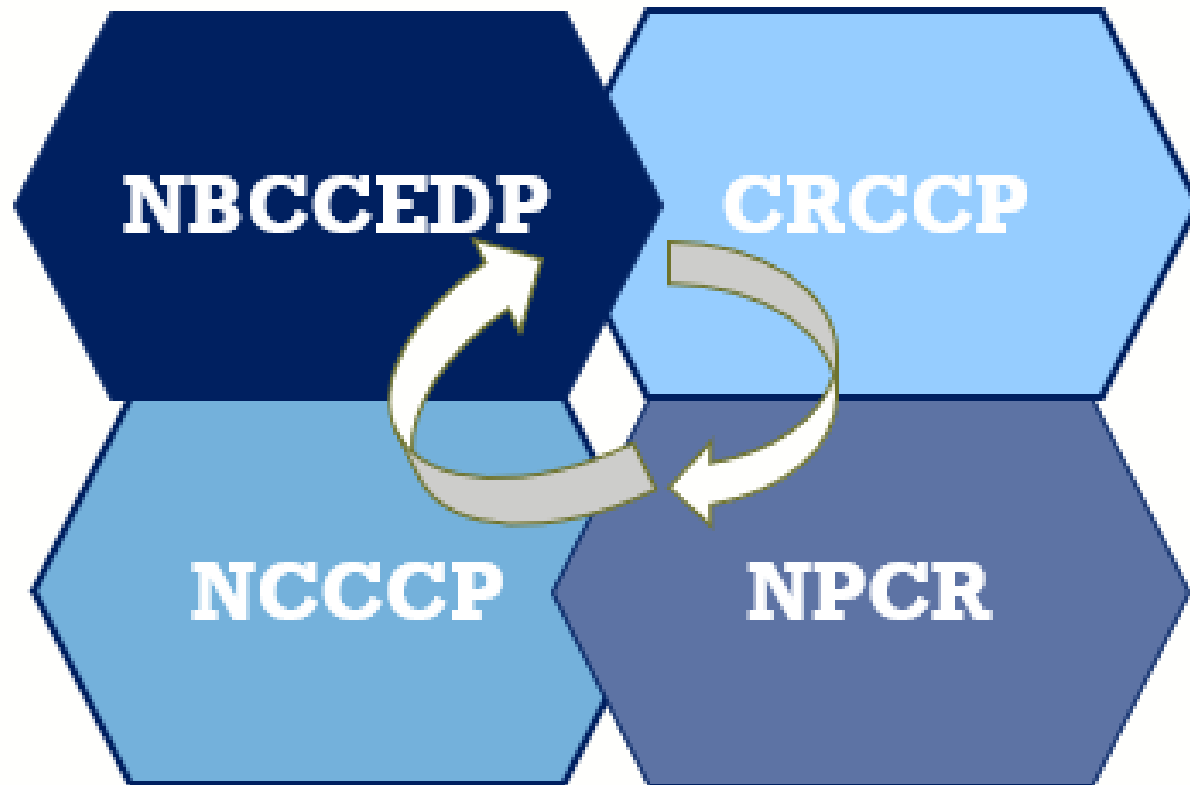
Guiding Principles

<i>Equity</i>	<i>Begin with the End in Mind</i>	<i>Collaboration</i>	<i>Targeted Communications</i>
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Strengths

<i>Data</i>	<i>Translation & Evaluation</i>	<i>Partnership</i>
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Coordination and Collaboration across Cancer Programs



- National Breast and Cervical Cancer Early Detection Program
- Colorectal Cancer Control Program (DP15-1502)
- National Comprehensive Cancer Control Program
- National Program of Cancer Registries

A Look at Comprehensive Cancer Control Over the Years





18 Million Survivors

National Cancer Act of 1971

Established a holistic Approach for Addressing Cancer and its Many Challenges



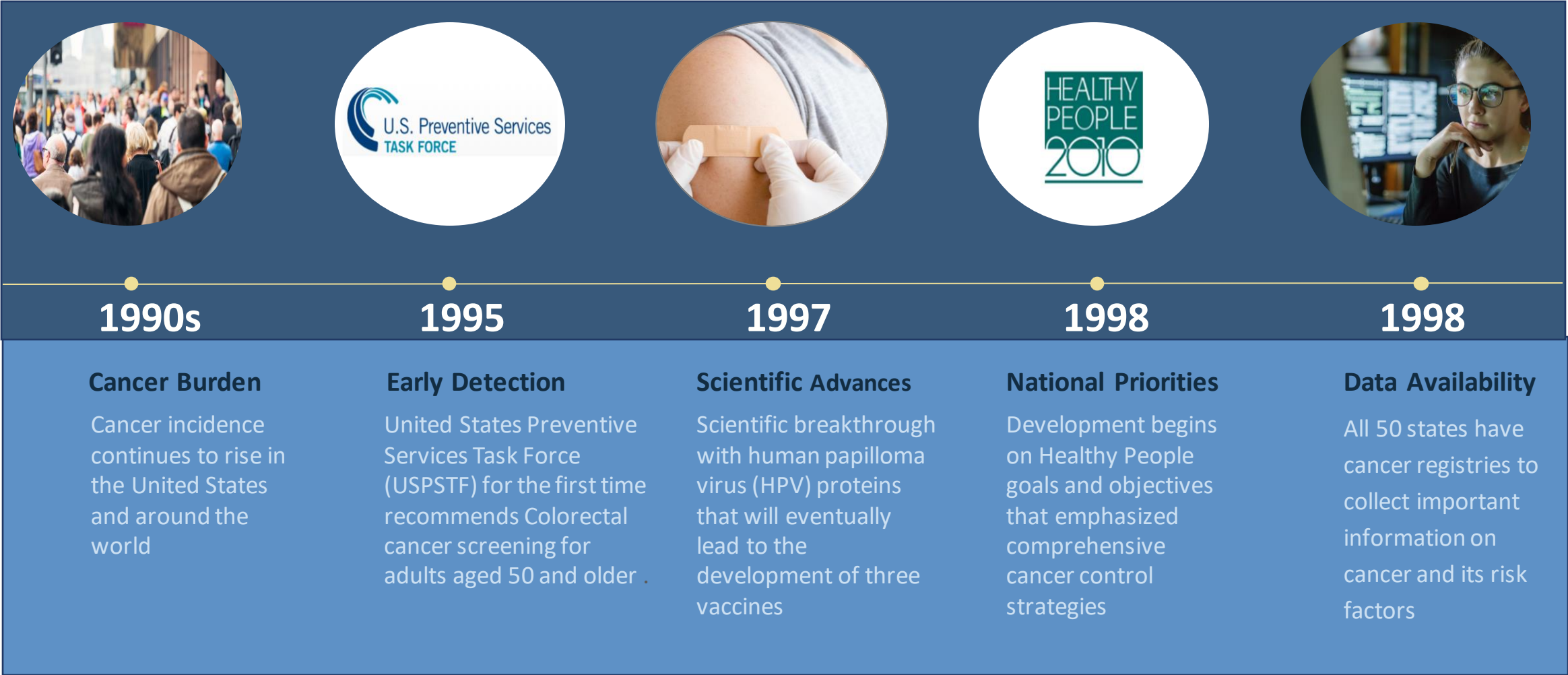
President Nixon signs the National Cancer Act

National Cancer Act of 1971 established:

- National priorities and multi-disciplinary collaboration:
 - National Cancer Advisory Board (scientists and laypeople from the general public)
 - President's Cancer Panel
- Networks for data collection
- Established local cancer control programs

Source: National Cancer Institute, [National Cancer Act of 1971](#)

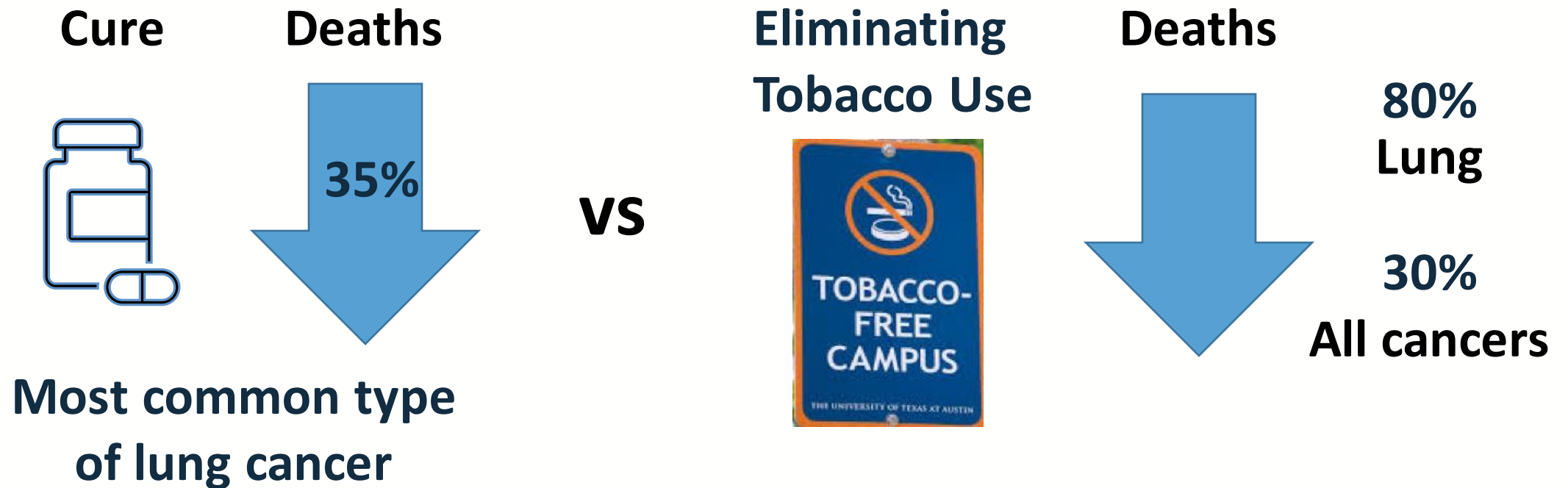
Important Turning Points in Cancer Prevention and Control



National Comprehensive Cancer Control

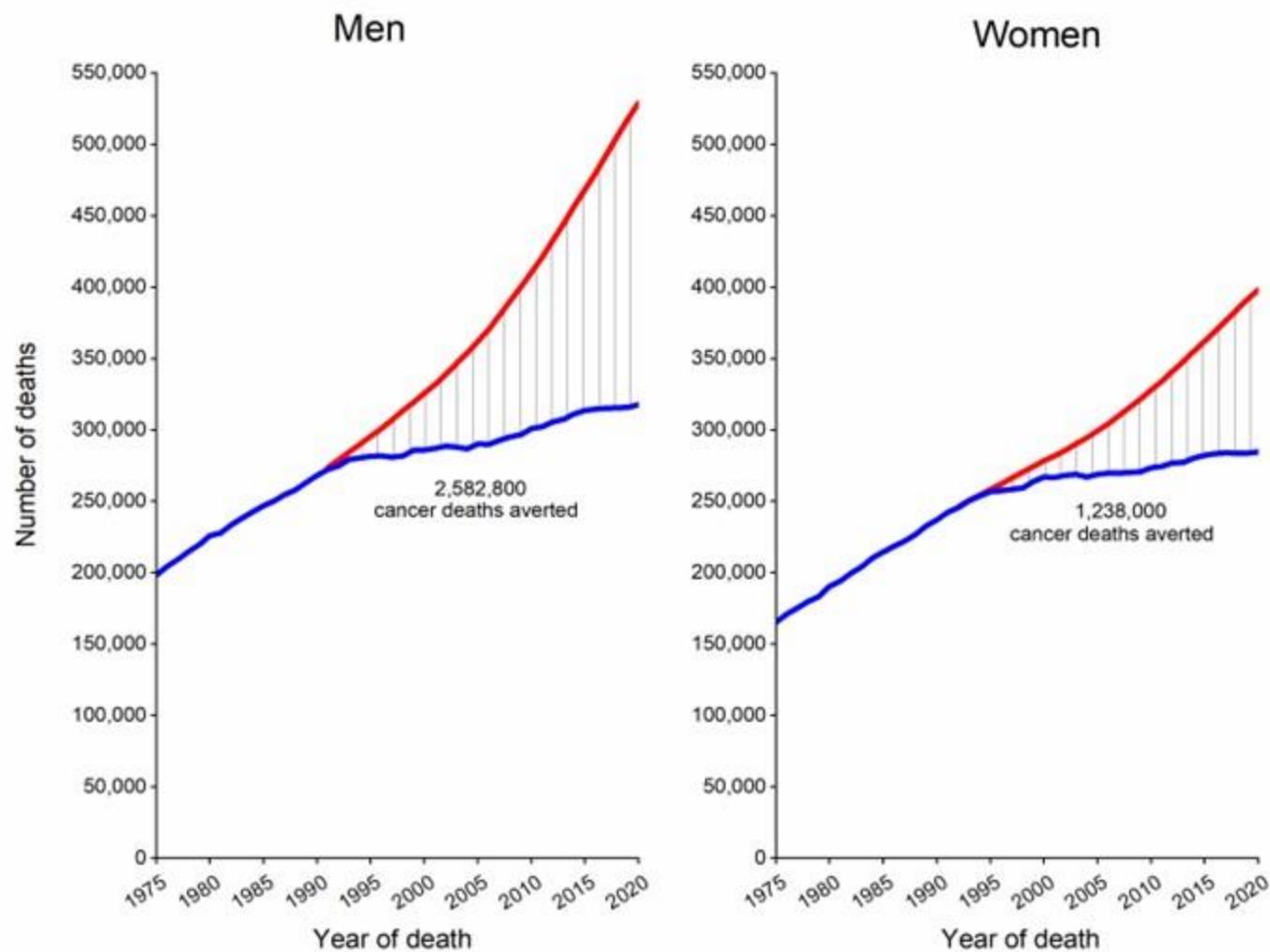


What has been the impact of prevention?



Source: Kripke, Margaret, [Cancer research should focus on prevention more than cure](#), Houston Chronicle, January 23, 2015

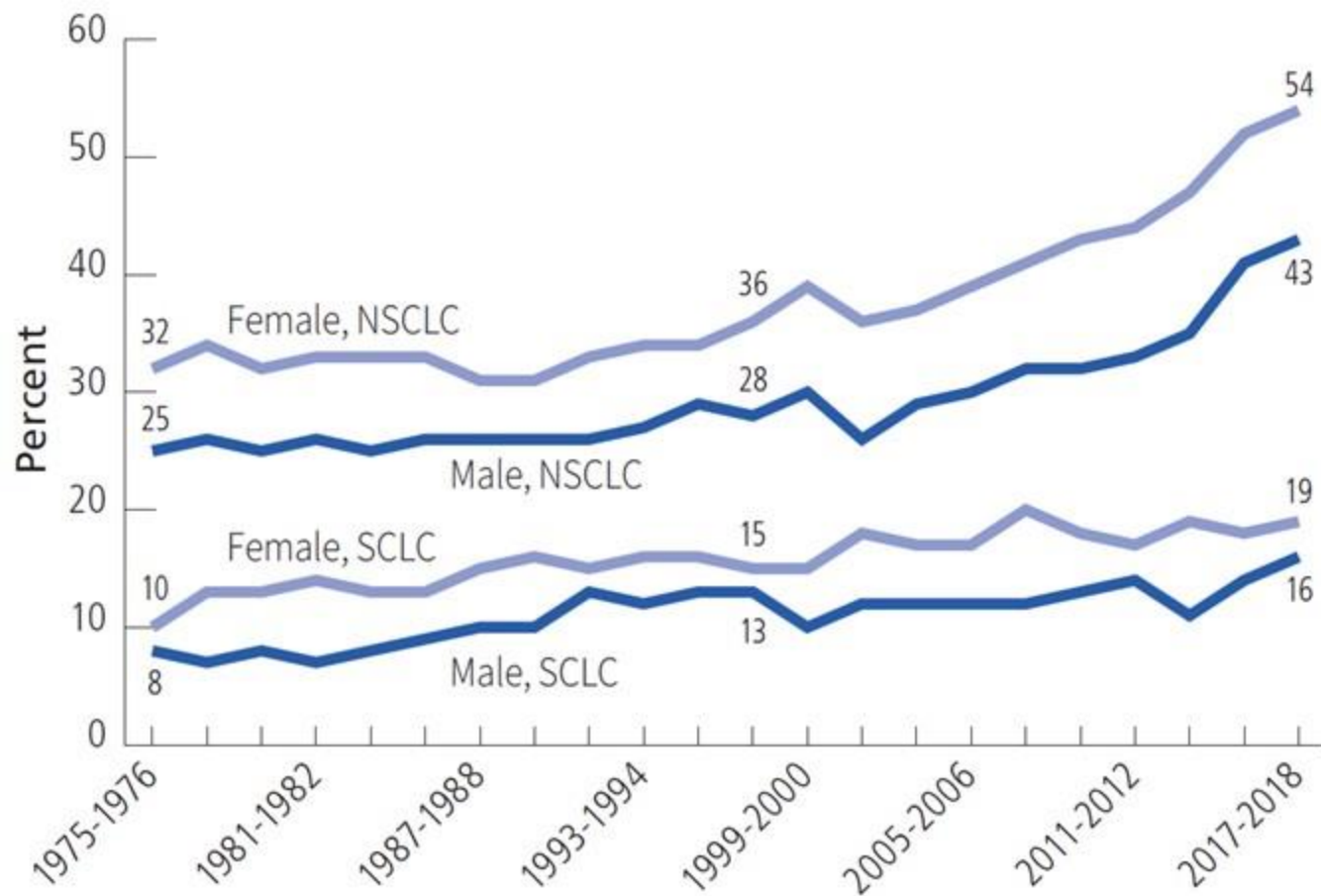
Total Number of Cancer Deaths Averted from 1991 to 2020, US



The blue line represents the actual number of cancer deaths recorded each year, and the red line represents the number of cancer deaths that would have been expected if cancer death rates had remained at their peak.

Special Section: Lung Cancer

Trends in 2-year Relative Survival Rates for Lung Cancer by Sex and Subtype, US, 1975–2018



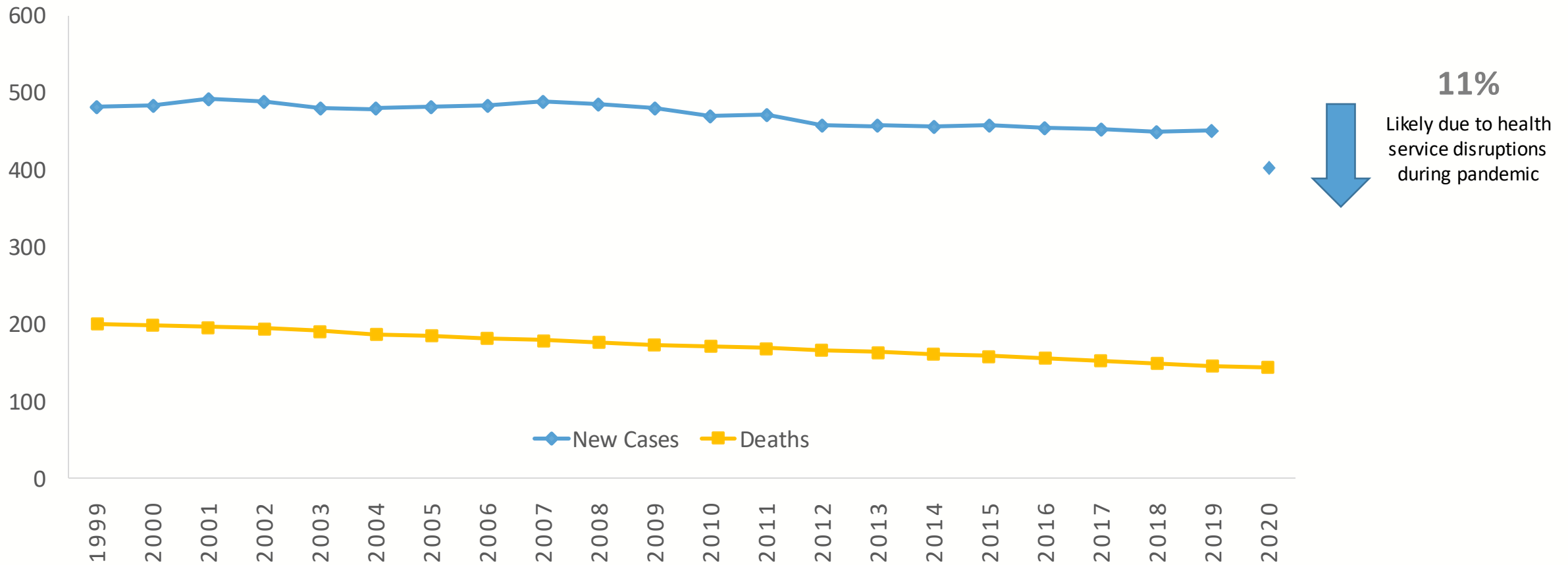
NSCLC, Non-small cell lung cancer; SCLC, Small cell lung cancer

Survival is based on patients diagnosed during 1975 through 2018, followed through 2019
 Source: Surveillance, Epidemiology, and End Results (SEER) Program, National Cancer Institute, 2022



Trends in Cancer Cases and Deaths

AGE-ADJUSTED ALL AGES, RACES, ETHNICITIES,
BOTH SEXES, 1999-2020



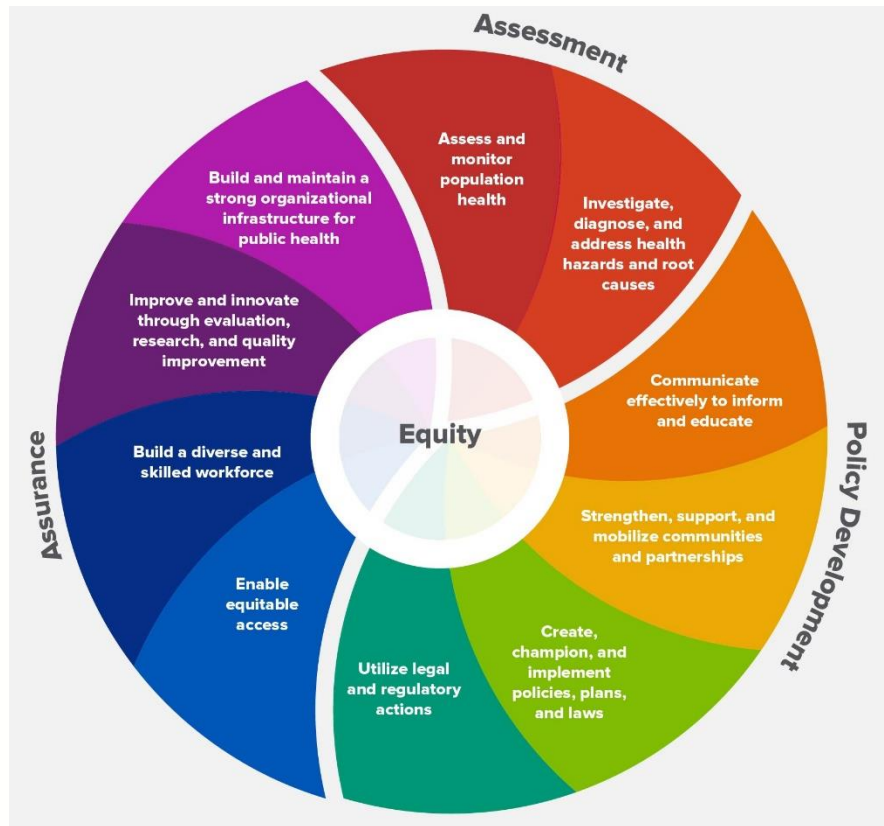
Source: cdc.gov/cancer/dataviz

**How have we accomplished this
these improvements?**

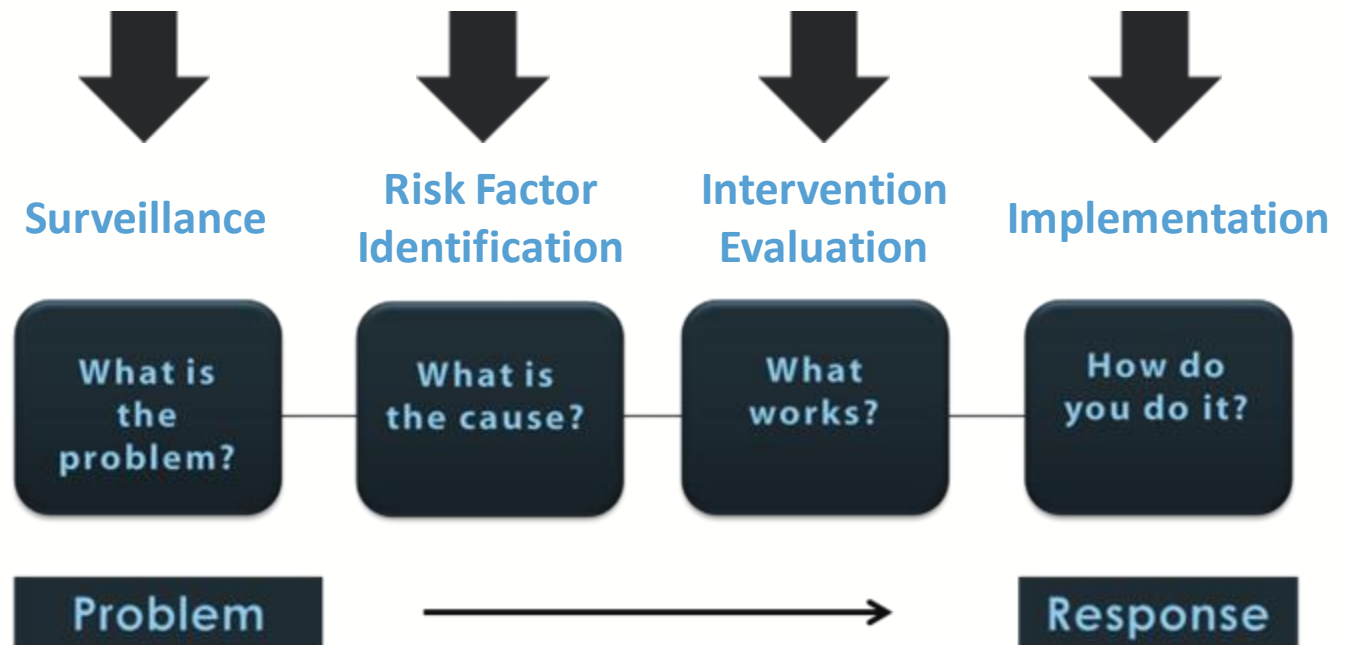


Public Health's Role in Addressing Disparities

Ten Essential Roles of Public Health



Public Health Approach

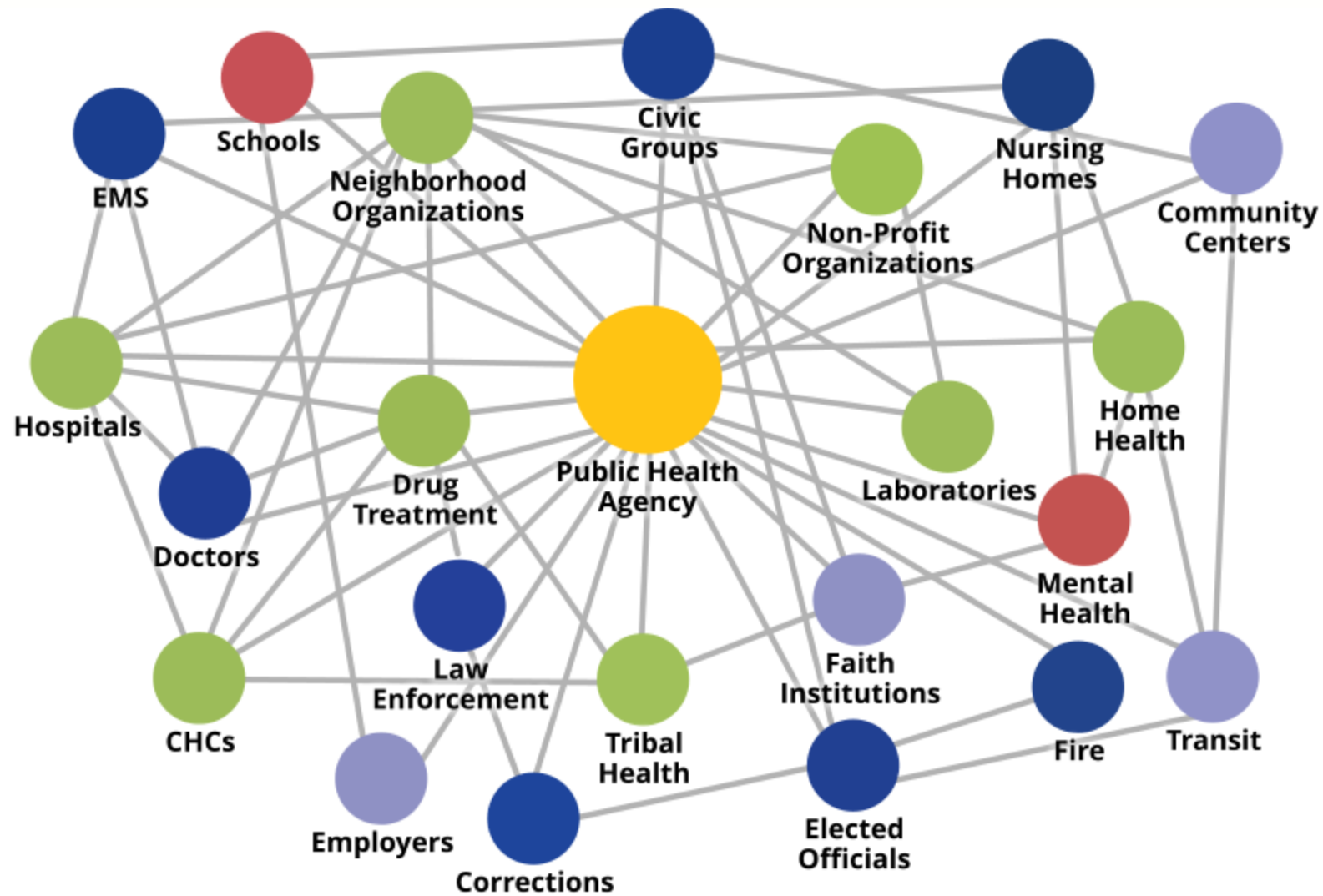


Source: 10 Essential Public Health Services. Centers for Disease Control and Prevention. <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>.

Coalitions and their Partners Provide the Critical Links



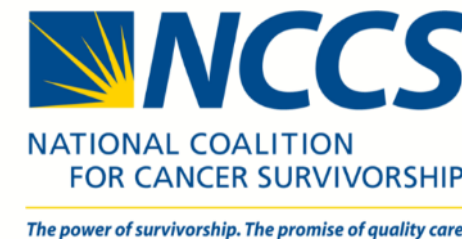
Power in Partnership



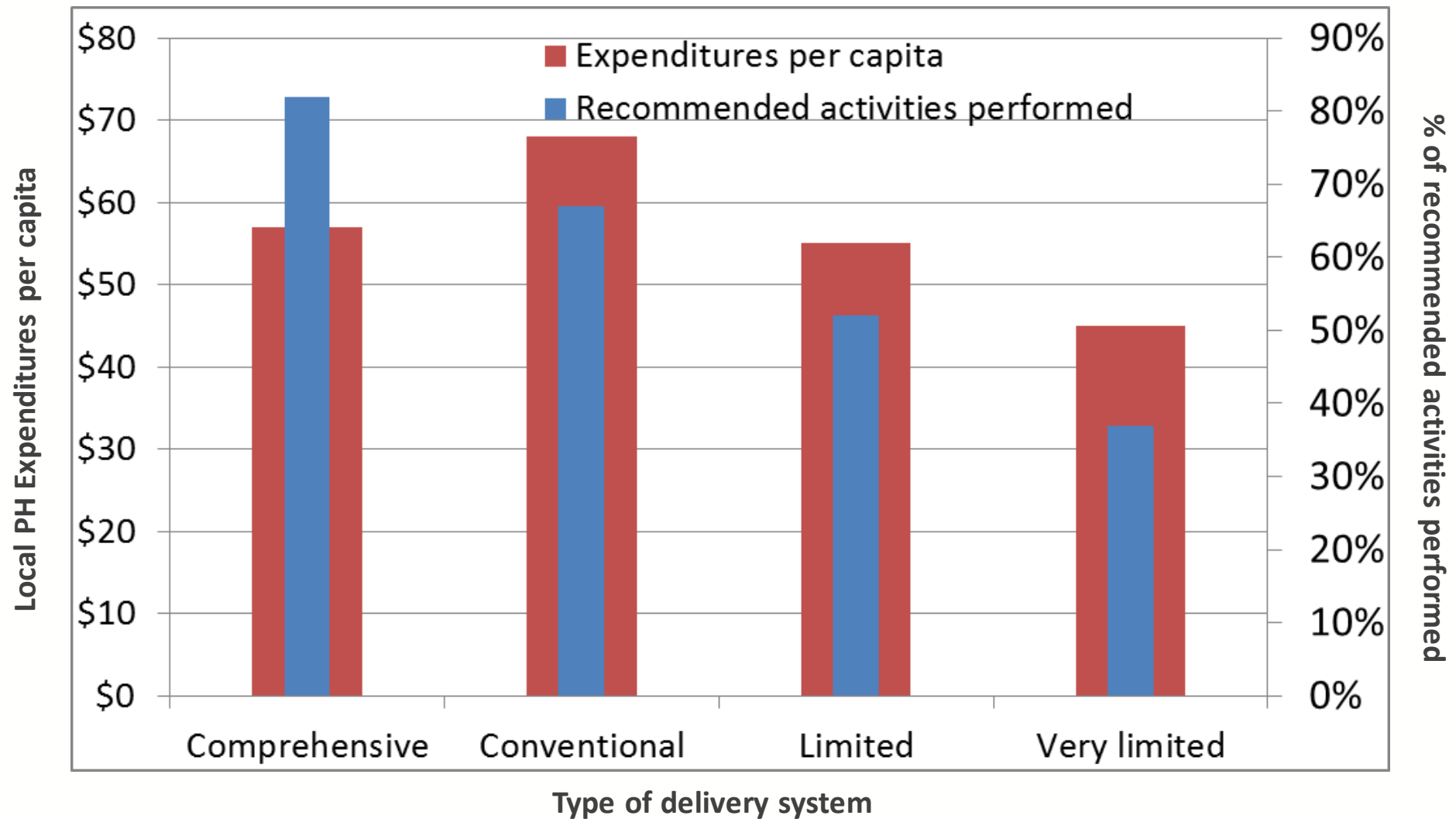
Comprehensive Cancer Control National Partnership



acscan.org

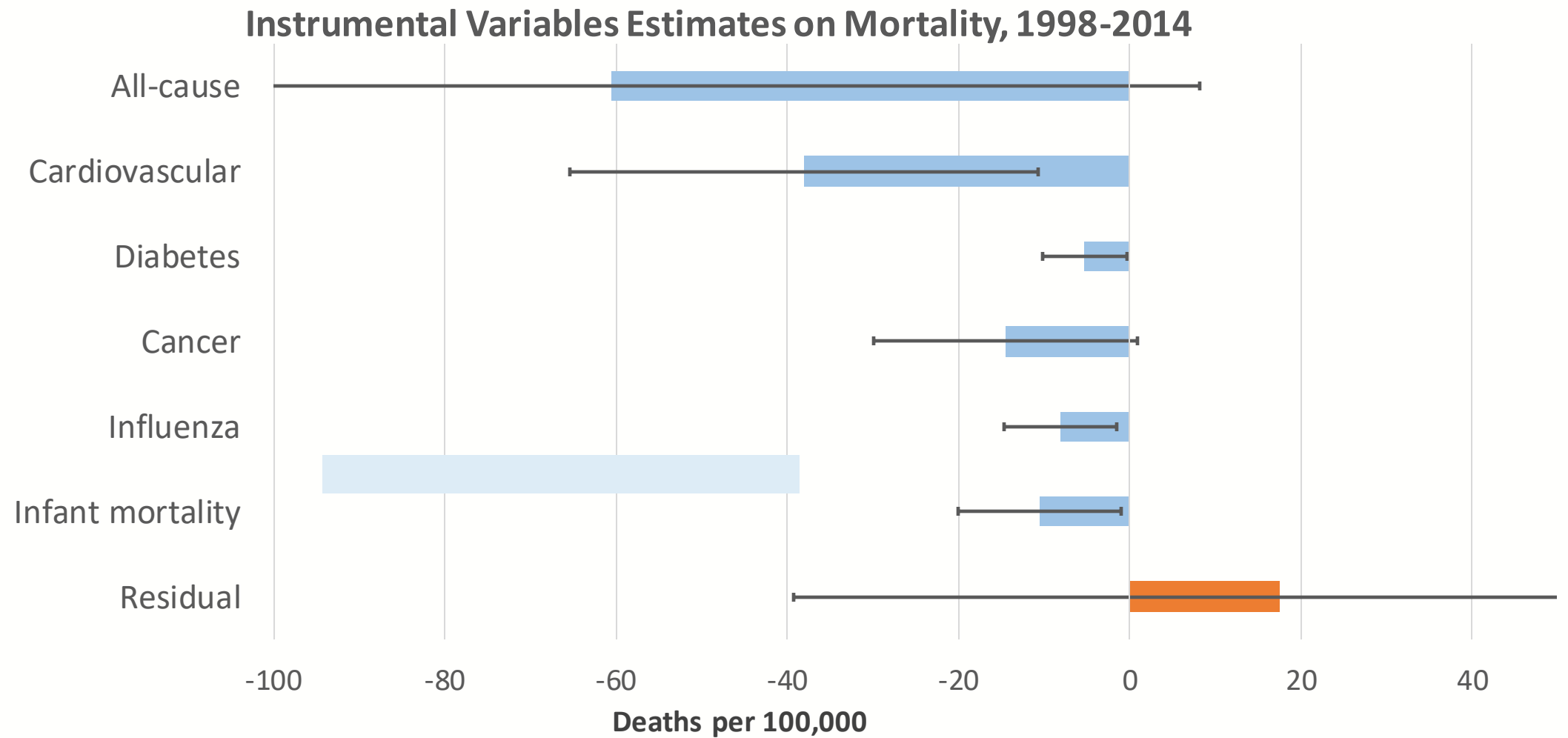


Comprehensive Systems Do More with Less



Mays GP, Hogg RA. Economic shocks and public health protections in US metropolitan areas. Am J Public Health. 2015;105 Suppl 2:S280-7.

Impact of Comprehensive Systems on Health



Mays GP, Hogg RA. Economic shocks and public health protections in US metropolitan areas. *Am J Public Health*. 2015;105 Suppl2:S280-7. Models also control for racial composition, unemployment, health insurance coverage, educational attainment, age composition, and state and year fixed effects. N=1019 community-years

Health Care Access Not the Only Factor Influencing Health

Social Determinants of Health



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Despite Progress, Disparities Persist

racial and ethnic minority groups;



individuals of different ancestry;



individuals of low socioeconomic status;



individuals with disabilities;



individuals who lack or have limited health insurance coverage;



residents in certain geographic locations, including rural areas;



members of the lesbian, gay, bisexual, and transgender community;



immigrants;



refugees or asylum seekers;



adolescents and young adults; and



the elderly.



Source: American Association for Cancer Research, [Cancer Disparities Progress Report 2020](#)

Human Cost of Disparities

- Death from preventable cancers;
- Being diagnosed with late-stage cancer that are detectable through screening;
- Receiving either no treatment or treatment that does not meet currently accepted standards of care;
- Dying of cancers that are generally curable; and
- Suffering without the benefit of pain control and other palliative care



Source: Trans-HHS Cancer Health Disparities Progress Review Group (2004) Making Cancer Health Disparities History. Submitted to the Secretary, U.S. Department of Health and Human Services, March 2004. Washington, DC: US Department of Health and Human Services

Place Matters: 1 highway; 5 Counties; 7 Years of Life



Source: societyhealth.vcu.edu/work/the-projects/mapping-life-expectancy.html

Cancer Screening and Early Detection

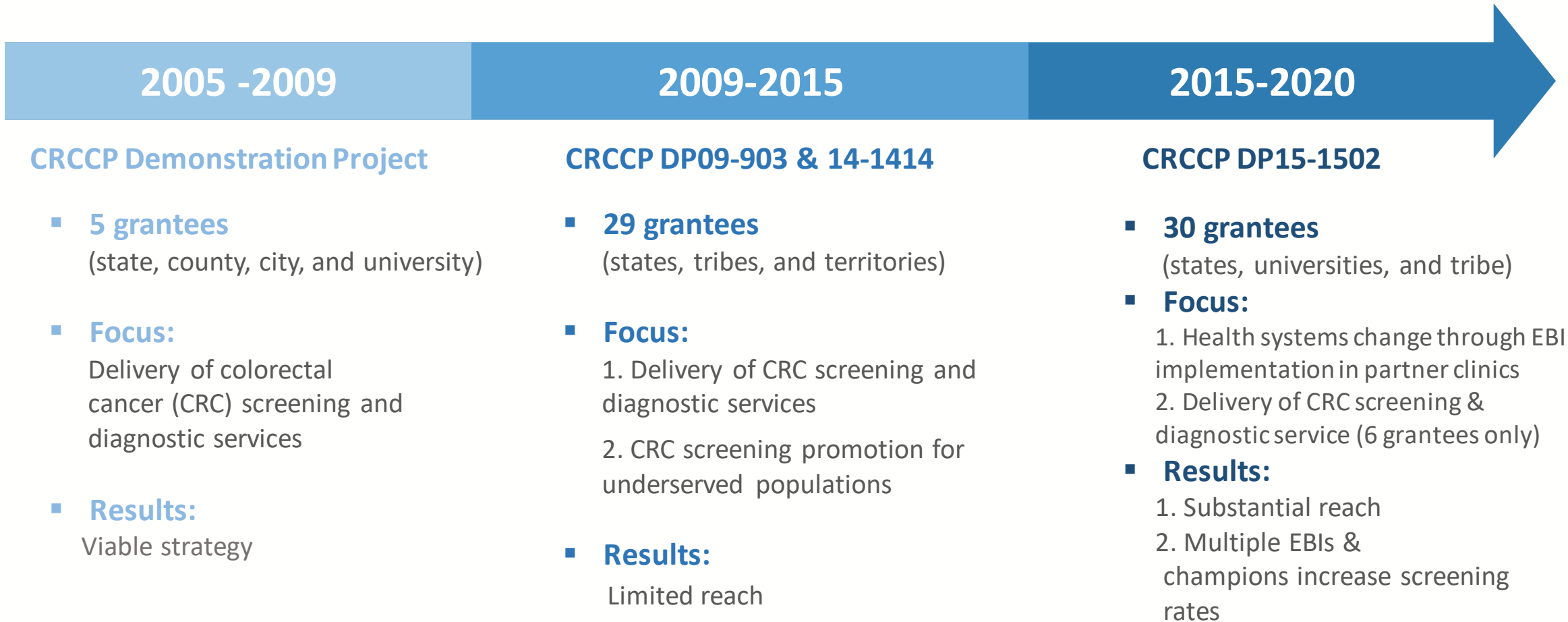


Asking the Right Question?

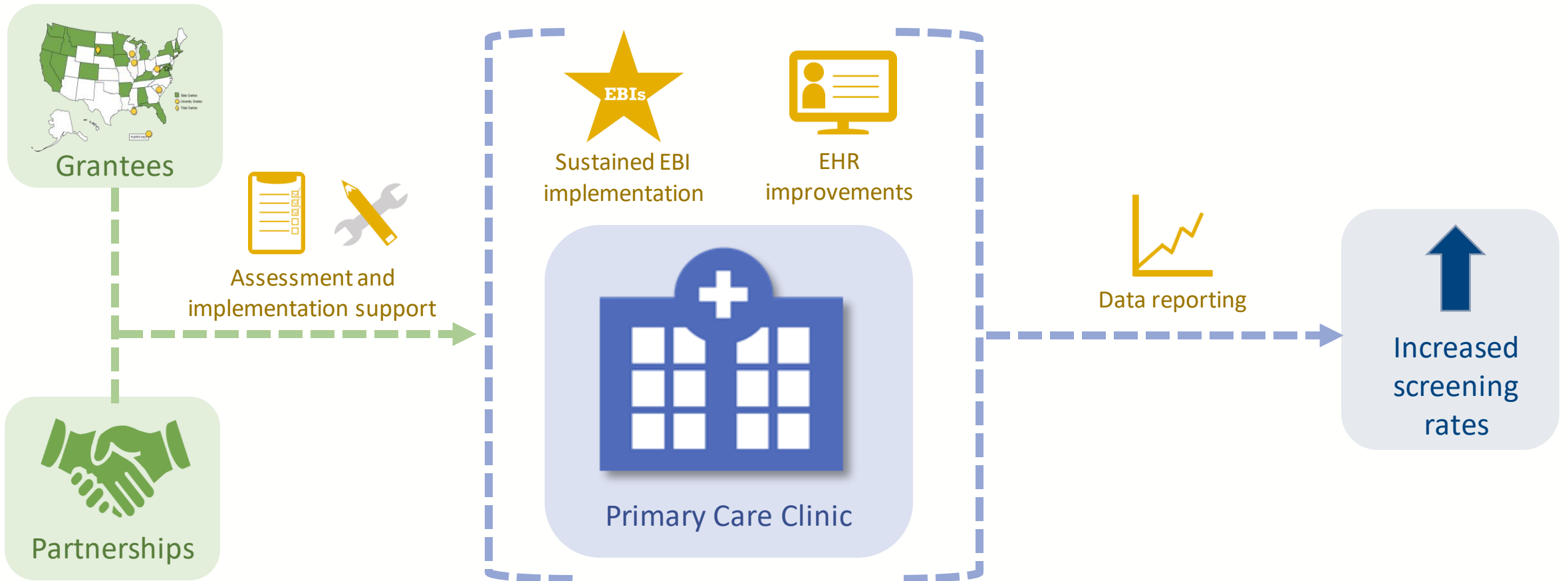


So What?

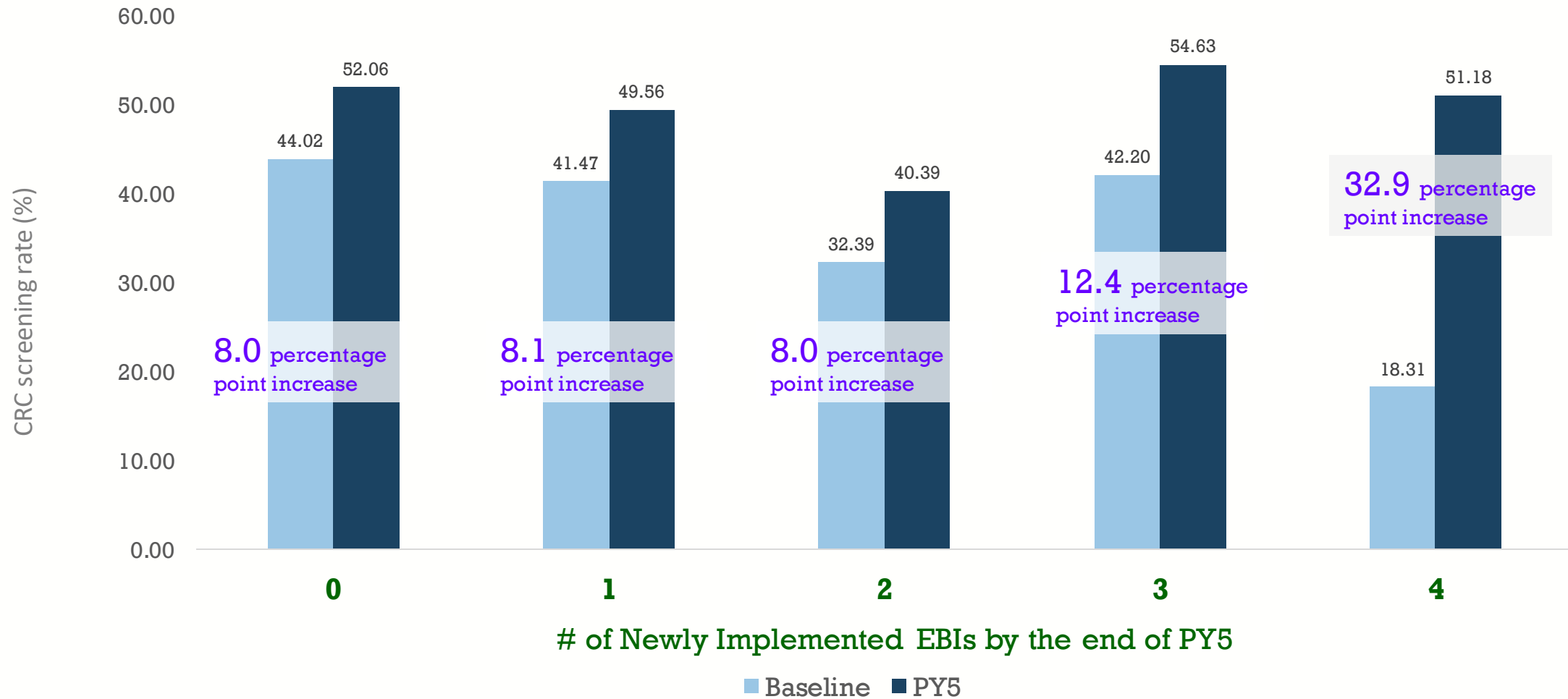
15 years of implementing the Colorectal Cancer Control Program (CRCCP)



CRCCP increase CRC screening in clinics through sustainable health system change



Clinic CRC screening rate increases from baseline are greater among clinics who increased their number of EBIs during CRCCP.

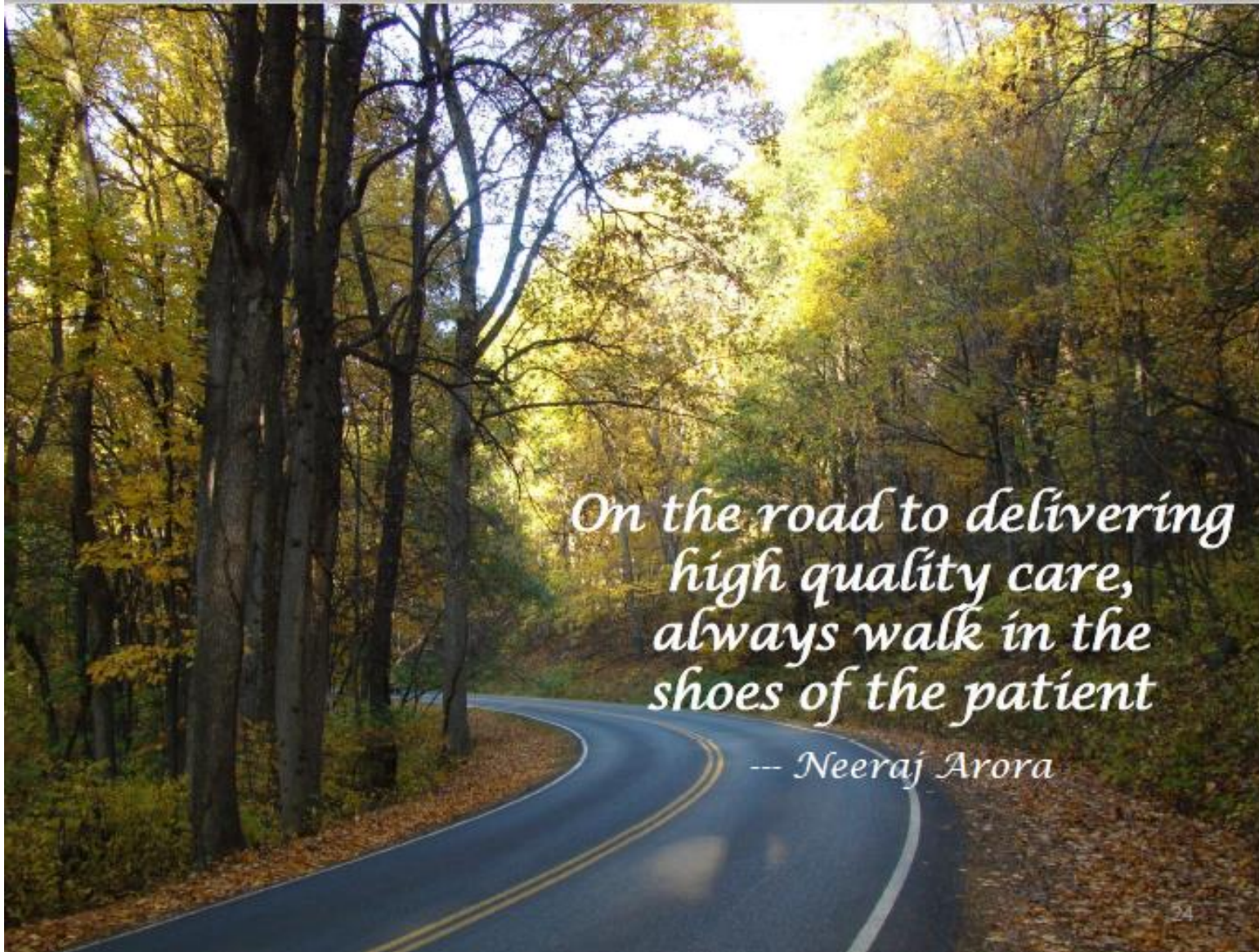


Source: Clinic data submission, March 2021 (Includes all clinics recruited in DP15-1502, Program Years 1-5)

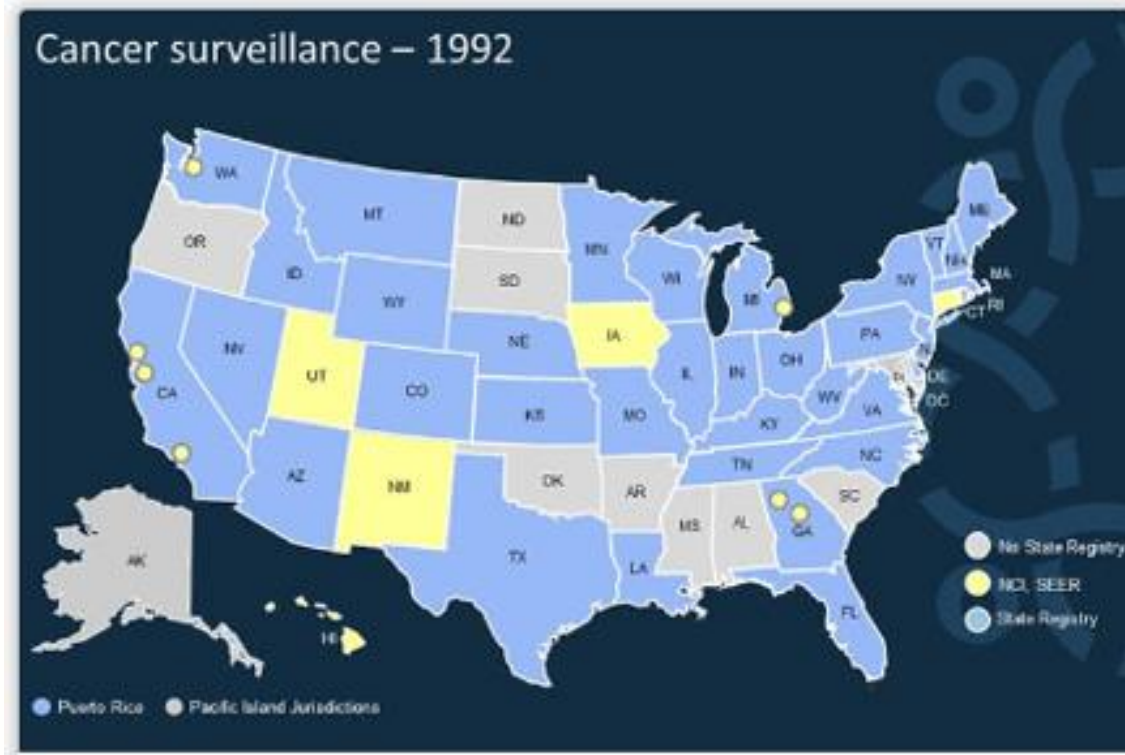
Cancer Registries: Data for Effective Cancer Control



Behind Every Data Point is a Person



Prior to National Program of Cancer Registries, 10 states had no registry



Before CDC's National Program of Cancer Registries (NPCR) was established, 10 states had no registry, and most states with registries lacked the resources and legislative support they needed to gather and complete data. A centralized national program to collect cancer data was needed.

“Data is moving slower than the disease...”

“The nation’s public health data systems are antiquated and in dire need of security upgrades—paper records, phone calls, spreadsheets and faxes requiring manual data entry are still in widespread use and have significant consequences including delayed detection and response, lost time, missed opportunities and lost lives.”

Testimony of Janet Hamilton, Director of Science and Policy at CSTE, speaks at Public Witness Day, April 9, 2019 Labor, Health and Human Services, Education, and Related Agencies (116th Congress)



Why We Do What We Do

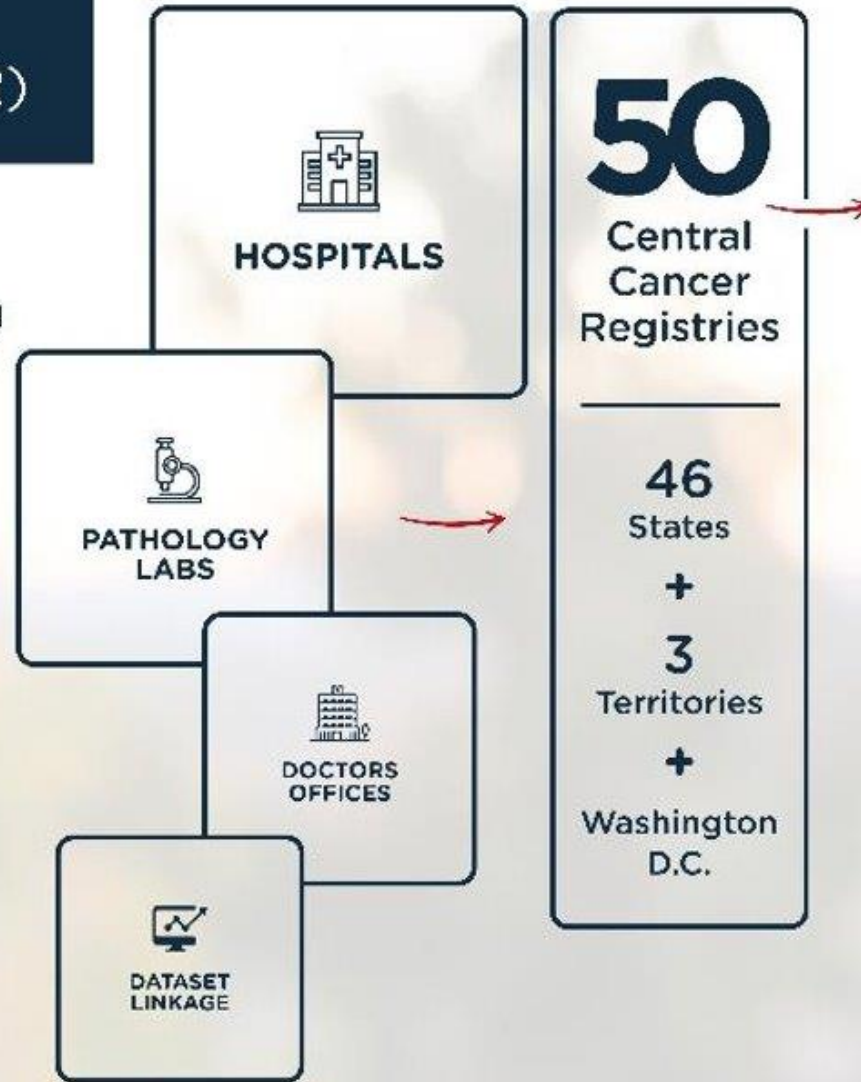
Prior to National Program of Cancer Registries, 10 states had no registry

- Improve existing cancer registries.
- Plan and implement registries where none existed.
- Develop model legislation and regulations for states to enhance the viability of registry operations.
- Set standards for data completeness, timeliness, and quality.
- Provide training for registry personnel.
- Help establish a computerized reporting and data-processing system.



National Program of Cancer Registries (NPCR)

- Coordinates collection, verification and reporting of important information on all reportable cancer cases.
- Helps identify better ways to prevent, treat and control cancer.



- Data Visualization Tool
- State Cancer Plans
- Public Use Dataset
- Reports & Research



Over 1.7 million new cases & nearly 600,000 deaths annually.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Measuring Progress. Targeting Action.

Data Access and Usability

Sections

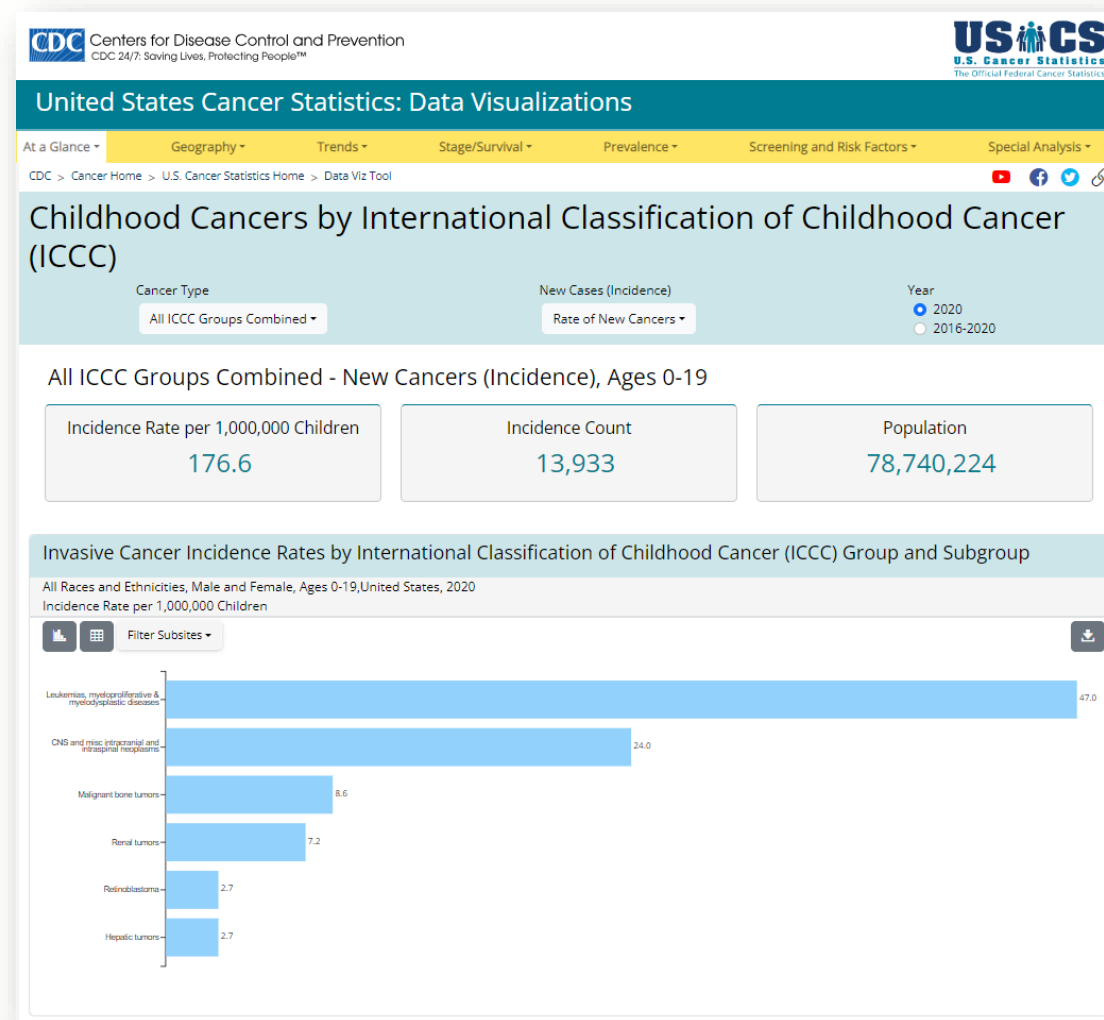
- Demographics
- State/County/
Congressional Districts
- Trends
- Stage/Survival/
Prevalence
- Screening/Risk Factors
- Special Analysis

New Release

- New visualizations of childhood cancers
- US cancer burden and trends by race & ethnicity
- Updated BRFSS risk factor data
- Updated teen HPV vaccination coverage

Coming next

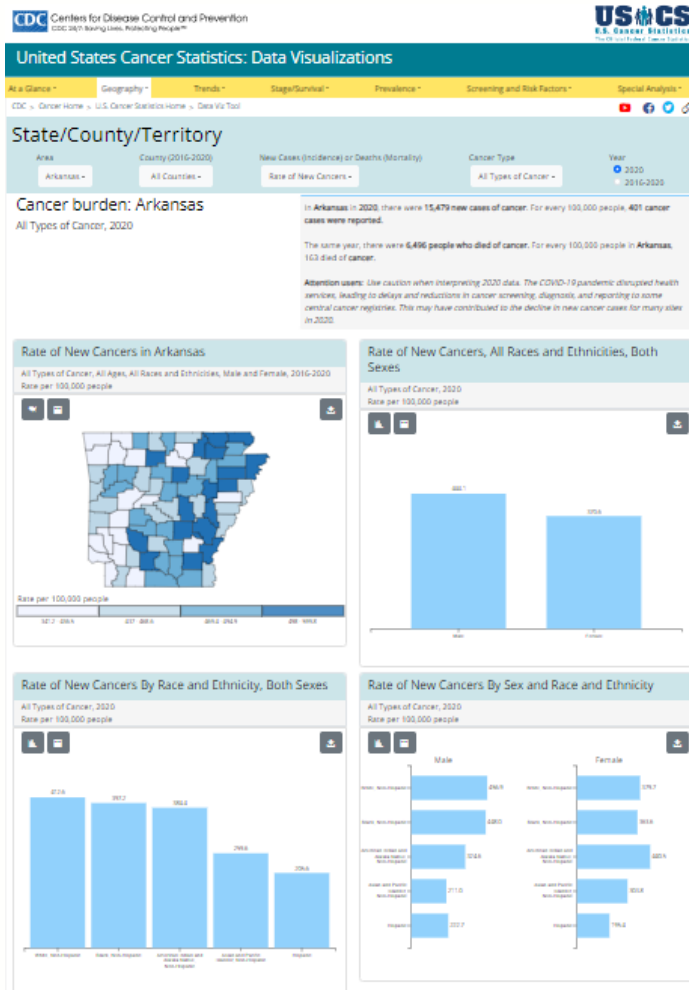
- 2021 Data release in June 2024
- Site Revamp planned by December 2024



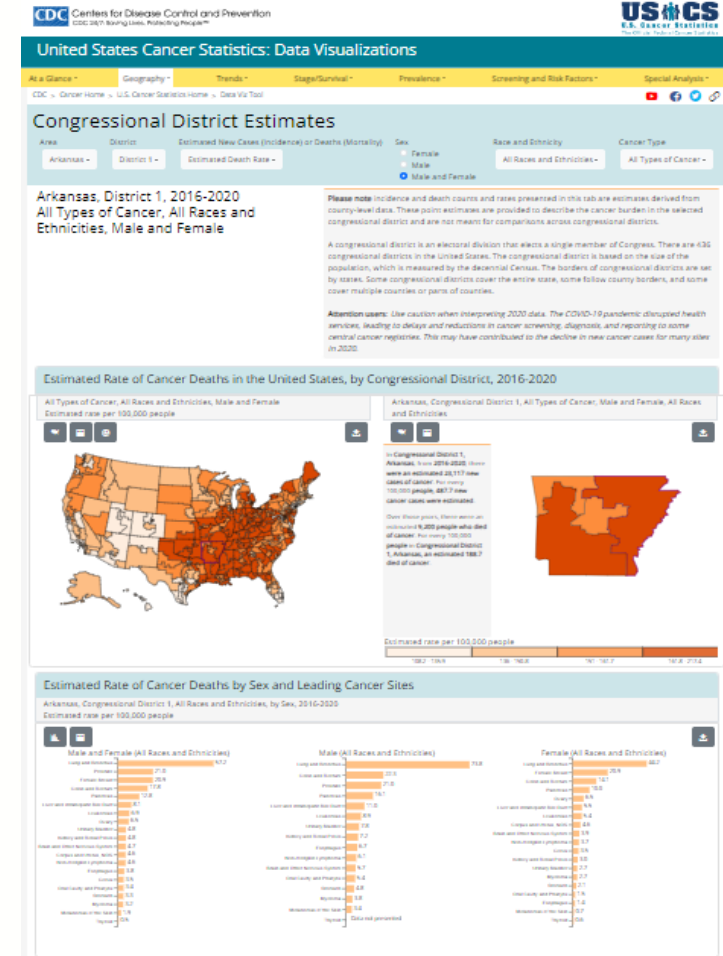
www.cdc.gov/cancer/dataviz

Making Data Usable and Accessible for Cancer Control

State and County-level Data



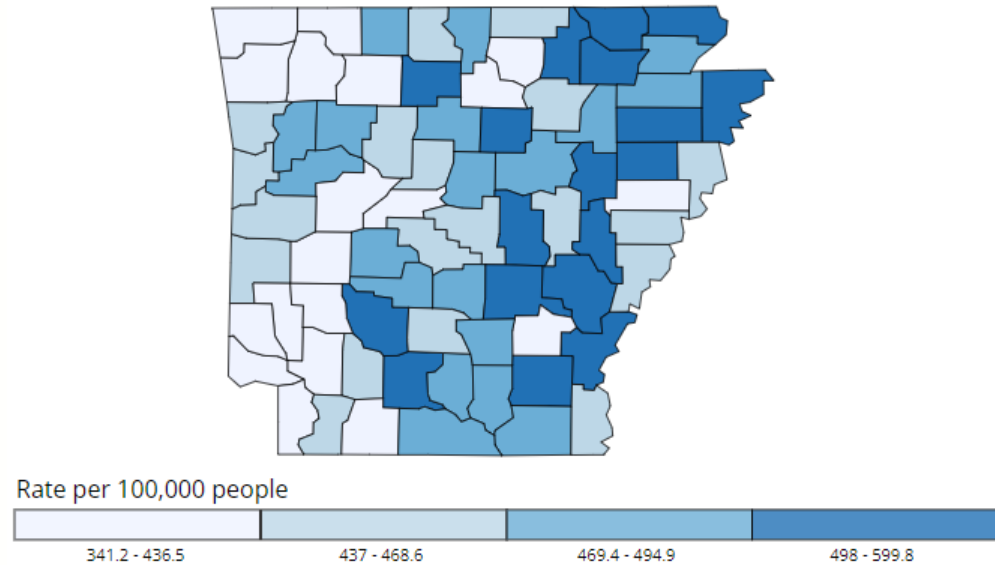
Congressional District Data



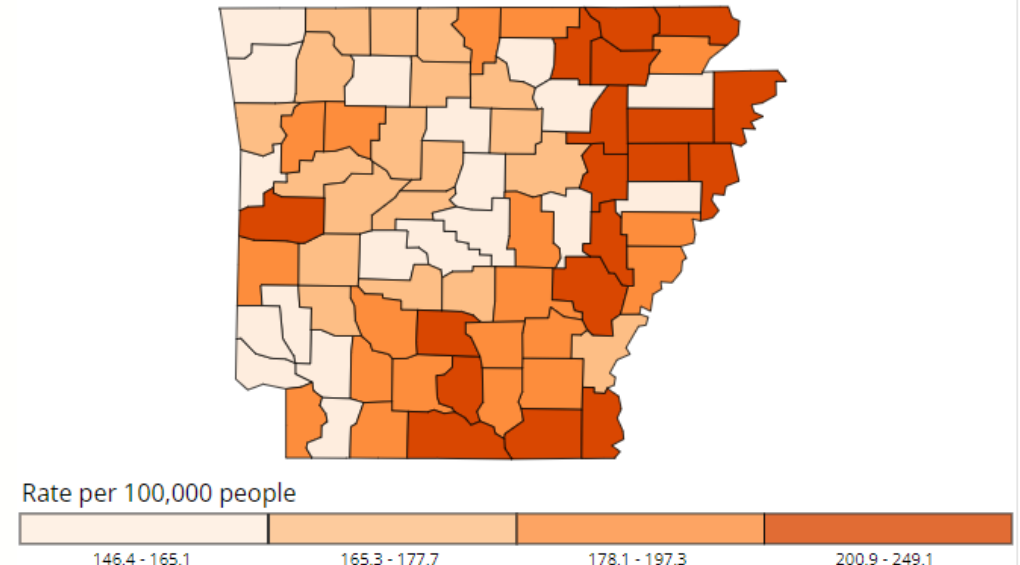
Source: cdc.gov/cancer/dataviz

Arkansas Cancer Incidence and Death Rates

Rates of New Cancers in Arkansas, 2020



Rate of Cancer Deaths in Arkansas, 2020



Source - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2022 submission data (1999-2020): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, released in November 2023.

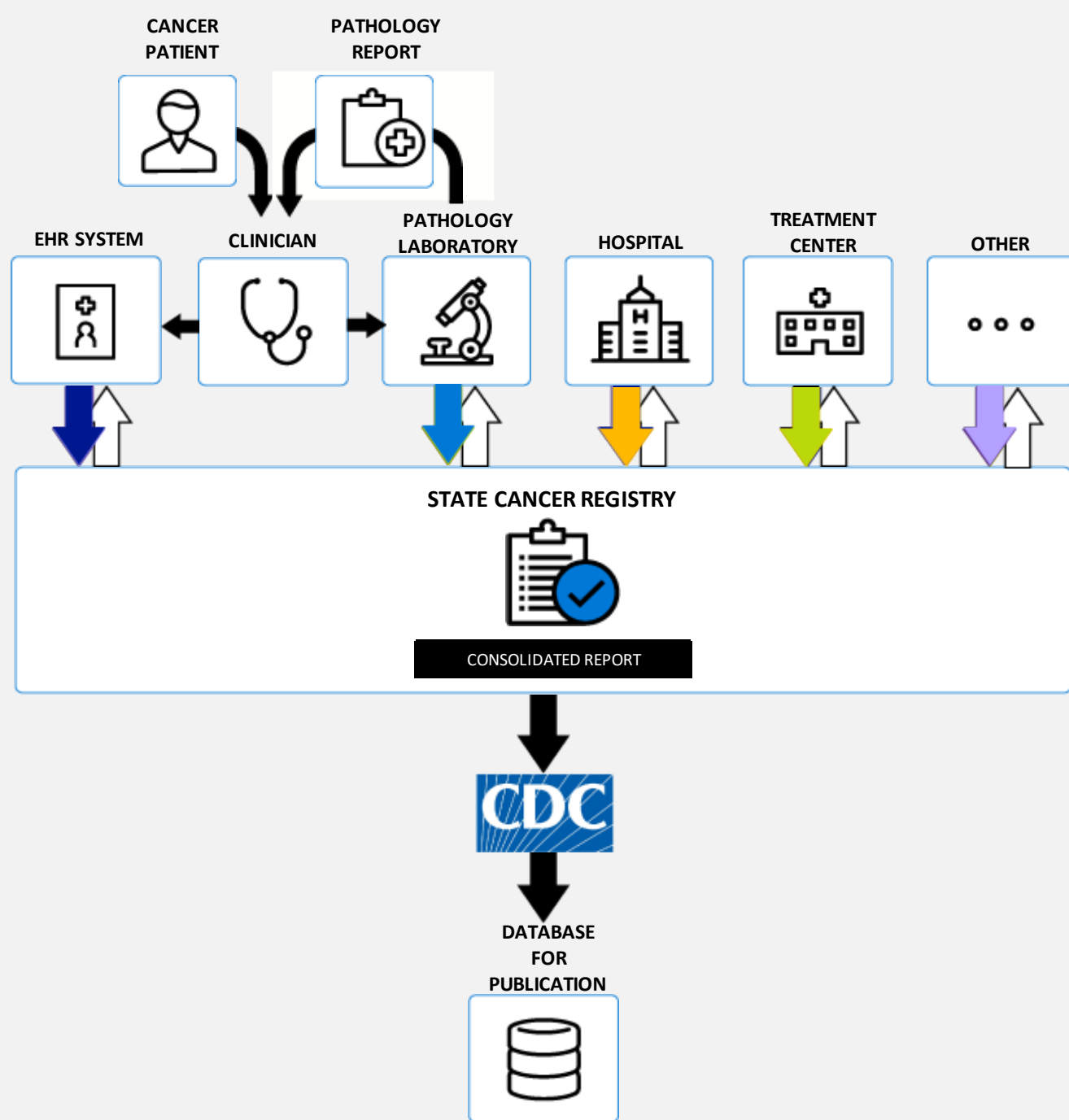
What Progress Looks Like

- One cancer data feed instead of 64
- Complete, high-quality data available to central cancer registries (CCRs) without increased burden
- Cancer data available on CDC's website within 12 months after diagnosis



Current Reporting Structure

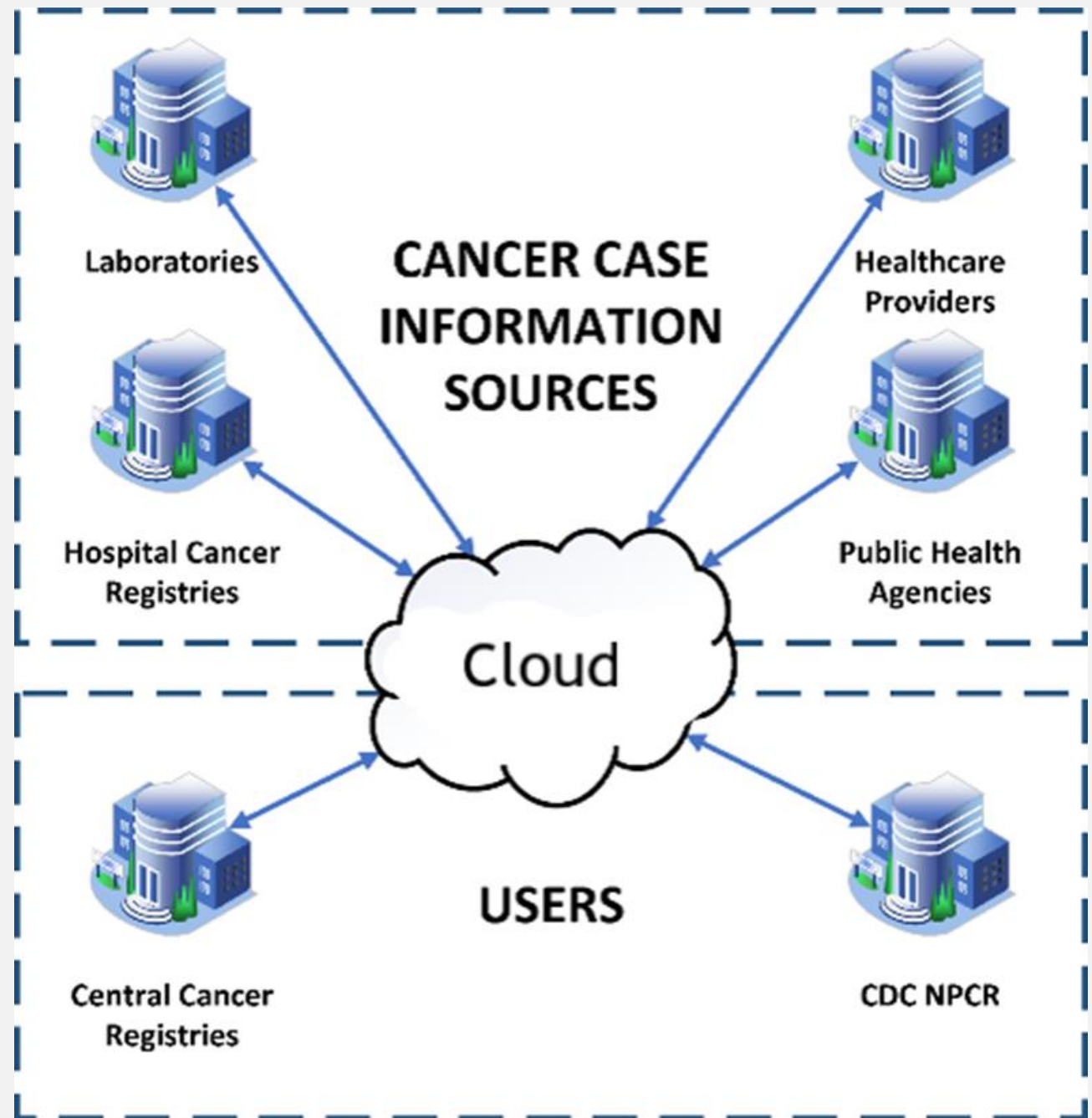
- Labor intensive
- Duplication of efforts
- Costly
- Data not available as quickly as needed



Reliable. Trusted. Scientific.

Cancer Surveillance Vision

- Streamlined reporting to single platform
- Reproducible, interoperable, and scalable
- Resource and cost effective
- Timely data exchange between data reporters and registries



Value of the Cloud: Real-time Data

- Enable faster reporting of all cancer cases
 - Including childhood and young adult cancers
- Find out what interventions work
- Inform resource allocation
- Timely identification for clinical trials
- Identify research priorities more quickly



Survivor Health and Wellness



Living With Cancer



“

Regardless of the type of cancer, or the extent of survival, all persons diagnosed with cancer must manage the enduring and complex ways in which cancer transforms the self and everyday life.

”

Betsy Clark, former president
Ellen Stovall, former executive director
National Coalition for Cancer Survivorship

CDC/DCPC Focused Cancer Survivor Work

Research & Publications



Population-Based



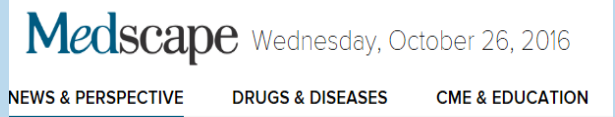
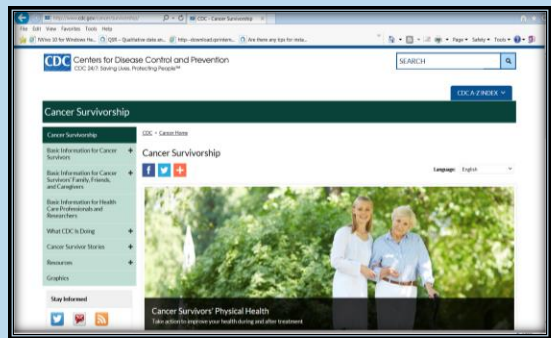
Surveillance



Programs



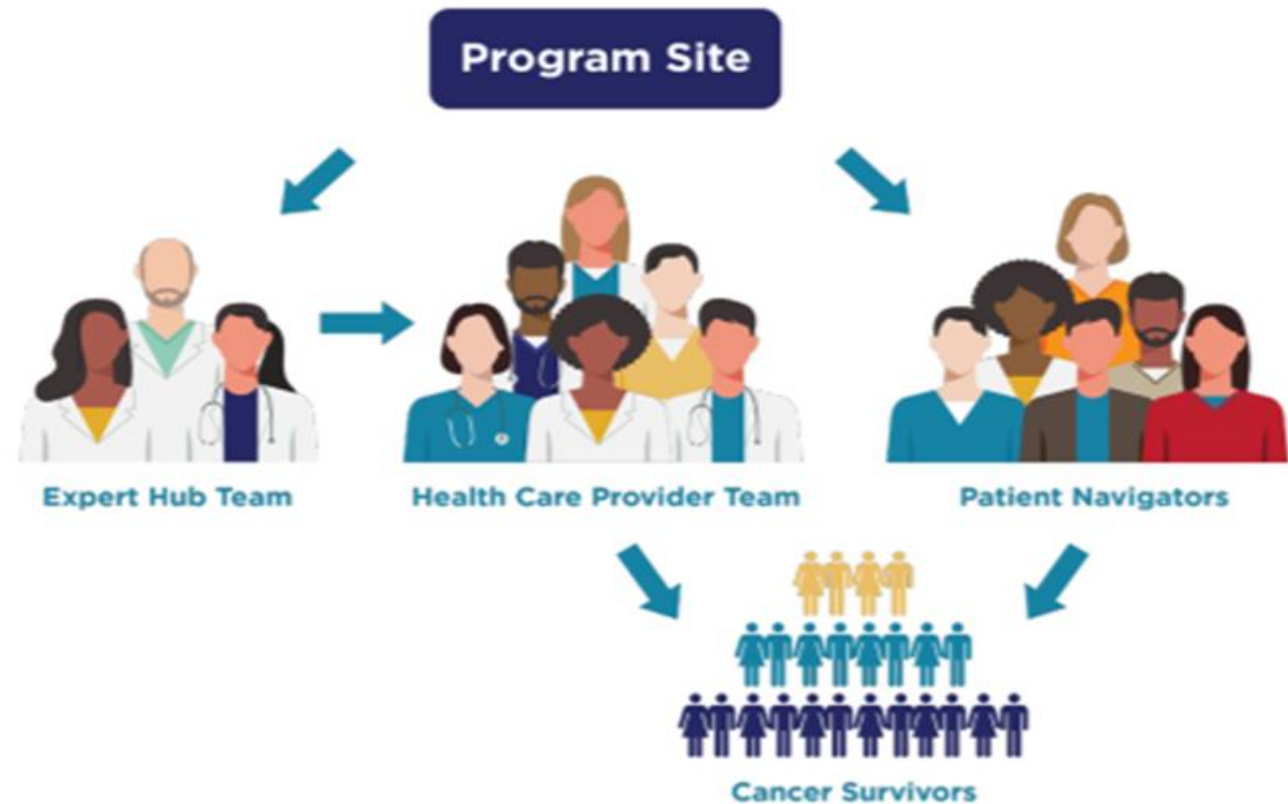
Health Promotion



Improving Care for People With Cancer

Patient Navigation and Community Health Workers Provide Coordinated, Person-Centered Care

- Professional standards
- Training and Education
- System Design and Testing
- Technical Assistance
- Tools & Resources



Graphic: CDC, [Using Project ECHO and Patient Navigation to Improve the Health and Wellness of Cancer Survivors in Rural Communities](#)

Linda Cancer Survivor



Lymphedema Awareness and Prevention



Source: CDC, [Lymphedema](#)



This photo shows a person with lymphedema in the left leg.

Kathy Bates and Lymphedema



Kathy Bates
LE&RN National Spokesperson

Actor and cancer survivor Kathy Bates talks about lymphedema in [this video](#).

Elevating the Voice and Experiences of Cancer Survivors




Get Informed




Risk factors and symptoms of breast cancer in young women.

Take Action



Be proactive about your health and understand your risk.

Be Inspired



Hear from young women affected by breast cancer.

Become an Advocate

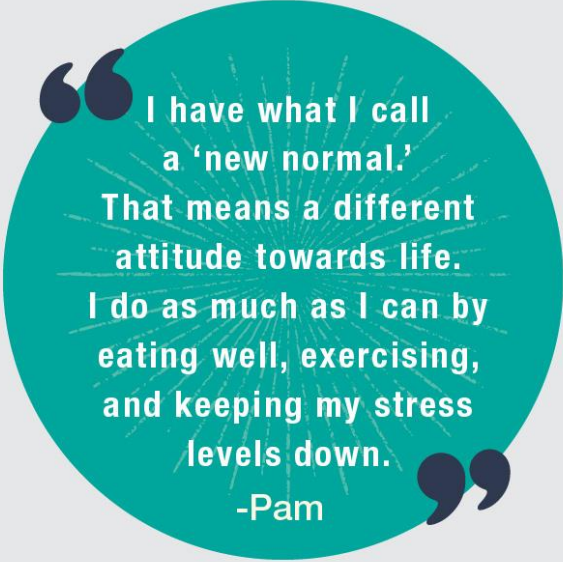


Share CDC resources about breast cancer in young women.




The [Bring Your Brave campaign](#) provides information about breast cancer to women younger than age 45 by sharing real stories about young women whose lives have been affected by breast cancer.

Source: CDC, [Bring Your Brave](#)



“ I have what I call a ‘new normal.’ That means a different attitude towards life. I do as much as I can by eating well, exercising, and keeping my stress levels down. ”

-Pam



CDC.GOV/CANCER

339403-A

@CDC_Cancer



Videos - Bring Your Brave Campaign - CDC

Carletta's Story: A Decade After Diagnosis



<https://youtu.be/di8XghAi7t0?si=nfoBOFqDubnVNXLU>

Noah's Story: How NPCR is Working to Get Cancer Data Faster



<https://www.youtube.com/watch?v=2IF2wwioGc0>

Now What?





Opportunities for the Future

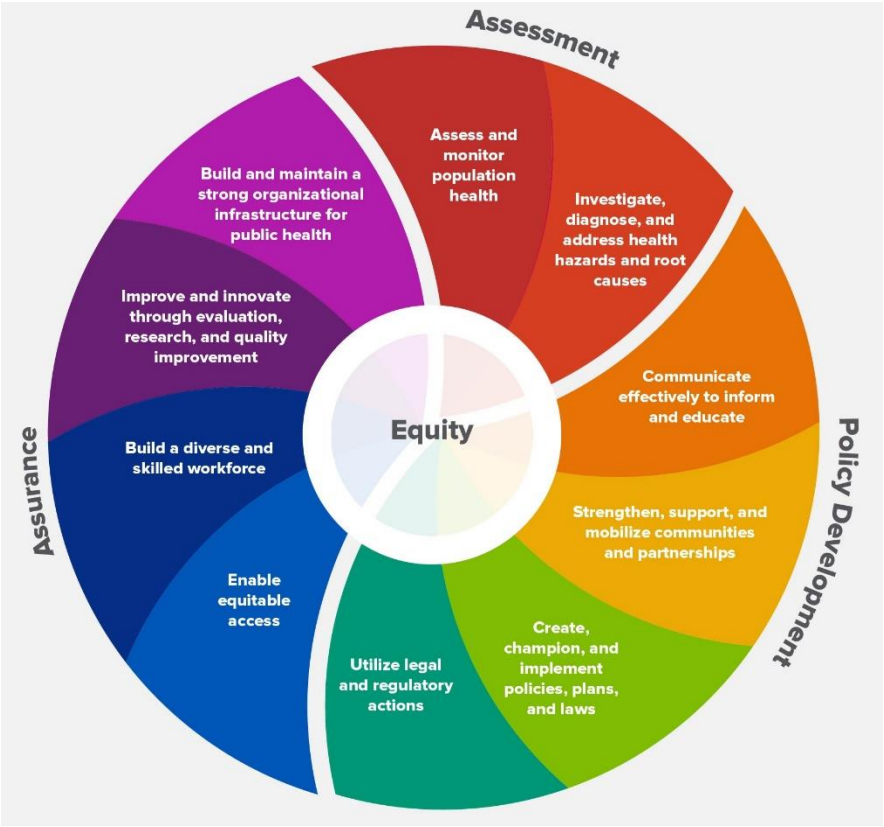
My thoughts in 2014

- **Aging population**
 - As baby-boomers age, cancer cases will increase
 - Growing number of cancer survivors are living longer
- **Complexity of screening modalities and patient-centered communication**
- **Importance of primary prevention**
 - Obesity prevention
 - Tobacco cessation
 - Vaccines

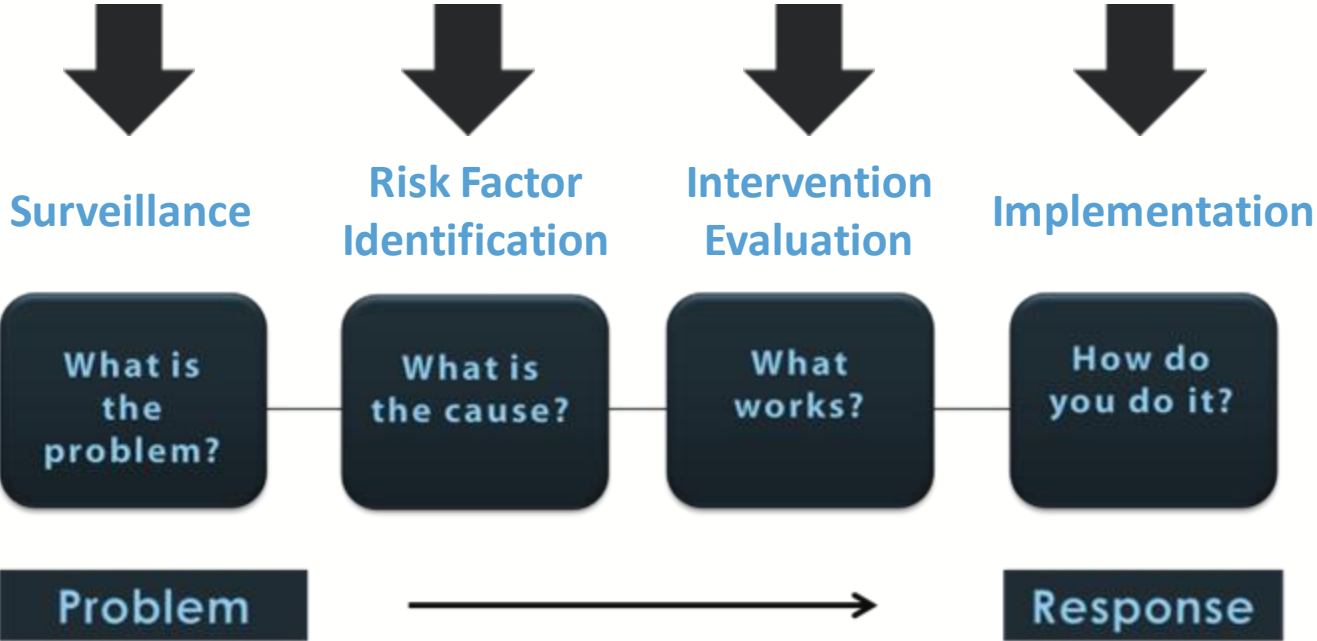


Public Health's Role in Addressing Disparities

Ten Essential Roles of Public Health



Public Health Approach



Source: 10 Essential Public Health Services. Centers for Disease Control and Prevention. <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>.

C.O.R.E. Strategy Goal #1

Cultivate Comprehensive Health Equity Science; Optimize Interventions; Reinforce and Expand Robust Partnerships; Enhance Capacity and Workforce Engagement (C.O.R.E)

Increase the proportion of the rarely or never screened to 35% (currently 20%) for cervical cancer among women served by the program, including racial and ethnic groups who experience higher numbers and deaths from cervical cancer.



Source: CDC, Core [Health Equity Science and Intervention Strategy](#)

C.O.R.E. Strategy Goal #2

Build an evidence base for three innovative, community-based interventions across multiple social determinants of health, including systemic racism, to reduce racial and ethnic disparities in cancer outcomes

Primary Prevention

Reducing Cancer Disparities within the Black community in Jackson, MS through Community-Led Tobacco-Related Social Norm Change



Cancer Screening

NYC Cancer Outreach Network in Neighborhoods for Equity and Community Translation (NYC CONNECT)



Health and Wellbeing of Cancer Survivors

Scaling Social Determinants of Health Screening, Social Support and Anti-Racism Training to Reduce Inequities in Minority Cancer Survivor Health and Wellbeing in Washington, DC





Component A of DP21-003 (Prevention)

**Reducing Cancer Disparities within the Black community in Jackson, MS
through Community-Led Tobacco-Related Social Norm Change**

Primary Prevention: Building Capacity for Stronger, Locally-driven Tobacco Control and Prevention

Reducing Cancer Disparities within the Black community in Jackson, MS through Community Led Tobacco Related Social Norm Change



Source: CDC, [Reducing Cancer Disparities Through Partnerships](#)

Media & Messaging:

- Billboard campaigns
- Website and Social Media campaign

Community Engagement

- Can We Talk Training developed to provide community-based organizations with the resources, knowledge, and skills to address the risks and effects of smoking through

Policy & Education

- City of Jackson recognized the efforts of Project BAT and adopted a proclamation announcing a "We Don't Want No Smoke Week" in June



Actually, life is beautiful and you have time. It's never too late to end your tobacco use.

- Black People Against Tobacco

**BLACK PEOPLE
AGAINST
TOBACCO**



**The work you do makes a
difference!
Thank you!**

Leadership and Action



The best way to predict your future is to create it.

- Abraham Lincoln
16th U.S. President



Thank you!

Go to the official federal source of cancer prevention information:

www.cdc.gov/cancer



Division of Cancer Prevention and Control

Reliable. Trusted. Scientific.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.