

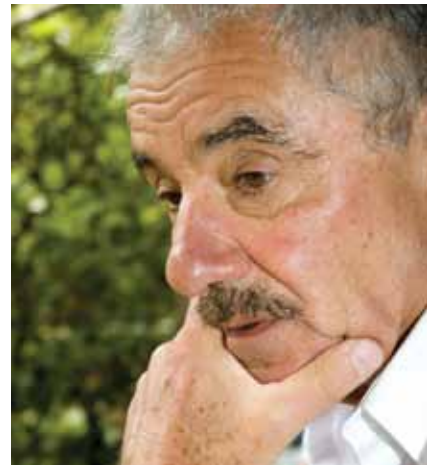


2015-2020

ARKANSAS CANCER PLAN

Cancer is Personal

GOALS, OBJECTIVES AND MEASURES




Arkansas Cancer Coalition
www.arcancercoalition.org

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Introduction

PURPOSE

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, 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.

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

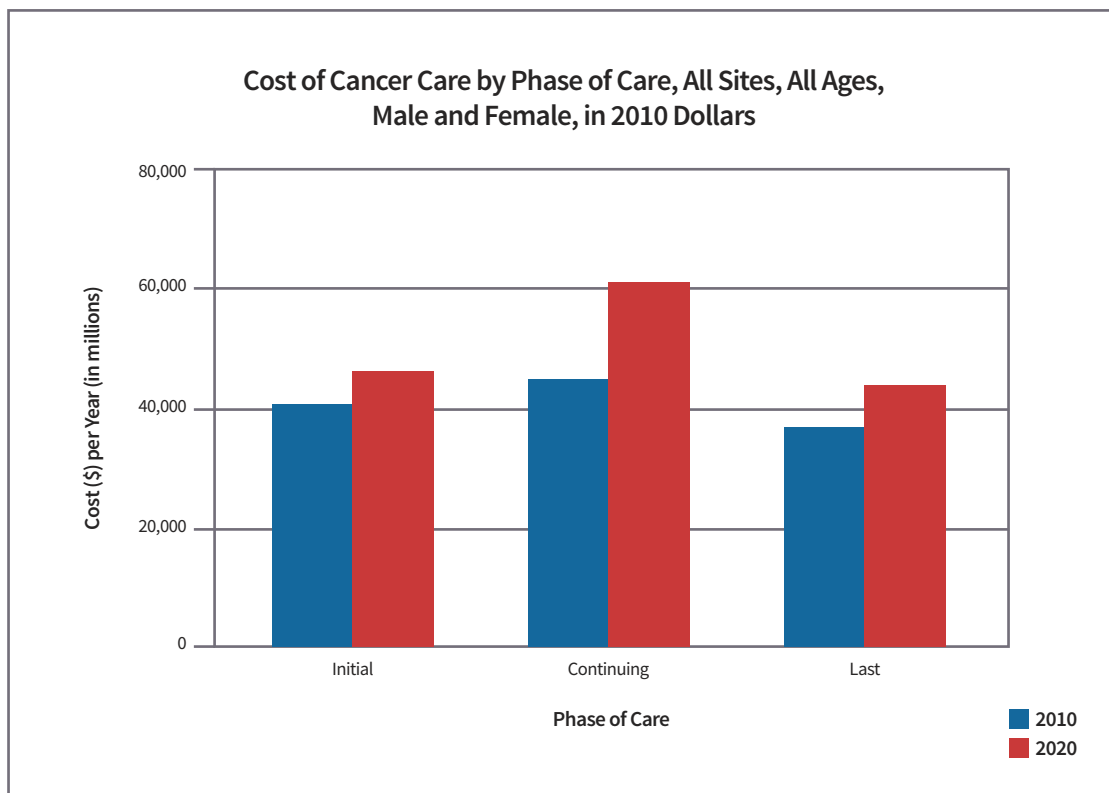
If you are not sure where to start, become a member of the ACC by visiting us online at www.arcancercoalition.org.

THE BURDEN OF CANCER

Cancer is the second leading cause of death in our state, and if current trends continue, cancer may become the leading cause of death within the next decade, surpassing the current number one cause –cardiovascular disease. According to the American Cancer Society, one in four deaths is attributed to cancer. In 2015, an alarming 1,658,370 new cancer cases are estimated to be diagnosed, and 589,430 people are estimated to die due to cancer in the United States (Cancer Facts & Figures 2015). Approximately 14,879 Arkansans were diagnosed with cancer, and 5,372 died of cancer in Arkansas in 2013 (Arkansas Central Cancer Registry, n.d.).

THE COST OF CANCER

Besides the toll in human suffering from cancer, there are huge economic costs that result from the direct and indirect costs of the disease. Direct costs of cancer include medical costs associated with services that patients receive, including hospitalizations, surgery, physician visits, and radiation and chemotherapies. The National Institutes of Health (NIH) estimates that the overall cost of cancer in 2009 was \$216.6 billion: \$86.6 billion for direct medical costs (total of all health expenditures) and \$130 billion for indirect mortality costs (cost of lost productivity due to premature death) (Yabroff, Lund, Kepka, & Marioto, 2011).



PRIORITY CANCERS

The new ACP reflects emerging needs, new issues in cancer prevention, detection, and care, and an enhanced understanding of the process—an understanding that has been gained from years of experience working with stakeholder organizations in the state. In 2012, ACC members decided to focus efforts on seven priority cancers for this cancer plan:

- Breast
- Cervical
- Colorectal
- Lung
- Skin
- Oral
- Prostate

We have added two emerging cancer focus areas:

- Bone metastasis
- Cancer genomics

After many months of discussion, review of the science, and reflection on past successes, it remains clear that the burden of cancer in Arkansas can be dramatically reduced if evidence-based practices in prevention, early detection, and care are made available to all Arkansans. Thus, the goal of the ACP is to coordinate and advance specific, proven cancer control strategies across the state by putting into practice goals and objectives in the following areas:

- Lung Cancer
- Colorectal Cancer
- Breast Cancer
- Prostate Cancer
- Oral Cancer
- Skin Cancer
- Cervical Cancer

References

American Cancer Society. (2015). *Cancer facts & figures 2015*. Retrieved from <http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>

Arkansas Department of Health. (n.d.). *The Arkansas central cancer registry*. Retrieved from <http://cancer-rates.info/ar/>

Yabroff, R. K., Lund, J., Kepka, D., & Marioto, A. (2011). Economic burden of cancer in the United States: Estimates, projections, and future research. *Cancer Epidemiology, Biomarkers & Prevention*, 20, 2006–2014.

ACC's Role: Convening the Cancer Plan

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 an overview of the current status of cancer control in Arkansas
- Strengthen and sustain the cancer-control partnership and support network
- Provide and maintain a plan of goals and strategies through the ACP

ACC GOALS AND OBJECTIVES

Goal 1: Develop and maintain active partnerships.

Objective 1:1 From July 1, 2015 to June 30, 2020, maintain organizational infrastructure that complies with ACC policies and procedures and supports implementation of the ACP.

Objective 1:2 From July 1, 2015 to June 30, 2020, maintain, promote, and expand ACC's partnership with a focus on decreasing the membership gap in unrepresented or underrepresented counties from 14 to 5.

Goal 2: Enhance health-care professionals' knowledge, skills, and practices regarding cancer prevention and early detection.

Objective 2:1 From July 1, 2015 to June 30, 2020, increase health-care professionals' knowledge and skills needed to prevent and detect cancer as evidenced by pre- and post-test assessment evaluations.

Goal 3: Fully implement cancer surveillance in Arkansas.

Objective 3:1 From July 1, 2015 to June 30, 2020, develop and maintain a database to track and house cancer-control data from ACC grantees, work groups, and partners.

Goal 4: Ensure implementation of the Arkansas Cancer Plan.

Objective 4:1 From July 1, 2015 to June 30, 2020, provide technical assistance and funding to support the implementation of the ACP.

Reducing Cancer Incidence through Prevention

GOAL

Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer in Arkansas.

OBJECTIVES

The following objectives for cancer prevention through life-style change are taken from the Arkansas Healthy People 2020.

1. By 2020, reduce the overall cancer death rate from 200.2 to 180.2 per 100,000
2. By 2020, increase the proportion of adults who are at a healthy weight from 27.7% to 30.5%
3. By 2020, reduce the proportion of adults who are obese from 30.0% to 20.0%
4. By 2020, reduce the proportion of children and adolescents who are obese from 21% to 18.9%
5. By 2020, increase the contribution of fruits to the diets of the population aged 2 years and older from 1.7 to 1.9 servings per day
6. By 2020, increase the contribution of total vegetables to the diets of the population aged two years and older from 2.2 servings to 2.4 servings per day
7. By 2020, increase the proportion of adults that meet current federal physical activity guidelines for aerobic physical activity and for muscle strength training from 41.2% to 51.2%
8. By 2020, increase the proportion of adolescents that meet current federal physical activity guidelines for aerobic physical activity and for muscle strength training from 24.3% to 26.7%

STRATEGIES

- Develop collaborative relationships with city planners and private developers, government officials, and grassroots citizens to increase the public's understanding of the level of importance of the built environment and tobacco-free policies.
- Utilize schools and work sites as health promotion venues, reaching Arkansas students and adults for the purpose of creating a culture of health and changing unhealthy behaviors around tobacco use, obesity, and physical inactivity.
- Implement a statewide campaign to increase public awareness of effects of obesity, physical inactivity, and tobacco use on health.
- Provide recommendations to Arkansans on how to include physical activity in their daily schedules.
- Encourage parent or family support through provision of information on environmental strategies to reduce access to television, video games, and computers.
- Encourage technology-supported, multicomponent weight coaching or counseling interventions intended to maintain weight loss.
- Improve access to affordable and nutritious foods in all communities (farmers' markets, community gardens, co-ops, farm-to-school/farm-to-table, local growers). Disclose where foods are grown.
- Encourage and assist organizations and state and local government entities to adopt healthy guidelines or policies for food and beverages for catered meals, events, and vending machines.

MEASURES

	Goal/Objectives	Baseline	Target	Data Source
GOAL	Reduce the overall cancer death rate	200.2 per 100,000 in 2007	180.2 per 100,000 in 2020	ADH Mortality Query System
OBJECTIVES	Increase the proportion of adults who are at a healthy weight.	27.7% of adult Arkansans are normal weight BRFSS 2013	30.5% Target setting method: 10% improvement	BRFSS
	Reduce the proportion of adults who are obese.	30.0% of adult Arkansans are obese BRFSS 2013	20.0% Target setting method: 10% improvement	BRFSS
	Reduce the proportion of children and adolescents who are obese.	AR Public School Students were obese in the 2009- 2010 school year. All 21% obese	All 18.9%	ACHI
	*Increase the contribution of fruits to the diets of the population aged 2 years and older.	For adults 18 and over: 1.7 servings or 0.9 servings per 1000 kcal† ARCHES 2007	For adults 18 and over: 1.9 servings or 1.0 servings per 1000 kcal Target setting method: 10% improvement	N/A

MEASURES

	Goal/Objectives	Baseline	Target	Data Source
OBJECTIVES	*Increase the contribution of total vegetables to the diets of the population aged 2 years and older.	For adults 18 and over: 2.2 servings or 1.2 servings per 1000 kcal ARCHES 2007	For adults 18 and over: 2.4 servings or 1.3 servings per 1000 kcal Target setting method: 10%	
	Increase the proportion of adults that meet current Federal physical activity guidelines for aerobic physical activity and for muscle strength training.	Percent of adults that meet current guidelines for physical activity (BRFSS): 2013 - 41.2%	51.2% Target setting method: trend	BRFSS
	Increase the proportion of adolescents that meet current physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.	Percent Physically active at least 60 minutes per day 7 days per week: 2009 - 24.3%	26.7% Target setting method: 10% improvement	YRBS

Arkansas Priority Cancer Chapters

Goals, Objectives, and Strategies



- 1 Lung Cancer
- 2 Colorectal Cancer
- 3 Breast Cancer
- 4 Prostate Cancer
- 5 Oral Cancer
- 6 Skin Cancer
- 7 Cervical Cancer

Lung Cancer

GOAL

Reduce deaths from lung cancer in Arkansas.

OBJECTIVES AND STRATEGIES

Objective 1: Increase barriers to youth and young adult access to tobacco products and Electronic Smoking Devices (ESD), and promote tobacco abstinence.

Strategy 1:1 Activate TPCP leadership to increase partnerships with state agencies, institutions, and nonprofits to create systems change to include the integration of tobacco prevention and secondary intervention among youth and young adults.

Strategy 1:2 Collaborate with media partners to develop communications that are designed to discourage initiation among youth and that include appropriate messages for women who are in the pre-pregnancy stage.

Strategy 1:3 Collaborate with media partners and subgrantees to denormalize tobacco/ESD use through educational and interactive projects at the local and state level.

Strategy 1:4 Engage and empower young people to recognize and react to tobacco industry marketing and promotion through media literacy and investigation of the truth initiative's Tobacco Documents Library.

Strategy 1:5 Advocate and encourage significantly increased penalties for violations of tobacco-free laws.

Strategy 1:6 Advocate for significant tobacco tax increases and significant increases in retail permit fees for all tobacco products, including ESDs.

Strategy 1:7 Advocate for increasing the legal age to purchase nicotine products.

Strategy 1:8 Advocate and encourage policies to regulate and limit product placement and point-of-purchase advertising.

Objective 2: Reduce tobacco/ESD use and associated disease burden by changing systems to incorporate clinical practice guidelines for treating tobacco use and dependence.

Strategy 2:1 Increase the number of practitioners who have received nationally accredited training on tobacco treatment.

Strategy 2:2 Expand reach and capacity for tobacco/ESD cessation treatment through professional development training.

Strategy 2:3 Promote expansion of insurance coverage and utilization of proven tobacco/ESD cessation treatments to the benefit level defined in the Federal Employees Health Benefits Program.

Strategy 2:4 Integrate standardized evidence-based cessation curricula at all colleges and universities including medical, nursing, dental, mental health, substance abuse, and allied health programs to address tobacco/ESD use.

Strategy 2:5 Integrate Clinical Practice Guidelines for Treating Tobacco Use and Dependence and ensure that Brief Tobacco Interventions are implemented at all existing medical, dental, mental health, and substance abuse facilities.

Strategy 2:6 Integrate Clinical Practice Guidelines for Treating Tobacco Use and Dependence through all federal- and state-supported agencies and institutions to include disparate populations.

Objective 3: Promote quitting nicotine and other tobacco-related products, including smokeless products, through multimedia communications and environmental and system changes.

Strategy 3: Engage and empower nicotine addicts to face the challenges of cessation.

Strategy 3:2 Educate health-care professionals as to the necessity for treatment of nicotine addiction as an essential part of any medical issue.

Strategy 3:3 Engage stakeholders on opportunities for increased knowledge and an expanded awareness of the treatment and prevention of lung cancer.

Strategy 3:4 Recognize and challenge industry efforts to gain weight-based spit tobacco taxes.

Strategy 3:5 Recognize and challenge harm reduction marketing strategies of spit and electronic nicotine delivery.

Strategy 3:6 Increase utilization of the Arkansas Tobacco Quitline and its services including individual (age/ethnicity/special populations) confidential phone/web-based counseling, pharmacotherapy (patches, gum, lozenges, Varenicline, and others), and written resource materials.

Strategy 3:7 Increase partnerships with other state agencies, institutions, and nonprofits to create systems changes to include the integration of tobacco/ESD cessation.

Strategy 3:8 Advocate and encourage policies requiring that 1-800-Quit-Now be prominently displayed at every tobacco and nicotine retail register.

Strategy 3:9 Conduct robust industry-focused counter marketing in all media.

Objective 4: Increase the number of Arkansans who report learning, living, playing, working, and worshipping in smoke-free and vapor-free environments.

Strategy 4:1 Advocate for adoption of and compliance with smoke-free policies and include ESD in those policies.

Strategy 4:2 Advocate for adoption of and compliance with tobacco and ESD-free policies, including the establishment of smoke-free and ESD-free multi-unit housing.

Strategy 4:3 Advocate for and encourage reform of the Clean Air Act of 2006 from being complaint-driven to license-dependent.

Strategy 4:4 Conduct robust industry-focused counter marketing in all media.

Strategy 4:5 Assess and evaluate enforcement of all tobacco-free laws and policies.

Strategy 4:6 Integrate efforts to eliminate secondhand and third-hand smoke-related disparities among Arkansans.

Strategy 4:7 Advocate and encourage policies establishing smoke-free and tobacco-free multi-unit housing.

Objective 5: Ensure that all lung cancer patients in Arkansas have access to a mutual and excellent quality of care.

Strategy 5:1 Help establish Health Insurance Marketplaces in Arkansas to expand access to coverage for individuals and small businesses, reduce administrative expenses, and increase competition.

Strategy 5:2 Provide coverage with premium and cost-sharing assistance through the Health Insurance Marketplace for people who cannot afford to purchase insurance on their own.

Strategy 5:3 Work with the Arkansas Legislature, Department of Health, and Department of Human Services to expand Medicaid coverage for more low-income Americans.

Strategy 5:4 Reduce the prescription drug coverage gap (the “donut hole”) for those receiving the Medicare Prescription Drug benefit.

Strategy 5:5 Work with states, communities, private organizations, and grantees to provide outreach and enrollment assistance and to enforce the market reform provisions of the Affordable Care Act.

Objective 6: Present annual symposia of advocates and physicians with the purpose of encouraging communication between patients and caregivers, helping both groups more fully understand the disease.

Strategy 6:1 Facilitate and organize effective gatherings of stakeholders.

Objective 7: Educate stakeholders on the availability of board-certified physicians and caregivers and treatment options in Arkansas.

Strategy 7:1 Create and publicize a database of board-certified physicians and other caregivers related to tobacco use and lung cancer treatment in Arkansas.

Strategy 7:2 Encourage and facilitate all opportunities for clinical trials in lung cancer.

MEASURES

	Goal/Objectives	Baseline	Target	Data Source
GOAL	Reduce lung cancer death rates	58.9 per 100,000	53.0 per 100,000 Target setting method: 10% improvement	ADH Query System, ICD-10 Causes of Death Reports for 2012 accessed August 13, 2015, provisional data
OBJECTIVES	Reduce tobacco use by adults. (1.1) Cigarette smoking (1.2) Smokeless tobacco products (1.3) Cigars	(1.1) 25.9% BRFSS 2013 (1.2) 6.9% BRFSS 2013 (1.3) Not Available	(1.1) 23.3% Target setting method: 10% improvement (1.2) 6.2% Target setting method: 10% improvement (1.3) Not Available	(1.1) BRFSS (1.2) BRFSS (1.3) Not Available
	Reduce tobacco use by adolescents. (2.1) Tobacco Products (past month) (2.2) Cigarettes (past month) (2.3) Smokeless tobacco products (2.4) Cigars	(2.1) 26.5% YRBS 2013 (2.2) 19.1% YRBS 2013 (2.3) 14.8% YRBS 2013 (2.4) 17.1% YRBS 2013	(2.1) 23.9% Target setting method: 10% improvement (2.2) 17.2% Target setting method: 10% improvement (2.3) 13.3% Target setting method: 10% improvement (2.4) 15.4% Target setting method: 10% improvement	YRBS

MEASURES

	Goal/Objectives	Baseline	Target	Data Source
OBJECTIVES	<p>Increase smoking cessation attempts by adult smokers</p> <p>(3.1) Increase smoking cessation attempts in the past 12 months by adult smokers</p> <p>(3.2) Increase smoking cessation attempts using evidence-based strategies by adult smokers (Developmental)</p>	<p>(3.1) 58.4% BRFSS 2013</p> <p>(3.2) Data Unavailable</p>	<p>(3.1) 64.4% Target setting method: 10% improvement</p> <p>(3.2) Data Unavailable</p>	BRFSS
	<p>Increase recent smoking cessation success by adults smokers</p> <p>(4.1) Increase smoking cessation success by adults smokers</p> <p>(4.2) Increase smoking cessation attempts using evidence-based strategies by adult smokers (Developmental)</p>	<p>(4.1) 27.3% for tobacco users who used NRT and/or counseling through the Arkansas Tobacco Quitline UALR IOG 2013</p> <p>(4.2) Data Unavailable</p>	<p>(4.1) 30% Target setting method: 10% improvement</p> <p>(4.2) Data Unavailable</p>	Arkansas Tobacco Quitline Evaluation Report FY2013 UALR IOG

MEASURES

	Goal/Objectives	Baseline	Target	Data Source
OBJECTIVES	Increase smoking cessation attempts by adolescent smokers	48.8% YRBS 2013	53.7% Target setting method: 10% improvement	YRBSS
	Increase comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency.	AR Medicaid covers patch, gum, Bupropion, Varenicline, counseling	All NRT, All FDA-approved medication, and counseling without barriers	AR Medicaid
	Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors	(7) 3.4% Synar FY2011	(7) 3.1% Target setting method: 10% improvement	Synar FY 2011

Colorectal Cancer

GOAL

Reduce deaths from colorectal cancer in Arkansas.

OBJECTIVES AND STRATEGIES

Objective 1: By 2020, increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines from 61.5% to 67.7%.

Strategy 1:1 Facilitate the dissemination of appropriate educational material to include prevalence and risk of colorectal cancer, in communities, work sites, and organizations with significant minority populations, through public health agencies, the internet, and social media.

Strategy 1:2 Collaborate with partner organizations to disseminate educational materials to include signs and symptoms and screening guidelines on colorectal cancer, and promote them to the public, community, and health professionals.

Strategy 1:3 Partner with other cancer-focused community organizations to promote education and colorectal cancer screening programs for at-risk and underserved populations.

Strategy 1:4 Identify and utilize a symbol (similar to breast cancer pink ribbon) to increase colorectal cancer awareness.

Strategy 1:5 Support patient navigator programs that address cultural, access, and economic barriers to colorectal cancer screening, and direct patients in need to further services with timely and appropriate follow-up care.

Strategy 1:6 Support and promote targeted intervention programs that promote colorectal cancer screening.

Strategy 1:7 Educate and increase trained work force who can perform quality CRC screenings.

Strategy 1:8 Develop regional colorectal cancer screening referral lists.

Strategy 1:9 Target appropriate disparate populations for screening and education.

Objective 2: By 2020, decrease the incidence of invasive colorectal cancer by increasing early detection from 41.5 per 100,000 to 37.4 per 100,000.

Strategy 2:1 Increase public awareness about colorectal cancer.

Strategy 2:2 Educate legislators and policymakers on the importance of colorectal cancer prevention and early detection.

Strategy 2:3 Collect data from existing programs and services that provide colorectal screening to show needs in rural areas of state.

Strategy 2:4 Utilize state Standard Mortality Ratios (SMR) data (*Arkansas Cancer Facts & Figures 2011*) to target counties with rates of CRC mortality higher than statewide rates.

MEASURES

	Goal/Objective	Baseline	Target	Data Source
GOAL	Reduce deaths from colorectal cancer	14.5 per 100,000 in 2013 (provisional mortality data)	13.1 per 100,000 in 2020	ADH Query System
OBJECTIVE	Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.	61.5% in 2012	67.7 % in 2020	BRFSS
	Decrease incidence of invasive colorectal cancer	41.5 per 100,000 in 2011	37.4 per 100,000 in 2020	Arkansas Cancer Registry Query System

Breast Cancer

GOAL

Reduce deaths from female breast cancer in Arkansas.

OBJECTIVES AND STRATEGIES

Objective 1: By 2020, increase the proportion of women aged 40 years and older who have received a breast cancer screening from 67% to 78%.

Strategy 1:1 Reduce structural barriers such as hours of operations and lack of transportation that make it harder for women to receive screenings.

Strategy 1:2 Encourage system changes that promote provider-based reminders, follow-up, and case-management systems.

Strategy 1:3 Promote work-site wellness policies that facilitate breast cancer prevention and screening efforts, such as work-time release to obtain cancer-related screening services.

Strategy 1:4 Collaborate with local organizations to promote public awareness and outreach that are plain language and culturally appropriate, especially targeting women who are never or rarely screened.

Strategy 1:5 Increase professional development aimed at health-care professionals promoting dissemination of clinical guidelines for breast cancer screening and follow-up. Work with health-care professionals utilizing Electronic Health Records (EHRs) to make sure all recommended cancer screenings are up to date with all patients they see on a regular basis.

Strategy 1:6 Develop messaging and/or targeted outreach for use by the media and providers to increase prevention and breast cancer screening rates, incorporating steps to target identified disparate populations (age, income, disability, rural–urban location, and race or ethnic status) and groups that experience high mortality rates from breast cancer, including African-American and Hispanic women.

Strategy 1:7 Evaluate the impact of stage-shift with correlation of the Affordable Care Act and receipt of insurance including the Arkansas private-option enrollees and any future Medicaid-expansion enrollees.

Strategy 1:8 Work with all health insurance companies covering Arkansans to secure screening data and work with them to increase utilization.

Strategy 1:9 Assist work sites with cancer screening awareness of their employees and work with them to increase screening utilization by their employees.

Strategy 1:10 Increase awareness of assistance and support available to women through the Arkansas Department of Health BreastCare™ program or the American Cancer Society.

Objective 2: By 2020, decrease the incidence of late-stage disease of female breast cancer from 6.7 per 100,000 to 5.5 per 100,000 for women of all ages who have been diagnosed with breast cancer.

Strategy 2:1 Advocate for adequate funding for patient navigation (screening and diagnostic services and treatment) through BreastCare for uninsured and underinsured women.

Strategy 2:2 Promote coverage and access to counseling for risk reduction strategies (such as weight management and exercise, genetic counseling and testing when appropriate, chemoprevention, avoiding or reducing combination hormone therapy after menopause, risk-reducing surgery, minimizing radiation exposure, and other strategies as they develop).

Strategy 2:3 Increase research to identify modifiable risk factors for breast cancer.

Strategy 2:4 Provide appropriate follow-up care to women with inherited cancer syndromes associated with an increased risk of breast cancer.

Strategy 2:5 Promote patient navigation through professional education and formalization of a task force on patient navigation.

Strategy 2:6 Develop and implement a data collection plan that shows the value of patient navigation.

Strategy 2:7 Raise awareness of the efficacy and efficiency of navigation to advocate for reimbursement of patient navigation.

Strategy 2:8 Work with the ACS on their Community Health Advisor program to increase awareness and expansion in Arkansas.

Objective 3: By 2020, increase the number of women living in rural communities who have received breast cancer screening and diagnostic services and appropriate treatment.

Strategy 3:1 Develop a comprehensive breast cancer screening program and statewide mammography coordination plan to address the 27 counties that are without facilities or that aren't covered by the five mobile units in the state. (Measure change in screening and outcomes in these counties.)

Strategy 3:2 Improve access to services through transportation grants.

Strategy 3:3 Provide funding to maintain, repair, or purchase mammography equipment for hospitals or clinics in rural communities.

Objective 4: By 2020, increase the proportion of breast cancer survivors who are living five years or longer after diagnosis. Baselines vary by stage-at-diagnosis.

Strategy 4:1 Increase the number of women utilizing community resources (by making sure they are listed in the ACS Cancer Resource Network), support groups, and programs like the ACS Reach to Recovery and Look Good Feel Better programs.

Strategy 4:2 Provide access to and funding for lymphedema education, management, and treatment, and increase availability of prosthetic devices to mastectomy patients.

Objective 5: By 2020, increase the number of appropriate referrals of women with breast cancer diagnosis meeting current guidelines for genetic counseling and genetic testing.

Strategy 5:1 Educate health-care providers, policymakers, and community support groups about guidelines for genetic counseling and genetic testing.

Strategy 5:2 Advocate for all commercial health insurance plans to cover mammograms for women starting at age 40 and cover BRCA1 and BRCA2 genetic testing and counseling for women who have a family history of breast and ovarian cancer.

Strategy 5:3 Advocate for funding to cover genetic counseling and testing.

MEASURES

	Goal/Objectives	Baseline	Target	Data Source
GOAL	Reduce the female breast cancer death rate	17.8 per 100,000 in 2013 (provisional mortality data)	16 per 100,000 in 2020. Target setting method: 10% decrease.	ADH Mortality Query System
OBJECTIVES	Increase the proportion of women aged 40 years and older who have received a breast cancer screening in the past two years.	67% in 2012	78% in 2020	BRFSS
	Decrease the incidence of late-stage disease of female breast cancer.	6.7 per 100,000 in 2011 (distant stage)	5.5 per 100,000 in 2020 (distant stage)	Arkansas Cancer Registry
	Increase the number of women living in rural communities who have received breast cancer screening and diagnostic services and appropriate treatment.	To be developed	Not available	Not available
	Increase the proportion of breast cancer survivors who are living five years or longer after diagnosis.	5-year overall survival of female breast cancer in Arkansas: 90% between 2001–2008	5-year overall survival of female breast cancer in Arkansas: 99%. Target setting method: 10% increase	Arkansas Cancer Facts and Figures 2011.
	Increase the number of appropriate referrals of women with breast cancer diagnosis meeting current guidelines for genetic counseling and genetic testing.	To be developed	Not available	Not available

Prostate Cancer

GOAL

Reduce the deaths from prostate cancer in Arkansas.

OBJECTIVES AND STRATEGIES

Objective 1: Increase awareness and public education about prostate cancer.

Strategy 1:1 Develop initiatives to raise awareness of prostate cancer risk factors and symptoms of prostate health issues.

Strategy 1:2 Collaborate with key stakeholders (APCF volunteers, advocacy groups, health-care organizations, faith-based groups, workplaces) to provide public education about prostate cancer within communities across the state, especially in underserved populations.

Strategy 1:3 Educate in a culturally sensitive way and distribute targeted information to men at higher risk of prostate cancer, specifically African-American males and men with a family history of one or more first-degree relatives diagnosed with prostate cancer.

Strategy 1:4 Distribute prostate cancer educational information to health-care providers and to the general public addressing differences in culture, age, and health-literacy level.

Strategy 1:5 Enlist statewide media support to provide consumer-centered awareness messages.

Strategy 1:6 Monitor the dissemination of emerging information on prostate cancer detection, diagnosis, treatment, and survivorship, including new biomarkers that may improve detection of aggressive disease.

Objective 2: Increase the proportion of men who have discussed with their health-care provider whether or not to have a prostate-specific antigen (PSA) test to be screened for prostate cancer (*Healthy People 2020, 2013*).

Strategy 2:1 Outline the benefits and risks of screening for dissemination to health-care professionals, community leaders, the general public, and men who are considering screening, referencing the USPSTF's guidelines.

Strategy 2:2 Evaluate, promote, and distribute decision tools that promote informed consent.

Objective 3: Increase the utilization of prostate-cancer-specific support services to enhance survivorship from risk assessment through diagnosis, treatment, and recovery.

Strategy 3:1 Provide a prostate-cancer-specific patient navigator to:

- i. Educate men with abnormal prostate-specific antigen or digital rectal exam results about diagnostic procedures and encourage timely and appropriate follow-up, including use of emerging biomarkers that may improve detection of aggressive disease
- ii. Educate men diagnosed with prostate cancer about treatment options, including active surveillance and treatment after-effects, and encourage timely follow-up for appropriate intervention if needed
- iii. Identify and mitigate patient and systems barriers while facilitating and supporting patients' actions in dealing with the disease, including effective interface with health-care providers
- iv. Monitor emerging technologies on prostate cancer diagnosis, treatment, and survivorship for documentation and dissemination to prostate cancer survivors or prostate cancer advocates

Strategy 3:2 Collaborate with hospitals and other health-care organizations or providers to provide prostate-cancer-specific navigation services and/or tools.

Strategy 3:3 Refer men and their families for assistance in enrolling in health insurance under the ACA.

Strategy 3:4 Raise awareness about clinical trials and community-based participatory research where appropriate.

Strategy 3:5 Identify and collaborate with community points of contact to increase awareness among the general public, survivors, providers, and others about survivorship issues and resources.

Strategy 3:6 Disseminate information about quality-of-life resources and services, support groups, and other resources for men diagnosed with prostate cancer and their loved ones.

Strategy 3:7 Provide and facilitate peer support through support groups and survivor-mentor services for men diagnosed with prostate cancer and their loved ones.

MEASURES

	Goal/Objectives	Baseline	Target	Data Source
GOAL	Reduce deaths from prostate cancer in Arkansas	21.9 deaths per 100,000 in 2011 in Arkansas	19.7 deaths per 100,000 in 2020 in Arkansas: 10% reduction from baseline	ADH Mortality Query System
OBJECTIVES	Increase awareness and public education about prostate cancer.	To be developed	Not available	APCF Progress Reports
	Increase the proportion of men who have discussed with a health-care provider whether or not to have a prostate-specific antigen (PSA) test to be screened for prostate cancer.	Question 16.1: Advantages of PSA discussed 55.6% yes Question 16.2: Disadvantages of PSA discussed 20.5% yes	Question 16.1 – 61.1%: 10% increase from baseline Question 16.2 – 22.5%: 10% increase from baseline	BRFSS
	Increase the utilization of prostate-cancer-specific support services to enhance survivorship from risk assessment through diagnosis, treatment, and recovery.	398 men navigated by APCF during DOH FY 2014	5% annual increase in number of men navigated	APCF Progress Reports

Oral Cancer

GOAL

Reduce deaths from oral cancer in Arkansas.

OBJECTIVES AND STRATEGIES

Objective 1: By 2020, increase the proportion of oral and pharyngeal cancers detected at the earliest stage (localized), in line with the Arkansas Healthy People 2020, Oral Health Objective (OH)-6.

Strategy 1:1 Increase detection of oral cancer through increased utilization of primary care health-care professions. Work with professional organizations to teach and encourage physicians, dentists, dental hygienists, nurse practitioners, nurses, and physicians' assistants to conduct oral cancer screening as part of routine physical and oral exams.

Strategy 1:2 Develop an oral cancer education/early detection program to target health-care providers at Federally Qualified Health Centers, local health departments, other community health centers, and Veterans Administration hospitals to ensure oral cancer screening is conducted during routine visits and to reduce the number of late-stage oral cancer diagnoses.

Strategy 1:3 Provide health-care providers with referral mechanisms for oral cancer by identifying local and state referral resources.

Strategy 1:4 Develop a method to measure the number of Arkansas adults who have been screened in the past year for oral cancer.

Strategy 1:5 Develop, test, and implement an oral cancer education program to target African- American adults about prevention and early detection of oral cancers.

Strategy 1:6 Work with the Arkansas Department of Health’s Southeast Targeted Area Resources for Health (STAR) initiative to increase funding for community oral cancer programs, to conduct oral cancer exams in minority and underserved communities, and to develop and distribute community-based and culturally relevant oral cancer programs and messages that target minority and underserved communities.

Strategy 1:7 Encourage health-care providers to engage in oral cancer volunteerism by providing continuing education credits or other potential incentives for participating in community oral cancer screenings.

Objective 2: Increase the proportion of adults who receive preventive interventions in dental offices in line with Arkansas Healthy People 2020, OH-14, by 2020 (developmental).

Strategy 2:1 Establish baseline data to measure the percentage of all health-care providers who report adequate training for conducting oral cancer exams.

Strategy 2:2 Work with University of Arkansas for Medical Services (UAMS) to ensure oral cancer literacy and exam training procedures are included in the curriculum for all UAMS health-care students.

Strategy 2:3 Encourage and support professional organizations to include oral cancer prevention and early detection as a topic at educational seminars and meetings.

Strategy 2:4 Develop a statewide educational campaign designed to increase the demand for oral cancer screening by encouraging individuals to ask health-care providers for an annual oral cancer exam as part of routine health exams.

Strategy 2:5 Increase the oral cancer knowledge of the public about oral cancer risk factors and high-risk activities (such as tobacco use, alcohol use, and HPV infection) by developing targeted and culturally relevant oral cancer messages in plain language.

Strategy 2:6 Encourage and promote an annual observance of Oral Cancer Awareness Week.

Objective 3: By 2020, decrease the prevalence of the oral cancer risk factors of tobacco use (cigarettes, smokeless tobacco, and cigars) and alcohol use among adults 18 years and older in Arkansas.

Strategy 3:1 Encourage, increase, and review research to determine effects of current and emerging risk factors.

Strategy 3:2 Partner with other chronic disease programs who share risk factors to maximize effectiveness of resources in addressing reduction of oral cancer mortality rates in Arkansas, including the ACC and ADH's Family Branch and TPCP program, and others. Activities could include:

- Sponsoring oral cancer continuing education for dental providers in conjunction with the ACC, thus stressing the importance of cancer screening and early detection
- Sponsoring oral cancer continuing education for dental providers in conjunction with tobacco intervention programs such as TPCP

MEASURES

	Goal/Objectives	Baseline	Target	Data Source
GOAL	Reduce Oral Cancer mortality rates	2.7 per 100,000 in 2013	2.4 per 100,000	ADH Mortality Query System
OBJECTIVES	By 2020, increase the proportion of oral cancers detected at the earliest stage (localized).	Overall: 34.1% White Males: 33.4% Black Males: 18.0% White Females: 40.7% Black Females: 33.3% Combined 2007 - 2011 data	Overall: 37.5% White Males: 36.7% Black Males: 19.8% White Females: 44.7% Black Females: 36.6% Target setting method: 10% increase.	Arkansas Central Cancer Registry
	By 2020, increase the proportion of adults who received oral and pharyngeal cancer screening from a dentist or dental hygienist in the past year.	Developmental	Developmental	
	By 2020, reduce tobacco use by adults. Reduce alcohol use by adults.	Cigarette use: 25.0% in 2012 Smokeless use: 7.1% in 2012 Alcohol Use: 4.1% in 2012 (Heavy drinkers)	Cigarette Use: 22.5% Smokeless tobacco use: 6.4% Alcohol Use: 3.7% Target setting	BRFSS

Skin Cancer

GOAL

Reduce deaths from melanoma in Arkansas

OBJECTIVES AND STRATEGIES

Objective 1: Increase awareness among youth regarding the dangers of unprotected exposure to UV rays—including indoor tanning—and the corresponding recommended practices for reducing risk of skin cancer.

Strategy 1:1 Promote awareness through distribution and use of existing sun safety materials, through promotional pieces placed in journals, newsletters, websites, and through other media that target young adults aged 10 to 24 years.

Strategy 1:2 Assess available shade on elementary school playgrounds and community areas.

Strategy 1:3 Evaluate school policies on sun exposure on playgrounds.

Strategy 1:4 Include sun safety programs in school. Use *CDC's Sun Safety Youth Toolkit and Guidelines for School Programs*.

Strategy 1:5 Educate students in schools and community groups on the dangers of unprotected exposure.

Strategy 1:6 Support sunscreen education programs and partnerships with Parent Teacher Associations (PTAs).

Strategy 1:7 Implement "shade project" collaboration between the schools and communities (PTA/PTO). Have sunscreen listed as a recommended school supply.

Objective 2: Collect data on sun exposure behaviors—including indoor tanning—in youth and adults.

Strategy 2:1 Conduct a needs assessment.

Strategy 2:2 Assess existing sun/UV safety programs in schools and communities.

Strategy 2:3 Disseminate data collected and provide a synopsis of need.

Objective 3: Identify potential funding sources such as CDC, private foundations, and sun product manufacturers and retailers to address sun safety measures in Arkansas.

Strategy 3:1 Identify partnerships with sun safety product manufacturers.

Strategy 3:2 Find matching funds from organizations that address sun safety measures.

Objective 4: Identify existing policies and partnerships to promote sun safety measures.

Strategy 4:1 Explore existing policies and requirements on tanning.

Strategy 4:2 Partner with local civic groups and organizations to include policies on sun safety measures.

Strategy 4:3 Review school policies on sun exposure and access to sun screen on playgrounds to improve them.

Objective 5: Increase the number of educational opportunities on skin cancer screening and sun safety measures.

Strategy 5:1 Work with organizations that provide programs on sun safety measures and skin cancer screening to providers across the state.

Strategy 5:2 Encourage clinicians and other providers to skin cancer prevention, screening and education.

MEASURES

	Goal/Objectives	Baseline	Target	Data Source
GOAL	Reduce the melanoma cancer death rate.	2.3 deaths per 100,000 in 2013 in AR	2.1 deaths per 100,000 in 2020: Target setting method: 10% decrease	ADH Mortality Query System
OBJECTIVES	Reduce the proportion of adolescents in grades 9–12 who report sunburn (Developmental)	Data not available	Date not available	Potential source: YRBSS or APNA
	Reduce the proportion of adults 18 years and older who report sunburn	34.7% in Arkansas, BRFSS 2013 (U.S. Data: 37.5% reported at least one sunburn in the last 12 months before the survey, 2010 NHIS)	33%	BRFSS state-added question
	Reduce the proportion of adolescents in grades 9-12 who report using artificial sources of ultraviolet light for tanning.	AR Not Available (U.S. Data: 13.3% of students had used an indoor tanning device one or more times during the last 12 months before the survey, 2011 YRBS)	AR Not Available	Potential source: YRBSS or APNA
	Reduce the proportion of adults 18 years and older who report using artificial sources of ultraviolet light for tanning	6.6% in Arkansas, BRFSS 2013 (U.S. Data: 5.6% reported using artificial sources of UV light for tanning, NHIS 2010)	6.3%	BRFSS state-added question
	Increase the proportion of adults 18 years and older who follow protective measures that may reduce the risk of skin cancer.	26.3% in Arkansas, protective measures include regular sunscreen use only, BRFSS, 2013.	27.6%	BRFSS state-added question

Cervical Cancer

GOAL

Reduce deaths from cervical cancer in Arkansas.

OBJECTIVES AND STRATEGIES

Objective 1: By 2020, increase the proportion of women who receive cervical cancer screening based on the most current cervical cancer screening guidelines.

Strategy 1:1 Educate health-care professionals and patients about the screening recommendations.

Strategy 1:2 Work with health-benefit providers and wellness educators to educate clients on available services.

Strategy 1:3 Collaborate with community organizations to promote public awareness.

Strategy 1:4 Assist businesses to promote awareness among their employees.

Objective 2: By 2020, increase the proportion of teens who complete the HPV vaccine series.

Strategy 2:1 Educate health-care professionals about the ACIP recommendation for the HPV vaccine.

Strategy 2:2 Educate parents about HPV and the availability of the vaccine for male and female children aged 11–26.

Strategy 2:3 Provide HPV tool kits for schools and community outreach groups. The tool kits will provide educational resources for the instructors and participants.

Strategy 2:4 Increase awareness regarding other HPV-related illnesses.

Objective 3: By 2020, increase access to treatment services across the state of Arkansas for pre-invasive lesions of the cervix.

Strategy 3:1 Develop information resources for providers regarding available diagnostic and therapeutic services for pre-invasive lesions of the cervix.

Strategy 3:2 Promote patient navigation for patients needing diagnostic and therapeutic services for pre-invasive lesions of the cervix.

Strategy 3:3 Work with payers to help ensure that recommended diagnostic and therapeutic treatments are reimbursed.

Strategy 3:4 Provide educational programs and training to health-care professionals to learn or update their skills in colposcopy and excisional biopsies.

Objective 4: By 2020, increase early access to medical specialists who treat invasive cervical cancer.

Strategy 4:1 Develop information resources for providers related to treatment referrals for invasive cervical cancer.

Strategy 4:2 Promote patient navigation for patients once they enter treatment.

STRATEGIES (GENERAL)

Cervical cancer has risk factors that are the same as certain other health problems, including other cancers. Therefore working with people, groups, and organizations that are addressing these other problems will help to decrease the incidence and death rate related to cervical cancer.

General strategies to address these common risk factors are listed here:

1. Establish the Cervical Cancer Task Force according to Arkansas Statute 20-9-1103 (*Cervical Cancer Task Force*, n.d.).
2. Pursue both public and private funding for a cervical cancer education program.
3. Support joint education offered to health professionals on cervical cancer and its risk factors.
4. Support programs that help to decrease risk factors for cervical cancer, such as reducing tobacco use and preventing HIV and other sexually transmitted diseases.
5. Support programs that provide services for patients and their families that address their need for transportation to health-care appointments.
6. Support programs that enhance cancer survivorship for patients and their families.

MEASURES

	Goal/Objectives	Baseline	Target	Data Source
GOAL	Reduce the death rate from cervical cancer in Arkansas	3.1 deaths per 100,000 population	2.8 deaths per 100,000 population	ADH Mortality Query System
OBJECTIVES	Reduce the incidence of cervical cancer in Arkansas	8.0 diagnoses per 100,000 population	7.5 diagnoses per 100,000 population	SEER, 2011
	Increase the proportion of teens who complete the HPV vaccine series	HPV Vaccination Rate (AR) ≥ 3 doses Girls: 23.4% Boys: 11.4%	HPV Vaccination Rate (AR) ≥ 3 dose Girls: 80% Boys: 80%	NIS, 2014
	Increase the proportion of women who receive cervical cancer screening based on the most current cervical cancer screening guidelines	74.8% of eligible women received screening within the last 3 years	83% of eligible women will have received screening within the previous 3 years by 2020	AR, BRFSS, 2010

Additional Cancer Focus Areas



- 1 Palliative Care
- 2 Survivorship
- 3 Evaluation



Palliative Care

GOAL

To improve access to quality palliative care for patients with cancer living in Arkansas.

OBJECTIVES AND STRATEGIES

Objective 1: Increase access to palliative care in Arkansas.

Strategy 1:1 Increase the number of Hospice and Palliative Medicine board-certified physicians by supporting training programs and recruitment efforts for ACGME-accredited fellowships. The goal would be to have at least 50 HPM board-certified physicians in Arkansas by 2020.

Strategy 1:2 Create a plan to promote APN and RN palliative care certification throughout the state, particularly in underserved areas.

Strategy 1:3 Increase the number of palliative care programs in hospitals across the state. The goal would be to meet or exceed national percentages.

Strategy 1:4 Advocate for provider reimbursement for complex care provided by palliative care teams.

Objective 2: Improve advance care planning for patients with cancer.

Strategy 2:1 Support efforts to promote advance care planning for cancer patients.

Strategy 2:2 Support legislative efforts to develop a POLST program for the state as part of standard medical practice.

Objective 3: Provide education that will enhance the understanding and quality of palliative care in the cancer continuum.

Strategy 3:1 Increase public awareness of palliative care through community-based initiatives.

Strategy 3:2 Provide and promote palliative care education for all providers that care for cancer patients, particularly for those in underserved areas. This could include telemedicine/telehealth as outreach initiatives.

Objective 4: Promote timely hospice enrollment for patients with end-stage cancer.

Strategy 4:1 Provide hospice benefit education for the public and health providers and dispel myths concerning hospice that serve as barriers to care.

Strategy 4:2 Design outreach programs and partner with Arkansas oncologists to increase access and enrollment for eligible patients who may benefit from hospice.

MEASURES

Objective	Strategy	Current	Target	Data Source
Increase Access to Palliative Care in Arkansas	Increase number of HPM board-certified physicians in Arkansas	25	50	CAPC report card
	Create a plan to promote APN and RN palliative care certification throughout the state	2 APNs 92 RNs	5 APNs 150 RNs	
	Increase the number of palliative care programs in hospitals across the state	38% (15/39) of hospitals in AR with 50 or more beds have a palliative care program	63% (24/39) of hospitals in AR with 50 or more beds have a palliative care program (would meet national averages)	
	Advocate for provider reimbursement for complex care provided by palliative care teams	Establish a baseline	Data needs to be collected	(11)

MEASURES

Objective	Strategy	Current	Target	Data Source
Improve Advance Care Planning for Patients with Cancer	Support efforts to promote advance care planning for cancer patients	Establish a baseline	Data needs to be collected	
	Support legislative efforts to develop a POLST program in Arkansas	1 of 6 states without POLST		
Provide Education that will Enhance the Understanding and Quality of Palliative Care in the Cancer Continuum	Increase public awareness of palliative care through community based initiatives	Establish a baseline	Data needs to be collected	
	Provide and promote palliative care education for all providers that care for cancer patients	Establish a baseline	Data needs to be collected	

MEASURES

Objective	Strategy	Current	Target	Data Source
Promote Timely Hospice Enrollment for Patients with End-Stage Cancer	Provide hospice benefit education for the public and health-care providers and dispel myths concerning hospice that serve as barriers to care	Establish a baseline	Data needs to be collected	
	Design outreach programs and partner with Arkansas oncologists to increase access and enrollment for eligible patients who may benefit from hospice	Establish a baseline	Data needs to be collected	

Survivorship

GOALS

Reduce the number of cancer deaths in Arkansas.

Increase the number of cancer survivors who are living five years longer after diagnosis.

OBJECTIVES AND STRATEGIES

Objective 1: Promote and increase the use of nationally recognized survivorship care plans.

Strategy 1:1 Increase the number of Arkansas facilities accredited by the CoC by promoting the importance of accreditation in improving quality of care for cancer patients that utilize and follow standardized survivorship care plans.

Strategy 1:2 Advocate for access to reported cancer data for health-care providers who need to create first-course treatment summaries and survivorship care plans.

Strategy 1:3 Support hospitals, oncologists, and other cancer treatment providers working to develop survivorship care plans by providing access to training, technical assistance, resources, and funding.

Strategy 1:4 Support the development of additional survivorship clinics that are designed to follow survivors after treatment and to provide them with comprehensive survivorship care plans to address their unique needs.

Objective 2: Educate health-care providers on their role in survivorship by addressing cancer survivors' needs and care-related issues to improve survivorship care.

Strategy 2:1 Educate health-care professionals on the importance of utilizing and following nationally recognized/standardized survivorship care plans.

Strategy 2:2 Provide education on complications and late effects of cancer treatment such as long-term side effects of anti-cancer agents, surgical, and radiation treatments.

Strategy 2:3 Raise awareness about ACC's directory of survivorship resources (currently in development) to health-care providers.

Strategy 2:4 Research and develop appropriate methods to educate health-care providers on survivorship issues. Trainings could be offered through large educational conferences or symposia, smaller regional workshops, in-service meetings, and online webinars.

Strategy 2:5 Encourage collaboration between institutions that are committed to survivorship and provide funding to facilitate such collaboration.

Objective 3: Enhance awareness of cancer survivorship and provide information and resources for cancer survivors and their caregivers.

Strategy 3:1 Develop a directory of survivorship resources featuring information on survivorship needs such as support groups, services, information hotlines, site-specific follow-up care plans, the late effects of treatment, signs/symptoms of recurrence, and other important survivorship resources.

Strategy 3:2 Support and promote the development of a multimedia public service campaign to empower survivors and their caregivers to be informed, proactive consumers of health care and to ask their doctors about treatment summaries and survivorship care.

Strategy 3:3 Improve communication/collaboration between the patient and his or her cancer care team through the use of treatment summaries and survivorship care plans.

Objective 4: Improve Arkansas' cancer surveillance system by eliminating barriers affecting cancer data reporting and help allow access and use of consolidated data.

Strategy 4:1 Increase legislative awareness of low facility compliance with reporting law.

Strategy 4:2 Educate health-care facilities and providers on the need for improved cancer surveillance systems to include 100% facility compliance with cancer incidence reporting, first course of treatment, and annual follow-up documentation, and how this improves overall survivorship.

Strategy 4:3 Research HIPAA and define appropriate access and use of cancer patient data for survivorship purposes.

Strategy 4:4 Promote state and facility-level cancer registry data research to ensure that Arkansans diagnosed with cancer are treated according to national standards of care.

Strategy 4:5 Advocate for access to reported cancer data for health-care providers who need to create first-course treatment summaries and survivorship care plans.

Objective 5: Address the needs of cancer survivors and their families to improve survivorship care.

Strategy 5:1 Educate survivors on benefits provided by Medicaid, Medicare, and the Affordable Care Act. Also educate Coalition members so that they can educate survivors.

Strategy 5:2 Promote user-friendly transportation assistance programs to help patients get to and from treatment and medical appointments, support groups, education sessions, and other support services.

Strategy 5:3 Provide incentives such as tax credits for organizations and individuals donating transportation or cancer-related services for cancer patients.

Strategy 5:4 Address the unique needs of survivors in rural counties, including the challenges involved in access to care, transportation, and follow-up treatment.

Strategy 5:5 Provide support for programs directly benefitting the needs of cancer patients and/or their caregivers.

MEASURES

Goals	Baseline	Target	Data Source
Reduce the overall cancer death rate	152.5 per 100,000 in 2013 (provisional mortality data)	137.25 per 100,000 in 2020. Target setting method 10% reduction.	ADH Mortality Query System
Increase the proportion of cancer survivors who are living five years longer after diagnosis.	*Estimated five-year survival, all cancer sites, all stages at diagnosis = 57.2%, 2013.	62.9%	American Cancer Society state estimates based on observed survival among cases diagnosed in SEER 18 areas during 2002–2008.

* Caution should be exercised in interpreting increasing trends in survival rates. Increases in cancer screening rates can artificially improve survival statistics by shifting diagnosis earlier (e.g., lead time bias) and detecting indolent cancers (e.g., overdiagnosis). Survival also depends on stage of the cancer at diagnosis.

Surveillance & Evaluation

GOAL 1

Assist the Arkansas Central Cancer Registry in achieving at least 90% completeness of 12-month case reporting as evaluated by the CDC National Program of Cancer Registries (NPCR).

OBJECTIVES AND STRATEGIES

Objective 1: Provide activities to support the ACCR on issues related to case ascertainment on cases diagnosed in Arkansas

Strategy 1:1:1 Maintain membership in the ACCR's Cancer Advisory Committee.

Strategy 1:1:2 Provide training opportunities for cancer registrars and other collectors of cancer-related data.

Strategy 1:1:3 Provide awareness regarding compliance of cancer registry rules and regulations to cancer reporting facilities.

Strategy 1:1:4 Educate members about the laws and rules at the state level, to determine impact on the objective and what changes should be proposed.

Objective 2: Advocate for funding of and support for the ACCR through legislation and policy development.

Strategy 1:2:1 Identify, engage, and involve interested public and private parties, institutions, and agencies to garner ongoing support.

Strategy 1:2:2 Educate legislators and staff about the importance of sustaining a strong registry and strengthening reporting requirements.

GOAL 2

Increase the dissemination and use of surveillance data.

OBJECTIVES AND STRATEGIES

Objective 1: Utilize the data to direct initiatives, activities, and interventions within the ACC.

Strategy 2:1:1 Distribute new data to coalition members as it becomes available.

Strategy 2:1:2 Design materials that take advantage of ACCR's surveillance tools to measure project outcomes.

Strategy 2:1:3 Provide educational opportunities that address the importance of evidence-based outcome measures.

Strategy 2:1:4 Create opportunities for cancer-related education, research, and policy development utilizing data from the surveillance systems.

Strategy 2:1:5 Educate the members about ACCR data request requirements and data use policies.

Objective 2: Develop evaluation tools to measure the impact of cancer interventions.

Strategy 2:2:1 Design an evaluation plan that includes processes, methods, and tools that can be used to guide intervention efforts.

Strategy 2:2:2 Emphasize the evaluation process as a requirement in coalition documentation.

Objective 3: Educate the coalition about the availability of cancer risk, cancer incidence, and mortality data through the ACCR's Query Tool and the Arkansas BRFSS.

Strategy 2:3:1 Provide educational opportunities that address the accessibility and usability of cancer surveillance tools.

Strategy 2:3:2 Promote the ACCR and BRFSS to cancer-related organizations through personal communication, public appearances, and printed materials.