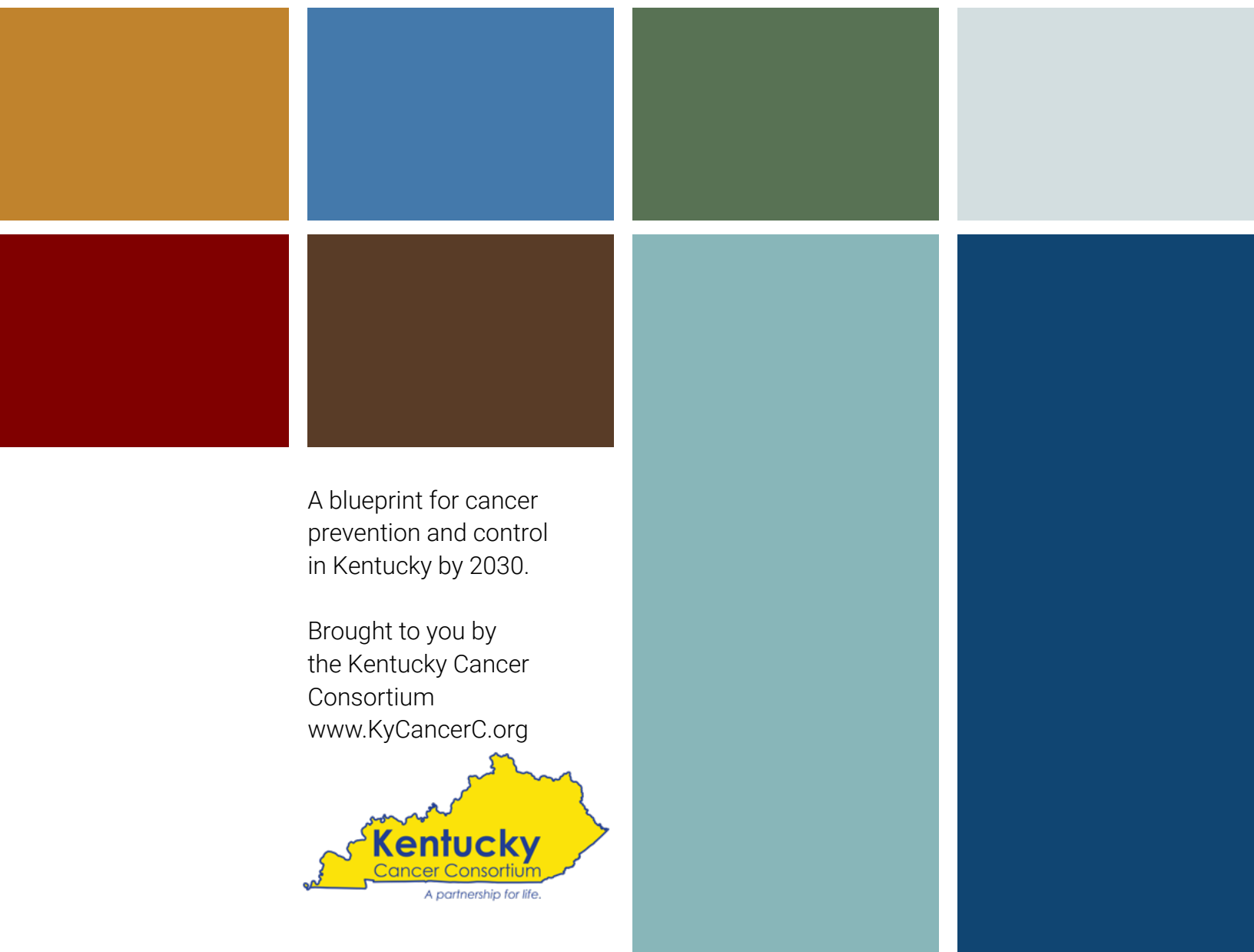


# Kentucky Cancer Action Plan



A blueprint for cancer  
prevention and control  
in Kentucky by 2030.

Brought to you by  
the Kentucky Cancer  
Consortium  
[www.KyCancerC.org](http://www.KyCancerC.org)



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# Kentucky's Current Story

Kentucky ranks among the highest in cancer incidence and mortality rates nationwide, with lung, colorectal, and breast cancers being the most common. Kentucky also has some of the highest incidence rates of childhood cancer. Factors such as tobacco use, limited access to healthcare, and social inequities contribute to the state's elevated cancer burden.

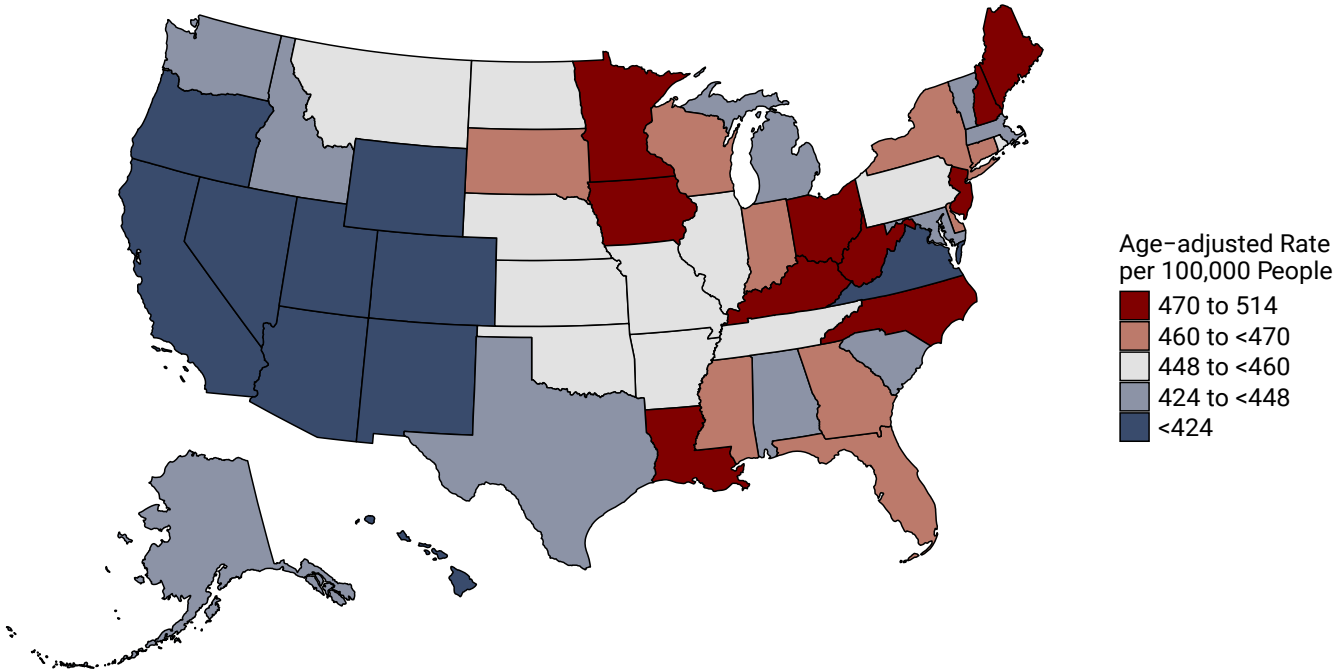
# Kentucky's Continued Challenges

Despite improved access to health insurance coverage, advancements in treatment and risk reduction disparities persist, disproportionately affecting Black, rural and marginalized communities. Additionally, disparities in income, education, and geography exacerbate the challenges, leading to unequal health outcomes across the Commonwealth.

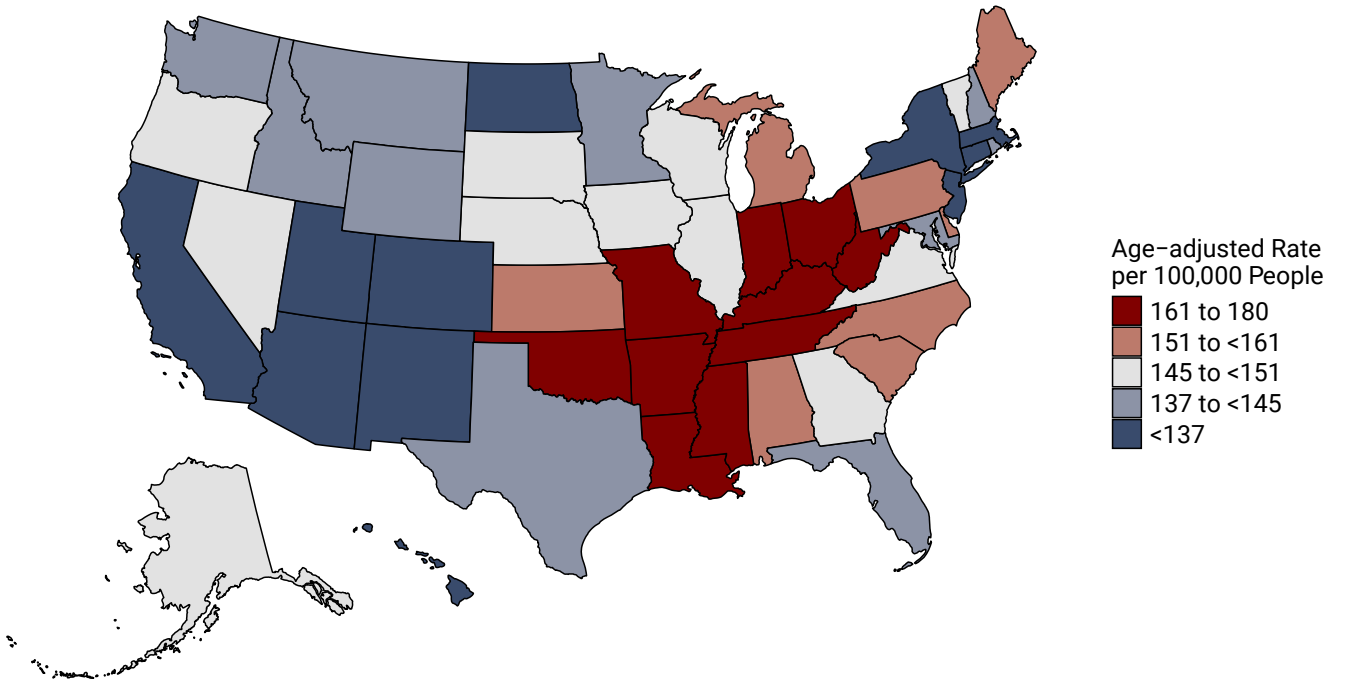
# Rewriting Kentucky's Story

A multi-faceted approach is essential to tackle the complex challenges of cancer in Kentucky. To address the systemic differences among marginalized communities, the **Kentucky Cancer Action Plan (KY CAP)** offers a health equity framework as an intentional guide for including traditionally marginalized groups in assessing, planning, implementing and evaluating efforts to reduce the burden of cancer. Kentucky partners have a strong history of achieving more together than could be done working alone. This collaboration has led to success across many areas of the cancer continuum, but there is still more work to be done. The plan provides strategic direction for multi-sectoral partners to continue their efforts in reducing the burden of cancer in Kentucky.

**Incidence Rate by State**  
All Site Cancer Incidence, 2017–2021  
All Races (includes Hispanic), Both Sexes, All Ages



**Mortality Rate by State**  
All Site Cancer Mortality, 2018–2022  
All Races (includes Hispanic), Both Sexes, All Ages



# In Loving Memory



“A health equity lens is how we view the work; a health equity framework is how we do the work.”

**Vivian Lasley-Bibbs**

## In Memory of Vivian Lasley-Bibbs

This **KY CAP** is dedicated in memory of Vivian Lasley-Bibbs, one of our founding Kentucky Cancer Consortium (KCC) leaders who taught us more than anyone else about health equity and why it matters in Kentucky. She taught us to think about health equity, and through her [Red Shoe story](#), she helped shape the public health approach for Kentucky in recognizing that one size does not fit all. She has been a key contributor to our **KY CAPs** throughout the years and was instrumental in this one. We are grateful for her life, her lessons and her legacy that will continue to impact the work that we do together to improve our Commonwealth. In planning this work, she provided excellent insights incorporating health equity throughout.

The health equity framework is our commitment to address all forms of inequities and set intentional action steps to advance health equity. Vivian Lasley-Bibbs was instrumental in developing this framework. During one of our many planning meetings, discussing how to include and describe the framework in this plan, Vivian shared this wisdom: *“A health equity lens is how we view the work; a health equity framework is how we do the work.”*

# Kentucky Cancer Consortium

## Our Vision

All Kentuckians have a fair and just opportunity to reduce their risk of cancer, to detect cancer as early as possible, to have access to quality treatment and support to increase their health and well-being as cancer survivors.

## Our Purpose

Cancer is too big and complex of a problem for any one organization to address effectively. The Kentucky Cancer Consortium (KCC) offers the power of collaboration as a key approach to reduce the burden of cancer in Kentucky. KCC convenes Kentucky organizations that offer statewide leadership and connections to communities.

## Our Mission

Increase collaborations that advances health equity and reduces our significant cancer burden. Relying on data, the expertise of stakeholders, voices from communities and the best evidence-based interventions available, we give our members strategic direction.

## Our Partnership

KCC’s efforts are focused on cancer control and prevention that are shared by the entire state. To make a statewide impact, KCC convenes and catalyzes diverse partners. KCC serves as the state’s official coalition for comprehensive cancer control.

Health happens in the heart of communities where Kentuckians live, work, play, learn and pray. That is why KCC relies on a close partnership with the **Kentucky Cancer Program**, whose efforts are focused on regional comprehensive cancer control and provide a connection between state and local initiatives.

The **Kentucky Cancer Registry** provides cancer incidence and mortality data to inform the KY CAP and to guide all partners throughout the state in planning and evaluation efforts.

The **Kentucky Department for Public Health** programs provide leadership in implementing activities that align with the KY CAP.







## Developing the Kentucky Cancer Action Plan

KCC is charged with maintaining Kentucky's CAP. It was developed with input from partners in state and regional meetings, surveys, focus groups and key informant interviews and a review of the [2021 Kentucky Cancer Needs Assessment: The story of cancer in Kentucky](#) and the [Childhood Cancer in Kentucky Report](#). The plan provides a health equity framework to guide implementation. You will find throughout intentional community engagement as part of the decision-making process. The plan outlines statewide goals, objectives and evidence-based strategies for cancer prevention and control, including risk reduction, early detection, survivorship and childhood cancer. To inform and support our strategic approach, the plan utilizes the Kentucky Cancer Registry (KCR) and the Kentucky Behavioral Risk Factor Surveillance (KyBRFS) data when available. The data used has been crucial in identifying policy priority areas and tailoring interventions to meet the specific needs of Kentucky's diverse population.

## How is it Connected to Other Strategic Plans?

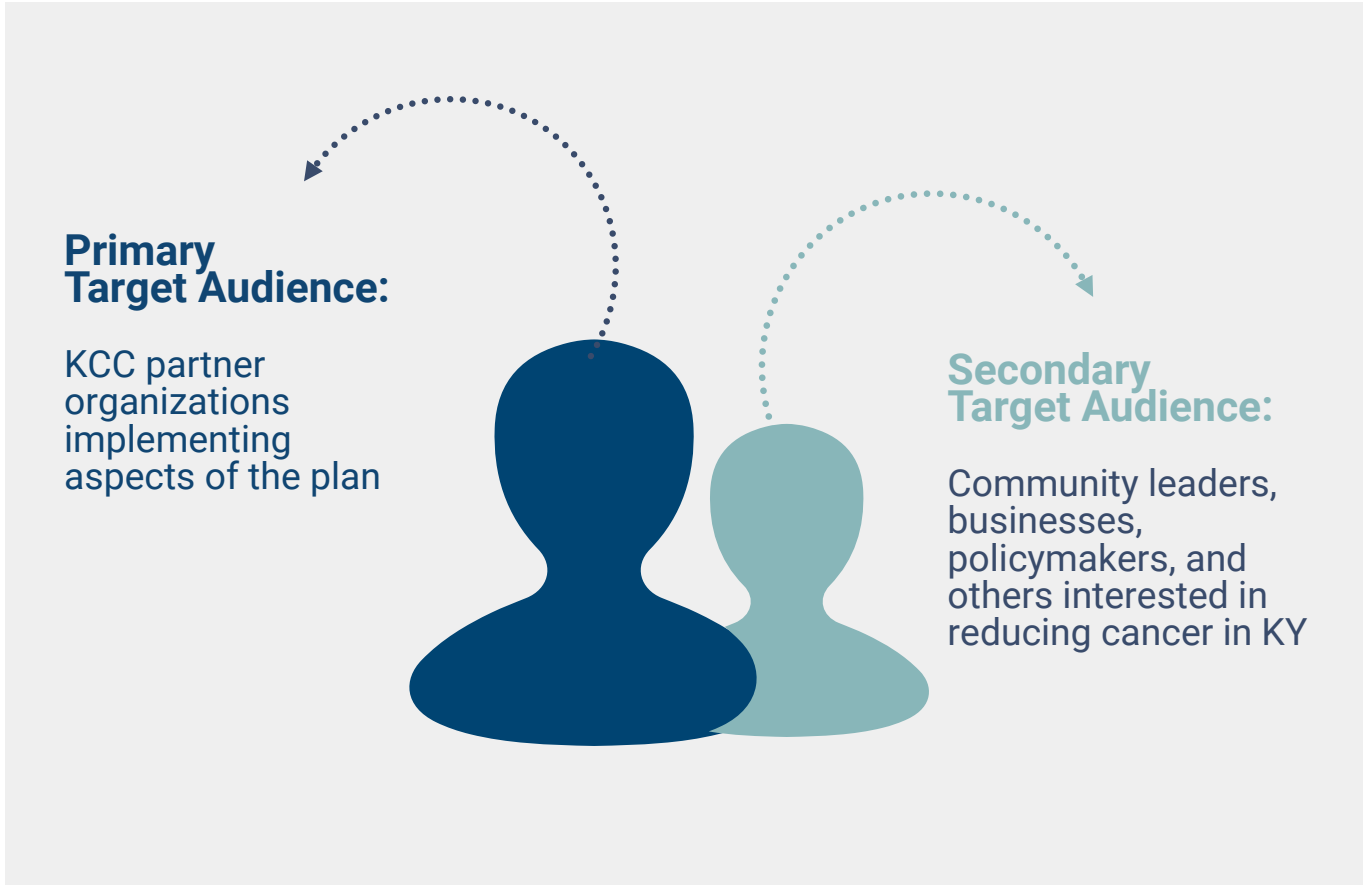
Since 1998, the CDC's National Comprehensive Cancer Control Program ([NCCCP](#)) has provided the funding, guidance, and technical assistance that states and territories use to design and implement impactful, strategic, and sustainable plans to prevent and control cancer. Comprehensive Cancer Control plans identify how a coalition addresses the burden of cancer in its geographic area. The plans are specific to each region and based on data collected about people living there. The coalitions take the strategies that have worked, either in that region or in a similar place, and make them into a blueprint for action.

Kentucky's first CAP was completed in 2001, and since that time, KCC has housed the **KY CAP** and convened partners to work together toward implementing, periodically updating, and evaluating the plan. The KCC has worked closely with other partners in Kentucky who are developing topic-specific strategic plans and links to those specific plans throughout the **KY CAP**. Existing state-level strategic plans are listed when available and were used to inform the development of this plan to increase collaboration and reduce duplication.

# Who is the Primary Audience for the KY CAP?

The **KY CAP** is a plan for all of Kentucky, not any one organization. The primary target audience for the **KY CAP** is KCC partner organizations implementing aspects of the plan. Secondary audiences for the **KY CAP** include community leaders, businesses, policymakers, and others who are interested in learning more about what is being done to reduce cancer in Kentucky.

Figure 1:



# Why is it Important?

Kentucky has a population of 4.5 million people and experiences, on average, 27,441 new cancer cases diagnosed and 10,141 cancer deaths each year. Kentucky has among the highest all-site cancer incidence and mortality rates in the country. Mortality rates are also significantly higher for six of the top 10 cancers in KY versus the US. Kentucky has the highest incidence rate for cervical cancer and 2nd highest for colorectal cancer. Kentucky also has the highest mortality rate for lung cancer and 16th highest rate for breast cancer.

Kentucky’s story is one where many community members live in conditions with poor economic opportunities, unhealthy environments, and many complex institutions and systems that provide services with varied levels of quality for different communities. The **KY CAP** offers a Health Equity Framework (Figure 2, pg 21) to guide the efforts to address social relationships, avoidable inequalities, historical and contemporary injustices, and the elimination of health disparities.

The **KY CAP** gives our partners and communities a voice, helps us stay current on the latest evidence, provides a checklist of strategies to implement across the cancer continuum, shares resources and can be used to inform policy change. Through monitoring our goals and objectives in the **KY CAP**, we can evaluate the partner and population impact of our collective work. This can lead to increased funding, resources, connections and collaborations throughout the state, region, and nation.

By working together, we can prevent cancer, help diagnose cancer when it is easier and less costly to treat, improve the treatment and the care cancer patients receive, and improve the quality of life for Kentuckians and our communities.



# Kentucky Cancer Action Plan Goals

Five goals guide the **KY CAP** and provide organizing framework for the plan. Four goals span across the cancer continuum from risk reduction (prevention) to survivorship with health equity as a cross-cutting goal impacting all areas of the **KY CAP**. The fifth goal recognizes that childhood cancers are distinct from adult cancers and deserve additional attention to focus on strategies that address the unique needs of children with cancer and their families.

## Reduce Health Inequities

Reduce health inequities by improving access to resources and services and the quality of social and physical conditions where people live, work, learn and play.



## Reduce the Risk of Cancer

Reduce cancer risk by promoting healthy behaviors, ensuring equitable access to health resources, and minimizing exposure to harmful substances.



## Detect Cancer Early

Increase adherence to evidence-based cancer screening guidelines in order to detect cancer at its earliest stages and reduce mortality.



## Optimize Survivorship Treatment and Care

Increase access to high-quality cancer care across the survivorship care continuum from diagnosis and treatment to maintaining the health of survivors and providing end-of-life care consistent with patient and caregiver needs, values, and preferences.



## Reduce Childhood Cancer

Reduce the burden of cancer in children, adolescents and young adults.



# Kentucky Cancer Action Plan Objectives

The objectives selected for the **KY CAP** were developed based on current national guidelines, existing data available, partner input, and a review of current health disparities. When data was available, objectives that measure environmental and social conditions were included. Most of the objectives measure behavioral conditions. Currently, data is not always available to measure environmental and social conditions that make it easier or more difficult for Kentuckians to achieve the behavioral condition. Some objectives do not include specific health disparities. This occurred when there were no clear disparities identified when reviewing the available data.

The objectives included in the **KY CAP** serve as proxy measures for making progress toward our cancer goals and do not cover the breadth and depth of everything that could be measured. We encourage everyone who uses this plan to measure the impact of their work and to support and expand quality data measures in all areas of the cancer continuum.





# Partner Roles for Collaboration

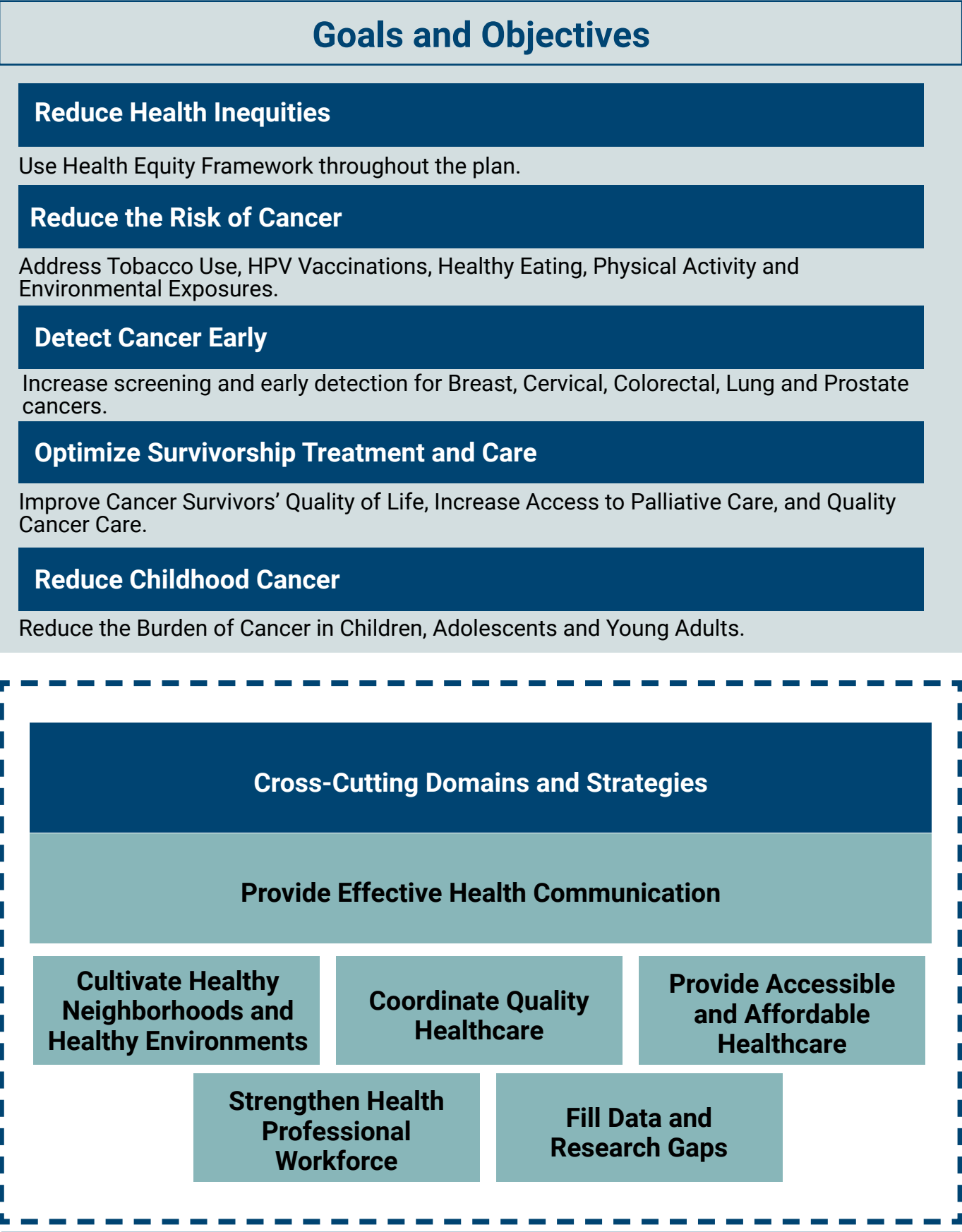
Everyone has a role to play in the **KY CAP**. Partners may play one or more roles that contribute to our collective impact. Understanding one another’s roles improves communication, coordination and maximizes resources.

<p><b>Advocacy</b></p> <p>Promote policy, system and environmental changes to address challenges across the cancer continuum.</p>	<p><b>Funders</b></p> <p>Provide financial resources to support implementation of evidence-based strategies.</p>
<p><b>Champion</b></p> <p>Passionate promoters that inspire action.</p>	<p><b>Implementor</b></p> <p>Carry out specific roles and responsibilities of a specific evidence-based strategies.</p>
<p><b>Connectors</b></p> <p>Utilize extensive networks to connect people together in areas of need, expertise and shared interest.</p>	<p><b>Leadership</b></p> <p>Utilize power to support distribution of equitable resources, policies and system changes.</p>
<p><b>Data Provider</b></p> <p>Provide relevant and reliable data sources for planning, evaluating and monitoring progress.</p>	<p><b>Lived Experience Expert</b></p> <p>Contribute lived experiences and expertise to complement professional input.</p>
<p><b>Disseminator</b></p> <p>Distribute trusted information and consistent messages to a target audience through an established platform.</p>	<p><b>Subject Matter Expert</b></p> <p>Contribute expertise to support professional development.</p>





# The KY CAP Strategic Map



# How To Read the KY CAP: Sample

## Evidence-Based Guidelines

Evidence-based guidelines used to develop strategies.

## Objectives

The objectives serve as proxy measures for making progress toward the **KY CAP** goals and do not cover the breadth and depth of what could be measured.

1

Evidence-Based Guidelines

Best Practices for Tobacco Control Programs

Best Practices Cessation in Tobacco Prevention and Control User Guide

Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions

2

Existing Plan

Kentucky's Comprehensive Plan for Tobacco Control

3

Key Messages

Seek services to stop using tobacco and e-cigarette aerosol.

Nicotine replacement therapy is beneficial and safe.

The quitline increases access to tobacco treatment for Kentuckians.

4

OBJECTIVES

Decrease the percentage of KY youth who vape from 12.3% to 10% by 2030 (KIPS, 2021).

Decrease KY adult smoking rate from 17.4% to 16% by 2030 (Baseline KyBRFS, 2022).

Decrease the percentage of adults (>18) with less than a high school education (diploma) who currently smoke from 36.8% to 32% by 2030 (KyBRFS, 2021).

Increase access to Certified Tobacco Treatment Specialists in the community from 188 to 300 by 2030 (July 2023, BREATHE).

5

STRATEGIES

Cultivate Healthy Neighborhoods and Healthy Environments

- License tobacco retailers in order to reduce the commercial availability of tobacco products to youth.
- Increase state tobacco and e-cigarette product excise taxes to reduce tobacco use among youth and adults.
- Fund and implement long-term, high intensity mass-media campaigns to promote the Quitline in order to increase access to tobacco treatment.

Coordinate Quality Healthcare

- Promote consistent universal screening for tobacco use as a prerequisite for intervening with patients or clients who use tobacco.
- Establish protocols to identify and connect patients to evidence based resources.
- Improve referrals to quitlines, evidence-based tobacco cessation programs, nicotine replacement and certified tobacco treatment specialist.

Strengthen Health Professional Workforce

- Increase the number of Certified Tobacco Treatment Specialists in clinic and community settings.
- Provide health professionals and staff systematic and standardized training that includes best practices on cultural competency, motivational interviewing, related referrals and billing codes.

Provide Accessible and Affordable Healthcare

- Increase access of evidence-based tobacco treatment services and nicotine replacement therapy with no out-of-pocket costs.

Fill Data and Research Gaps

- Increase use of Quitline data by subject matter experts including clinicians and managed care organizations.
- Increase data on tobacco use with people with disabilities.

Existing Plan

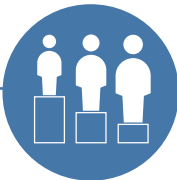
State-level plans are listed when available. These plans were used to develop consistent strategies and provide in-depth guidance on the related topic.

Key Messages

Consistent messages intended for partner organizations, decision makers and community members.



# Reduce Health Inequities



- Health Equity Overview
- Health Equity Definitions
- Health Equity Framework
- Health Equity Framework Defined

## A Health Equity Lens Is How We View the Work

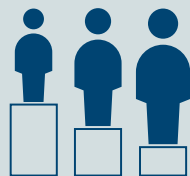
Progress in health equity can be measured by analyzing health disparities in outcomes by population characteristics (e.g. age, race, geographic location, education). A health equity lens is a process to view the root causes of health inequities including structural racism, institutional policies, systemic practices, economic conditions and decision-making that have historically excluded and marginalized individuals and groups.

## A Health Equity Framework Is How We Do the Work

The health equity framework (Figure 2, pg 21) is a set of intentional action steps to advance health equity as we implement the KY CAP. It begins with including people who are traditionally marginalized in developing an informed narrative of the problem, tailored solutions, and clear measures for success. It continues by building common capacity, ensuring opportunities to learn from diverse community members with both formal education and lived experiences, providing everyone the same access to information, data, best practices, and resources. The framework calls for acknowledging that health disparities stem from power imbalances and encourages inclusive dialogue to identify opportunities to eliminate structural barriers to improve the health of Kentuckians. This framework is meant to be used as an action guide in implementing all areas of the **KY CAP**.



# Health Equity Definitions



## HEALTH EQUITY

The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

## HEALTH DISPARITIES

Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health, health quality, or health outcomes that are experienced by underserved populations.



## SOCIAL NEEDS

Patient-centered concept that incorporates a person's perception of one's own health-related social needs.



## SOCIAL DETERMINANTS OF HEALTH

Conditions in which people are born, grow, live, work and age which are shaped by distribution of money, power and resources.

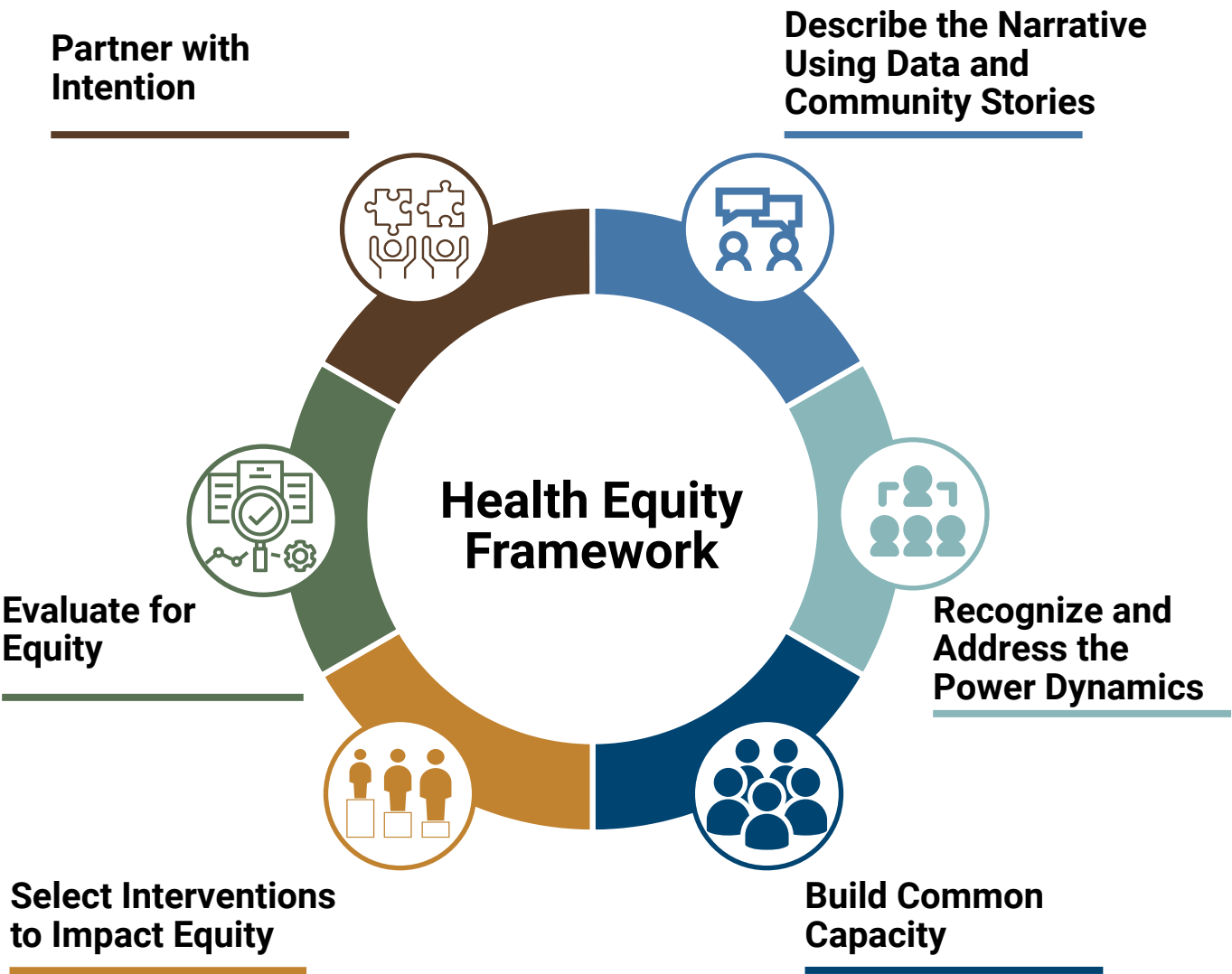


## SOCIAL RISKS

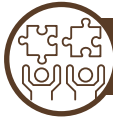
Adverse conditions within community/neighborhood or other contextual factors associated with poor health.



Figure 2:



# Health Equity Framework



## Partner with Intention

- Collaborate intentionally with organizations and individuals to rectify health inequities, focusing on those who have firsthand experience with health-related obstacles.
  - Prioritize partnerships with organizations that incorporate equity into their mission and objectives.
  - Work with entities that address social determinants of health.
  - Involve team members with diverse backgrounds and experiences, particularly those often left out of decision-making.
- Clearly define roles to foster inclusive participation.
- Facilitate engagement by ensuring meetings are accessible and all participation is meaningful.
- Support coalitions at the state and local levels.
- Facilitate networking for partners involved in the cancer continuum with organizations focused on social risks and health determinants.
- Maintain open, regular communication to establish trust with all partners.



## Describe the Narrative Using Data and Community Stories

- Use data to identify disparities.
- Include people who are marginalized in shaping and telling the narrative.
- Utilize health outcome and disparity data alongside influencing factors to depict health disparities.
- Make sure the people represented in the data identifying disparities in individual health behaviors are setting the narrative.
- Engage in dialogue that explores dominant public beliefs and assumptions about individual health behavior data with social and economic conditions.
- Create collaborative networks utilizing community health workers, community organizations, other cancer control programs to build capacity, share resources (transportation) and responsibilities to achieve common goals and derive mutual benefits.



## Recognize and Address the Power Dynamics

- Address the reality that health disparities stem from imbalanced power dynamics influencing health-related decisions.
- Seek to understand how marginalized communities are often left out of decision making due to historical and ongoing discrimination, language barriers, cultural obstacles, disabilities, broken trust and scarce resources.
- Assist coalitions in exploring structural discrimination based on race, sexual orientation, immigration status, disabilities, and more.
- Collaborate with those directly affected by health issues to comprehend the effects and unintended consequences of potential interventions.
- Strive to balance power dynamics in meetings. Consider implementing agreements to balance dominant voices and ensure inclusive participation.



## Build Common Capacity Among all Partners

- Develop a shared understanding of best practices and barriers using common language, free of jargon and inclusive of lived experiences.
- Initiate a health equity learning collaborative to help partners to apply a health equity perspective and framework.



## Select Interventions to Impact Equity

- Choose interventions aimed at promoting equity. Focus on policies, systems, and environmental (PSE) changes that have a broader scope, reaching populations, not just individuals.
- Prioritize feasible, high-impact strategies suitable for your local situation.
- Reassess the partnership's capabilities to implement interventions to ensure the necessary partners and resources are attained for effective plan execution.
- Formulate an implementation plan that includes key activities, partner roles and responsibilities and data sources to measure the change in health disparities.
- Develop a plan for sustainability.



## Evaluate Efforts for Impact on Equity

- Ensure persons who are marginalized continue to participate in the evaluation.
- Evaluate the intervention for uniformity, reach, and effect on disparity.
- Use indicators exceeding personal health behaviors, avoiding the personal responsibility bias.
- Incorporate measures that monitor community conditions.



# Kentucky Cancer Action Plan

## Cross-Cutting Domains

**KY CAP** cross-cutting domains are informed by the [Healthy People 2030 Social Determinants of Health Domains](#) and guided by the health equity framework (Figure 2, pg 21). These cross-cutting strategies have been adapted to reflect the priorities highlighted in the KY Cancer Needs Assessment (KY CNA).

The cross-cutting strategies require diverse partnerships, coordination and collaboration to address policy, systems and environmental changes that have an equitable impact on numerous cancers and the cancer continuum. By working together, we are able to be more effective, efficient and inclusive in impacting systems that reach across multiple topic areas.

When selecting implementation strategies as an organization, consider both cross-cutting and topic-focused strategies. It's important to share successes and lessons learned with partners in different areas of the cancer continuum to learn from one another and move forward faster.

### Provide Effective Health Communication

*This domain focuses on strategic communication with considerations for health literacy so that all Kentuckians can understand health information to make appropriate health decisions. Please note these strategies apply across all domains.*

- Develop communication plans to measure message consistency, dissemination and reach.
- Ensure the information is pertinent, culturally sensitive, and accessible to the audience.
- Make sure everyone can understand the information by using [plain language principles](#), stories, and visuals to make information more comprehensible. Provide information in different formats and languages as needed.
- Make information available at the right time and place, using diverse mediums such as print, radio, social media, healthcare settings, etc.
- Use trusted messengers specific to the audience to share authentic, evidence-based information.
- Motivate people to act by clearly outlining the next steps, making it easy to follow through.
- Support local initiatives for adult education and English language instruction.

### Cultivate Healthy Neighborhoods and Healthy Environments

*This domain focuses on where people live, work, play and pray. Healthy neighborhoods have access to reliable transportation, housing, nearby necessities (retail, workplace, schools and services) and freedom from crime and violence. Healthy environments have access to natural spaces, clean water, soil and air and freedom from exposure to toxins.*

- Advocate for evidence-based policies targeting social needs including persistent poverty, food insecurity, and quality education.
- Coordinate the [Kentucky Department for Aging and Independent Living](#) and others to increase access to public transportation and internet services, especially for those in rural communities and for individuals with disabilities.
- Assess organizational, local, and state disaster readiness to support continuation of care across the cancer continuum in the face of extreme weather events.
- Advocate for evidence-based policies that support environmental justice.
- Advocate for evidence-based policies that invest in marginalized communities with a history of structural discrimination. (ex. Redlining, resource extraction).

### Coordinate Quality Healthcare

*This domain focuses on the healthcare system promoting access to safe, effective, patient-centered, timely, efficient, equitable and coordinated healthcare for all Kentuckians.*

- Use evidence-based guidelines to implement written clinic protocols, including workflows and [structured and standardized electronic health record documentation](#) to improve quality and prevent care disparities.
- Improve functionality and usability of electronic health records to boost provider reminders, referrals, communication, and telehealth.
- Establish multi-disciplinary teams that include patient navigation and community health workers with clear roles and responsibilities to improve efficiency and communication.
- Create collaborative networks utilizing community health workers, community organizations, other cancer control programs to build capacity, share resources and responsibilities to achieve common goals and derive mutual benefits.
- Include shared decision-making and expectation setting for all cancer screenings, including multiple screening options, benefits, harms, and unknowns in written protocols.
- Incorporate cross-promotion and referral of risk reduction opportunities at all screening services as part of clinic workflows.
- Implement systems to support patient participation in evidence-based chronic disease self-management programs for better everyday condition management.
- Include community health workers (CHWs) that serve as an educator and liaison between health care professionals and patients to reduce barriers and increase follow through with participation in healthcare services.
- Connect local community organizations and health care system to develop, implement and evaluate innovative methods to enhance participation in evidence-based health services (including risk reduction, screening and survivorship care).
- Build an incentive structure and public recognition for health care systems participating in quality improvement initiatives.

## Provide Accessible and Affordable Healthcare

*This domain focuses on creating policies and systems to ensure that all Kentuckians are able to get the care they need without experiencing a financial burden.*

### Accessible

- Support efforts to expand telehealth services and offer guidance on using technology.
- Provide flexible service appointments, including weekends and evenings.
- Encourage paid leave and onsite health services and promotion.
- Enhance health care facilities' capacity to provide accessible screenings particularly for those with disabilities (i.e. accessible exam equipment).
- Promote accessible mobile screening services when local access is limited. Ensure connection to a medical home.

### Affordable

- Provide dedicated financial navigation services for optimal health insurance utilization.
- Improve financial resources for cancer caregivers and survivors.
- Minimize insurance-related barriers, including insurance steerage and out-of-pocket costs.
- Advocate for price transparency in standard procedures.
- Advocate for continued preventive services with no out-of-pocket costs and reduced out-of-pocket costs for treatment.
- Advocate for continuous Medicaid enrollment.

## Strengthen Health Professional Workforce

*This domain focuses on expanding the health professional workforce to provide an adequate number of health professionals in the places of greatest need with the appropriate skills and education to care for all Kentuckians.*

- Cooperate with [Kentucky Health Care Access Program](#) and others to address healthcare deficits per the 2021 KY Primary Care Needs Assessment.
- Increase access to various types of patient navigation across the cancer continuum with reimbursement for navigation.
- Ensure access to health professionals with diverse disciplines.
- Assess organizational, local and state policies for potential to perpetuate racial bias. Ensure staff reflect the community.

### Educate Health Professionals

- Standardize continuing education on best practices, recent research, and current guidelines.
- Provide opportunities for health professionals to participate in learning collaboratives to share best practices.
- Provide health professionals training and resources on:
  - Assessing societal risks, including economic stability, housing, and childcare, and referrals to appropriate resources.
  - Inclusive, non-stigmatizing communication skills to build trust and inspire positive behavior changes and informed decisions.
  - Conduct financial assessments on estimated cost of care and financial assistance.

## Fill Data and Research Gaps

*This domain focuses on ensuring appropriate data and research is available to identify problems for Kentuckians most in need.*

- Improve KyBRFS by increasing sample size overall and for minority populations, collecting cancer screening every year and offering survey in Spanish.
- Develop best practices to increase sexual orientation and gender identity data.
- Increase use of the six [American Community Survey](#) disability questions to assess health status of people with disabilities and standardize data collection.
- Collect qualitative data to describe the social context and hidden barriers such as racism, discrimination, cultural context, stigma, and trust issues.
- Map resources, services, and environmental exposure to identify geographic access, gaps and risks.
- Improve use of electronic health records to understand referrals to preventive services and social services.
- Establish and use [All Payer Claims Database](#) to inform decisions about health care cost and quality—including health and payment reform changes, care delivery design, transparency, population health, policy, and budget.
- Include genomic and molecular subtype information as a required field to report to the Kentucky Cancer Registry.
- Improve implementation of guideline-based risk assessment and genetic testing to identify individuals with elevated risk for enhanced screening and surveillance.
- Identify strategic efforts to increase the representation of all populations in cancer research and ensure that every person benefits equitably from cancer research and clinical advancements.





# Reduce the Risk of Cancer



## Objectives At-A-Glance

### Tobacco

Decrease Tobacco Initiation and Use

### Vaccinations

Increase HPV Vaccination

### Nutrition and Physical Activity

Increase Healthy Weight Prevalence

Increase Physical Activity

Increase Healthy Eating

Increase Breastfeeding Initiation and Duration

Decrease Heavy Use of Alcohol

### Environmental Toxins

Decrease Exposure to Secondhand Smoke

Decrease Exposure to Radon

Decrease Exposure to UV Radiation





# Decrease Tobacco Initiation and Use

## Evidence-Based Guidelines

- [Best Practices for Tobacco Control Programs](#)
- [Best Practices Cessation in Tobacco Prevention and Control User Guide](#)
- [Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions](#)

## Existing Plan

[Kentucky's Comprehensive Plan for Tobacco Control](#)

## Key Messages

- Seek services to stop using tobacco and e-cigarette aerosol.
- Nicotine replacement therapy is beneficial and safe.
- The quitline increases access to tobacco treatment for Kentuckians.



## OBJECTIVES

- Decrease the percentage of KY youth who vape from 12.3% to 10% by 2030 (KIPS, 2021).
- Decrease KY adult smoking rate from 17.4% to 16% by 2030 (Baseline KyBRFS, 2022).
- Decrease the percentage of adults (>18) with less than a high school education (diploma) who currently smoke from 36.8% to 32% by 2030 (KyBRFS, 2021).
- Increase access to Certified Tobacco Treatment Specialists in the community from 188 to 300 by 2030 (July 2023, BREATHE).

## STRATEGIES

- In addition to the Cross-Cutting Domains, see below specific strategies related to decreasing tobacco initiation and use.
- ### Cultivate Healthy Neighborhoods and Healthy Environments

  - License tobacco retailers in order to reduce the commercial availability of tobacco products to youth.
  - Increase state tobacco and e-cigarette product excise taxes to reduce tobacco use among youth and adults.
  - Fund and implement long-term, high intensity mass-media campaigns to promote the Quitline in order to increase access to tobacco treatment.
- ### Coordinate Quality Healthcare

  - Promote consistent universal screening for tobacco use as a prerequisite for intervening with patients or clients who use tobacco.
  - Establish protocols to identify and connect patients to evidence based resources.
  - Improve referrals to quitlines, evidence-based tobacco cessation programs, nicotine replacement and certified tobacco treatment specialist.
- ### Strengthen Health Professional Workforce

  - Increase the number of Certified Tobacco Treatment Specialists in clinic and community settings.
  - Provide health professionals and staff systematic and standardized training that includes best practices on cultural competency, motivational interviewing, related referrals and billing codes.
- ### Provide Accessible and Affordable Healthcare

  - Increase access of evidence-based tobacco treatment services and nicotine replacement therapy with no out-of-pocket costs.
- ### Fill Data and Research Gaps

  - Increase use of Quitline data by subject matter experts including clinicians and managed care organizations.
  - Increase data on tobacco use with people with disabilities.



# Increase HPV Vaccination

## Evidence-Based Guidelines

[Human Papillomavirus \(HPV\) ACIP Vaccine Recommendations](#)

## Existing Plan

[HPV Vaccination Roundtable of the Southeast State Profile: Kentucky](#)

## Key Messages

HPV vaccination is cancer prevention.

The two-dose HPV vaccination series starting as early as age 9 is the best way to protect your child’s body from serious diseases caused by HPV.

## OBJECTIVES

- Increase the percentage of KY adolescents (males and females combined) age 9-13 who are up-to-date on the recommended HPV vaccine series from 55.0% to 60.5% by 2030 (NIS-Teen, 2022).
- Increase the percentage of rural KY adolescents (males and females combined) age 13 – 17 who are up-to-date on the recommended HPV vaccine series from 41.4% to 45.5% by 2030 (NIS 2018-2022).



## STRATEGIES

In addition to the Cross-Cutting Domains, see below specific strategies related to increasing HPV vaccination.

### Coordinate Quality Healthcare

- Establish protocols that incorporate standing orders for the first dose of the HPV vaccine.
- Incorporate automated provider alerts into EHR systems for HPV vaccination starting at age 9.
- Monitor data for increase initiation of HPV vaccination starting at age 9 to increase series completion by 13.
- Include all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines on the KY Immunization Certificate, in addition to the vaccines that are required for school.
- Support the use of properly trained and culturally competent CHWs or patient navigators in communities experiencing HPV-related cancers and vaccination.

### Strengthen Health Professional Workforce

- Educate health professionals about using the announcement/presumptive approach to make a strong initial recommendation for HPV vaccination.
- Educate health professionals on the use of motivational interviewing strategies to address HPV vaccine hesitancy.
- Educate health professionals on shared decision-making conversations for HPV vaccination among patients age 27-45.

### Provide Accessible and Affordable Healthcare

- Increase access to alternative settings to get the HPV vaccine (e.g., mobile units, pharmacy, schools, local health departments).
- Increase the number of clinics that modify clinic hours that accommodate after work/school hours.

### Fill Data and Research Gaps

- Require all providers and pharmacies to report vaccinations to the Kentucky Immunization Registry (Immunization Information System).
- Collaborate with representatives of the community to help design, implement, and evaluate outreach programs around HPV vaccination.



# Increase Healthy Weight Prevalence

## Evidence-Based Guidelines

[American Cancer Society Guideline for Diet and Physical Activity](#)

## Existing Plan

None

## Key Messages

The risk of cancer increases with excess weight and the longer a person is overweight. The higher the weight, the higher the risk.

Following the [ACS recommendations on nutrition and physical activity](#) can help reduce the risk of cancer.

## OBJECTIVES

Increase the percentage of KY youth who are a healthy weight\* from 64.2% to 77% by 2030 (YRBS, 2021).

Increase the percentage of KY adults who are a healthy weight from 26.3% to 31.6% by 2030 (KyBRFS, 2022).

Increase the percentage of Appalachian KY adults who are a healthy weight from 23.4% to 25.7% by 2030 (KyBRFS, 2022).

Increase the percentage of rural KY adults who are a healthy weight from 24.1% to 26.5% by 2030 (KyBRFS, 2022).

	Healthy Weight	Overweight	Obesity
General population	BMI = 26.3%	34.1%	37.7%
Appalachian	BMI = 23.4%	33.7%	41.0%
Rural	BMI = 24.1%	35.0%	39.0%
Hispanic	BMI = 26.0%	28.3%	43.7%
Black = similar to Hispanic	BMI = 28.3%	29.0%	41.6%

\*This includes both “normal” + underweight children and is based on revised CDC obesity definitions.

\*What is overweight and obesity? <https://www.cdc.gov/cancer/risk-factors/obesity.html>

## STRATEGIES

In addition to the Cross-Cutting Domains, see below specific strategies related to increasing healthy weight.

### Cultivate Healthy Neighborhoods and Healthy Environments

- Establish policies and activities that implement, spread, and sustain evidence-based healthy weight programs in community and clinical settings that are meaningfully inclusive of all people.

### Coordinate Quality Healthcare

- Provide counseling on healthy weight using motivational interviewing and non-stigmatizing language.
- Provide referrals to [CDC Family Healthy Weight Programs](#).

### Strengthen Health Professional Workforce

- Increase access to medical nutrition therapy provided by a registered dietitian.
- Educate health professionals to counsel on healthy eating and weight using motivational interviewing and non-stigmatizing language.
- Educate health professionals on how a healthy weight reduces the risk of cancer before, during, and after cancer treatment.

### Provide Accessible and Affordable Care

- Increase insurance coverage for healthy weight counseling.

### Fill Data and Research Gaps

- Examine drivers of obesity disparities among multiple populations.
- Continue to explore mechanisms that link obesity and cancer.





# Increase Physical Activity

## Evidence-Based Guidelines

[American Cancer Society Guideline for Diet and Physical Activity](#)

## Existing Plan

[Bike Walk Kentucky Plan](#)  
[KYTC Complete Streets Policy](#)

## Key Messages

Physically active adults have a significantly lower risk of developing several commonly occurring cancers, as well as lower risk of several other cancers.



## OBJECTIVES

- Increase the percentage of KY youth who have been physically active at least 60 minutes per day, 5+ days per week, from 45.7% to 50% by 2030 (YRBS, 2021).
- Increase the percentage of KY adults who have been physically active in the last 30 days outside of their regular job (KyBRFS, 2022) from 73.6% to 81% by 2030.
- Increase the percentage of Black KY adults (KyBRFS, 2022) from 65.7% to 72% by 2030 who have been physically active in the last 30 days outside of their regular job.

## STRATEGIES

In addition to the Cross-Cutting Domains, see below specific strategies related to increasing physical activity.

### Cultivate Healthy Neighborhoods and Healthy Environments

- Enhance local accessibility to areas that promote physical activity, such as parks, trails, or greenways, inclusive of all abilities.
- Develop and implement local and state-level master plans for biking and walking to improve access to safe active transportation to everyday places.
- Encourage [shared use agreements](#) between local boards of health and public agencies to increase access to recreational facilities.
- Establish quality physical activity within early care and education programs, schools, and community settings, adopting evidence-based initiatives.
- Provide community-based social support for physical activity and cultivate social networks that include physical activity, such as walking groups, or number of minutes active competitions.

### Coordinate Quality Healthcare

- Develop protocols integrating standards for vital signs during physical activity.
- Refer to local resources and services that promote physical activity.

### Strengthen Health Professional Workforce

- Educate health professionals to adapt physical activity recommendations to fit patients' unique needs, interests, and abilities.
- Increase access to exercise and rehabilitation professionals to ensure safe and effective exercise for cancer survivors.

### Fill Data and Research Gaps

- Identify effective strategies for promotion of physical activity by health professionals in health care settings.



# Increase Healthy Eating

## Evidence-Based Guidelines

[American Cancer Society Guideline for Diet and Physical Activity](#)

## Existing Plan

None

## Key Messages

Following a healthy eating pattern may reduce the risk of developing cancer and other chronic diseases.

Systemic issues such as poverty, lack of affordable housing, transportation barriers, inaccessible healthcare, ableism, racism, and discrimination can all be underlying contributors to a household’s experience of food insecurity.

Food insecurity has broad effects on health due to the mental and physical stress it places on the body.

## OBJECTIVES

Increase the percentage of KY youth who consume at least some fruit or drink 100% fruit juice from 90.2% to 93.2% by 2030 (YRBS, 2021).

Increase the percentage of KY youth who consume at least some vegetables from 89.2% to 91.4% by 2030 (YRBS, 2021).

Decrease the percentage of KY youth who drink one or more sugar sweetened beverages per day from 27.6% to 24.6% by 2030 (YRBS, 2021).

Decrease the number of counties with food insecurity of more than 20% from 11.7% to 0 by 2030 (Feeding KY, 2022).

Decrease food insecurity among all Kentuckians from 12.9% to 10% by 2030 (Feeding KY, 2022).

**Food insecurity rates among Kentucky populations (Feeding KY, 2022).**

	All Kentuckians	Adults age 50-69	Seniors 60+	Children	Black	Hispanic	White (non-Hispanic)
Food Insecurity	12.9%	15.6%	6.9%	15.2%	21%	15%	12%

## STRATEGIES

In addition to the Cross-Cutting Domains, see below specific strategies related to increasing healthy eating.

### Cultivate Healthy Neighborhoods and Healthy Environments

- Establish policies and incentives that increase the availability and affordability of local, healthy foods by connecting local farms to area early care and education programs, schools, colleges/universities, worksites, senior programs, food banks, hospitals, and government facilities.
- Support policies and incentive programs to ensure access to supermarkets, gardens, and farmers’ markets in underserved areas.
- Educate decision-makers about evidence-based policies to reduce food insecurity and policies that increase inequitable barriers.
- Support local food systems initiatives that promote fair wages for people who work throughout the food system and support local economies.

### Coordinate Quality Healthcare

- Establish protocols to screen for food insecurity and refer to federal, state, local and organizational programs as appropriate.
- Provide counseling on healthy eating using motivational interviewing and non-stigmatizing language.
- Establish and maintain partnerships, programs and referral systems to community resources and services such as fruit and vegetable prescription programs, farmers’ market incentive programs and food as medicine initiatives.


### Strengthen Health Professional Workforce

- Educate health professionals on counseling on healthy eating using motivational interviewing and non-stigmatizing language.

### Fill Data and Research Gaps

- Establish comprehensive database of organizations working on food as medicine implementation and research projects.
- Collaborate with the KY Food Action Network to identify evidence-based solutions to improve access to healthy foods through Kentucky’s food system.
- Explore societal level approaches to promote preventive behaviors to individuals and communities to achieve optimal nutrition for all, with particular attention to early childhood.

# Increase Breastfeeding Initiation and Duration

Evidence-Based Guidelines   
[American Academy of Pediatrics](#)

Existing Plan   
None

## Key Messages

Breast milk is the best source of nutrition for most babies. As the baby grows, the mother’s breast milk will change to meet the baby’s nutritional needs.

Breastfeeding is associated with reduced maternal risk of breast and ovarian cancer, hypertension, and type 2 diabetes.

Learn more by visiting the [Kentucky Department for Public Heath’s Nutrition Service’s Website](#).



## OBJECTIVES

- Increase the percentage of breastfeeding initiation from 72.5% to 80%.  
Data Source: [US Birth Certificate Breastfeeding Initiation Data, 2018-2019](#)
- Increase Maternity Practices in Infant Nutrition and Care Score from 81 to 85 mPINC  
Data Source: [CDC’s National Survey of Maternity Practices in Infant Nutrition and Care](#)

## STRATEGIES

- In addition to the Cross-Cutting Domains, see below specific strategies related to increasing breastfeeding initiation and duration.
- ### Cultivate Healthy Neighborhoods and Healthy Environments

  - Provide benefits for women employed in the informal and formal sector (maternity leave, flexible work hours).
  - Establish breastfeeding friendly policy initiatives in all early care and education centers and worksites.
- ### Coordinate Quality Healthcare

  - Identify opportunities for health care, public health practitioners, community networks, workplaces, child care, social services are supportive of breastfeeding and interconnected to ensure continuity of care.
  - Refer to local support systems, including peer breastfeeding counseling and supplemental nutrition programs.
  - Provide access to designated [baby friendly hospitals](#) that use the ten steps to successful breastfeeding.
- ### Strengthen Health Professional Workforce

  - Educate health professionals on benefits of breastfeeding and how to encourage and support their patients in their breastfeeding efforts.
  - Increase number of health care teams that include International Board-Certified Lactation Consultants.
- ### Provide Accessible and Affordable Healthcare

  - Provide local access to support systems, including peer breastfeeding counseling and supplemental nutrition programs.
- ### Fill Data and Research Gaps

  - See the Surgeon General’s [Call to Action to Support Breastfeeding – How Researchers can help](#).



# Decrease Heavy Use of Alcohol

## Evidence-Based Guidelines

[USPSTF Unhealthy Alcohol Use](#)

## Existing Plan

None  
[Policy Brief](#)

## Key Messages

The more alcohol a person drinks—particularly the more alcohol a person drinks regularly over time—the higher his or her risk of developing an alcohol-associated cancer.

## OBJECTIVES

Decrease the percentage of KY youth (grades 9-12) who currently use alcohol (had at least one drink of alcohol at least one day during the 30 days before the survey) (YRBS, 2021) from 17.5% to 15.7% by 2030.

Decrease the percentage of KY adults who have unhealthy drinking habits (combine binge drink or drink in excess more than 2 per day for males and 1 per day for females) from 13.8% to 12.4% by 2030 (KyBRFS, 2022).

## STRATEGIES

In addition to the Cross-Cutting Domains, see below specific strategies related to decreasing heavy use of alcohol.

### Cultivate Healthy Neighborhoods and Healthy Environments

- Support policies to increase alcohol taxes.
- Regulate alcohol outlet density.

### Coordinate Quality Healthcare

- Integrate screening for unhealthy alcohol use and brief intervention into routine clinical services.

### Strengthen Health Professional Workforce

- Educate health professionals on appropriate communication using motivational interviewing and non-stigmatizing language.

### Provide Accessible and Affordable Healthcare

- Increase access to appropriate treatment facilities.

### Fill Data and Research Gaps

- Increase research on the association between alcohol consumption patterns across the life course and cancer risk.



# Decrease Exposure to Secondhand Smoke

## Evidence-Based Guidelines

[UK BREATHE](#)  
[Smoke-free Policies, Community Guide](#)

## Existing Plan

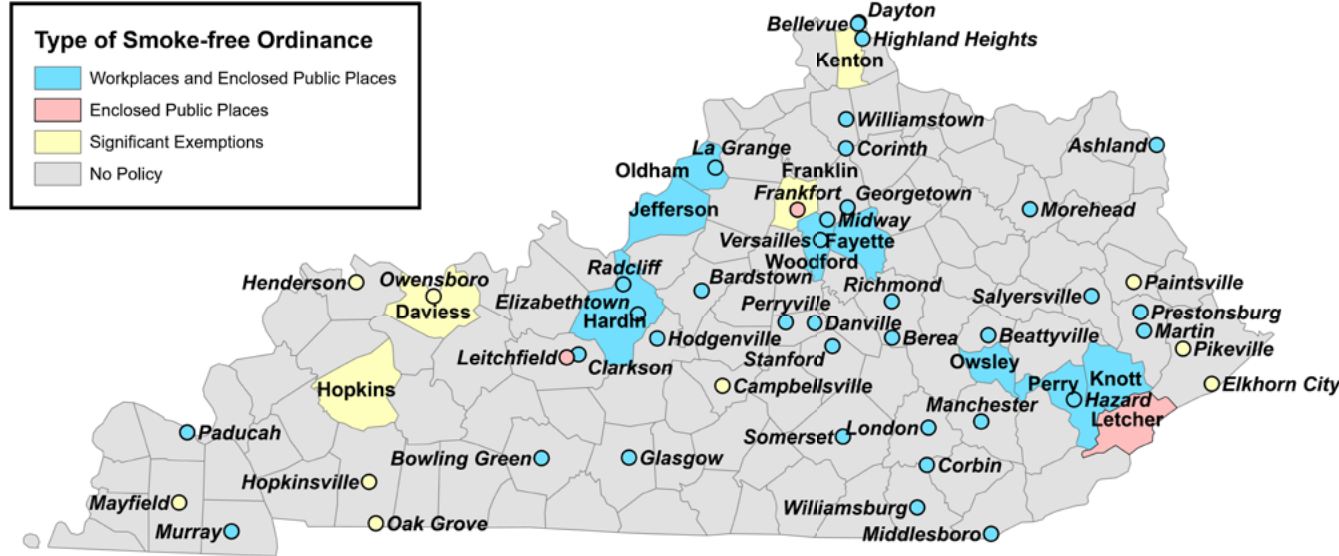
[KY Comprehensive Tobacco \(KDPH, KTPC Program\)](#)

## Key Messages

Secondhand smoke and e-cigarette aerosol are dangerous to workers and the public. Advocate for comprehensive smoke-free laws.

## OBJECTIVES

Increase the number of [communities with comprehensive smokefree laws](#) from 44 to 50 (BREATHE/KCSP, 2024).



As of July 1, 2024, 38.1% of Kentuckians are protected by smoke-free laws covering all indoor workplaces and public places. Source: Percent of the Kentucky population covered by 100% smoke-free workplace laws. University of Kentucky College of Nursing, Lexington, KY; July 1, 2024.

## STRATEGIES

In addition to the Cross-Cutting Domains, see below specific strategies related to decreasing secondhand smoke exposure.

### Cultivate Healthy Neighborhoods and Healthy Environments

- Increasing state funding for tobacco control based on the CDC recommendations to reduce tobacco-related disease.
- Provide training and technical assistance to communities and workplaces working to implement comprehensive smoke-free policies and avoid partial smoke-free policies with exemptions.

### Coordinate Quality Healthcare

- Include screening for secondhand smoke exposure into universal tobacco screening protocols.
- Foster partnerships between health systems and community organizations, sharing data on the greatest needs, coordinating resources and supporting state and local smoke-free efforts.

### Strengthen Health Professional Workforce


- Educate health professionals to screen for secondhand smoke exposure.

### Fill Data and Research Gaps

- Study factors associated with at-home second-hand smoke exposure and develop strategies to encourage the implementation of at-home indoor smoking restrictions.



# Decrease Exposure to Radon

**Evidence-Based Guidelines**   
[Agency for Toxic Substances and Disease Registry](#)

**Existing Plan**   
[University of Kentucky BREATHE - Radon](#)

## Key Messages

Radon is the second leading cause of lung cancer.  
Breathing radon is dangerous, but it is more harmful, when you also breath tobacco smoke.

## OBJECTIVES

Increase the percentage of KY homes tested for radon from 13 per 10,000 homes to 18 per 10,000 homes by 2030 (BREATHE, Baseline, 1990-2019).  
Increase the percentage of KY homes who test over 4.0 pCi/L to mitigate for radon from 19% to 25% by 2030 (BREATHE, RADAR, 2024).

## STRATEGIES

In addition to the Cross-Cutting Domains, see below specific strategies related to reducing radon exposure.

### Cultivate Healthy Neighborhoods and Healthy Environments

- Increase access to certified radon professionals in rural KY.
- Educate builders, real estate agents and those responsible for public housing.
- Require testing and disclosure of radon test results in rental housing.
- Provide affordable mitigation for low income homeowners, rental property owners agencies in applying for HUD funding for radon mitigation.
- Establish incentives for schools, childcare centers and workplaces to test for radon.
- Establish requirement and funding for radon mitigation in public schools, childcare centers and workplaces with high levels of radon ( $\leq 4.0$  pCi/L) using certified radon professionals.
- Require radon testing and disclosure of test results in all real estate transactions including new construction.
- Establish and enforce building code policies that require radon reduction venting in all new construction.
- Require builders and certified radon mitigators to report the number of mitigation systems installed, including the use of Radon Resistant New Constructions (RRNC).

### Coordinate Quality Healthcare

- Screen for home radon testing and mitigation when taking a patient’s health history and document in patient’s medical record.
- Establish protocols that include radon testing and mitigation as a component of health benefits and health savings accounts.
- Partner with health insurance and community organizations to promote consistent messages and ensure clinics know where to refer patients to get radon kits & radon professionals.
- Document number of referrals to radon testing and mitigation resources during lung cancer screening shared decision making.

### Strengthen Health Professional Workforce

- Educate health professionals to recognize the importance of effective radon risk communication and its role in lung cancer prevention.

### Fill Data and Research Gaps

- Establish and monitor data sources on radon testing, mitigation, and use of RRNC in new construction.
- Increase research on radon risk messaging, particularly during lung cancer screening shared decision making, to prompt radon testing and mitigation.
- Increase understanding of the number and proportion of lung cancers attributable to radon in Kentucky, considering exposure to tobacco.
- Increase research focused on effective adoption and implementation of radon control policy.





# Decrease Exposure to UV Radiation

## Evidence-Based Guidelines

[USPSTF Skin Cancer Prevention: Behavioral Counseling](#)  
[USPSTF: Screening for Skin Cancer - Inconclusive](#)

## Existing Plan

None

## Key Messages

Making sun protection an everyday habit will help lower your skin cancer risk.  
Avoid artificial sources of UV exposure like tanning beds and sunlamps.



## OBJECTIVES

Reduce mortality from melanoma from 2.5 per 100,000 population to 2.2 per 100,000 population (KCR, Baseline 2016-2020).

## STRATEGIES

In addition to the Cross-Cutting Domains, see below specific strategies related to reducing UV radiation exposure.

### Cultivate Healthy Neighborhoods and Healthy Environments

- Establish protocols to provide shade and sunscreen in outdoor settings, including childcare, schools, worksites, and recreational areas.
- Advocate for policies that protect minors from the dangers of indoor tanning devices.

### Coordinate Quality Healthcare

- Establish written protocols for counseling patients on sun safety practices according to USPSTF guidelines.

### Strengthen Health Professional Workforce

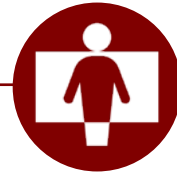
- Educate health professionals on counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation.
- Educate health professionals to identify key features of melanoma.

### Fill Data and Research Gaps

- Increase clarity on the distinction between melanoma and non-melanoma skin care diagnoses and breakdown of the different types.
- Increase research focused on skin cancer, especially in lower income and populations of color.



## Detect Cancer Early



### Objectives At-A-Glance

Breast Cancer Screening and Early Detection  
Cervical Cancer Screening and Early Detection  
Colorectal Cancer Screening and Early Detection  
Lung Cancer Screening and Early Detection  
Prostate Cancer Screening and Early Detection





# Breast Cancer Screening

## Evidence-Based Guidelines

[USPSTF Breast Cancer Screening Guidelines](#) (2024)\*

Age	Audience	Frequency	Type of Screening	USPSTF Grade (if applicable)
40-74	Females	Every other year	Mammography	B

\*The difference between ACS and USPSTF is the frequency of screening. ACS recommends age 40-54 every year and then 55 and older every other year or every year. [See Screening Guideline Crosswalk](#) for additional details.

## Existing Plan

None

## Key Messages

Differences in breast cancer screening guidelines related to age and screening intervals have been confusing for both healthcare professionals and the public.

Adherence to any of the major national screening guidelines is expected to reduce the risk of death from breast cancer.

Genetic testing, counseling and supplemental screening may be offered to those at risk for inherited breast cancer.

[The Kentucky Women’s Cancer Screening Program \(KWCSPP\)](#) is the state’s safety net program covering breast cancer screening and diagnostics for low-income, uninsured women.

## OBJECTIVES

- Increase breast cancer screening rates among Kentucky females age 40-74 from 68.9% to 76% by 2030 (KyBRFS, 2022).
- Decrease the percentage of Kentucky females diagnosed with late-stage breast cancer from 31.5% to 28% by 2030 (KCR, 2016-2020).
- Decrease the percentage of Black Kentucky females diagnosed with late-stage breast cancer from 35.6% to 32% (KCR, 2016-2020).

## STRATEGIES

In addition to the Cross-Cutting Domains, see below specific strategies related to breast cancer screening.

### Coordinate Quality Healthcare

- Select which breast cancer screening evidence-based guidelines to utilize, incorporate and communicate within health systems providing options for females based on individual preferences and risks. (e.g. ACS or USPSTF)
- Refer high risk patients to genetic testing and counseling.
- Incorporate breast cancer screening as part of participation in other health services.

### Provide Accessible and Affordable Healthcare

- Promote [Kentucky Women’s Cancer Screening Program \(KWCSPP\)](#). Eligible participants receive free screenings and diagnostics.
- Recruit additional KWCSPP screening providers to ensure access to services.
- Remove the cost-related barriers to accessing genetic counseling/testing for those who are recommended to receive it.
- Provide information on local screening services and identify access gaps. [See Cancer InFocus](#).

### Strengthen Health Professional Workforce

- Educate health professionals on increased risk for early onset cancer, genetic and racial/ethnic risk factors, breast density, family history, and prior health history.

### Fill Data and Research Gaps

- Improve implementation of guideline-based screening in women with dense breasts.
- Develop and test strategies reduce disparities in marginalized communities related to breast cancer screening and outcomes.
- Identify health risks associated with the use of, and especially the repeated use of, the contrast medium used with breast MRI, gadolinium.



# Cervical Cancer Screening

## Evidence-Based Guidelines

[USPSTF Cervical Cancer Screening Guidelines](#) (2018 and under review)\*

Age	Audience	Frequency	Type of Screening	USPSTF Grade (if applicable)
21-29	Females	Every 3 years	Pap Test	A
30-65	Females	Every 3 years OR Every 5 years OR	Pap Test OR High-Risk HPV Testing alone	A
		Every 5 years	OR Pap Test + High-risk HPV Testing	

\*The primary difference between ACS and USPSTF is the age to begin screening (ACS recommends age 25) and ACS also recommend beginning with a primary HPV (same as High-risk HPV) test for everyone. [See Screening Guideline Crosswalk](#) for additional details.

## Existing Plan

None

## Key Messages

Regular cervical cancer screenings can help find abnormal cells before they become cancer. Females can be screened via Pap test or using the more sensitive HPV test, either alone or in combination with the Pap test.

The [Kentucky Women’s Cancer Screening Program \(KWCSPP\)](#) is the state’s safety net program covering cervical cancer screening and diagnostics for low-income, uninsured women.

Females who have had the HPV vaccine still need to have regular cervical cancer screenings; the vaccine protects against most but not all cancer-causing HPV types.

Priority populations for cervical cancer screening are those females who have rarely or never been screened.

There is a [global call to action](#) for cervical cancer elimination focused on HPV vaccination, screening and treatment.

## OBJECTIVES

- Maintain a rate of 80% among Kentucky females ages 21-65 who have had a Pap test within the last 3 years. (averaging KyBRFS 2018-2020 data).\*
- Decrease cervical cancer incidence rates among Kentucky females from 9.7 per 100,000 population to 8.7 per 100,000 population by 2030 (KCR, 2016-2020).
- Decrease cervical cancer incidence rates among Kentucky females living in rural areas from 10.5 per 100,000 population to 9.5 per 100,000 population by 2030 (KCR, 2016-2020).

\* The USPSTF guidelines allow for high-risk HPV testing every 5 years in place of Pap every 3 for women ages 30-65, but we do not currently have data to track this measure. We chose “maintain” for this objective because state and national trends highlight decreasing cervical screening compliance. For additional resources, [see link to the County-Level Trends in Cervical Cancer Incidence, Stage at Diagnosis and Mortality in Kentucky](#).

## STRATEGIES

In addition to the Cross-Cutting Domains, see below specific strategies related to cervical cancer screening.

### Coordinate Quality Healthcare

- Select which cervical cancer screening evidence-based guidelines to utilize, incorporate and communicate within health systems providing options for females based on individual preferences and risks. (e.g. ACS or USPSTF).
- Incorporate cervical cancer screening as part of participation in other health services.

### Provide Accessible and Affordable Healthcare

- Promote [Kentucky Women’s Cancer Screening Program \(KWCSPP\)](#). Eligible participants receive free screenings and diagnostics.
- Recruit additional KWCSPP screening providers to ensure access to services.

### Strengthen Health Professional Workforce

- Educate health professionals on risk factors, screening guidelines, and signs and symptoms of cervical cancer.

### Fill Data and Research Gaps

- Improve implementation of guideline-based self-collected HPV testing.
- Develop and test strategies reduce disparities in marginalized communities related to cervical cancer screening and outcomes.

# Colorectal Cancer Screening

## Evidence-Based Guidelines

[USPSTF Colorectal Cancer Screening Guidelines](#) (2021)\*

Age	Audience	Frequency	Type of Screening	USPSTF Grade (if applicable)
50-75	All Adults	See Practice considerations in <a href="#">USPSTF</a>	Stool-Based Tests (gFOBT, FIT, Stool DNA) and Direct Visualization Tests (Colonoscopy, CT Colonography and Flexible Sigmoidoscopy)	A
45-49	All Adults	See Practice considerations in <a href="#">USPSTF</a>	Same types of Screening as above	B

\*The ACS guidelines are consistent with the USPSTF Guidelines. They recommend all adults begin screening at age 45. [See Screening Guideline Crosswalk](#) for additional details.

## Existing Plan

None

## Key Messages

Colorectal cancer risk is increasing among adults younger than age 50.

Colorectal cancer screening should begin at age 45 for average-risk adults.

Find out your family history (i.e., polyps, colorectal cancer) and discuss with your health care professional to see if you qualify for genetic testing, counseling and/or colorectal cancer screening younger than age 45.

Multiple effective options can be used for colorectal cancer screening among those at average risk. Talk with your health care professional about which test may work best for you.

Symptoms of colorectal cancer include: constant abdominal pain, rectal bleeding, unexplained weight loss, change in bowel habits, nausea, vomiting, fatigue and or weakness. If experiencing these symptoms, talk with a healthcare professional as soon as possible.

Lifestyle modifications such as healthy food choices, weight management, regular physical activity and avoiding tobacco products and alcohol can reduce your risk of colorectal cancer.

The [Kentucky Colon Cancer Screening and Prevention Program](#) is the state’s safety net program covering colorectal cancer screening for low-income, uninsured and underinsured adults.

## OBJECTIVES

- Increase colorectal cancer screening rates among Kentuckians age 45-75 from 64.0% to 70.4% by 2030 (KyBRFS, 2022).
- Decrease colorectal cancer incidence rates from 45.9 per 100,000 population to 41.3 per 100,000 population by 2030 (KCR, 2016-2020).
- Decrease colorectal cancer incidence rates among rural populations in Kentucky from 50.3 per 100,000 population to 45.3 per 100,000 population by 2030 (KCR, 2016-2020).

## STRATEGIES

In addition to the Cross-Cutting Domains, see below specific strategies related to colorectal cancer screening.

### Coordinate Quality Healthcare

- Screen based on USPSTF Guidelines starting at age 45 with shared decision making.
- Screen for family history of colorectal cancer and polyps and refer to genetic testing and counseling as necessary.
- Monitor symptoms of colorectal cancer including: constant abdominal pain, rectal bleeding, unexplained weight loss, change in bowel habits, nausea, vomiting, fatigue and/or weakness.
- Incorporate colorectal cancer screening as part of participation in other health services.
- Improve completion rate for follow-up colonoscopies after positive stool-based test results.
- Reduce wait time for colonoscopy to under one month.





## STRATEGIES CONTINUED

### Provide Accessible and Affordable Care

- Provide multiple colorectal screening options.
- Promote and expand the [Kentucky Colon Cancer Screening and Prevention Program \(KCCSP\)](#) as the state's safety net program covering colorectal cancer screening for low-income, uninsured, and underinsured adults.
- Remove the cost-related barriers to accessing genetic testing, counseling and colorectal cancer screening younger than age 45 for those who are recommended to receive these services.

### Strengthen Health Professional Workforce

- Educate health professionals on multiple effective options for colorectal cancer screening, including colonoscopy and non-invasive stool-based tests.
- Educate health professionals on the symptoms of colorectal cancer including: constant abdominal pain, rectal bleeding, unexplained weight loss, change in bowel habits, nausea, vomiting, fatigue and/or weakness.

### Fill Data and Research Gaps

- Improve screening effectiveness and explore potential tailored screening strategies in adults younger than 50 years.
- Develop and test strategies to reduce disparities in marginalized communities related to colorectal cancer screening and outcomes.





# Lung Cancer Screening

## Evidence-Based Guidelines

[USPSTF Lung Cancer Screening Guidelines](#) (2021)\*

Age	Audience	Frequency	Type of Screening	USPSTF Grade (if applicable)
50-80	All adults with a 20 pack year smoking history who are currently smoking or quit smoking within the past 15 years AND who do not have co-morbid conditions that substantially limit life expectancy or the ability/willingness to have lung surgery	Once a year	Low-Dose CT Scan	B

\*ACS has removed the years since quit criteria in their updated guidelines (2023). The primary difference between CMS and USPSTF is the age criteria. CMS ends eligibility at age 77. [See Screening Guideline Crosswalk](#) for additional details.

## Existing Plan

Kentucky Lung Cancer Screening Program Advisory Committee Strategic Plan 2024-2026.

## Key Messages

Lung cancer screening through low-dose CT scans is available and can find cancer early, when it’s easiest to treat.

Lung cancer screening can benefit people who currently and formerly smoked.

Most lung cancers do not cause any symptoms until they have spread. Early-stage lung cancers may not have symptoms.

[Common symptoms](#) of lung cancer are a cough that does not go away or gets worse, coughing up blood, chest pain that is worse with deep breathing, coughing or laughing, hoarseness, unexplained weight loss, shortness of breath, new onset of wheezing, infections that don’t go away or keep coming back and/or feeling/tired or weak.

## OBJECTIVES

Increase lung cancer screening rates (ever screened) among those eligible in Kentucky from 13.6% to 30% by 2030 (KyBRFS, 2022).\*

Decrease the percentage of Kentuckians diagnosed with late-stage lung cancer from 68.5% to 54.8% by 2030 (KCR, 2016-2020).

Decrease the percentage of Black Kentuckians diagnosed with late-stage lung cancer from 71.9% to 54.8% by 2030 (KCR, 2016-2020).

\*13.6% is based on one year of data and the rates will likely change a lot from year to year. When more years of data are consistently available, we will have a better estimate. As the public understands LCS better, our estimates will also be better.

## STRATEGIES

In addition to the Cross-Cutting Domains, see below specific strategies related to lung cancer screening.

### Coordinate Quality Healthcare

- Refer lung cancer screening participants to comprehensive lung cancer screening programs.
- Incorporate lung cancer screening as part of participation in other health services.
- Utilize electronic medial records to:
  - Identify eligible screening participants.
  - Facilitate shared decision-making in the clinical setting.
  - Ensure accurate smoking history (maintains original pack-year history even if they have cut down on current smoking).
  - Support adherence to lung cancer screening process.

### Provide Accessible and Affordable Care

- Provide information on local screening services and identify access gaps. See [Cancer InFocus™](#) for a map of facilities who are reporting to the “American College of Radiology (ACR) Lung Cancer Screening Registry.
- Develop a comprehensive list of active lung cancer screening programs in Kentucky.
- Address barriers preventing Black Kentuckians from accessing lung cancer screening.
- Reduce barriers regarding insurance coverage, insurance steerage and out-of-pocket costs to lung cancer screening participants.
- Promote the Kentucky Lung Cancer Screening Program efforts to provide access to lung cancer screening for eligible Kentucky residents.



STRATEGIES CONTINUED

Strengthen Health Professional Workforce

- Educate health professionals on the latest research on lung cancer screening, adherence and treatment:
  - How to conduct an effective and efficient shared-decision making visit.
  - Latest research on lung cancer screening and treatment.
  - Impact of risk reduction including smoking cessation, home radon testing and exposure to secondhand smoke.
  - Empathic and valid approaches to calculating smoking history (pack-years) to determine eligibility.
  - Best practices to improve lung cancer screening adherence.

Fill Data and Research Gaps

- Improve implementation of quality lung cancer screening to increase uptake and adherence.
- Understand best practices to facilitate integration of evidence-based tobacco treatment within lung cancer screening.
- Develop and test strategies to reduce disparities in marginalized communities related to lung cancer screening and outcomes.
- Research to identify biomarkers and technologies that can more accurately identify persons at high risk, discriminate between benign and malignant lung nodules, and minimize false-positive results.
- Develop evidenced-based approaches to managing risk and early detection strategies for people with environmental and occupational risk factors as well as a family history of lung cancer.
- Develop a better understanding of the risk of lung cancer among individuals without an identifiable smoking history, the majority of which are women.



# Prostate Cancer Screening

## Evidence-Based Guidelines

[American Urological Association Guidelines](#) (AUA/SAO, 2023)\*

Clinicians should engage in shared decision making (SDM) with people for whom prostate cancer screening would be appropriate and proceed based on a person’s values and preferences (Clinical Principal)				
Age	Audience	Frequency	Type of Screening	AUO/SAO Grade (if applicable)
40-45	Males at high risk (Black ancestry, germline mutations, strong family history of prostate cancer)	Offer screening beginning at these ages	PSA as the first screening test  For people with newly elevated PSA, clinicians should repeat the PSA prior to secondary biomarker, imaging or biopsy	B
45-50	Males	Baseline Screening	PSA Test	B
50-69	Males	Every 2-4 years	PSA Test  For people with newly elevated PSA, clinicians should repeat the PSA prior to secondary biomarker, imaging or biopsy	A

\*USPSTF guidelines are currently being updated (last update 2018). They recommend shared decision making for men ages 55-69. ACS recommends shared decision making and screening at 40 for those at highest risk (more than one first-degree relative who had prostate cancer under than 65 years), Age 45 for those with Black ancestry and one first-degree relative diagnosed under 65 years). Age 50 and older for men at average risk and expected to live more than 10 years. [See Screening Guideline Crosswalk](#) for additional details.

## Existing Plan

None

## Key Messages

It is important for adult males age 40 and older to discuss the benefits, harms and potential unknowns about prostate cancer screening with their healthcare professionals.

Prostate cancer screening over time is more important than a one-time screening. Not every positive finding needs immediate action.

## OBJECTIVES

Decrease the rate of Kentucky males age 50-69 diagnosed with late-stage prostate cancer from 58.8 per 100,000 to 47.0 per 100,000 by 2030 (Baseline 2017-2021, KCR).

Decrease the rate of Black Kentucky males age 50-69 diagnosed with late-stage prostate cancer from 104.3 per 100,000 to 83.4 per 100,000 by 2030 (Baseline 2017-2021, KCR).\*\*

\*\*Note that the age to begin screening for Black men is 40 years old and the greatest disparity for late-stage prostate cancer is found among men age 50-69 years of age.

## STRATEGIES

In addition to the Cross-Cutting Domains, see below specific strategies related to prostate cancer screening.

### Coordinate Quality Healthcare

- Select which prostate screening evidence-based guidelines to utilize, incorporate and communicate within health systems providing options for males based on individual preferences and risks. (e.g. AUA/SAO).
- Incorporate prostate cancer screening as part of participation in other health services.

### Strengthen Health Professional Workforce

- Educate health professionals on current prostate cancer guidelines, screening methods including benefits and harms, and advancements.

### Fill Data and Research Gaps

- Identify data sources to measure population-based prostate cancer screening.
- Support data collection efforts to understand prostate cancer screening among those at elevated risk. (Black ancestry, germline mutations, strong family history of prostate cancer).



# Optimize Survivorship Treatment and Care



## Objectives At-A-Glance

- Improve Cancer Survivors’ Quality of Life
- Increase Access to Palliative Care
- Increase Access to Quality Cancer Care





# Optimize Survivorship Treatment and Care

## Evidence-Based Guidelines

[National Standards for Cancer Survivorship Care](#)  
[ASCO Guidelines on Palliative Care for Patients with Cancer](#)  
[Commission on Cancer \(CoC\)](#)

## Existing Plan

None

## Key Messages

Cancer is a chronic illness that people can and do survive due to advances in treatment.

Cancer survivors and caregivers need quality of life resources and services that address physical, psychological, social, financial, and spiritual needs.

Cancer survivors and caregivers need guidance in how to access quality of life resources.

Genetic and biomarker testing are used to inform individual treatment plans.

Clinical trials can benefit personal health and are monitored closely for safety.

Clinical trials can be an option at any stage of diagnosis. Talk to your health professional about whether one is right for you.

**“The term cancer survivor to refers to anyone who has ever been diagnosed with cancer no matter where they are in the course of their disease.”**

**American Cancer Society**

## OBJECTIVES

### Quality of Life

Increase the proportion of cancer survivors who report less than 14 days of poor physical health each month from 70.6% to 80.6% by 2030 (KyBRFS, 2022).

Increase the percentage of cancer survivors in rural areas who report less than 14 days of poor physical health each month from 60.8% to 73.5% by 2030 (KyBRFS, 2022).

Increase the proportion of cancer survivors who report less than 14 days of poor mental health each month from 84.3% to 92.7% by 2030 (KyBRFS, 2022).

Increase the percentage of cancer survivors in rural areas who report less than 14 days of poor mental health each month from 83.7% to 92% by 2030 (KyBRFS, 2022).

### Palliative Care

Increase availability of hospital palliative care access and move from [Grade C to Grade A](#).

### Access to Care

Increase the percentage of healthcare facilities in KY that diagnose and treat more than 250 cancer cases per year who are CoC accredited from 78% to 89% by 2030 (KCR, currently 28 out of 36 healthcare facilities).

## STRATEGIES

In addition to the Cross-Cutting Domains, see below specific strategies related to optimizing survivorship treatment and care.

### Cultivate Healthy Neighborhoods and Healthy Environments

- Refer to community-based resources that address social risks and needs.
- Enhance community resources and services, that are accessible, affordable, and culturally acceptable to address physical, psychological, social, financial, and spiritual needs.
- Expand the number and quality of support groups for cancer survivors and caregivers that address their areas of greatest need.

### Coordinate Quality Healthcare

#### Quality of Life

- Encourage health systems to maintain or achieve CoC accreditation.
- Increase physician leadership in initiating survivorship supportive care services beginning at diagnosis and extending beyond the end of treatment services.
- Implement written clinical protocols to engage cancer survivors and caregivers in the care planning process including discussion of shared goals, quality of life needs, advanced care planning and coordination of care at multiple stages.
- Implement written clinical protocols for transitions in survivorship care and efforts to prevent/mitigate loss to follow-up care.
- Improve coordination between community organizations and health systems to enhance risk reduction services for survivors. (e.g., smoking cessation, diet/nutrition counseling, promoting physical activity).

#### Palliative Care

- Implement palliative care as [standard oncology care](#) at the time a person is diagnosed with cancer.
- Develop protocols that ensure patients receive timely access to specialty palliative care.

#### Treatment and Precision Medicine

- Encourage the use of protocols for genetic testing and counseling services to inform treatment options.
- Establish and promote the use of standard of care protocols to order biomarker testing immediately after diagnosis prior to any treatment decisions.



STRATEGIES CONTINUED

### Coordinate Quality Healthcare

**Clinical Trials**

- Increase access to all phases and types of clinical trials (e.g. observational, interventional, supportive care).
- Promote participation in the American Society of Clinical Oncology (ASCO) “Just ASK” initiative to improve access and inclusion in clinical research.
- Improve health professional use of tools and services to easily access information about available clinical trials (e.g., through [clinicaltrials.gov](#)). [See Research Match.](#)

**Palliative Care and Hospice**

- Ensure interdisciplinary hospice and palliative care teams.

### Strengthen Health Professional Workforce

- Ensure a multi-disciplinary workforce that can meet the needs of all cancer survivors.
- Increase the number of patient navigators supporting patients through quality of life services, clinical trials, precision treatment, survivorship care and end of life care.
- Establish palliative care and hospice education programs.

**Educate health professionals on:**

- Health literacy skills in communicating genetic test information, explaining test results and necessary follow-up, as well as discussing treatment options, benefits, and risks with patients.
- Latest evidence-based cancer research development, and precision treatment options that have less toxicity.
- Evidence-based strategies to empower informed decision-making, conversations between health professionals and patients about clinical trials, treatment options and end of life care.

### Provide Accessible and Affordable Healthcare

- Coordinate with [Kentucky Palliative Care Interdisciplinary Advisory Council](#) on recommendations to adopt palliative care benefit for seriously ill individuals.
- Ensure working people with cancer, survivors and caregivers have paid leave.
- Expand financial assistance programs to provide support for cancer treatment costs.
- Strengthen health insurance coverage to ensure equitable access to cancer care services.
- Establish proactive and early implementation of financial assessments and discussions between health care professionals and patients.
- Dedicate financial navigation services to optimize health insurance, identify assistance for out-of-pocket expenses and cost-saving methods for treatments.

### Fill Data and Research Gaps

Understand the best components of a prehabilitation program and the populations most likely to benefit.

**Quality of Life**

- Improve understanding of survivor and caregiver needs stratified across marginalized populations.
- Encourage health systems to establish collection of longitudinal data on survivors’ experience of survivorship care and patient-reported outcomes.
- Utilize metrics to inform and support patient navigation and community health worker programs.
- Understand barriers to coverage of evidence-based survivorship care services.

**Palliative Care**

- Develop a comprehensive database of palliative care programs in the state.

**Treatment and Precision Medicine**

- Increase collection and surveillance of biomarker and germline testing data in cancer patients.

**Clinical Trials**

- Assess clinical trial participation in Kentucky.





# Reduce Childhood Cancer



## Objectives At-A-Glance

Reduce the burden of cancer in children, adolescents and young adults.





# Reduce the Burden of Cancer in Children, Adolescents and Young Adults

## Evidence-Based Guidelines

[Standards for the Psychosocial care of children with cancer and their families: An introduction to the special issue](#)

[Tools to guide the identification and implementation of care consistent with the psychosocial Standards of care](#)

## Existing Plan

[Kentucky Pediatric Cancer Research Trust Fund \(KPCRTF\)](#)

[Childhood Cancer in Kentucky Report](#)

## Key Messages

Cancer is the leading cause of disease-related death among U.S. children.

Childhood cancer survivors and their families have unique needs.

## OBJECTIVES

Increase percentage of KY pediatric oncology patients seen at Children’s Oncology Group (COG) facilities from 87% to 92% by 2030 (Kentucky Cancer Registry and Children’s Oncology Group, 2012-2017).

## STRATEGIES

In addition to the Cross-Cutting Domains, see below specific strategies related to reducing the burden of cancer in children, adolescents and young adults.

Cultivate Healthy Neighborhoods and Healthy Environments

- Support the development of educational resources and services needed through school systems such as Individualized Education Plan (IEP) and educational consultants.

## Coordinate Quality Healthcare

- Establish protocols to enhance follow-up care and focus on the complicated issues of long-term survivorship (such as fertility) including managing the transition to adult/primary care.
- Establish protocols to standardize baselines for neuro-cognitive status and follow-up screening.
- Provide clear communication to patients and families regarding childhood cancer diagnosis, treatment, long term effects and palliation.
- Develop psychosocial support and resources to address complicated issues of long-term survivorship and bereavement.
- Provide opportunity for germline cancer risk genetic testing for all newly diagnosed cancer patients.
- Conduct cancer-type specific molecular tumor profiling (genomic testing).
- Facilitate sending molecular tumor profiling (genomic testing) results to the Kentucky Cancer Registry.

## Provide Accessible and Affordable Healthcare

- Increase access to resources available to childhood cancer caregivers (Family Medical Leave Act, Medicaid and Waiver Programs, etc.)

## Strengthen Health Professional Workforce

- Update health professionals (including pediatricians) on latest evidence-based cancer development, clinical trials and precision treatment options that have less toxicity.

## Fill Data and Research Gaps

- Increase research on unmet needs and quality of life concerns among childhood cancer survivors.
- Increase utilization of KY Cancer Registry Data and Childhood Cancer in Kentucky Report.
- Increase data collection and surveillance to monitor treatment patterns and proportions of pediatric patients seen at COG facilities.
- Increase collection of pertinent data on staging of childhood cancer.
- Increase collection of recurrence and subsequent tumor rates in pediatric cancer survivors.
- Increase monitoring of pediatric cancer survivors throughout their lifetime to monitor long term side effects from cancer treatments and improve screening for subsequent tumors later in life.
- Increase access to basic, clinical, population, and translational research for childhood cancer.
- Increase research on prevention, risk reduction and early detection of childhood cancer.
- Calculate the percentage of newly diagnosed childhood cancer patients in Kentucky who receive germline cancer risk genetic testing.
- Monitor the proportion of newly diagnosed childhood cancer patients who receive cancer-specific molecular tumor profiling (genomic testing).

# 100+ Organizations Committed to Reducing the Cancer Burden in KY

Aetna Better Health of Kentucky	American Lung Association	Breath of Hope, Kentucky
American Cancer Society	Anthem BlueCross BlueShield Medicaid of Kentucky	BREATHE, University of Kentucky
American Cancer Society Cancer Action Network	Appalachian Career Training in Oncology (ACTION) Program, University of Kentucky	Bristol Myers Squibb Foundation
American Childhood Cancer Organization	Appalachian Regional Health	Brown Cancer Center, University of Louisville
American Heart Association	Baptist Health	Cabinet for Health and Family Services
American Liver Foundation	Bluegrass Care Navigators	Campaign for Tobacco Free Kids



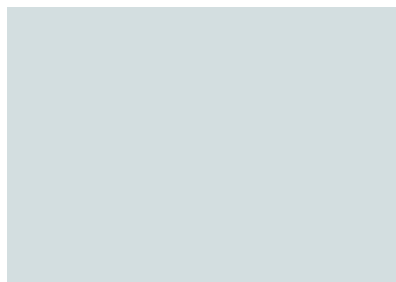
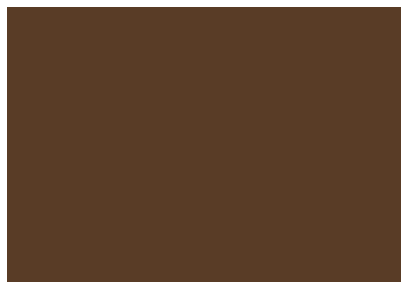
CareSource	Foundation for a Healthy Kentucky	Kentuckiana Health Collaborative
Center for Health Law and Policy Innovation; Harvard Law	Friend for Life Cancer Support Network	Kentucky African Americans Against Cancer
Center of Excellence in Rural Health, University of Kentucky	Genentech	Kentucky Alliance of YMCAs
CHI Saint Joseph Health Central, Eastern Kentucky	Gilda’s Club Kentuckiana	Kentucky Area Health Education Centers
Colon Cancer Prevention Project	GO2 for Lung Cancer	Kentucky Association of Community Health Workers
Community Action of Kentucky	Grace Health	Kentucky Association of Family Practice Physicians
Community Farm Alliance	Healthcare Value Hub	Kentucky Association of Hospice and Palliative Care
Cooperative Extension, University of Kentucky	Hope Light Foundation	Kentucky Association of Oncology Navigator Network
Eastern Kentucky University	Human Development Institute, University of Kentucky	Kentucky Association of Radon Professionals
Ephraim McDowell Health	Humana	Kentucky Board of Radon Safety
Exact Sciences	Juniper Health	Kentucky Cancer Foundation



Acknowledgements			Acknowledgements		
Kentucky Cancer Link	Kentucky Hospital Association	Leukemia & Lymphoma Society	Owensboro Health	Sullivan University	Veterans Health Administration
Kentucky Cancer Program, University of Kentucky	Kentucky Medical Association	Lifepoint Health	Patient Voices Matter	Surgery on Sunday	WellCare Health Plans
Kentucky Cancer Program, University of Louisville	Kentucky Primary Care Association	Limestone Group	PrimaryPlus	The Christ Hospital	West Kentucky Allied Services
Kentucky Center for Economic Policy	Kentucky Rural Health Association	Local Health Departments	Protect Environmental	The QQuality Implementation of Lung Cancer Screening (QUILS™) Group	Western Kentucky University
Kentucky Chamber of Commerce	Kentucky Rural Health Association Immunize Kentucky Coalition	Markey Cancer Center, University of Kentucky	Qsource	Twin Lakes Regional Medical Center	
Kentucky Department for Public Health	Kentucky Society of Oncologists	Molina Healthcare	Regional Extension Center, University of Kentucky	UK King's Daughters	
Kentucky Department of Insurance	Kentucky Voices for Health	New Vista	RunSwitch PR	UK St. Claire	
Kentucky Employee Health Plan	Kentucky Educational Television	Norton Institute	St. Elizabeth Healthcare	University of Colorado Cancer Center	
Kentucky Equal Justice Center	Kid's Cancer Alliance	Nuance	Stages, Lung Cancer Survivorship	University of Kentucky	
Kentucky Health Collaborative	Komen Foundation Kentucky	Ohio County Healthcare	Sterling Health Care	University of Louisville	
Kentucky Health Department Association	KORT Physical Therapy	Operation UNITE	Many thanks to the organizations, agencies and programs who are members of KCC and have helped develop, revise, maintain, implement and evaluate the <b>KY CAP</b> .		

A blueprint for cancer prevention and control in our state by 2030.

Brought to you by the Kentucky Cancer Consortium



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