2025-2030

NEBRASKA CANCER PLAN

CONTENTS

INTRODUCTION

The Nebraska State Cancer Plan is dedicated to everyone whose lives who have been impacted by cancer.

Cancer remains a significant public health challenge in Nebraska, with 10,545 diagnoses of cancer among Nebraska residents in 2019[1]. Nebraska can do better, and this plan is a blueprint to make a difference.

Recent Nebraska data shows that Nebraskans have a higher probability of being diagnosed with cancer than the rest of the United States. The most common types of cancer in Nebraska from 2017 to 2021 include

- female breast cancer
- prostate cancer
- lung and bronchus cancer
- colorectal cancer [2]

In 2019, 3,470 Nebraska residents died from cancer, and cancer was the second leading cause of death in the state.[1]

There are many, many Nebraskans who are living with, thriving and surviving beyond their cancer diagnosis. This plan is for them too.

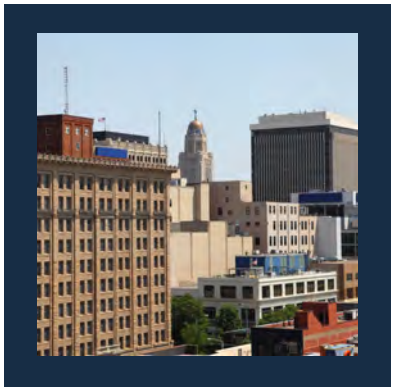
Some Nebraskans are even more impacted by cancer than others. Rural residents, certain racial and ethnic groups, and those with lower socioeconomic status often experience higher cancer incidence and lower screening rates. Addressing these disparities is critical to reducing the cancer burden.

This plan also acknowledges that pandemics and natural disasters did and will continue to play a role in cancer work across the state. Preparing for emergencies and understanding the consequences that major disruptions have on cancer will continue to be important.

Efforts to combat cancer in Nebraska are bolstered by statewide initiatives and collaborations among public health agencies, healthcare providers, and community organizations. By understanding the current cancer burden in Nebraska, we can better target our resources and efforts to reduce cancer incidence and mortality, ultimately striving for a healthier future for all residents of the state.

This work is done in partnership with Centers for Disease Control funding "Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations."

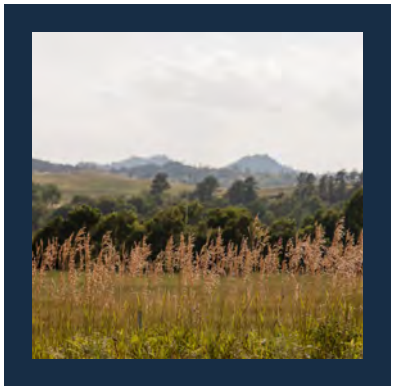
NEBRASKA PRIORITY AREAS AND GOALS



PRIMARY PREVENTION & RISK REDUCTION

Stresses prevention and making healthier choices.

Goal 1. Promote healthy lifestyles
Goal 2: Reduce tobacco use
Goal 3: Decrease alcohol use
Goal 4: Increase HPV vaccination
Goal 5: Increase hepatitis prevention, vaccination, and screening
Goal 6: Decrease radon exposure



SCREENING & EARLY DETECTION

Help people find cancer early by getting screened at the right time.

Goal 7: Increase colorectal cancer screening
Goal 8: Increase high-risk lung cancer screening
Goal 9: Increase breast cancer screening
Goal 10: Increase cervical cancer screening

SURVIVORSHIP

Support people diagnosed with cancer and caregivers through their treatment and beyond.

Goal 11: Increase participation in clinical trials
Goal 12: Improve understanding of cancer information
Goal 13: Improve quality of life
Goal 14: Promote resources for survivors and caregivers

HEALTH DISPARITIES

Cancer affects all population groups in the Nebraska, but due to social, environmental, and economic disadvantages, certain groups bear a disproportionate burden of cancer compared with other groups. In fact, although cancer incidence and mortality overall are declining in the United States, certain groups continue to be at greater risk of developing or dying from particular cancers.[4]

In Nebraska, for instance, colorectal cancer incidence is higher among American Indian/Alaska Native Non-Hispanic Nebraskans, compared to White, Non-Hispanic counterparts (67.3 cases vs. 39.5 per 100k people).[2] Lung and Prostate Cancer incidence is higher among African American Non-Hispanic Nebraskans, compared to White Non-Hispanic counterparts (65.6 case vs. 52.7 per 100k people and 206.4 cases vs. 122.6 per 100k people, respectively).[2] Breast and cervical cancer screening rate is lower for low-income (<$25k annual income) women relative to higher income women ($75k+ annual income) (64.1% vs. 84% for breast; 70.2% vs. 85.9% for cervical, respectively).[3] Breast and cervical cancer screening rates are also higher for urban-large areas compared to rural areas.[3]

The Plan aims to address health disparities through continuous review of risk factor and cancer burden data. As disparities are identified, where appropriate, interventions to support the work of reducing those disparities will be chosen. Efforts to reduce health disparities are and will continue to be embedded throughout the Nebraska Cancer Plan.

In the Cancer Plan development process, health disparity data were reviewed by partners to identify **priority focus areas** (subgroups and populations) that experience statistically significant cancer disparities. The identified priority focus areas and associated objectives and strategies were determined based on this review of the available risk factor and disease burden data.

WAYS TO USE THIS PLAN

Everyone is encouraged to work towards the goals of the state cancer plan. The Nebraska Comprehensive Cancer Control Program (NECCCP) will assist in coordinating the state plan efforts, but it is the partners and the people who will work towards progress of the state plan goals. There is a large collective group and smaller workgroups focusing on specific areas such as HPV, survivorship and more.

We need YOU!

Individuals

- Get Screened
- Improve Nutrition
- Incorporate Physical Activity

Organizations

- Promoting Policies to Support Healthier Employees
- Applying for Grants
- Participating in a Workgroup
- Pooling Resources with Other Organizations

Each priority area consists of the following:

Objectives: These are the outcomes that Nebraska hopes to achieve by 2030. Every year partners will convene to review the Cancer Plan, track progress on measurement targets, and discuss progress regarding strategy implementation.

Strategies: All strategies were developed through the strategic planning session and describe the over-arching efforts that will help Nebraska achieve the objectives.
**Please note:* This is not an exhaustive list and may be modified throughout the five-year period. Workgroups and partners will be working to further define strategies and activities.

For more information email: **dhhs.necccp@nebraska.gov or visit the NECCCP webpage.**

OBJECTIVES, STRATEGIES, AND PRIORITY FOCUS AREAS

1. PROMOTE HEALTHY LIFESTYLES

PRIMARY PREVENTION

Objectives:

1.1: Reduce the percentage of Nebraskans who are obese
1.2: Increase the percentage of Nebraskans who are physically active
1.3: Increase healthy eating among Nebraskans

Strategies:

- Support access to healthy and affordable foods in health care settings and in the community
- Encourage health providers to screen for food insecurity
- Expand non-traditional locations for physical activity (malls, grocery stores, school gyms)
- Promote worksite wellness policy implementation
- Support walkable, bikeable, and rollable communities
- Support community-based committees based on active living
- Promote evidence-based programming (e.g., Living Well, Diabetes Prevention Program)
- Identify data sources to measure Nebraska youth obesity and healthy eating
- Explore support for evidence-based based coverage of the treatment of obesity

MEASUREMENT TARGET	BASELINE
A. Reduce the percentage of Nebraska adults 18+ who are obese to **33.3%.** *Based on a Body Mass Index (BMI) of >=30 for adults, BMI>=95th percentile for youth.*	**35.3%** Behavioral Risk Factor Surveillance Survey (BRFSS), 2022 Priority Focus Areas: 35-44-year olds**: 41.5%** 45-54-year olds: **44.2%** Individuals living in Urban-Small areas*: **38%**
B. To Be Determined (TBD) - Identify indicator to measure youth obesity - X%	**X%**

**The urban-large, urban-small, and rural geographic categories are based on "reporting category 1" within the Disparities Demographic Data Recommendations Report, Division of Public Health, NDHHS, November 2016*

MEASUREMENT TARGET	BASELINE
C. Increase the percentage of Nebraska adults 18+ who participated in any physical activities in the past month to **77.3%.**	**75.3%** BRFSS, 2022 Priority Focus Areas: • 55-64-year-olds: **70.5%** • Individuals 65 years and older: **69.3%** • Hispanic individuals: **64%** • Individuals making <$50,000 annual income • Individuals living in Urban-Small and Rural areas*
D. Increase the percentage of Nebraska youth (in grades 9-12) who were physically active (includes any kind of physical activity that increased their heart rate and made them breathe hard some of the time) at least 60 minutes per day on five or more days during the seven days before the survey to **57.5%**.	**55.5%** Youth Risk Behavior Survey (YRBS), 2023
E. Increase the percentage of Nebraska adults 18+ who consumed ***fruit*** one or more times per day to **59.3%**.	**57.3%** BRFSS, 2021 Priority Focus Area: • Males: **52.5%**
F. Increase the percentage of Nebraska adults who consumed ***vegetables*** one or more times per day to **81.2%**.	**79.2%** BRFSS, 2021 Priority Focus Areas: • 18-24-year-olds: **71.3%** • Males: **77.4%** • Black individuals: **67.2%** • Hispanic individuals: **66.2%** • Individuals making <$50,000 annual income
G. TBD - Identify indicator to measure youth healthy eating habits. - X%	**X%**

**The urban-large, urban-small, and rural geographic categories are based on "reporting category 1" within the Disparities Demographic Data Recommendations Report, Division of Public Health, NDHHS, November 2016*

OBJECTIVES, STRATEGIES, AND PRIORITY FOCUS AREAS

2. Reduce Tobacco Use

PRIMARY PREVENTION

Objectives:

2.1: Reduce the percentage of adults who reported smoking cigarettes
2.2: Reduce the percentage of adults who reported e-cigarette
2.3: Reduce the percentage of Nebraska adult males who reported using smokeless tobacco

Strategies:

- Promote Quitline and cessation resources
- Provide education on vaping and e-cigarette use for students
- Target outreach to lower income/lower socioeconomic communities
- Share successful quit stories
- Increase tobacco free environments including work sites (e.g., tobacco-free policies for rental units, parks, worksites, etc.)
- Work with healthcare providers and systems to screen for tobacco use and recommend cessation services
- Use all-encompassing and culturally appropriate messaging for different communities and populations

These objectives and strategies were designed in collaboration with the Tobacco Free Nebraska (TFN) program to ensure alignment of objectives and strategies with TFN's statewide strategic plan. Please visit the following link for more information on their plan: Nebraska Tobacco Control State Plan, 2023-2028

MEASUREMENT TARGET	BASELINE
A. Reduce the percentage of adults who reported smoking cigarettes every day or some days (current smokers) to **10%.**	**13%** BRFSS, 2022 Priority Focus Areas: • 35–44-year-olds: 17.9% • 55-64-year-olds: 16.9% • American Indian/Alaska Native persons: 37.9% • Individuals making <$24,999 annual income • Individuals living in Urban-Small*: 17.2% • Individuals living in Rural areas*: 16.2%
B. Reduce the percentage of adults who reported e-cigarette use every day or some days (current users) to **5%**.	**8.5%** BRFSS, 2022 Priority Focus Areas: • 18–24-year-olds: **24.9%** • 24–34-year-olds: **12.2%** • Multiracial individuals: **26.3%**
C. Reduce the percentage of Nebraska adult males who reported using smokeless tobacco every day or some days (current users) to **7%**.	**8.1%** BRFSS, 2022

**The urban-large, urban-small, and rural geographic categories are based on "reporting category 1" within the Disparities Demographic Data Recommendations Report, Division of Public Health, NDHHS, November 2016*

OBJECTIVES, STRATEGIES, AND PRIORITY FOCUS AREAS

3. Reduce Excessive Alcohol Consumption

PRIMARY PREVENTION

Objectives:

3.1: Decrease the percentage of Nebraska adults who report binge drinking

3.2: Decrease the percentage of youth in grades 9 to 12 who report using of alcohol

Strategies:

- Create community environments that prevent and reduce excessive use of alcohol
- Collaborate with partners and key stakeholders to educate the public, including youth and young adults, on cancer risk related to alcohol usage
- Support initiatives that target populations of focus and communities with high prevalence of cancer risk factors, including alcohol and tobacco use
- Increase screening and treatment for excessive alcohol use

MEASUREMENT TARGET	BASELINE
A. Decrease the percentage of Nebraska adults (18+) who report binge drinking within the past 30 days to **17.5%.**	**19.3%** BRFSS, 2022
B. Decrease the percentage of youth in grades 9 to 12 reporting the use of alcohol on at least one day within the past 30 days to **9.8%**.	**10.8%** YRBS, 2023

OBJECTIVES, STRATEGIES, AND PRIORITY FOCUS AREAS

4. Increase HPV Vaccination

PRIMARY PREVENTION

Objectives:

4.1: Increase the percentage of Nebraskans who receive all recommended doses of HPV vaccine

Strategies:

- Support policies that promote HPV vaccinations
- Improve health professional knowledge, practice behaviors, and system support to increase the provision of or referral to immunizations for HPV
- Support Quality Improvement programs within health systems to improve screening and prevention
- Support provider education and messaging around starting the HPV series at age nine
- Reduce out-of-pocket costs for vaccinations and promote free/reduced cost vaccine clinics (e.g., Vaccines for Children (VFC) Program)
- Public campaigns:
  - Awareness campaign for parents and public communications campaign on starting the HPV series at age nine
- Provide messaging at seventh grade parent orientation about the importance of HPV vaccine
- Provide HPV messaging to children and parents when providing seasonal vaccinations (e.g., flu)
- Encourage more providers to report to Nebraska State Immunization Information System (NESIIS)
- Provide educational materials available in multiple languages and at appropriate literacy levels
- Identify Nebraska-specific and other data sources to measure HPV vaccination rates and address ways to overcome potential barriers in sharing with partners (e.g. Healthcare Effectiveness Data and Information Set (HEDIS), Uniform Data System (UDS), etc.)

MEASUREMENT TARGET	BASELINE
A. Increase the percentage of Nebraska adolescents who receive all recommended doses of HPV vaccine to **70%.**	**65.4%** National Immunization Survey (NIS) Teen, 2022 Priority Focus Areas: • Females: **56.5%** • Individuals living in a *non-MSA: 51.9%

**A non-MSA (Metropolitan Statistical Area) describes individuals living in regions that are not part of any MSA. Non-MSA areas typically have lower population densities and may include rural areas, small towns, and remote regions. These areas do not have the same level of economic integration and population density as MSAs.*

OBJECTIVES, STRATEGIES, AND PRIORITY FOCUS AREAS

5. Increase Hepatitis Prevention, Vaccination, and Screening

PRIMARY PREVENTION

Objectives:

5.1: Prevent and test new hepatitis infections
5.2: Reduce deaths and improve the health of people living with hepatitis
5.3: Reduce viral hepatitis health disparities in Nebraska
5.4: Improve the use of hepatitis surveillance and data usage in Nebraska

Strategies:

- Support policies that promote Hepatitis B vaccinations
- Improve health professional knowledge, practice behaviors, and system support related to increasing provision of or referral to immunizations for Hepatitis B
- Reduce out-of-pocket costs for vaccinations and promote free/reduced cost vaccine clinics (Vaccines for Children Program)
- Implement evidence-based interventions that promote immunization in high-risk settings against Hepatitis B
- Identify or develop a surveillance method for measuring and tracking HCV screening
- Promote policies that increase access to Hepatitis B and C prevention, testing, treatment, and care services
- Implement evidence-based programs for Hepatitis B and C screening, treatment and cancer surveillance
- Improve health professional knowledge, practice behaviors, and system support related to increasing screening for Hepatitis B and C
- Educate the public that all individuals 18 and older should have a one-time screening test for Hepatitis C and encourage them to talk with their doctor
- Provide educational materials available in multiple languages and at appropriate literacy levels

MEASUREMENT TARGET	BASELINE
A. Maintain the percentage of Nebraska adolescents (13-17) who receive at least three doses of the Hepatitis B vaccination to **90.2%**.	**90.2%** NIS Teen, 2022
B. Increase the percentage of newborns getting a birth dose of the Hepatitis B vaccine to **TBD**.	**TBD**

These objectives and strategies were designed in collaboration with the Nebraska Department of Health and Human Services (NDHHS) Hepatitis Program to ensure alignment of objectives and strategies with their Hepatitis Elimination plan, which is currently being drafted.

OBJECTIVES, STRATEGIES, AND PRIORITY FOCUS AREAS

6. Decrease Radon Exposure

PRIMARY PREVENTION

Objectives:

6.1: Increase the number of Nebraska residences (single family and multi-unit) and businesses tested for radon

Strategies:

- Increase awareness for both the public and clinical staff on the presence of radon in Nebraska, including the negative health impacts and lung cancer risk
- Provide education on radon testing, frequency testing needed, and proper mitigation techniques
- Explore opportunities to increase testing kit availability, no-cost or minimal cost testing kits, and more affordable mitigation strategies
- Work with home buyer programs to promote radon testing when buying a home and education on importance of testing

MEASUREMENT TARGET	BASELINE
A. Increase the number of Nebraska residences (single family and multi-unit) and businesses tested for radon to **12,736**.	**12,129** NDHHS Radon Program

OBJECTIVES, STRATEGIES, AND PRIORITY FOCUS AREAS

SCREENING AND EARLY DETECTION

Note: The following strategies are cross-cutting for all screenable cancers.

Strategies:

- Implement equitable and culturally appropriate evidence-based policy and system changes
- Support patient navigation and 1:1 education to increase screening
- Utilize electronic health records and patient portals to increase follow-up and communication of results
- Identify champions, leaders, and advocates to encourage screening
- Support and educate providers and health systems in implementing evidence-based interventions to increase screening and follow-up
- Promote discussions between patients and healthcare providers on risks and benefits of being screened
- Encourage discussion and documentation of family history to inform risk assessment, screening recommendations, and risk-appropriate referral for genetic services
- Explore policies for coverage of risk-appropriate referral to genetic services
- Increase access to screening through policy change
- Work with employers to support time off policies for screening
- Work with health insurers to promote recommended screenings to members and providers
- Assess the lung cancer screening landscape, including where screening is provided and how to access
- Promote evidence-based screening programs, eg., (The Breast and Cervical Cancer Early Detection Program)
- Ensure continued screening for other/secondary cancers for cancer survivors
- Increase HPV vaccination and awareness for cervical cancer prevention
- Increase education and awareness
    - Promote public awareness campaigns on cancer screening recommendations, including who is eligible for screening
    - Educate community members about different types of colorectal cancer screening
    - Partner with pesticide education trainings to provide screening education to agricultural communities

OBJECTIVES, STRATEGIES, AND PRIORITY FOCUS AREAS

7. Increase Colorectal Cancer Screening

SCREENING AND EARLY DETECTION

Objectives:

7.1: Increase the percentage of adults aged 45-75 who are up to date on colorectal screening

7.2: Decrease the percentage of late-stage colorectal cancer diagnoses

7.3: Reduce the colorectal cancer death rate

MEASUREMENT TARGET	BASELINE
A. Increase the percentage of adults aged 45-75 who are up to date on colorectal screening to **69.1%**.	**64.1%** BRFSS, 2022 Priority Focus Areas: • 45–54-year-olds: **37.7%** • Hispanic persons: **38%** • American Indian/Alaska Native person: **41.2%** • Individuals making <$24,999 annual income • Individuals living in a rural area*: **63.4%**
B. Decrease the percentage of late-stage (defined as cases determined to be regional or distant) colorectal cancer diagnoses to **52%**.	**57.2%** NCI Cancer Profile - Nebraska, 2016-2020
C. Reduce the colorectal cancer death rate to **9.0 per 100,000** people.	**8.1%** NCI Cancer Profile - Nebraska, 2016-2020 Priority Focus Areas: • African American persons: **21.8** per 100,000 • Native American persons: **19.1** per 100,000

**The urban-large, urban-small, and rural geographic categories are based on "reporting category 1" within the Disparities Demographic Data Recommendations Report, Division of Public Health, NDHHS, November 2016*

OBJECTIVES, STRATEGIES, AND PRIORITY FOCUS AREAS

8. Increase High-Risk Lung Cancer Screening

SCREENING AND EARLY DETECTION

Objectives:

8.1: Increase the percent of adults aged 50-80 at high risk who are screened for lung cancer

8.2: Decrease the percentage of lung and bronchus cancer late-stage diagnoses

8.3: Reduce the lung and bronchus cancer death rate

MEASUREMENT TARGET	BASELINE
A. Increase the percent of adults aged 50-80 at high risk for lung cancer getting screened to **4.5%**.	**3.7%** American Lung Association 2021
B. Decrease the percentage of lung and bronchus cancer late-stage diagnoses to **51%.**	**62.3%** NCI Cancer Profile - Nebraska, 2016-2020
C. Reduce the lung and bronchus cancer death rate (age-adjusted) to **25.1 per 100,000** people.	**33.8 per 100,000 people** NCI Cancer Profile - Nebraska, 2016-2020 Priority Focus Area: • African American persons: **50.8** per 100,000

OBJECTIVES, STRATEGIES, AND PRIORITY FOCUS AREAS

9. Increase Breast Cancer Screening

SCREENING AND EARLY DETECTION

Objectives:
9.1: Increase breast cancer screening
9.2: Decrease late-stage diagnoses
9.3: Reduce the breast cancer death rate

MEASUREMENT TARGET	BASELINE
A. Increase the percent of women aged 40-74 up to date on breast cancer screening to **76%.**	**68%** BRFSS, 2022 Priority Focus Areas**:** • 40–49-year-olds: **55.2%** • Individuals making <$24,999 annual income • Individuals living in a rural areas* • Individuals living in an urban-small areas*
B. Decrease the percentage of female breast cancer late-stage diagnoses to **28%**.	**30.8%** NCI Cancer Profile - Nebraska, 2016-2020
C. Reduce the age-adjusted female breast cancer death rate to **15.3 per 100,000** people.	**20.4 per 100,000 people** NCI Cancer Profile for Nebraska, 2016-2020 Priority Focus Area: • African American persons: **28.8** per 100,000

**The urban-large, urban-small, and rural geographic categories are based on "reporting category 1" within the Disparities Demographic Data Recommendations Report, Division of Public Health, NDHHS, November 2016*

OBJECTIVES, STRATEGIES, AND PRIORITY FOCUS AREAS

10. Increase Cervical Cancer Screening

SCREENING AND EARLY DETECTION

Objectives:

10.1: Increase the number of women aged up to date on cervical cancer screening

10.2: Decrease the percentage of cervical cancer late-stage diagnoses

10.3: Reduce the cervical cancer death rate

MEASUREMENT TARGET	BASELINE
A. Increase the number of women aged 21-65 up to date on cervical cancer screening to **84%**.	**77%** BRFSS, 2022 Priority Focus Areas**:** • 21-25-year-olds: **62.9%** • Individuals making <$24,999 • Individuals living in a rural areas*
B. Decrease the percentage of cervical cancer late-stage diagnoses to **32%**.	**41.4%** NCI Cancer Profile - Nebraska, 2016-2020
C. Reduce the age-adjusted cervical cancer death rate to **1.0 per 100,000** people.	**2.1 per 100,000 people** NCI Cancer Profile - Nebraska, 2016-2020 Priority Focus Area: • Native American women: **4.6** per 100,000

**The urban-large, urban-small, and rural geographic categories are based on "reporting category 1" within the Disparities Demographic Data Recommendations Report, Division of Public Health, NDHHS, November 2016*

OBJECTIVES, STRATEGIES, AND PRIORITY FOCUS AREAS

11. Increase Participation in Clinical Trials

SURVIVORSHIP

Objectives:

11.1: Increase participation in clinical trials among those with a cancer diagnosis

Strategies:

- Potential local database or link for patients to find clinical trials easier
- Ensure hub and spoke model for clinical trials (urban to rural) to increase rural participation and diversity of clinical trial participants
- Increase education and promotion about clinical trials
- Increase education for providers on clinical trials
- Encourage cancer survivor involvement in community informed research
- "Clinical Trial Champions" – Include testimonials from other cancer patients/survivors in communities to help remove the fear of participation in trials

The following objectives are encompassing all cancer survivors, including pediatric cancer.

Cancer survivorship includes anyone who has ever been diagnosed with cancer no matter where they are in the course of their disease. *American Cancer Society*

MEASUREMENT TARGET	BASELINE
A. Increase participation in clinical trials among those reporting a cancer diagnosis to **6.0%**. *This would include participation in a trial internal or external to Nebraska*	**4.4%** BRFSS, 2020

OBJECTIVES, STRATEGIES, AND PRIORITY FOCUS AREAS

12. Improve Understanding of Cancer Information — SURVIVORSHIP

Objectives:

12.1: Increase the percentage of those who reported a cancer diagnosis and said it is very easy to understand information that ***medical professionals*** tell them

12.2: Increase the percentage of those who reported a cancer diagnosis and said it is very easy to understand ***written health information***

Strategies:

- Effective use of navigators (nurse, social work and/or non-clinical)
- Continuous follow-up at appointments
- Collaborate with partners and support education content in various forms that takes into account language and dialect, sign language, and low vision or blind patients

MEASUREMENT TARGET	BASELINE
A. Increase the percentage of those who reported a cancer diagnosis and said it is very easy to understand information that medical professionals ***tell*** them to **59%**.	**54.5%** BRFSS, 2020
B. Increase the percentage of those who reported a cancer diagnosis and said it is very easy to understand ***written*** health information to **60%.**	**56.3%** BRFSS, 2020

OBJECTIVES, STRATEGIES, AND PRIORITY FOCUS AREAS

13. Improve Quality of Life — SURVIVORSHIP

Objectives:

13.1: Improve and maintain quality of life for all those diagnosed with cancer and their caregivers

13.2: Improve the physical health of cancer survivors

13.3: Improve the mental health of cancer survivors

Strategies:

- Assess and address barriers to pre-rehabilitative and rehabilitation services
- Regular routine and repeated screenings to identify what resources are needed and refer to services (Social Determinants of Health)
  - Transportation and Lodging
  - Economic Welfare
  - Mental Health
  - Physical Health
- Ensure continued screening for other/secondary cancers and ensure referral
- Increase the use of state-wide evidence-based screenings and programs
- Implement equitable and culturally appropriate evidence-based policy and system changes
- Encourage continuity of care with Primary Care Providers, especially in rural areas
- Reduce education gap by increasing provider and patient knowledge on long-term effects of cancer treatment
- Implement a resource database for providers
- Explore use of caregiver billable appointments
- Promote education on the need for long term follow-up care to monitor for late effects of childhood cancer treatment and promote healthy survivorship
- Effective use of navigators (nurse, social work, community health workers and/or non-clinical)
- Utilize National Standards of Cancer Survivorship Care (best practices for survivorship care)

OBJECTIVES, STRATEGIES, AND PRIORITY FOCUS AREAS

13. Improve Quality of Life

SURVIVORSHIP

MEASUREMENT TARGET	BASELINE
A. Improve and maintain quality of life through supportive services for those diagnosed with cancer and beyond (including pediatric cancer and caregivers) - **TBD**.	**TBD**
B. Reduce the percentage of those who reported a cancer diagnosis and having fair or poor general health to **11.2%**.	**22.4%** BRFSS, 2020
C. Reduce the percentage of those who reported a cancer diagnosis and said that their mental health was not good on 14 or more of the previous 30 days to **10%**.	**10.7%** BRFSS, 2020

OBJECTIVES, STRATEGIES, AND PRIORITY FOCUS AREAS

14. Promote Resources for Survivors

SURVIVORSHIP

Objectives:

14.1: Promote resources for survivors through establishment of a survivorship workgroup

Strategies:

- Increase use of electronic health record patient portals for patient communication about resources
- Support education for providers to understand necessary resources and potentially provide continuing education credits
- Support education for primary care providers in relation to during and post-cancer treatment care
- Increase awareness and encourage adoption of billable navigation services
- Improve support services for pediatric patients, survivors, and their families
- Explore housing a centralized list of resources
- Ensure palliative care is included as a resource

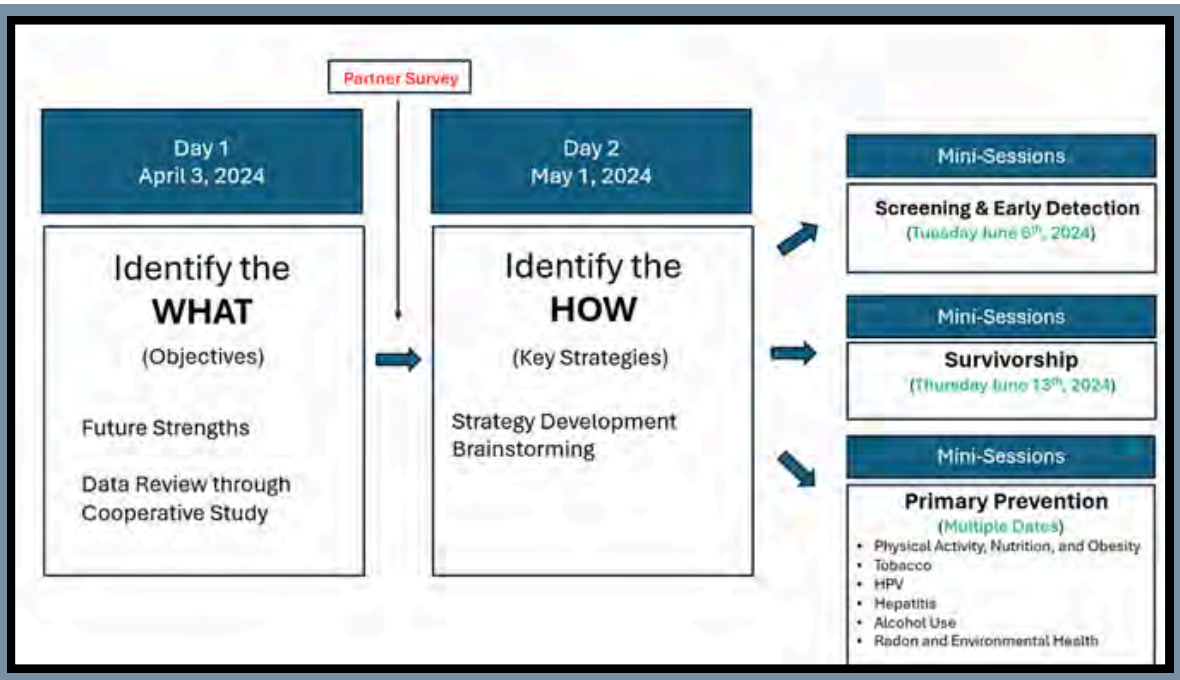
MEASUREMENT TARGET

A. By June 2025, establish a workgroup to address cancer survivorship in Nebraska.

PLAN DEVELOPMENT OVERVIEW

The NECCCP, in partnership with the Partners for Insightful Evaluation (PIE), used a collaborative approach to strategic planning. This began with a kick-off meeting in February 2024, with key partners, where NECCCP briefly reviewed the previous Cancer Plan, provided an overview of the CDC priorities, and described the process for creating the 2025-2030 Cancer Plan.

Two virtual half-day sessions were held to draft the 2025-2030 Cancer Plan. This allowed for more than 40 individuals representing NECCCP staff, key partner organizations, and stakeholder groups to actively participate (see Page 31). The purpose of these sessions was to identify and prioritize objectives, evidence-based strategies, and key activities that would positively affect the identified CDC goals. The planning group focused on three CDC priority areas; Primary Prevention, Early Detection and Screening, and Survivorship. It also included three cross-cutting priorities; Proven Strategies, Access, and Policies and Programs. In using collaborative processes, this ensured all voices were heard to establish a collective and unified strategic plan. After the initial group planning sessions, shorter sessions were held with smaller groups for each of the three priority areas to set the specific metrics for each objective. Finally, after the smaller group planning sessions were conducted, PIE and NECCCP drafted a list of objectives, strategies, and measurement targets to include in the Cancer Plan. PIE developed a short, online survey to provide partners involved in the Cancer Plan development process, as well as other partners involved in cancer prevention and control efforts across the state, an opportunity to review the draft objectives, strategies, and measurement targets and offer feedback or suggestions. This feedback was incorporated into the final Cancer Plan as appropriate.



PLAN DEVELOPMENT THE DETAILS

During the first session participants discussed past accomplishments, setbacks from the previous plan and if the previous goals were met, not met, or trending in the right direction. Following this, the participants were split into groups and discussed the vision and future of cancer prevention and control in Nebraska by answering strength-focused questions.

The groups came back together to use this information to identify objectives for the plan. This set the stage for analyzing and interpreting current data by viewing the trends of cancer prevention, early detection and screening, and survivorship work in Nebraska over time (see Appendix 1). Each priority area was provided with a data brief to interpret to summarize the key highlights, trends, and factors to be mindful of during the strategic planning process.

- What do you hope to be accomplished through the Nebraska Cancer Plan over the next five years?
- How can Nebraska become the gold standard in cancer prevention, screening and early detection, and survivorship over the next five years?
- In a changing healthcare landscape, how can organizations working across the cancer continuum adapt strategies to be successful over the next five years?
- How can we ensure we are addressing disparities that occur in cancer prevention and care to reduce the cancer burden in Nebraska?

Between the two planning sessions, a stakeholder survey was conducted to capture additional information. This survey went to not only those who attended the session but many other partners across the state. During the May 1 session, the results from this survey along with a summarization of Day 1 were shared with the group. The purpose of this meeting was to determine the strategies to be included in the plan to effectively meet the set objectives. The groups were split amongst the three priority areas and reviewed the objectives for each. After individual brainstorming, each group worked with a facilitator to prioritize these strategies within an impact/feasibility matrix considering cost, time, effort, and complexity. The NECCCP and PIE team compiled a comprehensive list of strategies for each objective based on the most impactful and feasible as identified by the larger planning group.

PLAN DEVELOPMENT THE DETAILS

To make the most effective use of partners' time, several smaller sessions were held with stakeholder groups to set the metrics for each objective. Based on their experience in each area, the final data sources and targets were set. After the small sessions were conducted, a draft list of Cancer Plan objectives, strategies, and measurement targets were compiled by PIE and NECCCP and provided to partners to review and provide feedback via a second survey. Partners were also asked to reach out to NECCCP staff directly via email to provide feedback on the draft objectives, strategies, and measurement targets.

PLAN REVIEW AND EVALUATION

NECCCP and PIE will convene partners on an annual basis to review the Cancer Plan, track progress on measurement targets through review of most recent data and discuss progress regarding strategy implementation. In fiscal year 2027, NECCCP and PIE, as part of the annual review process, will make mid-point revisions/updates to the Plan based on partner feedback and progress on strategy implementation and measurement targets.

EVIDENCE-BASED PRACTICE

Definition of Evidence-Based Practice:
Evidence-Based Practice (EBP) in cancer prevention and control involves integrating the best available research evidence with clinical expertise and patient preferences to optimize outcomes. This approach relies on systematically reviewed, rigorously tested, and scientifically validated methods to ensure the most effective strategies are used to reduce the cancer burden, improve early detection, enhance treatment efficacy, and support survivorship.

Common Evidence-Based Practices to Reduce Cancer Burden include:
1. Screening and Early Detection
2. Vaccination
3. Behavioral Interventions such as tobacco cessation programs and programs to support healthy eating, physical activity, and weight management
4. Environmental and Policy Interventions
5. Survivorship Care

The Nebraska Cancer Plan's objectives and strategies include evidence-based guidelines and practices wherever possible to support the achievement of target measurements and outcomes. Some objectives and strategies are aligned with national guidelines and objectives, such as those outlined in:

- Healthy People 2030 (HP2030): A national framework that emphasizes reducing cancer mortality and morbidity through prevention, early detection, and effective treatment strategies.
- U.S. Preventive Services Task Force (USPSTF): An independent panel of experts that provides recommendations for clinical preventive services based on rigorous evidence reviews.
- CDC: The CDC supports evidence-based interventions in cancer prevention, screening, and control through the National Comprehensive Cancer Control Program (NCCCP).
- American Cancer Society (ACS): Provides guidance and evidence-based recommendations on cancer prevention, screening, and survivorship care.

Policy, systems, and environmental change approaches are also embedded in the Nebraska Cancer Plan objectives and strategies to help ensure sustainable and long-lasting change.

CANCER PLAN PARTNERS

The following organizations provided their expertise and input to develop this cancer plan. Some participated in every meeting, and some provided crucial feedback via survey collection.

There are many more partners across the state who are actively working to reduce the cancer burden. All of us working together will accomplish great things.

A Time to Heal Cancer Foundation
American Cancer Society
American Cancer Society Cancer Action Network
Bryan Health- April Sampson Cancer Center
CHI Health/Common Spirt Health
Children's Nebraska Hospital
Cynchealth
Doane University
Elkhorn Logan Valley Public Health Department
GO Physical Therapy; Balance Mobility and Cancer Rehab
Great Plains Colon Cancer Task Force
Health Center Association of Nebraska
Mary Lanning Morrison Cancer Center
Nebraska Cancer Coalition
Nebraska Colorectal Cancer Screening Program
Nebraska Commission on Cancer
Nebraska Comprehensive Cancer Control Program
Nebraska Department of Education
Nebraska Division of Public Health
Nebraska DHHS Chronic Disease Prevention and Control
Nebraska DHHS Office of Health Disparities
Nebraska Every Woman Matters Program
Nebraska Hepatitis Program
Nebraska Hospice and Palliative Care Association
Nebraska Immunization Program
Nebraska Medical Association
Nebraska Medicine
Nebraska Methodist Health System
Nebraska Oncology Society
Nebraska Oral Health
Nebraska Radon Program
Nebraska State Office of Rural Health
Nebraska Total Care
Panhandle Public Health Department
Partners for Insightful Evaluation
SHAPE Nebraska
South Heartland District Health Department
Two Rivers Public Health Department
United Healthcare
University of Nebraska Lincoln
University of Nebraska Medical Center
Western Community Health Resources
YMCA of Greater Omaha

This list of organizations is intended to be a comprehensive list of those who participated, but some organizations may be inadvertently omitted.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

Dear Nebraskans,

We are pleased to present the Nebraska State Cancer Plan, a comprehensive framework designed to guide our efforts in reducing the burden of cancer across our state. This plan is the result of extensive collaboration with healthcare professionals, community leaders, cancer survivors, and others committed to improving cancer prevention, early detection, treatment, and support services across Nebraska.

Cancer remains a significant public health challenge in Nebraska, impacting thousands of individuals and families each year. The goal of this plan is to address the various needs of our communities through targeted strategies and evidence-based practices. We recognize that achieving these goals requires a collective effort. We invite all stakeholders—healthcare providers, community organizations, policy makers, and the public—to join us in implementing this plan and making a tangible difference in the fight against cancer.

Together, we can work towards a future where cancer is no longer a leading cause of death, but a manageable and preventable condition. Your support and involvement are crucial to the success of this initiative. Thank you for your dedication and commitment to improving cancer care in Nebraska.

Sincerely,

Charity Menefee
Director
Division of Public Health
Nebraska Department of Health and Human Services

Timothy A. Tesmer, M.D
Chief Medical Officer
Division of Public Health
Nebraska Department of Health and Human Services

ACRONYMS

ACR American College of Radiology
ACS American Cancer Society
AI/AN American Indian/Alaska Native
BMI Body Mass Index
BRFSS Behavioral Risk Factor Surveillance System
CDC Centers for Disease Control and Prevention
CRC Colorectal Cancer
HBV Hepatitis B Virus
HCV Hepatitis C Virus
HP2030 Healthy People 2030
HPV Human Papillomavirus
MSA Metropolitan Statistical Area
NCI National Cancer Institute
NDHHS Nebraska Department of Health and Human Services
NECCCP Nebraska Comprehensive Cancer Control Program
NIS National Immunization Survey
PIE Partners for Insightful Evaluation
TBD To Be Determined
TFN Tobacco Free Nebraska
USPSTF U.S. Preventive Services Task Force
YRBS Youth Risk Behavior Survey

REFERENCES

1. Nebraska Department of Health and Human Services. (2019). Cancer Incidence and Mortality in Nebraska. Retrieved from [https://dhhs.ne.gov/Cancer%20Registry%20Documents/Cancer%20Incidence%20and%20Mortality%20in%20Nebraska%202019.pdf]

2. National Cancer Institute. (2024). State Cancer Profiles: Nebraska. Retrieved from [https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=nebraska]

3. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Aug 06, 2024]. URL: https://www.cdc.gov/brfss/brfssprevalence/.

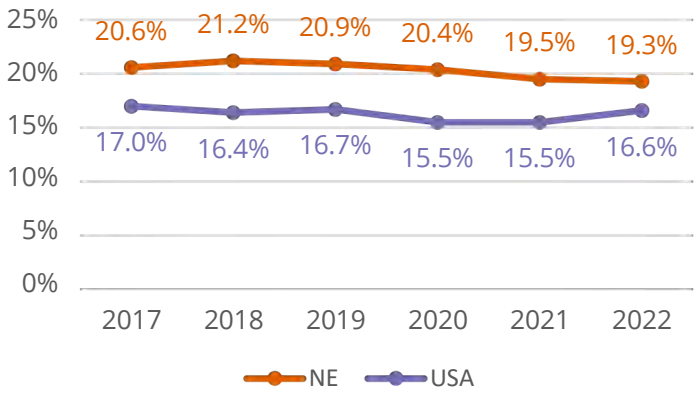
4. National Cancer Institute. (2024). Cancer Disparities. Retrieved from https://www.cdc.gov/health-equity/what-is/index.html

APPENDIX: DATA BRIEFS

Primary Prevention

Alcohol and Tobacco Use

Fig 1. Percent of adults (18+) that binge drank in the past 30 days



*Binge drinking defined as, "drinking 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women."

Tobacco Use Disparities – NE adults

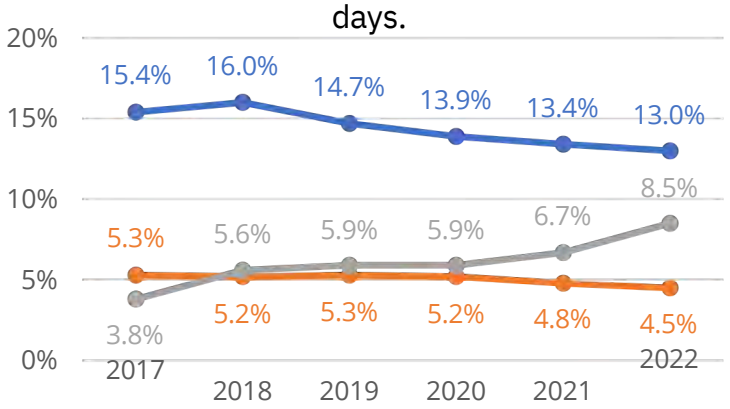
Smoking rates were higher among those who

- were 25 or older
- had lower income (make <$25k annually)
- were non-Hispanic American Indian, Black, or Multiracial.

Younger adults (18-24) had higher rates of e-cigarette use, and males had higher rates of smokeless tobacco use.

Source: Nebraska Behavioral Risk Factor Surveillance Survey

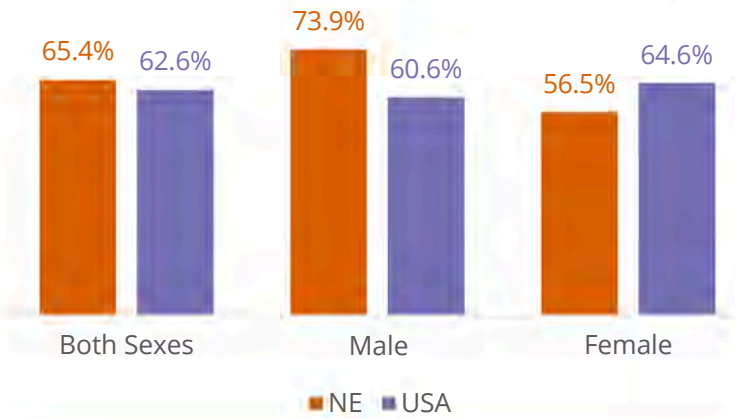
Fig 2. Percent of NE adults (18+) who currently smoke cigarettes, use smokeless tobacco, or use e-cigarettes/other vaping products either every day or on some days.



- Tobacco product use among Nebraska adults is higher than national estimates for 2021 (**11.5% for cigarettes, 4.5% for e-cigarettes, and 2.1% for smokeless tobacco**) Source
- Click here to access the Tobacco Free Nebraska State Plan for information on additional tobacco-related objectives

HPV Vaccination & Viral Hepatitis

Fig 3. Percent of adolescents ages 13-17 who received all recommended doses of the HPV vaccine, 2022



Source: National Immunization Survey - Teen

People with hepatitis B and hepatitis C have the greatest risk of liver cancer. In the U.S., approximately **65 percent** of liver cancer cases are related to hepatitis B or C, with nearly **50 percent** attributable to hepatitis C alone. Source.

In 2018, the reported HepB vaccination coverage (≥3 doses) was **30.0%** among U.S. adults aged ≥19 years, only a small increase over the past 4 decades. *Source*

Physical Activity

Fig 4. Percent of NE adults (18+) that met aerobic physical activity recommendations, muscle strengthening recommendations, or both.

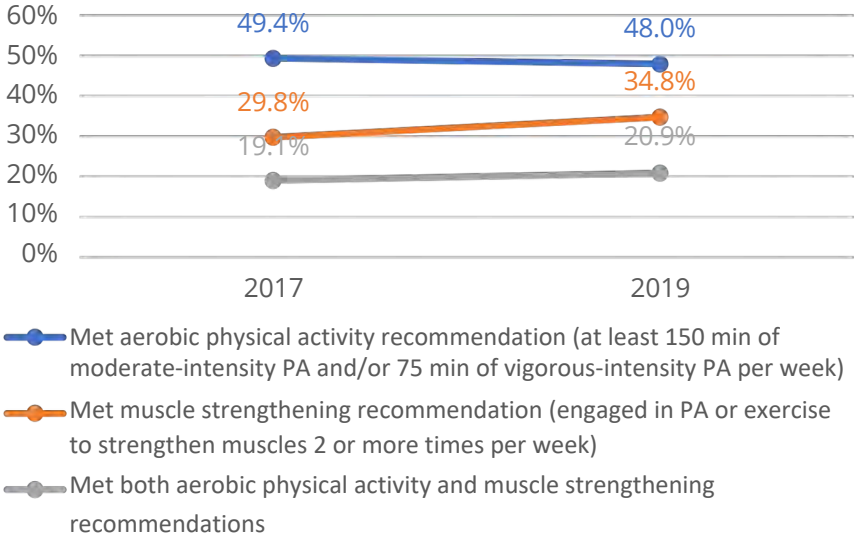
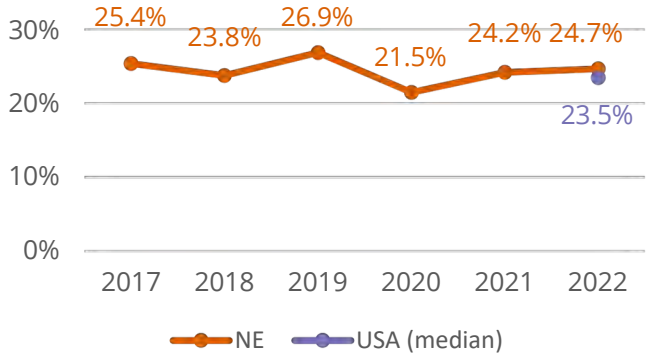


Fig 5. Percent of adults 18 and older who report no physical activity or exercise in the past 30 days.



Nutrition and Obesity

Fig 6. Percent of adults (18+) with obese weight classification (BMI=30+).

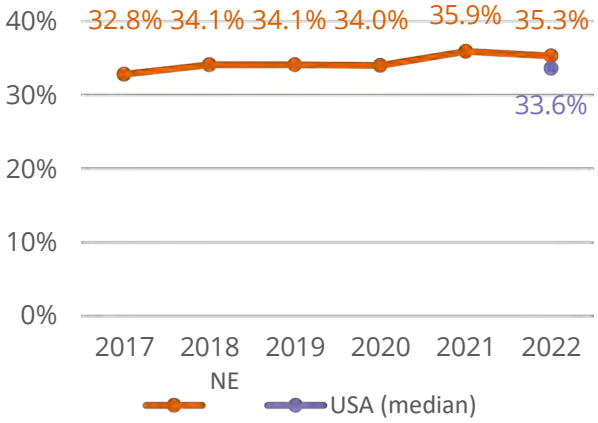
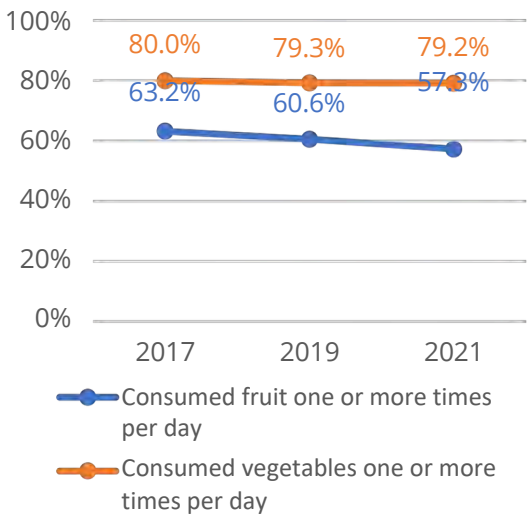


Fig 7. Percent of NE adults (18+) that consumed fruits and vegetables one or more times per day.



Source: Nebraska Behavioral Risk Factor Surveillance Survey

Obesity Disparities

Nebraskans with lower income (those making <$50k annually), individuals aged 45-64, and individuals living in small urban areas have higher rates of obesity.

Radon

From 2018 – 2023, in 63 of 92 Nebraska counties (68.5%), average radon measurements were at or above the action level recommended by the EPA (4 pCi/L). Nebraska ranks 48th by percent of tests above the action level.

Source: DHHS Radon Program, American Lung Association

NEBRASKA NECCCP Comprehensive Cancer Control Program

Partners for Insightful Evaluation

Screening & Early Detection

Cancer Screening

Fig 1. Percent who are up to date on colorectal cancer (CRC) screenings, 2022

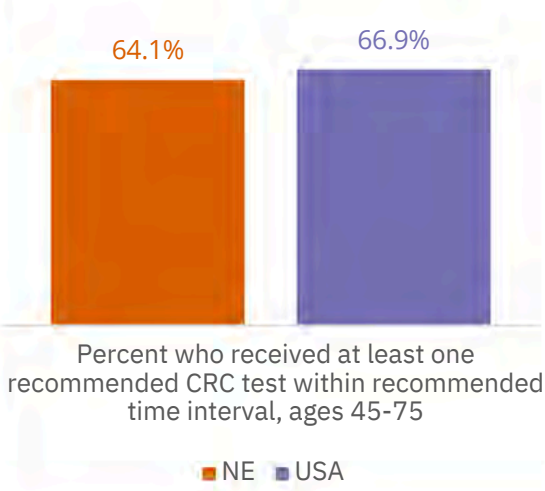
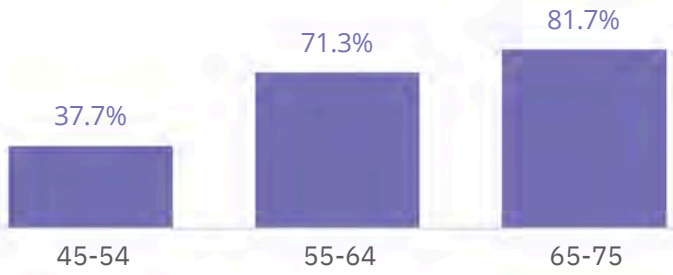
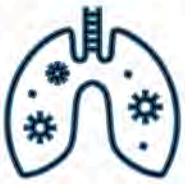


Fig 2. Percent of Nebraskans who received at least one recommended CRC test within recommended time interval, 2022

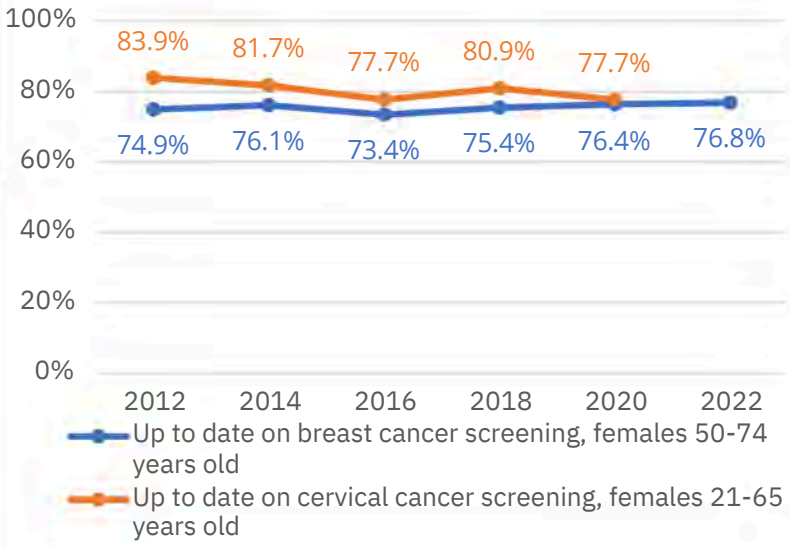




Using 2021 data from the American College of Radiology's (ACR) Lung Cancer Screening Registry, in Nebraska, 3.7% of those at high risk for lung cancer were screened, which is significantly lower than the national rate of 4.5%.

Source: American Lung Association

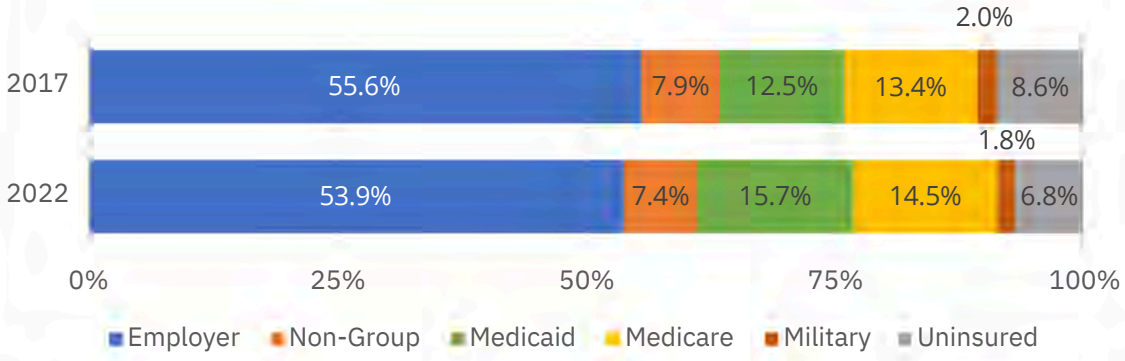
Fig 3. Percent of NE adults who were up to date on screenings for breast & cervical cancer



Source: Nebraska Behavioral Risk Factor Surveillance Survey

Health Insurance Coverage

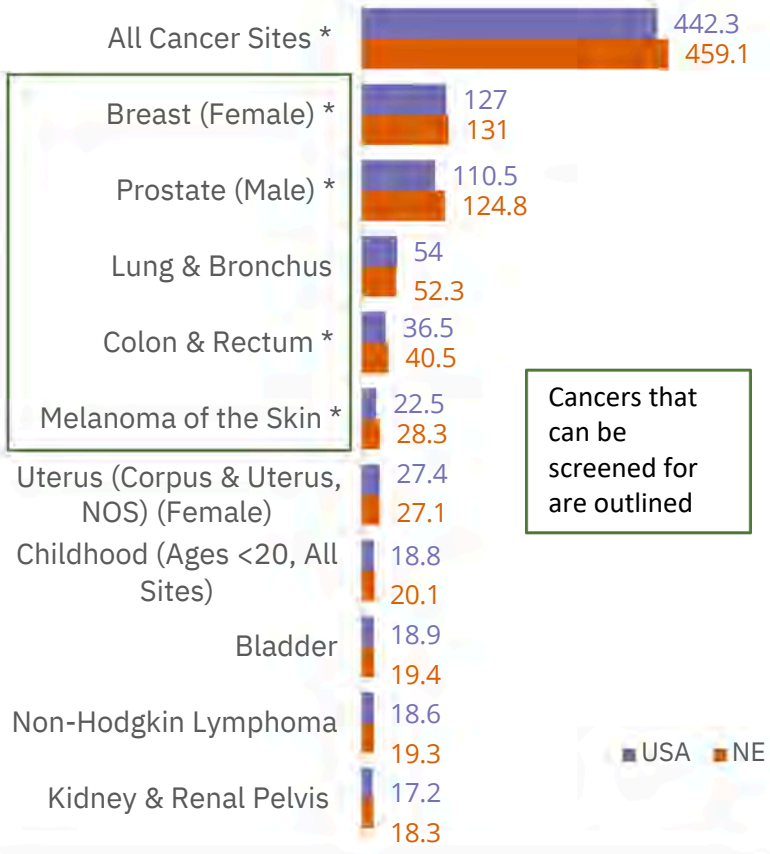
Fig 4. Percent and type of insurance coverage of Nebraskans, 2017 vs. 2022



Source: KFF estimates of American Community Survey (ACS) data, 1-year estimates

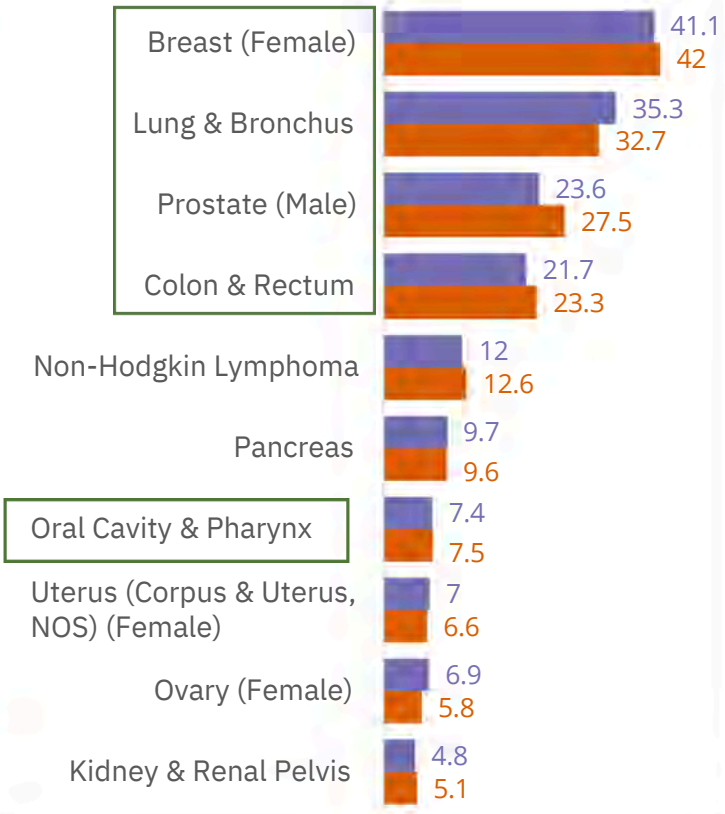
Cancer Incidence

Fig 5. Age-adjusted Cancer Incidence Rates, per 100k population, All Stages, 2016-2020 - Top 10 Cancer Sites



* = statistically significant difference

Fig 6. Age-adjusted Cancer Incidence Rates, per 100k population, Late Stage**, 2016-2020 - Top 10 Cancer Sites



**Late stage is defined as cancers that have spread to nearby lymph nodes, tissues, or organs or distant parts of the body

Source: National Cancer Institute (NCI) State Cancer Profiles

Cancer Screening & Incidence Disparities

- CRC screening rates are lower for Hispanic Nebraskans (38.0%) and AI/AN Nebraskans (41.2%), compared to white counterparts (66.3%).
- CRC incidence is higher among AI/AN Nebraskans, compared to white counterparts (69.2 vs. 40.7/100k)
- Lung and Prostate Cancer incidence is higher among African American Nebraskans, compared to white counterparts (67.3 vs. 52.9/100k and 190.8 vs. 121.6/100k, respectively).
- Breast and cervical cancer screening rate is lower for low income (<$25k) women relative to higher income women ($75k+) (64.1% vs. 84% for breast; 70.2% vs. 85.9% for cervical, respectively). Breast and cervical cancer screening rates are also higher for urban-large areas compared to rural.

CRC = Colorectal Cancer; AI/AN = American Indian/Alaska Native

Source: National Cancer Institute (NCI) State Cancer Profiles, Nebraska Behavioral Risk Factor Surveillance Survey

NEBRASKA NECCCP Comprehensive Cancer Control Program

Partners for Insightful Evaluation

Survivorship, Treatment, and Quality of Life

Cancer Survivorship

Fig 1. Among those who reported a cancer diagnosis, about 3/4 reported their age at first diagnosis as 45 or older.

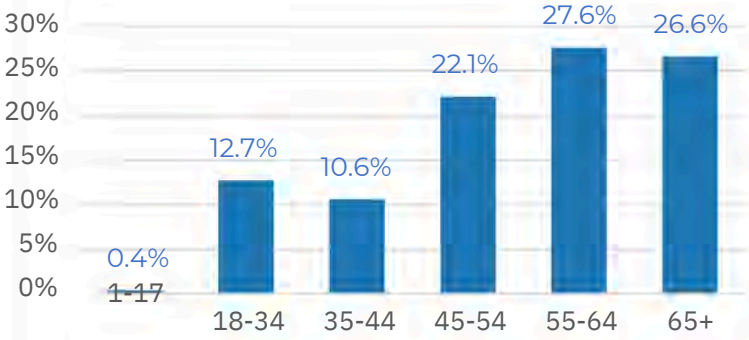


Fig 2. Those who reported a cancer diagnosis were less likely to report current tobacco use compared to those who reported no cancer diagnosis.

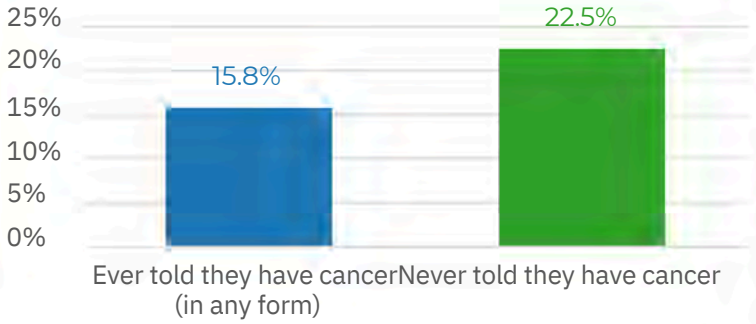


Fig 3. Those who reported a cancer diagnosis were less likely to say that it is very easy to understand health and medical information (written or spoken) compared to those who reported no cancer diagnosis.

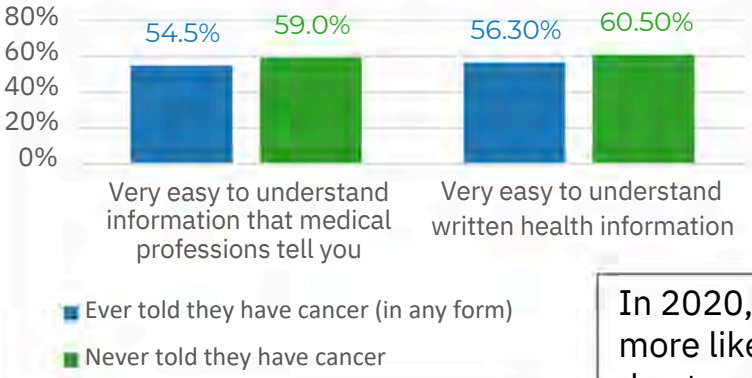
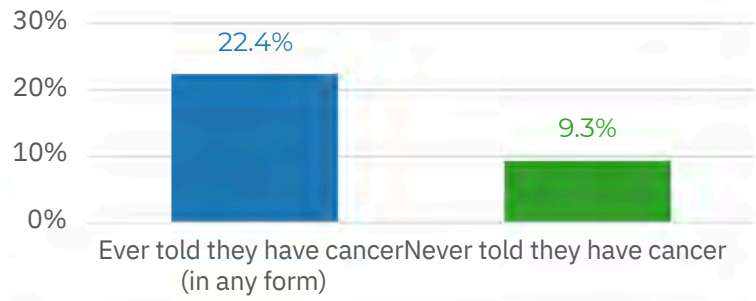


Fig 4. Those who reported a cancer diagnosis were more likely to report having fair or poor general health compared to those who reported no cancer diagnosis.

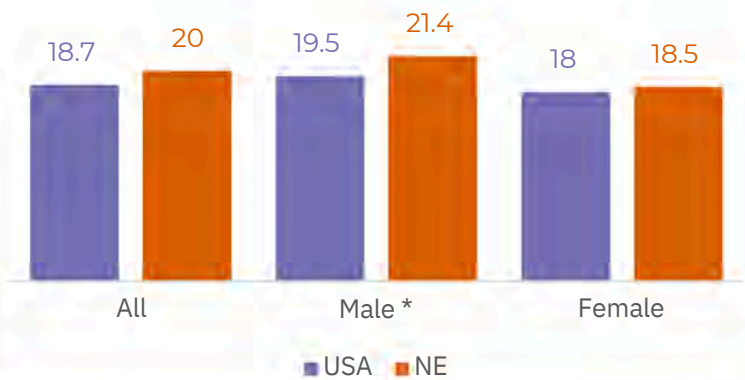


Source: Nebraska Behavioral Risk Factor Surveillance Survey

In 2020, those who reported a cancer diagnosis were more likely to report that their usual activities were limited due to poor physical or mental health on 14 or more of the previous 30 days compared to those who reported no cancer diagnosis (10.1% vs. 5.6%)

Pediatric Cancer

Fig 5. Pediatric Cancer Incidence Rates, per 100K Population, 2009-2018

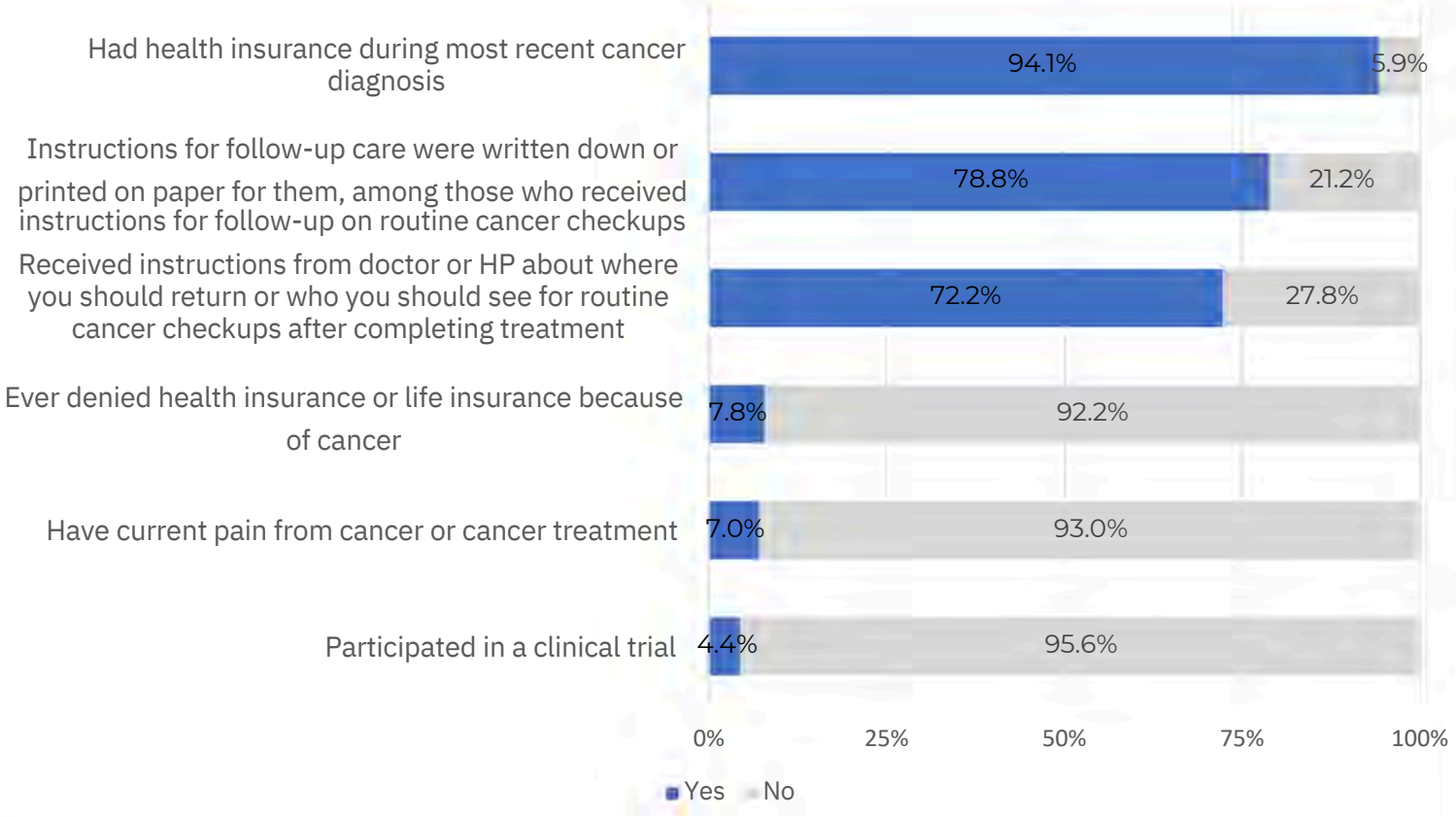


The top three types of pediatric cancer based on number of cases in Nebraska, 2009–2018, include:
- Leukemia (247 cases)
- Brain and other nervous system (203 cases)
- Lymphoma (149 cases)

Source: Cancer Burden in Nebraska, May 2022, University of Nebraska Medical Center.

Cancer Survivorship

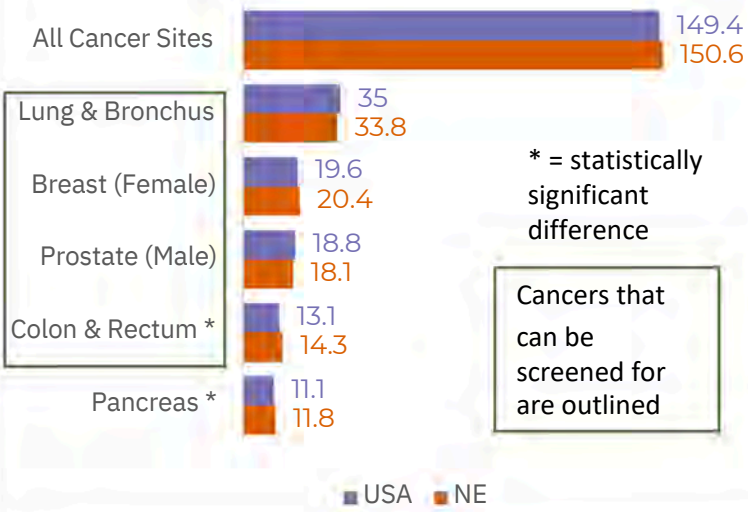
Fig 6. Among those who have been told they have any type of cancer and completed treatment...



Source: Nebraska Behavioral Risk Factor Surveillance Survey

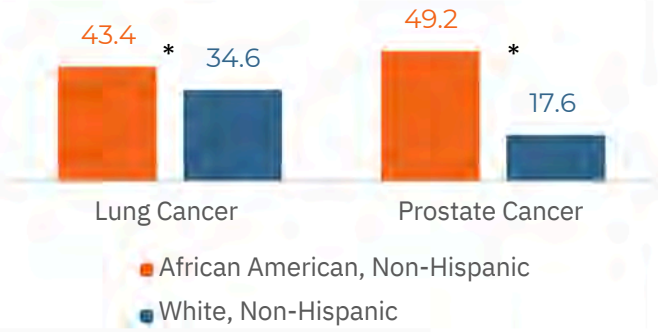
Cancer Mortality

Fig 7. Age-adjusted Cancer Mortality Rates, per 100k population, All Stages, 2016-2020 - Top 5 Cancer Sites



Disparities

Fig 8. Lung & Prostate Cancer mortality is significantly higher among African American Nebraskans compared to their white counterparts (rate = per 100k population).



Source: National Cancer Institute (NCI) State Cancer Profiles

NEBRASKA NECCCP Comprehensive Cancer Control Program

Partners for Insightful Evaluation

2025-2030
NEBRASKA CANCER PLAN

MOST RECENT UPDATE TO PLAN: OCTOBER 24, 2024