2021-2025

Alaska Cancer Plan

Working Toward a Cancer Free Alaska
Alaska Cancer Plan, 2021-2025
Published 2021

Michael J Dunleavy, Governor
Adam Crum, MSPH, Commissioner, Department of Health and Social Services
Anne Zink, MD, Chief Medical Officer, Department of Health and Social Services
Heidi Hedberg, Director, Division of Public Health
Karol Fink, MS, RDN, Section Chief, Chronic Disease Prevention & Health Promotion

Major contributors to the development of this plan include:
State of Alaska Comprehensive Cancer Control Program:
- Jessica Quinn, MS, Cancer Program Manager

Agnew::Beck Consulting:
- Tanya Iden, AICP, Principal
- Katie Reilly, MPH, Senior Associate

Funding for this work was provided by the Centers for Disease Control and Prevention (CDC) Cooperative Agreement Number NU58DP006305. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.


Copyright Information: All material in this document is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.
# Table of Contents

Acknowledgements ............................................................................................................. 1  
2021-2025 Alaska Cancer Plan ............................................................................................ 2  
  Introduction .................................................................................................................. 2  
    Addressing Cancer in Alaska ................................................................................... 2  
    Cancer Control Activities ....................................................................................... 4  
    Cancer Plan Purpose and Process ......................................................................... 4  
  The Uneven Burden of Cancer in Alaska ..................................................................... 5  
    Taking a Health Equity Approach ......................................................................... 6  
  Alaska Cancer Partnership Goals + Strategies ............................................................. 8  
    Social + Community Context ............................................................................... 9  
    Health Care Access + Quality ............................................................................. 12  
    Neighborhood + Built Environment .................................................................... 15  
    Economic Stability ............................................................................................... 18  
    Education Access + Quality ............................................................................... 21
Acknowledgements

We wish to acknowledge and thank those who helped develop the 2021-2025 Cancer Plan and who continue to work toward a cancer free Alaska.

- AARP Alaska Chapter
- Affinity Films, Inc.
- Alaska Health Education Centers
- Alaska Heart & Vascular Institute
- Alaska Men's Run
- Alaska Primary Care Association
- Alaska Radiation Therapy Center
- Alaska Regional Hospital Cancer Center
- American Cancer Society, Alaska Chapter
- American Cancer Society, Cancer Action Network Alaska
- American Lung Association Alaska
- Anchorage Health Department
- Anchorage Young Cancer Coalition
- ANTHC Division of Health Promotion
- ANTHC Epi Center
- Arctic Slope Native Association, Screening Programs
- Bartlett Medical Oncology Center and Bartlett Infusion Center
- Benteh Nuutah Valley Native Primary Care Center
- Breast Cancer Detection Center
- Cancer Connections
- Central Peninsula Hospital
- Chief Andrew Isaac Health Center
- Identity, Inc.
- Interior Alaska Cancer Association
- Katmai Oncology
- Let Every Woman Know Alaska
- Leukemia Lymphoma Society
- Mountain Pacific Quality Health
- Norton Sound Health Consortium

- Palliative Care Alaska Network
- Peninsula Community Health Services of Alaska
- Pinnacle Consulting
- Providence Cancer Center, Patient Navigation Team
- Seattle Cancer Care Alliance
- Southcentral Consulting
- Southcentral Foundation Wellness Programs
- Southeast Alaska Regional Health Consortium, Screening Programs
- Special Olympics Alaska
- State of Alaska, Department of Health and Social Services:
  - Section of Health Analytics and Vital Records, Alaska Cancer Registry
  - Section of Chronic Disease Prevention and Health Promotion
  - Section of Epidemiology, Immunization Program
  - Section of Women's, Children's and Family Health, Breast & Cervical Cancer Early Detection Program
- The Alaska Health Literacy Collaborative
- The J. Michael Carroll Cancer Center at Fairbanks Memorial Hospital
- University of Alaska Anchorage, Student Health & Counseling Center
- Us TOO
- Women LISTEN, Inc.
- Yukon Kuskokwim Health Corporation, Screening Programs
- YMCA Alaska
2021-2025 Alaska Cancer Plan

Introduction

Addressing Cancer in Alaska

Unlike most other states, in Alaska, cancer has been the leading cause of death for many years.\(^1\) Cancer rates across the state vary by region, gender, race, and other socioeconomic factors. With improved screening and treatment, more people are surviving and living with cancer—which in many cases may be treated as a chronic disease.

The Centers for Disease Control and Prevention (CDC) provides funding for the State of Alaska Comprehensive Cancer Control Program and the Alaska Native Tribal Health Consortium Comprehensive Cancer Control Program. In collaboration, these programs coordinate with multiple cancer control organizations and resources through the statewide coalition called the Alaska Cancer Partnership (ACP). Coalition members participate in active Work Groups focused on prevention, early detection, and survivorship quality of life.

The Alaska Cancer Plan has guided the work of the ACP for more than 15 years. The 2021-2025 plan continues in that tradition, as a strategic plan to address the burden of cancer in our state. The State of Alaska Comprehensive Cancer Control Program developed this plan with leadership from the ACP Cancer Plan Advisory Team, the ACP Steering Committee and assistance from Alaskan consulting firm, Agnew::Beck.

The plan draws from prior needs assessments and community-based participatory research conducted by the ACP; state surveillance data sources; the state health improvement plan, Healthy Alaskans 2030; and input from ACP Work Groups, Advisory Team, and Steering Committee.

The ACP Steering Committee meets annually to assess new data on the cancer burden in Alaska, changes in the public health and healthcare system landscapes, and data from the annual partnership survey to determine priority activities for the coalition in the coming year. The full membership of the ACP meets annually to develop strategies to address the priority activities determined by the Steering Committee. The Work Groups implement and evaluate the strategies determined at the annual meeting.

All activities are informed by statewide surveillance data from the Alaska Cancer Registry, the Alaska Behavioral Risk Factor Surveillance System (BRFSS), the Alaska Immunization Information System, and other sources as available. Much of this data is collated annually and displayed in the State of Cancer in Alaska Dashboard in order to monitor trends and visualize differences in health outcomes by groups of people.

Annual Cycle of the Alaska Cancer Partnership

**WINTER**
Steering Committee: determine *priority activities for the coming year*

**SPRING**
Annual ACP Meeting: *identify strategies to address priority activities*

**SUMMER + FALL**
Prevention, Detection, and Survivorship Workgroups: *implement strategies*
Cancer Control Activities
The evidence for, and practice of, specific cancer control activities evolve as they are informed by new research and models. Over time they have included:

**Cancer prevention** activities focused on physical activity, nutrition, tanning and sun safety, alcohol and tobacco use, vaccinations, cancer risk assessment, and environmental carcinogens.

**Cancer detection** activities to address preventive care patient navigation, evidence-based cancer screenings, timeliness of follow-up, and genetic counseling and testing.

**Cancer survivorship** includes all activities that take place after a cancer diagnosis, such as oncology patient navigation, informed decision-making during cancer treatment, clinical trials, palliative and hospice care, advanced care planning, social and emotional support for survivors, caregiver support, quality of life after cancer, and prevention of cancer recurrence.

Cancer Plan Purpose and Process
This plan seeks to prevent and detect cancer and support cancer survivors to achieve the Partnership’s vision of a cancer free Alaska. Partners are encouraged to engage in the following five phases to select and implement strategies:

<table>
<thead>
<tr>
<th>PHASE 1</th>
<th>Identify priority cancer control activity</th>
<th>PHASE 2</th>
<th>Identify disparities or areas of increased need to deliver strategies</th>
<th>PHASE 3</th>
<th>Convene to identify which upstream factors are contributing to the disparity</th>
<th>PHASE 4</th>
<th>Identify/invite partners to help effectively implement strategies to priority population</th>
<th>PHASE 5</th>
<th>Move forward with strategy implementation, monitor progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead: Steering committee</td>
<td>Lead: Steering committee</td>
<td>Lead: Full partnership</td>
<td>Lead: Work groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Uneven Burden of Cancer in Alaska

Alaskans experience cancer in different ways due to the unequal allocation of power and resources. This imbalance impacts the opportunity to achieve optimal health, in some of the following ways.

**IN ALASKA:**
- Cancer is the #1 leading cause of death (since 1993).
- Alaska Health Analytics and Vital Records

**POVERTY**
- Alaskans living in poverty are:
  - Less likely to be screened for colon cancer.
  - More likely to use tobacco.

**URBANICITY**
- Alaskan teens living in the suburbs are less likely to be vaccinated against HPV.

**SEXUAL ORIENTATION**
- Alaskans who are lesbian, gay, or bi-sexual are:
  - More likely to be obese.
  - Less likely to be screened for cervical cancer.

**GENDER**
- Alaskans who are male are:
  - More likely to use tobacco.
  - Less likely to have a regular healthcare provider.

**GEOGRAPHY**
- New cases of cancer are lowest in the Southwest region and highest in the interior region.

For up-to-date cancer data go to: [State of Cancer in Alaska Dashboard](#), [Alaska Cancer Registry](#), [the Alaska Native Epidemiology Center](#), [the Alaska Health Equity Index](#).
Taking a Health Equity Approach

In recent years there has been increased recognition of the “upstream” factors that influence health. This plan aims to address these social determinants of health by approaching cancer control through a health equity framework (see Figure 1). A commitment to cancer control must include a commitment to health equity. This plan aims to achieve optimal health for everyone by giving particular attention to the needs of those most at risk for poor health. Cancer mortality has declined over the past few decades, yet major disparities still impact cancer care and outcomes. The great progress that has been made to better prevent, detect and treat cancer, and support cancer survivors in the United States has not been equitably distributed. Over the past 25 years (1991-2016) the overall cancer death rate declined by 27% while socioeconomic disparities in cancer mortality widened. The most striking disparities occur in cancers most amenable to prevention and early detection, such as cervical cancer. Progress toward eradicating the inequitable burden of cancer will require continued population health efforts and more focused action to eliminate cancer-related disparities.

Health Equity is a process and guiding philosophy, not an outcome. This process requires looking at and addressing the root causes of inequality due to conditions in society, laws, policies, and living environments. To address the unequal experience of cancer burden and realize an overall decrease in the morbidity and mortality of cancer in Alaska, the ACP has identified goals and strategies for each social determinant of health. Each of these upstream determinants has an impact on downstream cancer control activities and long-term cancer outcomes.

---


Figure 1: AK Cancer Plan Framework: Social Determinants of Health

**UPSTREAM: SOCIAL DETERMINANTS OF HEALTH**

The coalition is better positioned to address some areas more than others:

- **COMMUNITY + SOCIAL CONTEXT**
  - Support systems
  - Community engagement
  - Social integration
  - Discrimination
  - Stress

- **HEALTHCARE ACCESS + QUALITY**
  - Provider linguistic + cultural competency
  - Health coverage
  - Provider availability
  - Quality of care

- **ECONOMIC STABILITY**
  - Medical bills
  - Support
  - Employment
  - Income
  - Expense
  - Debt

- **NEIGHBORHOOD + PHYSICAL ENVIRONMENT**
  - Parks
  - Playgrounds
  - Walkability
  - Healthy food access
  - Housing
  - Transportation
  - Safety
  - Zip code/ geography

- **EDUCATION**
  - Literacy
  - Language
  - Early childhood education
  - Vocational training
  - Higher education

**MIDSTREAM: CANCER RISK AND PREVENTION**

High risk health behaviors | Protective health behaviors | Exposure to hazards | Utilization of health services

**DOWNSTREAM: CANCER-RELATED OUTCOMES**

Cancer incidence | Cancer mortality | Cancer survivor quality of life

Alaska Cancer Partnership Goals + Strategies
To address the unequal experience of cancer burden and realize an overall decrease in the morbidity and mortality of cancer in Alaska, the Alaska Cancer Partnership has identified goals. Strategies related to each social determinant of health are detailed in each section.

SOCIAL + COMMUNITY CONTEXT
Goal: Increase social integration and community engagement in the fight against cancer.

HEALTH CARE ACCESS + QUALITY
Goal: Improve access to health care so that every Alaskan can receive high-quality and affordable cancer and related clinical services.

NEIGHBORHOOD + BUILT ENVIRONMENT
Goal: Leverage the physical environment to facilitate healthy behaviors that help prevent cancer and improve survivor quality of life.

ECONOMIC STABILITY
Goal: Support the economic stability of Alaskans to promote engagement in cancer control activities.

EDUCATION ACCESS + QUALITY
Goal: Support access to education and increased educational attainment so that every Alaskan can reach their full potential and make informed decisions about their health.
SOCIAL + COMMUNITY CONTEXT

“I know many women who have lost career opportunities because of side effects of cancer medications or a cancer diagnosis. Most women who get cancer are already older and in danger of age discrimination; cancer just makes it a thousand times worse. I miss my successful and hard-won career.”
- Sonya Senkowsky, Alaska Breast Cancer Survivor

Goal: Increase social integration and community engagement in the fight against cancer.

Why: Humans seek social connections, and their health and wellness benefit greatly when they are supported by family, friends, community, and neighborhood. People satisfy these connections through relationships built within the social, religious, cultural, and occupational institutions where they interact. Social cohesion refers to the sense of belonging, trust, and support that an individual experiences within their social context. This is heavily influenced by discrimination and inequality. “Social isolation, a measure of one’s (limited) social contact and networks, is disproportionately prevalent among socioeconomically disadvantaged populations, the chronically ill, and racial/ethnic minority groups.”

Health care systems are paying increased attention to social risk factors, such as experiencing trauma and other adverse childhood experiences (ACEs). Focusing on strategies that build connections, foster community, and address social risks to help people get the support they need, targeted to communities of color and lower socioeconomic groups, improves overall health outcomes.

---


How: The following are potential strategies related to cancer control aimed at social and community context.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Prevention</th>
<th>Detection</th>
<th>Survivorship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilize one-on-one education to increase community demand for cancer prevention and detection services.</td>
<td>![Icon]</td>
<td>![Icon]</td>
<td>![Icon]</td>
</tr>
<tr>
<td>Promote community engagement through the use of community health workers and mobile services.</td>
<td>![Icon]</td>
<td>![Icon]</td>
<td>![Icon]</td>
</tr>
<tr>
<td>Support school-based resiliency programs.</td>
<td>![Icon]</td>
<td></td>
<td>![Icon]</td>
</tr>
<tr>
<td>Provide or raise awareness of cancer survivor support services, groups, and events.</td>
<td>![Icon]</td>
<td></td>
<td>![Icon]</td>
</tr>
<tr>
<td>Create a societal understanding of the growing cancer survivor population and issues surrounding cancer survivorship.</td>
<td>![Icon]</td>
<td>![Icon]</td>
<td>![Icon]</td>
</tr>
<tr>
<td>Support models of health care that consider social risk.</td>
<td>![Icon]</td>
<td>![Icon]</td>
<td>![Icon]</td>
</tr>
<tr>
<td>Encourage workplace policies that support cancer survivors so they can continue to be successful employees.</td>
<td>![Icon]</td>
<td>![Icon]</td>
<td>![Icon]</td>
</tr>
<tr>
<td>Educate stakeholders about the link between social support and cancer outcomes.</td>
<td>![Icon]</td>
<td>![Icon]</td>
<td>![Icon]</td>
</tr>
</tbody>
</table>
### TRACKING SUCCESS IN SOCIAL + COMMUNITY CONTEXT

#### Monitor these indicators in the State of Cancer in Alaska Dashboard:

- Percentage of respondents who have/had cancer who report having 5 or more mentally unhealthy days per month.

- *All other indicators filtered by race/ethnicity, age, gender, sexual orientation, urbanicity, or disability*

#### Monitor these indicators from Healthy Alaskans 2030, Health Information National Trends Survey, Youth Risk Behavior Survey:

- Percentage of adolescents (high school students in grades 9-12) who felt so sad or hopeless every day for 2 weeks or more in a row that they stopped doing some usual activities during the past 12 months.

- Proportion of adolescents who have an adult in their lives with whom they can talk about serious problems.

- Mean number of days in the past 30 days adults (aged 18 years and older) report being mentally unhealthy.

- Proportion of adults who report having social support (i.e., friends or family members with whom they talk to about their health).
HEALTH CARE ACCESS + QUALITY

“The travel and housing costs for patients to get care in Alaska from remote areas prevents many from maintaining their basic health care and limits their treatment options. It’s important to find ways to support all Alaskans to access the care they need.”

– Ali Tolman, Executive Director of Let Every Woman Know, a non-profit working to reduce the impact of gynecologic cancer

Goal: Improve access to health care so that every Alaskan can receive high-quality and affordable cancer and related clinical services.

Why: Not everyone has fair access to resources in society. Being able to pay for health care, have transportation to receive health care, or afford childcare to attend doctor appointments are examples of challenges that may make prioritizing health difficult and reduce access to cancer screening, diagnosis, and high-quality treatment. Changes in health policy like the Affordable Care Act played an important role in improving access to health care among disadvantaged populations by expanding who has health insurance. More must be done to increase equity in the provision of health services.
HEALTH CARE ACCESS + QUALITY

**How:** The following are potential strategies related to cancer control aimed at health care access and quality.

<table>
<thead>
<tr>
<th>Description</th>
<th>Prevention</th>
<th>Detection</th>
<th>Survivorship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote the use of community health workers, patient navigators, telehealth, and mobile services.</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Ensure those you serve are well-informed on up-to-date guidelines for recommended care.</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Promote a skilled workforce in all cancer-related fields.</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Provide health information that is culturally and linguistically appropriate.</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Support access to and coverage of evidence-based interventions and programs.</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Support systems and policies that streamline access and reduce out-of-pocket costs.</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Educate stakeholders about the link between health care access and cancer outcomes.</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>
### TRACKING SUCCESS IN HEALTH CARE ACCESS + QUALITY

**Monitor these indicators in the State of Cancer in Alaska **Dashboard**:**

- Percentage of respondents who had a routine check-up within the past year
- Percentage of respondents who have health plan coverage
- Percentage of adolescents age 13-17 years who are up-to-date on HPV vaccination
- Percentage of respondents who are up-to-date on cancer screenings

**Monitor these indicators from Healthy Alaskans 2030:**

- Percentage of adults reporting that they could not afford to see a doctor in the last 12 months
- Percentage of the population without health insurance
“Many Alaska Native communities do not have the traditional neighborhoods that are common in other parts of Alaska. But established neighborhoods or not, people want the same thing: A place where children can play safely outdoors and elders can walk or sit, visit with each other, and enjoy the fresh air.”

– Judith Muller, Alaska Native Tribal Health Consortium, Cancer Plan Manager

**Goal:** Leverage the physical environment to facilitate healthy behaviors that help prevent cancer and improve survivor quality of life.

**Why:** Where people live impacts the options available to them. We know that maintaining a healthy weight, living a physically active lifestyle, and following a healthy diet can reduce the risk of developing and dying from cancer. Healthy eating and physical activity can improve treatment outcomes and quality of life for patients with cancer. However, some patients may be unable to follow health care provider recommendations to eat healthy food because of factors beyond their control, such as geographic availability of healthy options. Some people may not have ready access to park land or well-maintained sidewalks for walking and physical activity. The context of our environment shapes one’s ability to lead a healthy life and the physical environments of American communities are unequal.
NEIGHBORHOOD + BUILT ENVIRONMENT

**How:** The following are potential strategies related to cancer control aimed at leveraging the physical environment.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Prevention</th>
<th>Detection</th>
<th>Survivorship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support workplace, retail, urban design, land use, and environmental policies to reduce exposure to carcinogens and increase healthy behaviors.</td>
<td><img src="house.png" alt="House" /></td>
<td><img src="house.png" alt="House" /></td>
<td><img src="house.png" alt="House" /></td>
</tr>
<tr>
<td>Support school-based physical education, nutrition, and health programs.</td>
<td><img src="house.png" alt="House" /></td>
<td><img src="house.png" alt="House" /></td>
<td><img src="house.png" alt="House" /></td>
</tr>
<tr>
<td>Encourage signage for healthy versus less healthy items or activities.</td>
<td><img src="house.png" alt="House" /></td>
<td><img src="house.png" alt="House" /></td>
<td><img src="house.png" alt="House" /></td>
</tr>
<tr>
<td>Support retailer education on the impact of product placement and access.</td>
<td><img src="house.png" alt="House" /></td>
<td><img src="house.png" alt="House" /></td>
<td><img src="house.png" alt="House" /></td>
</tr>
<tr>
<td>Encourage employers to promote physical activity at the workplace.</td>
<td><img src="house.png" alt="House" /></td>
<td><img src="house.png" alt="House" /></td>
<td><img src="house.png" alt="House" /></td>
</tr>
<tr>
<td>Limit unhealthy food and drink availability.</td>
<td><img src="house.png" alt="House" /></td>
<td><img src="house.png" alt="House" /></td>
<td><img src="house.png" alt="House" /></td>
</tr>
<tr>
<td>Educate stakeholders about the link between the physical environment and cancer outcomes.</td>
<td><img src="house.png" alt="House" /></td>
<td><img src="house.png" alt="House" /></td>
<td><img src="house.png" alt="House" /></td>
</tr>
</tbody>
</table>
## TRACKING SUCCESS IN NEIGHBORHOOD + BUILT ENVIRONMENT

Monitor all indicators in the State of Cancer in Alaska Dashboard

- *Filtered by geographic region, urbanicity, or disability*

Monitor these indicators from Healthy Alaskans 2030:

- Percentage of 3-year-olds who drink any sugary drinks on a given day.

- Percentage of adolescents who meet the Physical Activity Guidelines for Americans (at least 60 minutes of physical activity a day, every day of the week).
**Goal:** Support the economic stability of Alaskans to promote engagement in cancer control activities.

**Why:** One overarching societal trend has contributed to widening health disparities, perhaps more significantly than any other: widening wealth disparity. Recent economic studies suggest that income and wealth inequality depress economic growth at the national level, which adversely impacts society overall. In recent decades, gains in wealth have been substantially greater for the wealthiest segment of the population compared with other segments. Addressing this trend will demand broad engagement of all levels of government (i.e., via public policy) as well as virtually all sectors of society. Failure to promote wealth growth in the poorest sectors of society will perpetuate determinants of inequitable health outcomes.

---


**ECONOMIC STABILITY**

**How:** The following are potential strategies related to cancer control aimed at economic stability.

<table>
<thead>
<tr>
<th>Support access to and coverage of evidence-based interventions and programs.</th>
<th>Prevention</th>
<th>Detection</th>
<th>Survivorship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support systems and policies that reduce out-of-pocket costs, address unexpected billing, and prevent or relieve financial distress amongst cancer survivors.</th>
<th>Prevention</th>
<th>Detection</th>
<th>Survivorship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support and promote public assistance programs.</th>
<th>Prevention</th>
<th>Detection</th>
<th>Survivorship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support employee benefits that encourage wellness.</th>
<th>Prevention</th>
<th>Detection</th>
<th>Survivorship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Encourage employers to provide time off for recommended preventive care.</th>
<th>Prevention</th>
<th>Detection</th>
<th>Survivorship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educate stakeholders about the link between economic stability and cancer outcomes.</th>
<th>Prevention</th>
<th>Detection</th>
<th>Survivorship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
## TRACKING SUCCESS IN ECONOMIC STABILITY

**Monitor all indicators in the State of Cancer in Alaska Dashboard:**

- **Filtered by income**

**Monitor these indicators from Healthy Alaskans 2030 or BRFSS:**

- Percentage of adults reporting that they could not afford to see a doctor in the last 12 months
- Percentage of rental occupied households that exceed 50 percent of household income dedicated to housing.
- Percentage of residents living above the federal poverty level.
- Percentage of respondents that are paying off medical bills over time.
“There is a cultural component when educating communities about health issues. Having information presented in one’s own language or shared by a peer who is seen as a credible and trustworthy source builds healthier and safer communities.”

– Nyabony Gat, Peer Leader Navigator Program Coordinator, The Anchorage Health Literacy Collaborative (TAHLC)

**Goal:** Support access to education and increased educational attainment so that every Alaskan can reach their full potential and make informed decisions about their health.

**Why:** Greater educational attainment is linked to better health. Studies have shown connections between cancer mortality rates and educational attainment.⁸,⁹ Yet discrimination and unbalanced education systems with poorly performing schools lead to disparities in educational attainment for some youth. Early childhood education provides stability to those growing up in struggling, stressful homes or neighborhoods. Investments to increase graduation rates and ensure equitable access to advanced education and training paves the way for higher-paying, more stable jobs. Access to health care and increased likelihood of engaging in healthy behaviors follows.¹⁰ While this is an area that is more challenging for the Alaska Cancer Partnership to address, closely-related health literacy strategies can be explored.

---


EDUCATION ACCESS + QUALITY

How: The following are potential strategies related to cancer control aimed at education access and quality.

<table>
<thead>
<tr>
<th>Support policies and programs that promote educational attainment.</th>
<th>Prevention</th>
<th>Detection</th>
<th>Survivorship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate those you serve how to find and evaluate health information.</td>
<td>![hat]</td>
<td>![hat]</td>
<td>![hat]</td>
</tr>
<tr>
<td>Empower those you serve to make informed decisions regarding their preventive care, cancer screenings, and cancer care.</td>
<td>![hat]</td>
<td>![hat]</td>
<td>![hat]</td>
</tr>
<tr>
<td>Educate stakeholders about link between educational attainment and cancer outcomes.</td>
<td>![hat]</td>
<td>![hat]</td>
<td>![hat]</td>
</tr>
</tbody>
</table>

TRACKING SUCCESS IN EDUCATION ACCESS + QUALITY

Monitor all indicators in the State of Cancer in Alaska Dashboard:

- *Filtered by Education or English Language Proficiency*

Monitor this indicator from Healthy Alaskans 2030:

- Percentage of high school students who graduate within 4 years of starting 9th grade.
This Cancer Plan is dedicated to the memory of Julia Thorsness, 1958-2020

As the manager of the State of Alaska Cancer Program for more than eleven years, Julia demonstrated her care for the people of Alaska by encouraging cancer prevention and screening activities and supporting services for cancer survivors and palliative care patients.