New York State Comprehensive Cancer Control Plan

2025 - 2030

New York State
Cancer Consortium

NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

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Dear New York State Cancer Consortium,

Cancer continues to be a leading cause of illness and death in our State, impacting individuals, families, and communities across the lifespan. Reducing this burden requires coordinated, evidence-based strategies and strong partnerships that span prevention through survivorship. At the New York State Department of Health, our mission is to protect and promote the health and well-being of all New Yorkers, built on a foundation of health equity.

I am pleased to acknowledge and commend the New York State Cancer Consortium for its leadership in developing the New York State Comprehensive Cancer Control Plan, 2025-2030. This plan reflects extensive collaboration among public health, health care, community-based organizations, advocates, survivors, and other partners committed to comprehensive cancer control with a clear focus on health equity.

The 2025–2030 Plan provides an evidence-based and data-informed roadmap to reduce cancer risk, promote early detection, improve access to quality care, support survivors and caregivers, and advance cancer health equity. It addresses the cancer continuum and emphasizes strategies that are responsive to the needs of populations disproportionately affected by cancer. Throughout the plan, there is a clear emphasis on collaboration, health equity, and the social and environmental factors that influence cancer outcomes.

I understand this plan is intended to guide and support action across sectors. Achieving its goals will require sustained commitment, shared responsibility, and continued collaboration among state and local agencies, health systems, community organizations, and other partners. Through coordinated efforts, we can strengthen cancer prevention and control activities and improve outcomes for all residents.

On behalf of the New York State Department of Health, I endorse the New York State Comprehensive Cancer Control Plan 2025-2030 and encourage organizations and partners within the New York State Cancer Consortium and others throughout the State to use this plan to inform their work. Together, we can make measurable progress toward improving cancer outcomes and ensuring that every person in our State can achieve the best possible health.

Sincerely,

James V. McDonald, M.D., M.P.H.
Commissioner of Health

Cancer Plan Table of Contents:

A cross-cutting issues section on page 24 addresses health care workforce, financial toxicity of cancer, and lasting effects of the COVID-19 pandemic.

Chapter 1: Health Equity

The Consortium is committed to ensuring that every New Yorker has an opportunity to be as healthy as possible, to prevent cancer or find it early, and get proper treatment and follow-up care.

While cancer impacts people of all ages and backgrounds, outcomes related to cancer across populations are not the same. Health equity acknowledges that all New Yorkers have a right to live in social and physical environments that promote good health and have access to quality cancer care. It means that everyone has a fair and just opportunity to achieve their full health potential, no matter how old they are, who they are, where they live or work, what school they go to, what they believe in, or how much money they make.

Many New Yorkers face either individual or community-level social conditions that can negatively affect their health. Such conditions include unequal access to affordable health care, healthy foods, quality housing, economic opportunity, social relationships, transportation, and education. Health differences, also known as disparities, that are linked to these factors can cause or lead to differences in the chances of getting or preventing cancer, receiving timely and appropriate cancer diagnosis and treatment, and surviving after a cancer diagnosis.

Some disparities include the following:

- **Lung Cancer** - New Yorkers living in small towns and rural areas are diagnosed with regional or distant stage lung cancer more often than those living in

metropolitan or micropolitan areas.

- **Breast Cancer** - Black, non-Hispanic female New Yorkers die 33% more often from breast cancer compared to White, non-Hispanic female New Yorkers.

- **Prostate Cancer** - Black, non-Hispanic male New Yorkers die 111% more often from prostate cancer compared to White, non-Hispanic male New Yorkers.

- **Colorectal Cancer** - Black, non-Hispanic New Yorkers die from colorectal cancer 25% more often than White, non-Hispanic New Yorkers.

- **Melanoma** - White, non-Hispanic New Yorkers are diagnosed with and die from melanoma more often than individuals of other races or ethnicities.

Partners have also emphasized that current hospital staffing and support systems may lack the resources needed to address the comprehensive impact of a cancer diagnosis, in particular pediatric cancers, creating additional barriers for affected families and caregivers.

Key Terms: **Cultural competence** is the knowledge and skills to understand and respect cultural differences. **Cultural humility** is the attitude and orientation to recognize one's own limitations and biases, and value the expertise and perspectives of others. Cultural competence is a process, not a destination, and cultural humility is the mindset that fuels the process.

Strategies for Action:

- Increase the number of Consortium members that represent individuals from across all ages, as well as historically marginalized communities and populations.

- Develop a Cancer Plan Dashboard that monitors overall Cancer Plan objectives and includes available data on populations facing cancer-related inequities.

- Identify and promote opportunities to address known gaps in data collection to better understand the root causes of health disparities.

- Engage, build trust, and create shared agendas with community members, community leaders, and non-traditional partners to ensure services are available and accessible for all populations.

- Gather community input to inform efforts and assist communities to have a voice in the work that is done to ensure their needs are addressed.

- Endorse resources that promote inclusive and accessible materials that encompass concepts of cultural competence, cultural humility, and health literacy, including education on the root causes of health disparities such as social determinants of health, discrimination, and unconscious bias.

- Increase representation across the workforce by promoting opportunities for health

care and public health training among underrepresented populations.

- Provide training and resources to support the creation of welcoming and gender-affirming environments for cancer care.

- Engage with partners, such as hospitals and local health departments, who are implementing the New York State Prevention Agenda to address the social determinants of health.

- Establish cancer navigation and advocacy expertise across the state to provide patients and families with accessible, community-level guidance, reduce barriers created by limited hospital staffing and support systems, and ensure coordinated support throughout the cancer journey. This includes the unique challenges of cancer diagnosed among the pediatric population.

Chapter 2: Health Promotion and Cancer Prevention

a. Commercial Tobacco Use

Goal: *Reduce the number of people who die from using any commercial tobacco or from exposure to secondhand smoke.*

Burden: Annually in NYS, 28,000 adults die from smoking commercial tobacco, and another 3,000 nonsmoking adults die from diseases caused by secondhand smoke. Cigarette use among high schoolers in NYS is low, though e-cigarette use is more common. Commercial tobacco use and exposure to secondhand smoke increases the risk of cancers of the lung, larynx (voice box), mouth, esophagus, bladder, pancreas, kidney, cervix, stomach, colon and rectum, and liver, as well as acute myeloid leukemia.

Health Equity Focus: The tobacco industry targets advertising and marketing to people from racial and ethnic minority groups; as well as the lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual community; people living with mental illness and substance use disorders; and those living in lower-income communities. These practices contribute to inequities in tobacco-related health outcomes.

Key Term: **Commercial tobacco** is culturally responsive language that distinguishes between those harmful products that are made and sold by tobacco companies (e.g., cigarettes, e-cigarettes, cigars, chew, and more) and “traditional tobacco” that is used by Native and Indigenous people for religious or ceremonial purposes.

Measurable Objectives:

- By 2030, **decrease** the percentage of **high school students** in grades 9-12 **who use any commercial tobacco**, including e-cigarettes and blunts, from 17.0% to 13.4%.

- By 2030, **decrease** the percentage of **adults** who **smoke cigarettes** from 9.3% to 7.1%.

- By 2030, **increase** the percentage of **adults who smoke** who **made a quit attempt** during the past 12 months from 54.2% to 59.2%.

- By 2030, **decrease** the percentage of **non-smoking adults living in multi-unit housing** reporting being exposed to **secondhand smoke** in their homes from 42.5% to 37.6%.

Strategies for Action:

Promote changes that counteract commercial tobacco marketing and use among disproportionately affected populations, such as:

- Maintain the high cost of commercial tobacco by 1) setting a hard price floor below which no cigarettes may be sold; and 2) requiring that inexpensive cigars be sold in multi-unit packs with a hard price floor.

- Prohibit the sale of flavored commercial tobacco products including menthol in cigarettes and all flavored electronic cigarette products.

- Limit the impact of commercial tobacco marketing on youth smoking by 1) restricting sales; and 2) reducing the total number of retail tobacco licenses.

- Adopt commercial tobacco-free policies in multi-unit housing units in NYS.

- Establish commercial tobacco-free outdoor areas including parks, playgrounds and beaches.

Build awareness and support for evidenced-based tobacco cessation programs:

- Educate primary care providers to deliver evidenced-based tobacco cessation treatment to commercial tobacco users.

- Increase awareness and use of the expanded Medicaid benefit that includes coverage for all seven FDA-approved medications and counseling for smoking cessation.

- Increase health system adoption of the U.S. Public Health Service system strategies for tobacco treatment.

- Offer tobacco cessation opportunities in comprehensive low-dose CT lung cancer screening programs. See the ‘Early Detection’ Priority Area for more information.

- Work with health care and other partners to increase referrals to the New York State Smoker’s Quitline www.nysmokefree.com.

b. Environmental and Occupational Exposures

Goal: *Reduce the length of time, concentration, and intensity of exposure to known carcinogens and implement changes to limit or avoid exposures*.

Burden: Scientific literature provides evidence of environmental and occupational causes of cancer. People can be exposed to environmental carcinogens (substances known to cause cancer) through physical factors such as sunlight, ionizing radiation and radon, and chemicals in air, water, soil, dust, and consumer products. Exposures in the ambient environment are generally lower than exposures in the workplace and may influence individuals during stages of life including gestation, infancy, childhood, and adolescence. Workplace exposures may include certain chemicals, dust, metals, combustion products, radiation (e.g., ionizing radiation), patterns of behavior (shift work), and profession (e.g., firefighters). An estimated 2-8% of cancers in the U.S. are attributed to carcinogens in the workplace.

Health Equity Focus: The cancer risks of environmental and occupational exposures can differ based on how exposure happens (breathing, drinking, eating, skin contact) and how much, how long and how often exposures occur. Factors such as geography, occupation, housing, and social norms can impact the exposure to carcinogens that some New Yorkers receive compared to others. According to the National Cancer Institute, socio-economic status predicts the likelihood of an individual's occupation and living conditions in which exposure to carcinogens is common and can be associated with the risk of developing cancer. Communities identified as environmental justice areas may have a higher risk of environmental exposures.

Key Term: **Environmental justice areas** are locations where communities experience greater negative impacts from environmental exposures compared to other communities due to social and historical inequities.

Measurable Objectives:

- By 2030, **increase** the cumulative number of **radon tests performed** in New York State from 455,742 to 737,467.

- By 2030, **increase** cumulative number of **radon mitigations performed** in New York State from 22,258 to 36,053

Strategies for Action:

Become a contributing member of the NYS Cancer Consortium Environmental Carcinogens Action Team.

Educate about ways to reduce cancer risk on topics including:

- The relationship between indoor radon exposure and lung cancer.

- Resources to increase radon testing and remediation.

- Potential risks from household products (including pesticides, solvents and other chemicals), in drinking water supplies, and from indoor and outdoor air pollution and particulates.

- Potential risks for known or possible occupational/agricultural carcinogens to be brought into the home ("take-home exposure") and actions to reduce exposures.

Equip New Yorkers with resources and opportunities to address environmental justice in their communities by working with occupational health partners to:

- Educate employers on their responsibilities related to employee exposures.

- Educate employees about their rights under the federal Occupational Safety and Health Administration and New York State public employee hazard communication regulations and potential exposure to carcinogens in the workplace.

- Communicate with NYS chemical manufacturers, importers, and distributors to reinforce their responsibilities for identification and communication of carcinogen status of their chemicals.

Promote policy changes in the workplace and other settings such as schools that reduce cancer risk, such as sun safety policies for outdoor workers and school children, policies that eliminate hazardous chemicals or transition to safer ones, policies that promote clean indoor air through monitoring and use of air filters, and decontamination policies that reduce longer term exposure and/or external contamination.

Use tools such as the Environmental Public Health Tracking platform to inform communications about locally relevant data on exposures, public health impacts, vulnerabilities, and cumulative exposure/environmental justice considerations.

Support health care providers to educate patients about environmental exposures, especially individuals who are pregnant or trying to be, parents whose children may encounter childhood exposures, and those in communities identified as environmental justice areas.

Increase awareness of such programs as New York's "Image Gently" and the national "Image Wisely" campaigns that educate physicians and the public about potential radiation exposure from computed tomography (CT) scans and X-rays.

c. Excessive Alcohol Use

Goal: *Increase awareness about the impact of excessive alcohol use on cancer risk.*

Burden: In NYS an estimated 4.4% of cancer cases, and 3.2% of cancer deaths, in adults over 30 years, can be attributed to excessive alcohol use (binge or heavy drinking). Excessive alcohol use increases the risk for cancers of the oral cavity and pharynx, larynx, breast, esophagus, liver, colon, and rectum. The more alcohol a person

drinks over time, the higher their risk of developing cancer. One in 6 New Yorkers (17%) are unaware that excessive alcohol use increases a person's risk of cancer.

Health Equity Focus: Excessive alcohol use and its related harms do not impact all population groups equally. Among the cancer cases associated with alcohol, Black people experience higher rates of death than other racial/ethnic groups. Adults with lower socioeconomic status have disproportionately greater alcohol attributable risk even with lower levels of alcohol consumption.

Key Terms: **Binge drinking** is having 4 or more drinks for women and 5 or more drinks for men on a single occasion. **Heavy drinking** is 8 or more drinks per week for women and 15 or more for men. People who are female at birth, who are intersex, and transgender people should defer to the more conservative guidelines outlined for women. People assigned female at birth typically experience greater impairment after drinking less alcohol than people assigned male due to differences in body water content, hormones, body size, and metabolism. Current guidelines do not yet consider the complexity of biological characteristics, gender identity, or the interactions among these factors.

Measurable Objectives

- By 2030, **decrease** the percentage of **adults** who report **heavy drinking or binge drinking** from 16.2% to 14.6%.

- By 2030, **decrease** the percentage of **adults** who report **consuming more than 7 alcoholic drinks per week** from 8.8% to 6.2%.

- By 2030, **decrease** the percentage of **high school students** in grades 9-12 **who drink alcohol** in NYS outside NYC from 23.9% to 19.1% and in NYC from 16.8% to 13.4%.

Strategies for Action

- Identify population-based policy and environmental changes that prevent excessive alcohol use and related harm across populations disproportionately impacted.

- Facilitate partnerships between community members, schools, law enforcement, health care, faith-based organizations, substance use disorder treatment partners and public health agencies to:
    - Educate youth and adults about cancer risk related to excessive alcohol use.
    - Adopt local policies such as those recommended by the Community Preventive Services Task Force.
    - Eliminate alcohol advertisements near schools, playgrounds, and on public transportation.
    - Conduct surveillance and act on lessons learned about how the number and concentration of places that sell alcohol contributes to excessive alcohol use and related harms among racial/ethnic and other demographic groups.

- Support policy-driven efforts including increasing alcohol taxes.

- Support the enforcement of laws that discourage underage drinking such as prohibiting alcohol sales to minors.

- Facilitate partnerships between health care systems, substance use treatment facilities, institutes of higher education, and workplaces to implement systems and processes that:
    - Standardize screening for excessive alcohol use in primary care settings to adults using face-to-face or virtual interactions.

    - Provide those who screen positive for excessive alcohol use with brief behavioral counseling interventions using personalized feedback.

    - Directly refer anyone who meets the diagnostic criteria for alcohol use disorder to specialized treatment.

d. Nutrition, Food Security, and Physical Activity

Goal: *Increase awareness about how nutrition, food security, and physical activity impact people's risk of cancer.*

Burden: Being physically active, keeping a healthy weight, eating a diet centered on plant-based foods, and limiting red meat and processed foods all contribute to a lower risk of cancer. The benefits of these healthful behaviors extend to cancer survivors. Being overweight or having obesity increases the risk for 13 types of cancer including cancers of the breast, colon, rectum, kidney, endometrium, thyroid, pancreas, liver, ovary, gallbladder, stomach, and esophagus as well as multiple myeloma and meningioma.

Health Equity Focus: Opportunities to be physically active, have a healthy weight and eat recommended foods are hindered by food insecurity, and lacking places for safe and accessible physical activity. Compared to White communities, Black and Hispanic communities generally have worse access to healthy foods, physical recreation, education, and economic opportunities.

Key term: **Food insecurity** is having limited or uncertain access to adequate food due to limited economic resources.

Sidebar/Box: The NYS Cancer Consortium recognizes that breastfeeding is an evidence-informed strategy that may help reduce cancer risk, though more research is needed to clarify the strength and mechanisms of these associations. While not included in this Plan, the Consortium supports the efforts of groups working to promote the benefits of breastfeeding.

Measurable Objectives

- By 2030, **decrease** the percentage of **adults** who **consume no fruits and no vegetables daily** from 28.4% to 27.0%.

- By 2030, **decrease** the percentage of **adults** with **obesity** from 28.0% to 26.5%.

- By 2030, **increase** the percentage of **adults** with an annual household **income less than $25,000** with **food security** from 42.0% to 47.0%.

- By 2030, **increase** the percentage of **adults** who report **any leisure-time physical activity** from 73.9% to 77.6%.

Strategies for Action

Become an active member of the NYS Cancer Consortium Healthy Eating and Active Living Action Team.

Integrate Food as Medicine initiatives into health care systems such as medically tailored meals and grocery and produce prescription programs.

Reduce food insecurity and improve food access across New York State:
- Build partnerships with programs that work with food delivery companies, especially where transportation and access to full-service supermarkets are limited.

- Advocate for programs such as the Supplemental Nutrition Assistance Program and the Special Supplemental Nutrition Program for Women, Infants and Children.

- Promote the NYS Hunger Prevention and Nutrition Assistance and Nourish New York programs for local emergency food relief organizations including food banks, food pantries, and soup kitchens.

- In New York City and Long Island, increase access to the Commodity Supplemental Foods Program.

Make safe, affordable, and accessible physical activity opportunities the norm:
- Educate patients and community members about the benefits of physical activity and ways to access safe exercise.

- Promote multi-component approaches such as in the Comprehensive School Physical Activity Programs.

- Promote school compliance with the New York State Education Department Regulations for Physical Education.

- Implement Complete Streets, Safe Routes to School and/or other community design policies.

- Promote evidence-based movement and physical activity options for cancer patients and survivors, such as those offered by Healthy Eating and Active Living Action Team members, Moving For Life, CancerFIT, Livestrong at the YMCA, and Moving Through Cancer.

- Promote opportunities for affordable housing be close to public transportation, physical activity locations, healthy food retail, and other health-promoting services through transit-oriented development and mixed-use zoning.

- Support worksites, agencies, and communities to create or enhance physical activity options, such as walking trails, and establishing joint use agreements to open schools or other gym/community centers for safe physical activity.

- Implement measures that create or increase walkability, parks, playgrounds, and other green space in under-resourced neighborhoods.

- Create or enhance public locations for physical activity and social interaction, access to transportation, street crossings, and expanded hours of operation.

Support municipalities and employers to implement policies and systems changes:

- Promote food service and nutrition guidelines and healthy food procurement systems in facilities or organizations where food is sold, served, or distributed.

- Incorporate healthy food options at meetings/events.

- Establish farmers markets or use incentives for local convenience stores to offer fresh fruits and vegetables

- Expand consumer use of fruit and vegetable coupons or cash incentives at the point of purchase.

- Work with school districts to establish wellness policies and nutrition standards for school meals and snacks.

Increase access to weight management interventions**:**

- Promote insurance coverage of medical nutrition therapy and lifestyle change programs (e.g., diabetes prevention, weight management, nutritional and fitness services and programs).

- Encourage primary care practices to screen patients on their nutritional and physical activity needs and make appropriate referrals to community resources.

- Educate and engage health care and community partners to adopt, implement, and sustain Family Healthy Weight Programs.

- Promote the use of evidence-based technology-supported coaching or counseling to help clients lose or maintain a healthy weight.

e. Human Papillomavirus and Hepatitis C

Goal: *Increase HPV vaccination rates and promote the diagnosis and treatment of HCV infection for all people*.

Burden: People of all ages can be exposed to viruses, bacteria and parasites that can cause cancer or increase the risk of cancer. For example, each year, nearly 2,900 adults across New York State are diagnosed with cervical, oropharyngeal, penile, vaginal, anal or vulvar cancer caused by a human papillomavirus (HPV) infection. The HPV vaccine can prevent more than 90 percent of cancers caused by HPV. Hepatitis C (HCV) is known to cause cancer later in life (most commonly liver cancer) and is curable. All people 18 and older should be screened for HCV and make an informed decision with a specialist about being treated.

Health Equity Focus: All individuals, regardless of background, need equal access to HPV vaccination and HCV testing and treatment. Factors such as cost, limited health care access, language barriers, mistrust, and inconsistent provider recommendations contribute to higher rates of HPV-related cancers and unequal access to HCV detection and quality treatment.

SIDEBAR/BOX: The NYS Cancer Consortium recognizes other infectious agents linked to cancer, including hepatitis B and human immunodeficiency virus (HIV). While not explicitly included in this Plan, the Consortium supports the efforts of groups such as the New York State AIDS Institute and its many partners.

Measurable Objectives

- By 2030, **increase** the percentage of **adolescents aged 13 years** who have **completed the HPV vaccine series** from 25.7% to 30.2%.
- By 2030, **increase** the percentage of **adults** who understand **that HPV infection increases a person's chances of getting cancer** from 78.3% to 82.2%.
- By 2030, **increase** the percentage of **adults** who are **in favor of a policy change** that would **allow New York State pharmacists to give the HPV vaccine to adolescents** aged 17 years or under from 67.9% to 72.5%.
- By 2030, **increase** the percentage of **people diagnosed with hepatitis C (HCV)** who have been **treated or cleared of HCV** from 54.6% to 80.0%.
- By 2030, **decrease** the rate of **liver cancer** from 7.9 to 7.1 per 100,000 population.

Strategies for Action

Become an active member of the NYS Cancer Consortium HPV Coalition.

Implement evidence-based strategies in support of starting the HPV vaccine at age 9.

Establish local coalitions with community members, community organizations, schools, health care, public health and dental professionals, and faith-based leaders to:

- Educate youth and adults about the cancer risk related to HPV.
- Identify trusted sources of information to message the benefits of vaccination.
- Build relationships with parents to address vaccine misinformation.
- Encourage health care practices to institute reminder-recall systems and workflows that standardize on-time vaccination and series completion.
- Adopt local policies to increase vaccination recommended by the Community Preventive Services Task Force.

Partner with health care systems to implement the NYS Viral Hepatitis Strategic Plan including to:

- Disseminate educational or media campaign materials about the New York State HCV Testing Law requiring that adults 18 years of age and older and those under the age of 18 with a risk, be offered a screening test for HCV.
- Promote HCV reflex testing, a follow-up diagnostic test for any individual who receives a positive HCV screening test, to ensure appropriate care and treatment.
- Co-locate HCV testing and treatment in high-risk settings such as harm reduction programs, substance use disorder treatment programs, shelters and jails/prisons.

f. Ultraviolet (UV) Radiation

Goal: *Promote the use of sunscreen, limit access to indoor tanning, promote shade structures, and support worksites, childcare facilities and schools to adopt policies and systems changes that promote wearing sun protective clothing/hats and limiting outdoor activities during peak UV radiation hours.*

Burden: Unprotected or extended exposure to UV radiation from the sun, indoor tanning or tanning lamps can lead to skin cancer. Ultraviolet radiation causes up to 90% of all melanomas, the deadliest form of skin cancer. Melanoma is the ninth most common type of cancer among New York State adults and ranks among the top four cancers for adults ages 20 to 34 years. Because melanoma tends to spread quickly, it causes most skin cancer deaths, even though it accounts for the least amount of cancer cases.

Health Equity Focus: People with lighter skin tones are at higher biological risk for skin cancer, but efforts that overlook individuals with darker skin can lead to delayed diagnoses and worse outcomes. Outdoor workers face higher UV exposure yet may lack adequate sun protection or occupational safeguards. Additionally, access to

dermatologic care and early detection can be limited within underserved communities and rural areas of the state.

Measurable Objectives:

- By 2030, **decrease** the percentage of **high school students** in grades 9-12 in New York State outside New York City who report **having one or more sunburns** in the past 12 months from 52.3% to 47.3%.

- By 2030, **increase** the **percentage of melanoma of the skin that is diagnosed at local stage** from 84.6% to 88.0%.

- By 2030, **decrease** the percentage of **adults** who report **having one or more sunburns** in the past 12 months from 27.8% to 23.4%.

Strategies for Action:

- Become an active member of the NYS Cancer Consortium Skin Cancer Action Team.

- Implement educational programs that include sun safety messages to children, adolescents, young adults, parents, as well as lifeguards, summer camp and outdoor recreation instructors.

- Educate the public and decision makers about the importance of prohibiting access to indoor tanning for anyone under the age of 21, without exceptions.

- Tailor interventions to address risk and clinical warning signs of skin cancer in all adults including individuals representing racial and ethnic minority groups.

- Increase training in skin cancer recognition among health care workers and other professionals such as hair stylists, barbers, tattoo artists, masseuses, estheticians, and nail technicians who are in a unique position to spot possible skin cancers early.

- Restrict use of indoor tanning booths, beds, and sunlamps at places of higher education, off-campus college housing, fitness centers, and spas.

- Enforce existing New York State tanning facility regulations to promote safe and appropriate use, including enforcement of New York State Law prohibiting those under eighteen (18) years from using indoor tanning beds, booths or sunlamps.

- Add sun protection structures and access to sunscreen in outdoor settings such as public pools, beaches, playgrounds, schools, summer camps, and other outdoor recreational settings, including low-income communities.

- Implement sun safety policies and requirements around use of sun-protective clothing across worksites with employees that spend time exposed to the sun.

Chapter 3: Early Detection

a. Screening

Goals: *Remove barriers to cancer screening and diagnostic follow-up and support welcoming environments of care so that every person receives an age- and risk-appropriate recommendation for screening, timely access to follow-up tests, and access to quality cancer treatment.*

Burden: Screening tests can find cancer in people who have no signs or symptoms of cancer. They can detect cancer at an early stage or, in some cases, find pre-cancerous cells which can be removed before cancer starts. Clinical guidelines recommend adults be screened for breast, cervical, colorectal, prostate, and lung cancer based on age and risk factors for those cancers. Adults should talk with their health care provider about their risk of cancer, screening guidelines, and screening options.

SIDEBAR/BOX: The United States Preventive Services Task Force (USPSTF) recommends getting screened for different cancers at different times depending on a person's age, sex and risk factors. Some organizations' recommendations differ from USPSTF recommendations.

Health Equity Focus: Health care can be difficult to access, navigate, and pay for. Cancer screening rates are lowest among individuals without health insurance, without a regular health care provider, living with mental illness, living in lower-income communities, identifying as LGBTQIA+, and of certain racial and ethnic groups.

Measurable Objectives:

1. By 2030, **increase** the percentage of **females** who **received a mammogram** within the past two years among those aged 40-49 years from 64.4% to 74.7% and 50-74 years from 81.9% to 86.5%.

2. By 2030, **increase** the **percentage of female breast cancers that are diagnosed at local stage** from 70.7% to 73.7%.

3. By 2030, **increase** the percentage of **females** who were **screened for cervical cancer** based on the most recent guidelines at their most recent screening by 5-percentage points from baseline.

4. By 2030, **increase** the **percentage of cervical cancers that are diagnosed at local stage** from 38.5% to 43.4%.

5. By 2030, **increase** the percentage of **adults** who were **screened for colorectal cancer** based on the most recent guidelines from 73.7% to 80.0%.

6. By 2030, **increase** the percentage of **adults aged 45-54 years** who were **screened for colorectal cancer** based on the most recent guidelines from 55.8% to 62.2%.

7. By 2030, **increase** the **percentage of colorectal cancers that are diagnosed at local stage** from 39.1% to 44.0%.

8. By 2030, **increase** the percentage of **eligible adults** who were **screened for lung cancer** based on the most recent guidelines from 21.7% to 30.2%.

9. By 2030, **increase** the **percentage of lung and bronchus cancers that are diagnosed at local stage** from 36.1% to 45.4%.

10. By 2030, **increase** the **percentage of prostate cancers that are diagnosed at local stage** from 77.6% to 81.6%.

Strategies for Action

Become an active member of the NYS Cancer Consortium's Colorectal Cancer Screening Action Team or Lung Cancer Screening Action Team.

Use New York State Cancer Registry surveillance data and other reputable sources to identify communities across New York State where rates of screenable cancers are high.

Make cancer screening accessible and affordable for all New Yorkers:

- Advocate for health insurance coverage of cancer screening and diagnostic tests without cost-sharing.

- Raise awareness about existing New York State laws (breast, colorectal, lung) that prohibit cost-sharing for cancer screening and associated diagnostic tests.

- Promote health plans available through the New York State of Health: The Official Health Plan Marketplace.

- Promote and advocate statewide programs that serve vulnerable populations, such as the New York State Cancer Services Program.

- Encourage employers to adopt policies that provide all employees with paid time off for cancer screening or the option to use flex time to attend screening appointments.

Build community demand for cancer screening using evidence-based, accessible, and culturally tailored messaging:

- Partner with community members to tailor messaging for underserved communities facing disparities.

- Develop and use educational materials that align with evidence-based, tested messaging.

- Disseminate messaging through social media (videos, letters, brochures, and newsletters) and earned media (letters to the editor, appearances on local news programs, and on-air or print interviews).

- Provide information on risk factors and potential symptoms to help individuals make informed decisions about screening.

Implement evidence-based strategies and best practice workflows, including:

- Tools to support patient education and informed decision making.

- Patient reminders (e.g., letters, postcards, emails, text, phone, and electronic health record (EHR) alerts).

- Electronic health record and population health management systems that assess patient panels to identify who needs screening or follow-up tests.

- Building daily clinic team huddles into practice to review patient panel reports and plan out appropriate screening recommendations.

- Employing and training community health workers, patient navigators, and peer educators from the community to deliver group education, one-one-one education, and barrier reduction support services.

- Identifying clinical champions to focus on implementing and monitoring activities to improve cancer screening and timely follow-up on abnormal results.

- Adjusting clinic working hours to offer evening or weekend appointments.

- Joining with community organizations to address structural barriers to getting screened and going to follow up appointments such as those that offer free transportation, assistance with child or adult care, and access to other supportive services.

b. Family History and Genetics

Goal: *Ensure equitable access to family history assessment and genetic services to support cancer prevention and treatment for all populations.*

Burden: High risk for cancer means having a greater chance of developing cancer compared to the general population, due to factors like family history or genetic mutations. Children, adolescents, adults, and their families can benefit from knowing their family history of cancer and discussing their risk with a health care professional to decide if screening at an earlier age, genetic counseling, and/or genetic testing is needed.

Health Equity Focus: Individuals from underserved communities and those living in rural parts of the state can face barriers such as limited access to genetic counseling and testing. These barriers can lead to missed opportunities for early detection and personalized cancer prevention strategies. In addition, existing genetic research and testing panels often underrepresent diverse populations, reducing the accuracy and relevance of results for these groups.

Measurable Objective(s): A specific state-based data source to establish a reliable measurable objective on this topic is not currently available. Members of the Consortium may be in a unique position to monitor local or system-specific objectives related to collection of family health history such as through onsite electronic health records or other health information technology tools.

Strategies for Action

Increase public and provider knowledge about family health history, cancer risk assessment, and cancer genetics.

- Promote the use of family history questionnaires such as My Family Health Portrait as a method of collecting a complete family history of cancer.

- Encourage cancer survivors of all ages to talk about their diagnosis with their family members to inform collection of family health history.

- Distribute information about the availability of genetic counselors in the state, including those that provide services at low or no cost.

Implement programs that increase access for children, adolescent, and adult patients to genetic counseling, genetic testing, risk reduction and early detection interventions:

- Identify and promote electronic health records that collect family history information and which link to evidence-based screening and surveillance recommendations.

- Offer genetic counseling in pediatric and adult cancer treatment facilities.

- Assess females with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool.

- Increase organizational readiness for implementation of universal Lynch Syndrome screening.

Identify and measure inequities in use of genetic services and health outcomes for people with genetic disorders.

Disseminate information about existing coverage for genetic counseling and testing.

Advocate for enhanced coverage of family health history collection and genetic testing through efforts such as value-based payment and coverage for universal genetic cascade testing.

Support efforts to adhere to the confidentiality and privacy of genetic test results to prohibit genetic discrimination, including health information gathered from commercially available gene testing kits used for genealogical and not health related reasons.

Chapter 4: Cancer Treatment

Goals: *Ensure adherence to age-appropriate quality care standards and promote inclusive, respectful and welcoming environments for people of all ages and backgrounds.*

Burden: Cancer treatment guidelines, quality standards, and accreditation standards for cancer centers exist to inform care and improve patient outcomes. When cancer is detected, the patient's quality of life and survival are dependent on timely diagnosis and access to timely, age-appropriate, precision-guided, quality, and affordable treatment. Advances in molecular diagnostics and targeted therapies have expanded the therapeutic landscape.

Health Equity Focus: Barriers to timely diagnosis and quality cancer treatment include a lack of, or inadequate, health insurance coverage, transportation to treatment facilities, and paid time off from work. Children 14 years old and younger (pediatric cancer survivors) and those between age 15 and 39 years old (adolescents and young adult, or AYA cancer survivors) facing a cancer diagnosis may lack access to care that meets their unique needs. Limited access to precision medicine technologies (e.g., genomic sequencing, molecular profiling) and targeted therapies further exacerbate disparities. Some populations can face barriers such as language and cultural differences, stigma due to lack of knowledge about patient needs (e.g., LGBTQIA+ health care needs) and underrepresentation in clinical trials.

Measurable Objective(s)

1. By 2030, **maintain or increase** from 8 the number of **National Cancer Institute-designated Cancer Centers**.

2. By 2030, **maintain or increase** from 67 the number of **American College of Surgeons Commission on Cancer accredited programs**.

A specific state-based data source to establish additional, reliable measurable objectives on this topic is not currently available. Members of the Consortium engaged in cancer treatment may be in a unique position to monitor local or system-specific objectives.

Strategies for Action:

Support facilities in their efforts to achieve and maintain cancer care accreditation through reputable national organizations.

Address unique needs of pediatric, adolescent, and young adult cancers:

- Expand access to programming for developmental assessments and neuropsychological evaluations by those with expertise in pediatric cancer.
- Provide school re-entry assistance within hospital programs.
- Raise awareness of and access to fertility preservation or family planning programming.
- Support evidence-based approaches around precision diagnostics and targeted treatment decision-making.

Support patients of all ages, their caregivers and families to improve quality of life.

- Increase the hiring of and reimbursement for patient navigation services.
- Increase the availability and utilization of culturally affirming, linguistically diverse, and low-literacy cancer care and management information materials.
- Educate about employee rights and resources available, including the Family and Medical Leave Act and Paid Family Leave.
- Reimburse for telehealth technology and services to increase access to care.
- Promote informed decision-making about cancer care and treatment options, such as those recommended by the American Board of Internal Medicine's Choose Wisely campaign.
- Promote use of patient satisfaction survey tools that help providers improve patient experiences, such as tools created by the Agency for Healthcare Research and Quality.

Decrease the time between cancer diagnosis and cancer treatment.

- Minimize delays in prior authorization.
- Recruit and train patient navigators and community health workers.
- Promote available cancer information resources within the community.
- Provide transportation support.

Assist patients of all ages and their families to navigate available support services.

- Employ full-time patient advocates in cancer centers, including for pediatric cancers.

- Promote availability of New York's Medicaid Cancer Treatment Program and ensure treatment facilities have access to trained individuals responsible for enrollment.

Implement high-quality treatment standards and recommendations for pediatric, adolescent, young adult and adult patients including:

- American College of Surgeons Commission on Cancer (CoC) accreditation standards, *Optimal Resources for Cancer Care*, and CoC Operative Standards for Cancer Surgery.

- National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology.

- Children's Oncology Group Supportive Care Guidelines.

- Standards for Psychosocial Care for Children with Cancer and Their Families.

Chapter 5: Cancer Survivorship

Goal: *Increase the health and well-being of survivors of all ages by addressing the physical, emotional, social, spiritual, and financial effects of cancer.*

Burden: A cancer survivor is a person of any age who has cancer or who has had it in the past. Cancer survivors are at greater risk of developing other cancers than people who have never had cancer and are at increased risk for health problems after treatment including emotional issues (anxiety, depression, fear of cancer recurrence). They may also face financial stress. Survivors that are 14 years old and younger (pediatric cancer survivors) and between 15 and 39 years old (adolescents and young adult, or AYA cancer survivors) face unique challenges including limited resources for education, employment, and reproductive health.

Health Equity Focus: Cancer survivors of all ages living in low-income areas or rural parts of the state, as well as those representing LGBTQIA+ populations, may face challenges related to limited access to specialized and culturally competent care. The financial problems cancer survivors and their families may face, including loss of income due to missed work and high costs of treatment, can lead to skipping or not filling prescriptions or not seeking follow up or preventive care. Survivors who experience financial problems are also less likely to enroll in clinical trials, further impacting their treatment. These factors can lead to unmanaged late- and long-term side effects of cancer treatment, poorer quality of life, higher rates of cancer recurrence, and unmet physical and emotional needs. Pediatric and young adult survivors and their caregivers may face additional inequities related to access to mental health supports, long-term follow-up care, and survivorship programs tailored to the developmental needs of children and adolescents.

Measurable Objectives:

1. By 2030, **decrease** the percentage of **adult cancer survivors** (excluding non-melanoma skin cancers) who report their **general health is fair or poor** from 30.8% to 25.7%.

2. By 2030, **decrease** the percentage of **adult cancer survivors** (excluding non-melanoma skin cancers) who report their **physical health was not good** on 14 or more of the past 30 days from 21.7% to 17.2%.

3. By 2030, **decrease** the percentage of **adult cancer survivors** (excluding non-melanoma skin cancers) who report their **mental health was not good** on 14 or more of the past 30 days from 13.7% to 9.9%.

4. By 2030, **increase** the percentage of **adult cancer survivors** (excluding non-melanoma skin cancers) **engaging in leisure-time physical activity** from 67.7% to 72.8%.

5. By 2030, increase the percentage of **adult cancer survivors** (excluding non-melanoma skin cancers) with **food security** from 79.6% to 84.2%.

Strategies for Action:

Become an active member of the NYS Cancer Consortium's Survivorship or Healthy Eating and Active Living Action Teams.

Increase oncology and primary care use of nationally-recognized cancer survivorship care guidelines, including those from the National Comprehensive Cancer Network, American Society of Clinical Oncology, and the Children's Oncology Group.

Implement and establish reimbursement mechanisms for cancer survivor patient navigation programs, including within rural communities of New York State.

Train and offer continuing education to clinicians including primary care providers, nurse practitioners, nurses, and physician assistants to meet the post-treatment and continuity of care needs of pediatric, young adult, and adult cancer survivors.

Support health care systems in meeting National Standards for Cancer Survivorship Care standards, including:

- Written treatment summaries and/or survivorship care plans for survivors of all ages.
- Clear communication and coordinated care between providers.
- Access to physical, emotional, and practical supports.
- Promotion of healthy behaviors.

- Culturally competent, inclusive care.
- Use of data to track survivor outcomes and improve services.

Build support for policies that expand survivor resources, including the Comprehensive Cancer Survivorship Act, the Childhood Cancer STAR Act and the Give Kids a Chance Act.

Promote informed decision-making about surveillance for cancer recurrence and second caners, such as those recommended by the American Board of Internal Medicine's Choose Wisely campaign.

Ensure cancer centers serving pediatric and young adult patients have a survivorship program or a clear referral pathway to age-appropriate local survivorship services.

Educate patients, families, caregivers, teachers, and clinicians about the unique challenges of pediatric and young adult cancer and provide tools and supports to address these needs.

Ensure cancer centers serving pediatric and young adult patients assess mental health needs of their patients and caregivers early after diagnosis and throughout treatment and survivorship, provide appropriate counseling and therapy, and connect families to specialized mental health services when needed.

Chapter 6: Clinical Trials

Goal: Ensure that all individuals, regardless of race, ethnicity, age, geography, income, language, sexual orientation, or gender identity have equitable opportunities to participate in cancer clinical trials, and that trial outcomes reflect the diversity of the populations affected by cancer.

Burden: Clinical trials are much broader than cancer treatment trials and include work related to biobanking, registries, health services research, and genetic studies, among others. Individuals who participate in clinical trials may gain access to cutting-edge approaches and evaluations (yet unavailable to the public) but also contribute to the progress of medical research. This includes precision oncology trials, including molecular profiling and targeted therapy studies.

Health Equity Focus: Cancer clinical trials face population-level challenges that limit their effectiveness, generalizability, and accessibility. These include low participation rates, lack of population diversity, limited trial sites, participant concerns over cost or uncovered services, and long-standing mistrust among some communities. Increasing the effectiveness, inclusiveness, and generalizability of cancer clinical trials means ensuring studies have diverse patient cohorts and improving enrollment, access, and participation across all populations.

Measurable Objectives: A specific state-based data source to establish a reliable measurable objective on this topic is not currently available. Members of the Consortium engaged in cancer clinical trials may be in a unique position to monitor local or system-specific objectives related to such things as the percentage of trial participants by population factors (e.g., race/ethnicity, rural, adolescents, young adults, LGBTQIA+).

Strategies for Action:

- Promote clinical trial recruitment and retention strategies that engage and increase awareness among diverse patients.
- Provide education to physicians, other health care providers, patients, and caregivers on the availability, purpose, and benefits of clinical research studies as well as tools to support informed decision making.
- Expand education on precision medicine trials and targeted therapy approaches to providers and patients, explaining the role of genomic profiling in trial eligibility and expected outcomes.
- Reduce the economic burden of participation in clinical trials by advocating for insurance and/or third-party payer coverage for participation and associated of costs such as transportation.
- Promote patient navigation or case management programs that facilitate access to care and clinical trials across rural areas of the state and among population groups often underrepresented (e.g., children, AYA, individuals from the LGBTQIA+ community, and racial/ethnic minority groups).
- Build trust through community engagement and culturally competent care, including expanding access to enrollment to community settings and rural areas.
- Promote and support pediatric, young adult and adult biorepositories and data sharing for research. This includes clear communication with families, consent, coordination across institutions, and efforts to respectfully facilitate tissue donations that advance scientific understanding.

Chapter 7: Palliative and Hospice Care

Goal: *Build awareness of and access to palliative and hospice care for patients of all ages, caregivers, and families to help control symptoms, improve quality of life, and support end-of-life care.*

Burden: Palliative and hospice care is of benefit to patients, caregivers, and families to help control symptoms, improve quality of life, and support end-of-life care. Palliative care focuses on easing pain and symptom management associated with serious illnesses, helping with emotional and spiritual needs, supporting families and caregivers,

and improving quality of life. Palliative care can be provided throughout the continuum of care, alongside other treatments, from diagnosis to death. Hospice care is offered to people at the end of their life.

Health Equity: Access to and utilization of palliative care and hospice services can be limited by lack of health insurance coverage and availability of services. Achieving health equity means raising awareness and increasing access to high quality palliative care and hospice services, including transitions between the two, for individuals of all ages regardless of geography or insurance status.

Measurable Objective:

1. By 2030, **increase** the number of **certified hospice and palliative care professionals** in New York from 5.7 to 6.2 per 100,000 population.

A specific state-based data source to establish additional, reliable measurable objectives on this topic is not currently available. Members of the Consortium engaged in palliative and hospice care may be in a unique position to monitor local or system-specific objectives.

Strategies for Action:

- Engage with public health, community- and faith-based organizations, and health care systems to raise awareness about the benefits of palliative and hospice care among patients diagnosed with cancer, caregivers and health care providers.
- Promote palliative care certification among physicians, nurses and other disciplines.
- Promote training in pediatric palliative care.
- Support increased reimbursement for palliative care and hospice services.
- Promote accreditation standards and quality measures for high-quality palliative care.
- Promote efforts such as the Palliative Care Education and Training Act that supports workforce training, increased education and awareness, and palliative care research
- Promote registration and participation in the National Palliative Care Registry, a free service to measure program progress and track operational capacity and reach.

Cross-Cutting Issues in Cancer

This section highlights issues and challenges faced by New Yorkers which impact multiple parts of the cancer continuum. There is a need to draw attention to the impact these topics have on the cancer burden and work together to address them.

Health Care Workforce Shortages

Inadequate numbers of health care professionals at all levels of care, and limited investment in supportive roles such as patient navigators, community health workers and peer educators, threaten progress and ongoing efforts to address the State's cancer burden. The Association of American Medical Colleges projects shortages in the supply of both primary care and medical specialty physicians compared to demand by 2036. The University at Albany's Center for Health Workforce Studies reports a continued shortage of registered nurses, personal care aides, and medical assistants. The Office of the New York State Comptroller describes how rural counties in New York face specific shortfalls of health care professionals. The COVID-19 pandemic increased concerns about health care workforce burnout, and health care workforce shortages are compounded by the aging population.

Members of the NYS Cancer Consortium may be in a unique position to lend their support to national and statewide efforts that aim to incentivize the development and maintenance of a diverse health care workforce in all regions of the state. Examples might include supporting policies that seek to increase the number of funded residency positions eligible for graduate medical education payments, educating decision makers about the need to train, fund, and reimburse patient navigation and other supportive services, and advocating for efforts that increase participation in clinical training programs among underrepresented populations. Support can also focus on expansion and maintenance of access to telehealth and telemedicine services, as well as promotion and use of tele-education programs such as Project ECHO (Extension for Community Healthcare Outcomes) where primary care teams in more remote locations learn from specialists to address issues of access to care.

Financial Toxicity

According to the National Cancer Institute and other experts, financial toxicity describes the problems faced by patients and their families related to the cost of care. Financial toxicity can occur because of co-payments and high deductibles as well as the high cost of prescription drugs and recommended treatment regimens not covered by insurance. This can be compounded by patients unable to work resulting in the loss of health insurance, less income and assets, increased debt, trouble paying for housing and food, and, in extreme circumstances, bankruptcy.

Members of the NYS Cancer Consortium may be in a unique position to raise awareness about the reality and impact of financial toxicity, advocate for efforts to provide value-based pricing, promote the use of financial navigators, and advertise existing financial support resources offered by statewide partners to the public. Member organizations of the Consortium include accredited cancer centers, community-based organizations, governmental entities, and patient advocacy organizations. Such organizations can assist with building awareness about and increasing access to financial support services, providing direct financial support to survivors, and making system-wide changes to address financial toxicity among their patient population.

Lasting Impact of the COVID-19 Pandemic

The COVID-19 pandemic highlighted the need for multidisciplinary approaches to address health inequities as it pertains to access to and delivery of patient care. It also challenged cancer care programs and hospital networks to deliver timely evaluation and management, including surgical interventions and treatments. A well-documented decrease in the rates of cancer screenings occurred, which are slowly beginning to return to pre-pandemic levels. Disruptions in care also impacted cancer research participation and compounded already existing health inequities across underserved and historically marginalized populations.

For members of the NYS Cancer Consortium, the pandemic heightened the use of virtual meetings, telehealth consultations, remote screenings, and telephone follow-up appointments. It also sparked creative approaches to continued outreach to communities and provision of support services. The Consortium can continue to advocate for policies and emergency plans that support preparedness that allows continued access to services during any future pandemics or other major health care disruptions.