

2026-2035

Alaska Cancer Plan



Working Together for a Cancer-Free Alaska
Supporting Alaskans Affected by Cancer



Alaska Cancer Partnership

The Alaska Cancer Partnership is a diverse coalition of organizations working together for a cancer-free Alaska.

Dual Mission

Working Together for a Cancer-Free Alaska

Supporting Alaskans Affected by Cancer

Guiding Principals¹

- Emphasize primary prevention
- Help people find cancer early
- Support people diagnosed with cancer
- Use proven strategies
- Promote access to good health care for everyone
- Study policies and programs to make sure they work

Shared Values²



Cancer Plan Goals



Increase **social connection** and community engagement in the fight against cancer.



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



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



Support the **economic stability** of Alaskans to promote engagement in cancer control activities.



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

¹ Inspired by CDC's National Comprehensive Cancer Control Program priorities.

² Identified by attendees at the May 2025 Annual Meeting of the Alaska Cancer Partnership.

Quick Guide

Putting the Alaska Cancer Plan into Action

The Alaska Cancer Plan is designed as a practical guide for collaborative action to prevent cancer, improve early detection, and support Alaskans diagnosed with cancer. Whether you are a policymaker, health care provider, advocate, researcher, or community member, this Plan can help you identify strategies, policies, and resources to reduce the burden of cancer in Alaska and set your own benchmarks for success.

Once you are oriented to the content of the Plan and ready to take action to address the inequities in cancer outcomes, use this Quick Guide to walk through the following steps:

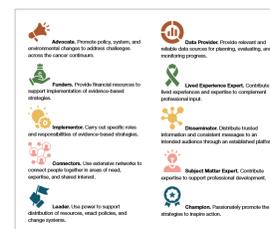
Step 1. Investigate Health Inequities

Begin by reviewing the following sections to help you identify priority populations, guide programming, and track changes over time:

- Data Indicators Section (page 19)
- Assessing Health Inequities in Appendix A (page 32)

Step 2. Identify Your Role in Taking Action

Each partner has a unique contribution (page 6). Reflect on which roles you play and how they connect to the work of others in the Alaska Cancer Partnership.



Step 3. Explore the Upstream Factors that Contribute to Inequities

- See the Community Conditions that Impact Cancer infographic (page 7)
- Select a goal that you and your partners are positioned to address (page 8)
- Engage members of the impacted community

Step 4. Take Collaborative Action

The Policies and Strategies for Action section (page 23) provides a menu of evidence-based and promising approaches. Use this as a guide to:

- Align your work with statewide priorities
- Adapt strategies to meet local needs
- Collaborate with others to maximize impact

Step 5. Stay Connected

This Plan is a living framework. Engage with the Alaska Cancer Partnership for updates, resources, and opportunities to collaborate and share progress. Working together, we can reduce the burden of cancer and ensure every Alaskan has the opportunity for health.

Special Topics. Throughout the Plan, specific topics are highlighted with callouts like this. Ideally, these topics are considered and re-visited in an ever-evolving landscape.

Plan users will find callouts focused on data equity, data sovereignty, climate change, and the structural determinants of health.

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Addressing Cancer in Alaska

Alaska is unlike most other states in that cancer has remained the leading cause of death since 1993.³ Improvements in cancer screening and treatment have shifted the disease trajectory for many, increasing the number of Alaskans living with cancer as a chronic condition. Together, these realities highlight the importance of sustained, collaborative action to reduce cancer risk, improve outcomes, and support survivorship statewide.

The Alaska Cancer Partnership

In 2003, the Alaska Department of Health entered a cooperative agreement with the Centers for Disease Control and Prevention (CDC) to develop Alaska's first statewide strategic plan to address cancer – the Alaska Cancer Plan. In 2007 a subsequent cooperative agreement established a formal Cancer Control Program and a statewide cancer coalition, now known as the Alaska Cancer Partnership (ACP). Since its formation, the ACP has worked collaboratively with the Alaska Native Tribal Health Consortium (ANTHC) Comprehensive Cancer Program and the Alaska Chapter of the American Cancer Society to improve outcomes and support cancer survivors. More information is available at alaskacancerpartnership.org and in the [2025 Annual Guide](#).

The Alaska Cancer Plan

The ACP is guided by the framework outlined in the Alaska Cancer Plan (the Plan hereafter) to address the burden of cancer in our state. The Plan draws from research, surveillance data, and coalition input to establish shared goals and strategies. Coalition activities and Plan goals are informed by surveillance data from the [Alaska Cancer Registry](#) (ACR), the [Alaska Behavioral Risk Factor Surveillance System](#) (BRFSS), the [Alaska Immunization Information System](#), and other relevant data sources. Specific cancer outcome targets are not prescribed within the Plan; instead, partners are encouraged to focus on upstream drivers and to establish and monitor outcome measures appropriate to their roles and community.

Focus on Health Equity

Cancer mortality has declined over the past few decades; however, the substantial progress in cancer prevention, detection, and treatment has not been equitably distributed. The burden of cancer continues to vary across sociodemographic groups in Alaska (see Appendix A).⁴ Addressing cancer effectively requires an explicit commitment to health equity. This Plan therefore focuses on identifying and improving community conditions that shape cancer risk, access to care, and other outcomes (see figure on page 7). The goal is to achieve optimal health for all Alaskans by prioritizing efforts for those who experience the greatest cancer burden. Health equity is both a process and guiding framework that involves examining and addressing the root causes of inequities embedded in social conditions, laws, policies, and environments. To reduce unequal experience cancer burden and achieve sustained improvements in cancer morbidity and mortality statewide, the ACP has identified goals and strategies related to key Social Determinants of Health (SDOH).^{5,6} These upstream factors strongly influence downstream cancer prevention, care, survivorship and long-term outcomes.

³ Alaska Cancer Registry, Health Analytics and Vital Records Section.

⁴ AACR Cancer Disparities Progress Report 2024: Achieving the Bold Vision of Health Equity. *Cancer Epidemiol Biomarkers Prev* 2024;33(7):870–873. July 1, 2024. <https://aacrjournals.org/cebip/article/33/7/870/746090/AACR-Cancer-Disparities-Progress-Report-2024>

⁵ *Terminology note*: This Plan uses the term Social Determinants of Health (SDOH) to describe the social, economic, and environmental conditions that influence cancer risk and outcomes. Some partners and national organizations increasingly use the term Social Drivers of Health to emphasize the role of policies, systems, and environments in shaping these conditions. In this Plan, the terms are used interchangeably.

⁶ U.S. Department of Health and Human Services. *Healthy People 2030*. Office of Disease Prevention and Health Promotion, Retrieved August 28, 2025. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Identify your Role

The Alaska Cancer Plan guides our collective action. Plan users play many different roles as partners in building a cancer-free Alaska. Understanding one another's roles improves communication, coordination, and maximizes resources to achieve the goals outlined in the Alaska Cancer Plan. The following partner roles all contribute to our collective impact. As you work to implement the strategies within this Plan, think about the role you can play.⁷



Advocate. Promote policy, system, and environmental changes to address challenges across the cancer continuum.



Funder. Provide financial resources to support implementation of evidence-based strategies.



Implementor. Carry out specific roles and responsibilities of evidence-based strategies.



Connector. Use extensive networks to connect people together in areas of need, expertise, and shared interest.



Leader. Use power to support distribution of resources, enact policies, and change systems.



Data Provider. Provide relevant and reliable data sources for planning, evaluating, and monitoring progress.



Lived Experience Expert. Contribute lived experiences and expertise to complement professional input.



Disseminator. Distribute trusted information and consistent messages to an intended audience through an established platform.



Subject Matter Expert. Contribute expertise to support professional development.



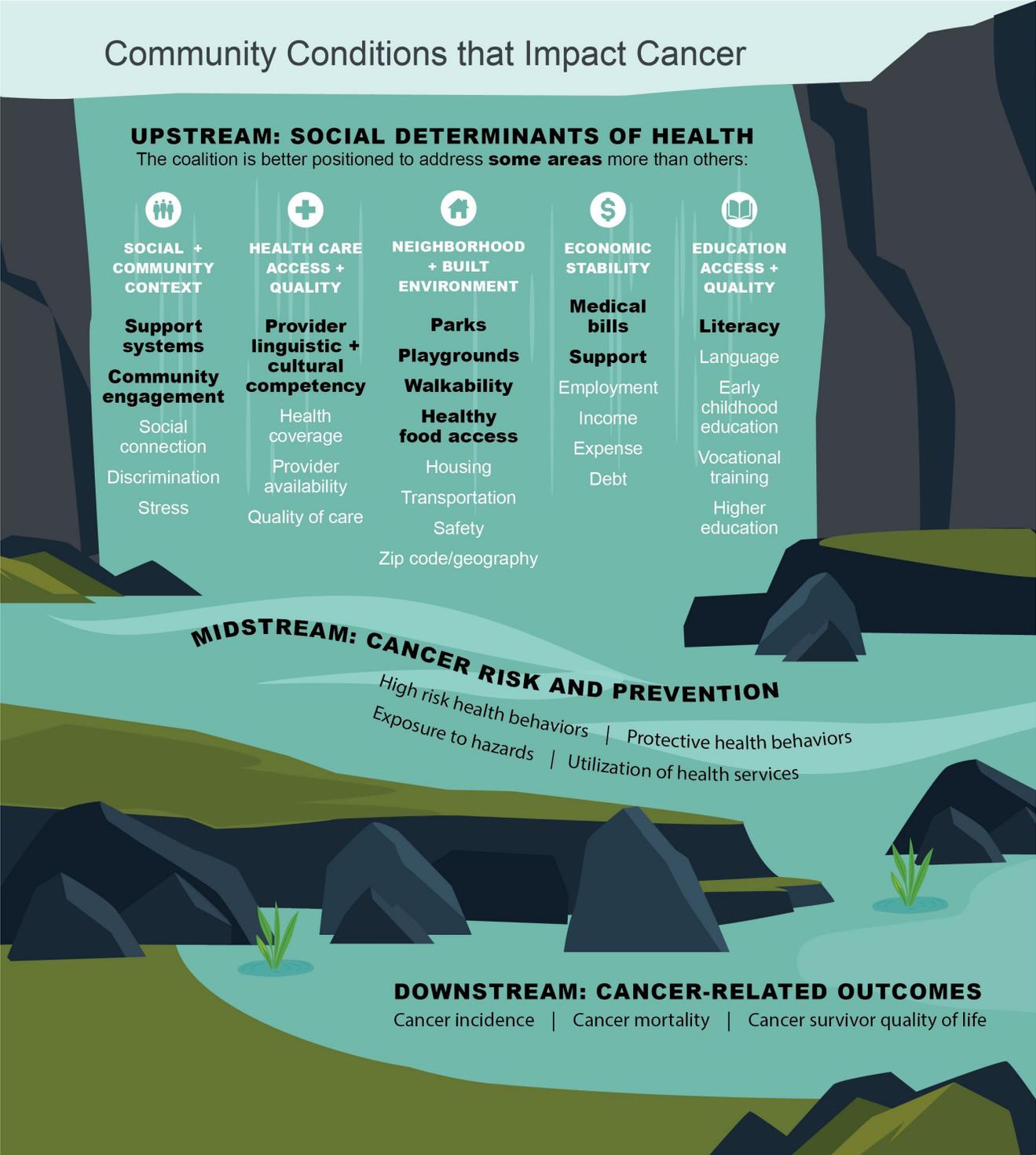
Champion. Passionately promote the strategies to inspire action.

⁷ Roles are inspired by the Kentucky Cancer Consortium. (2024). *Kentucky Cancer Action Plan*. <https://www.kycancerc.org/wp-content/uploads/sites/14/2024/11/Kentucky-Cancer-Action-Plan.pdf>.

Social Determinants of Health

Social Determinants of Health refer to the upstream community conditions that influence the midstream behaviors that impact downstream health outcomes. Partners should work with their community to identify the factors that are influencing the behaviors they would like to change.

Figure 1. Community Conditions that Impact Cancer



Alaska Cancer Partnership Goals

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 the following goals.

Social and Community Context



Increase **social connection** and community engagement in the fight against cancer.

Health Care Access and Quality



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

Neighborhood and Built Environment



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

Economic Stability



Support the **economic stability** of Alaskans to promote engagement in cancer control activities.

Education Access and Quality



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

The following sections will explore why each goal is important to address and provide examples of how this could be applied to our state. This Plan does not set specific outcome measures for each goal but rather provides suggestions for indicators to track which can be found in the Data Indicators section (page 19).



Social and Community Context

Goal: Increase **social connection** 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. For example, when neighborhoods lack safe, accessible places for older adults to walk or gather, elders may limit their movement and social participation, increasing isolation and reducing opportunities for physical activity that supports overall health. “Social isolation, a measure of one’s (limited) social contact and networks, is disproportionately prevalent among socioeconomically disadvantaged populations, the chronically ill, and certain racial/ethnic groups.”⁸

Health care systems are paying increasing attention to social risk factors such as trauma and adverse childhood experiences (ACEs)⁹, which are closely linked to long-term health outcomes. Equally important is fostering Protective and Compensatory Experiences (PACEs) such as positive connections, supportive relationships, and community resources that build resilience and buffer the harmful effects of ACEs. By advancing strategies that strengthen social connection, foster belonging, and reduce risks, particularly in communities of color and among those with lower socioeconomic status, health systems can help create the conditions for healing and improved health across the lifespan.



“Let’s share cancer survivor stories. Find ways in which we can humanize people. Teach young people to be ok and to help others to be ok. We want a community that makes room for that. We need each other to be whole and well.”

Theresa Lyons, Former
Executive Director YWCA

⁸ Alcaraz KI, Wiedt TL, Daniels EC, Yabroff KR, et al. Understanding and addressing social determinants to advance cancer health equity in the United States: A blueprint for practice, research, and policy. *CA: A Cancer Journal for Clinicians*. 2020; 70(1):31–46. <https://doi.org/10.3322/caac.21586>.

⁹ National Academies of Sciences, Engineering, and Medicine. *Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation’s Health*. Washington, DC: The National Academies Press. 2019. <https://doi.org/10.17226/25467>.

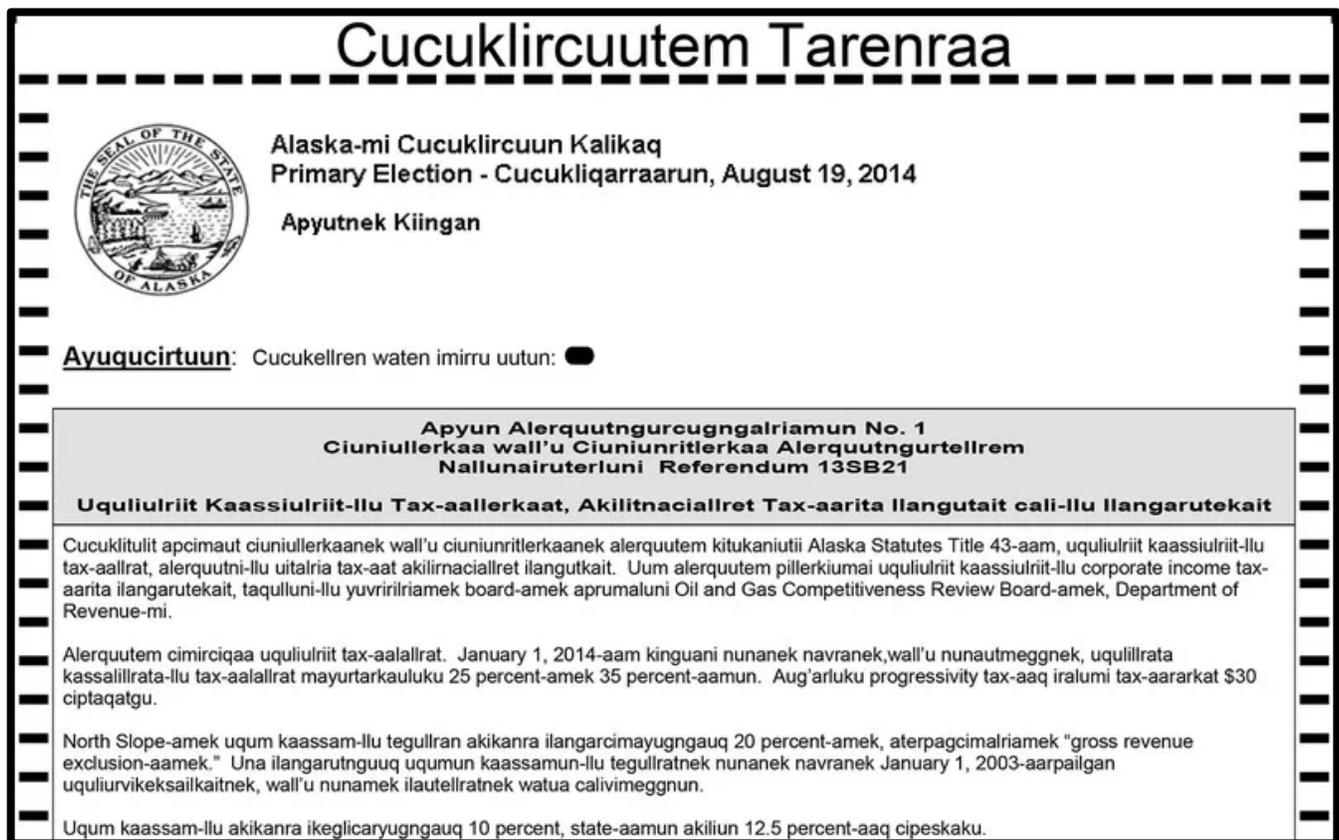
How: Policy in Action

The Voting Rights Act of 1965 Section 203 requires that jurisdictions translate ballots and election information to provide language assistance to specific groups if more than five percent of that voting age population speaks limited English. For Alaska this means that the state must support specific regions with language translation of their ballots and voter materials. For instance, in the Kusilvak Census Area, on the Yukon-Kuskokwim Delta, the state provides ballots in Yup'ik (see below).

How does this relate to cancer? This is a policy example of how language access addresses historical barriers, empowers informed participation, and promotes engagement. Imagine if it was required that health information about cancer prevention, screening, and treatment be translated. It could mean that patients would be better equipped to make informed choices and participate meaningfully in their health care, that the health system would play a role in rectifying past injustices, and that navigation of the health system and cancer care becomes more accessible and understandable for a wider range of patients.

Policy and budgeting decisions like including designated specific funding for language interpretation for public service announcements and health education materials address the social and structural determinants of health. It empowers patients that have been disenfranchised from full access to health care due to language barriers to participate in achieving optimal health because they understand the information being provided.

Figure 2. Example election ballot in Yup'ik language



Health Care Access and Quality

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, afford child care, or have paid time off or sick leave to attend doctor appointments are examples 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 (ACA) played an important role in improving access to health care among people who previously did not have access to health insurance. Medicaid expansion is another system-level change that has increased the number of Americans who have health insurance and thus access to care. More must be done to increase equity in the provision of health services.

How: Policy in Action

In 2024, Alaska lawmakers enacted legislation relating to telehealth, building on lessons learned during the COVID-19 public health emergency. These policy updates represent an important approach to improving access to timely, high-quality health care – particularly for Alaskans living in rural and remote communities and for people with serious conditions such as cancer.

Prior to the pandemic, Alaska’s telehealth policies were relatively restrictive, limiting patients’ ability to access specialty care when providers were not physically located in the state. During the public health emergency, temporary flexibilities expanded access to remote care and allowed patients to connect with a broader range of providers. When those emergency provisions expired, many patients—especially those in communities without local specialty services—again faced significant barriers to care, including long-distance travel, higher costs, or delays in diagnosis and treatment.

Recent telehealth policy updates addressed these challenges by clarifying pathways for telehealth-delivered care in appropriate circumstances. Collectively, these changes support improved access to cancer prevention, diagnosis, treatment, and supportive services by enabling:

- **Access to out-of-state specialists:** Allowing certain licensed health care providers from outside Alaska to deliver telehealth services when clinically appropriate and when care is not reasonably available in-state.
- **Timely care for serious and life-threatening conditions:** Facilitating more rapid access to specialized expertise for patients with suspected or diagnosed life-threatening conditions, including cancer.



“Patients have barriers to accessing care and sometimes have delayed care. Often barriers like transportation, child care, jobs, limitations getting in [for care]. And once they get their primary care, there is not a consistent approach to who and how folks get cancer care.”

Kate Powers, Anchorage
Neighborhood Health Center

Together, these policy updates demonstrate how targeted telehealth legislation can improve health care access and quality, reduce geographic barriers, and support more coordinated and timely care across the cancer continuum for Alaskans statewide.

Special Topic 1. Structural Determinants of Health

While this Plan focuses on **Social** Determinants of Health, it is important to recognize that **Structural** Determinants of Health underpin and influence them.

Structural Determinants are the broader **social, economic, and political systems** that shape the conditions of daily life. They include laws, policies, institutional practices, cultural norms, and the way power and resources are distributed. These upstream forces create and perpetuate inequities across populations.

Structural vs. Social Determinants

- *Structural determinants* = the **rules and power systems** that shape opportunity (e.g., who qualifies for Medicaid, how resources are distributed, which policies are enacted).
- *Social determinants* = the **everyday conditions** people experience (e.g., housing, education, income, access to care) – which are directly influenced by structural factors.

Why it Matters for Cancer

Rules and systems established by people in power can directly impact cancer prevention and care. For example, restrictive insurance eligibility can mean fewer people get recommended screenings, leading to cancers being diagnosed later, when treatment is more difficult.

What ACP Partners Can Do

Even if organizations cannot change these systems on their own, they can:

- Advocate for equitable health policies (insurance access, fair wages, paid sick leave).
- Promote cultural humility training and address bias in health care delivery.
- Support community voice in health decision-making and resource allocation.
- Champion policies that reduce discrimination and increase investment in cancer prevention and treatment.

10, 11, 12

¹⁰ National Collaborating Centre for Determinants of Health. *Let's Talk: Determinants of Health*. Antigonish, NS: NCCDH, St. Francis Xavier University. 2024. https://nccd.ca/images/uploads/NCCDH_Lets_Talk_Determinants_of_health_EN_FV.pdf.

¹¹ Krieger N. Theories for social epidemiology in the 21st century: an ecosocial perspective. *Intrn Jml of Epidemiology*. 2001; 30(4):668–677, <https://doi.org/10.1093/ije/30.4.668>.

¹² Krieger N, Moallem S, Cowger TL, et al. Political determinants of US states' screening-amenable cancer stage at diagnosis and premature cancer mortality, *JNCI Cancer Spectrum*. 2025; 9(5). pkaf073. <https://doi.org/10.1093/ncics/pkaf073>.



Neighborhood and Built Environment

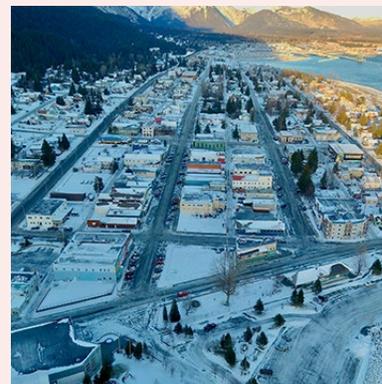
Goal: Leverage the **physical environment** to facilitate healthy behaviors that help prevent cancer and improve survivor quality of life.

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 also 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 safe sidewalks for walking and physical activity. Others may be exposed to environmental toxins, live in communities that allow smoking in indoor spaces, or face greater risks from the impacts of a changing climate.

In Alaska, for Tribal and Indigenous communities, land is deeply connected to identity, culture, well-being, and essential for subsistence food gathering. The loss of access to traditional lands and resources can harm physical health, impede access to essential food sources, and disrupt cultural practices that support resilience and holistic health.

In short, the context of our environment shapes one’s ability to lead a healthy life, and the physical environments of American (and Alaskan) communities are unequal. Addressing these inequities requires attention not only to access to healthy food and opportunities for physical activity, but also to the environmental and cultural dimensions of place that shape cancer risk and community health.



“The built environment is important for so many people, and we can all do better to make it a more attractive and inviting place for everyone to be and enjoy and thrive in some ways.”

Julius Adolfsson, Active Transportation Planner & Statewide Bike-Ped Coordinator

How: Policy in Action

The community of Bethel, Alaska has worked to implement policy efforts to create a more healthy and livable community. Bethel was one of the first communities in Alaska to implement a clean indoor air policy limiting smoking in public workplaces. In 1998, the Bethel City Council unanimously passed a smoke free ordinance, well before a statewide ban was enacted. This meant Bethel was ahead of the curve in working to reduce cancer by regulating one of the greatest risk factors for cancer – smoking and tobacco use – through a locally driven policy that reflected strong community consensus.

More recently, Bethel has been on the leading edge of another public health policy trend by exploring a sugar-sweetened beverage tax. In 2021, proponents worked with the city council to consider an excise tax of one percent on soda pop and other sugar-sweetened beverages. Funds generated from the tax were proposed to support specific community-identified projects sponsored by Bethel’s Parks, Recreation, Aquatic Health, and Safety Center Committee, including potential investment in a new community gym and fortified boardwalks,

according to the local public radio station. After extensive public discussion and testimony, the vote on the proposal was postponed and the ordinance was not approved.

Together, these efforts illustrate how local policy can be a powerful tool for creating healthier environments, while also underscoring the importance of careful design, community engagement, and consideration of potential impacts.

Physical activity is important to cancer prevention. It reduces cancer risk by improving immune function, regulating hormones, lowering inflammation, and controlling body weight. Reducing consumption of sugar and sugary drinks lowers cancer risk by helping prevent obesity and problems with blood sugar.

For cancer patients, exercise can also improve treatment side effects like fatigue, prevent muscle loss, and increase survival rates.

Special Topic 2. Climate Change and Cancer

The environmental impacts of climate change in Alaska affect cancer in both direct and indirect ways. By contributing to environmental changes, altering food systems, and influencing health behaviors, it can increase the risk of cancer and complicate efforts to prevent, diagnose, and treat the disease in vulnerable communities.

Increased Exposure to Environmental Carcinogens

As temperatures rise and environmental patterns shift in Alaska, there can be increased exposure to carcinogens such as air pollution, wildfires, and changes in water and soil quality. For example, wildfires are becoming more frequent in Alaska due to warmer temperatures, and the smoke from these fires can increase air pollution, leading to respiratory problems and potential links to lung cancer. Changes in water quality due to thawing permafrost can lead to contamination, including increased exposure to toxic chemicals, which can be carcinogenic over time.

Disruption of Traditional Food Sources

Many Alaskan communities rely heavily on subsistence hunting and fishing. Climate change can disrupt these traditional food sources, affect nutritional health and possibly increase the risk of certain cancers. Changes in ocean temperature and fish migration patterns may reduce the availability of nutrient-rich foods like fish, while also potentially introducing contaminants like mercury into the food chain.

Increased UV Radiation Exposure

As the ozone layer continues to thin due to climate change, Ultraviolet (UV) radiation levels may rise, increasing the risk of skin cancers like melanoma. Alaska's longer summers with increased daylight hours also mean more exposure to UV rays, especially for people spending more time outdoors due to warmer weather.

Mental Health Stress and Cancer Risk

The stress caused by climate change-related disruptions – like displacement due to coastal erosion or loss of hunting grounds – can lead to mental health challenges. Chronic stress and related behaviors (such as smoking or poor diet) can increase the risk of developing cancer over time.

Economic Stability

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

Why

One overarching societal trend that has magnified health disparities is growing wealth inequality, a pattern that has intensified markedly in recent decades.¹³ Recent economic studies suggest that income and wealth inequality depress economic growth at the national level, which adversely impacts society overall.¹⁴ 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.

How: Policy in Action

There are many tools to support economic stability and promote wealth growth in the poorest sectors of society.¹⁵ A key method for ensuring wage growth for bottom earners is through minimum wage policies.

In 2025, Alaskans voted to raise the minimum wage and require employers to provide paid sick leave, enacting these changes through a direct ballot measure. A ballot measure allows voters to bypass the state legislature and make statutory changes themselves, giving Alaskans a powerful tool to shape policy directly.

The new law requiring paid sick leave took effect on July 1, 2025. It mandates that employers provide leave hours based on company size. To comply, employers had to notify existing employees of their rights and must provide the same information to new hires at the start of employment. The notice must outline employees' entitlement to paid sick leave, the amount of leave available, how it can be used, and protections against retaliation for using it.

This new law may contribute to improved health for Alaskans. A recent study conducted by researchers at the University of Texas School of Public Health San Antonio found that cancer survivors without paid sick leave were 40% more likely to worry about medical bills and more than twice as likely to delay medical care due to costs



"We know that when people are in debt, they avoid necessary expenses including food and health care. And we know that chronic stress associated with debt contributes to poor health outcomes."

Claire Lubke, Alaska Public Interest Research Group (AKPIRG)

¹³ Brown M, McKernan SM, Garon T, et al. Nine charts about wealth inequality in America. Urban Institute. *Urban.org*. 2024. <https://apps.urban.org/features/wealth-inequality-charts/>.

¹⁴ Alcaraz K, Wiedt TL, Daniels EC, et al. Understanding and addressing social determinants to advance cancer health equity in the United States: A blueprint for practice, research, and policy. *American Cancer Society Cancer Journal*. 2019. <https://doi.org/10.3322/caac.21586>.

¹⁵ Peterson Institute for International Economics. *How to Fix Economic Inequality? An Overview of Policies for the United States and Other High-Income Economies*. 2020. <https://www.piie.com/microsites/how-fix-economic-inequality>.

compared to those with this benefit.¹⁶ This same study found that both employer-sponsored insurance and paid sick leave were also associated with lower rates of food insecurity among survivors.

The authors conclude that employers should consider expanding benefits to support workers with cancer and other serious medical conditions, noting that such policies could help employees maintain their health while contributing to positive workplace environments. Alaskans understand this and voters took it upon themselves to get a law passed.

The 2025 minimum wage increase and mandatory sick leave ballot measure complement the landmark child care legislation passed in 2024 by the Alaska State Legislature, creating a stronger foundation for working families.¹⁷ Together, these policies help Alaskans earn a livable income, access affordable child care, and take the time they need to care for their health without risking their jobs. Affordable, reliable child care makes it possible for parents to work, secure health insurance, and keep medical appointments, while higher wages and paid sick leave provide the stability families need to thrive. Collectively, these efforts mark an important step forward in strengthening economic security and health for Alaska's children and families.

Special Topic 3. Data Equity

Data equity means making sure data is gathered and shared in ways that are fair, safe, and useful for everyone. It ensures that communities, especially those that have been left out or harmed in the past, benefit from how their information is used.

It is important to disaggregate statewide data into different groups and communities to prioritize limited resources, but communities should inform the questions being asked, be involved in decision-making, and be consulted on how results are presented. Data should not be used in a way that perpetuates stereotypes or deepens stigma.

The ACP should prioritize data equity by collaborating directly with communities most affected by cancer disparities. This means co-developing resources, educational materials, and outreach strategies in partnership with community leaders and Tribal health organizations. It is also essential that these partners are compensated fairly for their time, expertise, and contributions to the work, acknowledging their valuable cultural insights and lived experiences. Credit for successes in cancer prevention or treatment should also be shared, giving community partners visible recognition for their leadership and efforts in addressing health disparities.

To further ensure equity, the ACP should empower community partners to serve as the messengers for sharing findings, ensuring that communication is culturally relevant and trusted. Additionally, creating safe spaces for community feedback is crucial, allowing for transparent, two-way dialogue to refine and improve public health strategies.

¹⁶ University of Texas School of Public Health San Antonio. Workplace benefits can ease financial burden for cancer survivors. 2025. <https://uthscsa.edu/public-health/news/workplace-benefits-can-ease-financial-burden-cancer-survivors>.

¹⁷ Alaska child care bill becomes law! *Learn & Grow*. 2024. <https://www.threadalaska.org/learn-and-grow/blog/alaska-child-care-bill-becomes-law>.



Education Access and 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.

Why

Greater educational attainment is linked to better health. Studies have shown connections between cancer mortality rates and educational attainment.^{18,19} 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.²⁰ While this is an area that is more challenging for the ACP to address, closely related health literacy strategies can be explored.

How: Policy in Action

“Education is the single most important modifiable social determinant of health,” Anthony Iton, MD, JD, MPH, senior vice president for healthy communities at the California Endowment quoted in *The Nation’s Health*.²¹

And building the groundwork for well-educated, healthy people can start early with early childhood programming. Access to high-quality education is globally recognized among researchers and advocates as setting the foundation for all subsequent development and learning. Early learning affects health through several mechanisms, including by promoting neural development, health literacy and healthy behaviors, and higher adult earnings, which are associated with greater economic stability over time.

Alaskans recognize this and are working to improve access to early childhood educational opportunities and high-quality child care. In Anchorage, voters approved the Anchorage Child Care and Early Education (ACCEE)



“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, Program Director,
Peer Leader Navigators, Alaska
Literacy Program

¹⁸ Albano JD, Ward E, Jemal A, et al. Cancer mortality in the United States by education level and race. *JNCI: Journal of the National Cancer Institute*. 2007;99(18):0384-1394. <https://academic.oup.com/jnci/article/99/18/1384/924076>.

¹⁹ Gross D. The relationship between educational attainment and lung cancer mortality in Kentucky: implications for nurses. *Online Journal of Rural Nursing and Health Care*. 2010;10(2):75-86. <https://rnojournals.binghamton.edu/index.php/RNO/article/view/59/49>.

²⁰ Virginia Commonwealth University Center on Society and Health. Education: It matters more to health than ever before. 2015. <https://societyhealth.vcu.edu/work/the-projects/education-it-matters-more-to-health-than-ever-before.html>.

²¹ Gould E. Education attainment linked to health throughout lifespan. *The Nation’s Health*. 2016;46(6):1-19. <https://www.thenationshealth.org/content/46/6/1.3>.

Fund – which dedicates the Municipality of Anchorage’s marijuana tax revenue to support child care and early childhood education. The funds started accumulating in January of 2024 with about five to six million dollars of revenue available annually, according to the Municipality of Anchorage.²²

Supporting and funding a strong public education system is another important method to ensure a healthy community. In 2025, Alaska Legislators passed an increase to the Base Student Allocation providing a much-needed boost to Alaska’s public schools after nearly a decade of flat funding. The effort was hard fought and required a bipartisan effort of legislators to override the Governor’s veto twice.

Special Topic 4. Data Sovereignty

Data sovereignty is a pathway to data equity. The U.S. Indigenous Data Sovereignty Network (USIDSN) defines data sovereignty as “Indigenous Peoples’ rights to govern the collection, ownership, and application of their data. This derives from tribes’ inherent right to govern their peoples, lands, and resources.” They further emphasize that this definition “contrasts with the mainstream understanding of data sovereignty, which is that data are subject to the laws of the nation in which it is stored. USIDSN posits that when data are about Indigenous people and communities, cultures and languages, lands and non-human relations, and governments, the data come under the control of the Indigenous Peoples to which they relate.”

ACP uses data to inform program planning and evaluation. Alaska includes a large Alaska Native population and must take data sovereignty into consideration when collecting, using, and sharing data. Data that disaggregates Alaska Native people or communities must be done so with the intent of benefiting that population and should be done in consultation with the community. The State of Alaska Comprehensive Cancer Control Program (CCCP), who currently manages the ACP, works very closely with colleagues at ANTHC and consults with this organization on any initiatives examining Alaska Native health concerns or interventions to assure alignment with Tribal values. CCCP also helps to facilitate access and data requests from Tribal health entities to the ACP and other statewide surveillance databases available at the State of Alaska.

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²² Municipality of Anchorage, Mayor’s Office. Mayor LaFrance launches major Anchorage Child Care and Early Education Fund investments. 2025.. <https://www.muni.org/Departments/Mayor/PressReleases/Pages/Mayor-LaFrance-launches-major-Anchorage-Child-Care-and-Early-Education-Fund-investments.aspx>.

²³ Northwest Portland Area Indian Health Board. Tribal Data Sovereignty. *NativeDATA*. <https://natedata.npaihb.org/wp-content/uploads/2021/09/Handout-4-Tribal-Data-Sovereignty.pdf>.

Data Indicators

Working to address the Social Determinants of Health requires becoming comfortable with data outside of traditional cancer surveillance. To develop the list of data sources described in this section, the Cancer Plan Advisory Committee was asked to think about and identify indicators that would tell the story of social factors within their communities that influence people's ability to live cancer free. The indicators that follow can be used to identify health inequities, guide program development, and monitor changes. Many of the indicators described can be collected for different age groups, races and ethnicities, geographic regions, and genders, to understand if populations are experiencing the same social factors differently. Since communities across Alaska differ widely and since this Plan spans ten years, data sources should be tailored to the intended impact and collected at regular intervals.

See Appendix B for a list of acronyms.

Social and Community Context

Risk Factors

- Percentage of respondents who have/had cancer who report having five or more mentally unhealthy days per month. [BRFSS]
- Percentage of adolescents (high school students in grades 9-12) who felt so sad or hopeless every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months. [YRBS]
- Mean number of days in the past 30 days adults (aged 18 years and older) report being mentally unhealthy. [HA2030, BRFSS]
- Perceived ease of accessing controlled substances. [NSDUH (SAMHSA)]
- Density of alcohol or cannabis shops in region. [AK-ACCIS]
- Various indicators quantifying alcohol and tobacco use including: [BRFSS]
 - Current cigarette smoking
 - Former smoking
 - Smokeless tobacco use
 - Electronic vapor product use
 - Any tobacco or nicotine product use
 - Quit attempts
 - Health care provider advice to quit
 - Current alcohol use
 - Heavy drinking
 - Binge drinking
 - Drinking and driving

Protective Factors

- Proportion of adolescents who have a non-parent adult in their lives with whom they can talk about serious problems. [YRBS]
- Proportion of adults who report having social support (i.e., friends or family members with whom they talk to about their health). [HINTS]

- Subsistence food gathering in Alaskan communities measured by pounds of fish, game, and plants harvested per capita per year. [CSIS]
- The number of community members who participate in subsistence activities. [CSIS]
- Language, heritage, and cultural identity measured by:
 - Percent of population or households identified by race/ethnicity. [BRFSS, ACS, AHRQ]
 - Number of people who speak indigenous language. [ACS]

Community Infrastructure and Services

- Distance to nearest community center or senior center. [NaNDA, CPSR]
- Total number of social associations per 1,000 people. [CCBP, AHRQ]
- Access to homeless shelter measured by the total number of temporary shelters per 1,000 people. [CCBP, AHRQ]
- Child in household ever homeless or lived in a shelter. [NSCH]
- Count of sheltered and unsheltered people on any Comprehensive Cancer Control Program single night in January. [AK PIT, HIC]

⊕ Health Care Access and Quality

Cancer Prevention, Screening and Care

- Percentage of adolescents age 13-17 years who are up-to-date on HPV vaccination. [HINTS]
- Various indicators related to cancer screenings:
 - Percentage of respondents who are up-to-date on breast cancer screenings. [BRFSS]
 - Percentage of respondents who are up-to-date on cervical cancer screenings. [BRFSS]
 - Percentage of respondents who are up-to-date on colorectal cancer screenings. [BRFSS]
 - Percentage of respondents who are up-to-date on lung cancer screenings. [BRFSS]
- Early onset cancer diagnosis (younger age). [ACR]
- Advanced stage cancer diagnosis. [ACR]

Affordability and Insurance Coverage

- Percentage of respondents who have health plan coverage. [BRFSS]
- Percentage of adults reporting that they could not afford to see a doctor in the last 12 months. [HA2030, BRFSS]
- Primary payer at cancer diagnosis. [ACR]

Access to Health Care

- Average miles Alaskans travel to access health care.²⁴
- Total number of rural health clinics per 1,000 population. [POS, AHRQ]



²⁴ Kopyto D. Mapping access to care in Alaska: Accessing medical care in the last frontier is challenging due to low population density, geography, and lack of roads. *ArcGIS StoryMaps*. 2023. <https://storymaps.arcgis.com/stories/5dc8e2e7f543400fb9caf4b6a76333d2>.

- Total number of Federally Qualified Health Centers (FQHCs) per 1,000 population. [POS, AHRQ]
- Percentage of households with a broadband internet subscription. [ACS]
- Percentage of patients with identified social needs who were referred to community-based services. [CMS]
- Average distance in miles to nearest provider of services for mammography, colonoscopy, or pap smears. [RTI SIFD]
- Percentage of respondents who had a routine check-up within the past year. [BRFSS]
- Percentage of respondents who have a personal health care provider. [BRFSS]



Neighborhood and Built Environment

Quality of Environment

- Total number of days with daily maximum heat index, absolute threshold: 100°F [NEPHTN, AHRQ]
- Estimated amount of damage to property incurred by the storm events during the year. [NOAA, AHRQ]
- Proportion of days classified as "good" on the Air Quality Index. [AQS, US EPA]
- Percentage of the population living within a half mile of a park. [NEPHTN, AHRQ]
- Subsistence food gathering in Alaskan communities measured by pounds of fish, game, and plants harvested per capita per year. [CSIS]

Living Conditions

- The number of housing units with occupancy greater than one person per room as a percentage of total occupied housing units. [ACS]
- Various indicators of safe/unsafe living conditions:
 - Secondhand smoke exposure in the home. [BRFSS optional module, not currently measured in AK]
 - ACEs. [NCHS]

Transportation

- Percentage who report lack of reliable transportation for daily living. [NHIS]
- Percentage of housing units with no vehicle available. [ACS]
- Percentage of population living within a 0.5-mile radius of a transit stop. [ACS]

Physical Activity and Nutrition

- Percentage of 3-year-olds who drink any sugary drinks on a given day. [HA2030, CUBS]
- 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). [HA2030, YRBS]

Economic Stability

Poverty, Employment and Living Wage

- Percentage of residents living above the federal poverty level. [HA2030, ACS]
- Percentage below the poverty level in the past 12 months (or below 150%). [ACS, AHRQ]

- Percentage of civilian labor force that is unemployed (ages 16 and over). [ACS, AHRQ]
- Percentage of employees working in retail trade. [ACS, AHRQ]

Cost of Living

- Percentage of adults reporting that they could not afford to see a doctor in the last 12 months. [HA2030, BRFSS]
- Percentage of respondents that are paying off medical bills over time. [BRFSS optional module, not currently measured in AK]
- Gas prices compared to national average. [US EIA]

Housing

- Percentage of rental occupied households that exceed 50% of household income dedicated to housing. [HA2030, ACS]
- Count of sheltered and unsheltered people on single night in January. [AK PIT, HIC]
- Child in household ever homeless or lived in a shelter. [NCHS]

Food Access and Security

- Proportion of households with low or very low food security. [CPS-FSS, USDA]
- Food security indicators. [BRFSS, NHIS]
- Total number of community food services per 1,000 people. [CCBP, AHRQ]
- Percentage of population who lack adequate access to food. [CHR, AHRQ]
- Percentage of tract population living more than 1 mile from the nearest supermarket, supercenter, or large grocery store. [FARA, AHRQ]

Child Care

- Percentage who report job loss or change because of problems with child care. [NCHS]
- Total number of child day care services per 1,000 people. [CPB, AHRQ]

Education Access and Quality

- Percentage of high school students who graduate within four years of starting 9th grade. [HA2030, DEED]
- Total federal, state, and local revenue per student. [CCD, AHRQ]
- Level of difficulty in obtaining information, understanding providers, and comprehending written information. [BRFSS optional module, not currently measured in Alaska]
- Highest level of education completed. [ACS]
- Enrollment of high school graduates in college. [ACS]
- Children enrolled in public school. [ACS]

Policies and Strategies for Action

The Alaska Cancer Plan is a coalition-driven document developed through the collective expertise and lived experience of partners from across the state, including health care providers, public health professionals, Tribal health organizations, community-based organizations, advocates, and individuals affected by cancer. The policy considerations included in this section reflect input from this broad and diverse coalition.

The policies described here are not proposals, nor do they represent official positions or priorities of any state agency or administration. Rather, they are offered as examples of evidence-informed policy approaches that coalition members have identified as having the potential to improve cancer prevention, early detection, treatment, survivorship, and quality of life by addressing underlying social determinants of health.

Coalition partners are encouraged to use this section as a resource, adapting and advancing strategies in ways that are consistent with their own missions, authorities, and community contexts.

See *Appendix B* for a list of acronyms.



Social and Community Context

Risk Factors

- Consider fiscal and regulatory approaches shown to reduce initiation and consumption of tobacco, alcohol, and sugar-sweetened beverages, particularly among youth. For example:
 - Price-based strategies²⁵
 - Youth access controls²⁶
 - Flavor restrictions for tobacco products²⁷

Protective Factors

- Support school-based resiliency programs by providing sustainable funding, administrative support, and partnerships with community organizations.
- Promote alternative to suspension models in tobacco-free school policies.
- Support youth engagement programs to empower youth self-advocates and healthy mentorship with adults.
- Support models of health care that consider social risk.
- Include designated, specific funding for language interpretation for public service announcements/health education materials.
- Encourage the routine collection of standardized demographic data, including sexual orientation and gender identity, where appropriate and consistent with privacy protections, to assess equity in cancer outcomes.

²⁵ Paraje GR, Jha P, Savedoff W, Fuchs. A Taxation of tobacco, alcohol, and sugar-sweetened beverages: Evidence on impacts on consumption and health. *BMJ Global Health*, 2023; 8:e011866. <https://doi.org/10.1136/bmjgh-2023-011866>

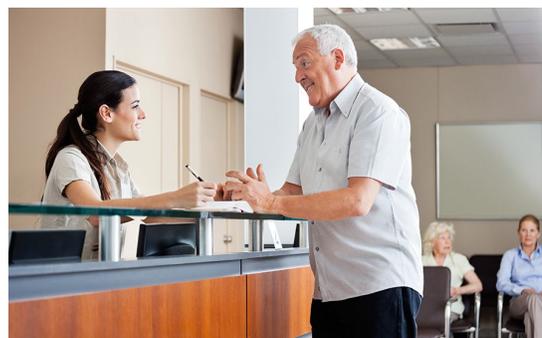
²⁶ Bonnie RJ, Stratton K, Kwan LY. *Evidence on the Effects of Youth Access Restrictions on Tobacco and Alcohol Use*. National Academies Press. 2015.

²⁷ Ali FRM, Vallone D, Seaman EL, et al. Evaluation of Statewide Restrictions on Flavored e-Cigarette Sales in the US From 2014 to 2020. *JAMA Netw Open*. 2022;5(2):e2147813. doi: [10.1001/jamanetworkopen.2021.47813](https://doi.org/10.1001/jamanetworkopen.2021.47813).

- Encourage the collection and publication of SDOH data as part of mandatory charitable hospital and Federal Qualified Health Center Community Health Needs Assessments (conducted every 1-3 years).²⁸

Community Infrastructure and Services

- Increase community demand for cancer prevention and detection services.
- Promote community engagement with community health workers and mobile services.
- Provide or raise awareness of cancer survivor support services, groups, and events.
- Create a societal understanding of the growing cancer survivor population and issues surrounding cancer survivorship.
- Encourage workplace policies that support cancer survivors so they can continue to be successful employees.
- Support rural health systems and communities to embed palliative care across settings (emergency, home, hospital, primary care) with telehealth consults, workflows, and mentoring.²⁹
- Pursue Community Care Hubs to centralize operations like recruitment, referral management, payer contracting, and billing to coordinate evidence-based chronic disease services and social supports across medical and community settings.³⁰
- Invest in programs that expand access to healthy food options for patients such as produce prescription and healthy food voucher programs integrated into health care and community settings.
- Allow public health and Medicaid-funded programs to reimburse for evidence-based nutrition support interventions.



⊕ Health Care Access and Quality

Cancer Prevention, Screening and Care

- Grow a skilled workforce in all cancer-related fields.³¹
- Eliminate non-medical exemptions and opt-out policies for vaccinations at school.³²
- Increasing pharmacist scope of practice for vaccinations and public health education.³³

²⁸ Internal Revenue Service. Community health needs assessment for charitable hospital organizations – Section 501(r)(3). <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>. Health Resources & Services Administration. Chapter 3. *Health Center Program Compliance Manual*. 2018. <https://bphc.hrsa.gov/compliance/compliance-manual/chapter3>.

²⁹ For an example, see Stratis Health. Rural community-based palliative care: Improving health and reducing disparities in access and services. <https://stratishealth.org/wp-content/uploads/2021/04/Rural-Palliative-Care-Toolkit.pdf>.

³⁰ National Association of Chronic Disease Directors. Community care hubs: An innovative solution for coordinating services to reduce chronic disease risk. <https://chronicdisease.org/community-care-hubs-an-innovative-solution-for-coordinating-services-to-reduce-chronic-disease-risk/>.

³¹ National Cancer Institute. Optimize the workforce. National Cancer Plan. 2025. <https://chronicdisease.org/community-care-hubs-an-innovative-solution-for-coordinating-services-to-reduce-chronic-disease-risk/>.

³² Hackell JM, Brothier K, Bode S, et al. Medical vs nonmedical immunization exemptions for child care and school attendance: policy statement. *American Academy of Pediatrics*. 2025;156(2). <https://doi.org/10.1542/peds.2025-072714>.

³³ AS 08.80.168(a) permits pharmacists to independently prescribe and administer a vaccine if they have immunization training. Passed as House Bill 112 (2023).

- Increase awareness that, in Alaska, pharmacists can independently vaccinate children of any age.
- Improve All-Payer Claims Database so that public health professionals and researchers can link screening tests and cancer diagnoses to ultimately identify populations and regions for intervention.³⁴
- Encourage health systems to create a Survivorship Care Plan for each patient that includes a treatment summary, care plan, resources, and guidance for surveillance.³⁵
- Develop screening recommendations for high-risk groups (e.g., genetic, race/ethnicity) and ensure insurance covers the screening.³⁶
- Support cancer care providers in measuring and monitoring physical activity and include recommendations within the treatment/care plan.³⁷
- Incentivize insurers to participate in proactive preventive screening facilitation for their beneficiaries to promote on-time screening (e.g., tax breaks, better reimbursement).
- Ensure providers and patients are well informed on up-to-date guidelines for recommended care.³⁸
- Establish an expedited waiver system for urgent imaging so that care is not delayed waiting for prior authorization.
- Support health insurance coverage of biomarker testing.
- Support further research on childhood and rare cancers, and age-appropriate youth tobacco use treatment.

Affordability and Insurance Coverage

- Support access to and coverage of evidence-based cancer prevention and treatment.
- Support systems and policies that reduce out-of-pocket costs.
- Insurance and coverage policies that reduce delays, promote continuity of care, and align with evidence-based guidelines. Such as:
 - Continuous eligibility for children
 - Streamlined prior authorization for urgent imaging
- Increase awareness about insurance coverage for Nicotine Replacement Therapy to support people to quit smoking effectively.³⁹

Access to Health Care

- Include Community Health Workers and Patient Navigators in care teams.
- Expand health care provider definitions to include Community Health Workers, Patient Navigators, Tobacco Treatment Specialists, doulas, and other trained non-licensed care team members, enabling

³⁴ Alaska Health Care Transformation examined the feasibility of this database in 2021.

<https://www.akhealthcaretransformation.com/assessing-the-feasibility-of-a-sustainable-alaska-all-payer-claims-database/>

³⁵ Shaughnessy E. What does a cancer survivorship care plan look like? University of Cincinnati Health. 2024.

<https://www.uchealth.com/en/media-room/articles/what-does-a-cancer-survivorship-care-plan-look-like.>

³⁶ Rocky Mountain Cancer Centers. Saving Lives Through Routine Cancer Screening.

<https://www.rockymountaincancercenters.com/cancer-screening-recommendations.>

³⁷ Sallis RE, Matuszak JM, Baggish AL, et al. Call to action on making physical activity assessment and prescription a medical standard of care. *Curr Sports Med Rep*. 2016 May-Jun;15(3):207-14. doi: [10.1249/JSR.000000000000249](https://doi.org/10.1249/JSR.000000000000249).

³⁸ National Cancer Institute. Engage every person. *National Cancer Plan*. 2025.

<https://nationalcancerplan.cancer.gov/goals/engage-every-person.>

³⁹ American Lung Association. Tobacco cessation treatment: What is covered? 2024. <https://www.lung.org/policy-advocacy/tobacco/cessation/tobacco-cessation-treatment-what-is-covered.>

reimbursement through public and private insurance for evidence-based services within their defined scope of practice.^{40, 41, 42, 43}

- Stabilize, support, and expand Alaska public health workforce including the Tribal Community Health Aide Program and the State’s Public Health Nursing.⁴⁴
- Increase telehealth and mobile services.^{45, 46}
- Provide health information that is culturally and linguistically appropriate.⁴⁷
- Encourage organizational policies that create welcoming, affirming environments for LGBTQ+ people; including standards for physical spaces, staff training, communication practices, and clinical care processes.⁴⁸
- Incentivize health systems to provide specialty care in medically under resourced areas.
- Incentivize medical and social service providers at all levels to participate in the state Health Information Exchange in order to deliver coordinated care for patients.⁴⁹
- Support health systems to screen for SDOH barriers and facilitate connection to community resources.⁵⁰
- Support policies that encourage the shift to value-based care models so that primary care providers have the time to assess risk and discuss screening with patients.⁵¹
- Expand insurance coverage to include travel for preventive care visits.

⁴⁰ Center on Budget and Policy Priorities. State Medicaid agencies can reimburse community health workers for health promotion, navigation, and care coordination. *Food Assistance*. 2023. <https://www.cbpp.org/research/food-assistance/state-medicaid-agencies-can-partner-with-wic-agencies-to-improve-the>. Highlights Medicaid policy options for reimbursing CHW services.

⁴¹ Sausser L, Houghton K..Doulas, once a luxury, are increasingly covered by Medicaid and private insurers. *KFF Health News*. Kaiser Family Foundation. 2025. <https://kffhealthnews.org/news/article/doula-medicaid-state-laws-bipartisan-project-2025-south-carolina-montana/>. Describes state and insurer efforts to reimburse doulas as part of maternal care teams.

⁴² Cloke A, Hart M, Tyus J, et al. Medicaid reimbursement for community health worker services: Model State Plan Amendment and other guidance. November 2025 Update. The Milbank Memorial Fund. 2025. <https://www.milbank.org/publications/medicaid-reimbursement-for-community-health-worker-services-model-state-plan-amendment-other-guidance-november-2025-update/> Provides model language and policy context for states reimbursing CHW services through Medicaid.

⁴³ Knudsen K, Kamal A. CMS starts paying for patient navigation; ACS offers navigation credentialing program. *Conversation with the Cancer Letter*. 2024. https://cancerletter.com/conversation-with-the-cancer-letter/20240105_1/.

⁴⁴ Community Health Aide Program (CHAP). <https://www.akchap.org/>.

⁴⁵ Center for Connected Health Policy. Alaska state telehealth laws. <https://www.cchpca.org/alaska/>.

⁴⁶ Mobile Healthcare Association. The case for mobile healthcare. <https://mobilehca.org/resource-library/the-case-for-mobile-healthcare/>.

⁴⁷ Georgetown Health Policy Institute. Cultural competence in health care: is it important for people with chronic conditions? <https://hpi.georgetown.edu/cultural/>.

⁴⁸ McKay T, Tran NM, Barbee H, Min JK. Association of affirming care with chronic disease and preventive care outcomes among lesbian, gay, bisexual, transgender, and queer older adults. *Am J Prev Med*. 2023 Mar;64(3):305-314. <https://doi.org/10.1016/j.amepre.2022.09.025>.

⁴⁹ HealthEconnect Alaska. <https://healthconnectak.org/>

⁵⁰ Ashe JJ, Baker MC, Alvarado CS. Screening for Health-Related Social Needs and Collaboration with external Partners Among US Hospitals. *JAMA Netw Open*. 2023 Aug 23;6(8):e2330228. doi: [10.1001/jamanetworkopen.2023.30228](https://doi.org/10.1001/jamanetworkopen.2023.30228)

⁵¹ Teisberg E, Wallace S, O’Hara S. Defining and implementing value-based healthcare: A strategic framework. *Acad Med* 2019 Dec 10;95(5):682-685. doi: [10.1097/ACM.0000000000003122](https://doi.org/10.1097/ACM.0000000000003122)

⁵¹ Leitz S. *Alaska Health Care Transformation: Roadmap for Reform*. Chicago. 2019 Oct. <https://www.akhealthcaretransformation.com/wp-content/uploads/2019/12/Roadmap-FINAL10-28-2019.pdf>

Neighborhood and Built Environment

Quality of Environment

- Support workplace, retail, urban design, land use, and environmental policies to reduce exposure to carcinogens and increase healthy behaviors.
- Implement school, retail, and community design changes that increase access to healthy foods and physical activity, including active-transportation and healthy retail strategies.
- Support retailer education on the impact of product placement and access.⁵²
- Promote tobacco-free school and educational environments for youth.
- Consider fiscal and regulatory approaches shown to reduce initiation and consumption of tobacco, alcohol, and sugar-sweetened beverages, particularly among youth. For example:
 - Price-based strategies²⁵
 - Youth access controls²⁶
 - Flavor restrictions for tobacco products²⁷
- Limit unhealthy food and drink availability.⁵³
- Invest in programs that expand access to healthy food options in communities. For example:
 - Community gardens
 - Farmer's markets
 - Food hubs
 - Mobile pantries and delivery programs
- Ensure access to safe, affordable drinking water so water is an easy alternative to sugar-sweetened beverages.
- Support required well testing and buyer/tenant disclosure at sale or lease in domestic-well homes with contaminants defined by health department.⁵⁴
- Adopt HUD radon policy for non-HUD housing.⁵⁵



Transportation

⁵² National Financial Educators Council. Stop advertising to kids – stop predatory advertising.

<https://www.financialeducatorsCouncil.org/stop-advertising-to-kids/>

⁵³ Maas, J., de Ridder, D. T. D., de Vet, E., & de Wit, J. B. F. (2012). Do distant foods decrease intake? The effect of food accessibility on consumption. *Psychology & Health*, 27(sup2), 59–73. <https://doi.org/10.1080/08870446.2011.565341>

⁵⁴ Alaska provides guidance on private wells but has no statewide requirement for testing or disclosure at real estate transfer or lease. Alaska could enact a simple, transaction-triggered testing and disclosure rule focused on arsenic, nitrate, and coliform with clear lab standards and basic reporting. See Oregon Revised Statutes 448.271, https://oregon.public.law/statutes/ors_448.271; or New Jersey Revised statutes Title 58 Section 58:12A-27 <https://law.justia.com/codes/new-jersey/title-58/section-58-12a-27/>

⁵⁵ New HUD policy went into effect January 2024. It will go into effect for Tribally Designated Housing Entities in January 2026. US. Department of Housing and Urban Development. HUD strengthens commitment to public health with new radon policy and \$3 million in grants for testing and mitigation. <https://archives.hud.gov/news/2024/pr24-007.cfm>. Release January 11, 2024.

- Update, adopt, and implement a Statewide Active Transportation Plan.⁵⁶
- Develop, adopt, and enforce a statewide Complete Streets policy.⁵⁷
- Encourage large worksites to implement commute-reduction plans.⁵⁸

Physical Activity and Nutrition

- Support school-based physical education, nutrition, and health programs.⁵⁹
- Encourage employers to promote physical activity at the workplace.

§ Economic Stability

Poverty, Employment and Living Wage

- Support and promote the expansion of public assistance programs.
- Support employee benefits that encourage wellness.
- Encourage employer policies and labor standards that reduce financial barriers to prevention, treatment and recovery from cancer. For example:
 - Paid time for preventive services⁶⁰
 - Job protections during treatment⁶¹
 - Workplace accommodations⁶²
- Make advances in preventive health care coverage permanent (e.g., ACA enhanced tax credit, Medicaid USPSTF coverage).⁶³

⁵⁶ Alaska Department of Transportation and Public Facilities. *Active Transportation Long Range Plan*. https://dot.alaska.gov/stwdplng/areaplans/modal_system/activetransportation.shtml. Approved July 2019.

⁵⁷ Alaska doesn't yet have a finalized, enforced statewide Complete Streets policy, but it does have local policies in Metropolitan Planning Organization (MPO) areas (AMATS [Anchorage] / FAST [Fairbanks]) and an in-progress DOT&PF policy effort. Alaska Department of Transportation and Public Facilities. *Complete Streets*. <https://dot.alaska.gov/stwdplng/completestreets/>

⁵⁸ Alaska has no statewide employer commute-reduction mandate; commute options are voluntary and typically delivered through local transit/MPO programs rather than a state rule. An employer-based requirement focused on large worksites can deliver quick, low-cost safety and access gains near bus stops by shifting trips to transit, vanpool, carpool, and walking/biking. See Washington, Oregon examples for employer requirements. Massachusetts regulations also apply to non-employer facilities. Washington State Department of Transportation. Commute Trip Reduction program. <https://wsdot.wa.gov/business-wsdot/commute-trip-reduction-program>. State of Oregon Department of Environmental Quality. *Employee Commute Options Program Fact Sheet*. www.oregon.gov/deq/FilterDocs/ECOcommuteFS.pdf.

Massachusetts Department of Environmental Protection. *Massachusetts Rideshare Program Guidance on Complying with Regulation*. <https://www.mass.gov/doc/quidance-on-complying-with-the-massachusetts-rideshare-regulation/download>

⁵⁹ Centers for Disease Control. Whole School, Whole Community, Whole Child. <https://www.cdc.gov/whole-school-community-child/about/index.html>. Updated June 226, 2024.

⁵⁹ Child Trends has a [state school health policy database](https://www.childtrends.org/research-topic/state-level-child-welfare-data), <https://www.childtrends.org/research-topic/state-level-child-welfare-data>. Tennessee and Wyoming enacted the most changes between 2017 and 2019.

⁶⁰ Halpern MT, Ruiz de Porras DG. Employer-sponsored insurance, paid sick leave, and financial toxicity among cancer survivors. *J Clin Oncol*. 2025;43(16). DOI: [10.1200/JCO.2025.43.16_suppl.11107](https://doi.org/10.1200/JCO.2025.43.16_suppl.11107). Research shows lower financial hardship and care delays among employed cancer survivors with paid sick leave and employer-provided benefits.

⁶¹ U.S. Department of Labor. *Workplace protections for individuals impacted by cancer*. <https://www.dol.gov/agencies/whd/fmla/workplace-protections-for-individuals-cancer> Documentation of FMLA and other job protections supporting employees diagnosed with cancer.

⁶² Blinder VS, Gany FM. Impact of cancer on employment. *J Clin Oncol*. 2020 Feb 1;38(4):302-309. doi: [10.1200/JCO.19.01856](https://doi.org/10.1200/JCO.19.01856) shows that flexible schedules and supportive policies are linked to improved job retention after cancer treatment.

⁶³ Lawmakers have not extended the ACA tax credits. Medicaid coverage of USPSTF recommended preventative services will not expire but may continue to be challenged in the courts. California Medical Association. Congress advances health

- Guarantee short term disability and cap out-of-pocket costs for patients with cancer.

Cost of Living

- Support access to and coverage of evidence-based interventions and programs.
- Support systems and policies that reduce out-of-pocket costs, address unexpected billing, and prevent or relieve financial distress amongst cancer survivors.
- Guarantee automatic enrollment in Medicare and Social Security Disability Insurance to help cover the costs of treatment for anyone diagnosed with cancer (currently operates this way for patients diagnosed with Amyotrophic lateral sclerosis).
- Cap interest on medical debt, include standardized financial-assistance screening and refunds, limit aggressive collections, and remove medical debt from credit reports to reduce financial toxicity for patients.⁶⁴
- Maintain no-cost coverage of preventive services for state-regulated plans and authorize the insurance director to enforce and update as needed.⁶⁵

Housing

- Deploy federal resources to increase the development of affordable housing.⁶⁶
- Reform local land use and zoning policies to expand the supply of affordable housing.
- Expand down payment assistance particularly for first generation home buyers.⁶⁷

Food Access and Security⁶⁸

- Expand and sustain investments in programs that help people access healthy foods.
- Build the evidence for integrating healthy food access into health care programs and bridging the silos between food and health policy.
- Bolster the role of child care in addressing food insecurity and healthy food access.
- Support Tribal sovereignty through efforts to increase Native communities' access to healthy foods.

Child Care⁶⁹

- Improve the current child care subsidy system to ensure that no family pays more than 7% of their income on child care.

care package – but leaves coverage affordability behind. 2026.

<https://www.cmadocs.org/newsroom/news/view/ArticleId/51109/Congress-advances-health-care-package-but-leaves-coverage-affordability-behind..>

⁶⁴ Look to Colorado, Maryland, New Mexico, and New York examples to develop a statute.

⁶⁵ Look to Colorado, Maryland, and Michigan for examples. Alaska relies on federal ACA rules and insurer filings but has no state statute that independently guarantees no-cost preventive coverage. State statutes grant explicit enforcement authority to maintain these rules if federal policy shifts.

⁶⁶ Alexandrov A, Goodman L. Place the blame where it belongs: lack of housing supply is largely responsible for high home prices and rents. *Research Report*. Urban Institute. 2024. <https://www.urban.org/research/publication/place-blame-where-it-belongs>

⁶⁷ Mehrotra A, Choi JH, Ratcliffe J. First-generation homebuyers face significant obstacles to homeownership. To help, programs can define what “first-generation” means. *Urban Wire*. Urban Institute. 2023. <https://www.urban.org/urban-wire/first-generation-homebuyers-face-significant-obstacles-homeownership-help-programs-can>

⁶⁸ Waxman E, Martinchek K. Four policies that matter for scaling healthy food access interventions: Lessons from healthier food access projects." *Brief*. Urban Institute, 2023. <https://www.urban.org/research/publication/four-policies-matter-scaling-healthy-food-access-interventions>

⁶⁹ Lovejoy A, Gibbs H. How to expand access to affordable, high-quality child care and preschool. *Center for American Progress*, 2023. <https://www.americanprogress.org/article/how-to-expand-access-to-affordable-high-quality-child-care-and-preschool/>

- Set up a board to establish improved wages and working conditions for early childhood educators and create wage enhancement initiatives for early childhood workers.

Education Access and Quality

- Support policies and programs that promote educational attainment.⁷⁰
- Educate those you serve how to find and evaluate health information. Support health literacy programs.
- Empower those you serve to make informed decisions regarding their preventive care, cancer screenings, and cancer care.
- Include/enforce language access for health information from publicly funded organizations (e.g., public service announcements must be provided in the languages of the communities most impacted).⁷¹
- Prioritize restorative interventions rather than expulsion in schools.⁷²
- Support home school curricula that cover health and physical education.⁷³
- Support school district policies that provide instruction to students who are temporarily unable to attend school for medical reasons, with physician documentation and minimum service expectations.⁷⁴

⁷⁰ For an overview of policies by state and related initiatives, see the Whole Child Policy Toolkit:

<https://www.wholechildpolicy.org/>

⁷¹ Section 1557 of the Affordable Care Act requires meaningful access for individuals with limited English proficiency. Final Rule enacted December 2024. Rainer MF. Letter Re: language access provisions of the final rule implementing Section 1557 of the Affordable Care Act. Office of Civil Rights. <https://www.hhs.gov/sites/default/files/ocr-dcl-section-1557-language-access.pdf>

⁷² See the National Center on Safe Supportive Learning Environments. <https://safesupportivelearning.ed.gov/topic-research/environment/discipline>

⁷³ Alaska's independent homeschool option under AS 14.30.010(b)(12) does not require a curriculum list, specified subjects, or routine reporting to the state. Alaska can adopt a light-touch rule that requires basic health education and media/health literacy in homeschool programs to support informed preventive care decisions. <https://www.akleg.gov/basis/statutes.asp#14.30.010>

⁷⁴ Alaska recognizes homebound or hospital instruction through special education and Section 504 processes but lacks a specific statewide home/hospital regulation with trigger timelines and minimum service hours. AK Stat § 14.30.340 (2025). <https://www.akleg.gov/basis/statutes.asp#14.30.340>

Closing

Improving Outcomes

The Alaska Cancer Plan has a 10-year time horizon. Over the coming decade, if strategies and policies within this Plan are implemented, we hope to realize a reduction in cancer incidence and mortality, increase in cancer screening, improve cancer diagnosis and treatment outcomes, and see better survivorship outcomes. Tracking progress relies on robust and ongoing data collection.

Join the Alaska Cancer Partnership!

No matter how much or to what extent you can get involved, we believe each partner has value and purpose in our collective commitment to working together for a cancer free Alaska.

Key Benefits of Being a Part of ACP

1. Elevate your leadership skills
2. Build your network
3. Connect with peers and people with lived experience from across Alaska
4. Strengthen your cancer prevention and control knowledge
5. Learn about resources, funding, data, and subject matter experts
6. Increase your reach or capacity through collaboration
7. Inform statewide work



Communications across the coalition include

Receive the latest cancer-related news, learning opportunities, funding, and community activities through the **email listserv**.

Subscribe by emailing: cancer@alaska.gov

Current partner events and national awareness campaigns are shared on our coalition **Facebook page**.

<https://www.facebook.com/cancerpartnershipak>

Survivor support and provider education resources are collected and featured on our **website**.

www.AlaskaCancerPartnership.org

Join the Alaska Cancer Partnership by contacting cancer@alaska.gov.

Appendix A. Investigating Health Inequities

Demographic Differences in Cancer Prevention and Outcomes. This table highlights where statistically significant differences exist between demographic groups across key cancer-related indicators, including social factors that impact health, preventive behaviors, and health outcomes. Demographic groups were dichotomized based on social advantage to highlight that any differences are likely the result of discrimination and systemic biases. This is not meant to imply that individual subgroups carry responsibility for the inequities. Further exploration of these inequities can help identify where policy, program, and resource efforts should be directed to improve cancer outcomes for all Alaskans. This table includes the most current data at the time of publication. Efforts should be made to utilize updated data when available.

		Demographic Groups							
		Education Level ¹	Urbanicity ²	Disability Status ³	Cancer Survivor Status ⁴	Sex ⁵	Sexual Orientation ⁶	Race/Ethnicity ⁷	Income Level ⁸
Social Factors that Impact Health ⁹	Lack of Social & Emotional Support ¹⁰	✓	✓	✓	•	✓	✓	✓	✓
	Social Isolation ¹¹	✓	•	✓	•	•	✓	✓	✓
	Housing Insecurity ¹²	✓	•	✓	•	•	✓	✓	✓
	Food Insecurity ¹³	✓	✓	✓	•	•	✓	✓	✓
	Lack of Transportation ¹⁴	✓	•	✓	•	✓	✓	✓	✓
	Utility Insecurity ¹⁵	✓	•	✓	•	•	•	✓	✓
	Stress ¹⁶	✓	•	✓	✓	✓	✓	•	✓
Health Care Access ⁹	Have Insurance ¹⁷	✓	•	•	✓	✓	•	•	✓
	Have a Health Care Provider ¹⁸	✓	✓	✓	✓	✓	•	•	✓
	Doctor Visit in Past Year ¹⁹	✓	•	✓	✓	✓	•	✓	✓
	Unmet Medical Needs – Cost ²⁰	✓	•	✓	•	•	✓	•	✓
Prevention ⁹	Avoiding Tobacco Use ²¹	✓	✓	✓	✓	✓	✓	•	✓
	Avoiding Heavy Drinking ²²	•	•	•	•	•	•	•	•
	Keeping a Healthy Weight ²³	✓	•	•	•	✓	•	•	•
	Physical Activity ²⁴	✓	•	✓	•	✓	✓	✓	✓
	Eating Adequate Fruits & Vegetables ²⁵	✓	•	•	•	•	•	•	•
Screening ⁹	Breast ²⁶	✓	✓	•	✓		•	•	✓
	Colorectal ²⁷	✓	✓	•	✓	✓	•	•	✓
	Lung ²⁸	•	•	✓	✓	•	•	•	•
	Cervical ²⁹	✓	✓	✓	✓		•	•	•
Incidence and Mortality ³⁰	Incidence, 2022		✓			•		✓	
	Late-stage Diagnosis, 2022		•			•		✓	
	Mortality, 2018-2022		•			✓		•	

✓ = Statistically significant difference at p<0.05,

• = Not statistically significant

||||| = Not available

Footnotes for Appendix A

- ¹ Less than college graduate v. College graduate
- ² National Center for Health Statistics determination of Urban v. Rural Status
- ³ One or more disabilities v. no disabilities
- ⁴ Lifetime cancer diagnosis v. no lifetime cancer diagnosis
- ⁵ Male v. Female
- ⁶ Heterosexual v. not heterosexual
- ⁷ White non-Hispanic v. Another race or ethnicity
- ⁸ Less than or equal to 185% of federal poverty guideline v. Greater than 185% of federal poverty guideline
- ⁹ Alaska Behavioral Risk Factor Surveillance Survey. Alaska Department of Health, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion.
- ¹⁰ Do not receive the social and emotional support needed [BRFSS, 2024]
- ¹¹ Feel socially isolated from others or lonely [BRFSS, 2024]
- ¹² Unable to pay mortgage, rent or utility bills in past 12 months [BRFSS, 2024]
- ¹³ Food purchased did not last and there was no money for more in past 12 months (always, usually, sometimes) [BRFSS, 2024]
- ¹⁴ Lack of reliable transportation for life needs in past 12 months [BRFSS, 2024]
- ¹⁵ Electric, gas, oil, or water company threatened to shut of services in past 12 months [BRFSS, 2024]
- ¹⁶ Experienced stress because the mind is troubled all the time in past 30 days (always, usually, sometimes) [BRFSS, 2023]
- ¹⁷ Have health care insurance or coverage [BRFSS, 2024]
- ¹⁸ Have a personal health care doctor(s) [BRFSS, 2024]
- ¹⁹ Saw a health professional for any reason in the past 12 months [BRFSS, 2024]
- ²⁰ Did not get needed medical care due to cost in past 12 months [BRFSS, 2024]
- ²¹ Smoked at least 100 cigarettes during lifetime [BRFSS, 2024]
- ²² Heavy drinking in past 30 days (>2 men, >1 women) per day [BRFSS, 2024]
- ²³ Overweight or obese [BRFSS, 2024]
- ²⁴ Met both aerobic and strength training recommendations in past 30 days [BRFSS, 2023]
- ²⁵ Consume 5+ servings of fruits and vegetables per day [BRFSS, 2021]
- ²⁶ Met 2024 USPSTF breast cancer screening guidelines (women 40-74) [BRFSS, 2024]
- ²⁷ Met 2021 USPSTF colorectal cancer screening guidelines (adults 45-75) [BRFSS, 2024]
- ²⁸ Met 2021 USPSTF lung cancer screening guidelines (adults 50-80, smoker or quit <15 yrs, 20 pack-year smoking history) [BRFSS, 2024]
- ²⁹ Met 2018 USPSTF cervical cancer screening guidelines (women 21-65, no hysterectomy) [BRFSS, 2024]
- ³⁰ Alaska Cancer Registry. Unpublished data. Anchorage, Alaska: Section of Health Analytics and Vital Records, Division of Public Health, Alaska Department of Health; August 27, 2025.

Appendix B. List of Acronyms

ACA	Affordable Care Act
ACCEE	Anchorage Child Care and Early Education
ACEs	Adverse Childhood Experiences
ACIP	Advisory Committee on Immunization Practices
ACP	Alaska Cancer Partnership
ACR	Alaska Cancer Registry
ACS	American Community Survey
AHRQ	Agency for Healthcare Research and Quality
AK PIT	Point-in-time
AK-ACCIS	Alcohol and Cannabis Control Information System
ANTHC	Alaska Native Tribal Health Consortium
AQS	Air Quality System
BRFSS	Alaska Behavioral Risk Factor Surveillance System
CBP	County Business Patterns
CCBP	Census County Business Patterns
CCD	Common Core Data
CCCP	Comprehensive Cancer Control Program
CDC	Centers for Disease Control and Prevention
CHR	County Health Rankings
CMS	Centers for Medicare & Medicaid Services
CPS-FSS	Current Population Survey Food Security Supplement
CSIS	Community Subsistence Information System, Alaska Department of Fish & Game
CUBS	Childhood Understanding Behaviors Survey
DEED	Department of Education and Early Development
FARA	Food Access Research Atlas
FDA	Federal Drug Administration
FQHC	Federally Qualified Health Center
HA2030	Healthy Alaskans 2030
HIC	Housing Inventory Count
HINTS	Health Information National Trends Survey
HRSA	Health Resources and Services Administration
HUD	United States Department of Housing and Urban Development
ICPSR	Inter-university Consortium for Political and Social Research
NaNDA	National Neighborhood Data Archive
NCHS	National Center for Health Statistics
NEPHTN	National Environmental Public Health Tracking Network
NHIS	National Health Interview Survey
NOAA	National Oceanic and Atmospheric Administration
NSCH	National Survey of Children's Health
NSDUH	National Survey on Drug Use and Health (SAMHSA)
PACEs	Protective and Compensatory Experiences
POS	Provider of Services file
SAMHSA	Substance Abuse and Mental Health Services Administration
SIFD	Spatial Impact Factor Database
SDOH	Social Determinants of Health/Social Drivers of Health
US EIA	U.S. Energy Information Administration
US EPA	United States Environmental Protection Agency
USDA	United States Department of Agriculture
USIDSN	U.S. Indigenous Data Sovereignty Network
USPSTF	U.S. Preventive Services Task Force
YRBS	Your Risk Behavior Survey

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Alaska Men's Run*
Alaska Native Medical Center
Alaska Native Tribal Health Consortium*
Alaska Regional Hospital
American Cancer Society*
American Cancer Society Cancer Action Network*
American Childhood Cancer Organization*
American Lung Association*
Anchorage Young Cancer Coalition*
Arctic Slope Native Association
Aurora Integrated Oncology Foundation*
Bartlett Regional Hospital
Breast Cancer Detection Center of Alaska*
Bristol Bay Area Health Corporation*
Cancer Connection*
Central Peninsula Oncology*
Exact Sciences
Let Every Woman Know-Alaska
Maniilaq Association*
Mountain Pacific Quality Health
Petersburg Beat the Odds*
Polynesian Association of Alaska*
Providence Alaska Medical Center
Providence Cancer Center
Providence Imaging Center
Recover Alaska
ReVital Cancer Rehabilitation*
Southcentral Consulting*
Southcentral Foundation*
SouthEast Alaska Regional Health Consortium
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Us TOO Alaska
Women LISTEN*
YMCA of Alaska*
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* *Representatives from these organizations participated in the Alaska Cancer Plan Advisory Committee*

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