Comprehensive Cancer Control
Collaborating to Conquer Cancer

COMPREHENSIVE CANCER CONTROL PLAN

TIP SHEET

NUTRITION AND PHYSICAL ACTIVITY

The Comprehensive Cancer Control National Partnership (CCCNP) is a 20+ year collaboration of diverse national organizations working together to build and strengthen Comprehensive Cancer Control (CCC) efforts across the nation. This Tip Sheet is part of a series offered through the CCCNP to assist CCC programs charged with developing, implementing, and evaluating cancer control plans tailored to their state/tribe/territory/jurisdiction. CCC Plans focus coalition efforts on evidence-based interventions (EBIs) that impact cancer prevention and control across the cancer continuum.

How to Use This Tip Sheet

Tip Sheets are designed to help CCC program staff, coalition staff, and volunteers update CCC plans. Each tip sheet focuses on a specific topic (e.g., colorectal cancer screening, tobacco control, risk factors for cancer survivors). Follow the steps throughout the Tip Sheet to help guide your process in updating your cancer plan for that specific topic area. Some ideas:

- Incorporate the Tip Sheet into your plan update process – share it with your coalition workgroups and use it to help guide your decisions.
- Identify a lead person to ensure that the Tip Sheet is used by the workgroup or team assigned to update the plan section that addresses each Tip Sheet topic.
- Use the Tip Sheet to check that the topic is appropriately addressed in your plan and that the elements outlined on the next page are covered (objective, data, strategies).
- Use the **worksheet** at the end of this document with your partners to ask and answer critical questions related to the topic as you update your plan.

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Definitions

- **SMART Objective** – is an objective in the cancer plan that is Specific, Measurable, Achievable, Relevant, and Time-bound.
- **Evidence-Based Strategy** – is a specific activity that is designed to achieve the objective and is based on evidence that the strategy is expected to work in your situation, i.e., it has been evaluated and shown to work.
- **Crude vs. Age-adjusted Rates** – Crude rates are influenced by the age distribution of the state's population. Even if two states have the same age-adjusted rates, the state with the relatively older population will generally have higher crude rates because incidence or death rates for most cancers increase with age. Age-adjusting the rates ensures that differences in incidence or deaths from one year to another, or between one geographic area and another, are not due to differences in the age distribution of the populations being compared. Find out more **here**.
- **Populations of Focus** – are those groups experiencing the greatest cancer disparities in your region. Disparities might include higher cancer incidence or mortality; greater challenges accessing cancer screening, treatment, and/or survivorship care services; or populations experiencing bias in society and the health care system.
- **Health Equity** – occurs when every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.
- **Health Disparity** – is a type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systemically experienced greater social or economic obstacles to health. These obstacles stem from discrimination or exclusion that is historically linked to characteristics such as race or ethnicity, socioeconomic status, disability, sexual orientation, and many other factors.[1]
- **Social Determinants of Health (SDoH)** – are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[2]

[1] U.S. Department of Health and Human Services. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. Phase I report: Recommendations for the framework and format of Healthy People 2020 [Internet]. Section IV: Advisory Committee findings and recommendations [cited 2010 January 6]. Available from: **http://www.healthypeople.gov/sites/default/files/PhaseI_0.pdf**.

[2] Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 12/04/2020, from **https://health.gov/healthypeople/objectives-and-data/social-determinants-health**.

Tips for Updating Your CCC Plan

- **Use your current cancer plan as a starting point:** Think of this process as updating the current plan instead of starting a new plan from scratch.
- **Be systematic:** Assign workgroups to review and update certain sections of the plan. Create a process that is common across all workgroups tasked with updating the plan, which should include a standard set of criteria for the inclusion of plan goals, objectives, and strategies.
- **Focus workgroups on assessing and updating the "guts" of the plan:** the goals, objectives, and strategies.
- **Identify someone to take the lead** on writing the introduction, connecting text, and putting the document together for publication.
- **Use data to determine the focus of the plan:** Which cancers are most prevalent in the population? What subpopulations experience the most disparities?
- **View through a health equity lens:** Be intentional and proactive in keeping health equity issues at the forefront in every step of the cancer plan process – when engaging partners, collecting data, and setting goals. Include representatives from your population of focus in the writing of your cancer plan.

Use these resources to explore more cancer control planning tips and examples:

- **Nine Habits of Successful CCC Coalitions**
- **CCC Implementation Building Blocks** (see page 7 of the Appendices for more tips on updating your plan)

Additional resources you can use:

- Search other CCC plans to get ideas – **CDC's CCC Plan Map and Search Tool**
- **CDC Cancer Plan Self-Assessment Tool**
- **GW State Cancer Plans Priority Alignment Resource Guide and Tool**
- **A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease**

Checklist for Updating Your CCC Plan

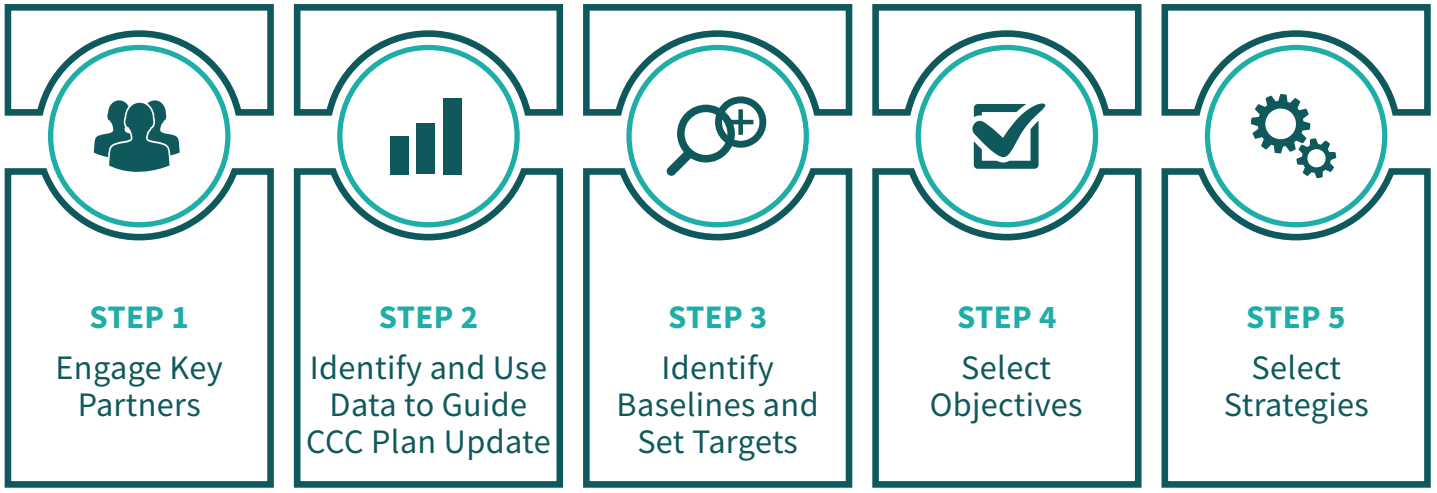
- ☐ **Ensure that your workgroup is familiar with your current cancer plan.**
- ☐ **Create a systematic process for the workgroup to follow; a process that is intentional about addressing issues of health equity throughout.**
- ☐ **Use data to focus on the populations with the highest cancer burdens.**
- ☐ **Focus workgroups on assessing and updating goals, objectives, and strategies.**
- ☐ **Identify someone to write the introduction and assemble the final document.**

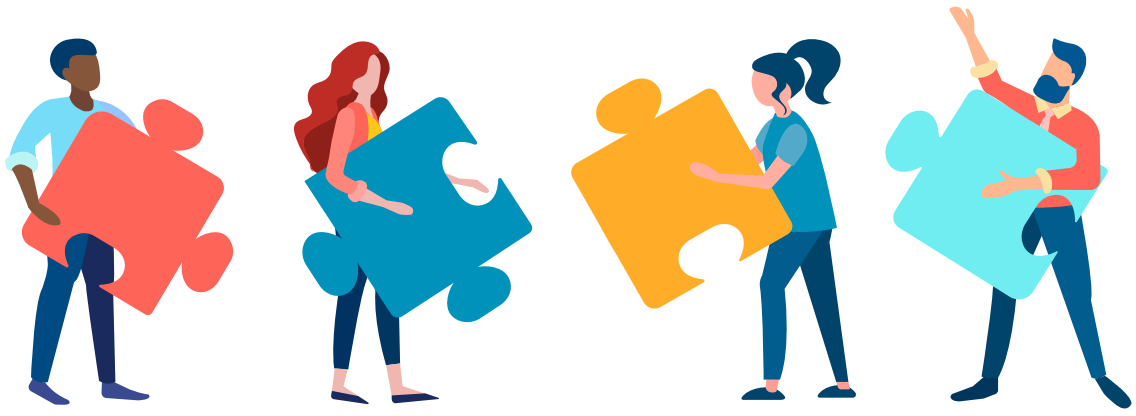
COMPREHENSIVE CANCER CONTROL PLAN UPDATE TIP SHEET

Nutrition and Physical Activity

Why Addressing Nutrition and Physical Activity is an Important Part of Your Comprehensive Cancer Control (CCC) Plan

- The World Cancer Research Fund estimates that at least 18% of all cancers diagnosed in the U.S. are related to body fatness, physical inactivity, alcohol consumption, and/or poor nutrition, and thus could be prevented.
- Poor diet, lack of physical activity, and obesity are risk factors for cancer as well as other chronic disease.
- Several cancers such as colon, breast and liver, have been associated with overweight and obesity. **This CDC Infographic** illustrates these cancers.
- Factors like a person's income, education, race, ethnicity, sexual orientation, gender identity, disability status, or where they live, work, and play can affect the choices a person makes – but more importantly – can affect a person's opportunity to be as healthy as possible.
- CCC coalitions have the ability and opportunity to leverage and adapt existing health behavior or lifestyle intervention programs to minimize risk of cancer.





STEP 1
Engage Key Partners

Engage experts and organizations that focus on cancer risk factor reduction. Include representatives from your populations of focus. Work with partners to leverage existing resources and adapt them to your populations of focus if needed. Key partners can be engaged in a variety of processes, such as looking at data, identifying objectives and strategies to put in your cancer plan, setting priorities for the upcoming years and/or reviewing cancer plan drafts. Some partners to engage include:*

- Academic researchers studying the best ways to engage and sustain people improving their nutrition and increasing their physical activity.
- Dieticians, especially those serving populations of focus and clientele in Federally Qualified Health Centers (FQHCs).
- State and local policy makers to facilitate policy development and implementation, as well as advocacy organizations with expertise in policy change (e.g., ACS CAN).
- Community leaders who can help overcome cultural and social barriers.
- National non-profit organizations with a state-level footprint (e.g., American Cancer Society, YMCAs, National Recreation and Park Association, American Trails) may have dedicated staff and resources to facilitate implementation.
- Local, regional, and state agencies (e.g., health departments, parks and recreation, Cooperative Extension programs within land grant universities, local SNAP or WIC agencies) can help generate buy-in for PSE approaches and provide an opportunity to leverage existing resources.
- Partnerships with public entities (e.g., schools, community/senior centers, non-profit organizations) can help create linkages in the community with existing resources and facilities for implementation.
- Partnership with private entities (e.g., faith-based organizations, hospitals, food retail outlets, fitness centers, large employers) could serve as a host site for an intervention.
- Engaging with content area experts may be crucial in order to gain traction with specific approaches. For example, working with local farmers or a state farmers association when developing fruit and vegetable programs (e.g., produce delivery, nutrition incentives).
- Health care practitioners and health systems are trusted sources of information, essential to referrals, and have a directive to support the health of the surrounding community.

* From The American Cancer Society's **Increasing Healthy Nutrition and Physical Activity Across the Cancer Continuum through Policy, Systems, and Environmental Change: A Resource for Comprehensive Cancer Control Coalitions**.

STEP 2

Identify and Use Data to Guide CCC Plan Update

Data is essential to your plan in several ways, including:

- Identifying groups at higher risk of cancer, such as those who engage in cancer risk behaviors like tobacco use, alcohol abuse, and those who have obesity. It is helpful to examine this risk factor data by sex, race/ethnicity, health insurance status, and geographic area, sexual orientation and gender identity.
- Further identifying risk factor data from your Behavioral Risk Factor Surveillance System (BRFSS).
- Identifying progress in addressing cancer risk factors and trends over time to identify specific areas for focus.
- Identifying availability and type of providers, services and support programs that can help address cancer risk factors in different geographic areas and within population groups. This type of information will help inform selection of objectives and strategies in this topic area.
- Comparing local data with national data to highlight key areas of need, or lagging progress.
- Laying a foundation to measure progress over the life of the plan (e.g., baselines and targets).

It is best to use data from your own state, tribe or territory. But national data can help you set goals by allowing you to compare your data with other locations and the nation as a whole.

Local Data Sources

- **The PLACES project** provides data (e.g., unhealthy behaviors, health outcomes, and prevention practices) for all counties, places, census tracts and ZIP Code Tabulation Areas (ZCTAs) across the U.S.
- **County Health Rankings** from the Robert Wood Johnson Foundation includes county and state level data on several cancer risk factors.

National Data Sources

- **Chronic Disease Indicators**
- **ACS Cancer Facts & Figures**
- **U.S. Cancer Statistics**
- **State Cancer Profiles**
- **The Health Information National Trends Survey (HINTS)** – HINTS regularly collects national data about the American public's knowledge of, attitudes toward, and use of cancer and health-related information.
- **Behavioral Risk Factor Surveillance System (BRFSS)** – BRFSS is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors among adults in all 50 states and select territories.
- **National Health and Nutrition Examination Survey (NHANES)** – NHANES is a program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey combines interviews and physical examinations.
- **Youth Risk Behavior Surveillance System (YRBSS)** – YRBSS measures the prevalence obesity and monitors six behaviors that contribute to the leading causes of death and disability among youth and young adults, including unhealthy dietary behaviors and physical inactivity.
- **National Health Interview Survey (NHIS)** – The NHIS has monitored the health of the nation since 1957. NHIS data are collected through personal household interviews.
- CDC uses data from the Special Supplemental Nutrition Program for Women, Infants, and Children Participants and Program Characteristics (WIC PC) for **weight status surveillance** among young children in families with lower incomes. Data is available for children aged 2 to 4 years and infants aged 3 to 23 months. The WIC PC data is included in the **DNPAO's Data, Trends, and Maps**.
- **National Collaborative on Childhood Obesity Research (NCCOR) Catalogue of Surveillance Systems**. The catalogue provides one-stop access to over 100 publicly available datasets relevant to childhood obesity research.

When working on nutrition and physical activity don't let lack of data hinder decision making or progress; use the best data available and if appropriate, include strategies in your plan focused on collecting data or information to help make decisions about what to focus on in the future.

STEP 3
Identify Baselines and Set Targets

The questions in the worksheet at the end of this document can guide you through the data gathering, decision-making and priority setting processes. Think about the following as you work through the questions:

- Set baselines and targets to help measure your progress in addressing nutrition and physical activity risk factors based on your data, partner input and local and national objectives.
- Identify priority areas or issues to address based on data in specific populations or geographic areas.
- For cancer risk factors, it is very important to consult other chronic disease risk factor plans to help align baselines and targets. Consult **Healthy People 2030** goals, your health department's chronic disease plan, nutrition/physical activity/obesity plans, and **BRFSS data** to see what baselines and goals are already being used by your partners. Remember to cite your data sources!

STEP 4
Select Objectives

It is helpful to show how your cancer plan goals contribute to national goals. Create a **primary objective** that mirrors national priorities, such as those in Healthy People 2030, and identify 1-2 other **complementary health equity objectives** that support specific needs within your communities, including a special focus on subpopulations that experience health disparities.

EXAMPLE OF PRIMARY OBJECTIVES

Reduce the proportion of children and adolescents with obesity

Baseline **17.8 percent** of children and adolescents aged 2 to 19 years had obesity in 2013-16*

Target **15.5 percent**

Reduce the proportion of adults with obesity

Baseline **38.6 percent** of adults aged 20 years and over had obesity in 2013-16 (age adjusted to the year 2000 standard population)*

Target **36.0 percent**

Increase the proportion of adolescents who participate in daily school physical education

Baseline **29.9 percent** of students in grades 9 through 12 participated in daily school physical education in 2017*

Target **39.0 percent**

EXAMPLES OF COMPLEMENTARY HEALTH EQUITY OBJECTIVES

Increase the proportion of students participating in the School Breakfast Program

Baseline **35.4 percent** of students attending schools enrolled in the School Breakfast Program participated in it through free, reduced price, and paid meals at the beginning of school year 2017-18*

Target **40.2 percent**

Reduce household food insecurity and in doing so reduce hunger

Baseline **11.1 percent** of households were food insecure in 2018*

Target **6.0 percent**

*Source: Healthy People 2030

STEP 5
Select Strategies

When choosing strategies that can help address needs you have identified, think about what existing networks, programs, and services you can leverage, enhance, or expand, such as existing lifestyle intervention programs. Also consider whether the strategy is realistic and feasible, given the political will around this issue and available resources, and the impact the strategy will have on achieving the objective you have set.

Note: The The American Cancer Society's Increasing Healthy Nutrition and Physical Activity Across the Cancer Continuum through Policy, Systems, and Environmental Change: A Resource for Comprehensive Cancer Control Coalitions is an excellent resource to use when identifying evidence based strategies for your cancer plan.

The following strategies are examples of evidence-based strategies found in CCC plans related to addressing nutrition and physical activity:

- Create partnerships with the food and/or restaurant industry to support healthy eating initiatives in restaurants (including fast food restaurants) that focus on offering affordable fruit and vegetable menu options.
- Provide assistance to the largest employers in the state to incorporate and promote evidence-based obesity, nutrition, and physical activity interventions into worksite wellness programs.
- Develop and/or implement transportation and community plans that promote walking and other methods of active transport.
- Promote the adoption of physical activity in early childcare and education.
- Work with community partners and leaders to increase access to affordable, healthy foods in communities and places of work.
- Work with the state health department's **Nutrition and Physical Activity/Obesity Prevention Program**.

You can find evidence-based interventions from the following sources:

- Your own program evaluations and your partners' evidence-informed evaluations
- **The Community Guide**
- **NCI's Evidence-Based Cancer Control Programs**
- **Cochrane Reviews**

For information and tools on adapting strategies to fit your location, start with the **CPCRN site**, including the training, "*Putting Public Health Evidence Into Practice*."

Resources

The American Cancer Society	**Increasing Healthy Nutrition and Physical Activity Across the Cancer Continuum through Policy, Systems, and Environmental Change: A Resource for Comprehensive Cancer Control Coalitions**
The American Cancer Society	**American Cancer Society guidelines for diet and physical activity for cancer prevention** focus on recommendations for individual choices regarding diet and physical activity patterns, but also present recommendations for community action. A supportive social and physical environment is indispensable if individuals at all levels of society are to have genuine opportunities to choose healthy behaviors.
Centers for Disease Control and Prevention (CDC)	**A Practioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease** includes strategies for healthy food and beverages and active living

Worksheet: Questions to Ask and Answer

Use this worksheet to help you and your coalition partners identify gaps, opportunities and challenges that should be reflected in your cancer plan objectives and strategies. Record your answers and use the information to help inform your selection of objectives and strategies for your updated plan.

1. Overall, how are we doing in addressing nutrition and physical activity for the general population compared to the national rates, our neighboring states, and our own rates in previous years? What are existing objectives for nutrition and physical activity in coalitions' or state plans (e.g. state nutrition/ physical activity plans)?

   What primary objectives do we want to set given our analysis of this data and other risk factor plan objectives?

2. What specific populations or communities are not seeing improvements in nutrition and physical activity rates? Do we know why? If we don't know why, how do we find out?

   What secondary objectives do we want to set given our analysis of this data and other nutrition and physical activity plan objectives?

3. How can we partner with existing chronic disease risk factor programs and efforts in our state?

What strategies should we select given the answers to this question? What is the CCC coalition's "value added" effort, especially around adapting strategies for a cancer-related focus?

4. What other partners can we engage to help implement policy and system changes to support? Do we have existing connections with them? How can we engage these partners? Why will they want to be involved? What is the "value add" for them?

What strategies should we select, given the answers to these questions?

5. Are nutrition and physical activity services easily accessible to all populations? Is there a geographic area (e.g. rural counties) or subpopulation with less convenient access or greater barriers to accessing services?

What strategies should we select, given the answers to these questions?

6. What existing services, networks or programs could we leverage to increase nutrition and physical activity programs and services?

What strategies should we select, given the answers to this question?

7. What nutrition and physical activity policies or systems changes do we want to advocate for or promote?

What strategies should we select, given the answers to this question?

8. What gets measured is what gets done: How can we best track nutrition and physical activity? How do we know we are making progress along the way?

What strategies should we select, given the answers to this question?

9. What and how do we communicate to policy makers, along with a “one voice” recommendation nutrition and physical activity?

What strategies should we select, given the answers to this question?