National Comprehensive Cancer Control Program Highlights 2012 to 2017

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

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For accessibility, detailed tables explaining Figures 1–8 prevalence data are provided in the Appendix on pages 16–32.

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For more information, visit the National Comprehensive Cancer Control Program website.

Introduction

CDC's National Comprehensive Cancer Control Program (NCCCP) was established in 1998. It provides support to awardees in all 50 states, the District of Columbia, American Indian and Alaska Native tribes and tribal organizations, US territories, and US-Affiliated Pacific Island jurisdictions.

Awardees develop partnerships, create comprehensive cancer control plans, and apply evidence-based strategies to address the cancer burden in their communities. During each 5-year program period, performance measures are collected to describe awardees' efforts to sustain partnerships and use interventions that address NCCCP's three overarching priorities:

- Emphasize primary prevention.
- Promote early detection and treatment.
- Address the needs of cancer survivors.

These efforts are supported by three cross-cutting priorities: policy, systems, and environmental (PSE) approaches, health equity, and evaluation.

Purpose of This Report

This report summarizes the efforts of awardees to address NCCCP's overarching priorities during two timeframes: 2012 to 2013 and 2016 to 2017. It is the first in a series of reports that use NCCCP performance measures to describe program efforts from 2010 to 2019.

All reports will be available in the resources section of NCCCP's Award Management Platform. They include:

- *Spotlight on CDC's National Comprehensive Cancer Control Program*, which highlights the efforts of 66 NCCCP awardees from 2017 to 2018.
- *National Comprehensive Cancer Control Program:* PY 02 Evaluation Report, which describes the efforts of awardees from 2018 to 2019.
- *National Comprehensive Cancer Control Program Highlights 2010–2020:* A Retrospective Report, which will compare program efforts across three funding cycles, from 2010 to 2020. It is scheduled for release in 2022.

How This Report Was Created

This report is based on a review of the 69 action plans submitted to CDC's Chronic Disease Management Information System for the 2012–2017 program cycle. The action plans represent each of the program's 65 awardees, which includes the Federated States of Micronesia. In addition, each of the four states of the Federated States of Micronesia—Chuuk, Kosrae, Pohnpei, and Yap—submit individual plans.

The action plans describe each awardee's 5-year program objectives and annual objectives. The activities of the first year (2012 to 2013) and the last year (2016 to 2017) were reviewed for this report.

Information about these activities is presented on US maps that also provide data on specific cancer-related health behaviors, risk factors, and screening objectives to highlight how awardees are addressing the cancer burden in their communities. The maps provide a snapshot of how state awardees are using a specific strategy to prevent and control cancer.

Information about activities conducted by awardees in Native American tribes and tribal organizations, US territories, and US-Affiliated Pacific Island jurisdictions is also provided in this report. Although these awardees are not shown on the maps, they are included in the percentages reported on each map.

Each map presents information about a single strategy or approach. They do not reflect multicomponent or combined approaches that awardees may have used. For example, to encourage more women to be screened for breast cancer, an awardee might use patient navigators in local clinics and send mobile mammography vans to worksites.

The surveillance and NCCCP data used to create the maps are provided in tables in the Appendix.

How Awardees Met NCCCP Priorities

CDC requires NCCCP awardees to engage in activities that emphasize primary prevention, promote early detection and treatment, and address the needs of cancer survivors. Awardees are also required to build multisector coalitions to support their cancer prevention and control activities and help them achieve their objectives. Local cancer coalitions are the foundation of NCCCP.

Coalitions help awardees focus their efforts on NCCCP priorities. During 2012–2013 compared to 2016–2017, the number of coalition activities that aligned with NCCCP priorities increased. These changes suggest that awardees were using evidence-based strategies to reach the objectives in their comprehensive cancer control plans.

Primary Prevention activities conducted by local cancer coalitions increased from 44% in 2012–2013 to 58% in 2016–2017.

Early Detection and Treatment activities increased from 45% in 2012–2013 to 61% in 2016–2017.

Survivorship activities increased from 46% in 2012–2013 to 62% in 2016–2017.

The most common activities for each NCCCP priority were as follows:

- **Primary prevention:** PSE change approaches designed to help adults stop using tobacco.
- **Early detection and treatment:** Activities designed to increase colorectal cancer screening.
- **Cancer survivorship:** Development of programs, policies, and infrastructure to ensure that patients receive survivorship care plans.

The activities highlighted in this report are used to monitor the performance of NCCCP awardees and identify which strategies are being used most often to prevent and control cancer. Awardees are required to use cancer data to make their program decisions. Data on cancer and other chronic disease indicators help awardees allocate resources appropriately and focus on strategies that address local health needs. The increase in activities that address NCCCP's priorities demonstrates that awardees are responsive to shifts in data and chronic disease indicators.

Primary Prevention: Policy, Systems, and Environmental Approaches

PSE change interventions promote healthy behaviors and help make healthy choices the default choice by removing social and structural barriers at local levels. Examples include smokefree policies in public places, community gardens, and media campaigns that educate people about sun safety. NCCCP awardees use PSE approaches to emphasize primary prevention of cancer and achieve the objectives in their comprehensive cancer control plans.

From 2012 to 2017, the percentage of NCCCP awardees that implemented PSE approaches increased from 65% during 2012–2013 (45 awardees) to 86% during 2016–2017 (59 awardees).

This section presents state data from surveillance systems that collect information on adult cigarette smoking, adult obesity, skin cancer incidence, and adolescent human papillomavirus (HPV) vaccination. It compares the data to the activities conducted by NCCCP awardees to address these health behaviors and health risks.

Overall, the most common primary prevention efforts by awardees were related to tobacco use, with many activities focused on decreasing tobacco use among adults. Awardees in tribes and tribal organizations, US territories, and US-Affiliated Pacific Island jurisdictions focused mainly on activities related to physical activity and nutrition.

Tobacco-Related Activities and Prevalence of Adult Cigarette Smoking

Cigarette smoking and exposure to secondhand cigarette smoke have been linked to lung cancer.1 In 2012 and 2016, the prevalence of current cigarette smoking among adults in the United States was highest in the Midwest and South.2,3 Many comprehensive cancer control programs in these regions used interventions that have been proven to help reduce adult tobacco use.

The percentage of awardees that conducted activities related to tobacco use increased from 42% during 2012–2013 (29 awardees) to 51% (35 awardees) during 2016–2017 (Figure 1). Most of these awardees are in the Midwest and South. Activities included educational programs and smokefree policies and ordinances in settings such as college campuses, low-income housing, workplaces, and outdoor spaces.

For example, the comprehensive cancer control program in Texas increased the number of training sessions designed to increase health care providers' knowledge about the availability of tobacco cessation support services. The program also tracked referrals to services such as the Texas tobacco quitline. By 2016, the Texas program had expanded its efforts to reach specific populations, such as Hispanic and LGBT+ communities.

Figure 1. Percentage of NCCCP Awardees That Conducted Tobacco-Related Activities and Prevalence of Adult Cigarette Smoking in 2012 and 2016, by State

Circles on the maps indicate which awardees conducted activities. For accessibility and detailed prevalence data, see Table 1 in the Appendix.

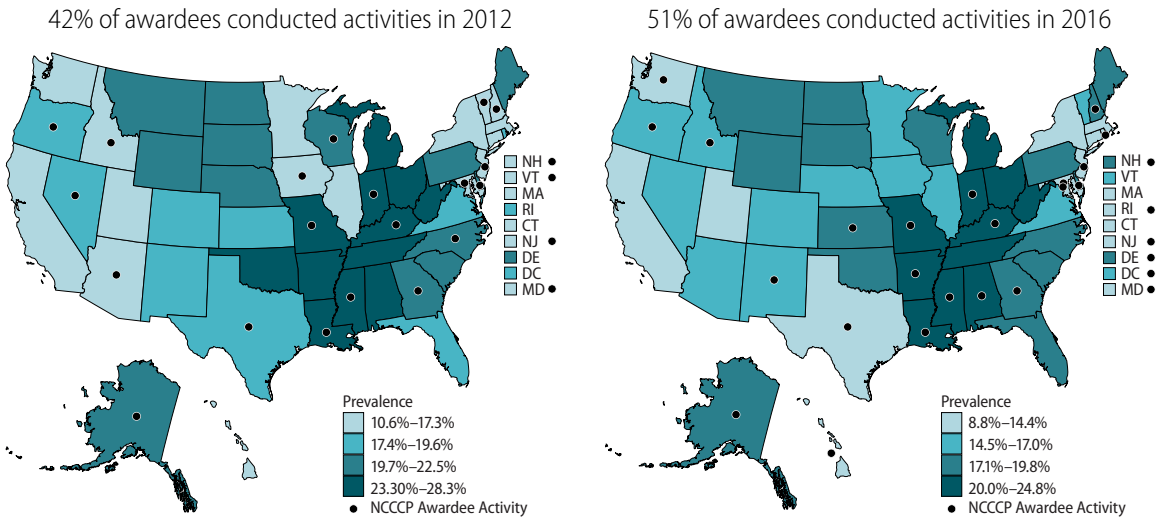


Figure 1 shows state awardees. The following awardees also used PSE approaches that address tobacco use in 2012: Alaska Native Tribal Health Consortium, Cherokee Nation, the Federated States of Micronesia (Pohnpei), Fond du Lac Reservation, Great Plains Tribal Chairmen's Health Board, Northwest Portland Area Indian Health Board, the Republic of Palau, the Republic of the Marshall Islands, and Tohono O'odham Nation. The following awardees used PSE approaches that address tobacco use in 2016: Alaska Native Tribal Health Consortium, American Samoa, Cherokee Nation, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia (Chuuk, Kosrae, and Pohnpei), Fond du Lac Reservation, Great Plains Tribal Chairmen's Health Board, Northwest Portland Area Indian Health Board, the Republic of Palau, and Tohono O'odham Nation.

Nutrition and Physical Activity Activities and Prevalence of Obesity

Obesity is associated with an increased risk of developing several types of cancer, including ovarian, pancreatic, liver, and postmenopausal female breast cancer.[4] Getting regular physical activity and having a balanced diet can help adults maintain a healthy weight and lower their risk of developing these cancers.[4] In 2012 and 2016, the prevalence of adult obesity in the United States was highest in the Midwest and South.[5,6]

Comprehensive cancer control programs have conducted activities designed to increase healthy eating and physical activity, such as the creation of community gardens and mandated physical activity in schools. The percentage of awardees that conducted activities related to nutrition or physical activity increased from 23% during 2012–2013 (16 awardees) to 36% during 2016–2017 (25 awardees) (Figure 2). Most of these awardees are in the Midwest and South.

For example, the comprehensive cancer control program in South Carolina concentrated its efforts on improving knowledge about healthy eating among the general public and the faith-based community. Its activities focused on increasing access to healthy foods and physical activity to prevent obesity.

Figure 2. Percentage of NCCCP Awardees That Conducted Nutrition and Physical Activity Activities and Prevalence of Obesity in 2012 and 2016, by State

Circles on the maps indicate which awardees conducted activities for nutrition or physical activity. For detailed prevalence data, see Table 2 in the Appendix.

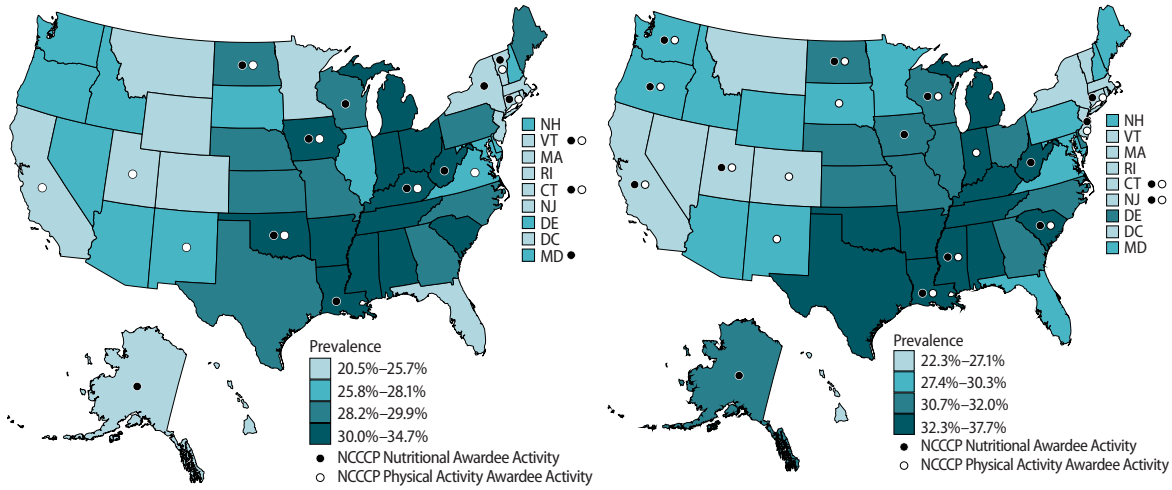


Figure 2 shows state awardees. The following awardees also used PSE approaches that address nutrition, physical activity, or both in 2012: American Samoa, Cherokee Nation, the Federated States of Micronesia (Kosrae), Northwest Portland Area Indian Health Board, Puerto Rico, and the Republic of the Marshall Islands. The following awardees used PSE approaches that address nutrition, physical activity, or both in 2016: American Samoa, Cherokee Nation, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia (Chuuk, Kosrae, Pohnpei, and Yap), Guam, Northwest Portland Area Indian Health Board, the Republic of Palau, the Republic of the Marshall Islands, and the South Puget Intertribal Planning Agency.

UV Exposure and Sun-Safety Activities and Incidence of Melanoma

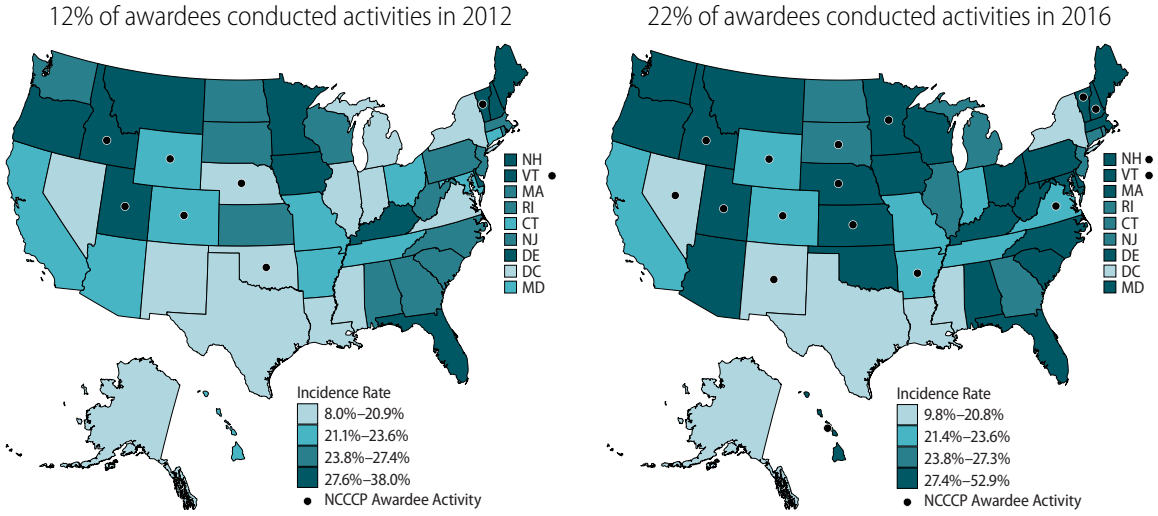
Ultraviolet (UV) rays from the sun or from artificial sources like tanning beds are known to cause melanoma, the most deadly form of skin cancer.[7] To lower melanoma incidence rates, states have partnered with communities to reduce sunburns and the use of indoor tanning devices among adults and adolescents. In 2012, melanoma incidence rates for all age groups were highest in Vermont, Delaware, and Minnesota. In 2016, rates were highest in Vermont, New Hampshire, and Delaware.[8]

The percentage of awardees that conducted activities related to UV exposure or sun safety increased from 12% during 2012–2013 (8 awardees) to 22% during 2016–2017 (15 awardees) (Figure 3). Although most of these awardees are in the West or Midwest, other states with high melanoma incidence rates, such as Vermont and New Hampshire, also focused on sun safety.

For example, in 2012, the comprehensive cancer control program in New Hampshire worked to reduce sunburns by partnering with local foundations to increase awareness of skin cancer risk factors. The program used mass media campaigns and small media products (such as videos and printed materials such as letters, brochures, and newsletters) to educate adolescents about the importance of adopting sun-safety habits. By 2016, the program was working at multiple levels, including in schools and local communities, to increase knowledge about sun safety.

Figure 3. Percentage of NCCCP Awardees That Conducted UV Exposure and Sun-Safety Activities and Incidence of Melanoma in 2012 and 2016, by State

Circles on the maps indicate which awardees conducted activities. For detailed incidence data, see Table 3 in the Appendix.



HPV Vaccination Activities and Prevalence of Vaccination Among Adolescents

Certain types of HPV can cause several types of cancer.[9] The HPV vaccine can decrease the risk of developing HPV-associated cancers, especially if the vaccine is given before exposure to the virus. 10 In 2012, an estimated 33.4% of girls aged 13 to 17 and 6.8% of boys aged 13 to 17 had received at least three doses of the HPV vaccine. In 2016, 43.0% of girls and 31.5% of boys had received at least three doses.[11,12]

The percentage of awardees that conducted activities related to HPV vaccination increased from 1% during 2012–2013 (1 awardee) to 26% during 2016–2017 (18 awardees) (Figure 4). Most of these awardees are in the Midwest or Mid-Atlantic.

For example, the comprehensive cancer control program in the District of Columbia worked to increase HPV vaccination among adolescents. In 2012, the program did not use HPV-specific evidence-based practices. However, by 2016, the program had focused its efforts on increasing the number of medical providers who had completed the HPV peer-to-peer training curriculum. The program also focused on providing HPV education through social media and increasing the number of adolescents who complete the vaccination series.

Figure 4. Percentage of NCCCP Awardees That Conducted HPV Vaccination Activities and Prevalence of Vaccination Among Adolescents in 2012 and 2016, by State

Circles on the maps indicate which awardees conducted activities. For detailed prevalence data, see Table 4 in the Appendix.

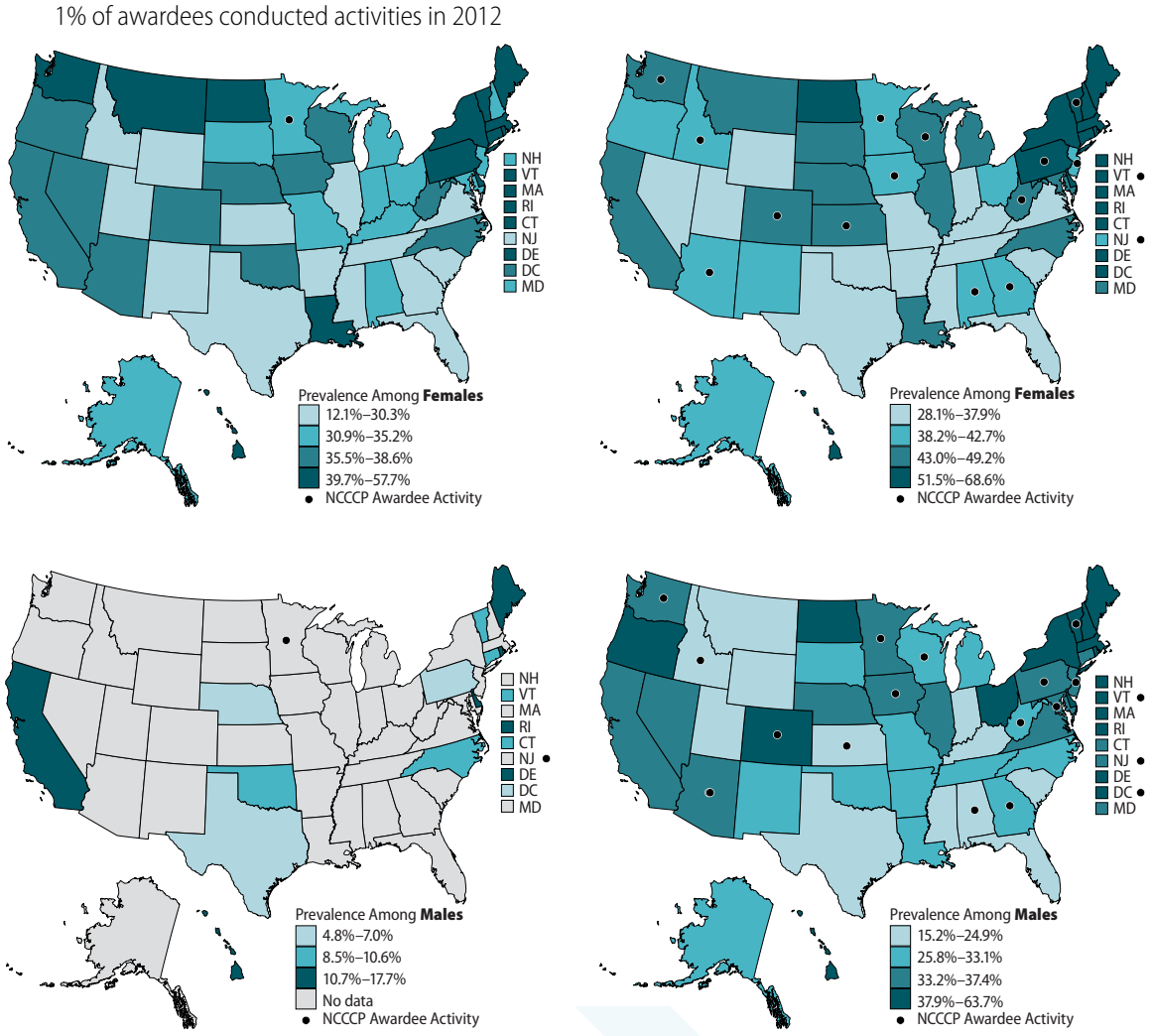


Figure 4 shows state awardees. The following awardees also used PSE approaches that address HPV vaccination in 2016: American Samoa, Fund du Lac Reservation, and Puerto Rico.

Summary

Health behaviors and health risks such as tobacco use, obesity, intentional tanning, and HPV vaccination can affect a person's likelihood of developing cancer. From 2012 to 2016, NCCCP awardees in states with a higher prevalence of adult cigarette smoking reported more tobacco-related activities. The same correlation was found for activities related to nutrition and physical activity, UV exposure, and HPV vaccination. Overall, awardees in states with a lower prevalence of healthy behaviors seemed to prioritize activities that emphasize primary prevention.

Early Detection and Treatment: Cancer Screening

Some screening tests can detect cancer early and increase the chances of survival. NCCCP awardees are required to use strategies that promote cancer screenings recommended by the United States Preventive Services Task Force. Awardees work closely with local screening programs, such as the National Breast and Cervical Cancer Early Detection Program and the Colorectal Cancer Control Program, to help populations with less access to health care get the services they need.

NCCCP awardees reported their efforts to connect local residents to screening and treatment in their comprehensive cancer control plans from 2012 to 2017. They primarily addressed the following cancers: colorectal, cervical, and female breast. From 2012 to 2013, 78% (54) of comprehensive cancer control plans had program objectives that addressed these high-burden cancers. This percentage dropped to 75% (52) from 2016 to 2017.

From 2012 to 2017, activities that addressed cervical cancer increased, while some programs slightly decreased their efforts to promote colorectal and breast cancer screening. Breast and cervical cancer screenings were the most common focus areas in tribes and tribal organizations, US territories, and US-Affiliated Pacific Island jurisdictions.

This section presents state prevalence data on screening tests for colorectal, cervical, and breast cancer.

Colorectal Cancer Activities and Prevalence of Screening

Colorectal cancer is the fourth most common cancer among both men and women in the United States.[13] People can reduce their risk of developing colorectal cancer by being more physically active, maintaining a healthy weight, and following national screening recommendations.14 In 2012 and 2016, states in the Midwest reported lower prevalence of colorectal cancer screening compared to the rest of the United States.[15,16]

Over the years, cancer coalitions across the United States have worked to reduce the burden of colorectal cancer in their communities. To support these efforts, CDC and the American Cancer Society created the National Colorectal Cancer Roundtable to encourage cancer coalitions to pledge to work toward the goal of reaching 80% colorectal cancer screening prevalence by 2018.

The percentage of awardees that implemented activities related to colorectal cancer decreased from 57% during 2012–2013 (39 awardees) to 55% during 2016–2017 (38 awardees) (Figure 5). These awardees are spread across several regions.

For example, the comprehensive cancer control program in Louisiana, which signed the 80% by 2018 pledge, created small media products with information about colorectal cancer screening. By 2016, the program had received funding to increase screening in clinical settings, such as Federally Qualified Health Centers and is still working toward reaching the 80% screening goal.

Figure 5. Percentage of NCCCP Awardees That Conducted Colorectal Cancer Activities and Prevalence of Screening in 2012 and 2016, by State

Circles on the maps indicate which awardees conducted activities. For detailed prevalence data, see Table 5 in the Appendix.

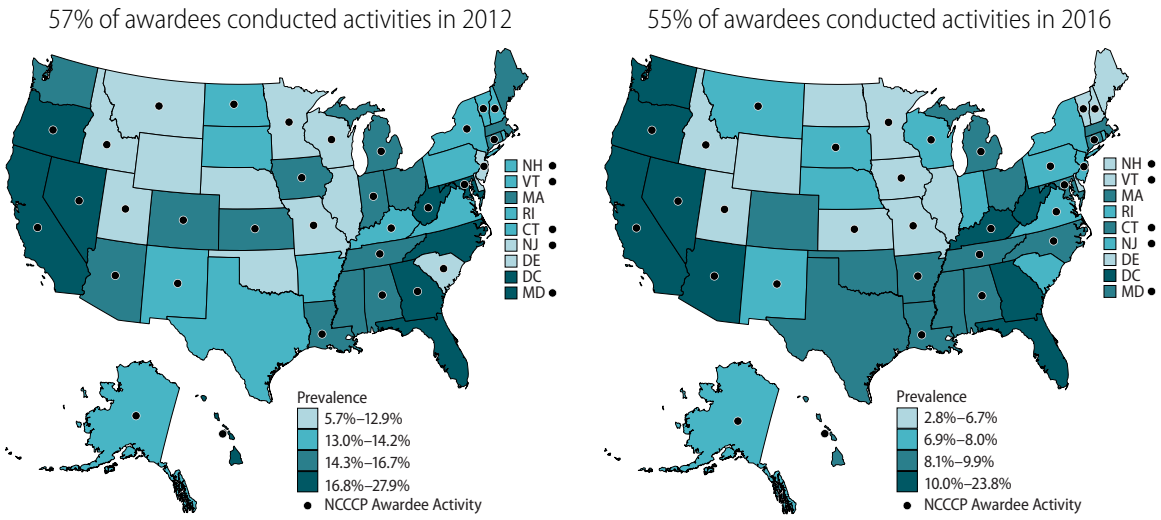


Figure 5 shows state awardees. The following awardees also conducted activities that address early detection and treatment of colorectal cancer in 2012: Alaska Native Tribal Health Consortium, American Samoa, Cherokee Nation, Guam, Northwest Portland Area Indian Health Board, and Puerto Rico. The following awardees conducted activities that address early detection and treatment of colorectal cancer in 2016: Alaska Native Tribal Health Consortium, American Samoa, Cherokee Nation, Fond du Lac Reservation, Guam, Northwest Portland Area Indian Health Board, the Republic of the Marshall Islands, and Puerto Rico.

Cervical Cancer Activities and Prevalence of Screening

Prevention and early detection efforts such as the Papanicolaou (Pap) screening test and the HPV vaccine have helped reduce cervical cancer incidence and deaths in the United States.[13,17] Factors such as cigarette smoking and exposure to certain types of HPV increase cervical cancer risk.[18] From 2012 to 2016, cervical cancer death rates were highest in the Midwest and South.[13] In 2012 and 2016, screening prevalence for cervical cancer was lowest in the West and Southwest.[19,20]

The percentage of awardees that conducted activities related to cervical cancer increased from 44% during 2012–2013 (30 awardees) to 48% during 2016–2017 (33 awardees) (Figure 6). Most of these awardees are in the Northeast, Midwest, or South.

For example, the comprehensive cancer control program in Montana partnered with insurance companies, health plans, and worksites to improve knowledge about cervical cancer screening during 2012–2013. Small media products and patient reminders were used to increase awareness of the benefits of screening among people with insurance. By 2016, the program was using contractors who partnered with worksites to encourage cancer screenings.

Figure 6. Percentage of NCCCP Awardees That Conducted Cervical Cancer Activities and Prevalence of Screening With Pap Test in 2012 and 2016, by State

Circles on the maps indicate which awardees conducted activities. For detailed prevalence data, see Table 6 in the Appendix.

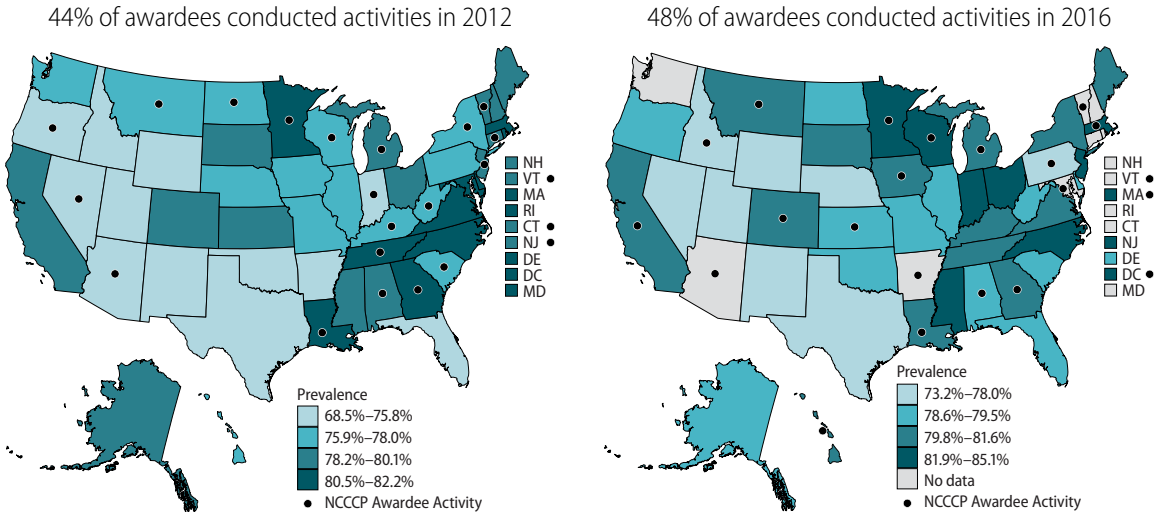


Figure 6 shows state awardees. The following awardees also used activities that address early detection and treatment of cervical cancer in 2012: American Samoa, the Federated States of Micronesia (Chuuk, Kosrae, Pohnpei, and Yap), Guam, Northwest Portland Area Indian Health Board, and Puerto Rico. The following awardees used activities that address early detection and treatment of cervical cancer in 2016: American Samoa, Cherokee Nation, Federated States of Micronesia (Chuuk, Kosrae, Pohnpei, and Yap), Guam, Northwest Portland Area Indian Health Board, the Republic of Palau, and Puerto Rico.

Breast Cancer Activities and Prevalence of Screening

Breast cancer is one of the most common types of cancer diagnosed among women in the United States.[13,21] The risk of developing breast cancer is linked to several factors, from genetic to environmental.[21] Women can lower their likelihood of developing cancer by adopting healthy behaviors such as being physically active and avoiding tobacco and alcohol. They can also get routine screening to detect the disease earlier when it may be easier to treat. The United States Preventive Services Task Force currently recommends mammogram screenings every 2 years for women aged 50 to 74 who are at average risk.

During 2012–2016, female breast cancer death rates in the United States were highest in the Appalachian regions of the South and Midwest. In 2012 and 2016, screening prevalence was lowest in the Southwest and Northwest.[13,22,23]

The percentage of awardees that conducted activities related to breast cancer decreased from 42% during 2012–2013 (29 awardees) to 41% during 2016–2017 (28 awardees) (Figure 7). Most of these awardees are in the West, Midwest, or Northeast.

For example, the comprehensive cancer control program in New York worked to increase the number of women who receive routine breast cancer screening. The program partnered with counties and boroughs throughout the city to offer screening to uninsured and underinsured populations. By 2016, the program had also worked to increase paid leave options for cancer screening for New York residents.

Figure 7. Percentage of NCCCP Awardees That Conducted Breast Cancer Activities and Prevalence of Screening With Mammogram in 2012 and 2016, by State

Circles on the maps indicate which awardees conducted activities. For detailed prevalence data, see Table 7 in the Appendix.

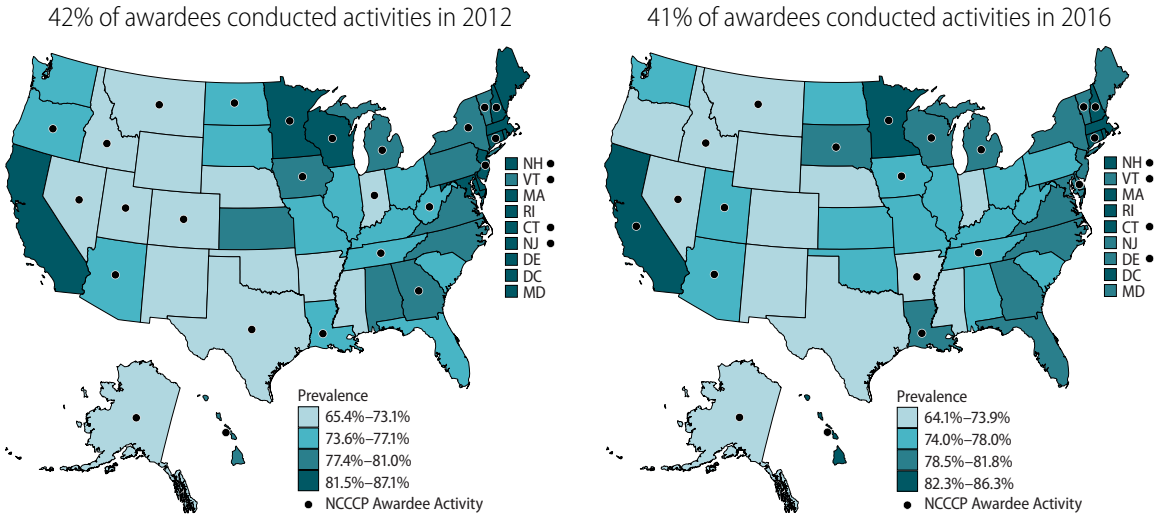


Figure 7 shows state awardees. The following awardees also used activities that address early detection and treatment of breast cancer in 2012: American Samoa, Cherokee Nation, Guam, and Puerto Rico. The following awardees used activities that address early detection and treatment of breast cancer in 2016: American Samoa, Cherokee Nation, the Federated States of Micronesia (Chuuk and Kosrae), Fond Du Lac Reservation, Guam, the Republic of the Marshall Islands, and Puerto Rico.

Summary

The use of evidence-based strategies to address high-burden cancers such as colorectal, cervical, and breast cancer continues to be a priority for NCCCP awardees. From 2012 to 2016, awardees conducted activities that increased awareness of and access to recommended cancer screenings and treatment options.

Cancer Survivorship

Identifying programs and strategies to improve quality of life among cancer survivors has been a priority of the NCCCP since 2010. Program awardees are encouraged to conduct activities in their communities to increase access to evidence-based lifestyle change programs and support systems for survivors. In 2016, nearly 94% (65) of awardees had survivorship objectives in their comprehensive cancer control plans, compared with 75% (52) in 2012 (Figure 8).

Activities to support these objectives focused on:

- Developing programs, policies, and infrastructure to support cancer survivors.
- Providing communication, education, and training for survivors, caregivers, and health care providers.
- Improving access to quality care and services for cancer survivors.
- Using surveillance and applied research to assess cancer survivor needs.

Developing programs, policies, and infrastructure to support cancer survivors was the most common activity among awardees. Activities included increasing the number of survivors who received survivorship care

plans and attended cancer support groups. Survivorship activities were also conducted in tribes and tribal organizations, US territories, and US-Affiliated Pacific Island jurisdictions.

To assess the quality of health among cancer survivors, public health practitioners measure the number of healthy days they report. In 2012, the prevalence of cancer survivors who reported fewer days with good, better, or excellent health was highest in the South (Figure 8). In 2016, the prevalence was highest in the South and Midwest.

This section presents state data stratified by CDC to show the prevalence of good, better, or excellent health among cancer survivors.[24,25]

Survivorship Activities and Reported Health Status Among Cancer Survivors

Programs in nearly every region implemented activities related to cancer survivorship. For example, in 2012, the comprehensive cancer control program in Kansas was working to increase the number of cancer survivors who receive palliative care and a summary of follow-up care recommendations known as a survivorship care plan. By 2016, the Kansas program had also conducted activities to decrease the percentage of adult cancer survivors who reported poor physical or mental health days.

Figure 8. Percentage of NCCCP Awardees That Conducted Survivorship Activities and Prevalence of Good, Better, or Excellent Health Among Cancer Survivors in 2012 and 2016, by State

Circles on the maps indicate which awardees conducted activities. For detailed prevalence data, see Table 8 in the Appendix.

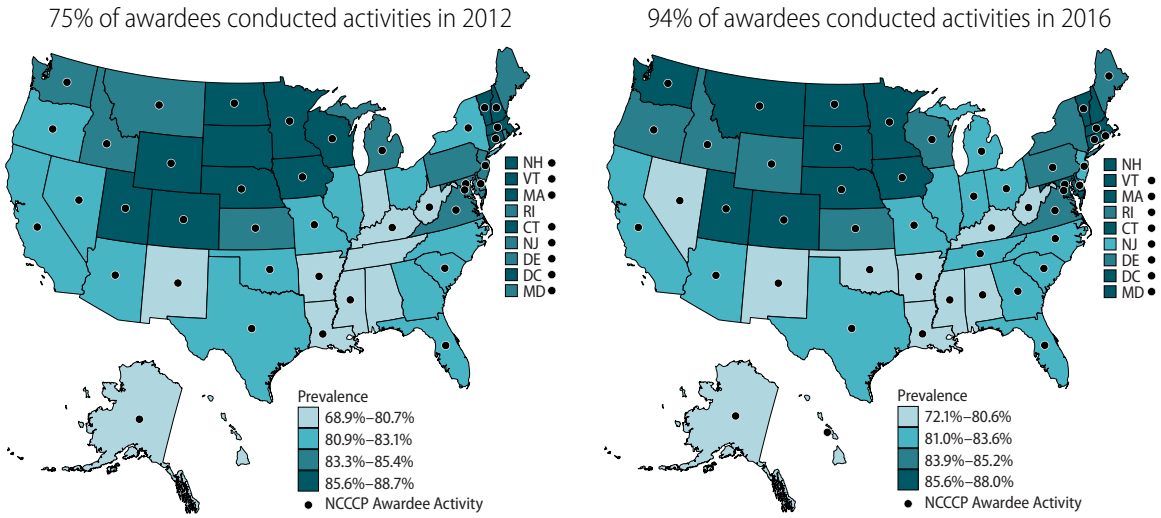


Figure 8 shows state awardees. The following awardees also used activities that address cancer survivorship in 2012: Alaska Native Tribal Health Consortium, Cherokee Nation, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia (Chuuk, Kosrae, Pohnpei, and Yap), Great Plains Tribal Chairmen's Health Board, Guam, Northwest Portland Area Indian Health Board, the Republic of the Marshall Islands, Tohono O'odham, and Puerto Rico. The following awardees used activities that address cancer survivorship in 2016: Alaska Native Tribal Health Consortium, American Samoa, Cherokee Nation, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia (Chuuk, Kosrae, Pohnpei, and Yap), Fond du Lac Reservation, Great Plains Tribal Chairmen's Health Board, Guam, Northwest Portland Area Indian Health Board, the Republic of Palau, the Republic of the Marshall Islands, South Puget Intertribal Planning Agency, Tohono O'odham, and Puerto Rico.

Summary

As early detection and treatment options continue to improve in the United States, the number of cancer survivors is expected to increase.[26] As this population grows, addressing their needs will be essential. From 2012 to 2017, NCCCP awardees understood this need and expanded their efforts to reach cancer survivors. Their activities included increasing the number of cancer survivors with palliative care plans, improving access to survivorship resources, and increasing the number of survivors who complete local survivorship programs.

Conclusion

From 2012 to 2017, NCCCP awardees used funding from CDC to conduct activities designed to reduce cancer rates and deaths in their communities. These activities focused on the NCCCP's main priorities: primary prevention, early detection and treatment, and cancer survivorship. During this time, the number of activities focused on primary prevention, especially those related to HPV vaccination and UV exposure and sun safety, increased. The number of activities related to early detection and treatment of cervical cancer and those focused on survivorship programs, policies, and infrastructure also increased.

Common focus areas for NCCCP awardees were:

- Tobacco-use cessation.
- Colorectal cancer screening.
- Survivorship care plans.

Overall, NCCCP awardees made significant strides in using evidence-based practices to prevent and control cancer. Their efforts cannot be linked directly to national increases in cancer screening or reductions in cancer incidence or deaths. But this report shows that they are using cancer surveillance data to help them reduce the burden of cancer in their communities.

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Appendix. National Surveillance and NCCCP Data

For accessibility, the tables in this appendix provide detailed prevalence data on health behaviors, health risks, and screening objectives and whether National Comprehensive Cancer Control Program (NCCCP) awardees in US states conducted activities to address them. They correspond to Figures 1–8.

Table 1. Prevalence of Adult Cigarette Smoking and Percentage of NCCCP Awardees That Conducted Policy, Systems, and Environmental Tobacco-Related Activities in 2012 and 2016, by State

State	Percentage of Current Smokers in 2012	NCCCP Awardee Activity in 2012?	Percentage of Current Smokers in 2016	NCCCP Awardee Activity in 2016?
Alabama	23.8%	No	21.5%	Yes
Alaska	20.5%	Yes	19.0%	Yes
Arizona	17.1%	Yes	14.7%	No
Arkansas	25.0%	No	23.6%	Yes
California	12.6%	No	11.0%	No
Colorado	17.7%	No	15.6%	No
Connecticut	16.0%	No	13.4%	No
Delaware	19.7%	Yes	17.7%	Yes
District of Columbia	19.6%	No	14.7%	Yes
Florida	17.7%	No	15.5%	No
Georgia	20.4%	Yes	17.9%	Yes
Hawaii	14.6%	No	13.1%	No
Idaho	16.4%	Yes	14.5%	Yes
Illinois	18.6%	No	15.8%	No
Indiana	24.0%	Yes	21.1%	Yes
Iowa	18.1%	Yes	16.7%	No
Kansas	19.4%	No	17.2%	Yes
Kentucky	28.3%	Yes	24.5%	Yes
Louisiana	24.8%	Yes	22.8%	Yes
Maine	20.3%	No	19.8%	No
Maryland	16.2%	Yes	13.7%	Yes
Massachusetts	16.4%	No	13.6%	No
Michigan	23.3%	No	20.4%	No
Minnesota	18.8%	No	15.2%	No
Mississippi	24.0%	Yes	22.7%	Yes
Missouri	23.9%	Yes	22.1%	Yes
Montana	19.7%	No	18.5%	No
Nebraska	19.7%	No	17.0%	No
Nevada	18.1%	Yes	16.5%	No
New Hampshire	17.2%	Yes	18.0%	Yes
New Jersey	17.3%	Yes	14.0%	Yes

State	Percentage of Current Smokers in 2012	NCCCP Awardee Activity in 2012?	Percentage of Current Smokers in 2016	NCCCP Awardee Activity in 2016?
New Mexico	19.3%	No	16.6%	Yes
New York	16.2%	No	14.2%	No
North Carolina	20.9%	Yes	17.9%	No
North Dakota	21.2%	No	19.8%	No
Ohio	23.3%	No	22.5%	No
Oklahoma	23.3%	No	19.6%	No
Oregon	17.9%	Yes	16.2%	Yes
Pennsylvania	21.4%	No	18.0%	No
Rhode Island	17.4%	No	14.4%	Yes
South Carolina	22.5%	No	20.0%	No
South Dakota	22.0%	No	18.1%	No
Tennessee	24.9%	No	22.1%	No
Texas	18.2%	Yes	14.3%	Yes
Utah	10.6%	No	8.8%	No
Vermont	16.5%	Yes	17.0%	No
Virginia	19.0%	No	15.3%	No
Washington	17.2%	No	14.0%	Yes
West Virginia	28.2%	No	24.8%	No
Wisconsin	20.4%	Yes	17.1%	No
Wyoming	21.8%	No	19.0%	No

Sources: Behavioral Risk Factor Surveillance System and Chronic Disease Management Information System

Return to Figure 1.

Table 2. Prevalence of Obesity Among US Adults and Percentage of NCCCP Awardees That Conducted Physical Activity and Nutrition Activities in 2012 and 2016, by State

Note: Obesity defined as body mass index >30.0.

State	Percentage of Adults Who Have Obesity in 2012	NCCCP Nutritional Awardee Activity in 2012?	NCCCP Physical Activity Awardee Activity in 2012?	Percentage of Adults Who Have Obesity in 2016	NCCCP Nutritional Awardee Activity in 2016?	NCCCP Physical Activity Awardee Activity in 2016?
Alabama	33.0%	No	No	35.7%	No	No
Alaska	25.7%	Yes	No	31.4%	Yes	No
Arizona	26.0%	No	No	29.0%	No	No
Arkansas	34.5%	No	No	35.7%	No	No
California	25.0%	No	Yes	25.0%	Yes	Yes
Colorado	20.5%	No	No	22.3%	No	Yes
Connecticut	25.6%	Yes	Yes	26.0%	Yes	Yes
Delaware	26.9%	No	No	30.7%	No	No
District of Columbia	21.9%	No	No	22.6%	No	No
Florida	25.2%	No	No	27.4%	No	No
Georgia	29.1%	No	No	31.4%	No	No
Hawaii	23.6%	No	No	23.8%	No	No
Idaho	26.8%	No	No	27.4%	No	No
Illinois	28.1%	No	No	31.6%	No	No
Indiana	31.4%	No	No	32.5%	No	Yes
Iowa	30.4%	Yes	Yes	32.0%	Yes	No
Kansas	29.9%	No	No	31.2%	No	No
Kentucky	31.3%	Yes	Yes	34.2%	No	No
Louisiana	34.7%	Yes	No	35.5%	Yes	Yes
Maine	28.4%	No	No	29.9%	No	No
Maryland	27.6%	No	No	29.9%	No	No
Massachusetts	22.9%	No	No	23.6%	No	No
Michigan	31.1%	No	No	32.5%	No	No
Minnesota	25.7%	No	No	27.8%	No	No
Mississippi	34.6%	No	No	37.3%	Yes	Yes
Missouri	29.6%	No	No	31.7%	No	No
Montana	24.3%	No	No	25.5%	No	No
Nebraska	28.6%	No	No	32.0%	No	No
Nevada	26.2%	No	No	25.8%	No	No
New Hampshire	27.3%	No	No	26.6%	No	No
New Jersey	24.6%	No	No	27.4%	Yes	Yes
New Mexico	27.1%	No	Yes	28.3%	No	Yes
New York	23.6%	Yes	No	25.5%	No	No
North Carolina	29.6%	No	No	31.8%	No	No
North Dakota	29.7%	Yes	Yes	31.9%	Yes	Yes
Ohio	30.1%	No	No	31.5%	No	No
Oklahoma	32.2%	Yes	Yes	32.8%	No	No
Oregon	27.3%	No	No	28.7%	Yes	Yes

State	Percentage of Adults Who Have Obesity in 2012	NCCCP Nutritional Awardee Activity in 2012?	NCCCP Physical Activity Awardee Activity in 2012?	Percentage of Adults Who Have Obesity in 2016	NCCCP Nutritional Awardee Activity in 2016?	NCCCP Physical Activity Awardee Activity in 2016?
Pennsylvania	29.1%	No	No	30.3%	No	No
Rhode Island	25.7%	No	No	26.6%	No	No
South Carolina	31.6%	No	No	32.3%	Yes	Yes
South Dakota	28.1%	No	No	29.6%	No	Yes
Tennessee	31.1%	No	No	34.8%	No	No
Texas	29.2%	No	No	33.7%	No	No
Utah	24.3%	No	Yes	25.4%	Yes	Yes
Vermont	23.7%	Yes	Yes	27.1%	No	No
Virginia	27.4%	No	Yes	29.0%	No	No
Washington	26.8%	No	No	28.6%	Yes	Yes
West Virginia	33.8%	Yes	No	37.7%	Yes	No
Wisconsin	29.7%	Yes	No	30.7%	Yes	Yes
Wyoming	24.6%	No	No	27.7%	No	No

Sources: Behavioral Risk Factor Surveillance System and Chronic Disease Management Information System.

Return to Figure 2.

Table 3. Incidence of Melanoma and Percentage of NCCCP Awardees That Conducted UV Exposure and Sun-Safety Activities in 2012 and 2016, by State

State	Melanoma Incidence Rate in 2012	NCCCP Awardee Activity in 2012?	Melanoma Incidence Rate in 2016	NCCCP Awardee Activity in 2016?
Alabama	25.0%	No	28.4%	No
Alaska	13.3%	No	13.4%	No
Arizona	21.1%	No	30.0%	No
Arkansas	23.0%	No	25.6%	Yes
California	21.7%	No	24.3%	No
Colorado	23.3%	Yes	23.0%	Yes
Connecticut	23.6%	No	25.4%	No
Delaware	36.0%	No	37.8%	No
District of Columbia	8.0%	No	9.8%	No
Florida	28.9%	No	32.5%	No
Georgia	26.6%	No	27.3%	No
Hawaii	21.3%	No	31.3%	Yes
Idaho	29.0%	Yes	32.4%	Yes
Illinois	20.0%	No	25.0%	No
Indiana	19.5%	No	23.5%	No
Iowa	27.6%	No	32.2%	No
Kansas	26.1%	No	30.2%	Yes
Kentucky	28.6%	No	33.0%	No
Louisiana	17.8%	No	17.8%	No
Maine	31.2%	No	36.9%	No
Maryland	22.8%	No	27.4%	No
Massachusetts	23.8%	No	29.3%	No
Michigan	20.9%	No	24.1%	No
Minnesota	32.3%	No	35.1%	Yes
Mississippi	18.7%	No	19.9%	No
Missouri	21.2%	No	21.5%	No
Montana	30.7%	No	33.1%	No
Nebraska	19.5%	Yes	30.7%	Yes
Nevada	15.0%	No	20.7%	Yes
New Hampshire	31.1%	No	39.9%	Yes
New Jersey	24.8%	No	24.7%	No
New Mexico	17.6%	No	19.0%	Yes
New York	19.6%	No	20.8%	No
North Carolina	26.1%	No	30.0%	No
North Dakota	24.7%	Yes	24.1%	No
Ohio	22.0%	No	30.8%	No
Oklahoma	19.4%	Yes	27.9%	No
Oregon	31.3%	No	29.0%	No
Pennsylvania	25.9%	No	28.8%	No
Rhode Island	25.6%	No	26.4%	No
South Carolina	25.8%	No	29.3%	No

State	Melanoma Incidence Rate in 2012	NCCCP Awardee Activity in 2012?	Melanoma Incidence Rate in 2016	NCCCP Awardee Activity in 2016?
South Dakota	25.8%	No	26.7%	Yes
Tennessee	22.0%	No	22.3%	No
Texas	11.7%	No	12.4%	No
Utah	29.7%	Yes	36.4%	Yes
Vermont	38.0%	Yes	52.9%	Yes
Virginia	18.6%	No	21.8%	Yes
Washington	27.4%	No	28.7%	No
West Virginia	25.9%	No	28.3%	No
Wisconsin	26.7%	No	28.9%	No
Wyoming	22.4%	Yes	23.3%	Yes

Sources: CDC WONDER database and Chronic Disease Management Information System.

Return to Figure 3.

Table 4. Prevalence of Human Papillomavirus (HPV) Vaccination Among Adolescents and Percentage of NCCCP Awardees That Conducted HPV Vaccination Activities in 2012 and 2016, by State

State	Percentage of Girls Aged 13 to 17 Who Received ≥3 Doses of the HPV Vaccine in 2012	Percentage of Boys Aged 13 to 17 Who Received ≥3 Doses of the HPV Vaccine in 2012	NCCCP Awardee Activity in 2012?	Percentage of Girls Aged 13 to 17 Who Received ≥3 Doses of the HPV Vaccine in 2016	Percentage of Boys Aged 13 to 17 Who Received ≥3 Doses of the HPV Vaccine in 2016	NCCCP Awardee Activity in 2016?
Alabama	31.1%	No data	No	40.9%	23.0%	Yes
Alaska	31.4%	No data	No	38.8%	33.1%	No
Arizona	36.9%	No data	No	40.6%	35.6%	Yes
Arkansas	18.3%	No data	No	28.9%	25.9%	No
California	35.8%	11.7%	No	48.0%	34.0%	No
Colorado	38.0%	No data	No	47.6%	38.4%	Yes
Connecticut	43.6%	8.5%	No	53.5%	36.6%	No
Delaware	50.4%	10.7%	No	62.2%	39.0%	No
District of Columbia	38.5%	4.8%	No	59.1%	49.4%	Yes
Florida	25.3%	No data	No	37.9%	24.9%	No
Georgia	29.0%	No data	No	40.7%	32.6%	Yes
Hawaii	43.4%	15.6%	No	56.0%	40.4%	No
Idaho	27.8%	No data	No	39.3%	24.8%	Yes
Illinois	21.1%	No data	No	47.1%	34.0%	No
Indiana	35.2%	No data	No	36.3%	22.8%	No
Iowa	35.6%	No data	No	41.3%	36.6%	Yes
Kansas	25.1%	No data	No	43.0%	23.1%	Yes
Kentucky	34.9%	No data	No	36.3%	22.9%	No
Louisiana	40.5%	No data	No	46.4%	28.9%	No
Maine	41.8%	12.1%	No	57.1%	44.4%	No
Maryland	30.9%	No data	No	49.2%	37.4%	No
Massachusetts	43.0%	No data	No	55.1%	43.8%	No
Michigan	32.2%	No data	No	48.2%	26.9%	No
Minnesota	33.1%	No data	Yes	38.2%	33.3%	Yes
Mississippi	12.1%	No data	No	31.1%	20.5%	No
Missouri	34.5%	No data	No	35.4%	26.3%	No
Montana	41.6%	No data	No	47.5%	21.3%	No
Nebraska	37.3%	7.0%	No	45.1%	34.0%	No
Nevada	37.2%	No data	No	37.1%	33.2%	No
New Hampshire	34.5%	No data	No	52.7%	42.4%	No
New Jersey	31.6%	No data	No	42.3%	35.1%	Yes
New Mexico	30.3%	No data	No	42.7%	30.9%	No
New York	39.7%	No data	No	55.7%	45.5%	No
North Carolina	35.5%	8.6%	No	41.6%	28.9%	No
North Dakota	40.9%	No data	No	56.5%	43.2%	No
Ohio	31.9%	No data	No	38.3%	37.9%	No
Oklahoma	38.4%	10.6%	No	37.7%	30.3%	No

State	Percentage of Girls Aged 13 to 17 Who Received ≥3 Doses of the HPV Vaccine in 2012	Percentage of Boys Aged 13 to 17 Who Received ≥3 Doses of the HPV Vaccine in 2012	NCCCP Awardee Activity in 2012?	Percentage of Girls Aged 13 to 17 Who Received ≥3 Doses of the HPV Vaccine in 2016	Percentage of Boys Aged 13 to 17 Who Received ≥3 Doses of the HPV Vaccine in 2016	NCCCP Awardee Activity in 2016?
Oregon	38.6%	No data	No	42.5%	39.3%	No
Pennsylvania	44.6%	5.3%	No	51.5%	37.0%	Yes
Rhode Island	57.7%	17.7%	No	68.6%	63.7%	No
South Carolina	26.6%	No data	No	28.1%	22.1%	No
South Dakota	31.8%	No data	No	44.6%	27.8%	No
Tennessee	28.6%	No data	No	29.2%	25.8%	No
Texas	30.3%	7.0%	No	36.1%	20.9%	No
Utah	24.1%	No data	No	35.0%	16.9%	No
Vermont	46.2%	10.6%	No	53.4%	50.2%	Yes
Virginia	27.9%	No data	No	32.7%	33.3%	No
Washington	43.5%	No data	No	46.5%	37.3%	Yes
West Virginia	36.1%	No data	No	44.3%	29.3%	Yes
Wisconsin	37.5%	No data	No	47.1%	29.2%	Yes
Wyoming	30.3%	No data	No	28.9%	15.2%	No

Sources: National Immunization Survey-Teen and Chronic Disease Management Information System.

Return to Figure 4.

Table 5. Prevalence of Colorectal Cancer Screening and Percentage of NCCCP Awardees That Conducted Activities to Meet Screening Objectives in 2012 and 2016, by State

State	Percentage of Adults Aged >50 Who Received a Blood Stool Test in the Past 2 Years in 2012	NCCCP Awardee Activity in 2012?	Percentage of Adults Aged 50 to 75 Who Received a Blood Stool Test in the Past 2 Years in 2016	NCCCP Awardee Activity in 2016?
Alabama	14.8%	Yes	8.9%	Yes
Alaska	10.8%	Yes	7.3%	Yes
Arizona	15.0%	Yes	10.8%	Yes
Arkansas	14.0%	No	9.9%	Yes
California	27.9%	Yes	23.8%	Yes
Colorado	16.0%	Yes	9.2%	No
Connecticut	16.4%	Yes	8.9%	Yes
Delaware	12.9%	No	5.2%	No
District of Columbia	21.9%	No	14.8%	No
Florida	20.4%	No	15.2%	No
Georgia	18.0%	Yes	12.8%	No
Hawaii	21.9%	Yes	19.9%	Yes
Idaho	12.1%	Yes	4.9%	Yes
Illinois	11.2%	No	5.2%	No
Indiana	14.3%	Yes	7.8%	No
Iowa	14.2%	Yes	5.8%	Yes
Kansas	16.7%	Yes	6.7%	Yes
Kentucky	13.9%	Yes	10.4%	Yes
Louisiana	16.5%	Yes	8.3%	Yes
Maine	14.3%	No	6.7%	No
Maryland	17.5%	Yes	9.2%	Yes
Massachusetts	16.3%	Yes	8.6%	No
Michigan	15.8%	Yes	8.7%	Yes
Minnesota	8.8%	Yes	6.1%	Yes
Mississippi	16.2%	No	8.8%	No
Missouri	12.0%	Yes	6.2%	Yes
Montana	10.9%	Yes	8.0%	Yes
Nebraska	12.6%	No	6.9%	No
Nevada	19.1%	Yes	10.2%	Yes
New Hampshire	13.5%	Yes	6.6%	Yes
New Jersey	12.8%	Yes	7.4%	Yes
New Mexico	13.5%	Yes	7.3%	Yes
New York	13.2%	Yes	7.4%	No
North Carolina	17.6%	No	9.2%	Yes
North Dakota	13.8%	Yes	5.8%	No
Ohio	15.0%	No	8.1%	No
Oklahoma	12.3%	No	9.2%	No
Oregon	16.8%	Yes	13.2%	Yes
Pennsylvania	13.6%	No	7.4%	Yes

State	Percentage of Adults Aged >50 Who Received a Blood Stool Test in the Past 2 Years in 2012	NCCCP Awardee Activity in 2012?	Percentage of Adults Aged 50 to 75 Who Received a Blood Stool Test in the Past 2 Years in 2016	NCCCP Awardee Activity in 2016?
Rhode Island	14.2%	No	7.8%	No
South Carolina	12.9%	Yes	7.6%	No
South Dakota	13.5%	No	7.3%	Yes
Tennessee	15.4%	Yes	9.6%	Yes
Texas	13.0%	No	8.7%	No
Utah	5.7%	Yes	2.8%	Yes
Vermont	13.7%	Yes	5.5%	Yes
Virginia	14.2%	No	7.8%	Yes
Washington	16.4%	No	12.0%	No
West Virginia	18.2%	Yes	10.0%	No
Wisconsin	11.2%	Yes	7.1%	Yes
Wyoming	9.4%	No	4.5%	No

Sources: Behavioral Risk Factor Surveillance System and Chronic Disease Management Information System.

Return to Figure 5.

Table 6. Prevalence of Cervical Cancer Screening With Pap Test and Percentage of NCCCP Awardees That Conducted Activities to Meet Screening Objectives in 2012 and 2016, by State

State	Percentage of Women Aged >18 Who Received a Pap Test in the Past 3 Years in 2012	NCCCP Awardee Activity in 2012?	Percentage of Women Aged 21 to 65 Who Received a Pap Test in the Past 3 Years in 2016	NCCCP Awardee Activity in 2016?
Alabama	80.1%	Yes	79.5%	Yes
Alaska	79.1%	No	78.9%	No
Arizona	73.3%	Yes	No data	Yes
Arkansas	73.0%	No	No data	Yes
California	78.3%	No	81.6%	Yes
Colorado	78.8%	No	80.7%	Yes
Connecticut	80.1%	Yes	No data	Yes
Delaware	82.2%	No	79.3%	No
District of Columbia	81.2%	No	85.1%	Yes
Florida	75.3%	No	78.7%	No
Georgia	80.5%	Yes	79.8%	Yes
Hawaii	75.9%	No	71.4%	Yes
Idaho	68.5%	No	73.2%	Yes
Illinois	77.3%	No	79.0%	No
Indiana	73.2%	Yes	83.8%	No
Iowa	78.0%	No	81.6%	Yes
Kansas	79.1%	No	79.0%	Yes
Kentucky	76.6%	Yes	80.2%	No
Louisiana	80.6%	Yes	81.5%	Yes
Maine	79.9%	No	81.6%	No
Maryland	82.2%	No	No data	No
Massachusetts	82.0%	No	84.1%	Yes
Michigan	79.5%	Yes	81.4%	Yes
Minnesota	80.8%	Yes	82.2%	Yes
Mississippi	78.3%	No	83.0%	No
Missouri	76.8%	No	78.6%	No
Montana	76.1%	Yes	80.5%	Yes
Nebraska	76.6%	No	77.7%	No
Nevada	72.6%	Yes	74.8%	No
New Hampshire	78.2%	No	No data	Yes
New Jersey	78.5%	Yes	82.1%	No
New Mexico	75.8%	No	78.0%	No
New York	77.9%	Yes	80.7%	No
North Carolina	81.7%	No	84.0%	No
North Dakota	76.3%	Yes	78.9%	No
Ohio	78.4%	No	81.9%	No
Oklahoma	75.6%	No	78.8%	No
Oregon	75.5%	Yes	78.8%	No

State	Percentage of Women Aged >18 Who Received a Pap Test in the Past 3 Years in 2012	NCCCP Awardee Activity in 2012?	Percentage of Women Aged 21 to 65 Who Received a Pap Test in the Past 3 Years in 2016	NCCCP Awardee Activity in 2016?
Pennsylvania	76.9%	No	77.4%	Yes
Rhode Island	80.8%	No	No data	No
South Carolina	77.2%	Yes	79.5%	No
South Dakota	79.1%	No	81.2%	No
Tennessee	80.9%	Yes	79.8%	No
Texas	74.6%	No	75.0%	No
Utah	70.6%	No	75.5%	No
Vermont	78.6%	Yes	No data	Yes
Virginia	81.5%	No	81.6%	No
Washington	76.1%	No	No data	No
West Virginia	76.1%	Yes	79.5%	No
Wisconsin	77.3%	Yes	83.9%	Yes
Wyoming	73.6%	No	73.2%	No

Sources: Behavioral Risk Factor Surveillance System and Chronic Disease Management Information System.

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Table 7. Prevalence of Breast Cancer Screening With Mammogram and Percentage of NCCCP Awardees That Conducted Activities to Meet Screening Objectives in 2012 and 2016, by State

State	Percentage of Women Aged >50 Who Received a Mammogram in the Past 2 Years in 2012	NCCCP Awardee Activity in 2012?	Percentage of Women Aged 50 to 74 Who Received a Mammogram in the Past 2 Years in 2016	NCCCP Awardee Activity in 2016?
Alabama	78.0%	No	78.0%	No
Alaska	73.1%	Yes	67.9%	Yes
Arizona	73.6%	Yes	76.2%	Yes
Arkansas	69.2%	No	73%	Yes
California	81.8%	No	82.4%	Yes
Colorado	71.9%	Yes	73.6%	No
Connecticut	81.5%	Yes	85.8%	Yes
Delaware	82.8%	No	82.3%	Yes
District of Columbia	83.7%	No	83.5%	No
Florida	76.6%	No	81.8%	No
Georgia	81.0%	Yes	79.3%	No
Hawaii	78.0%	Yes	83.7%	Yes
Idaho	68.6%	Yes	64.5%	Yes
Illinois	76.4%	No	78.0%	No
Indiana	69.5%	Yes	72.5%	No
Iowa	78.2%	Yes	77.6%	Yes
Kansas	77.4%	No	75.5%	No
Kentucky	74.6%	No	76.7%	No
Louisiana	76.8%	Yes	78.5%	Yes
Maine	82.1%	No	80.8%	No
Maryland	82.6%	No	81.1%	No
Massachusetts	87.1%	No	86.3%	No
Michigan	79.5%	Yes	79.3%	Yes
Minnesota	81.5%	Yes	82.4%	Yes
Mississippi	71.1%	No	71.7%	No
Missouri	77.0%	No	76.3%	No
Montana	68.9%	Yes	73.9%	Yes
Nebraska	72.9%	No	73.5%	No
Nevada	73.1%	Yes	73.3%	Yes
New Hampshire	82.8%	Yes	82.3%	Yes
New Jersey	77.7%	Yes	80.7%	No
New Mexico	71.5%	No	71.8%	No
New York	79.7%	Yes	79.7%	No
North Carolina	79.4%	No	79.3%	No
North Dakota	77.0%	Yes	75.2%	No
Ohio	77.0%	No	77.1%	No
Oklahoma	69.1%	No	74.4%	No
Oregon	74.5%	Yes	73.7%	No

State	Percentage of Women Aged >50 Who Received a Mammogram in the Past 2 Years in 2012	NCCCP Awardee Activity in 2012?	Percentage of Women Aged 50 to 74 Who Received a Mammogram in the Past 2 Years in 2016	NCCCP Awardee Activity in 2016?
Pennsylvania	77.8%	No	75.6%	No
Rhode Island	83.5%	No	85.5%	No
South Carolina	74.7%	No	76.2%	No
South Dakota	77.1%	No	78.7%	Yes
Tennessee	76.6%	Yes	77.1%	Yes
Texas	72.0%	Yes	73.1%	No
Utah	71.4%	Yes	77.5%	Yes
Vermont	79.5%	Yes	78.6%	Yes
Virginia	79.8%	No	80.4%	No
Washington	75.8%	No	76.2%	No
West Virginia	76.4%	Yes	77.8%	No
Wisconsin	81.6%	Yes	80.3%	Yes
Wyoming	65.4%	No	64.1%	No

Sources: Behavioral Risk Factor Surveillance System and Chronic Disease Management Information System.

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Table 8. Prevalence of Good, Better, or Excellent Health Reported by Cancer Survivors and Percentage of NCCCP Awardees That Conducted Activities to Meet Cancer Survivorship Objectives in 2012 and 2016, by State

State	Percentage of Cancer Survivors Who Reported Good, Better, or Excellent Health in 2012	NCCCP Awardee Activity in 2012?	Percentage of Cancer Survivors Who Reported Good, Better, or Excellent Health in 2016	NCCCP Awardee Activity in 2016?
Alabama	76.1%	No	78.6%	Yes
Alaska	68.9%	Yes	74.9%	Yes
Arizona	82.5%	Yes	82.1%	Yes
Arkansas	77.6%	Yes	75.6%	Yes
California	82.5%	Yes	82.6%	Yes
Colorado	85.6%	Yes	85.8%	Yes
Connecticut	86.4%	Yes	86.3%	Yes
Delaware	84.6%	Yes	84.4%	Yes
District of Columbia	87.4%	Yes	87.9%	Yes
Florida	81.4%	Yes	81.6%	Yes
Georgia	82.8%	No	81.3%	Yes
Hawaii	70.5%	No	72.1%	Yes
Idaho	84.9%	Yes	84.7%	Yes
Illinois	82.9%	No	82.6%	No
Indiana	80.7%	No	82.4%	Yes
Iowa	86.8%	Yes	86.8%	Yes
Kansas	84.5%	Yes	85.2%	Yes
Kentucky	77.3%	Yes	79.0%	Yes
Louisiana	78.3%	Yes	79.0%	Yes
Maine	85.1%	No	84.6%	Yes
Maryland	84.7%	Yes	86.1%	Yes
Massachusetts	87.3%	Yes	86.4%	Yes
Michigan	83.5%	Yes	82.8%	Yes
Minnesota	88.7%	Yes	87.8%	Yes
Mississippi	77.8%	Yes	78.1%	Yes
Missouri	82.3%	Yes	81.8%	Yes
Montana	85.4%	Yes	85.9%	Yes
Nebraska	86.1%	Yes	85.9%	Yes
Nevada	81.6%	Yes	79.7%	Yes
New Hampshire	87.4%	Yes	86.5%	No
New Jersey	84.6%	Yes	83.6%	Yes
New Mexico	79.7%	Yes	79.5%	Yes
New York	83.1%	Yes	83.9%	No
North Carolina	81.3%	No	82.6%	Yes
North Dakota	87.5%	Yes	85.6%	Yes
Ohio	82.6%	No	83.1%	Yes
Oklahoma	81.9%	Yes	80.6%	Yes
Oregon	82.4%	Yes	84.0%	Yes

State	Percentage of Cancer Survivors Who Reported Good, Better, or Excellent Health in 2012	NCCCP Awardee Activity in 2012?	Percentage of Cancer Survivors Who Reported Good, Better, or Excellent Health in 2016	NCCCP Awardee Activity in 2016?
Pennsylvania	84.2%	No	84.6%	Yes
Rhode Island	84.3%	No	85.1%	Yes
South Carolina	82.2%	Yes	81.2%	Yes
South Dakota	87.7%	No	87.8%	Yes
Tennessee	80.2%	No	81.0%	Yes
Texas	80.9%	Yes	81.9%	Yes
Utah	86.4%	Yes	88.0%	Yes
Vermont	88.7%	Yes	87.6%	Yes
Virginia	83.3%	Yes	84.2%	Yes
Washington	84.2%	Yes	86.1%	Yes
West Virginia	77.1%	Yes	75.9%	Yes
Wisconsin	86.8%	Yes	84.7%	Yes
Wyoming	85.6%	Yes	85.0%	Yes

Sources: Behavioral Risk Factor Surveillance System and Chronic Disease Management Information System.

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