Missouri Department of Health and Senior Services

Evaluation Report

DP22-2202

Reporting Period: 7/1/2024 - 6/30/2025

Executive Summary

The Missouri Comprehensive Cancer Control Program (MCCCP) is positioned within the Bureau of Cancer and Chronic Disease Control within the Division of Community and Public Health at the Missouri Department of Health and Senior Services (DHSS). The primary purpose of the MCCCP is to (1) reduce cancer risk, (2) increase quality of life among cancer survivors, (3) decrease cancer incidence, morbidity, and mortality, and (4) reduce cancer disparities. These goals are achieved by collaborating with the Missouri Cancer Consortium (MCC) to strategically plan and implement evidence-based strategies and by collaborating with public health, healthcare, and community-based organizations on localized activities and initiatives. The Missouri Cancer Action Plan (MCAP) is updated every five years and serves as a framework for comprehensive cancer control and prevention work across the state.

The Bureau of Cancer and Chronic Disease Control collaborates with the Office of Epidemiology (within DHSS) for support through data analysis, management of surveillance systems, and program evaluation. The CDC Program Evaluation Framework is utilized to guide high-quality evaluation standards and steps, with the cross-cutting actions serving as foundational principles for each step of the evaluation. Several factors inform the selection of evaluation questions, including stakeholder interests, evaluation team capacity, stage of program development, and evaluation type. Process evaluation is used to determine if activities were implemented as intended, and outcome evaluation assesses program outcomes, impacts, and implications.

During the current cooperative agreement, the MCCCP program has had to continuously re-evaluate the approach and scope of the work based on changes in staffing (program manager and evaluator), capacity, budget, and federal policies. Due to the ever-changing landscape, the rigor of the evaluation and data collection has been somewhat diminished. Significant changes in the program approach and performance measurement will impact the continuous five-year approach to evaluation, but the Evaluator will work with the program to demonstrate progress and impacts through consistent efforts in Year 3 through 5.

Due to staff, funding, and policy-related barriers and contract delays in Year 3, progress toward increasing program partnerships and implementing evidence-based interventions was significantly impacted. Despite this, there was still significant progress made on several initiatives and effective partner collaboration laid the groundwork for future efforts. Program successes in Year 3 include: an effective partnership with a cancer center and nutrition program to provide cancer

survivors with meal kits; partnerships formed with faith leaders to promote Faith, Activity and Nutrition programming; streamlining of the MCC to improve communication and focus efforts; a supplemental document to the MCAP created to focus and align efforts until a formal MCAP rewrite; a 5-module cancer screening and prevention training offered to CHWs; and the foundation laid for a Survivorship ECHO series. The program should continue to work with the Evaluator to collect meaningful data in Years 4 and 5 and address barriers to evaluation, such as survey response rates and data collection practices.

Specific Recommendations:

- Work with Evaluator to increase MCC membership survey uptake and ensure effective use of results toward program planning.
- Reinstitute quarterly MCC updates to ensure timely communication of updated data and evaluation findings.
- Disseminate the Cancer Burden report (once finalized) and identify activities to ensure use of findings toward program planning.
- Work with Evaluator to ensure effective data collection practices with partners in Y4 – for work that was previously delayed but will be moving forward.
- Work with Evaluator to effectively implement and evaluate progress on the updated MCC Stategic Communications Plan.
- CHW trainings: Work with partners and Evaluator to ensure data collection practices and promotional activities are implemented as intended.
- MCAP Supplemental Document: Work with Evaluator and MCC members to create an evaluation plan for tracking progress on high-priority projects identified in the updated document and track member participation. Work with Evaluator to create data collection guides for each partner participating in MCCCP strategies and activities.

Program Background, Description and Purpose

Background

Cancer remains the second leading cause of death in Missouri, with 13,127 deaths of Missouri residents being attributed to cancer in 2023.[1] The cancer death rate saw an overall decrease of 0.9% between 2013 and 2023, but the rate slightly increased between 2022 and 2023, from 211.5 to 211.9 deaths per 100,000 population.[1] Between 2018 and 2022, Missouri consistently exhibited higher mortality rates compared to the national average.[2] The age-adjusted mortality rate for all cancer sites from 2018-2022 was 162.5 per 100,000 (national rate of 146.0).[3] The five leading causes of cancer deaths in Missouri remain as: lung and bronchus, colorectal, breast, pancreatic, and prostate.

According to the American Lung Association *State of Lung Cancer* report from 2024, Missouri ranks 44th (out of 49) in the nation for rate of new lung cancer cases, at 67.7 per 100,000 (national rate is 53.6).[4] Missouri also ranks below average (30th) for 5-year survival rate.[4] Though, the report states that "over the last five years, the survival rate in Missouri improved by 28%".[4] While tobacco use has declined over time, Missouri ranks 45th among states for tobacco use, with a smoking rate of 16.8% (national rate of 12.9%).[4]

Disparities in cancer incidence, mortality, and diagnosis can be seen by race/ethnicity. In the 5-year period from 2017 to 2021, the annual age-adjusted invasive cancer incidence rates for Black Non-Hispanic Missourians remained higher than the rates for White Missourians (except for in 2020 – most likely due to disruptions in screening and diagnosis during the COVID-19 pandemic).[5] The average invasive cancer incidence rate (2017-2021) for Black Non-Hispanic Missourians was about 450 per 100,000 while the average rate for White Missourians during the same time period was about 444 per 100,000 residents. According to data from 2018-2022, the age-adjusted mortality rate for all cancer sites for Black Non-Hispanic Missourians (187.3) is significantly higher than for White Non-Hispanic Missourians (163.0).[3] In addition, Asian or Pacific Islander individuals in Missouri are least likely to be diagnosed early (for lung cancer), according to the American Lung Association.[4]

Health disparities can also be seen by geography. Ninety-nine of Missouri's 115 counties are rural. Of all cancer survivors, ~30% live in rural counties. Missourians with cancer who live in rural areas are more likely to have higher rates of poor self-reported health, physical distress, activity limitation, and smoking.[6] Rural Missourians are 20% more likely to die from cancer,

compared to their urban counterparts.[6] In addition, a majority of Missouri's most food-insecure counties are rural[7] and 107 of Missouri's counties are health professional shortage areas for primary care, according to data from July 2025.[8]

Program Description and Purpose

Comprehensive Cancer Control is a process through which communities and partner organizations pool resources to reduce the burden of cancer. These combined efforts help to:

- reduce cancer risk;
- find cancers early;
- improve treatment; and
- improve the quality of life of cancer survivors.

The Missouri Comprehensive Cancer Control Program (MCCCP) was established in 2003 to achieve cancer prevention control goals, such as eliminating preventable cancers, ensuring all people have timely access to necessary screenings, and supporting cancer survivors to live longer, healthier lives. Supported by the Centers for Disease Control (CDC) National Cancer Prevention and Control Program, the MCCCP works to achieve these goals through a comprehensive, coordinated approach that is centered on providing equitable healthcare and eliminating barriers to care through close partnership with statewide and community-based partners affiliated with the Missouri Cancer Consortium (MCC). Utilizing the resources and expertise of the Consortium contributors, the MCCCP plans and implements evidence-based strategies and recognizes the contributions of individual or environmental barriers to good health and the unique challenges faced by some populations. It is important to note that the Missouri Cancer Action Plan 2021-2025 (MCAP) has served as a framework for Comprehensive Cancer Control in the state of Missouri during the current funding cycle, though updates have been made to better align the MCAP with the funding period and with current data and priorities, until a new 5-year plan can be made. The MCCCP Work Plan describes the areas where leading organizations in Missouri will be combining efforts and pooling resources to achieve program outcomes, paying particular attention to the needs of Black or African American populations, uninsured individuals, and people living in rural areas.

The primary purpose of the MCCCP is to (1) reduce cancer risk, (2) increase quality of life among cancer survivors, (3) decrease cancer incidence, morbidity, and mortality, and (4) reduce cancer disparities. These goals are achieved by

collaborating with the MCC to strategically plan and implement evidence-based strategies and by collaborating with public health, healthcare, and community-based organizations on localized activities and evidence-based interventions aimed at meeting MCAP objectives. Some key activities include: listening to cancer survivors, healthcare providers, and family members; enhancing the Missouri Cancer Registry operations; using surveillance systems to inform strategies across Missouri; communicating effectively with contributors; and measuring program performance to drive quality improvement. **Table 1** outlines MCCCP's specific and measurable objectives, activities, settings, priority populations, and partners for each strategy, in Year 3. **Table 2** outlines evaluation contributors and their roles.

TABLE 1. Y3 MCCCP Strategies, Objectives, and Planned Activities

Strategy 1: Enhance NPCR data use and dissemination (NPCR = National Program of Cancer Registries)
Strategy 2: Use surveillance systems to assess cancer burden and guide plans
Strategy 3: Support partnerships for cancer control and prevention
Strategy 4: Deliver screening and implement evidence-based interventions, or EBIs (**Prevention**, **Early Detection and Screening**, **Survivorship**)
Strategy 5: Conduct program monitoring and evaluation

(References in the table (i.e. S1A1, S1A2, etc.) are used to tie the planned activities to the discussion of evaluation results.)

STRATEGY	OBJECTIVE	ACTIVITIES	PRIORITY POP AND/OR SETTING	PARTNERS
1	By June 30, 2025, the CCCP will have at least 60% of EBIs implemented that utilize NPCR burden data.	Identify technical assistance needs and training opportunities from member feedback (via yearly surveys) to increase the usefulness of NPCR data. (S1A1)	African Americans, Rural Communities, Underinsured/Uninsured Workgroup Meetings	MCR Director, MCC Data Committee
		Inform the Consortium Workgroups through quarterly updates, with surveillance and evaluation data via presentations and listserv in an effort to develop targeted evidence-based interventions. (S1A2)	African Americans, Rural Communities, Underinsured/Uninsured (emphasis on rural) Workgroup Meetings	Senior Cancer Epidemiologist, MCC Executive Team

		Update Missouri Cancer Action Plan using the Burden Report and the County Level Study to reflect priority populations and increase targeted EBIs. (S1A3)	African Americans, Rural Communities, Underinsured/Uninsured (emphasis on rural)	Senior Cancer Epidemiologist, MCC Data Committee
2	By June 30, 2025, the CCCP will review the current data surveillance systems and utilize the results to inform program planning.	The contributing partner will monitor data from the NIS - Teen and Healthcare Effectiveness Data and Info Set to guide activities under strategy 4 and reduce identified barriers. (S2A1)	Rural community, Southeast Missouri, Underinsured/Uninsured Data Committee Meetings	MCR Director, Senior Cancer Epidemiologist
		The contributing partner will monitor data from special studies of the Missouri Cancer Registry, National Health Interview Study and Behavioral Risk Factor Surveillance System to guide activities under strategy 4 and reduce identified barriers. (S2A2)	Rural community, Southeast Missouri, Underinsured/Uninsured Data Committee Meetings	MCR Director, Senior Cancer Epidemiologist
		The contributing partner will monitor data from BRFSS- Survivor Module to guide activities under strategy 4 and reduce identified barriers. (S2A3)	Rural community, Southeast Missouri, Underinsured/Uninsured Data Committee Meetings	MCR Director, Senior Cancer Epidemiologist
STRATEGY	**OBJECTIVE**	**ACTIVITIES**	**PRIORITY POP AND/OR SETTING**	**PARTNERS**
3	By June 30, 2025, CCCP will increase the number of Breast Cancer Survivorship Facilitator learning collaboratives (Project ECHO) from 0 to 1.	In partnership with the University of Illinois Chicago and the MCC the program will host a 14-week (online) breast cancer survivorship facilitator training via the Breast Cancer Survivorship Virtual Learning Collective. The program is designed for non-clinical community-based navigators where they are educated in the unique challenges survivors face as well as present and discuss cases. This program is based on the Project ECHO model. (S3A1)	Cancer survivors Non-clinical, community-based setting	University of Illinois - Chicago

	By June 30, 2025, CCCP will develop a recruitment plan to recruit members/partners/organizations. CCCP will recruit 3 members/ partners/ organizations.	The CCCP will provide ongoing facilitation and technical assistance to coalition members. A survey will be developed and disseminated to all members on a yearly basis to assess their technical assistance needs. Survey results will be collected and analyzed to determine and prioritize technical assistance needs. (S3A2)	MCC Executive Meetings	Leadership Team, Coalition Chairs, Lead Evaluator
		Conduct 2 membership surveys, one to assess current coalition membership/ establish baseline and one to assess progress at closing gaps. CCCP will close membership gaps (increasing the membership to 3 or more) from the baseline to at least 50% (12/24) of gaps and have representatives increase from the baseline to 50% (5/10) key partnership areas identified by the Health Equity Recruitment Gap Survey for a total of 17/34 gaps closed. The baseline is to be determined. (S3A3)	Underrepresented areas of partnership based on survey results (Specifically targeting the following sectors as outlined in the Membership Gaps Analysis: social services, transportation, local businesses, health care systems, education community, faith-based communities, media outlets, policy and philanthropic organizations)	MCC Communications Team, MCC Executive Team
		Establish formal agreements with Coalition membership to ensure commitment to achieve NCCP priorities and outcomes. (S3A4)	Underrepresented Areas of Partnership Based on Survey Results MCC Website	Consortium Executive Committee
		Partner with all MCC workgroups on improving communications and PR for the Missouri Cancer Consortium to ensure Missourians have access to resources through an updated strategic communication plan. (S3A5)	Workgroup Meetings Quarterly Newsletter	MCC Communications Team, MCC Executive Team
		Provide support through education, recruitment and engagement for the implementation of workgroup and related partner initiatives. (S3A6)	Workgroup Meetings	Outside Education Providers as Needed

STRATEGY	OBJECTIVE	ACTIVITIES	PRIORITY POP AND/OR SETTING	PARTNERS
4	By June 30, 2025, the CCCP will increase (from 0 to 20) the number of faith-based organizations (from the Missionary Baptist State Convention of Missouri) that adopt physical activity and nutrition training from the MU Extension Center. Churches will also add or improve physical activity and nutrition policies within their church guidelines.	Program will partner with the MU Extension Center to deliver physical activity and nutrition programming to 20 church leaders. The program will also partner with the DHSS Diabetes program to provide additional chronic disease prevention programming. (S4A1)	Faith communities, African Americans, low SES, rural Missourians	Missionary Baptist Convention of Missouri Leadership, State Diabetes program
	By June 30, 2025, increase from 0 to 8 (Regions 1-3) the number of FQHCs that adopt the "Making Effective HPV Recommendations" as an annual training for their providers.	In partnership with the HPV workgroup the program will utilize the “Making Effective HPV Vaccine Recommendations” program to educate providers on more effectively recommending HPV vaccination to patients’ parents using the “announcement” strategy. (S4A2)	Adolescents Clinical setting	MCC HPV Workgroup
4	By June 30, 2025, increase the number of State Departments	Partner with state agencies on developing a memorandum of understanding that departments will provide at least one on-site	State employees, women ages 40 to 74 (breast cancer screening) and men and	MCC Colorectal Roundtable, MCC Breast Workgroup, Anthem

	that agree to the memorandum of understanding (and write into policy) to provide at least one on-site cancer screening opportunity to employees annually and adopt the toolkit, from 1 to 6.	preventative cancer screening opportunity and educational session for employees annually. Educational sessions can include mass communication resources on cancer prevention topics, webinar series, brochures or handouts provided to employees to educate on the importance of cancer prevention. (S4A3)	women ages 45 to 75 (colorectal cancer screening). Workplace setting	
		Develop and publish a toolkit on hosting on-site cancer screening events that state departments can use to develop their cancer screening opportunities. (S4A4)		
	By June 30, 2025, the CCCP will increase the number of FQHCs that adopt the Cancer Prevention and Screening Guidelines training for CHWs, from 0 to 8.	Develop a 5-module training for Community Health Workers (CHWs) that covers cancer prevention including screening guidelines/ recommendations for breast, cervical, lung and colorectal cancer. (S4A5)	Community Health Workers Clinics (web-based training)	CHW Program Manager
		Garner the support of leadership from FQHCs (Federally Qualified Health Centers) to commit to completing and adopting the training among their CHW staff. (S4A6)	Community Health Workers FQHCs	Missouri Hospital Association
STRATEGY	**OBJECTIVE**	**ACTIVITIES**	**PRIORITY POP AND/OR SETTING**	**PARTNERS**
4	By June 30, 2025, the CCCP will increase the number of cancer centers that partner with local farms to address food insecurity among cancer survivors, from 0 to 2.	Partner with local farms and cancer centers in southeast MO to ensure cancer survivors receive enhanced nutrition assistance. Will identify and partner with farms and cancer centers in the counties with the most need, according to the Missouri Hunger Atlas (2023). Hospital/ cancer center social workers or case managers will identify survivors who need the enhanced service. (S4A7)	Cancer survivors, low SES, rural Missourians. Survivors in the 23 counties identified by the Missouri Hunger Atlas where 15.3 – 19.8% of individuals are food insecure. Community-based organizations, hospitals/ cancer centers	Missouri Cancer Consortium, local farms, St. Francis Hospital System

		Develop a sustainability plan in partnership with the cancer centers so that they can support the program independently beyond the first year. (S4A8)	Cancer centers/hospital systems	
	By June 30, 2025, the CCCP will increase the number of Hospital systems that adopt the NIH Survivorship Care Recommendations from 0 to 5.	The program will assess the number of hospital systems that are aware of the recommendations and to what degree they utilize them – to establish a baseline. (S4A9)	Cancer survivors Clinics/hospital systems	MCC, Midwest Health Initiative
		Host meetings, educational sessions/ webinars via the Midwest Health Initiative to educate hospital system leadership on the importance of the recommendations. This will lead to policy change within the hospital to utilize the recommendations. (S4A10)		
	By June 30, 2025, the program will increase the number of ECHO sessions that focus on survivorship from 0 to 1- Survivorship Supplemental A.	Partner with the MCC executive committee (and relevant workgroups) to implement an ECHO series that focuses on survivorship. (S4A11)	Cancer survivors Professional sector web-based training	MCC Executive Team, ECHO support team, Missouri Hospital Association
		Establish a champion to promote the survivorship series to oncology staff and commit to implementing the concepts learned. (S4A12)	Cancer survivors Clinical, web-based series	MCC Survivorship Workgroup, Missouri Hospital Association
5	By June 30, 2025, share Year 1 and Year 2 Evaluation findings with key stakeholders to inform Year 3 planning that improves interventions for socially and economically marginalized	Create and distribute reports/infographics about evaluation methods, results and lessons learned.	Black/AA populations, rural communities, low SES, uninsured/underinsured Findings shared through presentations/webinars or reports – meetings and listserv, MCC website	Lead Evaluator, Senior Cancer Epidemiologist, Consortium Exec Committee
		Analyze data collected via primary and secondary sources; share results with Consortium and other stakeholders to gather feedback on program successes, challenges, and opportunities for improvement.		Lead Evaluator, Senior Cancer Epidemiologist

	individuals and groups.			

Evaluation Design and Methodology

The NCCCP program tasks all comprehensive cancer programs with coordinating and developing activities that fall within the cancer control focus areas of prevention, early detection, and survivorship. These strategies are evaluated based on the CDC's Comprehensive Cancer Control Branch Program Evaluation Toolkit (CCCBPET), which focuses on the three Ps of evaluation: Partnerships – the quality, contributions, and impacts of your CCC coalition; Plan – the quality and implementation of the jurisdiction specific cancer plan; and Program – the extent to which interventions outlined in your NCCCP work plan are executed and yield intended results. In addition, the evaluation of these strategies are further informed by the program logic model. Due to the loss of a program evaluator and time constraints, the program logic model was not able to be updated prior to Year 3 work. New logic models (representing the 3 Ps) will be included in the Year 4 Evaluation Plan.

Through process evaluation, the reach, intensity, adoption, and fidelity of the interventions will be documented to answer evaluation questions. Through outcome evaluation, the progress toward short-term, intermediate, or long-term outcomes can be assessed. The CDC's Program Evaluation Framework will be utilized to inform the approach to the process and outcome evaluation. Throughout the evaluation process, evaluation findings will be used to make timely adjustments– exploring why interventions may or may not have worked and contributing factors. Combined with qualitative and quantitative performance measures, the evaluation will provide information to assess the overall public health impact of the MCCCP. Evaluating the program's activities in Year 3 will highlight successes and barriers to strategy implementation and identify any early outcomes.

The evaluation has many limitations due to several factors, including but not limited to: staff and administrative changes, changing federal landscape and reduction in force, lack of guidance (due to lack of capacity), barriers to consistent performance measure tracking, etc. This report does not include an Evaluation Data Collection Matrix. The program currently cannot access the Year 2 evaluation report and Year 3 evaluation plan due to technical difficulties (internal server and AMP)

thought efforts were made on the program and CDC side to recover the lost documents. The program was also without an internal evaluator for six months and prior to that, the program management shifted. This led to a complete shift in the approach, strategies, and work plan between Years 2 and 3. Though the Evaluator cannot report on specific Year 3 indicators and major changes occurred in Year 3, the core evaluation questions should remain consistent and the program continues to align priorities with the state cancer control plan. The Evaluation Results section (**Table 3**) thoroughly describes evaluation findings, progress towards objectives, and barriers with meaningful interpretations. In addition, a brief discussion of key successes is provided.

TABLE 2. Table of Evaluation Contributors, Roles, and Engagement

Evaluation Contributors	Contributor Roles	How/When Contributors Were Engaged
CDC	As the funder, CDC ensures the MCCCP is being managed efficiently and effectively and provides technical assistance and guidance as needed.	Phone calls/video calls; emails as needed; written correspondence/reports
Missouri Cancer Consortium	The MCC promotes collaborative, innovative, and effective programs and policies that impact the human and economic burden of cancer on Missourians. MCCCP engages with the MCC during all phases of the evaluation process, to gather feedback and insights, and provide updates and key findings.	Member meetings; emails; participation in workgroups; during all phases of the evaluation and program planning process
DHSS Cancer and Chronic Disease Control and Management Programs DHSS Office of Epidemiology (OOE)	The programs collect and disseminate Missouri-specific data to address the state's most pressing issues regarding cancer awareness education, prevention, screening, early detection, treatment, and help for cancer survivors. OOE staff collaborate to increase and measure the effectiveness, efficiency, sustainability, and impact of interventions and programs through evaluation planning and reporting, data analysis, and data dissemination.	Phone calls; emails; meetings; during all phases to provide feedback and coordinate efforts Phone calls; emails; meetings; during all phases – lead evaluation efforts, provide feedback, manage data collection and utilization
Contractors and Stakeholders	MCCCP collaborates with clinical and non-clinical stakeholders and collects data to measure program progress and effectiveness, inform future work, and ensure that initiatives are reaching the intended populations.	Phone calls; emails; meetings; partner reports; during all phases to ensure effective implementation and data collection

Providers/ Partners (representing target populations) and Public	Local partners interact directly with the public and provide vital services. They provide insights into local barriers and priorities which inform cancer action plans. The public provides vital information through surveys and public forums (such as community listening sessions). The MCC includes influential leaders and members of the public.	Kept informed through social media, fact sheets, press releases, public websites, presentations; Provide feedback through surveys, focus groups, interviews, listening sessions

Evaluation Results

Discussion of Key Findings and Barriers

TABLE 3. Evaluation Results by Strategy

(Letter/number references make connections to program activities in Table 1; S=Strategy, A=Activity)

Strategy 1: Enhance NPCR data use and dissemination	
Objectives	**Progress in Year 3**
By June 30, 2025, the CCCP will have at least 60% of EBIs implemented that utilize NPCR burden data.	S1A1: During the process of restructuring the MCC (see the *Discussion of Key Successes* section for more information), the program faced difficulties keeping an engaged membership and the survey response rate was very low. Because of this, the program did not have significant feedback to be able to identify technical assistance needs and training opportunities. The Evaluator will work with the program to increase survey uptake and ensure valid and effective use of survey results. S1A2: Updates were regularly provided to the MCC through monthly one-page updates from the Missouri Cancer Registry and a biennial report – keeping members aware of current data trends and efforts to inform activities. The program planned to send quarterly newsletters (as before) but these were disrupted by MCC restructuring. The program will work to reinstitute these updates on a quarterly schedule in year 4.

	On April 10th, the Senior Epidemiologist/DHSS Coordinator for the Missouri Cancer Registry attended the all-member MCC meeting to share the most recent (NPCR) data available around cancer incidence and mortality by site. S1A3: DHSS and partners have been diligently working on an updated Cancer Burden report for the state of Missouri, serving as a comprehensive analysis of cancer in Missouri as well as a strategic plan to address the burden of cancer over a five-year period. Other time-sensitive priorities have led to delays in the report being finalized and published. Fortunately, the MCCCP was able to utilize updated data and findings, provided by the Missouri Cancer Registry and Missouri DHSS surveillance systems and vital records, to inform the priorities identified in the supplemental update document for the Missouri Cancer Action Plan (see the *Discussion of Key Successes* section for more information). Due to significant staff, funding, and policy-related barriers in Year 3, the program did not meet the objective to implement at least 60% of EBIs (using NPCR data). Two EBIs (out of 7 EBIs from the work plan) were implemented as intended. Despite this, there was still significant progress made on several initiatives and effective partner collaboration has laid the groundwork for future efforts. When barriers arose, the program effectively shifted focus as needed to ensure that progress could still be made whenever possible. The program will continue to drive interventions to increase screening rates for adults, increase vaccination rates for youth, improve health behaviors and access to resources, and improve survivorship care practices.
Strategy 2: Use surveillance systems to assess cancer burden and guide plans	
Objectives	**Progress in Year 3**
By June 30, 2025, the CCCP will review the current data surveillance systems and utilize the results to inform program planning.	S2A1-S2A3: As described above, the Missouri Cancer Burden report has been, and will continue to be, used to inform program priorities and activities and implementation of evidence-based interventions. The previous Cancer Burden report (2016-2020) was utilized in planning for Year 3. Using findings and data from the burden report, the program identified the key barriers to address and this informed the development of the work plan and activities under strategy 4. In addition, an environmental scan was performed in the beginning of the NOFO period that has informed MCCCP partnerships, strategies, and activities. Data from the Missouri Cancer Registry and Research Center and other surveillance systems (such as BRFSS, YRBS, NHIS, NIS-teen, etc.) are used to highlight gaps and disparities for certain

	populations that tend to experience poorer health outcomes, such as Black/African American, rural, low socioeconomic status, and uninsured/underinsured populations. The program developed the work plan to target interventions to priority populations and cultivate partnerships to increase reach to these populations. The Missouri Cancer Registry is operated by the University of Missouri. The Missouri Cancer Registry and Research Center receives financial support from The National Program of Cancer Registries (NPCR) of the CDC and the Missouri Department of Health and Senior Services (DHSS); MCR also receives in-kind support from Hospitals and other reporting facilities and from the University of Missouri-Columbia).
Strategy 3: Support partnerships for cancer control and prevention	
Objectives	**Progress in Year 3**
By June 30, 2025, CCCP will increase the number of Breast Cancer Survivorship Facilitator learning collaboratives (Project ECHO) from 0 to 1. By June 30, 2025, CCCP will develop a recruitment plan to recruit members/ partners/organizations. CCCP will recruit 3 members/ partners/organizations.	S3A1: The breast cancer survivorship facilitator project was not implemented as intended in Year 3. This project was impacted by the reduction in force and caused the applicable staff to be greatly reduced. As such, the partners did not have the capacity to complete the work as planned and the project ended abruptly before progress could be made. The program will move forward with this work in Year 4. S3A2, S3A3: As described under Strategy 1, changes to the MCC structure disrupted partner engagement and led to a very low survey response rate. This presents a significant barrier to assessing technical assistance needs and informing actions. Due to the very low response rate on the initial membership survey, the program decided not to initiate the health equity recruitment gap survey in Year 3, in order to reduce survey burnout. Results from the original health equity recruitment gap survey were utilized to identify gaps and inform strategic planning for recruitment and communication. To bolster recruitment efforts, the program created a membership recruitment video series to highlight the purpose and functions of the MCC and outline what they were looking for. Other recruitment methods in Year 3 included promoting the group through word of mouth in partner networks and through networking at conferences. The program exceeded the Y3 goal and brought on 8 new coalition members representing various organizations/expertise areas. S3A4 - S3A6: In Year 3, the MCCCP Coalition Coordinator collaborated with the MCC Communications Team to update the MCC Strategic Communications Plan (update effective June 26, 2025), which acts as a strategic communication planning roadmap for 2025-2026. This

	plan identifies barriers and gaps and actions to address them, including: MCC diversity and representation, MCC retention and recruitment, public communication and trust, stakeholder engagement, and utilization of the State Cancer Plan. The program intends to encourage MCC engagement and commitment to program priorities through developing recruitment and retention strategies, creating a new member packet, targeting social media outreach, including questions on member expectations in surveys, and recognizing contributions. The program plans to regularly update the MCC website and implement various activities to increase public awareness of the MCC and MCAP. The program plans to strengthen partnerships with local health departments and partner with cancer organizations and academic institutions to improve outreach and tailor education initiatives. The program will work to ensure the MCC memberships reflects the diversity of Missouri's population and will work to form new cancer coalitions in underrepresented counties. The program will also utilize tools to track progress towards goals in the MCAP. The program provides ongoing support and information sharing for the MCC through member meetings. At the all-member meeting in April, the Senior Epidemiologist/MCR Coordinator provided critical, timely information around the current state of cancer trends and burdens for Missourians and introduced the department's new public data tool – the MO Health Data Platform.[9]
Strategy 4: Deliver screening and implement EBIs	
Objectives	**Progress in Year 3**
-By June 30, 2025, the CCCP will increase (from 0 to 20) the number of faith-based organizations (from the Missionary Baptist State Convention of Missouri) that adopt physical activity and nutrition training from the MU Extension Center. Churches will also add or improve physical activity and nutrition policies within their church guidelines.	S4A1: The program aimed to assist faith-based communities in adopting the physical activity and nutrition training from the University of Missouri Extension Center. The University experienced many staffing-related issues and the program was not able to execute a contract with them. The program was able to pivot and partner with a health educator to work to develop a training and promote it amongst their regional church coalition (Springfield). The program provided the educator with resources from San Jose State University (Creating Healthful Food Environments Through Policy Change: A Toolkit for Faith-Based Organizations) to develop their training. This helps to lay the groundwork for future efforts despite barriers in Year 3. The program is partnering with 2 FAN champions, who completed the training in Y2 and were previously supported by the program, to lead participants in Y4.

-By June 30, 2025, increase from 0 to 8 (Regions 1-3) the number of FQHCs that adopt the "Making Effective HPV Recommendations" as an annual training for their providers. -By June 30, 2025, increase the number of State Departments that agree to the memorandum of understanding (and write into policy) to provide at least one on-site cancer screening opportunity to employees annually and adopt the toolkit, from 1 to 6. -By June 30, 2025, the CCCP will increase the number of FQHCs that adopt the Cancer Prevention and Screening Guidelines training for CHWs, from 0 to 8.	S4A2: In Year 3 there were significant barriers to getting health centers to adopt the HPV Vaccination Recommendations training for their providers. Namely, it was difficult to obtain buy-in due to the policy and priority changes on the federal level and uncertainty around future policies and implications. In addition, DHSS does not have the ability to enforce new requirements for health systems and change policies around provider training or accreditation requirements. The program does have a partner that can champion these efforts within the Mercy Health system in Kansas City and will continue to identify and work with champions to promote the training every year (or on a timeline that makes sense for providers). The program will continue to strongly endorse and recommend the training. S4A3, S4A4: The program has obtained verbal agreements from three state agencies (DHSS, Department of Corrections, Department of Mental Health) to provide at least one on-site cancer screening opportunity to employees annually and adopt the toolkit. The program partnered with the DHSS Office of Public Information (OPI) to create the toolkit, but OPI was not able to complete the toolkit, and this hindered the program's ability to obtain formal agreements and provide guidance to agencies. In addition, due to changes in partnerships with the state's health insurance provider, the MamVan (integral piece to providing onsite screenings) was no longer supported under state insurance for a period of time. Moving forward in Years 4 and 5, per CDC guidance, the program will not be directly involved in conducting onsite campaigns and will not track screening data but will track the number of state agencies that agree to the MOU and provide TA support as needed. S4A5, S4A6: The Cancer Prevention and Screening Guidelines training for CHWs was created by DHSS and intended as a continuing education opportunity for CHWs in Missouri. Several modules were created to cover cancer screening and prevention, colorectal cancer, lung cancer, breast cancer, and cervical cancer. The training was disseminated and advertised by the Missouri Primary Care Association. Employment information was not added to the survey until after the trainings were live, leading to gaps in analyzing if and where CHWs were employed. The training was also distributed widely to any current or prospective CHWs, rather than specifically promoted to CHWs that are already employed by FQHCs. The program will address these barriers in Year 4. Data for Y3 – 31 unique individuals completed at least 1 module 27 CHWs completed Module 1 (Cancer Screening and Prevention)

	(1 other completed Module 1 in March 2024) Module 2 = Colorectal Cancer - 22 completed Part 1 (1 other completed in March 2024) - 18 completed Part 2 Module 3 = Lung Cancer - 18 completed Part 1 - 17 completed Part 2 Module 4 = Breast Cancer - 19 completed Part 1 (1 other completed in May 2024) - 19 completed Part 2 Module 5 = Cervical Cancer - 18 completed Part 1 - 17 completed Part 2
-By June 30, 2025, the CCCP will increase the number of cancer centers that partner with local farms to address food insecurity among cancer survivors, from 0 to 2. -By June 30, 2025, the CCCP will increase the number of Hospital systems that adopt the NIH Survivorship Care Recommendations from 0 to 5. -By June 30, 2025, the program will increase the number of ECHO sessions that focus on survivorship from 0 to 1.	S4A7, S4A8: The program successfully partnered with one cancer center (in the St. Louis region) and a community-based organization to deliver meals to 349 cancer survivors. (see *Discussion of Key Successes* section below). The Evaluator will do further analyses of the data (once more data is collected) in Year 4 to illustrate adoption, reach, and impact. Key barriers impact the program's ability to partner with new cancer centers for this work. To partner with a new cancer center, there needs to be a previously established food distributor, so the program can support one of the following: 1. Operational costs (like delivery or staff time), 2. A patient navigator/case worker to identify patients who need the service, or 3. A nutritionist to develop the medically tailored meals. While these qualifications pose significant barriers, the program is identifying and partnering with local partners already implementing this work to discuss replication and sustainability for other priority regions. S4A9, S4A10: The initiative to increase adoption of the NIH Survivorship Care Recommendations was not implemented as intended due to staffing issues and lack of capacity (for the partners to implement). Seeing as these recommendations are no longer a requirement for hospitals to follow, it is more difficult to gain buy-in. The program may be shifting the approach in Year 4 based on needs and capacity.

	(The following Objective is included in the Work Plan but will be re-evaluated/re-worded in the next grant cycle.) - By June 2027, the CCCP will increase the percentage of cancer survivors who receive information or a written survivor care plan from 79.3 to 82 (BRFSS, 2020). The above metric represents the following: Of cancer survivors that received instructions from a doctor, nurse, or other health professional about where they should return or who they should see for routine cancer check-ups after completing treatment (denominator), 79.3% responded that the instructions were written down or printed. In order to capture all cancer survivors who receive information OR a written care plan, a better metric would include all respondents that responded 'yes' - they received a written summary of their treatments OR received return instructions (whether written, printed, or other) as the numerator. The denominator would include all those that responded 'no' to either of the same prompts. Using that metric - Of all respondents (cancer survivors) that had completed their treatment, 78.1% received information (written summary or some kind of return instructions) or a written survivor care plan in 2020. According to 2024 Missouri BRFSS data, this value was 77.8%. S4A11: The program was not able to host any ECHO sessions before the end of the fiscal year. Though the Missouri Telehealth Network (MTN) delayed the first session, the program was able to support the operational costs and curriculum planning in Year 3, which helps to prevent further delays. The new scheduled start date is September 12th. The program plans to host sessions every second and fourth Friday of each month. MTN will collect data throughout the year and the program will work with the Evaluator to analyze the data and use findings to inform future efforts. S4A12: The program originally planned to partner with the Missouri Hospital Association (MHA) to establish champions for this work to promote the ECHO series to oncology staff. The program was not able to connect with MHA in Year 3 but will continue to reach out. One of the Hub team members that helped to create the curriculum is associated with CoxHealth in Springfield, and has already acted as a champion and promoted the series, along with promotion by MTN.

Discussion of Key Successes

Food Security for Cancer Survivors (see Success Story submission from July 2025, in AMP)

In an effort to address food insecurity and access to healthy foods for cancer survivors in Missouri, the program partnered with Food Outreach - a "Food as Medicine" program that provides meals (through home delivery if needed) to patients actively receiving treatment for cancer (that meet income guidelines). Target populations were identified utilizing data from the Missouri Hunger Atlas, and one of the key areas identified was the St. Louis (STL) region. The program was able to partner with Food Outreach as well as Siteman Cancer Center (serving the STL region) to provide nutrition resources for cancer survivors in April, May, and June 2025. The original goal was to partner with 2 cancer centers, but various barriers (discussed above) made it difficult for the program to partner with another cancer center in Year 3. Data were collected on patients that received meals, including: sex, race/ethnicity, city, ZIP code, county, and type(s) of cancer. Overall the initiative was successful and the partnership was able to connect 349 patients to food resources in a 3-month timeline, despite a devastating tornado in the STL area in May and administrative changes that made it difficult to gain partner buy-in. The program attempted to expand the service area and were able to get more patients, but this was not feasible long-term (due to driving distance constraints of the delivery vehicles). Most patients were located in STL City or STL County but the initiative reached patients across 8 counties in 3 months. Current and future efforts include developing a sustainability plan and expanding the work into the Southeast region of Missouri, where counties with the highest food insecurity burden are clustered.

Restructuring of the Missouri Cancer Consortium and Updates to the Missouri Cancer Action Plan

In order to more efficiently use resources and partner more effectively, the MCCCP Program Manager and Coalition Coordinator streamlined the MCC into 3 main workgroups or committees (prevention, screening, and survivorship) each with executive chairs. This streamlining allows for better alignment with program priorities and helps to focus partner efforts.

In an effort to provide a supplemental update to the Missouri Cancer Action Plan (MCAP), focus groups were held in order to identify priorities. New priorities were then compared to the priorities from the 2021-2025 MCAP and the committees identified 3-4 high priority projects per focus area. The high priority projects were selected based on implementation feasibility, coalition-building needs, and probability of near-term success. It is important to note that this update is not a complete rewrite, but a supplemental document highlighting the priority projects for the MCC to focus on until a formal rewrite is initiated in late 2026. The MCC was informed that the document was complete on June 29th, though the document was not officially distributed until July 14th (after final design edits). The document can be viewed in the **Appendix**.

Streamlining the MCC and updating the MCAP helps to clarify MCC roles and improve partner engagement and ensures alignment of the MCAP with the MCCCP work plan. This will allow the program to better illustrate program outcomes, impacts, and progress toward statewide goals and priorities.

Conclusions (overcoming barriers), Recommendations, Lessons Learned

Some environmental barriers are persistent and present challenges to long-term, sustainable change. For instance, DHSS does not have the ability to enforce new policies or regulations when it comes to implementing new recommendations and practices for health systems and health centers. DHSS can also not directly modify licensing or educational requirements for healthcare providers. In addition, the public health and healthcare systems in Missouri are decentralized. This impacts the ability of the state health department to implement standardized changes on a large scale. While this poses significant barriers to some of the work supported under the NOFO, DHSS continues to work with local partners to create sustainable partnerships and relationships that drive meaningful change and foster relationships with policymakers and state associations with strong influence throughout the state.

During the current cooperative agreement, the MCCCP program has had to continuously re-evaluate the approach and scope of the work based on changes in staffing (program manager and evaluator), capacity, budget, and federal policies. Due to the ever-changing landscape, the rigor of the evaluation and data collection has been somewhat diminished. Significant changes in the program approach and performance measurement will impact the continuous five-year approach to evaluation, but the Evaluator will work with the program to demonstrate progress and impacts through consistent efforts in Year 3 through 5.

Despite staff, funding, and policy-related barriers and contract delays in Year 3, there was still significant progress made on several initiatives and effective partner collaboration has laid the groundwork for future efforts. When barriers arose, the program effectively shifted focus as needed to ensure that progress could still be made whenever possible. In Year 3, the program learned the importance of simplicity and relying on strong community partnerships. For instance, the Food Security Project was relatively successful with a quick turnaround time because the program researched and found community partners that were already doing the work and supplemented their efforts. This saved a lot of time and frustration and

removed the need for experimentation. Similarly, when the Faith, Activity and Nutrition Project partnership fell through, the program was able to pivot and find a community partner that works in the Faith-Based Health space to fill in the gap. Further, the partners' familiarity with their respective communities was advantageous in gaining community buy-in.

The program will continue to drive interventions to increase screening rates for adults, increase vaccination rates for youth, improve health behaviors and access to resources, and improve survivorship care practices. The program should continue to work with the Evaluator to collect meaningful data in Years 4 and 5 and address barriers to evaluation, such as survey response rate and data collection practices.

Specific Recommendations:

- Work with Evaluator to increase MCC membership survey uptake and ensure effective use of results toward program planning.
- Reinstitute quarterly MCC updates to ensure timely communication of updated data and evaluation findings.
- Disseminate the Cancer Burden report (once finalized) and identify activities to ensure use of findings toward program planning.
- Work with Evaluator to ensure effective data collection practices with partners in Y4 – for work that was previously delayed but will be moving forward.
- Work with Evaluator to effectively implement and evaluate progress on the updated MCC Stategic Communications Plan.
- CHW trainings: Work with partners and Evaluator to ensure data collection practices and promotional activities are implemented as intended.
- MCAP Supplemental Document: Work with Evaluator and MCC members to create an evaluation plan for tracking progress on high-priority projects identified in the updated document and track member participation. Work with Evaluator to create data collection guides for each partner participating in MCCCP strategies and activities.

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Appendix

2026 High Priority Project Guide

A Supplement to the Missouri Cancer Action Plan

Introduction

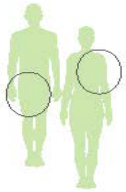
The Missouri Cancer Action Plan 2021-2025 was created to inform cancer control and prevention work across the state. It reflects strategies to reduce the human and economic burden of cancer on Missourians through the promotion of collaborative, innovative, effective programs and policies.

MISSOURI CANCER ACTION PLAN 2021-2025

Developed in consultation with Missouri Cancer Consortium, the *2026 High Priority Project Guide* describes topic areas targeted for investment by the Missouri Comprehensive Cancer Control Program, August 2025 through December 2026. The Missouri Comprehensive Cancer Control Program will be requesting proposals for community-based and partner-led projects that reduce disparities in cancer screening, prevention, and survival. Disparities include geographic, racial/ethnic group, insurance coverage status, disability, sex, and others.

The Executive Committee of the Missouri Cancer Consortium and management of the Missouri Comprehensive Cancer Control Program (Missouri Department of Health and Senior Services) acknowledge some important objectives of the Missouri Cancer Action Plan 2021-2025 are not represented in this guide. They remain critical to the health and well-being of Missourians and are addressed by established activities and strategies of Missouri Cancer Consortium partners. The topic areas were selected based on implementation feasibility, coalition-building needs, and probability of near-term success.

Screening



Goal: Ensure all Missourians, especially individuals at higher risk due to social determinants, have access to high-quality screening, genetic counseling, and clinical services for early detection and diagnosis of cancer.

Background. Each type of cancer has recommendations for when to start screening and how often, and these recommendations may differ between professional organizations. Some individuals at higher risk may require earlier and more frequent screening, and should therefore discuss screening recommendations with their healthcare provider. High priority projects align with recommendations by the US Preventive Services Task Force (USPSTF) and serve communities at highest risk of cancer-related morbidity and mortality.

July 14, 2025

High Priority Projects:

1. *Lung cancer screening completion.* Lung cancer is the second most common cancer, but is the leading cause of cancer mortality in the U.S., with a relative five-year survival rate of just 21%. The Missouri Comprehensive Cancer Control Program is interested in community- and clinic-based strategies that increase the number of adults ages 55-80 with a history of smoking who receive a low-dose computed tomography scan. Successful strategies increase the proportion of lung cancer cases identified at early stages and lift the five-year survival rate.

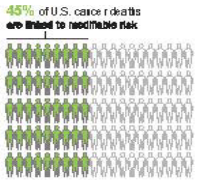
2. *Community outreach for colorectal cancer screening options.* In response to low rates of colorectal screening and high mortality rates, the Missouri Comprehensive Cancer Control Program seeks to support outreach and education strategies that increase the number of adults ages 45 to 75 who have been screened during the past 10 years. While the colonoscopy is the gold standard screening for colon cancer, the Missouri Comprehensive Cancer Control Program encourages the use of effective-and-less-invasive alternatives, including lab specimen testing. Missouri needs strategies that identify eligible screening cases in high risk communities and assure screening task completion (e.g., appointment scheduling, appointment show rate, sample collection).

3. *Retail and community-based access points.* As part of a broad, multi-layered effort to increase access to cancer screening, the Missouri Comprehensive Cancer Control Program supports the establishment of direct access and/or trackable referrals to screening for all types of cancer. Retail and community-based access points include stores/groceries, pharmacies, recreation centers, worksites and other non-clinical sites. Successful strategies increase the number of people who complete an evidence-based cancer screening appropriate for their demographic profile.

4. *Genetic risk assessment.* Genetic testing for cancer helps with early diagnosis and preventive care for individuals and relatives. The Missouri Comprehensive Cancer Control Program seeks to establish or expand strategies that (a) use telehealth to provide counseling and testing access, (b) reduce stigma or fear by addressing misinformation about genetic testing outcomes (e.g., insurance discrimination, psychological impact), (c) offer access to testing via community-based sites, and (d) embed genetic screening in standard primary care workflows. The Missouri Comprehensive Cancer Control Program prefers genetic testing interventions that target cancers where risk assessment impacts diagnostic or treatment outcomes.

Prevention

Goal: Reduce all Missourians' risk of cancers associated with health behaviors and environmental carcinogens.



Background: It is estimated that 42% of cancer cases and 45% of cancer deaths in the United States are linked to modifiable risk factors and are, therefore, preventable. These lifestyle risk factors include tobacco use, poor diet, alcohol, excess body weight, cancer-associated infections, UV radiation, and lack of exercise. Given tobacco is the leading cause of cancer, the Missouri Comprehensive Cancer Control Program encourages all efforts – local and statewide – that reduce initiation and increase cessation of tobacco products. The high priority projects described below pursue strategies beyond tobacco prevention and control, which has been a focus of many government and non-profit agencies.

High Priority Projects:

5. *Community-based nutrition education and organizational role-modeling.* The Missouri Comprehensive Cancer Control Program seeks to increase the number of community-based or faith-based organizations that participate in nutrition training offered by the University of Missouri Extension Center. This strategy also includes shifting their policies and/or practices to increase healthy food availability and choices at hosted events/activities. Trusted, local organizations that gather people offer a special opportunity to promote fruits, vegetables, and nutritious recipes that set a strong foundation for cancer prevention, including weight loss. Successful projects in this area build capacity for these organizations to lead an array of other prevention activities in collaboration with the Missouri Comprehensive Cancer Control Program.

6. *Radon gas exposure.* Radon is a radioactive gas that can cause lung cancer. The colorless, odorless, and tasteless gas often enters homes through cracks in the foundation or other openings. The reduction of exposure to radon gas is a clearly stated objective in the Missouri Cancer Action Plan. In pursuit of this objective, the Missouri Comprehensive Cancer Control Program supports projects that increase use of environmental testing kits for homes, schools or public buildings. Projects in this area improve the distribution of free kits, increase the workforce capacity of licensed radon testing professionals, and/or change landlord policies.

7. *Healthcare provider training for effective prevention counseling.* The Missouri Comprehensive Cancer Control Program seeks to train healthcare providers with counseling methods that support patients with healthy lifestyle behaviors (e.g., nutrition, physical activity) and inform decision-making about cancer-preventing vaccines. Providers who give clear, confident endorsements of effective cancer prevention strategies influence patient behaviors and outcomes. Successful strategies in this area expand Missouri's number of healthcare providers who employ evidence-based prevention counseling methods in clinical and/or community-based settings.

July 14, 2025

Survivorship

Goal: Improve the quality of life for cancer survivors across physical, emotional, social and vocational domains

Background: Due to advances in the early detection and treatment of cancer, people are living many years after a diagnosis. However, disparities in healthcare access impact survival. Low-income people who have inadequate or no health insurance coverage are more likely to be diagnosed with cancer at a later stage, often reducing survival time. For the over 500,000 adult cancer survivors living in Missouri, access to resources and supports that address physical, emotional, social, spiritual and financial challenges due to a cancer diagnosis and treatment is critical to long-term recovery and quality of life.

High Priority Projects:

8. *Reduce food insecurity.* Cancer survivors experiencing food insecurity may face greater challenges in recovery, as limited access to nutritious food can compromise immune function, energy levels, and overall health outcomes. The Missouri Comprehensive Cancer Control Program seeks to increase the number of cancer centers and community-based organizations that address food insecurity among cancer survivors.

9. *Inform decisions about survivorship resources offered by employers and payers.* Approximately one-third of cancer survivors in the United States are of working age. Studies show varying return-to-work rates after cancer treatment, with some indicating about 62% have returned to work or continued working within 12 months of diagnosis. Acknowledging the influential role of employer-sponsored health plans, the Missouri Comprehensive Cancer Control Program seeks to invest in activities that change insurance coverage, wellness benefit programs, and employer policies and/or resources in ways that improve survivor quality of life.

10. *Expand access to mental and behavioral support services for all ages.* Cancer survivors often experience a wide range of mental health needs, which can be just as critical as their physical recovery. Working through a network of partners, the Missouri Comprehensive Cancer Control Program seeks to expand options for adult and child survivors to access psychosocial support services, such as counseling, therapy programs, peer support groups, mindfulness activities and more. Such services provide a safe and understanding space to share experiences, reduce feelings of isolation, promote emotional healing, and lift self-esteem. Support service access is especially needed for communities with a high cancer burden, including the un-/underinsured, Black/African Americans, and rural areas.

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