

**ABILITY** REPLICABLE  
**SYSTEMATIC REVIEWS**  
 CANCER  
**TASK FORCE**  
 PREVENTION

MOBILIZING

TASK FORCE  
**HEALTH ABILITY**  
**MOBILIZING ABILITY**

**PRIORITIZE**  
**RIGOR** HEALTH  
**ABILITY** TASK FORCE  
 EVIDENCE-BASED  
 PROMOTING HEALTH

REPLICABLE  
**PRIORITIZE**  
**ABILITY**

## Guiding Community Health Outcomes through Evidence

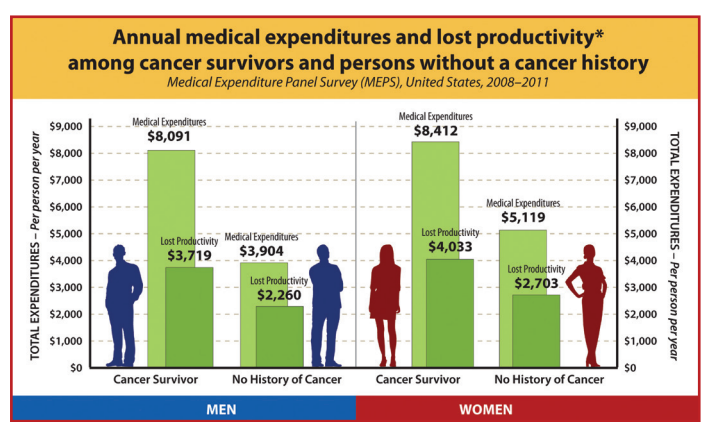
Summary of the Community Preventive Services Task Force's (Task Force) Annual Report to Congress, with Special Update on Recommendations to Prevent Cancers

In this 2014–2015 Annual Report to Congress, the Task Force helps to build the evidence base for public health programs, policies, and services. This report includes past accomplishments and lays out future priorities and plans. The Task Force features its work in strengthening our nation's ability to prevent cancers—all-too-common illnesses that place a great burden on individuals, their families, place of work, communities, and our healthcare system. The report also includes areas where more research and programs are needed to prevent and reduce cancers.

### What We Know About Cancer Prevention and Control

According to Centers for Disease Control and Prevention, cancer is the leading cause of death among people less than 80 years, and second leading cause of death overall in the United States, responsible for an average of 1,575 deaths each day<sup>1-3</sup>.

The cost of cancers extends beyond the number of lives lost and new cases each year. The economic burden of cancers, including medical expenditures and productivity losses, is particularly significant because half of the estimated 13.4 million cancer survivors or about 7 million people are of working age<sup>4</sup>. In 2010, the cost of medical care for cancers was an estimated \$124.6 billion in the United States, as reported by the National Cancer Institute<sup>5</sup>.



SOURCE: *Morbidity and Mortality Weekly Report*, June 13, 2014  
 Medical Expenditures: Source of payment (i.e., private health insurance, Medicare, Medicaid, etc.) and Service type (i.e., ambulatory care, inpatient care, prescription medications)  
 \*Lost Productivity: Source of productivity loss (i.e., employment disability, missed work days, lost household productivity)

### What Can We Do?

Cancer risk can be reduced by avoiding tobacco, limiting alcohol use, limiting excessive exposure to ultraviolet rays from the sun and tanning beds, eating a diet rich in fruits and vegetables, maintaining a healthy weight, being physically active, reducing exposure to cancer-causing agents and unnecessary medical radiation, and receiving appropriate preventive services as part of medical care. More than 100 different types of cancer affect men and women of all backgrounds, races, and ethnicities, but not equally. Cancer survivors, as well as their family members, friends, and caregivers, may face physical, emotional, social, and spiritual challenges as a result of their cancer diagnosis and treatment.

The Task Force has identified effective approaches that 1) promote appropriate screening services and follow up, 2) reduce factors known to increase cancer risk (risk factors), and 3) reduce the health and economic burden of some cancers. These approaches include community-based, provider-oriented, and health system practices. Task Force recommendations about these effective approaches can be found in *The Guide to Community Preventive Services (Community Guide)* ([www.thecommunityguide.org](http://www.thecommunityguide.org))—the compilation of all Task Force findings and the systematic reviews on which they are based.

The Community Guide includes Task Force findings specific to cancer in the following areas:

### Increasing Breast, Cervical, and Colorectal Cancer Screening

- Client-Oriented Interventions (e.g., group education, reducing out-of-pocket costs)
- Provider-Oriented Interventions (e.g., reminders, incentives)

### Preventing Skin Cancer

- Education and Policy Approaches (e.g., primary schools, worksites)
- Interventions Targeting Children's Parents and Caregivers
- Community-Wide Interventions (e.g., mass media campaigns, community-wide programs)

### Promoting Informed Decision Making for Cancer Screening

- Interventions That Help Clients Make Informed Decisions About Cancer Screening

The Community Guide also includes Task Force findings for addressing a range of cancer-related risk factors (See Appendixes H-1 and H-2 in the full report).

## Addressing Evidence Gaps And Needs To Prevent And Reduce Cancers

Action is needed to address the critical evidence gaps and needs—areas where evidence is lacking. Sometimes there is not enough evidence to determine whether an

intervention (a program, service, or policy) is effective. Even when enough evidence exists for the Task Force to make a recommendation, additional information could help communities, health systems, and other users determine if the intervention will meet their particular needs. When addressing evidence gaps for Community Guide cancer reviews; the following questions should be considered to fill in the gaps and address the public health needs:

- Does the intervention work at all?
- Will the intervention work in all settings and for all groups?
- How is the intervention implemented?
- How much will it cost to implement the intervention?
- Will the intervention provide adequate return on investment?
- How should users structure or deliver the intervention to ensure maximum effectiveness?
- How does the intervention impact different outcomes?

Filling the evidence gaps and needs [itemized in detail in the full report] can make a significant positive impact on the health of the nation; contribute to decreasing health disparities and reducing healthcare costs.

### References

- <sup>1</sup>Yoon PW, Bastian B, Anderson RN, Collins JL, Jaffe HW. Potentially preventable deaths from the five leading causes of death – United States, 2008-2010. *MMWR*, May 2, 2014/63(17):369-374 (see Table 1, Total row).
- <sup>2</sup>Hoyert DL, Xu JQ. Deaths: preliminary data for 2011. *Natl Vital Stat Rep* 2012;61(6).
- <sup>3</sup>Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National vital statistics reports; vol 61 no 4. Hyattsville, MD: National Center for Health Statistics. 2013.
- <sup>4</sup>Ekwueme DU, Yabroff KR, Guy GP, et al. Medical costs and productivity losses of cancer survivors – United States, 2008-2011. *MMWR*, June 13, 2014/63(23):505-510.
- <sup>5</sup>*Cancer Trends Progress Report – 2011/2012 Update*, National Cancer Institute, NIH, DHHS, Bethesda, MD, August 2012, <http://progressreport.cancer.gov>. (accessed December 17, 2014).

### About the Community Preventive Services Task Force

The U.S. Department of Health and Human Services established the Community Preventive Services Task Force (Task Force) in 1996 to support the efforts of a wide range of U.S. decision makers by identifying programs, services, and policies that can be carried out in communities, states and healthcare settings to help save American lives and dollars, increase longevity, and improve quality of life.

The Task Force is an independent, nonpartisan, nonfederal, unpaid 15-member panel of public health and prevention experts appointed by the Director of the Centers for Disease Control and Prevention (CDC). Its members represent a broad range of local, state, and national research, practice, and policy expertise in community preventive services, public health, health promotion, and disease prevention. Learn more at [www.thecommunityguide.org](http://www.thecommunityguide.org).

African-American women in South Carolina are

**40%** more likely

to die of **breast cancer** and are

**3x** more likely

to die of **cervical cancer** than white women.



### **SOUTH CAROLINA - Cancer Screening Black Corals: A Gem of a Cancer Screening Program in South Carolina**

In rural South Carolina, many African-American women have limited access to cancer screenings. Additionally, diagnoses of breast and cervical cancers for this population occur at later stages than for Caucasian women. To address this disparity, the St. James-Santee Family Health Center developed the Black Corals program using Task Force recommendations to encourage breast and cervical cancer screenings at no cost. Two years after implementation, the number of women getting Pap tests increased by nearly 17%, mammograms increased by 15%, and the percentage of women who missed appointments decreased from 31% to 19%. For the full story and video, please see Appendix G.