



Issue Brief: State and Tribal Approaches to Improve Lung Cancer Screening Rates

This issue brief examines the state of lung cancer and lung cancer screening in two states, Arkansas and Kentucky, and one Federally recognized tribe, the Fond du Lac Band of Lake Superior Chippewa. It describes the practices, programs and partnerships these entities have deployed to improve lung cancer screening rates through their cancer coalitions and the cancer control plan as part of the United States Centers for Disease Control and Prevention's (CDC) National Comprehensive Cancer Control Program (NCCCP).¹ Much of the information included is based on interviews with staff from the state or tribal cancer coalitions.²

State and tribal cancer coalitions develop cancer control plans which identify the most common cancers in the state or the tribal community, where and why those cancers are most prevalent, and how the coalitions will address this burden. These state and tribal authorities, attuned to the needs of and barriers facing their local communities, are key players in devising successful programs to support outreach, screening, follow-up diagnosis, treatment, caregiver assistance, survivorship, and palliative and end-of-life care.

Background: Lung Cancer and the Importance of Lung Cancer Screening

Lung cancer is the leading cause of cancer death in the U.S., accounting for more than one in five cancer deaths. Lung cancer screening, which can detect the disease at stages when it is most curable, is a vital part of any strategy to defeat lung cancer; in 2021, the U.S. Preventive Services Task Force (USPSTF) expanded its recommendation for screening to include a broader age range and a larger group of individuals who smoke or previously smoked.

Low-dose computed tomography (LDCT) is the standard of care and the only recommended screening test for lung cancer. But too many adults in the U.S. within the eligible population still go unscreened. Many factors contribute to low screening rates for lung cancer:³

- Lack of awareness among those who previously smoked and other eligible candidates about the value and availability of screening;

- Lack of awareness among healthcare providers about who is eligible for, and the benefits of screening;
- Inadequate communication between primary care providers and their patients about the risks and benefits of screening;
- Requirement for clinician referral in order to access screening;
- Widespread un- and under-insurance, and uncertainty as to whether screening is covered by insurance at no cost to the patient;
- Affordability challenges such as out-of-pocket costs, transportation and/or the need to take unpaid sick leave;
- Continuity of care challenges as patients move across providers and insurers;
- Apprehension about the procedure (discomfort, claustrophobia, exposure to radiation);
- Lack of ready access to screening facilities; and
- Stigma around lung cancer.

Additionally, as is true of other cancers, follow-up diagnostic testing is often needed to determine if a suspicious finding is or is not cancer. High-risk individuals may be deterred by the additional steps and costs of follow-up testing and forego completing their diagnosis.

State and community-based lung cancer screening programs can help to address many of these barriers. Below, we describe recent efforts undertaken by Arkansas, Kentucky, and the Fond du Lac Band of Lake Superior Chippewa.⁴



The Lung Cancer Landscape

Arkansas. Arkansas has one of the highest rates of lung cancer in the country, ranking 47th among all states.⁵ This is likely due to a number of factors; for example, Arkansas's smoking rate is significantly higher than the national rate (and tobacco use is the leading risk factor for lung cancer),⁶ and with 43.9% of its population living in rural areas,⁷ Arkansas experiences many of the public health challenges common to rural states such as limited access to healthcare and gaps in healthcare infrastructure.⁸ A high percentage of at-risk Arkansans, across all age groups, report not having had a lung cancer screening (2022).⁹ In 2025, Arkansas ranked 33rd among all states for lung cancer screening.¹⁰ Unfortunately, lung cancer remains the leading cause of cancer deaths in Arkansas.¹¹

The Arkansas Cancer Coalition (ACC) partners with organizations throughout the state, ranging from healthcare systems to local government, to connect with Arkansans in their communities, providing education and direct links to lung cancer screening.

Kentucky. Like Arkansas, Kentucky has a very high rate of lung cancer – in fact, Kentucky has the worst lung cancer rate in the country.¹² Kentucky also leads the country with the highest mortality rate for lung cancer.¹³ In another parallel with Arkansas, a high percentage of Kentuckians (41.6%) live in rural areas,¹⁴ and rates of tobacco use (while declining) are high. Kentucky is a standout, however, when it comes to the state's higher-than-average lung cancer screening rate, ranking 2nd in the country in 2023.¹⁵ This has almost certainly contributed to the state's improving five-year survival rate.

Kentucky's progress is also driven by deliberate policy action. In 2022, Kentucky passed legislation to establish a state Lung Cancer Screening Advisory Committee and a Lung Cancer Screening and Prevention Program within the Department for Public Health and supported by state appropriations.¹⁶ The latter aims to increase evidence-based screenings, reduce mortality and morbidity and lower the cost of treating lung cancer.^{17,18} This formal governance and funding structure has enabled sustained coordination, accountability and statewide scale – distinguishing Kentucky from many states where lung cancer screening efforts rely primarily on short-term grants. These programs work alongside the Kentucky Cancer Consortium (KCC), which is made up of over 70 organizations, including major universities and university-affiliated providers throughout the state.

Fond du Lac. Accurate data about American Indian populations has historically been difficult to obtain, complicating efforts to track diseases, identify health needs and develop or improve local services.¹⁹ This is true for Fond du Lac as well; however, while specific tribe data is rarely available, there is data for the American Indian population in Minnesota. According to the American Lung Association's 2025 "State of Lung Cancer" report, the rate of new lung cancer cases was 123.8 per

100,000 among Indigenous peoples in Minnesota, significantly higher than the rate of 39.8 among Indigenous peoples nationally, and significantly higher than the rate of 53.9 among white individuals in Minnesota.²⁰ Lung and bronchus cancers occur more often than any other types of cancer among American Indians in Minnesota, and cause more deaths than any other types of cancer.²¹ According to the Fond du Lac cancer plan, “non-ceremonial tobacco use is the single most important challenge for [Fond du Lac] in decreasing cancer morbidity and mortality.”²² Fond du Lac has also reported very successful lung cancer screening rates with 60-65% of eligible tribal members being screened.²³

Fond du Lac’s Wiidookage Cancer Coalition recently released an updated 10-year cancer control plan, in partnership with Fond du Lac community members, tribal leaders and healthcare and social services staff.



State and Tribal Approaches to Increasing Lung Cancer Screening

Many of the strategies and programs implemented to increase access to lung cancer screening share certain common features across Arkansas, Kentucky and Fond du Lac: for example, attending in-person community events to make one-on-one connections and educate individuals about screening criteria and opportunities, and using their tobacco quitline to relay information about lung cancer screening. But each jurisdiction has also pioneered individualized approaches tailored to their own unique circumstances and objectives.

Direct outreach. The Arkansas Cancer Coalition (ACC) has strong partnerships throughout the state, including a key relationship with the University of Arkansas for Medical Sciences (UAMS). For over 15 years, ACC and UAMS have joined together to host the Tobacco and Disease: Lung Cancer Symposium. In recent years, as ACC actively expanded its role beyond education, the coalition began collaborating with health systems to connect people in the community who meet lung cancer screening eligibility criteria with nearby providers. To overcome the challenges of reaching a rural population, ACC staff make it a point to attend health fairs and community events (including a table at the state fair for 11 days); visit churches and food pantries; hold focus groups; and set up tables at community centers and government buildings (including the state capitol, for Lung Cancer Awareness Month in November). At such events, ACC often deploys a large (10-15 foot) inflatable

lung, which attracts visitors and helps prompt conversations. These conversations allow staff to convey key information in a friendly and digestible form and to organically elicit information about people's past tobacco use. Based on that information, staff can ask eligible individuals to fill out screening forms, provide referrals to screening centers, or even try to schedule screening appointments on the spot.

The ACC has formed partnerships with deeply-rooted community organizations such as churches, food pantries and community centers; with arms of local government, including area agencies on aging, public transportation providers, mayors and other local and city officials, child welfare advocates and housing authorities; with non-traditional organizations such as the Arkansas Livestock Association; and with nonprofits funded through Arkansas's tobacco control program. While the latter category of nonprofits focuses on vaping and tobacco, they serve as great partners for providing education and information on lung cancer.

Similarly, the Fond du Lac NCCCP staff have prioritized attendance at in-person events and connecting with community members face-to-face, hosting one to two community outreach events each month. The events are appealing (offering prize drawings or other incentives) and typically draw 50-80 people. The Cancer Health Educator and the Cancer Control Project Manager build trust by speaking to every person who attends, offering information and opportunities to ask questions.

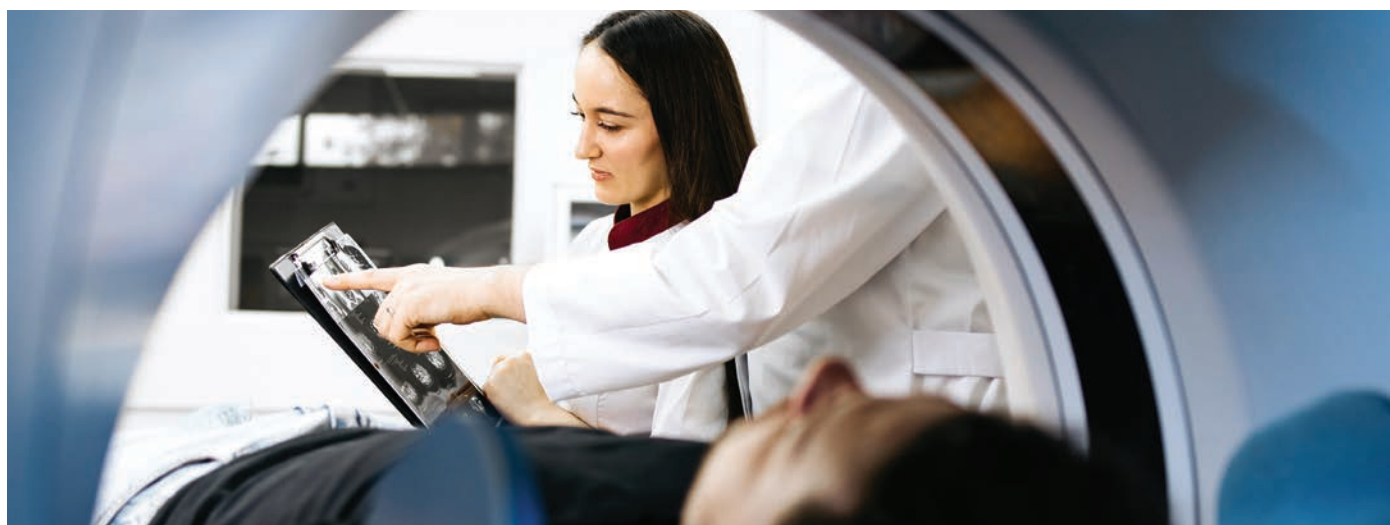
Fond du Lac has found that sometimes people need the extra push to take the next step and actually sign up for screenings. In 2024, through a microgrant funded by the [American Indian Cancer Foundation](#), NCCCP staff individually contacted around 45 tribe members who had received referrals but had not yet gone for screening. Those who completed their screenings in a specified month were entered into a drawing for five prizes of \$100 each in value. Fond du Lac's Pharmacy Department (which supports those quitting tobacco through texts, meetings and coaching) also refers eligible patients for lung cancer screening. And Fond du Lac has deployed the power of social media and peer role models to encourage screening, recording and disseminating [videos of community members](#) who have undergone lung cancer screening.

The Kentucky Lung Cancer Screening Program actively maintains a strong presence at major public health and cancer-related conferences across the state. The program connects directly with providers, partners and the public at wellness fairs, community colleges, libraries, and other educational gatherings. The program also amplifies its outreach to providers through digital and print publications aimed at physicians and other healthcare workers.

Addressing transportation challenges. Arkansas has adopted a pragmatic, multi-pronged approach to addressing the transportation challenges of a state with a large rural population, including looking at options that have worked for other cancers to see if those approaches can translate to lung cancer. For example, the University of Arkansas for Medical Sciences (UAMS) has utilized the [UAMS MammoVan](#) for over a decade to help women across the state access their annual screening mammograms. In 2020, the MammoVan also started offering patients in certain counties the opportunity to schedule a lung cancer screening and receive tobacco cessation support and education.²⁴ And in 2026, UAMS is launching three new mobile lung cancer screening units. Equipped with LDCT scanners and staffed by specialists, these units will travel throughout the state providing screenings at little or no cost.²⁵

Fond du Lac provides eligible patients with transportation to Duluth – 25 miles from the reservation and the closest place they can travel to for lung cancer screenings – to obtain their screenings, but more needs to be done to ensure community members are aware of this resource.

Quality improvement. Kentucky's strategies and programs focus on the quality of lung cancer screening – not just availability – as well as strengthening existing brick and mortar hospitals and the healthcare professional workforce through the Quality Implementation of Lung Cancer Screening, or QUILS,²⁶ program. QUILS was originally developed in 2014 and named the [Kentucky LEADS Collaborative](#) (Lung Cancer Education Awareness Detection Survivorship), focusing its efforts on provider education, survivorship care, and prevention and early detection. From 2015-2020, the LEADS Collaborative developed and implemented what is now known as QUILS, which focused its efforts on increasing access to high-quality lung cancer screening across the state of Kentucky. QUILS works with 18 different sites across the state to collect and compile data on lung cancer screening, using that data to prepare audits, feedback reports and presentations. Participating sites receive a \$5,000 incentive to fulfill the project requirements.



Health workforce education. Strengthening the health professional workforce is a designated priority of the Kentucky Cancer Consortium Action Plan.²⁷ This means not only ensuring that there is adequate, standardized provider education around lung cancer screening (i.e., knowing about and understanding USPSTF recommendations on who should be screened and when) – but also, in a state with such a large rural area, ensuring that knowledgeable providers are available in the places of greatest need. One way Kentucky has addressed workforce education and availability is by enhancing the integration of lung cancer screening into primary care: the KCC has made it a priority to educate primary care providers across the state on the USPSTF recommendations, and to coach providers in underserved areas to optimize delivery of lung cancer screening.²⁸

Kentucky is also home to the Kentucky Lung Cancer Screening Learning Collaborative, which was launched through a partnership between the Kentucky Lung Cancer Screening Program and the Kentucky Cancer Consortium. The Collaborative works to convene medical professionals and representatives from community and state-based organizations focused on lung cancer screening to provide education, share best practices and interactive trainings, and convene groups discussion and problem solving. Participation in the Collaborative is free.²⁹

Leveraging technology. Fond du Lac has leveraged technology as a way to help ensure that providers identify those eligible for lung cancer screening. Fond du Lac’s medical clinics have updated their electronic medical records system to improve data collection and surveillance related to lung cancer. The system contains an embedded questionnaire that prompts providers to ask community members about family history of cancer, personal use of non-ceremonial tobacco, cancer diagnoses and the source and type of cancer treatment being received.³⁰ The system flags if a referral for lung cancer screening is warranted. When it comes to making referrals for lung cancer screening, Fond du Lac has emphasized that it is a team effort – nurses, providers, clinical health workers, and/or tobacco cessation specialists all refer eligible individuals to screening as part of their clinic visits.

Insurance barriers. While lung cancer screening is free for most people who meet the criteria, additional diagnostic screenings and care (including procedures and treatment), are not free. The Kentucky CancerLink aims to reduce barriers to screening, diagnosis, and treatment of cancer and is currently working to get individuals who are uninsured but face a cancer diagnosis into treatment. The CancerLink Program used funds to cover the cost of additional screenings and procedures that are often required to determine if lung cancer is present. But, to date, the funding would not cover treatment for lung cancer, if needed.

Conclusion

Arkansas, Kentucky, and the Fond du Lac Band of Lake Superior Chippewa all have achieved notable successes in their efforts to improve lung cancer screening rates. But knowing that more can and needs to be done, each also has plans to do more: reach more people, improve quality of screenings, detect more lung cancer cases sooner and decrease lung cancer mortality rates.

Fond du Lac and the two states faced certain common barriers to care and all three deployed certain common or overlapping strategies to increase access to lung cancer screening. But what also stands out is the thoughtful and dedicated work that Fond du Lac, Arkansas and Kentucky have put in toward understanding the specific needs and challenges of their communities, and tailoring strategies to meet those communities' unique circumstances. The efforts of these three cancer coalitions can serve as models for other groups seeking to raise awareness, dismantle barriers, improve screening rates and ultimately reduce the burden of lung cancer in their communities.

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- Nirvana Nawar, MHA, Health Program Administrator, Lung Cancer Screening Program, Kentucky Department of Health

¹<https://www.cdc.gov/comprehensive-cancer-control/index.html>. Since 1998, the NCCCP has provided funding, guidance, and technical assistance to help cancer control coalitions implement effective and sustainable plans to prevent and control cancer. The NCCCP supports all 50 states and the District of Columbia, US territories, and seven tribes and tribal organizations.

²A list of contributors is included at the end of this issue brief.

³Poon, C., Wilsdon, T., Sarwar, I., Roediger, A., Yuan, M. (2023, Nov. 9). Why is the screening rate in lung cancer still low? A seven-country analysis of the factors affecting adoption. Retrieved from <https://pmc.ncbi.nlm.nih.gov/articles/PMC10666168/>. City of Hope (2025, Apr. 17). Why Don't More People Get Screened for Lung Cancer? Retrieved from <https://www.cityofhope.org/hope-matters-blog/low-lung-cancer-screening-rates>.

⁴Fond du Lac is a sovereign American Indian nation whose reservation is located in northeastern Minnesota, approximately 25 miles west of Duluth. The reservation service population includes over 5,130 individuals enrolled in federally recognized tribes. *Wiidookaage Cancer Plan 2035*. https://cms3.revize.com/revize/fonddulac/Documents/Service/Human%20Service/Community%20Health%20Service/Cancer/FDL_CancerPlan_03-21-25.pdf (p. 5) (hereafter, *Wiidookaage Cancer Plan*).

⁵The American Lung Association's 2025 State of Lung Cancer Report shows the rate of new lung cancer cases in Arkansas to be 68.2 – this is the age-adjusted incidence rate per 100,000 and is significantly higher than the national rate of 52.8. Available at <https://www.lung.org/media/press-releases/fy26-solc-arkansas>.

⁶American Lung Association State of Lung Cancer. (2025) Arkansas. Available at <https://www.lung.org/research/state-of-lung-cancer/states/arkansas>.

⁷https://www.americashealthrankings.org/explore/measures/pct_rural_b.

⁸Matthews KA, Spears KS, Anderson-Lewis C. Rural Health Disparities: Contemporary Solutions for Persistent Rural Public Health Challenges. *Prev Chronic Dis* 2025; 22:250202. DOI: <http://dx.doi.org/10.5888/pcd22.250202>.

⁹As is true of most cancers, early detection can lead to improved five-year survival rates. In the case of lung cancer in Arkansas, about 53% of people diagnosed with lung cancer at a localized stage were alive 5-years after diagnosis Aguilar, Daniela Ramirez. (2025 March 12) Cancers with Early Detection and Associated Risk Factors in Arkansas. Presentation prepared for Arkansas Cancer Coalition Summit.

¹⁰American Lung Association State of Lung Cancer. (2025) Arkansas. Available at <https://www.lung.org/media/press-releases/fy26-solc-arkansas>.

¹¹Arkansas Cancer Coalition. (2021) Arkansas Cancer Plan 4th Ed. Available at https://arcancercoalition.org/wp-content/uploads/2021/09/ACC_CancerPlan_2021_singles-1.pdf.

¹²In 2025, the rate of new lung cancer cases in the state was 84.1 (age-adjusted) per 100,000 (much higher than the national average of 52.8). American Lung Cancer Association State of Lung Cancer. (2025). Kentucky. Available at <https://www.lung.org/research/state-of-lung-cancer/states/kentucky>.

¹³Kentucky Cancer Action Plan, <https://www.kycancerc.org/wp-content/uploads/sites/14/2024/11/Kentucky-Cancer-Action-Plan.pdf>.

¹⁴https://www.americashealthrankings.org/explore/measures/pct_rural_b.

¹⁵American Lung Association. (2023 Nov. 14). New Report Reveals Kentucky Ranks 2nd in Nation in Lifesaving Lung Cancer Screening Rates. Available at <https://www.lung.org/media/press-releases/kentucky-2023-state-of-lung-cancer-release>. Kentucky has since slipped to 12th among all states in lung cancer screening for high-risk individuals, but this drop is due to changes in methodology and how states report screening rates as opposed to any changes in Kentucky's practices. American Lung Association State of Lung Cancer. (2025) Kentucky. Available at <https://www.lung.org/research/state-of-lung-cancer/states/kentucky>.

¹⁶Kentucky General Assembly. (2022 March 31). House Bill 219. Available at <https://apps.legislature.ky.gov/record/22rs/hb219.html>.

¹⁷<https://linknky.com/news/2022/10/03/kim-moser-has-personal-stake-in-lung-cancer-screening-advisory-committee/>. The program was modeled off the Kentucky Colon Cancer Screening Program, which helped significantly improve Kentucky's colon cancer screening rates. The Lung Cancer Screening Advisory Committee is made up of University of Kentucky Markey Cancer Center-affiliated physicians, along with Kentucky legislators, state officials, healthcare professional associations, and representatives of nonprofit groups including the American Lung Association.

¹⁸<https://www.chfs.ky.gov/agencies/dph/dpqj/cdpb/Pages/lungcancer.aspx>.

¹⁹Wiidookaage Cancer Plan p. 9.

²⁰<https://www.lung.org/research/state-of-lung-cancer/states/minnesota>.

²¹Wiidookaage Cancer Plan p. 15.

²²Wiidookaage Cancer Plan p. 22. In 2010, the smoking rate among the Fond du Lac was over 54%. Sustained health education efforts, cessation support, and policy changes (e.g., no smoking in public facilities) reduced that rate by half over ten years, but tobacco cessation and education remain critical tasks. Fond du Lac has set a goal of reducing the rate of non-cessation tobacco use by another 50% by the year 2035. Id. at 26.

²³Fond du Lac Medical Department Records.

²⁴Van Dusen, Susan. (2020 Nov. 3). UAMS Lung Cancer Screening Program Teams up with MammoVan. UAMS News, <https://news.uams.edu/2020/11/03/uams-lung-cancer-screening-program-teams-up-with-mammovan/>.

²⁵UAMS. Donate to the all new Lung Cancer Mobile Screening Vans for Day of Giving 2025. Available at <https://give.uams.edu/give/732020/#!/donation/checkout>.

²⁶<https://www.quilsgroup.org/about/>.

²⁷<https://www.kycancerc.org/wp-content/uploads/sites/14/2024/11/Kentucky-Cancer-Action-Plan.pdf>

²⁸Alcorn, Ted. (2025 Jul 23). Kentucky's campaign to improve rural cancer care is a national model. Federal cuts threaten its progress. STAT News. Available at <https://www.statnews.com/2025/07/23/cancer-care-kentucky-national-model-threatened-medicaid-cuts/>.

²⁹<https://ukhealthcare.uky.edu/markey-cancer-center/community/learning-opportunities/lung-screening>

³⁰Wiidookaage Cancer Plan p. 9.

