



# Utah Comprehensive Cancer Control Plan 2006-2011

Prepared by: Utah Cancer Action Network and  
Utah Department of Health



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**State of Utah**

JON M. HUNTSMAN, JR.  
*Governor*

GARY R. HERBERT  
*Lieutenant Governor*

Office of the Governor



June 2006

Greetings!

Many, if not all of us have been touched by the effects of cancer. Cancer is second only to heart disease as the leading cause of death, both in Utah and nationally.

Early detection and treatment of cancer is critical to better outcomes. Our continued pursuit of medical research, clinical care, support services, and early detection programs will make a positive impact on the lives of many in the State of Utah.

The Utah Cancer Action Network (UCAN) has worked toward these goals for more than five years by addressing prevention, early detection, treatment, and quality of life. This outstanding group of organizations and individuals collectively use their knowledge, skills, and expertise for the good of all Utahns. I support and admire the efforts of UCAN to address cancer.

The new Comprehensive Cancer Control Plan will be used throughout the next five years in order to continue our fight against cancer. By addressing advocacy and public policy, primary prevention, early detection, treatment, and quality of life, UCAN will once again have a positive impact.

It is our responsibility as citizens of Utah to work together as individuals, organizations, and as a State, to increase our knowledge of the causes of cancer, to find effective screening and prevention strategies, and to develop better treatment for cancer patients. Through UCAN we can work together to ensure a healthier future for all Utahns.

Sincerely,

A handwritten signature in black ink that reads "Jon M. Huntsman, Jr." with a stylized flourish at the end.

Jon M. Huntsman, Jr.  
Governor

East Capitol Complex Building, Suite E220, Salt Lake City, Utah 84114



State of Utah

JON M. HUNTSMAN, JR.  
Governor

GARY R. HERBERT  
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Utah Department of Health  
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David N. Sundwall, M.D.  
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*Deputy Director*



June 2006

Dear Utahns:

I am proud to share with you Utah's second Comprehensive Cancer Control Plan for 2006 to 2011. It was developed by the Utah Cancer Action Network, a coalition comprised of a diverse group of state and private organizations committed to reducing cancer in our state. The plan addresses the state's cancer burden and enumerates our plan to reduce cancer incidence and mortality in Utah.

The Comprehensive Cancer Control Plan will be used to focus our efforts to ensure we are as effective as possible. The plan identifies long term goals, objectives to measure our progress, and strategies to achieve our goals. As we work together to reduce cancer rates and improve the lives of those touched by cancer, this plan will likely change. Therefore, an addendum will be added to this report annually, identifying a difference focus area for each year.

Reducing our cancer burden is a formidable task – one that will require the best efforts of individuals, public agencies, private organizations, businesses, and whole communities. I urge everyone to consider setting a goal to reduce cancer rates, and then to develop a strategy that will help us achieve such. Together, working as a team, we can make a healthy difference. The Vision Statement of the UDOH is: "Utah is a place where *all people* can enjoy the best health possible, where all people can live, grow and prosper in clean and safe environments." An ambitious cancer control plan is an important part of seeing this become a reality.

I would like to thank the Utah Cancer Action Network members for their unwavering dedication and hard work in developing this plan. I encourage everyone to become involved and join our effort to help reduce the cancer burden in Utah. For more information about cancer control activities in Utah, please visit our website at [www.ucan.cc](http://www.ucan.cc).

Sincerely,

David N. Sundwall, M.D.  
Executive Director



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June 2006

Dear Utahns:

The Utah Cancer Action Network is pleased to present the comprehensive cancer plan for years 2006 through 2011. This plan was developed through a collaboration of public health officials, health care professionals, community groups and individuals who share as a common goal reducing the burden of cancer in our state. Members of this partnership gathered for a two-day session in the fall of 2005 to review previous accomplishments and set the direction for the next five years.

This partnership publication is an outcome of members' input about what should and can be done and will be a guide to leveraging both collective and individual efforts. This document will be used by the UCAN membership to set annual priorities and increase efficiency in cancer programs, but will also be of interest to policy-makers, advocates and news organizations who seek detailed, easy to-read information about how cancer impacts Utahns.

The strength of the plan is based in strategies that are evidenced-based and whether long-term or annual priorities, they are measurable. In addition to a focus on prevention and early detection, cancer disparities related to population density, income, education or race/ethnicity are addressed. Recognizing comprehensive cancer control requires public policy for sustainability, the plan highlights advocacy activities adopted by members. Finally, UCAN members have outlined ways to increase access to quality care, survivorship and end of life issues.

We sincerely thank the Utah Department of Health, the executive committee, and our members who have made the planning process possible this year. It is our hope that this plan will be a useful tool for planning and implementing collaborative cancer programs for all those interested in reducing the burden of cancer on both the state of Utah and its people.

Sincerely,

Rose Defa  
Utah Cancer Action Network  
Executive Committee Chair

Steven N. Gange, MD  
Utah Cancer Action Network  
Vice-Chair Elect

# UCAN

The mission of the UCAN is to reduce cancer incidence and mortality in Utah through collaborative efforts that provide services and programs directed toward comprehensive cancer prevention and control. It is the hope of the UCAN that through a collaborative effort, the plan's goals and objectives will be achieved, and the burden of cancer among Utahns will be reduced. These efforts are considered high priority activities that encompass the spectrum of cancer care including Prevention, Early Detection, Treatment, and Quality of Life.

## Mission Statement



**u**can  
do something  
about cancer

Utah Cancer Action Network

## 2006 UCAN Executive Committee

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Vice President, Operations  
American Cancer Society

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## Lion in the House-January 22, 2006

The Sundance Film Institute and the "Lion in the House" filmmakers graciously gave 20 tickets to the Utah Cancer Action Network (UCAN) members and other community members that work in childhood cancer to screen "A Lion in the House." This documentary offers an unprecedented look at the cancer journeys of five young people and their families over a six-year period. Award-winning filmmakers Steven Bognar and Julia Reichert bring audiences face to face with the uncertainty of the entire cancer experience and its rippling effects

on family, community and professional caregivers. At the core of "A Lion in the House" are the resilience, courage and wisdom of five extraordinary young people. For more information - <http://www.survivoralert.org/>

This event led to a greater understanding of childhood cancer for UCAN members and an increased willingness for members to work together on childhood cancer issues.



Dr. David Sundwall & Kathryn Rowley



Richard Starley, Julia Reichert, & Steven Bognar

# Acknowledgements

The powerful tool of comprehensive cancer planning is only possible through the efforts of dedicated stakeholders. It is not possible to name here all contributors, but we can acknowledge all who have been impacted by this most perplexing, complex and devastating disease and who have taken action. Your cumulative contributions make comprehensive cancer control planning possible.

We want to acknowledge all members of the Utah Cancer Action Network who over the last five years have steadfastly supported the strategies outlined and implemented the plan. Your activities, both within your individual organizations and within the coalition have made measurable progress against cancer in Utah.

In addition, members of the Executive Committee, both past and present, have provided solid leadership and direction. We would like to acknowledge support from members of the Utah Department of Health who not only added continuity and expertise that would not be possible otherwise in a voluntary coalition, but have added their own personal passion. A special thanks to Dr. David Sundwall, Kathryn Rowley, Bronwen Calver, and Jan Heins.

Finally, thank you to all who participated in the Utah Comprehensive Cancer Control Planning meeting on November 8 and 9, 2005. Your input and insights laid the foundation for the next flight in Utah's journey to conquer cancer and to improve life for Utahns living with cancer and for all cancer survivors.

## Colossal Colon<sup>®</sup> - April 1-8, 2005

In December 2004, the Colon Cancer Work Group began meeting to coordinate the visit of the Colossal Colon<sup>®</sup> to Salt Lake City April 1-8, 2005. Over the next three months, the Colon Work Group grew to 30 members from the original 10. Sub-committees were formed for Media/Public Relations, Underwriting, Education, Outreach, and Volunteers/Training. The location was generously donated to us by Salt Lake County and was located in the Future Home of the Children's Museum at the Gateway mall. The Underwriting Sub-committee secured financial and in kind donations for advertising, food for volunteers, and supported the Survivor's booth and the Survivor's Day event (April 2.) The Healthy Living Foundation graciously handled the financial donations.

Colossal Colon<sup>®</sup> opened to the public on April 1, 2005. Over the next 7 days, 5,000 visitors came to

see the 40-foot long 4-foot wide colon. The exhibit was open from noon to 8pm every day, except Sunday when it was only open from noon to 5pm. A total of 65 volunteers were retained to staff all functions for the Colossal Colon<sup>®</sup> visit.



# History of the Initiative

In 1999, the Utah Department of Health received funding to support the planning and production of a statewide comprehensive cancer plan. Evidence-based goals and objectives that were identified during planning were categorized to address the cancer continuum and include prevention, early detection, treatment, and quality of life. In 2001, the Utah Comprehensive Cancer Control Initiative Plan, a five-year plan, was published and the Utah Cancer Action Network (UCAN) was established to implement and evaluate the plan. UCAN is a diverse group of organizations and individuals representing many key stakeholders in cancer prevention and control in Utah. The partnership is staffed and funded by the Utah Department of Health through a federal grant from the Centers for Disease Control and Prevention (CDC). The general UCAN membership meets quarterly and UCAN membership comprise 60 to 100 individuals at any one time.


The organization had four work groups that implemented the goals, objectives, and strategies


found in the State Cancer Plan. The four work groups were: Consumer/Patient Work Group, Data Workgroup, Health Care Provider Work Group, and Medically Underserved Workgroup. An executive committee comprised of 13 members, led UCAN and evaluated work group progress relative to the goals and objectives stated in the State Cancer Plan. UCAN also has its own website at [www.ucan.cc](http://www.ucan.cc). The UCAN website has become a popular resource for both partners and the public. It is updated weekly and includes specific information on various cancers, a page with partner links, a page for UCAN members, and resource pages for schools and the medically underserved.


Members often send information to include on the website and use it as a resource for their clients.


This new Comprehensive State Cancer Plan will be reviewed and evaluated annually until 2011 in order to set priorities for the following year. Included in this process will be an evaluation of the successes and areas for improvement for the prior year.

**UTAH COMPREHENSIVE CANCER CONTROL INITIATIVE PLAN**

*PREVENTION* 

*EARLY DETECTION* 

*TREATMENT* 

*QUALITY OF LIFE* 

## Review of the 2001-2005 Utah Comprehensive Cancer Control Initiative

A review of UCAN's efforts during the five-year period from 2001 to 2005 shows areas of progress and amazing success, as well as areas where we are losing ground. The UCAN partners have spent a considerable amount of time assessing the 2001 state plan and are confident that the 2006 state plan is a solid roadmap for reducing the burden of cancer in Utah.

A summary of results for each of the main focus areas follows.

👍 Good Job!    🙅 No Change.    🤔 Needs Work.

### Primary Prevention

👍 **Diet, Exercise, and Smoking:** The percentage of Utah adults who ate five or more fruits and/or vegetables per day increased (20.6 percent in 2000, 22.1 percent in 2005); the percentage of adults who met the recommended guidelines for physical activity increased (53.8 percent in 2001, 55.0 percent in 2005); the percentage of adults who are current smokers decreased (12.8 percent in 2000, 11.5 percent in 2005); the percentage of children exposed to second-hand smoke decreased (from 6.0 percent in 2001 to 3.3 percent in 2004); and during the 2006 Utah Legislative Session the legislature passed laws that will ban smoking from all restaurants, bars, and taverns by 2009.<sup>1</sup>

🤔 **Weight Control and Skin Cancer Prevention:** The percentage of Utah adults who were overweight or obese increased (from 54.1 percent in 2000 to 56.2 percent in 2005) and the percentage of adults who reported having had a sunburn in the past 12 months increased (from 47.3 percent in 1999 to 51.2 percent in 2004). Some good news was that a number of adults reported using at least one measure to protect their skin from the sun (62.5 percent in 2000, 63.7 percent in 2004).<sup>1</sup>



👍 **Overall:** Decreasing obesity, and increasing nutrition and physical activity have become areas of focus in Utah. In 2005, the Utah Department of Health co-sponsored a forum for childhood obesity. Community leaders and decision-makers from all over the state participated in this forum. In 2003, UCAN launched a very successful multi-media campaign urging parents to protect their children from the sun. Media surveys show that viewing the commercials resulted in an increased percentage of parents protecting their children from the sun. In 2006, components were added to the skin protection campaign to encourage teachers to include sun safety information in their health curriculum.

### Early Detection

🤔 **Breast and Cervical Cancer:** From 2000 to 2004, the percentage of Utah women aged 40 and over who reported having a mammogram in the last two years decreased (from 73.4 percent to 66.6 percent). From 2000 to 2004, the percentage of Utah women aged 18 and older who reported having a Pap test in the last three years decreased (from 83.4 percent to 78.3 percent).<sup>1</sup> In May 2005, the Utah Cancer Control Program



(UCCP) launched a media campaign to increase utilization of the free breast and cervical cancer screening services offered by the Utah Department of Health. The very successful campaign was called "One, Two, Free." Between June and September 2005, there was a 171 percent increase in the number of calls from women inquiring about the free screening services and a 35 percent increase in program enrollment, when compared to the same time period in 2004.<sup>2</sup>

👍 **Colon Cancer:** From 2000 to 2005, there was a significant increase in the percentage of Utah adults aged 50 and older who reported having had a colonoscopy or sigmoidoscopy (from 32.0 percent to 51.5 percent).<sup>1</sup> In 2003, UCAN launched a very successful multi-media campaign to educate Utahns aged 50 and older about the importance of colorectal cancer screening. Additionally, in 2005 the UCAN Colon Cancer Ad Hoc Committee, with outside financial assistance, brought the Colossal Colon<sup>®</sup> display to Salt Lake City. The Colossal Colon<sup>®</sup> is a 40 foot long replica of the human colon that children and adults can crawl through. Members donated hundreds of volunteer hours to prepare for the event and to staff the event for one week. More than 5,000 Utahns visited the Colossal Colon<sup>®</sup> and every major media outlet covered the event.

👍 **Ovarian Cancer:** A UCAN Ad Hoc Ovarian Committee was convened in 2004 to address the burden of ovarian cancer in Utah. After reviewing the literature and cancer registry data, it became clear that survival outcomes for ovarian cancer patients needed to be addressed. Using funding from the CDC, the Committee is currently developing a needs assessment survey to determine if patients are receiving appropriate referrals and treatment. In fiscal year 2007, these data will be available and will be used to develop educational interventions.

👍 **Prostate Cancer:** From 2000 to 2004, the percentage of Utah men aged 49 and older who reported having ever had a Prostate Specific


A TRUE STORY

# HOW ADVERTISING SAVED MY LIFE.

For the past 18 months, I've been involved with producing TV and print ads concerning colon cancer. Ads explaining to Utahns that colon cancer is the second-leading cause of cancer-related deaths in the United States. *And that anyone over the age of 50 should be screened for colon cancer.*

I thought my risk of developing colon cancer was very small, *because I'm not that old.* But I remembered that the husband of Katie Couric (co-anchor of The Today Show) was my age when he died of colon cancer. That's when I thought: *wouldn't it be ironic if the guy who was doing the ads that tell people there are no early warning signs and it is 95% curable if detected early actually ends up dying of colon cancer?*

So I said, "What the heck." I'll go in for a colonoscopy. It took less than an hour, but guess what? *It saved my life.* I had a large pre-cancerous polyp inside me. If left unchecked it would have developed into colon cancer. It's amazing how a simple test, that normally I wouldn't have done, saved my life. Instead of thinking about retiring, I would have been thinking about dying. *Take it from the guy who does the advertising: get checked. It could save your life.*




**If you are 50 or older, get screened today.**  
Health Resource Line 1-888-222-2542  
[www.ucan.cc](http://www.ucan.cc)








Antigen (PSA) test increased (from 71.8 percent to 73.6 percent).<sup>1</sup> In 2005, with the use of CDC funding, UCAN launched a multi-media campaign to emphasize the shared decision making model between patients and providers. In June 2005, the post media survey for this campaign indicated that 84 percent of men surveyed had seen, heard, or read the prostate cancer commercials. Over two-fifths of those respondents (43 percent) identified “ask your doctor about prostate cancer screenings,” as the main message of the prostate cancer commercial or ad.<sup>3</sup>

 **Overall:** UCAN members have supported free screenings for prostate and skin cancer. The screening opportunities were widely publicized using the media and the UCAN websites. Huntsman Cancer Institute’s free skin cancer screening evaluates about 550 people annually and Western Urological’s free prostate cancer screening evaluates about 80 men annually.<sup>4,5</sup> Additionally, UCAN members participated in call-in telephone banks to answer questions on skin, colon, prostate, and breast cancer. Physicians, nurses, survivors, and health educators participated in these five hour “Ask the Expert” call-in programs. Callers had the opportunity to ask questions and have additional information sent to them. UCAN expects these activities to increase in scope and participation over the next five years.


## Treatment

 **Health Care Insurance:** From 2001 to 2005, the percentage of uninsured Utahns increased (from 8.7 percent to 11.6 percent).<sup>6</sup> In 2005, Governor Huntsman stated that, by 2010, he wants to decrease the percentage of uninsured Utahns by 50 percent. In order to achieve this goal, a summit was held (in 2005) which brought together health care leaders and legislators from across the state. Discussions that started at the summit continue as leaders look for innovative ways to provide health insurance to all Utah residents.

 **Health Disparities:** In both 2004 and 2006 the UCCP Annual Cancer Conference included a day focusing on comprehensive cancer. Speakers shared information on screening and state-of-the-art therapy for prostate, ovarian, and colon cancer. The UCAN Medically Underserved workgroup along with the Center for Multicultural Health and the Ethnic Health Advisory Committee have all identified reducing cultural barriers as a priority in Utah. The UCAN website now includes language resources for many different cancers and a page dedicated to resources for the medically underserved in Utah. The 2006 plan addresses ways that we can work together to decrease disparities and increase access to care.

 **Overall:** In 2006, UCAN and the Huntsman Cancer Institute co-sponsored the Community Cancer Guide. This guide is widely distributed across the state and is available electronically and in hardcopy as a handbook. The guide lists agencies and support services that are available to cancer patients in Utah. The UCAN Healthcare Provider work group met regularly to discuss standardization of cancer treatment protocols. In 2005, the Huntsman Cancer Institute and Intermountain Healthcare (the largest insurance and care network in Utah) announced plans to partner with cancer centers throughout the state. This will bring state-of-the-art cancer research from the Huntsman Cancer Institute to more patients and allow Intermountain Healthcare to increase services to their clients.

## Quality of Life

 **Access to Care:** Access to care continues to be an issue in Utah. As the percentage of uninsured and underinsured people increased, so did the percentages of people who respond that they were unable to get care because of cost. In 2000, an estimated 10.8 percent of Utah adults responded that they were unable to get care because of cost; in 2005, that estimate increased to 13.4 percent.<sup>1</sup>

👍 **Overall:** The UCAN Consumer/Patient work group developed a presentation entitled, “Understanding Cancer” which dispels certain myths about cancer screening and treatment. The work group also trained numerous people to give this presentation. Presentations have taken place in workplaces, churches, and community centers statewide. The presentation is available in English and Spanish, and is available to the public on the UCAN website. The Health Care Provider work group has worked over the last five years to educate physicians about available

methods to assess pain and other cancer-related symptoms. The UCAN website includes resources for support groups, treatment information, and financial assistance for cancer patients.

In 2001, focus was placed on end-of-life care. As new treatments result in better survival outcomes, the focus for cancer patients is shifting to survivorship. The 2006 plan addresses the long-term needs of cancer survivors and their families.

# The Burden of Cancer in Utah

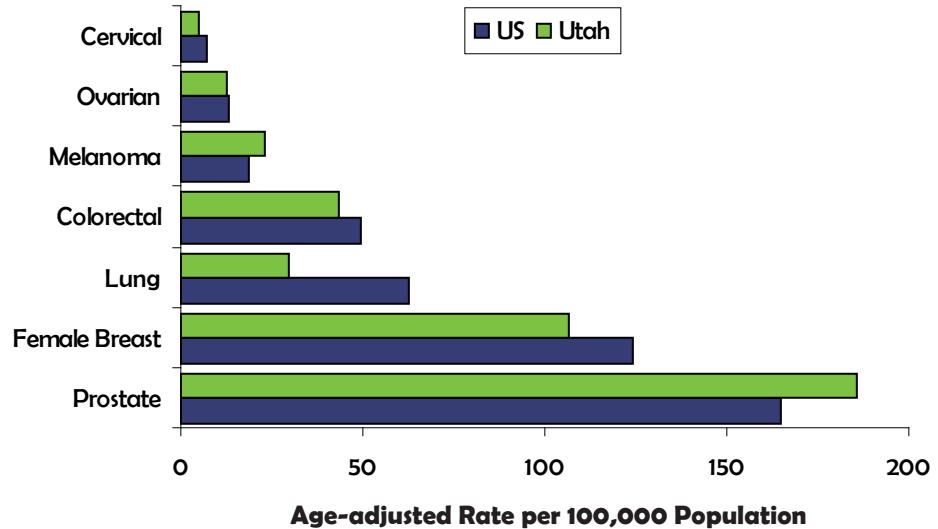
Cancer is second only to heart disease as the leading cause of death both in Utah and the US. In 2003, 7,284 new cases of cancer were diagnosed in Utah.<sup>7</sup> The most common cancer diagnosed in men was prostate cancer, with 1,472 new cases diagnosed.<sup>7</sup> The most common cancer diagnosed in women was breast cancer, with 1,005 new cases diagnosed in 2003.<sup>7</sup> In 2004, inpatient hospital charges for malignant neoplasms (cancer) cost over \$126 million.<sup>8</sup>

Utah had a lower or comparable cancer mortality rate compared to the US for all individual cancers except melanoma. The Utah melanoma mortality rate was 3.5 per 100,000 population compared to the US incidence rate of 2.7 per 100,000 population. In 2004, 2,442 Utahns died of malignant neoplasms (cancer). Overall, the all site cancer mortality rate has remained fairly constant since 1980.<sup>10,11</sup>

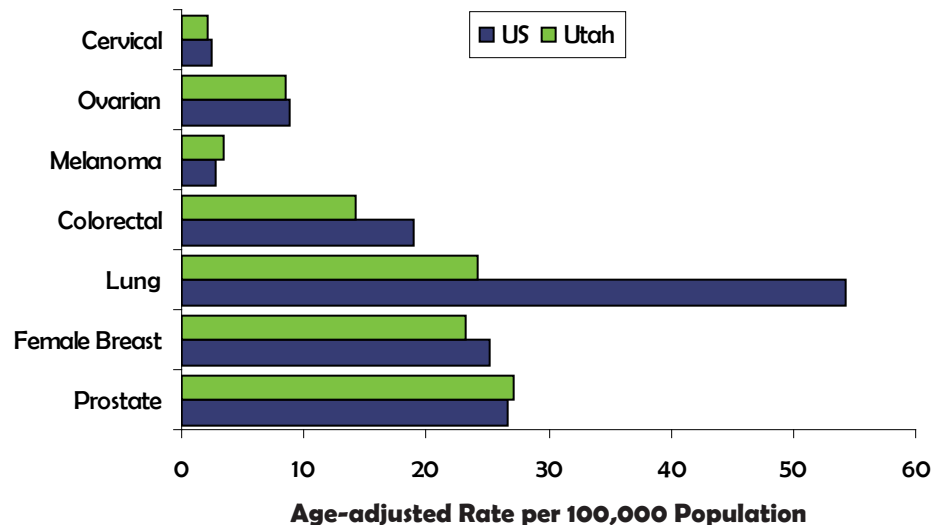
In 2003, the overall cancer incidence rate (all sites) in Utah was lower than the national rate (405.4 per 100,000 population versus 459.6 per 100,000 population). Utah had a lower incidence rate than the US for all individual cancers except melanoma and prostate cancer. The Utah melanoma incidence rate was 23.0 per 100,000 population compared to the US incidence rate of 18.7 per 100,000 population; the Utah prostate cancer incidence rate was 185.6 per 100,000 compared to the US incidence rate of 164.9 per 100,000.<sup>7,9</sup>

In 2003, the overall cancer mortality rate (all sites) in Utah was lower than the national rate (141.8 per 100,000 population versus 190.1 per 100,000 population).

**Cancer Incidence Rates, Utah and US, 2003**



**Cancer Mortality Rates, Utah and US, 2003**





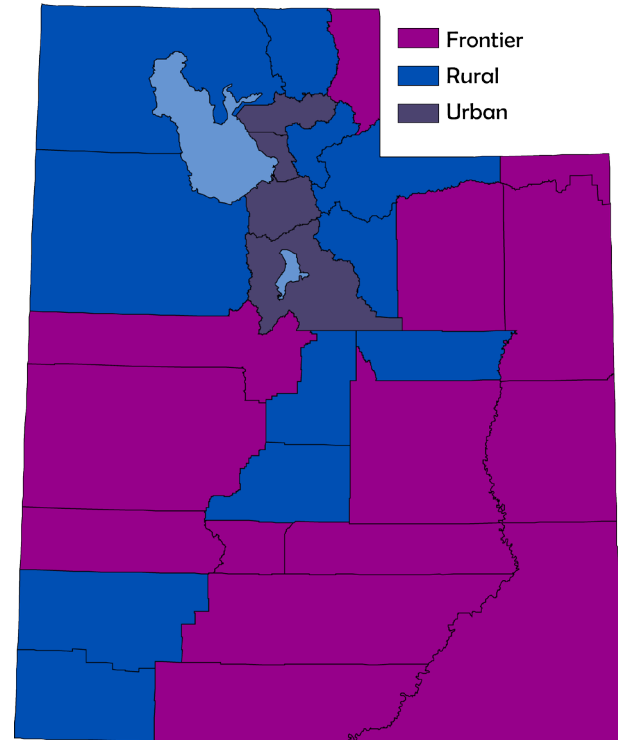
# Cancer Disparities in Utah

Though substantial progress has been made in detection, diagnosis, and treatment of cancer, disparities in services still exist. Location (urban, rural, or frontier), household income, and race/ethnicity all affect availability of healthcare in Utah.

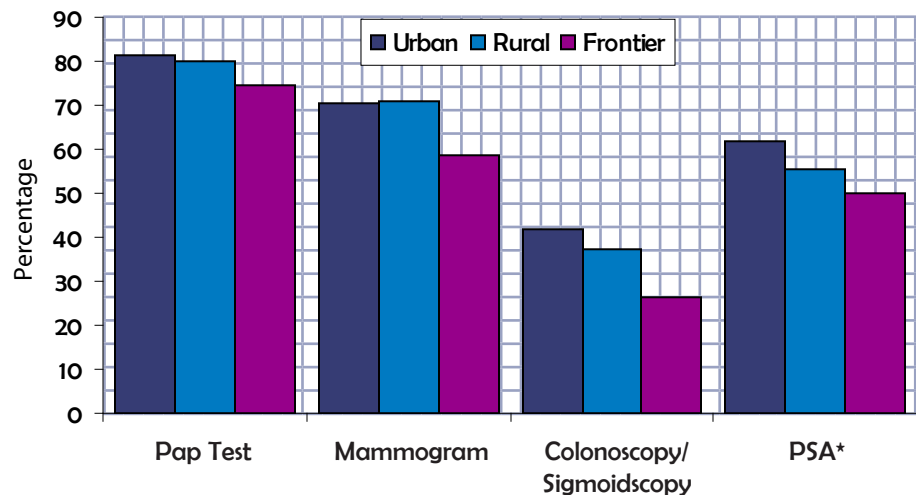
The demographics of Utah are unique in terms of population density. In 2005, of the 29 counties in Utah, 15 were classified as frontier (six or less persons per square mile), 10 were classified as rural (more than six and less than 100 persons per square mile) and only four were classified as urban (100 or more persons per square mile). Additionally all four urban counties abut each other and are located along the front of the Wasatch mountain range. In fact, more than 75 percent of the total population of Utah lives along the Wasatch front, from Ogden to Nephi.<sup>12,13</sup>

This huge disparity in population density leads to issues with access to care, including screening, diagnosis, and treatment of cancer. In 2000, 2002, and 2004, screening tests for cervical cancer (Pap test), breast cancer (mammography), colorectal cancer (sigmoidoscopy or colonoscopy), and prostate cancer (PSA test) were all significantly lower in frontier counties compared to urban counties.<sup>1</sup> These differences reflect the great distances that must be traveled in frontier areas to obtain services.

Differences in the rate of cancer screening are also evident when analyzed by total household income,



Cancer Screening by Population Density, Utah 2000, 2002, 2004



\*Includes 2002 and 2004 data.

with households in which the annual income is less than \$20,000 having a significantly lower screening rate for all four cancers (cervical, breast, colorectal, and prostate). It also appears that there is a trend for people with less education to have lower

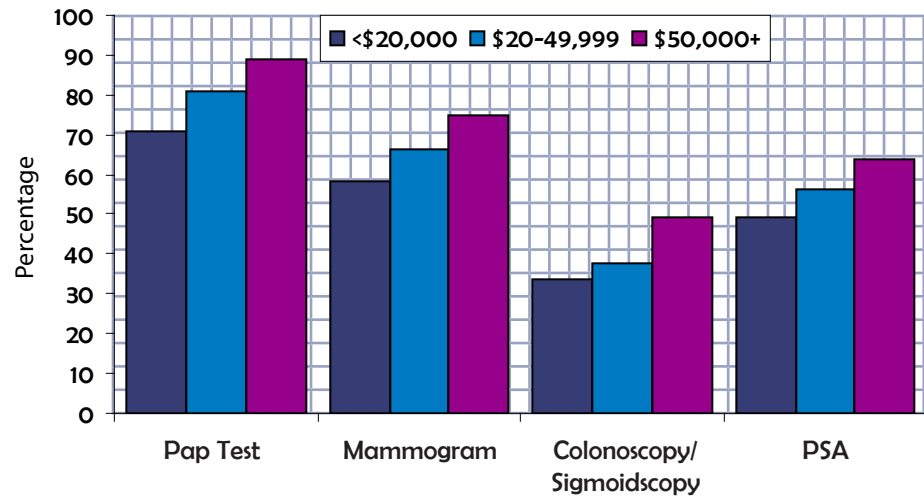
screening rates though the differences were not significant.<sup>1</sup>

In Utah the overwhelming majority of the population is White and Non-Hispanic (85.3 percent), 9.0 percent of the population are Hispanic or Latino, and 5.7 percent are Non-White and Non-Hispanic.<sup>14</sup>

Race/ethnicity also plays a role in cancer screening rates, with American Indian/Alaska Native men and men of Hispanic or Latino origin having a lower prostate cancer screening rate (PSA test) compared to all Utah men. Hispanic or Latina women also have a lower cervical cancer screening rate (Pap test) compared to all Utah women.<sup>1</sup>

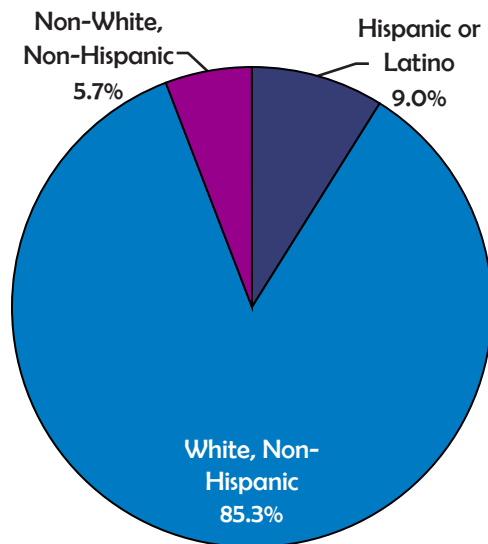
Cancer incidence and death rates also differ somewhat when analyzed by race/ethnicity. Colorectal cancer incidence rates are lower for American Indian/Alaskan Natives compared to the overall state rate, and the colorectal death rate is higher for Black or African Americans compared to the overall state rate. The breast cancer incidence rates for American Indian/Alaskan Native, Black or African American, and Native Hawaiian/Pacific Islander women are lower than the overall state rate, and breast cancer death rates for Asian/Pacific Islander and Hispanic or Latina women are lower than the overall state rate. In men, prostate cancer incidence rates are lower in American Indian/Alaskan Native and Asian men compared to the state rate, and the prostate cancer death rate for Asian/Pacific Islander men is lower than the overall state rate. Lung cancer death rates were similar based on race/ethnicity.<sup>14</sup>

Cancer Screening by Income, Utah 2000, 2002, 2004



\*Includes 2002 and 2004 data.

Population Demographics, Utah 2000



# Advocacy and Public Policy

## Advocacy

Advocacy, using clearly defined objectives for influencing public policy, provides a foundation for developing and motivating passionate constituents and sustaining efforts. One of the greatest strengths that UCAN brings to bear on its advocacy efforts is collaboration. Collaboration can lead to large impacts in spite of constraints on time and resources. The overall goal of advocacy is to influence public policy, thereby achieving desired outcomes.

### Goal 1: Achieve the public policy objectives of Utah's comprehensive cancer plan.

**1.1 Objective:** Increase advocacy efforts of UCAN in order to decrease the burden of cancer for Utah's citizens.

#### Strategies

1. Advocate for health insurance reimbursement with regards to services (i.e., genetic counseling, treatment, etc.)
2. Advocate to state legislature and others for additional resources.
3. Advocate to the state legislature for funding to support cancer screening, treatment, and services for those who are uninsured and underinsured.
4. Advocate for state legislation that supports non-invasive rehabilitative and complementary treatments that enhance quality of life for cancer survivors.

#### Evaluation

- Progress Reports

## UCAN

In 1998, Utah started preparations to develop a statewide comprehensive cancer plan. In 2001, UCAN was officially formed as a result of preparations around the theory of comprehensive cancer control. Over the past five years, it has grown into a network of individuals and agencies committed to collaboration, growth, and reducing the cancer burden for all individuals in Utah.



### Goal 2: Increase public awareness of the Utah Cancer Action Network.

**2.1 Objective:** Increase public awareness of the Utah Cancer Action Network.

#### Strategies

1. Establish baseline data for public awareness.
2. Develop unifying theme for UCAN members.
3. Enhance collaboration and coordination among cancer control participants in order to create increased service and reduction in duplication of service.
4. Increase the number of funding sources to accomplish UCAN goals, objectives, and strategies.
5. Increase statewide representation in UCAN.

#### Evaluation

- UCAN Media Surveys



# Primary Prevention

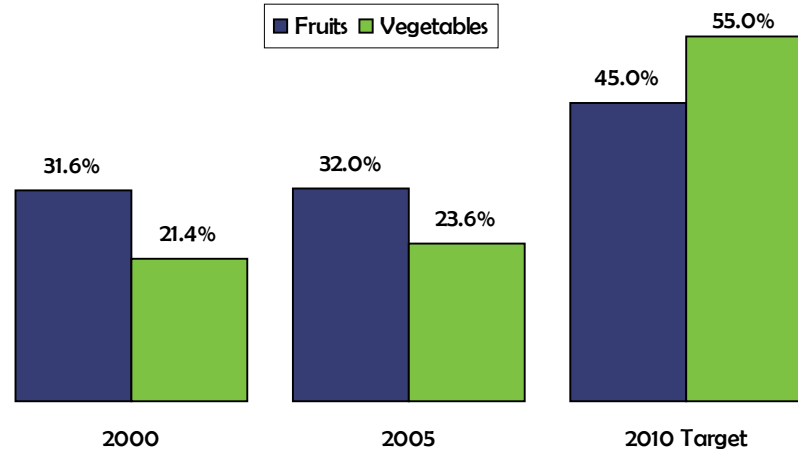
## Nutrition and Physical Activity

For the majority of Utahns that do not use tobacco, food choices and physical activity are the most important modifiable cancer risk factor that they can alter. Cancer risk can be reduced by eating more fruits and vegetables daily and ensuring that one is physically active for at least 30 minutes per day, for most days of the week. Physical activity alone can promote overall health and protect against some cancers. The balance between food intake and physical activity is what leads to ideal weight and reduced cancer risk, and it is never too late to start. Starting to eat healthy and getting enough physical activity at any age can promote health and reduce cancer risk.

### Goal 3: Increase support for healthy eating and physical activity and healthy weight as a means of cancer prevention and risk reduction.

**3.1 Objective:** Increase the percentage of Utah youth and adults that eat at least two daily servings of fruits to 45 percent and the percentage that eat at least three daily servings of vegetables to 55 percent by 2010. (HP2010 Objective)

Percentage of Adults Who Ate at Least Two Fruits or Three Vegetables Per Day, Utah, 2000, 2005, and 2010 Target



Note: Rates are age-adjusted to the 2000 population.

### Strategies

1. Increase support for Healthy Utah and Five-a-Day nutritional programs in public health, community, and school programs through technical training and access to funding.
2. Use Behavioral Risk Factor Surveillance Survey (BRFSS) data to support nutritional program goals.
3. Promote My Pyramid and My Pyramid for Kids websites.
4. Coordinate with schools to work on 5-a-Day education and projects.
5. Encourage school health councils to promote healthy food and beverage choices, including vending machines.

### Evaluation

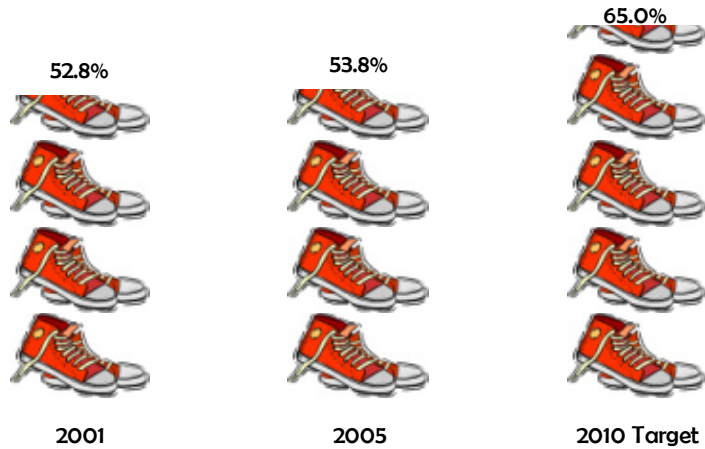
- BRFSS
- Youth Risk Behavior Surveillance Survey (YRBSS)

**3.2 Objective:** Increase the percentage of Utah youth and adults who engage in the recommended amount of physical activity to 65 percent by 2010. (HP2010 Objective)

### Strategies

1. Promote daily physical activity at worksites by increasing the number of worksites that support and promote opportunities for physical activity.
2. Support the Gold Medal Legacy Miles, Utah Walks, and Gold Medal School project programs.
3. Promote "Walk to School Day" activities.
4. Conduct inventory of policies and environmental strategies that promote physical activity in communities.

### Percentage of Adults Who Engaged in the Recommended Amount of Physical Activity, Utah, 2000, 2005, and 2010 Target



Note: Rates are age-adjusted to the 2000 population.

### Evaluation:

- BRFSS
- YRBSS



## Environmental-Radon

Radon, which comes from the ground, is a naturally occurring gas – without color, odor, or taste – that emits ionizing radiation. Radon comes from the natural radioactive breakdown of uranium and thorium in the soil, rock, and groundwater found all over the US. Outside air normally contains very low levels of radon, but indoor air can contain much higher levels. Gas expelled from the soil under foundations of homes, schools, and office buildings can buildup in contained spaces. Ingestion and inhalation of radon is the main source of exposure. Exposure to radon increases the risk of developing lung cancer and is the second leading cause of lung cancer in the US.

### Goal 4: Reduce Utahns' risk related to environmental carcinogens.

**4.1 Objective:** Increase Utahns' knowledge of radon risks. (HP2010 Objective)

#### Strategies

1. Establish baseline radon education measures in Utah.
2. Encourage radon resistant construction.
3. Encourage real estate disclosure and testing.
4. Encourage local government coalitions on radon.
5. Encourage public school testing.
6. Increase radon testing and mitigation.
7. Increase public awareness of the radon problem and of the relationship between indoor radon and lung cancer.

#### Evaluation

- To be developed.

## Tobacco

Tobacco use is a risk factor for many cancers, such as lung, mouth, throat, larynx, and bladder cancers. Second-hand smoke is also linked with cancers and other health problems. For smokers, quitting the habit can decrease their cancer risk. In 2005, 88.8 percent of Utahns were non-smokers.<sup>1</sup>

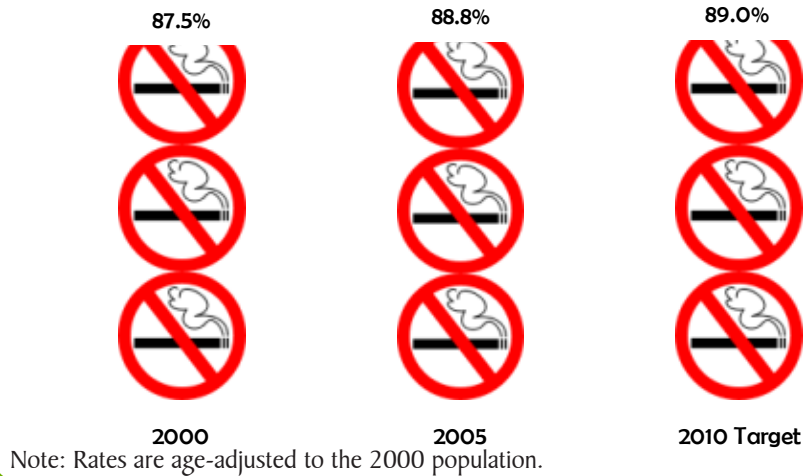
### Goal 5: Decrease the incidence and impact of tobacco-related cancers.

**5.1 Objective:** Maintain the percentage of Utahns who do not use tobacco products at 89.0 percent or higher. (HP2010 Objective)

#### Strategies

1. Support legislation to increase the tobacco excise tax.
2. Promote government and voluntary policies to promote clean indoor air.
3. Encourage insurance coverage for tobacco cessation programs.
4. Increase the availability of and promote smoking cessation programs, especially those for high risk and disparate populations.
5. Encourage health care providers to ask every patient about their tobacco use status and refer tobacco users to quitting services.
6. Implement community-based tobacco prevention and control programs that engage youth, parents, schools, local organizations, community business leaders, enforcement officials, and other stakeholders in developing and implementing tobacco control interventions.

### Percentage of Non-Smokers, Utah, 2000, 2005, and 2010 Target



#### Evaluation

- BRFSS

**5.2 Objective:** Increase the percentage of Utahns' who are not exposed to second-hand smoke in private workplaces, public workplaces, and restaurants to 100 percent by 2010. (HP2010 Objective)

#### Strategies

1. Promote state and local policies that restrict smoking in public places.
2. Provide resources, training, and technical assistance to businesses and individuals in passing, implementing, enforcing, and complying with laws and policies that protect Utahns from exposure to second-hand smoke.
3. Monitor compliance with existing indoor clean air laws.

#### Evaluation

- BRFSS
- Youth Tobacco Survey (YTS) Breast Cancer



# Early Detection/ Cancer Awareness

## General Cancer/Genomics

Making healthy lifestyle choices, avoiding environmental toxins, and having regular screenings can reduce the risk for many cancers, but some cancers are inherited or there is no known cause. Therefore it is important for individuals to know their cancer family history and share this information with their physician, so they can discuss appropriate screening schedules and watch for early signs and symptoms of disease.

### Goal 6: Increase awareness of possible symptoms and/or risks of cancer without recognized screening tools.

6.1 Objective: Educate the public about general symptoms of cancer and about cancers without screening tools.

#### Strategies

1. Educate providers about appropriate referrals.
2. Provide resources to the public to increase their knowledge of different cancers.

## Evaluation

- Awareness Surveys

6.2 Objective: Increase the number of families and providers who appropriately utilize family health histories.

#### Strategies

1. Educate public how to know their family history and share that information with their provider.
2. Educate providers to improve utilization of family histories (i.e., collection and assessment tools).
3. Address issues of discrimination and confidentiality.
4. Identify those at moderate and high risk.
5. Increase the number of moderate and high-risk individuals who obtain appropriate screening and referral to genetic services.

## Evaluation

- Awareness Surveys

“Cancer is now surpassing heart disease as the number one leading cause of death in the US. At the same time, methods are now available for the prevention and early detection of many types of cancer, while recent genetic advances are providing novel therapies based on a precise understanding of the fundamental causes of cancer and its progression. With all of these advances, it is now time to re-double our efforts to educate physicians and the public to what is already available for prevention and treatment, and to accelerate basic and clinical cancer research. We finally have the tools to fight the war on cancer and we must use these tools to eliminate this disease.”

**Randall W. Burt, MD**

**University of Utah, School of Medicine and The Huntsman Cancer Institute**

## Breast Cancer

In 2003 there were 1,005 new cases of breast cancer and in 2004, 220 women died of the disease in Utah.<sup>7,10</sup> According to the American Cancer Society, women aged 20 and older should perform monthly breast self exams, women aged 20 to 39 should have a clinical breast examination performed by a healthcare provider every three years, and women aged 40 and older should have a screening mammogram and a clinical breast examination performed by a healthcare provider every year.

### Goal 7: Promote, increase, and optimize the appropriate utilization of high-quality breast cancer screening and follow-up service.

**7.1 Objective:** Increase the number of women aged 40 and older who have received a mammogram in the past two years to 80 percent by 2010. (HP2010 Objective)

#### Strategies

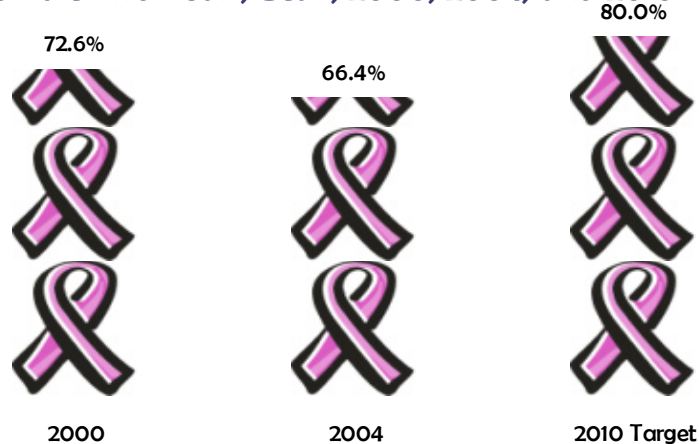
1. Increase public education about breast cancer (risk factors, signs and symptoms, and screening recommendations).

2. Collaborate with health care providers, clinics, local health departments, and mammography facilities to make screening more convenient and accessible.
3. Maximize utilization of mobile mammography in areas where mammography is not easily accessible.
4. Develop culturally sensitive interventions to reach high-risk populations.
5. Increase awareness and utilization of free screening services available statewide.
6. Collaborate with other women's health programs to make screening more convenient and accessible.

#### Evaluation

- BRFSS

### Percentage of Women Aged 40+ Who Received a Mammogram in the Past Two Years, Utah, 2000, 2004, and 2010 Target



Note: Rates are age-adjusted to the 2000 population.

## Cervical Cancer

In 2003, 49 new cases of cervical cancer were diagnosed in Utah, and in 2004, 13 women died of the disease.<sup>7,10</sup> Overall, cervical cancer screening (Pap test) rates are high in Utah, however, lower screening rates were observed in certain populations. Amongst women without health insurance, women of Asian/Pacific Islander descent, and among older women (aged 65 and older) screening rates were lower.<sup>1</sup> Cervical cancer is highly preventable.

### Goal 8: Promote, increase, and optimize the appropriate utilization of cervical cancer screening and follow-up services.

**8.1 Objective:** Increase the number of women who have received a Pap test in the last three years to 90 percent by 2010. (HP2010 Objective)

#### Strategies

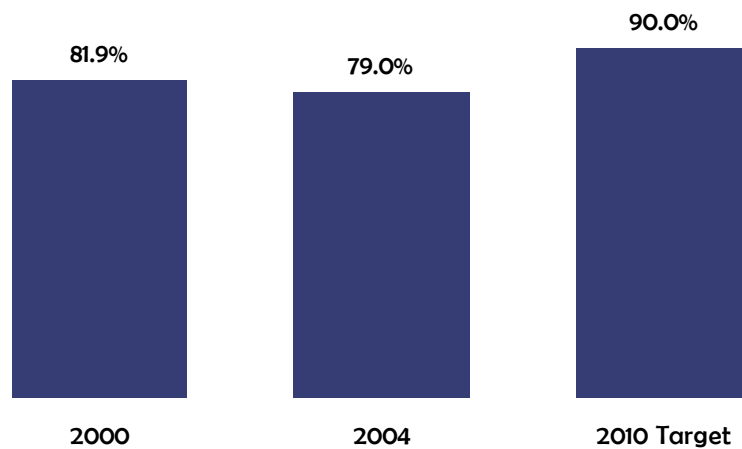
1. Identify marketing/education techniques to promote cervical cancer screening.
2. Work with primary care provider office staff to integrate cervical cancer screening into a patient's overall preventive health care.

3. Educate women about the risk for cervical cancer.
4. Identify and address barriers to cervical cancer screening.
5. Maximize the delivery of cervical cancer screening techniques.
6. Ensure that women diagnosed with cervical cancer are referred to appropriate specialists for treatment.
7. Promote the Bethesda 2001 screening recommendations to ensure appropriate screening follow-up.

#### Evaluation

- BRFSS

Percentage of Women Who Received a Pap Test in the Past Three Years, Utah, 2000, 2004, and 2010 Target



Note: Rates are age-adjusted to the 2000 population.

## Childhood Cancer

Children who are diagnosed with cancer from birth to 14 years of age are classified as having childhood cancer. Early symptoms of childhood cancers are usually non-specific. In Utah, between 2000 and 2003, 381 new cases of childhood cancer were diagnosed and in that same time period 52 children died from their childhood cancer.<sup>7,10</sup> Childhood cancer patients have special medical and psychological needs. It is necessary to increase awareness of these special needs in order to ease the burden of cancer within this special population.

### Goal 9: Increase public awareness of the burden and treatment difficulties of childhood cancer.

**9.1 Objective:** Increase awareness of and communicate information about childhood cancers.

#### Strategies

1. Educate the public about issues of children with cancer.
2. Promote support groups for caregivers and children.
3. Support childhood cancer research.

#### Evaluation

- Awareness Surveys

“Childhood cancer continues to be a hidden destroyer of young lives. Cancer remains the number one disease killer of America’s children - more than Cystic Fibrosis, Muscular Dystrophy, Asthma, and AIDS combined. More than 150 children are diagnosed with cancer in our area every year, impacting the lives of these children, their siblings and families. Currently there is no prevention or control for childhood cancers. Early detection, treatment and quality of life interventions are the best hopes for these children to live long and healthy lives. We advocate for research, treatment and cures for childhood cancers because kids can’t fight cancer alone.”

**Richard Starley**  
**Executive Director**  
**Rocky Mountain Candlelighters**  
**for Childhood Cancer**

## Colorectal Cancer

In 2003 there were 755 new cases of colorectal cancer and in 2004, 212 Utahns died of colorectal cancer.<sup>7,10</sup> Risk factors for colorectal cancer include poor diet, low physical activity level, and being overweight. Eating five or more daily servings of fruits or vegetables, obtaining the appropriate amount of daily physical activity, and maintaining an ideal weight could all reduce the risk for colorectal cancer. Colorectal cancer screening should begin at age 50 for most people and with proper screening, 90 percent of colon cancers are preventable.

### Goal 10: Promote, increase, and optimize the appropriate utilization of quality colorectal cancer screening and follow-up services.

**10.1 Objective:** Increase the number of men and women 50 and older who have received a sigmoidoscopy or colonoscopy in the past five years to 65 percent by 2010. (HP2010 Objective)

#### Strategies

1. Educate the public and health care providers about the needs for colorectal cancer screening.
2. Increase dialogue between patients and their primary care providers about colorectal screening options.

3. Work with partners including the Utah Society of Gastroenterologists and the American Cancer Society to address provider education issues.
4. Continue to support public health campaigns that promote colorectal cancer screening.
5. Pursue grant opportunities that would fund colonoscopies and treatment for the uninsured and underinsured at risk populations in Utah.

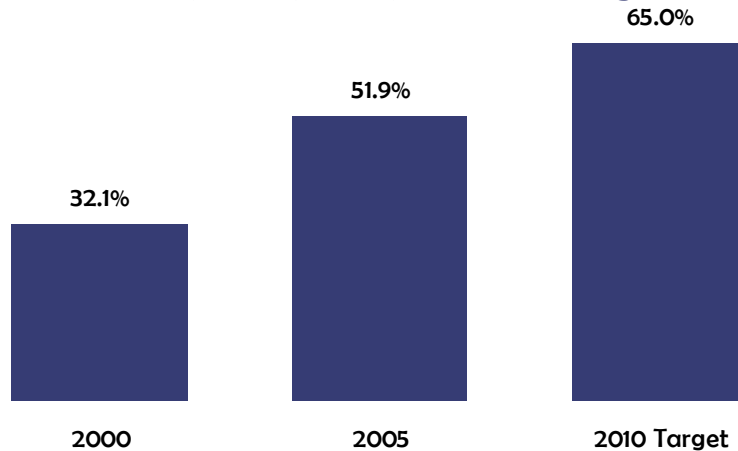
#### Evaluation

- BRFSS

“Screening is the best way to find polyps or growths in the colon or rectum, which can be removed before they become cancerous. People age 50 or older should contact a physician to discuss which screening option may be best for them.”

**Dr. Joe Eyring, MD**  
**Center for Colon and Rectal Diseases**

Percentage of Adults Aged 50 and Older Who Received a Colonoscopy/Sigmoidoscopy in the Past Five Years, Utah, 2000, 2005, and 2010 Target



Note: Rates are age-adjusted to the 2000 population.

## Lung Cancer

In 2003 there were 514 new cases of lung and bronchus cancer and in 2004, 454 Utahns died of cancer of the trachea, bronchus, and lung.<sup>7,10</sup> Smoking is the leading cause of lung cancer in the US. It is estimated that 87 percent of lung cancer cases are caused by smoking. Other causes include radon, asbestos, and air pollution. About six out of ten people with lung cancer die within one year of being diagnosed with the disease, and between seven and eight people will die within two years.<sup>15</sup>

### Goal 11: Reduce the burden of lung cancer on Utahns.

**11.1 Objective:** Reduce the mortality from lung cancer to 24.8 per 100,000 by 2010. (HP2010 Objective)

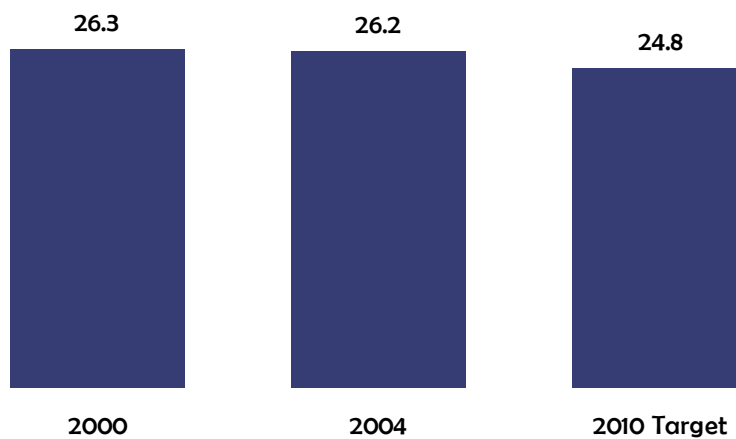
### Strategies

1. Continue to educate Utahns about the correlation between smoking and lung cancer.
2. Educate Utahns about the dangers of radon and its relation to lung cancer.
3. Educate Utahns about the dangers of on-the-job exposure to carcinogens like asbestos.

### Evaluation

- Vital Records

Lung Cancer Mortality (per 100,000 Population), Utah, 2000, 2004, and 2010 Target



Note: Rates are age-adjusted to the 2000 population.



## Ovarian Cancer

In 2003 there were 120 new cases of ovarian cancer and in 2004, 90 Utahns died of ovarian cancer.<sup>7,10</sup> While these numbers are small compared to other cancers, only about 19 percent of ovarian cancer cases are diagnosed at a localized stage.<sup>9</sup> These numbers could be improved with better education to health care providers and to women who may be at high risk from the disease due to inherited BRCA1 or BRCA2 genes. For those diagnosed at later stages, studies are showing very different survival outcomes for women depending on who performed their surgery and their access to a Gynecological Oncologist.

### **Goal 12: Promote, increase, and optimize the appropriate utilization of high-quality ovarian cancer screening and follow-up services.**

**12.1 Objective:** Increase the availability of education and awareness tools to aid in the identification of early stage ovarian cancer.

#### **Strategies**

1. Promote increased awareness of ovarian cancer symptoms and risk factors.

2. Establish baseline for ovarian cancer measures in Utah.
3. Improve access to up-to-date information.
4. Promote “best practices” for primary care providers on the recommended cascade of diagnostic tests necessary for optimal management of women who present with symptoms suspicious for ovarian cancer.
5. Advocate for ovarian-specific research.

#### **Evaluation**

- Utah Cancer Registry
- Surveys

“Ovarian cancer is diagnosed in advanced stages in the majority of patients, despite subtle symptoms being present for many months. Early detection as well as aggressive, specialized surgical care for early and advanced stage disease dramatically improves survival. Patient awareness of the signs and symptoms of ovarian cancer and of the importance of appropriate surgical care is critical to survival.”

**Karen Zempolich, MD**  
**Gynecologic Oncologist**  
**University of Utah**  
**School of Medicine**  
**Division of Gynecologic Oncology**

## Prostate Cancer

In 2003 there were 1,472 new cases of prostate cancer and in 2004, 166 men died of the disease in Utah.<sup>7,10</sup> Prostate cancer, a cancer only found in men, is the second leading cause of cancer death for men both nationally and in Utah. African-Americans and those over the age of 50 are at higher risk for the disease. In 1998, there were proportionally more new cases of prostate cancer in Utah than the US (174.1 versus 169.4 per 100,000).<sup>7,10</sup> Two tests are commonly used to screen for prostate cancer: a blood test for prostate specific antigen (PSA) and/or a digital rectal exam (DRE). Though these tests may not prevent death, the American Cancer Society recommends that healthcare providers make these tests available to men aged 50 and older for annual screening.

**Goal 13: Promote, increase, and optimize the appropriate utilization of prostate cancer screening and follow-up services.**

**13.1 Objective:** Decrease the number of prostate cancer deaths to 20.0 or less per 100,000 in men 2010. (HP2010 Objective)

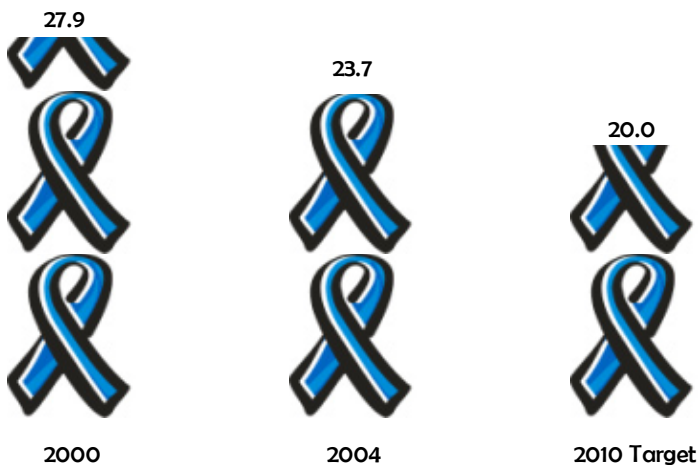
### Strategies

1. Identify and address barriers to prostate cancer screening.
2. Educate the public about the importance of men talking with their doctor about prostate cancer screening after age 40.
3. Support provider use of both PSA and DRE when screening for prostate cancer.
4. Provide education about prostate screening to men at high risk for prostate cancer.
5. Increase community support for informed prostate cancer screening.
6. Give providers educational tools to use when discussing prostate cancer screening with patients.
7. Continue to support activities with media that increase knowledge of prostate cancer and screening opportunities.

### Evaluation

- Vital Records

Prostate Cancer Mortality (per 100,000 Population), Utah, 2000, 2004, and 2010 Target



Note: Rates are age-adjusted to the 2000 population.

“What is troubling with prostate cancer is that it doesn’t often cause symptoms until it spreads. It is very important for men to talk to their doctors about prostate cancer screenings because we now know that early detection and treatment greatly increases the odds of curing the disease.”

**Steven N. Gange, MD, FACS**  
**Western Urological Clinic**

## Skin Cancer

In 2003 there were 440 new cases of melanomas of the skin and in 2004, 54 Utahns died of malignant melanoma of the skin.<sup>7,10</sup> Utah has consistently been ranked in the top 10 states for melanoma incidence. Unprotected exposure to ultraviolet (UV) rays from the sun, tanning booths, and sunlamps can increase the risk of non-melanoma skin cancer. Additionally, frequent sunburns can increase the risk for melanoma skin cancer. Wearing sun protection, such as a hat, long-sleeved shirt, and applying sunscreen can help protect against UV and reduce the risk of skin cancer. Avoiding sun exposure between 10:00 AM and 4:00 PM can also decrease UV exposure.

### Goal 14: Reduce the incidence of skin cancer in Utah.

**14.1 Objective:** Increase the proportion of adults and/or children who used sun protection measures to 75 percent by 2010. (HP2010 Objective)

#### Strategies

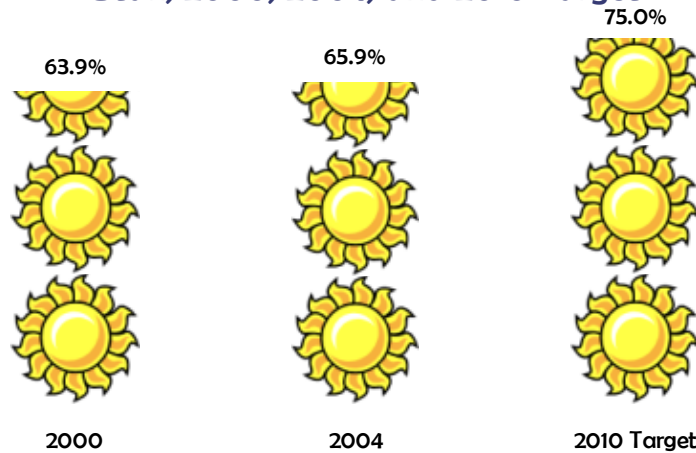
1. Educate the public on sun protection, including the proper use of sunscreen/sun block and protective clothing.
2. Discourage the use of tanning beds.

3. Work with educators and other concerned adults on how to integrate skin cancer prevention curriculum into schools and other community activities.
4. Continue to support groups and committees that work to distribute and supply education programs related to sun protection.
5. Continue to support social marketing programs like the UCAN "Sun Guy" campaign.
6. Educate the public about the importance of and what procedures are available for skin cancer screenings, including self and partner exams, as well as when free screenings are available.

#### Evaluation

- BRFSS
- UCAN Media Surveys

Percentage of Adults Who Used At Least One of Three Measures to Protect Their Skin, Utah, 2000, 2004, and 2010 Target



Note: Rates are age-adjusted to the 2000 population.

"Utah is such a wonderful place to enjoy the great out of doors. Only through prevention can we do this safely. This includes wearing protective clothing, sun glasses, sunscreen or sunblock and trying to get in the shade during the heat of the day. Our skin has to last a lifetime, we need to protect it."

**Thalia Swinyer, RN**  
**Dermatology Research**



# Treatment and Quality of Life

## Access to Quality Care

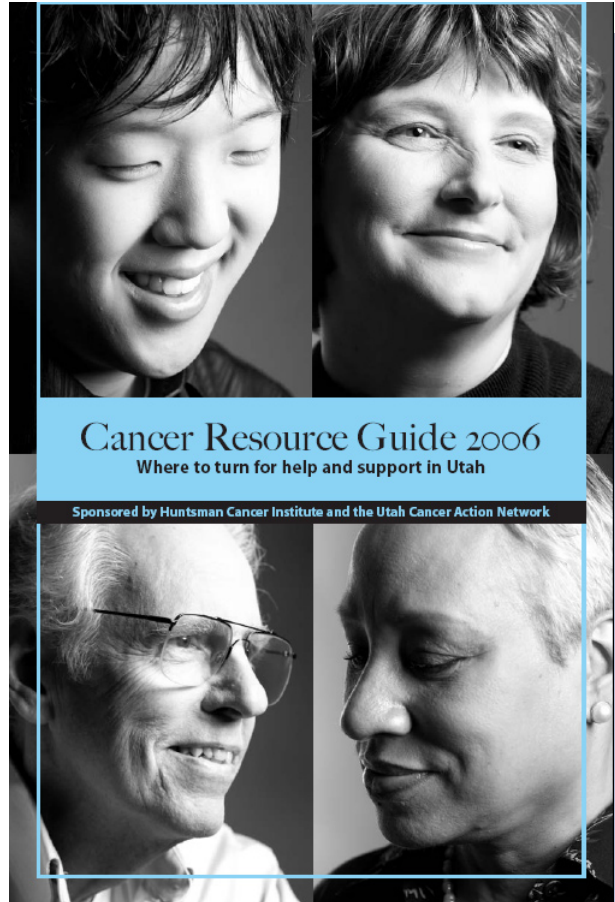
Treatment to cure or control cancer is essential to reducing the burden of cancer in Utah. Treatment must be available, affordable, accessible, and state-of-the-art. People newly diagnosed with cancer may not know about the wide range of treatment options, ongoing clinical trials, and support services that are available to them. Healthcare personnel who treat a large number of cancer patients may provide a higher standard of cancer-related care compared to healthcare personnel who rarely treat cancer patients. This can lead to state-wide differences in access to cancer treatments due to Utah's large number of rural communities. Cost of treatment also tends to limit cancer treatments. For the 11.6 percent of Utahns without health insurance, the cost of treatment can be overwhelming.<sup>6</sup> Even people with health insurance may find that not all treatments are covered under their insurance plan. Moreover, differing cultural and religious beliefs can lead to misunderstandings between healthcare providers and patients, making treatment more difficult than it needs to be.

### **Goal 15: Ensure that all Utahns have access to quality cancer treatment and information services that are culturally and individually appropriate by age, financial situation, and geographic location.**

**15.1 Objective:** Support efforts to ensure that all cancer patients diagnosed and treated in the state of Utah have the opportunity to receive state-of-the-art therapy and services.

#### **Strategies**

1. Identify the standards and components within a "best practices" system of quality of life services based on current research and practices.



2. Provide and promote "connections" for patients and caregivers to services to increase access (navigators, resource centers, clearinghouse, and web resources/links).
3. Disseminate information about state-of-the-art care therapy to health care providers throughout Utah and promote the exchange of ideas about optimal management of cancer patients.
4. Collaborate with health care providers throughout the state to develop and support regional conferences and provider educational programs.
5. Help connect areas without existing tumor boards with ones who do through strategies like teleconferencing.

6. Encourage Utah centers where cancer is diagnosed and treated to seek and maintain accreditation by the American College of Surgeons Cancer Program.
7. Encourage the use of National Comprehensive Cancer Network Treatment Guidelines and the Physician Data Query standards by providers and consumers.

**Evaluation**

- Progress Reports

**14.2 Objective:** Increase Utahn’s access to state-of-the-art care, regardless of their ability to pay for medical care and other cancer-related services.

**Strategies**

1. Identify programs that provide financial support to cancer patients and their families and disseminate information about these resources to health care providers and cancer patients.
2. Identify those who don’t have access to quality cancer care/services.
3. Periodically query health insurance providers in Utah to determine coverage of cancer-related treatments and services.
4. Increase provider awareness of available resources for uninsured or underinsured.

**Evaluation**

- Consumer Assessment of Health care Providers and Systems (CAHPS)
- Health Plan Employer Data and Information Set (HEDIS)

**15.3 Objective:** Reduce cultural barriers to receiving appropriate cancer therapy.

**Strategies**

1. Identify representatives from diverse cultural communities in Utah to assist in identifying cultural barriers that interfere with access to appropriate cancer-related therapy and services, and develop strategies to overcome these barriers.
2. Disseminate ethnic health information, including available cultural competency training, to health care providers.

3. Identify or develop standards of linguistics (Medical) certification.
4. Identify and encourage organizations to develop and use linguistically appropriate materials.
5. Establish a resource list of existing cultural competency training programs.
6. Identify or create and implement an appropriate interpreter certification system.

**Evaluation**

- Progress Reports

**15.4 Objective:** Reduce/eliminate specific population disparities in access to cancer care.

**Strategies**

1. Identify clearly what populations will be included in “disparities” and conduct a data review and assessment of needs, resources, and gaps.
2. Access availability of screening and cancer treatment services in each county.
3. Encourage community resources to be sensitive and culturally competent.
4. Engage communities, minority health community organizations, and those with disparities in identifying and solving the issues.
5. Awareness campaign targeted at groups with proven disparities in cancer care/services.

**Evaluation**

- Progress Reports

**15.5 Objective:** Assure sufficient resources exist to provide quality care/services for all.

**Strategies**

1. Assess resource needs based on epidemiological models.
2. Coordinate volunteer resources.
3. Increase the number of minorities involved in the health care system.
4. Identify shortfalls in human resources based upon demographics of the workforce.

**Evaluation**

- Progress Reports
- CAHPS

## Clinical Trials

Clinical trials can be used to find better ways to prevent, screen for, diagnose, or treat cancer. Educating the public about clinical trials, how they are conducted, and the need for participation is an important part of reducing the burden of cancer in Utah.

### Goal 16: Increase enrollment in clinical trials being conducted in Utah.

**16.1 Objective:** Increase referrals to cancer trials by primary care and other care providers.

#### Strategies

1. Increase awareness of clinical trials.
2. Develop partnerships to facilitate access to specialty services for rural patients and providers through methods such as teleconferencing.

3. Provide information about cancer prevention trials to newsletters, list serves, professional conferences, mailings, and other forums frequented by health care providers.
4. Recruit participants for cancer prevention trials, including representatives of diverse age, racial, and ethnic groups.
5. Identify and work with media partners to educate the public about the importance of cancer prevention research and specific cancer prevention studies in Utah.
6. Use media channels to recruit study subjects.

#### Evaluation

- Utah Cancer Registry

“The advances from recent clinical trials offer new hope to us all.”

**Wallace Akerley, III, MD**  
**Senior Director of Clinical Research**  
**Huntsman Cancer Institute**

## Quality of Life

To ensure the best quality of life for cancer patients, the patients, family members, and their employers must have realistic expectations regarding what impact the illness will have on all aspects of the patient's life. It is important that clinicians appropriately treat pain and other symptoms. Anything that prevents this treatment, such as cost, public policy, insurance coverage, knowledge, beliefs, attitudes, and social norms needs to be addressed.

### **Goal 17: Ensure that accurate and appropriate information about cancer and quality of life is available to cancer patients, their families, and their employers.**

**17.1 Objective:** Increase awareness of available treatment options and support services among cancer patients in Utah.

#### **Strategies**

1. Identify individuals and organizations that provide care and services to cancer patients.
2. Identify and promote existing materials from national, state, and local organizations that provide educational materials about cancer treatment, quality of life, and support resources.
3. Identify measures of quality of life, collect data, and publish reports.
4. Support patient navigation programs that assist newly diagnosed patients to learn about resources.
5. Encourage discussion between patients and providers on the risks/benefits of complementary/alternative medicines.
6. Utilize/promote/distribute the Cancer Resource Guide as well as other developed resources for cancer patients and their caregivers.

#### **Evaluation**

- Progress Reports

**17.2 Objective:** Increase the proportion of Utah cancer patients whose cancer and cancer treatment-related side effects are recognized and treated early or prevented.

#### **Strategies**

1. Ensure that cancer patients are consistently assessed for pain and other symptoms.
2. Increase the proportion of Utah cancer patients whose pain is adequately controlled.
3. Provide institutions that treat cancer patients with evaluative information regarding their agency's ability to address quality of life issues.
4. Identify barriers to symptom control and pain management for cancer patients in Utah.
5. Work to ensure that state-regulated insurers are covering effective symptom and pain management therapies.
6. Conduct activities to educate patients and health care professionals about the latest developments in therapies for pain and symptom management.
7. Investigate the potential costs of adding non-pharmacological and palliative therapies to standard insurance coverage.
8. Increase availability of palliative care available from the time of diagnosis, regardless of treatment goals.
9. Educate about adequate reimbursement of palliative care services by Medicaid, Medicare, and private insurance.

#### **Evaluation**

- Surveys

## Survivorship

Major advances in cancer prevention, early detection, and treatment have resulted in longer survival after cancer diagnosis. However, surviving cancer can lead to issues of access to cancer specialists and promising new treatments, denial of health and life insurance coverage, financial hardships long after the initial diagnosis and treatment, employment problems, psychological struggles and the strain on personal relationships, and the profound fear of recurrence. Cancer survivors need to be supported so that they can lead active, productive lives.

### Goal 18: Improve cancer survivors' quality of life through services that address the physical, emotional, social, and vocational challenges of survivorship.

**18.1 Objective:** Assure the availability of quality programs and services for cancer survivors and caregivers.

#### Strategies

1. Conduct a Utah-based needs assessment of survivorship issues through focus groups, surveys, and interviews with survivors, caregivers, and health professionals.
2. Define the characteristics and components within the "cancer survivor" population by assessing available plans and current research on survivorship issues.
3. Educate primary care physicians of the specific needs of cancer survivors.
4. Hold a Cancer Survivor's Day conference focusing on the needs of cancer survivors.
5. Promote the safe use of non-invasive, rehabilitative, complementary, and alternative modalities that promote quality of life throughout cancer survivorship through public education.
6. Support and encourage respite programs (volunteers to assist caregivers).

7. Develop a user-friendly web-based survivorship database with links to UCAN-supported educational resources.
8. Involve more survivors/consumers (informed) in survivorship issues.

#### Evaluation

- Progress Reports

## End-of-Life

Quality end-of-life care should include pain management, psychosocial support, and timely referral to hospice care. End-of-life case management must be made available, accessible, and integrated into all aspects of treatment for patients with terminal cancer.

### Goal 19: Ensure that all Utah residents have access to high quality end-of-life care.

**19.1 Objective:** Ensure that services are in place to provide needed end-of-life care and educate Utahns about these care options.

#### Strategies

1. Support and increase awareness of the work of organizations that support and provide services for end-of-life care.
2. Educate public about palliative care and pain management and the availability of these services.

#### Evaluation

- Surveys

"Comprehensive care plans include planning for individual medical futures. Survivors may have only limited control over their disease process but they can take steps to ensure that their end-of-life wishes are known and documented."

**Julien Puze**  
**HealthInsight/  
End-of-Life Care Partnership**





# Implementation of 2006-2011 Plan

In November 2005, UCAN members, UDOH staff, and interested stakeholders met for two days to develop the goals, objectives, and strategies for the 2006-2011 Comprehensive Cancer Control Plan. Members reviewed cancer data for Utah, brainstormed in groups, and discussed gaps in access to care with the help of an experienced facilitator. As part of this process, they also identified priority strategies for fiscal year 2007 (published in a separate document.) These are strategies that were determined to be of primary importance for UCAN to address. The strategies have been grouped and new UCAN work groups have been formed to address the strategies. The work groups include: Advocacy, Membership, Evaluation, Disparities, and Quality of Life. There are eight additional ad hoc committees: Breast/Cervical, Clinical Trials, Colon, Ovarian, Prostate, Radon, Skin, and Tobacco. The ad hoc committees will address specific strategies, but these strategies not all are on the priority list.

Each of these groups will begin meeting in July 2006. They will elect a chairperson, develop a plan with

a timeline for addressing and implementing their priority strategies, determine resources needed, and report their progress to the UCAN Executive Board and UCAN members. UDOH staff and the evaluation work group will collaborate to develop a progress reporting form for the groups. Progress will be evaluated quarterly by the UCAN Executive Board and UDOH staff. Each year UCAN members will meet to evaluate progress, identify possible new strategies, determine if current strategies were implemented, and determine which strategies should continue into the next fiscal year. An annual review will be published yearly, as will priority strategies for each fiscal year.

UCAN and UDOH believe that this process will allow us to implement the cancer plan in an efficient and immediate way. It will also allow the coalition to grow as new members and/or agencies are recruited to address priority strategies. Annual reviews and yearly priority strategies will be published and available on the UCAN website ([www.ucan.cc](http://www.ucan.cc)).

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