

Utah State Cancer Plan



Needs and Areas for Implementation

2026–2030

Prepared by

UtahCancerCoalition.org

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Dear Friends,

We are committed to building a healthier future for every individual, family, and community in Utah. Cancer remains one of the most serious health challenges we face. One in three Utahns will be diagnosed during their lifetime, and it is the second leading cause of death in our state, according to the Utah Cancer Registry. Every Utahn's life will be touched by cancer in some way.

The Utah State Cancer Plan provides a roadmap to reduce the burden of cancer and improve the health of our communities. It reflects the combined efforts of healthcare providers, researchers, public health leaders, survivors, and many others who are working together to make a difference. The goals outlined in this plan will help prevent cancer, make sure people have access to high-quality care, and support individuals and families through every stage of the cancer journey.

We have seen firsthand how this plan helps improve cancer prevention, screening, and treatment across the state. In the past five years, our partners have installed sunscreen dispensers in 11 recreational areas to help prevent skin cancer; improved access to cancer screening for rural Utahns through transportation and mobile screening services; and increased access to locally grown, nutritious food that is critical for cancer prevention and treatment. We look forward to seeing long-term results of these efforts, and seeing what changes are made in the next five years.

We invite all Utahns to join in this effort. By making healthy choices, staying up to date with screenings, and offering care and support to one another, we can lower the impact of cancer across our state. Together, we look forward to a future where more Utahns live longer, healthier lives.

Sincerely,

Spencer J. Cox
Governor of Utah

Letter from the Executive Committee

We believe that every person deserves the opportunity to live a long, healthy life free from the burden of cancer. This five-year plan strengthens our collective commitment to reducing cancer's impact through comprehensive action—advancing prevention, improving early detection, expanding access to quality care, supporting survivors, and addressing the challenges that influence outcomes.

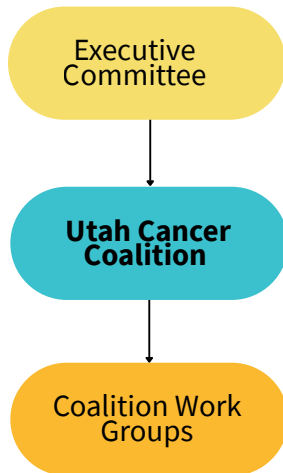
By working together across communities, sectors, and systems, we can drive meaningful progress, uplift the health of all Utahns, and move confidently toward a future where cancer is more manageable and more effectively prevented, treated, and overcome.

Thank you for your help to move these goals forward!



Zion Narrow with Virgin River in Zion National Park By Joecho-16

The Utah Cancer Coalition



Current Work Groups

- Data
- Prevention
- Screening
- Survivorship

The coalition is an active part of the Utah Comprehensive Cancer Control Program, housed in the Utah Department of Health and Human Services. Every state currently receives funding from the National Comprehensive Cancer Control Program at the Center for Disease Control and Prevention. The program goals include community partnerships, prevention, screening, and survivorship support. Each program is required to have a coalition to ensure community partners are involved in program efforts.

Mission: Support efforts to reduce the cancer burden by using the State Cancer Plan to minimize cancer risk for all Utahns.

Vision: No Utahn will suffer unduly from cancer.



Arches National Park, Moab Utah By Sgtphoto

Health for Every Utahn



Kindergarten Kids in Utah By FatCamera

Health for everyone in cancer prevention, screening, and survivorship means ensuring that every person has a fair opportunity to stay healthy, detect cancer early, and live well during and after treatment. Many individuals face barriers such as cost, transportation challenges, language differences, or limited access to care. Promoting health for everyone means identifying and removing these barriers so that high-quality care is accessible and effective for all communities.

In prevention, health for everyone ensures that resources like vaccines, nutritious foods, and tobacco cessation programs reach the people and places that need them most. In screening, it means making tests affordable, convenient, and widely available, so cancers can be detected early. In survivorship, health for everyone focuses on supporting long-term health, through managing side effects, providing mental health care, and offering financial assistance, so that every survivor has the chance to thrive.

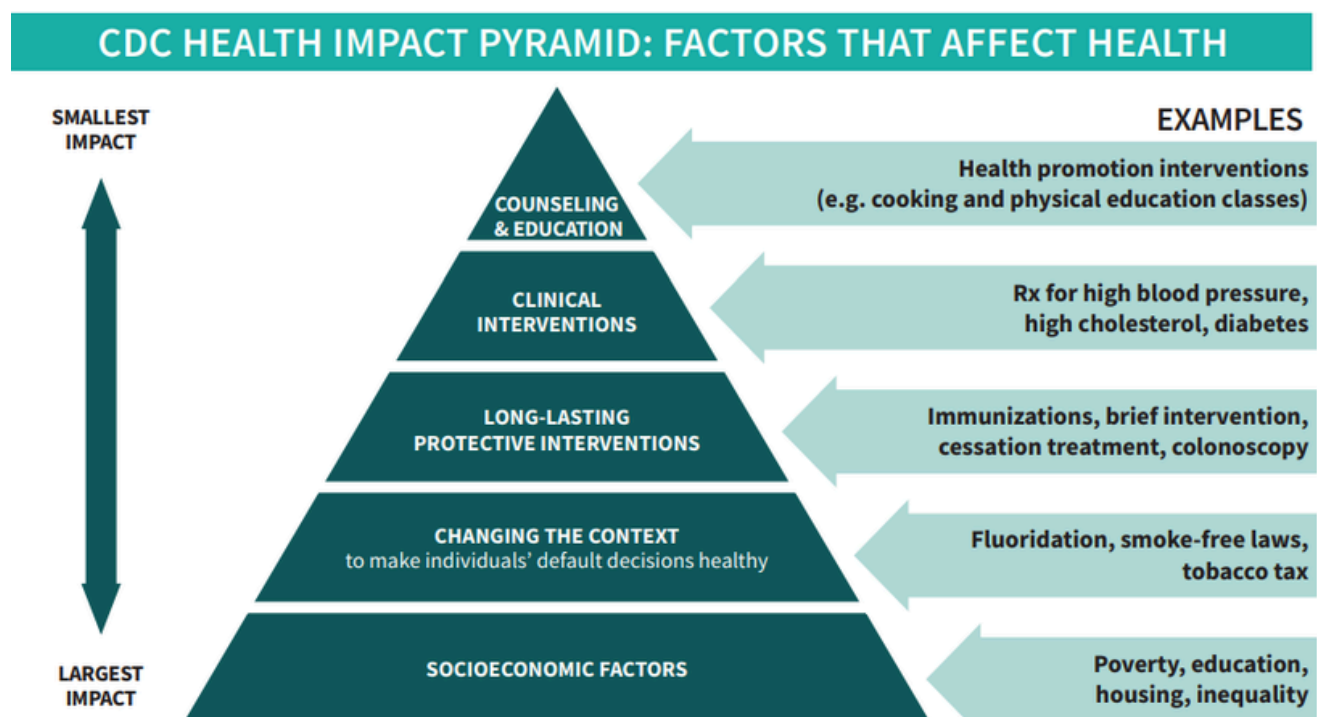
By placing health for everyone at the heart of cancer care, we can save more lives, ease suffering, and create a future where everyone has the same opportunity for lasting health and well-being.

Factors Affecting Health Outcomes

Social drivers of health are the conditions in which people are born, grow, live, work, and age. These factors—like income, education, housing, access to transportation, and safe neighborhoods—have a major impact on cancer risk and outcomes. They shape whether people can make healthy choices, get preventive care, and access treatment when needed.

When individuals lack access to these resources, we often see an increase in cancer-related morbidities and mortalities. For example, limited access to healthy food and safe places for physical activity can increase cancer risk factors. Lack of health insurance or reliable transportation can make it harder to get screenings or treatment on time. Stress from unsafe housing or unstable jobs can also affect overall health.

These same factors influence survivorship. People with fewer resources may struggle to afford follow-up visits, manage long-term side effects, or get emotional support after treatment. Addressing social drivers of health helps ensure that everyone has the opportunity to lower their risk, detect cancer early, and recover well after treatment.



Frieden T.R.A. Framework for Public Health Action

Utah Cancer Resources

This resource page brings together trusted information and tools to support cancer prevention, screening, and survivorship. Here you will find guides on healthy living, programs that make screenings easier to access, and services that help people during and after treatment.

The page also connects you to local and national organizations that offer support, education, and financial or emotional help. Whether you are looking to lower your risk, get screened on time, or find resources for life after cancer, this page is designed to make it simple to find the help you need.

Utah Cancer Coalition Resource Guide:

<https://utahcancercoalition.org/utah-cancer-resources/>



Ogden, Utah By Denis Tangey Jr.

Guide to the Plan

The Utah Cancer Coalition led the development of this State Cancer Plan, which is required by the National Comprehensive Cancer Control Program at the Center for Disease Control and Prevention.

The coalition looked through data sources and aquired input from subect matter experts to map out the current state of cancer in Utah, reflected in the Data section, and topic Benchmarks.

The coalition gathered intervention ideas, which were sorted into three categories: Promote, Partner and Policy. Interventions were vetted for evidence-base and feasibility. These ideas will form the backbone of future work plans for the Utah Comprehensive Cancer Control program and the Utah Cancer Coalition.

Timeline



Data

Utah Demographics

There are 3.4 million people that live in the state of Utah. As the state with the youngest population in the country, 30% of the Utah population is under the age of 20 and only 12% of the population is over the age of 65.

The majority of Utah residents are non-Hispanic White (77%), followed by Hispanic (14%), Asian or Pacific Islander (4%), Black (2%), and American Indian or Alaskan Native (1%). Most Utahns (88%) live in urban counties. (Quick Facts, Utah.gov)

Utah Rates

- Utah's rates of melanoma (41.4 per 100,000 people), thyroid cancer (16.8 per 100,000), and prostate cancer (122.3 per 100,000) are significantly higher than the rest of the United States. (NIH State Cancer Profiles).
- Between 2012 and 2021, rates of certain cancers, including breast, colorectal, cervical, and kidney cancers, increased among young adults (ages 20–49 years) in Utah.
- Utah's rate of death from prostate cancer is higher than the rate of death from prostate cancer in the rest of the United States.
- Utah has the third highest rate of cancer in adolescents and young adults (ages 15–39) in the United States.
- One in three Utahns will be diagnosed with cancer in their lifetime. Cancer is the second most common cause of death, behind heart disease.

These data, along with other cancer statistics, can be found in Cancer in Utah, which is published every two years by the Utah Cancer Registry.

<https://uofuhealth.utah.edu/utah-cancer-registry/cancer-statistics>

Number of Utahns Cancer Diagnosis and Deaths

Cancer in Utah is more than just rates. Here are the numbers of individual Utahns who have been diagnosed with or died from cancer in the last year.

- There are over 142,000 cancer survivors living in the state of Utah.
- More than 17,000 Utahns will be diagnosed with cancer this year.

Counts of cancers diagnosed and deaths from cancer in Utah women, for all cancers and the 5 most common cancers, 2022

	New Cancers	Cancer Deaths
All Cancer Sites	8,558	1,678
Breast	2,581	325
Melanoma of the Skin	1,239	29
Brain and Other Nervous System	692	57
Colon and Rectum	478	143
Thyroid	440	<11

Includes benign, in situ, and invasive cancers

Counts of cancers diagnosed and deaths from cancer in Utah men, for all cancers and the 5 most common cancers, 2022

	New Cancers	Deaths
All Cancer Sites	8,893	1,822
Prostate	2,237	257
Melanoma of the Skin	1,895	51
Colon and Rectum	529	175
Brain and Other Nervous System	475	100
Lung	416	227

Includes benign, in situ, and invasive cancers

Cancer in Utah by Race and Ethnicity

Race and ethnicity are factors in likelihood of cancer diagnosis and death.

Cancer incidence and counts by race and Hispanic or Latino ethnicity in Utah

Race/Ethnicity	2018-2022 Incidence Rate ^a	2022 Case Count	
		Invasive	In Situ and Benign ^b
American Indian/Alaska Native	342.8	95	18
Asian or Pacific Islander	303.8	323	64
Black	398.9	110	30
Hispanic or Latino	402.3	1,290	257
White	423.3	11,585	3,051

a. Age-adjusted incidence rate per 100,000 for invasive cancers only

b. Benign cases limited to brain and cranial nerves

How do Utah Rates Compare to the Nation?

Utah has unique cancer control needs to influence unique rates.

Age-adjusted incidence and mortality for common invasive cancers, Utah compared to the Remaining U.S., 2018-2022

	Utah Incidence	United States Incidence	Utah Mortality	United States Mortality
	Incidence	Incidence	Mortality	Mortality
All Sites	422.1	448.8	119.8	146.2
Prostate	127.8	116.3	22.1	19.0
Breast, Female	123.1	131.4	20.2	19.3
Melanoma	42.7	22.9	2.7	2.0
Colon and Rectum	29.7	36.7	10.5	12.9
Uterus	26.4	27.9	4.7	5.2
Lung	25.0	52.7	15.6	32.5
Non-Hodgkin Lymphoma	18.5	18.5	4.7	5.0
Thyroid	17.5	12.8	0.6	0.5
Urinary Bladder	16.7	18.8	3.5	4.1
Kidney	15.8	17.5	3.1	3.4

Age adjusted incidence and mortality rate per 100,000

Invasive cancers only

Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is a statewide survey conducted by the Utah Department of Health and Human Services to understand health behaviors for the state of Utah.

Cancer Screening

Breast cancer screening is recommended for women aged 40–74. In 2024, 67.2% of Utah women ages 40–74 had received a mammogram in the last two years.

Cervical cancer screening is recommended for women aged 21–65. In 2022, 63% of women ages 21–65 have received a Pap test within the last 3 years.

Colorectal cancer screening is recommended for everyone aged 45 to 75. In 2024, 70.6% of Utahns ages 45–75 were up to date with the screening guidelines for either colonoscopy, sigmoidoscopy, or fecal occult blood test.

Healthy Behaviors

HPV Vaccination can prevent at least six different types of cancer, including cervical and oral cancer. It is recommended that all adolescents, including both boys and girls, get HPV vaccinations. In 2023, 61.2% of teens aged 13–17 in Utah received the recommended series of HPV vaccinations.

Utah has the lowest rate of smoking among all states, with 5.8% of adults reporting that they are regular smokers in 2024. In the U.S., 13.4% of adults are regular smokers.



Cancer Survivor Experiences Survey (CASES)

The Utah Cancer Registry has been conducting an annual survey of cancer survivors since 2018 to better understand the needs of cancer survivors.

Some highlights of the results of this survey include:

- 46% of Utah cancer survivors experience physical, mental, or emotional limitations as a result of their cancer diagnosis. (1)
- Financial hardship as a result of the cancer diagnosis was common, impacting 35% of Utah cancer survivors. (2)
- Among Utah cancer survivors, 22% report ongoing pain due to their cancer treatment. Of those, 24% reported their pain was not under control. (3)
- Only 21% of Utah cancer survivors are meeting the recommended guidelines for weekly aerobic physical activity and strength training. Individuals treated with both chemotherapy and radiation are less likely to get enough physical activity compared to survivors who did not receive cancer treatment. (4)
- Utah cancer survivors are slightly more likely to be up to date on cancer screening for breast, cervical, and colorectal cancer compared to the general Utah population. (5)



Capitol Reef National Park By Brent_1

References:

- (1) Limitation: <https://pubmed.ncbi.nlm.nih.gov/36723708/>
(2) Financial hardship: <https://pubmed.ncbi.nlm.nih.gov/38340250/>
(3) Pain: <https://pubmed.ncbi.nlm.nih.gov/40474012/>
(4) Activity: <https://pubmed.ncbi.nlm.nih.gov/38866381/>
(5) Screening: <https://onlinelibrary.wiley.com/doi/10.1002/cam4.5168>

Prevention



Alcohol

How Does Alcohol Affect Cancer?



Stop Drinking Alcohol By Andrey Popov

Alcohol use can lead to liver, breast, colorectal, head and neck, pancreatic and esophageal cancer. (U.S. Surgeon General's 2025 Advisory – Alcohol and Cancer Risk) Preventing and treating addiction and decreasing overconsumption should be the focus of preventing alcohol-related cancers. (1)

Minimize Cancer Risk From Alcohol

- Drink Less or None
 - The risk of cancer begins to increase even with small amounts of alcohol. Eliminating it offers the best protection.
- Follow Recommended Limits
 - If consumed, keep intake to a maximum of 1 drink/day for women and up to 2 drinks/day for men.
- Avoid Smoking
 - Combining alcohol with tobacco significantly increases the risk of mouth and throat cancers.
- Watch Serving Sizes
 - One standard drink is 12 oz of beer, 5 oz of wine, or 1.5 oz of 80-proof spirits.

Data Point	Rate	Source
Heavy Drinking	3.9%	BRFSS 2024
12 th graders in Utah reporting binge drinking	3.4%	SHARP 2025

Alcohol – Take Action

Promote

- Inform about the link between cancer and alcohol.
- Educate about advantages of limiting alcohol consumption.

Partner

- Partner with state alcohol prevention efforts.
- Promote screening and brief intervention for alcohol overconsumption.
- Increase addiction treatment referral pathways for cancer patients with alcohol addictions.

Policy

- Work with alcohol prevention and treatment coalitions in Utah to review Utah's alcohol policies and look for areas of improvement.
- Increase alcohol tax.
- Regulate the number of alcohol outlets.
- Reduce alcohol marketing.

References:

(1) Alcohol and cancer prevention

Environmental

How does environmental exposure affect cancer?

There are causal relationships between environmental exposures and development of cancer in specific organs (e.g., inhalation of asbestos and mesothelioma). Rates for the public can be found on the EPHT tracking network or IBIS. (1)



Salt Lake City, Utah, USA at the Great Salt Lake
By Sean Pavone

Minimize Cancer Risk From Air and Water Quality

- Monitor air quality.
 - Check local air quality reports and wear masks if necessary when pollution levels are high.
 - Limit outdoor activities on poor air quality days.
- Decrease pollution.
 - Work from home, carpool or take public transportation.
- Indoor filtration.
 - Use air purifiers equipped with HEPA filters to remove particulate matter and dangerous carcinogens.
- Use quality controlled water.
 - Only drink water from sources that have been checked for contaminants, such as city approved drinking water.

Data Point	For Sensitive Groups	For Everyone	Source
Air pollution days unhealthy for sensitive groups	65	8	American Lung Association 2025
Ozone days unhealthy for sensitive groups	19	4	American Lung Association 2025

Environmental – Take Action

Promote

- Provide education on links between environmental contaminants and possible health effects.
- Promote the development of urban green spaces and shade.

Partner

- Partner with Utah Department of Environmental Health.
- Provide community pollutant clean up.
- Improve air quality surveillance systems.
- Encourage decreased vehicle use during red-air quality days.

Policy

- Improve laws around emissions and pollution control.
- Regulate chemicals and product safety.
- Improve water quality standards.
- Establish building codes that mandate radon prevention measures in new construction and require testing in existing structures.
- Encourage water testing and filtration.
- Increase requirements for emissions.
- Create policies working from home and carpooling where possible to improve air quality.

References:

- (1) Environmental Cancer Topics and Data IBIS
- (2) Site Specific (Known Contaminant Source): APPLETREE
- (3) Utah Cancer Registry
- (4) IBIS
- (5) Known cancer causing substances

HPV Vaccine

How Does HPV Vaccination Affect Cancer?



Deanna Kepka and Jonah,
Courtesy of Huntsman Cancer Institute

The HPV vaccine prevents cancer by stimulating the immune system to produce antibodies that neutralize the Human Papillomavirus (HPV) before it can infect cells. It works similarly to other vaccines, using non-infectious proteins to teach the body to fight specific cancer-causing strains, offering up to 90% protection against HPV-induced cancers. (1) Getting the HPV vaccine is the most effective way to prevent against HPV related cancers.

Minimize Cancer Risk from HPV

- Get Vaccinated
 - The CDC recommends vaccination for children aged 11–12, but it can be given from age 9 up to 26.
 - Adults aged 27–45 should discuss with their doctor if the vaccine is appropriate.
- Vaccine Doses
 - Children starting before age 15 need 2 doses; those starting at 15 or older need 3 doses. (2)

Data Point	Rate	Source
Adolescents receiving two doses of the HPV vaccine	61.2%	IBIS 2023

HPV Vaccine – Take Action

Promote

- Public messaging to get youth vaccinated.
- Support the use of reminder systems in provider offices to increase HPV vaccination completion rates.
- Educate partners on financial resources available for uninsured and underinsured populations for the HPV vaccine.
- Educate dental offices starting at Community Health Centers on cancer prevention (HPV) related to oral cancers.

Partner

- Provider education to prioritize HPV vaccination starting at 9 years old.
- Encourage dental professionals to refer patients to HPV vaccine providers.
- Educate health systems and develop provider-to-parent messaging to recommend vaccination (HPV vaccination).
- Encourage implementation of evidence-based interventions to increase adolescent vaccination rates.
- Encourage training for healthcare providers on evidence-based HPV vaccine practices.
- Encourage partners to provide vaccines or vaccine information at community events such as health fairs.
- Encourage schools to offer HPV vaccinations during their Back to School or Registration Clinics.

Policy

- Insurances to cover HPV vaccines.
- Encourage/incentivize local health departments (LHD) to provide vaccines.

References:

- (1) [HPV Game Changer for Preventing Cancer in Women](#)
- (2) [Preventing HPV Associated Cancers](#)

Nutrition

How Does Nutrition Affect Cancer?



by Robert Kneschke

Nutrition affects cancer risk by influencing inflammation, blood glucose, and the gut microbiome, with high-fiber diets rich in fruits, vegetables, and whole grains generally lowering risk. Conversely, processed and red meats, excessive sugar, refined carbohydrates, and alcohol can increase risk by promoting inflammation, obesity, and the formation of cancer causing compounds. Maintaining a healthy weight through a balanced diet is a key strategy for reducing cancer risk. (1)

Minimize Cancer Risk from Nutrition Factors

- **Prioritize Plant-Based Foods**
 - Fill two-thirds of your plate with vegetables, fruits, whole grains, and beans. These foods are nutrient-dense and high in fiber, which helps maintain a healthy weight and lowers colorectal cancer risk.
- **Limit Processed and Red Meats**
 - Avoid or strictly limit processed meats (bacon, sausage, hot dogs) and reduce red meat intake (beef, pork, lamb), as they are linked to increased colorectal cancer risk.
- **Reduce Sugar and Refined Carbs**
 - Minimize added sugars and sugary drinks, which contribute to obesity—a major risk factor for several cancers.
- **Choose Nutrient-Dense Foods**
 - Focus on whole foods rather than supplements to obtain essential vitamins, minerals, and antioxidants.

Data Point	Rate	Source
Utahns who eat more than 5 servings of fruits and vegetables	13.3%	BRFSS 2021
Utah children reporting they skipped one or more meals because their family didn't have enough money to buy food	13%	SHARP 2025

Nutrition – Take Action

Promote

- Teach children and adults about healthy eating, focusing on nutrient-rich foods and proper portion sizes.
- Offer low-cost community cooking classes to help people learn how to make healthy, affordable meals.

Partner

- Provide whole foods for school lunches.
- Create garden space at schools to grow fresh produce for lunches.
- Work with city planning and governments to reduce food deserts.
- Create partnerships with restaurants to support healthy eating initiatives in restaurants that focus on offering affordable fruit and vegetable menu options.
- Provide assistance to the largest employers in the state to incorporate and promote evidence-based nutrition, and physical activity interventions into worksite wellness programs.
- Work with community partners and leaders to increase access to affordable, healthy foods in communities and places of work.

Policy

- Expand food assistance programs.
- Support nutrition incentive programs such as Double Up Food Bucks, Produce Rx and Senior Farmers Market Nutrition Program.
- Offer fruit and vegetable voucher programs or produce prescriptions to make healthy foods more affordable.
- Advocate for policies that limit the sale of less healthy foods in schools and promote healthy eating across communities.
- Put policies and activities in place at schools that encourage good eating habits among kids and teens.

References:

- (1) [Diet and Cancer Prevention](#)

Physical Activity

How Does Physical Activity Affect Cancer?



Walking keeps you healthy By AJ_Watt

Regular physical activity including both cardio and strength training is associated with a decreased risk of several cancers, including breast, colon, endometrial, kidney, and lung cancers. Even light-intensity activities, such as household chores, and reducing sedentary time can contribute to a lower risk of developing cancer. (1)

Physical activity lowers cancer risk by helping with weight control, body composition, regulating hormones like estrogen and insulin, reducing inflammation, and improving immune function.

Minimize Cancer Risk from Physical Activity Factors

- Cardio
 - Aim for at least 150–300 minutes of moderate-intensity activity (e.g., brisk walking, cycling) or 75–150 minutes of vigorous-intensity activity (e.g., running, swimming) per week.
- Strength
 - Incorporate muscle-strengthening exercises at least 2 days a week.
- Daily Activity
 - Even light-intensity daily physical activity, such as higher daily step counts, is associated with a lower risk of cancer.
- Avoid being sedentary.
 - Limit sitting, lying down, and screen-based entertainment.

Data Point	Rate	Source
Adults reporting adequate physical activity levels	33.1%	BRFSS 2023
Youth ages 12–18 who report being active 7 days a week	20%	SHARP 2025

Physical Activity – Take Action

Promote

- Encourage residents to meet the recommended 150 minutes of moderate aerobic activity and two strength training sessions each week to support overall health.
- Support communities through the Healthy Utah Community Designation, which provides strategies to enhance access to healthy foods and create spaces that promote active living.

Partner

- Improve infrastructure, develop and maintain safe, accessible walking and biking paths, public transit, and green spaces.
- Increase access to active transportation, encourage walking and biking for commuting and recreation by designing communities with mixed-use development and destinations within walking distance.
- Provide safe parks, playgrounds, and recreational facilities that are away from busy streets, making it easier for people of all ages and abilities to be active.
- Promote the adoption of physical activity in early childcare and education.

Policy

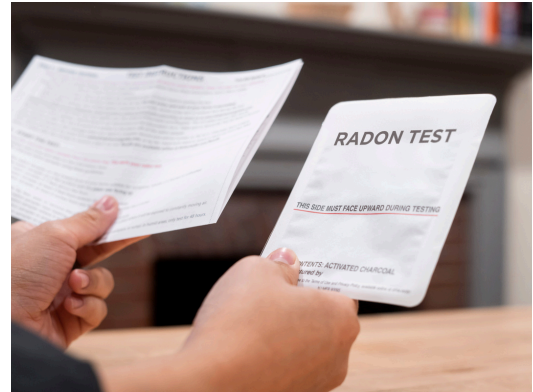
- Advocate for health insurance companies to cover gym memberships.
- Support policies that improve access to physical activity opportunities, regulate the quality of physical education in schools, and provide funding for physical activity promotion.

References:

- (1) Physical Activity and Cancer, IBIS

Radon

How Does Radon Affect Cancer?



Courtesy of Huntsman Cancer Institute

Radon is the leading cause of lung cancer among non-smokers, according to U.S. Environmental Protection Agency estimates. Overall, radon is the second leading cause of lung cancer. Radon is responsible for about 21,000 lung cancer deaths in the US every year.

Minimize Cancer Risk from Radon

- Test Your Home
 - Use a DIY kit or hire a professional to test for radon, specifically in the lowest living areas.
- Install Mitigation Systems
 - Hire a certified contractor to install a vent pipe and fan system that pulls gas from under the foundation and exhausts it outside.
- Seal Entry Points
 - Close cracks in concrete floors, walls, and foundations to block radon entry.
- Improve Ventilation
 - Use fans and open windows to increase air circulation, especially in basements and crawl spaces.

Data Point	Rate	Source
Total number of radon tests	15,682	IBIS 2022
Utah homes testing higher than 4 pCi/L	49%	IBIS 2022

Radon – Take Action

Promote

- Increase awareness of testing and mitigation options.
- Promote the State Radon campaign.
- Targeted testing of homes that may never have been radon tested.

Partner

- Work with local health departments on their radon promotion efforts.
- Work with Utah Radon to provide financial incentives to reduce barriers to testing and mitigation.
- Partner with real estate agents to encourage radon testing.

Policy

- Radon testing for new homes and buildings decreases risk of radon exposure.
- Strengthen radon testing and mitigation requirements for Home Owners Associations.
- Acknowledge radon awareness month.
- Increase support for radon mitigation.
- Increase protections for workplace exposures such as construction, miners, fire fighters.

References:

- (1) Surgeon General Radon Advisory

Sun Safety

How Does Sun Safety Affect Cancer?



Courtesy of Huntsman Cancer Institute

Sun exposure is directly linked to many types of skin cancer. Sun rays can damage cells and lead to cancer. (1)

Utah has the highest rate of melanoma incidence in the US (42.2 Utah vs 23.1 US) and the second highest mortality rate (2.7 vs 2.0 US). This means that Utahns are at an increased risk for skin cancer compared to people in other states. (2)

Minimize Cancer Risk from Sun Exposure

- Seek Shade
 - Use umbrellas, trees, or shelters.
- Wear Protective Clothing
 - Choose tightly woven fabrics, long sleeves, long pants, and hats with wide brims to protect the face, ears, and neck.
- Use Sunscreen Properly
 - Apply a broad-spectrum sunscreen with an SPF of at least 30, 30 minutes before going outside. Reapply every two hours, or immediately after swimming or sweating.
- Protect Eyes
 - Wear sunglasses with UV protection to shield the eyes and surrounding skin.
- Avoid Tanning Beds
 - Artificial tanning sources increase UV radiation risk.

Data Point	Rate	Source
Individuals participating in any sun safety behaviors	34%	BRFSS 2012
Tree canopy cover	12%	Tree Equity Score 2025

Sun Safety – Take Action

Promote

- Provide information related to sun safety at parks, trailheads, ski resorts, schools, and other places where people regularly engage in outdoor activities.
- General sun safety education/campaign.
- Provide information on the risks of tanning.
- Skin cancer rates are higher in Utah for all races. Promote resources and information specifically on the risk of cancer, even for darker skin tones.
- Educate about differences in skin cancer appearance on different skin tones.

Partner

- Provide sunscreen and sun shades at community venues including:
 - Parks
 - Mountain resorts
 - State parks
 - Schools
 - Other outdoor community locations
- Plant and maintain shade trees in community locations.

Policy

- Promote policies restricting tanning bed use for youth.
- Promote policies requiring trees be planted in new developments like in park strips.

References:

- (1) [Taylor and Francis Online](#)
- (2) [Melanoma Indicator IBIS](#)
- (3) [Tree Equity Score State of Utah](#)

Tobacco

How Does Tobacco Exposure Affect Cancer?



WaytoQuit.org

Commercial tobacco use is the leading cause of lung cancer in Utah and the United States. Quitting and decreasing exposure to all types of tobacco leads to a decrease in lung, mouth, throat, and other cancers. Preventing commercial tobacco use and encouraging quitting should be the primary focus for preventing associated cancers.

Minimize Cancer Risk from Tobacco

- Quit Smoking or Using Tobacco
 - Quitting at any age significantly reduces risk, with benefits increasing the sooner you stop. After 20 years, risks for certain cancers approach those of a non-smoker.
- Avoid Secondhand Smoke
 - Exposure to others' smoke increases cancer risk, so make your home and car smoke-free.
- Do Not Switch to "Light" Products
 - There is no safe tobacco product, including cigars, pipes, or smokeless tobacco. Reducing cigarette consumption helps, but quitting entirely is far more effective.

Data Point	Rate	Source
Current adult smokers in Utah	5.8%	BRFSS 2024
12-18 year-olds who have tried cigarettes	3.2%	SHARP 2025
12-18 year-olds who have tried vaping	8.1%	SHARP 2025

Tobacco – Take Action

Promote

- Utah Tobacco and Nicotine Quit Services
 - 1.800.QUIT.NOW
 - Waytoquit.org
 - My Life, My Quit
- Tobacco prevention campaigns

Partner

- Offer tobacco cessation support in clinics, hospitals and other healthcare locations.
- Increase enforcement of tobacco free business, school, and community locations.

Policy

- Increase tax on tobacco products.
- Expand tobacco free location policies.
- Implement and enforce comprehensive smoke-free laws for all public places, workplaces, and multi-unit housing to protect people from secondhand smoke.
- Restrict product access, limit access to tobacco products, especially for minors, to prevent initiation of tobacco use.

References:

- (1) [Smoking and Cancer](#)
- (2) [Tobacco Use Causes Cancer Throughout the Body](#)
- (3) [Tobacco Prevention and Control in Utah](#)

Screening



Breast Cancer

Benefits of Early Screening

Finding breast cancer early is one of the most effective ways to reduce deaths from the disease. When detected early, breast cancer is easier to treat successfully with the 5-year survival rate for stage 1 breast cancer at 99% vs stage 4 at 31%. Regular mammograms are the most reliable method for early detection.



Courtesy of Huntsman Cancer Institute

Factors that Increase Risk

- Female sex at birth
- Older age
- Inherited genetic mutations, such as BRCA1 or BRCA2
- Menstrual periods beginning before age 12 or menopause occurring after age 55
- Dense breast tissue
- A family history of breast or ovarian cancer
- Radiation therapy to the chest or breasts before age 30

Recommendations

Always check with your doctor, the recommendations below are general and individual patients may have unique needs.

- **Age:** 40
- **Test:** Mammogram
- **Frequency:** Annual

Rate Type	Utah	US	Source
Screening	63.8%	68.2%	IBIS 2022
Incidence	113.3	119.2	IBIS 2020
Death	19.6	19.4	IBIS 2021

Breast Cancer – Take Action

Promote

- Promote breast cancer awareness campaigns on screening guidelines.
- Share resources for uninsured patients.
- Promote mobile unit locations.
- Recommend preventative cancer screenings at each clinic visit.
- Encourage and support implementation of evidence-based interventions to increase screening.
- Increase the use of client reminders for breast cancer screening.

Partner

- Work with mobile mammography units to bring services to clinics.
- Engage community health workers to promote breast cancer screening.

Policy

- Advocate for insurance coverage for diagnostic services.
- Advocate for insurance coverage for mobile mammograms in rural areas.
- Convene a breast cancer care workgroup to improve breast cancer screening rates.

References:

- (1) Public Health Indicator Based Information System (IBIS)
- (2) CDC.gov
- (3) American College of Obstetricians and Gynecologists (ACOG)
- (4) Health Resources & Services Administration (HRSA) Women's Preventive Services Guidelines
- (5) Healthy People 2030
- (6) National Cancer Institute

Cervical Cancer

How Does Screening Affect Cervical Cancer Mortality?

Cervical cancer is one of the most preventable and curable cancers if detected early through routine screening. Almost all cases of cervical cancer are caused by infection of high-risk types of the human papillomavirus (HPV). Women who have had an HPV vaccine still need to have routine cervical cancer screening because the vaccine does not fully protect against all the strains of the virus and other risk factors that can cause cervical cancer.

Risk Factors

- HPV infection
- smoking
- A weakened immune system
- Chlamydia infection
- Long-term use of birth control pills
- Having three or more full-term pregnancies
- having your first pregnancy younger than aged 20
- low socioeconomic status.



Courtesy of Huntsman Cancer Institute

Recommendations

Always check with your doctor, the recommendations below are general and individual patients may have unique needs.

- **Age:** 21-29
- **Test:** Pap test
- **Frequency:** 3 years
- **Age:** 30-65
- **Test:** HPV test only, HVP self-collection, HPV test with a Pap test, Pap test only
- **Frequency:** 3-5 years

Rate Type	Utah (per 100,000)	US (per 100,000)	Source
Screening	62.9	68.8	IBIS 2022
Incidence	6.2	7.1	IBIS 2020
Death	1.6	2.3	IBIS 2021

Cervical Cancer – Take Action

Promote

- Promote cervical cancer screening guidelines and testing options.
- Promote availability of HPV self-collection tests.
- Promote resources for uninsured and underinsured patients.
- Promote HPV vaccine beginning at age nine.

Partner

- Distribute self-collected HPV tests to increase cervical cancer screening.
- Engage community health workers to promote cervical cancer screening.
- Increase the use of client reminders for cervical cancer screening
- Reduce barriers to accessing screening by offering non-clinical settings for screening and modifying clinic hours to offer evening screening options.
- Increase cervical cancer screening with homeless clinics and rural clinics.

Policy

- Provide funding for follow up care for positive test results in addition to existing low-income screening.

References:

- (1) Public Health Indicator Based Information System (IBIS)
- (2) Healthy People 2030 Increase the proportion of females who get screened for cervical cancer
- (3) National Cancer Institute
- (4) USPSTF
- (5) CDC
- (6) HRSA
- (7) American Cancer Society

Colorectal Cancer

How Does Screening Affect Colorectal Cancer Mortality?

Early detection of colorectal cancer saves lives. It is referred to as a “silent killer” due to lack of symptoms and is often not diagnosed until it has progressed to a later stage, when it is harder to treat. It is recommended that colorectal cancer screening begins at age 45.



Courtesy of Huntsman Cancer Institute

Risk Factors

- Excess body weight
- Diabetes mellitus, Type 2
- Smoking
- Poor diet
- Alcohol
- Age over 50 years
- American Indian, Alaska Native, African American, and Ashkenazi Jewish heritage
- Male at birth
- Family history of colorectal cancer
- History of radiation to the abdomen or pelvis area
- Having an inherited syndrome (3)

Recommendations

Always check with your doctor, the recommendations below are general and individual patients may have unique needs.

- **Age:** 45–74
- **Test:** Stool test
- **Frequency:** 1–3 years

- **Age:** 45–74
- **Test:** Colonoscopy
- **Frequency:** 10 years

Rate Type	Utah (per 100,000)	US (per 100,000)	Source
Screening	75.6	73.9	IBIS 2022
Incidence	27.3	32.5	IBIS 2020
Death	9.7	13.4	IBIS 2021

Colorectal Cancer – Take Action

Promote

- Education about colorectal test options and insurance coverage, making sure people are aware of testing options.
- Encourage stool-based CRC tests as frontline screening tool for average risk individuals, shared decision making.

Partner

- Engage community health workers to promote colorectal cancer screening.
- Partner with health systems to address colonoscopy services in rural areas.
- Partner with health systems to increase the use of client reminders for colorectal cancer screening.
- Reduce structural barriers to screening by simplifying patient access to screening by offering “one-stop shopping” such as FLU-FIT clinics (giving Fecal Immunochemical Test at a flu shot clinic).
- Encourage shared decision making between patient and provider.

Policy

- Prohibit cost sharing on screening.
- Increase access to free colonoscopy and follow up for un/underinsured patients.
- Provide insurance coverage for colonoscopy access at a younger age for those with family history of colon cancer.
- Funding for follow up care for positive test results in addition to existing low-income screening.

References:

- (1) Public Health Indicator Based Information System (IBIS)
- (2) HP 2030
- (3) ACS
- (4) Increasing Colorectal Cancer Screening in Rural Communities

Lung Cancer

How Does Screening Affect Lung Cancer Mortality?

Lung cancer screening, specifically with low-dose computed tomography, significantly reduces lung cancer mortality by 20% to 24% in high-risk individuals, according to major trials like the National Lung Screening Trial (NLST) and NELSON. Early detection allows for earlier treatment, decreasing late-stage diagnoses and improving survival. (1)

Risk Factors

- Smoking
- Secondhand smoke
- Exposure to Radon
- Exposure to asbestos
- Exposure in the workplace (3)
- Living somewhere with high air pollution



Courtesy of Huntsman Cancer Institute

Recommendations

Always check with your doctor, the recommendations below are general and individual patients may have unique needs.

- **Age:** 50–80 years
- **Test:** Low-dose CT scan
- **Smoking history:** 20 or more pack years
- (this means 1 pack a day for 20 years, 2 packs a day for 10 years, etc.)
- **Smoking Status:** Currently smoke or quit within the last 15 years
- **Frequency:** Annual

Rate Type	Utah (per 100,000)	US (per 100,000)	Source
High-risk individuals screened	13.1	18.2	American Lung Association 2025
Incidence	19.8	47.1	IBIS 2020
Death	16.5	34.8	IBIS 2018

Lung Cancer – Take Action

Promote

- Increasing awareness of lung cancer screenings for eligible patients and general public.
- Partner with Utah Tobacco Prevention and Control Program and Tobacco Free Alliance to increase awareness of lung cancer screenings for survivor caregivers, providers, and the general public to promote education and shared decision making.

Partner

- Provider education about lung cancer screening and shared decision making.
- Increase awareness of lung cancer screening and eligibility with primary care providers including knowledge of lung cancer screening programs in Utah.

Policy

- Work with USPSTF to have lung cancer screening covered for individuals with radon exposure, occupational exposure, etc. regardless of smoking history.
- Have Centers for Medicare and Medicaid Services adopt the new screening standards which include those with radon and occupational exposure.
- Expand insurance coverage for lung cancer screening for firefighters.
- Explore legislation to have secondhand smokers included to receive lung cancer screening.

References:

- (1) Lung Cancer Screening (PDQ®)–Health Professional Version
- (2) USPSTF
- (3) Lung Cancer Risk Factors
- (4) Health Risks of Secondhand Smoke

Prostate Cancer

How Does Screening Affect Prostate Cancer?

It is recommended that men have a chance to make an informed decision with their provider about whether to be screened for prostate cancer. Men should learn about the possible benefits and harms of screening, diagnosis and treatment.



By Kali9

Risk Factors

- African American men and in Caribbean men of African ancestry
- Family history
- Inherited gene changes
- Age, with most men being diagnosed over age 65

Recommendations

Always check with your doctor, the recommendations below are general and individual patients may have unique needs.

- **Age:** 55–69
- **Test:** Discuss screening options with provider.
- **Frequency:** Discuss screening frequency with provider.

Rate Type	Utah (per 100,000)	US (per 100,000)	Source
Screening	36.6	39	IBIS 2022
Incidence	118	111.6	IBIS 2019
Death	19.8	18.7	IBIS 2022

Prostate Cancer – Take Action

Promote

- Best practices around prostate screening.
- Increase awareness for high risk groups.
- Increase awareness of prostate cancer rates in Utah with providers and the general public.
- Share information about types of testing available.

Partner

- Encourage providers to make shared decisions with patients.
- Partner with community-based organizations working with high risk communities to increase screening rates.

Policy

- Ensure insurance coverage for test options.
- Provide free screening for high risk individuals

References:

- (1) USPSTF
- (2) HP 2030

Childhood, Adolescent and Young Adult Cancer



Childhood, Adolescent and Young Adult Cancer

How Does Early Diagnosis Affect Cancer Survivorship?

Childhood, adolescent, and young adult (AYA) cancers represent a unique and challenging group of diseases that affect individuals during critical stages of growth and development.



Unlike adult cancers, which are often linked to lifestyle or environmental factors, these cancers typically arise from genetic or developmental causes, making them distinct in biology and treatment needs. Advances in research and therapy have significantly improved survival rates, yet many young patients face lifelong physical, emotional, and social effects from their diagnosis and treatment.

Understanding the specific challenges of cancer across these age groups is essential to improving care, outcomes, and quality of life for young survivors and their families. Survivors often face barriers to long-term care, fertility preservation, education reintegration, and mental health support challenges that can persist for years after treatment ends. Improving the continuum of care for this population is essential to advancing health for everyone, supporting families, and ensuring quality of life for Utah's youngest cancer survivors.

Although these cancers represent a small portion of total cancer cases, they have a disproportionate emotional, financial, and social impact on families and communities.

Rate Type	Utah (per 100,000)	US (per 100,000)	Status	Source
Incidence <15 years	18.2	16.6	Rising	SEER 2018–2022
Incidence <20 years	18.2	18.4	Rising	IBIS 2022

Childhood, Adolescent and Young Adult Cancer

Data for Childhood, Adolescent and Young Adult Cancer

In 2022, 139 children aged 0–14, 105 adolescents aged 15–19, and 1,303 young adults aged 20–39 were diagnosed with cancer or benign brain/central nervous system (CNS) tumors in Utah. (Utah Cancer Registry)

Different age groups are impacted by different types of cancer at different rates. Brain tumors are most commonly diagnosed cancer in children and adolescents, while melanoma is the most commonly diagnosed cancer in young adults.

Data from the Utah Cancer Registry:

Cancer diagnosed in Utah residents, aged 0-39, 2018-2022

Childhood (Aged 0-14)

Cancer Type	Rate
Brain and CNS Tumors	5.3
Leukemia	5.2
Lymphoma	3.0
Neuroblastoma	1.3
Sarcoma	1.3

Adolescent (Aged 15-19)

Cancer Type	Rate
Brain and CNS Tumors	7.9
Lymphoma	4.9
Leukemia	4.3
Thyroid	4.0
Sarcoma	2.8

Young Adult (Aged 20-39)

Cancer Type	Rate
Melanoma	28.0
Thyroid	20.0
Breast	14.3
Brain and CNS Tumors	14.2
Testis	8.4

Rate is the number of new cancers per 100,000, age adjusted

Childhood, Adolescent and Young Adult Cancer

Key Challenges

- Limited public and provider awareness of early warning signs of childhood, adolescent and young adult cancers.
- Gaps in access to specialized oncology care, particularly in rural and underserved regions.
- Fragmented coordination between pediatric and adult treatment systems.
- Financial hardship and employment strain on caregivers and families.
- Insufficient access to fertility preservation.
- Insufficient access to psychosocial support services.
- Increased risk for secondary cancers and long-term treatment-related health effect.
- Transportation barriers for care during or follow up appointments.
- Lack of local services for rural families.

Childhood and Young Adult Cancer - Take Action

Promote

- Educate patients, caregivers, and providers on life after treatment, ongoing screening, and secondary cancer risks.
- Share caregiver resources on navigating the Family Medical Leave Act and understanding employment protections.
- Increase awareness of fertility preservation, trauma-informed care, and mental health support programs for families.
- Food security programs for patient families through health care facilities.
- Highlight bereavement care, pro bono therapy, fertility preservation, and end-of-life support for families.

Partner

- Provide 504 and Individualized Education Plan support for kids with medical needs to receive specialized support in the classroom.
- Provide counseling for parents on navigating medical bills, time off work, babysitters, etc.
- Education on life after cancer treatment and the importance of continued screening for all cancers.
- Insurance navigation support with preexisting conditions.
- Community organizations and non-profits to ensure that pediatric/AYA cancer patients and families have access to financial, emotional, and practical assistance.
- Train providers on survivorship care, secondary cancer risks, and long-term monitoring.
- Expand trauma-informed communication training for all clinical and nonclinical staff.
- Psychosocial support offered at health systems.

Childhood and Young Adult Cancer – Take Action

Policy

- Advance legislation for employer family leave benefits that protect the income and employment of parents or guardians caring for children with critical illness.
- Mandate insurance coverage for fertility preservation, survivorship care, and mental health counseling within both public and private plans.
- Expand eligibility for WIC (Women, Infants, and Children) and CHIP (Children’s Health Insurance Program) to include families experiencing financial hardship due to childhood or AYA cancer.
- Encourage hospitals and treatment centers to integrate food security programs, such as meal vouchers or on-site pantries, to reduce financial stress and improve family well-being.
- Embed trauma-informed care standards into state healthcare policy to ensure both clinical and nonclinical professionals are trained to deliver equitable, compassionate care.

References:

- (1) Food Pantry Opens at Intermountain Primary Children’s to Help Improve Health of Patients and Families Struggling with Food Insecurity
- (2) Adaptation and Development of a Health Insurance Education Program for Adolescent and Young Adult Cancer Patients
- (3) State Cancer Profiles

Survivorship

Diagnosis Through End of Journey



Community Health Workers

How do Community Health Workers Affect Cancer Survivorship?

Community Health Workers (CHWs) play a vital role in improving cancer outcomes, especially for underserved populations.



Courtesy of Huntsman Cancer Institute

Here are some ways Community Health Workers improve patient outcomes:

- Navigation & access programs to help guide patients through complex health systems.
- Connect patients to screenings.
- Bridge cultural and language gaps.
- Provide linguistically appropriate education.
- Emotional & social support offer psychosocial encouragement.
- Address nonmedical barriers.
- Evidence of Impact Boost screening rates.
- Improve health behaviors.
- Enhance care utilization.

CHW Affect on Patients Seeking Care

Cancer Screening	% Improvement with CHW Involvement	Source
Breast Cancer	+11.5%	UCHWA 2024
Cervical Cancer	+12.8%	UCHWA 2024
Colorectal Cancer	+10.5%	UCHWA 2024

Community Health Workers – Take Action

Promote

- Build out CHW network.
- Recruit more CHW, especially Hispanic to help with survivorship navigation.
- Cancer-specific CHW certificate (Cancer 101 training).
- Emphasize the importance of screening for survivors.

Partner

- Collaborate with Utah Community Health Worker Association (UCHWA) to strengthen community health worker workforce development, Infrastructure support for CHW development.
- Increasing state certified CHW workforce.
- Encourage systems to hire certified CHWs.
- Offer Salt Lake Community College community in health leadership curriculum, also available through National Institute of Health (NIH), community health centers (CHC) source for community based education, development and training.
- Train CHWs to support survivorship navigation.

Policy

- Standardize training requirements for CHWs.

References:

- (1) [UCHWA](#)
- (2) [CHW Core Skills](#)
- (3) [CHW State Certification](#)
- (4) [Engaging Community Health Workers to Increase Cancer Screening](#)

Financial Toxicity

How Does Financial Toxicity Affect Cancer Survivorship?

Financial toxicity is the financial strain that many people experience when facing the costs of cancer prevention, diagnosis, and treatment. Even before a diagnosis, expenses related to screenings, testing, and preventive care can feel overwhelming, especially for those with limited insurance or financial resources.



Doctor calculates medical billing at office desk with calculator

For patients already battling cancer, the burden grows with high out-of-pocket costs, time away from work, and unexpected bills can add significant stress during an already difficult time.

This financial strain can lead to delaying or skipping important screenings, treatments, or medications, which can affect both health outcomes and overall well-being (1). Addressing financial toxicity means not only treating the disease but also supporting patients and families in navigating the economic challenges that come with it, ensuring they have access to the care they need without sacrificing their financial stability.

Financial Toxicity Among Utah Cancer Survivors

Cancer Survivors	% Improvement with CHW Involvement	Source
Forgoing needed health care due to cost	14.3%	CASES 2024
Experiencing one or more type of financial hardship as a result of dianosis and treatment	>40%	CASES 2024

Financial Toxicity – Take Action

Promote

- Promote resources for financial assistance for cancer patients.
- Educate the public about cancer costs that extend beyond medical treatment.

Partner

- Work with health systems to decrease costs.
- Speak with different health system financial counselors. They can educate us, and to see how they can connect with the state partners.
- Increase financial literacy and decrease financial burden for young adult cancer survivors.
- Implement “Uncompensated Care,” financial benefit programs.

Policy

- Investigating support resources (financial, emotional, etc.) for those who use vouchers and then face costs related to cancer treatment and care, etc.
- Ensure Medicaid is available to all qualifying cancer patients.
- Financial assistance for survivors – access to food or support with other bills.
- Having to leave employment for cancer treatment.
- What are the options for unemployment, disability, emergency financial assistance, counseling services etc.

References:

- (1) Financial Toxicity (Financial Distress) and Cancer Treatment (PDQ®)–Patient Version
- (2) Material Financial Hardship and Insurance–Related Experiences among Utah’s Rural and Urban Cancer Survivors

Patient Navigators

How do Patient Navigators Affect Cancer Survivorship?

Patient Navigators are a team of social workers and community health workers who help guide patients through the healthcare system. Having a patient navigator often improves patient outcomes.



Patient Navigators help patients throughout their entire course from getting screened, receiving treatment and throughout follow up. They play a key role in cancer treatment and help to remove some barriers for accessing care.

Patient Navigator Research Results

Studies That Found:	Rate	Source
Improvement in treatment initiation in patients with patient navigators	70%	NIH 2024
Improvements in treatment treatment adherence in patients with patient navigators	71%	NIH 2024
Improvements in quality of care indicators for patients with patient navigators	81%	NIH 2024

Patient Navigators – Take Action

Promote

- Promote availability and awareness of patient navigation.
- Educate on patient navigators' role and what they can provide.
- Increase awareness and promote implementation of principal illness navigation reimbursement through CMS.

Partner

- Provide patient navigation in patient's primary language.
- Increase patient navigator capacity to work with patients on billing and paying for cancer treatment.
- Work with providers to develop a patient navigation toolkit or program specifically for cancer treatment and care.

Policy

- Standardize requirements for patient navigators.
- Require patient navigator trainings at health systems working with cancer patients.

References:

- (1) [NIH](#)
- (2) [Patient Navigator Training](#)
- (3) [Patient Navigator Fundamentals](#)
- (4) [CDC](#)

Survivor Access to Resources

How Does Access to Resources Affect Cancer Survivorship?

Support for cancer survivors can truly change health outcomes. Studies show that survivors who feel connected to others through support groups or strong social networks experience better quality of life, less anxiety, and even improved chances of survival.



Hot Meal Delivery to an Elderly Woman at Home
By Casarsa Guru

Women with breast cancer who joined peer support programs reported feeling less anxious and more hopeful about their recovery (1). Research has also found that patients who feel satisfied with the support they receive from family, friends, or fellow survivors live longer compared to those who feel isolated.

Even being surrounded by other patients who live longer with cancer has been linked to higher survival rates. In short, survivor support is not just emotional it directly impacts recovery, overall well-being, and the long term health of people living with cancer.

Identified resource needs of cancer patients in Utah:

Nonmedical Resource Needs

Financial assistance for basic needs

Transportation for medical appointments

Caregiver support

Mental and emotional support

Survivor Access to Resources - Take Action

Promote

- Create safe spaces for survivors and caregivers to talk about their experiences.
- Provide patients and families with information to join support groups and caregiver groups.
- Offer ways for survivors to connect with each other in multiple languages when they are ready.
- Establish community based support for survivors.
- Host annual events to celebrate survivors.

Partner

- Match students, CHW, or others to needs repository.
- Create a resource toolkit with information for different cancer survivors.
- Singular location for information for different communities. Create resource on website.
- Create opportunities for survivors to advocate to legislators.
- Connect cancer survivors to meaningful opportunities to give back; cancer prevention, advocacy.

Policy

- Meet with health system financial counselors and state agencies to discuss a potential partnership geared to improve financial literacy for their patients and constituents.

References:

- (1) The Effects of Peer Support Group on Promoting Quality of Life in Patients with Breast Cancer
- (2) Rates of Support Among Survivors CASES

Survivor Food Security and Nutrition

How Does Food/Nutrition Security Affect Cancer Survivorship?

Cancer survivorship in Utah is about more than surviving treatment. It is also about fostering long-term health, resilience, and quality of life—a goal deeply tied to food security and nutrition.



Meal Prep Containers with
Healthy Balanced Meals
By Truecreatives

Across Utah, food and nutrition security has been identified as a high-priority public health concern, with roughly one in ten households experiencing food insecurity and growing numbers of Utahns struggling to access affordable, healthy food options that support well-being and chronic disease management (1).

For cancer survivors – who often face financial strain, treatment-related side effects, and increased risk for secondary health issues – ensuring access to nutritious foods is critical for recovery, immune function, and long-term health outcomes.

Despite statewide efforts like the Community Food Security Program and locally tailored nutrition services, gaps in access to fresh, culturally appropriate, and consistent nutrition persist, underscoring the importance of a dedicated five-year plan that centers food security as a cornerstone of comprehensive survivorship care in Utah (2).

Rate Type	Utah Cancer Survivors	All Utahns	Source
Food Insecurity	10%	3.8%	CASES, IBIS 2022

Survivor Food Security and Nutrition- Take Action

Promote

- Pantries near cancer treatment centers.
- Physical activity and healthy lifestyle choices.
- Screening tools to identify food insecurity.
- Access to culturally relevant nutritious foods.

Partner

- Clinics and providers to educate on screening for food security.
- Health providers to refer patients and caregivers to food security resources.
- Nutrition counseling services for survivors in all stages of treatment.

Policy

- Standardize screening for food insecurity across health systems and providers.
- Provide funding for cancer survivors and their families to access nutritious food.
- Include food security resources in cancer appointments and follow-up visits.

References:

- (1) [Access to Healthy Food and Nutritious Food in Utah](#)
- (2) [Community Food Security Program](#)

Survivor Medical Needs

How Does Survivor Medical Needs Affect Cancer Survivorship?

When cancer survivors get the care and support they need whether it's managing lingering physical side effects, easing emotional worries, or helping with everyday challenges their overall health and recovery improve.



Cancer Homecare Visit
By Fatcamera

Each survivor's needs can differ widely depending on the type of cancer they experienced, as treatments, side effects, emotional challenges, and long-term health considerations vary.

Too often, these needs go unmet: studies show that more than 7 in 10 survivors report ongoing concerns that aren't fully addressed, from fatigue and pain to stress and financial struggles. When that happens, survivors are more likely to end up back in the hospital or in the emergency room.

When those needs are met—through things like supportive counseling, regular follow-up care, and even physical activity programs—patients not only feel better but also live longer, have fewer complications, and enjoy a better quality of life.

Identified medical needs of cancer patients in Utah:

Medical Resource Needs

Access to cancer care specialists in rural Utah areas

Access to cancer screenings in rural Utah areas

Affordable cancer treatment and access to health insurance (1)

Survivor Medical Needs – Take Action

Promote

- Meet with health system financial counselors and state agencies to discuss a potential partnership geared to improve financial literacy for their patients and constituents.

Partner

- Strengthen primary care capacity for survivorship issues.
- Work with partners at every level to ensure a smooth continuum of care.
- Making sure patients follow up on sending in self-administered tests.
- Some survivors have been impacted and want to help others. Help people give back to the cancer survivorship community and champions for others.
- Portability of all oncology medical treatments/records to primary care providers following oncology treatment (including information for ongoing tests/monitoring).
- Clinical survivorship planning.
- Narrative medicine; using patient stories to improve services and outcomes.
- Provide information to patients on fertility preservation options.

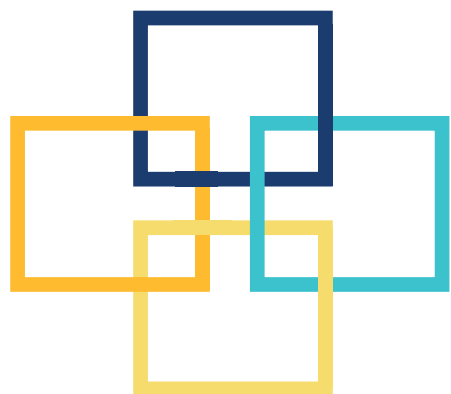
Policy

- Provide fertility preservation for adolescents and young adults with cancer.

References:

- (1) What We Can Do about Cancer Disparities in Utah

We thank you for your ongoing support



Utah
CANCER
Coalition

Partner | Prevent | Advocate | Survive

Get Involved

Thank you for taking time to learn about the important efforts our program is taking around cancer prevention, access to screening and early treatment, and cancer survivorship.

If you would like to get involved please **[sign up here](#)** or contact us at:

Utah Cancer Coalition Email

utahcancercoalition@gmail.com

Michelle Swapp, MCHES, Program Coordinator

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Partnerships

Thank you to the partners of the Utah Cancer Coalition

- Alliance Community Services
- American Cancer Society
- American Cancer Society Cancer Action Network
- American Childhood Cancer Organization
- American Liver Foundation
- Association for Utah Community Health
- Bee the Hope
- Bioada
- Biotechnology Innovation Organization (BIO)
- Brigham Young University
- Blood Cancer United
- Cancer Survivors
- Central Utah Health Department
- Exact Sciences
- Genentech
- Get Healthy Utah
- Healthy West Valley
- Henrietta Lacks House
- Hiatt Advisory Services
- Huntsman Cancer Institute
 - Center for HOPE
 - Mountain West Cancer Collaborative
 - Mountain West HPV Vaccination Coalition
- Ink Against Cancer Foundation
- Intermountain Health
- Just KozS LLC
- Lilly Oncology
- Radsite
- Rural Health Association of Utah
- Salt Lake Community College
- Southwest Utah Community Health Center
- Survivor Wellness (Cancer Wellness House)
- Susan G. Komen
- The Utah Radon Coalition
- TreeUtah
- University of Utah Health
- Utah Cancer Registry
- Utah County Health Department
- Utah Department of Health and Human Services
 - Breast & Cervical Cancer Program
 - Comprehensive Cancer Program
 - Environmental Public Health Tracking
 - HEAL Program: Healthy Environments Active Living
 - Oral Health Program
 - Tobacco Prevention and Control Program
- Utah Department of Environmental Quality
- Utah Ovarian Cancer Alliance
- Utah Public Health Association
- UtahRadon.org
- Wasatch County Health Department
- Wolf Haven Foundation