

# 2026-2030 NEVADA CANCER PLAN CROSS-CUTTING ISSUES



**AS THEY SAY IN  
ST. OLAF:**

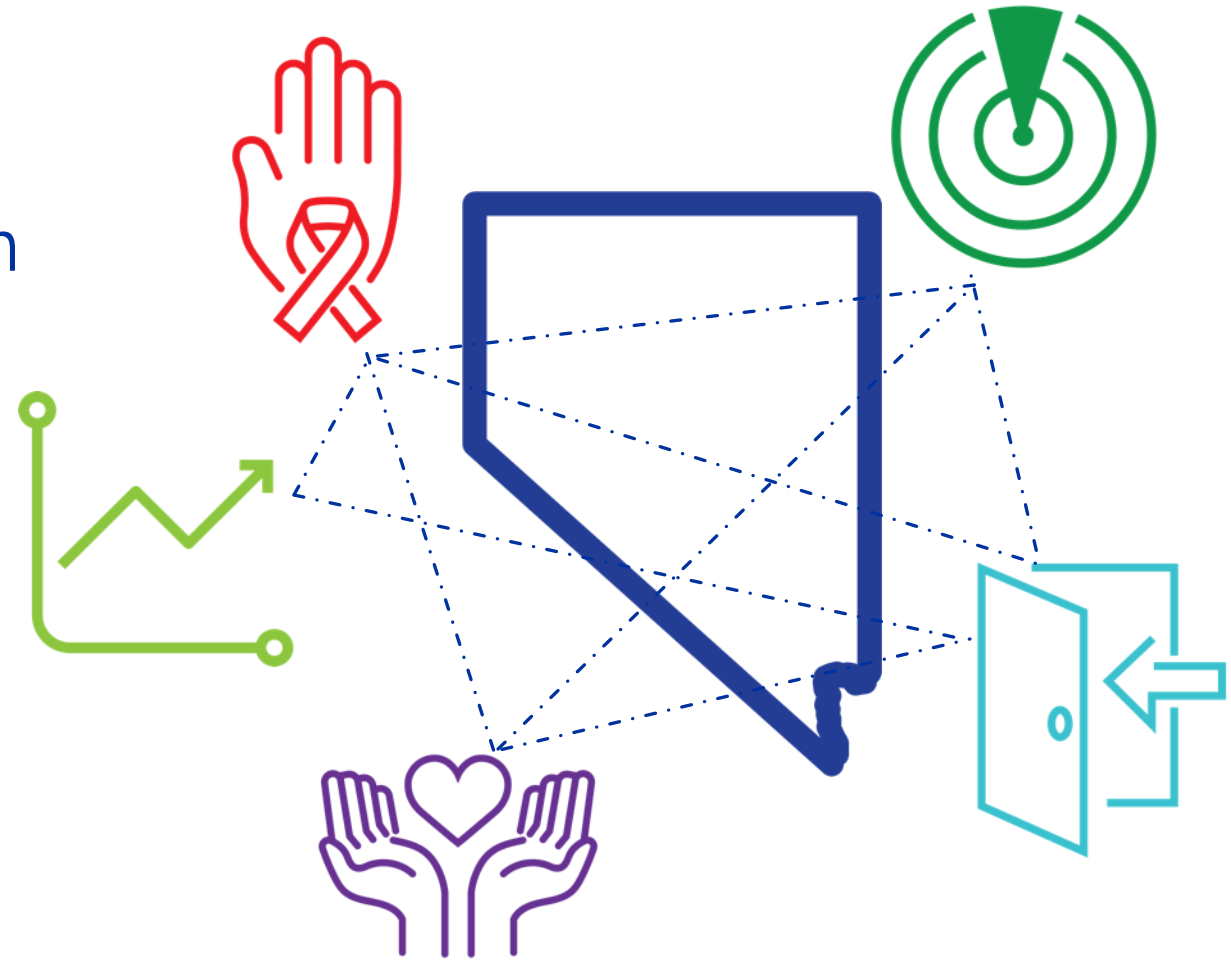
**“HELDERBERLDERFLER  
GEN-NURSERBLERGEN”  
(NO DISCLOSURES)**



# 2026-2030 NEVADA CANCER PLAN

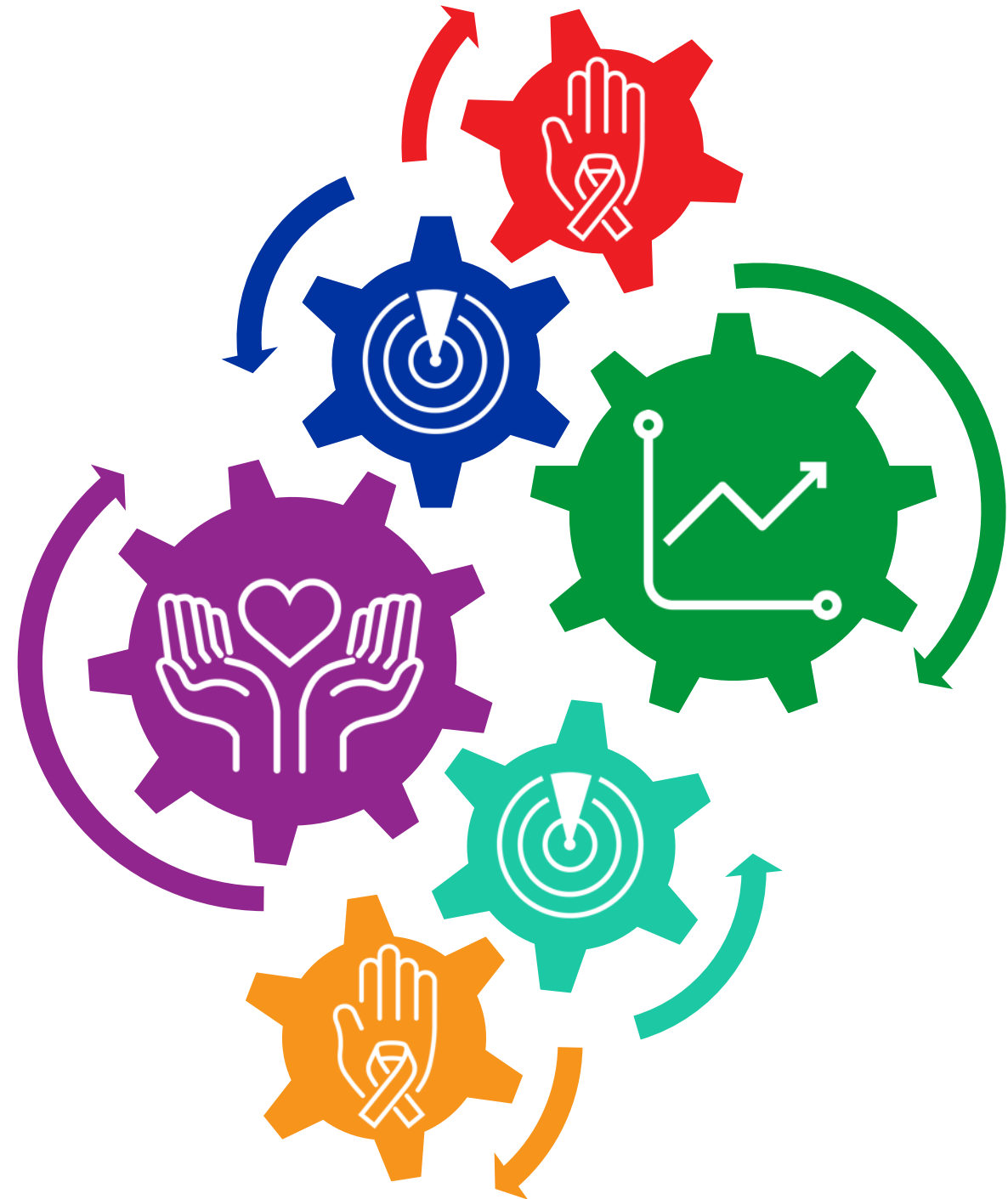
What's inside:

- ✓ Progress from the current plan
- ✓ Nevada's cancer data
- ✓ **Cross-cutting issues**
- ✓ Goals and objectives
- ✓ Looking ahead



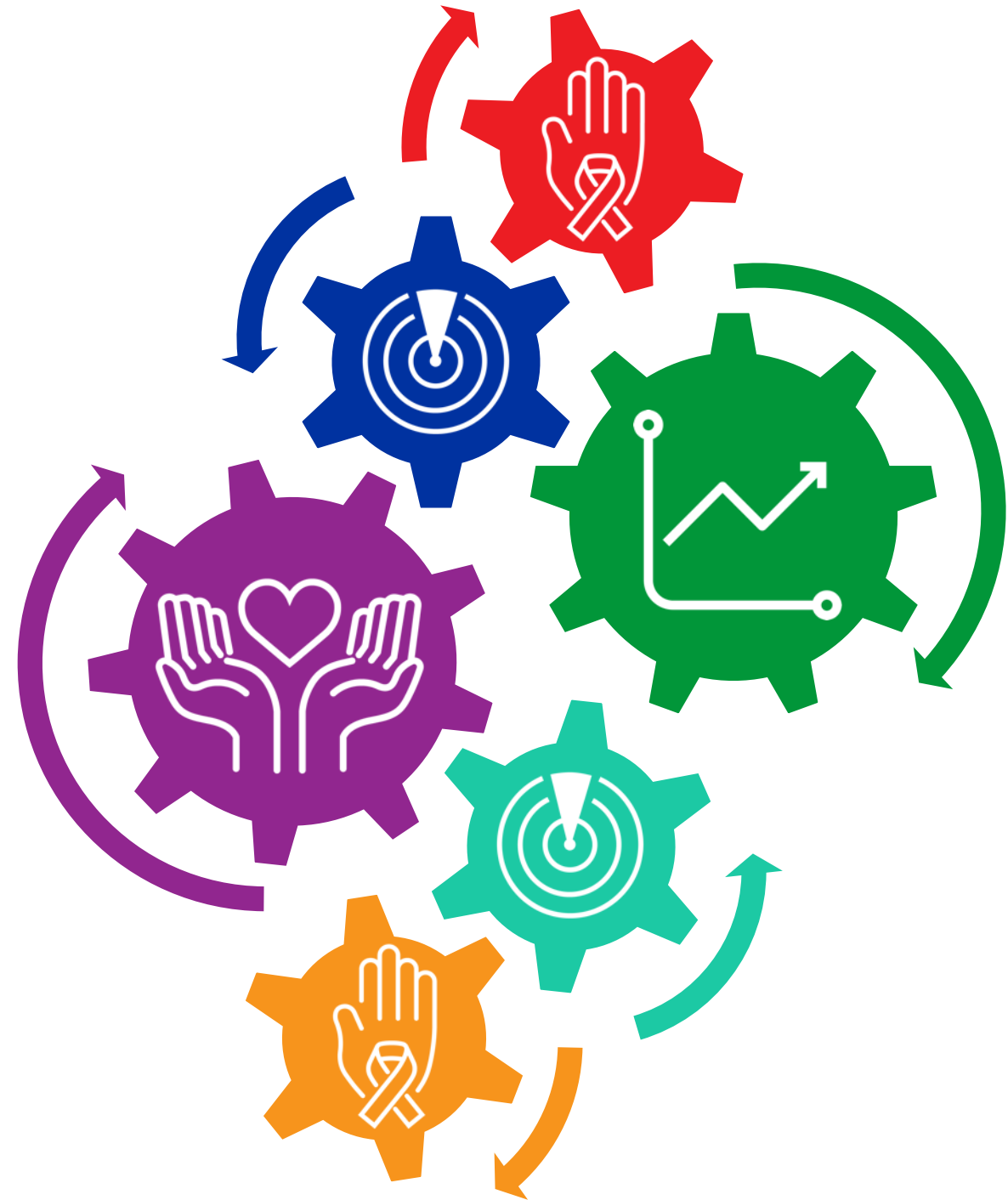
# PLAN PRIORITIES

- ✓ Prevention
- ✓ Screening and Early Detection
- ✓ Diagnosis and Treatment
- ✓ Survivorship and Palliative Care
- ✓ Childhood and AYA Cancers
- ✓ Genetics
- ✓ Data and Surveillance
- ✓ Clinical Trials and Research



# TODAY'S GOAL:

BRAINSTORM HOW  
CROSS-CUTTING ISSUES  
AFFECT CANCER  
CONTROL IN NEVADA





# CROSS-CUTTING ISSUES

Survey respondents said:

- ✓ Health equity and racial disparities
- ✓ Environmental factors
- ✓ Access to healthcare
- ✓ Social determinants of health



# HEALTH EQUITY / RACIAL DISPARITIES

- ✓ Providers of color
- ✓ Representation in research
- ✓ Biological factors
- ✓ Insurance coverage barriers
- ✓ Implicit bias
- ✓ ... what else?





# ENVIRONMENTAL FACTORS

- ✓ Radon exposure
- ✓ Secondhand smoke
- ✓ Environmental chemicals
- ✓ UV radiation
- ✓ Wildfire smoke & air pollution
- ✓ Climate change





# ACCESS TO HEALTHCARE

- ✓ Transportation
- ✓ Insurance status
- ✓ Network adequacy
- ✓ Number of providers
- ✓ Health literacy
- ✓ Health policies
- ✓ Affordability
- ✓ Clinic hours



# SOCIAL DETERMINANTS OF HEALTH

*Social determinants may contribute to up to 70% of cancer cases and significantly increase the risk of death.\**

- ✓ Health literacy
- ✓ Housing & food security
- ✓ Access to outdoors and activity
- ✓ Race and ethnicity
- ✓ Social connectedness
- ✓ Income
- ✓ Geography
- ✓ Health behaviors
- ✓ Sexual orientation and gender identity
- ✓ PACES: positive and adverse childhood events



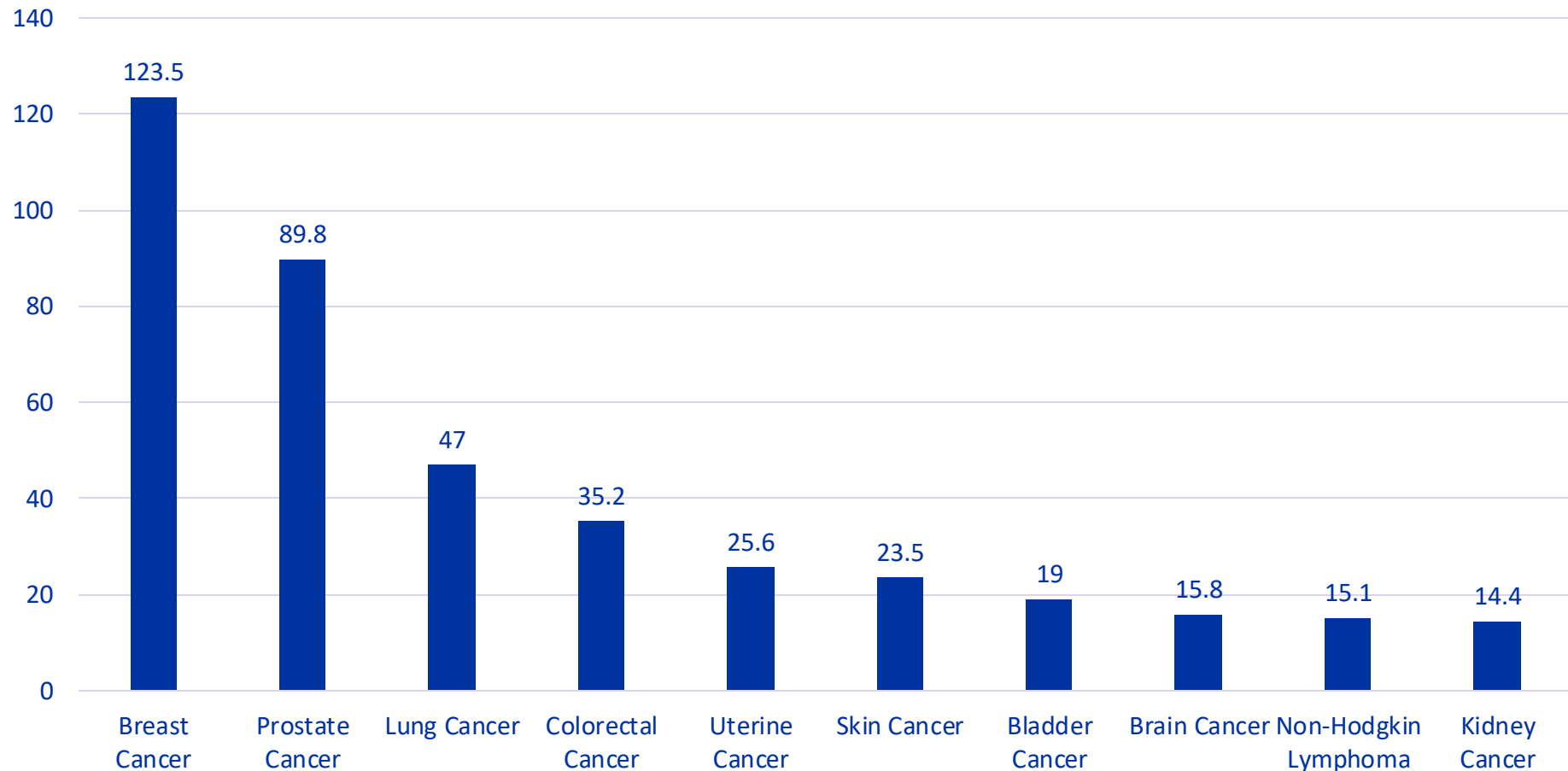


**AND NOW,  
SOME DATA**



# TOP TEN CANCERS BY INCIDENCE

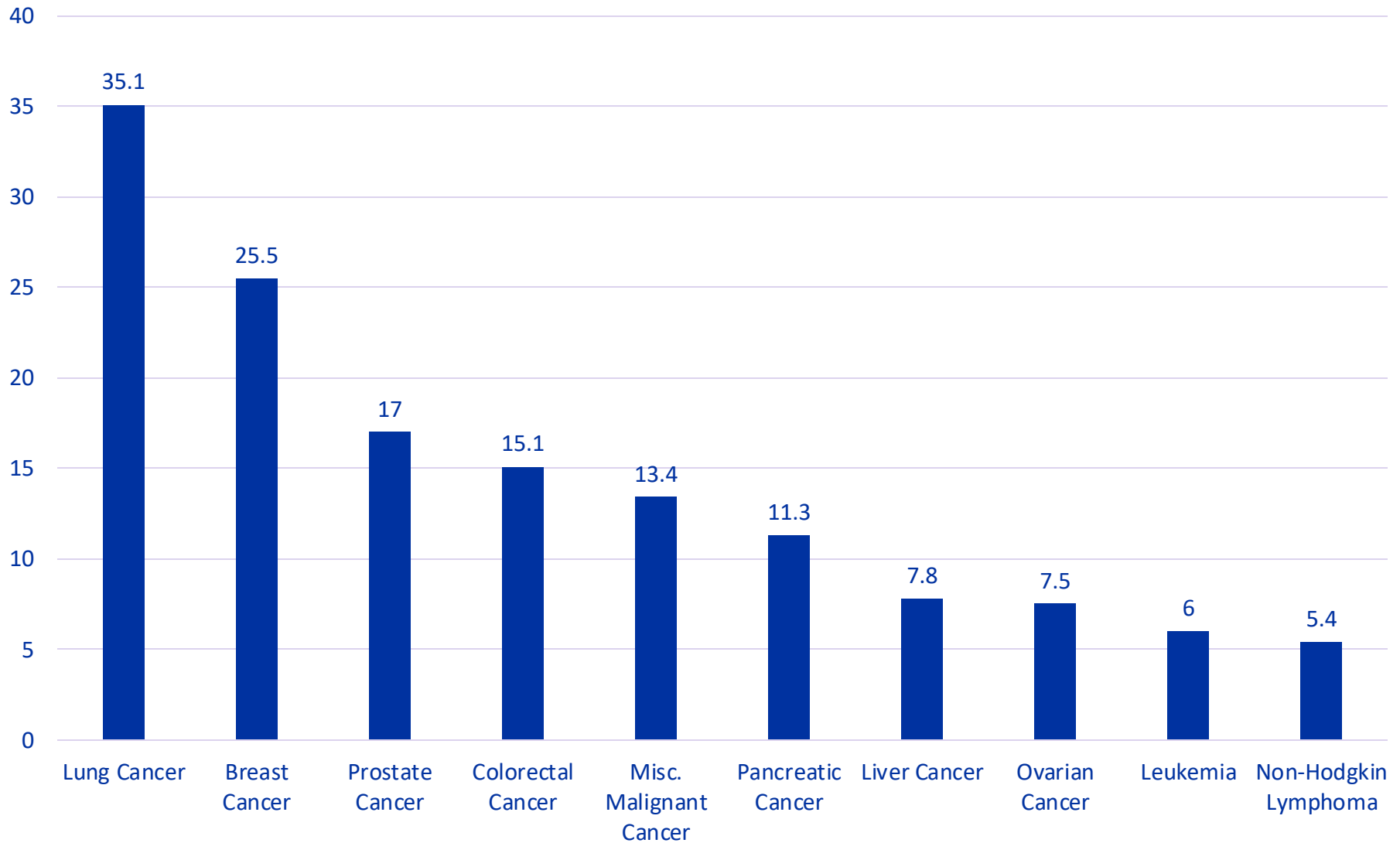
*Rates per 100,000, 2017-2021. Source: Nevada Central Cancer Registry*





# TOP 10 CANCERS BY MORTALITY

*Rates per 100,000, 2017-2021. Source: Nevada Central Cancer Registry*



# HEALTH BEHAVIORS: SCREENING

## Nevada Colorectal Cancer Screening

Percentage up-to-date with colorectal cancer screening per USPSTF guidelines.

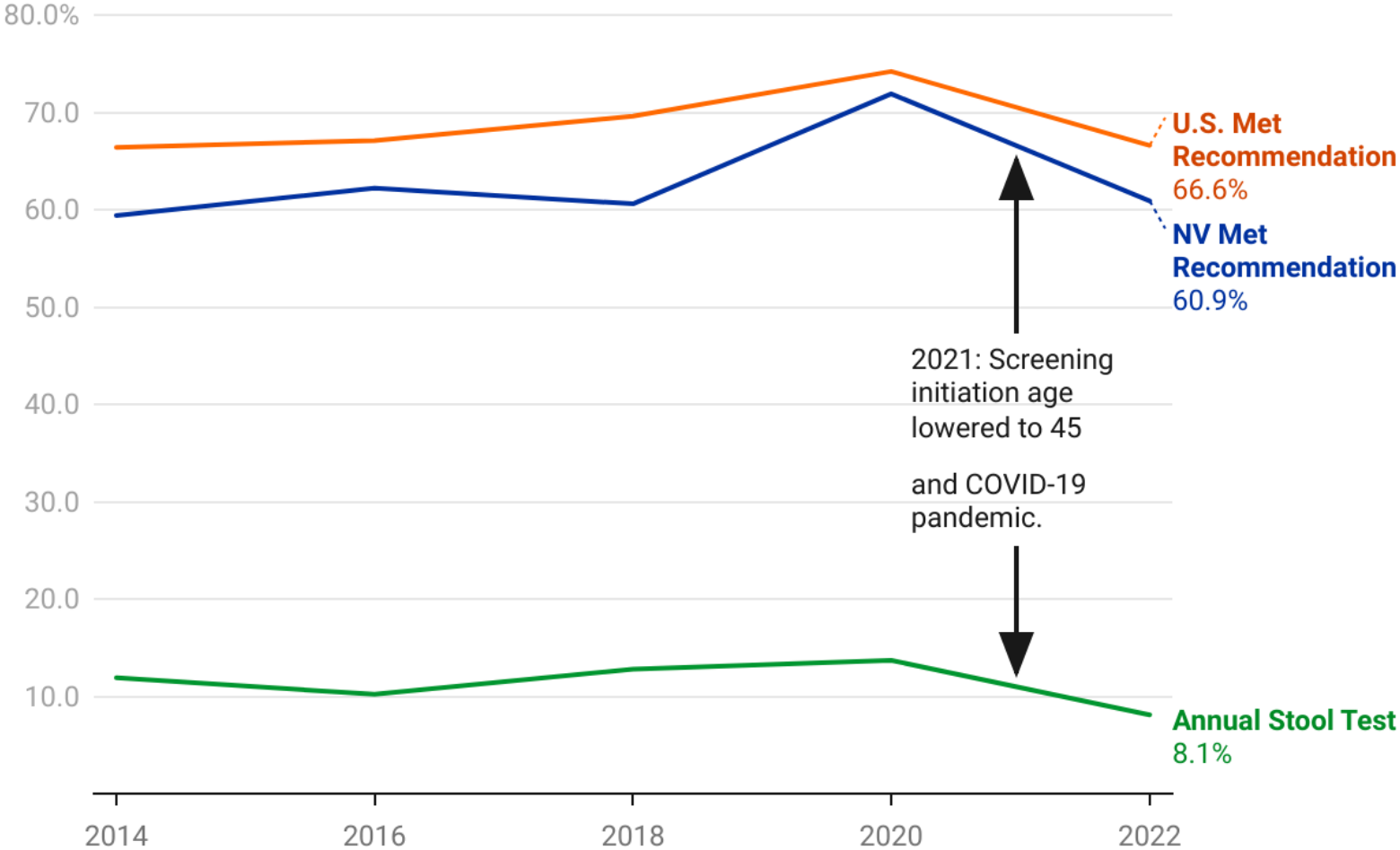
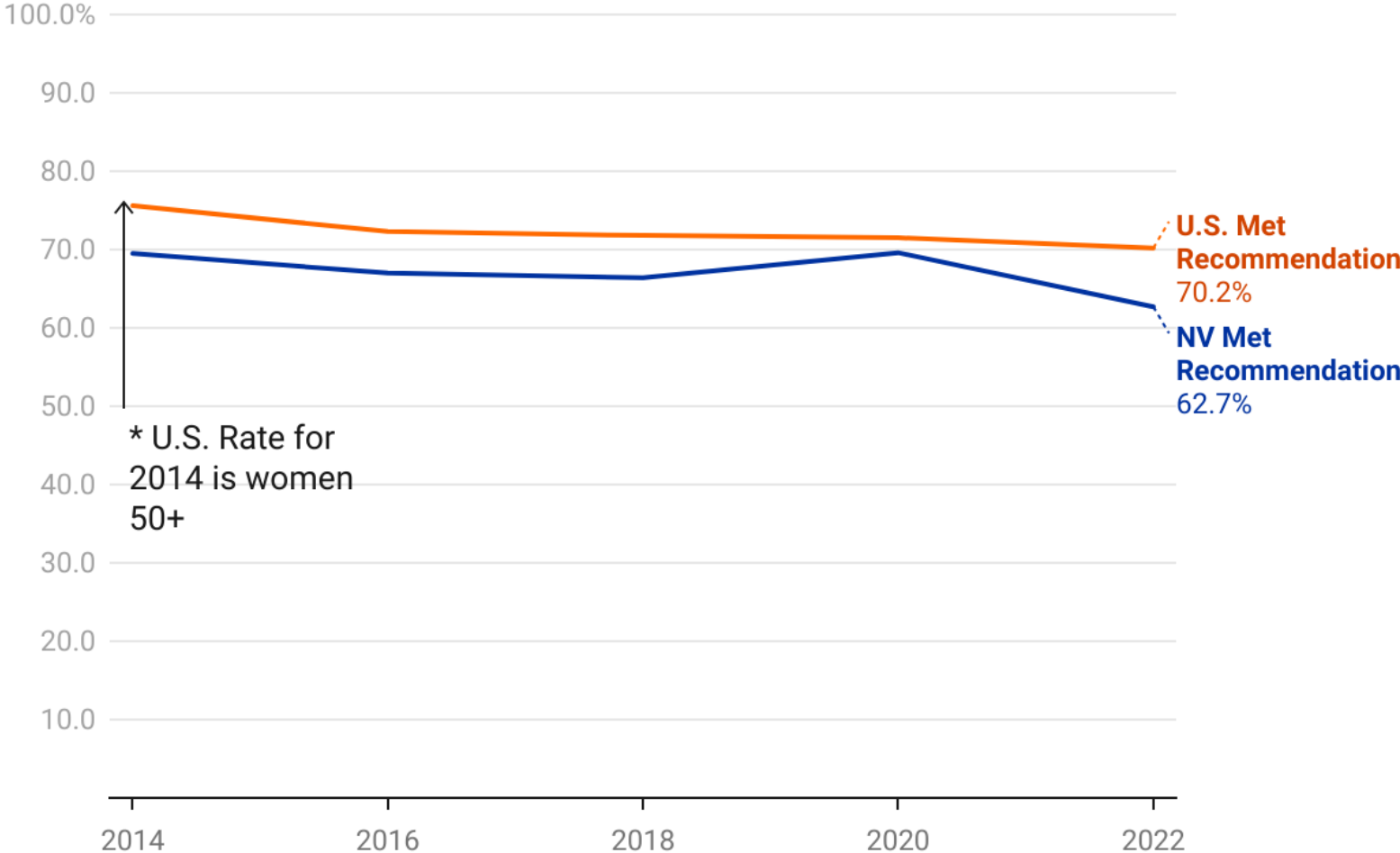


Chart: Nevada Cancer Coalition • Source: BRFSS • Created with Datawrapper

# HEALTH BEHAVIORS: SCREENING

## Nevada Breast Cancer Screening

Percentage of women 40+ who received a mammogram within the last 2 years.\*



# HEALTH BEHAVIORS: SCREENING

## Nevada Cervical Cancer Screening

Percentage of women 21-65 who have had a Pap test in the past 3 years.

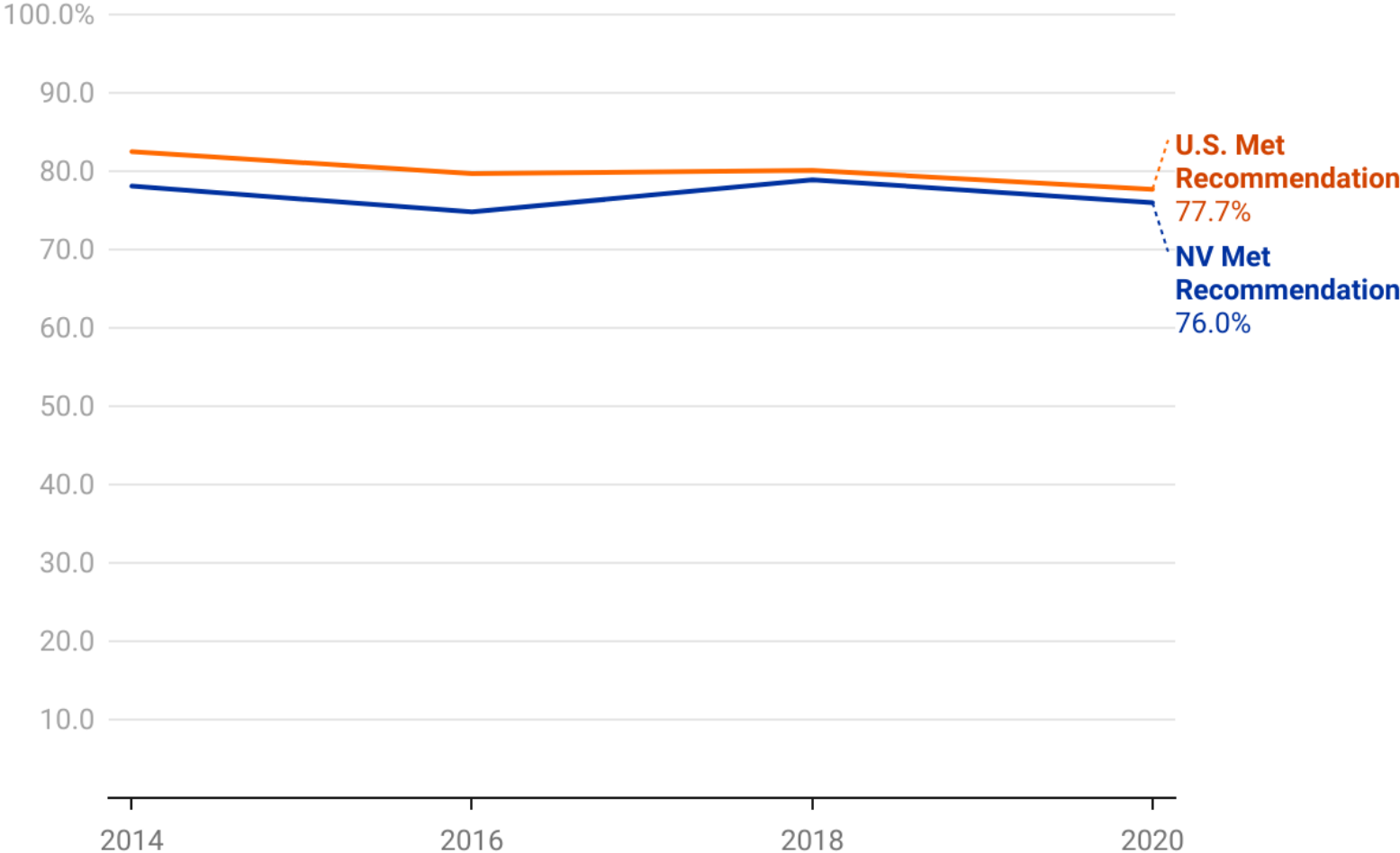


Chart: Nevada Cancer Coalition • Source: BRFSS • Created with Datawrapper



# HEALTH BEHAVIORS: SCREENING

## Nevada Prostate Cancer Screening

Percentage of men 40+ who have had a PSA test in the past 2 years.

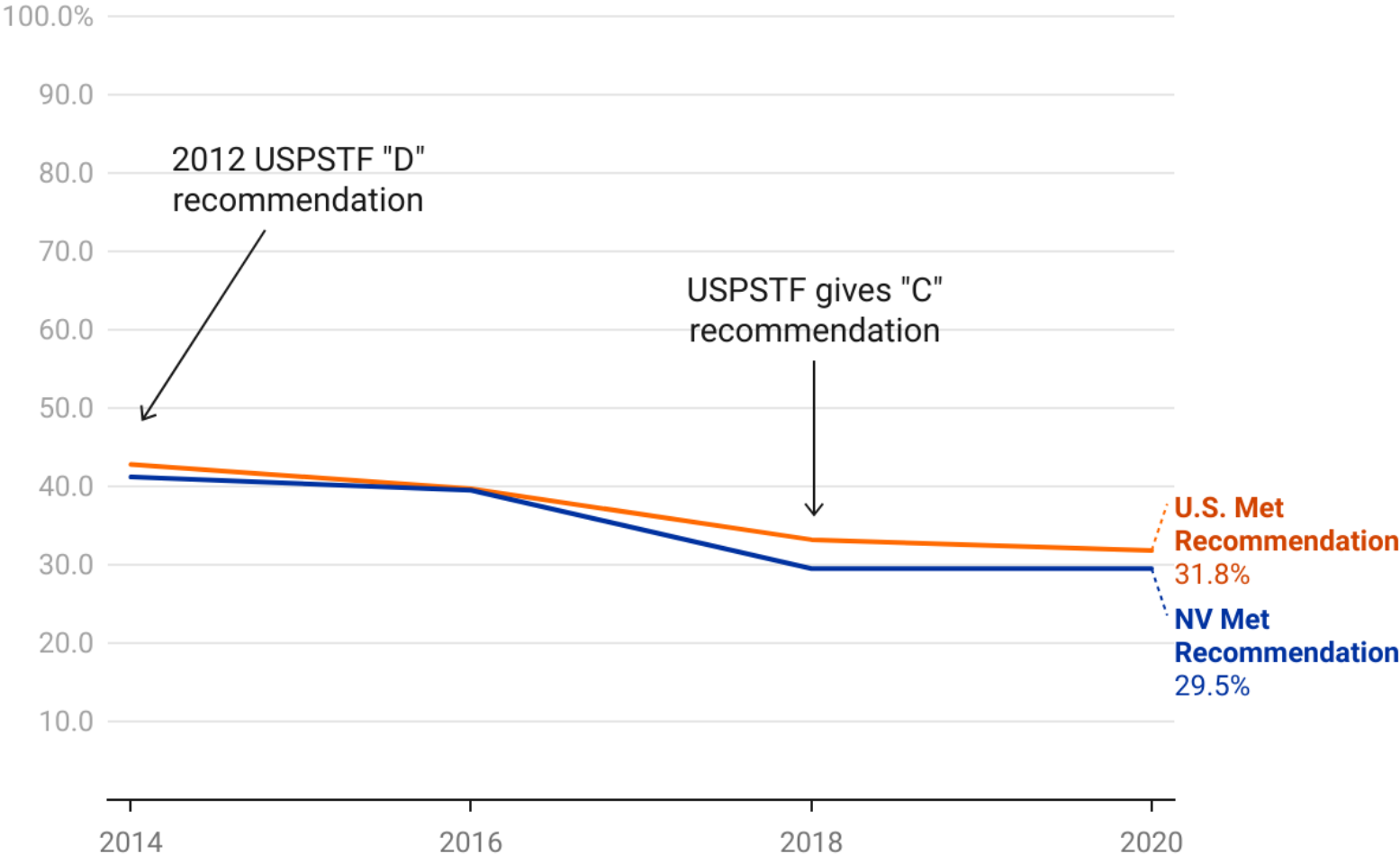
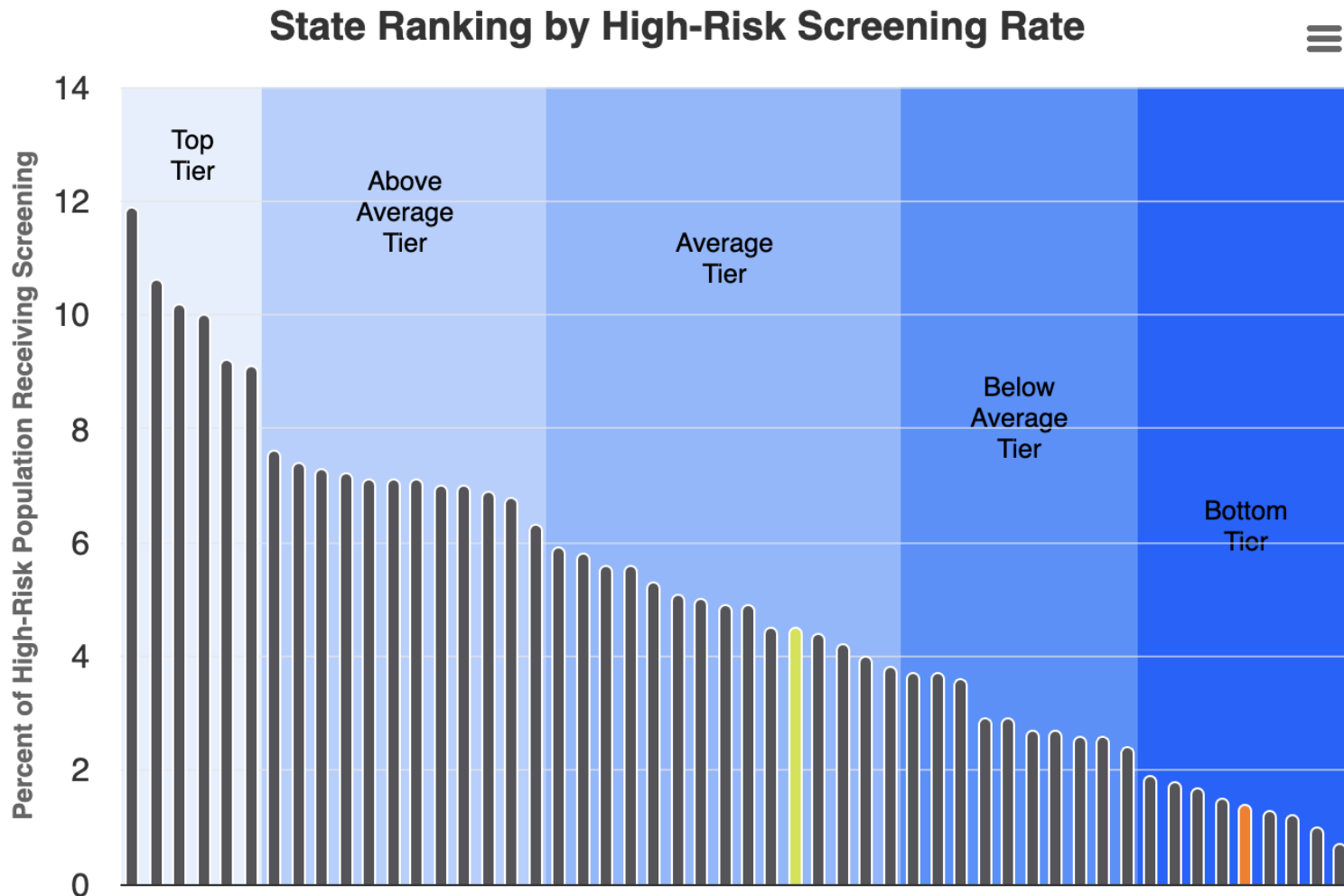


Chart: Nevada Cancer Coalition • Source: BRFSS • Created with Datawrapper

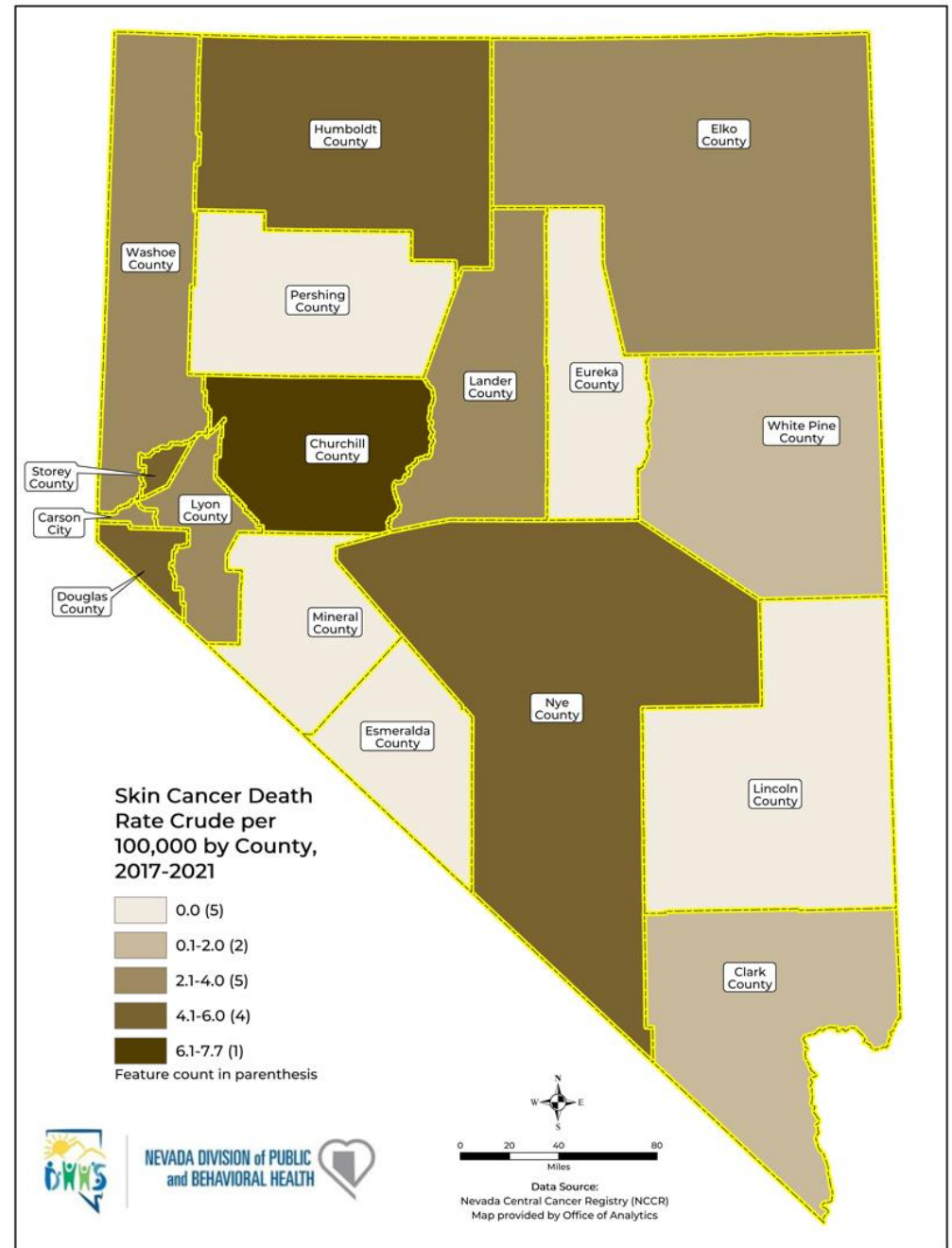
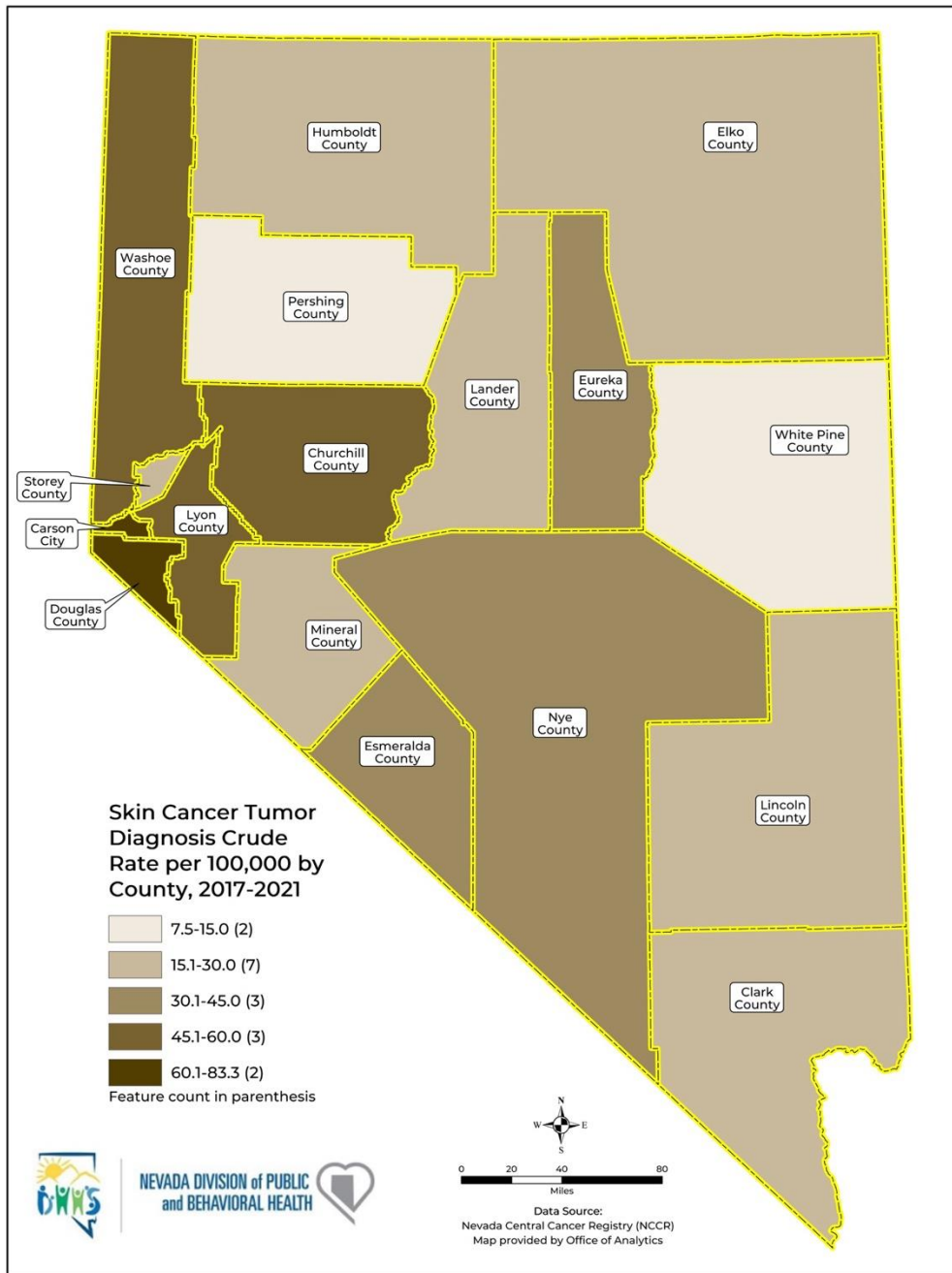
# HEALTH BEHAVIORS: LUNG SCREENING



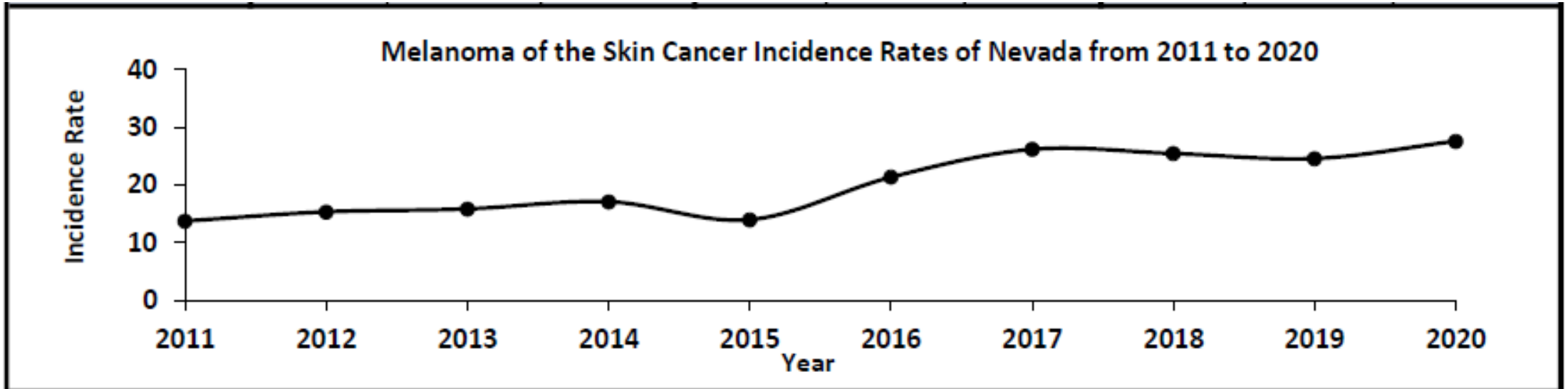
## Screening for High Risk:

- In Nevada, **1.4%** of those at high risk were screened, which was **significantly lower** than the national rate of 4.5%.
- It ranks **47th** among all states, placing it in the **bottom tier**.
- Actual screening rates may be higher in states with large, regional managed care providers that did not share screening data.

*#1 Mass = 11.9%*  
*#50 Calif. = 0.7%*



# SKIN CANCER INCIDENCE RATES



Source: Nevada Central Cancer Registry

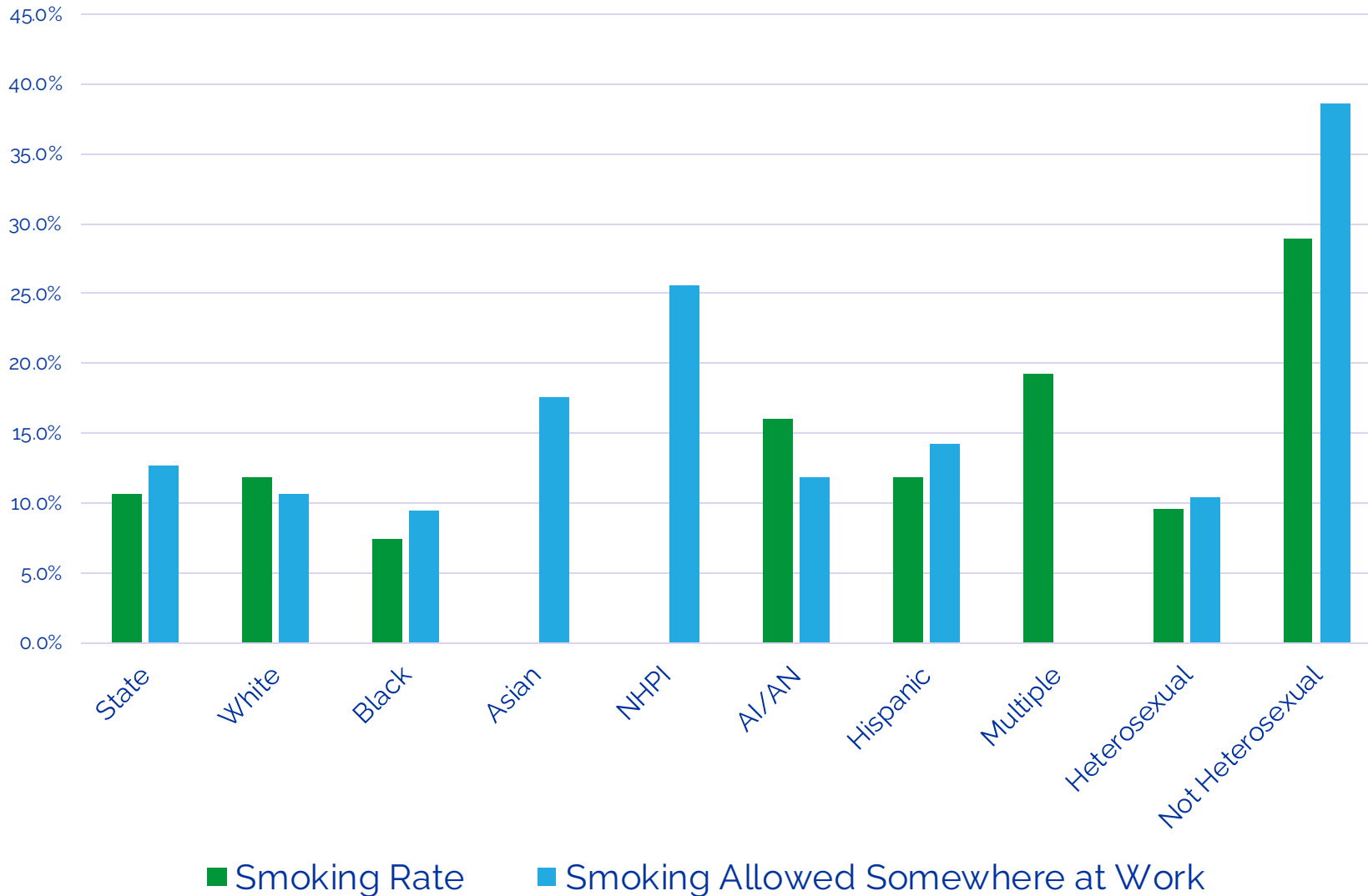
\*Percent may not equal to 100% due to rounding. Due to cases with unknown sex, Male and Female columns may not add up to the Total column.

\*\*Rates per 100,000 population were calculated using population projections from the Nevada State Demographer vintage 2021 data. Rates are based on birth sex.

†Other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.



Smoking & SHS Exposure by Race & Sexuality



2022 Nevada Adult Tobacco Survey

# ENVIRONMENT, SDOH AND HEALTH EQUITY: SMOKING & EXPOSURE TO SECONDHAND SMOKE

*More than 160,000 Nevadans work in casinos where secondhand smoke is present, and that is a low estimate.*

## SEXUAL ORIENTATION: SMOKING & EXPOSURE TO SECONDHAND SMOKE

Non-heterosexual Nevadans are 3X more likely to smoke Menthol tobacco than heterosexuals

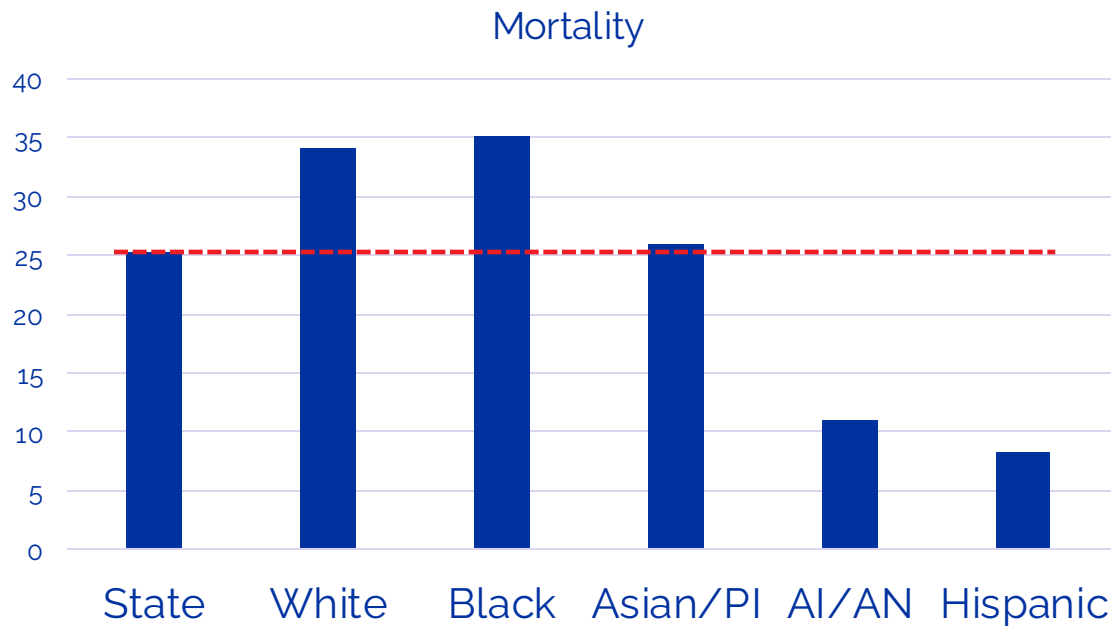
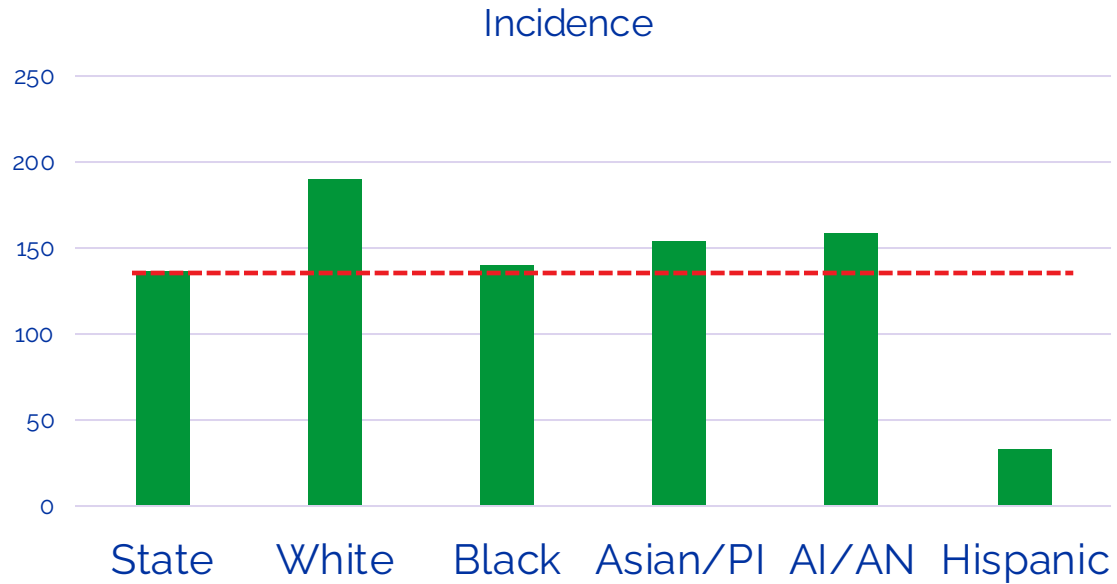
✓ **46.6% vs. 15.6%**

Non-heterosexual Nevadans are more than twice as likely to attempt to quit tobacco than heterosexuals

✓ **90% vs. 37.8%**

Non-heterosexual Nevadans are more likely to have smoking allowed in some areas of their workplace than heterosexuals

✓ **38.6% vs. 10.4%**



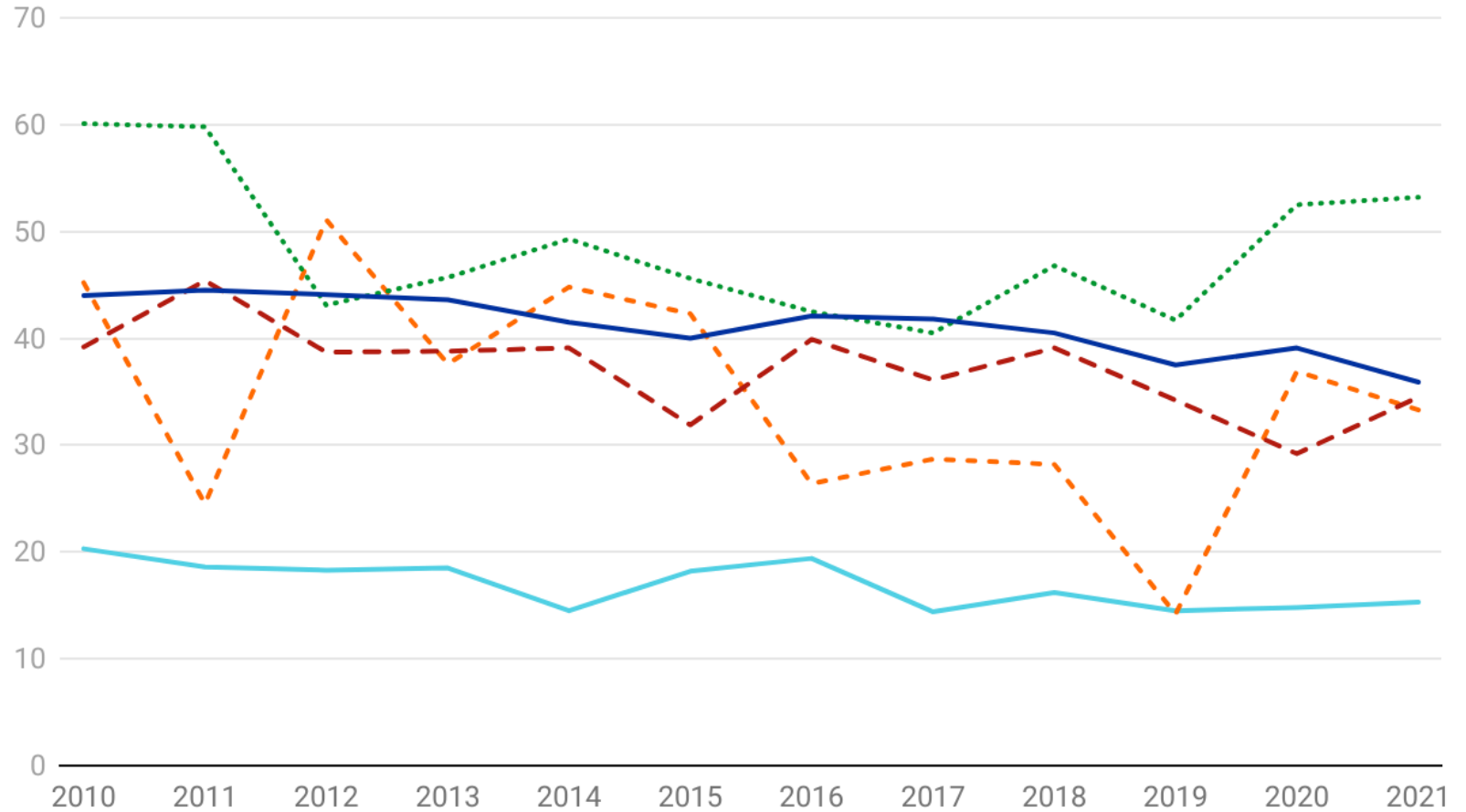
# RACE/ETHNICITY : BREAST CANCER

*Crude rates per 100,000, 2021/2022*

# RACE/ETHNICITY : COLON CANCER

## Nevada Colorectal Cancer Incidence by Race/Ethnicity

— Non-Hispanic White    ··· Non-Hispanic Black    - - - Non-Hispanic American Indian or Alaska Native    - - - Non-Hispanic Asian/Pacific Islander    — Hispanic



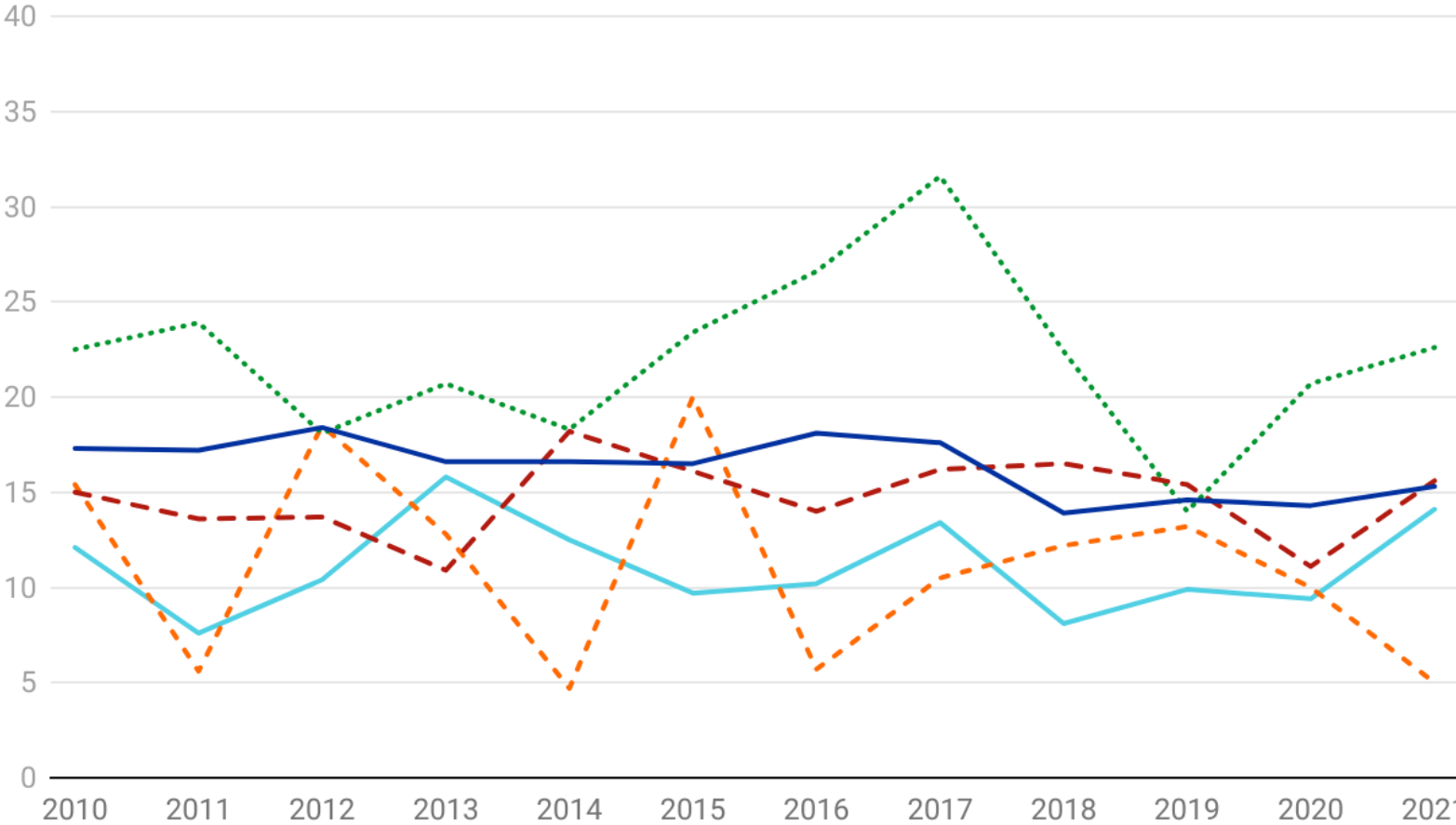
*\*Rates are 100,000, age specific population (age adjusted). Populations are provided by the state demographer (vintage 2023). Data as of 12/11/2023.*

Chart: Nevada Cancer Coalition • Source: Nevada Central Cancer Registry • Created with Datawrapper

# RACE/ETHNICITY : COLON CANCER

## Nevada Colorectal Cancer Mortality by Race/Ethnicity

— Non-Hispanic White    ··· Non-Hispanic Black    - - - Non-Hispanic American Indian or Alaska Native    - - - Non-Hispanic Asian/Pacific Islander    — Hispanic

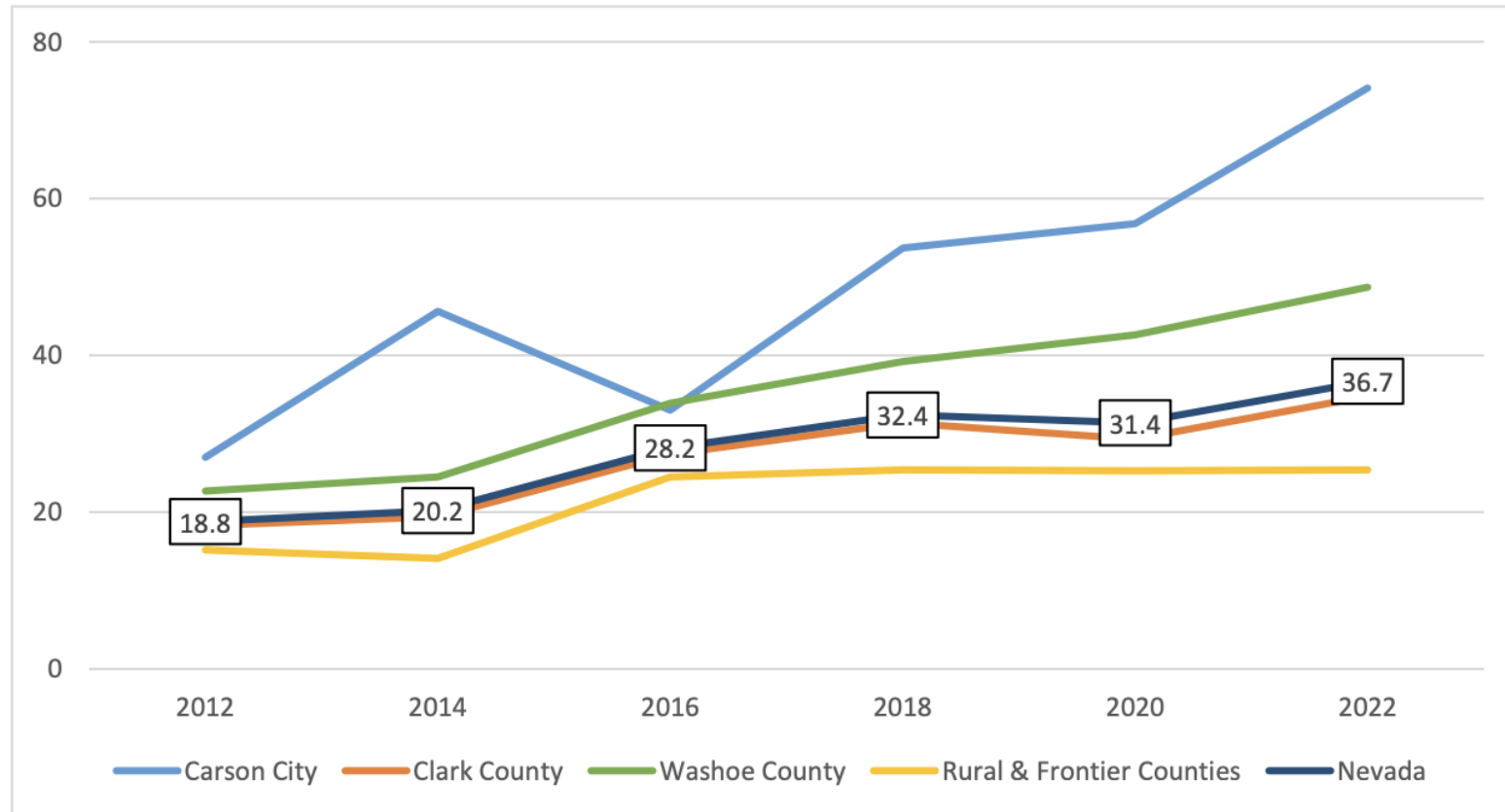


\*Rates are 100,000, age specific population (age adjusted). Populations are provided by the state demographer (vintage 2023). Data as of 12/11/2023.



# ACCESS TO CARE: HEALTH WORKFORCE

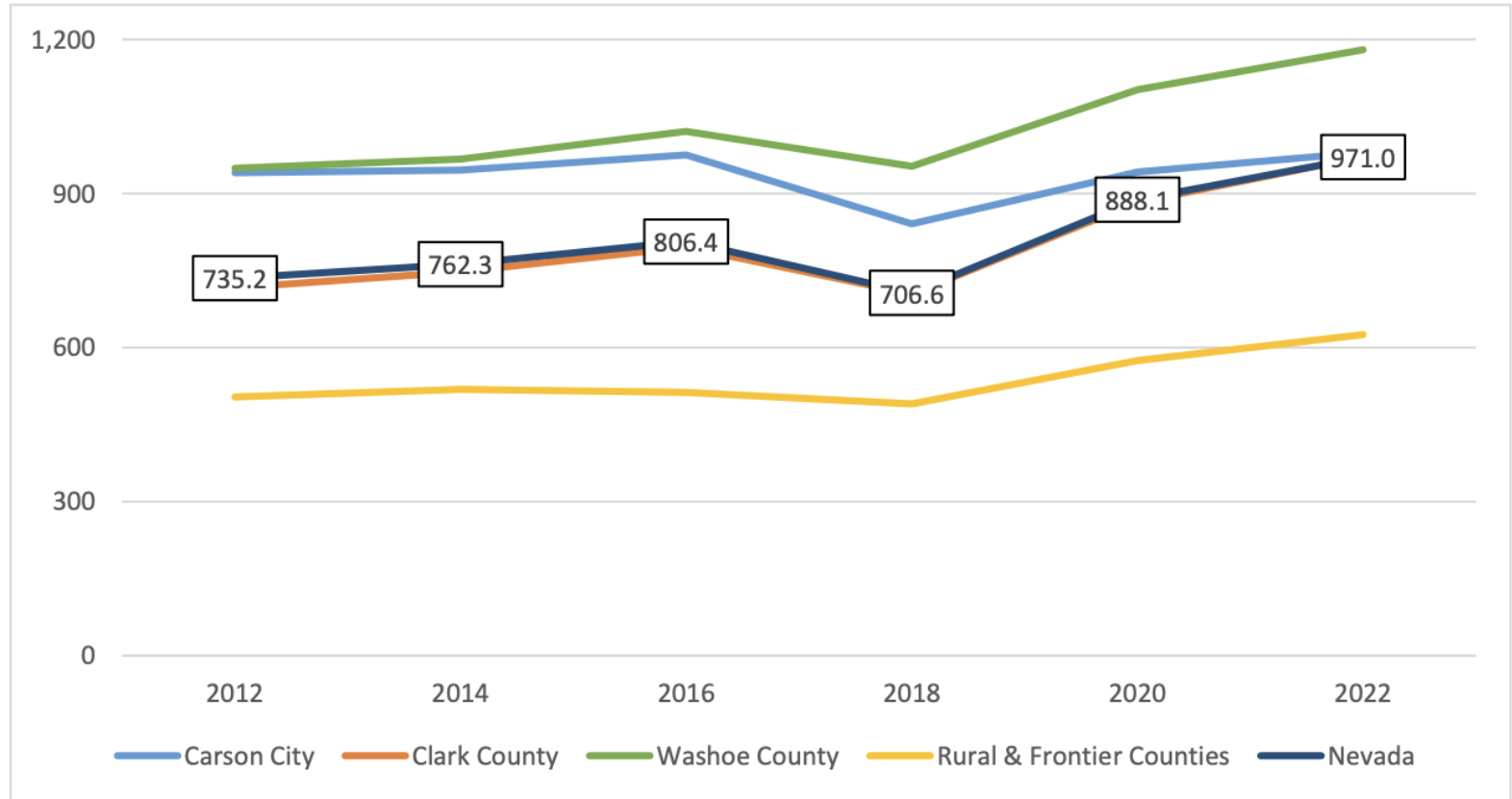
**Figure 27b: Licensed Physician Assistants (PAs) per 100,000 Population in Nevada – 2012 to 2022**



Source: Nevada Instant Atlas (2023) utilizing unpublished data from the Nevada State Board of Medical Examiners and the Nevada State Board of Osteopathic Medicine.

# ACCESS TO CARE: HEALTH WORKFORCE

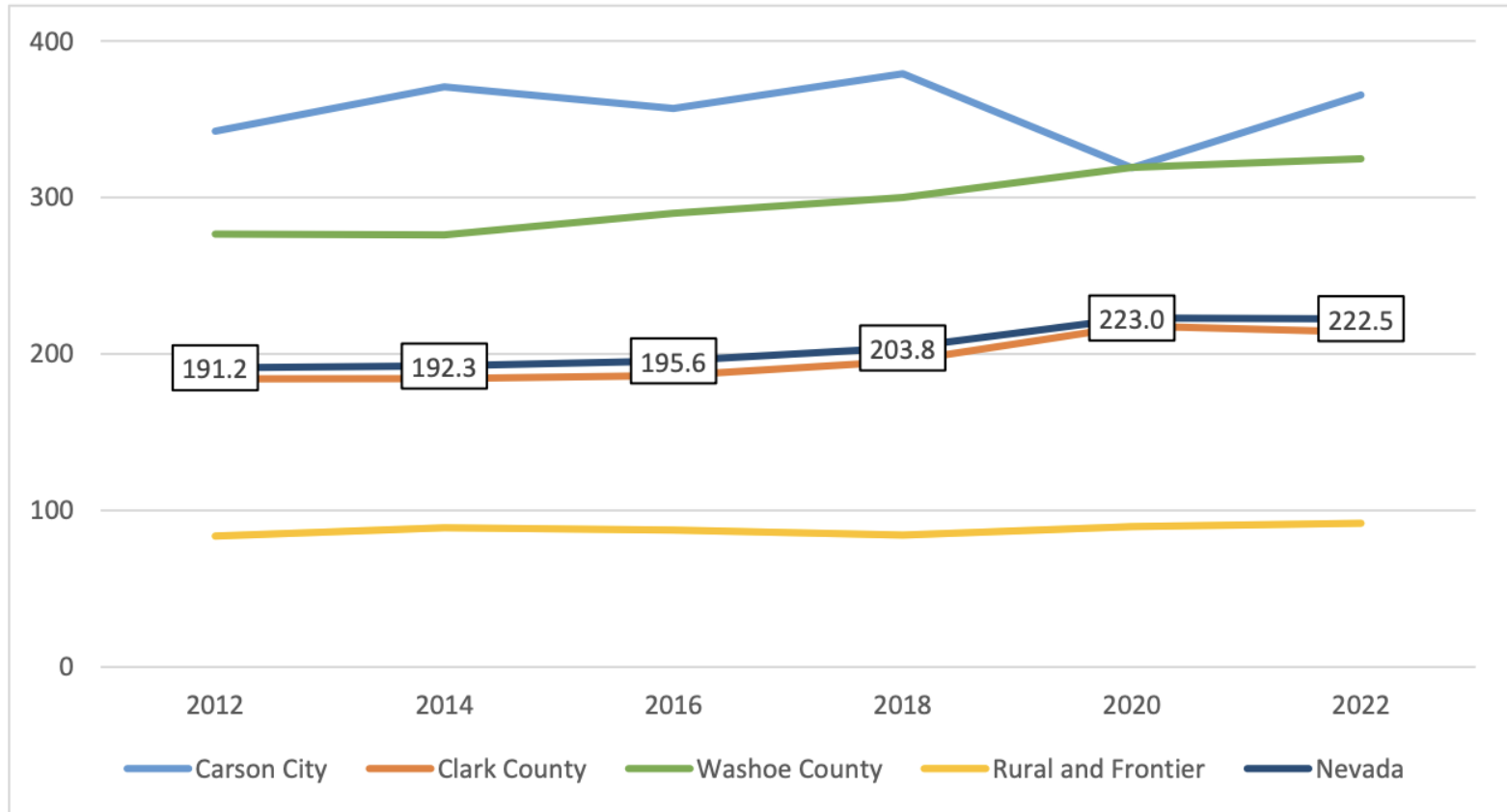
**Figure 33b: Licensed Registered Nurses (RNs) per 100,000 Population in Nevada  
– 2012 to 2022**



Source: Nevada Instant Atlas (2023) utilizing unpublished data from the Nevada State Board of Nursing.

# ACCESS TO CARE: HEALTH WORKFORCE

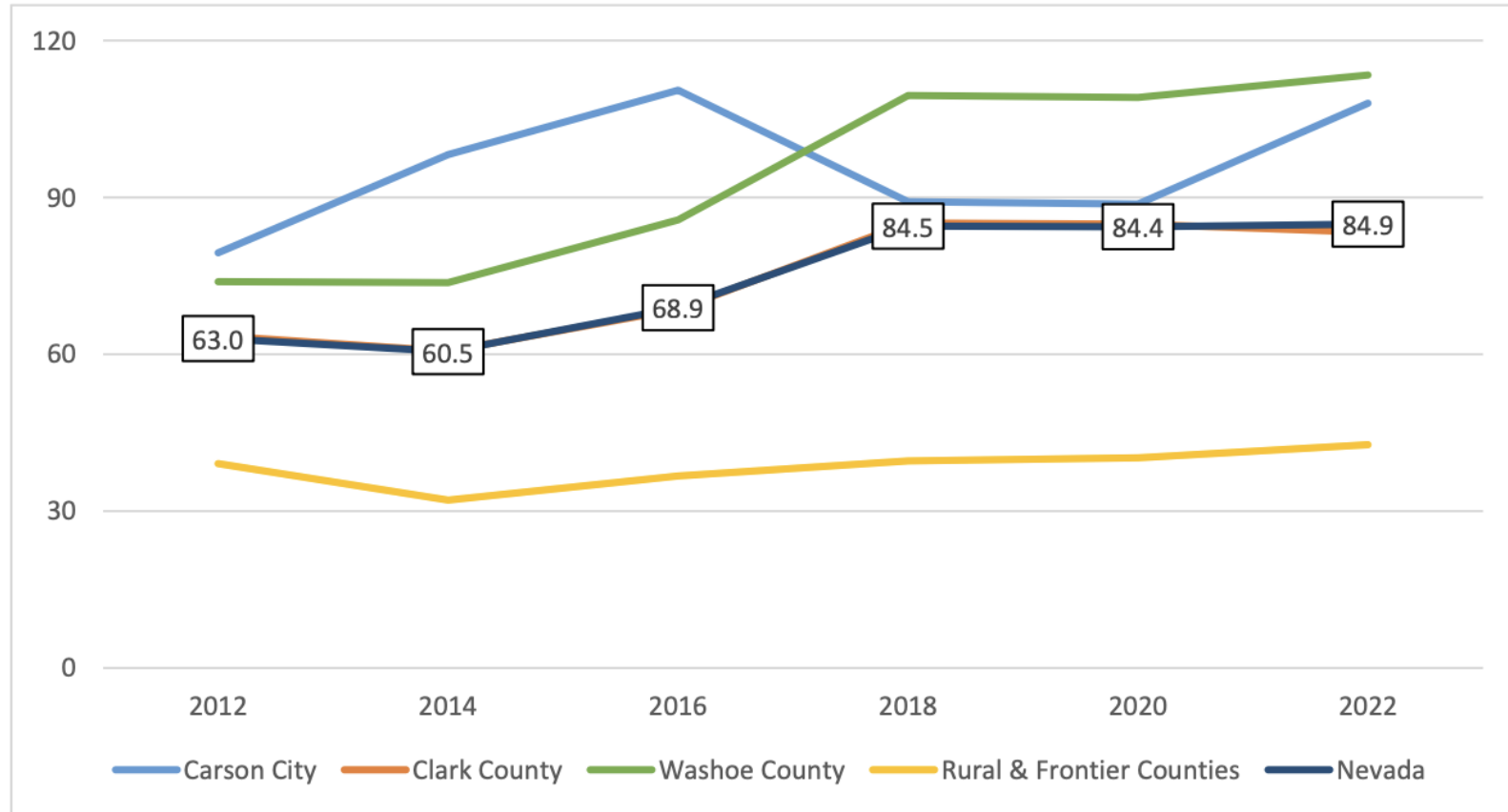
**Figure 28b: Licensed Physicians (MDs and DOs) per 100,000 Population in Nevada – 2012 to 2022**



Source: Nevada Instant Atlas (2023) utilizing unpublished data from the Nevada State Board of Medical Examiners and the Nevada State Board of Osteopathic Medicine.

# ACCESS TO CARE: HEALTH WORKFORCE

**Figure 30b: Licensed Primary Care Physicians (MDs and DOs) per 100,000 Population in Nevada – 2012 to 2022**

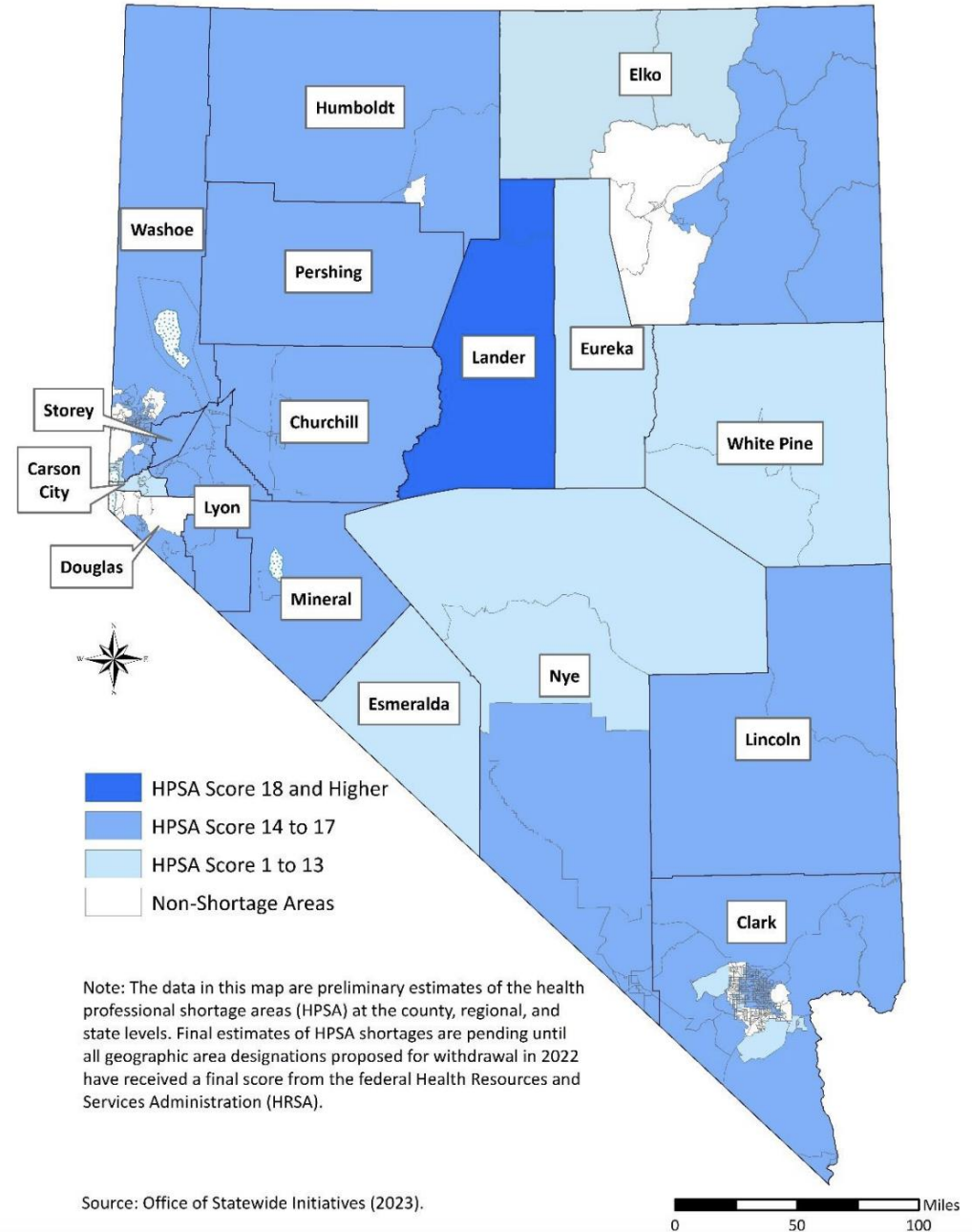


Source: Nevada Instant Atlas (2023) utilizing unpublished data from the Nevada State Board of Medical Examiners and the Nevada State Board of Osteopathic Medicine



# ACCESS TO CARE: HEALTH WORKFORCE

**Figure 71: Primary Medical Care Health Professional Shortage Areas (HPSAs) in Nevada – 2023**



# ACCESS TO CARE: HEALTH WORKFORCE

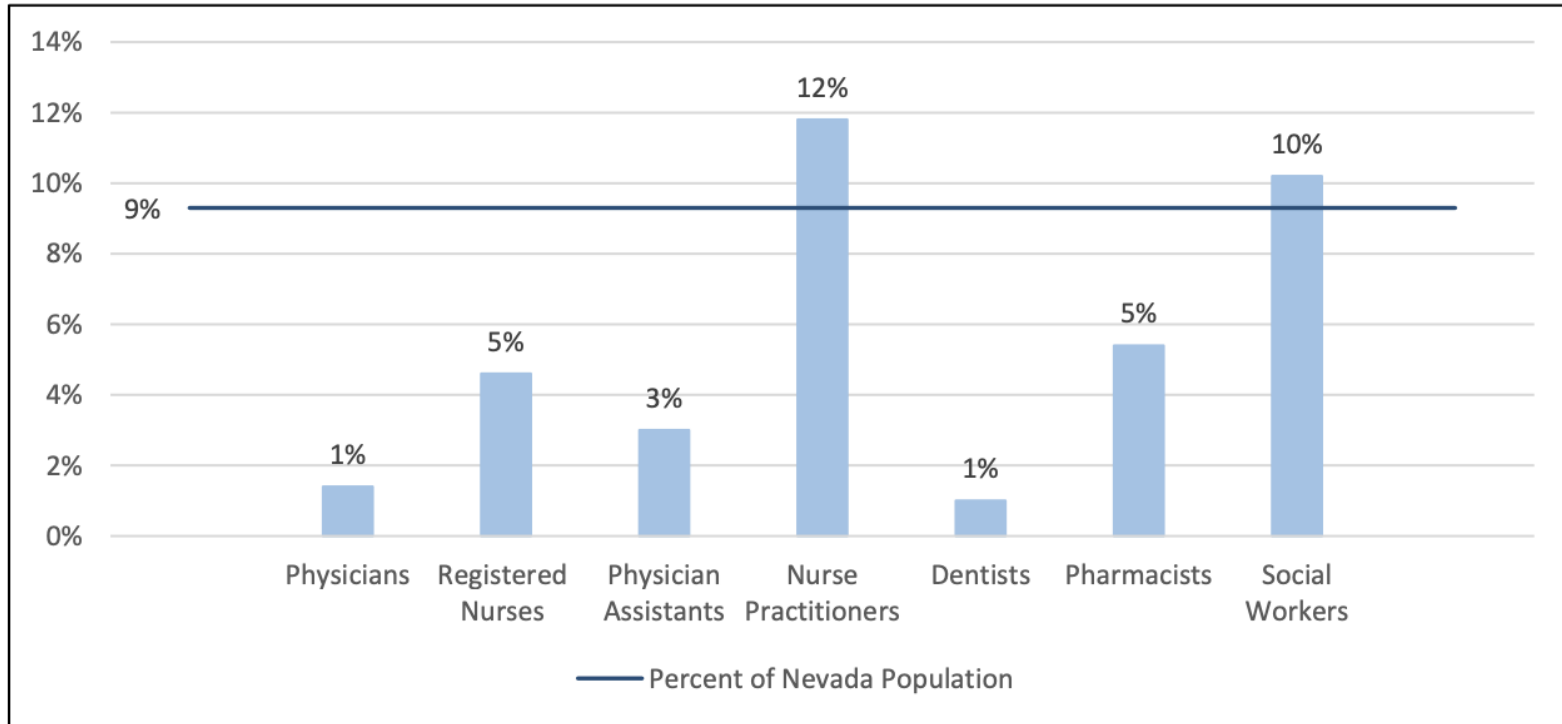
**Figure 37: Licensed Health Professionals per 100,000 Population in Nevada – 2022**

Licensed Health Professionals	Number of Licensed Health Professionals per 100,000 Population				
	Carson City	Clark	Washoe	Rural and Frontier	Nevada
<b>Physicians and Physicians Assistants</b>					
Allopathic Physicians (MDs)	323	177	298	71	188
Osteopathic Physicians (DOs)	46	37	33	21	34
Primary Care Physicians (MDs and DOs)	108	83	113	43	85
Physician Assistants (PAs)	74	35	49	25	37
<b>Nursing</b>					
Advanced Practitioners of Nursing (APNs)	86	89	115	44	89
Registered Nurses (RNs)	980	972	1,180	625	971
Licensed Practical Nurses (LPNs)	76	122	73	78	110
Certified Registered Nurse Anesthetists (CRNAs)	5	4	3	6	4
<b>Oral Health</b>					
Dentists	84	59	69	30	58
Dental Hygienists	61	36	72	43	43
<b>Mental and Behavioral Health</b>					
Alcohol, Drug and Gambling Counselors	61	20	40	30	25
Clinical Professional Counselors	11	15	17	6	15
Licensed Clinical Social Workers (LCSWs)	58	38	65	32	42
Marriage and Family Therapists (MFTs)	43	27	63	11	32
Psychiatrists (MDs & DOs)	9	9	17	1	9
Psychologists	44	12	33	4	15
<b>Allied Health and Other Health Professions</b>					
Chiropractors	34	20	29	16	21
Clinical/Medical Lab Technologists	34	44	40	19	42
Clinical/Medical Lab Technicians	29	25	63	21	30
Dietitians	17	18	29	11	19
Occupational Therapists (OTs)	21	32	69	16	36
Opticians	28	10	13	3	11
Optometrists	31	13	20	12	14
Paramedics	38	79	81	60	77
Pharmacists	80	83	91	46	81
Physical Therapists (PTs)	49	51	79	40	54
Podiatrists	7	4	4	2	4
Respiratory Therapists (RTs)	16	44	29	13	38
Speech-Language Pathologists	36	23	63	14	29
Social Workers (LSWs)	85	24	76	33	34

Source: Nevada Instant Atlas (2023) utilizing unpublished data from multiple licensing boards. Note: Figures shaded in red are below the state average for each occupation.

# ACCESS TO CARE: HEALTH WORKFORCE

Black Graduates of Nevada Health Care Education Programs



# ACCESS TO CARE: HEALTH WORKFORCE

Additional jobs needed to meet the national average:

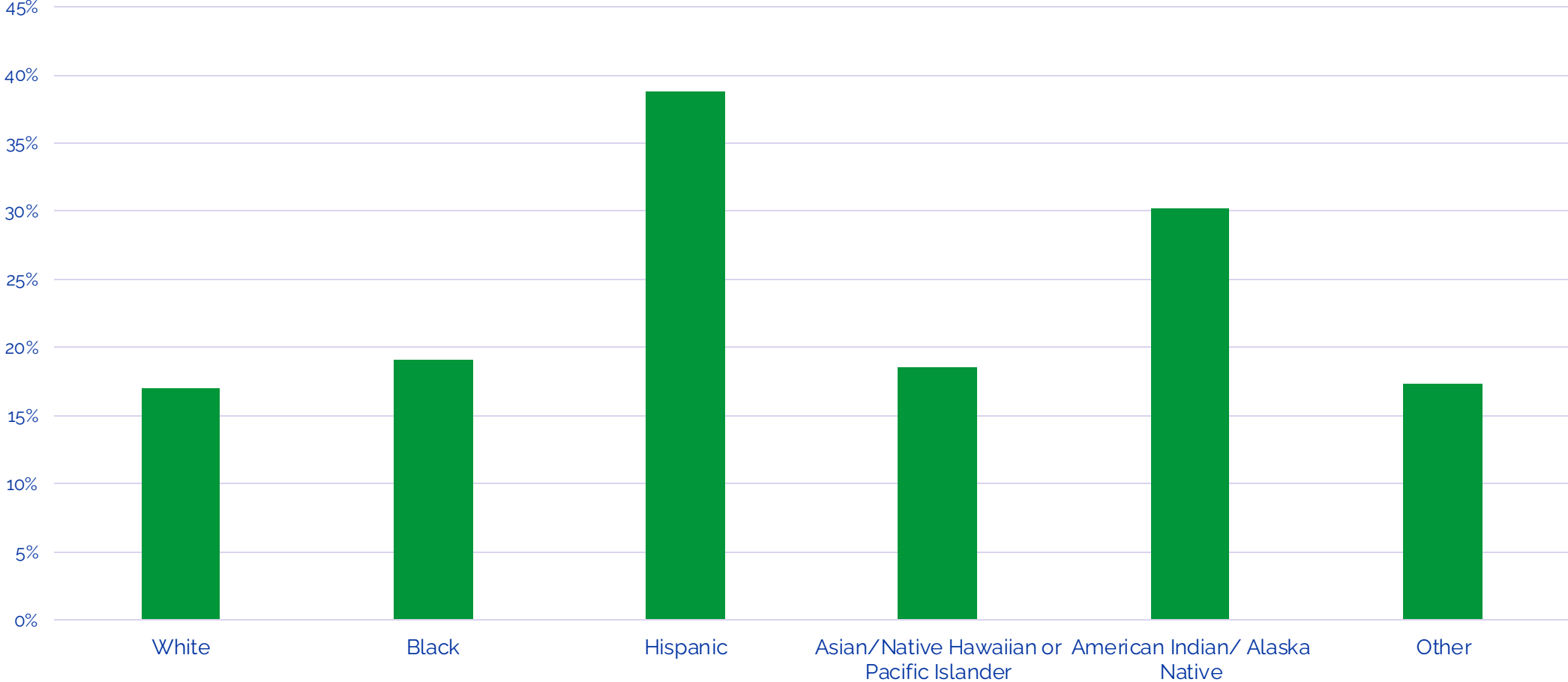
- ✓ **13** genetic counselors
- ✓ **474** social workers
- ✓ **384** internal and family medicine physicians
- ✓ **165** surgeons
- ✓ **591** radiologic technicians





# ACCESS TO CARE: HEALTH CARE USAGE

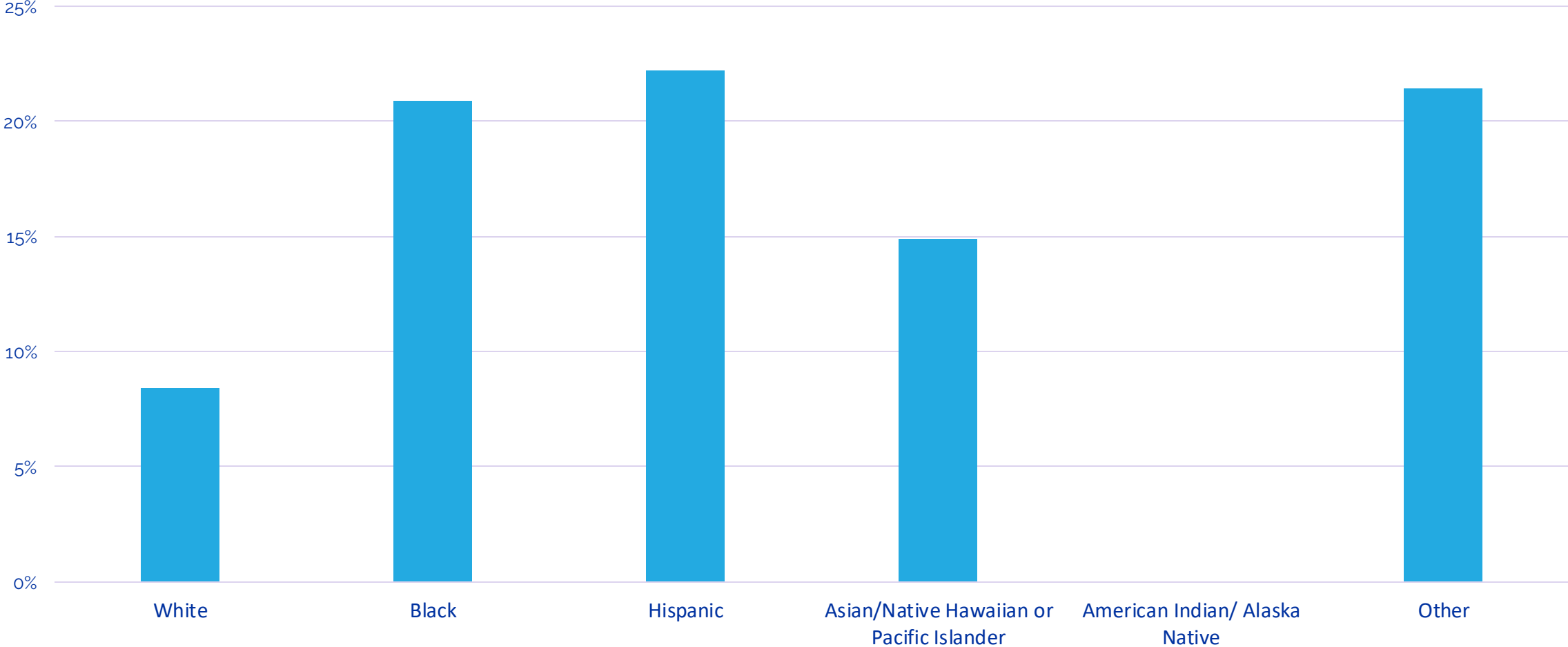
Adults Who Report Not Having a Personal Doctor/Health Care Provider, by Race/Ethnicity, 2022



KFF analysis of the Centers for Disease Control and Prevention (CDC)'s 2013-2022 Behavioral Risk Factor Surveillance System (BRFSS).

# ACCESS TO CARE: HEALTH CARE USAGE

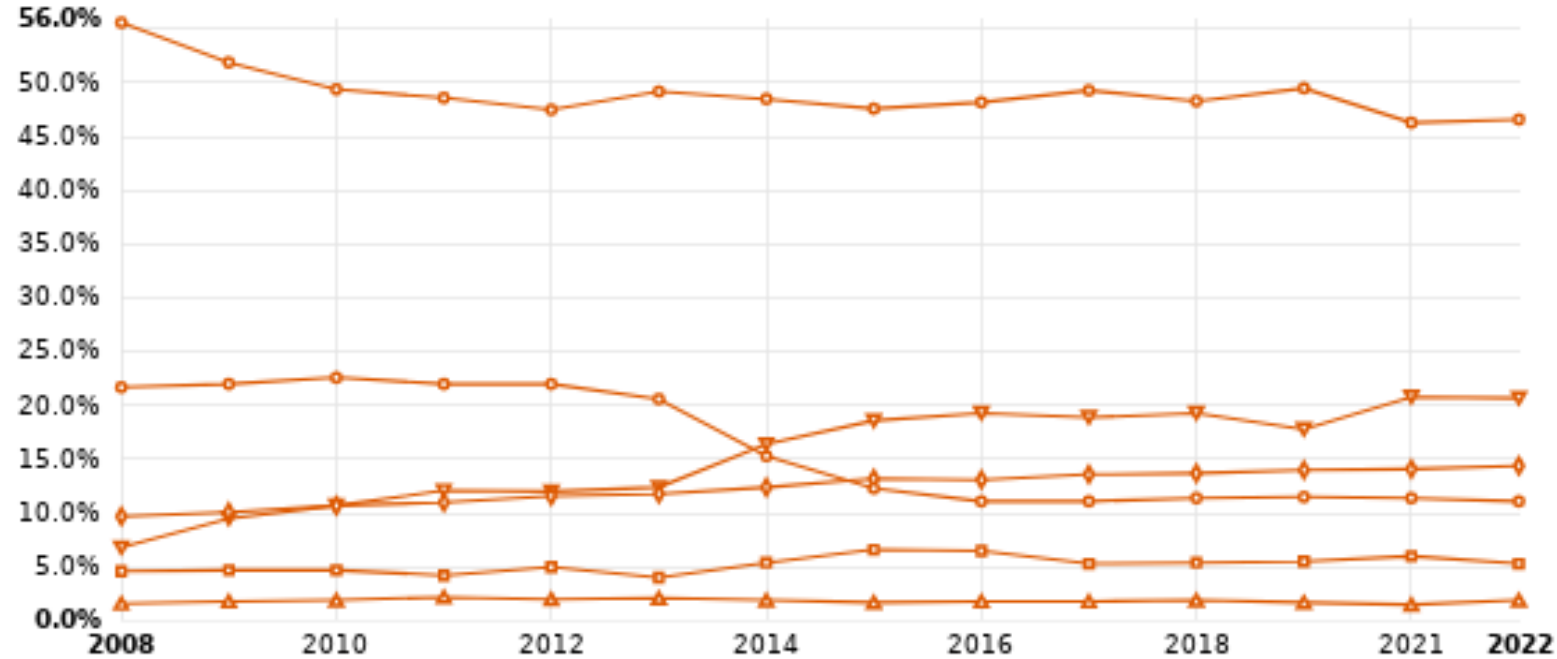
Adults Who Report Not Seeing a Doctor in the Past 12 Months Because of Cost by Race/Ethnicity



KFF analysis of the Centers for Disease Control and Prevention (CDC)'s 2013-2022 Behavioral Risk Factor Surveillance System (BRFSS).

# ACCESS TO CARE: HEALTH INSURANCE

Health Insurance Coverage of the Total Population: Employer & Non-Group & Medicaid & Medicare & Military & Uninsured, 2008 - 2022



- Employer
- ▣ Non-Group
- ▽ Medicaid
- ◇ Medicare
- ▲ Military
- Uninsured
- Nevada

SOURCE: KFF's State Health Facts.

# ACCESS TO CARE: HEALTH INSURANCE

## Who is uninsured?

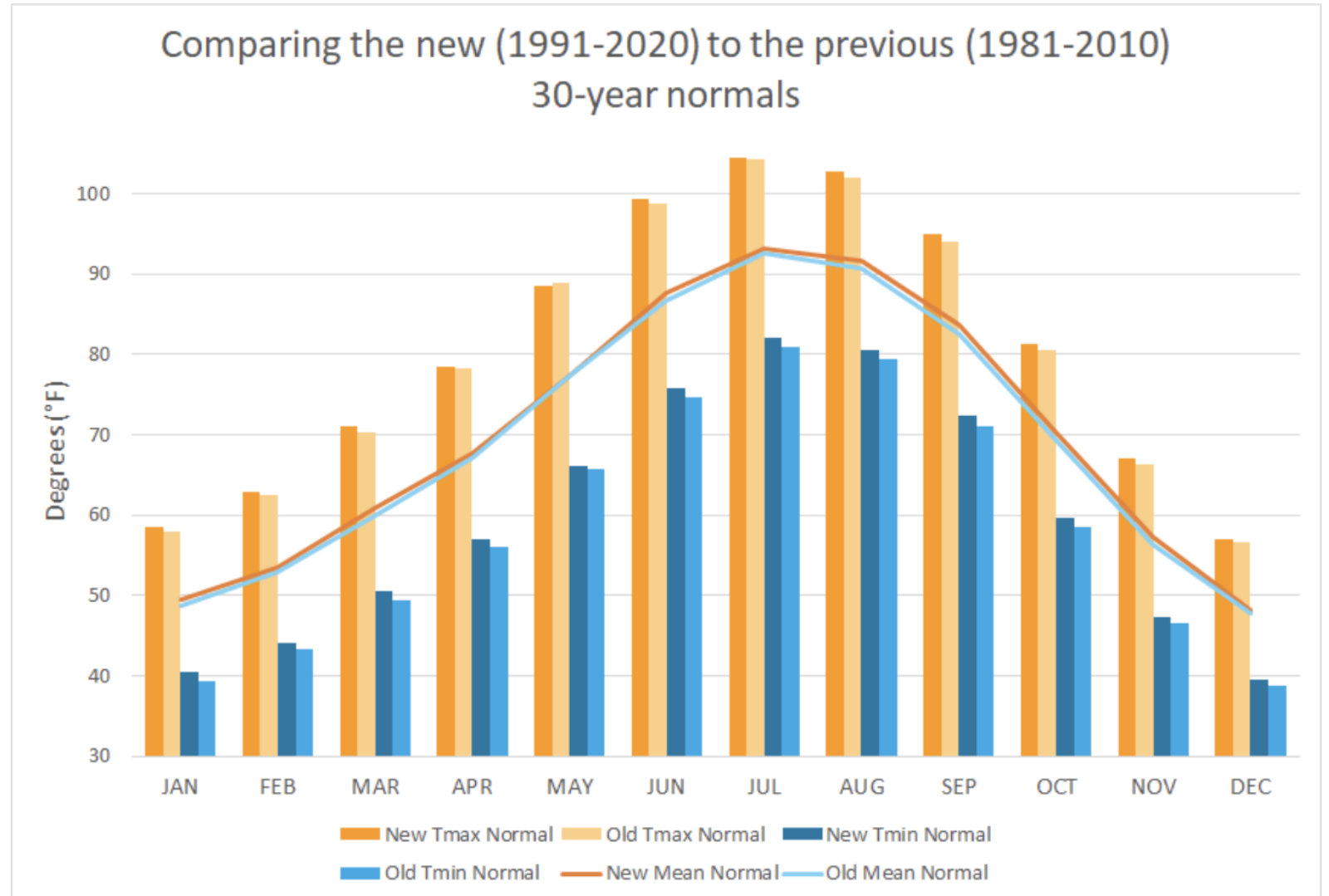
- ✓ **More than 1/3 of Nevadans who are uninsured make 2-4 times the federal poverty level**
  - ✓ \$47,112 up to \$94,224 per year for two adults and one child
  - ✓ Many make enough to disqualify for Medicaid but not enough to afford health insurance or aren't provided employer coverage
- ✓ **More than 70% of those uninsured have at least one full-time worker in their household**
- ✓ **Hispanics account for 30% of Nevada's population but more than half of those uninsured**

# ENVIRONMENT: CLIMATE CHANGE

Comparing the last 30 years to the previous 30 years:

- ✓ Mean high temps increased up to 1 degree
- ✓ Mean low temps increased up to 7 degrees
- ✓ Warming increased faster in the more recent 30 years
- ✓ Development has increased urban heat island effect

LAS VEGAS





# ENVIRONMENT: CLIMATE CHANGE

- ✓ Reno and Las Vegas are the two fastest-warming cities in the U.S. based on the increase in annual average temperature from 1970 to 2023.
- ✓ Studies have shown that urban heat islands are more likely to be found in predominantly lower-income and non-white communities.
- ✓ Heavy smoke from wildfires in the Reno metro area went from about 11 days every 4 years to about 17 days each year.
- ✓ There is a 9% increase in lung cancer incidence or mortality for every 10  $\mu\text{/m}^3$  increase in PM<sub>2.5</sub> (wildfire smoke). There is an established link between total ambient air pollution and lung cancer.
- ✓ Wildfires also emit pollutants, including human carcinogens, that can contaminate water and soil and thus remain in the environment long after PM<sub>2.5</sub> returns to baseline levels.

# ENVIRONMENT: RADON

- ✓ Radon is the number one cause of lung cancer in non-smokers.



## Nevada Statewide Radon Potential by Zip Code

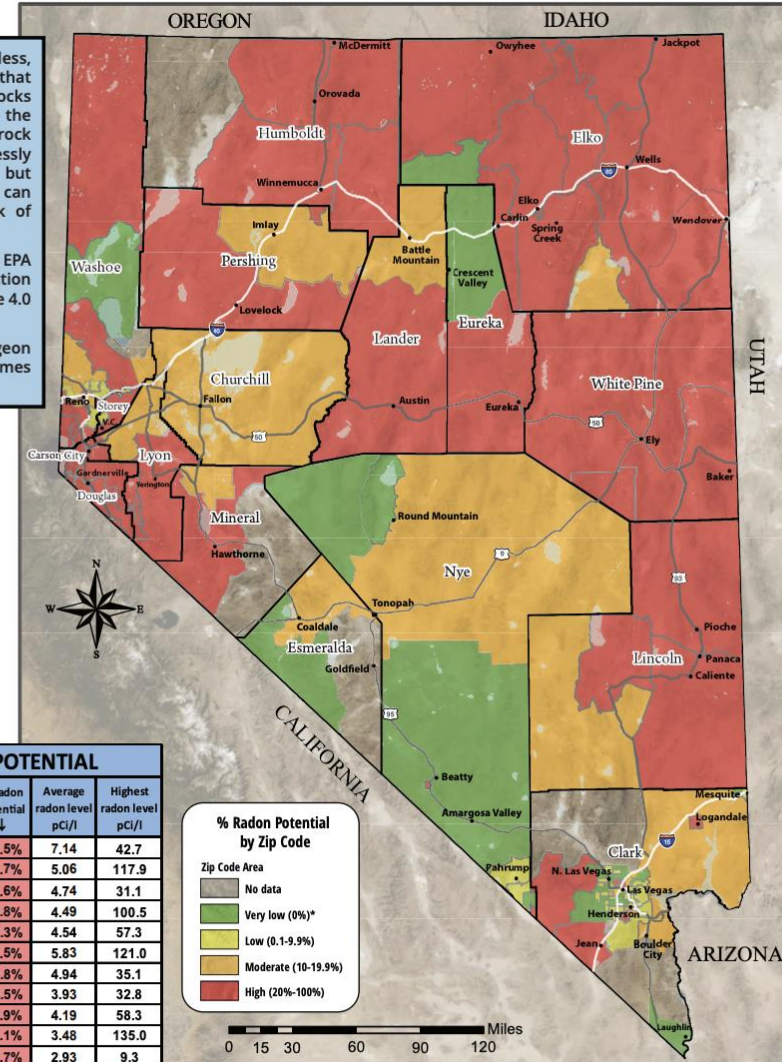
Radon is a colorless, odorless, and tasteless radioactive gas that occurs naturally in most rocks and soils. It is produced by the decay of uranium in soil, rock and water. Radon is harmlessly dispersed in outdoor air, but when trapped in buildings it can build up, increasing the risk of lung cancer.

The EPA Action Level: The U.S. EPA recommends that you take action to reduce radon levels that are 4.0 pCi/l or higher.

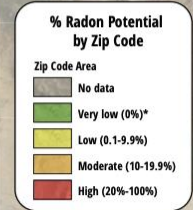
\*The EPA and the U.S. Surgeon General recommends all homes be tested for radon.



RadonNV.com  
1-775-336-0252  
Chris Kelly Program Officer  
Chrisk@unr.edu



RADON POTENTIAL					
County	Total valid tests	4 pCi/l and greater	% Radon Potential ↓	Average radon level pCi/l	Highest radon level pCi/l
Pershing	205	120	58.5%	7.14	42.7
Douglas	4,437	1,804	40.7%	5.06	117.9
Mineral	106	43	40.6%	4.74	31.1
Carson City	1,908	760	39.8%	4.49	100.5
Elko	479	174	36.3%	4.54	57.3
Lincoln	80	26	32.5%	5.83	121.0
Eureka	26	8	30.8%	4.94	35.1
White Pine	213	65	30.5%	3.93	32.8
Humboldt	301	87	28.9%	4.19	58.3
Lyon	1,220	331	27.1%	3.48	135.0
Storey	45	12	26.7%	2.93	9.3
Washoe	10,700	2,341	21.9%	3.33	195.0
Churchill	499	83	16.6%	2.75	16.4
Lander	155	24	15.5%	2.90	24.9
Clark	3,713	411	11.1%	2.07	70.0
Nye	181	14	7.7%	1.83	9.2
Esmeralda	3	-	0%*	1.40	1.9
<b>Totals</b>	<b>24,271</b>	<b>6,303</b>	<b>26.0%</b>	<b>3.61</b>	



\*\*Note: Results are based on independently tested home data from program-provided kits, radon professionals and radon labs, from 1989 to Mar. 31, 2019. When known, post-mitigation results are not included and usable results are valid tests, one per home, using the highest radon level on the lowest tested level of the home.



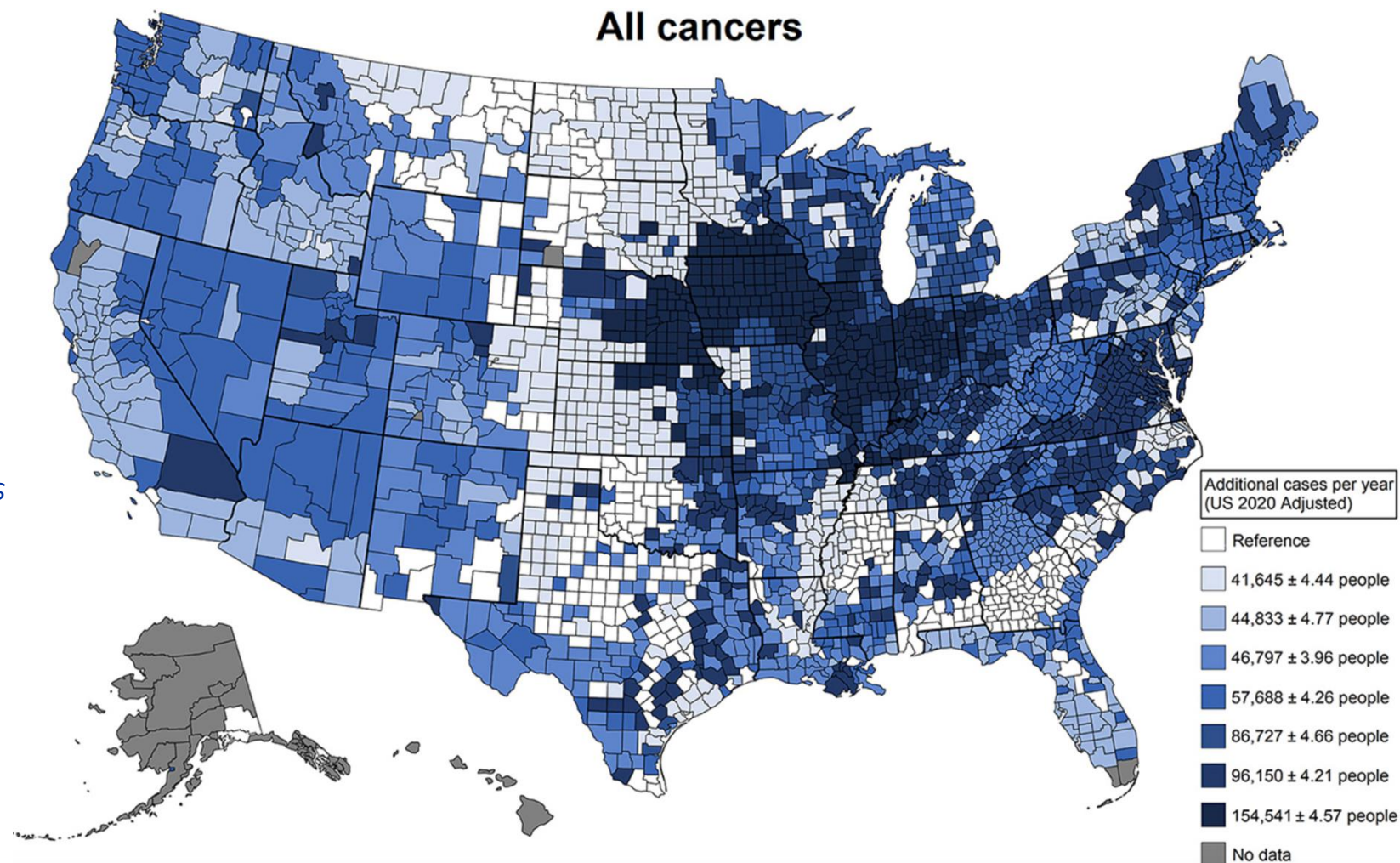
This publication was supported by the Nevada Division of Public and Behavioral Health through Grant Number K1-9563519-0 from the U.S. Environmental Protection Agency (EPA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of either the Division or the U.S. Environmental Protection Agency.

\*Small sample size: more testing is needed to reference reliable radon potential for this area.



# ENVIRONMENT: CHEMICALS

- ✓ Pesticides have been linked to colorectal, lung, and pancreatic cancers, childhood and adult leukemias, lymphomas and other cancers.
- ✓ *Additional cancer cases in a single year that can be attributed to differences in agricultural pesticide use patterns. These patterns of use were defined by latent class analysis; estimates were derived from generalized linear models adjusted for agricultural land use, total population, the Social Vulnerability Index, and smoking rates. **This plot contrasts the counties that have the least risky use of agricultural pesticides with the counties that have the riskiest use of agricultural pesticides.***



# ENVIRONMENT: CHEMICALS

- ✓ Open-pit gold mining is one of the highest potential mining threats on the environment as it affects the air and water chemistry. The exposed dust may be toxic or radioactive, making it a health concern for the workers and the surrounding communities.
- ✓ Heavy metals like Arsenic (As), lead (Pb), and cadmium(Cd) are believed to cause cancer, neural and metabolic disorders and other diseases [4,16]. Arsenic is considered one of the most important contaminants of drinking water in the world as it causes cancer of the skin, lungs, urinary bladder and kidney.
- ✓ Potential to have effects on the food chain through cattle grazing on sites contaminated by mines.
- ✓ Yerington Paiute Tribe's water contaminated with carcinogens including arsenic, chromium and uranium from Anaconda Mine (superfund site).

# ENVIRONMENT





# CROSS-CUTTING ISSUES ACTIVITY



# THE PLAN'S CROSS-CUTTING ISSUES

- ✓ Health Equity and Racial Disparities
- ✓ Environmental Factors
- ✓ Access to Healthcare
- ✓ Social Determinants of Health

# QUESTIONS TO CONSIDER

- ✓ In what way does this issue affect plan priority areas?
  - ✓ Prevention
  - ✓ Early Detection
  - ✓ Diagnosis & Treatment
  - ✓ Survivorship & Palliative Care
  - ✓ Data & Surveillance
  - ✓ Clinical Trials & Research
  - ✓ Childhood & AYA Cancers
  - ✓ Genetics
- ✓ What data would help to illustrate these issues in Nevada?
- ✓ How does this issue affect people of different: genders, ages, races, sexual orientations, abilities, geographies, professions, incomes?
- ✓ Are there policies, systems or environmental changes that could help reduce the negative impacts of this issue?

# NEXT STEPS

March-June 2024: Initial feedback and priority setting with surveys and stakeholder meetings

September 2024-February 2025: Workgroups meet to develop objectives and strategies; webinars on cross-cutting issues.

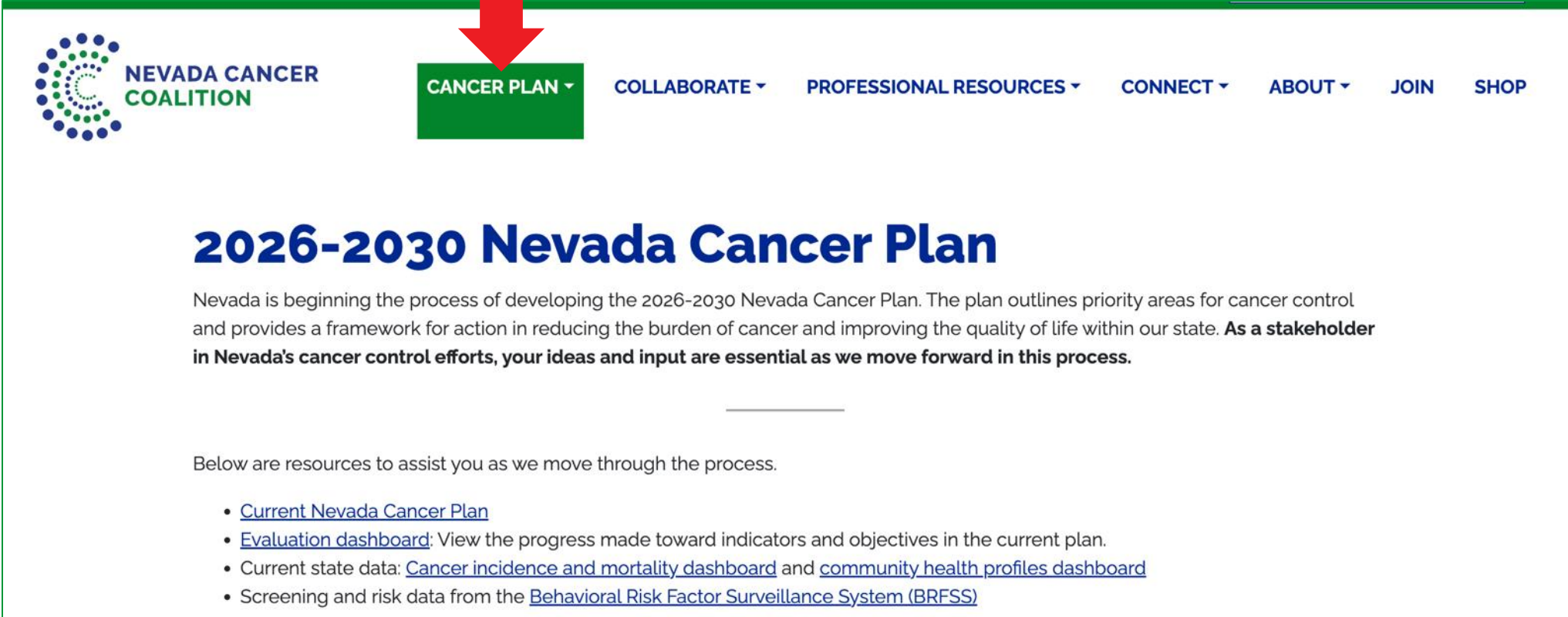
March-June 2025: Plan is written, reviewed by a steering committee, edited, final data added, designed, and printed.

September 2025: 2026-2030 Nevada Cancer Plan is released at Nevada Cancer Control Summit.



# PLAN RESOURCES & MATERIALS

- ✓ Under the “Cancer Plan” tab you’ll see a link to the Cancer Plan Revision page. Here you’ll find the timeline, links to upcoming meetings, data resources, relevant webinars, and other materials.



The screenshot shows the top navigation bar of the Nevada Cancer Coalition website. The logo is on the left, followed by the 'CANCER PLAN' tab which is highlighted in green and has a red arrow pointing to it. Other navigation items include 'COLLABORATE', 'PROFESSIONAL RESOURCES', 'CONNECT', 'ABOUT', 'JOIN', and 'SHOP'.

## 2026-2030 Nevada Cancer Plan

Nevada is beginning the process of developing the 2026-2030 Nevada Cancer Plan. The plan outlines priority areas for cancer control and provides a framework for action in reducing the burden of cancer and improving the quality of life within our state. **As a stakeholder in Nevada’s cancer control efforts, your ideas and input are essential as we move forward in this process.**

Below are resources to assist you as we move through the process.

- [Current Nevada Cancer Plan](#)
- [Evaluation dashboard](#): View the progress made toward indicators and objectives in the current plan.
- Current state data: [Cancer incidence and mortality dashboard](#) and [community health profiles dashboard](#)
- Screening and risk data from the [Behavioral Risk Factor Surveillance System \(BRFSS\)](#)



# JOINING A WORKGROUP

If you'd like to work on a particular priority area, please put your name and organization or business card on the wall next to that priority area before you leave.

Or Email: [Kristen@NevadaCancerCoalition.org](mailto:Kristen@NevadaCancerCoalition.org)

# THANK YOU!



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