



**Colorado
Cancer
Coalition**



2026–2030

Colorado Cancer Plan

THE ROADMAP TO REDUCING THE BURDEN OF CANCER IN COLORADO

Preface

From the Colorado Cancer Coalition

Cancer has a wide reach in Colorado. It impacts the health, stability, and daily lives of people and communities across our state — whether in large cities, small towns, or rural areas. As Colorado continues to change, so do the ways we prevent cancer and support those affected by it. This is why the 2026–2030 Colorado Cancer Plan was created: to address these evolving needs and guide our work in the years ahead.

The Plan builds on decades of teamwork, innovation, and scientific progress. It reflects the insights and experiences of survivors, caregivers, clinicians, researchers, community groups, local public health agencies, and statewide partners. Their contributions shaped the goals within this Plan — from reducing tobacco use and improving access to prevention and screening, to strengthening treatment systems and supporting the mental, emotional, and financial well-being of people affected by cancer. Thank you to everyone who contributed time, expertise, and passion. Your leadership defines what's possible, and it will continue to drive this work forward.

The Plan highlights several key truths:

- Prevention is our best tool, yet many people still face significant barriers to safe opportunities to be active, nutritious foods, and access to healthcare.
- Clinical interventions are advancing, from genetic risk assessments to new vaccines and early detection technologies. It's vital that all Coloradans benefit from these advancements.
- Environmental factors, such as radon and air quality, continue to affect cancer risk and disproportionately impact certain communities.
- Survivorship is growing, and people need support beyond diagnosis — support that addresses their full — and often complex — physical, mental, emotional, and financial needs.
- Lastly, promoting health equity must be a priority. The Colorado Cancer Plan aims to break down structural barriers and support historically underserved communities.

No single organization can accomplish this work alone. As the administrative home for the Colorado Cancer Coalition, Trailhead Institute is committed to supporting the partnerships and coordination needed to put this Plan into action. Together, we will build strong connections, lift up community voices, and support the statewide network working toward these goals.

Colorado faces a significant cancer burden, and this Plan outlines the actions we can take — together — to reduce it. I invite partners across every sector, and Coloradans in every community, to join us in this work. By acting collectively, we can build a future where cancer is prevented whenever possible, detected early, treated with high-quality and equitable care, and where survivorship is supported at every stage.



Michele Shimomura,
President and
Executive Director,
Trailhead Institute



From the Lieutenant Governor

Cancer touches every community in Colorado. Anyone can be diagnosed with cancer and it impacts each individual differently. We know all too well that the risk of developing cancer and the experience of living with it as well as surviving it varies greatly depending on where you live, the resources you have, the community providing you support, your race and ethnicity, and the systems you can access. My hope is that someday we will not need cancer plans, but until then, it is important to realize that we can make a difference if we work together. The 2026–2030 Colorado Cancer Plan acknowledges these realities; it charts a path forward grounded in data, prevention, innovation, compassion, and equity in order to eliminate the burden of cancer across our state.

This work is personal to me. As an individual who has been diagnosed with cancer on four occasions, I understand firsthand the challenges that patients and their loved ones face — medically, financially, emotionally, and spiritually. That’s why cancer advocacy has been central throughout my career of public service.

Cancer can be a lonely experience. I have learned that peer support is an essential resource when battling this disease. Without the community and people around me as well as medical professionals, I may not have made it. That’s why I’ve made it my mission to provide that same support to others facing a cancer diagnosis. With this plan, we will continue to grow the community we all need.

Anyone can make a difference in advancing the goals of this plan, and success depends on working together across sectors and communities. Survivors and caregivers bring lived experience that helps shape more responsive and compassionate systems of care. Community organizations and navigators serve as trusted partners, connecting people to prevention, screening, treatment, and support services. Health care providers and systems play a critical role in delivering high-quality, equitable care, while industry partners can support healthier workplaces, invest in community health, and expand access to resources. When each partner contributes their unique strengths, we create a collective impact that is greater than any single effort alone.

To achieve lasting progress, we must rely on evidence-based practices and proven initiatives while remaining open to innovation. Using data and research ensures that our actions are effective, efficient, and grounded in what works. At the same time, innovation allows us to respond to emerging challenges, leverage new technologies, and reach communities in more meaningful ways. By combining evidence with creativity and collaboration, we can accelerate change, reduce disparities, and continuously improve outcomes.

Health equity remains central to this work. The Colorado Cancer Plan is a commitment to addressing systemic barriers and supporting communities that have been underserved for too long. This is a call to action that requires collaboration.

Thank you to the survivors, caregivers, advocates, and community members who get screened, participate in clinical trials, support loved ones, and celebrate remission and survivorship together. I am also deeply grateful to the medical professionals and other experts across Colorado who generously shared their time, knowledge, and passion to shape this plan. By continuing to work together, as we have for the past 30 years, we can use this plan and our shared efforts to further reduce the burden of cancer and build a healthier future for all of Colorado.



Dianne Primavera
Lieutenant Governor,
State of Colorado

Table of Contents

- 2 From the Colorado Cancer Coalition**
- 3 From the Lieutenant Governor**
- 5 About the Colorado Cancer Coalition**
- 6 Data: Burden, Incidence, Prevalence, Mortality**
 - 6 Risk and Protective Factors**
 - 6 Tobacco**
 - 7 HPV Immunization**
 - 7 Health Behavior**
 - 7 Risks That You Can't Change**
- 8 Top Cancers in Colorado**
- 9 Incidence**
 - 10 Sex**
 - 10 Trends in New Cases**
 - 10 Race**
 - 10 Ethnicity**
- 11 Prevalence**
 - 11 Cancer Survivorship**
 - 11 Late Stage Diagnosis**
- 12 Mortality**
 - 13 Trends in Cancer Deaths**
 - 13 Race and Ethnicity 2020-2024**
 - 13 Screening**
- 14 Together for a Healthier Colorado**
 - 14 Cancer's Reach Into Our Lives**
 - 15 What We Are Doing as Coloradans**
 - 16 Loaded Dice: When Care Comes From an Uneven Hand**
 - 16 A Plan for Every Coloradan**
- 17 Cancer Plan Revision Process**
 - 17 Revision timeline**
- 18 Data Sources**
- 19 Cancer Plan Goals, Objectives, and Activities**
 - 20 Goal 1:**
Best Practice Considerations – Key and Emerging Topics
 - 23 Goal 2:**
Decrease Tobacco Use Among Coloradans
 - 24 Goal 3:**
Increase Prevalence of Healthy Behaviors
 - 26 Goal 4:**
Increase Uptake of Clinical Interventions to Prevent and Reduce Cancer Risk
 - 28 Goal 5:**
Decrease Environmental Exposures That Lead to Cancer
 - 29 Goal 6:**
Increase Cancer Screening and Early Detection Rates
 - 32 Goal 7:**
Consistent Access to Diagnostic and Treatment Services Adherent With Nationally Recognized Standards
 - 34 Goal 8:**
Improve Physical, Mental, Emotional, Behavioral, and Financial Well-Being Among People Affected by Cancer
- 36 Evaluation**
- 37 Call to Action**
- 38 Acknowledgments**
- 39 Appendix A**
- 43 Appendix B**
- 44 Appendix C: Glossary**

About the **Colorado Cancer Coalition**



Colorado Cancer Coalition

Our Mission

To bring people and organizations together to improve the lives of all Coloradans affected by cancer.

Our Vision

A Colorado where all people — no matter who they are or where they live — can prevent cancer when possible, get screened on time, receive high-quality and equitable treatment, and live well during survivorship.

The **Colorado Cancer Coalition (CCC)** is a statewide network of people and organizations working to reduce the burden of cancer in Colorado. Members include survivors, caregivers, clinicians, researchers, community groups, public health agencies, and partners from every region of the state.

Together, we focus on preventing cancer, detecting it early, improving treatment experiences, and supporting survivors and their families. So much of this work is led by dedicated volunteers who bring their expertise, lived experience, and unwavering commitment to improving cancer outcomes.

What We Do

The Colorado Cancer Coalition:

- Fosters connections across many sectors to share best practices and support collaboration.
- Promotes evidence-based strategies across prevention, screening, treatment, survivorship, and palliative care.
- Works to reduce disparities by supporting efforts that improve access to care and resources for communities that have been historically underserved.
- Provides education and tools for clinicians, community members, and organizations.
- Hosts statewide Task Forces, led by volunteers, that focus on specific cancers or cross-cutting issues.
- Supports the implementation of the Colorado Cancer Plan by coordinating partners and activities across the state.

Our Home

The CCC is supported by Trailhead Institute, which serves as its administrative home. Trailhead provides the structure, coordination, and resources needed to help the CCC carry out its work and move the Colorado Cancer Plan forward.



Data*

Burden, Incidence, Prevalence, Mortality

In order to outline a comprehensive strategy for tackling cancer in Colorado, it was important for the collaborators behind the Plan to identify the parameters of the problem and note critical Colorado-specific patterns in screening, incidence, prevalence, mortality and underlying risk factors.

The long-term goal of developing and implementing a state cancer plan is to reduce the incidence and mortality of cancer, and improve survivorship in Colorado. We have identified state trends in risk factors, cancer screening, incidence, prevalence, and mortality. The Colorado Cancer Plan objectives and strategies target risk factors, cancer screening behaviors, insurance status, and systemic and individual support for cancer survivors and their family members. By implementing these and related strategies over time, we will reduce the burden of cancer in Colorado.

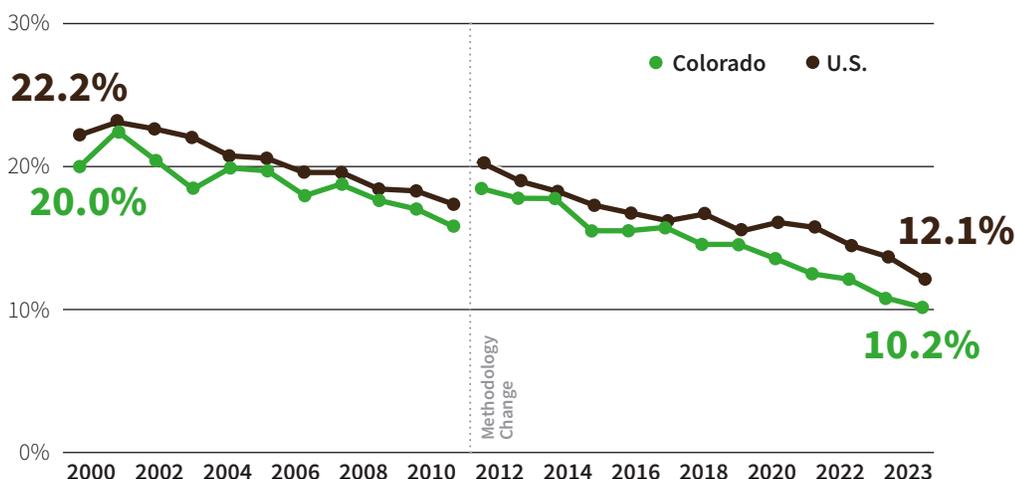
Risk and Protective Factors

Lifestyle, genetic and non-genetic factors, independently or in combination, can impact an individual's risk of developing cancer. Changes in lifestyle, including reduction in tobacco use, modification of the diet to reduce obesity and increase fiber consumption, and clinical interventions such as immunizations or removing a polyp during a colonoscopy, can significantly reduce deaths related to some cancers. Reduction of risk factors and increased protective interventions may also reduce cancer incidence and mortality. State cancer data reveal the following modifiable risk and protective factors that impact the burden of cancer in Colorado:

Tobacco

Tobacco use is the leading cause of preventable disease and death in Colorado and across the country. While tobacco use has decreased over the past several decades, new products like e-cigarettes and flavored nicotine have created new challenges, especially among youth and young adults.

Figure 1. **Prevalence of Current Smoking Among Adults, Colorado and United States, 2000-2023**



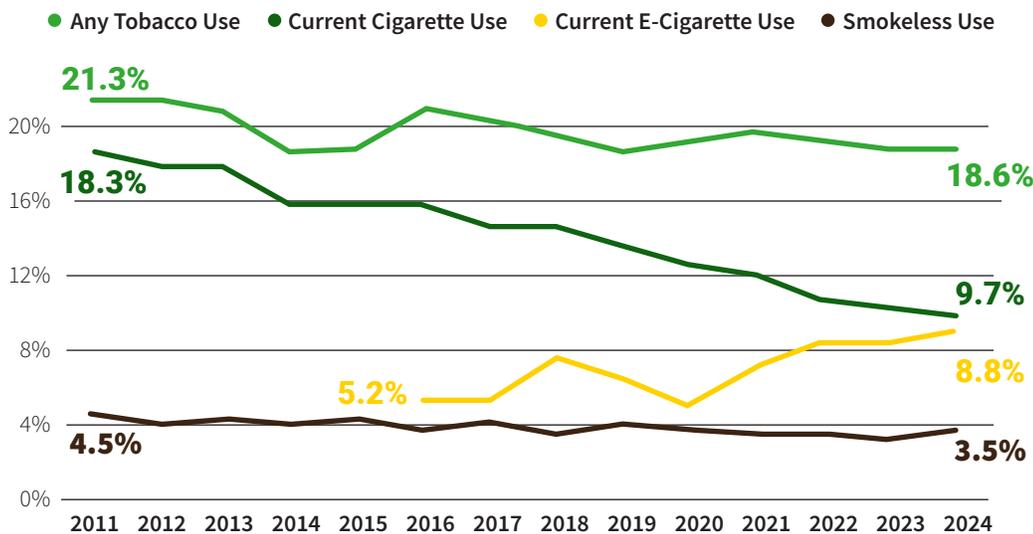
- Smoking among adults in Colorado has steadily declined
- Tobacco use: 9.7 percent of adults in Colorado are current smokers (2024).¹

Data Source: CO Behavioral Risk Factor Surveillance System, 2000-2023



*All data is the most recent available at the time of the plan's release.

Figure 2. **Any Tobacco Use Among Colorado Adults, 2011-2024**



• **18.6 percent of adults in Colorado used e-cigarettes, cigarettes, or smokeless tobacco in the past 30 days (2024).**

Data Source: CO Behavioral Risk Factor Surveillance System, 2011-2024 

HPV Immunization

HPV is a virus that is known to cause cancers of the mouth and throat, cervix, vulva, vagina, penis, and anus.² Exposure to HPV often occurs early in life through skin-to-skin contact, yet it can take decades for exposure to develop into cancer. HPV vaccines can prevent more than 90% of HPV-related cancers when given at the recommended ages

- HPV Immunizations: As of December 2024, 41 percent of adolescent females and 40 percent of adolescent males have received at least one dose of HPV vaccine (CIIS, 2025).³
- 27 percent of adolescent females and 26 percent of adolescent males have received all three doses of an HPV vaccine.
- The Healthy People 2030 target for up-to-date HPV vaccinations in adolescents is 80 percent, ([Healthy People 2030](#)).



DID YOU KNOW ?

Using [sun protection as directed](#), such as protective clothing and using sunscreen can reduce risk of exposure to UV radiation.

Health Behavior

Beyond tobacco use, there are several personal health behaviors that can increase or decrease your cancer risk, depending on the behavior.

- Alcohol use: 60% of Coloradans 18 years and older drank alcohol in the past 30 days (current drinking) and 18% binge drank at least once in the past 30 days.⁴
- UV radiation increases about 4% per 1,000 feet of elevation giving Coloradans a higher risk of developing skin cancer. Those at around 5,000 ft elevation are exposed to about 25% more UV radiation than those at sea level.⁵
- In 2023, more than half of Colorado residents were above a healthy weight. Maintaining a healthy diet with exercise can reduce both excess weight and the risk of developing cancer.⁶
- Radon: 54.8 percent of adults have tested their home for radon (2020).⁷

Risks That You Can't Change

There are some risks that cannot be changed by behavior or environment and are inherent to everyone.

- **Age:** An estimated 57% of new cancer cases occur in those over 65, which is currently both the largest and the fastest growing age group in Colorado ([State Demography Office](#)). Colorado's median age increased from 26.2 in 1970 to 37.9 in 2023.⁸
- **Genetics:** 5-10% of cancers are associated with a genetic predisposition ([National Cancer Institute](#)).⁹

Top Cancers in Colorado

Figures 3 and 4 list the top 10 types of cancer in Colorado by incidence and mortality.¹⁰ Four cancers in particular – female breast, prostate, lung, and colorectal – are the most commonly diagnosed cancers and the leading causes of cancer deaths.

Figure 3. **Top Ten Colorado Cancer Incidence Rates, 2017-2021**

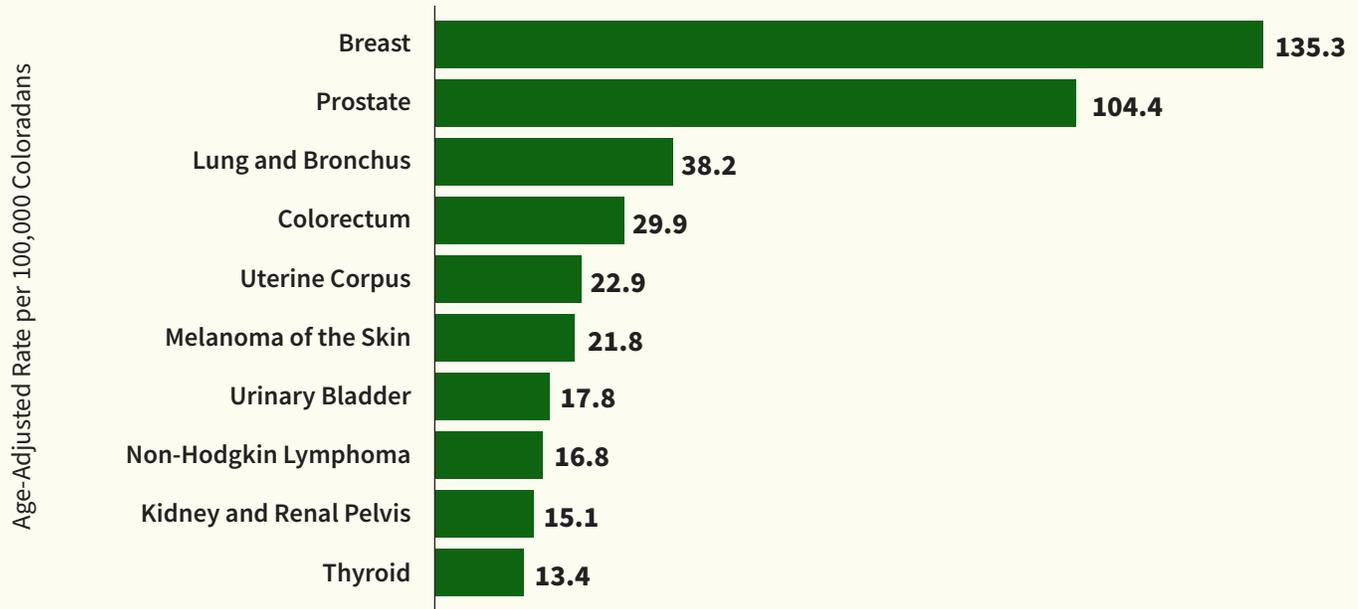
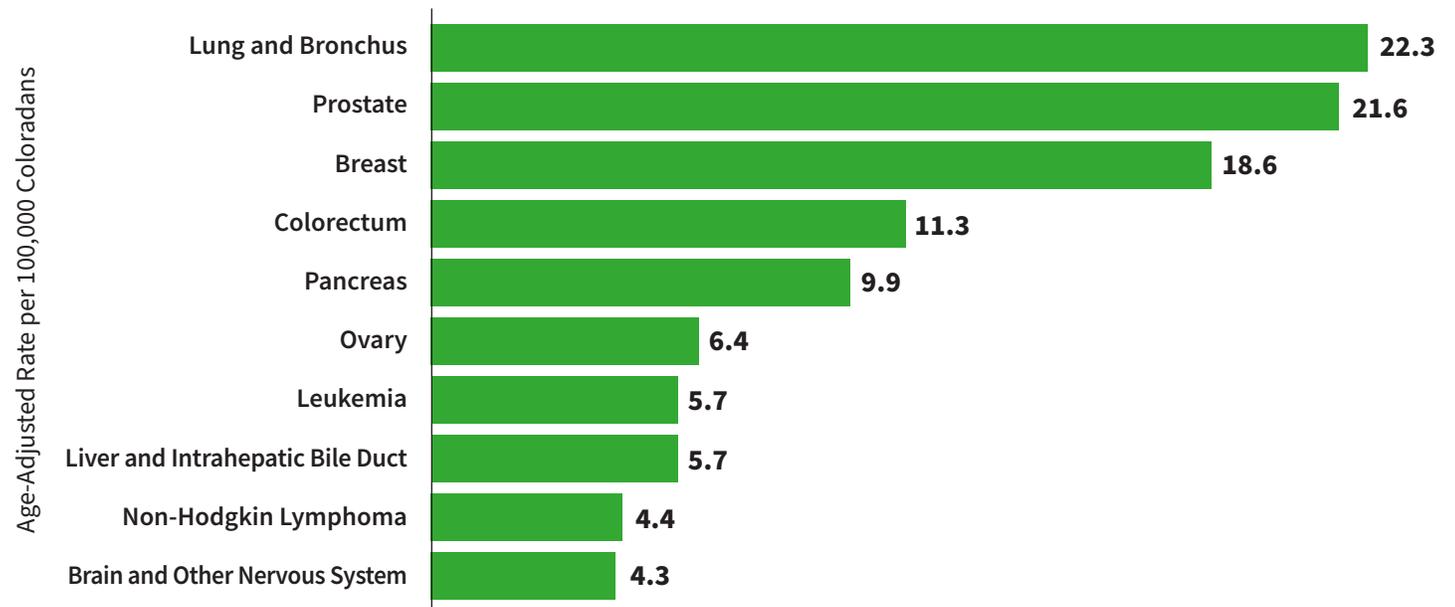


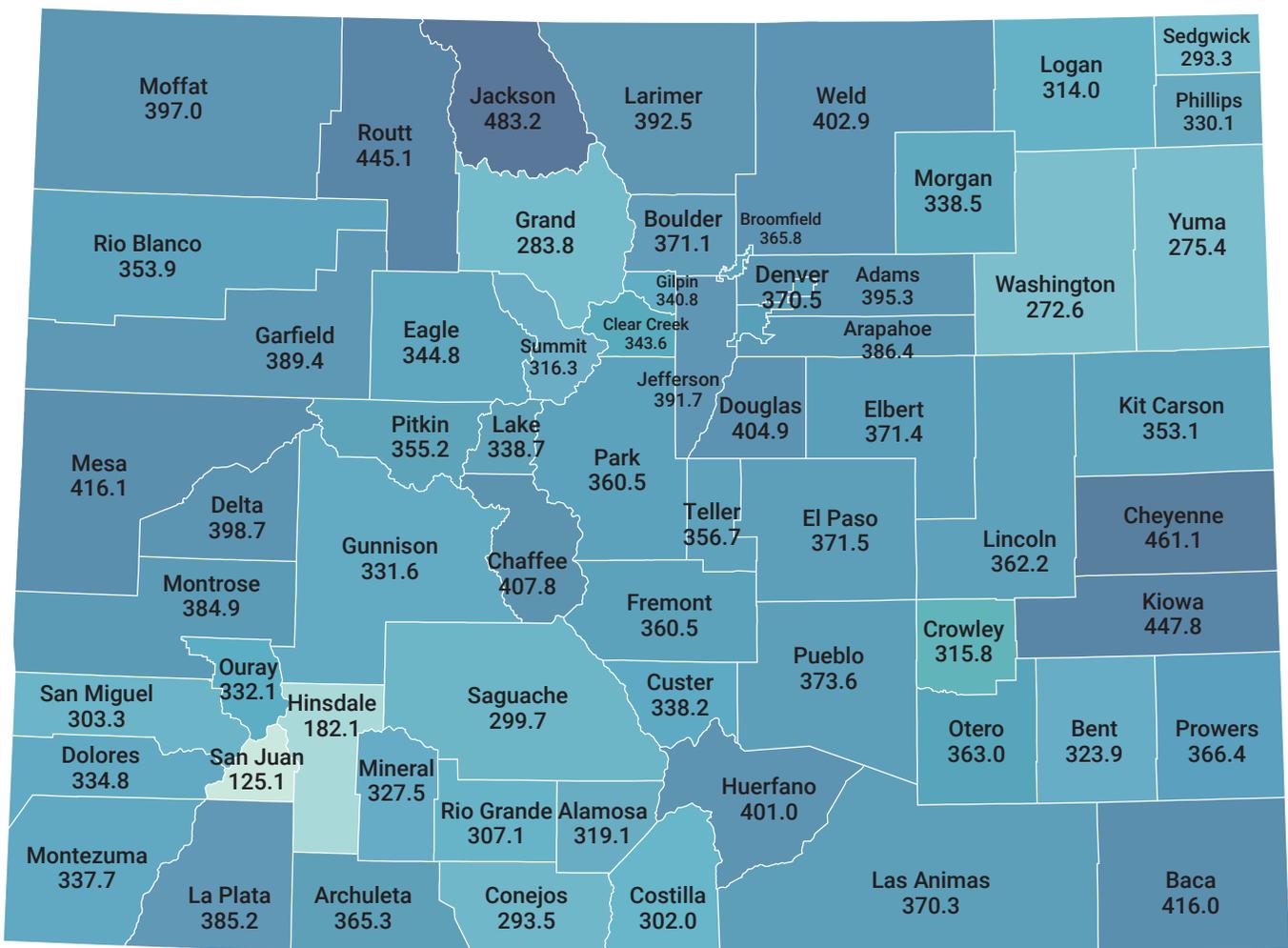
Figure 4. **Top Ten Colorado Cancer Mortality Rates, 2018-2022**



Incidence^{*}

In 2022, 25,976 Coloradans were diagnosed with cancer, and from 2020 through 2022, the age adjusted incidence rate (new cases) was 380.7 per 100,000 Coloradans. State and national incidence rates have decreased since 1992, and Colorado continues to have lower incidence and mortality rates than the national average. The age-adjusted cancer incidence rates vary by gender, race, ethnicity and type of cancer, as noted in the 2018-2022 data below. The data suggest that different groups have varying needs and should be supported accordingly. Therefore, strategies may need to be tailored to effectively address these differences across groups throughout the state.

Map 1. Cancer Cases (Incidence), Age-Adjusted Rates, 2020-2022, Includes Race/Hispanic Origin



ⁱ Age-adjusted is a statistical tool used to make fair “apples-to-apples” comparisons of cancer incidence and mortality between different groups of people, or in the same group over time, by removing the influence of age. This is especially helpful when looking at cancer data because cancer impacts people over age 65 much more than younger age groups.

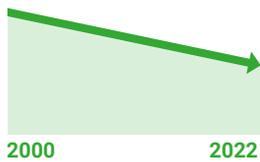
* All data in this section is from the Colorado Central Cancer Registry. The year is indicated where appropriate.

Incidence continued

Sex

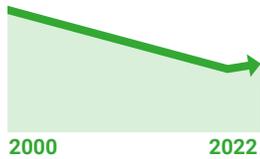
Males experienced a significantly higher age-adjusted incidence rate of cancer per 100,000 Coloradans than both females and the overall state rate. One exception is for lung cancer, where the gap in incidence between males and females has narrowed in recent years. While the gap has narrowed, females experienced a higher cancer incidence rate than males in 2022. This rate change will need to be monitored for future developments.

Trends in New Cases 2000-2022



Lung cancer

Overall incidence rate is **34.5 per 100,000**



Colorectal cancer

Overall incidence rate is **30.0 per 100,000**



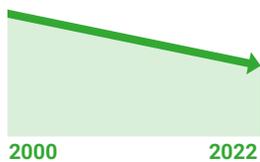
Prostate cancer

Overall incidence rate is **98.2 per 100,000**



Breast cancer

Overall incidence rate is **129.5 per 100,000**



Cervical cancer

Overall incidence rate is **5.9 per 100,000**

Race

2020-2022

These represent the largest disparities, among many:

- Black males experienced the highest cancer incidence rate at **411.6 per 100,000** while representing a very small proportion of the state population (Colorado rate: 380.7 per 100,000).
- The lung cancer incidence was highest among Black males at **43.9 per 100,000** (Colorado rate: 34.5 per 100,000).
- Prostate cancer incidence was highest among Black men at **154.6 per 100,000** (Colorado rate: 98.2 per 100,000).

Ethnicity

2020-2022



These represent the largest disparities, among many:

- Cancer incidence was highest among Non-Hispanic men at **401.5 per 100,000** (Colorado rate: 380.7 per 100,000) while representing a very large proportion of the state population.
- Colorectal cancer incidence was highest among Hispanic Men at **35.9 per 100,000** (Colorado rate: 32.9 per 100,000).

Prevalence*

Cancer Survivorship

We consider someone a survivor the day of their diagnosis. As screening methods and rates improve, combined with better treatments and an understanding of cancer genetics we are among more cancer survivors. Between 2001-2021 there were 223,615 cancer survivors living in Colorado. Within this population, survivors of the most common and screenable cancers included:

Breast cancer survivors

51,658

Cervical cancer survivors:

2,281

Colorectal cancer survivors:

16,411

Lung cancer survivors:

8,384

Prostate cancer survivors:

45,404

Early detection is one of the most influential factors for surviving cancer. Survivorship is measured by 5-year relative survival which estimates the percentage of cancer patients who will have not died from their cancer 5 years after diagnosis.

Survivorship across breast, cervical, colorectal, lung, and prostate cancers is significantly better when diagnosed at an early, or localized, stage for men and women, and across all races and ethnicities.

72%

The 5-year relative survival rate for all cancers. Women fall above that rate while men fall below.
(2015-2021)

Late Stage Diagnosis (2018-2022):

65% of colorectal cancers are diagnosed in regional or late stage, significantly decreasing 5-year survivorship.

- **Black and Hispanic women are more likely to be diagnosed at a later stage for breast cancer.**
- **Hispanic women are more likely to be diagnosed at a later stage for cervical cancer.**

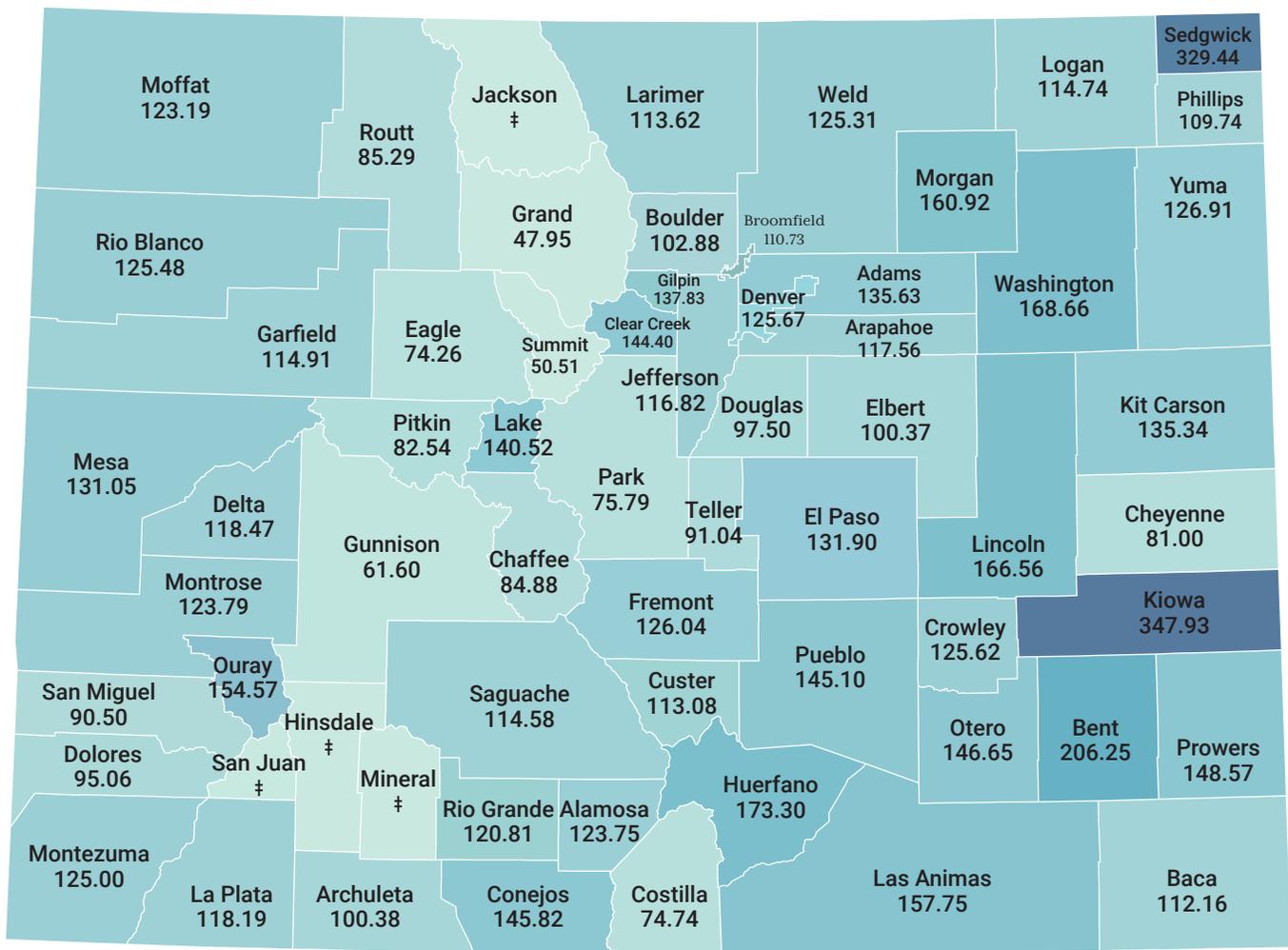
* Centers for Disease Control and Prevention (CDC), United States Cancer Statistics. All data in this section is from the CDC United States Cancer Statistics <https://gis.cdc.gov/Cancer/USCS/>. The year is indicated where appropriate.

Mortality*

Cancer has been the leading cause of death in Colorado since 2004. In 2024, there were 8,501 cancer deaths in Colorado, for an age-adjusted mortality rate of 119.6 per 100,000 persons. From 2020-2024, lung, colorectal and breast cancers were the leading causes of cancer death in Colorado.

There are racial differences as well, with non-Hispanic Black persons experiencing higher cancer mortality rates than other racial groups, and Hispanic persons experiencing higher cancer mortality rates than non-Hispanic persons. For specific cancer sites, there also are gender and racial differences.

Map 2. Mortality Statistics for All Cancers, Age Adjusted Rates, 2020-2024, Includes Race/Hispanic Origin

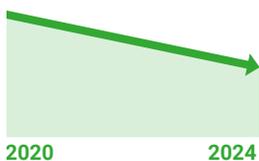


‡ Indicates suppression of rates with fewer than three cancer cases.

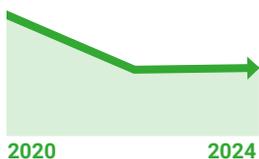
*All data in this section is from the Colorado Central Cancer Registry. The year is indicated where appropriate.

Mortality continued

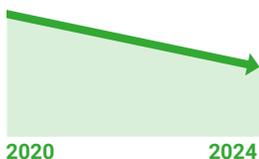
Trends in Cancer Deaths 2020-2024



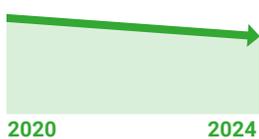
Lung cancer
Overall death rate is **20.13 per 100,000**



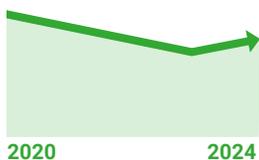
Colorectal cancer
Overall death rate is **11.00 per 100,000**



Prostate cancer
Overall death rate is **20.6 per 100,000**



Breast cancer
Overall death rate is **18.3 per 100,000**



Cervical cancer
Overall death rate is **1.5 per 100,000**

** Hispanic women trending up 2022-2024, and ends at a higher mortality rate than state average.*

Colorado has a very low overall cervical cancer mortality rate, below the US mortality rate at 2.2 per 100,000. To continue our drive to stay ahead of the curve, it is important to continue improving HPV vaccination rates and supporting state-wide cervical cancer screening efforts.

The reasons for these variations in outcomes by race, gender, and ethnicity are complex. Understanding the factors that create these disparities allows implementers of the Cancer Plan to target interventions that can improve survival and narrow outcome gaps.

Race and Ethnicity 2020-2024

These represent the largest disparities, among many:

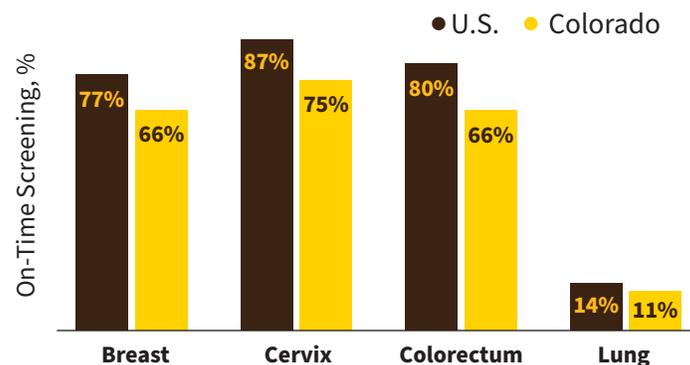
- Black persons experienced the highest death rate at **136.7 per 100,000** (Colorado rate: 119.6) while representing a very small proportion of the state population.
- Hispanic Men experienced the highest colorectal cancer mortality rate at **15.8 per 100,000**, and Black Men at 15.7 per 100,000 (State average: 11.00 per 100,000).
- Black Men experienced the highest prostate cancer mortality rate at **38.9 per 100,000** (Colorado rate: 20.6).

Screening

Breast, cervical, colorectal, and lung are the four most commonly screened cancer sites.¹¹ Screening for cancer sites aligns with the CDC, the United States Preventive Services Task Force (USPSTF) recommendations, and other professional societies and associations. Screening for cancer in other sites, such as the prostate and ovaries, will fall outside of the screening estimates provided, given their relatively limited application and ability to prevent cancer deaths across the general population.

Figure 5 shows that Colorado reports a lower estimate for completing each cancer screening within the USPSTF recommended timeframe, when compared to the national estimate (<https://cancerstatisticscenter.cancer.org/>).

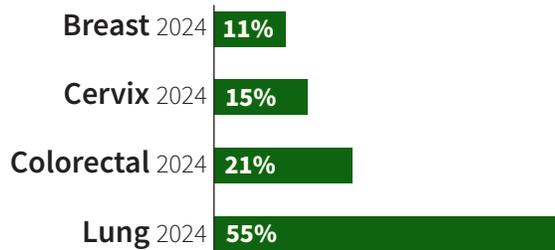
Figure 5. **Reported “On-Time” Cancer Screening Estimates by Site and Geography**



NOTE: The cervical cancer screening estimates were derived from the state and federal 2020 data. All other estimates were derived from 2022 data. Sources: Colorado BRFSS, American Cancer Society – Cancer Statistics Center.

Mortality continued

Based on current recommendations, Colorado Behavioral Risk Factor Surveillance System (BRFSS) respondents also reported having never been screened for each cancer type. The “never screened” estimates, by screening site and year reported in BRFSS, are:



Recent screening guideline changes for colorectal and lung cancer that lower the age to begin screening help to explain part of this “never screened” population. Guidance changes take time to broadcast and implement updated protocols for each health care facility in the state. However, other barriers to care exist in the absence of guidance changes that may depress screening adherence across Colorado. Screening estimates often increase as the respondent’s ages increase. Associations, both risks and protections, are linked to cancer screening, such as:

- Current tobacco use
- Geographic community (where one lives)
- Insurance status
- Type of insurance one has
- Presence or absence of any kind of insurance

Other demographic disparities and inequities also exist relative to screenings, including (but not limited to) race, sexual and gender identity, ethnicity, poverty, and sexual orientation.

Together for a Healthier Colorado

We are lucky to call a place as beautiful as Colorado our home. Whether we want to explore dinosaur tracks in La Junta grasslands, enjoy a smothered burrito in LoDo with chiles from Pueblo, or hand pick fresh peaches from a local Palisade orchard, we all want a Colorado that preserves and enhances our way of life. But for too many of our fellow Coloradans and their families, cancer wears away our ability to live the lifestyle that we have come to know and love.

For some, treatment centers can be hours away from home. Others wait weeks or months for appointments because there aren’t enough staff and too many patients. The costs of cancer care can easily drain savings, force families into debt, and prevent some from even receiving care when it’s needed most.

Cancer’s Reach Into Our Lives

Many of us know someone who has faced cancer. Cancer doesn’t care about age, race, income, or where you live. This disease affects everyone—patients, caregivers, families, friends, and communities. It can turn hiking into a challenge, make breathing that fresh mountain air difficult, and take time away from work and loved ones.

Cancer and its treatments can make favorite foods hard to eat and daily routines harder to manage. For people in rural areas and those without reliable transportation, traveling for care can take hours and cost more than many can afford. Even when care is available, the stress of insurance, medical bills, and missed work can be overwhelming. Regardless of how we live, love, or vote, cancer doesn’t just attack the body—it affects every part of life.

What We Are Doing as Coloradans

When our lives are touched by cancer, we pull together as Coloradans to help patients and caregivers through one of the hardest times of their lives. We volunteer meals and transportation. We talk to each other about how to stay healthy and how to cope with treatment side effects. We give our time and comfort during the darkest parts of the cancer journey. In short, we see our humanity in one another.

Coloradans can support each other, not just when we are sick or overcoming cancer, but to help prevent it or detect it early. With support from state and local public health agencies, community-based organizations, promotoras and community health workers, and health care providers

and cancer centers, we can reach those for whom the system does not work. This work not only supports people but also impacts local economies through new job pathways in Community Health Workers, or by missing time at work due to a cancer diagnosis and treatment for a later stage diagnosis, which may have been avoidable with better access to care.

Across the state, we have prevention programs for sun safety, HPV vaccination, and nutrition. Our rural neighbors and those without insurance lack equitable access to clinical care for screening and early detection. And for those of us who need support through our cancer journey, whether as caregiver or patient, there are virtual and in-person options.

But even with all these efforts and good will, cancer doesn't affect each of us the same way:

| Some of Us ... | While Others ... |
|---|--|
| Can easily get cancer screenings and remain up-to-date on screenings | Cannot find, afford, or are not told about screenings |
| Can afford to eat well, be active, and avoid cancer risks | Go hungry, lack access to safe options for physical activity, and face cancer risks outside of their control |
| Have great health insurance | Have to choose between paying for treatment, paying their bills, or feeding their families |
| Have health care clinics just minutes away | Have to take one or more days traveling to cancer centers to receive all of the care that they need. |
| Can readily work with their care providers on their own | Face road blocks to working with their care providers |
| Are comfortable bringing their partner/spouse with them to appointments | Are met with judgment and unfair actions when including their partner/spouse in their care, making appointments harder to manage |

Put another way, some communities are better set up to prevent and fight cancer than others. This means that some of us have a lower chance of surviving cancer, even before a diagnosis comes.

“**Medicine arose out of the primary sympathy of man with man; out of the desire to help those in sorrow, need, and sickness.**”

Sir William Osler (1849 - 1919) First chairperson and Physician-In-Chief, Johns Hopkins Department of Medicine



This is The Story of Cancer Health Inequity in Colorado.

Loaded Dice: When Care Comes From an Uneven Hand

Cancer health inequity happens when differences in cancer treatments and outcomes fall along social lines — such as income, race, gender, or geography, just to name a few — instead of medical ones. In fact, the differences we see and live with in our communities are mostly social. Two groups can have the exact same cancer, go to the same care center, and have two very different sets of outcomes.

Those outcomes aren't due to random chance or simply someone's bad choices. They are also not because of income, race, language, or location. Rather, it's because of how we as a society view others with different incomes, races, languages, or communities we call home. To be fair, this 'us versus them' problem is not unique to Colorado or to cancer. However, for many reasons, including our goal to eliminate cancer, we cannot afford to ignore this problem.

Just as Sir Osler pointed out to start this document, we also understand that our drive to heal others comes from how we see each other on a most basic human level. No one wants or deserves lesser care, but it can be the only option for many of us. The reality is that many of our fellow Coloradans have been historically and are currently deprived of what we all have a right to: life, liberty, and the pursuit of happiness.

However, there is some great news to share. This kind of uneven hand against our survival can be fixed when we do our duty and decide to act together. Cancer health inequity is:

- 100% within our control
- 100% preventable

A Plan for Every Coloradan

The 2026–2030 Colorado Cancer Plan was built with our shared, statewide vision in mind. Its goals are centered on giving every Coloradan the same ability to prevent, find, treat, and receive support, regardless of what they need to get that ability. This work is not new, nor is it original.

This Cancer Plan recognizes that getting ahead of cancer requires more than good medicine and the newest technology. It takes us coming together with compassion, commitment, and courage against this shared challenge. Every step toward an even hand is a step toward fewer deaths, better care, and stronger communities in our state. We all play a part in fixing this problem. It starts with simple but important steps and grows into larger actions, whether individually, with friends and family, and with our communities (See Appendix B).

Many people before us have set our path towards a brighter future as Coloradans and as Americans. Now, it falls to us to bring about this future, where there are no more gaps in cancer care. To borrow a phrase from James Baldwin (1924-1987), later popularized by Toni Morrison (1931-2019): “Our crown has been bought and paid for. All you have to do is wear it.”

We honor those who paved the way for us to walk towards cancer health equity; this crown we share holds the legacy and weight of sacrifices, pain, joy, successes, and shortcomings in this space. We wear it with pride and reverence, acknowledging all that has happened to bring us here together. It is now upon us to move this cause forward. With your help in putting this Cancer Plan into action, we will turn Sir Osler's primary sympathy into many lives saved...and more beautiful sunsets for all to enjoy.

Let's Get to Work.

Cancer Plan Revision Process

The Colorado Cancer Plan revision process centered on data informed decision making and design to ensure that the Goals and Objectives can be tracked over time to measure the impact and progress of implementation. Revision by the numbers:



Over 50 individuals contributed to the revision process

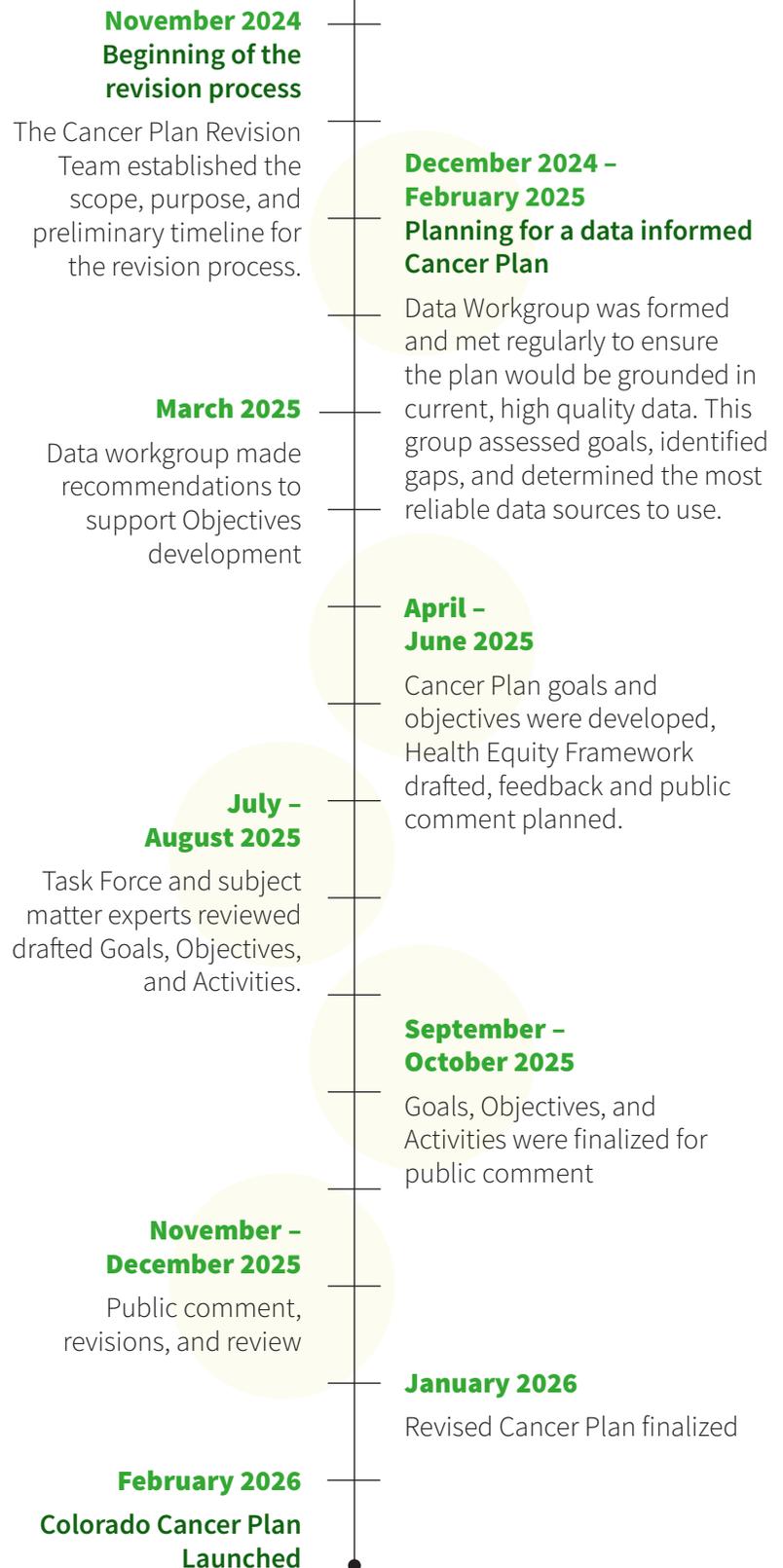


Eight in-person opportunities to contribute



Over 167 public comments analyzed

Revision Timeline



Data Sources

Data for assessing cancer burden, setting measurable objectives, and subsequently evaluating progress generally draws from consistently collected and reported sources.

All Payer Claims Database (APCD): Claims data compiled by the Center for Improving Value in Health Care (CIVHC) from commercial health plans, Medicare and Medicaid, with the first submission of claims data in June 2012. The purpose of the database is to allow for assessment of variations in health care cost and use.

American Lung Association (Colorado): The American Lung Association's "State of Lung Cancer" report explores how lung cancer varies by state. It does this by analyzing key lung cancer indicators including incidence, survival, stage at diagnosis, surgical treatment, lack of treatment and screening rates.

The Attitudes and Behaviors Survey (TABS) on Health: A population-level survey of Colorado adults to identify and understand influential public health factors. It is administered every 3–4 years to 12,000 to 18,000 randomly selected adults to collect data on ongoing chronic diseases and health risks.

Behavioral Risk Factor Surveillance System (BRFSS): An annual telephone survey that collects data about health-related behaviors, chronic health conditions and use of preventive services.

Cancer Statistics Center, American Cancer Society: Provides a wide range of burden and surveillance data.

COHID (Colorado Health Information Dataset): Provides access to state and local-level data and resources compiled by the Colorado Department of Public Health and Environment to help understand health and related issues affecting people in Colorado. Cancer incidence and mortality statistics can be found here by cancer type, age, sex, race, county, and other factors.

Colorado Central Cancer Registry (CCCR): The statewide cancer surveillance program that collects and reports data on cancer incidence and mortality, including type, stage at diagnosis and five-year survival rates.

Colorado Environmental Public Health Tracking Network (COEPHT): A web-based surveillance system designed to provide easily accessible data on environmental hazards, exposures and health effects.

Colorado Health Access Survey (CHAS): A statewide telephone survey that collects data on health insurance coverage, access to health care, and use.

County Health Rankings and Roadmaps: Snapshot of how health is influenced by where we live, learn, work, and play.

Colorado Immunization Information System (CIIS) data, via Alliance for HPV Free Colorado.

Colorado Statewide Health and Environmental Assessment (SHA — dashboard is linked, but also has a written report).

Exploring Cancer in Colorado (ECCO) is an interactive website created and maintained by the University of Colorado Cancer Center that uses publicly available data to visualize Colorado, and all 64 counties, in terms of cancer burden, risk factors, health behaviors and sociodemographic factors.

Healthy Kids Colorado Survey (HKCS): A single, comprehensive, biannual survey system to measure youth health behaviors in Colorado, administered through participating school districts.

National Cancer Institute (NCI) State Cancer Profiles: A system to characterize the cancer burden in a standardized manner in order to motivate action, integrate surveillance into cancer control planning, characterize areas and demographic groups, and expose health disparities. The focus is on cancer sites for which there are evidence-based control interventions. Interactive graphics and maps provide visual support for deciding where to focus cancer control efforts.

National Immunization Survey (NIS) Teen and Children: An annual national survey used to monitor vaccine coverage in relation to the Advisory Committee on Immunization Practices for children 6 months to 17 years (including Hepatitis B and HPV). The NIS consists of two parts, a phone survey for parents and a questionnaire for providers of the phone respondent's children to collect vaccination records.

PLACES Data Portal: A collaboration between CDC, the Robert Wood Johnson Foundation, and the CDC Foundation, allows local health departments and jurisdictions, regardless of population size and urban-rural status, to better understand the burden and geographic distribution of health-related outcomes in their areas and assist them in planning public health interventions.

United States Cancer Statistics Data Visualization Tool: The official federal cancer statistics from combined cancer registry data collected by CDC's National Program of Cancer Registries and the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) program. These data are used to understand cancer burden and trends, support cancer research, measure progress in cancer control and prevention efforts, target action on eliminating disparities, and improve cancer outcomes for all.

United States Census American Community Survey is a source for information about America's changing population, housing and workforce.

VISION (Visual Information System for Identifying Opportunities and Needs): Provides access to chronic disease measures (including cancer) in Colorado by trend, county, health statistics region, risk factors, and demographics.

Cancer Plan Goals, Objectives, and Activities

Cross-Cutting Framing

The following objectives highlight key and emerging topics across the cancer continuum, including prevention, screening, treatment, and support. While it may not be possible to measure improvements in these objectives, addressing them will ultimately enhance outcomes for Coloradans affected by cancer. Social determinants of health (SDOH) refer to environmental factors within one's geographical area that influence overall health and well-being. Additionally, age, language, and culture may impact health literacy - defined as the ability to obtain, understand, and use health-related information. Ensuring patients and caregivers receive information and communication in a way that is respectful to their culture and beliefs is important.

Technology, such as cell phones, is integral to everyday life. Artificial intelligence (AI) is now shaping decision-making and driving advancements in healthcare. In alignment with national guidelines, there is a growing emphasis on patient engagement, such as encouraging individuals to take an active role in their care, shared decision-making through collaboration between patients and health care professionals for informed decisions, and ensuring patients can access innovative treatments, research and clinical trials.

Cancer treatment is often associated with significant financial burden, including both direct costs such as medications, hospital stays, and procedures, and indirect costs such as lost income, travel, and caregiving expenses. Navigating the complexities of health insurance may be overwhelming for patients and families. Community Health Worker and patient navigation services play a crucial role by offering guidance, support, and resources to help individuals understand their care options, manage costs, and access timely treatment.



Photo Credit: Epic Experience

GOAL 1: Best Practice Considerations – Key and Emerging Topics

OBJECTIVE 1.1

Increase knowledge of social determinants of health (SDOH), health literacy, language, culture.

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

- 1 Increase awareness and implementation of evidence-based SDOH screening tools for all patients to identify needs and resources, including:
 - Safe housing, transportation, and neighborhoods
 - Education, job opportunities, and income
 - Nutritious foods and physical activity opportunities
 - Discrimination and violence
 - Polluted air and water
 - Language and literacy skills
- 2 Support the availability of patient education materials that adhere to health literacy standards, utilizing the evidence-based tools and best practices.
- 3 Disseminate health literacy standards and language guides to health care providers, community health workers, and health navigators.

OBJECTIVE 1.2

Increase knowledge of technology, data, artificial intelligence.

- 1 Monitor and share updates on the use of artificial intelligence (AI) across the cancer continuum.
- 2 Monitor and share updates on the use of new and emerging technology across the cancer continuum.
- 3 Provide data (where available) to support increased utilization in decision-making and prioritization across the cancer continuum.

DID YOU KNOW

9.3% of Coloradans lived in poverty in 2023.¹²

ORGANIZATIONAL HIGHLIGHT

The Latino Cancer Task Force serves the Hispanic community affected by cancer in Colorado through a growing network of more than 500 people connected by referrals, resources, and services, as well as support groups offered in Spanish with professional facilitators.

Task Force members are dedicated to improving the quality of life of patients, survivors, and caregivers by providing bilingual and bicultural information, services, and guidance. Through education and support from our partners, they help raise awareness about the importance of early detection, reduce stigma, and ensure fair and easy access to cancer-related resources for everyone. This has been, and continues to be, possible thanks to the dedication and voluntary commitment of the Latino Cancer Task Force members, along with the trust earned within the community over the past five years.



OBJECTIVE 1.3

Improve reach of clinical trials and research.

- 1 Promote and increase awareness and education of clinical trials for all ages, including finder tools for patients.
- 2 Increase awareness of non-treatment clinical trials and research for all ages, including supportive services.

OBJECTIVE 1.4

Increase patient engagement and shared decision-making.

- 1 Provide tools and resources to educate patients, caregivers, and providers on patient-centered decision-making, and emphasize the importance of decisions regarding cancer screening and treatment being made by the patient.
- 2 Collaborate to incorporate shared decision-making, including cancer screening, treatment decisions, fertility preservation, genetic testing, and advance care planning.
- 3 Increase awareness to address stigma associated with risk reduction, detection, treatment, and survivorship among individuals whose cancer treatment may benefit from targeted, proven, or emerging therapies.
- 4 Increase consumer representation, particularly among cancer patients, survivors, and caregivers, on leadership and advisory boards of organizations serving cancer patients and survivors.

OBJECTIVE 1.5

Reduce financial barriers.

- 1 Promote reliable and reputable resources (including financial advocates and navigators) for financial assistance to cancer patients and survivors and their families during and after cancer treatment (such as foundations, prescription assistance programs, and government assistance programs) and programs not directly related to treatment including assistance for co-pays, insurance premiums, and basic living expenses (rent, utilities, phone, food, childcare, transportation costs, etc.).
- 2 Train community based organizations and health care professionals to educate patients on self-advocacy, and to advocate on behalf of patients for reduced screening and treatment costs.
- 3 Share tools and resources that aid informed decision-making about public health insurance options.

ORGANIZATIONAL HIGHLIGHT

COLORADO CANCER SCREENING PROGRAM

The Colorado Cancer Screening Program (CCSP) aims to reduce disparities in access to cancer screening among Colorado communities. They

partner with local, state, and national clinical and community organizations to implement evidence-based interventions and population-based research in cancer prevention and control in order to promote health equity. CCSP also facilitates training and technical assistance for healthcare teams to implement cancer prevention and control initiatives aimed at reducing barriers and increasing access to care.

CCSP is a leader in patient navigation, providing innovative programming to achieve a vast reach across the state, working with Federally Qualified Health Centers (FQHCs), safety net, and rural health clinics to improve access to cancer screening and support services. CCSP clinic systems across all regions of the state successfully navigated eligible patients into 39,349 endoscopic colorectal cancer (CRC) screening exams, such as colonoscopy, between 2006 and 2023. Among those navigated, 17% were served by rural clinic systems, and 46% identified as a racial/ethnic minority. CCSP clinic systems also implement evidence-based interventions to increase CRC screening rates, including client reminders, provider reminder and recall systems, provider assessment and feedback, and standing orders using a team-based care approach. Patient navigation remains a key component of the CRC screening workflow. These ongoing evidence-based approaches have led to overall increases in CRC screening rates among participating clinic systems.



OBJECTIVE 1.6

Increase capacity for Patient navigation/ Community Health Workers/Promotores de Salud.

- 1 Promote the implementation of evidence-based health navigator and community health worker services across the cancer care continuum.
- 2 Promote recognized competency-based and accessible training programs for non-clinical navigators and community health workers within the cancer care continuum.
- 3 Increase awareness and implementation of reimbursement for patient navigation through state and federal public insurance options.
- 4 Promote use of the Colorado Community Health Worker Registry by health systems, community-based organizations, and community health workers.

OBJECTIVE 1.7

Support caregivers, including professional, family, volunteer, and informal support persons.

- 1 Increase awareness of mental health and support services for health care professionals and caregivers.
- 2 Provide and promote wellbeing resources based on identified needs.



Prevention and Risk Reduction

Preventing and reducing your risk of cancer is one of the best ways to lower the number of people affected by cancer in Colorado. Many cancers can be prevented by making healthy choices, supporting healthy communities, and creating policies that make those choices easier for everyone.

Avoiding tobacco, limiting alcohol, eating healthy foods, staying active, keeping a healthy weight, and protecting your skin from the sun can all help reduce cancer risk. Talking with your doctor about your family's cancer history can also help you understand your personal risk and make decisions about screening, vaccines, and prevention.

By working together, communities, schools, healthcare providers, and policymakers in Colorado can make healthy living easier and reduce the number of cancers.

GOAL 2: Decrease Tobacco Use Among Coloradans

Tobacco

Colorado's Tobacco Education, Prevention, and Cessation Strategic Plan provides a roadmap to reduce tobacco-related disease and death through coordinated efforts in prevention, cessation, and policy. The Plan focuses on:

- Advancing health equity by addressing higher tobacco use rates among certain populations, including people with lower incomes, rural communities, and those living with behavioral health conditions.
- Preventing youth nicotine use by reducing access to and appeal of tobacco and vaping products.
- Eliminating exposure to secondhand smoke and vapor in homes, workplaces, and public spaces.
- Helping people quit through access to proven cessation tools and services, including the Colorado QuitLine.

Through collaboration with the State Tobacco Education and Prevention Partnership (STEPP), cancer prevention partners can help ensure the goals of the statewide Plan are achieved. Working together, we can create environments that support quitting, prevent youth from starting, and reduce the health and economic burden of tobacco use in every Colorado community.

OBJECTIVE 2.1:

Support implementation of the *Tobacco Education, Prevention, and Cessation Strategic Plan*.

- 1 Collaborate with the State Tobacco Education and Prevention Partnership to achieve shared priorities in support of the Tobacco Education, Prevention, and Cessation Strategic Plan.

TOPIC HIGHLIGHT

In November 2025, Denver voters decisively passed **Referendum 310**, a ballot initiative upholding the city's ordinance ending the sale of flavored tobacco products – including flavored e-cigarettes, menthol cigarettes, and flavored cigars!

Tobacco industry interests were defeated by a strong, diverse coalition of over 70 health, education, civil rights, and community organizations that supported the ordinance. By ending the sale of flavored tobacco products, Denver's leaders and voters are creating a healthier future for kids and the entire city. Learn more at [Denver Kids vs. Big Tobacco](#).



DID YOU KNOW ?

Almost 20% of teenagers in Colorado use electronic vaping products which is higher than the national average. About half of students in 2023 said it would be easy for them to get vaping products, despite being under age.^{13, 14}

GOAL 3: Increase Prevalence of Healthy Behaviors

Healthy Behaviors

Healthy behaviors, such as eating nutritious foods, being active, protecting skin from the sun, and limiting alcohol consumption, can greatly reduce cancer risk. Long-term improvement can happen when policy and systems change make healthy choices easier for everyone.

This section focuses on creating environments that support healthy living through policy and community action. Examples include improving access to healthy foods and safe spaces for physical activity, supporting breastfeeding-friendly environments, limiting alcohol-related harm, and promoting sun safety in public spaces.

OBJECTIVE 3.1:

Increase physical activity and healthy eating in kids.

- 1 Develop and implement policies and programs that protect, promote, and support breastfeeding-friendly environments.
- 2 Improve nutrition and physical activity environments for children younger than 18 years in early care and education settings and schools, especially those serving low-income populations.
- 3 Promote community-based interventions, evidence-based interventions, and policies that make the healthy choice the easy choice for physical activity and nutrition.



OBJECTIVE 3.2:

Increase physical activity and healthy eating in adults .

- 1 Increase access to worksite wellness programs that implement and communicate best practices in worksite wellness activities.
- 2 Connect community members to evidence-based exercise classes (e.g., Walk with Ease, National Diabetes Prevention Program, Active Living Everyday, SilverSneakers, Girls on the Run) and fitness program support in community centers, senior centers, and fitness and community wellness centers.
- 3 Promote and implement policy interventions in the built environment, combining new or enhanced transportation systems (e.g., pedestrian and cycling paths) with new or enhanced land use design (e.g., proximity to a store, access to a public park) to promote physical activity among residents.
- 4 Provide community-based interventions, evidence-based interventions, and policies that make the healthy choice the easy choice for physical activity and nutrition.

DID YOU KNOW ?

The percentage of people in Colorado who are obese or overweight have been increasing annually since at least 2012.^{15, 16}

ORGANIZATIONAL HIGHLIGHT

IMPACT MELANOMA

IMPACT Melanoma, the nation's leading non-profit dedicated to significantly reducing melanoma in the United States and saving lives, launched its [evidence-based prevention education programs](#) in Colorado in May of 2024, with expanded efforts in 2025, reaching children and adults visiting state parks. The goals of its programs are to increase awareness about the risks of UV exposure, reduce UV exposure by providing free sunscreen to state park visitors, encourage healthy behaviors through regularly applying and reapplying sunscreen, and ultimately save lives by adopting sun-safe habits. Currently in Colorado, Practice Safe Skin includes access to 48 free sunscreen dispensers in 21 state parks. The Safe Skin at Work program educates park rangers on the dangers of UV exposure and the importance of prevention measures, including sunscreen use and seeking shade. IMPACT Melanoma's programs are unique and impactful, reaching communities to remove common barriers to sun-safe habits, including the cost and accessibility of sunscreen. [Learn more about IMPACT Melanoma and the evidence-based programs.](#)



OBJECTIVE 3.3:

Decrease the proportion of adults exceeding dietary guidelines for moderate drinking.

- 1 Promote the use of electronic screening and brief intervention (e-SBI) to facilitate personalized feedback about the risks and consequences of excessive drinking.
- 2 Educate providers and the general public on cancer risk related to alcohol use.
- 3 Support increasing the purchase price of alcoholic beverages.
- 4 Support requiring alcoholic beverage labels to include a warning related to the increased risk of cancer, such as "According to the Surgeon General, consumption of alcoholic beverages can cause cancer, including breast and colon cancers."

DID YOU KNOW?

Over one quarter of Coloradans exceed dietary guidelines for moderate drinking; However, less than 15% of adults who have had a cancer diagnosis exceed the same guidelines (2023).¹⁷

OBJECTIVE 3.4:

Reduce incidence of melanoma.*

*Excludes Basal and Squamous Cell Carcinoma

- 1 Educate adults and children about risk reduction for melanoma, sun safety behaviors, and reducing risk of UV exposure, including indoor UV tanning devices.
- 2 Develop educational materials for policymakers on the risks of indoor tanning.
- 3 Advocate for local governments, parks departments, workplaces, schools, preschools, and childcare centers to establish sun safety guidelines, procedures, and policies for increased sun protection and shade.

GOAL 4: Increase Uptake of Clinical Interventions to Prevent and Reduce Cancer Risk

Clinical Interventions

Clinical interventions are actions that take place within healthcare settings to identify people at risk for cancer and connect them to prevention, screening, and treatment services. Healthcare providers play a critical role in helping patients understand their personal cancer risk and family history, providing protection through vaccinations, and identifying opportunities for early detection.

Using family history information, offering preventive vaccines like the HPV and Hepatitis B vaccines, and following evidence-based screening guidelines for those at higher risk can greatly reduce the risk of developing cancer.

OBJECTIVE 4.1:

Increase knowledge for the collection and use of family history of cancer to ensure appropriate and risk-based cancer prevention messaging, screening, and referrals.

- 1 Support efforts, including those from the National Colorectal Cancer Roundtable, to standardize the collection of family history data in electronic health records to allow providers to identify individuals who meet the clinical criteria for a hereditary cancer syndrome and those who should be referred to a genetic counselor.
- 2 Educate providers on guidelines for collecting family history, screening tools, and referrals for comprehensive genetic testing and counseling. Evidence-based guidelines are available from national organizations, including the United States Preventive Services Task Force, the National Comprehensive Cancer Network, the American Cancer Society, the American College of Radiology, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Physicians.
- 3 Educate the public on the role of family history and potential genetic testing for hereditary cancer syndromes.
- 4 Support implementation of family history screening tools in primary or specialty care settings to identify patients at risk for hereditary cancer.
- 5 Support genetic counselor workforce development.
- 6 Identify and share resources for genetic counseling and testing for at-risk individuals.

ORGANIZATIONAL HIGHLIGHT

The Alliance for HPV Free Colorado (The Alliance), a statewide collaborative led by the Public Health Institute at Denver Health (PHIDH), focuses on HPV vaccination rates among 9-17 year-olds throughout Colorado. Members of The Alliance include Local Public Health Agencies, Immunization Coalitions, and community members. With input from community members and healthcare professionals, The Alliance created resources for medical, dental, and pharmacy providers, including HPV and cancer prevention trainings, Motivational Interviewing, communication materials, and technical assistance for quality improvement projects. Additionally, The Alliance developed a public-facing dashboard to track HPV vaccination rates by various demographics, enabling public health agencies and partners to target efforts, monitor progress, and ensure communities most in need are reached effectively. Visit the [statewide HPV vaccination dashboard](#) to learn more about The Alliance at HPVFreeCO.org.

OBJECTIVE 4.2:

Increase HPV vaccine uptake among children and teens.

- 1 Educate parents and/or eligible recipients, ages 9-26, about the HPV vaccine as a cancer prevention method.
- 2 Explore HPV vaccination series completion in pharmacies.
- 3 Explore HPV vaccination education and vaccine recommendations within dental settings to protect against the types of HPV that can cause oropharyngeal cancers.
- 4 Promote vaccination programs and requirements in schools and health systems, and encourage participation in the Colorado Immunization Information System to track vaccine uptake within clinics.
- 5 Promote resources for evidence-based interventions that increase vaccine uptake, such as reminder and recall systems targeted to providers, patients, and parents/guardians within health systems and schools, provider assessment and feedback, and standing orders.



OBJECTIVE 4.3:

Increase hepatitis B vaccination rates among children and decrease chronic cases of hepatitis.

- 1 Educate medical providers on how to prevent hepatitis B and to treat hepatitis C, with special focus on primary care settings. Evidence-based guidelines are available from national organizations, including the National Comprehensive Cancer Network, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Physicians.
- 2 Educate people who:
 - Have increased risk for hepatitis B and C on how to prevent it, including harm reduction strategies that empower people to take charge of their health.
 - Are eligible for hepatitis B vaccination (all people).
 - Were born between 1945 and 1965 on the importance of getting tested for hepatitis C.
 - Are living with chronic hepatitis B and C on the importance of maintaining care for their hepatitis to prevent complications such as liver cancer.
- 3 Promote implementation of standing orders for hepatitis B and C testing for all pregnant women during each pregnancy and for all people age 18 and older.
- 4 Promote access and coverage for hepatitis B and C treatment among public and private health plans, including increased access to telehealth options in rural areas of the state.
- 5 Promote hepatitis A and B vaccinations for people at risk of contracting hepatitis A and B.

DID YOU KNOW



Studies show that 36% of U.S. adults who have never had cancer report a family history of cancer in a first-degree relative.¹⁸

GOAL 5: Decrease Environmental Exposures That Lead to Cancer

Environmental Exposures

Radon is a natural gas you can't see, smell, or taste. It is the second leading cause of lung cancer in the United States and the leading cause for people who don't smoke. Smoking and having high radon levels greatly increase your lung cancer risk. The only way to know if radon is in your home is to test for it.

Increasing radon testing aims to keep Colorado families safe by encouraging more people to test their homes for radon and address issues if levels are high. This work includes educating residents, builders, and local leaders about radon risks, supporting safe building practices, and making testing and repair help available, especially for families with fewer resources.

By raising awareness and promoting testing, Colorado can reduce cancer risk and protect the health of all communities.

OBJECTIVE 5.1:

Increase home radon testing.

- 1 Educate Colorado residents and policymakers about the hazards of radon exposure, and the importance of radon testing and mitigation using credentialed radon service providers who follow consensus standards of practice.
- 2 Educate builders, code officials, city councils, and county commissioners on the hazards of radon exposure and the importance of adopting radon-resistant new construction building codes.
- 3 Support environmental equity through radon education, free radon testing, and the Low-Income Radon Mitigation Assistance directed at under-resourced communities.
- 4 Provide radon education to the medical community, childcare facilities, and schools.

DID YOU KNOW

Colorado is a hot spot for radon – 81% of Colorado counties fall into the highest-risk category for radon. Every home in Colorado should be tested, no matter the county or the age of the house. You can order free radon test kits from CDPHE. ^{19, 20, 21}

ORGANIZATIONAL HIGHLIGHT



COLORADO

Hazardous Materials
& Waste Management Division

Department of Public Health & Environment

The Colorado Radon Program at the Colorado Department of Public Health and Environment (CDPHE) works to reduce the risk of radon-related lung cancer in Colorado. The program focuses on increasing awareness of radon and encouraging radon testing by providing free and low-cost test kits to Colorado households. More than 12,500 free radon test kits were distributed to Colorado residents in early 2025. If elevated radon levels are found in a home, CDPHE's Low Income Radon Mitigation Assistance Program can cover the cost of a radon mitigation system for qualified homeowners, making radon risk reduction accessible to more Coloradans. The mitigation assistance program is unique to Colorado and is not commonly available in other states. The Radon Mitigation Assistance Program also provides grants to support awareness, testing, and mitigation at the community level. Visit www.ColoradoRadon.info to learn more.



Screening and Early Detection

Finding cancer early through regular screening is one of the best ways to save lives and reduce the impact of cancer on people. Doctors and health experts provide guidance about when and how people should be screened for cancers like breast, cervical, colorectal (colon), and lung. Some screenings, such as a colonoscopy, can even stop cancer from developing by removing growths before they become cancerous.

As new tests are created and guidelines change, it's important that people understand their options. Clear communication between patients and providers can help answer important questions:

- When should I start getting screened?
- What are the benefits and risks of each test?
- How does my family history affect my choices?

When people have the right information, they are more likely to get screened and take action to protect their health.

GOAL 6: Increase Cancer Screening and Early Detection Rates

OBJECTIVE 6.1:

Increase cancer screening rates among eligible Colorado populations.

- 1 Educate health care providers on the importance of health care provider recommendations and following nationally recognized, evidence-based cancer screening guidelines, such as those from the United States Preventive Services Task Force (USPSTF), National Comprehensive Cancer Network (NCCN), American Cancer Society (ACS), and American College of Radiology (ACR).
- 2 Increase awareness and implementation of patient and provider-oriented evidence-based interventions to increase cancer screening, including client reminders, electronic health record (EHR) automation for provider reminders, provider assessment and feedback, and reduction of structural barriers (i.e., helping with scheduling, providing transportation, providing childcare, alternative clinic hours, etc.).
- 3 Promote informed, shared decision-making between providers and patients based on individual, comprehensive risk assessment profiles and current clinical guidelines, such as the benefits, risks, insurance coverage, and appropriate timing of age-related screenings, including:
 - When to begin breast cancer screening.
 - Which test option is best for cervical cancer screening.
 - Which test option is best for colorectal cancer screening.
 - Whether or not lung cancer screening is appropriate.
 - When to begin and the frequency of prostate cancer screening.
- 4 Educate providers, clinic staff, including those involved in billing and coding, and decision-makers to ensure that follow-up colonoscopy following a positive non-invasive test is classified as part of the complete cancer screening process and therefore covered without cost to the patient.
- 5 Implement workplace policies to support individuals in completing recommended cancer screenings.
 - Policies to support paid time off for hourly employees
 - On-site screenings
 - Employee education

ORGANIZATIONAL HIGHLIGHT



The National Jewish Health (NJH) Lung Cancer Screening Program is a nationally recognized leader in lung cancer screening, providing high-quality services and conducting important outreach to at-risk communities. Colorado has lagged behind other states in implementing lung cancer screening, and NJH is working hard to address that challenge by sharing expertise and working across Colorado to help lung cancer screening be more accessible.

Every year, NJH participates in Lung Cancer Screening Day, a national initiative encouraging screening facilities to open their doors on a Saturday to increase access for patients. NJH has participated for many years and is recognized by the American College of Radiology as a premier lung cancer screening program. The event provided a valuable opportunity for eligible patients who may not be able to come in during the regular work week to receive low-dose chest CT screenings. NJH partnered with the American College of Radiology, the White Ribbon Project, and Genentech to provide additional educational information, including giveaway items and a display featuring a giant inflatable lung set, which drew smiles and plenty of selfies. Patients expressed appreciation for the welcoming and supportive NJH team, who celebrated every participant for choosing to get screened and taking an important step toward optimizing their lung health.



OBJECTIVE 6.2:

Increase barrier reduction support for people who need cancer screening, specifically those with the lowest screening rates.

- 1 Increase access to cancer screening services for colorectal, cervical, breast, prostate, and lung, in rural areas by implementing mobile services, traveling providers, transportation assistance, and getting the equipment needed to increase the capacity of rural facilities.
- 2 Partner with community-based organizations to reduce financial, cultural, structural, and geographic barriers to cancer screening. This includes supporting the recruitment and training of community health workers, patient navigators, financial navigators, social workers, Promotoras de Salud, and care coordinators to help patients overcome these barriers.
- 3 Increase awareness of how to enroll in public and private health insurance.
- 4 Provide education on insurance benefits, coverage, and enrollment, including screenings covered at no or minimal cost.
- 5 Implement a tobacco-use history tool in electronic medical records to alert health care professionals to eligible patients for lung cancer screening and referral to the Colorado Quitline.
- 6 Monitor emerging screening options for future implementation to improve detection of cancers with high mortality rates that are not detected by current screening tests.
- 7 Collaborate with transportation councils and organizations (e.g., nonprofits, rideshare providers, volunteers) to improve access to medical facilities.

DID YOU KNOW?

According to the American Lung Association, in Colorado only about 11% of people who qualify for lung cancer screening are actually being screened, while the national rate is around 18%. This puts Colorado near the bottom, nationally. Both patients and providers may not realize who qualifies for screening or its importance. The 2023 American Cancer Society guideline recommends adults ages 50-80 who have a 20+ pack-year smoking history get screened with a low-dose computed tomography (LDCT) scan annually.²²



OBJECTIVE 6.3:

Monitor early detection rates of non-screenable cancers.

- 1 Increase awareness of the symptoms of cancers without population-based cancer screening guidelines among health care providers and individuals, including early-age onset colorectal, ovarian, and HPV cancers.
- 2 Educate providers about symptoms, risk factors, early detection, genetic counseling, and genetic testing for cancers that currently lack screening tests.
- 3 Educate pediatric clinicians to raise awareness of the signs and symptoms of childhood cancers.
- 4 Increase the timely diagnosis of childhood cancers.

ORGANIZATIONAL HIGHLIGHT

Centennial Area Health Education Center's (CAHEC) mission is to positively impact health outcomes for 750,000 Coloradans in



northeastern Colorado by connecting existing and future health professionals and communities with resources and education. The primary goal of CAHEC's work is to strengthen the health and wellness of the communities in its 12-county region through health education and collaboration, supporting workforce shortages and diversity, and addressing health disparities.

Rural communities in Colorado are one of the underserved populations, often lacking resources for cancer care and information. CAHEC leads efforts to promote and develop education for rural health care providers and navigators on reducing barriers to colorectal cancer screening, including training providers on best practices to increase screening rates, supporting free community screening events, and improving navigation pathways for patients to access care. Visit the [Centennial Area Health Education Center](#) to learn more.

GOAL 7: Consistent Access to Diagnostic and Treatment Services Adherent With Nationally Recognized Standards

Diagnosis and Treatment

Early cancer detection and appropriate treatment can save lives and improve quality of life. Identifying new ways to find cancer earlier and better treatments have helped lower the number of people who die from cancer, but not everyone can get the care they need. Some people live far from treatment centers, some cannot afford care, and important information is sometimes not shared quickly among doctors, insurance companies, and patients.

Over the next five years, we can help more people in Colorado by ensuring everyone receives cancer care that meets national standards and is affordable. This means starting treatment as soon as possible after diagnosis, offering genetic and biomarker testing when needed, lowering costs for patients, and helping those who live far away access care. We also need to support children, teens, and young adults with cancer by making sure they have the right care and resources for their age and needs. Clear information, support from health navigators, and help making decisions will give patients and families the tools they need to move through treatment with confidence.

OBJECTIVE 7.1:

Reduce the time from diagnosis to treatment through the use of shared decision-making tools.

- 1 Identify and implement shared decision-making tools and provide educational resources for patients of all ages, families, and caregivers for treatment side effects management, and supportive care decisions, including current treatment options, genetic testing, biomarker testing, side effects, late side effects, and fertility preservation.
- 2 Encourage and support access to genetic counseling and testing services for individuals (especially those with a family history) in accordance with national guidelines, enabling earlier discussion of all appropriate treatment options.
- 3 Engage health navigators to educate patients and caregivers on the importance of timely and informed decision-making during navigation to cancer care and during cancer care.

DID YOU KNOW?

About 40% of Colorado's counties do not have a cancer treatment center. Many people — especially those living in rural areas — have to travel long distances to receive care.^{23, 24}

ORGANIZATIONAL HIGHLIGHT



University of Colorado
Cancer Center

The University of Colorado Cancer Center (CU Cancer Center) Office of Community Outreach and Engagement (COE) was established in 2019 and conducts outreach and engagement activities across Colorado. COE aims to reduce the burden of cancers affecting Coloradans and the risk factors associated with them. As Colorado's only National Cancer Institute-designated comprehensive cancer center, the CU Cancer Center serves the entire state, offering programs that address social determinants of health, reduce barriers to care, and connect patients to cutting-edge research.

Through these programs, COE helps patients access screening, treatment, and clinical trials, and connects them to resources that can reduce the burden of cancer for them and their families. [Learn about COE](#) and visit the [Cancer Resources Map](#) to find resources near you.

OBJECTIVE 7.2:

Reduce financial barriers for individuals who need diagnostic testing and treatment.

- 1 Educate patients, caregivers, providers, and decision-makers on potential financial toxicity, or unintended financial consequences of pursuing cancer treatment regimens, including advocating for policies that could reduce the financial burden of cancer.
- 2 Provide education on insurance benefits, coverage, and enrollment, including diagnostic testing and treatment covered at no or minimal cost.
- 3 Identify and engage financial assistance programs and promote these to patients seeking diagnostic services or pursuing active treatment, including indirect costs.

OBJECTIVE 7.3:

Reduce geographic barriers to accessing specialty care for diagnostic and cancer treatment.

- 1 Increase access to cancer diagnostic and treatment services statewide by implementing innovative strategies that utilize technology (e.g., telemedicine).
- 2 Collaborate with transportation councils and organizations (e.g., nonprofits, rideshare providers, volunteers) to improve access to medical facilities.
- 3 Engage community health workers, health navigators, social workers, Promotoras de Salud, and care coordinators to assist patients with increasing access to care.

OBJECTIVE 7.4:

Increase testing among individuals whose cancer treatment may benefit from targeted, proven, or emerging therapies.

- 1 Advocate for and increase awareness of and access to universal genetic counseling and genetic testing in accordance with national guidelines, including reducing financial barriers.
- 2 Advocate for and increase awareness and access to molecular and biomarker testing for patients in accordance with national guidelines, including reducing financial barriers, to identify treatment options.

OBJECTIVE 7.5:

Improve access to timely, diagnostic, and treatment services for pediatric, adolescent, and young adult (AYA) cancer patients (ages 0–39).

- 1 Develop and implement educational initiatives to improve early recognition of cancer symptoms in the pediatric and AYA population (ages 0–39).
- 2 Increase awareness of treatment and supportive care services, including fertility preservation and care transitions across the cancer continuum.
- 3 Create centralized resources to help families navigate treatment support programs, including financial, insurance coverage, travel and lodging assistance, and caregiver services.
- 4 Conduct a needs assessment to identify regional barriers to accessing diagnostic and cancer treatment services.

Survivorship and End of Life Care

When someone is told they have cancer, life changes right away for them and for their loved ones. There can be physical, mental, emotional, and financial challenges. These challenges can start at diagnosis and last long after treatment ends. Survivors may need help with staying healthy, managing side effects, and finding support for their emotional well-being. Families and caregivers also need support to care for their loved ones and themselves.

In Colorado, there were more than 315,000 people living after a cancer diagnosis in 2020. This number will keep growing as more people survive cancer, the population increases, and more people live longer. To meet these needs, Colorado must build strong programs and services that help survivors live their best lives. This includes offering resources in healthcare and the community, helping people move smoothly between stages of care, and making sure children, teens, and young adults with cancer get the special support they need. Working together with healthcare providers, schools, workplaces, community organizations, and policymakers, we can ensure every person affected by cancer has the support and information they need at every stage of their journey.

GOAL 8: Improve Physical, Mental, Emotional, Behavioral, and Financial Well-Being Among People Affected by Cancer

OBJECTIVE 8.1

Improve physical well-being among cancer survivors and caregivers.

- 1 Educate patients, caregivers, providers, employers, and school officials about maintaining a healthy lifestyle as a way to decrease the risk of cancer recurrence, side effects from treatment, additional primary cancers, and/or other comorbidities.
- 2 Facilitate and promote collaboration across clinical and community settings, including physical therapy, occupational therapy, social work, nutrition, physical activity, and fertility.
- 3 Promote and implement evidence-based complementary and alternative therapies (e.g., physical activity, yoga, or massage) as non-clinical approaches to improve quality of life for people affected by cancer.
- 4 Provide a mechanism to identify and promote comprehensive Colorado-specific physical well-being resources, including community-based organizations and support groups.

OBJECTIVE 8.2:

Improve mental, emotional, and behavioral health among cancer survivors and caregivers.

- 1 Educate and support people of all ages diagnosed with cancer and their families, caregivers, and health care professionals about mental, emotional, and behavioral health, including cognitive function.
- 2 Provide a mechanism to identify and promote comprehensive Colorado-specific resources, which may include health care and community-based organizations, and support groups.

ORGANIZATIONAL HIGHLIGHT



Image Reborn Foundation is a 501(c)(3) nonprofit organization dedicated to supporting individuals diagnosed with breast cancer by offering free renewal retreats and

ongoing wellness programs. Founded in 1998 by Dr. Renato Saltz, a reconstructive plastic surgeon, the organization was created to address the emotional, social, and psychological needs of breast cancer survivors. Image Reborn Foundation's signature program is the Breast Cancer Renewal Retreat, a weekend retreat offered at no cost to participants. These retreats provide a safe and nurturing space where survivors can connect with others who understand their journey, gain tools for emotional healing, and begin to reclaim their sense of self. The experience includes group discussions, massage, yoga, reiki, meditation, healthy meals, journaling, exercise strategies led by a cancer exercise specialist, and other healing activities designed to promote restoration and resilience.

Currently, Image Reborn Foundation hosts 32+ retreats per year, including four in Colorado. Of those four, three are exclusively for Colorado residents, with the fourth serving Deaf and Hard of Hearing breast cancer survivors from within Colorado and across the U.S. These retreats are held in peaceful mountain settings and intentionally kept small to ensure a deeply personalized and supportive experience. In addition to retreats, Image Reborn Foundation offers ongoing wellness activities such as online workshops, movement classes, and community-building events. These programs are designed to sustain the healing process and keep survivors connected long after their retreat experience ends. This work is important because a breast cancer diagnosis affects far more than the body—it impacts identity, relationships, mental health, and overall quality of life. By offering no-cost, high-impact support programs, Image Reborn Foundation helps bridge the gap between medical treatment and lifelong wellness—ensuring that survivors feel empowered, supported, and not alone. Visit <https://imagerebornfoundation.org/>.

OBJECTIVE 8.3:

Improve transitions throughout the continuum of care for all people affected by cancer.

- 1 Provide resources to the public and medical communities, including primary care providers, on national resources and guidelines such as the American Cancer Society, American College of Radiology, American Institute of Cancer Research, National Comprehensive Cancer Network, and United States Preventive Services Task Force.
- 2 Enhance collaboration between oncology and primary care providers on treatment side/late effects, to provide ongoing support that improves treatment outcomes, and prevents or reduces the risk of cancer recurrence and secondary cancers.
- 3 Collaborate with the public, organizations, and health care communities to increase awareness of the importance of advanced care planning.
- 4 Educate the public and medical communities about the benefits and differences of palliative and hospice/end-of-life care.

ORGANIZATIONAL HIGHLIGHT



Epic Experience, established in 2012, empowers adult cancer thrivers and caregivers to live beyond cancer through adventure

and community. Its cornerstone program is a transformative weeklong adventure camp in the Rocky Mountains. The organization also offers Trail Days, one-day adventure events held in cities nationwide; the Campfires of Hope podcast, which shares powerful stories of resilience; and ThriveVR, a virtual camp experience designed for those currently in treatment.

Epic Experience helps people realize there is more to live for and do beyond the everyday effects of cancer. Their Campfires of Hope podcast is rated one of the Top 20 Cancer Podcasts and the organization is a great advocate for thrivers and caregivers to support them through a cancer diagnosis. Visit <http://www.epicexperience.org>

ORGANIZATIONAL HIGHLIGHT



Cancer Support Community Southwest Colorado provides no-cost, whole-person support to anyone, of any age, facing any type or stage of cancer. As the only organization of its kind in southwest Colorado, it reduces emotional, social, and practical barriers to care in a rural region where resources are limited. The organization's trained team delivers oncology nurse and community resource navigation, financial guidance, transportation and lodging assistance, wigs, and the region's only pre-certified mastectomy fittings.

Cancer Support Community Southwest Colorado creates meaningful connections through support groups and one-on-one navigation, and builds strength through evidence-based exercise, restorative wellness programs, and educational workshops that support physical and emotional well-being. In alignment with the Colorado Cancer Plan, the organization promotes prevention through community outreach, strengthens survivorship with healthy-lifestyle programming, and enhances whole-person care using validated distress screening and referrals to mental health, financial, and supportive resources.

Through strong partnerships with local providers, and by managing the Cancer Resource Center at CommonSpirit Mercy Hospital, Cancer Support Community Southwest Colorado ensures coordinated, accessible care across our five-county region. Founded in 2012 as Blueprints of Hope, the organization became an independent network partner of Cancer Support Community in 2021, continuing its mission to uplift and strengthen every person impacted by cancer through connection, care, and community. Visit <https://cancersupportswco.org/>.



OBJECTIVE 8.4:

Assess and address the full scope and impact among child, adolescent, and young adult (AYA) cancer patients (ages 0–39) through comprehensive data collection, education, and resource identification.

- 1 Identify and integrate data from national and state-level cancer registries, pediatric cancer centers, and survivorship programs to measure incidence, prevalence, and survivorship outcomes for individuals diagnosed with cancer between ages 0–39.
- 2 Develop and implement standardized data collection tools and annual surveys across pediatric and AYA oncology programs to assess long-term health outcomes beyond survival, access to survivorship care, utilization of supportive services (e.g., mental health, fertility preservation, rehabilitation), and gaps in services and care coordination.
- 3 Educate parents, caregivers, school officials and staff, students, and local health care providers on late side effects and support needs.
- 4 Work with community-based organizations and health care systems to promote policies that improve long-term support and reduce the financial and emotional stress of survivorship.

ORGANIZATIONAL HIGHLIGHT



LifeSpark Cancer Resources is a Colorado nonprofit providing free Reiki and Healing Touch sessions to help ease pain, calm stress and anxiety, improve sleep, and support people through the emotional and physical challenges of cancer treatment. For 20 years, LifeSpark Cancer Resources' trained volunteers have delivered more than 32,000 sessions through in-person appointments at spas, churches, and wellness centers along the Front Range, as well as remote sessions available anywhere in Colorado. LifeSpark also partners with four hospital cancer centers, where LifeSpark volunteers are present on select days to offer healing support in infusion rooms during chemotherapy.

LifeSpark stands out because all services are free, accessible, and provided consistently by the same practitioner over eight weekly sessions, creating a steady, caring relationship that reduces isolation and strengthens resilience. Ninety-six percent of participants report meaningful benefits, including reduced pain, anxiety, and depression. Visit <https://lifesparknow.org/>.

Evaluation

The Evaluation of the Colorado Cancer Plan will follow these guiding questions:

Evaluation priorities will be established during the first year of implementation with input from the Task Forces, members of the Coalition at large, and stakeholders with an interest in supporting implementation. The Coalition and its partners will evaluate the effectiveness of the Plan by setting measurable goals to enable meaningful tracking of progress and results.

The Plan was designed with a data-informed approach so that the Coalition could track progress and identify gaps with validated data sources that align with each Goal and Objective. Progress towards priorities and the overall Plan progress will be made publicly available. While measurable progress will be tracked through short-term objectives, they work towards achieving the long-term goal of eliminating the burden of cancer in Colorado.

What was implemented?

Who was reached?

What was the result?

What kind of change was made, or did we do what we intended to do?

Call to Action

The Colorado Cancer Plan provides a roadmap to eliminate the burden of cancer in Colorado by following the data, implementing actions and strategies, and focusing efforts to improve cancer outcomes for all Coloradans. The burden of cancer is not just physical or emotional but there could be a financial burden, as well. We can achieve the goals in this Plan that support cancer prevention and control strategies across the continuum of care:

prevention, screening and early detection, and survivorship. It will take partners and leaders from diverse sectors and organizations, and communities that serve all Coloradans, to join the Colorado Cancer Coalition to implement this Plan.

Join a task force. Champion a screening policy. Educate your family. Ask your doctor. Everyone in Colorado has a role to play – make a difference, wear the crown.



Photo Credit: Image Reborn

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Appendix A

2026-2030 Colorado Cancer Plan – Cancer Health Equity Framework.

Affirmed Guiding Principles with Context

- **Equity is Foundational:**
This is the floor in our State – not the ceiling
- **Data-Informed Decision Making:**
We value both the numbers and the stories
- **Community Partnership and Power-Sharing:**
Without the public, there is no public health
- **Respect for Cultural and Linguistic Diversity:**
Every person's experience is honored
- **Structural Racism and Social Determinants of Health (SDoH) Awareness:**
Enduring historical structures help to explain our present health experiences and inform everyone's future actions

Health Equity Framework Vision Statement

We will create the Colorado that we deserve, where individuals at every intersection experience equitable cancer prevention, care, and outcomes. For us to succeed in eliminating cancer, this Cancer Plan must belong to, and be strengthened by, Coloradans of every ability type, culture, ethnicity, income, geographic community, health insurance status, gender expression, gender identity, race, and sexual orientation.

Cancer Plan Narrative Outline

Will include (but is not limited to):

- Opening statement/statewide shared expectations
 - Use this vision statement in the narrative
- Definitions
- Colorado health equity mapping/observations (e.g. CO cancer data [risk and protective], clinical research, social research)
 - Define how observations relate to fairness/justice
- Systemic/Structural/Institutional roots of health inequity in Colorado
 - Who is harmed?
 - Who benefits?
- How cancer health equity is experienced (i.e. what is needed and by whom)
- What it takes to advance health equity
 - Who leads these efforts?
- How this Cancer Plan will address health equity/what success looks like

Example Cross-Cutting Cancer Health Equity Goals

| Goal | Description | Example Metrics |
|---------------------------------|--|---|
| Reduce Cancer Disparities | Identify and close gaps in incidence (including late-stage diagnoses), mortality, and cancer care among populations of focus | <ul style="list-style-type: none"> Reduced cancer mortality rate from (x) per 100,000 Coloradans to (y) per 100,000 Coloradans for (group of) persons with (type of) cancer |
| Equitable Access to Care | Increase access to affordable and patient-centered cancer care | <ul style="list-style-type: none"> Increased percentage of low-income patients receiving timely diagnosis and treatment from (x) days to (y) days, including follow-up care Increased community-reflective representation within the fields of research, health care clinics and hospitals, policy legislation, and local/state government from (x) percent to (y) percent, relative to each sector |
| Strengthened Community Capacity | Provide support to community-based cancer prevention and education efforts | <ul style="list-style-type: none"> Increased dollar amount and number of cancer grants to community-based organizations from (x) dollars/orgs to (y) dollars/orgs within (timeframe) Increased dollar amount and number of equity-centered project grants from (x) dollars/grants to (y) dollars/grants within (timeframe) |
| Belonging in Research and Data | Actively advocate for historically underrepresented populations in data collection and clinical trials | <ul style="list-style-type: none"> Implemented and maintained weighting methods ahead of data collection activities (e.g. survey research) of underrepresented populations (number of weighted methods assessed/updated) Required inclusion and equitable treatment of underrepresented populations as clinical trial participants (qualitative, e.g. favorable pre/post survey responses or clinical trial participants, participant pool demographic assessments) |

Example Cancer Health Equity Strategies by Domain

| Cancer Domain | Strategy | Example Actions |
|-----------------------------------|---|---|
| Prevention | Address primordial and primary prevention risks in populations of focus | <ul style="list-style-type: none"> • Fund tobacco cessation in geographic areas heavily marketed by the tobacco industry • Increase school nutrition programs in underserved school districts • Increase funding for underserved communities to improve access to healthy food and opportunities to be active. • Limit and/or repeal Colorado policies that increase the risk of cancer development across the continuum |
| Screening and Early Detection | Eliminate barriers to access and prohibitive costs to screenings | <ul style="list-style-type: none"> • Extend the reach of mobile screening clinics to underserved communities • Increase partnerships with Federally Qualified Health Centers (FQHC), and community-based organizations (e.g., faith-based, non-governmental, tribal-based) • Verify primary care screening protocols are up to date and delivered to all patients who meet criteria, including children, adolescents, and young adults |
| Diagnosis and Treatment | Eliminate disparate and inequitable treatment delays and improve patient navigation | <ul style="list-style-type: none"> • Expand health navigation services across cancer care networks • Provide, arrange, and/or facilitate transportation and interpretation services |
| Survivorship and End-of-Life Care | Provide culturally relevant survivorship care, and equitable access to comfort care and hospice | <ul style="list-style-type: none"> • Develop multilingual survivorship resources • Provide tele-oncology services among rural and other difficult-to-reach communities • Increase engagement with historically underserved populations for advanced care planning options and strategies |

Cancer Community Engagement Plan

| Method | Description | Benefits |
|------------------------|--|---|
| Health Equity Advisors | Partners who can advise Coalition leaders and inform decisions from their lived experiences. | <ul style="list-style-type: none"> • Health Equity Advisors represent disproportionately affected populations with an equal voice to subject matter experts to drive innovation and the most effective interventions. • These advisors balance cutting-edge science and cancer program outreach with authentic community support and social capital |
| Partnerships | Collaborate with community-based organizations, tribal nations, rural coalitions, LGBTQIA+ organizations, etc. | <ul style="list-style-type: none"> • Leveraging the guidance from the Health Equity Advisors (above) and CCC Task Forces, partnerships can forge direct communication and paths towards equitable outcomes for disproportionately affected communities |
| Funding | Support mini-grant development and allocation for equity-based cancer health interventions | <p>Provide opportunities to:</p> <ul style="list-style-type: none"> • Share power with communities and small businesses to support the Cancer Plan vision • Invest in the expertise of community members for local health interventions • Engage with cancer research entities to collect qualitative and quantitative data • Discover innovative approaches to evidence-based health-related activities, such as: <ul style="list-style-type: none"> • Health care navigation • Patient advocacy • Community outreach and support • Resource sharing |
| Feedback Loops | Establish listening sessions, “town halls,” and periodic public reporting | <p>Using the Plan-Do-Check-Act model:</p> <ul style="list-style-type: none"> • Cancer interventions, outcomes, and experiences can be communicated directly to the Advisory Council • The Health Equity Advisors can provide guidance to, and recommendations for cancer programs, incorporating community feedback and supportive programmatic/clinical data • Can establish a program where the quantitative and qualitative health data provided by communities for public health efforts can be shared with, and returned to community members • Can bolster trust between communities, health organizations, and state and local governments • Can share accountability and transparency, and drive action along all cancer domains |

Appendix B

How We Can Make a Difference

| Individually | With Friends and Family | In Our Communities |
|--|---|--|
| <ul style="list-style-type: none"> • Making sure we have the health insurance that fits us best • When voting, support candidates and ballot choices that put the health of every Coloradan first • Talk with our doctors about: <ul style="list-style-type: none"> • Which cancer screenings we should have • When to schedule screenings • How to get help with paying for services • What resources exist for us, like language translation, patient advocacy, support groups • Our personal cancer risks, like smoking, drinking, our environment, genetics, or family histories of cancer • Cancer or health related words or phrases we don't fully understand | <ul style="list-style-type: none"> • Offer to give someone a ride to an appointment (or help them set one up) • Help get them set up with health insurance • Set up meal services • Assist with child/senior care • Help friends and family diagnosed with cancer get the kinds of physical activity that are right for them • Be (or find) a shoulder to lean on for when a survivor needs to talk about their cancer journey • Be (or find) a distraction for when a survivor needs to talk about anything other than their cancer journey | <ul style="list-style-type: none"> • If we belong to a community group (religious, social, activity club, etc.): <ul style="list-style-type: none"> • Invite health professionals to speak to our group about preventing and finding cancer early • Set up community gardens and food sharing drives • Work with local organizations to set up appointment ride sharing • Connect with companies to provide mobile cancer screening services that meet patients where they are • Support health programs for our local schools • Volunteer to support local food banks, to help keep areas pollution-free, or with other groups that promote healthy living • Advocate for candidates and policies that put the health of every Coloradan first |
| <p> There are groups and resources here in Colorado that can directly help us reach doctor's offices, learn and talk about our health, offer financial help, and advocate for us. We <u>never</u> have to travel this road alone.</p> | | |

Appendix C: Glossary

Advanced Care Planning

- Advance care planning (ACP) is a process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care. The timing and nature of ACP may vary depending on the patient’s health status. Regardless of the clinical scenario, ACP should be proactive, appropriately timed, and integrated into routine care. (Silveira, 2025)

Patient / Self Advocacy

- Self-Advocacy – Clearly communicating with your healthcare team and support network to make sure all your needs, concerns, and goals are being considered during decision-making.
- Patient Advocacy – When caregivers and care partners advocate on behalf of a patient or loved one to make sure their wants and needs are heard by the healthcare team and support network. (“Advocacy 101: Patient and Self-Advocacy | LUNGeity Foundation,” 2024)

Biomarker testing

- A laboratory method that uses a sample of tissue, blood, or other body fluid to check for certain genes, proteins, or other molecules that may be a sign of a disease or condition, such as cancer. Biomarker testing can also be used to check for certain changes in a gene or chromosome that may increase a person’s risk of developing cancer or other diseases. Biomarker testing may be done with other procedures, such as biopsies, to help diagnose some types of cancer. It may also be used to help plan treatment, find out how well treatment is working, make a prognosis, or predict whether cancer will come back or spread to other parts of the body. Also called molecular profiling and molecular testing. (“NCI Dictionary of Cancer Terms,” 2025)

Cancer Control

- Cancer control focuses on reducing the number of people who get cancer, have complications from it, and die from it. The goal of cancer control is to reduce the cancer burden. (“What Is Cancer Control?,” 2018)

Carcinogens

- A carcinogen is a substance, organism or agent capable of causing cancer. Carcinogens may occur naturally in the environment (such as ultraviolet rays in sunlight and certain viruses) or may be generated by humans (such as automobile exhaust fumes and cigarette smoke). Most carcinogens work by interacting with a cell’s DNA to produce mutations. (“Carcinogen,” 2025)

Care Coordinators

- Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient’s care to achieve safer and more effective care. This means that the patient’s needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient. (“Care Coordination,” 2024)

Caregiver

- A person who gives care to people who need help taking care of themselves. Examples include children, the elderly, or patients who have chronic illnesses or are disabled. Caregivers may be health professionals, family members, friends, social workers, or members of the clergy. They may give care at home or in a hospital or other health care setting. (“NCI Dictionary of Cancer Terms,” 2025)

Clinical Trial

- Clinical trials are a type of research that studies new tests and treatments and evaluates their effects on human health outcomes. People volunteer to take part in clinical trials to test medical interventions including drugs, cells and other biological products, surgical procedures, radiological procedures, devices, behavioural treatments and preventive care. Clinical trials are carefully designed, reviewed and completed, and need to be approved before they can start. People of all ages can take part in clinical trials, including children. (WHO, 2020)

Non-treatment clinical trials

- Non-therapeutic trials are ones which do not provide a treatment to patients, but instead study important factors which help advance the understanding of cancer and its impact. For example, some non-therapeutic studies collect tissue specimens to examine the cellular structure of a cancer tumor. Other studies track epidemiological information such as the long-term health effects of chemotherapy. Non-therapeutic studies often lead to therapeutic ones. (“What Is a Clinical Trial,” 2023)

Community Health Worker

- A community health worker (also known as a patient navigator or resource navigator) is a member of the health care team who helps individuals overcome barriers to quality care. They address barriers including access to health care, insurance or lack thereof, poor health literacy, transportation, child care and more.
- Community health workers usually are trusted members of the community they serve and have an unusually close understanding of the community served, often due to shared lived experiences.

Comorbidity

- The condition of having two or more diseases at the same time. (“NCI Dictionary of Cancer Terms,” 2025)

Genetic Counseling

- Genetic counseling refers to guidance relating to genetic disorders that a specialized healthcare professional (genetic counselor) provides to an individual or family. A genetic counselor might provide information about how a genetic condition could affect an individual or family and/or interpret genetic tests designed to help estimate the risk of a disease. The genetic counselor conveys information to address the concerns of the individual or family, helps them make an informed decision about their medical situation and provides psychological counseling to help them adapt to their condition or risk. (“Genetic Counseling,” 2025)

Chronic Diseases

- Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. (CDC, 2025)

Clinical Guidelines

- Clinical practice guidelines (or simply “clinical guidelines”) are recommendations on how to diagnose and treat a medical condition. They are mainly written for doctors, but also for nurses and other health care professionals. Clinical guidelines are meant to help ensure that patients receive appropriate treatment and care. Guidelines summarize the current medical knowledge, weigh the benefits and harms of diagnostic procedures and treatments, and give specific recommendations based on this information. (NIH, 2020)

Hospice / End of Life Care

- Hospice is medical care for people who are expected to live six months or less. It is provided primarily where a person lives — at home or in a nursing home or community living arrangement — so the patient can be near family, friends, pets, and valued possessions.
- Hospice care is provided by an interdisciplinary team of professionals trained to address the patient’s medical, physical, spiritual, and psychosocial needs. The team focuses on the person, not the illness, as they coordinate patient care, clarify the goals of care, and foster communication. (Godfrey, 2024)

Low-income population / Poverty

- [Federal Poverty Level \(FPL\) Income Numbers](#)
- If a family’s total income is less than the official poverty threshold for a family of that size and composition, then they are considered to be in poverty. (US Census, 2025)

Community Based Intervention

- Community-based interventions refer to programs and initiatives that aim to improve the health and well-being of specific population groups within a defined local community. (Oregon State University, 2020)

Cancer Continuum

- The cancer control continuum has been used since at least the mid-1970s to describe the various stages from cancer etiology, prevention, early detection, diagnosis, treatment, survivorship, and end of life. (“Cancer Control Continuum | Division of Cancer Control and Population Sciences (DCCPS),” 2025)

Early-Age Onset

- Cancers in adults aged 18-49 (Hamilton, Donnelly, Fitzpatrick, and Coleman, 2022)

Evidence Based Interventions

- Evidence-based interventions are strategies that are proven to work. For cancer screening, these interventions improve the quality of cancer screening and increase the number of people screened. (CDC, 2025)

Electronic Screening / Brief Intervention (e-SBI)

- e-SBI involves using electronic devices, like computers or mobile phones, to screen people for heavy drinking and give them personalized feedback on the risks of heavy drinking. (Healthy People 2030, 2025)

Melanoma

- Melanoma is a kind of skin cancer that starts in the melanocytes. Melanocytes are cells that make the pigment that gives skin its color. The pigment is called melanin. (Mayo Clinic, 2025)

Mortality Rate

- A mortality rate is a measure of the frequency of occurrence of death in a defined population during a specified interval. Mortality rate is calculated by dividing the deaths occurring during a given time period by the size of the population among which the deaths occurred. (CDC, 2023)

UV

- Ultraviolet (UV) radiation is a form of non-ionizing radiation that is emitted by both natural and artificial sources. (CDC, 2024)

Equity / Health Equity

- Health equity is the attainment of the highest level of health for all people. (CDC, 2025)
- Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. (CDC, 2025)

Fertility Preservation

- Fertility preservation is a medical intervention aimed at preserving an individual's ability to conceive and have biological children in the future. It is often considered by people who face fertility-threatening treatments, such as chemotherapy or radiation therapy, or those who wish to delay childbearing for personal or medical reasons. ("Fertility Preservation," 2025)

Financial Toxicity

- In medicine, a term used to describe problems a patient has related to the cost of medical care. Not having health insurance or having a lot of costs for medical care not covered by health insurance can cause financial problems and may lead to debt and bankruptcy. Financial toxicity can also affect a patient's quality of life and access to medical care. For example, a patient may not take a prescription medicine or may avoid going to the doctor to save money. Cancer patients are more likely to have financial toxicity than people without cancer. Also called economic burden, economic hardship, financial burden, financial distress, financial hardship, and financial stress. ("NCI Dictionary of Cancer Terms," 2025)

Health Navigator

- A person who helps guide a patient through the health care system. This includes help going through the screening, diagnosis, treatment, and follow-up of a medical condition, such as cancer. A patient navigator helps patients communicate with their health care providers so they get the information they need to make decisions about their health care. Patient navigators may also help patients set up appointments for doctor visits and medical tests and get financial, legal, and social support. They may also work with insurance companies, employers, case managers, lawyers, and others who may have an effect on a patient's health care ("NCI Dictionary of Cancer Terms," 2025)

Hereditary Cancer Syndrome

- A type of inherited disorder in which there is a higher-than-normal risk of certain types of cancer. Hereditary cancer syndromes are caused by mutations (changes) in certain genes passed from parents to children. In a hereditary cancer syndrome, certain patterns of cancer may be seen within families. These patterns include having several close family members (such as a mother, daughter, and sister) with the same type of cancer, developing cancer at an early age, or having two or more types of cancer develop in the same person. ("NCI Dictionary of Cancer Terms," 2025)

HPV / HPV Vaccine

- A vaccine that helps protect the body against infection with certain types of human papillomavirus (HPV). HPV infection can cause abnormal tissue growth, such as warts, and other changes to cells. Infection for a long time with certain types of HPV can cause cancers of the cervix, vagina, vulva, anus, penis, and oropharynx. HPV vaccines are being used to prevent some of these cancers. They are also being used to prevent genital warts and abnormal lesions that may lead to some of these cancers. (“NCI Dictionary of Cancer Terms,” 2025)

Hepatitis B / C

- Hepatitis means inflammation of the liver. This condition is often caused by a virus. In the United States, the most common causes of viral hepatitis are hepatitis B virus (HBV) and hepatitis C virus (HCV). Because HBV and HCV can be spread in the same ways as HIV, people with HIV in the U.S. are often also affected by acute or chronic viral hepatitis. Viral hepatitis progresses faster and causes more liver-related health problems like liver cirrhosis, liver cancer, and end-stage liver disease among people with HIV than among those who do not have HIV. ([HIV.gov](https://www.hiv.gov), 2019)

Incidence

- The number of cases of disease having their onset during a prescribed period of time. (CDC, 2022)

Health Literacy

- Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others. (CDC, 2024)

Molecular Testing

- See “Biomarker Testing”

Needs assessment

- A needs assessment means collecting information that provides a complete picture of [a] community’s needs and existing resources. The assessment helps you identify and prioritize [a] community’s areas of need, which helps avoid investing valuable resources into services that may be unnecessary or are not a good fit for [a] community. (CMS, 2025)

Palliative Care

- Palliative care is specialized medical care that focuses on providing relief from pain and other symptoms of a serious illness. Palliative care is provided by a team of health care providers, including doctors, nurses, social workers, chaplains and other trained specialists. (Mayo Clinic, 2025)

Pediatric / AYA Population

- Adolescent and young adult (AYA) cancer is generally defined as cancer in people 15 to 39 years old. The needs, expectations, and treatment considerations of AYAs merit special consideration. (Ilit Turgeman and West, 2023)
- Pediatric
A term used to describe cancers that occur between birth and 14 years of age. (NCI Dictionary of Cancer Terms, 2025)

Prevalence

- In medical epidemiology, prevalence is defined as the proportion of the population with a condition at a specific point in time (point prevalence) or during a period of time (period prevalence). Prevalence increases when new disease cases are identified (incidence), and prevalence decreases when a patient is either cured or dies. (Tenny and Hoffman, 2023)

Primary Care

- Primary care is the provision of integrated, accessible health care services by physicians and their health care teams who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. (AAFP, 2022)

Private Health Insurance

- Private health insurance refers to health insurance plans marketed by private insurance companies or offered by self-insured employers, as opposed to government-run insurance programs such as Medicare, Medicaid, and CHIP. Private health insurance currently covers a little more than half of the U.S. population. ([HealthInsurance.org](https://www.healthinsurance.org), 2024)

Promotoras de Salud

- Promotores or Promotoras de Salud is a Spanish term used to describe trusted individuals who empower their peers through education and connections to health and social resources in Spanish speaking communities. They use their insights and knowledge of cultural norms to provide relevant health information and education to help Hispanics work through the barriers they face when addressing complex issues such as sexual assault, navigating the health care system, and gaining access to affordable fresh and nutritious foods. (MHP Salud, 2024)

Public Health Insurance

- A program run by U.S. federal, state, or local governments in which people have some or all of their health care costs paid for by the government. The two main types of public health insurance are Medicare and Medicaid. Medicare is a federal health insurance program for people aged 65 years or older and people with certain disabilities. Medicaid is a public health insurance program for some individuals and families with a low income or disabilities. (NCI Dictionary of Cancer Terms, 2025)

Rural

- Rural areas encompass all population, housing, and territory not included within an urban area. (RuralHealthInfo, 2020)

Radon

- [Radon] is a naturally occurring radioactive gas that comes from the breakdown of uranium in the soil that can enter your home from the soil beneath it. Radon is the leading cause of lung cancer among non-smokers in the United States and is responsible for approximately 500 lung cancer deaths annually in Colorado. (CDPHE, 2025)

Cancer Recurrence

- Cancer recurrence happens when cancer comes back after treatment. Cancer may come back years after treatment. It may come back because treatment missed cancerous cells or because treatment didn't affect some cells. Healthcare providers can treat recurrent cancer. People often live for years with recurrent cancer. (Cleveland Clinic, 2023)

Cancer Registry

- A cancer registry is an information system designed for the collection, storage, and management of data on persons with cancer.
- Registries play a critical role in cancer surveillance, which tells us where we are in the efforts to reduce the cancer burden. Surveillance data may also serve as a foundation for cancer research and are used to plan and evaluate cancer prevention and control interventions. ("What Is a Cancer Registry?," 2018)

Risk assessment

- Risk assessment is a systematic and continuous process of gathering, evaluating, and documenting information to manage and mitigate the impact of acute public health threats. (WHO, 2025)

Secondary Cancers

- A second cancer is a new cancer that's unrelated to any previous cancer diagnosis. It's a completely different type of cancer. (ACS, 2020)

Social Determinants of Health

- Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into 5 domains: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, social and community context. ("Social Determinants of Health - Healthy People 2030 | Odphp.health.gov," 2025)

Structural barriers

- Structural barriers are policies, practices, and norms that collectively and disproportionately disadvantage a marginalized group while perpetuating disparities in health, social, educational, and other outcomes. (UNC, 2024)

Survivor / Survivorship

- An individual is considered a cancer survivor from the time of diagnosis through the balance of life. There are many types of survivors, including those living with cancer and those free of cancer. This term is meant to capture a population of those with a history of cancer rather than to provide a label that may or may not resonate with individuals. ("Definitions | Division of Cancer Control and Population Sciences (DCCPS)," 2021)
- Cancer survivorship is a state of being, including the perspectives, needs, health, and the physical, psychological, social, and economic challenges experienced by people and caregivers after a cancer diagnosis.

Telehealth

- Telehealth is defined as the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, health administration, and public health. (HRSA, 2022)

Endnotes

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