2013

Cancer

University of Colorado Hospital

COMMUNITY HEALTH NEEDS ASSESSMENT

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CANCER

OVERVIEW

Cancer is a term used for diseases in which abnormal cells divide without control and are able to invade other tissues.[1] Cancer cells can spread to other parts of the body through the blood and lymph systems. Cancer is not just one disease, but many diseases. There are more than 100 different types of cancer.

The number of new cancer cases can be reduced, and many cancer deaths can be prevented.[2] Research shows that screening for cervical and colorectal cancers as recommended helps prevent these diseases by finding precancerous lesions so they can be treated before they become cancerous. Screening for cervical, colorectal, and breast cancers also helps find these diseases at an early, often highly treatable stage. Making cancer screening, information, and referral services available and accessible to all Americans can reduce cancer incidence and deaths.

Vaccines also help reduce cancer risk.[3] The human papillomavirus (HPV) vaccine helps prevent most cervical cancers and some vaginal and vulvar cancers, and the hepatitis B vaccine can help reduce liver cancer risk. A person's cancer risk can be reduced in other ways by receiving regular medical care, avoiding tobacco, limiting alcohol use, avoiding excessive exposure to ultraviolet rays from the sun and tanning beds, eating a diet rich in fruits and vegetables, maintaining a healthy weight, and being physically active.[4]

Cancer is the second leading cause of death in the United States, accounting for almost one in every four deaths.[5] Twenty-two percent of all deaths in Colorado in 2005 were due to cancer. The American Cancer Society estimates that 19,190 new cases of cancer were diagnosed in Colorado in 2007, including 1,790 new cases of colorectal cancer and 2,660 new cases of breast cancer in women.

Inequities in cancer incidence, stage at diagnosis, survival, mortality, and quality of life are shown to exist across the entire range of social groups.[6] The interplay of many factors leads to cancer health disparities such as race/ethnicity; socioeconomic status or SES (income, education, etc.); insurance status; access to quality health care; behavioral choices; immigrant status; language and literacy; geographic place of residence; environmental issues; disability status; age; sex; and sexual orientation. All these variables and others form a complex set of interactions that create and reinforce cancer health disparities in Colorado and the U.S.

The Colorado Department of Public Health and Environment did not identify specific cancer goals for inclusion in the Colorado 2016 Winnable Battles.

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[1] http://www.cdc.gov/cancer/dcpc/prevention/index.htm
[2] Ibid.
[3] Ibid.
[4] Ibid.
[5] http://www.cdc.gov/chronicdisease/states/pdf/colorado.pdf
[6] http://cancercontrolplanet.cancer.gov/state_plans/Colorado_Cancer_Control_Plan.pdf

COLORADO CANCER COALITION

The Colorado Cancer Coalition (CCC) is a gathering of organizations and individuals with interest in the prevention and control of cancer in Colorado.[7] The Colorado Cancer Plan 2010-2015 objectives for reducing the cancer burden in Colorado are based on Colorado surveillance data and the national objectives, as well as issues unique to Colorado. The goals of the CCC include:

- Promoting the collection and use of information about cancer
- Improving healthy behaviors
- Increasing screening rates
- Improving access to the full spectrum of cancer diagnosis and care
- Increasing health equity
- Setting targets to improve cancer prevention and control
- Supporting policies to facilitate these efforts

The CCC places great emphasis on aligning goals and objectives with national partners. The National Comprehensive Cancer Control Program at the Centers for Disease Control and Prevention developed the following priorities to be a compass and, like the Colorado Cancer Plan, to be a living document. As the comprehensive cancer control environment evolves and changes, these priorities will be modified accordingly. The National Comprehensive Cancer Control Program priorities include:

- Emphasizing the primary prevention of cancer
- Coordinating early detection and treatment activities
- Addressing the public health needs of cancer survivors
- Using policy, systems and environmental changes to guide sustainable cancer control
- Promoting health equity as it relates to cancer control
- Demonstrating outcomes through evaluation

RISK REDUCTION

- Avoidance of tobacco use and exposure to secondhand smoke are the key to reducing lung cancer morbidity & mortality.[8]
- Studies suggest that 30% to 35% of cancers are diet-related. Risk varies with the type of diet.[9]
- Screening interventions that result in early detection will have a proportionally greater impact on cancer mortality since early-stage disease is more likely to be cured by treatment.[10]

[7] http://www.coloradocancerplan.org/index.php/introduction/overview
[8] http://www.coloradocancerplan.org/index.php/prevention/tobacco
[9] http://www.coloradocancerplan.org/index.php/prevention/nutrition-a-physical-activity
[10] http://www.coloradocancerplan.org/index.php/prevention/generalrisk

BREAST CANCER SCREENING

BRFSS Survey Question: Have you had a clinical breast exam and mammogram in the past 2 years?

Breast cancer is the most common life-threatening cancer in Colorado women and the third leading cause of cancer death (after lung cancer and colorectal cancer).[11] One in seven Colorado women will have breast cancer at some point in their lifetime.

The prevalence rate of breast cancer screening in women over fifty in Colorado is lower than the Nation.

Arapahoe and Douglas Counties have breast cancer screening prevalence rates in adult women that are at or above the State rate.

Denver and Adams County breast cancer screening prevalence rates in adult women that are below the State rate.

Significant improvement is needed in all counties to achieve the CCC goal of 80% percent of adult women over 50 receiving screening for breast cancer.

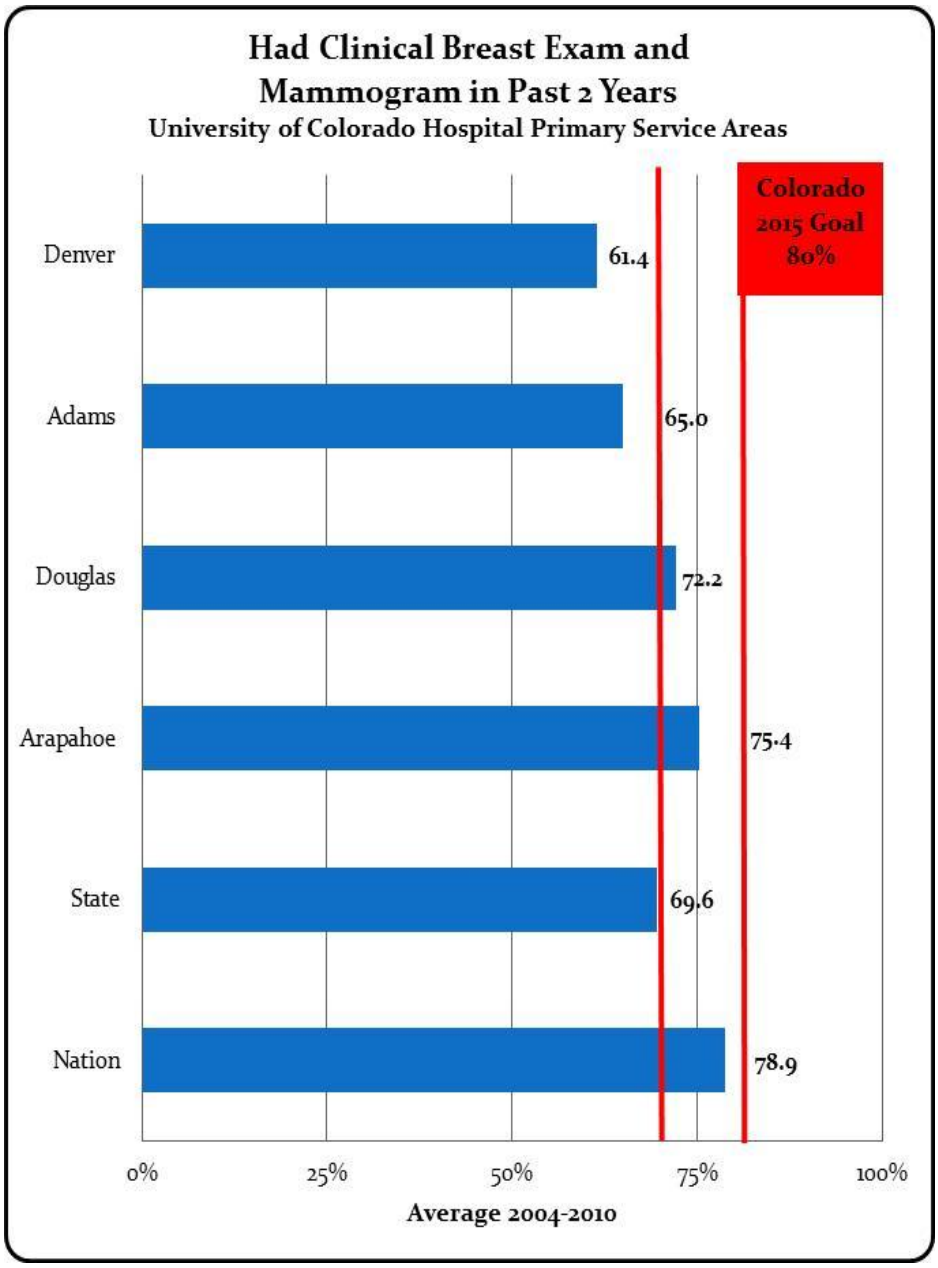


Figure 1 Breast Cancer Screening[12]

[11] http://www.coloradocancerplan.org/index.php/selected-cancers/breast-cancer

[12] Chart Source: Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment. Data is from 2004 2006, 2008, 2010. Data is for women 50 and older.

BREAST CANCER SCREENING DEMOGRAPHICS

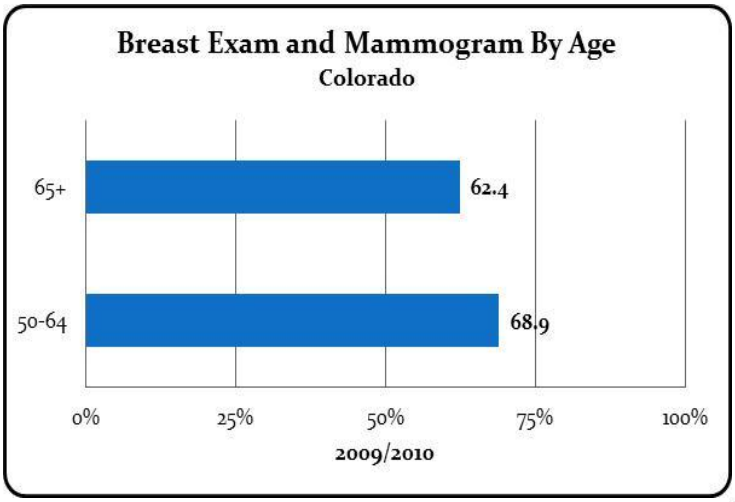


Figure 2: Breast Cancer Screening by Age[13]

Significantly more women in the 50-64 age group receive breast cancer screening than women 65 and above.

There are no significant differences in breast cancer screening prevalence rates by race/ethnicity.

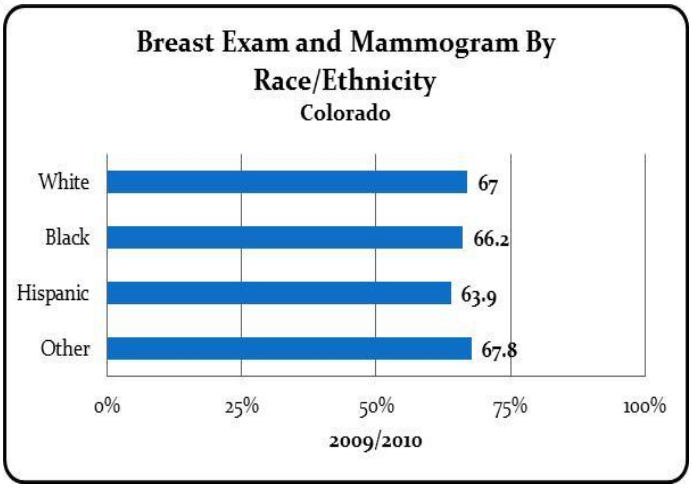


Figure 3: Breast Cancer Screening by Race/Ethnicity[14]

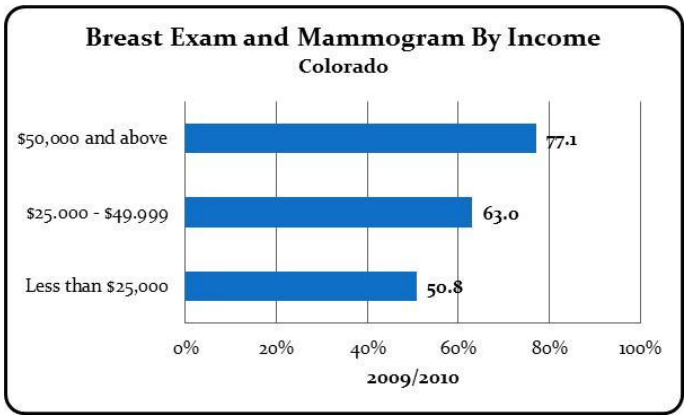


Figure 4: Breast Cancer Screening by Income[15]

As income rises, so do breast cancer screening prevalence rates in adult women. Differences are statistically significant.

[13] Chart Source: Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment.
[14] Ibid.
[15] Ibid.

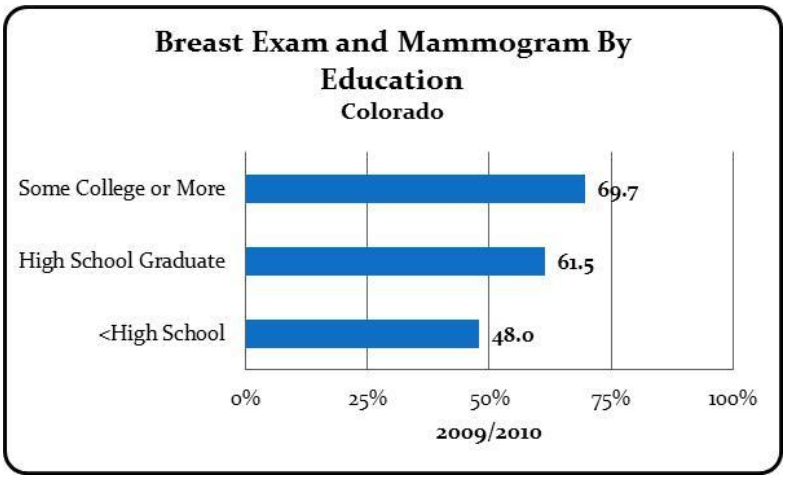


Figure 5: Breast Cancer Screening by Education[16]

Adults with higher education levels had higher rates of breast cancer screening. All differences are statistically significant.

BREAST CANCER SCREENING TRENDS

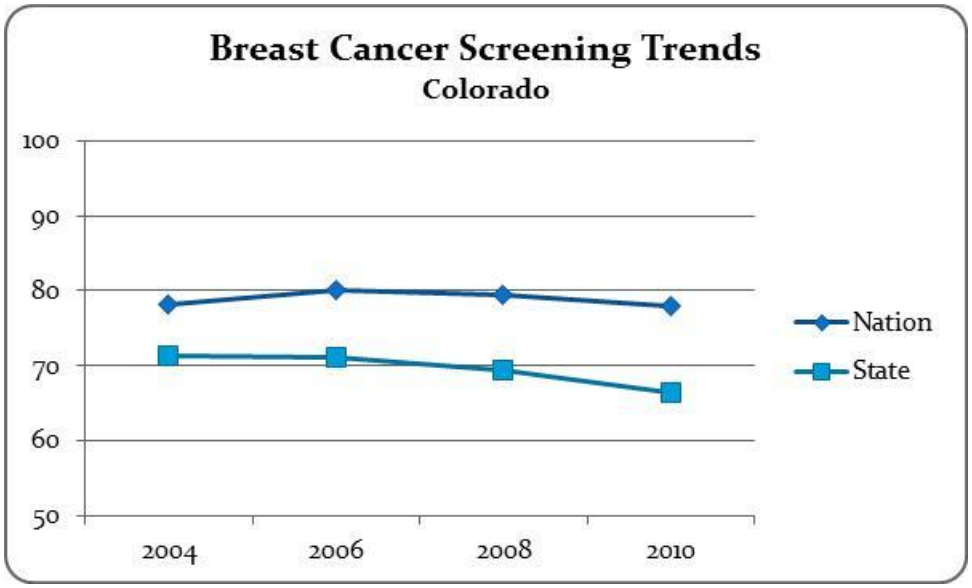


Figure 6: Breast Cancer Screening Trends, Colorado and the United States[17]

Breast cancer screening rates in Colorado in 2010 were significantly lower than 2004.

[16] Chart Source: Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment.
[17] Ibid.

CERVICAL CANCER SCREENING

BRFSS Survey Question: Have you had a pap smear within the past 3 years?

Cancer of the cervix is the 13th most commonly diagnosed cancer among females in Colorado.[18] Despite the fact that nearly all cervical cancer cases can be prevented, Colorado still averages about 160 new cervical cancer cases and about 40 cervical cancer deaths each year.

The prevalence rate of women 18 and older who have received a pap smear within the last three years is slightly higher in Colorado than the Nation.

Douglas, Arapahoe, and Denver Counties have pap smear screening prevalence rates in adult women that are higher than the State.

Adams County has a pap smear screening prevalence rate in adults that is below the State. Douglas County is already meeting the CCC 2015 goal.

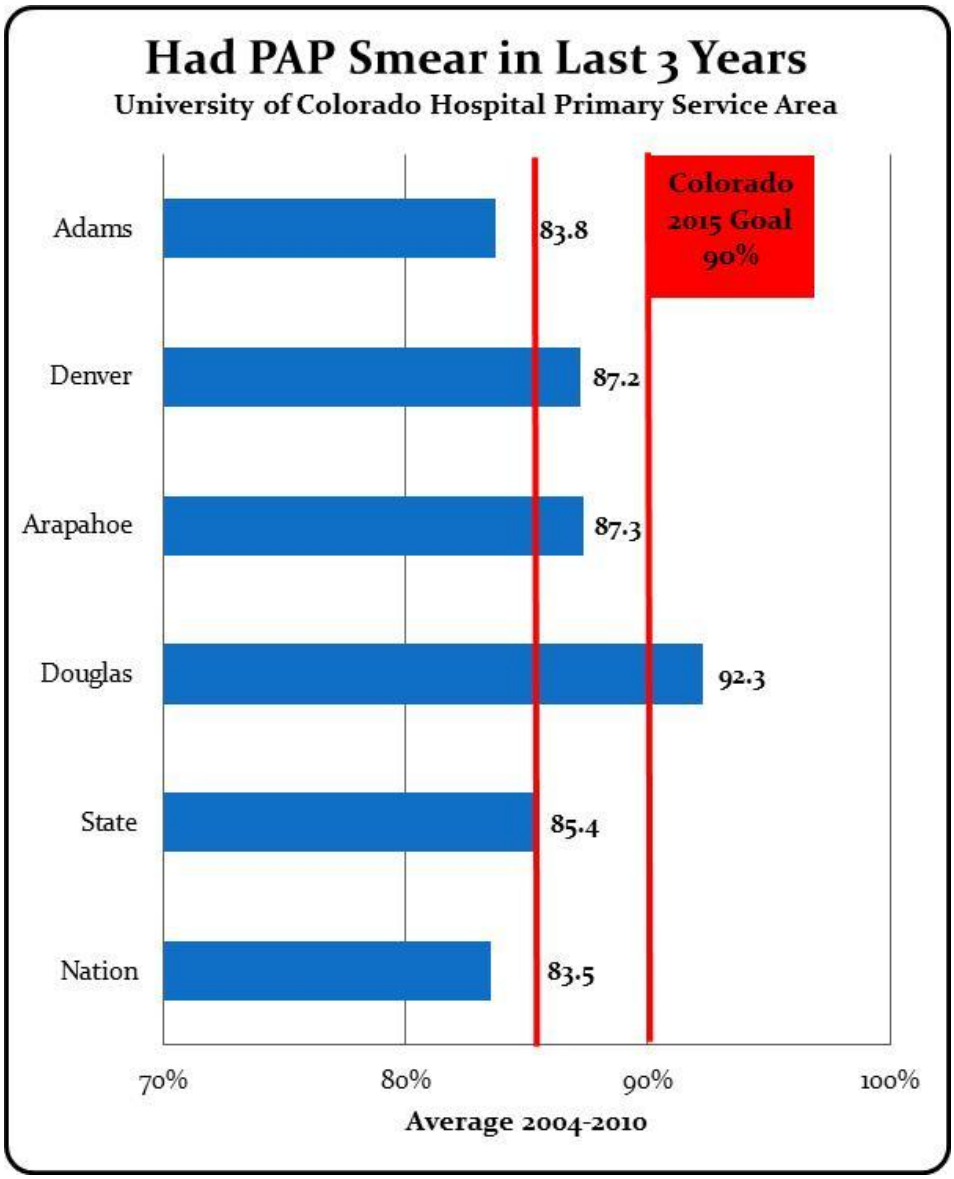
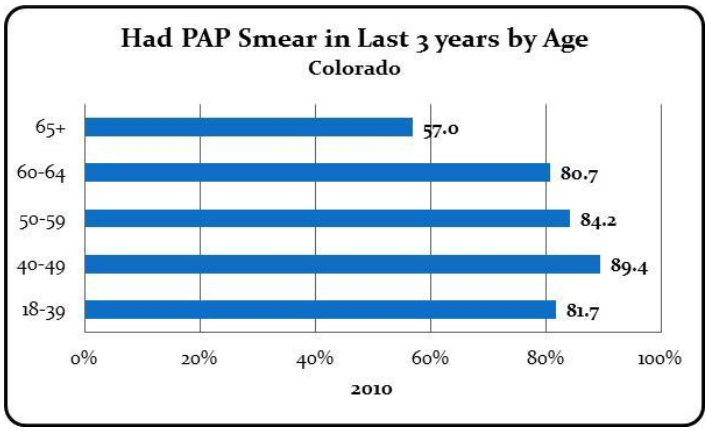


Figure 7: Cervical Cancer Screening[19]

[18] http://www.coloradocancerplan.org/index.php/selected-cancers/cervical-cancer

[19] Chart Source: Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment. Data is from 2004 2006, 2008, 2010. Data is for women 18 older.



The prevalence rate of women who have received a pap smear within the last three years is significantly higher in the 40-49 age group.

Figure 8: Cervical Cancer Screening by Age[20]

There are no significant differences in the prevalence rate of women who have received a pap smear within the last three years by race/ethnicity.

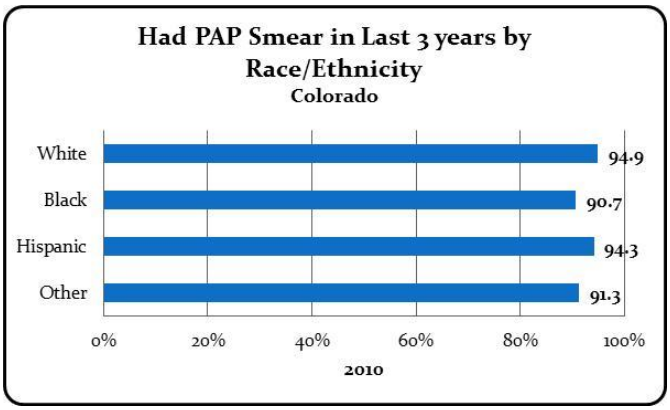


Figure 9: Cervical Cancer Screening by Race/Ethnicity[21]

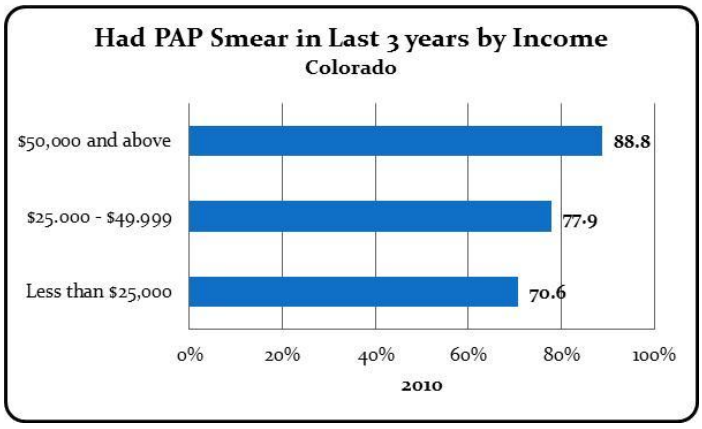
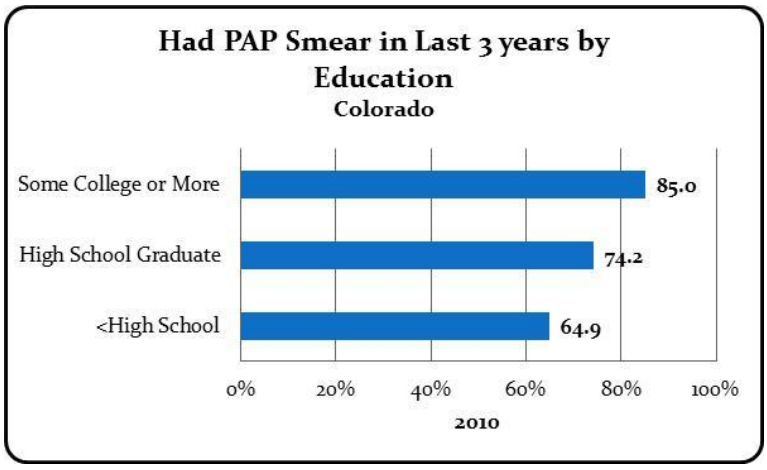


Figure 10: Cervical Cancer Screening by Income[22]

The prevalence rate of women who have received a pap smear increases with income. There are significant differences between all income categories.

[20] Chart Source: Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment.
[21] Ibid.
[22] Ibid.



The prevalence rate of women who have received a pap smear within the last three years is significantly higher in the some college or more group.

Figure 11: Cervical Cancer Screening by Education[23]

CERVICAL CANCER SCREENING TRENDS

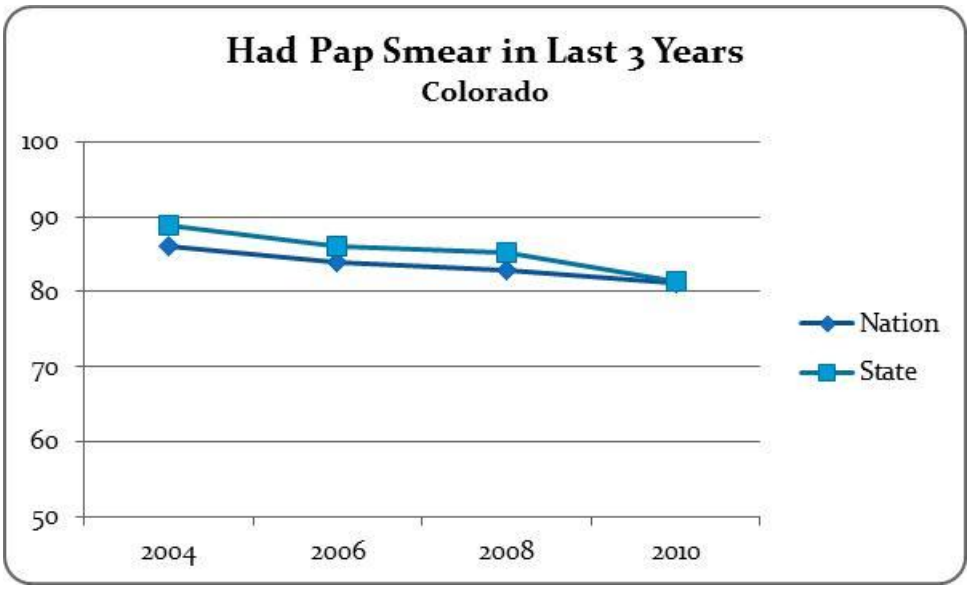


Figure 12: Cervical Cancer Screening Trends[24]

Cervical cancer screening rates in Colorado in 2010 were significantly lower than 2008.

[23] Chart Source: Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment.
[24] Ibid.

COLON CANCER SCREENING

BRFSS Survey Question: Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams?

The identification and removal of colorectal polyps is the single most effective strategy to prevent colorectal cancer.[25]

The prevalence rate of colon cancer screening in adults 50 and over in Colorado is lower than the Nation.

Arapahoe and Douglas Counties have colon cancer screening prevalence rates in adults that are higher than the State.

Denver and Adams Counties have colon cancer screening prevalence rates in adults that are below the State.

Significant improvement is needed to achieve the CCC Goal of 80% percent of adults over 50 receiving screening for colon cancer.

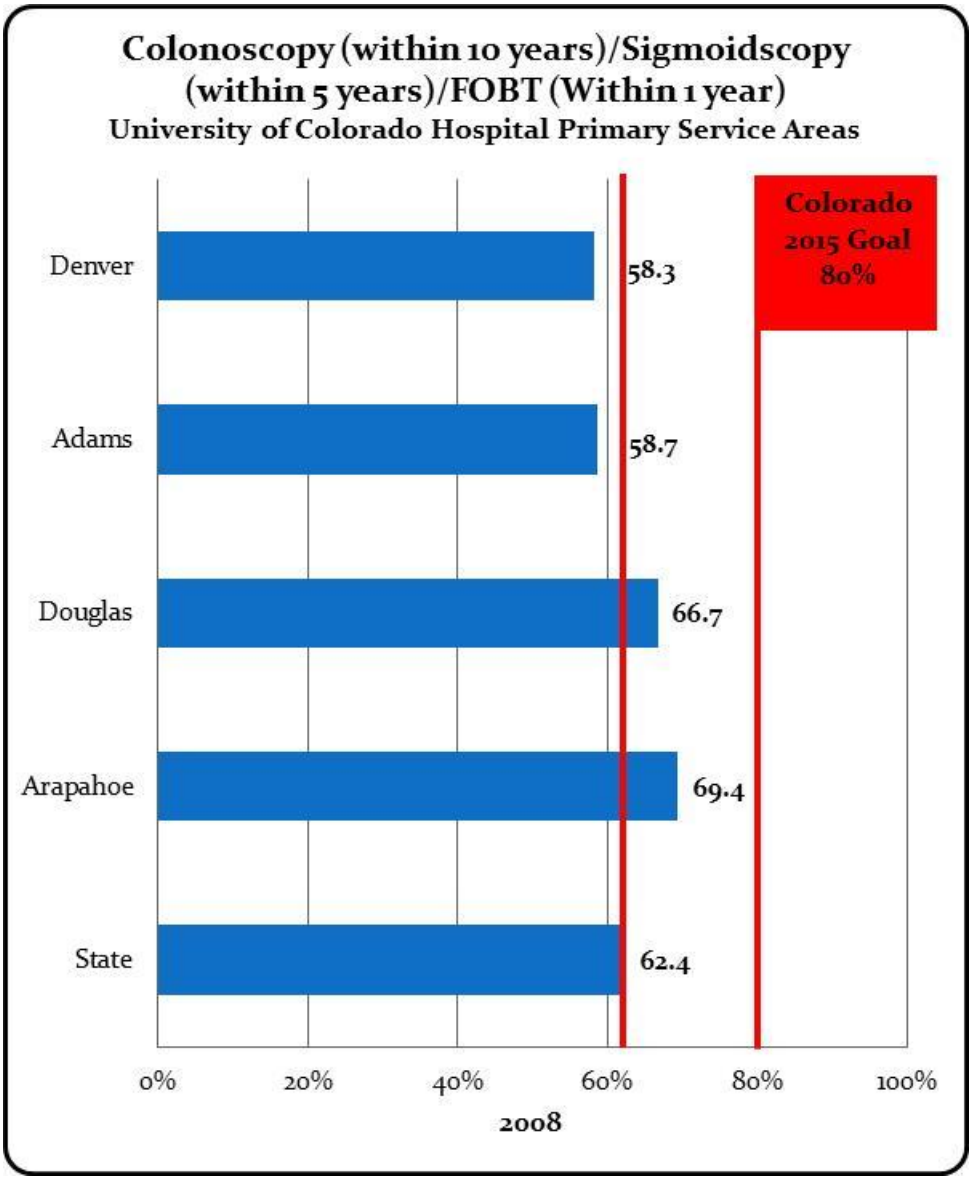


Figure 13: Colon Cancer Screening[26]

[25] http://www.coloradocancerplan.org/index.php/selected-cancers/colon-a-rectum-cancers

[26] Chart Source: Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment. Data is from 2004, 2006, 2008, 2010. Data is for adults 50 and older.

COLON CANCER SCREENING DEMOGRAPHICS

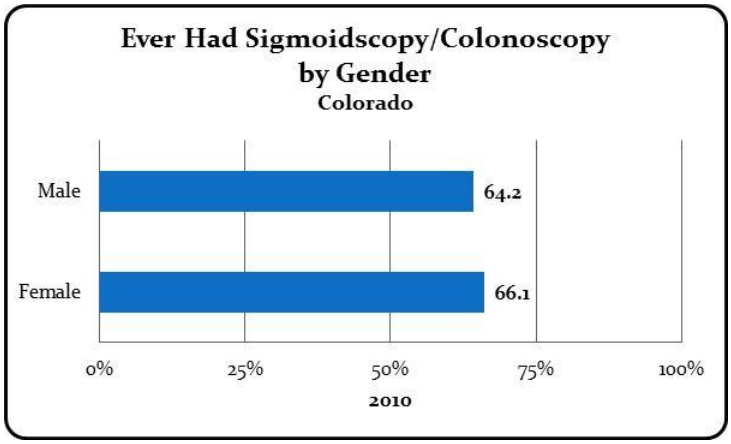


Figure 14: Colon Cancer Screening by Gender[27]

There is no significant difference in prevalence rates of colon cancer screening by gender.

Significantly fewer adults aged 50-59 receive colon cancer screening than older age groups.

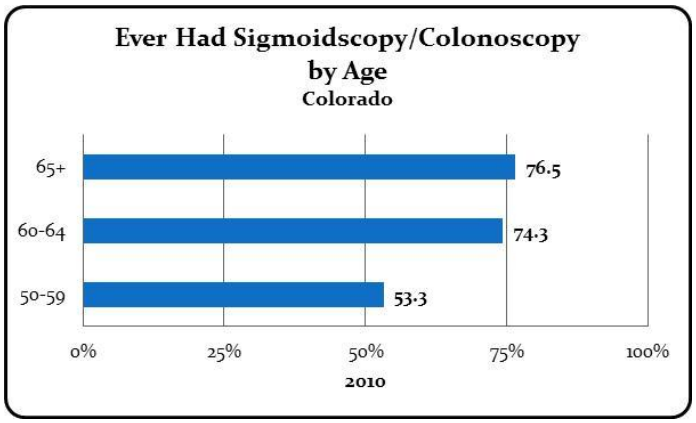


Figure 15: Colon Cancer Screening by Age[28]

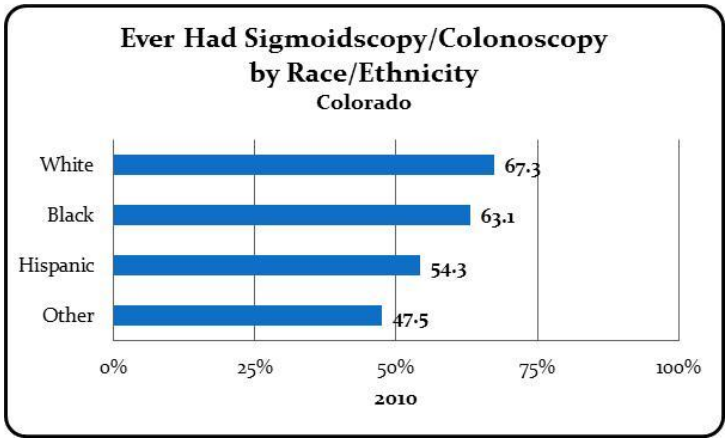


Figure 16: Colon Cancer Screening by Race/Ethnicity[29]

Adults in the "other" and Hispanic race/ethnicity categories have significantly lower prevalence rates of colon cancer screening than Black and White adults. White adults have a higher prevalence rate than black adults.

[27] Chart Source: Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment. Note that demographic information is taken from a slightly different question – Ever had sigmoidoscopy/colonoscopy.
[28] Ibid.

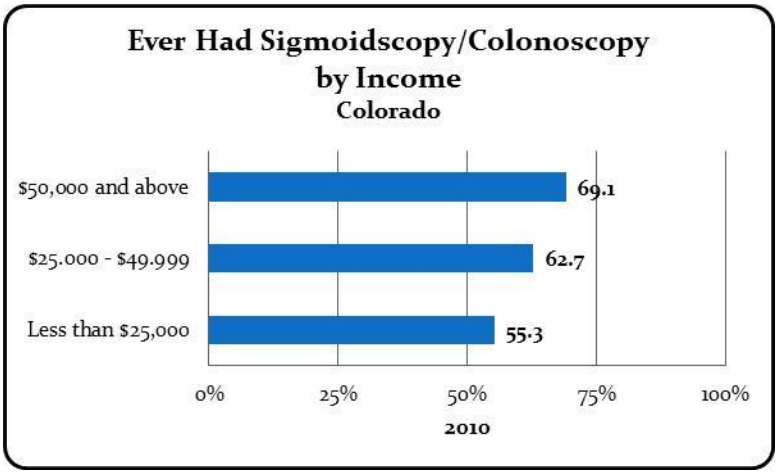


Figure 17: Colon Cancer Screening by Income[30]

The prevalence rate of adults who have been screened for colon cancer increases with income. There are significant differences between all income categories.

COLON CANCER SCREENING TRENDS

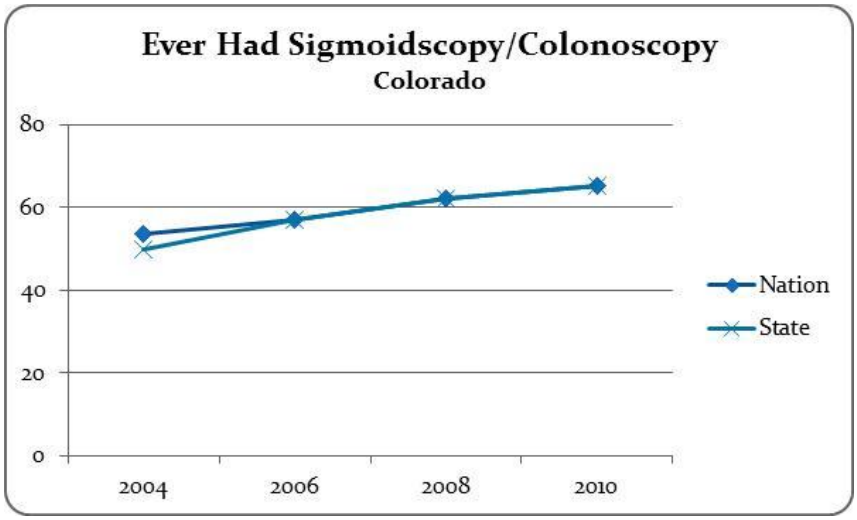


Figure 18: Colon Cancer Screening, Colorado and the United States[31]

Colon cancer screening rates are increasing in Colorado and the Nation. In Colorado, each year has seen a significant increase.

[29] Ibid.
[30] Chart Source: Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment.
[31] Ibid.

SKIN CANCER PROTECTION - ADULTS

BRFSS Survey Question: The percent of adults who always or nearly always use sunscreen or sunblock when they go outside on a sunny summer day for more than an hour.

Skin cancer is the most common form of cancer in the United States.[32] Exposure to ultraviolet (UV) radiation appears to be the chief preventable risk factor for non-melanoma skin cancer and may be responsible for more than 90% of cases. Colorado requires special care for UV protection because of its high elevation and 300+ days of sunshine per year.

Douglas County has a prevalence rate of adult using sun protection that is higher than the State. Arapahoe, Denver, and Adams Counties have rates below the State. All counties need significant improvement to achieve the CCC Colorado 2015 goal.

Demographic and trend data is not available.

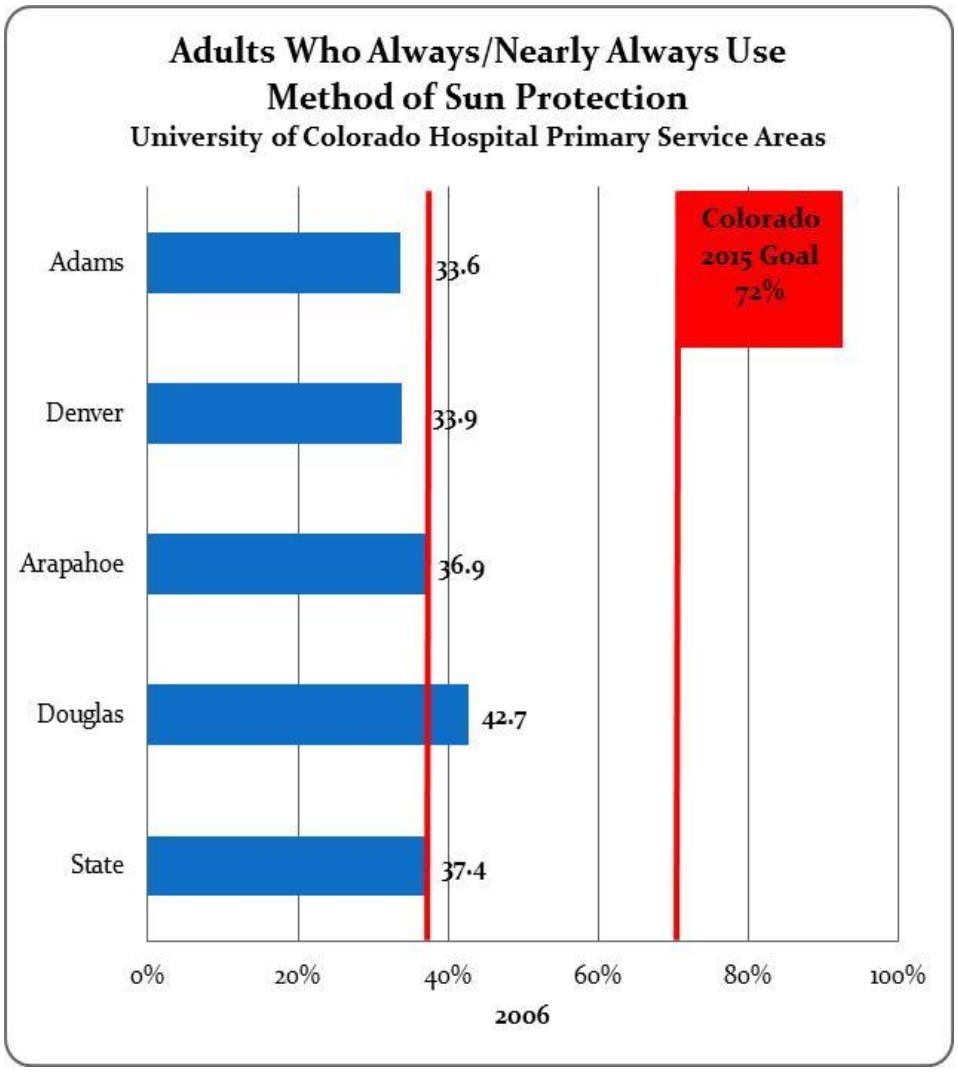


Figure 19: Adults Using Sun Protection[33]

[32] http://www.coloradocancerplan.org/index.php/selected-cancers/melanoma

[33] Chart Source: Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment. No data available for Clear Creek, Summit Counties.

SKIN CANCER PROTECTION – CHILDREN

Colorado Child Health Survey: The percent of children who always/nearly always used sunscreen, stayed in the shade, or wore clothing to cover most of their arms and legs when they were outside for more than 15 minutes on a sunny summer day.

The prevalence rate of children who always/nearly always use a method of sun protection in Colorado is 68.2%. Douglas and Arapahoe Counties have prevalence rates higher than the State. Denver and Adams Counties have a prevalence rate lower than the State. With the exception of Douglas County which is already meeting the Colorado 2015 goal, all counties need improvement to reach the 2015 goal.

Demographic and trend data is not available.

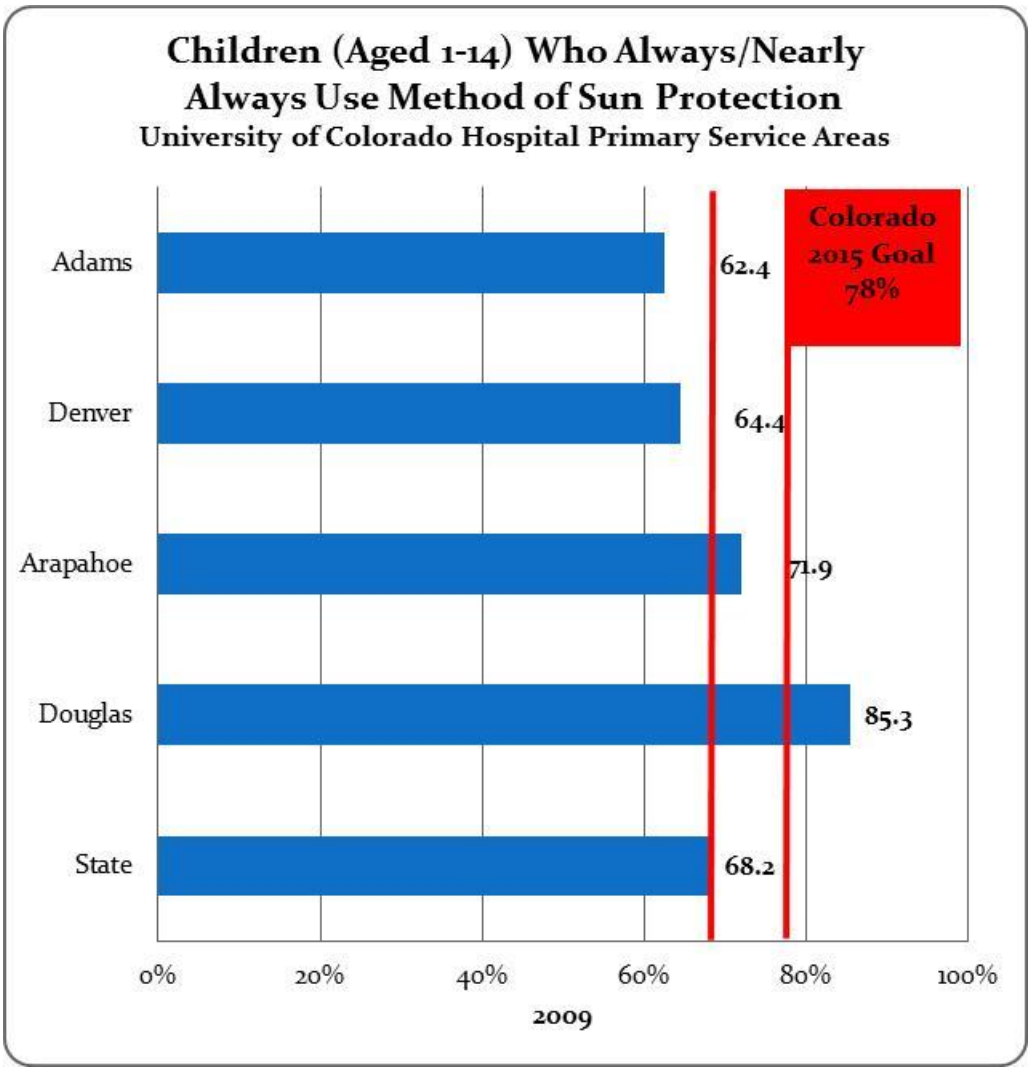


Figure 20: Children Using Sun Protection[34]

[34] Chart Source: Colorado Child Health Survey.

CANCER MORTALITY RATES

Survey: Death Certificates with Cancer (Breast, Cervix/Uterus, Colon/Rectum, Melanoma, Prostate, Trachea, Lung, Bronchus) as Underlying Cause of Death

Cancer death rates from common types of cancer are significantly lower in Colorado compared to the Nation.

Adams, Denver, and Arapahoe Counties have cancer death rates that are higher than the State.

Douglas County has Cancer death rates that are lower than the State.

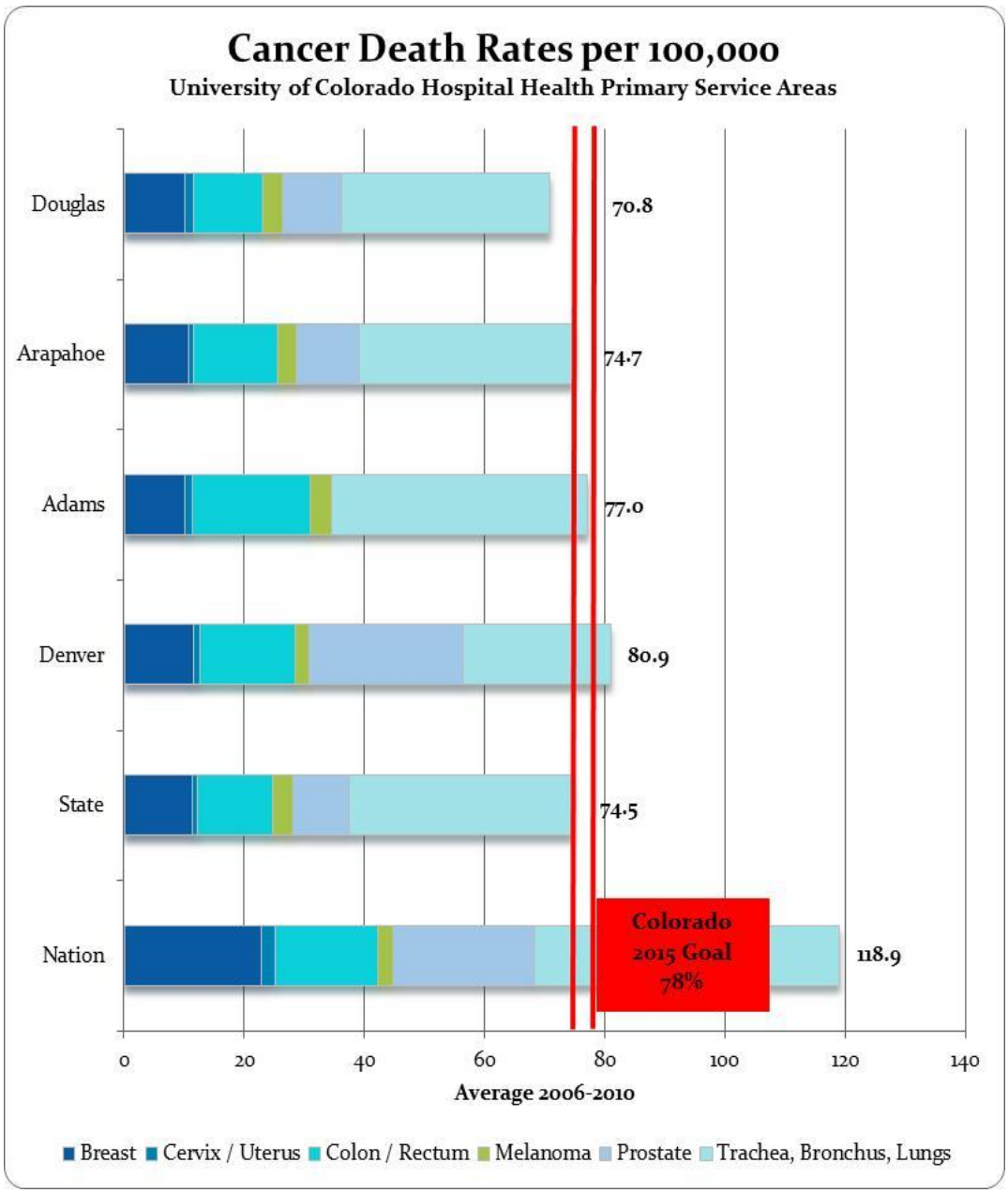


Figure 21: Cancer Death Rates[35]

[35] Chart Source: Certificate of Death, Colorado Department of Public Health and Environment. Rates are per 100,000 population and are adjusted using the direct method applied to 10-year age groups. Population figures are 2007-based estimates from the Demography Section, Colorado Department of Local Affairs. County-specific data are for deaths reported as occurring for residents of those counties. Rates reported in this chart are for common types of cancer and do not represent death from all types of cancer reported.

University of Colorado Hospital	Breast	Cervix / Uterus	Colon / Rectum	Melanoma	Prostate	Trachea, Bronchus, Lungs
HP 2020 Goals	20.6	2.2	14.5	2.4	21.2	45.5
Nation (2007)	22.9	2.2	17.0	2.7	23.5	50.6
State (2006-2008)	11.3	0.9	12.4	3.3	9.5	37.1
Arapahoe	10.8	0.8	13.9	3.2	10.4	35.6
Denver	11.5	1.1	15.8	2.3	25.7	24.5
Douglas	10.2	1.5	11.3	3.4	9.9	34.6
Adams	10.1	1.4	19.5	3.5	0.0	42.6

Figure 22: Cancer Death Rates Compared to Healthy People 2020 Goals[36]

When comparing cancer rates in University of Colorado Hospital Primary Service Areas to Healthy People 2020 goals, several counties have rates above the goals, particularly for melanoma.

National data is an average of 2006-2008. Breast and Cervix / Uterus rates are for females only. Prostate rates are for males only.

[36] Chart Source: Certificate of Death, Colorado Department of Public Health and Environment. Rates are per 100,000 population and are adjusted using the direct method applied to 10-year age groups. Population figures are 2007-based estimates from the Demography Section, Colorado Department of Local Affairs. County-specific data are for deaths reported as occurring for residents of those counties. Rates reported in this chart are for common types of cancer and do not represent death from all types of cancer reported. National data is an average of 2006-2008. Breast and Cervix / Uterus rates are for females only. Prostate rates are for males only.

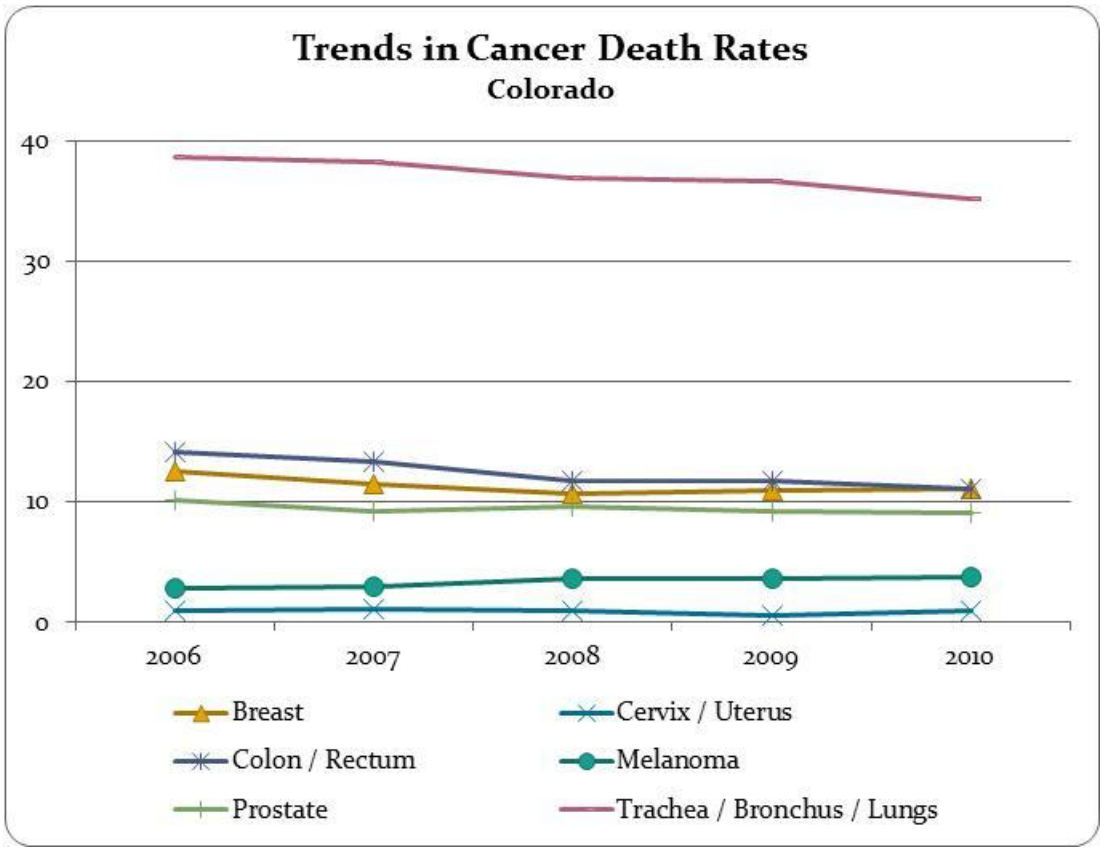


Figure 23: Trends in Cancer Death Rates[37]

Death rates from the most common types of cancer are holding steady in Colorado. No significant changes in overall death rates occurred from 2006 to 2010, however; melanoma death rates appear to be trending upward.

[37] Chart Source: Certificate of Death, Colorado Department of Public Health and Environment. Rates are per 100,000 population and are adjusted using the direct method applied to 10-year age groups. Population figures are 2007-based estimates from the Demography Section, Colorado Department of Local Affairs. County-specific data are for deaths reported as occurring for residents of those counties. Rates reported in this chart are for common types of cancer and do not represent death from all types of cancer reported.

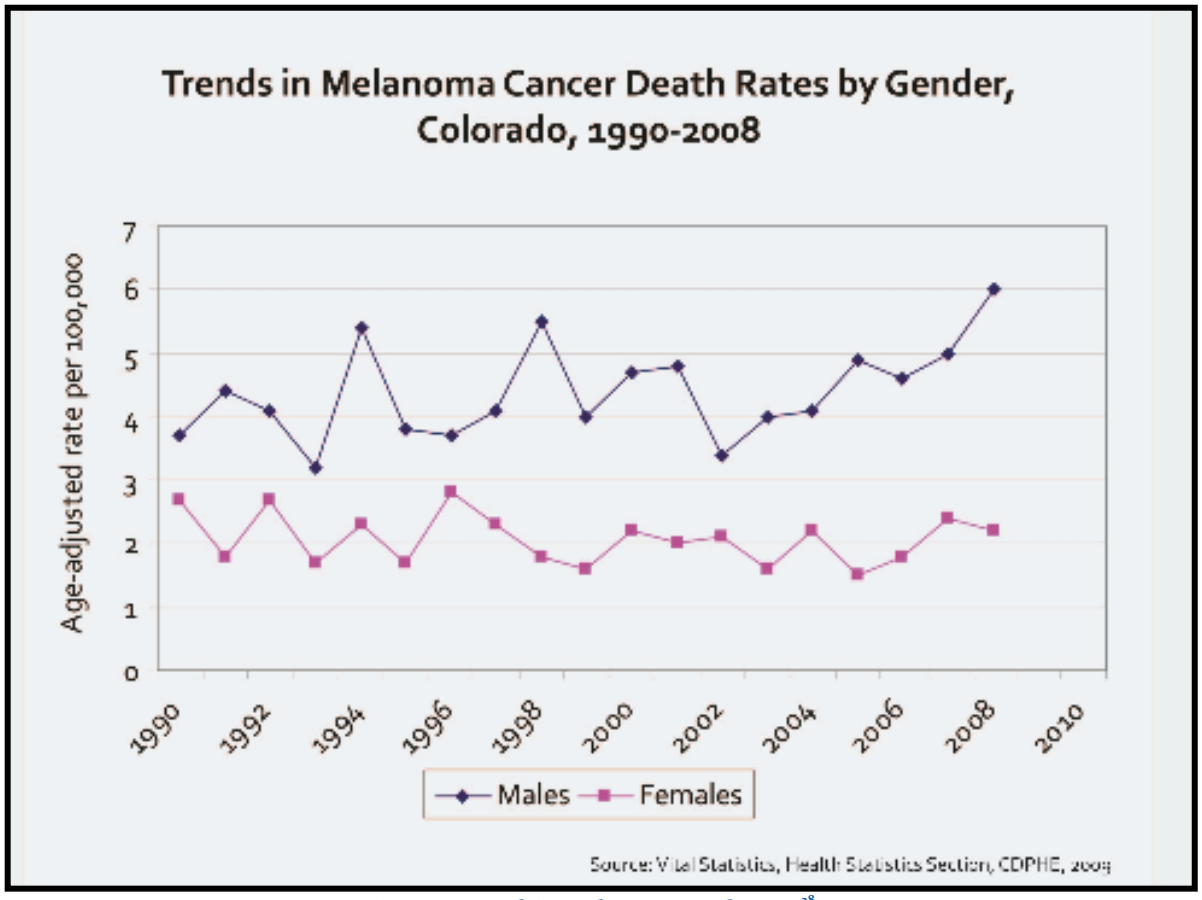


Figure 24: Trends in Melanoma Death Rates[38]

Mortality rates for melanoma in Colorado have been significantly higher than U.S. rates for several years.[39] The 2000-2006 Colorado melanoma incidence rate was 18% higher for males than the U.S. rate, and 22% higher for females. It is important for statewide prevention and early detection efforts to particularly target males.

[38] http://www.coloradocancerplan.org/index.php/selected-cancers/melanoma
[39] Ibid.

CANCER AND POVERTY

Coloradans with lower incomes were more likely to smoke tobacco, to be obese, to be less physically active, and to not participate in screening tests for breast, cervical, or colorectal cancer.[40] For most cancers, Coloradans who lived in poorer neighborhoods and had no health insurance were more likely to have had a more advanced stage of cancer at the time of diagnosis. For most cancers, Coloradans who lived in poorer neighborhoods were more likely to die within the first 5 years following cancer diagnosis.

CHILDHOOD CANCER

More than 12,500 children and young adults are diagnosed with cancer each year in the United States, and the numbers are rising.41 Colorado is one of only four states to develop a comprehensive plan to address cancer as it applies to the pediatric and young adult population. Data availability on pediatric cancer rates in Colorado is limited.

	0-4 Years	5-9 Years	10-14 Years	15-19 Years	20-22 Years
#1	Acute Lymphoblastic Lymphoma	Brain	Brain	Lymphoma	Melanoma
#2	Brain	Acute Lymphoblastic Lymphoma	Acute Lymphoblastic Lymphoma	Melanoma	Lymphoma
#3	Urinary/endocrine	Bone & joint	Bone & joint	Brain	Male Genital
#4	Eye & orbit/soft tissue	Lymphoma	Lymphoma	Male Genital	Endocrine
#5	Liver	Endocrine/Lymphoma	Non-Hodgkin's Lymphoma	Bone & joint	Brain

Figure 25: Top Five Cancer Types Diagnosed in Childhood[42]

[40] http://www.cdphe.state.co.us/pp/ccpc/cancerpoverty08.pdf
[41] http://www.coloradocancerplan.org/index.php/pediatric-children/overview-pediatric-children
[42] Ibid.

INTERVENTIONS

COLORADO CANCER COALITION GOALS AND OBJECTIVES

The goals of the CCC include:

- Promoting the collection and use of information about cancer
- Improving healthy behaviors
- Increasing screening rates
- Improving access to the full spectrum of cancer diagnosis and care
- Increasing health equity
- Setting targets to improve cancer prevention and control
- Supporting policies to facilitate these efforts

For a complete list of goals, objectives, and strategies developed by the Colorado Cancer Coalition, see:
http://cancercontrolplanet.cancer.gov/state_plans/Colorado_Cancer_Control_Plan.pdf

BREAST CANCER 1

By 2015, increase to 80% the proportion of women age 40 and older reporting that they received a mammogram in the past two years.

Strategies:

According to the Community Guide (usa.gov, 2009), evidence-based interventions shown to increase breast cancer screenings include:

- Client reminder systems – 16 studies confirm that client reminder systems increase breast cancer screening. Interventions may include use of letters, postcards or phone calls to alert clients that it is time for their cancer screening.
- Small media – 17 studies confirm that small media efforts (such as videos, printed materials, letters, brochures and newsletters) increase breast cancer screening. Tailored interventions may include videos and printed materials geared towards specific individuals, specific populations or general audiences.
- One-on-one education – 25 studies confirm that one-on-one education increases breast cancer screening. Health care providers can deliver one-on-one education in clinical settings, at home, by phone or in local gathering places. Some studies indicate that physicians may be less likely to recommend mammography to low-income, less educated women (O'Malley et al., 2001).
- Reducing structural barriers – Seven studies confirm that reducing structural barriers increases breast cancer screening. Barriers include distance from screening location, limited hours of operation, lack of day care for children, and language and cultural factors. Other barriers identified in Colorado include fear of diagnosis/treatment, immigrant status and lack of understanding medical terminology (Komen Community Profile Report, 2009).
- Reducing out-of pocket costs – Eight studies confirm that reducing out-of-pocket costs increases breast cancer screening. Interventions may include providing free or low-cost services, reimbursing clients or clinics, and/or reducing health insurance premiums or co-payments.

Information about why these strategies are important can be found in the references and resources section.

By 2015, increase to 98% the proportion of women who complete diagnostic evaluation of abnormal breast findings in 60 days or less.

Strategies:

EVIDENCE-BASED INTERVENTIONS TO INCREASE TIMELY FOLLOW-UP ON ABNORMAL FINDINGS

Few studies have evaluated interventions that may improve women's compliance with follow-up on abnormal breast cancer screenings, but amongst those studies some strategies are outlined including:

- Reducing anxiety after an abnormal result – nearly 50% of women who have abnormal mammograms report symptoms of anxiety three weeks after completing follow-up. Interventions to reduce this anxiety include immediate feedback from the mammography facility and avoiding periodic follow-up 3-6 months after the initial screening. Educational interventions did not decrease women's anxiety after an abnormal result (Barton, Morley, Moore, Allen, Kleinman, Emmons & Fletcher, 2004).
- Case management/patient navigation – Women who receive evidenced-based case management services are 6.4 times more likely to be to be adherent with completing follow-up care (Vourlekis, Ell & Padgett, 2005) and are more likely to complete follow-up care in a timely fashion (Wells et al, 2008; Psooy, Schreuer, Borgaonkar & Caines, 2004). Interventions may include making telephone reminders, providing systems navigation, performing assessments of individual-level barriers and mental health assessments. Individual-level barriers may include lack of understanding what follow-up procedures are required, fear of cancer, cultural beliefs, emotional state, competing priorities, lack of social support and lack of usual source of health care (Vourlekis, et al., 2005).

Several studies have found that patient navigation services provide better outcomes for breast cancer patients; however, studies are limited and provide little information regarding their efficiency or cost-effectiveness (Wells et al, 2008). One study reported that the length of time from diagnosis to treatment was shorter for women receiving patient navigation services (Schwaderer et al., 2008). Women may also experience fewer treatment interruptions when receiving patient navigation services (Peteriet et al., 2008). According to Wells et al. (2008), patient navigators may assist with:

- Overcoming health system barriers such as coordinating care with multiple providers and facilitating patient provider communication
- Providing health education on topics like genetic testing, treatment options and treatment side-effects
- Overcoming patient barriers by addressing issues such as lack of transportation, financial and insurance barriers, lack of child care or language translation, and low health literacy.
- Providing psychosocial support that may be done either directly or by referring patients to social workers or cancer support groups

Information about why these strategies are important can be found in the references and resources section.

BREAST CANCER 3

By 2015, support the development and implementation of cancer survivorship care plans.

Strategies:

EVIDENCE-BASED INTERVENTIONS ASSOCIATED WITH CANCER SURVIVORSHIP CARE PLANS

Establishing a more comprehensive cancer survivorship plan is one way to prevent the disconnect between initial cancer treatment, long-term survivorship issues and reducing breast cancer mortality. Treatment of breast cancer is a complex process that requires consultation with multiple medical specialists in multiple settings. The use of cancer survivorship care plans cannot be considered an evidence-based practice that improves health outcomes yet, more research is needed to demonstrate the effectiveness of this strategy (Gilbert et al., 2007). However, the Institute of Medicine (2005) and the National Institutes of Health (2008) recommend that certain key components be addressed in cancer survivorship care plans:

- Summary of all cancer treatments received with short and long-term side effects and toxicities, and contact information from treating institutions and providers
- Detailed cancer specific information such as tumor sites, stage, grade, hormonal status, and marker information
- Likely course of recovery
- Recommended preventative treatments
- Language about what each health care provider is responsible for
- Evidenced – based standards of care for future cancer screenings
- Psychosocial, nutritional, and other supportive services required
- Identification of key point of contact and coordinator for continuing care

CERVICAL CANCER 1

By 2015, increase to 90% the number of Colorado women age 18 and older reporting having had a Pap smear in the past three years.

Strategies:

1. Implement evidence-based community interventions to increase screening and modify risk behaviors into the Colorado health care system.
2. Educate primary care screening providers (generalists, OB/Gyn, Family Practice) on client evidenced-based strategies that increase screenings.
3. Actively refer eligible women to Women's Wellness Connection (WWC) who will provide services for low income, uninsured women between 40 and 64 years of age.
4. Provide cervical cancer education to women that are not routine users of the health care system and may have disparities that prevent access to the health care system.
5. Develop partnerships with STD clinics, correctional, domestic abuse, homeless shelters and other community-based organizations that may have contact with women who are rarely or never screened for cervical cancer. Provide assistance to organizations on where screening services can be obtained in the Colorado health care system.

By 2015, increase HPV vaccination coverage (>1 HPV vaccine dose) to 44% for females 13-17 years of age.

Baseline Data

The National Immunization Survey (NIS) is sponsored by the National Center for Immunizations and Respiratory Diseases (NCIRD) and conducted jointly by the NCIRD and the National Center for Health Statistics (NCHS). In 2007, NIS HPV vaccination coverage was reported for the first time and showed that 25.1% of U.S. females 13-17 years of age had received at least one HPV vaccination. In 2008, the NIS assessed state-level vaccination coverage and reported Colorado's HPV vaccination (>1 HPV vaccine dose) coverage level for females 13-17 years of age is 34% compared to the national rate of 37%.

Social Determinants Associated with HPV

There are several emerging studies that demonstrate differences in populations that receive the vaccine, those that need and are receptive to education about the vaccine, and persistent myths about HPV vaccine.

1. Vaccine awareness differs by race, education and income. Interventions to increase awareness of HPV could benefit from tailoring information to prescreening age, screening age, and postscreening-age women. (The Impact of Human Papillomavirus Information on Perceived Risk of Cervical Cancer. Hughes, et al. Cancer Epidemiol Biomarkers Prev. Feb 3, 2009.)
2. Barriers to vaccination are cost and access to vaccine and concern that immunization with the vaccine may promote adolescent sexual behavior. HPV vaccine programs should emphasize high vaccine effectiveness, the high likelihood of HPV infection, and physicians' recommendations, and address barriers to vaccination. (Predictors of HPV vaccine acceptability: a theory-informed, systematic review. Brewer NT, Fazekas KI. Preventive Med. 2007 Aug-Sep;45(2-3):107-14. Epub 2007 Jun 2.)
3. Given information, mothers of teens in Mexico had high acceptance rates of vaccinating their adolescent children against HPV. (Parental Attitudes About Sexually Transmitted Infection Vaccination for Their Adolescent Children. Gregory D., et al. Arch Pediatr Adolesc Med. 2005;159:132-137.)

- Teenage girls surveyed indicated no increased interest in risky sexual behavior if they were to be vaccinated. (Attitudes about human papillomavirus vaccine in young women. (Kahn JA, et al. Int J STD AIDS. 2003 May;14(5):300-6.)

Evidenced-based Interventions to Increase HPV vaccination Rates

According to findings of the CDC Guide to Community Preventive Services (http://www.thecommunityguide.org/index.html), there are no specific evidence-based interventions for increasing HPV vaccination at this time. Therefore, the following proven interventions are being recommended for increasing HPV vaccination coverage:

- Provider Reminder Systems: Provider reminders let providers or other appropriate staff knows when individual clients are due for vaccinations, through notations, stickers, or other prompts in clients' charts, or through computer databases or registries. Reminders can be directed to the primary healthcare provider or clinic staff.
- Interventions that should be implemented in combination:

1. Expanded access in healthcare settings;
2. Reducing patient out-of-pocket costs;
3. Patient or family incentives;

4. Patient reminder/recall systems;
5. Clinic-based patient education;
6. Community-wide education;
7. Vaccination requirements;
8. Provider assessment and feedback;
9. Provider education; and
10. Standing orders.

For detail on individual strategies, please go to The Community Guide, Vaccinations for Preventable Diseases: Targeted Coverage at (http://www.thecommunityguide.org/vaccines/targeted/index.html).

Based on information presented, the following are Cervical Cancer Plan 2015 Strategies to Increase HPV Vaccination Coverage:

1. Educate healthcare providers about the Advisory Committee on Immunization Practices (ACIP) recommendations for HPV vaccination.
2. Provide technical assistance to healthcare providers to implement the Standards for Child, Adolescent, and Adult Immunization Practices.
3. Recruit non-traditional vaccination providers (OB/GYNs, etc.) into the Vaccines for Children (VFC) Program to increase HPV vaccination coverage among uninsured and underinsured females 18 years of age and under.
4. Support activities that recruit non-traditional vaccination providers into the Colorado Immunization Information System (CIIS) so that HPV vaccination records are accurate, complete, and accessible.
1. Educate providers about the importance of implementing systems to remind parents/guardians, patients, and staff when vaccinations are due.
2. Develop targeted, culturally specific media messages about HPV vaccination and disseminate through provider offices, health departments and community organizations. Messaging should focus on:
1. Emphasizing the high likelihood of HPV infection if sexually active;
2. Educating parents of adolescents about high vaccine effectiveness;
3. Educating parents about the myths related to increase sexual activity in vaccinated adolescents;
4. Addressing barriers to vaccine access; and
5. Educate vaccine recipients about the need for continued regular screening with Pap tests.

COLORECTAL 1

By 2015, 80 % of Coloradans ages 50 and older will be in compliance with ACS colorectal cancer screening guidelines.

Strategies for the Public:

- Facilitate/encourage public awareness at the local level, across all populations, about colorectal cancer:

1. Include messages both for average risk persons and for persons at higher risk due to their family history of colorectal cancer or adenomas.

2. Engage advocates, such as survivors, caregivers, and navigators in development and distribution of CRC screening messaging.

3. Develop and use messaging that is consistent with other organizations in Colorado, as well as nationally, including ACS/CCGC/USPSTF guidelines.

4. Determine outreach to populations who are pre-screening age to begin to raise awareness.

5. Include messaging to ensure public awareness about new Colorado legislation mandating colorectal cancer screening.

6. Encourage the use of evidence-based strategies for community mobilization.

7. Hold regular meetings with key stakeholders to update progress and introduce newer strategies.

8. Coordinate lifestyle messaging with other organizations, such as COLORADO ON THE MOVE and LIVEWELL COLORADO, with similar goals.

Strategies for Providers:

- Continue the statewide educational campaign to increase knowledge of Colorado health care providers about colorectal screening options, **specifically including information about guidelines for the use of high sensitivity FOBT's and the age for stopping screening.**

1. Collection of comprehensive family history.

2. Communicate ACS/CCGC/USPSTF screening guidelines, emphasizing commonalities of recommendations.

- Encourage practice changes that facilitate increased screening through measures such as:

1. Patient education about the importance of screening and the screening process.

2. Patient navigation – scheduling, education, coordinate services, assistance with barriers to screening, follow-up.

3. In-reach to eligible patient populations.

- Support the development and use of easy-to-use tools to assist physicians reaching high-risk populations.
- Support the incorporation of quality standards for endoscopic screening into electronic endoscopy reports.
- Educate the primary care provider community to recognize and expect to be provided with data documenting high-quality endoscopic screening.
- Assist the endoscopic provider community to ensure that the data to assess the quality of endoscopic services is available to endoscopists and their referral network.
- Facilitate provider-generated strategies to increase screenings and preventative care

Strategies for Health Care Systems:

- Support development of "in-office pathways" that reduce delays in diagnosis of colorectal cancer (iron deficiency, positive stool test, etc.)
- Collaborate with employers and health insurers, such as the Colorado Business Group on Health and Association of Health Plans, to increase screening rates among their insured, particularly the underinsured.

1. Reduce or eliminate co-pays for CRC screening.

2. Collaborate with employers to improve benefit selection and reduce and /or eliminate cost barriers for CRC screening.

Sustain funding for a program to provide colorectal screening for uninsured and underinsured Coloradans.

- Encourage the next revision of CCGC guidelines to address quality of endoscopic screens.
- Assure adequate capacity in Colorado for colorectal screening services:

1. Encourage lower fees for self-pay patients.

2. Increase CRC screening capacity in rural Colorado and ensure high quality screenings.

3. Promote preventative colorectal screening in the primary care environment, via a medical home.

- Encourage the development of cost-effective strategies for CRC screening.

Strategies for Policy/Advocacy:

- Ensure screening for uninsured and undocumented Coloradans.
- Engage survivors and family members to become advocates for education and screening.
- Develop messaging addressed to legislators, funders, insurers, employers, etc. to create the business case for CRC screening.
- Support development of policy and legislation to secure payment coverage for diagnostic and treatment services for low-income, uninsured Coloradans diagnosed with colorectal cancer.

Support development of policy and legislation to pay for patient navigation and community health workers in the primary care setting.

Increase the number of individuals receiving genetic counseling who have a high risk of carrying an inherited predisposition to colorectal cancer. This includes those with a personal or family history of:

- Colorectal cancer, especially under age 60
- Endometrial cancer, especially under age 60
- Ovarian cancer at any age
- Multiple colon polyps (10 or more on a single screening)
- Hereditary Non-Polyposis Colorectal Cancer (HNPCC, aka Lynch syndrome); Familial Adenomatous Polyposis (FAP); or MYH-Associated Polyposis (MAP)
- Inherited mutations to MLH1, MSH2, MSH6, PMS2, APC, or MYH genes

Two to four percent of all colorectal cancer diagnoses are due to an inherited predisposition to colorectal and endometrial cancers. Important screening tools for Lynch syndrome include:

- Family history as outlined above
- Screening colon tumor tissue with MSI, IHC, and/or BRAF lab testing. Tissue screening is more sensitive and specific than family history in detecting Lynch syndrome. Tissue lab screening can be coordinated through most pathology labs. (Genetics In Medicine • Volume 11, Number 1, January 2009, pp 35-41.)

MELANOMA 1

By 2015, increase by 5% the percentage of schools that have established sun safety guidelines, procedures or policies for their students. (Baseline: 62%, 2007 Sun Safe Schools Project)

Strategies

- Maintain and promote the Sun Safe Colorado website for access by schools and parents.

- Conduct outreach and provide resources for schools and school districts.
- Support schools and school districts in the adoption and implementation of sun safety guidelines, procedures or policies.
- Support the development of a sustainable mechanism for collecting the data needed to monitor the objective.

MELANOMA 2

By 2015, revise state legislation to restrict indoor UV tanning usage by minors. (Baseline: no Colorado age restrictions, 2010)

Strategies:

- Increase public knowledge about the skin cancer risks associated with indoor tanning.
- Encourage development of, secure sponsorship for, and promote passage of legislation.
- Educate indoor UV tanning facility operators about state regulations and legislation.
- Support the development of a sustainable mechanism for collecting the data needed to monitor the objective.

MELANOMA 3

By 2015, increase by 5% the percentage of workplaces that haveestablished sun safety guidelines, procedures or policies for their outdoor workers. (Baseline: 50%, 2007 Colorado Sun Protection Workplace Survey)

Strategies:

- Maintain and promote the Sun Safe Colorado website for access by workplaces and employees.
- Conduct outreach and provide resources for workplaces with outdoor workers.
- Support employers in the adoption and implementation of sun safety guidelines, procedures, or policies.
- Support the development of a sustainable mechanism for collecting the data needed to monitor the objective.

MELANOMA 4

By 2015, reduce to 35% the percentage of adults who report having had sunburn in the past year. (Baseline: 40.4%, 2006 Colorado BRFSS)

Strategies:

- Implement educational programs and distribute information to educate adults about sunburns and skin cancer prevention.
- Support the distribution of sun protection products at public events, parks and other outdoor venues.
- Maintain and promote the Sun Safe Colorado website for access by workplaces and employees.
- Promote the installation of shade structures in areas where people congregate for social or recreational purposes.
- Support the development of a sustainable mechanism for collecting the data needed to monitor the objective.

MELANOMA 5

By 2015, reduce to 45% the percentage of parents reporting their children having had a sunburn in the past year. (Baseline: 50.7%, 2006 Child Health Survey)

Strategies:

- Implement educational programs and distribute information to educate children and adolescents about sunburns and sun safety.
- Support the distribution of sun protection products at public events, parks and other outdoor venues.
- Maintain and promote the Sun Safe Colorado website for access by schools and parents.
- Promote the installation of shade structures in areas where people congregate outdoors for social and recreational purposes.
- Support the development of a sustainable mechanism for collecting the data needed to monitor the objective.

MELANOMA 6

By 2015, increase to 72% the percentage of adults reporting use of at least one method of sun protection when outside during a sunny summer day for more than one hour. (Baseline: 66.3%, 2006 Colorado BRFSS)

Strategies:

- Implement educational programs and distribute information to educate adults about sun protection strategies.
- Support the distribution of sun protection products at public events, parks and other outdoor venues.
- Maintain and promote the Sun Safe Colorado website for access by workplaces and employees.
- Promote the installation of shade structures in areas where people congregate outdoors for social and recreational purposes.
- Support the development of a sustainable mechanism for collecting the data needed to monitor the objective.

MELANOMA 7

By 2015, increase to 78% the percentage of children using at least one method of sun protection when outside for more than 15 minutes between 11 am and 3 pm on a sunny summer day. (Baseline: 73.1%, 2006 Child Health Survey)

Strategies:

- Implement educational programs and distribute information to educate adults about sun protection strategies.

- Support the distribution of sun protection products at public events, parks and other outdoor venues.
- Maintain and promote the Sun Safe Colorado website for access by schools and parents.
- Promote the installation of shade structures in areas where people congregate outdoors for social and recreational purposes.
- Support the development of a sustainable mechanism for collecting the data needed to monitor the objective.

MELANOMA 8

By 2015, increase the proportion of melanomas detected "early" by physicians to 84%; "early" is defined as less than or equal to 1.00 mm Breslow depth or in-situ stage. (Baseline: 79%, 2006 Colorado Central Cancer Registry)

Strategies:

- Implement educational programs and distribute information to educate adults about early detection of skin cancer.
- Maintain and promote the Sun Safe Colorado website.
- Promote skin self-examination by persons at high risk of developing skin cancer.
- Support skin cancer screenings for the public.
- Increase physician education.

MELANOMA 9

By 2015, increase by 5% the percentage of preschools and child care centers that have established sun safety guidelines, procedures or policies for their students. (Baseline: 81%, 2010 Survey of Child Care Centers)

Strategies:

- Conduct statewide outreach and provide resources for preschools and child care centers.
- Support preschools and child care centers in the adoption and implementation of sun safety guidelines, procedures, or policies.
- Support the development of a sustainable mechanism for collecting the data needed to monitor the objective.
- Maintain and promote the Sun Safe Colorado website for access by preschools, child care centers and parents.

CLINICAL RECOMMENDATIONS

The following clinical recommendations come from the US Preventive Services Task Force (USPSTF).

GENETIC RISK ASSESSMENT AND BRCA MUTATION TESTING FOR BREAST AND OVARIAN CANCER SUSCEPTIBILITY

The U.S. Preventive Services Task Force (USPSTF) recommends that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing.

SCREENING FOR BREAST CANCER

The U.S. Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

SCREENING FOR CERVICAL CANCER

The U.S. Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

SCREENING FOR COLORECTAL CANCER

The U.S. Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.

COMMUNITY INTERVENTIONS

The following evidence-based community interventions come from the Guide to Community Preventive Services, Centers for Disease Control and Prevention (CDC).

CANCER PREVENTION & CONTROL, CLIENT-ORIENTED SCREENING INTERVENTIONS: CLIENT REMINDERS

Reminders include letters, postcards, or phone calls to alert clients that it is time for their cancer screening.

CANCER PREVENTION & CONTROL, CLIENT-ORIENTED SCREENING INTERVENTIONS: ONE-ON-ONE EDUCATION

One-on-one education is provided in person or by telephone to encourage individuals to be screened for cancer.

CANCER PREVENTION AND CONTROL, CLIENT-ORIENTED SCREENING INTERVENTIONS: CLIENT REMINDERS

Small media such as videos, letters, brochures, and newsletters can be used to inform and motivate people to be screened for cancer; they can be tailored to specific persons or targeted to general audiences.

CANCER PREVENTION AND CONTROL, CLIENT-ORIENTED SCREENING INTERVENTIONS: REDUCING OUT-OF-POCKET COSTS

Reducing out-of-pocket costs to increase cancer screening may include providing vouchers, reimbursing clients, or reducing health insurance costs associated with screening tests.

CANCER PREVENTION AND CONTROL, CLIENT-ORIENTED SCREENING INTERVENTIONS: REDUCING STRUCTURAL BARRIERS

Reducing structural barriers to increase screening may include increasing hours of operation, providing child care, or addressing language or cultural factors.

CANCER PREVENTION AND CONTROL, CLIENT-ORIENTED SCREENING INTERVENTIONS: SMALL MEDIA

Small media such as videos, letters, brochures, and newsletters can be used to inform and motivate people to be screened for cancer; they can be tailored to specific persons or targeted to general audiences.

CANCER PREVENTION AND CONTROL, PROVIDER-ORIENTED SCREENING INTERVENTIONS: PROVIDER ASSESSMENT AND FEEDBACK

These interventions assess how often providers offer or deliver screening services to clients (assessment) and then give providers information about their performance (feedback).

CANCER PREVENTION AND CONTROL, PROVIDER-ORIENTED SCREENING INTERVENTIONS: PROVIDER REMINDER AND RECALL SYSTEMS

Reminders inform health care providers it is time for a client's cancer screening test (called a "reminder") or that the client is overdue for screening (called a "recall").

HEALTH COMMUNICATION & SOCIAL MARKETING: HEALTH COMMUNICATION CAMPAIGNS THAT INCLUDE MASS MEDIA & HEALTH-RELATED PRODUCT DISTRIBUTION

Health communication campaigns can increase the use of health-related products when they use mass media messaging and distribute the products at free or reduced prices.

PREVENTING SKIN CANCER: EDUCATION AND POLICY APPROACHES IN OUTDOOR RECREATION SETTINGS

Interventions in recreational or tourism settings are designed to increase sun-protective knowledge, attitudes, and intentions, and affect behaviors among adults and children.

LOCAL RESOURCES

County or Statewide Program	City	Provider	Contact Person	Email	Website	Address	Phone Number	Programs
Colorado /Statewide	Aurora	The Young Women's Breast Cancer Translational Program (YWBCTP) at the Diane O'Connor Thompson Breast Center		mailto:myhealthconnection@uch.edu	http://www.uch.edu/conditions/cancer/breast-cancer/ywbctp/	University of Colorado Hospital, Anschutz Medical Campus, Aurora, Colorado	(720) 848-0300	The Young Women's Breast Cancer Translational Program (YWBCTP) at the Diane O'Connor Thompson Breast Center is one of the few centers in the country that focuses solely on the unique challenges of young women's breast cancer and pregnancy-related breast cancer.
Colorado /Statewide	Aurora	Lung Cancer & Other Thoracic and Related Cancers	Bethie Jean-Philippe	mailto:myhealthconnection@uch.edu	http://www.uch.edu/conditions/cancer/lung/	University of Colorado Hospital, Anschutz Medical Campus, Aurora, Colorado	(866) 407-6621	At University of Colorado Hospital and the University of Colorado Cancer Center, you'll find the leading lung and thoracic cancer specialists in the Rocky Mountain region. We're also one of only 40 National Cancer Institute-designated Comprehensive Cancer Centers in the United States
Colorado /Statewide	Colorado	Translational Research Program (TRP)	Dr. Toby T. Hecht	ncitrp-r@mail.nih.gov	http://trp.cancer.gov/	Translational Research Program Division of Cancer Treatment and Diagnosis, National Cancer Institute, 6116 Executive Boulevard, Rockville, MD 20852-8347	301-496-8528	The Translational Research Program (TRP) is the home of the SPOREs — the Specialized Programs of Research Excellence — a cornerstone of NCI's efforts to promote collaborative, interdisciplinary translational cancer research. SPORE grants involve both basic and clinical/applied scientists and support projects that will result in new and diverse approaches to the prevention, early detection, diagnosis and treatment of human cancers.

County or Statewide Program	City	Provider	Contact Person	Email	Website	Address	Phone Number	Programs
Colorado /Statewide	Colorado	Susan G Komen Foundation Denver Affiliate	Michele Ostrander	mailto:mostrander@komendenver.org	http://www.komendenver.org/site/PageServer?pagename=rfcd_homepage	1835 Franklin Street, Denver, CO 80208	303.744.2088	The Komen Denver Affiliate of Susan G Komen for the Cure® is comprised of a committed group of volunteers, Board of Directors and staff members working together to further our mission of ending breast cancer forever.
Colorado/ Statewide	Denver	Medicaid Breast and Cervical Cancer Program	Diane Stayton, Program Coordinator, Colorado Department of Health Care Policy and Financing, at 303-866-2385	diane.stayton@state.co.us	http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1210324172204	Department of Health Care Policy and Financing · 1570 Grant Street · Denver, CO 80203-1818	303-866-2385	The Breast and Cervical Cancer Program (BCCP) is a Medicaid program for women who have been diagnosed with breast or cervical cancer at certain screening clinics called Women's Wellness Connection sites (WWC). BCCP also covers breast and cervical conditions that may lead to cancer if not treated.
Colorado/ Statewide	Aurora	The University of Colorado Cancer Center Breast Cancer Program		mailto:myhealthconnection@uch.edu	http://www.uch.edu/conditions/cancer/breast-cancer/	University of Colorado Hospital, Anschutz Medical Campus, Aurora, Colorado	(720) 848-1030	At our Denver-area campus, you'll find the only National Cancer Institute-designated Comprehensive Cancer Center in the Rocky Mountain region (one of only 40 in the United States).
Colorado/ Statewide	Colorado	University of Colorado Hospital Tomo Therapy Treatment Facility	Becky Alderson	mailto:myhealthconnection@uch.edu	http://www.uch.edu/conditions/cancer/tomotherapy-facility/	10463 Park Meadows Drive, Suite 111, Littleton, Colorado 80124	(720) 848-0102	TomoTherapy® is a new way to deliver radiation treatment for cancer. It delivers a very sophisticated form of intensity-modulated radiotherapy (IMRT), and combines treatment planning, CT image-guided patient positioning, and treatment delivery into one integrated system.

County or Statewide Program	City	Provider	Contact Person	Email	Website	Address	Phone Number	Programs
Colorado/ Statewide	Denver	Colorado Cancer Research Program		ccrp@co-cancerresearch.org	http://www.co-cancerresearch.org/	2253 South Oneida St. Third Floor, Suite B, Denver, Co 80224	303-777-2663	A nonprofit community-based cancer program established to provide community hospitals and physicians access to a wide range of cancer research trials in order to provide their patients with greater options for the treatment, control, and prevention of cancer.
Colorado/ Statewide	Denver	The Colorado Blood Cancer Institute (CBCI)		Email us at: cbci@healthonecares.com	http://www.bloodcancerinstitute.com/	1800 Williams Street, Suite 300, Denver, Colorado 80218	720.754.4800	The Colorado Blood Cancer Institute (CBCI) is a new program established by the expert physicians who have served Rocky Mountain Blood and Marrow Transplant Program patients for more than 15 years. CBCI was developed to provide state-of-the-art treatment for blood cancers such as leukemia, lymphoma and multiple myeloma.
Colorado/ Statewide	Denver	Discussion Group for Men Affected by Cancer	Andrea Maikovich-Fong,PhD	Email us at: cbci@healthonecares.com	http://www.bloodcancerinstitute.com/	Rocky Mountain Children's Hospital - Surgery Room 2D (Intersection of 19th and High Streets, attached to Presbyterian/St. Luke's Hospital).	720-754-4855	Dr. Andrea Maikovich-Fong leads this group for men who have been treated for cancer. All are invited to join this group for discussion, companionship, support, and the sharing of experiences

County or Statewide Program	City	Provider	Contact Person	Email	Website	Address	Phone Number	Programs
Colorado/ Statewide	Colorado	Sun Safe Colorado Program Colorado Department of Health and Environment		mailto:cdphe.psdrequests@state.co.us	http://www.sunsafecolorado.org/	Colorado Department of Public Health and Environment, 4300 Cherry Creek Drive South, Denver, Colorado 80246-1530	303-692-2520	Sun Safe Colorado (SSC) is a program that was launched by the Comprehensive Cancer Program at the CDPHE, through the Centers for Disease Control and Prevention and is now supported by the Cancer, Cardiovascular Disease, and Pulmonary Disease Grants Program, at the CDPHE. The program provides schools and workplaces with the information and tools they need to educate about skin cancer prevention and create sun safe environments. SSC has provided trainings to schools and has provided mini-grants to schools and school districts to aid them in this process.

County or Statewide Program	City	Provider	Contact Person	Email	Website	Address	Phone Number	Programs
Colorado/ Statewide	Colorado	Comprehensive Cancer Program at the Colorado Department of Public Health and Environment. Funded by the Centers for Disease Control and Prevention through the National Comprehensive Cancer Control Program,		mailto:cdphe.psdrequests@state.co.us	http://www.cdphe.state.co.us/pp/ccpc/index.html	Colorado Department of Public Health and Environment, 4300 Cherry Creek Drive South, Denver, Colorado 80246-1531	303-692-2521	The Colorado Department of Public Health and Environment received its initial grant from the Centers for Disease Control and Prevention for Comprehensive Cancer Control in 1998. The grant was renewed in 2002 to continue the work of reducing cancer morbidity and mortality, and increasing the quality of life of those affected by cancer, for the citizens of Colorado.
Colorado/ Statewide	Colorado	The Colorado Cancer Coalition		feedback@coloradocancercoalition.org	http://www.coloradocancercoalition.org/index.aspx	Colorado Cancer Coalition c/0 Colorado Foundation for Public Health and Environment, 9457 South University Blvd. #513, Highlands Ranch, CO 80126	303-692-2331	The Colorado Cancer Coalition is a unique gathering of organizations and individuals with interest in the prevention and control of cancer in Colorado. The Coalition dedicates itself to achieving increased prevention, research, early detection, and improved treatment of cancer for all Coloradoans in the coming decade.
Colorado/ Statewide	Colorado	American Cancer Society Colorado Blog			http://acsincolorado.blogspot.com/		1-800-227-2345	American Cancer Society news and information for Colorado Media and others interested in what the Society is doing in Colorado. www.cancer.org

County or Statewide Program	City	Provider	Contact Person	Email	Website	Address	Phone Number	Programs
Arapahoe, Jefferson, Douglass, Adams		Metro Community Provider Network	John Kuenning	jkuenning.mcpn@hensmann.com	http://www.mcpn.org/en/index.html	3701 S Broadway Street Englewood, CO 80110	(303) 458-5302	Cancer Screening and Prevention Services
Denver		Inner City Health Center	Kraig Burleson	rachelw@innercityhealth.com	http://www.innercityhealth.com/	3800 York St Denver, CO 80205	(303) 296-1767	Cancer Screening and Prevention Services
Denver	Denver	Metro Denver Health and Wellness	*	*	http://www.metrodenver.org/market-differentiators/health-wellness.html	1445 Market Street Denver, CO 80202	303.620.8092	Cancer Screening and Prevention Services aimed at helping the low-income and uninsured of Denver