NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

NEVADA COMPREHENSIVE CANCER CONTROL PLAN

IMPLEMENTATION

YEAR 5 EVALUATION

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OVERVIEW OF THE NEVADA COMPREHENSIVE CANCER CONTROL PLAN

The Nevada Comprehensive Cancer Control Program (NCCCP), located within the Nevada Division of Public and Behavioral Health, continues its partnership with the Nevada Cancer Coalition and statewide cancer control stakeholders to implement the 2021–2025 Nevada Comprehensive Cancer Control Plan. The Plan guides coordinated statewide efforts to prevent cancer, detect cancer earlier, expand access to treatment and clinical trials, and improve survivorship.

As Nevada enters the final year of the current five-year cycle, implementation activities reflect both maturation of long-standing collaborations and adaptation to evolving conditions. Year 5 was marked by continued recovery from pandemic-era disruptions, expanded partner engagement, and key developments, such as the progression of AB147, which expands HPV vaccination access through dental providers. Surveillance systems, partner programs, and community-based initiatives also stabilized, allowing for more consistent tracking of trends across prevention, early detection, survivorship, and equitable access.

This Year 5 Evaluation summarizes statewide progress, highlighting achievements, challenges, and opportunities for improvement. It also provides a year-specific assessment of how Nevada's cancer control efforts continue to evolve and where focused attention is needed as the state prepares for the next cancer plan cycle.

STATEMENT OF PROGRESS AND PERFORMANCE MEASURES

The goals and objectives in the 2021–2025 Nevada Cancer Plan were developed collaboratively with statewide stakeholders through strategic planning sessions held between November 2019 and September 2020. These goals continue to guide annual assessment of progress across prevention, early detection, equitable access, quality of life, and cancer surveillance priority areas. Progress is measured using a combination of quantitative surveillance indicators and qualitative partner-reported data. Quantitative measures rely primarily on data from the Centers for Disease Control and Prevention (CDC), the U.S. Census Bureau, the Behavioral Risk Factor Surveillance System (BRFSS), and other sources identified in the Plan. Qualitative information is contributed by community partners, clinical organizations, coalitions, and program leads to document implementation activities, successes, challenges, and emerging opportunities. Data availability continues to vary by indicator, as some systems release updates annually while others report on a biennial or multiyear cycle. Indicators lacking updated data for the evaluation period are noted throughout the report. These gaps underscore ongoing limitations in surveillance capacity and are important considerations when interpreting trends.

During Year 5, partners identified several objectives that remain difficult to achieve due to structural barriers such as funding constraints, workforce shortages, and limitations in statewide data systems. Although certain activities have not progressed as originally anticipated, partners continue to advance efforts aligned with the broader intent of each goal. This section provides a summary of performance measures and contextual information to support interpretation of the detailed progress tables and narratives

that follow. These combined data sources offer a comprehensive picture of Nevada's cancer control efforts and the conditions influencing implementation during the final year of the 2021–2025 Plan.

PLAN PROGRESS

This document is arranged by priority areas and related goals to best reflect the Nevada Cancer Plan. Progress toward the goals is indicated by the status of each associated objective and strategy. Status of goals and activities were assigned in a collaborative nature. The purpose of this report is to provide information on planned progress following a full year of activities, to celebrate successes, and to recognize those activities needing future attention. In this way, the Nevada cancer control community hopes to be successful in decreasing the burden of cancer upon Nevadans.

Exciting work has still occurred over the past year, resulting in great progress on the cancer control objectives and initiatives included in the Cancer Plan. Successes over the past year include:

A Lung Cancer Provider Toolkit developed by the Lung Cancer Collaborative was distributed to give healthcare providers a roadmap and the necessary resources to develop, implement, and maintain a lung cancer screening program in their facility or organization.

The Nevada Radon Program expanded education to health care providers, medical professionals, and the public on the risks of radon in homes in addition to an increase of education for real estate professionals.

Nevada Cancer Coalition's (NCC) formalized cancer control Collaboratives included statewide providers and community partners to collectively engage on several identified prevention and early detection measures to increase cancer screening strategies based on breast, cervical, colorectal, lung, and Human Papillomavirus (HPV) objectives.

A new Tobacco initiative was planned and expected to educate the community and tobacco retailers to help decrease the Retail Violation Rate (a measure captured by the Nevada Attorney General with underage tobacco enforcement inspections).

The revised language that was developed and passed as AB147 during the 2023 legislative session was finalized in July 2024 and provides an opportunity to bridge the medical-dental divide and ensure that all Nevadans have access to care. Dental providers are no longer limited to testing and educating people about HPV and are able to vaccinate Nevadans for HPV, too. The law provides another point of access for Nevadans looking to get vaccinated.

Dedicated marketing campaigns focused on rural and underserved communities increased awareness of and access to cancer early detection and supportive services for survivorship needs

This document is arranged by priority areas and related goals to best reflect the Nevada plan. Progress on goals is indicated by the status of each associated objective and activity. Status of goals and activities was assigned in a collaborative nature with the key partner(s) identified as being responsible for the goal activity in the plan. The purpose of this report is to inform you on plan progress, to celebrate successful activities and to recognize those activities needing future attention. In this way, the Nevada cancer control community hopes to be successful in the endeavor to decrease the burden of cancer.

Objectives and Activities marked as “In Progress” indicate the objective has an end. Objectives and Activities marked as “Ongoing” will continue throughout the five-year project period.

COLOR CODING KEY	
	Indicates significant progress, in that the measurement has increased momentum toward the goal within the past year.
	Indicates ongoing or in-progress but should be monitored to ensure success. All activities marked as ongoing, or in progress, are marked in this manner.
	Indicates an initiative in which little or no progress has been made so far. This initiative may be tackled in subsequent years but is noted as needing attention.
	Boxes without a color indicate data is not yet available to measure progress.

PRIORITY I: PREVENTION

GOAL: PREVENT CANCER BY REDUCING EXPOSURE TO RISK FACTORS.

PREVENTION INDICATORS

HUMAN PAPILLOMAVIRUS (HPV)

HPV vaccination coverage rate for adolescents 13 – 17 years
Baseline: 52.9%
Target: 60%
Year 1 Progress: 50.1%*
Year 2 Progress: 56.5%**
Year 3 Progress: 59.5%***
Year 4 Progress 48.5%****
Year 5 Progress 56.1%*****

Data sources: Centers for Disease Control and Prevention, National Immunization Survey – Teen (NIS-Teen) 2019, *2020, **2021, ***2022 ****2023, *****2024

TOBACCO USE AND EXPOSURE

Youth (grades 9-12) who have reported current use of electronic vapor products Baseline: 25% Target: 18% Year 1 Progress: No New Data Year 2 Progress: No New Data Year 3 Progress: 18.0%* Year 4 Progress: 16.8%** Year 5 Progress: 15.3%*** Data source: 2019 Nevada High School Youth Risk Behavior Survey (YRBS) Report, *2021 *2022 2023	Percentage of adults who are former smokers Baseline: 24.5% Target: 25.8% Year 1 Progress: 25.2%* Year 2 Progress: 24.4%** Year 3 Progress: No New Data Year 4 Progress 25.8%*** Year 5 progress 27.2%**** Data source: CDC, Behavioral Risk Factor Surveillance System (BRFSS) 2019 crude prevalence, *2020, **2022 ***2023 ****2024 BRFSS

PRIORITY I: PREVENTION

GOAL: PREVENT CANCER BY REDUCING EXPOSURE TO RISK FACTORS.

PREVENTION INDICATORS

PHYSICAL ACTIVITY AND NUTRITION

Obesity rate in children Baseline: 24.5% Target: 22.48% Year 1 Progress: No New Data Year 2 Progress: No New Data Year 3 Progress: 29.9%** Year 4 No New Data Year 5 No New Data Data source: Nevada Child height and Weight Annual Report 2018, **State of Nevada DPBH, Nevada Child height and Weight Annual Report 2024	Obesity rate in adults Baseline: 29.5% Target: 29.5% Year 1 Progress: 28.7%* Year 2 Progress: 31.3%** Year 3 Progress: 33.5%*** Year 4 No New Data Year 5 Progress 34.3%**** Data source: BRFSS 2018, *2020, **2022, ***2023, ****2024

RADON EXPOSURE

Valid radon home tests completed Baseline: 24,271 Target: 33,000 Year 1 Progress: 33,257* Year 2 Progress: 28,549** Year 3 Progress: 32,308*** Year 4 Progress: 42,154**** Year 5 Progress: 45,840***** Data source: Nevada Radiation Control Program, 2019, *2020, **2021, ***2023 Data source: Nevada Radon Education Program ****2024 *****2025	Existing homes mitigated for radon Baseline: 1,513 Target: 2,200 Year 1 Progress: 1,910* Year 2 Progress: 2059** Year 3 Progress: 2,221*** Year 4 Progress: 2,544**** Year 5 Progress: 2,820***** Data source: Nevada Radiation Control Program, 2019, *2020, **2021, ***2023 Data source: Nevada Radon Education Program ****2024*****2025	New homes-built radon-resistant Baseline: 531 Target: 660 Year 1 Progress: 554* Year 2 Progress: 573** Year 3 Progress: 591*** Year 4 Progress: 649**** Year 5 Progress: 712***** Data source: Nevada Radiation Control Program, 2019, *2020, **2021, ***2023 Data source: Nevada Radon Education Program ****2024*****2025

PRIORITY I: PREVENTION

GOAL: PREVENT CANCER BY REDUCING EXPOSURE TO RISK FACTORS.

PREVENTION INDICATORS

UV EXPOSURE

Incidence of melanoma
Baseline: 16.9 per 100,000
Target: 16.81 per 100,000
Year 1 Progress: No New Data
Year 2 Progress: 13.2 per 100,000
Year 3 Progress: 22.7 per 100,000**
Year 4 No New Data
Year 5 Progress 22.6 per 100,000***

Data source: CDC, U.S. Cancer Statistics, 2013-2017, Nevada did not meet USCS publication criteria for the 2014-2018 report
Data Source: Nevada Division of Public and Behavioral Health, Office of Analytics 2013-2019*, CDC, U.S. Cancer Statistics, 2017-2021** 2018-2022***

OBJECTIVE: INCREASE THE NUMBER OF 13-17-YEAR-OLD YOUTH WHO ARE UP TO DATE ON HPV VACCINATIONS.

Strategy: Support the efforts and campaigns put forth by immunization partners throughout the state	Increased
Strategy: Identify experts and champions to participate in HPV vaccination campaigns and educational opportunities.	Ongoing
Strategy: Seek opportunities to increase compliance with the HPV vaccination series completion, including patient reminder-recall and other reminder systems for providers.	Increased
Strategy: Increase social media outreach and education.	Ongoing
Strategy: Support ongoing policy and advocacy efforts to increase HPV vaccination rates.	Ongoing

NARRATIVE
Successes: Year 5 saw continued progress toward improving HPV vaccination uptake, driven largely by the work of the Nevada Cancer Coalition's HPV Collaborative and expanded partnerships with dental professionals. Ongoing regulatory work with the Nevada State Dental Board is expected to finalize in late Spring 2026, opening new vaccination access points in dental settings. Community-based vaccination events, including faith-based and large community health fairs, helped increase series initiation. Back-to-school media campaigns and education delivered through national and regional partners also continued to reinforce routine vaccination.
Opportunities: While regulatory changes to allow for dental vaccine administrative privileges have been ongoing, they are not estimated to be finalized until late spring 2026. Upon final approval, NCC will begin work on determining and promoting billing and administrative practices to improve uptake of vaccine administration among dental providers.
Challenges: Despite these successes, Nevada continues to face high drop-off between first and second HPV doses, mirroring national trends in vaccine hesitancy and confusion regarding updated dosing recommendations. Factors such as inconsistent provider reminder-recall systems and lingering post-pandemic behavioral patterns contribute to incomplete series completion. These trends remain evident in the Year-4 decrease and partial rebound observed in Year-5 coverage. The forthcoming regulatory expansion to dental providers presents a major opportunity to strengthen vaccine completion by integrating HPV education and reminders into additional clinical touchpoints.

[1] Nevada Comprehensive Cancer Control Program
[2] Nevada State Immunization Program

OBJECTIVE: DECREASE THE PERCENTAGE OF YOUTH (GRADES 9 – 12) WHO HAVE REPORTED SMOKING OR USING ELECTRONIC VAPOR PRODUCTS.	
Strategy: Promote policy to regulate and curtail electronic smoking device sales and use.	Ongoing
Strategy: Promote stronger tobacco retail licensure requirements to increase compliance with existing laws and policies that restrict minors' access to tobacco and electronic smoking devices.	Ongoing
Strategy: Decrease youth and young adult exposure to commercial tobacco products and electronic smoking devices.	Ongoing
Strategy: Expand and promote awareness of the Nevada Tobacco Quitline and apps/resources for cessation that are designed for youth and young adults.	Ongoing
NARRATIVE	

OBJECTIVE: DECREASE THE PERCENTAGE OF YOUTH (GRADES 9 – 12) WHO HAVE REPORTED SMOKING OR USING ELECTRONIC VAPOR PRODUCTS.
Successes: Nevada experienced continued declines in youth vaping and tobacco use in Year 5, consistent with 2021–2023 YRBS findings. These improvements reflect strengthened policy implementation, expanded retailer education, and increased social media outreach targeting youth and young adults. In 2025, the Nevada Cancer Coalition and the Nevada Tobacco Control and Smokefree Coalition expanded retail assessments and launched a targeted social media campaign that demonstrated strong engagement among young audiences.[3,4]
Opportunities: NTCSC and partners are exploring the feasibility of increasing the state tobacco tax and continue to educate policymakers on the harms of flavoring in tobacco and nicotine products.
Challenges: Tobacco prevention work remains heavily constrained by significant funding reductions following the elimination of State Youth Vaping Prevention funds and decreased allocations from the Fund for Healthy Nevada. These cuts limit statewide capacity to enforce retail compliance, conduct youth-focused outreach, and scale prevention initiatives. Continued federal funding declines compound these challenges. As Nevada prepares for the next cancer plan, restoring sustainable funding for youth tobacco prevention will be critical to maintaining downward trends.[3,4]

[3] DPBH Tobacco Control Program
[4] National Jewish Health. Nevada Tobacco Quitline reports, 2024-25

OBJECTIVE: INCREASE THE NUMBER OF ADULTS WHO ARE FORMER SMOKERS.	
Strategy: Increase annual call volume to the Nevada Tobacco Quitline and increase the use of other cessation tools.	Ongoing
Strategy: Expand access to and the use of proven cessation services.	Ongoing
Strategy: Promote health systems changes to support tobacco cessation.	Ongoing
Strategy: Educate and inform stakeholders and decision-makers about evidence-based policies and programs to increase cessation	Ongoing
Strategy: Develop and execute consistent and culturally competent statewide messaging and counter-marketing.	Ongoing
NARRATIVE	
Successes: Partners continued expanding cessation support across Nevada, including Health Plan of Nevada's 12-week cessation program and specialized offerings for pregnant individuals and adolescents. Outreach efforts to behavioral health	

OBJECTIVE: INCREASE THE NUMBER OF ADULTS WHO ARE FORMER SMOKERS.
centers, community clinics, hospitals, and other providers helped increase awareness of evidence-based cessation tools. These combined efforts contributed to growth in Nevada's adult former-smoker rate in Year 5.[3,4]
Opportunities: The Annual Call Volume to the Nevada Tobacco Quitline decreased by 16% from FY 2024 to FY 2025. Annual Enrollment decreased by 19% over the same time frame.[4]
Challenges: At the same time, Nevada saw a decline in both annual call volume and enrollment in the Tobacco Quitline between FY 2024 and FY 2025. Reductions in federal funding and persistent gaps in health systems infrastructure—such as limited integration of cessation reminders and referral pathways—continue to hinder widespread cessation support. Strengthening health systems adoption of best practices, including electronic referral and provider training, remains an important area for improvement.

OBJECTIVE: REDUCE THE OBESITY RATE IN CHILDREN IN GRADES 4-10.	
Strategy: Support local and state policy efforts to mandate physical education and physical activity in grade K-6.	Ongoing
Strategy: Promote workplace adoption of the federal Nursing Mothers Law to promote the benefits of breastfeeding in decreasing obesity.	Ongoing
Strategy: Promote and support community garden initiatives.	Ongoing
Strategy: Support the tenets of the statewide wellness policy.	Ongoing
NARRATIVE	
Successes: Nevada's Chronic Disease Prevention and Health Promotion (CDPHP) section and partners continued to expand the Healthy Eating Active Living Nevada (HEALNV/5210) initiative across clinics, WIC sites, food pantries, Early Childhood Education centers, and community events. Partnerships with organizations such as Green Our Planet and statewide food security partners increased access to nutrition education, supported breastfeeding-friendly environments, and strengthened garden-based learning. Expanded use of electronic health records and updated school height-and-weight procedures improved the ability to identify children at risk for obesity and connect families to healthy-living resources. Opportunities remain to deepen coordination among schools, local governments, and community organizations to ensure consistent implementation of wellness policies. Further investment in community garden infrastructure and expansion of early childhood nutrition interventions—such as CACFP participation and enhanced breastfeeding supports—could advance	

OBJECTIVE: REDUCE THE OBESITY RATE IN CHILDREN IN GRADES 4-10.
statewide progress. Persistent challenges include limited and fragmented funding streams, inconsistent policy adoption across districts, workforce shortages, and delayed sharing of height-and-weight data due to siloed surveillance systems. These barriers continue to hinder the state's ability to track and respond to rising childhood obesity rates. [5,6]
Opportunities: Opportunities include strengthening data analytics to better demonstrate the benefits of healthy lifestyles and support broader adoption of local and state wellness policies. Expanding partnerships with schools, community organizations, and local businesses—and exploring innovative funding models—can help sustain training and capacity-building efforts. Improving collaboration and leveraging existing partnerships can expand community garden initiatives into underserved areas, creating sustainable funding pathways and scalable models that enhance nutrition education and access to fresh produce statewide. Advancing statewide wellness policy adoption can deepen coordination among schools, local governments, and community organizations. These policies can improve data-driven decision-making, communication, and program efficiency while opening access to diverse funding streams that support long-term sustainability. Expanding childhood nutrition interventions—such as integrating 5-2-1-0 resources into clinical workflows, using height/weight surveillance to identify high-need communities, and scaling ECE strategies including Child and Adult Care Food Program (CACFP) expansion, garden-based learning, and breastfeeding supports—can reinforce healthy habits early and strengthen the foundation for statewide nutrition efforts. [5,6]
Challenges: Securing sustainable funding remains a key obstacle in improving childhood health. It limits workforce growth, and program initiatives, viability, and expansions. In addition, the ununified implementation of nutrition and physical education policies, resource differences, and varying administrative support pose as a significant challenge. Moreover, ensuring consistent implementation of wellness standards across regions is difficult due to variations in local expertise, experiences, and practices. The expansion of community garden initiatives face difficulties in coordination, funding, infrastructure, logistics, permitting, resources, and zoning. Additionally, maintaining consistent community engagement and

[5] DPBH Wellness and Prevention Program
[6] Nutrition Unit Deputy Chief

OBJECTIVE: MAINTAIN THE OBESITY RATE IN ADULTS.	
Strategy: Support and implement evidence-based worksite strategies that promote healthy behaviors.	Ongoing
Strategy: Support built environment strategies to increase physical activity and access to healthy food.	Ongoing
NARRATIVE	

Successes: Efforts to address adult obesity continued through statewide 5210 messaging, increased use of electronic health records to identify adults with elevated BMI, and expanded availability of nutrition education, chronic disease self-management programs, and food-access initiatives. Rural regions in particular benefited from strengthened partnerships with food security organizations and the expansion of healthy retail and mobile food programs. Despite these efforts, Nevada's adult obesity rate continues to rise, reflecting national trends and the complex socioeconomic factors shaping diet, physical activity, and chronic disease risk. Persistent challenges—including fragmented surveillance systems, limited workforce capacity, and insufficient sustained funding—limit partners' ability to evaluate program impact and scale effective interventions. Strengthening coordinated policy, systems, and environmental strategies remains essential to improving adult obesity outcomes statewide.[5,6]
Opportunities: CDPHP collaborated with local health authorities, state agencies, and the Obesity Prevention Chair of the Nevada Chapter of the American Academy of Pediatrics to develop and expand the 5-2-1-0 Program, strengthening partnerships with healthcare providers. CDPHP also participated in the first statewide meeting of the Nevada Obesity Collaborative (NOC), a multi-sector group focused on reducing obesity by addressing stigma, improving obesity literacy, expanding community-based prevention, and increasing provider access to weight-management tools. There is growing potential to integrate 5-2-1-0 resources into adult clinical settings, supported by enhanced data sharing on obesity, BMI, and food access. Broader collaboration across state and community organizations may improve program reach, partnerships, funding, and innovation, reinforcing NOC's efforts and supporting adult nutrition and weight-management strategies. CDPHP also supports key committees—including the Council on Food Security, the Kidney Disease Advisory Committee, and the Advisory Council on Wellness and Chronic Disease Prevention—which help assess chronic disease in Nevada and provide opportunities for collaboration, policy development, funding discussions, and new obesity-prevention strategies. [5,6]
Challenge: Obesity and related chronic diseases stem from diverse, complex risk factors that cannot be addressed through a single initiative. Long-term Policy, Systems, and Environmental (PSE) changes are essential but require sustained funding and adequate workforce capacity—both of which remain major challenges for CDPHP and WPP. The COVID-19 pandemic is expected to continue worsening childhood obesity through increased sedentary behavior and food insecurity. Adult nutrition and obesity-prevention efforts face similar barriers. Fragmented surveillance systems, limited workforce capacity, and delayed access to height/weight and risk-factor data hinder timely evaluation and restrict partners' ability to adjust interventions in real time. These persistent gaps underscore the need for coordinated sustainable funding and robust data infrastructure to support comprehensive obesity-prevention strategies across the lifespan. [5,6]

[5]DPBH Wellness and Prevention Program
[6] Nutrition Unit Deputy Chief

OBJECTIVE: DECREASE EXPOSURE TO ELEVATED LEVELS OF RADON.	
Strategy: Conduct an annual campaign to educate Nevadans about radon's health risk, testing gas, and the methods for radon mitigation.	Increased
Strategy: Promote policies and activities to educate and inform consumers about radon exposure, testing and mitigation during real estate transactions.	Increased
Strategy: Educate and encourage health care providers to add a radon testing question to their annual patient questionnaire.	Increased
Strategy: Promote policies for radon-resistant homes, including radon resistant new home construction and licensure of radon professionals.	Ongoing
NARRATIVE	
Successes: Nevada's Radon Education Program (NREP) achieved major engagement milestones in Year 5, including hosting a tri-regional radon conference that brought together state and national experts. Educational sessions on radon's link to lung cancer, led by Nevada clinicians, were well received and replicated at national conferences. Continued collaboration between NREP and the Nevada Cancer Coalition expanded provider education and supported ongoing increases in radon testing, mitigation, and radon-resistant new home construction. Year-5 indicators reflect sustained upward progress across all radon measures.	
Opportunities: NCC and the Nevada Radon Education Program have partnered to provide additional medical educational opportunities throughout the state. [7,8]	
Challenges: Despite this progress, outreach in Southern Nevada remains challenging due to the region's hot real estate market, frequent waived inspections, and Nevada's non-regulatory stance on radon testing. Continued efforts to increase awareness among real estate professionals and integrate education into home-buying processes remain essential to protecting residents. [7,8]	

OBJECTIVE: REDUCE THE INCIDENCE OF SKIN CANCER.	
Strategy: Promote sun safety and skin cancer prevention and early detection education through support of the Sun Smart Schools and Sun Smart Nevada programs.	Increased
Strategy: Work with community event coordinators to incorporate sun smart policies into event plans, such as access to shade and sunscreen.	Increased
Strategy: Support built environment strategies to include shade and access to sunscreen.	Ongoing

Strategy: Educate Nevadans on policies prohibiting the use of indoor tanning services for those under 18 years of age.	Ongoing

NARRATIVE

Successes: Nevada Cancer Coalition (NCC) continued expanding the Sun Smart Schools and Sun Smart Nevada initiatives, supporting schools and communities in implementing sun safety policies and hosting community skin-check clinics in partnership with dermatologists and medical students. In 2025, these clinics screened more than 200 participants and identified multiple cancers requiring follow-up. Student-led sunscreen drives and volunteer efforts at the University of Nevada, Reno and Las Vegas further strengthened community outreach.
NCC is working to expand its network of dermatologists to support additional screening clinics, including planned expansion to Elko in 2026. A new Southern Nevada Student Sun Safety Group is also increasing volunteer capacity. Persistent challenges include limited funding for targeted indoor-tanning prevention campaigns and the lack of resources for schools to fully implement required sun safety policies. These constraints continue to affect Nevada's ability to reduce melanoma incidence. [7,8]

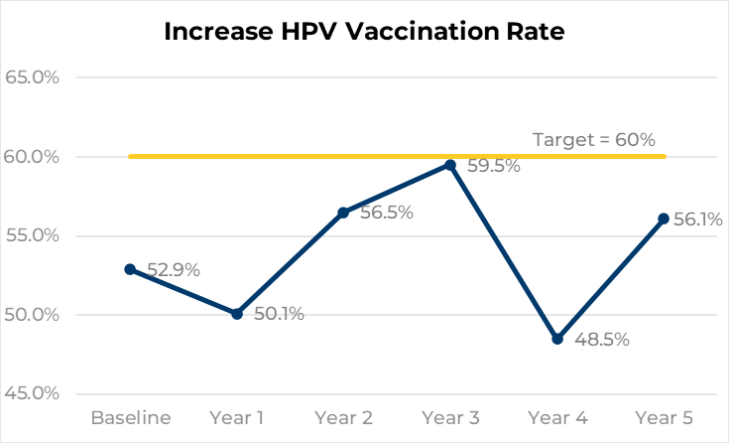
Opportunities: NCC is working to strengthen the network of dermatologists that can support community skin check clinics and is seeking opportunities to continue hosting such events. In 2026 efforts will be expanded to Elko. NCC has also created a Southern Nevada Sun Safety Student group with representatives from UNLV School of Medicine, Roseman School of Medicine, and Touro College of Osteopathic Medicine. Hosting this group increases coordination and reach of student sun safety efforts in Southern Nevada, with NCC providing direction, support, resources, and supplies to the students in their efforts.[7,8]

Challenges: NCC includes regular messaging about indoor tanning risks, however there is no funding for a targeted education campaign. Additionally, funding to support actual environmental change strategies, such as support for shade, is limited. NCC continues to seek dedicated funding. While all school districts have implemented a sun safety policy, resources for individual schools to implement these policies are limited or non-existent.[7,8]

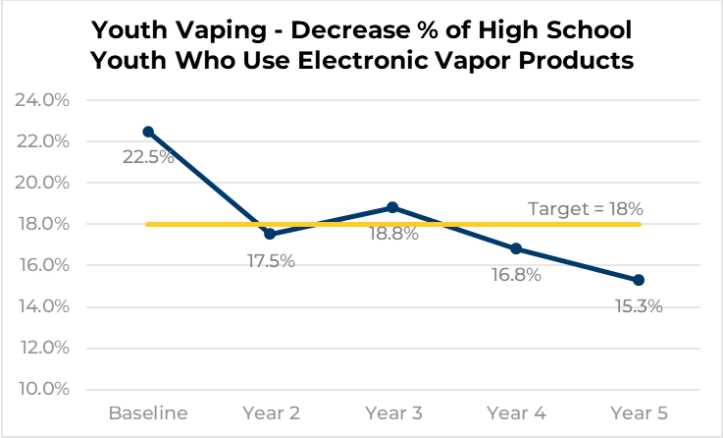
[7] Nevada Radon Education Program
[8] NCC Cancer Prevention Program Manager

PREVENTION PROGRESS – INDICATOR CHARTS

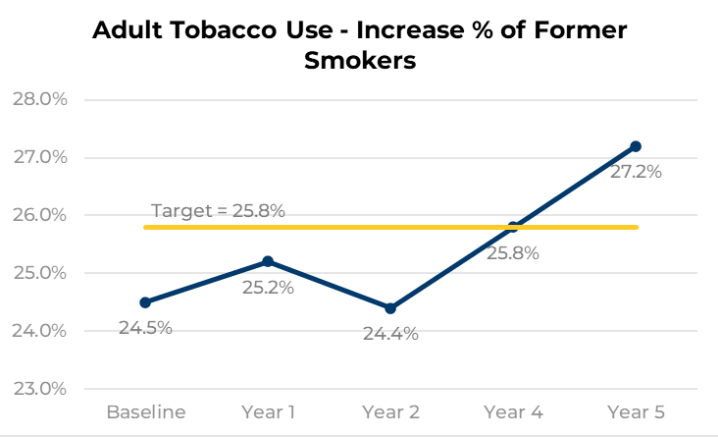
Data not available for Youth Tobacco and Vaping, Youth Obesity, and UV Exposure indicators.



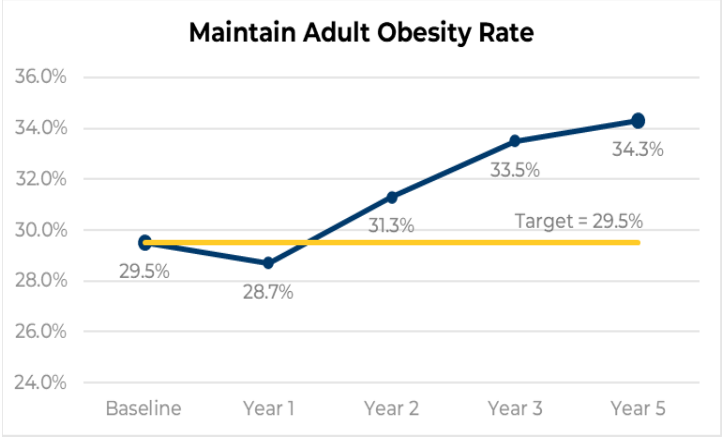
Data sources: CDC, NIS-Teen



Data source: YRBS



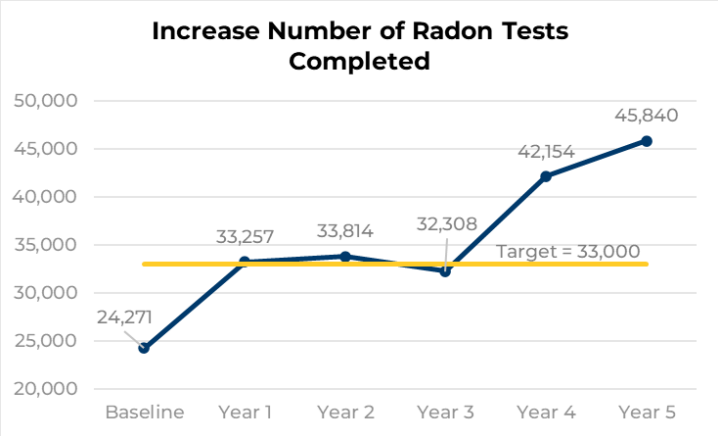
Data source: BRFSS



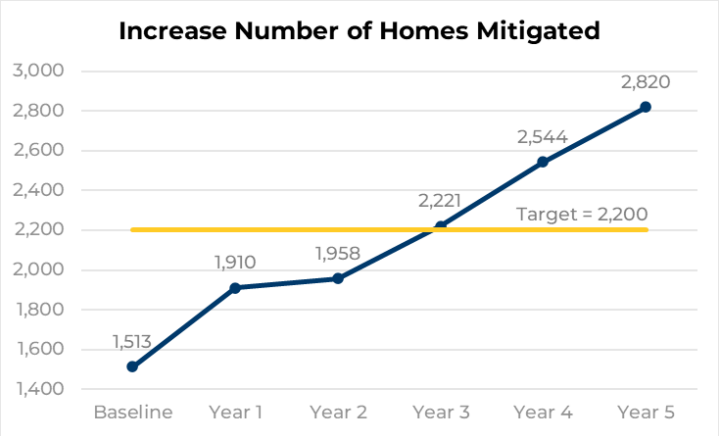
Data source: BRFSS

PREVENTION PROGRESS – INDICATOR CHARTS

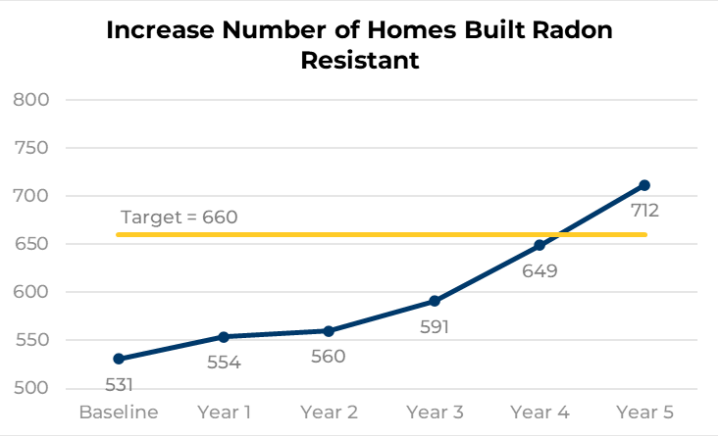
Data not available for Youth Obesity indicator



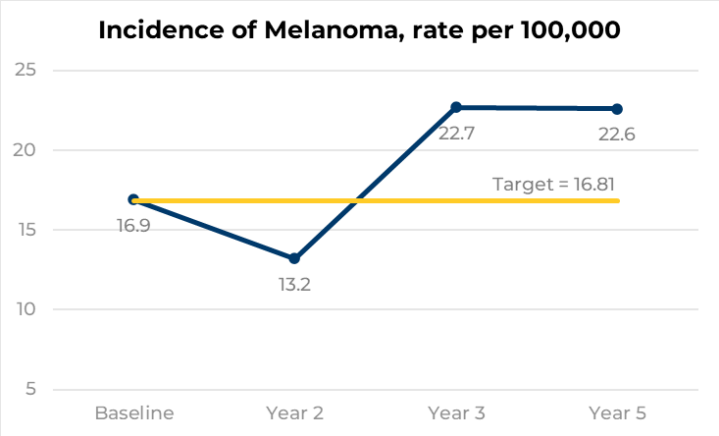
Data sources: Nevada Radiation Control Program, Nevada Radon Education Program



Data source: Nevada Radiation Control Program, Nevada Radon Education Program



Data source: Nevada Radiation Control Program, Nevada Radon Education Program



Data sources: CDC – U.S. Cancer Statistics, DPBH - OOA

PRIORITY II: EARLY DETECTION

GOAL: INCREASE EARLY DETECTION OF CANCERS TO REDUCE LATE-STAGE DIAGNOSIS.

EARLY DETECTION INDICATORS

Women screened for breast cancer Baseline: 66.4% Target: 69% Year 1 Progress: 69.6%* Year 2 Progress: No new data Year 3 Progress: 62.7 %** Year 4 Progress No new data Year 5 Progress 70.4%*** Data source: CDC, BRFSS, 2018 crude prevalence for women 40+ screened in the past two years, *2020, **2022	Women screened for cervical cancer Baseline: 78.9% Target: 82.9% Year 1 Progress: 76%* Year 2 Progress: No new data Year 3 Progress: No new data Year 4 Progress: No new data Year 5 Progress No new data Data source: CDC, BRFSS, 2018 crude prevalence for women aged 21-65 who have had a Pap test in the past three years, *2020
Men and women screened for colorectal cancer Baseline: 60.6% Target: 73.7% Year 1 Progress: 71.9%* Year 2 Progress: No new data Year 3 Progress: 60.9 % Year 4 Progress: No new data Year 4 Progress: 63.6% Data source: CDC, BRFSS, 2018 crude prevalence USPSTF recommendation, *2020, **2022, ***2024	Identified smokers screened for lung cancer Baseline: TBD Target: TBD Year 1 Progress: No data Year 2 Progress: No new data Year 3 Progress: 7.4%* Year 4 Progress: No new data Year 5 Progress: 23.7% Data source: CDC, BRFSS, *2022 **2024

OBJECTIVE: INCREASE THE PERCENT OF ADULTS SCREENED FOR BREAST, CERVICAL, AND COLORECTAL CANCERS.	
Strategy: Promote public awareness of risk factors for cancer including family history, genetics, race/ethnicity, breast density, lifestyle, and disparities in screening and diagnosis.	Increased
Strategy: Collaborate statewide on consistent public messaging for cancer screening guidelines based on the latest scientific evidence.	Ongoing
Strategy: Work with community organizations to promote culturally tailored messaging about early detection.	Increased
Strategy: Work with stakeholders to increase access to cancer screening for low-income, uninsured, and other medically underserved populations.	Increased
Strategy: Support providers in implementing evidence-based interventions including navigation, patient reminder systems, one-on-one education, and in-office tools including decision aids.	Ongoing
Strategy Enhance the statewide health information exchange (HIE) efforts to increase provider participation and sharing of screening information.	Ongoing
Strategy: Support efforts to implement reimbursement for navigation and community health worker (CHW) services.	Ongoing
Strategy: Continue and expand state funding for breast and cervical cancer early detection and seek funding for colorectal cancer early detection.	Ongoing

BREAST

Successes: Nevada partners continued significant work to improve breast cancer screening rates in Year 5, building on the momentum created by the 2023 passage of SB330, which requires coverage of recommended breast cancer screenings and diagnostics. Community outreach expanded through focused screening days, mobile mammography events in rural communities such as Wendover, and pop-up events in public venues. NCC's ThriveNV Navigation Program also played an important role in connecting individuals to screening sites, primary care providers, and Women's Health Connection resources. These combined efforts contributed to Nevada surpassing the breast cancer screening target in Year 5.
In 2025, NCC began collecting community input through in-depth interviews and regional meetings to inform the reestablishment of the Breast Cancer Collaborative in 2026. This feedback will shape priorities for improved statewide coordination. Despite progress, several challenges remain. Nevada continues to lack complete data on breast cancer screening rates among certain racial/ethnic groups, and many residents seeking screening report difficulty finding a primary

care provider. Additionally, partners note inconsistent compliance among health plans in covering supplemental screenings as required by state law. These issues will require targeted collaboration and stronger payer engagement.[10,11,12]
Opportunities: NCC has gathered community feedback and will reestablish the Breast Cancer Collaborative in 2026.[10,11]
Challenges: Nevada continues to struggle with data collection and availability in relation to breast cancer screening rates by race/ethnicity for those with a negative screening.[11,12] Additionally, through a number of screening navigation requests it's been made clear that a major barrier to any type of screening is a lack of primary care provider, despite nearly 90% of Nevadans insured. Additionally, there has been a lack of compliance by health plans and payers regarding coverage of supplemental breast cancer screening.

[10] NCC Communications Director
[11] NCC Prevention/Early Detection Programs Manager/BCC Reports
[12] DPBH Nevada Comprehensive Cancer Control Program

CERVICAL
Successes: In Year 5, Nevada partners continued expanding education on cervical cancer screening, including emerging HPV self-collection methods. NCC hosted a statewide webinar to introduce clinicians and community health workers to self-collection, emphasizing its potential to improve screening uptake among hard-to-reach populations. Women's Health Connection continued to work closely with community health systems to implement evidence-based interventions that reduce screening barriers. At the same time, Nevada continues to face substantial barriers to increasing cervical cancer screening rates, particularly in rural communities where provider shortages and transportation challenges persist. Although HPV self-collection is expected to improve access, at-home self-collection was not yet available in Nevada by the end of 2025 and use within clinical settings remains limited. Ongoing efforts to expand access, strengthen clinic capacity, and reduce geographic disparities will be essential as updated BRFSS screening data become available.
Opportunities: New HPV self-collection tests offer new opportunities to engage with providers and community health centers with educational opportunities on cervical cancer early detection along with the new self-collection method, however as of the end of 2025 at-home self-collection was not available in Nevada and clinician use of self-collection in a clinical setting was limited.
Challenges: Barriers to increase screening rates in rural communities remain with lack of transportation and clinical providers.[13]
COLORECTAL

Successes: Nevada's Colorectal Cancer (CRC) Collaborative continued quarterly meetings throughout Year 5, focusing on strategies to improve screening rates through increased access to stool-based screening options and community distribution of at-home kits. The Collaborative developed a Home-Based CRC Screening Toolkit that has been widely used at community events, helping reestablish screening access during a period of limited colonoscopy capacity. NCC also launched a new media campaign featuring personal stories from Nevada residents, which received strong positive feedback and increased community awareness of screening options. These efforts contributed to improved screening rates following the Year-4 decline. Looking ahead, a new GI clinic opening in Northern Nevada in late 2026 is expected to alleviate longstanding capacity constraints. Renown Health System is also exploring risk-stratified triage systems to improve access to colonoscopy appointments—an approach informed by discussions at the 2025 ACS CRC Roundtable. However, statewide provider shortages, especially in gastroenterology, continue to present significant barriers to achieving widespread, timely screening. Addressing these structural limitations will be essential to sustaining progress.[13,14]
Opportunities: A new GI clinic to be opened in late 2026 will help alleviate some of the challenges related to a backlog of capacity to perform colonoscopies in Northern Nevada. Renown Health System is exploring different policies and systems to triage screening based on individual risk to also alleviate this backlog of screening. Different screening triage systems were featured at the 2025 ACS CRC Roundtable which NCC was able to facilitate Renown's participation. [13]
Challenges: Healthcare provider shortages, particularly in GI, continue to create extreme challenges to CRC Screening access.

[13] NCC Cancer Prevention Program Manager 15 Colorectal Cancer Collaborative Records/NCC Policy Committee 15 DBPH Comprehensive cancer Control Program

[14] DBPH Comprehensive Cancer Control Program

OBJECTIVE: INCREASE THE BASELINE PERCENT OF IDENTIFIED SMOKERS WHO REPORT HAVING BEEN SCREENED FOR LUNG CANCER.	
Strategy: Identify at-risk populations throughout Nevada and provide tailored information on lung cancer risk and low dose computed tomography (LDCT) screening.	Increased
Strategy: Educate primary care providers on the benefits of LCDT screening and encourage best practices for screening program implementation.	Increased
Strategy: Support policy to ensure payers cover lung cancer screening for the recommended population.	Ongoing

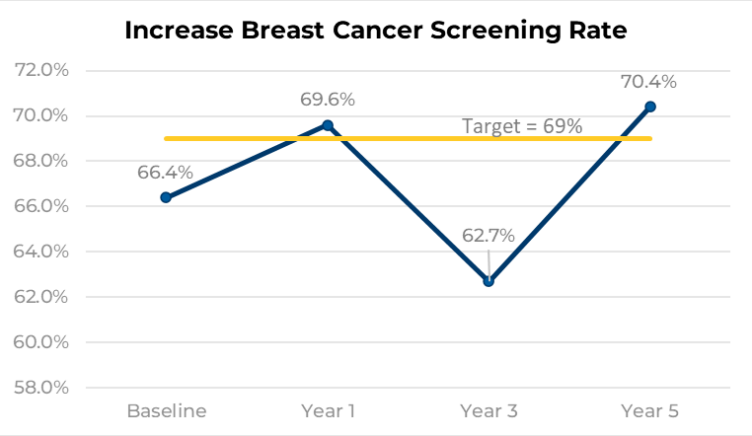
NARRATIVE
Successes: Nevada achieved a substantial increase in lung cancer screening in Year 5, supported by the continued implementation of the Quality Implementation of Lung Cancer Screening (QUILS™) program. NCC designated a Lung Cancer Screening Program Manager and engaged three clinical screening champions to provide technical assistance to participating health systems. At least six screening sites formally adopted QUILS™, strengthening clinical protocols and expanding provider capacity. Nevada also participated in National Lung Cancer Screening Day for the first time, with six sites offering screenings and community outreach. These combined efforts contributed directly to Nevada's Year-5 increase in lung cancer screening uptake. Nevada is planning a statewide Lung Forum in 2026 to further expand provider engagement and disseminate best practices. Despite these improvements, data collection for lung cancer screening remains limited, with inconsistent availability across reporting systems. Funding constraints also hinder the reach of public awareness campaigns, limiting community understanding of screening eligibility criteria. Strengthening data infrastructure and securing sustained funding for outreach remain key priorities heading into the next planning cycle. [16,17]
Opportunities: Nevada has been planning a statewide Lung Forum for 2026 to continue and support QUILS work and engage more clinicians in lung cancer screening.
Challenges: Data collection for this objective remains critical but not easily accessed for Nevada. Although the Lung Cancer Collaborative has increased provider/partner communications[15] as well as collaborative support to drive media campaigns, the lack of funding allocated to address lung cancer has limited the reach for community awareness.[17]

[15] Nevada Cancer Coalition Provider Tools and Resources

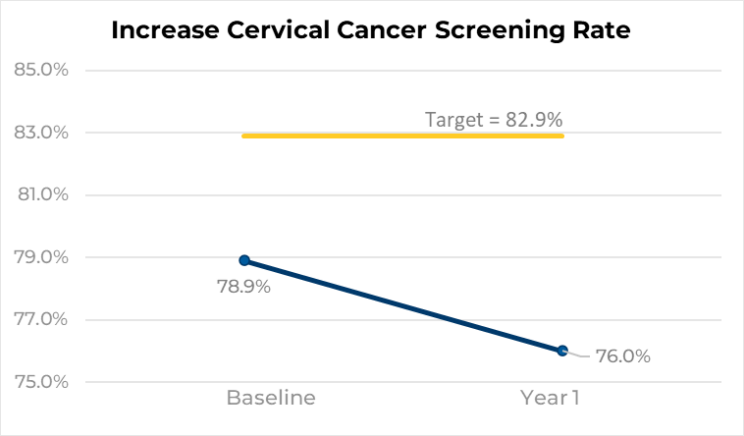
[16] DPBH Nevada Comprehensive Cancer Control Program

[17] NCC Cancer Prevention/Early Detection Program Manager

EARLY DETECTION PROGRESS – INDICATOR CHARTS



Data source: BRFSS



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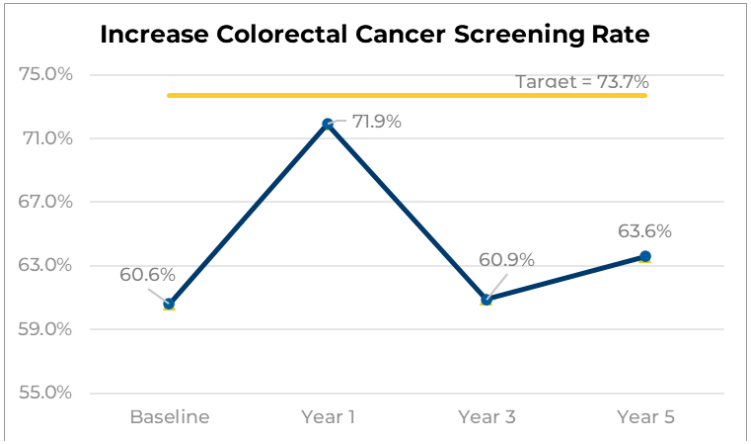


Data source: BRFSS

PRIORITY III: EQUITABLE ACCESS

GOAL: ENSURE EQUITABLE ACCESS TO HEALTH CARE FOR NEVADANS.

EQUITABLE ACCESS INDICATORS

Uninsured Nevadans Baseline: 11.4% Target: 10.8% Year 1 Progress: No new data Year 2 Progress: 11.6%* Year 3 Progress: 11.1%** Year 4 Progress 10.8%*** Year 5 Progress 11.4%**** Data source: United States Census Bureau Data source: USCB American Community Survey *2021, **2022, ***2023 ****2024	Number of Physicians per 100,000 Baseline: 213.5 Target: 225 Year 1 Progress: 221.9* Year 2 Progress: 221.9** Year 3 Progress: 222.5*** Year 4 Progress: 230.0**** Year 5 No New Data Data source: Health Workforce in Nevada Chartbook, 2020, *2021 **Nevada Instant Atlas 2022, ***2023 ****2024	
Number of Advance Practice Registered Nurses (APRNs) Baseline: 1,279 Target: 1,345 *Year 1 Progress: 2,156 **Year 2 Progress: 2,851 ***Year 3 Progress: 4,440 ****Year 4 Progress: 3,507 Year 5 Progress: No New Data Data source: Health Workforce in Nevada Chartbook, 2020, *2021, **Nevada Instant Atlas 2022, ***Nevada State Board of Nursing SFY 21/22 ****Nevada Instant Atlas 2024	Number of Oncology Certified Nurses Baseline: 209 Target: 219 *Year 1 Progress: 199 **Year 2 Progress: 201 ***Year 3 Progress: 183 ***Year 4 Progress: 229 *****Year 5 Progress: 187 Data Source: Oncology Nursing Certification Corporation, *2021, **2022, ***2023, ****2024*****2025	Number of navigators Baseline: 44 Target: 100 *Year 1 Progress: 63 **Year 2 Progress: 90 ***Year 3 Progress: 110 ****Year 4 Progress: 120 *****Year 5 Progress: 160 Data source: Nevada Oncology Navigator Network membership 2020, *2021, **2022, *** 2023 **** 2024 *****2025

OBJECTIVE: INCREASE THE PROPORTION OF NEVADANS WITH HEALTH INSURANCE COVERAGE ADEQUATE TO RECEIVING SCREENING AND TREATMENT FOR CANCER.	
Strategy: Seek opportunities to increase coverage among the employed but uninsured.	Ongoing
Strategy: Establish and document pathways for uninsured and underinsured individuals to access a payer source.	Ongoing
Strategy: Identify and address obstacles for insured including co-pays, cost-sharing, high deductibles.	Increased

NARRATIVE
Successes: Year 5 saw both progress and setbacks in Nevada's efforts to improve insurance coverage for cancer screening and treatment. Partners supported legislation requiring state-regulated insurers to cover lung cancer screening, and Medicaid preserved coverage for lung, prostate, and colorectal screening. Nevada's new public option, the Battle Born plan, launched during the 2025 open enrollment period, with 10% of exchange enrollees selecting this option—an early indicator of interest in lower-cost coverage.
Opportunities: Opportunities remain for Nevada to strengthen network adequacy, ensure compliance with screening coverage requirements, and protect Medicaid expansion. Meaningful engagement with the Division of Insurance, paired with continued workforce development, will be critical to improving access to timely cancer services statewide.
Challenges: Despite these advances, Nevada's uninsured rate increased in Year 5, reflecting rising insurance premiums and the expiration of federal COVID-era subsidies that previously reduced marketplace costs. Enrollment on the state's insurance exchange fell by 5.78% between 2024 and 2025, pointing to affordability issues that may disproportionately affect cancer screening and treatment access. Additionally, federal changes to Medicaid eligibility processes contributed to coverage losses among vulnerable populations.[18,20]

[18] Nevada Health Link, https://nevadahealthlink.com/wp-content/uploads/2026/01/NVHL-PY26-FinalNumbersPR.pdf
[19] Nevada Health Link, https://nevadahealthlink.com/wp-content/uploads/2025/01/HIX-PR-PRS-FinalOEPSuccess-2025-FINAL.pdf
[20] NCC Communications Director

OBJECTIVE: INCREASE HEALTHCARE WORKFORCE CAPACITY OVERALL TO ADDRESS CANCER.	
Strategy: Support national and state policy initiatives to address provider shortages, cross-state licensing, and malpractice insurance.	Increased
Strategy: Support policy opportunities to expand the legal practice ability of APRNs and licensed genetic counselors.	Ongoing

Strategy: Support opportunities for navigator and community health worker (CHW) reimbursement.	Ongoing
Strategy: Engage leadership at hospitals, cancer treatment centers, and other treatment providers to recruit medical oncologists and advanced practice nurse.	Ongoing
Strategy: Engage business and economic development organizations to help attract oncology and related health care providers to Nevada.	Ongoing
Strategy: Partner with nursing schools in Nevada to educate nursing students in specializing in oncology.	Ongoing
Strategy: Provide information and education to Nevada's healthcare workforce on cultural competence in health care.	Ongoing

NARRATIVE

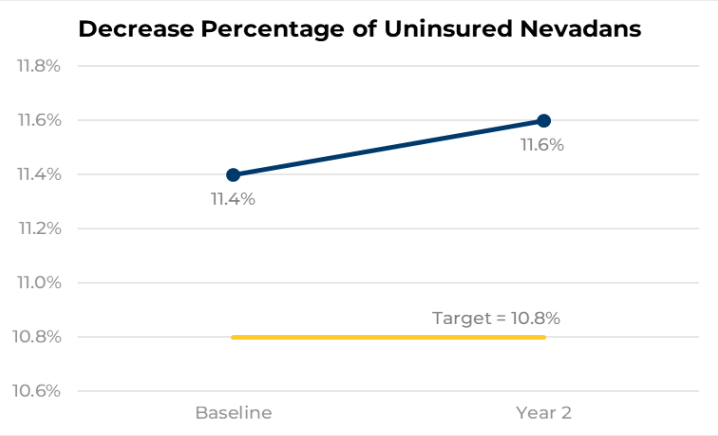
Successes: Nevada continues to face significant shortages in its cancer care workforce, though several efforts in Year 5 helped strengthen long-term capacity. Federal and state policymakers advanced initiatives to expand the training pipeline for nurses, physicians, and genetic counselors. Nevada passed legislation formally establishing licensure for genetic counselors, improving access to hereditary cancer risk assessment services.
Partners also expanded education and outreach efforts to medical schools, nursing programs, and public health students to promote cancer-related career pathways. Workforce development was further supported by new federal reimbursement opportunities for certified community health workers (CHWs) and patient navigators, allowing Nevada programs to expand navigation services in clinical and community settings.[21-23]

Opportunities: NCC staff continues to participate in outreach events at universities and colleges to engage with students and continued to build upon existing partnerships with medical and nursing schools to share information about cancer-related educational opportunities..[22] NCC is also partnered with other Mountain West cancer control coalitions and traveled to Washington D.C. to educate congressional representatives on workforce needs across the region.

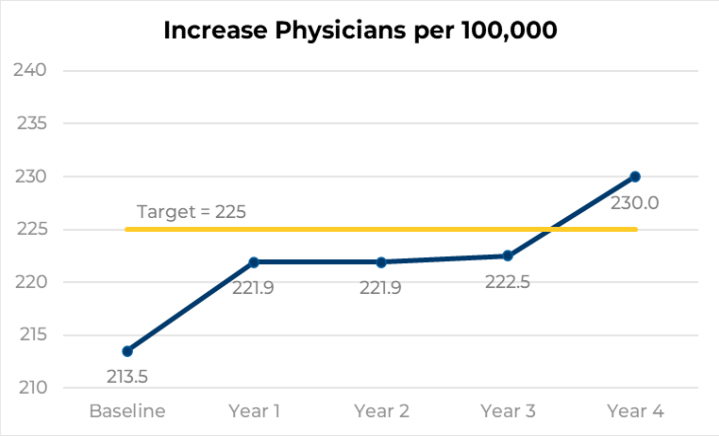
Challenges: Despite these advances, Nevada continues to experience statewide provider shortages across primary care, oncology, and supportive care. Year-5 data reflect fluctuating availability of oncology-certified nurses and limited growth in physician capacity relative to statewide population needs. These shortages hinder timely access to cancer prevention and treatment and remain a critical barrier requiring long-term investment.[23]

[21] Nevada State Board of Nursing Continuing Education – Nevada State Board of Nursing (nevadanursingboard.org)
[22] MLN909188 – Chronic Care Management Services
[23] NCC Cancer Survivorship Program Manager

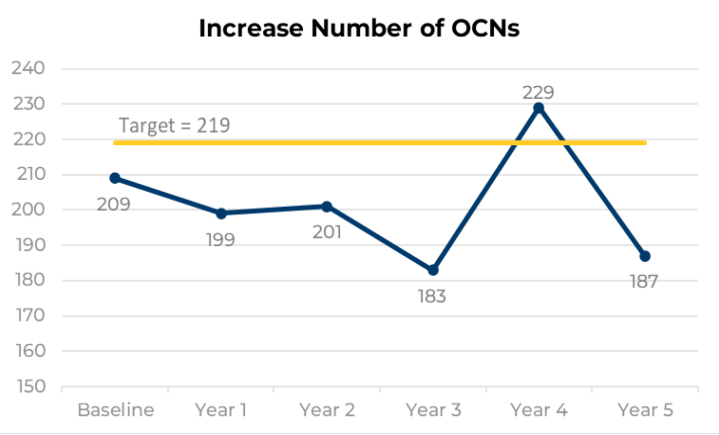
EQUITABLE ACCESS PROGRESS – INDICATOR CHARTS



Data sources: USCB. UCSB Community Survey

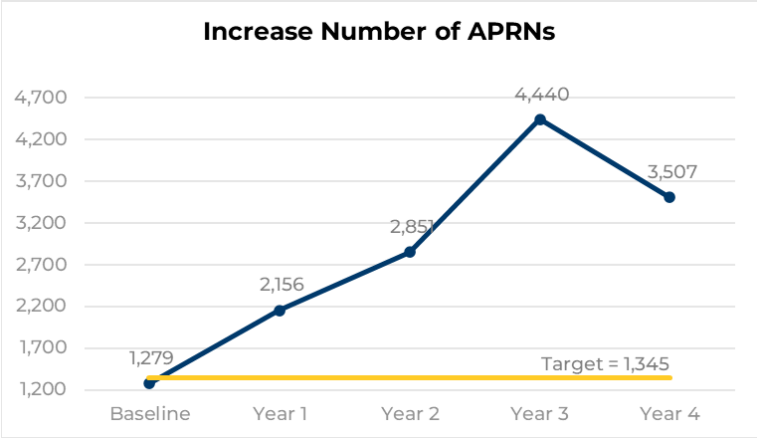


Data source: Health Workforce in Nevada Chartbook, Nevada Instant Atlas

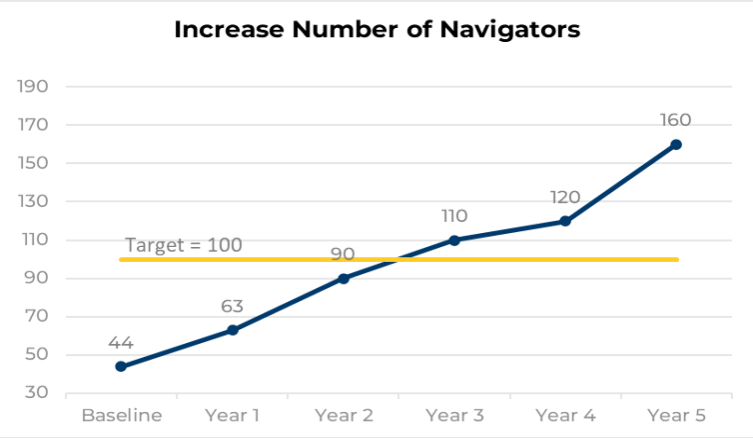


Data source: Oncology Nursing Certification Corporation

EQUITABLE ACCESS PROGRESS – INDICATOR CHARTS



Data sources: Health Workforce in NV Chartbook, NV Instant Atlas, NV State Board of Nursing



Data source: Nevada Oncology Navigator Network Membership

PRIORITY IV: QUALITY OF LIFE

GOAL: IMPROVE QUALITY OF LIFE FOR THOSE DIAGNOSED WITH CANCER

QUALITY OF LIFE INDICATORS

Hospitals with palliative care programs Baseline: 16 Target: 18 Year 1 Progress: No change from baseline Year 2 Progress: No new data Year 3 Progress: No new data Year 4 Progress: No new data Year 4 Progress: No new data Year 5 Progress: 7 Data source: Center to Advance Palliative Care report card	Annual educational opportunities for health care professionals Baseline: 2 Target: 3 Year 1 Progress: 2* Year 2 Progress: 2** Year 3 Progress: 3*** Year 4 Progress: 3*** Year 5 Progress: 10***** Data source: Nevada Cancer Coalition, includes 1) Nevada Cancer Control Summit 2019, *2021 and 2) Project ECHO series, **2022 Nevada Cancer Control Summit, ***2023 Nevada Cancer Summit	Number of navigators Baseline: 44 Target: 100 Year 1 Progress: 63* Year 2 Progress: 90** Year 3 Progress: 110*** Year 4 Progress: 120**** Year 5 Progress: 160***** Data source: Nevada Oncology Navigator Network membership 2020, *2021, ** 2022, ***2023, ****2024 *****2025 *********2025

OBJECTIVE: EXPAND CLINICAL AND NON-CLINICAL SUPPORTIVE RESOURCES AVAILABLE TO SURVIVORS.

Strategy: Identify which palliative care programs offer services to established patients only and which programs take non-patient referrals.	Increased
Strategy: Support policies to expand the quality, provision, and use of palliative care.	Increased
Strategy: Explore readiness and opportunity for programs to offer out-patient palliative care services.	Increased
Strategy: Partner with medical, nursing, and other health sciences schools to identify opportunities and conduct presentations on palliative care education.	Increased

OBJECTIVE: EXPAND CLINICAL AND NON-CLINICAL SUPPORTIVE RESOURCES AVAILABLE TO SURVIVORS.	
Strategy: Identify opportunities in CME/CE activities to include palliative care topics.	Increased
Strategy: Increase the number of patients referred to and participating in symptom management.	Increased

NARRATIVE

Successes: In Year 5, the Survivorship Task Force maintained strong cross-sector collaboration among palliative care specialists, navigation staff, public health partners, and community organizations. ThriveNV expanded statewide survivorship support by strengthening its Oncology Navigation Network, which grew to 160 members, and by continuing to offer tele-navigation services that increase access for rural and frontier residents. ThriveNV's website was regularly updated to provide comprehensive clinical and community resources, including symptom-management materials, post-treatment supports, and QR-coded referral tools to facilitate quick access to navigation services. Two targeted media campaigns increased awareness of survivorship resources and contributed to more navigation requests. In 2025, ThriveNV supported 217 clients through screenings, outreach events, and community partnerships. Partners also initiated participation in the national Cancer Experience Registry to gather Nevada-specific data on survivor experiences. While early participation has been limited, the effort provides an important opportunity to capture survivor perspectives that have been historically difficult to measure. [24-30,31]

Opportunities: The team continues to explore educational opportunities to support the role of navigation to increase the reach and capacity-building of navigation in Nevada. Participation in the Cancer Experience Registry through Cancer Support Community was initiated to allow Nevada to participate in a national survey, while eliciting Nevada-specific data from survivors - something that has not been done in a few years. Having a unique URL for Nevadans will allow us to elicit feedback from survivors and caregivers. NCC hopes to learn about the experiences of survivors and share results with partners for guidance in survivorship and quality of life related programs, once enough responses are received; to date there has been minimal participation, leading the team to explore other opportunities to share the survey for increased participation. Several new partnerships and connections with national patient navigation organizations have started as a result of committee, conference, and grant presence (i.e. ACS committee involvement, AONN+ Survivorship Committee involvement, etc.). The team continues to leverage connections from Navigation Network and larger NCC membership to recruit more members to expand knowledge of statewide resources and support new navigators in their roles. Leverage connections with statewide partners to learn / share opportunities for education and supportive resources among partners (via newsletters, websites, etc.).[31]

Challenges: Challenges remain in expanding peer-to-peer mentorship opportunities through Imerman Angels, particularly in increasing the number of Nevada-based mentors to reflect the state's diverse survivor population.[24-30,31]

[24] ThriveNV Oncology Patient Navigation Network - Academy of Oncology Nurse & Patient Navigators (AONN+) (aonnonline.org)
[25] Support Groups | Nevada Cancer Coalition
[26] Life After Treatment Community Groups | Nevada Cancer Coalition
[27] Test Those Breasts!: Episode 8: Improving Cancer Survivorship Support with Natalie Stevenson on Apple Podcasts
[28] TestThose Breasts!: Episode 7: Reducing The Burden of Cancer with Cari Herington on Apple Podcasts
[29] Test Those Breasts!: Episode 21: A Deep Dive into Nevada Cancer Coalition's Support System with Amy Thompson & Kristen Hackbarth on Apple Podcasts
[30] The Gift of Giving - WWDBTV
[31] NCC Survivorship Program Manager/Oncology Nurse Navigation Network

OBJECTIVE: INCREASE EQUITABLE ACCESS TO PALLIATIVE CARE SERVICES IN HOSPITALS.	
Strategy: Identify which palliative care programs offer services to established patients only and which programs take non-patient referrals.	Ongoing
Strategy: Support policies to expand the quality, provision, and use of palliative care.	Ongoing
Strategy: Explore readiness and opportunity for programs to offer outpatient palliative care services.	Ongoing
Strategy: Partner with medical, nursing, and other health sciences schools to identify opportunities and conduct presentations on palliative care education.	Ongoing
Strategy: Identify opportunities in continuing education activities to include palliative care topics.	Increased
Strategy: Increase the number of patients referred to and participating in symptom management.	Data not yet available

NARRATIVE

Successes: Nevada partners continued working to expand palliative care awareness and access in Year 5. Educational opportunities were promoted through NCC newsletters, the Survivorship & Navigation News, and events coordinated by the Nevada Palliative Care and Quality of Life Advisory Council. New resources added to NCC's website, including "Making the Value Case for Palliative Care" and updated clinical training opportunities, supported provider engagement. At the 2025 Cancer Control Summit, a survivor-focused session highlighted the role of palliative care in improving quality of life across the care continuum.

Opportunities: NCC continues to engage with the Nevada Palliative Care and Quality of Life Advisory Council to increase promotional reach of educational opportunities specific to palliative care topics, increase understanding of and referrals, and

opportunities to present to medical, nursing, and health sciences schools. NCC continues to support palliative care policy and increased access to symptom management and supportive services.[35]
Challenges: Despite these efforts, access to palliative care remains inconsistent statewide. Providers report persistent confusion between hospice and palliative care, leading to misconceptions about when palliative services should be offered. Nevada continues to lack a unified, up-to-date data system to track palliative programs, making it difficult to assess availability, staffing capacity, or referral patterns. Continuity of care between acute and outpatient palliative settings is also limited, and communication gaps among providers continue to affect patient experience and symptom management. Addressing these systemic issues will be essential to improving equitable access to supportive care. [36]

[32] Advisory Council on Palliative Care & Quality of Life PCAW Day 2023 flyer
[33] Palliative Care Awareness & Education Day Friday, November17, 2023 8am-1pm 100% virtual 98 TOTAL attendees (nv.gov)
[34] Test Those Breasts!: Episode 27: Destigmatizing Palliative & Hospice Care w/ Jennifer Terstriep on Apple Podcasts
[35] Hospice Services and Palliative Care | Infinity Hospice Care
[36] NCC Cancer Survivorship Program Manager

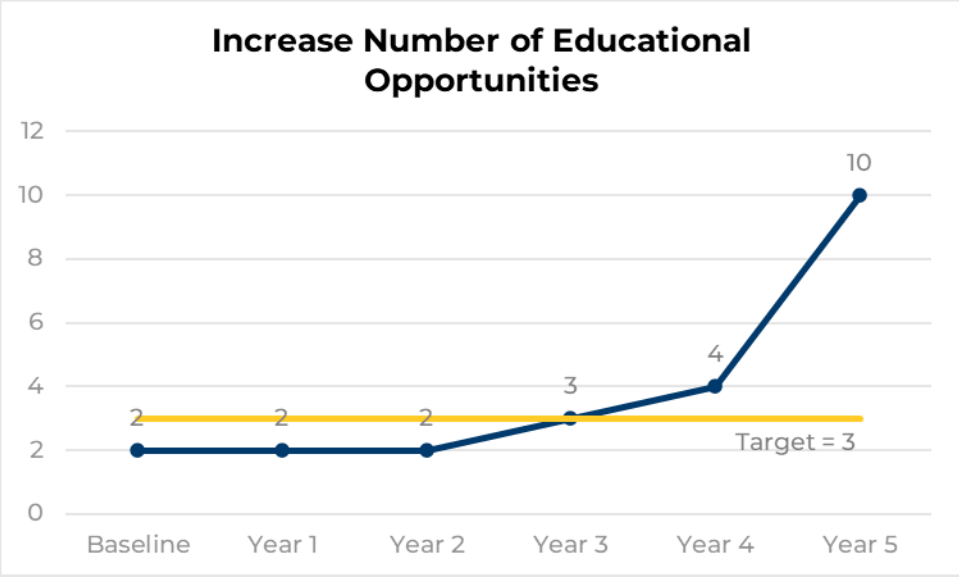
OBJECTIVE: INCREASE EDUCATIONAL OPPORTUNITIES FOR CURRENT AND FUTURE HEALTH CARE PROFESSIONALS AND OTHER SUPPORT PERSONNEL TO LEARN ABOUT BEST PRACTICES IN SURVIVORSHIP.	
Strategy: Identify and document educational opportunities conducted by partnering entities.	Increased
Strategy: Partner with medical, nursing, and other health sciences schools to include curriculum on the topic of survivorship care.	Ongoing
Strategy: Develop opportunities for primary care providers and community health workers (CHWs) on survivorship issues.	Ongoing
Strategy: Identify opportunities for health care providers to receive continuing education on survivorship care topics.	Ongoing
NARRATIVE	
Successes: In Year 5, Nevada partners expanded educational offerings for providers, students, and allied health professionals to increase knowledge of survivorship best practices. NCC featured two dedicated survivorship sessions at the annual Cancer Control Summit and delivered multiple presentations at statewide conferences and partner meetings, prompting new collaborations with organizations seeking survivorship resources. NCC continued to maintain and update its online Provider Tools & Resources page, adding new survivorship toolkits, clinical checklists, and on-demand continuing education videos	

from the CELL series and partner organizations. Survivor-focused materials were consistently shared through newsletters, social media, and statewide events to broaden provider access to up-to-date information.
Opportunities: NCC continues to encourage members to share educational resources and opportunities with coalition staff to increase reach to public health, primary care, and future health care professionals. There are also opportunities to identify and strengthen connections to nursing and medical schools to determine if survivorship care is already addressed in current curriculum. Southern Nevada staff presence continues to increase collaboration and identify new partnerships in Southern Nevada, including connections with community health workers, providers, public health, and other allied health professionals.[38,39]
Challenges: While engagement increased across specialty providers and community health workers, participation among primary care providers remains limited. This gap is significant, as PCPs play a critical role in long-term survivorship care. Continued efforts to integrate survivorship concepts into medical and nursing school curricula, expand outreach to primary care networks, and leverage Southern Nevada's growing partner base will be important for future progress.[37-39]

[37] Cancer Survivor Month 2024 - Quick Facts.pdf
[38] NCC Provider/Tools/Resources
[39] NCC Survivorship Program Manager

QUALITY OF LIFE PROGRESS – INDICATOR CHARTS

Data not available for Hospitals with Palliative Care Programs indicator.



Data source: NCC

PRIORITY V: SURVEILLANCE AND RESEARCH

GOAL: PROVIDE HIGH QUALITY DATA TO SUPPORT AND INFORM CANCER CONTROL EFFORTS AND PROMOTE RESEARCH TO IMPROVE CANCER PREVENTION, DETECTION, DIAGNOSIS, AND TREATMENT.

SURVEILLANCE AND RESEARCH INDICATORS

Number of cancer data reports from Nevada Central Cancer Registry Baseline: 0 Target: 3 Year 1 Progress: No progress Year 2 Progress: No progress Year 3: No progress Year 4 progress: 1* Year 5 progress: No progress Data source: Nevada Central Cancer Registry *Office of Analytics	Clinical trial providers in Nevada Baseline: 77 Target: 82 Year 1 Progress: 53* Year 2 Progress: 63** Year 3 Progress: 56*** Year 4: 50**** Year 5: 42***** Data Source: clinicaltrials.gov, *2020, *2021, **2022, ***2023, ****2024, *****2025

OBJECTIVE: INCREASE THE NUMBER OF CANCER DATA REPORTS FROM NEVADA CENTRAL CANCER REGISTRY (NCCR) TO GUIDE CANCER CONTROL EFFORTS IN THE STATE.

Strategy: Improve data quality by promoting complete, accurate, and timely reporting to NCCR.	Increased
Strategy: Use burden and disparity data to support targeted cancer control efforts.	Increased
Strategy: Seek opportunities to publish and present cancer related data in order to improve understanding concerning the burden of cancer in Nevada.	Increased
Strategy: Support policies to improve and expand data collection and reporting to NCCR.	Ongoing

NARRATIVE
Successes: Nevada's Central Cancer Registry (NCCR) continued to strengthen data quality in Year 5, meeting United States Cancer Statistics (USCS) publication standards for the fourth consecutive year and achieving Silver Certification from NAACCR for the third year in a row. These accomplishments reflect substantial improvements in data completeness, timeliness, and case ascertainment, supported by ongoing training and professional development opportunities for cancer registrars statewide.
Opportunities: Opportunities remain to expand electronic case reporting, modernize automated data exchange, and increase workforce capacity through enhanced training and technical assistance. Improving data dissemination, such as through dashboards or simplified analytic reports, would help partners better identify geographic and demographic disparities and use registry data more effectively to inform statewide cancer control strategies.[40]
Challenges: Despite these gains in data quality, Nevada produced only one formal cancer data report during the current cancer plan cycle, underscoring persistent challenges in achieving full reporting capacity. Variability in provider reporting practices—particularly in smaller or resource-limited facilities—continues to create delays and gaps. Limited interoperability between electronic health record (EHR) systems and the registry results in continued reliance on manual reporting, increasing workload burdens and slowing data submission.[40]

[40] DPBH Nevada Central Cancer Registry

OBJECTIVE: INCREASE THE NUMBER OF PROVIDERS OFFERING CLINICAL TRIALS.	
Strategy: Encourage clinical sites to promote clinical trials.	Ongoing
Strategy: Educate providers on increasing access to clinical trials in their practice.	Ongoing
Strategy: Provide access to and create patient information and education on the benefits of clinical trials.	Ongoing
Strategy: Support policies that increase participation in and access to clinical trials.	Increased

NARRATIVE
Successes: Both the number of clinical trials as well as the number of clinical trials providers continue to trend down overall with 524 clinical trials (active not recruiting, not yet recruiting, recruiting, enrolling by invitation) and 42 providers of clinical trials listed across the state for 2025 per clinicaltrials.gov. While success did not lie in these numbers, success was achieved in

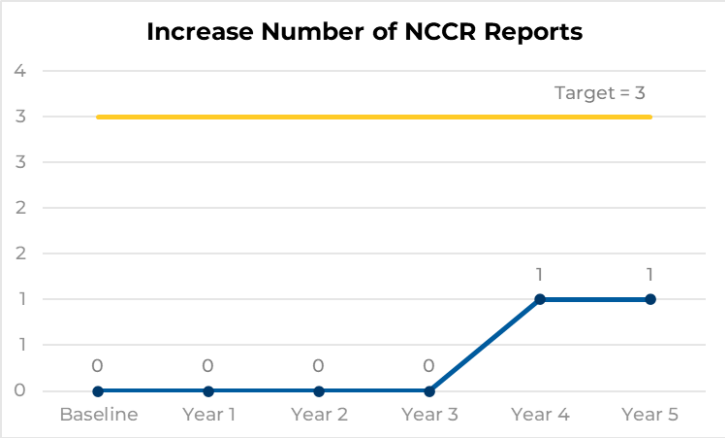
OBJECTIVE: INCREASE THE NUMBER OF PROVIDERS OFFERING CLINICAL TRIALS.
Nevada's clinical research partners connecting, not only with each other, but with clinical research partners in other states as well.
Opportunities: Opportunities exist in a number of areas including increased health organization partnerships with the University of Nevada, Reno and University of Nevada, Las Vegas Schools of Medicine which will support and facilitate clinical research. Through discussions with southern Nevada partners, organizations are joining larger multi-state entities offering clinical trials such as Sarah Cannon Research Institute which conducts community-based clinical trials focused on advancing drug therapies, for example.
Challenges: Nevada continues to face challenges in maintaining and expanding the number of clinical trial providers. Year-5 data show a continued decline in provider participation, reflecting national and statewide barriers such as high operational costs, the need for specialized staff, and administrative burdens associated with running clinical research programs. These challenges are especially significant in Nevada's rural and frontier regions, where access to cancer care services is already limited. Despite declining trial availability, partners made progress in strengthening collaboration across Nevada's clinical research community. Health systems increasingly engaged with regional and national organizations, including multi-state entities such as the Sarah Cannon Research Institute, which may offer expanded access to clinical trials in the future. Additionally, recent community health assessments conducted by the Huntsman Cancer Institute highlight critical gaps in patient awareness about clinical trials, especially among rural residents—information that can guide future outreach and education efforts. Addressing structural challenges—including staffing shortages, inadequate insurance coverage, and limited patient knowledge—will be essential to reverse long-term declines in trial participation. Strengthening partnerships with academic medical centers, expanding community engagement, and increasing education for both patients and providers remain key opportunities for Nevada to enhance access to high-quality clinical research.[41-43]

[41] 2024 Lung Cancer Resources and Data | Nevada Cancer Coalition

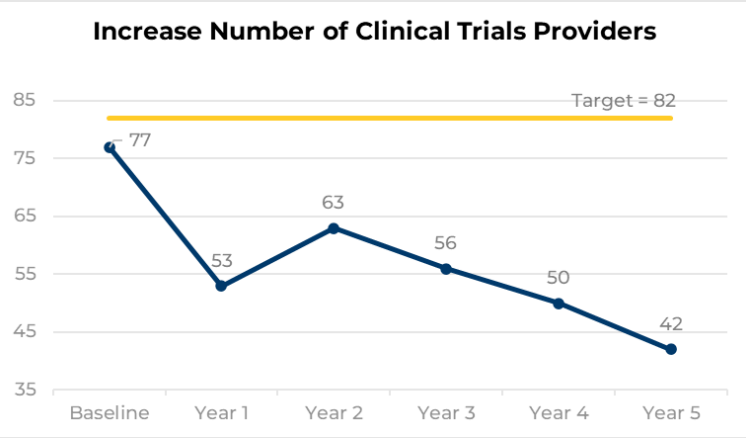
[42] 2024 Biennial Report—Implementation of Assembly Bill 214, Nevada Department of Health and Human Services

[43] Nevada Cancer Coalition

SURVEILLANCE AND RESEARCH PROGRESS – INDICATOR CHARTS



Data source: NCCR



Data source: Clinicaltrials.gov

EVALUATION RESULTS

This Year-5 evaluation uses a process-based methodology to assess statewide progress toward the goals and objectives of the Nevada Comprehensive Cancer Control Plan. Progress was measured through a combination of quantitative indicators and qualitative partner-reported data, acknowledging that several surveillance systems continue to update data on annual or biennial schedules which may result in unavailable data for certain years. Indicators without updated Year-5 data remain noted throughout this report.

Across all five priority areas, Year-5 results show a mix of sustained progress and persistent challenges. Several strategies demonstrated "Increase", particularly those tied to expanded partner engagement, new clinical protocols, and enhanced community outreach. Examples include an increase in lung cancer screening participation following statewide growth in the navigation workforce and expanded radon testing as well as mitigation driven by cross-agency collaboration.

A substantial number of strategies reflect "Ongoing", meaning that partners are actively implementing activities but have not yet seen measurable change or face persistent structural barriers. This category includes cervical cancer screening efforts, expansion of early detection messaging across rural communities, and ongoing work to improve obesity prevention infrastructure. These strategies highlight the need for sustained funding, workforce development, and strengthened data systems to track measurable outcomes over time.

Strategies classified as "Needs Attention" generally correspond to areas where progress has slowed or where external factors—such as provider shortages, policy constraints, rising insurance costs, or limited access to clinical trials—continue to impede advancement. Notable examples include ongoing challenges in provider data reporting to NCCR, difficulties in expanding the number of clinical trial providers statewide, and persistent geographic and systemic barriers affecting cancer screening and palliative care access.

Finally, "Data Not Yet Available" remains a recurring category due to varied reporting schedules across BRFSS, Youth Risk Behavior Surveillance System (YRBS), CDC immunization systems, and other statewide surveillance programs. These delays impact the ability to track year-to-year progress for several indicators, particularly those related to obesity, youth tobacco behaviors, and melanoma incidence. These gaps emphasize the continued need to maintain data infrastructure and reporting pathways.

Overall, the Year-5 evaluation demonstrates meaningful progress toward several goals of the Nevada Cancer Plan while underscoring the continued importance of long-term investments in data, workforce, access, and community-level interventions. These findings help inform the recommendations and priorities outlined in the following section as Nevada prepares for the next five-year cancer control cycle.

RECOMMENDATIONS

Recommendations have been provided for the consideration of the cancer control community and are based on the evaluation of qualitative data in the previous sections of this report (Plan Progress and Evaluation Results).

The Year-5 evaluation highlights areas of strong progress as well as persistent barriers across Nevada's cancer control system. The following recommendations are based on partner-reported data, statewide indicator trends, and evaluation findings across all five priority areas. They are intended to guide collaborative planning as Nevada prepares for the next cancer control cycle.

1. Strengthen and Expand Prevention Efforts
   - Increase HPV vaccine series completion by scaling reminder-recall systems, expanding education on updated dosing guidelines, and integrating HPV vaccination into dental settings.
   - Enhance radon testing during real estate transactions by promoting standardized radon education for realtors and encouraging inspection processes that include radon testing.
   - Sustain and diversify tobacco prevention funding, especially for youth-focused efforts, in response to significant reductions in state and federal funds.
   - Advance evidence-based obesity prevention by strengthening school-based wellness policy adoption, increasing support for community garden infrastructure, and improving coordination across school, clinical, and public health data systems.

2. Improve Early Detection and Screening Access
   - Expand community-based outreach and clinical navigation to increase breast, colorectal, and lung screening participation, with particular focus on rural and underserved populations.
   - Support clinical adoption of new evidence-based screening modalities, including HPV self-collection and stool-based colorectal tests, to reduce geographic and cost barriers.
   - Enhance screening data collection and reporting, especially for cervical cancer, melanoma, and lung cancer screening, by strengthening provider reporting pathways and data-sharing systems.
   - Address screening capacity constraints, including specialist shortages, by supporting triage systems and alternative access points such as mobile and community-based screening programs.

3. Improve Access to Coverage and Care
   - Monitor and address rising uninsured rates by supporting policies that improve insurance affordability, sustain Medicaid expansion, and strengthen Nevada's public option.
   - Improve network adequacy and insurer compliance with state-mandated cancer screening requirements through collaboration with the Nevada Division of Insurance and ongoing provider advocacy.

- Expand the Community Health Worker and navigation workforce by leveraging new reimbursement mechanisms and increasing training, mentorship, and integration of navigators into health systems.

4. Strengthen Survivorship and Quality-of-Life Supports
   - Increase access to palliative care by promoting education that clarifies distinctions between palliative and hospice care, expanding outpatient palliative services, and improving referral pathways.
   - Invest in survivorship data collection.
   - Enhance peer-to-peer support capacity by expanding mentorship recruitment and strengthening statewide partnerships with organizations, such as Imerman Angels.
   - Sustain and grow navigation services, particularly in rural and frontier areas, through continued investment in training, outreach, and media campaigns that increase awareness of survivorship supports.

5. Enhance Cancer Surveillance and Research Opportunities
   - Increase publication and dissemination of cancer data through accessible dashboards, regional reports, and targeted data briefs to support partner decision-making.
   - Strengthen clinical trial access through partnerships with academic medical centers, multi-state research networks, and expanded patient and provider education on trial availability.
   - Address barriers to provider participation in clinical trials, including staffing limitations, administrative costs, and rural access barriers, to reverse the multi-year decline in trial provider availability.

6. Cross-Cutting Recommendations for the Next Cancer Plan Cycle
   - Invest in long-term workforce development for providers, navigators, data specialists, and public health staff to address shortages that impact prevention, screening, treatment, and survivorship.
   - Strengthen statewide data infrastructure, including consistent data-sharing systems for obesity, screening, survivorship, and provider workforce metrics.
   - Promote sustained funding stability across all priority areas to reduce service gaps created by year-to-year volatility in grants and state allocations.
   - Expand statewide collaborative models, building on the success of NCC-led collaboratives, to ensure ongoing partner engagement and alignment with statewide cancer control goals.

CALL TO ACTION

Everyone has a role to play in decreasing the burden of cancer in Nevada. Here are ways individuals can help:

- Attend to personal health and well-being.
  - Quit smoking and avoid exposure to secondhand smoke.
  - Eat a healthy, well-rounded diet.
  - Be physically active.
  - Test your home for radon.
  - Get the recommended cancer preventive immunizations such as hepatitis B and human papillomavirus (HPV).
  - Avoid overexposure to the sun and artificial tanning.
  - Know your family history of cancer, what types of cancer screenings you should get, how often to get screened and where you can get screened.
- Become a member of the Nevada Cancer Coalition.
- Join prioritized formal Collaboratives:
  - HPV Collaborative
  - Breast Cancer Collaborative
  - Colorectal Cancer Collaborative
  - Lung Cancer Collaborative
  - Oncology Patient Navigation Network
  - Survivorship Task Force
  - Policy Committee
- Become a Sun Smart Nevada Volunteer
- Volunteer as a Peer Mentor for cancer survivorship.
- Be attentive and active during the biennial Legislative session. Educate policymakers on the burden of cancer in Nevada and the initiatives of the 2021-2025 Nevada Cancer Plan.

CONTACT INFORMATION

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This report and subsequent publications will be made available at the following websites:

http://Nevadacancercoalition.org