

**Chronic Disease Prevention and Health Promotion Section Report  
Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease**

**Thursday, April 16, 2015**

**Staffing**

Welcome to the team several new staff:

- Melanie Flores, MSW – Quality Improvement Manager (as of April 20, 2015)
- Leah Thompson, MPH – Cancer and Clinical Systems Manager
- Victoria Kolar – Heart Disease and Stroke Prevention and Control Program Coordinator
- Amanda Rupert – Administrative Assistant III

The section is in the process of hiring a new Wellness and Health Promotions Manager, a Tobacco Cessation Coordinator, a Women’s Health Connection Program Coordinator, and a Women’s Health Connection Data Analyst.

**Programming**

**Women’s Health Connection Program**

The Women’s Health Connection (WHC) program aims to screen 6,332 women in fiscal year 2015. As of February 2015, the WHC program has screened 3,597 women for breast and cervical cancer. Due to the success of the Affordable Care Act (ACA) and Nevada’s expanded Medicaid decision, the WHC program has seen a steady decline in the number of clients screened per month as compared to previous years. This decline in overall screening has abled the WHC program to expand cervical cancer screenings to women ages 21–39. Women ages 21–29 enrolled into the WHC program will receive a screening pap test, and women ages 30–39 will receive a screening pap test and may be offered an HPV co-test.

All women in the WHC program who receive an abnormal screening will receive diagnostic and case management services. The WHC program recognizes that some of the women screened are eligible to receive the HPV vaccination series based on the age range (ages 21–26) the client falls into. The WHC program is working with Immunize Nevada’s HPV Taskforce to provide WHC providers with an “HPV Free” Provider Toolkit. The WHC program will continue to promote HPV vaccination to women screened ages 21–26.

The WHC program is developing an eligibility policy to ensure WHC screening dollars are spent on screenings for women who do not have access to healthcare insurance. The main component of the WHC eligibility policy will ultimately be to navigate all eligible clients into a sustainable insurance product. Women who are insured or who obtain insurance through the healthcare marketplace may be covered under an insurance policy that requires the patient to pay an out-of-pocket expense for breast and cervical cancer screening and/or diagnostic services. These women are considered underinsured. The WHC program is developing a policy to assist women who are underinsured to pay for their screening and/or diagnostic services.

Newly enrolled WHC clients will receive a “Welcome Packet” in the mail from the WHC program. The “Welcome Packet” includes a letter from the program detailing clients’ rights and responsibilities, an ACA card that lists certified enrollment organizations, and health promotional materials specific to breast and cervical cancer screening and nutrition.

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**Nevada Colorectal Cancer Control Program**

The Nevada Colorectal Cancer Control Program (CRCCP), funded through CDC, supports the delivery of quality colorectal screening to uninsured or under-insured individuals aged 50–64 who are at or below 250 percent of FPL and promote population-based screening and provider education. Nevada continues support of the National Colorectal Cancer Roundtable initiative of 80 percent by 2018. The 2015 March Colorectal Cancer Awareness Month statewide campaign is in full swing with multiple small and large statewide media approaches. Governor Sandoval proclaimed March as Colorectal Cancer Awareness Month in Nevada. The proclamation was presented by Secretary of State Barbara Cegavske during Cancer Awareness Day at the Nevada Legislature March 16, 2015. Nevada’s “Choice Saves Lives” education and campaign approaches, based on shared decision making tactics between patient and physician, are ongoing and promoting the use of the Nevada Primary Care Physician’s Colon Cancer Toolkit. CRCCP is also committed to inclusion of the Community Health Workers (CHW) into clinical settings as a part of the team-based care model. CRCCP is currently working with three FQHC groups funding CHWs to promote increased use of and access to electronic health records and chronic disease surveillance systems to drive client-directed evidence-based interventions to increase colorectal cancer screening.

**Comprehensive Cancer Control Program**

Nevada’s **Comprehensive Cancer Control Program** works toward bringing communities and partner organizations together to reduce the burden of cancer in Nevada. The program partially funds and works closely with the Nevada Cancer Coalition, who plays a key collaborative role within the community.

Current activities include the following:

- Creating the 2016–2020 Comprehensive Cancer Control Plan. Will be published September 2015.
- Creating a Radon Exposure Action Plan with Radon Education Partners to decrease Radon exposure throughout the state
- Working toward expansion of the Medicaid Treatment Act
- Partnering with Skin Cancer Workgroup at NCC to survey current sun safety practices in schools and to identify schools in which to pilot sun safety policy changes
- Collaboration with the Nevada Central Cancer Registry to increase meaningful cancer reporting and creation of the first Nevada Central Cancer Registry Cancer Burden Reports, Plus Childhood Cancer Burden Report and Skin Cancer Surveillance Document
- Partnering with National Association of Chronic Disease Directors (NACDD) grant and Medicaid to increase recommended screening rates in Washoe County

**Legislation**

BDRs Tracked by Comprehensive Cancer Control Partners:

- **SB 265** Palliative Care Bill – Senator Woodhouse
  - Advisory council for palliative care in Nevada to be placed within Division of Public and Behavioral Health (DPBH)

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- **AB 42** – Nevada Central Cancer Registry – DPBH
  - Spearheaded by Nevada Cancer Coalition and the Nevada Central Cancer Registry
  - Change to inclusive cancer reporting in Nevada (do not preclude providers)
  - Work to take away reporting fees
- **SB336** – Assisted Suicide
  - Senator Parks
  - Revises provisions governing, prescribing, dispensing, and administering controlled substances designed to end the life of a patient
- **SB 458** – Breast Density
  - Senate Committee on Health and Human Services
  - Revises provisions governing notifications to patients regarding breast density

**Community Health Worker Program**

The Community Health Worker (CHW) Program currently has nine CHWs in the field through the pilot project housed in six coalitions across the state under the Nevada Statewide Coalition Partnership (NSCP). From June 2013 through December 2014, CHWs have accomplished the following:

- As a group, attended 316 trainings, for a total of 1,893 hours of training
- Reached 67,283 individuals through outreach activities at health fairs, schools, and community events, such as the Remote Area Medical
- Reached 200,000 individuals through media activities, including social media, radio, and television.
- Made 3,552 referrals
- Established 350 case management cases
- Administered 79 trainings

As the program continues to grow, CHWs will continue to focus on community engagement, education and outreach, case management, and referrals. In addition, CHWs continue to build relationships within their respective communities and attend numerous trainings to increase their knowledge and skills and serve their communities effectively.

The program is working with the Center for Program Evaluation (CPE) at the University of Nevada, Reno (UNR) to conduct a return-on-investment study to assess the positive and negative impacts on medical costs associated with Community Health Workers in the clinical sector. This is a project conducted in conjunction with the Community Health Alliance in Reno, Nevada.

**Diabetes Prevention and Control Program**

A Diabetes Education Stakeholder group has been meeting monthly and will have held the full-day Strategic Planning Meeting on April 9, 2015 at Desert Springs Medical Center in Las Vegas. The focus has been to develop a strategic plan around the key drivers of access/capacity, referrals (policies and practices in place within the health systems to efficiently connect people with diabetes to DSME and

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DPP), reimbursement, and patient awareness of health/financial benefits of attending DSME/DPP. With two to three key strategies identified, The Diabetes Education Stakeholder will continue to work toward implementation of these strategies.

To better understand the current clinical environment regarding use of electronic health records, and screening protocols for prediabetes, CDPHP is continuing to utilize a Masters of Public Health intern and working with HealthInsight to paint a picture of assets and gaps in Nevada around prediabetes.

St. Rose Dominican Hospitals is moving forward on conducting a pilot demonstration project that will establish National Diabetes Prevention Program (NDPP) referral protocols between community and clinical settings. This will include referral forms, which will be embedding into EHR referral mechanisms in conjunction with existing DSMP partners, along with a website link to establish appropriate referrals between community and clinical settings.

The Diabetes Prevention and Control Program coordinator has been working directly with American Medical Association on rolling out the newly released *Prevent Diabetes STAT Screen/Test/Act Today* toolkit for physicians to be able to have Nevada specific contact information, such as, the in production, NVDiabetesEd.org.

Legislation

- **AB285** – Revises NRS 392.425 relating to the self-administration of certain medications in public schools.
  - Provides for pupil with diabetes to self-administer care and medication.
  - Provides immunity from civil liability for schools that enact the provisions of the bill.
  - Introduced March 13, 2015
  - Heard March 25, 2015 by Assembly Education Committee – no action

**Cardiovascular Disease Prevention and Control Program**

The CDC 1305 Grant supports the funding of this program. Partners include HealthIE Nevada, the Office of Informatics and Epidemiology (OPHIE), and Nevada Health Centers. Funding will not support direct services. Funding will be utilized to access electronic health records (EHR), assess reporting of national quality measures (NQF 18 and 59), and working with partners to develop flagging systems within their current EHR systems for prevention referrals and management of care.

- The program has hired a Heart and Stroke Prevention Coordinator commencing in March 2015.
- The program has implemented a pilot project with Nevada Health Centers, Dignity Health, HealthInsight and HealthIE Nevada to flag high risk clients for pre-diabetes, diabetes and hypertension through their electronic medical records systems and refer them into lifestyle change, self-management education, or care coordination (i.e. Community Health Workers) for the self-monitoring of blood pressure and follow-up care.
- The program is applying for the CDC Paul Coverdell Acute Stroke Prevention Grant (CDC 1514). This competitive grant that charges the awardees to develop a model of care that unites the continuum of healthcare providers within the state for the purpose of elevating the level of care for stroke prevention, management, quality improvement, and development of evidenced based best practice models. Partners include five rural EMS agencies, four rural hospitals spanning the 1-80 corridor, the American Heart Association's *Heart 360, Get with the Guidelines*

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and *Door-to-Needle* initiative and Northern Nevada Medical Center's TeleStroke program. This pilot initiative will span 5 counties reaching a total of approximately 81,000 residents.

- **May 5–6, 2015 is the Nevada Million Hearts Professional Education and Stakeholder Workshop.** This event will be held at the Stan Fulton Building at the University of Las Vegas. The purpose is to create a system to improve hypertension identification, treatment and control. The cost is only \$30 which includes lunch and there are several travel scholarships available.
  - The first day is professional development consisting of American Heart Association's Senior Regional Director of Quality and Systems Improvement, Ron Loomis, Dr. Joseph Young from Kaiser Permanente, Dr. Donna Daniel from the American Medical Association, Erick Maddox from HealthIE Nevada, Sandra Leal Vice President for Innovation, SinfoniaRX, Kelly Volkmann from Benton County Health Services covering CHWs in the clinical sector and Richard Davis from the Adult Lung Association.
  - The second day will highlight local organizations how have quality improvement and team-based care protocols such as the Regional Health Administrator from Health and Human Services, Nadine Simons, a debut of the Heart Disease and Stroke Strategic Plan, a panel made up of HealthInsight, Dignity Health, Nevada Health Centers and Desert Springs Hospital, and a panel made of Nevada Primary Care Association, Roseman University, and a CHW from the CARE Coalition. The second day will bring many viewpoints together to set priorities and action planning within breakout sessions.

Legislation

- **SB196** – Sponsored by the Senate Committee on Health and Human Services is an act requiring the NDPBH to establish a stroke registry
  - Provides for the inclusion of comprehensive stroke centers on the list of stroke centers maintained by the Division
  - Requires hospitals on the list of stroke centers to report certain data to the registry
  - Revises provisions governing continuing education requirements for certain providers of health care

**Obesity Prevention Program**

The Obesity Prevention Program's mission is to reduce obesity and promote healthy behaviors relating to nutrition and physical activity among Nevadans. This program is funded through CDC's State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health's five-year grant and currently has several projects occurring. The project that is highlighted this quarter is Obesity Prevention in the Early Care and Education (ECE) setting. The main objectives of this project are to provide professional development/training opportunities and on-site technical assistance to ECE directors and staff on nutrition standards/food service guidelines including sodium, increasing physical activity, decreasing screen/media time, and breastfeeding support. The Nevada Division of Public and Behavioral Health (NDPBH) has partnered with Children's Cabinet to execute these trainings and on-site technical assistance. Initially, these opportunities will be focused in four main counties: Washoe, Clark, Carson City, and Elko, and then expand to statewide. To date, a total of seven trainings reaching 65 unique providers and 930+ children have occurred in these four main counties and three facilities have signed up for on-site technical assistance. Our goal is to provide

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training and on-site technical assistance opportunities within the above topic areas statewide within the next three years. These opportunities will help support a comprehensive approach in ensuring Nevada's youth have an environment in which they can practice healthy behaviors from the start.

Legislation

- **SB 402** – An act relating to public health; defining the term “obesity” as a chronic disease; requiring the Division of Public and Behavioral Health of the Department of Health and Human Services to prepare an annual report on obesity; and providing other matters properly relating thereto.
- **AB 152** – An act relating to care of children; requiring the State Board of Health to adopt regulations prescribing requirements for meals and snacks provided to children at child care facilities; setting forth certain requirements for child care facilities relating to breastfeeding, physical activity and viewing media; and providing other matters properly relating thereto.
- **AB 306** – An act relating to public health; requiring an employer to provide a reasonable break time and a clean, private place for an employee who is a nursing mother to express breast milk; prohibiting an employer from retaliating against an employee for certain actions relating to this requirement; creating a right of action for a public employee who is aggrieved by her employer's failure to comply with this requirement or by such retaliation by the employer; exempting certain small employers from this requirement if compliance would cause an undue hardship; authorizing a local board of health to establish a program to mediate disputes concerning a violation of this requirement; authorizing the Labor Commissioner to enforce the requirement against private employers; providing a penalty; and providing other matters properly relating thereto.

School Health

The School Health Program Coordinator, Christine Caufield, began full-time at the end of December. In the last quarter, the School Health Program Coordinator has focused on the following:

- Comprehensive School Physical Activity Program (CSPAP) – the School Health Program Coordinator completed the CSPAP training of trainers course in February and has been working to schedule CSPAP professional development for the month of May in Washoe and Clark counties. Any interested school staff across the state is welcome to attend. The CSPAP training provides staff with the tools to assess and implement physical activity in and around the school day to improve student health and academics. The School Health Program Coordinator is also working with partners to expand the topics offered in the professional development courses.

School Wellness Policies – all Nevada school districts are required by the Department of Agriculture to create and implement a local school wellness policy (LSWP) to improve school nutrition standards and physical activity. The School Health Program Coordinator contacted each district's School Wellness Coordinator to offer assistance related to the creation of the LSWP, including advisory committee creation, CDC best practices, and policy review. The School Health Program Coordinator has attended

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School Wellness Advisory Committee meetings in Washoe and Carson counties and convened meetings with the School Wellness Coordinators on current legislation and training on the LSWP.

Legislation

- **SB 178** – An act relating to education; recommending all public and private schools to provide 75 minutes of physical activity per week in grades 1-5. Requires certain school districts to collect data concerning the height and weight of pupils; and providing other matters properly relating thereto.
- **AB 107** – An act relating to education; requiring reports of accountability for public schools to include certain information regarding pupils who qualify for free or reduced-price lunches pursuant to federal law; and providing other matters properly relating thereto.
- **AB 197** – An act relating to care of children; requiring certain out-of-school-time and seasonal or temporary recreation programs to obtain a permit; imposing a fee for the issuance of such a permit; establishing certain requirements for the operation of an out-of-school-time or a seasonal or temporary recreation program; and providing other matters properly relating thereto.
- **AB 206** – An act relating to education; requiring certain notices provided by a principal at a public school to the parent or guardian of a pupil relating to the health or bullying of the pupil to include a list of resources that may be available in the community for the pupil; and providing other matters properly relating thereto.

Tobacco Prevention and Control Program

- The Nevada Tobacco Prevention Coalition (NTPC) held its annual strategic planning session in Las Vegas on January 13, 2015. The emphasis was on tobacco prevention and control policy and the 2015 Legislative Session in Nevada.
- The Tobacco Prevention and Control Program (TCP) Worked with KPS3 in Reno to develop a media campaign targeting disparate populations, including LGBTQ populations in Northern Nevada.
- The statewide youth advocacy coalition, led by CTFK Western Regional Youth Advocate of the Year Spencer Flanders, held two statewide teleconference meetings and participated in the campaign for Tobacco-Free Kids annual Kick Butts Day on March 18, 2015.
- TCP Coordinator researched all tobacco related BDRs and Tobacco Tax Policy following the announcement of the Nevada Governors proposed increase in cigarette excise tax.
- The Nevada Statewide Coalition Partnership (NSCP) is worked with local press to issue a comprehensive tobacco burden document that promotes the Nevada Tobacco Quitline and highlights best practice for state and community interventions.
- Carson City Health and Human Services (CCHHS) is in the planning stages of a campaign to promote a tobacco-free campus initiative for the county's community college.
- Calls to the Nevada Tobacco Quitline increased as Washoe County Health District (WCHD) and Southern Nevada Health District (SNHD) premiered media campaigns in January and February.

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- The new TPCP Evaluator worked with the TPCP Coordinator, Chronic Disease Prevention and Health Promotion (CDPHP) Evaluation Program management and staff, and sub-grantees to revise existing scopes of work and work programs for state tobacco prevention and control effort.
- Nevada Tobacco Prevention Coalition (NTPC) continued to monitor all tobacco-related legislation in the 2015 Session and provided scientific evidence of the burden of tobacco and tobacco products in Nevada, as it pertained to the various bills.
- KPS3 held seven focus groups for populations disproportionately affected by tobacco in Northern Nevada. Results of the focus groups and additional research into tobacco-related disparities were presented at the quarterly general membership meeting of the Nevada Tobacco Prevention Coalition (NTPC) on March 23, 2015.
- KPS-3 published a report based upon the findings and developed a targeted marketing campaign that promotes the Nevada Tobacco Quitline.

Legislation

The TPCP and statewide partners in Tobacco Prevention and Control are monitoring the following proposed legislation for the 2015 Nevada Legislative Session: AB 83, AB 322, SB 79, SB 201, SB 225, SB 339, and SB 455.

- **AB83** – Revises provisions relating to tobacco; sponsored by the Committee on Taxation
- **AB322** – Prohibits the smoking of tobacco inside any motor vehicle in which a child under the age of 18 years is present; sponsored by Assemblyman Sprinkle
- **SB79** – Provides for the regulation and taxation of liquid nicotine; sponsored by the Committee on Revenue and Economic Development
- **SB201** – Revises provisions governing smoking in certain places; sponsored by the Committee on Finance
- **SB225** – Revises provisions relating to the sale and distribution of tobacco products and liquid nicotine sponsored by Farley, Hardy, Harris, Gustavson, Atkinson, Goicoechea, and Settlemeyer
- **SB339** – Authorizes the Nevada System of Higher Education to impose additional restrictions relating to the use of tobacco; sponsored by Senators Smith, Woodhouse, Denis, Parks, Brower, Atkinson, Ford, Hardy, Kieckhefer, Kihuen, Manendo, Segerblom, and Spearman; Assemblymen Sprinkle, Joiner, Araujo, Carrillo, Hickey, Kirner, Munford, and Stewart
- **SB455** – Increases the excise tax on cigarettes; sponsored by the Committee on Revenue and Economic Development