

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

**Thursday, October 23, 2014**

**Staffing**

Congratulations to Shannon Bennett, the former Comprehensive Cancer Coordinator, who was recently promoted to the Cancer Unit Manager position.

CDPHP is currently in the process of interviewing for two positions: The Heart and Stroke Coordinator position and the School Health Coordinator position.

CDPHP has hired two new section evaluators, one for the whole section and one specific to tobacco initiatives. Once the process has been completed, we will share details with the group.

**Programming**

**Women's Health Connection Program**

The program developed provider site visit protocols to monitor, assess, and improve the quality of clinical services provided to WHC clients. Provider site visits will start the end of October 2014.

The WHC is preparing for the new ACA enrollment period, which starts November 15, 2014. Educational postcards will be mailed to clients, and the program's welcome package will include enrollment assistance information.

The WHC received additional grant funds through the National Association of Chronic Disease Directors (NACDD) to implement the first phase of the previously awarded planning grant. Our planning grant was designed to be accomplished in four one-year phases. Each phase is designed to accomplish a stand-alone result, and future phases can be moved up or eliminated depending on funding and resources. The first phase was designed to integrate Medicaid data into the existing WHC data system, to obtain baselines screening rates through ICD-9/10 and CPT Code data, to track Medicaid screening utilization, and to follow WHC clients who have transitioned to Medicaid.

The WHC's direct-service vendor contract with Access to Healthcare Network will expire June 30, 2015. The Program is currently going through a new RFP process, and a vendor should be selected by the end of November.

**Nevada Colorectal Cancer Control Program**

During the five years the Nevada Colorectal Cancer Control Program (CRCCP) has been funded through the CDC, the program continues to see increased momentum to support and deliver quality colorectal screening to uninsured or underinsured individuals aged 50–64 who are at or below 250 percent of FPL and to promote population-based screening and provider education. Nevada has adopted the National Colorectal Cancer Roundtable initiative goal of 80 percent by 2018, and all future campaigns will be driven by this goal. Nevada's "Choice Saves Lives" education and campaign approaches, based on shared decision making tactics between patient and physician, continue to gain strength with the addition of Web-based provider training and in-office detailing at Primary Care practices. The Nevada Primary Care

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Physician's Colon Cancer Toolkit has become a valuable resource in provider education, with all toolkit materials including downloadable, bilingual decision aids, reminder/phone script templates, and most current screening recommendations available through various outlets including Nevada Cancer Coalition's colorectal Website [www.challengenv.com](http://www.challengenv.com) and NCCP's Website [www.nvccp.org](http://www.nvccp.org). Other activities include imbedding Community Health Workers into clinical settings and the use of and access to electronic health records and chronic disease surveillance systems to assist in the development of client-directed evidence-based interventions to promote colorectal cancer screening.

**Comprehensive Cancer Control Program**

Nevada 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:

- Radon education and control efforts in collaboration with the Nevada Radon Education Program
- Breast Cancer Collaborative meetings to identify and address gaps in the clinical system of care for breast cancer screening, treatment, and survivorship in Nevada
- Youth advocacy coalition development in partnership with the Tobacco Prevention and Control Program
- Exploring ways to increase eligibility criteria for Medicaid Treatment Program for uninsured women diagnosed with breast or cervical cancer
- Systems change within the Women's Health Connection and Medicaid Fee for Service to increase knowledge of cancer screening schedule
- Collaboration with the Nevada Central Cancer Registry to increase meaningful cancer reporting
- Preparing for the 2016–2020 Nevada Comprehensive Cancer Control Plan creation; starts January 2015

Potential Bill Draft Requests (BDRs) from Comprehensive Cancer Control Partners:

- Palliative Care Bill – Senator Woodhouse
  - Spearheaded by Tom McCoy, American Cancer Society Cancer Action Network
  - Made advisory council for palliative care in Nevada
- Nevada Central Cancer Registry – Nevada Division of Public and Behavioral Health
  - 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
- E-cigarettes
  - Spearheaded by Nevada Tobacco Prevention Coalition
  - Include e-cigarettes in Nevada Clean Indoor Air Act
- Smoking in Cars with Children – Senator Sprinkle

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- Smoking in cars with children would be a ticketed event

**Community Health Worker Program**

The Community Health Worker (CHW) Program has grown and expanded significantly during the last few months. However, because of the novelty of having Community Health Workers (CHWs) in Nevada and their minimal introduction into the healthcare model, integrating them into the existing healthcare system has resulted in challenges for the program. The coalition's Directors have expressed the following as some of the barriers they have faced in the duration of this pilot program:

1) Not being able to increase clinical linkages between the CHWs and clinical agencies, such as Federally Qualified Health Centers (FQHCs) and area hospitals. A solution presented was to have the Nevada Division of Public and Behavioral Health (NDPBH) foster relationships with the clinical sector at a high level to give their programs more credibility in their respective regions.

2) Allotted hours and hourly wage for the CHWs. An unintended consequence of this program was the skill development piece, which has made CHWs more marketable to other agencies; therefore, many CHWs in the pilot have been hired at other organizations, reducing the retention rate of the pilot cohort. As a result, some CHWs have been hired full-time, some have left the position vacant, and others have attempted to hire another CHW as a replacement. The latter has resulted in increased costs associated with training and travel to send prospective CHWs to Washington State to go through their training program. As of July, the coalitions raised the pay of their CHWs to a wage of \$14 per hour.

The coalitions have reported that all the CHWs are very passionate about what they do and are very satisfied with the way they are positively affecting their communities. They take pride in their work and feel confident and comfortable providing direct services to their clients, conducting outreach and education activities, as well as talking to audiences about the CHW Program. 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 Center for Program Evaluation (CPE) at the University of Nevada, Reno released a final evaluation report of the program on August 30, and is available upon request. The program developed and implemented a Coalition Director Satisfaction Survey in late August and is working with CPE on data cleanup and analysis, as well as on developing and implementing a focus group with the Coalition Directors.

The program, in collaboration with Healthy Communities Coalition (Lyon), Nye Communities Coalition, Southern Nevada Health District, Washoe County Health District, Health Insight, Healthy Nevada, the Office of Public Health Informatics and Epidemiology, the Community Health Alliance, and the Nevada Health Centers, is applying for the State and Local Public Health Action to Prevent Obesity, Diabetes, and Heart Disease and Stroke Grant. The objective of this funding is to reduce health disparities among Latinos, African Americans, and low-income individuals. If awarded, the grant will be used to enhance the use of health data, diabetes prevention programs, clinical professional development, and

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Community Health Workers, as well as to improve physical environments in Clark, Washoe, Lyon, and Nye counties.

The Education Development Workgroup, comprised of the Nevada Systems of Higher Education and the Governor's Office of Economic Development, was awarded a grant from the Department of Education, Training, and Rehabilitation (DETR) that was used to develop a standardized CHW curriculum and certification system with Truckee Meadows Community College and the College of Southern Nevada. The training curriculum will solidify the core roles, responsibilities, and ethics of CHWs in Nevada to meet national standards. This pilot training will be an eight-week course at no cost to the student. Students will learn how to evaluate a client's needs and create a plan to address them, and explore HIPAA guidelines for client rights and confidentiality, required documentation and reporting, and safe boundaries for interpersonal relationships. In addition, students will discover their advocacy role, how to develop community resources and partnerships, how to be sensitive to ethnic, cultural, religious, and gender diversity, and case management strategies that will best serve their clients. Students will find out how to navigate the Nevada healthcare system and promote healthy living through nutrition and disease prevention. Additionally, at the end of the course, students will understand the importance of time management and how to manage their self-care with coping skills that reduce the stress of emotional attachment and help them debrief difficult cases. Students who complete this course will earn a first aid/CPR card, a WorkKeys Certificate, a college Certificate of Completion, and a Mental Health first aid certificate (optional). Students must attend all classes to receive a certificate of completion. Classes will meet from October 24 to November 22, 2014. Six months after graduation of the pilot cohort, NSHE plans to perform an evaluation of students and employers to see if the new CHWs are being hired. This evaluation will help determine whether NSHE will continue to run more cohorts of students and add more health-specific classes to the curriculum.

The Diabetes Policy Workgroup is comprised of partners from Medicaid, the Heart Association, Access to Healthcare Network, Health Innovations LLC, Workforce Connect, Great Basin Primary Care, Nevada Business Group on Health, and the CHW coalitions. The workgroup is in the process of moving forth legislation to make CHWs a legislatively recognized profession in Nevada, along with certification standards. This workgroup has developed a final draft of a White Paper and is developing language to propose for the BDR. Additionally, the group is working with the Program Coordinator and the Evaluation Intern on developing a CHW Association in Nevada. The Program would like the association to assist with the CHW certification process and the promotion and understanding of CHWs as a workforce in addition to further helping oversee standards, guidelines, and requirements relating to the training and regulations of CHWs. The Program Coordinator and partners have developed a work plan and identified key persons that should be involved in this project, as well as a CHW leader who will be the voice of all the CHWs.

On June 30, the program initiated a state-to-state initiative to discuss CHW preventive activities and Medicaid reimbursement. The program will be hosting a second state-to-state call on December 3, 2014.

NDPBH submitted a BDR. The program worked with the Bureau of Health Care Quality and Compliance (HCQC) to develop language around CHW regulation and oversight to certify individual CHWs in Nevada. This language also includes training standards in accordance with CHW core competencies. We should find out in October whether the Governor is going to adapt the BDR.

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**Diabetes Prevention and Control Program**

The primary goals of the CDC 1305 Basic and Basic Plus funding for diabetes are as follows:

- 1) Promote awareness of prediabetes among persons at high risk for type 2 diabetes
- 2) Promote participation in ADA-recognized, AADE-accredited, and Stanford-licensed diabetes self-management education (DSME) programs
- 3) Increase access, referrals, and reimbursement for AADE-accredited, ADA-recognized, and/or Stanford-licensed DSME programs
- 4) Increase use of lifestyle intervention programs in community settings for the primary prevention of type 2 diabetes.

The two primary partners for the Stanford Model Diabetes Self-Management Education (DSME) are Nevada Primary Care Association (NVPCA) and Nevada Statewide Coalition Partnership (NSCP). NVPCA is the statewide Quality and Technical Assistance Center (QTAC) for Stanford DSME and is charged with increasing access statewide to Stanford DSME and Programa de Manejo Personal de la Diabetes programs, especially in the rural and Spanish speaking communities, by assessing capacity needs for training of both leaders and Master trainers throughout the state and by providing coordination of trainings offered throughout the state. To increase referrals to DSME programs, NVPCA will work with the state's FQHCs providers and explain referral, reimbursement, and coding processes. The NSCP is focusing on increasing access to points and patient participation in DSME in at least the three rural counties of Nye, Lyon, and Carson City and among Spanish speaking individuals throughout the state by establishing and promoting the Stanford DSME workshops in these target patient populations.

Basic Plus, goal 3, above, is focusing on bringing together Diabetes Education Stakeholders (DES) to develop a strategic plan to increase access, referrals, and reimbursement for DSME programs, and as infrastructure grows Diabetes Prevention Programs (DPP), to develop materials for clinicians' academic detailing. On September 24, 2014, the first DES meeting via conference call was held. UNR Masters of Public Health Intern, Kelly Morning, presented the finding from her survey of DSME offerings that she conducted this summer. This first meeting was attended by 20 participants and CDPHP staff. To assist with both the strategic planning and academic detailing, CDPHP has contracted with DP Video. The next meeting of the DES is scheduled for October 29, 2014 as a webinar at 10:00 am.

To increase use of lifestyle intervention programs in community settings for the primary prevention of type 2 diabetes, CDPHP is contracting with Dignity Health St. Rose Dominican hospitals. St. Rose is establishing a pilot demonstration project for the National Diabetes Prevention Program referral protocols between community and clinical settings. This will include referral forms, which will be embedded into EHR referral mechanisms in conjunction with existing DSME partners, along with a Website link to establish appropriate referrals between community and clinical settings. St. Rose will also convene meetings in conjunction with other DPP providers (currently only the YMCA of Southern Nevada) with health systems to develop and institutionalize referral protocols to Clark County Diabetes

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Prevention Programs and/or establish DPP programs for their patients. They will also train these healthcare system staff as needed.

The Diabetes Policy Workgroup has been on hiatus for the summer and will be meeting the first week of November to address next steps in seeking recognition for Certified Community Health Workers as a profession during the 2015 Biennial Legislative Session. This workgroup has developed a White Paper. Furthermore, the group is working on developing a CHW Association in Nevada. The Association will assist with the CHW certification process and the promotion and understanding of CHWs as a workforce. In addition, it will further help oversee standards, guidelines, and requirements relating to the training and regulation of CHWs.

**Cardiovascular Disease Prevention and Control Program**

The CDC 1305 Grant supports the funding of this program. The approximate budget for this program is \$387,000. 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), to assess reporting of national quality measures (NQF 18 and 59), and to work with partners to develop flagging systems within their current EHR systems for prevention referrals and management of care.

In lieu of the Heart and Stroke Advisory Board, a group of stakeholders have developed a strategic planning workgroup convened by Social Entrepreneurs. A Webinar was hosted September 30, 2014 to further the strategic planning on heart and stroke issues in Nevada. Kelly Marschall, from Social Entrepreneurs, hosted the meeting. HealthIE Nevada presented on Meaningful Use and the Affordable Care Act. The Southern Nevada Health District and the American Heart Association presented on what their organizations are doing in Nevada regarding Heart and Stroke education and prevention. Social Entrepreneurs, in conjunction with CDPHP, is forming a comprehensive White Paper. A series of meetings will be convened, with the ultimate goal of building a strategic plan going into SFY 16. A situational analysis has been conducted. CDPHP and Social Entrepreneurs are continuing with data collection to add to the White Paper. Priorities, goals, and an action plan are the next steps in the evolution of this program.

A coordinator for this program should be in place before the end of the year. The program is looking for a community champion to lead the workgroup, advise state activities, and be the voice in the community for heart and stroke issues in Nevada. If you would like to get involved, please contact [mflores@health.nv.gov](mailto:mflores@health.nv.gov).

**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 the CDC's State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk



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Factors and Promote School Health's five-year grant, and it currently has several projects in place. The project that is highlighted this quarter is Obesity Prevention in the Early Care and Education (ECE) settings. The main objectives of this project are to provide training and technical assistance to Early Care and Education (ECE) centers on nutrition, physical activity, breastfeeding support, and decreased screen time. The Nevada Division of Public and Behavioral Health (NDPBH) has contracted with Children's Cabinet to begin providing this training in October 2014. The training and technical assistance will be focused in four main areas throughout the State of Nevada as follows: Elko, Carson City, Washoe County, and Clark County. Their goal is to reach 200 unique ECEs and provide onsite technical assistance to at least ten percent of them within the next two years. These training and technical assistance opportunities will help to support the proposed Nevada Administrative Code (NAC) changes pertaining to standards for *Services and Facilities for the Care of Children*. Currently, NDPBH has been working collaboratively with Children's Advocacy Alliance, The Nevada Early Childhood Policy Workgroup, Nevada's Child Care Licensing, and other partners to identify, research, and implement effective system-level strategies to prevent childhood obesity in our youngest children. This collaborative movement has led to many NAC recommendations aimed at improving nutrition, physical activity, breastfeeding support, and screen time standards in ECEs. These changes are derived from the "Caring for Our Children, Preventing Childhood Obesity in Early Care and Education Programs" document, which indicated Nevada currently fully meets only three out of the 47 national best practice standards in Nevada Administrative Code section 423A. Specific proposed changes include the following:

1. Improving practices for feeding infants
2. Establishing standards and guidelines for age-appropriate portion sizes, with specific limits and standards for milk, milk products, and juice that are served by a licensed facility.
3. Requiring licensed facilities that provide meals and/or snacks to follow meal patterns issued by the Child and Adult Care Food Program
4. Adults to model healthy eating habits during mealtime with children
5. Include definitions and terms relating to physical and sedentary activity
6. Limiting sedentary activity and screen/media time for all children
7. Establishing standards and guidelines for age-appropriate physical activity

If the state of Nevada were to adopt all of the proposed changes into NAC 432A, Nevada would move to meet 34 out of the 47 national best practice standards as set by *Caring For Our Children* and join in the nationwide movement of addressing childhood obesity prevention practices in the Early Care and Education settings.

**Tobacco Prevention and Control Program**

The Tobacco Prevention and Control Program and statewide partners are applying for a new round of federal funding from the CDC's Office on Smoking and Health (CDC OSH). The five-year grant cycle would begin March 29, 2015 and run through March of 2020. The new funding opportunity emphasizes Policy, Systems, and Environmental Changes (PSE). "Based on current science, the most effective interventions for tobacco control are population-based environmental, policy and systems approaches that contribute

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to changes in social norms and behaviors related to tobacco use and SHS exposure” (CDC OSH).

The Nevada Tobacco Quitline telephonic cessation program was launched in September 2014. Callers in Nevada may continue to use the 1-800-QUIT-NOW number and may now access this accompanying Website for additional support: [www.nevadatobaccoquitline.com](http://www.nevadatobaccoquitline.com). The new state Quitline is being administered by National Jewish Health (NJH). NJH is known worldwide for treatment of patients with respiratory, cardiac, immune and related disorders, and for groundbreaking medical research. Founded in 1899 as a nonprofit hospital, NJH remains the only facility in the world dedicated exclusively to these disorders. NJH has ranked as the number one or number two hospital in pulmonology on the *U. S. News & World Report* Best Hospitals list ever since pulmonology was included in the rankings.

The Nevada Tobacco Prevention Coalition (NTPC) also launched a new and improved Website. The new site, at <http://www.tobaccofreenv.org/>, is an excellent resource for tobacco prevention and control in our state and beyond.

Tobacco Prevention and Control partners across the state are collaborating to host a statewide youth advocacy summit at the University of Nevada, Reno November 14–15<sup>th</sup>, 2014 in advance of the 2015 legislative session.