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Strategy #1: Promote the adoption of food service guidelines/nutrition standards, which include sodium

Activities	Partners	Performance Measures
Identify an evidence-based curriculum, that includes food service guidelines/nutrition standards, and provide professional development opportunities to School Administrators and Staff.	Dr. Lounsbery	[B.1.01] # of local education agencies that received professional development and technical assistance on strategies to create a healthy school nutrition environment
Identify members to serve on the Worksite Wellness Committee from the Division of Public and Behavioral Health (DPBH) that are representative and have leadership support. Orient new members to HHS/GSA Guidelines, Worksite Score Card and current DPBH policies.	HR/Risk Management/Worksite Wellness Committee	[B.1.02] # of students in local education agencies where staff received professional development and technical assistance on strategies to create a healthy school nutrition environment
<p>Convene DPBH Quarterly Worksite Wellness Committee meetings to: Determine the status and expiration of existing vending contracts and identify opportunities for additional language related to nutrition standards (Q2, 3, 4)</p> <ul style="list-style-type: none"> • Identify contracts covered by Randolph Sheppard Act (Blind Entrepreneurs) (Q2) • Engage Blind Entrepreneurs in an assessment of products sold (Q3) • Provide a list of recommendations around FSG/NS for implementation in DPBH (Q4) • Provide Model Language for Worksite Wellness Policy for consideration for Implementation (Q4) 	HR/Risk Management/Worksite Wellness Committee	<p>[B.1.03] # of ECEs that develop and/or adopt policies to implement food service guidelines/nutrition standards, including sodium (cafeterias, vending)</p> <p>[B.1.04] # of children who attend ECEs that have developed and/or adopted policies to implement food service guidelines/nutrition standards</p> <p>[B.1.05] # of worksites that develop and/or adopt policies to implement food service guidelines/nutrition standards, including sodium (cafeterias, vending, snack bars)</p>
Develop an internal tracking system/mechanism to track school representatives participating in professional development and technical assistance in Nevada.		[B.1.06] # of employees who work in worksites that have developed and/or adopted policies to implement food service guidelines/nutrition standards
Set a meeting to identify schools, within each targeted LEA, that will receive training and technical assistance on food service guidelines/nutrition standards.	UNLV, DOE, Dept. of Agriculture, Nevada Association of School Superintendents, Dr. Lounsbery	[B.1.07] # of community setting that develop and/or adopt policies to implement food service guidelines/nutrition standards, including sodium (cafeterias, vending, snack bars)
Implement a worksite wellness policy pertaining to food service guidelines/nutrition standards at the Division of Public and Behavioral Health.	HR/Risk Management/ Worksite Wellness Committee	[B.1.08] # of persons who access community settings that have developed and/or adopted policies to implement food service guidelines/nutrition standards
Implement an assessment survey, using components from Let's Move Childcare Checklist, to evaluate the current status and policies within ECEs in Nevada. This data will determine the baseline numerator.	Children's Cabinet	
Evaluate the ECE provider assessment surveys for year 1 and 2 baseline data and assessment activities. These results will be used in year 3 to build training capacity for targeted ECEs in NV.	Children's Cabinet	

Strategy #2: Promote the adoption of physical education/physical activity (PE/PA) in schools

Activities	Partners	Performance Measures
Identify an evidence-based curriculum, that includes physical education/physical activity standards, and provide professional development opportunities to School	Dr. Lounsbery	[B.2.01] # of local education agencies where staff received professional development and technical assistance on the development, implementation or evaluation of recess and multi-component physical education
Implement a recess/physical activity assessment survey for statewide LEAs to evaluate current recess and physical activity/physical education policies in NV	UNLV, DOE, Dept. of Agriculture, NV Association of School Superintendents, Dr. Lounsbery	[B.2.02] # of students in local education agencies where staff received professional development and technical assistance on developing, implementing or evaluating recess and multi-component physical education policies
Set a meeting to identify schools, within each targeted LEA, that will receive training and technical assistance on physical education/physical activity	UNLV, DOE, Dept. of Agriculture, NV Association of School Superintendents, Dr. Lounsbery	

Evaluate the recess/physical activity assessment survey for year 1 baseline data and assessment activities. These results will be used in year 3 to build training capacity for targeted LEAs	UNLV, DOE, Dept. of Agriculture, NV Association of School Superintendents, Dr. Lounsbury	[B.2.03] # of state-level multi-component physical education policies for schools developed and adopted by [B.2.04] # of state-level recess policies for schools developed and adopted by the state
Develop an internal tracking system/mechanism to track school representatives participating in professional development and technical assistance in Nevada.		
Strategy #3: Promote adoption of physical activity (PA) in early care and education (ECE) worksites		
Activities	Partners	Performance Measures
Convene a Worksite Wellness Committee Meeting to develop a worksite wellness policy pertaining to physical activity at the Division of Public and Behavioral Health.	HR/Risk Management/Worksite Wellness Committee Vending Contractor	[B.3.01] # of ECEs that adopt strategies to increase physical activity [B.3.02] # of children who attend ECEs that adopt strategies to increase physical activity
Implement a worksite wellness policy pertaining to physical activity at the Division of Public and Behavioral Health.	HR/Risk Management/Worksite Wellness Committee	[B.3.03] # of worksites that adopt strategies to increase physical activity
Set a meeting to identify ECEs, within targeted areas that will receive training and technical assistance on physical activity.	Child Care Licensing Children's Cabinet	[B.3.04] # of employees who work in worksites that adopt strategies to increase physical activity
Provide training and technical assistance (including post training TA/action planning) to targeted Early Care and Education providers on physical activity.	Child Care Licensing Children's Cabinet	
Implement an assessment survey, using components from Let's Move Childcare, to evaluate the current status and policies within ECEs in Nevada.	Children's Cabinet	
Evaluate the ECE provider assessment surveys for year 1 and 2 baseline data and assessment activities. These results will be used in year 3 to build training capacity for targeted ECEs in NV.	Children's Cabinet	
Develop a Department of Health and Human Services Policies Chart that identifies current worksite wellness policies pertaining to Physical Activity, Nutrition/Food Service Guidelines, Tobacco and Health Promotion. This chart will be used for performance measures B.1.05 and B.3.03.	HR/Risk Management/ Worksite Wellness Committee	

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Strategy #2: Implement food service guidelines/nutrition standards where foods and beverages are available. Guidelines and standards should address sodium				
Intervention	Activities	Partners	Performance Measures	
DOMAIN 2	Implement food service guidelines in priority settings (ECEs and communities)	Set a meeting to identify ECEs, within targeted areas that will receive training and technical assistance on food service guidelines/nutrition standards.	Child Care Licensing Children’s Cabinet	[2.2.01] # of ECEs that develop and/or adopt policies to implement food service guidelines, including sodium (cafeterias, vending, snack bars)
		Provide training and technical assistance to targeted Early Care and Education providers on food service guidelines/nutrition standards.	Child Care Licensing Children’s Cabinet	[2.2.02] # of worksites that develop and/or adopt policies to implement food service guidelines, including sodium (cafeterias, vending, snack bars)
		Conduct a community setting assessment in Clark County that assess the number of community settings that have developed and/or adopted policies to implement food service guidelines, including sodium. This assessment will identify baseline and Year 2-5 numerators for performance measures B.1.07, B.1.08, 2.2.03, 2.2.06.	Southern Nevada Health District	[2.2.03] # of community settings that develop and/or adopt policies to implement food service guidelines, including sodium (cafeterias, vending, snack bars) [2.2.04] # of children who attend ECEs that have developed and/or adopted policies to implement food service guidelines, including sodium [2.2.05] # of employees who work in worksites that have developed and/or adopted policies to implement food service guidelines, including sodium [2.2.06] # of persons who access community settings that have developed and/or adopted policies to implement food service guidelines, including sodium [2.2.07] % of adults or youth who increase consumption of nutritious foods and beverages [2.2.08] % of adults or youth who are overweight or obese
Strategy #3: Create supportive nutrition environments in schools				
Intervention	Activities	Partners	Performance Measures	
Implement policies and practices that create a supportive nutrition environment, including establish standards (including sodium) for all competitive foods: prohibit advertising of unhealthy foods; and	Participate in the Statewide School Wellness Policy (SWP) Revision Meetings, led by the Department of Agriculture	UNLV, DOE, Dept. of Agriculture, Nevada Association of School Superintendents, Dr. Lounsbery	[2.3.01] Number of local education agencies that received professional development and technical assistance on strategies to create a healthy school nutrition environment	
	Create and convene a SWP Evaluation and Assessment Workgroup that will develop assessment and evaluation tools to monitor and assess the implementation and success of the SWP.	UNLV, DOE, Dept. of Agriculture, Nevada Association of School Superintendents, Dr. Lounsbery	[2.3.02] Number of students in local education agencies where staff received professional development and technical assistance on strategies to create a healthy school nutrition	
	Create and implement a SWP Assessment throughout Nevada that measures the implementation and success of policy efforts that include nutrition, physical activity, competitive foods and food	UNLV, DOE, Dept. of Agriculture, Nevada Association of School Superintendents, Dr. Lounsbery		

<p>promote healthy foods in schools, including those sold and served within school meal programs and other venues</p>	<p>placement.</p>		<p>environment</p>
	<p>Identify an evidence-based curriculum, that includes food service guidelines/nutrition standards, and provide professional development opportunities to School Administrators and Staff.</p>	<p>Dr. Lounsbery</p>	<p>[2.3.03] Percent of local education agencies that have adopted and implemented policies that establish standards (including sodium) for all competitive foods available during the school day</p>
	<p>Conduct an assessment of already-existing professional development resources, including reaching out to funded non-governmental organizations whose agreement is to provide PD for 1305 grantees, prior to developing PD curriculum and materials.</p>		<p>[2.3.04] Percent of schools that do not sell less healthy foods and beverages (soda pop or fruit drinks, sport drinks, baked goods, salty snacks, candy)</p>
	<p>Conduct a needs assessment of LEA stakeholders to assess training and TA needs.</p>		<p>[2.3.05] Percent of local education agencies that have adopted and implemented policies that prohibit all forms of advertising and promotion (e.g., contests and coupons) of less nutritious foods and beverages on school property</p>
	<p>Assess of how many LEAs are participating in Breakfast/Lunch Programs or other USDA food program and how many schools/LEAs have a local wellness policy and coordinator.</p>		<p>[2.3.06] Percent of schools that prohibit all forms of advertising and promotion for candy, fast food restaurants, or soft drinks</p> <p>[2.3.07] Percent of schools that price nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages</p> <p>[2.3.08] Percent of schools that provide information to students or families on the nutrition, caloric, and sodium content of foods available</p> <p>[2.3.09] Percent of schools that place fruits and vegetables near the cafeteria cashier, where they are easy to access</p> <p>[2.3.10] Percent of schools that allow students to have access to drinking water</p> <p>[2.3.11] Percent of schools that offer fruits or non-fried vegetables when foods or beverages are offered at school celebrations</p> <p>[2.3.12] Percent of schools that allow students to purchase fruits and vegetables from vending machines or at the school store, canteen, snack bar, or as a la carte items</p> <p>[2.3.13] Percent of K-12 students who ate vegetables 3 or more times per day (in the local education agencies targeted by FOA funding)</p> <p>[2.3.14] Percent of K-12 students who ate fruit or drank 100% fruit juices two or more times per day (in the local education agencies targeted by</p>

				<p>FOA funding)</p> <p>[2.3.15] Percent of K-12 students who drank a can, bottle or glass of soda or pop at least one time per day (in the local education agencies targeted by FOA funding)</p> <p>[2.3.16] Percent of K-12 students who are overweight or obese (in the local education agencies targeted by FOA funding)</p>
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Strategy# 4 Promote reporting of blood pressure and A1C measures; and, as able, initiate activities that promote clinical innovations, team-based care, and self-monitoring of blood pressure

Activities	Partners	Performance Measures
Develop understanding on where Nevada stands as it pertains to reporting by identifying and compare HEDIS rankings among healthcare systems from the 2012/2013 annual report created by National Committee for Quality Assurance (NCQA), as it relates to NQF 18 (hypertension) and 59 (diabetes) to determine healthcare systems.		[B.4.01] Proportion of health care systems reporting on National Quality Forum (NQF) Measure 0018 (hypertension)
Evaluate the status of health care systems regarding efforts to improve performance including: <ul style="list-style-type: none"> • Identify the large health systems in Nevada • Identify reporting systems used by the large health systems including (HEDIS, PQRS, Medicaid, Uniform Data System (UDS)) • Meet with key partners, HIE, REC, QIO, Nevada Health Centers, major payers (self-insured or third party) including Medicaid foster joint efforts to promote data sharing and reporting of diabetes and hypertension measures. 		[B.4.02] (optional measure) Proportion of health care systems with policies or systems to encourage a multi-disciplinary team approach to blood pressure control [B.4.03] (optional measure) Proportion of patients in health care systems with policies or systems to encourage a multi-disciplinary team approach to blood pressure control [B.4.04] (optional measure) Proportion of health care systems with policies or systems to encourage self-monitoring of high blood pressure [B.4.05] (optional measure) Proportion of patients in health care systems with policies or systems to encourage self-monitoring of high blood pressure [B.4.06] (Optional measure) Proportion of health care systems with electronic health records appropriate for treating patients with high blood pressure [B.4.07] (optional measure) Proportion of patients in health care systems with electronic health records appropriate for treating patients with high blood pressure [B.4.08] (optional measure) Proportion of health care systems reporting on National Quality Forum (NQF) Measure 0059 (diabetes)

Strategy #5 Promote awareness of high blood pressure among patients

Activities	Partners	Performance Measures
Develop relationships with health care system partners from at least one each of the following: FQHC, Rural Community Health Center, St. Rose, and a major healthcare system, i.e., McKesson, Southwest Medical, Hometown Health, to understand how we can collaborate to promote awareness among patients around BP.		[B.5.01] Proportion of adults in the state aware they have high blood pressure
Conduct statewide assessment of healthcare systems to determine assets and gaps in approaches to blood pressure awareness as an effort to reduce heart disease and stroke. Based on assessment findings establish the following: <ul style="list-style-type: none"> • Develop a training plan for clinical providers on clinical guidelines for managing hypertension • Develop protocols to increase patient education • Develop protocols for reporting blood pressure 	Nevada American Heart & Stroke Association, Health Insight, Nevada Advisory Committee for the Prevention and Treatment of Stroke and Heart Disease Social Entrepreneurs	

Strategy #6 Promote awareness of pre-diabetes among people at high risk for type 2 diabetes		
Activities	Partners	Performance Measures
Meet with key clinical settings among at least one each of the following: FQHC, Rural Community Health Center, and a major private healthcare system, i.e., Southwest Medical, Hometown Health, to build relationships and conduct survey on how clinical settings are screening for prediabetes and referring patients.	1 FQHC, 1 CHC, and 1 provide healthcare system	[B.6.01] Prevalence of people with self-reported pre-diabetes
Based on meetings and survey findings, develop resource list on best practices for screening and diagnosing pre-diabetes.		
Provide resources/info on best practices for screening and diagnosing pre-diabetes among at least 10 entities including: FQHC, Rural Community Health Center, and major private healthcare system, i.e., Southwest Medical, Hometown Health.	1 FQHC, 1 CHC, and 1 provide healthcare system	
Meet with key clinical settings among at least one each of the following: NV Medical Association and Rural Health Hospitals to build relationships and collaboration opportunities regarding prediabetes and diabetes.		
Establish the implementation of prediabetes risk assessments among clients linked with Community Health Workers		
Strategy #7: Promote participation in ADA-recognized, AADE-accredited/certified, and/or Stanford licensed diabetes self-management education (DSME) programs		
Activities	Partners	Performance Measures
The QTAC will promote the utilization of the Stanford Licensed DSME program to Spanish speaking, and rural populations by creating a Marketing Plan with input from the QTAC Advisory Council that will focus on the services of the QTAC, patient and provider education materials in both English and Spanish languages and referral the Stanford DSME program.	QTAC/NVPCA	[B.7.01] Proportion of people with diabetes in targeted settings who have at least one encounter at an ADA recognized, AADE accredited, state accredited/certified, and/or Stanford licensed DSME program
The Quality and Technical Assistance Center (QTAC) will increase knowledge of Stanford Self-management Programs and AADE-accredited/ADA-recognized programs among 75 % of the states' FQHCs. QTAC will be encouraged to use the AADE materials that communicate the benefits of DSME to providers and explain referral, reimbursement, and coding processes. The AADE materials will be discussed and shared in person with the Health Centers that are integrating self-management or other diabetes programs. The QTAC will meet multiple times during the year in person with each center and this topic will become part of those meetings' agenda. Materials will also be sent electronically and made available via Dropbox. QTAC staff is always available for follow-up questions and support.	Nevada's four FQHCs QTAC/NVPCA	
The Quality and Technical Assistance Center (QTAC) will increase 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 providing coordination of trainings offered throughout the state..	QTAC	
QTAC will provide on-on-one training on best practice referral protocols and online registration procedure to 4-6 clinics to increase	Nevada's four FQHCs	

referrals of patients with diabetes to the Stanford Model, AADE and/or ADA DSME programs using the AADE materials. Online demos will be given of registration options as well as population management best practices for increased referrals to augment face to face training.		
Increase access to points and patient participation in DSME in a minimum of three rural counties of Nevada and among Spanish speaking individuals throughout the state by establishing and promoting the Stanford DSME workshops in these target patients populations.	NSCP	

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Strategy #1: Increase implementation of quality improvement processes in health systems				
	Intervention	Activities	Partners	Performance Measures
DOMAIN 3	A. Increase electronic health records (EHR) adoption and the use of health information technology (HIT) to improve performance	<p>Meet with REC and HIE to understand current progress on HIE platform and identify platform link between DPBH and HIE data. At these meetings establish the following:</p> <ul style="list-style-type: none"> Identify HIPPA consent issues relating to data sharing Identify patient index on chronic disease measures to be shared Participate on the HIE Community Committee to identify expansion of performance measures being collected 	HealthInsight/HealthIE Nevada	<p>[3.1.01] Proportion of health care systems with EHRs appropriate for treating patients with high blood pressure</p> <p>[3.1.03] Proportion of patients that are in health care systems that have EHRs appropriate for treating patients with high blood pressure</p> <p>[3.1.05] Proportion of health care systems reporting on NQF18</p>
		<ul style="list-style-type: none"> Complete HIE Interfaces with DPBH and verify that appropriate data elements are being received by the HIE for reporting to NV DHHS OPHIE. After data is gathered, create reports that address monitor racial minorities and low income patients. Present findings to clinical sector to establish a plan for the use of HIT/EHR to promote meaningful use of EHR and establish client feedback loops in their clinical settings. 	HealthIE Nevada	<p>[3.1.07] Proportion of adults with high blood pressure in adherence to medication regimens</p> <p>[3.1.09] Proportion of patients with high blood pressure that have a self-management plan (may include medication adherence, self-monitoring of blood pressure levels, increased consumption of nutritious food and beverages, increased physical activity, maintaining medical appointments)</p>
		Collaborate with the REC and HIE to define baseline and target performance measures associated with EHR, to promote meaningful use of EHRs to better manage chronic illness, including adherence to medication regimens and HTN self-management planning.	HealthInsight/HealthIE Nevada	[3.1.10] Proportion of adults with known high blood pressure who have achieved blood pressure control
		Meet with at least one each of the following: FQHC, Rural Community Health Center, and a major private healthcare system, i.e., Southwest Medical, Hometown Health, to assess how they currently use EHR/HIT with each facility for the treatment of patients with high blood pressure, including adherence to medication regimens, documentation of self-management plans and mechanisms for reporting patient self-monitoring of blood pressure measurements.	FQHC, Rural Community Health Center, and major private healthcare system, i.e., Southwest Medical, Hometown Health	

<p>B. Increase the institutionalization and monitoring of aggregated/standardized quality measures at the provider and system level</p>				
		<p>Work with a minimum of four Nevada Health Center clinics (largest FQHC in NV) to establish the following:</p> <ul style="list-style-type: none"> Identify HIPPA consent issues relating to data sharing between NHC and DPBH Identify patient index measures relating to diabetes and hypertension Identify EHR measures to be tracked collected by NHC 	<p>Nevada Health Centers</p>	<p>[3.2.01] Proportion of health care systems with policies or systems to encourage a multi-disciplinary team approach to blood pressure control</p> <p>[3.2.07] Proportion of adults with high blood pressure in adherence to medication regimens</p>
		<ul style="list-style-type: none"> Establish information sharing of EHR between NHC & DPBH for the purposes of identifying and implement blood pressure and A1C quality improvement interventions among high risk populations. After data is gathered DPBH will create reports to help NHC monitor racial minorities and low income patients as it pertains to diabetes and hypertension. NHC and DPBH will present findings to clinical staff and leadership to establish a plan for the use of HIT/EHR to promote meaningful use of EHR and establish client feedback loops in their clinical settings. 	<p>Nevada Health Centers</p>	<p>[3.2.09] Proportion of patients with high blood pressure that have a self-management plan (may include medication adherence, self-monitoring of blood pressure levels, increased consumption of nutritious food and beverages, increased physical activity, maintaining medical appointments)</p> <p>[3.2.10] Proportion of adults with known high blood pressure who have achieved blood pressure control</p>
		<ul style="list-style-type: none"> Recognize how provider referrals can meet PCMH standards, achieve meaningful use goals, and fit ACA provisions Identify and implement blood pressure and A1C quality improvement interventions among high risk populations. Establishing clinical support tools within the EHR to flag clients that are high risk of diabetes and hypertension by establishing algorithms in their HIT Establish or enhance current referral mechanism in EHR and HIT for DPP and self-management programs Connect with St. Rose and YMCA whose staff had been trained as DPP and DSME coaches to ensure referrals are in sync. 	<p>Nevada Health Centers</p>	

Strategy #2: Increase use of team-based care in health systems			
Intervention	Activities	Partners	Performance Measures
Increase use of self-measured blood pressure monitoring tied with clinical support	Meet with HealthInsight, FQHCs, and St. Rose Hospital (QIO & REC) to understand current efforts in using HIT/EHR to securely engage patients and establish feedback loops for self-measured blood pressure monitoring data.		
	Conduct assessment of current team based care models, and policies, protocols which support JNC standards for high blood pressure self-measurement and patient portals/links to report into EHR, among the following: FQHC, Rural Community Health Center, and a major private healthcare system, i.e., Southwest Medical, Hometown Health.		
	Report assessment findings to the partner health systems.		
	Identify with input from partner health systems, professional development training needs for clinical settings on self-measured blood pressure monitoring.		
	Work with partner health systems to support adoption of procedures, protocols and policies that strengthen health care teams to use evidence-based and practical tools that support self-measure blood pressure monitoring to improve control of HTN.		

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Strategy #1: Increase use of diabetes self-management programs in community settings				
Intervention	Activities	Partners	Performance Measures	
DOMAIN 4 Increase access, referrals, and reimbursement for AADE-accredited, ADA-recognized, State-accredited/certified, or Stanford-licensed DSME programs	Assess status of DMSE programs delivered among AADE Accredited, ADA Recognized, Indian Health Services and Certified Diabetes Educators to include demographics and population served, patient barriers to access and compliance, reimbursement and referral status of programs. This will provide Nevada with a map of service availability, so that we know where the need exist for DSME programs in the state.		[4.1.01] Number of ADA recognized, AADE accredited, or state accredited/certified DSME programs during the funding year [4.1.02] Number of Stanford DSMP workshops offered during the funding year [4.1.03] Proportion of counties with ADA recognized, AADE accredited, or state accredited/certified DSME programs	
	Create a Diabetes Education Stakeholder Group of the AADE/ADA and Stanford Model providers and present assessment findings	DP Video		
	Develop a strategic plan with the Diabetes Education Stakeholder group 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 DPP), reimbursement, and patient awareness of health/financial benefits of attending DSME/DPP.	DP Video		[4.1.04] Proportion of counties with Stanford DSMP workshops [4.1.05] Number of Medicaid recipients with diabetes who have DSME as a covered Medicaid benefit
	Develop a DSME/DPP academic detailing plan and promotional materials for use by healthcare providers to help increase self-care options with patients	DP Video, Diabetes Education Stakeholders, QTAC, St. Rose		[4.1.06] Proportion of people with diabetes in targeted settings who have at least one encounter at an ADA recognized, AADE accredited, state accredited/certified, and/or
	QTAC will promote DSME via health promotion activities, website, brochures, and email blasts to Nevada Primary Care Association members (a minimum of 5 FQHC clinic sites).			

			<p>Stanford licensed DSME program during the funding year</p> <p>[4.1.07] Decreased proportion of people with diabetes with A1C >9</p> <p>[4.1.08] Age-adjusted hospital discharge rate for diabetes as any-listed diagnosis per 1,000 persons with diabetes</p>
Strategy #2: Increase use of lifestyle intervention programs in community settings for the primary prevention of type 2 diabetes			
Intervention	Activities	Partners	Performance Measures
Increase referrals to, use of, and/or reimbursement of CDC recognized lifestyle change programs for the prevention of type 2 diabetes	<p>1. A pilot demonstration project, will establish Nevada Diabetes Prevention Program 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.</p>	<p>Nevada Health Centers</p> <p>St. Rose Dominican Hospitals</p>	<p>[4.2.01] Proportion of health care systems with policies or practices to refer persons with pre-diabetes or at high risk for type 2 diabetes to a CDC-recognized lifestyle change program</p> <p>[4.2.02] Proportion of participants in CDC-recognized lifestyle change programs who were referred by a health care provider</p>
	<p>2. Convene meetings in conjunction with other DPP providers to a minimum of two health systems, including Dignity Health Medical Group, Nevada Health Centers, First Med, VA and Senior Dimensions Lifestyle Centers to develop and institutionalize referral protocols to Clark County Diabetes Prevention Programs and/or establish DPP program for their patients. Train above healthcare system staff, as needed.</p>	<p>YMCA-DPP, Dignity Health Medical Group, Nevada Health Centers, First Med, VA and Senior Dimensions Lifestyle Centers</p> <p>St. Rose Dominican Hospitals</p>	<p>[4.2.03] Number of Medicaid recipients or state/local public employees with prediabetes or at high risk for type 2 diabetes who have access to evidence-based lifestyle change programs as a covered benefit</p>
	<p>3. Registered dietitians will utilize DPBH approved academic detailing materials in reaching out to physicians and healthcare systems to promote screening of patients for prediabetes and referring those with prediabetes to DPP.</p>	<p>Dignity Health Medical Group, Nevada Health Centers, First Med, VA and Senior Dimensions Lifestyle Centers</p> <p>St. Rose Dominican Hospitals</p>	<p>[4.2.04] Number of persons with prediabetes or at high risk for type 2 diabetes who enroll in a CDC-recognized lifestyle change program</p> <p>[4.2.05] Percent of participants in CDC-recognized lifestyle change programs achieving</p>

	4. The registered dieticians will promote pre-diabetes awareness, diabetes prevention and DPP to high risk community groups and clients.	St. Rose Dominican Hospitals	5-7% weight loss (as reported by the CDC Diabetes Prevention Recognition Program)
	5. Assist DPBH with facilitating meetings with the Nevada State Division of Health Care Policy and Finance (Medicaid) to explore the possibility of having DPP as a covered benefit for individuals enrolled in Medicaid in Nevada.	St. Rose Dominican Hospitals, Nevada Division of Health Care Policy and Finance	
	6. Assist DPBH with in convening meetings with UnitedHealth Care and other health plans to secure coverage for DPP.	St. Rose Dominican Hospitals, UnitedHealth Care and other health plans	