

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

**Thursday January 14, 2016**

**New Staff**

Welcome to the team new staff:

- Rani Reed - Cancer Unit Manager
- Jenelle Gimlin – Food Security and Wellness Manager
- DuAne L. Young, MBA, PhD – Tobacco Prevention and Control Program Coordinator
- Rose McIntosh, BS – School Health Program Coordinator

**Section News**

- The section was approved four new State FTE positions by the Interim-Finance Committee: Tobacco Cessation Coordinator, School Health Program Coordinator, The Colorectal Cancer Data Coordinator and the Colorectal Cancer Business Process Analyst. This will provide stability and benefits to previously contracted positions and will hopefully decrease turn-over in the CDPHP section.
- Monica Morales was recently promoted to the Deputy Bureau Chief position for the Bureau of Child, Family and Community Wellness.
- The Colorectal Cancer Coordinator and CDPHP Section Manager position will be opening soon.
- A working session between CDPHP and the Local Health Authorities took place January 12-13, 2016 at the Washoe County Health District. This working session convened to align agendas to increase chronic disease prevention and health promotion efforts in Nevada.

**Programming**

**Women’s Health Connection Program**

The Women’s Health Connection (WHC) Program anticipates to screen 4,479 women for breast and cervical cancer screenings in fiscal year 2016. The WHC program is enhancing its infrastructure for hard to reach patients by exploring the possibility of placing Community Health Workers in community health centers.

The Community Health Worker will serve as a liaison/link/intermediary between health and social services and the community; facilitate access to services and improve the quality and cultural competence of service delivery. The CHWs will be responsible for linking women into clinical systems, determining eligibility for current clients eligible for WHC program, women eligible for Medicaid and directing into other payer sources. They will also implement evidence-based interventions, reduce structural barriers and perform community outreach. The CHWs will abide as a cultural liaison in the community as well as engage in systems navigation, care coordination and case management to increase breast and cervical cancer screening rates and direct women into proper screening services by sending client reminders, ensuring adherence to proper screening procedures and performing targeted outreach to these hard to reach populations. The CHW will also collaborate to make new networks, strengthen any existing ties with community networks, and educate health care providers and administrators about breast and cervical cancer screenings. An update will be provided to the council at the April meeting.

**Nevada Colorectal Cancer Control Program**

In July 2015, Nevada was awarded a new 5-year CDC grant, *CDC 1 NU58DP006090-01-00 Organized Approaches to Increase Colorectal Cancer Screening* mandating activities and requirements related to new CDC requirements to implement system change in partnering health care settings. This is a new CDC grant directive, which mandates work with individual clinics or payers to implement the 4 recommended colorectal cancer screening evidenced based interventions, (EBI) which include provider

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reminders, client reminders, reduction of structural barriers and provider assessments and feedback. CRCCP is currently funding 3 Community Health Workers in the clinics to assist clients with health system navigation following an abnormal result or cancer diagnosis, screening and prevention education and assistance with barriers. This component of grant funding is focused on implementing sustainable systems in clinics to increase colorectal cancer screening for men and women aged 50 -75. CRCCP is partnering with Nevada Health Centers, Northern Nevada HOPES and Nevada Medicaid and has obtained baseline screening rates from the health systems. Data validation and clinic staff training on the EBIs are taking place at this time.

Nevada was also 1 of 6 states awarded direct service colorectal cancer screening funding to serve Nevada's uninsured or underinsured men and women aged 50 – 64 who are 250% federal poverty level or below. CRCCP is partnering with Access to Healthcare Network to enroll and case manage clients who enter our screening program.

**Comprehensive Cancer Control Program**

The 2016-2020 Nevada Comprehensive Cancer Control Plan has been released. It can be found at the following sites:

[http://dpbh.nv.gov/Programs/CCCP/dta/Publications/Comprehensive\\_Cancer\\_-\\_Publications/](http://dpbh.nv.gov/Programs/CCCP/dta/Publications/Comprehensive_Cancer_-_Publications/)

<http://www.nevadacancercoalition.org/comprehensive-cancer-control/nevada-cancer-plan/>

[ftp://ftp.cdc.gov/pub/Publications/Cancer/ccc/nevada\\_ccc\\_plan.pdf](ftp://ftp.cdc.gov/pub/Publications/Cancer/ccc/nevada_ccc_plan.pdf)

The CCCP program has partnered with the Life and Health Section at the Division of Insurance to educate the community concerning the prohibition of cost sharing measures for in network colonoscopies.

Enrollment of schools into the Sun Smart Nevada Schools program continues to be a great success. Pre-surveys concerning current sun protection practices among families and individual students have been conducted and are currently being analyzed.

**Community Health Worker Program**

The *Community Health Worker Program* will offer the Community Health Worker Online Hybrid training in January 2016. The training is an eight-week combination of online and in-person training; including two days of in-person training and six weeks of activities on-line. The training is designed to strengthen the core skills, knowledge, and abilities of the Community Health Worker. The Hybrid Community Health Worker Online Training Course will be available especially to residents who live in the rural and frontier regions of Nevada who wish to be trained as CHWs, but cannot access the community college-based training.

Truckee Meadows Community College will be offering an enhanced CHW training course in the 2016 spring semester. The training course will be enhanced in three key areas including: case management, cultural competency, and communication skills. The training will consist of 9 weeks in-person training to include the core competencies of a Community Health Worker. Benefits to the enhanced CHW training curriculum include: better communication among CHWs and other health care providers,

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increased visibility of CHW interventions, improved patient care, and facilitated assessment of CHW competency.

The Bureau of Health Care Quality and Compliance (HCQC) is implementing a small business impact questionnaire regarding the Community Health Worker Pools licensure regulations. The purpose of the questionnaire is to determine the impact that the proposed additions and changes to the Nevada Administrative Code pertaining to the regulation of Community Health Worker Pools will have on small businesses. This is an opportunity for small businesses to voice their concerns and propose any changes to the regulations. SB 498 will set a mechanism in place that will help regulate the CHW workforce in Nevada, and monitor the qualifications and standards of CHW agency pools in the state.

**Diabetes Prevention and Control Program**

The Diabetes Prevention and Control Program presented at the 2015 Nevada Health Conference on November 10<sup>th</sup>. The presentation consisted of the current statistics on diabetes and the steps to address the burden of disease through Diabetes Self-Management Education and Diabetes Prevention Programs throughout the state. Additionally discussed was the transition of the Quality and Technical Assistance Center (QTAC) to Dignity Health and their strides in expanding training opportunities, physician and care team education and referrals for evidenced-based education programs.

A Three page spread in the December 2015 Nevada State Board of Medical Examiners Quarterly newsletter was published. The article entitled *Clinical Care: Team Innovations in Diabetes Prevention and Control* focused on the U.S. Preventative Task Force Recommendation on Screening Adults at Risk for Diabetes. The article also covered the AMA/CDC Prevent Diabetes STAT toolkit, the Diabetes Self-Management Education Toolkit, and the Joint Position Paper of the American Association of Diabetes Educators (AADE), American Diabetes Association (ADA) and the Academy of Nutrition and Dietetics on the four critical times to refer a patient to Diabetes Self-Management Education and Support. Additionally, the article covered the new U.S. Preventative Task Force Recommendation on Screening Adults at Risk for Diabetes along with recently released ICD-10 and CPT codes for diabetes and prediabetes. The full article can be downloaded at: <http://medboard.nv.gov/uploadedFiles/medboardnvgov/content/Resources/Newsletters/Volume%2057%20-%20December%202015.pdf>.

**Cardiovascular Disease Prevention and Control Program**

The Heart Disease and Stroke Prevention Program is focusing on preventing heart disease and stroke deaths and disparities by reducing patients' blood pressure. The Self-Monitoring Blood Pressure Program Pilot has received attention from the National Association of Chronic Disease Directors (NACDD), Million Hearts, and the CDC. Success stories have been requested and an implementation success story is being submitted. The pilot will take place at Nevada Health Centers Sierra Clinic and 2 satellites. Leveraged funds facilitated the purchase of 240 blood pressure cuffs for patient dissemination. Identified patients will obtain their pressures daily and record on a log. Bi-weekly the patient will return their BP logs to a CHW. Measures to be captured include number of patients with improved pressure control, pressures that do not achieve control, and pressures that worsen. Additional measures will include medication adherence, number of appointments, and level of service billing codes. The pilot will complete in June 2016 after 6 months of data collection. We expect to capture and report

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the program helped patients gain control of their pressure, reduced medications necessary for blood pressure control, and fostered a reduction in medical appointments including levels of service. Outcomes expected will showcase an improvement in blood pressure control through this intervention, reduction in healthcare expenses, resources, and benefits of CHWs in team-based care.

The Stroke Registry has proceeded through the American Heart Association (AHA) “Get with the Guidelines” program. The super-user account contracts have been submitted, and the account is created. In mid-December, the 15 Primary Stroke Care Centers received memorandum of understanding (MOU) letters from the Office of Public Health Informatics and Epidemiology (OPHIE) requesting access to view their information. Access is being granted as facilities return the agreement to Quintiles, the vendor of “Get with The Guidelines.”

The Heart and Stroke Taskforce has completed a compilation of the High Blood Pressure and Stroke Toolkit resources. Currently, the program is working with a vendor for production and promotion of the toolkits to stakeholders, partners, and clinicians. The taskforce has most recently developed a campaign to engage all hospitals to include a referral to the Tobacco Quitline for all tobacco users at the time of discharge. The University Health Systems facilities, within Nevada, are developing the incorporation into their discharge program. Nevada Health Centers have also agreed to make it a standard of practice to refer all tobacco use patients to the Tobacco Quitline.

Lastly, the Quality Improvement Processes in Health Systems Pilot team met in Las Vegas in early October and again in December, to discuss process improvement of the pilot referral expansion and moving the referral process electronically into the Health Information Exchange (HIE) for Diabetes Self-Management (DSME) and Diabetes Prevention Programming (DPP). The pilot has expanded to 7 additional Nevada Health Centers. Resources for the program are limited for the northern expansion clinics. The team has developed a plan to facilitate new programs in the northern regions to meet the needs. The team has also developed a portal mechanism to facilitate referrals moving from the EHR through the HIE to participating partners. The system includes a bi-directional directly secured messaging process to allow for coalitions and organizations, participating in trainings, to utilize the referral system. This will allow referring providers to enter a referral into their electronic health records (HER), send through the HIE, to whomever they prefer complete the training. This new system will now facilitate previously unrecognized referral feedback loops in EHRs and inclusion of organizations and coalitions.

**Obesity Prevention Program**

The Obesity Prevention Program’s objective 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 Worksite Wellness. The main objectives of this project are to develop and adopt policies pertaining to nutrition, physical activity and tobacco at the Division of Public and Behavioral Health (NDPBH). The division has partnered with the Public Employees’ Benefits Program (PEBP) to improve the health and wellness of public employees by looking at health education and plan benefit coverage education. Initially, the policy efforts will be targeted to DPBH sites and staff. To date, a DPBH Worksite Wellness Committee, consisting of 10 members, has met eight times to

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outline goals and priorities as well as begin activities to support worksite wellness initiatives. With the help from PEBP and the Centers for Disease Control and Prevention (CDC), the committee is in the process of completing a Worksite Wellness Scorecard for the division. This scorecard will help to identify gaps, barriers and successes relating to worksite wellness policies and procedures at the Nevada Division of Public and Behavioral Health. This scorecard is set to be completed in January 2016 and a formal report is set to be published in February 2016.

The *Obesity Prevention Program* is happy to announce that AB 152 was passed during the 2015 Legislative session. AB 152 will require the State Board of Health to adopt regulations prescribing certain requirements for child care facilities relating to breastfeeding support and physical activity. The *Bureau of Health Care Quality and Compliance* (HCQC) will oversee the enforcement of these regulations once passed by the State Board of Health. HCQC has begun work on initial regulation changes to be presented to the Board of Health in 2016.

**School Health Program**

In November of 2015 the School Health Program partnered with the Reno Bighorns basketball team to launch the Healthy Hoops Campaign. This campaign is to help promote Nevada's School Wellness Policy to promote healthy nutrition and physical activity to students in a school setting. The campaign will target Title 1 schools which have a high percentage of children from low-income families. In an effort to get students physically active the Reno Bighorns will help host an "assembly tour" through April 2016 to promote the "Healthy Hoops Challenge" to students. The challenge will consist of students at each school creating their own "instant recess" video to submit and be voted on by the public. This will encourage students to be role models by taking a fit pledge to be leaders in their school to promote physical activity and healthy nutrition. Thus far, the Reno Bighorns have created their own "instant recess" video to promote at assemblies and the Reno Bighorn games. In addition, principals have been contacted for the assemblies and two Title 1 schools are tentatively book for an assembly.

A statewide plan has been developed to provide professional development opportunities to school districts in physical education and nutrition. The professional development in physical education will be an evidence based curriculum, such as the Comprehensive School Physical Activity Program (CSPAP), the Physical Activity Leader Learning System (PAL) or (SPARK) which strives to improve the health of children through evidence based physical education to teachers and recreational leaders. For nutrition an evidence based curriculum will also be taught to include nutrition standards for schools. The professional development sessions will take place between March and May of 2016 in various districts throughout Nevada.

**Tobacco Prevention and Control Program**

The Welfare pilot project with the New Employees of Nevada (NEON) program is estimated to begin in March. The pilot program serves approximately 48,000 Nevada residents, it is estimated that about 15,000 of the 48,000 will identify as using tobacco products. These clients will receive brief intervention from the NEON staff and providers and will be referred to the Nevada Tobacco Quitline via web-referral

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before they leave the Welfare office. A data agreement is being drafted so both programs will be able to receive the most data possible.

The Tobacco Cessation Program has also begun to work on removing prior-authorization for Medicaid managed care organization (MCO) contracts, in order to work towards comprehensive cessation services for all *current* Medicaid MCO clients. Additionally, it has been determined that the request for proposals (RFP) for Medicaid MCOs (2017) is being drafted. The Tobacco Cessation Program has begun drafting a “Tobacco Best Practice – Cessation” brief, “What is a Quitline” one sheet, and “Why Contract with a Telephonic Cessation Quitline” one sheet. These documents will be used to engage discussions with Medicaid regarding adding comprehensive cessation coverage into their MCO RFP.

The program also met with the Nevada Housing Division and discussed rule implementation and ways to support the Federal Housing and Urban Development (HUD) rule. Additionally, a future tax incentive was discussed for new developments and existing developments to convert to smoke-free housing. The Quality Assurance Plan (QAP) included language to allow an additional tax credit for developers that offered smoke-free housing.