



Annual Report 2015

Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease

February 1, 2016

Governor Brian Sandoval
State Capitol Building
101 N. Carson Street
Carson City, NV 89701

Dear Governor Sandoval:

Chronic disease are prolonged conditions that often do not improve and are rarely cured completely. They are also the leading causes of death and disability in the United States. These diseases account for 7 of every 10 deaths and affect the quality of life of 90 million Americans.¹ In Nevada, heart disease, stroke, cancer, diabetes and arthritis are among the most common, costly, and preventable of all health problems today.² In Nevada, 1 out of 3 Nevadans reported having at least one chronic condition and 1 out of 4 adults with a chronic disease have some type of functional limitation or disability.³ The total estimated economic burden of chronic disease in 2011 was over \$4-million dollars in direct costs and an estimated \$16-million in indirect costs totally over \$20-million dollars in total expenditures.²

Chronic disease has become one of the most significant public health challenges of the 21st century with more than two-thirds of adults in the U.S. expressing that the healthcare system should place more emphasis on chronic disease preventive care. The Centers for Disease Control and Prevention (CDC) has set the vision for the nation in which all people lead healthy lives free of chronic disease. Toward the realization of this vision, CDC instituted their own call to action in 2009, naming tangible ways to achieve this goal. This call to action highlights the following key areas: Well-being, policy promotion, health equity, research translation and workforce development.²

According to the World Health Organization (2005), if the majority of risk factors associated with chronic disease were eliminated, 80% of all heart disease, stroke, and type 2 diabetes would be prevented and 40% of cancer cases would be prevented. The CDC states that the most common

¹ Centers for Disease Control and Prevention (CDC). Chronic disease overview. Atlanta, GA: National Center for Chronic Disease Prevention and Health Promotion

² Whitehill, J., Flores, M. & Mburia-Mwalili, A.. (2013). The burden of chronic disease in Nevada. Carson City, Nevada: Nevada Division of Public and Behavioral Health, Chronic Disease Prevention and Health Promotions.

³ CDC. (2013). Behavioral risk factor surveillance system survey data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

risk factors associated with the top chronic diseases are a lack of physical activity, poor nutrition, tobacco use and excessive alcohol use.⁴

The Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease

The Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD) is authorized under NRS 439.514 – NRS 439.525 to advise and make recommendations to the Nevada Division of Public and Behavioral Health, the Nevada Department of Education and the Department of Health and Human Services. The role of this Advisory Committee shall be to support the Division to promote the health and well-being of Nevadans by recommending system improvements, providing expert consultation, suggesting improvement on protocols and procedures, reviewing data to determine trends, and offering recommendations for implementation of grant funds.

Members

Tracey Green, MD (Chair)
Division of Public and Behavioral Health

Thomas McCoy, JD (Chair)
American Cancer Society

Jeff, Muehleisen (Vice Chair)
Clark County School District

André DeLeón
Nevada's Department of Education

Benjamin Schmauss, MPH
American Heart Association

Jacque Ewing-Taylor, PhD
Raggio Research Center for STEM Education

Jack Kim, JD
United HealthCare

Virginia Beck
Registered Dietician

Joseph P. Hardy, MD
Senator, Nevada Legislature

Rebecca Scherr, MD
UNR School of Medicine

Cassandra Cotton
Nathan Adelson Hospice

Amber Joiner
Assemblywoman, Nevada Legislature

**Christina Demopoulos, DDS,
MPH**
UNLV School of Dental Medicine

**Deborah Williams, MPA, MPH,
CHES**
Southern Nevada Health District

Summary of Activities (2015)

- The committee voted on moving forth efforts within the Preventive Health and Health Services (PHHS) Block Grant for Fiscal Year 2014-2015. This grant supported efforts to build chronic disease infrastructure and capacity in Nevada; promoted Community Health Workers for preventive services as a means for better health outcomes, better care and lower costs; promoted physical activity among adults and youth through education; increased physical activity and nutrition standards in early care and education settings to decrease childhood obesity; provided support for the education of statutory rape and sexual coercion among minor teens; introduced an initiative to reduce the burden of stroke and heart disease; and lastly, supported worksite wellness initiatives to improve overweight and obesity rates among state employees in Nevada to improve work performance and employee health.

⁴ CDC. (2011). Behavioral risk factor surveillance system questionnaire. Atlanta, GA: Centers for Disease Control and Prevention.

- As the result of Senate Bill 6, the Patient Centered Medical Home bill, the committee will be the parent advisory to study the delivery of health care through patient-centered medical homes.

Recommendations

The Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD) would like to make the following recommendations to the Nevada Division of Public and Behavioral Health, the Nevada Department of Education and the Department of Health and Human Services regarding the following Chronic Disease Prevention and Health Promotion (CDPHP) programs:

1. Community Health Worker Program
 - Implement Medicaid reimbursement for Community Health Workers in Nevada
2. Comprehensive Cancer Program
 - Develop an enforcement mechanism and licensing on NRS 597 (tanning bed bill)
 - Require radon disclosure during real estate transactions
3. Diabetes Prevention and Control Program
 - Implement benefit coverage for the National Diabetes Prevention Program
4. Heart Disease and Stroke Prevention and Control Program
 - Strengthen and leverage partnerships within the clinical sector to promote the ABCS (aspirin when appropriate, blood-pressure, cholesterol and smoking cessation)
5. Obesity and School Health Programs
 - Strengthen and leverage partnerships with the Public Employees Benefits Program (PEBP) and public/private insurance companies to implement worksite wellness initiatives
 - Increase physical activity and healthy eating opportunities in K-12 settings
 - Increase physical activity and healthy eating opportunities in early child care settings
 - Increase physical activity and healthy eating opportunities in communities, especially at venues frequented by children (Complete streets, healthy vending, Safe Routes to Schools)

6. Tobacco Prevention and Control Program

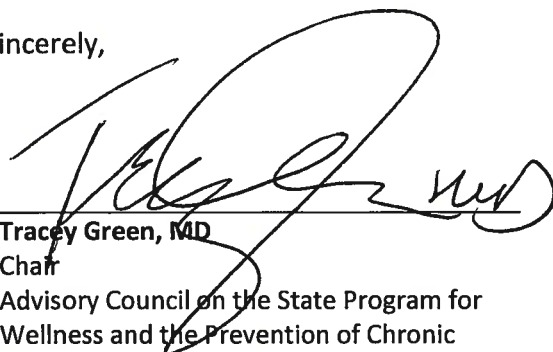
- Restrict tobacco sales to ages 21 and older
- Sustain a State Quitline through MCO cost sharing to ensure cessation services
- Require smoke-free campuses for all public employee/government buildings

7. Women's Health Connection (WHC)

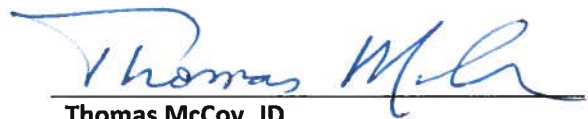
- Currently only WHC providers qualify to be fast tracked into Medicaid for cancer treatment. Women diagnosed through other providers have to be re-diagnosed through a WHC provider, causing delay and extra costs associated with care. Expanding the Medicaid Treatment Act to all providers will alleviate this.

8. Invest resources in local and state programs that improve health outcomes for chronic diseases including but not limited to heart disease, stroke, asthma and/or diabetes.

Sincerely,



Tracey Green, MD
Chair
Advisory Council on the State Program for
Wellness and the Prevention of Chronic
Disease



Thomas McCoy, JD
Co-Chair
Advisory Council on the State Program for
Wellness and the Prevention of Chronic
Disease