

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada
**Department of Health and
Human Services**

Chronic Conditions and COVID-19 Risk

Chronic Disease Prevention
and Health Promotion Section



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Helping people. It's who we are and what we do.



Agenda

1. Office of Food Security and Wellness

- Obesity Prevention and Control Program

2. Health Systems Unit

- Diabetes Prevention and Control Program
- Heart and Stroke Prevention Program

3. Policy, Systems and Environmental Changes Unit

- Tobacco Control Program





Obesity Prevention and Control Program (OPCP)

Laura Urban

Food Security and Wellness Manager

lurban@health.nv.gov



Office of Food Security and Wellness: Overview

The Office of Food Security works to effectively improve the quality of life and health of Nevadans by increasing food security throughout the State.

The Nevada OPCP implements evidence-based strategies to create a culture of obesity prevention by changing obesity-related behaviors to curtail/reduce child and adult obesity in Nevada.

Adults and children with obesity may have an increased risk for severe illness from COVID-19.



Obesity and COVID-19 Risk

Adults and children with obesity may have an increased risk for severe illness from COVID-19.





OPCP: Pre-COVID Activities

Early Childhood (EC)

Obesity Prevention

- Convene EC Obesity Prevention Steering Committee
- Enhance nutrition and physical activity standards and policies in Early Care and Education (ECE) Centers
- Increase Child and Adult Care Food Program (CACFP) enrollment among ECEs

Worksite Wellness

- Convene statewide Healthy Vending Workgroup
- Implement /pilot healthy vending per the Nevada Nutrition Standards Policy





OPCP: Post-COVID Activities

- All planned activities will continue in FY 20-21.
- Review/Update EC Obesity Prevention State Plan to consider barriers due to COVID-19.
- Assess obesity data gaps, including those related to COVID-19.
- Explore new collaborative relationships to explore innovative EC and adult obesity prevention strategies.





Questions?





Health Systems Unit

Kellie Ducker

Health Systems Unit Manager

kducker@health.nv.gov





Health System Unit: Overview

The Diabetes Prevention and Control Program focuses on the management of diabetes and the prevention of type 2 diabetes.

The Heart Disease and Stroke Prevention Program focuses on the prevention and management of Cardiovascular Disease (CVD) through evidence-based strategies.





Diabetes and COVID-19 Risk

- Age
- Sex
- Ethnicity
- Hypertension
- CVD
- Obesity
- High cholesterol
- Those with diabetes are not at greater risk of contracting COVID-19, if exposed, compared to those who do not have diabetes
- Those with diabetes are more likely to suffer higher morbidity and mortality from contracting COVID-19, compared to those who contract it but who do not have diabetes

Diabetes Prevention and Control: Activities Pre-COVID-19

- Improve access to and participation in Diabetes Self Management Education Support (DSMES).
- Increase pharmacist engagement in medication management of diabetes.
- Collaborate with healthcare organizations to identify patients with prediabetes and refer them to a CDC recognized lifestyle change programs.
- Expand availability of National Diabetes Prevention Program (DPP).
- Increase enrollment into CDC-recognized lifestyle change programs.





CVD and COVID-19 Risk

- Age
- Sex
- Ethnicity
- Diabetes
- High cholesterol
- Serious heart conditions
- According to the CDC, CVD-related deaths have increased since the COVID-19 Pandemic began.

Heart Disease & Stroke

Prevention: Activities Pre COVID-19

- Promote the use of evidence-based quality measures at provider offices.
- Promote the use of Medication Therapy Management (MTM) between community pharmacists and physicians to manage high blood pressure, high blood cholesterol, and lifestyle modification.
- Identify clinics for the use of self-measured blood pressure monitoring (SMBP) among adults with hypertension.
- Implement a referral system for adults with hypertension and/or high blood cholesterol to community programs/resources.



Cont.

- Collaborate with partners to identify patients with undiagnosed hypertension in Electronic Health Record/Health Information Technology.
- Partner with non-physician team members in clinical settings to identify patients with hypertension and cholesterol management.
- Engage patient navigators/community health workers to identify patients for hypertension and cholesterol management in clinical and community settings.
- Implement a bi-directional referral system partnership.
- Expand the use of telehealth to promote the management of hypertension and high blood cholesterol.

Health Systems Unit Programs: Post COVID-19 Activities

- MTM services were transitioned to telehealth instead of in person.
- All in person classes for both diabetes and heart disease were paused then transitioned to telehealth classes.
- Medicare expanded all in person visits or classes to cover and pay for office, hospital, and other visits via telehealth.





Questions?





Policy, Systems and Environmental Changes Unit

Zarmish Tariq

Tobacco Control Program Coordinator

ztariq@health.nv.gov





Tobacco Control Program

- **Purpose:**

- To reduce the overall prevalence of tobacco use among Nevada residents.

- **Funded through:**

- Centers for Disease Control and Prevention (CDC)
- Fund for Healthy Nevada
- Senate Bill 263 funds



Tobacco Control Program

- **Goals:**

- Prevent initiation of tobacco use among youth and young adults
- Promote tobacco use cessation among adults and youth
- Eliminate exposure to secondhand smoke
- Identify and eliminate tobacco-related disparities

Tobacco Control Program Pre COVID-19 Activities

- Grant Writing – new CDC funding
- Policy Matrixes – Interim Health Committee
- Merchant Education Site Changes
- Senate Bill (SB) 263 execution

Tobacco Control Program Post COVID-19 Activities

- Develop Centers for Disease Control and Prevention (CDC) grant Scopes of Works (new funding)
- Develop Nevada Clinical Services, Inc. (NCS) and SB 263 workplans
- Administer monthly Technical Assistance Call
- Continue communication with team members and community partners
- Establish reasonable and flexible deadlines, when possible

Tobacco Use and COVID-19 Risk

There are no peer-reviewed studies evaluating SARS-CoV-2 infection associated with smoking.

Smokers may be more vulnerable to contracting COVID-19:

- Contact of fingers (and possibly contaminated cigarettes) with the lips, which increases the possibility of transmission of viruses from hand to mouth.
- Smoking waterpipes often involves the sharing of mouth pieces and hoses, which could facilitate the transmission of the COVID-19 virus in communal and social settings.



Questions?





Thank you!

