

# Chronic Disease Prevention and Health Promotion Strategic Plan

April 28, 2022

Advisory Council on the State Program For  
Wellness and the Prevention of Chronic  
Disease (CWCD) Meeting





# Discussion Points

- I. The Strategy Facilitation Team
- II. Outcomes of the Planning Process
- III. The Chronic Disease Planning Process
- IV. Partners List
- V. External Partner Needs Assessment Themes
- VI. Next Steps

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# Strategy Facilitation Team



**Erica Olsen**

OnStrategy

Senior Strategist/Cofounder



**Stacye Brim**

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Senior Strategist



**Kamryn Mock**

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Engagement Lead and Strategist



**Lois Ann Porter**

The Blueprint Collaborative

Project Manager

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# Outcomes of the Planning Process

- The purpose of the Chronic Disease Prevention and Health Promotion (CDPHP) State Plan is to develop specific and reasonable goals to **reduce the burden of chronic disease in Nevada over the next five years**. These goals will serve as a call to action for all chronic disease partners and decision-makers throughout the Plan's longevity.
- The plan will guide the work of CDPHP within DPBH over the next five years, but we would like to build it with partner input and **to be aware of statewide efforts so we can ensure no duplication or have the ability to leverage**.

*This plan will have a **broader chronic disease lens** and is **not intended to replace the disease-specific strategic plans** that are already in place and underway.*

# Chronic Disease Planning Process (Nov 2021 – Sept 2022)

Phase 1: Needs Assessment	Phase 2: Strategic Plan Development	Phase 3: Communication	
Activities			
Identify stakeholders	Finalize Working Group participants	Strategic planning workshops – <i>Establish goals, measures, and 5-year roadmap</i>	Design Options for Review
Gather & review existing secondary data	Determine strategic plan framework	Draft 5-yr plan	Final Design Approval
Develop initial needs assessment based on secondary data	Strategic planning workshops – <i>Define vision, priorities, guiding principles</i>	Working Group & NDPBH approval of plan	Layout Plan
Design method(s) of assessment			
CWCD review of stakeholders and plan			
Partner assessment			
Deliverables			
<ul style="list-style-type: none"> <li>Assessment methodology and questions</li> <li>Needs assessment report</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Plan Discussion Guide</li> <li>Strategic Direction Planning Session(s) agenda, facilitation approach</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Direction Session notes &amp; key decisions</li> <li>5-Year Strategic Plan</li> </ul>	<ul style="list-style-type: none"> <li>Fully-designed, Nevada-specific strategic plan in electronic file format</li> <li>50 printed copies of the final plan</li> </ul>
Nov - Apr	Apr – Mid-Aug		Mid-Aug – Early Sept



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# External Partner List

- **Access to Healthcare Network**-Trevor Rice & Erla Orozco
- **Aging and Disability Services Division**-Jeff Duncan & Katrina Fowler
- **Community Health Alliance**-Steven Shane
- **DHHS Analytics/Data Team**-Evelina Eytchison & Jennifer Thompson
- **Elko County Health Board**-Ashley Gurr & Jessica Segovia
- **High Sierra AHEC**-Natasha Nyquist-Smith
- **Indian Health Services**-Patricia Taylor
- **Medicaid**-Briza Virgen & Kaelyne Day
- **Nevada Cancer Coalition**-Cari Herington
- **Nevada Chronic Care Collaborative**-Tom McCoy
- **Nevada Community Health Network (CHW) Association**-Jay Kolbet-Clausell & Jenny Claypool
- **Nevada Dementia Coalition**-Jennifer Carson
- **Nevada Department of Agriculture**-Homa Annoshepoor & Patricia Hoppe
- **Nevada Department of Veterans Services**-Amy Garland
- **Nevada Division of Insurance**-Mark Garratt & Jeremey Gladstone
- **Nevada Early Childhood Obesity Steering Committee**-Marty Elquist
- **Nevada Indian Commission**-Marla McDade Williams
- **Nevada Office of Minority Health and Equity**-Tina Dortch & April Cruda
- **Nevada Primary Care Office (PCO)**-Tarryn Emmerich-Choi
- **Nevada Public Health Association (NPHA)**-John Packham
- **Nevada Statewide Coalition Partnership**-Linda Lang
- **Churchill Community Coalition\***-Tammie Shemensi
- **Frontier Communities Coalition\***-Wendy Nelsen
- **Healthy Communities Coalition\***-Wendy Madson
- **Nye Communities Coalition\***-Sofia Allison & Stacy Smith
- **PACE Coalition\***-Laura Oslund
- **PACT Coalition\***-Jamie Ross
- **Partnership Carson City\***-Samantha Szoyka & Hannah McDonald
- **Partnership Douglas County\***-Daria Winslow
- **Office of Rural Health**-Gerald Ackerman
- **Public Employees Benefits Program (PEBP)**-Laura Rich
- **Quality Technical Assistance Center (QTAC) at Dignity Health St. Rose Dominica Hospitals**-Victoria Alejandre
- **Southern Nevada Health District (Clark County)**-Michael D. Johnson
- **Supplemental Nutrition Assistance Program–Education**-Tonya Wolf & Stephanie Cook
- **UNLV, The Nevada Institute for Children’s Research and Policy (NICRP)**- Amanda Haboush
- **UNLV School of Public Health**- Manoj Sharma & Asma Awan
- **UNR Sanford Center for Aging**-Peter Reed
- **Washoe County Health District**-Kevin Dick

*\*Indicates that this organization is a part of the Nevada Statewide Coalition Partnership*

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# Partner Assessment Objectives

1. Understand **emerging trends and major shifts**/changes over the past several years and how those are projected to impact the future.
2. Identify the **primary needs (partners & residents) statewide related to prevention, education and reducing chronic disease.**
3. Understand where **state work can have the biggest impact**, in context of where our partners are focusing and how the state can best engage.
4. Deep dive to understand **challenges and possible solutions to health equity** in Nevada.
5. Identify how to best support and work **more closely and share information** with partners.
6. Determine **tangible steps** that can be taken over the next five years that can reduce the burden of chronic disease in our state.

# Emerging Trends & Major Shifts

Shifting focus from **direct service to PSE** (Policy, Systems, and Environments)

Making **positive changes** from COVID permanent

Use **social determinants of health** to inform needs

Shift to **community-led programming** and partnerships



# Primary Needs to Reducing Chronic Disease

## Community Needs

- Economic Access to Services
- Physical Access to Services
- Reaching All Populations (Health Equity)
- Focus on Prevention & Health Literacy
- Addressing Root Causes of Chronic Disease
- Serving Rural Populations

## Root Causes

- Mental & behavioral health
- Substance abuse
- Tobacco
- Nutrition security & obesity

# Where can the State have the Biggest Impact?

**Sustainable and flexible funding** for all partners.

*Provide state funds for education reduce reliance on federal dollars and grants*

**Collaborations with community partners and state agencies** to work together across the state.

*Establish a statewide coalition for chronic disease*

Address the **provider shortage**.

*Establish programs like loan repayment, reciprocity, expand RN licensing scope, telemedicine, etc*

Provide **transportation solutions**.

*For both rural and urban residents, determine creative solutions to remove the challenge of physical access to health care providers*

# Challenges to Health Equity

Need **improved cultural competency** and diversity of doctors and pharmacists.

*Provide cultural competency training for providers*

**Messaging** is often not inclusive.

*Ensure outreach reflects the target communities*

Limited effectiveness of **top-down solutions** to health equity.

*Engage the community in identifying needs rather than coming in with solutions*

**Poor communication** channels to inform the homeless community of available services.

*Provide current data so that Community Health Workers (CHW) can provide more targeted assistance*



Objective #5

# Opportunities to Work Better with Partners

Provide **programmatic funding** specific to the areas for sustained efforts.

**Develop approaches with partners** THEN submit requests together to for federal funding.

Start the **conversation earlier** regarding funding.

Provide **timely reimbursements**.

Provide **current, localized data** to partners as well as **interpretation** of the data.

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