

Joe Lombardo
Governor



Richard Whitley,
MS
Director



Cody L. Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

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

Meeting Agenda

February 27, 1:00 PM until adjournment.

MEETING LOCATIONS

VIDEO CONFERENCE LINK:

Microsoft Teams [Need help?](#)

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Meeting ID: 266 211 592 211

Passcode: c4g9hc7E

Call in Number:

[+1 775-321-6111, 964607788#](#) United States, Reno

[Find a local number](#)

Phone conference ID: 964 607 788#

For organizers: [Meeting options](#) | [Reset dial-in PIN](#)

Thank you for planning to attend this Teams meeting.

(This is a virtual meeting and there is no physical location. The public is invited to attend.)

NOTICE:

1. Agenda items may be taken out of order.
 2. Two or more items may be combined; and
 3. Items may be removed from agenda or delayed at any time
-
1. Call to Order and Roll Call.

2. Public Comment:

No action may be taken on a matter raised under this item unless the matter is included on an agenda as an item upon which action may be taken. The Chair of the CWCD will place a five (5) minute time limit on the time individuals addressing the CWCD. To provide public comment telephonically, dial 1-775-321-6111. When prompted to provide the meeting ID, enter 964 607 788# Members of the public using the call-in (audio only) number may raise their hand by pressing *5. Persons making comments will be asked to begin by stating their name for the record and to spell their last name.

3. Possible Action: Review and approve October 24, 2024, Meeting Minutes – Dr. Krista Schonrock, Chair

4. Information Item: Introduction of new CWCD members and transition of chair position to Dr. Schonrock. - Dr. Krista Schonrock, Chair

5. Informational: Kidney Disease Advisory Committee Annual Report update – Michelle Harden, Quality Improvement Manager, Chronic Disease Prevention and Health Promotion (CDPHP), Bureau of Child, Family, and Community Wellness (CFCW), Division of Public and Behavioral Health (DPBH)

6. Discuss and Possible Action: The annual stroke report – Michelle Harden Quality Improvement Manager, CDPHP, CFCW, DPBH

a. Per [NRS 439.5297](#) *Any recommendations for legislation designed to improve the quality of care provided to patients who suffer from stroke in this State.*

7. Discuss and possible Action: Nevada Statewide Learning Collaborative overview and request for Council collaboration. - Irazema (Yami) Melendez, Systems Improvement Coordinator, CDPHP, CFCW, DPBH

8. Information Item: Present partner Chronic Disease Prevention and Health Promotion Program Reports – Dr. Krista Schonrock, Chair

Maria Azzarelli, EMHA, CHES®, Manager, CDPHP, Southern Nevada Health District

Kellie Goatley – Seals, MPH, Public Health Supervisor, Northern Nevada Public Health
Suzi Ledezema Rubio, CDPHP Division Manager, Carson City Health and Human Services
Brooke Conway Kleven, PT, DPT, PhD, Nevada Institute for Children’s Research and Policy (NICRP), University of Nevada, Las Vegas

9. Information Item: Present Division of Public and Behavioral Health CDPHP Section Updates and Program Reports- Michelle Harden, Quality Improvement Manager, CDPHP, CFCW, DPBH

10. Discuss and Possible Action Item: Discussion and possible action to make recommendations on new initiatives and potential collaborations- Dr. Krista Schonrock, Chair

11. Discuss and Possible Action Item: Discussion on Legislative session priorities and potential bills and bill draft reviews of interest – Dr. Krista Schonrock, Chair

12. Discuss and Possible Action Item: Approval of 2025 CWCD meeting dates – Dr. Krista Schonrock, Chair

13. Public Comment: No action may be taken on a matter raised under this item unless the matter is included on an agenda as an item upon which action may be taken. The Chair of the CWCD will place a five (5) minute time limit on the time individuals addressing the CWCD. To provide public comment telephonically, dial 1-775-321-6111. When prompted to provide the meeting ID, enter 964 607 788# Members of the public using the call-in (audio only) number may raise their hand by pressing *5.

14. Adjournment: Dr. Krista Schonrock, Chair

NOTICES OF THIS MEETING WAS POSTED AT THE FOLLOWING LOCATIONS:

- The Nevada Division of Public and Behavioral Health website at [the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease Meetings 2025 \(nv.gov\)](#) and the Department of Administration's website at <https://notice.nv.gov/>
- Nevada Division of Public and Behavioral Health: 4150 Technology Way, Carson City, NV 89706
- Nevada Division of Public and Behavioral Health: 4126 Technology Way Carson City, NV 89706
- Nevada Division of Public and Behavioral Health: 4220 S. Maryland Parkway, Las Vegas, NV 89119
- Bureau of Health Care Quality and Compliance (Las Vegas Office): 500 E Warm Springs Rd, Suite 200 Las Vegas, NV 89119
- Nevada WIC Office: 680 W. Nye Ln., Suite 205, Carson City, NV 89703

In addition, the agenda and/or meeting information was mailed to groups and individuals as requested and posted online at: <https://notice.nv.gov/> and <https://dpbh.nv.gov> .

This meeting is a public meeting, recorded and held in compliance with and pursuant to the Nevada Open Meeting Law, pursuant to NRS 241. By Participating, you consent to recording of your participation in this meeting. All voting members should leave their cameras on for the duration of the meeting and refrain from entering any information into the chat function of the video platform.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements are necessary, please notify Rory Fuller in writing by email (r.fuller@health.nv.gov), by mail (CWCD, Nevada Division of Public and Behavioral Health, 4150 Technology Way, Suite 210, Carson City, NV 89706) or by calling (775) 684-2203 before the meeting date.

If you need supporting documents for this meeting, please notify Rory Fuller, Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, at (775) 684-2203 or by email at r.fuller@health.nv.gov. Supporting materials are available for the public on the Nevada Division of Public and Behavioral Health website at CWCD Meeting Schedule for 2025 (https://dpbh.nv.gov/Boards/CWCD/Meetings/2025/CWCD_and_KDAC_2025_Meetings/) and on the Department of Administration's website at <https://notice.nv.gov/>.

If at any time during the meeting, an individual who has been named on the agenda or has an item specifically regarding them, including on the agenda is unable to participate because of technical difficulties, please contact r.fuller@health.nv.gov and note at what time the difficulty started to that matters pertaining specifically to their participation may be continued to a future agenda if needed or otherwise addressed.

Please be cautious and do not click on links in the chat area of the meeting unless you have verified that they are safe. If you ever have questions about a link in a document purporting to be from Palliative Care and Quality of Life, please do not hesitate to contact r.fuller@health.nv.gov. Please refrain from commenting in the chat area of the meeting, unless requested to, because minutes are required to be taken of the meeting.

Anyone who would like to be on the CWCD mailing list must submit a written request every six months to the Nevada Division of Public and Behavioral Health at the address listed above.

This body will provide at least two public comment periods in compliance with the minimum requirements of the Open Meeting Law prior to adjournment. No action may be taken on a matter raised under public comment unless the item has been specifically included on the agenda as an item upon which action may be taken. Written comments more than one (1) typed page on any agenda items which requires a vote are respectfully requested to be submitted to the CWCD at the below address thirty (30) calendar days prior to the meeting to ensure that adequate consideration is given to the material.

CWCD, DPBH, Attn: Rory Fuller
4150 Technology Way, Suite 210
Carson City, Nevada 89706

Attachment for Agenda Item #3

Joe
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Governor



Richard
Whitley, MS
Director

DEPARTMENT OF
HEALTH AND HUMAN SERVICES



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Cody L.
Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
*Chief Medical
Officer*

THE ADVISORY COUNCIL ON THE STATE PROGRAM FOR WELLNESS AND THE PREVENTION OF
CHRONIC DISEASE (CWCD)

Date: October 24, 2024

Time: 1:00 PM - 2:31 PM

Location: Virtual via Microsoft Teams

Attendees:

- **Council Members Present:**
 - Sarah Rogers, Chair Pro-Tem
 - Andrew Snyder
 - Dr. Krista Schonrock
 - Dr. Steve Shane
 - Maria Azzarelli
 - Dr. David Orentlicher
 - Dr. Amber Donnelly
 - Kagan Griffin
 - Cari Herrington

1. **Call to Order and Roll Call:**

Sarah Rogers, the Interim Chair, called the meeting to order at 1:00 PM. Roll call was conducted, confirming a quorum was present.

2. **Public Comment:**

First public comment period: No public comments made.

3. **Approval of July 25, 2024, Meeting Minutes:**

Motion by Maria Azzarelli to approve minutes, second by Andrew Snyder, Motion carried unanimously.

4. **For Possible Action: Review and Recommend Applications to Fill Vacant Council Seats per NRS 439.521:**

Discussion ensued regarding the applications for vacant council positions (applications attached in meeting packet).

Motion by Dr. David Orentlicher to approve Mary Karls for the person who represents an organization dedicated to the prevention of chronic disease seat, and Nikesha Mobley for a person who represents a racial or minority group seat.

Second by Cari Herrington, motion carried unanimously.

5. **For Possible Action: Election of CWCD Chair:**

Nominations were opened for the Chair position, Dr. Krista Schonrock expressed she was willing to fill the Chair position.

Motion to approve Dr. Schonrock as CWCD Chair by Maria Azzarelli, second by Cari Herrington, motion carried unanimously.

6. **For Possible Action: Approval of Kidney Disease Advisory Committee Recommendations:**

Sarah Rogers presented that the links to kidney disease resources previously approved during the July meeting would be added to the CWCD website soon. (Preview attached in meeting packet)

No action taken.

7. **For Possible Action: Nevada Public Health Foundation Presentation on Wellness at Work Website Updates:**

Natalie Gautereaux from the Nevada Public Health Foundation presented the Wellness at Work website. (Link in meeting packet)

No action taken.

8. **Information Item: Partner Chronic Disease Prevention and Health Promotion Program Reports:**

Various reports were presented by partners that detailed initiatives to prevent chronic disease, providing valuable information to the council. (Attached in meeting packet)

9. **Information Item: Division of Public and Behavioral Health CDPHP Section Updates:**

Amber Hise delivered updates focusing on quality improvement initiatives and program reports. (Attached in meeting packet)

10. **For Possible Action: Recommendations on New Initiatives and Collaborations:**

No recommendations were made, however, Dr. Orentlicher asked for clarification on the committee's role during the legislative session, Sarah Rogers agreed to check the NRS for clarification before next meeting.

11. **Public Comment:**

Second public comment period: No public comments made.

12. **Adjournment:**

Andrew Snyder motioned to adjourn, seconded by Maria Azzarelli. The motion was approved unanimously, and the meeting adjourned at 2:31 PM.

Minutes Prepared by: Rory Fuller

Attachment for Agenda Item #4

Joe Lombardo
Governor



Richard Whitley,
MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Cody L. Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

December 4, 2024

Mary Karls
3156 Alpine Creek Rd.
Reno, NV 89519

Dear Ms. Karls:

I am pleased to appoint you to the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD) as, *"one representative of an organization committed to the prevention and treatment of chronic disease"*. Based on your expertise, I believe you will be a valuable member of the Council.

The 2005 Nevada Legislature passed Senate Bill 197, which creates statutory authority for a 13-member State Wellness and Prevention of Chronic Disease Advisory Council, the members of which are appointed by the Administrator of the Nevada Division of Public and Behavioral Health. The Council is charged with advising and making recommendations to the Division of Public and Behavioral Health concerning the Wellness Program and projects. The members of the Advisory Council serve terms of two years, unless otherwise fulfilling an appointed position. Your term officially begins January 1, 2025, and ends December 31, 2026.

The Advisory Council generally meets four times a year. Subcommittees on which CWCD members serve meet only on an as needed basis. You will receive a detailed agenda including information about the locations and times of Council meetings several weeks prior to the meetings.

Please contact Michelle Harden, Quality Improvement Manager, Chronic Disease Prevention and Health Promotion, Bureau of Child, Family and Community Wellness, Division of Public and Behavioral Health, at (775) 546-5854 or by email at mharden@health.nv.gov if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Cody L. Phinney".

Cody L. Phinney, MPH
Administrator

Division of Public and Behavioral Health

Bureau of Child, Family and Community Wellness
4150 Technology Way, Suite 210 • Carson City, NV 89706 • (775) 684-4200 • Fax (775) 687-7570 • dph.nv.gov

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HEALTH.

Joe Lombardo
Governor



Richard Whitley,
MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Cody L. Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical
Officer

December 4, 2024

Dr. Nikesha Mobley
4505 S. Maryland Prkway
Las Vegas, NV 89154

Dear Dr. Mobley:

I am pleased to appoint you to the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD) as, *"one representative who is a member of a racial or ethnic minority group appointed from a list of persons submitted to the Administrator by the Advisory Committee of the Office of Minority Health within the Office for Consumer Health Assistance of the Department."* Based on your expertise, I believe you will be a valuable member of the Council.

The 2005 Nevada Legislature passed Senate Bill 197, which creates statutory authority for a 13-member State Wellness and Prevention of Chronic Disease Advisory Council, the members of which are appointed by the Administrator of the Nevada Division of Public and Behavioral Health. The Council is charged with advising and making recommendations to the Division of Public and Behavioral Health concerning the Wellness Program and projects. The members of the Advisory Council serve terms of two years, unless otherwise fulfilling an appointed position. Your term officially begins January 1, 2025, and ends December 31, 2026.

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Sincerely,

A handwritten signature in blue ink that reads "Cody L. Phinney".

Cody L. Phinney, MPH
Administrator

Division of Public and Behavioral Health

Bureau of Child, Family and Community Wellness
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Attachment for Agenda Item #5

KIDNEY DISEASE ADVISORY COMMITTEE
2024 ANNUAL REPORT



State of Nevada

Department of Health and Human Services

Division of Public and Behavioral Health

Chronic Disease Prevention and Health Promotion Section

Joe Lombardo

Governor

State of Nevada

Richard Whitley, MS

Director

*Department of Health and
Human Services*

Cody L. Phinney, MPH

Administrator

*Division of Public and Behavioral
Health*

Ihsan Azzam, PhD, MD

Chief Medical Officer

*Division of Public and Behavioral
Health*

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INTRODUCTION

This annual report, in compliance with Nevada Revised Statutes [\(NRS\) 439.261](#), provides an update on the activities, progress, and challenges met in addressing racial health disparities related to kidney disease in Nevada. The focus of these efforts includes improving early detection, promoting kidney transplantation, and mitigating the exacerbation of kidney diseases among racially diverse communities (State of Nevada Department of Health and Human Services [DHHS], 2024). Each year, by February 1st, this report is compiled for the Legislative Counsel Bureau, summarizing past achievements and strategic directions necessary for ongoing progress (DHHS, 2024).

OVERVIEW OF INITIATIVES

Chronic kidney disease (CKD) affects an estimated 4.3% of Nevada's adult population, with diabetes and hypertension as principal contributors (Centers for Disease Control and Prevention [CDC], 2023; Nevada Department of Health and Human Services, 2023). Current state initiatives aim to integrate CKD management within broader chronic disease programs while overcoming challenges such as rural healthcare access and public awareness. Legislative support is essential for equitable healthcare access and improved resource allocation for CKD-specific interventions. Proposals include expanding community health worker programs and seeking dedicated funding through partnerships to support comprehensive CKD outreach across the state (DHHS, 2024).

GRANT APPLICATIONS AND STATUS

The Bureau of Child Family and Community Wellness seeks to address CKD by integrating it into broader health programs (DHHS, 2024). Despite limited CDC funding, various financial resources have been leveraged to integrate CKD prevention and management into initiatives targeting cardiovascular health, diabetes, and smoking cessation (DHHS, 2024). KDAC continues to prioritize CKD education and management, ensuring these elements are encompassed within existing health campaigns (DHHS, 2024).

ESTABLISHMENT OF ADVISORY COMMITTEE

Following NRS 439.261(2), a diverse advisory committee was formed to address CKD issues. This group, which meets regularly, includes healthcare professionals, Washoe Tribe delegates, representatives from national kidney organizations, and other partners (DHHS, 2024). The Committee emphasizes culturally responsive CKD education and service delivery tailored to community needs (DHHS, 2024).

KEY ACTIVITIES AND ACCOMPLISHMENTS

Educational Outreach

To address kidney health disparities, various educational programs are being implemented, with a focus on creating culturally and linguistically appropriate content for diverse groups. These programs include both community-based workshops and online seminars, which help overcome barriers to access such as transportation issues and conflicting schedules (DHHS, 2024). The initiatives are continuously refined based on participant feedback, ensuring the equitable delivery of health education (DHHS, 2024). Furthermore, KDAC members have gathered kidney disease resources and made them available on the DPBH website, improving community access to crucial health information.

Early Detection and Intervention

Efforts focus on promoting early detection of kidney disease through health fairs and community screenings, particularly in minority groups. These events are conducted in partnership with local entities at accessible locations (DHHS, 2024). The integration of Community Health Workers (CHWs) is vital in promoting community involvement and ensuring effective follow-up care for high-risk populations (DHHS, 2024).

CHALLENGES AND CONSIDERATIONS

The absence of dedicated funding presents challenges in addressing CKD-related issues. The Advisory Committee is actively exploring innovative approaches and forging strategic alliances to improve access to services and reduce financial burdens (DHHS, 2024). Efforts continue to seek increased financial support and structural improvements for enhanced education and screening initiatives (DHHS, 2024).

FUTURE DIRECTIONS AND RECOMMENDATIONS

The focus remains on broadening the impact of grant-funded initiatives and exploring new funding avenues to enhance program effectiveness. Partnerships with academic institutions aim to collect evidence-based data to refine intervention strategies and ensure long-lasting impacts (DHHS, 2024). Dedicated funding is recommended to promote health equity and systemic changes in kidney disease outcomes (DHHS, 2024).

CONCLUSION

In conclusion, the report indicates significant efforts have been made in tackling health inequalities related to race in kidney disease, but continued vigilance and additional efforts are required. The initiatives implemented over the past year have established a strong groundwork for improving early detection, awareness, and prevention of kidney disease among Nevada's diverse communities (DHHS, 2024). Sustained commitment is crucial to further reduce these disparities and enhance kidney health outcomes for all residents of Nevada (DHHS, 2024).

References

Centers for Disease Control and Prevention. (2023). *Chronic kidney disease in the United States, 2023*. U.S. Department of Health and Human Services.

Nevada Department of Health and Human Services. (2023). *Nevada chronic disease data*.

State of Nevada Department of Health and Human Services. (2024). *Kidney Disease Advisory Committee 2024 Annual Reporting*. Division of Public and Behavioral Health, Chronic Disease Prevention and Health Promotion Section. *KDAC Meeting Minutes* https://dpbh.nv.gov/Boards/CWCD/CWCD_-_Committee_home/

Attachment for Agenda Item #6

REQUEST FOR RECOMMENDATIONS FOR LEGISLATION DESIGNED TO IMPROVE THE QUALITY OF CARE PROVIDED TO PATIENTS WHO SUFFER FROM STROKE IN NEVADA.

NEVADA REVISED STATUTE 439.5291 TO 439.5297

Requires the Division of Behavioral and Public Health (DBPH) to establish and maintain a stroke registry to collect and aggregate stroke statistics aligned with the Paul Coverdell National Acute Stroke Registry Act. <https://www.leg.state.nv.us/nrs/nrs-439.html#NRS439Sec5291>

DPBH maintains super-user status with the Get With The Guidelines – Stroke database and collects data from all 17 certified stroke hospitals in Nevada that report into the database.

The statute mandates that an annual report of stroke statistics be submitted to the Governor and posted publicly on June 1st annually.

DPBH may request input, advice, and assistance from the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD)

In addition to aggregating annual stroke statistics, the statute asks for any legislative recommendations to improve the quality of care provided to patients who suffer from strokes in this state.

[Click this link to see past Stroke Reports with recommendations.](#)

The Ask

The Cardiovascular Health Program invites the CWCD to submit recommendations for any legislation to improve the quality of care provided to patients with stroke in Nevada.

- Recommendations with supporting documentation due March 17, 2025
- Submit to Tlovick@health.nv.gov and Ahogan@health.nv.gov



The Cardiovascular Health Program

Troy Lovick, Cardiovascular Health Program Coordinator
Alexis Hogan Community Wellness Unit Evaluator



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

ALL IN GOOD HEALTH.

Introductions

Irazema “Yami” Melendez

Imelendez@health.nv.gov

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Amber Hise

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Alexis Hogan

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Integrated Strategies Evaluator

Troy Lovick

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Cardiovascular Program Coordinator

Michelle Harden

Mharden@health.nv.gov

Quality Improvement Manager

Dr. Allen Pai

Apai@health.nv.gov

Evaluation and Surveillance Manager



AGENDA

1. What Drives the Annual Stroke Report?
2. Stroke Reports 2015 – 2023
3. Recommendations from 2023 Stroke Report
4. Ask for recommendations for 2024 Report

What Drives the Annual Stroke Report?

NRS 439.5291 to 439.5297

NRS 439.5295 Duty of Division to establish and maintain Registry; gifts, donations, bequests and grants.

1. The Division shall:

(a) Establish and maintain the Stroke Registry to compile information and statistics concerning the treatment of patients who suffer from strokes. The information and statistics must align with the consensus measures prescribed by the Paul Coverdell National Acute Stroke Registry of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the Joint Commission, the American Heart Association and the American Stroke Association. The Division may request the input, advice and assistance of the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease established pursuant to NRS 439.518 concerning the establishment and maintenance of the Registry.

(b) Use, as the data platform for the Registry, the Get With The Guidelines-Stroke data management platform established by the American Heart Association and American Stroke Association or a similar data management platform with substantially equivalent security standards⁴ for data.

What Drives the Annual Stroke Report?

NRS 439.5295 Duty of Division to establish and maintain Registry; gifts, donations, bequests and grants

(e) Using guidelines prescribed by a nationally recognized organization involved in stroke treatment and research, determine which data may be reported to the Registry. Such data must include, without limitation, the consensus measures prescribed by the Paul Coverdell National Acute Stroke Registry of the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the Joint Commission, the American Heart Association and the American Stroke Association.

(f) Make aggregated data from the Registry available to each medical facility, provider of health care and provider of emergency medical services that treats patients who suffer from strokes in this State.

2. The Division may apply for and accept any gift, donation, bequest, grant or other source of money to carry out the provisions of NRS 439.5291 to 439.5297, inclusive.

What Drives the Annual Stroke Report?

NRS 439.5291 to 439.5297

NRS 439.5297 Duty of Division to adopt and carry out procedures for using Registry.

1. The Division shall adopt and carry out procedures for using the Registry. The procedures must include, without limitation:

- (a) Analyzing data in the Registry concerning the response to and treatment of strokes; and
- (b) Identifying potential solutions for improving the treatment of patients who have suffered strokes in particular geographic areas of this State and in this State as a whole.

2. The Division shall compile an annual report concerning the operation and use of the Registry and the data collected by the Registry. On or before June 1 of each year, the Division shall post the report on its Internet website, if any, and submit the report to the Governor. The report must include, without limitation:

- (a) Aggregated data from the Registry; and
- (b) Any recommendations for legislation designed to improve the quality of care provided to patients who suffer from strokes in this State.

(Added to NRS by 2015, 248; A 2015, 250)

Stroke Reports Published

https://dpbh.nv.gov/Programs/Heart/dta/Publications/The_Cardiovascular_Health_Program_-_Publications/

2023 Stroke Registry Report

2022 Stroke Registry Report

2021 Stroke Registry Report

2020 Stroke Registry Report

2019 Stroke Registry Report

2018 Stroke Registry Report

2017 Stroke Registry Report

2016 Stroke Registry Report

2015 Stroke Registry Report

Any recommendations for legislation designed to improve the quality of care provided to patients who suffer from strokes in this State.



DPBH

- Continue to develop the Black-owned Barbershop (BSHOP) and Beauty shop (BeSHOP) health outreach program in Clark County urban core to improve health literacy and address the higher incidence of stroke within the Black population.
- Enhance the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program to address cardiovascular health risk factors for low-income and uninsured women.
- Continue to promote the Million Hearts initiative to private sector partners to raise awareness about quality improvements in preventing heart disease and strokes.¹⁷
- Continue to support the Heart Disease and Stroke Prevention program efforts to expand the Heart Healthy Ambassador Blood Pressure Self-Monitoring program throughout Nevada.
- Continue support for the Nevada statewide cardiovascular health learning collaborative.
- Increase support for collaborations between funded programs within the Division.
- Collaborate with the Division's public information officer to expand public awareness campaigns to promote recognition of heart attacks and strokes and the importance of calling 911.

Any recommendations for legislation designed to improve the quality of care provided to patients who suffer from strokes in this State.



Health Systems

- Use health information technology and electronic health record approaches to identify patients "hiding in plain sight" with undiagnosed or unmanaged heart disease and stroke risk factors.
- Participate in the Nevada statewide cardiovascular health learning collaborative.
- Coordinate with Emergency Medical Service (EMS) care providers to implement coordinated systems of care that get patients to certified stroke centers fast and reduce delays in care transitions.
- Work with community members to raise awareness of stroke and heart attack symptoms and ensure EMS systems are activated quickly. Healthcare Professionals.
- Continue to identify and treat high blood pressure, diabetes, obesity, high cholesterol, smoking, and other stroke risk factors.
- Continue to refer patients to community lifestyle change resources and programs such as quitting smoking lines, obesity, and diabetes prevention.
- Continue to educate patients to recognize the signs and symptoms of heart attacks and strokes and the importance of calling 911

Any recommendations for legislation designed to improve the quality of care provided to patients who suffer from strokes in this State.



Every Nevadan

- Learn to recognize the signs and symptoms of a heart attack and stroke and call 911.
- Eat a healthy diet with lots of fruit and vegetables, maintain a healthy weight, and be physically active.
- Manage medical conditions such as obesity, pulmonary disease, diabetes, high cholesterol, and high blood pressure by following medical advice and taking medication as prescribed.
- Avoid smoking, vaping, and secondhand smoke.
- Share this information with a friend, neighbor, or loved one.

The Ask

The Cardiovascular Health Program invites the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD) to make,

- Any recommendations for legislation designed to improve the quality of care provided to patients who suffer from strokes in this State.
 - Recommendations with any supporting documents due by March 14, 2025.
 - Please submit to tlovick@health.nv.gov and ahogan@health.nv.gov

QUESTIONS?



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

CONTACT INFORMATION

Troy Lovick
Cardiovascular Program Coordinator
tlovick@health.nv.gov

Alexis Hogan
Community Wellness Unit Evaluator
ahogan@health.nv.gov



ACRONYMS

- NRS - Nevada Revised Statute
- CVD – Cardiovascular Disease
- CVH – The Cardiovascular Health Program
- CWCD - The Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease

RESOURCES

- [The Nevada Division of Public and Behavioral Health](#)
- [The Nevada Cardiovascular Health Program](#)
- [The Statewide Cardiovascular Risk Factors Dashboard](#)
- [Nevada Revised Statute 439.5291](#)
- [Nevada Stroke Registry Reports 2015 - 2023](#)



**NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**

Attachment for Agenda Item #7

The Nevada Statewide Cardiovascular Learning Collaborative Charter

Yami Melendez, Systems Improvement Coordinator
Troy Lovick, Cardiovascular Health Program Coordinator



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

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Introductions

Irazema “Yami” Melendez

Imelendez@health.nv.gov

Systems Improvement Coordinator

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Ahise@health.nv.gov

Community Wellness Section Manager

Alexis Hogan

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Community Wellness Evaluator

Donadya McCullough

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Integrated Strategies Evaluator

Troy Lovick

Tlovick@health.nv.gov

Cardiovascular Program Coordinator

Michelle Harden

Mharden@health.nv.gov

Quality Improvement Manager

Dr. Allen Pai

Apai@health.nv.gov

Evaluation and Surveillance Manager



AGENDA

1. What is a Learning Collaborative
2. Learning Collaborative Structure
3. Learning Collaborative Goals
4. Partner List
5. Mission Statement and Purpose
6. Learning Collaborative Charter
7. Operational Guidelines
8. PDSA's, what have we done so far?
9. The Ask
10. Questions?
11. Resources

What is a Learning Collaborative

A Learning Collaborative is an alliance of:

- public health entities,
- housing, commerce, and transportation agencies,
- health systems,
- health care providers,
- clinical quality improvement organizations,
- health information technology experts, public and private payers,
- pharmacists,
- mental and behavioral health professionals,
- community-based health care professionals,
- community organizations,
- safety net providers, health departments,
- tribal organizations, among others

These partners may also directly intervene on a clinical or community basis to address social determinants of health (SDOH)

What is our Learning Collaborative?



- Our Learning Collaborative will facilitate communication and the exchange of information and ideas between health systems, community health organizations, and public health entities
- It will leverage technical and financial resources to support programs to improve cardiovascular health outcomes for all persons, but specifically focus on those with or at the highest risk of poorer health outcomes by specifically addressing SDOH
- It is partner led with state guidance

Learning Collaborative Structure



Structure

1. Leadership Team: Composed of representatives from key stakeholder groups, responsible for strategic planning, coordination of activities, and oversight
2. Regional Working Groups: Stakeholder led groups focused on geographic regions that report to the Leadership Team
3. Engaged Assembly: A monthly meeting open to all members for knowledge sharing, updates on initiatives, and collaborative discussions

Learning Collaborative Goals

- Serving populations with 40% or greater prevalence of hypertension and communities experiencing social determinants of health challenges, such as:
 - limited access to care,
 - lack of housing,
 - food insecurity,
 - unstable employment,
 - lack of transportation,
 - lack of childcare, or more
- Achieving optimal health outcomes for the identified populations through culturally informed programs that use SDoH focused strategies to advance universal health equity goals

Partners

- Access to Healthcare Network (AHN)
- American Heart Association (AHA)
- CoMagine Health (Comagine)
- Healthy Communities Coalition (HCC)
- Quality Technical Assistance Center (QTAC)
- Roseman University of Health Science (Roseman)
- Southern Nevada Health District (SNHD)
- University of Nevada, Reno, Sanford Center for Aging (UNR SCA)

Charter Mission Statement

"The Nevada Statewide Cardiovascular Health Learning Collaborative (NSCHLC) is dedicated to advancing cardiovascular health across Nevada through collaboration, innovation, and education. Our mission is to unite healthcare providers, community organizations, academic institutions, and public health advocates to develop and implement evidence-based strategies that promote prevention, improve patient outcomes, and reduce health disparities."

Purpose

The Nevada Statewide Cardiovascular Health Learning Collaborative aims to reduce cardiovascular risk burden throughout Nevada by fostering collaboration among LC stakeholders, leveraging information technology, and promoting effective evidence-led problem solving. The charter outlines our goals, structure, and operational guidelines to effectively address cardiovascular health challenges in our state.

Goals

1. Collaboration: Engage diverse stakeholders including healthcare providers, community organizations, public health entities, and patients to share insights and strategies for improving cardiovascular health.
2. Education: Develop and disseminate educational resources and training programs to empower practitioners, patients, and communities in cardiovascular health awareness and prevention.
3. Monitoring and Evaluation: Establish metrics to evaluate the effectiveness of collaborative initiatives and ensure continuous improvement in cardiovascular health outcomes.

Operational Guidelines

1. Meetings: Regular meetings will be held to facilitate discussion, share progress, and coordinate efforts among members.
2. Communication: Utilize open meeting best practices to keep members informed and engaged.
3. Funding: Seek diverse funding sources, including grants, sponsorships, and partnerships, to support collaborative initiatives.
4. Conflict of Interest: Members must disclose any potential conflicts of interest to maintain transparency and integrity within the collaborative.

Commitment

By participating in the Nevada Statewide Cardiovascular Health Learning Collaborative, NSCHLC, stakeholders commit to working collaboratively towards shared goals, fostering a culture of mutual respect, and prioritizing the health and well-being of all Nevadans.

The charter serves as a guiding document for the NSCHLC, emphasizing our commitment to improving cardiovascular health through collective action and shared responsibility.

The charter will be reviewed annually and may be amended as necessary to reflect the evolving needs of the collaborative and its members.

PDSA's

Plan, Do, Study, Act – What have we already accomplished?

Access to Healthcare Network (AHN) surveyed providers, administrators, pharmacists, patients, and care givers in rural and frontier counties to develop a landscape analysis.

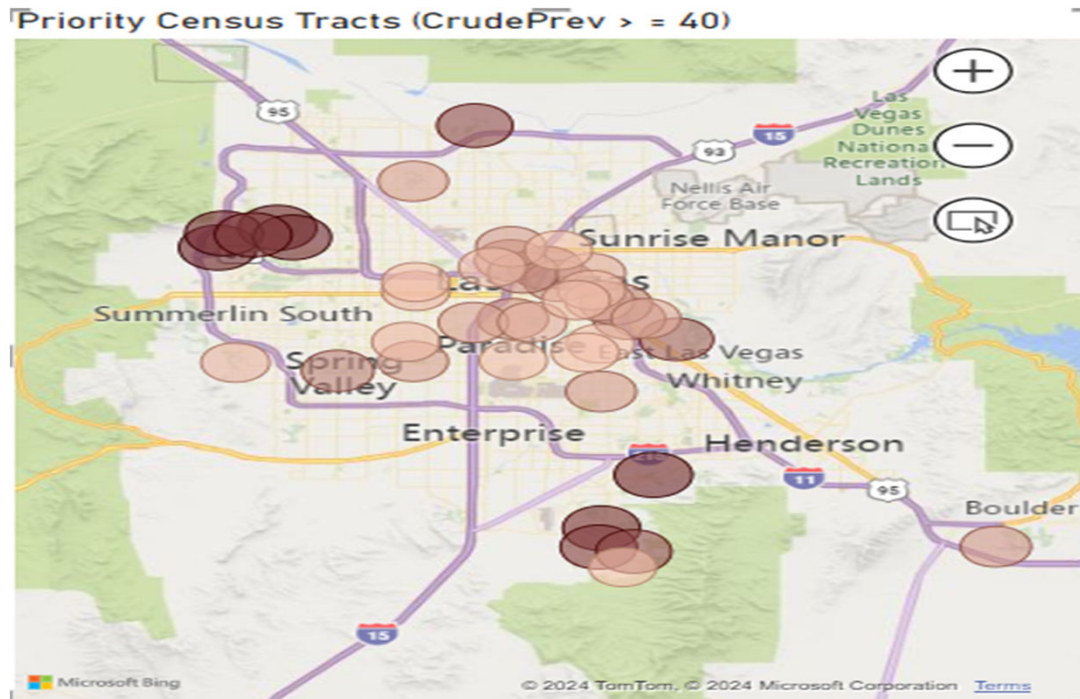
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- ✓ **Carlin**
- ✓ **Elko**
- ✓ **Ely**
- ✓ **Eureka**
- ✓ **Austin**

PDSA's

Plan, Do, Study, Act – What have we already accomplished?

Roseman students developed a landscape analysis of the Behavioral Risk Factor Surveillance System (BRFSS) data used to develop the [statewide cardiovascular risk factors dashboard](#).

Southern Nevada's Priority Census Tracts

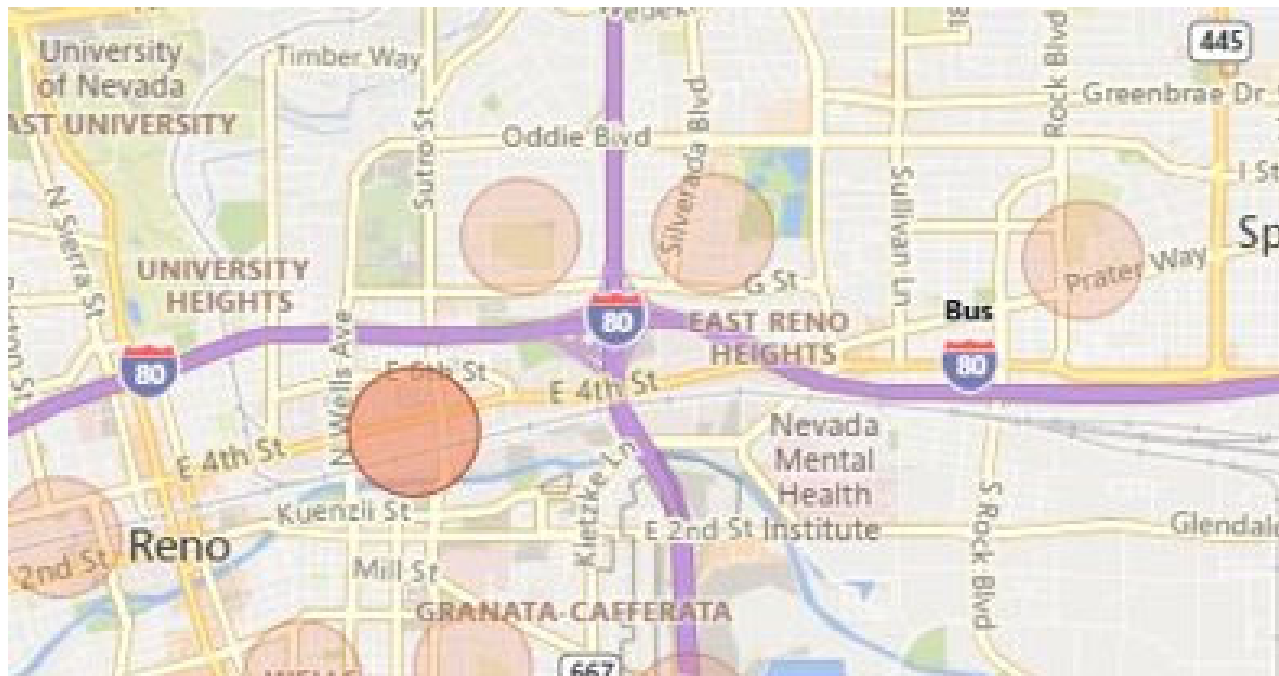


PDSA's

Plan, Do, Study, Act – What have we already accomplished?

The University of Nevada at Reno's Sanford Center for Aging (UNR-SCA) utilized the [statewide cardiovascular risk factors dashboard](#) to identify a census tract near downtown Reno.

Northern Nevada's Priority Census Tracts



The Ask

The NSCHLC seeks the invaluable support of the Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD) in enhancing our efforts to grow our stakeholder base and to increase engagement within our communities.

1. **Identifying Potential Stakeholders** – experts and community members with lived experience.
2. **Facilitating Introductions** – connections to potential contributors for our initiatives and to amplify our impact.
3. **Promoting Engagement** – raise awareness and encourage participation.

QUESTIONS?



**NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**

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ACRONYMS

- BRFSS - Behavioral Risk Factor Surveillance System
- CVD – Cardiovascular Disease
- CVH – The Cardiovascular Health Program
- CWCD - The Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease
- HHA-BPSM -Heart Healthy Ambassador-Blood Pressure Self Monitoring
- LC – Learning Collaborative
- NSCHLC – Nevada Statewide Cardiovascular Learning Collaborative
- PDSA’s – Plan Do Study Act
- SDOH – Social Determinants of Health

RESOURCES

- [The Nevada Division of Public and Behavioral Health](#)
- [The Nevada Cardiovascular Health Program](#)
- [The Statewide Cardiovascular Risk Factors Dashboard](#)
- [Places Census Tract Data GIS Friendly Format 2023 Release](#)



**NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH**

Attachment for Agenda Item #8

**Chronic Disease Prevention and Health Promotion Section Report
Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease
October - December 2024**

**Southern Nevada Health District (SNHD):
Office of Chronic Disease Prevention & Health Promotion (OCDPHP) Report**

Staff: Brittnee Aldea joined our team as a Health Educator I. Brittnee will be working on our nutrition and 5210 programs. Amineh Harvey was promoted to a Senior Health Educator. We will be recruiting for a Health Educator I position to work in our Heart Disease program in January.

Section News: Maria Azzarelli, OCDPHP manager is serving as the acting Community Health Division Director through February 2025.

Programming

Chronic Disease Prevention Program (CDPP)

Nutrition:

The 2024 Pop-Up Produce Stand season concluded in November. During the year, CDPP worked with RTC, Together We Can, and Prevail Market Place to host 13 Pop-Up Produce Stands. The stands offered low cost, regionally grown fresh produce. The stands accepted SNAP, Double Up Food Bucks (DUFB), credit/debit, and cash and were marketed to individuals who experience barriers accessing fresh produce including transportation and financial barriers. The 2025 Pop-Ups will begin in March 2025.

2024 Pop-Up Produce Stand Data

- Total sales: \$3,275
- % SNAP Sales: 25%
- DUFB Coupons Issued: 7
- DUFB Coupons Redeemed:31
- Total lbs. of produce sold: 2,471

CDPP sponsored the Southern Nevada Breastfeeding Coalition's Educational Breastfeeding Symposium in November featuring keynote speaker Nichelle Clark. The symposium was held on November 2nd. The symposium provided lactation professionals with opportunities for CEUs and networking opportunities. Approximately 30 people attended the symposium.

CDPP staff updated the Healthy Fellowship Guide, a free guide for places of faith that provides tips and guidance for implementing health promotion activities into places of worship. Materials were sent to over 100 local places of faith.

Heart and Stroke:

CDPP partnered with the YMCA to sponsor a Healthy Hearts Ambassador Blood Pressure Self-Management Class, making it free for the community. The class reached a maximum capacity of 25 participants and began in November. The 16-week program will run through March. It is being offered in English and Spanish.

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CDPP partners with Promotoras Las Vegas (PLV) to conduct blood pressure and prediabetes screenings, education, and referral in community and faith-based settings serving the Hispanic community. In December, PLV conducted a screening at a local senior housing complex. Thirteen people were screened for blood pressure, 6 for prediabetes and 13 people were referred to community diabetes resources/classes.

CDPP develops, implements, and evaluates media and public awareness/education campaigns. In December, CDPP ran the Heart Healthy Holidays campaign which consisted of online, social media and bus stop shelter ads. The campaign ran in English and Spanish and promoted heart healthy behaviors and connected people to available resources. The campaign reached over 185,700 people from our priority populations.

Diabetes:

CDPP worked with AAA Healthcare to provide a free Diabetes Prevention Program class for the community. The class is held at Nevada Partners. The DPP class is a yearlong program with intensive sessions for the first 6 months and maintenance sessions for the next 6 months. At the 6-month point, approximately 40% of participants have lost 5%-7% of their body weight (DPP goal). When participants meet that goal, they can reduce their chance of developing type 2 diabetes by over 60%.

CDPP commemorated Diabetes Month in November with a press release that generated 2 earned media opportunities including an interview on Channel 3. Additionally, CDPP sponsored or led the following activities to raise awareness and connect people to resources:

- Sponsored the Virtual Kids Cooking Class hosted by 100 Black Men of Las Vegas. 60 youth and their families participated in the class and learned how to cook a diabetes-friendly recipe. Diabetes prevention & self-management educational materials were provided.
- Hosted 2 Diabetes Self-Management & Education (DSMES) classes online and in person reaching 14 people.
- Trained YMCA staff as facilitators of the DSMES curriculum to help expand DSMES class offerings in the valley.
- Helped YMCA relaunch the Healthy Kids Maps program for holiday break youth camps. Healthy Kids Maps is a diabetes prevention program for youth.
- Participated in outreach events and distributed over 780 diabetes educational materials.

Obesity:

In preparation for the 2025 Nevada Legislative Session, the PHN Obesity Fact Sheet, Advocacy Resources document, and Policy Priorities were updated and posted on the PHN webpage.

PHN submitted a comment in support of the CMS rule to require Medicaid and Medicare to cover Anti-Obesity Medications (AOM) and therapies.

Physical Activity:

CDPP continues to provide ongoing support to the Clark County School District Safe Routes to Schools Program to expand programming among CCSD schools. During this reporting period:

- 38 schools participated in Walk to School Day events

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- 10 schools received bike repair workshops, 10 received bike rodeos, and 3 schools received free bike helmets for students
- 15 schools received a SRTS assembly
- 2 participated in the Positive Presence campaign positive presence campaign
- 8 schools received family engagement activity and or educational presentation
- A walk audit was conducted at 1 school in partnership with City of Las Vegas and 7 schools received school observations.

Community Outreach/Engagement:

In addition to activities listed above, OCDPHP Community Health Workers participated in 2 large scale community events reaching over 500 people. Chronic disease prevention and self-management materials were provided to attendees.

CDPP Community Health Workers (CHWs) provide resources to community asset locations to share information and resources. In December, CDPP CHWs conducted outreach to 33 community organizations serving priority populations in 18 zip codes. Over 3,300 materials and chronic disease resources were distributed.

CDPP staff receive weekly referral reports from SNHD referring clinics and clinicians for clients with hypertension, diabetes, or prediabetes. CDPP CHWs follow up with clients to provide a tailored packet of information with programs, resources, and education related to the condition they were referred for. CHWs also conduct secondary follow up with clients when an email is provided. Monthly reports documenting client follow-up are provided to the SNHD referring clinic. During this reporting period, 172 referrals were made (84 for hypertension, 30 for diabetes, and 58 for prediabetes).

Tobacco Control Program (TCP)

This reporting period, 24 African American, Native Hawaiian, and Latino-focused businesses and restaurant distributed culturally relevant, branded educational materials to their patrons, advocating for no-smoking policies and promoting cessation. Additionally, these businesses voluntarily adopted smoke-free minimum distance policies to minimize exposure to secondhand smoke.

SNHD continues to collaborate with NNPH and CCHHS to coordinate the statewide flavoring initiative that uses Nevada specific data to provide information on flavored tobacco products, mentholated products, e-cigarettes, and cessation and prevention resources to raise awareness and reduce sales of tobacco-related products. This collaboration also maintains and updates the flavoring website, Attractingaddiction.com, printed educational material, and social media ads used to educate the public.

The TCP kicked off a partnership with the Nevada State Apartment Association (NVSAA) this reporting period. Staff created four tailored email blasts with information to encourage multi-unit housing managers to adopt smoke-free policies. Staff also created four unique social media

**Chronic Disease Prevention and Health Promotion Section Report
Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease
October - December 2024**

graphics along with messaging to be distributed to the NVSAA membership throughout the course of the year.

TCP staff are actively communicating with representatives of Nevada State University's (NSU). Staff continue to provide technical assistance to Nevada State to support the adoption of a smoke-free policy on campus. In December, the policy was approved by NSU's Faculty Senate. Once approved by NSU's legal team, it will be presented to the NSU President for signature.

Staff participated in the 25th annual Christmas en el Barrio event to promote the PMPT initiative. Approximately 2,000 people participated in the event. Staff provided linguistically appropriate tobacco cessation resources and tailored materials to educate on the dangers of vaping products and tobacco use. Smoke-free messaging and signage were posted throughout the venue, and live messages were done on stage promoting smoke-free lifestyles.

Staff participated in a Dia de Los Muertos event hosted by the City of Las Vegas on November 2nd at the Sammy Davis Jr. Festival Plaza. The outdoor event was smoke and vape-free and promoted the Latino culture through dance, music, art and ofrendas. The Ofrenda exhibition won second place and was chosen based on key traditional features. Culturally and linguistically appropriate cessation resources were distributed to promote a smoke-free lifestyle.

Nevada Institute for Children's Research and Policy

Report Summary

Project Period: October – December 2024

In partnership with the Nevada Early Childhood Obesity Prevention (NECOP) Workgroup members, NICRP will implement NECOP State Plan activities to help improve weight status among children zero (0) to eight (8) years of age.

The 2021-2026 state plan is divided into seven (7) overarching goals:

- (1) Early Care and Education Facilities
- (2) Awareness and Education for parents
- (3) Awareness and Education for providers and community partners
- (4) Establish Data Collection Systems
- (5) Increase knowledge of best practice and current research in Early Childhood Obesity prevention strategies
- (6) Increase number of Caring for our Children (CFOC) and Physical Activity and Nutrition (PAN) standards being met in Nevada, and
- (7) Increase sustainable funding to support Nevada Early Childhood Obesity Prevention efforts

These goals are inclusive of 39 total objectives, further broken down into a total of 56 activities to be completed over the five-year state plan. Workgroup members and organizations provide quarterly updates on progress toward each of these activities.

Systems and Data Collection

NICRP worked with the NECOP members to develop an internal system for collecting and analyzing quarterly progress of all 7 goals among partnering members and organizations. The following progress has been reported since the last report on September 2024:

During this project period, NICRP scheduled all 2025 quarterly meetings with the Early Childhood Obesity Prevention Workgroup to track and evaluate the implementation of The Nevada Early Childhood Obesity Prevention State Plan. The first quarterly meeting of the year will be held virtually January 21, 2025. The workgroup is continuing with its goals and activities, specifically building on the discussions from the September (2024 Q4) meeting regarding feedback from the Nevada Childcare Licensing Board's edits to NECOP's proposed revisions to the Achieving a State of Healthy Weight (ASHW) standards. The workgroup also continues with Nevada Registry Wellness Training rubric discussed in detail below. NICRP plans to continue discussing with the workgroup ways to increase awareness through the implementation of Year 4 objectives and activities.

Reports

ASHW is a national report inclusive of 47 high-impact obesity prevention standards (HIOPS, or 'standards') in childcare licensing regulations that promote infant feeding practices, healthy nutrition

and mealtime practices, opportunities for active play, and decreasing the frequency of screentime. The NECOP workgroup reviewed Nevada's current national standings based on the 2022 ASHW Report and developed proposed amendments to 23 of the 32 Nevada Administrative Codes (NAC) on the ASHW standards which Nevada is currently not meeting. A survey was then sent out to licensed childcare facilities in the state to gain an understanding of potential barriers associated with these proposed changes. Among the provider responses, a high percentage reported approving of regulatory changes given the following recommendations are taken into consideration:

1. Rephrase any verbiage utilizing the term "primary care provider" to specify healthcare provider and/or childcare provider.
2. Specify quantities and/or duration of any amendment which requires an adjusted volume or time component.
3. Among all amendments, be mindful of developmental delay and children/caregivers with adaptive needs.

The survey was then distributed to families in the state of Nevada to gain insight on implications and barriers for children and their families. The parent/caregiver survey was disseminated between August – September 2023, with a total of 132 completed responses during this time. Of the 19 total revisions provided in the survey for parents, 6 had the majority in approval of the changes. Of the remaining 13 revisions, the greatest concern among parents was a lack of assistance/support/ knowledge, followed by a lack of potential funding for facilities.

The full report is now finalized and was reviewed by the workgroup at the 2024 Q1 quarterly meeting. Several members of NECOP workgroup met with Latisha Brown from Nevada childcare licensing on March 29, 2024, to discuss the report and proposed revisions to the corresponding Nevada regulations. On June 13, 2024, Latisha and her team were instrumental in providing their comments on the Nevada Early Child Care Regulations. These comments were sent to the workgroup to review prior to the June (2024 Q3) meeting.

NICPR compiled the licensing team's comments comprehensively and sent this document to the workgroup prior to the September (2024 Q4) meeting. During the Q4 meeting, the workgroup discussed the proposed revisions to the corresponding Nevada regulation and made decisions about whether to change or keep the revisions, based on the licensing team's comments.

NICRP updated the PowerPoint to summarize feedback from the Childcare Licensing Team and the workgroup's decisions, striking through the regulations the group chose not to pursue. Some revisions were tentatively agreed upon, but members chose not to proceed with them at this time. NICRP will review these revisions and finalize the PowerPoint for presentation to the workgroup during the January meeting. Following this, the workgroup will determine the next steps, which may include engaging with the state licensing board and/or awaiting the 2025 legislative session.

Policy

Per NAC 432A.323, all licensed childcare providers are required to complete two or more hours of training in wellness including childhood obesity, nutrition, and moderate or vigorous physical activity within 90 days of employment and each year thereafter. The Nevada Registry worked with the EC Obesity Prevention workgroup to develop content guidelines for wellness courses, which was finalized

during Q1 of 2023. The document outlines the content guidelines, course objectives and trainer qualification requirements for the required training. During Q2-Q4 of 2023, the Nevada Registry continued to partner with the workgroup to develop a review process of all current statewide trainings, along with a checklist for all new training applications. All new sessions submitted until the checklist is finalized will continue to be approved but will need to meet updated criteria by January 1, 2024. After that point, online courses that do not meet the requirements will be removed from the calendar. Two (2) UNR Extension interns have assisted with the development of a scoring sheet for this evaluation system during the last project year. During the March quarterly meeting, an update was provided that a program manager at UNR Extension had committed their time to assist with this project. However, at the June quarterly meeting, it was reported that no progress had been made on the training rubric since the previous meeting. The project, previously overseen by temporary staff, has since come to a halt. At the September quarterly meeting, the Nevada Registry team reported progress on the training rubric, noting that the coursework for 15 online trainers has been reviewed. The Nevada Registry will send evaluations to providers and inform them of necessary modifications to meet the new criteria, aiming for implementation by February 2025.

Education

The workgroup has disseminated one (1) report to partners and community collaborators: the Obesity Prevention Policy Brief for Pediatricians.

One (1) educational material is under review and planned for dissemination once approved by the workgroup members: the Early Childhood Obesity Prevention Brochure.

All finalized reports are available on the workgroup's webpage: [Nevada Early Childhood Obesity Prevention Workgroup - NICRP \(unlv.edu\)](#)



Carson City Health and Human Services Report 4th Quarter 2024 (10/1/2024 – 12/30/2024)



Chronic Disease Prevention and Health Promotion (CDPHP) Division

CDPHP Division staff hosted a two-day presentation and clinic tours for 223 Caron High School Freshman class students on October 17 and 18. We informed the students about all the resources available to them and their families at the Health Department.

The CDPHP Division Manager completed the High-Performance Leadership by Professional Development Academy through NACo.

Community Outreach:

Staff participated in three (3) community outreach events in Q4:

Total reach for outreach events were 1,234 parents/adults and 2,281 youth

- Carson Valley Health Community Health Fair on 10/11/2024
- Fall Festival at the Empire Elementary School on 10/18/2024
- Carson City BOOnanza on 10/24/2024

Adolescent Health Education Program

Program funded through:

- The Sexual Risk Avoidance Education (SRAE) Program
- The Personal Responsibility Education Program (PREP)

Overall goal of both funds is to prevent teen pregnancy and exposure to sexually transmitted infections (STIs), including HIV/AIDS.

Making Proud Choices, Comprehensive Sexual Education is funded by PREP

Provides both abstinence and contraceptive use by using evidence-based, medically accurate safe sex education to youth ages 13-19 years old. The goal is to prevent teen pregnancy and exposure to sexually transmitted infections (STIs), including HIV/AIDS. In addition to evidence-based curricula, this program address adulthood preparatory topics such as healthy relationships, positive adolescent development, and healthy life skills.

32 participants enrolled between October 1, 2024 through December 31, 2024. A minimum of 75% of the curriculum must be completed for the program to be considered “complete”. The total participants completing 75% of the curriculum on October 1, 2024 through December 31, 2024 were 5. Enrollment of the 22 participants will not be complete until January.

CCHHS Adolescent Health staff conducted classes at the following locations for Q4:

Western Nevada Regional Youth Center (WNRYS) October 28, November 6, 25 and 27.

China Springs and Aurora Pines Detention Centers December 24, 26, 31 and January 2.

Promoting Health Among Teens, Abstinence Only (PHAT-AO) is funded by SRAE

Provides evidence-based, medically accurate abstinence education to youth ages 10-19 years of age. The overall goal is to prevent teen pregnancy and exposure to sexually transmitted infections (STIs), including HIV/AIDS. Additionally, it teaches young people sexual risk avoidance, personal responsibility, self-regulation, goal setting, and healthy decision making. This program promotes the prevention of youth risky behaviors without normalizing teen sexual activity and emphasizes focusing on a positive future.

Statistics:

0 participants enrolled between October 1, 2024 through December 31, 2024. A minimum of 75% of the curriculum must be completed for the program to be considered “complete”.

The total participants completing 75% of the curriculum on October 1, 2024 through December 31, 2024 were 15, who were enrolled back in September.

CCHHS Adolescent Health staff conducted classes at the following locations for Q4:

Virginia City Middle School September 16, 17, 18, 19, 23, 24 ,25, 26, 30 and October 1,2,3.

Trainings

CCHHS Adolescent Health staff attended the following trainings virtually:

- Adolescent Health Initiative Connection Session hosted by the Michigan Medicine University of Michigan
- Chosen Family: Contraception for Transgender and Gender Diverse People
- Getting Social Savvy – Helping Youth Navigate Social Media
- STI Expert Hour Webinar: Adolescent Sexual Health
- Fostering Youth Leadership through Sexual Risk Avoidance Education Programming
- Be Your Own Spielberg: Using Storytelling Techniques to Create Highly Engaging and Impactful Presentations
- World AIDS Day Virtual Summit- A celebration of progress: Kickoff and HIV Testing in Trans and Non-Binary Individuals
- World AIDS Day Virtual Summit- A celebration of progress: HIV in the Aging Population

- World AIDS Day Virtual Summit- A celebration of progress: Syndemic Testing for HIV, Syphilis and HCV and Closing Remarks
- 2024 STI Update Virtual Series- The Congenital Syphilis Epidemic: Diagnosis, Management, & Prevention
- 2024 STI Update Virtual Series- Triple Play: Essentials and Updates on PEP, PrEP, and Doxy-PEP

Other

CCHHS Adolescent Health staff communicated with Carson City School District Chief School Nurse, regarding schedule for SRAE classes at the Carson City Middle and Elementary schools related to the approved curriculum known as Proctor and Gamble with additional HIV education component.

CCHHS Adolescent Health staff in communication with Lyon County School District staff for implementation of SRAE curriculums.

Tobacco Prevention and Control Program

Program funded through:

- Centers for Disease Control and Prevention’s (“CDC”) Tobacco Control and Prevention
- Nevada Clinical Services formerly the Funds for Healthy Nevada
- Youth Vaping Prevention – SB118

Purpose of the program is to reduce tobacco use and prevent initiation among youth and adults, promote quitting resources for all tobacco/nicotine users and reduce the exposure to secondhand smoke and e-cigarettes/vape emissions. The program raises awareness through education and providing resources to the community.

CCHHS Tobacco Prevention and Control staff continue to be members of the Nevada Tobacco Control and Smoke-Free Coalition (“NTCSC”). Currently hold leadership position within NTCSC board and Communication Chair.

Through NTCSC, CCHHS Tobacco Prevention and Control staff continue to support the development of educational materials for statewide partner utilization by participating on a communication committee and policy committee. These two groups help develop the priority areas for NTCSC strategic plan. The current priority areas include sustainable prevention funding and education on the dangers of flavored tobacco products, and youth access via tobacco retailers.

CCHHS Tobacco Prevention and Control staff nominated two teachers for the NTCSC 2024 Community Champion Award - Northern Nevada individual awards. Awards were presented virtually at the NTCSC quarterly General Membership meeting.

- A Virginia City Middle School teacher and a Pau Wa Lu Middle School teacher, who both continue to reach out to CCHHS to provide presentations to educate their students on the danger of tobacco use including e-cigarettes.

CCHHS Tobacco Prevention and Control staff continue to provide education among youth for prevent initiation of tobacco products including e-cigarettes and promote cessation resources such as the Nevada Tobacco Quitline for adults and MyLifeMyQuit for youth through presentations, community outreach events, social media, and to healthcare providers.

- Tobacco and Vaping Prevention Education at Carson City Boys and Girls Club on 10/3/24 had 21 youth in attendances.
- CATCH My Breath curriculum at Virginia City Middle School from 10/7/24 - 10/10/24 had 16 youth in attendances.
- Four classes of Tobacco and Vaping Prevention Education at Pau Wa Lu Middle School on 11/12/24 – 11/13/24 had 118 youth in attendances.
- Provided Tobacco and Vaping Prevention Education presentation for Parent Education Night hosted by Juvenile Probation on 11/20/2024 with 6 adults and 3 youth in attendances.
- Diabetes/ Tobacco awareness education booth at Western Nevada Collage on 11/19/24 with 20 attendees.
- The Great American Smoke Out awareness education booth at Western Nevada Collage on 11/21/24 with 9 attendees.

CCHHS Tobacco Prevention and Control staff continues to offer education to the community through promoting the following curriculums:

- CATCH MY BREATH
- Not on Tobacco (N-O-T)
- Intervention for Nicotine Dependence: Education, Prevention, Tobacco and Health (INDEPTH)

Trainings

CCHHS Tobacco Prevention and Control staff attended the following trainings virtually:

- Tobacco Online Policy Seminar (TOPS) Michael Darden, Johns Hopkins University “Optimal e-cigarette policy when preferences and internalities are correlated
- Marijuana & Smokefree Air Office Hours
- Tobacco Online Policy Seminar (TOPS) Benjamin Toll, Medical University of South Carolina “E-cigarettes in the US: Use by Physicians, Prevalence, Intentions to Quit, and Methods for Quitting”
- Tobacco Online Seminar (TOPS) Travis Whitacre, Yale University “Flavored E-cigarette Sales Restrictions and Young Adult Tobacco Use in the United States”
- Heart Health and Tobacco Use
- Zyn and Nicotine Pouches: What Local Tobacco Control Officials Need to Know
- NOCE Listening Session #3: Treatment for individuals with opioid use disorder
- COSSUP Webinar: Substance Use and the Brain
- The Rising Zynfluence of Nicotine Pouches: Understanding the Latest Trend in Harmful Tobacco Products

Other

CCHHS Tobacco Prevention and Control staff will be coordinating and providing signage to promote a more smoke/tobacco-free community.

CCHHS Tobacco Prevention and Control staff worked on adding a smoke/tobacco-free multi-unit housing directory for locations in Carson City onto the gethealthycarsoncity.org (health departments website).

CCHHS Tobacco Prevention and Control staff are planning to conduct outreach to healthcare providers within the Carson City area to promote tobacco cessation services, including My Life My Quit and the Nevada Tobacco Quitline.

DPBH conducted annual site visits for the following grants received by CCHHS for the Tobacco Prevention and Control Program: Centers for Disease Control and Prevention's ("CDC") Tobacco Control and Prevention and Nevada Clinical Services. Site visit occurred on 11/14/2024 – all the required documents were provided. There were no findings or deficiencies.

Prevention Health and Health Services

Program funded through:

- Preventive Health and Health Services (PHHS) Block Grant
-

The program purpose is to educate individuals on the importance of maintaining a healthy weight. The focus is on patients of the CCHHS clinic whose body mass index (BMI) is higher than 25 and are interested in receiving more information on how to live a healthier lifestyle. The program's Public Health Program Specialist monitors clinic patients whose BMI values are higher than 25. Staff continues to participate in the collaborates with the 5210 program for educational materials and resources. Staff member is spending 12.5% of their time towards this program.

About 65% of funds will be used for the Washoe Tribal Health Center (WTHC) to implement a remote patient monitoring program to improve chronic disease management and access to essential healthcare data to tailor approaches to address specific needs of the tribal community.

Ryan White Part B Program: Outreach Services: Retention-in-Care

Program funded through:

Office of HIV/Ryan White: Ryan White HIV/AIDS Program – Part B for Outreach Services

Program's purpose is to:

- Identify people who do not know their HIV status so are not in care.
- Linkage or re-engagement of People Living with HIV (PLWH) into medical care and the HRSA Ryan White HIV/AIDS (RWHAP) services.

The program works with individuals with a last known address within one of the 15 rural and frontier counties, excluding Clark and Washoe counties.

Program has serviced 111 services were provided to 51 clients.

Trainings

CCHHS Ryan White Part B – Outreach Services staff attended the following trainings:

- Autumn Update Conference in-person on 11/16-11/17
- International Conference on Stigma virtually 11/21-11/22.

Other

DPBH conducted annual site visits for the following grants received by CCHHS for the Ryan White part B – Outreach Services Program. Site visit occurred on 10/28/2024 - all the required documents were provided. Documents all aligned with the Health Resources and Services Administration National Monitoring Standards. There were no findings or deficiencies for the Administrative, Quality Management, Fiscal, and

Programmatic surveys reviewed. In addition, there were no findings or deficiencies for the 41 clients reviewed for the Programmatic Site Visit.

Budget for CDPHP programs

- General Funds – None
- Grants – 100%



Attachment for Agenda Item #9

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
CDPHP SECTION UPDATES
OCTOBER 24, 2024

This report provides an update to the Council on Nevada's Chronic Disease Prevention and Health Promotion (CDPHP) Section, highlighting its commitment to enhancing community health through specific programs. The CDPHP Section aims to decrease chronic disease incidence and boost overall health by using various funding streams, including CDC federal grants and state-specific resources, such as the Fund for a Healthy Nevada. These initiatives were designed to reinforce and expand this section's strategic goals. This overview presents program successes, current obstacles, and upcoming strategies, offering the Advisory Council on the State Program for Wellness and Prevention of Chronic Disease (CWCD) insights into the present wellness landscape. Established by Senate Bill 197 in the 2005 Legislative Session, the Council, initially named the Advisory Council on the State Program for Fitness and Wellness, serves a vital advisory function within the Division of Public and Behavioral Health. Operating under the NRS 439.521 guidelines, the Council plays a crucial role in advancing Nevada's public health initiatives.

Office of Food Security and Wellness (OFS)

Council on Food Security (CFS)

PROGRAM OVERVIEW AND PROGRESS

The Office of Food Security (OFS) continues to provide essential administrative support to the Council on Food Security (CFS), with current efforts concentrated on the State Health Improvement Plan (SHIP) and 2023 Food Strategic Plan. Considerable progress includes drafting the 2024 Annual Report, which awaits management approval. OFS is also spearheading a workgroup focused on organizing the 2025 Food Security Conference in the Northern Region, with support from the NACDD AmeriCorps Members. Additionally, the OFS manages the Food for

People, Not Landfills (FFPNL) subcommittee established by the CFS, focusing on reducing food waste. Upcoming actions involve engaging various agencies to appoint representatives and initiate meetings, although these steps are contingent on staff capacity. A concise financial update reveals the careful management of expenditures to ensure alignment with the planned activities and goals.

IMPACT AND FUTURE PLANS

The impact of the program is evident through enhanced stakeholder engagement and collaborative efforts, notably with AmeriCorps and other partners, ensuring inclusive planning for food security initiatives. A recent success story highlights how these collaborations effectively address food insecurity challenges in underserved regions. Feedback from stakeholders has prompted refinement of planning and execution, ensuring responsiveness to community needs. Looking ahead, OFS is gearing up for the 2025 Food Security Conference, planning strategic outreach and partnerships to strengthen its initiatives. Mitigating identified risks, such as staff capacity, is a priority with strategies including increased funding and recruitment to ensure the program's sustainability and effectiveness.

Funds for a Healthy Nevada (FHN)-Hunger Funds

PROGRAM OVERVIEW AND PROGRESS

The Office of Food Security (OFS) effectively manages an annual allocation of two million dollars from the tobacco settlement funds, known as the Funds for a Healthy Nevada (FHN), as per NRS 439:620-630. This funding operates on a two-year grant cycle, currently supporting 11 grantees, including food banks, food pantries, and an RX Pantry for SFY24-SFY25. These funds are crucial for initiatives aimed at reducing hunger across Nevada, promoting public health, and enhancing health services for children, senior citizens, and persons with disabilities. The SFY24 Annual Report is due to the GMU as soon as possible, and is currently waiting on Washoe Data to return to routing. SFY26-SFY27 NOFO is slightly behind the schedule and is expected

to be released by the end of January. The GMAC will hold special sessions in March 2025 to approve funding decisions, and the program expects a slight increase. The program is currently awaiting six NCS Contract amendments for SFY25.

IMPACT AND FUTURE PLANS

FHN funds foster vital partnerships with food banks and pantries, significantly contributing to hunger reduction and health improvements across Nevada communities. A success story includes enhanced accessibility to health and food services for vulnerable groups, thus supporting the program's effectiveness. Stakeholder engagement remains robust, with constant feedback incorporation leading to program improvements. Moving forward, the OFS plans to finalize contract amendments with the NCS to ensure seamless transitions into SFY25 initiatives. The upcoming release of the Annual Report will provide further insights into program achievements and areas of growth. To mitigate risks such as contractual delays, OFS is developing strategies for improving communication and process efficiency to uphold program integrity and impact.

Wellness and Prevention Program (WPP)

PROGRAM OVERVIEW AND PROGRESS

The Office of Food Security (OFS) is committed to advancing public health through the management of several key initiatives, including wellness and prevention programs (WPP). This program oversees obesity prevention efforts and Supplemental Nutrition Assistance Program Education (SNAP-ED) funds, which aim to enhance nutritional education and promote healthier lifestyle choices across Nevada. OFS also actively engages in national opportunities with the National Association of Chronic Disease Directors (NACDD) through collaboration with Public Health AmeriCorps (PHA) and the Public Health Associate Program (PHAP). Although the WPP no longer receives funding related to the State Physical Activity and Nutrition (SPINE) program, it continues to innovate within its existing

frameworks. Recent progress includes the alignment of SNAP-ED funding initiatives with broader public health goals and orchestration of educational outreach campaigns.

IMPACT AND FUTURE PLANS

The impact of OFS initiatives is significant, with SNAP-ED programs fostering greater awareness and adoption of healthy eating practices, thereby contributing to obesity prevention statewide. Engagement with NACDD, PHA, and PHAP continues to enhance the program's capacity and reach, ensuring the adoption of impactful public health strategies. Stakeholder feedback plays an essential role in refining program components, leading to targeted and effective educational interventions. Looking ahead, the OFS plans to expand its SNAP-ED initiatives and strengthen partnerships with public health entities to sustain and amplify their impact.

SNAP-ED

PROGRAM OVERVIEW AND PROGRESS

The Office of Food Security (OFS) continues to enhance its SNAP-Ed initiative, focusing on innovative solutions to improve public health outcomes. A key development is the transition of the CACFP GIS Mapping tool to the University of Nevada, Reno (UNR), which hosts the map to ensure its long-term sustainability and accessibility. The link is currently being reviewed by the Bureau for final approval. This collaborative effort includes partnerships with the UNR, the Sustainable Economies Initiative (SEI), and the Nevada Department of Agriculture (NDA) to align on Federal Fiscal Year 2024 (FFY24) deliverables. These strategic moves were designed to optimize the reach and effectiveness of SNAP-Ed programming, contributing to the overarching goals of nutritional education and obesity prevention.

IMPACT AND FUTURE PLANS

The transition of the CACFP GIS Mapping tool to UNR promises sustainable access and usage, reflecting the program's commitment to leveraging technology for public health improvement. This tool is integral to visualizing and addressing nutritional needs, thus enhancing the precision of SNAP-Ed's outreach efforts. Collaborations with key institutions such as the UNR, SEI, and NDA ensure a robust alignment of resources and expertise, fostering comprehensive public health strategies. As FFY24 deliverables are defined, the OFS plans to maximize these partnerships to bolster the program impact. Future actions include expanding the capabilities of the GIS tool and intensifying educational initiatives, ensuring that the program remains responsive to emerging public health needs while navigating challenges, such as resource allocation and stakeholder coordination. GIS Mapping project was completed, and the amp was posted several weeks ago.

5210 Program

PROGRAM OVERVIEW AND PROGRESS

The Office of Food Security (OFS) has successfully secured website maintenance funds from the Preventive Health and Health Services (PHHS) Block Grant Program, bolstering its digital infrastructure and outreach efforts. The coordinator is actively engaged in supporting activities tied to the PHHS grant, enabling the state to tackle unique public health challenges using innovative, community-driven methodologies. For further insight, details of the currently executed grant can be accessed through the Centers for Disease Control (CDC) under the NV PHHS. The program is currently awaiting amendments from the DBPH fiscal team to incorporate the Statement of Work (SOW) for SFY25 into contracts. All budgetary provisions were finalized, ensuring seamless transition into the next fiscal period.

IMPACT AND FUTURE PLANS

The PHHS grant's impact is enhanced through website updates DPBH has recently approved updates to expand the target autonomy for the 5210 Program, with social media content being released on a monthly basis. AmeriCorps staff, in collaboration with WIC staff, completed the translation of the website into Spanish, broadening

access to crucial health information. Ongoing website maintenance is managed by the KPS3, ensuring a robust online presence to support public health initiatives. Looking forward, the OFS plans to leverage these digital enhancements to increase program visibility and community engagement. Future strategies include finalizing contract amendments to swiftly implement SFY25 initiatives and expanding bilingual resources to better serve Nevada's diverse population, thus reinforcing the state's commitment to inclusive public health solutions.

Obesity Prevention:

PARAGRAPH 1: PROGRAM OVERVIEW AND PROGRESS

The Office of Food Security (OFS) continues to advance its public health objectives with several key undertakings, including preliminary work in the 2024 Obesity Report. This report provides critical insights into the current landscape of obesity in Nevada and informs strategic interventions and policy recommendations. The program's digital efforts were supported by the Preventive Health and Health Services (PHHS) Block Grant Program, which funds website maintenance to enhance outreach and accessibility. While awaiting contract amendments from the DBPH fiscal team to incorporate the SFY25 Statement of Work (SOW), the OFS has secured budget finalizations that position it to promptly activate its upcoming initiatives.

IMPACT AND FUTURE PLANS

The inception of the 2024 Obesity Report marks a pivotal step toward assessing and addressing obesity-related challenges in the state. This initiative, alongside updates to the 5210 website and its translation into Spanish by AmeriCorps and WIC staff, underscores the OFS's commitment to accessible health information. With KPS3 managing ongoing website maintenance, the OFS is poised to elevate its digital footprint and outreach. We look forward to the execution of contracts to allow further work to be completed with the 5210 Program and activities associated with

the SNAP-ED SOW. In addition, we look forward to the completion of the 2024 Obesity Annual Report due to LCB by March 15, 2025.

Population Health & Wellness Unit

Tobacco Control Program

Program Overview and Progress

The Tobacco Control Program (TCP) is dedicated to reducing morbidity, mortality, and disability caused by commercial tobacco use and secondhand smoke exposure in Nevada. Supported by the fifth year of the CDC Tobacco Grant, which began on April 29, and the second year of funding from the Fund for Healthy Nevada (FHN) on July 1, the program continues to make significant strides. TCP was successful in developing and publishing the Nevada Tobacco Quitline Dashboard to the TCP website. The dashboard will allow Nevada TCP partners and the public to access tobacco cessation data. The dashboard contains important information, such as the number of Quitline intakes, number of e-referrals, and insurance type used. These data were disaggregated by year and county. Additionally, the TCP collaborated with Nevada Tobacco Control and Smoke Free Coalition (NTCSC) to develop an ID verification app that allows tobacco retailers to quickly verify the age of customers below 40 years.

Impact and Future Plans

Nevada TCP partners continued to target educational institutions and encourage them to enact tobacco-free policies on their campuses. In addition, TCP partners plan to work with school district decision-makers to create evidence-based strategies to address tobacco use, including e-cigarettes and emerging tobacco products, among students. TCP partners also plan to advocate for district-wide tobacco policies, including exploring alternatives to suspension of tobacco policy violations, such as mandating tobacco-free education modules in lieu of suspension and not returning confiscated vapes to students. Furthermore, the TCP recognizes the importance of

addressing tobacco-related disparities and is working with partners to host a myriad of community events specifically tailored to groups experiencing tobacco-related disparities. One such planned event is the Because We Matter Tobacco-Free Living Summit. This event will address the harmful impacts of tobacco on black communities.

Building our Largest Dementia (BOLD) program

Program Overview and Progress

The Building Our Largest Dementia (BOLD) Infrastructure Public Health Program is a federal initiative focused on mitigating the impact of Alzheimer's disease and related dementia (ADRD) through robust public health strategies. Nevada's BOLD program operates under the Chronic Disease Prevention and Health Promotion (CDPHP) section and has secured a five-year grant cycle (September 30, 2023–September 29, 2028) with an annual funding of \$450,000. Key partners include the University of Nevada, the Reno (UNR) Dementia Engagement, Education, and Research (DEER) program, and the Alzheimer's Association in Nevada. Over the past quarter, the BOLD program made substantial progress, including collaborating with local health systems, promoting brain health education, and partnering with Community Health Workers (CHWs) and colleges to expand its reach. The Alzheimer's Association has played a key role in delivering educational programs and training first responders, while the DEER program has continued to distribute Dementia Self-Management Guidebooks and build a bidirectional referral system with the UNR's Sanford Center for Aging.

Impact and Future Plans

The Nevada BOLD program has made significant strides in raising awareness and improving the management of dementia in the state. The Alzheimer's Association engaged nearly 3,000 participants at the "Walk to End Alzheimer's" events, provided training to first responders, and delivered presentations to various community groups, including Medicare Advantage Health Plans and Value-based Care organizations. The DEER Program distributed hundreds of Dementia Self-Management Guidebooks and

hosted Dementia Friends Information Sessions, welcoming over 225 new Dementia Friends in November alone, bringing the statewide total to 3,135. The Pesa Soaname Advisory Group's screenings of Finding Pesa Soaname, a research-based documentary, highlighted culturally appropriate dementia care, fostering greater awareness in tribal communities. Future strategies will continue to expand educational outreach and strengthen partnerships with healthcare systems, community organizations, and underserved populations. An important upcoming event is the 2025 Nevada Tribal Summit on Age- and Dementia-Friendly Care, which aims to bring together health care professionals, tribal staff, and community members to discuss dementia care in tribal settings. The DEER Program also plans to extend its bidirectional referral system, enhance dementia self-management education, and increase public messaging regarding dementia through campaigns and resources. Additionally, efforts will focus on expanding BOLD Coalition membership, recruiting local leaders for Dementia Friendly Nevada (DFNV) community groups, and deepening engagement with healthcare providers to improve ADRD care across the state.

Community Wellness Unit

The Community Wellness Unit Manager will be on leave as of July 3, 2024, owing to military training and deployment for a year.

Cardiovascular Health (CVH) Program

Program Overview and Progress

The National Cardiovascular Health (CVH) Program, funded by the CDC through grants DP-23-0004 and DP-23-0005, focuses on reducing heart disease and promoting cardiovascular health through evidence-based and innovative strategies. Halfway through the second year of the five-year National Cardiovascular Health program and entering year two of the Innovative Cardiovascular Health programs, considerable progress has been made. Key milestones include commencing the development of a Request for Proposals (RFP) for a mobile application designed to

engage participants in the Healthy Heart Ambassador-Blood Pressure Self-Monitoring Program. The program will similarly develop an RFP for bidirectional social service referral capabilities targeted for rollout in year 2. The program experienced salary savings that resulted in \$133,267.02 of allocated but unspent funds for the 23-0004 award and \$83,808.09 for the 23-0005 award. In both awards, the funds will be effectively reallocated through the expanded authority (EA) process to support ongoing initiatives in year 2.

Impact and Future Plans

The program has already demonstrated positive impacts, notably through the Nevada Statewide Cardiovascular Health Learning Collaborative (LC), which completed its 12th session this year. The collaborative approach strengthened team-based care and extended the benefits of clinical interventions in community settings, enhancing coordination, communication, and follow-up care for priority populations. Stakeholder engagement is robust, with strong collaboration among community organizations. Feedback has highlighted the need for more localized interventions, prompting us to adjust outreach strategies accordingly. Looking forward, our plans include launching a new mobile application and expanding the scope of collaborative learning to include more diverse populations. To mitigate potential risks, such as funding fluctuations, we plan to diversify funding sources and maintain flexible program structures to swiftly adapt to changes.

Diabetes Prevention and Control Program (DPCP)

Program Overview and Progress

The Diabetes Prevention and Control Program (DPCP) is half-way through Year 2 for the CDC grant DP-23-0020, titled "A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes." The program was granted a \$900,000 award in the second year of the grant. In addition, a proposal for the Expanded Authority amounting to \$96,539 was submitted to the CDC for review on

September 27, 2024. If approved, funds will be available for use in quarter four of year two as a continuation of Year 1 efforts. The CDC has provided guidance for an SDOH-related system or population-level project that allocates a minimum of 10% of the annual budget. Essential to the program's progress has been the renewal and enhancement of strategic partnerships with institutions such as the University of Nevada, the Reno – Sanford Center for Aging, the Nevada Business Group on Health, and the Roseman University of Health Sciences. A significant achievement last year was the certification of the Community Wellness Manager as a Diabetes Prevention Program and Diabetes Self-Monitoring and Education State Qualified Specialist, a credential that would bolster our capability to implement effective diabetes management strategies.

Impact and Future Plans

The DPCP has made impactful strides toward advancing health equity in populations at risk of diabetes. Collaboration with key partners has facilitated the deployment of targeted interventions to address specific community needs. One of the highlights of the program is increased engagement with priority populations through expanded access to diabetes education and self-management resources. Stakeholder feedback has been overwhelmingly positive, emphasizing the importance of sustained community involvement and personalized care paths. In Year 2, the DPCP plans to leverage partnerships to broaden outreach efforts and deepen the impact of diabetes prevention and control initiatives. Upcoming activities include launching innovative health literacy campaigns and enhancing data collection to refine our approach. To ensure continued success, we are developing strategies to manage potential challenges, such as resource allocation and program scalability, focusing on maximizing the effectiveness and reach of interventions.

Clinical & Community Engagement Unit

Women's Health Connection (WHC)

Program Overview and Progress

Women's Health Connection (WHC) is a key breast and cervical cancer early detection program that serves low-income, high-risk, uninsured, and underinsured women in Nevada. This study was supported by the CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP). In the State Fiscal Year (SFY) twenty-three, the program screened 6,904 women, including 5,410 women with breast cancer and 4,290 women with cervical cancer. In Program Year 2, the program successfully served 7,005 women, continuing its impact on underserved communities. Looking ahead to SFY 24, the program aimed to increase the number of women served to 7,350 by expanding its screening efforts. Partnering with B&A Entertainment Services as a new subgrantee, along with insights from collaborations with Access to Healthcare Network (AHN), Nevada Health Centers (NVHC), and Nevada Cancer Coalition (NCC), will strengthen program service delivery. The addition of key positions, including the WHC Coordinator, Program Manager, and newly appointed WHC Business Process Analyst, will enhance program operations and help achieve its goals.

Impact and Future Plans

The Women's Health Connection (WHC) program has significantly affected the provision of thousands of at-risk Women with vital cancer screenings and diagnoses, contributing to life-saving interventions across Nevada. Strong stakeholder collaboration and partnerships, particularly with Access to Healthcare Network (AHN), Nevada Health Centers (NVHC), and the Nevada Cancer Coalition (NCC), have bolstered educational and access efforts, especially among Hispanic women, who represent 94% of women who have received breast and cervical cancer screenings. To better align with its outreach objectives, the WHC has served 28 Black or African American women and has proactively revised its priority population target to forty-

seven, implementing adjustments to outreach strategies and partner contracts to enhance future engagement. The program aims to exceed its screening targets for SFY 25 by enhancing data collection methods, filling a key staff vacancy, and intensifying outreach efforts. By refining care coordination and management practices, WHC continues to expand its reach, address barriers, and secure additional partners and resources to meet health equity goals.

Comprehensive Cancer Control Program

Program Overview and Progress

The State of Nevada's Comprehensive Cancer Control Program (CCCP), funded by the CDC's National Comprehensive Cancer Control Program (grant CDC-RFA-DP22-2022), is dedicated to reducing the burden of cancer through the prevention, early detection, treatment, survivorship, and promotion of health equity. In partnership with the Nevada Cancer Coalition, CCCP supports efforts to reduce cancer risk, improve treatments, and increase survival rates, while addressing disparities in care. Aligned with Healthy People 2030 goals, the program focuses on reducing sunburn among high school students, increasing long-term cancer survivorship, and lowering mortality rates for cancers such as breast, colorectal, and prostate cancers. Recent achievements include expanding participation in the Sun Smart Schools Program from 120 to 153 schools and training 38 Community Health Workers (CHWs) to enhance early cancer detection efforts, surpassing the annual goal of 9. The CCCP has allocated 100% of its state-funded budget as of June 2024.

Impact and Future Plans

The Comprehensive Cancer Control Program (CCCP) continues to have a significant impact on Nevada by increasing access to cancer screening, prevention, and survivorship services, with a focus on health equity and underserved populations. Through partnerships with organizations such as the Nevada Cancer Coalition and Access to Healthcare Network, the CCCP has enhanced outreach and community engagement, reaching diverse populations across the state. One key initiative, the

ThriveNV tele-navigation program, served 167 individuals during the reporting period and offered crucial support to cancer survivors. Stakeholder feedback has prompted adjustments in outreach strategies and the development of additional resources, including the training of Community Health Workers (CHWs). Moving forward, the CCCP aims to strengthen data collection, improve engagement with Federally Qualified Health Centers (FQHCs), and expand programs such as Sun Smart Schools to additional Title 1 schools. The program is also working on the 2026-2030 Nevada Cancer Plan, which will be presented at the Nevada Cancer Summit in September 2025 with a focus on further reducing cancer mortality and improving the quality of life of survivors through innovative, data-driven strategies. The CCCP remains committed to building partnerships and securing additional funding to address barriers in service delivery, ensuring equitable access to cancer prevention and care for Nevada's priority populations.

WISEWOMAN

Program Overview and Progress

The Well-Integrated Screening and Evaluation of Women Across the Nation (WISEWOMAN) Program in Nevada, funded by the CDC's WISEWOMAN grant (NU58DP007674), is a vital initiative aimed at reducing the risk of cardiovascular disease (CVD), particularly hypertension. The program serves women aged 35-64 who are low-income, uninsured, or underinsured, and who are enrolled in the Women's Health Connection (WHC) Program. Through comprehensive services, including screening for heart disease and stroke risk factors, health risk assessments, risk reduction counseling, and referrals to Healthy Behavior Support Services (HBSS), WISEWOMAN adopts a holistic approach to chronic disease prevention. Recent achievements include initiating the implementation of the MED-IT data management system, conducting provider training for FY25, and executing the FY25 Access to Healthcare Network (AHN) subaward. The program has also successfully screened eighty-six women as of January 7, 2025, while continuing to enhance its operations to ensure timely data management and service delivery. As the program

moves forward, it remains focused on fully utilizing the MED-IT system, increasing participant screenings, and expanding partnerships to enhance outreach and support services.

Impact and Future Plans

The impact of the WISEWOMAN program is evolving, with recent efforts centered on enhancing cardiovascular health services for the priority population. Despite the limited screening numbers, the program has established a foundation for broader outreach and data management through the implementation of the MED-IT system and quarterly training for AHN staff on motivational interviewing. Stakeholder engagement has been maintained through collaborations with community partners, such as the Guadalupe Medical Center, which has facilitated the screening of participants. Adjustments were made in the program's strategies, including the development of a new intake/enrollment form to better assess the social determinants of health (SDoH) and track participant needs. Moving forward, the program plans to increase participant screenings, fully utilize the MED-IT system for data reporting, and enhance collaboration with community groups to improve bidirectional referrals for HBSS. Upcoming activities include provider and community engagement to build referral networks and work with Carahsoft to ensure smooth MED-IT integration. By reinforcing these efforts, the program will focus on filling vacant positions and increasing referrals to support services to better serve Nevada's priority populations.

PHHS BLOCK GRANT

Program Overview and Progress

The Preventive Health and Health Services (PHHS) Block Grant continues to serve as an essential funding source for a variety of public health initiatives in Nevada, focusing on objectives such as reducing adolescent dating violence, enhancing public health workforce capacity, and addressing obesity in children and adults.

Since the last update, notable progress has been made in the completion of the subawards and successful completion of the Fall Worksite Wellness Challenge. Additionally, the final Annual Progress Report (APR) was routed, approved, and submitted to the CDC. These milestones reflect our commitment to advancing public health outcomes. In addition, salary savings were strategically reallocated to maximize resource efficiency. Financially, the program is on track, with current expenditures aligning with budget forecasts and sufficient funds remaining to support ongoing initiatives.

Impact and Future Plans

The PHHS Block Grant has had significant impacts, as evidenced by increased participation in wellness programs and positive feedback from partners and stakeholders. Collaborative efforts with local health districts and community organizations have strengthened stakeholder engagement. The feedback received has led to adjustments in program delivery, such as enhancing communication channels and providing additional support for low-resource areas. Looking ahead, the program plans to expand outreach efforts, continue workforce training, and further integrate data-driven approaches to refine the interventions. Strategies are being developed to mitigate risks and ensure adaptability to emerging needs across the state.