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# NEVADA COMPREHENSIVE CANCER CONTROL PLAN YEAR 3 EVALUATION

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## OVERVIEW OF THE NEVADA COMPREHENSIVE CANCER CONTROL PLAN

The Nevada Comprehensive Cancer Control Program (NCCCP) is located within the Nevada Division of Public and Behavioral Health Bureau of Child, Family and Community Wellness. The NCCCP partners with the Nevada Cancer Coalition (NCC) and the cancer control community to implement a five-year Comprehensive Cancer Control Plan to prevent cancer, detect cancer earlier, improve access to treatment and clinical trials, and increase survivorship. The [Nevada Cancer Plan](#) was first released in Spring 2021 and remains current on NCC's website. The Plan serves to guide cancer control activities from 2021-2025 and will be monitored throughout implementation. An annual report detailing the progress, successes, and challenges encountered will be produced at the beginning of each year. This report concluded the evaluation for year three.

## STATEMENT OF PROGRESS AND PERFORMANCE MEASURES

The goals and objectives of the 2021-2025 Nevada Cancer Plan were developed by the Nevada cancer control community, comprised of statewide stakeholders, in a series of strategic meetings held from November 2019 to September 2020. This evaluation report serves to measure progress on those goals and objectives annually.

Many of the goals and objectives use data collected from the Centers for Disease Control and Prevention (CDC), U.S. Census Bureau, and the Behavioral Risk Factor Surveillance System (BRFSS) and will be updated as these sources are updated. Other data is collected from partners and various reliable data sources as noted in the Plan. Partners also provide qualitative data to track successes, challenges, and opportunities. Unavailable updates will be noted.

In addition to monitoring process and outcome measures related to NCCCP's desired goals, this evaluation report seeks to celebrate and acknowledge the work of partners in implementing programs in Nevada's community and clinical settings. Each goal subsequently includes associated successes,

challenges, and opportunities, allowing for a qualitative measure of progress. Over the third year of active implementation, a few activities and objectives have proven unattainable and are noted as such. In each case, the barriers have not impacted the drive toward the overall goal. The work done to this point is noted under the associated Success, Challenges, and Opportunities sections. In this way, this evaluation report serves to capture an accurate reflection of work in cancer control.

## PLAN PROGRESS

This document is arranged by priority areas and related goals to best reflect the Nevada Cancer Plan. Progress toward the goals is indicated by the status of each associated objective and strategy. Status of goals and activities were assigned in a collaborative nature. The purpose of this report is to provide information on planned progress following a full year of activities, to celebrate successes, and to recognize those activities needing future attention. In this way, the Nevada cancer control community hopes to be successful in decreasing the burden of cancer upon Nevadans.

Exciting work has still occurred over the past year, resulting in great progress on the cancer control objectives and initiatives included in the Cancer Plan. Successes over the past year include:

- Policy efforts reached success as SB 330 passed during the 82<sup>nd</sup> Legislative Session mandating coverage be provided for all breast imaging as recommended by a healthcare provider, with no cost sharing and for those covered by private insurers, to increase access to health care and support health equity initiatives.
- A Lung Cancer Provider Toolkit was developed and distributed to give healthcare providers a roadmap and the necessary resources to develop, implement, and maintain a lung cancer screening program in their facility or organization.
- The Nevada Radon Program expanded education to health care providers, medical professionals, and the public on the risks of radon in homes in addition to an increase of education for real estate professionals.
- Nevada Cancer Coalition's (NCC) formalized cancer control Collaboratives included statewide providers and community partners to collectively engage on several identified prevention and early detection measures to increase cancer screening strategies based on breast, cervical, colorectal, lung, and Human Papillomavirus (HPV) objectives.
- A new Tobacco initiative was planned and expected to educate the community and tobacco retailers to help decrease the Retail Violation Rate (a measure captured by the Nevada Attorney General with underage tobacco enforcement inspections).
- The revised language that was developed and passed as AB147 in July 2024 provides an opportunity to bridge the medical-dental divide and ensure that all Nevadans have access to care. Dental providers are no longer limited to testing and educating people about HPV and are able to vaccinate Nevadans for HPV, too. The bill provides another point of access for Nevadans looking to get vaccinated.
- Dedicated marketing campaigns focused on rural and underserved communities were launched to increase awareness of and access to cancer early detection and supportive services for survivorship needs.



This document is arranged by priority areas and related goals to best reflect the Nevada plan. Progress on goals is indicated by the status of each associated objective and activity. Status of goals and activities was assigned in a collaborative nature with the key partner(s) identified as being responsible for the goal activity in the plan. The nature of this report is to inform you on plan progress, to celebrate successful activities and to recognize those activities needing future attention. In this way, the Nevada cancer control community hopes to be successful in the endeavor to decrease the burden of cancer.

Objectives and Activities marked as “In Progress” indicate the objective has an end. Objectives and Activities marked as “Ongoing” will continue throughout the five-year project period.

COLOR CODING KEY	
	Indicates significant progress, in that the measurement has increased momentum toward the goal within the past year.
	Indicates ongoing or in-progress but should be monitored to ensure success. All activities marked as ongoing, or in-progress are marked in this manner.
	Indicates an initiative in which little or no progress has been made so far. This initiative may be tackled in subsequent years but is noted as needing attention.
	Boxes without a color indicate data is not yet available to measure progress.

# PRIORITY I: PREVENTION

GOAL: PREVENT CANCER BY REDUCING EXPOSURE TO RISK FACTORS.

## PREVENTION INDICATORS

### HUMAN PAPILLOMAVIRUS (HPV)

HPV vaccination coverage rate for adolescents 13 – 17 years

Baseline: 52.9%

Target: 60%

\*Year 1 Progress: 50.1%

\*\*Year 2 Progress: 56.5%

\*\*\*Year 3 Progress: 59.5%

Data sources: Centers for Disease Control and Prevention, National Immunization Survey – Teen (NIS-Teen) 2019, \*2020, \*\*2021, \*\*\*2022

### TOBACCO USE AND EXPOSURE



<p>Youth (grades 9-12) who have reported current use of electronic vapor products</p> <p>Baseline: 25%</p> <p>Target: 18%</p> <p>Year 1 Progress: No New Data</p> <p>Year 2 Progress: No New Data</p> <p>*Year 3 Progress: 18.8%</p> <p>Data source: 2019 Nevada High School Youth Risk Behavior Survey (YRBS) Report, *2021</p>	<p>Percentage of adults who are former smokers</p> <p>Baseline: 24.5%</p> <p>Target: 25.8%</p> <p>*Year 1 Progress: 25.2%</p> <p>**Year 2 Progress: 24.4%</p> <p>Year 3 Progress: No New Data</p> <p>Data source: CDC, Behavioral Risk Factor Surveillance System (BRFSS) 2019 crude prevalence, *2020, **2022 BRFSS</p>
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**PHYSICAL ACTIVITY AND NUTRITION**

<p>Obesity rate in children</p> <p>Baseline: 24.5%</p> <p>Target: 22.48%</p> <p>Year 1 Progress: No New Data</p> <p>Year 2 Progress: No new data</p> <p>**Year 3 Progress: 29.9%</p> <p>Data source: Nevada Child height and Weight Annual Report 2018, **State of Nevada DPBH, Nevada Child height and Weight Annual Report 2024</p>	<p>Obesity rate in adults</p> <p>Baseline: 29.5%</p> <p>Target: 29.5%</p> <p>*Year 1 Progress: 28.7%</p> <p>**Year 2 Progress: 31.3%</p> <p>***Year 3 Progress: 33.5%</p> <p>Data source: BRFSS 2018, *2020, **2022, ***2023</p>
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**RADON EXPOSURE**

<p>Valid radon home tests completed</p> <p>Baseline: 24,271</p> <p>Target: 33,000</p> <p>*Year 1 Progress: 33,257</p>	<p>Existing homes mitigated for radon</p> <p>Baseline: 1,513</p> <p>Target: 2,200</p> <p>*Year 1 Progress: 1,910</p>	<p>New homes-built radon-resistant</p> <p>Baseline: 531</p> <p>Target: 660</p> <p>*Year 1 Progress: 554</p>
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<p>**Year 2 Progress: 28,549  ***Year 3 Progress: 32,308</p> <p>Data source: Nevada Radiation Control Program, 2019, *2020, **2021, ***2023</p>	<p>**Year 2 Progress: 2059  ***Year 3 Progress: 2,221</p> <p>Data source: Nevada Radiation Control Program, 2019, *2020, **2021, ***2023</p>	<p>**Year 2 Progress: 573  ***Year 3 Progress: 591</p> <p>Data source: Nevada Radiation Control Program, 2019, *2020, **2021, ***2023</p>
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## UV EXPOSURE

Incidence of melanoma

Baseline: 16.9 per 100,000

Target: 16.81 per 100,000

Year 1 Progress: No New Data

Year 2 Progress: 13.2 per 100,000

\*\*Year 3 Progress: 23.5 per 100,000

Data source: CDC, U.S. Cancer Statistics, 2013-2017, Nevada did not meet USCS publication criteria for the 2014-2018 report

Data Source: Nevada Division of Public and Behavioral Health, Office of Analytics 2013-2019\*, CDC, U.S. Cancer Statistics, 2017-2021\*\*

## OBJECTIVE: INCREASE THE NUMBER OF 13-17-YEAR-OLD YOUTH WHO ARE UP TO DATE ON HPV VACCINATIONS.

Strategy: Support the efforts and campaigns put forth by immunization partners throughout the state	Increased
Strategy: Identify experts and champions to participate in HPV vaccination campaigns and educational opportunities.	Ongoing
Strategy: Seek opportunities to increase compliance with the HPV vaccination series completion, including reminder-recall and other reminder systems.	Increased
Strategy: Increase social media outreach and education.	Ongoing
Strategy: Support ongoing policy and advocacy efforts to increase HPV vaccination rates.	Ongoing

## NARRATIVE

Successes: The ACS (American Cancer Society) hosted a meeting at Renown Hospital in September 2023 with cancer prevention partners to share HPV data, address vaccination barriers, and collaborate on initiatives to increase HPV vaccination rates in Nevada. The topic of discussion included engaging dental providers in HPV recommendation and referral to help prevent HPV related cancers.<sup>1</sup> Nevada Cancer Coalition (NCC) was awarded an HPV grant and established an HPV Collaborative beginning in 2024. Nevada State Immunization Program (NSIP) has posted HPV awareness messaging through Facebook. NSIP hired a school and childhood vaccine coordinator dedicated to encouraging education and outreach for vaccines, including HPV as well as a vaccine confidence resource involving HPV was sent to all Chief School Nurses in Nevada. Nevada State Immunization Program (NSIP) is working on publishing a vaccine landscape report that highlights school and childhood vaccination rates and increases awareness of HPV vaccination rates.<sup>2</sup>

Opportunities: NCC plans to engage oral healthcare providers about HPV vaccine awareness and education. AB147 passed, which allows oral healthcare providers to vaccinate in the coming months.<sup>2</sup>

Challenges: Data findings for HPV vaccination rates suggest that people are not returning for their second and third doses. There is a significant drop between doses, particularly between the first and second in the series.<sup>2</sup> If the second dose, and in some cases a third dose, is not received then they are not considered fully vaccinated. The decrease in second dose vaccinations may be a result of lack of education on how the series works, failed provider recall systems, or considerably a result of the pandemic and post pandemic behaviors.<sup>1</sup> Additionally, it has been reported, as a result of the COVID pandemic, vaccine hesitancy, is on the rise across all regularly administered vaccines.<sup>2</sup>

<sup>1</sup> Nevada Comprehensive Cancer Control Program

<sup>2</sup> Nevada State Immunization Program

**OBJECTIVE: DECREASE THE PERCENTAGE OF YOUTH (GRADES 9 – 12) WHO HAVE REPORTED SMOKING OR USING ELECTRONIC VAPOR PRODUCTS.**

Strategy: Promote policy to regulate and curtail electronic smoking device sales and use.	Ongoing
Strategy: Promote stronger tobacco retail licensure requirements to increase compliance with existing laws and policies that restrict minors' access to tobacco and electronic smoking devices.	Ongoing
Strategy: Decrease youth and young adult exposure to commercial tobacco products and electronic smoking devices.	Ongoing
Strategy: Expand and promote awareness of the Nevada Tobacco Quitline and apps/resources for cessation that are designed for youth and young adults.	Ongoing

**NARRATIVE**

Successes: The 2019 – 2021 Nevada High School Youth Risk Behavioral Survey (YRBS) Comparison Report presented a decrease in the percentage of high school students who used electronic vapor products, from 41.7% in 2019 to 36.7% in 2021. The 2019 – 2021 YRBS Comparison Report also presented a decrease in 2021 of high school students who used electronic vapor products during the 30 days before the survey (21.9% to 17.6%) and the percentage of high school students who thought it would be easy to obtain electronic vapor products (55.9% to 47.5%).

Opportunities: A new project is underway funded by the Substance Use Prevention Treatment and Recovery Services (SUPTRS) block grant that includes tobacco partners conducting purchase surveys in tobacco retail settings. The surveys will be used to determine if a tobacco retailer asks for ID and uses enhanced ID verification before making a sale. Purchase surveys will not penalize retailers, as this is separate from underage tobacco inspections performed by the Office of the Attorney General (OAG). This grassroots effort will provide Tobacco 21 education and signage to retailers while celebrating retailers that pass purchase surveys. This initiative will assist in educating the community and tobacco retailers to help decrease the Retail Violation Rate (a measure captured by the OAG with underage tobacco enforcement inspections).<sup>3</sup>

Challenges: Funding continues to be a challenge for tobacco control in Nevada. There was a significant decrease in funding for 2024-2024 as the 82<sup>nd</sup> legislative session discontinued State Youth Vaping Prevention funds—a loss of \$5 million (\$2.5 million per 2 years).<sup>3</sup>

<sup>3</sup>DPBH Tobacco Control Program

OBJECTIVE: INCREASE THE NUMBER OF ADULTS WHO ARE FORMER SMOKERS.	
Strategy: Increase annual call volume to the Nevada Tobacco Quitline and increase the use of other cessation tools.	Ongoing
Strategy: Expand access to and the use of proven cessation services.	Ongoing
Strategy: Promote health systems changes to support tobacco cessation.	Ongoing
Strategy: Educate and inform stakeholders and decision-makers about evidence-based policies and programs to increase cessation	Ongoing
Strategy: Develop and execute consistent and culturally competent statewide messaging and counter-marketing.	Ongoing

NARRATIVE
<p>Successes: Health Plan of Nevada Medicaid members are eligible for the benefits to enroll in the plan's Tobacco Cessation Program by attending a virtual orientation. The program is led by a licensed alcohol and drug counselor and include medication or nicotine replacement therapy. DPBH Tobacco Control is working closely with Huntsman Cancer Institute in Utah to increase Provider-Quitline Referral Services and promote Ask-Advise-Connect practices into more health settings.<sup>4,5</sup></p>
<p>Opportunities: The Annual Call Volume to the Nevada Tobacco Quitline decreased 20% from FY 2022 to FY 2023. Annual Enrollment also decreased 10% over the same time frame.<sup>6</sup></p>
<p>Challenges: Promoting health systems change is challenging. DPBH Tobacco Control continues to seek assistance with best practices and recommendations.</p>

<sup>4</sup> Health Plan of Nevada, Managed Care Organization/

<sup>5</sup> DPBH Tobacco Cessation Program

<sup>6</sup> DPBH Tobacco Control Program

<sup>7</sup> National Jewish Health. Nevada Tobacco Quitline reports, 2022-23

OBJECTIVE: REDUCE THE OBESITY RATE IN CHILDREN IN GRADES 4-10.	
Strategy: Support local and state policy efforts to mandate physical education and physical activity in grade K-6.	Ongoing
Strategy: Promote workplace adoption of the federal Nursing Mothers Law to promote the benefits of breastfeeding in decreasing obesity.	Ongoing
Strategy: Promote and support community garden initiatives.	Ongoing
Strategy: Support the tenets of the statewide wellness policy.	Ongoing

NARRATIVE
<p>Successes: DPBH Wellness and Prevention Program (WPP) developed the Standard Operating Procedures (SOP) for Collecting and Reporting Students' Height &amp; Weight in Nevada Schools. The purpose of the document is to assist school personnel designated in NRS 392.420(2) collect and submit accurate and reliable height and weight data and guide parents/guardians needing health care resources and referrals. Height and weight school data is critical to understanding the prevalence of students who are potentially at risk for poor health conditions associated with height and weight status. The download guide and resource template are posted at <a href="https://www.wellnessandpreventionprogram.nv.gov">Wellness and Prevention Program (nv.gov)</a>. The WPP is currently working on a collection timetable to also post online as an additional resource. Additionally, WPP has established a Heal Nevada 5210 program that provides a robust foundation and actional plan for enhancing well-being. The program is designed to spark meaningful conversations about lifestyle changes through policy, system, and environmental changes. DPBH has partnered with KPS3, the health care districts in Nevada, and the Obesity Prevention Chair of the Nevada Chapter of the American Academy of Pediatrics. A 5210 website was created at <a href="https://www.healnv.com/">https://www.healnv.com/</a>, which initially focused on engaging the primary healthcare sector and we are currently looking forward to updating the website for a larger audience. Also, training for the 5210 stakeholders within the healthcare districts occurred in August 2023. DPBH also partnered with Natural Learning Initiative to accept staff training for Gardening with Youth Children. DPBH partnered with KPS3 to make it easier for childcare facilities to provide support to breastfeeding working parents as they aim to keep breastfeeding during the first 2 years of their child's life. A breastfeeding webinar was established to reach licensed childcare facilities in Nevada. The webinar has been published at <a href="https://nevadabreastfeeds.org/webinar/">https://nevadabreastfeeds.org/webinar/</a>.<sup>8</sup></p>
<p>Opportunities: Risk factors that contribute to obesity and related chronic disease are diverse, complex, and encompass a broad range of fields that cannot possibly be covered in one single HEAL initiative. Adopting PSE change as a way of modifying the environments is a long-term goal and will require subsequent years of continued funding and workforce capacity to achieve transformative impact. Thus, the major challenge the WPP continues to face is the lack of continuous funding. Sustainable funding to support sustainable workforce capacity and initiatives. Additionally, it is anticipated the COVID-19 pandemic will still negatively impact child obesity rates due, in part, to increased sedentary behavior and food and</p>

nutrition insecurity.<sup>8</sup> DPBH continues to promote federal policy on the new Worksite Wellness website that is currently under construction. Finalization of the site is to be determined.<sup>9</sup>

Challenges: Risk factors that contribute to obesity and related chronic disease are diverse, complex, and encompass a broad range of fields that cannot possibly be covered in one single HEAL initiative. Adopting PSE change as a way of modifying the environments is a long-term goal and will require subsequent years of continued funding and workforce capacity to achieve transformative impact. Thus, the major challenge the WPP faces is the lack of continuous funding. Sustainable funding to support sustainable workforce capacity and initiatives. The COVID-19 pandemic may negatively impact child obesity rates due, in part, to increased sedentary behavior and food and nutrition insecurity.<sup>8</sup>

<sup>8</sup> DPBH Wellness and Prevention Program

<sup>9</sup> Nutrition Unit Deputy Chief



**OBJECTIVE: MAINTAIN THE OBESITY RATE IN ADULTS.**

Strategy: Support and implement evidence-based worksite strategies that promote healthy behaviors.	Ongoing
Strategy: Support built environment strategies to increase physical activity and access to healthy food.	Ongoing

**NARRATIVE**

Successes: The Nevada Division of Public and Behavioral Health, Wellness and Prevention Program (WPP) continues to receive direct support from the Chronic Disease Epidemiology Unit to prepare the annual Nevada Obesity Report. The purpose is to disseminate county level obesity related data that could assist the community in planning, identifying, and evaluating evidence-based prevention and control activities. WPP continues to support the 5210 initiatives and the NV 5-2-1-0 team has been fortunate to partner with health districts throughout Nevada and several organizations and individuals who share the vision of increasing healthy eating and active living across communities in Nevada. The versatile NV 5-2-1-0 Program can be implemented across various sectors within the community, and in this instance, it is being rolled out within the healthcare provider sector. This strategic step amplifies the program’s reach and impact, fostering healthier lives through collaboration between medical professionals, health districts, and medical societies and bodies across Nevada.<sup>8</sup>

Opportunities: The Wellness and Prevention Program (WPP) works closely with staff from local health authorities, other state agencies, and the Obesity Prevention Chair of the Nevada Chapter of the American Academy of Pediatrics to develop the Nevada 5-2-1-0 Program. The WPP will have the opportunity to work with the healthcare provider community and provide direct 5-2-1-0 technical assistance. Furthermore, the WPP had the opportunity to participate in the first statewide meeting of the Nevada Obesity Collaborative. The multi-sector group has participants from public and private entities in northern and southern Nevada. All participants work on obesity and obesity risk factor prevention, control, and treatment initiatives. By addressing obesity stigma and bias, improving obesity health & benefits literacy, employing community-based obesity prevention initiative, and increasing provider education and access to comprehensive weight management interventions for all Nevadans, the collaborative has the potential to develop statewide synergies and innovative ideas to solve the problem.<sup>8</sup>

Challenge: Same as in the children's population. Risk factors that contribute to obesity and related chronic disease are diverse, complex, and encompass a broad range of fields that cannot possibly be covered in one single HEAL initiative. Adopting PSE change as a way of modifying the environments is a long-term goal and will require subsequent years of continued funding and workforce capacity to achieve transformative impact. Thus, the major challenge the WPP faces is the lack of continuous funding. Sustainable funding to support sustainable workforce capacity and initiatives. Additionally, it is anticipated the COVID-19 pandemic will still negatively impact child obesity rates due, in part, to increased sedentary behavior and food and nutrition insecurity.<sup>8</sup>

<sup>8</sup> DPBH Wellness and Prevention Program

<sup>9</sup> Nutrition Unit Deputy Chief

## OBJECTIVE: DECREASE EXPOSURE TO ELEVATED LEVELS OF RADON.

Strategy: Conduct an annual campaign to educate Nevadans about radon's health risk, testing for the gas, and the methods for radon mitigation.	Increased
Strategy: Promote policies and activities to educate and inform consumers about radon exposure, testing and mitigation during real estate transactions.	Increased
Strategy: Educate and encourage health care providers to add a radon testing question to their annual patient questionnaire.	Increased
Strategy: Promote policies for radon-resistant homes, including radon resistant new home construction and licensure of radon professionals.	Increased

## NARRATIVE

Successes: At the beginning of 2023 there were zero certified radon professionals in Southern Nevada. Nevada Radon Education Program (NREP) turned their challenges into successes by increasing the number of certified radon professionals by 400 percent. This was a direct result of NREP's involvement in identifying individuals engaged in radon testing and emphasizing the significance of obtaining certification within this field. Due to NREP's extensive networking and educational initiatives, Southern Nevada currently has three radon testers and one radon mitigator. Given this absence of certified professionals in this region, prior to their intervention, it was an ongoing challenge, noted in the evaluation report.

Opportunities: NREP has been selected to host a tri-regional radon conference in the Spring of 2024. This event will bring specific Nevada regions together for radon education, networking, and collaboration. Radon safety and awareness Continuing Education (CE) classes held in Carson City, Reno, Sparks, Las Vegas, and Henderson educated realtors about the new federal regulations that went into effect on July 1, 2023, regarding radon testing nationwide.

Challenges: Increasing testing in Southern Nevada through educating realtors with free CE classes. Challenges are noted due to a hot real estate market and inspections being waived in addition to Nevada being a non-regulatory state.

<sup>10</sup> Nevada Radon Education Program

**OBJECTIVE: REDUCE THE INCIDENCE OF SKIN CANCER.**

Strategy: Promote sun safety and skin cancer prevention and early detection education through support of the Sun Smart Schools and Sun Smart Nevada programs.	Increased
Strategy: Work with community event coordinators to incorporate sun smart policies into event plans, such as access to shade and sunscreen.	Increased
Strategy: Support built environment strategies to include shade and access to sunscreen.	Increased
Strategy: Educate Nevadans on policies prohibiting the use of indoor tanning services for those under 18 years of age.	Ongoing

**NARRATIVE**

Successes: 1) NCC continues to deliver sun safety education in school and community settings statewide 2) Funding was acquired and distributed to four rural schools to support purchasing of shade structures. Shade structures have been purchased and will be constructed in the spring when local weather allows. 3) A community skin check clinic will be conducted in Reno in May for Skin Cancer Awareness month. The clinic will be preceded by a three-part media series with a local media station incorporating providers, survivors, and at-risk populations. 4) A video PSA for how to conduct skin checks and incorporating skin color will be produced in April and released for May Skin Cancer Awareness month. 5) A new partnership with Green Schools is in development for focused and dedicated resources in Nevada.<sup>11</sup>

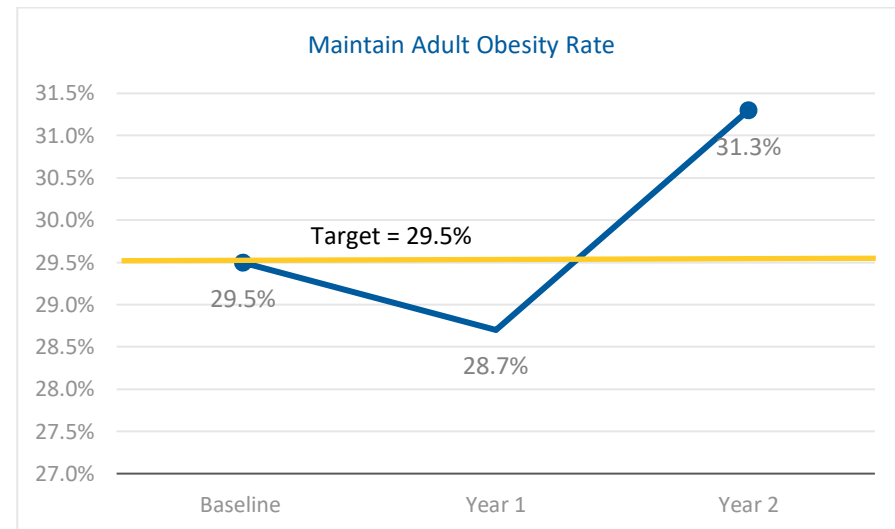
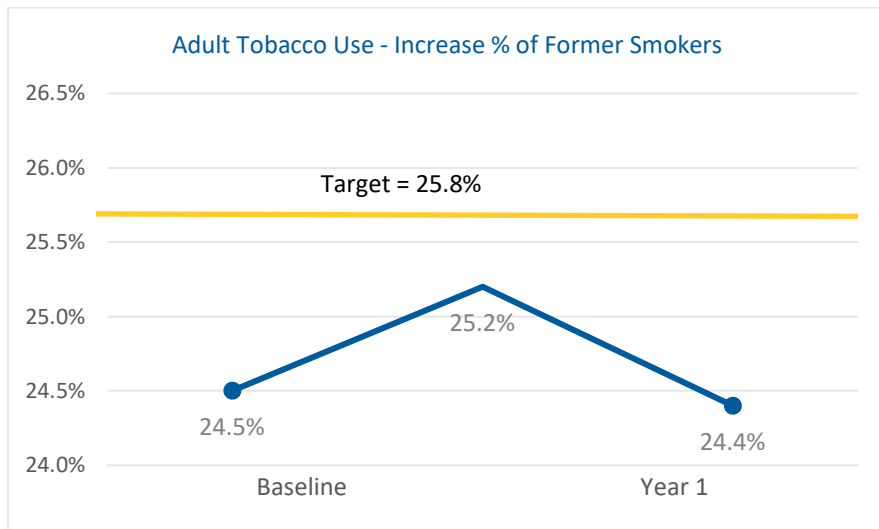
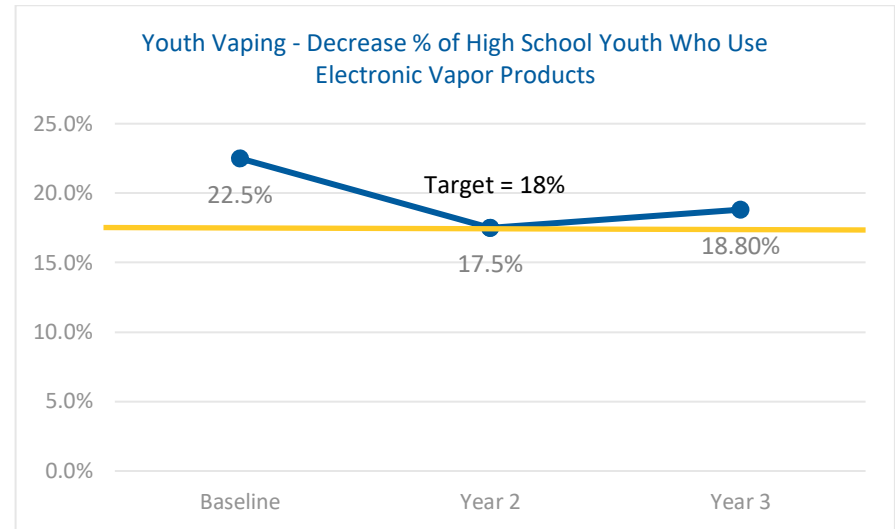
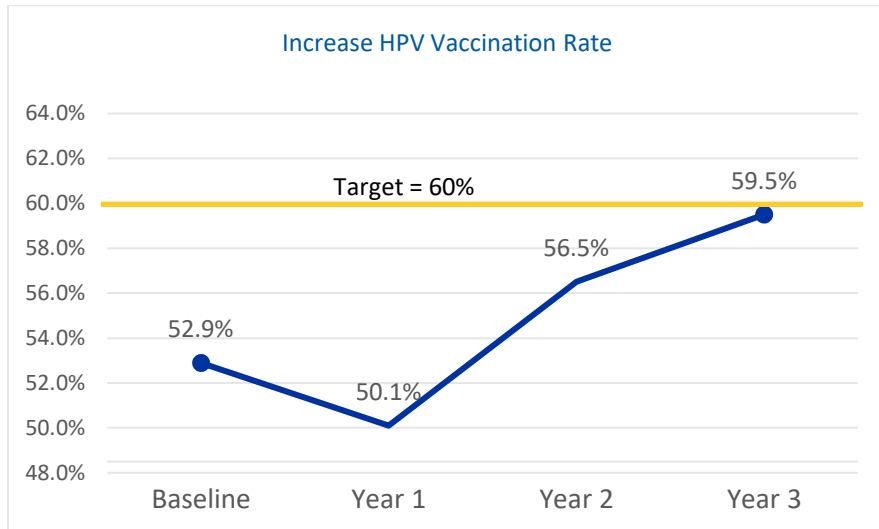
Opportunities: A Townhall was held in November indicated Sun Smart should focus on building capacity for shade and take on more community work with private entities to promote sun safe environments. NCC has begun planning for capacity building.<sup>11</sup>

Challenges: 1) NCC includes regular messaging about indoor tanning risks, there is no funding for a targeted education campaign. 2) Funding to support actual environmental change strategies, such as support for shade, is limited. NCC continues to seek dedicated funding. 3) School capacity to incorporate sun safety as a priority necessitates continued outreach.<sup>11</sup>

<sup>11</sup>NCC Cancer Prevention Program Manager

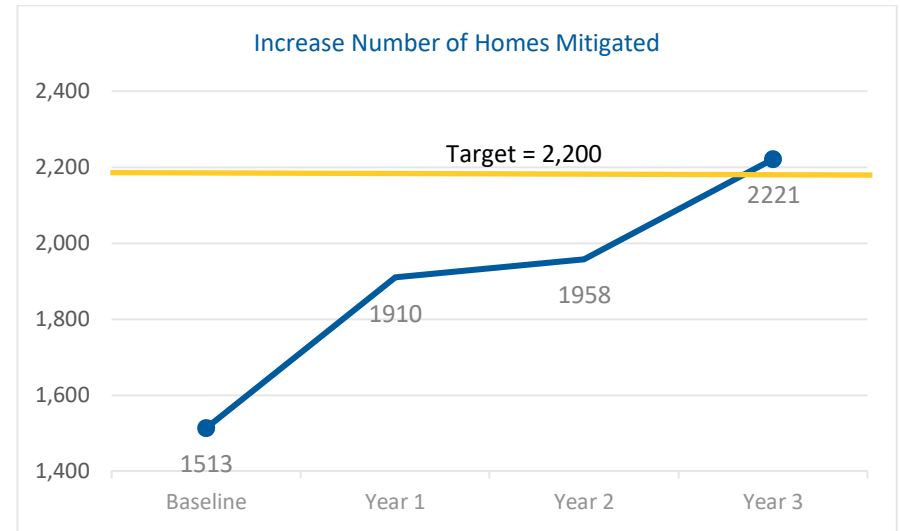
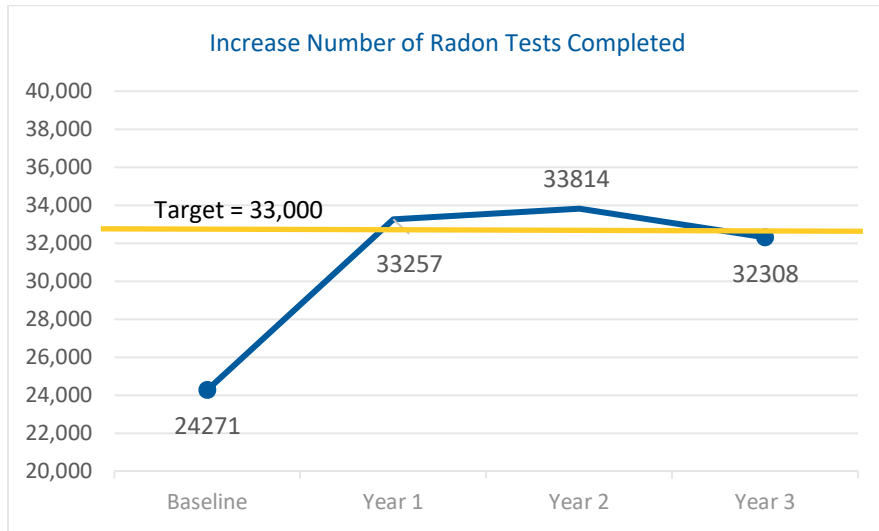
## PREVENTION PROGRESS – INDICATOR CHARTS

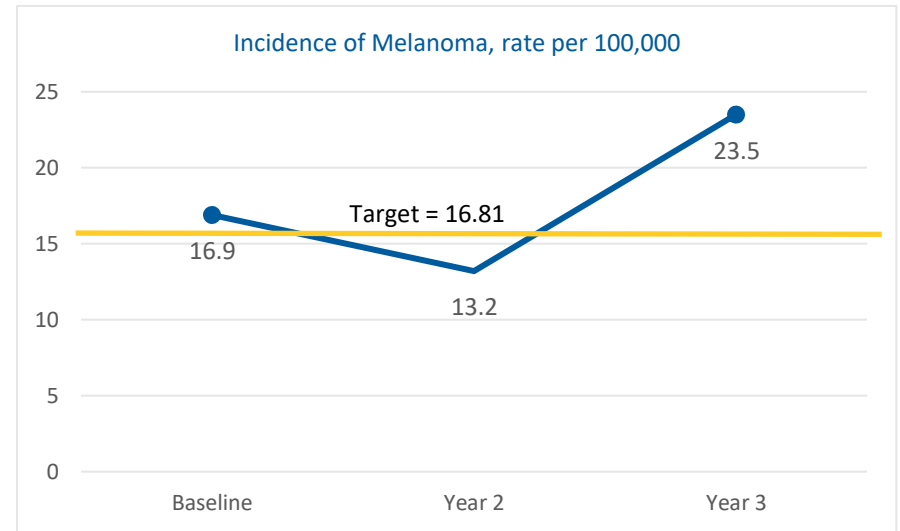
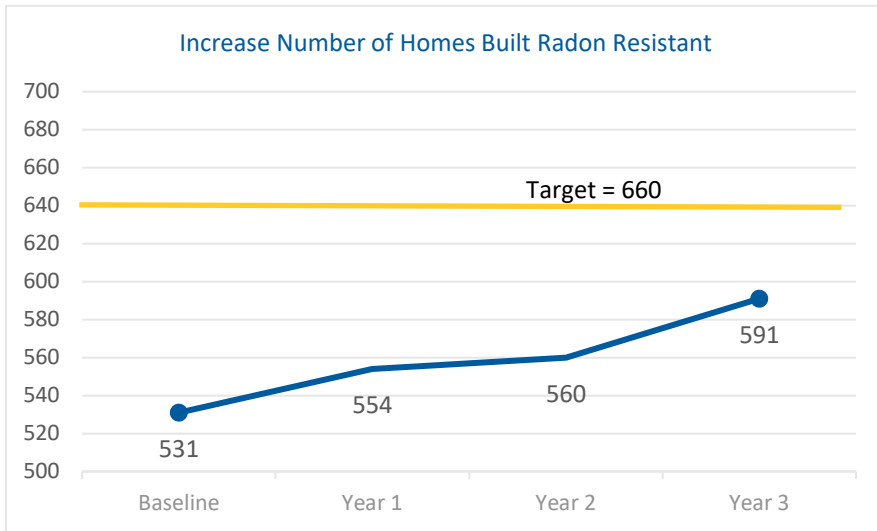
*Data not available for Youth Tobacco and Vaping, Youth Obesity, and UV Exposure indicators.*



## PREVENTION PROGRESS – INDICATOR CHARTS

*Data not available for Youth Obesity indicator.*





## PRIORITY II: EARLY DETECTION

**GOAL: INCREASE EARLY DETECTION OF CANCERS TO REDUCE LATE-STAGE DIAGNOSIS.**

### EARLY DETECTION INDICATORS

Women screened for breast cancer

Baseline: 66.4%

Target: 69%

Women screened for cervical cancer

Baseline: 78.9%

Target: 82.9%

<p>*Year 1 Progress: 69.6%</p> <p>Year 2 Progress: No new data</p> <p>**Year 3 Progress: 62.7 %</p> <p>Data source: CDC, BRFSS, 2018 crude prevalence for women 40+ screened in the past two years, *2020, **2022</p>	<p>*Year 1 Progress: 76%</p> <p>Year 2 Progress: No new data</p> <p>Year 3 Progress: No new data</p> <p>Data source: CDC, BRFSS, 2018 crude prevalence for women aged 21-65 who have had a Pap test in the past three years, *2020</p>
<p>Men and women screened for colorectal cancer</p> <p>Baseline: 60.6%</p> <p>Target: 73.7%</p> <p>*Year 1 Progress: 71.9%</p> <p>Year 2 Progress: No new data</p> <p>Year 3 Progress: 60.9 %</p> <p>Data source: CDC, BRFSS, 2018 crude prevalence USPSTF recommendation, *2020, **2022</p>	<p>Identified smokers screened for lung cancer</p> <p>Baseline: TBD</p> <p>Target: TBD</p> <p>Year 1 Progress: No data</p> <p>Year 2 Progress: No new data</p> <p>*Year 3 Progress: 7.4%</p> <p>Data source: CDC, BRFSS, *2022</p>

<b>OBJECTIVE: INCREASE THE PERCENT OF ADULTS SCREENED FOR BREAST, CERVICAL, AND COLORECTAL CANCERS.</b>	
Strategy: Promote public awareness of risk factors for cancer including family history, genetics, race/ethnicity, breast density, lifestyle, and disparities in screening and diagnosis.	Increased
Strategy: Collaborate statewide on consistent public messaging for cancer screening guidelines based on the latest scientific evidence.	Ongoing
Strategy: Work with community organizations to promote culturally tailored messaging about early detection.	Increased
Strategy: Work with stakeholders to increase access to cancer screening for low-income, uninsured, and other medically underserved populations.	Increased



Strategy: Support providers in implementing evidence-based interventions including navigation, patient reminder systems, one-on-one education, and in-office tools including decision aids.	Ongoing
Strategy Enhance the statewide health information exchange (HIE) efforts to increase provider participation and sharing of screening information.	Ongoing
Strategy: Support efforts to implement reimbursement for navigation and community health worker (CHW) services	Data not yet available
Strategy: Continue and expand state funding for breast and cervical cancer early detection and seek funding for colorectal cancer early detection.	Ongoing

## BREAST

Successes: Increasing access to care, SB330, a Breast Cancer Screening and Diagnostics Bill was successfully passed during 2023 Nevada’s 82<sup>nd</sup> Legislative Session that requires coverage of recommended supplemental screenings, revised language to include all screening modalities and remove patient cost responsibility for noninvasive diagnostics and supplemental screening. The policy language was revised and drafted in partnership with NCC and Susan G. Komen with the support of Senator Lange, promoted through the statewide Breast Cancer Collaborative (BCC). The documented Success Story may be accessed on NCC’s website.<sup>12,14</sup>

Opportunities: NCC’s Breast Cancer Collaborative led efforts as the Larson Institute at UNR completed two projects: 1.) An online survey focusing on all women in Nevada (~550 usable responses) and 2.) In-person listening tours/focus groups with Black/African American women (approximately 30 participants). Questions centered on breast cancer screening knowledge, barriers to screening, and demographic data. Reno listening tours were directed towards African American/Black women to collect more targeted information. As a result, a full Nevada Needs Assessment Report and Listening Tours Preliminary Report concluded the findings to drive action towards eliminating breast cancer screening barriers.<sup>12,13</sup>

Challenges: Nevada continues to struggle with data collection and availability in relation to breast cancer screening rates by race/ethnicity for those with a negative screening.<sup>12,13</sup> Additionally, through a number of screening navigation requests it’s been made clear that a major barrier to any type of screening is a lack of primary care provider, despite nearly 90% of Nevadans insured.

<sup>12</sup> NCC Communications Director

<sup>13</sup> NCC Prevention/Early Detection Programs Manager/BCC Reports

<sup>14</sup> DPBH Nevada Comprehensive Cancer Control Program

## CERVICAL

Successes: Culturally appropriate tailored messaging for cervical cancer screenings to increase screening rates is distributed and accessible on NCC's website. WHC continues to partner with community health systems to implement evidence-based interventions to increase clinic rates of cervical cancer screening and removing barriers to screening.

Opportunities: The state took the opportunity to affirm a Proclamation from the Governor for January 2023 as Cervical Cancer Prevention Month.<sup>16</sup>

Challenges: Barriers to increase screening rates in rural communities remain with lack of transportation and clinical providers.<sup>14</sup>

## COLORECTAL

Successes: The Colorectal Cancer (CRC) Collaborative joined in their scheduled quarterly meetings while increasing colorectal cancer screening Spanish materials to increase reach for Hispanic communities. Colorectal Cancer Awareness Month in March was a success while NCC's giant inflatable colons in the North and South gained attention as partners utilized this enormous educational tool to educate the public on the importance of colon cancer screening at provider and community health events. Colorectal Cancer Awareness Month in March 2023 encouraged partners to hold promotional screening events to increase awareness and education on the benefits of early detection. NCC's giant inflatable colons are large enough for people to tour through and made over seventeen visits to these events in southern and northern Nevada. Partners are encouraged to utilize the colons through NCC's website as an education tool at outreach events and other public settings to provide education on the value of detecting the signs of colorectal cancer early.<sup>15, 16</sup>

Opportunities: Although recommended by their Advisory Board, Nevada Medicaid has denied coverage for their members to access Cologuard as a colon cancer screening option. Division of Health Care, Finance, and Policy (DHCFP) claims their budget will not allow state Medicaid to offer this alternative due to the high cost of Cologuard. Due to scientific knowledge that more screening options made available for those individuals eligible reduces the risk of cancer rates, the action to prepare for policy change that requires DHCFP to cover Cologuard screening tests as recommended by USPSTF for their members are already underway as NCC and colorectal cancer partners developed a [Cologuard Letter of Support](#).<sup>15</sup>

Challenges: Lack of CDC federal funding and resources as a result of their eliminating the state Colorectal Cancer Program minimizes the ability to build sustainable colorectal cancer control screening initiatives statewide. The gap in coverage decreases access to care and early detection for Nevadans who are underinsured/uninsured as they relied on the allocated funds from this program to increase screening rates by providing education, tracking/prioritizing data, driving meaningful collaborations, and ensuring services are available in clinical settings to improve health equity.<sup>16</sup>

<sup>14</sup> DPBH Women's Health Connection Program

<sup>15</sup> Colorectal Cancer Collaborative Records/NCC Policy Committee

<sup>16</sup> DBPH Comprehensive cancer Control Program

**OBJECTIVE: INCREASE THE TBD BASELINE PERCENT OF IDENTIFIED SMOKERS WHO REPORT HAVING BEEN SCREENED FOR LUNG CANCER.**

Strategy: Identify at-risk populations throughout Nevada and provide tailored information on lung cancer risk and low dose computed tomography (LDCT) screening.	Not yet started
Strategy: Educate primary care providers on the benefits of LCDT screening and encourage best practices for screening program implementation.	Increased
Strategy: Support policy to ensure payers cover lung cancer screening for the recommended population.	Ongoing

**NARRATIVE**

Successes: The state Lung Cancer Collaborative developed a comprehensive [Nevada Lung Cancer Screening Toolkit](#) for providers. Its purpose is to assist health systems in building, maintaining, and increasing patient uptake of a lung cancer screening program using LDCT as recommended by the United States Preventive Services Task Force (USPSTF). The objective is for those to understand the essentials, evidence, requirements, processes, risks, benefits, cost, and outcomes of lung cancer screening while considering the need for an LDCT screening program in a healthcare system or clinic.<sup>17</sup>

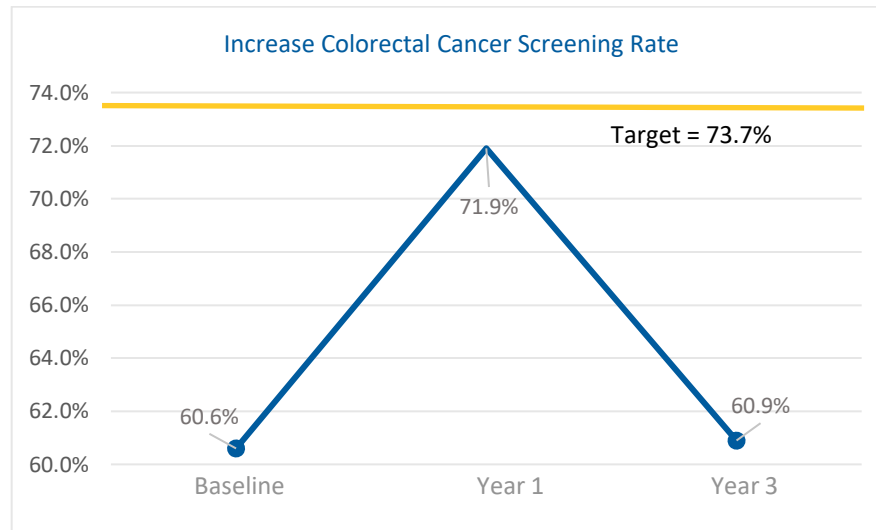
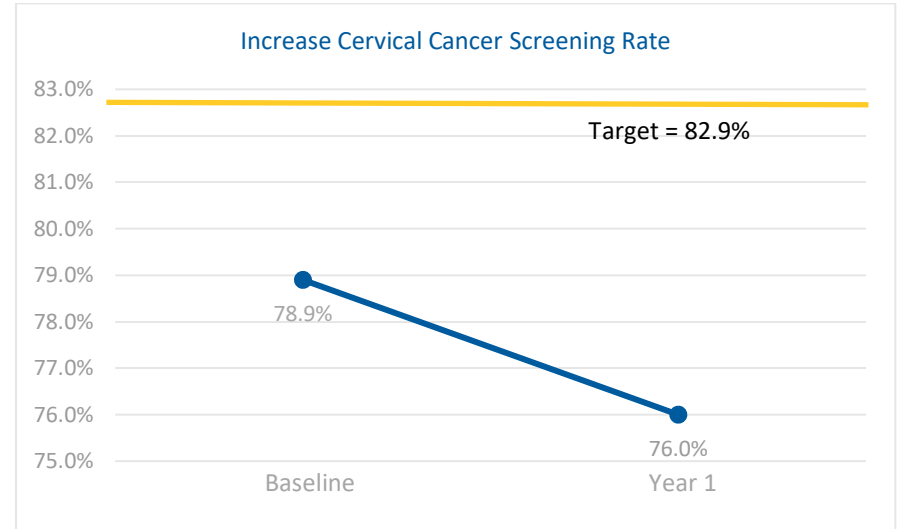
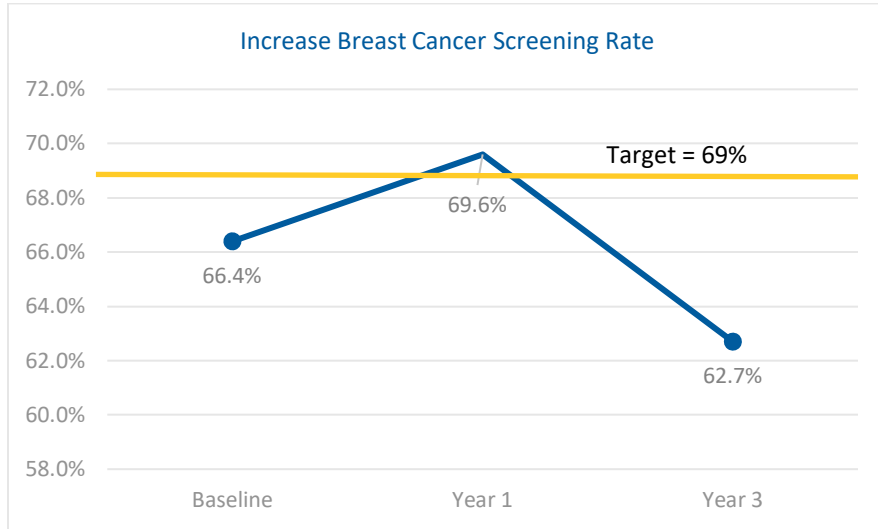
Opportunities: Nevada may be one of two states chosen to receive grant funding from Bristol Myers Squibb Foundation (BMSF) to expand high quality implementation of lung cancer screening in Nevada by partnering alongside Kentucky LEADS Collaborative (Kentucky LEADS) and the Quality Implementation of Lung cancer Screening (QUILS™) team led by Dr. Jamie Studts. The QUILS project has played a vital role in the support and implementation of lung cancer screening efforts and increasing lung cancer screening rates in Kentucky. If Nevada is selected, this project would align with the lung cancer strategies outlined in the [2021-2025 Nevada Cancer Plan](#).<sup>18,19</sup>

Challenges: Data collection for this objective remains critical but not easily accessed for Nevada. Although the Lung Cancer Collaborative has increased provider/partner communications as well as collaborative support to drive media campaigns, the lack of funding allocated to address lung cancer has limited the reach for community awareness.<sup>19</sup>

<sup>17</sup> [Nevada Cancer Coalition Provider Tools and Resources](#)  
<sup>18</sup> DPBH Nevada Comprehensive Cancer Control Program  
<sup>19</sup> NCC Cancer Prevention/Early Detection Program Manager



## EARLY DETECTION PROGRESS – INDICATOR CHARTS



# PRIORITY III: EQUITABLE ACCESS

GOAL: ENSURE EQUITABLE ACCESS TO HEALTH CARE FOR NEVADANS.

## EQUITABLE ACCESS INDICATORS

<p>Uninsured Nevadans</p> <p>Baseline: 11.4%</p> <p>Target: 10.8%</p> <p>Year 1 Progress: No new data</p> <p>*Year 2 Progress: 11.6%</p> <p>**Year 3 Progress: 11.1%</p> <p>Data source: United States Census Bureau Data source: USCB American Community Survey *2021, **2022</p>	<p>Number of Physicians per 100,000</p> <p>Baseline: 213.5</p> <p>Target: 225</p> <p>*Year 1 Progress: 221.9</p> <p>**Year 2 Progress: 221.9</p> <p>***Year 3 Progress: 222.5</p> <p>Data source: Health Workforce in Nevada Chartbook, 2020, *2021 **Nevada Instant Atlas 2022, ***2023</p>
<p>Number of Advance Practice Registered Nurses (APRNs)</p> <p>Baseline: 1,279</p> <p>Target: 1,345</p> <p>*Year 1 Progress: 2,156</p> <p>**Year 2 Progress: 2,851</p> <p>***Year 3 Progress: 4,440</p> <p>Data source: Health Workforce in Nevada Chartbook, 2020, *2021, **Nevada Instant Atlas 2022, ***Nevada State Board of Nursing SFY 21/22</p>	<p>Number of Oncology Certified Nurses</p> <p>Baseline: 209</p> <p>Target: 219</p> <p>*Year 1 Progress: 199</p> <p>**Year 2 Progress: 201</p> <p>***Year 3 Progress: 183</p> <p>Data Source: Oncology Nursing Certification Corporation, *2021, **2022, ***2023</p>

<p>Number of navigators</p> <p>Baseline: 44</p> <p>Target: 100</p> <p>*Year 1 Progress: 63</p> <p>**Year 2 Progress: 90</p> <p>***Year 3 Progress: 110</p> <p>Data source: Nevada Oncology Navigator Network membership 2020, *2021, **2022, *** 2023</p>	
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**OBJECTIVE: INCREASE THE PROPORTION OF NEVADANS WITH HEALTH INSURANCE COVERAGE ADEQUATE TO RECEIVING SCREENING AND TREATMENT FOR CANCER.**

Strategy: Seek opportunities to increase coverage among the employed but uninsured	Ongoing
Strategy: Establish and document pathways for uninsured and underinsured individuals to access a payer source.	Ongoing
Strategy: Identify and address obstacles for insured including co-pays, cost-sharing, high deductibles.	Increased

**NARRATIVE**

Successes: As previously reported, the Silver State Health Exchange continued to expand options for health insurance plans, increasing from 50 plans in 2020 to 126 in 2021 and now 163 plans in 2022. Additionally, the state’s unemployment rate has declined, theoretically getting more Nevadans into jobs with employer sponsored health coverage. Preliminary findings from a study of Nevada’s Public Option proposal are promising in terms of health care cost savings and enrollment, potentially reducing the percentage of people eligible but not enrolled in the exchange by 12% by 2031.<sup>20</sup> The plan was proposed for the market starting in 2026, however a newer update reports Nevada’s public option is no longer being considered based on the initial proposal, and Governor Joe Lombardo has initiated a process to create a market stabilization program instead with the hopes of lowering insurance costs across the board.<sup>21</sup>

Opportunities: NCC’s successful policy efforts gained support to improve access to health insurance and coverages provided. State partners worked together to pass SB330 in Nevada’s 2023 legislative session requiring most insurers to provide breast imaging as physician recommended physician with no cost-sharing, co-payments, or deductibles. This applies to all Nevadans with private insurance regulated under Nevada’s Division of Insurance (DOI) and includes coverage for screening, secondary, supplemental, and diagnostic imaging.<sup>21</sup>

Challenges: High inflation during 2022 and exceedingly greater in 2023 has strained many households and continues to do so. The cost of healthcare continues to rise. As overall medical costs are expected to increase further, potentially reducing access to affordable health insurance plans for Nevadans may be a predictable increasing barrier.<sup>21</sup>

<sup>20</sup> USA Today, <https://www.usatoday.com/story/news/health/2022/10/17/inflation-rising-faster-medical-costs/10471194002/>

<sup>21</sup> NCC Communications Director



**OBJECTIVE: INCREASE HEALTHCARE WORKFORCE CAPACITY OVERALL TO ADDRESS CANCER.**

Strategy: Support national and state policy initiatives to address provider shortages, cross-state licensing, and malpractice insurance.	Increased
Strategy: Support policy opportunities to expand the legal practice ability of APRNs and licensed genetic counselors.	Ongoing
Strategy: Support opportunities for navigator and community health worker (CHW) reimbursement.	Ongoing
Strategy: Engage leadership at hospitals, cancer treatment centers, and other treatment providers to recruit medical oncologists and advanced practice nurse.	Ongoing
Strategy: Engage business and economic development organizations to help attract oncology and related health care providers to Nevada.	Ongoing
Strategy: Partner with nursing schools in Nevada to educate nursing students in specializing in oncology.	Ongoing
Strategy: Provide information and education to Nevada’s healthcare workforce on cultural competence in health care.	Ongoing

**NARRATIVE**

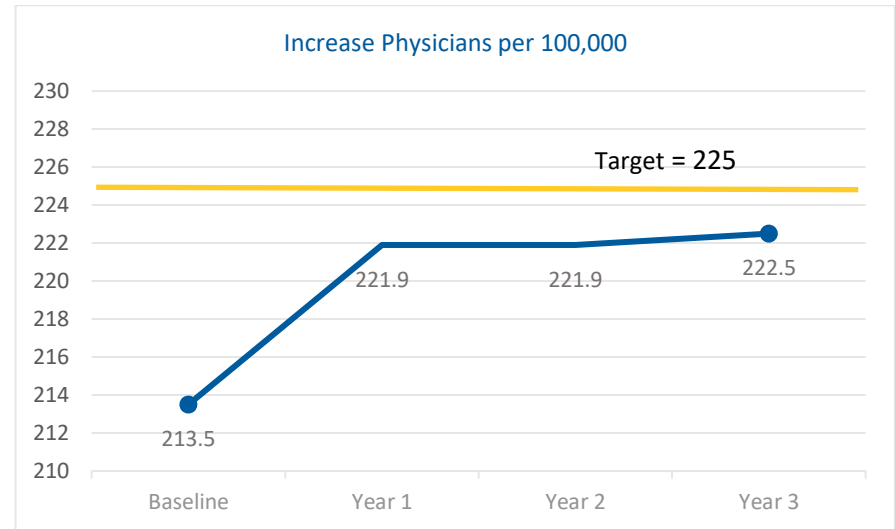
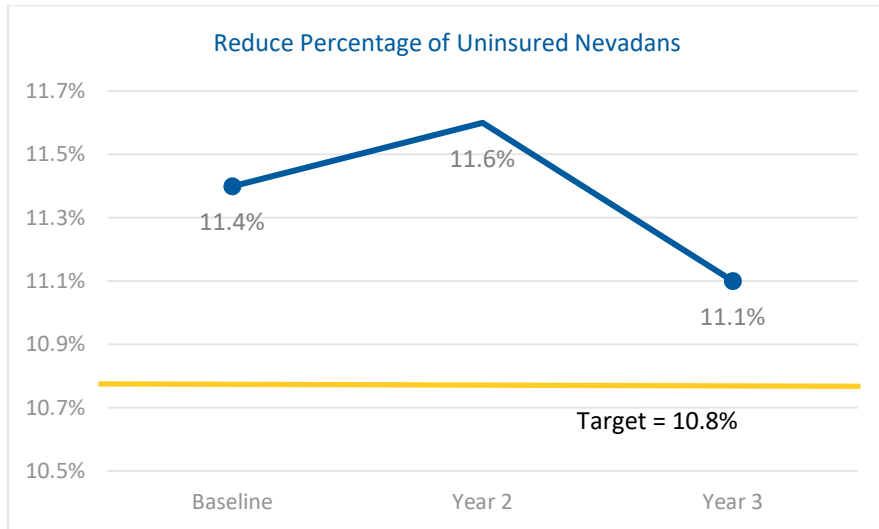
Successes: The Nevada Nurse Practice Act requires Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Advanced Practice Registered Nurses (APRNs) to have a two-hour cultural competency course every license renewal cycle (every two years). While this is not mandated for Certified Nursing Assistants (CNAs), the Nevada State Board of Nursing strongly encourages cultural competency course as part of continuing education renewal requirement.<sup>22</sup> NCC staff met with key Medical Oncology offices in northern and southern Nevada to discuss and brainstorm support for expansion of clinic-based support staff (including patient navigation) to increase the healthcare workforce. Federal legislation that takes effect in 2024 allows for reimbursement for navigation services including those provided by certified CHWs, expanding access to resources and navigation for thousands of Nevadans in the future and strengthening Nevada’s workforce. Relationship building with medical and nursing schools throughout the state is increasing.<sup>23</sup>

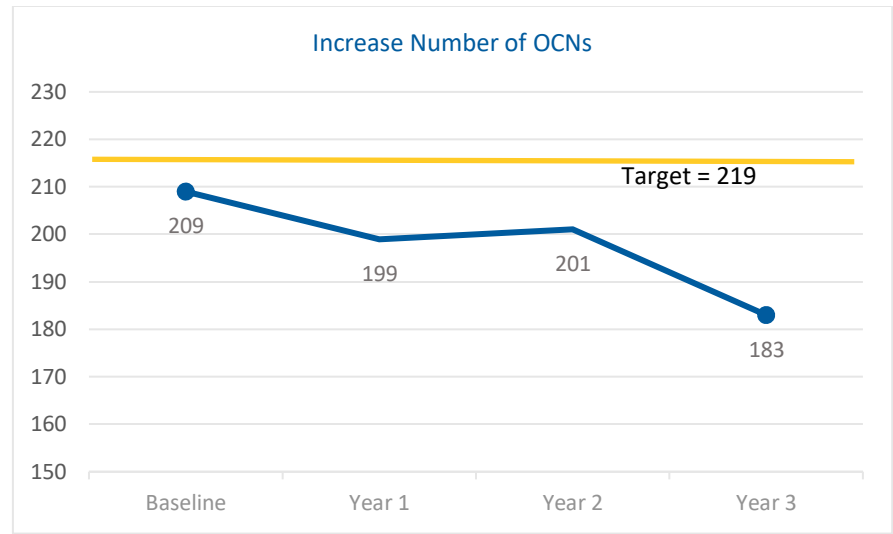
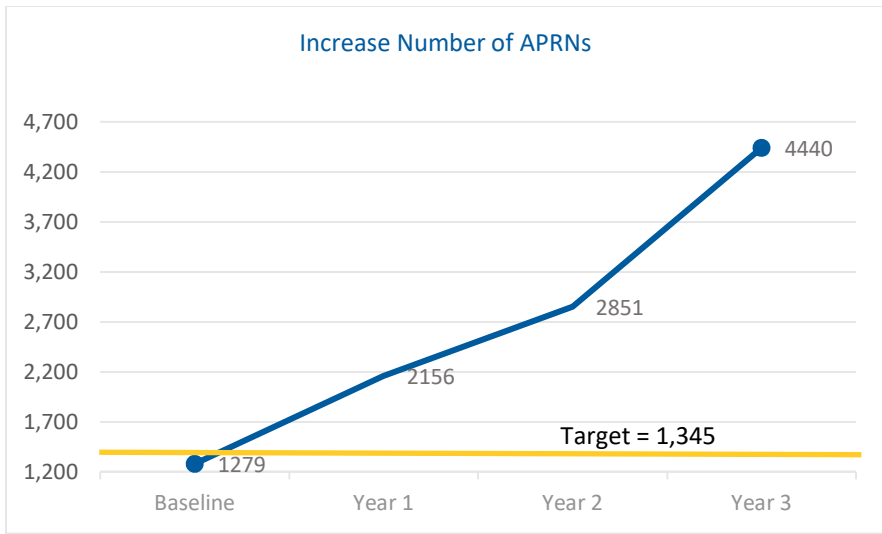
Opportunities: NCC staff participated in outreach events at universities to engage with students and continued to build upon existing partnerships with medical and nursing schools to share information about cancer-related educational opportunities. Additionally, NCC staff met for the second year with northern Nevada nursing students to educate them about NCC, cancer-related resources, and oncology-related nursing opportunities.<sup>22</sup>

Challenges: The health care system in Nevada suffers from a shortage of medical providers, including oncologists and cancer care. As populations in Nevada continue to rise, there is limited increase for cancer care.<sup>22</sup>

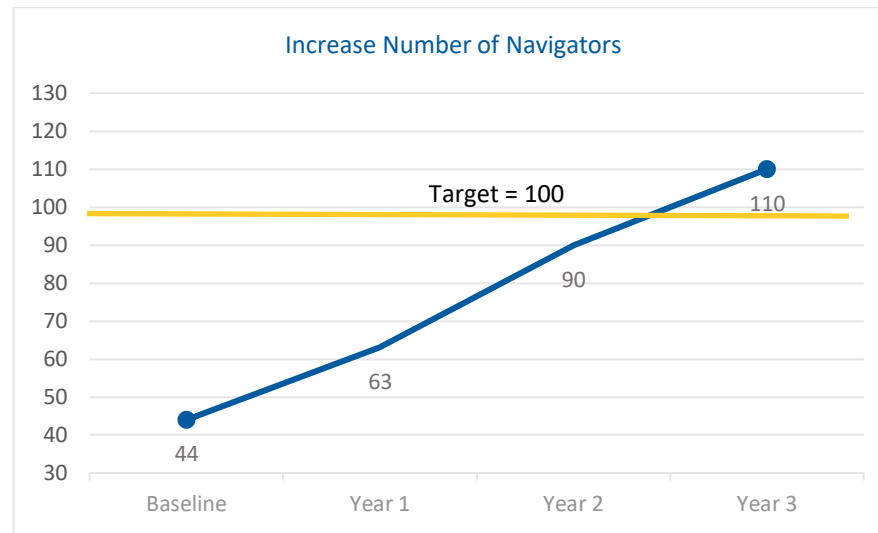
<sup>22</sup> Nevada State Board of Nursing [Continuing Education – Nevada State Board of Nursing \(nevadanursingboard.org\)](https://www.nevadanursingboard.org)

## EQUITABLE ACCESS PROGRESS – INDICATOR CHARTS





## EQUITABLE ACCESS PROGRESS – INDICATOR CHARTS



# PRIORITY IV: QUALITY OF LIFE

**GOAL: IMPROVE QUALITY OF LIFE FOR THOSE DIAGNOSED WITH CANCER**

## QUALITY OF LIFE INDICATORS

<p>Hospitals with palliative care programs</p> <p>Baseline: 16</p> <p>Target: 18</p> <p>Year 1 Progress: No change from baseline</p> <p>Year 2 Progress: No new data</p> <p>Year 3 Progress: No new data</p> <p>Data source: Center to Advance Palliative Care report card</p>	<p>Annual educational opportunities for health care professionals</p> <p>Baseline: 2</p> <p>Target: 3</p> <p>*Year 1 Progress: 2</p> <p>**Year 2 Progress: 2</p> <p>***Year 3 Progress: 3</p> <p>Data source: Nevada Cancer Coalition, includes 1) Nevada Cancer Control Summit 2019, *2021 and 2) Project ECHO series, **2022 Nevada Cancer Control Summit, ***2023 Nevada Cancer Summit</p>	<p>Number of navigators</p> <p>Baseline: 44</p> <p>Target: 100</p> <p>*Year 1 Progress: 63</p> <p>**Year 2 Progress: 90</p> <p>***Year 3 Progress: 110</p> <p>Data source: Nevada Oncology Navigator Network membership 2020, *2021, ** 2022, ***2023</p>
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**OBJECTIVE: EXPAND CLINICAL AND NON-CLINICAL SUPPORTIVE RESOURCES AVAILABLE TO SURVIVORS.**

Strategy: Identify which palliative care programs offer services to established patients only and which programs take non-patient referrals.	Increased
Strategy: Support policies to expand the quality, provision, and use of palliative care.	Increased
Strategy: Explore readiness and opportunity for programs to offer out-patient palliative care services.	Increased
Strategy: Partner with medical, nursing, and other health sciences schools to identify opportunities and conduct presentations on palliative care education.	Increased
Strategy: Identify opportunities in CME/CE activities to include palliative care topics.	Increased
Strategy: Increase the number of patients referred to and participating in symptom management.	Increased

## NARRATIVE

Successes: The statewide Survivorship Task Force (STF) membership continued to increase with members representing the spectrum of survivorship care, including increased representation from palliative care experts, and other support services (dental, yoga, navigation, etc.). The ThriveNV Oncology Navigation Network membership increased to 110, and through bimonthly meetings, members have opportunities for networking and sharing clinical and non-clinical resources with other statewide navigators. The network had its first in-person meeting providing opportunities for networking in SNV. The Oncology Navigation Network became an official "Local Navigation Network" with the national organization, Academy of Oncology Nurse & Patient Navigators putting Nevada "on the map".<sup>23</sup>

Survivorship Task Force and Navigation Network members provided input on statewide supportive resources to assist people in the survivorship spectrum. Members curated clinical and non-clinical supportive resources that are maintained on the ThriveNV website now listed as "Community Groups & Services".<sup>24</sup> For those who have completed treatment, a "Life After Treatment Community Group" page was created.<sup>25</sup> A [QR code](#) was created and shared with members to add to their own survivor-facing educational materials. While the original 'statewide directory' is no longer available, The ThriveNV program and dedicated website were maintained and updated to increase access to support resources for those affected by cancer and their caregivers (as mentioned above). NCC's ThriveNV community-based navigation program continues to include two bilingual patient navigators (PNs) for a total of three patient navigators, who navigated over 120 new people in FY3. The statewide peer-to-peer support program continued based on a partnership with the national non-profit, Imerman Angels. Members are encouraged to share this as a resource for the patients they serve to increase statewide access to peer-to-peer support. ThriveNV Oncology Navigation Network was the recipient of 218 donated journals courtesy of the northern Nevada business – Scriaggio journals. The journals were distributed to statewide partners to share with cancer patients they serve (Northern Nevada received 115 journals shared with seven organizations; Southern Nevada received 103 journals shared with six organizations). NCC staff continue to participate in Survivorship committees and promote participation in both clinical and community-based survivorship programs for Nevadans facing cancer (and their caregivers). NCC staff and STF members participated in Test Those Breasts podcast episodes to share more about the coalition, an episode about ThriveNV, and one about NNV community survivorship program all to increase awareness of support services available.<sup>26,27,28</sup> NCC survivorship manager was interviewed on the SNV show, The Gift of Giving to share about NCC and ThriveNV to increase awareness of access to navigation and statewide navigation network.<sup>29</sup> Dedicated marketing campaigns focused on rural and underserved communities were launched to increase awareness of and access to supportive services, like patient navigation. Participation in our first PRIDE events in both northern and southern Nevada created new opportunities for networking and learning/sharing resources including access to navigation. Statewide outreach events continued to be a priority allowing staff to have increased access to survivors (and their caregivers) in need of support services, provide community-based education, and increased awareness of both existing services and areas of continued need.

Opportunities: Leverage connections from Navigation Network to recruit more members to expand knowledge of statewide resources and support new navigators in their roles. Leverage connections with statewide partners to learn / share opportunities for support resources among partners (via newsletters, websites, etc.).<sup>30</sup>

Challenges: Statewide participation/recruitment of mentors through the Imerman Angels partnership to increase number of Nevada-based mentors for peer-to-peer mentor survivorship support.

<sup>23</sup>[ThriveNV Oncology Patient Navigation Network - Academy of Oncology Nurse & Patient Navigators \(AONN+\) \(aonnonline.org\)](#)

<sup>24</sup>[Support Groups | Nevada Cancer Coalition](#)

<sup>25</sup>[Life After Treatment Community Groups | Nevada Cancer Coalition](#)

<sup>26</sup>[Test Those Breasts!: Episode 8: Improving Cancer Survivorship Support with Natalie Stevenson on Apple Podcasts](#)

<sup>27</sup>[Test Those Breasts!: Episode 7: Reducing The Burden of Cancer with Cari Herington on Apple Podcasts](#)

<sup>28</sup>[Test Those Breasts!: Episode 21: A Deep Dive into Nevada Cancer Coalition's Support System with Amy Thompson & Kristen Hackbarth on Apple Podcasts](#)

<sup>29</sup>[The Gift of Giving - WWDBTV](#)

<sup>30</sup>NCC Survivorship Program Manager/Oncology Nurse Navigation Network



OBJECTIVE: INCREASE EQUITABLE ACCESS TO PALLIATIVE CARE SERVICES IN HOSPITALS.	
Strategy: Identify which palliative care programs offer services to established patients only and which programs take non-patient referrals	Ongoing
Strategy: Support policies to expand the quality, provision, and use of palliative care.	Ongoing
Strategy: Explore readiness and opportunity for programs to offer outpatient palliative care services.	Ongoing
Strategy: Partner with medical, nursing, and other health sciences schools to identify opportunities and conduct presentations on palliative care education.	Ongoing
Strategy: Identify opportunities in continuing education activities to include palliative care topics.	Increased
Strategy: Increase the number of patients referred to and participating in symptom management	Data not yet available

NARRATIVE
<p>Successes: The Nevada Palliative Care and Quality of Life Advisory Council held the second annual Nevada Palliative Care Awareness and Education Day in November. The virtual statewide event featured presentations from statewide experts on Nevada POLST, deprescribing, pediatric considerations, palliative care outcomes, and ethics. There were 98 attendees spanning disciplines including providers, RNs, social workers, administrators, physical/speech/occupational therapists, and more.<sup>32</sup> NCC members participated in a podcast to discuss the role of palliative care - an idea that came the STF to increase awareness of Palliative Care.<sup>33</sup> Statewide hospice company has introduced outpatient/mobile palliative care services in Nevada and presented about Palliative Care (including coverage and resources) at coalition meetings including the STF and Navigation Network.<sup>34</sup> Opportunities for Palliative Care education from statewide partners was identified and shared via NCC newsletters, STF meetings, Oncology Navigation Network meetings, promotion on events calendar, and via social media outlets to reach beyond direct NCC membership.<sup>35</sup></p>
<p>Opportunities: Increase involvement between NCC and The Nevada Palliative Care and Quality of Life Advisory Council to increase promotional reach educational opportunities specific to palliative care topics, increase understanding of and referrals, and opportunities to present to medical, nursing, and health sciences schools. NCC supports palliative care policy and increased access to symptom management and supportive services.<sup>35</sup></p>
<p>Challenges: Persistent misunderstanding between hospice and palliative care and the role of palliative care as symptom management. Lack of updated/universal data sources to track inpatient and outpatient palliative care programs in Nevada, making capturing the work difficult. Lack of continuity between acute and outpatient palliative programs (if/when outpatient programs are available) persists based on feedback from palliative experts. Project ECHO Nevada Palliative Care series was put on hold. Consistent communication between providers concerning patient diagnosis, treatment, and plans to improve patient care. Also</p>

noted, to best capture statewide activities and highlight ALL the work being done in cancer control in Nevada to be included in this report, partners were encouraged to submit all activities including past, current, or planned using a "Nevada Cancer Control Activity Submission" - despite promoting this through the year, responses were not received.<sup>35</sup>

<sup>31</sup> Advisory Council on Palliative Care & Quality of Life [PCAWE Day 2023 flyer](#)

<sup>32</sup> [Palliative Care Awareness & Education Day Friday, November 17, 2023 8am-1pm 100% virtual 98 TOTAL attendees \(nv.gov\)](#)

<sup>33</sup> [Test Those Breasts: Episode 27: Destigmatizing Palliative & Hospice Care w/ Jennifer Terstriep on Apple Podcasts](#)

<sup>34</sup> [Hospice Services and Palliative Care | Infinity Hospice Care](#)

<sup>35</sup> NCC Cancer Survivorship Program Manager

**OBJECTIVE: INCREASE EDUCATIONAL OPPORTUNITIES FOR CURRENT AND FUTURE HEALTH CARE PROFESSIONALS AND OTHER SUPPORT PERSONNEL TO LEARN ABOUT BEST PRACTICES IN SURVIVORSHIP.**

Strategy: Identify and document educational opportunities conducted by partnering entities.	Increased
Strategy: Partner with medical, nursing, and other health sciences schools to include curriculum on the topic of survivorship care.	Ongoing
Strategy: Develop opportunities for primary care providers and community health workers (CHWs) on survivorship issues	Ongoing
Strategy: Identify opportunities for health care providers to receive continuing education on survivorship care topics.	Ongoing

**NARRATIVE**

Successes: Educational resources are added and maintained on the NCC website. Educational content was added /maintained on the Provider Tools & Resources page including Cancer Survivors Month Quick Facts (bilingual) - offers Nevada-specific survivorship facts that partners and providers can use to discuss and promote survivorship.<sup>36</sup> Other examples include Survivorship Resource Toolkits and Checklist: Guide for Clinicians. On-demand videos were maintained on the Continuing Education page on NCC website to increase access to the previously recorded Survivorship ECHO series (six presentations) and three on-demand webinars shared from partner entities. The calendar of events is regularly updated to share educational opportunities from statewide and national partners. Survivorship-related educational opportunities from partner organizations were identified and shared with the community via social media, collaborative newsletters, and inclusion on NCC calendar of events. Examples of opportunities shared / topics covered included addressing Palliative Care, National LGBT Cancer Network's Welcoming Spaces training, recorded speaker's series from Nevada Survivors' day event, Sexual Health and Cancer Survivorship, Navigating the Care Continuum, and many more.<sup>37</sup> The webinar, "The Practice of Cultural Awareness, Knowledge, and Humility in Cancer Care," was held by NCC as part of an industry-sponsored, non-branded presentation appropriate for physicians, nurses, medical and nursing students, and allied health professionals.

NCC staff presented at a National Oncology Nursing Conference to share about the ThriveNV program and the power of collaboration to create similar programs. The Cancer Control Summit held in September 2023 offered opportunities for in-person networking and CME/CE for current and future health care professionals, and allied health professionals covering five relevant topics in the survivorship care continuum - Long-term needs of adolescent and young adult survivors, The Evolving Landscape of Lung Cancer Treatment: A Roadmap to Improved Outcomes, Patient mental health: A proactive and trauma informed approach, Addressing Food Myths Food Insecurity, and Supplements: Improving Treatment and Cancer Outcomes with Adequate Nutrition, and Delivering equitable care for rural and underserved Nevadans.<sup>38</sup>

Opportunities: Member feedback gathered from collaborative meetings and the end-of-the-year member survey provided NCC an opportunity to plan a new webinar education series that will launch in year 4 - allowing for proactive approaches to education. In-person education and networking opportunities will expand in year 4 based on feedback. Continue to encourage members to share educational resources and opportunities with coalition staff to increase reach to public health, primary care, and future health care professionals.

Identify / strengthen connections to nursing and medical schools to determine if survivorship care is already addressed in current curriculum. Southern Nevada staff presence has greatly increased collaboration and new partnerships in Southern Nevada, including new connections with community health workers, providers, public health, and other allied health professionals. Opportunity identified to present survivor-related topics at existing conferences/primary care meetings.<sup>38</sup>

Challenges: Reaching primary care providers and engaging them in planned educational activities/webinars focusing on topics addressing survivorship issues.<sup>38</sup>

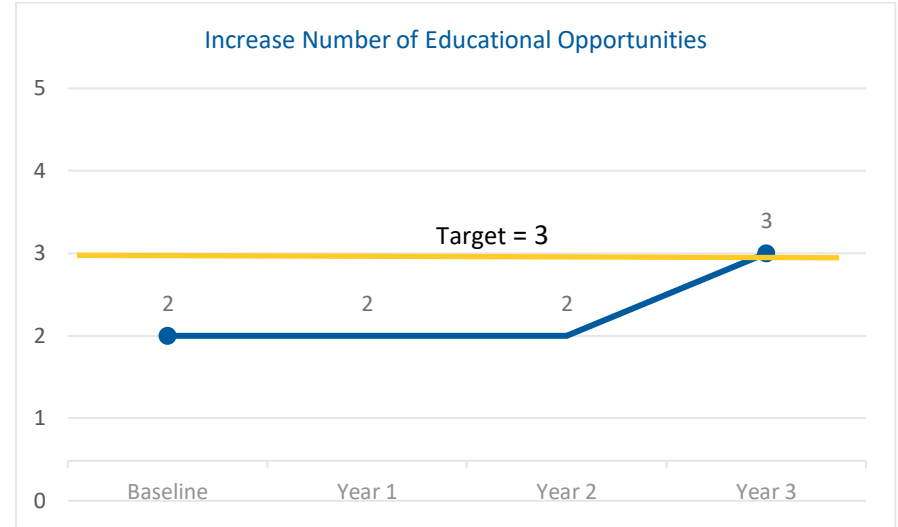
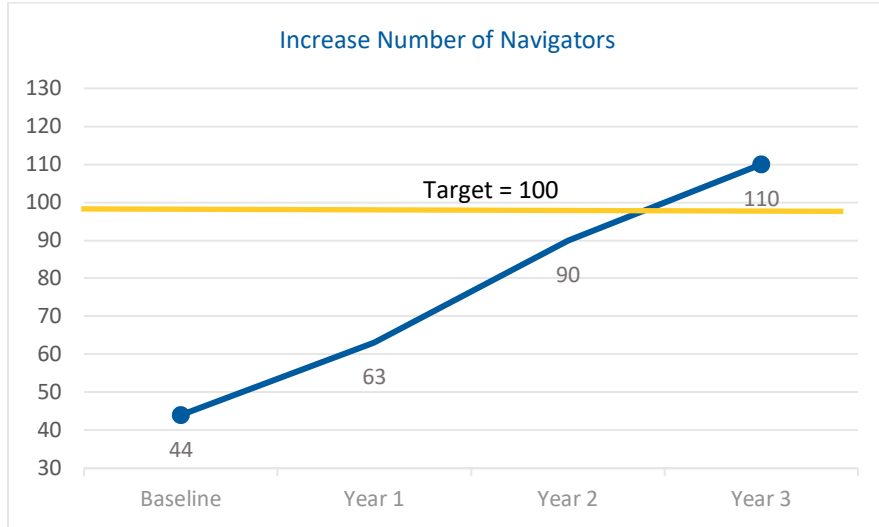
<sup>36</sup> [Cancer Survivors Month Quick Facts 2023 - Bilingual](#)

<sup>37</sup> [NCC Provider/Tools/Resources](#)

<sup>38</sup> NCC Survivorship Program Manager

# QUALITY OF LIFE PROGRESS – INDICATOR CHARTS

Data not available for Hospitals with Palliative Care Programs indicator.



# PRIORITY V: SURVEILLANCE AND RESEARCH

**GOAL: PROVIDE HIGH QUALITY DATA TO SUPPORT AND INFORM CANCER CONTROL EFFORTS AND PROMOTE RESEARCH TO IMPROVE CANCER PREVENTION, DETECTION, DIAGNOSIS, AND TREATMENT.**

## SURVEILLANCE AND RESEARCH INDICATORS

Number of cancer data reports from Nevada Central Cancer Registry  
Baseline: 0  
Target: 3  
Year 1 Progress: No progress  
Year 2 Progress: No progress  
Year 3: No progress

Clinical trial providers in Nevada  
Baseline: 77  
Target: 82  
\*Year 1 Progress: 53  
\*\*Year 2 Progress: 63  
\*\*\*Year 3 Progress: 56

Data Source: [clinicaltrials.gov](https://clinicaltrials.gov), \* November 2020, \*2021, \*\*2022, \*\*\*2023

Data source: Nevada Central Cancer Registry

**OBJECTIVE: INCREASE THE NUMBER OF CANCER DATA REPORTS FROM NEVADA CENTRAL CANCER REGISTRY (NCCR) TO GUIDE CANCER CONTROL EFFORTS IN THE STATE.**

Strategy: Improve data quality by promoting complete, accurate, and timely reporting to NCCR.	Ongoing
Strategy: Use burden and disparity data to support targeted cancer control efforts.	Ongoing
Strategy: Seek opportunities to publish and present cancer related data in order to improve understanding concerning the burden of cancer in Nevada.	Needs attention
Strategy: Support policies to improve and expand data collection and reporting to NCCR.	Ongoing

**NARRATIVE**

**Successes:** One significant success this year was the development of a comprehensive Hospital Reporting Manual. This manual serves as a valuable resource to standardize and streamline the reporting process, ensuring the submission of complete, accurate, and timely data to the Nevada Central Cancer Registry (NCCR). The manual plays a crucial role in improving data quality and is available on the NCCR website [Training & Education \(nv.gov\)](#). Addressing the need for continuous education, NCCR successfully launched an online training platform tailored for Nevada Certified Tumor Registrars. This initiative provides an accessible avenue for training and continuing education, empowering registrars to stay updated on the latest reporting standards and practices to register please click here: [FCDS - LMS - Frontend - Log In \(miami.edu\)](#). In a move toward increased public awareness, NCCR successfully published a comprehensive report highlighting the top 10 cancer incidences and mortalities. This report, available on the NCCR website, not only informs the public but also aids healthcare professionals and policymakers in understanding the prevalent trends, supporting targeted cancer control efforts. A major step toward empowering independent research was the release of the Cancer Dashboard. Accessible to the public, this interactive tool allows users to explore and analyze cancer-related data independently. The dashboard serves as a valuable resource for researchers, policymakers, and the community at large. During the 2021 legislative session, NCCR achieved a significant milestone by updating regulations governing cancer reporting: the inclusion of providers involved in not only treating but also diagnosing and referring patients. This expands data collection scope significantly and supports ongoing efforts to improve and expand data collection and reporting to the NCCR.<sup>30</sup>

**Opportunities:** While progress has been made in improving data quality, the opportunity exists to continue promoting timely reporting from providers and healthcare institutions. Ongoing efforts to encourage complete and accurate reporting will further enhance the reliability of the cancer data collected. The ongoing strategy to use burden and disparity data to support targeted cancer control efforts presents an ongoing opportunity. By analyzing and leveraging this data effectively, we can implement more tailored interventions and initiatives to address specific cancer-related challenges within the state. NCCR will continue sharing data in collaboration efforts to support targeted cancer control efforts in Nevada. NCCR implemented systems and processes to enroll and certify eligible professionals (EPs) and eligible clinicians (ECs) who wish to implement electronic reporting of cancer data from certified electronic health record (EHR) systems under the Promoting Interoperability (PI) Programs (formerly Meaningful Use) or the Quality Payment Program (QPP) to support the achievement

of the Merit-Based Incentive Payment System (MIPS) Promoting Interoperability Performance Category Measure §170.315(f)(4) (Transmission to cancer registries).<sup>30</sup>

Challenges: In the pursuit of advancing cancer data reporting and improving cancer control efforts in Nevada, the journey has been marked by both successes and notable challenges. One of the significant challenges that has impeded progress is the inability to meet the publication standards set by the United States Cancer Statistics (USCS). Despite dedicated efforts, unforeseen obstacles have hindered the ability to contribute to this crucial publication. Delays in data compilation, verification, and reporting have posed challenges, impacting Nevada's representation in this vital area. The availability and retention of qualified personnel have emerged as persistent challenges. The delicate balance of maintaining an adequate workforce to handle essential projects and the higher turnover rate among staff members have created substantial hurdles. Insufficient staffing has directly impacted on the capacity to execute necessary projects promptly, contributing to delays in meeting deadlines and achieving strategic objectives. Meeting the standards for USCS publication requires rigorous engagement in Call for Data activities. Unfortunately, the strain on staff capacity has hindered the ability to stay above water in these demanding activities. The constant need for robust data collection, verification, and reporting necessitates a sustained level of staffing that, at times, Nevada has struggled to maintain.<sup>30</sup>

<sup>39</sup> DPBH Nevada Central Cancer Registry



**OBJECTIVE: INCREASE THE NUMBER OF PROVIDERS OFFERING CLINICAL TRIALS.**

Strategy: Encourage clinical sites to promote clinical trials.	Ongoing
Strategy: Educate providers on increasing access to clinical trials in their practice.	Ongoing
Strategy: Provide access to and create patient information and education on the benefits of clinical trials.	Ongoing
Strategy: Support policies that increase participation in and access to clinical trials.	Increased

**NARRATIVE**

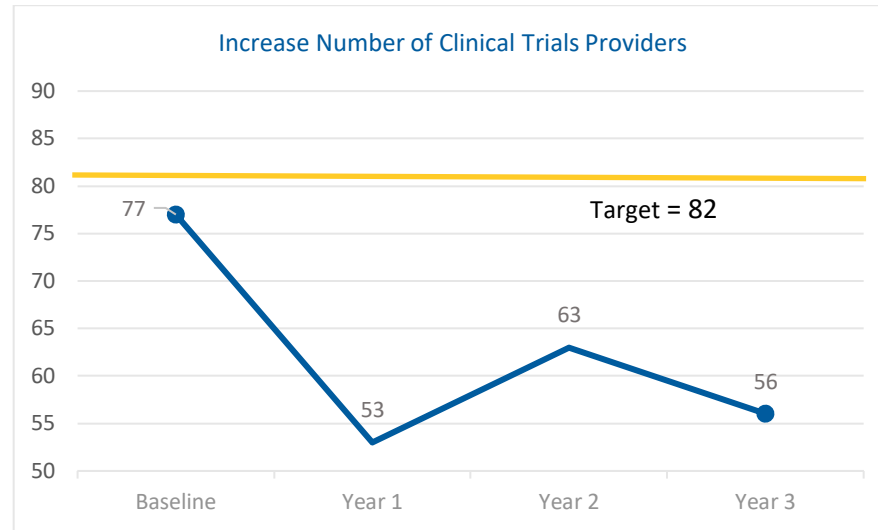
Successes: Both the number of clinical trials as well as the number of clinical trial providers remains relatively steady with 563 clinical trials (active not recruiting, not yet recruiting, recruiting, enrolling by invitation) and 56 providers of clinical trials across the state.<sup>40</sup>

Opportunities: As a number of Nevada providers are actively working toward becoming National Cancer Institute (NCI) designated cancer centers, it is anticipated that Nevada’s research capacity will grow in the years ahead. Nevada’s rural and frontier communities, with the exception of Pahrump, do not have clinical trial sites, leaving access to clinical trials a barrier for many. However, as Nevada’s rural and frontier hospitals increase their capacity, and as telemedicine advances, there is opportunity to offer satellite sites and accommodate patients from afar.<sup>40</sup>

Challenges: Lack of funding to address this objective remains a challenge. The State of Nevada website promoting clinical trials remains out-of-date and there are no efforts noted to encourage participation in clinical trials by underrepresented person per AB 214 passed during the 2017 legislative session.<sup>40</sup>

<sup>40</sup> NCC Executive Director

## SURVEILLANCE AND RESEARCH PROGRESS – INDICATOR CHARTS





## EVALUATION RESULTS

This evaluation was largely conducted using a process methodology and focuses primarily on the progress made on strategies and objectives over the third year of plan implementation. Some information is not yet available and will be made available in subsequent evaluation reports. Additionally, positive progress toward indicator targets has fluctuated, especially as data reflected the impacts of the COVID-19 Pandemic and Post Pandemic were collected and reported in prior evaluations. As time has progressed, this is the third report since the Cancer Plan was released in 2021.

To summarize the evaluation results, only strategies were examined. Details on both strategies and objectives can be found in the previous section of this report (Plan Progress). Within the limits of the methodology, these results bring attention both to the progress made in cancer control efforts over the past year and highlight those areas of the plan needing future work.

Results are arranged under priority areas with strategies measured against four (4) categories: “Positive Increase,” meaning the strategy has increased toward meeting the objective from the previous year; “Ongoing Demand,” meaning the strategy has made progress and is actively developing but has not reached more than a significant increase towards the objective; “Needs Attention,” meaning the strategy has not made progress either due to lack of attention, resources, or because they are designed to be implemented at a later date; or “Data Not Yet Available.”

## RECOMMENDATIONS

Recommendations have been provided for the consideration of the cancer control community and are based on the evaluation of qualitative data in the previous sections of this report (Plan Progress and Evaluation Results).

Steady improvement has been made in Priority Area I: Prevention. This priority area reported most of the strategies well implemented and maintained. HPV vaccination rates have continued to rise in year three from the fall rate as a direct result from the COVID-19 pandemic. Ongoing education on the efficacy and safety of HPV vaccination as well as leveraging new partnerships to engage dental professionals is recommended to create another opportunity for dialogue with parents on getting their kids vaccinated. The state Radon Education Program continues to expand education efforts on the harmful risks that radon can have if high levels are found in your home with a focus on real estate transactions. This is a promising effort and should be pursued to encourage radon testing during the inspection process for every home sold. Promising initiatives are underway to support tobacco control and sunshade structures have gained significant interest from Nevada rural school districts. Partners addressing physical activity strategies have developed into partnerships that support education and PSE changes, however obesity rates in Nevada continue to rise. Although obesity rates in Nevada are on the rise, so is the work to support initiatives, education, and PSE changes to improve opportunities for physical activity. A larger percentage of strategies under Prevention are supported with measurable outcomes and do not require further action at this time.

Overall, collaborative progress continued to advance in Priority Area II: Early Detection. Cancer control partners continued to hold priority focused breast, colorectal, and lung cancer formal statewide Collaboratives. It is noted, a statewide HPV Collaborative initiated as well in January 2024. The Lung Cancer Collaborative has been instrumental in driving efforts to increase Nevada's considerably low lung cancer screening rates. The 2022 BRFSS survey provided language to improve the collection of lung cancer screening rates, captured for this report. The increased participation under early detection strategies is a direct result of the cohesive statewide partnerships that continue to be strengthened. It is recommended to continue to provide outreach, education and resource tools that support both future and successfully implemented policies. Lastly, obesity for youth rates have increased and will need to be closely monitored as seeking opportunities and collaboration to promote physical activity and nutrition initiatives.

There was consistent progress made on Priority III: Equitable Access. While the importance of available and accessible health insurance coverage becomes increasingly more evident, even more so, is the understanding that health equity is a leading factor. Sustainable avenues to access care and obtain medical coverage are increasing through policy changes and additional funding to address equity in disparate populations. Multiple workforce development initiatives implemented at the state level have yet to make an impact on the number of physicians and oncology nurses working in Nevada, but it's recommended to provide ongoing support for such efforts which can require years to produce notable results. It is recommended this area and associated objectives be closely monitored over the next year to ensure the success accomplished continues to progress and track positive outcomes.

Sustainable progress was made on several of the strategies under Priority Area IV: Quality of Life, especially in the areas of palliative care, patient navigation services and networking. As designed, the ThriveNV patient tele-navigation service fits the identified survivorship needs. In addition to patient navigation,

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HEALTH.

ThriveNV's resource website, an Oncology Network, peer-to-peer mentor support, and outreach to providers, communities, and cancer partners, the program continues to expand the influence of survivorship throughout rural Nevada. ThriveNV added two bilingual patient navigators to better support Hispanic communities. The Survivorship Task Force successfully sustained evidence-based survivorship support. This area will require continued support and capacity to maintain momentum. As previously noted, it is recommended to promote patient navigation services through capacity, networking, and media campaigns.

Supportive efforts remained ongoing for Priority Area V: Cancer Surveillance and Research. The data driven health equity lens approach used in Nevada continues to identify and address the state's cancer needs. As the Registry builds its capacity, published reports can be expected. Additionally, with more education and electronic reporting it's expected that the quantity and quality of data provided to the Registry will improve. It is recommended to continue support for opportunities to expand the Registry's capacity and ability to provide timely, relevant, and useful data to inform cancer control activities. It is still recommended that in addition to focusing on the identified clinical trials indicator, partners work to increase the number of clinical trials offered by Nevada's designated provider sites, the diversity of trials offered, the diversity of patients enrolled in trials, and the infrastructure established to improve medical research.

Finally, statewide partnerships and formal collaborative workgroups under the Nevada Cancer Coalition show promise that the combined efforts of state agencies, nongovernmental organizations, providers, and other partners can make great strides in the mission for better treatments and the eventual elimination of cancer.

## CALL TO ACTION

Everyone has a role to play in decreasing the burden of cancer in Nevada. Here are ways individuals can help:

- Attend to personal health and well-being.
  - Quit smoking and avoid exposure to secondhand smoke.
  - Eat a healthy, well-rounded diet.
  - Be physically active.
  - Test your home for radon.
  - Get the recommended cancer preventive immunizations such as hepatitis B and human papillomavirus (HPV).
  - Avoid overexposure to the sun and artificial tanning.
  - Know your family history of cancer, what types of cancer screenings you should get, how often to get screened and where you can get screened.
- Become a member of the [Nevada Cancer Coalition](#).
- Join prioritized formal [Collaboratives](#):
  - HPV Collaborative
  - Breast Cancer Collaborative
  - Colorectal Cancer Collaborative
  - Lung Cancer Collaborative
  - Oncology Patient Navigation Network
  - Survivorship Task Force
  - Policy Committee
- Become a [Sun Smart Nevada](#) Volunteer
- Volunteer as a [Peer Mentor](#) for cancer survivorship.
- Be attentive and active during the biennial Legislative session. Educate policymakers on the burden of cancer in Nevada and the initiatives of the 2021-2025 Nevada Cancer Plan.

## CONTACT INFORMATION

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This report and subsequent publications will be made available at the following websites:

[http://dpbh.nv.gov/Programs/CCCP/Comprehnsive\\_Cancer\\_-\\_Home/](http://dpbh.nv.gov/Programs/CCCP/Comprehnsive_Cancer_-_Home/)

<http://Nevadacancercoalition.org>