

2017

2016-2020 Nevada Comprehensive Cancer Control Plan: Year Two Evaluation

Nevada Division of Public and Behavioral Health

This document serves to report on the progress of the 2016-2020 Nevada Comprehensive Cancer Control Plan in its second year of implementation.



Division of Public and Behavioral Health

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Table of Contents

Table of Contents.....	i
Overview of the 2016-2020 Nevada Comprehensive Cancer Control Plan	2
Statements of Progress/Performance Measures	2
Plan Progress	4
Evaluation Results	26
Recommendations	30
Call to Action	32
Contact Information	33

Overview of the 2016-2020 Nevada Comprehensive Cancer Control Plan

Nevada Comprehensive Cancer Control Program (NCCCCP) is located at the Nevada Division of Public and Behavioral Health. The program partners with the Nevada Cancer Coalition (NCC) and the cancer control community to draft and implement a five-year cancer control plan in order to guide activities designed to prevent cancer, detect cancer earlier, improve treatment, and increase survivorship. The most recent plan was released at the NCC Cancer Control Summit in September 2015 and serves to guide cancer control activities from 2016-2020. The plan will be monitored throughout implementation and an annual report detailing the progress, successes, and challenges encountered will be produced.

Statements of Progress/Performance Measures

The goals and objectives of the 2016-2020 Nevada Comprehensive Cancer Control Plan were developed by the Nevada cancer control community in a series of strategic meetings held from January to June 2015. This evaluation report serves to measure progress on those goals and objectives from September 2015-July 2017. Future reports will detail progress made from September 2015 to July of the respective year.





Many of the goals and objectives use data collected from the Youth Risk Behavioral Survey (YRBS) and the Behavioral Risk Factor Surveillance System (BRFSS) and will be updated as these sources are updated. Unavailable updates will be noted.

For the first year, many measurements are unavailable or have not changed. The Year Two Evaluation report will therefore rely heavily on process measures, such as a count of activities completed. This is appropriate as activities have been designed to support the eventual change in outcomes, to be reflected as the plan progresses. Subsequent evaluations will include outcome measures as data becomes available.

Plan Progress

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 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 by more than 2/5 (20%) 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. 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 Area I: Primary Prevention

Reduce risk factors for developing cancer among all Nevadans with an emphasis on human papillomavirus (HPV), tobacco, obesity, radon and ultraviolet (UV) radiation exposure.

Goal 1.1: Increase the number of 13-17 year old children who have completed the 3-dose HPV vaccination series from 27% for girls and 7% for boys to at or above the national averages of 38% for girls and 14% for boys	Year 2 Count	Year To Date Total
Objective: Increase the number of eligible Nevada Vaccines for Children provider offices that will receive AFIX visits and/or training necessary to decrease missed clinical opportunities for HPV vaccination through the use of electronic health records (EHRs) and Nevada WebIZ from 44 to 54.	91 ¹	173
Objective: Increase the number of continuing education opportunities for credit enhancing provider knowledge on the HPV vaccination series and patient compliance from 4 to 9.	0 ²	8
Objective: Increase the number of campaigns promoting HPV vaccination from 1 to 5.	3	4 ³
Activity: Support the efforts and campaigns put forth by immunization partners throughout the state.	Ongoing	
Activity: Identify experts and champions to participate in HPV vaccination campaigns and educational opportunities.	Ongoing	
Activity: Seek opportunities to increase compliance with the 3-dose HPV vaccination series including reminder-recall and other reminder systems.	Ongoing	
Successes: As a part of the CDC HPV AFIX project, the Nevada Immunization Program met with providers statewide to share information on the new 2 dose HPV series and assist in the implementation of QI strategies to towards improve adolescent immunization coverage.		
Challenges: Private insurances do not always fully cover the cost of HPV vaccine administration. High clinician turnover in practices continues to limit administration of vaccines. HEDIS measures do not currently align with the new 2 dose series requirements.		
Opportunities: Continued partnerships with Immunize Nevada and High Sierra AHEC allow for provider and clinician education on the value of strong clinician recommendations for the vaccine and strategies to promote vaccination.		

¹ From June 2016-July 31, 2017. Count provided by the State of Nevada immunization Program Adolescent Vaccine Coordinator

² CMEs will be offered in the second half of the grant starting in September 2017

³ HPV Free Nevada, UNR HPV Campaign, ACS HPV Provider Campaign, High Sierra AHEC partnership with the National AHEC HPV Immunization Project

Goal 1.2: Decrease the percentage of adults who are current smokers from 19.4% to 18.4%	Year 2 Count	Year To Date
Objective: Decrease the number of exemptions listed in the Nevada Clean Indoor Air Act by at least 5.	No Change	
Objective: Increase the annual call volume to reach the Nevada Tobacco Quitline from 0.5% to 1.5% of the current smoking population.	0.77% ⁴	0.83% ⁵
Objective: Increase the number of statewide policies supporting tobacco-free housing from 0 to 1.	Achieved	
Objective: Establish a baseline of Nevada Tobacco Quitline users that complete cessation counseling and remain non-smoking after six months.	26.88% ⁶	28.34% ⁷
Activity: Promote the Nevada Tobacco Quitline and tobacco cessation resources to Nevadans.	Ongoing	
Activity: Educate providers across the care continuum on tobacco cessation counseling, Nevada Tobacco Quitline, and other cessation resources and other cessation resources.	Ongoing	
Activity: Monitor the success of the Nevada Tobacco Quitline via data provided on successful cessation through completion of counseling and six-month post-counseling surveys.	Ongoing	
Activity: Support the efforts of smoke-free communities, housing, and campus initiatives with the state.	Ongoing	
Activity: Educate policymakers on the benefits of comprehensive clean indoor air policy.	Ongoing	
Successes: Progress has been made on smoke-free multi-unit housing efforts under Section 8 low-income housing.		
Challenges: Other substances, specifically marijuana, have drawn attention and resources away from tobacco control policy efforts; grant funding for tobacco control continues to decrease.		
Opportunities: HUD ruling requires Public Housing authorities to enact a smoke-free policy no later than mid-2018.		

⁴ Calculated from the 2015 BRFSS smoking prevalence and Quitline Call Volume Data

⁵ Calculated from the average of Year 1 (0.88%) and Year 2 (0.77%)

⁶ Annual National Jewish Health Quitline Outcome Report

⁷ Calculated from the average of Year 1 (29.8%) and Year 2 (26.88%)

Goal 1.3: Decrease the percentage of youths who have reported smoking or using other tobacco products from 10.3% to 9.9%.	Year 2 Count	Year To Date
Objective: Increase the known number of tobacco-free sporting venues from 0 to 4.	0	3 ⁸
Objective: Increase the known number tobacco-free school campuses from 1 to 3.	0	1 ⁹
Objective: Increase the known number of tobacco-free rodeo venues from 0 to 5.	0	1 ¹⁰
Objective: Maintain the Nevada Statewide Coalition of Youth.	Discontinued	
Activity: Support the activities of community and youth coalitions to prevent tobacco use initiation and promote cessation among current youth tobacco users.	Ongoing	
Activity: Promote youth access to Nevada Tobacco Quitline as a cessation resources.	Ongoing	
Activity: Support policies to create tobacco- and smoke-free venues.	Ongoing	
Successes: Western Nevada College and Truckee Meadows Community College have drafted and will implement Tobacco-Free Campus policies by December 2017. This will bring the total number of tobacco-free campuses to at least three in Year Three of the Plan.		
Challenges: Pro-tobacco influences continue to interfere with youth prevention efforts, notably tobacco-free campuses. State law does not allow for local preemption to address youth prevention policies such as Tobacco 21.		
Opportunities: The Tobacco Control Programs are building partnerships with the Attorney General’s Office, Bureau of Behavioral Health, Wellness, and Prevention, and Department of Taxation to address tobacco retailer licensing opportunities.		

⁸ Venturacci Gym (Fallon), Churchill County Pool, Lander County Volleyball Tournament Facilities, and eight parks in Nye, Esmeralda, and Lincoln Counties. These entities were designated Smoke Free in Year One of Plan efforts.

⁹ University of Nevada, Reno. This entity was designated Smoke Free in Year One of Plan efforts.

¹⁰ Nevada High School Rodeo in Elko, Nevada. This entity was designated Smoke Free in Year One of Plan efforts.

Goal 1.4: Reduce the percentage of adults who are obese from 26.2% to 24.8%	Year 2 Count	Year to Date Total
Objective: Increase the number of adults who report participating in 150 minutes or more of physical activity per week from 53.6% to 56.3%.	Data Not Yet Available	
Objective: Increase the known number of worksites represented in the Nevada Cancer Coalition that adopt written worksite wellness policies from 0 to 20.	Data Not Yet Available	
Objective: Increase the known number of jurisdictions that adopt a complete streets policy from 0 to 5.	1 ¹¹	3 ¹²
Activity: Promote the benefits of exercise in preventing cancer.	Ongoing	
Activity: Educate the public on how to best incorporate exercise into their lives.	Ongoing	
Activity: Use the Nevada Division of Public and Behavioral Health worksite wellness toolkit to promote the adoption of worksite wellness policies.	Ongoing	
Activity: Educate the public and policymakers on the importance of complete streets, designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities.	Ongoing	
Activity: Partner with local jurisdictions to create and implement complete streets policies.	Ongoing	
Activity: Support local and state efforts to create complete streets.	Ongoing	
Successes: Progress continues with complete street initiatives, with Washoe county having finalized and approved their policy.		
Challenges: No single best practice reduction/prevention model has been proven effective in obesity control efforts. Weight status is dynamic throughout life stages, creating difficulty in designing effective, long lasting interventions.		
Opportunities: SB 165 was passed during the 2017 Legislative Session to define obesity as a chronic condition to re-instate the collection of height and weight data among Nevada children. Additionally, the Obesity Prevention and Control Program recently applied for funds to aid a community with increasing physical activity opportunities and engagement by adults and youth residing in the area.		

¹¹ RTC Washoe Complete Streets Master Plan was approved June 2016

¹² Approved Complete Street Policies to Date: Carson City 2014 Complete Street Policy, RTC Southern Nevada 2012 Complete Streets Policy, RTC Washoe 2016 Complete Streets Policy. In process: NDOT Complete Streets

Goal 1.5: Reduce the percentage of youth who are overweight or obese from 38.2% to 33.2%	<i>Year 2 Count</i>	<i>Year to Date Total</i>
Objective: Increase the number of national Early Childhood Education (ECE) standards met in Nevada from 3 to 15.	12 ¹³	15
Objective: Increase the number of policies mandating physical education and physical activity in grades K-6 from 0 to 1.	0	0
Objective: Increase the number of worksites represented in the Nevada Cancer Coalition who have adopted written policies promoting and encouraging breastfeeding from 0 to 10.	Data Not Yet Available	
Activity: Support state policy efforts to increase the number of ECE standards met.	Ongoing	
Activity: Support local and state policy efforts to mandate physical education and physical activity in grades K-6.	No Progress	
Activity: Promote the benefits of breastfeeding in decreasing obesity and in decreasing cancer risks.	Ongoing	
Activity: Work with partners to promote and adopt breastfeeding policies.	Ongoing ¹⁴	
Successes: 1) ECEs will be increased to 15 (out of 47) by 2017 due to the passing of AB 152 during the 2015 legislative session and changes occurring at the federal level. 2) The Early Childhood Obesity Prevention Statewide Steering Committee has completed and is working to implement their 5-year state plan. 3) A statewide media campaign was initiated in September 2016, aiming to increase awareness of childhood obesity. 4) From November 2016 to June 2017, 13 school districts in Nevada participated in professional development to help increase PE/PA in schools. 5) Four school districts participated in nutrition trainings targeting parents, afterschool coordinators, and Parent Teacher Association Leaders.		
Challenges: 1) Finalizing AB 152's NAC language has been delayed, and the draft language does not address actual minutes of PA in ECEs. 2) Enrollment, implementation, and adherence to Child and Adult Care Food Program guidelines in ECEs. Nevada has no statewide law mandating PE/PA in grades K-6. The Nevada School Wellness Policy has been established by multiple Nevada stakeholders in 2014 and recommends 30 minutes of moderate to vigorous physical activity daily for grades K-12. However, there remains no certification requirement of PE instructors for the elementary level.		
Opportunities: The Obesity Prevention & Control Program will be submitting a proposal for funding to support a statewide gap-analysis, to determine barriers to ECE enrollment and to guide a strategic plan for increasing enrollment. Nevada has recently initiated the Nevada Green Ribbon Schools program, a collaborative effort to reduce environmental impacts and cost, improve health and wellness of students and staff, and provide effective sustainability education in schools.		

¹³ During 2015 Legislative Session, AB 152 added 6 new infant feeding standards, 4 nutrition related regulations, and 1 physical activity regulation

¹⁴ Efforts Lead by WIC

Goal 1.6: Decrease the average radon concentration within the state by 5%.	Year 2 Count	Year to Date Total
Objective: Increase the number of homes in Nevada tested for radon from 19,139 to 32,090.	2,972	25,845 ¹⁵
Objective: Of the homes that have elevated radon levels, increase the number mitigated from 708 to 1,400.	174	1,070 ¹⁶
Objective: Increase the number of newly constructed residential homes built using radon-resistant new construction techniques from 163 to 650.	32	448 ¹⁷
Activity: Educate real estate industry professionals, health providers, municipalities, and policymakers about the radon health risk.	Ongoing	
Activity: Encourage realtors and real estate agencies to recommend radon testing as part of the home inspection process or during the real estate transaction.	Ongoing	
Activity: Conduct an annual campaign to educate Nevadans about the radon health risk, the importance of testing, how to obtain test kits and properly test their homes, the benefits of radon mitigation and radon-resistant new home construction, and how to find board-certified, and state-licensed radon mitigation professionals.	Ongoing	
Activity: Advocate for policy to require radon mitigation to be conducted by certified, state-licensed radon professionals, and for policy to require that professional testing, especially in the case of real estate transactions are conducted by certified radon professionals.	Ongoing	
Activity: Educate the building industry by promoting best practices in radon-resistant new home construction.	Ongoing	
Successes: The Nevada Radon Education Program (NREP) taught a continuing education course at the Reno/Sparks Association of Realtors in January 2017. The program was well received by participants and CalNeva Realty requested an individualized webinar presentation for their office.		
Challenges: There are many challenges to enacting radon disclosure policies in real estate testing, establishing oversight of certified radon professionals, and including radon-resistant new construction in local jurisdiction building codes. Challenges include identifying champions who can educate stakeholders and mobilizing stakeholders to advocate for radon policies.		
Opportunities: NREP hosted an exhibit booth for Radon Awareness Day at the 2017 Legislative Session. Senator Julia Ratti hosted NREP staff and provided a summary of her experiences with radon and her appreciation for the program.		

¹⁵ Numbers from Nevada Radon Education Program

¹⁶ Numbers from Nevada Radon Education Program

¹⁷ Numbers from Nevada Radon Education Program

Goal 1.7: Increase the number of regulatory policies for indoor tanning salons from 0 to 1.	Year 2 Count	Year to Date Total
Objective: Increase the number of enforcement mechanisms to ensure tanning salons are not providing services to youths under age 18, under Nevada Revised Statutes (NRS 597), from 0 to 1.	0	0
Activity: Draft language providing for regulation and enforcement of tanning salons under NRS 597.	In Progress	
Activity: Support changes to NRS 597 to provide for regulation and enforcement of tanning salons.	In Progress	
Activity: Distribute toolkits outlining NRS 597 to tanning salons.	In Progress	
<p>Successes: A telephone assessment conducted determined while many salons adhere to NRS 597, some still offer tanning to youth and promote tanning as healthy. Of 134 known tanning establishments in Nevada, 81 offer tanning beds/booths while 53 offer spray tanning only. Fifty of the 81 establishments with tanning beds/booths were reached by phone; 31 either did not answer or the number was not in operation. Nine of the 50 said they allowed under-18 tanning bed use, and 37 mentioned that tanning bed use has benefits. Eighteen salons did not mention any tanning bed use risks in response to a survey question. This survey helped identify a great opportunity to educate salons on the reality of tanning and remind them of requirements for compliance with NRS 597. The Nevada Cancer Coalition drafted and submitted a BDR that became SB 217. SB 217 did not pass during the 2017 session but many partnerships were made and lessons were learned.</p>		
<p>Challenges: Historically, Nevada does not support mandate language. Additionally, the expected FDA ruling on sunlamp use has been delayed and is not likely to be released under the current administration.</p>		
<p>Opportunities: New partnerships and challenges identified through a formal assessment of tanning establishments pose great opportunity for a comprehensive sun safety package in future legislative efforts.</p>		

Goal 1.8: Increase the number of Nevada school districts who have adopted UV safety policies from 0 to target of 5 school districts.	Year 2 Count	Year to Date Total
Objective: Increase the number of presentations to school staff on the importance of UV safety for students from 0 to 10.	21	27 ¹⁸
Objective: Increase the number of toolkits distributed to schools from 0 to 10.	49	65 ¹⁹
Activity: Develop toolkit for teachers, nurses, and other school staff to use to adopt UV safety curriculum, and policy within their school.	Developed	
Activity: Implement ongoing evaluation to determine best practices for school-based UV safety education.	Ongoing	
Successes: Enrollment into the Sun Smart Schools Program has been exponential, with the entirety of Douglas County enrolled and participating in Year 2 and more schools enrolled for Year 3. Evaluation of the program has indicated extensive program success in changing knowledge, attitudes, and behaviors toward sun safety.		
Challenges: Skin cancer control efforts are often challenged by opposing norms, including the social normative behavior of a tanned appearance. This has been identified as a particular challenge with high school students.		
Opportunities: Grassroots and community involvement will be essential in moving this program forward. Sun Smart Schools has partnered with the Green Ribbon Schools initiative to continue to increase enrollment in both programs.		

¹⁸ The Year One Plan Evaluation reflects only 3 presentations, but upon reconsideration during this evaluation period, 2 more were added for a total of 5 presentations for Year One and a To Date total of 27 (21 +5).

¹⁹ The Year One Plan Evaluation reflects only 8 toolkits distributed, but upon reconsideration during this evaluation period, 8 more were added for a total of 16 for Year One and a To Date total of 65 (49 + 16).

Priority Area II: Early Detection

Promote, increase, and optimize the appropriate use of high-quality cancer screening to increase early detection of cancer among Nevadans.

Goal 2.1: Decrease the percentage of late-stage breast cancer diagnoses among women from 37.5% to 35.6%	Year 2 Count	Year to Date Total
Objective: Increase the prevalence of women 40 and older who report having had a mammogram and a clinical breast exam within the prior two years from 69.9% to 73.4%.	Data Not Yet Available	
Activity: Collaborate to develop a consistent public message used by government and private entities about breast cancer screening guidelines based on scientific evidence.	Developed ²⁰	
Activity: Seek additional funding and address related capacity issues for programs that provide and/or pay for breast cancer screening at low or no cost for women who are uninsured and underinsured through collaboration with partner organizations.	Achieved	
Activity: Enhance access to screening and early detection through the state for low-income women, uninsured women, and other medically underserved populations.	Ongoing ²¹	
Activity: Promote navigation and patient education to enhance compliance with physician screening referral and screening completion.	Ongoing	
Activity: Promote awareness of increased risks for breast cancer such as dense breast tissue, genetics, and race/ethnicity.	Ongoing	
Activity: Support patient navigation services for all women undergoing screening, diagnostic, and treatment services, particularly for populations at increased risk for late-stage disease or with a higher mortality rate.	Ongoing	
Activity: Support and promote team-based care reimbursement models.	Ongoing	
Successes: Women’s Health Connection (WHC) received additional funds for FY17 from the Centers for Disease Control and Prevention. Additionally, AB388 passed during the 2017 Legislative Session which adds \$500,000 to the WHC budget annually.		
Challenges: Continued provider shortages and lack of access to screening and treatment services, especially in geographically isolated rural areas remain major roadblocks. WHC has also identified a need for additional community resources in rural areas. WHC has experienced challenges in WHC providers reporting to the Nevada Central Cancer Registry (NCCR).		
Opportunities: WHC is working to increase reporting to NCCR. WHC was able to work with the Federally Qualified Health Centers (FQHC) to evaluate and increase screening rates. The cancer control community is encouraged to participate in the Nevada Cancer Coalition Early Detection Task Force to assist in increasing breast cancer screening rates.		

²⁰ The NCC Early Diagnosis Task Force established a screening age of 40 during Year One.

²¹ Four Community Health Workers added to increased access to screening at Federally Qualified Health Centers

Goal 2.2: Increase the overall percentage of women 18 years and older who have had a Pap test within the last three years from 78% to 81.9%.	Year 2 Count	Year to Date Total
Objective: Increase the number of community health clinics using reminder-recall systems for cervical cancer screening from 1 to 5.	4	4 ²²
Objective: Increase the number of campaigns promoting cervical cancer screening from 0 to 2.	2	2 ²³
Activity: Seek additional funding and address related capacity issues for programs that provide and/or pay for cervical cancer screening at low or not cost for women who are uninsured and underinsured through collaboration with partner organizations.	Achieved	
Activity: Enhance access to screening and early detection through the state for low-income women, uninsured women, and other medically underserved populations.	Ongoing	
Activity: Support meaningful use initiatives, including opportunities to implement reminder-recall systems and enhance usage of electronic health records.	Ongoing	
Successes: Women’s Health Connection (WHC) received additional funds for FY17 from the Centers for Disease Control and Prevention. Additionally, AB388, passed during the 2017 Legislative Session adds \$500,000 to the WHC budget annually. The program also increased its infrastructure by placing four Community Health Workers within Federally Qualified Health Centers to increase access to screening and treatment navigation.		
Challenges: Continued provider shortages and lack of access to screening and treatment services, especially in geographically isolated rural areas remain major roadblocks. WHC has also identified a need for additional community resources in rural areas. WHC has experienced challenges in WHC providers reporting to the Nevada Central Cancer Registry (NCCR).		
Opportunities: WHC is working to increase reporting to NCCR. WHC worked with the Federally Qualified Health Centers (FQHCs) to evaluate and increase screening rates. The cancer control community is encouraged to participate in the Nevada Cancer Coalition Early Detection Task Force to assist in increasing breast cancer screening rates.		

²² These four clinics (Elko NVHC, Carson City NVHC, Martin Luther King NVHC, and Eastern Las Vegas NVHC) represent the collaboration between Women’s Health Connection and Nevada Health Centers on the patient navigator project. Community Health Workers at each clinic implement and manage the reminder-recall systems.

²³ Women’s Health Connection Social Media Campaign and Text Messaging campaign for Cervical Cancer Screening Promotion and Awareness

Goal 2.3: Decrease the percentage of late-stage colorectal cancer diagnoses from 59.6% to 56.6%.	Year 2 Count	Year to Date Total
Objective: Increase the proportion of adults aged 50-75 who had a colonoscopy/sigmoidoscopy within the previous 10 years or a blood stool test within one year from 61% to 80%.	Data Not Yet Available	
Activity: Work with community organizations to spread culturally-tailored messages about primary prevention and effective screening methods within ethnically diverse communities.	Ongoing	
Activity: Conduct statewide campaign to educate Nevadans on the importance and relative ease of colon cancer screening with “choice” concept.	Ongoing	
Activity: Disseminate provider toolkits to assist physicians in educating patients on the importance of colon cancer screening and screening test options.	Implemented	
Activity: Promote navigation and patient education to enhance compliance with physician screening referral and screening completion.	Ongoing	
Activity: Create and enhance electronic health records (EHR) and reminder-recall systems.	Ongoing	
Activity: Enhance access to screening and early detection throughout the state for low-income and other medically underserved populations.	Ongoing	
Successes: The program has enhanced infrastructure by partnering with Nevada Health Centers and Northern Nevada HOPES to place Community Health Workers (CHW) within clinics to increase colorectal cancer screening utilizing evidence based interventions. The CHWs work in a team-based-care environment with medical providers, medical assistants, and clinic staff to implement client reminders, provider reminders, and reduce structural barriers. As a result of coordinated efforts, all clinics report seeing an increase in the number of patients completing colorectal cancer screenings.		
Challenges: Due to the provider shortages Nevada faces, including Gastroenterology (GI) specialists, the length of time patients have to wait to for an appointment to a GI specialist is a challenge. Many offices have a 6-week wait for an appointment, discouraging some people from scheduling appointments. Lack of access to treatment for uninsured/underinsured individuals continues to impact the burden of colorectal cancer statewide. Additionally, CRCCP has not been able to establish real time connection with Medicaid’s data warehouse or regularly migrate data from Medicaid, thus reliable screening and treatment surveillance data has not been produced.		
Opportunities: The cancer control community is encouraged to participate in the Nevada Cancer Coalition Early Detection Task Force as well as to participate in public meetings to engage in meaningful ways to increase colorectal cancer screening rates in eligible populations.		

Goal 2.4: Decrease the proportion of late-stage diagnoses of lung cancer from 79.2% to 75.2%.	Year 2 Count	Year to Date Total
Objective: Establish baseline screening rates for eligible Nevadans within the recommended screening population and at high risk (between the ages of 55 and 80 and who have smoked 30 pack years in the past and quit within the last 15 years and are now within that age range).		Data Not Yet Available
Objective: Increase screening rates for eligible Nevadans within the recommended screening population and at high risk by 25%.		Data Not Yet Available
Activity: Identify at-risk populations throughout Nevada and provide tailored information on lung cancer risk and low-dose computed tomography (LDCT) screening.		Ongoing
Activity: Educate primary care providers on the risks associated with LDCT and encourage best practices among cancer centers and hospitals.		Ongoing
Activity: Provide a comprehensive listing of all sites throughout the state providing low-cost LDCT scans.		Ongoing
Activity: Support policy to ensure that Nevada Medicaid and other health plans within the state health exchange cover lung cancer screening for the recommended population with no cost-sharing.		No Progress
Successes: The Nevada Cancer Coalition website maintains a map detailing all LDCT locations in Nevada and has identified decision-making tools for patients (http://nevadacancercoalition.org/early-detection/lung-cancer) and for providers (http://nevadacancercoalition.org/healthcare-providers/lung-cancer). The Lung Cancer Screening module has been added to the Nevada BRFSS for the 2017 Survey and will repeat every odd year after.		
Challenges: The Early Detection Task Force does not currently include any lung cancer champions to inform greater program efforts. Capacity to address these activities is limited due to funding. Additionally, the tumultuous nature of our current healthcare landscape in respect to insurance coverage and overall access is a significant challenge to all cancer screening efforts.		
Opportunities: Lung cancer screening will be included in the Annual Cancer Control Summit “Screening Controversies,” session. This will provide an opportunity for provider education on this topic. In order to assist with increasing capacity, cancer control community members are encouraged to join the Nevada Cancer Coalition Early Detection Task Force to help find meaningful ways to increase lung cancer screening rates.		

Priority Area III: Diagnosis, Treatment, and Palliation

Increase access to appropriate and effective cancer diagnosis and treatment services, and awareness of and participation in cancer clinical trials, especially among underserved populations.

<i>Goal 3.1: Increase the number of pathways for enrollment in Medicaid for eligible women needing treatment for breast or cervical cancer from 1 to 5.</i>	<i>Year 2 Count</i>	<i>Year to Date Total</i>
Objective: Increase the number of policy changes from 0 to 1 allowing women of any age under 250% of the Federal Poverty Level (FPL) access to treatment through Medicaid after a breast or cervical cancer diagnosis from any provider.	1	1 ²⁴
Activity: Meet with Medicaid to discuss expansion of the treatment.	Completed	
Activity: Establish baseline cost and data for the treatment of breast and cervical cancer.	Completed	
Activity: Identify entities, such as hospitals or other health care providers, to serve as pathways to enrollment in Medicaid for breast or cervical cancer treatment for eligible women.	Ongoing	
Activity: Create an action plan to expand access to breast cancer treatment.	Ongoing	
Successes: Collaboration between the Nevada Cancer Coalition, Nevada Chronic Disease Prevention and Health Promotion Section, Nevada Medicaid, and Nevada Division of Welfare and Supportive Services, resulted in the successful expansion of eligibility for Medicaid coverage through the Nevada Breast and Cervical Cancer Treatment Act. The change to the policy and enrollment processes are promoted on the Nevada Cancer Coalition website		
Challenges: A high percentage of breast cancer cases in Nevada are diagnosed as late stage. Increasing access to screening in order to increase early diagnosis and survivorship remains a challenge due to provider shortages and low patient uptake.		
Opportunities: The cancer control community is encouraged to participate in the Nevada Cancer Coalition Early Detection Task Force to engage in meaningful ways to improve access to and quality of treatment for cancer.		

²⁴ Updated policy can be found in the Medicaid Medical Assistance Manual, Specialized Medical Category B-225 Breast/ Cervical Cancer Medicaid (Public Law 106-354)

Goal 3.2: Increase the number of education opportunities on palliative care for adults and pediatrics from 0 to 6.	Year 2 Count	Year to Date Total
Objective: Increase the number of medical school and nursing school curriculum to include a section on palliative care for adults and pediatrics from 0 to 2.		No Progress
Objective: Increase the number of continuing education opportunities for clinicians on palliative care for adults and pediatrics from 0 to 2.		No Progress
Objective: Increase the number of education materials targeting patients and family on quality adult and pediatric palliative care from 0 to 2.		In Progress
Activity: Identify curriculum incorporating palliative care.		No Progress
Activity: Create partnerships with Nevada nursing programs and medical schools.		Ongoing
Activity: Promote palliative care to nursing school and medical school faculty.		Ongoing
Successes: The Palliative Care Council was established during the 2017 Legislative Session and will enhance capacity to work on these initiatives in the future. The Nevada Cancer Coalition has also created and maintains a list of palliative care resources throughout the state. It can be found at: http://nevadacancercoalition.org/survivorship/palliative-care .		
Challenges: The intent and spectrum of palliative care continues to be misunderstood, both by the general public and medical community.		
Opportunities: Themes identified from cancer survivorship focus groups highlighted a need for palliative care education for patients and families. In response to these findings, the Nevada Cancer Coalition Survivorship and Palliative Care Task Force will seek to create and promote resources to this population. Additionally, the development of new medical schools, physician training programs, and the Palliative Care Council creates new opportunities for collaboration.		

Goal 3.3: Increase the average annual enrollment in adult cancer treatment and cancer control clinical trials from .85% to 1.5%.	Year 2 Count	Year to Date Total
Objective: Increase the number of hospitals and physician officers offering clinical trials that accept the short form patient consent for non-English speaking patients from 14 to 16.	0	14
Objective: Increase the number of resources listing all open National Cancer Institute, pharmaceutical and industry clinical trials available at facilities within Nevada from 0 to 1.	1	1
Activity: Establish a clinical trials task force.	Achieved	
Activity: Prepare a whitepaper on the use of short form consent for non-English speaking patients enrolling in clinical trials.	Discontinued	
Activity: Present whitepaper to internal review boards of facilities offering clinical trials and collaborate on implementation of short form consent.		
Activity: Develop a list of all health care providers offering or potentially offering cancer-related clinical trials within Nevada.	Ongoing	
<p>Successes: The Nevada Cancer Coalition has established the Cancer Surveillance and Research Task Force and created a Clinical Trials resource page on the Nevada Cancer Coalition website at: http://nevadacancercoalition.org/cancer-data-research/clinical-trials.</p> <p>Additionally, a Clinical Trials Program was established during the 2017 Legislative Session, requiring the Division of Public and Behavioral Health to maintain and make available data on clinical trials in Nevada. These opportunities will increase capacity to work on objectives and activities in the future.</p>		
Challenges: Lack of provider recommendations to enroll in clinical trials continues to challenge enrollment.		
<p>Opportunities: The cancer control community is encouraged to participate on the Cancer Surveillance and Research Task Force to assist in implementing activities to promote clinical trial enrollment in Nevada. Additionally, Research!America will speak at the Annual Cancer Control Summit. This will help inform efforts on enrollment in clinical trials. Finally, a second page on the Nevada Cancer Coalition website provides tools and key messaging to help prepare providers to discuss clinical trials: http://nevadacancercoalition.org/healthcare-providers/clinical-trials.</p>		

Goal 3.4: Meet or exceed national baseline of 94% of eligible patients enrolled in clinical trials if seen at a Children’s Oncology Group (COG) practice in Nevada.	Year 2 Count	Year to Date Total
Objective: Establish a benchmark of COG patients enrolled in clinical trials.	Pending updated numbers	
Objective: Increase the number of COG components within Nevada from 4 to 5.	No Progress	
Activity: Support provider needs for enrollment in pediatric clinical trials.	Ongoing	
Activity: Promote research to improve quality of life for pediatric cancer survivors that address the physical, cognitive, and psychosocial consequences of treatment from diagnosis through late effects.	Ongoing	
Activity: Advocate for enhanced research funding to address the needs of childhood cancer patients and survivors across the continuum of care.	Ongoing	
Activity: Increase access to COG Family Handbook for patients’ families and caregivers.	Data Not Yet Available	
Successes: Two additional board-certified pediatric Oncologists are practicing in Southern Nevada and one in Northern Nevada. Additionally, the Children’s Specialty Center of Nevada has established a pediatric cancer registry, a Child Life Specialist Program, a Patient Navigation Department, and a Palliative Program. These programs will greatly increase capacity to support childhood cancer control initiatives in Nevada.		
Challenges: Collaboration between the North and South to work on issues surrounding childhood cancer continues to be a challenge. Additionally, reimbursement keeps getting cut yet the cost of qualified staff and drugs required to treat childhood cancer keep increasing.		
Opportunities: Cure 4 the Kids Foundation is currently drafting a Nevada childhood cancer plan to compliment the 2016-2020 Nevada Comprehensive Cancer Control Plan. Publication is expected in 2019. Nevada has an opportunity to make a huge impact for children by becoming one of the few sates in the nation with a comprehensive childhood cancer plan.		

Priority Area IV: Survivorship and Quality of Life

Improve Nevada cancer survivors' quality of life through increased awareness, education, and access to survivorship resources and services.

Goal 4.1: Increase the number of non-metastatic cancer patients treated at Commission on Cancer- (CoC-) Accredited facilities who receive a survivorship care plan at the completion of treatment to 75%.	Year 2 Count	Year to Date Count
Objective: Establish a baseline number of non-metastatic cancer patients undergoing treatment at CoC- accredited facilities that receive survivorship plans.	No Baseline	
Objective: Identify opportunities to increase the use of survivorship plans in CoC Accredited facilities and non-CoC- accredited facilities.	In Progress	
Objective: Establish a baseline number of education program including survivorship information as part of the curriculum.	Baseline Established As 0	
Objective: Increase the number of education programs including survivorship information as part of their curriculum.	In Progress	
Activity: Identify opportunities to collaborate with providers and partners regarding the use of survivorship care plans.	Ongoing	
Activity: Share information with partners on challenges, solutions, and best practices in survivorship care planning.	Ongoing	
Successes: The Nevada Cancer Coalition and Comprehensive Cancer Control Program conducted a series of focus groups identifying needs and challenges unique to Nevada survivors. The findings will guide a number of survivorship initiatives in the coming years, inform current program improvements, and resulted in the addition of many resources to the NCC website. A full report can be found on the NCC website at: http://nevadacancercoalition.org/sites/default/files/NVSurvivorFocusGroups_Report_Final.pdf		
Challenges: The Survivorship Focus Group report published by NCC identifies many challenges and needs of survivors in Nevada, however, funding and capacity to fully address the full spectrum of survivorship needs is very limited.		
Opportunities: The cancer control community is encouraged to participate in the NCC Survivorship and Palliative Care Task Force to assist in developing and promoting survivorship initiatives.		

Goal 4.2: Increase educational opportunities for health care professionals to learn about best practices in survivorship from 0 to 2.	Year 2 Count	Year to Date Total
Objective: Increase the known number of medical schools including curriculum on the topic of survivorship care from 0 to 2.	0	0
Objective: Increase the known number of nursing schools including curriculum on the topic of survivorship care from 0 to 5.	0	0
Objective: Increase the number of focus groups that result in the identification of information needed to enhance transition of care from 0 to 2.	4	4
Activity: Identify medical and nursing schools including survivorship curriculum.	Identified: No Schools offer curriculum	
Activity: Partner with medical and nursing schools to implement survivorship curriculum.	No Progress	
Activity: Promote best practices for the transition of care from cancer centers or oncologists to primary care providers.	Ongoing	
<p>Successes: The Nevada Cancer Coalition and Comprehensive Cancer Control Program conducted a series of focus groups identifying needs and challenges unique to Nevada survivors. The findings will guide a number of survivorship initiatives in the coming years, inform current program improvements, and resulted in the addition of many resources to the NCC website. A full report can be found on the NCC website at: http://nevadacancercoalition.org/sites/default/files/NVSurvivorFocusGroups_Report_Final.pdf</p>		
<p>Challenges: The Survivorship Focus Group report published by NCC identifies many challenges and needs of survivors in Nevada, however, funding and capacity to fully address the full spectrum of survivorship needs is very limited.</p>		
<p>Opportunities: The cancer control community is encouraged to participate in the Nevada Cancer Coalition Survivorship and Palliative Task Force to engage in meaningful ways promote and implement survivorship care activities.</p>		

Goal 4.3: Increase the number of systems promoting survivorship care knowledge to cancer survivors from 1 to 3.	Year 2 Count	Year to Date total
Objective: Increase the number of organizations offering the Stanford Survivorship Self-Management curriculum or similar survivorship program with fidelity from 1 to 3.	0	2 ²⁵
Activity: Identify health care systems working to support survivorship care practices.	Ongoing	
Activity: Partner with trainers for Stanford Survivorship Self-Management curriculum to offer training opportunities.	Ongoing	
Activity: Assist with promotion and enrollment in survivorship care programs.	Ongoing	
Successes: While the number of organizations offering the Stanford Survivorship Self-Management class has not increased, a number of other organizations offering survivorship education classes or other resources have been identified and added to the NCC Resource Directory.		
Challenges: Stanford programs have been challenging to implement in Nevada due to their rigor. A minimum class size is required to train facilitators for the Stanford program, making it a challenge to expand the program to smaller communities without larger expenses for travel related to training. Additionally, the workshops must have a minimal enrollment to be delivered. This makes expansion into rural areas especially challenging.		
Opportunities: The cancer control community is encouraged to participate in the Nevada Cancer Coalition Survivorship and Palliative Task Force to engage in meaningful ways promote and implement survivorship care activities.		

²⁵ University of Nevada, Reno Sanford Center for Aging & Dignity Health, St. Rose Dominican. St. Rose has expanded their reach of the Thriving & Surviving program by partnering with Osher Lifelong Learning Institute at the University of Nevada, Las Vegas.

Goal 4.4: Increase the number of programs promoting survivorship care knowledge to pediatric, adolescent, and young adult cancer survivors from 1 to 2.	Year 2 Count	Year to Date Total
Objective: Develop guidelines for access to survivorship care to supplement existing Children’s Oncology Group (COG) program, from 0 to 1.	0	0
Activity: Establish a list of survivorship resources for pediatric, adolescent, and young adult cancer patients to provide to patients and their families.	Ongoing	
Activity: Identify partners to assist with development of guidelines for access to survivorship care within Nevada.	Ongoing	
Activity: Identify partners or resources to provider survivorship care education to pediatric, adolescent, and young adult cancer survivors.	Ongoing	
Activity: Support and promote team-based care reimbursement models.	Ongoing	
Successes: The Nevada Cancer Coalition has identified additional survivorship resources for pediatric, adolescent, and young adult cancer patients and included these in their updated Resource Guide. NCC has supported creation of a young adult survivor networking and support community via closed Facebook group, called Battle Born Thrivers. The group is limited to northern Nevada region survivors up to age 39 and organizes meet ups and activities in addition to providing a supportive community to share resources, encouragement, and information.		
Challenges: A funding source to support survivorship activities at the coalition level has not been identified. In the clinical realm, survivorship care planning is not a reimbursable activity. Also, the number of care plans developed and delivered is limited by the lack of complete health care records, including the lag time of full Health Information Exchange implementation, and lack of provider buy-in, largely due to lack of reimbursement mechanism for plan development.		
Opportunities: The cancer control community is encouraged to participate in the Nevada Cancer Coalition Survivorship and Palliative Task Force to engage in meaningful ways promote and implement survivorship care activities.		

Priority Area V: Cancer Surveillance and Research

Ensure complete and timely collection, dissemination, and utilization of comprehensive and cancer-related surveillance data for cancer control planning, implementation, and evaluation in Nevada.

Goal 5.1: Improve Nevada Central Cancer Registry's (NCCR) certification status to Silver Certification by 2016 and Gold Certification by 2018 through 2020.	Year 2 Count	Year to Date Total
Objective: Increase the number of providers reporting complete, accurate, and timely data to the NCCR from 82% to 95%.	84.5%	83.75% ²⁶
Activity: Determine providers that are underreporting or not reporting to the NCCR.	Ongoing	
Activity: Modify reporting regulations with the Nevada Administrative Code 457.	In Progress	
Activity: Establish data quality feedback for providers to ensure compliance and implement penalty fees for non- and under-reporters.	In Progress	
Successes: Over the past year, NCCR increased case ascertainment by more than 40 percent and earned gold certification in almost every criterion set by the North American Association of Central Cancer Registries. These improvements resulted with Nevada's data published in the Cancer in North America 2010-2014 for the first time in many years. The report can be viewed here: http://www.naacr.org/cancer-in-north-america-cina-volumes/		
Challenges: Continued outreach is needed to ensure the increase in reporting is maintained. Additional education to providers on how the registry works, how to report data, who needs to report and what information needs to be reported is needed to increase provider compliance and align Nevada with national standards. Updates to Nevada Administrative Code 457 did not pass the last Board of Health meeting.		
Opportunities: To maintain reporting and quality, NCCR will focus on increasing data quality by improving treatment information and cancer staging on reported cancer incidence cases, improving reporting from specialty groups, and increasing electronic cancer reporting. The NCC Cancer Research and Surveillance Task Force serves as the Advisory Board for NCCR. The cancer community is encouraged to join this task force to help promote cancer registry reporting.		

²⁶ Calculated average from Year One (83%) and Year Two (84.5%)

Goal 5.2: Produce research and cancer control information useful for stakeholders and the public in Nevada from 1 to 7.	Year 2 Count	Year to Date Count
Objective: Increase the number of web pages or sites with interactive data charts or graphics allowing stakeholders to review and understand cancer data within the state from 1 to 2.	1	2 ²⁷
Objective: Increase the number of epidemiological and research reports specific to cancer control from 0 to 5.	3	3 ²⁸
Activity: Conduct stakeholder meetings to assess the use of cancer data within the state and identify data needs.	Ongoing	
Activity: Work with epidemiologists and researchers to research and publish reports.	Ongoing	
Activity: Produce cancer control-specific dashboard using resources available and identified additions.	Ongoing	
Successes: The Nevada Central Cancer Registry was essential in providing data to guide the work of the 2016-2020 Nevada Comprehensive Cancer Control Plan. The burden reports used during this period are intended to be updated periodically over the next five years of plan implementation. The Nevada Cancer Surveillance and Research Task Force was developed and is currently meeting quarterly. This Task Force will be identifying stakeholder cancer control information needs.		
Challenges: Reporting to the NCCR must continue to be increased in order to better increase the ability of the registry to provide timely reports to the public.		
Opportunities: The further development of the Nevada Cancer Registrars Association and collaboration between this association and other professional medical associations could enhance the registry's ability to provide meaningful research to the community.		

²⁷ Nevada Instant Atlas and Nevada Network of Care

²⁸ Callahan, K.E., Pinheiro, P.S., Cvijetic, N., Kelly, R.E., Ponce, C.P., Kobetz, E.N. (2016). Worse Breast Cancer Outcomes for Southern Nevadans, Filipina and Black Women. *Journal of Minority Health*. DOI 10.1007/s10903-016-0475-2.

North American Association of Central Cancer Registries. Cancer in North America Publication (2010-2014). Updated 6/12/2017.

Nevada Instant Atlas. University of Nevada, Reno School of Medicine. <https://med.unr.edu/statewide/instant-atlas>

Evaluation Results

This report serves to evaluate the second year of the 2016-2020 Nevada Comprehensive Cancer Control Plan. As the Cancer Plan is still early in its use, this evaluation was largely conducted using a process methodology and focuses primarily on the progress made on activities and objectives. Much information is not yet available and will be made available in subsequent reports. Subsequent reports will also focus more on outcome measures as the data becomes available.

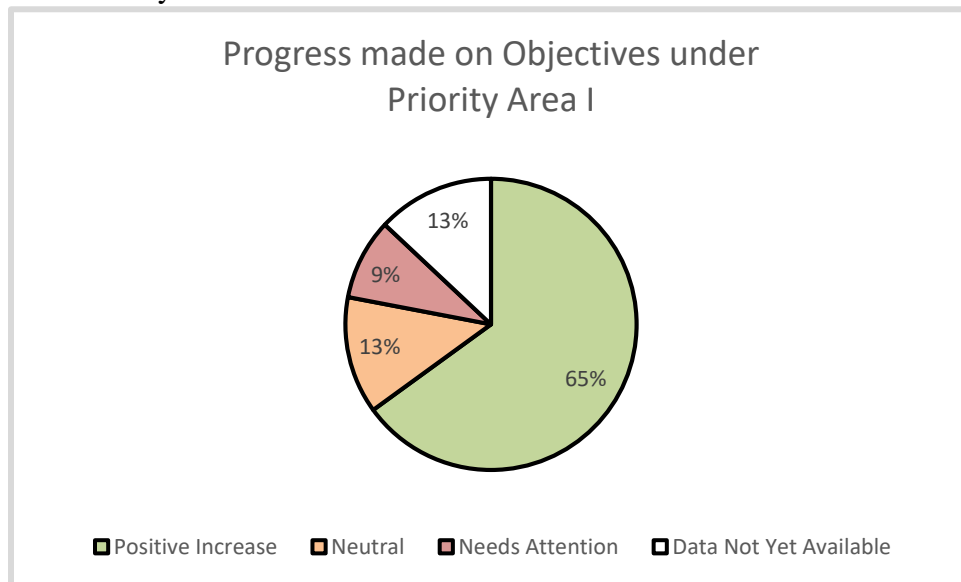
To summarize the evaluation results, only objectives were examined. Details on both activities and objectives can be found in the previous section of this report (Plan Progress). The results detailed below do not capture the timeline of the plan, as many objectives were designed for work and completion in subsequent years. 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.

Objectives were assigned to the following categories: positive increase, neutral, or needing attention. Those categorized as positive increase have made a forty percent (2/5 for 2 years out of 5) increase towards meeting the goal of the objective. Objectives categorized as neutral have made some limited progress or are actively occurring currently. Objectives categorized as needing attention have been discontinued, or have made no progress, either due to lack of attention, resources, or because they are designed to be implemented at a later date. These details can be captured in the Plan Progress Section of this document.

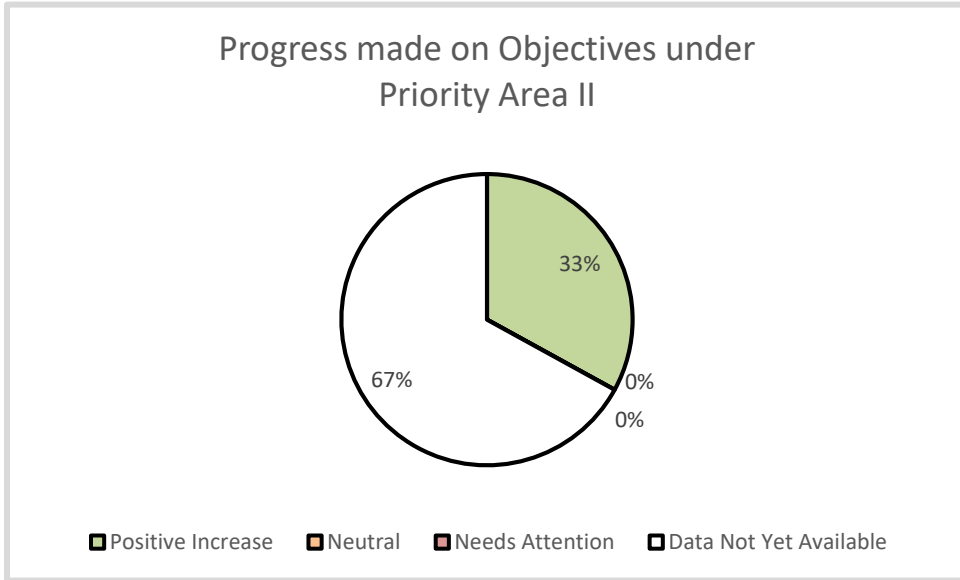
Results

Results are arranged under priority areas with objectives measured against four categories: “Positive Increase,” meaning the objective has increased by 20% (2/5 for 2 years out of 5) over the baseline toward the target goal; “Neutral,” meaning the objective has made some progress but has not reached 20% increase; “Needs Attention,” meaning the objective has not made progress; or “Data Not Yet Available.” Most objectives noted under “Data Not Yet Available” are measured using the Behavioral Risk Factor Surveillance Survey or similar instrument and have a lag time before data becomes available. Data under these will be updated in subsequent years. Recommendations based on results are included in the next section.

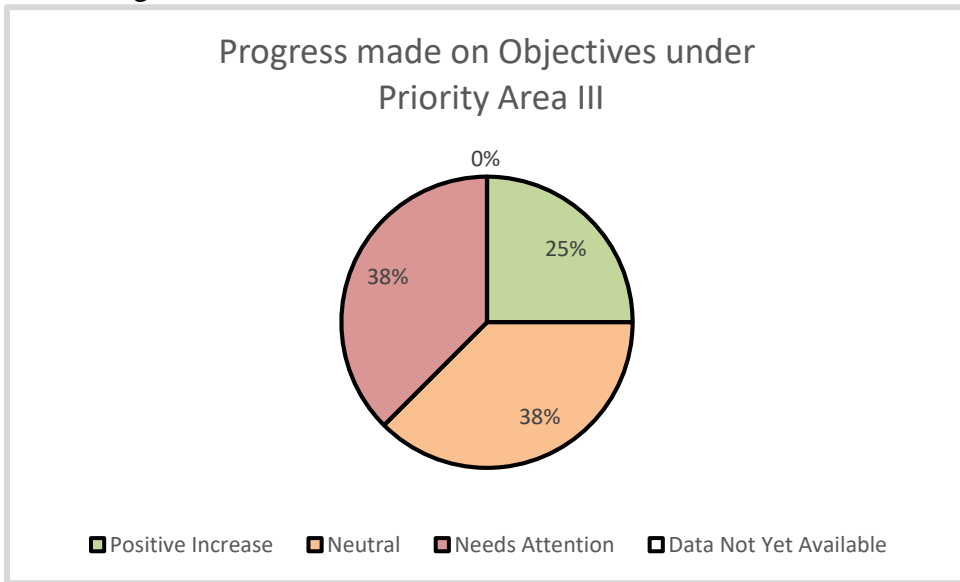
Priority Area I: Primary Prevention



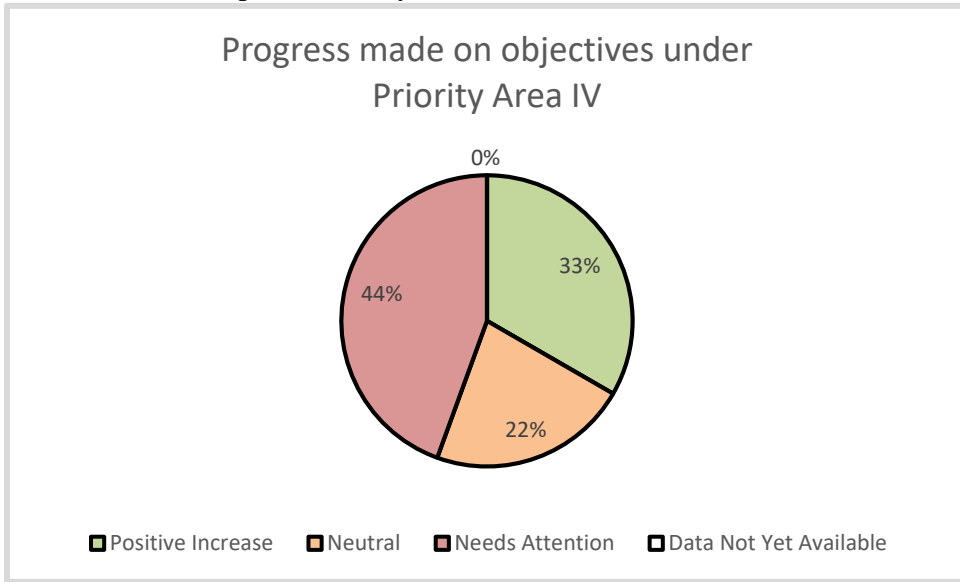
Priority Area II: Early Detection and Screening



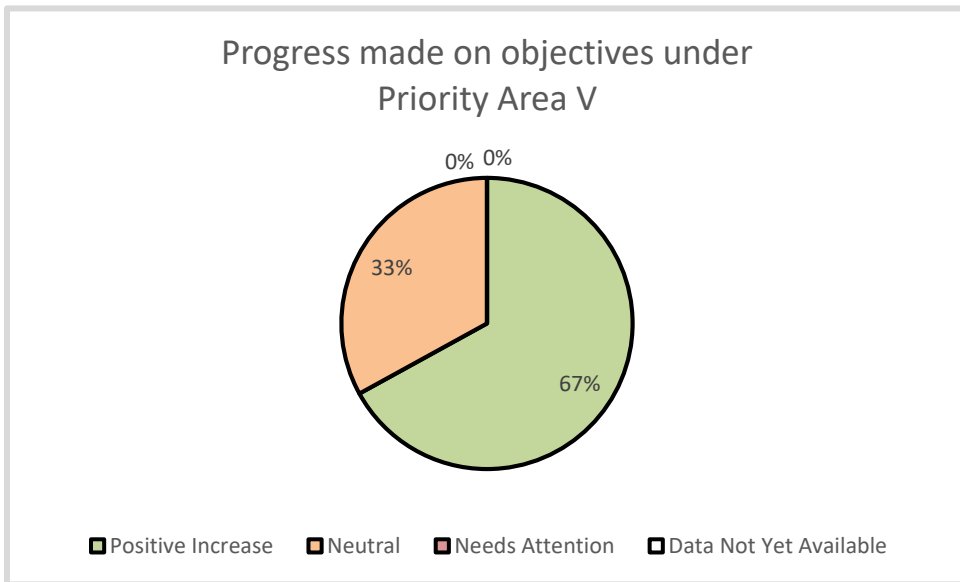
Priority Area III: Diagnosis, Treatment, and Palliation



Priority Area IV: Survivorship and Quality of Life



Priority Area V: Cancer Surveillance and Research



Recommendations

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

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

- Continued progress made on smoking prevention and cessation efforts, including increased call volume to the Nevada Tobacco Quitline and increased tobacco-free venues
- Continued increase in the number of homes tested for radon
- Additional funding established to provide breast cancer screening at low or no cost for uninsured and underinsured women
- Increased access to treatment for breast and cervical cancer treatment through the Medicaid Breast and Cervical Cancer Treatment Program
- Increased knowledge of challenges faced by Nevada survivors following a series of survivor focus groups and the development of the Survivor Focus Group Report
- The Nevada Central Cancer Registry increased case ascertainment by more than 40 percent, with Nevada data subsequently included in the Cancer in North America 2010-2014 Report

Excellent progress has been made in Priority Area I: Primary Prevention. Over half (65%) of all objectives in this area have made significant progress toward the goal, with activities well implemented and maintained. No action is recommended in this section.

Much of the data vital to Priority Area II: Early Detection and Screening is not yet available. Progress is evident in the activities successfully implemented (see Plan Progress); however, we are unable to capture more at this time. This area will be further developed in future reports as data becomes available.

Great progress was made in Priority Area III in the second year over the first. Of the eight associated objectives, two have been accomplished with three making some progress. However, a significant number of objectives still scored as “Needs Attention.” The cancer control

community may want to critically examine this area and allocate resources to ensure progress continues to be made over the next year.

Many of the objectives in Priority Area IV progressed from “Need Attention” in the first year to “Neutral” in the second year, indicating progress has been made. There is substantial opportunity to continue this progress using the findings from a series of focus groups reported in the Nevada Survivor Focus Group Report and leveraging the now established Survivorship and Palliative Care Task Force. New resources have also been established over the past year, which may provide additional opportunities to increase capacity and partnerships. However, it is recommended this area and associated objectives be closely monitored over the next year to ensure progress continues.

Great progress was also made in Priority Area V. In the first year of implementation, many objectives scored as “Neutral.” In the second year, 67% of all objectives had made significant progress and are on track to meet or exceed the five-year expectations. While resources and attention are needed to continue the momentum in this area, progress has been overwhelmingly positive.

Call to Action

Everyone has a role to play in decreasing the burden of cancer in Nevada. Here's how you can help:

- Attend to your 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: NevadaCancerCoalition.org.
- Join a Task Force: NevadaCancerCoalition.org.
 - Survivorship and Palliative Care
 - Early Detection
 - Skin Cancer/Sun Smart Nevada
 - Surveillance and Research
- Become a Sun Smart Nevada Volunteer: NevadaCancerCoalition.org.
- Volunteer with the Nevada Radon Education Program:
<http://www.unce.unr.edu/programs/sites/radon/>.
- Be attentive and active during the biennial legislative session. Educate policymakers on the burden of cancer in Nevada and the initiatives of the 2016-2020 Nevada Comprehensive Cancer Control Plan.
- Provide support to those living with cancer.

Contact Information

Questions and Comments regarding this report can be referred to the:

Comprehensive Cancer Control Program
Nevada Division of Public and Behavioral Health
(775) 684-4122

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

http://dpbh.nv.gov/Programs/CCCP/Comprehensive_Cancer_-_Home/

<http://nevadawellness.org/>