

2021

2021-2025 Nevada Cancer Plan: Year One Evaluation

Nevada Division of Public and Behavioral Health

This document serves to report on the progress of the 2021-2025 Nevada Cancer Plan in its first year of implementation.



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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 most recent [Nevada Cancer Plan](#) was released in Spring 2021 on NCC's website and shared at the 2021 NCC Cancer Control Summit in September 2021. 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.

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 past several months during this first year of active implementation, a few activities and objectives have proven unattainable and are noted as such, largely due to the ongoing nature of the COVID-19 pandemic. In each case, this has not impacted the drive toward the goal and all work done to this end 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 inform on plan progress following one 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.

Although the COVID-19 pandemic hindered strategies aimed at specific objectives, exciting work has still occurred over the past year since data was first collected, resulting in great progress on the cancer control objectives and initiatives included in the Cancer Plan. Successes over the past year include:

- Sun Safety education continues to exceed annual milestones; a total of 13 schools enrolled in the Sun Smart Schools program during the 2020-2021 school year.
- Tobacco control work in Nevada resulted in a 2021 legislative policy change mandating that tobacco products may only be sold to ages 21 and above, known at a national and statewide level as *Tobacco 21*.
- Outdoor physical activity significantly increased (e.g., walks, recreational parks) throughout the COVID-19 pandemic shutdown(s).
- Collaborations included Southern and Northern Nevada partners collectively engaging on several identified early detection measures to increase screening goals statewide.
- Reminder-recall systems and media campaigns continue to promote evidence-based screenings.
- New policies passed during the 81st Nevada Legislative Session that provide support for health equity and access to care initiatives.
- Thrive Nevada (Thrive NV) patient navigation survivorship program launched, guided by the comprehensive results of the 2017 Nevada Survivorship Focus Group Report.

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% <i>Data sources: Centers for Disease Control and Prevention, National Immunization Survey – Teen (NIS-Teen) 2019, *2020</i>		
TOBACCO USE AND EXPOSURE		
Youth (grades 9-12) who have reported current use of electronic vapor products Baseline: 25% Target: 18% Year 1 Progress: No New Data <i>Data source: 2019 Nevada High School Youth Risk Behavior Survey (YRBS) Report</i>	Number of adults who are former smokers Baseline: 24.5% Target: 25.8% *Year 1 Progress: 25.2% <i>Data source: CDC, Behavioral Risk Factor Surveillance System (BRFSS) 2019 crude prevalence, *2020</i>	
PHYSICAL ACTIVITY AND NUTRITION		
Obesity rate in children Baseline: 24.5% Target: 22.48% Year 1 Progress: No New Data <i>Data source: Nevada Child height and Weight Annual Report 2018, State of Nevada DPBH</i>	Obesity rate in adults Baseline: 29.5% Target: 29.5% *Year 1 Progress: 28.7% <i>Data source: BRFSS 2018, *2020</i>	
RADON EXPOSURE		
Valid radon home tests completed Baseline: 24,271 Target: 33,000 *Year 1 Progress: 33,257 <i>Data source: Nevada Radiation Control Program, 2019, *2020</i>	Existing homes mitigated for radon Baseline: 1,513 Target: 2,200 *Year 1 Progress: 1,910 <i>Data source: Nevada Radiation Control Program, 2019, *2020</i>	New homes built radon-resistant Baseline: 531 Target: 660 *Year 1 Progress: 554 <i>Data source: Nevada Radiation Control Program, 2019, *2020</i>
UV EXPOSURE		
Incidence of melanoma Baseline: 16.9 per 100,000 Target: 16.81 per 100,000 Year 1 Progress: No New Data* <i>Data source: CDC, U.S. Cancer Statistics, 2013-2017 * Nevada did not meet USCS publication criteria for the 2014-2018 report.</i>		

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	Ongoing
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.	Needs attention
Strategy: Increase social media outreach and education.	Needs attention
Strategy: Support ongoing policy and advocacy efforts to increase HPV vaccination rates.	Ongoing

Narrative	
Successes: The ACS (American Cancer Society) HPV Collaborative Team continued to meet until the latter part of calendar year 2020. Communications were upheld with ACS to address HPV in Nevada.	
Opportunities: As COVID-19 vaccinations increase, HPV activities will resume to increase rates. The Huntsman HPV Mountain West Collaborative received funding in 2020 to continue working on HPV priorities. The Collaborative includes Nevada and four other states (Utah, Wyoming, Idaho, and Montana).	
Challenges: Unfortunately, updates for HPV were not an option as HPV work was put on hold with leading partners, State Immunization Program, and Immunize Nevada due to the COVID-19 vaccine rollout taking precedence. During the 2020 pandemic, efforts were directed towards COVID-19 prevention followed by COVID-19 vaccinations once released. The ACS HPV Collaborative Team was concluded due to ACS staff changes in early 2021. Implementing HPV initiatives will need to expand to meet the goal outlined in the Cancer Plan. ¹	

¹ 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.	Improved
Strategy: Expand and promote awareness of the Nevada Tobacco Quitline and apps/resources for cessation that are designed for youth and young adults.	Increased

Narrative	
<p>Successes: Passage of the Federal Tobacco 21 Law in Nevada, Assembly Bill (AB) 59 of the 81st Nevada Legislative Session, making the sale of tobacco products to persons under the age of 21 prohibited, is the greatest success achieved toward the goal of reducing youth tobacco initiation and use among youth. The Tobacco 21 Law also significantly reduces accessibility for youth/young adults to acquire tobacco products. Another critical success was the re-establishment of funding through Senate Bill 460, Section 9, where the State General Fund provided a \$5 million biennial budget for the Tobacco Control Program's focus on youth vaping prevention. Additional success was achieved through the implementation of additional smoke-free policies among multi-unit housing properties and on the University of Nevada, Las Vegas (UNLV) campus.²</p>	
<p>Opportunities: Efforts to market the passage of Tobacco 21 (AB59) to licensed tobacco retailers are needed to educate and achieve compliance statewide from 3,100+ retail sites. Updates to the Nevada Responsible Tobacco Retailer website training program to align to the U.S. Food and Drug Administration's guidelines to providing an effective retailer training program are underway.³</p>	
<p>Challenges: Due to the re-establishment of funding occurring at the very end of the Legislative session, after acknowledgment that these funds were not being considered for re-issuance, the program planning and design processes were never executed. Therefore, a delay of attainment and disbursement of funding occurred causing a delay for funding recipients to begin working on program objectives. The COVID-19 pandemic was another significant challenge faced by state tobacco control partners which caused problems in the ability to communicate and interact with partner agencies and potential new partner agencies and the ability to promote cessation programs and other intervention projects across the state. Progress in reaching initiatives was interrupted by Covid-19.⁴</p>	

²Office of the Executive Vice President & Provost, University of Nevada, Las Vegas. Smoke-free and Tobacco-free Campus Policy. September 2021.

³Division of Public and Behavioral Health. Tobacco Control Program. Youth Tobacco Prevention Coordinator. Updates to www.responsibletoabacconv.com October 2021.

⁴The territorial impact of COVID-19: Managing the crisis across levels of government. Organization for Economic Co-operation and Development. November 2020. Retrieved from: <https://www.oecd.org/coronavirus/policy-responses/the-territorial-impact-of-covid-19-managing-the-crisis-across-levels-of-government-d3e314e1/>

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.	Increased
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
Successes: Incoming calls to the Nevada Tobacco Quitline increased by an average 79% during the 2020 Tips® campaign. ⁵ The Nevada Tobacco Quitline received a total of 1,883 calls from March 23rd – October 8th, 2020. ⁵ FY22 is trending with a higher number of incoming calls monthly to the Nevada Quitline than the results for FY21. July – September 2021 average incoming calls are 219/month while FY21 resulted in only 161/month. ⁶
Opportunities: New guidelines and best practices for implementing cessation referral programs from the American Lung Association were recently launched and need to be disseminated to providers and clinics throughout the state, especially to mental health and substance use treatment facilities. The opportunity to include the dissemination of resources into current partner programs exists to engage these providers on tobacco cessation. ¹ Nevada Cancer Coalition launched a statewide Lung Cancer Collaborative in November 2020 to continue tobacco education and cessation efforts among cancer control partners. ⁷
Challenges: Some challenges were realized through a community health assessment released in 2021 conducted in Southern Nevada. One challenge was that minority population groups continue to feel underserved when it comes to tools and resources that should be available to them regarding smoking cessation. Another challenge was the study concluded there was a definite lack of education around e-cigarettes in these communities that was potentially a contributing factor to the high levels of e-cigarette tobacco use among these populations. Efforts are being made to take into consideration the feedback and suggestions introduced to improve quit messaging to be equitable and accessible by all smokers. ⁸

⁵Extinguishing the Tobacco Epidemic in Nevada. Centers for Disease Control and Prevention. Retrieved from: <https://www.cdc.gov/tobacco/stateandcommunity/state-fact-sheets/nevada/>

⁶ Nevada Quitline Monthly Call Standards Report. National Jewish Health. October 2021.

⁷ Public Health Roadmaps. American Lung Association. 2021. Retrieved from: <https://www.lung.org/policy-advocacy/tobacco/cessation/technical-assistance/roadmaps>

⁸ NHPI and LGBTQIA+ Tobacco Report 8.3.21 Final. Southern Nevada Health District. 2021

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.	Increased
Strategy: Promote workplace adoption of the federal Nursing Mothers Law to promote the benefits of breastfeeding in decreasing obesity.	Needs attention
Strategy: Promote and support community garden initiatives.	Ongoing
Strategy: Support the tenets of the statewide wellness policy.	Needs attention

Narrative
Successes: Senate Bill 2 (SB2) in the 81st Nevada Legislative Session revised Nevada Revised Statute (NRS) 392.420, requiring the collection of height and weight of a represented sample of students in certain school districts. NRS was revised to streamline data collection processes to decrease the burden on school nurses.
Opportunities: The Nevada Division of Public and Behavioral Health will work closely with the school districts and local health authorities to enhance the height and weight data collection process to ensure data is accurate and consistent. This data set is critical to understanding the burden of childhood obesity and chronic disease prevention for Nevada youth. This data set can be used to support partner advocacy efforts related to childhood obesity prevention efforts throughout Nevada.
Challenges: It is anticipated the COVID-19 pandemic will negatively impact child obesity rates due, in part, to increased sedentary behavior and food insecurity/limited access to healthy foods. Social distancing mandates resulted in hybrid school models and children not being in school regularly, impacting access to healthy school meals, structured activities, and socialization with their peers. Schools are overburdened with ever-changing policies and mandates due to the COVID-19 pandemic. Implementation of the statewide wellness policy and mandatory physical education are not currently priorities for schools. ⁹

⁹ DPBH Wellness and Prevention Program

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.	Increased

Narrative	
Successes: Washoe County Health District promoted use of the Washoe County Parks Directory to encourage physical activity among adults.	
Opportunities: Social distancing mandates presented the opportunity to promote social distancing via outdoor activities and use of local parks and trails.	
Challenges: Worksite wellness initiatives were put on hold, as select worksites shifted to telecommuting/hybrid work models. Washoe County Health District is unable to offer the Washoe County Parks Directory in Spanish currently, due to limited funds and capacity. ¹⁰	

¹⁰DPBH Wellness and Prevention Program

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.	Ongoing
Strategy: Promote policies and activities to educate and inform consumers about radon exposure, testing and mitigation during real estate transactions.	Ongoing
Strategy: Educate and encourage health care providers to add a radon testing question to their annual patient questionnaire.	Ongoing
Strategy: Promote policies for radon-resistant homes, including radon resistant new home construction and licensure of radon professionals.	Ongoing

Narrative
Successes: The Nevada Radon Education Program (NREP) focused on educating realtors about the dangers of radon in homes. Now, when a home is sold in Nevada, the Offer and Acceptance Agreement form includes Radon inspections on the physical inspection list. Buyers are made aware of the dangers of radon and given resources on how to mitigate radon in their homes.
Opportunities: NREP continually strives to reach all Nevadans. Our Education Coordinator was invited to travel to Elko to teach realtors about the dangers of radon. The continuing education class was sponsored by a local mortgage company. This platform was so well received that NREP is duplicating the efforts throughout the state to reach more realtors through mortgage company sponsored classes.
Challenges: NREP, along with other cancer prevention and health care delivery programs, was impacted by the COVID-19 pandemic during the last fiscal year. The curtailed in-person outreach presentations reduced the number of teaching opportunities. NREP continues to educate realtors through Zoom, phone calls, and emails. However, Nevada’s robust statewide real estate market created a frenzy with prospective buyers opting out of doing any inspections to quickly purchase a home. This lack of inspections directly impacted the number of Radon tests completed for real estate transactions. NREP personnel created a system for the public to still be able to get radon kits throughout the COVID-19 pandemic. With online ordering, and CDC procedures in place, the public was able to make appointments and receive their radon tests with minimal contact. ¹¹

¹⁰ Nevada Radon Education Program

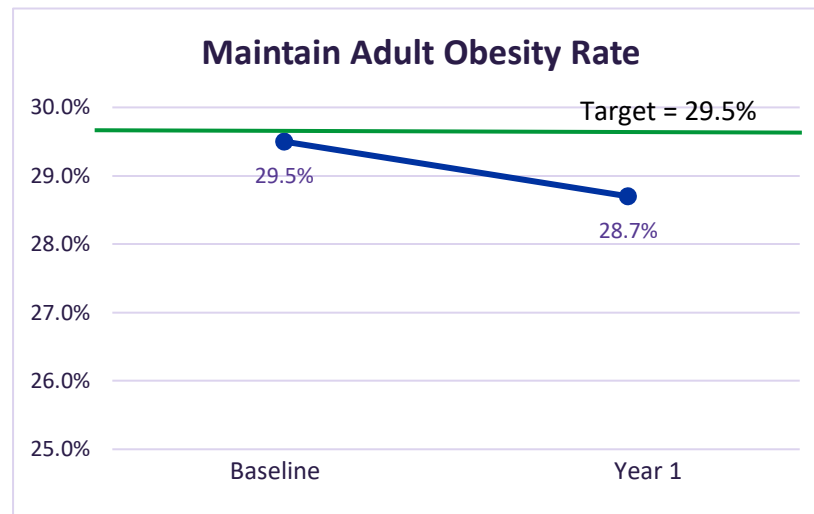
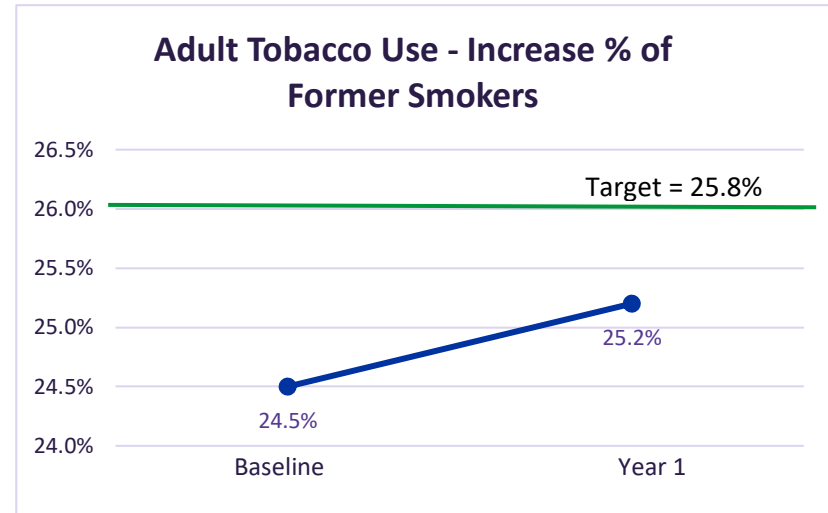
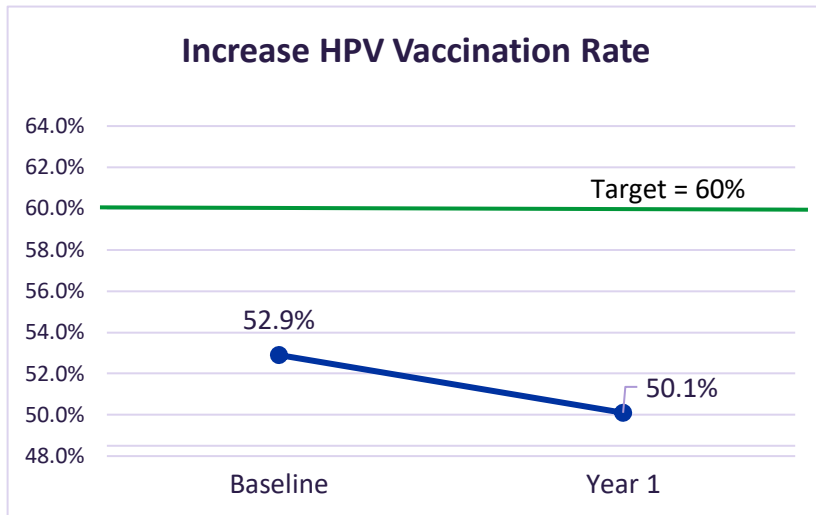
Objective: Reduce the incidence of skin cancer.	
Strategy: Promote sun safety and skin cancer prevention and early detection education through support of the Sun Smart Schools and Sun Smart Nevada programs.	Increased
Strategy: Work with community event coordinators to incorporate sun smart policies into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

Narrative
<p>Successes: 1) Despite the COVID-19 pandemic requiring many schools to teach students via remote or hybrid learning classrooms, progress was still achieved with adding new schools and school districts to the NCC Sun Smart Schools Program. As of July 31, 2021, 95 schools representing 42,427 elementary, middle, and high school students, teachers, and administrators are receiving sun safety education materials and resources. Many, but not all, of these schools are actively participating. Eureka and White Pine School Districts signed on to the program in May 2021. Technical assistance and some resources were provided to these new districts and/or individual schools and more resources will be provided in FY21/22. NCC gave 28 in-person or remote classroom presentations in four schools in FY20/21. Thirteen (13) schools received technical assistance in the form of teacher and student resources and meetings with District Superintendents. NCC confirmed 16 of Nevada’s 17 public school districts and two (2) of its Public Charter School districts have adopted formal sun safety policies.¹¹ The remaining district is in process of developing a policy. 2) Sunscreen dispensers and sun safety/melanoma education information were provided to the Boys & Girls Club of Truckee Meadows for its annual fundraising golf tournament in September 2021. 3) NCC’s Southern Nevada partner, Comprehensive Cancer Centers of Nevada in Las Vegas, provides dozens of sunscreen dispensers to in public parks and pools throughout Clark County. 4) NCC’s Executive Director presented about Sun Safety Policy at the September 2021 Nevada Society for Dermatology and Dermatologic Surgery. Throughout May 2021, Skin Cancer Awareness & Prevention Month, multiple educational videos, blog posts, social media posts, and newsletter updates included information about the risks of using tanning devices.</p>
<p>Opportunities: 1) There are hundreds more public and private schools and several districts yet to be engaged. Emphasis will be given to engaging Title I schools statewide in FY21-22. 2) As COVID-19 pandemic restrictions are eased, NCC will have more opportunities to participate in community outreach events. 3) As opportunities present, NCC will work with partners and with municipal parks and recreation directors to incorporate sun safety into the built environment. 4) Working with the Nevada Society for Dermatology and Dermatologic Surgery, NCC hopes to move forward statewide policy to better regulate commercial tanning establishment equipment and policies.</p>
<p>Challenges: 1) COVID-19 restrictions and challenges limited opportunities for in-person student and staff education in schools and teacher capacity for incorporating new material was limited. 2) Opportunities to engage with dermatologists and community partners was limited due to COVID-19 restrictions. 3) While NCC includes regular messaging about indoor tanning risks, there is no funding for a targeted education campaign.¹¹</p>

¹¹ NCC Cancer Prevention Manger/Sun Smart School Program Reports

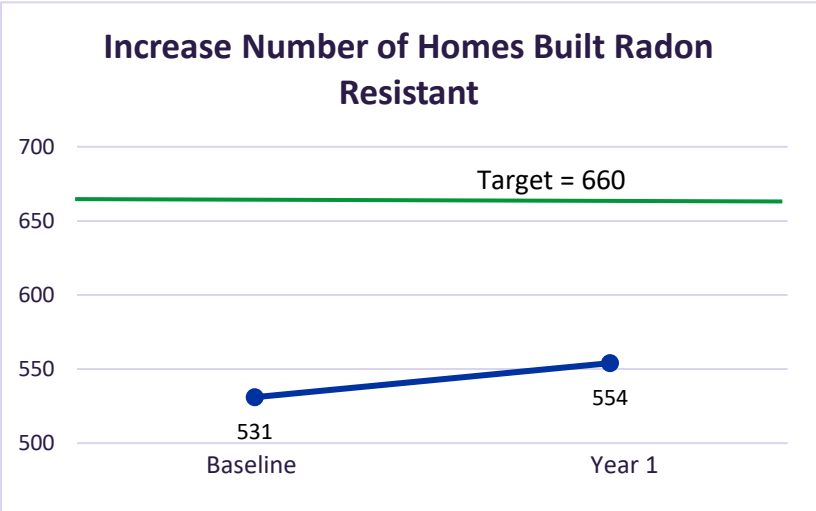
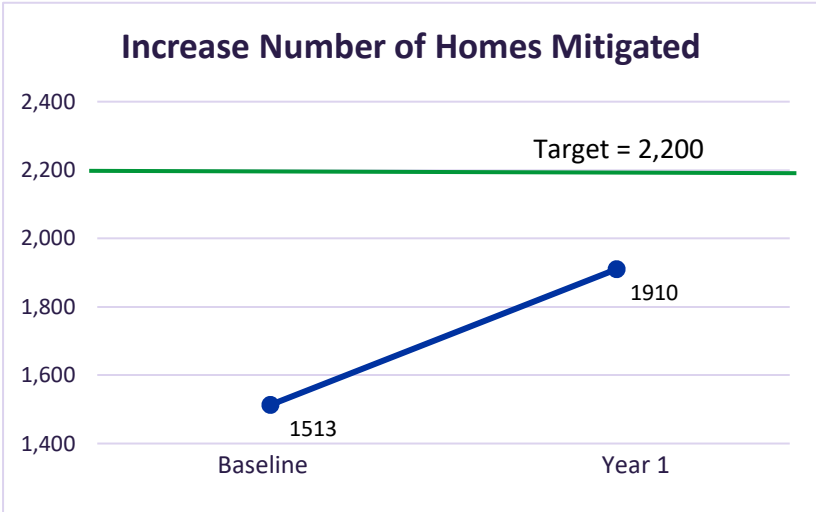
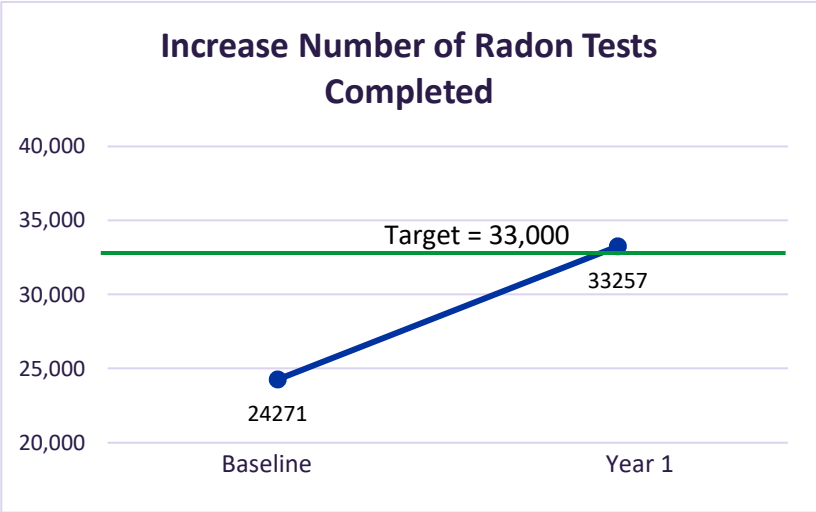
PREVENTION PROGRESS – INDICATOR CHARTS

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



PREVENTION PROGRESS – INDICATOR CHARTS

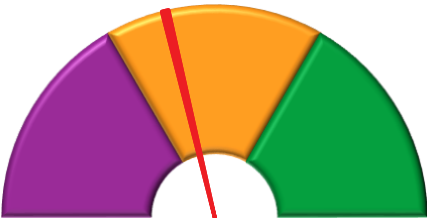
Data not available for Youth Tobacco and Vaping, Youth Obesity, and UV Exposure indicators.



PREVENTION PROGRESS – OBJECTIVE STRATEGY RATINGS



HPV Vaccination Strategies



Youth/Adult Tobacco & Vaping Strategies



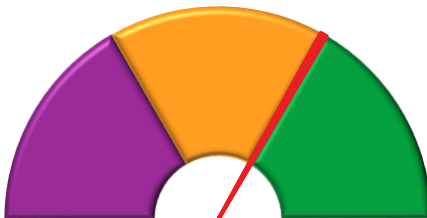
Physical Activity & Nutrition Strategies



Radon Exposure Strategies



UV Exposure Strategies



PRIORITY II: EARLY DETECTION

Goal: Increase early detection of cancers to reduce late-stage diagnosis.

EARLY DETECTION INDICATORS	
<p>Women screened for breast cancer Baseline: 66.4% Target: 69% *Year 1 Progress: 69.6% <i>Data source: CDC, BRFSS, 2018 crude prevalence for women 40+ screened in the past two years, *2020</i></p>	<p>Women screened for cervical cancer Baseline: 78.9% Target: 82.9% *Year 1 Progress: 76% <i>Data source: CDC, BRFSS, 2018 crude prevalence for women aged 21-65 who have had a Pap test in the past three years, *2020</i></p>
<p>Men and women screened for colorectal cancer Baseline: 60.6% Target: 73.7% *Year 1 Progress: 71.9% <i>Data source: CDC, BRFSS, 2018 crude prevalence USPSTF recommendation, *2020</i></p>	<p>Identified smokers screened for lung cancer Baseline: TBD Target: TBD Year 1 Progress: No data <i>Data source: CDC, BRFSS</i></p>

Objective: Increase the percent of adults screened for breast, cervical, and colorectal cancers.	
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.	Ongoing
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	In progress
Strategy: Continue and expand state funding for breast and cervical cancer early detection and seek funding for colorectal cancer early detection.	Ongoing

Breast
Successes: The Northern Nevada Breast Cancer Collaborative (NNBCC) has continued to meet on a regular basis to work on barriers to screening in the region and promote unified screening guidelines for breast cancer. The Southern Nevada Breast Cancer Collaborative (SNBCC) reconvened in February 2021 and will join forces with the NNBCC in November 2021 to work on similarly identified barriers to screenings.
Opportunities: Through the new Health Equity subgrant, both the NNBCC and SNBCC have an opportunity to conduct a statewide survey and focus group related to screening and mortality rates from breast cancer by race/ethnicity.
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. ¹²

Cervical
Successes: The Early Detection Task Force (EDTF) continues to meet on a regular basis to work on culturally appropriate tailored messaging for cervical cancer screenings to increase screening rates.
Opportunities: With the addition of the SNBCC and Nevada Colorectal Cancer Collaboratives (CRC Collaborative), the EDTF has more opportunity to focus on improving cervical cancer screening rates.
Challenges: Screenings were limited during the COVID-19 pandemic closures to clinical settings. ¹³

Colorectal

Successes: The CRC Collaborative convened in September 2020 to review state data and identify barriers to screenings across the state. The CRC Collaborative then created strategies to overcome these barriers and are actively working in these areas.

Opportunities: Through the new Health Equity subgrant, the CRC Collaborative will have an opportunity to conduct targeted outreach to Hispanic communities across the state - a population identified as a priority by the CRC Collaborative. The subgrant will also allow for the hiring of a bilingual community patient navigator to assist this population with navigation to screening and survivorship.

Challenges: Loss of the Colorectal Cancer Control Program (CRCCP) and associated federal funding has created a gap in coverage for Nevadans who are underinsured/uninsured and relied on this program for access to CRC screenings.¹⁴

¹² NCC Early Detection Manager/NNBCC Reports

¹³ NCC Early Detection Manager/EDTF Reports

¹⁴ DPBH Nevada Comprehensive Cancer Control Program

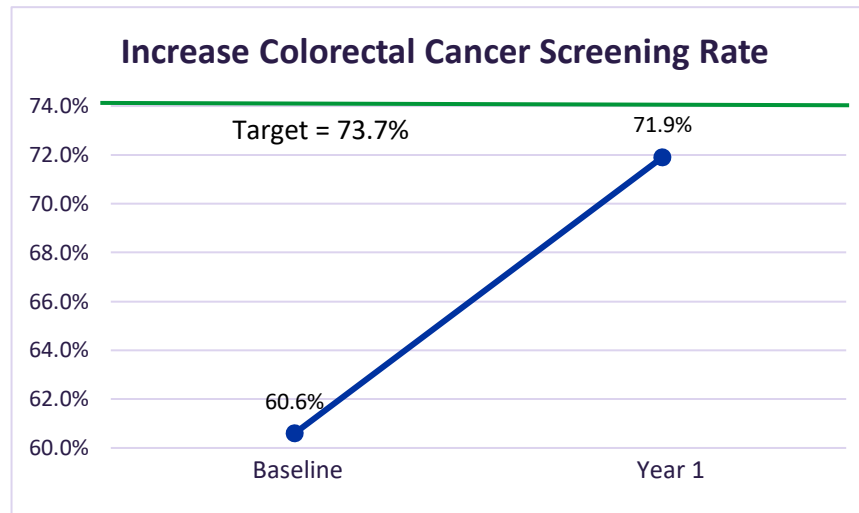
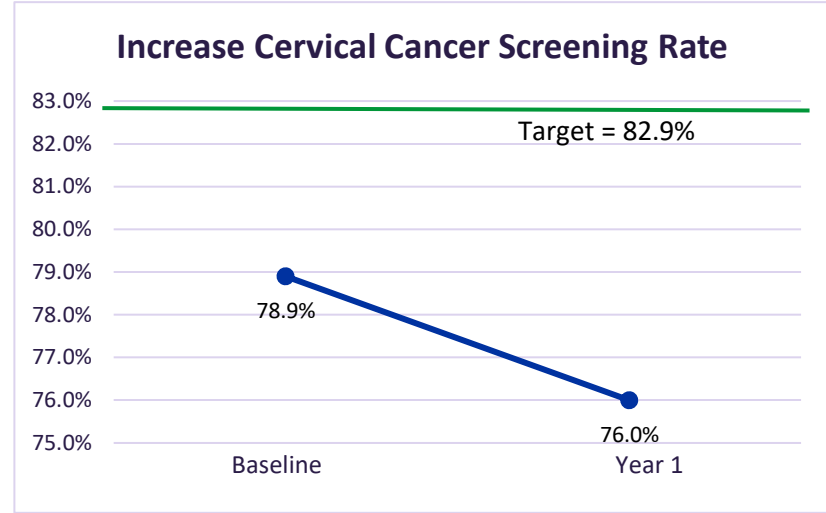
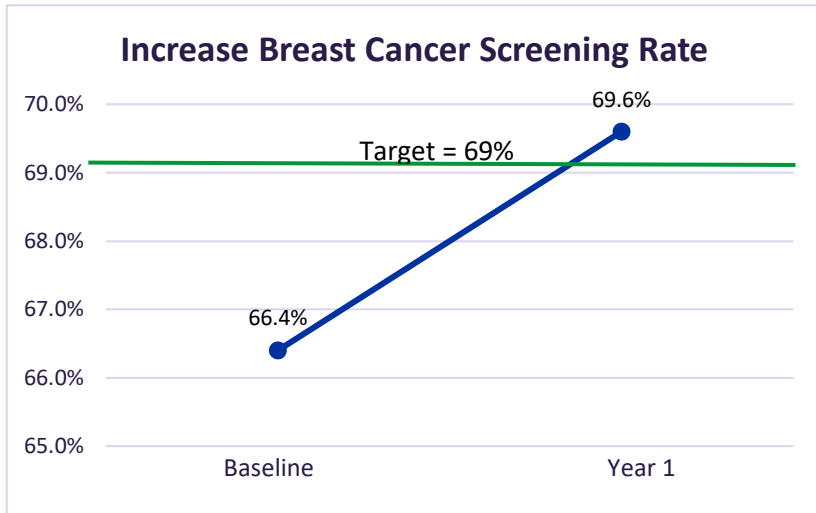
Objective: Increase the TBD baseline percent of identified smokers who report having been screened for lung cancer.	
Strategy: Identify at-risk populations throughout Nevada and provide tailored information on lung cancer risk and low-dose computed tomography (LDCT) screening.	Not yet started
Strategy: Educate primary care providers on the benefits of LCDT screening and encourage best practices for screening program implementation.	Not yet started
Strategy: Support policy to ensure payers cover lung cancer screening for the recommended population.	Ongoing

Narrative
Successes: NCC began developing an official group that will include lung cancer stakeholder representatives as members. The work within this collaboration will research lung data to address appropriate demographic needs throughout the state and implement related health equity initiatives to help advance efforts in lung cancer screening and mortality.
Opportunities: Nevada has been funded for a Health Equity Grant addressing populations of high risk impacted by COVID-19. One of the grant requirements outlined in the scope of work addresses lung disease providing an opportunity for the state to facilitate efforts to address this objective. A BRFSS question was implemented in a module that will collect data on former smokers that received a CT scan for lung screening.
Challenges: Data collection for this objective is critical but not easily accessed for Nevada. Also, due to the lack of funding allocated to address lung cancer, efforts are braided into breast/cervical/colorectal cancer prevention and control activities resulting in limited reach for community awareness. ¹⁵

¹⁵ DPBH Nevada Comprehensive Cancer Control Program

EARLY DETECTION PROGRESS – INDICATOR CHARTS

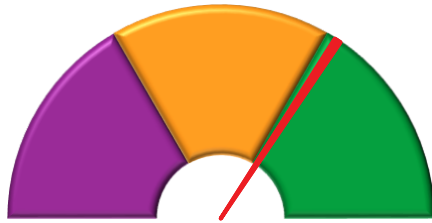
Data not available for Lung Cancer Screening indicator.



EARLY DETECTION PROGRESS – OBJECTIVE STRATEGY RATINGS



Breast, Cervical, and Colorectal Screening Strategies



Lung Cancer Screening Strategies



PRIORITY III: EQUITABLE ACCESS

Goal: Ensure equitable access to health care for Nevadans.

EQUITABLE ACCESS INDICATORS	
<p>Uninsured Nevadans Baseline: 11.4% Target: 10.8% Year 1 Progress: No new data <i>Data source: United States Census Bureau</i></p>	<p>Number of Physicians per 100,000 Baseline: 213.5 Target: 225 *Year 1 Progress: 221.9 <i>Data source: Health Workforce in Nevada Chartbook, 2020, *2021</i></p>
<p>Number of Advance Practice Registered Nurses (APRNs) Baseline: 1,279 Target: 1,345 *Year 1 Progress: 2,156 <i>Data source: Health Workforce in Nevada Chartbook, 2020, *2021</i></p>	<p>Number of Oncology Certified Nurses Baseline: 209 Target: 219 *Year 1 Progress: 199 <i>Data Source: Oncology Nursing Certification Corporation, *2021</i></p>
<p>Number of navigators Baseline: 44 Target: 100 Year 1 Progress: 63 <i>Data source: Nevada Oncology Navigator Network membership 2020, *2021</i></p>	

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.	Ongoing

Narrative	
<p>Successes: Increased Navigation Network membership allows for resource sharing to help identify options for access to insurance and address obstacles, such as help with co-pays. Federal COVID-19 recovery funds have helped people to secure health insurance during the pandemic. The Silver State Health Exchange offered two special enrollment periods during the pandemic, most recently from February 15 – August 15, 2021, with expansion of subsidy eligibility, reduced premiums, and some \$0 premium plans. Policy successes during the 81st Nevada Legislative Session helped reduce barriers to accessing health care and improved equitable access, including:</p> <ul style="list-style-type: none"> • Senate Bill (SB) 5 expanded the use of telehealth services and coverage by insurance and requires policies to provide more equitable access to such services. • SB 420 provides for the establishment of a public health benefit plan in Nevada, called the “public option,” which would provide lower cost insurance options in the state. • SB 424 created a Public Health Resource Office to advocate on behalf of minority groups and consider strategies to address disparate health outcomes in certain communities. 	
<p>Opportunities: NCC can leverage current partnerships with Medicaid Managed Care Organizations (MCOs) and other insurance providers to understand how to streamline connecting people to the coverage they need. Additionally, the COVID-19 pandemic demonstrated the need for adequate health care coverage to ensure access to affordable care. Changes in the workforce have also made job seekers savvier and given them leverage to request better benefits packages, with health and pharmacy benefits topping the list of requests. NCC and partners can use this shift to encourage employers to extend health care benefits with adequate coverage for cancer services to all employees. This could serve not just to increase the number of those insured but expand coverage to lower-wage workers who have typically not been covered by employer-sponsored health insurance.</p>	
<p>Challenges: Nevada saw a sharp increase in the number of people who are uninsured due to pandemic-related job losses and the reduction of people covered by employer-sponsored health insurance.¹⁶</p>	

¹⁶ 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

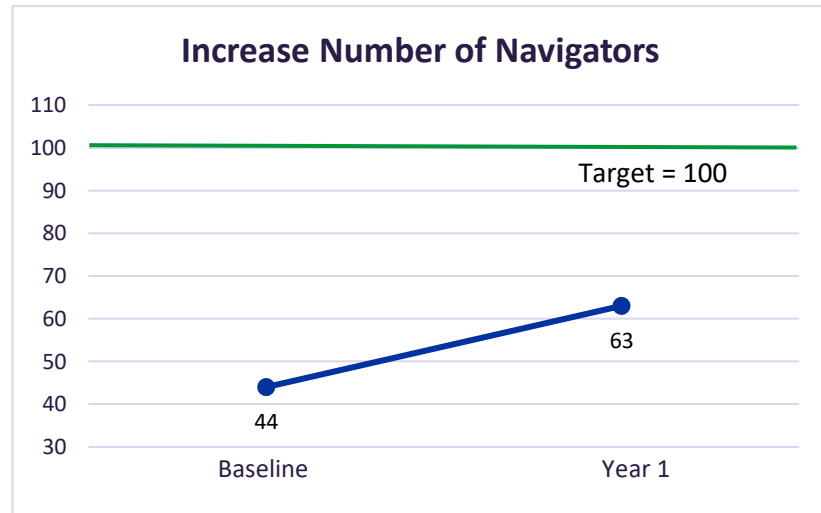
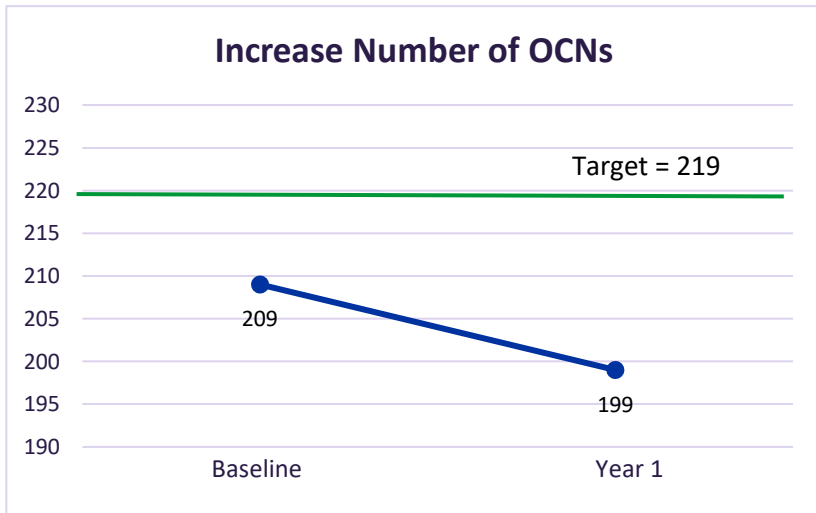
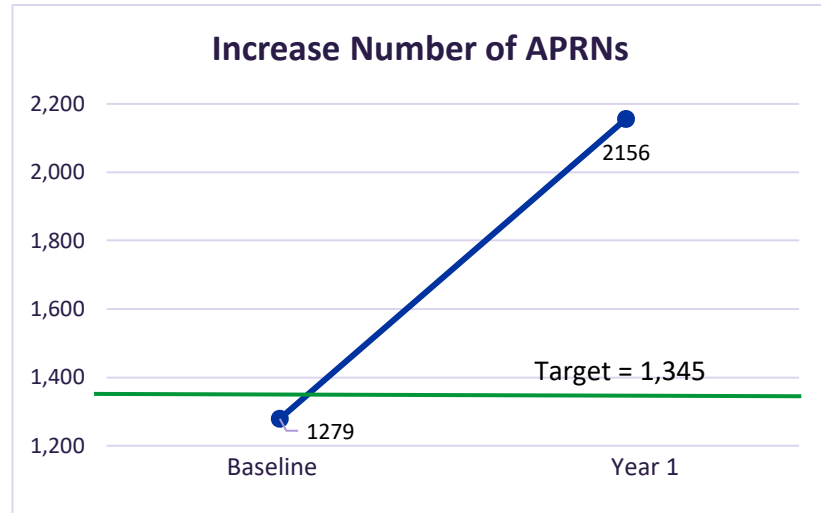
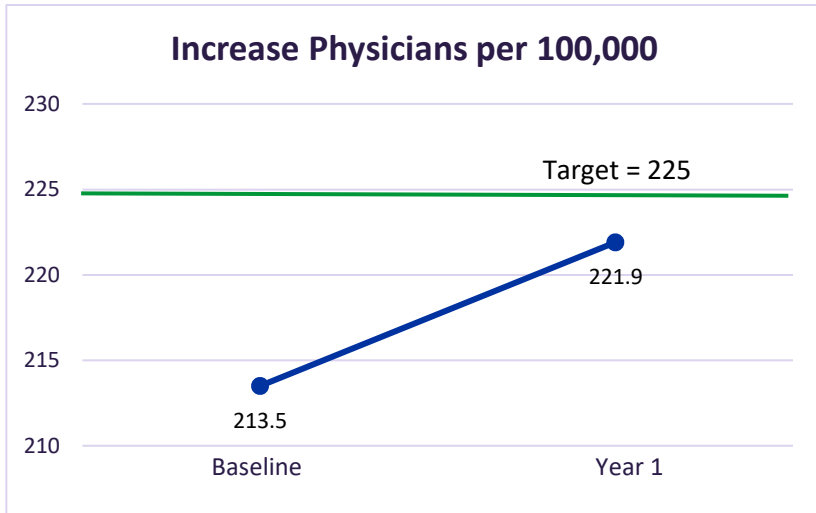
Narrative
<p>Successes: The Survivorship Task Force (STF) continues to have representatives from statewide palliative care programs lend expertise in ongoing work. Opportunities for palliative care education are identified and shared with the STF and via NCC newsletters to promote activities. Examples of educational opportunities shared include the Project ECHO Palliative Care series, NCCN Palliative Care for Patients with Cancer webinar, and the NCC Palliative Care Insights series. Additionally, there were several policy successes during the 81st Nevada Legislative Session:</p> <ul style="list-style-type: none"> • Assembly Bill 191 which requires the State Plan for Medicaid to include coverage for the services of a CHW who provides services under the supervision of a physician, physician assistant or advanced practice registered nurse. • SB 233 which provides funds to the Nevada Health Service Corps to obtain matching federal money for the purpose of encouraging certain medical and dental practitioners to practice in underserved areas. • SB 379 which gives DHHS the ability to collect provider data from state licensing boards and to create a Health Care Workforce Working Group tasked with making recommendations to professional licensing boards, the Legislature and certain state agencies concerning ways in which to attract more providers of health care and improve health outcomes and public health.
<p>Opportunities: Opportunities exist to leverage partner connections to establish/increase partnerships with nursing schools; leverage partnerships with medical oncology offices to learn the plans for recruitment and how best to support those efforts; build partnerships with Nevada’s Governor’s Office of Workforce Innovation (OWINN) and Governor’s Office of Economic Development (GOED) to strengthen workforce development and economic programs to continue to grow the health care workforce. Use existing connections with palliative care programs to identify other ways to partner including how to support increased access to palliative care in outpatient setting, and opportunities to present to medical, nursing, and other health sciences schools. Use existing partnership to gauge referrals for symptom management and how NCC can help promote earlier access to palliative care.¹⁷</p>

Challenges: The COVID-19 pandemic placed incredible stress upon the health care workforce and led some health care workers to leave the field. Also, COVID-related challenges removed many opportunities for connecting with nursing and health sciences for presentations, materials, and education.¹⁶

¹⁶ NCC Executive Director

EQUITABLE ACCESS PROGRESS – INDICATOR CHARTS

Data not available for Uninsured Nevadans indicator.



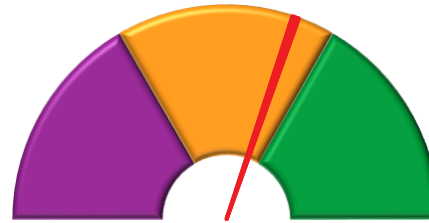
EQUITABLE ACCESS PROGRESS – OBJECTIVE STRATEGY RATINGS



Health Insurance Strategies



Health Workforce Strategies



PRIORITY IV: QUALITY OF LIFE

Goal: Improve quality of life for those diagnosed with cancer

QUALITY OF LIFE INDICATORS

Hospitals with palliative care programs Baseline: 16 Target: 18 Year 1 Progress: No change from baseline <i>Data source: Center to Advance Palliative Care report card</i>	Annual educational opportunities for health care professionals Baseline: 2 Target: 3 *Year 1 Progress: 2 <i>Data source: Nevada Cancer Coalition, includes 1) Nevada Cancer Control Summit 2019, *2021 and 2) Project ECHO series</i>	Number of navigators Baseline: 44 Target: 100 Year 1 Progress: 63 <i>Data source: Nevada Oncology Navigator Network membership 2020, *2021</i>
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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.	Ongoing
Strategy: Explore readiness and opportunity for programs to offer out-patient 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 CME/CE activities to include palliative care topics.	Ongoing
Strategy: Increase the number of patients referred to and participating in symptom management.	Ongoing

Narrative
<p>Successes: The Survivorship Task Force (STF) has welcomed several new members across the state representing the spectrum of survivorship with interest/engagement in increasing support resources for survivors. The STF added three co-chairs representing survivorship, public health, and mental health. The STF includes members from two (2) new northern Nevada non-clinical support services whose programs are being shared with the community. Based on results of the NCC survivor focus group and to reduce gaps in access to support, resources, and patient navigation in Nevada, the ThriveNV program was launched. This program includes two patient navigators (PNs), a new statewide peer-to-peer cancer support program, and a website designed to increase access to support resources for those affected by cancer and their caregivers.¹⁸ The Oncology Navigation Network was created to increase networking and sharing of clinical and non-clinical resources. Visits to rural communities and participation in outreach events have increased access to survivors (and their caregivers) in need of support services and increased awareness of both existing services and areas of continued need.¹⁹</p>
<p>Opportunities: Continue recruiting members to the Navigation Network to expand knowledge of statewide resources. Use existing connections with Palliative Care programs, Navigation Network members, and statewide partners to share opportunities for support resources and identify CME/CE activities to share among partners (via newsletters, websites, etc.).²⁰</p>
<p>Challenges: Challenges with COVID-19 removed opportunities to connect in person and hindered making/improving connections with medical, nursing, and health sciences schools.</p>

¹⁸ NCC Cancer Survivorship Program Manager

¹⁹ NCC Cancer Survivorship Program Manager/ThriveNV Navigation Program

²⁰ NCC Cancer 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	Increased
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.	Ongoing
Strategy: Increase the number of patients referred to and participating in symptom management	Data not yet available

Narrative
Successes: The Survivorship Task Force (STF) continues to include representatives from statewide Palliative Care programs who lend expertise regarding ongoing work. Opportunities for Palliative Care education are identified and shared with the STF and via NCC newsletters to promote activities. Examples of educational opportunities shared include the Project ECHO Palliative Care series, the NCCN Palliative Care for Patients with Cancer webinar, and the NCC Palliative Care Insights series.
Opportunities: Use existing connections with Palliative Care programs to identify other ways to partner including how to support increased access to palliative care in outpatient settings, and opportunities to present to medical, nursing, and other health sciences schools. Use existing partnerships to gauge referrals for symptom management and how NCC can help promote earlier access to palliative care. NCC to continue support of palliative care policy and increased access to supportive services.
Challenges: COVID-related challenges removed opportunities for connecting with nursing and health sciences for presentations. ²¹

²¹ NCC Cancer Survivorship Program Manager

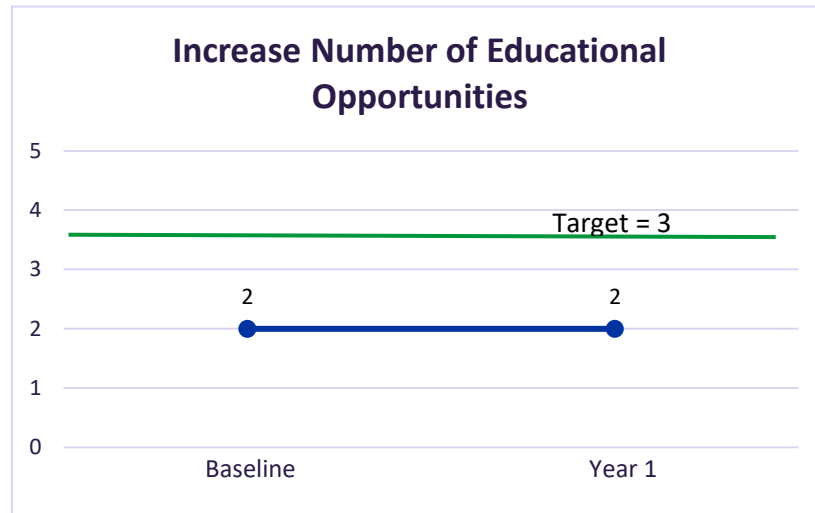
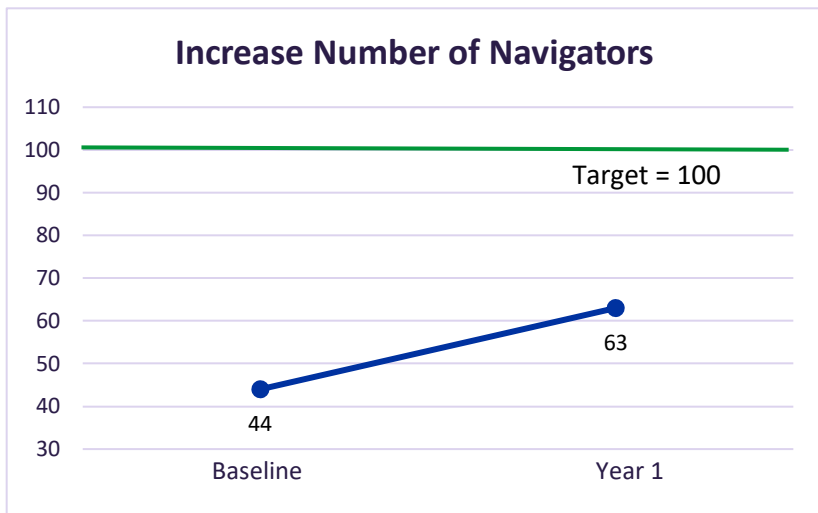
Objective: Increase educational opportunities for current and future health care professionals and other support personnel to learn about best practices in survivorship.	
Strategy: Identify and document educational opportunities conducted by partnering entities.	Ongoing
Strategy: Partner with medical, 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
<p>Successes: The positive feedback received from the previous Survivorship Series and existing partnerships with UNR Project ECHO Hub and UNLV physicians have demonstrated the need/interest in ongoing survivorship-related educational opportunities. New partnerships with companies and survivorship groups have increased access to speakers and opportunities for future educational events. Brainstorming survivorship-related topics and platforms to use (including podcasts, Project ECHO, and/or webinars) has continued in STF meetings. New connections/partnerships have been made with the CHW association that can be used to share educational information and increase opportunities for participation. The Cancer Control Summit held in September 2021 offered opportunities for in-person networking and CME/CE for current and future health care professionals, as well as supported personnel in the areas of survivorship. Evaluation results from the Cancer Control Summit may also provide insight into future topics of interest.</p>
<p>Opportunities: With plans for staff expansion in Southern Nevada, we hope to increase connections with community health workers, physicians, and other health care providers and professionals. With increased connections across the state, we hope to identify the type of educational opportunities (and pertinent topics) that are needed to best support survivorship in Nevada. We can use existing partnership connections with UNLV, UNR Project ECHO Hub, Navigation Network, and medical and health sciences schools to provide education to the next generation of providers/health professionals. We can use connections to conduct a survey of knowledge 'gaps' in survivorship/topics of interest to help guide educational opportunities ensuring they are relevant to those we hope to reach.</p>
<p>Challenges: Learning what providers want to know about survivorship, how they want to learn about the information (including preferred platform) and engaging them in the educational activities. Challenges with COVID-19 removed opportunities to connect in person and hindered making/improving connections with medical, nursing, and health sciences schools.²²</p>

²² NCC Survivorship Program Manager

QUALITY OF LIFE PROGRESS – INDICATOR CHARTS

Data not available for Hospitals with Palliative Care Programs indicator.



QUALITY OF LIFE PROGRESS – OBJECTIVE STRATEGY RATINGS



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

Data source: Nevada Central Cancer Registry

Clinical trial providers in Nevada

Baseline: 77

Target: 82

*Year 1 Progress: 53

*Data Source: clinicaltrials.gov, November 2020, *2021*

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.	Ongoing
Strategy: Support policies to improve and expand data collection and reporting to NCCR.	Ongoing

Narrative	
Successes: The Nevada State Cancer Plan for 2021-2025 is final. NCCR provided data for the Plan. The Registry continues to collect data on patients who were diagnosed or received the first course of treatment in the Registry’s state or territory. NCCR continues to increase access to cancer surveillance data for stakeholders, partners, and researchers. During the 81 st Nevada Legislative Session the Registry was approved for two (2) additional full-time state positions with an expected start date in state fiscal year 2023 (by/after July 1, 2023).	
Opportunities: The Registry plans to transition current paper reports to electronic reporting. Roll-out will occur in phases and by specialty beginning in year 5 of funding. The Registry staff will attend the annual Cancer Control Summit and provide updated information about AB 471 implementation, electronic cancer reporting, and additional cancer registry information.	
Challenges: Processing the Registry’s increased workload of paper cancer case reports requires additional staff resources. Staffing is still limited until SFY 2023. NCCR’s completeness rates are currently much lower than anticipated. Due to hospital staff furloughs, layoffs, and redirection of staff to COVID-19 activities, there have been delays in reporting and processing cancer cases. The hope is by September 2022 most if not all hospitals will be caught up on submission to NCCR. ²³	

²³ DPBH Nevada Central Cancer Registry

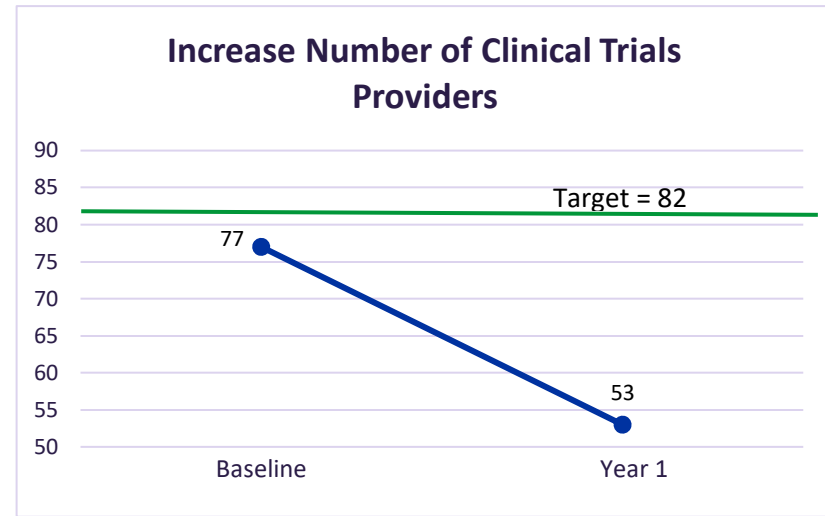
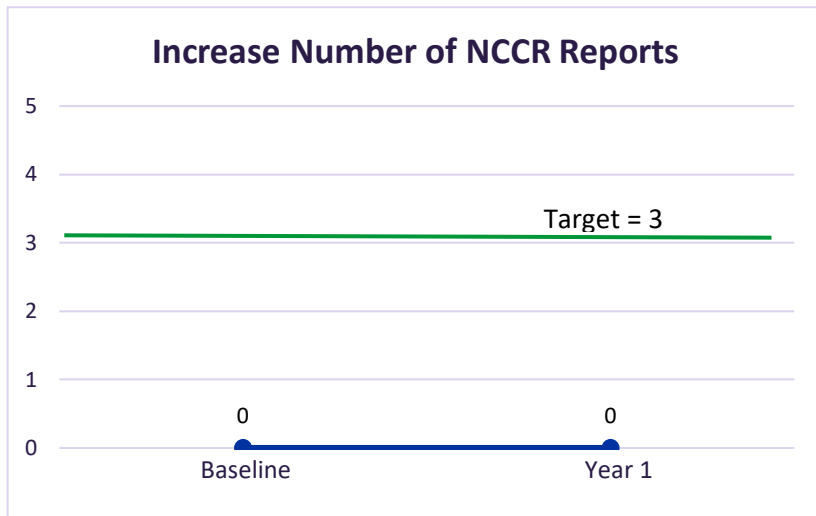
Objective: Increase the number of providers offering clinical trials.	
Strategy: Encourage clinical sites to promote clinical trials.	Ongoing
Strategy: Educate providers on increasing access to clinical trials in their practice.	Ongoing
Strategy: Provide access to and create patient information and education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

Narrative	
<p>Successes: The number of cancer-related clinical trials in Nevada has increased from 602 in 2020 to 621 in 2021.²³ Growth of numerous oncology organizations throughout Nevada, which includes the consolidation of smaller practices into larger organizations, has contributed to the expansion of locations available to patients in Nevada to participate in a clinical trial. While the official number of clinical trial “providers” may look smaller, the number of clinical trial study sites has expanded greatly.</p>	
<p>Opportunities: Now with medical schools at both the University of Nevada, Reno (UNR) in northern Nevada and the University of Nevada, Las Vegas (UNLV) in Southern Nevada, Nevada’s research capacity has been expanded. Several Commission on Cancer accredited facilities are in the process of building the infrastructure to either manage clinical trials in-house or partner with other research-oriented facilities to support clinical trials within their own systems.</p>	
<p>Challenges: Due to the sharp decrease in cancer screening and treatment compliance due to the COVID-19 pandemic, increasing the number of providers offering clinical trials and promoting clinical trial enrollment has not been a priority focus area in this reporting period. Further, no funding currently exists to address this objective. Given the consolidation of many medical practices into larger groups, the measurement for this objective may be misleading. As mentioned in the Successes narrative, the number of clinical trials has grown as has the number of clinical trial study sites. However, the overall number of separate entities providing clinical trials may continue to decline showing negative progress when in fact progress may be achieved.²⁴</p>	

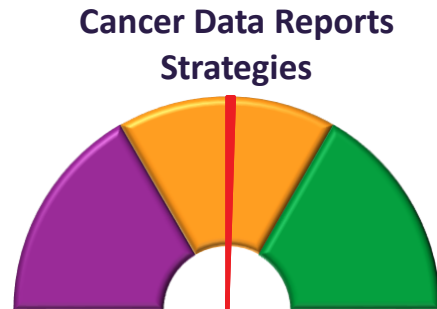
²³ NCC Executive Director

²⁴ NCC Executive Director

SURVEILLANCE AND RESEARCH PROGRESS – INDICATOR CHARTS



SURVEILLANCE AND RESEARCH PROGRESS – OBJECTIVE STRATEGY RATINGS



Evaluation Results

This evaluation was largely conducted using a process methodology and focuses primarily on the progress made on strategies and objectives over the first year of plan implementation. Some information is not yet available and will be made available in subsequent evaluation reports. Additionally, it is expected that positive progress toward indicator targets will fluctuate, especially as data that reflects the impacts of the COVID-19 Pandemic continues to be collected and reported. This report is early and only in the first year since the Cancer Plan was released.

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).

Consistent and reliable progress has been made in Priority Area I: Prevention. This priority area reported most of the strategies well implemented and maintained, however there are areas particular to HPV strategies that did not progress as planned. The lack of attention is to be expected as the COVID-19 Pandemic and eventual vaccine response took critical precedence over other vaccinations and well-visits. Immunization partners focused efforts solely on COVID-19 safety, care, mandates, and vaccines. As COVID-19 vaccine rates increase and relief is in sight, HPV strategies will be on the forefront for cancer prevention. Due to the ongoing and overall success under this priority and in consideration of unexpected consequences from the Pandemic, the action recommended is to resume all Prevention strategies with safety and precaution upon a CDC post-COVID declaration.

Overall, progress was vastly sustained in Priority Area II: Early Detection as partners collaborated in Task Forces and priority focused breast and colorectal workgroups. The ongoing confidence and participation in these strategies are a direct result of the statewide committed efforts implemented by these early detection collaborations. The newly released 2020 Behavioral Risk Factor Surveillance System (BRFSS) data captured a noteworthy increase for breast cancer screening rates compared to the 2019 BRFSS baseline in the Cancer Plan. The successful addition of a Nevada specific lung cancer screening question in the 2022 BRFSS is designed to improve the collection of lung cancer screening rates. Additionally, NCC's launch of a statewide Lung Cancer Collaborative can help to coalesce committed effort for lung cancer screening following the successful examples displayed in doing so for breast and colorectal cancers. It is recommended additional lung cancer screening efforts should be undertaken as the interest in lung cancer work expands under Early Detection.

Efforts advanced for Priority III: Equitable Access as the need for access to care increased while more Nevadans faced unemployment and job losses during 2020. The Pandemic shed light on the importance of available and accessible health insurance coverage and magnified the existing issue of health equity disparities. Policies were passed to ensure Nevada's health care workforce is expanded and supported. The exploration of sustainable avenues to access care and obtain medical coverage will begin to

increase as these policies are implemented. COVID-19 era data is expected to drive access to care efforts as the need becomes more apparent. At this time, there are no recommendations for Equitable Access, beyond supporting the policies successfully passed for this priority. It is recommended this area and associated objectives be closely monitored over the next year to ensure progress continues.

Novel progress was made on many strategies under Priority Area IV: Quality of Life, especially in the areas of palliative care for patient navigation services and networking. The final implementation of the ThriveNV patient tele-navigation service was designed to fit the identified survivorship needs. In addition to patient navigation, ThriveNV's resource website, and outreach to providers, communities, and cancer partners has expanded the influence of survivorship throughout rural Nevada. The Survivorship Task Force aligns itself with the positive momentum this priority has demonstrated, including the substantial growth of evidence-based survivorship support. This area will require continued support and capacity to maintain momentum.

Development was highly maintained in Priority Area V: Cancer Surveillance and Research as the Cancer Registry has actively continued to collect and report data throughout the Pandemic. As recommended, the data driven health equity lens approach used in Nevada continues to identify and address the state's cancer needs. With regards to clinical trials, it is recommended that in addition to focusing on the identified indicator, partners work to increase the number of clinical trials offered by Nevada providers, the diversity of trials offered, and the infrastructure established to improve medical research.

Finally, the newly assembled and expanded statewide workgroups under the Nevada Cancer Coalition show promise that the combined efforts of state agencies, nongovernmental organizations, 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 a Task Force, Collaborative and/or Workgroup: [Link](#)
 - Prevention Task Force
 - Early Detection Task Force
 - Survivorship Task Force
 - Breast Cancer Collaborative
 - Colorectal Cancer Collaborative
 - Lung Cancer Collaborative
 - Oncology Navigator Network
- 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

Questions and Comments regarding this report can be referred to:

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

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

<http://Nevadacancercoalition.org>