

2022

2021-2025 Nevada Cancer Plan: Year Two 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 first released in the Spring of 2021 and remains current on NCC's website. The Plan serves to guide cancer control activities from 2021-2025 and will be monitored throughout implementation. An annual report detailing the progress, successes, and challenges encountered will be produced at the beginning of each year.

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 when necessary.

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

Plan Progress

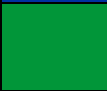



This document is arranged by priority areas and related goals that best reflect the Nevada Cancer Plan. Progress toward these goals is indicated by the status of each associated objective and strategy. The goals and activities were assigned in a collaborative nature. The purpose is to inform on the plan progress following year two of activities, to celebrate successes, and to recognize those activities needing future attention. In this way, the Nevada cancer control community hopes to see success in decreasing the burden of cancer upon Nevadans.

Regardless of a post-pandemic environment, exciting work has still occurred over the past year, resulting in progress on the cancer control objectives and initiatives included in the Cancer Plan. Successes over the past year include:

- As smoking rates are among the highest for those enrolled in Medicaid, Nevada Medicaid increased access to health care as designated pay codes were implemented for health care providers to be reimbursed for cessation counseling to Medicaid patients.
- The Nevada Radon Program expanded education to health care providers, medical professionals, and the public on the risks of radon in homes in addition to an increase in education for realtors.
- Formalized statewide Collaborations and Task Forces included statewide partners to collectively engage on several identified early detection measures to increase cancer screening strategies for breast, cervical, colorectal, and lung objectives.
- A pilot project was conducted with a northern Nevada Federally Qualified Health Center (FQHC) to increase colorectal cancer (CRC) screening completion rates on noninvasive screening tests by including instructions and follow-up procedures in Spanish.
- Reminder-recall systems and media campaigns continue to promote evidence-based screenings.
- A new bill was prepared for proposal at the 82nd Legislative Session to provide policy coverage for all supplemental breast cancer screenings and diagnostics to increase access to health care and support health equity initiatives.
- [ThriveNV patient navigation](#) increased services to deliver and receive texting communications, in addition to the expansion of ThriveNV's website to improve access to statewide and national resources, cancer care, mentor support, and survivorship tools.

Objectives and activities marked as “In Progress” indicate the objective has an end.

Objectives and Activities marked as “Ongoing” will continue throughout the five-year project period.

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

PRIORITY I: PREVENTION

Goal: Prevent cancer by reducing exposure to risk factors.

PREVENTION INDICATORS		
HUMAN PAPILLOMAVIRUS (HPV)		
HPV vaccination coverage rate for adolescents 13 – 17 years Baseline: 52.9% Target: 60% *Year 1 Progress: 50.1% **Year 2 Progress: 56.5% <i>Data sources: Centers for Disease Control and Prevention, National Immunization Survey – Teen (NIS-Teen) 2019, *2020, **2021</i>		
TOBACCO USE AND EXPOSURE		
Youth (grades 9-12) who have reported current use of electronic vapor products Baseline: 22.5% Target: 18% Year 1 Progress: No New Data *Year 2 Progress: 17.5% <i>Data source: 2019 Nevada High School Youth Risk Behavior Survey (YRBS) Report, *2021 YRBS</i>	Number of adults who are former smokers Baseline: 24.5% Target: 25.8% *Year 1 Progress: 25.2% **Year 2 Progress: 24.4% <i>Data source: CDC, Behavioral Risk Factor Surveillance System (BRFSS) 2019 crude prevalence, *2020 **2021</i>	
PHYSICAL ACTIVITY AND NUTRITION		
Obesity rate in children Baseline: 24.5% Target: 22.48% Year 1 Progress: No New Data Year 2 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% **Year 2 Progress: 31.3% <i>Data source: BRFSS 2018, *2020, **2021</i>	
RADON EXPOSURE		
Valid radon home tests completed Baseline: 24,271 Target: 33,000 *Year 1 Progress: 33,257 **Year 2 Progress: 33,814 <i>Data source: Nevada Radiation Control Program, 2019, *2020, **2021</i>	Existing homes mitigated for radon Baseline: 1,513 Target: 2,200 *Year 1 Progress: 1,910 **Year 2 Progress: 1,958 <i>Data source: Nevada Radiation Control Program, 2019, *2020, **2021</i>	New homes built radon-resistant Baseline: 531 Target: 660 *Year 1 Progress: 554 **Year 2 Progress: 560 <i>Data source: Nevada Radiation Control Program, 2019, *2020, **2021</i>
UV EXPOSURE		

Incidence of melanoma

Baseline: 16.9 per 100,000

Target: 16.81 per 100,000

Year 1 Progress: No New Data*

**Year 2 Progress: 13.2 per 100,000

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

*Data Source: Nevada Division of Public and Behavioral Health, Office of Analytics 2013-2019***

Objective: Increase the number of 13-17-year-old youth who are up to date on HPV vaccinations.	
Strategy: Support the efforts and campaigns put forth by immunization partners throughout the state	Increased
Strategy: Identify experts and champions to participate in HPV vaccination campaigns and educational opportunities.	Ongoing
Strategy: Seek opportunities to increase compliance with the HPV vaccination series completion, including reminder-recall and other reminder systems.	Increased
Strategy: Increase social media outreach and education.	Ongoing
Strategy: Support ongoing policy and advocacy efforts to increase HPV vaccination rates.	Ongoing

Narrative	
Successes: The ACS (American Cancer Society) hosted a meeting at the Nevada Cancer Coalition in June 2022 with cancer prevention partners to share HPV data, address vaccination barriers, and collaborate on initiatives to increase HPV vaccination rates in Nevada. Nevada State Immunization Program (NSIP) is working on publishing a vaccine landscape report that highlights school and childhood vaccination rates and increases awareness of HPV vaccination rates. Collaboration efforts have improved to increase transparency on HPV vaccination rates.	
Opportunities: As COVID-19 vaccinations increase, HPV activities will resume to increase rates. Partnerships between CDPHP and NSIP have been strengthened to make HPV vaccine data widely available. NSIP is working to hire a school and childhood vaccine coordinator to be dedicated to encouraging education and outreach for vaccines such as HPV. ¹	
Challenges: Data findings for HPV vaccination rates suggest that people are not returning for their second and third doses. There is a significant drop between doses, particularly between the first and second in the series. ² If the second dose, and in some cases a third dose, is not received then a person is not considered fully vaccinated. The decrease in second dose vaccinations may be a result of lack of education in how the series works, failed provider recall systems, or considerably a result of the pandemic and post pandemic behaviors. It will be important to track the data moving forward as well explore initiatives to increase rates for the entire HPV series.	

¹ Nevada State Immunization Program

² Nevada Comprehensive Cancer Control Program

Objective: Decrease the percentage of youth (grades 9 – 12) who have reported smoking or using electronic vapor products.

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

Narrative

Successes: Statewide campaigns, in conjunction with State Partner community outreach in Urban and Rural Nevada, promoting the youth quitline, My Life My Quit, have made a tremendous impact on the call volume into the youth quitline. Annual call volume increased 96% from FY 2021 to FY 2022. Use of online cessation tools on the youth quitline website also increased significantly over the same time frame.³

Opportunities: Currently efforts are being made on two fronts regarding Tobacco Retailer compliance to Tobacco 21 Law. First, efforts to increase the penalty placed upon retail sites found noncompliant is being initiated by the Nevada Attorney General’s Office. Second, there are efforts being made to initiate Tobacco 21 Training requirements for retailers of tobacco and vapor products in Nevada prior to acquiring a license to sell.

Challenges: Youth use of vapor products continues while it remains to be a huge challenge in Nevada. The 2021 YRBS Survey showed a decline in the percentage of Nevada High Schoolers stated who were currently using e-cigarettes or vapes, however there are still many who are trying, accessing, or using vapes regularly. Although, data shows almost a doubled number of youths using My Life My Quit, there continues to be a great number of youth using tobacco products, especially vapes.⁴

³ National Jewish Health. Nevada Tobacco Quitline. My Life My Quit. Monthly reporting. October 21, 2022.

⁴ DPBH Nevada Tobacco Control Program

Objective: Increase the number of adults who are former smokers.	
Strategy: Increase annual call volume to the Nevada Tobacco Quitline and increase the use of other cessation tools.	Needs attention
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: Nevada Medicaid passed and implemented new pay codes for health care providers to now be compensated for providing cessation counseling to all their Medicaid patients. DPBH Tobacco Control is working closely with Huntsman Cancer Institute in Utah to increase Provider-Quitline Referral Services and promote Ask-Advise-Connect practices into more health settings. ⁵
Opportunities: The Annual Call Volume to the Nevada Tobacco Quitline decreased 6% from FY 2021 to FY 2022. Annual Enrollment also decreased 12% over the same time frame. ⁶
Challenges: Promoting health systems change among Nevada MCOs is challenging. DPBH Tobacco Control continues to seek assistance with best practices and recommendations. Additionally, the number of adults who are former smokers declined since the last data collection period, in part and most likely, because of an increased risk of COVID-19 illness and death among smokers and former smokers.

⁶ National Jewish Health. Nevada Tobacco Quitline. My Life My Quit. Monthly reporting. October 21, 2022.

⁷ State of Nevada, Division of Health Care Financing and Policy. 2022.

Objective: Reduce the obesity rate in children in grades 4-10.	
Strategy: Support local and state policy efforts to mandate physical education and physical activity in grade K-6.	Ongoing
Strategy: Promote workplace adoption of the federal Nursing Mothers Law to promote the benefits of breastfeeding in decreasing obesity.	Needs attention
Strategy: Promote and support community garden initiatives.	Ongoing
Strategy: Support the tenets of the statewide wellness policy.	Ongoing

Narrative	
<p>Successes: The Nevada Division of Public and Behavioral Health, Wellness and Prevention Program (WPP) developed the Standard Operating Procedures (SOP) for Collecting and Reporting Students’ Height & Weight in Nevada Schools. The purpose of the document is to assist school personal designated in NRS 392.420(2) collect, and submit accurate and reliable height and weight data and guide parents/guardians needing health care resources and referrals. Height and weight school data is critical to understanding the prevalence of students who are potentially at risk for poor health conditions associated with height and weight status. The division has begun the approval process required for public distribution. Furthermore, the WPP coordinates the development of a statewide Healthy Eating Active Living (HEAL) initiative named (for now) Nevada 5-2-1-0. The initiative is a multi-sectorial intervention for Policy, Systems, and environmental (PSE) change. It aims to modify environments to make the healthy choice the easy choice for all community members where they live, work, play, and seek medical attention. The first Nevada 5-2-1-0 Summit is planned for the first quarter of 2023.</p>	
<p>Opportunities: The Wellness and Prevention Program (WPP) had the opportunity to work closely with staff from county school districts, local health authorities, other state agencies, and the Obesity Prevention Chair of the Nevada Chapter of the American Academy of Pediatrics to develop the mentioned SOP and coordinate the development of the Nevada 5-2-1-0 initiative. The various partnerships have the potential to provide statewide guidance and resources to the community working toward the prevention and control of risk factors to childhood obesity and the treatment of childhood obesity.</p>	
<p>Challenges: Risk factors that contribute to obesity and related chronic disease are diverse, complex, and encompass a broad range of fields that cannot possibly be covered in one single HEAL initiative. Adopting PSE change as a way of modifying the environments is a long-term goal and will require subsequent years of continued funding and workforce capacity to achieve transformative impact. Thus, the major challenge the WPP faces is the lack of continuous funding. Sustainable funding to support sustainable workforce capacity and initiatives. Additionally, it is anticipated the COVID-19 pandemic will still negatively impact child obesity rates due, in part, to increased sedentary behavior and food and nutrition insecurity.⁸</p>	

⁸DPBH 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.	Ongoing

Narrative	
<p>Successes: The Nevada Division of Public and Behavioral Health, Wellness and Prevention Program (WPP) secured direct support from the newly formed Chronic Disease Epidemiology Unit to prepare and disseminate an upgraded version of the Nevada Obesity Report. The purpose is to disseminate county level obesity related data that could assist the community on planning, identifying, and evaluating evidence-based prevention and control activities. Moreover, in 2023, the WPP will kick off the Nevada 5-2-1-0 Program in the health care community. The purpose of the initiative is to assist and provide technical assistance to healthcare providers in Nevada so that addressing Nevadan’s weight becomes a routine in clinical practices.</p>	
<p>Opportunities: The Wellness and Prevention Program (WPP) works closely with staff from local health authorities, other state agencies, and the Obesity Prevention Chair of the Nevada Chapter of the American Academy of Pediatrics to develop the Nevada 5-2-1-0 Program. The WPP will have the opportunity to work with the healthcare provider community and provide direct 5-2-1-0 technical assistance. Furthermore, the WPP had the opportunity to participate in the first statewide meeting of the Nevada Obesity Collaborative. The multi-sector group has participants from public and private entities in northern and southern Nevada. All participants work on obesity and obesity risk factor prevention, control, and treatment initiatives. By addressing obesity stigma and bias, improving obesity health & benefits literacy, employing community-based obesity prevention initiative, and increasing provider education and access to comprehensive weight management interventions for all Nevadans, the collaborative has the potential to develop statewide synergies and innovative ideas to solve the problem.</p>	
<p>Challenge Same as in the children population. Risk factors that contribute to obesity and related chronic disease are diverse, complex, and encompass a broad range of fields that cannot possibly be covered in one single HEAL initiative. Adopting PSE change as a way of modifying the environments is a long-term goal and will require subsequent years of continued funding and workforce capacity to achieve transformative impact. Thus, the major challenge the WPP faces is the lack of continuous funding. Sustainable funding to support sustainable workforce capacity and initiatives. Additionally, it is anticipated the COVID-19 pandemic will still negatively impact child obesity rates due, in part, to increased sedentary behavior and food and nutrition insecurity.⁹</p>	

⁹ DPBH 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.	Increased
Strategy: Promote policies and activities to educate and inform consumers about radon exposure, testing and mitigation during real estate transactions.	Increased
Strategy: Educate and encourage health care providers to add a radon testing question to their annual patient questionnaire.	Increased
Strategy: Promote policies for radon-resistant homes, including radon resistant new home construction and licensure of radon professionals.	Ongoing

Narrative
Successes:
Opportunities:
Challenges: NREP faces challenges in Southern Nevada. The area has high radon levels but has low numbers of homes tested. Additionally, there is a great need for more testers and mitigators in the Las Vegas area. NREP is hiring a community-based instructor to educate realtors, health professionals, builders, and the general public about the dangers of lung cancer caused by radon exposure. ¹⁰

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.	Increased
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

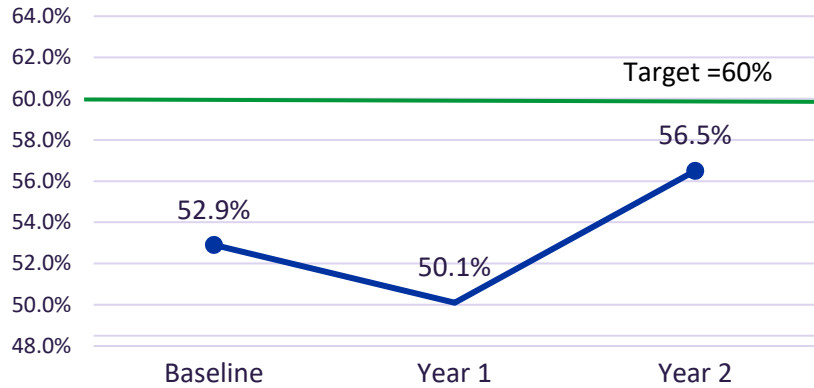
Narrative
<p>Successes: 1) All 17 public school districts and the two public Charter School authorities have established “safe exposure to the sun” policy. Sun Smart Schools (SSS) presentations educated 100 school nurses and several health teachers in Washoe County about the program and skin cancer prevention and early detection. A SSS presentation is scheduled in early November 2022 for 250 Clark County school nurses. 2) NCC staff in northern and southern NV provide automatic sunscreen dispensers at every outdoor event we attend, and we loan dispensers to partners. Dispensers were at 23 events in calendar 2022. Partners in Reno and Las Vegas donated sunscreen dispensers to parks and swimming pools in Reno, Sparks, Elko, and Las Vegas. 3) Schools regularly receive information about access to shade and sunscreen. Five new schools and one existing partner school received a total of 17 sunscreen dispensers in calendar 2022. At least one charter school has applied for a grant to purchase a shade structure. 4) Skin cancer screening clinics for a low SES community, and a screening clinic targeting University of Nevada, Reno students, faculty and staff focused considerable social media and marketing promotions around risks associated with indoor tanning and educated them about policy around underage tanning.</p>
<p>Opportunities: 1) SSS outreach now is supported by medical student cohorts in Reno and Las Vegas, yet there still are many schools already participating and many more not yet engaged with SSS that receive only indirect contact via monthly e-newsletters or social media or partner outreach. 2) We hope to engage new and existing partners to provide free sunscreen dispensers in public places. 3) NCC had new engagement with Reno and Sparks parks directors. 4) NCC maintains a solid relationship with dermatologists and with the Nevada Society for Dermatology and seeks opportunities to strengthen NV laws around indoor tanning.</p>
<p>Challenges: 1) New requirements for allowing NCC staff and volunteers into Clark County schools have put on “pause” in-person presentations for students, staff. An MOA is under review by the Clark County School District (CCSD). 2) Most community event organizers are happy for loans of sunscreen dispensers. Funding to support sunscreen dispenser purchases continues to be challenging. 3) CCSD student health services staff will NOT support sunscreen in their school, nor will they support even a pilot project to assess such opportunities. In Washoe County, a new policy is to recommend to parents that students arrive at school with sunscreen already applied, and that school-offered sunscreen will not be promoted. 4) While NCC includes regular messaging about indoor tanning risks, there is no funding for a targeted education campaign.¹¹</p>

¹¹ NCC Cancer Prevention Manager/Sun Smart School Program Reports

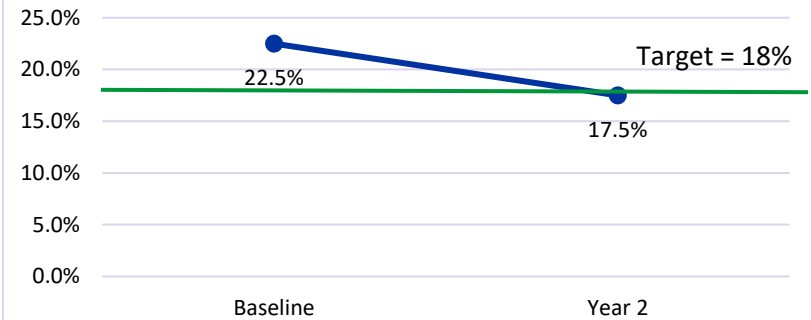
PREVENTION PROGRESS – INDICATOR CHARTS

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

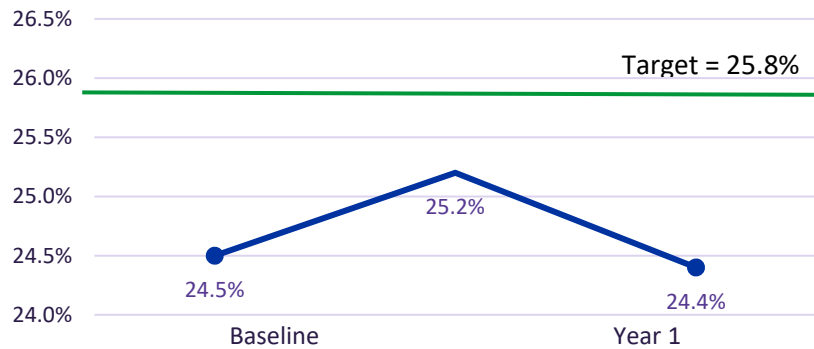
Increase HPV Vaccination Rate



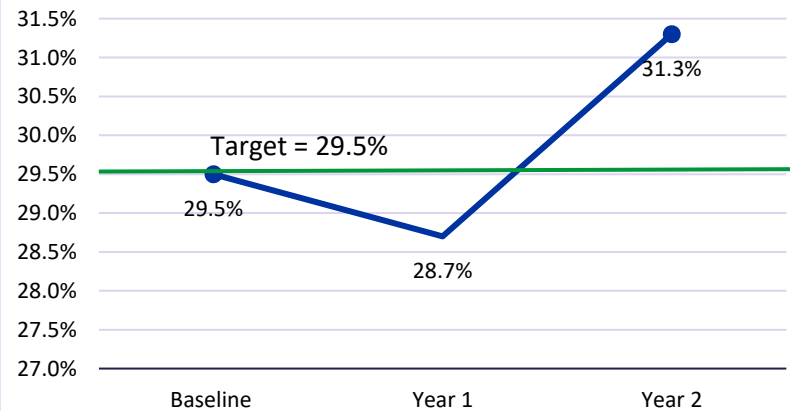
Youth Vaping - Decrease % of High School Youth Who Use Electronic Vapor Products



Adult Tobacco Use - Increase % of Former Smokers

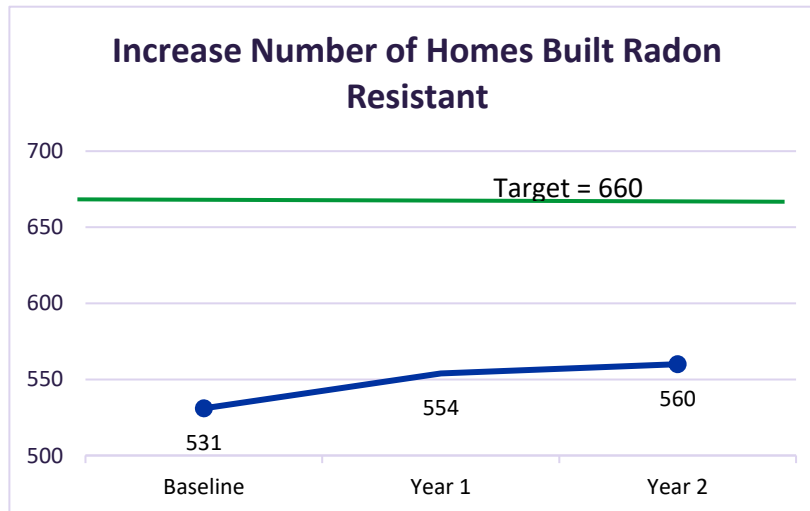
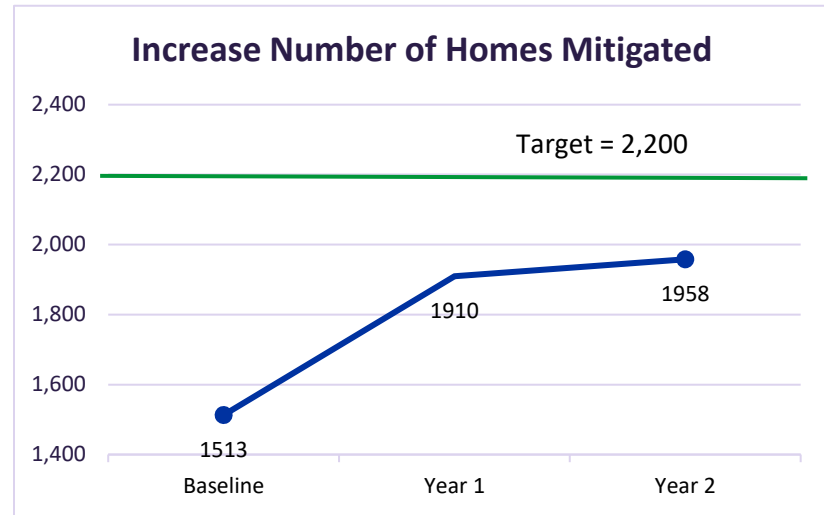
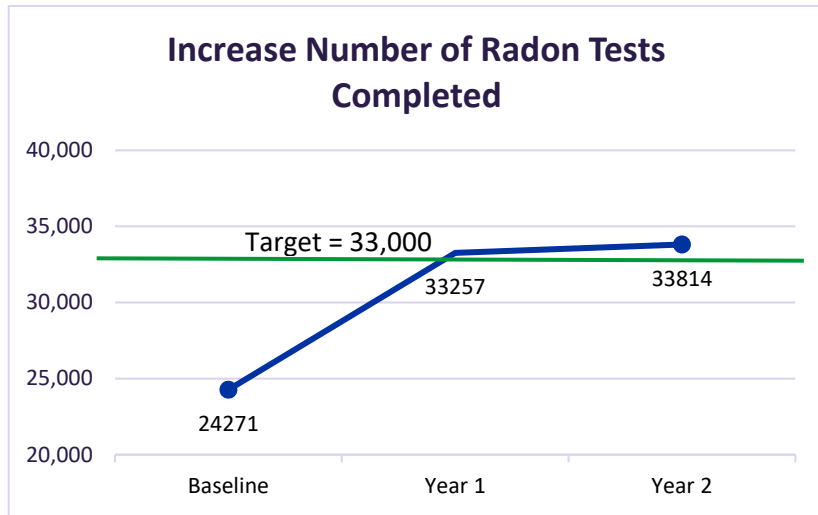


Maintain Adult Obesity Rate



PREVENTION PROGRESS – INDICATOR CHARTS

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



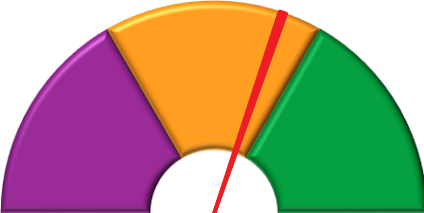
PREVENTION PROGRESS – OBJECTIVE STRATEGY RATINGS



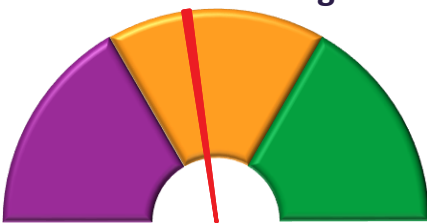
HPV Vaccination Strategies



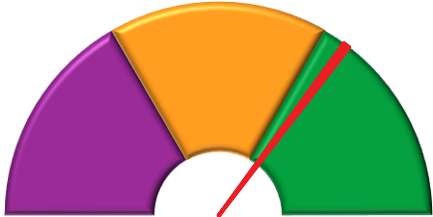
Youth/Adult Tobacco & Vaping Strategies



Physical Activity and 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% Year 2 Progress: No new data</p> <p><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% Year 2 Progress: No new data</p> <p><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% Year 2 Progress: No new data</p> <p><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 Year 2 Progress: No new data</p> <p><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.	Ongoing
Strategy: Collaborate statewide on consistent public messaging for cancer screening guidelines based on the latest scientific evidence.	Ongoing
Strategy: Work with community organizations to promote culturally tailored messaging about early detection.	Increased
Strategy: Work with stakeholders to increase access to cancer screening for low-income, uninsured, and other medically underserved populations.	Ongoing
Strategy: Support providers in implementing evidence-based interventions including navigation, patient reminder systems, one-on-one education, and in-office tools including decision aids.	Increased
Strategy: Enhance the statewide health information exchange (HIE) efforts to increase provider participation and sharing of screening information.	Ongoing
Strategy: Support efforts to implement reimbursement for navigation and community health worker (CHW) services	Data not yet available
Strategy: Continue and expand state funding for breast and cervical cancer early detection and seek funding for colorectal cancer early detection.	Ongoing

Breast
Successes: The Nevada Cancer Coalition’s Early Detection Task Force (EDTF), Nevada Breast Cancer Collaborative (NBCC), and the Cancer Control Partnership/Managed Care Organization (MCO) Workgroup met regularly as scheduled throughout the year to address breast cancer initiatives in partnership with providers, organizations, communities, and survivors. The MCOs have taken an interest and attended the various working collaboratives and related meetings. In October, Breast Cancer Awareness Month, NCC held and participated in many outreach activities to bring screening awareness, including participation in health fairs, a promotional drag brunch, social media outreach and education, and finally, the Paint Nevada Pink event under the Reno arch where the Reno arch is lit pink for the entire October month and in Las Vegas at an outreach festival.
Opportunities: Efforts in preparation of the upcoming legislation session will present a Breast Cancer Screening and Diagnostics bill that requires coverage of recommended supplemental screenings, revise language to include all screening modalities and remove patient cost responsibility for noninvasive diagnostics. A letter of support gained partner signage to promote policy representation. Additionally, a listening tour (directed specifically at Black women) and a survey (directed at all women in Nevada) was developed and will be disseminated to identify screening barriers and understand disparities to increase early detection.
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. ^{12,13}

¹² NCC Early Detection Manager/NBCC Reports

¹³ DPBH Nevada Comprehensive Cancer Control Program

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. WHC continues to partner with community health systems to implement evidence-based interventions to increase clinic rates of cervical cancer screening and removing barriers to screening.

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

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

Colorectal

Successes: The Colorectal Cancer (CRC) Collaborative joined in their scheduled quarterly meetings while identifying the lack of Spanish materials for noninvasive colorectal screening tests. Colorectal Cancer Awareness Month in March was a success while NCC's giant inflatable colons in the North and South gained attention as partners used this enormous educational tool to educate the public on the importance of colon cancer screening at provider and community health events. In anticipation of March 2023, promotional screening events to increase awareness and education on the benefits of early detection for colorectal cancer are already being planned. NCC expanded access to its Screening & Diagnosis Fund to include colorectal cancer as a payor of last resort for individuals who need a screening or diagnostic colonoscopy.

Opportunities: Targeted outreach was conducted for patients in a clinic-based setting as Hispanic populations were identified as a health equity priority by the CRC Collaborative. Significant progress to decrease screening barriers was made as providers from a Federally Qualified Health Center (FQHC) implemented culturally sensitive instructions for noninvasive colorectal cancer screening methods to reach those patients at risk and increase patient participation and response.

Challenges: Without funding for colorectal cancer screening, efforts remain limited statewide. As previously reported, loss of the state Colorectal Cancer Control Program (CRCCP) and the 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.^{15,16}

¹⁴ DPBH Women's Health Connection Program

¹⁵ NCC Early Detection Manager/EDTF Reports/CRC Collaborative Reports

¹⁶ 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.	Increased
Strategy: Support policy to ensure payers cover lung cancer screening for the recommended population.	Ongoing

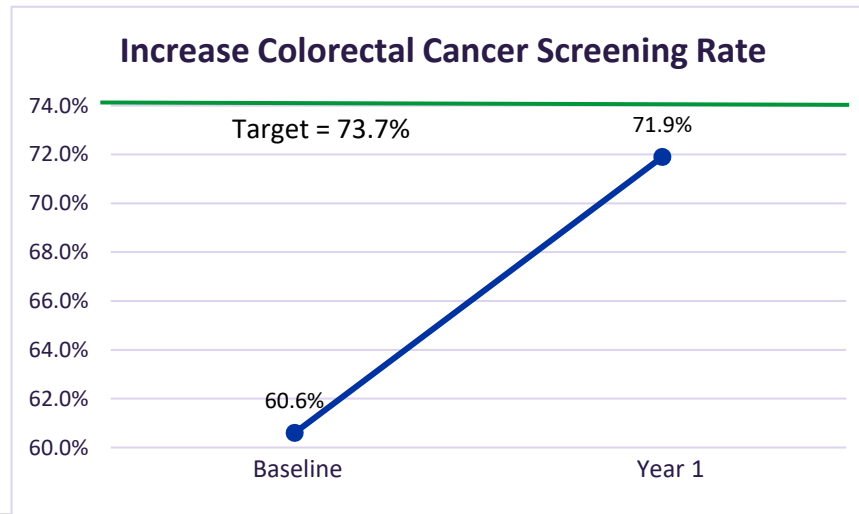
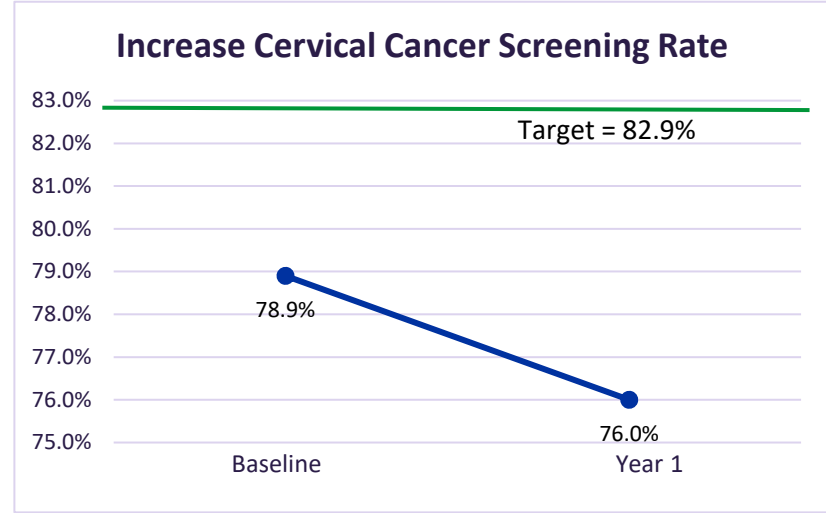
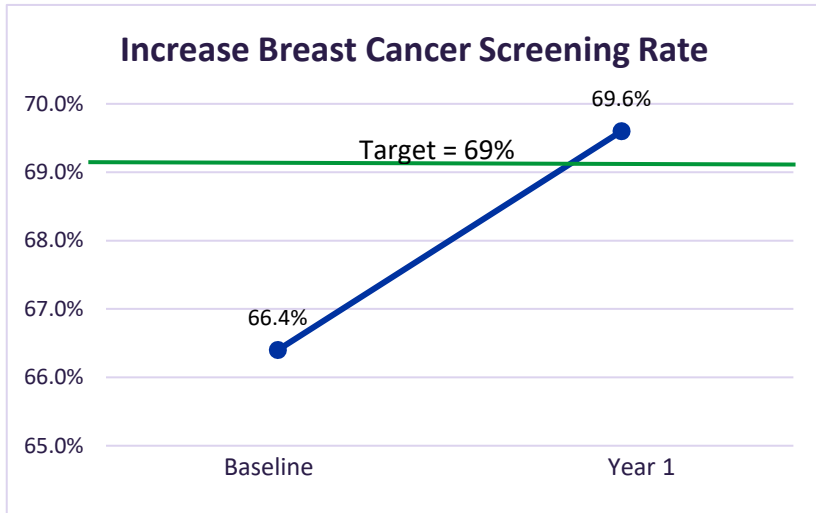
Narrative	
Successes: NCC developed an official workgroup, the Lung Cancer Collaborative, that includes lung cancer partner representatives as members. The work within this collaboration has researched lung data to address appropriate demographic needs throughout the state and support to implement related health equity initiatives to help advance efforts in lung cancer screening and mortality. The Nevada Cancer Summit 2022 provided ambitious and educational speakers to present data and education on lung cancer risk and low-dose computed tomography (LDCT) screening and improving screening rates for those eligible. Lung cancer screening has gained significant interest over the past year with partners to address barriers for Nevada’s low screening rates.	
Opportunities: The Health Equity Grant granted to Nevada has facilitated efforts to address this objective. One of the grant requirements outlined in the scope of work addresses lung disease provides an opportunity for the state to facilitate efforts to address this objective. A BRFSS question for was implemented in a module that will collect data for 2022 on former smokers that received a CT scan for lung screening in which results may be expected in September 2023.	
Challenges: Data collection for this objective remains critical but not easily accessed for Nevada. Although the Lung Cancer Collaborative has increased the provider/partner communications as well as support for initiatives, 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. ^{17,18}	

¹⁷ DPBH Nevada Comprehensive Cancer Control Program

¹⁸ NCC Cancer Prevention Manager

EARLY DETECTION PROGRESS – INDICATOR CHARTS

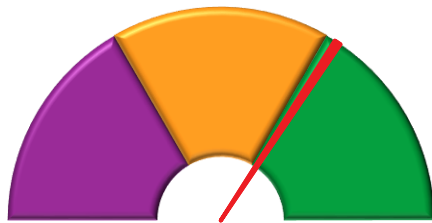
No new data available for breast, cervical and colorectal indicators. Data not available for Lung Cancer Screening indicator.



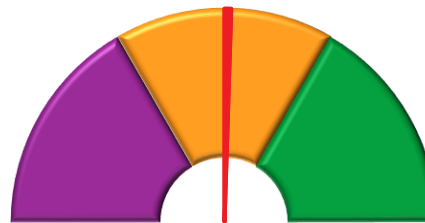
EARLY DETECTION PROGRESS – OBJECTIVE STRATEGY RATINGS



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 *Year 2 Progress: 11.6% <i>Data source: United States Census Bureau</i> <i>Data source: USCB American Community Survey *2022</i></p>	<p>Number of Physicians per 100,000 Baseline: 213.5 Target: 225 *Year 1 Progress: 221.9 **Year 2 Progress: 221.9 <i>Data source: Health Workforce in Nevada Chartbook, 2020, *2021</i> **Nevada Instant Atlas 2022</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> **Year 2 Progress: 2,851 <i>Data source: Health Workforce in Nevada Chartbook, 2020, *2021, **Nevada Instant Atlas 2022</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> **Year 2 Progress: 201 <i>Data Source: Oncology Nursing Certification Corporation, *2021, **2022</i></p>
<p>Number of navigators Baseline: 44 Target: 100 *Year 1 Progress: 63 **Year 2 Progress: 90 <i>Data source: Nevada Oncology Navigator Network membership 2020, *2021, **2022</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: The Silver State Health Exchange continued to expand options for health insurance plans, increasing from 50 plans in 2020 to 126 in 2021 and now 163 plans in 2022. Additionally, the state’s unemployment rate has declined, theoretically getting more Nevadans into jobs with employer sponsored health coverage. Preliminary findings from a study of Nevada’s Public Option proposal are promising in terms of health care cost savings and enrollment, potentially reducing the percentage of people eligible but not enrolled in the exchange by 12% by 2031. The plan is proposed for the market starting in 2026.</p>
<p>Opportunities: NCC ramped up to support policies during the 2023 Nevada legislative session that would improve access to health insurance and coverages provided. One such bill that will be presented during the session would include coverage with no cost-sharing for diagnostic mammography following a screening mammogram, which would remove a barrier to breast cancer screening for women.</p>
<p>Challenges: High inflation in 2022 strained many households. The cost of healthcare also rose, but at a slightly lower rate, according to the Kaiser Family Foundation. News reports in late 2022 suggest that health insurance costs will increase much more in 2023¹⁹ and overall medical costs will increase, potentially reducing access to affordable health insurance plans for Nevadans.²⁰</p>

¹⁹ USA Today, <https://www.usatoday.com/story/news/health/2022/10/17/inflation-rising-faster-medical-costs/10471194002/>

²⁰ NCC Communications Director

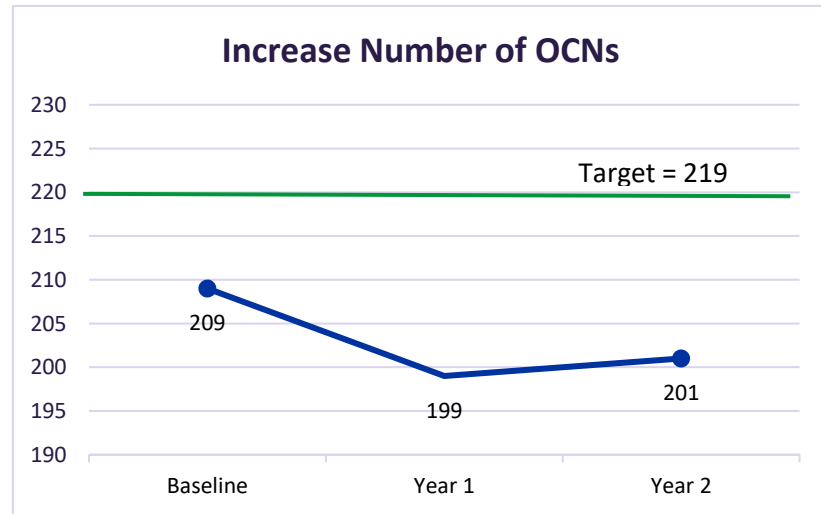
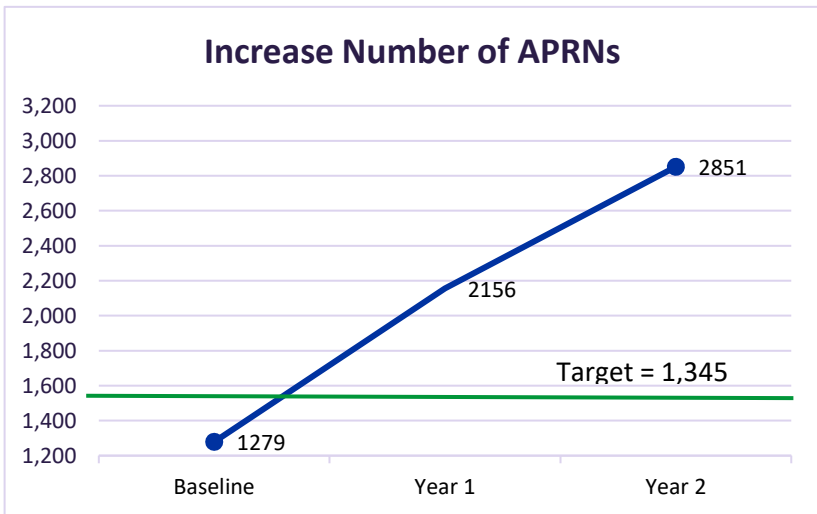
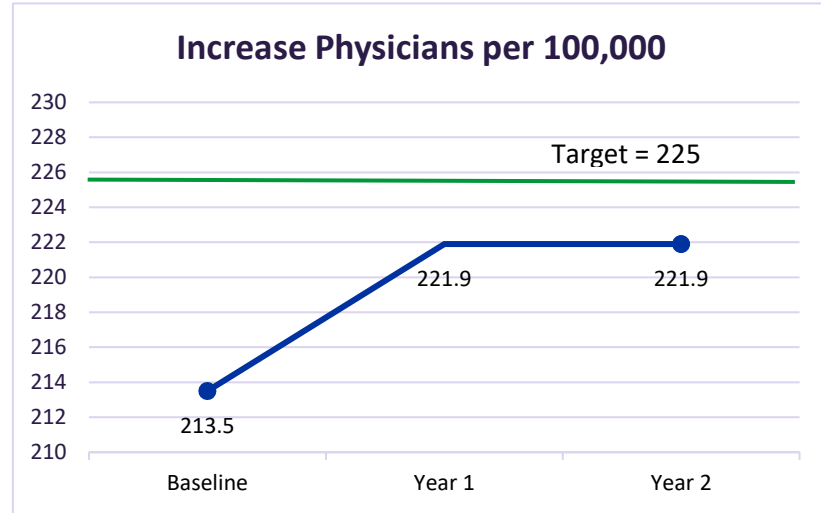
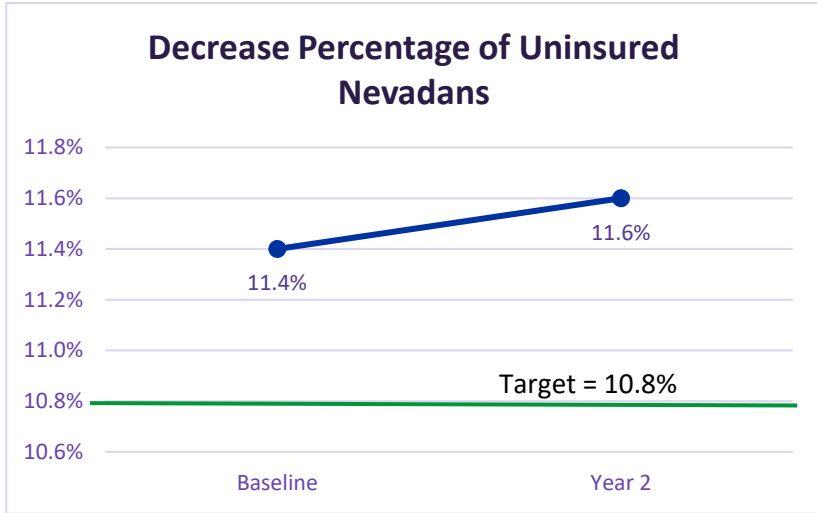
Objective: Increase healthcare workforce capacity overall to address cancer.	
Strategy: Support national and state policy initiatives to address provider shortages, cross-state licensing, and malpractice insurance.	Increased
Strategy: Support policy opportunities to expand the legal practice ability 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: Membership within the Survivorship Task Force (STF) has increased with statewide representation from nurses, social workers, clinical trials, palliative care, physicians, mental health, and public health professionals allowing collaboration from various aspects of the cancer workforce. The Nevada Palliative Care and Quality of Life Advisory Council held the first annual Nevada Palliative Care Awareness Day and Palliative Care Summit featuring presentations from statewide experts on palliative care, ethics, and advanced directives reaching current and future healthcare professionals, and the general public. The Nevada Nurse Practice Act requires Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Advanced Practice Registered Nurses (APRNs) to have a two-hour cultural competency course every license renewal cycle (every two years). While this is not mandated for Certified Nursing Assistants (CNAs), the Nevada State Board of Nursing strongly encourages cultural competency course as part of continuing education renewal requirement.²¹</p> <p>NCC staff met with key Medical Oncology offices in northern and southern Nevada to discuss and brainstorm support for expansion of clinic-based support staff (including patient navigation) to increase the healthcare workforce.</p>
<p>Opportunities: NCC staff had several opportunities for in-person education including the annual Nevada Cancer Control Summit that featured two (2) multi-disciplinary sessions focused on increasing the cancer workforce in Nevada: “Expanding the Support team to increase capacity” and “Panel discussion regarding education/retention of a cancer careforce.” NCC staff participated in outreach events at universities to engage with students and continued to build upon existing partnerships with medical and nursing schools to share information about cancer-related educational opportunities. Additionally, NCC staff met for the second year with northern Nevada nursing students to educate them about NCC, cancer-related resources, and oncology-related nursing opportunities.²²</p>
<p>Challenges: The health care system in Nevada suffers from a shortage of medical providers, including oncologists and cancer care. As populations in Nevada continue to rise, there is limited increase for cancer care.</p>

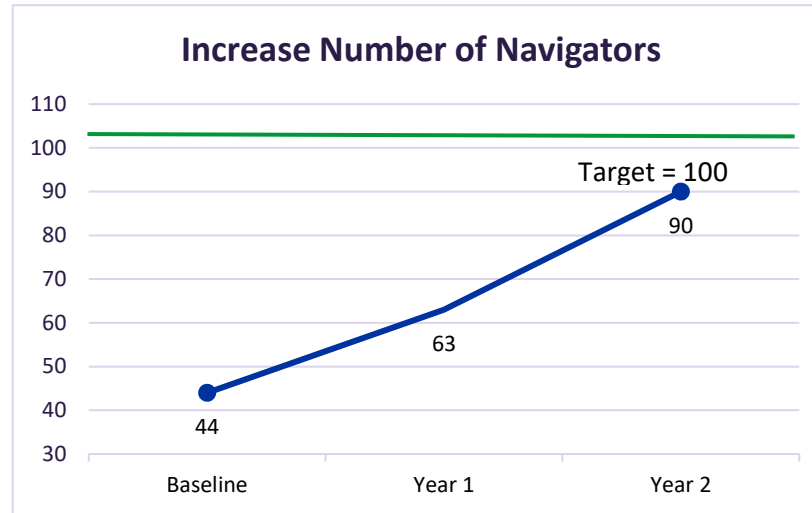
²¹ Nevada State Board of Nursing [Continuing Education – Nevada State Board of Nursing \(nevadanursingboard.org\)](http://nevadanursingboard.org)

²² NCC Cancer Survivorship Manager

EQUITABLE ACCESS PROGRESS – INDICATOR CHARTS



EQUITABLE ACCESS PROGRESS – INDICATOR CHART



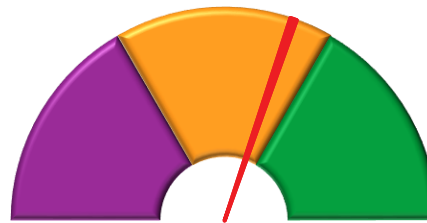
EQUITABLE ACCESS PROGRESS – OBJECTIVE STRATEGY RATINGS



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

<p>Hospitals with palliative care programs Baseline: 16 Target: 18 Year 1 Progress: No change from baseline Year 2 Progress: No new data</p> <p><i>Data source: Center to Advance Palliative Care report card</i></p>	<p>Annual educational opportunities for health care professionals Baseline: 2 Target: 3 *Year 1 Progress: 2 **Year 2 Progress: 2</p> <p><i>Data source: Nevada Cancer Coalition, includes 1) Nevada Cancer Control Summit 2019, *2021 and 2) Project ECHO series **2022 Nevada Cancer Summit</i></p>	<p>Number of navigators Baseline: 44 Target: 100 Year 1 Progress: 63 Year 2 Progress: 90</p> <p><i>Data source: Nevada Oncology Navigator Network membership 2020, *2021 **2022</i></p>
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Objective: Expand clinical and non-clinical supportive resources available to survivors.	
Strategy: Identify which palliative care programs offer services to established patients only and which programs take non-patient referrals.	Ongoing
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 statewide Survivorship Task Force (STF) membership continued to increase with members representing the spectrum of survivorship care, including representation from the Palliative Care and Quality of Life Council. Meetings focused on identifying existing statewide support services to assist people in the survivorship spectrum – resources are housed on ThriveNV website. Members from two (2) northern Nevada and two (2) southern Nevada non-clinical survivorship programs continue to be active in efforts to increase access to support services available for survivors.</p> <p>The ThriveNV program and dedicated website were maintained and updated to increase access to support resources for those affected by cancer and their caregivers. The program expanded to include two bilingual patient navigators (PNs) for a total of three patient navigators. The statewide peer-to-peer support program continued based on a partnership with a national nonprofit. The Oncology Navigation Network was maintained, and membership increased allowing for networking and sharing of clinical and non-clinical resources with statewide navigators. Visits to rural communities and participation in statewide 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.²⁵</p>
<p>Opportunities: Identify partners to join collaborative meetings to increase awareness of existing palliative services and collectively promote earlier referrals to palliative services. Use connections from Navigation Network to recruit more members 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.).^{23,24,25}</p>
<p>Challenges: Finding/providing more volunteers for peer-to-peer mentor survivorship support.</p>

²³ NCC Cancer Survivorship Program Manager/STF Reports

²⁴ NCC Cancer Survivorship Program Manager/ThriveNV Navigation Program

²⁵ 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	Ongoing
Strategy: Support policies to expand the quality, provision, and use of palliative care.	Ongoing
Strategy: Explore readiness and opportunity for programs to offer outpatient palliative care services.	Ongoing
Strategy: Partner with medical, nursing, and other health sciences schools to identify opportunities and conduct presentations on palliative care education.	Ongoing
Strategy: Identify opportunities in continuing education activities to include palliative care topics.	Ongoing
Strategy: Increase the number of patients referred to and participating in symptom management	Data not yet available

Narrative
<p>Successes: The Nevada Palliative Care and Quality of Life Advisory Council held the first annual Nevada Palliative Care Awareness Day and Palliative Care Summit (hybrid) on November 18, 2022. The event featured presentations from statewide experts on palliative care, ethics, and advanced directives. The morning sessions were designed to educate the health care team with participation from nurses, advanced practice providers, physicians, public health, and allied health professionals from across the state, including providers from Elko and Ely. Afternoon sessions were for the public to learn about palliative care and advanced directives, meet with professionals with expertise in those areas, and complete advanced directives.²⁶</p> <p>Opportunities for Palliative Care education are identified and shared via NCC newsletters, promotion on events calendar, and via social media outlets to reach beyond direct NCC membership. Project ECHO Nevada Palliative Care series continued monthly as a statewide forum for healthcare practitioners in Nevada to support the delivery of palliative care. This is done through a combination of didactic and case presentations allowing for multidisciplinary input.</p>
<p>Opportunities: Identify ways to increase involvement between NCC and The Nevada Palliative Care and Quality of Life Advisory Council to increase promotional reach of educational opportunities specific to palliative care topics, increase understanding of and referral to palliative care across the state, and opportunities to present to medical, nursing, and other health sciences schools.</p> <p>NCC continues to support palliative care policy, increased (and early) access to symptom management and supportive services.²⁷</p>
<p>Challenges: Consistent communication between providers concerning patient diagnosis, treatment, and plans to improve patient care.</p>

²⁶ Advisory Council on Palliative Care & Quality of Life [PallCareDay2022 \(nv.gov\)](https://www.nv.gov/palliative-care)

²⁷ NCC Cancer Survivorship Program Manager

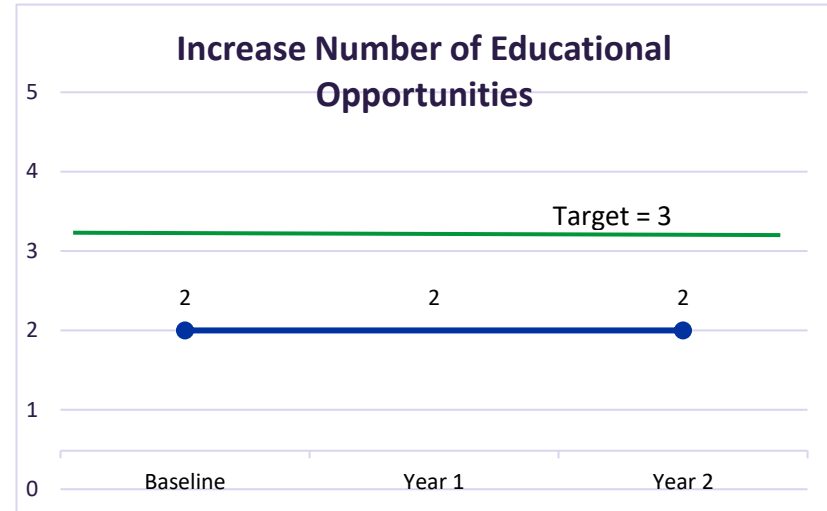
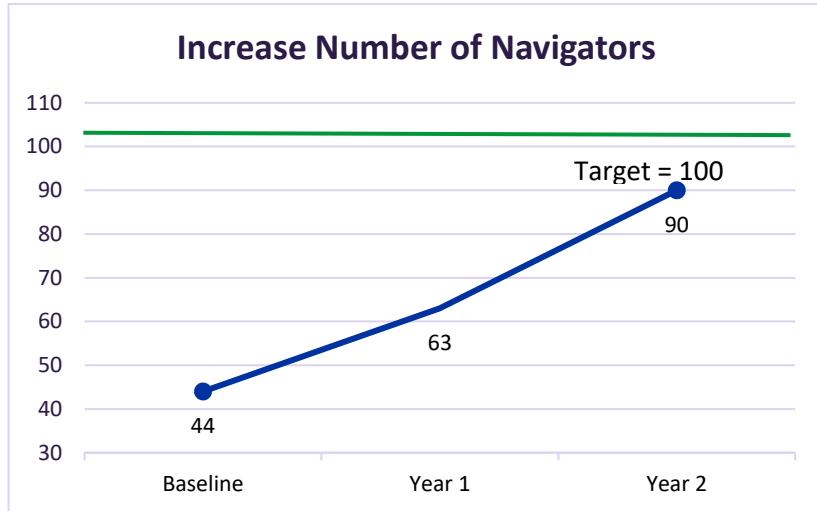
Objective: Increase educational opportunities for current and future health care professionals and other support personnel to learn about best practices in survivorship.	
Strategy: Identify and document educational opportunities conducted by partnering entities.	Ongoing
Strategy: Partner with medical, 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: Based on results from a partner-driven Access to Medical care survey and partner feedback, NCC learned that communicating difficult news and having difficult conversations was an educational topic of interest from healthcare professionals and support staff. A webinar was held on the “Art of Active Listening: Communicating Emotionally Charged/Difficult News” as part of an industry-sponsored, non-branded presentation appropriate for physicians, nurses, medical and nursing students, and allied health professionals. Educational videos were added to Provider Continuing Education on NCC website to increase access to the previously recorded Survivorship ECHO series (six (6) presentations) and three (3) on-demand webinars shared from partner entities. NCC team continues to promote partner-sponsored educational opportunities.</p> <p>The Cancer Control Summit held in September 2022 offered opportunities for in-person networking and CME/CE for current and future health care professionals, and allied health professionals covering relevant topics in the survivorship care continuum - Cancer In Nevada: Where are we?, Precision Oncology, Updates in the treatment of Myeloma, Expanding the Support team to increase capacity, Panel discussion regarding education/retention of a cancer careforce, Guiding Therapies for high risk ALL, and sessions on Lung Cancer Screening in NV – how we are failing and how we can fix it.</p> <p>Several educational opportunities from partner organizations were identified and shared with the community.</p>
<p>Opportunities: Staff expansion in southern Nevada provided new connections with community health workers, physicians, and other health care providers and professionals. NCC staff was invited to present at a future national nursing conference to share about the ThriveNV program. Continue to identify/promote existing educational opportunities from partnering entities in hopes to collaborate and increase reach to primary care, and future health care professionals.</p>
<p>Challenges: Reaching primary care providers and engaging them in planned educational activities/webinars focusing on topics addressing survivorship issues.²⁸</p>

²⁸ 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

Year 2 Progress: No progress

Data source: Nevada Central Cancer Registry

Clinical trial providers in Nevada

Baseline: 77

Target: 82

*Year 1 Progress: 53

**Year 2 Progress: 63

*Data Source: clinicaltrials.gov, November 2020, *2021, **2022*

Objective: Increase the number of cancer data reports from Nevada Central Cancer Registry (NCCR) to guide cancer control efforts in the state.	
Strategy: Improve data quality by promoting complete, accurate, and timely reporting to NCCR.	Ongoing
Strategy: Use burden and disparity data to support targeted cancer control efforts.	Ongoing
Strategy: Seek opportunities to publish and present cancer related data in order to improve understanding concerning the burden of cancer in Nevada.	Needs attention
Strategy: Support policies to improve and expand data collection and reporting to NCCR.	Ongoing

Narrative	
<p>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. As of September 2022, all the delayed reporting facilities are up to date with 2020 cancer incidence data and working towards submitting final 2021 incidence cases. Due to hospital staff furloughs, layoffs, and redirection of staff to COVID-19 activities in fiscal years 2020 and 2021, there had been major delays in reporting and processing cancer cases. Some facilities that experienced major staff turnover are just now catching up with their reporting timelines. NCCR’s completeness rates were much lower than anticipated in the two most recent Call for Data submission of 24-month incidence data, however as it stands currently NCCR has made a 9.5 % improvement in reporting. Progress is being made yearly to continue to improve reporting numbers, timeliness, and accuracy of reporting.</p>	
<p>Opportunities: The Registry plans to transition current paper reports to electronic reporting. The only reasonable way to keep up with yearly increasing caseload is to require electronic reporting and automate as many systems as possible within the registry. The electronic reporting roll-out will occur in phases and by specialty beginning in year 2 of DP2202-22 of funding period. The Registry staff will attend the annual Cancer Control Summit in September 2023, and if opportunity is available provide updated information about AB471 implementation, electronic cancer reporting, and additional cancer registry information. Now that the Biostatistician position has been filled, NCCR hopes to continue the development of the Nevada Central Cancer Registry Dashboard.</p>	
<p>Challenges: Processing the Registry’s increased workload of paper cancer case reports requires additional staff resources. Staffing is still limited until SFY 2023 when new legislatively approved positions can be hired and onboarded. In SFY 2022 NCCR experienced staff turnover leaving NCCR Biostatistician position vacant for 9 months, during this time NCCR was unable to complete certain activities including seeking opportunities to publish and present cancer related data, participate in non-federally required research studies, and finalize the Nevada Cancer Registry Dashboard which will provide more real time cancer incidence data.²⁹</p>	

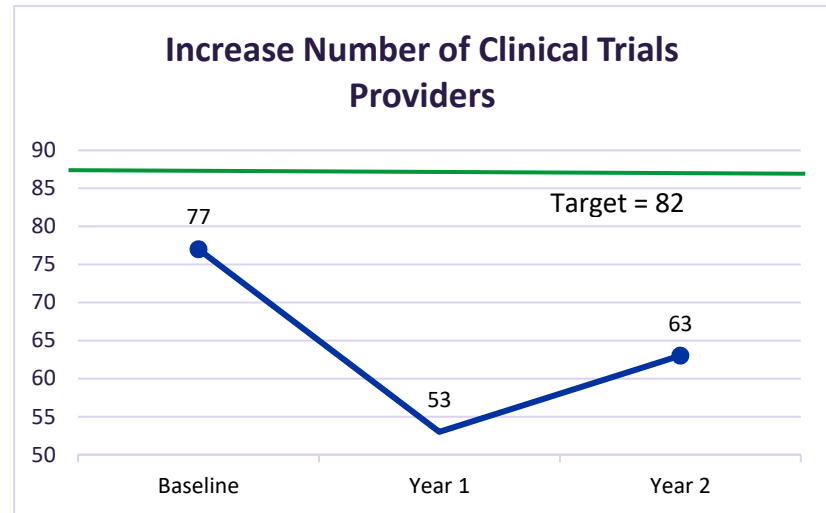
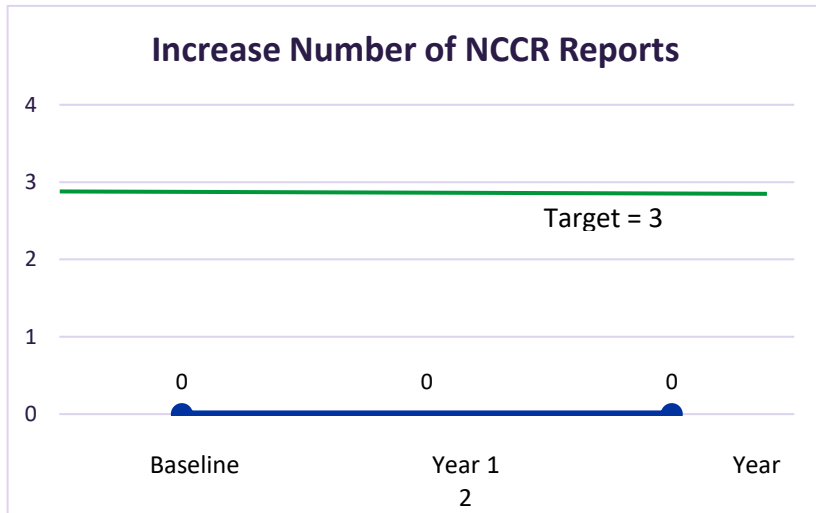
²⁹ DPBH Nevada Central Cancer Registry

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: While the number of providers/separate organizations offering clinical trials has increased slightly over last year’s number, the actual number of provider sites available for clinical trials has grown exponentially from approximately 100 sites during the baseline year to almost 200 sites in 2022. The number of cancer related clinical trials in Nevada remains fairly steady from 602 in 2020 to 621 in 2021, and 603 in 2022. Growth of medical organizations throughout Nevada - which includes the consolidation of smaller practices into larger organizations, companies adding additional sites, and six newly listed entities offering a clinical trial(s) – has contributed to increased patient reach across the state. This includes locations in some of Nevada’s rural communities including the VA Lahontan Valley Outpatient Clinic and Hope Cancer Care of Nevada in Pahrump.</p>	
<p>Opportunities: Medical schools at both the University of Nevada, Reno (UNR) in northern Nevada and the University of Nevada, Las Vegas (UNLV) in Southern Nevada have partnered with local Commission on Cancer accredited hospitals expanding Nevada’s cancer research capabilities. Opportunities exist in numerous areas including educating the public and patients on the benefits of participation in clinical trials and promoting the expanded clinical trial site locations across the state. Nevada Cancer Coalition, in partnership with the Commission on Cancer accredited facilities, will organize a clinical trials focused collaborative with the goal of increasing clinical trial expansion and enrollment.</p>	
<p>Challenges: No funding exists to address this objective. Given the consolidation of many medical practices into larger groups, the measurement mechanism chosen for this objective is no longer a reliable indication of change. The majority of Nevada’s rural and frontier communities do not have access to clinical trials within close proximity which is a barrier to participation.³⁰</p>	

³⁰ NCC Executive Director

SURVEILLANCE AND RESEARCH PROGRESS – INDICATOR CHARTS



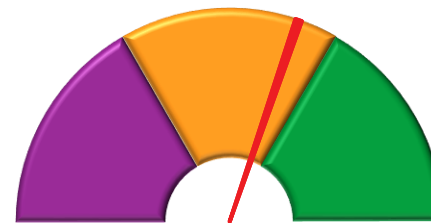
SURVEILLANCE AND RESEARCH PROGRESS – OBJECTIVE STRATEGY RATINGS



Cancer Data Reports Strategies



Clinical Trials Strategies



Evaluation Results

It is expected that positive progress toward indicator targets will fluctuate, especially as data that reflects the impacts of the COVID-19 Pandemic and Post Pandemic continues to be collected and reported. This is only the second report since the Cancer Plan was released in 2021.

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

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

Recommendations

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

Steady improvements have been made in Priority Area I: Prevention. This priority area reported most of the strategies were well implemented and maintained. As concerns and focus subside from the pandemic and COVID-19 vaccines are on the rise, HPV efforts are proving to increase vaccination rates.

Immunization partners reported attention to HPV strategies has resumed. The state Radon Program expanded its reach by formally educating medical providers on the harmful risks radon has if high levels are found in the home. Although vaping among youth is a steady climb, results from a statewide campaign showed a significant increase in the number of youths enrolled in the Nevada Tobacco Quitline program (NTQ), *My Life, My Quit*, including the use of NTQ online tools by 96%. As prevention strategies are well underway, there are no additional actions necessary to support measurable outcomes.

Overall, collaborative progress continued to advance in Priority Area II: Early Detection. Partners continued to collaborate in Task forces and priority-focused breast, colorectal, and lung cancer formal workgroups. Following the committed efforts implemented by these early detection collaborations, the Lung Cancer Collaborative has been instrumental in driving efforts to increase Nevada's considerably low lung cancer screening rates. The successful addition of a Nevada-specific lung cancer screening question in the 2022 BRFSS designed to improve the collection of lung cancer screening rates will be available in 2023. Following recommendations from the Year 1 Cancer Plan Evaluation Report, lung cancer has taken priority under early detection. The increased participation under early detection strategies is a direct result of the cohesive statewide partnerships that continue to be strengthened. It is recommended to continue to providing outreach, education, and resource tools to support successfully implemented policies.

There was consistent progress made on Priority III: Equitable Access. While the importance of available and accessible health insurance coverage becomes increasingly more evident, even more so, is the understanding that health equity is a leading factor. Sustainable avenues to access care and obtain medical coverage are increasing as policies are implemented. On the 82nd Legislative Session upcoming in 2023, a bill was prepared and is ready for a proposal that will provide full policy coverage for all

breast cancer screenings and diagnostics. Upon passing, this bill will not only provide easier access to care but lead more people to treatment. Additionally, efforts were conducted to ensure Nevada's healthcare workforce is expanded and supported as the Nevada Cancer Summit held an effective and productive panel discussion session to address gaps in the current and future workforce care in Nevada. It is suggested at this time to provide support for the upcoming bills for Legislation Session that will increase access to care, improve health equity and successfully implement policies care related to this priority. It is recommended this area and associated objectives be closely monitored over the next year to ensure progress continues.

Sustainable progress was made on several of the strategies under Priority Area IV: Quality of Life, especially in the areas of palliative care for patient navigation services and networking. As designed, the ThriveNV patient tele-navigation service fits the identified survivorship needs. In addition to patient navigation, ThriveNV's resource website, an Oncology Network, peer-to-peer mentor support, and outreach to providers, communities, and cancer partners, the program continues to expand the influence of survivorship throughout rural Nevada. ThriveNV added two bilingual patient navigators to better support Hispanic communities. The Survivorship Task Force successfully sustained evidence-based survivorship support. This area will require continued support and capacity to maintain momentum. As previously noted, it is recommended to promote patient navigation services through capacity, networking, and media campaigns.

Supportive efforts remained ongoing for Priority Area V: Cancer Surveillance and Research. The data-driven health equity lens approach used in Nevada continues to identify and address the state's cancer needs. As the Registry builds its capacity, published reports can be expected. It is still recommended that in addition to focusing on the identified indicator, partners work to increase the number of clinical trials offered by Nevada's designated provider sites, the diversity of trials offered, and the infrastructure established to improve medical research.

Finally, statewide partnerships and collaborative 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, the 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
 - Lung Cancer Collaborative
 - 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>