



NEVADA DIVISION of PUBLIC  
and BEHAVIORAL HEALTH

# NEVADA COMPREHENSIVE CANCER CONTROL PLAN IMPLEMENTATION

## YEAR 4 EVALUATION

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## OVERVIEW OF THE NEVADA COMPREHENSIVE CANCER CONTROL PLAN

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

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

## PLAN PROGRESS

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

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

A Lung Cancer Provider Toolkit developed by the Lung Cancer Collaborative was distributed to give healthcare providers a roadmap and the necessary resources to develop, implement, and maintain a lung cancer screening program in their facility or organization.

The Nevada Radon Program expanded education to health care providers, medical professionals, and the public on the risks of radon in homes in addition to an increase of education for real estate professionals.

Nevada Cancer Coalition's (NCC) formalized cancer control Collaboratives included statewide providers and community partners to collectively engage on several identified prevention and early detection measures to increase cancer screening strategies based on breast, cervical, colorectal, lung, and Human Papillomavirus (HPV) objectives.

A new Tobacco initiative was planned and expected to educate the community and tobacco retailers to help decrease the Retail Violation Rate (a measure captured by the Nevada Attorney General with underage tobacco enforcement inspections).

The revised language that was developed and passed as AB147 during the 2023 legislative session was finalized in July 2024 and provides an opportunity to bridge the medical-dental divide and ensure that all Nevadans have access to care. Dental providers are no longer limited to testing and educating people about HPV and are able to vaccinate Nevadans for HPV, too. The law provides another point of access for Nevadans looking to get vaccinated.

Dedicated marketing campaigns focused on rural and underserved communities increased awareness of and access to cancer early detection and supportive services for survivorship needs.

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

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

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

## PRIORITY I: PREVENTION

**GOAL: PREVENT CANCER BY REDUCING EXPOSURE TO RISK FACTORS.**

### PREVENTION INDICATORS

#### HUMAN PAPILLOMAVIRUS (HPV)

HPV vaccination coverage rate for adolescents 13 – 17 years

Baseline: 52.9%

Target: 60%

\*Year 1 Progress: 50.1%

\*\*Year 2 Progress: 56.5%

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

\*\*\*\*Year 4 Progress 48.5%

Data sources: Centers for Disease Control and Prevention, National Immunization Survey – Teen (NIS-Teen) 2019, \*2020, \*\*2021, \*\*\*2022 \*\*\*\*2003

#### 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

Year 2 Progress: No New Data

\*Year 3 Progress: 18.0%

\*\* Year 4 Progress: 16.8%

Data source: 2019 Nevada High School Youth Risk Behavior Survey (YRBS) Report, \*2021 \*2022

Percentage of adults who are former smokers

Baseline: 24.5%

Target: 25.8%

\*Year 1 Progress: 25.2%

\*\*Year 2 Progress: 24.4%

Year 3 Progress: No New Data

Year 4 Progress 25.8%

Data source: CDC, Behavioral Risk Factor Surveillance System (BRFSS) 2019 crude prevalence, \*2020, \*\*2022 \*\*\*2023 BRFSS

### 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  
\*\*Year 3 Progress: 29.9%  
Year 4 No New Data

Data source: Nevada Child height and Weight Annual Report 2018, \*\*State of Nevada DPBH, Nevada Child height and Weight Annual Report 2024

Obesity rate in adults  
Baseline: 29.5%  
Target: 29.5%  
\*Year 1 Progress: 28.7%  
\*\*Year 2 Progress: 31.3%  
\*\*\*Year 3 Progress: 33.5%  
Year 4 No New Data

Data source: BRFSS 2018, \*2020, \*\*2022, \*\*\*2023

### RADON EXPOSURE

Valid radon home tests completed  
Baseline: 24,271  
Target: 33,000  
\*Year 1 Progress: 33,257  
\*\*Year 2 Progress: 28,549  
\*\*\*Year 3 Progress: 32,308  
\*\*\*\*Year 4 Progress: 42,154

Data source: Nevada Radiation Control Program, 2019, \*2020, \*\*2021, \*\*\*2023 Data source: Nevada Radon Education Program \*\*\*\*2024

Existing homes mitigated for radon  
Baseline: 1,513  
Target: 2,200  
\*Year 1 Progress: 1,910  
\*\*Year 2 Progress: 2059  
\*\*\*Year 3 Progress: 2,221  
\*\*\*\*Year 4 Progress: 2,544

Data source: Nevada Radiation Control Program, 2019, \*2020, \*\*2021, \*\*\*2023 Data source: Nevada Radon Education Program \*\*\*\*2024

New homes-built radon-resistant  
Baseline: 531  
Target: 660  
\*Year 1 Progress: 554  
\*\*Year 2 Progress: 573  
\*\*\*Year 3 Progress: 591  
\*\*\*\*Year 4 Progress: 649

Data source: Nevada Radiation Control Program, 2019, \*2020, \*\*2021, \*\*\*2023 Data source: Nevada Radon Education Program \*\*\*\*2024

### UV EXPOSURE

Incidence of melanoma  
Baseline: 16.9 per 100,000  
Target: 16.81 per 100,000  
Year 1 Progress: No New Data  
Year 2 Progress: 13.2 per 100,000  
\*\*Year 3 Progress: 22.7 per 100,000  
Year 4 No New Data

Data source: CDC, U.S. Cancer Statistics, 2013-2017, Nevada did not meet USCS publication criteria for the 2014-2018 report  
Data Source: Nevada Division of Public and Behavioral Health, Office of Analytics 2013-2019\*, CDC, U.S. Cancer Statistics, 2017-2021\*\*

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

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

## NARRATIVE

**Successes:** Nevada Cancer Coalition (NCC) maintains an HPV subaward with the Nevada State Immunization Program to maintain the HPV Collaborative (Initiation 2024). The collaborative continues to work with dental professionals to recommend and refer youth for the HPV vaccine. The collaborative also continues efforts for HPV vaccine administration and "catch-up" for older youth and young adults through statewide media promotion efforts. NCC also partnered with the University of Nevada, Reno School of Medicine to offer an interprofessional seminar on HPV vaccine to all second-year medical students and first year physician assistant students. The seminar was positively received and has been added as a permanent seminar to the interprofessional curriculum at this school.

**Opportunities:** NCC plans to engage oral healthcare providers about HPV vaccine awareness and education. NCC also continues to monitor the progress of regulations associated with AB 147 (82nd Legislature) as they progress through the regulation process. In 2024, The State Dental Board recommended HPV be one of three vaccines (HPV, COVID, and influenza) to be allowed for administration by dental professionals, however the process for full adoption remains in progress.

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

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

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



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

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

**NARRATIVE**

**Successes:** The 2021-2023 Nevada High School Youth Risk Behavioral Survey (YRBS) Comparison Report showed a decrease in the percentage of high school students who used electronic vapor products, from 36.7% in 2021 to 31.9% in 2023. The 2021-2023 YRBS Comparison Report also showed a decrease in 2023 of high school students who used electronic vapor products during the 30 days before the survey (17.6% to 14.3%) and the percentage of high school students who have ever smoked cigarettes (17.5% to 14.4%). NCC continues to work with the Nevada Tobacco Control and Smokefree Coalition to better implement policies related to tobacco prevention and control and smokefree efforts and support community education.<sup>3</sup>

**Opportunities:** A new project is underway funded by the Substance Use Prevention Treatment and Recovery Services (SUPTRS) block grant that includes tobacco partners conducting purchase surveys in tobacco retail settings. The surveys will be used to determine if a tobacco retailer asks for ID and uses enhanced ID verification before making a sale. Purchase surveys will not penalize retailers, as this is separate from underage tobacco inspections performed by the Office of the Attorney General (OAG). This grassroots effort will provide Tobacco 21 education and signage to retailers while celebrating retailers that pass purchase surveys. This initiative will assist in educating the community and tobacco retailers to help decrease the Retail Violation Rate (a measure captured by the OAG with underage tobacco enforcement inspections).<sup>3</sup> Additionally, public attitude toward smokefree work, including smokefree outdoor spaces, continues to be largely positive—though the influence of the gaming industry makes the passage of any large-scale policy efforts impossible.

**Challenges:** Funding continues to be a challenge for tobacco control in Nevada. There was a significant decrease in funding as the 82<sup>nd</sup> legislative session discontinued State Youth Vaping Prevention funds—a loss of \$5 million (\$2.5 million per 2 years). Additionally, the tobacco funds allocated from the Fund for Healthy Nevada (FHN) for SFY26-27 has been reduced by 10%, putting more constraint on the youth tobacco prevention activities in the state.

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

**OBJECTIVE: INCREASE THE NUMBER OF ADULTS WHO ARE FORMER SMOKERS.**

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

**NARRATIVE**

Successes: Health Plan of Nevada Medicaid members are eligible for the benefits to enroll in the plan's Tobacco Cessation Program by attending a virtual orientation. The program is led by a licensed alcohol and drug counselor and include medication or nicotine replacement therapy. The web intakes to the Nevada Tobacco Quitline increased within the reporting period.<sup>4</sup> The link to the Nevada Quitline website (<https://nevada.quitlogix.org/en-us/>) was added to 211 website to expand the use of proven cessation services. Additionally, Nevada Cancer Coalition is working to promote quite resources at smokefree events. In 2024 targeted materials were created for the LGBTQ+ community and disseminated at both Northern Nevada PRIDE and Vegas PRIDE.<sup>4</sup>

Opportunities: The Annual Call Volume to the Nevada Tobacco Quitline remained the same from FY 2024 to FY 2025. Annual Enrollment decreased by 9% over the same time frame.<sup>1</sup> The Nevada Tobacco Quitline and the Southern Nevada Health District are collaborating with the University of Nevada, Las Vegas School of Dentistry to implement an e-referral system to support tobacco cessation.

Challenges: Promoting health systems change is challenging. DPBH Tobacco Control continues to seek assistance with best practices and recommendations.

<sup>4</sup> National Jewish Health. Nevada Tobacco Quitline reports, 2024-25

### OBJECTIVE: REDUCE THE OBESITY RATE IN CHILDREN IN GRADES 4-10.

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

### NARRATIVE

Successes: The WPP Program leveraged robust data collection and strong partnerships with local health authorities, school districts, and community organizations to advocate for mandatory physical education and physical activity in grades K-6. Through the Healthy Eating Active Living Nevada (HealNV) program, it equipped schools with training and capacity-building initiatives to support these policy changes. These efforts have laid the foundation for healthier school environments and contributed to reducing childhood obesity in Nevada. The WPP Program has actively promoted community garden initiatives by forging strong partnerships with key DPBH programs, including HealNV 5210, Snap Ed, the Funds For a Healthy Nevada-supported food banks, and Green Our Planet. By collaborating with these initiatives, WPP has provided technical assistance and shared best practices to help establish and maintain community and in school gardens in diverse neighborhoods. This integrated approach has improved local access to fresh produce, bolstered nutritional education, and contributed to overall community wellness, especially in underserved areas. Programs have integrated the tenets of the statewide wellness policy into core initiatives by aligning data collection efforts, training workshops, and community engagement activities with the policy's goals. For example, by implementing standardized procedures to collect student health metrics and launching programs that promote healthy eating and active living, Partners have provided local schools and community partners with the tools and support needed to uphold wellness standards. These coordinated efforts have helped create a comprehensive framework for wellness across various settings, ensuring that best practices in nutrition, physical activity, and overall health are consistently applied statewide.<sup>9</sup>

Opportunities: Opportunities include leveraging enhanced data analytics to further demonstrate the benefits of mandatory physical education, thereby accelerating broader local and state policy adoption. Expanding partnerships with school districts, community organizations, and local businesses can foster a supportive network that promotes active lifestyles. Additionally, exploring innovative funding models may ensure sustainable resources for expanding training and capacity-building efforts in schools. Opportunities include leveraging existing partnerships with complementary state programs to expand community garden initiatives into underserved communities. This integrated approach can foster sustainable funding while offering a scalable model to enhance nutritional education and improve local access to fresh produce. Expanding these initiatives statewide presents a significant opportunity to promote community wellness through innovative, unified strategies. Opportunities include leveraging the statewide wellness policy to foster stronger cross-sector

collaborations that bring together schools, local government, and community organizations. The policy framework also creates room for expanding data-driven interventions and best practices across districts, which can further refine and scale proven wellness initiatives. Additionally, aligning with this policy offers a pathway to access diverse funding streams and support systems that can enhance capacity building and long-term program sustainability statewide.<sup>9</sup>

Challenges: Securing sustained funding remains a key obstacle, limiting the expansion of workforce capacity and program initiatives across school districts. The uneven implementation of physical education policies, driven by resource differences and varying administrative support, poses another significant challenge. Additionally, the lingering impacts from the COVID-19 pandemic have intensified sedentary behaviors and disrupted school routines, complicating the consistent rollout of physical activity programs. Challenges include securing sustainable funding and resources necessary to expand community garden initiatives while ensuring proper infrastructure and maintenance. There is also the difficulty of coordinating efforts across diverse communities, addressing local zoning and permitting obstacles, and managing logistical issues that arise in different settings. Additionally, maintaining consistent community engagement and aligning garden operations with broader health and nutritional goals poses an ongoing challenge as these initiatives scale statewide. Coordinating the diverse interests of schools, local governments, and community organizations poses a challenge, as each may interpret and apply the policy differently. Ensuring consistent implementation of wellness standards across regions is difficult due to variations in local practices and available expertise. Moreover, establishing robust data collection and accountability systems for monitoring policy compliance necessitates comprehensive workforce training and capacity building, which adds complexity to achieving uniform adherence statewide.<sup>8</sup>

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

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

## OBJECTIVE: MAINTAIN THE OBESITY RATE IN ADULTS.

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

## NARRATIVE

Successes: The Nevada Division of Public and Behavioral Health, Wellness and Prevention Program (WPP) continues to receive direct support from the Chronic Disease Epidemiology Unit to prepare the annual Nevada Obesity Report. The purpose is to disseminate county level obesity related data that could assist the community in planning, identifying, and evaluating evidence-based prevention and control activities. WPP continues to support the 5210 initiatives, and the NV 5-2-1-0 team has been fortunate to partner with health districts throughout Nevada and several organizations and individuals who share the vision of increasing healthy eating and active living across communities in Nevada. The versatile NV 5-2-1-0 Program can be implemented across various sectors within the community, and in this instance, it is being rolled out within the healthcare provider sector. This strategic step amplifies the program's reach and impact, fostering healthier lives through collaboration between medical professionals, health districts, and medical societies and bodies across Nevada.<sup>8,9</sup>

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

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

<sup>8</sup> DPBH Wellness and Prevention Program <sup>9</sup> Nutrition Unit Deputy Chief

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

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

### **NARRATIVE**

**Successes:** NREP hosted a tri-regional radon conference in the Spring of 2024. This event brought specific Nevada regions and other states together for radon education, networking, and collaboration. The event included a keynote session with Nevada Radiologist and Radon Champion, Dr. Chivonne Harrigal on the relationship between radon and lung cancer and lung cancer screening opportunities. Dr. Harrigal's session was positively received and replicated at the National Radon Conference, where she was also the speaker.<sup>10</sup>

**Opportunities:** NCC and the Nevada Radon Education Program have partnered to provide additional medical educational opportunities throughout the state. They are also exploring possible policy options for future legislative sessions.

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

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

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

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

### NARRATIVE

Successes: NCC continues to deliver sun safety education in school and community settings statewide, focusing on helping individual schools implement their district sun safety policies mandated in statute. NCC and local dermatology practices hosted a Community Skin Check Clinic. 182 people were screened, 65 people referred for follow up and 15 cancers identified on site, with 4 being melanoma and successfully excised with clean margins at later follow up appointments.) A video PSA for how to conduct skin checks and incorporating skin color was produced in April and released for May Skin Cancer Awareness month. Additionally, students at the University of Nevada, Las Vegas (UNLV) and University of Nevada, Reno (UNR) continue to support sunscreen drives, are trained to give sun safety presentations, and volunteer at skin check clinics.

Opportunities: NCC is working to strengthen the network of dermatologists that can support community skin check clinics and is seeking opportunities to continue hosting such events.

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

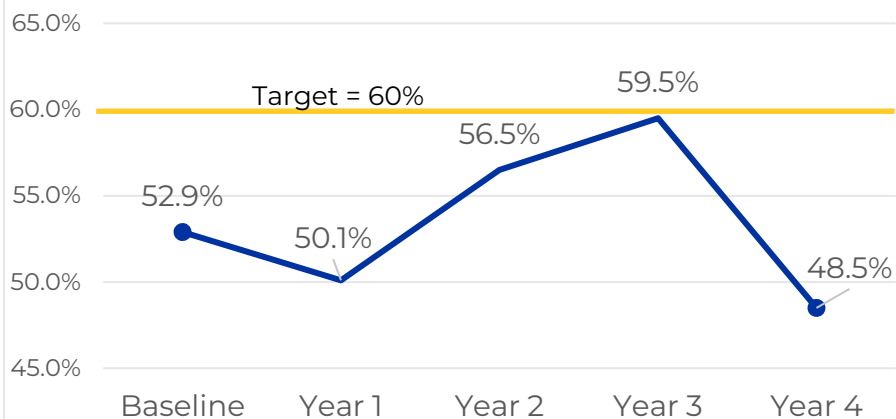
<sup>11</sup> NCC Cancer Prevention Program Manager



## PROGRESS – INDICATOR CHARTS

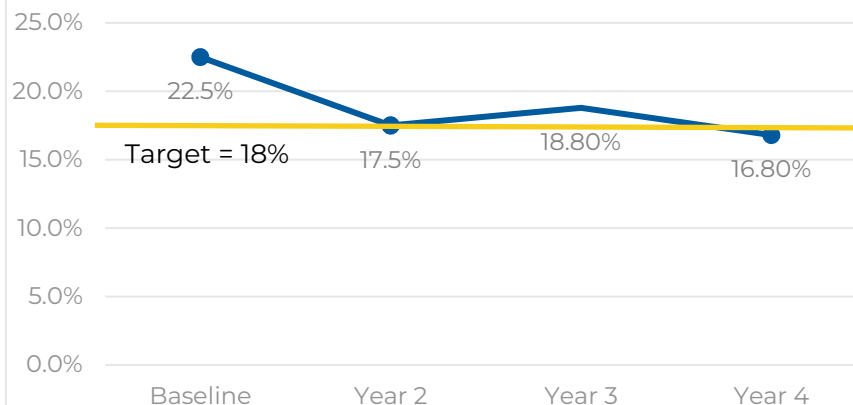
*Data not available for Youth Tobacco and Vaping, Youth Obesity, and UV Exposure indicators.*

Increase HPV Vaccination Rate



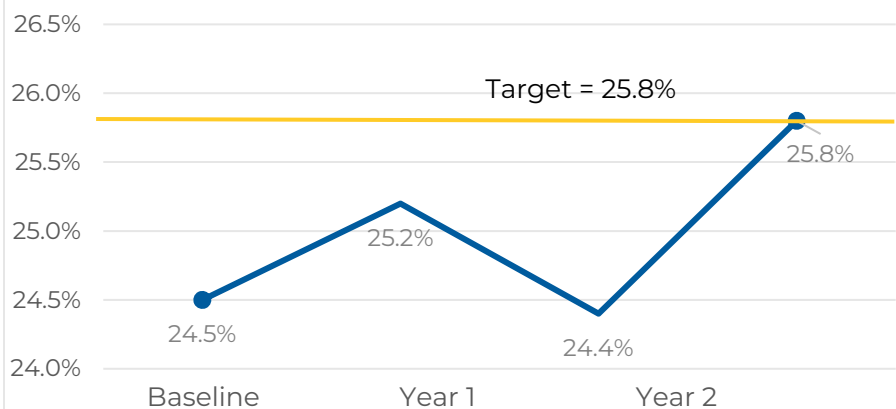
Data sources: Centers for Disease Control and Prevention, National Immunization Survey – Teen (NIS-Teen) 2019, \*2020, \*\*2021, \*\*\*2022 \*\*\*2003

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



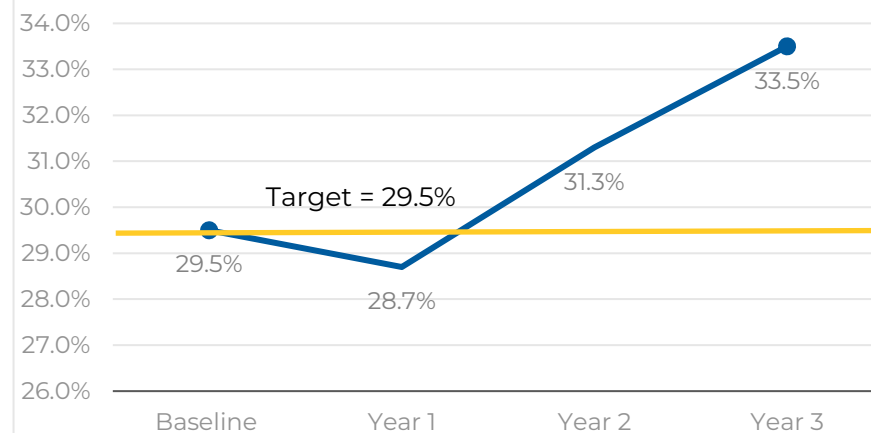
Data source: 2019 Nevada High School Youth Risk Behavior Survey (YRBS) Report, \*2021 \*2022

Adult Tobacco Use - Increase % of Former Smokers



Data source: CDC, Behavioral Risk Factor Surveillance System (BRFSS) 2019 crude prevalence, \*2020, \*\*2022 \*\*\*2023 BRFSS

Maintain Adult Obesity Rate



Data source: BRFSS 2018, \*2020, \*\*2022, \*\*\*2023

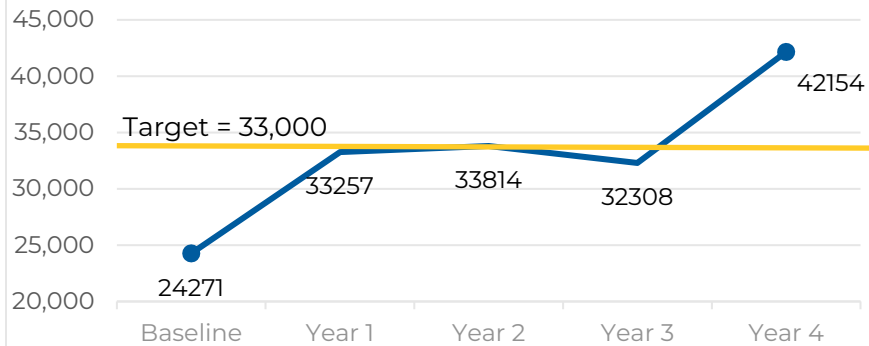




## PROGRESS – INDICATOR CHARTS

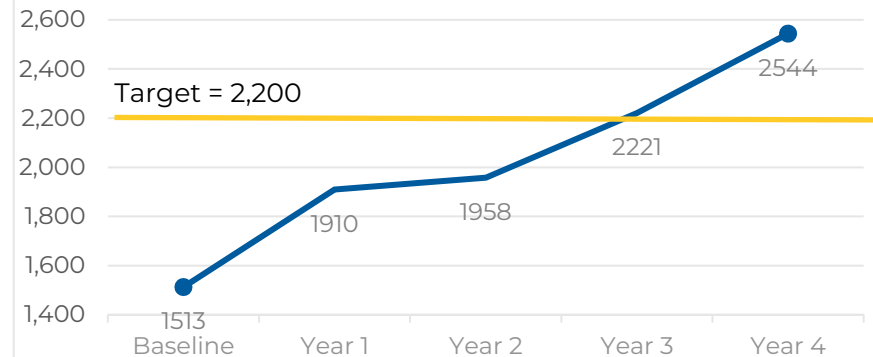
Data not available for Youth Obesity indicator.

Increase Number of Radon Tests Completed



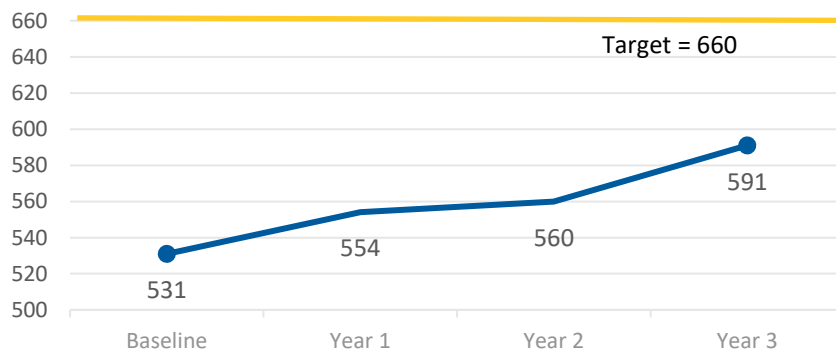
Data source: Nevada Radiation Control Program, 2019, \*2020, \*\*2021, \*\*\*2023 Data source: Nevada Radon Education Program \*\*\*\*2024

Increase Number of Homes Mitigated



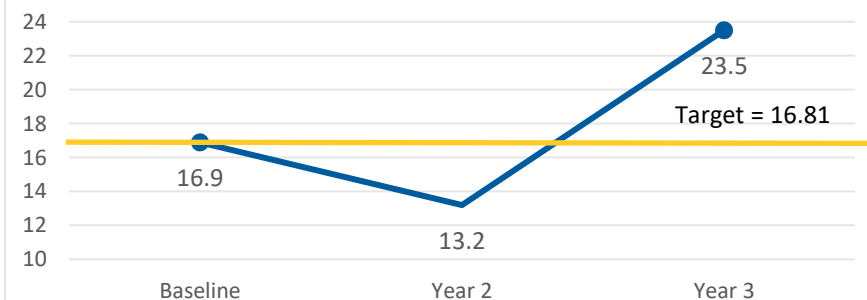
Data source: Nevada Radiation Control Program, 2019, \*2020, \*\*2021, \*\*\*2023 Data source: Nevada Radon Education Program \*\*\*\*2024

Increase Number of Homes Built Radon Resistant



Data source: Nevada Radiation Control Program, 2019, \*2020, \*\*2021, \*\*\*2023 Data source: Nevada Radon Education Program \*\*\*\*2024

Incidence of Melanoma, rate per 100,000



Data source: CDC, U.S. Cancer Statistics, 2013-2017, Nevada did not meet USCS publication criteria for the 2014-2018 report Data Source: Nevada Division of Public and Behavioral Health, Office of Analytics 2013-2019\*. CDC. U.S. Cancer Statistics. 2017-2021\*\*



## PRIORITY II: EARLY DETECTION

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

#### EARLY DETECTION INDICATORS

<p>Women screened for breast cancer</p> <p>Baseline: 66.4%</p> <p>Target: 69%</p> <p>*Year 1 Progress: 69.6%</p> <p>Year 2 Progress: No new data</p> <p>**Year 3 Progress: 62.7 %</p> <p>Year 4 Progress No new data</p> <p>Data source: CDC, BRFSS, 2018 crude prevalence for women 40+ screened in the past two years, *2020, **2022</p>	<p>Women screened for cervical cancer</p> <p>Baseline: 78.9%</p> <p>Target: 82.9%</p> <p>*Year 1 Progress: 76%</p> <p>Year 2 Progress: No new data</p> <p>Year 3 Progress: No new data</p> <p>Year 4 Progress: No new data</p> <p>Data source: CDC, BRFSS, 2018 crude prevalence for women aged 21-65 who have had a Pap test in the past three years, *2020</p>
<p>Men and women screened for colorectal cancer</p> <p>Baseline: 60.6%</p> <p>Target: 73.7%</p> <p>*Year 1 Progress: 71.9%</p> <p>Year 2 Progress: No new data</p> <p>Year 3 Progress: 60.9 %</p> <p>Year 4 Progress: No new data</p> <p>Data source: CDC, BRFSS, 2018 crude prevalence USPSTF recommendation, *2020, **2022</p>	<p>Identified smokers screened for lung cancer</p> <p>Baseline: TBD</p> <p>Target: TBD</p> <p>Year 1 Progress: No data</p> <p>Year 2 Progress: No new data</p> <p>*Year 3 Progress: 7.4%</p> <p>Year 4 Progress: No new data</p> <p>Data source: CDC, BRFSS, *2022</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.	Increased
Strategy: Work with stakeholders to increase access to cancer screening for low-income, uninsured, and other medically underserved populations.	Increased
Strategy: Support providers in implementing evidence-based interventions including navigation, patient reminder systems, one-on-one education, and in-office tools including decision aids.	Ongoing
Strategy Enhance the statewide health information exchange (HIE) efforts to increase provider participation and sharing of screening information.	Ongoing
Strategy: Support efforts to implement reimbursement for navigation and community health worker (CHW) services	Ongoing
Strategy: Continue and expand state funding for breast and cervical cancer early detection and seek funding for colorectal cancer early detection.	Ongoing

**BREAST**

Successes: Following the passage of SB330, a Breast Cancer Screening and Diagnostics Bill passed during 2023 Nevada's 82<sup>nd</sup> Legislative Session, NCC continues to educate community members and providers on the required coverage of recommended regular and supplemental screenings and diagnostics using all evidence-based modalities.<sup>12, 14</sup> Following up on the Breast Cancer Collaborative's work with the Larson Institute at UNR to conduct an online survey focusing on all women in Nevada and an in-person listening tour/focus groups with Black/African American women, NCC launched a media campaign to promote breast cancer screening.<sup>12, 13</sup> NCC also expanded its ThriveNV Navigation program to offer navigation to screening services, connecting people with primary care providers, screening facilities, and Women's Health Connection to increase uptake of mammograms. Various partners across the state are also hosting focused breast cancer screening days and special events, such as a cross-border mobile mammography event in Wendover, and pop-up events at community locations, such as shopping malls, to connect people to screening.<sup>14</sup>

Opportunities: Community exposure for navigation to screening through outreach and advertising has yielded a number of new partnerships that will result in increased engagement with underserved communities and opportunities to connect people with WHC for screening or with medical homes to complete screening.<sup>13</sup>

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

<sup>12</sup> NCC Communications Director

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

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

## CERVICAL

Successes: Culturally appropriate tailored messaging for cervical cancer screenings to increase screening rates is distributed and accessible on NCC's website. NCC also engaged with clinical and community health workers to educate them on cervical cancer screening and promotion. 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 2024 as Cervical Cancer Prevention Month.<sup>16</sup> New HPV self-collection tests offer new opportunities to engage with providers and community health centers with educational opportunities on cervical cancer early detection along with the new self-collection method.

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

## COLORECTAL

Successes: The Colorectal Cancer (CRC) Collaborative had quarterly meetings aimed at identifying ways to increase colorectal cancer screening. 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 17 times to educate the public on the importance of colon cancer screening at provider and community health events. The colons are large enough for people to tour through and learn about polyps and screening. Colorectal Cancer Awareness Month in March 2024 encouraged partners to hold promotional screening events to increase awareness and education on the benefits of early detection. NCC's website allows partners to request use of the colons at events and in other public settings to provide education on the value of detecting the signs of colorectal cancer early.<sup>15,16</sup> The CRC Collaborative created a Home-Based Colorectal Cancer Screening Toolkit to guide providers in the importance of choice in increasing CRC screening rates and implementing stool test distribution in community settings.

Opportunities: Although recommended by their Advisory Board, Nevada Medicaid has denied coverage for their members to access Cologuard as a colon cancer screening option. Division of Health Care, Finance, and Policy (DHCFP) claims their budget will not allow state Medicaid to offer this alternative due to the high cost of Cologuard. Due to scientific knowledge that more screening options made available for those individuals eligible reduces the risk of cancer rates, the action to prepare for policy change that requires DHCFP to cover Cologuard screening tests as recommended by USPSTF for their members are already underway as NCC and colorectal cancer partners developed a [Cologuard Letter of Support](#).<sup>15</sup> NCC is planning to work with a legislator during the 2025 Nevada Legislative session on a bill to add stool DNA testing as a covered screening method for Medicaid enrollees.

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

<sup>14</sup> NCC Cancer Prevention Program Manager <sup>15</sup> Colorectal Cancer Collaborative Records/NCC Policy Committee

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

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

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

## NARRATIVE

Successes: The state Lung Cancer Collaborative distributed a comprehensive [Nevada Lung Cancer Screening Toolkit](#) for providers. Its purpose is to assist health systems in building, maintaining, and increasing patient uptake of a lung cancer screening program using LDCT as recommended by the United States Preventive Services Task Force (USPSTF). The objective is for those to understand the essentials, evidence, requirements, processes, risks, benefits, cost, and outcomes of lung cancer screening while considering the need for an LDCT screening program in a healthcare system or clinic. <sup>17</sup> NCC also hosted a lunch and learn webinar in January on the importance of lung cancer screening and use of the toolkit, assisted the Nevada Radon Education Program in securing a lung screening speaker for its regional radon conference, and included a session on lung cancer screening in the annual Nevada Cancer Control Summit. In November, NCC distributed “Screen Your Lungs” signs to community members and partners to promote screening in community and residential settings.

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

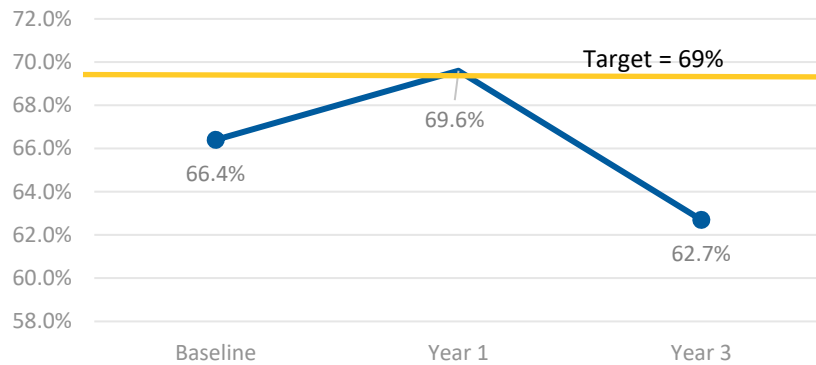
Challenges: Data collection for this objective remains critical but not easily accessed for Nevada. Although the Lung Cancer Collaborative has increased provider/partner communications as well as collaborative support to drive media campaigns, the lack of funding allocated to address lung cancer has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

<sup>17</sup> [Nevada Cancer Coalition Provider Tools and Resources](#) <sup>18</sup> DPBH Nevada Comprehensive Cancer Control Program

<sup>19</sup> NCC Cancer Prevention/Early Detection Program Manager

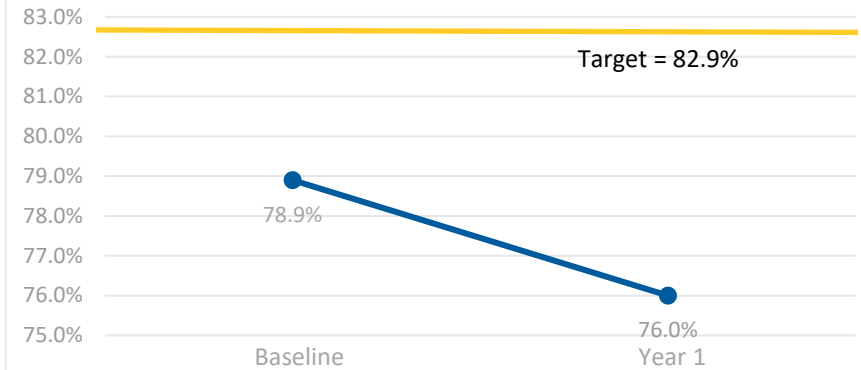
## EARLY DETECTION PROGRESS – INDICATOR CHARTS

Increase Breast Cancer Screening Rate



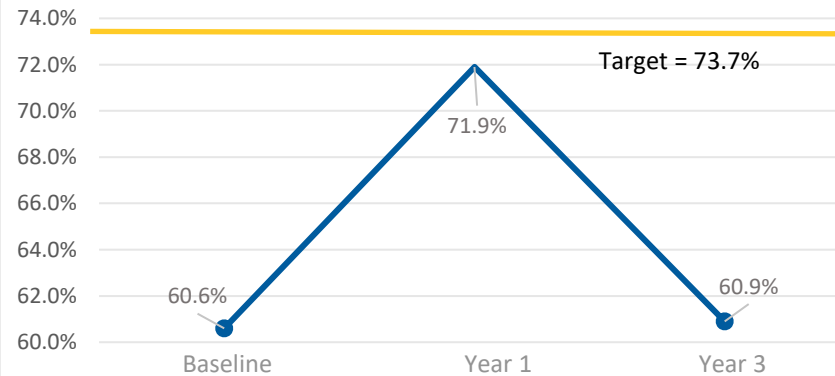
Data source: CDC, BRFSS, 2018 crude prevalence for women 40+ screened in the past two years, \*2020, \*\*2022

Increase Cervical Cancer Screening Rate



Data source: CDC, BRFSS, 2018 crude prevalence for women aged 21-65 who have had a Pap test in the past three years, \*2020

Increase Colorectal Cancer Screening Rate



Data source: CDC, BRFSS, 2018 crude prevalence USPSTF recommendation, \*2020, \*\*2022

## PRIORITY III: EQUITABLE ACCESS

### GOAL: ENSURE EQUITABLE ACCESS TO HEALTH CARE FOR NEVADANS.

#### EQUITABLE ACCESS INDICATORS

<p>Uninsured Nevadans</p> <p>Baseline: 11.4% Target: 10.8% Year 1 Progress: No new data *Year 2 Progress: 11.6% **Year 3 Progress: 11.1% ***Year 4 Progress: 10.8%</p> <p>Data source: United States Census Bureau Data source: USCB American Community Survey *2021, **2022, ***2023</p>	<p>Number of Physicians per 100,000</p> <p>Baseline: 213.5 Target: 225 *Year 1 Progress: 221.9 **Year 2 Progress: 221.9 ***Year 3 Progress: 222.5 ****Year 4 Progress: 230.0</p> <p>Data source: Health Workforce in Nevada Chartbook, 2020, *2021 **Nevada Instant Atlas 2022, ***2023 ****2024</p>
<p>Number of Advance Practice Registered Nurses (APRNs)</p> <p>Baseline: 1,279 Target: 1,345 *Year 1 Progress: 2,156 **Year 2 Progress: 2,851 ***Year 3 Progress: 4,440 ****Year 4 Progress: 3,507</p> <p>Data source: Health Workforce in Nevada Chartbook, 2020, *2021, **Nevada Instant Atlas 2022, ***Nevada State Board of Nursing SFY 21/22 ****Nevada Instant Atlas 2024</p>	<p>Number of Oncology Certified Nurses</p> <p>Baseline: 209 Target: 219 *Year 1 Progress: 199 **Year 2 Progress: 201 ***Year 3 Progress: 183 ****Year 4 Progress: 229</p> <p>Data Source: Oncology Nursing Certification Corporation, *2021, **2022, ***2023, ****2024</p>
<p>Number of navigators</p> <p>Baseline: 44 Target: 100 *Year 1 Progress: 63 **Year 2 Progress: 90 ***Year 3 Progress: 110 ****Year 4 Progress: 120</p> <p>Data source: Nevada Oncology Navigator Network membership 2020, *2021, **2022, ***2023 ****2024</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.	Increased

**NARRATIVE**

Successes: Preliminary findings from a study of Nevada's Public Option proposal are promising in terms of health care cost savings and enrollment, potentially reducing the percentage of people eligible but not enrolled in the exchange by 12% by 2031.<sup>20</sup> The plan was proposed for the market starting in 2026, however a newer update reports Nevada's public option is no longer being considered based on the initial proposal, and Governor Joe Lombardo initiated a process to create a market stabilization program instead with the hopes of lowering insurance costs across the board.<sup>21</sup> The waiver application was submitted to CMS and approved in early 2024 kicking off a public comment period for the public option/market stabilization option. The plans are still expected to be completed and available by 2026.<sup>20</sup>

Opportunities: NCC also plans to work on a bill to expand Medicaid coverage of colorectal, prostate and lung cancer screenings during the 2025 legislative session.

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

<sup>20</sup> Nevada Current, [NV's request for insurance public option passes first fed test; application deemed complete](#) - Nevada Current

<sup>21</sup> NCC Communications Director

OBJECTIVE: INCREASE HEALTHCARE WORKFORCE CAPACITY OVERALL TO ADDRESS CANCER.	
Strategy: Support national and state policy initiatives to address provider shortages, cross-state licensing, and malpractice insurance.	Increased
Strategy: Support policy opportunities to expand the legal practice ability of APRNs and licensed genetic counselors.	Ongoing
Strategy: Support opportunities for navigator and community health worker (CHW) reimbursement.	Ongoing
Strategy: Engage leadership at hospitals, cancer treatment centers, and other treatment providers to recruit medical oncologists and advanced practice nurse.	Ongoing
Strategy: Engage business and economic development organizations to help attract oncology and related health care providers to Nevada.	Ongoing
Strategy: Partner with nursing schools in Nevada to educate nursing students in specializing in oncology.	Ongoing
Strategy: Provide information and education to Nevada's healthcare workforce on cultural competence in health care.	Ongoing
NARRATIVE	
<p>Successes: The Nevada Nurse Practice Act requires Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Advanced Practice Registered Nurses (APRNs) to have a two-hour cultural competency course every license renewal cycle (every two years). While this is not mandated for Certified Nursing Assistants (CNAs), the Nevada State Board of Nursing strongly encourages cultural competency course as part of continuing education renewal requirement.<sup>22</sup> NCC staff met with key Medical Oncology offices in northern and southern Nevada to discuss and brainstorm support for expansion of clinic-based support staff (including patient navigation) to increase the healthcare workforce. Federal legislation took effect in 2024 allowing for reimbursement for navigation services including those provided by certified CHWs, expanding access to resources and navigation for thousands of Nevadans in the future and strengthening Nevada's workforce. NCC and partners promoted numerous educational opportunities for providers and administrators to learn about this reimbursement opportunity. Relationship building with medical and nursing schools throughout the state is increasing.<sup>23</sup></p> <p>Opportunities: NCC staff participated in outreach events at universities to engage with students and continued to build upon existing partnerships with medical and nursing schools to share information about cancer-related educational opportunities. Additionally, NCC staff met for the second year with northern Nevada nursing students to educate them about NCC, cancer-related resources, and oncology-related nursing opportunities.<sup>22</sup> Additionally, NCC relaunched the poster session during its annual Nevada Cancer Control Summit, engaging with the UNR School of Medicine to encourage student submissions and conference attendance, further connecting medical and public health students with professional opportunities.</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.<sup>22</sup></p>	

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

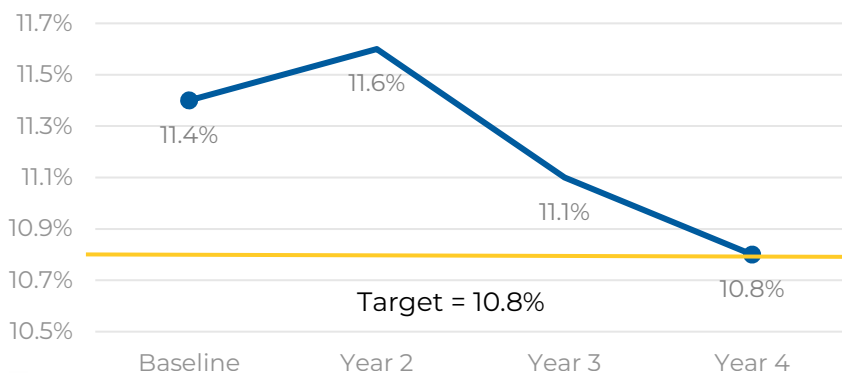
<sup>23</sup> NCC Cancer Survivorship Program Manager





## ACCESS PROGRESS – INDICATOR CHARTS

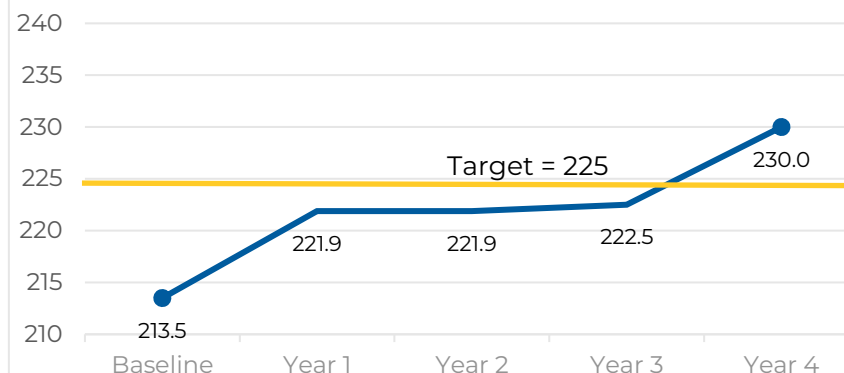
Reduce Percentage of Uninsured Nevadans



Data source: United States Census Bureau

Data source: USCB American Community Survey \*2021, \*\*2022, \*\*\*2023

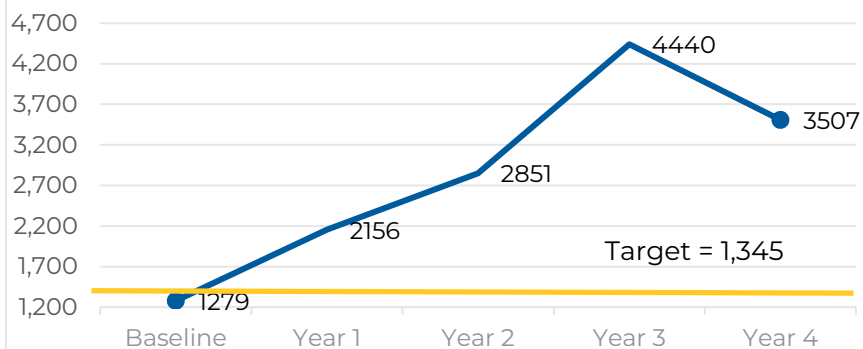
Increase Physicians per 100,000



Data source: Health Workforce in Nevada Chartbook, 2020, \*2021

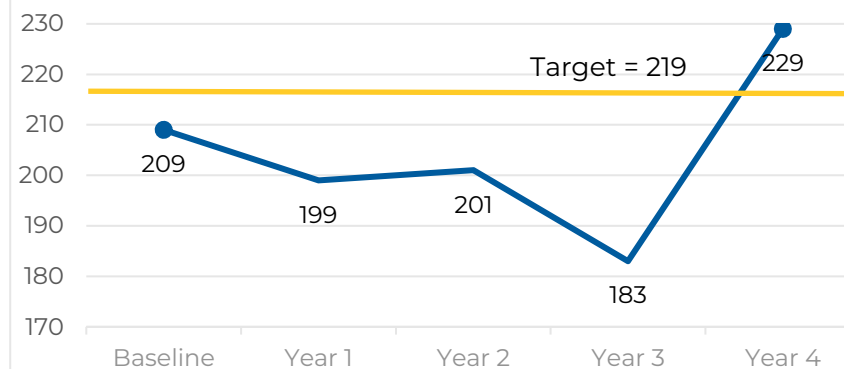
\*\*Nevada Instant Atlas 2022, \*\*\*2023 \*\*\*\*2024

Increase Number of APRNs



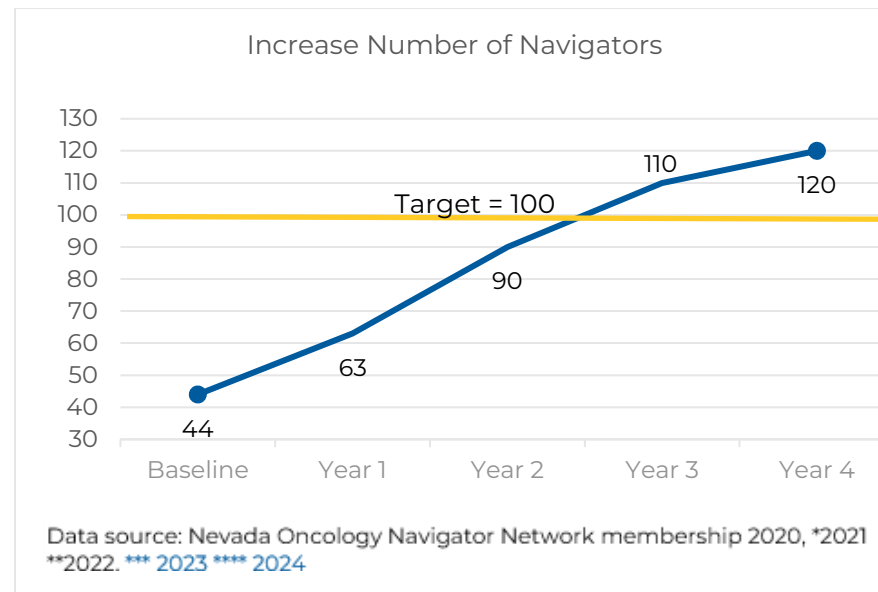
Data source: Health Workforce in Nevada Chartbook, 2020, \*2021, \*\*Nevada Instant Atlas 2022, \*\*\*Nevada State Board of Nursing SFY 21/22 \*\*\*\*Nevada Instant Atlas 2024

Increase Number of OCNs



Data Source: Oncology Nursing Certification Corporation, \*2021, \*\*2022, \*\*\*2023, \*\*\*\*2024

## EQUITABLE ACCESS PROGRESS – INDICATOR CHARTS



## PRIORITY IV: QUALITY OF LIFE

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

#### QUALITY OF LIFE INDICATORS

<p>Hospitals with palliative care programs</p> <p>Baseline: 16</p> <p>Target: 18</p> <p>Year 1 Progress: No change from baseline</p> <p>Year 2 Progress: No new data</p> <p>Year 3 Progress: No new data</p> <p>Year 4 Progress: No new data</p> <p>Data source: Center to Advance Palliative Care report card</p>	<p>Annual educational opportunities for health care professionals</p> <p>Baseline: 2</p> <p>Target: 3</p> <p>*Year 1 Progress: 2</p> <p>**Year 2 Progress: 2</p> <p>***Year 3 Progress: 3</p> <p>***Year 4 Progress: 3</p> <p>Data source: Nevada Cancer Coalition, includes 1) Nevada Cancer Control Summit 2019, *2021 and 2) Project ECHO series, **2022 Nevada Cancer Control Summit, ***2023 Nevada Cancer Summit</p>	<p>Number of navigators</p> <p>Baseline: 44</p> <p>Target: 100</p> <p>*Year 1 Progress: 63</p> <p>**Year 2 Progress: 90</p> <p>***Year 3 Progress: 110</p> <p>****Year 4 Progress: 120</p> <p>Data source: Nevada Oncology Navigator Network membership 2020, *2021, ** 2022, ***2023, ****2024</p>
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#### OBJECTIVE: EXPAND CLINICAL AND NON-CLINICAL SUPPORTIVE RESOURCES AVAILABLE TO SURVIVORS.

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

## NARRATIVE

**Successes:** The statewide Survivorship Task Force (STF) was maintained via newsletter communication with membership including representatives from palliative care, medical and public health, and other supportive services such as patient navigation. The ThriveNV Oncology Navigation Network continued expanding survivorship care and support resources for those affected by cancer in Nevada through direct navigation and sharing of statewide resources. The ThriveNV Oncology Navigation Network has expanded to 120 members, providing networking opportunities through bimonthly virtual statewide meetings. The network maintains its official recognition as a "Local Navigation Network" by the Academy of Oncology Nurse & Patient Navigators, solidifying Nevada's presence in national survivorship care through promotion of access to patient navigation and supportive services. Experts from both the STF and ThriveNV Oncology Navigation Network convened in late 2024 to begin work on the next five-year cancer plan.

To enhance statewide access to support services, the ThriveNV website maintains curated clinical and non-clinical resources, including a "Community Groups & Services" section and a "Life After Treatment Community Group" page. A QR code is available for survivor-facing educational materials, ensuring ease of access for partner organizations.

NCC's ThriveNV program, known for providing no-cost navigation assistance for Nevadans impacted by cancer and their care partners, received 268 requests in 2024. ThriveNV further increased its reach by expanding the program's scope to navigate people to cancer screening services. A dedicated navigation to screening media campaign started in late summer, yielding so many requests, that the ads needed to be paused to allow the navigation team to meet the demand. This campaign led to new and enriched collaboration with community organizations aligned with the mission to connect people to screening.

Connections with a community-based group led to training community health workers that provide direct navigation to screening, successfully increasing the overall capacity of navigation in our state. ThriveNV continued participation in PRIDE events, and statewide outreach events to connect directly with survivors and caregivers. The peer-to-peer support program, in partnership with Imerman Angels, continued to be available to connect patients with personalized resources.

These efforts continue to highlight the commitment to expanding survivorship care, fostering collaborative connections with community partners, and ensuring equitable access to resources for cancer patients and their caregivers across Nevada.<sup>23-29</sup>

**Opportunities:** Participation in the Cancer Experience Registry through Cancer Support Community will allow Nevada to participate in a national survey, while eliciting Nevada-specific data from survivors - something that has not been done in a few years. By having a unique URL for Nevada to elicit feedback from survivors and caregivers, NCC will be able to learn about the experiences of survivors and share results with partners for guidance in survivorship and quality of life related programs. Continue leverage connections from Navigation Network to recruit more members to expand knowledge of statewide resources and support new navigators in their roles. Leverage connections with statewide partners to learn / share opportunities for support resources among partners (via newsletters, websites, etc.).<sup>30</sup>

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



<sup>23</sup> [Nevada Cancer Coalition | Academy of Oncology Nurse & Patient Navigators \(AONN+\) \(aonnonline.org\)](#)

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

<sup>25</sup> [Nevada Cancer Coalition | Nevada Cancer Coalition](#)

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

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

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

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

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

## OBJECTIVE: INCREASE EQUITABLE ACCESS TO PALLIATIVE CARE SERVICES IN HOSPITALS.

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

## NARRATIVE

Successes: A statewide hospice company has maintained outpatient/mobile palliative care services in Nevada and has shared updates about Palliative Care (including coverage and resources).<sup>34</sup> Opportunities for Palliative Care education from statewide partners continue to be identified and shared via NCC newsletters, Survivorship & Navigation News quarterly newsletter, Oncology Navigation Network meetings, promotion on events calendar, and via social media outlets to reach beyond direct NCC membership.<sup>31-35</sup>

Opportunities: NCC continues to engage with 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 referrals, and opportunities to present to medical, nursing, and health sciences schools. NCC continues to support palliative care policy and increased access to symptom management and supportive services.<sup>35</sup>

Challenges: There continues to be a persistent misunderstanding between hospice and palliative care and the role of palliative care as symptom management, including the proactive referral to palliative care. There continues to be a lack of updated/universal data sources to track palliative care programs in Nevada, making capturing the work difficult. Lack of continuity between acute and outpatient palliative programs (if/when outpatient programs are available) persists based on feedback from palliative experts. Consistent communication between providers concerning patient diagnosis, treatment, and plans to improve patient care, continues to be a concern.

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

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

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

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

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

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

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

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

## NARRATIVE

Successes: NCC staff continued presenting both virtual and in-person conference presentations taking information to existing conferences / partner meetings. Many of these led to connections with other organizations interested in learning about resources for survivors. The launch of the Cancer Education Lunch & Learn (CELL) series hosted by NCC successfully shared a variety of survivorship-focused topics including *Understanding the Role of Biomarkers*, *Navigating Intimacy After Cancer*, and *Diet & Lifestyle Guidelines*.

NCC staff participated in the Scaling What Works Symposium providing guidance and serving as mentors for other public and health professionals working on CDC grants implementing evidence-based interventions including patient navigation. Ongoing mentorship continued with sites virtually throughout year 4, which provides an ongoing opportunity to assist other programs looking to scale projects where we have found success.

Educational resources are added and maintained on the NCC website. Educational content was added /maintained on the Provider Tools & Resources page including Cancer Survivors Month Quick Facts (bilingual) - offers Nevada-specific survivorship facts that partners and providers can use to discuss and promote survivorship.<sup>36</sup> Other examples include Survivorship Resource Toolkits and Checklist: Guide for Clinicians. An archive of on-demand videos was maintained and updated on the Continuing Education page on NCC website to increase access to recorded CELL series sessions as well as those from partner organization. The calendar of events is regularly updated to share educational opportunities from statewide and national partners. Survivorship-related educational opportunities from partner organizations were identified and shared with the community via social media, collaborative newsletters, and inclusion on NCC calendar of events. Examples of opportunities shared / topics covered included addressing Palliative Care, Compassion In Oncology, Genetics In Healthcare, Motivational Interviewing, Sexual Health and Cancer Survivorship, and many more.<sup>37</sup> The webinar, "Patient Navigation: Addressing Disparities and Delivering Quality Care" presented by Lillie Shockney, was held by NCC as part of an industry-sponsored, non-branded presentation appropriate for navigation, public, medical, and allied health professionals. Another webinar was held in collaboration with another navigation network, "Recognizing and Addressing American Indian / Alaska Native Disparities in Cancer Care."

The Cancer Control Summit held in August 2024 offered opportunities for in-person networking and CME/CE for current and future health care professionals, and allied health professionals covering six relevant topics in the survivorship care continuum: Panel Discussion with Nevada Survivors, Survivorship Needs for People Living with Advanced and Metastatic Cancers, Cancer Related Cognitive Impairment, Sexual Health Workshops (x2), and Sexual Health & Your Patients.<sup>38</sup>

Opportunities: In-person education and networking opportunities expanded in year 4 based on member feedback and have been successful. NCC continues to encourage members to share educational resources and opportunities with coalition staff to increase reach to public health, primary care, and future health care professionals.

There are also opportunities to identify and strengthen connections to nursing and medical schools to determine if survivorship care is already addressed in current curriculum. Southern Nevada staff presence continues to increase collaboration and identify new partnerships in Southern Nevada, including connections with community health workers, providers, public health, and other allied health professionals.<sup>38</sup>

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

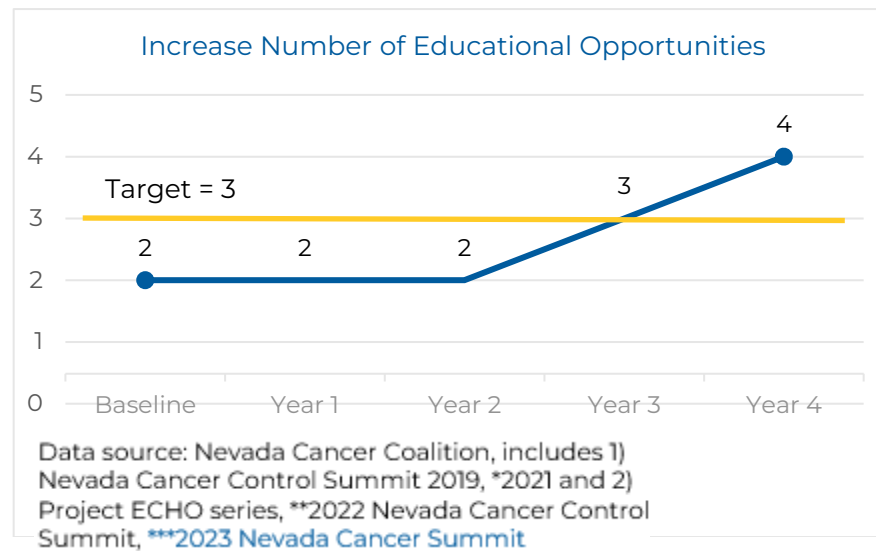
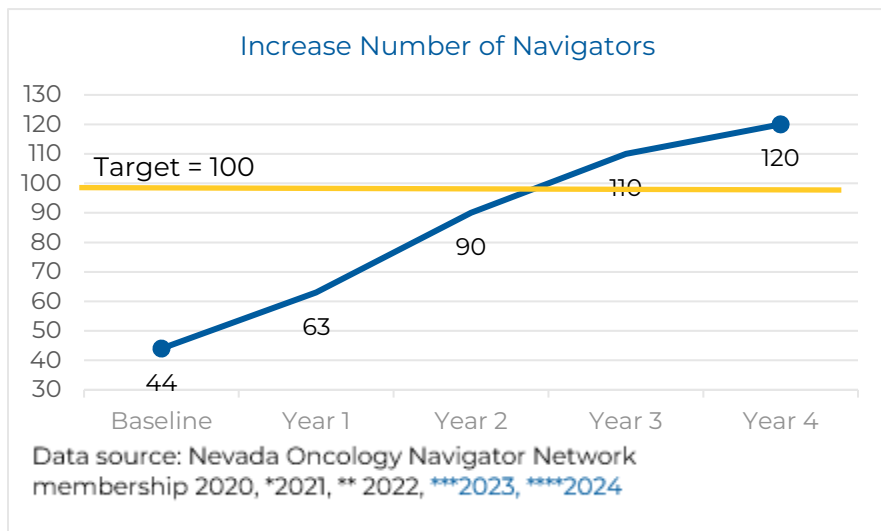
<sup>36</sup> [Cancer Survivor Month 2024 - Quick Facts.pdf](#)

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

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

## QUALITY OF LIFE PROGRESS – INDICATOR CHARTS

*Data not available for Hospitals with Palliative Care Programs indicator.*





## PRIORITY V: SURVEILLANCE AND RESEARCH

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

### SURVEILLANCE AND RESEARCH INDICATORS

<p>Number of cancer data reports from Nevada Central Cancer Registry</p> <p>Baseline: 0</p> <p>Target: 3</p> <p>Year 1 Progress: No progress</p> <p>Year 2 Progress: No progress</p> <p>Year 3: No progress</p> <p>*Year 4 progress: 1</p> <p>Data source: Nevada Central Cancer Registry *Office of Analytics</p>	<p>Clinical trial providers in Nevada</p> <p>Baseline: 77</p> <p>Target: 82</p> <p>*Year 1 Progress: 53</p> <p>**Year 2 Progress: 63</p> <p>***Year 3 Progress: 56</p> <p>****Year 4: 49</p> <p>Data Source: clinicaltrials.gov, * November 2020, *2021, **2022, ***2023</p>
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### 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.	Increased
Strategy: Use burden and disparity data to support targeted cancer control efforts.	Increased
Strategy: Seek opportunities to publish and present cancer related data in order to improve understanding concerning the burden of cancer in Nevada.	Increased
Strategy: Support policies to improve and expand data collection and reporting to NCCR.	Ongoing

## NARRATIVE

**Successes:** The Nevada Central Cancer Registry (NCCR) has made remarkable progress in overcoming past challenges related to meeting United States Cancer Statistics (USCS) publication standards and staffing shortages. For the second consecutive year, Nevada has successfully met USCS publication standards, ensuring the state's cancer data is accurately represented at the national level. Additionally, for the first time in several years, NCCR has achieved Silver Certification, signifying a case ascertainment rate of 90% or higher. This reflects significant improvements in data completeness, quality, and timeliness, reinforcing Nevada's commitment to high-quality cancer surveillance.

In addition, staffing challenges have been successfully addressed. NCCR has filled all previous vacancies and added two new positions, enhancing the registry's capacity to support cancer surveillance and reporting efforts. These staffing improvements have allowed for more efficient data collection, verification, and submission, ensuring compliance with national standards and advancing cancer control initiatives in Nevada.

Furthermore, NCCR continues to support professional development for Nevada's cancer registrars. Our online training platform, designed to help registrars stay up to date with reporting standards, remains active and accessible. This initiative provides an ongoing opportunity for registrars to earn continuing education credits (CEs) and maintain their certification, ensuring they have the latest knowledge and skills necessary for high-quality cancer data collection. <sup>39</sup>

**Opportunities:** While NCCR has made significant advancements in electronic reporting, opportunities remain to further enhance and streamline the process. The addition of our Technology Integration Specialist has been instrumental in driving improvements in electronic case reporting (eCR), increasing provider participation, and strengthening interoperability with healthcare systems. However, there is still more to be done to achieve full electronic reporting adoption across all facilities. <sup>39</sup>

**Challenges:** While NCCR has made significant strides in improving cancer data collection and reporting, several challenges remain in fully optimizing the process. The variance in provider compliance and engagement poses a barrier, particularly for smaller healthcare facilities that may lack the resources to meet reporting requirements such as submitting electronically or submitting abstracts. Despite progress, electronic case reporting is not universal, and some providers are still relying on manual reporting, which can lead to delays and data gaps. System integration and interoperability between electronic health records (EHR) and NCCR still require significant optimization to ensure smooth, automated reporting. <sup>39</sup>

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

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

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

**NARRATIVE**

Successes: Both the number of clinical trials as well as the number of clinical trials providers appears to be trending down overall with 565 clinical trials (active not recruiting, not yet recruiting, recruiting, enrolling by invitation) and 50 providers of clinical trials across the state. The larger providers of clinical trials have continued to expand the number of locations available for clinical trial participation.<sup>41,42</sup>

Opportunities: Opportunities exist in both the education of providers about clinical trial participation for patients, and for the public as a whole. Nevada's rural and frontier communities, with the exception of Pahrump, do not have clinical trial sites, leaving access to clinical trials a barrier for many. However, as Nevada's rural and frontier hospitals increase their capacity, and as telemedicine advances, there is opportunity to offer satellite sites and accommodate patients from afar.<sup>40</sup>

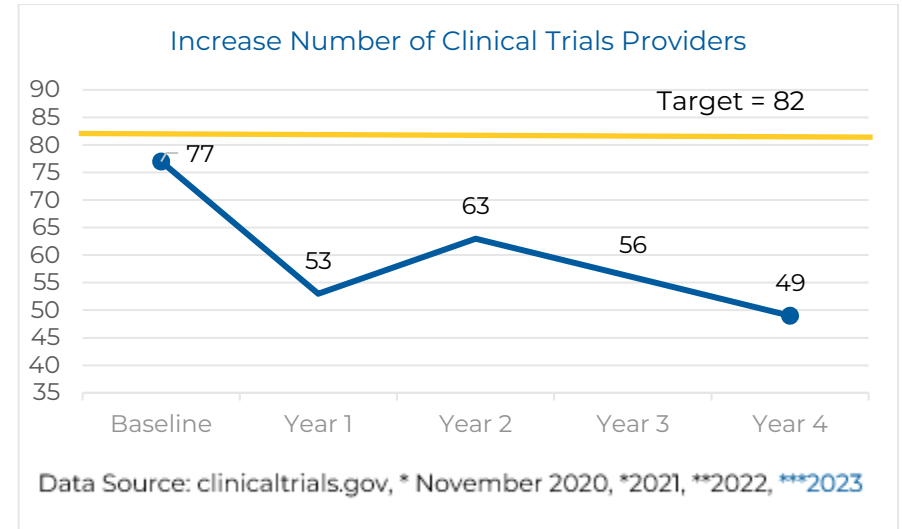
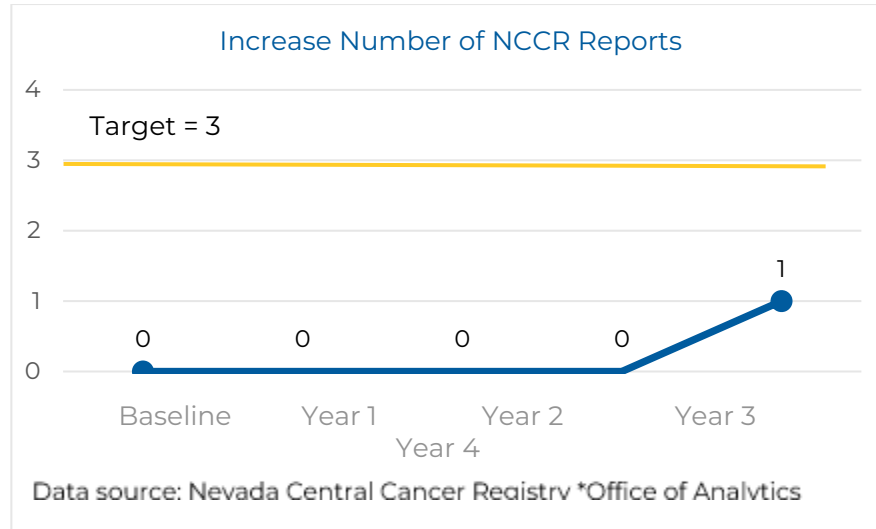
Challenges: Discussions with Nevada Cancer Research Foundation confirmed the reduction in the number of clinical trial providers in Nevada. Clinical trials are costly to manage and time-consuming for providers to seek and enroll patients. Lack of funding to address this objective remains a challenge. The State of Nevada has taken active steps to implement AB 214, including maintaining and expanding a clinical trials website and conducting statewide outreach efforts—led by the Division of Public and Behavioral Health and the Nevada Office of Minority Health and Equity—to promote participation in clinical trials among.<sup>41</sup>

<sup>40</sup> [2024 Lung Cancer Resources and Data | Nevada Cancer Coalition](#)

<sup>41</sup> [2024 Biennial Report—Implementation of Assembly Bill 214, Nevada Department of Health and Human Services](#)

<sup>42</sup> Nevada Cancer Coalition

## SURVEILLANCE AND RESEARCH PROGRESS – INDICATOR CHARTS



## EVALUATION RESULTS

This evaluation was largely conducted using a process methodology and focuses primarily on the progress made on strategies and objectives over the fourth year of plan implementation. Some information is not yet available and will be made available in subsequent evaluation reports. Additionally, positive progress toward indicator targets has fluctuated, especially as data reflected the impacts of the COVID-19 Pandemic and Post Pandemic were collected and reported in prior evaluations. As time has progressed, this is the fourth 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.”<sup>1\*</sup>

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\*Surveillance systems collect data at varying intervals (e.g., annually, biennially, or less frequently), which may result in unavailable data for certain years.

## RECOMMENDATIONS

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

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

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

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

Sustainable progress was made on several of the strategies under Priority Area IV: Quality of Life, especially in the areas of palliative care, patient navigation services and networking. As designed, the ThriveNV patient tele-navigation service fits the identified survivorship needs. In addition to patient navigation, ThriveNV's resource website, an Oncology Network, peer-to-peer mentor support, and outreach to providers, communities, and cancer partners, the program continues to expand the influence of survivorship throughout rural Nevada. ThriveNV added two bilingual patient navigators to better support

Hispanic communities. The Survivorship Task Force successfully sustained evidence-based survivorship support. This area will require continued support and capacity to maintain momentum. As previously noted, it is recommended to promote patient navigation services through capacity, networking, and media campaigns.

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

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

## CALL TO ACTION

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

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



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

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

<http://Nevadacancercoalition.org>