

2018

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

Nevada Division of Public and Behavioral Health

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



Division of Public and Behavioral Health

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Overview of the Nevada Comprehensive Cancer Control Plan

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

Statement of Progress and Performance Measures

The goals and objectives of the 2016-2020 Nevada Comprehensive Cancer Control Plan were developed by the Nevada cancer control community in a series of strategic meetings held from January to June 2015. This evaluation report serves to measure progress on those goals and objectives annually.

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

In addition to the attempt to monitor objective process and outcome measures toward desired goals, this evaluation report seeks to celebrate and acknowledge the work of partners in implementing programs in real-world community and clinical settings. Each goal subsequently includes associated successes, challenges, and opportunities, allowing for a qualitative measure of progress. Over three years of active implementation, a few activities and objectives have proven unattainable and are so noted. In each case, this has not impacted the drive toward the larger goal, and all work done to this end is noted under the associated Success, Challenges, and Opportunities Sections. In this way, this evaluation report hopes 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 towards the goals are indicated by the status of each associated objective and activity. Status of goals and activities were assigned in a collaborative nature.

The purpose of this report is to inform on plan progress, to celebrate successful activities, and to recognize those activities needing future attention. In this way, the Nevada cancer control community hopes to be successful in the endeavor to decrease the burden of cancer.

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

- Outstanding work in HPV vaccination. Nevada partners have worked to significantly increase HPV vaccination series initiation and completion among both girls and boys.
- Radon control work continues to exceed annual milestones, with great ground work being laid for future policy changes.
- Sun Safety education also continues to exceed annual milestones, with 42 schools enrolled in the Sun Smart Schools program for the 2018-2019 school year.
- Increased data availability for screening objective tracking as annual BRFSS updates are released.
- Reminder-recall systems and media campaigns continue to promote evidence-based screenings.
- Several new evidence-based survivorship services were implemented in, several of which were guided by the results of the 2017 Nevada Survivorship Focus Group Report.
- The Nevada Central Cancer Registry continues to increase case ascertainment and completion, resulting in Nevada's inclusion in the Cancer in North America Report two years running.

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

Color Coding Key	
	Indicates significant progress, in that the measurement has increased by more than 3/5 (30%) toward the goal within the past year.
	Indicates ongoing or in-progress but should be monitored to ensure success. All activities marked as ongoing or in-progress are marked in this manner.
	Indicates an initiative in which little or no progress has been made. This initiative may be tackled in subsequent years but is noted as needing attention.
	Boxes without a color indicate data is not yet available to measure progress.

Priority Area I: Primary Prevention

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

Goal 1.1: Increase the number of 13 to 17-year-old children who have completed the 3-dose HPV vaccination series ¹ from 27% for girls and 7% for boys to at or above the national averages of 38% for girls and 14% for boys	Year Three	Total to Date
Objective: Increase the number of eligible Nevada Vaccines for Children provider offices that will receive AFIX visits and/or training necessary to decrease missed clinical opportunities for HPV vaccination through the use of electronic health records (EHRs) and Nevada WebIZ from 44 to 54.	80 ²	253 ³
Objective: Increase the number of continuing education opportunities for credit enhancing provider knowledge on the HPV vaccination series and patient compliance from 4 to 9.	3 ⁴	8
Objective: Increase the number of campaigns promoting HPV vaccination from 1 to 5.	3	5 ⁵
Activity: Support the efforts and campaigns put forth by immunization partners throughout the state.	Ongoing	
Activity: Identify experts and champions to participate in HPV vaccination campaigns and educational opportunities.	Ongoing	
Activity: Seek opportunities to increase compliance with the 3-dose HPV vaccination series including reminder-recall and other reminder systems.	Ongoing	
Successes: The Nevada State Immunization Program reached the end of its the CDC HPV AFIX project, completing 171 visits, 71 visits in excess of grant requirements. HEDIS measures were updated to reflect the 2-dose series, supporting series completion efforts. Up to date HPV rates increased by 6.5% since 2015, according to the 2016 NIS-Teen Report.		
Challenges: High clinic personnel turnover continues to be an issue, especially related to the execution of practice-level QI efforts. Recall for series completion, while imperative for the adolescent cohort, is seen as cumbersome due to time and cost.		
Opportunities: Successful adolescent-specific AFIX practices were established over the course of the last two years of the CDC HPV AFIX project grant; though funding will be ending, the NSIP's partners, who are tasked with carrying out adolescent AFIX visits, received training to build capacity for continued HPV series completion growth as a state.		

¹ While the language was left as originally worded to represent the 3-dose series, Nevada Comprehensive Cancer Control and partners did begin promoting the 2-dose series with the AFIX recommendation release in 2017.

² From June 2017-July 2018. Count provided by Nevada State Immunization Program Adolescent Vaccine Coordinator

³ Year 1 (82 visits) Year 2 (91 visits) Year 3 (80 visits)

⁴ Nevada Health Conference HPV sessions, Immunize Nevada HPV webinar, and NSIP CME credits for initial and follow-up AFIX QI visits

⁵ HPV Free Nevada, UNR HPV Campaign, ACS HPV Provider Campaign, High Sierra AHEC partnership with the National AHEC HPV Immunization Project, Immunize Nevada collaboration and promotion of the Power to Prevent HPV Cancer by the National HPV Vaccination Roundtable

Goal 1.2: Decrease the percentage of adults who are current smokers from 19.4% to 18.4%	Year Three	Total to Date
Objective: Decrease the number of exemptions listed in the Nevada Clean Indoor Air Act by at least 5.	No Change	
Objective: Increase the annual call volume to reach the Nevada Tobacco Quitline from 0.5% to 1.5% of the current smoking population.	0.84% ⁶	0.83% ⁷
Objective: Increase the number of statewide policies supporting tobacco-free housing from 0 to 1.	0	1
Objective: Establish a baseline of Nevada Tobacco Quitline users that complete cessation counseling and remain non-smoking after six months.	25% ⁸	27.2% ⁹
Activity: Promote the Nevada Tobacco Quitline and tobacco cessation resources to Nevadans.	Ongoing	
Activity: Educate providers across the care continuum on tobacco cessation counseling, Nevada Tobacco Quitline, and other cessation resources and other cessation resources.	Ongoing	
Activity: Monitor the success of the Nevada Tobacco Quitline via data provided on successful cessation through completion of counseling and six-month post-counseling surveys.	Ongoing	
Activity: Support the efforts of smoke-free communities, housing, and campus initiatives with the state.	Ongoing	
Activity: Educate policymakers on the benefits of comprehensive clean indoor air policy.	Ongoing	
Successes: Over 52,000 units within housing complexes implemented smoke-free policies. Additionally, several businesses voluntarily expanded their tobacco-free policies.		
Challenges: Other substances, specifically marijuana, diverted attention and resources away from tobacco control policy efforts; grant funding for tobacco control continues to decrease. Additionally, efforts to implement tobacco-free ordinances were difficult to due legal challenges and opposing influences.		
Opportunities: The state tax on marijuana has been proposed as one possible mechanism to fund a public health infrastructure. Research opportunities with local employers and associated insurance plans created opportunities for collaboration as employers are educated on the health and economic benefits of tobacco cessation. Collaboration and data sharing also continues between the state Tobacco Control Program and Medicaid. Changes in Medicaid policy may lead to increased access and use of benefits related to tobacco cessation.		

⁶ Calculated from the 2015 BRFSS smoking prevalence and Quitline Call Volume Data

⁷ Calculated from the average of Year 1 (0.88%), Year 2 (0.77%), and Year 3 (0.84%)

⁸ 2017 Annual National Jewish Health Quitline Outcome Report

⁹ Calculated from the average of Year 1 (29.8%), Year 2 (26.88%) and Year 3 (25%)

Goal 1.3: Decrease the percentage of youths who have reported smoking or using other tobacco products from 10.3% to 9.9%.	Year Three	Total to Date
Objective: Increase the known number of tobacco-free sporting venues from 0 to 4.	0	3 ¹⁰
Objective: Increase the known number tobacco-free school campuses from 1 to 3.	1 ¹¹	2 ¹²
Objective: Increase the known number of tobacco-free rodeo venues from 0 to 5.	0	1 ¹³
Objective: Maintain the Nevada Statewide Coalition of Youth.	Discontinued	
Activity: Support the activities of community and youth coalitions to prevent tobacco use initiation and promote cessation among current youth tobacco users.	Ongoing	
Activity: Promote youth access to Nevada Tobacco Quitline as a cessation resources.	Ongoing	
Activity: Support policies to create tobacco- and smoke-free venues.	Ongoing	
Successes: Western Nevada College successfully implemented a comprehensive tobacco-free policy during the Fall of 2017. Their policies were shared with other colleges/universities looking to strengthen or implement their own tobacco-free policy. Additionally, the YRBS as the youth smoking rate in Nevada has declined from 7.2% in 2015 to 4.0% in 2017.		
Challenges: Pro-tobacco influences continue to interfere with youth prevention efforts, notably tobacco-free campuses. There has been a rise in youth use with JUUL and other electronic devices; YRBS data indicates 15% of Nevada youth are currently using electronic vapor products.		
Opportunities: There is interest in youth use of electronic nicotine devices and retailer licensing issues. There will be an opportunity to address these issues during the 2019 legislative session		

¹⁰ Venturacci Gym (Fallon), Churchill County Pool, Lander County Volleyball Tournament Facilities, and eight parks in Nye, Esmeralda, and Lincoln Counties. These entities were designated Smoke Free in Year One of Plan efforts.

¹¹ Western Nevada College in Carson City as well as Western Nevada College satellite campuses in Douglas County and Fallon

¹² University of Nevada, Reno and Western Nevada College in Carson City as well as Western Nevada College satellite campuses in Douglas County and Fallon.

¹³ Nevada High School Rodeo in Elko, Nevada. This entity was designated Smoke Free in Year One of Plan efforts.

Goal 1.4: Reduce the percentage of adults who are obese from 26.2% to 24.8%	Year Three	Total to Date
Objective: Increase the number of adults who report participating in 150 minutes or more of physical activity per week from 53.6% to 56.3%.	46.8% ¹⁴	
Objective: Increase the known number of worksites represented in the Nevada Cancer Coalition that adopt written worksite wellness policies from 0 to 20.	Data Not Yet Available	
Objective: Increase the known number of jurisdictions that adopt a complete streets policy from 0 to 5.	1 ¹⁵	4 ¹⁶
Activity: Promote the benefits of exercise in preventing cancer.	Ongoing	
Activity: Educate the public on how to best incorporate exercise into their lives.	Ongoing	
Activity: Use the Nevada Division of Public and Behavioral Health worksite wellness toolkit to promote the adoption of worksite wellness policies.	Ongoing	
Activity: Educate the public and policymakers on the importance of complete streets, designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities.	Ongoing	
Activity: Partner with local jurisdictions to create and implement complete streets policies.	Ongoing	
Activity: Support local and state efforts to create complete streets.	Ongoing	
Successes: Progress continues with the complete street initiatives as the Nevada Department of Transportation finalized and approved their policy in June 2017.		
Challenges: No single best practice reduction/prevention model has proven effective in obesity control efforts. Weight status is dynamic throughout life stages, creating difficulty in designing effective, long lasting interventions.		
Opportunities: The Obesity Prevention and Control Program recently applied for funds to expand programmatic efforts to implement statewide and local level nutrition and physical activity interventions which support healthy nutrition, safe and accessible physical activity, and breastfeeding.		

¹⁴ 2017 BRFSS

¹⁵ NDOT Complete Streets

¹⁶ Approved Complete Street Policies to Date: Carson City 2014 Complete Street Policy, RTC Southern Nevada 2012 Complete Streets Policy, RTC Washoe 2016 Complete Streets Policy, NDOT Complete Streets 2017

Goal 1.5: Reduce the percentage of youth who are overweight or obese from 38.2% to 33.2%	<i>Year Three</i>	<i>Total to Date</i>
Objective: Increase the number of national Early Childhood Education (ECE) standards met in Nevada from 3 to 15.	0	15 ¹⁷
Objective: Increase the number of policies mandating physical education and physical activity in grades K-6 from 0 to 1.	0	0
Objective: Increase the number of worksites represented in the Nevada Cancer Coalition who have adopted written policies promoting and encouraging breastfeeding from 0 to 10.	Data Not Yet Available	
Activity: Support state policy efforts to increase the number of ECE standards met.	Ongoing	
Activity: Support local and state policy efforts to mandate physical education and physical activity in grades K-6.	No Progress	
Activity: Promote the benefits of breastfeeding in decreasing obesity and in decreasing cancer risks.	Ongoing	
Activity: Work with partners to promote and adopt breastfeeding policies.	Ongoing ¹⁸	
Successes: The third annual childhood obesity awareness campaign will be executed in September 2018 in observance of National Childhood Obesity Awareness Month. The campaign will promote obesity-preventive behaviors and resources. The Obesity Prevention and Control Program received Supplemental Nutrition Assistance Program – Education funding to conduct a Child and Adult Care Food Program (CACFP) Early Care and Education (ECE) Gap Analysis to identify barriers and solutions to implementing the CACFP in ECEs.		
Challenges: AB 152 regulations relating to nutrition requirements in ECEs led to a decrease in ECEs offering meals and snacks. The CACFP ECE Gap Analysis will work to address this unanticipated consequence. Nevada has no statewide law mandating PE/PA in grades K-6. The Nevada School Wellness Policy has been established by multiple Nevada stakeholders in 2014 and recommends 30 minutes of moderate to vigorous physical activity daily for grades K-12. However, there remains no certification requirement of PE instructors for the elementary level. Due to loss of funding, School Health programming will cease come September 30, 2018.		
Opportunities: The Obesity Prevention & Control Program will submit two proposals for SNAP-Ed funding for social media campaigns, which, if awarded, will complement and align with activities of the Early Childhood Obesity Prevention State Plan.		

¹⁷ During 2015 Legislative Session, AB 152 added 6 new infant feeding standards, 4 nutrition related regulations, and 1 physical activity regulation

¹⁸ Efforts Lead by WIC

Goal 1.6: Decrease the average radon concentration within the state by 5%.	Year Three	Total to Date
Objective: Increase the number of homes in Nevada tested for radon from 19,139 to 32,090.	1,785	28,049 ¹⁹
Objective: Of the homes that have elevated radon levels, increase the number mitigated from 708 to 1,400.	43	1,252 ²⁰
Objective: Increase the number of newly constructed residential homes built using radon-resistant new construction techniques from 163 to 650.	31	486 ²¹
Activity: Educate real estate industry professionals, health providers, municipalities, and policymakers about the radon health risk.	Ongoing	
Activity: Encourage realtors and real estate agencies to recommend radon testing as part of the home inspection process or during the real estate transaction.	Ongoing	
Activity: Conduct an annual campaign to educate Nevadans about the radon health risk, the importance of testing, how to obtain test kits and properly test their homes, the benefits of radon mitigation and radon-resistant new home construction, and how to find board-certified, and state-licensed radon mitigation professionals.	Ongoing	
Activity: Advocate for policy to require radon mitigation to be conducted by certified, state-licensed radon professionals, and for policy to require that professional testing, especially in the case of real estate transactions are conducted by certified radon professionals.	Ongoing	
Activity: Educate the building industry by promoting best practices in radon-resistant new home construction.	Ongoing	
Successes: The Nevada Radon Education Program (NREP) taught real estate professionals in Henderson about radon’s health risk, testing during a real estate transaction and reduction methods for the gas. NREP also provided brochures for the real estate professionals to give to their clients.		
Challenges: NREP was invited to be a part of the International Residential Code (IRC) committee in the fall of 2017 to assist in amending 2018 IRC building codes to meet Nevada construction needs. NREP provided radon education to diverse partners while on the committee. Although involvement did not result in the adoption of radon-resistant new construction (RRNC) codes for Northern Nevada residents, valuable lessons about the code amendment process were learned. NREP estimated the cost of adding RRNC to be less than \$1,000, but the resistance from builders to added costs was not overcome.		

¹⁹ Numbers from Nevada Radon Education Program as of 6/30/18

²⁰ Numbers from Nevada Radon Education Program as of 6/30/18

²¹ Numbers from Nevada Radon Education Program as of 6/30/18

Opportunities: NREP was invited to speak at Sun City Anthem, a retirement community in Henderson. A result of that opportunity was a call from the City of Henderson’s Mayor’s office and the future potential to educate Henderson policy makers and residents.

<i>Goal 1.7: Increase the number of regulatory policies for indoor tanning salons from 0 to 1.</i>	<i>Year Three</i>	<i>Total to Date</i>
Objective: Increase the number of enforcement mechanisms to ensure tanning salons are not providing services to youths under age 18, under Nevada Revised Statutes (NRS 597), from 0 to 1.	0	0
Activity: Draft language providing for regulation and enforcement of tanning salons under NRS 597.	On Hold	
Activity: Support changes to NRS 597 to provide for regulation and enforcement of tanning salons.	In Progress	
Activity: Distribute toolkits outlining NRS 597 to tanning salons.	In Progress	
Successes: In person “surprise” visits were made to 18 tanning establishments throughout the state to assess compliance with NRS 597. Education and mandated materials were provided to non-compliant establishments.		
Challenges: The challenge and need for enforcement remain, particularly as evidenced by results of visits to tanning establishments in southern, northern and northeastern Nevada. Only six of 18 tanning establishments visited by Nevada Cancer Coalition staff had required Notice and Warning signs appropriately placed. One marketed “tanning specials” for high school students, although the establishment said they knew under 18 tanning was prohibited. All tanning establishments visited were provided an educational toolkit that included notice, warning and informed consent forms. However, on a return visit several months later to one out-of-compliance northern Nevada establishment, the signs still were not posted.		
Opportunities: There is continuing opportunity for grassroots efforts to educate about and advocate for the important need for enforcement in Nevada tanning establishments.		

<i>Goal 1.8: Increase the number of Nevada school districts who have adopted UV safety policies from 0 to target of 5 school districts.</i>	<i>Year Three</i>	<i>Total to Date</i>
Objective: Increase the number of presentations to school staff on the importance of UV safety for students from 0 to 10.	39	66 ²²
Objective: Increase the number of toolkits distributed to schools from 0 to 10.	24	89 ²³
Activity: Develop toolkit for teachers, nurses, and other school staff to use to adopt UV safety curriculum, and policy within their school.	Developed	
Activity: Implement ongoing evaluation to determine best practices for school-based UV safety education.	Ongoing	
Successes: Steady enrollment continues with 24 new schools participating in the 2017-18 school year. Most of them actively engaged in at least two program areas that support sun safety policy. Evaluation of high school students shows solid success in changing knowledge, attitudes, and behaviors toward sun safety. Evaluation of administrators, teachers and school nurses/health aides whose schools participate in the program indicates strong awareness of skin cancer risk and engagement with the program via curriculum and sunscreen use, newsletters, classroom and school-wide assembly presentations and technical assistance visits and calls.		
Challenges: In the absence of a program advocate at either the district or school level, it takes considerable effort and time to engage new schools. In some instances, in the 2017-18 program year, it was near the end of the school year before active participation truly began. Administrators and teachers are incredibly busy, and though they support sun safety education, getting them to commit time to educate students and staff can be extremely difficult. Resistance to allowing access to sunscreen remains a barrier in some participating schools even though formal approval has been given from the district superintendent.		
Opportunities: Legislation in the 2019 session, if passed, would allow students and school personnel to bring and have access to sunscreen on school property and during all school-sanctioned activities, and it would encourage school districts to include sun safety education as a component of its curriculum. If this policy is enacted it would greatly enhance opportunities to expand sun safety education and school policy statewide.		

²² Five presentations in Year One, 21 in Year Two, and 39 in Year Three.

²³ 16 toolkits distributed in The Year One, 49 in Year Two, and 24 in year Three. Plan Evaluation reflects only 8 toolkits distributed, but upon reconsideration during this evaluation period, 8 more were added for a total of 16 for Year One and a To Date total of 65 (49 + 16).

Priority Area II: Early Detection

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

Goal 2.1: Decrease the percentage of late-stage breast cancer diagnoses among women from 37.5% to 35.6%	Total to Date
Objective: Increase the prevalence of women 40 and older who report having had a mammogram and a clinical breast exam within the prior two years from 69.9% to 73.4%.	67% ²⁴
Activity: Collaborate to develop a consistent public message used by government and private entities about breast cancer screening guidelines based on scientific evidence.	Developed ²⁵
Activity: Seek additional funding and address related capacity issues for programs that provide and/or pay for breast cancer screening at low or no cost for women who are uninsured and underinsured through collaboration with partner organizations.	Achieved ²⁶
Activity: Enhance access to screening and early detection through the state for low-income women, uninsured women, and other medically underserved populations.	Ongoing ²⁷
Activity: Promote navigation and patient education to enhance compliance with physician screening referral and screening completion.	Ongoing
Activity: Promote awareness of increased risks for breast cancer such as dense breast tissue, genetics, and race/ethnicity.	Ongoing
Activity: Support patient navigation services for all women undergoing screening, diagnostic, and treatment services, particularly for populations at increased risk for late-stage disease or with a higher mortality rate.	Ongoing
Activity: Support and promote team-based care reimbursement models.	Ongoing
Successes: Funding from AB388 added \$500,000 to Women’s Health Connection (WHC) to provide mammogram services to women between the ages of 40-49 years of age. In FY18 this funding was fully expended and provided for an additional 1,800 breast cancer screenings for women in the 40-49 age group.	
Challenges: Discrepancies in screening recommendations continues to create challenges to getting women screened.	
Opportunities: WHC continues to work with Federally Qualified Health Centers (FQHCs) to increase screening rates. The Breast Cancer Collaborative will start in Year Four to identify gaps in the pathway from screening to survivorship.	

²⁴ 2016 BRFSS

²⁵ The NCC Early Diagnosis Task Force established a screening age of 40 during Year One.

²⁶ During the 2017 Legislative Session, the Women’s Health Connection Program at the Nevada Division of Public and Behavioral Health was granted state funding to expand eligibility requirements for breast and cervical cancer screening.

²⁷ Community Health Workers have been implemented at a number of federally qualified health centers to assist clinics in increasing cancer screening access and early detection .

Goal 2.2: Increase the overall percentage of women 18 years and older who have had a Pap test within the last three years from 78% to 81.9%.	Year Three	Total to Date
Objective: Increase the number of community health clinics using reminder-recall systems for cervical cancer screening from 1 to 5.	1	5 ²⁸
Objective: Increase the number of campaigns promoting cervical cancer screening from 0 to 2.	1	3 ²⁹
Activity: Seek additional funding and address related capacity issues for programs that provide and/or pay for cervical cancer screening at low or not cost for women who are uninsured and underinsured through collaboration with partner organizations.	Achieved	
Activity: Enhance access to screening and early detection through the state for low-income women, uninsured women, and other medically underserved populations.	Ongoing	
Activity: Support meaningful use initiatives, including opportunities to implement reminder-recall systems and enhance usage of electronic health records.	Ongoing	
Successes: AB388 added \$500,000 to the FY18 WHC budget. The program also increased its infrastructure by placing four Community Health Workers within FQHCs to increase access to screening and treatment navigation as well as two additional care coordinators to help provide navigation at non FQHC providers.		
Challenges: Continued provider shortages and lack of access to screening and treatment services, especially in geographically isolated rural areas remain major roadblocks. WHC has also identified a need for additional community resources in rural areas. WHC has experienced challenges in WHC providers reporting to the Nevada Central Cancer Registry (NCCR).		
Opportunities: WHC is working to increase reporting to NCCR. WHC will also continue work FQHCs to evaluate and increase screening rates.		

²⁸ These four clinics (Nevada HOPES, Elko NVHC, Carson City NVHC, Martin Luther King NVHC, and Eastern Las Vegas NVHC) represent the collaboration between Women’s Health Connection community clinics to evaluate and increase screening rates.

²⁹ Women’s Health Connection Social Media Campaign , Text Messaging Campaign, and movie theater ads for Cervical Cancer Screening Promotion and Awareness

Goal 2.3: Decrease the percentage of late-stage colorectal cancer diagnoses from 59.6% to 56.6%.	Total to Date
Objective: Increase the proportion of adults aged 50-75 who had a colonoscopy/sigmoidoscopy within the previous 10 years or a blood stool test within one year from 61% to 80%.	61% ³⁰
Activity: Work with community organizations to spread culturally-tailored messages about primary prevention and effective screening methods within ethnically diverse communities.	Ongoing
Activity: Conduct statewide campaign to educate Nevadans on the importance and relative ease of colon cancer screening with “choice” concept.	Ongoing
Activity: Disseminate provider toolkits to assist physicians in educating patients on the importance of colon cancer screening and screening test options.	Implemented
Activity: Promote navigation and patient education to enhance compliance with physician screening referral and screening completion.	Ongoing
Activity: Create and enhance electronic health records (EHR) and reminder-recall systems.	Ongoing
Activity: Enhance access to screening and early detection throughout the state for low-income and other medically underserved populations.	Ongoing
Successes: The program successfully maintained existing partnerships and increased its infrastructure by placing more Community Health Workers (CHWs) within Federally Qualified Health Centers to increase access to screening. The CHWs have been placed in Elko, Las Vegas, and Carson City.	
Challenges: The state of Nevada continues to face provider shortages, including Gastroenterologists (GI). Therefore, the length of time patients must wait to for an appointment to see a GI specialist continues to be a major roadblock for colorectal cancer patients to access screening and treatment services.	
Opportunities: The cancer control community is encouraged to participate in the Nevada Cancer Coalition Early Detection Task Force as well as to participate in public meetings to engage in meaningful ways to increase colorectal cancer screening rates in eligible populations.	

³⁰ 2016 BRFSS

Goal 2.4: <i>Decrease the proportion of late-stage diagnoses of lung cancer from 79.2% to 75.2%.</i>	Total to Date
Objective: Establish baseline screening rates for eligible Nevadans within the recommended screening population and at high risk (between the ages of 55 and 80 and who have smoked 30 pack years in the past and quit within the last 15 years and are now within that age range).	27.9% ³¹
Objective: Increase screening rates for eligible Nevadans within the recommended screening population and at high risk by 25%.	Data Not Yet Available
Activity: Identify at-risk populations throughout Nevada and provide tailored information on lung cancer risk and low-dose computed tomography (LDCT) screening.	Ongoing
Activity: Educate primary care providers on the risks associated with LDCT and encourage best practices among cancer centers and hospitals.	Ongoing
Activity: Provide a comprehensive listing of all sites throughout the state providing low-cost LDCT scans.	Ongoing
Activity: Support policy to ensure Nevada Medicaid and other health plans within the state health exchange cover lung cancer screening for the recommended population with no cost-sharing.	No Progress
Successes: A number of education opportunities were held over the past year to promote LDCT screening. These included a session at the Annual Cancer Control Summit, the creation of the Lung Cancer Burden infographic, and updates to the NCC website for provider resources. Saint Mary’s LDCT program was recognized at the Annual Cancer Control Summit as a model screening program.	
Challenges: The BRFSS question to measure LDCT screening was not added to the Nevada BRFSS.	
Opportunities: The creation of the 2019-2023 Nevada Tobacco Control Plan has reinvigorated the conversation about tobacco control and burden in Nevada, increasing engagement in tobacco and lung cancer work.	

³¹ 2017 BRFSS

Priority Area III: Diagnosis, Treatment, and Palliation

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

Goal 3.1: Increase the number of pathways for enrollment in Medicaid for eligible women needing treatment for breast or cervical cancer from 1 to 5.	Year Three	Total to Date
Objective: Increase the number of policy changes from 0 to 1 allowing women of any age under 250% of the Federal Poverty Level (FPL) access to treatment through Medicaid after a breast or cervical cancer diagnosis from any provider.	0	1 ³²
Activity: Meet with Medicaid to discuss expansion of the treatment.	Completed	
Activity: Establish baseline cost and data for the treatment of breast and cervical cancer.	Completed	
Activity: Identify entities, such as hospitals or other health care providers, to serve as pathways to enrollment in Medicaid for breast or cervical cancer treatment for eligible women.	Ongoing	
Activity: Create an action plan to expand access to breast cancer treatment.	Ongoing	
Successes: Collaboration between multiple partners resulted in the successful expansion of eligibility requirements for treatment of breast cancer through Nevada Medicaid. Continued collaboration also resulted in increased funding to the Women’s Health Connection to expand eligibility requirements for breast cancer screening.		
Challenges: A high percentage of breast cancer cases in Nevada are diagnosed as late stage. Increasing access to screening in order to increase early diagnosis and survivorship remains a challenge due to provider shortages and low patient uptake.		
Opportunities: The Nevada Cancer Coalition and partners will be revisiting the Breast Cancer Collaborative project to identify gaps and opportunities to improve the screening to survivorship pathway.		

³² Updated policy can be found in the Medicaid Medical Assistance Manual, Specialized Medical Category B-225 Breast/ Cervical Cancer Medicaid (Public Law 106-354)

Goal 3.2: Increase the number of education opportunities on palliative care for adults and pediatrics from 0 to 6.	Year Three	Total to Date
Objective: Increase the number of medical school and nursing school curriculum to include a section on palliative care for adults and pediatrics from 0 to 2.	In Progress	
Objective: Increase the number of continuing education opportunities for clinicians on palliative care for adults and pediatrics from 0 to 2.	In Progress	
Objective: Increase the number of education materials targeting patients and family on quality adult and pediatric palliative care from 0 to 2.	In Progress	
Activity: Identify curriculum incorporating palliative care.	In Progress	
Activity: Create partnerships with Nevada nursing programs and medical schools.	Ongoing	
Activity: Promote palliative care to nursing school and medical school faculty.	Ongoing	
Successes: The Palliative Care Council, established in 2017, is currently engaged in identifying and creating educational materials for patients and family, as well as working to establish a one hour required continuing medical education credit for clinicians. The Nevada Cancer Coalition maintains a list of palliative care resources throughout the state. It can be found at: http://nevadacancercoalition.org/survivorship/palliative-care .		
Challenges: Palliative care extends beyond cancer control alone and existing palliative care organizations have not been engaged with the coalition work.		
Opportunities: Themes identified from cancer survivorship focus groups highlighted a need for palliative care education for patients and families. In response to these findings, the Nevada Cancer Coalition Survivorship and Palliative Care Task Force will seek to create and promote resources to this population. Additionally, the development of new medical schools, physician training programs, and the Palliative Care Council creates new opportunities for collaboration.		

Goal 3.3: Increase the average annual enrollment in adult cancer treatment and cancer control clinical trials from .85% to 1.5%.	Year Three	Total to Date
Objective: Increase the number of hospitals and physician officers offering clinical trials that accept the short form patient consent for non-English speaking patients from 14 to 16.	0	14
Objective: Increase the number of resources listing all open National Cancer Institute, pharmaceutical and industry clinical trials available at facilities within Nevada from 0 to 1.	0	1
Activity: Establish a clinical trials task force.	Achieved	
Activity: Prepare a whitepaper on the use of short form consent for non-English speaking patients enrolling in clinical trials.	Discontinued	
Activity: Present whitepaper to internal review boards of facilities offering clinical trials and collaborate on implementation of short form consent.		
Activity: Develop a list of all health care providers offering or potentially offering cancer-related clinical trials within Nevada.	Ongoing	
<p>Successes: The short form patient consent form is successfully being used in 14 hospitals and includes Certificates of Accuracy for twelve unique languages. Nevada Cancer Coalition has established the Cancer Surveillance and Research Task Force and created a Clinical Trials resource page on the Nevada Cancer Coalition website at: http://nevadacancercoalition.org/cancer-data-research/clinical-trials. The Division of Public and Behavioral Health has built a website to educate the public about clinical trials and how to enroll. Additionally, a Summary Report on Diversity in Clinical Drug Trials in the State of Nevada was provided as required with the passage of Assembly Bill 214 in 2017. The Office of Grant Procurement, Coordination and Management has been researching funding opportunities to encourage participation in clinical trials by persons who are members of demographic groups that are underrepresented in such trials. The Division of Public and Behavioral Health will continue to maintain and make available data on clinical trials in Nevada and seek opportunities to increase demographic parity in clinical trial enrollment.</p>		
<p>Challenges: Lack of provider recommendations to enroll in clinical trials continues to challenge enrollment.</p>		
<p>Opportunities: The findings of the Summary Report on Diversity in Clinical Drug Trials in the State of Nevada will be used to guide efforts to increase demographic parity in clinical trial enrollment. The Nevada Cancer Coalition maintains a page on the website to provide tools and key messaging to help prepare providers to discuss clinical trials: http://nevadacancercoalition.org/healthcare-providers/clinical-trials.</p>		

Goal 3.4: Meet or exceed national baseline of 94% of eligible patients enrolled in clinical trials if seen at a Children’s Oncology Group (COG) practice in Nevada.	Year Three	Total to Date
Objective: Establish a benchmark of COG patients enrolled in clinical trials.	Pending updated numbers	
Objective: Increase the number of COG components within Nevada from 4 to 5.	No Progress	
Activity: Support provider needs for enrollment in pediatric clinical trials.	Ongoing	
Activity: Promote research to improve quality of life for pediatric cancer survivors that address the physical, cognitive, and psychosocial consequences of treatment from diagnosis through late effects.	Ongoing	
Activity: Advocate for enhanced research funding to address the needs of childhood cancer patients and survivors across the continuum of care.	Ongoing	
Activity: Increase access to COG Family Handbook for patients’ families and caregivers.	Ongoing	
Successes: Cure4TheKids Foundation has partnered with Roseman University to collaborate on becoming a clinical rotation site specializing in childhood cancer treatment and research. They have also provided the APHON Chemotherapy/ Biotherapy Provider Course to registered nurses and continue to expand their Palliative Program. The COG program continues to grow with three hospitals in the Las Vegas area now participating in clinical trials.		
Challenges: Collaboration between Northern and Southern Nevada remains underutilized due to capacity challenges.		
Opportunities: Cure 4 the Kids Foundation is currently drafting a Nevada childhood cancer plan to compliment the 2016-2020 Nevada Comprehensive Cancer Control Plan. Publication is expected in 2019. Nevada has an opportunity to make a huge impact for children by becoming one of the few states in the nation with a comprehensive childhood cancer plan.		

Priority Area IV: Survivorship and Quality of Life

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

<i>Goal 4.1: Increase the number of non-metastatic cancer patients treated at Commission on Cancer- (CoC-) Accredited facilities who receive a survivorship care plan at the completion of treatment to 75%.</i>	Year Three	Total to Date
Objective: Establish a baseline number of non-metastatic cancer patients undergoing treatment at CoC- accredited facilities that receive survivorship plans.	No Baseline	
Objective: Identify opportunities to increase the use of survivorship plans in CoC Accredited facilities and non-CoC- accredited facilities.	In Progress	
Objective: Establish a baseline number of education programs including survivorship information as part of the curriculum.	Baseline Established As 0	
Objective: Increase the number of education programs including survivorship information as part of their curriculum.	In Progress	
Activity: Identify opportunities to collaborate with providers and partners regarding the use of survivorship care plans.	Ongoing	
Activity: Share information with partners on challenges, solutions, and best practices in survivorship care planning.	Ongoing	
<p>Successes: The Nevada Cancer Coalition and Comprehensive Cancer Control Program conducted a series of focus groups in 2017 identifying needs and challenges unique to Nevada survivors. This report has been used extensively to guide survivorship efforts at local hospitals and by partners to increase community survivorship resources. The Nevada Cancer Coalition piloted a partnership with Nevada libraries during Survivorship Awareness month, which was well received by the libraries and may be expanded on in 2019. A full report can be found on the NCC website at: http://nevadacancercoalition.org/sites/default/files/NVSurvivorFocusGroups_Report_Final.pdf</p>		
<p>Challenges: The Survivorship Focus Group report published by NCC identifies many challenges and needs of survivors in Nevada, however, funding and capacity to fully address the full spectrum of survivorship needs is limited.</p>		
<p>Opportunities: The cancer control community is encouraged to participate in the NCC Survivorship and Palliative Care Task Force to assist in developing and promoting survivorship initiatives.</p>		

Goal 4.2: Increase educational opportunities for health care professionals to learn about best practices in survivorship from 0 to 2.	Year Three	Total to Date
Objective: Increase the known number of medical schools including curriculum on the topic of survivorship care from 0 to 2.	0	0
Objective: Increase the known number of nursing schools including curriculum on the topic of survivorship care from 0 to 5.	0	0
Objective: Increase the number of focus groups that result in the identification of information needed to enhance transition of care from 0 to 2.	0	4
Activity: Identify medical and nursing schools including survivorship curriculum.	Identified: No Schools offer curriculum	
Activity: Partner with medical and nursing schools to implement survivorship curriculum.	No Progress	
Activity: Promote best practices for the transition of care from cancer centers or oncologists to primary care providers.	Ongoing	
Successes: The Nevada Cancer Coalition and Comprehensive Cancer Control Program conducted a series of focus groups in 2017 identifying needs and challenges unique to Nevada survivors. In 2018, findings were used by many partners to develop and improve both clinic and community survivorship resources. A full report can be found on the NCC website at: http://nevadacancercoalition.org/sites/default/files/NVSurvivorFocusGroups_Report_Final.pdf		
Challenges: Attempts were made to engage medical schools and nursing schools concerning the topic of survivorship care, but so far the appropriate person or “champion” remains unidentified and no progress has been made on opening doors.		
Opportunities: The cancer control community is encouraged to participate in the Nevada Cancer Coalition Survivorship and Palliative Task Force to engage in meaningful ways promote and implement survivorship care activities.		

Goal 4.3: Increase the number of systems promoting survivorship care knowledge to cancer survivors from 1 to 3.	Year Three	Total to Date
Objective: Increase the number of organizations offering the Stanford Survivorship Self-Management curriculum or similar survivorship program with fidelity from 1 to 3.	3	5 ³³
Activity: Identify health care systems working to support survivorship care practices.	Ongoing	
Activity: Partner with trainers for Stanford Survivorship Self-Management curriculum to offer training opportunities.	Ongoing	
Activity: Assist with promotion and enrollment in survivorship care programs.	Ongoing	
Successes: The number of community and clinical services to support survivorship has continued to grow. The Nevada Survivorship Focus Group report published in 2017 was instrumental in guiding several partner efforts to initiate new and improve existing survivorship resources.		
Challenges: Stanford programs, as well as other evidence-based programs, have been challenging to implement in Nevada due to class in-person attendance requirements. A minimum class size is required to train facilitators for the Stanford program, making it a challenge to expand the program to smaller communities without larger expenses for travel related to training. Additionally, the workshops must have a minimal enrollment to be delivered. This makes expansion into rural areas especially challenging.		
Opportunities: The Nevada Cancer Coalition Focus Groups continue to facilitate targeted improvements to cancer services throughout Nevada. The Focus Group report has been used by partners to increase and improve services and to apply for additional funding, as well as to build non-traditional partnerships such as the partnership between the Nevada Cancer Coalition and several community libraries who piloted a community education program for Survivorship Awareness Month.		

³³ The Stanford Survivorship Self-Management Curriculum is offered at the University of Nevada, Reno Sanford Center for Aging & Dignity Health, St. Rose Dominican. St. Mary's Hospital offers Empower Your Journey and the YMCA in Las Vegas offers LiveStrong at the Y. In 2018, Renown greatly increased their Cancer Support Services to include a number of workshops, several of which are evidence-based or adapted from evidence-based programs.

<i>Goal 4.4: Increase the number of programs promoting survivorship care knowledge to pediatric, adolescent, and young adult cancer survivors from 1 to 2.</i>	<i>Year Three</i>	<i>Total to Date</i>
Objective: Develop guidelines for access to survivorship care to supplement existing Children’s Oncology Group (COG) program, from 0 to 1.	0	0
Activity: Establish a list of survivorship resources for pediatric, adolescent, and young adult cancer patients to provide to patients and their families.	Ongoing	
Activity: Identify partners to assist with development of guidelines for access to survivorship care within Nevada.	Ongoing	
Activity: Identify partners or resources to provider survivorship care education to pediatric, adolescent, and young adult cancer survivors.	Ongoing	
Activity: Support and promote team-based care reimbursement models.	Ongoing	
Successes: While no formal guidelines were developed at the state and local level, the Childhood Cancer STAR Act was passed by Congress in 2018 to advance pediatric cancer research and child-focused cancer treatments, improve childhood cancer surveillance, and provide enhanced resources for survivor and those impacted by kids’ cancers.		
Challenges: A funding source to support survivorship activities at the coalition level was not identified. In the clinical realm, survivorship care planning is not a reimbursable activity. Resources for those impacted by pediatric, adolescent, and young adult cancers remain limited.		
Opportunities: The cancer control community is encouraged to participate in the Nevada Cancer Coalition Survivorship and Palliative Task Force to engage in meaningful ways promote and implement survivorship care activities.		

Priority Area V: Cancer Surveillance and Research

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

Goal 5.1: Improve Nevada Central Cancer Registry's (NCCR) certification status to Silver Certification by 2016 and Gold Certification by 2018 through 2020.	Year Three	Total to Date
Objective: Increase the number of providers reporting complete, accurate, and timely data to the NCCR from 82% to 95%.	79.8% ³⁴	82.43% ³⁵
Activity: Determine providers that are underreporting or not reporting to the NCCR.	Ongoing	
Activity: Modify reporting regulations with the Nevada Administrative Code (NAC) 457.	Accomplished	
Activity: Establish data quality feedback for providers to ensure compliance and implement penalty fees for non-and under-reporters.	Ongoing	
<p>Successes: During FY18, NCCR earned gold certification in all data quality criterion set by the CDC National Program of Cancer Registries (NPR) and the North American Association of Central Cancer Registries (NAACCR). These improvements resulted with Nevada data inclusion in this year's United States Cancer Statistics (USCS) report and other analytic data sets. Updates to NAC 457 were passed in March 2018. This will improve provider compliance and align Nevada with national standards. Provider reporting improved by 10% during this reporting period. The registry provided feedback reports to hospitals to improve timely reporting.</p>		
<p>Challenges: Completeness criterion was not achieved due to under-reporting from health care providers. Continued outreach is needed to ensure increased reporting is maintained. Additional education to providers on how the registry works, how to report data, who needs to report and what information needs to be reported is needed to increase provider compliance and align Nevada with national standards.</p>		
<p>Opportunities: To maintain reporting and quality, NCCR will focus on increasing data quality by improving treatment information and cancer staging on reported cancer incidence cases, improving reporting from specialty groups, and increasing electronic cancer reporting. The NCC Cancer Research and Surveillance Task Force serves as the Advisory Board for NCCR. The cancer community is encouraged to join this task force to help promote cancer registry reporting.</p>		

³⁴ While the objective refers to the "Number of providers reporting complete, accurate, and timely data," it was decided during the Year One evaluation report to use "Overall Reporting for Completeness" as this best represents the intent of the work to improve reporting to NCCR.

³⁵ Calculated average from Year One (83%), Year Two (84.5%) and Year Three (79.8%)

Goal 5.2: Produce research and cancer control information useful for stakeholders and the public in Nevada from 1 to 7.	Year Three	Total to Date
Objective: Increase the number of web pages or sites with interactive data charts or graphics allowing stakeholders to review and understand cancer data within the state from 1 to 2.	0	2 ³⁶
Objective: Increase the number of epidemiological and research reports specific to cancer control from 0 to 5.	1 ³⁷	4 ³⁸
Activity: Conduct stakeholder meetings to assess the use of cancer data within the state and identify data needs.	Ongoing	
Activity: Work with epidemiologists and researchers to research and publish reports.	Ongoing	
Activity: Produce cancer control-specific dashboard using resources available and identified additions.	Ongoing	
Successes: The Nevada Central Cancer Registry has completed data requests throughout the year to various internal and external stakeholders and the public. Nevada has also participated in national research requests. The Nevada Cancer Surveillance and Research Task Force is identifying stakeholder cancer control information needs		
Challenges: Reporting to the NCCR must continue to be increased in order to better increase the ability of the registry to provide timely reports to the public.		
Opportunities: The further development of the Nevada Cancer Registrars Association and collaboration between this association and other professional medical associations could enhance the registry's ability to provide meaningful research to the community.		

³⁶ Nevada Instant Atlas and Nevada Network of Care

³⁷ Nevada Comprehensive Cancer Control Burden Report. (expected 2018). Nevada Division of Public and Behavioral Health Office of Informatics and Epidemiology.

³⁸ (1) Nevada Comprehensive Cancer Control Burden Report. (expected 2018). Nevada Division of Public and Behavioral Health Office of Informatics and Epidemiology. (2) Callahan, K.E., Pinheiro, P.S., Cvijetic, N., Kelly, R.E., Ponce, C.P., Kobetz, E.N. (2016). Worse Breast Cancer Outcomes for Southern Nevadans, Filipina and Black Women. *Journal of Minority Health*. DOI 10.1007/s10903-016-0475-2. (3) North American Association of Central Cancer Registries. Cancer in North America Publication (2010-2014). Updated 6/12/2017. (4) Nevada Instant Atlas. University of Nevada, Reno School of Medicine. <https://med.unr.edu/statewide/instant-atlas>

Evaluation Results

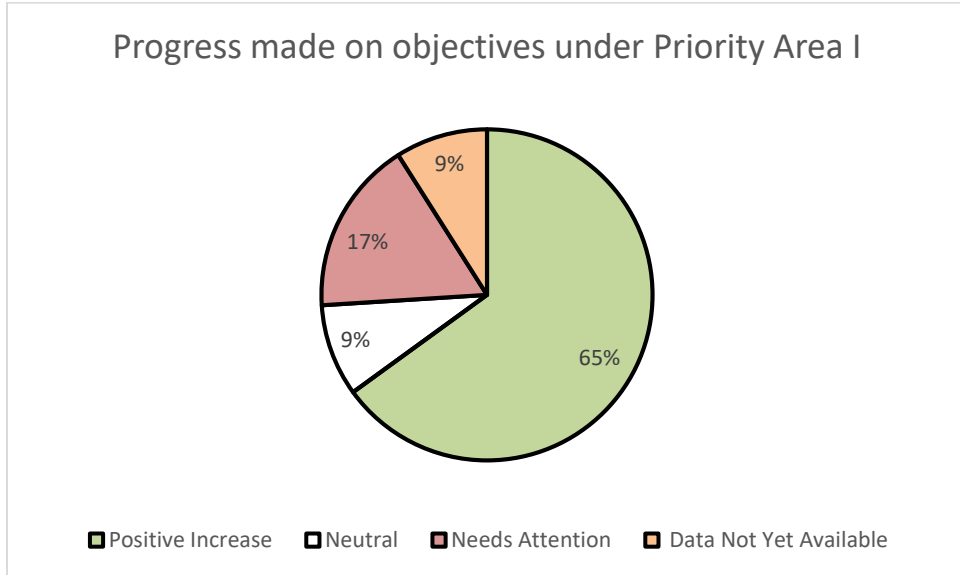
This report serves to evaluate the third year of the 2016-2020 Nevada Comprehensive Cancer Control Plan. As the Cancer Plan is still early in its use, this evaluation was largely conducted using a process methodology and focuses primarily on the progress made on activities and objectives. Much information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

To summarize the evaluation results, only objectives were examined. Details on both activities and objectives can be found in the previous section of this report (Plan Progress). The results detailed below do not capture the timeline of the plan, as many objectives were designed for work and completion in subsequent years. Within the limits of the methodology, these results bring attention both to the progress made in cancer control efforts over the past year and highlight those areas of the plan needing future work.

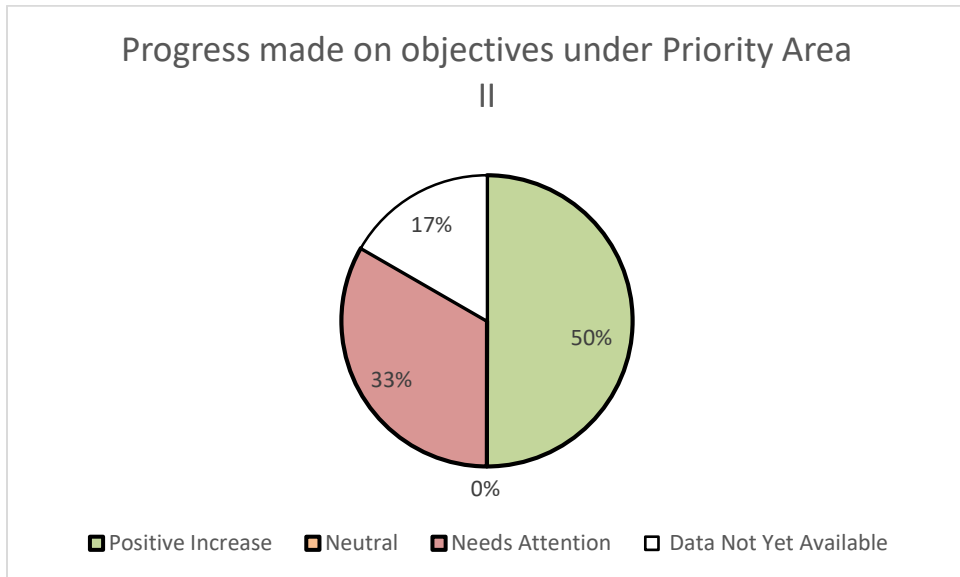
Objectives were assigned to the following categories: positive increase, neutral, or needing attention. Those categorized as positive increase have made a sixty percent (3/5 for 3 years out of 5) increase towards meeting the goal of the objective. Objectives categorized as neutral have made some limited progress or are actively occurring currently. Objectives categorized as needing attention have been discontinued, or have made no progress, either due to lack of attention, resources, or because they are designed to be implemented at a later date. These details can be captured in the Plan Progress Section of this document.

Results are arranged under priority areas with objectives measured against four categories: “Positive Increase,” meaning the objective has increased or exceeded 60% (3/5 for 3 years out of 5) over the baseline toward the target goal; “Neutral,” meaning the objective has made some progress but has not reached 60% increase; “Needs Attention,” meaning the objective has not made progress; or “Data Not Yet Available.” Most objectives noted under “Data Not Yet Available” are measured using the BRFSS or similar instrument and have a lag time before data becomes available. Data under these will be updated in subsequent years. Recommendations based on results are included in the next section.

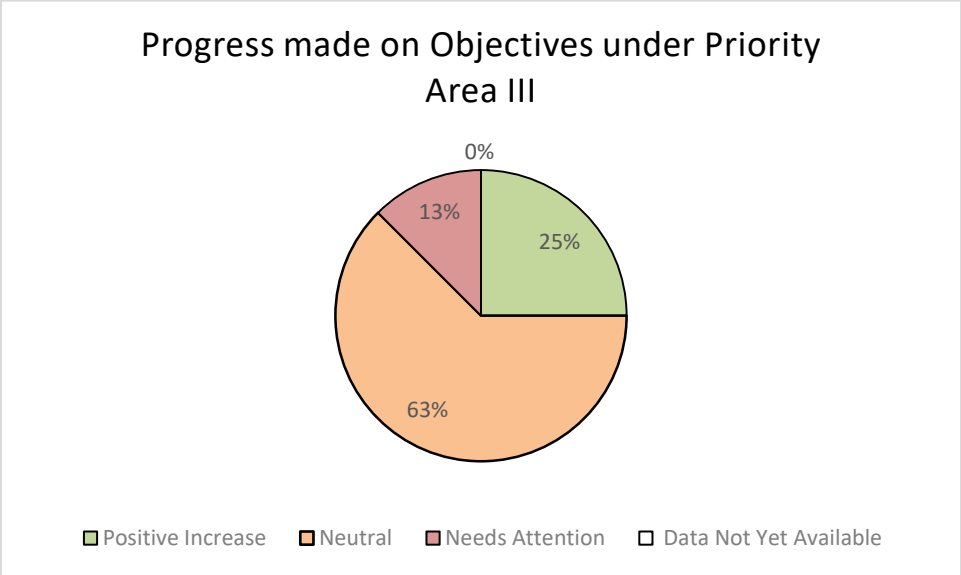
Priority Area I: Primary Prevention



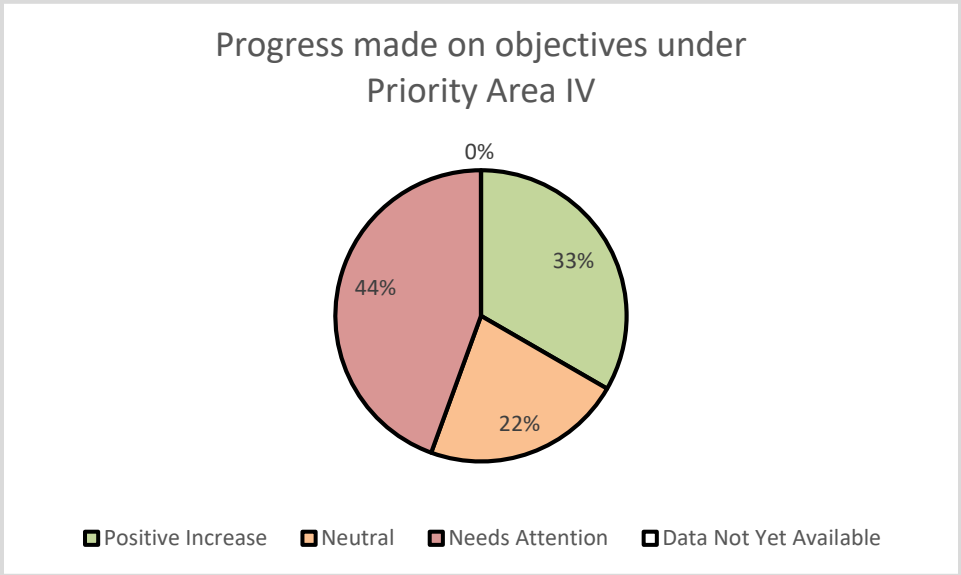
Priority Area II: Early Detection and Screening



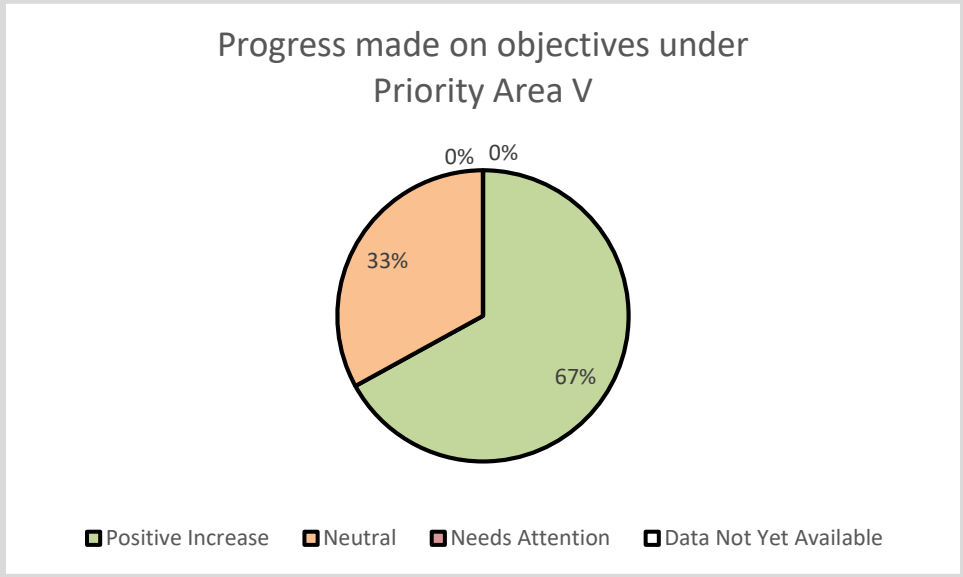
Priority Area III: Diagnosis, Treatment, and Palliation



Priority Area IV: Survivorship and Quality of Life



Priority Area V: Cancer Surveillance and Research



Recommendations

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

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

Great data progress was made in Priority Area II: Early Detection and Screening with the release of the 2016 and 2017 BRFSS. In particular, the successful addition of the Lung Cancer Screening Module as a state-specific question, to be asked every odd year, will allow for improved monitoring of lung cancer screening in Nevada. However, the Year Three report did see significant declines in screening rates for both Breast and Colorectal Cancers. Additional efforts should be undertaken to increase screenings for these cancers.

Progress in Priority Area III: Diagnosis, Treatment, and Palliation slowed in Year Three compared to previous years. A significant number of objectives scored as “Neutral” or “Needs Attention.” The cancer control community may want to critically examine this area and allocate resources to ensure progress continues to be made over the next year.

Many of the objectives in Priority Area IV: Survivorship and Quality of Life also scored as “Needs Attention.” There were several significant successes, including the substantial growth of evidence-based survivorship support. However, it is recommended this area and associated objectives be closely monitored over the next year to ensure progress in other areas continues.

Overwhelmingly great progress was made in Priority Area V: Cancer Surveillance and Research, including the implementation of successful updates to Nevada Administrative Code to continue to support improved surveillance and research. However, this area will require continued support and capacity in order to maintain momentum.

Call to Action

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

- Attend to your personal health and well-being. Quit smoking and avoid exposure to secondhand smoke. Eat a healthy, well-rounded diet. Be physically active. Test your home for radon. Get the recommended cancer preventive immunizations such as hepatitis B and human papillomavirus (HPV). Avoid overexposure to the sun and artificial tanning. Know your family history of cancer, what types of cancer screenings you should get, how often to get screened and where you can get screened.
- Become a member of the Nevada Cancer Coalition: NevadaCancerCoalition.org.
- Join a Task Force: NevadaCancerCoalition.org.
 - Survivorship and Palliative Care
 - Early Detection
 - Skin Cancer/Sun Smart Nevada
 - Surveillance and Research
- Become a Sun Smart Nevada Volunteer: NevadaCancerCoalition.org.
- Volunteer with the Nevada Radon Education Program: <http://www.unce.unr.edu/programs/sites/radon/>.
- Be attentive and active during the biennial legislative session. Educate policymakers on the burden of cancer in Nevada and the initiatives of the 2016-2020 Nevada Comprehensive Cancer Control Plan.
- Provide support to those living with cancer.

Contact Information

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

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

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

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

<http://nevadawellness.org/>

<http://Nevadacancercoalition.org>