NevadaQTAC
Quality & Technical Assistance Center

Nevada Quality and Technical Assistance Center (QTAC)
Marketing Plan
April 2017





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1.0 Executive Summary

The Nevada Quality and Technical Assistance Center (NV-QTAC) is determined to address th prevalence and impact of chronic conditions by linking clinical and community interventions and t delivery of evidence-based programs. NV-QTAC is a licensed provider of multiple programs throug University Patient Education Center and the Centers of Disease Control and Prevention (CDC). Wi active leaders in the programs and six *Master Trainers*, including two bilingual *Master Trainers* possesses the capacity to deliver workshops, leader trainings, and fidelity monitoring at a high vo QTAC is able to support partners in marketing efforts, training and technical assistance as well as p other organizations statewide that share similar goals of decreasing the prevalence of chronic d related conditions throughout our community. NV-QTAC attains their mission by increasing awaren attendance to evidence-based programs that NV-QTAC supports; thereby increasing the quality of li who suffer from chronic conditions.

With over ten years of experience in the delivery of evidence-based health promotion and disease programs, NV-QTAC has reached over 3,000 participants. NV-QTAC partners with other organizations to reach the larger population including: Sanford Center for Aging, Veterans Administratio Department of Health and Human Services, Aging and Disabilities Service Division and Division of Behavioral Health, HealthInsight-NV, hospitals, community centers and other organizations which s mission. NV-QTAC strives to reach additional organizations that desire to make difference in their and help decrease the prevalence of chronic conditions.

The NV-QTAC Advisory Council serves to bring unique knowledge and skills which broaden the know skills of the QTAC staff effectively guide and strengthen the efforts of the QTAC. Its mission is to pr enhance effective communication between partnering organizations and the community at larg effective workflows and exchange knowledge and ideas. The QTAC advisory council makes ever represent the views of the community at large with the goal of ensuring growth of the delivery o throughout Nevada. It is composed of a collection of individuals who bring unique knowledge and s complement and strengthen the QTAC's efforts in order to more effectively oversee the g sustainability of NV-QTAC. The Advisory Council consists of key stakeholders including lay leaders, partners, program coordinators, and grant funders. Each member has a role to provide public advoc appropriate, strategic advice and recommendations toward specific goals ranging from technical program impact and sustainability.

The goal of NV-QTAC is to continue to promote the evidence-based programs we support, pa organizations to expand our reach, advocate for our evidence-based programs to become a covered health insurance recipients with the overall purpose of improving the quality of life for residents of Ne

The focus of NV-QTAC is to promote evidence-based, self-management programs to the high-risk providers, and healthcare insurance payers. The NV-QTAC has established its branding presenc creation of a logo, website, social media sites, lay leader community, electronic newsletters, material, and expansion of NV-QTAC Advisory Council.

2.0 - SITUATIONAL ANALYSIS

The NV-QTAC has built a strong foundation for growth and expansion of the evidence-based programs it supports. Grant funding [1] has provided the infrastructure to support and expand the NV-QTAC's role within Nevada and to allow the NV-QTAC to continue to increase awareness, delivery and expansion of programs. The NV-QTAC has maintained and grown an Advisory Council, currently consists of 38 members representing partners and key stakeholders that support NV-QTAC's mission to decrease the prevalence of chronic disease within the state. With this support, NV-QTAC has established a network of over 26 program delivery sites statewide, over 65 trained *Lay-Leaders* statewide, six *Master Trainers* and two *T-Trainers* with in the state. The NV-QTAC technical assistance to partners includes; developing and preparing workshop material, promotion of workshops and course offered by partners, *Lay-Leader* trainings, quality circle meetings for *Lay-Leaders*, collection and analysis of workshop participant data and community linkages to promote growth of programs.

2.1 NEVADA MARKET SUMMARY

Nevada is the seventh largest state with an area of 110,540 square mile. The population increased by 12.96% in 2006 and 2015 with a total of 2.8 million occupants in 2015. Nevada has 17 counties with the majority of the residents dwelling in the urban counties of Clark, Washoe and Carson City; the other 14 counties consist of three rural counties (Douglas, Lyon, and Storey). The other 11 counties consist of frontier counties where many of the health disparities are found due to geographic circumstances (Franzen-Weiss and Mburia-Mwalili, 2017).

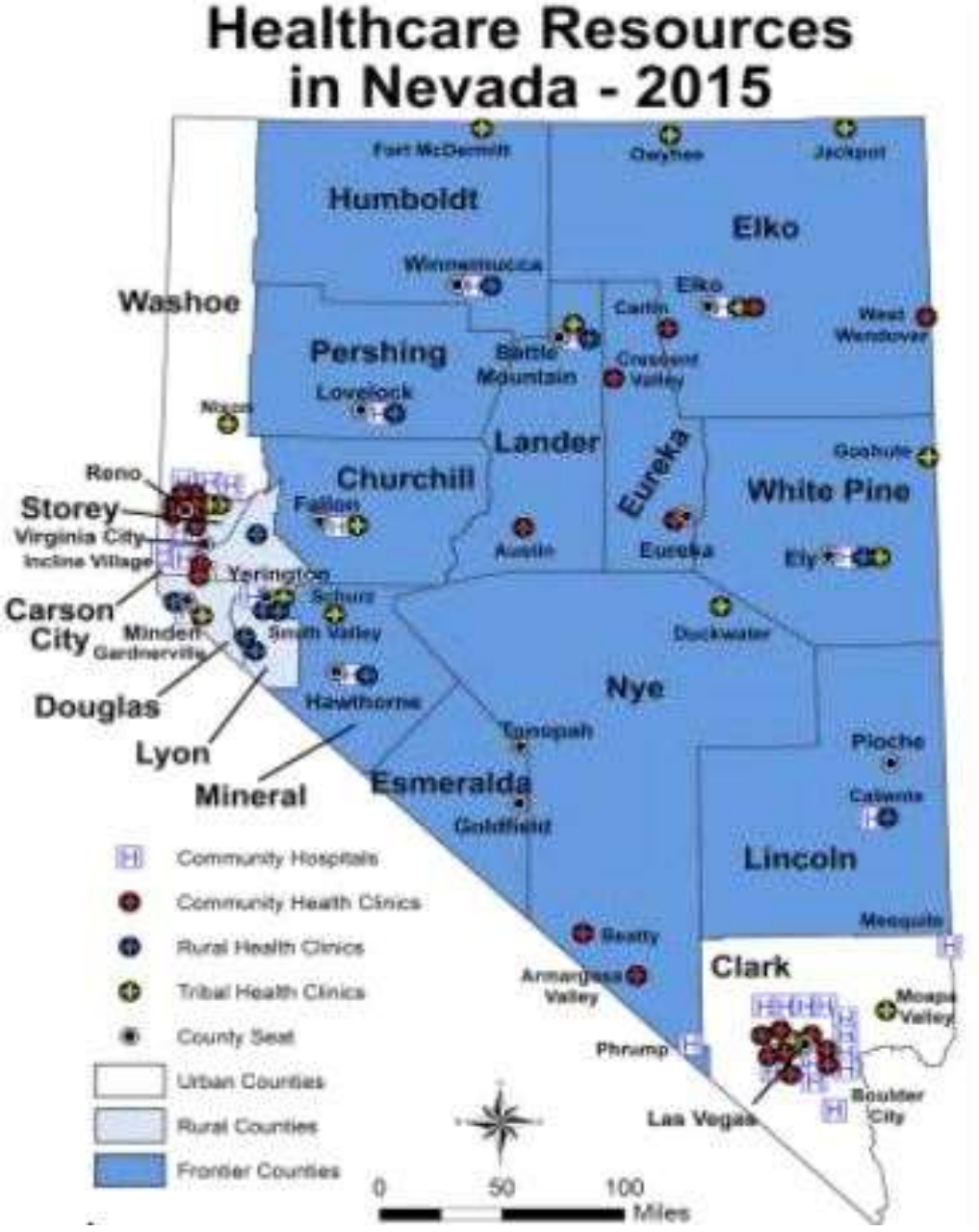
Over the past years, Nevada has become more of a diverse state and the ratio of minority races and ethnicities has increased. Presently, the majority of residents in Nevada are white at 66%, Hispanic/Latino at 26% and Black or African American at 7%.

Furthermore, with Medicaid expansion, Nevada's enrollment for Medicaid and Children's Health Insurance Program (CHIP) has increased by 66 % from an average of 221,450 July through September 2013 to 554,010 in April 2015 ((Franzen-Weiss & Mburia-Mwalili, 2017). Medicaid is expected to improve the quality of healthcare and lives for many Nevadans. However, due to barriers such as healthcare provider shortages,

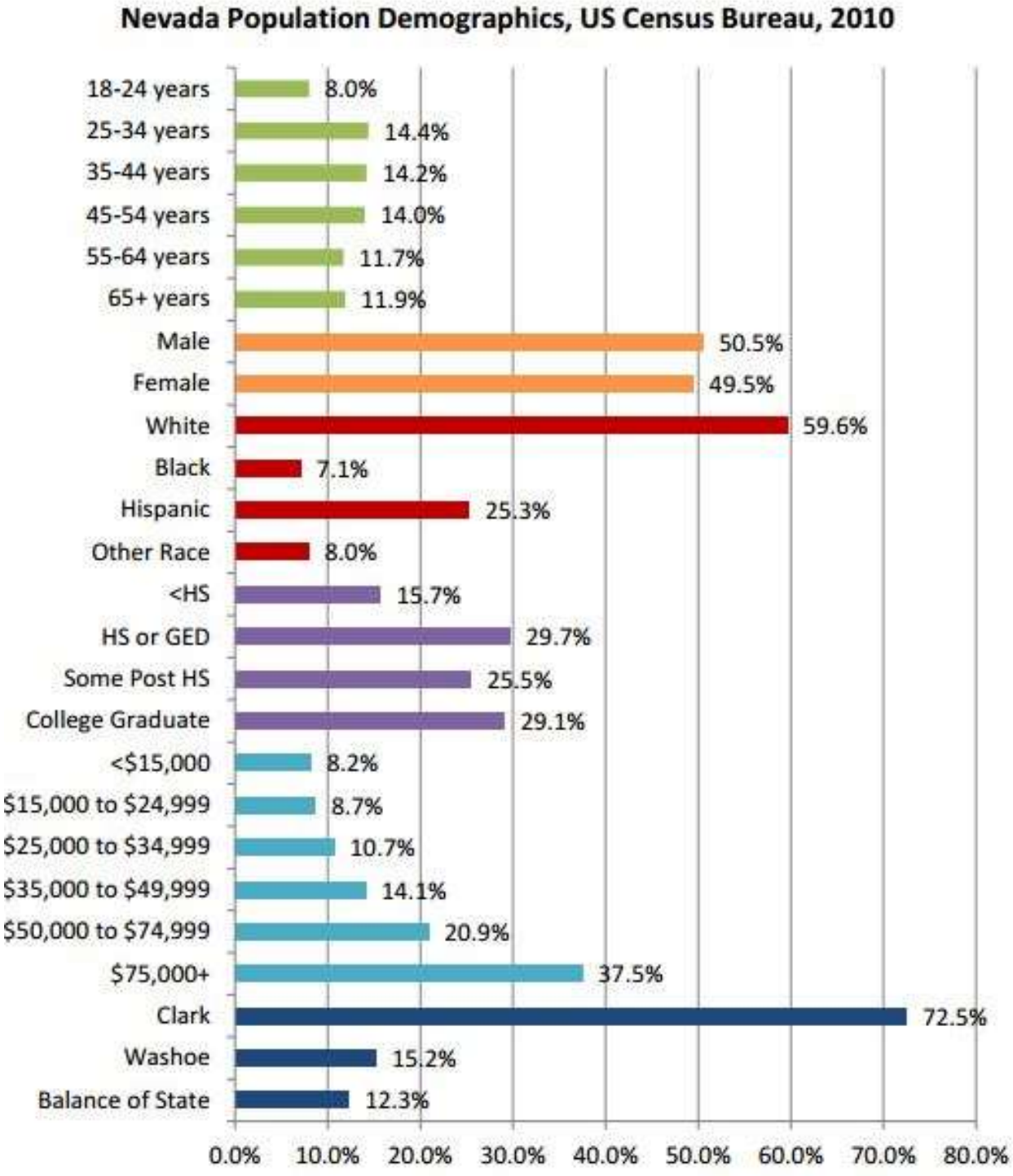
[1] Current Funding Sources: DPBH, ADSD

growth of health disparity populations, limited health education provided to patients, as well as challenges within the health care system, remain a challenge in the silver state.

Lastly, location and distance also creates a barrier for many Nevada's living in frontier communities. The average distance to an acute hospital, next level of care or tertiary care hospital is 115 miles for those living in these isolated communities.



Below is a snapshot of Nevada demographics, describing age, sex, race/ethnicity, education level, household income, and geographic location respectively (Whitehill, Flores & Mburia-Mwalili, 2013).



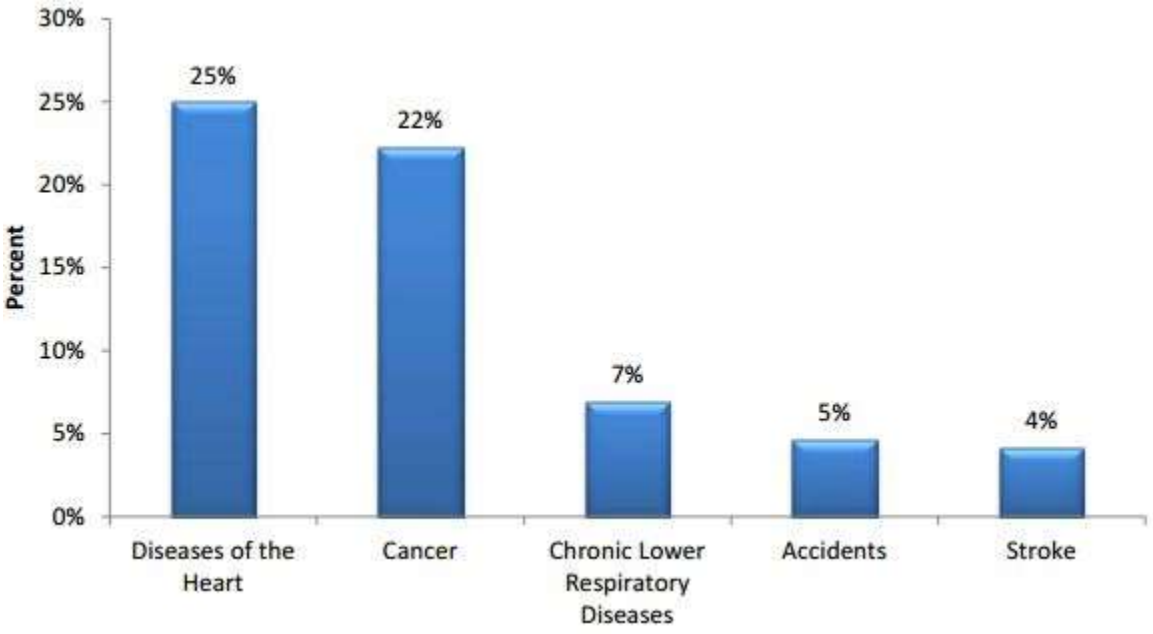
2.2 – MARKET TRENDS

Chronic Disease Burden

According to the Centers of Disease Control and Prevention (CDC), chronic diseases and conditions—such as, heart disease, stroke, cancer, diabetes, obesity, and arthritis—are among the most common, costly, and preventable of all health problems (Franzen-Weiss and Mburia-Mwalili, 2017). Health risk behaviors are considered unhealthy behaviors that can be changed. Four of these health risk behaviors—lack of exercise or physical activity, poor nutrition, tobacco use, and drinking too much alcohol—cause much of the illness, suffering, and early death related to chronic diseases and conditions (CDC, 2012).

The leading cause of chronic disease deaths in Nevada in 2013 was diseases of the heart followed by neoplasms, chronic lower respiratory diseases, accidents and cerebrovascular disease. One out of three deaths in 2013 were related to heart disease and stroke, and the age adjusted death rates for heart disease and stroke were 204.3 and 39.9 per 100,000 respectively (Morales, 2014).

Leading Causes of Death, Nevada 2013



Diabetes in Nevada

A steady increase in the prevalence of diabetes was realized both nationally, as well as in the state of Nevada. The incidence and prevalence of diabetes in Nevada as well as in the United States, has increased. . In the United States, 27.8% of people don't know they are diagnosed with diabetes (Franzen-Weiss and Mburia-Mwalili, 2017). One of five individuals by the year of 2030 and one of three by the year 2050 will have diabetes if the trend continues. Below is a snapshot of diabetes prevalence in the state of Nevada by demographic provided by Franzen-Weiss and Mburia-Mwalili, 2017.

Figure 20 - Prevalence of Nevada Adults with Prediabetes by Race/Ethnicity Aggregate Data (2011, 2013 & 2014)

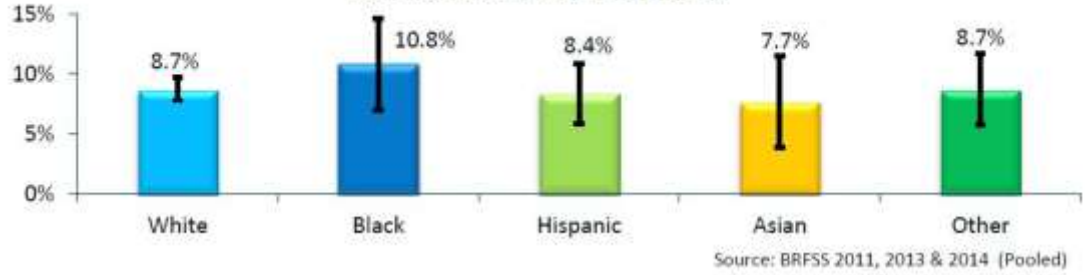


Figure 21 - Prevalence of Nevada Adults with Diabetes by Income Level

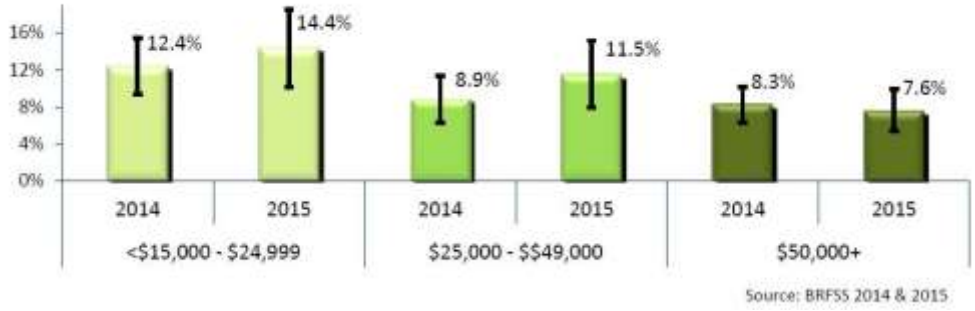
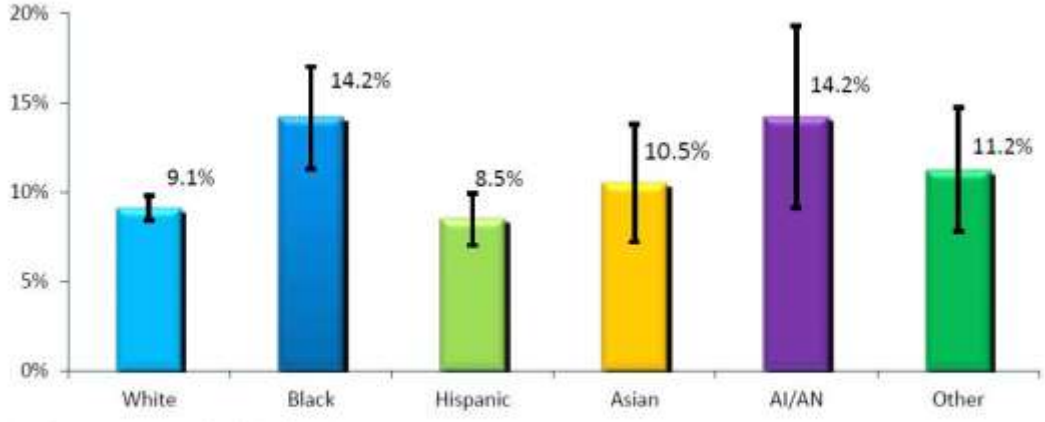


Figure 19 - Prevalence of Nevada Adults with Diabetes by Race/Ethnicity, Aggregate Data (2011-2015)

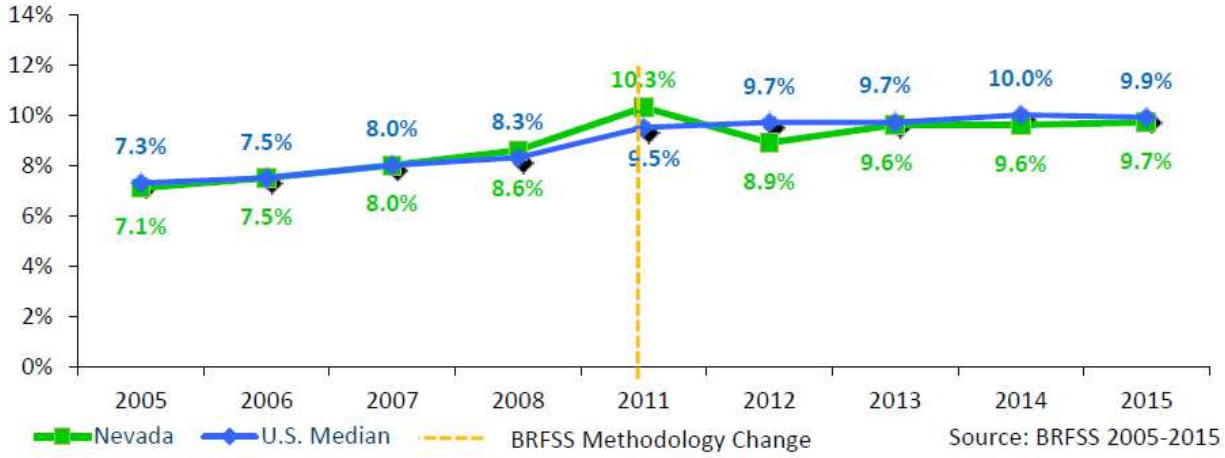


AI/AN = American Indian/Alaska Native
Other = Native Hawaiian/Pacific Islander, multi racial, and other race

Source: BRFSS 2011-2015

In Nevada, the prevalence of the diabetes in those 18 years of age or older reater or is estimated to be 9.7% or 197,570 adults which is slightly lower than the United States prevalence of 9.9% (Franzen-Weiss and Mburia-Mwalili, 2017). Figure 1 consists of the estimate diabetes prevalence in Nevada and United States adults from 2005 to 2015.

Figure 1 - Prevalence of Nevada Adults with Diabetes, 2005-2015



Diabetes prevalence by county

Diabetes prevalence by the county show that rural and frontier counties have a higher prevalence of diabetes than the overall state, especially in Elko and Nye counties. Elko and Nye counties show a higher prevalence of diabetes with 17.9% (2015) and 16.0% (2014) respectively, while Washoe County has the lowest rate at 9.7% (2015) (Franzen-Weiss and Mburia-Mwalili, 2017).

Figure 2 - Prevalence of Nevada Adults with Diabetes by select Counties, BRFSS 2013- 2015

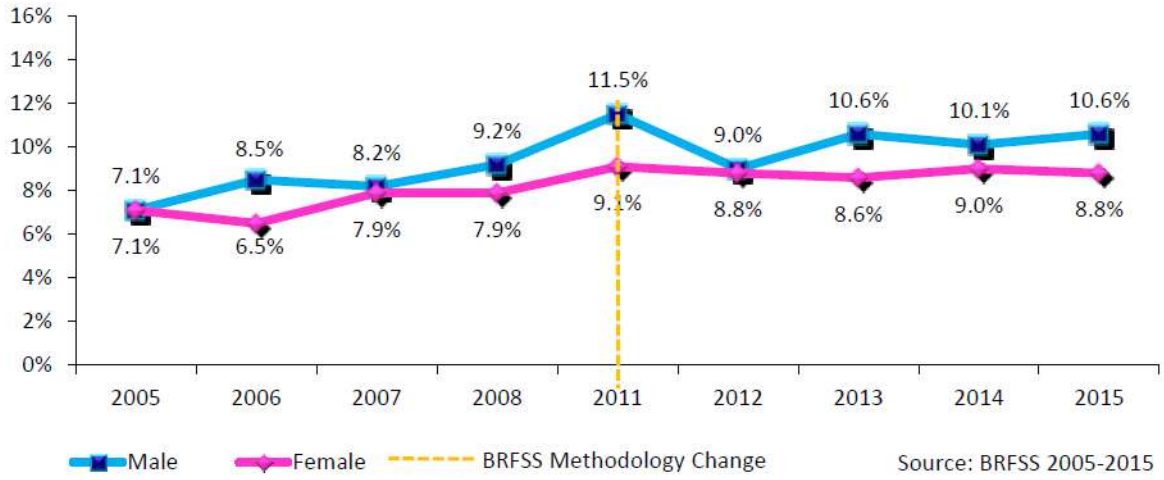
Source: BRFSS 2013, 2014 & 2015

Note: Balance of State includes Churchill, Douglas, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Pershing, Storey, and White Pine Counties for 2013 & 2014; *Nye is included in balance of State in 2015.

Diabetes prevalence by gender

According to the Nevada BRFSS data shows higher prevalence rate for adult males than adult females. In figure 3, the males are estimated for an increase from 7.1% in 2005 to 10.6% in 2015. For adult females it is estimated an upward trend from 7.1% in 2005 to 8.8% in 2015 (Franzen-Weiss and Mburia-Mwalili, 2017).

Figure 3 - Prevalence of Nevada Adults with Diabetes by Gender, 2005-2015



Diabetes prevalence by age

From 1980 to 2014, adults aged 65-79 years of age have increased from 6.9 to 12.1 per 1000. In adults aged 45-64 years of age, the prevalence of those diagnosed with diabetes expressed no consistent change during the 1980's; however, an increase from 1991 to 2002 was noted. In adults aged 18-24 years, an increase from 1980 to 2003, expressed little change from 2003-2006 with regard to a diagnosis of diabetes; a notable decrease was realized in prevalence in this age group from 2006 to 2014 (Franzen-Weiss and Mburia-Mwalili, 2017).

Figure 4 - National Trend, Incidence of Diagnosed Diabetes by Age, 1980-2014 (BRFSS)

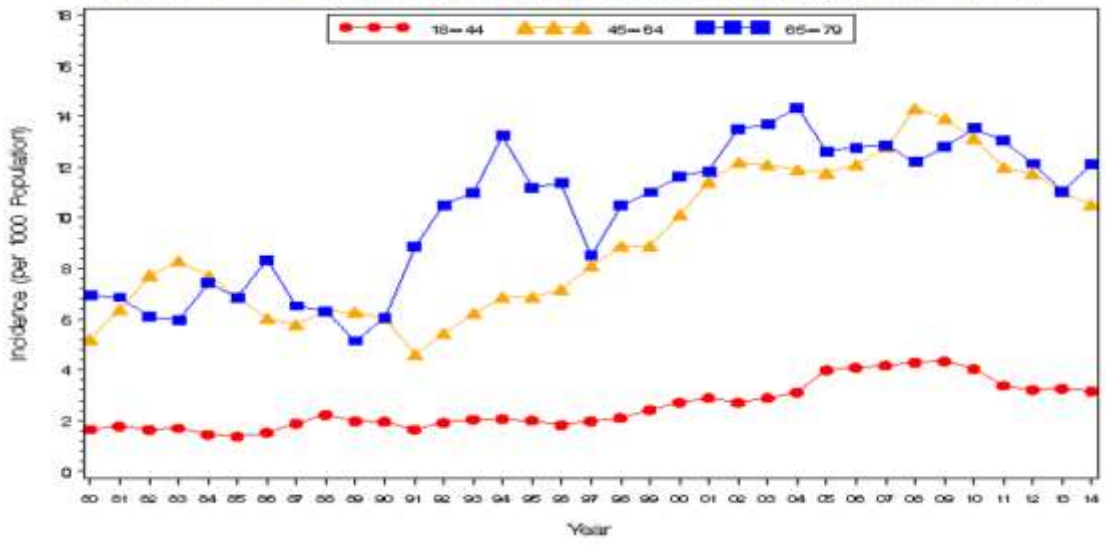
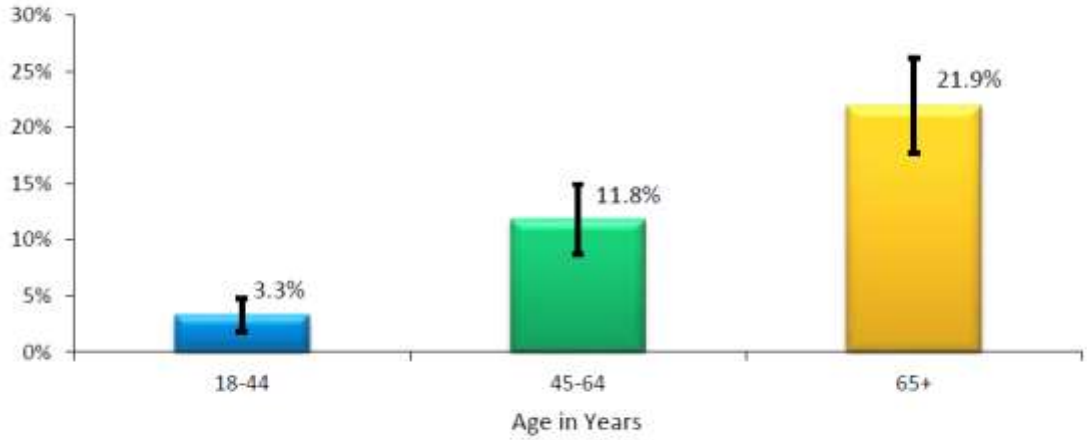


Figure 5 provides an example of differences in diabetes prevalence among various age groups ranging 21.9% in the 65 and older population and 11.8% in the 45 to 64 population (Franzen-Weiss and Mburia-Mwalili, 2017).

Figure 5 - Prevalence of Nevada Adults with Diabetes by Age Group, 2015 BRFSS



Source: BRFSS 2015

2.3 Product Offering

Evidence-Based Programs QTAC Promotes

- Stanford University Patient Education's Self-Management Programs
  - Chronic Disease Self-Management Program (CDSMP)
  - Tomando Control de Su Salud
  - Diabetes Self-Management Program (DSMP)
  - Manejo Personal de la Diabetes (PMPD)
  - Positive Self-Management Program (PSMP- HIV)
  - Cancer Thriving and Surviving Program (CTS)
- National Diabetes Prevention Program (Centers for Disease Control and Prevention Recognized – Diabetes Prevention Recognition Program - DPRP)
- Fit and Strong
- Powerful Tools for Caregivers
- Kidney Smart
- Stepping On Fall Prevention
- Enhance Fitness
- Better Breathers

Self-Management and Lifestyle-Change Programs

The goal of the NV-QTAC is to promote evidence-based self-management and lifestyle change programs throughout the State of Nevada. Participants who complete the evidence-based programs have demonstrated significant improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, coping with health distress, fatigue, and disability, as well as decreased social/role activities limitations.

Data collection [2]efforts suggest that participants who completed evidence-based self-management programs decreased hospital readmissions by 73%, decreased emergency room visits by 67% and reduced unscheduled physician visits by 52%. This data yields a cost to savings ratio of approximately 1:4. Many of these results persist for as long as three years.

3.0 MARKETING STRATEGY

3.1 NV QTAC MISSION

The NV-QTAC's mission is to decrease the prevalence of chronic disease within our community by creating awareness and providing education to the community, organizations and physicians regarding available chronic disease and diabetes education programs. The NV-QTAC supports public, private, health and community based partners to disseminate and deliver evidence-based, self-management programs that improve health, wellness, and quality of life in communities within and beyond Nevada. Dignity Health - St. Rose Dominican serves as the Nevada Quality and Technical Assistance Center which is a neutral organization supporting partners as they develop capacity to deliver evidence-based self-management programs throughout their organizations and communities.

The NV-QTAC is committed to reaching health disparity populations, persons with disabilities and older adults.

The NV-QTAC services partners by providing support in form of workforce development and training for programs we support, provision of statewide fidelity monitoring and support, lay leader development through quality circle meetings, update and refresher trainings, communication of program updates, provision of technical assistance and

[2] Data collection efforts include participant completion of pre, post and 3 month post surveys that measure self-efficacy, health status, and healthcare system utilization.

consultation to support planning, implementation , marketing, program evaluation and data collection, data management and reporting, support and guidance for receiving AADE accreditation, support and guidance for receiving CMS recognition for program reimbursement, assistance with obtaining and maintaining innovative partner agreements, sustainability planning, CMS recognition status, maintaining multi - program licenses, supporting partners to engage the community in activities that improve quality of life, improve and build clinical community linkages, data review services to support continuous quality improvement efforts, create value propositions and linkages with payers.

3.2 - TARGET MARKET POPULATIONS

Disparity populations such as low-income populations, the underserved, uninsured and underinsured are high-risk populations for diabetes. Various social and economic conditions have decreased access to many health care services including preventative screenings, health education and care. Social determinants of health such as poverty, poor living conditions and decreased access to healthy food choices and safe outdoor recreation as well as other factors such as lack of transportation, language barrier, cultural behaviors and lack of employment opportunities play a key role in overall health (CDC, 2016).

Specific race and ethnicity groups are at very risk for type 1 and type 2 diabetes. These groups include African-Americans, American Indians, Hispanics/Latino's, Asian-Americans and Pacific Islanders which also contribute to a large majority of disparity populations. All of these factors create less access to various resources that promote healthy lifestyles. In Nevada, African-Americans and American Indians/Alaska Natives account for 14.2% of the diabetic population respectively. African-Americans also account for the highest rate of prediabetes (10.8%) in Nevada. In addition, those with income levels falling between 15,000-$24,999 made up the largest proportion 12.4% and 14.4% in 2014 and 2015 respectively of Nevadan's with diabetes compared to Nevadan's with higher income levels 8.3% and 7.6% in 2014 and 2015 respectively. Prediabetes is also a factor in lower income populations as well. Nevadan's with income levels falling between $25,000-$49,000 per year exhibit higher rates (11.1%) of prediabetes than Nevadan's whose income levels were above or below the above stated income levels (CDC, 2016).

Food security among disparity populations continues to be a large concern. Access to healthy food sources that meet dietary regulations among disparity populations is limited due to the lack of physical and/or economic resources. Nevada exceeds the U.S. percentage of those that experience low or very low food security at 14.2% compared to the U.S. average of 13.7%. Food security remains a topic of conversation among public health officials as research has shown that those with low and very food security are 48% more likely to have diabetes (Franzen-Weiss and Mburia-Mwalili, 2017).

Our goal at the NV-QTAC is to support the evidence-based self-management programs we promote. This year our plan is to design a marketing campaign to target three different populations

- High Risk Populations
  - Including high disparity populations, persons with disabilities and older adults
  - Persons at Risk for Diabetes, prediabetes and other chronic conditions
  - AIDS/HIV
  - Rural communities
  - Spanish-speaking populations
- Physicians
  - Including building community – clinical linkages
- Healthcare Insurance Payers
  - Including creating value propositions

3.3 MARKETING OBJECTIVES AND STRATEGIES

3.3.1 REACHING HIGH RISK POPULATIONS

1. The NV-QTAC is actively involved in establishing and strengthening the Nevada Community Health Worker and Promotores programs working closely with the state of Nevada in identifying avenues for reimbursement.
   Marketing and promotional efforts for programs available in Spanish have been translated and developed. Certified community health workers (CHW's) and Promotores training has taken place in in Southern NV, a total of 317 CHW's have been trained and a total of 30 Promotores have been trained in southern Nevada. Of the 30 Promotores trained, 18 are also lay leaders for Tomando Control de su Sulad, with Manejo cross-training expected to take place in winter 2017 / spring 2018. Latina Saludable training is expected to take place in August 2017 in northern Nevada, with members being trained in Washoe, Carson City and Elko. The QTAC's goal is to reach 20 promotores with this training. CHW's and Promotores will play a key role in reaching high risk populations by integrating themselves into the community, advocating for health education and promotion of programs. Nevada Health Centers has clinics strategically placed throughout Nevada. CHW training for Nevada Health Centers staff has taken place in southern Nevada, and training for northern Nevada staff is expected to take place in January 2018.

- Train adequate CHW's and Promotores in evidence-based programs the QTAC supports. Training will be schedule for winter 2017/Spring 2018.
- Cross-train CHW's and Promotores in various programs that support and deliver resources available throughout the community outside the hospital setting such

as housing, food sources, health, transportation and other available resources throughout the community.

- Work closely with the State of Nevada and other organizations that support the CHW program model to build and strengthen the CHW and Promotores networks in Nevada. This effort is ongoing.
- Support and strengthen CHW and Promotores association efforts in state
- Offer Promotores training in Northern Nevada. To take place in August 2017.
- Support training that aligns with CHW reimbursement models
- Attend health fairs and community events to promote NV-QTAC and programs available statewide. This effort is ongoing.
    - Provide screenings for high risk populations including BMI/Body Weight/Body Mass.
    - CDC's Prediabetes Risk Survey
    - Blood Pressure
    - Lab Screenings (i.e. A1c, glucose, cholesterol, etc.)
    - Promote healthy eating and physical activity by engaging high risk population in healthy cooking demonstrations provided by a Registered Dietician, and exercise demonstrations convenient for aging population (i.e. chair Zumba)
- High Risk Populations will be directed to visit the nvhealthyliving.org website for resources, workshops, and classes available statewide. This effort is ongoing and promoted throughout various avenues throughout the community.

1. To Increase Diabetes Education in Rural and Health Disparity Populations

i.a. Expand to Rural Communities Utilizing Telehealth The NV-QTAC intends to expand to the rural populations through telehealth collaborations. A pilot is scheduled to take place in the summer of 2017 between Nye Communities Coalition and the southern NV-QTAC site. Workshops will be held remotely from both sites to maintain program fidelity for the required number of participants necessary to hold a workshop driven from both sites respectively. The zoom platform will be utilized to conduct one on one nutritional consults with registered dieticians as well as monitoring and supervision of CDSME/DSME workshops, allowing the presence of an RD during a workshop.

ii. Building the infrastructure for centralized referrals
NV-QTAC has collaborated with HealthInsight and Nevada Health Centers. This collaborative effort includes building the infrastructure for centralized referrals at Nevada Health Center clinics. Referrals made at Nevada Health Center clinics will generate referrals to specific diabetes education sites throughout Nevada, including in Carson City and Pahrump. Nevada Health Center community health workers who are currently residing in Elko will be cross trained to deliver Diabetes Self-Management Programs to ensure rural populations have access to diabetes education services. This training is

taking place in August 2017. Diabetes Self-Management workshops will be held at Nevada Health Center sites throughout Nevada. A year-long calendar or schedule of workshops will be developed that includes workshop site locations for referrals; to take place in May, 2018. Nevada Health Center's staff will be trained in both English and Spanish Diabetes Self-Management programs as well as CHW and Promotores by winter 2017 / spring 2018. Nevada Health Centers is collaborating with Pace Coalition to house CHW's.

iii. HealthInsight's role is to strengthen the EMR system within Nevada Health Centers, create a secured email system that enables a continuum of care loop from the point of a generated referral to health education and a referral streaming back to the provider from health education, notifying the provide that the patient has completed the prescribed health education programs. In the past, these referrals were being conducted by a case manager who has since moved to part-time status. Referrals being made in the future will be processed by the physician or medical assistant at the bedside. HealthInsight also plans to connect Dignity Health to receive direct emails or utilize another platform provided by HealthInsight to access Nevada Health Center referrals. Dignity Health will also coordinate referrals from Nevada Health Center's centralized referral system to ensure patients are sent to nearest workshop location. Although this has been a past activity, it requires process improvement and, therefore, remains an action item in future goals.

iv. In order to ensure physician commitment, physician and other Nevada Health Center providers will be educated and trained on the new referral process. This referral process does not require additional funding as Dignity Health has an existing EMR System and implementation will only require Dignity Health to be connected via a direct email account, which Dignity Health IT department is working with HealthInsight to establish. The next call is scheduled for Monday, April 17, 2017. Quality Improvement measures will be developed to measure efficiency of the process and strategies will be designed and shared with providers to increase the number of Nevada Health Center patients receiving diabetes education.

2. Expand Programs to Prison settings

Program expansion to reach the prison population is also a key focus for the coming year. Agreements and leader training have taken place to introduce programs in the prison setting. Workshops are scheduled to take place at 4 prison facilities, Warm Springs and Lovelock in northern Nevada and Southern Desert and High Desert in southern Nevada. The first workshop is scheduled in southern Nevada at southern Desert in May 2017 and the first workshop in Northern Nevada is scheduled at Warm Springs in July 2017. Both northern and

southern prison sites will work under the QTAC license. Dignity Health and the ADSD grant help support the efforts of prison expansion.

3.3.2 REACHING PHYSICIANS

Dignity Health- St Rose Dominican has access to 14,000 contracted physicians in Southern Nevada.

- Utilize the Nevada State toolkit- Clinician and Care Team Guides to Achieve Better Outcomes for Patients Living with Diabetes or Prediabetes to promote screening for diabetes and prediabetes and referrals to diabetes prevention and/or management classes. The kit will be available for physicians to access on the NVDiabetesEd.org or nvhealthyliving.org websites.
- Utilize the kit while a clinical professional (i.e. RN, RD, CDE) personally visits physician offices and/or presents to physician groups. Target a minimum of 30 physicians annually through personal site visits and outreach including conferences and presentations.
- Marketing efforts to physicians will also be done to encourage the use of electronic medical records to link to community education. NV-QTAC will promote this to medical groups and encourage their alignment with the Health Information Exchange to send referrals for patients with chronic conditions including diabetes and prediabetes.
- Establish relationship with the Nevada State Board of Medical Examiners, Nevada Nurses Association, Clark County Medical Society, Washoe County Medical Society, and Nevada Hospital Association to promote toolkit links on websites and advocate for diabetes prevention and self-management education to be included as part of the CE requirements for physicians.
- Collaborate with the UNSOM's (Las Vegas extension) to advocate for diabetes prevention and self-management education to be included in curriculum requirements for medical student residents.
- Attend annual physician and hospital organization meetings such as the Nevada Hospital Association, Nevada Nurses Association and other large provider organizations that hold large events; thereby presenting to larger provider audience.
- Utilize lay leaders and CHW's to identify target physician offices for flyer distribution sites for promotion of diabetes education programs.

3.3.3 SUPPORT PROGRAM REIMBURSEMENT MECHANISMS

The Affordable Care Act promotes prevention, wellness and public health and supports health promotion efforts at the local, state and federal levels (Morales, 2014). Several provisions under Title IV expand access to health care services that help health insurance beneficiaries prevent and manage chronic disease (Morales, 2014). The act urges States to propose evidence-based models, policies, and innovative approaches for the promotion of transformative models of prevention, integrative health, and public health on individual and community levels across the United States (CDC, 2016).

NV-QTAC will continue to advocate for coverage of evidence-based programs such as the National Diabetes Prevention Program (DPP), the Stanford Chronic Disease Self-Management Education Programs (i.e. DSMP, CDSMP).

Advocating and promotional efforts will be focused on the following activities:

- Encourage DPP organizations to seek CDC recognition for their program.
- Support partners to build the infrastructure necessary to become a Medicare DPP supplier, such as recognition requirements, obtaining an NPI number, and billing platforms available to those who qualify.
- Promote AADE-Accreditation for organizations to align themselves with Centers for Medicare and Medicaid Services reimbursement for Stanford Plus.
- Recruit for the participation of health insurance payers in the NV-QTAC Advisory Council.

3.3.4 INCREASE AWARENESS OF PROGRAMS TO INSURANCE PAYERS

The NV-QTAC will continue to establish relationships with insurance payers to increase sustainability of programs. Mechanisms to reach insurance providers will include:

- Encouragement of attendance at lay leader trainings,
- Presentation of programs for referral, and
- Presentation of programs available as a reimbursable component. Emphasis will be placed upon decreased long term health costs of its members.
- Establish relationships with at least 3 private insurance companies (i.e. Humana, United Healthcare, Culinary Health Fund)
- Work with DPBH's Community Health Workers Program and Nevada's Community Health Association

3.3.5 WEBSITE AND SOCIAL MEDIA ENGAGEMENT

NVHealthyLiving.org

NVHealthyLiving.org has been established and provides information on statewide workshops. Efforts this year will focus on growth of utilization and promotion of the website among physician communities, as well as the community as a whole. In addition, online registration for workshops will be encouraged. Participant testimonials and video streams will be added to the site to describe how workshops benefit the lives of participants who complete the programs.

NVDiabetesEd.org

In efforts to reach a wider range of the population including physicians, high risk population, and health insurance payers, NV-QTAC will simultaneously promote the **nvhealthyliving.org** website along with the **NVDiabetesEd.org** site.

The promotion of the NVDiabetesEd.org site will be specific to the prevention and management of diabetes. The following information will be promoted on this site

- NV-QTAC services and contact information
- Event Calendar Information to include upcoming classes, workshops, and events
  - Dignity Health-St Rose Dominican
  - Community Partner upcoming events that are provided to NV-QTAC

HealthySouthernNevada.org

Healthy Southern Nevada is a web-based source of community health information and population data provided by the Southern Nevada Health District and community partners. Planners, policy makers, the public and community members are encouraged to use the site as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.

Once a health indicator is selected (i.e. diabetes), a list of promising practices will be available to the person. This list will include some of the evidenced-based, self-management programs (i.e. DSMP).

3.3.6 SOCIAL MEDIA AND ELECTRONIC NEWSLETTER

Facebook and Twitter accounts have been established, as well as an electronic newsletter to promote the NV-QTAC and the services provided. These social media outlets will continue to be maintained and expanded to consistently feature upcoming statewide leader trainings, workshops, spotlight community partners, conferences, and seminars. These sites will also be used to promote lay leader activities and engagements. Secondary phases for social media are planned and include substantial growth expansion through the use of blogs on existing sites and the possibility of adding an Instagram site. The goal for social media is to set specific times and dates for posts, increase visuals, adding testimonials, promote use of social media sites at events, and collaborate more closely with community partners and those that support preventative health on social media. Increasing the number of followers and friends as well as increasing content posts will be a key focus for the coming year.

3.3.7 PUBLIC RELATIONS AND MEDIA ENGAGEMENTS

1. Dignity Health- St Rose Dominican has access to utilize Escalante Media Management, LLC for media relations and promotion. Utilization of press releases, health and wellness articles to assist with the promotion of workshops and DPP classes will be more utilized throughout this year to gain more media attention and create awareness of programs throughout the community.
2. Continue to promote diabetes promotion through Beasley Broadcasting's Bob Fisher's America's Diabetes Hour. This show is broadcast on Sunday's from 5:30- 7:30 a.m. on AM 720 KDWN and on http://bobfishernv.com/category/the-diabetes-show/ throughout the world.
3. Utilize Las Vegas Review Journal in promoting our programs to the community events section of the online newspaper to increase workshop and class enrollment. In addition to these efforts, free diabetes lectures held by Dignity Health registered dieticians will be advertised in the community events section, while program and workshop promotion takes place during the free lectures to increase enrollment.
4. Dignity Health-St Rose Dominican also sponsors the REACH magazine which is mailed to 250,000 homes in Southern Nevada quarterly. NV-QTAC has access to include community site workshop and program information in this magazine at no cost and will continue to utilize this resource as a key marketing tool.

3.3.8 EXPANDING COMMUNITY AWARENESS AND PARTICIPATION

The NV-QTAC will extend its focus in collaborating with community organizations that share similar interests. Many connections will be made through social media. However, collaborating with key community organizations that support disparity populations as well as have the ability to cross-refer to NV-QTAC programs, will remain a goal. Organizations such as the Mobile Health Collaborative, Las Vegas Community Health Improvement Program (CHIPs), Nevada 211's the Nurse Call Line and other organizations that support community health outreach will remain key components to future growth and expansion initiatives.

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