

**Nevada FY 2014
Preventive Health and Health Services
Block Grant**

Work Plan

Revised Work Plan for Fiscal Year 2014

Submitted by: Nevada

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Executive Summary

This work plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2014. It is submitted by the Nevada Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the FY 2014 Preventive Health and Health Services Block Grant is \$606,639.00. The Administrative cost is \$82,266.00 and is used for high level oversight and grant management that includes fiscal, administrative and high level management staff time and associated operating costs. The overall amount is based on a draft funding update allocation table distributed by CDC. Proposed Allocation and Funding Priorities for FY 2014 Sexual Assault-Rape Crisis (HO 15-35): \$60,382.00. This total is a mandatory allocation which provides this funding to 14 rural and 3 urban counties. PHHS Block Grant funds are used to support programs and projects within the state. PHHS Block Grant dollars provide supplemental support for categorical and state funding and are used when no other source or a very small amount of funding exists to address health concerns. Nevada has come to rely on these funds as an important source of investment for health promotion and prevention.

Based on recommendations and feedback from the PHHS Advisory Committee, the following Health Objectives/activities are to be funded this funding cycle. Their rationale is also provided below.

CDPHP Infrastructure & Capacity

Funding Rationale: An initiative to build Chronic Disease infrastructure and capacity so that Nevada will have the human resources, leadership and program capacity to implement the Nevada Chronic Disease State Plan.

Health Objectives and Amounts:

PHI-15 Health Improvement Plans - \$183,442.00

Community Health Workers

Funding Rationale: An initiative to promote Community Health Workers in the Nevada for preventative services as a means for better health outcomes, better care and lower costs.

Health Objectives and Amounts:

ECBP-10 Community-Based Primary Prevention Services - \$97,340.00

Increase Physical Activity in Adults and Youth

Funding Rationale: An initiative to promote physical activity among adults and youth in Nevada. Activities include developing and executing a media campaign focusing on physical activity, worksite wellness and obesity prevention as well as increasing the number of primary prevention and education awareness materials in Nevada.

Health Objectives and Amounts:

ECBP-10 Community-Based Primary Prevention Services - \$89,051.00

Raising a Healthier Generation

Funding Rationale: An initiative to increase physical activity and nutrition standards in Early Care and Education settings as a means to decrease childhood obesity. Activities include providing training and technical assistance to these settings/providers on recommended standards and maintaining a statewide ECE group to assist with these efforts.

Health Objectives and Amounts:

NWS-10 Obesity in Children and Adolescents - \$43,647.00

Rape Prevention

Funding Rationale: Federally mandated set aside; An initiative on the prevention and education of statutory rape and sexual coercion among minor teens. Activities include maintaining a social awareness campaign on statutory rape and sexual coercion targeting men between the ages of 18-24 years old in Nevada.

Health Objectives and Amounts:

IVP-40 Sexual Violence (Rape Prevention) - \$118,447.00

Stroke and Heart

Funding Rationale: An initiative to reduce the burden of stroke and heart disease in Nevada. Activities include establishing a statewide strategic plan for the prevention and management of heart disease and stroke in Nevada.

Health Objectives and Amounts:

HDS-3 Stroke Deaths - \$59,380.00

Worksite Wellness

Funding Rationale: An initiative to improve overweight and obesity rates among state employees in Nevada, thus improving work performance and employee health. Activities include increasing the number of worksite wellness trainings, adopted policies and health promotion activities within the Division of Public and Behavioral Health.

Health Objectives and Amounts:

ECBP-8 Worksite Health Promotion Programs - \$23,071.00

Funding Priority: Under or Unfunded, State Plan (2014), Data Trend

Statutory Information

Advisory Committee Member Representation:

Advocacy group, Business, corporation or industry, College and/or university, Community-based organization, Dental organization, Elected official, Foundation, Primary care provider, Public and/or private school (K-12), Research organization, Schools of public-health, Small business or merchant, State health department, State or local government, Tobacco control organization

Dates:

Public Hearing Date(s):

1/30/2014

6/5/2014

Advisory Committee Date(s):

7/9/2013

10/8/2013

1/30/2014

4/17/2014

6/4/2014

8/15/2014

Current Forms signed and attached to work plan:

Certifications: Yes

Certifications and Assurances: Yes

Budget Detail for NV 2014 V1 R0

Total Award (1+6)	\$606,639
A. Current Year Annual Basic	
1. Annual Basic Amount	\$546,257
2. Annual Basic Admin Cost	(\$50,326)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$495,931
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	\$60,382
7. Sex Offense Admin Cost	(\$2,317)
(8.) Sub-Total Sex Offense Set Aside	\$58,065
(9.) Total Current Year Available Amount (5+8)	\$553,996
C. Prior Year Dollars	
10. Annual Basic	\$0
11. Sex Offense Set Aside (HO 15-35)	\$60,382
(12.) Total Prior Year	\$60,382
13. Total Available for Allocation (5+8+12)	\$614,378

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$495,931
Sex Offense Set Aside	\$58,065
Available Current Year PHHSBG Dollars	\$553,996
B. PHHSBG \$'s Prior Year:	
Annual Basic	\$0
Sex Offense Set Aside	\$60,382
Available Prior Year PHHSBG Dollars	\$60,382
C. Total Funds Available for Allocation	\$614,378

Summary of Allocations by Program and Healthy People Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
CDPHP Infrastructure & Capacity	PHI-15 Health Improvement Plans	\$183,442	\$0	\$183,442
Sub-Total		\$183,442	\$0	\$183,442
Community Health Workers	ECBP-10 Community-Based Primary Prevention Services	\$97,340	\$0	\$97,340
Sub-Total		\$97,340	\$0	\$97,340
Increase Physical Activity in Adults and Youth	ECBP-10 Community-Based Primary Prevention Services	\$89,051	\$0	\$89,051
Sub-Total		\$89,051	\$0	\$89,051
Raising a Healthier Generation	NWS-10 Obesity in Children and Adolescents	\$43,647	\$0	\$43,647
Sub-Total		\$43,647	\$0	\$43,647
Statutory Rape Education Campaign	IVP-40 Sexual Violence (Rape Prevention)	\$58,065	\$60,382	\$118,447
Sub-Total		\$58,065	\$60,382	\$118,447
Stroke and Heart	HDS-3 Stroke Deaths	\$59,380	\$0	\$59,380
Sub-Total		\$59,380	\$0	\$59,380
Worksite Wellness	ECBP-8 Worksite Health Promotion Programs	\$23,071	\$0	\$23,071
Sub-Total		\$23,071	\$0	\$23,071
Grand Total		\$553,996	\$60,382	\$614,378

State Program Title: CDPHP Infrastructure & Capacity

State Program Strategy:

Goal: Nevada will have the human resources, leadership, and infrastructure to implement the chronic disease plan.

Health Priorities: Increase staff development and capacity building opportunities to ensure federal, state, tribal, and local health agencies have the necessary infrastructure in place to combat chronic diseases and risk factors.

Partners: The University of Nevada, Reno; the Chronic Disease Prevention and Health Promotion (CDPHP) section's and Local Health Authorities; community coalitions, and advisory counsels.

Evaluation: The CDPHP section will work to evaluate all activities and goals pertaining to staff development and capacity. The analysis will include evaluating the change in health indicators among populations, the progress of creating sustainable program infrastructure, and number of staff development opportunities.

State Program Setting:

Community health center, Local health department, Medical or clinical site, State health department, University or college

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO PHI-15 Health Improvement Plans

State Health Objective(s):

Between 10/2013 and 09/2014, The Nevada Division of Public and Behavioral Health's Chronic Disease Prevention and Health Promotion section will increase funding, training, and technical assistance to a minimum of 10 organizations needing capacity and infrastructure support.

Baseline:

Currently, 0 efforts are taking place on external capacity and infrastructure.

Data Source:

2012-2017 Nevada State Chronic Disease Prevention and Health Promotion State Plan

State Health Problem:

Health Burden:

Heart disease, stroke, cancer, diabetes and chronic obstructive pulmonary disease are among the most common, costly, and preventable diseases in Nevada. In 2011, approximately 1 million Nevadans had at least one chronic disease and one-in-five Nevadan's had more than one chronic condition. These five chronic diseases accounted for sixty-two percent (62%) of the *deaths* in Nevada in 2011. Unfortunately, over the past four years, Nevada has fallen short in obtaining federal public health dollars to tackle the burden of chronic disease, primarily due to the lack of capacity, coordination, and infrastructure. Specifically, Nevada

remains behind in obtaining federal chronic disease funding due to the lack of resources and capacity pertaining to epidemiology, program evaluation, surveillance, and program development. To make matters worse, the state only has three chronic disease prevention and health promotion departments in place, with approximately \$9.1 million dollars combined to invest in chronic disease prevention and health promotion initiatives. The Centers for Disease Control and Prevention, the U.S. Preventive Services Task Force, and Healthy People 2020 recommend the use of chronic disease prevention and health promotion as critical connections in communities to address health-specific concerns, specifically in relation to the prevention and management of diseases. Public health chronic disease prevention and health promotion, if well capacitated, can utilize key expertise linked to the ten essential public health services, including: evaluation, epidemiology, health promotion, clinical and community linkages, and policy and environmental changes.

Target Population:

Number: 1,000,000

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Community Based Organizations, Health Care Systems

Disparate Population:

Number: 1,000,000

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Community Based Organizations, Health Care Systems

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$183,442

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Development and Capacity

Between 10/2013 and 09/2014, the CDPHP section and Local Health Authorities will increase the number of staff development and capacity building opportunities from 5 to 10.

Annual Activities:

1. Staff Development

Between 10/2013 and 08/2014, The Chronic Disease Prevention and Health Promotion section will provide professional development to internal staff and community stakeholders through trainings on epidemiology, program planning, care coordination, payment reform, ACA, and program evaluation relevant to Chronic Disease Prevention and Health Promotion.

2. Program Capacity

Between 10/2013 and 09/2014, the Chronic Disease Prevention and Health Promotion section will work with community stakeholders to build infrastructure for chronic disease prevention and promotion within clinical and school settings at a minimum relating to asthma, school health and chronic disease self management.

3. Local Health Authority Capacity

Between 10/2013 and 09/2014, the Chronic Disease Prevention and Health Promotion Section will work in conjunction with the Local Health Authorities (LHAs) to identify and execute capacity building activities that help meet the goals outlined in the Nevada Chronic Disease State Plan.

4. CDPHP Capacity Through Interns

Between 10/2013 and 09/2014, the Chronic Disease Prevention and Health Promotion (CDPHP) Section will provide internship opportunities to attacked students to chronic disease workforce and to help meet the goals outline in the Nevada Chronic Disease State Plan.

State Program Title: Community Health Workers

State Program Strategy:

Goal: The provision of community and clinical preventive services in Nevada will be institutionalized with better health outcomes, better care, at lower cost.

Health Priorities: Convene experts, state agencies, insurers, community organizations, advocates, and stakeholders to identify a process to expand self-management classes, DPP, life-style change programs, and the use of community health workers.

Partners: The University of Nevada, Reno, Nevada Community Health Workers, the Chronic Disease Prevention and Health Promotion (CDPHP) section, Nevada Statewide Coalition Partnership, Community Health Centers, and Nevada Systems of Higher Education.

Evaluation: The CDPHP section will work to evaluate all activities and goals through participant surveys, designated assessment tools and number of people reached. The analysis will include evaluating the change in health indicators, the progress of creating sustainable program infrastructure, and number of outreach activities.

State Program Setting:

Business, corporation or industry, Community based organization, Community health center, Faith based organization, Medical or clinical site, State health department, University or college

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO ECBP-10 Community-Based Primary Prevention Services

State Health Objective(s):

Between 10/2013 and 09/2014, the Nevada Division of Public and Behavioral Health's Chronic Disease Prevention and Health Promotion will increase the number of policies and protocols relating to community health workers training curriculum, certification, and association, from 0 to 3.

Baseline:

Currently, Nevada does not (0) have a CHW association, certification program, or standardized curriculum.

Data Source:

CHW Evaluation Plan.

State Health Problem:

Health Burden:

Nevada currently ranks 46th among US states in the number of primary care physicians (PCPs) per

population with only 50.3 active primary care physicians per 100,000 of the population compared to the national average of 79.4 in 2012 (Griswold, Packham, Etchegoyhen, Marchand, & Lee, 2013). Within Nevada, there are disparities in the number of licensed primary care physicians available to urban versus rural and frontier communities. The glaring disparity in the supply of providers is evident, where there are 51 primary care physicians per 100,000 residents in urban Nevada, the number drops to 45 per 100,000 residents in rural areas (Griswold et al., 2013). Thus, the ratio of PCPs per 100,000 population in Nevada is 37% below the national average and rural Nevada's ratio is 43% below the national average. Nevada's expansive rural regions, high rates of uninsured residents, and poverty make it harder to attract and retain practitioners (Ku, 2011). Improving population health and reducing disparities means beginning with access to care, and that in turn may mean thinking about the composition of a health care team. Some patients need help finding and navigating clinical and translation services, care coordination, and health education delivered in a community setting. Community and provider organizations across the country have found that adding the community health worker (CHW) to the professional team of physicians, nurse practitioners, physician assistants, social workers, and others can help to meet care coordination targets.

Target Population:

Number: 750,000

Ethnicity: Hispanic

Race: African American or Black

Age: 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 750,000

Ethnicity: Hispanic

Race: African American or Black

Age: 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: Census 2013

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$97,340

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Start-up

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

CHW Capacity in Nevada

Between 10/2013 and 08/2014, the CDPHP section will increase the number of Community Health Workers in Nevada from 0 to 15.

Annual Activities:

1. Community Health Worker Association

Between 10/2013 and 08/2014, The Chronic Disease Prevention and Health Promotion section will work in conjunction with several community stakeholders and partners to create a Community Health Worker (CHW) Association. This association will assist with the promotion of CHWs as a workforce and further develop and guide training opportunities and practices of CHWs including nutrition and physical activity.

2. Community Health Worker Program Evaluation

Between 10/2013 and 08/2014, The Chronic Disease Prevention and Health Promotion section will work in conjunction with Center for Program Evaluation at the University of Nevada, Reno to produce reports on primary prevention activities of Community Health Workers in Nevada and track wellness indicators/measures including nutrition and physical activity.

State Program Title: Increase Physical Activity in Adults and Youth

State Program Strategy:

Goal: Create a communication plan that involves a targeted media and educational to promote physical activity in adults and youth.

Health Priorities: To increase the awareness and promotion of physical activity in adults and youth.

Partners: The University of Nevada, Reno, Nevada Community Health Workers, the Chronic Disease Prevention and Health Promotion (CDPHP) section's Health Promotion Workgroup and DP Video.

Evaluation: The CDPHP section will work to evaluate all activities and goals through participant surveys, designated assessment tools and number of people reached. The analysis will include evaluating the change in health indicators among populations, the progress of creating sustainable program infrastructure and number of media outreach activities.

State Program Setting:

Business, corporation or industry, Community based organization, Community health center, Home, Local health department, Parks or playgrounds, Schools or school district, State health department

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Name: Monica Morales

Position Title: Section Manager: Health Program Manager II

State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 1

Total FTEs Funded: 0.10

National Health Objective: HO ECBP-10 Community-Based Primary Prevention Services

State Health Objective(s):

Between 04/2013 and 09/2014, Decrease the percent of overweight middle school youth from 24% to 23%, obese and overweight high school youth from 24% to 23%, and overweight and obese adults from 60% to 59% by 2015.

Baseline:

Percent of obese or overweight youth in Nevada in 2009= 24%

Percent of obese or overweight adults in Nevada in 2011= 60%

Data Source:

1) Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010.

2) Centers for Disease Control and Prevention. 2011. Youth Risk Behavior Survey. Available at: www.cdc.gov/yrbs. Accessed on January 11, 2013.

State Health Problem:

Health Burden:

Over the last 15 years, the percentage of adults in Nevada who are obese or overweight has risen from 13% to 23% and 25% to 37% respectively. In 2009, the Youth Risk Behavior Survey (YRBS) reported 28% of Middle School and 26% of High School students played video or computer games three or more hours per day on an average school day and 35% spent three or more hours watching television. In addition, in 2009, only 25% of youth reported receiving the recommended amount of physical activity. According to the Center for Disease Control and Prevention (CDC), obesity is linked with chronic conditions such as Diabetes, Heart Disease, Stroke, Cancer and other medical conditions. By increasing physical activity, reducing screen time and increasing the consumption of fresh fruits and vegetables, the rate of obesity in youth and adults in Nevada would decrease.

Target Population:

Number: 700,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, White

Age: 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 500,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Behavior Risk Factor Surveillance System, Youth Risk Behavior System, data

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Other: Center for Disease Control and Prevention Best Practices:

<http://www.letsmove.gov/>:

County Health Rankings & Roadmaps, 2012 Rankings Nevada, University of Wisconsin, Population Health Institute:

Altarum Institute, State Efforts to Address obesity Prevention in Child Care Quality Rating and Improvement Systems, Vivian Baor, MPH and Harah Mantinan, MPH, RD January 2012: <http://www.completestreets.org/>

National Complete Streets Coalition: National Safe Routes to School:

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$89,051
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Increase Physical Activity in Adults and Youth

Between 10/2013 and 09/2014, the Chronic Disease Prevention and Health Promotion Section will increase the number of primary prevention education and awareness materials from 5 to 7.

Annual Activities:

1. Media Campaign

Between 10/2013 and 09/2014, the Chronic Disease Prevention and Health Promotion Section will develop and execute a media campaign for the Nevada Wellness website that promotes physical activity, worksite wellness and obesity prevention.

2. School Wellness Policy Promotion

Between 10/2013 and 09/2014, the Chronic Disease Prevention and Health Promotion Section will develop and execute a promotional media campaign for the Nevada School Wellness Policy that includes promotion of physical activity and nutrition standards in Nevada schools. This campaign will target students and parents.

State Program Title: Raising a Healthier Generation

State Program Strategy:

Goal: Increase physical activity and improve nutrition standards in Early Care and Education settings as a means to decrease childhood obesity.

Health Priorities: To increase the awareness, promotion and education of current Nevada Administrative Codes, pertaining to Early Care and Education settings, that focus on increased physical activity and improved nutrition standards.

Partners: Children's Advocacy Alliance, ECE Workgroup and Nevada Child Care Licensing

Evaluation: The CDPHP section will work to evaluate all activities and goals through participant surveys, designated assessment tools and number of settings reached. The analysis will include evaluating the barriers, successes and needs of these settings in order to establish next steps.

State Program Setting:

Child care center, Community based organization, Schools or school district, State health department, University or college, Work site, Other: including 15 partner agencies including Head Start, Licensing, Environmental and WIC.

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO NWS-10 Obesity in Children and Adolescents

State Health Objective(s):

Between 10/2013 and 09/2014, the Nevada Division of Public and Behavioral Health, Chronic Disease Prevention and Health Promotion Section will work to increase compliance to national standards pertaining to nutrition, physical activity and breastfeeding practices in Early Care and Education (ECE) settings, as a means to reduce childhood obesity from 3 to 6 standards.

Baseline:

According to the Caring for Our Children: National Health & Safety Performance Standards for Early Care & Education Programs, Nevada only "Fully" met 3 standards.

Data Source:

Caring for Our Children (3rd Ed) was developed by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education.

State Health Problem:

Health Burden:

According to a study conducted by the University of Las Vegas, 34.3% of Nevada's children entering

kindergarten are overweight or obese (a BMI higher than 25.9). If we don't address childhood obesity, then the upcoming generations will negatively impact the health expenditures of Nevada.

- The national cost of childhood obesity is estimated at approximately \$11 billion for children with private insurance and \$3 billion for those with Medicaid.
 - Children diagnosed with obesity are found to be two to three times more likely to be hospitalized.
- The financial, emotional, and health burden of obesity in children has long reaching impacts on the children themselves, parents, communities and the State. By increasing nutrition and physical activity standards in early child care settings, this crisis can be overturned.

As of December 2010, Nevada licensing regulations (Nevada Administrative Code) fully meets 3 of the 47 standard components for prevention childhood obesity in Early Care and Education settings as set by Caring For Our Children. These standards outline nutrition, physical activity, screen time and the breastfeeding topics.

In 2012, Nevada lost all Obesity Prevention federal funding. Since no state dollars are allocated for Obesity Prevention in Nevada, PHHS dollars have been allocated to this Program to ensure that Obesity Prevention in Children and Adolescents is identified and addressed through this funding source. This funding will help to ensure that program activities are successfully implemented and executed and that sustainability is built within Nevada. Currently, Nevada only has \$166,162.00 for Nutrition, Physical Activity and Obesity Prevention efforts. As the burden of obesity continues to rise, more resources are need to address this critical chronic disease risk factor.

Target Population:

Number: 50,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 50,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Census; School enrollment; Daycare enrollment, BRFSS 2011, YRBS 2012, Health Status of Children Entering Kindergarten 2010-2011

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: Health Status of Children Entering Kindergarten, Results of the 2010-2011 Nevada Kindergarten Health Survey May 2011 Nevada Institute for Children's Research & Policy, UNLV School of Community Health Sciences, pp33-34.

Let's Move Childcare
Center for Disease Control & Prevention, Obesity Prevention Best Practices
USDA Snap Education and Evaluation Study, January 2012

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$43,647

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Start-up

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Obesity Prevention in Early Care and Education Settings

Between 10/2013 and 09/2014, the Chronic Disease Prevention and Health Promotion Section will increase the number of regulations and protocols that promote the adoption of national Early Care and Education standards pertaining to physical activity and nutrition from 3 to 6.

Annual Activities:

1. Obesity Prevention Training & Technical Assistance

Between 10/2013 and 09/2014, the Chronic Disease Prevention and Health Promotion Section, in partnership with the Children's Advocacy Alliance, will conduct trainings for key stakeholders and groups relating to the proposed/revised Nevada Administrative Code for Early Care and Education settings.

2. ECE Obesity Prevention Group

Between 10/2013 and 09/2014, the Chronic Disease Prevention and Health Promotion Section, in partnership with the Children's Alliance, will maintain a statewide group of 4-5 champions focusing on breastfeeding, physical activity, and nutrition that mobilizes around obesity prevention standards in Early Care and Education settings.

Expected Outcome: This group will help to identify next steps in projects, conduct presentations/outreach activities and mobilize the importance of obesity prevention standards in Nevada.

State Program Title: Statutory Rape Education Campaign

State Program Strategy:

Goal: PHHS block grant set-aside will be used to maintain support for a social awareness campaign and educational workshops around statutory rape and power based sexual coercion of teens.

Health Priorities: To increase awareness of the legal consequences of sex with underage girls and decrease tolerance for power based personal violence in teen dating relationships.

Partners: The Rape Prevention and Education Program, through the Division of Public and Behavioral Health, will partner with Nevada Network Against Domestic Violence (NNADV) and KPS3 Marketing Inc. to support a Statewide Public Education Campaign targeting men between the ages of 18-24 to change attitudes about sex with underage girls. Funding will be for the purpose of promoting campaign awareness for statutory rape through public service announcements, printed materials, poster distribution, social media representation, and supporting community workshops on teen relationship abuse for advocates and peer leaders working within teen populations. The campaign is culturally appropriate and all materials, media, posters will be disseminated in English and Spanish. Additional workshop modules will be available for high risk populations and specialized groups.

Evaluation Methodology: The methodology to evaluate the campaign impact will include the number of posters distributed, website hits and analytics, population reach, and the number of persons attending workshops.

State Program Setting:

Business, corporation or industry, Community based organization, Community health center, Home, Local health department, Medical or clinical site, Rape crisis center, Schools or school district, State health department, Tribal nation or area, University or college, Other: Social marketing, billboards, radio and television PSAs, or printed material for mass distribution

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO IVP-40 Sexual Violence (Rape Prevention)

State Health Objective(s):

Between 10/2013 and 09/2014, Nevada will increase public education and awareness of Statutory Rape and its legal consequences through statewide activities supporting a Statutory Rape Education Campaign.

Per HP 2020:

IVP-39: (Developmental) Intimate Partner Violence.

(Developmental) Reduce sexual violence.

IVP-39.1 (Developmental) Intimate Partner Violence

Potential data sources: Youth Risk Behavior Surveillance System (2013)

Centers for Disease Control and Prevention, 2012 National Intimate Partner and Sexual Violence Surveillance (NISVS) System

Baseline:

In 2009, over 10% of Nevada high school youth reported they had been physically forced to have sexual intercourse against their wishes sometime during their lives.

Data Source:

Youth Risk Behavior Surveillance System (2009)

State Health Problem:

Health Burden:

Health Burden:

In the United States during 2006-2010, ten percent of females and six percent of males ages 18-24, reported their first sexual encounter occurred at age 15 or younger with an individual who was three or more years older than they were at the time. Nevada Vital Statistics disclosed that in 2009, where the father's age was reported, 60% of babies born to teen mothers were fathered by adult men. Having sex with someone who is older is associated with risky sexual behaviors such as inconsistent use of contraception, and greater risk of teen pregnancy. Mental health problems are reported more often in adolescent women with older sexual partners. Dominance and control of the relationship by one partner and young age are recognized risk factors for intimate partner violence. While recent trends in teenage births are declining slightly, dating abuse is escalating. Studies indicate that women are disproportionately affected by dating violence. One in three adolescent girls in the United States is a victim of physical, emotional or verbal abuse. According to the 2009 Nevada Youth Risk Behavioral Survey, almost twelve percent of high school students reported being hit, slapped, or physically hurt on purpose by their boyfriends or girlfriends in the previous twelve months. Research shows that victimization begins early in life. About 1 in 5 women and 1 in 7 men who ever experienced rape, physical violence, and/or stalking by an intimate partner, first experienced some form of partner violence between 11 and 17 years of age. Sexual abuse of young women under sixteen years of age and the subsequent consequences continues to be a public health issue affecting the financial, physical and emotional health of all Nevada communities.

Target Population:

Number: 185,221

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 12 - 19 years, 20 - 24 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 178,028

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 12 - 19 years

Gender: Female

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Target and Disparate Data Sources: U.S, Census Data 2010

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

No Evidence Based Guideline/Best Practice Available

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$58,065

Total Prior Year Funds Allocated to Health Objective: \$60,382

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Statutory Rape and Sexual Coercion Prevention Education

Between 10/2013 and 09/2014, Nevada Network Against Domestic Violence will maintain 1 The Nevada Network Against Domestic Violence, in coordination with the Nevada Division of Public and Behavioral Health, will maintain at least 1 campaign for the prevention of statutory rape and dating violence in teens and young adults.

Annual Activities:

1. Statewide Public Education Campaign

Between 10/2013 and 09/2014, The Nevada Network Against Domestic Violence, in coordination with the Nevada Division of Public and Behavioral Health, will maintain at least 1 campaign for the prevention of statutory rape. The campaign will target men between the ages of 18-24, through media presence, challenging attitudes about sex with underage girls.

2. Educational Workshops for Young Adults

Between 10/2013 and 09/2014, The Nevada Network Against Domestic Violence, in coordination with the Nevada Division of Public and Behavioral Health, will conduct educational workshops for adults and peer advocates working with teens, to decrease power-based sexual coercion in the lives of young men and women.

State Program Title: Stroke and Heart

State Program Strategy:

Heart Disease and Stroke share many of the same risk factors, such as high blood pressure, high cholesterol, obesity and diabetes. These risk factors are among the top causes of death worldwide, and cause disability in millions of adults each year. To best provide this support, the Chronic Disease Prevention and Health Promotion Section will institute the Stroke and Heart Program in our Division starting October 2014.

Goal: To reduce the burden of heart disease and stroke in Nevada.

Health Priorities:

1. To reduce the rate of hypertension.
2. Increase control among individuals with hypertension in line with national guidelines for clinical practice.

Strategic Partners:

American Heart & Stroke Association - Nevada Affiliate; Nevada Medical Association; Nevada Primary Care Association; Nevada Hospital Association; HealthInsight, Inc.; Social Entrepreneurs, Inc.

Evaluation Methodology:

BRFSS rates of HBP in Nevada.

HEDIS rates for NQF#18 in health systems in Nevada

Strategic plan developed with priority areas identified in year one and implementation in years 2-5.

State Program Setting:

Community based organization, Local health department, Medical or clinical site, State health department

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Name: Vacant - Anticipated Start Date is 10/1/14

Position Title: Stroke and Heart Program Coordinator

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 1

Total FTEs Funded: 1.00

National Health Objective: HO HDS-3 Stroke Deaths

State Health Objective(s):

Between 10/2013 and 09/2014, Nevada will maintain the percent of stroke (4%) and heart disease (24%) deaths within the state.

Baseline:

In 2012, diseases of the heart were the leading cause of death while stroke was the fifth leading cause of death in Nevada accounting for 4999 deaths (24.8%) and 867 deaths (4.3%) #1 and #5 respectively in

Nevada.

Data Source:
BRFSS

State Health Problem:

Health Burden:

In 2012, diseases of the heart were the leading cause of death while stroke was the fifth leading cause of death in Nevada accounting for 4999 deaths (24.8%) and 867 deaths (4.3%) respectively. Both diseases of the heart and stroke accounted for nearly 1 out of 3 deaths in Nevada. The age-adjusted death rates attributable to diseases of the heart and stroke were 191.0 and 33.8 per 100,000, respectively. Over 13,000 Nevadans were hospitalized for coronary heart disease and stroke (primary diagnosis) in 2012.

According to the 2012 Nevada BRFSS, the estimated prevalence rates among adult Nevadans for heart disease and stroke, and their risk factors, are as follows:

- 30.2% did not have any kind of health care coverage (18-64 years)
- 4.3% ever had coronary heart disease
- 3.1% ever had stroke
- 18.1% were current smokers
- 21.3% reported no leisure time exercise in the prior 30 days
- 62.5% were overweight or obese (body mass index greater than or equal to 25.0)

The following are the risk factors from 2011 BRFSS:

- 30.8% ever had high blood pressure
- Among those who reported ever having had their blood cholesterol checked, 37.3% had high blood cholesterol

Target Population:

Number: 200,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, White

Age: 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 75,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, White

Age: 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: State demographer BRFSS

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$59,380
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Establish a Statewide Stroke and Heart Strategic Plan

Between 10/2013 and 09/2014, Chronic Disease Prevention and Health Promotion section will establish **1** statewide strategic plan for the prevention and management of heart disease and stroke that takes into account clinical standards for the screening, diagnosis, treatment, and control of these diseases.

Annual Activities:

1. Develop and Conduct a Stroke and Heart Gap Assessment

Between 10/2013 and 09/2014, The Chronic Disease Prevention and Health Promotion section will work with strategic partners to develop and conduct a stroke and heart gap assessment with approximately 25 clinical practices in Nevada. The assessment will help identify gaps in hypertension screening and reporting.

2. Conduct Statewide Stroke and Heart Planning Meetings

Between 10/2013 and 09/2014, The Chronic Disease Prevention and Health Promotion section will conduct statewide Stroke and Heart Planning Meetings to monitor gap assessment results and develop goals and objectives for the strategic plan.

State Program Title: Worksite Wellness

State Program Strategy:

Goal: Promote the health and safety of employees through wellness initiatives.

Health Priorities: To increase the awareness, promotion and education of current State of Nevada employees that focus on physical activity, tobacco prevention, nutrition, chronic disease management, program evaluation and overall wellness improvement.

Partners: Worksite Wellness Committee, DPBH Human Resources, Vending Contractors, DPBH Risk Management

Evaluation: The CDPHP section will work to evaluate all activities and goals through participant surveys, designated assessment tools and number of employees reached. The analysis will include evaluating the barriers, successes and needs of these employees and worksites.

State Program Setting:

Business, corporation or industry, Local health department, Medical or clinical site, State health department, Work site

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO ECBP-8 Worksite Health Promotion Programs

State Health Objective(s):

Between 10/2013 and 09/2014, expand Worksite Wellness policies in State Health agencies from 0 to 3 as a means to improve wellness in Nevada.

Baseline:

Currently there are no worksite wellness policies within PolicyTech, an online database for policies within the Nevada State Health Division.

Data Source:

PolicyTech

State Health Problem:

Health Burden:

Overall, Nevada is ranked 38th regarding obesity, smoking, and diabetes.¹ Although Nevada ranks poorly compared to other states, the state has a low prevalence of obesity and infectious disease.¹ Companies offer a unique opportunity to address preventable causes of morbidity and mortality to Nevadans across the state. By improving employee wellness, Nevada State Health Division can decrease loss of productivity, absenteeism, and medical costs through the implementation of worksite wellness policies.

¹State Overview-Nevada. (2012). America's Health Rankings. <http://www.americashealthrankings.org/nv>

Target Population:

Number: 700,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 550,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: BRFSS, County Ranking Data, PolicyTech

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Other: WELCOA Best Practices for Worksite Wellness

Established Worksite Wellness Best Practice Plans

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$23,071

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:**Worksite Wellness**

Between 10/2013 and 09/2014, the Chronic Disease Prevention and Health Promotion Section will increase the number of trainings, worksite wellness policies and educational interventions within the Division of Public and Behavioral Health (DPBH) to increase wellness among DPBH employees from 0 to **4**.

Annual Activities:**1. Development and Adoption of a Vending Machine Policy**

Between 10/2013 and 09/2014, the Chronic Disease Prevention and Health Promotion Section will increase access to healthier food items within the Division of Public and Behavioral Health by evaluating the current vending machine standards/policy, developing revisions and policy adoption.

2. Develop and Implement a Tobacco Policy

Between 10/2013 and 09/2014, the Chronic Disease Prevention and Health Promotion section will evaluate the current tobacco policy, develop and implement a revised tobacco policy within the Division of Public and Behavioral Health.

3. Establish a Worksite Wellness Committee

Between 10/2013 and 09/2014, The Chronic Disease Prevention and Health Promotion section will establish and convene a worksite wellness committee made up of members from various departments and sections within the Division of Public and Behavioral Health. This committee will work on policy development and implementation, health promotion and various worksite wellness activities.

4. Develop a Worksite Wellness Scorecard

Between 10/2013 and 09/2014, The Chronic Disease Prevention and Health Promotion section will work with the Worksite Wellness Committee to develop and execute a Worksite Wellness Scorecard for Nevada.