

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

Work Plan

Original 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 \$564,171. This 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 input from the PHHS Advisory Committee, the following Health Objectives and activities are funded this funding cycle:

Immunizations in Rural Nevada:

Culturally Appropriate Health Promotion Programs in Rural Nevada:

Tuberculosis Management in Rural Nevada:

Rape Prevention (Federally mandated set aside):

Raising a Healthier Generation - Reducing Obesity in Children:

Worksite Wellness Project - Worksites that offer Health Promotion Programs:

Chronic Disease - Increase Community Health Promotion Programs - Multiple Risk Factors:

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

Advisory Committee Date(s):

7/9/2013

10/8/2013

1/30/2014

Current Forms signed and attached to work plan:

Certifications: Yes

Certifications and Assurances: Yes

Budget Detail for NV 2014 V0 R1	
Total Award (1+6)	\$604,963
A. Current Year Annual Basic	
1. Annual Basic Amount	\$544,581
2. Annual Basic Admin Cost	(\$19,930)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$524,651
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)	\$582,716
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)	\$643,098

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$524,651
Sex Offense Set Aside	\$58,065
Available Current Year PHHSBG Dollars	\$582,716
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	\$643,098

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
Chronic Disease in Rural and Frontier Nevada	D-3 Diabetes Deaths	\$75,014	\$0	\$75,014
	NWS-8 Healthy Weight in Adults	\$48,217	\$0	\$48,217
Sub-Total		\$123,231	\$0	\$123,231
Increase Physical Activity in Adults and Youth	ECBP-10 Community-Based Primary Prevention Services	\$103,721	\$0	\$103,721
Sub-Total		\$103,721	\$0	\$103,721
Managing Tuberculosis in Rural Nevada	IID-29 TB	\$40,500	\$0	\$40,500
Sub-Total		\$40,500	\$0	\$40,500
Raising a Healthier Generation	NWS-10 Obesity in Children and Adolescents	\$83,721	\$0	\$83,721
Sub-Total		\$83,721	\$0	\$83,721
Statutory Rape Education Campaign	IVP-40 Sexual Violence (Rape Prevention)	\$58,065	\$60,382	\$118,447
Sub-Total		\$58,065	\$60,382	\$118,447
Worksite Wellness	ECBP-8 Worksite Health Promotion Programs	\$88,721	\$0	\$88,721
Sub-Total		\$88,721	\$0	\$88,721
Grand Total		\$497,959	\$60,382	\$558,341

State Program Title: Chronic Disease in Rural and Frontier Nevada

State Program Strategy:

Goal: Work with state and county health agencies, and the private medical community to promote healthy behaviors and reduce risk factors among infants, children and adults; Implement education within our healthcare delivery services, to increase awareness of the seriousness of chronic disease such as heart disease, smoking related disease, diabetes and cancers and risk factors such as obesity. Provide education to health care professionals and consumers.

Health Priorities: To increase the awareness and screening of chronic disease by expanding the education outreach, service providers, and hours of service in the rural and frontier counties of Nevada. Review immunization record and administer vaccine for prevention as needed during visit.

Partners: The Public Health and Clinical Services staff are active members in the Statewide Partnership Coalition and Wellness Coalition.

Evaluation: The Public Health and Clinical Services offices have an electronic medical record for all clients served and outreach performed. Data is collected and evaluated through our Lytec database within Public Health and Clinical Services.

State Program Setting:

Community based organization, Community health center, Local health department, Medical or clinical site, Schools or school district, Senior residence or center, State health department, Tribal nation or area

FTEs (Full Time Equivalents):

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

Position Title: Community Health Nurse
State-Level: 11% Local: 0% Other: 0% Total: 11%

Position Title: Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Title: Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Title: Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Title: Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Title: Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Title: Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Title: Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Title: Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Title: Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Title: Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Title: Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Title: Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Title: Community Health Nurse

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

Total Number of Positions Funded: 14

Total FTEs Funded: 1.41

National Health Objective: HO D-3 Diabetes Deaths

State Health Objective(s):

Between 10/2013 and 09/2014, decrease the number of adults in rural and frontier Nevada who are undiagnosed for diabetes.

Baseline:

In 2010, diabetes was the 7th leading cause of death in the U.S.¹ In 2011, 8.3% (25.8 million people) of the population in the U.S. had diabetes; nearly 4% are undiagnosed.² With nearly 81,000 people in rural and frontier Nevada, that amounts to approximately 6,480 people with diabetes and over 250 people undiagnosed and at risk for chronic disease complications due to diabetes.

References:

1. Advisory Board Company. (2012). CDC Lists 15 Leading Causes of Death. Heart Disease, Cancer Account for Roughly Half of U.S. Deaths. < <http://www.advisory.com/Daily-Briefing/2012/01/12/causes-of-death>
2. National Center for Chronic Disease Prevention and Health Promotion. (2011). National Diabetes Fact Sheet, 2011. < http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf>.

Data Source:

NV Health Division Vital Statistics
CDC Chronic Disease and Health Promotion

State Health Problem:

Health Burden:

Diabetes is the 7th leading cause of death in the U.S. Complications from this disease can lead to heart, vision, and problems; **Type 2 Diabetes** accounts for 90%–95% of diabetes cases and is usually associated with older age, obesity and physical inactivity, family history of type 2 diabetes, or a personal history of gestational diabetes. Diabetes rates vary by race and ethnicity, with American Indian, Alaska Native, African American, Hispanic/Latino, and Asian/Pacific Islander adults about twice as likely as white adults to have type 2 diabetes. Type 2 diabetes can be prevented through healthy food choices, physical activity, and weight loss. It can be controlled with these same activities, but insulin or oral medication also may be necessary.

Target Population:

Number: 100
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural
Primarily Low Income: Yes

Disparate Population:

Number: 50
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, White

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural
Primarily Low Income: Yes
Location: Specific Counties
Target and Disparate Data Sources: NV Health Division Vital Stats, CDC Chronic Disease and Health Promotion

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
Model Practices Database (National Association of County and City Health Officials)

Other: CDC Chronic Disease and Health Promotion
National Diabetes Education

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

Total Current Year Funds Allocated to Health Objective: \$75,014
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:

Education and counseling on diabetes

Between 10/2013 and 09/2014, Public Health and Clinical Services will provide adults at risk for diabetes with awareness and knowledge of the seriousness of diabetes, its risk factors, and effective strategies for preventing complications associated with diabetes and preventing type 2 diabetes screened for Well Woman and Well Man exams to **25** adults.

Annual Activities:

1. Education on diabetes and risks

Between 10/2013 and 09/2014, education on diabetes and its chronic disease complications will be delivered to adults receiving Well Woman and Well Man exams at risk for diabetes

Objective 2:

Referral to Primary Care Providers

Between 10/2013 and 09/2014, Public Health and Clinical Services will identify **23** adults screened positive for diabetes in our clinics to a Primary Care Provider or primary care clinic.

Annual Activities:

1. Referral to Primary Care Provider (PCP) for further testing

Between 10/2013 and 09/2014, Public Health and Clinical Services will refer clients screened positive for urine glucose to primary care provider (PCP) for follow up testing.

Objective 3:

Screen adults for Diabetes during Well Woman and Well Man exams

Between 10/2013 and 09/2014, Public Health and Clinical Services will conduct **200** urine screens for diabetes during Well Woman and Well Man exams completed in the clinic.

Annual Activities:

1. Urine Screens for diabetes

Between 10/2013 and 09/2014, to monitor health status of adults who are seen for Well Woman and Well Man exams will be given urine screens for diabetes.

National Health Objective: HO NWS-8 Healthy Weight in Adults

State Health Objective(s):

Between 10/2013 and 09/2014, Increase the number of Well Woman and Well Man clinic visits that include counseling or education on weight management.

Baseline:

12.2 % of physician visits include counseling or education on weight management of all visits currently.

Data Source:

National Ambulatory Medical Care Survey, CDC, NCHS, Lytec.

State Health Problem:

Health Burden:

Our nation faces a health crisis due to the increasing burden of chronic disease. Today, 7 of the 10 leading causes of death in the United States are chronic diseases, and almost 50% of Americans live with at least one chronic illness. People who suffer from chronic diseases such as heart disease, stroke, diabetes, cancer, obesity, and arthritis experience limitations in function, health, activity, and work; affecting the quality of their lives, as well as the lives of their families

Target Population:

Number: 275

Ethnicity: Hispanic, Non-Hispanic

Race: White

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

Gender: Female and Male

Geography: Rural

Primarily Low Income: Yes

Disparate Population:

Number: 200

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, White

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

Gender: Female and Male

Geography: Rural

Primarily Low Income: Yes

Location: Specific Counties

Target and Disparate Data Sources: US Census Bureau 2011, Nevada State Health Division Vital Statistics, Lytec

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
Model Practices Database (National Association of County and City Health Officials)

Other: CDC Healthy Communities Program Preventing Chronic Diseases and Reducing Risk Factors
CDC National Diabetes Education Program

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

Total Current Year Funds Allocated to Health Objective: \$48,217

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:

Increase number of adults screened for chronic disease risk factors

Between 10/2013 and 09/2014, Public Health and Clinical Services will provide Well Woman and Well Man screenings that include chronic disease education and counseling to **200** adults during clinic visits.

Annual Activities:

1. Well Woman and Well Man screenings

Between 10/2013 and 09/2014, provide chronic disease education and counseling to all adults who receive Well Woman and Well Man exams in clinics in rural and frontier Nevada.

Objective 2:

Provide annual training to staff on chronic disease management

Between 10/2013 and 09/2014, Public Health and Clinical Services will conduct **1** annual training for staff on latest evidence based guidelines for chronic disease management.

Annual Activities:

1. Annual training

Between 10/2013 and 09/2014, expert information or speakers will present on latest evidence based guidelines for chronic disease management to clinical staff annually.

State Program Title: Increase Physical Activity in Adults and Youth

State Program Strategy:

Goal: Create a communication plan that involves a media campaign for the Nevada Wellness website to promote physical activity in adults and youth.

Health Priorities: To increase the awareness and promotion of physical activity in adults and youth by conducting health promotion and education outreach strategies and program evaluation in Nevada.

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, return on investment 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 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/yrbps. 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% respectively¹. 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.² 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.³ 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.

References

1. Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1995-2011.
2. Centers for Disease Control and Prevention. (2009) Youth Risk Behavior Surveillance System.
3. Centers for Disease Control and Prevention. (2012). Chronic Diseases and Health Promotion. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

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: \$103,721

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

Funds Allocated to Disparate Populations: \$35,000

Funds to Local Entities: \$35,000

Role of Block Grant Dollars: Start-up

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

Less than 10% - Minimal 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. Community Health Worker Program Evaluation

Between 10/2013 and 09/2014, 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.

State Program Title: Managing Tuberculosis in Rural Nevada

State Program Strategy:

Evaluate and educate active tuberculosis (TB) clients. The 14 rural and frontier county health infrastructures will employ practices to prevent and control TB.

State Program Setting:

Community health center, Medical or clinical site, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHS Block Grant funds.

- Position Title:** Community Health Nurse
State-Level: 11% Local: 0% Other: 0% Total: 11%
- Position Title:** Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%
- Position Title:** Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%
- Position Title:** Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%
- Position Title:** Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%
- Position Title:** Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%
- Position Title:** Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%
- Position Title:** Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%
- Position Title:** Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%
- Position Title:** Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%
- Position Title:** Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%
- Position Title:** Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%
- Position Title:** Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%
- Position Title:** Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%
- Position Title:** Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%
- Position Title:** Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%
- Position Title:** Community Health Nurse
State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 14

Total FTEs Funded: 1.41

National Health Objective: HO IID-29 TB

State Health Objective(s):

Between 10/2013 and 09/2014, impact the spread of tuberculosis (TB) in rural Nevada through improving access by the Community Health Nurses working in remote areas providing TB client evaluation, education/screening/follow-up of positive TST, investigation of potential contact with others, and treatment/case management as appropriate.

Baseline:

Decrease the TB case rate for persons to less than 14.0 cases per 100,000.

Data Source:

Community Health Nursing patient data and Lytech reason codes report

State Health Problem:**Health Burden:**

Tuberculosis remains to be a communicable disease of high importance in the rural counties of Nevada. Education, prevention and detection remain to be an issue in these populations. The Public Health and Clinical Services have been the main health care opportunity in many of these counties.

Target Population:

Number: 225,000

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, 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

Primarily Low Income: Yes

Disparate Population:

Number: 135,000

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, 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: Specific Counties

Target and Disparate Data Sources: Community Health Nurse patient data, and Lytech Reason Codes Report

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

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

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

Total Current Year Funds Allocated to Health Objective: \$40,500

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

Funds Allocated to Disparate Populations: \$40,500

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:

Tuberculosis Case Management

Between 10/2013 and 09/2014, the Community Health Nurses with Public Health and Clinical Services will investigate **100** percent of all positive TB screening tests of clients that remain in our service for potential contact of Tuberculosis and manage treatment as appropriate or referral to a Primary Care Physician.

Annual Activities:

1. Case Management Activities

Between 10/2013 and 09/2014, the Community Health Nurses will evaluate 100% of all positive tuberculosis (TB) screening tests cases for potential contact and ensure treatment and case management for clients that remain in our service, as appropriate. This will be measured/monitored by using the Lytech system and patient records.

Objective 2:

Tuberculosis Infrastructure

Between 10/2013 and 09/2014, the Community Health Nurses and contractors for Public Health and Clinical Services will maintain **>90** percent of the linkages to partnerships and resources in the rural areas (approx 2-5 in each area) in order to support the county public health infrastructures for the prevention and control of TB.

Annual Activities:

1. Tuberculosis Education

Between 10/2013 and 09/2014, the Community Health Nurses with Public Health and Clinical Services will provide education on tuberculosis (TB) in regards to prevention, screening, early detection, and treatment options to **residents in the 14 rural and frontier** counties in Nevada.

Objective 3:

Tuberculosis Infrastructure

Between 10/2013 and 09/2014, the Community Health Nurses and contractors for Public Health and Clinical Services will maintain **>90** percent of the linkages to partnerships and resources in the rural areas (approx 2-5 in each area) in order to support the county public health infrastructures for the prevention and control of TB.

Annual Activities:

1. Tuberculosis Infrastructure

Between 10/2013 and 09/2014, the Community Health Nurses and contractors for Public Health and Clinical Services will maintain **>90** percent of the linkages to partnerships and resources in the rural areas in order to support the county public health infrastructures for the prevention and control of tuberculosis (TB). Due to the size of the community they may have from 2-5 existing partnerships and/or resources in their community. The nurses and contractors will work with these organizations to maintain partnerships and expand reach for services to the community.

Objective 4:

Tuberculosis Outreach

Between 10/2013 and 09/2014, the Community Health Nurses with Public Health and Clinical Services will provide factual information to dispel myths regarding prevention and transmission of tuberculosis (TB) and improve completion of appropriate treatment to **700** of Public Health and Clinical Services clients who presented for TB related services.

Annual Activities:

1. Tuberculosis Outreach

Between 10/2013 and 09/2014, the Community Health Nurses with Public Health and Clinical Services

will provide factual information to dispel myths regarding prevention and transmission of tuberculosis (TB) and improve completion of appropriate treatment to 700 Public Health and Clinical Services clients. Clients must have presented themselves for TB related services in order to receive the education.

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.²

- 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.

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: \$83,721

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

Funds Allocated to Disparate Populations: \$20,000

Funds to Local Entities: \$20,000

Role of Block Grant Dollars: Start-up

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

Less than 10% - Minimal 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 Workgroup

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 workgroup of 4-5 champions focusing on breastfeeding, physical activity, and nutrition that mobilizes around obesity prevention standards in Early Care and Education settings.

State Program Title: Statutory Rape Education Campaign

State Program Strategy:

Goal: PHHS block grant set-aside will be used to maintain a social awareness campaign around statutory rape and sexual coercion of minor teens by partnering with the Nevada Network Against Domestic Violence (NNADV) and KPS3 Marketing Inc.

Program Strategy:

The Program will 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, community based training and social media representation.

Evaluation Methodology:

The methodology to evaluate the campaign impact will include the number of posters distributed, website hits and analytics, and number of persons trained.

Cost Burden:

It is estimated that three in ten girls in the United States are pregnant at least once by the age of twenty. The economic impact of teen pregnancy on a state's yearly budget is substantial. According to The National Campaign to Prevent Teen and Unplanned Pregnancy (2011): *Counting it Up: The Public Costs of Teen Childbearing*; It is estimated that in 2008 alone, the national cost to taxpayers for federal, state and local expenses, resulting from teen childbearing, was 10.9 billion dollars. In 2008, the cost to Nevada taxpayers alone were estimated to be 84 million dollars, including eight million dollars for public health care and eleven million in welfare costs associated with children born to teen mothers. Most of the public sector costs of teen childbearing were associated with the negative consequences for children of teen mothers. Declines in births resulting from teen sexual relationships will reduce overall costs to Nevada taxpayers in the future.

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 Equivalents):

Full Time Equivalents 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, Between 10/2014 and 09/2015, Nevada will increase public education and awareness of Statutory Rape and its legal consequences through statewide activities supporting the 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:

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:

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: 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** Between 10/2014 and 09/2015, 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, Between 10/2014 and 04/2015, 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 sexual coercion through media presence and educational workshops for adults and peer advocates working with teens and young adults. The campaign will target men between the ages of 18-24 to change attitudes about sex with underage girls.

State Program Title: Worksite Wellness

State Program Strategy:

Goal: Increase the number of worksite wellness trainings, adopted policies and health promotion activities to improve overweight and obesity rates among state employees in Nevada, thus improving work performance and employee health.

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 Equivalents):

Full Time Equivalents 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: \$88,721

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

Funds Allocated to Disparate Populations: \$25,000

Funds to Local Entities: \$25,000

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 with a focus on vending machines, tobacco, worksite wellness stations and chronic disease self-management classes within the Division of Public and Behavioral Health. 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. Conduct a Prevention and Self-Management of Chronic Diseases Program

Between 10/2013 and 09/2014, The Stanford Chronic Disease Self-Management Program (CDSMP) will be offered to Nevada Division of Public and Behavioral Health employees to increase self-efficacy and manage individual chronic disease health conditions.

4. 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.

5. Conduct Worksite Trainings

Between 10/2013 and 09/2014, The Chronic Disease Prevention and Health Promotion section will provide professional development to internal staff through trainings on epidemiology, program planning, health promotion and program evaluation relevant to Chronic Disease Prevention and Health Promotion.