

**Nevada FY 2016
Preventive Health and Health Services
Block Grant**

Work Plan

Revised Work Plan for Fiscal Year 2016

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 2016. 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 2016 Preventive Health and Health Services Block Grant is **\$608,558**. The Administrative cost is **\$53,653** 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**. PHHS Block Grant funds are used to support programs and projects within the state focused on population health infrastructure. 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, professional development and program capacity to implement the Nevada Chronic Disease State Plan. Activities include training opportunities and implementation planning meeting focused on the Chronic Disease Prevention and Health Promotion State Plan.

Health Objectives and Amounts:

PHI-15 Health Improvement Plans - **\$83,713**

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. Activities include the establishment of a Community Health Worker Association and program evaluation.

Health Objectives and Amounts:

ECBP-10 Community-Based Primary Prevention Services - **\$154,331**

Diabetes

Funding Rationale: An initiative to improve the quality of health care delivery through health system interventions or clinical and community linkages to populations with the highest burdens of diabetes and/or pre-diabetes in Nevada.

Health Objectives and Amounts:

HO D-3 Diabetes Deaths - **\$63,713**

Heart Disease and Stroke

Funding Rationale: An initiative to reduce the proportion of persons in the population with hypertension in Nevada

Health Objectives and Amounts:

HO HDS-5 Hypertension - **\$63,713**

Increase Physical Activity in Adults and Youth

Funding Rationale: An initiative to promote physical activity among adults and youth in Nevada. Activities include maintaining Nevada Wellness media channels and messaging relating to physical activity, worksite wellness and obesity prevention.

Health Objectives and Amounts:

ECBP-10 Community-Based Primary Prevention Services - **\$54,711**

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 providers and/or key stakeholders on recommended standards and maintaining a statewide ECE Obesity Prevention Workgroup to assist with implementation of these efforts.

Health Objectives and Amounts:

NWS-10 Obesity in Children and Adolescents - **\$74,342**

Rape Prevention

Funding Rationale: Federally mandated set aside; An initiative on the prevention and education of statutory rape and sexual coercion among teens and young adults. Activities include conducting educational workshops for young adults and decreasing the incidents of sexual violence in Nevada.

Health Objectives and Amounts:

IVP-40 Sexual Violence (Rape Prevention) - **\$60,382.00**

Funding Priority: Under or Unfunded, State Plan (2016), Data Trend

REVISED

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):

1/22/2016

Advisory Committee Date(s):

8/13/2015

10/22/2015

1/14/2016

1/29/2016

4/28/2016

Current Forms signed and attached to work plan:

Certifications: Yes

Certifications and Assurances: Yes

Budget Detail for NV 2016 V1 R0

Total Award (1+6)	\$608,558
A. Current Year Annual Basic	
1. Annual Basic Amount	\$548,176
2. Annual Basic Admin Cost	(\$53,653)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$494,523
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	\$60,382
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$60,382
(9.) Total Current Year Available Amount (5+8)	\$554,905
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)	\$615,287

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$494,523
Sex Offense Set Aside	\$60,382
Available Current Year PHHSBG Dollars	\$554,905
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	\$615,287

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	\$83,713	\$0	\$83,713
Sub-Total		\$83,713	\$0	\$83,713
Community Health Workers	ECBP-10 Community-Based Primary Prevention Services	\$154,331	\$0	\$154,331
Sub-Total		\$154,331	\$0	\$154,331
Diabetes	D-3 Diabetes Deaths	\$63,713	\$0	\$63,713
Sub-Total		\$63,713	\$0	\$63,713
Healthy Relationship Education	IVP-40 Sexual Violence (Rape Prevention)	\$60,382	\$60,382	\$120,764
Sub-Total		\$60,382	\$60,382	\$120,764
Heart Disease and Stroke	HDS-5 Hypertension	\$63,713	\$0	\$63,713
Sub-Total		\$63,713	\$0	\$63,713
Increase Physical Activity in Adults and Youth	ECBP-10 Community-Based Primary Prevention Services	\$54,711	\$0	\$54,711
Sub-Total		\$54,711	\$0	\$54,711
Raising a Healthier Generation	NWS-10 Obesity in Children and Adolescents	\$74,342	\$0	\$74,342
Sub-Total		\$74,342	\$0	\$74,342
Grand Total		\$554,905	\$60,382	\$615,287

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.

Position Name: Jenni Bonk

Position Title: Health Program Manager II

State-Level: 9% Local: 0% Other: 0% Total: 9%

Position Name: Melanie Flores

Position Title: Health Resource Analyst III

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

Position Name: Stephanie Abeyta

Position Title: Administrative Assistant II

State-Level: 18% Local: 0% Other: 0% Total: 18%

Position Name: Rani Reed

Position Title: Health Program Specialist II

State-Level: 3% Local: 0% Other: 0% Total: 3%

Position Name: Allen Pai

Position Title: Health Program Specialist II

State-Level: 13% Local: 0% Other: 0% Total: 13%

Position Name: Vickie Ives

Position Title: Health Program Specialist II

State-Level: 5% Local: 0% Other: 0% Total: 5%

Position Name: Monica Morales

Position Title: Deputy Bureau Chief

State-Level: 16% Local: 0% Other: 0% Total: 16%

Total Number of Positions Funded: 7

Total FTEs Funded: 0.74

National Health Objective: HO PHI-15 Health Improvement Plans

State Health Objective(s):

Between 10/2015 and 09/2016, 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:

As of January 2016, 10 professional development trainings have been implemented for CDPHP staff and community stakeholders as a means to build capacity in Nevada.

Data Source:

Nevada State Chronic Disease Prevention and Health Promotion Section State Plan Evaluation Report, June 2014.

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 2013, over half a million Nevadans had at least one of the chronic diseases listed above and one-in-five Nevadan's had more than one of these chronic conditions (BRFSS, 2013). These five chronic diseases accounted for sixty-one percent (61%) of the deaths in Nevada in 2013. 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: \$83,713

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 10/2015 and 09/2016, the CDPHP section will work with community stakeholders to build capacity and will increase the number of capacity development opportunities from 0 to 2.

Annual Activities:

1. Chronic Disease Capacity

Between 10/2015 and 09/2016, The Chronic Disease Prevention and Health Promotion section will provide professional development to internal staff through trainings on epidemiology, program planning, care coordination, payment reform, ACA and program evaluation.

2. CDPHP Interns

Between 10/2015 and 09/2016, the Chronic Disease Prevention and Health Promotion (CDPHP) Section will provide internship opportunities to attract students to the public health workforce and to help meet the programmatic and state goals outline in the 2012-2017 Nevada Chronic Disease State Plan.

3. Public Health Accreditation Planning

Between 10/2015 and 09/2016, Between 10/2015 and 09/2016, the Chronic Disease Prevention and Health Promotion section will engage the local health authorities to identify and address health problems through a collaborative process of health improvement planning, identifying and implementing strategies to improve access to health care, maintaining and developing a competent public health workforce, implementing quality improvement processes, promoting and understanding evidence-based practices, and building up standards as set forth by the Public Health Accreditation Board.

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 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 the change health indicators of consumers linked to a Community Health Worker and the number of Community Health Workers trained.

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.

Position Name: Vacant

Position Title: Health Program Manager II

State-Level: 9% Local: 0% Other: 0% Total: 9%

Position Name: Melanie Flores

Position Title: Health Resource Analyst III

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

Position Name: Rani Reed

Position Title: Health Program Specialist II

State-Level: 3% Local: 0% Other: 0% Total: 3%

Position Name: Allen Pai

Position Title: Health Program Specialist II

State-Level: 13% Local: 0% Other: 0% Total: 13%

Position Name: Vickie Ives

Position Title: Health Program Specialist II

State-Level: 5% Local: 0% Other: 0% Total: 5%

Position Name: Stephanie Abeyta

Position Title: Administrative Assistant II

State-Level: 18% Local: 0% Other: 0% Total: 18%

Position Name: Monica Morales

Position Title: Deputy Bureau Chief

State-Level: 16% Local: 0% Other: 0% Total: 16%

Total Number of Positions Funded: 7

Total FTEs Funded: 0.74

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

State Health Objective(s):

Between 10/2015 and 09/2016, the Nevada Division of Public and Behavioral Health's Chronic Disease Prevention and Health Promotion Section will increase access to care from 59% to 64% by 09/2016.

Baseline:

As of 2013, 59% of Nevadans have a regular primary care provider/ personal health doctor.

Data Source:

BRFSS, 2013, Personal Care Provider.

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: \$154,331

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 10/2015 and 08/2016, the CDPHP section will increase the number of Community Health Workers trained from 125 to **200**.

Annual Activities:

1. Community Health Worker Association

Between 10/2015 and 08/2016, The Chronic Disease Prevention and Health Promotion section will work in conjunction with community stakeholders 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.

2. Community Health Worker Program Evaluation

Between 10/2015 and 08/2016, 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 an evaluation report on the impact of Community Health Workers in Nevada.

State Program Title: Diabetes

State Program Strategy:

Goal: Improve the quality of health care delivery through health system interventions and clinical community linkages to populations with the highest burdens of diabetes and/or pre-diabetes in Nevada.

Health Priorities: Convene experts, state agencies, insurers, community organizations, advocates, and stakeholders to identify a process to expand Diabetes Self-management Education (DSME) or lifestyle change programs such as Diabetes Prevention Programming (DPP).

Partners: Local Health Authorities (LHAs) in Carson City, Clark County and Washoe County

Evaluation: The Local Health Authorities will evaluate all activities and goals through participant surveys, designated assessment tools and number of people reached in partnership with CDPHP. 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:

Community based organization, Community health center, Local health department, Medical or clinical 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 D-3 Diabetes Deaths

State Health Objective(s):

Between 10/2015 and 09/2016, Decrease the number of adults in rural, frontier and metropolitan areas of Nevada who are undiagnosed for diabetes.

Baseline:

In 2013, diabetes was the 7th leading cause of death in the U.S.¹ In 2012, 9.3% (29.1 million people) of the population in the U.S. had diabetes; nearly 27.8% 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. Centers for Disease Control and Prevention. Diabetes Report Card 2014. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2015.
2. Centers for Disease Control and Prevention. *National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in the United States, 2014*. Atlanta, GA: US Department of Health and Human Services; 2014.

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. In Nevada the age-adjusted death rate is 11.41/100,000. The prevalence of diabetes among adults in Nevada is 9.6% (BRFSS 2014) overall, but increases with age to a prevalence of 23.8% among individuals age 65+ years. Diabetes is the leading cause of kidney failure, non-traumatic lower limb amputations, and new cases of blindness among adults in the United States; and is a major cause of heart disease and stroke. Type 2 Diabetes accounts for 90%–95% of diabetes cases. Physical inactivity and obesity are strongly associated with the development of type 2 diabetes. People who are genetically susceptible to type 2 diabetes are more vulnerable when these risk factors are present including women who have a prior history of gestational diabetes or gave birth to a baby over nice pounds. Thus, type 2 diabetes develops most often in middle-aged and older people who are also overweight or obese; but is becoming more common in overweight and obese children and adolescents. Diabetes rates in Nevada vary by race and ethnicity, with prevalence rates (BRFSS 2014) for American Indian/ Alaska Native at 15%, African American at 13.6%, Hispanic/Latino at 8.9 %, and Asian/Pacific Islander at 12%. Type 2 diabetes can be prevented through lifestyle change that includes healthy food choices, physical activity, and weight loss. It can be controlled with these same activities, but the addition of insulin or oral medication also may be necessary.

Target Population:

Number: 202,800

Ethnicity: Hispanic, Non-Hispanic

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

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: Yes

Disparate Population:

Number: 202,800

Ethnicity: Hispanic, Non-Hispanic

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

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: 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)

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

Total Current Year Funds Allocated to Health Objective: \$63,713

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:

Clinical Linkages for Diabetes Management and Prevention

Between 10/2015 and 09/2016, Local Health Authorities will increase the number of clinical community linkages relating to diabetes self-management programs and/or diabetes prevention. from 0 to 1.

Annual Activities:

1. Establish Referral Between Clinical and Community Setting

Between 10/2015 and 09/2016, Facilitate infrastructure development to increase access to evidence-based lifestyle change and prevention programs in the community.

2. Referral to Diabetes Self-Management

Between 10/2015 and 09/2016, Facilitate infrastructure development to increase access to evidence-based diabetes self-management education programs.

REVISED

State Program Title: Healthy Relationship Education

State Program Strategy:

Goal: PHHS block grant set-aside will be used to provide workshops for professionals and peer leaders, working with teens and youth adults, on healthy relationship education and dating abuse.

Health Priorities: To reduce intimate partner violence and relationship abuse.

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 healthy relationship education to Nevada youth ages 16-24. Funding will include social media representation, informative websites, and community workshops for professionals. Spanish training materials and technical assistance will be provided to Latino communities in support of population trends in Nevada. Additional workshop modules will be available for high risk populations and specialized groups upon request.

Evaluation Methodology: The methodology to evaluate the impact will include number of persons attending workshops, workshop evaluations, number of Spanish materials provided, follow-up surveys for participants, website activity, and population reach.

State Program Setting:

Business, corporation or industry, Community based organization, Community health center, Faith based organization, 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

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 10/2015 and 09/2016, Nevada will provide workshops to professionals and peer leaders on providing healthy relationship education and recognizing dating abuse to youth ages 12-19.

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 2013, 10.9% of Nevada high school youth reported that at least one or more times during the 12 months before the survey, they were hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating.

Data Source:

Youth Risk Behavior Surveillance System; Nevada Results (2013)

State Health Problem:**Health Burden:**

Research shows that dating abuse is escalating in the United States. According to the 2013 Nevada Youth Risk Behavioral Survey, over 10% of high school students reported being hit, slapped, or physically hurt on purpose by their boyfriends or girlfriends in the previous twelve months. Sexual dating violence reveals a higher incidence with 12.2% of Nevada youth reporting that in the previous twelve months they were forced to kiss, touch, or have sexual intercourse with a dating partner against their will. 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. 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: 365,773

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 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 Ages 10-19

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: \$60,382

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:

Healthy Relationship Education

Between 10/2015 and 09/2016, Nevada Network Against Domestic Violence will provide The Nevada Network Against Domestic Violence, in coordination with the Nevada Division of Public and Behavioral Health, will provide healthy relationship education workshops for the prevention of intimate partner/relationship violence in teens and young adults from 0 to 4 urban and rural communities.

Annual Activities:

1. Educational Workshops for Young Adults

Between 10/2015 and 09/2016, 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 increase healthy relationship education and awareness of intimate partner/relationship violence.

2. Decrease the incidents of sexual violence through relationship education.

Between 10/2015 and 09/2016, Develop new strategies to increase awareness/education of sexual violence issues. Adjust and optimize strategies as needed to deliver best results.

State Program Title: Heart Disease and Stroke

State Program Strategy:

Goal: To reduce the proportion of persons in the population with hypertension 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: Local Health Authorities

Evaluation Methodology:

- BRFSS rates of HBP in Nevada.
- HEDIS rates for NQF#18 in health systems in Nevada
- Evaluation of Heart Disease and Stroke Strategic Plan priorities

State Program Setting:

Community based organization, Community health center, Local health department, Medical or clinical 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 HDS-5 Hypertension

State Health Objective(s):

Between 10/2015 and 09/2016, Increase the proportion of adults with known high blood pressure who have achieved blood pressure control

Baseline:

In 2013, 69.4% of Nevadans have not been told they have high-blood pressure.

Data Source:

BRFSS, UDS

State Health Problem:

Health Burden:

In 2013, diseases of the heart were the leading cause of death while stroke was the fifth leading cause of death in Nevada accounting for 5,284 deaths (25.5%) and 874 deaths (4.2%) 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 199.2 and 33.7 per 100,000, respectively.

Over 13,000 Nevadans were hospitalized for coronary heart disease and stroke (primary diagnosis) in 2013.

According to the 2013 Nevada BRFSS, the estimated prevalence rates among adult Nevadans for heart disease and stroke, and their risk factors, are as follows:

- 27.3% did not have any kind of health care coverage (18-64 years)
- 3.4% ever had coronary heart disease
- 2.9% ever had stroke
- 19.4% were current smokers
- 23.7% reported no leisure time exercise in the prior 30 days
- 64.9% were overweight or obese (body mass index greater than or equal to 25.0)
- The following are the risk factors from 2011 BRFSS:
 - 30.6% 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: 616,512

Ethnicity: Hispanic, Non-Hispanic

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

Disparate Population:

Number: 616,512

Ethnicity: Hispanic, Non-Hispanic

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

Target and Disparate Data Sources: State demographer, BRFSS

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)

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

Total Current Year Funds Allocated to Health Objective: \$63,713

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:

Clinical Linkages for Hypertension

Between 10/2015 and 09/2016, Local Health Authorities will increase the number of clinical community linkages relating to blood pressure control programs from 0 to 1.

Annual Activities:

1. Heart Disease and Stroke Prevention Education

Between 10/2015 and 09/2016, Create or adapt community-based heart disease and stroke education and blood pressure self-monitoring programs specifically in partnership with health systems, work with local pharmacies to implement blood pressure education and self-monitoring and/or work with local hospitals to engage Community Paramedics and Community Health Workers to educate and follow patients into the home after discharge to reduce 30 day re-admissions.

REVISED

State Program Title: Increase Physical Activity in Adults and Youth

State Program Strategy:

Goal: Create a marketing communication plan 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, 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 the number of people reached and the 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: Vacant

Position Title: Health Program Manager II

State-Level: 9% Local: 0% Other: 0% Total: 9%

Position Name: Melanie Flores

Position Title: Health Resource Analyst III

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

Position Name: Rani Reed

Position Title: Health Program Specialist II

State-Level: 3% Local: 0% Other: 0% Total: 3%

Position Name: Shannon Bennett

Position Title: Health Program Specialist II

State-Level: 15% Local: 0% Other: 0% Total: 15%

Position Name: Allen Pai

Position Title: Health Program Specialist II

State-Level: 13% Local: 0% Other: 0% Total: 13%

Position Name: Vickie Ives

Position Title: Health Program Specialist II

State-Level: 5% Local: 0% Other: 0% Total: 5%

Position Name: Stephanie Abeyta

Position Title: Administrative Assistant II

State-Level: 18% Local: 0% Other: 0% Total: 18%

Position Name: Monica Morales

Position Title: Deputy Bureau Chief

State-Level: 15% Local: 0% Other: 0% Total: 15%

Total Number of Positions Funded: 8

Total FTEs Funded: 0.88

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

State Health Objective(s):

Between 10/2015 and 09/2016, 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% respectively. In 2013, the Youth Risk Behavior Survey (YRBS) reported 38% of high school students played video or computer games three or more hours per day on an average school day and 30% spent three or more hours watching television. In addition, in 2013, only 43% of youth reported receiving the recommended amount of physical activity (YRBS, 2013). 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: 453,024
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:

Number: 453,024
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state

Target and Disparate Data Sources: 2014-2015 Count Day Statewide Totals by Grade for Nevada Public Schools

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: \$54,711

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 10/2015 and 09/2016, the Chronic Disease Prevention and Health Promotion Section will maintain 7 Nevada Wellness media channels and corresponding messaging relating to physical activity, worksite wellness and obesity prevention.

Annual Activities:

1. Media Campaign

Between 10/2015 and 09/2016, the Chronic Disease Prevention and Health Promotion Section will develop and execute a media campaign for Nevada Wellness relating to physical activity, worksite wellness and obesity prevention.

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.

Position Name: Vacant

Position Title: Health Program Manager II

State-Level: 8% Local: 0% Other: 0% Total: 8%

Position Name: Melanie Flores

Position Title: Health Resource Analyst III

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

Position Name: Rani Reed

Position Title: Health Program Specialist II

State-Level: 1% Local: 0% Other: 0% Total: 1%

Position Name: Allen Pai

Position Title: Health Program Specialist II

State-Level: 11% Local: 0% Other: 0% Total: 11%

Position Name: Vickie Ives

Position Title: Health Program Specialist II

State-Level: 5% Local: 0% Other: 0% Total: 5%

Position Name: Stephanie Abeyta

Position Title: Administrative Assistant II

State-Level: 16% Local: 0% Other: 0% Total: 16%

Position Name: Monica Morales

Position Title: Deputy Bureau Chief

State-Level: 15% Local: 0% Other: 0% Total: 15%

Total Number of Positions Funded: 7

Total FTEs Funded: 0.66

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

State Health Objective(s):

Between 10/2015 and 09/2016, the Nevada Division of Public and Behavioral Health, Chronic Disease Prevention and Health Promotion Section will work to increase adoption of 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 the 2012-2013 Health Status of Children Entering Kindergarten in Nevada survey conducted by the University of Las Vegas, 29.6% 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 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 2015, 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: \$74,342

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 10/2015 and 09/2016, 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 10/2015 and 09/2016, the Chronic Disease Prevention and Health Promotion Section, in partnership with the Children's Advocacy Alliance, will conduct training and technical assistance sessions for key stakeholders and groups relating to implementation of the proposed/revised Nevada Administrative Code for Early Care and Education settings.

2. ECE Obesity Prevention Workgroup

Between 10/2015 and 09/2016, the Chronic Disease Prevention and Health Promotion Section, in partnership with the Children's Alliance, will maintain a statewide workgroup group of 5-7 champions focusing on breastfeeding, physical activity, and nutrition that mobilizes around obesity prevention standards in Early Care and Education settings. This group's main role will be to implement the statewide Obesity Prevention in Early Care and Education State Plan that was developed in FY15.