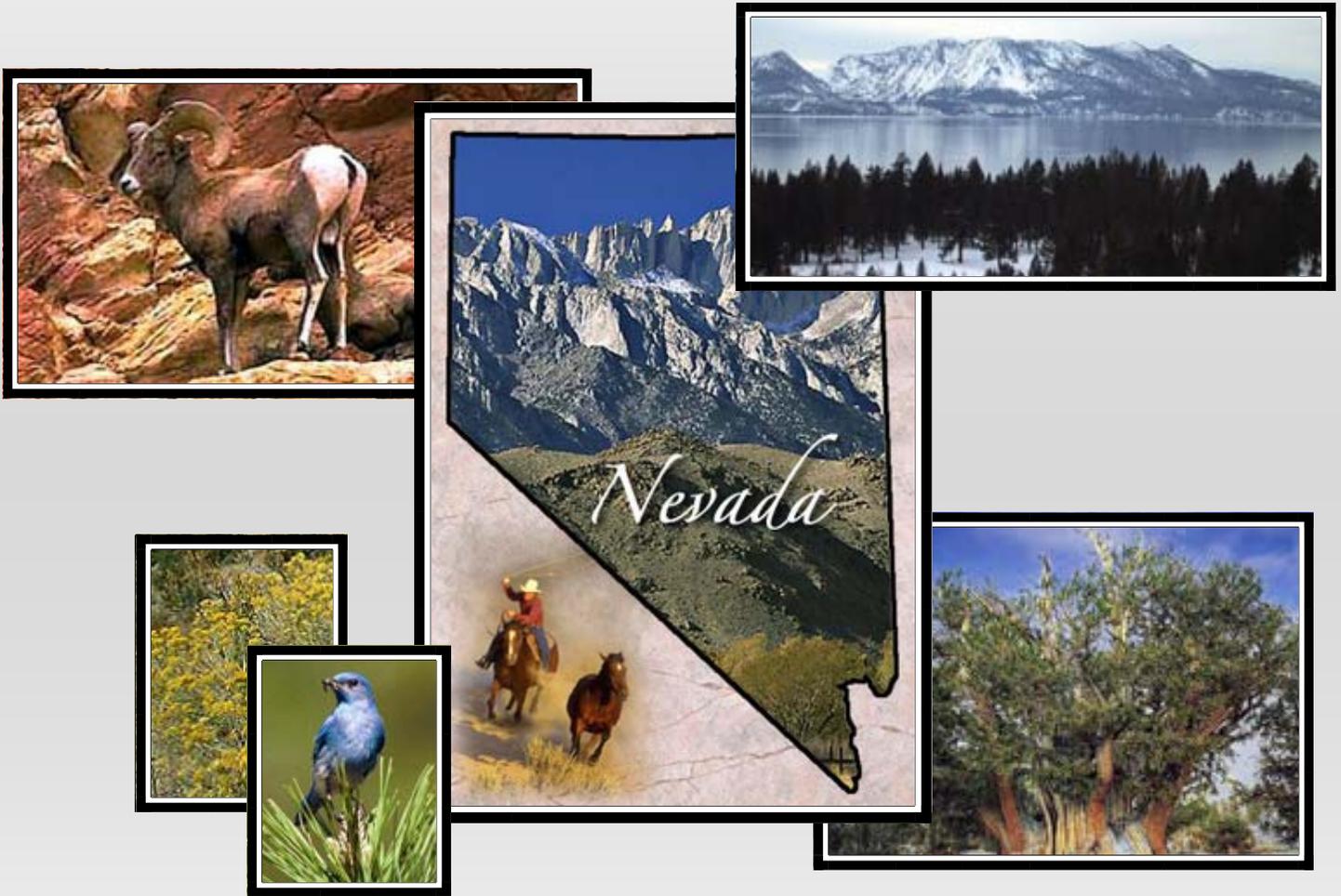


Healthy People Nevada

Moving From 2010 to 2020



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Healthy People Nevada - Moving From 2010 to 2020

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The State and Its Population

By geographical size, Nevada is the 7th largest state in the nation with a large majority of the state being vast, sparsely populated areas. The state is comprised of 17 counties that cover 110,540 square miles of land. Of the 17 counties in Nevada, 3 are considered urban (Clark, Washoe, and Carson City), and account for 88% of the state's population. The remainder of the population is divided among Nevada's rural (Storey, Lyon, and Douglas Counties) and frontier counties. Frontier counties are defined as 7 persons or less per square mile. Nevada's frontier and rural counties account for 10.7% of the state population, but 86.8% of the state land mass, illustrating the challenges of serving these residents.

Nevada has been experiencing significant and persistent population growth. The US Census Bureau reported a slight slowing in population growth for Nevada to only 1.8% between 2007 and 2008, ranking it eighth in the nation. Nevada had been among the four fastest-growing states for each of the last 24 years.

Population Comparisons Between Nevada and the United States		
	Nevada	United States
Population, 2009 estimate	2,643,085	307,006,550
Population percent change, 2000-2009	32.3%	9.1%
Persons per household, 2000	2.62	2.59
Land area, square miles	109,825.99	3,537,438.44
Person per square mile	18.2	79.6

Source: U.S. Census Bureau

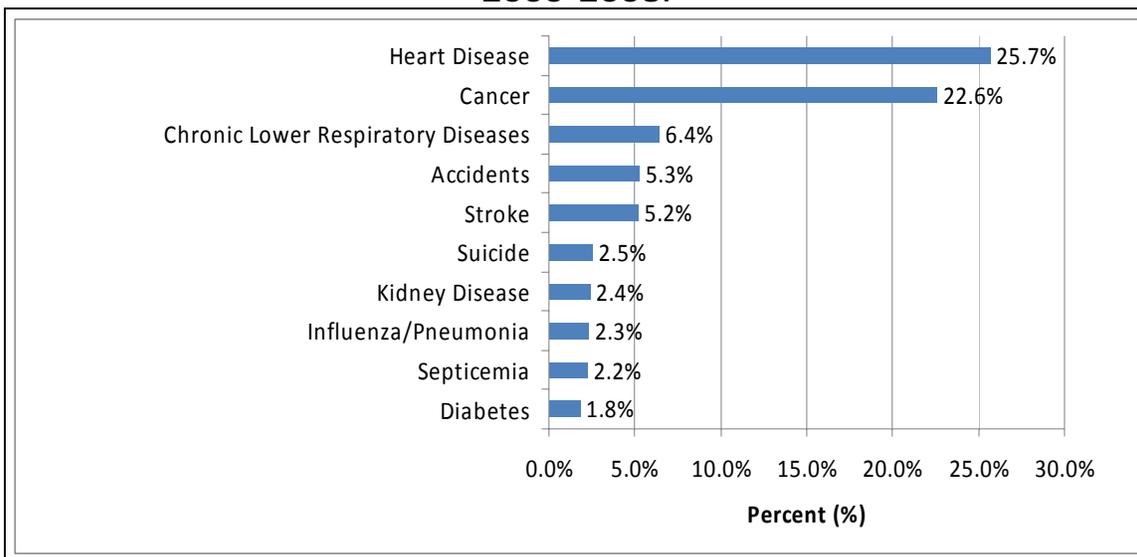
Although Nevada is not yet a majority-minority state, Nevada has a minority population of 42%. As minority populations tend to have disproportionately higher rates of disease, birth, and uninsured/underinsured persons, Nevada will need to have infrastructure in place to provide appropriate health services should the disease burden in the state continue to increase.

Nevada and U.S. Populations by Race/Ethnicity, 2009		
	Nevada	United States
White	80.3%	79.6%
Black	8.3%	12.9%
American Indian and Alaskan Native	1.5%	1.0%
Asian	6.6%	4.6%
Native Hawaiian and Other Pacific Islander	0.5%	0.2%
Two or More Races	2.8%	1.7%
Hispanic or Latino Origin	26.5%	15.8%
White non-Hispanic	55.8%	65.1%

Source: U.S. Census Bureau

Mortality patterns provide insight into changes in the health and well being of Nevada's population. The ten leading causes of death accounted for about 76% of all deaths in Nevada from 2000-2008.

Top 10 Leading Causes of Death, Percent of Total Deaths in Nevada, 2000-2008.



Source: State of Nevada Health Division, Department of Health and Human Service, Bureau of Health Statistics, Planning, Epidemiology, and Response, Office of Health Statistics and Surveillance 2007 – 2008 Preliminary.

Healthy People National Strategy

The *Healthy People* initiative is a national strategy designed to improve the overall health of Americans. For three decades, *Healthy People* has provided a comprehensive set of national 10-year health promotion and disease prevention objectives aimed at improving the health of all Americans. Since 1979, *Healthy People* has set and monitored national health objectives to meet a broad range of health needs, encourage collaborations across sectors, guide individuals toward making informed health decisions, and to measure the impact of prevention activities. For the past decade, *Healthy*

People 2010 has led the way for Americans to achieve an increase in the quality and years of healthy life, and to eliminate health disparities. *Healthy People 2020* will continue in the tradition of its predecessors to define the vision and strategy for building a healthier nation.

The overarching goals for *Healthy People 2020* continue the tradition of earlier *Healthy People* initiatives of advocating for improvements in the health of every person in the U.S. *Healthy People 2020* addresses the environmental factors that contribute to collective health and illness by placing emphasis on the determinants of health. Health determinants are the range of personal, social, economic, and environmental factors that determine the health status of individuals or populations. They are embedded in our social and physical environments. Social determinants include family, community, income, education, sex, race/ethnicity, geographic location, and access to health care, among others. Determinants in the physical environments include our natural and built environments.

Healthy People 2010 has provided the framework for national, state, and local health agencies, as well as nongovernmental entities to assess health status, health behaviors, and health services. *Healthy People 2010* was supported by 467 objectives in 28 focus areas. The latest version of the initiative, *Healthy People 2020*, is comprised of several new proposed objectives in 38 focus areas.

The *Healthy People Nevada 2010-2020* report utilizes objectives, focus areas, and targets from the national *Healthy People* framework, providing a statewide assessment of the health status of Nevada.

Objectives Represented In This Report

The *Healthy People Nevada 2010-2020* report includes 119 objectives representing 25 of the 38 national focus areas. Focus areas in this report include:

- Access to Quality Health Care
- Adolescent Health
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Blood Disorders and Blood Safety
- Cancer
- Diabetes
- Early and Middle Childhood
- Education and Community-Based Programs
- Family Planning
- Food Safety
- Healthcare-Associated Infections
- Heart Disease and Stroke
- Human Immunodeficiency Virus
- Immunization and Infectious Diseases
- Injury and Violence Prevention
- Maternal, Infant, Child Health
- Mental Health and Mental Disorders
- Nutrition and Weight Status
- Occupational Safety and Health
- Oral Health
- Physical Activity and Fitness
- Respiratory Diseases
- Sexually Transmitted Diseases
- Substance Abuse
- Tobacco Use

The Healthy People Nevada report includes an overview of Nevada's progress on the Healthy People 2010-2020 objectives, the major challenges identified statewide and on a local level, and an overview of best practices for addressing those challenges. The report also provides an overview of the Healthy People 2020 framework, and a summary report for each county.

For each focus area included the selected objective, the U.S. data, the U.S. baseline, the Nevada data, and the 2010 target related to that objective are identified. When available, the Nevada data includes trends, and data on age groups, gender, race/ethnicity, and resident counties. The latest available data has been utilized. The most significant factor in the selection of focus areas and objectives was the availability of accurate and reliable data.

Technical Notes

Age Adjustment Methods and Statistical Analysis of Mortality Rates:

In order to make meaningful comparisons between mortality rates for residents from different regions or different racial/ethnic groups, differences in age characteristics of each population should be taken into account. For example, one would expect that mortality rate for heart disease would be high in a population that has a high proportion of older individuals.

Age-Adjustment is the application of the age-specific rates of a population of interest to a standard age distribution. This method is used to eliminate the differences in observed rates that result from age differences in the populations being compared. This adjustment is usually done when comparing two or more populations at one point in time or one population at two or more points in time.

In this report, the death rates are age-adjusted to the 2000 US Census Standard distribution population (relative age distribution of the 2000 enumerated population of the United States totaling 1,000,000). This method produces the rate that would be expected if the population of interest had the same population age distribution as the standard population.

Adjusted rates were calculated in the following manner:

- The expected number of deaths in each age group was determined by multiplying the age-specific rates (N_i/P_i) by the corresponding age-specific standard population total (S_i).
- Age adjusted rates (AAR) per 100,000 population were calculated by dividing the expected total number of deaths (E_i) by the total standard population and multiplying by 100,000.

Rates were not adjusted for cases where age was listed as unknown.

BRFSS Questionnaire

Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, state-based, telephone survey of persons aged 18 years and older, conducted by state health departments with assistance from the Centers for Disease Control and Prevention (CDC). The BRFSS questionnaire consists primarily of questions regarding behaviors that increase risk for one or more of the ten leading causes of death in the United States. BRFSS uses a multistage design based on random-digit-dialing methods to gather a representative sample from each state's non-institutionalized civilian residents. Total respondent numbers for each question are subject to change because not all respondents provide resident county, or age, or race/ethnic data. These unknowns are not included as respondents for resident county, age, or race/ethnic data when that particular data was not provided. If the number of people for county, race/ethnicity, gender, or age groups is small, caution must be used in interpreting the data because a small sample group may render the data unreliable.

Technical Notes (Continued)

County Comparisons

The population size of the counties in Nevada is widely varied, from one thousand to over one million. Because of these differences, caution should be used when interpreting rate comparisons for counties in Nevada. Table cells with counts less than 5 have been suppressed to protect individual privacy and confidentiality. Further, rates for groups less than 5 observations were not calculated.

Inpatient Hospital Discharge Database

Inpatient Hospital Discharge Data provide information about patients discharged from non-federal acute care hospitals in Nevada. These data are collected through the standard Uniform Billing (UB-92) Form, which is utilized by hospitals to bill for their hospital charges. They include patients who spent at least 24 hours as an inpatient, but do not include patients who were discharged from the emergency room. The data identify billed charges not the actual payments received by the hospital. Data include demographic information, diagnoses (identified by International Classification of Disease codes—9 (ICD-9)), diagnostic and operative procedures, billed hospital charges, length of hospital stay and discharge destination. The ICD-9 system is used to code and classify morbidity (the rate at which an illness occurs) data from inpatient records. Inpatient Hospital Discharge Data include up to 33 ICD-9 diagnosis codes.

National Online Resource

DATA 2010 is an online (<http://wonder.cdc.gov/data2010/>) interactive database system developed by the division of Health Promotion Statistics of the National Center for Health Statistics. Data are available for all the Healthy People 2010 objectives and subgroups. National data is available for the majority of objectives.

Nevada Data Reliability

When numbers of cases or deaths used to compute rates are small, those rates tend to have poor reliability. Therefore, to protect individual privacy and confidentiality, and to eliminate misinterpretation of rates or counts that are unstable because case numbers or death counts are small, incidence, death rates, and counts are not shown in tables and figures if the cases or counts are less than 5. In this case several years are often aggregated in order to compute a reliable rate. In certain race/ethnicity, gender, or age groups, if the number of people for county groups is small, caution must be used in interpreting the data because a small sample group may render the data unreliable.

- The following datasets are preliminary: Death 2007 - 2008 and Birth 2008.
- The following dataset is not available: Fetal Death 2008.

Nevada's Vital Records Statistical Database

The Bureau of Health Statistics, Planning, Epidemiology, and Response collects, processes, analyzes, and maintains the state of Nevada's vital records statistical database.

Technical Notes (Continued)

Nevada's Vital Records Statistical Database (continued)

Funeral directors, or persons acting as such, are legally responsible for filing death certificates. The vital records statistical database includes those individuals who died in Nevada (residents and non-residents) and includes Nevada residents who died outside the state of Nevada. Mortality data include demographic data of the individual, occupation, gender, age, date of birth, age at death, place of death, manner of death, state of residence, and cause of death (identified by International Classification of Disease codes—10 (ICD-10,)).

The ICD-10 system is used to code and classify mortality (the number of deaths) data from death certificates. Mortality data in this report include both the underlying (primary) and multiple causes of death. Birth data in all counties are recorded electronically (directly with the State Registrar), in the vital records statistical database. In Clark and Washoe Counties they are initially processed and transmitted to the State Registrar. Responsibility for the filing of the birth certificate lies in the hospital medical records, nursing personnel, physicians, midwife, or other attendant.

Behavioral indicators taken from the birth certificate data are self reported.

Population Data

The Nevada Population data used in this report are based on the estimates provided by the Nevada State Demographer's Office and the Nevada Department of Taxation, as well as 2000 Census data from the US Census Bureau. Due to changes in methodology, rates for subgroups published in this edition may not match or be directly comparable to past years, and should be used with caution when compared to other published rates.

Interim 2006 population estimates were used in this report. Interim 2006 population estimates are based on 2005 population estimates provided by the Nevada State Demographer in June 2006. They were updated in July 2007 by the Nevada State Health Division, Bureau of Health Planning, Statistics, and Emergency Response. Interim 2007 population estimates were used in this report. Interim 2007 population estimates are based on interim 2006 population estimates. They were updated in July 2008 by the Nevada State Health Division, Bureau of Health Planning, Statistics, and Emergency Response based on the 2007 total population estimates provided by the Nevada State Demographer in March 2007. Interim 2008 population estimates were used in this report. Interim 2008 population estimates are based on interim 2005 population estimates and 2008 county population estimates provided by the Nevada State Demographer in June 2006 and October 2008 respectively. The interim 2008 population estimates were updated in June 2009 by the Nevada State Health Division, Bureau of Health Planning, Statistics, and Emergency Response.

Technical Notes (Continued)

Progress Towards Target

Throughout this document the “Progress Towards Target” for each objective was measured using the following algorithm:

Worsening – Data is trending away from the Healthy People 2010 Target.

Improving – Data is trending towards the Healthy People 2010 Target but has not yet met it.

Achieved – Data shows a trend that is improving and has met the Healthy People 2010 target but not exceeded it in the most recent year.

Surpassed – Data shows a trend that is improving and has exceeded the Healthy People 2010 target in the most recent year.

Fluctuating – Data shows no definite trend.

Race and Ethnicity

In conjunction with the US Census Bureau and the National Center for Health Statistics definition, Hispanics are an ethnic group, not a race, and may include all races within their ethnic classification. In this report, Asian, Black, Native American, and White exclude Hispanics, therefore no duplicate counting exists. However, when national data are used for comparison, methodologies may differ by including Hispanic and Non-Hispanic populations within separate racial groups, as well as including different racial groups within the Hispanic ethnic group. In the Death 2008 data, race/ethnicity breakouts are not available at this time due to coding issues with the implementation of the 2003 standard death certificate.

Regional Comparisons

Approximately eighty-six (86 percent) of Nevada’s population reside in the urban areas of Clark (Greater Las Vegas Area) and Washoe (Greater Reno/Sparks area) counties. In this report data are frequently stratified into three regions within the state as follows: Clark County, Washoe County, and All Other Counties (includes all remaining 15 counties). In some instances, the total counts in all counties may not be equal to Nevada Total due to cases where county is unknown.

Source for Healthy People 2010 Target

The Healthy People 2010 Target for each objective was taken from the DATA2010 data system published online at <http://wonder.cdc.gov/data2010/focus.htm>. This data system was developed by the Centers for Disease Control and Prevention, National Center for Health Statistics. It tracks all 467 Healthy People 2010 objectives. The data are uploaded to this site quarterly and include any revised targets; the most recent targets are included in this document.

YRBS Questionnaire

Youth Risk Behavior Surveillance System (YRBSS) is a national, biennial, school-based survey administered to students in grades 9-12. The survey collects data on health risk behaviors such as injury, tobacco use, alcohol, and other drug use, sexual behavior, diet, nutrition, and physical activity.

Definitions

Age Adjustment: Age adjusted rates are computed by the direct method by applying age-specific rates in a population of interest to a standardized age distribution, to remove the distorting effect of age when comparing populations of different age structures.

Adolescent Pregnancy: The number of live births, abortions, and fetal deaths to females, aged 15 to 17 years and 18 to 19 years.

Body Mass Index (BMI): A measure that adjusts bodyweight for height. It is calculated as weight in kilograms divided by height in meters squared. Healthy weight for adults is defined as a BMI of 18.5 to less than 25; overweight as greater than or equal to a BMI of 25; obesity as greater than or equal to a BMI of 30.

Crude Rate: Number of cases in a particular population, (i.e. per 100,000 population) which are not adjusted for other factors, such as age.

Death: A person who has sustained irreversible cessation of all functioning of the brain, including the brain stem, is considered dead (National Center for Health Statistics (NCHS 2009)).

Fetal Death: A birth that occurs after or at least 20 weeks gestation in which the child shows no evidence of life after complete birth (NRS 440.070).

Incidence: Number of cases of disease having their onset during a prescribed period of time; often expressed as a rate.

Infant Death: Deaths occurring to individuals of less than one year of age (NCHS 2009).

International Classification of Disease, ICD-9 (ninth revision): An official list of categories of diseases, physical and mental, issued by the World Health Organization (WHO). Used primarily for statistical purposes in the classification of morbidity and mortality.

International Classification of Disease, ICD-10 (tenth revision): An official list of categories of diseases, physical and mental, issued by the World Health Organization (WHO). Used primarily for statistical purposes in the classification of morbidity and mortality. Nevada utilizes the ICD-10 codes for mortality coding.

Leisure Time Physical Activity: Adults that report doing physical activity or exercise during the past 30 days other than their regular job.

Live Birth: A birth in which the child shows evidence of life after complete birth. A birth is complete when the child is entirely outside the mother, even if the cord is uncut and the placenta is still attached. Evidence of life includes heart action, breathing, or coordinated movement of voluntary muscles (NRS 440.030).

Definitions (continued)

Low Birth Weight: If the first weight of the newborn obtained after birth is less than 2,500 grams or 5 pounds and 8 ounces (NCHS 2009).

Morbidity: The rate which an illness or abnormality occurs, calculated by dividing the number of people who are affected within a group by the entire number of people in that group.

Mortality: Refers to death.

Multiple Causes of Death: (Or Underlying Cause of Death) are the contributing conditions that are not selected as the underlying (primary) cause of death.

N/A: Not applicable or not available.

Neonatal Death: Death occurring to infants in the first 27 days of life (NCHS 2009).

Objective: A statement of intent within a focus area.

Post-Neonatal Death: Death occurring to infants less than one year of age, but older than 27 days (NCHS 2009).

Prenatal Care: The care received by the mother from a health professional or midwife during the length of the pregnancy (NCHS 2009).

Pre-term Birth: A birth that occurs before 37 completed weeks of gestation, counting from the first day of the last menstrual period. Historically, the definition of prematurity was 2,500 grams (approximately 5.5 pounds) or less at birth.

Prevalence: The proportion of existing cases of a particular condition, disease, or other occurrence (e.g. person' smoking) at a given time.

Proportion: The number of cases or responses or diseases divided by the total number of a population or total respondents, can be expressed as a percentage.

Target: The proposed goal for each health measure.

Underlying Cause of Death: (In this report identified as the Primary Cause of Death) is defined by the World Health Organization (WHO) as the disease or injury that initiated the train of events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury.

Very Low Birth Weight: The first weight of the newborn obtained after birth is less than 1,500 grams or 3 pounds 4 ounces.

Weighted Data: Survey data that is adjusted to represent the population from which the sample was drawn. Data are weighted to generalize findings for the population. Any sample percentages calculated from the data are unbiased estimates of population percentages.

Highlights

Access to Quality Health Services:

- ◆ In 2010 it is estimated that 1 in 6 adults in America are uninsured.
- ◆ As of February 2009, approximately 1.7 million men lost employer-provided health insurance from their jobs nationally, compared to approximately 396,800 women.²
- ◆ In 2009 80.5 percent of Nevada adults reported having some type of health insurance.

Adolescent Health:

- ◆ In 2009, the average reading proficiency scores of 4th and 8th grade students in Nevada was lower than the average scores of 4th and 8th grade students for public schools in the nation.
- ◆ In 2007, male students in Nevada had an average reading proficiency score that was lower than that of female students by 6 points.

Arthritis, Osteoporosis, and Chronic Back Conditions:

- ◆ Hip fractures are associated with substantial morbidity and mortality; approximately 15-20 percent of patients die within 1 year of fracture.²
- ◆ Hospitalizations for hip fractures decreased overall among Nevada adult females from 2000 to 2008 but did not meet the Healthy People 2010 target, while hip fractures among Nevada adult males surpassed the Healthy People 2010 target every year from 2000 to 2008.

Blood Disorders and Blood Safety:

- ◆ In the five-year period from 2003 to 2007, there were 49 infants born with sickle cell disease (SCD) in Nevada.
- ◆ Sickle cell disease is one of the most common genetic diseases in the U.S.
- ◆ The hospitalization rate from sickle cell disease among Nevada children aged 9

years and younger had an overall decreased from 2003 to 2008, at 13.5 per 100,000 children aged 9 years and younger in 2008.

Cancer:

- ◆ While Nevada did not meet the 2010 target from 2000 to 2008, the overall cancer death rate consistently decreased from over that time period. For the first time, Nevada had a lower overall cancer rate than the national rate in 2005.
- ◆ While Nevada's lung cancer deaths have been decreasing each year, they are still well above the national average.
- ◆ There are an estimated 60,000 cancer survivors in Nevada.
- ◆ Over half of all Nevada adults over the age of 50 had ever received either a colonoscopy or a sigmoidoscopy in 2008.

Diabetes:

- ◆ Costs for diabetes health care and related treatments run about \$167 million annually in Nevada. In 2005, Nevada diabetes hospitalizations costs totaled about \$100 million. Of this amount, Nevada Medicaid reimbursed \$19,343,893.
- ◆ Approximately 176,500 children and adolescents and an estimated 217,467 adults in Nevada had diabetes in 2007.

Early and Middle Childhood:

- ◆ In 2008, 66 percent of schools in Nevada had a health education curriculum that addressed all eight national standards for health education.

Education and Community Based Programs:

- ◆ Over the past seven years, Nevada's proportion of the population who complete high school has been consistently lower than both the nation and the Healthy People 2010 target for high school completion.

Highlights (continued)

Family Planning:

- ◆ The Nevada adolescent pregnancy rate among female girls age 15 to 17 years, has slowly declined. The state rate has consistently been lower than the reported national rate.
- ◆ From 2001 to 2009, over 40 percent of both male and female adolescents in Nevada reported having sexual intercourse.
- ◆ From 2001 to 2009, over 40 percent of female adolescents, grades 9-12, did not use a condom during their last sexual intercourse.

Food Safety:

- ◆ The rate of reported cases of *Escherichia Coli* in Nevada improved to below the Healthy People 2010 target in 2008 (0.8 per 100,000 population).

Health Care-Associated Infections:

- ◆ In Nevada, the rate of MRSA infections has almost doubled over the last decade. During the years 2005 to 2007 the rate steadied at approximately 86 percent.

Heart Disease and Stroke:

- ◆ Over the last decade, Nevada has maintained a significantly lower hospitalization rate for congestive heart failure than the national average.
- ◆ From 2005 to 2009, Nevada has surpassed the Healthy People 2010 target for stroke death rate (38.4 per 100,000 in 2008).

Human Immunodeficiency Virus (HIV):

- ◆ In 2007, Nevada had a lower rate of reported Acquired Immunodeficiency Syndrome (AIDS) cases (per 100,000) than the national average.
- ◆ From 2000 to 2008, the HIV infection death rate for males in Nevada steadily declined.
- ◆ In 2000, the HIV infection death rate in

Nevada was 4.3 per 100,000, and in 2008 the rate was 2.6 per 100,000. The HIV infection mortality rates for both Nevada and the nation have improved.

Immunizations and Infectious Diseases:

- ◆ Nevada surpassed the Healthy People 2010 targets regarding hospitalizations from peptic ulcer disease, hepatitis A incidence, and meningococcal disease incidence in 2008.
- ◆ Nevada had a consistently lower rate of new cases of Hepatitis A than the national rate over the reported eight years.
- ◆ Nevada's rate of tuberculosis (TB) is consistently lower than the national rate.

Injury and Violence Prevention:

- ◆ In Nevada, 37 teenage drivers and passengers, ages 16 to 20, were killed during 2007 in motor vehicle crashes, more than 70 percent (25 teenagers) were not wearing seat belts at the time of the crash.⁶ The Nevada Highway Patrol states that more than half of those lives could have been saved with 100 percent seatbelt usage.
- ◆ The state ranked 15th highest in the nation for injury mortality.

Maternal, Infant, Child Health:

- ◆ Fetal deaths, both nationally and in Nevada, decreased from 2003 to 2007.
- ◆ In Nevada, neonatal deaths, postneonatal deaths, and infant deaths from birth defects improved overall from 2000 to 2008.
- ◆ The death rate of children aged 1 to 4 years decreased in Nevada from 2002 to 2008.
- ◆ The Nevada death rate of children aged 5 to 9 surpassed the Healthy People 2010 target from 2002 to 2008.
- ◆ While the Nevada death rate of adolescents aged 15 to 19 was much higher

Highlights (continued)

- ◆ than the Healthy People 2010 target from 2000 to 2009, it did improve during this time period.

Mental Health and Mental Disorders:

- ◆ From 2001 to 2009, suicide attempts among Nevada adolescents was higher than that of youth in the United States.
- ◆ In 2008, suicide deaths were nearly 4 times higher among Nevada males than Nevada females.

Nutrition and Weight Status:

- ◆ The increasing proportion of obese adults in Nevada roughly paralleled U.S. trends since from 2001 to 2009. Obesity in Nevada and within the U.S. exceeded the Healthy People 2020 goal of 15 percent in 2009, at 26.5 percent and 26.9 percent respectively.
- ◆ In 2007, over 12 percent of 10th and 12th grade students were obese in Nevada.

Occupational Safety and Health:

- ◆ From 2000 to 2003, Nevada had a consistently lower rate of work-related injury deaths compared to the nation. In 2008 the work-related injury death rate decreased to 2.0 per 100,000 people, below the Healthy People 2010 target of 3.2 per 100,000 people.

Oral Health:

- ◆ Every dollar spent on community water fluoridation, up to \$42 is saved in treatment costs for tooth decay.²
- ◆ The proportion of older adults in Nevada with all of their natural teeth extracted surpassed the Healthy People 2010 target from 2002 to 2008.

Physical Activity and Fitness:

- ◆ The 2008 Nevada ranked as the 32nd highest in the nation for adult obesity, at 25.1 percent, and the 11th highest rate of overweight youths (ages 10-17), at

34.2 percent.

- ◆ More 18 to 24 year olds engage in aerobic physical activities of moderate intensity or higher than any other age group in Nevada.

Respiratory Diseases:

- ◆ The hospitalization rate from asthma in Nevada surpassed the Healthy People 2010 target for children under the age of 5 years, and has come close to the target rate for children and adults aged 5 to 64 years and adults aged 65 years and older from 2000 to 2008.
- ◆ Whites had a higher mortality rate for Chronic Obstructive Pulmonary Disease than any other racial and ethnic group in Nevada from 2000 to 2007.

Sexually Transmitted Diseases:

- ◆ Gonorrhea rates in Nevada decreased from 2004 to 2008.
- ◆ Syphilis rates in Nevada decreased in 2007 and 2008, after a dramatic and consistent increase from 2000 to 2006.

Substance Abuse:

- ◆ From 2000 to 2006, Nevada exceeded the United States in the number of drug-induced deaths.
- ◆ In 2008, there were 107 Nevadans killed in Alcohol-Impaired Driving Accidents. Eleven (11) of these were under the age of twenty-one (21).

Tobacco Use:

- ◆ From 2001 to 2009, tobacco use by adults in Nevada decreased, at 21.9 percent in 2008, down from 26.9 percent in 2000.
- ◆ From 2001 to 2007, Nevada saw a decrease in the proportion of adolescents reporting cigarette use.

Promising Practices

Access to Quality Health Services

Access to Healthcare Network (AHN)

Access to Healthcare Network (AHN) is a non-profit medical discount plan that offers affordable health care for uninsured Nevada residents. AHN members have access to over 400 local primary care and specialty doctors, health care services and dental and vision services, all at reduced rates. AHN members pay a small monthly membership fee which provides members with reduced hospital rates, discounted health care, and a care coordinator to advocate for your needs.

http://www.accesstohealthcare.org/AHN_healthcareprograms.html

Healthy San Francisco

Healthy San Francisco is a new program created by the City of San Francisco that makes health care services accessible and affordable for uninsured residents. The program offers a new way for San Francisco residents who do not have health insurance, to have basic and ongoing medical care. It is available to all San Francisco residents regardless of immigration status, employment status, or pre-existing medical conditions.

<http://www.healthysanfrancisco.org/>

Adolescent Health

United States Department of Education, What Works Clearinghouse (WWC)

What Works Clearinghouse (WWC) is a central and trusted source of scientific evidence for what works in education. An initiative of the U.S. Department of Education's Institute of Education Sciences, the WWC:

- 1) Produces user-friendly practice guides for educators that address instructional challenges with research-based recommendations for schools and classrooms.
- 2) Assesses the rigor of research evidence on the effectiveness of interventions (programs, products, practices, and policies), giving educators the tools to make informed decisions.
- 3) Develops and implements standards for reviewing and synthesizing education research; and provides an easily accessible public registry of education evaluation researchers to assist schools, school districts, and program developers with designing and carrying out rigorous evaluations.

Arthritis, Osteoporosis, and Chronic Back Conditions

Arthritis Self-Management Program

Arthritis Self-Management Program, also known as the Arthritis Self-Help Course, is a workshop designed for individuals with different types of rheumatic diseases, such as osteoarthritis, rheumatoid arthritis, fibromyalgia, and lupus. The program can be implemented in community settings such as senior centers, churches, libraries and hospitals. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with arthritis themselves. Topics covered include:

- 1) Techniques to deal with problems such as pain, fatigue, frustration and isolation,
- 2) Appropriate exercise for maintaining and improving strength, flexibility, and endurance,
- 3) Appropriate use of medications,
- 4) Communicating effectively with family, friends, and health professionals,
- 5) Healthy eating,
- 6) Making informed treatment decisions,
- 7) Disease related problem solving, and
- 8) Getting a good night's sleep.

<http://patienteducation.stanford.edu/programs/asmp.html>

Arthritis Foundation Aquatic Program

Arthritis Foundation Aquatic Program was co-developed by the Arthritis Foundation and the Young Men's Christian Association (YMCA). The program is offered in pools throughout the United States. The program allows individuals with arthritis to exercise without putting excess strain on their joints and muscles. The gentle activities in warm water, with guidance from a trained instructor, help individuals gain strength and flexibility. The program can be implemented in non-YMCA facilities as well.

<http://www.arthritis.org/aquatic-program.php>

Blood Disorders and Blood Safety

According to the Centers for Disease Control and Prevention (CDC) there are steps individuals can take to minimize complications from Sickle Cell disease.

1) Get regular health checkups. Regular checkups with a primary care doctor can help prevent some serious problems.

2) Prevent infections. Common illnesses, like the flu, can quickly become

Blood Disorders and Blood Safety (continued)

dangerous for a child with sickle cell disease. The best defense is to take simple steps to help prevent infections.

3) Learn and practice healthy habits. People with sickle cell disease should drink 8 to 10 glasses of water every day and eat nutritious food. They should also try not to get too hot, too cold, or too tired.

4) Look for clinical studies. New clinical research studies are being conducted all the time to find better treatments and, hopefully, a cure for sickle cell disease. People who participate in these studies might have access to new medicines and treatment options.

5) Get support. Find a patient support group or community-based organization that can provide information, assistance, and support.

6) People with sickle cell disease should get vaccinations. They can protect against harmful infections.

Cancer

Breast Cancer Screening

Project SAFe (Screening Adherence Follow-Up Program) is a system of patient navigation counseling and case management designed to help low-income, ethnic-minority women overcome barriers to timely breast cancer screening and follow-up after receiving an abnormal mammogram. The service involves a structured interactive telephone assessment of screening-adherence risk (i.e., barriers), health counseling, and follow-up services, including patient tracking, appointment reminders, and referral to community resources. Project SAFe is focused on individual cognitive, affective, and environmental factors that may impede timely breast cancer screening and follow-up.

<http://rtips.cancer.gov/>

rtipsprogramDetails.doprogramId=307723&topicId=102264&cgId

Colorectal Screening

Next Step is a workplace program that aims to increase colorectal cancer screening and promote healthy dietary behaviors. The screening promotion component consists of an invitation flyer and a personalized educational booklet. The booklet explains screening procedures, presents cancer statistics, and includes a personalized screening schedule. The dietary component consists of five nutrition education classes delivered in the workplace, with mailed self-help materials. In

Cancer (continued)

the second year of the program, employees receive personalized feedback to encourage maintenance of first-year gains. Worksite cafeterias also display posters and brochures relaying simple messages about low fat, high-fiber eating.

<http://rtips.cancer.gov/rtips/programDetails.do?programId=264649&topicId=102265&cgId>

Diabetes

Diabetes Community Partnership Guide

This how-to kit contains ideas, tools, and guidelines to develop community partnerships to promote diabetes activities.

<http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=121>

Awakening the Spirit: Pathways to Diabetes Prevention & Control

Awakening the Spirit is working to encourage Native Americans to fight diabetes, to make healthy food choices and be more active. Awakening the Spirit works with other organizations, including the Indian Health Service to develop and disseminate educational materials and participate in advocacy activities.

<http://www.diabetes.org/communityevents/programs/native-american-programs/>

Project POWER

Project POWER is a faith-based program targeting the African American community. *Project POWER* provides churches with a foundation for integrating diabetes awareness messages and healthy living tips into the life of the family and church. It engages the church in a variety of year-round activities that provide lessons which improve the health of those church members living with diabetes, their families and the greater community. *Project POWER* offers six educational workshops. Each workshop is facilitated by a *Project POWER* Ambassador who is trained by association staff and provided with a complete implementation guide. Each workshop is approximately 1–1 ½ hours in length and comes with all participant materials and giveaways.

<http://www.diabetes.org/community-events/programs/african-american-programs/project-power.html>

Por Tu Familia

Por Tu Familia (For Your Family) is part of the American Diabetes Association's Latino initiative health campaign. Materials targeting diabetes in the Latino community are an integral part of outreach efforts to help improve the quality of life for Latinos with diabetes. From books to brochures, the publications provide information on topics ranging from cooking with a Latin flair, being more physically active, to maintaining a healthy weight. Community-based activities are

Diabetes (continued)

another important part of *Por tu familia*. Through fun and informative workshops and activities, community members can learn more about diabetes, the importance of making healthy food choices, and being physically active on a regular basis.

<http://www.diabetes.org/community-events/programs/latino-programs/>

Early and Middle Childhood

Incredible Years (IY): Parents, Teachers, and Children Training Series

Incredible Years is a comprehensive set of curricula designed to promote social competence and prevent, reduce, and treat aggression and related conduct problems in young children (ages 4–8 years). The interventions that make up this series— parent training, teacher training, and child training — are guided by developmental theory concerning the role of multiple interacting risk and protective factors (child, family, and school) in the development of conduct problems. The overall goal of the *Incredible Years* series is to prevent children from developing delinquency, drug abuse, and violence problems as they enter adolescence.

<http://www.promoteprevent.org/publications/ebi-factsheets/incredible-years-parents-teachers-and-children-training-series-iy>

Education and Community Based Programs

Stay in School: Parents, Teachers, and Children Working Together

Why stay in school?

1. High school dropouts are four times as likely to be unemployed as those who have completed four or more years of college;
2. Graduating from high school will determine how well you live for the next *50 years* of your life. High school graduates earn \$143 more per week than high school dropouts. College graduates earn \$336 more per week than high school graduates (\$479 more *per week* than high school dropouts);
3. Dropouts are more likely to apply for and receive public assistance than graduates of high school;
4. Dropouts comprise a disproportionate percentage of the nation's prison and death row inmates. 82% of prisoners in America are high school dropouts;
5. School districts all over the country provide alternative programs for students who are not successful in the usual school setting.

<http://www.dropoutprevention.org/family-student-resources/top-5-reasons-stay-school>

Family Planning

Teen Outreach Program (TOP)

Teen Outreach Program (TOP) is a life skills curriculum for 12 to 17 year-olds that aims to prevent negative youth behaviors, such as school failure and early pregnancy. Trained facilitators deliver the curriculum in weekly classes throughout the school year. Participants discuss topics such as goal-setting, peer pressure, relationship dynamics, values, and communication skills. The program can be integrated with a school's existing curriculum, offered as an in-school elective, or an after-school program. During the program year, teens enrolled in *TOP* must also plan and carry out a community service project. These projects require a minimum of 20 hours of service and can include activities such as fund raisers, graffiti removal, tutoring, volunteering at food pantries, petition drives, or other student-initiated activities.

<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>

Becoming a Responsible Teen

Becoming a Responsible Teen is a culturally appropriate, HIV prevention curriculum designed for adolescents in non-school, community-based settings. *Becoming a Responsible Teen* combines HIV/AIDS education with behavioral skills training, including assertion, refusal, self-management, problem solving, risk recognition, and correct condom use. Teens learn to clarify their own values about sexual decisions and to practice skills to reduce sexual risk-taking. Based on social learning and self-efficacy theories, the curriculum's primary goal is promoting safer sexual behaviors. It encourages teens to share what they have learned and to practice their skills outside the group setting. It utilizes interactive sessions, including games, role-playing, discussions, and videos. The intervention is intended for use with gender-specific groups, each facilitated by both a male and a female group leader.

<http://www.etr.org/traininginstit/bart.htm>

Food Safety

Partnership for Food Safety Education

Partnership for Food Safety Education saves lives and improves public health through research-based, actionable consumer food safety initiatives that reduce food borne illness. Fightbac.org, the website of the *Partnership for Food Safety Education (PFSE)*, is a consumer food safety resource.

<http://www.fightbac.org/content/view/7/8/>

Don't Give Kids a Tummy-ache

Don't Give Kids a Tummy-ache is a food safety training program for parents,

Food Safety (continued)

child care providers, and other caregivers, which presents the basics of how to avoid food poisoning in a 45 to 60 minute presentation. Through a series of activities and case studies, participants are guided through the basics of handling and cooking food safety, food poisoning symptoms, and how food poisoning is transmitted. Written in both English and Spanish, the handy CD-ROM format allows printing out of the 27 page curriculum, handouts, and 19 transparencies in black and white or in color for presentations.

<http://anrcatalog.ucdavis.edu/FoodSafety/21586.aspx>

Health Care Associated Infections

Institute for Health Care Improvement (IHI) 100,000 Lives

100,000 Lives Campaign is a nationwide initiative launched by the Institute for Health care Improvement (IHI) to significantly reduce morbidity and mortality in American health care. Building on the successful work of health care providers all over the world, the IHI is introducing proven best practices across the country to help participating hospitals extend or save as many as 100,000 lives. It offers six initiatives to improve health care, one is related to central line infections.

<http://www.ihl.org/IHI/Programs/Campaign/100kCampaignOverviewArchive.htm>

Heart Disease and Stroke

MyStart! Online

MyStart! Online is the American Heart Association's groundbreaking new national movement that calls on all Americans and their employers to create a culture of physical activity and health to live longer, heart-healthy lives through walking.

MyStart! Online is a tool developed by the American Heart Association that is available at no charge to companies and employees. ***MyStart! Online*** is designed to help individuals make positive changes through walking and by improving their eating habits. As a component of the Start! Walking Program, it is an excellent way for employees to track their progress toward healthier, longer lives.

<http://www.startwalkingnow.org/>

WISEWOMAN (Well-Integrated Screening and Evaluation of Women Across the Nation)

WISEWOMAN is a program administered through CDC's Division for Heart Disease and Stroke Prevention (DHDSP). The ***WISEWOMAN*** program provides low-income, under insured or uninsured women aged 40–64 years with chronic disease risk factor screening, lifestyle intervention, and referral services in an effort to prevent cardiovascular disease. CDC funds 21 ***WISEWOMAN*** programs,

Heart Disease and Stroke (continued)

which operate on the local level in states and tribal organizations. *WISEWOMAN* programs provide standard preventive services including blood pressure and cholesterol testing. *WISEWOMAN* programs also offer testing for diabetes. Women are not just tested and referred, but can also take advantage of lifestyle programs that target poor nutrition, physical inactivity, and smoking, such as healthy cooking classes, fitness competitions, or quit-smoking classes. The interventions may vary from program to program, but all are designed to promote lasting, healthy lifestyle changes.

<http://www.cdc.gov/wisewoman/index.htm>

Human Immunodeficiency Virus (HIV)

Popular Opinion Leader (POL)

Popular Opinion Leader (POL) is a community-level intervention designed to identify, enlist, and train key opinion leaders to encourage safer sexual norms and behaviors within their social networks of friends and acquaintances through risk-reduction conversations. Cadres of trusted, well-liked men who frequent gay bars are trained to endorse safer sexual behaviors in casual, one-on-one conversations with peers. During these conversations, the POL corrects misperceptions, discusses the importance of HIV prevention, describes strategies he uses to reduce his own risk (e.g., keeping condoms nearby, avoiding sex when intoxicated, resisting coercion for unsafe sex), and recommends ways for the peer to adopt safer sex behaviors.

http://www.cdc.gov/hiv/topics/prev_prog/rep/packages/pol.htm

Street Smart

Street Smart is an intensive small-group skills-based intervention for runaway youth. The intervention focuses on providing access to health resources, making condoms available, training youth on personal skills, and training staff to help support the youth in changing their behavior. The intervention focuses on positive self-talk to build self-esteem, help with difficult situations, and increase self-efficacy for safer sex. The program includes activities to promote positive attitudes, increase self-efficacy, and build effective communication, personal, and technical skills through games, exercises, practicing, and role-playing. Youth are also given access to medical and mental health care through weekly visits from a public health nurse, visits to a community-based agency that provides comprehensive care, and referrals for specific individual health concerns.

http://www.cdc.gov/hiv/topics/prev_prog/rep/packages/streetsmart.htm

Human Immunodeficiency Virus (HIV) (continued)

Mpowerment Project

Mpowerment Project is a community building program designed to reduce the frequency of unprotected anal intercourse among young gay and bisexual men. Developed through an intensive social marketing process, the *Mpowerment Project* is based on an empowerment model in which young gay men take charge of the project. The project draws on the theory of diffusion of innovations, which suggests that people are most likely to adopt new behaviors that have already been accepted by others who are similar to them and whom they respect.

http://www.cdc.gov/hiv/topics/prev_prog/rep/packages/mpower.htm

Immunizations and Infectious Diseases

Every year the American Academy of Family Physicians (AAFP) Foundation awards Family Medicine Residency programs that have improved immunizations rates, increased childhood immunizations in the medically underserved, or have achieved high immunizations rates in children aged 19-35 months. In 2008, a Waco Family Practice Residency Program was awarded because of their ability to overcome immunization barriers and achieved higher immunizations rates during a specific time period. To improve immunization rates, the program regularly updates the electronic health record to show the children's current immunization status to easily identify missed opportunities. The program also has implemented an order that mandates immunization screenings at every child's visit. Additionally, the program regularly reviews daily immunization compliance reports to provide individual feedback to nurses. Finally, the program distributes patient recall letters to parents of children who are due for well-child visits. After six months of implementing these best practices, the Waco program increased well-child visits by 27 percent.

<http://www.aafpfoundation.org/online/foundation/home/programs/education/wyethimmunizationawardsprogram.html>

<http://www.aafp.org/online/etc/medialib/found/documents/programs/education/wyeth/aafpfwyethimmuntipsheet.Par.0001.File.dat/wyethtipsupdate.pdf>

Injury and Violence Prevention

PeaceBuilders

PeaceBuilders is a research-validated, violence prevention and character education youth program. Created for the young child, child, pre-teen and teen,

Injury and Violence Prevention (continued)

PeaceBuilders addresses risk factors, which predict violence, bullying, and drug and tobacco use. Participation in *PeaceBuilders* reduces aggression, promotes language development, teaches pro-social skills, increases parenting skills, creates inclusion for special needs children, and fosters safer communities. In the school setting, *PeaceBuilders* increases academic achievement by allowing teachers to spend more time teaching and less time disciplining. In all settings, the program creates a peaceful environment by increasing positive, thoughtful behavior, while decreasing violence and disruptive behavior.

<http://www.peacebuilders.com/>

PATHS (Promoting Alternative Thinking Strategies)

PATHS (Promoting Alternative Thinking Strategies) is a comprehensive program for promoting emotional and social competencies and reducing aggression and acting-out behaviors in elementary school-aged children, while simultaneously enhancing the educational process in the classroom. This innovative curriculum for kindergarten through sixth grade (ages 5 to 12) is used by educators and counselors as a multiyear, prevention model. The PATHS curriculum provides teachers with systematic and developmentally based lessons, materials, and instructions for teaching their students emotional literacy, self-control, social competence, positive peer relations, and interpersonal problem-solving skills. The PATHS curriculum has been shown to improve protective factors and to reduce behavioral risk factors. Although primarily focused on school and classroom settings, information and activities are also included for use with parents.

<http://www.channing-bete.com/prevention-programs/paths/>

Maternal, Infant, and Child Health

Smoking Cessation

The National Partnership to Help Pregnant Smokers Quit is a coalition of diversified organizations that have joined forces to improve health of this and future generations by increasing the number of pregnant smokers who quit smoking. The National Partnership hopes to ensure that all pregnant women are screened for tobacco use, and receive best-practice cessation counseling as part of their prenatal care.

http://www.helppregnantsmokersquit.org/quit/toll_free.html

Giving Infants and Families Tobacco Free Starts (GIFTS) is a program designed to give infants and their families a healthy beginning. GIFTS supports families by helping set a quit date, providing tips to deal with cravings and withdrawals, suggesting ways that family and friends can help, providing ongoing en-

Maternal, Infant, and Child Health (continued)

couragement from GIFTS supporters, offering gifts to reward involvement in the program, and supporting family members to quit smoking.

<http://www.mc.uky.edu/kygifts/newsletters.html>

Preconception Care

The National Women's Health Information Center, United States Department of Health and Human Services, provides information on why preconception health matters and what you can do to boost your preconception health. Preconception health is a women's health before she becomes pregnant. It means knowing how health conditions and risk factors could affect a woman or her unborn baby if she becomes pregnant.

<http://www.womenshealth.gov/Pregnancy/before-you-get-pregnant/preconception-health.cfm>

Prenatal Care

The National Women's Health Information Center, United States Department of Health and Human Services, provides information on what prenatal care is and why it is important. Prenatal care is the care you get while you are pregnant. Prenatal care can keep you and your baby healthy.

<http://www.womenshealth.gov/faq/prenatal-care.cfm>

Saint Mary's Regional Medical Center, Reno Nevada

Provides ongoing educational classes, forums and presentations on a variety of women's health topics, including early pregnancy, childbirth/prenatal care, cesarean birth, and vaginal birth after cesarean. Reservations are required and a nominal fee is charged.

<http://www.saintmarysreno.org/index.htm>

Fetal Alcohol Syndrome (FAS)

STEP2 is a FAS treatment program in Northern Nevada that accommodates women with children. STEP2 provides compassionate, flexible, individualized treatment programs for women in a safe environment, respecting the client's personal treatment needs and utilizing current addiction and mental health protocols.

<http://step2reno.org/>

Mental Health and Mental Disorders

Columbia University TeenScreen

Columbia University TeenScreen is a program which identifies middle school- and high school-aged youth in need of mental health services due to risk for suicide and undetected mental illness. The program's main objective is to assist in the early identification of problems that might not otherwise come to the attention of professionals. *TeenScreen* can be implemented in schools, clinics, doctors' offices, juvenile justice settings, shelters, or any other youth-serving setting.

www.teenscreen.org

Lifelines

Lifelines is a comprehensive, school wide suicide prevention program for middle and high school students. The goal of *Lifelines* is to promote a caring, competent school community in which help seeking is encouraged and modeled, and suicidal behavior is recognized as an issue that cannot be kept secret. *Lifelines* seeks to increase the likelihood that school staff and students will know how to identify at-risk youth when they encounter them, provide an appropriate initial response, and obtain help, as well as be inclined to take such action.

Look Listen Link

Look Listen Link is an evaluated, classroom-based prevention curriculum geared for middle school students. *Look Listen Link* aims to teach students not only facts about stress, anxiety, depression, and suicide prevention, but also practical life skills to help a friend who may be struggling with these issues.

http://www.yspp.org/schools/look_listen_link.htm

Crisis Call Center

Crisis Call Center operates a 24-hour crisis line which often serves as the first point of contact for individuals who are seeking help, support, and information. Crisis Call Center's 24-hour crisis line provides a safe and non-judgmental source of support for individuals in any type of crisis. All services provided by Crisis Call Center are free of charge and available to anyone in any crisis situation.

Dial 1-800-273-8255

<http://www.crisiscallcenter.org/index.html>

Nutrition and Weight Status

Girls on the Run

Girls on the Run is a life-changing, experiential learning program for girls age 8 to 13 years old. The program combines training for a 3.1 mile running event with self-esteem enhancing, uplifting workouts. The goals of the program are to

Nutrition and Weight Status (continued)

encourage positive emotional, social, mental, spiritual and physical development. *Girls on the Run* is a positive youth development program which combines an interactive curriculum and running to inspire self-respect and healthy lifestyles in pre-teen girls.

<http://www.girlsontherun.org/default.html>

The Edible Schoolyard

Edible Schoolyard (ESY), a program of the Chez Panisse Foundation, is a one-acre organic garden and kitchen classroom for urban public school students at Martin Luther King, Jr. Middle School in Berkeley, California. At ESY, students participate in all aspects of growing, harvesting, and preparing nutritious, seasonal produce. Classroom teachers and Edible Schoolyard educators integrate food systems concepts into the core curriculum. Students' hands-on experience in the kitchen and garden fosters a deeper appreciation of how the natural world sustains us and promotes the environmental and social well-being of the school community.

<http://www.edibleschoolyard.org/>

Harvest of the Month

Harvest of the Month provides materials and resources to support healthy food choices through increased access and consumption of fruits and vegetables as well as encouraging daily physical activity. It uniquely supports core curricular areas through exploration and study. *Harvest of the Month* presents a strategic opportunity to bring together the classroom, cafeteria, home, and community to promote a common goal and healthier habits for students, especially those in low resource schools.

<http://www.harvestofthemonth.com/index.asp>

Occupational Safety and Health

Due to the diversity in occupational industries, it's difficult to determine best practices. Most industries need to develop their own occupational safety and health programs to meet their specific needs.

However, the Occupation Safety and Health Administration (OSHA) has developed multiple publications addressing this topic, ranging from first aid to winter working conditions.

<http://osha.gov/>

Fundamentals of a workplace first aid kit

<http://www.osha.gov/Publications/OSHA3317first-aid.pdf>

Metalworking Fluids: Safety and Health Best Practices Manual

This manual is advisory in nature, informational in content, and is intended to

Occupational Safety and Health (continued)

assist employers in providing a safe and healthful workplace for workers exposed to metalworking fluids (MWFs) through effective prevention programs adapted to the needs and resources of each place of employment.

http://www.osha.gov/SLTC/metalworkingfluids/metalworkingfluids_manual.html

Hospital-Based First Receivers of Victims

This document is designed to provide hospitals with practical information to assist them in developing and implementing emergency management plans that address the protection of hospital-based emergency department personnel during the receipt of contaminated victims from mass casualty incidents occurring at locations other than the hospital. Among other topics, it covers victim decontamination, personal protective equipment, and employee training, and also includes several informational appendices.

http://www.osha.gov/dts/osta/bestpractices/firstreceivers_hospital.pdf

Oral Health

School-Based Dental Sealant Programs

School-based dental sealant programs generally provide sealants to vulnerable populations less likely to receive private dental care, such as children eligible for free or reduced-cost lunch programs. *School-based programs* are conducted completely within the school setting, with teams of dental providers (dentists, dental hygienists and dental assistants) utilizing portable dental equipment or a fixed facility within the school setting. Typically, sealant programs target children in the second grade (for sealing the first permanent molars) and sixth grade (for sealing the second permanent molars). Targeting these grades maximize the availability of susceptible molar teeth. For more information about school-based dental sealant program best practices visit:

http://www.astdd.org/dynamic_web_templates/bpschoolsealant.php

Idaho School Fluoride Mouthrinse Program

The Idaho Department of Health and Welfare Oral Health Program (OHP) funds a statewide school-based fluoride mouthrinse program. The program targets elementary-age children, grades 1-6, at schools with more than 30 percent of children on the Free/Reduced National School Lunch Program in fluoride-deficient communities. The Oral Health Program contracts with seven District Health Departments to coordinate and conduct the rinse program at eligible schools.

<http://www.astdd.org/bestpractices/pdf/DES15001IDfmrprogram.pdf>

Tooth Tutor Dental Access Program

Vermont's *Tooth Tutor program* helps to ensure that every child has access to

Oral Health (continued)

preventive, restorative and continuous care in a dental office. The *Tooth Tutor* program was developed for schools with the main goal of linking every child to a dental home. The program provides a dental hygienist to work with each participating school in delivering a curriculum to teach the value of dental care and its link to total health. In addition, the dental hygienist works closely with the school nurse, health liaison, classroom teachers and community dentists to provide a dental home for the children in the participating schools.

<http://healthvermont.gov/family/smile/tooth-tutor.aspx>

Physical Activity

KidsWalk-to-school

KidsWalk-to-School is a community-based program that aims to increase opportunities for daily physical activity by encouraging children to walk to and from school in groups accompanied by adults. At the same time, the program advocates for communities to build partnerships with the school, PTA, local police department, department of public works, civic associations, local politicians, and businesses to create an environment that is supportive of walking and bicycling to school safely. By creating active and safe routes to school, walking to school can once again be a safe, fun, and pleasant part of children's daily routine.

<http://www.cdc.gov/nccdphp/dnps/kidswalk/index.htm>

CDC's LEAN Works! (Leading Employees to Activity and Nutrition)

CDC's LEAN Works! is a free web-based resource that offers interactive tools and evidence-based resources to design effective worksite obesity prevention and control programs', including an obesity cost calculator to estimate how much obesity is costing a company and how much savings a company could reap with different workplace interventions.

<http://www.cdc.gov/leanworks/>

Let's Move

The ***Let's Move*** campaign, started by First Lady Michelle Obama, has an ambitious national goal of solving the challenge of childhood obesity within a generation so that children born today will reach adulthood at a healthy weight. It provides schools, families and communities simple tools to help kids be more active, eat better, and get healthy.

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

Play 60

NFL Play 60 is a national youth health and fitness campaign focused on increas-

Physical Activity (continued)

ing the wellness of young fans by encouraging them to be active for at least 60 minutes a day. Designed to tackle childhood obesity, NFL PLAY 60 brings together the NFL's long-standing commitment to health and fitness with an impressive roster of partner organizations. In addition to national outreach and online programs, NFL PLAY 60 is implemented at the grassroots level through NFL's in-school, after-school and team-based programs.

<http://www.nflrush.com/play60/>

Safe Route to School (SRTS)

Safe Route to School (SRTS) is a program which enables community leaders, schools and parents across the United States to improve safety and encourage more children, including children with disabilities, to safely walk and bicycle to school. SRTS programs examine conditions around schools and conduct projects and activities that work to improve safety and accessibility, and reduce traffic and air pollution in the vicinity of schools. As a result, these programs help make bicycling and walking to school safer and more appealing transportation choices, thus encouraging a healthy and active lifestyle from an early age.

<http://www.saferoutesinfo.org/>

Respiratory Diseases

Green Clean Schools

Green Clean Schools is the Healthy Schools Campaign's national partnership to promote green cleaning in America's schools. The initiative brings together the cleaning industry, educational leaders, parents and advocates in a rapidly growing Green Team whose mission is to encourage schools to adopt environmentally friendly policies, practices and products to help manage asthma in the school environment.

<http://healthyschoolscampaign.org/programs/gcs/>

American Lung Association Freedom from Smoking Online

Freedom From Smoking® (FFS) Online, is a program specifically designed for adults who want to quit smoking. *FFS Online* consists of modules, each containing several lessons that can be accessed through a protected website. The lessons include valuable information and assignments that reinforce the messages in each lesson and a person's commitment to quit. They can be accessed day or night, seven days a week.

<http://www.ffsonline.org/>

Sexually Transmitted Diseases

Safe in the City

Safe in the City is an intervention oriented, 23-minute educational video that has been proven effective in reducing new sexually transmitted diseases (STDs) among STD clinic patients. The *Safe in the City* intervention video is also effective in reducing STD infections among culturally diverse patients. It is brief enough for patients to see most or all of the video before they are called to their exam. It's designed to use minimal staff time and not disrupt routine clinic flow, and it's easy to use with no special training or space requirements.

<http://www.safeinthecity.org/>

Teen Health Project

Teen Health Project is a community-level intervention (CLI) that helps adolescents develop skills to enact change, and provides continued modeling, peer norm and social reinforcement for maintaining the prevention of HIV risk behavior. Adolescents attend workshops that focus on HIV/STD education and skills training on avoiding unwanted sex, sexual negotiation, and condom use, with themes of personal pride and self-respect. The intervention is directed towards low-income housing developments.

<http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/teen-health.htm#ref1>

¡Cuidate! (Take Care of Yourself)

¡Cuidate! is a small-group, culturally based intervention designed to reduce HIV sexual risk among Latino youth. The intervention consists of six modules delivered to small, mixed-gender groups. *¡Cuidate!* incorporates salient aspects of Latino culture, including familialism (i.e., the importance of family) and gender-role expectations. These cultural beliefs are used to frame abstinence and condom use as culturally accepted and effective ways to prevent sexually transmitted diseases, including HIV. Utilizing role plays, videos, music, interactive games and hands-on practice, *¡Cuidate!* addresses the building of HIV knowledge, understanding vulnerability to HIV infection, identifying attitudes and beliefs about HIV and safe sex, and increasing self-efficacy and skills for correct condom use, negotiating abstinence, and negotiating safer sex practices. The intervention curriculum is available in both English and Spanish.

<http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/cuidate.htm>

Becoming a Responsible Teen (BART)

Becoming a Responsible Teen (BART) is a group-level, education and behavior skills training intervention designed to reduce risky sexual behaviors and improve

Sexually Transmitted Diseases (continued)

safer sex skills among African American adolescents. The intervention sessions provide information on HIV and related risk behaviors and the importance of abstinence and risk reduction. The sessions were designed to help participants clarify their own values and teach technical, social, and cognitive skills. Through discussions, games, videos, presentations, demonstrations, role plays, and practice, adolescents learn problem solving, decision-making, communication, condom negotiation, behavioral self-management, and condom use skills. In addition, the intervention encourages participants to share the information they learn with their friends and family and to provide support for their peers to reduce risky behaviors.

<http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/BART.htm>

Substance Abuse

Botvin LifeSkills Training (LST)

Botvin LifeSkills Training (LST) is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This comprehensive and exciting program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations. Rather than merely teaching information about the dangers of drug abuse, *Botvin LifeSkills Training* promotes healthy alternatives to risky behavior through activities designed to:

- 1) Teach students the necessary skills to resist social pressures to smoke, drink, and use drugs;
- 2) help students to develop greater self-esteem and self-confidence;
- 3) enable students to effectively cope with anxiety;
- 4) Increase their knowledge of the immediate consequences of substance abuse; and
- 5) enhance cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors.

<http://www.lifeskillstraining.com/index.php>

Alcoholics Anonymous® (AA)

Alcoholics Anonymous® (AA) is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; they are self-supporting through their own voluntary contributions. AA is not allied with any sect, denomination, politics, organization or institu-

Substance Abuse

tion; does not wish to engage in any controversy, neither endorses nor opposes any causes. The primary purpose is to stay sober and help other alcoholics to achieve sobriety.

<http://www.aa.org/index.cfm?Media=PlayFlash>

Narcotics Anonymous® (NA)

Narcotics Anonymous® (NA) is a fellowship of men and women for whom drugs have become a major problem. It is a group of recovering addicts who meet regularly to help each other stay “clean,” where “clean” includes complete abstinence from all drugs. The only requirement for membership is a desire to stop using. Narcotics anonymous is group-oriented and is based on the Twelve Steps and Twelve Traditions adapted from AA. There are no dues or fees for *NA* membership; they are self-supporting through their own voluntary contributions. *NA* is not affiliated with any other organizations and has no opinions on outside issues. *NA* is not connected with any political, religious, or law enforcement groups.

<http://na.org/>

Tobacco Use

TATU (Teens Against Tobacco Use)

Teens Against Tobacco Use (TATU) is a program that allows students ages 14-17 to mentor younger students about the dangers of smoking. Research indicates that teens enjoy opportunities to positively influence their younger counterparts. Consequently, this mentoring also serves to reinforce their decisions to remain smoke-free. Evidence suggests that peer-led programs such as TATU are more effective in reducing tobacco use among youth.

<http://www.lungil.org/tobacco/tatu.cfm>

Project TNT (Toward No Tobacco)

Project Towards No Tobacco Use (TNT) is a school or community-based curriculum designed to prevent or reduce tobacco use in youth aged 10 to 14 years (grades 5 through 9). The program is designed to counteract several different causes of tobacco use simultaneously, because tobacco use is determined by multiple causes. The program was developed for a universal audience, and it works well for a wide variety of youth who may have different risk factors influencing their tobacco use.

<http://tnd.usc.edu/tnt/>

Tobacco Use (continued)

Not On Tobacco (N-O-T)

Not On Tobacco (N-O-T) is a state-of-the-science, school-based program that provides assistance to teens who wish to quit smoking. The program covers the entire quitting process, including the prevention of relapses. The ten session N-O-T curriculum was created to help high school students stop smoking or reduce the number of cigarettes smoked, increase healthy lifestyle behaviors, and improve life skills.

<http://www.lungil.org/tobacco/not.cfm>

American Lung Association Freedom from Smoking Online

Freedom From Smoking® (FSS) Online, is a program specifically designed for adults who want to quit smoking. *FSS Online* consists of modules, each containing several lessons that can be accessed through a protected website. The lessons include valuable information and assignments that reinforce the messages in each lesson and a person's commitment to quit. *FSS Online* can be accessed day or night, seven days a week.

<http://www.ffsonline.org/>