**Steve Sisolak**
***Governor***

**Richard Whitley**
***Director***

State of Nevada

# Department of Health and Human Services

## Healthy People 2030

### Advisory Council on the State Programs for Wellness and the Prevention of Chronic Disease

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# Agenda

1. Review Healthy People 2030
2. Review Preventive Health and Health Services Block Grant
3. Committee Recommendations for Preventive Health and Human Services Block Grant

# Healthy People (HP) 2030

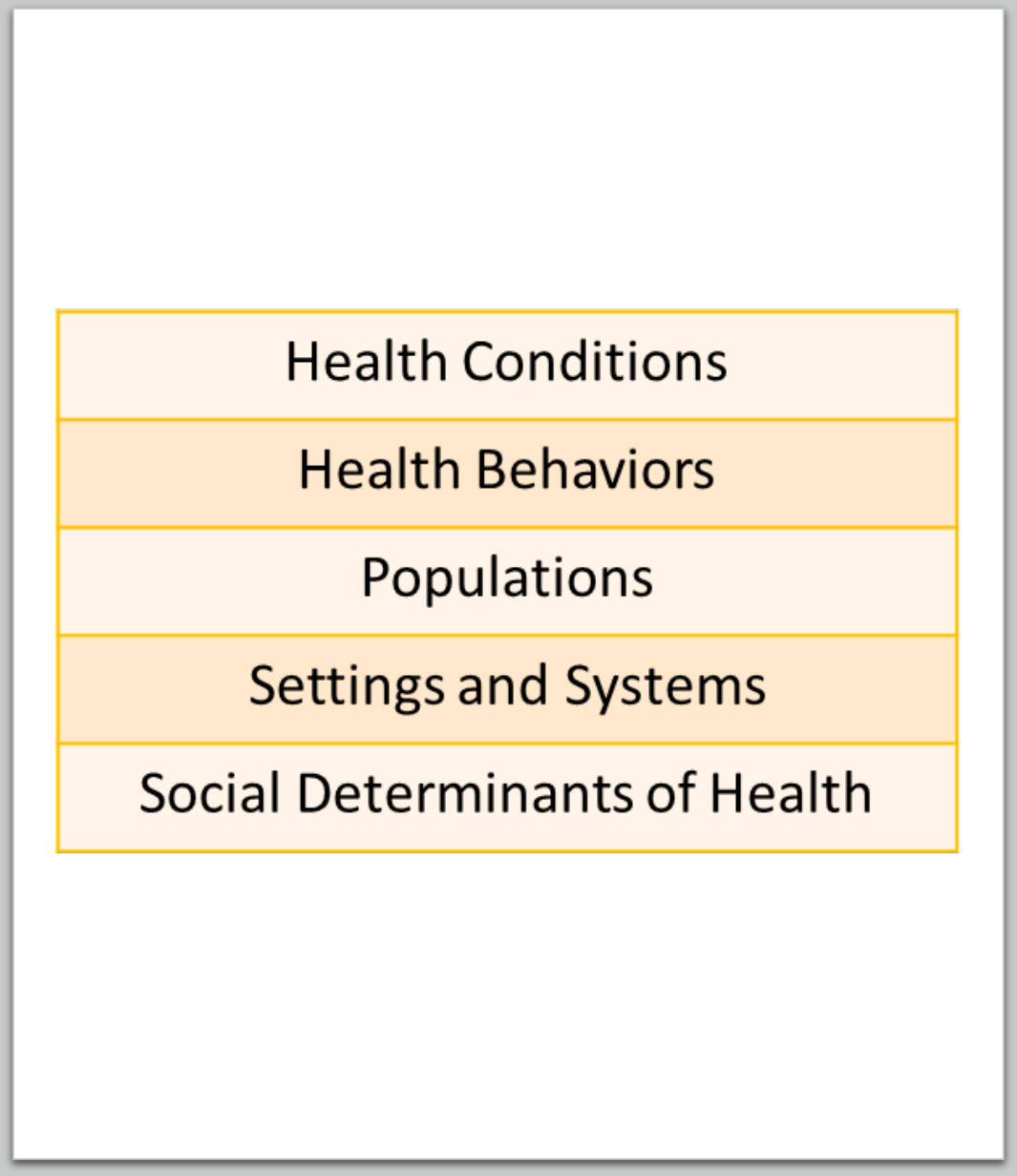
- **Mission:** "To promote, strengthen and evaluate the Nation's efforts to improve the health and well-being of all people"

- **HP 2030:** smaller with greater focus on priorities

- Three objective types
  - ✓ **Core** - use fundamental health statistics through the U.S. Census, national surveys (e.g., National Health and Nutrition Examination Survey), registries, billing and administrative healthcare data sets, and other data sources.
  - ✓ **Developmental** - opportunity to explore high priority areas without reliable baseline data, but with established evidence-based interventions
  - ✓ **Research** - opportunity to identify potential for progress in areas without evidence-based interventions.

# HP 2030 Objective Organization

- Categorized by intuitive topics
- 2020 Topics and Objectives were categorized alphabetically



# HP2030 Objectives

**Healthy People 2030 Objectives and Measures**
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Healthy People 2030

# Cancer

| **HP 2030 Objective** | Status |
|---|---|
| Reduce the overall cancer death rate | X |
| Reduce the lung cancer death rate | X |
| Increase the proportion of adults who receive a lung cancer screening based on the most recent guidelines | X |
| Reduce the female breast cancer death rate | X |
| Increase the proportion of females who receive a breast cancer screening based on the most recent guidelines | X |
| Reduce the colorectal cancer death rate | X |
| Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines | X |
| Reduce the prostate cancer death rate | X |
| Increase the proportion of females who receive a cervical cancer screening based on the most recent guidelines | X |
| Reduce the proportion of students in grades 9 through 12 who report sunburn | X |
| Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis | X |
| Increase the proportion of females with a family history of cancer who receive genetic counseling for hereditary breast and/or ovarian cancer based on the most recent guidelines | X |
| Increase the mental and physical health-related quality of life of cancer survivors | X |
| Increase the proportion of persons who are counseled or engaged in shared decision-making with their providers for clinical services to prevent cancer | X |
| Increase the proportion of persons with newly diagnosed colorectal cancer who receive genetic testing to identify Lynch syndrome (or familial colorectal cancer syndromes) | |

# Dementia

| **HP 2030 Objective** | **Status** |
|---|---|
| Increase the proportion of older adults with diagnosed Alzheimer's disease and other dementias, or their caregiver, who are aware of the diagnosis | X |
| Reduce the proportion of preventable hospitalizations in older adults with diagnosed Alzheimer's disease and other dementias | X |
| Increase the proportion of adults with Subjective Cognitive Decline (SCD) who have discussed their confusion or memory loss with a health care professional | X |

# Diabetes

| HP 2030 Objectives | Status |
|---|---|
| Reduce the annual number of new cases of diagnosed diabetes in the population | X |
| Reduce the proportion of adults with undiagnosed prediabetes | X |
| Reduce the proportion of adults with diagnosed diabetes with an A1c value greater than 9.0 percent | X |
| Increase the proportion of adults with diagnosed diabetes who have an annual eye exam | X |
| Increase the proportion of adults with diagnosed diabetes who receive an annual urinary albumin test | X |
| Increase the proportion of persons with diagnosed diabetes who ever receive formal diabetes education | X |
| Increase the proportion of adults with diagnosed diabetes using insulin who perform self-monitoring of blood glucose at least once daily | X |
| Reduce the rate of lower extremity amputations in adults with diagnosed diabetes | X |
| Reduce the rate of all-cause mortality among adults with diagnosed diabetes | X |
| Increase the proportion of eligible persons completing Centers for Disease Control and Prevention (CDC)-recognized lifestyle change programs | X |

# Heart Disease and Stroke

| HP 2030 Objectives | Status |
|---|---|
| Increase overall cardiovascular health in adults | X |
| Reduce coronary heart disease deaths | X |
| Reduce stroke deaths | X |
| Reduce the proportion of adults with hypertension | X |
| Increase the proportion of adults with hypertension whose blood pressure is under control | X |
| Reduce the mean total blood cholesterol level among adults | X |
| Increase the treatment of blood cholesterol among eligible adults | X |
| Increase the proportion of adults with a history of cardiovascular disease who are using aspirin therapy to prevent recurrent cardiovascular events | X |
| Reduce hospitalizations among adults with heart failure as the principal diagnosis | X |
| Increase the proportion of eligible patients with heart attacks who receive fibrinolytic therapy within 30 minutes of hospital arrival | |
| Increase the proportion of eligible patients with heart attacks who receive percutaneous intervention (PCI) within 90 minutes of hospital arrival | |
| Increase the proportion of adult heart attack survivors who are referred to a cardiac rehabilitation program at discharge | X |
| Increase the proportion of eligible patients with strokes who receive acute intravenous reperfusion therapy within 3 hours from symptom onset | |
| Increase the proportion of adult stroke survivors who participate in rehabilitation services | |
| Increase the proportion of eligible patients with strokes who receive mechanical thrombectomy within 16 hours from symptom onset | |
| Increase the proportion of adults who have had their risk for developing atherosclerotic cardiovascular disease (ACVD) assessed | X |

# Nutrition and Weight Status

| HP 2030 Objective | Status |
|---|---|
| Reduce household food insecurity and in doing so reduce hunger | X |
| Eliminate very low food security among children | X |
| Reduce the proportion of adults with obesity | X |
| Reduce the proportion of children and adolescents with obesity | X |
| Increase the proportion of physician office visits made by adult patients with obesity that include counseling or education related to weight reduction, nutrition, or physical activity | |
| Increase the consumption of fruits by persons aged 2 years and over | X |
| Increase the consumption of total vegetables by persons aged 2 years and over | X |
| Increase the consumption of dark green vegetables, red and orange vegetables, and beans and peas by persons aged 2 years and over | |
| Increase the consumption of whole grains by persons aged 2 years and over | X |
| Reduce the consumption of calories from added sugars by persons aged 2 years and over | X |
| Reduce the consumption of saturated fat by persons aged 2 years and over | X |
| Reduce the consumption of sodium by persons aged 2 years and over | X |
| Increase the consumption of calcium by persons aged 2 years and over | X |
| Increase the consumption of potassium by persons aged 2 years and over | |
| Increase the consumption of vitamin D by persons aged 2 years and over | |
| Reduce iron deficiency among children aged 1 to 2 years | |
| Reduce iron deficiency among females aged 12 to 49 years | |

# Physical Activity

| HP 2030 | Status |
|---|---|
| Reduce the proportion of adults who engage in no leisure-time physical activity | X |
| Increase the proportion of adults who meet the current minimum aerobic physical activity guideline needed for substantial health benefits | X |
| Increase the proportion of adults who meet the current highly active aerobic physical activity guideline needed for more extensive health benefits | |
| Increase the proportion of adults who meet the current muscle-strengthening activity guideline | |
| Increase the proportion of adults who meet current minimum guidelines for aerobic physical activity and muscle-strengthening activity | |
| Increase the proportion of adolescents who meet the current aerobic physical activity guideline | X |
| Increase the proportion of adolescents who meet the current muscle-strengthening activity guideline | |
| Increase the proportion of adolescents who meet current guidelines for aerobic physical activity and muscle-strengthening activity | |
| Increase the proportion of children who meet the current aerobic physical activity guideline | X |
| Increase the proportion of adults who walk or use a bicycle to get to and from places | X |
| Increase the proportion of adolescents who walk or use a bicycle to get to and from places | X |
| Increase the proportion of children and adolescents who participate on a sports team or take sports lessons after school or on weekends | |
| Increase the proportion of children aged 2 to 5 years with total screen time of no more than 1 hour a day | X |
| Increase the proportion of childcare centers where at least 60 minutes of physical activity a day is provided to children (aged 3 to 5 years) | X |
| Increase the proportion of parents of children (aged 6 to 17 years) who follow the American Academy of Pediatrics (AAP) recommendations to place consistent limits on the time their child spends using media | |

# Public Health Infrastructure

| HP 2030 Objective | Status |
|---|---|
| Increase the proportion of state public health agencies that are accredited | |
| Increase the proportion of local public health agencies that are accredited | X |
| Increase the number of tribal public health agencies that are accredited | |
| Increase the proportion of state and territorial jurisdictions that have developed a health improvement plan | X |
| Increase the proportion of local public health jurisdictions that have developed a community health improvement plan | X |
| Increase the proportion of state public health agencies that use Core Competencies for Public Health Professionals in continuing education for personnel | |
| Increase the proportion of local public health agencies that use Core Competencies for Public Health Professionals in continuing education for personnel | |
| Increase the proportion of tribal public health agencies that use Core Competencies for Public Health Professionals in continuing education for personnel | |
| Increase the proportion of territorial public health agencies that use Core Competencies for Public Health Professionals in continuing education for personnel | |
| Increase the proportion of vital records/health statistics programs that are nationally accredited | |
| Increase the proportion of state public health laboratories that provide comprehensive laboratory services to support emerging public health issues | |
| Increase the proportion of state public health laboratories that have implemented emerging technology to provide enhanced laboratory services | |
| Increase the proportion of tribal communities that have developed a health improvement plan | |
| Increase the proportion of territorial public health agencies that are accredited | |

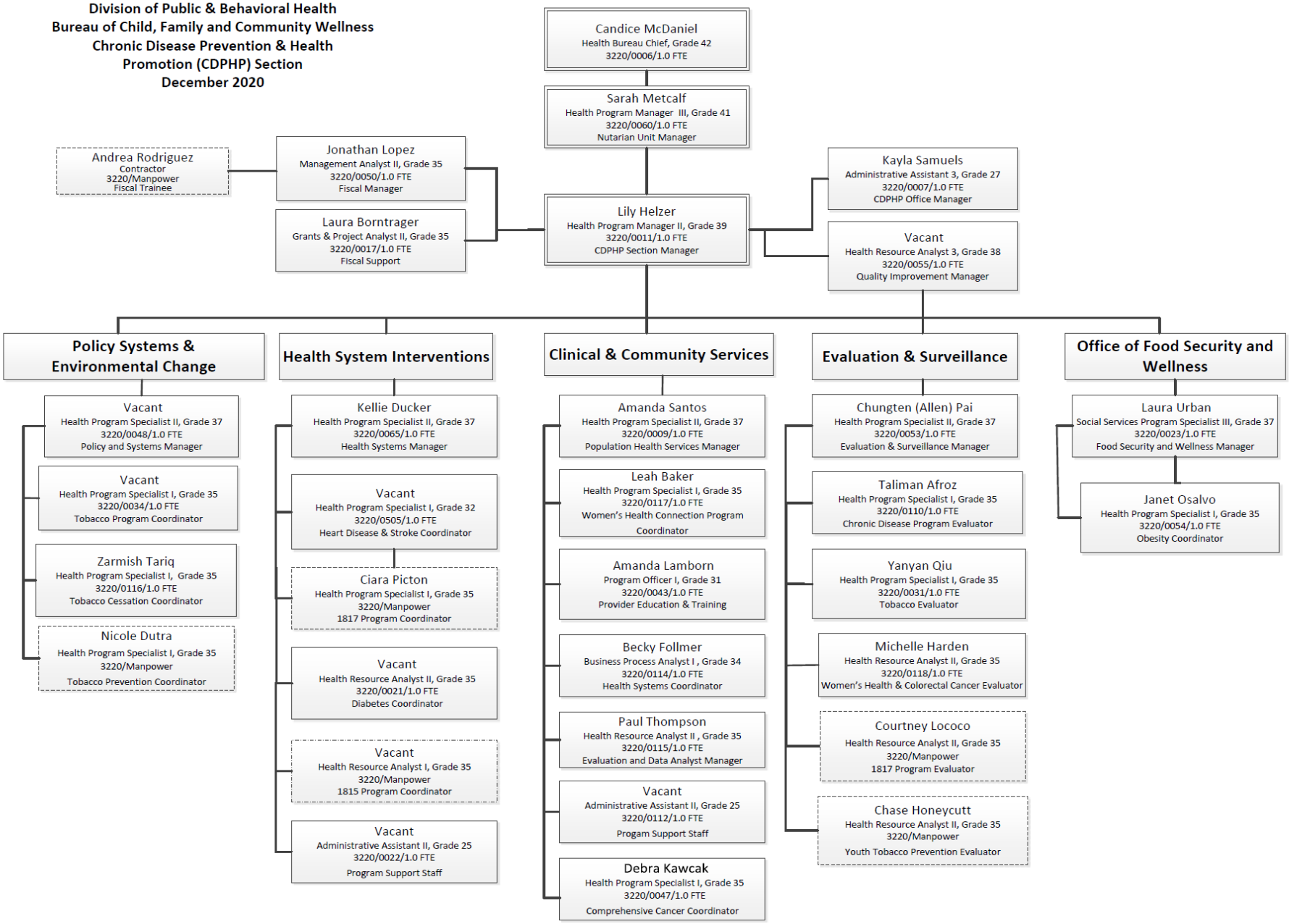
# Public Health Infrastructure Continued

| | |
|---|---|
| Explore and expand the use and impact of practice-based continuing education resources for public health practitioners, such as training centers, learning management systems, and discipline-specific opportunities | |
| Expand pipeline programs that include service learning or experiential learning components in public health settings | |
| Increase use of core competencies and discipline-specific competencies to drive workforce development efforts | X |
| Monitor and understand the public health workforce, including its composition, enumeration, gaps, and needs | |
| Monitor the education of the public health workforce, including degrees conferred, schools and programs of public health and related disciplines, and curricula | |
| Enhance the use and capabilities of informatics, including data-sharing, data exchange, and application to practice and use in decision-making | X |
| Explore the use and impact of quality improvement as a means for increasing efficiency and/or effectiveness outcomes in health departments | X |
| Explore financing of the public health infrastructure, including the core/foundational capabilities in health departments | |
| Explore the impact of community health assessment and improvement planning efforts on resource allocation, partnerships, community needs, and health outcomes | X |
| Explore the impact of accreditation and national standards on health department performance and community health outcomes | |

# Tobacco Use

| HP 2030 Objectives | Status |
|---|---|
| Reduce current use of any tobacco products by adults | X |
| Reduce current use of cigarettes among adults | X |
| Reduce current use of combustible tobacco products among adults | X |
| Reduce current use of any tobacco products among adolescents | X |
| Reduce current use of e-cigarettes among adolescents | X |
| Reduce current use of cigarettes among adolescents | X |
| Reduce current use of cigars, cigarillos, and little cigars among adolescents | X |
| Reduce current use of smokeless tobacco products among adolescents | X |
| Reduce current use of flavored tobacco products among adolescent tobacco users | X |
| Eliminate the initiation of the use of cigarettes among adolescents and young adults | X |
| Increase smoking quit attempts in the past year among adult smokers | X |
| Increase the proportion of adult smokers who receive advice to quit from a health professional | X |
| Increase use of smoking cessation counseling and/or medication among adult smokers | X |
| Increase recent smoking cessation success among adult smokers | X |
| Increase smoking cessation success during pregnancy among females | X |
| Increase comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency in states and the District of Columbia | X |
| Increase the number of states, territories, and the District of Columbia that have smoke-free policies that prohibit smoking in all indoor areas of worksites, restaurants, and bars | X |
| Increase the proportion of smoke-free homes | X |
| Reduce the proportion of children, adolescents and adults exposed to secondhand smoke | X |
| Eliminate policies in states, territories, and the District of Columbia that preempt local tobacco control policies | X |
| Increase the national average tax on cigarettes | X |
| Reduce the proportion of adolescents in grades 6 through 12 who are exposed to tobacco product marketing | X |
| Increase the number of states, territories, and the District of Columbia that establish 21 years as the minimum age for tobacco product sales | X |
| Increase the number of states, territories, and the District of Columbia that have smoke-free policies that prohibit smoking in all indoor areas of multiunit housing | X |

**Division of Public & Behavioral Health**
**Bureau of Child, Family and Community Wellness**
**Chronic Disease Prevention & Health Promotion (CDPHP) Section**
**December 2020**




CDPHP Section Org Chart Updated 01/25/2021

# Preventive Health and Health Services (PHHS) Block Grant

- Allows grantees to "…address their own unique public health needs and challenges with innovative and community-driven methods."
- Should be Guided by Healthy People 2030
- Budget Allocation Table released from CDC Annually between February and June
  - Not yet released for FY 2022

# Nevada PHHS Efforts

- CDPHP Infrastructure and Capacity
  - Administrative Cap of 10%
- State of Nevada Rape Prevention Program
  - Required
- Nevada Wellness Campaign
- Nevada Institute for Children's Research and Policy
  - Early Childhood Education
- Southern Nevada Health District
  - Diabetes and Chronic Disease Self-Management Programs
- Washoe County Health District
  - Physical Activity and Community Bike Iniatives
- Carson City Health and Human Services
  - Strategic Planning
- Elko County Health Board
  - Community Health Improvement Plan
- Healthy Communities Coalition
  - Nevada Community Health Worker Association

# CDC Recommendations

- Greater focus on Chronic Disease Prevention and Control Capacity and Healthy People 2030 Initiatives

# PHHS Next Steps

- Budget Building upon Allocation Table Release
- Draft Subgrants
- PHHS Public Hearing
- Submission of Continuing Grant Application to CDC

# Recommendations?

# Questions?

# Contact Information

# Acronyms