

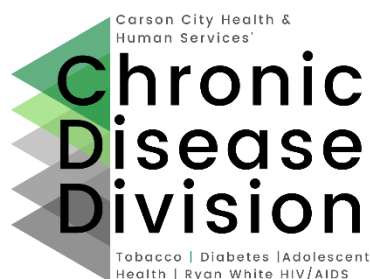
Carson City Health and Human Services Report

Carson City Board of Health Meeting

March 11, 2022

National Public Health Week

- April 4-10
- Themes
 - Monday – Racism: A Public Health Crisis
 - Tuesday – Public Health Workforce: Essential to our Future
 - Wednesday – Community: Collaboration and Resilience
 - Thursday – World Health Day: Health is a Human Right
 - Friday – Accessibility: Closing the Health Equity Gap
 - Saturday – Climate Change: Taking Action for Equity
 - Sunday – Mental Wellness: Redefining the Meaning of Health
- Project
 - Lead - UNR MPH Student Intern
 - Collaborating with Carson City School District's HOSA Students
 - Pictures and stories will be displayed on the wall in the Health Department's Lobby – 900 E. Long Street



Chronic Disease Prevention and Health Promotion (CDPHP)

- Video produced by an outside contractor for the CDPHP Division - https://www.youtube.com/watch?v=rkE_WiXVvDU

Adolescent Health Education

- In February, 1 Sexual Risk Avoidance Education (SRAE) class was conducted at Virginia City Middle School with a total of 19 enrolled and still attending so the completion percentage rate is still pending.
- Activity in January 2022 focused on Recruitment and Retention.
- In November and December 2021, Roni Galas presented the program curriculum to the Carson City High School Family Life Committee with hopes to be allowed to conduct classes in the spring.
- In November 2021 a community SRAE class was conducted with one student in attendance.
- In October 2021, one Personal Responsibility Education Program (PREP) class was conducted at Western NV Rural Youth Center – 7 individuals attended.

- In September 2021, 2 SRAE classes were conducted - One class at the Carson City Community Center with 2 students; and Virginia City Middle School with 18 students.

*Both the SRAE and PREP courses consist of 8 one-hour modules. The classes facilitated at the youth correction facilities see youth transitioning in and out of the facilities. They may be able to go home during the time we are facilitating the course or are entering the facility during our time with them. Hence, the fluctuation in the numbers at the facilities.

Ryan White – Retention in Care

| Ryan White Program Services Provided | | | | | | |
|--------------------------------------|---------------|-------------|-------------|------|------|------|
| | 2019 | 2020 | 2021 | 1Q22 | 2Q22 | 3Q22 |
| Number of Services provided/clients | 1,591/ 512 | 524/ 150 | 411/ 104 | ** | ** | ** |

CCHHS will receive level grant funding for Ryan White Retention in Care for next grant cycle (4/1/22 – 3/31/23).

Tobacco Control and Prevention

- CCHHS Tobacco program staff continues to participate in Nevada Tobacco Prevention Coalition as members.
 - Monitoring meetings regarding Cannabis Advisory Commission recommendations for the Cannabis Compliance Board.
- CCHHS staff are reviewing Carson City School District’s Restorative Discipline Plan and the Empower 2022 Strategic Plan (Carson City School District). The goal of this is to identify a school policy that could be improved to address e-cigarette use.
- Attracting Addictions social media posts produced by outside contractor. CCHHS posted them on our social media outlets. This project is in collaboration between CCHHS, Southern Nevada Health District, and Washoe County Health District.
- In collaboration with Healthy Communities Coalition, 2 presentations were conducted and 2 are pending.
- Suzie Ledezma-Rubio, program coordinator, is a member of Western Nevada College’s (WNC) Healthy Campus and Environment Committee.
 - In 2017, CCHHS assisted WNC with becoming a tobacco free campus.
 - Continuing to assist Western Nevada College to strengthen their Tobacco Free Policy.
 - It has been reported that there may be a problem with vaping in the restrooms on all campuses.
 - The Committee requested CCHHS’ assistance in developing a short survey be created to inquire if the students/faculty are aware of the policy. This survey will be accessed through a QR code.
 - This survey will help with the decision of whether to put vaping detection devices in the restroom.

- Various vaping devices and products purchased for educational purposes. Products were used during a KOLO Morning Break interview of Nicole Dutra, State of Nevada, Youth Tobacco Prevention Coordinator.

Budget

- General Funds – None
- Grants – 100%

Staff Training

- All
 - Department Operations Center (DOC) – All
- Adolescent Health
 - Families Talking Together – training has been initiated
 - Trauma Informed Care Project
- Tobacco Control and Prevention
 - 8-week Community Health Worker (CHW) course which began in January
 - Vaping: Know the Truth – Empowering Students with the Facts on E-cigarettes & Tools to Quit by Truth Initiative
 - The Inter-Tribal Council of Michigan's National Native Network with Indian Health Service Clinical Support Center (Accredited Provider) present a webinar on Healthy and Inclusive events
 - Innovative Strategies to Promote Quitlines During the Pandemic by North American Quitline Consortium
 - Webinar-Intersection of marijuana and smoke free multi-unit housing by American nonsmokers' rights foundation (ANRF)

Challenges

- Being able to get back into all the schools to conduct classes (pre-COVID-19 levels). (Adolescent Health Education)
- Finding youth to conduct focus group or youth engagement in general. (Tobacco Control and Prevention)



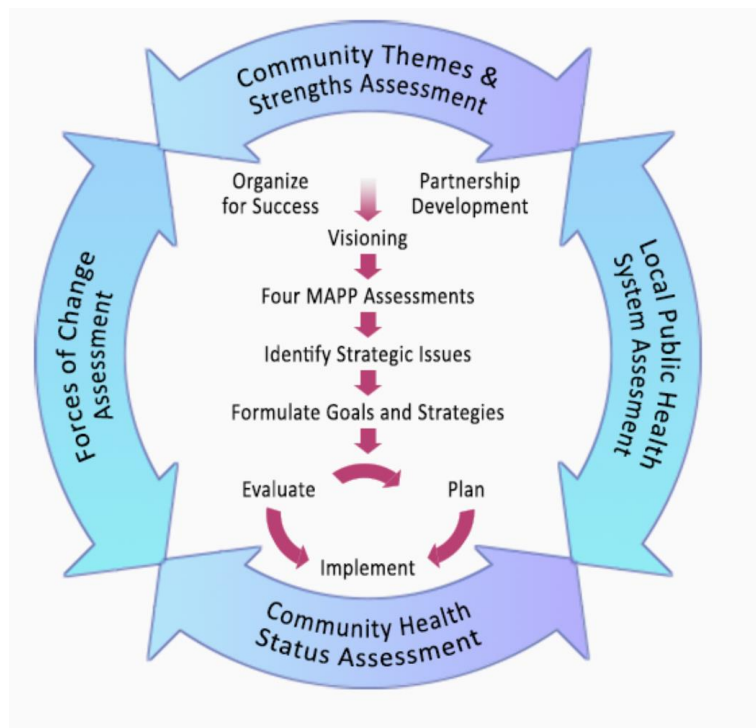
Accreditation

- Re-accreditation documentation submitted on 11/18/21
- Have not heard from PHAB as of 2/18/22
- Next Steps -
 - Review of documentation
 - Request for more documentation or explanations
 - Virtual site visit
 - Public Health Accreditation Board Decision

3rd Community Health Needs Assessment

2023 Community Health Needs Assessment – CCHHS and Carson Tahoe Health are collaborating on the Community Health Needs Assessment. A kickoff meeting was attended by a couple of staff March 10th.

The Mobilizing for Action Through Planning and Partnership or MAPP process will be used again for the upcoming Community Health Needs Assessment. This process was used for the last CHNA. Note there are 4 different assessments. CCHHS will again be asking all members of the Board of Health to participate in the Local Public Health System Assessment.



3rd Community Health Improvement Plan

After the Community Health Needs Assessment is completed in early 2023, the Community Health Improvement Plan will be developed with the assistance of community partners. This plan is not CCHHS' plan but is the community's plan.

Current Community Health Improvement Plan:

- Access to Healthcare – no new developments
- Behavioral Health – Carson City Behavioral Health Task Force – Community Health Improvement Plan is in the process of being updated based on the current Community Health Needs Assessment (CHNA)
- Nutrition – no new developments

Quality Improvement Projects (overseen by the Performance Management Team)

- Open projects
 - Administration – Employee Satisfaction - Communication
 - Chronic Disease Prevention Health Promotion (CDPHP) – Video and Brand
 - Clinic – Streamline Women's Health Connection Process, Storyboard in progress
 - EH – SWEEPS (EH database) Audit
 - EH - Septic/Well Scanning Project
 - Human Services – Marketing Plan
 - Human Services – Homeless Outreach Program

Elko County Health Board
Chronic Disease Prevention and Health Promotion Section Report
Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease

February 2022

New Staff

Here at Elko County, we have a new Social Services Supervisor and the current Public Guardian Kathleen Jones.

Section News

This last quarter we held a Public Health Workshop that was for local providers along with community members. During this meeting we had demonstrations on how easily and quickly viruses can spread. In addition to the demonstrations during this workshop we discussed the benefits and the needs of having a health district/department and what the benefits of this would be. We had approximately 60 people, including providers and community members attend the workshop.

Elko County has also hired a Public Health Nurse and she is currently focusing on vaccination efforts for the underserved in Elko County. She also assists with finding and collaborating on Public Health Articles to post to our website and Social Media outlets.

We also continue to work closely with Marena Works due to her active part in the Elko County COVID response. She continues to provide support in developing policies.

Nevada Early Childhood Obesity Prevention State Plan 2021-2026



INTRODUCTION

Childhood Obesity

Childhood obesity is one of the most pressing health threats facing the United States and it affects all communities and all categories of race, ethnicity, and family income (Partnership for a Healthier America [PHA], 2021). According to the Center for Disease Control (CDC), overweight is defined as a body mass index (BMI) at or above the 85th percentile and below the 95th percentile for children and teens of the same sex and age. Obesity is defined as BMI at or above the 95th percentile for children and teens of the same sex and age. Approximately, 17.0% of U.S. youth have obesity and an alarming estimate of 9.4% of those children are between the ages of 2 and 5 (National Health and Nutrition Examination Survey [NHANES], 2018). Similarly, rates of obesity for U.S. children ages 6 to 11 have more than quadrupled in the past 40 years from – 4.2% to 17.4% (NHANES, 2018).

Health Effects

Childhood obesity is associated with a higher chance of premature death and disability in adulthood (World Health Organization [WHO], n.d.). Obesity can harm nearly every system in a child’s body; heart, lungs, muscles, bones, kidneys, digestive tract, hormones that control blood sugar and puberty, as well as take a heavy social and emotional toll (Ebbeling et al., 2002). Obese children and adolescents suffer from short-term and long-term health consequences such as: asthma, high blood pressure, obstructive sleep apnea, and metabolic syndrome (UCSF Health, 2021). The most significant health consequences of childhood overweight and obesity, that often do not become apparent until adulthood include: cardiovascular disease, diabetes, musculoskeletal disorders, especially osteoarthritis, and certain types of cancer such as, endometrial, breast, and colon cancer (WHO, n.d.). Obesity’s mental health impact is also critical. Obesity has shown to increase children’s susceptibility to bullying and teasing which can lead to anxiety, stress, low self-esteem, and depression (Trevino, 2017; Childhood Obesity Foundation, 2019). In addition, for some children already experiencing mental health challenges, the development of unhealthy eating habits can be used as a coping mechanism which can lead to obesity in childhood and later in life.

Economic Costs

Childhood obesity not only increases the risk of developing a noncommunicable disease at a younger age but also proliferates the economic burden on the U.S. health system. Study’s continue to show obese children are more likely to become and remain obese well into adulthood—extending their dependency on the health care system and other health related supports (WHO, n.d.). In 2016, diseases driven by the risk factor of obesity and overweight accounted for \$480.7 billion in direct health care costs in the United States, with an additional \$1.24 trillion in indirect costs due to lost economic productivity (Milken Institute, 2020).



Public Health Professionals Gateway. (n.d.). Social Determinants of Health. *Center for Disease Control and Prevention.*
<https://www.cdc.gov/publichealthgateway/sdoh/index.html>

Social Disparities

Most childhood unhealthy weights are caused by children over eating much of the wrong foods and, to some extent, having inadequate levels of physical activity (Childhood Obesity Foundation, 2019). These can often be caused by complex systems and intersecting factors and social determinants of health that contribute to the increasing rates of overweight and obesity such as: physiology, socioeconomic status (SES), education level, race/ethnicity, environmental, and social and cultural influences (Childhood Obesity Foundation, 2019; Office of Disease Prevention and Health Promotion [ODPHP], n.d.). Social determinates of health (SDOH) have a major impact on people’s health, well-being, and quality of life (ODPHP, n.d.). They contribute to a wide variety of health disparities and inequities such as, not having access to safe housing and neighborhoods which may discourage outdoor physical activity, limited job opportunities, limited access to healthy foods, and limited access to healthcare (ODPHP, n.d.). Individuals who do not have access to healthy food options and space for movement are less likely to have good nutrition; consequently, raising their risk of health conditions like, heart disease, diabetes, and obesity (ODPHP, n.d.).

Impacts of COVID-19

Moreover, in 2019 a global pandemic (COVID-19) exacerbated preexisting barriers for underserved children and families. The effects of COVID-19 caused economic hardship, school closures, limited physical activities, and increased food insecurity for many families (Jenssen et al., 2021). A study conducted by the American Academy of Pediatrics (2021), explain the efforts to reduce COVID-19 transmission have likely contributed to worsening pediatric obesity. Disadvantaged families have faced the difficulties of disrupted family routines, sleep dysregulation, reduced physical activity, increased screen time, increased access to unhealthy snacks, and less consistent access to appropriately proportioned meals through schools—all risk factors that have shown to promote weight gain, similarly, during the summer months (Jenssen et al., 2021).

Children’s Health in Nevada

| Weight Status | 2018-2019 | 2019-2020 | % Change |
|------------------|-----------|-----------|----------|
| Underweight | 17.2% | 17.3% | 0.58% |
| Healthy | 51.2% | 50.3% | -1.76% |
| Overweight/Obese | 31.6% | 32.4% | 2.53% |

Source: NICRP, 2020 Kindergarten Health Survey

Several different measures of childhood obesity in Nevada demonstrate the need for more prevention and intervention strategies. According to the State of Childhood Obesity (n.d.), in Nevada, 12.9% of youth ages 10 to 17 are obese—ranking Nevada 36th in nation including the District of Columbia. In addition,

within 2 to 4-year-old WIC participants in Nevada, 11.6% are considered obese (State of Childhood Obesity, 2016). Furthermore, the annual Nevada Kindergarten Health Survey (KHS) reported, 32.4% of children entering kindergarten in 2019 were considered overweight or obese—a 2.53% increase from the year prior (NICRP, 2020). The KHS (2020) also shows the percentage of obese youth in Nevada has been steadily climbing among some of its most vulnerable populations (e.g. 30.6% of African American/Black, 29.9% of Hispanic, and 22.0%

of Asian/Pacific Islander kindergarten students were obese in 2019-2020). Finally, according to the Nevada Child Height and Weight Annual Report (2018), 43.1% of Nevada children within grades 4, 7, and 10 were considered overweight or obese based on their BMI.

Determinants of pediatric obesity act at many levels and different stages of childhood (Campbell, 2015). Within Nevada, health disparities such as access to primary care, affordable health insurance, and safe built environments are not only factors that contribute to childhood obesity but also disproportionately affect its most vulnerable populations (CAA, 2019; DHHS, 2019; NICRP, 2019, 2020). The median household income in Nevada for 2019 was \$63,276 with approximately 38.9% of its households earning less than \$50,000 annually; specifically, it's African American/Black and Hispanic households (U.S. Census Bureau, 2020). Study's continue to show a family's economic well-being is a contributing factor for pediatric obesity as it may limit access to safe outdoor spaces, healthy foods, and food security (Campbell, 2015; CAA, 2019). Moreover, 11.4% of Nevada's total population was uninsured in 2019—8% of that total included children ages 0 to 18 (U.S. Census, 2020; National Kids Count, 2020). Affordable and accessible health care is essential for all children as it provides them with routine primary care services such as, measuring BMI, monitoring eating habits, and levels of physical activity which are critical to obesity prevention (Harvard T.H. Chan, 2016; NICRP, 2020).

For Nevada to reduce these health disparities in childhood obesity it must provide equal access to services that promote optimal health by meeting individuals and families where they are physically, emotionally, and economically (Nevada Minority Health and Equity Coalition, 2021). The estimated cost for treating overweight and obesity related conditions in Nevada totals \$337 million annually according to estimates from the CDC (Nevada State Health Division Bureau of Community Health, 2006). These costs are expected to increase over time.

THE NEVADA EARLY CHILDHOOD OBESITY PREVENTION PLAN

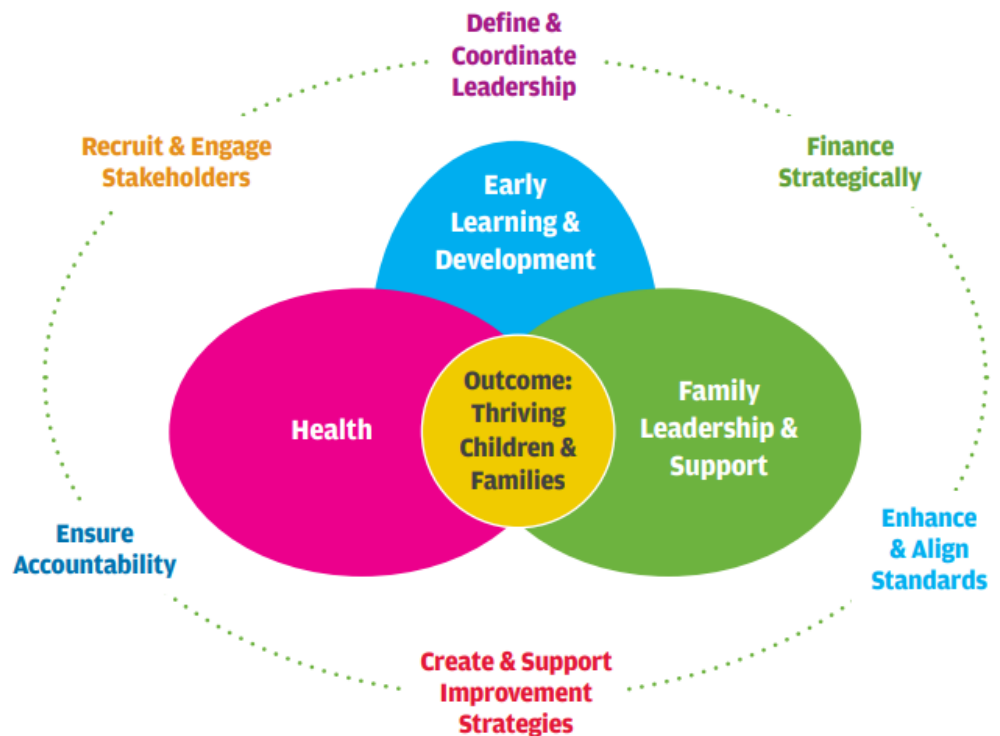
Reducing and preventing childhood obesity in Nevada is achievable through consistent efforts introduced and supported by children’s parents, guardians, caregivers, coaches, teachers, Early Care and Education (ECE) providers, health care providers, and community members. The Nevada Early Childhood Obesity Prevention Plan provides a valuable framework offering support for community leaders in promoting healthy behaviors and helping to build stronger communities.

Nevada’s Early Childhood Obesity Prevention Plan focuses on community strategies to help support a healthy start for children. The plan targets children from birth to eight years of age and promotes obesity preventive behaviors including: healthy eating; increasing physical activity; limiting sedentary time (especially screen/media); gaining adequate sleep; and providing breastfeeding support. Establishing healthy habits within the first five years of life is critical for a child’s lifelong health and development.

Early Childhood Systems Framework

A child and families do not develop in isolation and issues that lead to obesity are interconnected embedded within various social systems. Therefore prevention cannot be successful unless approached using a systems framework. To align with previous work conducted in the field of early childhood in Nevada, the Early Childhood Systems Framework (ECSWG, 2013) will be used to ensure that

strategies and objectives for both prevention and intervention work comprehensively across the sectors of 1) Health, 2) Early Learning and Development, and 3) Family Support and Leadership in order to achieve agreed-upon goals for thriving children and families.



The Nevada Early Childhood Obesity Prevention Plan will follow these fundamental values from the Nevada Early Childhood Advisory Council (NECAC, 2019):

- “All” means all. Opportunities and access are needed for children regardless of race, ethnicity, language, ability, or socio-economics; also includes children in all environments including those with disabilities.
- Accountability is important. Programs supported by public dollars must be responsive to those they serve and accountable for delivering high quality services.
- Allow for local solutions. Nevada’s local communities and businesses share many of the same goals and have specialized and innovative ways to deliver. A focus on results, not process, allows for innovation and strategy toward a shared outcome.

Target Setting: Children 0-8yo within the community, excluding K-12 public/private education.

Timeline: Fiscal year 2021-2026. Action plans will be updated on an annual basis.

Target Populations:

Strategies and objectives within this state plan will focus on the following target populations in order to maximize efforts to reduce childhood obesity.

Pregnant persons

Behaviors during pregnancy have a long-term impact on the child and mother’s health after birth. Encouraging pregnant persons to breastfeed when possible and encouraging persons to make healthy choices while pregnant and after can influence the trajectory of the pregnant person’s and child’s life.



Parents and primary caregivers with children ages 0-8



Parents and primary caregivers are an important influence on a child’s health and behaviors. Parent and caregiver choices directly impact the way children live and ultimately the behaviors that they learn and develop on their own. A child’s behaviors cannot be changed without changing parents’ behaviors as well. Parents are called to model healthy behaviors, promote alternate activities other than screen time, and promote physical activity.

Vulnerable or Underserved Families

Given that resources are limited some families may be more vulnerable and/or underserved and should be prioritized. The following indicators align with the Nevada Early Childhood Advisory Council's Strategic Plan.

- Have household incomes at or below 200% of the Federal Poverty Level,
- Reside in rural areas,
- Reside in tribal areas or are members of a tribe,
- Speak a language other than English,
- Have a child with a disability,
- Have a child under 3 years of age,
- Experiencing Homelessness,
- Involved with Child Protective Services,
- Have children who experience 4 or more adverse childhood experiences (ACES) as identified by the Centers for Disease Control and Prevention (2016):
 - o emotional abuse
 - o physical abuse
 - o sexual abuse
 - o mother treated violently
 - o substance abuse in the household
 - o mental illness in the household
 - o parental separation or divorce
 - o incarcerated household member
 - o emotional neglect
 - o physical neglect
 - o experiencing racism (The Health Federation of Philadelphia, 2016)
 - o witnessing violence (The Health Federation of Philadelphia, 2016)
 - o living in an unsafe neighborhood (The Health Federation of Philadelphia, 2016)
 - o living in foster care (The Health Federation of Philadelphia, 2016)
 - o experiencing bullying (The Health Federation of Philadelphia, 2016)

Early care and education professionals

Outside of parents and caregivers, children learn their behaviors in the environments where they spend their time, one of those being childcare and education settings. The policies, behaviors, and activities presented in childcare and education settings directly impact the behaviors that children partake in and pick up. Early care and education professionals are called to model healthy behavior, implement physical activity policies, and provide education to parents and children on the importance of healthy eating, physical activity, and nutrition.

Community-based child and family service providers and agencies

Providers and agencies within the community are an important group to target because their policies and services affect families and children's lives. By addressing these policies and services to ensure, they are inclusive of health-promoting behaviors, we can influence parents' and children's dietary and physical activity behaviors. These providers and agencies are called to consider their practices and ensure they are inclusive of health-promoting language and behaviors.



Health care providers

Resources and education provided to a pregnant woman or parents with young children also shape behaviors and attitudes. Health care providers are typically at the forefront of this with prenatal check-ups, newborn visits, well-child visits, etc. Health care providers are called to provide education and resources on breastfeeding, physical activity, and nutrition. As well as advocate for the reimbursement of obesity prevention practices. Lastly, health care providers are called to model healthy eating and physical activity in their individual lives as well.

Policy Makers

Advocating for policy change and implementation is an important part of behavior change. While behaviors, diets, and activities contribute to an individual's susceptibility to being overweight or obese, the political decisions and policies put in place do play a role in that. Ultimately lobbying policymakers and informing them is the best way to address every facet influencing an individual's lifestyle.

Overarching Goals of the Nevada Early Childhood Obesity State Plan

EARLY CARE AND EDUCATION FACILITIES

Overarching Goal 1: Promote for healthy nutrition and physical activity for young children (0-8) in **Early Care and Education facilities** and support implementation of best practices/standards.

AWARENESS AND EDUCATION

Overarching Goal 2: Increase awareness on the importance of preventing early childhood obesity among **parents of children ages 0-8**.

Overarching Goal 3: Increase awareness among **non-early early care and education providers and community partners** that work with or have contact with children ages 0-8.

Overarching Goal 4: Increase education and implementation of **best practice and current research** regarding Early Childhood Obesity prevention strategies.

INFRASTRUCTURE

Overarching Goal 5: Establish **data collection systems** to enhance knowledge of efforts.

Overarching Goal 6: Increase standards **for Early Care and Education facilities**.

Overarching Goal 7: Increase **sustainable funding** to support Nevada Early Childhood obesity prevention efforts.

EARLY CARE AND EDUCATION FACILITIES

OVERARCHING GOAL 1: Promote for healthy nutrition and physical activity for young children (0-8) in **Early Care and Education facilities** and support implementation of best practices/standards.

Strategy 1.1: Increase implementation and knowledge of PAN Curriculum and Standards.

Objective 1.1.1. Provide technical assistance with the development of early childhood wellness plan.

Objective 1.1.2. Provide Nevada Registry trainings on strategies for implementing PAN standards.

Objective 1.1.3. Increase outreach and utilization of UNR-Extension website, *Healthy Kids Resource Center*, by EC providers.

Strategy 1.2: Increase access to healthy foods in Early Care and Education settings.

Objective 1.2.1. Establish community gardens in Early Care and Education settings.

Objective 1.2.2. Improve access to community garden curriculum.

Objective 1.2.3. Increase Early Care and Education facility participation in CACFP.

Strategy 1.3: Address local and state policies to increase the ability of providers to offer healthy food in Early Care settings.

Objective 1.3.1. Align local and state food-related policies and regulations in Early Care settings.

Objective 1.3.2. Ensure Early Care settings have policies and procedures in place to promote breastfeeding within the facility.

AWARENESS AND EDUCATION

OVERARCHING GOAL 2: Increase awareness on the importance of preventing early childhood obesity among **parents of children ages 0-8**.

Strategy 2.1: Increase awareness of childhood obesity issues and resources available.

Objective 2.1.1. Early Childhood Obesity Steering Committee members will attend community events to share information and resources for the prevention of early childhood obesity.

Objective 2.1.2. Execute coordinated media campaigns to unify messaging around Early Childhood Obesity Prevention.

Objective 2.1.3 Increase awareness and utilization of UNR-Extension website for resources available to parents

Strategy 2.2: Create, expand, or improve community environments where children can be physically active.

Objective 2.2.1. Participate in and support engagement by the community in state, local and regional efforts to identify barriers to walkability. Gather and share data about barriers to walking, biking, etc., in neighborhoods.

Objective 2.2.2. Enhance the use of public spaces for physical activity.

Strategy 2.3: Support initial and ongoing breastfeeding.

Objective 2.3.1. Increase awareness of breastfeeding support through media campaigns for parents.

Objective 2.3.2. Support OBGYNs and pediatricians to discuss breastfeeding with parents and families.

Objective 2.3.3. Support hospitals with labor and delivery units to promote successful initiation of breastfeeding.

Objective 2.3.4. Support lay professionals that support breastfeeding especially in communities of color.

OVERARCHING GOAL 3: Increase awareness among **non-early care and education providers and community partners** that work with or have contact with children ages 0-8.

Strategy 3.1: Increase awareness of issues and resources available among Non-Early Care Education providers and community partners who work with or have contact with children ages 0-8.

Objective 3.1.1 Encourage the training of healthcare providers to understand and interpret universal screening and charting of the child's weight at regular office visits and communication with parents' in-between visits.

Objective 3.1.2 Train healthcare staff for developmental/sensitive culturally appropriate discussions with families about the impact of nutrition, physical activity, weight, and family environment on the whole child, to inform prevention and/or treatment and best practices

Objective 3.1.3. Share best practices with other providers (e.g. Community Health Workers CHWs) that work directly with children 0-8.

Strategy 3.2: Increase number of providers/community partners who are trained in EC PAN standards.

Objective 3.2.1. Increase training opportunities and integration of PAN information into trainings for non-ECE providers and community partners.

Objective 3.2.2. Integrate Early Childhood Obesity prevention training into existing state/local conferences and summits.

Strategy 3.3: Increase stigma-reducing language in community environments as it relates to childhood obesity.

Objective 3.3.1. Create communitywide opportunities for health lifestyle programs and inclusive physical activity programs.

Objective 3.3.2. Seek participation of community leaders of diverse race, ethnicity, culture and ability to promote inclusive language.

Objective 3.3.3. Ensure brochures and other educational and informative materials released from the steering committee include inclusive and stigma-reducing language as a model for other agencies.

Strategy 3.4: Increase the availability of healthy food and beverages in the emergency and/or government food system.

Objective 3.4.1 Ensure that food and beverages made available through government-funded food assistance programs meet the Dietary Guidelines for Americans (SNAP ED)

Objective 3.4.2. Increasing access for those receiving SNAP or other assistance to take advantage of farmers' markets, produce carts, and other healthy food retail.

INFRASTRUCTURE

OVERARCHING GOAL 4: Establish **data collection systems** to enhance knowledge of existing efforts.

Strategy 4.1: State of Nevada BMI Data Report

Objective 4.1.1. Sustain BMI Data Surveillance and utilize BMI data in order to identify trends to improve student health.

Objective 4.1.2. Release an update of available data on an annual basis.

Strategy 4.2: Develop system to track EC obesity prevention programs, efforts and resources statewide.

Objective 4.2.1. Develop a comprehensive list of programs, resources and strategies.

Objective 4.2.2. Create a system to track program use and to regularly disseminate information.

OVERARCHING GOAL 5: Increase knowledge of **best practice and current research** regarding Early Childhood Obesity prevention strategies.

Strategy 5.1: Disseminate evidence-based practice and current EC Obesity research to all Steering Committee members.

Objective 5.1.1. Attend national conferences/participate in webinars.

Objective 5.1.2. Share information on new early childhood obesity information and strategies for best practices.

Strategy 5.2: Education and inform community, policy makers, and health care professionals on best practices and current research.

Objective 5.2.1. Distribute information to professionals as appropriate based on area and most effective means.

OVERARCHING GOAL 6: Increase the number of standards being met in Early Care and Education Programs

Strategy 6.1: Ensure Nevada Early Care and Education settings are using best practices for nutrition, physical activity, breastfeeding and screen time.

Objective 6.1.1. Create strategies to address any gaps identified between NV EC policies regarding PAN and CFOC standards.

Objective 6.1.2. Create strategies to address any gaps identified between QRIS indicators to crosswalk with CFOC standards.

OVERARCHING GOAL 7: Increase **sustainable funding** to support Nevada Early Childhood obesity prevention efforts.

Strategy 7.1: Identify, develop, and secure sustainable funding and resources to support Early Childhood Obesity prevention efforts.

Objective 7.1.1. Increase Nevada's capacity to become competitive for federal and/or national grant programs that would provide Early Childhood Obesity Prevention programs.

Objective 7.1.2. Increase evaluation resources to determine effectiveness of evidence-based programs and intervention to be included in RFA/RFP applications (10-15% allocated to evaluation in each RFA/RFP application)

Objective 7.1.3. Identify public and private funding, grants, and support to further Early Childhood obesity prevention.

**Chronic Disease Prevention and Health Promotion Section Report
Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease
December 2021- February 2022**

**Southern Nevada Health District (SNHD):
Office of Chronic Disease Prevention & Health Promotion (OCDPHP) Report**

Staff

- Gail Muniz a Health Educator II retired in January 2022 after 19 years of service.
- Sierra Spendlove was hired as Health Educator I in the Tobacco Control Program in February 2022.

Section News

- No Section News to Report

Programming

Chronic Disease Prevention Program (CDPP)

Physical Activity:

The Slam Dunk Health Program relaunched in January 2022 after being sidelined due to COVID-19 for the past 2 years. The school-based program is a partnership between the CDPP, CCSD, and the Las Vegas Aces WNBA team. The program encourages physical activity and fruit and vegetable consumption among elementary school youth and rewards winning classrooms with visits from Aces players and coaches. This year, 1,077 elementary school classrooms signed up to participate. This represents 18,880 students in 114 CCSD elementary schools. The program will run through early April.

CDPP sponsors the CCSD Safe Routes to School (SRTS) Program. With our support this year, the SRTS program completed a 'Walk and Roll' program at 5 schools (estimated 4,000 children) and will be implementing a second 'Walk and Roll' program along with a 'Design Your Helmet' and Achievement Level Champion initiatives planned for spring 2022.

Nutrition:

Faithful Families nutrition and physical activity classes kicked off in February. The classes are being taught in Spanish at 2 places of faith that serve the Latinx community. Classes will run through April and will support PSE changes occurring as a result of the SWAP program in the food pantries at these places of faith (see bullet below).

In February CDPP partnered with the 100 Black Men of Las Vegas to sponsor a virtual cooking class in commemoration of Heart Month. The class was free and open to families with youth aged 7 and up. All families who registered for the class received the ingredients to prepare the heart healthy meal at no cost. Included with the ingredients was heart health education materials and resources. The virtual cooking class was led by Chef Gentry Richardson who is also the President of 100 Black Men of Las Vegas. A total of 60 people participated in the class.

CDPP is working with City of Henderson and Green Valley Grocery (GVG) on a Healthy Convenience Store pilot project. Two GVG locations have agreed to participate in the pilot project. SNHD and COH staff have conducted an assessment to identify opportunities to

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Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease
December 2021- February 2022

promote and expand access to healthier foods. Intercept survey will be conducted to assess customer input. Based on assessment findings, a marketing plan to promote healthier foods and SNAP-eligible foods was developed. Marketing materials including signage and nutrition education cards are being developed and are scheduled for installation in the two pilot stores in May. Work is ongoing

CDPP staff are working with 3 faith-based food pantries serving our priority populations (Latinx and African American) to implement the Supporting Wellness at Pantries (SWAP) program. The program uses a stoplight food ranking system to help pantry clients make healthier food choices. Food environment assessments conducted identified that pantries needed shelving and refrigerators to successfully implement SWAP. With grant funding, shelving and refrigerators were purchased for each pantry. Shelving will be used to display food by category (red, yellow, green) and refrigerators will be used to expand access to healthier foods including frozen fruits and vegetables, low-fat dairy and lean proteins. SWAP training was provided to promotoras, pantry staff, and volunteers and the SWAP program is fully implemented in these 3 pantries. To date, we've worked with 6 faith-based food pantries to implement the SWAP program.

Heart and Stroke:

In February, to commemorate American Heart Month and the Million Hearts initiative, CDPP staff coordinated activities to promote and raise awareness of cardiovascular health. Outreach activities focused on two priority groups, African American and Latinx communities. Outreach and coordinated activities included:

- Wear Red Day at SNHD promoted via SNHD Instagram and Facebook
- 5 blood pressure screening events at barbershops in the BSHOP program
- 2 heart health presentations (in Spanish) and blood pressure screening events at 2 places of faith serving the Latinx community (ICLV church and Marantha Iglesia church)
- 1 virtual youth cooking class featuring a heart healthy meal hosted by 100 Black Men of Las Vegas (see bullet above)
- 1 community outreach event and blood pressure screening event at the annual Black History event at Nevada Rise Academy.
- The Healthy Heart Ambassador Self-Monitoring Blood Pressure Program kicked off at the YMCA in February. Class enrollment is capped at 25 people and the program will run through May.

In total, over 600 people participated in at least one of the activities listed above; 89 participants were screened for blood pressure and 9 of those were referred to Nevada Health Center for follow up care. In addition, a coordinated social marketing campaign to promote heart health including social media and print ads ran during February. Earned media included an interview with KLAS Channel 8 news and on the Healthier Tomorrow Radio Program on KCEP 88.1 FM.

Diabetes:

CDPP staff provided an in-person Diabetes Self-Management, Education & Support (DSMES) class on December 1st and 8th. Five people attended the class and 4 of the 5 completed both sessions. A virtual DSMES class began in January and will run through March.

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CDPP staff submitted the Annual Status Report to the American Diabetes Association as part of our ADA recognition program. During 2021, the Diabetes Self-Management Education & Support (DSMES) program reached a total of 34 individuals who attended at least 1 DSMES class. Over 70% of participants were still meeting their physical activity goals 6-months after the last class and 96% of participants indicated they were 'Very Satisfied' with the class.

CDPP staff provided a training to one healthcare provider and 71 nursing students (n= 72) that covered diabetes prevention, diabetes self-management and referral options including DPP and DSMES resources. Providers were also provided with jump drives that contain healthcare provider toolkits for diabetes, prediabetes, and hypertension.

Community Outreach/Engagement:

CDPP staff participated in 4 community events designed to reach priority populations this reporting period. An estimated 1,200 people participated in these events. Culturally and linguistically appropriate educational materials, resources and supports were provided.

Tobacco Control Program (TCP)

In December, the LGBT National Cancer Network released its 2021 state report card on LGBT outreach and educational initiatives. Nevada was 1 of 5 states who met all 7 best practices guidelines for educational LGBT tobacco and cancer programs. SNHD's tobacco prevention program developed in 2005 titled CRUSH is the only LGBT-focused tobacco prevention program in the state of Nevada.

Staff participated in a community holiday event hosted by the Mexican Patriotic Committee. The event took place in a heavily Hispanic area, the East Las Vegas community center. The event reached many underserved populations that were primarily Spanish speaking. Throughout the event, the Por Mi Por Ti Por Nosotros message was delivered and the Spanish-language Quitline was promoted through signage posted in event venue. Materials were distributed to more than 400 families and 1000 youth.

This reporting period, 17 businesses implemented and/or expanded their smoke and vape free policy. Staff provided technical assistance to the businesses which included a grocery store, restaurants, convenience store, and a counseling center.

Staff developed culturally appropriate educational materials to encourage tobacco cessation through the Spanish tobacco Quitline and promote smoke-free living among the Latinx community. A collaboration with four local Latino-owned restaurants was established and ran for eight weeks. The collaboration utilized Por Mi Por Ti Por Nosotros messaging to encourage cessation and smoke-free living among patrons through the distribution of materials.

Island eNvy, the SNHD Native Hawaiian and Pacific Islander cessation initiative held their monthly event called 'Ohana Outing' in January at the Cowabunga Bay Chinese Lantern Festival. All attendees watched a short video on tobacco cessation before participating in the event. 130+ people attended the event.

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Other Efforts

OCDPHP has received additional funding from the CDC to support COVID-19 and flu vaccine education and delivery among our REACH grant priority populations (African Americans and Hispanics). OCDPHP staff are working with community partners to train influential messengers in the community, promote vaccine uptake and increase accessibility to vaccines among these populations. During this reporting period:

- Nevada Institute for Children’s Research and Policy (NICRP) held two focus groups with African American young adults regarding COVID-19 and Flu vaccination. Findings will supplement the COVID-19 and Flu Vaccination Survey findings in effort to better understand disparities in vaccine uptake among Hispanic/Latinx and African American/Black young adults who are not yet vaccinated or have received a COVID-19 vaccine within the past three months. Plans for a focus group with Hispanic/Latinx young adults are currently being developed.
- To date, 137 community-level spokespersons have been trained by SNHD staff and contractors
- Staff and contractors participated in multiple community events to distribute information and promote vaccination. To date, over 9,636 people have participated in these events and over 73% of attendees were from priority populations.
- During this reporting period, 32 pop up vaccine clinics were offered vaccinating 1188 people for COVID-19 and 603 people for flu. Nearly 96% of those vaccinated were from a racial or ethnic minority group.
- A targeted media campaign to promote flu vaccination among priority populations ran through January.

March 2022

**Washoe County Health District (WCHD)
Chronic Disease and Injury Prevention (CDIP) Program Report**

Staffing

The WCHD CDIP program continues to welcome new staff and fine tune restructuring of the program. In January the program welcomed Amanda Santos who is a full-time Health Educator focusing on physical activity and nutrition activities. In February six new intermittent hourly and public service intern staff joined the team, working on grant activities related to tobacco and physical activity.

Section News

In addition to programmatic activities, the CDIP team is working with the WCHD Office of the District Health Officer on the Community Health Needs Assessment.

Programming

The Chronic Disease and Injury Prevention Program focuses on the modifiable risk factors of tobacco use and exposure, lack of physical activity, and poor nutrition. In recent years, the focus has been expanded to include injury prevention and responsible cannabis use, including eliminating secondhand cannabis smoke exposure. These modifiable risk factors impact the leading causes of death in Washoe County, and by moving the needle on these risk factors the CDIP Program aims to reduce illness and premature deaths in Washoe County and improve quality of life of those that live, work, and visit our community. Key approaches include efforts concentrating on policy, systems, and environmental change.

Tobacco Prevention and Control highlights:

- On December 2nd staff presented vaping prevention education to 58 Washoe County School District counselors and offered educational materials and cessation resources for students, staff, and parents.
- On December 13th staff presented in Spanish to the Dilworth Middle School Family Liaison group about vaping education and resources. In January staff engaged with four additional WCSD middle schools to plan and implement vaping prevention educational sessions for parents and students in Spring.
- After coordinating with and providing technical assistance to Bristlecone Family Resources (a behavioral health facility), the facility initiated a minimum distance smoking policy. Behavioral health facilities are priority locations for cessation and smoke free initiatives because of high smoking rates among those seeking services at these facilities. In January staff delivered smoke-free signage to Bristlecone.
- Tobacco prevention and cessation presentations were made at two assemblies at Clayton Middle School reaching over 350 students, and the Empowerment Center reaching 12 women in addiction recovery

Physical Activity and Nutrition highlights:

- The Wolf Pack Coaches Challenge began in February and will run until the end of April. A total of 39 elementary schools and two middle school PE classes registered to participate.

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Wolf Pack
Coaches
Challenge
teacher support
materials drive-
thru pick-up

- Staff continues to work with the three convenience stores for the Healthy Corner Store Initiative. Store owners have purchased the recommended healthy food items. Staff are assisting stores with marketing displays and product set-up.



Frozen Veggies

Nutritious,
delicious, easy
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HEALTH DISTRICT
ENHANCING QUALITY OF LIFE
GetHealthyWashoe.com

Signage on corner store cooler

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**A Healthy Way to Add
Flavor to Every Meal!**

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE
GetHealthyWashoe.com

Healthy Corner Store Grab Healthy product displays at Reno Food & Discount Liquor

Cannabis and Opioids highlights:

- Staff continues to serve as co-chair for the Washoe County Substance Abuse Task Force (SATF) and facilitated a stakeholder input survey to assist with determining SATF direction in 2022.
- Staff is facilitating placement of the first Harm Reduction vending machine(s) in Washoe County, a program administered and sponsored by Trac-B Exchange. The vending machines can significantly increase access to harm reduction supplies, including syringe exchange, fentanyl test strips and naloxone, as well as safe sex items that reduce communicable disease transmission, injury, and drug-related overdose deaths.

Injury Prevention highlights:

- Staff continues to serve on the Steering Committee for BUILD, a project focusing on senior citizens residing in 89521. Senior Connection events were held at the Senior Services Center, December 4th and January 8th.
- Staff initiated Zero Suicide (ZS) program implementation for the CCHS program, including recruitment of ZS Implementation Leadership Team and coordination of 8-week ZS team training, beginning 1/31/22.
- CDIP staff initiated the Zero Suicide (ZS) program in the Community and Clinical Health Services (CCHS) Division of the WCHD. A total of 13 CCHS staff were recruited, representing all the division's programs. Staff will coordinate a Leadership Team, who will participate in an 8-week training course ending March 21st. ZS program implementation will occur over approximately 1.5 years in CCHS, with the team developing policies and procedures, gathering data, and implementing screening and linkages to care to reduce suicide attempts in Washoe County among program participants.