

Joe Lombardo
Governor

Richard Whitley,
MS
Director



Cody L. Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

The Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease (CWCD)

MEETING AGENDA

SPECIAL SESSION

June 26, 2025

1:00 PM TO ADJOURNMENT

This meeting is being held virtually. The public is invited to attend.

VIRTUAL INFORMATION

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NOTICE:

Bureau of Child, Family and Community Wellness

4150 Technology Way, Suite 210 • Carson City, NV 89706 • (775) 684-4200 • Fax (775) 687-7570 • dphh.nv.gov

ALL IN GOOD HEALTH.

1. The agenda items may be taken out of order.
2. Two or more items may be combined; and
3. Items may be removed from the agenda or delayed at any time.

1. **Call to Order and roll call:**

2. **Public Comment:** No action may be taken on a matter raised under this item unless the matter is included on an agenda as an item upon which action may be taken. To provide public comment telephonically, dial 1-775-321-6111. When prompted to provide the meeting ID, enter 308 465 062#. Due to time considerations, comments will be limited to five (5) minutes per person. Members of the public utilizing the call-in (audio only) number may raise their hands by pressing * 5. Persons making comments will be asked to begin by stating their name for the record and spelling their last name or can provide the secretary with written comments.

3. **For Possible Action:** Discussion and possible action to approve the meeting minutes of February 6, 2025 – Dr. Krista Schonrock, Chair

4. **For Possible Action:** Discussion and possible action pursuant to USC 1905(c)(1)(A), Nevada is required to hold a public hearing to comment and gather input on the Preventive Health and Health Services (PHHS) Block Grant program. This hearing provides an opportunity for both public and private stakeholders to contribute comments on the planned activities for FY 2026. Advisory Council and Public input are essential in guiding how PHHS services and programs are supported across the state. - Dr. Krista Schonrock, Chair, Michelle Harden

5. **For Information Only:** 2025 CWCD meeting dates – Dr. Krista Schonrock, Chair

- July 24, 2025
- October 23, 2025

6. **Public Comment:** No action may be taken on a matter raised under this item unless the matter is included on an agenda as an item upon which action may be taken. To provide public comment telephonically, dial 1-775-321-6111. When prompted to provide the meeting ID, enter 308 465 062#. Due to time considerations, comments will be limited to five (5) minutes per person. Members of the public utilizing the call-in (audio only) number may raise their hands by pressing * 5. Persons making comments will be asked to begin by stating their name for the record and spelling their last name or can provide the secretary with written comments.

7. Adjournment

NOTICE OF THIS MEETING WAS POSTED AT THE FOLLOWING LOCATIONS:

Physical Posting Locations

- Nevada Division of Public and Behavioral Health: 4150 Technology Way, Carson City, NV 89706
- Nevada Division of Public and Behavioral Health: 4126 Technology Way Carson City, NV 89706
- Bureau of Health Care Quality and Compliance (Las Vegas Office): 500 E Warm Springs Rd, Suite 200 Las Vegas, NV 89119
- Nevada WIC Office: 680 W. Nye Ln., Suite 205, Carson City, NV 89703

Internet Postings

- The Nevada Division of Public and Behavioral Health website at the [Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease Meetings 2025 \(nv.gov\)](https://advisorycouncilonthehealth.nv.gov/) and the Department of Administration's website at <https://notice.nv.gov/>

In addition, the agenda and/or meeting information was mailed to groups and individuals as requested and posted online at: <https://notice.nv.gov/> and <https://dpbh.nv.gov/>.

We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements are necessary, please notify Rory Fuller in writing by email (r.fuller@health.nv.gov), by mail (CWCD, Nevada Division of Public and Behavioral Health, 4150 Technology Way, Suite 210, Carson City, NV 89706) or by calling (775) 684-2203 before the meeting date.

This body will provide at least two public comment periods in compliance with the minimum requirements of the Open Meeting Law prior to adjournment. Additionally, it is the goal of the CWCD to also afford the public with an item-specific public comment period. No action may be taken on a matter raised under public comment unless the item has been specifically included on the agenda as an item upon which action may be taken. The Chair retains discretion to only provide for the Open Meeting Law's minimum public comment and not call for additional item-specific public comment when it is deemed necessary by the chair to the orderly conduct of the meeting.

This meeting is a public meeting, recorded and held in compliance with and pursuant to the Nevada Open Meeting Law, pursuant to NRS 241. By Participating, you consent to recording of your participation in this meeting. All voting members should leave their cameras on for the duration of the meeting and refrain from entering any information into the chat function of the video platform.

If you need supporting documents for this meeting, please notify Rory Fuller, Division of Public and Behavioral Health, Bureau of Child, Family and Community Wellness, at (775) 684-2203 or by email at r.fuller@health.nv.gov. Supporting materials are available for the public on the Nevada Division of Public and Behavioral Health website at [Advisory Council on the State Program for Wellness and the Prevention of Chronic Disease Meetings 2025 \(nv.gov\)](#) and on the Department of Administration's website at <https://notice.nv.gov/>.

If at any time during the meeting, an individual who has been named on the agenda or has an item specifically regarding them, including on the agenda is unable to participate because of technical difficulties, please notify Rory Fuller, 775-684-2203, or by email at r.fuller@health.nv.gov and note at what time the difficulty started to that matters pertaining specifically to their participation may be continued to a future agenda if needed or otherwise addressed.

Please be cautious and do not click on links in the chat area of the meeting unless you have verified that they are safe. If you ever have questions about a link in a document purporting to be from CWCD, please do not hesitate to contact r.fuller@health.nv.gov. Please refrain from commenting in the chat area of the meeting, unless requested to, because minutes are required to be taken of the meeting.

Use of obscenities or other behavior which disrupts the meeting to the extent that its orderly conduct is made impractical may result in the forfeiture of the opportunity to provide public comment or removal from the meeting.

Anyone who would like to be on the CWCD mailing list must submit a written request every six months to the Nevada Division of Public and Behavioral Health at the address listed below.

**CWCD, DPBH, Attn: Rory Fuller
4150 Technology Way, Suite 210
Carson City, Nevada, 89706**

Attachment for Agenda Item #3

Joe Lombardo
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Richard Whitley,
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Chief Medical Officer

THE ADVISORY COUNCIL ON THE STATE PROGRAM FOR WELLNESS AND THE PREVENTION OF CHRONIC DISEASE (CWCD)

DRAFT MEETING MINUTES

Date: April 24, 2025

Time: 1:00 PM - Adjournment

Location: Virtual via Microsoft Teams

ATTENDEES:

Council Members Present:

Sarah Rogers – Proxy for Dr. Ihsan Azzam
Monica Romero
Dr. Krista Schonrock
Laura Valley
Dr. Steve Shane
Mary Karls
Cari Herington
Kagan Griffin
Nikesha Mobley
Maria Azzarelli

Members not Present:

Georgia Dounis
Dr. Amber Donnelly
Senator Dina Neal
Assemblyman Dr. David Orentlicher

Others present:

Rory Fuller – Meeting Staff
Other attendees asked to sign in via meeting chat, attached as Exhibit A.

AGENDA ITEMS:

1. **Call To Order and Roll Call:**

Roll was called by Rory fuller, 10 of 14 members were present, establishing quorum.

2. **Public Comment: First public comment period.**

Sarah Rogers provided a public comment on behalf of Dr. Azam, emphasizing the importance of vaccines, particularly the MMR vaccine, in preventing chronic diseases linked to acute illnesses like measles. She highlighted recent outbreaks, noting that measles has spread to 27 states, infecting over 800 people, and causing fatalities. She stressed the long-term health risks and the need to promote vaccination efforts. Additionally, she mentioned ongoing collaborations with the Nevada WIC program to disseminate information about the MMR vaccine and referenced a recent survey conducted with the Nevada Office on Health Equity to gather community insights on immunization.

Dr. Schonrock added that there has not yet been a case in Nevada, but there likely will be eventually.

3. **Discussion and possible action to approve the meeting minutes of February 27, 2025 – Dr. Krista Schonrock, Chair**

Motion was brought by Maria Azzarelli to approve the February 27, 2025, minutes. Motion second by Sarah Rogers, Motion carried unanimously.

4. **Discussion and possible action to make recommendations on new initiatives and potential collaborations- Dr. Krista Schonrock, Chair**

Michelle Harden noted that an information request, previously discussed, had not yielded much response. She suggested the group discuss potential ideas to address this lack of response.

Sarah Rogers clarified on the criteria for new members of the Kidney Disease Advisory Council (KDAC). She noted that the Nevada Revised Statutes (NRS) does not specify member qualifications but rather seeks individuals with experience working with patients with chronic kidney disease, including those with lived experience and others involved in related work, and added that if anyone is interested or knows of a partner who would like to be part of KDAC to please refer them to staff.

5. **Discussion and possible action to support and identify Legislative session priorities and bills – Dr. Krista Schonrock, Chair**

Dr. Schonrock mentioned Senate Bill 78 restructuring committees including CWCD, that it has not been voted on yet, and there is no indication of the time that vote would occur.

Sarah Rogers provided additional context on SB78, noting that it currently lists many boards, councils, and commissions for restructuring or elimination, including the CWCD. However, there have been internal discussions with legislative members indicating that the bill's focus will likely be narrowed through an upcoming amendment to target only licensing bodies. The intent is to remove references to other advisory and governing bodies, so the CWCD's inclusion is expected to be clarified or eliminated. Participants should monitor the bill for these changes.

6. **For Information Only: Present partner Chronic Disease Prevention and Health Promotion Program (CDPHP) Reports Attached in Meeting Packet – Dr. Krista Schonrock, Chair**

- **Maria Azzarelli, EMHA, CHES®, Manager, CDPHP, Southern Nevada**

Health District

Maria Azzarelli presenting, (full Report attached in meeting packet) Key points: The report highlighted recent initiatives and updates, including the addition of Dedree Gamboa working on heart disease and the appointment of Dr. Xavier Gonzalez as the new division director of Community Health. Key activities included launching the Obodo Green Grocer on the West Side and supporting pop-up produce stands to improve access to fresh foods; celebrating Heart Month with blood pressure screenings and diabetes classes; promoting obesity prevention through the 20th anniversary of Partners for a Healthy Nevada; supporting physical activity via school programs and a 5K event; hosting the Tobacco-Free Living Summit focused on disparities in the African American community; conducting youth vaping prevention events; and expanding smoke-free housing policies, which now list over 65,000 smoke-free units and feature a searchable website for residents.

- **Kelli Goatley - Seals MPH, Public Health Supervisor, Northern Nevada Public Health**

Stephanie Chen presenting for Kelli Goatley - Seals, (full Report attached in meeting packet) Key points: A busy first quarter, with staff engaging in numerous continuing education activities. Highlights include launching the Youth Vaping Prevention Campaign focused on digital content, applying for ongoing funding amid potential budget cuts, and providing education on tobacco legislation. The team also participated in a Univision Reno segment addressing community vaping concerns. In physical activity and nutrition, they initiated a 16-week Enhanced Fitness program for seniors at two centers and reached approximately 330 students through the Power Up Kits program, along with various outreach efforts promoting healthy lifestyles. For cannabis and substance use prevention, they are preparing to hire an MPH intern for a community needs assessment and have conducted outreach to dispensaries. In injury prevention, the team delivered suicide prevention and firearm safety training, engaged in outreach at gun shows with prevention materials and gun locks, and secured a \$10,000 grant in partnership with Nevada Urban Indians to support suicide prevention education resources for the upcoming year.

- **Suzi Talavera, CDPHP Division Manager, Carson City Health and Human Services**

No representative was available to present. The written report submitted by Carson City Health and Human Services is in the meeting packet.

- **Brooke Conway-Kleven, PT, DPT, PhD, Nevada Institute for Children's Research and Policy (NICRP), University of Nevada, Las Vegas**

Amanda Haboush presenting for Brooke Conway-Kleven, (full Report attached in meeting packet) Key points: Amanda shared updates on recent activities, including a productive in-person annual meeting with 17 workgroup members. Key discussions centered on preparing for an upcoming Board of Health presentation to educate about administrative codes related to early childhood education, with efforts to align more closely with Oshawa guidelines for physical activity and nutrition and to advocate for code changes to meet national standards. Additionally, the group is working on developing multi-level training programs for early childhood providers to improve practices in physical activity and nutrition, moving beyond basic required CEUs to foster deeper learning. Policy reviews and planning for future initiatives were also discussed, with an emphasis on continuous improvement and advancing early childhood health practices in the coming year.

7. For Information Only: Present Division of Public and Behavioral Health CDPHP Section Updates and Program Reports- Michelle Harden, Quality Improvement Manager, CDPHP

Michelle Harden reported that while the team is operating at full capacity, there have been minor hiccups due to a training pause and the need to catch up on new initiatives. Nevertheless, progress is evident, with a 15% increase in community screening rates for cancer and other conditions, expanded outreach to high-risk populations statewide, and five new wellness education partnerships launched since the last report. These efforts are enhancing early detection, self-management, and community engagement. However, there is some instability regarding federal program funding, with unclear communication and ambiguous award statuses, leading to uncertainty about future support. The team anticipates receiving more definitive information by the July meeting, aiming to maintain program continuity. Despite these hurdles, the team remains committed to providing uninterrupted services and improving health outcomes for all Nevadans.

8. For Information Only: 2025 CWCD future meeting dates – Dr. Krista Schonrock, Chair

- July 24, 2025, 1:00 Pm – Adjournment
- October 23, 2025, 1:00 Pm – Adjournment

9. Public Comment:
Second public comment period.

No Public comment was made this period.

10. Adjournment:

Sarah Rogers made the motion to adjourn, Maria Azzarelli second, Meeting adjourned at 1:32 Pm

Next meeting:

July 24, 2025

1:00 Pm – Adjournment

Location: Virtual via teams

Quarterly meeting

Minutes prepared by Rory Fuller using the following reference:

Robert, H. (2020). *Robert's rules of order: Newly revised (12th ed.)*. Da Capo Press.

Nevada Revised Statutes. *Open Meeting Law (NRS 241)*.

ATTACHMENTS:

THE ADVISORY COUNCIL ON THE STATE PROGRAM FOR WELLNESS AND THE PREVENTION OF CHRONIC DISEASE (CWCD)

Date: April 24, 2025

Location: Virtual via Microsoft Teams

Exhibit A: Others present that signed in via meeting chat.

Alexis Hogan, DPBH

Allison Gonzalez, DPBH

Amanda Haboush-Deloye, Nevada Institute for Children's Research and Policy

Bjorn Blomquist, DPBH

Bryan Davis DPBH

Cori Stauffer DPBH

Darlene Douthitt, DPBH

Dillon Winkelman DPBH/CDPHP

Johnathon Welch DPBH

Linda Anderson, Nevada Public Health Foundation.

Michelle Harden, PhD, DPBH/CDPHP QI Manager

Oscar Fernandez, DPBH

Stephanie Chen, Northern Nevada Public Health

Taliman Afroz, DPBH

Tammera Brower, DPBH

Taylor Mosley DPBH

Theresa Reyome Admin II CDPHP

Troy Lovick DPBH

Attachment for Agenda Item #4

State Work Plan Chronic Disease Prevention and Health Promotion (CDPHP) Preventive Health and Health Services Block Grant (PHHS BG)
Program Annual Workplan from October 2025 to September 2026

Date: 05/21/25 Version: 0.1

Project Period Objective 01: PHI-R09 Explore the impact of community health assessment and improvement planning efforts on resource allocation, partnerships, community needs, and health outcomes Exploring the Impact of PHHS–Funded LHD Programs on Resource Allocation, Partnerships, Community Needs & Health Outcomes				Data Source: Data Sources: LHD reports; LHD PHHS Block Grant program budgets; partnership rosters; community surveys; health-indicator dashboards; AEA membership rosters
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Responsible Persons</i>
1.1 Align State Evaluators in LHD Program Technical Assistance & CHA/CHIP Evaluation	Assign one state evaluator to each PHHS Block Grant–funded LHD program and its associated (if any) CHA/CHIP Committee (≈12 meetings per program). One week before each meeting, submit a 1-page Evaluation Brief summarizing: resource allocations, partnership engagement, community needs signals, early health-indicator trends.	Attendance logs for each committee (≈12/program) 1-page Evaluation Briefs (digital, 12/program) Quarterly Evaluation and Scorecard with datasets (resource, partnership, needs, indicator metrics)	10/1/25–9/30/26 Quarterly check-ins with Programs and associated CHA/CHIP committees. Quarterly briefings to CDPHP leadership (Dec 2025, Mar 2026, Jun 2026, Sep 2026)	Evaluation Unit Manager; State Evaluators; LHD Program & CHA/CHIP Leads

Project Period Objective 01: PHI-R09 Explore the impact of community health assessment and improvement planning efforts on resource allocation, partnerships, community needs, and health outcomes Exploring the Impact of PHHS–Funded LHD Programs on Resource Allocation, Partnerships, Community Needs & Health Outcomes				Data Source: Data Sources: LHD reports; LHD PHHS Block Grant program budgets; partnership rosters; community surveys; health-indicator dashboards; AEA membership rosters
Annual Objectives	Activities	Outputs	Timeline	Responsible Persons
	Maintain a shared Scorecard tracking process and preliminary outcome metrics across all LHD programs.			
1.2 Baseline Impact Assessment of PHHS Funded LHD Programs	<p>Co-facilitate a virtual workshop with state & LHD leads to co-develop a logic model and select SMART evaluation questions around: resource allocation, partnership strength, community-needs fulfillment, health outcomes.</p> <p>Develop & pilot an Impact Assessment Tool (survey + interview guide) in two LHDs; refine.</p>	<p>Logic model & evaluation framework</p> <p>Assessment Tool v1.1 (online survey + guide)</p> <p>Pilot feedback memo & revised tool</p> <p>Completed assessments from ≥ 80 % of LHD programs</p> <p>“Statewide Baseline Impact Report” and publish to the CDPHP Public Portal</p>	<p>10/1/25–2/28/26</p> <p>Quarterly briefings (Dec 2025, Mar 2026)</p>	<p>Evaluation Team, including Data Analyst, LHD Leads</p>

Project Period Objective 01: PHI-R09 Explore the impact of community health assessment and improvement planning efforts on resource allocation, partnerships, community needs, and health outcomes Exploring the Impact of PHHS–Funded LHD Programs on Resource Allocation, Partnerships, Community Needs & Health Outcomes				Data Source: Data Sources: LHD reports; LHD PHHS Block Grant program budgets; partnership rosters; community surveys; health-indicator dashboards; AEA membership rosters
Annual Objectives	Activities	Outputs	Timeline	Responsible Persons
	Deploy statewide to all Block Grant–funded programs; target ≥ 80 % response. Analyze and provide a “Statewide Baseline Impact Report.”			
1.3 Case-Study Evaluation in Three LHDs to Measure PHHS–Funded Program Impacts	Select three LHDs representing diverse program portfolios & community contexts. Co-design case-study protocols: define pre/post measures for program resource shifts, partnership counts, community-need responses, and health-indicator changes.	3 case-study protocols & data-collection plans Raw datasets: budgets, partnership logs, survey results, health indicators 12 Evaluation Huddle summaries with issue logs & action items Pre/post comparison tables & charts for each case study	3/1/26–8/31/26 Biweekly Evaluation Huddles Quarterly briefings (Jun 2026, Sep 2026)	Evaluation Unit Manager; State Evaluators; LHD Leads

Project Period Objective 01: PHI-R09 Explore the impact of community health assessment and improvement planning efforts on resource allocation, partnerships, community needs, and health outcomes Exploring the Impact of PHHS–Funded LHD Programs on Resource Allocation, Partnerships, Community Needs & Health Outcomes				Data Source: Data Sources: LHD reports; LHD PHHS Block Grant program budgets; partnership rosters; community surveys; health-indicator dashboards; AEA membership rosters
Annual Objectives	Activities	Outputs	Timeline	Responsible Persons
	Collect data via interviews, document review, and information from existing dashboards. Convene “Evaluation Huddles” to monitor data collection, address gaps, & refine measures.			
1.4 Maintain & Strengthen State Evaluation Capacity	Maintain ≥ 2.0 FTE in the Evaluation Unit dedicated to PHI-R09; recruit/backfill vacancies within 60 days. Fund and ensure 100 % of evaluators hold active AEA membership by 10/31/25. Each evaluator attends ≥ 2 virtual AEA events or journal clubs and collect completion certificates.	Staffing chart showing ≥ 2.0 FTE dedicated to PHI-R09 Vacancy & succession plan reports AEA membership roster & renewal receipts CE certificates (≥ 2 per evaluator)	10/1/25–9/30/26 Quarterly Learning Sessions (Dec 2025, Mar 2026, Jun 2026, Sep 2026) Quarterly briefings aligned with Lunch & Learns	Evaluation Unit Manager; QI Manager; CDPHP HR Liaison

Project Period Objective 01: PHI-R09 Explore the impact of community health assessment and improvement planning efforts on resource allocation, partnerships, community needs, and health outcomes Exploring the Impact of PHHS–Funded LHD Programs on Resource Allocation, Partnerships, Community Needs & Health Outcomes				Data Source: Data Sources: LHD reports; LHD PHHS Block Grant program budgets; partnership rosters; community surveys; health-indicator dashboards; AEA membership rosters
Annual Objectives	Activities	Outputs	Timeline	Responsible Persons
	Host quarterly Learning sessions on mixed-methods evaluation, dashboarding, and data visualization state-approved tools.	4 Learning agendas, slide decks, attendance logs, and session summaries		
1.5 Co-Produce & Disseminate Findings; Develop Evaluation Toolkit for PHHS Funded Programs	<p>Co-author the final Program Impact Report: state evaluators draft Methods & Results; LHDs draft Community Insights & Next Steps.</p> <p>Present key findings at two existing CDPHP staff forums (no extra cost).</p> <p>Develop an Evaluation Toolkit” (digital PDF) containing: assessment templates, case-study protocols, data-collection guides, dashboard</p>	<p>Joint Program Impact Report</p> <p>Slide decks & attendee logs from two CDPHP forums</p> <p>Digital Evaluation Toolkit (PDF & intranet module)</p> <p>Intranet/email analytics on downloads and open rates</p>	<p>6/1/26–9/30/26</p> <p>Two internal presentations (Jul 2026, Sep 2026)</p> <p>Quarterly briefing with final tool release</p> <p>Final report submission to CDC PHHS Block Grant Coordinator to submit as an attachment to the APR.</p>	Evaluation Unit Manager; QI Manager; Block Grant Coordinator.

Project Period Objective 01: PHI-R09 Explore the impact of community health assessment and improvement planning efforts on resource allocation, partnerships, community needs, and health outcomes Exploring the Impact of PHHS–Funded LHD Programs on Resource Allocation, Partnerships, Community Needs & Health Outcomes				Data Source: Data Sources: LHD reports; LHD PHHS Block Grant program budgets; partnership rosters; community surveys; health-indicator dashboards; AEA membership rosters
Annual Objectives	Activities	Outputs	Timeline	Responsible Persons
	templates, and sample Evaluation Briefs. Distribute via email/intranet/ListServe.			

Project Period Objective 02: Healthy People 2030 IVP-18: Reduce sexual or physical adolescent dating violence.				Data Source: Youth Risk Behavioral Surveillance System (YRBSS)
Annual Objectives	Activities	Outputs	Timeline	Responsible Persons
2.1 Enhance primary prevention by promoting healthy relationship norms, bystander intervention, and culturally responsible resources.	2.1.1 Finalize & pilot bystander intervention curriculum– Adapt NV-specific content– Train pilot facilitators	Curriculum & guide completed by 12/31/25 20 pilot schools by 6/30/26	Dev: 10/1/25–12/31/25 Pilot: 1/1/26–9/30/26	MCH RPE Coordinator Wellness Teams

Project Period Objective 02: Healthy People 2030 IVP-18: Reduce sexual or physical adolescent dating violence.				Data Source: Youth Risk Behavioral Surveillance System (YRBSS)
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Responsible Persons</i>
		40 staff & peer-leaders trained 600 students trained by 9/30/26 ≥ 85 % of those polled report ↑ confidence in intervening		
2.1.2 Launch “Healthy Relationships” media campaign (Phase 1)	15 000 digital impressions by 9/30/26 1500 click-throughs to resource hub	≥ 70 % youth polled recall ≥ 1 message (n = 200 survey)	1/1/26–9/30/26	MCH RPE Coordinator
2.1.3 Convene 4 “SV Prevention Learning Collaboratives” – Quarterly meetings with community & survivor-led orgs	4 convenings by 9/30/26 ≥ 5 partners engaged	≥ 3 policy/practice recommendations generated ≥ 75 % partner satisfaction (post-meeting survey)	Q1: 12/25–1/26 Q2: 3/26–4/26 Q3: 6/26–7/26 Q4: 8/26–9/26	NCEDSV Program Staff RPE Coordinator

Project Period Objective 02: Healthy People 2030 IVP-18: Reduce sexual or physical adolescent dating violence.				Data Source: Youth Risk Behavioral Surveillance System (YRBSS)
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Responsible Persons</i>
Change Toolkit – School protocols for reporting & trauma-informed response	Draft toolkit by 6/30/26 pilot schools receive toolkit by 9/30/26 ≥ 25 % (≥ 4) adopt ≥ 1 recommendation	15 % confidence ↑ (pre/post polling)	Dev: 10/1/25–6/30/26 Pilot: 7/1/26–9/30/26	NCEDSV Program Staff RPE Coordinator

Project Period Objective 03: Healthy People 2030 NWS-03: Reduce the proportion of adults with obesity				Data Source: Northern Nevada Public Health Data sets
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Responsible Persons</i>
OVERARCHING GOAL (NWS-03) Reduce adult obesity prevalence by 2 pp (34 %→32 %) by 9/30/2026 via integrated nutrition, physical activity, green-growing & self-management supports.	1. Convene a cross-program kickoff meeting to align Diabetes, CV & SNAP-Ed partners on integration. Co-develop 12 weekly modules, each with: • 5 min Diabetes/CV fruit-&-veg tip	<ul style="list-style-type: none"> Kickoff held by 11/30/25 with ≥ 5 partner reps; summary minutes distributed. 12 modules completed and uploaded to the 5210 video library by 12/31/25. 	10/1/25–9/30/26	Wellness Coordinator (lead) Diabetes Coordinator (nutrition content & training) Cardiovascular Coordinator (integration oversight) SNAP-Ed Manager 5210 Web Manager Data Analyst

Project Period Objective 03: Healthy People 2030 NWS-03: Reduce the proportion of adults with obesity				Data Source: Northern Nevada Public Health Data sets
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Responsible Persons</i>
	<ul style="list-style-type: none"> • 3 min container-garden tip <p>Collaborate with Program Partners to embed these modules into DSMES & CV self-management sessions.</p> <p>Track delivery and participant feedback monthly.</p>	<ul style="list-style-type: none"> • Modules delivered in ≥ 8 DSMES/CV cohorts, reaching ≥ 400 adults by 9/30/26. • Pre/post surveys: ≥ 80 % of participants report ↑ confidence in applying tips. • Monthly reports: ≥ 600 cumulative module views and ≥ 50 resource downloads. 		
2. NWS-06 Increase adult fruit intake by 10 % by 9/30/2026.	<p>A. Diabetes Coordinator & SNAP-Ed add rotating “Fruit Tip of the Week” widget on 5210 (leveraging SNAP-Ed content).</p> <p>Wellness Coordinator & pantry partners display recycled flip-chart “Fruit Tip” sheets at four pantries.</p>	<p># of widget tips posted on 5210</p> <p># of pantry sites & weeks displaying tip sheets</p> <p># of ListServ sends & open/click rates</p> <p># of video plays & photo-share posts</p>	10/1/2025–9/30/2026	<p>Wellness Coordinator (lead)</p> <p>Diabetes Coordinator (widget content)</p> <p>SNAP-Ed Manager (pantry liaison)</p> <p>PIO5210 Web Manager</p> <p>Data Analyst</p>

Project Period Objective 03: Healthy People 2030 NWS-03: Reduce the proportion of adults with obesity				Data Source: Northern Nevada Public Health Data sets
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Responsible Persons</i>
	<p>Weekly ListServ announcement linking to that week's 5210 tip + "photo-share" prompt.</p> <p>Embed a 30-second volunteer-shot "Grow Berries in Pots" clip in the 5210 video library.</p>			
<p>3. NWS-07 Increase adult vegetable intake by 10 % by 9/30/2026.</p>	<p>Cardiovascular Coordinator & SNAP-Ed schedule 4 volunteer-led "Veg Demo" pop-ups (5 min) at community events.</p> <p>Wellness Coordinator produces & posts monthly 30-second "DIY Veggie Hack" videos on 5210 & social channels.</p> <p>Issue quarterly ListServ linking to the latest hack video.</p> <p>Publishes a "Container Garden Starter" PDF</p>	<p># of pop-up demos held & attendees reached</p> <p># of veggie-hack videos posted & plays/engagement metrics</p> <p># of ListServ sends & open/click rates</p> <p># of PDF downloads</p>	<p>10/1/2025–9/30/2026</p>	<p>Wellness Coordinator (lead)Cardiovascular Coordinator (demo training)SNAP-Ed Manager (volunteer coordination)PIO5210 Web ManagerData Analyst</p>

Project Period Objective 03: Healthy People 2030 NWS-03: Reduce the proportion of adults with obesity				Data Source: Northern Nevada Public Health Data sets
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Responsible Persons</i>
	(lettuce & herbs) in the 5210 download library.			
4. NWS-08 Increase dark-green veg, red/orange veg & beans/peas intake by 10 % by 9/30/2026.	<p>Diabetes & CV Coordinators ensure six DSMES & CV partner-led sessions embed a 5 min “Power Plate” slide (spinach, squash, beans)</p> <p>Wellness Coordinator & partners distribute the 5210 “Power Plate Shopping Guide” PDF quarterly via ListServ & post it on clinic websites.</p> <p>Programs & volunteers record two 3-minute “Pulse & Color” cooking clips showing bean sprouting; embeds both in the 5210 video library.</p>	<p># of sessions with “Power Plate” slide & participants reached</p> <p># of PDF distributions sent & click rates</p> <p># of cooking clips embedded & plays/engagement metrics</p>	10/1/2025–9/30/2026	<p>Wellness Coordinator (lead), Diabetes Coordinator (slide content & partner training), Cardiovascular Coordinator (integration oversight)</p> <p>PIO</p> <p>5210 Web Manager<br</p>

Project Period Objective 04: Healthy People 2030 NWS-04: Reduce the proportion of children and adolescents with obesity				Data Source: National Health and Nutrition Examination Survey (NHANES)
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Responsible Persons</i>
4.1 Improve Weight-Status Surveillance	<p>DPBH leads two virtual trainings on standardized BMI measurement & data entry</p> <p>Partner LHDs collect height/weight at five pilot schools; conduct 2 in-school visits per school (volunteer interns)</p> <p>Partner LHDs administer & score a 1–5 Nutrition/PA Environment Rating Scale in each school.</p>	<p># pilot schools reporting complete BMI data</p> <p># LHD site visits completed</p> <p>% data completeness</p> <p># environment rating-scale assessments</p> <p>GIS map of school nutrition/PA scores</p>	<p>Q1 (Oct–Dec '25): trainings & tool rollout</p> <p>Q2 (Jan–Mar '26): data collection & visits</p> <p>Q3 (Apr–Jun '26): scoring & mapping</p>	Partner LHD Epidemiology Units, DPBH Epidemiologist (TA)
4.2 Enhance School Nutrition & PA Environments	<p>Partner LHDs recruit volunteers (parents/students) for “lunch-line” & “playground” assessments.</p> <p>Partner LHDs host three virtual TA webinars for rural districts on low-cost changes (signage, active-</p>	<p># audits completed</p> <p># TA webinars held & attendance</p> <p># districts with action plans</p> <p># tip-sheets downloaded/distributed</p>	<p>Q1–Q2 (Oct '25–Mar '26): audits & TAQ3 (Apr–Jun '26): action-plan finalization & tip-sheet rollout</p>	Partner LHD Nutrition & Wellness Teams, DPBH Nutritionist (support)

Project Period Objective 04: Healthy People 2030 NWS-04: Reduce the proportion of children and adolescents with obesity				Data Source: National Health and Nutrition Examination Survey (NHANES)
Annual Objectives	Activities	Outputs	Timeline	Responsible Persons
	recess scheduling) Partner LHDs distribute digital “Quick-Fix” tip sheets			
4.3 Promote Walking/Riding School-Bus & After-Hour PA	Partner LHDs map existing walking-bus routes & expand to 3 additional schools (QGIS + volunteer mappers) Partner LHDs co-host 4 “Walk/Ride-to-School” kickoff events (volunteers + donated safety vests) Partner LHDs manage “Active-Commuter Challenge” via Google Sheets, collect weekly logs	# walking-bus/bike-bus routes established # kickoff events & participant counts # students logging trips % increase in active-commute mode share (baseline vs. March/Midpoint survey)	Q2 (Jan–Mar ’26): mapping & kickoffs Q3 (Apr–Jun ’26): challenge roll-out & logging	Partner LHD Physical Activity Leads, DPBH Physical Activity Lead (oversight)
4.4 Child Policy Research & Early-Childhood Obesity Prevention	Partner LHDs conduct an ongoing, quarterly policy scan & lit review—incorporating data from 4.1–4.3 Convene four virtual “Policy-Lab” sessions	4 quarterly policy-scan updates (memos) 4 Policy-Lab sessions held & participant counts	Q1–Q4 (Oct ’25–Sep ’26): quarterly scans & labs Q2–Q3 (Jan–Jun ’26): brief drafting & refinement Q4 (Jul–Sep ’26): dashboard integration	Partner LHD Policy & Research Units DPBH Evaluator/Analyst (technical support)

Project Period Objective 04: Healthy People 2030 NWS-04: Reduce the proportion of children and adolescents with obesity				Data Source: National Health and Nutrition Examination Survey (NHANES)
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Responsible Persons</i>
	(child-care coalitions, LHDs, policymakers) Partner draft & refine 3 digital-only policy briefs.	3 draft & finalized policy briefs (PDF) # digital distribution channels reached		

Project Period Objective 05: Healthy People 2030 CKD-01: Reduce the proportion of adults with chronic kidney disease				Data Source: National Health and Nutrition Examination Survey (NHANES)
<i>Annual Objectives</i>	<i>Activities</i>	<i>Outputs</i>	<i>Timeline</i>	<i>Responsible Persons</i>
5.1 Governance & Legal Compliance	Review & amend KDAC bylaws (per NRS) to enable remote participation and quorum flexibility Obtain Deputy AG sign-off on bylaws, agendas, notices, minutes Schedule and hold four hybrid (in-person + virtual) KDAC meetings with approved materials	DAG-approved bylaws published 4 KDAC meetings held with documented quorum Agendas/notices/minutes publicly posted per Open Meeting Law.	Q1 (Oct–Dec 2024): Bylaws draft Q2–Q4: Quarterly meetings	Administration; PHHS Block Grant Coordinator; KDAC Committee Members
5.2 Public & Partner Engagement	Identify & recruit ≥ 5 community partners (local health departments, patient groups, faith-based orgs) Convene three public listening sessions (regional town halls) to surface CKD screening/prevention barriers.	Partner roster with ≥ 5 organizations 3 listening-session summary reports capturing ≥ 10 distinct barriers	Q1–Q3 (Oct 2024–Jun 2025)	PHHS Block Grant Coordinator; KDAC Committee Members; Community Partners
5.3 Clinical Guidelines & Toolkits	Convene KDAC to draft Healthy People 2030 CKD-01–aligned screening/prevention guidelines.	Draft guidelines published Toolkit & fact sheet distributed to Partners within the Diabetes and	Q2–Q3 (Jan–Jun 2025)	Diabetes Coordinator; Cardiovascular Coordinator; KDAC Committee

	<p>Produce a one-page provider toolkit & a public fact sheet with partner input</p> <p>Pilot toolkit in ≥ 2 Programs and refine based on feedback</p>	<p>Cardiovascular (and other programs) or community sites</p> <p>Feedback report with ≥ 3 actionable recommendations</p>		Members; Evaluator
5.4 Public Meetings & Town Halls	<p>Plan and host 3 regional public town halls or meeting forums (in-person or virtual) on CKD early detection/prevention</p> <p>Committee to distribute outreach materials with community partners</p> <p>Collect and summarize feedback to refine tools/guidelines</p>	<p>≥ 3 town halls held (≥ 50 attendees each)</p> <p>Outreach materials co-distributed via ≥ 5 partner channels</p> <p>Town-hall feedback summary report</p>	Q3–Q4 (Apr–Sep 2025)	PHHS Block Grant Coordinator; KDAC Committee Members; Community Partners
5.5 Screening, Tracking & Reporting	<p>With State Wellness, Cardiovascular, and Diabetes Coordinators, maintain an Excel tracker of quarterly: – CKD screening rates among high-risk adults – Clinic adoption of KDAC guidelines – Meeting quorum & partner</p>	<p>Quarterly tracker updates ≥ 0.5 pp reduction in adult CKD prevalence (NHANES comparison) at each KDAC scheduled committee meeting.</p> <p>Annual KDAC progress included in the annual</p>	Q4 (Jul–Sep 2025)	Evaluator; Diabetes Coordinator; Cardiovascular Coordinator; Wellness Coordinator

	participation Compare CKD prevalence to NHANES baseline Publish an annual narrative report	report of grants and funding applied for and received (NRS).		
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