City of Carson City
Agenda Report

Date Submitted: November 17, 2011   **Agenda Date Requested:** December 1, 2011

Time Requested: 15 Minutes

To: Carson City Board of Health

From: Health & Human Services (Marena Works)

Subject Title: For Possible Action: Presentation with possible action to accept the draft Carson City Community Health Improvement Plan to be posted for public comment.

Staff Summary: A local health department cannot be effective unilaterally. Accreditation standards would have us partner with other sectors and organizations to plan and share responsibility for community health improvement. The community health improvement plan shows participation by community partners, contains data from the community health assessment, has evidence that stakeholder discussions were held and shows evidence that participants developed a set of priority community health issues.

Type of Action Requested: (check one)

(___) Resolution   (___) Ordinance

(_x_) Formal Action/Motion   (__) Other (Specify) Information Only

Does This Action Require A Business Impact Statement: (__) Yes (_X_) No

Recommended Board Action: I move to accept the draft Carson City Community Health Improvement Plan and that this plan be made available for public viewing and comment.

Explanation for Recommended Board Action: As part of the public health accreditation process, a community health assessment, followed by a community health improvement plan must be made available to the public for input.

Applicable Statue, Code, Policy, Rule or Regulation: N/A

Fiscal Impact: N/A

Explanation of Impact: N/A

Funding Source: N/A

Alternatives:

Supporting Material: Draft Community Health Improvement Plan

Prepared By: Marena Works, MSN, MPH, APN

Reviewed By: _Marena Jung_____ Date: _11/21/11_
          (Department Head)

Ar _Fout S Mioni_____ Date: _11/21/11_
          (City Manager)

    _Andy_____ Date: _11/21/11_
          (District Attorney)

    _Darcy Paulson_____ Date: _11/21/11_
          (Finance Director)

Board Action Taken:

Motion: _____   1) _____   Aye/Nay

                                              2) _____   _____

                                                          _____

                                                          _____

                                                          _____

_____
(Vote Recorded By)

Get Healthy Carson City!

A 2020 Health Action Plan

Draft – 11/18/11

January 2011

http://www.gethealthycarsoncity.org/

Get Healthy Members (as of December 2011)

Diane Rush	Carson Tahoe Regional Healthcare
Emily Brown	Nevada Public Health Foundation
Jessica Paz-Cedillos	United Latino Community
Jim Peckham	Friends in Service Helping (FISH)
Robert Galloway	Nevada Appeal
Sam Santillo	Carson City School District
Sandy Wallace	Sierra Family Health Center, Nevada Health Centers, Inc.
Stacey Giomi	Carson City Fire Department
Vicki Hamilton	Silver State Charter Middle and High Schools

Carson City Health and Human Services

Marena Works	Director
Susan R. Pintar	Health Officer
Dustin Boothe	Epidemiologist
Kathy Wolfe	Human Services Manager
Valerie Cauhape	Human Resources Generalist

Partner Organizations (as of January 2011)

Carson City Fire Department
Carson City Health and Human Services
Carson City School District
Carson Tahoe Regional Healthcare
Friends in Service Helping (FISH)
Nevada Appeal

Nevada Public Health Foundation
Sierra Family Health Center; Nevada Health Centers, Inc.
Silver State Charter Middle and High Schools
United Latino Community

(For the latest listing of organizations partnering on the "Get Healthy Carson City!" 2020 Action Plan, go to www.gethealthycarsoncity.org.

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Background

The mission of Carson City Health and Human Services is to protect and improve the quality of life for our Community through disease prevention, education and support services. In March 2011, Carson City Health and Human Services completed the Centers for Disease Control's assessment instrument for conducting the *National Public Health Performance Standards Program* (NPHPSP) in Carson City. The completion of the assessment led to the development of a Carson City Health Action Planning Committee ("Get Health Carson City!"). The Committee consisted of a group of individuals who had participated in conducting the NPHPSP. The Committee gathered and reviewed additional community health information gathered from various governmental and non-governmental sources. The data review, combined with the information gathered in the assessment, lead the Committee to examine trends and issues that emerged that could be targeted to improve the health of residents in Carson City.

The Committee worked to identify priority areas for a health action plan by utilizing the following guiding questions:

Should we do it?   Appropriateness

How important is it?   Relevance

Can we do it?   Feasibility

What will we get out of it?   Impact

Healthy People 2020
Healthy People is a national initiative that provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, *Healthy People* has established benchmarks and monitored progress over time in order to:
- Encourage collaborations across sectors
- Guide individuals toward making informed health decisions
- Measure the impact of prevention activities

Healthy People 2020 (HP2020), released in December of 2010, provides renewed focus on reducing health disparities through the determinants of health approach, for health promotion and disease prevention. The HP2020 vision strives to identify nationwide health improvement priorities where action must be taken to achieve better health by the year 2020.

To align with national standards of health, the "Get Healthy Carson City!" action plan has used HP2020 objectives to organize and inspire local outcome objectives. Healthy People provides data and tools to enable communities across the country to combine their efforts to achieve objectives. Refer to the "Healthy People 2020 Objectives Being Met by Outcome Objectives" section on page 24 in the Appendix to see the specific HP2020 objectives that have been adopted for Carson City. More information on each of these can be accessed online at http://www.healthypeople.gov/2020/topicsobjectives2020/.

Opportunities for Involvement

We realized we couldn't and shouldn't act alone. The Committee determined that interaction between community organizations, citizen groups, service groups, and others would be necessary. For each of the Priority Areas we present, the strategies follow the *Spectrum of Prevention* model (developed by Larry Cohen for the Contra Costa Health Services Prevention Program).

The Spectrum expands prevention efforts beyond education models by promoting a multifaceted approach. The *Spectrum* has seven levels of prevention outlined as follows:

Table 1: The Spectrum of Prevention	
Level of Spectrum	Definition of Level
1. Strengthening Individual Knowledge & Skills	Enhancing an individual's capacity of preventing injury or illness and promoting health and safety
2. Promoting Community Education	Reaching groups of people with information and resources to promote health and safety
3. Educating Providers	Informing providers who will transmit skills and knowledge to others
4. Fostering Coalition & Networks	Bringing together groups and individuals for broader goals and greater impact
5. Mobilizing Neighborhoods & Community	Meeting with communities and sharing agendas, prioritizing community concerns as well as health department goals
6. Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety
7. Influencing Policy & Legislation	Developing strategies to change laws and policies to influence outcomes

These levels are complementary. By influencing and sustaining change at each level of the Spectrum instead of focusing on any single activity, greater effectiveness is achieved.

What you can do!

This "Get Healthy Carson City" health action plan is an invitation to all Carson City residents and stakeholders. This is a document that will grow, change and adapt as our community grows, changes and adapts. It will be reviewed biannually and will be updated every three year to show the progress our community is making towards improving the health of the citizens of Carson City. For the most current updates to the plan as well as for a list of involved partners, please visit www.gethealthycarsoncity.org.
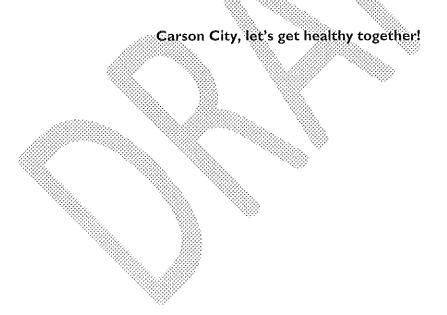
We cordially invite your participation at one or more of the levels above. The Committee and community partners have committed to activities to work towards improving each of the three priority areas. In each priority area, the Committee has determined that additional improvements can be achieved through community collaboration. To that end, an individual or organization can ask themselves the following questions:

What is your organization already doing to meet these goals?

Would your organization be interested in partnering to meet these goals?

What are additional strategies that could be adopted?

The Committee is looking for partners to adopt a health improvement project or strategy that aligns with the Get Healthy Carson City Action Plan. If you or your organization is interested in adopting, or for more information, please send us an email at cchhsinfo@carson.org.

Carson City, let's get healthy together!

Priority Areas

Access to Health Information and Health Care

Improving Access to Health Information

Health Resources in Carson City

Health Data from Community Partners

Improving Access to Health Care

Oral Health

Mental Health

Chronic Disease Prevention

Type II Diabetes

Smoking/Tobacco Cessation

Obesity

Lifestyle & Behavioral Health

Teen Pregnancy

Sexually Transmitted Diseases

Alcohol & Substance Abuse

Pedestrian and Bicycle Safety and Access

Priority 1: Access to Health Information and Health Care

Community Issue A:
Improving Access to Health Information – Health Resources in Carson City

Justification:
"Health communication and health information technology (IT) are central to health care, public health, and the way our society views health. These processes make up the context and the ways professionals and the public search for, understand, and use health information, significantly impacting their health decisions and actions" (www.healthypeople.gov, 2011). During the course of the planning and data compilation process for the "2020 Health Action Plan", workgroup members began to recognize gaps in their own knowledge regarding health information and resources in Carson City. This was especially true during discussions of services provided to low-income, uninsured, or underinsured residents. In order to adequately address the health needs of the community and make improvements, a centralized, complete, and up-to-date inventory of local health services is needed.
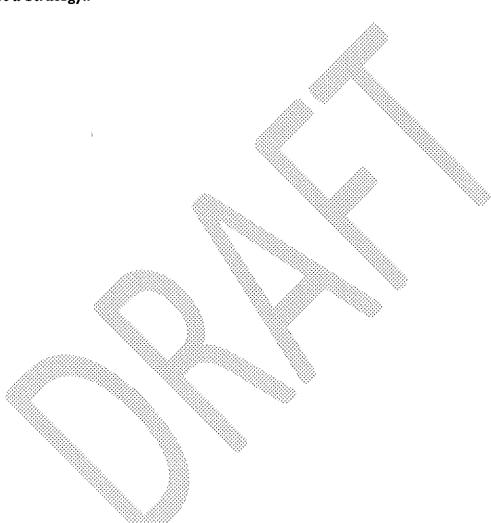
Outcome Objectives:
- Create a strategic plan that lays out the management, marketing and updating of a community health resource website by September 2012.
- Establish a website by December of 2012 that lists and links all community health resources in Carson City.
- Use the compilation of resource information to uncover gaps in coverage and overlapping services, which can be addressed in updates to the "Health Action Plan".

Actions:
- Survey community health providers on services provided, with a focus on income, insurance, gender, and age.
  - o   Partners engaged in this action:
    - Carson City Health and Human Services
    - Nevada Appeal
    - Partnership Carson City
    - 211
    -
- Create an accessible and user-friendly website categorizing all services and contact information to providers.
  - o   Partners engaged in this action:
    - Partnership Carson City
    - CAAN
    - Nevada Appeal
    -
- Set up a committee or coalition to manage and update website.
  - o   Partners engaged in this action:
    - Nevada Appeal

- ▪
- Create marketing materials and informational resources (e.g. brochures, flyers) to promote usage and knowledge of website by community members and health service providers.
  - o Partners engaged in this action:
    - ▪ Nevada Appeal
    - ▪

Adopt a Strategy!:
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Community Issue B:
Improving Access to Health Information – Health Data from Community Partners

Justification: Addressing and responding to health needs and improving the health of the citizens in Carson City cannot be accomplished without up-to-date data and information systems (www.healthypeople.gov, 2011). Many local organizations track health information (such as Carson Tahoe Regional Healthcare, Sierra Family Medical Center, Carson City Fire Department, Carson City Health & Human Services, FISH) and some local statistics can be collected from organizations such as the Nevada State Office of Rural Health. Yet this data is not regularly compiled and compared in a comprehensive manner in order to gain a true perspective of local health outcomes.

Outcome Objectives:
- Identify critical data points for measurement of health indicators within the community by December 2014.
- Identify critical data points and collect in central location for ease of comparison among community health organizations by _____
- Create guidelines so organizations can set up procedures to begin collecting data by _____
- Help to determine data that is not currently being monitored by _____
- Every three years, members of the "Health Action Plan" and additional community organizations will gather and report health data to the community.
-

Actions:
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  - o Partners engaged in this action:
    - CCHHS, Carson Tahoe, SFMC, Carson City School District, FISH, PCC

Adopt a Strategy!:
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Community Issue C:
Improving Access to Health Care – Oral Health

Justification: Oral health is linked to overall health and well-being however other factors such as education level, income, race, and ethnicity can affect a person's ability to access oral health care. Limited access and availability of dental services can especially affect these populations, as well as those persons with disabilities or with health condition, such as diabetes. A lack of awareness for the need for care can also affect oral health, as can be seen with the increase of tooth decay in preschool children. (www.healthypeople.gov, 2011). In Nevada, dental coverage is being reduced or eliminated from many health insurance plans which may only decrease utilization of preventative oral health services. Finally, although Carson City ranks as one of the highest counties in the state for the number of dentists and dental hygienists per 100,000 people (Nevada Rural and Frontier Health Data Book, 2011), data on populations served and oral health needs is not readily available.

Outcome Objectives:
- Understand oral health access needs for Carson City residents
- Develop a plan and partnerships, utilizing local dental offices, to provide care to low income and/or uninsured/underinsured populations and to limit the financial burden for all involved.
- Increase awareness of the importance of good oral health practices to parents of children who don't yet have their permanent teeth
- Address needs in pediatric dentistry
- Marketing campaign to increase awareness

Actions:
- Seek grants to facilitate adult extractions and relief from oral infection
    - Partners engaged in this action:
        - SFMC, FISH, Carson City School District, Carson City area dentists, dental coalition, TMCC
-
    - Partners engaged in this action:
        -

Adopt a Strategy!:
-

Community Issue D:
Improving Access to Health Care – Mental Health

Justification: Mental health issues affect all races, ages, genders, and levels of income. "Mental disorders are among the most common causes of disability... and mental health plays a major role in people's ability to maintain good physical health" (www.healthypeople.gov, 2011). Between January of 2009 and August of 2011, the number of suicides in Carson City almost doubled (Carson City Sheriff's Office, 2011) and suicide was listed as the 10th leading cause of death in Carson City (Nevada Rural and Frontier Health Data Book, 2011). The loss of mental health services in rural counties has caused an increased burden on our regional medical system. These impacts include increased visits to the ER for mental health issues, emergency medical services transportation issues, and increased law enforcement time related to these issues.

Outcome Objectives:
- Understand mental health access needs for Carson City residents
- Continuing to advocate for the importance of mental health treatments services
- Determine mental health provides who offer care to low income and/or uninsured/underinsured populations
-

Actions:
- Create a process to effectively deal with adults who are unable to help themselves
  - Partners engaged in this action:
    - CCHHS, SFMC, FISH, PCC, Behavioral Health Services, Westside Center Counseling, Carson Mental Health Center, Local therapists, psychologists, & counselors, law enforcement, Nevada State Divisions of Mental Health & Developmental Services, EMS
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  - Partners engaged in this action:
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Adopt a Strategy!:
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Priority II: Chronic Disease

Community Issue E:
Diabetes (Type II)

Justification: Type II diabetes and its associated health complications have taken a toll on the health of our community. Lack of education, few resources, and inadequate access to those resources have locally compounded this nationwide epidemic. Type II diabetes is costly in terms of financial burden as well as to the community's overall quality of life. According to the 2011 National Diabetes Fact Sheet (www.cdc.gov/diabetes/pubs/estimates11.htm) medical costs directly and indirectly associated with Type II diabetes totaled $174 billion nationally in 2007. Type II diabetes is no stranger in our community either. The Ross Clinic, which provides limited medical services for underprivileged and homeless individuals, reported that 37% of their patients were diabetic. Sierra Family Health Center, which provides primary care to the community, reported seeing 923 diagnoses of uncontrolled Type II diabetes, and 486 diagnoses of controlled Type II diabetes (from June 1, 2010 through May 31, 2011). Increasing access to diabetes education programs to aid diagnosed patients in proper self-management of their diabetes, as well as programs to educate the community as to how to change their lifestyle and behaviors to avoid developing Type II diabetes can make a major impact in our community's health.

Outcome Objectives:
- Increase awareness of diabetes education and resources
- Increase access to diabetes education for persons diagnosed with Type II diabetes, particularly special populations and the uninsured.
- Increase access to educational classes and programs to enable and empower community members at risk of developing Type II diabetes how to change their lifestyle and nutritional habits to reduce their likelihood of developing the disease.
- Educate organizations who provide food on healthy foods diabetics should eat and which unhealthy foods need to be avoided.

Actions:
-
  - Partners engaged in this action:
    - Carson Tahoe, CCHHS, SFMC, FISH, ULC, Rotary, Boys & Girls Club, CC rec., fitness centers, fitness clubs, Nevada Department of Pedestrian and Bicycle Safety

Adopt a Strategy!:
- Increase the proportion of persons with diabetes whose condition has been diagnosed. (Healthy People 2020 Objective # HP D-15)
-

Community Issue F:
Smoking/Tobacco Cessation

Justification: Tobacco use is a major health issue in every community, Carson City included. It has become common knowledge over the last several years that use of tobacco products is both addictive and detrimental to one's personal health, as well as that of the community. According to a survey completed in the CCHHS clinic, the rate of tobacco use in Carson City is higher than the State average. Because of the strong connection between tobacco use, including exposure to second- and third-hand smoke, to severe health consequences, it is determined that no amount of exposure to smoke is considered safe. Community stakeholders feel it is of paramount importance to develop and maintain tobacco cessation and education programs to reduce the number of people who begin using tobacco products, and to help those who do use tobacco, permanently quit.

Outcome Objectives:
- Increase access to tobacco cessation classes for adults and teens
- Establish and maintain an effective counter-marketing campaign against tobacco use
-

Actions:
-
    - o Partners engaged in this action:
        - CCHHS, ULC, Carson City School District, Nevada Appeal, FISH, Ron Wood, Chamber, Parks & Rec

Adopt a Strategy!:
- Increase smoking cessation attempts by adult smokers. (Healthy People 2020 Objective #TU-4)
-

Community Issue G:
Obesity

Justification: Many different lifestyle and health factors contribute to the development of obesity. According to the American Heart Association, between 60 and 70% of Americans are either overweight or obese. Being obese puts people at a higher risk for developing acute health problems such as heart disease, hypertension, stroke, Type II diabetes, and other chronic diseases. Also, statistics show nearly one in three U.S. children ages 2 to 19 are overweight or obese,, putting them at a higher risk to develop chronic diseases that conventionally only effect adults. After reviewing data from local health care providers such as Carson Tahoe Regional Medical Center and Sierra Family Medical Center, it was discovered that these diseases pose the greatest threat to our community's overall health. Therefore, it has been decided that the prevalence of obesity is an issue that health care stakeholders must address to insure the general quality of life of our community. (www.heart.org, 2011.)

Outcome Objectives:
- Educate on diet and exercise
- Investigate evidence-based research on encouraging exercise and making exercise opportunities more assessable.
-

Actions:
-
  o Partners engaged in this action:
    - CCHHS, Carson City School District, Parks & Rec, Let's Move! Carson City Task Force

Adopt a Strategy!:
- Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity. (Healthy People 2020 Objective #PA-3)
- Increase the proportion of the Nation's public and private schools that require daily physical education for all students. (Healthy People 2020 Objective #PA-4)
- Increase the proportion of adolescents who participate in daily school physical education. (Healthy People 2020 Objective #PA-5)
- Increase regularly scheduled elementary school recess in the United States. (Healthy People 2020 Objective #PA-6)
- Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time. (Healthy People 2020 Objective #PA-7)
- Develop partnerships to create "Biggest Loser" contests to motivate weight loss and to provide success stories???

Priority III: Lifestyle & Behavioral Health

Community Issue H:
Teenage Pregnancy

Justification: The United States has the highest rate of teen pregnancy (71.5 births per 1,000 women age 15-19) in the fully industrialized world (Guttmacher Institute, 2006). Of all the states, Nevada had the highest rate of pregnancy among women age 15-19 at 113 pregnancies per 1,000 women. Nevada also had the eighth highest rate of live births among women age 15-19 at 61 births per 1,000 women. While Carson City's overall rate of pregnancy for all ages is lower than the national and state rate (54.1 compared to 71.5 and 61.2), the rate for women age 18-19 is much higher than the national average and very close to the state average for that age group. There are long term psychosocial and economic disadvantages for the teen mother (Pediatrics 113(2), 2004). Despite the fact that sexuality and family planning have been divisive political issues in this country, there is a near consensus that a reduction in teen pregnancy rates should be a health priority. There is strong evidence that comprehensive sex education can effectively delay sex among young people (Douglas Kirby, ETR Associates). According to the results of a 2005–2006 nationally representative survey of U.S. adults, published in the *Archives of Pediatrics and Adolescent Medicine*, there is far greater support for comprehensive sex education (82%) than for the abstinence-only approach (36%), regardless of respondents' political leanings and frequency of attendance at religious services.

Outcome Objective:
- By _____, revise the formal instruction offered to students at the Carson City School District to incorporate the latest research on evidence-based practices.
- Research and implement evidence-based best practices from other communities.
- Develop community resources to support teen parents and their children (e.g. alternative education, daycare options, parenting education programs).

Actions:
- Indentify communities that have made significant impacts in this area and evaluate what led to their successes.
  - Partners engaged in this action:
    - Carson Tahoe, WIC, Ron Wood, service groups, Nevada Appeal, CCHHS, Carson City School District, Family Planning Committee, Washoe Tribe of Nevada and California, Nevada Urban Indians, State of Nevada, faith-based community
-

Adopt a Strategy!:
- Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in unintended pregnancy. (Healthy People 2020 Objective #ECBP-10.6)
-

Community Issue I:
Sexually Transmitted Diseases

Justification: Sexually transmitted diseases (STDs) are a significant source of health problems in Nevada. According to local statistics from 2005 to 2010, the highest rate of detection of sexually transmitted diseases has been in the early childbearing age range of 18 to 24. Among northern Nevada adolescents and young adults, the rates of Chlamydia infection have been steadily rising, although they remain lower than the national average (Nevada State Health Division, 2010). In Nevada, the 2010 rate was higher than the national rate, at 559 cases and i Carson City in 2010, there were 312 reported cases. Chlamydia prevalence among sexually active persons aged 14-24 years is nearly three times the prevalence among those aged 25-39 years (National Health and Nutrition Examination Survey 1999-2008). Also, among Nevadans in the age group of 30-64 years, the number of Chlamydia and gonorrhea infections exceeds the national average. Prevention programs can effectively reduce high-risk sexual behaviors that lead to STD infection (Am J Pub Health 91(3); 400-405). Research indicates that the most effective programs focus on a single age, gender, and /or ethnic group and incorporate a variety of strategies including risk assessment, skills-building, and communication components.

Outcome Objective:
- Improve and protect the health of adolescents and young adults by increasing rates of Chlamydia screening.
- Increase awareness of the importance of recommended Chlamydia screening through public education.
- Encourage health care providers to increase screening rates.
- Expand community-based STI prevention services specifically targeting indentified population sub-groups
- Identify resources for STI prevention education that can be tailored for us by various community groups such as schools, clinics, service clubs, special interest groups, and churches.

Actions:
-
  - o   Partners engaged in this action:
    - CCHHS, Carson City School District, senior centers

Adopt a Strategy!:
- Increase the proportion of sexually active females aged 24 years and under enrolled in Medicaid plans who are screened for genital Chlamydia infections during the measurement year. (Healthy People 2020 Objective #STD-3)
- STD-4: Increase the proportion of sexually active females aged 24 years and under enrolled in commercial health insurance plans who are screened for genital Chlamydia infections during the measurement year (Healthy People 2020 Objective #STD-4)
-

Community Issue J:
Alcohol & Substance Abuse

Justification: A substantial proportion of the population drinks alcohol. Alcohol use and alcohol-related problems also are common among adolescents. Excessive drinking has consequences for virtually every part of the body. It affects communities by being linked to a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drownings. It also is a factor in homicide, suicide, marital violence, and child abuse and has been associated with high-risk sexual behavior (Healthy People 2010). Carson City has an annual average age-adjusted cirrhosis/liver disease mortality rate of 18.4 deaths per 100,000. This is higher than the 11.7 rate reported for Nevada and the 9.1 rate nationally (CTRH Report 2010). 75% of Carson City high school students report they have had a drink of alcohol at least once, 54% agree or strongly agree that illegal drugs are a problem at their school, and 40% report they have used marijuana.

Outcome Objective:

- Institute policies and informational campaigns for those who provide alcohol, e.g., responsible beverage service training, alcohol age compliance checks, restrictions on drink specials that encourage over-consumption, enhanced enforcement programs to initiate or increase the frequency of retailer compliance checks for laws against the sale of alcohol to minors in a community, and dram shop liability laws that hold retail establishments liable for the results of serving minors and intoxicated patrons.
- Reduce alcohol availability by reducing outlet density (applying regulatory authority through licensing or zoning processes) or by limiting days/times of alcohol sales (policies limiting days and hours of purchase may be made at the state level and, where not prohibited by state pre-emption laws, at local levels).
- Introduce school- and community-based prevention programs such as instructional programs, peer organizations such as Students Against Destructive Decisions (SADD), social norming campaigns, and restricting alcohol advertising placement.
- Increase alcohol excise tax: these taxes are implemented at the state and federal level, and are beverage-specific (i.e., they differ for beer, wine, and spirits). They are usually based on the amount of beverage purchased, not on the sales price, so effects can erode over time due to inflation if they are not adjusted regularly.
- Use sobriety checkpoints where law enforcement officers can stop drivers to assess their level of alcohol impairment (officers must have reason to suspect a driver has been drinking before testing).
- Regulate provision, possession, consumption, and purchase of alcohol for and by minors, such as policies to address many aspects of underage drinking including furnishing alcohol to minors, underage possession of alcohol, underage consumption of alcohol, and underage purchase of alcohol.
- Implement multi-component interventions with community mobilization, including many components such as sobriety checkpoints, training in responsible beverage service, education and awareness-raising efforts, and limiting access to alcohol.
-

Actions:
-
    o Partners engaged in this action:
        ▪ Partnership Carson City

Adopt a Strategy!:

- ECBP-10.5: Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in Substance Abuse.
- ECBP-11: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.
- SA-4: Increase the proportion of adolescents who perceive great risk associated with substance abuse
- SA-9: Note: I don't have this one (Sandy) but we mentioned it in our meeting.

Community Issue K:
Pedestrian and Bicycle Safety and Access

Justification: In 2010, the Carson City Sheriff's Office recorded _____ pedestrian accidents and _____ bicycle accidents. According to a local Carson City based nonprofit agency, Muscle Powered, "Nevada's pedestrian fatality rate is almost twice the US average. Between 2000 and 2009, 541 people were killed while walking in Nevada – this makes the state the eighth most dangerous in the nation for walking, according to Transportation for America's 2011 "Dangerous by Design" report. Conditions are also hazardous for bicyclists. Urban streets and rural roads with high speed limits, a discontinuous bicycle and pedestrian transportation system, and careless drivers in a car-oriented culture make for dangerous conditions" (year). There has been recent legislative action to protect those using alternative transportation. During the last biennium session, two bills were passed by the Nevada Legislature to help improve pedestrian and bicycle safety. These include the Nevada Vulnerable Highway Users bill increasing penalties for vehicle accidents with cyclists or pedestrians, and the "3-Foot Passing" Law requiring greater space allowance for cyclists on roadways.

Outcome Objective:

- Develop pedestrian/bicycle master plans that work to increase walking and biking trails and improve connectivity of non-auto paths and trails.
- Encourage zoning that enables physical activity, e.g., high-density mixed use zoning.
- Improve streetscape design to encourage walking, including some or all of the following: street lighting, traffic calming design elements, increased sidewalk coverage, infrastructure projects to increase ease and safety of street crossing, and increased connectivity of pedestrian walkways.
- Institute engineering and traffic calming measures to reduce speed, e.g., single-lane roundabouts, sidewalks, exclusive pedestrian signal phasing, pedestrian refuge islands, increased intensity of roadway lighting, and red-light-running cameras. Traffic calming measures include speed bumps, mini-roundabouts, road surface treatment, changes to road lighting, and one-way streets.

Actions:

-
  - o Partners engaged in this action:
    - Let's Move! Carson City Task Force, Muscle Powered, Parks & Rec, Carson City Public Works

Adopt a Strategy!:

- PA 13: Increase the proportion of trips made by walking
- PA 14: Increase the proportion of trips made by bicycling
- PA 15.3: Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities: Transportation and travel policies

Appendix

Healthy People 2020 Objectives Being Met by Outcome Objectives

Community Issue A: Improving Access to Health Information – Health Resources in Carson City
- Increase the proportion of quality, health-related Websites (#HC/HIT-8)
- Increase the proportion of medical practices that use electronic health records (#HC/HIT-9)
- Increase social marketing in health promotion and disease prevention (#HC/HIT-13)

Community Issue B: Improving Access to Health Information – Health Data from Community Partners
- Increase the proportion of Healthy People 2020 objectives that are tracked regularly *at the local level* (#PHI-8)
    - o Increase proportion of objectives that originally did not have baseline data but now have at least baseline data (#PHI-8.1)
    - o Increase the proportion of objectives that have at least a baseline and one additional data point (#PHI-8.2)
    - o Increase the proportion of objectives that are tracked at least every 3 years (#PHI-8.3)
- PHI-9: Increase the proportion of *Healthy People 2020 objectives* for which *local* data are released within 1 year of the end of data collection (#PHI-9)

Community Issue C: Improving Access to Health Care – Oral Health
- Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year (#OH-7)
- Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year (#OH-8)
- Increase the proportion of Federally Qualified Health Centers that have an oral health care program (#OH-10.1)
- Increase the proportion of children and adolescents who have received dental sealants on their molar teeth (#OH-12)
    - o Children aged 3 to 5 years, on one or more of their primary molar teeth (#OH-12.1)
    - o Children aged 6 to 9 years, on one or more of their permanent first molar teeth (#OH-12.2)
    - o Adolescents aged 13 to 15, on one or more of their permanent molar teeth (#OH-12.3)
- Increase the proportion of preschools *and Early Head Start programs* that provide health education to prevent health problems in dental and oral health (#ECBP-1.8)
- Increase the proportion of elementary, middle, and senior high schools that provide school health education to promote personal health and wellness in dental and oral health (#ECBP-4.2)

Community Issue D: Improving Access to Health Care – Mental Health

- Reduce the suicide rate (#MHMD-1)
- Increase the proportion of children with mental health problems who receive treatment (#MHMD-6)
- Increase the proportion of persons adults with mental health disorders who receive treatment (MHMD-9)
  - Adults aged 18 years and older with serious mental illness (SMI) (#MHMD-9.1)
  - Adults aged 18 years and older with major depressive episode (#MHMD-9.2)
- Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders (#MHMD-10)
- Increase the number of community-based organizations providing population-based primary prevention services in mental illness (#ECBP-10.3)

Community Issue E: Type II Diabetes
- Reduce the annual number of new cases of diagnosed diabetes in the population (#D-1)
- Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education (#D-14)
- Increase prevention behaviors in persons at high risk for diabetes with pre-diabetes (#D-16)

Community Issue F: Smoking/Tobacco Cessation
- Reduce tobacco use by adults (#TU-1)
- Reduce tobacco use by adolescents (#TU-2)
- Increase recent smoking cessation success by adult smokers (#TU-5)
- Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors (#TU-19)
- Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in tobacco use (#ECBP–10.4)

Community Issue G: Obesity
- Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in nutrition (#ECBP 10.8)
- Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in physical activity (#ECBP 10.9)
- Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs (#ECBP–11)
- Increase the proportion of trips made by walking (#PA–13)
- Increase the proportion of trips made by bicycling (#PA–14)
- Children and adolescents aged 5 to 15 years, trips to school of 2 miles or less (#PA–14.2)
- Reduce the proportion of adults who engage in no leisure-time physical activity (#PA–1)
- Reduce the proportion of adults who are obese (#NWS–9)
- Reduce the proportion of children and adolescents who are considered obese (#NWS–10)
- Increase the proportion of adults who are at a healthy weight (#NWS–8)
- Increase the proportion of older adults with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure-time physical activities (#OA–6)

Community Issue H: Teen Pregnancy
- Reduce the pregnancy rate among adolescent females aged 18 to 19 years (#FP-8.2)
- Increase the proportion of adolescents who received formal instruction on reproductive health topics before they were 18 years old (#FP12)

Community Issue I: Sexually Transmitted Diseases
- Increase the proportion of sexually active persons aged 15 to 19 years who use condoms to both effectively prevent pregnancy and provide barrier protection against disease (#FP-10)
- Increase the proportion of sexually active persons aged 15 to 19 who use condoms and hormonal or intrauterine contraception to both effectively prevent pregnancy and provide barrier protection against disease (#FP-11)
- Increase the proportion of adolescents who receive formal instruction on reproductive health topics, such as sexually transmitted diseases before they were 18 years old (#FP-12.7 & 12.8)
- Increase the proportion of college and university students who receive information from their institution on HIV, AIDS and STD infection (#ECBP-7.8)
- Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections (#STD-1)

Community Issue J: Alcohol and Substance Abuse
- Increase the number of community-based organizations providing population-based prevention services in substance abuse (#ECBP-10.5)
- Increase the proportion of persons who are referred for follow-up care for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department (#SA-9)
- Reduce the proportion of persons engaging in binge drinking of alcoholic beverages (#SA-14)

Community Issue K: Pedestrian and Bicycle Safety and Access
- Increase the proportion of trips made by walking (#PA-13)
- Increase the proportion of trips made by bicycling (#PA-14)
- Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities (#PA-15)

Glossary of Terms & Abbreviations

- **Health Action Plan –**
- **Strategic Plan –**

Abbreviations

- CCHHS   Carson City Health and Human Services
- FISH   Friends in Service Helping
- HP2020   Healthy People 2020
- PCC   Partnership Carson City
- SFMC   Sierra Family Medical Center
- ULC   United Latino Communities
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Healthy People 2020 Objective Abbreviations

- D   #8 - Diabetes
- ECBP   #11 – Educational and Community-Based Programs
- FP   #13 – Family Planning
- HC/HIT   #18 – Health Communication and Health Information Technology
- MHMD   #28 – Mental Health and Mental Disorders
- NWS   #29 – Nutrition and Weight Status
- OA   #31 – Older Adults
- OH   #32 – Oral Health
- PA   #33 – Physical Activity
- PHI   #35 – Public Health Infrastructure
- STD   #37 – Sexually Transmitted Diseases
- SA   #40 – Substance Abuse
- TU   #41 – Tobacco Use

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- Local Public Health System Performance (LPHS) Assessment, Carson City Health and Human Services, March 2011
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Data Review

- Nevada Rural and Frontier Health Data Book, 2011 Edition, Carson City Data, Nevada State Office of Rural Health
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- 2009-2014 Health Care Plan – Nevada Health Centers, Inc.
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10 Essential Public Health Services

The Core Public Health Functions Steering Committee developed the framework for the Essential Services in 1994. This steering committee included representatives from US Public Health Service agencies and other major public health organizations.

The Essential Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems.

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.