

**City of Carson City
Agenda Report**

Date Submitted: August 27, 2013

Agenda Date Requested: September 5, 2013

Time Requested: Consent Agenda

To: Carson City Board of Supervisors

From: Health & Human Services (Nicki Aaker)

Subject Title: For Possible Action: To approve Carson City Health and Human Services' (CCHHS') request to apply for the Tobacco Master Settlement Agreement (MSA) Funds from Department of Health and Human Services, Division of Public and Behavioral Health, Tobacco Prevention and Control Program. The amount CCHHS is applying for approximately \$100,000 annually. (Cindy Hannah)

Staff Summary: The Fund for a Healthy Nevada (FHN) was created in 1999 under NRS 439.620 with 50% of the State's share of the national Master Settlement Agreement (MSA) with the tobacco industry. The Nevada State Health Division has received \$1 million in MSA funding effective July 1, 2013. The project's available funding for Tobacco Prevention and Control annually is \$950,000. Twenty-five percent (25%) of the total budget must be awarded to the community; therefore, CCHHS will work with community partners to meet this requirement. The grant period begins October 1, 2013 and ends June 30, 2015.

Type of Action Requested: (check one)

☐ Resolution

☐ Ordinance

☒ Formal Action/Motion

☐ Other (Specify) Information Only

Does This Action Require A Business Impact Statement: ☐ Yes ☒ No

Recommended Board Action: I move to approve Carson City Health and Human Services' (CCHHS') request to apply for the Tobacco Master Settlement Agreement (MSA) Funds from Department of Health and Human Services, Division of Public and Behavioral Health, Tobacco Prevention and Control Program. The amount CCHHS is applying for approximately \$100,000 annually.

Explanation for Recommended Board Action: If this is approved CCHHS will have the ability to enhance the existing Tobacco Cessation program to the residents of Carson City.

Applicable Statue, Code, Policy, Rule or Regulation: NRS 439.630(1)(g)(f)

Fiscal Impact: No General Fund Impact

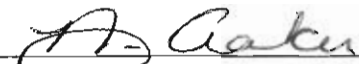
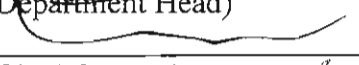
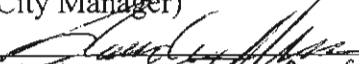
Explanation of Impact: N/A

Funding Source: Department of Health and Human Services, Division of Public and Behavioral Health, Tobacco Prevention and Control Program

Alternatives: 1. To not approve CCHHS' request to apply for the Tobacco Master Settlement Agreement Funds

Supporting Material: Nevada's Tobacco Prevention and Control Program, Request for Applications; Department of Health and Human Services, Division of Public and Behavioral Health, Tobacco Prevention and Control Program

Prepared By: Nicki Aaker, MSN, MPH, RN

Reviewed By: <u></u>	Date: <u>8/27/13</u>
(Department Head)	
<u></u>	Date: <u>8/27/13</u>
(City Manager)	
<u></u>	Date: <u>8/27/13</u>
(District Attorney)	
<u></u>	Date: <u>8/27/13</u>
(Finance Director)	

Board Action Taken:

Motion: _____	1) _____	Aye/Nay
	2) _____	_____

(Vote Recorded By)

Nevada's Tobacco Prevention and Control Program **Request for Applications**

**Department of Health and Human Services
Division of Public and Behavioral Health
Tobacco Prevention and Control Program**



Brian Sandoval, Governor
State of Nevada

Michael J Willden, Director
Department of Health and Human Services

Jul 2013

Richard Whitley, MS, Administrator
Division of Public and Behavioral Health

Tracey Green, MD, Chief Medical Officer
Division of Public and Behavioral Health

STATE OF NEVADA
Division of Public and Behavioral Health

Background

The Fund for a Healthy Nevada (FHN) was created in 1999 under NRS 439.620 with 50% of the state's share of the national Master Settlement Agreement (MSA) with the tobacco industry. The Nevada State Health Division has received \$1 million in MSA funding effective July 1, 2013.

Senate Bill (SB) 421, passed in June 2011, revised the legislation under which the FHN will be administered. SB 421 resulted in the following changes.

- The Trust Fund for Public Health was eliminated. The money in the Trust Fund will be transferred to the FHN, increasing the FHN share of the MSA to 60%.
- The provision specifying the percentages of available revenues to be allocated from the FHN to specific programs was eliminated. Beginning with the State Fiscal Year (SFY) 2014-2015 budgeting process, the Department of Health and Human Services (DHHS) is required to consider recommendations submitted by the Grants Management Advisory Committee (GMAC), the Nevada Commission on Aging (CoA) and the Nevada Commission on Services for Persons with Disabilities (CSPD) in proposing a plan for allocation of money for the FHN programs. The GMAC, CoA and CSPD must seek community input on needs when developing their recommendations.
- The provision related to Children's Health was revised to broaden the kinds of projects that may be supported with these funds. The revised legislation covers "programs that improve the health and well-being of residents of this State, including, without limitation, programs that improve health services for children."

Grant Period

The grant period for this Request for Applications (RFA) is SFY 14-15 – beginning October 1, 2013 and ending June 30, 2015. An interim progress report will be required and reviewed during the month of May to determine funding during SFY 2015.

* Dates are subject to change.

Definitions and General Purpose Funding

Following are definitions of tobacco prevention and control

The Nevada Tobacco Prevention and Control Program

- The mission of the Tobacco Control Program is to reduce the overall prevalence of tobacco use among Nevada residents.
 - The goal of a comprehensive tobacco control program is to reduce disease, disability, and death related to tobacco use by:
 - Preventing the initiation of tobacco use among young people
 - Promotion quitting among young people and adults
 - Eliminating nonsmoker's exposure to secondhand smoke (SHS)
 - Identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

The purpose of the funding associated with this RFA is to address tobacco prevention and control in Nevada.

- According to the CDC, the use of tobacco is the single most preventable cause of illness and death in the United States. The adverse health effects from cigarette smoking account for an estimated 443,000 deaths, or nearly one of every five deaths, each year in the United States. It is estimated that 18.7% (3430 deaths) among adults 35+ that occurred in Nevada in 2010 were attributable to cigarette smoking.
- In 2010, there were more smoking related deaths for males as compared to females. Of the 3430 Smoking-Attributed Mortality (SAM) deaths among adults age 35+, it is estimated that 57.7% (1,979 deaths) were male deaths and 42.3% (1,451 deaths) were female deaths.
- Smoking-attributed deaths have been causally linked to three main disease categories: cancer, cardiovascular disease, and respiratory disease.
- Among ten types of cancer for which smoking is a contributor, the trachea, lung, bronchus category of cancers had the highest SAM rate at 75 deaths per 100,000 residents among adults age 35+. Trachea, lung, bronchus cancers were responsible for 1,022 SAM deaths in 2010, while other cancers account for 354 SAM deaths.

Available Funding

Projected available funding for Tobacco Prevention and Control projects annually is \$950,000. This projection is approximate and is subject to change at any time.

100% of the funds that will be awarded come from the FHN stream known as "Disability Services."

Proposals that are funded in part or in whole under 439.630(1)(g) must consist of "programs that improve the health and well-being of residents of this State."

*Below the Division of Public and Behavioral Health is referred to as the Health Division as referenced in NRS.

Proposals that are funded in part or in whole under NRS 439.630 (1) (f) are "subject to legislative authorization, allocate to the Health Division money for programs that are consistent with the guidelines established by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services relating to evidence-based best practices to prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco. In making allocations pursuant to this paragraph, the Health Division shall allocate the money, by contract or grant:

- (1) To the district board of health in each county whose population is 100,000 or more for expenditure for such programs in the respective county;
- (2) For such programs in counties whose population is less than 100,000; and
- (3) For statewide programs for tobacco cessation and other statewide services for tobacco cessation and for statewide evaluations of programs which receive an allocation of money pursuant to this paragraph, as determined necessary by the Health Division and the district boards of health.

Proposals that are funded in part or in whole under NRS 439.630 (1) (f) must: "(l) Develop policies and procedures for the administration and distribution of contracts, grants and other expenditures to state agencies, political subdivisions of this State, nonprofit organizations, universities, state colleges and community colleges. A condition of any such contract or grant must be that not more than 8 percent of the contract or grant may be used for administrative expenses or other indirect costs. The procedures must require **at least one competitive round of requests for proposals per biennium.**"

Budget Requirements

25% of total budget must be awarded to the community.

Work plan Requirements

Interventions purposed in work plan must be from the two identified intervention domains (2. Increasing Tobacco Use Cessation and 3. Reducing Exposure to Environmental Tobacco Smoke) as described by the Guide to Community Services; address Goals 3 and 4 of the Chronic Disease Prevention and Health Promotion State Plan identified in the state plan (Appendix H); address the at least one of the 4 Goals of the CDC, Office of Smoking and Health (OSH).

Interventions - The Guide to Community Services, (The Community Guide) What Works to Promote Health: Tobacco Use (Appendix G). The work plan must include at least one intervention before. Use *Best Practices for Comprehensive Tobacco Control Programs* (http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm) for additional information.

Intervention 2: Increasing Tobacco Use Cessation

- Increasing the unit price of tobacco products
- Mass media campaigns when combined with other interventions
- Mobile phone-based interventions
- Multicomponent interventions that include client telephone support
- Provider reminders when used alone
- Provider reminders with provider education
- Reducing client out-of-pocket costs for cessation therapies

Intervention 3: Reducing Exposure to Environmental Tobacco Smoke

- Smoking bans and restrictions

Chronic Disease Prevention and Health Promotion State Plan goals (Appendix H or http://www.health.nv.gov/CD_ChronicDisease.htm)

Domain 2: Clinical and Health Services: The provision and quality of clinical and health preventive services will become institutionalized with gold standards and best practices throughout the state.

Domain 3: Environmental and System Changes: Nevada will work to improve, upgrade, or enhance the physical environments in which residents and visitors live, work, and play to support health promoting behaviors that encourage healthy eating, physical activity and tobacco cessation.

Goals of the CDC, Office of Smoking and Health (OSH)

http://www.cdc.gov/tobacco/osh/mission_vision/index.htm

Goal 1: Prevent initiation of tobacco use among youth and young adults

Goal 2: Promote tobacco use cessation among adults and youth

Goal 3: Eliminate exposure to secondhand smoke

Goal 4: Identify and eliminate tobacco-related disparities

Example (1 intervention, 1 Domain, 1 CDC Goal):

Intervention 2: Multicomponent interventions that include client telephone support

Domain 2: Clinical and Health Services: The provision and quality of clinical and health preventive services will become institutionalized with gold standards and best practices throughout the state.

CDC Goal 2: Promote tobacco use cessation among adults and youth.