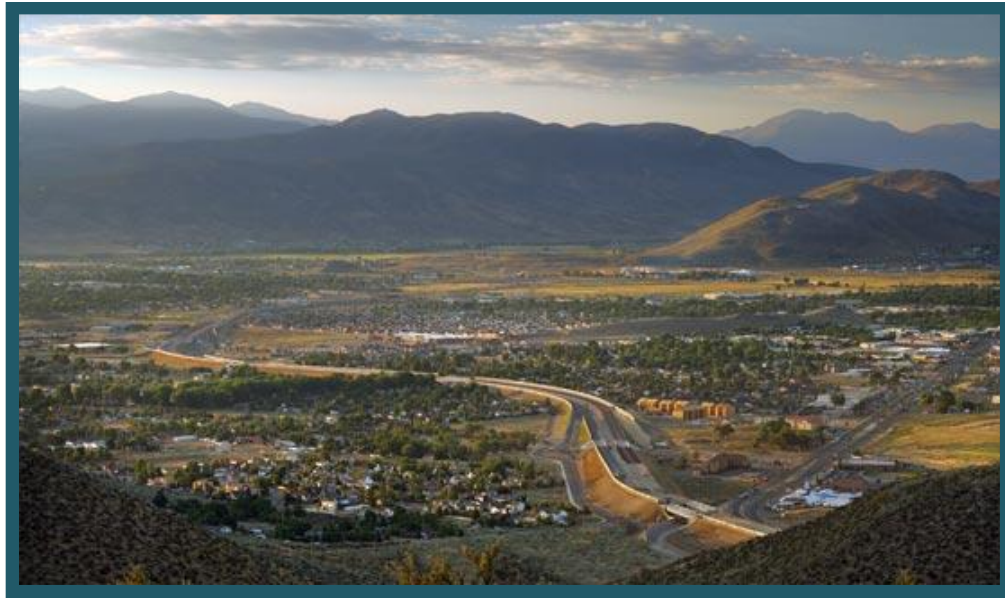# Get Healthy Carson City!

www.carson.org

A 2020 Health Action Plan

A Community Health Improvement Plan

June 2012
Updated December 2014
Accepted January 2015
Version 1.1

www.GetHealthyCarsonCity.org
cchhsinfo@carson.org

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Carson City Health Action Planning Committee

Stacey Giomi	Carson City Fire Department
Sam Santillo	Carson City School District
Diane Rush	Carson Tahoe Health
Jim Peckham	Friends in Service Helping (FISH)
Tonya Champa (past) Robert Galloway	Nevada Appeal
(past) Emily Brown	Nevada Public Health Foundation
(past) Sandy Wallace	Sierra Family Health Center, Nevada Health Centers, Inc.
Suzanne Quilici (past) Vicki Hamilton	Silver State Charter Middle and High Schools

Carson City Health and Human Services

Nicki Aaker (past) Marena Works	Director
Susan R. Pintar	Health Officer
Dustin Boothe	Disease Control and Prevention Manager
Mary Jane Ostrander	Human Services Manager
Cortney Bloomer	Health Educator
Valerie Cauhape	Public Health Program Specialist

Primary Partner Organizations
(December 2014)

Carson City Health and Human Services
Carson Mental Health Center
Carson Tahoe Health (CTH)
Carson Tahoe Behavioral Health Services
(CTBH)
Friends in Service Helping (FISH)

Muscle Powered Carson City
Nevada Appeal
Partnership Carson City (PCC)
Safe Routes to School
Silver State Charter Schools

Secondary Partner Organizations
(December 2014)

These partners are currently unable to participate in all undertakings of the Committee, but maintain activity in one of two ways, either they (1) receive updates to the progress of this plan, and step in to aid in committee work when called upon, or (2) act as a partner organization to the Lead Organization for a specific Community Issue.

Carson Agency Action Network (CAAN)
Carson City Fire Department
Carson City Parks and Recreation
Carson City Public Works
Carson City School District
Carson City Sheriff's Office
Nevada Division of Public and Behavioral
Health (Nevada DPBH)
Nevada Department of Transportation
(NDOT)
Partnership of Community Resources (PCR)
United Latino Communities (ULC)
Western Nevada College

(This list will be updated as organizations commit to taking action.
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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Introduction

Background

Public health is about protecting the health of the entire population. It is "the science of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention" (Association of Schools of Public Health, 2011). The 10 Essential Public Health Services, which provide a framework for what public health activities should be undertaken in all communities, are listed on page 69 in the Resources section of the Appendix.

The mission of Carson City Health and Human Services (CCHHS) is to protect and improve the quality of life for our community through disease prevention, education and support services. While governmental public health agencies, such as CCHHS, are a major contributor to the public health system, they are by no means the only provider. The public health system includes partners from "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction." The public health system consists of a broad spectrum of community members including:

Public health agencies	Public safety agencies
Healthcare providers	Recreation and arts-related organizations
Human service and charity organizations	Economic and philanthropic organizations
Education and youth development organizations	Environmental agencies or organizations

(Centers for Disease Control and Prevention, 2007.)

In the fall of 2010, Carson City Health and Human Services led the community in the completion of the Centers for Disease Control and Prevention's (CDC) local 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 Healthy Carson City!"). The Committee consisted of a group of individuals who had participated in the NPHPSP and was tasked with completing a Community Health Improvement Plan (CHIP) that would serve as a long-term, systematic plan describing how the community would work together to improve the health of Carson City.

The Committee gathered and reviewed community health information, which included various governmental and non-governmental sources and information accumulated from the NPHPSP assessment. This review led the Committee to examine trends and issues that emerged and 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

The draft Action Plan was presented to the community in January 2012 for feedback and to request commitment to action steps from the community partners. After a review of community feedback and a revision of objectives and timelines, the Committee finalized the CHIP, which was presented and approved at the June 21, 2012, Carson City Board of Health meeting.

Healthy People 2020

Healthy People is an initiative developed by a workgroup of federal agencies 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 and action steps. Refer to the "Healthy People 2020 Objectives for Health Action Plan" section on page 40 in the Appendix to see the specific HP2020 objectives that have been adopted for Carson City. These national objectives have either inspired Carson City's goals, or are included as guidance for continued health improvement. More information on each of these, including links to evidence-based strategies for improvement, can be accessed online at www.healthypeople.gov/2020/topicsobjectives2020/.

Prevention Happens at All Levels

For each of the Priority Areas we present, the strategies follow the *Spectrum of Prevention* model (Contra Costa County, 2011). This model was originally developed by Larry Cohen in the 1980s for the Contra Costa Health Services Prevention Program in Contra Costa, California. 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 and 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 and Networks	Bringing together groups and individuals for broader goals and greater impact
5. Mobilizing Neighborhoods and 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 and 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. As steps are taken to achieve each objective and as new strategies are adopted to reach our goals, it is important to try to take action at each of the seven levels of the *Spectrum* in order to create long-term, sustainable change.

What You Can Do!

The Committee realized we couldn't and shouldn't act alone. This "Get Healthy Carson City!" health action plan is an invitation to all Carson City residents and stakeholders. We cordially invite your participation at one or more of the *Spectrum* levels above. The Committee members and multiple community partners have already committed to action for improving each of the three priority areas. For each community issue, an "Adopt a Strategy" section has also been included to suggest and encourage additional activities towards meeting the overall goal.

We invite you to ask yourself the following questions and consider becoming involved with organized health improvement in Carson City:

> 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?

**If you or your organization is interested in being included in the
"Get Healthy Carson City!" health action plan, or for more information,
please send us an email at cchhsinfo@carson.org.**

Taking Action

This is a document that will grow, change and adapt as our community grows, changes and adapts. If you or your organization would like to be included in this community health action plan, we can add your name to the document. Please email cchhsinfo@carson.org and include your contact information and the Community Issue or Action Step in which you would like to be involved.   A community lead has been identified for each of the "Action Steps," and this person will coordinate volunteers for each of these areas.

In order to make sure true progress is being made towards improving Carson City's health, it is important to set mileposts that create targets for accountability. These targets should be SMART (Specific, Measurable, Achievable, Realistic, Time-phased). The community lead will work with volunteers to create SMART objectives for each activity, and these mileposts will be included with the health action plan in a separate document that will be available by the end of 2012. (For more information on SMART Objectives, read the CDC's overview at http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf .)

The Committee and community leads will continue to meet regularly. Progress will be reviewed at least annually by the Committee and the action plan will be updated every three years to show how our community is improving the health of the citizens of Carson City. For the most current updates to the plan, plus an up-to-date list of involved partners, please visit www.GetHealthyCarsonCity.org.

2014 Report and Update

As mentioned above, the CHIP document itself is meant to be a living document. With that in mind, in 2014 it was decided that the document needed to be updated to reflect the current objectives and activities of the CHIP subcommittees responsible for the work being completed. Among the changes made, the organization of each of the Community Issue pages has been updated to better associate activities with the objectives they are attempting to fulfill, along with their projected finish dates. Work that has been completed or abandoned is organized by Community Issue in the appendix.

Subcommittee Groupings

As work began on the CHIP after its publication in 2012, it quickly became clear to all committee members that it would be more efficient to group some Community Issues together that had the same partners and closely aligned objectives. Conversely, some subcommittees for Community Issues do not currently work together due to work unrelated to that of other subcommittees. This process resulted in the following groupings:

> ### Access to Health Information and Health Care
> #### Health Information Subcommittee Grouping:
> - Community Issue A: Improving Access to Health Information –- Health Resources in Carson City
> - Community Issue B: Improving Access to Health Information Health Data from – Community Partners
> #### Stand-Alone Subcommittee
> - Community Issue C: Improving Access to Health Care – Oral Health
> #### Stand-Alone Subcommittee
> - Community Issue D: Improving Access to Health Care – Mental Health
>
> ### Chronic Disease Prevention
> #### Chronic Disease Subcommittee Grouping:
> - Community Issue E: Type II Diabetes
> - Community Issue F: Smoking/Tobacco Cessation
> - Community Issue G: Obesity
>
> ### Lifestyle and Behaviors
> #### Teen Pregnancy and STD Subcommittee Grouping:
> - Community Issue H: Teen Pregnancy
> - Community Issue I: Sexually Transmitted Diseases
> #### Stand-Alone Subcommittee
> - Community Issue J: Alcohol and Substance Abuse
> #### Stand-Alone Subcommittee
> - Community Issue K: Pedestrian and Bicycle Safety and Access

Because of these grouped subcommittees, there are some objectives and activities that are shared between two or more Community Issues. These shared objectives are outlined in a separate section following the grouped Community Issues that share the work outlined by the objectives.

Completed or Abandoned Objectives

All Outcome Objectives and their associated Action Steps have been reviewed by subcommittee members. Those that have been completed, or those that have been discarded, as of the 2014 update can be found in the Completed and Abandoned Objectives by Community Issue section of the appendix, starting page 49.

Monitoring and Reporting

As work on the CHIP progressed after its publication in 2012, it became evident that a new system of monitoring the progress of the subcommittees would be necessary. After exploring various methods to report on progress of activities, it was decided to utilize a cloud-based program to monitor objectives and activities that could be accessed by the lead partner organizations. This program also allows for the capturing of quarterly reports through the ability to export all data in the program directly into either a PDF or MS Excel spreadsheet to give a point-in-time update on current subcommittee activities.

In addition to the abovementioned quarterly report, a brief narrative of progress will be released annually, the first to be produced at the end of calendar year 2015. These annual narratives will be available to the public on the CCHHS website, gethealthycarsoncity.org. The CHIP document itself will then be updated annually to reflect progress made towards objectives. Reports of progress to date specific to each Community Issue can be found in each section of this document under the heading "2014 Update."

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 and Behaviors

Teen Pregnancy
Sexually Transmitted Diseases
Alcohol and Substance Abuse
Pedestrian and Bicycle Safety and Access

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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 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" (U.S. Department of Health and Human Services, 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.

2014 Update:
The first project to be tackled by this subcommittee was the development of an online, regularly updated, listing of available resources that are located in Carson City. Although many printed resource listings had been developed by various community organizations, it was common that changes in grant funding or other organizational changes would alter the availability of the resources listed, thus making resource listings nearly obsolete very soon after publication. Partnership Carson City took an early lead on this project and was able to designate funding, staff time, and technological resources to build the online resource listing. Furthermore, a part-time staff member was hired by Partnership Carson City to maintain the resource listing, in order to help ensure that the system functions properly and that all organizational information is kept accurate. Next steps to be taken in this project include the development and implementation of a marketing plan to better communicate the availability of the website itself, as well as the resources provided. The resource listing can be viewed at the following web address: www.pcccarson.org/?page_id+34.

Additional projects are being planned by this committee, and are set for completion by the end of 2015.

Challenges:
- Getting updated information from service providers – difficult to get them to respond or update information as staff or grants change

Successes:
- Resource listing on Partnership Carson City website created
- Part-time staff member hired by Partnership Carson City dedicated to web-based resource listing maintenance
- Website and resource listing can be translated to 50 different languages, including Spanish
- Partnership Carson City Strategic Plan created, resource listing included (Objective 2), along with staff assigned to resource listing in the Strategic Plan

Current Objectives			
Objective	**Action Step**	**Lead and Partner Organizations**	**Projected End Date**
Outcome Objective 1: Designate a website and supplementary materials that lists and links all community health resources in Carson City	**Action Step 3:** Survey community service providers and update the online health resource directory on a quarterly basis	**Lead:** PCC **Partners:** CAAN CCHHS	**Ongoing**
Outcome Objective 2: Create a strategic plan that defines the management, marketing, and updating of a community health resource website	**Action Step 1:** Create a marketing plan and informational resources (e.g., brochures, social media) to promote usage and knowledge of website by community members and health service providers and distribute to the community	**Lead:** PCC	**April 30, 2015**
Outcome Objective 3: Uncover gaps in coverage and overlapping services through a review of the compilation of local health resources	**Action Step 1:** Set up a committee or coalition to develop and manage the survey process and identify gaps in coverage and overlapping services	**Lead:** PCC **Partners:** CAAN	**April 30, 2015**
Outcome Objective 4: Implement a monthly "Face-to-face" venue to allow local health and support service providers to network (collaborate) and share service and information resources benefiting clients	**Action Step 1:** Hold monthly in-person meetings allowing all area service providers, governmental organizations, and non-profits to share information about upcoming community issues, resources, and events	**Lead:** PCC **Partners:** CAAN	**Ongoing**

For completed Outcome Objectives and Action Steps, see page 49.

Adopt a Strategy:

- Include a link to Carson City health resources website on organizational webpage
- Link Carson City resources to other resources, including Nevada 211
- Engage individuals and organizations within the community
- Suggestions welcomed!

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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 (U.S. Department of Health and Human Services, 2011). Many local organizations track health information, and some local statistics can be collected from organizations such as the Nevada State Office of Rural Health or the Nevada State Health Division. Yet this data is not regularly compiled and compared in a comprehensive manner for our community; thus, we do not have a true perspective of local health outcomes and needs.

2014 Update:

During the initial Community Health Assessment process completed in 2012, it was difficult for partner organizations to find comparable data. Although all organizations were collecting some sort of data, it was often collected through differing means, population subgroups, or other issues that made data incomparable. Many local organizations working with children depended on data disseminated from the Youth Risk Behavioral Survey (YRBS), which changed with every implementation over the last several years, also making data incomparable over time.

After the completion of this Community Health Improvement Plan, CCHHS staff joined other statewide public health representatives to develop a Community Health Indicators listing for all public health agencies and non-profits to use in data collection processes to improve the comparability of data collected. Afterwards, Partnership Carson City (PCC) took on the Lead role for this Community Issue, since the resulting objectives closely aligned with the organization's strategic priorities. At the time of this update, PCC was working to hire a part-time staff member that, among other duties, would be responsible for working with local governmental and non-profit agencies to begin the data collection process, using the Community Health Indicators listing as a guide. This staff member will be working largely with the CCHHS epidemiology staff to develop a set of standardized data for Carson City, and will also include data for neighboring areas that are impacted by Carson City resources.

Challenges
- Inconsistent data from YRBS (changes in the wording, or removal/addition of questions, all affect the comparability of data over time)
- YRBS is youth self-reported data, which decreases reliability
- Inconsistent data collection (if collected at all) among other organizations
- Difficult to get regional or local data on youth

Successes
- Work among all Nevada public health authorities resulted in a Community Health Indicators list as a starting point for comparable data collection
- Part-time staff person at Partnership Carson City that will be dedicated to this project to work with CCHHS epidemiology staff members to work on improving local data for Carson City and the surrounding areas

Current Objectives			
Objective	**Action Step**	**Lead and Partner Organizations**	**Projected End Date**
Outcome Objective 1: Create a centralized process for collection and publication of Carson City health data	**Action Step 1**: Determine standardized data requirements for health data collection in Carson City	**Lead:** CCHHS **Partners:** PCC	*June 30, 2015*
	Action Step 2: Identify community partners who can contribute health data	**Lead:** CCHHS **Partners:** PCC	*June 30, 2015*
	Action Step 3: Disseminate data standards and compilation deadlines to community partners collecting health data	**Lead:** CCHHS **Partners:** PCC	*June 30, 2015*
	Action Step 4: Collect health data from community partners every three years	**Lead:** CCHHS **Partners:** PCC	*December 31, 2015*
Outcome Objective 2: Identify gaps in data that are not currently being collected	**Action Step 1:** Identify important data that is missing from currently available information	**Lead:** CCHHS **Partners:** PCC	*June 30, 2015*
	Action Step 2: Develop a plan to collect missing data	**Lead:** CCHHS **Partners:** PCC	*June 30, 2015*
Outcome Objective 3: Disseminate and interpret health information data to the community	**Action Step 1:** Release health data to community in the form of a new or existing community health assessment report within a year of data collection.	**Lead:** CCHHS **Partners:** PCC	*December 31, 2016*

For completed Outcome Objectives and Action Steps, see page 49.

Adopt a Strategy:
- Bring a mobile dental program annually or biannually to schools
- Engage individuals and organizations within the community
- Suggestions welcomed!

Community Issue C:
Improving Access to Health Care – Oral Health

Justification: Oral health is linked to overall health and well-being; however, socioeconomic factors can affect a person's ability to access oral health care. Limited access and availability of dental services can especially impact these populations, as well as those persons with disabilities or with chronic health conditions. 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. (U.S. Department of Health and Human Services, 2011.)

Nevada ranks 48th in the nation for adults who have visited a dentist in the last year, and 28.1% of 3rd grade students surveyed in 2009 had untreated tooth decay (Centers for Disease Control and Prevention, 2011). In the past year, dental coverage has been reduced or eliminated from many health insurance plans. 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 (Griswold and Packham, 2011), data on populations served and acceptance of Medicaid is not readily available.

2014 Update:
The reason for including access to oral health care in the Community Health Improvement Plan was an overall lack of services locally available to persons without insurance, or who are underinsured for dental care. Unfortunately, the oral health disparity also includes a lack of local organizations with the expertise and professional access that could take the Lead on this Community Issue. Because of this, previous oral health objectives have been tabled until a new Lead for this Community Issue can be identified. The current Outcome Objectives and Action Steps below reflect these next steps.

Challenges:
- Lack of local dental resources for community members without proper dental insurance coverage
- Lack of local experts to lead the issue and create necessary connections

Current Objectives			
Objective	**Action Step**	**Lead and Partner Organizations**	**Projected End Date**
Objective 1: Build a high-functioning subcommittee to take on Oral Health issues in Carson City	**Action Step 1:** Identify an appropriate organization with the ability, connections, and expertise to lead the subcommittee	**Lead:** Carson City Health and Human Services **Partners:** All CHIP Partner Organizations	**December 31, 2015**

Objective	Action Step	Lead and Partner Organizations	Projected End Date
(Continued from Above) Objective 1: Build a high-functioning subcommittee to take on Oral Health issues in Carson City	**Action Step 2:** Previously identified Lead to work with all partners to build a subcommittee that has the resources to either implement tabled Oral Health objectives, or to review and create new objectives that will best serve the community with the available resources.	**Lead:** *(TBA)* **Partners:** All CHIP Partner Organizations	**December 31, 2016**

Tabled Objectives	
Objective	**Action Steps**
Outcome Objective 1: Identify oral health access and needs for Carson City Residents	*None at this time*
Outcome Objective 2: Determine oral health providers who offer care to low-income/uninsured/underinsured	**Action Step 1:** Survey local dentists to see what services they offer, who they serve (i.e., Medicaid patients) and why they do or do not serve these populations
Outcome Objective 3: Increase awareness of the importance of good oral health practices	**Action Step 1:** Assess the proportion of programs in Carson City (e.g., in schools, to parents, at Senior Centers) that provide health education to prevent health problems in dental and oral health
	Action Step 2: Determine areas where increases in oral health education are necessary
Outcome objective 4: Develop a long-term community plan to provide care to low-income and/or uninsured/underinsured populations and to limit the financial burden for all involved	**Action Step 1:** Working with a coalition of local dentists and health care providers, develop a community oral health plan that includes Healthy People 2020 objectives in order to improve access to dental health care for all Carson City citizens.

Adopt a Strategy:
- Provide marketing opportunities for oral health providers
- Seek grants to facilitate adult extractions and relief from oral infection
- Engage individuals and organizations within the community
- Suggestions welcomed!

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 a common cause of disability and they play a major role in people's ability to maintain good physical health (U.S. Department of Health and Human Services, 2011). According to the National Alliance on Mental Illness, Nevada's mental health care system received a "D" grade. The state's greatest challenges included keeping pace with growing populations, especially those that are ethnically or racially diverse, as well as providing adequate staffing and housing levels (2009). Studies have shown that over 90% of people who die from suicide have one or more psychiatric disorders (Screening for Mental Health, 2007). In Carson City, suicide was the 10th leading cause of death in 2010 (Griswold and Packham, 2011) and between January of 2009 and August of 2011, the number of suicides in Carson City almost doubled (Carson City Sheriff's Office, 2011). A lack of access to behavioral health resources and practitioners is seen as an urgent health care policy issue (Nevada Flex Program Advisory Committee, 2008). Access becomes even more important as budget cuts to mental health services shift the issues to emergency rooms, schools, and local jails and prisons. Analysis of statistics from the Carson City FASTT (spell out?) Program shows a high utilization of these services by persons in need of mental health services that would otherwise not be taxing these services if access to other appropriate care was readily available.

2014 Update:

Since the Community Health Improvement Plan's publication in 2012, partners have made great headway in related projects. One project formed from a partnership between Carson Tahoe Behavioral Health and FISH, a local non-profit organization dedicated to helping local indigent persons help themselves stabilize and improve their lives. Through this partnership, a project was explored to provide transitional indigent housing to those requiring wraparound services in order to stabilize their lives (Outcome Objective 3).

Other projects include the review of local mental health services available locally, to advise a resulting mental health-specific resource listing for the use of both community members and other service providers, with specific information about which providers accept Medicaid (Outcome Objectives 1 and 2). This resource list would then be tied into the one outlined in Community Issue A.

Challenges

- Lack of psychiatrists in Carson City to see people on an outpatient basis
- Lack of education of patients and local primary care providers on the appropriate prescription and use of psychotropic medications to newly discharged patients, causing a breakdown in patient "after care."
- Medicaid reimbursements to providers are still low, and many patients still cannot be covered by Medicaid and have no other payor source, or lack of patient education as to how to enroll in Medicaid in order to access services

Successes

- Medicaid reimbursement for psychiatric patients has doubled, which improves the ability for facilities to provide services and treatment for patients with Medicaid
- Increased partnerships with Aging and Disability Services
- FASTT, MOST, and jail diversion programs

Current Objectives			
Objective	**Action Step**	**Lead and Partner Organizations**	**Projected End Date**
Outcome Objective 1: Identify mental health access and needs for Carson City residents	**Action Step 1:** Create a plan to effectively deal with mental health issues faced by adults and families	**Lead:** CTBH **Partners:** FISH Carson Counseling and Supportive Services ADS	**December 31, 2014**
Outcome Objective 2: Determine mental health providers who offer care to low-income and/or uninsured/underinsured populations	**Action Step 2:** Develop a written "resource list" that the community can use to address a variety of mental health-related scenarios	**Lead:** CTBH **Partners:** FISH Carson Counseling and Supportive Services ADS	**June 30, 2015**
Outcome Objective 3: Provide transitional housing for the low income behavioral health population	**Action Step 1:** Re-model existing property in Carson City to meet HUD guidelines	**Lead:** FISH **Partners:** CTBH Carson Counseling and Supportive Services ADS	**December 31, 2017**

Objective	Action Step	Lead and Partner Organizations	Projected End Date
(Continued from Above) Outcome Objective 3: Provide transitional housing for the low income behavioral health population	**Action Step 2:** Tear down existing building and re-build it to also provide wraparound services. Hire a management company to manage and run the facility.	**Lead:** FISH **Partners:** CTBH Carson Counseling and Supportive Services ADS	**December 31, 2014**
	Action Step 3: If selected in the first quarter of 2015, the subcommittee partners will coordinate on-site mental health services for the occupants of the housing project.	**Lead:** FISH **Partners:** CTBH Carson Counseling and Supportive Services ADS	**December 31, 2017**

For previously completed Outcome Objectives and Action Steps, see page 50.

Adopt a Strategy:
- Provide community outreach and distribute information
- Partners can attend quarterly community activation stakeholder meetings
- Engage individuals and organizations within the community
- Suggestions welcomed!

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Priority II: Chronic Disease

Community Issue E:
Diabetes (Type II)

Justification: Nationally, Type II diabetes affects an estimated 23.5 million people and is the 7th leading cause of death (U.S. Department of Health and Human Services, 2011). A 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 the financial burden, as well as to the community's overall quality of life. According to the 2011 National Diabetes Fact Sheet (National Center for Chronic Disease Prevention and Health Promotion, 2011), medical costs directly and indirectly associated with Type II diabetes totaled $174 billion nationally in 2007. Locally, the Ross Clinic, which provides limited medical services for underprivileged and homeless individuals, reported that 37% of their patients had diabetes of unspecified types (FISH - Ross Clinic, 2011). 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 between June 1, 2010 and May 31, 2011 (Carson City Health and Human Services, 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.

2014 Update:
Although Type II Diabetes continues to be a problem for residents of Carson City and the surrounding areas, this Community Issue has been temporarily tabled. After the publication of the Community Health Improvement Plan in 2012, the Lead and subcommittee of this Community Issue partnered with those of Community Issue F (Tobacco Cessation) and Community Issue E (Obesity) to create a Chronic Disease subcommittee grouping. This subcommittee group was meeting regularly and was in the process of developing strategies that would address the need for chronic disease preventative services. Unfortunately, as time progressed, the Lead Organization was no longer able to maintain the additional responsibilities associated with this Community Issue, and a new lead has yet to be identified. Because of this, previous Type II Diabetes objectives have been tabled until a new Lead for this Community Issue can be identified. The current Outcome Objectives and Action Steps below reflect these next steps.

Challenges:
- No Lead Organization currently in place
- Changes in grantor priorities may affect the scope of work and associated strategies implemented by a new Lead

Current Objectives			
Objective	**Action Step**	**Lead and Partner Organizations**	**Projected End Date**
Objective 1: Build a high-functioning subcommittee to take on Type II Diabetes issues in Carson City	**Action Step 1:** Identify an appropriate organization with the ability, connections, and expertise to lead the subcommittee	**Lead:** Carson City Health and Human Services **Partners:** All CHIP Partner Organizations	**December 31, 2015**
	Action Step 2: Previously identified Lead to work with all partners to build a subcommittee that has the resources to either implement tabled Type II Diabetes objectives, or to review and create new objectives that will best serve the community with the available resources	**Lead:** *(TBA)* **Partners:** All CHIP Partner Organizations	**December 31, 2016**

Tabled Objectives	
Objective	**Action Steps**
Outcome Objective 1: Increase access to diabetes education for persons diagnosed with Type II diabetes, particularly special populations, minority groups, and the uninsured	**Action Step 1:** Recruit community partners to participate in a community group that diabetics can be referred to in order to receive education and support
Outcome Objective 2: Increase access to educational classes and programs for community members at risk of developing Type II diabetes	**Action Step 1:** Distribute a broad-based education curriculum to all health-based organizations and to services clubs and faith-based organizations identified by the planning team

Adopt a Strategy:
- Promote diabetes resources available in the community
- Engage individuals and organizations within the community
- Suggestions welcomed!

Community Issue F:
Smoking/Tobacco Cessation

Justification: Tobacco products are both addictive and detrimental to one's personal health, as well as that of the community, yet tobacco use is the single most preventable cause of death and disease in the United States. Around 443,000 Americans die each year from tobacco-related illnesses, and tobacco use costs the U.S. over $193 billion a year (U.S. Department of Health and Human Services, 2011).

According to an unpublished survey completed in 2011 at the Carson City Health and Human Services (CCHHS) clinic, tobacco use among CCHHS clients in Carson City (32%) was higher than the State average (22%) (Carson City Health and Human Services, 2011). Because of the strong connection between tobacco use (including exposure to second- and third-hand smoke) and severe health consequences, it has been determined that no amount of exposure to smoke is considered safe. It is important to develop and maintain tobacco cessation and education programs to reduce the number of people who begin using tobacco products, as well as to help those who do use tobacco permanently to quit. Over the last half-century, many nationally researched strategies have been identified revolving around policies to reduce tobacco use prevalence, health system changes, and social and environmental changes (U.S. Department of Health and Human Services, 2011).

2014 Update:

Although smoking and the use of other tobacco products continue to be problems in Carson City and the surrounding areas, this Community Issue has been temporarily tabled. After the publication of the Community Health Improvement Plan in 2012, the Lead and subcommittee of this Community Issue partnered with those of Community Issue E (Type II Diabetes) and Community Issue E (Obesity) to create a Chronic Disease subcommittee grouping. This subcommittee group was meeting regularly and was in the process of developing strategies that would address the need for chronic disease preventative services. The original lead for this Community Issue was the Tobacco Cessation Coordinator at CCHHS, but unfortunately, as time progressed, this position saw staffing turnover, while a new staff member (and thus a new lead) has yet to be identified. Because of this, previous Smoking/Tobacco Cessation objectives have been tabled until a new Lead for this Community Issue can be identified. The current Outcome Objectives and Action Steps below reflect these next steps.

Challenges:
- Staffing turnover, resulting in a lack of personnel to fulfill the responsibilities of the Lead
- No other appropriate organization in Carson City is able to take on the responsibilities of the Lead Organization at this time

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Current Objectives			
Objective	**Action Step**	**Lead and Partner Organizations**	**Projected End Date**
Objective 1: Build a high-functioning subcommittee to take on Smoking and Tobacco Cessation issues in Carson City	**Action Step 1:** Identify an appropriate organization with the ability, connections, and expertise to lead the subcommittee	**Lead:** CCHHS **Partners:** All CHIP Partner Organizations	**December 31, 2015**
	Action Step 2: Previously identified Lead to work with all partners to build a subcommittee that has the resources to either implement tabled Smoking and Tobacco Cessation objectives, or to review and create new objectives that will best serve the community with the available resources	**Lead:** *(TBA)* **Partners:** All CHIP Partner Organizations	**December 31, 2016**

Tabled Objectives	
Objective	**Action Steps**
Outcome Objective 1: Increase awareness and attendance of tobacco cessation classes for adults and teens	**Action Step 1:** Increase awareness of existing tobacco cessation classes
Outcome Objective 2: Advocate for policies to reduce tobacco use and initiation among youth and adults	**Action Step 1:** Engage governing bodies in discussion of policies to reduce tobacco use among youth and adults
Outcome Objective 3: Increase community awareness of negative effects of tobacco use	**Action Step 1:** Establish effective counter-marketing campaigns against tobacco use

Adopt a Strategy:
- Distribute smoking/tobacco education materials
- Make your business, neighborhood or organization a "tobacco-free zone"
- Engage individuals and organizations within the community
- Suggestions welcomed!

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 and 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 affect adults (AHA, 2011).

Data from local health care providers show that these diseases pose the greatest threat to our community's overall health (Carson Tahoe Health, 2011; Sierra Family Medical Center, 2011). The prevalence of obesity is an issue that health care stakeholders must address to insure the general quality of life of our community.

2014 Update:
Although obesity continues to be a problem for residents of Carson City and the surrounding areas, this Community Issue has been temporarily tabled. After the publication of the Community Health Improvement Plan in 2012, the Lead and subcommittee of this Community Issue partnered with those of Community Issue E (Type II Diabetes) and Community Issue F (Tobacco Cessation) to create a Chronic Disease subcommittee grouping. This subcommittee group was meeting regularly and was in the process of developing strategies that would address the need for chronic disease preventative services. Unfortunately, as time progressed, the Lead Organization was no longer able to maintain the additional responsibilities associated with this Community Issue, and has since dissolved. A new lead has yet to be identified, due to a current lack of local community organizations with the ability to take on the issue of obesity in the community as a whole. Because of this, previous obesity objectives have been tabled until a new Lead for this Community Issue can be identified. The current Outcome Objectives and Action Steps below reflect these next steps.

Challenges:
- Currently no Lead Organization for this Community Issue

Current Objectives			
Objective	**Action Step**	**Lead and Partner Organizations**	**Projected End Date**
Objective 1: Build a high-functioning subcommittee to take on Obesity issues in Carson City	**Action Step 1:** Identify an appropriate organization with the ability, connections, and expertise to lead the subcommittee	**Lead:** CCHHS **Partners:** All CHIP Partner Organizations	**December 31, 2015**

Objective	Action Step	Lead and Partner Organizations	Projected End Date
(Continued from Above) Objective 1: Build a high-functioning subcommittee to take on Obesity issues in Carson City	**Action Step 2:** Previously identified Lead to work with all partners to build a subcommittee that has the resources to either implement tabled Obesity objectives, or to review and create new objectives that will best serve the community with the available resources	**Lead:** *(TBA)* **Partners:** All CHIP Partner Organizations	**December 31, 2016**

Tabled Objectives	
Objective	**Action Steps**
Outcome Objective 1: Promote education on proper exercise and nutritional strategies to reduce obesity	**Action Step 1:** Develop nutrition and physical activity 'role model' programs for youth and teens
	Action Step 2: Continue to offer family-based nutrition and physical activity events and programs on an ongoing basis.
Outcome Objective 2: Develop partnerships to create and support obesity-combating programs and policies	*None at this time*

Adopt a Strategy:
- Promote programs and events
- Change policies to allow food stamps to be accepted at farmers' markets
- Engage individuals and organizations within the community
- Suggestions welcomed!

Priority III: Lifestyle and Behaviors

Community Issue H:
Teenage Pregnancy

Justification: The United States has the highest rate of teen pregnancy in the fully industrialized world. Of all the states, Nevada has one of the highest rates of pregnancy among women age 15-19 and also has a high rate of live births among women age 15-19. While Carson City's overall rate of pregnancy for all ages is lower than the national and state rate, 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. (Guttmacher Institute, 2010; Griswold & Packham, 2011.)

There are long-term psychosocial and economic disadvantages for the teen mother (Hillis et al, 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, and 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 (Boonstra, 2007).

2014 Update:
Since 2012, partners have worked to on several projects to increase the availability of evidence-based sexual health education programming for youth in Carson City. Some opportunities have become largely sustainable, with good access to larger numbers of potential participants, while others have had less optimal results. Some issues affecting the progress of these projects include the concern that parents of teens and preteens may not accept sexual health programming; staff turnover in partner organizations, causing disruption in cycles of curriculum implementation; and simply running out of prospective unrepeated participants available through some partnerships.

Despite some of these issues, over the previous two years, more than 200 youth in the region have been served by these programs. Solutions to overcome challenges include the development of a focus group project to survey parents, young adults, and youth on attitudes towards sexual health education, desired types of education, resources wanted, etc. This project is being completed by the joint subcommittee working on this Community Issue, as well as Community Issue I: STDs. The information gathered in this project will be used to advise all future objectives and projects of the joint subcommittee. More information about this project can be found on page 33.

Challenges:
- Partner organization staffing turnover
- Perceived negative attitudes and understanding about sexual health education among parents and partners throughout the community

Successes:
- Evidence-based teen pregnancy prevention programs implemented in various settings (Outcome Objective 1, Action Step 1, and Outcome Objective 2, Action Step 1)
- Over 200 adolescents known to be served with evidence-based programming throughout the tri-county region
- Working with the partners from Community Issue 1: STDs as a joint subcommittee

Current Objectives			
Objective	**Action Step**	**Lead and Partner Organizations**	**Projected End Date**
Outcome Objective 2: Implement a program to delay onset of sexual activity in adolescents	**Action Step 2:** Evaluate if the selected program has positively impacted participants by evaluating pre- and post-program implementation data on attitudes towards unsafe sexual behaviors	**Lead:** CCHHS **Partners:** Nevada DPBH	**September 30, 2015**
Outcome Objective 3: Increase communication and teamwork amongst organizations providing services in the area of teen pregnancy	**Action Step 1:** Develop a group of community organizations that provide services in teen pregnancy prevention and related adolescent health care in order to develop a frame work of referrals and information sharing through resource lists and quarterly meetings	**Lead:** CCHHS **Partners:** Nevada DPBH	**September 30, 2015**
	Action Step 2: Increase education on the topic of pregnancy and other related social issues provided to teen parents through a variety of community organizations (e.g., faith-based organizations, hospitals, health clinics, schools)	**Lead:** CCHHS **Partners:** Nevada DPBH PCR CAAN	**September 30, 2016**

For previously completed Outcome Objectives and Action Steps, see page 50.

Adopt a Strategy:
- Promote available resources
- Engage individuals and organizations within the community
- Suggestions welcomed!

Community Issue I:
Sexually Transmitted Diseases

Justification: Sexually transmitted diseases (STDs) are a significant source of health problems in Nevada. According to local statistics, 76.4% of the reported cases of STDs in females, from 2005 to 2010, were from the age group of early childbearing age, 18 to 24 years (Carson City Health and Human Services, 2010). Among Northern Nevada adolescents and young adults, the rates of Chlamydia infection especially have been steadily rising. Chlamydia is easily treated with antibiotics, but the effects of untreated Chlamydia can include irreversible reproductive damage. In Nevada, the overall 2010 rate was 344.3 per 100,000 and, in Carson City, the overall 2010 rate was 315.1 per 100,000 (Carson City Health and Human Services, 2010). Chlamydia prevalence among sexually active persons aged 14-24 years is nearly three times the prevalence among those aged 25-39 years (Morbidity and Mortality Weekly Report, 2011). Because the majority of people infected with Chlamydia have no symptoms, it is critical to provide public health education about the importance of prevention and screening.

Prevention is an essential strategy for reducing sexually transmitted diseases and improving reproductive health. Prevention programs can effectively reduce high-risk sexual behaviors that lead to sexually transmitted disease infection (Rotheram-Borus et al., 2001). 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.

2014 Update:
In 2014, CCHHS gained funding to support evidence-based comprehensive sexual health education programming to be implemented in Carson City and surrounding counties. Some opportunities have become largely sustainable, with good access to larger numbers of potential participants. Unfortunately, access to pools of youth is limited due to concerns that parents of teens and preteens may not accept comprehensive sexual health programming. A solution to overcome this challenge is the development of a focus group project to survey parents, young adults, and youth on attitudes towards sexual health education, desired types of education, resources wanted, etc. This project is being completed by the joint subcommittee working on this Community Issue as well as Community Issue H: Teenage Pregnancy. The information gathered in this project will be used to advise all future objectives and projects of the joint subcommittee. More information about this project can be found in the Joint Subcommittee section (page 33).

Carson City has seen a steady incline in the rate of positive Chlamydia tests from 2009– 2013, which has led the committee members to work on projects concerning Outcome Objective 4 to discover whether this increased rate is due to increased testing of infected persons, or if the actual rate of infection is increasing.

In an effort to increase access to family planning and STD testing services, CCHHS has partnered with Douglas County to provide Community Health Clinic services to Douglas County residents. The clinic is located in the heart of Gardnerville, Nev. (approximately 15 miles south of Carson

City), and allows residents of both Gardnerville and Minden increased access by greatly reducing the distance and travel time to reproductive health services.

Challenges:
- Perceived negative attitudes and understanding about sexual health education among parents and partners throughout the community
- Gaining access to both numerator and denominator data for Chlamydia lab data

Successes:
- Expansion of Public Health Clinical Services to Douglas County
- Outcome Objective 4, Action Step 1: Data being collected from testing providers
- Working with partners from Community Issue H: Teenage Pregnancy as a joint subcommittee to complete a focus group project

Current Objectives			
Objective	**Action Step**	**Lead and Partner Organizations**	**Projected End Date**
Outcome Objective 1: Promote the availability of sexually transmitted disease screening options, especially for adolescents and young adults	**Action Step 1:** Increase awareness of the importance of recommended sexually transmitted disease screenings through public education	**Lead:** CCHHS **Partners:** Nevada DPBH PCR CAAN	**September 30, 2016**
Outcome Objective 2: Expand community-based sexually transmitted disease prevention services specifically targeting identified population sub-groups	**Action Step 1:** Identify resources for sexually transmitted disease prevention education that can be tailored for use by various community groups, such as schools, clinics, service clubs, special interest groups, and churches	**Lead:** CCHHS **Partners:** Nevada DPBH	**September 30, 2016**
Outcome Objective 3: Promote the implementation of comprehensive sex education programs	**Action Step 1:** Work with partner organizations to implement evidence-based comprehensive sex education programming in various youth-centered settings	**Lead:** CCHHS **Partners:** DPBH	**September 30, 2015**

Objective	Action Step	Lead and Partner Organizations	Projected End Date
(Continued from Above) Outcome Objective 3: Promote the implementation of comprehensive sex education programs	**Action Step 2:** Educate partner organizations and community stakeholders on the importance and benefits of age-appropriate evidence-based comprehensive sex education, and link them to available resources	**Lead:** CCHHS **Partners:** Nevada DPBH	**September 30, 2016**
Outcome Objective 4: Reduce the incidence of sexually transmitted diseases in Carson City	**Action Step 2:** Contrast 2009 (baseline data) against screening rates through 2013 (by year) to evaluate if changes in screening rates have resulted in increased positive Chlamydia tests in Carson City (broken down by age groups, as per used in the CC CHA 2012)	**Lead:** CCHHS **Partners:** Nevada DPBH	**December 31, 2015**
	Action Step 3: Develop and Implement a dissemination plan based on the findings of Action Step 2 above	**Lead:** CCHHS **Partners:** Nevada DPBH PCR CAAN	**December 31, 2016**

For previously completed Outcome Objectives and Action Steps, see page 51.

Adopt a Strategy:
- Increase access and requirements for the HPV vaccination
- Engage individuals and organizations within the community
- Suggestions welcomed!

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Shared Objectives:
Community Issues H: Teen Pregnancy and Community Issue I: STDs

2014 Update:
As partners met for the Community Issue H: Teenage Pregnancy and Community Issue I: STDs, it quickly became apparent that the two groups should work together as a joint subcommittee, and that there were projects that could be undertaken that would benefit both Community Issues. Most notably is a current project to survey parents, young adults, and youth on their attitudes towards sexual health education, what services should be provided and by whom, and what informational resources would be most helpful for community members in the avoidance of contracting STDs.

Challenges
        (None at this time)
Success
- Completion of Outcome Objective 1, Action Step 1: Focus group questions identified.

Current Objectives			
Objective	**Action Step**	**Lead and Partner Organizations**	**Projected End Date**
Outcome Objective 1: Implement a focus group project among teens, parents, and young adults in Carson City to gather information about local attitudes, values, and needs regarding sexual health education	**Action Step 2**: All three focus groups (of 6-10 participants who are Carson City or region residents) implemented and all data analyzed	**Lead:** Nevada DPBH **Partners:** CCHHS Silver State Charter School Western Nevada College Carson Tahoe Health	**December 31, 2014**
	Action Step 3: Develop and implement a dissemination plan based on the findings of the focus group project	**Lead:** Nevada DPBH **Partners:** CCHHS Silver State Charter School Western Nevada College Carson Tahoe Health	**December 31, 2015**

For previously completed Outcome Objectives and Action Steps, see page 52.

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Community Issue J:
Alcohol and Substance Abuse

Justification: It is estimated that 22 million Americans struggle with a drug or alcohol problem, and a majority of these people are unaware that they have a problem. Alcohol and substance abuse have cumulative effects at the social, physical, mental, and public health levels. These abuses affect communities by being linked to a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drownings, as well as teenage pregnancy, sexually transmitted diseases, domestic abuse, crime, and suicide (U.S. Department of Health and Human Services, 2011).

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. Seventy-five percent 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 (Carson Tahoe Health Foundation, 2010).

2014 Update:
Partnership Carson City, a local youth-centered nonprofit organization focused on the prevention of substance abuse in the community, has taken on the role of Lead Organization of this Community Issue. Because the organization's focus is directly aligned with the work of the Community Issue, Partnership Carson City has been able to build its internal strategic plan to incorporate the Outcome Objectives and leverage existing partnerships to complete the associated Action Steps.

Challenges:
- Procuring stable funding for programs
- Identifying and retaining local qualified substance abuse treatment counselors
- Lack of long-term plan for housing for residential services
- Health care- and Medicaid-specific training for providers of substance abuse services

Success:
- Vitality center established as inpatient program
- Implementation of the Forensic Assessment Systems Triage Team (FASTT) in the Carson City jail
- Securing a 4-year grant to focus on the problems of prescription drug and heroin abuse
- Partnership Carson City hiring of part-time staff member to handle data analysis
- Initiated data analysis of youth crime data in partnership with the Carson City Sheriff's Office

	Current Objectives		
Objective	**Action Step**	**Lead and Partner Organizations**	**Projected End Date**
Outcome Objective 1: Promote responsible use of alcohol	**Action Step 1:** Promote and monitor the conduction of regular compliance checks	**Lead:** CCSO **Partners:** PCC	**Ongoing**
Outcome Objective 2: Educate parents, youth, and service and healthcare providers on the recognition of illegal substances	**Action Step 3:** Provide accurate and current information on illegal drug and alcohol abuse through multiple venues, using the identified evidence-based programs as identified in the PCC Strategic Plan	**Lead:** PCC **Partners:** CCHHS SAPTA	**Ongoing**
Outcome Objective 3: Support evidence-based community prevention programs for implementation in Carson City	**Action Step 1:** Identify needed alcohol and drug abuse prevention programs and services	**Lead:** PCC **Partners:** CCHHS CCSO CCSD	**Ongoing**
	Action Step 2: Identify gaps in needed alcohol and drug abuse prevention services	**Lead:** PCC **Partners:** CAAN CCHHS	**Ongoing**
	Action Step 3: Create a funding process to support evidence-based services to fill gaps in current service availability	**Lead:** PCC **Partners:** SAPTA	**Ongoing**
Outcome Objective 4: Identify special populations in need of substance abuse prevention services	**Action Step 1:** Address substance abuse needs of persons suffering from mental illness or co-occurring disorder in Carson City	**Lead:** PCC **Partner:** NAMI	**Ongoing**
	Action Step 2: Ensure that prevention services are available to the Spanish-speaking population of Carson City	**Lead:** PCC **Partner:** ULC	**Ongoing**

Objective	Action Step	Lead and Partner Organizations	Projected End Date
Outcome Objective 5: Make substance abuse and co-occurring disorder treatment available to all Carson City residents	**Action Step 1:** Provide substance abuse intervention and treatment services for adults	**Lead:** PCC **Partners:** CCHHS Community Counseling Center CTBH Vitality Center NAMI	**Ongoing**
	Action Step 2: Expand substance abuse outpatient services for adults	**Lead:** PCC **Partners:** CCHHS Community Counseling Center CTBH Vitality Center NAMI	**Ongoing**
	Action Step 3: Expand inpatient substance abuse services for adults	**Lead:** PCC **Partners:** CCHHS Community Counseling Center CTBH Vitality Center NAMI	**Ongoing**
	Action Step 4: Develop and implement treatment resources specific to the needs of the youth population under the age of 18	**Lead:** PCC **Partners:** CCHHS Community Counseling Center CTBH Vitality Center NAMI	**Ongoing**
Outcome Objective 6: Education the community on available alcohol and substance abuse resources	**Action Step 1:** Inventory and promote available alcohol and substance abuse resources for youth and families	**Lead:** PCC **Partners:** CCHHS	**Ongoing**

For previously completed Outcome Objectives and Action Steps, see page 52.

Adopt a Strategy:

- Increase the number of community-based organizations providing population-based primary prevention services in substance abuse (HP 2020 #ECBP-10.5)
- Increase proportion of persons who are referred for follow-up for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department (HP 2020 #SA-9)
- Engage individuals and organizations within the community
- Suggestions welcomed!

Community Issue K:
Pedestrian and Bicycle Safety and Access

Justification: From 2005 to 2010, the Carson City Sheriff's Office recorded 50 pedestrian accidents and 49 bicycle accidents (Carson City Sheriff's Office, 2011?). According to a local Carson City-based nonprofit agency:

> "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" (Muscle Powered Carson City, 2009).

2014 Update:

From 2005 to 2010, the Carson City Sheriff's Office recorded 50 pedestrian accidents and 49 bicycle accidents (Carson City Sheriff's Office, 2011b). Since 2011, 24 pedestrians and 22 bicycles have been in recorded accidents in Carson City (as of April 2014).

In Nevada there has been recent legislative action to protect those using alternative transportation. During the 2011 session, two bills were passed by the Nevada Legislature to help improve pedestrian and bicycle safety and access. These include the Nevada Vulnerable Highway Users bill, which increases penalties for vehicle accidents with cyclists or pedestrians, and the "3-Foot Passing" Law requiring greater space allowance for cyclists on roadways. The 2013 Legislature addressed bicyclist safety and access once again with the "Dead Red" Law for bicyclists and motorcyclists, which allows a bicyclist to proceed through a red light if it is safe to do so, and if they have waited through two cycles of the signal without being detected. The Nevada Legislature also approved a Complete Streets bill, which will eventually lead to a funding source for improvements that increase road safety accessibility for all users in the form of an optional $2 fee when registering or renewing a vehicle in the state of Nevada.

 Alongside the public health issue of safety, increased pedestrian and bicycle access will also help towards reducing obesity and diabetes in our community. It is estimated that the average bicycle commuter will lose 13 pounds during their first year of commuting, and reduce their risk of heart disease by 50%. Street-scale improvements such as sidewalks, safer street crossing configurations, multi-use pathways and bikelanes can dramatically increase rates of physical activity and reduce injury risk. As noted in the Centers for Disease Control and Prevention's Guide to Community Preventive Services, street-scale improvements such as these have resulted in a median increase in some aspects of physical activity of 35 percent.

Furthermore, providing a complete, connected network for bicyclists and pedestrians is an equity issue as well. AAA estimates that the cost of owning and operating a vehicle is nearly $9,000 per

year – a bicycle costs just $300 to operate, and walking is even more affordable. For Carson City residents and low-income families in particular, having an affordable transportation option means more opportunities for employment and resource allocation to other health needs, such as shelter, healthy food, and medical care.

Finally, walkable and bikeable neighborhoods foster a sense of community. When more people are out and about, criminal activity decreases and the area becomes safer for all residents.

Challenges:
- Local transportation infrastructure not originally designed with modern accommodations for pedestrian and bicycle users, with retrofits being cost-prohibitive
- Lack of communication between agencies, although improving over time, hinders advancements in this area
- Negative outlook and animosity on the part of motorists towards pedestrian and bicycle users hinder the implementation of engineering solutions
- Lack of funding to make required infrastructure changes, as well as to implement community-wide educational programs
- Further need for safety education on the part of both bicyclists and motorists
- Mobilizing community members advocate for safety projects

Successes:
- Inclusion of bicycle and pedestrian connections on the part of Carson City Public Works, resulting in 26 miles of on-street bike facilities and 18 miles of paved multi-use paths in Carson City
- Complete Streets Policy adopted in May 2014, which will guide future projects
- Teamwork between organizations including the City of Carson City, Muscle Powered, US Forest Service, Great Basin Institute, and others, to complete the "Ash-to-Kings Trail", a multi-use trail that will serve as a recreation asset for our community
- Numerous legislative actions resulting in increased bicycle and pedestrian safety improvements, some largely crafted or advocated for by Carson City community members including: 3 Feet Please, Nevada Vulnerable Highway Users Law, "Dead Red" Law, Right Arm/Right Turn Law, Complete Streets
- Western Nevada Safe Routes to School Program (housed by CCHHS) seeing continual growth, and has partnered with schools in three counties actively participating.
- Record participation in Walk to School Day 2014, with 40% of applicable students participating.
- Continued strengthening of partnerships between governmental and non-profit agencies in the region
- Carson City achieved the designation of a "Bicycle Friendly City" from the League of American Bicyclists in November 2014

	Current Objectives		
Objective	**Action Step**	**Lead and Partner Organizations**	**Projected End Date**
Outcome Objective 1: Promote use of active transportation (walking and bicycling) vs. driving	**Action Step 1:** Engineering: Improve wayfinding and signage; add kiosks with maps, bike maintenance stations, secure bicycle parking, end of trip facilities, etc.	**Lead:** CCPW **Partners:** CCHHS CCPR	**June 30, 2017**
	Action Step 2: Encouragement: Incentives (e.g., Bike Commuter tax benefit, worksite incentive programs, competitions)	**Lead:** CCHHS **Partners:** Carson City Employers Muscle Powered	**June 30, 2017**
	Action Step 3: Education: Regularly publicize bike routes and activities using a variety of different methods	**Lead:** Muscle Powered **Partners:** CCHHS CCPR	**June 30, 2017**
	Action Step 4: Encouragement: Develop and hold seasonal and annual community-wide biking/walking events and activities. (i.e., Bike Month, Walktober, cruiser rides, NV Moves Day, etc.	**Lead:** Muscle Powered CCHHS **Partners:** CCSD CCPR Visitors Bureau	**June 30, 2017**
	Action Step 5: Education: Update and publish walking and biking routes in the community to be distributed to hotels, schools, bike shops, etc.	**Lead:** Muscle Powered **Partners:** CCHHS CCPR Local Bike Shops	**April 30, 2016**
	Action Step 6: All E's: Participate and expand Safe Routes to School Program	**Lead:** CCHHS **Partners:** CCSD	**September 30, 2015**
	Action Step 7: Education: Participate in community events (i.e., Farmers Market) to promote walking/biking	**Lead:** Muscle Powered **Partners:** CCHHS	**June 30, 2017**

Objective	Action Step	Lead and Partner Organizations	Projected End Date
(Continued from Above)Outcome Objective 1: Promote use of active transportation (walking and bicycling) vs. driving	**Action Step 8:** Education/Encouragement: Develop and sustain programs to introduce individuals and families to walking and biking, i.e., Easy Walk / Easy Bike Program	**Lead:** CCPR **Partners:** Muscle Powered CCHHS	**June 30, 2017**
Outcome Objective 2: Reduce traffic deaths and injuries to cyclists and pedestrians	**Action Step 1:** Engineering: Traffic calming/ protected bike lanes / pedestrian refuge islands/ sidewalks	**Lead:** CCPW **Partners:** NDOT CCHHS Muscle Powered	**June 30, 2017**
	Action Step 2: Education: Safety messaging campaign, i.e., "Share the Road", Zero Fatalities, etc.	**Lead:** CCHHS **Partners:** Nevada DPS NDOT CCSO	**September 30, 2015**
	Action Step 3: Enforcement: Improve enforcement for bicycle and pedestrian safety laws	**Lead:** CCSO **Partners:** CCHHS Nevada DPS	**June 30, 2017**
	Action Step 4: Evaluation: Collect and analyze data on number of pedestrian/cyclist collisions	**Lead:** CCSO **Partners:** Nevada DPS CCHHS Carson Tahoe Health	**December 31, 2015**
	Action Step 5: Encouragement: Distribute safety equipment, i.e., properly fitted helmets, lights, reflective items	**Lead:** CCHHS **Partners:** NDOT NVBPAB	**September 30, 2015**

Objective	Action Step	Lead and Partner Organizations	Projected End Date
Outcome Objective 3: Pursue funding allocations for bicycle and pedestrian amenities	**Action Step 1**: Promote bicycle / walking tourism as economic driver to increase tax revenue and create jobs	**Lead:** Carson City Visitors Bureau **Partners:** Muscle Powered Downtown Carson City CCHHS	**June 30, 2017**
	Action Step 2: Seek out grants and corporate donations to kick-start and sustain bicycle and pedestrian safety and access projects	**Lead:** CCHHS **Partners:** CCPW Muscle Powered NV State Parks	**June 30, 2017**
Outcome Objective 4: Make road users aware of laws regarding pedestrians and bicyclists	**Action Step 1:** Education: Improve citizen knowledge and practice of bicycle and pedestrian safety laws	**Lead:** CCHHS **Partners:** CCSO Carson City Bike Shops Muscle Powered	**September 30, 2015**
	Action Step 2: Education: Add bike and pedestrian safety messages to radio traffic reports and other media	**Lead:** CCHHS **Partners:** Carson Now BAC Nevada DPS	**June 30, 2017**
	Action Step 3: Enforcement: Cite road users who are disobeying traffic safety laws, i.e., 3 feet please, cell phone, wrong way bike, etc.	**Lead:** CCSO **Partners:** CCHHS Nevada DPS	**June 30, 2017**
Outcome Objective 5: Bicycle and Pedestrian Policy Initiatives	**Action Step 1:** Encouragement: Support initiatives to increase connectivity of sidewalks, bicycle paths, and trails	**Lead:** Muscle Powered **Partners:** CCPR Downtown Carson City Carson City Visitors Bureau CCHHS	**June 30, 2017**

Objective	Action Step	Lead and Partner Organizations	Projected End Date
(Continued from Above)Outcome Objective 5: Bicycle and Pedestrian Policy Initiatives	**Action Step 2:** Encouragement: Develop, enact, or support legislation that protects the rights and safety of all road users	**Lead:** Muscle Powered **Partners:** (All)	**Ongoing, per legislative session, though June 30, 2017**
	Action Step 3: Encouragement: Pursue policies that improve access to bicycling and walking facilities (e.g., planning and development, school siting)	**Lead:** CCHHS **Partners:** Muscle Powered	**June 30, 2017**
	Action Step 4: Evaluation: Review policies and partnerships re New land acquisitions/ legal access	**Lead:** CCPR **Partners:** CCHHS CCPW Private Partners BLM US Forest Service NV State Parks	**June 30, 2017**

For previously completed Outcome Objectives and Action Steps, see page 53.

Adopt a Strategy:
- Include bike rides for city employees in the yearly 'get fit' competitions
- Suggestions welcome!

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Appendix

Completed and Abandoned Objectives by Community Issue
As of Novemeber15, 2014

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

Completed Objectives			
Objective	**Action Step**	**Lead and Partners**	**Date Completed**
Outcome Objective 1: Designate a website and supplementary materials that lists and links all community health resources in Carson City	**Action Step 1:** Survey community health providers on services provided, with a focus on income, insurance, gender and age	**Lead:** Partnership Carson City	**2013**
	Action Step 2: Create and/or designate an accessible and user-friendly website which categorizes all available services along with their contact information	**Lead:** Partnership Carson City	**2013**

Community Issue B: Improving Access to Health Information – Health Data from Community Partners

(None at this time)

Community Issue C: Improving Access to Health Care – Oral Health

(None at this time)

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

	Completed Objectives		
Objective	**Action Step**	**Lead and Partners**	**Date Completed**
Outcome Objective 2: Determine mental health providers who offer care to low-income and/or uninsured/underinsured populations	**Action Step 1:** Survey and inventory counseling and treatment resources available for Carson City, including what services are provided and which providers accept Medicaid, and identify gaps in services	**Lead:** Carson Tahoe Behavioral Health **Partners:** FISH Carson Mental Health Aging & Disability Services NV Primary Care Association	**December 2013**

Community Issue E: Diabetes (Type II)

(None at this time)

Community Issue F: Smoking/Tobacco Cessation

(None at this time)

Community Issue G: Obesity

(None at this time)

Community Issue H: Teenage Pregnancy

	Completed Objectives		
Objective	**Action Step**	**Lead and Partners**	**Date Completed**
Outcome Objective 1: Provide a community based-education program that has been researched and proven to make a significant impact in reducing teenage pregnancy, for the community of Carson City	**Action Step 1:** Identify evidence-based community programs that have made significant impacts in reducing teen pregnancy	**Lead:** Carson City Health and Human Services **Partners:** Nevada Department of Public and Behavioral Health	**June 2014**
Outcome Objective 2: Implement a program to delay onset of sexual activity in adolescents	**Action Step 1**: Distribute and implement selected programs (from previous objective)	**Lead:** Carson City Health and Human Services **Partners:** Nevada Department of Public and Behavioral Health	**June 2014**

Abandoned Objectives			
Objective or Action Step	**Lead and Partners**	**Reason for Deletion**	**Next Steps**
Outcome Objective 3, Action Step 3: Increase the number of community-based organizations providing population-based primary prevention services in unintended pregnancy and supporting teen parents and their children	**Lead:** CCHHS	This Action Step was abandoned due to the committee feeling that it was outside the ability of the subcommittee members at this time	This idea will remain on the subcommittee tracking tool and will be re-evaluated for feasibility periodically.

Community Issue I: Sexually Transmitted Diseases

Completed Objectives			
Objective	**Action Step**	**Lead and Partners**	**Date Completed**
Outcome Objective 4: Reduce the incidence of sexually transmitted diseases in Carson City.	**Action Step 1:** Determine feasibility of gathering baseline data of Chlamydia screening rates in Carson City from 2009 through 2013 (broken down by age group and other demographics as per the CC CHA).	**Lead:** CCHHS	**October 2014**

Joint Subcommittee (Community Issues H and I):

Completed Objectives			
Objective	**Action Step**	**Lead and Partners**	**Date Completed**
Outcome Objective 1: Implement a focus group project among teens, parents, and young adults in Carson City to gather information about local attitudes, values, and needs regarding sexual health education	**Action Step 1:** Focus group questions developed for each of the three groups (teens 15-18, parents of teens and preteens, and young adults 19-24)	**Lead:** Nevada Department of Public and Behavioral Health **Partners:** CCHHS	**September 2014**

Community Issue J: Alcohol and Substance Abuse

Completed Objectives			
Objective	**Action Step**	**Lead and Partners**	**Date Completed**
Outcome Objective 2: Educate parents, youth, and service and healthcare providers on the recognition of illegal substances	**Action Step 1:** Identify evidence-based community programs that have made significant impacts in reducing alcohol and substance abuse	**Lead:** Partnership Carson City **Partners:** SAPTA Carson City Health and Human Services	**December 31, 2012**
	Action Step 2: Evaluate which of these programs could be successful in Carson City	**Lead:** Partnership Carson City **Partners:** SAPTA Carson City Health and Human Services	**December 31, 2012**

Community Issue K: Pedestrian and Bicycle Safety and Access

Completed Objectives			
Objective	**Action Step**	**Lead and Partners**	**Date Completed**
Outcome Objective 1: Promote use of active transportation (walking and bicycling) vs. driving	**Action Step 5:** Education: Publish walking/biking routes in the community to be distributed to hotels, schools, etc.	**Lead:** Muscle Powered **Partners:** CCHHS CC Parks and Recreation	**May 2012**

Original Objectives and Activities by Community Issue
As published in June 2012, v. 1.0

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

Outcome Objectives:
- Designate a website and supplementary materials that lists and links all community health resources in Carson City.
- Create a strategic plan that defines the management, marketing, and updating of a community health resource website.
- Uncover gaps in coverage and overlapping services through a review of the compilation of local health resources.

Action Steps:
- Set up a committee or coalition to develop and manage the survey process and identify gaps in coverage and overlapping services.
- Survey community health providers on services provided, with a focus on income, insurance, gender and age.
- Create and/or designate an accessible and user-friendly website which categorizes all available services along with their contact information.
- Create a marketing plan and informational resources (e.g., brochures, social media) to promote usage and knowledge of website by community members and health service providers and distribute to community.

Community Issue B: Improving Access to Health Information – Health Data from Community Partners

Outcome Objectives:
- Create a centralized process for collection and publication of Carson City health data.
- Identify gaps in data that are not currently being collected.
- Disseminate and interpret health information data to the community.

Action Steps:
- Determine standardized data requirements for heath data collection in Carson City.
- Identify community partners who can contribute health data.
- Disseminate data standards and compilation deadlines community partners collecting health data.
- Identify important data that is missing from currently available information
- Develop a plan to collect missing data

- Collect health data from community partners every three years.
- Release health data to community in the form of a new or existing community health assessment report within a year of data collection.

Community Issue C: Improving Access to Health Care – Oral Health

Outcome Objectives:
- Identify oral health access and needs for Carson City residents.
- Determine oral health providers who offer care to low-income/uninsured/underinsured.
- Increase awareness of the importance of good oral health practices.
- Develop a long-term community plan to provide care to low-income and/or uninsured/underinsured populations and to limit the financial burden for all involved.

Action Steps:
- Survey local dentists to see what services they offer, who they serve (i.e., Medicaid patients) and why they do or do not serve these populations.
- Assess the proportion of programs in Carson City (e.g., in schools, to parents, at Senior Centers) that provide health education to prevent health problems in dental and oral health.
- Determine areas where increases in oral health education are necessary.
- Working with a coalition of local dentists and health care providers, develop a community oral health plan that includes Health People 2020 objectives in order to improve access to dental health care for all Carson City citizens.

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

Outcome Objectives:
- Identify mental health access and needs for Carson City residents.
- Determine mental health providers who offer care to low-income and/or uninsured/underinsured populations.

Action Steps:
- Survey and inventory counseling and treatment resources available for Carson City, including what services are provided and which providers accept Medicaid, and identify gaps in service.
- Create a plan to effectively deal with mental health issues faced by adults.
- Develop a written "resource list" that the community can use to address a variety of mental health-related scenarios.

Community Issue E: Diabetes (Type II)

Outcome Objectives:
- Increase access to diabetes education for persons diagnosed with Type II diabetes, particularly special populations, minority groups, and the uninsured.
- Increase access to educational classes and programs for community members at risk of developing Type II diabetes.

Action Steps:
- Recruit community partners to participate in a community group that diabetics can be referred to in order to receive education and support.
- Distribute a broad-based diabetes education curriculum to all health based organizations and to service clubs and faith-based organizations identified by the planning team.

Community Issue F: Smoking/Tobacco Cessation

Outcome Objectives:
- Increase awareness and attendance of tobacco cessation classes for adults and teens.
- Advocate for policies to reduce tobacco use and initiation among youth and adults.
- Increase community awareness of negative effects of tobacco use.

Action Steps:
- Increase awareness of existing tobacco cessation classes.
- Engage governing bodies in discussion of policies to reduce tobacco use among youth and adults
- Establish effective counter-marketing campaigns against tobacco use.

Community Issue G: Obesity

Outcome Objectives:
- Promote education on proper exercise and nutritional strategies to reduce obesity.
- Develop partnerships to create and support obesity-combating programs and policies.

Action Steps:
- Develop nutrition and physical activity 'role model' programs for youth and teens.
- Distribute the 'role model' program to all public and private schools in Carson City through the physical education instructors or directly to each school's principal.
- Continue to offer family-based nutrition and physical activity events and programs on an ongoing basis.

Community Issue H: Teenage Pregnancy

Outcome Objectives:
- Provide a community-based education program that has been researched and proven to make a significant impact in reducing teenage pregnancy, for the community of Carson City.
- Implement a program to delay onset of sexual activity in adolescents.
- Increase communication and teamwork amongst organizations providing services the area of teen pregnancy prevention.

Action Steps:
- Identify evidence-based community programs that have made significant impacts in reducing teen pregnancy.
- Distribute and implement selected programs.
- Evaluate if the selected program is successful in Carson City.
- Develop a group of community organizations that provide services in teen pregnancy prevention and related adolescent health care in order to develop a framework of referrals and information sharing through resource lists and quarterly meetings.
- Increase education on the topic of pregnancy and other related social issues provided to teen parents through a variety of community organizations (e.g. faith-based organizations, hospitals, health clinics, schools).
- Increase the number of community-based organizations providing population-based primary prevention services in unintended pregnancy and supporting teen parents and their children.

Community Issue I: Sexually Transmitted Diseases

Outcome Objectives:
- Promote the availability of sexually transmitted disease screening options, especially for adolescents and young adults.
- Expand community-based sexually transmitted disease prevention services specifically targeting identified population sub-groups.
- Promote the implementation of comprehensive sex education programs.
- Reduce the incidence of sexually transmitted diseases in Carson City.

Action Steps:
- Identify resources for sexually transmitted disease prevention education that can be tailored for use by various community groups, such as schools, clinics, service clubs, special interest groups, and churches.
- Increase awareness of the importance of recommended sexually transmitted disease screenings through public education.
- Encourage health care providers to increase screening rates and improve patient education.

Community Issue J: Alcohol and Substance Abuse

Outcome Objectives:
- Promote responsible use of alcohol.
- Educate parents and teens on recognition of illegal substances.
- Educate the community on available alcohol and substance abuse resources.

Action Steps:
- Identify evidence-based community programs that have made significant impacts in reducing alcohol and substance abuse.
- Evaluate which of these programs could be successful in Carson City.
- Promote and monitor the conducting of regular compliance checks.
- Inventory and promote available alcohol and substance abuse resources for youth and families.

Community Issue K: Pedestrian and Bicycle Safety and Access

Outcome Objectives:
- Promote activities that encourage increased use of existing walking and biking trails.
- Creatively promote and improve pedestrian and bicycle safety and access.

Action Steps:
- Regularly publicize bike routes and activities using a variety of different methods.
- Develop and hold seasonal and annual community-wide biking/walking events and activities.
- Improve citizen knowledge of bicycle and pedestrian safety laws.
- Support initiatives to increase connectivity of sidewalks and bicycle paths.

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Healthy People 2020 Objectives for Health Action Plan

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 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)
  - Increase proportion of objectives that originally did not have baseline data but now have at least baseline data (#PHI-8.1)
  - Increase the proportion of objectives that have at least a baseline and one additional data point (#PHI-8.2)
  - Increase the proportion of objectives that are tracked at least every 3 years (#PHI-8.3)
- 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 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

- Increase the proportion of children with mental health problems who receive treatment (#MHMD-6)
- Increase the proportion of 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 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 with pre-diabetes at high risk for 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)
- 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)
- 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 ages 18 to 19 years (#FP-8.2)
- Increase the proportion of adolescents who receive formal instruction on reproductive health topics before they are 18 years old (#FP-12)
- Increase the number of community-based organizations providing population-based primary prevention services in unintended pregnancy (#ECBP-10.6)

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 are 18 years old (#FP-12.7 and 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)

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Glossary of Terms and Abbreviations

Terms

- **Action Steps –** Time-bound and measurable steps for achieving each "outcome objective."

- **Adopt a Strategy –** Additional ideas for actions that address a "community issue"; these ideas are not specifically tied to the Health Action Plan, but rather are ideas the community can adopt to supplement the primary "outcome objectives" and "action steps."

- **Community Health Improvement Plan (CHIP) –** As defined by the Public Health Accreditation Board, "a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process."; used by the health departments, in collaboration with community partners, to set priorities and coordinate and target resources.

- **Community Issue –** Specific health issues from within a "priority area"; "outcome objectives", "action steps", and "adopt a strategy!" are designed to address a community issue.

- **Health Action Plan –** Name developed to identify Carson City's "CHIP."

- **Lead Organization –** A designated individual who has agreed to organize the "partners engaged in this action" in order to make sure there is continued progress in each area of the action plan.

- **Outcome Objective –** General goals for health improvement for each specific community issue; each "community issue" has multiple "outcome objectives."

- **Partners engaged in this action –** Community organizations with a shared interest who have committed to accomplishing specific "action steps."

- **Priority Area –** A broad overarching category of general health categories composed of multiple community issues; for example "Priority Area II: Chronic Diseases."

- **Strategic Plan –** A plan for accomplishing specific actions; includes task assignments and measurable and time-sensitive objectives; created for a specific purpose, and may be part of an overarching department strategic plan.

Abbreviations

- ADS   Aging and Disability Services
- AHA   American Heart Association
- BAC   Brewery Arts Center
- BLM   Bureau of Land Management
- CAAN   Carson Agency Action Network
- CCHHS   Carson City Health and Human Services
- CCPR   Carson City Parks and Recreation
- CCPW   Carson City Public Works
- CCSD   Carson City School District
- CCSO   Carson City Sherriff's Office
- CDC   Centers for Disease Control and Prevention
- CTBH   Carson Tahoe Behavioral Health
- CTH   Carson Tahoe Health
- FISH   Friends in Service Helping
- HP2020   Healthy People 2020
- LPHSPA   Local Public Health System Performance Assessment
- NAMI   National Alliance on Mental Illness
- NDOT   Nevada Department of Transportation
- Nevada DPBH   Nevada Department of Public and Behavioral Health
- Nevada DPS   Nevada Department of Public Safety
- NPHPSP   National Public Health Performance Standards Program
- NVBPAB   Nevada Bicycle and Pedestrian Advisory Board
- PCC   Partnership Carson City
- PCR   Partnership of Community Resources (Douglas County)
- SAPTA   Substance Abuse Prevention and Treatment Agency
- SFHC   Sierra Family Health Center
- STD   Sexually Transmitted Disease
- ULC   United Latino Communities

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

Resources

Local Health Assessments
- Carson City Health and Human Services: *Local Public Health System Performance Assessment (LPHSPA)* , March 2011
- Carson Tahoe Health Foundation: *2010 PRC Community Health Assessment*

Community Organization Health Data
- Carson City Fire Department: *2010 Emergency Service Runs by Category*
- Carson City Sheriff's Office: *Manner of Death-Suicide,* January 2009–July 2011
- Carson Tahoe Health: *Top 10 Diagnoses*: June 2010–May 2011
- Friends In Service Helping (FISH), Ross Clinic: *Top 10 Treatment Issues, last 100 patients ending May 17, 2011*
- Nevada Health Centers, Inc.: *2009–2014 Health Care Plan*
- Sierra Family Health Center, Nevada Health Centers, Inc.: *Top 10 Diagnoses*: June 2010–May 2011

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

(Centers for Disease Control and Prevention, 2010.)

Get Healthy Carson City!

A 2020 Health Action Plan

A Community Health Improvement Plan

June 2012
Updated December 2014
Accepted January 2015
Version 1.1