Nevada Chronic Disease Prevention and Health Promotion State Plan 2012-2017

Aligning the Agenda to Reduce Chronic Disease in Nevada

Nevada Division of Public and Behavioral Health
Chronic Disease Prevention and Health Promotion Section

By: Mónica Morales, MPA
CDPHP Director
Nevada Division of Public & Behavioral Health
6/24/2014
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LETTER FROM NEVADA CHIEF MEDICAL OFFICER

Dear Colleagues and Fellow Nevadans,

Chronic disease affects everyone. We can all easily recall a family member, neighbor, or colleague who is afflicted with a chronic disease. Chronic disease is more prevalent now than ever in our state’s history. Recent estimates show 6 out of 10 Nevadans live with some form of chronic disease. More Nevadans die each year from chronic disease than from all other causes of death combined. In 2011, the estimated financial burden from chronic disease on the citizens of Nevada was in excess of $20.3 billion. By 2023 this number is projected to increase to $45.5 billion.

The financial impact of chronic disease is alarming; however, financial impact is only part of the issue. The negative physical, psychological, and emotional impacts on Nevada’s citizens heightens the problem to a near state of emergency. Perhaps the most upsetting issue relating to chronic disease is that most cases of illness and death are preventable! Everyone can do something to improve the health of Nevadans.

Seventy-five professionals working in the chronic disease field, from across the state, have volunteered their expertise, experience, and leadership to provide recommendations to decrease the burden of chronic disease in Nevada. The Fitness and Wellness Advisory Council, the Chronic Disease Leadership Team, and the Nevada Division of Public and Behavioral Health, Chronic Disease Prevention and Health Promotion Section are dedicated to addressing the burden of chronic disease through the implementation of this plan.

This plan includes recommendations for actions that everyone from policy makers (members of congress, state and local board members) and educators, to medical and dental personnel can do to help reduce or eliminate chronic disease in Nevada. I believe that with concentrated and cooperative efforts, and by following the recommendations in this plan, the burden of chronic disease in Nevada can be greatly reduced.

This plan, Aligning the Agenda to Reduce Chronic Disease in Nevada, represents the Nevada Division of Public and Behavioral Health dedication to reducing the burden of chronic disease on Nevada’s citizens. With this letter, I pledge my service and support for this plan.

Sincerely,

Tracey D. Green, MD
Chief Medical Officer,
Nevada Division of Public and Behavioral Health
Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that targets non-institutionalized adults, ages 18 years and older. The BRFSS was established in 1984 by the Centers for Disease Control and Prevention (CDC). Currently, all 50 states, including the District of Columbia, Puerto Rico, and the U.S. Virgin Islands participate in BRFSS, the largest, on-going telephone health survey in the world. BRFSS collects information on chronic conditions, health risk behaviors, preventive health practices, and health care access related to chronic disease and injury. The BRFSS has required core modules, optional modules that states and territories can elect to include, and “State-added questions” to address local health issues. Data in this report used Nevada BRFSS data from 2001-2013. In 2011, BRFSS weighting methodology changed and cell phones were added to the sampling framing. Because of these changes, 2011-2013 data are not directly comparable to previous years of BRFSS.

Prevalence estimates are from BRFSS data. All nationwide data used for comparisons are the median percent of all 50 states (where applicable) and the District of Columbia. Nationwide 2013 BRFSS data were not available to compare with Nevada prevalence estimates.

Mortality data are from the Office of Vital records and the age adjusted rates (per100,000) are for underlying cause of death. The 2000 U.S. standard population was used for age-adjustment. Mortality data for 2013 are preliminary and are subject to change.

Nevada population data is from the Nevada State Demographer which was used for computation of age-adjusted death rates.
Significant changes were made over the past three years in the Chronic Disease Prevention and Health Promotion Section (CDPHP) of the Nevada Division of Public and Behavioral Health (NDPBH). The merging of three cancer control programs and the loss of approximately $2 million in funding radically transformed the deliverables of our projects. Additionally, as funding for chronic disease continues to shrink at the local level and public health priorities shift at the national level, it is critical for Nevada to rethink the way the state conducts business and develop a plan that embodies the changing financial situation and health priorities affecting chronic disease.

The CDPHP Section and the Council on Wellness and Chronic Disease (CWCD) has spent the last eighteen months building an integrated strategic chronic disease state plan in an effort to enhance efficiency and expand coordination and collaboration across the state. Between December 2011 and February 2013 several planning meetings and focus groups with the CDPHP leadership team, community partners, staff, and administration were held. Five focus areas were identified in these meetings as core functions requiring attention in the state:

1. **Evaluation and Surveillance** -
   Gather, analyze, and disseminate data and information. Conduct evaluations to inform, prioritize, deliver, and monitor programs and population health.

2. **Health Education and Promotion** -
   Use all available resources to educate and inform the citizens of Nevada about the best strategies for preventing the development of chronic disease, the best practices for chronic disease management.

3. **Clinical, Community, and Health Systems** -
   Ensure that communities support and clinics refer patients to programs that improve management of chronic conditions. Implement interventions that ensure those with, or at high risk for chronic diseases have access to quality and low cost community resources to best manage disease conditions and risk.
4. **Policy, System and Environmental Changes** -
Promote policy and system change within the physical and institutional environments that advance health and reinforce healthy behaviors (in schools, worksites, and communities).

5. **Enhanced State Capacity** -
Enhance statewide chronic disease infrastructure and staff capacity to improve the effective delivery of clinical and preventive services for the early detection of disease and to reduce or eliminate risk factors that propagate disease.

Moving forward, the state will use this plan to expand efforts in these five domains. The CDPHP Section staff and CWCD will no longer focus efforts around a specific disease or program, but rather coordinate efforts that embrace integrated evidence-based strategies that address multiple risk factors and manifestations of chronic disease.

**Challenges and Obstacles**

Working collaboratively towards coordination has its challenges, and with limited resources and funding, Nevada must embrace coordination. The “one agency-one program” model is no longer effective. Further, by definition, systems change strategies require a more comprehensive and integrated approach. The following are some of the challenges and obstacles associated with the coordination path, and a brief description of the plan for overcoming obstacles:

**Lack of Funding**
Lack of funding is the largest obstacle faced. For Nevada, state public health funding ranks 51st in the nation (Robert Wood Johnson Foundation, 2011). To subsidize the lack of state funding, the NDPBH has been successful in obtaining a number of federal grants. Nonetheless, six million dollars in federal funding is not enough to target population-based outcomes. As a result, current funding sources by categorical diseases will be leveraged for crosscutting efforts. In addition, we will work to leverage resources, expertise, and funding through our collaboration efforts with key community partners.

**Lack of Coordination**
Traditionally, state and community entities have operated in silos with a singular focus such as diabetes prevention and management or cancer prevention and management. To address this, the CDPHP leadership team, FWAC and the CDPHP Section staff will create internal workgroups focused on the five domains of the chronic disease state
plan. In addition, funding and technical assistance will be provided to community stakeholders to work on integration efforts related to the goals and objectives of the chronic disease state plan. Furthermore, community champions will be identified to steer strategies linked to the chronic disease state goals addressed in this plan.

Coordination of Communication
Another major challenge is the lack of communication among state and community partners. The coordination and collaboration model brings a significant number of organizations and stakeholders to the table. The Nevada CDPHP Section developed a communication plan to enhance the procedure by which entities, particularly the NDPBH, communicate data, resources, and funding announcements. Key communication strategies included in the plan are the development of a chronic disease electronic listserv, wellness websites, annual policy briefs, surveillance reports, and fiscal reports. Through these communication venues, state sister agencies and community partners will also have the ability to highlight and publish their own efforts as needed.
CHRONIC DISEASE IN NEVADA

Chronic disease has a palpable impact on the State of Nevada, its people, and its resources. Chronic disease develops gradually, but once it becomes a noticeable condition, it can be difficult to manage and can seriously limit individuals’ lifestyles. Chronic disease shortens life expectancy, and decreases quality of life. People with chronic disease live shorter lives spend that time unable to do the things they want to do.

In 2013, the leading causes of death in Nevada were diseases of the heart, cancer, chronic lower respiratory diseases, accidents and cerebrovascular diseases (stroke). Diseases of the heart and stroke combined accounted for nearly 1 out of 3 deaths in Nevada in 2013. The age-adjusted death rates for diseases of the heart and stroke were 204.3 and 39.9 per 100,000 population respectively.

Figure 1: Leading Causes of Death, Nevada 2013

Source: Office of Public Health Informatics and Epidemiology, Nevada State Health Division, 2014.
Note: 2013 mortality data are preliminary and subject to change.
Modifiable Risk Factors

Prevention is the most effective solution to the problem of chronic disease. Six modifiable risk factors or behaviors have been directly linked to chronic disease:

1) Physical inactivity
2) Overweight and obesity
3) Tobacco and nicotine use
4) Poor nutrition
5) Hypertension (high blood pressure)
6) Dyslipidemia (high cholesterol)

Figure 2: Prevalence of Risk Factors associated with Chronic Diseases in Nevada, 2013 BRFSS Data

The coordination model is ideally suited to reducing chronic disease by modifying risk factors, as these risk factors are associated with multiple diseases. For example, smoking and tobacco use puts a person at a much greater risk for heart disease and cancer than non-smokers. Likewise, inadequate physical activity increases a person’s risk for heart disease, diabetes, pulmonary disease, and some cancers. Inadequate nutrition puts a person at higher risk for developing arthritis, heart disease, cancer, and diabetes. These modifiable risk factors are components of multiple manifestations of chronic disease. By modifying risk factors, chronic disease will be reduced.
THE BURDEN OF CHRONIC DISEASE IN NEVADA

Coronary Heart Disease

Coronary heart disease (CHD) is the leading cause of morbidity and mortality among adults in the United States (US). Risk factors for CHD include high blood pressure, high blood cholesterol, type 2 diabetes, and cigarette smoking, physical inactivity, unhealthy diet, being overweight or obese, heavy drinking, and genetics. Adapting a healthy lifestyle can prevent most chronic diseases including CHD.

In 2012, 4.3% Nevadans reported having ever been told by a doctor, nurse, or other health professional that they had coronary heart disease compared to the nationwide median percent of 4.3. In 2013, 3.4% Nevadans reported having ever been told by a doctor, nurse, or other health professional that they had coronary heart disease.

Figure 3: Coronary heart disease, Nevada vs. Nationwide, 2005-2013 BRFSS Data

Note: BRFSS methodology changed in 2011, therefore, it may be misleading to compare statistics before and after the methodology change.
Stroke

Stroke is the third leading cause of death in the US and the fifth leading cause of death in Nevada (figure 1). In 2012, 3.1% Nevadans reported having ever been told by a doctor, nurse, or other health professional that they had stroke compared to the nationwide median percent of 2.9. In 2013, 2.9% Nevadans reported having ever been told by a doctor, nurse, or other health professional they had stroke.

Figure 4: Stroke, Nevada vs. Nationwide, 2005-2013 BRFSS Data

Note: BRFSS methodology changed in 2011, therefore, it may be misleading to compare statistics before and after the methodology change.
Cancer

In 2013, cancer was the leading cause of death in Nevada (figure 1). Some modifiable risk factors for cancer include being overweight or obese, physical inactivity, and consumption of red meat.\(^4\)

The age-adjusted incidence rate for all cancer sites for Nevadans was 425.1 compared to 445.5 per 100,000 population nationwide. Nevada and national overall cancer incidence rates have been steady for the last decade.

*Figure 5: Cancer Incidence for All Sites, Nevada vs. Nationwide, 2000-2011*


*Note:* Rates are per 100,000 and are age-adjusted to the 2000 U.S. standard population.
Diabetes

Diabetes is a chronic disease that affects about 25.8 million people (8.3%) in the US. Diabetes is a major cause of heart disease and stroke. In 2012, diabetes was the seventh and the eighth leading cause of death in the US and Nevada respectively. In addition, diabetes is the leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults in the US.

In 2012, 8.9% Nevadans reported having ever been told by a doctor, nurse, or other health professional that they had diabetes compared to the nationwide median percent of 9.7. In 2013, 9.6% Nevadans reported having ever been told by a doctor, nurse, or other health professional that they had diabetes.

Figure 6: Diabetes, Nevada vs. Nationwide, 2002-2013 BRFSS Data

Note: BRFSS methodology changed in 2011, therefore, it may be misleading to compare statistics before and after the methodology change.
Arthritis

Arthritis is a form of joint inflammation that varies in severity and causes stiffness and pain. Physical activity and a healthy body weight are important in managing arthritis pain and stiffness. In 2012, 24% Nevadans reported having ever been told by a doctor, nurse, or health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia compared to nationwide median percent of 25.7. In 2013, 20.9% Nevadans reported having ever been told by a doctor, nurse, or health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

Figure 7: Arthritis, Nevada vs. Nationwide, 2001-2013 BRFSS Data

Note: BRFSS methodology changed in 2011, therefore, it may be misleading to compare statistics before and after the methodology change.
Chronic Disease Risk Factors

Modifiable risk factors are responsible for much of the illness, suffering, and early death related to chronic disease. The World Health Organization has estimated that if the major risk factors for chronic disease (listed below) were eliminated, at least 80% of all heart disease, stroke and type 2 diabetes would be prevented and more than 40% of cancer cases would be prevented.\(^7\)

**Obesity**

Being overweight or obese is a risk factor for heart disease, type 2 diabetes, and other chronic conditions. Body mass index (BMI) is calculated from a person’s height and weight. BMI is categorized into the following four groups: underweight (BMI less than 18.5), healthy weight (BMI between 18.5 and 24.9), overweight (BMI between 25 and 29.9), and obese (BMI equal to or greater than 30).\(^8\)

In 2012, 62.5% Nevadans were overweight or obese compared to the nationwide median percent of 63.4. In 2013, 64.9% Nevadans were overweight or obese.

*Figure 8: Overweight or Obese, Nevada vs. Nationwide 2002-2013 BRFSS Data*

Note: BRFSS methodology changed in 2011, therefore, it may be misleading to compare statistics before and after the methodology change.
Physical Inactivity

Sedentary behavior is a risk factor for early death, heart disease, stroke, type 2 diabetes, depression, and some cancers. Regular physical activity reduces the risk of these chronic conditions. It is recommended that adults exercise for at least 2.5 hours (150 minutes) a week of moderate physical activity such as brisk walking.9

In 2012, 21.3% Nevadans reported that they did not engage in any physical activities or exercises in the past month compared to the nationwide median percent of 22.9. In 2013, 23.7% Nevadans reported that they did not engage in any physical activities or exercises in the past month.

Figure 9: Physical Inactivity in the past month, Nevada vs. Nationwide, 2002-2013 BRFSS Data

Note: BRFSS methodology changed in 2011, therefore, it may be misleading to compare statistics before and after the methodology change.
Tobacco

Cigarette smoking is the leading cause of preventable death in the US with over 443,000 deaths each year attributable to cigarette smoke. In 2012, 18.1% Nevadans were current smokers compared to the nationwide median percent of 19.6. In 2013, 19.4% Nevadans were current smokers.

Figure 10: Current Smokers, Nevada vs. Nationwide 2002-2013 BRFSS Data

Note: BRFSS methodology changed in 2011, therefore, it may be misleading to compare statistics before and after the methodology change.
Hypertension

High blood pressure (hypertension) is a risk factor for heart attack, stroke, and kidney disease. If untreated, high blood pressure can lead to death. The new 2014 recommended blood pressure goal for adults aged 18 years is less than 140/90 mm Hg.\textsuperscript{11}

In 2011, 30.8\% of Nevadans reported having ever been told by a doctor, nurse, or other medical professional that their blood pressure was high compared to the nationwide median percent of 30.8. In 2013, 30.6\% Nevadans reported having ever been told by a doctor, nurse, or other medical professional that their blood pressure was high.

\textbf{Figure 11: Hypertension, Nevada vs. Nationwide, 2001-2013 BRFSS Data}

\textbf{Note:} BRFSS methodology changed in 2011, therefore, it may be misleading to compare statistics before and after the methodology change.
High Blood Cholesterol

High blood cholesterol is a major risk factor for heart disease. Age, sex, genetics, and diet also determine a person’s blood cholesterol levels.²

In 2011, 37.3% Nevadans reported having their blood cholesterol checked and having ever been told by a doctor, nurse, or other medical professional that it was high compared to the nationwide median percent of 38.4. In 2013, 38.6% Nevadans reported having their blood cholesterol checked and having ever been told by a doctor, nurse, or other medical professional that it was high.

Figure 12: High Blood Cholesterol, Nevada vs. Nationwide, 2001-2013 BRFSS Data

Note: BRFSS methodology changed in 2011, therefore, it may be misleading to compare statistics before and after the methodology change.
Nutrition

Fruits and vegetables are a very important component of our diet because they lower the risk of many chronic conditions such as heart disease, type 2 diabetes, and some cancers. The 2010 dietary guidelines urge Americans to increase vegetable and fruit intake. In addition, consumption of a variety of vegetables especially dark-green, red, and orange is recommended because these vegetables are loaded with antioxidants which promoted good health.12

In 2011, 36.9% and 24.4% Nevadans reported consuming less than one time daily of fruits and vegetables respectively compared to the fruit and vegetable nationwide median percent of 37.7 and 22.6 respectively.

Figure 13: Fruit and Vegetable consumption, Nevada vs. Nationwide, 2011 & 2013 BRFSS Data
Oral Health

Oral health is integral to an individual’s overall health. Common dental diseases such as dental caries and periodontal diseases affect important bodily functions such as eating and swallowing which are vital for our body to get nutrients.\textsuperscript{13}

In 2012, 12.9% Nevadans reported that they last visited a dentist or dental clinic (including specialists such as orthodontists) for any reason five or more years ago compared to the nationwide median percent of 11.6.

Figure 14: Last Visited a Dentist or Dental Clinic 5 years or more, Nevada vs Nationwide, 2002-2013 BRFSS Data

Note: BRFSS methodology changed in 2011, therefore, it may be misleading to compare statistics before and after the methodology change.
Chronic Disease Risk Disparities

Health disparities are differences in the burden of disease (incidence, prevalence, mortality, etc.) and other adverse health conditions or outcomes between specific population groups. The social factors affecting health are well known and the relationships can be complex, as the figure below shows.

Despite improvement in overall U.S. health, disparities still exist among culturally diverse populations. Members of these groups tend to have poorer health or die prematurely and are more prone to certain chronic diseases, compared to Whites. Furthermore, there is a strong relationship between chronic disease prevalence and level of education. The more education an individual attains, the less likely they are to have a chronic disease. Conversely, the less education an individual attains, the more likely they are to have a chronic disease. Oddly, there is a higher prevalence of chronic disease among populations with some post high school education than in those with just a high school diploma or equivalent. Below are some key findings regarding health disparities and inequalities in Nevada.
Figure 15: Chronic Diseases Prevalence by Race, Nevada, 2013 BRFSS Data

*Note: “Combined Cancer” refers to skin and other types of cancer.
Figure 16: Chronic Diseases by Education Level, Nevada, 2013 BRFSS Data

*Note: “Combined Cancer” refers to skin and other types of cancer.*
THE ECONOMIC BURDEN OF CHRONIC DISEASE

The rising rate of chronic disease is a crucial but frequently ignored contributor to increasing medical expenditures. Nevada faces staggering financial costs associated with chronic disease despite the relatively low population density. This section estimates the current and future treatment costs and loss of productivity for six major chronic conditions: arthritis, combined cancers, chronic obstructive pulmonary disease, diabetes, heart disease, and stroke.¹⁴ The estimates are conservative because 1) the focus is only on the costs attributed directly to the treatment of each disease and ignores the costs of co-morbidities and secondary effects; and 2) the costs of related health conditions are excluded, as well as costs for individuals in nursing homes, prisons and other institutions (Wu & Green, 2000).

Direct Costs:

The direct costs associated with chronic disease are total charges incurred by an inpatient for the duration of their stay in a hospital.

![Estimated Direct Costs per Chronic Diseases in Nevada, 2011]

Total Costs = $4.063 Billion


Indirect Costs

Direct costs are not the only representation of economic burden that chronic diseases place on Nevada; indirect costs represent the productivity losses due to illness and premature death (Nicholson, 2006). The DeVol, Ross and Bedroussian study¹⁴, which is endorsed by the CDC and used by the Milken Institute, calculated that productivity losses are approximately four times...
greater than the direct medical cost of chronic disease. Years of potential life lost (YPLL) for the state of Nevada was calculated for persons under the age of 75 for 2011. Diseases of the heart and malignant neoplasms account for over 64,000 total years lost in Nevada annually.

![Indirect Costs per Chronic Disease in Nevada, 2011](image)


**Presenteeism**

Good health is a vital component of individual well-being, and it also plays a large role in employee productivity. Presenteeism is when ill or injured employees go to work to avoid taking sick leave, and do not perform well. Nicholson et al reported that output loss due to presenteeism is immense, and with some diseases it can be as high as fifteen times greater than absenteeism, which is defined as work missed due to sick days (Nicholson, 2006). Below is a chart depicting the estimated total economic burden: direct costs (calculated in previous burden document); indirect costs (using CDC-approved DeVol equation of four times direct costs); and total costs, the sum of direct and indirect costs. Also shown is the 2023 Nevada projected total burden if nothing is changed or implemented with respect to prevention efforts focused on reducing chronic diseases.

<table>
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<th>Total Economic Burden in Nevada^</th>
<th>Direct Costs</th>
<th>Indirect Costs</th>
<th>Total Estimated Economic Burden</th>
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<tr>
<td>2003</td>
<td>$1,900,000,000</td>
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<td>2023</td>
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^Analysis used the Medical Expenditure Panel Survey (MEPS) data from 2003, the most recent year available at time of analysis.

*Numbers calculated from Economic Burden of NV section
The CWCD and the CDPHP Section have identified goals to improve, manage, and prevent chronic disease in Nevada over the next five years. These goals are based on Healthy People 2020 objectives and are centered on the five core functions identified through our gap analysis:

1. Evaluation and Surveillance
2. Health Education and Promotion
3. Clinical, Community, and Health Services
4. Policy, Systems, and Environmental Changes
5. Leadership and Management Capacity

The CDPHP Section and its partners will incorporate clinical and preventive initiatives, environmental and system changes, health promotion, and surveillance efforts to eradicate the epidemic of chronic disease in Nevada. Since many reports tout the important roles staff and leadership play in ensuring the delivery of quality and culturally competent medical care and health promotion services, Nevada also seeks to foster training and capacity-building activities to support the infrastructure, development and sustainability of a strong and effective chronic disease workforce in Nevada.

Nevada will take a multipronged, comprehensive approach toward incorporating these five priorities into the state’s healthcare systems. As such, these prioritize coincide with national standards and priorities in Healthy People 2020, the Centers for Disease Control and the U.S Preventive Services Task Force. By following evidence based practices promoted by national champions, the goals and strategies in the state plan will have an impact across multiple chronic diseases and risk factors. For example, by enhancing clinical and health services through Community Health Workers we hope to increase access to chronic diseases care and prevention activities among for underserved populations in Nevada.

The success of the state plan will be evaluated utilizing evaluation measures and surveillance activities that utilize local and national data sets such as Behavioral Risk Factor Surveillance System, Youth Risk Behavioral Surveillance System, and community assessments. The findings will be published and disseminated to community members through circulation strategies such as Listservs, newsletters, and educational briefs. Moreover, CDPHP staff will report quarterly to the CWCD for guidance. As our advisors and community champions, CWCD will ensure the state is moving forward in making progress towards these goals over the next five years.
# Evaluation, Epidemiology, and Surveillance

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| Evaluation and surveillance data and information are widely used by policy makers, decision makers and practitioners to address the burden of chronic disease in Nevada. | Increase the delivery of accurate, accessible, and actionable chronic disease information from 5 to 20 by 2017. | 1. Establish, maintain, and/or enhance statewide chronic disease surveillance systems, including credible primary and secondary data sources such as BRFSS, YRBSS, and state cancer and stroke registry.  
2. Establish and increase the use of health communication strategies and health information technology (HIT) to improve population health outcomes and health care quality. | • Strengthen internal and external protocols on the collection, analysis, and dissemination of chronic disease data  
• Actively work with the local health authorities, hospitals, clinics, and other providers on HIT and EHR  
• Identify funding for surveillance and evaluation activities  
• Create a heart disease and stroke registry  
• Create a sealant data registry | • Nevada State Office of Public Health Informatics and Epidemiology  
• Division of Care Financing and Policy- Medicaid  
• Washoe County Health District  
• Southern Nevada Health District  
• Carson City Health and Human Services  
• Tobacco Quitline  
• Federally Qualified Health Centers  
• University of Reno Nevada  
• University of Nevada Las Vegas  
• Cancer Registry |
| | | 3. Support the use of and access to electronic health records (EHR) to achieve improved outcomes in patient engagement, care coordination, and population health. | • Engage local health authorities to establish protocols on data, sharing, collection and dissemination  
• Link with hospitals and clinics to establish a plan for the use and dissemination of health report cards on chronic disease through the use of HIT & EHR | |
| | | 4. Create chronic disease information for use by key stakeholders to make the case for chronic disease. | • Create data-driven chronic disease and risk factor burden reports  
• Create reports for taking action on social determinants of health to address health equity  
• Create a statewide chronic disease surveillance plan  
• Publish chronic disease evaluation reports | |
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| Nevada will benefit from improvements in chronic disease risk factors (high blood pressure, obesity, smoking, caries, A1C, etc) by applying health education and promotion activities. | Reduce adult obesity in Nevada from 23% to 22% by 2017. Reduce the rate of adult smoking prevalence from 21% to 20% by 2017. | Integrate surveillance and evaluation information into programmatic and policy decision making to improve performance. | Use surveillance, evaluation and research information for press releases, advocacy briefs, and publications that highlight chronic disease and key risk factors. | • Washoe County Health District  
• Southern Nevada Health District  
• Carson City Health and Human Services  
• Office of Public Health Informatics and Epidemiology |
| | | Prioritize, integrate, and align health promotion tools into ongoing state activities to raise community awareness and build community demand for chronic disease action. | Create a statewide chronic disease Listserve  
Engage in social media strategies such as Facebook, Twitter, etc.  
Design a wellness website to promote worksite wellness among businesses and health establishments  
Create and disseminate a chronic disease and risk factor burden reports (oral health, cancer, diabetes, etc)  
Create and disseminate reports for taking action on social determinants of health to address healthy equity | |
| | | Invest in statewide television, radio, and social media to address and highlight the burden of key chronic disease risk factors such as tobacco, nutrition, and physical activity. | Leverage resources and funding for health promotion activities  
Conduct media campaigns to promote the use of age-appropriate screening and early detection of tooth decay, pre-diabetes, breast, cervical, and colorectal cancer  
Conduct radio and television media campaigns that promote physical activity, nutrition, and tobacco cessation | |
The provision of clinical and health preventive services in Nevada will be institutionalized with better health outcomes, better care and lower cost.

<table>
<thead>
<tr>
<th>Goal</th>
<th>Health Objective</th>
<th>Strategy</th>
<th>Activity</th>
<th>Community Stakeholder</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1. Establish communication, coordination, and funding to facilitate the provision of clinical services affecting chronic disease.</td>
<td>Promote and provide resources on the provisions of coaching, self-help materials and nicotine replacement medications to smokers trying to quite through the Helpline</td>
<td>Nevada Primary Care Association</td>
</tr>
<tr>
<td></td>
<td>Decrease the percent of smokers from 22% to 20% by 2017.</td>
<td>2. Train community organizations and health entities to effectively recruit key population groups to receive clinical preventive services.</td>
<td>Promote and fund age appropriate oral health screenings; and breast, cervical, colorectal cancer screening services</td>
<td>Nevada Quitline</td>
</tr>
<tr>
<td></td>
<td>Increase the percentage adults with diabetes who receive self-management training from 52.7% to 55% by 2017.</td>
<td>3. Convene experts, state agencies, insurers, community organizations, advocates and stakeholders to identify a process to expand self-management classes and community health workers.</td>
<td>Promote utilization of chronic disease self-management classes</td>
<td>Federally Qualified Health Centers</td>
</tr>
<tr>
<td></td>
<td>Maintain the number of children aged 6 to 9 years with dental caries to 49.0% by 2017.</td>
<td></td>
<td>Develop a quality &amp; technical assistance center</td>
<td>Access to Health Care</td>
</tr>
<tr>
<td></td>
<td>Increase the number of children who have received a dental sealant to 3860 by 2017</td>
<td></td>
<td>Establish school-based health centers</td>
<td>Cancer Coalition</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of women age 40 and older reporting having had a mammogram from 69.9% to 81% by 2017.</td>
<td></td>
<td>Establish a statewide community health worker association, standardize training curriculum and certification program.</td>
<td>Nevada Advisory Council for Oral Health</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of Nevada women who receive a cervical cancer screening from 78% to 93% by 2017.</td>
<td></td>
<td></td>
<td>Nevada State Department of Education</td>
</tr>
<tr>
<td></td>
<td>Increase the proportion of people aged 50 or over who report receiving either a fecal occult blood test or a flexible sigmoidoscopy or colonoscopy from 60% to 65% by 2017.</td>
<td></td>
<td></td>
<td>Nevada System of Higher Education</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Nevada Primary Care Association</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Division of Care Financing and Policy-Medicaid</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Federally Qualified Health Centers</td>
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<td></td>
<td></td>
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<td></td>
<td>HealthIE Nevada</td>
</tr>
</tbody>
</table>
# Policy, Systems and Environmental Changes

<table>
<thead>
<tr>
<th>Goal</th>
<th>Health Objective</th>
<th>Strategy</th>
<th>Activity</th>
<th>Community Stakeholder</th>
</tr>
</thead>
</table>
| Nevada will have physical and social environments that promote healthy eating, physical activity, and denounce tobacco products. | | Promote the development and implementation of comprehensive worksite wellness policies that include tobacco-free and breastfeeding-friendly environments, healthy food and beverage choices, and physical activity opportunities. | • Implement worksite wellness efforts with business relating to:  
  o Physical activity  
  o Breastfeeding  
  o Healthy Vending  
  o Tobacco free policies | • Washoe County Health District  
• Southern Nevada Health District  
• Carson City Health and Human Services  
• Nevada Department of Environmental Protection  
• Public Employee Benefits System |
| | • Increase policies that encourage physical activity, physical education, and recess activities in schools from 0 to 3 by 2017 | | 1. Engage, convene, and provide resources and support to community members and policy and decision-makers as a means to increase the number of regulations and policies that promote healthy and safe environments. | • Nevada Department of Education  
• Washoe County Health District  
• Southern Nevada Health District  
• Carson City Health and Human Services  
• Early Child Care Advisory Committee Nevada  
• Department of Environmental Protection |
| | • Increase the number of national health and safety performance standards from 3 to 47 in childcare settings. | | | |
| | • Decrease the proportion of nonsmokers reporting overall exposure to secondhand smoke from 75% to 74%. | | | |
| | • Decrease youth’s exposure to tobacco product advertisement from 72% to 70% by 2017. | | | |
| | | | • Provide training and resources that move forward evidence based and best practices on built environments  
  o Utilization of electronic benefit transfers at farmers markets  
  o Availability and marketing of healthy and affordable foods  
  • Provide training to early child care centers as a means to improve regulations that increase physical activity and nutrition efforts  
  • Provide training to K-12 schools as a means to improve regulations that increase physical activity and nutrition efforts  
  • Expand healthy vending protocols  
  • Enhance efforts that push for tobacco free businesses, academic campuses, parks and multi-unit housing  
  • Enhance projects that promote standards relating to:  
  o Physical activity  
  o Breastfeeding  
  o Nutrition | |
| | | | | |
**Leadership and Management Capacity**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Objective</th>
<th>Strategy</th>
<th>Activity</th>
<th>Stakeholder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nevada will have the human resources, leadership and infrastructure to implement the chronic disease plan.</td>
<td>• <em>Increase statewide chronic disease funding levels from 5 million to 8 million to ensure that Federal, State, Tribal, and local health agencies have the necessary infrastructure and capacity in place by 2017.</em>&lt;br&gt;• <em>Increase staff development trainings from 5 to 10 to ensure that Federal, State, Tribal, and local health agencies have the necessary infrastructure and capacity in place by 2017.</em></td>
<td>EXTERNAL:&lt;br&gt;1. Build community capacity by providing funding, resources, training, technical assistance and support to local health departments and high level community organizations.&lt;br&gt;2. Build internal capacity by providing staff training, resources, and enhancement of operations in the CDPHP Section and community services bureau.</td>
<td>• Establish bi-annual trainings (in-person or via webinar)&lt;br&gt;• Pursue funding opportunities on behalf of community partners&lt;br&gt;• Align community stakeholders with the integrated chronic disease state plan&lt;br&gt;• Align NDPBH staff with the integrated work plan&lt;br&gt;• Establish large group quarterly trainings (in-person or via webinar)&lt;br&gt;• Provide personalized training when possible</td>
<td>Washoe County Health District&lt;br&gt;Southern Nevada Health District&lt;br&gt;Carson City Health and Human Services&lt;br&gt;NACDD&lt;br&gt;NACCHO&lt;br&gt;ASTDD</td>
</tr>
</tbody>
</table>
# Chronic Disease Prevention and Health Promotion (CDPHP) State Plan 2012-2017

## Inputs
- Nevada State Division of Public and Behavioral Health
- CDPHP Section
- Internal Workgroups
- External Community Partnerships
- Funding
- Technical Assistance
- Training

## Activities
- Evaluation & Surveillance
  - Establish, maintain, & enhance statewide chronic disease surveillance system
  - Support use & access to electronic health records
  - Disseminate surveillance & evaluation information

- Health Education & Promotion
  - Translate surveillance, evaluation & research information to highlight chronic disease & risk factors
  - Promote, integrate, & align health promotion tools & resources to build demand for chronic disease prevention
  - Invest in statewide media to highlight the burden of chronic diseases & risk factors

- Clinical & Community Health Services
  - Implement a process to expand chronic disease self-management services
  - Implement community-based peer health care models
  - Identify a process to expand care management for chronic disease patients
  - Promote policy & systems change within the health care delivery system that improves chronic disease care

- Environmental & Systems Change
  - Establish external policy work groups on healthcare worker wellness
  - Establish external policy work groups on community health worker wellness
  - Pursue the enhancement of state regulations & standards
  - Promote environmental change in physical spaces that impact chronic disease

- Enhance State Capacity
  - Environmental & Surveillance
  - Health Promotion
  - Clinical and Community Linkages
  - Policy and System Change

## Outputs
- Increased Communication
  - Increased dissemination of surveillance reports
  - Increased awareness of chronic disease risk factors
  - Increased coordination with local health authorities & clinical decision-making teams

- Increased Coordination
  - Increased coordination on health education campaigns
  - Increased coordination on health education campaigns
  - Increased prevalence of community health services

- Increased Planning
  - Increased screenings
  - Increased screenings
  - Improved physical environments that promote

- Increased Redundancies
  - Increased policies and regulations that promote
  - Increased state capacity & resources targeted on chronic disease

## Outcomes
- Short (1-2yr)
  - Burden Reports
  - Health Broker
  - Program evaluation reports
  - White Papers
  - Biannual newsletter
  - Statewide Website
  - Statewide wellness website
  - Increased communication

- Medium (2-3yr)
  - Tobacco Outlines
  - Tobacco Outlines
  - Increased coordination with local health authorities & clinical decision-making teams

- Long (4-5yr)
  - Electronic Health Information
  - Medicaid information
  - Stroke & Heart Registry
  - Increased awareness of chronic disease risk factors
  - Increased prevalence of community health services
  - Increased screenings
  - Increased screenings

- Increased state capacity & resources targeted on chronic disease
CONCLUSIONS AND RECOMMENDATIONS

Chronic disease affects all Nevadans either directly or indirectly. These conditions are largely preventable, and can be significantly reduced if not eliminated completely. The physical, mental, and financial burden from these diseases is enormous. **Everyone** can help reduce the burden of chronic disease. Below is a list of the things different people and organizations can do to eliminate the burden of chronic disease in our state:

<table>
<thead>
<tr>
<th>Individual</th>
<th>What you can do…</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy Maker</strong> (elected or appointed official)</td>
<td>Adopt policies that target:</td>
</tr>
<tr>
<td></td>
<td>• Increased infrastructure for physical activity (parks, recreation centers, sidewalks, bike lanes, etc.)</td>
</tr>
<tr>
<td></td>
<td>• Increased venues that prohibit smoking</td>
</tr>
<tr>
<td></td>
<td>• Decreased accessibility to tobacco</td>
</tr>
<tr>
<td></td>
<td>• Easier access to healthy foods (e.g., subsidies to local farms)</td>
</tr>
<tr>
<td><strong>Medical Professional</strong> (physician, dentist, etc)</td>
<td>• Spend more time on health education and prevention based medicine</td>
</tr>
<tr>
<td></td>
<td>• Refer patients to programs with an emphasis on prevention (i.e., smoking cessation classes and nutrition programs)</td>
</tr>
<tr>
<td></td>
<td>• Perform more health screenings (e.g., cancer)</td>
</tr>
<tr>
<td></td>
<td>• Be sure your cancer cases are reported in a timely manner</td>
</tr>
<tr>
<td></td>
<td>• Refer and provide access to clinical trials</td>
</tr>
<tr>
<td></td>
<td>• Make earlier referrals to hospice for end of life care</td>
</tr>
<tr>
<td><strong>Nevada Citizen</strong></td>
<td>• Avoid tobacco and secondhand smoke</td>
</tr>
<tr>
<td></td>
<td>• Encourage your children and youth to be active and be active with them.</td>
</tr>
<tr>
<td></td>
<td>• Eat a nutritious and balanced diet and maintain a healthy weight</td>
</tr>
<tr>
<td></td>
<td>• Increase your daily physical activity at home and at work</td>
</tr>
<tr>
<td><strong>Educational Institution</strong></td>
<td>• Improve access to healthy foods</td>
</tr>
<tr>
<td></td>
<td>• Expand the amount of time dedicated to physical activity/education</td>
</tr>
<tr>
<td></td>
<td>• Include cancer prevention messages in health classes</td>
</tr>
<tr>
<td></td>
<td>• Provide healthy foods in vending machines and cafeterias</td>
</tr>
<tr>
<td></td>
<td>• Make entire campus a tobacco-free environment</td>
</tr>
<tr>
<td>Insurance Company</td>
<td>Give financial incentives to individuals who:</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>• Exercise regularly</td>
</tr>
<tr>
<td></td>
<td>• Don’t smoke/use tobacco</td>
</tr>
<tr>
<td></td>
<td>• Maintain a healthy weight</td>
</tr>
<tr>
<td></td>
<td>• Work with businesses that have wellness/health promotion programs</td>
</tr>
</tbody>
</table>

| Hospital/Medical/Dental Organization | • Case reporting on chronic diseases in a timely manner (e.g. cancer, oral health) |
|                                       | • Embed Community Health Workers             |
|                                       | • Link clinical practices to community       |
|                                       | • Collaborate to sponsor community screening and education programs |
|                                       | • Reward providers who provide preventive services to patients |
|                                       | • Work with insurance companies/Medicare & Medicaid to improve access to care |

<table>
<thead>
<tr>
<th>Employer</th>
<th>• Give incentives to employees who</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• exercise regularly</td>
</tr>
<tr>
<td></td>
<td>• don’t smoke</td>
</tr>
<tr>
<td></td>
<td>• maintain a healthy weight</td>
</tr>
<tr>
<td></td>
<td>• Start a worksite wellness/health promotion program,</td>
</tr>
<tr>
<td></td>
<td>• Allow employees extra time for exercise/physical activity</td>
</tr>
<tr>
<td></td>
<td>• Establish a tobacco-free workplace policy</td>
</tr>
<tr>
<td></td>
<td>• Provide healthy foods in vending machines and cafeterias</td>
</tr>
<tr>
<td></td>
<td>• Collaborate with hospitals to host screening events</td>
</tr>
<tr>
<td></td>
<td>• Provide health insurance coverage</td>
</tr>
</tbody>
</table>

| Government Agency/Local Public Health Department | • Develop incentive programs for training/retaining qualified healthcare professionals, especially in rural Nevada |
|                                                  | • Fund programs that support health promotion/disease prevention, increase/improve infrastructure |
|                                                  | • Provide chronic disease awareness information and data to citizens and groups |
|                                                  | • Collaborate in community-based coalitions. |
|                                                  | • Work with physicians to promote preventative programs and case reporting |
|                                                  | • Implement policy and environmental changes to reduce chronic disease |
|                                                  | • Assure access to care for uninsured and under insured |

| Community-based Organization | • Provide cancer awareness information to constituents |
|                              | • Promote cancer screening among clients |
|                              | • Encourage participation in clinical trials |
|                              | • Collaborate to provide community prevention programs |
APPENDIX A - CDPHP SECTION ORG CHART

Division of Public & Behavioral Health
Bureau of Child, Family and Community Wellness
Chronic Disease Prevention & Health Promotion (CDPHP) Section
June 19, 2014

Christine Videen  Health Bureau Chief  christinev@health.mn.gov

Christina Demopoulos, DDS, MPH  State Dental Director  Christina.Demopoulos@mn.gov

Eliza Hall  Administrative Assistant II  eliza@health.mn.gov

Michele Minniti, MPA  CDPHP Section Manager  minniti@health.mn.gov

Karen Votey  CDPHP Fiscal Manager  votey@health.mn.gov

Vacant  Fiscal Grants & Project Analyst 2

Vacant  37

Epidemiology

Chad Norr  Health Informatics

National Powell  Tobacco Program Coordinator  nnpowell@health.mn.gov

Addi Maria Nacional  Social Services for Chronic Disease

Evaluation

Chung-Min Park  Evaluation & Surveillance Manager  cpark@health.mn.gov

Vacant  Chronic Disease Evaluator

Vacant  Tobacco Program Evaluator

Vacant  Tobacco Program Manager

Vacant  Clinical Services Manager

Wesley Madera  Prevention Officer

WebMD External Health Services Coordinator  jrecinos@health.mn.gov

WebMD Internal Health Services Coordinator  mcarlisle@health.mn.gov

WebMD External Health Services Coordinator  jsantana@health.mn.gov

WebMD Internal Health Services Coordinator  jrodriguez@health.mn.gov

Shannon Bennett  Comprehensive Cancer Control Program Coordinator  sbennett@health.mn.gov

Jessica Lamb  Chronic Disease Coordinator  jlamb@health.mn.gov

Margie Franco-Valeros  Diabetes & Chronic Disease Prevention & Control Program Coordinator  mvaleros@health.mn.gov

Karen Votey  CDPHP Fiscal Manager  votey@health.mn.gov

Vacant  Fiscal Grants & Project Analyst 2

Clinical & Health Services

Rasmi Rees  CDPHP Internal Health Services Coordinator  rrees@health.mn.gov

Erlene Poirier  CDPHP Internal Health Services Coordinator  epoirier@health.mn.gov

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The pie chart below depicts the Chronic Disease Prevention and Health Promotion Section budget as of **June 2014**. The total budget is **$6,036,868.00**.

**Nevada State Health Division**
**Chronic Disease Prevention and Health Promotion Section**
**2014-2015 Budget**

- **$4,755,108**, 79%
- **$969,293**, 16%
- **$125,850**, 2%
- **$186,635**, 3%
The table below provides the funding breakdown of each Chronic Disease Prevention and Health Promotion Section programs, and how they support these efforts.

<table>
<thead>
<tr>
<th>Grant</th>
<th>Operating (travel, supplies, trainings)</th>
<th>Personnel (staff salaries)</th>
<th>Contractual (Community) (subgrants, contracts)</th>
<th>Indirect (internal charges)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Worker</td>
<td>$13,970.00</td>
<td>$68,036.00</td>
<td>$336,139.00</td>
<td>$0</td>
<td>$418,145.00</td>
</tr>
<tr>
<td>Tobacco Control and Prevention</td>
<td>$45,200.00</td>
<td>$188,165.00</td>
<td>$765,903.00</td>
<td>$27,992.00</td>
<td>$2,027,260.00</td>
</tr>
<tr>
<td>Healthy Funds for Nevada (Tobacco Control)</td>
<td>$2,327.00</td>
<td>$13,142.00</td>
<td>$983,370.00</td>
<td>$1,161.00</td>
<td>$2,025,840.00</td>
</tr>
<tr>
<td>Comprehensive Cancer Control</td>
<td>$17,325.00</td>
<td>$87,208.00</td>
<td>$141,787.00</td>
<td>$6,130.00</td>
<td>$252,450.00</td>
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<tr>
<td>Colorectal Cancer Control</td>
<td>$18,337.00</td>
<td>$164,996.00</td>
<td>$293,292.00</td>
<td>$11,265.00</td>
<td>$487,890.00</td>
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<tr>
<td>Diabetes Prevention</td>
<td>$24,369.00</td>
<td>$128,906.00</td>
<td>$146,541.00</td>
<td>$18,271.00</td>
<td>$318,087.00</td>
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<tr>
<td>Heart and Stroke Prevention</td>
<td></td>
<td></td>
<td>$15,200.00</td>
<td></td>
<td>$15,200.00</td>
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<tr>
<td>Obesity &amp; School Health</td>
<td>$22,815.00</td>
<td>$97,039.00</td>
<td>$100,614.00</td>
<td>$26,262.00</td>
<td>$246,730.00</td>
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<tr>
<td>Management, Leadership &amp; Capacity</td>
<td>$5,142.00</td>
<td>$20,559.00</td>
<td>$18,520.00</td>
<td>$2,565.00</td>
<td>$46,786.00</td>
</tr>
<tr>
<td>Breast and Cervical Cancer Control</td>
<td>$37,150.00</td>
<td>$201,242.00</td>
<td>$1,953,724.00</td>
<td>$32,204.00</td>
<td>$2,224,320.00</td>
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<tr>
<td>(Women’s Health Connection)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$186,635.00</td>
<td>$969,293.00</td>
<td>$4,755,090.00</td>
<td>$125,850.00</td>
<td>$6,036,868.00</td>
</tr>
</tbody>
</table>
REFERENCES


